

ISSN 0970-4086

Vol. VI No. 2
November 1992

āryavaidyaṅ



āryavaidyan

*A Quarterly Journal of the
Arya Vaidya Sala, Kottakkal*

सतताध्ययनं, वादः परतन्त्रावलोकनम् ।

तद्विद्याचार्यसेवा च बुद्धिभेदाकरो गणः ॥

"Constant study and disoussion, a comprehensive understanding of the other sciences together with service to the Acharyas of these sciences are the group of factors that improve intelligence and memory power."

EDITORIAL BOARD

Hon. Consulting Editor :

Dr. K. Madhavan Kutty

Chief Editor :

Aryavaidyan N. V. Krishnankutty Variier

Board of Editors :

Prof. V. V. Sivarajan

Sri C. A. Variier

Sri P. V. S. Variiar

Dr. Indira Balachandran

Sri K. G. Warier

Dr. C. Ramankutty

Sri P. Krishna Wariyar

Sri T. Kutty Krishna Warriier

Advisory Board :

Prof. V. P. K. Nambiar

Dr. V. N. Pandey

Prof. M. K. Prasad

Dr. S. K. Misra

Dr. C. K. Ramachandran

Aryavaidyan P. S. Variier

Dr. K. Rajagopalan

Mr. Giorgio Fillippo Barabino

Dr. G. Santhakumari

āryavaidyan

*A Quarterly Journal of the
Arya Vaidya Sala, Kottakkal*

Vol. VI No. 2

November 1992

Editorial		79 - 80
From the pages of Vagbhata	N. V. K. Varier	81 - 88
Diagnostic Approach to disease in Hathayoga	M. Venkata Reddy	89 - 96
Ethnomedicines of North Surguja forest Division Ambikapur U. P.	R. L. Sikarwar	97 - 100
Non-pharmacological approach to Rasayana Therapy	Yashwant Chauhan and I. P. Singh	101 - 103
Clinical evaluation of composite Ayurvedic drugs, on calculi, in the Kidney and urinary bladder	C. R. Karnick	104 - 108
Glimpses of interaction between Ayurveda and Unani	D. Sureshkumar	109 - 116
Diabetic neuropathy and its Ayurvedic Treatment	A. K. Chaurasia, and J. K. Ojha	117 - 119
Traditional remedies for snake-bite and Scorpion-sting among the Bhojas of Nainital District, U. P.	Harish Singh and J. K. Maheswari	120 - 123
Spondylolisthesis — A case study	V. K. Sasikumar	124 - 126
A study on prevention on psychosomatic disorders through Swasthavritta	S. Venugopala Rao, Y. Chauhan and I. P. Singh	127 - 132
Excerpts from Chikitsamanjari (Part VII)	P. Unnikrishnan	133 - 138

MALAYALAM

ആയുർവേദ ഗവേഷണത്തിൽ വസ്തുനിഷ്ഠതയും വ്യക്തിവിവേചനവും	ശ്യാമപ്രസാദ് അയ്യർ	139 - 146
---	--------------------	-----------

āryavaidyan

*A Quarterly Journal of the
Arya Vaidya Sala, Kottakkal*

SUBSCRIPTION RATES (postage extra)

Annual Subscription	:	Rs. 100/-
Outside India	:	U. S. dollar 10 (Air Surcharge extra)
Single Copy	:	Rs. 30/-
Outside India	:	U. S. dollar 3 (Air Surcharge extra)

30% REDUCTION IN SUBSCRIPTION RATES WILL BE ALLOWED
TO STUDENTS OF ALL SYSTEMS OF MEDICINE

Please address all enquiries and subscriptions to:

**The Chief Editor,
'Aryavaidyan'
Arya Vaidya Sala,
KOTTAKKAL - 676 503
Malappuram District,
Kerala State, India**

OBITUARY



Dr. K. N. UDUPPA (1920 - 1992)

We regret to record our heart-felt condolence at the sad and sudden demise of Dr. Kabil Narasimha Udappa, one of the stalwarts of holistic medicine in this country. On the 17th of July 1992.

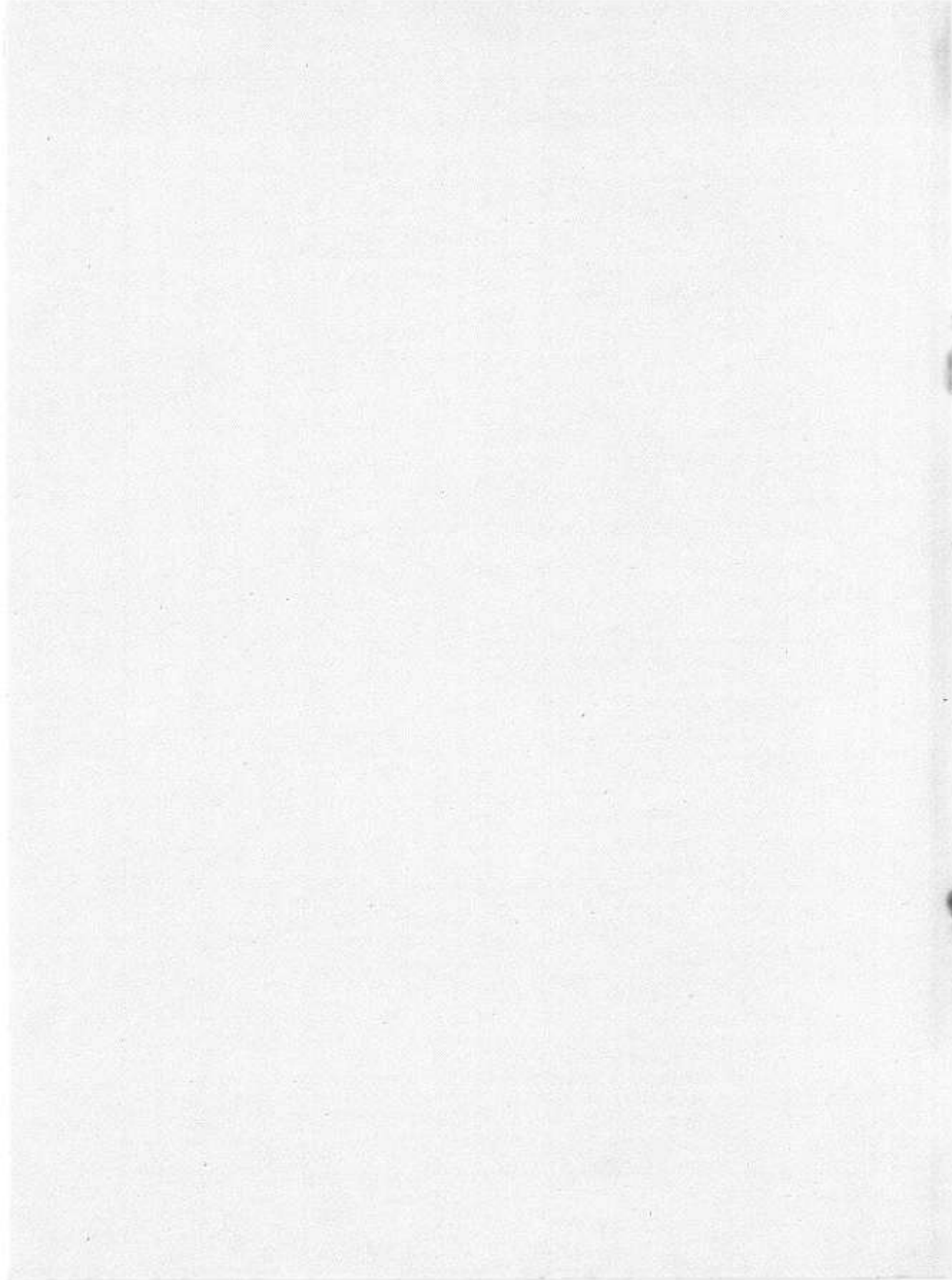
Dr. K. N. Udappa was one of those who had an early and sound foundation in our ancient system of Ayurvedic medicine, having studied Sanskrit and Ayurveda in the Benares Hindu University, under the magnificent tutelage of no less a person than Pandit Madan Mohan Malaviya, a founder of this modern Taxila of our times. Having drunk deeply at this fountain of our ancient medicine, and having started the Ayurveda College of post-graduate studies in the university, he turned his efforts for the acquisition of a

knowledge of modern medicine. Once he obtained a foundation of knowledge in modern medicine, he left for the United States of America to undertake post-graduate studies and training in Surgery and worked in some of the best institutions there in Michigan and the Harvard University at Boston. Thus he became a unique personality who was at once a scholar both in Ayurveda and in modern medicine, a combination which is rare in India.

He, not only acquired vast knowledge in both these systems, but tried to bring about a synthesis between these two branches of knowledge especially at the post-graduate level, which has paid rich dividends in the last thirty years. The M D (Ay.) of the BHU was the first accepted post-graduate degree in Ayurveda available to both streams of undergraduates.

He also tried to integrate research activities using his expertise in both the systems so that he could gauge the influence of herbal medicine, yoga and meditation in grave diseases like coronary thrombosis, endocrine dysfunction and neurological diseases, and the innumerable books and articles that he has written on the subject bears ample testimony to his diligence, devotion, dedication and distinction. No wonder, he was considered as one of the founders of the concept of holistic medicine in our country and was awarded various distinction and honours.

Dr. K. N. Udappa was a very distinguished member of our editorial board since the very inception of our journal, Aryavaidyan and has favoured us with a large number of excellent articles and has been a source of strength and support to us at all times. We are sorry, that he is no longer with us, and pay our homage to his memory. It is our earnest hope and fervent wish, that he will be remembered for all the great values for which he stood and that the cause of the progress of Ayurveda and holistic medicine of which he was a symbol would gain greater heights in the years to come.



Alma Ata manifesto is the beacon for all those who serve in the medical field. Like the vision emerged from the deliberations of the sages that assembled on the Himalayas from which ushered the science of Ayurveda responding to the need of the changed times, as described in Charaka, this declaration also can be taken as the outcome of the searching debates and studies of medical men sensitive to the turning point in the field of science and out of the experiences all over the globe since the second world war. The salient features implied in it are the recognition of the wide range of problems in medicine in the present era. The necessity of giving priority to the health of the common people and the essential sanitary and ecological aspects including cultural conditions for improving their health, the impracticability of tackling the problem by one system of medicine alone, however advanced it may be and the realisation of importance and utility of mobilising all systems of medicine together whether it is traditional, oriental or occidental for co-operative work. It is for that purpose that research in the traditional medical systems was initiated and promoted by the W.H.O. And the necessity of a national health plan for each country to assess its potential faculties and mobilise all resources for the promotion of the health standard is also implied. Researches in the traditional systems not only improves each system enabling them to participate in the team work for health programmes of the present era but also by the process of interaction between different systems help to evolve

a new medical science embracing all hitherto accumulated knowledge and experience. The new trends are for a medical system of higher dimensions and visions to cope with the present needs. It is note-worthy, that Prof. G. D. Bernal in his "Science in history" where he defines science from various angles has stressed on this possibility of emergence of a new science from the present situation pointing out that science is not simply what is already there but also what it is likely to become. When a Russian team of doctors visited Vietnam they were told by the authorities there that their plan for the establishment and promotion of an oriental system of native medicine is not meant simply for providing health services to people in villages where modern medicine is not within reach but to promote, both eastern and western systems simultaneously so that their co-operative interaction or symbiosis may help for emergence of a higher system (Refer Aryavaidan Vol. 3 No. 4).

A recall of the above facts here is not intended simply to evoke memory but to exhort that in all our reviews and active steps, we must have a vision of the totality of the problems. When we examine the problem and find out possibilities and solutions, we must be guided by this total vision.

Let us take the present burning problem of the soaring prices of medicines. We all know that almost all medical problems are essentially part of the general problem and solution

also depends on the level of the understanding and attitude of the public and authorities. But we cannot sit idle with crossed fingers interpreting this as a natural phenomenon. We are one with all movements and steps to bring the prices down and control quality and of restricting the production and import of non-essential medicines. We also are for prohibiting spurious and fabulous preparations now current in the market. We are for promoting the manufacture of essential life-saving medicines, which we are direly in need of and which are conspicuously absent now. We approve of campaigns to fight profit motivated commercialism—the infection that vitiates the medical field. In addition to these we have to open our eyes to the necessities and possibilities of other positive steps also to fight the dearth of medicine. Ayurveda says that the preceptor to guide all our actions is the world itself. How China, an oriental country like ours, solves this problem is a model for us also. There the dearth of medicines which causes increase in prices is solved successfully by the people and authorities. The way is to cultivate natural herbal medicines essential for treating diseases prevalent in a locality in the premises of the dispensaries and dwellings. They give as far as possible first preference to herbal medicines which are carried by the bare-footed doctors in their kit bags. This type of service not only reduces the tension due to lack of imported medicines but also helps to raise the consciousness of the potentiality of herbal and other

natural medicines. It is no wonder as we get reports from China, even killer disease like cancer is healed by medicines prepared from the various types of herbs. Not only new medicines are entered in the arsenal of weaponry to fight complicated diseases but it also promises on the ever-widening chances of extending researches to new areas so far untouched for fully exploiting the potentialities of our national wealth.

Now-a-days, our press is more sensitive on the appearances of new unrecognised diseases and on the problems of their healing. When such reports appear, we see instant reactions of patrons of different medical system on the scope of their healing according to their approaches. We take this development with approval. We have no right at the present stage to dismiss even seemingly irrational approaches and remedies as charlatanism at the first sight, since we have been subjected to one-sided thinking, influenced by the mode of thought of the particular system we follow. But on handling such diseases and managing treatment, we are to be guided by a wider approach. Collective investigations and assessment by practitioners of different systems is a must today, not only to free ourselves and resist commercialism, but to accrue the benefit for promoting the emergence of a higher medical system also. We have to promote the "emerging science" to embrace the essence of all systems and rise to cope with the widened needs of the times enlightened by a new understanding.

Nitish Ranjan Vaidya

FROM THE PAGES OF VAGBHATA - XXII

N. V. K. VARIER

निद्रायत्तं सुखं दुःखं पुष्टिः काश्यं
बलाबलम् ॥ ५३ ॥
वृषता क्लीबता ज्ञानमज्ञानं जीवितं न च ।
(Nidrayattam sukham dukham
pustih karsyam balabalam ॥ 53 ॥
Vrsata klibata jnanamajnanam
jivitam na ca ।)

"Happiness and sorrow, well nourished growth and emaciation, strength and weakness, virility and sterility (impotency), knowledge and ignorance life and death are all dependant on sleep."

Proper sleep causes and promotes happiness and good health. Lack of proper sleep creates diseases and sorrow. Similarly proper sleep helps to have a well-nourished body, strength and virility. It improves studies and acquisition of knowledge and thereby helps in the prolongation of active life. On the contrary, lack of orderly sleep is the cause of emaciation and weakness, sterility, lack of ability to concentrate and learn, leading to ignorance, illness and death.

अकालेऽतिप्रसङ्गाच्च न च निद्रा
निषेविता ॥ ५४ ॥
सुखायुषी पराकुर्यात् कालरात्रिर्वापरा ।
(Akaleऽtiprasangacca na ca nidra
nisevita ॥ 54 ॥
Sukhayusi parakuryat
kalaratrivapara ।)

"Sleep which is untimely, extremely prolonged or totally absent destroys the healthy span of life as another Kalarathri (nightmare before death)."

Untimely sleep is an example of Mithyayoga (मिथ्यायोग) or wrong conjoining. Oversleeping is an example of excessive conjoining of action or Atiyoga (अतियोग). Atiyoga is sleeping unduly overtime surpassing the prescribed time limit as per the age, season etc. Absence of sleep is insufficient conjoining of action or Heenayoga (हीनयोग).

All these three abnormalities of sleep destroy a joyful healthy life as if you are facing a nightmare before death (Kalarathri), Kalarathri refers to the mythological "Mahakali" inclined to destruction.

Arunadatta says that the term "Parakuryat" (पराकुर्यात्) means destruction. While Hemadri is of opinion that "Para" means the fourth type or proper conjoining (Samyatyoga) which affords healthy life. And "Apara" to denote the other three improper forms. These are the four forms of sleep.

रात्रौ जागरणं रुक्षं, निम्बं
प्रस्वपनं दिवा ॥ ५५ ॥
अरुक्षमनभिष्यन्दि त्वासीनप्रचलायितम् ।
(Ratrau jagaranam ruksam,
snigdham prasvapanam diva ॥ 55 ॥
Aruksamanabhisyanidi
tvasinapracalayitam ।)

"Waking during night is dry, sleeping in the daytime is unctuous, and sleeping in a sitting posture is neither dry or unctuous."

Night is soft and unctuous and if we sleep properly at night we are benefitted with these properties of night. Night is the time intended for sleep. But if we do not sleep at night and keep awake our body loses its soft properties and becomes dry. Sleeping in a sitting position creates no dryness and the same does not provoke unctuousness to the extent of stimulating tickling. It is neither dry not too smooth.

श्रीष्मे वायुचयादानरीक्ष्यराश्वल्पभावतः ॥ ५६ ॥
दिवास्वप्नो हितोऽन्यस्मिन् कफपित्तकरो हि सः ।
मुक्त्वा तु भाष्ययानाध्वमद्यस्त्रीभारकर्मभिः ॥
५७ ॥
क्रोधशोकभयैः क्लान्तान् श्वासहिष्मातिसारिणः ।
वृद्धबालाबलक्षीणक्षतवृद्धशूलपीडितान् ॥ ५८ ॥

अजीर्ण्यभिहितोन्मत्तान् दिवास्वप्नोचितानपि ।
धातुसाम्यं तथा ह्येषां श्लेष्मा चाङ्गानि पुष्यति ॥
५९ ॥

(Grisme vayucayadanarauksyaratry-
alpabhavatah ॥ 56 ॥
Divasvapno hetoऽnyasmin
kaphapittakaro hi sah ।
Muktva tu bhasyayanadhvamadya-
sribharakarmabhih ॥ 57 ॥
Krodhasokabhayaih klantan
svasahidhmatisarinah ।
Vrddhabalabalaksinaksatatrt-
sulapiditan ॥ 58 ॥
Ajirnyabhihitonmattan
divasvapnocitanapi ।
Dhatusamyam tatha hyesam
slesma cangani pusyati ॥ 59 ॥)

"In summer due to the accumulation of Vata and the dryness due to "Adana" and because the night is short, sleep during the day is desirable. In other seasons except for those mentioned below, sleep during daytime is provocative of Kapha and Pitta. The exempted categories are (1) Those who are tired and weak by excessive talking or by travelling on horses, camels or by foot (2) Those who have taken to indulgence in alcohol or excess sexual activities (3) People upset by anger, sorrow, fear, asthma, hiccup and diarrhoea (4) old men, children and those who are weak and exhausted or suffering from thirst, injury, pain and indigestion (5) Those who are struck with blows from clubs or similar weapons (6) Those who are intoxicated and (7) Those who are accustomed to sleeping in the daytime. For the above categories, day sleep is creative

of Dhatusamyā (equilibrium of Dosas) and so the Kapha in this condition becomes a nourisher of the organ."

Day time sleep is agreeable to all in summer. Because summer is in the peak of the seasons belonging to the Solstice, Uttarayana (northward course of Sun) which is given the attribute of "Adana" since it receives (takes for itself) the strength of all living beings. Sisira (later part of winter) Vasantha (spring) and Greeshma (summer) as described in the "chapter on regimen" (Ritucharya) of the seasons are the three months of Adana and summer is the peak month. During these three seasons (six months) it is said that Sun and wind reduces the smoothness of the earth and dries it. In summer the nights are comparatively very short. Vata accumulates in this period and Kapha decreases. So day sleep is agreeable to all, But in other seasons it creates Kapha and Pitta. But for people tired and weak by physical or mental overwork and diseases mentioned here and for old men and children, day sleep is good. People who are exhausted by excess-talk, by travels in vehicles or on horses, camels etc., or on foot and who carry on head, heavy weights are not exempted from having day sleep. In cases of those intoxicated by drinking alcohol and weakened by indulgence in sex, day sleep may help to regain strength for people who are excited by anger, fear and sorrow, sleep at any time may give some relief, for them day time sleep is good. Similarly men afflicted by diseases like asthma, hiccup and diarrhoea and suffering from pains, thirst and indigestion are allowed sleep at day time. The question may be asked as to how one with indigestion

is sanctioned day sleep, since indigestion is due to increase of Kapha and slackening of digestive fire. Because by sleep Dhatusamyā is gained. This helps proper working of the body and stimulation of digestion. Those who are victims of hurt due to blows from weapons like clubs or other form of attack can have day sleep since rest helps for regeneration of tissues. People who are accustomed to day sleep do not have any ill effects due to day sleep. But in the case of others day sleep except in summer season provokes Kapha and Pitta and creates troubles.

बहुमेदःकफाः स्वप्युः श्रेहनित्याश्च नाहनि ।
विषार्तः कण्ठरोगी च नैव जातु निशास्वपि ॥ ६० ॥
(Bahumedahkaphah svapyuh
snehanityasca nahani ।
Visartah kantharoge ca naiva
jatu nisasvapi ॥ 60 ॥)

"Those who are with excessive fat and phlegm and those who take unctuous foods (fat, ghee, oil etc.) daily are not to sleep at day time. Those afflicted by poison (internal or external) and diseases of the throat are not to sleep even at night."

Since day sleep increases and provokes Kapha and Pitta for people whose constitution is already with excess of fat and phlegm and those who take too much food which increase them are advised not to have day sleep. But in the case of those who are in the throes of poisoning due to bites from snakes or other reptiles or other venomous animals or who have taken poison are not allowed to sleep even at night.

अकालशयनान्मोहज्वरस्त्वैमित्यपीनसाः ।
शिरोरुक्शोफहृल्लासस्रोतोरोधाग्निमन्दता ॥ ६१ ॥

(Akalasayanamohajvarastaimitya-
pinasah ।

Siroruksophahrllasasrotorodhagni-
mandata ॥ 61 ॥

"Untimely sleep creates fainting (swoon), fever, lassitude, cold with nasal discharges, headache, swelling, nausea, blocking of the body pores and slackening of the digestive fire."

There are two forms of sleep due to unadaptability. Mithyayoga or irregular sleep and Heenayoga or loss of sleep. Here the problem caused by Mithyayoga is given. Untimely sleep is Mithyayoga.

तत्रोपवासवमनस्वेदनावनमोषधम् ।
योजयेदतिनिद्रायां तीक्ष्णं प्रच्छर्दनाञ्जनम् ॥

६२ ॥

नावनं लङ्घनं चिन्तां व्यवायं शोकभीकृषः ।
एभिरेव च निद्राया नाशः श्लेष्मातिसङ्घायात् ॥

६३ ॥

(Tatropavasavamanasvedanavana-
mausadham ।

Yojayedatinidrayam tiksnam
pracchardananjanam ॥ 62 ॥

Navanam langhanam cintam
vyavayam sokabhikrudhah ।

Ebhireva ca nidraya nasah
slesmatisanksayat ॥ 63 ॥

"There fasting, emesis, fomentation and application of errhines (nasal administration) are the remedies. In conditions due to excessive sleep apply sharp emetic medicines and collyriums, errhines, reducing treatments and subjec-

ting to thinking, exercises, sorrow, fear and anger are the ways for destroying sleep since they strikingly reduce the Kapha".

The remedies for untimely sleep are all that reduces Kapha.

Here the troubles due to excessive sleep and their remedies are given. By the same remedies which reduce Kapha loss of sleep also may occur. This is Heenayoga. Heenayoga is due to two causes. One is inhibiting sleep when the urges for it is there. The troubles created by it and its remedies are described in the chapter Roganulpa-daneeya (Prevention of the origin of diseases). Due to excessive usage of Kapha-reducing medicines and foods etc., the above remedies in a normal-person may create conditions of loss of sleep.

निद्रानाशादङ्गमर्दशिरोगौरवजृम्बिकाः ।
जाड्यग्लानिभ्रमापकिततन्द्रा रोगाश्च
वातजाः ॥ ६४ ॥

(Nidranasadamgamardasirogau-
ravajrmbikah ।

Jadyaglanibramapaktitandra
rogasca vatajah ॥ 64 ॥

"By loss of sleep, body ache, heaviness of head, yawning, stupidity, hangover, dizziness, indigestion, lassitude and diseases due to Vata are produced."

Loss of sleep is due to reduction of Kapha and so Vata is provoked. Diseases due to lack of nourishment and straining of the nervous system are produced. Vata diseases includes diseases like convulsions (Akshepaka).

यथाकालमतो निद्रां रात्रौ सेवेत सात्म्यतः ।
 असात्म्याज्जागरादर्थं प्रातः
 स्वप्यादभुक्तवान् ॥ ६५ ॥
 (Yathakalamato nidram ratrau
 seveta satmyatah ।
 Asatmyajjagaradardham pratah
 svapyadabhuktavan ॥ 65 ॥)

"So resort to sleep in proper time at night according to circumstances. In waking at night which is unadaptable, sleep in the morning for half of the required time of proper sleep at night, without taking any food."

We have already noted the benefits of proper sleep and the ill effects of improper sleep. So try to have sleep at due time in a proper order avoiding shortage or excess of the required time. The required time is usually from two Yamas to three Yamas at night as per the practice of the individual (A Yama – 3 hours) according to Arunadatta and Hemadri. In case of people who are not accustomed to wake at night, but had to keep awake, the instruction is to sleep for half of the time usually done in the morning without taking any food. This helps to neutralize the troubles and weakness due to unaccustomed waking. But for people who are accustomed to sleepless nights because of the nature of their occupation or other causes, this suggestion is not applicable. They can sleep for an equal time that they kept awake at night as a compensation.

शीलयेन्मन्दनिद्रस्तु क्षीरमद्यरसान् दधि ।
 अभ्यङ्गोद्वर्तनस्नानमूर्धकणाक्षितपंणम् ॥ ६६ ॥
 कान्ताबाहुलताश्लेषो निर्वृतिः कृत्यकायता ।
 मनोऽनुकूला विषयाः कामं निद्रासुखप्रदाः ॥ ६७ ॥

ब्रह्मचर्यं रते प्राम्य सुखनिःस्पृहचेतसः ।
 निद्रासन्तोषतृप्तस्य स्वं कालं नातिवर्तते ॥ ६८ ॥
 (Silayenmandanidrastu
 ksiramadyarasan dadhi ।
 Abhyangodvartanasnanamurdha-
 karnaksitarpanam ॥ 66 ॥
 Kantabahulatasleso nirvrtih
 krtyakayata ।
 Manojnukula visayah kamam
 nidrasukhapradah ॥ 67 ॥
 Brahmacharyaratergramyasukha-
 nihsprhacetasa ।
 Nidrasantosatrptasya svam
 kalam nativartate ॥ 68 ॥

"Men with less sleep may take milk, sugarcane juice, alcohol, meat soups and curds. They may have inunction, upward massage, bath and lubrication of head, ears and eyes with intensive application of oils or unctuous medicines and similar treatments. Embrace of the wife, feeling of bliss, sense of accomplishment, predomination of subjects pleasing to the mind are all creative of happy sleep. Sleep never delays its presence at the proper time in the case of those who faithfully observe celibacy and who are detached to the pleasures of sex and are happy and satisfied."

There are three conditions favourable for proper sleep; Favourable conditions of the third order, second order and first order — According to Hemadri. Improving sleep by diet and treatments is first described. This may be regarded as of the third order.

Intake of milk, alcohol, meat soups, curds as diets and application of unctuous materials and treatment to

reduce Vata are of the second order. Treatment with oils, ghees, fats, marrow and other unctuous products as inunctions, application on head, eyes and ears, in large quantities, upward massage on the body and baths are all good to promote sleep. But the condition of the higher order is sticking to celibacy and keeping the mind away from sexual pleasures. To those who are mentally happy and satisfied sleep never fails to appear at the proper time.

गम्यधर्मं त्यजेन्नारीमनुत्तानां रजस्वलाम् ।
 अप्रियामप्रियाचारां दुष्टसङ्कीर्णमेहनाम् ॥ ६९ ॥
 अतिस्थूलकृशां सूतां गर्भिणीमन्ययोपिताम् ।
 वर्णिनीमन्ययोनिं च गुरुदेवनृपालयम् ॥ ७० ॥
 चैत्यश्मशानाऽऽयतनचत्वाराम्बुचतुष्पथम् ।
 पावंप्यनङ्गं दिवसं शिरोहृदयताडनम् ॥ ७१ ॥
 अत्याशितोऽधृतिः क्षुद्रान् दुःस्थिताङ्गः पिपासितः ।
 बालो वृद्धोऽन्यवेगार्तस्त्यजेद्रोगी
 च मैथुनम् ॥ ७२ ॥

(Gramyadharme tyajennarimanu-
 ttanam rajasvalam ।

Apriyamapriyacaram
 dustasankirnamehanam ॥ 69 ॥

Atisthulakrsam sutam
 garbhinimanyayositam ।

Varninimanyayonim ca
 gurndevanrpalayam । 70 ॥

Caityasmasanaṣṣyatanacatvarambu-
 catuspattam ।

Parvanyanangam divasam
 sirohrdayatadanam ॥ 71 ॥

Atyasitodhrtih ksudvan
 duosthitangah pipasitah ।

Balo vrddhoṣnyavegartastyajedrogi
 ca maithunam ॥ 72 ॥)

“In the act of copulation shun women who cannot lie flat (on the back face upwards), who are menstruating who are disliked because of despicable actions, whose generative organ is vitiated (with diseases or Dosas) or too much constricted, who are bulky or emaciated, women just after delivery, and who are pregnant are to be avoided. Ascetic woman, anybody excepting one's wife, females of other species are also to be avoided. Copulation should not be done in places like the residence of the preceptor, Gods, royal palaces, at shrines, like Chaitya, at graveyards or execution grounds, sacrificial courtyards, water reservoirs, cross roads, on pious days with improper organs at day time with beating on head and heart, having overeaten, without proper excitement feelings or hunger, or with disorderly placed body parts, or thirst. Young boys, old people, one who is with other pressing urges for urination, defecation etc., and sick people are to avoid coitus.”

Improper sex act is the cause of many disease both mental and physical. So all such perverted sex acts are to be strictly avoided. Here the reference is to undeserving partners at first, then places and times, the forms and conditions to be avoided and the ages of persons who are not allowed coitus. In mating the woman's position should be in a lying state. She has to lie on her back face upwards. If one cannot lie in that position or is not willing to do so mating with her is prohibited. There should be no mating with a menstruating woman. Similarly if her genital organ is vitiated by Dosas or diseases or if it is too constricted mating with her is not pleasant but even

causative of diseases. Woman whom one dislikes or who is with despicable ways are not fit for copulation. Women who are too bulky or too emaciated, a recently delivered or a pregnant woman and ascetic woman are unsuitable for sex act. In fact one should not copulate with any woman other than one's wife. Places as the abode of preceptors, Gods and kings, shrines, graves, executing premises, court-yards water reservoirs, cross-roads are unfit as sites for sexual unions. Holy days are to be avoided. No sex act should be done by organs other than sex organs. Sex act should not be done during day time. During coitus one must not beat on the head or heart. Never indulge in sex after eating too much or when too hungry or too thirsty and without sexual excitation or with the body parts in difficult positions. Sexual partnership with other species is unpleasant, dangerous and causes diseases. So all these are to be strictly avoided. One must not engage in sex act when other urges as for defeacation, urination, sneezing etc., are troubling one. Young boys and old men are prohibited from sex acts since it is detrimental to their strength and health.

सेवेत कामतः कामं तृप्तो वाजीकृतां हिमे ।
अहाद्वसन्तशरदोः पञ्चाद्वर्षानिदाषयोः ॥ ७३ ॥

(Seveta kamatha kamam trpto
vajikrtam hime ।

Tryahadvasantasaradoh
paksadvarsanidaghayoh ॥ 73 ॥

"In cold seasons, the contented one, who have undergone Vajeekarana courses (virilising courses described in the chapter on Vajeekarana in

Uttarasthana) can indulge in erotic acts as he desires. In spring and autumn on every third day and in rainy season and summer, once only in a fortnight.

अमकळमोरुदौर्बल्यबलधात्विन्द्रियक्षयाः ।
अपर्वमरणं च स्यादन्यथा गच्छतः
स्त्रियम् ॥ ७४ ॥

(Bramaklamorudaurbalyabala-
dhatvindriyaksayah ।
Aparvamaranam ca syadanyatha
gaccatah striyam ॥ 74 ॥

"In case of coitus done in other ways (without observing the instruction given above) dizziness, fatigue, weakness, of the thighs and tissues and loss of strength of the tissues and semen are caused. Untimely death may also occur."

स्मृतिभेदायुरारोग्यपुष्टीन्द्रियशोबलैः ।
अधिका मन्दजरसो भवन्ति स्त्रीषु संयताः ॥ ७५ ॥

(smrtimedhayurarogyapustindriya-
yasobalaih ।
Adhika mandajaraso bhavanti
strisu samyatah ॥ 75 ॥

"In proper mating with woman, one increases his memory power, intelligence, span of life, health, nourishment, semen (sexual potency), reputation and strength and the ageing process can be slowed."

Proper mating is very much beneficial for all-round improvement of the body, mind and prosperity. It creates peace of mind and a sense of happiness. So all the mental and physical faculties as memory power, intelligence, growth sexual power, personal image and vital strength are improved. Therefore ageing is also retarded.

स्नानानुलेपनहिमानिलखण्डखाद्य-
 चीताम्बुदुग्धरसयूपसुराप्रसन्नाः ।
 सेवेत चानु शयनं विरतौ रतस्य
 तस्यैवमाशु वपुषः पुनरेति धामः ॥ ७६ ॥

(Snananulepanahimanilakhandakhadya-
 sitambudugdharasayusuraprasannah ।
 Seveta canu sayanam viratau ratasya
 tasyaivamasu vapusah punareti
 dhamah ॥ 76 ॥

"After withdrawing from mating take bath and smear the body (with pastes of sandal and such cooling cosmetics) and enjoy sugar candy, cool air, cold water, meat soups, vegetable soups, Sura (liquor from pasted rice) and Prasanna (clear part of Sura) and afterwards go to sleep for some time. Then the body again gains its splendour."

The procedure to be followed after mating is designed to overcome the fatigue of the body due to coitus. Everything of a cooling and rejuvenating nature are suggested. Baths, smearing with cooling cosmetics as sandalwood paste, resting, enjoying cool breeze, eating of delicious sweets as sugar candy, cold water, milk, nutritious meat and vegetable soups and liquors as Sura and Prasanna are advised. Then lie down and sleep for a while also. These steps helps to regain the lost vigour and increases the splendour of the person.

श्रुतचरितसमृद्धे कर्मदक्षे दयालौ
 भिषजि निरनुबन्धं देहरक्षां निवेश्य ।
 भवति विपुलतेजःस्वास्थ्यकीर्तिप्रभावः
 स्वकुशलफलभोगी भूमिपालश्चिरायुः ॥ ७७ ॥

(Srutacaritasamrddhe karmadakse
 dayalau
 bhisaji niranubandham
 deharaksam nivesya ।
 Bhavati vipulatejahsvasthya-
 kirtiprabhavah
 svakusalabhalabhogi
 bhumipalascirayuh ॥ 77 ॥

"The Prince who entrusts protection of his body unreservedly with a physician who is rich in the knowledge of Sasthras and is experienced and is an expert in practical things and who is kind at heart, impressively increases his radiance, health, reputation, and majesty. He enjoys the fruits of his own good deeds, and is blessed with long life.

इति वैद्यपतिसिंहगुप्तसूनुश्रीमद्वाग्भटविरचिताया-
 मष्टाङ्गहृदयसंहितायां सूत्रस्थाने अन्नरक्षा नाम
 सप्तमोऽध्यायः ।

(Iti vaidyapatisimhaguptasunusrima-
 dvagbhataviracitayamastangahridayasamhi
 tayam sutrasthane Annaraksa nama
 saptamoऽdhyayah ।)

So ends the seventh chapter, titled 'Annaraksha' (protection of food) in the Suthrasthana of Ashtanga hridayas Samhita composed by Vagbhata, the son of Vaidyapathi Simhagupta. ●

Our acts make or mar us – we are the children of our own deeds.

—Victor Hugo

DIAGNOSTIC APPROACH TO DISEASE IN HATHAYOGA

M. VENKATA REDDY

ABSTRACT

Hathayoga is not medicine but drugless therapy. It is said that Ayurveda cured diseases whereas Yoga prevents diseases. The Tridhatu — Triguna of pre-Patanjali concept was found in Bhruhadhyoga Yajnavalkya Smruti (Ch II: 19-25). In Patanjali's Yoga Sutra (200 B.C.), we get the word 'Vyadhi'. While Hathayogins like Atmarama has mentioned 41 diseases in 'Hathapradipika', Srinivasabhata has listed 446 in Hatharatnavali, Gherandamuni described 22 in 'Gherandasamhita' and Raghava has given in 'Satkarma Samgraha' 33 diseases. They must have adopted some methodology to identify and diagnose these disorders. The line of yogic treatment is limited (Vata-dosha) to the psycho-somatic and functional disorders. In the words of Hathayogins as described in 'Vyadhi' to 'Durbalopiva' (HP - I - 64 & HR I-22) yoga can help the diseased and the weak equally well.

This is possible because it improves the immune system (Arogata HP-II-78, HR I-57). Yoga is one of the oldest holistic systems of the world. The diagnostic approach to diseases in Hathayoga is based on the following signs: 1. Dinacharya — Ritucharya 2. Nadi pariksha (Examination of pulse) 3. Swarapariksha (Examination of Swara at the nostril) 4. Nabhi pariksha (Examination of the navel) 5. Clinical and biochemical approach in Swarayoga and 6. Shatchakra roga Nirupana (disease due to imbalance of Chakra)

Introduction :

Roots of clinical methodology in Samkhya and Yoga :

Samkhya and Yoga identified clinical method as a method of any science (Sasthra) and referred to it as the method of Ayurveda. They called the clinical method "Chaturvyuham" which means "Tantra Strategies." Vyasa, the commentator of Patanjali's Yoga

aphorisms (suthras) in his commentary on II. 16¹. Suthra mentioned that Ayurveda is Tetra strategic. It comprises four steps; understanding of the patient; health, causes of ill-health and treatment. Then he declared that the present science i. e. yoga is also Tetra strategic, having its four strategies as understanding of bondage, liberation, causes of bondage, and attaining the liberation.²

Yogamaharatna M. Venkata Reddy, Director, Vemana Yoga Research Institute, Market Street, Secunderabad 500 003 (A.P.)

Vijnanabhikshu in his "Samkhya Pravachana Bhasya" also defined the clinical method as Chaturvyuham, in the same way as Vyasa did in the case of Yoga and applied the study of Samkhya.

In truth, therapy in its proper sense is alien to Yoga. Nevertheless, Yoga has necessarily to do with activities concerning health. Hatha therapy is an offshoot of Hathayoga. In the works of the medieval period, especially in the Hatha yogic and Tantric literature, we get a glimpse of yoga having been looked upon from the therapeutical angle. This may be divided into two categories, namely (i) preventive and curative aspects of disease and (ii) faulty practices. Scattered reference indicating the therapeutical nature of yoga and the relation of yogic practices to health are found in various Hatha yogic texts. Later references concern about effective handling of the complaints or ailments that the aspirant of yoga comes across as a result of faulty yogic practices.

Yogic experts have not mentioned any diagnostic methods in their yogic therapies. Some of the authors of yogic therapy like Kuvalyananda, Karmananda Saraswathi and Sivananda did not bestow any thought on this aspect in their works. Janakiraman, Lakshminarayana sharma, Yogeswara Yoginda and Udupa have also not touched upon the diagnostic aspect. Gharate, however, opines that "the yogic therapy has got diagnostic methods of its own." The same view is supported by R. H. Singh in his article Yoga review.

Physiological and therapeutical studies on Yoga

Talking of Rogalakshnam under the title "Yoga diagnostics" Swamy Gitananda observes as follows:-

"There are a number of ways by which stress and diseases in the body can be diagnosed. These include: (1) Pulse reading, (2) Dermatology reading of the changes in the skin, (3) Iridology, (4) observation of symptoms relative to Kapha; Pitta and Vatha (5) analysis of Lakshana (obstructions) and Ritti (manner) and (6) Sputum, sweat, urine and faeces analysis.

Yogic anatomy and physiology

Hathayoga looks upon the body as the primary requisite of all kinds of Sadhana. We find anatomical and physiological description of body in Hathayoga and Tantrayoga. The body is called Ghata (HP-II23; HR-I-27) (IT-16; GHS-I-8). The body is divided into three mandalas. Namely, (1) Agni mandala (2) Suryamandala and (3) Soma mandala. (Mandalas are further sub-divided into six regions of one pradesh length, and starting from the pubic bone we get six points upto the top of the skull. These points are called Chakras. There are also Panchakoshas and Panchavayus. There are 72,000 Nadis in the human body. The spine is called Brahmadanda or Veenadanda. There are thirty two bones on the both sides of the spine (HR-IV-32). This terminology and classification show yogic anatomy and physiology described in the Hathayoga texts.

Fundamentals of therapy

- 1) Any therapy has two aspects; diagnostic and treatment (the

latter consisting of prevention and cure).

- 2) Any therapy to be effective must have an adequate Materia Medica of its own.

In the light of the above principles mentioned by Gharate let us consider the most important diagnostic approaches in diseases in Hathayoga one by one.

Selection of Pranayamas on Prakriti basis

Geographical locations have also exerted certain influence on the individuals. In India the Himalayan range is distinctly cold and the plains are distinctly warm. They have an influence on Prakriti of individual and his/her yogic practice. Brahmananda, disciple of Merusastry (1859 A.D.) the authoritative commentary on Hatha Pradipika (HP-11-66), sums up that Suryabhedhana and Ujjayi generate heat, while Seetali and Satkari cool the body and Bastrika preserves an equable temperature. It may also be noted that Suryabhedhana primarily controls excess of wind, Ujjayi phlegm, Satkari and Seetali bile and Bastrika all three "Suryabhedhana Pranena Vataram. Ujjayi Pranena sleshma hara. Sitkari seetali Pranena Pitta hara. Bastrikhyan Kumbhaka tridosahara iti bodhyam."

Dinacharya - Ritucharya

During different seasons of the year, the "Dhatu" undergo certain changes. If certain pre-cautionary measures are not taken during these seasons, the persons would be exposed to diseases identifiable with the seasons. This holds good especially in the selection of "Pranayamas." Hathayogins attribute

cause not only to seasons but also to individual's nature; Dehaprakriti. The science of yoga is the finest product of Indian mind. The first and foremost among these Pranayamas is external and internal purification, i. e. Dinacharya.

"Tyakatva mutre pureesham ca
Danadhavannamacharet"

This Prakriti should be examined every day ("Arogyam ca Dine Dine" (Ch-S-V-80) and Swarasasthramanjari (Telugu p-118). To the ancient physician irrespective of civilization of the world, the Dinacharya and Ritucharya have always been the subject of great learning in the field of medicine.

Nadi-pariksha (Pulse reading)

Nadi Pariksha is one of the important signs in the diagnostic approach to diseases in Hathayoga. Traditionally pulse examination is an important means of diagnosis. It has now been accepted that Ayurveda has adopted this system from Yoga. A survey of the various situations where the term "Nadi" has been used in the yoga texts of Brihadhyogi Yajnavalkya Smriti (Cha IX-9) and Patanjaliyoga reveals that "Nadivijnana" (pulse science) as a means of diagnosis was absent in this form till the 8th century. However, the term "Nadi" occurs abundantly in these texts with other meanings than 'the pulse.'

There are different theories concerning "Nadi Pariksha". Some experts believe that it is purely of Yogic origin. This view is fully supported by Dr. I. Srinivasa Rao. "Nadi Pariksha" is basically a yogic practice. In Vedic language it is called "Dharajananam." It is a sort of "janana vesesha" or

specialised knowledge through which "Atma" can be perceived, and such seers attained great respect. They were called Mahajnani, Samyami, Dheerapurusha and so on.

Patanjali says that by the faculty of "Samayamana" positioned in Nabhi, one can have a detailed knowledge of "Kayavyuha Jananam" i.e. structural and functional aspects of the entire body. Lingapura mentions the lineage of Acharyas belonging to southern India, viz. Siladandikeswara - Ravana Acharyas. An Acharya of the above lineage, states; "the pulse, like a lamp, throws light on all the physiological and pathological states encountered in man." Sarvadeva Upadhyaya proposes a different theory. According to him, Nadi Vijnana is based on Tantric Shaiva Agamas. In his opinion "there have been many Siddhacharyas belonging to the school of Shaiva Agama Tantrism, who along with the development of alchemy (Rasavadao: Iatro chemistry) also developed Ayurveda including the pulse lore. Thus the pulse lore is seen to be an outcome of Yoga: The number of Siddhacharyas grew to 84 between the eighth and tenth centuries.

Further, he says, "though the theoretical knowledge has been derived from Tantric literature, and the practical one from Greek-Arabic system of medicine, yet Sarangadhara has been the first authoritative Ayurvedic physician (1463 A.D.) who included the knowledge of pulse examination in the third chapter (eight verses) of his work Sarangadhara Samhita."

Limitations :

The patient should be on empty stomach for at least three hours prior to

examination. One should not have just undertaken a journey indulged in exercise or sexual intercourse or taken any alcoholic beverage.

Unlike the modern physician who concentrates on pulse for its rate, rhythm, volume, calibre, pulse wave, force and tension to know the blood circulation and the heart's function, the yogic or Vaidya uses the pulse reading to type the patient into appropriate "doshic" profiles, such as Vata, Pitta and Kapha. This at present has unfortunately become a much neglected branch in Yoga.

Swara pariksha (examination of Swara)

The state of our body, mind and spirit is reflected in the alternation of the Swara cycles. If either Nadi predominate too long, it is a sign of warning that one of the branches of the autonomic nervous system is being overstressed, and only one of the brain hemispheres is fully utilised. This signifies some imbalance in the mind. Swara pariksha is thus an ancient treatise on pranic body rhythms which explains how the movement of Prana is linked to health and disease.

Naditraya vijanati Tatvajnanam
Tathaiva Ca
Naiva Tena Bhavestuyam
Lakshakoti Rasayanam (SS 391)

Which means that one who has an understanding of the three Nadis and the elements, has a complete knowledge and thus has no need of medicines or chemicals.

Nabhi pariksha (Examination of Navel)

Nabhi is a technical word in Yoga. It is the centre of 72,000 Nadis. Veda

says "Oum Ganah Punatu Nabhyam" which means the Nabhi controls the activities of the individuals, by correcting the provoked doshas and normalising the Dhatus. Nabhi controls the genito-urinary system. It is located at the Manipura Chakra. Vishnu is the Devata of this Chakra. Lakshmi is also associated with it.

Patanjali has mentioned navel as a centre to Samyama systems of the body (Tridosha) as follows :

"Nabhicakhre Kayavyuhajnanam" (PS - III 28) i.e. upon the navel circle, the knowledge of the bodily system is known.

Yoga Yajnavalkya in his Padma Samhita (Ch IV-6), Vasistha Samhita (Ch-II-5) and Hatharatnavali (Ch-IV-31) describes the length of the body as follows :

Sariram Tavadevam Hi
Sannvatyanculatmatkam
Viddhyetat Sarvajantunam
Svanguly Ghi Riti Dvija

i.e. O, Deva, the body of all beings admeasures ninety fingers in its height from his own fingers, that you understand.

Of the whole lot of nadis, fourteen (HR-IV-31) are very important. Again of the fourteen, three play a very important role. They are Ida, Sushumna and Pingala. Nabhi also controls Vyana, Apana and Samana Vatas of Ayurveda. There is a Kanda situated in this body nine fingers above the middle of the body. (Dehamadya-middle of the body -two fingers above the anus and two fingers below the penis). The middle part of the Kanda is called Nabhi (navel).

"Tanmadhyam Nabhitivityukatom"
(Vasistha Samhita—Ch. II-12)

Displacement of Nabhi has great impact of the health of an individual. There are several causes of its displacement which may begin in infancy and can continue all through one's life.

Tan Nabhi Mandale Cakkhm-
prosyate Manipurakam"
(Sloka 13 Yoga Cudamanyupanishad)

The location and distance of the navel fixed by the Hatha texts (Vasistha Samhita, Ch-II-Hatharatnavali IV-31).

Causes leading to the dislodgement to the navel

It has been observed that often the navel gets dislodged from its original position quite early through weight lifting or falling from a height. This results in the navel travelling upward from its original position. If it is found on the right side or on the left side, or tilted the cause is to be sought in the throwing of too much weight on the foot, or one portion of the body receiving a sudden jerk of jelt. If the jerk is transmitted to the left foot, the navel will get displaced towards the right and vice-versa. Generally the navel of the male gets displaced towards the left, that of female towards the right

Clinical and biochemical approach in Swarayoga

There are three authoritative works on Swarayoga, namely, Swarachintamani, Shiva Swarodaya and Swara Sasthra Manjari (Tel). Out of these three works Swara chinthamani alone describes practical techniques as follows: The Marmasthanas (Vasista Samhita III-62-64)

and golastanas (Swara Chinthamani Ch-II-2) are prescribed to examine the body parts daily.

Some more personal observations on Golastanas (Pariksha) should be done in the early morning.

“Yadhapratyusha Kale Ca Chintate
Tastana Buddhaya”
(S. Ch II-2).

Svetakayayogi (Swara chintamani Ch-II Sloka 5 to 29) advises the Sadhaka to check the sequence between bowel movements and urination. Urination at the time of the left swara, ida is a healthy sign. If you have planned any venture, it will meet with success. But if the urine comes at intervals, the prana is not functioning optimally. It is especially so if urination is during the right swara. This is an indication of worry and anxiety.

First the urine should come and then excreta and finally gas. This is a sign of success in any plan. But if all three comes together at once, definitely the system is disturbed and there is some pranic imbalance between Ida and Pingala i.e. left and right hemispheres of the brain.

“Phutkarae Chardha Siddhi Shya
Ddukare Karyanasnam
Srunganadhe Bhavenhrtyum Th
Sabdha Can Rogadha”
(S. Ch-II-4).

Shatchakra Roga Nirupana

The system of chakras helps one to understand how a particular mental emotional status is directly related to an experience in specific parts of the body.

A disturbance in a bodily function can be understood as a physical manifestation of a disturbance in the psychological functioning related to a specific chakra that is an archetypal theme being enacted as particular chakras can lead to a disturbance in the part of the body that corresponds to it. Many psychosomatic and physical disorders can be better understood and treated more successfully if the therapist is aware of the archetypal theme that is being played through a somatic dysfunction. For example, colitis, diarrhoea and other bowel problems can occur as a result of the fear and anxiety experienced in the first chakras mode of consciousness.

Madhumeha reference in Hatha and Swarayoga

Gheranda says, by Jalabhasti one can get rid of urinary disease (Prameham), disease of the bowel and flatulence. The classification of prameha is not given “Prameham can udavartam krurvaym niharayet (Gh-S-i-Ch. 46).”

There is an unpublished work namely “Sripada Viswanatha Sareeram” from Andhra, which is a combined therapy of yoga and Ayurveda. The diseases are described according to stimulation (Vedhana) of these Chakras. This is termed as “Shat Chakra Roga Nirupana”. It is said that once you stimulate the linga chakra (Svadhithana) different kinds of fourteen disorders are controlled.

Mutraghataam Mutrakruchalam
visarpicamal paityayo
Vidrarisno padam rogam
upadachalakam tadha
Prameha Madhumeha can
pitakam vishamam tadha

Chaturdhasht roga bedham
linga chakrana Bedhanath."

Conclusions

The present study is an attempt to find out how these Hatha yogins felt about the diagnostic approach to disease in Hathayoga. Treatment in Hathayoga texts are based on Ayurveda. What is notable is that the well known author of Hathapradipika, Atmarama successfully brought about a synthesis of the science of Ayurveda and yoga chikitsa in the following slokas.

Vaidyasasthoktavidhina kriyam
kurvita yathatah
Kuryadyogacikitsam ca
sarvarogesu Rigavit" (H-V-22).

It shows that Hathayogins were mostly dependant upon the Ayurvedic diagnosis, where as Swarayogins have

given highest important to examination of six golakstans (nose, eyes, face, penis and anus) daily (S. Ch. II-2).

Even though the yogic diagnosis may be outdated it can be recommended in preventive care. Another special feature of this method is that it is individualistic by nature. Such natural methods will help the common man to reduce the high expenditure of clinical therapy.

Acknowledgements:

I am deeply indebted to Dr. P. Subbaiah, Chairman, A. P. Yogadhyayana Parishad, Hyderabad, and Hon'ble Minister for health, Andhra Pradesh, Sri G. Kumaraswamy Reddy, Health Secretary, Andhra Pradesh, Sri M. Rama Babu, Secretary, A. P. Yogadhyayana Parishad and Sri S. Janardhana Reddy of Vemana Yoga Research Institute for their help.

REFERENCES

1. Arabella Malville & Colin Johnson: Cured to death. New English Library, London, 1983 p-2.
2. Bengali Babu: The Yoga Sutra Patanjali Motilal Banarsidas Delhi 1982 p-84.
3. Dharendra Brahmachary Yogic Sukhma Vyayama Indian Book Company, Delhi 1978 p-143, to 162.
4. Digamberji Swami (et. al) Vasistha Samhita (Yoga Khanda) Kaivalyadhama, Lonavala 1984 p-18.
5. Divanji C. Yoga Yajnavalkhya B. B. R. A. Society Monograph No. 3 Bombay 1954.
6. Gajendra Singh Ghookar, 2nd World Congress on yoga and Ayurveda, Varanasi 1987 p-174.
7. Gitananda Swami: Yoga Chikitsa: Yoga therapy-National Symposium on Yoga IIT, Madras 1983 p-12.
8. Gharate, M. L. Yoga therapy - Its scope and limitations. The Journal of Research and Education in Indian Medicine - Vol. 1 : 2. April 1982 p-32 to 42.
9. Gharate M. L. and Maureen Lookhat: A guide to yoga therapy unwin paperbacks 1987 p-4.
10. Janakiraman, S. Practical yoga therapy, Atmajyoti Pub. Bangalore 1978.
11. Jyotishika G. R. Pub. Padma Samhita, p-75 Dine 28 Mysore.
12. Karmananda Saraswati Yogic Management of common diseases, Bihar School of Yoga, Munger 1983.
13. Kasture H. S. Practical aspect of Prakriti, Director, ISM & H Gujarat State, Gandhinagar p 1 to 4.
14. Kuvalyananda, Vineker S. L. Yogic therapy Central Health Education Bureau, Ministry of New Delhi 1971.

15. Kavalananda, ED. Brahdhyogayajnavalkya Smriti - Kaivalyadhama 1976.
16. Lakshminarayana Sarma, Yogic cure for common diseases Hind Publications 1977.
17. Peter Oswald; The teaching of the Marmas in the Ayurveda in comparison with Chinese accupuncture and yoga 1st World Congress on Yoga and Ayurveda, San Marino, Italy 8 to 11 June, 1985 Abstract.
18. Sanjeeva Rao, I Nabhi Pariksha diagnostic approach in disease. The radionic association of India, Souvenir 1988 p-51.
19. Singh R. H. et. al. Physiological and therapeutical studies on Yoga, Yoga review, Vol. II No. 4 p-191.
20. Subbarayan B, Is the enquiry of Yoga and sankhya clinical & Yoga mimamsa Vol XXVI No. 1 pp 59 to 66 April 1987.
21. Sarva Deva Upadhyas Nadi Vijnanam Chauhamba Pratishitian Delhi 1986 p-3 to 48.
22. Sharma N. Yoga Karnika, Eastern book Linkers Delhi 1981 p-3
23. Venkata Reddy, M. Hatharatnavali Pub. M. Ramakrishna Reddy Arthamuru E. G. Dist. 1982 p-103, IV-31.
24. Venkata Reddy M. Hathayoga as holistic system of Medicine Bull Ind. Inst. Hist. Med. Col. XVI p-19-29.
25. Venkata Reddy, M. Ayurvedic aspects in Hathapradipika The journal of Research and Education in Indian Medicine, Vol. VII-4, Oct. Dec. 1988 pp-21-30.
26. Venkata Reddy M. Ayurvedic aspects in Gheranda Samhita "Paper presented at the 1st World Congress on Oriental Medicine and Yoga Bangkok, May 22-24, 1988.
27. Venkata Reddy, M. Yogic anatomy and Physiology "Yoga problems of human and the Soviet State Sports Committee Philosophical Society and ministry of Health Moscow Conference held in October 1989.
28. Yogasadhaks: Yoga and therapy: The Yoga Institute Bombay 1977.
29. Yogeswar: Simple yoga and therapy Madras 1986. ●

DEFINITIONS — DEFT.....AND OTHERWISE

A lawyer is a man who reads a 10,000 word document and calls it a brief.

* * *

A dentist is a person who pulls out other people's teeth to give work for his own.

* * *

A statistician is a person, who if you have got your feet in the oven and your head in the refrigerator will tell you that, on an average you are comfortable.

* * *

Income tax is defined as the governments' version of instant poverty.

* * *

Inflation, is being broke with a lot of money in your pocket.

ETHNOMEDICINES OF NORTH SURGUJA FOREST DIVISION AMBIKAPUR, M. P.

R. L. S. SIKARWAR

ABSTRACT

The present paper deals with 20 plant species of ethnomedicinal importance. These plant species are used by various tribal communities namely Cherwas, Dhanwars, Gonds, Kodakus, Korwas, Majhwars, Oraons, Panikas, Pandoas and Rajwars for curing certain diseases. These tribal communities inhabit the north Surguja Forest division. Ambikapur district, Madhya Pradesh.

Introduction

The Surguja district (Headquarter Ambikapur) of Madhya Pradesh, is divided into two forest divisions viz. North Surguja Forest Division and South Surguja Forest Division. The North Surguja Forest division lies between the parallel of latitude $23^{\circ}09' - 24^{\circ}06' N$ and the meridians of longitude $82^{\circ}32' - 84^{\circ}05' E$, and covering an area of 3592.488 Sq. kms. The elevation varies between 326 m to 1223 m above mean sea level. The division is bounded in north by Sidhi district of Madhya Pradesh and Mirzapur district of Uttar Pradesh, in east by Palamau and Ranchi district of Bihar, in south by Raigarh district and in west by south Surguja Forest division of Madhya

Pradesh. The whole division lies in the catchments of Rehand and Kanhar rivers.

The forest covers about 59.45% of the total area. The climatic data reveals that summer (April to mid-June) Rainy (mid June to September) post rains (October) and winter (November to March) are the main seasons with an average annual rainfall of 1366.52mm.

According to 1981 census the total population of the north Surguja forest division is 4,48,941. The local population mostly consists of tribals like Cherwas, Dhanwars, Gonds, Kodakus, Korwas, Mehtos, Majhwars, Oraons, Pandoas, Panikas and Rajwars. These tribes inhabit remote villages and forest

R.L.S. Sikarwar, Ethnobotany discipline, National Botanical Research Institute, Lucknow 226 001 India

areas. Agriculture is the main occupation and forests play an important role in their daily life; fulfilling a large number of their requirements. Due to constant associations with and dependence on forests, they have intimate knowledge of wild plants for medicine to cure various diseases seen in the tribe.

Methodology

During the course of ethnobotanical survey the author has gathered first hand information of plants from the different tribal communities of the north surguja forest division. The 20 plant species of ethnomedicinal importance were collected, identified and deposited in the National Botanical Research Institute, Lucknow. The ethnomedicinal information presented here has not been recorded in earlier literature — Ambasta (1986), Anonymous (1948-1976), Singh et al. (1986) or in the research papers published on the subject from the state and adjoining areas viz. Bhalla et al. (1982), Bhatnagar et al. (1973), Jain (1963a, 1963b, 1965), Maheshwari and Singh (1988), Rai 1985-1987) Roy and Chaturvedi (1987), Saxena (1986), Saxena and Tripathi (1990) and Uniyal (1981).

Enumeration

The plants are arranged alphabetically by botanical names, followed by family in bracket, local name in capital letters and ethnobotanical uses. Locality and collection number (EBH) of each plant are given at the end of the paragraph.

1. *Achyranthes aspera* L. (Amaranthaceae)

CHIRCHIT

Root is tied on the body to ward

off evil spirit. Ring is made of its root and it is tied on neck for preventing fever. Seeds are roasted and mixed with 'Gur'. The mixture is given for whooping cough. Bargaon (EBH-8745).

2. *Anogeissus latifolia* Wall ex Bedd.

(Combretaceae) DHAWDA

The bark is pounded and the powder is given for cough. Ghatpindari (EBH-8743).

3. *Artocarpus heterophyllus* Lamk.

(Moraceae) KATHAL

The bark is pounded and the extract is given to women for inducing lactation. It is said the bark is brought from other villages. Pratappur. (EBH-8742).

4. *Butea monosperma* (Lamk.) Taub.

(Fabaceae) PARAS

The root paste of the seedlings is used for treating piles. Amandon. (EBH-8761).

5. *Carissa spinarum* L. (Apocynaceae)

KARONDA

The root extract is applied on wounds of cattles to kill the worms. The root is made into a paste and applied on snakebite. The root is kept in the house to ward off snakes. Amandon (EBH-9759).

6. *Cissampelos pareira* L.

(Menispermaceae) KADURI

The root is pounded with leaves of bamboo (*Bambusa arundinacea* Willd.) and its extract is given to kill worms of the digestive tract. Root paste is given for fever. Amandon. (EBH-8758).

7. *Cuscuta reflexa* Roxb. (Cuscutaceae)
AKASBEL

The plant powder with lime is used as an abortifacient. Darhera. (EBH-8747)

8. *Elephantopus scaber* L. (Asteraceae)
JASMOND

The root is pounded and the extract is given to the patient for reducing poison from the body. Pratappur (EBH-8731).

9. *Grewia hirsuta* Vahl. (Tiliaceae)
GURSAKARI

The root is used in the treatment of internal heat. The root is made into a paste and applied on bone fracture. Pratappur. (EBH-8737)

10. *Hemidesmus indicus* Schult.
(Asclepiadaceae). DUDHIBEL

The root is pounded with haldi (*Curcuma longa* L.) and is given to women after delivery for inducing lactation. Amandon. (EBH-8734)

11. *Lygodium flexuosum* Sw.
(Schizeaceae) MAHADEOJATA

The root is tied over the neck of cattles on Sunday to kill the worms of the wound. The root is pounded and the extract is given with cows milk for inducing lactation. Amandon. (EBH-8741).

12. *Maduca longifolia* (Koenig.) Macb.
var. *latifolia* Roxb. (Sapotaceae)
MAHUA

The wine prepared from flowers with other ingredients is given to cure sypphilis. Bargaon. (EBH-8752)

13. *Moringa oleifera* Lamk.
(Moringaceae). MUNGA

The petiole is inserted into the ear to ward off evil spirit. Ghatpindari. (EBH-8763).

14. *Phoenix acaulis* Roxb. (Arecaceae).
CHHIND

The roasted root stock is eaten for indigestion. Root stock is made into a paste and applied on cuts. The root is chewed as an aphrodisiac. Amandon. (EBH-8727)

15. *Pygmaeopremna herbacea* Roxb.
Moldenke (Verbenaceae)
BHUICHAPPA

The root is tied on the neck of children for reducing fever. The root is pounded and its extract is given for reducing sterility. The root is chewed for toothache. Bargaon. (EBH-8755)

16. *Scoparia dulcis* L. (Scrophulariaceae).
DADPARI

The whole plant is pounded and the extract is given for scorpion sting. The plant powder is given for severe cough. Bargaon. (EBH-8745)

17. *Shorea robusta* Gaertn.
(Dipterocarpaceae). SARAI

The seed paste is given orally for dysentery. The seeds are boiled and eaten with salt. Pratappur. (EBH-8751)

18. *Sida acuta* Burm. f. (Malvaceae).
BARIYARI

The leaf paste is applied on boils and blisters. Bargaon. (EBH-8725)

19. *Terminalia alata* Heyne ex Roth
(Combretaceae) SAJA

The bark paste is applied on wounds for healing. Leaves are chewed and the paste is applied on wounds. Bargaon. (EBH-8744)

20. *Vitex negundo* L. (Verbenaceae)

SINDHWAR

Leaves are pounded with black pepper (*Piper nigrum* L.) and extract is given daily in the morning for tuber-

culosis. Leaves are pounded and the extract is given for cough. Bargaon. (EBH-8744)

Acknowledgements

The author is thankful to Dr. P. V. Sane, Director, National Botanical Research Institute, Lucknow for providing facilities and D. F. O. North Surguja Forest Division for their help during the field survey.

REFERENCES

- Ambasta, S. P. (Ed.) The useful plants of India. CSIR, New Delhi, 1986.
- Anonymous. Wealth of India (Raw materials) Vols. 1-11, CSIR, New Delhi. 1948-1976
- Bhalla, N. P., Sahu, T. R., Mishra, G. P. and Dakwale, R. N. Traditional plant medicines of Sagar district, Madhya Pradesh. *Journ. Econ. Tax. Bot.* 3 (1) : 23-32. 1982
- Bhatnagar, L. S., Singh, V. K. and Pandey, G. Medico-botanical studies on flora of Ghatigaon Forests, Gwalior, M. P. *Journ. Res. Ind. Med.* 8 (2) : 67-100. 1973
- Jain, S. K. Observations on Ethnobotany of tribals of Madhya Pradesh. *Vanyajati* 11: 177-183. 1963a.
- Studies on Indian Ethnobotany—less known use of 50 common plants from tribal areas of Madhya Pradesh. *Bull. bot. surv. India* 5 (3-4) : 223-226. 1963b.
- Medicinal plant lore of the tribals of Baster. *Econ. Bot.* 19 : 236-256. 1965.
- Maheshwari, J. K., Kalakoti, B. S. and Briji Lal. Ethnomedicine of Bhil Tribes of Jhabua district, M. P. *Ancient Sci. Life* 5 : 255-261. 1986.
- Maheshwari, J. K. and Singh, Harish. Ethnobotanical observations on Saharia tribe of Lalitpur district, Uttar Pradesh. *Vanyajati* 36 (3) : 23-34. 1988.
- Maheshwari, J. K. and Singh, J. P. Plants used in Ethnomedicine by the Kols of Allahabad District, Uttar Pradesh. *Bull. Med. Eth. - Bot. Res.* 5 : (3-4) : 105-121. 1984.
- Rai, M. K. Plant used as medicines by tribes of Chhindwara district (M. P.) *Journ. Econ. Tax. Bot.* 7 (2) : 385-387. 1985.
- Ethnomedicinal studies of Palalkot and Tamiya (District Chhindwara) Madhya Pradesh. *Ancient Sci. Life.* 7(2):119-121. 1987
- Roy, G. M. and Chaturvedi, K. K. Less known medicinal uses of rare and indangered plant of Abujmarh Reserve area, Bastar (M. P.) *Journ. Econ. Tax. Bot.* 9 (2) : 325-328. 1987
- Saxena, H. O. Observations on the Ethnobotany of Madhya Pradesh. *Bull. Bot. Surv. India* 28 (1-4) : 149-156. 1986
- Saxena, Sunil Kumar and Tripathi, J. P. Ethnobotany of Bundelkhand-II. Folk-lore therapy through herbs among inopulent parishioners and aboriginal tribes. *Journ. Econ. Tax. Bot.* 14 (2) : 263-270. 1990
- Singh, Umrao, Wadhvani A. M. and Johri, B. M. Dictionary of Economic plants in India. ICAR, New Delhi. 1983
- Uniyal, M. R. Traditional Medicinal plants of Lalitpur Forest of Bundel khand Division. *Bull. Medico-Ethno-Bot. Res.* 4:91-108. 1981

NON-PHARMACOLOGICAL APPROACH TO RASAYANA THERAPY

Dr. YASHAWANT CHAUHAN and Dr. I. P. SINGH

Rasayana therapy is one of the important clinical disciplines of Ayurveda. Most of the Ayurvedic treatises have taken keen interest in describing and advising Rasayana therapy for rejuvenation. Its importance has been clearly emphasised by Charaka, by naming the first chapter of Chikitsa Sthana as Rasayana Chikitsa. Rasayana helps the person in preventing diseases by enhancing physical and mental strength and also the optimum level of Vyadhikshamatva i.e. immunity.

The drugs used as Rasayana generally work at the level of Agni, Srotas or Rasa. But ultimately by nourishing the saptadhatu they enhance Ojas i.e. Vyadhikshamatva. According to the method and scope of its use, Rasayana has been categorised under the different heads i.e. Kamyā & Naimetika or Kutipravesika & Vatatapika. A number of compositions of Rasayana drugs and

single drugs are prescribed in the Ayurvedic treatises.

A significant concept of *Achara Rasayana*, has been put forward by Charaka as *Adravyabhuta Rasayana*, that is a non-pharmacological approach of Charaka to Rasayana therapy. In the 8th Chapter of Vimana Sthana of his treatise Charaka explains two types of Bhesaja - *Dravyabhuta* and *Adravyabhuta*. Again he explains *Adravyabhuta Chikitsa* as *Upayabhiplutam* i.e. *Amurtabhava* which can be used as Chikitsa (Ch. Vi. 8/87).

Achara Rasayana - This is a non-pharmacological Rasayana therapy. Except for regular intake of Ghrita & milk, because of their effect on body according to Rasa, Guna, Virya, Vipaka and Prabhava is one of the unique measures to get optimum level of physical and mental health, only through observing a code of conduct.

Dr. Yashawant Chauhan, M. D. (Ay.) Basic Principles (Swasthavritta of Yoga) Demonstrator, Department of Basic Principles, Institute of Medical Sciences, Banaras Hindu University, Varanasi - 221 005.

Dr. I. P. Singh, Reader Swasthavritta and Yoga Section, Department of Basic Principles, Institute of Medical Sciences, Banaras Hindu University, Varanasi - 221 005.

The code of conduct of Achar Rasayana are —

सत्यवादिनमक्रोधं निवृत्तं मद्यमैथुनात् ।
 अहिंसकमनायासं प्रशान्तं प्रियवादिनम् ॥
 जपशौचपरं धीरं दाननित्यं तपस्विनम् ।
 देवगोब्राह्मणाचार्यगुरुवृद्धार्चने रतम् ।
 अनुशास्यपरं नित्यं नित्यं कर्णवेदिनम् ।
 समजागरणस्वप्नं नित्यं क्षीरघृताशिनम् ।
 देशकालप्रमाणं युक्तिजमनहंकृतम् ।
 शस्ताचारमसंकीर्णमध्यात्मप्रवर्णेन्द्रियम् ।
 उपासितारं वृद्धानामास्तिकानां जितात्मनाम् ।
 धर्मशास्त्रपरं विद्याभरं नित्यरसायनम् ॥
 गुणैरेतैः समुदितैः प्रयुक्तै यो रसायनम् ।
 रसायनगुणान् सर्वान् यथोक्तान् स समश्नुते ॥

—च. चि. १. ४/३०-३५

To get effect of using a resayana forever, a person should always speak the truth and never get angry. He should abstain from wine and sex and should be calm and sweet-spoken. He must always be clean and engaged in Japa and worship God, Cow, Brahmin, teacher, preceptor and elders. He should be perseverant and observe charity & keep rhythm in proper sleep and awakening. He should use Ghee and milk regularly and have a notion of space and time (Kala-Ritu). He should have propriety, must be without ego and should be well-behaved and broad-minded. His senses must be concentrated on spiritualism and aesthetics. Self-controlled and keeping company of elders he should be devoted to holy scriptures.

The person who observes the above mentioned codes, gets all the fruits of Rasayana even without taking any drug. On the other hand, if the person takes

Rasayana drugs observing all the above codes, he will get perfect result of the Rasayana.

One of the important effects of Rasayana is enhancement of Bala i.e. immunity, which prevents the person from getting the diseases. For prevention of diseases Charaka refers to a code of conduct to be observed. He explains —

नरो हिताहारविहारसेवी समीक्ष्यकारी विषयेष्वसक्तः ।
 दाता समः सत्यपरः क्षमावानाप्तोपसेवी च
 भवत्यरोगः ॥
 मतिर्बचः कर्म सुखानुबन्धं सत्त्वं विधेयं विशदा
 च बुद्धिः ।
 ज्ञानं तपस्तप्यता च योगे यस्यास्ति तं नानुपतन्ति
 रोगाः ॥

—च. शा., २.४६, ४७

One who resorts to wholesome diet and regimen, who enters into action after proper observation, who is unattached to the pleasure drawn from enjoying sensory objects, who is given to charity, impartiality, truthfulness, forgiveness and who is at the service of the learned people, seldom gets afflicted with disease.

Diseases do not afflict the individual who is endowed with excellent thoughts, speech and action which ultimately confer blissful, independent thinking, clear understanding, knowledge, observance of spiritual practices and love for meditation.

Charak has included all these code of conducts under the head of Achar Rasayana.

While describing the ideal factors to be adopted by an individual to

promote his longevity, strength, nourishment, equanimity and happiness, Charaka says –

तत्राहिंसा पाणिनां प्राणवर्धनानामुत्कृष्टतमम्, वीर्यं बलवर्धनानां, विद्या बृंहणानां, इन्द्रियजयो नन्दनानां, तत्त्वावबोधो हर्षणानां, ब्रह्मचर्यमयनानामिति; एवमायुर्वेदविदो मन्यन्ते ।

—च. सू., ३०.१५

Ahimsa stands as the first and foremost among the promoters of longevity, preservation of semen among

the promoters of nourishment and self-control for equanimity. Understanding of truth is the best promoter of happiness and celibacy paves the way for salvation.

The perusal of Ayurvedic treatises with reference to Achara Rasayana, reveals the importance of this drug-free approach of Ayurveda in the field of Rasayana. This is equally useful to-day to save us from stress and to get total health, i.e. physical & mental as well as social and spiritual. ●

OF LOYALTY

My Kind of loyalty is to one's Country, not to its institutions, or its office-holders. The Country is the real thing, the substantial thing, the eternal thing. It is a thing to watch over, and care for, and be loyal to; institutions are extraneous, they are its mere clothing, can wear out, become ragged, cease to be comfortable, cease to protect the body from winter, disease and death. To be loyal to rags, to shout for rags, to die for rags —that is the loyalty of unreason.

— Mark Twain.

CLINICAL EVALUATION OF COMPOSITE AYURVEDIC DRUGS, ON CALCULI, IN THE KIDNEY AND URINARY BLADDER

C. R. KARNICK

ABSTRACT

Nephropathy is an undesired effect of anti-inflammatory and analgesic drugs often used. Analgesic nephropathy occurs in patients taking mixtures of analgesics (acetyl-salicylic-acid, phenacetin and caffeine or codeine). The use of these combination cause a fall in glomerular filtration rate with moderate sodium, Potassium and urine retention

The influence of analgesic drugs, especially mixtures on the production of prostaglandin appears to be a priming function — a prelude to the subsequent development of renal damage. The bio-chemical mechanism could be varied. One of these is the reduction of glomerular filtration and excretion of sodium which potentiates drug-induced effects on prostaglandin metabolism and renal blood flow.

There are several causes which produce renal calculi and these have been fully discussed. Observations reveal that certain herbal extracts of urinary ducts. Cases with various complications have been effectively treated without any side effects and calculi disintegration has taken place within 15 days.

Introduction:

Analgesic abuse of modern drugs have been a major cause of nephropathy. There are several combinations of analgesics in the market, such as acetyl salicylic acid with phenacetin or paracetamol and there is much risk in it (Rainsford, and Velo 1983).

Arthritic patients may be at risk since renal papillary necrosis has been frequently observed at autopsy or

following biopsy in these patients who have ingested large quantities of non-steroidal, anti-inflammatory (NSAI) drugs. (Rainsford & Velo 1983).

Renal papillary necrosis has been reported in man, following the use of alclofenac, aminophenazone, phenazone, acetyl salicylic acid, fenoprofen, ibuprofen, indometacin, paracetamol and phenylbutazone (Rainsford 1984). Therefore various combinations of herbal drugs were screened

Dr. C. R. Karnick, Research Scientist, Wochardt Ltd., Aurangabad.

for correcting the toxic effects of modern drugs. Re-investigation of Ayurvedic crude drug combination were under taken. Animal studies were carried out and non-toxic formulation were selected. One of the best formulation and clinical evaluation is recorded in the present paper.

Materials and methods

The following herbal combination was used.

- 1) *Bergenia ligulata*
(pathar chur) - 100mg.
- 2) *Tinospora cordifolia* - 100mg.
- 3) *Eclipta alba* - 100mg.
- 4) *Tribulus terrestris* - 50mg.
- 5) *Asparagus racemosus* - 50mg.
- 6) *Withania somifera* - 50mg.
- 7) *Myristica fragrans*
(Jatiphala) - 10mg.

Capsule 450 450mg.

Dosage: 1 capsule three times a day with luke warm water.

Plant material were used only after proper botanical identification and confirmation of species from Botanical survey of India, Pune. Pharmacognostic constant, germ-plasam and phyto-chemical analysis was carried out. Toxicological studies on laboratory animals were carried out.

Dosage of compounded material was done as per Ayurvedic Pharmacopoeia and Standard Material Medica.

Clinical trials were carried.

Urine test reports, X-ray reports of kidney, and presence of stones were first examined and medication started

under highly qualified nephrologists and results tabulated.

Experiments: 30 patients were at first screened and detailed clinical reports evaluated.

20 males, 5 females, 5 children ranging in age from 12 year to 54 years went through a standard physical examination, EEG, EKG, Blood and urine analysis. X-ray^s of abdomen both lateral, dorsa^l and ventral surface were taken.

Drug doses were evaluated as per age and health parameters. Self-descriptive questionnaire was filled by the physicians attending the cases. The questionnaire was designed to detect any side effect, information on signals, pain and pressure points, amount of intake of water and quantity of urine daily for 30 days.

TABLE-1
Observations

Sex/ age	Condition	Calculi position	Intake of fluid
15 males 35-40	normal health	Kidney Ureters bladder	800-900ml daily
5 females 18-25	Child bearing but good normal health	bladder	250-500ml daily
5 children 10-15 years (male/ female)	normal health	kidney	100-300ml daily

Special observations

Most of the patients had severe back-ache and ache near kidney areas and were put on mild dose of Ayurvedic pain relief pills of *Myristica fragrans* 15ml cap. with honey.

TABLE-2
Recording of urine after every
24 hours is as follows:

Sex/ Age	Colour of urine	Condi- tions	Flow rate
15 male 35-40	pale- yellow	small crystals	500ml every 4 hours
5 female 18-25	" deep	crystal varying size	250-500 every 4 hours
5 children 10-15	yellow- yellow	small crystal	6 hours

TABLE-3
Observations every 3rd day for 30 days
after intake of 3 cap. per daily with
large amount of warm water.

Age group	Urine colour	Calculi position	pain subsides & relief
35-40 male	pale yellow to white	regular flow of crystals	± 3 80% relief
5 female	" "	regular	± 5 80% relief
5 children	" "	"	± 1 90% relief

of the 30 Patients I had partial relief as did
not follow restriction on diet imposed.

Restriction of diet were:

- 1) No eating of leafy vegetable for 30 days
- 2) No intake of tomatoes, pappadas and chutney.
- 3) Drinking of water as much as possible.
- 4) Light food both times.
- 5) Normal diet, not much exertion or exercise.

Conclusion and discussion

- 1) *Bergenia ligulata* (Saxifrageae) roots contain gallic acid, tannic acid (14-14.5%) glucose (5.6%) mucilage etc. and is a well-known Ayurvedic

drug for removing kidney stones. Contains Ca-oxalate and Ca-carbonate crystals and act as diuretic in nephropathy.

- 2) *Tinosphora cordifolia* Miers (Menispermaceae) is another well-known Ayurvedic herb which acts as alternative and aphrodisiac. It tones up the entire system.
- 3) *Eclipta alba* (composite) is a well-known plant. It clears all the tubules of kidneys and ureters and removes obstructions.
- 4) *Tribulus terrestris* Linn. (Zygophyllaceae) - it is diuretic, aphrodisiac and is useful in micturation, calculus, urinary discharges and lowers kidney inflammation and gravel etc.
- 5) *Asparagus racemosus* Willd. (Liliaceae) It is another well-known diuretic, aphrodisiac, alternative and demulcent.
- 6) *Withania somuifera* Dunel (Solanaceae) It is one of the powerful aphrodisiac tonics and diuretic and removes Vata and Edema.
- 7) *Myristica fragrans* Houtt It is a well known carminative and prevents flatulence, nausea and vomiting. In low doses it is a mild sedative and gives relief to pain.

Of particular importance is the relation of the development of renal nephropathy (Rainford 1984). Studies of the distribution of radioactivity labelled. Non-steroidal anti-inflammatory drug and analgesic drugs, have shown that high concentration of these drug accumulate in the kidney, especially on the outer cortical regions (Rainford et. al. 1981). This accumulation may result from the

drugs being re-absorbed by the normal renal concentration mechanism for organic anions (Rainford et. al. 1983). Acetyl salicylic acid, also acetylate proteins, lipids and glycoproteins in the kidney, especially in the cortical zone (Rainford et. al. 1983). Relatively high concentration of acetylated proteins, have been observed in renal microsomal fractions and this may reflect the acetylation of the Prostaglandin endoperoxidase synthetase enzyme system present on microsomes (Reinsford et. al. 1981). Other proteins are also acetylated. So it is possible that this could be a basis of drug induced inhibition of enzymes which could contribute together with effects of salicylate itself to cellular damage in this organ (Reinsford Schweitzer and Brune 1983). Hanra (1980) observed that analgesic drugs, especially mixtures, induce ischaemic reaction in the kidney as a result of the inhibition of vasodilator prostaglandins E_2 and I_2 .

Other biochemical mechanism could be.

1) Reduction in glomerular filtration and excretion of sodium and water in the urine which potentiates drug induced effects on prostaglandin metabolism and renal blood flow. The effect

of Na^+ excretion appears to be related in a large part to the NSAID drug induced inhibition of the prostaglandin production, which causes a reduction on renin release for activation of angiotensin-I and subsequently aldosterone production.

The formation of calculi are due to metabolic detoxication, complete change in cellular pH. and retention of urine which slowly saturate bringing about crystallization which slowly lodge in ureters and other passages. This also brings about severe back pain behind the kidney.

To alleviate this condition we found that combinations recorded in Ayurvedic texts were useful not only in alleviating the pain but in slowly disintegrating both calcium-oxalate and calcium-carbonate crystal in a span of 72 hours, and complete discharging of crystals within fifteen to thirty days.

There are some indications that it is intrinsic sensitivity of some individuals towards modern drugs as a consequence of which some abnormalities prop up in their immune system. Herbal decoction/drops have been found to correct this.

REFERENCES

1. Rainford K. (1984) Side effects of anti-inflammatory analgesic drugs renal, hepatic and other systems. Trends in Pharmacological Sciences Vol 5 (1984) p. 205.
2. Reinsford K. D. and Vel 10 G. P. (eds.) (1983) Side effects of anti-inflammatory/analgesic drugs. Raven Press, New York.
3. Reinford K. D. (1984) Anti-inflammatory agents Marcell Dekker New York.
4. Prescott L. F. (1979) Dr. J. Clin, Pharmacol. 7, 453, 462.
5. Nanra R. S. (1980) D. J. Clin, Pharmacol. 10, 3595-3685
6. Reinsford K. D. (1981) Arch in Pharmacodyn. Ther. 250 180-194.
7. Reinsford K. D. Scheitzer A. and Brune K. (1983) Biochem. Pharmacol. 32, 130-1308.
- 8) Anan w. and Isherwood D. M. (1969), Jour. of Medical + Laboratory Technology 28: 202-211.
9. Bambhole V. D. (1988). Ancient Science of Life 8(2) 117-124.

10. Charak Samhitha (1983) Chowkhamba Sanskrit Series, Varanasi.
11. Chiamori N. and Henry R. J. (1959). American Journal of clinical Pathology 31, 305-308.
12. Galloway S. Mc. Farquharst, D. C. and Munro J. F. (1984) Post-graduate medical journal 60 (suppl) 31. 19-26.
13. Kyle. L. H. Ball M. F. and Doolan, P. D.(1966)
14. Sarangadhara Samhita (1984) Chaukhamba Orientalia, Varanasi. 85-85.
15. New England Journal of Medicine 275, 12-17, Stunkard A. J., Caracohead, L. W. and Brien, R. (1990) Controlled trial of behaviour therapy, pharmacotherapy and their contribution in the treatment of obesity, Lancet-2, 1045-1047.
16. Susrutha Samhita (1981) Chowkhamba Sanskrit Series, Varanasi 571 pages.
17. Van-Handel, E. Zilversmit, D. B. and Bowman, K. (1957) Micromethod for the direct determination of serum triglycerides, Jour. of Laboratory and clinical Medicine 50, 152-157. ●

ON YOUTH

Youth is not a time of life, it is a state of mind. It is not a matter of rosy cheeks, red lips and supple knees. It is a matter of the will, a quality of the imagination, a vigour of the emotions, it is the freshness of the deep springs of life.

When the aerials are down, and your spirit is covered with snows of cynicism and the ice of pessimism, then you are grown old even at 20, but as long as your aerials are up to catch waves of optimism, there is hope that you may die young at 80.

— SAMUEL ULLMAN

GLIMPSES OF INTERACTION BETWEEN AYURVEDA AND UNANI

D. SURESH KUMAR

ABSTRACT

The mutual influence of Ayurveda and Greco-Arabic medicine is a subject poorly studied by medical historians. This study is a preliminary attempt to fill that lacuna. Many evidences suggest that the nosographical, pharmaceutical and therapeutical aspects of Ayurveda and Unani were influenced by each other. The importance of further investigations in tracing the subtle aspects of these interactions is emphasised.

Introduction

Ayurveda and Unani are two important medical systems of India. Conceived by ascetics, Ayurveda was propagated and protected largely by the efforts of the rulers of the various princely states. Greco-Arabic medicine, the forerunner of Unani accompanied Islam in its peregrinations. Unani system was developed by philosophers who were equally well-versed in medical and religious literature. The respectable status of Unani was achieved due to the patronage it enjoyed from sultans and nawabs. During the long period of co-existence there was positive interaction between Ayurveda and Unani, which has not been well investigated.¹ The present study is a preliminary attempt in this direction.

Origin of Greco-Arabic medicine

According to historians Arabic medicine, of the pre-Islamic period was of an empirical nature². After the capitulation of Alexandria in 642 A. D., Greek medicine was introduced to the Arab world and it started influencing the native medical practice. The works of Hippocrates and Galen were warmly received by Arab physicians. The erudite scholar Abu Yusuf Ya'qub bin Ishaq al-Kindi (died ca. 871 A. D.) composed more than twenty treatises on medicine. One of them was specifically on Hippocratic medicine. The writings of Abu Bakr Muhommed ibn Zakariyya al-Razi (850-925 A. D.) were also influenced greatly by Greek medical literature³.

With the founding of the Abbasid

International Institute of Ayurveda, Ramanathapuram, Coimbatore, -641 045, India.

caliphate in Baghdad greater attention was paid to Hellenistic medicine. Al-Ma'mun, the most liberal among the Abbasids welcomed intellectuals to his court. In 833 A.D. he founded the famous *Bayt-al-Hikma* (House of wisdom) which had an important influence on the transmission of ancient learning to the Islamic world and to stimulate a burst of intellectual activity⁴. In this prestigious institution scholars were engaged on a full time basis to translate medical works into Arabic. By the 850s almost all of Galen's works were rendered into Arabic³. Greco-Arabic medicine was thus born out of a synthesis of Greek and Arab medicine.

Influence of Indian Thought on Greco-Arabic Medicine

A significant influx of Hindu thought into Arabia took place during the period of the liberal Caliph, Harun al-Rashid (786-809 A.D.). Under his patronage many Sanskrit texts were translated into Arabic. The first Indian to make his mark was Manka, appointed in the Royal Barmecides Hospital in Baghdad. Well-versed in Persian and Arabic, this saintly person translated many Sanskrit medical texts into Arabic. Ibn Dhan and Saleh-bin-Bhela were two other famous Indian physicians of Baghdad⁵.

In *Uyun-al-anba fi tabaqat-al-atibba*, the twelfth book of history of physicians, Ibn Abi Usaybia (died 1270 A.D.) gives a list of some Indian works studied by Arabs. The title of one of them is *Bdan* or *Ndan*. Usaybia mentions that characteristics of 404 diseases are described in this work, without indicating their treatment. This points towards the *Madhavanidana*⁶. Madhava's

treatise is described in a similar manner by the Arab historian Ibn Wadih-al-Yaqubi (850A.D.) also⁷.

Greco-Arabic medicine owes much to pioneers like Ali ibn Sahl Rabban-al-Tabari who became secretary to Prince Mazyar ibn Qarin in the Persian province of Tabaristan. In 850 A.D., he completed the book *Kitab Firdaus al-Hikma* (The Paradise of Wisdom). It contains a mixture of rational and magical observations of nature and concludes with a discussion of Ayurveda. Al-Tabari had depended upon Persian and Arabic translations of the treatises of Carak, Susruta Vagbhata and Madhavakara as he mentions *Jrk, Ssrđ, Ashtanghrdy* and *Ndan*^{3,7}. Rosu (1988) states that *Kitab Firdous-al-Hikma* contains details of a *yantra* representing a magic square of the order three, originally found in Vrnda's *Siddhayoga* (900A.D.)⁸

Emergence of Unani Medicine

Though Muslim presence in India is said to have begun with the military campaign of Mahmud of Ghazna (1014 A.D.), there is evidence suggest that the interaction between Hindus and Muslims began much earlier. Sayyid Sulayman Nadvi remarks that during the caliphate of Umar (636 A.D.), the Governor of Bahrain attacked Thana (Bombay) and later Bharuch and Daybu on the Gujarat coast⁹. Greco-Arabic medicine reached India with these visitors. It is said that the new system of medicine was not easily accepted on account of the temperament of the people and the relatively superior nature of Ayurveda. Therefore, a hybrid of Greco-Arabic medicine and Ayurveda was slowly produced. This new medical system

later came to be known as *Unani tibb* or *Tibbi medicine*¹⁰.

Under the patronage of the Muslim rulers, scholars translated many Sanskrit texts into Arabic or composed *Unani* treatises borrowing profusely from Ayurveda. Zia Muhammed Mubarak, a courtier of Muhammed Tughlaq (1525-1351 A.D.) composed the recently-discovered *Majma-e-Ziayi* (Collections of Zia) which had a separate chapter on medicine as prescribed by Nagarjuna and other sages of India¹⁰.

Firus Shah Tughlaq (1351-1388 A.D.) who succeeded Muhammed Tughlaq was himself an accomplished physician. He had a special interest in ophthalmology and is reputed to have designed an eye ointment which had the skin of black snake as an important ingredient¹⁰. This reminds us of a similar collyrium recommended by Vagbhata in the *uttarstana* of *Astangahrdaya*¹¹: Firuz Shah's Court physicians compiled a medical text called *Tibb-e-Firuz Shahi* (Medicine of Firuz Shah) which reportedly describes the treatment of many diseases that were not mentioned in *Al-Qanun* of Avicenna¹⁰. *Unani* was greatly patronised by Sultan Mahmud Shah of Gujarat (1458-1511 A.D.) who ordered the founding of a special department for translating Arabic and Sanskrit medical works into Persian. Muhammed bin Ismail Asavale Asili translated Vagbhata's *Astangahrdaya*. It is known as *Tibe-e-Mahmudi* (Medicine of Mahmud) or *Shifa-e-Mahmudi* (Cure of Mahmud)¹⁰.

In 1512 A.D., Behwa bin Khawas Khan, an *amir* of Sikandar Shah Lodhi (1489-1517 A.D.) completed the compi-

lation of a medical text called *Madan-ul-Shifa Sikander Shahi*. This voluminous treatise was based on authoritative Ayurveda texts and the first chapter, like the *sutrasthana* of Sanskrit medical works, discusses the fundamental principles of treatment¹⁰.

The Deccan disintegrated after the decline of the Bahmani kingdom and five princely states came into existence. The Adil Shahi dynasty of Bijapur was established in 1489 A.D. by Yusuf Adil Shah. During the reign of Ibrahim Adil Shah II, his courtier Muhammed Qasim Hindu Shah alias Firishta composed the medical text, *Dastur-ul-Atibba or Ikhtiyarat-e-Qusimi* (1590 A.D.). This work deals with Ayurveda. In the preamble to the book Firishta states that he embarked on this project to introduce Ayurveda to his muslim friends. He was apparently impressed by the well-founded theories of Ayurveda, the practice of which seemed strange at the outset¹⁰.

Babar (1526-1530 A.D.), the founder of the Moghul dynasty had many great physicians in his court. The most respected of them was Yusuf bin Muhammed bin Yusuf. He gleaned information on hygiene, general principles, diseases, diagnosis and therapeutics from Ayurveda and composed several books. He is credited with the production of a composite and integrated medical system by amalgamating Greco-Arabic and ayurvedic medical thought. The important texts composed by Muhammed bin Yusuf are 1) *Jami-ul-Fawaid* (Collection of Benefits), 2) *Fawaid-ul-Akhyar* (Benefits of the Best), 3) *Qasida fi Hifz-ul-Sihha*, 4) *Riyaz-ul-*

Adwiya (Garden of Remedies), 5) *Tibb-e-Yusufi* (Medicine of Yusuf) and 6) *Ilaj-ul-Amraz*¹⁰.

Aurangzeb's reign (1658-1707 A.D.) created an atmosphere conducive to the popularisation of *Unani*¹². A famous physician of his court, Muhammed Akbar Arzani produced about eight Persian medical compilations. One of them, *Tibb-e-Hindi* (medicine of the Hindus) deals with drugs of the ayurvedic formulary¹⁰. The Moghul period was marked by the translation of most of the medical texts written in Arabic into Persian, as Persian was the court language of the time. By the time Aurangzeb ascended the throne, all Arabic texts used in *Unani* system were available in Persian. In the nineteenth century many of these works were translated into Urdu, the popular language of the Muslims of northern India¹⁰.

The Influence of Ayurveda on Unani

1) Development of *Khamira*

Khamiras or medicated spirituous liquors were developed on the lines of *asava* and *arista* of Ayurveda. The Moghul nobility had an aversion to drinking bitter decoctions of drugs and the Persian physicians of Moghul court circumvented this problem by developing *khamiras*, and making the medicines more palatable¹³. *Khamiras* are usually prepared by making decoctions of drugs and reducing the volume by one tenth. To this are added, citric acid (*sat limun*), sodium benzoate (*nitrin bunjawi*) and honey. Some times clarified butter (*ghee*) is also added "to effect lubrication and to destroy dryness." It may be remembered that Sanskrit medical texts advise the *arista* and *asava* to be prepared

in earthen pots, the inside of which are smeared with *ghee* and some times scented with fragrant fumes. *Khamiras* are usually named after the principal ingredient. For example, *Khamira e-abresham* has *abresham mugharaz* (coccons of *Bombyx mori*) as the major ingredient. It is said that the idea of fermenting decoctions and honey was first suggested by the medieval Turkish physician Najab-al-Din-Samarqandi (died 1222 A.D.)¹³. By virtue of its mode of preparation, a *khamira* is preserved for a long time and its absorption into the body is also faster. The rationale behind the selection of drugs is vindicated by the observation that *Khamira-e-Abresham* is proven cardiotoxic medicine¹⁴.

2) Development of *ma'jun*

Many electuaries or *ma'jun* were also developed by *Unani* physicians. Examples are *ma'jun jograj*, *gujul ma'jun*, *ma'jun-e-Hamal Alawi Khani*, *ma'jun Rah al-Mumimin*, *ma'jan shir dagard wali*, *ma'jun kalkakanaj* etc. Hakim Azad Khan, who composed the text *Muhit-i-Azam* is credited with the designing of many electuaries. Though the *Unani* physicians had taken cue from Ayurveda, they ingeniously formulated many novel *ma'jun* which have few parallels in ayurvedic pharmacy. An example is *Ma'jun Murawwah al-Arwah* which has more than 100 ingredients including such exotic items like camel milk cheese (*mayashutr A'rabi*), dried turtle eggs (*baiza sang pusht khushk kia hua*), mongoose flesh (*ibn irs*), sparrow brain (*maghz sar kunjashk*) etc. A cursory look at the list of ingredients reveals the acceptance into *Unani* of drugs from several countries¹³.

3) Development of *kushta*

A *kushta* is the *Unani* equivalent of ayurvedic *bhasma*, which is a calcined mineral or metal. The material to be calcined is ground in the juice of appropriate plant drugs and put in a pit of dried cowdung cakes and set on fire. The recipes of many of the *kushtas* were formulated in India¹³.

4) Inclusion of New Plants in Formulary

The *Unani* formulary was enriched by the inclusion of many plants used in Ayurveda. Ali (1990) has identified 210 such plants¹⁵. In majority of cases the *Unani* names are persianised Sanskrit words. Examples are *Bish* (*Aconitum ferox* wall. ex Ser.), *Wuz* (*Acorus calamus* L.), *Moothoo* (*Cyperus rotundus* L.) etc.

Greco-Arabic Medicine's Influence on Ayurveda.

1) Pulse examination

It is often said that the technique of pulse examination (*nadipariksa*) is a later addition to Ayurveda, possibly from Greco-Arabic medicine^{16, 17}. The cardinal evidence for such a line of argument is the observation that *Sarngadhara Samhita* is the first ayurvedic text to mention this topic¹⁸. However, *Todarananda's Ayurvedasaukhya* quotes Caraka and Vrddhaharita on this subject. Some manuscripts of *Caraka Samhita* are said to contain passages on *nadipariksa*¹⁹.

No correlation is made in *Unani* medicine between the characteristics of pulse and the four humours (*akhlat*) i.e., *khun* (blood), *balgham* (phlegm), *safra* (yellow bile) and *sauda* (black bile). Nevertheless, the *hakim* is expected to correlate the characteristics of pulse

with temperament (*mizaj*) and the vital force (*ru*)¹⁷. Contrary to this, *nadipariksa* of Ayurveda and Tamil medicine take into account the nature of *vata*, *pitta* and *kapha*^{18, 20}.

As *nadivijnana* is a part of *saivatantra*, which is of esoteric nature²⁰, the ancient knowledge on this occult technique might have been intentionally kept away from the realm of medicine. Many Sanskrit texts on *nadipariksa* state that this is a very secret knowledge "which is obtained with great difficulty even in heaven"¹⁷. The acceptance of *nadivijnana* from *saivatantra* and its inclusion in Ayurveda was mostly due to the pioneering efforts of scholars of the early medieval period.

A striking parallel to this line of development is to be found in the popularisation of *yoga* as a therapeutic measure. Though the theory of Ayurveda is based on the six schools of philosophy including *yoga*, not even a single Sanskrit medical text advocates its use in therapeutics. The classic works consider *yoga* to be a separate discipline of mystical nature intended to pave the way for attaining liberation from worldly ties (*moksa*). However, for the last 40-50 years it is being taught all over the world primarily for curing diseases^{21, 22}. Similarly, as a part of the historical developments in Ayurveda attempts must have been made by medieval scholars to incorporate *nadivijnana* also into Ayurveda.

2) Description of New Disease Entities

a) *Snayukaroga*

Snayukaroga or dracunculiasis is described for the first time in Vruda's *Siddhayoga*. This disease was already

recognised by Greco-Arabic physicians^{1, 23-25}. Arabic physicians repeatedly mentioned the view of the Greek author Soranus (2nd century A.D.) that the "little snakes" or *drakontia* found in the disease were nerves and not animals. Subsequently, this parasitic infestation was called *al-irq-al-madani*. Though the ayurvedic physicians were probably influenced by the opinion of Greco-Arabic authors, they adopted different terminology to describe the disease. Thus the term *snayukaroga* was employed. Trimalla (17th century) later classified it in his *Yogatarangini*, on the basis of *tridosha* doctrine^{1, 19}.

b) Munnatakhyaaroga

This curious entity, which is an affliction of the penis is mentioned for the first time in Samkara's *Vaidyavinodasamhita* of 17th century. The name of the

disease was adapted from Greco-Arabic medicine.

c) Vardhma

This disease is said to have a Greek origin and was first mentioned in Vruda's *Siddhayoga*. Sharma is of the opinion that it is *lymphogranuloma venereum*²⁴.

3) Inclusion of New Plants in Formulary

As *Unani* medicine became popular in the country, ayurvedic physicians had an opportunity to study the medicinal value of many drugs used by the *hakims*. Consequently, many of these were accepted into the ayurvedic system. A list of some such drugs is given in Table I. The pellitory root, *Anacyclus pyrethrum* D.C., known in Arabic as *aqarqarha*²⁶ was given several sanskritised names like *akarakarabha*,

TABLE I
Some drugs which Ayurveda borrowed from *Unani*^{19,29}

No.	Latin name	Sanskrit name	Some Ayurveda texts which mention the drug
1	<i>Acacia arabica</i> Willd.	<i>babbula</i>	<i>Rajamartanda, Sodhalanighantu</i>
2	<i>Ambergris</i>	<i>agnijara</i> <i>vadavagnimala</i> <i>ambara</i>	<i>Dhanvantarinighantu</i> <i>Rasaratnasamuccaya</i> <i>Rasarnava</i>
3	<i>Anacyclus pyrethrum</i> DC	<i>akarakarabha</i> <i>akarakaraha</i>	<i>Sarngadhara Samhita</i> <i>Bhavaprakasa, Pakavali</i>
4	<i>Blepharis edulis</i> Pers.	<i>kamavrddhi</i>	<i>Rojanighantu</i>
5	<i>Cassia augustifolia</i> Vahl.	<i>sanaya</i> <i>sanayaki</i>	<i>Arkaprakasa</i> <i>Siddhabhesajamanimala</i>
6	<i>Hyoscyamus niger</i> L.	<i>parasikayavani</i> <i>parasikayamanika</i>	<i>Siddhayoga</i> <i>Sarngadhara Samhita</i>
7	<i>Lawsonia inermis</i> L.	<i>memdi, mehandi</i>	<i>Arkaprakasa</i>
8	<i>Lepidium sativum</i> L.	<i>candrasura</i>	<i>Bhavaprakasanighantu</i>
9	<i>Papaver somniferum</i> L.	<i>ahiphena</i> <i>aphuka</i>	<i>Madhavadravyaguna</i> <i>Gadānigraha</i>
10	<i>Pistacia lentiscus</i> L.	<i>mastagi</i>	<i>Gadahigraha, Pakavali</i>
11	<i>Plantago ovata</i> Forsk.	<i>isvarabola</i>	<i>Siddhabhesajamanimala</i>
12	<i>Quercus infectoria</i> Olivier.	<i>mayaphala</i>	<i>Rajamartanda, Haramekhala</i>
13	<i>Smilax china</i> L.	<i>cobacini</i> <i>covacini</i>	<i>Bhavaprakasa</i>

akarkarha, *akallaka*, *akarkara* etc. The Bengali and Marathi, Gujarati, Telugu, Tamil, Kannada and Malayalam names of this plant are respectively *akarkara*, *akarkaro*, *Akkalakara*, *Akkirakaram*, *Akkalakari* and *Akkikkaruka*, suggesting adaptation of the Arabic name^{27, 28}. Similarly, *isaphgol* (*Plantago ovata* Forsk.) was named as *isvarabola* and *isadgola*. The use of opium also increased during medieval times^{19, 29}.

4) Adoption of New Types of Preparation

Many types of *Unani* preparations like *gulkhand*, *malham* and *sarbat* were accepted by Ayurveda. Krishnarama Bhatta's *Siddhabhesajamanimala* (1896 A.D.) testifies to this³⁰.

5) Interest in *Unani*

Scholars of Ayurveda who realised the usefulness of *Unani* medicine made attempts to introduce the system to ayurvedic practitioners. The pioneer in this line was Mahadeva Deva, whose *Hikmatprakasa* (1773 A.D.) described in Sanskrit the principles of *Unani*, properties of drugs and many useful formulae³¹. Mahadeva Deva later wrote another text, *Hikmatpradipa* and both the works were utilised by Mouktika in the composition of *vaidyamuktavali*³². Some more texts were composed in modern times. Notable among them are *Unani Siddhayogasamgrah*, *Unani*

Dravyagunavijnan and *Unani Dravyagunadars* written in Hindi by Vaidyraj Hakim Daljit Singh³².

Conclusion

This study provides some evidences of interaction between Ayurveda and Greco-Arabic medicine. Being experimentalists, the Greco-Arabic physicians found it fascinating to study the many facets of the unique medical system they came across in India. As a result of their efforts they were able to accept several positive aspects of Ayurveda without sacrificing the tenets of their own system. Similarly, the ayurvedic physicians also had an opportunity to observe from close quarters the *modus operandi* of *Unani* hakims. Many hospitals, like the one established at Etawah by Nawab Khair-Andesh Khan, where *hakims* and *vaidis* worked side by side helped the latter to assess objectively the utility of *Unani*¹⁰. Much useful information was thus incorporated into ayurvedic practice.

Acknowledgements

The author is grateful to Prof. Sami K. Hamarneh of Smithsonian Institution, Washington, D.C. 20560, U.S.A. for reading the manuscript critically. This study was supported by AVR Educational Foundation of Ayurveda, Coimbatore.

REFERENCES

1. Meulenbeld, G.J. Developments in traditional Indian nosology: The emergence of new diseases in post-classical times. *Curare* 4, 211-216 (1981).
2. Hamarneh, S. K. Al-Zahravi's Al-Tasrif, commemorating its millenary appearance. *Hamdard Medicus* 33, 19-40 (1990).
3. El-Gammal, S.Y. Medical theories throughout history. *Hamdard Medicus* 31, 73-87.
4. Anawati, G. Science in: *The Cambridge History of Islam*, Vol. 2-B *Islamic Society and Civilization*, (ed.) P.M. Holt, A.K.S. Lambton and B. Lewis, Cambridge University Press, Cambridge, pp. 741-779 (1970).
5. Keswani, N.H. Medical heritage of India in: *The Science of Medicine and Physiological Concepts in Ancient and Medieval India*, (ed.) N. H. Keswani, All India Institute of Medical Science, New Delhi, pp. 1-49 (1974).

6. Mueller, A. Arabische Quellen zur Geschichte der indischen Medizin. *Zeitschrift der Deutschen Morgenlaendischen Gesellschaft* 34, 465-556 (1880).
7. Meulenbeld, G. J. *The Madhavanidana and Its Chief Commentary: Chapters 1-10*, E. J. Brill, Leiden, pp. 1-27 (1974).
8. Rosu, A. Mantra and yantra in Indian medicine and alchemy. *Ancient Science of Life* 8, 20-24 (1988).
9. Ahmad, M. A critical study of Arab-o-Hind ke T'aalluqat. *Journal of Oriental Institute* 38, 343-354 (1988).
10. Verma, R. L. and Keswani, N. J. Unani medicine in medieval India-its teachers and texts. In: *The Science of Medicine and Physiological Concepts in Ancient and Medieval India*, (ed.) N. H. Keswani All India Institute of Medical Science, New Delhi, pp. 125-142 (1974).
11. Upadhyaya, Y. *Astangahrdaya*, Chaukhamba Sanskrit Sansthan, Varanasi, pp. 495 (1975).
12. Rizvi, S. A.A. The Muslim ruling dynasties In: *Cultural History of India* (ed.) A. L. Basham, Clarendon Press, Oxford, pp. 245-265 (1975).
13. Said, M. Traditional medicine in the service of health. *Proceedings of the 26th International Congress of History of Medicine, Plodiv, Bulgaria* (August 20-25), (1978).
14. Siddiqui, H. H. Effect of khamira abresham arshadwala on serum cholesterol levels in rabbits. *Planta Medica* 12, 443-445 (1964).
15. Ali, M. Ayurvedic drugs in Unani materia medica. *Ancient Science of Life* 9, 191-201 (1990).
16. Majumdar, R. C. Medicine In: *A Concise History of Science in India*. (ed.) D. M. Bose, S. N. Sen, B. V. Subbarayappa, Indian National Science Academy, Delhi, pp. 213-273 (1971).
17. Upadhyaya, S. D. *Nadivijnana* (Ancient Pulse Science), Chaukhamba Sanskrit Pratishtan, Delhi, pp. 15-46 (1986).
18. Murthy, K. R. S. *Sarngadhara Samhita*, Chaukhamba Orientalia, Varanasi, pp. 14-16 (1984).
19. Pillai, T. V. S. *Tamil-English Dictionary of Medicine, Chemistry, Botany and Allied Sciences*. Vol. 1, The Research Institute of Siddhar's Science, Madras, pp. 1-114 (1931).
20. Seth, S. *Practical Yoga* India Book House, Bombay, pp. 1-194 (1983).
21. Sarasvaty, S. *Yoga and Cardiovascular Management*, Bihar School of Yoga, Munger, Bihar, pp. 1-158 (1984).
22. Vogel, C. On the guinea-worm disease in Indian medicine. *Adyar Library Bulletin* 25, 55-68 (1961).
23. Sharma, P. V. *Ayurved ka vajnanik itihās*, Chaukhamba, Orientalia, Varanasi, pp. 244-256 (1981).
24. Litvinov, S. K. How the U.S.S.R. rid itself of dracunculiasis. *World Health Forum* 12, 217-219 (1991).
25. Said, M. Eastern medicine in a changing world, *proceedings of the International Finnish Archipelago Conference*, Turku, Finland (August 28-September 1), pp. 1-14 (1978).
26. Anonymous. *The Useful Plants of India*, C.S.I.R., New Delhi, p. 37 (1986).
27. Pillai, N. K. *History of Siddha Medicine*, Government of Tamil Nadu, Madras, p. 657 (1979).
28. Ref. 23. p. 359-391.
29. Pandey, V. N. Contribution of Siddha bhesajamanimala, a treatise of 19th century. *Bulletin of the Indian Institute of History of Medicine* 17, 1-56 (1987).
30. Sarma, N. *Hikmutprakasa*, Khemraj Srikrishnadas, Bombay, pp. 1-208 (1912).
31. Ref. 23. P. 345-346. ●

Fate makes our relatives, choice makes our friends.

* * *

The best doctors in the world are Doctor Diet,
Doctor Quiet and Doctor Mirth.

* * *

We squander health in search of wealth and then
squander wealth in search of health.

— JONATHAN SWIFT

DIABETIC NEUROPATHY AND ITS AYURVEDIC TREATMENT

A. K. CHAURASIA and J. K. OJHA

Some of the most common and troublesome complications of diabetes involve the nervous system. A majority of diabetic patients experience various neuropathic symptoms during the course of their illness. Even asymptomatic patients frequently demonstrate objective neurologic or electro-physiologic abnormalities.

The prevalence of neuropathic syndromes is directly related to the duration of the disease and is probably inversely related to successful long term management of hyperglycemia. Although better control of hyperglycemia may delay or ameliorate the effects of diabetes on the nervous system the neuropathies will remain a difficult therapeutic challenge until the treatment is radically improved.

Several distinct neuropathic entities that may occur separately or concurrently with diabetes are now recognised. The commonest neuropathy is symmetrical distal sensorimotor polyneuropathy.

Focally or multifocally distributed sensory or motor neuropathy is also common. Involvement of the autonomic nervous system frequently accompanies other forms of diabetic neuropathy particularly in those patients with long-standing diabetes.

Pathogenesis

The pathogenesis of diabetic neuropathy is intracellular hyperglycemia induced by metabolic abnormalities in nerve tissues. This leads to functional disturbance and ultimately to axonal atrophy and segmental demyelination. On the other hand, in non-metabolic factors, the thickening and hyalinization of arteriolar and capillary walls with resultant luminal narrowing are frequently present in the muscles and nerves of diabetic patients leading to micro-infracts and ischemia of the involved nerves, which play a role in the development of diabetic neuropathy to a certain extent. Though it has long been suspected, hyperglycemia per se is probably not a direct central causative

* Department of Dravyaguna, Institute of Medical Science, Banaras Hindu University, Varanasi

factor in the development of diabetic neuropathy. It resembles the characteristic features of Avrita Vata at different cellular bio-transformation levels leading to Vata prakopa and the ultimate result is the precipitation of the symptomatology.

Clinical features

Diabetic neuropathy that frequently affects the diabetic population is symmetrical polyneuropathies with which patients are likely to visit a clinic or a hospital.

Symptoms of polyneuropathy do not usually begin until 5-10 years after the onset of diabetes but occasionally may be present at the time of diagnosis. They almost always begin in the feet. The hands usually become involved when the symptoms in the lower limb reach the mid-calf level. Alteration of the pain and temperature sensation appears first. Sensory symptoms are initially dysesthesia or hyperesthesia later followed by hypoesthesia and lancinating or shocking pain which are typically burning or stinging in character. Pain may be worse at night and disrupt sleep. Patient may complain of a restless leg at night and feel compelled to get up and walk about for relief. Weight bearing and walking barefoot may aggravate the pain making it nearly unbearable. With the progression of the disease weakness increases and motor function, vibration and position sense are affected. When proprioceptive loss is severe, patients exhibit a sensory gait ataxia.

Autonomic dysfunction is rarely presented as a sole manifestation of diabetic neuropathy. It almost always

is accompanied by typical symmetrical polyneuropathy. Vasomotor changes and visceral denervations are the common manifestations. Some patients complain of UTI., acute urinary retention, organic impotence, erectile dysfunction, gastroparesis, abdominal fullness, bloating or pain, vomiting, constipation or diarrhoea, fecal incontinence, facial diaphoresis and postural hypotension. Resting tachycardia, silent myocardial infarction, genitourinary dysfunction, loss of bladder sensation, retrograde ejaculation, decreased testicular sensitivity, nausea, early satiety and defective fluid and electrolyte absorption become a major clinical problem rarely. Thus, these manifold symptoms of auto-neuropathy may ultimately be more physically and psychologically disabling than other neuropathic symptoms.

Treatment

None of the Ayurvedic classics has described any disease like diabetic neuropathy. It does not mean that there is no successful therapy in the Ayurvedic system. Charaka has emphasised that recognition of the correct Dosa, Dhatu and Mala involved in the process of disease, their status and degree of aggravation with the help of one's intellect and by the aid of three Pramanas applying on the tag of symptomatology. Then choose the appropriate drug and treat the disease; because it is difficult to learn and compile all the diseases by name,

The perusal of the above pathogenesis and symptomatology shows that this complication is a resultant of Dhatujavata-tavarodha and Kapha-Dosa-Vridhdhi. Since diseases like diabetes mellitus and

its sequaleae are consequences of Ojashaya and Vata vriddhi which continues to exist with the disease.

According to the principle of Charaka a drug should be effective in treating a disease without producing any sequale or aggravating concomitantly running illnesses or other normal (Dosa) physiology. Bearing this axiom in mind, we had chosen 10 drugs of Dasamoola, which was regarded Srothahara and Tridosa samak predominantly Vata samaka by their properties. The Gokshura was withdrawn due to its Seeta Veerya and frequent diuretic action. And it was replaced by the addition of Erandamool reputed Vrishya Vataharanam in the Dasamoola. Later Balamool is too added claimed Samgrahak Balya, Vataharanam. And a mixture was formed containing these 11 herbs.

One hundred patients suffering with diabetic neuropathy were selected from the collaborative diabetic unit of

the Sir Sundar Lal, Hospital, B. H. U., having different symptoms. They were advised to take the drug in the dose of 500 mg. three times a day for a month.

It was observed that burning, tingling, numbness, chest pain and dysesthesia remits within a week. While the much aggravated pain of the extremities which worsen at night, disrupting sleep and sensory gait ataxia is not relieved even after a month.

Regarding autonomic neuropathy all the patients complaining symptoms of small duration were relieved with proper medication and blood sugar level control, except resting tachycardia, postural hypotension and diarrhoea. In a few chronic cases with only dysesthesia and anaesthesia of the sole of the foot have shown 75% improvement after continuous treatment for 6 months by the above mentioned drug combination. ●

ON BOOKS

They are my best friends. They never ask anything of me, but instead give me everything, answer all questions, are never impatient, never cause me disappointment or laugh at my ignorance. They are true friends upon whom I can always depend. And in exchange for these services all they ask is a little space on a shelf in a humble corner of my room.

— VOLTAIRE

TRADITIONAL REMEDIES FOR SNAKE - BITE AND SCORPION - STING AMONG THE BHOXAS OF NAINITAL DISTRICT, U. P.

** HARISH SINGH and J. K. MAHESWARI

ABSTRACT

The present paper deals with 15 important medicinal plants used for the treatment of snake-bite and scorpion-sting by the Bhoxa tribes. These uses reported for the first time, are not well known and it will be extremely useful if phytochemists and pharmacologists can determine the true structure of therapeutically useful compounds.

Introduction

Nainital district of Uttar Pradesh lies between 28° 43' - 29° 38'N latitude and 78° 51' - 80° 18' E longitude. The Bhoxas reside in sub-Himalayan (terai and bhawar) tract of the district. Due to their close association with the forest and the isolation from modern civilization, they have their own traditions and customs and are dependent on the natural resources for their existence. From ancient times they have a traditional self-developed system of folk medicine based mainly on herbal remedies used for the treatment of various types of diseases. Both in summer and in the rainy season snake-

bite and scorpion-sting is quite common in the area. The victims of snake-bite and scorpion-sting are treated by *tantra mantra* or by various types of herbs, shrubs and vegetation available locally. Lot of work has already been done on medicinal plants used by the Bhoxas by Maheshwari & Singh (1984, 1990), Singh (1987, 1988). But the work does not cover plants, which are specifically used in the treatment of snake-bite and scorpion-sting.

Materials and Methods

Ethnobotanical studies of the vegetations in the tribal areas of Nainital district was carried out during the year

Ethnobotany Section, National Botanical Research Institute, Lucknow - 226 001, India.

** Present Address: Drug Section, Hort. Exp. Trng. Centre, Chaubattia, Almora-263651.

1986-91. The first hand information on the treatment of snake-bite and scorpion-sting have been gathered and verified from the 'Bharara', 'Vaidya' and experienced Bhoxa men and women. The plant specimens were collected, identified, documented and preserved in the Ethnobotanical Herbarium (EBH) of National Botanical Research Institute, Lucknow. The plants are arranged alphabetically followed by family, local name (L. N.), locality (Loc.) and field number (EBH) along with method of preparation and mode of usage.

Enumeration of plants

1. *Achyranthes aspera* L. (Amaranthaceae) 'Utta charchita'
 Loc: Barbadnagar, Bhansia farm, Mathkota (EBH 5713, 6702, 8047).
 The root paste is applied externally on scorpion-sting. The twigs are used by the witch doctors (Bhararas) during the treatment of snake-bite along with the recitations of some *mantras*.
2. *Allium sativum* L. (Liliaceae) 'Lahsun'
 Doc: Bhikampuri, Dhela, Khempur, Kulha (EBH 6764)
 The dried bulbs are powdered and mixed with powder of mango (Aamchur) and made into a paste and applied on the part stung by the scorpion.
3. *Azadirachta indica* A. Juss. (Meliaceae) 'Neem'
 Loc: Bhudi, Gularbhoj, Namuna, Pipalsana (EBH 5730, 7369).
 The green twigs are used by witch doctors during the treatment of scorpion-sting and snake-bite.
4. *Buchanania lanzan* Spreng. (Anacardiaceae) 'Achar'

Loc: Pahadpur. Rupper (EBH 6778)

The gum obtained from the plant is applied on the snake-bite as an antidote.

5. *Calotropis gigantea* (L.) Dryand. ex Ait. f. (Asclepiadaceae) 'Aankha'

Loc: Bannakheda, Barhani, Gularbhoj (EBH 5756, 5770, 8076).

The latex is applied with common salt on scorpion-sting.

6. *Ficus religiosa* L. (Moraceae) 'pipar'

Loc: Dhela, pipalsana (EBH 7341)

The petiole is inserted into the ear for the treatment of snake-bite. However, it has to be stressed that the petiole should be inserted carefully. Otherwise it may enter the inner part of the ear.

7. *Leucas cephalotes* (Rothr) Spreng. Lamiaceae) 'Guma'

Loc: Barhani. Nandpuri (EBH 6728, 8081)

A paste of the leaf is applied externally on the part stung by the Scorpion.

8. *Martynia annua* L. (Martyniaceae) 'Bagnakha'

Loc: Bazpur, Gularbhoj (EBH 6781)

The endocarp of the fruit is rubbed on a stone with water and the paste is applied externally for scorpion-sting.

9. *Morus indica* L. (Moraceae) 'Tut'

Loc: Bhatpuri, Bhikampuri, Judaka (EBH 5775, 7344).

The root bark is ground with water and made into a paste. The paste is applied on the snake-bitten part for quick relief. It can also be used for scorpion-sting.

10. *Nerium indicum* Mill. (Apocynaceae)
'Kaner'

Loc: Barhani, Bazpur (EBH 7822).

The leaves are boiled in water and used for washing the part bitten by snake.

11. *Oxalis corniculata* L. (Oxalidaceae)
'Bili-chukha'

Loc: Bariya, Khambari (EBH 8090, 8167).

The Juice of the leaf is used in snake-bite and is taken orally with black pepper, ghee and milk to check the spread of the venom to the other parts of the body. The leaves are mashed on the part affected by scorpion-sting for quick relief.

12. *Pedilanthus tithymaloides* (L.) Poit. (Euphorbiaceae) 'Nagdaun'

Loc: Barhani, Bariya daulat (EBH 5467, 7895).

A paste of the leaves is applied externally and the extract of the leaves is taken internally as an antidote in snake-bite.

13. *Rauwolfia serpentina* (L.) Benth. ex Kurz (Apocynaceae) 'Sarpagandha'

Loc: Bhikampuri, Chandanpur (EBH 5780, 8039).

A decoction of the root is taken internally as an antidote, while the paste is applied on the part bitten by the snake. The decoction of the root is given to victims of snake-bite for diagnostic purposes. If it tastes sweet to the patient, it means that the snake was poisonous. If the taste is bitter, the snake is non-poisonous.

14. *Scoparia dulcis* L. (Scrophulariaceae)
'Bichhughas'

Loc: Ganeshpur (EBH 8001).

The extract of the leaves is taken internally against snake-bite. The leaf paste is applied externally on scorpion-sting and snake-bite. The dried leaves are also smoked with tobacco in the treatment of scorpion-sting.

15. *Spilanthes calva* DC. (Asteraceae)
'Kadkada'

Loc: Gularbhoj, Haripura, Kashipur (EBH 8060).

The roots are ground and made into a paste and applied on the part stung by the scorpion.

Discussion

The study reveals that the Bhojas of Nainital district used the surrounding flora for treating several severe disease conditions. This has often led to the discovery of important medicinal plants. It is, therefore, necessary that the tribal pockets in the country should be thoroughly explored by conducting extensive and intensive field surveys. The data should be systematically screened by phytochemists and pharmacologists to determine the true therapeutic compounds. The rare and endangered plant species of medicinal importance should be immediately brought under a conservation programme and their exploitation must be presented.

Acknowledgement

The authors are thankful to Dr. P. V. Sane, Director, NBRI, Lucknow for providing facilities. Dr. Harish Singh is grateful to C.S.I.R., New Delhi for the award of a Senior Research Fellowship. Thanks are due to the Bhojas for their co-operation.

REFERENCES

1. Agarwal, V. S., *Economic Plants of India*, Calcutta, 1986.
2. Ambasta, S. P. (Ed.), *The Useful Plants of India*, CSIR, New Delhi, 1986.
3. Anonymous, *Wealth & India, Raw Materials*, Vols. 1-11, CSIR, New Delhi, 1948-76.
4. Chopra, R. N., Nayar, S. L. and Chopra, I. C. *Glossary of Indian Medicinal Plants*, CSIR, New Delhi, 1956.
5. Maheshwari, J. K. and Singh, Harish, *Herbal remedies of Bhozas of Nainital district*, U. P. *Aryavaidyan* 4(1) : 30-34, 1990.
6. Maheshwari, J. K. and Singh, J. P. *Contribution to the ethnobotany of Bhoza tribe of Bijnor and Pauri Garhwal district, Uttar Pradesh*. *J. Econ. Tax. Bot.* 5(2) : 251-259 1984.
7. Singh, Harish, *Ethnobiological treatment of Piles by the Bhozas of Uttar Pradesh*, *Ancient Science of Life* 8(2): 167-170. 1988.
8. Singh, K. K., Saha, S. and Maheshwari, J. K., *Observation on the ethnobotany of Bhoza tribe of Bajpur block of Nainital district*, U. P. *Him. Res. Dev.*, 6(1&2) : 25-29, 1987.

OBITUARY



1903 - 1992

With deep regret we record the sad demise of Aryavaidyan N. P. Krishna Pisharoti on 29th August, 1992. Former Principal of Ayurveda College, Kottakkal, he was 89.

Born in Vadanamkurussi of Palghat district, he had his education at Ayurveda Patasala, Kottakkal (later known as Ayurveda College) and had taken the degree of "Aryavaidyan".

He was closely associated with Arya Vaidya Sala for quite sometime and was an outstanding disciple of Vaidyaratnam P. S. Varier, the founder of the Institution.

He is survived by his wife, one son and two daughters.

SPONDYLOLISTHESIS - A CASE STUDY

V. K. SASIKUMAR

ABSTRACT

Spondylolisthesis is defined as the forward movement of the body of one of the lower lumbar vertebrae on the vertebra below it or upon the sacrum. Spondylolisthesis is a bilateral defect in which affected vertebral body and transverse processes slip anteriorly on the vertebral body below while spinous process and lamina remain in a normal position. The extent of slippage is classified by grades I to IV. Grade I spondylolisthesis involves vertebral displacement upto 25%, where as grade IV involves complete forward displacement of vertebral body. It is divided into congenital, degenerative and traumatic varieties.

History

Mrs., a 60 year old housewife, non-diabetic non-hypertensive presented with insidious onset of low backache which became more obvious after straining, since the past 6 years. The pain was relieved by rest and radiating to the left lower limb. There was weakness of left lower limb. She reported difficulty in squatting and getting up from squatting posture since 2 years. Coughing or sneezing increased the pain. She denied any sensory symptoms in the lower extremities. She gave a history of repeated trivial trauma to the back usually in the form of fall hitting the buttocks against the ground.

On examination she was moderately built and moderately

nourished. PR 90/Mt. regular rhythm. H.R. 90/Mt., S1, S2+No cardiac murmurs heard, Apex beat within normal limits, R.S. clinically normal. No lymphadenopathy. P/A soft. No organomegaly. Bowel sounds present. Abdominals aortic pulse normally felt.

There was lumbar scoliosis towards right side and the trunk appeared shorter. Range of movements of lumbar spine were limited. There was palpable step over the sacrum. All peripheral pulses of lower extremities were felt normal. S.L.R: was positive on left side with 60° ankle. There was weakness of left foot and toe walking impaired. Haemogram and urine analysis did not reveal any pathology.

Dr. V. K. Sasikumar, Medical Officer, Govt. Ayurveda Hospital Cherthala, 688 524, Aalappuzha Dist.

X-ray lumbar spine showed 50% forward slipping of 5th lumbar vertebra. A positive bullman's sign (cutting of the vertebral body by a line drawn perpendicular to anterior border of sacrum) and Bow's sign (transverse processes of one vertebra coming in one line) were noted.

She was treated at several hospitals and her symptoms did not improve. She was advised surgery.

Discussion

Low backache is a common clinical problem. All too often an exact diagnosis is difficult. In the Ayurvedic concept of low backache Vata is more implicated than the other two Dosas. Kateesoola, Thrikasoola, Trikabheda, Sronibheda etc., are used to denote it. Etiological factors for the vitiation of Vata are:

- 1) Dhatukshaya (degeneration of tissue elements) and
- 2) Margarodha (obstruction of channels or various pasaages).

Due to degenerative process Vata is vitiated which in turn destroys the Dhatus. Certain diseases by virtue of their own features result in atrophy. These conditions are included in apatarpanaja diseases because the result is cachexia. Besides other diseases, trikasoola is also described as one among apatarpanaja diseases. Here the main etiology for Vata vitiation is repeated trauma (Abhighata.) Trauma to snayu marma results in convulsions, severe continuous pain, restriction of movements and deformities; and even death can occur. Trauma to asthi marma results in severe pain, bleeding and protrusion of

marrow. The marmas (surgically important points) located at the lower back level are Kateekataruna, Kukundara, Nitamba and Parsvasandhi. The repeated trauma and resultant dhatukshaya are imperative when the management is considered. Bones, joints, siras and hridaya are considered as madhyama roga marga. So this particular condition can be diagnosed as Trikasoola Abhighatajam.

Management

- 1) Skin traction for 3 weeks
- 2) Dhanwantharam kwatha 90ml BD. Yogarajaguggulu gudika 1 - 0 - 1
- 3) Gentle massage with Dhanwantharam kuzhampu + Murivenna.
- 4) Dhanwantharam tailam (Chikkanna pakam) 75 ml. daily at 6 a.m. for 7 days.
- 5) Ushma sweda for 3 days.
- 6) Virechanam with Nimbamritadi eranda tailam 50ml. in Nirgundi pathra swarasa (leaves of Vitex negundo.)
- 7) *Yoga vasthi*
Niruham - Dwipanchamooladi yoga (Ashtangahridayam - Kalpasthana)
Anuvasanam - Dhanwantharam tailam (Chikkanna pakam)
- 8) *Samanam*
Dhanwantharam kwatham 90ml BD.
Gandha tailam 50ml BD.
Gulguluthiktakam ghritam 20ml BD.
Abhyanga with Dhanwantharam kuzhampu

Hospital course

An elderly woman was admitted with AbhighathaJa Trikasoola for detailed examination and management. She was provided with skin traction for 21 days. Initially she reported severe pain on the lower extremities for which Abhyanga with murivenna and Ushmasweda were given. Later on she developed vague abdominal discomfort which was relieved by Hinguvachadi churnam (10 grams twice a day) given in hot water. She repeatedly complained of insomnia for which Ksheerabala tailam (21) and Kachoradi churnam mixed together and applied over scalp (talam). The rest of the hospital course was uneventful.

Comments

Mrs..... was suffering from Trikasoola (Abhighatajam). Despite the treatment at various centres her condition remained without any change. Abhighata (repeated trauma) and associated Vata vitiation were considered as the main etiological factors. The treatment given was aimed at the alleviation of vatha. Even though Kapatasyana (immobilisation with wooden plates and screws) is considered as the first line management, here it could not be done because of limited facilities. Instead the patient was immobilised by

providing skin traction. Accha snehapanasana was not carried out owing to the debility of the patient. Gentle massage and Ushmasweda were aimed at relieving the pain and muscles spasm. Nimbamrithadi eranda tailam mixed with Nirgundipathra swarasa is considered ideal for purgation in low back pathologies especially related to bones and joints. Dwipanchamooladi Vasthi controls the vitiated Vata efficiently. Ghrita, Vasa (tallow) and Dhanwatharam tailam were used as Snehas and Takra (buttermilk) as the Amladravya (sour component) in the Niruha. Dhanwatharam kwatham is indicated in post-traumatic complications. Gandha tailam provides adequate strength to Asthidhatu. Asthikshaya (osteolytic diseases) is to be treated with ghrithas and ksheeras prepared out of drugs having thikta rasa. Hence Gulguluthiktaka ghrita was also given.

The X-ray after the hospital course showed the same features as those of admission. The patient was completely relieved of low backache and pain on lower extremity. There was no limping at the time of discharge and the lumbar scoliosis was abolished. Dorsiflexion of ankle and extension of big toe showed mild improvement. She was advised to continue the medicines and report for check-up after a fortnight. ●

No action, whether formal or fair
is ever done, but it leaves somewhere
a record.

— W. H. LONGFELLOW

A STUDY ON PREVENTION OF PSYCHOSOMATIC DISORDERS THROUGH SWASTHAVRITTA

S. VENUGOPALA RAO, Y. CHAUHAN and I. P. SINGH

The growing rate of urbanisation and industrial development at the present time is badly influencing human life by producing various types of stress. Several abnormal bodily responses induced by these stresses are reflected in a wide range of psychological, physiological, neurological, endocrinal and metabolic disorders. This bodily response against stress, if it continues beyond a certain limit, produces certain permanent abnormal changes in the body. These abnormal conditions may be categorised under psychic and psychosomatic disorders.

Even at present many diseases beyond doubt can be enlisted under the group of psychosomatic illnesses. Many new conditions are also constantly being added from the different specialties of medicine. The World Health Organisation classifies psychosomatic illness under the head "physical disorders of presumably psychogenic origin." Under this classification, the various categories are as follows :

1. Skin disorders : Psoriasis, Eczema, Seborrhea, Pruritus, Urticaria and Neurodermatitis.

2. Musculo-skeletal disorders : Rheumatoid Arthritis, Tremor and Paralysis.

3. Respiratory disorders : Bronchial asthma, Hay fever, Cough and Yawning.

4. Cardio-vascular disorders : Essential hypertension, Cardiac neurosis, Migraine, Angina pectoris, Raynaud's disease and Neurocirculatory Asthenia.

5. Haemic and lymphatic disorders:

6. Gastro-intestinal disorders : Acrophagy, Anorexia nervosa, Nervous dyspepsia, Gastric neurosis, Duodenal ulcer, Regional ileitis, Ulcerative colitis, Cyclic vomiting and Eructation.

7. Genito urinary disorders : Impotence, Sterility, Frigidity, Spermatorrhoea, Menstrual disorders, Vaginismus, Enurism, Polyuria and Frequency of micturation.

Department of Basic Principles, Institute of Medical Sciences, Banaras Hindu University, Varanasi 221 005

8. Endocrine disorders : Diabetes mellitus and Thyrotoxicosis.

9. Special senses : Ocular neurosis.

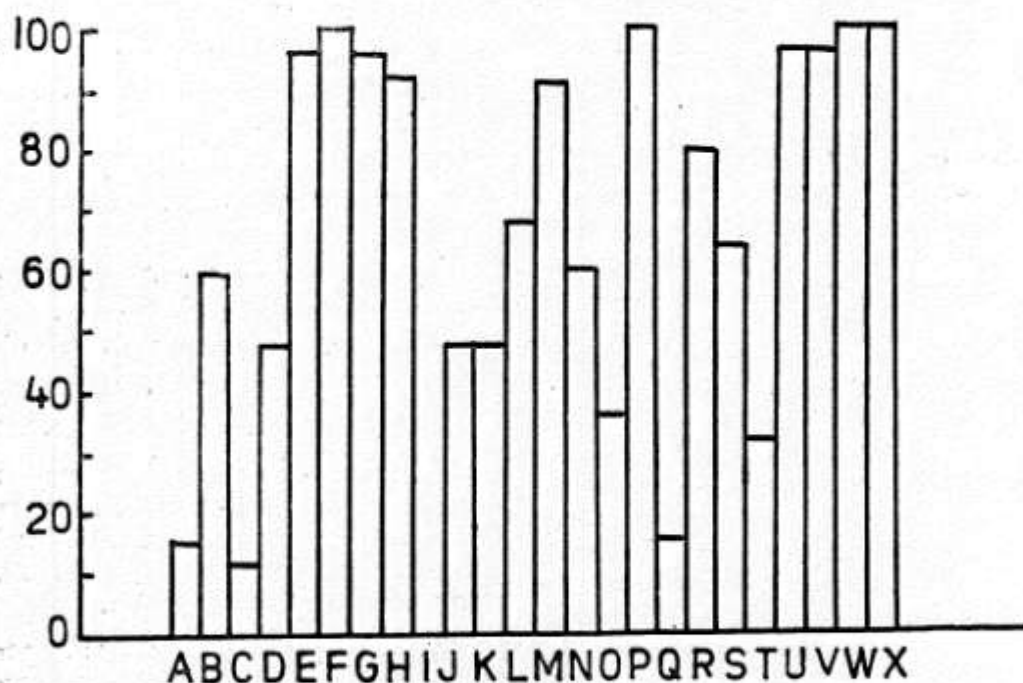
For the prevention of disease and promotion of health Ayurveda directs Swasthavritta to be followed by every individual. It includes Dinacharya, Ritucharya, Rasayana, Vajikarana, Sadvritta and Yoga. It is clearly stated that one who is moderate in his food and enjoyment, and who is not addicted to vices and is generous, unperturbed,

truthful, forgiving and maintains equanimity remains free from diseases. (Ca. Sa. 2/46). Over and above this regimen Ayurveda has several special directions for the prevention of psychosomatic disturbances.

Practices to prevent psychosomatic disturbances

1. One should pay respect to the Gods, cows, brahmins, preceptors, elderly people, teachers and those who have accomplished spiritual perfection.

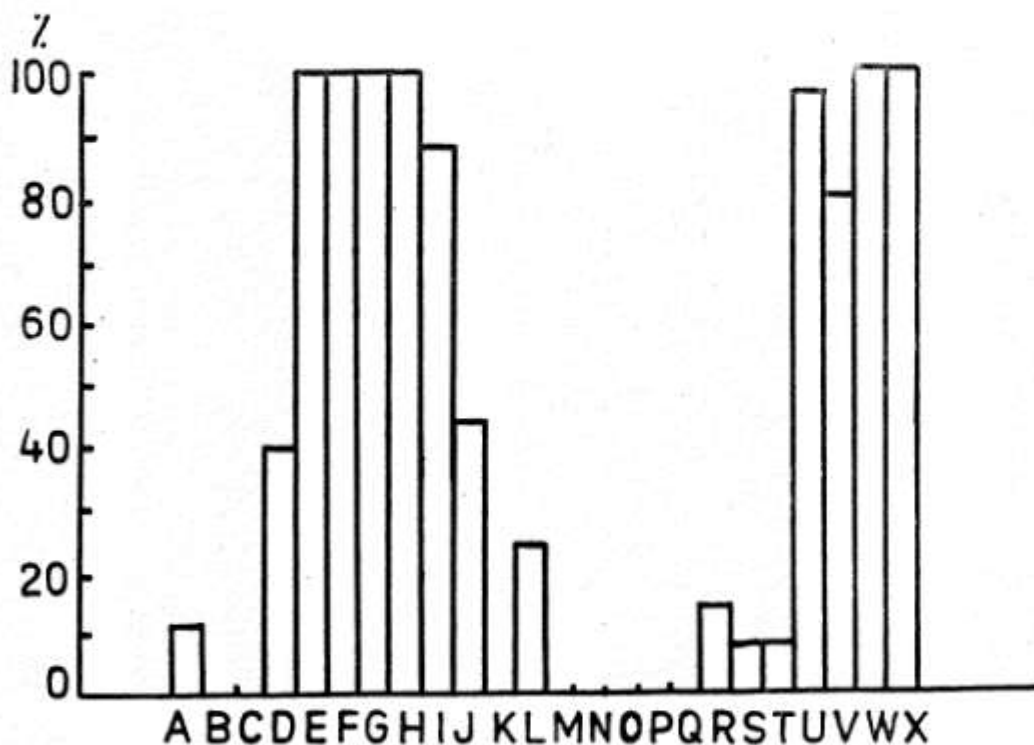
BAR DIAGRAM SHOWING CORRELATION OF NON OBSERVANCE OF SWASTHAVRITTA WITH HYPERTENSION



A - AWAKENING, B - BOWEL HABIT, C - ORAL HYGIENE, D - DANTA DHAVANA, E - ANJANA, F - NASYAKARMA, G - GANDUSA, H - ABHYANGAM, I - EXERCISE, J - RATRICARYA, K - SLEEP, L - SEX HABITS, M - GARMENTS, N - MEAN ACCORDING TO NATURE OF WORK, O - MEAN REGULARITY, P - DURATION OF MEAL INTAKE, Q - WATER, R - KITCHEN HYGIENE, S - ABOUT NATURAL PHYSICAL URGES, T - ABOUT MENTAL URGES, U - ABOUT SADVRITTA, V - ABOUT YOGA, W - PRACTICE OF SADVRITTA AND YOGA, X - RASAYAN & VAJIKARNA YOAA,

2. One should offer oblation to fire.
3. One should wear auspicious herbs.
4. One should take bath twice a day.
5. One should clean excretory passages and feet frequently.
6. One should get the hair and nails cut and have a shave three times in every fortnight.
7. One should wear good and clean apparel.
8. One should be happy, apply scent, wear good dress and comb the hair. He should also apply oil to the head, ears, nostrils and feet every day.
9. Take initiative in talking to others.
10. Keep a pleasant face.
11. Protect people who are afflicted.
12. Offer oblation.
13. Perform religious ceremonies.
14. Give donations.

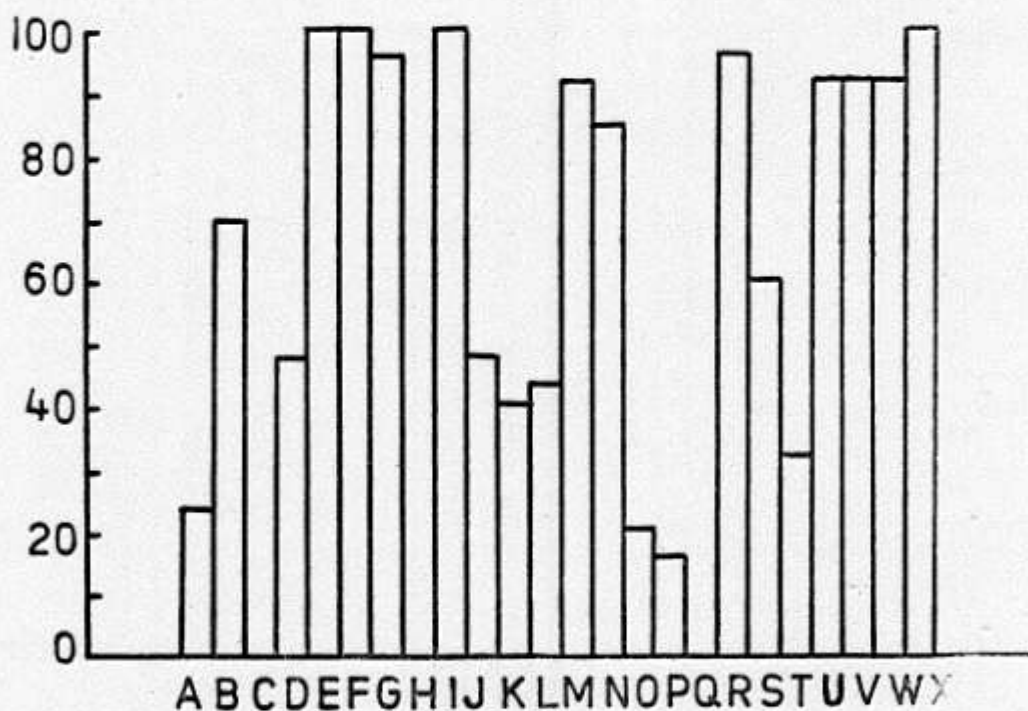
BAR DIAGRAM SHOWING CORRELATION OF NON OBSERVANCE OF SWASTHAVRITTA WITH CONTROLE GROUP



A - AWAKENING, B - BOWEL HABIT, C - ORAL HYGIENE, D - DANTA DHAVANA, E - ANJANA, F - NASYAKARMA, G - GANDUSA, H - ABHYANGAM, I - EXERCISE, J - RATRICOARYA, K - SLEEP, L - SEX HABITS, M - GARMENTS, N - MEAN ACCORDING TO NATURE OF WORK, O - MEAN REGULARITY, P - DURATION OF MEAL INTAKE, Q - WATER, R - KITCHEN HYGIENE, S - ABOUT NATURAL PHYSICAL URGES, T - ABOUT MENTAL URGES, U - ABOUT SADVRTT, V - ABOUT YOGA, W - PRACTICE OF SADVRTTA AND YOGA, X - RASAYAN & VAJIKARANA

15. Honour the guests.
16. Speak beneficial and measured sweet words at the appropriate time.
17. Be self-controlled and virtuous.
18. Envy the cause and not the results thereof.
19. Be careful and fearless.
20. Be bashful and wise.
21. Have enormous enthusiasm.
22. Be clear, forbearing and virtuous.
23. Have faith in God.
24. Should be devoted to the teachers who have attained spiritual perfection and are advanced in intellect, learning, heredity and age and still modest.
25. One should use an umbrella, a stick, a turban and shoes and watch two paces ahead while walking.
26. One should avoid places with dirty apparel, bones, thorns,

BAR DIAGRAM SHOWING CORRELATION OF NON OBSERVANCE OF SWASTHAVRITTA WITH PEPTIC ULCER / I. B. S.



A - AWAKENING, B - BOWEL HABIT, C - ORAL HYGIENE, D - DANTA DHAVANA, E - ANJANA, F - NASYAKARMA, G - GANDUSA, H - ABHYANGAM, I - EXERCISE, J - RATRICARYA, K - SLEEP, L - SEX HABITS, M - GAYMENTS, N - MEAN ACCORDING TO NATURE OF WORK, O - MEAN REGULARITY, P - DURATION OF MEAL INTAKE, Q - WATER, R - KITCHEN HYGIENE, S - ABOUT NATURAL PHYSICAL URGES, T - ABOUT MENTAL URGES, U - ABOUT SADVRITTA, V - ABOUT YOGA, W - PRACTICE OF SADVRITTA AND YOGA, X - RASAYAN & VAJIKARANA

impure hair, chaff, garbage, ash, fragments of earthen vessels and the places of bath and sacrificial rituals.

27. One should always acquit himself in an auspicious way and display good manners.
28. Stop exercise before getting tired.
29. Be friendly to all creatures.
30. Reconcile the angry.
31. Console the frightened.
32. Be merciful to poor.
33. Be truthful and try to be of a compromising attitude and be

tolerant even if unpalatable words are uttered by others.

34. Should never loose control of oneself.
35. Be of peaceful disposition and overcome undue attachment and hatred. (Ca. Su. 8/18).

For our study we have selected two diseases, IBS/Peptic ulcer and Hypertension as models of psychosomatic diseases. Keeping in mind the view that non-observation of Ayurvedic principles in an important factor for the increasing incidence of psychosomatic diseases, each patient was requested to furnish

Observation and Results

Sl. No.	Regimen	Hypertension Non-obs. %	Peptic Ulcer Non-obs. %	Normal %
1.	Awakening	16%	24%	12%
2.	Bowel habit	60%	68%	—
3.	Oral hygiene	12%	8%	—
4.	Dantadhavana	48%	48%	40%
5.	Anjana	96%	100%	100%
6.	Nasya Karma	100%	100%	100%
7.	Gandusha	100%	96%	100%
8.	Abhyanga	96%	92%	100%
9.	Exercise	92%	100%	88%
10.	Ratricharya	44%	48%	44%
11.	Sleep	48%	40%	—
12.	Sex habits	68%	44%	24%
13.	Garments	96%	92%	—
14.	Meal according to nature of work	60%	84%	—
15.	Meal regularity	36%	20%	—
16.	Duration of meal intake	100%	—	—
17.	Water which you take	16%	16%	—
18.	Kitchen hygiene	80%	96%	16%
19.	Do you try to curb natural urges	32%	32%	8%
20.	Suppression of natural physical urges	64%	60%	8%
21.	Do you know Sadvritta	96%	92%	96%
22.	Do you know Yoga	95%	92%	80%
23.	Do you practise Sadvritta and Yoga	100%	92%	100%
24.	Do you take Rasayana and Vajikarana	100%	100%	100%

the details of his day to day life style before the onset of the disease. Through this information we have assessed the role of the non-observance of Swasthavritta in the etiology of psychosomatic diseases. For comparative study healthy individuals were also examined and interrogated. We have selected 50 patients from each group and 50 healthy individuals as control.

The study has been conducted in the Swasthavritta and Yoga section, Department of basic principles, IMS., BHU., Varanasi.

Conclusion

The clinical study reveals that there are very low percentage of observance of Ayurvedic regimen in the patients of psychosomatic diseases in comparison of healthy persons. As per our observations some of the Ayurvedic regimen have not any significant role in prevention of psychosomatic diseases, these are Anjana, Nasyakarma Gandusha and Abhyanga but early awakening, regular bowel habits, dantadhavana, proper

sleep, proper sex habits, clean apparel, dietetics, observances of Sadvritta, suppression of unhealthy emotion, practice of Yoga, regular intake of Rasayana and Vajikarana as per need, have important role in prevention of psychosomatic diseases.

The study also reveals that the Swasthavritta and Yoga is not yet known to the masses. In order to make it popular for the prevention of diseases and promotion of health, institutions and Government should give due to recognition and patronage to the subject for advanced teaching, research and propagation. Survey of every diseases separately in order to develop specific regimen for the prevention of diseases and also the experimental study in this direction is highly needed.

Thus the present study evaluates the importance of observance of Swasthavritta in prevention of psychosomatic diseases and it reveals that the risk factors can be kept under control by changing one's life style by observing Swasthavritta. ●

Confidene is the merit of strength.

— MONOD

* * *

By the streets of by and bye, one arrives at the house of never.

— PROVERB

EXCERPTS FROM CHIKITSAMANJARI - VII

P. UNNIKRISHNAN

Sloka No. 161

The following are components of a Kvatha which when ingested will cure Jeerna Jwara (chronic fever) Sathathajwara (intermittent fever that manifests symptoms twice in twenty four hours) Santhathajwara (continuous fever) Anyedyukajwara (fever that appears on alternate days), Thritheeyaka jwara (fever that develops once in every three days i. e. once in seventytwo hours) and Chathurthaka jwara (fever that emerges every fourth day i.e. once in every ninety six hours.)

Bharngee (Clerodendrum serratum
Linn.)

Abda (Cyperus rotundus Linn.)

Parpataka (Oldenlandia corymbosa
Linn.)

Dhanwayavasha (Tragia involucrata
Linn.)

Viswa (Zingiber officinale Rosc.)

Bhoonimba (Andrographis pani-
culata (Burm.f.) Wallich ex Nees

Kusta (Saussurea lappa C.B. Clarke)

Kana (Piper longum Linn.)

Simhee (Solanum indicum Linn.)

Amrita (Tinospora cardifolia
(Willd.) Hook.f. & Thoms)
each 4.8 gm.

When the fever is very high, a slight variation of the above yoga will give excellent results.

Mustha (Cyperus rotundus Linn.)

Parpataka (Oldenlandia corymbosa
Linn.)
each 9.6 gm.

All other herbs in the above yoga
4.8gm each

Sloka No. 162

A medicated milk is to be prepared from the flowers or seeds of Vellila (Mussaenda frondosa Linn.). The buttermilk or butter prepared from this milk will cure excruciating pain arising from Vishamajwara (uneven fever).

Sloka No. 163

A kashaya prepared from the herbs

Dr. P. Unnikrishnan, Professor, Vaidyaratnam P. S. Varier Ayurveda College, Kottakkal, Edaricode 676 501.

detailed below to which small quantities of honey and sugar (5 ml and 5gm respectively) added at the time of consumption will cure Thritheeyaka jwara (refer Sloka 161).

Lamajja (*Vetiveria zizanoides*(Linn.)
Nash

Seetha (*Santalum album* (Linn).

Dhana (*Coriandrum sativum* Linn.)

Chukku (*Zingiber officinale* Rosc.)

Amrita (*Tinospora cordifolia*
(Willd.) Hook. f. & Thoms.

Payoda (*Cyperus rotundus* Linn.)

6 gm. each.

Similar properties are attributed to the following medicated kwatha also.

Dhana (*Coriandrum sativum* Linn.)

Chukku (*Zingiber officinale* Rosc.)

Mukka

1) Kadukka (*Terminalia chebula*
Retx.)

2) Nellikka (*Embelica officinalis*
Linn.)

3) Thanikka (*Therminalia bellerica*
Roxb.)

Seetha (*Santhalam album* Linn.)

Amrita (*Tinospora cordifolia*
(Willd.) Hook. f. & Thoms.

7 gm each

Sloka No. 164

In Chathurthaka jwara (refer Sloka 161) on the three occasions when the jwara is manifest, a bed bug hidden within a small piece of jaggery should

be given to be swallowed; The Jwara will be cured completely.

Note: This medicament should not be administered on three consecutive days. It should be given only during the three consecutive occasions when fever is manifest.

Sloka No. 165

Dhurdhoora (*Datura metel* Linn)

Eranda (*Ricinus communis* Linn.)

Nirgundee (*Vitex negundo* Linn.)

Vaikudhathulaseedala (leaves of
Ocimum sanctum Linn.)

The above herbs should be ground well and buttermilk should be added. Pills rolled from this paste in the size of an Aksha (seed of Belleric myrobalan -12gm) when consumed will cure Chathurthaka jwara.

Sloka No. 166

Aswatha pallavas (tender leaves of *Ficus religiosa* Linn.) should be ground well to make a kalka. This kalka ingested with milk will cure fevers that develop and persist only during the night. The drug combination should not be disclosed.

Sloka No. 167

A kashaya of Godoochee (*Tinospora cordifolia* (Willd.) Hook. f. & Thoms.) and Rohinee (*Pycorrhiza kurroa* Royle) to which 5ml of honey and 5gm of sugar is added at the time of ingestion. will cure jwaras like Santhatha, Sathatha, Anyedyuka, Thriteeyaka and Chathurthaka (ref. sloka 162). This yoga will be specially effective if the onset of these jwaras is during night.

The following kashaya will also cure fever arising at night.

Arayalkurunnu (*Ficus religiosa*
Linn. young shoots) – 7 parts
Chittamrithu (*Tinospora*
cordifoliawilld.) Hook. f.
& Thoms) – 3 parts
Katukurohini (*Pycorrhiza*
kurroa Royle) – 2 parts
Chukku (*Zingiber*
Officinale Rosc.) – 2 parts

Sloka No. 168

Rappani (nocturnal fever) never persists in the body of individuals who lick the powder of Rudraksha (*Eleocarpus ganitrus* and *Madhuka* (*Madhuca indica* Linn.) in honey.

Medicated milk should be prepared with Pippala pallava (tender leaves of *Ficus religiosa* Linn.) A mukkudi prepared from this milk is the remedy for Rappani. For the preparation of mukkudi 50gm of medicinal paste is boiled in 400ml of water and reduced to 100 ml for one dose.

Sloka No. 169

A kwatha prepared from the following herbs will quickly extirpate Vishama jwara termed Seethaka (a type of Vishama jwara where the heralding and termination of jwara is characterised by chills and a reduced temperature).

Āranyathulaseemoola (*Ocimum*
gratissimum Linn.)
Vishnukrantha (*Evolvulus*
ansinoids Linn.)
Mahowshadha (*Zingiber officinale*
Rosc.)

Sloka No. 170

The following two preparations when used for Dhoopana (fumigation) will relieve pain arising from Seethaka jwara.

- A) Maricharaja (fine powder of *Piper nigrum* Linn.) and Grihadhooma (soot).
- B) The fine powder of the following medicines.

Guggulu (*Commiphora mukul*
Hook. ex Stocks) Engl.
Agaru (*Dysoxylum malabaricum*
Bedd. ex Hiern)
Vacha (*Acorus calamus* Linn.)
Amaya (*Saussurea lappa* C.B. Clarke)
Thulasi (*Ocimum sanctum* Linn.)
Sapthachada (*Alstonia scholaris*
Linn.) R.Br.

Sloka No. 171 & 172

Kadi (water mixed with bran which is got while washing the rice) should be medicated with Uzhinja (*Cardiospermum halicacabum* Linn.) Sivanirmalyam (*Aegle marmelos* (Linn.) Corr.) Bhrumgee (*Eclipta alba* (Linn.) Hassk.) and Poovankurunthala (*Vernonia cineria* (Linn.) Less.) This mixture should be heated and the fumes arising from it should be used for Swedana (to induce sweating).

If the causative factor of jwara is Vatasleshma (vitiated Vata and Kapha) or Ama (toxins arising from defective metabolism) plain water can also be used for Swedana.

Sloka No. 173

The Niryooha (kashaya) prepared

from pure Balaka (*Coleus zylanicus* (Benth. Cramer) will cure Dahajwara.

A kwatha prepared from tender shoots of Vata (*Ficus religiosa* Linn) should be taken with a small quantity (5 ml) of honey to cure the burning sensation and pain arising from Daja jwaras.

Sloka No. 174

A kashaya prepared from the following raw drugs will cure chills and burning sensation associated with Vishamajwaras

- Vrisha (*Adathoda vasika* Nees)
- Parpataka (*Oldenlandia corymbosa* Linn.)
- Padha (*Cyclea peltata* (Lam.) Hook. f. & Thoms.)
- Chandanam (*Santalum album* Linn.)
- Sariba (*Hemidesmus indicus* Linn.) R.Br.
- Amrita (*Tinospora cordifolia* (Willd.) Hook.f. & Thoms.)
- Sunthee (*Zingiber officinale* Rosc.)

Brihatyormoolam

- 1) *Solanum xanthocarpum* Linn.
- 2) *Solanum indicum* Linn.

Sloka No. 175

A Pakya or Seethakashaya* (cold infusion) which contain the following components is the supreme remedy of Dahajwara.

- Amrita (*Tinospora cordifolia* (Willd.) Hook.f. & Thoms.)

* For preparing Seethakashaya - 50gm of the medicines are crushed well and kept in 300 ml of water overnight. The filtrate of the mixture is one dose.

- Chandana (*Santalum album* Linn.)
- Useera (*Vetiveria zizanoides* (Linn.) Nash)
- Sariba (*Hemidesmus indicus* (Linn.) R.Br.)
- Ambuda (*Cyperus rotundus* (Linn.)

Sloka No. 176

A kwatha should be prepared with the drugs given below:

- Lavaleepathra (*Cicca acida* (Linn.) Merrill)
- Bhoonimba (*Andrographis paniculata* (Burm.f.) Wallich ex Nees.)
- Thulaseemoola (roots of *ocimum sanctum* Linn.)
- Parpataka (*Oldenlandia corymbosa* Linn.)
- Saha (*Strobilanthus citiatus* Nees)
- Vishupriya (*Evolvulus alsinoids* Linn.)
- Devi (*Vernonia cineria* (Linn.) Less.)
- Varida (*Cyperus rotundus* Linn.)
- Aswatha pallava (*Ficus religiosa* (Linn.) young shoots) each 5.5gm.

In Jeernajwara (chronic fever) this kashaya should be taken in the morning with some milk. In the evening peya (gruel) prepared with water medicated by the above drugs should be taken. This regimen will cure pain caused by Jeernajwara (chronic fever).

Sloka No. 178

Milk is specially recommended when the sleshma content in the body is low and in the presence of symptoms like burning sensation and increased thirst. It is also recommended in

diarrhoea and in individuals habituated to milk.

Sloka No. 179

In a debilitated patient who suffers from chronic fever milk stands next to nectar whereas the same milk consumed in acute fever acts like poison to exterminate the very existence.

Sloka No. 180

Dyspnea, cough, pain in the lateral portions of the chest, headache and chronic fever are five conditions which will be cured within five days if medicated milk containing the following five herbs are taken.

- Vilwa (*Aegle marmelos* Linn.) Corr.
- Kashmarya (*Gmelina arborea* Roxb.)
- Thakkaree (*Premna integrifolia* Linn.)
- Patala (*Stereospermum tetragonum* A.DC.)

- Dunduka (*Oroxylum indicum* Linn.) Benth. ex Kurz
- 9.5 gm each.

Sloka No. 181

A kashaya termed Shadamga (having six components) prepared from the following raw drugs is lauded by the great sages in the cure of thirst, vomiting and generalised burning.

- Useera (*Hemidesmus indicus* (Linn.) R.Br.)
- Kustumburu (*Coraindrum sativum* Linn.)
- Parpata (*Oldenlandia corymbosa* Linn.)
- Ambu (*Coleus zylanicus* (Benth.) Cramer)

- Maleya (*Amomum subulatum* Roxb.)
 - Viswa (*Zingiber officinale* Rosc.)
- each 8 gm.

Sloka No. 182

- Useera (*Hemidesmus indicus* Linn.) R.Br.
 - Viswa (*Zingiber officinale* Rosc.)
 - Ambu (*Coleus zylancus* (Benth.) Cramer)
 - Guloochee (*Tinospora cordifolia* (Willd.) Hook.f. & Thoms.)
 - Padha (*Cylcea peltata* (Lamk.) Hoom.f. & Thoms.)
 - Kiratatikta (*Andrographis paniculata* (Burm.f.) Wallich ex Nees)
 - Ambuda (*Cyperus rotundus* Linn.)
 - Dhanwayasha (*Tragia involucrata* Linn.)
- each 6gm.

A kwatha prepared from the above drugs will cure intense thirst, diarrhea and vertigo associated with Paittika jwara (fever caused by vitiation of Pitta.)

Sloka No. 183

- Chukku (*Zingiber officinale* Rosc.)
 - Chunda (*Solanum indicum* Linn.)
 - Amrita (*Tinospora cordifolia* (Willd.) Hook.f. & Thoms.)
 - Atalotakam (*Adathoda vasika* Nees.)
 - Thoovaver (root) (*Tragia involucrata* Linn.)
 - Jalada (*Cyperus rotundus* Linn.)
 - Parpataka (*Oldenlandia corymbosa* Linn.)
- each 7gm.

Kashaya prepared from the raw drugs given above is indicated in fever. Loss of appetite secondary to fever will also be cured by this kwatha.

Sloka No. 184

Buttermilk medicated with the following drugs should be used to prepare Kanji, the consumption of which is recommended in fever.

- Orila (*Desmodium gangeticum*
(Linn.) DC.)
Moovila (*Pseudarthria viscida*
(Linn.) W. & Arm.)
Malar (Nocake)
Vishnukrantha (*Evolvulus alsinoids*
Linn.)
Yavasha (*Tragia involucrata* Linn.)
Thavizhama (*Boerhaavia diffusa*
Linn.)

- Chukku (*Zingiber officinale* Rosc.)
Saha (*Strobilanthes ciliatus* Nees)

Sloka No. 185

- Chittamritu (*Tinospora cordifolia*
(Willd.) Hook.f. & Thoms.)
Kariveppu (*Murraya koenigii*(Linn.)
Spreng.)
Chukku (*Zingiber officinale* Rosc.)

Mukka

- 1) Kadukka (*Terminalia chebula*
Retz.)
2) Nellika (*Emblica officinalis*
Linn.)
3) Thannikka (*Terminalia bellerica*
Roxb.)
each 8gm.

A kwatha prepared from the above herbs will cure fever, loss of appetite and diarrhea and also restores appetite.

The great end of life is not knowledge, but action.

— HUXLEY

* * *

Where wealth accumulates man may decay.

— GOLDSMITH

* * *

He that wrestles with us strengthens our nerves, and sharpens our skill. Our antagonist is our helper.

— BURKE

* * *

Ambition has no rest.

— LYTTON

ആയുർവേദഗവേഷണത്തിൽ വസ്തുനിർണയവും വ്യക്തിവിവേചനവും

രഘുനാഥ അയ്യർ

ആയുർവേദം എന്ന ഭാരതത്തിലെ വൈദ്യസമ്പ്രദായത്തിനു മനുഷ്യരാശി യോളം തന്നെ പഴക്കമുണ്ടെന്നു പറയാം. ലോകത്തിൽ ആദ്യമായി വിരചിതമായ ഋഗ്വേദത്തിൽ തന്നെ പ്രത്യേക ഔഷധപ്ര യോഗങ്ങൾ പറഞ്ഞിട്ടുണ്ട്. പിന്നീട് മറ്റു വേദങ്ങളും ഉപവേദങ്ങളും ഔഷധ പ്രയോഗങ്ങൾ ധാരാളമായി പ്രതിപാദി ക്കുന്നുണ്ട്. എന്നാൽ ഇത്തരം കൃതികൾ ചികിത്സയ്ക്കു പുറമെ, ജീവരാശിക്ക് അത്യാവശ്യമായ സർവ്വവിജ്ഞാനവും ഉൾക്കൊള്ളുന്നവയും കൂടിയാകണമല്ലോ.

പിന്നീട് ഇങ്ങനെ സങ്കീർണ്ണവും സങ്കലിതവുമായ ശാസ്ത്രഗ്രന്ഥങ്ങൾ പ്രായോഗികകാര്യങ്ങൾക്ക് പ്രയോജനപ്പെടുത്തുവാൻ വിഷമമായതുകൊണ്ട് ജ്യോതിഷം, ആയുർവേദം മുതലായ ശാഖകളിൽ പ്രത്യേകം പ്രത്യേകം തന്ത്രഗ്രന്ഥങ്ങൾ ഉണ്ടായിത്തുടങ്ങി. ഏതാണ്ട് 5000 വർഷങ്ങൾക്കു മുമ്പ് ആര്യേയസംഹിത, കാശ്യപസംഹിത, ഭരദാജസംഹിത എന്നീ ഗ്രന്ഥങ്ങൾ ഉണ്ടായതായി പറയപ്പെടുന്നു. എന്നാൽ ഈ ആദിമ സംഹിതാഗ്രന്ഥങ്ങൾ നാമമാത്രമായി ശാസ്ത്രങ്ങളിൽ കാണുന്നതല്ലാതെ ഇന്നു പ്രചാരത്തിലില്ല. കാലത്തിന്റെ പുരോഗതിക്കനുസരിച്ച് പിന്നീട് ചരകസംഹിത, സൂത്രസംഹിത, അഷ്ടാംഗസംഗ്രഹം, അഷ്ടാംഗഹൃദയം മുതലായ തന്ത്രഗ്രന്ഥങ്ങൾ പ്രചാരത്തിൽ വന്നു. വേദാദി ഗ്രന്ഥങ്ങളേക്കാൾ എത്രയോ പുരോഗമിച്ചതാണ് ചരകസംഹിതയെങ്കിലും ക്രമീകരണങ്ങളിൽ വ്യവസ്ഥയില്ലാത്തതുതന്നെയാണ്. എന്നാൽ പിന്നീടുണ്ടായ സൂത്രസംഹിത ചരകത്തിനേക്കാൾ ക്രമീകൃതവും ശാസ്ത്രചികിത്സാക്രമങ്ങളിൽ പ്രത്യേകം ശ്രദ്ധ പതിപ്പിച്ചിട്ടുള്ളതുമാകുന്നു. അതിനുശേഷം രചിക്കപ്പെട്ട അഷ്ടാംഗസംഗ്രഹം ചരകസൂത്രങ്ങളിൽ പറയുന്ന കാര്യങ്ങളെല്ലാംതന്നെ ചിട്ടപ്പെടുത്തി, ക്രമീകരിച്ച, ഏറ്റവും സമീപീനമായ ഒരു ഗ്രന്ഥമാണ്. മുൻപറഞ്ഞ തന്ത്രങ്ങളിലെ തത്ത്വങ്ങളെ മുഴുവൻ സ്വീകരിച്ചും കാലത്തിനനുസരിച്ച് പരിഷ്കരിച്ചും പദ്യരൂപത്തിൽ എഴുതിയ ഒരു ഗ്രന്ഥമാണ് അഷ്ടാംഗഹൃദയം. ഈ തന്ത്രങ്ങൾ ശ്രദ്ധിച്ചു പഠിച്ചാൽ കാലത്തിനനുസരിച്ച് ആയുർവേദം എത്രകണ്ട് പുരോഗമിച്ചിരുന്നു എന്നു വ്യക്തമാകും. ഇവയെല്ലാംതന്നെ പരീക്ഷണങ്ങളിലൂടെ ശാസ്ത്രതത്ത്വങ്ങളെ കാലാനുസാരണ വ്യവസ്ഥപ്പെടുത്തേണ്ടതാണെന്നു പ്രത്യേകം പറയുന്നുണ്ട്. എന്നാൽ നമ്മുടെ നിർഭാഗ്യംകൊണ്ട് വാഗ്ദേവന്റെ കാലശേഷം കാര്യമായ ഒരു തന്ത്രഗ്രന്ഥം ഉണ്ടായിട്ടില്ല. ഇന്നും പഴയ ഗ്രന്ഥങ്ങൾ തന്നെയാണ് പാഠ്യഗ്രന്ഥമായി സ്വീകരിച്ചുവരുന്നത്.

ഈ മുതലായ തന്ത്രഗ്രന്ഥങ്ങൾ പ്രചാരത്തിൽ വന്നു. വേദാദി ഗ്രന്ഥങ്ങളേക്കാൾ എത്രയോ പുരോഗമിച്ചതാണ് ചരകസംഹിതയെങ്കിലും ക്രമീകരണങ്ങളിൽ വ്യവസ്ഥയില്ലാത്തതുതന്നെയാണ്. എന്നാൽ പിന്നീടുണ്ടായ സൂത്രസംഹിത ചരകത്തിനേക്കാൾ ക്രമീകൃതവും ശാസ്ത്രചികിത്സാക്രമങ്ങളിൽ പ്രത്യേകം ശ്രദ്ധ പതിപ്പിച്ചിട്ടുള്ളതുമാകുന്നു. അതിനുശേഷം രചിക്കപ്പെട്ട അഷ്ടാംഗസംഗ്രഹം ചരകസൂത്രങ്ങളിൽ പറയുന്ന കാര്യങ്ങളെല്ലാംതന്നെ ചിട്ടപ്പെടുത്തി, ക്രമീകരിച്ച, ഏറ്റവും സമീപീനമായ ഒരു ഗ്രന്ഥമാണ്. മുൻപറഞ്ഞ തന്ത്രങ്ങളിലെ തത്ത്വങ്ങളെ മുഴുവൻ സ്വീകരിച്ചും കാലത്തിനനുസരിച്ച് പരിഷ്കരിച്ചും പദ്യരൂപത്തിൽ എഴുതിയ ഒരു ഗ്രന്ഥമാണ് അഷ്ടാംഗഹൃദയം. ഈ തന്ത്രങ്ങൾ ശ്രദ്ധിച്ചു പഠിച്ചാൽ കാലത്തിനനുസരിച്ച് ആയുർവേദം എത്രകണ്ട് പുരോഗമിച്ചിരുന്നു എന്നു വ്യക്തമാകും. ഇവയെല്ലാംതന്നെ പരീക്ഷണങ്ങളിലൂടെ ശാസ്ത്രതത്ത്വങ്ങളെ കാലാനുസാരണ വ്യവസ്ഥപ്പെടുത്തേണ്ടതാണെന്നു പ്രത്യേകം പറയുന്നുണ്ട്. എന്നാൽ നമ്മുടെ നിർഭാഗ്യംകൊണ്ട് വാഗ്ദേവന്റെ കാലശേഷം കാര്യമായ ഒരു തന്ത്രഗ്രന്ഥം ഉണ്ടായിട്ടില്ല. ഇന്നും പഴയ ഗ്രന്ഥങ്ങൾ തന്നെയാണ് പാഠ്യഗ്രന്ഥമായി സ്വീകരിച്ചുവരുന്നത്.

ഇന്നു വ്യാവഹാരികമല്ലാത്തതും പ്രചാരം കറഞ്ഞതുമായ സംസ്കൃതഭാഷയിലാണ് ഈ മൂലഗ്രന്ഥങ്ങളെല്ലാം തന്നെ രചിച്ചിരിക്കുന്നത്. എത്രയോ വർഷങ്ങൾക്കു മുമ്പ് എഴുതിവെച്ചതും പിന്നീട് അസംഖ്യം പകർപ്പുകളെടുത്തും അനവധി പ്രസ്സുകൾ വഴി പുറത്തു വന്നവയുമായ ഗ്രന്ഥങ്ങളിൽ വന്നുകൂടിയിട്ടുള്ള തെറ്റുകൾ എത്രയെന്നു പറയാൻ പ്രയാസമാണ്. അതിനു പുറമെ ഇന്നു ബഹുഭൂരിപക്ഷം ജനങ്ങളും സംസ്കൃതത്തിൽ അല്പജ്ഞന്മാരായതുകൊണ്ട് ഈ ഗ്രന്ഥങ്ങളുടെ വ്യാഖ്യാനങ്ങളെ മാത്രം അവലംബിച്ചാണ് ശാസ്ത്രാർഥം മനസ്സിലാക്കിവരുന്നതെന്നു പറയാതെ നിവൃത്തിയില്ല. ഈ വ്യാഖ്യാനങ്ങളാകട്ടെ, ഒന്നിനും ഐക്യരൂപ്യമില്ലെന്നു മാത്രമല്ല, പരസ്പരം വിരുദ്ധങ്ങളുമായി കാണപ്പെടുന്നു. ഈ സാഹചര്യത്തിൽ, പരസ്പരവൈരുദ്ധ്യങ്ങൾ തീർത്തു, മൂലതത്ത്വങ്ങളെ അനുസരിച്ച്, കാലാനുസാരേണ വേണ്ട പരിഷ്കാരങ്ങൾ വരുത്തി, സമ്പൂർണ്ണമായ ആയുർവേദതത്ത്വശാസ്ത്രവും ഔഷധവിജ്ഞാനകോശവും ചികിത്സാസമ്പ്രദായങ്ങൾ പ്രതിപാദിക്കുന്ന ഗ്രന്ഥങ്ങളും അതതു ഭാഷകളിൽ ഉണ്ടാവുകയാണ് ആയുർവേദ ഗവേഷണ പരിഷ്കരണങ്ങളിൽ ആദ്യമായി വേണ്ടത്.

അതിനാൽ ആയുർവേദഗവേഷണം എന്നു പറഞ്ഞാൽ ആയുർവേദഔഷധങ്ങളുടെ Laboratory Research അല്ല എന്നു പ്രത്യേകം ശ്രദ്ധിക്കേണ്ടതാണ്. ലോകത്തിലാകെത്തന്നെ രസതന്ത്രവിജ്ഞാനം, ഏറ്റവും പുരോഗമിച്ചുകൊണ്ടിരിക്കുന്ന ഇക്കാലത്ത്, കാലാനുസാരേണ ഓരോ ഔഷധങ്ങളിലും പ്രത്യേക പരീക്ഷണങ്ങൾ നടത്തേണ്ടതില്ലെന്നല്ല പറഞ്ഞതിന്റെ താത്പര്യം. കറുത്തോട്ടി വാതഹരമാണെന്നു പറയുമ്പോൾ, കറുത്തോട്ടിയുടെ ഘടകപദാർഥങ്ങളെല്ലാം, അത് എങ്ങനെ എന്തുകൊണ്ട് വാതഹരമാകുന്നു, എന്നറിയുന്നത് ആവശ്യമാണെങ്കിലും, ആ ജ്ഞാനം ഉണ്ടാകാതെ, അതു വാതഹരമാണെന്നു ധാരണകൊണ്ടുമാത്രം, അതുപയോഗിക്കുന്നതിൽ ഫലമില്ലാതെ വര

ന്നതല്ല. പക്ഷേ, യഥാർഥത്തിൽ കറുത്തോട്ടി തന്നെയാണോ ഉപയോഗിക്കുന്നത് എന്നാണ് ആദ്യമായി വേണ്ടത്. നാം ഔഷധരേണു ഉപയോഗിക്കുന്ന ദ്രവ്യങ്ങളെ സംബന്ധിച്ച്, അവ എവിടെ, എത്ര കാലത്ത് ഉണ്ടാകുന്നു, എങ്ങനെ സംഭരിക്കപ്പെടുന്നു, എത്ര പഴക്കമുണ്ട് ഉപയോഗയോഗ്യമോ അല്ലയോ, വസ്തു യഥാർഥത്തിൽ അതുതന്നെയാണോ എന്നൊന്നും അറിയാതെ ഉപയോഗിച്ചുവരുന്നു എന്നതാണ് ഏറ്റവും പരിതാപകരം. മൂലഗ്രന്ഥങ്ങളിൽ പറയുന്ന യോഗങ്ങൾക്കും പ്രത്യേകഔഷധങ്ങൾക്കും, അവർ പറയുന്ന ഗുണങ്ങൾ അനുഭവത്തിൽ കാണുന്നുണ്ട് എന്നത് നിർവിവാദമാണ്. എന്നാൽ അവർ പറയുന്ന പേരുകളെ നാം ശരിയായി മനസ്സിലാക്കുന്നില്ല എന്നത് ശോചനീയമാണ്. അതു തെറ്റിദ്ധരിച്ചുപയോഗിക്കുന്നതുകൊണ്ടു മാത്രമാണ് ഉദ്ദിഷ്ടഫലങ്ങൾ ലഭിക്കാത്തതെന്നും പറയാതെ നിവൃത്തിയില്ല.

അതിനാൽ ഗവേഷണങ്ങളിൽ ആദ്യമായി വേണ്ടത് മൂലദ്രവ്യങ്ങൾ ഓരോന്നിന്റേയും പേർ ഔഷധപോലെ വ്യവസ്ഥപ്പെടുത്തി, യഥാർഥവസ്തു ഏതെന്നു നിർണ്ണയിക്കുകയും അതിന്റെ സ്വരൂപാദികളും ഉപയോഗക്രമങ്ങളും മനസ്സിലാക്കുകയുമാണ് എന്നു പറയാതെ നിവൃത്തിയില്ല. എന്തെന്നാൽ സംസ്കൃതനാമങ്ങൾ അന്യഥാ വ്യാഖ്യാനിക്കപ്പെടുകയും ധരിക്കപ്പെടുകയും ചെയ്യുന്നതിനു ചില ഉദാഹരണങ്ങൾ താഴെ കൊടുക്കുന്നു:—

കേരളത്തിൽ ഔഷധയോഗങ്ങളിൽ ഉപയോഗിച്ചു വരുന്ന ഇരുവേലിക്ക, വാളം, ബാലം, ഹ്രീബേരം, ബഹ്വിഷം, ഉദീച്യം എന്നീ പേരുകളും കേശത്തിന്റെ പര്യായങ്ങളും വെള്ളത്തിന്റെ പര്യായങ്ങളും പേരായി അമരകോശത്തിൽ പറയുന്നു. ഇതിന് കേശ്യം, വളം, ഉദീച്യം, പിംഗം, ലലനാപ്രിയം. ബാലം, കന്തളോശീരം, കചാമോദം, ശശീ, ഇന്ദ്രധാ എന്നീ പര്യായങ്ങൾ രാജനിലങ്ങളുവിലും പറയുന്നുണ്ട്. അതു വാതളവും ശീതളവും

തിക്കരസവം പിത്തകഫവിസപ്പ്ങ്ങളെ ജയിക്കുന്നതും കഫ രക്ത കണ്ഡു കഷ്ടങ്ങളെയും, ദാഹജ്വരങ്ങളെയും, ചർദ്ദി, വെള്ളംദാഹം, അതിസാരം മുതലായവയേയും നശിപ്പിക്കുന്നതും, തലമുടിയെ വളർത്തുന്നതും ശ്വിത്രപ്രണങ്ങളെ നശിപ്പിക്കുന്നതുംകൊണ്ടു എന്നു ഗുണവും പറയുന്നുണ്ട്.

ഭാവപ്രകാശത്തിലും കെ. എം. വൈദ്യരുടെ അഷ്ടാംഗഹൃദയകോശത്തിലും ത്രയീകോശത്തിലും ഇതിനു് Pavonia odorata എന്നു് Latin പേർ കൊടുത്തിരിക്കുന്നു. നാഡു് കണ്ണി Indian materia medicaയിൽ "This herb is wild in U- P., Western Peninsula, Sind & Burma, - Herb and roots have a musk like aromatic odour and they enter into the composition of a well known fever drink called Shadangapaniya" എന്നു പറയുന്നതുകൊണ്ടു് ഷഡംഗത്തിൽ ഉപയോഗിക്കുന്ന അംബു (ഇരുവേലി) ഇതാണെന്നു് അദ്ദേഹം ധരിച്ചിരിക്കുന്നു, അതിൽ Pavonia odorataയ്ക്കു് Bala, Hribera എന്നീ സംസ്കൃത പേരുകളും പേരാമുട്ടി എന്ന തഴിഴു് പേരും കൊടുക്കുന്നു. മലയാളം പേർ കൊടുക്കുന്നില്ല.

Kirtikar & Basu പറയുന്നതു് "an erect branching annual 45 to 90 cm high-Distribution N. W. India, Bundal-khand, Sind, Baluchisthan, Western Rajaputana etc." എന്നാണു്. അതിൽ ഭാവപ്രകാശ നിഘണ്ടുവിൽ പറയുന്ന സംസ്കൃത പേരുകളെല്ലാം കൊടുക്കുകയും മലയാളത്തിൽ കുറുന്തോട്ടി എന്നും തമിഴിൽ Avibattam, Peramutti, Suvesagam എന്നീ മൂന്നു പേരുകളും കൊടുക്കുന്നുണ്ടു്. ഇതിന്റെ Block കൊടുത്തിരിക്കുന്നതു് കണ്ടാൽ അതു കേരളത്തിൽ ഉപയോഗിക്കുന്ന ഇരുവേലിയാണെന്നു ആരും പറയുകയില്ല. ഇലയ്ക്കു് അല്പം സാമ്യം കാണുന്നതു് കുറുന്തോട്ടിയോടാണു്. എന്നാൽ അതു് കുറുന്തോട്ടിയല്ല. P. Odorata Malvaceae familyയിൽ പെട്ടതാണു്. കുറുന്തോട്ടിയും അതേ familyയിൽ പെട്ടതുതന്നെയാണു്. സംസ്കൃതത്തിൽ 'പ' എന്ന

തിന്നു പകരം 'ബ' ഉപയോഗിക്കുക സാധാരണമായതുകൊണ്ടു് ഭാവപ്രകാശത്തിൽ പറയുന്ന 'ബാലാ' എന്ന സംസ്കൃത പേർ ഇംഗ്ലീഷിൽ 'Bala' എന്നെഴുതിയാൽ ബാലാ എന്നും ബലാ എന്നും വായിക്കാവുന്നതാണല്ലോ. Nadkarni മുതലായവർ അതിനെ ബലാ എന്നു വായിക്കുകയും 'ബലാ' എന്ന സംസ്കൃതപദത്തിനു് പറയുന്ന 'കുറുന്തോട്ടി' എന്ന മലയാളം പേർ സ്വീകരിക്കുകയും അങ്ങനെ Kirtikar & Basu ആ മലയാളം പേർ കൊടുക്കുകയും കുറുന്തോട്ടിയുടെ തമിഴു് പേരായ 'പേരാമുട്ടി' എന്നു് കൊടുക്കുകയും ചെയ്തിരിക്കുന്നു. Nadkarni, Shadangapaniya-ത്തിലെ അംഗമല്ല കുറുന്തോട്ടി എന്നതു കൊണ്ടു്, ആ മലയാളം പേർ കൊടുക്കുന്നില്ലെന്നു മാത്രം.

കേരളത്തിൽ ഷഡംഗാദി യോഗങ്ങളിൽ ഉപയോഗിക്കുന്ന ഇരുവേലി Pavonia odorata അല്പ എന്നതു തീർച്ചയാണു്. അതിന്റെ സംസ്കൃത പേരുകൾ തെറ്റിദ്ധരിച്ച ഗ്രന്ഥകാരന്മാർ പ്രമാദം പറ്റിയിരിക്കുന്നു എന്നു പറയാതെ നിവൃത്തിയില്ല.

യഥാർത്ഥത്തിൽ ഇരുവേലി Labiatae (N. O)ൽപ്പെട്ട Anisochilus carnosus (Wall.) or Coleus spicatus എന്നതാകുന്നു. Kirtikar & Basu പറയുന്നതു് "Annual erect 30 to 60 cm high stem, stout, bluntly quadrangular glabrous or finely pubescent, often tinged with red leaves 2.5 to 6.3 by 1.3 to 4 cm, broadly ovate, obtuse, crenate somewhat fleshy, glabrous or slightly pubescent above, base subcordate or rounded, petioles 1.3 to 3 cm long-flowers sessile in dense, ultimately cylindrical spikes 1.3 to 3.8 cm long elongating in front etc." എന്നാണു്.

ഇതിന്റെ സാമ്യമുള്ളതും ഇതേ വർഗ്ഗത്തിൽപ്പെട്ടതുമാണു് ഇവിടെ പനിക്കൂർക്കിൽ അഥവാ കഞ്ഞിക്കൂർക്കിൽ എന്നു പറയുന്ന സസ്യം. അതിനു് Coleus aromaticus എന്നു പേർ പറയുന്നു.

"A perineal herb, shrubby below, hispidly villous or tomentose stem 30 to 90 cm, fleshy leaves 2.5 to 6.5 cm, petioled, broadly ovate or cordate, crenate, fleshy, very aromatic; flowers shortly petioled, whorl densely many flowered etc. Action antispasmodic, antilithic, Cathartic, Stimulant and stomachic; juice mixed with sugar-candy is given to children's colic, asthma, chronic cough etc. Decoction or juice of the whole plant is given for asthma, bronchitis, epilepsy, convulsions etc." എന്ന് Kirtikar & Basu പറയുന്നു. ഈ വിവരങ്ങളും ഗുണങ്ങളും പനിക്കൂർക്കിലിന് ചേർന്നതാണ്. ഏതാണ്ടിതുപോലുള്ള ഒരു ചെടിയാണ് ഇരുവേലി. അത്രതന്നെ aromatic അല്ലെങ്കിലും ഇരുവേലിയും aromatic തന്നെയാണ്. Kirtikar & Basu ഇതിനെപ്പറ്റി പറയുന്നത് "The plant is mild stimulant and expectorant particularly useful in cough of childhood" എന്നാണ്. ഈ രണ്ടു ചെടികൾക്കും കർപ്പൂരവള്ളി എന്നു തമിഴ് പേർ കൊടുക്കുന്നുണ്ട്. മലയാളം പേർ കൊടുത്തിട്ടില്ല. പനിക്കൂർക്കിലിനു മാത്രം 'പാഷാണഭേദി' എന്ന സംസ്കൃതപേർ കൊടുത്തിരിക്കുന്നു. എന്നാൽ സാധാരണ 'പാഷാണഭേദി' എന്ന പേർ പനിക്കൂർക്കിലിന് വൈദ്യന്മാർ സ്വീകരിക്കാറില്ല.

Wealth of Indiaയിൽ *Anisochilus carnosus* (wall.) Labiatae-is medicinal. The juice of the fresh leaves is said to be cooling, mixed with sugar candy it is a domestic remedy in the south for cough and cold എന്ന് പറയുന്നുണ്ട്.

".....വാളകം പാചനം ച തത് ജ്വരാതിസാര വ മദ്യരക്തപിത്തക്ഷതാപഹം" എന്ന് വാഘടൻ ചന്ദനം, രാമചന്ദ്രം എന്നിവയുടെ ഗുണം പറഞ്ഞശേഷം ഇരുവേലി ഈ രാമചന്ദ്രനങ്ങളുടെ ഗുണങ്ങളുള്ളതും അതിനു പുറമെ പാചനവും ജ്വരാദികളെ നശിപ്പിക്കുന്നതുമാകുന്നു എന്ന് ഗുണം പറയുന്നുണ്ട്. ഈ ഗുണങ്ങളെല്ലാം Nadkarni, kirtikar മുതലായവർ പറയുന്ന

ഗുണങ്ങളോടു യോജിക്കുന്നുമുണ്ട്. അതിനാൽ ഇരുവേലി *Pavonia odorata* അല്ലെന്നും *Anisochilus carnosus* (Wall.) or *Coleus spicatus* ആണെന്നും, പനിക്കൂർക്കിൽ *Coleus aromaticus* ആണെന്നും തീർച്ചയാക്കാം.

താലപണ്ണി, ടൈത്യാ, ഗന്ധകടീ, മുരാ, ഗന്ധിനി എന്നിങ്ങനെ അമരകോഗത്തിൽ 'മുര'യുടെ പര്യായങ്ങൾ പറയുന്നുണ്ട്. ഇവ അഞ്ചും ചിററീന്തലിന്റെ പേർ എന്നു ബാലപ്രിയ വ്യാഖ്യാനത്തിൽ പറയുന്നുണ്ട്. എന്നാൽ മുരാ, ഗന്ധവതീ, ടൈത്യാ ഗന്ധാഢ്യാ മുതലായ കറെ പര്യായങ്ങൾ ധന്വന്തരി നിഘണ്ടുവിൽ പറയുന്നതുകൊണ്ട് 'മുരാ' ഒരുത്തമഗന്ധദ്രവ്യമാണെന്നു സിദ്ധമായിരിക്കുന്നു. അതിനാൽ ബാലപ്രിയ പറയുന്നത് ശരിയല്ലെന്നു പാരമേശ്വരിവ്യാഖ്യാനം പറയുന്നുണ്ട്. നാം കേരളത്തിൽ ഉപയോഗിച്ചുവരുന്ന ചിററീന്തൽ ഒരു ഗന്ധദ്രവ്യമല്ല. അത് മുരയല്ല. അതുകൊണ്ട് പാരമേശ്വരി പറയുന്നത് ശരിതന്നെയാണ്. പക്ഷേ, മേല്പറഞ്ഞതിനെത്തുടർന്ന് ഗജകോ, സുവഹാ, സുരഭീ, രസാ, മഹേരണാ, കന്തുരകീ, സല്ലകീ, ഏദാനീ എന്നു അമരകോഗത്തിൽത്തന്നെ പറയുന്ന എട്ടു പര്യായങ്ങളും ഈന്തിന്റെ പേർ എന്നു പാരമേശ്വരി പറയുന്നതും സ്വീകാര്യമല്ല. എന്തെന്നാൽ ഈന്തിനേയും നാം ഒരു സുഗന്ധദ്രവ്യമായി കണക്കാക്കാറില്ല. സല്ലകാ, സല്ലകീ, സല്ലീ, സുഗന്ധാ, സുരഭീദ്രവാ, സുരഭീ, ഗജകോ, സുവഹാ, ഗജവല്ലഭാ, ഗന്ധമുലാ, മുഖാമോദാ, സുശ്രീകാ, ജലവിക്രമാ, എദ്യാ, കണ്ഡരികാ, ത്ര്യസ്രഫലാ, ചിന്നരോഹാ, ഗന്ധഫലാ എന്നീ 18 പേരുകൾ സുവഹയുടെ പര്യായങ്ങളായി രാജനിഘണ്ടുവിൽ പറയുന്നുണ്ട്. ധന്വന്തരിനിഘണ്ടുവിലെ ഗന്ധവതീ, ഗന്ധാഢ്യാ മുതലായ പര്യായങ്ങൾകൊണ്ട് 'മുരാ' ഒരുത്തമഗന്ധദ്രവ്യമാണെന്നു സിദ്ധമായിരിക്കുന്നു എന്ന് പറയുന്ന പാരമേശ്വരിക്ക് രാജനിഘണ്ടുവിൽ പറയുന്ന സുഗന്ധാ, സുരഭീദ്രവാ, സുരഭീ മുതലായ പര്യായങ്ങൾകൊണ്ട് സല്ലകീ

ഒരു ഗന്ധദ്രവ്യമാണെന്നു സിദ്ധമാവാത്തതെങ്ങനെ എന്നു ചിന്തിക്കേണ്ടിയിരിക്കുന്നു. എന്നാൽ യഥാർത്ഥത്തിൽ സല്ലകിയും ഒരു സുഗന്ധദ്രവ്യമാണ് എന്നു പറയാതെ നിവൃത്തിയില്ല.

Boswellia serrata (Roxb.) N. O. Burseraceae എന്ന വൃക്ഷത്തിന്റെ കുറുതാണ് നാം സാധാരണ കത്തരക്കം, പറങ്കിസാമ്പ്രാണി എന്നെല്ലാം പറയുന്ന ദ്രവ്യം. Wealth of Indiaയിൽ *Boswellia Serrata* is a moderate or large branching tree with a bole 12-15 fts in height and 3-5 fts in girth, generally found in dry hilly areas. The tree, on tapping, exudes an oleo-gum-resin which is known as Indian olibanum etc." എന്നു തുടങ്ങി വിവരിക്കുന്നുണ്ട്. ഇങ്ങനെ കിട്ടുന്ന ഗന്ധദ്രവ്യമാണ് അമരത്തിൽ പറയുന്ന സുരഭി, കത്തരകീ മുതലായ പേരിൽ പറയപ്പെടുന്നതെന്ന് തീർച്ചയാക്കാം.

രാജനിലങ്ങളിൽ പറയുന്ന കണ്ഡരികാ എന്ന പേർ കന്ദുരുകാ എന്നതിന്റെ പാഠഭേദമോ അച്ചിൽ പിഴയോ ആയിരിക്കാം. ആനയ്ക്ക് ക്ഷേപ്യമായി ഈതിൻ പട്ട ഉപയോഗിക്കാറുള്ളതുകൊണ്ട് ഗജക്ഷോ എന്ന പര്യായംകൊണ്ടുമാത്രം ഇത് ഈന്താണെന്നു പറയുന്നതു് ശരിയായിരിക്കുകയില്ല. എന്തെന്നാൽ ആനയ്ക്ക് ക്ഷേപ്യമായി ഉപയോഗിക്കുന്നത് ഈന്താമാത്രമല്ലല്ലോ. സല്ലകിയും ആനയ്ക്ക് പ്രിയമായതായിരിക്കാം. ഗജവല്ലഭാ എന്നു പര്യായമുണ്ടല്ലോ. ഈ വൃക്ഷം അധികമുള്ള വനങ്ങളിൽ ആനകൾ ഇതിനെ വളരെ പ്രിയമായി ക്ഷേപിക്കുന്നുണ്ടായിരിക്കാം. പ്രത്യേകം ധർമ്മങ്ങളേയും മറ്റും കുറിക്കുന്നതായിരിക്കുമല്ലോ പര്യായങ്ങൾ. അതിനാൽ ഗജക്ഷോ, ഗജവല്ലഭാ മുതലായ പര്യായങ്ങൾകൊണ്ടുമാത്രം അത് ആനയ്ക്കു കൊടുക്കുന്ന ഈന്താണെന്നു വിചാരിക്കേണ്ടതില്ല. അങ്ങനെയാണെങ്കിൽ അതിന്നു ചിന്നരോഹാ എന്ന പര്യായമുള്ളതുകൊണ്ട് അതു ചിററമൃതാണെന്നും പറയേണ്ടിവരും. സംസ്കൃതത്തിൽ ഒരേ പര്യായങ്ങൾ പലതിന്നും പറഞ്ഞുകാണാറുള്ളതു്

കൊണ്ട് തെറ്റിദ്ധരിക്കേണ്ടതില്ല. പര്യായത്തിലെ പ്രത്യേകധർമ്മങ്ങളുള്ള ദ്രവ്യങ്ങൾക്കെല്ലാം ആ പര്യായം ഉപയോഗിക്കാമെങ്കിലും അത് സർവ്വസാധാരണമായി സ്വീകരിക്കാറില്ല. പക്ഷത്തിൽ ഉണ്ടാകുന്ന താമര, ആമ്പൽ, കരിങ്കുവളം മുതലായ പലതിന്നും 'പങ്കജം' എന്നു പറയാമെങ്കിലും 'പങ്കജം' എന്നതിന് സാധാരണ 'താമര' എന്ന പ്രസിദ്ധമായ അർത്ഥമേ സ്വീകരിക്കാറുള്ളൂ. പ്രത്യേകിച്ചും സാങ്കേതികശാസ്ത്രങ്ങളിൽ അത് നിബ്ബന്ധമാണ്. സാധാരണതയിൽ വ്യത്യസ്തമായ പ്രത്യേക അർത്ഥത്തിലാണ് ഒരു പദം ഉപയോഗിച്ചിരിക്കുന്നതെങ്കിൽ ആ ഗ്രന്ഥകാരൻതന്നെ ഉദ്ദിഷ്ടാർത്ഥം വ്യക്തമാക്കേണ്ടതുണ്ട്. ചിററീനലും ഈന്തും *Palmae* familyയിൽപ്പെട്ടതാകുന്നു. എന്നാൽ കത്തരക്കം *Burseraceae* familyയിൽപ്പെട്ടതുമാകുന്നു.

ഇതുപോലെ തെറ്റിദ്ധാരണക്ക് വിഷയമായ ഒരു ദ്രവ്യമാണ് ഉലുവ. മേമിക്കാ, മേമിനീ, മേമി, ദീപനീ, ബഹുപത്രികാ, ബോധനീ, ബഹുബീജാ, ജ്യോതി, ഗന്ധഫലാ, വല്ലരീ, ചന്ദ്രികാ, മന്ഥാ, മിശ്രപുഷ്പാ, കൈരവീ, കഞ്ചികാ, ബഹുപണ്ണി, പീതബീജാ, മുനിച്ചദാ എന്നീ പര്യായങ്ങൾ ഭാവപ്രകാശത്തിൽ പറയുന്നുണ്ട്. ഇതിൽതന്നെ ഗുണം കുറഞ്ഞ ഒരുതരം, കതിരകൾക്ക് പത്മ്യമായ, ഉലുവയ്ക്ക് വനമേമി (കാട്ടുലുവ) എന്നു പേർ കൊടുക്കുന്നുമുണ്ട്. ഇതിന് ഇംഗ്ലീഷിൽ Fenugreek എന്നു പറയുന്നു. *Trigonella foenum-graecum* (Linn.) N. O. Papilionaceae എന്നു ലാറ്റിൻ പേർ പറയുന്നുണ്ട്. *Melilotus parviflora* (Desf.) എന്നു വനമേമിക്കും പേർ കൊടുക്കുന്നു. The properties are the same as those of *Trigonella foenum-graecum* എന്നു Indian medicinal plantsൽ പറയുന്നു. ഇതു രണ്ടും ഒരേ familyയിൽപ്പെട്ടതുതന്നെയാണ്.

എന്നാൽ ഈ പര്യായങ്ങളിൽ കഞ്ചികാ, കൈരവീ എന്നീ പേരുകൾ മാത്രമേ ചരകാദിഗ്രന്ഥങ്ങളിൽ കാണുന്നുള്ളൂ.

കൈരവീ എന്നു വാടേനും ചരകനും പറയുന്നുണ്ടെങ്കിലും അതിനു കരിമ്പീരകം എന്നാണ് അർത്ഥം. ധരിച്ചവരാറ്റുള്ളത്. കഞ്ചിക എന്നത് ചരകത്തിലും സംഗ്രഹത്തിലും പറയുന്നുണ്ടെങ്കിലും അതിനു പെരിമ്പീരകം, ഏലത്തരി, വാൽമുളക് എന്നെല്ലാം വ്യാഖ്യാനങ്ങൾ കാണുന്നു. ഉലുവയാണെന്നു ആരും പറഞ്ഞിട്ടില്ല. കൊത്തമ്പാല, ജീരകം, അയമോദകം, വിഴാലരി മുതലായ പണ്യദ്രവ്യങ്ങൾ സുലഭമായി ഉപയോഗിച്ചുപോന്ന പ്രാചീനശാസ്ത്രകാരന്മാർക്ക് ഉലുവ അറിഞ്ഞിരുന്നില്ലെന്നോ കിട്ടിയിരുന്നില്ലെന്നോ വിചാരിക്കുവാൻ നിവൃത്തിയില്ല. വാതം കടച്ചിൽ മുതലായതിനു ഉലുവയിട്ടു മുപ്പിച്ച എണ്ണ പുരട്ടി ഉഴിയുക എന്ന ഗാർഹസ്ഥ്യചികിത്സ എത്രയോ കാലങ്ങൾക്കു മുമ്പു തുടർന്നുവരുന്ന സംഗതിയാണ്.

വാടേൻ ഉപദേശിക്കുന്ന ധാന്യങ്ങൾ തൈലം എന്ന പ്രസിദ്ധമായ ബലാദി തൈലത്തിൽ കല്ലുത്തിനു പറയുന്ന മരുന്നുകളിൽ കാളാനസാരി എന്നതിനു ഉലുവ എന്നു പാഠ്യവ്യാഖ്യാനം പറയുന്നുണ്ട്. കേരളത്തിൽ പൊതുവെ ഈ യോഗത്തിൽ കാളാനസാരിക്ക് ഉലുവതന്നെയാണ് ചേർത്തുവരുന്നത്. ഉലുവ ഒരു വാതഹരദ്രവ്യമാണെന്നു സാമാന്യജനങ്ങൾക്കുകൂടി നിശ്ചയമുള്ള സംഗതിയായതുകൊണ്ട് ഇവിടെ ഉദ്ദേശിച്ചതു ഉലുവതന്നെയാണെന്നു തീർച്ചയാക്കാം. ഇതിൽ കാളാനസാരി, കാളാനസാര്യം എന്നീ രണ്ടുതരം പാഠങ്ങളും അച്ചടിച്ച പുസ്തകങ്ങളിൽ കാണുന്നുണ്ട്. രണ്ടും ഉലുവതന്നെയാണ്. എന്നാൽ 'കാളാനസാര്യം ഉശീരം' എന്നാണ് ഇന്ദ്ര വ്യാഖ്യാനിക്കുന്നത്. സൂത്രത്തിലെ ഈ യോഗത്തിൽ കാളാനസാരിബാഠം എന്നാണ് കാണുന്നത്. ആ സൂത്രപാഠത്തെ ആശ്രയിച്ചു അരുണഭടൻ 'കാളാനസാരി—ഉല്ലലശാരിബാഠം, ശാരിബാഠവിശേഷഃ' എന്നു വ്യാഖ്യാനിക്കുന്നു. അഷ്ടാംഗസംഗ്രഹത്തിൽ ഗദ്യത്തിൽത്തന്നെയാണ് ഈ യോഗം പറയുന്നത്. ഇവിടെയും കാളാനസാരിക്ക് ഉശീരം എന്നുതന്നെയാണ് ഇന്ദ്ര വ്യാഖ്യാനിക്കു

ന്നത്. ഇതിൽ ക്ഷീരശുക്രാ എന്നതിനു ക്ഷീരകാകോളീ എന്നു ഇന്ദ്ര വ്യാഖ്യാനിക്കുന്നു. എന്നാൽ യോഗത്തിൽ കാകോളീ, ക്ഷീരകാകോളീ എന്നു വെവ്വേറെ പറയുന്നുമുണ്ട്. അതായതാകാകോളീ ക്ഷീരശുക്രം ക്ഷീരകാകോളീ എന്നു വ്യാഖ്യാനിക്കുന്നത് ശരിയല്ലെന്നു തീർച്ചയാക്കാം. ഇന്ദ്ര വാടേന്റെ ശിഷ്യനാണെന്നാദരിക്കുന്നവർ ക്ഷീരകാകോളീ ഇരട്ടിയെടുക്കണമെന്നർത്ഥം പറയുമായിരിക്കാം. ഉദ്ദേശം അതായിരുന്നുവെങ്കിൽ കഴിയുന്നതും സംഗ്രഹിച്ചു പറയുവാൻ മുതിരുന്ന ആചാര്യൻ ക്ഷീരശുക്രാ എന്ന പദം വിട്ടു ക്ഷീരകാകോളീവിഗൃണം എന്നു സംശയത്തിനിടവരാതെ പറയുമായിരുന്നു, പദ്യത്തിലാണെങ്കിൽ വൃത്തം യോജിക്കാൻ ബുദ്ധിമുട്ടുണ്ടായേക്കാം. എന്നാൽ ഗദ്യത്തിൽ പറയുമ്പോൾ ആ വൈഷമ്യത്തിനും ഇടയില്ലല്ലോ. എല്ലാറ്റിനും പുറമെ ആ ആചാര്യന്മാരെല്ലാവരും സ്വാധീനശബ്ദന്മാരായതുകൊണ്ട് അത്തരം വൈഷമ്യങ്ങൾക്കൊന്നും ഇടയില്ലായെന്നതും സൂക്ഷ്മതപം മാത്രമാണ്. ഇന്നു കിട്ടിവരുന്ന സൂത്രപാഠം—'മഞ്ജിഷ്ഠം ചന്ദനം കഷ്ണമേലം കാളാനസാരിബാഠം' എന്നാണ്. എന്നാൽ വാടേന്റെ സംഗ്രഹത്തിലും ഹൃദയത്തിലും കല്ലുത്തിനു ത്രിഫലം കാണുന്നുണ്ട്. അതുകൊണ്ട് വാടേന്റെ കാലത്തെ സൂത്രപാഠം—'മഞ്ജിഷ്ഠം ചന്ദനം കഷ്ണമേലം കാളാനഗം വരാം' എന്നായിരിക്കണം. എന്നാൽ 'വരം' എന്നു ത്രിഫലം വിട്ടുപോകാതെ കഴിക്കാം. യോഗത്തിൽ വേറെ വ്യത്യസ്തമൊന്നുമില്ലാത്തതുകൊണ്ട് 'ത്രിഫലം' എന്നതുമാത്രം വാടേൻ കൂട്ടിച്ചേർത്തതാണെന്നു വിചാരിക്കുവാൻ പ്രയാസമുണ്ട്.

സൂത്രത്തിൽ കാളാനസാരിബാഠം തഗരം എന്നാണ് ഡൽഹണന്റെ വ്യാഖ്യാനം. തഗരംമൂലത്തിൽ വേറെ പറയുന്നുമുണ്ട്. അതുകൊണ്ട് സൂത്രത്തിൽ കാളാനസാരിബാഠം തഗരം എന്ന അർത്ഥം ഉദ്ദേശിച്ചിട്ടില്ല എന്നതു സ്പഷ്ടമാണല്ലോ. കാളാനസാരിബാഠം എന്ന സ്ഥാനത്ത് ചില ആചാര്യന്മാർ ക്ഷീരശുക്രാ എന്നു പറയു

നങ്ങളെന്നും, അങ്ങനെയാണെങ്കിൽ അതിന് ക്ഷീരവിദാരി (പാൽമുതുക) എന്നാണർത്ഥം. ഡൽഹണൻതന്നെ വ്യാഖ്യാനിക്കുന്നുണ്ട്. അതുകൊണ്ട് ഇന്ദ്ര പറയും പോലെ ക്ഷീരശുക്രാ ക്ഷീരകാകോളിയല്ലെന്നു വ്യക്തമാകുന്നു.

വാടേൻ ഉത്തരസ്ഥാനത്തിൽ നക്താസ്യാത്തിന് കാളാനസാര്യാദിയായ ഒരു വർത്തി ഉപദേശിക്കുന്നുണ്ട്. അവിടെ കാളാനസാരിക്ക് തഗരം എന്നാണ് ഇന്ദ്ര വ്യാഖ്യാനിക്കുന്നത്. എന്നാൽ കൈരളീ വ്യാഖ്യാതാവ് അതിന് ഉല്പവ എന്നുതന്നെയാണ് അർത്ഥം കൊടുക്കുന്നത്.

ഭോഗപ്രതിഷേധത്തിലെ പ്രസിദ്ധ 'ഗന്ധതൈല'യോഗത്തിലും കാളാനസാരിക്ക് ഉല്പവ എന്നുതന്നെയാണ് കൈരളീ വ്യാഖ്യാനിക്കുന്നത്. ഇവിടെ തുംബുരു എന്നാണ് ഇന്ദ്രവിൻദർ വ്യാഖ്യാനം. സൂത്രത്തിലെ ഈ യോഗത്തിൽ കാളാനസാരി എന്നത് തഗരമാണെന്നും, തഗരം യോഗത്തിൽ വേറെ ഉള്ളതുകൊണ്ട് രണ്ടു പ്രാവശ്യം പറഞ്ഞത് തഗരം ഇരട്ടി എടുക്കാനാണെന്നും ഡൽഹണൻ വ്യാഖ്യാനിക്കുന്നു. ഇവിടെ സൂത്രത്തിലെ മൂലപാഠത്തിൽതന്നെ അനൗചിത്യം കാണുന്നുണ്ട്. "കാകോള്യോദിം സയഷ്യാഹം" എന്നാണ് പാഠം കാണുന്നത്. കാകോള്യോദിയിൽപ്പെട്ടതുതന്നെയാണ് യഷ്യാഹം. പിന്നെ വീണ്ടും സയഷ്യാഹം എന്നു പറയേണ്ടതില്ല. അതിനാൽ സയഷ്യാഹം എന്നു പറയുന്നത് ഇരട്ടി മധുരം ഇരട്ടി എടുക്കുവാനാണെന്നും ഡൽഹണൻ പറയുന്നു. എന്നാൽ മൂലത്തിൽ ജീവകം വേറെ പറയുന്നുണ്ട്. കാകോള്യോദിയിലും ജീവകം അടങ്ങിയിരിക്കുന്നു. അതും ഇരട്ടി എടുക്കാനായിരിക്കാം. പക്ഷെ അവിടെ ഡൽഹണൻ മൗനം ദീക്ഷിക്കുന്നു. രണ്ടെണ്ണം ഇരട്ടി എടുക്കുവാനാണ് ആവർത്തനം എന്നു പറഞ്ഞുകഴിഞ്ഞുവല്ലോ. അതുകൊണ്ട് ഇതും ഇരട്ടി എടുപ്പാനാണെന്നു യുക്ത്യാ സിദ്ധമാണല്ലോ എന്നു സങ്കല്പിച്ചായിരിക്കാമെന്നും പറയാത്തത്. ഇതിൽ അനന്താ

എന്നതിന് ഉല്പലശാരിബാ എന്നു വ്യാഖ്യാനിക്കുന്നു. കാളാനസാരിക്ക് തഗരം എന്നും വ്യാഖ്യാനിക്കുന്നു. കാളാനസാരിയും കാളാനസാരിബയും തഗരമാണെന്നു അദ്ദേഹംതന്നെ പറഞ്ഞിട്ടുണ്ട്. ഇതും ഇരട്ടി എടുക്കുവാനായിരിക്കാം.

സ്വാധീനശബ്ദന്താരായ മൂലകാരന്മാർക്ക് ഇത്ര കൃത്യം കൂടാതെ ഉദ്ദിഷ്ടാർത്ഥം വ്യക്തമാക്കുവാൻ സാധിക്കുമെന്നത് തീർച്ചതന്നെ. പിന്നീട് വരുന്ന വ്യാഖ്യാതാക്കളാണ് ഇതിനുത്തരവാദികളായിത്തീരുന്നത്. ഈ വ്യാഖ്യാനങ്ങളിൽനിന്നുതന്നെ കാളാനസാരി എന്നാൽ ഉശീരം, തഗരം, തുംബുരു, ഉല്പലശാരിബാ, ക്ഷീരശുക്രാ എന്നിവയിലേതെങ്കിലുമാവാം.

കാളാനസാര്യം, കാളാനസാരി, വൃദ്ധം, അശുപുഷ്പം, ശീതശിവം, ശൈലേയം ഇവയെല്ലാം ശൈലേയത്തിൻപേർ ആയിട്ടാണ് അമരകോശത്തിൽ നിർദ്ദേശിച്ചിട്ടുള്ളത്. രാജനിഘണ്ടുവിൽ കാളാനസാര്യമടക്കം ശൈലേയത്തിനു 16 പേർ പറയുന്നുണ്ട്. അമരത്തിൽ തന്നെ ജായകം, കാളീയകം, കാളാനസാര്യം എന്നിവ മൂന്നും സമാർത്ഥമാണെന്നും അവ പീതചന്ദനമാണെന്നും പറയുന്നു. കാളാനസാര്യമെന്നാൽ ചേലേയമോ, കാരകിലോ, ഇരൂരമരമോ അർത്ഥമാകാമെന്നു വിശ്വകോശവും പറയുന്നുണ്ട്. ഇത്രയും പറഞ്ഞതുകൊണ്ട് കാളാനസാരി എന്ന പദത്തിന് തഗരം, തുംബുരു, ഉശീരം, ഉല്പലശാരിബാ, ക്ഷീരശുക്രാ, ശൈലേയം, അകിൽ, പീതചന്ദനം, ഇരൂരം എന്നീ അർത്ഥങ്ങളെല്ലാം നിഘണ്ടുക്കളിൽ കാണാം. അതിനു പുറമെ ഉല്പവ എന്ന അർത്ഥവും കാണാം. ഈ ശബ്ദങ്ങളിൽ ഏതാണ് സ്വീകരിക്കേണ്ടത് എന്ന കാര്യത്തിൽ ഏങ്ങനെയാണ് തീർപ്പു കല്പിക്കുക? ഒരു ശബ്ദത്തിന് അർത്ഥബാഹുല്യമുണ്ടെങ്കിലും സാധാരണ പ്രസിദ്ധാർത്ഥത്തിലേ ആ ശബ്ദം ഉപയോഗിക്കുകയുള്ളൂ. പ്രത്യേകിച്ചും സാങ്കേതികശാസ്ത്രങ്ങളിൽ.

ജീവന്തി എന്നു ഇത്തിക്കണ്ണിക്കു പേരുണ്ടെങ്കിലും യോഗത്തിൽ ജീവന്തി എന്നു കണ്ടാൽ അടപതിയനല്ലാതെ ഇത്തിക്കണ്ണി ആരും ഉപയോഗിക്കുകയില്ല. ജീവന്തി എന്നത് കടുക്കയുടെയും ചിററുതിന്റെയും പര്യായങ്ങളായിപ്പറയുന്നുണ്ടെങ്കിലും കടുക്കയേയോ ചിററുതിനേയോ ഉദ്ദേശിച്ചു ജീവന്തി എന്ന പേർ മുലഗ്രന്ഥകാരന്മാർ ആരും ഉപയോഗിക്കാറില്ല. അടപതിയൻ എന്ന അർത്ഥത്തിലേ ഉപയോഗിക്കാറുള്ള മുലകാരൻ പ്രത്യേക അർത്ഥത്തിലാണ് ഒരു ശബ്ദം ഉദ്ദേശിച്ചതെങ്കിൽ ഇന്ന അർത്ഥമാണ് ഉദ്ദേശമെന്നു മുലകാരന്റെ പ്രത്യേക കുറിപ്പുണ്ടായിരിക്കേണ്ടതാണ്. ഉണ്ടായിരിക്കുകയും ചെയ്യും. ഇത്രയും പറഞ്ഞതുകൊണ്ട് കാലാനുസാരി എന്നത് ഉല്പവയാണെന്നും അതുതന്നെ സർവ്വത്ര ഉപയോഗിക്കുകയുമാണ് വേണ്ടത്.

പര്യായനാമങ്ങളെ നോക്കി ഏതെങ്കിലും പേരു പറയുന്നതു പൂർ്വാപരങ്ങൾ നോക്കാതെ വ്യാഖ്യാതാക്കൾ ചെയ്തവെക്കുന്ന അനർത്ഥങ്ങൾ മാത്രമാണ്. ഇങ്ങനെ ഉദാഹരിക്കുവാൻ തുടങ്ങിയാൽ ഈ ഉപന്യാസത്തിൽ ഒതുക്കുവാൻ സാധിക്കുന്നതല്ല. അതിനു ഒരു ഗ്രന്ഥം തന്നെ വേണ്ടിവരും. വിഷയത്തിന്റെ ഗൗരവവും അത്യാവശ്യകതയും സൂചിപ്പിക്കുവാൻ മാത്രം ഇത്രയും പറഞ്ഞതാണ്.

അതുകൊണ്ട് എല്ലാതരം ഗവേഷണങ്ങളെക്കാളും ആദ്യമായി വേണ്ടതു വസ്തുനിണ്ണയമാണ്. വസ്തുനിണ്ണയത്തിനു ശേഷം മറ്റു ഗവേഷണങ്ങൾ കാലാനുസാരണ നമുക്കു ചെയ്യാവുന്നതും ചെയ്യേണ്ടതും മാണ്.



Not enjoyment, and not sorrow,
 Is our destined end or way
 But to act that each tomorrow
 Finds us farther than today.
 — LONGFELLOW

* * *

What pleasure find we in life, to look it from action
 and adventure.
 — SHAKESPEARE



A Timeless Tradition. A Legend

Vaidyaratnam P. S. Varier's

ARYA VAIDYA SALA, KOTTAKKAL

Arya Vaidya Sala, Kottakkal is synonymous with Ayurveda in the country. A renaissance that took place in Ayurvedic Science in the small village "KOTTAKKAL" years ago has now become a legacy for others to imbibe.

The foresight vision and leadership of the late Vaidyaratnam P. S. Varier helped the institution grow to its present stature. His commitment to Ayurveda was a continuing process.

The internationally renowned Nursing Home with all modern amenities, the Research Centre, Ayurveda College, Charitable Hospital, the Herbal Garden, the quarterly Journal "Aryavaidyan" etc., bear testimony to the guiding force of the late Vaidyaratnam.

His deep interest in forming a Kathakali Troupe P. S. V. NATYASANGHAM, considered to be one of the best in the country.

Ayurveda - Science of Sages Adapted to Modern Ages

CONTACT:

Vaidyaratnam P. S. Varier's

ARYA VAIDYA SALA

KOTTAKKAL - 676 503

Phone H. O. 2216-2219, 2561-2564, 2571-2573 (EPABX, TDBX 200 Lines)



Estd. 1902

Branches:

KOZHICODE, PALAKKAD, TIRUR, ERNAKULAM, THIRUVANATHAPURAM,
ALUVA, MADRAS, KANNUR, COIMBATORE, NEW DELHI-49
and more than 400 authorised Agencies

Printed at the Mathrubhumi M.M. Press and published by Aryavaidyan P. K. Warriar, Managing Trustee,
Arya Vaidya Sala, Kottakkal for and on behalf of Arya Vaidya Sala, Kottakkal.
Chief Editor: Aryavaidyan N. V. K. Varier, M. A.

āryavaidyan

*A Quarterly Journal of the
Arya Vaidya Sala, Kottakkal*

Vol. VI No. 2

November 1992

Editorial		79 - 80
From the pages of Vagbhata	N. V. K. Varier	81 - 88
Diagnostic Approach to disease in Hathayoga	M. Venkata Reddy	89 - 96
Ethnomedicines of North Surguja forest Division Ambikapur U. P.	R. L. Sikarwar	97 - 100
Non-pharmacological approach to Rasayana Therapy	Yashwant Chauhan and I. P. Singh	101 - 103
Clinical evaluation of composite Ayurvedic drugs, on calculi, in the Kidney and urinary bladder	C. R. Karnick	104 - 108
Glimpses of interaction between Ayurveda and Unani	D. Sureshkumar	109 - 116
Diabetic neuropathy and its Ayurvedic Treatment	A. K. Chaurasia, and J. K. Ojha	117 - 119
Traditional remedies for snake-bite and Scorpion-sting among the Bhojas of Nainital District, U. P.	Harish Singh and J. K. Maheswari	120 - 123
Spondylolisthesis — A case study	V. K. Sasikumar	124 - 126
A study on prevention on psychosomatic disorders through Swasthavritta	S. Venugopala Rao, Y. Chauhan and I. P. Singh	127 - 132
Excerpts from Chikitsamanjari (Part VII)	P. Unnikrishnan	133 - 138

MALAYALAM

ആയുർവേദ ഗവേഷണത്തിൽ വസ്തുനിഷ്ഠതയും വ്യക്തിവിവേകനവും	രാജനാഥ അയ്യർ	139 - 146
---	--------------	-----------