CHAPTER II

SYSTEMS OF MEDICINE IN INDIA: A HISTORICAL PERSPECTIVE

Tradition and modernity have existed side by side in every aspect of Indian life. In the field of medicine, India has traditional as well as modern systems in practice. In order to study the response pattern, mention of all these systems of medicine from the point of view of their emergence, growth and the mode of treatment in India as a whole becomes necessary. In this chapter there are five parts, each part taking up a system of medicine separately.

Part II: Ayurvedic System of Medicine

The Ayurvedic system of medicine or Ayurveda is known to be the oldest system of medicine practised in India. This system has its roots in the cultural milieu of the country. Ayurveda has been defined as, and commonly understood to mean, the science of longevity. It is the first and the most ancient system of medicine. Even though the exact period during which the Ayurvedic system of medicine evolved is unknown, yet it can be said, without any hesitation and fear of contradiction, that as a system of medicine Ayurveda is the most ancient not only in India but also in the world. Ayurvedic medicine
finds mention in India's Vedas. Vedas are the ancient sacred
texts of India; hence, Ayurveda may be considered more ancient
than the Vedas. Also, accounts of Ayurvedic medicine found
in the old Arabic texts point to the fact that Ayurveda is
older than any medical system of Arabic origin.

The Ayurvedic medicine, which finds mention in parts
of the Vedas, is believed to be of divine origin and to have
existed through eternity. Since this medical science has been
regarded to be of divine origin, it declares Brahma, the
creator of the world, as the source of all knowledge in medicine.
In fact, it is even held that he had composed the original
Ayurveda in one hundred thousand shlokas or verses. Early
Vedic texts mention universal deities as being related in
many ways with the cause of diseases. Jolly¹ points out that
Indian medicine developed in three periods and the third
period produced the major treatises of Ayurveda.

Ayurvedic medicine has three major treatises known as
Charaka, Sushruta and Vagbhata.² All these three treatises
written in Sanskrit have been named after the three main
exponents of these treatises. Charaka was named after a
saint called Charaka, who had received the original manuscript

¹ J. Jolly : "Diseases and Medicine (Hindu)",
Encyclopaedia of Religion and Ethics
Vol. 4, p. 759, 1911.

² D. R. Chhana : The Classical Doctrine of Indian Medicine
by J. Fillozat written in French, Munshi
Ram Manohar Lal Pub., Delhi, 1974.
called Agniivesha Tantra. This manuscript is in eight volumes and mainly explains the methods of treatment of various diseases. This manuscript of Charaka was later re-revised by a Kashmiri pandit called Dirchbala. The second treatise Sushruta comes after Charaka. Sushruta was the son of saint Vishuamitra and the treatise written by him bears his name. Sushruta's treatise mainly deals with the methods of surgery and mentions some of the best surgical instruments employed. Interestingly enough, Sushruta discusses methods of plastic surgery and skin transplantation. Vaghbata, the third treatise of the Ayurvedic medicine, is named after Vaghbata, who was the chief physician in the court of the legendary King Yudhistara. All these treatises deal with pathology, infantile diseases and various aspects of the cure.

The Ayurvedic system of medicine has different branches which can be compared with those found in other systems of medicine. These branches are: Kayachikitsa (medicine including physiology and pathology), Shalvachikitsa (surgery and anatomy), Shakatayya Chikitsa (eye, ear, nose and throat), Kaumerabharathy (paediatrics and obstetrics and gynaecology), Bhutavidya (dreams), Agada Tantra (toxicology), Rasayana Vinjikarna (virification).

The practitioners or dispensers of Ayurvedic medicine are called vaide. The learning of Ayurvedic medicine has been
through the medium of Sanskrit. Since no printing technology was available, teachers of medicine prepared small compilations containing such prescriptions as they were in the habit of using for the guidance of their pupils, who copied them for personal use. Thus, in the traditional system, one could become a *vaid* by learning medicine through copied manuscripts obtained from a teacher. This training was practical and imparted mainly under the guidance and direct supervision of the teacher who often was a well-known and experienced *vaid* of the locality concerned. Besides practical training, theoretical instruction in Ayurveda was also emphasised. A person who was unable to understand either of the two was considered a failure and ill-equipped for Ayurvedic practice. Ayurvedic practice was monopolised by the higher caste Hindus, specially the Brahmans, as they alone were considered fit to learn Sanskrit and read the Vedas. After intensive training by the teacher, the pupil was considered fit to practice on his own and the teacher confined the student on oath to the norms of Ayurvedic system. Students did not pay any money for acquiring the knowledge from their teachers; however, they helped and assisted their teacher as and when required.

There have been some changes taking place of late in the method of training Ayurvedic practitioners. In  

addition to the old system of informal training, there are now many formal Ayurvedic institutions providing regular academic courses for teaching Ayurveda. Unlike the earlier period when Ayurveda was a science which could be learnt only by the Brahmins, today there is no restriction on the basis of caste or religion for entry to an Ayurvedic institution. Not only this, many of the manuscripts have been translated into several Indian languages from Sanskrit.

The concept of health and disease in Ayurvedic medicine was originally based on experiments and naked eye observation against a metaphysical background. Benjamin Walker⁴ opines that "in its origin Ayurveda was mainly magical and empiric, but in course of time developed a philosophical theory, highly elaborated, abstract and remote from reality, based on recondite abstractions that had little apparent relevance to practical therapy". The main concern of this system of medicine, however, is chikitsa, which is defined as an art or science of healing diseases, especially the healing of diseases by administration of internal remedies.⁵ This system of medicine considers disease as a state of disharmony in the body as a whole and a result not only of external factors, but also internal causes.⁶


The theory of _tridosha_ is the backbone of Ayurvedic system on which the concept of health and disease is based. These three _doshas_ or _malas_ are called _vata_ (wind), _pitta_ (bile) and _kapha_ (phlegm). This 'dosha-triad' has formed the most important single part of Ayurveda because the whole system (physiology, pathology and therapeutics) revolved around them. The malfunctioning of one or more _doshas_ or _malas_ result in a state of disease. When these three _doshas_ function in harmony a state of well-being exists. A healthy man, accordingly, is one in whom, all _doshas_ - _vata_, _pitta_ and _kapha_ - are in equilibrium, whose soul, senses and mind are in full vigour. The three doshas and a happy and contented state of mind resulting from living according to properly laid down rules of conduct together constitute the basis of the Ayurvedic concept of health.

A state of disease, according to Ayurveda, as mentioned already above, is due to a malfunctioning of these _doshas_. It is also stated that when only one of the _doshas_ is malfunctioning it is not a serious disease, but when more than one _dosa_ is affected the disease is of a serious nature.

Diagnosis in the Ayurvedic system is carried out in a systematic and coherent manner. While making the diagnosis

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the history and the symptoms of disease are fully kept in mind. The state of the entire human body is given importance while diagnosing any disease. A course of treatment follows only when the diagnosis has been established. This treatment, as mentioned earlier, is based on internal remedies, i.e. checking and controlling the dosha from within. The medicines used in restoring the state of equilibrium of the tridosha are made from herbs, mineral compounds termed as dhatu, and bhaema (ashes). At times the drugs are even of animal origin, e.g. kaaturi, a gland found in the stomach of deer. These drugs may be in the form of pills, powders, mixtures, medicated oils or at times even fermented liquides. The treatment process carried out in this system of medicine involves strict diet control, mainly a restriction on the intake of specified items of food and liquids. In the traditional setting the Ayurvedic drugs were made manually, specially by the vaad himself or under his supervision, so that the purity and correct blend of the ingredients used was maintained. Today there are Ayurvedic institutions and pharmacies which produce drugs through mechanized processes. There are in India today various Ayurvedic drug research laboratories for preparing and testing drugs. Ayurvedic medicines, in comparison with the allopathic, are said to be less toxic in nature.
Part II: Unani System of Medicine

The Unani system of medicine, also known as Tibb or Islamic system of medicine, is in its origin not indigenous to India. This system is based on the ancient Greek medical concepts of Hippocrates and Galen. It first came to India, with the development of trade with Arabia and with the arrival here of Muslim invaders and rulers. It is understood that this system came with the rule of Allaudin Khilji (1296-1321) and gained popular support under the rule of Mohammed Tughluq (1325-1352). 9

This medical system in the beginning developed and became popular mainly in the areas where Muslims were in a majority, but later it spread as the Mohammedan rule spread to other parts of India. Naturally, then, the system received State support and patronage under the Muslim rule. 10 In the wake of the extended application of the Unani medicine, many centres were established in various provinces of India for learning it and for healing according to it. Historical facts show that this medical system progressed well in the South, especially in the Bahmani Kingdom. 11 The Bahmani Sultans, it is believed, paid due care to the health needs of the


people and the Unani system of medicine, even though not indigenous to Indian culture, became and remained ingrained in the country even after the downfall of the Mughal Empire. Its roots became so deep that even today for many it remains the true traditional system of medicine in India.

The texts of the Unani system were originally written in two languages - Persian and the Greek. Later, with the spread of this medicine, they were translated into Latin and other European languages. Unani texts carry references to the elements of Ayurveda and Indian physicians, i.e., the vaide. This has helped in a better understanding of its principles and in establishing a viable link with the Ayurvedic medicine.

The practitioners or the medical men of the Unani system are addressed as hakime. In the olden days when the Unani medicine first came to India and till recently, its practice was based on informal learning. There were no formal institutions imparting knowledge of the Unani system in India. It was mainly a family occupation where the father practising this medical system imparted his knowledge of the Unani theory and practice to his son. The knowledge of this medical practice was kept within the confines of the family. In case a Unani medical practitioner had no son, the knowledge and training was imparted to the nearest kin. Thus, the practice of Unani medicine remained a monopoly of some families,
and it was passed down from one generation to the next. As in Ayurvedic medicine, the informal education in Unani medicine also has, of late, been formalized through the establishment of specialized colleges and institutions. Today, there are regular institutions where this system is taught.

The concept of health and disease in this system of medicine is based upon the ancient Greek theory of humours developed by its own physicians. Interestingly enough, these humours can be looked upon as the closest parallel to the *doshas* of the Ayurvedic system. Unani system considers four humours in the human body, these being phlegm (*balqham*), blood (*khoon*), yellow bile (*sera*) and black bile (*sauda*). The normal working of these humours has been described as the state of well-being or health, but when the equilibrium of one or more of these humours is disturbed, a break in the normal functioning occurs resulting in a state of disease. A disturbance in each humour results in a different disease and the seriousness of the disease depends upon how many humours have been disturbed. The underlying principle here is comparable to the Ayurvedic principle dealt with earlier.

The diagnosis and treatment process in the Unani system of medicine fully takes into account the basic temperament of the person concerned. Temperament is termed in this system as *mizaz*. In Unani practice, it is the most important factor to be taken care of in the diagnosis and treatment of a disease,
as all human beings differ in their temperament. The aim in
the treatment of a disease is to restore the balance among the
four humours. In the treatment process, along with medicines
there is a diet restriction which is helpful both as a remedy
and control of the disease. Besides the general temperament
of the patient, the pulse called nabz is also observed in the
diagnosis of the disease.

The drugs given in the cure of a disease in this system
are derived from herbs and oils, and they have a graded potency.
Medicines are normally given in stages and the potency of medicine
is increased slowly so that it is fully absorbed by the body.
Traditionally these drugs were prepared by the hakime themselves,
but now these are prepared in laboratories situated in various
parts of India.

Part III: Homeopathic System of Medicine

The beginning of Homeopathy was in the eighteenth century.
Hahnemann, the propounder of this medical system, was born in
1755 in a town of Germany. He graduated in medicine in Erlangen
in 1779 and in practice he soon learned to distrust medicine,
and quit practising in order to begin the compilation of facts
relating to the action of drugs, from the medical literature
of many languages. He began his experiments on himself by the
similarity of drug action to the symptoms that they are reputed
to cure. After a long test and examination period he published
a book on this system of cure which he had developed. The book
titled *Organon of the Art of Healing* came out in 1810 and ever since then Hahnemann, known as the father of this system of cure, practised it till his death. Thus, we see that the Homeopathic system of medicine is based on the principle *similia similibus curantur* (likes are cured by likes). It offers remedy that can produce artificial sickness and can certainly cure a similar natural sickness in a patient. This view propounded by Hahnemann was verified and proved by millions of Homeopaths all over the world.

Homeopathic system of medicine is being practised in about twenty four countries of the world and India is one of these countries. The beginning of Homeopathy in India was in the early nineteenth century when a few German physicians and missionaries had come to Bengal. In this way the beginning of this medical system was first marked in the eastern regions of India. Dispensing Homeopathic remedies, these missionary physicians popularised Homeopathy in the country. Among the physicians who had come to India was also a student of Hahnemann. This physician, J.M. Hoenigberger, had come to India to treat Maharaja Ranjit Singh. A detailed account of his mission is found in his book *Thirty-five years in the East, Adventures, Discoveries, Etc.*, published in London in 1852.12 Thus, as stated earlier, Homeopathic medicine came to India from Germany and it was first introduced to the eastern part of India from where it travelled towards the north and influenced many practitioners to adopt and follow its practice.

In India, the practitioners of Homeopathy are referred to as Homeopaths. The earlier practitioners of Homeopathy in India were trained in Allopathic medicine, but like their counterparts in other countries of the world, after experiencing Homeopathy, they dissociated themselves from Allopathy. This clearly indicates that the initial training of the earlier Homeopaths was in Allopathy. However, gradually, with the popularity and development of the Homeopathic system, separate colleges and institutions have been opened to promote its knowledge and practice in a formal and systematic manner.

The conception of disease and health in this system of medicine are based on the theory of the presence of certain vital forces, which maintain the working of human body. These forces, according to Homeopathic practitioners, are capable of adjusting the body and mind to the best of advantage of a person when threatened by adverse elements or circumstances. The forces in a way are the backbone of the state of health, as they are capable of adjusting the body and mind to the situation. When there is a break in the normal functioning of these forces a state of disease is present in the body. However, the revitalization capacity of these forces does not die except in chronic diseases. Because the revitalization capacity of these forces does not die, a diagnosis of the disease is not attempted; only the symptoms disturbing the vital forces are observed and treated. In this system of medicine the various diseases are not named but only the drugs used in the cure are named.
The Homeopathic treatment is carried out in stages. A diet control is also enforced on patients under treatment. There are no standard drugs in Homeopathy. What this means in practice is that a particular medicine may not be prescribed in all cases of the same disease. This is so because the course of a disease or the disturbance in the vital forces may vary in different cases. The drugs used in this system are made from mineral salts and biochemica. The administration of these salts is related to the potency required for revitalizing the vital forces in an individual body. These medicines are in the form of tablets, powder and liquide.

This system of medicine, as pointed out earlier, has been more or less a branch of the Allopathic system of medicine but the point of departure is not in the learning of anatomy and physiology but in the remedial aspect. Today, the Homeopathic system of medicine has its own institutions for training Homeopaths and its own laboratories for manufacturing its medicines in various parts of India.

Part IV: Allopathic System of Medicine

Allopathic system of medicine or the Western system of medicine found its origin in the West, as the name indicates. The name allopathy was given by the Homeopaths because the remedy for a disease in this system is based on the application of contrary drugs. Allopathy is considered the most scientific system of medicine and absolutely free of supernatural influences. Hippocrates is considered the father of this medicine; but the
main scientific basis to understand the working of the human body in this system was given by Harvey who postulated the theory of blood circulation in the human body. This system is based on only the anatomy and physiology of the human being; it has no mention in its theory of any metaphysical aspect. Hence, it is different from Ayurvedic, Unani and Folk systems of medicine. The main difference between Allopathy and Ayurveda may be elucidated by Charaka's words to the effect that "the living person consists of physical body, the sense orders, the mind and the atma all put together." 13 Thus, obviously, the fundamental principle in the Ayurvedic system also includes a metaphysical aspect which finds no place in Allopathy. As mentioned earlier, this system of medicine is similar to Homeopathy as far as the learning of anatomy and physiology is concerned, but different in the remedial aspect.

In India, the Allopathic system of medicine was new in both theory and practice. Historical facts indicate that Allopathy had come to India with the Portuguese in the early sixteenth century. After some time, when the British came to India, they established this system of medicine at a broader level by opening hospitals for the use of Indians in different parts of the country. The hospitals which took Allopathic medicine to the masses were managed by the British practitioners with the lower staff consisting of Indians.

13. K.N. Udapa : Report of the Committee to Assess and Evaluate the Present Status of Ayurvedic System of Medicine, Govt. of India, New Delhi, p.55, 1959.
The practitioners of Allopathic medicine in India are referred to as doctors. This term to describe the medical practitioners of this system of medicine is adopted not only by city dwellers but also by rural masses. The training of these practitioners is through formal institutions. In India the records state that the first medical college imparting knowledge and training in this system was opened in Bengal in the year 1824. In the beginning the training also included a knowledge both of Ayurvedic and Unani medicine. The aim of this kind of training was believed to circumvent any possible hostility caused by sudden change. However, soon this method of training was given up and the teaching of only Allopathic medicine was started and exclusively through the English medium of instruction.

This system of medicine like the other systems had a dominance of males and in the beginning there were no female practitioners. However, this situation did not continue for long in the Allopathic system. In the beginning women went to England to receive training in Allopathic medicine, but soon the need was felt for opening medical institutions for women in India. The first private hospital in India for women was opened by a Parsi businessman called Shree Pestonjee Hormeisjee Cama in the year 1883. This hospital was called Cama Hospital and it is in Bombay. Today, Indian women are receiving training in Allopathic medicine in various parts of the country in co-educational as well as exclusive women's
The perception of health and disease in Allopathy is said to be more scientific and least metaphysical. The concept of health and disease in this case is based on the germ theory, with much attention paid to bacteria and virus. In other words, the state of health according to Allopathy is mainly related to physics, chemistry, biology and other relevant branches of applied science such as bacteriology, radiology and eugenics.

The general diagnosis in Allopathy is based on symptoms and reports on body excretions such as sputum, stool, urine and on blood examination. A note of the pulse and heart beat is made and at times in order to detect or identify the disease body screening and X-ray are also done. The most important feature of this system of medicine is that first the disease is diagnosed on the basis of related symptoms and facts, then it is termed, and only when it is termed the cure process begins. Because it is a very scientific system of medicine, the diagnosis is made elaborately and with the help of sophisticated medical instruments and techniques. The basic tools or instruments are, to name a few: stethoscope, thermometer, syringe for injections and the use of anaesthetics, X-ray machines and cardiac devices. For examining body excretions various chemicals are used.

In the treatment of the disease, following diagnosis, effective drugs are given to kill the bacteria and to cure the
disease. The drugs used in the Allopathic system are made from chemicals, plants and animal and mineral resources. These days the application of certain rays is also resorted to in the treatment process. The drugs are developed and prepared by scientific methods in well-equipped and extremely sophisticated laboratories. The cure of diseases in several cases requires surgery involving the use of advanced surgical tools. The great advancement and the wholly scientific nature of this system of medicine has made it possible to develop reliable methods of transplantation of some organs into the human body. In India a number of such operations have been undertaken in many hospitals in different parts of the country.

Part VI Folk System of Medicine

Folk system or 'the other system' is the term commonly used for the category of medicines and medical beliefs which are not found in any of the above stated systems of medicine. Gould has termed it as 'country medicine' or 'village medicine'.14 This medical system has existed throughout the ages and it is prevalent even today. Folk medicine finds a place in every society and finds application in the form in which it exists in a given society. The therapy offered by folk medicine is a combination of empirico-rational, magical and religious elements which are all interwoven inextricably.

In India Folk medicine is neither new in theory nor in practice. Sociological and socio-anthropological studies indicate that folk medicine has existed in India in every part of the country and in all communities whether tribal or non-tribal. Folk medicine in India, as elsewhere, has had a crucial factor in its existence, which is its social and cultural ramifications. Indian folk system of medicine can rightly be said to be an indispensable part of the Indian culture. It is a system culturally non-disruptive and it develops and becomes institutionalised by the culture of the people in a given locality.

As in other systems, this medicine also has practitioners or healers who specialise in its practice. These practitioners have no specific universal name by which they are known; however, they do have a name which is understood by the people of the particular society where they practise. Walter has termed these practitioners as 'marginal practitioners' and, according to him, their training is on the magico-religious basis. Frankenberg and Leeson have studied folk healers in Lusaka where they are known as m'angles. They are called zer in


Khartum in Sudan\textsuperscript{17} Prasad\textsuperscript{18} has pointed out that in India these practitioners are also called bhagat (priest), savana (wise man) or neaut (exorcist). Whatever name they may have their function is to practise folk medicine. They do not have any formal training but generally learn the art of practising their medicine through their experience which at times is hereditary. There is no written literature for these practitioners, it is just their cultural milieu from where they gather their knowledge. The practice is normally a family occupation passed on from one generation to the next. There are no hard and fast rules of learning or imparting the knowledge. Read\textsuperscript{19} has categorised two main types of traditional healers or folk healers. One type of traditional healers or folk healers comprises those who carry out treatment, and the second type those who can be called 'diagnosticians'. The distinction, though convenient, is by no means rigid, for in some cultures and in some circumstances diagnosticians also are engaged in healing. Thus, the individuals practising folk medicine and responsible for providing mental and physical relief from illness, trauma, or supernatural occurrences are termed as healers, witch doctors, medicine men, herbalists etc.

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In addition, some of the older women in most villages and even towns provide midwifery services. This indicates that there are male as well as female practitioners in the Folk system of medicine.

In folk medicine the concept of disease and health is defined in terms of supernatural elements. Here, in diagnosing diseases, the three doshas, the vital forces or the humours or even the 'germ theory' are of no relevance. The practitioners follow a magico-religious and supernatural tradition in defining and diagnosing diseases. The cause of a disease is almost invariably ascribed to the wrath of a god or a goddess when denied due recognition and reverence or when indifferently treated or ignored. The annoyance caused to gods and goddesses are thus believed to bring about a state of disease. Some wrong acts committed by people and the belief in 'evil eye' may also be perceived to cause diseases.

Charms and incantations predominate in the Folk system and hence the treatment follows a uniform course. The treatment includes propitiating gods and goddesses by observing fasts, offering prayers and sacrifices. Chanting of mantras is important in the treatment. Along with this in order to

get better results from the treatment diet control and homemade medicines are at times prescribed, for example, for cough, dry ginger tea is given to the patient. Moreover, treatment generally does not occur in isolated settings, and is often associated or mixed up with rituals and ceremonial activities.21

Thus, we see that superstitious beliefs and magic assume great importance in this medicine and the cure is suggested accordingly. Even today, when countries of the world are developing and undergoing scientific and social changes, the beliefs and practices of folk medicine continue to persist. Scientifically advanced countries like the United States of America and Britain are no exceptions. Parsons22 says that there is much popular health superstitions as evidenced by such things as 'patient medicines', for example, the widely advertised Dr. Pierce' Golden Medical Discovery, and many traditional home remedies. The superstitious beliefs have been called by Parsons23 to be an involvement of experience symbolism in medical practice. Folk medicine is thus based on symbolism and with symbolic communication exchange of detailed directions is made. This medical practice is absorbed partly by deliberate teaching but mainly by observing and taking part in the life. It is a.

system in which the child is surrounded by folk ways. Since he is constantly exposed to these ways of doing things they become to him real ways.

We see that all the five systems of medicine starting from the symbolic Folk medicine to the scientific Allopathic medicine are at work in India. These systems of medicine have existed because they have been accepted by the people. The analysis of the acceptance pattern, however, is an area worthy of further investigation, which is the purpose of the present study.

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