CHAPTER-II
SYSTEMS OF MEDICINE IN INDIA

Medicine in India:

The human society has tried to adopt itself for its survival through interaction and trial and error methods with different types of knowledge in different parts of the world. The off-shoot of which are dependant on the development of culture, education, scientific knowledge, information system and materialistic development of different societies. The first section of this chapter deals with the history of different system of medicine in India: Its beginning and the basis, its advent into India, its education, its physicians and its adaptation to the Indian milieu.

Medicine in Ancient India: Structural Forms:

During the Atharvedic period, it appears, there existed two main types of healing art and its adherents. The first type largely depended on incantations of magical verses and sacrificial practices to bring about cures; the second type while using magical formulae, depended more on the empirical-rational use of herbal and other medicaments. Atharveda states: "There are hundreds of medical practitioners and thousands of herbals of medical but that which could be achieved by a collective effort of them all, could be done singly by a charmed amulet". 1 This

establishes the supremacy of magico-religious medicine during the Atharvedic period. According to Jaggi, the distinction between the above two main types of practitioners of healing art, become more marked; the herbal doctor in time became the Ayurvedic practitioner who practised his sophisticated art among the people living in cities and towns, while the practitioners of magico-religious medicine the combined himself to the tribal and village populations; each fitting well into the cultural and social life of his own setting.

According to the Atharvaveda, committing a sin in the present or even in past life, transgression of the normal divinely prescribed courses of life, disrespect of the Gods, witchcraft of the enemies and evil spirits of different types are some of the major factors that lead to different diseases. Different Gods, singly or collectively, by themselves or through the agency of various demons, make man suffer for his wrongs. Hereditary diseases are caused as a result of sins committed in the past life by the patient himself or his ancestors. Diseases in the Atharvaveda are constantly addressed to as demonical beings. Treatment of diseases depended upon the views held about their causation: It was magico-religious coupled with some herbal preparations. The use of amulets was widely prevalent during this period. An amulet, in the Atharvaveda was looked upon as a

weapon, an instrument, which protected the wearer against misfortune and disease. Divination for diseases or for some other occasion was also practised among people of the period. The priest-physician of the Atharvavedic period had taken upon himself a much wider aspect of human life than merely alleviating the sufferers from diseases. Different hymns and charms of the Atharvaveda, recited and employed for different purposes, are indicators of that.

Thus, we see that the beliefs in sins, demons and magic as the cause of disease was deep-rooted and widespread in ancient India. While many people in the cities made use of the Indian system of medicine, Ayurveda, a large majority of the population made use of a system of medicine which was a mixture of magico-religious coupled with the use of herbal and other medicaments. These people lived in the villages where most of the people of India have lived all along in tribal communities.

Medical Education:

The study of medicine was encouraged in ancient India. During those days one could become a physician by following one of the following courses: (i) learning theory and practice of medicine as an apprentice to a teacher by living and working with him in his house; (ii) joining a Gurukula, a residential school situated in the forests away from human habitations; (iii) attending classes of higher training institutes at Taxila, Kashi or Nalanda. The mostly desired qualities sought in a student were
patience, politeness, purity of body and mind, birth in a good family, practice of dharma, truthfulness, non-violence, absence of naughtiness and envy, celibacy, aptitude and intention to acquire basic knowledge and finally to carry out instructions of the teacher. A candidate belonging to the family of a physician was preferred. The prescribed age of a medical student at the time of admission was sixteen. A student was asked to go through more than one treatise on the subject. Vagbhata in this connection says: "If a man be well read in the Charaka but ignorant of even the names of diseases described in the Sushrata and other works, or if he be not wanting in practical method but wholly ignorant of Charaka, What can such a poorly equipped man do to relieve the ailments of patients". For practical training in surgery, different surgical procedures were taught on different subjects like fruits, vegetables, dead animals, seeds, etc. Theoretical examination was conducted by asking the candidate to explain a page from manuscript. Before a qualified physician could start practice, he had to seek the permission of the king. This was to safeguard people from the nuisance of quacks. Surgery and dissection of human body suffered a setback after the Buddha's time because he, in his teachings, discouraged surgery. After 600 AD, iatrochemistry gained influence in the materia-medica of Ayurveda. Many minerals and mineral salts came to be used for different diseases.

Some Structural Aspects of Medicine in India's Medieval History:

The Ayurveda system of medicine along with its teaching and practice remained in low key sometimes between 1200-1800 A.D. when the Muslims had entered India as conquerors. The stagnation in the Ayurvedic system can be explained by the fact that during this period the ruling dynasties of Muslims and Mughals had their own ideological faith and belief in the Unani system of medicine. In fact, Unani system of medicine gets patronage from the masses of Muslims. Quite naturally with the coming of Muslims in India the Ayurveda ceased to get the support and patronage of the Muslim rulers. On the other hand, the Muslim rulers bestowed all favour and patronage to the Unani system of medicine. The elites who were Hindus and close to the ruling group expressed willy-nilly their patronage for the Unani medicine. All such historical and cultural factors put the Ayurveda system at the rear bench. This, however, requires some elaboration.

During the reign of Muhammad Tughlaq (A.D.1325-1352), there were not less than seventy hospitals in Delhi alone having 1200 physicians enrolled as state employees.¹ Firuz Shah Tughluq (A.D.1351-1388) was well versed in medical science. He had great interest in the development of medicine and during his regime more hospitals were built in Delhi and other cities of the Sultanate. Timur's invasion completed the dissolution of the Tughluq kingdom. The role of the Tughluqs ended in A.D.1414 and

¹ Quoted by Elliot and Dowson in History of India by its own Historians, 2, 173.
the Delhi Sultanate passed on to the hands of the Sayyids' who ruled over the much shrunken empire till A.D.1451. The Sayyids gave place to the Lodi Afghans in AD 1489, Sikander Lodi ascended the throne of Delhi. During his reign, Mian Bhowa composed in Persian a medical treatise called Ma'dan-ul-shifa Sikander Shahi (Mine of Cures of Sikander Shah) in the year A.D.1512.\(^1\) Bhowa was keenly interested in the art of healing. On the basis of his knowledge in the subject, he represented the Sultan that unani medicine was not an appropriate system for the people of India where the climate and vegetation were different from those prevailing in Greece and Arabia. He suggested that there was a need to have a book prepared in Persian that should contain the best of the Ayurvedic system and its drugs. During this period Ala-ud-in Hussain Shah of Bengal (A.D.1493-1519) employed, as his personal physician, a Hindu Vaidya Mukunda Das.\(^2\) In the region of the Bahamani kingdom, some big hospitals were constructed. Both Hindu and Muslim physicians were employed in these hospitals who provided treatment to all kinds of patients irrespective of caste and religion.\(^3\)


Unlike the period of the Delhi Sultanate in which the running of the state was essentially in the hands of the Turko-Afghans, during the Mughal period it was a combination of Indian and extra-Indian elements. Essentially, it was the Perso-Arabic system in the Indian setting. Babur marched towards India and took the Punjab in A.D.1525 and laid the foundations of the Mughal empire. Hakim Yusuf bin Muhammad was a well known physician who flourished during the time of Babur and his successor Humayun. He collected all the available materials from the Indian system of medicine regarding hygiene, general principles, diseases, diagnosis and treatment, composed medical works. On the basis of his experience with Unani medicine and knowledge of Ayurveda, he was one of the pioneer Persian scholars to write medical books interrelating the two systems of medicine. Babur was himself keenly interested in the science of medicine, besides, being interested in astronomy and geography. In Humayun's reign medical facilities and medical practice continued as before.

During the time of Akbar, the Unani system of medicine spread throughout greater part of India and many eminent Hakims (a physician who follows the Unani system of medicine) and scholars migrated to his court from Persia and other central Asian countries. Most of the Muslim physicians at his court were


Hakims
immigrants from Persia and Khorasan. The royal physicians went along with military expedition with the emperor. While residing in their home towns, besides, working for the king, many of the physicians maintained their own private clinics where they treated the poor free-of-charge. It is of interest to note that many of these physicians were men of literature — writers and poets. It obviously reveals that the physicians of this period had a broader view of life than many of their counterparts at present. During Akbar's period, besides government hospitals, most of the physicians ran clinics of their own which were always open to the needy, without distinction of caste or creed. Pharmacology received great attention. Weights and measures of medicines were interested with perfect care and precision. When Jahangir ascended the throne (A.D.1605-1628), he issued his famous twelve ordinances, one of which read as follows: "Hospital to be built in large cities and physicians were to be appointed to attend the sick. The expenses were to be paid from the royal treasury". Medical facilities and hospitals established during the times of his father continued. Many of the physicians of Akbar's time also flourished during Jahangir's reign.

The reign of Shah Jahan (A.D.1628-1650) is usually considered to have been the golden period of Mughal rule in

India. There was no serious challenge of war from inside or from outside. Like his predecessors, Shah Jahan was equally enthusiastic about providing medical facilities to the common man. The country was equipped with hospitals through its length and breadth. The medicines were distributed among the patients without any distinction. During his reign, the healing art had reached its zenith. Aurangzeb (A.D. 1658-1707) ascended to the throne after imprisoning his father Shah Jahan, and killing all his brothers in cruel wars. Aurangzeb, like his predecessor Mughal emperors, continued to provide more and more medical facilities to the people. Many hospitals devoted to the service of the sick were established in the capital and the outlying cities during his reign. Aurangzeb is especially note-worthy in respect of composing and compiling of medical books. Most of the standard works on Tibb were translated into Persian. This was a highly propitious time for Unani tibb. Hindu doctors did not exercise their profession, nor did prescribe without having given offerings to the devil.¹

During the later Mughal period, several Hindus also became Hakims some of whom became famous, and wrote books on unani tibb.² Inspite of the disturbed political conditions and occasional interferences from the surrounding kingdoms, the

1. Manucci's (1653-1708), *Storia de Mogor or Mughal India*, translated into English by William Irvine, 1, 114.

Nizams did their best to look to the social needs of the people. There were eminent physicians in the domains of different Nizams who not only cured people and rendered valuable services but also composed works of repute on different aspects of medical sciences.

Medical Education During Medieval Period:

In the Unani system of medicine the student who wanted to take up medical training was supposed to have been well grounded in the preparatory subjects. A young student began his medical studies in one of the three ways. First, he apprenticed himself to a well-known practitioner. Those who had a close relation, father, or an uncle in practice, usually made their studies under him. Secondly, there were private medical schools run by the eminent physicians. Thirdly, there were also schools attached to hospitals in big cities. The most important part of the training was the clinical instruction at the instance of the patient. Al-Majusi stated in this regard as follows: "And of those things which were incumbent upon the student of this art were that he should constantly attend hospitals and sick house; pay unremitting attention into conditions and circumstances of their inmates, in company with the most acute professors of medicine and inquire frequently as to the state of patients and the symptoms apparent in them, bearing in mind what he has read about these variations, and what they indicate of good and evil". 1

1. Al-Majusi (994), Al-Malaki, 1, 2.
medical teachings great stress was laid on ethics. The physician took an oath similar to the Hippocratic oath. Dissection of the human body was a taboo in Islam. So the knowledge of anatomy of the human body did not progress much. Because of the lack of proper knowledge of anatomy, the knowledge of the functions of different structures and organs of the human body was also inadequate or incorrect. On the whole, the surgeons carried less prestige than the physicians.

Medicine in British India: Emerging New Structures:

The decline of the traditional system must be viewed in a much broader framework: the analysis of the far-reaching impact of the western technological progress on social structures in the countries of the present day developing countries. The process of interaction between developing countries and the West started when developing countries were in a position of dependence, which in some cases amounted to political subjugation. In the course of this period of dependence, there occurred a progressive disintegration of traditional economies resulting in the spread of social tensions. The process did not stop with the removal of dependence after the Second World War. New media of western modes of thoughts and values, rooted in unabashed consumerism, emerged to carry forward the process of 'modernisation'. The problem of finding new ways of delivery of health care resulted in only one of the several dimensions of a well-thought-out-strategy for countering the disorganisation of commercial life and the
debasement of value systems, that the impact of the west tended to generate in developing countries.¹

After the fall of the Mughal empire the Britishers brought with them their own system of medicine—Allopathy which was adopted as an official system of medicine in India. Western medicine was introduced in India in the eighteenth century, principally to serve the British military personnel and selected groups to civilian population. The colonial character of the health services profoundly affected almost all aspects of medical education, including the institutions, the syllabi, and the value system and the social outlook of local physicians. Medical students were drawn from the elite class and the selected among them were educated. This policy proved convenient to both the colonialists and the Indian elites. Indian physicians were assured of a considerable influence on them because the top leadership of the medical profession in the sub-continent remained heavily dependant on them.²

The first allopathic doctors came from the West sometime during sixteenth century. They accompanied Christian missionaries and were civil and military officers of western colonial powers or were themselves missionaries. The Portuguese were the pioneers.


in this field. At their instance hospital was established in 1648 and a medical school started functioning in 1687 in Goa. Later, the French and the British government spent huge amounts for patronising allopathy, and discouraged the development of other indigenous system of medicine with the result that Ayurveda and Unani tibb suffered heavily. But the usefulness and efficacy of these systems was so great that the masses in the rural areas stuck to these systems as they were cheap, harmless and most suitable for climatic conditions of the country. For the most part of the colonial period, the main function of the medical profession was to serve the colonial military and civilian establishment in the country. As a matter of fact, until the transfer of colonial power from the East India Company to the British Crown in 1857, no consistent and systematic health policy emerged. It was soon after this event that in 1859, a Royal Commission was appointed to report on the sanitary state of the Army in India. After the submission of this report in 1863, Sanitary Commissions were also appointed at the centre and its several provinces. The recurrence of epidemic diseases, on an increasing scale, in the country, led after a while to a broadening of the scope of these sanitary establishments. Plague was a major scourge and a devastating epidemic disease, which started in Bombay in 1896, and continued to affect different parts of the country even till 1913. The office of the Sanitary Commission was separated from that of the Director.
General of Indian Medical Services. This was a departure from earlier policies in as much as the need to have an independent organisation to look after public health was recognised.

Even in dealing with the epidemic diseases which affected the people at large, the health and medical services of the colonial government retained its army orientation. Incidentally it may be noted that even after Independence, the practice of drawing on military personnel persisted for quite sometime. It is evident that the primary concern of the colonial government, up to the end of its rule, was to deal with individual epidemics. Among the important operational events of this period were the transfer of the subject of public health to responsible ministers under the Government of India, Act of 1919, and the decentralisation of public health under the new constitution which introduced 'provincial autonomy' in 1935. These measures, however, were not of much help as financial allocations for public health were always grossly insufficient. The problem of public health, therefore, "remained in all its intensity and complexity untouched up to the eve of national Independence in 1947".


With the advent of formal independence in India and Pakistan a new rationale was needed to justify the perpetuation of modern system of relationships. This neo-colonialist ideology has been clearly enunciated by U.S.Professor and administrator, W.W.Rostow. Rostow's exposition on underdevelopment ignores the historical and contemporary relationships between rich and poor countries and he further posits that poverty can be overcome through cultural and technological diffusion of scarce national capital. It is this sociology which provides the ideological basis for institutions such as the proposed International Centre for Health Research.

The first medical school in India to teach western medicine to Indians was started by the Portuguese at Goa in 1703. This was located at the Royal Hospital founded by Albuguerque in 1510. In 1963, two years after the liberation of Goa, the first batch of students for the upgraded MBBS courses entered the Goa Medical College. After the middle of the eighteenth century, the British Surgeons in charge of hospitals, trained a few Indians on the general aspect of diseases and on European pattern of treatment. This training however, was not systematic. These trainees were called 'native doctors' and were recognised as such by the Government who appointed two in each regiment and one more in each civil station. The native doctors commenced their careers as compounders and had to submit to examination before they were entailed to higher rank and pay. Similar medical schools were
started by Bombay General Order of 1st January 1826, and in Madras in 1827. A small hospital opened in August 1831 was attached to the Sanskrit college. The active assistance of Babu Ram Comul Sen in establishing this hospital and dispensaries in imparting vernacular medical education is recorded in the report of the General Committee of Public Instruction, 1833.¹

The first medical college in 1835 was opened at Calcutta. Regular courses of lecturers were imparted in the very first year even though the teachers were a few in number. Provisions were also made for the pupils to observe the actual treatment of disease by attendance at the various dispensaries of the city and the native and general hospitals. At first there was no hospital attached to the college, the students had to attend the existing hospitals in the city for clinical work. Later on in 1838, a 20-bed ward was opened. An out-patient department was also attached to this hospital. The medical college gave a diploma in medicine and surgery, until the Calcutta University was founded in 1857, and granted the degrees of M.D. and L.M.S. (Lincentiate in Medicine and Surgery). In 1845, the course of teaching at the Medical college was extended from four years to five years. Besides the Calcutta Medical College run by the Government, other medical institutions run by private organisations also got sprang up in Calcutta. Calcutta Medical School, located close to

Calcutta city, was the first non-official medical institution managed and staffed entirely by Indians. In 1860, the king Edward Medical college in Lahore was also established. The foundation stone of the King George Medical College was laid in 1905 at Lucknow. Wales Medical school was established in 1874. The college started functioning in 1925. Medical college, Vizagapatanam in Madras was founded by the Government of Madras in 1923 in response to the wishes of people of the Telugu districts and was affiliated to the University of Madras for MBBS degree. Lady Hardinge Medical for Women, in New Delhi was started in 1916 entirely by the British Government in India. It was meant only for women students and was affiliated to the Punjab University. The three medical colleges at Calcutta, Madras, and Bombay, did not have enough capacity to train doctors to fulfil the needs of the country. Therefore, in Bengal, Madras, Bombay, Punjab, Indore, and in Hyderabad other medical colleges were opened. In order to bring uniformity in the pattern of admission rules, teaching curriculum, syllabi, duration of courses, etc. in Bengal Presidency and other places, in 1872 new rules were framed.1

Policy of Admission to Medical Colleges in Contemporary India:

Earlier, the method of selection of students to medical colleges varied from college to college. In some places,

1. General Order Government Committee (1872), No.402, 12th April, Delhi: Government of India.
admission was on the basis of the marks of the entrance examination, in others it was on the basis of the position in a competitive examination, in certain others weightage was given to extra-curricular activities like sports, National Cadet Corp, and so on. A few institutions had their own method of selection—written and oral test and assessment of personality and qualities of leadership. The present mode of selection of students is based on the Pre-Medical Tests conducted at various state levels and at the centre level. Reservation of seats in colleges to the students hailing from the same state, reservation for Scheduled Castes and backward communities still exists. The duration of qualifying MBBS course has now been uniformly raised to four and half years followed by one year of internship.1 With regard to post-graduate medical education the selection of candidates has become more rigorous. The duration for post-graduate medical education is three years.

In fact, the allopathic system of medicine in contemporary India is controlled and regulated by the National Institute of Medical Council. The council prepares guidelines for the normative functioning of the medical colleges of the country. It prepares the code of conduct both for the physicians and the students. It endeavours to establish uniformity in courses and

makes all efforts to raise the 'standard' vis-a-vis the developed countries. It emphasises not only the curative part of disease but also its prevention and researches in different areas of sickness. Some focus on the working of the council would not be out of plan here.

Indian Medical Council:

In India, the practitioners of the indigenous systems—Ayurveda, Siddha, Unani and a host of others such as Homeopathy and western medicine freely practise medicine. Anybody could style himself as doctor and start treating the patients. Naturally there was the need to protect patients from such unscrupulous "healers". As far back as 1890 an unsuccessful attempt was made to pass a law for the registration of medical practitioners in the Bombay Presidency. In April 1914, the Bengal Medical Act was passed. It conferred upon the Bengal Council of Medical Registration the duties of general supervision over the interests of the medical profession and the progress of medical education. So it rested with the council to decide when the training and equipment of a school or college were such as to justify the grant registrable qualification to its successful students. A bill on similar lines was earlier passed in 1911 for the Bombay Presidency, it was called the Bombay Medical Act, 1911. The object of this Bill was to protect the public and the medical profession from irregularly qualified practitioners who had received a training in medical science at unrecognised
institutions, and to afford a ready means of ascertaining whether any particular medical practitioner possessed certain scheduled qualification. After this Act came into effect, no certificate from any medical practitioner or medical officer was valid unless the person signing the same registered under the Act. A more comprehensive Bill encompassing the whole of the British India was introduced in 1916. This was meant to prevent the grant to unqualified persons of titles implying qualification in western medical science. Consequently, a bill to set up an All India Medical Council was drafted on the model of the Canada Medical Act. The Indian Medical Council Act was passed in 1933. This act states the establishment of a uniform standard of higher qualification in medicine for all the provinces; and recognition of medical qualifications in states and countries outside British India.¹

After discussing the historical and structural aspects of different systems of medicine in India in different periods, its educational curriculum, we shift towards the ideological conception of different systems of medicine, their basic manuscripts, their pattern of diagnosis and treatment procedures. In this context, the systems of medicine are broadly categorised as traditional systems of medicine which includes Ayurveda, Unani, Siddha, Tantric, etc. and modern system of medicine which

¹. Indian Council of Medical Research (1933), Indian Medical Council Act, New Delhi: ICMR.
includes Allopathy. Folk medicine and Yogic medicine are not regarded as a system of medicine in the modern sense, but they are based on some assumptions, principles and procedures concerning health and diseases. Homeopathy and Naturopathy are also widely practised system of medicine in India but for the practical purposes they can not be included into the two bipolar categories as traditional and modern system of medicine. Therefore, they will be discussed separately.

Ayurvedic System of Medicine:

Ayurveda is one of the oldest scientific medical systems in the world. The history of the origin of Ayurveda starts almost from the beginning of creation. The Ayurveda, the veda of long life, of therapeutics, was first known from Brahman according to the tradition. From Brahman, Prajapati or Daksa received it, from him it came down to the Asvins and from them to Indra. Further according to Susrata, Indra taught Ayurveda to Dhanvantari (i.e., the Professor of Surgery), the surgeons of Gods embodied as king Divodasa of Benaras. Divodasa then transmitted it to the wise

1. Here the term "Traditional medicine implies what is called in India as the indigenous system of medicine". The term "Modern medicine means medical system which is mainly developed within industrialised countries.

men, who approached him as pupils, out of sympathy for the suffering humanity, and also in order to prolong their own life; However, he taught Ayurveda to Susruta along with his six companions, with special reference to surgery. On the other hand, Bharadvaja is according to Caraka, the first human being to whom Indra exposed the Ayurveda. Out of more than fifty Rishis who surrounded him and whose names do not agree with Susruta's companions, Punarvasu, son of Arti (Atreya), transmitted the science obtained from Bharadvaja to his six disciples: Agnivesa, Bhela, Jatukarna, Parasara, Harita and Ksarapnai. Of these Agnivesa, first composed a text, then the others also compiled theirs and these six books obtained the assent of Atreya and other wise men and general recognition in the World.

Ayurveda is composed of two words — 'Ayur' and 'Veda' which put together literally mean "Science of Life". As regards the definite meaning; it would be interesting to note that the 'life' which is the preview of Ayurveda connotes a combination of body, perceptory organs, mind and soul. For the promotion, prolongation and maintenance of health, Ayurveda prescribes the observation of certain principles of daily routine, night routine, seasonal routine and ethical routine and also stresses that one must follow a regulated diet, sleep and avoidance of mental and sexual intercourse without purpose.1 Thus, Ayurveda is

not only a medical science, but also a way of life. Ayurveda takes into account fundamental principles like the creation theory of Panchmahabhuta, the physiopathological theory of Tridosha (Vata, Pitta and Kapha), and even the evaluation process of the universe and creation, since it believes that there is no essential difference between the outside world and the human body. Both are composed of Panchamahabhutas and thus influence each other. According to Ayurveda illness occurs if there is any derangement in the body humours such as Vata, Pitta, and Kapha or in the psychic factors such as Satwa, Rajas, and Tamas caused by either excessive or inadequate interactions. The activity of these humours of the body may increase or decrease when they are acted upon by various predisposing factors. The Ayurveda, though accepts the body, mind and soul as the tripod on which man stand, confines itself to the treatment of body and mind both in health and disease. The emphasis is more on the body and mind to keep them in normal and healthy condition and in case of disease to cure them. In Ayurveda, drugs mostly origin, in vegetables, metals and minerals. The principle is laid down that the sensible physician should first of all take into consideration the regulation of digestion in all diseases and then turn to the curing of the diseases. All kinds of food solid or liquid, are

1. Caraka Samhita (1949), Edited and Published in six Volumes by Gulab Kunvera Ayurvedic Society, Jamnagar.

enumerated in groups with information of their medical properties and effects, their taste and natural temperature (warm or cold). Eating flesh is not principally forbidden as in religious literature, but in conformity with the viewpoint of Smritis. In Ashoka's inscriptions only the use of deer and the sauce of deer is recommended. One should not eat the flesh of pigs, cattle, most of the fishes, at least not regularly. Fermented drinks from grapes, date, syrup, rice, barley and other plant-stuffs are distinguished and particular effects are attributed to each of these. The best water is rainwater which should be collected in autumn and should be used throughout the year. The quantity of food should be adjusted according to the digestive capacity.

Day to day duties are both a matter of religion as well as of medicine. The statements in the medical works, therefore, often agree literally with the statements in Smritis and Grhya Sutras. Getting up before sunrise, the first duty consists of answering nature's call, at which the head is covered. The cleansing is done with water and earth. Then follows the cleansing of teeth with fresh tooth stick, etc.

Ayurvedic medicine, is an indigenous system that first appears in the Vedic writings of the early years of the first millenium B.C. These early texts, however, are couched in terms

2. Ibid, 1,5.
of implications against demons, sorcerers, enemies; of charms sent by the Gods as punishment for man's sin.\textsuperscript{1} It was not until significantly later that classical Ayurvedic medicine appears in surviving Sanskrit documents: the Cakara Samhita of the first century A.D.; the Susruta Samhita about the fourth century A.D.; and Vagabhata about the eighth century A.D.\textsuperscript{2} The theories found in these sources, however, certainly predate them by several centuries.

Siddha Medicine:

A system of medicine called Siddha medicine originated from the teachings of the Sittars. The evidence derived from the history of Siddha medicine, however, is that the medicine of the Tamil land was Ayurveda to begin with sometimes between 13th and 17th centuries, It came under the influence of the Arabs, absorbed elements of the pulse, alchemy and medicinal chemistry. The Siddha system of medicine is basically Ayurveda with the above mentioned elements: it is only the medicine of later medieval period.\textsuperscript{3} Nagarjuna, the author of Rasaratnakara and a few other works, was one of the greatest alchemists of India. Bogar is another prominent name among the eighteen Sittarsin

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whose name is among the alchemical treatises. Literature of Siddha is in Tamil. It flourished in the Southern part of India. Instead of giving a name of any one individual as the founder of the Siddha system our ancestors wisely attributed its origin to divine being Siva. So the Siddha system is Saiva Sampradayam. Siva taught it to Parvathi, she to Nandideva, he to Agasthya and so on.Traditionally everything in Tamil is attributed to Agasthya, including the language and he is called Tamil Rishi whose permanent abode is in the hill 'Pudya Malai' near Madurai.

Siddhas are those who attained 'Siddhi' or perfection as a result of birth, drugs, mantras, austerities or samadhi (meditation). In addition to the cure of diseases the Siddha system has given a transcendental motivation, a concern for what might be called the immortality of the body as the soul is immortal. The Hindu system of philosophy admits two modes of salvation. One is salvation after leaving behind the mortal body, which is called Videha Mukthi. The other is, salvation in this life with the body, called Jeevan Mukthi. The Siddhas aimed at Jeevan Mukthi hence, maintained by medicines which they gave the name 'Kalpas'. According to them, achievements of Jeevan Mukthi was possible by Yoga and 'Aushada' (meditation and medicine), the one being complementary to each other. The liberation of the immortal soul in conjunction with the perishable body is a

concept that will not easily commend itself to the rational mind, but it will be conceded, that it had the effect of setting the aims of medicine superlatively high. Siddha principally uses medicines of mineral origin.1

Unani System:

The word Unani or (Yunani) is a corruption of the Arabic word for Ionian (i.e. Greek). Unani Tibbi medicine is widely practiced by Muslims hakims in India, even today. It is a classical Greek medicine as modified by Arab scholars. The Muslims brought the Unani system of medicine in India. The specialists of this system are called Hakims. Hakims use herbs, minerals and metallic salts. Unani-Tibb is a medicine of Greek origin which developed during Arab civilization. Its origin dates back to 5th century B.C. The system of pharmacy has many unique drugs different from Ayurveda and other systems of medicine. Its concept of disease and diagnosis are similar to the ones adopted by the early allopaths. The method of taking medical histories originated in this system. Wherever this system of medicine prevailed, it absorbed what was best in the native system of medicine. This added to its vast repertory.

The system believes that disease is a natural process and the function of the physician is to aid the natural forces to the

body. Unani system is based on a humoural theory. The four humours of this system are blood, phlegm, yellow bile and black bile. Each humour is assigned a temperament: Blood is hot and moist; phlegm is cold and moist; yellow bile is hot and dry; and the black bile is cold and dry. Similarly drugs are assigned temperaments: every person has a unique humoural constitution which represents his healthy state. Any change in this brings about a change in his state of health. A person also has a power of self-preservation or adjustment which strives to restore disturbances within his constitution. Unani places great reliance on his power. Thus, unani treatment not only helps the person to overcome the present disturbances, but also facilitates the person to acquire additional power of resistances to further disturbances. Since humours are produced for digested food, unani practitioners attach great importance to diet and digestion both in health and in diseases. For diagnosis unani relies heavily on its methods of testing pulse.¹

Abul Hasan Ali wrote a book called Firdaus-ul-Hikmat² in A.D.838. It was the first independent and complete book on Arabic medicine of the time. The first traceable book on Unani medicine

written in India was a Persian translation of Kitab-ul-Saidana\(^1\) (Materia Medical and Pharmacology) of Al-Beruni. Hakim Husain-ud-din Marekeli was one of the famous physicians of Delhi who lived during the times of Balban. He used to teach medicine to the people and treat the sick.\(^2\) Unani system has not made much headway in the study of anatomy, pathology and physiology. This is the first system which developed hospitals. Ancient unani hospitals were the nearest approximation to modern hospitals. Among the Arabs, the unani practitioners used chemical medicines. When it spread from Spain to Borneo, cassia, clove, mercury, murrh, nurmag, senna and sandal wood were brought to use. Unani was the first system to pay attention to proper and sympathetic treatment of insanity. The process of distillation and sublimation also originated from the Arabs. Besides the traditional system of medicine in India, there are various types of localized folk medical beliefs and practices, often based on magic, sorcery, etc., home medicines, yogic medicine, and Tantric medicine which is based on the use of tantras.

Folk Medicine:

Folk medicine was practised during the Atharvedic period; it is still practised in the contemporary times. We can trace this medicine in ancient manuscripts such as Atharvaveda.


2. Tarikh-i-Firuz Shahi.
Kautilya's Arthasastra, and even in the Ayurvedic Samhitas of Charaka and Susruta, and in the writings of Alberuni and the later in the writings of Muslim and European writers. God, Goddesses and the spirits are attributed with causation as well as cure and protection from illnesses. Human nature's own dharma is accepted as another source of illnesses because of body has to grow old, sick and eventually to disintegrate. Certain material elements also cause illnesses. There is also a notion that agents of cure (priests, medicants, ojhas (a diviner), tantrikas, maulvis (one who is specially versed in Arabic and Persian literature), sadhu (a saint), and sanyasins (a male recluse) can be successful only to the extent that the patient himself remain morally, socially, and physically responsible for his own well-being. That is, one's own Karma (deed) is also a source of health and ill health while the relative emphasis of one source may be higher vis-a-vis the others in different places. It appears that these factors are seen as essentially related to health. In this configuration, dava (medicine) is one of the component of therapy. If due blessings are there, medicine might expedite cure.

The folk sector of the health care system comprises non-professional, non-bureaucratized "specialists". Students of folk healing have often divided this sector into sacred and secular.

subsectors, to indicate its roots in both religions (e.g., Shamanism) and empirical (e.g. herbalism, bone setting), systems of massage and (material exercise) traditions. The folk practitioners are part-time, non-registered practitioners functioning within the context of village organisation (network of socio-economic practical ties). Their roles are validated by social recognition and regulated by the community conventions, the caste and village leadership. The kinship and caste relationships play important roles in such regulation. The folk practitioner administers simple folk medicines and remedies to a body of clients on regular basis. In return they receive some form of direct or indirect remuneration. They have some other occupation as their mainstay. Social recognition and prestige are the major rewards. They function in the context of local oral folk traditional and local health culture with heavy magico-religious overtones. They share some basic concepts with Ayurvedic system, but there is much in their practice which Ayurveda will disapprove. Some may emulate real Vaidya or a doctor and occasionally establish themselves as full time practitioners. Despite cultural borrowings and overlap, the practitioners in Indian medicine systems and folk practitioner are two distinct categories. There is one folk practitioner available for 200 population, while the formal health system

The folk health system as people's health system has served the rural population for thousand of years and still serves in many different ways. The folk practitioners know their clients and their problems personally. The folk health system has deep roots in the local culture. The practitioners understood why people do what they do. The formal health system has rendered its services in the context of social anonymity and cultural negativism.

**Home Remedies:**

It is a sub-section of folk medicine with a limited number of drugs which are readily prepared by housewives with materials available in the kitchen or the area surrounding the household. It is only when home remedies fail than people go to the village Hakims (a physician who follows the unani system of medicine) or Sanyasin (male recluse) or the modern physician. The importance of folk medicine and home remedies can be readily seen when we realise that the entire Indian population depended on them for centuries without the aid of any professionalised western medicine or even the codified systematised Ayurveda, Siddha, Unani or Homeopathy. In the home remedies, illness is first experienced, labelled, and treated by the individual (self care) or more often by family members and other members of social network. The most common things which are used for the treatment are special foods, diets, local herbs, massage, blistering and

other manipulative techniques, exercises, changes in life style habits, use of biomedical drugs and apparatus to prayer, healing rites, including various kinds of talking therapies. Ayurvedists and practitioners of other traditional medical systems view folk medicine as a corrupt version of their 'pure system'.Whatever the historical roots of folk medicine may have been, it must be observed that it has been accepted by the villagers, it has served a social function for several centuries and continues to do so in large areas of the country and they have survived by simple oral tradition. In folk medicine, there are several therapies which are not known to all practitioners. Several Vaids know and use only drugs based on a single herbal species.

The medical practice in general attempts at coping with diseases and other disturbances to the 'health' of the members of the society. The traditional notion of the medical practice has been that of treatment and therapy. It deals with the care of the individuals already developed into a pathological state and attempts to restore them to health and their normal participation in the social system. Since the day of his existence the prime concern of the human being has been and is still to fight against the bio-physical maladies prevalent in natural environment and effecting his physical condition. The fight against disease has assumed several forms. Thus the modern scientific medicine and

therapy is the result of a very lengthy and intricate process of the art of healing by the mankind. The travel has been long: from ancient propitiation, sorcery and antiquarian practices to the ultra modern heart transplant surgery.

In the remote past the disease was generally considered as the wrath of God or supernatural beings. In order to propitiate them various believes were ordained and magical deeds were performed. The cause of disease and its cure laid not in the individual's bio-physical conditions but in the supernatural beings. The primitive art of healing was the conglomeration of antiquated and unscientific deeds and practices. Sigerist\(^1\) has observed that in the beginning of human civilization medicine consisted of a 'mish-mash of religion, magic, and empirically acquired ideas and practices'. Regarding the primitive medicine, treatment is not done in a rational sense but it has an entirely magical sense accompanied by prayers or manual rites of dances.\(^2\) A religious preacher or a magician was the medical minister. In the medieval times and till late 19th century religion dominated every sphere of human activities. Even in the sphere of medicine the influence of religion was pervasive, and rituals and beliefs all persuading governed to great extent the diagnosis and cure of

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the ailment. Scientific approach to disease and its cure is a recent phenomenon.

Throughout ancient and medieval history of medicine, health has been viewed as a condition of equilibrium and disease has been regarded as the source of disruption.¹ Disease is not only biological maladjustment but it is also influenced by the socio-cultural matrix of the patient concerned. The doctor's judgement and role is growing more and more professional whereas the patient looks the particular disease in its social context.²

Yogic Medicine:

Unlike Ayurveda, the yogic is not a system of medicine though it enunciates principles through which one can remain healthy and physically fit. Yoga means joining or yoking of the individual soul to the universal soul, the union of personal spirit with God. The Sanskrit word Yuj, from which the word yoga seems to have been derived, means 'to join' or 'to yoke'. The Rigveda hymn tells of an ascetic who had achieved supernatural powers by following the yogic path.³ The term yoga in its technical sense first occurs in the Taittiriya Upanishad⁴ and the

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Katha Upanishad. Yogic concepts and techniques remained scattered in the vedic and upanishadic literature till about 300 B.C. Patanjali collected the old writings and compiled them into his Yoga Sutras. He created neither the yoga techniques nor its philosophy; he merely published and corrected, atha Yoganusasanam, the doctrinal and technical traditions of yoga. As regards providing theoretical framework and the metaphysical foundation, he made use of the already existing Samkhya philosophy and adopted it to the Yoga meditation. Woods opined that in India and in the west the author of the Yoga Sutras is also the author of other great works on Yoga. This has not been traced definitely, but it may be estimated that it has not been later than the tenth century. These works were written sometime in the fourth or fifth century A.D. Yoga practices are very ancient. Some of the seals recovered at Mohenjo-daro show a divinity sitting in a yogic posture. Rigveda mentions a seer sitting in a Yogic Asana. Early upanishad mentions different yogic asanas and procedures. It was Patanjali, around the third century B.C., who systematized all the existing yoga practices.

By linking them with the tenets of Samkhya school of philosophy,

1. Katha Upanishad, II, 12, Adhyatama Yoga.
3. English Homeopathy Association (1847), "Medical Prejudices", Delhi, p.140.
he gave it a regular shape and evolved yoga philosophy. This is enunciated in his yoga sutras.

The system of yoga enunciated by Patanjali consists of eight components: yama, niyama, asana, pranayama, pratyahara, dharana, dhyana, and samadhi. The first five components relate more to body: they prepare the body for the next three components which relate more to the mind. The basic tenets are: restrained social behaviour (yama), good personal conduct (niyama), yogic exercises (asana), breathing exercises (pranayama), restrained use of sense organs (pratyahara), concentration (dharana), meditation (dhyana), attainment of super-consciousness (samadhi). One can practise them for enabling one to do sincere selfless service to other (karma yoga). These exercises are also conducive to calmness of mind. These also help to acquire maximum creative intelligence.1

Practice of yoga is neither a Hindu religious dogma nor the monopoly of Indians alone. The pre-requisites of yoga practice are yama and niyama, not the concepts of any particular religion. Yoga practices are found as much in India as in China or among the Muslim Sufis and some of the Christian sects. Indian yoga is however, more systematic. Hatha-Yog-Pradinika texts state that in all diseases, the skillful physician should carefully

administer treatment according to the methods prescribed by the science of medicine and also administer yogic treatment.¹

Tantric Medicine:

The masses have always needed an easy path to enjoy life, unhindered by human and superhuman agencies. This need of masses in Hinduism had been met by tantrism since the very early times. But starting from the early centuries of the Christian era tantrism became more and more popular and widespread. Between A.D.700-1300, it engulfed not only Hinduism but also Buddhism. Tantrism offers an easy liberation for all in this life by enjoying certain rites and ceremonies. According to tantrism, the human body can be made undecaying and immortal by using mercury (rasa) and its preparations, by yogic procedures such as asanas and pranayama, as well as by the transmutation of base metals. Tantric treatises, therefore, abound in alchemical recipes and medicaments for longevity.² Tantras are the religious scriptures of tantrism. According to one tradition, tantras are the fifth of veda. For each age, God created one particular type of scriptures; for Sata-yuga, there were the Vedas, for Treta yuga, the Smrīts; for Dvapara yuga, the Puranas; and for Kali yuga, the tantras. The tantras within whom the spirit is thickly veiled under the flesh; they reveal the timeless truth adopted to the

2. Rasarnava Tantra, 4,5, Quoted in B.C.Bagchi (1939), Studies in Tantras, Calcutta: Calcutta University.
greatly diminished possibilities of the man of this age. The word tantra means something which extends knowledge. In this particular sense, it is applied to a religion and philosophy called tantrism. It is however, applied in a general way also when it means a treatise, a manuscript or a book. Practices akin to tantrism are very old. They are found in Rig Veda and Atharva Veda. Some people trace their origin even to pre-vedic times. But as a class of literature with a philosophical background, tantras came into being much later. Though the earliest of the tantra works many possibly belong to the beginning of the Christian era, if not earlier, the latest of them seem to have been composed as late as in the 18th or 19th century. The tantras are a religious literature, concerned primarily with Sadhana or religious endeavour and not with any system of abstract speculation.

Allopathy:

Allopathy medicine is what most of us understand to be "standard" or "regular" medicine as practised and distributed by the practitioners we recognise as being legitimate, true and credible. In broad definition, "Allopathic medicine is that practice which combats disease by use of remedies producing effects different from those produced by the disease treated, including the use of all measures that have proved to be of some value in the treatment of disease."1 Thus, from such a view, the

human body in its normal state is free of disease, and any disease found must be regarded as a foreign intrusion into an otherwise healthy organism. Further, allopathic medicine is rooted in the rather general idea that in as much as disease is foreign its cure can usually be brought by the application of some form of "opposites" to it. Surgery to remove the affected part, the indigestion of chemically compounded substances to "reverse" the course of disease, the application of various physical manipulation and physical exercise to "restrain misused, unused, or atrophied parts; and where deemed necessary the "temporary" reversal of the ill person's social behaviours so as to allow one's body to recover and regenerate itself.1

Scientific medicine is characterised by the assumption that (1) all disease is materially generated by specific etiological agents such as bacteria, viruses, parasites, genetic malformations, or internal chemical imbalances; (2) a passive patient role; and (3) the use of invasive manipulation to restore/maintain the human organism at a statistically derived equilibrium point (health). Scientific medicine evolved in the late nineteenth century primarily from French and German laboratories.2 It based itself around the discovery of micro-biological agents (bacteria) as the cause of disease and around

1. Ibid, p.206.

the theory of scientific etiology as a mechanism for explaining the role of these agents. Scientific medicine was not just a new name for allopathy, although many allopaths adopted the framework and terminology of the new medicine as an attempt to appropriate the legitimacy conferred by the name scientific medicine. Scientific medicine had a different theoretical basis and epistemology than other existing modes of medicine of late nineteenth and early twentieth century, but it had an extremely limited clinical and therapeutic repertoire.  

Homeopathy:

Homeopathy is a system of therapeutics for treating people and animals on the basis of simile principle. The word 'homeopathy' is derived from the Greek words 'homoios' meaning like or similar and 'pathos' meaning suffering. Homeopathy was developed and given a scientific basis by Dr. Samuel Hahnemann of Germany (1771-1843). Hahnemann having thought his new methods in a book called Organon, in which he concluded that there is a balancing mechanism in man which keeps him in perfect health, in spite of all the stresses of life (psychological, physical and atmospheric), provided that the stresses were not too great or prolonged that the balancing mechanism itself, which he called the vital force was not impaired. But if the stress was too great, or the vital force was impaired, unusual signs.

sensations, and systems followed. The sick body could be restored rapidly to its original state of health by a potential remedy that had been found by experience to produce a similar condition in a healthy body.

The Homeopathic system is based on a number of "principles" the most fundamental of which is the law of homeopathy. It is a system of pharmacodynamics based on the 'Natural Law of cure' i.e., Similia Simililus, Curantur—let likes be cured by likes. This law is also alternatively referred to as the law of similitude or popularly, the law of Simila.¹ In practice this law maintains that a given cluster of symptoms in a sick person can be remedied by a drug capable of producing in a healthy person the same symptoms. Other principles of homeopathy developed by Hahnemann included the use of single remedy often termed as "simplex", individualization emphasizing the individual characteristics of each person as well as the drug to be prescribed, and the famous principle of infinitesimal dose of remedy.²

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2. See, for example, Mohammad Masood (ed.) Directory of Homeopaths of India, Burma, Ceylon, and Lahore (1938), p.IV. A Renowned Homeopaths;
According to Hahnemann the body responded and followed the "law of similia", the central dictum of which is that "like cures like", and diseases can be cured through the ingestion of substances that contain materials identical to those producing the diseases, and that the more minute the dose the more potent was the effect, and therefore, the more certain was the cure. The extent to which the doses were compounded is evidenced in prescription that were compounded to the "decillionth" or $10^{-33}$ parts to one. Such a measurement has been likened to placing an eye on it. It is assumed in homeopathy that the person wishes to keep or regain the health of his body. The homeopathy remedy is directed to the person himself in order to assist him in this quest for health. Homeopathic medicines probably have no direct effect upon the physical body. If a patient continues to neglect and abuse his body it is unreasonable to suppose that homeopathy can help him. Although homeopathy does not remove harmful factors from the mind, it is able to clear the taint of the old illnesses carried down from an ancestral past along the genetic line. These miasma, as Hahnemann called them, contribute to the predisposing factors which permit the development of chronic incurable illness. The clearing of miasma and some important after-effects of illnesses, emotional stress, injuries, vaccinations, poisonings, infections and medicinal indiscretions, are tasks which must be accomplished in order to achieve state of health.

1. Ibid. p.VI.
Once cleared, these factors are no longer accumulated and perpetuated down the genetic line to posterity. Homeopathic medicines are as yet the only remedies which offer this possibility. India is perhaps the only major country where homeopathy, a medicine system of western origin, is extensively practiced and officially recognised. An official report based on the Census of India, placed the number of homeopathic practitioner at over 27000.

Homeopathy, probably as an amateur's hobby, was practised in India by some of the Europeans before the mid-nineteenth century and must have been known to their Indian associates before its first institution emerged in India. Around 1810, a German physician and geologist came to India for sometime in Bengal where he distributed homeopathic medicines to his Indian servants and other poor people. From published records, it is observed that homeopathy takes its roots in 1839 where Dr.Honigberger of Transylvania (German) came to India for treating as physician to the Government of Lahore. Later, he practised in Calcutta upto 1810 where he was chiefly known as 'Cholera Doctor'. A Madras Presidency Surgeon, Dr.Samuel Brooking, after his retirement in 1846 probably found it worthwhile to continue his medical work in the employment of the

1. According to the available Census data of (1981), the number of various types of physicians in India is: Allopathic 2,68,712; (ii) Ayurvedic-2,32,247; (iii) Homeopathic 1,09,493; (iv) others Unani, nature cure, etc.-22,756.
Naturopathy:

The reputed curative power of natural forces is probably as old as mankind, and there is little reason to doubt that nature itself must have been relied upon before the invention of even the primitive medicines or even the creation of the concept of mystical deities. It was almost certainly at the root of the early Greek conception of human perfection and follow us today in many guises. Strictly speaking, however, the loosely organised conglomerations of movements and beliefs subsumed under the heading of "Naturopathy" rests upon the rejection of any and all forms of artificially manufactured intervention and manipulation of the human body as well as rejection of the idea that a special and esoteric body of health knowledge can be acquired only after a long period of formal training and that persons must rely on the ministrations of medical professionals in order to preserve one's health. In naturalistic systems illness is explained in impersonal, systemic terms. Naturalistic systems confirm above all to an equilibrium model; health prevails when the insensate elements in the body, the heat, the cold, the humours or dosha, the yin and yang, are in balance appropriate to the age and condition of the individual in his natural and social environment. If this equilibrium is disturbed illness

1. **English Homeopathic Association** (EHA), (1947), "Homeopathy in India", 192-194.
Naturopathy is a health-promotive way of life. It is often described as 'drugless treatment of disease'. Naturopathy treatment essentially consists of the elimination of the undesirable toxics or many metal or spiritual factors which cause ill health. It views man as a whole. Disease can be permanently cured only when man's entire attitude of life changes. The cure of bodily disease must, therefore, be sought primarily in the realm of spirit. Self-discipline, self-mastery, observance of the laws of nature in regard to health are necessary to overcome diseases. Physical and social environment conducive to the development of a sound body and a sound mind is equally important. Naturopathy uses earth, water, air, sunlight (as hydropathy-hi-bath, sit bath, mud poulties and sun bath, etc.).

Experiments are being conducted on cardiovascular diseases and their amendability to cure/control by uncooked vegetables. Today some of the naturopathic practitioners have adopted many of the techniques of modern physiotherapy. As an identifiable social movement, however, naturopathy has no individual who can be


singly out as its founder, although in the specially institutionalized form of Christian science, Mary Baker Eddy, of course, must be noted. But naturopathy was and is secular and does not possess any of the organisational or ideological components of theology. At the base of naturopathy rests the principle that "nature" itself can be relied upon to bring about curers and, perhaps most important, that disease produces bacteria, not the other way round.¹

SUMMARY:

India was invaded by the Aryans around 1,400 B.C. It was probably during this period, the Ayurveda and the Siddha system of medicine came into existence. Ayurveda or the science of life developed a comprehensive concept of health. The Manu Samhita prescribed rules and regulations for personal health, dietics and hygienic ritual at the time of birth and death and emphasised the unity of the physical, mental and spiritual aspects of life. The post-Vedic period (600 B.C. - 600 A.D.) was dominated by the religious tendency of Buddhism and Jainism. Medical education was introduced in the ancient universities of Taxila and Nalanda, leading to the titles of Pranacharya and Pranavishra. A hospital system was developed during the reign of Rahula Sankirttyana (son of Buddha) of men, women and animals and the system was continued and expanded by king Ashoka.

The next phase in Indian history (650-1850 A.D.) witnessed the rise and fall of the Moghul empire. The Muslim rulers introduced Unani system of medicine sometime around 1000 A.D. The Arabic system of medicine, popularly known as Unani system is traced back to Greek medicine. With changes in the political conditions in India, the torch which was lighted thousands of years ago by the ancient sages became static, and the ancient universities and hospitals disappeared. By the middle of the eighteenth century, the Britishers brought the Allopathic system of medicine in India which is based on the scientific theories of science. This system has achieved a great deal of success in curing illness during the past forty years. At present there are 108 medical colleges in India which are imparting medical education related to allopathic system.

The chapter basically deals with the ideological aspects related to various systems of medicine, their manuscripts, their basic principles, etc. Ideologically each system of medicine is different from each other. The idea behind the allopathic medicine is rooted in the rather general idea that in as much as disease is foreign its cure can usually be brought by the application of some form of "opposities" to it. In the Ayurvedic system of medicine the combination of mind, body and soul is observed while giving treatment to the individual. Ayurveda takes into account the fundamental principles like the creation theory of Panchamahabhuta, and the physiopathological theory of Tridosha.
(vata, pitta, kapha). It has also described separately and scientifically the structure and functions of different organs of the body and has given a basis of the drug actions, which depend upon rasa (six different tastes), guna, virya (pathological actions) ipaka and prabahava (empirical actions). According to Ayurveda, illness occurs if there is any derangement in the body humours such as vata, pitta, and kapha, or in the psychic factors such as satwa, rajas and tamas caused either by excessive or inadequate interactions. In the treatment it confines to the body and mind both in health and disease. The emphasis is more on the body and mind to keep them in normal and healthy condition in case of disease to cure them. In Ayurveda, the drugs are mostly made up of vegetables, herbs and shrub and in the later days it adopted metals and minerals which are locally available. Siddha system of medicine is basically prevalent in South and its literature is in Tamil. Siddha system of medicine is aimed to have a perfect body maintained by medicines to which they gave the name 'kalpas'. Achievements of this is possible by Yoga, meditation and medicine, the one being complementary to the other. Siddha principally uses medicines of mineral origin.

The concept of disease and diagnosis in Unani system of medicine is similar to that of early allopahaths. This system believes that disease is a natural process, and the function of the physician was to aid the natural forces of the body. Unani system is based on the humoural theory (blood, phelegm, yellow
bile and black bile). Since humours are produced from digested food, Unani practitioners attach greater importance to diet and digestion both in health and in diseases. For diagnosis Unani relies heavily on its ten methods of testing pulse. Unani was the first system to pay attention to proper and sympathetic treatment of insanity.

Homeopathy is a system of therapeutics for treating people and animals on the basis of the 'similia principle'. It is a system of pharmacodynamics based on the 'Natural law of cure'. In practice this law maintains that a given cluster of symptoms in a sick person can be remedied by a drug capable of producing in a healthy person by the same symptoms. Although Homeopathy does not remove harmful factors from the mind, it is to clear the taint of the old illnesses carried down from an ancestral past along the genetic line.

Naturopathy is a health promotive way of life. It is often described as 'drugless treatment' of diseases. Treatment essentially consists of the elimination of the undesirable toxics or many mental or spiritual factors which cause ill health. Naturopathy views man as a whole. Naturopathy uses earth, water, air, sunlight for its treatment.

Yoga is a system of philosophy and health science which has shown positive results in treating certain conditions of stress and psychosomatic diseases. In this system no agent is
internally administered in the form of chemical, physical or botanical origin. Folk medicine is a set of assumptions, principles and procedures with regard to health and disease. God, Goddesses and spirits are attributed with causation as well as cure of and protection from illnesses. In the home remedies, illness is first experienced, labelled and treated by the individual (self-care) or more often by family members or other members of social network. The most common things which are used to cure the patient are special foods, diets, herbs, massage, exercises, and change in lifestyle. Now the question arises as to why a particular system of medicine, i.e., allopathy has developed rapidly as compared to others.

A perusal of this differential growth can be seen due to unequal support provided by state or superstructure to the allopathic system of medicine. Modern medicine system has been getting maximum support from the government which is cited elsewhere in the subsequent chapter. The support given by the policy-makers in favour of this system is in terms of resource allocation, more medical schools of education, etc. As in other spheres of activities in medicine also, there is a dichotomy between traditional and modern medicine. It is so because of encouragement of the state for a particular system of medicine. As a result, at the eve of Independence health structure of India was characterised by a dual nature which are modern and
traditional or indigenous system of medicine. Indigenous system was marked by underdeveloped characteristics though a vast majority of people depended on it. In the next chapter we will discuss the health structure and policies since Independence.