CHAPTER II

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The present study is a sociological analysis of the Doctor-Patient relationship in the context of the allopathic system of medicine. But allopathy is not the only system of medicine prevalent in India. Ayurveda, Siddha, Unani and Homoeopathy are also organized medicine systems practised in Indian society, along with unorganized practice. Such as folk medicine and native medicine. It is believed that an understanding of the history and present status of these systems is relevant for a proper appreciation of medical facilities available in India.

2.1 Ayurveda:

Ayurveda is the ancient Indian Medicine System. 'Ayuh' means 'life' and Ayurveda is the science, by the knowledge of which life can be prolonged or its nature understood.

The Charaka and Susruta Samhitas form the classics of ancient Indian Medicine. In the Ayurvedic theory, the human body is considered a conglomeration or the modification of five elements or dhatus viz., water, fire, air, earth and ether. The body will remain healthy if the dhatus are in a state of equilibrium. Disease is a result of the disturbing of this equilibrium.

The aim of Ayurveda is to prescribe diet, medicine and a regimen life, which if properly followed will enable a normally

healthy man to maintain the equilibrium of the dhatus, and will help also to regain this equilibrium if it has been lost. Ascertaining through the disturbance of the dhatus, the physician should treat diseases that are curable, with medicines.

It is relevant to note that along with general medicine Surgery was also widely prevalent as revealed from data in Susruta Samhita.

In Ayurvedic treatises, we also find elaborate discussions regarding the qualities of the teacher of medicine, the students seeking medical training etc. Mastery of both medicine and surgery was considered essential. Equal emphasis was laid upon both theoretical and practical learning.

The physician has always occupied a respected place in society since ancient times. The high status of the physician and the respect he commanded and the importance of his contribution to society led to a careful guarding of the ethics of the profession. The choice of the profession was conditional upon good descent and possession of certain physical, moral and intellectual endowments. The learning process involved a long and thorough training. Physicians who were not properly trained and qualified were not allowed to practice.

Regarding the conditions of practice, no mention is made in the Samhitas, of hospitals or other places where the sick were attended to. The hospital seems to have come into existence later during the reign of Ashoka. The physician seems to have treated the patients only in his house. The physician was rewarded in kind for his services.
It is interesting to note that scholars have found that the Ayurvedic system is comparable to the medical systems of Greek antiquity.

2.2 Siddha:

Siddha system is confined to a small geographical area in Tamil Nadu and its borders. It is kept alive today by its devoted practitioners, while some authorities treat the Siddha system as just a local variant of Ayurveda, the majority of the Siddha practitioners themselves seem to believe that their system is quite distinct from Ayurveda and perhaps is more ancient. A good quantity and variety of literature is available on the Siddha system. This system offers books on valuable herbs and drugs and also on disease syndromes (Rasavidya) diagnosis and therapeutics.

2.3 Yunani:

Invasion and subjugation of large parts of India by the Muslims from the North, starting from the 13th Century A.D. introduced into India another tradition of medicine variously called the Greeco-Arab system of Medicine, or Arab system of Medicine, or Yunani Medicine. Yunani Medicine is based on ancient Greek Philosophy and Hippocrates' principles adopted to Arab and Central Asian Environments. The four humours (Akhlats) viz., Khun, Balgham, Sauda, and yellow bile formed the basis of health and disease as they did in Greek Medicine. The code of conduct for a Yunani physician (Hakim) was similar to the Hippocrates' faith. Peculiar Indian traditions, customs and religious beliefs seem not to have influenced or altered it.

One of the most important contributions of Yunani Medicine in India was the setting up of hospitals in the modern use of the term. During the Delhi Sultanate period (13th to 16th
Century A.D.) and later during the Moghul period, hospitals were set up in the capital and other large and small towns. In these hospitals both Yunani and Ayurvedic physicians were employed. These hospitals created and supported by the Sultans, Emperors and rich nobles mostly out of religious convictions, provided all facilities to the patients free of charge. Another interesting feature of this period was that many of the physicians paid by the State were also assigned to military as well as diplomatic duties.

A brief history of Arabian Medicine gives us an idea about the origin, development and significance of Yunani system of Medicine. The word 'Arab' and 'Arabian' are applied solely in respect of the languages which these physicians spoke and wrote. All were not natives; very few were genuine Arabs. Some were Syrians, some Persians, some were Spaniards. Nor were all of them Mohammedans. Many were Christians, some were Jews.

The Arabs were not well versed in the art of Surgery. During the time of the Muslim Empire and throughout history, until recent times, Surgery was regarded as inferior to medicine and its practice was relegated to craftsmen, rather than to scholars. Albucasis's name has been associated with surgery. He wrote books on surgical instruments, operations, fractures and dislocations. Spain was the home of several other Arabian physicians of the Twelfth Century. Avenzor, Averroes were famous physicians of those times. (1072-1198).

The Arabs' contribution to medicine was great for not only did they preserve the Greek learning but they also added much of their own. To quote, Dr. Meyerhof, "Islamic Medicine reflected

1. Douglas Guthrie, A History of Medicine, 1947, Thomas Nelson and Sons, Ltd.
the light of the Hellenic Sun, when its day had fled, and shone like a moon in the Dark Ages. Some bright stars lent their own light and the moon and stars alike faded at the dawn of the Renaissance, though their influence remain to this day."

Unani Medicine practitioners are found in many parts of India. There are Unani hospitals in important cities and towns. There are also a few Hakims in Mysore.

2.4 Homoeopathy:

Homoeopathy is a system of Therapeutics, based upon the law, 'Simila-Similibus', Curanties, which was introduced in 1796 by S.C.F. Hahnemann, a native of Germany. Some points of his system were borrowed from previous writers - Hippocrates and especially Paracelsus. This system of medicine is being practised all over the world at present.

Any substance of vegetable, animal or mineral origin will produce certain reactions or symptoms, if given to a healthy individual for an adequately long period. If the same symptoms are found in a sick individual, they can be cured by the very medicinal substances which produce them in the healthy individual. This is said to be the basic principle of Homoeopathic therapy with drugs. Hahnemann and his followers clinically tested over 100 drugs in this manner and thus laid the basis of the Homoeopathy, materia medica. Many such remedies were added by his followers in subsequent years, so that today the Homoeopathy medicine is said to boast of 2,000 remedies. Hahnemann found that when the current remedy was given in the "'physiological' dose to a patient of particular disease, it produced violent 'aggravated'

1. Ibid.
reaction in the individual." He therefore, tried smaller and smaller doses prepared by him with mathematical precision. While Hahnemann employed the centesimal scale for dilution, his successor Hearing, introduced the decimal scale of potentiation of drugs. It was found that on administering drugs in this form, the action of the remedy was remarkably increased without causing the preliminary violent reaction or aggravation of symptoms. Homoeopaths believe that the drugs will not act in such minute doses unless the remedy is chosen according to the principle that like cures like.

Homoeopathy, in common with other traditional systems, seeks to treat the patient than the disease. The same drugs in different potencies may not induce the same symptoms or cure the same disease. In fact, like naturopathy, Hamoeopathy also believes that disease is an evidence of the body's effort to heal itself whereas Allopathy regards disease more as a breakdown that needs to be repaired. It is the discovery of germs of macro-organisms as causative agents of many diseases that revolutionized modern treatment. Allopathy is more concerned with isolating and identifying the offending agent, with the eventual goal of eliminating such an agent. Homoeopathy, in contrast, sees even germs as an essential part of the human equilibrium with the natural environment and since, even the most virulent and fearful epidemics do not kill the whole population. It would seem important to examine not only the 'germ' but also the terrain or the ecosystem in which the disease occurs.

Homoeopaths claim that it can cure almost all diseases ranging from acute epidemics, infectious disease to chronic ailments like, Rheumatism and tumours.
2.5 Folk Medicine:

Folk Medicine or Native Medicine including herbal medicines is the 'treatment of disease by methods that are natural to particular disease, it produced violent 'alleviated' traditional or shared by experiences, rather than by methods that are scientific, or learned in school of medicine.'

Folk medicine or native medicine in different parts of the world is now being recognised as not only an integral part of the socio-cultural set up of individual population groups and communities but also a source of new knowledge on herbal and other remedies found in nature which are being used by the traditional practitioners on the basis of a long standing experience and years of practical observation. The traditional herbalists are part and parcel of the community and often familiar with details of each family and environs so that they are in a better position to deal with their day-to-day problems. These herbalists are highly respected for their superior botanical knowledge and therapeutic skills. In fact, they take care of most of the common ailments of the native folk in their home setting.

Attempts are now in progress to prepare a compendium of household remedies from different parts of India for the treatment of common ailments. The World Health Organisation is also making efforts to compile a global inventory of medicinal plants which is noteworthy.

2.6 Allopathy:

At this point, it is relevant to study briefly the history of the introduction and spread of the allopathic system of

medicine in India. Before the advent of European traders, Ayurveda and Yunani were the major medicine systems practiced in India. When the Europeans established trading centres and settlements in different parts of the country, they brought medical men trained in their system of medicine to look after the health of their men. When the British established their authority in India and assumed administrative functions it became necessary to maintain a large army and large number of civil officers, mostly British. In order to look after their medical needs, hospitals and dispensaries were established in large numbers under British surgeons and Physicians.

In the early stages, these British doctors trained some Indians to assist them as dressers and compounders and medical orderlies. Impressed by the skill of these Indian assistants, the British Doctors instructed them in the general aspects of diseases and principles of treatment. The government recognised these trained men as Native doctors for employment on a higher pay and rank than the dresser and compounders, provided they passed a qualifying examination. This was the beginning of medical education in modern lines. But there was no system in the selection of candidates or any uniformity in their education and training.

Subsequently, a Medical Board consisting of British Medical Officers was constituted by the government and on the recommendations of this board the first native medical institution was established in Calcutta in 1824. In this Institute, knowledge

of both Ayurvedic, Yunani systems were also imparted along with training in allopathy. Later on the recommendations of the committee set up by Lord Bentinck in 1833, the first Medical College to teach Allopathic System was established in 1835. Though there was some expansion in the teaching facilities of Modern medicine, during the subsequent years, significant progress was not made before Independence.

Soon after Independence, the Planning Commission adopted the Bhore Committee recommendations. A large number of new Medical Colleges were established in addition to conversion of the some of the medical schools into colleges. There were 104 medical institutions (1987). Post-graduate Institutions were established for higher studies and researches at Delhi, Chandigarh, Calcutta and Pondicherry. The Universities also took up Post-graduate teaching. Institutes for higher specialisation have also been established.

An important aspect of the spread of the allopathic system in India has been the establishment of the hospitals. The role of hospitals has changed over time. The first hospitals were set up to cater to those of the old and who had no one to look after them. In India which had its own systems of traditional medicine the joint family had taken upon itself the care of the old and infirm and initially hospital was looked upon as charitable Institution. But outlook of society towards hospitals has gradually changed. From a charitable institution hospitals have taken upon themselves the role of providing better health to the community. Hospitals have come to be recognised as a place where one could get treatment for one's ailments, get cured and look forward to a better future.
2.7 Traditional medicine systems in modern India:

Ayurveda and Unani systems flourished side by side in India up to the beginning of the 19th Century. They drew substance from each other to mutual advantage. With the establishment of the British rule in India, modern medicine was introduced with the result that the indigenous system receded into the background and state patronage to them became sporadic. If they survived, they did so primarily because of their own intrinsic value and partly because medical relief under the modern system of medicine could not cover the rural areas due to a great paucity of qualified practitioners. Neglected and discouraged, research in these systems had not developed with the march of time.

The Ayurvedic and the Unani medicine were left by the British rulers to fend for themselves. They received no State-help. Both the officials and well-to-do Indians decried these ancient systems and gravitated towards the modern system. But, there were some attempts made by Indians to bring them again to greater use. As early as 1916, eleven members of the Imperial Legislative Council led by Pandit Madan Mohan Malaviya, Surendranath Banerjee and Sri Gangadhara Chitnivas pressed the Director General of Indian Medical Services to accept a resolution for conducting an investigation into the possibility of placing the ancient and indigenous systems of medicine on a scientific basis and increasing their usefulness. Even though the provinces themselves were doing something towards rehabilitating the Ayurvedic and the Unani Systems of medicines, interest at the centre remained confined to the modern medicine.

1. Banakar, "Old that is Gold", Health in Independent India, Ministry of Health, Government of India, New Delhi.
It is only in the last three decade-and-a-half that things have taken a slightly different turn. India has woken up to the fact that there must be something in these systems which has made them survive despite neglect, apathy, and abuse by Quacks.

The importance of Ayurveda in Indian Medicine system stems from two considerations - firstly, it is quite evident that there must be something in the science which has sustained through the centuries and which has to its credit drugs like Sarpagandha now being extensively used throughout the world, as a tranquilizer and in case of Hypertension Jatamansore on which research is currently being done and which promises relief in ailments of mio-cardinal origin, 'Punarnavin' - literally 'renewing agents' research on which is increasingly proving it to be efficacious in chronic eye trouble, oedema and kidney disfunctions.

The second consideration is that those systems could be used because they are greatly in evidence in rural areas - and not without reason for providing medical relief to a greater extent than hitherto. But putting Ayurveda on a more rational and scientific basis and by training of Ayurvedic physicians and surgeons to certain standard, much of the problems of providing adequate relief in non-urban areas will have been solved.

An article in the Indian Journal of Medical Research by Dr. Sathyavathy, explores the popularity of traditional system of medicine all over the world. The author has identified a few of the traditional systems of medicine having a global importance on

the basis of their long experience, authenticity and also current applicability to and acceptability by population groups.

The author analyzes the preventive and curative aspects of Ayurvedic system. In curative medicine Ayurveda has a rich herbal and mineral materia medica. What is required today "is an intelligent and pragmatic approach to evaluate selected drugs of herbal origin and listed in the Ayurveda and being used by the practising physicians." A unique experiment in this direction was made by the Indian Council of Medical Research in the late sixties. In this experiment, Ayurvedic experts and Modern Clinicians and also experts in pharmacology, chemistry and pharmaognosy were brought together for the first time to evaluate a batch of herbal remedies selected after careful scrutiny and discussion with Ayurvedic clinicians. While treatment was given by the experts, evaluation was done by Allopathic physicians. This experiment yielded certain valuable clues to the therapeutic potential of a number of plants, among which at least ten plants reached an advanced stage of investigation.

The writer also feels that it is worth while to direct the research efforts to those traditional drugs which may be of use in combating (a) the so called Refractory diseases for which modern medicine has not been able to offer any lasting remedies so far, and (b) as supplementary remedies to well established modern chemotherapy. Among the refractory diseases may be included cancer, rheumatoid arthrities and allied conditions, liver disorders, obesity, peptic ulcer, cerebrovascular disorder and so on.

2. Ibid.
The World Health Organisation (W.H.O.) meeting for development of Research protocols in priority areas in traditional medicine was held in Varanasi in November 1980, selected five diseases for clinical trial as a first step.

In this trial on traditional drugs, it is felt important to test the drugs in the same form and dosage which is being used by the traditional experts in practice while the modern team carefully watches and records the results. A trial of this type is in progress under the joint auspices of Indian Council of Medical Research (I.C.M.R.) and World Health Organization (W.H.O.) at Coimbatore and Madras in India.

A search among traditional drugs and regimen may provide reliable contraceptive agents. Six centres have already been established for this purpose in different countries by World Health Organization. The Institute of Research in Reproduction, Bombay, of the Indian Council of Medical Research is also studying selected plants for possible contraceptive effect. The Central Drug Research Institute of the C.S.I.R. at Lucknow has a major programme in screening plants for biological activity including antifertility activity.

The needs of the Unani System of Medicine have also received adequate consideration. Under the first plan, the Tibbia College at the Muslim University, Aligarh, was given a grant-in-aid of Rs.75,000 for Research purposes. The provision made in the Second Five-Year Plan was of a much higher order. A combined allocation of Rs. Five lakhs had been made for the Unani and the Nature Cure System of Medicines to expand these under the second plan.
The Homoeopathy system of medicine has also come in for considerable attention from the Government who have helped the cause of Homoeopathy. Financial help was provided to upgrade the undergraduate college in Calcutta, for post-graduate studies in Bombay. Homoeopathic Hospital Society in Calcutta, Lucknow, Kottayam, Bombay, Andhra Pradesh and so on received help during the Second Plan.

In modern India, 84 Homoeopathic Medical Colleges are recognised by the Homoeopathy Boards/Councils in different states in the country. They offer four-year course leading to Diploma in Homoeopathy Medicine and Surgery, (D.H.M.S.), Licentiate in Court of Examiners in Homoeopathy (L.C.E.H.) and Bachelor of Medicine and Surgery (B.M.S.). Minimum requirement for admission to these courses is a pass in S.S.L.C. in Science subjects. In Karnataka, there are four Homoeopathy Medical Colleges located in Belgaum, Hubli, Dharwar and Bangalore.

In this connection, it would be appropriate to mention that in Russia, where a similar paucity of doctors existed, the 'Feldsher' system developed where by feldsher and Village Headmen could be entrusted with medical relief in rural areas. In 1937 not less than 44,770 persons were enrolled in Feldshers' schools. Still more recently China has embarked on a large scale programme of fully utilizing the services of 'practitioners of traditional Chinese medicines' in her National Health Development Plan. In the same way, the services of our Ayurvedic and Unani and Homoeopathic practitioners can certainly be used in India to a greater advantage.