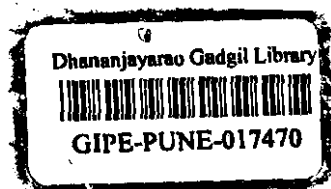


- 1) Komam Avargal (M.C.): Report on the investigation of inde
drugs. LA: 6.21.N2 F1
- 2) Madras. Committee on Indigenous Systems of Medicine: Rep
Part 2 Written and oral evidence. LA. 21.N21t F3.2
- 3) Madras. City (Madras) High Mortality Committee: Report
Part 1. L: 51.21CM.N3t F7.1
- 4) Madras. City (Madras) High Mortality Committee: Report
Part 2 L: 51.21CM.N3t F7.2
- 5) Madras. Statistical Enquiry Committee: Report.
Σ: (B28).21.N3t .G1
- 6) Madras. Power Alcohol Committee: Report. 2087
X9(F54-55).21.N4t G9
- 7) Madras. Report of the Committee on the Government
- 18) Indian Medical School. T9 (LA): 84.21.N4t H O



REPORT
ON THE
INVESTIGATION
OF
INDIGENOUS DRUGS

BY
M. R. RY. RAO BAHADUR M. C. KOMAN AVARGAL, L.M. & S.

MADRAS :
PRINTED BY THE SUPERINTENDENT, GOVERNMENT PRESS.

1931

PRICE, Rs. 1]

LA: G. 21. N2

S. 3270

F1
17470

OFFICE OF THE HONORARY PHYSICIAN,
GENERAL HOSPITAL, MADRAS,
7th December 1918.

R.C. No. 33.

From

M.R.RY. RAO BAHADUR M. C. KOMAN AVARGAL, L.M. & S.,
HONORARY PHYSICIAN, GENERAL HOSPITAL, AND OFFICER
IN CHARGE OF INVESTIGATION INTO INDIGENOUS DRUGS,
MADRAS.

To

THE HON'BLE THE SURGEON-GENERAL
WITH THE GOVERNMENT OF MADRAS,
MADRAS.

SIR,

I have the honour to submit the report on the investigation into indigenous drugs from 12th July, the date of my assuming charge of the office, to 31st October 1918.

2. *Preliminary work.*—To get an insight into the nature of the work I had to carry out, I considered it necessary that I should acquire a preliminary knowledge of the properties of some of the drugs and their compounds by acquainting myself with what was stated about them in some of the well-known Ayurvedic works and by observing practically their methods of preparation, application and administration. The works of U. C. Dutt, K. L. Dey, *Pharmacographia Indica*, Mohideen Sheriff's works, N. N. Sen's *Ayurveda*; *Susrutha* (English translation), *Charaka* (Malayalam translation) and several Ayurvedic compilations in Malayalam were of much help to me in conducting my investigation. As for the practical portion of my work, I made it a point to visit the local Ayurvedic dispensaries as often as possible and to observe and note what was being done in those institutions. During these visits, I was able to gather information with regard to the methods adopted in the preparation of drugs and their compounds, methods of diagnosing diseases and also the various methods of treatment. The apparatuses which are used in the Ayurvedic pharmacies are all antiquated and require considerable modifications in the light of modern scientific knowledge. Those who practise Ayurveda in the city with a few exceptions were all willing to help me in conducting my investigations. I cannot say the same of the Unani physicians; with the exception of Hakim Shiffai-ul-mulk Zianalabddheen Sahib Bahadur and Hakim Maghddum Asaraff Sahib Bahadur, who were kind enough to give me a few prescriptions, they were either reticent or unwilling to render any help. One of the Unani hakims when asked by the Surgeon-General, if he would divulge the composition and method of preparation of any of his secret remedies, replied that he could not afford to lose his living by such a procedure. No doubt the Surgeon-General admired him for the courage of his conviction, but at the same time was sorry to see even in a venerable hakim an agent to debase the ethics of a noble profession. As my knowledge in the theory and experience in the practice of Ayurveda were not sufficient to enable me to prescribe medicines for diseases, I had to select suitable patients at the General Hospital, to whom to fit the medicines which I was gradually collecting. The selection of cases was a difficult task which any one can easily understand when one had to find diseases to suit medicines. This work of investigation cannot be well conducted in an out-patient dispensary, as it would be difficult to trace the whereabouts of the patients for purposes of correctly noting

results. My thanks are due to the Medical officers of the General Hospital for their kindness in placing under my treatment patients whom I wanted to treat with Ayurvedic or Unani medicines. I have also to thank Vaidya Ratna Pandit D. Gopala Acharlu and Pandit Kannappa Mudaliyar for several free samples of medicines given by them for experimental purposes. I am obliged to the staffs of the local Ayurvedic dispensaries for permitting me to observe the work done in those institutions, although at times my visits must have inconvenienced them to some extent. I have devoted my attention chiefly to studying the therapeutical actions of the drugs and of compound preparations in general use, which I have been able to collect. To make a pharmacological research into these, would require a well-equipped laboratory with a staff of duly-qualified and competent physiologists and chemists who have had a previous training in such work. Even the work of investigation which I am now doing, viz., a study of the therapeutical actions of the drugs of Ayurvedic and Unani systems, will take at least two or three years before it is completed. I therefore request that I may be permitted to submit annual reports on it. The work here has been sufficient to keep me fully engaged and there is still enough of material for further investigation. I have not therefore been able to go on tour hitherto, but as recently the services of a Sub-Assistant Surgeon and a small staff have been sanctioned for me, I intend touring in the districts shortly for collecting materials for investigation.

3. Seven annexures are appended to this report—

- (1) Notes on drugs and compounds which have been investigated.
- (2) Summary of the notes on medicines investigated, found useful and recommended for further trial.
- (3) The composition and the methods of preparations of those mentioned in No. (1).
- (4) The composition and the methods of preparation of the drugs collected but not investigated.
- (5) Statement showing the diseases treated at the General Hospital with Ayurvedic medicines and results.
- (6) Chemical Examiner's report on analysis of drugs.
- (7) Copies of circular letters sent to the District Medical and Sanitary Officers and Civil Surgeons.
- (8) Copies of circular letters sent to the Collectors of districts.

4. In selecting diseases I have generally avoided taking up for Ayurvedic treatment very serious cases, as, as a novice, I did not wish to bring the method of treatment into disrepute.

5. I would suggest that the drugs and compounds whose properties have been already investigated by me and found efficacious may be given a fair trial in the various hospitals in the Presidency and reported upon by the Medical officers in charge.

6. When investigation into a fairly large number of drugs has been completed, I shall submit a statement showing the comparative values of the drugs investigated by me and those already in use.

7. In conclusion, I have to state that I began this work with much diffidence and that the mental strain involved in conducting it was considerable. I have therefore to thank Major-General G. G. Giffard, C.S.I., I.M.S., for his kind advice on many occasions and for encouraging me in every way in the conduct of these investigations.

I have the honour to be,

Sir,

Your most obedient servant,

M. C. KOMAN,
Honorary Physician.

APPENDIX I.

Properties and actions of the drugs and compound preparations administered to patients up to the date of the report.

SINGLE DRUGS.

1. *Mocharas*—*Bombax Malabaricum*—
Natural order—*Malvaceæ*.
Sanskrit—*Salmili*.
Tamil and Malayalam—*Mullilavamaram*.

This is the gum obtained from *Bombax Malabaricum* (vide prescription No. 4).

Therapeutic uses.—This gum is an astringent, demulcent and hæmostatic. This was tried in two cases of chronic dysentery, in hæmoptysis of pulmonary tuberculosis and influenza, hæmatemesis, mæna and menorrhagia and acute dysentery with very beneficial results. The blood disappeared from the vomited and purged matters in two or three doses of 40 grains each, but in acute and chronic dysentery its action was slow and had to be accelerated by the addition of other drugs like *holarrhena anti-dysenterica*, *pomegranate rind*, etc.

Chemical composition.—When macerated in water this gum affords a reddish brown solution which gives a dirty greenish precipitate with ferric salt. The solution contains a little gum precipitated by alcohol. The bulk of the drug remains undissolved (*Pharmacographia Indica*).

2. *Bamboo Manna*—*Bambusa Arundinaceæ*—
Natural order—*Graminæ*.
Sanskrit—*Vanslochana*.
Tamil—*Mungalluppu* (vide prescription No. 3).

The siliceous concretions found in the joints of the female bamboo (*bambusa arundinaceæ*). *Tabasbeer* is its Hindustani name. Small irregularly-shaped fragments of opaque white or bluish opalescent colour. The larger pieces are concave or convex and have evidently derived their form in the joints of the bamboo in which they are found as deposits.

Therapeutic action.—It is said to possess cooling, tonic and aphrodisiac properties and is given for the relief of asthma, cough of consumption and in hectic fever with cough.

It enters into the composition of numerous prescriptions for the affections of the lungs; two of the most common are *Sithopaladi churnam* and *Talisyadi churnam*,

The latter vide prescription No. 3 (b)—has been tried by me in pulmonary tuberculosis, in intestinal tuberculosis with hectic fever, in acute and chronic bronchitis and in bronchitis following influenza. It gave a certain amount of relief in pulmonary tuberculosis and in bronchitis allaying cough, but the action was very slow. It did not have any effect on the hectic fever of tubercle. A case of bronchitis after influenza was benefited by its use.

3. *Veppalai*—*Holarrhena anti-dysenterica*—
Natural order—*Apocynaceæ*.
Tellicherry or Conessi bark. Sanskrit—*Kutaja* (vide prescription No. 7).

The bark of this tree is one of the most important articles in the Hindu Materia Medica and is said to possess astringent, digestive and expectorant properties. It is given either alone or in combination with other astringent drugs in cases of acute and chronic dysentery, in piles, in painful dyspepsia and chronic chest affections such as asthma, also in colic and diuresis. The seeds or *veppala-arisi* are considered to be astringent, anthelmintic, carminative and febrifuge. The expressed juice of the bark is considered to be more efficacious in acute cases of dysentery than the bark or the seeds. The bark and seeds are usually combined with other medicines, for example, *Kutaja arishtam*, *Kudaja panitham*, *Dadhumashtaka churnam*. I have found its compound preparations useful in cases of acute and chronic dysentery and chronic diarrhoea.

The action of the seeds when uncombined was found to be very slow. In a case of chronic dysentery of long duration in which amæbæ were found in the stools, a compound preparation of *Kudaja* with *Salmili* brought about a gradual cure.

Chemical composition.—The bark and seeds contain a basic substance named wrightine which has a bitter taste and forms uncrystallisable salts with dilute acids.

4. *Cleome viscosa*—
Natural order—*Capparidæ* (vide prescription No. 9).
Sanskrit—*Adithya Bakhtha*.
Tamil—*Nayi-Velai*.

The seeds of this plant are said to possess anthelmintic and rubefacient properties. *Mohideen Sheriff* recommends the pure dried seeds as substitute for *santonin*. The dose recommended is half to one drachm for adults and half the quantity to children to be given twice a day for two days and followed on the third day by a dose of castor-oil. I tried the drug as per directions given above in an adult and in a child whose motions contained large number of round worm ova, but the result was negative in both the patients.

5. *Aconitum Heterophyllum*—

Natural order—Ranunculaceæ.

Sanskrit—Ativisha

Tamil—Atividyam (vide prescription No. 12).

I found it difficult to get the tuberous roots (adividayam) of this plant in a pure state from the Madras bazaars. The pure roots should break with a short starchy fracture, should taste bitter without producing any acidity and tingling sensation of the tongue. The pure drug was obtained from Malabar and tried in a case of acute dysentery and in a case of chronic enteritis. In both these cases, 30 grains of the drug were rubbed up in two ounces of butter-milk and given twice a day. Eight doses were sufficient to cure the acute case, the diet being arrowroot and milk. It took three weeks for the case of chronic enteritis to get well, the patient being all the time on a diet of well-boiled rice and curd. Mohideen Sheriff recommends its use as an antiperiodic in two drachm doses. The appetite of the patients improved under its use. I consider it a valuable drug in commencing acute dysentery. It enters into several compound preparations for dysentery and diarrhoea with fever.

Chemical composition.—Two uncrystallizable alkaloids are stated to be present in the root one of which is atisine. The other substances present are aconitic acid, tannic acid, cane sugar, fat, starch and vegetable mucilage.

6. *Adhatoda Vasica*—

Natural order—Acanthaceæ.

Sanskrit—Vaaka.

Tamil—Adathoda.

Malayalam—Adalodam (vide prescription No. 10).

This plant is found in most parts of India. The fresh juice or decoction of the leaves or a decoction of the root (vide prescription) is generally administered as an expectorant and antispasmodic in asthma, chronic bronchitis and consumption. The decoction of the roots is generally given combined with other expectorants. This decoction was given in half a dozen cases with varying results. It did good in cases of chronic bronchitis but had not the slightest effect in pulmonary tuberculosis; on the other hand its use for a few days brought on an attack of hæmoptysis in a case of pulmonary tuberculosis. Indian physicians especially on the west coast have high opinions of its efficacy in all pulmonary affections. It is useful in bronchial affections. The leaves are stated to contain an alkaloid known as vasicine in combination with an organic acid to which Dymock gives the name of adathodic acid.

7. *Semecarpus Anacardium*—

Natural order—Anacardiaceæ.

English—Marking nut.

Tamil—Sheran kottai.

Sanskrit—Bhallataka (vide prescription No. 8).

This is a common drug in India. The fruit and the acrid oil which can be obtained from the fruit by expression or with the aid of heat with a certain amount of care are used medicinally. Both when used internally are said to be sedative, antispasmodic, nervine, digestive and alterative. Externally the oil is rubefacient and vesicant. Mohideen Sheriff recommends its use in asthma, in secondary syphilis, dyspepsia, piles, neuralgia, epilepsy, leprosy, psoriasis and other cutaneous affections and nervous debility. He says that marking nut is held in high esteem as a therapeutic agent by the Muhammadan practitioners in India, Persia and Arabia. The Ayurvedic physicians use it as a powerful restorative tonic and recommend its use in chronic stomach complaints and diseases of the rectum. The acrid oil may be given in one to two drachms doses mixed with mucilage and sugar or the nut itself may be given in the form of an electuary made by mixing one part of the nut, six parts of the kernel of cashewnut (*anacardium occidentale*) and one part of clarified honey. Dose 1 to 2½ drachms. Mohideen Sheriff considers marking nut as a specific for acute rheumatism and says it is more sure and speedy in its action than salicylate of soda. I treated a patient admitted into the General Hospital for acute rheumatism affecting the large joints with the electuary of marking nuts. He was discharged cured after having had the treatment for two weeks. In cases of chronic rheumatism in which it was given in the wards, the patients did not derive any benefit. I have seen its efficacy in chronic complaints of the stomach, such as ulcer and chronic gastritis. Kalyana ksharam given in the last-mentioned complaints contains marking nut as its principal ingredient.

8. *Withania Somnifera*—

Natural order—Solanaceæ.

Sanskrit—Aswagandha.

Tamil—Ammukkarān kizhangu (vide prescription No. 1).

The root is said to smell like a horse; hence the name *Aswagandha*.

The specimens I obtained from local bazaars did not possess any such odour.

It is considered a tonic and aphrodisiac by the Indian physicians who use it, in general debility, rheumatism, consumption and loss of appetite. A patient with chronic gastritis and marked loss of appetite and general debility was given a full course of the powdered root alone for a few weeks without any benefit. He was then put on *aswagandha* with *vridhdarak*

(*Argyria speciosa*) which is considered a very good tonic, with the same negative result. A woman with hectic fever of tubercle and marked general weakness was put on the same combination. The result was disappointing. In Indian Materia Medica aswagandha enters into the composition of several medicines used as aphrodisiacs and as remedies for rheumatism.

9. *Ipomea Turpethum*—

(Natural order—Convolvulacæ.)—

Sanskrit—Trivrit.

Tamil—Shivadavir (vide prescription No. 15).

There are two varieties of the root—the black and the white, the black is a powerful irritant and drastic and should be avoided. The white variety used by Indian physicians is a moderate or mild cathartic. I have used it as a mild hydrogogue in the hospital in acute constipation of fevers, chronic constipation, in ascites with cirrhosis of liver, in enlargement of spleen and in all other cases where a purgative was considered necessary. The simple powder in 40 to 60 grains or the compound powder 60 to 90 grains (vide prescription No. 15) may be administered to produce the desired effect. In its action, it is as efficacious if not better than jalap.

Chemical composition.—It contains a resin “turpethine” which is similar in action and properties to jalapin, the resin of jalap. The drug is cheaper than jalap and may be used as an efficient substitute for it.

10. *Eclipta Prostrata*—

Natural order—Compositæ.

Sanskrit—Kesaraja.

Tamil—Karishalanganni.

This weed grows in abundance in Madras in the rainy season and may be found in damp places at other times of the year. There are two varieties of the plant—the yellow flowered and the white flowered—the former variety has thicker leaves and are extensively used in catarrhal jaundice. The fresh leaves are well washed, ground with a few pepper corns and a lump of the size of a lime is administered early in the morning in sour curd or buttermilk. I have found this drug very useful in curing the disease when so administered for five or six days. Occasionally a purgative may be required to aid the action of the drug. In its action, it resembles podophyllin and taraxacum. It may be administered in the form of a succus.

11. *Butea frondosa*—

Natural order—Leguminosæ.

Sanskrit—Palasa.

Tamil—Porasam (vide prescription No. 14).

The seeds have been long known to the Indian physicians to be laxative and anthelmintic in their properties and are given by them in combination with *Hyoscyamus nigra*, *Kamala* and carminatives to expel intestinal worms. In our practice it is given with small doses of *santonin* as a compound powder for the expulsion of round worms. In a case where large numbers of ova of round worms were found in the fæces, compound powder of *Butea frondosa* as per prescription No. 14 was given, but the result was negative. I intend trying hereafter the various reputed anthelmintics used by Indian physicians.

12. *Vanda Roxburghii*—

Natural order—Orchidaceæ.

(Sanskrit)—Rasna.

A compound decoction of this root is being administered in a case of Hemiplegia as the Indian physicians consider it useful in all nervous diseases and rheumatism. It consists of *rasna* (*vanda roxburghii*), *fagonia arabica*, *cedrus deodara*, *acorus calamus* and *zingiber officinalis*, *adhathoda vasica*, *asparagus racemosus*, *boerhavia diffusa*, etc. It has not given appreciable benefit to the patient.

13. *Guggulu*—

Natural order—Bursaracæ.

Botanical name—*Balsamodendron Mukul*.

Sanskrit—Guggulu.

Malayalam—Guggulu.

Guggulu or Indian bdellium is obtained by making incisions in the tree through which the gum resin exudes. It is used by Indian physicians in rheumatism, nervous diseases urinary affections and skin diseases. For these purposes it is given in several compound preparations, such as *yogorajaguggulu*, *adithyapaka guggulu*, *kaisara guggulu*, *sadhangha guggulu*, *kanchanar guggulu*. I have been administering *yogoraja guggulu* with *rasnadhiquath* in a case of hemiplegia without any apparent benefit.

14. *Oxalis corniculata*—

Natural order—Geraniaceæ.

Sanskrit—*Amlanonika*.

Tamil—*Puliyarai*.

The juice of the leaves of this plant is considered refrigerant, appetising and stomachic. In slight forms of chronic dysentery, the leaves boiled in butter milk and given twice or thrice

a day prove very useful. Chakradatta gives this in the form of a ghrta (means ghee preparation) and recommends its use in dysentery, piles and prolapse of the rectum. The herb can be obtained in abundance at a very cheap rate at all the markets in Madras.

15. *Silajit*. (vide prescription No. 5). The literal meaning of this word is stone and lac. There are two common varieties which can be obtained from the bazaar, gomuthra silajit and Karpooa silajit. Gomuthra silajit has a strong smell of stale cow's urine. It is dark, sticky and unctuous. Karpooa silajit is found in white plates like marble but is less hard. Silajit is a bituminous exudation from rocks and mountains in the hottest part of the year. On igniting it, it leaves a large quantity of ash consisting of lime, magnesia, silica and oxides of iron. It is said that there are four varieties of silajit. (Vide Kaviraj N. N. Sen's book.) The four varieties get their hue from the presence of gold, silver, copper or iron in their composition. Gold silajit is said to be red, the silver variety white, the copper variety of bluish green colour and iron silajit blackish. The only two varieties shown me in the Venkataramana dispensary, Mylapore, were the black and the white. The black variety is the one which is mostly used and is known as gomuthra silajit. An extract is made from the crude substance by making an emulsion of it with hot water and repeatedly exposing the emulsion to the sun. A cream floats on the surface and it is removed and collected. The process is continued as long as any cream rises. The extract of silajit thus collected is sundried and then purified by being soaked in a decoction of certain plants. It is said to be a powerful tonic, useful in urinary diseases, diabetes, gravel and consumption.

The dose is 6 to 12 grains.

I have used this medicine with Abhrak Basmam (vide prescription No. 35) in two cases of diabetes and the action was beneficial. In one case the sugar disappeared completely after three weeks' use although at the commencement of the treatment there were 22 grains to an ounce. In the other case which is still under treatment, the quantity of sugar is reduced from 86 grains to 8 grains per ounce; the accompanying symptoms such as excessive flow of urine, thirst, neuritis of legs, etc., have also subsided to a very considerable extent. Both the patients were on milk and bread diet. Probably the diet has a great deal to account for the reduction of the quantity of sugar. A few years ago I saw a case of chronic cystitis deriving much benefit from the use of silajit which was administered by an Unani Physician.

16. *Sida Cordifolia*—

Natural order—Malvaceae.

Sanskrit—Bala.

Tamil—Mayirmanikam.

Malayalam—Kurundhoti.

V. C. Dutt says that the Sanskrit writers describe four varieties of Bala and the roots of all these species are regarded as cooling, tonic, and useful in diseases of nervous system. The Indian physicians of the west coast use the bark of *Sida cordifolia* in diseases of the nervous system such as paralysis, sciatica, facial palsy, hemiplegia, vertigo, etc. It is used alone or in combination with other medicines as in mashabalathi kashayam, ksheerabala or bala thaila. Bala thaila is an oil prepared by making a decoction of the bark of *Sida cordifolia* to which sesamum oil and milk are added in certain definite proportions and boiled. This process is repeated several times by adding fresh milk and a paste of the bark of the root; this is done 14 to 101 times or more. An ounce of 101 times boiled thaila is sold on the west coast at Rs. 8. I have used this specific oil in several cases of facial paralysis, sciatica, both internally and externally and found it to be very efficacious in curing those diseases when they are due to inflammation of the nerves. I have received a supply of this oil from Malabar and intend giving a good trial in suitable cases in the hospital.

17. *Phyllanthus emblica*—

Natural order—Euphorbiaceae.

Synonym—Emblie myrabolans.

Sanskrit—Amlaka.

Tamil and Malayalam—Nellikayi.

This is a drug which is held in high esteem equally by both the Unani and Ayurvedic physicians. The fruits are said to possess cooling, refrigerant, diuretic and laxative properties and are considered to be purifiers of the humours of the body. The dried fruits are said to be astringent and useful in hæmorrhages. Unani physicians give a confection made of this fruit—vide prescription No. 41, for anorexia, biliousness, and palpitation of the heart. Hakim Shifa-ul-mulk Zianulabdeen Sahib Bahadur speaks very highly of its property which he thinks depends upon the organic acids present in the fruit. In insanity and other affections of the brain, the dried fruits are boiled over night in water which is allowed to cool and a continuous stream of this water is poured on the head for 15 or 20 minutes to allay the brain irritation.

These myrabolans enter into many compound preparations of Ayurveda. Triphala (3 fruits) which consists of equal parts of powdered emblic myrabolans, chebulic myrabolans and beleric myrabolans is administered as a laxative and corrector of humours, in headaches, biliousness, dyspepsia and constipation, piles, enlarged liver and ascites. Nellikaya leghyam,

confection of Nellikaya (vide prescription No. 41) has been found to be useful in chronic dyspepsia and also as an appetiser. Dymock says that all the three myrabolans contain a large quantity of gallic and tannic acids, emblic myrabolans contain also 10 per cent of glucose.

Chebulic myrabolans are known as abhaya in Sanskrit, kadukhai in Tamil and Malayalam. Beleric Myrabolans are known as vibhitaki in Sanskrit and thandrakai in Tamil and Malayalam.

The Unani practitioners have slightly modified the prescription for Triphala (vide prescription No. 28) and given it the name Ithriphal.

The latter was given in doses of 3 drachms at bed time in a case of chronic constipation and found to give considerable relief.

COMPOUND PREPARATIONS.

I. Karpooradhi Churnam (vide prescription No. 13). This prescription has been used in cases of bronchial catarrh and bronchitis and found to help free expectoration in those diseases. It is prescribed in the Madras Ayurvedic dispensaries in catarrhal bronchitis, laryngitis, nasal catarrh.

II. Talisyadhi and sithopaladhi churnams—vide prescription No. 8 (a) and (b) and vide notes on Bamboo manna marked No. 2.

III. Worm powder—vide prescription No. 14 and vide notes on *Butea frondosa* marked No. 11.

IV. Trivrit churnam—vide prescription No. 15, and vide notes on *Ipomea turpethum* marked No. 9.

V. Anandha and swatchanda Bhairavi pills—vide prescriptions Nos. 16 and 20.

These pills were used in malarial fever with enlarged spleen and liver along with Panchathiktha decoction or Panchathiktha panakam and with Leghu Sudarsana Churnam or Brihat Sudarsana Churnam. In three cases of malarial fever where diagnosis was confirmed under microscope by the presence of malarial parasites in the blood, the patient was free from fever from 4 to 7 days after the administration of the drug. In one case where the disease was of a malignant type with crescents in the blood, the fever returned in a mild form, after a few days of apyrexia. The treatment is being continued.

VI. Dadhumaastaka churnam—vide prescription No. 18.

This compound was tried in a few cases of acute and chronic dysentery in doses of 30 to 60 grains and found to be very useful.

VII. Leghu Sudarsana Churnam—vide prescription No. 19.

Brihat Sudarsana Churnam—vide prescription No. 23.

Panchathikthaka Panakam—vide prescription No. 26.

and decoction—vide prescription No. 17.

All these have more or less the same properties and are being given in the Ayurvedic dispensaries in Madras in malarial fevers, in malarial enlargement of spleen and liver, in fevers of influenza and bronchitis and other fevers of unknown origin. I have tried these preparations in the hospital in these diseases but they have not proved as efficacious as I expected them to be. They are certainly of use in those diseases, when along with them preparations of mercury, sulphur and Aconite like one of the following pills Anandhabhairavi (prescription No. 16) Swatchandhabhairavi or Kasturibhairavi are administered.

The principal ingredients of these compound powders are Chinthai Kodi (*Tinospora cordifolia*) Katurhini (*Picrorrhiza kurroa*), Parpatakam (*Oldenlandia herbacea*), Korai-kalangu (*Cyperus rotundus*), Neem (*Azadirachta indica*), Chireta (*Opheliae chiratta*) which are reputed to possess antipyretic and antiperiodic properties in Hindu Materia Medica. Usually some carminatives and laxatives are added as correctives.

VIII. Kutajapanithum—vide prescription No. 21 and notes on Veppalaarisi marked III—was found to be useful in cases of acute and chronic bowel complaints with diarrhoea or dysentery. Its action is similar to that of Dhadumastaka churnam (prescription No. 18).

IX. Bhaskara Lavanam—vide prescription No. 24. It was tried in two cases of chronic gastritis. In one case there was a certain amount of relief to the stomach, but in the other case no relief was obtained.

X. Leghu Sanka Dravkam—vide prescription No. 25. This preparation which smells strongly of nitrous fumes appears to be a compound of the mineral acids. I have given it a fair trial in cases of cirrhosis of the liver with ascites—This compound distillate was recommended to me for the relief of all liver complaints by some of the Ayurvedic physicians in the town. In one of my cases, which is under treatment from 14th August 1918, it is doing some good, as the patient had to be tapped only once five weeks ago, and very little fluid has accumulated since then. This patient also gets a mild hydrogogue cathartic of *Ipomea Turpethum*. In another case of cirrhosis of the liver with ascites which has been of more than five years standing, this medicine did not do the slightest benefit and the fluid had to be removed by repeated tapings.

XI. Zoofa—vide prescription No. 27.

This unani preparation has proved very efficacious in relieving the cough of bronchitis especially that of post influenzal bronchitis.

XII. Ithraphal—vide prescription No. 28. This is a unani preparation and it is a mild laxative. It was tried in a few cases of chronic constipation and found to give relief. Three drachms of the confection is an ordinary adult dose to be given at bed time.

XIII. Jawarish-a-Kamoon—vide prescription No. 30.

This was given to a case of chronic gastritis (dyspepsia). It did not give any relief.

XIV. Loha Bhasma or Iron Bhasma was obtained from Zandu Pharmacy, Bombay. It was tried in a case of anaemia with general debility. The strength and the blood of the patient improved under its use and it had no constipating effect.

XV. Siddha Bhasmam—vide prescription No. 32—Pandit Kanniyappa Mudaliyar extols its use as a specific for consumption. I tried it in a case of pulmonary tuberculosis in the second stage and in another case where the disease was fairly advanced. The first case put on weight and strength while taking it and is doing well at the time of the report. In the second case there was no appreciable effect, for in addition to the advanced pulmonary tuberculosis, the patient also had a complication of tuberculosis of the intestines.

XVI. Purnachandrodhayam and specific oil for Syphilis—vide prescription Nos. 33 and 34. Both these medicines were administered as instructed by the physician who gave them. The oil is what is known as Sarva Megha Sanjeevi Oil which is considered to be a specific in syphilis. After a preliminary use of the oil, Purnachandrodhayam, which is considered as the King of Specifics in all stages of Syphilis was administered for 40 days. The case selected was a typical one of secondary syphilis. There were several patches of ulcers on the body with dry crusts on some of them. Most of these healed under treatment but as two of them remained persistently unhealed and as the patient appeared to be discontented, an intravenous injection of ampalsves 0.9 gram was given. The remaining ulcers healed within four days. There is no doubt that Purnachandrodhayam on account of the mercury, arsenic and gold it contains has some effect on syphilis but the action is very slow and does not compare favourably with that of Salvarsan or of mercury administered in accordance with B.P.

XVII. Specific for Diabetes Mellitus—vide prescription No. 35.

Reference has already been made to this in the notes, on Silajit No. 15. Talc Basmam (Abhrak) is very much extolled as a remedy in Diabetes Mellitus. It will be given a further trial in that disease.

XVIII. Vathagni Kumarsa—prescription No. 6.

I tried this preparation for several weeks in a case of hectic fever of tuberculosis but the patient was not in any way benefited.

XIX. Iron Kalpam—vide prescription No. 36.

This is an organic compound of iron. It was tried in anaemia and dyspepsia with anorexia and was found very beneficial in improving the blood, strengthening the patient and also in creating an appetite. This preparation was supplied by Vaidya Rathna Pandit Kannappa Mudaliyar.

XX. Narayana Thailam.

The chief ingredients are:

- Sathavari. (Asparagus racemosa).
- Aswagandha (Withania somnifera).
- Vilvamula (Root of Aegle marmelos).
- Patala (Sterospermum suaveolens).
- Gokshuram (Tribulus terrestris).
- Syonika (Colasynthas indica).
- Agnimantha (Premna spindsa).

It is recommended for local massage in hemiplegia, lumbago, headache and paraplegia. This was tried externally in lumbago and was found to give relief.

XXI. Agnithundi Pill—

Prepared in accordance with Saranghadhara. Its chief ingredients are sulphide of mercury thrikatu (ginger, long pepper and pepper), chithraka (Plumbago zeylanica), the two Ksharas (Carbonate of Potassium and Sodium), Nux vomicae, Aconite, etc. It is recommended as useful in dyspepsia, indigestion, colic and as a tonic in all conditions of debility. It was given to dyspeptic patients who were very weak. The improvement was very gradual.

XXII. Specific powder from a hakim in George town, for tubercle, asthma and diabetes. As the hakim refused to give the composition or the mode of its preparation, I had to get it analysed—vide-Chemical Examiner's report. I did not find it doing any appreciable good hitherto in tubercle. In one case it reduced the temperature for three days but the fever rose up again and further administration did not do any good. In a case of pulmonary tuberculosis with hectic fever, the patient did not show any sign of improvement, though the medicine was administered in accordance with the hakim's instructions. In a third case of pulmonary and intestinal tuberculosis, the patient derived no benefit but succumbed to the disease.

XXIII. Dec' Glycyrrhiza Co.—vide prescription No. 11 and No. 23, page 12, summary of notes on drugs.

Just as in the British Pharmacopoeia, all parts of vegetables, viz., roots, flowers, leaves, fruits, extracts (as catechu and opium), bark, wood and gum are used in Hindu medicine. Charaka divides the medicines into three classes according to the action they are supposed to have on the different organs of the system or particular symptoms of the disease. For example, Jeevanya—medicines which prolong life, Deepaniya which increase the appetite and increase digestive power, Jwarahara-Febrifuge.

The different forms in which medicines are administered are—

- (1) Churna or powders.
- (2) Swarasa or expressed juice.
- (3) Quaths or decoctions.
- (4) Phanta or hot infusions.
- (5) Sithakashaya or cold infusions.
- (6) Panya or weak decoctions.
- (7) Mantha, emulsion of medicine in water.
- (8) Kshcerapaka or decoction in milk.
- (9) Avaleha or extract.
- (10) Vati or pills.
- (11) Modaka or boluses prepared by the addition of syrup.
- (12) Khandapaka or confections.
- (13) Phudapaka or roasting.
- (14) Sandhanavarga or products of acetous fermentation.
- (15) Dravaka or distilled mineral acids (e.g., Swalpadravaka and Saukadravaka).
- (16) Asava and Arishta or medicated spirituous liquors.

These last are prepared with the aid of honey and treacle from various medicinal substances. If the raw drugs are only steeped in water for fermentation, the product is Asava. If, however, they are steeped in decoction of particular substances, the product is arishta.

- (17) Medicated oils and ghrita.

The medicated oils are prepared by concentrating the decoction of vegetable drugs in oil, and ghritas are prepared by using clarified butter or ghee instead of oil. Ghritas are chiefly used internally and oils externally. Medicated oils and ghritas must be prepared according to the method known as ghrithapaka or thailapaka :

Different modes of applying medicines—

- (a) Vasthi karma or injections into the rectum.
- (b) Pbalavarthi or suppositories.
- (c) Naasya or application of medicated substances to the nose.
- (d) Kavala or Gargles.
- (e) Sirovasthi or applications to the head.
- (f) Netra karma or application to the eyes.
- (g) Plasters or pralepa.
- (h) Poultices or Pradeha.
- (i) Svedhana or application of heat to the skin for inducing perspiration.
- (j) Dhumapana or inhalations.
- (k) Dupana or fumigations.
- (l) Ksharakarama or caustic applications.

In inorganic materia medica, the following mineral substances are mentioned :—

Sulphur, mercury, arsenic, white arsenic, orpiment, realgar, iron, sulphate of iron, iron pyrites, gold, silver, copper, sulphate of copper, tin, zinc, lead, galena, brass, mica, talc, alum, borax, lime, several salts of sodium; principally the five salts of sodium known as Panchalavanam, carbonate of sodium, and potassium, nitrate of potash, diamond, pearl, coral, silajit and red ochre. There are several compounds of these minerals mentioned but the purification of the minerals and the modes of preparation of their compounds are very tedious processes. The appliances for purifying and preparing these compounds are crude remnants of remote conception which might have been excellent when they were first put forth by the inventors in those remote times. Refer to pages 19 to 41 Vol. II N. N. Sen's Ayurvedic Medicines, also to pages 24 and 25 of N. C. Dutt's Materia Medica. They require considerable modifications and improvements in accordance with modern science. Several of these compounds such as Makaradhvajam, Vasantha Kusumakaram, Mrigangharasa, Poornachandrodayam, Raja Mrigangharasa, Pancharutha Parpati, Mruthathapaua Rasa and several other similar compounds which are considered excellent medicines by Hindu physicians require much time labour, skill, patience and money in their preparation in accordance with Hindu Pharmacy, if they are to serve the purposes for which they are intended.

APPENDIX II.

Summary of the notes on the medicines investigated, found useful, and recommended for further trial.

Names of the drugs.	Botanical names.	Prescription number.	Notes on drugs number.	Where obtainable.	Diseases used in.	Number of cases.		Result.	Remarks.
						Hospital.	Private.		
1. Mocharas	Stombox Malbaricus (gum of).	..	1	Bazaar medicine.	1. Chronic dysentery 2. Hæmoptysis 3. Hæmetemisis 4. Malaria 5. Menorrhagia 6. Acute dysentery 7. Chronic diarrhoea	2 2 1 1 1 1 2	.. 1 1 .. 1 ..	Cured Do. Do. Do. Do. Cured Action very slow ..	(a) In combination with other medicines.
2. Vappalai ariahi and pattai.	Holarrhena anti-dysenterica, seeds, bark.	..	8	Bazaar medicine, also fresh plant.	Chronic dysentery	2	..	Cured Action very slow ..	The drug has to be combined with mooharas and similar drugs to act beneficially in diarrhoea and dysentery (acute and chronic).
3. Athividyam	Aconitum heterophyllum.	..	5	Bazaar medicine.	Acute and chronic dysentery ..	..	..	Cured	This drug enters into several compound preparations for acute and chronic diarrhoea and dysentery.
4. Adathoda	Justicia adathoda ..	..	6	Do.	Acute and chronic bronchitis ..	6	..	Did good in combination with other expectorants.	Used in the form of decoction.
5. Trivrit	Ipsomea turpethum ..	..	9	Do.	In acute and chronic constipation, ascites with cirrhosis of liver and constipation of fevers.	In several cases ..	..	Found useful ..	It is a good hydrogogue cathartic and can be substituted for Jalap but the compound powder (see infra) is preferable to the simple powder of the root.
6. Kariabalanguni ..	Eclipta prostrata ..	..	10	Fresh plant ..	In ocatral jaundice	In several private cases.	2	Gave very satisfactory results.	.....
7. Paliyarai	Oxalis corniculata ..	..	14	Do.	In chronic enteritis .. ..	..	2	Cured	Given boiled in buttermilk.
8. Bala	Sida Cordifolia ..	..	16	Fresh root ..	Sciatica Facial palsy .. ..	..	2 2	Do. Do.	Used in the form of Bala Thaila or Keheerabala.
9. Talisyadhi Churnam..	.....	3 (b)	2	Zandu Pharmacy, Bombay (easily made locally)	Pulmonary tuberculosis Bronchitis and Hætic fever of Tuberculosis.	3 1	..	Relieved Do. No relief	Was useful in relieving cough. The chief ingredients are Bamboo Manna and Pinus Webbiana.
10. Trivrit Churnam ..	.....	15	9	Do.	Same as No. 5 supra	Several cases	..	Very satisfactory ..	This compound preparation gave more satisfactory results than the simple drug.
11. Dadamasthaka Churnam.	.....	18	6	Do.	Acute dysentery Chronic dysentery	1 1	..	Cured Do.	This preparation contains drugs marked 1, 2, 8 supra and other astringent drugs.
12. Leghu Sudarsana Churnam.	.....	19	7	Do.	Malaria and enlarged spleen Enlarged spleen and liver	4 1	..	Four relieved and one case discharged otherwise.	When given in combination with iron or Anandha-Bhiravi.
13. Brihat Sudarsana Churnam.	.....	23	7	Do.	Influenza (Broncho-pneumonia). Malaria Bronchitis after influenza Anæmia Enlarged spleen and liver Malaria with ascites and Cirrhosis of liver.	2 3 1 1 1 1	..	All the cases were benefited.	Combined with Anandha Bhiravi.

Summary of the notes on the medicines investigated, found useful, and recommended for further trial--cont.

Names of the drugs.	Botanical names.	Prescription number.	Notes on drugs number.	Where obtainable.	Diseases used in.	Number of cases.		Result.	Remarks.
						Hospital.	Private.		
14. Kutaja Arishtam and 15. Kutaja Panitham 21	8 V. 8	Venkatramana dispensary, Mylapore.	Chronic dysentery Chronic malaria and enlarged spleen (diarrhoea). Acute dysentery Chronic gastritis (diarrhoea) .. Influenza (malaria)	1 1 2 1 1	} Very beneficial results.	See notes on 1 and 2 (supra).
16. Loha Basmam .. 17. Ananda Bhiravi 16	14 7	Zandu Pharmacy. Do.	Chronic gastritis with anaemia.. Enlarged spleen Ascites and enlarged spleen .. Malaria Post influenza bronchitis .. Cirrhosis of liver and ascites ..	1 1 1 5 2 4		
18. Lohu Sanka Dravakam.	25	10	Venkatramana dispensary, Mylapore.	Ascites Cirrhosis of liver and ascites ..	1 4	} Ascites subsided in one case and two were discharged otherwise.	} One case remaining under treatment is improving.
19. Specific for Diabetes Mellitus.	34	17	Devi Siddha Vaidyasala, Esplanade, Madras.	Diabetes mellitus	3	..		
20. Iron Kalpam	36	19	Do.	Chronic gastritis Anaemia	1 1	} Did much good } Do.	} The process of preparing this compound is tedious.
21. Siddha Basmam	12	15	Do.	Pulmonary tuberculosis	2	..		
22. Zoofa	27	11	Made locally ..	Influenza Influenza (broncho-pneumonia) .. Influenza (bronchitis) Bronchitis	1 2 1 1	} One case of broncho pneumonia died and the others derived benefit.	}
23. Decoction Glycyrrhizae co.	11	12	Bazaar medicine (easily made locally).	Several cases of acute and chronic bronchitis which were admitted as such or which occurred as complications of other diseases in the hospital.		
24. Confection Semicarpus Anacardium.	8	7	Must be locally made.	Acute rheumatism Chronic rheumatism	1 1	} Cured } Not benefited	} Further trial is necessary.
25. Panchathikthaka Decoction.	17	7	Bazaar medicine (made locally).	In cases of malaria		
26. Ithraphal	28	17	Bazaar medicine (locally made).	Chronic constipation	1	} Cured	}

APPENDIX III

List of drugs and compound preparations collected in Madras and investigated up to date of report.

Names of drugs.	Botanical names.	Quantity.
1. <i>Ashwagandha</i> — Dose.—Twenty grains of the powder in milk or sugar thrice a day. Ther. uses.—In general and nervous debility, in consumption, in rheumatism, in hectic fever.	Amukkarankilangu (Tamil). <i>Withania Somnifera</i>	
2. <i>Guggulu</i> — Gum resin from Balsam odendron Mukul, U. C. Dutt, page 132. Preparations.—Yoga raja Guggulu, Kanchnar Guggulu, etc. Ther. uses.—For rheumatic and nervous complaints, scrofula, chronic ulcers, etc.		
3. <i>Bamboo Manna</i> — Two compound powders are prepared from this—	<i>Vansalochana</i> (Sanskrit) ..	
(a) <i>Sithopaladi Churnam</i> —		
(1) Bamboo Manna	<i>Bambusa Arundinacæ</i> ..	8 parts.
(2) Long pepper	<i>Piper longum</i>	8 "
(3) Cardamom	<i>Elettaria cardamum</i> ..	2 "
(4) Cinnamon	Bark of <i>cinamomum zeylanicum</i> .	1 part.
(5) Sugar .. .. .	.....	16 parts.
Dose.—One dram thrice a day		
Ther. uses.—In consumption with dry hacking cough, hæmoptysis.		
(b) <i>Thalisyadi Churnam</i> —		
(1) Bamboo Manna .. .. .	.....	8 parts.
(2) Long pepper .. .. .	.....	6 "
(3) Talispathri (<i>Pinus Webbiana</i>) ..	.....	4 "
(4) Dry ginger	<i>Zingiber officinalis</i>	2 "
(5) Pepper	<i>Piper Nigrum</i>	1 part.
(6) Cardamom .. .. .	.....	$\frac{1}{2}$ "
(7) Cinnamon .. .. .	.....	$\frac{1}{4}$ "
(8) Sugar .. .. .	.....	42 parts
Dose.—40 to 60 grains		
Ther. uses.—In consumption with abundant expectoration.		
4. <i>Mocharas</i> — Dose.—20 to 40 grains Ther. uses.—in powder for acute dysentery, chronic dysentery and diarrhoea, hæmoptysis, hæmetemesis, also a local hæmostatic.	<i>Salmili</i> (Sanskrit) Gum of <i>Bombax Malabaricum</i> .	
5. <i>Silajit</i> — Dose.—6 to 12 grains twice or thrice a day. Ther. uses.—In diabetes mellitus, in anæmia and palpitation, in cystitis, in albuminuria. This is a costly medicine and has to be obtained from Kashmere and North India. According to U. C. Dutt, silajit consists of lime, magnesia, silica and iron (Proto and Peroxide).		
6. <i>Vathagni Kumaran</i> — Rub together 8 parts of purified mercury and purified sulphur until the whole is converted into black sulphide of mercury. Then rub in juice of betel wine for two or three days for a few hours a day. Then rub in juice of pomegranate flower, then add two parts by weight of thalakam (orpiment). Heat in a Valukayanthram in sand bath gradually for three days. What sublimes at the upper part of the vessel as a solid mass is Vathagni Kumaran.		

List of drugs and compound preparations collected in Madras and investigated up to date of report—cont.

Names of drugs.	Botanical names.	Quantity.
Dose.— $\frac{1}{4}$ to 1 grain twice or thrice a day after meals.		
Ther. uses.—In intermittent fever, enlarged spleen, kala-azar, in hectic fever of consumption.		
7. <i>Holarrenha Anti-dysenterica</i> —(Country ipecao).		
The seeds (veppalarishi) powdered and rubbed is given in 30 to 60 gr. doses in chronic dysentery, acute dysentery, chronic diarrhoea. The bark is given in a variety of ways for the same complaints. The expressed juice of the bark is given with honey.		
8. <i>Sherankottai, marking nut</i> —		
Preparations—Acrid oil and electuary.		
<i>Electuary</i> —		
Marking nut .. .. .	.....	1 part.
Cashew nut kernel	<i>Anacardium, Occidentale</i> ..	6 parts.
Clarified honey .. .. .	.....	1 part.
Rub marking nut well in a stone mortar, and add gradually the cashew nut powder and honey.		
Dose —Oil $1\frac{1}{2}$ dram to $2\frac{1}{2}$ dram.		
Electuary— Do.		
Three or four doses daily.		
Ther. uses.—In acute rheumatism; not half so useful in chronic and muscular rheumatism.		
9. <i>Nayivela Verai</i> —		
The seeds of <i>Cleome Viscosa</i> .		
Doses.—30 to 60 grains for adults, twice a day for two days followed on the third day by castor oil.		
Ther. uses.—Anthelmintic, substitute for santonin.		
10. <i>Adhathoda</i> —		
Preparation.—decoction.		
Take of Adathoda root in cut pieces one part, water 16 parts, boil down to one-fourth quantity.		
Strain—dose—1 ounce thrice a day either alone or combined with other expectorants.		
Ther. uses.—In acute and chronic bronchitis, asthma.		
11. The following may be given alone or combined with the above (No. 10).		
<i>Dec' Glycyrrhiza Co.</i> —		
(a) Cubebs	(a) <i>Cubeba Officinale</i> .	
(b) Liquorice	(b) <i>Glycyrrhizae Glabra</i> .	
(c) Long pepper	(c) <i>Chavica Roxburghi</i> .	
(d) Chitharathai	(d) <i>Alpin chinensis</i> .	
(e) Kadukkai	(e) <i>Myrabolans Chebulio</i> .	
Take equal parts by weight and powder. One part by weight of powder and 15 oz. water to be boiled and reduced to 4 oz. or it may be converted into electuary with honey.		
Doses —Compound decoction 1 oz. three or four times a day.		
Ther. uses.—In acute and chronic bronchitis.		
12. <i>Athavidayam</i> —		
Ther. uses.—In chronic bowel complaints as chronic diarrhoea, chronic dysentery, and acute dysentery.		
Doses.—30 grains rubbed up in buttermilk or the decoction of pomegranate flower and leaves twice or thrice a day.		
Generally administered with the juice of the bark of holarrenha anti-dysenterica.		

Veppalai.

Aditya Baktha (Sanskrit).

Justicia Adathoda, Vasaka.
(Sanskrit.)

Aconitum Heterophyllum.

List of drugs and compound preparations collected in Madras and investigated up to date of report—cont.

Names of drugs.	Botanical names.	Quantity.
13. Harpuradi Churnam—		
Camphora	Cinnamomum Camphora, (Paaha carpooram) Tamil.	½ tola.
Cinnamon	Cinnamomum Zeylanicum.	} 1½ tolas each.
Cubebs	Cubeba officinale.	
Nutmeg	Myristica fragrans.	
Mace (japathri)	Myristica Officinalis ..	
Cloves	Eugenia Caryophyllata ..	
Nagakesari	Cherunagpoo (Mesua Ferrea).	3 tolas.
Pepper	Piper nigrum	4½ tolas.
Long pepper	Chavica roxburghi	5 "
Dry ginger	Zingiber officinales	7½ "
Powder after sundrying and add double the quantity of sugar.		
Doses.—40 to 60 grains.		
Ther. uses.—Bronchial and laryngeal catarrh—also in indigestion.		
14. Worm powder—		
For round and thread worms—		
Purasem verai	Seeds of butea frondosa ..	} 2 palams each.
Veppalarisi	Holarrhena anti-dysenterica seeds.	
Vayu vilangam	Embelia ribes	
Cloves	Eugenia caryophyllatus ..	
Cardamoms	Elettaria cardomomum ..	
Large long pepper	Piper longum	
Cinnamon	Cinnamomum zeylanicum.	
Chinnamon leaves	Cinnamomum leaves of ..	
Ginger	Zingiber officinale	
Pepper	Piper nigrum	
Borax	} 2 tolas each.
Bamboo Manna .. .. .	.....
Long pepper	Chavica Roxburghi	
Chitramulam	Root of Plumbago zeylani- cum.	
Korakilangu	Tubers of cyperus rotundus.	
Vailayal uppu	Black salt (vit salt)	
Induppu	Rook salt	
Aranakun	Piper aurantiacum	
Kadukkayi	Chebulic myrabolans	
Thanrikayi	Beleric myrabolans	
Nellikayi	Emblie myrabolans	
Powder fine		
Doses.—16 to 20 grains twice or thrice a day for three days followed by castor oil.		
Ther. uses.—Anthelmintic powder ..		
15. Trivrit Churnam—		
Trivrit or Sivadaver	Ipomoea Turpethum	42 palams.
Chebulic myrobalans	} 1 palam each.
Belleric myrobalans .. .. .	.....
Emblie myrobalans .. .. .	.....
Vayuvilangam	Embelia ribes	
Rose buds (dry) .. .. .	.....
Cardomoms .. .. .	.....
Cinnamon .. .. .	.....
Cinnamon leaves .. .. .	.....
Korakilangu	Tubers of Cyperus Rotun- dus.	
Dry ginger .. .. .	.....
Pepper .. .. .	.....
Long pepper .. .. .	.....
Senna leaves .. .. .	.....
Katurohni	Picrorrhiza kurroa	
Doses—40 grains to 1½ drams with sugar in the morning.		
Ther. action.—Purgative.		

List of drugs and compound preparations collected in Madras and investigated up to date of report—cont.

Names of drugs.	Botanical names.	Quantity.
16. Ananda Bhairavi pills—		
Borax pure		} 2 palams each.
Purified lingam or (sulphide of mercury).		
Long pepper		
Aconitum ferox.. .. .		
Pepper powder		
Powder these and grind in lime juice and make into pills of 1½ grains each.		
Dose—One pill twice a day.		
Ther. uses—In fever due to indigestion, bronchial catarrh, bronchitis, in malarial fever.		
17. Panchathikthaka powder and decoction—		
Shindal kodi	Tinospora cordifolia ..	
Parpataka	Oldenlandia herbacea ..	
Chiratta.. .. .	Ophelia chiratta	
Cherutaku	Siphonanthus Indica ..	
Korakilangu	Tubers of cyperus rotundus.	
Dry ginger	Zingiber officinale	
Take all the above in equal parts and powder.		
One drachm of the powder in decoction twice a day. Rub the above pill in the decoction.		
18. Dadimastaka churnam—		
Pomegranate fruit rind	Punica granatum (rind of the fruit of).	
Mocharas	Bombax Malabarioum (gum of).	
Veppalarisi	Holarrhena anti-dysenterica	
Poppy heads	Papaver somniferum (capsules of).	
Poppy seeds	Papaver somniferum (seeds of).	
Mangottai paruppu	Mangofera Indica (kernel of nut).	
Vattaithiruppu (pathasa).	Stephania Hernandifolia.	
Athividayam	Aconitum heterophyllum ..	
Equal parts in powder, sieved through cloth.		
Adult dose—30 to 60 grains.		
Children—10 to 15 grains.		
Ther. uses—In acute and chronic dysentery.		
19. Leghu Sudarsana churnam—		
Sindalkodi	Tinospora cordifolium ..	} Equal parts by weight.
Kattuthippali veru	Root of chavica roxburghi.	
Thippali	Chavica roxburghi	
Katurhini	Picrorrhiza kurroa	
Kadukkai	Chebulic myrobolans	
Dry ginger	Zingiber officinale	
Cloves	Eugenia caryophyllata ..	
Bark of margosa	Melia Azadirachtæ	
White sandalwood .. .. .	.....
Add half the total quantity by weight of chiratta.		
Dose—5 to 20 grains.		
Ther. uses—Malarial fevers and fever of unknown origin.		
20. Swatchanda Bhairavi pills—		
Pure mercury .. .. .	.....	} 1 tola.
Pure sulphur .. .. .	.....
Pure aconitum ferox .. .. .	.....
Nutmeg .. .. .	.....
Pepper, long .. .. .	.....
Rub them, make into pills of 1½ grains each. This pill is given with Sudarsana churnam in malarial fevers.		
Dose—One pill twice or thrice a day.		

List of drugs and compound preparations collected in Madras and investigated up to date of report—*cont.*

Names of drugs.	Botanical names.	Quantity.
21. Kudajapanitham—		
Veppalampattai	Bark of <i>Holarrhena anti-dysenterica</i> .	100 palams.
Swarnamakahika	Ponnimalai or iron pyrites.	1 palam.
Thrikadugu (ginger, pepper and long pepper).	....	1 palam each.
Lodhra or Pachothipattai	<i>Symplocos Racemosa</i> .	} 1 palam each.
Mocharas	<i>Bombax Malabaricum</i> (gum of).	
Kurrunthoti or Chittamutti	<i>Sida cardifolia</i> .	
Rind of pomegranate fruit	<i>Punica granatum</i> .	
Pulp of Bael fruit	<i>Ægle marmelos</i> .	
Mastaka or Korailangu	<i>Cyperus rotundus</i> .	
Manjiata	<i>Rubia cordifolia</i> .	
Katagathikai or Dhathaki	Wood <i>fordia floribunda</i> .	
Veppalampattai	Bark of <i>Holarrhena anti-dysenterica</i> .	10 palams.
Jaggery .. .. .	.....	30 "
Ghee .. .. .	.....	20 "

100 palams of veppalampattai are to be boiled in 16 measures of water and reduced to 2 measures. Strain, add to the filtrate jaggery and filter again and make into the consistency of treacle. Take out, add rest well powdered and add ghee at the end, while hot, and stir it well.

Dose— $1\frac{1}{2}$ to 2 drachms.

Ther. uses—In acute and chronic dysentery and piles.

22. Yogaraja guggulu—

Chief ingredients are—

Plumbago root.

Long pepper root.

Seeds of *Nigella sativa*.

Cummin seeds.

Guggulu.

Cardamoms.

Rock salt.

Pinus webbiana, etc.

Used in syphilis, leprosy, rheumatism, chronic nervous diseases.

23. Brihat Sudarsana Churnam—

Sandalwood	<i>Pterocarpus santalinus</i> (<i>Santalum album</i>).	} $\frac{1}{2}$ palam each.
Turmeric	<i>Curcuma longa</i> .	
Devadaru powder	<i>Cedrus deodora</i> .	
Vasambu	<i>Acorus calamus</i> .	
Korailangu	<i>Cyperus rotundus</i> , tubers of.	
Kadukkaitolu	<i>Chebulic myrabolans</i> .	
Cherukanjuri	Kodithwa (<i>Tragia-cannabina</i>).	
Karkatashringi	<i>Rhus succedanea</i> .	
Dry ginger	<i>Zingiber officinale</i> .	
Kandankattari	<i>Solanum xanthocarpus</i> .	
Parpatakam	<i>Oldenlandia herbacea</i> .	
Nim bark	<i>Azadirachta Indica</i> .	
Kattutippali veru	Root of <i>Chavica roxburghi</i> .	
Vetti veru	<i>Andropogon muricatus</i> .	
Baskaramulam	<i>Calatropis gigantea</i> .	
Thippali	<i>Chavica roxburghi</i> .	
Booram kilangu	Shati (Sanskrit) <i>Kachura Kilangu</i> (Mal.) <i>Curcuma zedoaria</i> .	
Perukurumba veru	<i>Sansevieria zeylanica</i> .	
Veppalarisi	Seeds of <i>Holarrhena anti-dysenterica</i> .	
Sadavari	Tannirmuttankilangu (Tam.) <i>Hemidesmus Indicus</i> .	

List of drugs and compound preparations collected in Madras and investigated up to date of report—cont.

Names of drugs.	Botanical names.	Quantity.
23. Brihat Sudarsana Churnam—cont.		
Raktachandanam	Pterocarpus santalinus.	} ½ palam each.
Pathimukam .. .. .	.....
Vilamicham	Andropogon Muricatus (variety).	
Cinnamon bark	Cinnamomum zeylanicum.	
Orilla	Praschnivarni, uraria lagopoides.	
Omum	Ptycotis ajowan.	
Athividayam	Aconitum heterophyllum.	
Bael root	Ægle marmelos, root of.	
Pepper	Piper nigrum.	
Gooseberry without seeds	Emblie myrabolans.	
Shintalkodi	Tinospora cordifolia.	
Katurohini	Picrorhiza kurroa.	
Plumbago root	Plumbago zeylanicum.	
Paipadal	Triehosanthus dioica.	
Moovila	Triparni, Naregamia alata.	
Chiratta	Ophelia chiratta .. .. .		6 palams.
Powder and sieve through cloth.		
Dose—Adults—40 to 60 grains.		
Ther. uses—In all malarial and chronic fevers, anaemia, enlarged spleen.		
24. Bhaskara Lavanam—		
Long pepper	Pippali—piper longum or Chavica roxburghi.	} 2 palams each.
Kattuthippali veru or Kandamthippilli ..	Root of Chavica roxburghi.	
Coriander	Coriander sativa.	
Black cummin seeds	Karinchiragum, Nigella sativa.	
Induppu	Rock salt.	
Valayaluppu	Villavana.	
Cinnamon leaves	Leaves of Cinnamomum zeylanicum.	
Thalispatri	Pinus webbiana.	
Cherunagappu	Mesua ferrea (Nagakesari) (Sans).	
Soovrchaluppu (black salt) .. .. .	.....		5 palams.
Pepper	Piper nigrum.	} 1 palam each.
Omum	Ptychotis ajowan.	
Dry ginger	Zingiber officinale.	} 6½ palams each.
Cinnamon	Cinnamomum zeylanicum ..	
Cardamum seeds	Elettaria cardomomum ..	} 8 palams.
Kalluppu	Rock salt (one variety) ..	
Pomegranate fruit rind	Rind of the fruit of Punica-granatum.	4 "
Pulivanchi	Amblavedasa (Sans.) Rumax vesicarius.	1 palam.
Powder, sieve through cloth		
Dose—30 grains to 1½ drachms, twice a day before food.		
Ther. uses—In indigestion, chronic and painful dyspepsia, dilatation of the stomach, and chronic gastritis.		
25. Laghu Sanka dravaka—		
Country nitre	8 palams.
Alum	4 "
Amm. chloride	} 2 palams each.
Pure borax .. .. .	.....
Pot. carbonas	Yava-Kasharam	
Valayaluppu	Vit salt	
Gandhaka vadiuppu	Nitre (variety)	} 1 palam each.
Poonier or sodi. carbonas .. .. .	.....
Pure ferrus sulphate .. .. .	.....
Pure copper sulphate .. .. .	.....
Suvarchala uppu	Black salt
Powder and distil.		

List of drugs and compound preparations collected in Madras and investigated up to date of report—*cont.*

Names of drugs.	Botanical names.	Quantity.
Dose—5 to 10 drops twice a day.		
Ther. uses—In enlarged liver and spleen, indigestion and colic, in cirrhosis of the liver, ascites. If there is fever, administer in water and give fever mixture or powder.		
26. <i>Panchathikthaka panakam</i> —		
Chiratta	<i>Ophelia chiratta.</i>	
Katurohini	<i>Picrorrhiza kurroa.</i>	
Parpatakam	<i>Oldenlandia herbacea.</i>	
Korakilangu	Tubers of <i>Cyperus rotundus.</i>	
Seendalkodi	<i>Tinospora cordifolia.</i>	.....
Take equal parts of each of the above by weight—Boil in 16 parts of water and reduce to 4 parts (one-fourth of the whole), add sugar equal to the weight of the powders and convert into syrup.		
Dose—Half an ounce B.D.S. or T.D.S., given in conjunction with Swachuntha Bhairavi, Anatha Bhairavi or Jwaramurari pills.		
Ther. uses—Malarial fever with enlarged spleen.		
27. <i>Zoopha</i> —		
(1) Zoopha	Husk of the seeds of <i>Hyssopus officinalis.</i>	} 1 palam each.
(2) Ajmuth	<i>Oarum roxburghi</i>	
(3) Sombu	<i>Pimpinella anisum.</i>	} 3 varahanida.
(4) Liquorice	<i>Glycyrrhiza glabra.</i>	
(5) Thuthi verai	<i>Abutilon Indicum</i>	Do.
(6) Bedana	<i>Pyrus cydonia</i>	Do.
(7) Badam pisni (gum)	<i>Amygdala</i>	Do.
(8) Misiki	Seeds of <i>Hibiscus abelmoschus.</i>	½ palam.
(9) Saphisthan	<i>Cordia myxa.</i>	30 fruits.
(10) Alubukara	<i>Prunus bukhariensis</i>	Do.
(11) Raisins	<i>Vitis vinifera</i>	1 palam.
(12) Dried figs	<i>Ficus</i>	10 fruits.
Bruise 2, 3 and 4 and boil all the ingredients with two measures of water down to ½ measure—strain through cloth and take the filtrate, add about ½ viss sugar and make into syrup.		
Dose—one tola T.D.S.		
Ther. uses—for all lung complaints except consumption.		
28. <i>Ithraphal</i> —		
Kabul kadukkayi thol	<i>Chebulic myrabolans</i>	} 1 palam each.
Surat nellikayi	Emblie do.	
Manjakatukkathol	<i>Chebulic do.</i> (variety).	
Pinchikatukka	Do.—unripe and small.	
Powder, grease it with almond oil, add honey and turn into confection.		
Dose—one tola at bed time, 2 hours after meals.		
Ther. uses—In rheumatism, constipation, heaviness of head, nasal catarrh, cold in the eye, sciatica.		
29. <i>Nellikayi leghayam</i> —(<i>Phyllanthus emblica</i>).		
Follow step in 12 (appendix 4) first part of the directions; add 3 times the quantity of sugar—turn into confection.		
Dose—one dr. to two drs.		
Ther. uses—For anorexia, biliousness, palpitation, etc.		
The property of nellikayi which is very largely used by the Unani doctor is said to depend upon the organic acids present in it.		

List of drugs and compound preparations collected in Madras and investigated up to date of report—cont.

Names of drugs.	Botanical names.	Quantity.
30. Javarish-as-kammoon—(composition)—		
(1) Kammoona karmani	Nigella sativa	15 tolas.
(2) White pepper	} Piper nigrum	3½ tolas each.
(3) Black pepper		
(4) Cinnamon bark	Cinnamomum zeylanicum ..	1½ tolas.
(5) Dry sathab leaves	Leaves of Ruta Augustifolia.	4½ "
(6) Ginger morabba	Ginger conserve	12 "
(7) Myrabolans conserve .. .. .	.....	18 "
(8) Confection of roses .. .. .	.....	80 "
(9) Sugar .. .. .	.....	30 "
Turn into confection		
Doses—1½ tolas T.D.S.		
Ther. uses. In diarrhoea, indigestion, dyspepsia, sour belching, removes foul-breath and watering from the mouth.		
31. Oxalis corniculata—vide No. 14, Appendix I.		
32. Siddha basmam—		
Pravala basmam	Coral basmam	3 Rs. weight.
Thangha basmam	Gold basmam	½ Rs. "
Muthu basmam	Pearl basmam	1 Re. "
Karocoba basmam	Amber basmam	2 Rs. "
Pooneru churnam	Sodium oxide	1 gundamani.
Thambra basmam	Copper basmam	1 rice weight.
Rub the above in aloe juice; then heat in a crucible made of hare's bone (hare's bone ground in lime water and made into crucible) in ten cow dung cakes fire. Grind the basmam and put in a bottle.		
Dose—1 grain.		
Uses—In consumption (pulmonary tubercle).		
Diet—Good nourishing food.		
33. Purna chanthrodhayam—		
Lingam (purified) .. .. .	.....	4 Rs. weight.
Sulphur do. .. .. .	.....	16 Rs. "
Orpiment do. .. .. .	.....	1 Re. "
Gold leaf do. .. .. .	.....	Do.
Rub mercury and gold, add sulphur and rub and then add orpiment and grind in aloe juice one day, next day in human milk and on the third day in the juice of shoe flower (<i>Hebiscus rosa sinensis</i>) with poonera one rice weight. Make puttam in paddy husk for one day.		
Dose—2 grains twice a day in honey.		
No special diet.		
Uses—In cases of syphilis and venereal diseases. This should be preceded by the specific oil given below for three days with marupathiyam.		
34. Specific oil for syphilis, venereal diseases and skin diseases—		
Notohi (Neergundhi)	Vitex negundo	} 20 palams each.
Bark of poovaras	Bark of <i>Thespesia populnea</i> .	
Chengam verpattai .. .. .	.....	..
Pungam verupattai	Pongamia glabra .. .. .	..
Ponan kanni	Alternanthera Sessilis .. .. .	..
Kalyanan muruku leaves (juice of) ..	Erythrina Indica	10 palams.
Karasarankanni leaves (juice of) ..	Eclipta prostrata	"
Nuna leaves (juice of)	Morinda citrifolia	10 palams..
Chittamutty	Sida cordifolia	½ palam.
Sivanar vembu	Indigofera Aspalatheides ..	½ "
Karim jeerekun	Nigella sativa	½ "
Omum	Ptychotis ajowan	½ "

List of drugs and compound preparations collected in Madras and investigated up to date of report—*cont.*

Names of drugs.	Botanical names.	Quantity.
Chithorathay	Alpina chinensis	1 palam.
Paranghy Chakkay	Smilax chinensis	5 palams.
Kadukkai	The three myrabolans	1 palam.
Thanikayee		"
Nellikayee		"
Dry ginger	Zingiber officinale	"
Pepper	Piper Nigra.. .. .	"
Dry gooseberry	Phyllanthus Emblica	"
Oubebs	Cubeba officinale	"
White sandalwood powder	Santalum alba	"
Nannari or Sarsaparilla	Hemidesmus Indicus	"
Sombu	Pimpinella anisum	"
Jeeragham	Cumina cyminum	"
Coriander seeds	Coriandrum sativum	"
Sindal kodi or gulancha	Tinospora cordifolia	"
Purified croton seeds well ground	Croton tiglium	1 palams.
Garlic	Allium sativum	7 "

Boil in pure castor-oil (12 visses) until all water is evaporated.

Doses.—One to two teaspoons for three or five days with two days marupathyam (special diet).

Diet.—Avoid gingelly oil and mustard, substitute ghee and cuminseeds. Burnt tamarind and lime juice may be used.

35. *Specific for Diabetes mellitus*—

Iron Silajit basmam .. .. .	.....	1 palam.
Talo basmam .. .. .	.....	1 "
Avaram pattai	Bark of Cassia auriculata	5 palams each.
Padri Ver pattai	Bignonia suaveolens	
Kadalazhangam pattai	Lodoicea seychellarum	
Sindal kodi	Tinospora cordifolia	
Poppy capsules	Capsules of Papaver somniferum.	5 palams.
Seruu kattu kodi	Cocculus villosus	
Pinchi kadukayee	Small chebulic myrabolans.	1 palam.
Nutmeg	Myristica fragrans	
Dates	Phoenix dactylifera	"
Kurasani omum	Hyoscyamus nigrum	"
Nagakottai churnam	Eugenia jambolans	5 palams.

Powder the vegetable drugs, add Silajit and Talo basmams. Make a decoction with a second set of the same vegetable drugs, grind the first for fifteen days in the decoction. Make pills of six grains each; one B.D.S. in water or Nagakottai decoction (decoction of the dried nut of Eugenia jambolans).

36. *Kalpam* (Iron specific)—

(1) Iron powder .. .. .	.....	5 palams.
(2) Pepper .. .. .	.....	5 "
(3) Garlic .. .. .	.....	5 "
(4) Limes .. .. .	.....	50 "

Powder the first three and grind in lime juice (juice of 10 limes). Put in pudam of 20 cow-dung cakes. Split each of the remaining 40 limes into fours. Fill each with the article after pudam. Put in a pot and pour the juice of eclipta prostrata to the level of the article, cover, and close rims with wax. Bury under ground in wet soil for four months.

List of drugs and compound preparations collected in Madras and investigated up to date of report—cont.

Names of drugs.	Botanical names.	Quantity.
<p>Repeat and instead of putting inside split limes, paste the pudamed article over cleaned dry ginger which has been perforated freely with needles. Bury under ground as before. Mix both at the end of four months and grind.</p> <p>Dose. —2 to 5 grains.</p> <p>Uses.—In Anaemia, Jaundice and Dyspepsia.</p>		
37.	<i>Ipoemica Turpethum</i>	—vide No. 9—Appendix I.
38.	<i>Eclipta Prostrata</i>	—vide No. 10—Appendix I.
39.	<i>Butea Frondosa</i>	—vide No. 11—Appendix I.
40.	<i>Vanda Roeburghi</i>	—vide No. 12—Appendix I.
41.	<i>Sida Cordifolia</i>	—vide No. 16—Appendix I.
42.	<i>Phyllanthus Emblica</i>	—vide No. 17—Appendix I.
43.	<i>Agnithundi pills</i>	—vide No. XXI—Appendix I.
44.	<i>Specific powder for Tubercle, etc.</i>	—vide No. XXII—Appendix I.
45.	<i>Loha Bhasmam</i>	—vide No. XIV—Appendix I.
46.	<i>Narayana Thailam</i>	—vide No. XX—Appendix I.
47.	<i>Talisryadhi and sithopaladhi churnams</i>	—vide 3 (a) and (b) supra.

APPENDIX IV.

List of drugs and compound preparations collected in Madras up to the date of report and to be investigated hereafter.

Names of drugs.	Botanical names.	Quantity.
<p>1. <i>Gudumal</i>— One tola of the whole plant is to be boiled in 4 oz. of water and reduced to 1 oz. Dose.—One ounce thrice a day. Ther. use.—In Diabetes mellitus. Pandit Gopalachari Garu says that this plant is obtainable from the Himalayas and Gwalior and is much used in the north of India for diabetes.</p>		
<p>2. <i>Vellarai</i>— Prepare decoction as No. 1 Dose—One ounce thrice a day. Ther. use.—In syphilis, leprosy, mental weakness, and insanity.</p>	Hydrocotyle Asiatica.	
<p>3. <i>Laksha</i> (Lac).— Dose.—5 to 10 grains thrice a day. Ther. use.—Stops bleeding in hæmoptysis, piles and menorrhagia.</p>		
<p>4. <i>Bonduc seeds or Kachakayi</i>— Preparation.—Equal parts of Bonduc seeds and piper <i>Nigrum</i> well powdered.</p>	Seeds of <i>Cæsalpinia Bonducella</i> ; <i>Kuberakshi</i> (Sanskrit).	
<p>Dose. 15 to 30 grains thrice daily. Ther. use.—In intermittent fevers.</p>		
<p>5. <i>Tivrit legyam</i>— Confection of <i>Ipomœa Turpethum</i>. Sivadaver—2½ visces—cut into small pieces and bruise—boil in 24½ measures of water down to ½ of the quantity—strain, add sugar-candy to the filtrate. The weight of the sugar-candy must be three times the weight of the powder given below :— Cardamoms. Cinnamon leaves, and Cinnamon bark Sivadaver</p>		1 palam each 1 viss.
<p>Powder well and strain through muslin or fine cloth. After the sugar candy has melted in the filtered decoction and the latter has the consistency of treacle, add the powder and turn into confection. Dose.—Two drachms in the morning. Ther. use.—Purgative.</p>		
<p>6. <i>Vivambara Rosa</i>.— All the ingredients same as <i>Anandha Bairavi</i>—sulphur to be added. Given with <i>Panchathikthaka</i> decoction in ordinary fever, catarrh and indigestion.</p>		
<p>7. <i>Kasturi Bhairavi</i>.— Purified lingam. Purified scamite ferox. Purified borax. Nutmeg. Pepper. Tippali. Musk. Take equal parts of each by weight, grind in water and make into pills of one grain each. Ther. use.—In all phlegm fevers, acute bronchitis, pneumonia. Dose.—One pill thrice a day, rubbed in the decoction of <i>Chiltharathai</i> (<i>Alpina chinensis</i>).</p>		

List of drugs and compound preparations collected in Madras up to the date of report and to be investigated hereafter—cont.

Names of drugs.	Botanical names.	Quantity.
9. Kapa Kethu sati.—		
Sanka basmam	Conch basmam.	} Equal parts by weight.
Long pepper	Chavica Roxburghi.	
Borax, desiccated .. .. .	.....
Aconitum ferox purified .. .. .	.....
Grind in decoction of Curcuma zedoaria, Kachora kilangu and turn into pill mass. Divide into $\frac{1}{4}$ -grain pills.		
Dose. One pill of $\frac{1}{4}$ grain to be given in decoction of <i>chitharathai</i> thrice a day.		
Ther. use—Bronchitis, catarrh and specially in bronchitis of children.		
9. Chithra kathi pills or powder.—		
Composition—		
1. Chithramulam	Root of Plumbago-seylanica.	
2. Thipelli ver	Root of Chavica Roxburghi.	
3. Sarjikaksharam	Orude Sod. Carbonate or Barilla.	
<i>Panchalavanam or five salts—</i>		
4. Common salt .. .. .	.....
5. Induppu (Saindhva lavanam) .. .. .	.....
6. Vilayaluppu (vit salt) .. .. .	.....
7. Karpuppu (kaoha lavanam) .. .. .	.....
8. Suverchalappu (black salt) .. .. .	.....
9. Dry ginger	Zingiber officinale.	
10. Long pepper	Chavica Roxburghi.	
11. Black pepper	Piper Nigrum.	
12. Assafœtida .. .. .	.....
13. Omum	Ptychotis Ajowan.	
14. Chaviyam (chavica) (Kattu Mulaku-ver).	Piper ohaba.	
Take each of the above in equal parts—powder fine.		
Use as powder—or grind with lime-juice and turn into pills of 5 grains each.		
Doses.—15 grains of the powder or three pills T.D.S.		
Ther. uses.—In chronic and muscular rheumatism and in all painful affections of the joints and bones.		
10. For Catarrhal Jaundice—		
Leaves of castor oil plant	Ricinis communis.	Equal parts.
Leaves of Keelarnelli	Phyllanthus Niruri.	
Grind together and rub into a bolus of the size of a small lime. Administer three mornings in milk and on the fourth morning give a purgative like Trivrit Churnam.		
11. Mundi.—		
Leaves of the plant should be dried in the shade.		
Dose. 20 grains, twice a day.		
Ther. uses. Nervine tonic, anti—syphilitic, and in chronic skin diseases.		
12. Noushdhara—		
Rose flower	Flowers of Rosa Damascena.	1 $\frac{1}{2}$ varahanida.
Koraki langu	Tubers of Cyperus Rotundus.	1 $\frac{1}{2}$ "
Mastaki	Resin and Galls of Pistacea Terebinthinae.	1 $\frac{1}{2}$ "
Nilakatambu	Ipœmea Hederaceae	1 $\frac{1}{2}$ "
Cloves	Eugenia Carophylli	1 $\frac{1}{2}$ "
Jada Manji	Nardostachy Jata-mansi	1 $\frac{1}{2}$ "
Cardamom seeds	Elettaria Cardomomum	1 "
Talispathri	Pinus Webiana	1 $\frac{1}{2}$ "
Cinnamon leaves	Cinnamomum zeylanicum	1 $\frac{1}{2}$ "
Kichili kilangu	Curcuma zedoaria	1 $\frac{1}{2}$ "
Cinnamon bark .. .. .	.....	1 $\frac{1}{2}$ "
Large cinnamon bark .. .. .	.....	1 $\frac{1}{2}$ "

List of drugs and compound preparations collected in Madras up to the date of report and to be investigated hereafter—*cont.*

Names of drugs.	Botanical names.	Quantity.
Nutmeg	Myristica fragrans ..	½ varahanida.
Mace	Do. officinalis ..	½ "
Agar	Aquilaria Agallocha ..	½ "
Saffron	Sassaferas Indica ..	½ "
Surat gooseberries	Phyllanthus Emblica or Emblic myroblaana.	3½ palams
Honey .. .. .	.....	10 "
Sugarcandy (China) .. .. .	.....	10 "

Soak Surat. Nellikkayi (gooseberries) in water for 12 hours, strain and throw away the water. Add fresh water and boil for a couple of hours. They become soft. Make into a paste by grinding. Powder the other ingredients except saffron and mustaki. Make treacle of honey and sugarcandy. Add the first paste and after 10 minutes add the powder to the latter. After boiling for 20 to 30 minutes, add mustaki and saffron. Turn the whole into confection.

Dose.—Infants ¼ tamarind seed weight; adults 1 tola.

Ther.—use. In diarrhoea, dyspepsia, indigestion, in intestinal colic, also in palpitation of the heart.

13. *Unani Cholera pills.*—

(1) Calotropis gigantea flower (white variety) .. .. .	.....	2 tolas.
(2) White pepper .. .. .	.....	2 "
(3) Common salt .. .. .	.....	1 tola.
(4) Lime-juice .. .. .	.....	3 tolas.

Powder the first three ingredients, mix with lime juice and convert into two-grain pills.

Dose.—One to two pills with equal parts of rose-water and omum-water every two or three hours.

In young children half the dose; don't give more than four doses.

14. *Cough powder.*—

(1) Black pepper	Piper Nigrum	1 tola.
(2) Ajowan	Ptychotis Ajowan	1 "
(3) Thippali	Chavica Roxburghi	1 "
(4) Rock salt	Rock salt	1 "
(5) Namakai siah, or black salt or (karupuppu, Tamil)	Do. (variety)	1 "
(6) Borax	Borax	40 "
(7) Adathoda leaves	Leaves of Justicia Adathoda.	40 tolas.

Put all the abovementioned ingredients in a small pot, close the mouth carefully and put the pot in the burning fire for some time so that the ingredients in it may be completely burnt. Use the burnt powder, 2 to 6 grains mixed with honey.

Uses.—In catarrh and bronchitis.

15. *Pills for Dysentery.*—

(1) Gall nuts	Beleric myrobalans	2 tolas.
(2) Chotimayi	Tamarix Articulata	2 "
(3) Opium	Opium	2 "
(4) Acaciæ gum .. .. .	.....	2 "

Dissolve opium in a little water. Powder the rest of the ingredients and mix with the solution and make into pills of three grains each.

Dose.—One or two pills three or four times a day.

List of drugs and compound preparations collected in Madras up to the date of report and to be investigated hereafter—cont.

Names of drugs.	Botanical names.	Quantity.
16. Tankana Pills.—		
(1) Borax, purified	Borax	} ½ tola each.
(2) Nitre	Pot Nitrate	
(3) Assafostida	Assafostida	
(4) Kantham	Magnetic oxide of iron	
(5) Purified iron pyrites	Swarna Makshika	
(6) Opium	Opium	
(7) Garlic	Allium sativa	
(8) Kernel of Boduc seeds	Kernel of Bonducella Semina.	
Powder, grind in ginger juice and turn into 2 or 2½ grains pills. Given in painful dyspepsia; laxative of Triphala should be given.		
17. Krimiharavati or Anthelmintic Pills.—		
Mercury .. .. .	.....	1 tola.
Sulphur .. .. .	.....	1 "
Kuras-ani-omum	Hyoccyamus Nigrum	3 tolas
Vayuvelangam	Embelia Kibes	4 "
Butea frondosa .. .. .	.....	6 "
Musthi (seeds of Nuxvomica) .. .. .	.....	6 "
Grind in water and turn into two-grain pills.		
Dose.—One pill four times a day for children and two or three pills four times a day for adults; next day castor-oil.		
Ther. uses.—Anthelmintic for all intestinal worms.		
18. Swasakudaram.—		
Composition—		
Pure mercury	}	One of each.
Pure sulphur		
Pure aconitum ferox		
Borax		
Orpiment		
Pepper .. .. .	.....	8 parts.
Dose—1½ to 2 grains.		
Ther. use.—Asthma, bronchitis.		
19. Mruthouthapanarasa.—		
Composition—		
Gold .. .. .	.....	1 part.
Silver .. .. .	.....	1 "
Rasaindhuram .. .. .	.....	1 "
Copper bhasmam .. .. .	.....	1 "
Mica .. .. .	.....	2 parts.
Panchalavanam .. .. .	.....	1 part each.
Garalam	Cobra poison	3 tolas.
Aconite .. .. .	.....	2 "
Reduce to powder, macerate the powder in the expressed juices of the following:—		
(1) Moringa	Moringa Pterygosperma .. .. .	..
(2) Datura fastuosa.		
(3) Justicia Adathoda.		
(4) Apamarga	Achyranthæ aspera .. .. .	..
(5) Crocodile bile.		
(6) Peacock bile.		
(7) Wild boar bile.		
Dose.—½ to 1 mustard weight.		
Ther. uses.—Apoplexy, convulsive fits.		
20. Rasothamathi powder.—		
(1) Mercury.	}	Equal parts.
(2) Sulphur.		
(3) Manosila		
(4) Cumin seeds.		
(5) Karungeeragam		
(6) Manjal (Haridra)		
(7) Maramanjai		
(8) Pepper		
(9) Sindhuram		
	Realgar	
	Nigella sativa	
	Curcuma Longa	
	Coscinum Fenestratum	
	Piper Nigrum	
	Red oxide of lead (Minium).]	

List of drugs and compound preparations collected in Madras up to the date of report and to be investigated hereafter—cont.

Names of drugs.	Botanical names.	Quantity.
Grind Nos. 1, 2, 3 and 9. Powder the rest separately—mix and grind altogether.		
Ther. use.—For external application for ringworm—mixed with coconut-oil or lime-juice.		
21. <i>Rohithaka Arishtam</i> —		
Andersonia Rohithaka (Shemmaram; Tam.).		
Composition:—		
Bark of Rohitha.		
To be put into 24 measures of water and boiled down to 6 measures—strain add jaggery 5 visses.		
(1) Dhataki	Woodfordia Floribunda	} 4 palams each.
(2) Long pepper	Chavica Roxburghi	
(3) Kandan Tippali	do. root of .. .	
(4) Cheviam	Piper chaba .. .	
(5) Ohithramulam	Plumbago zeylanicum	
(6) Ginger	Zingiber officinale ..	
(7) Cardamoms	Elettaria cardamomum	
(8) Cinnamon	Cinnamomum zeylanicum.	
(9) Do. bark	do. bark of	
(10) Triphala	The three myrabolans.	
Powder these and mix them with the syrup already made and keep sealed for one month air-tight.		
Ther. uses.—In enlargement of the liver and spleen.		
Dose.—Quarter to one ounce.		
22. <i>Lohasava</i> .—		
Take fine iron powder, purify by soaking in lime juice and then burn the whole.		
Thrikadugu	The three acids.	} 8 palams each.
Thripala	The three myrabolans.	
Omum	Ptychotis Ajowan.	
Vayuvilangam	Embelia Ribes.	
Koraikilangu	Tubers of Cyperus Rotundus.	
Chithramulam	Plumbago zeylanicum.	
To be well powdered. Put in 25½ measures of water with jaggery 5 visses and honey 3 visses; mix and keep sealed for one month.		
Ther. uses.—For all anæmias.		
Dose.—Two drachms to one ounce.		
23. <i>Balasanjeevi pills</i> —		
Poornachandrodayam .. .. .	.....	1 Re. weight.
Kunkumappoo	Sassafras Indica	1 dr.
Gorojanam	Fel Bovinum (dessicate)	1½ drs.
Musk	Moschus Moschiferus	15 grs.
Camphor	Pachakarpuram (unbaked)	1½ drs.
Koshtam	Aplotaxis auriculata	} 1 palam each.
Akrakaram (pellitory root)	Anacyclus Pyrethrum	
Dry ginger	Zingiber officinale	
Pepper	Piper Nigrum .. .	
Long pepper	Chavica Roxburghi	
Kadukkai	Chebulic myrabolans	
Thanikkai	Beleric. do.	
Nellikai	Emblic do.	
Chithirathai	Plumbago zeylanicum	
Cheviyam	Piper chaba	
Cherutheku	Cleorodendron serratum	
Katurohini	Picrorrhiza Kurroa	
Powder vegetable drugs and grind first 5 and mix with the powder—grind in—Adathodai (a) Adhathodi vasica juice first day; grind in <i>Vishnukranti</i> (b) <i>Evolvulus alsinoides</i> juice on the second day; third day in Utharani (c).		

List of drugs and compound preparations collected in Madras up to the date of report and to be investigated hereafter—cont.

Names of drugs	Botanical names.	Quantity.	
<p><i>Achrynathes aspera</i> juice—fourth day in human milk, fifth day in ginger juice, sixth day in Thulasi (<i>d</i>) <i>Ocimum sanctum</i> juice, and then turn into one and half grains pills. Dose.—One to three pills for children under three—</p>			
<p>24. <i>Gorojan pills.</i>—</p>			
Pravala Bhasmam .. .. .	.....	1 Re. weight.
Hart's horn Bhasmam .. .. .	.....	1 Re. "
Turtle shell Bhasmam .. .. .	.....	2 Rs. "
Kunkumappoo	<i>Sassafras Indica</i>	1 Re. "	
Kasturi	<i>Moschus moschiferus</i>	1/2 varahanidaj.	
Dry ginger	<i>Zingiber officinale</i>	2 "	
Triphal each	The three myrabolans	2 "	
Trikatugu each	The three acrids	2 "	
Cloves	<i>Eugenia caryophyllata</i>	2 "	
Cardomum	<i>Elettaria cardomomum</i>	2 "	
Koshtam	<i>Aplotaxis auriculata</i>	2 "	
Akrakaram	<i>Anacyclus Pyrethrum</i>	2 "	
Talispathri	<i>Pinus Webbiana</i>	2 "	
Omum	<i>Ptychotis ajowan</i>	2 "	
<p>Grind in juice of leaf of betel—chavica first day, 2nd day in Thulasi, <i>Ocimum sanctum</i> juice, 3rd day in <i>Carpoo-avallee</i> juice, <i>Anisochilus Carnosus</i>.</p>			
<p>25. <i>Parangyathi churnam</i>—</p>			
(1) Madhusuhi	<i>Smilax Chinensis</i> .	} 1 palam each.	
(2) Indian sarasparilla	<i>Hemidesmus Indicus</i> .		
(3) Aswaganthi	<i>Withania somnifera</i> .		
(4) Jeerakam	Cummin seeds.		
(5) Vidari	<i>Convolvulus-paniculata</i> .		
(6) Sugarcandy .. .. .	.....	
<p>Powder the vegetable drugs and mix with sugarcandy. Dose.—Thirty to sixty grains. Ther. uses.—Constitutional syphilis.</p>			
<p>26. <i>Sucethana lepam</i>—</p>			
Devatharam	<i>Cedrus deodara</i>	}	
Ginger .. .. .	.....	
Amom. Chloride .. .. .	.....	
<p>All in equal parts to be mixed with cow's urine or limejuice or brandy. Ther. uses.—To be externally applied in inflammations.</p>			
<p>27. <i>Punarnavathi churnam</i>—</p>			
White punarnava root	<i>Boerhaavia Diffusa</i> .	}	
Thevatharam	<i>Cedrus Deodara</i> .		
Chinthalkodi	<i>Tinospora cordifolia</i> .		
Sirubothi	<i>Cissampelos Pereira</i> .		
Ginger	<i>Zingiberis officinales</i> .		
Ananeringal	<i>Gokshuram—Tribulus Terrestis</i> .		
Turmeric	<i>Curcuma longa</i> .		
Maramanjai	<i>Coscinium Fenestrata</i> .		
Chiretta	<i>Ophelia Chiratta</i> .		
Ramamallika	<i>Jasminum (small variety)</i> .		
Athivasa	<i>Aconitum Heterophyllum</i> .		
<p>Equal parts in powder. Dose.—Ten grains three times a day. Ther. uses.—In fever with dropsy.</p>			
<p>28. <i>Bathing oil for the head in Glandular Swellings of the neck</i>—</p>			
Karunuchi	<i>Vitex nigundo</i>
<p>Four palams of the above in one measure of water to be pounded and pressed out three times.</p>			

List of drugs and compound preparations collected in Madras up to the date of report and to be investigated hereafter—*cont.*

Names of drugs.	Botanical names.	Quantity.
To this water, add the following medicines for kalkam:—		
Vasambu	<i>Acorus calamus.</i>	} 1½ Kanchu each.
Myrobolans without kernal	Lac sticks	
Kolarakku	<i>Pterocarpus santalinus.</i>	
Sandalwood	<i>Picrorrhiza kurroa.</i>	
Kadugurohini		
The Kalkam medicines are to be ground well and with one nazhi (quarter measure) of coconut oil must be added to the above decoction and then boiled; on the day it is to be strained, the milky juice of two copras or dried coconuts is to be added. Boil again until the whole is of arakkupakam.		
Apply this over the head.		
A lady for a month's use may require three nazhis.		
Ther. uses.—For glandular swellings of the neck.		
29. <i>Gochurathi churnam</i> —		
Gokshuram	<i>Tribulus terrestris</i>	9 tolas.
Enbebs	<i>Cubeba officinale</i>	3 "
Nagakesari	<i>Mesua ferrea</i>	3 "
Ravel ehinni	<i>Rhei radix</i>	3 "
Surakaram	Pot nitrate	3 "
Powder and mix		
Dose.—Ten to 20 grains for all urinary diseases.		
30. <i>Kushtadi churnam</i> —		
Cherubodhi	<i>Stephania hernandifolia.</i>	} All in equal parts.
Malkangni	<i>Celastrus paniculata.</i>	
Lodhuka chekkai or pattai	<i>Symplocos racemosa</i>	
Maramanjai	<i>Coccoloba fenestratum.</i>	
Koshtum	<i>Aplotaxis auriculata.</i>	
Uses.—For tooth-ache, and gingivitis, add tharikadugu or alum to suit the case.		
31. <i>Agni muka churnam</i> —		
Assafoetida		1 tola.
Vasambu	<i>Acorus calamus</i>	4 tolas.
Tippali	<i>Chavica roxburghi</i>	6 "
Ginger	<i>Zingiber officinale</i>	8 "
Omum	<i>Ptychotis ajowan</i>	10 "
Chebulic myrobolans		12 "
Chithramulam	Plumbago root	14 "
Koshtum	<i>Aplotaxis auriculata</i>	16 "
Powder and mix.		
Ther. uses.—For indigestion, dyspepsia.		
Dose.—10 to 16 grains.		
32. <i>Abhaya modakam</i> —		
Kadukkai	<i>Chebulic myrobolans.</i>	} All in equal parts. One part of each.
Pepper	<i>Piper nigrum.</i>	
Ginger	<i>Zingiber officinale.</i>	
Vayuvilangam	<i>Embelia ribes.</i>	
Nellikai	<i>Emblie myrobolans</i>	
Tippali	<i>Chavica roxburghi.</i>	
Modi	Do. root of.	
Lavangapathiri	Cinnamon leaves.	
Koraikilangu	Tubers of <i>cyperus rotundus.</i>	
Croton seeds, purified	Seeds of <i>croton tiglium</i> .. .. .		2 parts.
Trivarth	<i>Ipomoea turpethum</i>	8 "
Sugar		6 "
Mix.		

List of drugs and compound preparations collected in Madras up to the date of report and to be investigated hereafter—cont.

Names of drugs.	Botanical names.	Quantity.
<p>Ther. uses.—Purgative to adults; not meant for children. Dose.—6 to 8 grains.</p>		
32. Purification of croton seeds—		
<p>First boil well in buffalo's dung; after drying remove the central sprout and then boil in milk.</p>		
33. Itchabhathi—		
Mercury, purified .. .. .	.....	½ tola.
Sulphur .. .. .	.....	1 "
Pepper .. .. .	.....	1½ tolas.
Borax .. .. .	.....	2 "
Ginger .. .. .	.....	2½ "
Kadukkai .. .. .	.....	3 "
Purified croton seeds .. .. .	.....	3½ "
<p>Rub together mercury and sulphur first and then the rest with the mass. Turn into pills of green dhal size. Dose.—One to four pills. Ther. uses.—Purgative.</p>		
34. Vathagajangusam (from Vydia chintamani)—		
Mercury .. .. .	.....	8 tolas.
Sulphur .. .. .	.....	8 "
Nux vomica	Strychnos nucis vomicee ..	8 "
Thri kadugu	The three acids (each) ..	1 tola.
Thriphala	The three myrabolans (each)	1 "
<p>Grind in decoction of rasna and turn into pills of two grains each. Ther. uses.—In rheumatic pains and nervous disorders.</p>		
35. Karpura rasa—		
Pure hingulam (sulphide of mercury) ..		
Opium		
Koraikilangu	Tubers of cyperus rotundus.	} All in equal parts.
Veppalarisi	Seeds of Holarrhena anti-dysenterica.	
	Myristica fragrans.	
Nutmeg		
Camphor		
<p>Purify hingulam by rubbing in lime juice, then dry, rub the whole in omum water and then turn into two grains pills. Ther. uses.—Diarrhoea, indigestion.</p>		
36. Thrinethrarasam—		
Purified aconite	Aconitum ferox.	} In equal parts
Kadugrohini	Picrorrhiza kurros.	
Pepper	Piper nigrum.	
Rub in Karsananganni juice	Eclipta prostrata.	
<p>Make into two grains pills. Ther. use.—In fevers. Purify aconite by boiling in cow dung.. The following are some of the Arishtas and Asavas used in Ayurvedic dispensaries :—</p>		
(1) Ealarishta	for nervous disorders.	
(2) Rohitarishta	for enlarged spleen.	
(3) Draksharishta	as a tonic in general debility.	
(4) Chandanasava	for gonorrhoea, gleet, etc.	
(5) Kanakasava (Dbatura)	for bronchitis and asthma,	
(6) Asokarishta (saraca Indica)	for menstrual disorders.	
(7) Arjunarishta	for heart diseases.	
(8) Lohasavam	as a general tonic.	
(9) Kudajarishta	for diarrhoea, dysentery, etc.	

Dhataki flowers (flowers of *woodfordia floribunda*) are to be added to the prepared liquids in making most of the *Arishtas* and *Asavas* for causing alcoholic fermentation, before the pots in which the materials are placed, are sealed and put away.

Arishtas are prepared by the materials being immersed in decoctions and *Asavas* only in water.

The following legyams are also used in Ayurvedic dispensaries.

- | | | | | |
|------------------|----|----|----|--|
| (1) Vilvadhī | .. | .. | .. | for dyspepsia. |
| (2) Kushmandam | .. | .. | .. | for debility. |
| (3) Chyavanprash | .. | .. | .. | for consumption, asthma.
and general debility.* |

APPENDIX V.

Statement showing the names of diseases treated with results at the Government General Hospital, Madras, from 12th July to 31st October 1918 by Ayurvedic and Unani medicines.

Number.	Names of diseases.	Total.	Results.				
		Number of admissions.	Cured.	Relieved.	Discharged otherwise.	Died.	Remaining.
		no.	no.	no.	no.	no.	no.
1	acute Rheumatism	1	1	..	..	..	..
2	Chronic do.	1	..	..	1	..	..
3	Acute dysentery	4	3	..	..	..	1
4	Chronic do.	2	1	..	1	..	..
5	Anæmia	1	..	..	..	..	1
6	Ascaris Lumbricoides	2	..	..	2	..	..
7	Asthma with acute bronchitis	1	..	1	..	..	..
8	Asthma and bronchopneumonia of influenza	1	..	..	..	1	..
9	Asthma bronchial	1	..	1	..	..	..
10	Bronchial catarrh	1	1	..	..	..	..
11	Bronchitis post-Influenzal	2	2	..	..	..	..
12	Acute bronchitis	1	1	..	..	..	..
13	Chronic bronchitis	3	1	2	..	..	..
14	Chronic gastritis	3	1	1	..	..	1
15	Chronic diarrhoea	1	..	1	..	..	..
16	Chronic constipation	1	1	..	..	..	..
17	Constipation	1	1	..	..	..	..
18	Diabetes mellitus	2	1	1	..	..	..
19	Cirrhosis of liver with ascites	4	..	1	2	..	1
20	Hemiplegia	1	..	..	..	..	1
21	Influenza	3	2	1	..	..	..
22	Malaria	4	1	3	..	..	1
23	Malaria with asthma	1	..	..	..	..	1
24	Malaria with enlarged spleen	4	..	1	2	..	..
25	Malaria with enlarged liver and spleen	1	..	1	..	..	..
26	Pulmonary tuberculosis	5	..	4	..	1	..
27	Secondary syphilis	1	..	1	..	..	..
	Total	53	17	18	9	3	7

APPENDIX VI.

Substances analysed by the Chemical Examiner, Madras.

1. A sample of Poornachandrothayam which is supposed to contain gold was obtained from Venkataramana Dispensary, Mylapore. Some of the Indian physicians doubt whether gold which is not volatile could be present in the compound. Chemical Examiner's report showed that the sample contained gold.

2. Specific Powder—vide Notes No. 22. This was found to consist mostly of ferric oxide, traces of gold, lime sulphates.

3. Poonier Chunnam—vide prescription No. 32 contained lime, sodium oxide, potassium oxide, alumina, carbonic acid and chlorine.

4. Coral Basmam—vide prescription No. 32 contained calcium carbonate and sulphide.

5. Tale Basmam—vide prescription No. 35 contained alumina, magnesia and silica.

6. Iron Kalpam—vide prescription No. 36 contained ferric oxide and some vegetable powder.

7. Vasantha Kusumakaram contained mercury, gold, iron, lime, silica, alumina and traces of tin.

8. Karooba and pearl Basmam contained mostly resinous product resembling benzoin and traces of lime were also present in the ash.

APPENDIX VII.

Letter—from M.B. Ry. Rao Sahib M. C. Koman Avargal, L.M. & S., Honorary Physician, Government General Hospital, and Officer in charge of investigation into Ayurvedic and Unani Medicines, Madras.

To the District Medical and Sanitary Officer
Civil Surgeon.

Dated— 1918.

I have the honour to request favour of information on the following points in connexion with my investigation into Ayurvedic and Unani drugs:—

(1) The names and residence of well-known Ayurvedic and Unani physicians in your district or division.

(2) How many of them can be got at easily and how many are likely to help me.

(3) Whether you can kindly arrange with some of them if not with all, to meet me at some place selected by you.

(4) Whether they have any special methods of treatment for the following diseases and whether you have come across cases in which they were found useful:—

Cerebral apoplexy, cholera, plague, hemiplegia, paraplegia, locomotor ataxia, progressive muscular atrophy, pseudohypertrophic paralysis, spastic paraplegia, neuralgias especially sciatica, syphilis, leprosy, tubercular diseases, diabetes (mellitus and insipidus), asthma, chronic bronchitis, hydrophobia, mania, septicæmia, dysentery, chronic enteritis, pneumonia, different forms of Bright's disease, cirrhosis of liver with ascites, kala-azar, malaria and its complications, acute rheumatism, diseases of the heart, lymphangitis and filarial diseases, all other important diseases for which specifics are available.

(5) Kindly let me have your own experience of the use of any drugs in these systems if you have experimented with or used them.

I further request you will kindly obtain, if possible, information regarding the chief drugs and specifics used by the Ayurvedic and Unani physicians, under the following headings:—

(1) Names of single drugs when used alone.

(2) The composition of their compound preparations.

(3) The method of preparation.

(4) The mode of administration.

(5) Therapeutic uses.

(6) Dosage.

(7) The nature of diet in each case.

(8) Any other remarks with regard to 'physiological action, poisonous doses, sources, character, etc.

I have to arrange the programme of my visits into districts on hearing from you.

APPENDIX VIII.

Letter—from M.B. By. Rao Sahib M. C. KOMAN Avargal, L.M. & S., Honorary Physician, General Hospital and Officer in charge of investigation into Unani and Ayurvedic Medicines, Madras.

To—the Collector of

I have the honour to request you will kindly ask the Divisional Officers and Tahsildars under you to send me a list of the names of Ayurvedic and Unani physicians of your district, who, they think, will be able and willing to help me in my investigation. It would facilitate my work if these physicians could be kindly induced to meet me at the district or taluk headquarters. On hearing from the officers mentioned above, I shall furnish you with a programme of my tour.

OFFICE OF THE HONORARY PHYSICIAN,
GENERAL HOSPITAL, MADRAS.

31st December 1919.

No. 114.

From

M.R.Ry. RAO BAHADUR M. C. KOMAN AVARGAL, L.M. & S.,

HONORARY PHYSICIAN AND OFFICER IN CHARGE OF

INVESTIGATION INTO INDIGENOUS DRUGS,

MADRAS.

To

THE HON'BLE THE SURGEON-GENERAL

WITH THE GOVERNMENT OF MADRAS,

MADRAS.

SIR,

In continuation of the preliminary report made on the 7th December 1918, I have the honour to submit this further report on the investigation into the properties of indigenous drugs, used by the Ayurvedic and Unani physicians. At the very outset I must say that it was with great diffidence that I entered upon this work of investigation and anxious I certainly was to procure some guide in this investigation that might aid me in the prosecution of this interesting enquiry; but my anxiety was greatly relieved when I was able to get possession of the following works:—Pharmacographia Indica by Dymock, Warden and Hooper (three volumes), the vegetable Materia Medica of Western India by Dymock, the Materia Medica of India and their therapeutics by Khory and Katrack, Ainslie's Materia Indica, the Taleef Shereef translated by Playfair, Materia Medica of the Hindus by Udoy Chand Dutt, Indigenous drugs of India by Kanny Lal Dey, Waring on Bazaar medicines, Waring's Pharmacopœia of India, Mohideen Sheriff's supplement to the Pharmacopœia of India, and Materia Medica, Report of the proceedings of the Central Indigenous Drugs Committee of India and 500 Indian plants used in medicine and the arts published by the B. M. Depository, Mangalore. The following standard works on Ayurveda were also at my disposal:—Captain Browne's memoirs containing the original Ayurveda as imparted by the hermit king of Kasi to Sushruta and his other disciples translated by A. F. R. Hoernle, C.I.E., Sushruta Samhita translated by Kaviraj Kunjan Lal, Charaka Samhita (Malayalam translation), Vaghbada's Ashtanga Hridayam (Malayalam translation), Ayurvedic system of medicine in three volumes by Kaviraj N. N. Sen Gupta, Madhava Nidanam (in Malayalam) and several other works on Ayurvedam by reputed Malayali physicians, also several treatises on medicine in Tamil. In the preface to his Materia Medica, writing about the substances brought forward in that work, Ainslie in 1826 wrote, "let it be the business of future experience to confirm or reject whatever may be ascertained in its nature sanative, benign, narcotic, or altogether inefficacious." In 1833 Playfair wrote, "conscious that the liberal minded will give me credit for the best of motive, I shall not dread criticism and if it has the effect of inducing those more competent to the task to an enquiry into the properties and nature of medicines, my views will have been fully accomplished." Since then a large volume of work has been done in the direction indicated by these two great physicians and their expectations and anticipations have been more than fulfilled. The works published by the practitioners of the western system of medicine mentioned above are the result of patient industry and research and will last as standing monuments to the credit of the great authors who brought

them out for the benefit of the profession and suffering humanity. The *Pharmacographia Indica* treats of almost every Indian drug with a description of its botanical and vernacular names, of its history, sources, properties, chemical composition, etc., but probably in a country where almost any plant, shrub or tree one comes across, is considered to possess medicinal properties, the votaries of Ayurveda may be unwilling to acknowledge the great value of the information contained in those three volumes and may complain that there is still much to be done. The report of the proceedings of the Indigenous Drugs Committee of India contains very valuable information on several important and useful drugs of India. Several drugs were incorporated as addenda to the British Pharmacopœia as a result of the investigation conducted by that committee. I have to thank Major-General G. G. Giffard, C.S.I., R.N.S., I.M.S., for having informed me about the existence of this report and obtained it for me from the Medical Storekeeper to the Government. The Indian Pharmacopœia edited by Waring in 1868 may be said to be a compendium of the British and Indian Pharmacopœias, as it not only contains the British Pharmacopœia of the period but also gives a description of the botanical names, characters, preparations and uses of almost every useful Indian drug which were ascertained after careful research and experimentation by the followers of western medicine, both European and Indian. The *Bazaar Medicines in India* by the same author is a useful supplement to the Indian Pharmacopœia. Mohideen Sheriff's supplement to the Indian Pharmacopœia is another valuable publication which gives the botanical and vernacular names and where necessary detailed description and distinguishing characters of the Indian drugs noted in the Indian Pharmacopœia. The first part of the *Materia Medica of Madras* published by Mohideen Sheriff before his death gives a full account of the indigenous drugs described in it, and had that distinguished author and investigator lived to complete the work, the *Materia Medica of Madras* would have proved to be a work of great utility and usefulness. The vegetable *Materia Medica of Western India* by Dymock is an abridged *Pharmacographia* of India and is a valuable guide for the study of Indian drugs. Much labour and time must have been devoted to its compilation. It not only treats of drugs indigenous to India but also gives a description of the source, properties and uses of those imported into India from other countries and used by hakeems and vaidyans. Taleef Sheriff translated by Playfair mentions 1,055 articles and gives a summary of the properties and therapeutical uses of those amongst them which are used in Unani medicine. Most of these drugs are common to Ayurvedic and Unani *Materia Medica*. *Materia Medica* by Khory and Katrack is a compendium of the British and Indian Pharmacopœias. These authors give a fuller account of the indigenous Indian drugs than is contained in Waring's Indian Pharmacopœia. The *Materia Medica of the Hindus* consisting of three parts, viz., mineral, vegetable and animal, published in 1877 by U. C. Dutt is an extract from the well-known Ayurvedic works and treats of the properties of the important indigenous drugs and of their reputed compound preparations. This *Materia Medica* also gives a short description made by the Sanskrit writers of (1) classification of medicines, (2) actions of medicines, (3) preparation of medicines, (4) modes in which medicines are applied, (5) the weights and measures used in ancient days. Kanny Lal Dey's book published in 1896 on indigenous drugs in India gives a description of their sources, characters and important medicinal uses. The book also contains the botanical classification of drugs. "The Indian medicinal plants" recently published by Basu and Kirtikar and a retired officer of the Indian Civil Service, also contains useful and valuable information regarding the characters, properties and uses of Indian drugs. All these publications will go to show that since the time of Ainslie, there has been a marked and increasing interest manifested, by the members of the medical profession in India, in the investigation of indigenous drugs. That the Government of India were not lacking in interest in this important subject would be evident from the fact of their appointing a committee of eminent members of the medical profession with branches in several provinces 'to consider the desirability of extending the use of indigenous drugs in India.' The report of the Committee on Indigenous Drugs already referred to is the result of the work of this committee. Any one who has perused through the *Pharmacographia* of India will find that in connexion with chemical researches on indigenous drugs, the painstaking labours of Warden and Hooper have probably left little of anything important in the domain of Indian Pharmacology that was still unisolated. The articles employed by the Hindus in

medicine are extremely numerous. Many substances are daily prescribed with but dubious or trifling virtue, if, indeed any virtue to be recommended. From what I have seen, the science of Hindu medicine is still sunk in a state of empirical obscurity. In the town of Madras and in my tours in the districts I have come across many vaidyans and hakeems whose knowledge of the drugs is crude and unintelligent. Most of them are industrious and well-meaning and except in a few instances I was able to get from them all the information they could give me. A few of them, among the several I came across, were able to exhibit their knowledge by repeating by heart verses from the well-known Sanskrit writers like Charaka, Sushruta, Vagbhada, Madhava and also verses from Augustier, one of the most reputed of the Tamil saints who wrote several volumes in verse on Hindu medicine and philosophy. In vain have I attempted to find any drug or medicine whose reputed marvellous properties are shrouded in mystery or have not been already known. For the purpose of this investigation I have had to refer to the ancient Hindu medical treatises such as Charaka-samhita, Susruta-samhita, Vagbhada's Astangahridayam, Madhava Nidana and these books, it is said, were written some hundreds of years ago; but at what exact period, it is next to impossible to ascertain. Several commentators of these works have tried to fix the dates from contemporary events but as it is not necessary to quote them here for the object of my investigation, I shall not trouble myself by entering into a discussion on the subject. The Tamil medical works were many of them originally written in high Tamil (Yelacanam) which is considered to be a peculiarly energetic and richly cultivated language. These Tamil works or shastras are said to be less shackled with the mythological doctrines of the original Ayurveda, to contain a great number of formulæ and to show a minute attention to the discussion of morbid symptoms. But they also, like the original Ayurveda, evince a firm conviction and belief in the intervention of evil spirits, and offer many curious and absurd rules for averting their machinations. The path of investigation is beset with many embarrassments and difficulties. The first embarrassment I had to encounter while attempting to study the properties of drugs was in connexion with the hypothesis of the three humours, wind, bile, and phlegm which forms in Hindu medicine the basis of the ætiology, symptomatology, diagnosis, prognosis and treatment of diseases. All diseases are supposed to be caused by the derangement of one, two or all the three humours together. Different interpretations have been given to these humours by eminent Kavirajs, Pandits, and Vaidyans. With no pretensions whatever to any critical study of this subject, I must confess the more I have exerted to make a study of these humours the more have I got into deep mire. Kavirajs and Pandits are doing their level best to reconcile and bring them into accord with the modern views of physiological functions and pathological conditions. But I do not think they have succeeded or can succeed in their attempt. The hypothesis of derangement of humours in connexion with diseases might have formed a working basis in the ancient days of Maharishis and long before Harvey discovered the circulation of the blood; but it cannot hold good against the rational scientific physiology of the present day. In describing the properties and uses of individual drugs and particular combinations of medicines, the Sanskrit writers enter into minute details regarding their special influence on the humours on which they say the machinery of life depends and often indulge in very exaggerated statements; for example a medicine prescribed for a particular disease is considered not only to cure that disease but also a host of other diseases. Take for instance the properties and uses of chebulic myrabolans (ordinary myrabolans, Tamil, kadukkai) as described in Astangahridayam, Suthrasthanam:—Astringent, indifferently sweet, pungent, sour, bitter, possesses heating powers, promotes digestive powers, digests food lying undigested in the stomach, prolongs the period of youth, laxative, preserves and prolongs life, strengthens memory, increases vital powers, cures leprosy, discolouration of skin, loss of voice, chronic fevers, poisonous fevers, disease of brain, eye diseases, anæmia, heart diseases, jaundice and grahami, consumption, abdominal tumours, dropsy, dysentery, swooning, morbid secretion of urine, asthma, cough, excessive salivation, piles, enlarged spleen, flatulence, ascites, colic lumbago, loss of taste, and other diseases arising from the derangement of phlegm and wind humours.

A similar embarrassment is experienced when an endeavour is made to understand the classification and symptoms of diseases for the purpose of prescribing appropriate medicines. For example, in Madhava Nidana, fever is described as a separate entity or disease by itself. All fevers are said to be the result of the derangement of one, two or three humours, and there are several varieties of fevers described. When all the three humours are deranged badly, the fever is said to be sannipatha or typhoid. There are 13 varieties of typhoid fever alone described in this book each with symptoms peculiar to it. It can be safely said that much ingenuity and skill are exhibited by the ancient Sanskrit writers in their methods of classification and descriptions of the causation and symptoms of disease. Considering the period at which their works were written, it must be said that such skill was exceedingly creditable to those great and erudite authors; but I am constrained to observe here that their hypothesis with reference to the classification and aetiology of diseases is entirely out of date and will not stand the test of the rational science of the present day. Another difficulty I had to encounter was in procuring reliable individual drugs dry or fresh from the bazaar. In the case of several drugs, I had no previous experience and had to verify them by description taken on trust from others.

In my tours into the districts, I was greatly helped by the revenue authorities who always kindly arranged with hakims and vaidyans practising in and around the station to meet me at a previously appointed place. In these tours I met those vaidyans and hakims and had discussions with them. They were one and all very genial, and well disposed, but many of them I found to possess only very elementary and crude knowledge of diseases and drugs.

On the West Coast, the treatment adopted generally consists of the administration of medicines prepared from vegetable drugs in the form of decoctions, medicated ghee, medicated oils, powders, pills and confections. On the East Coast, in the Northern Circars, and in the southern districts although the same method is followed to a considerable extent, treatment by mineral drugs is adopted in the form of bhasmams and sindhurams, pills, etc., on a very extensive scale. These mineral drugs chiefly consist of mercury and its compounds, oxides and sulphides of arsenic, iron, zinc, lead, tin, gold and silver and some of their compounds, oxide of aluminium, carbonates of sodium and potassium, nitrate of potash, chloride of sodium, borax, coral, pearl and mica or talc.

The Unani hakims also use almost every drug used by the vaidyans. They attribute heating and cooling effects on the system to every drug. The hakims generally make their medicines palatable and sweet by the admixture of honey and syrup and their tonic preparations are generally mixed with powdered gold leaf or silver leaf.

The cost of important compound-drugs prepared by vaidyans and hakims is in several instances almost prohibitive and it would not be possible except for the well-to-do to undergo treatment by such drugs. Enquiries were made of the hakims and vaidyans to ascertain if they had specific or general treatment for the following diseases:—Cerebral apoplexy, plague, hemiplegia, paraplegia, locomotor ataxy, progressive muscular atrophy, pseudohypertrophic paralysis, spastic paralysis, acute mania, different forms of Bright's disease, cirrhosis of liver and kala-azar. None of them were able to give me anything which would prove useful in these diseases, but all of them were straightforward in stating that these diseases were beyond the scope of successful treatment by them. The drugs which they mentioned for the treatment of leprosy, tubercular diseases and diabetes were found to give temporary relief to a few patients suffering from mild forms of those diseases, but no reliance could be placed on them to effect a complete cure. They have a host of drugs for all fevers, some of them, no doubt, useful though slow in action. They have a large number of prescriptions for the treatment of affections of bowels, viz., dysentery, diarrhoea, etc. Most of these prescriptions are really useful but as in the case of anti-malarial drugs, their action is very slow. I have been able to collect a large number of prescriptions for various diseases. Some of them I have been able to use, others I have considered to be useless and some I could not use for want of suitable patients. I have now been able to understand in a much better manner the various methods of

preparation employed in Hindu Pharmacy and I have not found anything new to modify the opinion which I gave about them in my preliminary report. Treatment by massage with medicated oils, by the application of medicated oils and other fluids in a special manner to the head; and by slow douching of butter-milk and other liquids on the head, is largely resorted to on the West Coast for the cure of various diseases. In Appendix No. 9, I have given a short summary of these methods. Considering what has already been done in drug research and pharmacology, vaccine and serum therapy, in animal therapy, ionic medication and other methods of treatment by electricity, treatment by heat, light and cold and treatment by massage, I am of opinion that there is very little if anything for us to learn from the methods of treatment followed by the vaidyans and hakims.

I understand that in the lectures on Materia Medica at the Madras Medical College, the practice of including some of the important Indian drugs has of late been dropped. I would suggest the inclusion in that course of the indigenous drugs noted in Appendix No. 8, as it would serve as a guide to those students who are inclined to widen their knowledge of the subject.

Sub-Assistant Surgeon N. S. Subrahmanyam was posted to assist me on the 8th November 1918. He has worked under me zealously, willingly and loyally and has been of much help to me in conducting this special work.

My thanks are due to the Medical Officers and Staff of the General Hospital for having placed at my disposal patients whom I selected for the purposes of this investigation. In the districts I found the medical officers always willing to help me and I now thank them for all the assistance they rendered me.

In conclusion I have to express my gratitude with thanks to Major-General G. G. Giffard, C.S.I., K.R.S., I.M.S., for the support and encouragement kindly extended to me in the performance of this onerous work.

I have the honour to be,

Sir,

Your most obedient servant,

M. C. KOMAN,

*Honorary Physician and Officer in charge of Investigation
into Indigenous Drugs, Madras.*

Appendix No. 1.

Comparing some indigenous drugs with some of the drugs in the British Pharmacopoeia.

Appendix No. 2.

Single drugs investigated.

Appendix No. 2-B.

Compound preparations investigated.

Appendix No. 3.

Classification of drugs based on their properties.

Appendix No. 4.

Summary of the notes on the medicines investigated.

Appendix No. 5.

List of compound preparations collected and investigated with their composition.

Appendix No. 6.

Statement showing the diseases treated by Ayurvedic and Unani medicines from 12th July 1918 to 31st December 1919.

Appendix No. 7.

The Chemical Examiner's report on some drugs.

Appendix No. 8.

List showing some of the important Indian drugs, suggested to be included in the lectures on Materia Medica.

Appendix No. 9.

A summary showing the methods of treatment (by medicated oils, etc., peculiar to Malabar.

APPENDIX No. 1.

Comparison between Indigenous Drugs and those of the British Pharmacopœia. For the purposes of this comparison only a few drugs are taken from each head and classified according to their properties.

ANTHELMINTICS.

There are about forty indigenous drugs which are said to possess the property of expelling worms from the alimentary tract. The chief amongst them are:—

- (1) *Butea frondosa*.
- (2) *Chempullanhi (Colycopterus floribunda)*
- (3) *Kirmani (Artemesia maritima)*
- (4) *Cleome viscosa*.
- (5) *Vernonia anthelmintica*.
- (6) *Chenopodium ambrosioides*.

I have administered all these drugs and found them to be far inferior to *santonin* for the expulsion of round worms and to *thymol* for the expulsion of hook worms. *Kirmani*, which consists of an admixture of the flower heads, stalks and leaves of *Artemesia maritima* was the most efficacious among the indigenous drugs in expelling round worms. This plant is said to grow on the western Himalayas. It is from the flower heads of this plant that *santonin* is obtained. As the powder '*Kirmani*' can be obtained cheap (12 annas a pound) it may be substituted for *santonin* especially as the price of the latter has risen high.

Tender leaves of *Chempullanhi (Colycopterus floribunda F)* possess also anthelmintic properties to a considerable degree. They have both laxative and anthelmintic properties and do not require a purgative after administration for the expulsion of the round worms, but they are not so certain in their action as *santonin*. The other drugs mentioned above have only very feeble anthelmintic properties when administered alone.

ANTI-SYPHILITIC REMEDIES.

The *vaidyans* generally treat all syphilitic diseases, whatever stage they may be in, by first administering for three or four days a specific purgative oil which contains several vegetable drugs, chief amongst which are:—

- | | |
|--------------------------------------|---------------------------------|
| (1) <i>Smilax chinensis</i> . | (5) <i>Thespesia populnea</i> . |
| (2) <i>Hemidesmus Indicus</i> . | (6) <i>Sida cordifolia</i> . |
| (3) <i>Vitex negundo</i> . | (7) Purified oroton seeds. |
| (4) Bark of <i>Pongamia glabra</i> . | (8) Castor oil. |

This is followed by the internal administration of some preparation containing mercury or its compounds like *calomel* or *corrosive sublimate*. In the case of rich patients costly compounds like *Poornachandrodayam* which contains mercury, gold, orpiment, sulphur, etc., are administered in preference to cheaper compounds of mercury. One now and then comes across patients suffering from the injurious results of the indiscriminate use of mercurial preparations in the form of oils and powders indiscreetly administered by quack *vaidyans* for the relief of syphilis, skin diseases, nervous diseases, chronic rheumatism, etc. Mercury and several of its compounds are also largely used by the allopathic practitioners chiefly in the treatment of primary and secondary stages of syphilis, but their administration is always conducted in such a careful and methodical manner as to prevent the occurrence of any injurious effects. *Poornachandrodayam* which is very much extolled by the *vaidyans* as a sovereign remedy in syphilis was administered to a patient with syphilis for 40 days after a preliminary treatment for five days with the specific oil for syphilis. This patient who was suffering from syphilitic *rupia* all over the body derived some benefit from the above treatment. Several of the ulcerated patches on the skin healed up but two of them remained persistent and callous and the patient had therefore to be given an intravenous injection of *salvarsan (Ampsaly)*. The callous ulcers healed in four days after the injection. Other patients who were admitted for the same disease about the same time as this patient and who had *salvarsan* treatment were able to leave the hospital relieved in the course of seven to ten days. It will be evident from this that the action of *Poornachandrodayam* is very slow and does not compare favourably with that of *salvarsan*.

The preparations of mercury in the *British Pharmacopœia* which are intended for curing syphilis are as good as, if not better than, those used by the *vaidyans*.

ANTIDIABETICS.

Chief drugs used in diabetes are:—

- | | |
|--|------------------------------------|
| (1) <i>Abbrak</i> or <i>Tale Bhasmam</i> . | (5) <i>Lodoicea Seychellaram</i> . |
| (2) <i>Silajit</i> . | (6) <i>Cocculus villosus</i> . |
| (3) <i>Cassia Auriculata</i> . | (7) <i>Tinospora cordifolia</i> . |
| (4) <i>Eugenia Jambolana</i> . | |

Under proper diet all these drugs are able to reduce the output of sugar in the urine to a certain extent and no further; but as soon as the medicines are stopped, there is a return to the original condition. In one case where there was a complete disappearance of sugar from the administration of Silajit and Talc (Mathu megah mani pills) the sugar reappeared immediately after stopping the pills. Vasantha Kusumakara Rasa which is a compound of several metallic basmams acts as a nervine tonic and slowly reduces the quantity of sugar in the urine but its cost is prohibitive except to the rich. Even after its long continued use, I have not come across a single case in which the quantity of sugar had completely disappeared. Among the ayurvedic drugs I would recommend Abbrak Basmam (Calcined 100 or 1000 times) and Vasantha kusumakara Rasa for the relief of diabetes.

Codeia, opium, morphia, arsenic, and salicylates which are used as anti-diabetics by us are as good as any of the ayurvedic medicines in giving relief to diabetic patients. Complete disappearance of sugar from the urine has been noticed in several cases of diabetes which were treated with the drugs of the British Pharmacopœia mentioned above under proper hygienic and dietetic conditions.

ALTERATIVES.

There are several alterative drugs in Hindu medicine. Mercury and several of its compound preparations like:—

- | | | |
|------------------------|--|----------------------------|
| (1) Nithyanandha Rasa. | \| | (3) Sarwanga Sundara Rasa. |
| (2) Mriganka Rasa. | \| | (4) Laxmivilasa Rasa. |

are considered as strong alteratives and are used as alterative tonics in several diseases. Amongst the vegetable alteratives, the chief are:—

- | | | |
|----------------------------|--|---------------------------|
| (1) Amcoora Rohithaka. | \| | (5) Calotropis Gigantea. |
| (2) Clerodendron serratum. | \| | (6) Hemidesmus Indicus. |
| (3) Celastrus Paniculata. | \| | (7) Pongamia Glabra. |
| (4) Gynocordia Odorata. | \| | (8) Tinospora Cordifolia. |

The most important alterative medicines of the British Pharmacopœia are iodine and its compounds, mercury and its salts. There are several other less important alterative medicines, such as arsenious acid, ammonium salts, antimony salts, salts of gold and silver, thyroid extract, sarsaparilla, etc. Some of the mercurial compounds of the vaidyans act very well as alteratives and improve the health and tone of the body. But there is no drug in their Pharmacopœia which could be considered equal in its action to that of the iodides. Thyroid extract for the relief of myxaedema stands by itself and there is nothing in the Hindu or Unani Pharmacopœia which acts as an efficient alterative in that disease like thyroid extract.

EXPECTORANTS.

The chief expectorant indigenous drugs are:—

- | | | |
|---|--|-------------------------|
| (1) Justicia Adhatoda. | \| | (6) Shwaskutara Rasa. |
| (2) Urginea Indica. | \| | (7) Mriganka Rasa. |
| (3) Bamboo manna (Bambusa arundinacea). | \| | (8) Eladi Churna. |
| (4) Unbaked camphor. | \| | (9) Lavangadi churna. |
| (5) Calcined coral and pearl. | \| | (10) Sitopaladi Churna. |

In the British Pharmacopœia the principal expectorants are:—

- | | | |
|---------------------|--|---------------------------|
| (1) Ammonium salts. | \| | (6) Pinus sylvestris. |
| (2) Iodides. | \| | (7) Senega radix. |
| (3) Liquorice. | \| | (8) Euphorbia Pilulifera. |
| (4) Ipecacuanhae. | \| | (9) Lobeliae. |
| (5) Squill. | \| | (10) Pellitory. |

As far as expectorants are concerned, although there are several useful drugs and preparations in the British Pharmacopœia, I would suggest that Justicia adhatoda should be given a more extended trial than has been hitherto done and that calcined coral also should be given a fair trial.

ANTI-PERIODICS.

The principal anti-periodics of the vaidyans are:—

- | | | |
|---------------------------|--|---|
| (1) Azadirachta Indica. | \| | (6) Oldenlandia herbacea. |
| (2) Ophelia chirata. | \| | (7) Pierorrhiza Kurroa. |
| (3) Alstonia scholaris. | \| | (8) Trichosanthes Cucumerina or Dioica. |
| (4) Tinospora cordifolia. | \| | (9) Caesalpinia bonducella. |
| (5) Berberis aristata. | \| |  |

A fair trial has been given to all these drugs and I am able to assert that the alkaloids of cinchona (quinine, etc.) are far superior in their action as anti-periodics to all the indigenous drugs mentioned above. There are several compound preparations which vaidyans use as anti-periodics to mention a few:—

- | | |
|---|---------------------------|
| (1) Sudarsana churnam (Leghu and Brihat). | (4) Swatchandha Bhairavi. |
| (2) Pautohathikthakam. | (5) Narayana Jwarantusa. |
| (3) Anandhabhairavi. | (6) Maha Jwarankusa. |

I have found that the action of these preparations is very slow and is inferior to that of the salts of quinine.

ANTI-PYRETICS.

The following are the principal diaphoretics and antipyretics amongst the indigenous drugs:—

- | | |
|---------------------------|---------------------------|
| (1) Tinospora Cordifolia. | (7) Oldenlandia herbacea. |
| (2) Vernonia cinera. | (8) Alstonia scholaris. |
| (3) Dæmia extensa. | (9) Picrorrhiza kurroa. |
| (4) Viola odorata. | (10) Ocimum sanctum. |
| (5) Ooscinum fenestratum. | (11) The ten roots. |
| (6) Aconitum ferox. | |

All these drugs gradually reduce the temperature in mild fevers like a solution of acetate or citrate of ammonia, but they do not possess the powerful diaphoretic or anti-pyretic action peculiar to drugs like aspirin, anti-pyrin or phenacetin. Except Aconitum ferox, other indigenous drugs mentioned above are not harmful and may be safely administered in the form of decoction.

TONICS.

In Ayurvedam and Unani, there are good tonics for the blood, stomach and nerves such as:—

- | | |
|---------------------------|---|
| (1) Calcined iron. | (11) Laximivilasa Rasa. |
| (2) Oxides of iron. | (12) Calcined gold, chandrodaya Makhardhwaja. |
| (3) Iron Pyrites basmam. | (13) Amritha-prasa ghritha. |
| (4) The three myrabolans. | (14) Chyavanprash. |
| (5) Ashta churna. | (15) Compound powder of Withania somnifera. |
| (6) Bhaskara salt. | (16) Silajit. |
| (7) The five bitters. | (17) Sida cordifolia. |
| (8) Jawarish-a-kamoon. | |
| (9) Aaziraisah. | |
| (10) Majoona khuvathibah. | |

In the British Pharmacopœia, there are tonics corresponding to the above such as the several preparations of iron, phosphorus, nux vomica, vegetable stomachics like calumba, quassia and gentian, hypophosphites, codliver oil, damiana, cocoa, cardiac tonics like digitalis, squill, strophanthus, etc.

CATHARTICS OR PURGATIVES.

There are several vegetable drugs used as purgatives by vaidyans and hakims: chief amongst them are:—

- | | |
|----------------------------|-------------------|
| (1) Cassia fistula. | (4) Castor oil. |
| (2) Ipomea Turpethum. | (5) Senna leaves. |
| (3) Purified croton seeds. | (6) Rose buds. |

The British Pharmacopœia divides purgatives into aperients, simple purgatives, cholagogues and drastic cathartics. The important purgative medicines are:—

- | | |
|----------------------|--|
| (1) Jalap. | (7) Enoximin. |
| (2) Senna. | (8) Podophyllin. |
| (3) Castor oil. | (9) Croton oil. |
| (4) Cascara sagrada. | (10) Certain salts as sulphate and tartrate of soda. |
| (5) Elaterium. | (11) Sulphate of magnesia. |
| (6) Colocynth. | |

Ipomea turpethum which is largely used by the vaidyans on the west coast as a purgative is in its action equal to ipomea jalapa (jalap) and may well be substituted for it. It can be obtained cheap and is available in all the local drug bazaars. A compound powder corresponding to the compound powder of jalap can be prepared with it without difficulty. The pulp of the pod of cassia fistula is largely used as an aperient by the hakims. Rhubarb (Reval Chini) is also used as a laxative by the hakims.

DIURETICS.

The important diuretics amongst the indigenous drugs are :—

- | | |
|-----------------------------|------------------------|
| (1) Boerhavia diffusa. | (7) Seeds of cucumber. |
| (2) Cubeba officinale. | (8) Silajit. |
| (3) Tribulus terrestris. | (9) Urginea Indica. |
| (4) Moringa pterygospermum. | (10) Chicoria endivia. |
| (5) Santalum album. | (11) Viola odorata. |
| (6) Nitre. | |

In the British Pharmacopœia there are more satisfactory diuretics such as scopari, buchu, uvæ-ursi, diuretin, certain salts of potassium and sodium, digitalis, squill, also proprietary medicines like anasarcin, salts of theocin, urotropine, etc. These drugs are more rapid in their action when administered in regulated doses, than most of the indigenous drugs mentioned above. I have found Boerhavia diffusa to be a fairly good diuretic especially when combined with iron in the dropsy of anæmia and chronic Bright's disease.

I must not fail to mention here that fresh ginger juice (*Zingiber officinalis*) has been ascertained to be a good diuretic for relieving ascites and dropsy arising from early cirrhosis of the liver. The method of administering and dosage, etc., are mentioned under single drugs (*Zingiber officinalis*). The ginger juice did not give satisfactory results in dropsy associated with advanced cirrhosis of the liver, chronic Bright's diseases, and valvular diseases of the heart.

APPENDIX No. 2-A.

SINGLE DRUGS, INVESTIGATED.

1. *Alstonia scholaris*.

Nat. Ord.—Apocynaceae.

Ver.—Tam.—Elilaippalai. Mal.—Elilampala. Tel.—Edakulariti chettu.

The bark of this plant is said to be a powerful tonic and antiperiodic. This bark contains an alkaloid ditamin, which was obtained in the form of an acetate in the year 1875 by Jobston Hesse. For the other bases contained in this bark, see its chemical composition in Dymock's Vegetable Materia Medica. This ditamin or ditain is said to be a very powerful anti-periodic. Tincture and decoction prepared from the bark of this plant were tried in several cases of malarial fever with favourable results. It took a much longer period than quinine to check intermittent fevers, but there is no doubt that it has considerable anti-periodic properties. It acts as a general tonic in combination with ginger.

2. *Asparagus racemosus*.

Nat. Ord.—Liliaceae.

Ver.—Tam.—Sathavari, Panniyanaku. Mal.—Sathavari. Tel.—Pillapecharagadda.

The name sathavari (that is possessing 100 roots) is in allusion to the numerous fusiform tubers of this plant.

The tubers are considered to be nutrient, tonic, and demulcent and are given in biliousness, dyspepsia, diarrhoea, and general debility. On the west coast, the tubers are eaten candied or pickled for correcting the derangement of bile humour and also as an appetiser. A decoction of the drug was administered as a stomachic tonic in atonic dyspepsia, but the action was found to be slow and the result not encouraging.

3. *Anisomeles malabaricum*.

Nat. Ord.—Labiatae.

Ver.—Tam.—Peymurathu. Tel.—Moga bera. Mal.—Karinthumba.

An infusion of the leaves of this plant is given on the west coast to children in colic, dyspepsia and fever arising from teething. The infusion acts as a diaphoretic. An infusion (1 in 10) was tried in fever accompanying teething and was found useful.

4. *Anacyclus pyrethrum* (pellitory).

Nat. Ord.—Compositae.

Tam.—Akkilakaram. Mal.—Akkalakaram. Tel.—Akkalakara.

The vaidyans prescribe this drug in combination with the lesser galanga and ginger as a cordial and stimulant in palsy and in cases of lethargy. Pellitory has long been recognised as a sialagogue and is used in gargles for relieving toothache and aphthous ulcers.

I was informed by the patient referred to in the notes on areca catechu (No. 5), that it was a specific in pulmonary and glandular tuberculosis. I adopted in eight cases his method of treatment which is as follows:—

“An ounce of the fresh juice squeezed out of tender arecanuts (half grown) to be given half an hour before every meal.

Akarakarha or karha root.—16 ounces by weight.

Senna leaves 2 ounces by weight.

ground on a grinding stone into a fine pulp and then made into pills of the size of William's pink pills with the aid of bees' honey; 10 to 20 pills at a time to be taken after every meal.”

Three cases of fairly advanced pulmonary tuberculosis in the hospital were put on this treatment and all of them derived much benefit from it. All the patients gained weight and strength and their condition was very much ameliorated. The cough and the expectoration diminished to a great extent, the hectic fever also went down. Tubercle bacilli were present in the sputa of all these three cases on admission. In five out cases the same treatment was adopted. One was an advanced case of pulmonary tuberculosis with diabetes. He did not derive any benefit from the treatment. The second was a case of intestinal tuberculosis; the treatment made the patient's condition worse. The third, a case of pulmonary tuberculosis was very much relieved of the symptoms but he had to give up the treatment as complications of a constitutional disease set in 2 months after the treatment was begun. Two other out-cases had the treatment only for a few days.

I cannot say positively that the improvement noticed in the three cases treated in the hospital was entirely due to this special method of treatment; probably to a great extent it was the result of the nourishing diet, rest and open air which they had in the hospital.

5. *Areca catechu*.

Nat. Ord.—Palmaceae.

Tam.—Pakku. Mal.—Kazhangu. Tel.—Poka-vakka.

The arecanut is largely used in India as a component of the betel nut for chewing. On the suggestion of a patient who informed me that he was cured of his consumption by a preliminary administration of the fresh juice of tender arecanuts followed by a prolonged use of *Anacyclus pyrethrum* (see drug No. 4 supra), this drug was given to eight patients. The dose

suggested was 5 ounces of the juice to be gradually sipped in the morning in the course of an hour or two. None of the patients could stand this dose, as it produced violent vomiting and purging. The dose was consequently reduced to half an ounce. Even half an ounce had a nauseating effect and generally produced 2 or 3 evacuations. I cannot understand why this preliminary treatment by this special method of purgation is considered necessary. As stated above the juice of the tender nuts acts in small doses as a laxative.

6. *Acorus calamus*.

Nat. Ord.—Aroideae.

Tam.—Vasambu. Mal.—Vayambu. Tel.—Vasa.

The rhizome of this plant is said to be a good stomachic and carminative and in dose of about 90 grains, emetic. It enters into several carminative prescriptions for children. A decoction of this root stalk was given to several cases of indigestion and found to be efficacious.

7. *Adenema Hysopifolia* (*Cicendia Hysopifolia*).

Nat. Ord.—Gentianaceae.

Ver.—Tam.—Vellarngu. Tel.—Golimidi. Mal.—?

This plant has stomachic and laxative properties; is also used in dysuria, gonorrhoea, gonorrhoeal rheumatism, pruritis and scabies. I have used 'Succous' (of this plant) and compound oil for gonorrhoea and gonorrhoeal rheumatism and found them to be useful in those complaints.

8. *Andrographis Paniculata*.

Nat. Ord.—Acanthaceae.

Ver.—Tam.—Nilavembu. Mal.—Kiryat. Tel.—Nelavemu.

The Hindu physicians consider it to be cold and dry, light and flatulent, a remedy for colds and cough and bilious affections, burning of the body and the fever arising from the derangement of the three humours which they call "Sanjipath". The herb is much esteemed by Hindu physicians on account of its tonic and febrifuge properties, and prescribed in malarial fevers attended with burning of the body in combination with aromatics such as ginger, and lemon grass. Dymock notes that it contains two bitter principles chemically—ophelic acid and chirettin. A tincture of chiretta was administered to cases of malarial fever, atonic dyspepsia and debility after malarial fever and was found to be useful in those ailments. Chiretta in tablets obtained from a chemist in Bombay was administered to a woman suffering from chronic malaria who could not tolerate quinine. A protracted use of the drug cured her.

9. *Acalypha Indica*.

Nat. Ord.—Euphorbiaceae.

Ver.—Tam.—Kuppamani. Mal.—Kuppamani. Tel.—Kuppintaku.

The leaf of this plant is said to be an antiparasiticide and is applied externally ground with common salt or quicklime or lime juice. A paste of the leaves with lime juice was prescribed for cases of ring worm (different varieties of cutaneous taenia). In chronic cases it had no effect but in recent cases it did some good. Hakims use the entire plant in the form of decoction as a safe and speedy laxative in doses of $\frac{1}{2}$ to 1 fluid ounce.

10. *Artemisia maritima*.

Nat. Ord.—Compositae.

Ver.—Tam.—Machipatri? Mal.—Nilampala? Tel.—Macipatri?

Kirmani powder consisting of the flower heads with an admixture of small stalks and leaves of *Artemisia Maritima* was tried as an anthelmintic in cases of *Ascaris Lumbricoides* (round worms) and was found to be efficacious in expelling them with the aid of castor oil. This plant grows according to Kanny Lal Dey at high altitudes on the western Himalayas. The flowers contain the important glucoside santonin. The powder was given in doses of 10 to 20 grains to children and 30 to 60 grains to adults.

11. *Ailanthus Malabaricum*—

Nat. Ord.—Simarubeae.

Tam.—Peru maram. Mal.—Perumaram. Tel.—Peddamanu.

This tree is found growing on the west coast and yields a fragrant resin known as mutti-pal (simaruba) used in the Indian jails as an excellent remedy in dysentery. The juice of the bark administered in curd or milk twice a day is a favourite remedy on the west coast for the cure of diarrhoea and dysentery. Fifteen cases of dysentery amongst out-patients were treated with the juice of the bark with very satisfactory results. At Cannanore Dr. Thummon Singh, medical officer of the central jail there, told me that he found simaruba a very efficacious remedy for dysentery among the jail population. Manson in his "Tropical diseases" also speaks highly of its efficacy in dysentery.

12. *Astercanthus Longifolia* or *Hygrophilla Spinosa*—

Nat. Ord.—Acanthaceae.

Tam.—Neremulli. Tel.—Neerugubbi. Mal.—Vayalchulli.

The leaves of this plant are cooling and are used in jaundice and anasarca, the root is considered a cooling bitter tonic, with diuretic properties, and is used in rheumatism, urinary affections and anasarca. The ashes of the plant are used as a diuretic in dropsy. A decoction of the root was used in 1-ounce doses as a diuretic in dropsy of chronic Bright's disease, and found to be a fair diuretic.

13. *Amoora Rohithaka*—

Nat. Ord.—Maliaceae.

Ver.—Tam.—Shem-maram. Tel.—Chawa-Manu. Mal.—?

The powdered bark is said to be very beneficial in cases of enlarged spleen. It was administered to a case of enlarged spleen with no benefit.

14. *Boerhavia diffusa*—

Nat. Ord.—Nyctaginaceae.

Ver.—Tam.—Mukku-rattai. Mal.—Thazhuthama. Tel.—Punarnava.

Vaidyans consider the root of this plant to possess laxative, diuretic and stomachic properties. The powdered root either alone or combined with oxide of iron (Punarnava Mandram) was given in several cases of anasarca, the result of Bright's disease or anæmia; the drug acted as a diuretic in every case and the patients derived much benefit from its use. Dose of the powdered root is 30 grains three times a day.

15. *Berberis aristata*—

Nat. Ord.—Berberideae.

Ver.—Tam.—and Mal.—Kasturi-Manjal. Tel.—Kasturi-Pasupu.

Kanny Lal Dey says that the root bark has antipyretic and diaphoretic properties, and is used in cases of intermittent fever. He says, as an antiperiodic it possesses some advantage over quinine inasmuch as in frequently repeated doses it does not produce depression of the system and deafness, and may be used even during the attacks of fever. A decoction of the root bark in doses of 1 to 2 ounces was given to several out-patients for malarial fever and was found to be beneficial, the effect being very slow.

Chemical composition.—The root and the wood contain the alkaloid, berberine.

16. *Brassica campestris*—

Nat. Ord.—Crucifereae.

Tam.—Kadugu. Mal.—Vella Kadugu. Tel.—Avalu.

Siddhartha or white mustard is the seed of this plant. The seeds are used externally like the ordinary mustard; they are said to have beneficial effect when administered internally in cases of nervous diseases such as epilepsy, hysteria and are recommended to be given with Brahmi gritha in such cases. The medicated oil called siddhartha gritha was so administered in a few cases of epilepsy and hysteria with some benefit. Dose $\frac{1}{2}$ drachm of the medicated oil.

17. *Clerodendron Serratum*—

Nat. Ord.—Verbenaceae.

Ver.—Tam.—and Mal.—Cheruteku. Tel.—Gantu Bharangi.

It is given in catarrhal affections of the lungs, rheumatism and dyspepsia. A decoction of the root of this plant (1 in 20) was administered to cases of catarrhal bronchitis with little or no benefit.

18. *Cardiospermum Halicacabum*—

Nat. Ord.—Sapindaceae.

Tam.—Moodokothan. Mal.—Uzhinja. Tel.—Buddakakara.

The root of this plant is considered to be emetic, laxative, stomachic and anti-rheumatic. A decoction of the root (1 in 10) is given in half an ounce dose in amenorrhoea and piles. The leaves smeared over with castor oil are applied over rheumatic joints. The decoction was given in the out-patient department to cases of chronic rheumatism with negative result.

19. *Croton Tiglium*—

Nat. Ord.—Euphorbiaceae.

Ver.—Tam.—Nirvalam. Mal.—Nirvalam. Tel.—Nepalam.

Croton oil of the British Pharmacopœia is obtained by expression from croton seeds and is a powerful hydrogogue cathartic in doses of 1 to 2 drops. The powder prepared according to the following method which is in use by Hindu physicians was largely used as a laxative and purgative in several cases especially in cases of leprosy for which a preliminary treatment by purgation is considered necessary by those who treat that disease. After decorticating the seeds, they were put into cowdung and water just enough to cover them and boiled. They were then taken out and boiled again in milk. After removal from milk, the seeds were dried and the small sprout between the cotyledons from each seed was removed. The seeds were thereafter broiled on an iron plate over fire until all oily matter was to all appearance expelled from them. The seeds were then pounded into powder. This powder was mixed with equal part of powdered rumin seeds and administered in doses varying from 5 to 10 grs. with very satisfactory result.

20. *Cassia Tora*—

Nat. Ord.—Leguminosae.

Ver.—Tam.—Thagaray. Mal.—Thakara. Tel.—Thagirisa.

The leaves, the seeds and the root of the plant are said to contain chrysophanic acid and are used ground in lime juice as a paste for external application to ringworm. An oil named chakramardha whose chief ingredients are Cassia tora and Eclipta alba was used in cases of ringworm as an external application and found to be very beneficial.

21. *Coccinum fenestratum*—

Nat.—Ord.—Menispermaceæ.

Ver.—Tam. and Mal. Marmanjal ; Tel. Manu-pasupu.

A decoction of the bark is said to possess tonic and antiperiodic properties. The decoction was administered in doses of 1 to 2 ounces three times a day to several out-patients suffering from malarial fever but no beneficial effects were noticed.

22. *Calotropis gigantea and Procera*—

Nat. Ord.—Asclepiadeæ.

Ver.—Tam. Yerukam ; Mal., Yerukam ; Tel., Jilledu.

This is the common mudar plant. There are two varieties of this plant, white and red flowered. The milky juice, the bark and the bark of the root are used by the Indian practitioners in leprosy, syphilis, diarrhoea, dysentery, rheumatism, elephantiasis and ascites. In intermittent fevers the tincture made from the leaves is highly recommended. The powdered flower is said to be useful in small doses in cough, cold, asthma and indigestion. Tinot ; *calotropis gigantea* was tried as an antiperiodic in cases of intermittent fevers. It was found to be useful in many cases. Powdered root bark in doses of five grains was given to several cases of dysentery and was generally found to give relief.

23. *Caesalpinia Bonducella*.

Nat. Ord.—Leguminosæ.

Ver.—Tam., Gatchakkoy ; Mal., Kalanjy Kuru ; Tel., Gatchkaya.

Bonduc seeds are reputed to possess anti-periodic properties. The powdered seeds were administered mixed with equal part of pepper powder to malarial patients and were found to possess feeble anti-periodic properties. In malignant malaria, they did not do any good. The leaves and seeds after roasting with castor oil are applied externally to inflammatory swellings especially to inflamed piles, hydrocele and orchitis with benefit.

24. *Cassia Auriculata*.

Nat. Ord.—Leguminosæ.

Ver.—Tam., Avarai ; Mal., Aviram ; Tel., Tangedu.

This is known as tanner's cassia as its bark is used for tanning. It has astringent properties and is highly recommended in diabetes mellitus. A decoction of the entire plant was given in one ounce doses three times a day in diabetes mellitus without benefit.

Chemical composition. The bark contains 25 per cent tannin and ash 5 per cent.

25. *Chenopodium Ambrosioides*.

Nat. Ord.—Chenopodiaceæ.

Ver.—Tam., ; Mal., Katu-ayamodakam ; Tel.

The fruits and the volatile oil obtained by distilling the fruits with steam or water are used as anthelmintic chiefly for ascaris and ankylostomum. Powdered seeds from 20 to 30 grains doses were tried with negative results. But the oil in ten minims doses expelled the hook-worms.

26. *Chempullanhi (Colycopterus floribunda)*.

Nat. Ord.—Combretaceæ.

Ver.—Mal., Chempullanhi.

The tender leaves of this plant, I was told, by physicians at Tellicherry and Payyanur were very efficacious in expelling round worms as they possess laxative properties in addition to their anthelmintic properties. A small quantity of the tender leaves obtained from Tellicherry and Cannanore were ground and made into pills of five grains and administered to five in-patients in the General hospital ; three of the patients passed round worms after their administration. I have been trying to get the tender leaves with the help of the officers of the forest department of North Malabar and South Kanara, but the leaves received from them were fully grown and did not act like the tender copper coloured leaves, which I had personally obtained. The Chemical Examiner reports that an extract of the leaves gave colour reactions which resembled those of santonin. The botanist of the Agricultural College, Coimbatore, says that the name of the plant is *Combretum extensum*.

The forest officer who sent me a sample of fully grown leaves from South Kanara says that the name of the plant is *Colycopterus floribunda* and it belongs to the natural order Combretaceæ. I have not the slightest doubt that it will prove to be a good anthelmintic and a very efficient substitute for santonin, especially as the latter is now sold at an exorbitant price.

27. *Daemia extensa*.

Nat. Ord.—Asclepiadaeæ.

Ver.—Tam., Veliparutti, uttamani ; Mal., Veliparuti ; Tel., Gurutichettu.

This drug was very strongly recommended for malarial intermittent fevers. The juice of the leaves in half ounce doses as advised was administered to a few cases of malaria without any beneficial effect.

28. *Evolvulus alsinoides*.

Nat. Ord.—Convolvulaceæ.

Ver.—Tam., Vishnukranthi ; Mal., Vishnukranthi ; Tel., Vishnukranthi.

This is administered by Hindu physicians in fevers attended with diarrhoea or indigestion in the form of a decoction of the drug with *Ocimum sanctum*. It was administered to several cases and did not appear to possess the properties attributed to it.

29. *Embelia Ribes*.

Nat. Ord.—Myrsinaceæ.

Ver.—Tam., Vayuvilangam; Mal., Vayuvilangam; Tel., Vayuvilangam.

The fruit is anthelmintic, alterative, and stimulant. It was given to a few cases of suspected *Ascaris Lumbricoides* without any beneficial effects. I have had no occasion for trying it for tape worms for which it is said to be a specific.

30. *Euphorbia Pululifera*.

Nat. Ord.—Euphorbiaceæ.

Ver.—Tam., Amampatchai-arai; Mal., Nelapalai; Tel., Reddinabrolu.

This is a small herb found nearly all over India. It grows in abundance on vacant plots of land in Madras. There are two varieties one with small purple leaves and the other with larger green leaves. On plucking the leaves or leaf stalk, a milky juice exudes. It is now largely exported to America and to Great Britain. There is no doubt that an extract of this plant has sedative effect on the mucus membrane of the respiratory and genito-urinary tract. It has been found by me very beneficial in cases of asthma. I have been using a tincture of it in my private practice in diseases of genito-urinary tract and in chronic bronchitis and asthma. The result has been very satisfactory. It is a drug which should find a place in the treatment of such diseases. The tincture of the drug was given in 15 to 30 drops to cases of asthma and bronchitis in the hospital with very beneficial effect.

31. *Gudumal*.

Pandit Gopalacharulu gave me a sample of this plant and said that he had obtained it from northern India where it was considered to give relief in diabetes. A decoction of the leaves was given to a patient suffering from diabetes mellitus for nearly two weeks; the quantity of sugar diminished from 21.9 to 8.75 grains per ounce, but as at the same time the patient was on an anti-diabetic diet, it could not be definitely said whether the improvement was due to the drug or the diet. I have not as yet succeeded in finding the botanical and vernacular names and the natural order of the plant.

32. *Gloriosa superba*.

Nat. Ord.—Liliaceæ.

Ver.—Tam., Kalaiappai-Kizhangu; Mal., Mentthoni-Kizhangu; Tel. Agnisika.

It is said that the root of this plant powdered and reduced to a paste and applied to the navel and supra-pubic region promotes labour pains. For the same purpose, it is said that the paste may be applied to the palms and soles. The vaidyan who gave me the above information at Payanur also said that the sediment obtained from the powdered root after repeated washings (not less than seven times) was useful in diabetes mellitus, in doses of half a tola twice a day. The powder so prepared from the sediment was administered to a case of diabetes mellitus with no apparent benefit.

Chemical composition :—2 resins, tannin and a bitter principle, superbine.

33. *Hydnocarpus inebrians*.

Nat. Ord.—Bixneæ.

Ver.—Tam., Niredu Muthoo; Mal., Niredumuthoo; Tel., Neerudu Vithulu.

An oil prepared from the seeds of this plant is highly valued by the vaidyans as a specific for the cure of leprosy and is considered by them to be superior to chaul-mogra oil. An oil was prepared from the seeds in the following manner. The shells of the seeds were removed, the seeds were pounded and boiled in water; when all the water was driven away by heating, the oil was decanted. Cases of leprosy were treated as under.

Five grains of powdered croton seeds prepared as described under croton seeds, were given every morning for the first 8 or 10 days. This quantity was sufficient to produce 2 or 3 evacuations; thereafter 5 drops of this oil (*Oleum hydnocarpus*) with equal quantity of python's fat were given and the quantity increased daily by one drop until 30 drops were administered. Three patients who had the above treatment at the Government Leper Hospital showed signs of improvement but the improvement was very slow; one of them complained bitterly of nausea and the quantity of the oil had to be reduced. Two of these patients were chronic cases with nodules on the face and lobes of the ear, ulceration of the fingers and toes, large anaesthetic patches here and there over the body. One of them had a perforating ulcer of the left foot and one had large superficial ulcers on both legs—the third an advanced case of anaesthetic type absconded from the hospital after treatment for two weeks.

Four chronic cases of anaesthetic variety and one of tubercular variety were treated at the hospital with intramuscular injections of equal quantities of oleum hydnocarpus and python's fat. Of these one ceased attending after the third injection.

On the first day 10 minims were injected. Injections were continued on alternate days and the dose of the mixed oil increased each time by 5 minims until each patient received 40 minims; 40 minims were injected for a number of days. There was slow but steady improvement. The anaesthesia was gradually disappearing; the ulcers healed one after another, and the thickness of the patches gradually diminished. When the dose reached 30 minims patients began to feel pain at the seat of injection on inserting the needle.

Nothing untoward resulted from these injections such as suppuration; two of these patients were tired of the injections and refused to undergo further treatment. There is no doubt that these patients obtained considerable benefit from these injections. As the improvement was

slow and the disease long standing, all these patients were put under 10 minim doses of the oil of *Hydnocarpus* prepared as above without python's fat and 20 grains of a confection prepared by grinding the kernel of the seeds with cocconut kernel, ginger and jaggery. The oil was given an hour before breakfast and the confection in the evening. Two more hospital cases of anaesthetic leprosy were put on the last mentioned treatment; but one of them left the hospital immediately after the preliminary treatment.

The ten cases selected from the Leper hospital for this treatment were of 8 to 20 year's duration or more, with perforating ulcers on the feet, contracted fingers and toes, with large ulcers on them. Three of these were tubercular cases and the rest were of anaesthetic variety; some of them had already lost portions of their fingers and toes. Except the nausea referred to in one case, none of the patients complained of any ill effect from the treatment; on the other hand, most of them liked it and some of them were craving for its continuance. Several out cases of six months to two years' duration are now under treatment with the oil and the confection. One of them has shown marked improvement and he is now almost well, sensation having returned and all small patches having disappeared. The other patients are all showing some improvement. From what I have seen I have no doubt that *Hydnocarpus inebrians* is a potent drug for ameliorating the loathsome complications of leprosy.

34. *Herpestis monniera*.—

Nat. Ord.—Scrophularinaceae.

Ver.—Tel., Sambrani chettu; Tam., Nirbāhmi; Mal., Nirubrahmi.

U. C. Dutt says that this plant is considered a nervine tonic useful in insanity, epilepsy and hoarseness of voice—half a tola of the fresh juice of the leaves and 4 grains of *Aplotaxis auriculata* and honey are to be given in one dose in insanity. Brahmi-Ghritha or a medicated ghee whose chief ingredient is *Herpestis monniera* was administered in cases of epilepsy and hysteria and in one case of chorea; cases of epilepsy were considerably benefited by its use, the attacks coming on at longer intervals. Hysteria cases were completely cured. The case of chorea did not derive any benefit from it.

35. *Hypoxis orchioides* or *Curculigo orchioides*.

Nat. Ord.—Amaryllidaceae.

Ver.—Tam., Nellapana-kilanghu; Mal., Nellapana-kilanghu; Tel.—Nelathatigadda.

This tuberous root as sold in the bazaars is about 4 inches long and is in a slight degree bitter and mucilaginous to the taste. It is said to possess tonic and aphrodisiac properties and to be useful in leucorrhoea, menstrual derangements and gonorrhoea.

A compound powder consisting principally of *Hypoxis orchioides* and *Tribulus terrestris* was given to two cases of dysmenorrhoea with general debility in the out-patient department but the result could not be ascertained, as the patients did not turn up after the first day. It was administered to two cases of gonorrhoea without any benefit.

36. *Hydrocotyle Asiatica*.

Nat. Ord.—Umbellifereae.

Ver.—Tam., Vallari; Mal., Kutakam or Muthal; Tel., Bokuduchettu.

The entire plant is used by vaidyans in derangement of the three humours. The leaves are used as diuretic and are said to be beneficial in skin diseases, especially in leprosy. For leprosy, it is given in the form of powder, decoction or syrup. A syrup of the leaves was administered to two cases of chronic psoriasis. There was some improvement noticed in the patches after its administration for a few days.

37. *Lipia Nodiflora*.

Nat. Ord. Verbinaceae.

Ver.—Tam., Poduthalei; Mal., Katu-thippali; Tel., Bokkena.

Chutney made from the leaves and fruits of this plant is eaten to relieve the irritation of internal piles. A fumigation by the compression of the entire plant between two red hot bricks is said to give relief in inflamed and bleeding piles. The chutney and the fumigation on trial were found to give only temporary relief in such cases.

38. *Lodoicea Seychellarum*.

Nat. Ord.—Palmae.

Ver.—Tam., Kadalerangham pattai; Mal., Kadalthenga; Tel., Samudraputen kayee.

The fibrous husk of the nut of this palm is what is known as Kadalerangham pattai. Long before the discovery of the island of Seychelles, the entire nuts were found occasionally on the seashore of the West Coast and Ceylon and that is why the Tamil name the sea drifted cocconut is given to it. The vaidyans consider it useful in reducing the quantity of sugar in the urine in cases of diabetes mellitus and they administer a decoction in doses of 3 ounces three times a day. This decoction was given to two patients in the hospital with diabetes mellitus. The sugar eliminated decreased considerably, but did not disappear altogether. There was relapse as soon as the decoction was stopped.

39. *Melia Azadirachta*. (*Azadirachta Indica*).

Nim or Margosa tree.

Nat. Ord.—Meliaceae.

Ver.—Tam., Vepamaram; Mal., Vepamaram; Tel., Vepachetta.

The root bark and bark are said to possess tonic and antiperiodic properties. The leaves and nuts are said to be insecticide. The flowers are said to possess stomachic and carminative properties. A tincture of the bark of the stem was administered to cases of malarial fever as an antiperiodic and was found to be useful. A decoction of the root bark was also tried in malarial fever and was found to be equally efficacious. The margosa tree is considered by Hindu physicians to possess several important properties. Mohideen Sheriff speaks highly of the toddy or the sap, which on rare occasions flows out through small cracks or fissures in the trunk and large branches of the tree as an important therapeutic agent in long standing cases of leprosy, other skin diseases, consumption, atonic dyspepsia and general debility. I have seen the paste of the leaves used externally in cases of smallpox. The oil expressed from the seeds is a favourite remedy amongst the Indian practitioners as an external application in tetanus.

40. *Nigella Sativum*—

Nat. Ord.—Ranunculaceae.

Ver.—Tam., Karun-Shiragam; Tel., Nella Jeelakkara; Mal., Karunshiragam.

The seeds are anthelmintic, carminative, emmenagogue and stomachic and also galactagogue. A decoction of the seeds is given just after delivery to stimulate the uterine contraction and to increase the secretion of the milk. Broiled seeds powdered and mixed with jaggery are given for the same purpose with benefit. In three mild cases of puerperal fever, the patients were cured by the latter method of treatment.

41. *Ocimum sanctum*—

Nat. Ord.—Labiatae.

Ver.—Tam. and Tel., Tulasi; Mal., Thulasi.

The juice of the leaves or decoction of the same is considered to possess diaphoretic, anti-periodic and stimulating expectorant properties. A compound decoction of *Ocimum sanctum*, *Tinospora cordifolia* and *Evolvulus alsinoides*, was given in cases of malarial fever with no benefit.

42. *Picrorrhiza Kurroa*—

Nat. Ord.—Scrophularineae.

Ver.—Tam., Katukurogani; Mal., Katukurohani; Tel., Katukurohini.

This drug consists of a rhizome generally of the size of a goose quill. Late Doctor Mohideen Sheriff considered this to be a powerful bitter tonic and anti-periodic, and a slight laxative. It was administered as an anti-periodic to a large number of cases but the action was found to be slow. There is no doubt that it possesses anti-periodic properties in a mild degree.

43. *Plumbago Zeylanicum*—

Nat. Ord.—Plumbaginaceae.

Ver.—Tam., Chittira moolam; Mal., Kodiveli; Tel., Chithramoolam.

The roots of *Plumbago zeylanicum* and *rosea* are more or less vesicant and are applied in the form of a paste with rice congee to buboes and abscesses with the object of making them burst. They enter into the composition of numerous medicines for dyspepsia as they are said to increase the digestive power and to promote appetite. The root of *Plumbago rosea* taken internally is said to be aborti-fascient, and the root is at times introduced into the mouth of the womb for the same purpose on account of its caustic properties. The powdered root is administered in 10 to 20 grains doses in chronic dyspepsia. It is recommended also in rheumatism and hemiplegia. A compound powder consisting chiefly of *Plumbago zeylanicum*, *Hydrocotyle asiatica*, and *Acorus calamus*, was administered for a considerable length of time to two cases of hemiplegia without any benefit.

44. *Podophyllum Emodi*—

Nat. Ord.—Berberideae.

Ver.

This was administered in the form of a tincture to six cases and was found to possess all the properties which the podophyllin of the British Pharmacopoeia possessed. It acts as a hepatic stimulant and cholagogue purgative.

45. *Petalum murex*—

Nat. Ord.—Pedalineae.

Ver.—Tam., Anai-nerunji; Mal., Katu-nerinjal; Tel., Yenuga-palleru.

This plant when shaken up with water renders the latter mucilaginous. It is used for the cure of gonorrhoea and dysuria. The seeds have the same property. A decoction of the leaves was given to cases of gonorrhoea and the result was not satisfactory.

46. *Ruta Augustifolia*—

Nat. Ord.—Rutaceae.

Ver.—Tam., Sadhapa, Mal., Arocada; Tel., Sadhapa.

This plant has strong antispasmodic properties; the juice of this plant is generally prescribed on the West Coast in convulsions of children and in acute bronchitis, and pneumonia. The juice undoubtedly possesses anti-spasmodic and expectorant properties. I have found it useful in the bronchial catarrh and acute bronchitis of children.

47. *Salamisri-Salep*—

This orchid is imported from Persia, Kabul, and Northern India into this Presidency. It is probably obtained from various species of orchids. The dry tuber has a great reputation as a nervine restorative and strength giver. It is prescribed in hemiplegia and paralytic affections. This drug was administered in the form of powder in teaspoonful doses in milk twice a day to a private patient suffering from nervous debility. He derived some benefit from its use.

48. *Toddalia Aculeata*—

Nat. Ord.—Rutaceae.

Ver.—Tam., Milakaranay; Mal., Kara; Tel., Mirapa-kandra or Konda-kasindha.

The bark of the root of this plant is said to be a specific for hill and jungle fever (probably malarial fever). The entire plant is said to possess febrifuge properties. An infusion was made of the bark and prescribed for several mild cases of malarial fever in the out-patient department with very beneficial results.

49. *Trichosanthes Cucumerina*—

Nat. Ord.—Cucurbitaceae.

Ver.—Tam., Katup-pepudal; Mal., Katu-padolam; Tel., Adavi-potla.

The juice of the leaf has emetic properties.

The juice of the root is a strong gastro intestinal irritant; a decoction of the root is said to possess anti-periodic properties. This decoction was administered in doses of one ounce three times a day to several cases of malarial fever but the result was not satisfactory.

50. *Trichosanthes palmata*—

Nat. Ord.—Cucurbitaceae.

Ver.—Tam., Shavari-pazham, korattai; Mal., Kakatonti, Tel. Avagudha pandu.

The fruit of this plant is a violent hydrogogue cathartic. The oil obtained by boiling it in gingelly or cocoanut oil, when applied to the scalp, is said to cure hemiorania and ozæna. The oil is dropped into the ear in cases of otorrhoea. In my private practice I have found this oil useful in curing hemi-orania.

51. *Terminalia Arjuna*—

Nat. Ord.—Combretaceae.

Ver.—Tam., Marudu maram; Mal., Venmaruthu; Tel., Tellamaddi ohettu

The bark of this plant is said to be a cardiac tonic and is considered by the vaidyans to be a specific in disorders of the heart. A decoction of the bark was administered to a case of valvular disease of the heart with palpitation and pain over the region of the heart. He did not derive any benefit from its administration.

52. *Taxus Baccata*—

Nat. Ord.—Conifereae.

Ver.—Tam. and Mal., Talispatri; Tel., Thalispatri.

This is an ingredient of Ayurvedic Talisyadhī churnam (compound powder of *Taxus baccata*) which is given generally in pulmonary diseases. The drug is given in asthma, cough and hæmoptysis. The effect of the compound powder is given under compound drugs.

53. *Thespesia Populnea*—

Nat. Ord.—Malvaceae.

Ver.—Tam. Puvarasha Maram; Tel., Gangireni; Mal., Poovarisham, chandamaram.

The leaves of this tree are ground into a paste and applied externally in children's eczema; so also an oil prepared by boiling the ground bark in cocoanut oil is applied externally in psoriasis and scabies. The contents of the fruit which is a capsule are applied externally to ringworm. A decoction of the bark is given internally in skin diseases. The ground leaves and contents of the capsule applied externally in eczema and ringworm respectively were found to be useful. A compound oil of the bark and capsule was given in cases of urethritis and gonorrhoea with beneficial results.

54. *Tinospora cordifolia*—

Nat. Ord.—Menispermaceae.

Ver.—Tam.—Amrdavalli, Sindilkodi; Mal., Chittamritam; Tel., Tippatigah.

The entire plant is regarded as a valuable alterative and tonic. It enters into the composition of a large number of prescriptions for different fevers and for chronic skin diseases. It is also used in general debility with other ingredients. Its principal use is in fevers. The hakims prepare a watery extract of the drug and some of them call the extract the Indian-quinine. This extract, when pure, is white in colour and consists chiefly of starch.

In all the ayurvedic prescriptions which consist of vegetable drugs for fevers, *Tinospora cordifolia* is considered to be an important ingredient. No doubt it is a febrifuge of some value. I have found it efficacious for ordinary simple fevers resulting from cold or indigestion in children. For this purpose it is administered in the form of a decoction with *Cyperus rotundus*, ginger, sandal wood, and *Oldenlandia herbacea*. A tincture of this drug was tried in mild cases of malaria in the out-patient department and was found to be useless in such cases. The aqueous extract above referred to is called by hakims 'Satt-gilo'. It is administered by them in chronic fevers and also in diabetes. A few years ago, I tried this extract in the low chronic fever of kala-azar and also in diabetes. I did not find it to possess the virtues attributed to it.

Chemical composition.—Satt-gilo on analysis was found to be simple starch. The stems contain a trace of berberine.

55. *Tribulus Terrestris*—

Nat. Ord.—Zygophylleae.

Ver.—Tam.—Neringi ; Mal., Neringal ; Tel., Palleru-mullu.

The entire plant, but more particularly the fruits, are used in medicine. They possess cooling, diuretic, tonic and aphrodisiac properties and are used in dysuria, urinary disorders, calculous affections and impotency. It was given a good trial in Bright's disease with dropsy. All the patients derived much benefit by its use.

It was also used combined with bdellium in a patient suffering from gonorrhoeal rheumatism with cystitis. The patient recovered without interruption.

56. *Urginea Indica*—

Nat. Ord.—Liliaceae.

Ver.—Tam.—Nari-vangayam ; Mal., Kanthanga ; Tel. Adavi-thellagadda.

On the West Coast the bulb of this plant is rubbed and applied to the soles of the feet to relieve burning. In small doses the drug possesses stimulant, expectorant and diuretic properties. In large doses it is emetic and cathartic. In the form of a syrup it was administered as an expectorant to cases of bronchial catarrh and chronic bronchitis in the out-patient department and was found useful in those affections. The syrup was prepared from the expressed juice of the bulbs the strength being 1 in 2.

57. *Viola Odorata*—

Nat. Ord.—Violaceae.

Ver.—Tam.— ; Tel. ; Mal.

This is the Banafshah of hakims who value it as a strong febrifuge in acute and chronic fevers when given in combination with other drugs. Mohideen Sherif in his *Materia Medica of Madras* gives the ingredients of a compound decoction which he found useful in relieving pyrexia of obstinate and long standing cases of typhoid fever, after European medicines generally used, had failed. The same decoction was administered to a case of chronic fever without any benefit at all. In the out-patients a simple infusion of *Viola odorata* was given to several cases of pyrexia and intermittent fevers without benefit.

58. *Vernonia Anthelmintica*—

Nat. Ord. Compositæ.

Ver.—Tam., Kattu-shiragam ; Mal., Katu-jerakam ; Tel., Adavi-jeelakara.

The seeds of this plant are considered to possess very strong anthelmintic properties by vaidyans. They are also administered in cases of intestinal colic and dysuria. They also enter into the prescriptions for leucoderma, psoriasis and other skin affections. The powdered seeds followed by castor oil were tried for removal of round worms in $\frac{1}{2}$ to $1\frac{1}{2}$ drachms doses and the result as far as could be ascertained showed the seeds to possess considerable anthelmintic properties.

59. *Vernonia Cinera*—

Nat. Ord. Compositæ.

Tam., Poovamkurundhal, Sabadevi ; Mal., Pavankuruntal ; Tel., Gharitikamini.

This plant is considered to possess strong diaphoretic properties and is generally given by vaidyans to produce perspiration in fever. By itself, it has no antiperiodic property but when combined with small dose of quinine, it appears to help the action of the latter in malarial fevers. At Cannanore, I found that one of the vaidyans there, was treating cases of malarial fever with *vernonia cinera* and 5 grs. of quinine made into a bolus with lime juice administered every morning. I tried this method in several cases and found it to be a useful combination.

60. *Valerian Indica or Jatamansi*—

Nat. Ord. Valerianaceae.

Ver.—Tam., Jatamansi ; Mal., Jatamamsi ; Tel., Jatamamsi.

Jatamansi or the Indian valerian is said to possess all the properties of the officinal valerian. It is said to be anti-spasmodic and useful in intestinal colic. It enters into the composition of a compound powder which is burnt and used for inhalation in bronchial affections. A tincture of it was used in the out-patient department in intestinal colic and flatulence, and found to give relief in those complaints.

61. *Woodfordia floribunda*—

Nat. Ord. Lythraceae.

Tam., Thatharipushpam ; Mal., Thatharipo ; Tel., Dhataki, arraypuvva.

The dried flowers of this beautiful flowering shrub are regarded as stimulant and astringent and are much used in combination with other astringent medicines in dysentery, menorrhagia and other hemorrhages. In the preparation of the medicated spirituous liquors known as asava and arihta, the flowers are added to set up fermentation. The powdered flowers were given in 10 to 20 grains doses with honey in dysentery and were found to be beneficial.

62. *Zingiberis Officinalis*—

Nat. Ord. Zingiberaceae.

Tam., Inji ; Mal., Inji ; Tel., Allamu.

Dry ginger enters as an ingredient into several combinations in the Indian Pharmacopoeia. Vaidyans attribute to this drug stimulant, digestive and carminative properties. At Payyanur, in Malabar, I was told that the juice expressed from fresh ginger in gradually increasing doses was a strong diuretic in cases of general dropsy whatever the cause might be. In three cases of ascites with dropsy arising from cirrhosis of the liver of recent origin, there was, when the juice was so administered, complete subsidence of ascites and disappearance of the dropsy. The fresh juice of the drug acted as a strong diuretic. The patients passed gradually increasing quantities of urine daily. It did not prove efficacious in dropsy of chronic Bright's disease and chronic heart disease ; on the other hand such cases became worse under its use. Long-standing cases of cirrhosis with ascites did not derive the slightest benefit from its administration. I have no doubt that fresh ginger juice, when properly administered will be found beneficial in cases of early cirrhosis of the liver with ascites and dropsy of the lower limbs.

The dose and method of administration.—Fresh juice of ginger expressed from 5 tolas weight of the drug mixed with an equal quantity of sugar is to be given on the first day in the morning. This is to be increased by juice expressed from 2½ tolas weight of ginger daily until the juice from 25 tolas weight is administered. The quantity is to be diminished in the reverse order every day till it comes back to juice from 5 tolas weight. If there is still any dropsy left, another course ought to be gone through in the ascending and descending order.

Diet.—The patient should be put on milk and conjee diet. This deserves a further trial.

63. *Ophiorrhiza Mungos*—

Nat. Ord. Rubiaceae.

Ver.—Tam., Kiripundu ; Mal., Avilpori ; Tel., Surpashe chettu.

The bark of the root of this plant, I was told by a physician of the west coast possessed laxative and sedative properties. He gave the following directions for its administration.

“Take the bark of the root of this plant, grind it into a paste and make boluses of the size of the lime each. Give one of these in milk early morning for three days. This would keep maniacs quiet and move their bowels freely.” The Superintendent of the Lunatic Asylum, Madras, to whom I sent this drug for trial, reported after its administration to two cases that it did not possess the properties attributed to it.

64. *Gomuthram* or cow's urine—

It is highly recommended in cases of cirrhosis of the liver and for this purpose fresh urine has to be given early morning in doses of one to two ounces. This was given to two cases of cirrhosis of the liver without benefit. Calf's urine is said to be beneficial in that fatal disease of infants known as infantile biliary cirrhosis. I tried this method of treatment in a few private cases. None of the infants derived any benefit from it.

THE FOLLOWING SINGLE DRUGS HAVE ALREADY BEEN REPORTED UPON AND INCLUDED
IN THE PRELIMINARY REPORT.

- | | |
|---------------------------------|--------------------------|
| 1. Bombax Malabaricum. | 10. Eclipta Prostrata |
| 2. Bambusa Arundinacea. | 11. Butea frondosa. |
| 3. Holarrhena Anti-dysenterica. | 12. Vanda Roxburghii. |
| 4. Cleome Viscosa. | 13. Guggulu. |
| 5. Aconitum Heterophyllum. | 14. Oxalis Corniculata. |
| 6. Adahatoda Vasica. | 15. Silajatu. |
| 7. Semicarpus Anacardium. | 16. Sida Cordifolia. |
| 8. Withania Somnifera. | 17. Phyllanthus Emblica. |
| 9. Ipomea Turpethum. | |

Index of Single Drugs.

Serial number and name of the drug.	Serial number and name of the drug.	Serial number and name of the drug.
1. <i>Alstonia Scholaris.</i>	21. <i>Coscinum fenestratum.</i>	41. <i>Ocimum Sanctum.</i>
2. <i>Asparagus Racemosus.</i>	22. <i>Calotropis gigantea and Procera.</i>	42. <i>Picrorrhiza Kurroa.</i>
3. <i>Anisomeles Malabarium.</i>	23. <i>Caesalpinia Bonducella</i>	43. <i>Plumbago Zeylanicum.</i>
4. <i>Anacyclus Pyrethrum (Pellitory).</i>	24. <i>Cassia Auriculata.</i>	44. <i>Podophyllum Kmodi.</i>
5. <i>Areca Catechu.</i>	25. <i>Chenopodium Ambrosioides.</i>	45. <i>Pedaliium Murex.</i>
6. <i>Acorus calamus.</i>	26. <i>Chempullanhi (Colycopterus Floribunda).</i>	46. <i>Ruta Angustifolia.</i>
7. <i>Adenema Hyssopifolia (Cicendia Hyssopifolia).</i>	27. <i>Daemia Extensa.</i>	47. <i>Salamisri-Salep.</i>
8. <i>Andrographis Paniculata.</i>	28. <i>Evolvulus Aleinoides.</i>	48. <i>Toddalia Aculeata.</i>
9. <i>Acalypha Indica.</i>	29. <i>Embelia Ribes.</i>	49. <i>Trichosanthes Cucumerina.</i>
10. <i>Artemisia Maritima.</i>	30. <i>Euphorbia Pilulifera.</i>	50. <i>Trichosanthes Palmata.</i>
11. <i>Ailanthus Malabarium.</i>	31. <i>Gudumal.</i>	51. <i>Terminalia Arjuna.</i>
12. <i>Asteracanthus Longifolia or Hygrophilla Spinosa.</i>	32. <i>Gloriosa superba.</i>	52. <i>Taxus Baccata.</i>
13. <i>Amoora Rohithaka.</i>	33. <i>Hydnocarpus inebrians.</i>	53. <i>Thespesia Populnea.</i>
14. <i>Boerhavia Diffusa.</i>	34. <i>Herpestis Monniera.</i>	54. <i>Tinospora Cordifolia.</i>
15. <i>Berberis Aristata.</i>	35. <i>Hypoxis orchioides or Curculigo orchioides.</i>	55. <i>Tribulus Terrestris.</i>
16. <i>Brassica Campestris.</i>	36. <i>Hydrocotyle Asiatica.</i>	56. <i>Urginea Indica.</i>
17. <i>Olerodendron Serratum.</i>	37. <i>Lipia Nodiflora.</i>	57. <i>Viola Odorata.</i>
18. <i>Cardiospermum Halicacabum.</i>	38. <i>Lodoicea Seyohallaram.</i>	58. <i>Vernonia Anthelmintica.</i>
19. <i>Oroton Tiglium.</i>	39. <i>Melia Azadirachta.</i>	59. <i>Vernonia Cinera.</i>
20. <i>Cassia Tora.</i>	40. <i>Nigella Sativum.</i>	60. <i>Valerian Indica or Jatamansi.</i>
		61. <i>Woodfordia Floribunda.</i>
		62. <i>Zingiberis Officinalis.</i>
		63. <i>Ophiorrhiza Mungoa.</i>
		64. <i>Gomuthram or cow's urine.</i>

APPENDIX No. 2-B.

COMPOUND PREPARATIONS, INVESTIGATED.

*Basmas.*1. *Abbrak basmam* or *Talc basmam* (calcined 100 times)—

Dose—2 to 6 grains.

Ther. use—Useful in consumption, diabetes mellitus.

The basmam that was used by me was one which was calcined 100 times and obtained from Zandu Pharmacy, Bombay. This was administered to four cases of diabetes mellitus and one case of tubercular phthisis. The latter did not derive any benefit from its use but in all the cases of diabetes mellitus, there was a gradual diminution in the quantity of sugar eliminated in the urine and the patients gained strength. Sugar did not completely disappear from the urine under its use.

2. *Coral basmam*—Or *Pravala basmam* (Calcined coral)—

Dose—3 to 12 grains, twice a day after meals.

Ther. use—Useful in spermatorrhœa, cough, phthisis, etc.

Pravala basmam is used by vaidyans in spermatorrhœa, cough and phthisis. It was administered to cases of chronic bronchitis and pulmonary tuberculosis. It did allay cough to a certain extent in pulmonary tuberculosis, but the patients were not otherwise benefited. In chronic bronchitis, it gave relief to a few patients.

3. *Mukta basmam*—*Pearl basmam* or *Calcined pearl*—

Dose—2 to 6 grains, twice a day with honey.

Ther. use—Useful in cough, phthisis and asthma.

This was given to cases of bronchitis and found to be beneficial.

4. *Makshika basmam* (Calcined Iron-pyrites)—

Dose.—2 to 12 grains, twice a day after meals with honey.

Ther. use.—Anæmia, chlorosis, heart affections.

This was administered to a patient with marked anæmia from ankylostomiasis after the usual thymol treatment for the expulsion of worms. This basmam was administered for several days but the improvement was so slow that it had to give place to a better drug.

5. *Raupya basmam* (Calcined silver)—

Dose.—2 to 6 grains, to be taken twice a day with honey.

Ther. use.—Useful in general debility.

This was tried in cases of general debility with negative result.

6. *Tamra basmam*—(Calcined copper)—

Dose.—2 to 6 grains, to be taken twice a day with honey.

Ther. use.—Useful in cough and asthma.

This was tried in a few cases of asthma and bronchitis and found to give relief in those cases.

7. *Annabedhi sinduram*—

Preparation.—Prepared by calcining ferrous sulphate and nitre ground in lime juice.

This is evidently a compound of the oxide of iron with a small quantity of the citrate of iron.

Dose.—1 to 3 grains, three times a day after food.

I have found this preparation to do considerable amount of good in cases of secondary anæmia. It has no constipating after effects and is well borne by patients. In my opinion it is equal if not superior to reduced iron and Bland's pills. Another point in favour of it is that it can be prepared easily. It was administered to several cases of anæmia, result of ankylostomiasis, anæmia of chronic Bright's disease, and infantile biliary-cirrhosis. It did not do any good in the last mentioned disease, but in all other cases the patients were benefited to a great extent.

*Churnams.*7a. *Ashta churnam*—

Composition (vide prescription No. 7a).

Dose—1 to 2 drs.

Ther. use—Useful in indigestion, dyspepsia, loss of appetite.

This was given to several cases of weak digestion with loss of appetite and was found to be a good appetiser and stomachic tonic.

8. *Avipattikar churnam*—

Composition (vide prescription No. 8).

Preparation 15 grains tablet.

Dose—2 to 8 tablets.

Carminative and laxative.

Suitable in hyperacidity and indigestion.

This was given to several cases of atonic dyspepsia and mild gastritis with some benefit.

9. *Arkamoola churnam*—

Composition (vide prescription No. 9).
Vide *Calotropis gigantea* under single drugs.

10. *Chithrakamuladhi churnam*—

Compound powder of *plumbago seylanicum*.
Composition (vide prescription No. 10).
Dose—10 to 30 grs., three times a day.
Said to be useful in epilepsy, hysteria, mania and other mental disorders.

This compound powder was administered to a young man who was badly suffering from frequent attacks of epileptic fits. It showed a slight beneficial effect by increasing the interval between the fits. U. C. Dutt says the root of *plumbago seylanicum* is said to have beneficial effect on piles, but I have had no occasion to ascertain this property.

11. *Compound cough powder*—(*Compound powder of Justicia adathoda*)—

Composition (vide prescription No. 11).
Dose—2 to 6 grs.
Ther. use—In bronchial catarrh and bronchitis.

This compound powder prepared by a hakim was administered to two cases of bronchial catarrh and was found to be unsatisfactory.

12. *Compound constipation powder* (*Pulv. Rhei Co. Unani*).

Composition (vide prescription No. 12).
Ther. use—In constipation.

This was given to 10 patients for constipation and found to have good effect.

13. *Eladi churnam* (*Pulv. Cardomomi Co.*)—

Composition (vide prescription No. 13).
Preparation—powder.
Dose—5 to 20 grs.
Ther. use—Used in general debility and bronchial affections.

This was prescribed to a few cases of acute bronchitis in the out-patient's department and the result was good.

14. *Gangadhara churnam*—(*Leghu and Brihat*)—

Composition [vide prescription No. 14 (a) and (b).]
Preparation—powder.
Ther. use—Astringent and intestinal tonic.
Dose—20 to 40 grs. to be taken thrice a day.

These two compound preparations were administered to several cases of acute and chronic dysentery and chronic diarrhoea and were generally found to be useful; but when they failed in cases of dysentery, emetine hydrochloride at once gave relief.

15. *Kalyanaksharam*—

Composition (vide prescription No. 15).
Preparation—A compound salt.
Dose—30 to 60 grs., twice a day with ghee.
Ther. use—Reputed to be a specific for all forms of dyspepsia.

It was administered to several cases of chronic gastritis and dilatation of the stomach. In the former, appreciable benefit to the patients was noticed and in the latter the result was negative.

16. *Lavangadhi churnam*—

Compound powder of cloves.
Composition (vide prescription No. 16).
Preparation—powder.
Dose—20 to 60 gr. to be taken three times a day.
Ther. use—When gradually dissolved in the mouth and swallowed, it relieves cough.

This was given to a few cases of bronchial catarrh for relieving cough with good effect.

17. *Musalyadhi churnam*—

(Vide No. 35—single drugs).
Composition—See prescription No. 17.

18. *Powder for Inhalation in Influenza*—

Composition (See prescription No. 18).

The inhalation twice a day of the fumes arising from a burning wick containing this powder is said to act as a prophylactic against influenza and to mitigate the severity of the symptoms of that disease. I have tried it sufficiently to remark that the powder possesses to some extent the properties attributed to it.

19. *Rohitaka churnam*—

Composition—See prescription No. 19.
Vide notes on single drugs No. 13.

20. *Swayamagni*—

Composition (vide prescription No. 20).
Dose—3 to 7 grains to be taken twice a day.
Ther. use—Useful in stomach-ache, indigestion and dyspepsia.

This compound powder is said to be a certain cure for stomach-ache, indigestion and anæmia. This was tried in five cases of dyspepsia without any benefit.

21. *Swadishtha virechena*—

Composition (vide prescription No. 21).
Dose—1 to 2 grains.

Ther. use—Laxative and efficacious in piles, constipation and fissure of the anus. The powder was administered to three cases of habitual constipation and found to be useful.

22. *Saraswathi churnam*—

Composition (vide prescription No. 22).
Dose—20 to 80 grains thrice a day in milk.
Ther. use—Alterative, and Brain tonic.

Said to be useful in epilepsy, mania, hemiplegia and loss of voice. This was tried in two cases of epilepsy without any benefit.

*Confections, Leghams and Ghrithams.*23. *Amritha Bhalalaki*—

Composition (vide prescription No. 23).
Ther. use—Alterative tonic in skin diseases.
Dose—20 to 90 grains.

Recommended for leprosy, scrofula and syphilitic diseases.

This was administered in scabies and psoriasis and was found to be useful when continued sufficiently long.

24. *Amritha prasaghritha*—

Composition (vide prescription No. 24).
Dose— $\frac{1}{2}$ to 1 oz.
Ther. use—General tonic.

Useful in consumption, emaciation and general debility.

This was given to two cases of advanced tubercular phthisis—no benefit was noticed.

25. *Abhayamaliki*—

Composition (vide prescription No. 25).
Dose— $\frac{1}{2}$ to 1 tola.

Ther. use—Alterative and tonic; useful in general debility with weakness of memory.

This rasayan was found useful as a tonic in general debility after fevers.

26. *Aazairaisah*—

Composition (vide prescription No. 26).
Ther. use—Tonic for the heart and nerve.
Dose— $\frac{1}{2}$ to $\frac{3}{4}$ tola with milk.

This Unani halwa is extolled as a very strong tonic for the heart, brain and liver. It is said to be useful in general debility, sexual debility, and in bronchitis and asthma. This has been found to be a good tonic in general debility.

27. *Bramhi Ghritha*—

Noted under *Herpestis monniera*. Single drugs.
Composition—(vide prescription No. 27).

28. *Chyavanaprash*—

Composition—(vide prescription No. 28).
Dose— $\frac{1}{2}$ to 2 tolas.

Ther. use—Nutritive and tonic. Strengthens the body. Useful in general debility and debility of old age.

This was given to two cases of general debility with satisfactory results. Patients improved in their health, regained lost appetite and gained strength.

29. *Dasamoola Rasayanam* (*Confection of the ten roots*)—

Composition—(vide prescription No. 29).
Dose— $\frac{1}{2}$ to $\frac{3}{4}$ tola.

Ther. use—Useful in asthma, cough and consumption.

This was given in combination with confection of *Justicia adhathoda* in cases of asthma was found to be a useful adjunct to the latter in relieving the fits of asthma.

30. *Lashunadhi Ghritam*—

Composition—(vide prescription No. 30).

Dose— $\frac{1}{4}$ to 1 tola.

Ther. use—Stimulant and carminative.

This was given to a few cases of atonic dyspepsia and found to have beneficial effect on the disease.

31. *Majoonai Khueathiaibah or manly power*—

Composition—(vide prescription No. 31).

Ther. use—Tonic for the heart and brain and useful in sexual and general debility.

Dose— $\frac{1}{4}$ tola.

This medicine was given as a tonic and was found to improve the appetite and to gradually increase vigour and strength.

32. *Kushmanda Rasayanam*—

Composition—(vide prescription No. 32).

Dose— $\frac{1}{2}$ to 1 tola.

Ther. use—Said to be useful in consumption, bronchitis, spitting of blood, general debility, etc.

This was given to two cases of pulmonary tuberculosis and the patients did not derive any benefit.

33. *Shrirag* (Confection of fruits of *ægle marmelos*)—

Composition—(vide prescription No. 33).

Dose— $\frac{1}{2}$ to 1 tola.

Ther. use—Useful in chronic diarrhoea, dysentery and sprue.

A case of chronic dysentery, to which it was administered, was cured.

*Decoctions or Quaths.*34. *Abhaydhi quath*—

Composition—(vide prescription No. 34).

Preparation—Compound decoction.

Dose—1 to 2 ounces twice a day.

Ther. use—Alterative, bitter tonic and slightly laxative.

It was administered to cases of bronchitis with fever and constipation and it proved to be a good remedy in relieving the symptoms in such cases.

35. *Dasamoola quath*—

Composition—(vide prescription No. 35).

Decoction of the ten roots.

Dose—1 to 2 ounces taken twice a day (ingredients of this decoction enter into several other compound preparations). They are considered to be antipyretic, alterative and bitter tonic.

The decoction is extensively used in cough, cold, neuralgia, etc., remittent fever, puerperal fevers, and many other diseases supposed to have been caused by the derangement of all the humours.

This was administered to three in-patients and several out-patients for malarial fever and bronchitis and bronchial catarrh. It did not do good in malarial fever but was of some benefit in bronchial affections.

36. *Gudoochyadhi quath*—

Composition (vide prescription No. 36).

Preparation—Compound decoction.

Ther. use—Bitter tonic, stomachic and antiperiodic. Useful in anorexia, dyspepsia, dysentery and malarial fever.

Dose—1 to 2 ounces twice a day.

It was tried in several cases of malarial fever but the action was very slow and even in slight cases it required about a week to stop the fever.

*Fermented infusions and decoctions.*37. *Drakshasava* (fermented juice of grapes)—

Composition—(vide prescription No. 37).

Dose— $\frac{1}{2}$ to 2 tolas to be taken twice a day after food.

Ther. use—Stimulant, tonic and diuretic.

This preparation acted as a good appetiser and tonic in a young woman who was weak and anaemic.

38. *Kutajarishta* (Fermented decoction of *Hollarhena antidysenterica*)—
Composition (vide prescription No. 38).
Dose— $\frac{1}{2}$ to 2 tolas.
Ther. use—Astringent and antiperiodic; useful in chronic diarrhoea, dysentery and sprue.

A patient with colitis and diarrhoea was relieved by its use.

39. *Lcha Asava*—
Composition (vide prescription No. 39).
Dose— $\frac{1}{2}$ to 2 tolas.
Ther. use—Tonic, haematinic, useful in anaemic dropsy and diseases of the spleen.
This was given to a patient with anaemia and to another patient with enlarged spleen—
Both of them did not derive any benefit.

Liniments, Thailams and Ointments.

40. *Adithyapaka Thaila*—
Composition (vide prescription No. 40).
This is said to be a cure for scabies; several cases of scabies were treated among the out-patients with this ointment and were cured by its use.

41. *Aswaghandha Bala Lakshadhi Thailam*—
Compound oil of *Withania somnifera*, *Sida cordifolia*, lac, etc.
Composition (vide prescription No. 41).
Dose—3 drops to be increased daily by one drop to 10 drops.
Ther. use—In all fevers, mania, consumption, asthma, rheumatic complaints.
The oil was highly recommended to me as a specific for consumption by a physician at Nellore. I got a small supply of the oil from him and tried it in six cases of tubercular phthisis—none of the patients derived any benefit from it although directions enjoined by the physician were strictly observed.

42. *Chakra-mardha Thaila* (Compound oil of cassia tora)—
Composition (vide prescription No. 42).
Ther. use—Eczema, ringworm, and other skin diseases.

This oil was tried in some cases of ringworm with very satisfactory results.

43. *Dadrughna ointment*. Ringworm ointment)—
Composition—Chief ingredient is *Rasakarpoora* or perchloride of mercury (vide prescription No. 43).
Ther. use—Antiparasitic, and escharotic; useful in ringworm and in other parasitic skin diseases.

In several cases of ringworm among the out-patients, this ointment generally proved to be an efficient parasiticide.

44. *Ksheerabala oil* (101 times boiled)—
Composition (vide prescription No. 44).
Oil prepared from *Sida cordifolia*, sesamum oil and milk.
A summary of its use has been already given in my preliminary report.

This oil is the most renowned Malabar specific for internal and external use in nervous diseases such as neuralgia, hemicrania, paralysis, paraplegia, hemiplegia, facial-paralysis, sciatica, etc.

Since writing the preliminary report, the oil has been used in cases of facial paralysis, and cervical and brachial neuralgia with benefit.

45. *Compound oil of vites negundo*—
Composition (vide prescription No. 45).
Ther. use—For glandular swellings of the neck.

This oil was given to three cases of tubercular glands of the neck to be rubbed on the head before their daily baths. In one case the swelling of the glands went down after the oil was used for a month. The other two cases did not derive any benefit.

46. *Panchavalkaladi Thailam*—
Composition (vide prescription No. 46).
Ther. use—For external application in skin diseases caused by vitiated blood or bile, such as eczema.

This has been tried in a few cases of eczema and found to be useful.

47. *Vidanga Thaila*—
Composition—chief ingredients are *Embelia ribes*, *Croton tiglium* and carbonate of sodium (vide prescription No. 47).
Ther. use—To be applied to the forehead or dropped into the nose for relieving headache.

This was used in cases of hemicrania with negative result.

48. *Vishagarbha Thaila*—

Composition—chief ingredients are *Vitex negundo*, *Eclipta alba*, *Datura stramonium* and *Aconite* (prescription No. 48).

Ther. use—Useful in neuralgia, earache, paraplegia, hemiplegia, lumbago, etc.

This was tried as an external application in hemiplegia and neuralgia without benefit.

*Pills.*49. *Abhaydi modak* (Compound tablets of *Chebulic myrabolans*)—

Composition (vide prescription No. 49).

Preparation—5 grains tablet.

Dose—1 tablet.

Ther. use—Cathartic.

This was given to several cases of constipation in the out-patients department with satisfactory results.

50. *Amritha Gugulu*—

Composition (vide prescription No. 50).

Preparation—6 grains pills.

Dose—1 to 4 pills three times a day.

Ther. use—Alterative, astringent and tonic.

Useful in rheumatism, boils, ulcers, etc.

This compound preparation of bdellium in the form of pills was administered to two cases of chronic rheumatism in the out-patient department; the result was not satisfactory.

51. *Chandraprabha gutska*—

Composition (vide prescription No. 51).

Preparation—6 grains pills.

Dose—1 to 4 pills three times a day.

Ther. use—Tonic, diuretic and antacid; said to be useful in albuminuria, phosphaturia and gonorrhoea.

These pills were tried in four cases of gonorrhoea amongst the out-patients with marked benefit.

52. *Dhanwantari pills*—

Composition (vide prescription No. 52).

Dose—1 to 3 pills three times a day.

Ther. use—Useful in hiccough, vomiting, fainting and also in disorders of the phlegm humour.

These pills were tried in a case of hiccough without any benefit.

53. *Gokshuradhi Gugulu*—

(Pills of 6 grains each).

Composition (vide prescription No. 53).

Dose—1 to 4 pills three times a day.

Ther. use—Demulcent, diuretic and alterative; useful in albuminuria, dysuria, calculi, gonorrhoea and rheumatism.

These pills were administered to a patient with gonorrhoeal rheumatism and gleet and were found to give much relief.

(Vide notes on single drugs—*Tribulus terrestris*.)

54. *Mandura Loha*—

Composition (vide prescription No. 54).

Ther. use—Tonic and haematinic. Useful in asthma (between attacks), general and sexual debility, enlargement of spleen, heart disease and wherever there is poverty of blood.

Dose—1 to 4 pills of 2 grains each to be taken twice a day after food.

The action of this drug was found to be very slow and unsatisfactory in secondary anaemia.

55. *Punarnava Manduram*—

Composition (vide prescription No. 55).

Dose—1 to 4 pills to be taken twice a day after meals.

This combination is a general tonic, haematinic, and diuretic.

It is useful in anaemic dropsy, Bright's disease and general debility. This was administered in dropsy accompanied by anaemia and was found to have diuretic and blood restoring properties.

56. *Shoathahar Loha*—

Composition (vide prescription No. 56).

Dose—1 to 4 pills to be taken three times a day after food (Pills of 6 grains each).

Ther. use—Tonic, hematinic and antacid. Valuable in dropsy due to anaemia, also useful in scrofula, Bright's disease, and heart affections.

A patient with anaemic dropsy as the result of ankylostomiasis was put on these pills for a number of days but there was no improvement in his condition.

57. *Trayodashang Gugulu*—

Composition (vide prescription No. 57).

Dose—1 to 4 pills of 6 grains each.

Ther. use—Demulcent, diuretic, and anti-spasmodic; useful in incontinence of urine, cystitis, asthma, and all spasmodic affections.

This compound bellium preparation was administered to a few cases of asthma without benefit.

58. *Yogaraja Gugulu*—

Already reported on in the preliminary report under single drugs; Guggulu—Balsamodendron Mukul.

Composition (vide prescription No. 58).

59. *Agnithundi Rasa*—

Composition (vide prescription No. 59).

Dose—1 to 4 pills of 1 grain each with milk after meals.

Ther. use—Bitter, stomachic, and tonic; useful in dyspepsia, indigestion and colic.

These pills were given in a few cases of dyspepsia and found to be useful in giving slight relief to the symptoms.

60. *Agni Rasa*—

Composition (vide prescription No. 60).

Dose—20 to 60 grains.

Ther. uses—Said to be a specific for bronchitis and useful in bronchial catarrh pneumonia and croup.

This powder was administered to cases of chronic bronchitis without any benefit.

61. *Agnisooti Rasa*—

Composition (vide prescription No. 61).

Ther. use—Gastric stimulant, useful in dyspepsia, diarrhoea and dysentery.

Dose—2 to 8 pills of 1 grain each.

These pills were given in about a dozen cases of dysentery and were found generally useful and to give relief in that disease.

62. *Arogyavardhini Pills*—

Composition (vide prescription No. 62).

Dose—1 to 4 pills three times a day with milk.

This preparation is used as an alterative in congestion of the liver, hepatitis, dyspepsia and anæmia. It is also said to be a specific for dropsy. A patient with chronic gastritis who was put on it, derived much benefit.

63. *Agnikumara Rasa*—

Composition (vide prescription No. 63).

Ther. use—Sedative, stomachic, antacid, useful in cholera, colic, diarrhoea, indigestion, tympanitis.

Dose—1 to 2 pills twice a day.

This was administered to cases of lenteric diarrhoea without any beneficial result.

64. *Brihat Chandrodaya Makardhwaja*—

Composition (vide prescription No. 64).

Ther. use—Tonic, stimulant. Said to be highly efficacious in sexual debility.

Dose—1 to 4 pills to be taken twice a day with milk.

This is a mild nervine tonic and has to be continued for five or six weeks before the good effects are seen.

This tonic was administered to a patient for general debility. He took it only for 3 days. The result could not therefore be ascertained.

65. *Devakusumadi Rasa*—

Preparation—1 grain pill.

Composition (vide prescription No. 65).

Dose—1 to 4 pills three times a day.

Ther. use—In syphilitic affections.

These pills were given to cases of secondary syphilis. The patients derived marked benefit from them.

66. *Ekangaveera Rasa*—

Composition (vide prescription No. 66).

Ther. use—Tonic, alterative, useful in hemiplegia, paraplegia, paralysis, synovitis of the knee joint, sciatica.

Dose—1 to 4 pills of 2 grains each, to be taken twice a day with rasnadi quath.

This drug was administered to a patient with hemiplegia; the result was negative on the other hand, the pills irritated the intestines and produced a certain amount of enteritis.

67. *Jatiphaladhi Gutika*—

Composition (vide prescription No. 67).
 Preparation—1 grain pills.
 Dose—1 to 4 pills three times a day.
 Ther. use—Astringent, anodyne and diaphoretic.

This was tried in several cases of acute and chronic dysentery and diarrhoea with benefit.

68. *Jalodarara Rasa*—

Composition (vide prescription No. 68).
 Preparation—1 grain pills.
 Dose—1 to 3 pills with milk.
 Ther. use—Cathartic.

Each pill contains 1/3 gr. of croton seed with other ingredients. It is a powerful cathartic; useful in ascites and dropsy. It was administered to a case of ascites and produced copious stools, with irritation of the bowels.

69. *Krminudgara Rasa*—

Composition (vide prescription No. 69).
 Preparation—5 grains pills.
 Dose—1 to 4 pills followed by a purge.
 Ther. use—Anthelmintic.

These pills were tried in cases of ankylostomum and *ascaris lumbricoides* but the result was disappointing.

70. *Kanakasundara Rasa*—

Composition (vide prescription No. 70).
 Preparation—2 grains pills.
 Dose.—1 to 3 pills three times a day.
 Ther. use—Neuralgia, colic, asthma, whooping cough, sore-throat, etc.

These pills were administered to a few cases of hemi-crania and asthma. In the latter disease, they did some good, but in hemi-crania no relief was obtained.

71. *Lakshmi vilas Rasa*—

Composition (vide prescription No. 71).
 Preparation—2 grains pills.
 Dose—1 to 4 pills twice a day.
 Ther. use—In sexual debility, mania, phthisis, asthma and general debility.

This was given to a few out cases in sexual and general debility without any benefit.

72. *Mriganka Rasa*—

Composition (vide prescription No. 72).
 Preparation—1 grain pill.
 Dose—1 to 4 pills with milk twice a day after food.
 Ther. use—Largely used in cases of phthisis.

This was administered to a case of incipient pulmonary tuberculosis; the patient was relieved of the complaint by its use for five weeks.

73. *Maha Mrithyanjaya Loha*—

Composition (vide prescription No. 73).
 Dose—1 to 4 pills of 2 grains each twice a day after meals.
 Ther. use—Alterative, tonic and diaphoretic, useful in malaria with enlarged spleen.

Mild cases of malaria derived benefit from its use. In malignant cases the result was unsatisfactory.

74. *Maha Lakshmi vilasa Rasa*—

Composition (vide prescription No. 74).
 Preparation—1 grain pill.
 Dose—1 to 4 pills three times a day with milk.
 Ther. use—Tonic, alterative and haematinic.

Used in general debility and anaemia.

This was administered to a case of general debility, but no marked improvement was noticed.

75. *Maha Jwarankusa Rasa*—

Composition (vide prescription No. 75).
 Ther. use—Useful to check attacks of malarial fever.
 Dose—1 to 4 pills to be taken every three hours as directed by the physician.

This compound drug was found to be useful in cases of malarial fever but the action was slow.

76. *Mrithyanjaya Rasa*—

Composition (vide prescription No. 76).

Preparation—1 grain pill.

Dose—1 to 3 pills thrice a day.

Ther. use—Useful in nasal catarrh, tonsillitis, acute inflammation of air passages, erysipelas, and painful neuralgic affections.

This was tried in a few cases of influenza with broncho-pneumonia; mild cases were cured by it, but in severe cases, the rasa did not do any good.

77. *Nithyananda Rasa*—

Composition (vide prescription No. 77).

Preparation—2 grains pills.

Dose—1 to 4 pills to be taken three times a day.

Ther. use—In elephantiasis and filarial fever.

These pills were tried in 8 cases of elephantiasis and lymphangitis with periodical attacks of fever. In one case, it stopped the periodical attacks of fever but the other patients did not derive any benefit. In one case, even its prolonged use has not done any good to the patient, who is still troubled with lymphangitis and fever every third or fourth week.

78. *Naracha Rasa*—

Composition (vide prescription No. 78).

Ther. use—In obstinate constipation, ascites, cirrhosis of the liver and dropsy.

Dose—1 to 3 pills of 1 grain each.

Each pill contains one-third grain of purified croton seeds.

This is a very powerful purgative and was administered to cases of ascites. It produced such violent purgation with irritation of bowels, that further trial with it had to be given up.

79. *Narayana Jwarankusa*—

Composition (vide prescription No. 79).

Preparation—1 grain pill.

Dose—1 to 4 pills three times a day.

Ther. use—Malaria, anæmia, diabetes, psoriasis, etc.

These pills were largely used in the out-patients (59 cases) and were found to be useful in checking the attacks of malarial fever.

80. *Pancha-vakra Rasa* (in 1 grain pills)—

Composition (vide prescription No. 80).

Dose—1 to 4 pills every three hours.

Ther. use—Antipyretic, diaphoretic, anodyne. Specially useful in fevers, and all local and acute inflammations, and painful neuralgic affections.

These pills were administered to a case of painful neuralgia. The result was unfavourable.

81. *Ramban Rasa*—

Preparation—1 grain pill.

Composition (vide prescription No. 81).

Dose—1 to 4 pills three times a day after meals.

Ther. use—Tonic and anti-malarial. Malaria and chronic skin diseases, chronic rheumatism, scrofula and asthma.

This preparation was administered to cases of asthma and rheumatism and was fairly beneficial in giving relief to the patients in those diseases.

82. *Shwasakutara Rasa*—

Composition (vide prescription No. 82).

Preparation—1 grain pill.

Dose—1 to 4 pills three times a day.

Ther. use—Fever, acute inflammations such as pneumonia, erysipelas; said to be very efficacious in asthma.

This was administered to several cases of asthma and was found useful in giving temporary relief to the patients.

83. *Sarwanga Sundara Rasa*—

Composition (vide prescription No. 83).

Preparation—3 grains pills.

Dose—1 to 4 pills.

Ther. use—Alterative and sedative; useful in phthisis, asthma and general debility.

This was tried in a few cases of tubercular phthisis and asthma, the result being negative.

84. *Smritiagara Rasa*—

Composition (vide prescription No. 84).

Dose—1 to 4 pills twice a day of 1 grain pill each.

Ther. use—In epilepsy, mania and weakness of memory.

These pills are being administered with Brahmigritha in a few cases of epilepsy to see whether they will aid the action of the latter on that disease.

85. *Shanka Rasa*—

Composition (vide prescription No. 85).

Ther. use—Sedative and stomachic, useful in indigestion, intestinal colic and flatulence.

Dose—5 to 20 grains.

This preparation was administered to some cases of gastritis and intestinal colic and found to give relief to such cases.

86. *Tribhuvan Kaerthi Rasa*—

Composition (vide prescription No. 86).

Preparation—1 grain pill.

Dose—2 to 6 pills every two hours until fever subsides.

Ther. use—In high fever, acute inflammation such as pneumonia, eruptive fevers and tonsillitis.

It was administered to a few cases of influenza; in mild cases there was decided benefit but in very acute cases, the pills did not do any good.

87. *Trasilokia Chinthamani Rasa*—

Composition (vide prescription No. 87).

Preparation—1 grain pill.

Dose—1 to 3 pills three times a day.

Ther. use—In general debility, cough, phthisis and sexual debility.

This was administered to two cases of tubercular phthisis without the patient deriving any benefit.

88. *Vatari Rasa*—

Preparation—2 grains pills.

Composition (vide prescription No. 88).

Dose—1 to 4 pills.

Ther. use—Paraplegia, hemiplegia, sciatica and muscular rheumatism.

It was administered to a case of lumbago and the patient was completely relieved after using the medicine for ten days.

89. *Vadvanal Rasa*—

Composition (vide prescription No. 89).

Preparation—5 grains tablets.

Dose—1 to 4 tablets three times a day.

Ther. use—Removal of hyper-acidity, indigestion and dyspepsia. It is stomachic, antacid and carminative.

A patient with chronic gastritis was put on these tablets for about a month. He was free from the complaint at the end of four weeks.

90. *Vatharakthanthaka Rasa*—

Composition (vide prescription No. 90).

Preparation—2 grains pills.

Dose—1 to 4 pills twice a day.

Ther. use—Hemiplegia, paraplegia, facial paralysis, and rheumatism.

It was given to a case of hemiplegia in an old man with considerable benefit.

91. *Vasanta Kusumakar Rasa*—

Composition—vide prescription No. 91.

Ther. use—Useful in diabetes insipidus and other urinary affections, also in sexual debility, phthisis, asthma and general weakness.

Dose—1 to 4 pills of 1 grain each, three times a day with milk.

From the nature of the composition of this rasa, it can be easily inferred that this is a powerful nerve tonic. It is used by the well-to-do in sexual and general debility. I have prescribed this medicine to several patients suffering from nervous debility and diabetes mellitus. Diabetic patients were considerably benefited by its use. I have also found it to be a satisfactory tonic for relieving general and nervous debility.

92. *Maha yogaraja Guggulu* (1 grain pill)—

Composition—vide prescription No. 92.

Dose—1 to 4 pills three times a day.

Ther. use—Alterative tonic, useful in paraplegia, hemiplegia, sciatica and other nervous affections. Also in scrofula.

These pills were given to a case of hemiplegia for a considerable time without benefit.

93. *Chathurmuka Rasa*—

Composition—vide prescription No. 93.

Preparation—1 grain pill.

Dose—1 to 4 pills to be taken twice a day after food.

Ther. use—Said to be useful in phthisis, asthma, epilepsy and other nervous diseases.

This was administered to a case of chronic bronchitis and to one of tubercular phthisis—

Bronchitis	..	..	..	..	Cured.
Tubercular phthisis	..	..	..	..	No benefit.

94. *Mahatiktha Ghritham*—

Composition—vide prescription No. 94

Dose— $\frac{1}{2}$ to 2 tolas.

Ther. use—Bitter tonic, alterative; recommended in skin diseases.

This was given to a few cases of chronic skin diseases in the out-patient department and was found to be beneficial.

95. *Pranadhi Gutika*—

Composition—vide prescription No. 95.

Dose—1 to 4 pills to be taken twice a day with water.

Ther. use—Laxative, alterative; useful in dyspepsia and constipation.

These pills were tried in a few cases of atonic dyspepsia and were generally found to relieve the symptoms and to increase the appetite.

96. *Rasna Guggulu*—

Composition—vide prescription No. 96.

Dose—1 to 4 pills to be taken three times a day.

Ther. use—Alterative and tonic. Useful in sciatica, paraplegia, hemiplegia and other nervous affections.

A hemiplegic patient who was put on these pills derived no benefit from them.

97. *Kanchanar Guggulu*—

Composition—vide prescription No. 97.

Ther. use—Alterative and tonic. Useful in scrofula, fistula, leprosy, ulcers, etc.

This was administered to a case of scrofula; the result could not be ascertained as the patient ceased attending soon after its administration.

98. *Chandrodaya No. 1 (Suvarna Ghatit Makhardhwaj)*—

Composition—vide prescription No. 98.

Ther. use—Useful in sexual debility and nervous diseases.

Dose—2 to 6 grains to be taken twice a day with honey, followed by milk.

This costly preparation was given to a case of locomotor ataxy for nearly five weeks. Not the slightest improvement was noticed in the patient's condition.

THE FOLLOWING COMPOUND PREPARATIONS HAVE ALREADY BEEN REPORTED ON AND INCLUDED IN THE PRELIMINARY REPORT.

- | | |
|------------------------------|--------------------------|
| 1. Karpooradhi Churnam. | 11. Kutajapanithum. |
| 2. Talisayadhi Churnam. | 12. Bhaskara Lavanam. |
| 3. Worm Powder. | 13. Leghu Sanka Dravkam. |
| 4. Trivrit Churnam. | 14. Ithriphal. |
| 5. Anandha Bhairavi Pills. | 15. Jawarish-a-kamoon. |
| 6. Dadhumashtaka Churnam. | 16. Siddha Basmam. |
| 7. Leghu Sudarsana Churnam. | 17. Purnachandrodayam. |
| 8. Brihat Sudarsana Churnam. | 18. Narayana Thailam. |
| 9. Panchathikthaka Panakam. | 19. Agnithundi Pill. |
| 10. Zoofa. | 20. Specific Powder. |

All these compound preparations have been given further trial and I have nothing more to say about their value than what I have stated in my preliminary report.

Index of compound drugs.

Serial number and name of the drug.	Serial number and name of the drug.	Serial number and name of the drug.
1. Abbrak Basmam.	32. Kushmanda Rasayanam.	66. Ehengaveera Rasa
2. Coral Basmam.	33. Sbrirag.	67. Jatiphaladhi Gutika.
3. Mukti Basmam.	34. Abhaydhi Quath.	68. Jalodarara Rasa.
4. Makshika Basmam.	35. Dasamoola Quath.	69. Krimimudgara Rasa.
5. Raupya Basmam.	36. Gudoochyadhi Quath.	70. Kanakasundara Rasa.
6. Tamra Basmam.	37. Drakshasava.	71. Lakshmi Vilas Rasa.
7. Annabedhi Sindhuram.	38. Kutajaariahta.	72. Mriganka Rasa.
7A. Ashta Churnam.	39. Loha Asava.	73. Maha Mrithyanjaya Loha.
8. Avipattikar Churnam.	40. Adithyapaka Thaila.	74. Maha Lakshmi Vilasa Rasa.
9. Arkamoola Churnam.	41. Aswaghandha Bala	75. Maha Jwarankusa.
10. Chittrakamuladhi Churnam.	Lakshadhi Thailam.	76. Mrithyanjaya Rasa.
11. Compound Cough Powder.	42. Chakra-mardha Thaila.	77. Nithyananda Rasa.
12. Compound Constipation Powder.	43. Dadrugna Ointment.	78. Naracha Rasa.
13. Eladi Churnam.	44. Kaheerabala Oil.	79. Narayana Jwarankusa.
14. Gangadhara Churnam.	45. Compound Oil of Vitex negundo.	80. Pancha-vakra Rasa.
15. Kalyanaksharam.	46. Panchavalkaladi Thailam.	81. Ramban Rasa
16. Lavangadhi Churnam.	47. Vidanga Thaila.	82. Shwasakutara Rasa.
17. Musalyadhi Churnam.	48. Vishagarbha Thaila.	83. Sarwanga Sundara Rasa.
18. Powder for Inhalation in Influenza.	49. Abhayadi Modak.	84. Smritisagara Rasa.
19. Rohitaka Churnam.	50. Amritha Gugulu.	85. Shanka Rasa.
20. Swayamagni.	51. Chandraprabha Gutika.	86. Tribhuvan Keeriti Rasa.
21. Swadishta Virechana.	52. Dhanwantari Pills.	87. Trailokia Chinthaman Rasa.
22. Saraswathi Churnam.	53. Gokshuradhi Gugulu.	88. Vatari Rasa.
23. Amritha Bhalataki.	54. Mandura Loha.	89. Vadvanal Rasa.
24. Amritha Prasa Ghritha.	55. Punarnava Manduram.	90. Vatharakthauthaka Rasa.
25. Abhayamaliki.	56. Shoathabar Loha.	91. Vasanta Kusumakar Rasa.
26. Aazairaisah.	57. Trayodashang Gugulu.	92. Maha Yogaraja Gugulu.
27. Brahmi Ghritha.	58. Yogaraja Gugulu.	93. Chathurmuka Rasa.
28. Chyavanaprash.	59. Agnithundi Rasa.	94. Mahatiktha Ghritham.
29. Dasamoola Rasayanam.	60. Agni Rasa.	95. Pranadhi Gutika.
30. Lashunadhi Ghritham.	61. Agnisooti Rasa.	96. Rasna Gugulu.
31. Majoona Khuvathiaibah or manly power.	62. Arogyavardhini Pills.	97. Kanohanar Gugulu.
	63. Agnikumara Rasa.	98. Chandrodaya No. 1 (Suvarna Ghatit Makhardhwaj).
	64. Brihat Chandrodaya Makardhwaja.	
	65. Devakusumadi Rasa.	

APPENDIX No. 3.

Classification of drugs based on their properties.

ANTRINGENTS.

- Aconitum heterophyllum.
 Aegle marmelos.
 Holarrhena anti-dysenterica—Kutaja and its compound preparations as Kutajapanitham,
 Kutajarishta.
 Bombax malabaricum.
 Wood-fordia floribunda.
 Agnisooti Rasa (vide prescription No. 61).
 Dadumasthaka Churnam (vide prescription No. 18, preliminary report).
 Gangadhara Churnam (vide prescription No. 14 A & B).

ANTI-SYPHILITIC.

- Specific oil for syphilis (vide prescription No. 34, preliminary report).
 Poorna Chandrodayam (vide prescription No. 33, preliminary report).
 Devakusumadi Rasa (vide prescription No. 65).

ANTI-DIABETICS.

- Abbrak Basmam (vide prescription No. 1) Talc Caloined 100 and 1,000 times.
 Lodoicea seychallarum.
 Vasautha Kusumakaram (vide prescription No. 91).
 Gudumal.
 Cassia auriculata.
 Eugenia Jambolans.
 Silajit.

ANTHELMINTICS.

- Butea frondosa.
 Chempullanhi (Colycopteres floribunda?)
 Kirmani (Artemisia maritima).
 Krimimudgara Rasa (vide prescription No. 69).
 Cleome viscosa.
 Chenopodium ambrosioides.
 Vernonia Anthelmintica.

ALTERNATIVES.

- Nithyanandha Rasa (vide prescription No. 77).
 Hydrocotyle Asiatica.
 Amoora Rohithaka.
 Calotropis Gigantea.
 Celastrus Paniculata.
 Gynocordia Odorata.
 Pongamia Glabra.
 Eclipta Prostrata.
 Hemidesmus Indicus.
 Mriganka Vatika (vide prescription No. 72).
 Withania Somnifera.
 Saraswathi Churnam (vide prescription No. 22).
 Tinospora Cordifolia.
 Surwanga Sundara Rasa (vide prescription No. 83).
 Trailokya Chinthamani Rasa (vide prescription No. 87).
 Laxmivilasa Rasa (vide prescription No. 71).
 MahaLaxmivilasa Rasa (vide prescription No. 74).

ANTI-NEURALGICS.

- Maha Narayana Thailam.
 Vatari Rasa (vide prescription No. 88).
 Vatarakthanthaka Rasa (vide prescription No. 90).
 Siddha Baala Thailam.
 Kanaka Sundara Rasa (vide prescription No. 70).

ANTI-RHEUMATICS.

- Confectio Semicarpus Anacardium (vide prescription No. 8, preliminary report)
 Ksheerabala Oil (vide prescription No. 44)
 Vatari Rasa (vide prescription No. 85).
 Vatarakthanthaka Rasa (vide prescription No. 90)

APERTENTS.

- Aarogya Vardhini (vide prescription No. 62).
- Swadishta Virechna Churnam (vide prescription No. 21).
- Ithriphal (vide prescription No. 28, preliminary report).

ANTI-PYRETIC AND DIAPHORETICS.

- Sudarsana Churnam (vide prescription Nos. 19 and 23, preliminary report).
- Decoction Dasamula (vide prescription No. 35).
- Panchathikthaka Panakam (vide prescription No. 26, preliminary report).
- Ocimum sanctum.
- Picrorrhiza kurroa.
- Vernonia Cinera.
- Dæmia extensa.
- Mrithyanjaya Rasa (vide prescription No. 76).
- Maha Mrithyanjaya Loha (vide prescription No. 73).
- Alstonia scholaris.
- Guduchyadhi quath (vide prescription No. 36).
- Viola odorata.
- Coscinum fenestratum.
- Berberis aristata.
- Azadirachta Indica.
- Aconitum ferox.

ANTI-PERIODICS (ANTI-MALARIAL).

- Ocimum sanctum.
- Picrorrhiza kurroa.
- Azadirachta indica.
- Vernonia cinera.
- Aconitum heterophyllum.
- Tinospora cordifolia.
- Alstonia scholaris.
- Gudichyadhi quath (vide prescription No. 36).
- Dæmia extensa.
- Panchathikthaka panakam (vide prescription No. 26, preliminary report).
- Viola odorata.
- Berberis aristata.
- Coscinum fenestratum.

TONICS AND APHRODISIACS.

- Lakshmvilasa rasa (vide prescription No. 71).
- Aswaghandhadi churnam (vide prescription No. 71, preliminary report).
- Azairaisah or strength giver (vide prescription No. 26).
- Majoonai khwathaibah (vide prescription No. 81).
- Maha lakshmvilasa rasa (vide prescription No. 74).
- Amritha-prasa (vide prescription No. 24).
- Kushmanda (vide prescription No. 32).
- Chyavanaprash (vide prescription No. 28).
- Brihat chandrodaya makhardhwaja (vide prescription No. 64).
- Vasantha kusumakara rasa (vide prescription No. 91).

BITTER TONICS.

- Melia azadirachta.
- Tinospora cordifolia.
- Vanda roxburghi.
- Picrorrhiza kurroa.

BLOOD TONICS OR HÆMATINICS.

- Terminalia arujuna.
- Loha basmam, Calcined iron.
- Makshika basmam, Calcined Iron Pyrites.
- Shoathar Loha (vide prescription No. 56).
- Mundura Loha (vide prescription No. 54).
- Chathurmukha rasa (vide prescription No. 93).
- Kalpam (vide prescription No. 36, preliminary report).
- Kushmanda rasayanam (vide prescription No. 32).
- Mriganka vatika (vide prescription No. 72).
- Punarnava mandura (vide prescription No. 55).
- Loha Asava (vide prescription No. 39).

CARMINATIVES.

- Acorus calamus.
- Agnithundi pills--(vide prescription No. 59).
- Chebulic myrabolans.
- Ptychotis ajowan.
- Ashta churnam (vide prescription No. 7-A).
- Jawarish-a-kamoon (vide prescription No. 30, preliminary report).

DIURETICS.

- Boerhavia diffusa.
- Tribulus terrestris.
- Sanka Dravakam Leghu--(vide prescription No. 25 preliminary report).
- Urginea indica.

DEMULCENTS.

- Tribulus Terrestris.

EXPECTORANTS.

- Anacyclus pyrethrum.
- Bambusa Arundinaceæ.
- Glycyrrhiza Glabra.
- Justicia Adhathoda.
- Agni rasa (vide prescription No. 60).
- Mriganka rasa (vide prescription No. 72).
- Sarwanga Sundara Rasa (vide prescription No. 83).
- Compound powder of camphor (vide prescription No. 13, preliminary report).
- Calcined coral.
- Sitopaladhi churnam (vide prescription No. 24, preliminary report).
- Aswaghandhadi Bala Lakshadhi Thailam (vide prescription No. 41).
- Siddha Basmam (vide prescription No. 82, preliminary report).
- Trailokya Chinthamani Rasa (vide prescription No. 87).
- Zoofa (vide prescription No. 27, preliminary report).

NERVINE TONICS.

- Calcined Iron Pyrites.
- Silajit (A bituminous exudation from the rocks in hot weather).
- Yogaraj Gugulu (vide prescription No. 58).
- Maha yogaraj Gugulu (vide prescription No. 92).
- Aswaghandhathi Churnam (vide prescription No. 1, preliminary report).
- Saraswathi Churnam (vide prescription No. 22).
- Brahmi Ghritham (vide prescription No. 27).
- Amrithaprasa Ghritham (vide prescription No. 24).
- Ksheerabala Oil (vide prescription No. 44).
- Kushmanda Rasayanam (vide prescription No. 32).
- Chithrakamuladhi Churnam (vide prescription No. 10).
- Brassica campestris.
- Lashunadhi Ghritham (vide prescription No. 30).
- Abhayamalaki (vide prescription No. 25).

PURGATIVES.

- Areca catechu.
- Chebulic myrabolans.
- Ipomea turpethum.
- Ipomea turpethum and its compound powder (vide prescription No. 15, preliminary report).
- Ithriphal (vide prescription No. 28, preliminary report).
- Jalodarari rasa (vide prescription No. 68).
- Naracha rasa (vide prescription No. 78).
- Pulvis rhei co. (Unani) (vide prescription No. 12).
- Abhyadhi modak (vide prescription No. 49).

PARASITICIDES (EXTERNAL).

- Adhithyapaka Thailam (vide prescription No. 40).
- Chakramardha Thailam (vide prescription No. 42).
- Panohavalkaladi Thailam.

STOMACHIC AND DIGESTIVE TONICS.

Acorus calamus.

Chebulic myrabolans.

Ithriphal (vide prescription No. 28, preliminary report).

Jawarish-a-kamoon (vide prescription No. 30, preliminary report).

Kalpam (vide prescription No. 36, preliminary report).

Kalyanaksharam (vide prescription No. 15).

Confection-phyllanthus emblica (vide prescription No. 29).

Leghu sankha dravakam (vide prescription No. 25, preliminary report).

Ashta churnam (vide prescription No. 7-A).

Dhanwantari pills (vide prescription No. 52).

Bhashkara lavanam (vide prescription No. 24).

APPENDIX No. 4.

Summary of the notes on the medicines investigated.

Number and names of the drugs.	Where obtained.	Diseases used in.	Notes number on drugs.	Total number of cases treated.	Remarks on results.
SINGAPORE DRUGS.					
1. <i>Alstonia scholaris</i>	Local bazaar.	Intermittent fever ..	1	60	A feeble and slow anti-periodic.
2. <i>Asparagus racemosus</i> ..	Do.	Atonic dyspepsia	2	2	Action slow.
3. <i>Anisomeles malabaricum</i> ..	Do.	Fever accompanying teething in children.	3	3	Is a mild diaphoretic.
4. <i>Anacyclus pyrethrum</i>	Do.	Pulmonary tuberculosis ..	4	8	Gives temporary relief to the symptoms.
5. <i>Areca catechu</i>	Do.	Pulmonary tuberculosis (preliminary laxative).	5	8	Acts as a purgative.
6. <i>Acorus calamus</i>	Do.	Indigestion and colic ..	6	11	Useful.
7. <i>Adenema hyssopifolia</i> ..	Do.	Gonorrhoea	7	6	Do.
8. <i>Andrographis peniculata</i> ..	Do.	Malarial fevers	8	16	Beneficial after prolonged use.
9. <i>Acalypha indica</i>	Do.	Ringworm	9	58	Useful in mild cases.
10. <i>Artemisia maritima</i>	Zandu Pharmacy, Bombay.	<i>Ascaris lumbricoides</i> ..	10	16	Efficacious.
11. <i>Ailanthus malabaricum</i> ..	Local bazaar.	Dysentery	11	15	Do.
12. <i>Asteracanthus longifolia</i> ..	Do.	Dropsy	12	2	A feeble diuretic.
13. <i>Amoora rohitaka</i>	Do.	Enlargement of spleen ..	13	1	Not useful.
14. <i>Boerhavia diffusa</i>	Do.	Dropsy of bright's disease.	14	9	Good diuretic.
15. <i>Berberis aristata</i>	Do.	Malarial fevers	15	12	Very feeble antiperiodic.
16. <i>Brassica campestris</i>	Do.	Epilepsy	16	8	Gave relief.
17. <i>Clerodendron serrata</i>	Do.	Catarrhal bronchitis ..	17	6	No benefit.
18. <i>Cordiospermum halicacabum</i> ..	Do.	Chronic rheumatism ..	18	1	Negative result.
19. <i>Croton tiglium</i>	Do.	Preliminary laxative in leprosy.	19	17	Useful laxative and purgative in cases of leprosy.
20. <i>Cassia tora</i>	Do.	Ringworm	20	17	Beneficial.
21. <i>Coscinum fenestratum</i>	Do.	Malarial fever	21	11	No benefit.
22. <i>Calotropis gigantea</i> and <i>procera</i> .	Do.	Do.	22	28	Useful, slow action.
23. <i>Caesalpinia bonducella</i> ..	Do.	Do.	23	52	Do.
24. <i>Cassia auriculata</i>	Do.	Diabetes mellitus	24	4	No effect.
25. <i>Chenopodium ambrosioides</i> (seeds).	Do.	Ankylostomiasis	25	3	Do.
26. <i>Colycopterus floribunda</i> ..	Malabar ..	<i>Ascaris lumbricoides</i> ..	26	61	Anthelmintic and laxative.
27. <i>Daemia extensa</i>	Local bazaar.	Malarial intermittent fever.	27	2	Not beneficial.
28. <i>Evolvulus alsinioides</i>	Do.	Fevers and indigestion ..	28	5	Do.
29. <i>Embelia ribes</i>	Do.	Worms	29	5	Feeble anthelmintic.
30. <i>Euphorbia pillulifera</i>	Do.	Asthma, bronchitis and urethritis.	30	6	Efficacious.
31. <i>Gudumal</i>	Punjab ..	Diabetes mellitus	31	1	Did temporary good.
32. <i>Gloriosa superba</i>	Local bazaar.	Do.	32	1	No benefit.
33. <i>Hydnocarpus inebrians</i>	Do.	Leprosy	33	20	Very beneficial in early cases and slightly so in longstanding cases.
34. <i>Herpestis monniera</i>	Do.	Neurasthenia, epilepsy and chorea.	34	8	Beneficial in neurasthenia and epilepsy not so in chorea.
35. <i>Hypoxis orchioides</i>	Do.	Gonorrhoea and dysmenorrhoea.	35	4	No benefit.
36. <i>Hydrocotyle asiatica</i>	Do.	Chronic psoriasis	36	2	Showed improvement.
37. <i>Lipia nodiflora</i>	Do.	Haemorrhoids	37	2	Relieves the symptoms.
38. <i>Lodoicea seychellarn</i>	Do.	Diabetes mellitus	38	3	Reduces frequency of micturition — temporary improvement.
39. <i>Melia azadirachta</i>	Do.	Malarial fevers	39	30	Efficacious if continued for weeks.
40. <i>Nigella sativum</i>	Do.	Puerperal fever	40	1	Useful in mild cases.
41. <i>Ocimum sanctum</i>	Do.	Malarial fevers	41	2	No benefit.
42. <i>Picrorrhiza kurroa</i>	Do.	Intermittent fever	42	73	Slow in action, but useful.
43. <i>Plumbago seylanicum</i>	Do.	Hemiplegia	43	2	No benefit.
44. <i>Podophyllum emodi</i>	Do.	Constipation	44	6	Useful cholagogue.
45. <i>Petalium murex</i>	Do.	Dropsy	45	4	Acts as a diuretic.
46. <i>Ruta angustifolia</i>	Do.	Bronchial catarrh and acute bronchitis of children.	46	..	Useful.
47. <i>Salamiiri</i>	Do.	Nervous debility	47	1	Beneficial.
48. <i>Toddalia aculeata</i>	Do.	Malarial fevers	48	27	Beneficial in mild cases.
49. <i>Trichosanthes oenomerina</i> ..	Do.	Do.	49	4	Not useful.
50. <i>Trichosanthes palmata</i>	Do.	Hemicrania	50	2	Useful.
51. <i>Terminalia arjuna</i>	Do.	Disease of the heart ..	51	5	Not useful.
52. <i>Taxus baccata</i>	Do.	Bronchitis	52	1	Useful.

Summary of the notes on the medicines investigated—cont.

Number and names of the drugs.	Where obtained.	Diseases used in.	Notes number on drugs.	Total number of cases treated.	Remarks on results.
SINGLE DRUGS—cont.					
53. <i>Theopesia populnea</i> ..	Local bazaar.	Gonorrhoea and ringworm.	53	8	Useful.
54. <i>Tinospora cordifolia</i> ..	Do.	Simple fevers and malarial fevers.	54	41	Acts as a fair diaphoretic and mild antiperiodic.
55. <i>Tribulus terrestris</i> ..	Do.	Bright's disease and gonorrhoea.	55	6	Beneficial.
56. <i>Urginea indica</i> ..	Do.	Bronchial catarrh and bronchitis.	56	8	Useful.
57. <i>Viola odorata</i> ..	Do.	Intermittent fevers ..	57	17	Diaphoretic, but mild antiperiodic.
58. <i>Vernonia anthelmintica</i> ..	Do.	<i>Aecaris lumbricoides</i> ..	58	31	Mild anthelmintic.
59. <i>Vernonia cinera</i> ..	Do.	Malarial fever ..	59	5	Not useful.
60. <i>Valeriana indica</i> ..	Do.	Intestinal colic ..	60	6	Useful.
61. <i>Woodfordia floribunda</i> ..	Do.	Dysentery ..	61	7	Beneficial.
62. <i>Zingiber officinale</i> ..	Do.	Dropsy and ascites ..	62	3	Useful in early cirrhosis of the liver and ascites.
63. <i>Ophiorrhiza mungos</i> ..	Do.	Insanity ..	63	2	Not useful.
64. Gomuthram or cow's urine ..	Do.	Infantile biliary cirrhosis.	64	5	Do.
COMPOUND DRUGS.					
<i>Basmas.</i>					
1. Abbrak basmam calcined (100 times).	Zandu Pharmacy, Bombay.	Diabetes mellitus ..	1	4	Gave relief.
2. Coral basmam ..	Do.	Chronic bronchitis and pulmonary tuberculosis.	2	3	Do.
3. Mukti basmam ..	Do.	Asthma and bronchitis ..	3	7	Do.
4. Makshika basmam ..	Do.	Anaemia ..	4	1	Very slow in action.
5. Raupya basmam ..	Do.	General debility ..	5	3	Not useful.
6. Tamra basmam ..	Do.	Asthma ..	6	3	Useful in relieving the symptoms.
7. Annabedhi sinduram ..	Prepared locally.	Anaemia ..	7	31	Beneficial.
<i>Churnams.</i>					
7-A. Ashta churnam ..	Local bazaar.	Atonic dyspepsia and indigestion.	7-A	28	Useful.
8. Avipattikarchurnam ..	Zandu Pharmacy, Bombay.	Do.	8	4	Do.
9. Arkamoola churnam ..	Do.	Dysentery ..	9	5	Do.
10. Chithrakamuladhi churnam ..	Do.	Epilepsy ..	10	1	Not useful.
11. Compound cough powder (by a hakim).	Local bazaar.	Bronchial affections ..	11	2	Do.
12. Compound constipation powder (by a hakim).	Do.	Constipation ..	12	10	Useful.
13. Eladi churnam ..	Zandu Pharmacy, Bombay.	Acute bronchitis ..	13	11	Do.
14. Gangadhara churnam ..	Do.	Dysentery (acute and chronic) and chronic diarrhoea.	14	61	Do.
15. Kalyanakesharam ..	Arya-Vydyasala, Kotakal.	Dyspepsia and dilatation of stomach.	15	8	In dyspepsia beneficial; in dilatation of stomach not useful.
16. Lavangadhi churnam ..	Zandu Pharmacy, Bombay.	Bronchial catarrh ..	16	3	Useful.
17. Musalyadhi churnam ..	Do.	Menstrual disorders ..	17	4	Not known.
18. Prophylactic powder for influenza.	Do.	Influenza ..	18	Several.	Slightly beneficial.
19. Rohitaka churnam ..	Do.	Enlarged spleen ..	19	1	Not beneficial.
20. Swayamagni ..	Do.	Dyspepsia ..	20	5	Do.
21. Swalibha virechana ..	Do.	Habitual constipation ..	21	3	Useful.
22. Saraswathi churnam ..	Do.	Epilepsy ..	22	2	Not much beneficial.
<i>Confections, Leghyams and Ghritams.</i>					
23. Amritha bhallataki ..	Zandu Pharmacy, Bombay.	Skin diseases ..	23	4	Useful.
24. Amritha prasa ghritam ..	Arya-Vydyasala, Kotakal.	Pulmonary tuberculosis ..	24	2	Not beneficial.
25. Abhayamalaki ..	Zandu Pharmacy, Bombay.	General debility ..	25	5	Useful.

Summary of the notes on the medicines investigated—cont.

Number and names of the drugs.	Where obtained.	Diseases used in	Notes number on drugs.	Total number of cases treated.	Remarks on results.
COMPOUND DRUGS—cont. <i>Confections, Leghyams and Ghritams—cont.</i>					
26. Azairaisah	Local bazaar.	General debility	26	3	Useful.
27. Brahmi ghritam	Zandu Pharmacy, Bombay.	Epilepsy	27	8	Do.
28. Chayavansprash	Do.	General debility	28	2	Do.
29. Dasamoola rasayanam	Arya-Vydyasala, Kotakkal.	Asthma	29	4	Do.
30. Lasunadhi ghritam	Zandu Pharmacy, Bombay.	Atonic dyspepsia	30	6	Do.
31. Majoona-khuvathiaibah	Local bazaar.	Sexual and general debility.	31	4	Do.
32. Kushmandha rasayanam	Arya-Vydyasala, Kotakkal.	General debility	32	2	Do.
33. Shrirag	Zandu Pharmacy, Bombay.	Chronic dysentery	33	4	Beneficial.
<i>Decoctions.</i>					
34. Abhayadhi	Zandu Pharmacy, Bombay.	Bronchitis	34	19	Useful.
35. Dasamoola	Do.	Malarial fevers and bronchial affections.	35	31	Not useful in malarial fever; beneficial in bronchial affections.
36. Gudichyadhi	Do.	Malarial fevers	36	59	Useful, very slow action.
<i>Fermented infusions and decoctions.</i>					
37. Draksha asava	Zandu Pharmacy, Bombay.	Atonic dyspepsia and anorexia.	37	1	Beneficial.
38. Kutaja arishta	Do.	Diarrhoea	38	1	Useful.
39. Loha asava	Do.	Anaemia	39	2	A feeble haematinic.
<i>Liniments, Thailams and Ointments.</i>					
40. Adithyapaka thaila	Zandu Pharmacy, Bombay.	Scabies	40	26	Very useful.
41. Aswagandha Bala Lakshdi thaila.	Prepared locally.	Pulmonary tuberculosis	41	6	Not beneficial.
42. Chakramardha thailam	Zandu Pharmacy, Bombay.	Ringworm	42	17	Beneficial in mild cases.
43. Dadrugghna ointment	Do.	Do.	43	15	Do.
44. Ksheerabala oil, boiled 101 times.	Arya-Vydyasala, Kotakkal.	Facial paralysis and cervical and brachial neuralgia.	44	5	Beneficial.
45. Compound oil of vitex negundo.	Prepared locally.	Chronic nasal and throat affections.	45	3	Benefit doubtful.
46. Panohavalkaladi thailam	Arya-Vydyasala, Kotakkal.	In skin diseases as eczema, itch, etc.	46	2	Useful.
47. Vidanga thailam	Zandu Pharmacy, Bombay.	Hemioronia	47	4	Not useful.
48. Vishagharbha thailam	Do.	Hemiplegia and neuralgia.	48	7	Not beneficial.
<i>Pills and tablets.</i>					
49. Abhayadhi modak	Zandu Pharmacy, Bombay.	Constipation	49	34	Beneficial.
50. Amritha guggulu	Do.	Chronic rheumatism	50	2	Not beneficial.
51. Chandraphabha gutika	Do.	Gonorrhoea	51	8	Very useful.
52. Dhanwanteri pills	Arya-Vydyasala, Kotakkal.	Dyspepsia	52	1	Not beneficial.
53. Gokshuradhi guggulu	Zandu Pharmacy, Bombay.	Gonorrhoeal rheumatism.	53	1	Beneficial.
54. Mandura loha	Do.	Anaemia	54	2	Useful.
55. Punarnava mundura	Do.	Dropsy of Bright's disease.	55	3	Do.
56. Shoathabara loha	Do.	Anaemia	56	1	Not beneficial.
57. Trayodashang guggulu	Do.	Asthma	57	7	Useful.
58. Yogaraj guggulu	Do.	Hemiplegia	58	4	Not beneficial.

Summary of the notes on the medicines investigated—cont.

Number and names of the drugs.	Where obtained.	Diseases used in.	Notes number on drugs.	Total number of cases treated.	Remarks on results.
<i>Rasa.</i>					
59. Agnithundi rasa	Zandu Pharmacy, Bombay.	Dyspepsia	59	8	Slightly beneficial.
60. Agni rasa	Do.	Chronic bronchitis ..	60	6	Not beneficial.
61. Agnisoot rasa	Do.	Acute and chronic dysentery and diarrhoea.	61	16	Useful.
62. Aarogya vardhani	Do.	Dyspepsia	62	14	Do.
63. Agnikummara rasa	Do.	Diarrhoea	63	5	Do.
64. Brihat Chandrodaya Makardhwaj.	Do.	General debility	64	1	Slow in action.
65. Devakushumadi rasa	Do.	Constitutional syphilis ..	65	6	Useful.
66. Ekangavera rasa	Do.	Hemiplegia	66	1	Not useful.
67. Jatiphaladhi gutika	Do.	Dysentery (acute and chronic).	67	12	Useful.
68. Jalodareri rasa	Do.	Ascites and dropsy	68	62	Very violent cathartic.
69. Krimimudgara rasa	Do.	Ascaris lumbricoides	69	8	Not useful in hook-worm acted as a mild anthelmintic in round worms.
70. Kanaka sundara rasa	Do.	Asthma and hemicrania ..	70	7	Gave relief.
71. Laxmivilasa rasa	Do.	Sexual and general debility.	71	2	No benefit.
72. Mriganka vatika	Do.	Pulmonary tuberculosis ..	72	1	Beneficial.
73. Maha Mrithyanjaya loha	Do.	Malarial fevers	73	12	Useful.
74. Maha Laxmivilasa rasa	Do.	General debility	74	1	No marked benefit.
75. Maha Jwarankusa rasa	Do.	Malarial fevers	75	41	Useful.
76. Mrithyunjaya rasa	Do.	Influenza	76	7	Useful in mild cases.
77. Nithyanandha rasa	Do.	Lymphangitis	77	7	Gave relief to a few cases.
78. Naracha rasa	Do.	Ascites	78	18	Acted as a purgative.
79. Narayana Jwarankusa	Do.	Malarial fevers	79	69	Useful.
80. Panchavakra rasa	Do.	Cephalalgia	80	1	Gave relief.
81. Ramban rasa	Do.	Asthma and chronic rheumatism.	81	12	Beneficial.
82. Shwasakutara rasa	Do.	Asthma	82	16	Gave relief.
83. Sarwanga sundara rasa	Do.	Asthma and pulmonary tuberculosis.	83	6	No benefit.
84. Smriti sagara rasa	Do.	Epilepsy	84	4	Results awaited.
85. Shankha vati	Do.	Gastritis and intestinal colic.	85	4	Gave relief.
86. Tribhuvana keerti rasa	Do.	Influenza	86	6	Useful in mild cases.
87. Trailokya chintamani	Do.	Pulmonary tuberculosis ..	87	2	No benefit.
88. Vatari rasa	Do.	Lumbago	88	1	Useful in mild cases.
89. Vadavanal rasa	Do.	Chronic gastritis	89	1	Cured.
90. Vatarakthanthaka rasa	Do.	Hemiplegia	90	1	Showed a slight improvement.
91. Vasantha kusumakara	Do.	Sexual debility and phthisis.	91	1	Beneficial.
92. Yogaraja guguloo (Maha)	Do.	Hemiplegia	92	1	Not useful.
93. Chathurmuka rasa	Do.	Chronic bronchitis and tubercular phthisis.	93	2	Beneficial in chronic bronchitis, not useful in tubercular phthisis.
94. Mahatiktha ghritham	Do.	Chronic skin diseases	94	6	Beneficial.
95. Pranadhi gutika	Do.	Atonic dyspepsia	95	6	Useful.
96. Rasna gugulu	Do.	Hemiplegia	96	1	No benefit.
97. Kanohanar gugulu	Do.	Sorofula	97	1	Unknown.
98. Chandrodaya No. 1 (Suvama ghatit makhardhwaj).	Do.	Locomotor ataxy	98	1	No improvement at all.

APPENDIX No. 5.

List of compound preparations collected and investigated with their composition.

BHASMAS.

1. *Abhrak bhasmam*—Calined 100 times—
Dose—2 to 6 grains to be taken twice with honey.
Ther. use—Useful in phthisis, and debility of old age; gives strength to the body.
2. *Coral bhasmam*—
Dose—3 to 12 grains to be taken twice a day after food.
Ther. use—Useful in spermatorrhœa, cough, phthisis, etc.
3. *Mukta bhasmam*—
Dose—2 to 6 grains to be taken twice a day with honey.
Ther. use—Useful in general debility, cough, phthisis and asthma.
4. *Makshika bhasmam*—(Calined iron pyrites).
Dose—2 to 12 grains to be taken twice a day with honey after meals.
Ther. use—Useful in anæmia, chlorosis, heart affections, scrofula and general debility.
5. *Raupyā bhasmam*—
Dose—2 to 6 grains to be taken twice a day with ghee or honey.
Ther. use—Useful in general debility.
6. *Tamra bhasmam*—
Dose—1 to 2 grains to be taken twice a day with honey or ghee.
Ther. use—Useful in cough and asthma.
7. *Annabedhi Sinduram*—
Dose—1 to 2 grains to be taken twice a day with honey.
Ther. use—Hæmatinic; useful in anæmia.

CHURNAMS.

7. (a) *Ashta churnam*—

								Palam.
Thri- kadugu.	{	Black pepper ..	Piper nigrum ..	..	..	..	..	1
		Dry ginger ..	Zingiber officinale ..	..	..	..	..	1
		Long pepper ..	Piper longum ..	..	..	..	..	1
		Omum ..	Ptychotis ajowan ..	..	..	..	..	1
		Saindhava salt ..	Rock salt (variety) ..	..	..	..	..	1
		Cumin seeds ..	Cuminum cyminum ..	..	..	..	..	1
		Karin jeerakum ..	Nigella sativum ..	..	..	..	..	1
		Assafoetida ..	Assafoetida ..	..	..	..	..	1
Powder—Dose 20 to 40 grains twice or thrice a day, before meals.								
Ther. use—In dyspepsia with Baskaralavanam.								

8. *Avipattikara churnam*—

The three acids.
The three myroholans.
The tubers of *Cyperus rotundus*.
Vit salt.
Embelia ribes.
Cardamom seeds.
The leaves of *cinnamomum tamala*.

Take one part of the powder of each and to it add the powder of cloves equal to the united measure of the foregoing drugs, as also the powder of *Convolvulus Turpethum*, forty-four parts and sugar 66 parts.

Mix all these together.

Dose—20 to 40 grains to be taken three times a day before meals.

Ther. use—Purgative and carminative; useful in indigestion and constipation.

9. *Arkamoola churnam*—

Powdered bark of the root of *Calotropis gigantea*.
Dose—3 to 10 grains in dysentery. Thirty to 60 grains as an emetic.
Ther. use—Intestinal tonic, emetic; may be substituted for *Ipecac*.

10. *Chithrakamuladi churnam*—

Chief ingredients are—

Chithraka .. *Plumbago zeylanicum*.
Brahmi .. *Herpestis monniera*.
Vaaha .. *Acorus calamus*.

Dose—10 to 30 grains to be taken three times a day before meals.

Ther. use—Alterative, stimulant, and tonic; useful in epilepsy, mania and hysteria.

11. *Compound powder of Justicia Adhatoda (Unani)*—

Black pepper ..	Piper nigrum	} One tola each.
Ajwan ..	Ptychotis ajowan ..	..	..
Tippali ..	Piper longum ..	..	..
Rock salt ..	Sodium chloride ..	..	..
Nammaksi salt ..	Black salt ..	..	..
Borax ..				
Adathoda leaves.	Leaves of justicia adhatoda ..	40	tolas.	

Put all the abovementioned ingredients in a small pot in the burning fire for some time so that the ingredients may be completely burnt.

Dose—2 to 6 grains mixed with honey.

Ther. use—In bronchial catarrh and bronchitis.

12. *Compound constipation. Pule Rhei Co. (Unani)*—
(Compound powder of Senna, Rhei, Silajit basmam, etc.)—

					Tolas.
Zeera ..	Cuminum cyminum ..	..	..	..	1
Revelchinni ..	Rhei radix ..	..	..	..	1
Ilachi ..	Elettaria cardamomum ..	..	..	..	1
Amela ..	Emblie myrabolans ..	..	..	..	2
Shora ..	Potassi nitras ..	..	..	..	1½
Senna leaves ..	Senna indica ..	..	..	..	15
Sugar ..	Saccharam alba ..	..	..	..	6
Silajit Basmam ..	Bituminous exudation from rocks ..	..	..	..	8

Take some silajit in a ghadi and pour some lime juice in it and then close its mouth. After having done so, it is burnt in 50 cow dung cakes and made into bhasmam. Take 8 tolas of bhasmam and mix with the powder of all the things noted above.

Dose—¼ to ½ tola should be taken with cow's milk at bed time.

Ther. use—In constipation and also for gonorrhœa and burning sensation in urine.

13. *Eladi churnam*—

The ingredients of Eladi churnam are—

Fruits of Elettaria cardamomum ..	..	..	..	1 part
The bark of Cinnamomum zeylanicum ..	..	..	..	2 parts
The flowers of Mesua ferrea ..	..	..	..	3 "
Black pepper ..	..	..	..	4 "
Fried borax ..	..	..	..	5 "
Piper longum ..	..	..	..	6 "

and sugar equal to their united measure, that is 21 parts.

Mix all these together.

Dose—5 to 20 grains to be taken three times a day.

Ther. use—Nutritive, tonic and demulcent, useful in bronchial affections.

14. (a) *Leghu Gangadhara churnam*—

Thungamusthelu ..	Cyperus rotundus.
Kodisavithulu ..	Seeds of Holarrhena antidysenterica.
Tender fruits of maredu ..	Aegle marmelos.
Bark of lodhra ..	Simplocos racemosa.
Buruga banka ..	Gum of Bombax malabaricum.
Araypuvu ..	Flowers of Woodfordia floribunda.

All in equal parts—powder and mix.

Dose—20 to 40 grains to be taken three times a day with whey.

Ther. use—Astringent and tonic, useful in chronic diarrhœa, gives tone to the intestines and increases digestive power.

(b) *Vridha Gangadhara churnam*—

Thungamusthelu ..	Cyperus rotundus.
Ranukam ..	Bark of Bignonia indica.
Ginger ..	Zingiber officinale.
Araypuvu ..	Woodfordia floribunda.
Bark of Lodhra ..	Simplocos racemosa.
Vettiveru ..	Andropogon muricatus.

Tender fruits of maredu.

Buruga Banka.

Agarnsonti.

Kodisavithulu.

Mamidipappu.

Athivasa.

Anthara Thanmara.

Aegle marmelos.

Bombax malabaricum.

Cissampelos Hernandifolia.

Seeds of Holarrhena antidysenterica.

Kernel of seeds of mangofera Indica.

Aconitum Heterophyllum.

Nymphæ shellata.

All in equal parts—powder and mix.

Dose—20 to 40 grains to be taken three times a day with whey.

Ther. use—Astringent and tonic; useful in chronic diarrhœa.

15. *Kalyanaksharam* —

Composition :—
Thrikadugu.

Induppu.
Vidaippu.
Karnthuppu.
Thriphala.
Dhanthi.
Marking nut.
Chitramulam.
Sneyham
Gomuthram.
Surpi.

For making Ksharam.

Take equal parts, grind in cow's urine, place the paste in a new pot, cover with a chatty, and close with—cloth dipped in clay; then heat it.

Dose— $\frac{1}{2}$ to 1 drachm three times a day in ghee or castor oil before meals.

Ther. use—Constipation, piles, colic, gastric troubles, as cures, anæmia, worms, asthma, etc.

16. *Lavangadi churnam*—

Cloves.
Dry Ginger.
Black pepper.
Fried borax.

Piper Nigrum, Zingiber officinale and
Piper longum.
Saindhava salt.
Vit salt
Black salt.
The three myrabolans.
Baliospermum Montanum.
Semicarpus Anacardium.
Root of Plumbago zeylanicum.
Oleum Recini.
Cow's urine.
Ghee.

Eugenia carryophyllata.
Zingiberis officinale.
Piper nigrum.

Take equal measures of these, and macerate them in the decoction of *Achyranthes aspera* and the roots of *Plumbago zeylanica*.

Form pills of 5 grains, each.

Dose—1 to 4 pills to be taken three times a day.

Ther. use—Demulcent; useful in bronchitis.

17. *Musalyadi churna*—

Chief ingredients are—

Moosali.
Gokshuraka.
Shalmali.
Vanari.
Gudoochi-satva.

Hypoxis orchioides.
Tribulus terrestris.
Bombax malabaricum.
Mucuna pruriens.
Tinospora cordifolia.

Dose—20 to 60 grains to be taken twice a day with milk.

Ther. use—Tonic, Nutritive, alterative and aphrodisiac, Useful in leucorrhœa, menstrual derangements due to general debility.

18. *Inhalation powder for influenza*—

Davadarum.
Nerinjal.
Vasambu.
Koshtam.
Gugulu.
Agallaachandanam.
Parithi kottai.
Kuruva pattai.
Manji.
Kayam.
Manjal.
Molagu.
Mylpeely.
Sambrani.
Veppa leaves.
Mulli leaves.
Yerukam leaves.
Kadukkai tholi.
Kadukai leaves.
Nanmukha pullu.

Cedrus deodara.
Tribulus terrestris.
Acorus calamus.
Aplotaxis auriculata.
Bdellium.
Aquillaria agallocha.
Cotton seeds.
Cinnamomum Zeylanicomum.
Nardostachys Jatamansi.
Asafœtida.
Curcuma longa.
Piper nigrum.
Peacock's-feather with quills.
Benzoin.
Melia azadirachta (leaves of)
Leaves of Solanum Indicum.
Calotropis gigantea (leaves of).
Chebulic myrabolans (rind).
Do. (leaves of).
Oil of lemon grass (Variety).

One palm of each to be sun dried—and pounded into powder, make wicks by rolling the powder in cloth, dip the wicks in ghee, light and inhale the vapour through a paper-cone twice a day 6 times through each nostril.

Ther. use—Inhalation for Influenza.

19. *Rohitak Churnam*—

Dose—20 to 60 grains to be taken three times a day with water.

Ther. use—Alterative, astringent and tonic. Useful in hepatitis and enlargement of spleen.

20. *Swayamagni*—

Chief ingredients are :—

Mercury	.. .. .	1 part.
Sulphur	.. .. .	2 parts.
Sulphide of mercury	.. .. .	8 "
Iron powder	.. .. .	18 "

Rub in the juice of Alocs Indica, expose it to the sun's heat for 8 days, after rubbing the mass each day in the juice; exposure to be done in an iron vessel.

Dose—3 to 7 grains to be taken twice a day.

Ther. use—Useful in stomach-ache, indigestion and dyspepsia.

21. *Swadishtha virechan churnam*—

Chief ingredients are :—

Yasthimadhu.	Glycyrrhiza Glabra.
Shatapushpi.	Foeniculum, Vulgaræ.
Markandi.	Senna Indica.
Gandhaka.	Sulphur sublimed.
Sugar.	Saccharum.

Dose.—60 to 120 grains to be taken at bed times.

Ther. use.—Purgative and demulcent, useful in piles, constipation.

22. *Sarasvathi churnam*—

Aplotaxis auriculata.	The seeds of nigella sativum.
Physali flexuosa.	The three acrids.
Saindhava salt.	Cissampelos hernandifolia.
Ptychotis ajowan.	Pladera decussata (Clitorea ternatea).
Cumin seeds.	

Take equal measures of these and add the pulv of scorus calamus, equal to their united measure—macerate all these thrice in the juice of the Herpestris monniera and reduce to powder.

Dose—20 to 60 grains to be taken three times a day.

Ther. use—Useful in insanity, enhances the understanding, intelligence and memory; useful in hemiplegia, epilepsy, paralysis, and hoarseness of voice.

CONFECTIONS, LEGHYAMS AND GHRITHAMS.

23. *Amritha Bhallataki*—

Take ripe marking nuts divided into halves, eight seers, boil them in thirty-two seers of water till the latter is reduced to one-fourth and strain. Again boil the nuts in sixteen seers of milk with the addition of four seers of clarified butter, till reduced to a thick consistency. Then add sugar two seers and set aside for seven days when the preparation will be ready for use.

Dose.— $\frac{1}{2}$ to 1 tola to be taken twice a day with milk.

Ther. use—Alterative, stimulant and nervine tonic. Useful in leprosy, scrofula and venereal diseases.

24. *Amritha Prasa Ghritha*—

Ghee	.. .. .	4 seers.
Saffron	.. .. .	4 tolas.
The decoction of 12 $\frac{1}{2}$ seers of goat's flesh boiled in 64 seers of water down to	.. .. .	16 seers.
The decoction of 12 $\frac{1}{2}$ seers of physalis flexuosa boiled in 64 seers of water down to	.. .. .	16 "
Goat's milk	.. .. .	16 "

The paste of the roots of :—

Sida cordifolia.	The tubers of scirpus kysoor.
Wheat.	The three acrids.
Physalis flexuosa (Withania somnifera).	Coriander-seeds.
Tinospora cordifolia.	The sprouts of palmyra seeds.
Tribulus languinosus,	The three myrabolans.

Musk.

The seeds of Mucuna pruriens.

Meda (or Physalis flexuosa) (Withania Somnifera) ?

Mahameda (or Ichnocarpus frutescens) (or Hemidesmus Indicus) ?

Aplotaxis auriculata.

Jivaka (or Tinospora cordifolia).

Curcuma zerumbet

Berberis asiatica.

Aglaia Roxburghiana.

Rubia Manjista.
 Tabernæ montana coronaria.
 Pinus Webbiana.
 Cardomom seeds.
 The bark of Cinnamomum tamala.
 The fruits of ficus glomerata.

Two tolas of each of the above.

Boil all these together and strain the liquid portion out and dissolve 1 seer of sugar in it.

Dose— $\frac{1}{2}$ to 1 tola to be taken with hot milk.

Ther. use—General tonic, useful in phthisis, weakness, emaciation. It increases strength and enhances semen and sexual power.

25. *Abhayamalaki*—

Chief ingredients are:—

Haritaki.
 Amalaka.
 Brahmi.
 Shankhapushpi.
 Vidanga.
 Chandana.
 Agaru.
 Vaaha.
 Dashamoola.

Chebulic Myrabolans.
 Emblic myrabolans.
 Herpestis monniera.
 Clitorea Ternatea.
 Embelia ribes.
 Santalum alba.
 Aquilaria Agallocha.
 Acorus calamus.
 The ten roots.

Dose— $\frac{1}{2}$ to 1 tola to be taken in the morning with milk.

Ther. use—Useful in debility of old age and general debility.

26. *Asairaisah*—

(Compound confection of Bamboo Manna, rhei, etc).

1. Tabasheer.	Silicious concretions of Bambusa arundinacea.	$\frac{1}{2}$ tola each.
2. Musthaki.	Cyperus rotundus	$\frac{1}{2}$ "
3. Zafarano.	Sasafaras Indica	$\frac{1}{2}$ "
4. Jatemasi.	Valeriana Indica	$\frac{1}{2}$ "
5. Amela.	Emblic myrabolans	$\frac{1}{2}$ "
6. Pearls rubbed in rose water.	Amber	$\frac{1}{2}$ "
7. Kharoba.	Powdered ruby	$\frac{1}{2}$ "
8. Yakhudai mahlool.	Powdered red stone (Oohre)	$\frac{1}{2}$ "
8a. Busad mahlool.	Powdered green stone	$\frac{1}{2}$ "
9. Yeshub mahlool.	Citron dry	$\frac{1}{2}$ "
10. Posthai thrinj.	Oentaurea behen	$\frac{1}{2}$ "
11. Bahmanai saphed.	Rhei radix	$\frac{1}{2}$ "
12. Raval ohini.	Valeriana hardwicki	$\frac{1}{2}$ "
13. Asarun.	Cyperus pertenuis	$\frac{1}{2}$ "
14. Nagarmotha.	Aquilaria Agallocha	$\frac{1}{2}$ "
15. Agur.	Powdered sandal wood	$\frac{1}{2}$ "
16. Saudalka boora.	Leaves of cinnamomum Zeylanicum.	$\frac{1}{2}$ "
17. Lavangapathri.	Mellisa officinale	$\frac{1}{2}$ "
18. Badarangai boye.	Doronicum Pardalianches	$\frac{1}{2}$ "
19. Darunaj-i-akarbi.	Elettaria cardomomum	$\frac{1}{2}$ "
20. Ilatohi.	Small dried grapes	$\frac{1}{2}$ "
21. Zarishk.	A resinous concretion from fish	1/16.
22. UMBER.	Mel	$\frac{1}{2}$ seer.
23. Honey.	Saccharam	$\frac{1}{2}$ "
24. Sugar.	Silver leaves	30.
25. Warkhai Roopa.	Gold leaves	30.
26. Warkhai sohna.	Silk cocoon	$\frac{1}{2}$ tola.
27. Ubarasham (thinly cut with scissors).		

All these except Nos. 3, 6, 7, 8, 9, 21, 25, and 26 must be powdered and sieved. Nos. 6, 7, 8 and 9, must be made into a paste by grinding in rose water, and then made into little balls and dried. These balls are powdered and mixed with the powders already prepared. No. 21 is soaked in water and its strained infusion is added to No. 23 honey. The mixture is boiled to the consistence of treacle.—No. 3 saffron is soaked in rose water and No. 24—sugar is dissolved in that water. This is boiled to syrupy consistence. The prepared honey and syrup are now mixed; the powder is added to this mixture of honey and syrup, and the whole turned into halwa or confection. Silver and gold leaves are put into the halwa and thoroughly mixed by stirring.

Dose—One anna weight of this halwa is given twice or thrice a day.

Ther. use—Strength giver of the body, restores lost vigour; useful in debility, indigestion, cough, asthma and fainting.

27. *Brahmi Ghritam*—

Take of old clarified butter.
Fresh juice of Brahmi.
Vaaha.
Pachak root.
Sankhapushpi.

	4 seers.
Herpestis monniera	"
Acorus calamus.	
Aplotaxis Auriculata.	
Clitorea ternatea.	

Equal parts, in all thirty-two tolas, in the form of a paste and boil them together, till the watery portion is evaporated.

Dose— $\frac{1}{2}$ to 1 tola to be taken twice a day with milk.

Ther. use—In epilepsy, aphonia and hoarseness of voice.

28. *Chyavanaprana*—

Aegle marmelos.
Premna serratifolia.
Bignonia Indica.
Gmelina arborea.
Bignonia suaveolens.
The roots of Sida cordifolia.
Hedysarum Gangeticum.
Uraria Lagopoides.
Phaseolus trilobus.
Piper longum.
Tribulus languinosus.
Solanum zanthocarpum.
Rhus succedanea.
Phyllanthus Niruri.
Grapes.
Aplotaxis auriculata.
Aquilaria Agallocha.
Chebulic myroboans.

Tinospora cordifolia.
Biddhi (Not being obtainable, Bala or sida cordifolia is used).
Jivak (Not being obtainable, tinospora cordifolia).
Rishabhaka (Bhumi kushmanda is used).
Curcuma zerumbet.
The tubers of Cyperus rotundus.
Boerhaavia diffusa.
Meda (Withania somnifera).
Elettaria cardamomum.
Nymphæ stellata.
Red sandal wood.
Convolvulus paniculatus
The roots of justicia adhatoda.
The root called kakoli.
Leea hirta.

Take one palam of each of these. Take also 500 fruits of Phyllanthus Emblica and tie them loosely in a piece of cloth. Boil all these together in 64 seers of water down to 16 seers and strain the decoction. Throw out the seeds of the myrobalans and taking the remnants of the fruits, fry them in 6 palas of ghee and 6 palas of sesamum oil mixed together. The fried product is then to be reduced to a paste on a curry stone. After this, boil the decoction and this paste, with 50 palas of sugar candy. When the boiled matter assumes some degree of consistency, throw into it bamboo manna 4 palas, the pulp of Piper longum 2 palas, that of the bark of Cinnamomum zeylanicum 2 tolas, that of the leaves of Cinnamomum tamala 2 tolas, that of cardamoms 2 tolas, and that of the flowers of Mesua ferrea 2 tolas, and stir the contents. When cooled, add 6 palas of ghee and keep the compound in a jar long in use for storing ghee. (From N. N. Sen's Ayurvedic system of medicine).

Dose— $\frac{1}{2}$ to 2 tolas, vehicle being goat's milk.

Ther. use—Nutritive, tonic, useful in phthisis, and improves all conditions of debility.

29. *Dasamoola Rasayanam*—

	Seers.
Take decoction of dasamoola	8
Meat juice (prepared from the flesh of fowl)	8
The paste of Siphonanthus Indica	1

Cook all these together according to the routine method with four seers of ghee.

Dose— $\frac{1}{2}$ to 1 tola to be taken three times a day.

Ther. use—In asthma, and bronchitis.

30. *Lasunadhi Ghritam*—

Chief ingredients are—

Dasamoola.
Lashuna.
Trikatu
Haritaki.

The ten roots.
Allium sativum.
The three acrids.
Chebulic myrobalans.

Dose— $\frac{1}{2}$ to 1 tola, to be taken three times a day.

Ther. use—Stimulant, carminative. Helps digestion, and promotes the flow of menses. Specially suitable in mania and amenorrhœa, hysteria, etc.

31. *Majoonai Khwathiaibah*—

	Tolas.
Nutmeg or Japhul	2
Cloves	2
Best sambrani	2
Pankijul	2
Kabab chini	2
Ginger dry	2
Cinnamon	4
Akkarkhara	2
Honey	3
Myristica fragrans	2
Eugenia caryophyllum.. .. .	2
Boswellia serrata	2
Root of betel leaves	2
Cubeba officinalis	2
Zingiber officinale	2
Cinnamomum zeylanicum	4
Anacyclus pyrethrum	2
Mel	3

All these must be finely ground in honey. It is then converted into Halwa. Afterwards 50 silver leaves or Warkhai roopa should be mixed with this Halwa.

Dose— $\frac{1}{2}$ to 2 tolas should be taken twice a day with cow's milk.

Ther. use—Strength giver of heart and brain, also for incontinence of urine and sexual debility.

32. *Kushmanda Rasayanam*—

Confection of squash. In preparing this medicine, old ripe gourds are selected. Those not at least a year old, are not approved.

They are longitudinally divided into two halves and the pulp scraped out in thin flakes by an iron comb or scraper. The watery juice that oozes out abundantly during this process is preserved, the seeds being rejected. The pulp is boiled in the above mentioned juice, till softened. It is then tied up tightly in a cloth, and the fluid portion allowed to strain through it. The softened and drained pulp is dried in the sun and the watery portion preserved for future use. Fifty tolas of the prepared pulp are fried in sixteen tolas of clarified butter, and again boiled in the juice of the fruit, till reduced to the consistence of honey. To this are added fifty tolas of refined sugar and the whole is heated over a gentle fire, till the mass assumes such a consistence as to adhere to the ladle. The pot is now removed from the fire and the following substances, namely:—Long pepper and ginger each 2 tolas, Cumin seeds, Cardamoms, Cinnamon leaves called tejapatra, Black pepper and Coriander each half a tola in fine powder, are added to the syrup and stirred briskly with a ladle, till the mass is cool. Eight tolas of honey are now added to the confection which is preserved in a new earthen pot.

Dose—The dose of this medicine is from one to two tolas according to the age and strength of the patient.

Ther. use—It is useful in hæmoptysis, phthisis, asthma, ulceration of the lungs, hoarseness, etc.

33. *Shrirag*—

The chief ingredient is—

Bilva. | Aegle marmelos.

Dose— $\frac{1}{4}$ to 1 tola, to be taken three times a day.

Ther use—Astringent. Useful in chronic diarrhoea and dysentery.

DECOCTIONS.

34. *Abhayadhi*—

Abhaya
Musta.
Dhanyaka.
Raktachandana.
Padmaka.
Gudoochi.
Patha.
Katuki.

Chebulic myrabolans.
Cyperus rotundus.
Coriandrum sativum.
Pterocarpus santalinus.
Prunus pudum.
Tinospora cordifolia.
Cissempeles pareira.
Piororrhiza kurroa.

Dose— $\frac{1}{2}$ to 2 tolas to be taken twice a day.

Ther use—Bitter tonic, alterative and laxative; useful in long continued fevers, anorexia, and constipation.

35. *Decoction Dasamoola*—

Salaparni.
Prisniparni.
Kantakari.
Vrihati.
Gokshura.
Vilva.
Syonake.
Gambhari.
Patala.
Ganikarika.

Desmodium Gangeticum.
Uraria Lagopoides.
Solanum Jacquini.
Solanum Indicum.
Tribulus terrestris.
Aegle marmelos.
Colasantes Indica.
Gmelina arborea.
Stereospermum suaveolens.
Premna spinosa

To prepare decoction in the usual way.

Dose—1 to 2 ounces to be taken twice or thrice a day as the case may be.

Ther. use—In remittent fevers, puerperal fever, inflammatory affections within the chest, affections of the brain and many other diseases supposed to be caused by derangement of all the humours.

36. *Guduchyadi Decoction*—

This group called Guduchyadi consists of *Tinospora Cordifolia*, the bark of *Melia Azadirachta*, coriander seeds, prunus podum, and *Pterocarpus Santalinus*.

Dose— $\frac{1}{4}$ to 2 tolas to be taken twice a day.

Ther. use—Bitter tonic, stomachic and anti-periodic; useful in dyspepsia, dysentery and malarial fever.

FERMENTED INFUSIONS AND DECOCTIONS.

37. *Draksha Asava*—

Chief ingredients are—

Draksha.

Dhataki pushpa.

Sugar.

Vitis vinifera.

Woodfordia floribunda, (flowers of).

Saccharam.

Dose— $\frac{1}{4}$ to 2 tolas to be taken twice a day after food.

Ther. use—Stimulant, diuretic and diaphoretic. Useful in anorexia, indigestion and Dyspepsia.

38. *Kutajaarishla or fermented liquor of kutaja*—

Kutaja root-bark.

Baisins.

Madhuka.

Gambhari.

Holarrhena anti-dysenterica 12 seers.

$6\frac{1}{2}$ "

Flowers of *Bassia latifolia*.

Bark of *Gmelina arborea*.

Each eight tolas.

Boil them together in two hundred and fifty-six seers of water, till reduced to sixty-four seers, and strain. Then add flowers of *Woodfordia floribunda* (Dhataki) two seers and a half, treacle twelve seers and a half, and let the mixture ferment for a month, after which it will be ready for use.

Dose— $\frac{1}{4}$ to 2 tolas twice a day after meals.

Ther. use—Astringent, stimulant and anti-periodic; useful in chronic diarrhoea, dysentery and continued fevers.

39. *Loha-asava*—

Iron powder.

The three acrids.

The three myrabolans.

Ptychotis ajowan.

Embelia ribes.

Tubers of *Cyperus rotundus*.

Roots of *Plumbago zeylanicum*.

} 32 tolas each.

To these should be added 64 palas (8 seers) of honey, $12\frac{1}{2}$ seers of treacle and 120 seers of water. All these to be placed in an earthen jar long in use for storing ghee.

The mouth of the jar must be closed. After a month the fermented liquid should be strained out. This drink should be administered in accordance with the condition of the patient and the nature of the disease.

Dose— $\frac{1}{4}$ to 2 tolas twice a day.

Ther. use—Tonic, alterative; useful in anæmic dropsy.

LINIMENTS, THAILAMS AND OINTMENTS.

40. *Adityapaka Thaila*—

Sesamum oil.

4 seers.

Madder.

The three myrabolans.

Lac.

Turmeric (*Curcuma longa*).

Orpiment.

Realgar.

Sulphur.

Equal parts (in all one seer.)

Mix and expose to the sun.

Ther. use—In eczema, scabies, etc.

41. *Aswaghandha Bala Lakshāthi Thailam*—

	TOLAS.
Penneru gadda (<i>Withania somnifera</i>)	8
Root of chittamutty (<i>Sida cordifolia</i>)	8
Lac (Lac sticks)	8

Add to the above 12 seers of water by measure and reduce to one-fourth of it by boiling, add to the decoction three-fourths viss of gingelly oil, 3 visses of cow's buttermilk and mix.

To the above mixture, add the paste of the following :—

Aswaghandha (*Withania somnifera*).
 Root of chittamutty (*Sida cordifolia*).
 Sannarashtram (*Alpinia chinensis*).
 Renukalu (*Piper aurantiacum*).
 Chengalva koshtu (*Apotaxis auriculata*).
 Thungah gaddalu (*Cyperus rotundus*).
 Sreeghandham (*Santalum alba*).
 Turmeric (*Curcuma longa*).
 Katchoram („ *zedoaria*).
 Katakrobini (*Piororrhiza kurroa*).
 Sathapa (*Ruta angustifolia*).
 Sathaguppi (Seeds of *Anethum sowa*).
 Pullah lakka (*Aristolochia indica*).
 Leaves of dushtapa (*Daemia extensa*).
 Seeds of mullanghi (*Raphanus sativus*).
 Devadaru (*Cedrus deodara*).
 Mangishta (*Rubia cordifolia*).
 Athimaduram (*Glycyrrhiza glabra*).
 Vettiveru (*Andropogon muricatus*).
 Sugandha pala (*Hemidesmus indicus*).
 Ghantu Bharanghy (*Olerodendron siphonanthus*).
 Thamara gadda (Root of *Nymphæa lotus*).
 Padmakasaram (Thalamus of *Nymphæa lotus*).

Take above drugs each of the weight of a two-anna piece or gurigingā, then rub till paste is formed and at last mix in the decoction.

Boil the same by shaking it, till it comes to thailapakam.

Dose.—3 to 8 drops—should not be given for more than three days.

Ther. use.—Useful in consumption, hæmoptysis, anaemia, diabetes and chronic dysentery—should not be given for more than a week.

42. *Chakramarda Thaila*—

Chief ingredients are—

Chakramarda (*Cassia tora*).

Bhringaraj (*Wedelia calendulacea*) (*Eclipta alba*). ?

Ther. use.—Useful in eczema and ringworm.

43. *Dadrughna ointment*—

Chief ingredient is—

Rasakarpooa (*Mercuric chloride*).

Ther. use.—Useful in ringworm, psoriasis and other chronic skin diseases.

44. *Ksheerabala oil*—

Gingelly oil 1 bottle.

Milk 4 bottles.

Bark of the root of *sida cordifolia* 5 palams.

Grind in milk. Boil all these until all water goes away. Every day add the same kalkam without gingelly oil.

Repeat the process as many times as required.

Ther. use.—All nervous diseases.

Dose.—Four annas weight to be given daily in decoction of cumin seeds.

45. *Compound oil of vitex negundo*—

Karunochi (*Vitex negundo*).

Four palams of the above in one measure of water to be pounded and pressed out three times.

To this water add the following medicines for kalkam.

Vasambu (*Acorus calamus*).

Myrabolana without kernel.

Kolarakku (Lac sticks).

Sandal wood (*Pterocarpus santalinus*)— $1\frac{1}{2}$ kasanohi each.

Kadugurogini (*Piororrhiza kurroa*).

Boil into decoction.

The kalkam medicines are to be ground well. One nashi (one-fourth measure) of coconut oil, must be added to the above decoction and then boiled and on the day it is to be strained, the milky juice of two copras or dried coconuts is to be added. Boil again until the whole is of arakkupakam.

Apply this on the head.

A patient—for a month's use may require three nashis.

Ther. use—For glandular swellings of the neck.

46. *Panchavalkaladhi Thailam*—

Bark of five varieties of figs.

Do. curcuma longa.

Hemidesmus indicus.

Made into a decoction.

KALKAM.

Gingelly oil.

Root bark of plantain.

Liquorice (*Glycyrrhiza glabra*).

Cinnamom bark (*Cinamomum zeylanicum*).

Vilamicham (*Andropogon muricatus*).

Koshtam (*Aplotaxis auriculata*).

Chandanam (*Santalinum*).

Prepare oil in the usual way.

Ther. use—Skin diseases, rheumatism, and leprosy.

47. *Vidanga Thaila*—

Chief ingredients are—

Vidangā (*Embelia ribes*).

Dantimula (*Croton tiglium*).

Swarjika (Carbonate of soda).

Ther. use—To be applied to the forehead. For relieving severe headache. Useful in hemiorania.

48. *Vishagharbha Thaila*—

Sesamum oil 4 seers.

Aconite root 8 tolas.

Karanja (seeds of *Pongamia glabra*)

Turmeric (*Curcuma longa*)

Daruharidra (wood of *Berberis aristata*)

Arka (root of *Calotropis gigantea*)

Karavira (*Nerium odorum*)

Tagara (flowers of *Tabernaemontana cornaria*)

Vacha (*Acorus calamus*)

Kushtha (*Aplotaxis auriculata*)

Red sandalwood (*Pterocarpus santalinus*)

Saptaparna (Bark of *Alstonia scholaris*)

Nirgundi (Leaves of *Vitex negundo*)

Madder

Asphota (*Valaris dichotoma*)

Malati (*Aganosma caryophyllata*)

Cow's urine 16 seers.

} Each 4 tolas.

The solid ingredients should be beaten into a paste with water and then boiled with the oil and cow's urine till the watery portion is evaporated.

Ther. use—Anodyne, sedative; useful in hemiorania, paraplegia, sciatica, neuralgia and lumbago.

49. *Abhayadi Modak*.—(in Tablets).

Chief ingredients are :—

Trivrit (*Ipoemea Turpethum*).

Sugar (*Saccharam*).

Dantimula (*Croton tiglium*).

Pippali (*Piper longum*).

Apalak (*Emblie myrabolans*).

Dose.—One to be taken as directed with warm water.

Ther. use.—Cathartic.

50. *Amrita-Guggulu*.—

Chief ingredients are—

Gudoochi (*Tinospora cordifolia*).
 Ela (*Elettaria cardamomum*).
 Vidanga (*Embelia Ribes*).
 Indrayava (*Holarrhena antidysenterica*).
 Triphala (The three myrobolans).
 Guggulu (*Balsamodendron mukul*).

Dose.—1 to 4 pills of 6 grains three times a day with water.

Ther. use.—Alterative, and tonic. Useful in rheumatism.

51. *Chandraprabha Gutika*.—

Chief ingredients are—

Trivrit (*Ipoemea turpethum*).
 Lantimoola (*Croton tiglium*).
 Twak (*Cinnamomum zeylanicum*).
 Ela (*Elettaria cardamomum*).
 Loha Bhasma (Iron bhasmam).
 Sugar (*Saccharam*).
 Vanshalochana (Bamboo manna).
 Yavakshara (Carbonate of potash).
 Swarjika (Carbonate of soda).
 Makshika Bhasma (Calcined iron pyrites).

Dose.—1 to 4 pills of 6 grains each three times a day with milk or water.

Ther. use.—Tonic, diaphoretic and diuretic; useful in albuminuria, phosphaturia, and gonorrhœa.

52. *Dhanwantari pills*.—

Dry ginger (*zingiber officinalis*).
 Kadukkai (*Chebulic myrabolans*).
 Omum (*Ptychotis ajowan*).
 Nelavemu (*Ophelia chiretta*).
 Cardamom (*Elettaria cardamomum*).
 Cinnamom seeds (*Cinnamomum zeylanicum*).
 Bark of the root of—
 Cheruchinta (*Solanum indicum*).
 Rudraksham (*Gomphrena globosa*).
 Davadaram (*Deodara devadara*).
 Patoha Karpooram (*Camphorae fragrans*).
 Kandhivenna (dried dung of a baby elephant).
 Saffron (*Sassafaras indica*).
 Secretion of the civet cat.
 Jawadhi.

All these in equal parts. First grind in decoction of cinnamom seeds and then in rose water.

Dose.—1 to 4 pills to be taken three times a day.

Ther. use.—Dyspepsia, hicough and indigestion.

53. *Gokshuradi Guggulu*.—

Chief ingredients are—

Gokshura (*Tribulus terrestris*).
 Guggulu (*Balsamodendron mukul*).
 Trikatu (the three Acrids).
 Triphala (the three Myrobolans).

Dose.—1 to 4 pills of 6 grains each three times a day.

Ther. use.—Diuretic, alterative and tonic. Useful in albuminuria, gonorrhœa and rheumatism.

54. *Mandura Loha*.—

Chief ingredients are—

Trikatu (the three Acrids).
 Chitraka (*Plumbago zeylanicum*).
 Vidanga (*Embelia ribes*).
 Makshika bhasma.
 Mandoora bhasma.

Dose.—1 to 4 pills of 2 grains each to be taken twice a day after food.

Ther. use.—Tonic and hæmatinic. Useful in asthma, general debility, sexual debility and enlargement of spleen.

55. *Punarnava Mandura*.—

Chief ingredients are—

Mandura Bhasma and *Berhavia diffusa*.

Dose.—1 to 4 pills of 2 grains each to be taken twice a day after food with milk.

Ther. use.—Tonic, hæmatinic. Useful in dropsy. Also in chlorosis, heart affections, general and sexual debility.

56. *Shoathakar Loha.*—

Chief ingredients are—

Trikatu (the three Acrids).

Loha bhasma (Calcined iron).

Yavakshara (Carbonate of potassium).

Dose.—1 to 4 pills of 6 grains each to be taken three times a day after food.

Ther. use—Tonic, hæmatinic, gastric stimulant and antacid. Useful in dropsy due to anaemia, Bright's diseases and heart affections.

57. *Trayodasanga Gugulu.*Bark of *Acacia arabica*.*Physalis flexuosa*.

Habusa (aromatic black stalks like those of black pepper)

Tinospora cordifolia.*Asparagus racemosus*.*Tribulus Languinosus*.The seeds of *Lettsonnia nervosa*.*Vanda roxburghi*.

Dill seeds.

Curcuma zerumbet.Seeds of *Ptychotis ajowan*.

Dry ginger.

One tola being taken of the pulv of each of these ;—

Balsamodendron mukhul 12 tolas and ghee 6 tolas.

At first rub or pound the exudation of *Balsamodendron* with the ghee and then mix the powder with it and convert it into pills of six grains each.

Dose.—1 to 4 pills three times a day.

Ther. use.—Useful in asthma and cystitis.

58. *Yogaraj Gugulu.*—Roots of *Plumbago zeylanicum*." *piper longum*.Seeds of *Ptychotis ajowan*." *Nigella Sativum*." *Embelia ribes*." *Chidium diffusum*." *Cuminum*.*Pinus deodara*.*Piper Chaba*.

Cardamoms.

Saindhava salt.*Aplotaxis auriculata*.*Vanda roxburghi*.*Tribulus Languinosus*.

Coriander seeds.

The Three *Myrabolans*.Tubers of *Cyperus rotundus*.

The Three Acrids.

Cinnamomum zeylanicum.Roots of *Andropogon Muricatus*.

Carbonate of potash.

Pinus webbiana.Leaves of *Cinnamomum tamala*.All in equal parts, pound and mix them together. Take also purified *Balsamodendron mukul* equal to the combined measure of all the above ingredients. First pound it with ghee and add powders previously made and pound them again with ghee and convert into pills of 6 grains each.

Dose.—1 to 4 pills.

Ther. use.—Useful in paraplegia and hemiplegia.

59. *Agnitundi Vati*—

Chief ingredients are—

Kajjali (Sulphide of mercury).

Trikatu (The three Acrids).

Chitraka (*Plumbago zeylanicum*).Two ksharas (*Yavakshra* and *Swarjikashara*).

Dose.—1 to 4 pills of one grain each with milk or water after meals.

Ther. use—Bitter, stomachic, tonic and stimulant. Useful in dyspepsia, indigestion, heart weakness, lumbago, anemia and sexual debility.

60. *Agni Rasa*—

Chief ingredients are—

Kajjali (Sulphide of mercury).

Haritaki (*Terminalia chebula*).Pippali (*Piper longum*).Bidhitakatwak (*Terminalia bellerica*).Yastimadhu (*Glycyrrhiza glabra*).Vasa (*Adhatoda vasica*.)

Dose.—20 to 60 grains to be taken with honey three times a day followed by milk.

Ther. use—Alterative, tonic, expectorant and anti-spasmodic. Useful in bronchitis, hoarseness of voice, asthma, pneumonia and other chest diseases.

61. *Agnisoot Rasa*—

Chief ingredients are—

Kajjali (Sulphide of mercury).

Shankha bhasma (Calcined conch).

Kapardi bhasma.

Maricha (*Piper nigrum*).

Dose.—2 to 8 pills of 1 grain each three times a day with rice water or whey.

Ther. use—Gastric stimulant and antiseptic. Useful in dyspepsia, diarrhoea and dysentery.

62. *Arogya Vardhana*—

Chief ingredients are—

Kajjali (Sulphide of mercury).
 Loha bhasmam (Iron bhasmam).
 Abbrak bhasma (Talc bhasmam).
 Tamra bhasma (Copper bhasma).
 Trifala (Three myrobalans).
 Silajit (Exudation from rocks).
 Gugulu (Balsamodendron mukul).
 Chitrak (Plumbago zeylanica).
 Katuki (Piororrhiza kurroa).

Dose.—1 to 4 pills of 5 grains to be taken three times a day with milk.

Ther. use—Alterative, aperient, and tonic; useful in dyspepsia.

63. *Agnikumara Rasa*—

Chief ingredients are—

Kajjali (Sulphide of mercury).
 Trikatu (the three Acrids).
 Swarjika (Carbonate of soda).
 Shankha bhasma (Conch shell bhasmam).

Dose.—1 to 2 pills to be taken twice a day.

Ther. use—Useful in colic, diarrhoea and indigestion.

64. *Brihat Chandrodaya Makardhwaja*—

Makaradhwaja (1 part).

Camphor

Nutmegs (*Myristica fragrans*)Black pepper (*Piper nigrum*)Cloves (*Eugenia caryophyllata*)

Musk (one-sixteenth part).

} each four parts.

Mix together and make into pills about ten grains each.

Dose.—1 to 2 pills twice a day with milk.

Ther. use—Tonic, useful in nervous and general debility, impotence, premature old age, etc.

These pills are enclosed and wrapped in betel leaves and chewed. Along with this medicine, a generous diet consisting of meat, ghee, pulses, etc. should be taken.

65. *Devkusumadi Rasa*—

Chief ingredients are—

Lavanga (*Eugenia caryophyllata*).
 Chaudana (*Santalum album*).
 Saffron (*Sassafera indica*).
 Mercuric chloride.

Dose.—1 to 4 pills of one grain each to be given three times a day.

Ther. use.—Alterative and tonic; useful in syphilitic affections.

66. *Ekangaveera Rasa*—

Chief ingredients are—

Kajjali (Sulphide of mercury).
 Vanga bhasma (Calcined tin).
 Loha bhasma (Calcined iron).
 Naga bhasma (Calcined zinc).
 Tamra bhasma (Calcined copper).
 Abharka bhasma (Calcined talo).
 Vishatinduka (*Nux vomica*).

Dose.—1 to 4 pills of 2 grains each to be taken twice a day.

Ther. use.—Tonic, alterative. Useful in hemiplegia, paraplegia and paralysis.

67. *Jatiphaladhi gutika*—

Nutmeg.

Arabian dates.

Opium.

All in equal measure—macerate in the expressed juice of betel leaves, pills are formed of three ratis each.

Dose.—1 to 4 pills of one grain each to be taken three times a day.

Ther. use.—Anodyne and astringent. Useful in dysentery, acute or chronic diarrhoea.

68. *Jalodarari Rasa*—

The chief ingredients are—

Piper longum.

Black pepper.

Copper.

*The pulp of the tubers of *curouma longa*

Take equal measures of these and pound for one day in the milky juice of *Euphorbia nerifolia*. To it, add the pulv of the seeds of *croton tiglium*, equal to the united measure of the drugs named above.

Dose.—1 to 3 pills of one grain each to be taken with water.

Ther. use.—Cathartic; useful in ascites and dropsy.

69. *Kriminudgara Rasa*—

	TOLAS.
Mercury	1
Sulphur	2
Seeds of <i>Cnidium diffusum</i>	3
<i>Embelia ribes</i>	4
<i>Strychnos nux vomicae</i>	5
Seeds of <i>Butea frondosa</i>	6

Pound all these together and convert into pill mass.

Dose.—1 to 4 pills of 5 grains each twice a day.

Ther. use.—Destroyer of all kinds of intestinal worms in three days.

70. *Kanak Sundara Rasa*—

Chief ingredients are—

Kajjali (Sulphide of mercury).

Datura seeds.

Dose.—1 to 3 pills of 2 grains each three times a day with sugar. Each pill contains one-third grain *datura* seeds.

Ther. use.—Diuretic, antispasmodic and anodyne; useful in neuralgia, retention of urine, and acute sore throat.

71. *Lakshmilas Rasa*—

Chief ingredients are—

Abhrak Bhasma.

Kajjali (Sulphide of mercury).

Camphor.

Datura seeds.

Cannabis Indica, etc.

Dose—1 to 4 pills of 2 grains each twice a day, wrapped in betel leaves followed by milk.

Ther. use.—Tonic, aphrodisiac, anodyne, useful in sexual debility, phthisis, asthma.

72. *Mriganka Rasa*—

Mercury .. 1 tola.

Bhasma of gold.. 1 „

Bhasma of pearls.. 3 tolas.

Sulphur 2 „

Fried borax .. 2 mashas.

Pound these in *Kanjika* and make a ball and when dry have it enclosed in a crucible and roasted in the apparatus called *lavana yantra*.

Dose—1 to 4 pills of 1 grain each with milk twice a day after meals.

Ther. use.—Tonic, hæmatinic and alterative; useful in phthisis.

73. *Maha Mrityunjaya Loha*—

Chief ingredients are—

Kajjali (Sulphide of mercury).

Abhraka bhasma.

Loha .. „

Tamra .. „

Yavakshara (Carbonate of potash).

Swarjika (Carbonate of soda).

Manoshila (Realgar).

Haritala (Orpiment).

Tutha (Sulphate of copper).

Dose—1 to 4 pills of 2 grains each twice a day after meals.

Ther. use.—Alterative, tonic, diaphoretic; useful in diseases of spleen, hepatic colic, asthma and headache. Also in malaria with enlargement of spleen.

74. *Maha Lakshmi Vilasa Rasa*—

	TOLAS.		TOLAS.
Mica	8	Camphor	4
Sulphur	4	Nutmeg flowers (<i>Myristica fragrans</i> (flower))	2
Mercury	2	Seeds of <i>datura fastuosa</i>	2
Tin	1	Nutmeg (<i>myristica fragrans</i>)	2
Silver	1	Gold	1
Swarnamakshika (Iron pyrites)	½		
Copper	4		

Pound all these together with the expressed juice of betel leaves and form pills of a grain each.

Dose—1 to 4 pills three times a day with milk.

Ther. use.—Tonic, alterative and hæmatinic; useful in phthisis, and general and sexual debility.

75. *Maha Jwarankusa Rasa*—

The ingredients are—

Mercury.	Iron.	Gold.
Sulphur.	Tin.	Mica.
Copper.	Swarnamakshika.	Red ochre.
Cinnabar.	Realgar.	Borax fried.
Orpiment.		

Taking these in equal measure, they are macerated for three days in the expressed juice of decoction of citrus acida of the variety called Gonra, the leaves of *Ocimum Sanctum*, the roots of *Plumbago Zeylanica*, the leaves of *Cannabis Sativa*, and the leaves of *Tamarindus Indica*. Pounding them together, pills are formed of the weight of 2 grains each.

Dose—1 to 4 pills to be taken three times a day.

Ther. use—Useful to check attacks of malarial fever.

76. *Mrityunjaya Rasa*—

Chief ingredients are—

Kajjali (Sulphide of mercury).
Aconite (*Aconitum ferox*).
Tankana (Borax).

Dose—1 to 3 pills of 1 grain each three times a day with water.

Ther. use—Diaphoretic, antipyretic and anodyne; useful in fevers, sore throat, neuralgia, and all acute inflammations as pneumonia, erysipelas and neuralgic affections.

77. *Nityananda Rasa*—

The ingredients are—

Mercury obtained from Cinnabar.
Sulphur.
Copper.
White brass.
Tin.
Yellow orpiment.
Sulphate of copper.
The ashes of conch shells.
The three acrids.
The three myrobalans.
Iron.
Embelia Ribes.
Panchalavana (The five salts).

Piper Chaba.
The roots of *Piper longum*.
Habusha.
Acorus calamus.
Curcuma zerumbet.
Cissampelos bernandifolia.
Pinus deodara.
Cardamom seeds.
Lettsomia nervosa.
Convolvulus Turpethum.
The roots of *Plumbago zeylanicum* and
the roots of *croton polyandrum*.

Take equal measures of these and pound them together with the decoction of *Chebulic myrobalans*. Make pills of 2 grains each.

Dose—1 to 4 pills to be taken three times a day.

Ther. use—Tonic and alterative; useful in elephantiasis.

78. *Naracha Rasa*—

Mercury (1 part).
Sulphur.
Black pepper.

Fried borax.
Piper longum (2 parts).
Dry ginger.

Seeds of danti (*Croton polyandrum*) divested of husk, equal to the united measure of the abovenamed drugs. Pound all these for three days in the exudation of *Euphorbia nerifolia*—Insert the pounded product within the hollow of a ripe cocconut and roast in strong fire. When the roasting is completed, take out the compound and form pills of one grain each.

Dose—1 to 3 pills as directed by the physician.

Ther. use—Useful in constipation, cirrhosis of the liver with ascites and dropsy.

79. *Narayana Jwarankusa*—

Chief ingredients are—

Arsenic.
Aconite.
Kajjali (Sulphide of mercury).

Haritaka (*Chebulic myrobalans*).
Trikatu (The three acrids).

Dose—1 to 4 pills of one grain each to be taken three times a day after food.

Ther. use—Antipyretic and antiperiodic; useful in malarial fever and anaemia.

80. *Panch Vakra Rasa*—

Chief ingredients are—

Kajjali (Mercury and sulphur).
Aconite (*Aconitum ferox*).
Maricha (*Piper nigrum*).
Pippali (*Piper longum*).

Dose—1 to 4 pills to be taken every three hours.

Ther. use—Useful in fevers and all local and acute inflammations, such as pneumonitis tonsillitis, etc.

81. *Ramban Rasa*—

Chief ingredients are—

Haritala (Orpiment).
Hingula (Ferrula assafotida).
Gandhaka (Sulphur).

Dose—1 to 4 pills, with ghee, three times a day after meals.

Ther. use—Tonic and antiperiodic. Useful in malaria when quinine is not tolerated.
Useful in chronic skin diseases, e.g., eczema, psoriasis, etc., and asthma.

82. *Shwasakutara Rasa*—

Mercury.	|	Realgar.
Sulphur.		Black pepper.
Aconitum ferox.		The three acrids.
Fried borax.		

Take equal measures of each of these, pound them together with water and make pills of 1 grain each.

Dose—1 to 4 pills to be taken three times a day.

Ther. use—Sedative and diaphoretic; useful in fevers and painful neuralgic affections.

83. *Sarvanga Sundara Rasa*—

Mercury	1 part.	|	Corals	1 part.
Sulphur	1 "		Calcedined conch shells	1 "
Fried borax	2 "		" gold	1 "
Pearls	1 "		Iron	} See infra.
			Cinnabar	

Macerate all these in the juice of Citrus acida, pound them together and make into a ball. Place this ball within a crucible and subject it to the process of roasting called Gajaputa in a strong fire. When cooled, take the ball out and pound the products. Add half a part of iron and cinnabar, (half the weight of iron) and mix them together. The measure of a dose is 2 grains and the vehicle is the pulp of Piper longum, or honey, or ghee or expressed juice of the betel-leaf, or sugar or the juice of ginger.

Dose—1 to 4 pills to be taken three times a day.

Ther. use—Alterative and sedative; useful in asthma and general debility.

84. *Smriti Sagar Rasa*—

Chief ingredients are—

Kajjali (Mercury and sulphur).
Manoshila (Realgar).
Haritala (Orpiment).
Tamra bhasma (Copper bhasmam).

Dose—1 to 4 pills of 1 grain each to be taken twice a day with Brahmi Ghrita followed by milk.

Ther. use—Alterative, tonic; useful in epilepsy and mania.

85. *Shanka Rasa* (Shanka Vati)—(in tablets)

Chief ingredients are—

Shankh bhasma (Conch shell bhasmam).
Chinchakshara (Tamarindus Indica).
Five salts (Five salts).
Trikatu (Three acrids).
Kajjali (Mercury and sulphur).
Aconite (Aconitum ferox).

Dose—1 to 4 tablets to be taken twice a day.

Ther. use—Useful in indigestion, intestinal colic and tympanitis.

86. *Trishuvan Keerti Rasa*—

Chief ingredients are—

Basasindura (Mercurial preparation (red oxide)).
Aconite (Aconitum ferox).
Trikatu (The three acrids).
Pippali moola, Piper longum (root).

Dose—2 to 6 pills of 1 grain each to be given every two hours, until fever subsides.

Ther. use—Anodyne, antipyretic and diaphoretic; useful in high fevers and all local acute inflammations, such as those of pneumonia, erysipelas and painful neuralgic affections.

87. *Trailokya Chintamani Rasa*—

Chief ingredients are—

Kajjali (Sulphide of mercury).
Heerak bhasmam (Calcined diamond).
Suvarna bhasmam (" gold).
Raupya bhasmam (" silver).
Tamra bhasmam (" copper).
Abhraka bhasmam (" talc).
Mukta bhasmam (" pearl).
Pravala bhasmam (" coral).

Vaikrant bhasmam (Caloined diamond).

Haritala (Orpiment).

Manashila (Realgar).

Aconite (*Aconitum ferox*).

Dose—1 to 3 pills three times a day.

Ther. use—Useful in gastric disorders, general debility, asthma, phthisis, diarrhoea, colic, anæmia, sexual debility, etc.

88. *Vatari Rasa*—

Mercury	1 part.
Sulphur	2 parts.
The three myrabolans	3 "
Roots of <i>Plumbago zeylanicum</i>	4 "
Exudation of <i>Balsamodendron mukhul</i>	5 "

Pound these together with castor oil.

Dose—1 to 4 pills of 2 grains each to be taken three times a day.

Ther. use—All sorts of nervous diseases.

89. *Vadvanal Rasa*—

Chief ingredients are—

Kajjali (Sulphide of mercury).

Pancha lavana (Five salts).

Yavakshar (Carbonate of potash).

Swarjikakshar (Carbonate of soda).

Tankana (Borax).

Dose—1 to 4 pills of 5 grains each three times a day.

Ther. use—Stomachic, antacid, and carminative, indigestion, dyspepsia.

90. *Vataraktantaka Rasa*—

Take in equal measures of—

Mercury.

Sulphur.

Iron.

Tubers of *Cyperus rotundus*.

Orpiment.

Realgar.

Boerhaavia diffusa.

Pinus deodara.

Roots of *Plumbago zeylanicum*.

Serratula anthelmintica.

Berberis asiatica.

Clitorea ternatea of the white variety.

Macerate them thrice in the decoction of the myrabolans, and the expressed juice of the leaves of *verbesina calandulacea* and make pills of the size of the seeds of *phaseolus radiatus*.

Dose—1 to 4 pills of 2 grains each to be taken three times a day.

Ther. use—Useful in nervous diseases.

Silajit.

Exudation of *Balsamodendron mukhul*.

Embelia ribes.

The three myrabolans.

" acrids.

Sea-froth.

91. *Vasanti Kusumakar Rasa*—

Chief ingredients are—

Vaikrant bhasma (Diamond Bhasmam).

Suvarna " (Gold ").

Abhrak " (Talc ").

Mukta " (Pearl ").

Praval " (Coral ").

Vanga " (Tin ").

Dose—1 to 4 pills of 1 grain each, three times a day with milk.

Ther. use—General tonic; useful in diabetes insipidus, sexual debility, phthisis, asthma and general weakness.

92. *Maha Yogaraja Guggulu*—

Chief ingredients are—

Guggulu (*Balsamodendron mukhul*).

Triphala (The three myrabolans).

Vanga bhasma (Tin bhasmam).

Baupya " (Silver ").

Naga " (Zinc ").

Loha " (Iron ").

Abhrak " (Talc ").

Rasa sindura (Mercurial preparation red oxide).

Mandura bhasma (Caloined Iron oxide).

Dose—1 to 4 pills of 1 grain each, three times a day.

Ther. use—Alterative; tonic. Useful in synovitis, paraplegia, hemiplegia and other nervous affections.

93. *Chathurmuka Rasa*—

Mercury	}	One part each.
Sulphur		
Iron		
Mica		
Gold		

Pound these together with the expressed juice of *Aloe Indica* and make into a ball. Cover this ball with the leaves of *Bicinus communis*, and keep it for three days within a heap of paddy. Take it out after that period, and make pills of one grain each.

Dose—1 to 4 pills, to be taken twice a day after meals.

Ther. use—Tonic and haematinic; useful in phthisis, asthma and anaemia.

94. *Mahatiktha Ghritham*—

Chief ingredients are—

Saptaparna (*Alstonia scholaris*).
Katuki (*Picrorrhiza kurroa*).
Patha (*Cissampelos pareira*).
Parpat (*Oldenlandea herbacea*).
Moorva (*Clematis triloba*).
Vasa (*Acorus calamus*).
Sariva (*Hemidesmus indicus*) and other bitter tonics.

Dose— $\frac{1}{2}$ to 2 tolas, to be taken twice a day.

Ther. use—Bitter tonic and alterative; useful in skin diseases.

95. *Pranadhi Gutika*—

Chief ingredients are—

Haritaki (*Chebulic myrabolana*).
Shunti (*Zingiber officinale*).
Mariha (*Piper nigrum*).
Pippali (*Piper longum*).
Pippali moola (Root of *piper longum*).
Sugar (*Saccharum*).

Dose—1 to 4 tablets, to be taken twice a day with water.

Ther. use—Laxative and alterative; useful in dyspepsia and constipation.

96. *Rasna Gugulu*—

Chief ingredients are—

Rasna (*Vanda Rosburghii*).
Gugulu (*Bdellium*).

Dose—1 to 4 pills, to be taken three times a day.

Ther. use—Alterative and tonic; useful in sciatica, paraplegia, hemiplegia and other nervous affections.

97. *Kanchanar Guggulu*—

Chief ingredients are—

Kanchanartwak (*Bauhinia variegata*).
Triphala (The three myrabolans).
Trikatu (The three acrids).
Varuna (*Crataeva religiosa*).
Gugulu (*Bdellium*).

Dose—1 to 4 pills, to be taken three times a day with water.

Ther. use—Alterative and tonic; useful in scrofula, fistula, leprosy, ulcers, etc.

98. *Ohandrodaya No. 1 (Suvarna Ghatit makhardhwaj)*—

Dose—2 to 6 grains, to be taken twice a day with honey followed by milk.

Ther. use—Useful in sexual debility and nervous diseases.

Index of Formulae of Compounds.

Serial number and name of the drug.	Serial number and name of the drug.	Serial number and name of the drug.
1. Abhrak bhasmam.	31. Majoonai Khuvathiaibah.	65. Devkusumadi Rasa.
2. Coral bhasmam.	32. Kushmandaka Rasa- yanam.	66. Ekangaveera Rasa.
3. Mukta bhasmam.	33. Shrirag.	67. Jatiphaladhi Gutika.
4. Makshika bhasmam.	34. Abhayadhi.	68. Jalodarari Rasa.
5. Raupya bhasmam.	35. Decoction Dasamoola.	69. Krimimudgara Rasa.
6. Tamra bhasmam.	36. Guduchyadi Decoction.	70. Kanak Sundara Rasa.
7. Annabedhi sinduram.	37. Draksha Asava.	71. Laxmivilas Rasa.
7a. Ashta churnam.	38. Kutajaarista or fermented liquor of kutaja.	72. Mriganka Rasa.
8. Avipattikara churnam.	39. Loha-asava.	73. Maha Mrityunjaya Loha.
9. Arkamula churnam.	40. Adityapaka Thaila.	74. Maha Lakshmi Vilasa Rasa.
10. Chithrakamuladhi churnam.	41. Aswaghandha Bala Lakshathi Thailam.	75. Maha Jwarankusa Rasa.
11. Compound powder of Justicia Adhatoda.	42. Chakramarada Thaila.	76. Mrityanjaya Rasa.
12. Compound constipation.	43. Dadrugna ointment.	77. Nityananda Rasa.
13. Eladi churnam.	44. Ksheerabala oil.	78. Naracha Rasa.
14a. Leghu Gangadhara churnam.	45. Compound oil of Vitex negundo.	79. Narayana Jwarankusa.
14b. Vridha Gangadhara churnam.	46. Panchavalkaladbi Thailam.	80. Panch Vakra Rasa.
15. Kalyanaksharam.	47. Vidang Thaila.	81. Ramban Rasa.
16. Lavangadi churnam.	48. Vishagharbha Thaila.	82. Shwasakutara Rasa.
17. Musalyadi churna.	49. Abhayadi Modak.	83. Sarvanga Sundara Rasa.
18. Inhalation powder for influenza.	50. Amrita-Gugulu.	84. Smriti Sagar Rasa.
19. Rohitak churnam.	51. Chandraprabha Gutika.	85. Shanka Rasa (Vati).
20. Swayamagni.	52. Dhanwantari pills.	86. Tribhuvan Keerti Rasa.
21. Swadishta Virechan churnam.	53. Gokshuradi Gugulu.	87. Trailoyka Chinthamani Rasa.
22. Saraswathi churnam.	54. Mandura Loha.	88. Vatari Rasa.
23. Amritha Bhalataki.	55. Punarnava Mandura.	89. Vadvanal Rasa.
24. Amritha Prasa Ghritha.	56. Shoathahar Loha.	90. Vataraktantaka Rasa.
25. Abhayamalliki.	57. Trayodasanga Gugulu.	91. Vasant Kusumakar Rasa.
26. Aazairisah.	58. Yogaraj Gugulu.	92. Maha Yogaraja Gugulu.
27. Brahmi Ghritham.	59. Agnitundi Vati.	93. Chathurmuka Rasa.
28. Chyavanaprasa.	60. Agni Rasa.	94. Mahatiktha Ghritham.
29. Dasamoola Rasayanam.	61. Agnisoot Rasa.	95. Pranadhi Gutika.
30. Lagnadhi Ghritha.	62. Aarogya Vardhani.	96. Rasna Gugulu.
	63. Agnikumara Rasa.	97. Kanchanar Gugulu.
	64. Brihat Chandrodaya Makardhwaja.	98. Chandrodaya No. I (Svvarna Ghatit- makardhwaj).

APPENDIX No. 6.

Statement showing the diseases treated by Ayurvedic and Unani medicines from
12th July 1918 to 31st December 1919.

Names of diseases treated.	Total number of in-patients treated.	Results.				Total number of out-patients.	Total both in- and out-patients.
		Cured.	Relieved.	Discharged otherwise.	Died.		
Asthma	13	..	13	..	..	13	31
Bronchial catarrh	1	1	..	..	..	1	17
Acute bronchitis	8	3	1	..	..	4	46
Chronic bronchitis	10	2	6	2	..	8	18
Tubercular phthisis	31	..	14	7	..	6	37
Pneumonia	3	2	..	..	..	..	2
Influenza	10	7	1	1	1	81	91
Influenza, capillary bronchitis	1	..	..	..	1	..	1
.. broncho-pneumonia	18	5	1	2	4	..	12
Whooping cough .. .. .	..	..	..	..	..	1	1
Pharyngitis .. .. .	..	..	..	..	..	1	1
Tonsilitis .. .. .	..	..	..	..	..	1	1
Relaxed throat .. .. .	..	..	..	..	..	1	1
Indigestion .. .. .	..	..	..	..	..	7	7
Gastric catarrh .. .. .	..	..	..	..	..	1	1
Colic intestinal	1	1	..	..	..	4	5
Dyspepsia .. .. .	..	..	..	..	..	23	23
Chronic gastritis	12	7	4	1	..	30	32
Constipation	8	8	..	..	..	168	166
Diarrhoea	1	1	..	..	..	19	20
Chronic diarrhoea	2	..	2	..	..	1	2
.. enteritis	2	1	1	..	..	1	2
Dysentery (acute and chronic)	15	11	1	3	..	70	85
Dilatation of stomach	3	1	1	1	..	..	3
Lead colic	1	..	1	..	..	..	1
Haemorrhoids .. .. .	..	..	..	..	..	1	1
Pyrexia of uncertain origin .. .. .	..	..	..	..	..	46	46
Remittent fever .. .. .	..	..	..	..	..	1	1
Hysteria	1	1	..	..	..	1	2
Epilepsy	1	..	..	1	..	6	7
Hemiplegia	5	..	3	2	..	..	5
Neuralgia .. .. .	..	..	..	..	..	16	16
Facial Paralysis	1	..	1	..	..	3	4
Lumbago	1	1	..	..	..	6	6
Neurasthenia	2	..	1	1	..	..	2
Glycosuria	1	1	..	..	..	..	1
Diabetes insipidus	2	1	1	..	..	..	2
Diabetes mellitus	6	1	3	2	..	1	7
Constitutional syphilis	1	..	1	..	..	2	3
Taenia .. .. .	..	..	..	..	..	84	84
Psoriasis .. .. .	..	..	..	..	..	3	3
Scabies .. .. .	..	..	..	..	..	25	25
Eczema .. .. .	..	..	..	..	..	4	4
Ascaris lumbricoides	5	4	..	4	..	111	119
Dysuria .. .. .	..	..	..	..	..	1	1
Dysmenorrhoea .. .. .	..	..	..	..	..	4	4
Gonorrhoea .. .. .	..	..	..	..	..	14	14
Gleet .. .. .	..	..	..	..	..	3	3
Acute rheumatism	2	2	..	..	..	..	2
Chronic rheumatism	2	..	1	1	..	17	19
Gonorrhoeal rheumatism	1	1	..	..	..	1	2
Acute Bright's disease	4	2	..	2	..	2	6
Chronic Bright's disease	9	7	1	1	..	..	9
Anaemia from ankylostomiasis	9	4	3	2	..	1	10
Anaemic dropsy .. .. .	..	..	..	..	..	2	2
Malarial fever	9	4	5	..	..	269	268
Malarial fever and asthma	2	..	1	1	..	..	2
Malarial enlarged spleen	11	1	6	5	..	4	15
Enlarged spleen and Kala-azar	3	..	2	1	..	1	4
Jaundice catarrhal .. .. .	..	..	..	..	..	3	3
Cirrhosis of the liver and ascites	17	4	4	7	2	..	17
Spleno-medullary leukaemia	1	..	..	1	..	..	1
Hepatitis	1	1	..	..	..	1	2
Infantile biliary cirrhosis .. .. .	..	..	..	..	..	6	6
General debility	1	1	..	..	..	10	11
Dilatation of the heart	1	..	1	..	..	1	2
Leprosy Anaesthetic	6	..	4	2	..	6	12
Leprosy tubercular	4	..	2	2	..	2	6
Lymphatic fever and elephantiasis	1	..	1	..	..	2	3
Scrofula (tubercular glands) .. .. .	..	..	..	..	..	1	1
Peripheral neuritis	1	..	1	..	..	..	1
Total	327	80	86	58	8	1,234	1,461

APPENDIX No. 7.

The following substances were analysed by the Chemical Examiner, Madras, and included in the preliminary report.

1. A sample of Poornachandrothayam which is supposed to contain gold was obtained from Venkataramana Dispensary, Mylapore. Some of the Indian physicians doubt whether gold which is not volatile is present in the compound. Chemical Examiner's report showed that the sample contained gold.
2. Specific powder—vide Notes No. 22. This was found to consist of mostly ferric oxide traces of gold, lime sulphates.
3. Poonier Chunan—vide prescription No. 32 contained lime, sodium oxide, potassium oxide, alumina, carbonic acid and chlorine.
4. Coral Basmam—vide prescription No. 32 contained calcium carbonate and sulphide.
5. Tale Basmam—vide prescription No. 35 contained alumina, magnesia and silica.
6. Iron Kalpam—vide prescription No. 36 contained ferric oxide and some vegetable powder.
7. Vasantha Kusumakaram contained mercury, gold, iron, lime, silica, alumina and traces of tin.
8. Karooba and Pearl Basmam contained mostly resinous product resembling benzoin and traces of lime were also present in the ash.

Substances analysed by the Chemical Examiner, Madras.

VEGETABLE DRUGS.

1. Chempullanhi (*Colycopterus Floribunda*)—yields an extract whose colour reactions resemble those of Santonin.
2. *Eclipta Prostrata*—contains a resin the identity of which could not be ascertained. It does not yield the reactions of Podophyllin.
Neither Glucosides nor alkaloids were detected in them.
3. *Phyllanthus Niruri*—Alkaloids Nil.
Glucosides Nil.
4. *Adenema Hyssopifolia*—Alkaloids Nil.
Glucosides Present.
5. *Vernonia anthelmintica*—Alkaloids Nil.
Glucosides Present.
6. *Asteracanthus Longifolia*—Alkaloids Nil.
Glucosides Nil.

MINERALS.

7. Mukta Basma—mostly calcium carbonate.
8. Raupya Basma—metallic silver.
9. Tamra Basma—mixture of metallic copper and copper oxide.
10. Abraka Basma—plenty of silica and alumina with traces of iron (1,000 times calcined).
11. White powder—Calemel.
12. Brihat chandrodaya Makaradwaja—vegetable matter, silica, alumina, gold and mercury with traces of iron. No alkaloids were detected in it.
13. Vasanthakusmakara Rasa—Vegetable matter, alumina, lime, mercury and gold. No alkaloids were detected.
14. Smrithisagara Rasa—vegetable matter, copper, mercury and arsenic. No alkaloids were detected in it.

APPENDIX No. 8.

List of some of the important Indian drugs suggested to be included in the lectures on Materia Medica.

- | | |
|-----------------------------------|--------------------------------------|
| 1. Aconitum Heterophyllum. | 21. Alstonia Scholaris. |
| 2. Nigella Sativum. | 22. Holarrhena Antidysenterica. |
| 3. Tinospora Cordifolia. | 23. Calotropis gigantea and procera. |
| 4. Berberis Aristata or Asiatica. | 24. Tylophora Asthmatica. |
| 5. Argemone Mexicana. | 25. Ipomoea Turpethum. |
| 6. Hydnocarpus Inebrians. | 26. Adhathoda Vasica. |
| 7. Urginea Indica. | 27. Euphorbia pilulifera. |
| 8. Tribulus Terrestris. | 28. Plumbago Zeylanicum. |
| 9. Toddalia Aculeata. | 29. Podophyllum Emodi. |
| 10. Ailanthus Malabaricum. | 30. Harpezia Monniera. |
| 11. Azadirachta Indica. | 31. Phyllanthus Niruri. |
| 12. Semicarpus Anacardium. | 32. Garcinia Morella. |
| 13. Butea Frondosa. | 33. Soymida Febrifuga. |
| 14. Caesalpinia Bonducellae. | 34. Citrus Colocynth. |
| 15. Myrabolans (the three). | 35. Hemidesmus Indica. |
| 16. Hydrocotyle Asiatica. | 36. Kaladana (Ipomoea Hederacea). |
| 17. Vernonia Anthelmintica. | 37. Boerhaavia Diffusa. |
| 18. Eclipta Prostrata. | 38. Asteracanthus Longifolia. |
| 19. Picorrhiza Kurroa. | 39. Jatamansi (Valerian Indica). |
| 20. Asparagus Racemosus. | 40. Cassia Fistula. |

APPENDIX No. 9.

A summary of the methods of treatment by medicated oils, etc., peculiar to Malabar and the West Coast.

It is said that Malabar vaidyans are able to cure many diseases which are considered incurable by the physicians of other parts of India and that the secret of their success is attributable to these special methods of treatment adopted by them. Of these methods one of the most important is treatment by douching or applying medicated fluids in a stream, as described below.

Douching.

Douching is done either to the scalp or to the entire body or to a limb or part of the body. For proper douching, the services of an experienced and skilful vaidyan is required and certain apparatuses are necessary. Of the latter, the two most important are—

(a) A wooden-plank shaped like a flat boat of proper length and breadth with raised edges, holes for the fluid to run out, handles for the patient to hold on, etc.

(b) A mud-pot of superior clay with a central hole at the bottom through which a wick suspended from within the pot hangs.

This arrangement is for douching on the scalp with medicated fluids. For douching over the entire body except the head two sets of 4 mud vessels with side tubules to hold the medicated fluids are required. Local douching may be carried out with a pair of pots with side tubules or with the pot arrangement for douching the head. Douching for the eye is generally done in a funnel made out of jack tree leaf with a fine hole at the bottom. The medicated fluid is placed in the vessels. The liquids generally used for douching are—

- | | |
|---------------------|-------------------------|
| (1) Medicated oils. | (5) Human milk. |
| (2) Milk. | (6) Certain decoctions. |
| (3) Buttermilk. | (7) Cold water, etc. |
| (4) Cocconut water. | |

Of these, the most important is douching by buttermilk. The buttermilk has to be very carefully prepared from pure milk after adding certain drugs and boiling. When milk is used for douching, fresh drawn milk must be used or if that is not possible milk should be previously boiled with certain drugs. Medicated oils and clarified butter should be made warm for douching. Certain precautions are also necessary in douching with human milk, cocconut water, fermented rice water, decoction, etc. There are several minute details to be attended to in the proper performance of douching such as, the extent of motion to be given to the pot containing the fluid, preparation of the wick, of the oil for application to the head, and of the medicines for internal use, selection of servants, temperature of the water for bathing, etc.

Treatment by douching of the scalp is generally resorted to in cases of insanity, chronic headache, ozeana, facial paralysis, etc. Douching of the whole body is done in cases of paralysis and other affections resulting from disorders of the wind humour. Local douching is done to relieve acute and chronic inflammatory affections of the joints, certain diseases of the eyes, etc.

(b) Massage with medicated oils.

This is generally done where patients find it difficult to undergo treatment by douching on account of its expensiveness or for want of time. In this process the patient is made to lie on the special wooden plank already mentioned. The medicated oil for the scalp is then applied, and thereafter, the oil specially prepared for application to the body is warmed and applied, all over the body by four men with the aid of pads made out of rags. After this, gentle massage to the whole body is given by these men. Massage should be done in the prone, supine, and side positions and every now and then fresh warm oil should be applied during its course. Patients are generally advised to use paste of green gram for removing the oil from the body when washing after massage.

For washing the head, water in which, emblic myrabolans are boiled should be used.

Diet—chillies should be altogether avoided.

Tamarind must at least be one year old.

Salt must be pure or saindava salt must be used.

Pepper instead of chillies and ghee instead of cocconut oil may be used.

Buttermilk is allowed.

Mutton may be used.

Fish, gingally seeds, black gram, spirits, yam, tuberous roots, pumpkins, brinjals, drumsticks, etc., should be avoided.

Cucumber, Momordica Indica, plantains, gooseberry, green gram, and snake gourds are allowed in the form of curry. Cold water is not allowed, but water in which cyperus rotundus or ginger is boiled may be used. Exposure to heat, cold, rain, high winds and smoke must be avoided.

Another form of massage used is what is known as Navarakishi. In this process boiled medicated navarai rice is used along with warm medicated oils for massage, either in the form of pads or in the form of porridge by direct manual application. This treatment is resorted to in chronic diseases of the nervous system, paraplegia, hemiplegia, chronic rheumatism, dyspepsia and neuralgias.

Application of Medicated oils to the head.

There are four different ways in which this is carried out. First is Sirodhara which has already been described as douching or pouring in a stream of medicated oils or other fluids on the head.

Second is Sirovasthi.

Sirovasthi.

This is considered to be a very important method of treatment and is supposed to give relief in all diseases occurring in the upper part of the body caused by the derangement of the wind, humour such as headache, hemicrania, certain diseases of the eye, earache, noises in the ear, facial paralysis, dryness of the mouth, dryness of the nose, giddiness and all disorders of the cerebral nerves. The process consists in applying a leather ring $4\frac{1}{2}$ " or more in breadth all round the head and fixing its lower margin to the skin by a paste of phaseolus mungosa and then filling the cavity thus formed on the top of the head with luke warm medicated oil. The oil is generally retained till the pain is relieved or a discharge from the nose and eyes comes out. After that, the oil is removed and the head is washed with warm water. The oil has generally to be kept on the head from half an hour to one hour according to the cause of the disorder—derangement of phlegm, bile or wind.

The third form of the application is Pichu and is done by applying to the scalp cotton soaked in oil.

The fourth is called Abhyanga in which the medicated oil is simply rubbed on the head.

OFFICE OF THE HONORARY PHYSICIAN,
GENERAL HOSPITAL, MADRAS,
2nd August 1920.

No. 29.

From

M.R.RY. RAO BAHADUR M. C. KOMAN AVARGAL, L.M.S.,
HONORARY PHYSICIAN, GOVERNMENT GENERAL HOSPITAL,
AND OFFICER IN CHARGE OF INVESTIGATION
INTO INDIGENOUS DRUGS,
MADRAS.

To

THE HON'BLE THE SURGEON-GENERAL
WITH THE GOVERNMENT OF MADRAS,
MADRAS.

SIR,

I have the honour to submit herewith my third report on the investigation into indigenous drugs.

Appended herewith are—

1. Single drugs investigated.
2. Compound drugs investigated.
3. Formulæ of compound preparations.
4. Summary of drugs and compound preparations investigated with index.
5. Statement showing the diseases treated.
6. List of drugs and compound preparations mentioned in the first or second report and given further trial.
7. Summarised statistics of leper patients with notes.
8. List of drugs and compound preparations, investigated from the commencement of investigation to 31st August 1920.

I have the honour to be,

Sir,

Your most obedient servant,

M. C. KOMAN,
*Officer in charge of Investigation into
Indigenous Drugs, Madras.*

APPENDIX-I.

*Single drugs investigated.*1. *Anamirta cocculus*—

Natural order—Menispermaceæ.

Vernacular names—Tam., Kakka-kolli-verai; Tel., Kakkamari; Mal., Nanjin Kuru.

The seeds of this plant which are said to be deadly poisonous to the crow, fish and bugs are said to possess reputed anti-parasitic properties. An ointment containing 80 grains of finely powdered seeds to one ounce of vaseline was used as external application in ringworm. Cases of one to two months' duration were cured by a few days' application, but chronic cases did not derive benefit from its use.

Picrotoxin, a crystalline principle obtained from the seeds, is used in very minute doses by the western practitioners as a nervine tonic in epilepsy, chorea and other spasmodic diseases and also to give relief in night sweats of phthisis.

2. *Alstonia scholaris*—

This drug is considered by vaidyans to possess strong anti-malarial properties. In my last report, I mentioned that its action was very slow. On a further trial of this drug I have found that it does not possess all the virtues attributed to it in the Hindu Pharmacopœia.

3. *Aegle Marmelos (Bael)*—

Natural order—Rutaceæ.

Vernacular names—Tam., Vilva-pazham; Tel., Bilva-pandu; Mal., Vilvam.

The fruit of this tree is said to be very efficacious in cases of chronic diarrhoea and dysentery especially so in children suffering from these ailments. In cases of chronic constipation, it is said to act as a laxative. A liquid extract of this fruit was tried in several cases of dysentery and diarrhoea and found to be generally useful. A syrup of the pulp of this fruit was administered to a few cases of chronic enteritis. The patients derived benefit after long continued use. The Hakims consider it as a mild intestinal stimulant and give it in chronic disorders of the intestines.

4. *Alpinia Chinensis (Alpina galanga)*—Lesser galangal.

Natural order—Zingiberaceæ.

Vernacular names—Tam., Chitharathai; Tel., Sanarashtram; Mal., Chithrathai.

Hakims ascribe to this drug tonic, stomachic, carminative, stimulant and aphrodisiac properties. It is generally prescribed by vaidyans in combination with liquorice, long pepper and tail-pepper in cases of bronchitis and as a stomachic tonic. A decoction of this drug was tried in several cases of bronchial catarrh with beneficial effect.

5. *Agathi Grandiflora*—

Natural order—Leguminosæ.

Vernacular names—Tam., Akathi; Mal., Agathi; Tel., Avisi.

The leaves of this plant are said to be laxative, anti-bilious and tonic. A strong decoction of the leaves was tried in several cases of constipation with little or no effect. It is said that the juice of the flowers of this plant when blown into the nostrils causes copious discharge of fluid, thereby relieving the pain and sense of weight in nasal catarrh and headache.

6. *Aristolochia Bracteata*—

Natural order—Aristolochiaceæ.

Vernacular names—Tam., and Mal., Aduthinnaun palai; Tel., Gaddithaigadapara.

This plant is used by Hindu Physicians on account of its bitter purgative and anthelmintic properties. Bruised leaf mixed with castor oil is applied externally in obstinate cases of eczema of the legs in children. A decoction of the root 1 in 10 in doses of 1 to 2 ounces was given three times a day to suspected cases of round worms followed by castor oil and was found to be generally efficacious in expelling round worms.

7. *Aristolochia Indica*—

Natural order—Aristolochiaceæ.

Vernacular Names—Tam., Perumarindu; Mal., Eswara mulla; Tel., Eswaramulli.

In Tamil country, the vaidyans use this drug in malarial fevers. The juice of the leaves of the plant is said to be a specific antidote for cobra poisoning. The root is also used for the same purpose. The powdered root is given in honey for leucoderma. A decoction of the root of this plant was given to cases of malarial fever; the result was unsatisfactory.

8. *Amoora Rohitaka*—

Natural order—Meliaceæ.

Vernacular names—Tam., Shem-maram; Mal., Shem-maram; Tel., Chawa manu.

This drug is said to have special effect on liver and spleen on account of its alterative properties. It is said to be useful in enlarged liver and spleen. In my last report I mentioned that, in the single case of enlarged spleen in which it was tried, it did not do any good. Since then this drug has been administered to cases of enlarged spleen and enlargement of liver of infants and the result was unsatisfactory.

9. *Andropogon Muricatus*—

Natural order—Gramineæ.

Vernacular names—Tam., Vettiver; Mal., Vilamioham; Tel., Vattiveru.

The roots of this plant are used in making fans and screens known as cuscus tatties. A decoction of the roots is given as a cooling drink to quench thirst in fevers. This was given to several cases of fevers and was found to possess the property of assuaging excessive thirst.

10. *Aplotaxis auriculata* or *Saussurea auriculata*—

Natural order—Compositæ.

Vernacular names—Tam., Koshtam; Mal., Koshtam; Tel., Koshtam.

Koshtam, the root of *Aplotaxis auriculata*, enters into several recipes or prescriptions for cough, asthma, dyspepsia, skin diseases and chronic rheumatism as it is said to possess stimulant antispasmodic and alterative properties. An infusion of the root was given to cases of chronic rheumatism as an alterative; the result was unsatisfactory.

11. *Althæa officinalis*—

Natural order—Malvaceæ.

Vernacular names—Tukhmi-Khitmi (Hindustani).

An infusion of the flowers of this mallow was given to cases of bronchial catarrh and bronchitis, but no beneficial result was observed in any of the cases.

12. *Boerhaavia diffusa*—

This drug whose synonym 'Sothaghni' stands for killer of dropsy is considered to be a sovereign remedy for dropsy. To verify what has been stated in my previous report, this drug was administered in the form of a liquid extract in cases of chronic Bright's disease with general dropsy. It was found to be a good diuretic, the dropsy diminishing gradually with the increase in the flow of urine.

13. *Bryonia Scabrella*—

Natural order—Cucurbitaceæ.

Vernacular names—Tam., Musimusikkayi; Tel., Pottibndamu; Mal., Mukkalpiram.

This drug enters into some of the compound preparations for chronic diseases in which cough is a predominant symptom probably on account of its expectorant properties. It was administered to cases of bronchitis and asthma but the action was found to be slow and unsatisfactory.

14. *Corallocarpus Epigæa* or *Bryonia Epigæa*—

Natural order—Cucurbitaceæ.

Vernacular names—Tam., Akasha-garudhan; Tel., Nagadonda; Mal., Kadamba.

The root of this creeper is said to possess alterative and laxative properties. It is usually given in syphilitic rheumatism and later stages of dysentery. A decoction of the powdered root was given to cases of chronic mucous enteritis and dysentery. The cases of mucous enteritis derived considerable benefit from its use. The decoction did not do any good in cases of acute dysentery.

15. *Cassia occidentalis*—

Natural order—Leguminosæ.

Vernacular names—Ponnah-virai; Tel., Kasindha; Mal., Ponnahviram.

The whole plant is purgative, alterative and expectorant. The seeds are purgative. A decoction of the powdered seeds 1 in 10 was given in doses of $\frac{1}{2}$ to 2 ounces to cases of constipation and found to act as a mild purgative.

16. *Cassia sophera*—

Natural order—Leguminosæ.

Vernacular names—Tam., Peria thagarai; Mal., Ponnathagarai; Tel., Thangedu.

A decoction of the whole plant is said to be useful in diminishing urine and also to act as an expectorant. This decoction was administered to cases of acute bronchitis and was found to give relief.

17. *Carthamus tinctorius*—

Natural order—Compositæ.

Vernacular names—Tam., Uhenduruk; Mal., Chendurakam; Tel., Kusumbha.

A decoction (1 in 20) of the powdered seeds was administered to cases of constipation. The action was very mild and in majority of cases it did not produce the desired effect.

18. *Cassia Fistula*—

Natural order—Leguminosæ.

Vernacular names—Tam., Chera-kondrakayee; Mal., Konna; Tel., Kondrakayee.

The pulp contained in the pods of this tree has long been used medicinally both by the Hindu and Unani physicians as a cathartic. It is a favourite purgative drug prescribed by the Hakims and vaidyans.

A confection made up of the pulp (free from the seeds) with equal quantity of sugar was administered in doses of $\frac{2}{3}$ to 4 drachms to adults and was found to possess satisfactory action as a purgative. It did not cause any irritation or discomfort to the patients.

19. *Chirata*—*Andrographis Paniculata*.|

The properties of this drug have already been reported upon last year. A preparation of this drug in the form of an essence was obtained from Bengal Chemical Works, Calcutta and was administered to a large number of patients as a bitter stomachic tonic and during convalescence after malarial and other fevers. The essence promoted appetite and the patients felt stronger under its course.

20. *Cistorea ternatea*—

Natural order—Leguminosæ.

Vernacular names—Tam., Kodi-kakkanam; Mal., Shankbupushpam; Tel., Dintana.

The seeds are cathartic and the root diuretic. The powdered seeds in combination with ginger powder were found to have laxative action. Some of the patients complained of griping pain in the lower abdomen.

21. *Chavica Roxburghi* or *Long Pepper* (Root of)—

Natural order—Piperacæ.

Vernacular names—Tam., Tippili; Tel., Modi; Malayalam, Tippali-ver.

Thippali or dried immature fruits of *chavica roxburghi* and *pippalimoola*, the sliced root of the same plant, are largely used in Hindu medicine as stimulating expectorants in chest affections and as carminative and alterative in dyspepsia and mild forms of paralysis. Hakims attribute aphrodisiacal, diuretic and emmenagogue properties to them. They also consider them as resolvent of enlarged liver and spleen. These drugs in the form of decoction were extensively used in acute and chronic bronchitis attended with cough and were found to give gradual relief in all such cases.

22. *Cæsalpinia sappan* (*Sappan wood*)—

Natural order—Leguminosæ.

Vernacular names—Tam., Vartangi; Mal., Chappangam; Tel., Bukkapu Chettu.

Sappan wood is largely used as a dyeing agent and very large quantities are consumed in the preparation of gulal, the red powder with which Hindus coat themselves at the time of the holy festival. A decoction of the wood is said to be very useful in curing dysentery and diarrhœa. I have given it an extended trial and found to give relief in mild cases of dysentery and diarrhœa.

23. *Coccinia Indica*—(*Cephalandra Indica*).

Natural order—Cucurbitacæ.

Vernacular names—Tam., Kovai; Tel., Dondatiga or Kakidonda; Mal., Kova.

The leaves of this plant are boiled in gingelly oil and applied externally in ringworm psoriasis, itch, etc. The oil is also used as an application for ulcers, and as an injection into chronic sinuses. Internally the decoction of the leaves and stem is said to be expectorant, anti-spasmodic and useful in bronchial catarrh and bronchitis. I have not found either in the oil or the decoction any of the properties mentioned above.

24. *Cordia Myxa*—

Natural order—Boraginæ.

Vernacular names—Tam., Perianaru valli; Mal., Naru-vari; Tel., Nakkoru chettu.

Demulcent, said to be useful in bronchial affections and in irritation of the urinary passages. A decoction of the fruit was administered to cases of bronchitis with negative result.

25. *Cassia alata* (Ringworm shrub)—

Natural order—Leguminosae.

Vernacular names—Tam., Sheema agathi; Mal., Sheema agathi; Tel., Sheema avisi.

The paste of the leaves was used as an external application in several cases of ringworm of the body and was found to be efficacious in recent cases but in chronic cases the drug failed to bring about a cure.

26. *Emblie myrabolans*—

Natural order—Euphorbiaceae.

Vernacular names—Tam., Nellikayi; Mal., Nellikayi; Tel., Usarikayi.

In my preliminary report, I have mentioned about this drug being one of the constituents of 'Triphala' or the three myrabolans which are employed in a large number of diseases both by Ayurvedic and Unani Physicians. This myrabolan is prescribed by them largely in dyspepsia and bilious headache.

Vaidyans ascribe cooling properties to it. In chronic headache, biliousness and in mental excitement, water in which these beleric myrabolans are boiled over night is used the following morning, for douching the head to produce cooling effect on the brain. There is no doubt, head baths given in this manner for a number of days produces gradual lessening of the excitement. But whether the effect produced is the result of the myrabolans or the cold water, I am unable to say. The moraba or preserve of the pulp of these myrabolans is generally used by Hakims in palpitation of the heart, biliousness and dyspepsia. In some of these cases the drug has been found to give relief. These myrabolans are considered to possess refrigerant, diuretic and laxative properties. In Hindu houses, when the fruits are available in quantity, they are made into pickles and eaten with food to stimulate the appetite.

27. *Euphorbia nerifolia*—

Natural order—Euphorbiaceae.

Vernacular names—Tam., Ilai-kalli; Mal., Ilai-kalli; Tel., Akujemudu.

The white milky juice of this plant is a purgative and expectorant. For purgative action it is administered internally by soaking other purgatives in it so that by absorption of the juice, their purgative properties may become increased. A succus consisting equal parts of the juice of this plant and simple syrup was prepared and administered in doses of 10 to 20 minims three times a day in cases of asthma and was found to give relief to the fits of that disease.

28. *Eurycoma longifolia*—

Natural order—Simarubaceae.

Vernacular names—Tam., Usi-thagarai; Tel. ? Mal. ?

This small plant is a native of the Malayan Peninsula. The root of this plant is said to be a specific in malarial fever next only to quinine. A decoction of this drug 1 in 10 in $\frac{1}{2}$ to 1 ounce doses was administered to mild cases of malarial fever and was found to be useful in those cases.

29. *Erythrina indica*—

Natural order—Leguminosae.

Vernacular names—Tam., Kaliyana murukka; Tel., Badithapu chettu; Mal., Kalyana murukku.

The leaves and the bark of this plant are used as febrifuge. The leaves are crushed and applied to rheumatic joints to relieve pain. The Tamil vaidyans use the juice of the leaves mixed with castor oil for the cure of acute or chronic dysentery. Equal quantities of the juice of the leaves and castor oil in drachm doses three times a day were given to about half a dozen cases of acute dysentery without any benefit.

30. *Eugenia jambolans*—

Natural order—Myrtaceae.

Vernacular names—Tam., Naval; Mal., Naval; Tel., Neredu.

The bark and the fruit of this plant are astringent. A decoction of the bark and the decoction of the fruits are said to be useful in acute and chronic dysentery. Several mild cases of dysentery were cured by the administration of the decoction, but in acute and severe cases more powerful remedies had to be substituted.

31. *Fumaria parviflora*—

Natural order—Fumariaceae.

Vernacular names—Tam., Thura; Tel., Chatharasi.

This plant is said to possess the properties of taraxacum. It is used also as an alterative, aperient and antifebrile drug. Decoctions of the entire plant was given to cases of mild pyrexia and the result was unsatisfactory.

32. *Hemidesmus indicus* (*Sarasaaparilla*)—

Natural order—Asclepiadaceae.

Vernacular names—Tam., Nannari; Mal., Nannari; Tel., Sugandhipala.

Sarasaaparilla is considered by vaidyans to possess blood purifying, alterative and tonic properties to a considerable extent. A liquid extract of the drug was given as a tonic in skin diseases and as an alterative in chronic rheumatism. The action was found to be very slow in the few cases that improved under it.

33. *Holarrhena-antidyenterica*—

The properties of this drug have already been reported upon. This drug which is considered to be the principal medicine for dysentery in Hindu medicine was given a further extended trial. In the dysentery of children in doses of 15 to 30 drops and in that of adults in doses of 1 to 2 drams, the liquid extract gave very satisfactory result in almost every case.

34. *Hyssopus officinalis*—

Natural order—Labiatae.

Vernacular names—Hindustani—Zupha. ●

This is said to possess diaphoretic, expectorant and stomachic properties and to be useful in asthma, chronic bronchitis, amenorrhoea and sorethroat. A decoction of the flowers of this plant from Persia was given in cases of asthma and chronic bronchitis and found to be a useful remedy in those complaints. (Vide notes in my first report for a compound preparation of the drug.)

35. *Indigofera aspalathodes*—

Natural order—Leguminosae.

Vernacular names—Tam., Shivanar vembu; Mal.; Manali.

This is one of the important ingredients of the specific oil for syphilitic and other skin diseases. A decoction of the entire plant is given as an alterative in secondary syphilis, psoriasis etc.; on a trial of the decoction, I did not find it to possess any of the properties attributed to it.

36. *Luffa amara*—

Natural order—Cucurbitaceae.

Vernacular names—Mal., Athanga; Tel., Chèdhu beers; Tam., peybeeraka.

The entire plant is said to possess laxative and purgative properties and is also said to be useful in skin diseases and asthma. It is said to be an antidote to snake-poisoning. A decoction of 1 in 10 was administered to cases of asthma and was found to give relief in that disease by producing copious expectoration.

37. *Michelia champaca*—

Natural order—Magnoliaceae.

Vernacular names—Tam., Shampangi; Tel., Sampangi; Mal., Champakam.

The bark of this tree is said to possess alterative, stomachic and emmenagogue properties. A decoction of the bark 1 in 20 was tried in half to 1-ounce doses in mild cases of chronic gastritis. After using it for several days, the patients obtained considerable relief from the pain and discomfort in the epigastrium with which they were troubled but none of the cases was completely cured.

38. *Mesua Ferrea*—

Natural order—Guttiferai.

Vernacular names—Tam., Cheru-naagapu; Tel., Naga kesara; Mal., NagaChambagam.

The unripe fruits of this plant are aromatic and sudorific. The flower buds are used in dysentery. A syrup of flower buds 1 in 10 was used in acute cases of dysentery in the out-patient department; mild cases were cured by its use but in very acute and severe cases, it was found to be inefficacious.

39. *Melia azadirachta*— ●

A further trial was given to neem in the form of an essence in doses varying from 1 to 10 drops in water in chronic skin diseases such as itch, boils, eczema, the drug improved the general condition of the patients and thereby indirectly assisted other methods of treatments adopted in those diseases.

40. *Mallotus philippensis*—

Natural order—Euphorbiaceae.

Vernacular names—Tam., Kopila-podi; Mal., Poonagam; Tel., Benduruppu.

This granular brick red powder consisting of small glands covering the ripe fruit, is said to be an anthelmintic in cases of thread and round worms and a purgative. It was tried in the form of a liquid extract in doses of 1 to 3 fluid drachms every 3 hours until three doses were administered. A purgative of castor oil was given thereafter. It was found to be efficacious in expelling round and thread worms.

41. *Malva sylvestris*—

Natural order—Malvaceæ.

Vernacular names—Persi, Kitmii-kuchak.

This mallow is said to possess mucilaginous, demulcent and cooling properties. It is used in affections of the mucous membrane of the pulmonary tract and of the urinary bladder. It was given a fair trial in bronchial catarrh and bronchitis but the result was disappointing.

42. *Melia azadirach*—

Natural order—Meliaceæ.

Vernacular names—Tam., Malai-veppam; Mal., Malai-vembu; Tel., Kondavepa-chettu.

A decoction of the bark of this jungle neem was used as a bitter tonic and anti-periodic in dyspepsia and malarial fevers respectively. It was found to be an efficient bitter tonic but had no anti-malarial properties.

43. *Nelumbium speciosum*—

Natural order—Nymphaeaceæ.

Vernacular names—Tam., Thamarai; Tel., Thamara; Mal., Thamarapu.

The seeds of this aquatic shrub are said to be demulcent and nutrient. The flowers are said to be cooling, astringent, and expectorant. A syrup of the dried flowers was used in $\frac{1}{2}$ ounce doses and was found to be efficacious in curing mild cases of dysentery.

44. *Oldenlandia herbaceæ*—

Natural order—Rubiaceæ.

In addition to a liquid extract, a decoction of this drug 1 in 10 was tried in mild cases of malarial fever of a low remittent type and was found to do good in a few of those cases. This drug enters into the combination of several decoctions for fevers mentioned in Sanskrit medical works.

45. *Oldenlandia Umbellata*—

Natural order—Rubiaceæ.

Vernacular names—Mal., Chaya-ver. Tam., Imbura ver. or ohiru ver; Tel., Chiru-veru.

The leaves and root of this plant are considered to possess strong expectorant property and are prescribed in cases of bronchial catarrh, bronchitis and asthma. A decoction of the root 1 in 10 was given in doses of $\frac{1}{2}$ to 1 ounce a day to cases of bronchitis and asthma. In the former disease, the patients were cured after a few days use of the decoction but in the latter, the drug gave only temporary relief.

46. *Ocimum sanctum*—

Natural order—Anacardiaceæ.

Vernacular names—Tam., Odiyamaram; Mal., Udhimaram; Tel., Oddimanu.

The bark of this tree is very strongly astringent and is recommended for dysentery and diarrhoea. A decoction of the bark 1 in 10 was administered in one ounce doses to cases of diarrhoea and dysentery and the result was very unsatisfactory.

47. *Pistia stratiotes*—

Natural order—Aroidæ.

Vernacular names—Tam., Akasa Tamarai; Tel., Anthara thamara; Mal., Akasathamarai

This drug is recommended for external application and internal use in weeping ulcers, eczema and leprosy. An oil was prepared by boiling the juice of the leaves in coconut oil and used externally in chronic skin diseases. Relief was obtained in a number of cases.

48. *Psoralea corylifolia*—

Natural order—Leguminosæ.

Vernacular names—Tam., Karpokkarishi; Tel., Bawuchee; Mal., Karpokkari.

The seeds of this plant are used by the vaidyans for cure of leucoderma and also to give relief in leprosy. A tincture and an oleate of Bawuchee are sold by druggists in the shops. Powdered seeds were given internally to a case of leucoderma along with the application of oleate of Bawuchee to the affected parts. In the course of a few days the patches showed signs of redness from congestion but the gastrointestinal tract was so much irritated that the patient refused to undergo further treatment. I have administered the tincture along with the external application of Bawuchee in a few cases of leucoderma without any benefit. A compound ointment of the powdered seeds of psoralea corylifolia and the seeds of cassia tora with lime juice was tried in cases of ringworm with marked beneficial results.

49. *Pinus Deodara*—

Natural order—Coniferæ.

Vernacular names—Tam., Devadarau; Mal., Devadaram; Tel., Devadara.

It is considered to possess diaphoretic, diuretic and carminative properties and to be useful in fevers, flatulence and urinary disorders. A decoction of this drug was administered to cases of chronic fevers and the result was unsatisfactory.

50. *Plantago ispaghula*—

Natural order—Plantaginæ.

Vernacular names—Tam., Iakol-verai; Tel., Ispagula-vithula. Mal., Ispagul.

Ispagul seeds have demulcent and diuretic properties and are generally used in inflammatory conditions of the mucous membrane of gastro-intestinal and genito-urinary tracts. They are generally given in the water of tender coconuts. The seeds were given in the form of an infusion in cases of specific urethritis and found to relieve considerably the burning and irritation accompanying the disease.

51. *Rhus succedanea*—

Natural order—Anacardiaceæ.

Vernacular names—Tam., Karkatastringi; Mal., Karkataaringi; Tel., Karkatastringi.

Karkatastringi or what is known in Tamil as karkapu consists of thorn-like excrescences caused by insects on the branches of *Rhus succedanea*. The drug is considered to be tonic, expectorant, and astringent. It was given to infants suffering from diarrhoea and dysentery, and was found to be an efficient astringent in such cases. Many cases were cured by its administration.

52. *Saraca Indica*—

Natural order—Leguminosæ.

Vernacular names—Tam., Ashogam; Tel., Asoka; Mal., Aashogam.

This is considered to be an excellent uterine tonic by the vydians and it is specially recommended in menorrhagia and leucorrhœa. It is supposed to act as a prophylactic against all uterine disorders. A liquid extract of the bark of this plant which is strongly astringent was administered to cases of menorrhagia and found to do considerable good. The action was slow. It took on an average three days to produce the desired effect.

53. *Scindapsus pertusa*—

Natural order—Aroidæ.

Vernacular names—Tam., Atti-tippli; Mal., Atti-tippili, Tel., Gajja-pippali.

The fruit of this plant is considered to be carminative, stimulant and to be useful in diseases caused by the derangement of phlegm humour such as diarrhoea, asthma. A decoction of the sliced fruit of this plant was tried in cases of asthma and found to act as an expectorant; it did not diminish the severity of the fit.

54. *Smilax Chinensis*—

Natural order—Smilacæ.

Vernacular names.—Tam., Paranki-pattai; Mal., China-paivu; Tel., Parangi-Chekkai.

The use—Diaphoretic, stimulant and alterative; useful in rheumatism, epilepsy, scrofula and tertiary syphilis.

The decoction of this drug in doses of $\frac{1}{2}$ to 1 ounce was tried in cases of chronic and subacute rheumatism with unsatisfactory results.

55. *Soymida febrifuga*—

Natural order—Meliacæ.

Vernacular names—Tam., Shemmaram; Tel., Somida-manu.

The bark of this tree is said to be a bitter tonic and a good anti-malarial like cinchona. A decoction of the bark 1 in 20 was given in one ounce doses three times a day in cases of malarial fever and found to be beneficial. The action was not only very slow but very inferior to that of the alkaloids of cinchona.

56. *Sphaeranthus Hirtus* or *Indicus*—

Natural order—Compositæ.

Vernacular names—Tam., Kottak Korandai; Tel., Bodasoram; Mal. Adakkamanian.

This small plant was used in the form of a decoction as a diuretic in urethritis. The seeds of the plant are said to be anthelmintic. The paste of the root bark when applied locally is said to give relief, in cases of bleeding piles. This drug was administered in the form of decoction in cases of specific urethritis. The result was unsatisfactory.

57. *Solanum ferox*—

Natural order—Solanacæ.

Vernacular names—Tam., Ana-chundai; Mal., Vellothuvazhulina; Tel., Molakkayi.

This is one of the ingredients of Dasamoola and is generally prescribed for fevers in which bile humour is at fault. A decoction of the entire plant was administered to cases of different varieties of fevers; the drug was not found to possess any diaphoretic or antipyretic action.

58. *Solanum trilobatum* or *trifoliatum*—

-Natural order—Solanaceæ.

Vernacular names—Tam., Tutuvelai; Tel., Mundlamushti; Mal., Tutavalam.

The leaves, seeds and flowers of this plant are said to be useful in the form of a decoction in relieving the cough of consumption and bronchitis. It enters into the composition of compound medicines for chronic bronchitis. A decoction of the entire plant 1 in 10 was administered to cases of acute and chronic bronchitis and was found to be useful in those diseases. This is considered to be a home remedy for all kinds of cough.

59. *Solanum Indicum*—

Natural order—Solanaceæ.

Vernacular names.—Tam., Karimulli; Tel., Thella mullaka; Mal., Cheru-ohunda-cheruvazhuhena.

This is one of the ingredients of the ten roots (dasamoola). It is said to possess diaphoretic, diuretic and expectorant properties. Its root enters into the composition of several compound decoctions for fevers, cough and dysuria. A decoction of the root of this plant was given to cases of bronchitis attended with fever; the result was unsatisfactory.

60. *Solanum jacquini*—

Natural order—Solanaceæ.

Vernacular names—Tam., Kandakathiri; Mal., Kantakari; Tel., Nela-mulaka.

This drug is said to be useful in cough, asthma, sore-throat etc. A decoction of the entire plant was administered to cases of asthma and bronchitis without any appreciable benefit.

61. *Terminalia Arjuna*—

The bark of this tree is considered invaluable in heart diseases, where combined stimulant and tonic action is necessary. It is also recommended in dropsy arising from heart troubles. I have reported unfavourably about the efficacy of this drug in heart cases in my previous report. A further trial was given to this drug in the form of a liquid extract in six cases of valvular diseases of the heart with failure of compensation. The patients did not derive any benefit from its use.

62. *Tinospora cordifolia*—

Since submitting my last report, this drug was given another fair trial in the form of a liquid extract in several cases of malarial fever both in children and adults. Its action was found to be very slow. The drug had to be administered for several days before even mild cases were cured. In chronic cases, it did not do any good, although it is a reputed medicine in the Hindu Pharmacopœia for all fevers.

63. *Tephrosia purpurea*—

Natural order—Leguminosæ.

Vernacular names—Tam., Kollukkayi-velai; Tel., Vempali; Mal., Kozhinbil.

This drug is said to be useful in cough and in derangement of the kidneys. A decoction of the drug 1 in 10 was administered in one ounce doses to cases of Bright's disease with dropsy, and found to possess diuretic properties in a mild degree.

64. *Tylophora asthmatica* (Country Ipecacuanha)—

Natural order—Asclepiadæ.

Vernacular names.—Tam., Nayi palai; Mal., Valli pala; Tel., Veri-pala.

The leaves and the root bark of this plant are said to possess emetic, diaphoretic, and expectorant properties just like the ipecacuanha of the British Pharmacopœia. Its use as a substitute for ipecac in the treatment of dysentery and its value as an emetic were well known to the early European practitioners of India. A decoction of the leaves 1 in 10 and infusion of the root bark are generally used for these purposes. I have used this drug in cases of dysentery, asthma and bronchitis and found it to give satisfactory results in those diseases.

65. *Tragia cannabina*—

Natural order—Euphorbiaceæ.

Vernacular names—Tam., Cheru kanjuru; Mal., Cheru kodithuva; Tel., Doolagoendi.

The root of this plant has diaphoretic property and is therefore given in fevers to cause perspiration. A decoction of this root 1 in 10 was found to be useful in relieving bronchitis and the attendant fever.

66. *Vernonia anthelmintica*—

Natural order—Compositæ.

Vernacular names—Tam., Kattu-shiragam; Mal., Kattu-jeerakam; Tel., Adivi-jeelakara.

To confirm what I have stated in my previous report, a good sample of this drug was obtained from Zandu Pharmacy, Bombay, and given a fair trial in cases of round worms, in doses of 20 to 60 grains; the result was completely satisfactory.

APPENDIX II.

Compound drugs investigated.

ARISHTAS.

1. *Abahya Arishtam*—

Composition—vide prescription No. 1.

Dose— $\frac{1}{4}$ to 1 ounce.

Ther. use—In piles, indigestion, ascites, enlarged spleen and habitual constipation.

This fermented compound decoction of chebulic myrabolans was given to cases of atonic dyspepsia and constipation, the effect was very slow and the result was not satisfactory.

2. *Pippali Arishta*—

Composition—vide prescription No. 2.

Dose— $\frac{1}{4}$ to 2 tolas twice a day.

Ther. use—Useful in asthma, cough and piles, etc.

This fermented decoction was administered to patients suffering from bronchitis and asthma and found to give them relief very slowly.

ASAVAS.

3. *Kanaka Asava*—

Composition—vide prescription No. 3.

Dose— $\frac{1}{4}$ to 2 tolas twice a day after meals.

Ther. use—Expectorant and antispasmodic; said to be useful in asthma and phthisis.

Asthmatic patients generally derived much benefit from its use for a week or two.

4. *Kumari Asava* (fermented decoction of aloe vera)—

Composition—vide prescription No. 4.

Dose— $\frac{1}{4}$ to 2 tolas twice a day after meals.

Ther. use—Alterative and antispasmodic; said to be useful in asthma, colic, flatulence and chronic constipation.

This asava containing about 70 drugs was administered to several cases of asthma and was found to produce very beneficial effect on the disease.

AVALEHAS, GRITHAMS, SYRUPS AND CONFECTIONS.

5. *Asoka Ghritam*—

Composition—vide prescription No. 5.

Dose— $\frac{1}{4}$ to 1 tola to be taken twice a day.

Ther. use—Useful in leucorrhœa and menorrhagia.

The bark of this drug is reputed in ayurveda to be a specific in all uterine affections especially in menorrhagia. This compound ghee was administered to several cases of menorrhagia with marked beneficial effect in checking hæmorrhage in cases of menorrhagia and metrorrhagia.

It was also given in cases of leucorrhœa with very satisfactory results.

6. *Annosh-daroo*—

Composition—vide prescription No. 6.

Dose— $\frac{1}{4}$ to $\frac{3}{4}$ tola two or three times a day.

Ther. use—Said to improve digestion.

This confection was given to cases of atonic dyspepsia with loss of appetite and was found to do good to those cases.

7. *Agasthya Rasayanam*—

Composition (vide prescription No. 7).

Dose—1 to 2 tolas twice a day or two myrabolans daily.

Ther. use—Useful in general debility, chronic bronchitis; cough, consumption, etc.

This confection is said to have been prepared first by saint Agasthya—hence its name; it was administered to long-standing cases of chronic bronchitis associated with asthma and emphysema and was found to be beneficial in all such cases. There was marked decrease in the cough and hard breathing and the patients generally gained strength.

8. *Confection Dhaiphal* (*woodfordia floribunda*)—

Composition—vide prescription No. 8.

Dose—1 to 2 drs.

Ther. use—Stimulant and astringent.

This compound confection gave satisfactory result in dysentery. It is said to be useful in checking hæmorrhages and discharges like menorrhagia and leucorrhœa.

9. *Dhatryavaleha* (compound confection of *Emblig myrabolans*)—

Composition—vide prescription No. 9.

Dose— $\frac{1}{4}$ to 1 tola to be taken with milk twice a day.

Ther. use—Stimulant and expectorant; said to be useful in cough and bronchitis.

This confection was administered to cases of chronic bronchitis and was found to give relief.

10. *Dava-ul-musk*—

Composition—vide prescription No. 10.

Dose— $\frac{1}{4}$ to $\frac{1}{2}$ tola to be taken twice a day with milk.

Ther. use—Gives strength to the cardiac muscles, useful in functional affections of the heart. Also strengthens the central nervous system.

This confection whose important ingredients are pearls, amber, silk-cocoons, silver leaves, and musk is no doubt a nervine tonic. This was given to a patient suffering from neurasthenia in $\frac{1}{4}$ tola doses. It did give tone to the nerves of the patient but the effect was very gradual.

11. *Gulgulu thikthakam*—

Composition—vide prescription No. 11.

Dose— $\frac{1}{4}$ to 1 ounce.

Ther. use—Useful in leprosy and other skin diseases, scrofula, piles, diabetes, consumption, ozena, heart disease, anæmia, asthma, etc.

This medicated ghee was administered to cases of chronic psoriasis and the patches gradually disappeared.

12. *Jawarish-ai-amela*—

Composition—vide prescription No. 12.

Dose— $\frac{1}{4}$ to $\frac{1}{2}$ tola two or three times a day.

Ther. use—Said to improve digestion; useful in stomatitis; removes excess of heat from the body.

This confection, whose chief ingredient is *phyllanthus emblica*, is said to be useful in diseases of the digestive system such as stomatitis, gastritis, atonic dyspepsia. In all these conditions, the confection was found to give relief and to generally improve the appetite.

13. *Jawarishai sulaimani*—

Composition—vide prescription No. 13.

Dose— $\frac{1}{4}$ to $\frac{1}{2}$ tola three times a day.

Ther. use—Useful in diarrhoea, dyspepsia, indigestion, etc.

This confection whose chief ingredients are carminative drugs like cumin seeds, mentha sativum, pepper, cinnamon and ginger is said to do good in diarrhoea, dyspepsia, heart burn, indigestion and vomiting. This was given as an appetizer and for improving digestion in cases of atonic dyspepsia. In these cases it acted like the carminative mixture of the hospitals.

14. *Jawarishai-Thurush*—

Composition—vide prescription No. 14.

Dose— $\frac{1}{4}$ to $\frac{1}{2}$ tola twice a day.

Ther. use—Useful in cases of indigestion due to acidity of the stomach.

This confection was found useful in giving relief in chronic gastritis and in atonic dyspepsia. It increased appetite to a marked degree.

15. *Kantakari Avaleha* (compound confection of *solanum zanthocarpum*)—

Composition—vide prescription No. 15.

Dose— $\frac{1}{4}$ to 2 tolas to be taken with milk.

Ther. use—Expectorant, diuretic and aperient.

This confection was administered to patients suffering from asthma and bronchitis and found to be very useful in those diseases.

16. *Khamirai Abrasham*—

Composition—vide prescription No. 16.

Dose— $\frac{1}{4}$ to $\frac{1}{2}$ tola.

Ther. use—Useful in all cardiac affections. Palpitation is effectively relieved. It is also a good nervine tonic.

From the nature of the ingredients (gold leaf, silver leaf, pearl, ruby, silk-cocoons, valerian, etc.) it can easily be inferred that this compound confection must be a powerful nervine tonic. It was given to cases of nervous palpitation. Although the general condition of the patients improved, the confection did not do any good to palpitation.

17. *Laboobai Sagheer*—

Composition—vide prescription No. 17.

Dose— $\frac{1}{4}$ to 1 tola with two or three ounces of milk.

Ther. use—Useful in polyuria due to kidney affection, increases and thickens the semen. Builds up the nervous tissue and also the kidney tissue.

This confection was given to patients suffering from neurasthenia and nervous debility, the patients did not derive any benefit even after protracted use.

18. *Mansa sarpishi*—

Composition—vide prescription No. 18.

Dose— $\frac{1}{4}$ to 1 ounce.

Ther. use—In insanity, epilepsy and lethargy.

This was administered to a case of epilepsy for a number of days; the patient did not derive any benefit.

19. *Majoonai Mussafi*—

Composition—vide prescription No. 19.

Dose— $\frac{1}{4}$ to $\frac{1}{2}$ tola twice a day.

Ther. use—Purifies the blood, relieves constipation, cures chronic ulcers and other skin affections.

This was tried in habitual constipation and skin diseases like psoriasis and itch. It did not do any good in those affections.

20. *Majoonai sual*—

Composition—vide prescription No. 20.

Dose— $\frac{1}{2}$ to 1 tola twice a day.

Ther. use—Said to be an expectorant and useful in bronchitis.

This confection was found useful in cases of bronchial catarrh and mild cases of bronchitis.

21. *Majoonai malarial fever*—

Composition—vide prescription No. 21.

Dose— $\frac{1}{2}$ to $\frac{1}{2}$ tola twice a day.

Ther. use—Said to be useful in malaria and by long continued use said to bring about reduction of enlarged spleen.

This confection was tried in several cases of malarial fever, the patients did not derive benefit from its use.

22. *Mahatsktha Ghritham*—

Composition—vide prescription No. 22.

Dose— $\frac{1}{2}$ to 2 tolas to be taken twice a day.

Ther. use—Bitter tonic and alterative, useful in chronic skin diseases and leprosy.

This ghritham was given to cases of chronic psoriasis. Patients derived benefit from its use; the patches became thin and gradually disappeared.

23. *Majumi-e-tel*—

Composition—vide prescription No. 23.

Dose—1 to 4 drs. twice or thrice a day.

Ther. use—Useful in dyspepsia, congestion of liver and anorexia.

The bark of *prunus pudum* is said to possess bitter tonic and sedative properties. The compound confection *majumi-e-tel* whose chief ingredients are *prunus pudum*, valerian, nutmeg, long pepper, cubebs, etc., was administered to cases of painful dyspepsia and was found to be unsatisfactory.

24. *Madhusnuhi Rasayanam*—

Composition—vide prescription No. 24.

Dose— $\frac{1}{2}$ to 1 tola in milk.

Ther. use—Restores loss of appetite and taste, useful in consumption, diabetes, abdominal disorders, skin diseases, nervous debility, etc.

This rasayanam was administered to cases of chronic psoriasis. After continued use, the patches became thin and gradually disappeared.

25. *Neelini Ghritham*—

Composition—vide prescription No. 25.

Dose— $\frac{1}{2}$ to 1 ounce.

Ther. use—Useful in colic, abdominal pains, enlarged spleen, ascites, etc.

This was given to cases of dysmenorrhœa, the result was unsatisfactory.

26. *Panchagaviya Ghritham*—

Composition—vide prescription No. 26.

Dose— $\frac{1}{2}$ to 1 ounce.

Ther. use—In insanity, epilepsy and lethargy.

This medicated ghee was given to a case of epilepsy for a few weeks; there was not the slightest improvement noticed.

27. *Syrupus Hyssopus officinalis* (compound syrup of zupha)—

Composition—vide prescription No. 27.

Dose— $\frac{1}{2}$ to 1 ounce twice a day.

Ther. use—Carminative, diaphoretic and emmenagogue.

This syrup was administered to cases of dyspepsia, chronic bronchitis, and asthma. It gave relief to those cases. It is also said to be useful in amenorrhœa. On trial it did not give satisfactory result in this disorder.

28. *Syrup Brahmi*—

Composition—vide prescription No. 28.

Dose—1 to 2 drs. twice after meals.

Ther. use—Useful in hysteria, epilepsy, insanity and mental derangements, also useful in hoarseness and for improving the voice.

This drug was given a further trial in the form of syrup to cases of epilepsy; the intervals of the occurrence of fits became longer after its continued use but in no case there was complete cure (vide herpestis monnieria in report II).

BHASMAMS.

29. *Abrak bhasmam* (talc calcined 1,000 times) —

Composition—vide prescription No. 29.

Dose—2 to 6 grains to be taken twice a day in honey.

Ther. use—Useful in phthisis and debility of old age, gives strength to the body.

This was given to two cases of diabetes and found to give temporary relief; the quantity of sugar gradually decreased under its use; but in both cases there never was complete disappearance of the sugar from the urine.

30. *Naga bhasmam* (calcined zinc).

Composition—vide prescription No. 30.

Dose— $\frac{1}{2}$ to 2 grains.

Ther. use—Said to be useful in urinary disorders.

It was given to cases of gonorrhoea; the result was unsatisfactory.

31. *Thalaka bhasmam* (calcined yellow orpiment)—

Composition—vide prescription No. 31.

Dose— $\frac{1}{2}$ to 2 grains.

Ther. use—Useful in cough, bronchitis and fever. This bhasmam was given to cases of bronchitis attended with fever and was found to have beneficial effect.

32. *Sringa bhasmam*—

Composition—vide prescription No. 32.

Dose—6 to 12 grains.

Ther. use—Useful in gonorrhoea and urethritis.

This bhasmam prepared out of hart's horn is said to have a sedative and soothing effect on the inflamed mucous membrane of the urethra. It was tried in cases of specific urethritis but the effect was disappointing.

33. *Fanga bhasmam*—

Composition—vide prescription No. 33.

Dose—2 to 6 grains.

Ther. use—In gonorrhoea, calculus and other urinary diseases.

This preparation was found to bring about a cure in acute specific urethritis. There is no doubt from what I have seen that in acute gonorrhoea it has the power of destroying gonococci when internally administered.

34. *Yesada bhasmam*—

Composition—vide prescription No. 34.

Dose—1 to 3 grains.

Ther. use—Dyspepsia, stomachache and urinary diseases.

This bhasmam, which is said to have been prepared from zinc, was given in two cases of chronic gastritis and was found to give relief to the symptoms in both those cases.

CHURNAMS.

35. *Bhoonimbadi churna* (compound powder of Chirata, Pierorrhiza, etc.)—

Composition—vide prescription No. 35.

Dose—20 to 60 grains to be taken three times a day.

Ther. use—Bitter tonic, antiperiodic and gastric stimulant.

This compound powder was administered to cases of chronic diarrhoea, dysentery, chronic gastritis and as a stomachic tonic to cases of anorexia after fevers. It was found useful in these diseases but the action was very slow.

36. *Chaturooshana churna*—

Composition—vide prescription No. 36.

Dose—10 to 60 grains twice a day.

Ther. use—Said to be useful in colic, and flatulence; cough and coryza.

This is a compound preparation containing chavica rox-burghi, piper nigrum, dry ginger and root of chavica rox burghi. This was given to patients with flatulence and intestinal colic and was found to be useful in those cases.

37. *Jatpaladhy churnam* (compound powder of Nutmeg)—

Composition—vide prescription No. 37.

Dose—12 to 24 grains twice a day in honey.

Ther. use—This powder is said to be useful in headache, asthma, colic, neuralgia, acute mania, menorrhagia and dysmenorrhoea.

It was administered to cases of asthma, lumbago and menorrhagia and was found to yield satisfactory results.

38. *Katphaladhi churnam*—

Composition—vide prescription No. 38.

Dose— $\frac{1}{2}$ to 1 dram twice a day in honey.

Ther. use—Stimulant, astringent and diaphoretic; useful in fevers, diarrhoea and dysentery.

This powder was given to cases of dysentery and the patients derived benefit from its use.

39. *Kapithashtak churnam*—

Composition—vide prescription No. 39.

Dose—10 to 40 grains to be taken before meals with water.

Ther. use—Said to act as a good astringent, stomachic and stimulant.

This compound preparation was found useful in acute dysentery and diarrhoea.

40. *Madanadhivaman* (compound powder of *Bandia Dumetorum*).

Composition—vide prescription No. 40.

Dose—20 to 60 grains as an emetic, 5 to 15 grains as an expectorant.

Ther. use—Expectorant and emetic; said to be useful in bronchitis and chest affections.

The fruit of *Bandia Dumetorum* is one of the principal emetics in the Indian Pharmacopoeia. This compound powder was given as an emetic in acute cases of bronchitis and asthma and by producing emesis, it gave much relief in acute bronchitis and asthma. The powder has also strongly marked expectorant properties.

41. *Pulo. Smilax Officinalis Co.* (Anti-rheumatic unani powder)—

Composition—vide prescription No. 41.

Dose— $\frac{1}{2}$ tola to be taken twice a day in cold water.

Ther. use—Said to be useful in rheumatism and syphilis and is considered a good blood purifier.

This powder was tried in cases of chronic rheumatism without any benefit.

42. *Narisimha churnam* (compound powder of the three myrabolans, the three acids, etc.)—

Composition—vide prescription No. 42.

Dose—10 to 40 grains twice a day in honey.

Ther. use—This powder is said to possess stimulant, tonic and alterative properties; said to be useful in sexual debility, neuralgia and dyspepsia.

It was administered to cases of myalgia and atonic dyspepsia and was found to give relief.

43. *Pushyanuga churnam*—

Composition—vide prescription No. 43.

Dose—20 to 60 grains twice a day.

Ther. use—Alterative, tonic and astringent.

This compound powder was given to several cases of menorrhagia and leucorrhoea and generally found to give relief in such cases.

44. *Pancha Kola churnam*—

Composition—vide prescription No. 44.

Dose—10 to 30 grains twice a day.

Ther. use—Said to be a good appetizer; used in dyspepsia, cough, flatulence and enlarged spleen.

This compound powder which is considered to be a good appetizer, expectorant and antispasmodic, was tried in cases of atonic dyspepsia, bronchial catarrh and bronchitis and was found to give relief gradually in those cases.

45. *Panchanimba churnam*—

Composition—vide prescription No. 45.

Dose—5 to 20 grains thrice a day.

Ther. use—Said to be useful in malarial fever during convalescence.

This compound powder is said to be a good tonic and is given to patients convalescing from malarial fever. This powder not only increased the appetite of the patients but also acted as a general tonic.

46. *Saffu-fai-siah*—

Composition—vide prescription No. 46.
Dose—5 to 10 grains in honey twice a day.
Ther. use—Said to be useful in dysentery.

This compound powder proved efficacious in cases of acute dysentery.

47. *Shringyadhi churnam* (compound powder of *Rhus succedanea*)—

Composition—vide prescription No. 47.
Dose—1 to 4 grains in honey three times a day.
Ther. use—Gastric stimulant, astringent and alterative; useful in infantile diarrhoea, bronchitis and gastro-intestinal troubles during teething.

This powder was administered to infants suffering from diarrhoea resulting from teething and other causes and to infants with bronchial troubles. Many of the little ones were very much benefited by it.

48. *Suranadhi churnam*—

Composition—vide prescription No. 48.
Dose—10 to 30 grains twice a day.
Ther. use—Said to be useful in piles and dysentery.

This powder did not do the slightest good to cases of dysentery.

49. *Shadushana churnam* (compound powder of six acrids and pepper)—

Composition—vide prescription No. 49.
Dose—10 to 30 grains thrice a day.
Ther. use—Said to be useful as an appetizer and in flatulence.

This compound powder was found useful in flatulence and intestinal colic, also in bronchial and nasal catarrh.

50. *Vaishavanar churnam* (compound powder of Saindhava salt No. 2)—

Composition—vide prescription No. 50.
Dose—20 to 60 grains to be taken three times a day.
Ther. use—Gastric stimulant and carminative.

This compound powder has the same composition as the one below (51) and also possesses similar properties. It was used as a carminative in cases of indigestion, loss of appetite and flatulent dyspepsia with eructation and found to do good to such disorders.

51. *Vadavanal churnam* (compound powder of Saindhava salt No. 1)—

Composition—vide prescription No. 51.
Dose—10 to 40 grains to be taken thrice a day.
Ther. use—Aperient, alterative and expectorant, useful in gastritis, loss of appetite and chest affections with cough.

This was given to patients with chronic gastritis and was found to alleviate their symptoms and to produce a return of appetite.

DECOCTIONS OR QUATHS.

C.D. = Compound decoctions.

52. *Bharangyadhi kashayam*—

Composition—vide prescription No. 52.
Dose—1 to 3 ounces three times a day.
Ther. use—Said to be useful in asthma and bronchitis.

In Hindu medicine this decoction whose principal ingredients are *clerodendron serrata*, *justicia adhatoda*, *tinospora cordifolia* is extolled as a remedy in attacks of severe asthma. It has to be administered with powdered pepper. On trial, it was found to give relief to asthma cases after its continued administration for 2 or 3 days.

53. *Calatropis gigantea* (*C.D.*)—

Composition—vide prescription No. 53.
Dose— $\frac{1}{2}$ to 1 ounce twice a day.
Ther. use—It is considered to be an alterative and expectorant; said to be useful in acute inflammation of the respiratory tract.

It was found to be efficacious in mild cases of bronchitis and influenza.

54. *Kalmgakadi* (*C.D.*)—

Composition—vide prescription No. 54.
Dose— $\frac{1}{2}$ to 1 ounce twice or thrice a day.
Ther. use—Bitter tonic, anti-periodic; said to be useful in fevers especially so in malarial fevers.

This compound decoction was given in ounce doses to cases of malarial fevers but the action was very mild and not satisfactory.

55. *Terminalia arjuna* (C.D.)—

Composition—vide prescription No. 55.

Dose— $\frac{1}{2}$ to 1 ounce twice a day.

Ther. use—It is considered to be an astringent and tonic.

This decoction prepared from the bark of *Terminalia Arjuna* was tried in half a dozen cases of valvular diseases of the heart but it did not appear to possess the properties attributed to it (vide notes under extract *terminalia arjuna* liquid).

56. *Dasamoola Panchakoladhi kashayam*—

Composition—vide prescription No. 56.

Dose—1 to 2 ounces three times a day.

Ther. use—Said to be useful in ascites.

No benefit was derived in ascites.

57. *Pathyadi quath* (compound decoction of Chebulic Myrabolans).

Composition—vide prescription No. 57.

Dose— $\frac{1}{2}$ to 1 ounce three times a day.

Ther. use—Bitter tonic and antiperiodic, useful in dyspepsia febrile conditions and in hemiorania.

This decoction was given to patients during convalescence after fevers and was found to act as a bitter tonic in such cases. In three cases of hemiorania in which it was tried, the patients did not derive any benefit.

58. *Sahacharadhi kashayam* (decoction of *Justicia Ecbolinm*).

Composition—vide prescription No. 58.

Dose— $\frac{1}{2}$ to 1 ounce three times a day.

Ther. use—In rheumatism and paralysis affecting the lower extremities.

This was given to two cases of chronic rheumatism of the knee joints but the result was unsatisfactory.

59. *Shadanga panya* (compound decoction of six drugs)—

Composition—vide prescription No. 59.

Dose—Ad libitum.

Ther. use—Said to be a useful drink for appeasing thirst and relieving heat of the body in fever.

This cooling decoction is a famous and well known remedy in Malabar which almost every mother knows to administer to her little ones seized with fever. It is generally administered to adults as a diaphoretic and for quenching thirst in fevers. It is also used in subduing vomiting accompanying fevers. This decoction was used as a diaphoretic and for quenching thirst in all sorts of fevers and found to serve those purposes well.

60. *Vidarigandhadigana quath* (Compound decoction of *Ipoemæa digitata*)—

Composition—vide prescription No. 60.

Dose— $\frac{1}{2}$ to 1 ounce three times a day.

Ther. use—Bitter, expectorant, alterative and diuretic; reduces temperature and cures cough.

This compound decoction was administered to several cases of bronchitis, the result of influenza and was found to be generally beneficial in effecting a cure.

OINTMENTS, LINIMENTS AND LEPAS.

61. *Avalgujadhi lepa*—

Composition—vide prescription No. 61.

Ther. use—Said to be useful in ringworm and eczema, psoriasis and other skin diseases.

This was found to be generally beneficial in curing even fairly long standing cases of ringworm.

62. *Kushtadi Lepa*—

Composition—vide prescription No. 62.

Ther. use—Specially useful in ringworm.

This was found to be generally beneficial in curing even long standing cases of ringworm.

63. *Kurshai Kuba*—

Composition—vide prescription No. 63.

Ther. use—Said to be useful in ringworm.

This compound preparation was found to be useful as an external application in recent cases of different varieties of tænia but in chronic cases it only gave temporary relief.

64. *Dhanwantari thailam*.—21 and 101 times boiled.

Composition—vide prescription No. 64.

Dose—4 annas weight to be taken in cumin seed decoction.

Ther. use—For all disorders produced by the derangement of the wind humour-
emaciation, weakness; useful in the diseases of generative organs, paralysis and rheumatism.

This was found to be useful in neuralgias but not in rheumatism.

65. *Paradadi ointment*.—

Composition—vide prescription No. 65.

Ther. use—Said to be useful in parasitic skin diseases such as ringworm of the
scalp, scabies, etc.

This was used as an external application in ringworm of the scalp and found to be
beneficial in such cases.

66. *Prabhanjana Vimardhana*.—

Composition—vide prescription No. 66.

Ther. use—Used externally in rheumatism, paralysis and other nervous diseases.

This compound liniment was given as an external application to a case of sciatica and
a case of neuritis of legs attended with pain. It was found to be efficacious in alleviating the
pain temporarily in both those cases.

67. *Khursai-aksir-ai-Pachis*.—

Composition—vide prescription No. 67.

Dose—One tablet twice a day.

Ther. use—Said to be useful in dysentery.

A few patients suffering from acute dysentery and mucous enteritis were treated with
these tablets and the result was satisfactory.

68. *Dashanga Guggulu*.—Compound pill of bdellium, plumbago zeylanicum, etc.

Composition—vide prescription No. 68.

Dose—1 to 4 pills three times a day.

Ther. use—Alterative and tonic, useful in nervous and rheumatic affections and
also in reducing obesity. Rheumatic patients did not derive any benefit from it.

69. *Hubbai-je-khun-nafas No. 1 (Asthma pills)*.—

Composition—vide prescription No. 69.

Dose—One pill thrice a day.

Ther. use—Relieves the spasm, good expectorant and also relieves constipation.

The chief ingredients of these pills are opium, myrrh, hyoscyamus and benzoin. They are
said to possess antispasmodic and expectorant properties. Patients with asthma who were put
on these pills were relieved by their use; there was free expectoration in cases of bronchitis.

70. *Hubbai-Zee-khun-nafas No. 2 (Asthma pills)*.—

Composition—vide prescription No. 70.

Dose—One pill thrice a day.

Ther. use—Relieves the spasm of asthma.

These pills were tried in cases of asthma and the result was disappointing.

71. *Hubbai-Sahfa*.—

Composition—vide prescription No. 71.

Dose—1 to 3 pills once a day.

Ther. use—Checks the periodical fever and troubles of elephantiasis and relieves
constipation.

These pills were given to patients, who were troubled with constant attacks of filarial
fever, with elephantoid swelling. After taking the pills for about three weeks, the patients
were relieved of fever and have been free from it up to the date of writing this report.

72. *Hubbai-Javahir*.—

Composition—vide prescription No. 72.

Dose—One pill for infants and children and two pills for adults thrice a day.

Ther. use—Said to be useful in all the fevers, accompanied by cold, running in the
nose, and headache.

These pills whose chief ingredients are aconite, cinnabar, amber, pearls, pellitory, silver-
leaves, etc., are said to be very useful in catarrh and inflammation of the mucous membrane of
air passages attended with fever. These pills were administered to children and adults for
nasal and bronchial catarrh and in acute bronchitis and were found to act very efficiently in
those diseases.

73. *Khursai-Mulian*.—

Composition—vide prescription No. 73.

Dose—One tablet.

Ther. use—Said to be useful in constipation.

These purgative tablets were found useful as mild aperient.

74. *Khursai Gul*—

Composition—vide prescription No. 74.

Dose—One tablet twice a day.

Ther. use—Said to be very useful in tertian ague and other intermittent fevers.

These tablets were administered to patients suffering from intermittent fever (malarial); they did not do any good to the patients who had to be subsequently treated with quinine.

75. *Kasis Tablets*—

Composition (vide prescription No. 75).

Dose—1 to 5 tablets twice a day after meal.

These tablets were found useful in relieving the pain and increasing the discharge in amenorrhœa.

76. *Pakshavadha Gugulu*.—Compound pill of bdellium, three myrabolans, etc.

Composition—vide prescription No. 76.

Dose—1 to 4 pills of 6 grains each three times a day with Rasna Quath.

Ther. use—Alterative and tonic, useful in paraplegia and hemiplegia.

Three hemiplegic patients were treated with these pills for sufficiently long time but no improvement was noticed.

77. *Sanjivini pills*.—Compound pill of aconitum ferox and semicarpus anacardium, etc.

Composition—vide prescription No. 77.

Dose—1 to 4 pills of 1 grain each.

Ther. use—Sedative to the stomach and intestines; useful in indigestion and chronic diarrhœa.

These pills were found to possess the properties attributed to them.

78. *Trikatukadhi Gutska*.—Compound pills of the three acids.

Composition—vide prescription No. 78.

Dose—1 to 4 pills of 2 grains each after meals with milk.

Ther. use—Tonic, alterative; useful in anæmia, dropsy, diabetes, constipation and spermatorrhœa.

These pills were administered to cases of tubercular phthisis, and no improvement except a slight alleviation of the cough was noticed.

RASAS.

79. *Arshakutara Rasa*—

Composition—vide prescription No. 79.

Dose—1 to 4 pills of 2 grains each three times a day with buttermilk.

Ther. use—Tonic and laxative; especially prescribed in piles.

These pills when given in cases of bleeding piles act as a gentle laxative and had no effect on the bleeding.

80. *Gandamalkandan Rasa*—

Composition—vide prescription No. 80.

Dose—3 to 12 pills of one grain each twice a day.

Ther. use—Alterative, and hæmatinic; said to be specially efficacious in tubercular glands by improving general health.

These pills were given to cases of tubercular glands but had not the slightest effect on the glands or the accompanying hectic fever.

81. *Grahani Vajra Kapat Rasa*—

Composition—vide prescription No. 81.

Dose—1 to 4 pills of one grain each to be taken three times a day.

Ther. use—Antacid, relieves pain and distension of the bowels in chronic diarrhœa.

These pills were found to be useful in relieving the indigestion, flatulence and discomfort accompanying chronic enteritis.

82. *Kalkoota Rasa*—

Composition—vide prescription No. 82.

Dose—1 to 3 pills three times a day.

Ther. use—Useful in cases of fever with delirium and also antipyretic and antiperiodic. It was found to be beneficial in a case of typhoid fever.

83. *Lakshminarayana Rasa*—

Composition—vide prescription No. 83.

Dose—1 to 3 pills every three hours.

Ther. use—Anodyne, antipyretic, diaphoretic.

In hemicrania and other forms of neuralgia, these pills were found to be useful. The pills also reduced the temperature and caused diaphoresis in remittent and intermittent fevers.

84. *Lokanatha Rasa*—

Composition—vide prescription No. 84.

Dose—1 to 4 pills of one grain each three times a day.

Ther. use—Useful in hepatitis, jaundice and dropsy.

These pills were administered to a patient with dropsy as a result of dilatation of the heart. The patient's condition was relieved by its use.

85. *Mehamudgara Rasa*—

Composition—vide prescription No. 85.

Dose—1 to 4 pills to be taken twice a day after meals.

Ther. use—Tonic and antiperiodic. A few cases of mild malarial fever were put on these pills and cured by their use.

86. *Maha Mriganka Rasa*—

Composition—vide prescription No. 86.

Dose—2 grains.

Ther. use—Said to be useful in consumption, hoarseness of voice, hectic fever, etc.

This compound preparation was administered to a few cases of tubercular phthisis and the result was disappointing.

87. *Maha Vātha Vidhwamsi Rasa*—

Composition—vide prescription No. 87.

Dose—2 grains to be mixed with honey and given twice a day.

Ther. use—Useful in all rheumatic pains, abdominal dropsy, anorexia and asthma.

88. *Panchamrita Parpati*—

Composition—vide prescription No. 88.

Dose—2 to 8 grains twice a day with powdered long pepper.

Ther. use—Said to be very useful in chronic diarrhoea and sprue.

This compound pill was given to cases of chronic enteritis and diarrhoea and found to be generally useful.

89. *Pradararipoo Rasa*—

Composition—vide prescription No. 89.

Dose—1 to 4 pills of 2 grains each three times a day with boiled starch water.

Ther. use—This rasa is a tonic and astringent and is said to be useful in leucorrhoea and chronic diarrhoea.

It proved to be efficacious in both the diseases.

90. *Panchabana Rasa*—

Composition—vide prescription No. 90.

Dose—2 grains.

Ther. use—Said to be useful in general debility and diseases of the head.

Under its use, the patients gained strength and vigour and the drug no doubt acted as a general tonic.

91. *Ratnagiri Rasa*—

Composition—vide prescription No. 91.

Dose—2 to 6 grains every 3 hours with decoction of coriander.

Ther. use—Said to be very valuable in fevers.

This was given to cases of malarial fevers. Ordinary malarial fever was easily cured by it after a few days' administration.

92. *Rasa Raja Rasam*—

Composition—vide prescription No. 92.

Dose—2 grains.

Ther. use—Said to be useful in all fevers.

This drug was administered to a bad case of typhoid fever with delirium and persistent high temperature. After a few days' use all the typhoid symptoms abated; thereafter, the patient had an uninterrupted recovery.

93. *Shwasa Chinthamani Rasa*—

Composition—vide prescription No. 93.

Dose—1 to 4 pills three times a day.

Ther. use—Said to be useful in asthma, phthisis, anæmia and general debility.

These pills were administered to several cases of asthma and were found to relieve the spasms and alleviate the symptoms.

94. *Vishava Tap Harana Rasa*—

Composition—vide prescription No. 94.

Dose—1 to 4 pills of 1 grain each.

Ther. use—Purgative and diaphoretic. Two pills were found sufficient to produce 3 or 4 watery evacuations.

95. *Vatha Rakshasam*—

Composition—vide prescription No. 95.

Dose—2 grains to be mixed with honey and given twice a day.

Ther. use—Paralysis, rheumatism, and malarial fever.

This was given to cases of malarial fever. In bad cases, it had to be administered from 7 to 10 days before the patients recovered.

96. *Vatha Vidhwamsi Rasa*—

Composition—vide prescription No. 96.

Dose—2 grains to be rubbed in honey and given twice a day.

Ther. use—Useful in all rheumatic pains, abdominal dropsy, anorexia and asthma.

This compound was given to several cases of chronic rheumatism. A few of the patients obtained relief from protracted use of the drug; but in others it did not do good.

APPENDIX III.

Formulae of compound preparations.

ARISHTAS.

1. *Abhaya-Arishtam*—

Chief ingredients are—

Chebulic myrabolans (without seeds) (8 palams.)

Gooseberries (seedless) (6 palams.)

Root of *Citrullus colocynthis* (5 palams.)Bark of *Symplocos racemosa*.

Pepper

Long pepper } (each one palam.)

Convolvulus paniculatus.Elavalukam and *Feronia Elephantum* (fruits of) 10.

All these to be boiled in 64 measures of water; concentrate to 16 measures, strain, add 60 lbs. of sugar, 16 palams of flowers of *Woodfordia floribunda*, put in an old pot used for preserving oil and allow to ferment for 18 days.

Dose— $\frac{1}{2}$ to 1 ounce three times a day.

Ther. use—Increases appetite, helps digestion of food, cures piles, anæmia, skin diseases, ascites, enlarged spleen, fevers, dropsy, heart diseases, consumption, vomiting, etc.

2. *Pippali Arishta*—

Chief ingredients are—

Pippali

Lodhra

Maricha

Patha

Draksha

Piper longum.

Symplocos racemosa.

Piper nigrum.

Cissampelos pareira.*Vitis vinifera*.Dose— $\frac{1}{2}$ to 2 tolas, as directed.

Ther. use—Stimulant, useful in cough, anorexia and asthma.

ASAVAS.

3. *Kanaka Asava*—

Chief ingredients are—

Kanska

Vasa

Yastimadhu

Pippali

Dhatakpushpa

Draksha

Datura Stramonium.*Adhatoda vasica*.*Glycyrrhiza Glabra*.

Piper Longum.

Woodfordia floribunda.*Vitis Vinifera*.Dose— $\frac{1}{2}$ to 2 tolas twice after meals.

Ther. use—Demulcent, expectorant, antispasmodic and anodyne; useful in cough, asthma, phthisis.

4. *Kumari Asava*—

Chief ingredients are—

Kumari

Dashmoola

Pushkarmoola

Dhanvayasa

Chitraka

Draksha

Dhataki puspha

Aloe officinalis.

The ten roots.

Costus speciosa.*Fagonia Arabica*.*Plumbago Zeylanica*.*Vitis Vinifera*.*Woodfordia floribunda*.Dose— $\frac{1}{2}$ to 2 tolas twice after meals.

Ther. use—Stimulant, laxative and alterative; useful in cough, asthma, colic, chronic constipation.

AVALEHAS, GRITHAMS, SYRUPS AND CONFECTIONS.

5. *Asoka Ghritam*—Dose— $\frac{1}{2}$ to 1 tola, to be taken twice a day.

Ther. use—Alterative; useful in leucorrhœa, menorrhagia and other female complaints.

6. *Annoh-Daroo*—

Gulai-suraoh	Red rose petals	6 drama.
Sad-i-koffi	Cyperus rotundus	5 "
Loung	Eugenia Caryophyllata	3 "
Mastagi	Pistacia terebinthus.	3 "
Asaroon	Valeriana Hardwickii	3 "
Sumbullateeb	Valerian Rhizome	3 "
Khakila-i-sigar	Lesser cardamoms	2 "
" Kubar	Greater cardamoms	2 "
Zarnab	Cinnamomum Tamala	2 "
Jouzboa	Nut of nutmeg (Myristica officinalis)	2 "
Bisbasa	Arilus of nut mace (myristica officinalis)	2 "
Darohiney	Cinnamomum Zeylanicum (bark)	2 "
Khirfa	" Cortex	2 "
Zafran	Sasaferas Indica	2 "
Amela Munakka	Fruits of emblic myrabolans	1 lb.
Sugar	Saccharam alba	90 mashas.
Honey	Mel	90 "

First boil amela (fruits of Emblic myrabolans) with some water, remove the seeds and grind well. Powder all the other ingredients, make confection of honey, sugar, and amela by boiling and then when it is cool mix the powder with it,

Dose— $\frac{1}{2}$ to $\frac{3}{4}$ tola, two or three times a day.

Ther. use—Removes the foul smell from the mouth. Improves digestion and is useful in heart disease.

7. *Agasthya Rasayanam*—

The ten roots.

Root of cleome viscosa.

Root of clitoria ternatea.

Curcuma longa.

Root of sida cordifolia.

Scindapsus officinale.

Achyranthes aspera.

Piper longum.

Root of chavica roxburghi.

Root of plumbago zeylanica.

Root of clerodendron serrata.

Root of costus speciosus.

Wheat (64 palams.)

} Each two palams.

All these to be boiled in 20 measures of water and, when well boiled, strain the decoction, add 100 chebulic myrabolans, 30 lb. of sugar, $\frac{1}{4}$ measure ghee, $\frac{1}{2}$ measure gingelly oil and $\frac{1}{4}$ measure of powdered long pepper. Boil and concentrate to the consistence of a confection. When cold, add $\frac{1}{2}$ measure honey.

Dose—Daily two myrabolans thus prepared.

Ther. use—Removes freckles, grey hair, gives tone, colour and longevity to the body, cures all kinds of cough, consumption, asthma, hiccough, poisonous fevers, piles, flatulence, anorexia and nasal catarrh. This confection is said to have been first prepared by saint Agasthya.

8. *Confection Dhaiphal*—

Dadhaki.

Bala

Lodhra.

Valo

Gaja-pippali

Honey

Powder and mix and turn into a confection.

Dose—1 to 2 drs.

Woodfordia.

Floribunda.

Aegle marmelos.

Symplocos Racemosa.

Andropogon muricatus.

Scindapsus officinalis.

Mel.

Ther. use—Stimulant and astringent; given in dysentery also in checking hæmorrhages and chronic discharges, such as menorrhagia and leucorrhœa.

9. *Dhatrayavalehu*.—

Chief ingredients are—

Amalaka	<i>Phyllanthus Emblica.</i>
Yastimadhu	<i>Glycyrrhiza Glabra.</i>
Vanshlochan	Bamboo Manna.
Pippali	<i>Piper longum.</i>

Dose— $\frac{1}{4}$ to 1 tola, to be taken with milk twice or thrice a day.

Ther. use.—Alterative, stimulant, demulcent. Useful in cough, bronchitis and other chest affections.

10. *Davaul musk*.—

Chief ingredients are—

1. Murvareed	Pearls (ground)	2 drama.
2. Kharuba	Amber	2 "
3. Gulai Surakh	Red rose petals (dry)	2 "
4. Abrasham	Silk cocoon (cleaned)	2 "
5. Darohani	<i>Cinnamomum Zeylanicum</i>	2 "
6. Bahamana-i-surakh	<i>Salvia Hæmatoda</i>	2 "
7. " sufeed	<i>Centaurea Behen</i>	2 "
8. Daroonaj	<i>Doronicum Pardalianches</i>	2 "
9. Zafran	<i>Sassaferas India</i>	2 "
10. Mastagi	<i>Pistacia Terbinthus</i>	1 "
11. Ushna	<i>Permelia kamtschadalis</i>	1 "
12. Hulbova	<i>Elettaria Cardamomum</i>	1 "
13. Sandalai sufeed	<i>Santalinus alba</i>	3 "
14. Tabashir	<i>Bambusa Arundinacea</i> (siliceous con- cretions)	3 "
15. Sandalai surakh	<i>Santalinus Rubra</i>	3 "
16. Kushnuz	<i>Coriander fructus</i>	3 "
17. Gulai Gauzaban	<i>Coccinia glance</i>	3 "
18. Amelai munaki	Grapes (sour variety)	3 "
19. Busad	Ochre	3 "
20. Thukmai khurfa	<i>Cinnamomum Cassia</i>	3 "
21. Silver leaves		3 "
22. Zerishk	<i>Berberis asiatica</i>	1½ "
23. Agur	<i>Aquilaria Agallocha</i>	1½ "
24. Badranjboya	<i>Melissa officinalis</i>	1½ "
25. Umber		3 mushas.
26. Musk		3 "
27. Apple juice		17 palams.
28. Sugar		17 "
29. Honey		17 "

Powder all the ingredients with the exception of items 1, 2, 14, 19, 21, 22, 25, and 26.

Numbers 1, 2 and 14 should be well ground on a separate stone, adding rosewater for a period of two days. Then boil well items 27, 28 and 29; after thorough boiling, add the above powder to it.

Powder Nos. 19, 22, 25 and 26 and add to the mixture; items 1, 2, and 14 to be mixed later and at the end item 21 to be mixed with the whole preparation.

Dose— $\frac{1}{4}$ to $\frac{1}{2}$ tola.

Ther. use.—Gives strength to the cardiac muscles and is useful in functions of the heart. Also strengthens the central nervous system.

11. *Gulgi Thikthakam*.—

Bark of neem.

*Tinospora cordifolia.*Root of *justicia adhathoda.**Trichosanthes dioica.*Root of *solanum jacquini.*

Take 10 palams of each of these and 16 measures of water and concentrate to two measures by boiling. Add one measure of ghee after straining the decoction.

The kalkam medicines are—

*Stephania Hernandifolia.**Convolvulus Paniculatus.**Cedrus deodara.**Scindapsus officinalis.*

Carbonate of potassium.

" sodium.

*Zingiber officinalis.**Carouma longa.**Anethum sowa.*Root of *chavica rox-burghi.**Calophyllum Tomentosum.**Piper nigrum.**Ptychotis ajowan.*Seeds of *Holarrhena antidysenterica.*Root of *plumbago zeylanicum.**Picrorrhiza kurroa.**Acorus calamus.*Root of *piper longum.**Rubia cordifolia.**Aconitum heterophyllum.**Cuminum cyminum.*

Take each of the above 8 *kalanghis*.

Purified bdellium (5 *palams*).

Add all these as *kalkam* to the prepared ghee.

Dose— $\frac{1}{2}$ to 1 ounce three times a day.

Ther. use—For all kinds of wind disorders, skin diseases, ulcers, syphilis, internal piles, scrofula, dysentery, diabetes, consumption, anorexia, ozoena, asthma, emaciation, heart disease, anaemia.

12. *Jawarisha-i-amela*—

Tabashir	Bambusa Arundinacea	} 1 tola.
Sandal-ai-sufeed	Santalinus alba	
Garda Samagh	Rhus cotinaria (Huak from the dry seeds of samach).	
Zarishk	Berberis asiatica	} 1 tola.
Gulaisurkh	Red rose petals	
Badranjaboya	Mellisa officinalis	
Postai-Banroona pista	Coriandrum sativum	} 2 tolas.
Kashnez	Carum roxburghianum	
Tukhma-i-khurfa		12 tolas.
Amela (Saturated with milk) fruits of emblic myrobolans.		
Sugar candy		60 tolas.
Umber		1 dram
Agar	A quilaira Agallocha	1 tola.
Saffron	Crocus sativus	2 drams.
Rose water		12 tolas.
Murabbai-behee		15 tolas.

Make a confection of rose water, amela, and sugar candy and add to it when cold the other ingredients (powdered).

Dose— $\frac{1}{2}$ to $\frac{3}{4}$ tola twice or thrice a day.

Ther. use—Improves digestion; useful in stomatitis, removes the excess of heat from the body.

13. *Jawarishai-Suliamani*—

Zerra	Cuminum Cyminum	5 <i>palams</i> .
Podina	Mentha sativus	} 7 drams.
Fil-filai-Siah	Piper nigrum	
Burkasadaf		$\frac{1}{2}$ <i>palam</i> .
Darohini	Cinnamomum Zeylanicum	} $\frac{1}{2}$ <i>palam</i> .
Bunnaisurkah	Water from oicer arietinum	
Murraba-i-adrak	Dry preserved ginger	4 <i>palams</i> .
Murraba-i-Halila	Preserved chebulic myrabolans.	6 <i>palams</i> .
Sugar	Sacharam	} 10 <i>palams</i> .
Honey	Mel	

Turn into a confection.

Dose— $\frac{1}{2}$ to $\frac{3}{4}$ tolas 2 to 3 times a day.

Ther. use—For diarrhoea; dyspepsia; indigestion; heartburn, vomiting of undigested matter.

14. *Jawarisha-i-Thurush*—

Filfila-i-siah	Piper nigrum	} 1 <i>palam</i> .
Zingabeel	Zingiber officinale	
Posta-i-Baibadang	Embelia ribes	
Namaka-i-badboo	Black salt	
Namakai Tam	Sodium chloride	
Namakai-sainda	Rock salt	
Podeena (green)	Mentha sativus	2 <i>palams</i> .
Lime juice		from 10 fruits.

Powder all the ingredients and mix them with lime juice.

Dose— $\frac{1}{2}$ to $\frac{3}{4}$ tola twice a day.

Ther. use—Useful in indigestion and in want of acidity in the stomach.

15. *Kantakari Avaleha*—

Chief ingredients are—

Kantakari.
Chitraka.
Shringi.
Trikatu.
Basna.

Solanum zapthocarpum.
Plumbago zeylanicum.
Rhus succedanea.
The three acids.
Vanda Roxburghii.

Dose— $\frac{1}{2}$ to 2 tolas, to be taken when necessary, followed by milk.

Ther. use—Expectorant, diuretic and aperient. Useful in cough, bronchitis, asthma and other chest affections, and dropsy.

16. *Khamir-ai-abrasham*—

Abrasham (Clean)	Silk cocoons	42 tolas.
Sandal	Santalinus album	$\frac{1}{2}$ tola.
Sumbullateeb	Valerianae radix	} 5 mashas.
Posta-i-turang	Citron dry	
Mustagi	Pistacia terebinthus	
Lavang	Eugenia caryophyllata	
Danaihed	Elettaria cardomomum	
Sadajae-hindi	Cinnamomum tamala	} 4 mashas.
Agur	Aquilaira agallocha	

Tie abrasham in a cloth and boil it with 14 tolas of gauzaban water, (coccinia glance) 14 tolas of rose water, 14 tolas of baida misbk water, and 48 palams of distilled water, till the bulk is reduced to about one half, strain and filter; then make a decoction of the filtrate with 14 tolas of behin juice, 14 tolas of sweet pomegranate juice, 14 tolas of apple juice, 6 palams of honey, 9 palams of sugar candy and 9 palams of sugar.

Powder the other ingredients and mix them with confection and add—

Umbur		6 mashas.
Gold leaves		} $\frac{1}{2}$ tola.
Silver leaves		
Pearl powdered		1 tola.
Yakhoot	Red rubies	9 mashas.
Murjan	Corals	} 1 masha.
Kharuba	Amber	
Kahub	Green hard stone	9 mashas.
Musk		4 mashas.

Dose— $\frac{1}{2}$ to $\frac{1}{2}$ tola.

Ther. use—Said to be useful in all cardiac affections; palpitation is effectively relieved. A good nervine tonic.

17. *Laboobaisagheer*—

Badam.	Amygdalae dulcis.
Akroat.	Juglans.
Bun.	Coffee.
Chalgoza.	A kind of almonds.
Megaza-i-findack.	Kind of almond-like nut.
Habulkhulkhil.	A kind of pepper.
Khaskhas.	Poppy seeds.
Bahamana-i sufeed.	Centaurea Behen.
Bahamana-i surakh.	Centaurea Red.
Kunjad.	Sesamum Indicum.
Tukhma-Jargeer.	Seeds like aniseed.
Tukhma-Pivaz.	Allium cepa.
Tukhma-Sulgam.	Beet root seeds.
Tukhma-Shabith.	Soyeah beans.
Zangabeel.	Zingiber officinale.
Darfilfil.	Root of chavica-roxburghii.
Kababa.	Piper cubeba.
Khirfa.	Cinamomum cortex.
Darchiney.	Cinamomum Zeylanicum.
Shakhakhul.	Asparagus ascendens.
Khulinjan.	Alpinia officinarum.
Tukhama-i-Halioon.	Asparagas officinalis.

Take equal parts by weight of each and honey thrice the weight of ingredients.

Powder the ingredients and mix them with honey.

Dose— $\frac{1}{2}$ to 1 tola with two or three ounces of milk.

Ther. use—Useful in polyurea due to some kidney affection.

Increases and thickens the semen. Builds up the nervous tissue and also the kidney tissue.

18. *Mamsa Sarpishi*—

Mutton	100 palams.
Water	32 measures.

Boil down to 4 measures, strain, then add 1 palam of each of the drugs, included in jeevaniya ghanari. After grinding, add to this one measure of ghee, boil and strain.

Dose— $\frac{1}{2}$ to 1 ounce three times a day.

Ther. use—Useful in insanity, epilepsy and paralytic disorders.

19. *Majoonai Mussift*—

Badian	Pimpinella anisum	14 mashaas.
Sandal	Santalinus alba	14 "
Bisfaij	Polypodium Vulgare	7 tolas.
Sana	Senna indica	7 "
Ushba	Sarsæ radix	7 "
Honey	Mel	28 "
Sugar	Saccharam	24 palams.

Powder and mix all the ingredients with honey and sugar. Turn into confection.

Dose— $\frac{1}{2}$ to $\frac{3}{4}$ tola twice a day.

Ther. use—Relieves constipation, removes chronic ulcers and other skin affections.

20. *Majoonai sual*—

Munnaka	Preserved grapes	48 tolas.
Aslaisus	Glycyrrhiza radix	8 "
White sugar	Saccharam alba	32 "
Postai-halelsi Kabli	Chebulic myrabolans	2 "
Do. Balila	Beleric myrabolans	2 "
Darcheny	Cinnamomum Zeylanicum	2 "
Kharanfil	Eugenia caryophyllata	2 "
Jouzbuva	Myristica officinalis	2 "
Zaranbad	Curcuma Zedoaria	2 "
Badian	Pimpinella anisum	$\frac{1}{2}$ "
Amela	Emblie myrabolans	$\frac{1}{2}$ "
Anisoon	Anethum sowa	$\frac{1}{2}$ dram.

Make decoction of aslaisus (glycyrrhiza radix) powder all the other ingredients and make confection with sugar and grapes preserved.

Dose— $\frac{1}{2}$ to 1 tola twice a day.

Ther. use—Expectorant and very useful in bronchitis.

21. *Majoonai Malarial fever*—

Juntiana	Gentiana radix	1 dram.
Filfil	Piper nigrum	1 "
Khust	Aplotaxis auriculata	7 misbal.
Sadaja-i-hindi	Cinnamomum Tamala	7 "
Sumbul lateeb	Valerianaæ radix	7 "
Rævad cheny	Rhei radix	7 "
Honey	Mel	11 palams.

cooled.

Dose— $\frac{1}{2}$ to $\frac{3}{4}$ tola thrice a day.

Ther. use—Useful in malaria; long continued use brings on reduction in the enlargement of spleen and liver.

22. *Mahatikta Ghrit*—

Chief ingredients are—

Saptaparna	Alistonia scholaris.
Katuki	Picrorrhiza kurroa.
Patha	Cissampelos Pareira.
Parpat	Oldenlandia Herbaceæ.
Moorva	Clematis Triloba.
Vasa	Justicia Adhathoda.
Sariva	Hemidesmus indicus.

and other bitter tonics.

Dose— $\frac{1}{2}$ to 2 tolas, to be taken twice a day.

Ther. use—Bitter tonic and alterative; useful in chronic skin diseases and in leprosy.

23. *Mahajam-e-til*—

Padma kashta	Prunus pudum	4 drs.
Lavang	Eugenia caryophyllata	4 "
Darunaj-e-akrabi	Doronicum pardalianches	4 "
Behaman-e-saphed	Centaurea behen	3 "
Behaman-e-surkha	Salvia Hæmatodes	2 "
Tuja	Flacourtia cata phracta	2 "
Jæphal	Myristica fragrans	2 "
Javantri	Flowers of do.	2 "
Jatamasi	Valeriana Jatamansi	2 "
Zera-kachura	Curcuma zeodoaria	2 "
Jaranbad	Do. another variety	2 "
Pippali	Piper longum	2 "
Pippali mula	Root of chavica roxburghii	2 drs.
Kesara	Crocus sativus	1½ "
Ispanda	Peganum Harmala	3 "
Kubab chini	Cubeba officinalis	3 "
Elachi	Elettaria cardomomum	1 "
Kulpha	Portulaca oleracea	3 "
Sugar	Saccharam	2 "

Mix and make confection.

Ther. use—Said to be useful in dyspepsia, congested liver, anorexia, etc.

24. *Madhusnuhi Rasayanam*—

Tinospora cordifolia.	Root of piper nigrum.
Berhavia diffusa.	Do. of Chavica roxburghii.
The three myrabolans.	Coriandrum sativum.
The three acrids.	Pimpinella anisum.
Cardamomum.	Nigella sativa.
Cinnamom leaves.	Nardostachys jatamansi.
Cuminum cyminum.	Aplotaxis auriculata.
Saindhava salt.	Root of plumbago zeylanicum.
Evolvulus paniculatus.	Hemidesmus indicus.
Alpinia chinensis.	Curculigo orchioides.
Clerodendron serratta.	Withania somnifera.
All these 3 kazhanjies each.	

Smilax chinensis equal to all the above ingredients; add equal quantities of sugar, ghee, and honey.

Dose— $\frac{1}{2}$ to 1 tola in milk.

Ther. use—Restores loss of appetite and taste; useful in consumption, diabetes, abdominal disorders, skin diseases, nervous debility, etc.

25. *Neelini Ghritham*—

Convolvulus-Argenicus.	Picrorrhiza kurroa.
The three myrabolans.	Convolvulus paniculatus.
Alpinia chinensis.	Embelia ribes.
Sida cordifolia.	Root of solanum jacquinæ.

Take one palam of each. Make a decoction in 4 measures of water, concentrate it to $\frac{1}{2}$ measure. Strain and add to the clear decoction one measure of ghee and one measure of curd, also one palam of kallipal, (Milky juice of Euphorbia Tirucalli). Boil till all the watery portion is evaporated and turn into ghritham.

Dose— $\frac{1}{2}$ to 1 tola in staroh water twice a day.

Ther. use—Skin diseases, ascites, dropsy, anæmia, enlarged spleen, insanity and dysmenorrhœa.

26. *Panchagaviya Ghritham*—

Root of cyperus rotundus.	Acorus calamus.
Cardomoms.	Piper longum.
Root of plumbago zeylanicum.	Picrorrhiza kurroa.
Root of evolvulus paniculatus.	The three myrabolans.
Glycyrrhiza glabra.	Root of justicia adhatoda.
Curcuma longa.	Vitis vinifera.
Root of rubia cordifolia.	Coscinum fenestratum.
Root of stephania hernandifolia.	

The above are the medicines for kalkam and should be boiled in a mixture of the five products of the cow, viz., ghee, milk, curd, urine and the liquid portion of the cow dung.

Dose— $\frac{1}{2}$ to 1 oz.

Ther. use—Gives strength, beauty, destroys bile and poisons, cures abdominal swelling, pain in the chest and sterility.

27. *Syrupus Hyssopus officinalis*—

Zupha	Hyssopus officinalis	2 dra.
Takhmi khitmi	Althæa officinalis	4 "
Khubazi	Do. another variety	4 "
Jattimadh	Glycyrrhiza glabra	1½ "
Anjir	Ficus carica	5 "
Khaakhas	Poppy seeds	6 "
Anisum	Pimpinella anisum	6 "
Gule banafashah	Flowers of viola odorata	3 "
Raja hansa .. .. .	.. .. .	2 "
Kakadasin	Rhus succedanum	2 "
Kalo drakh	Grapes	oz. 2
Sapiathan	Cordia myxa	2 "
Unab	Zizyphus jujuba	40 "
Boiling water .. .. .	.. .. .	oz. 80

Macerate the whole for 12 hours, then boil down to half the quantity of water and strain. Add 2 lbs. of sugar and prepare syrup.

Dose— $\frac{1}{2}$ to 1 fluid ounce.

Ther. use—Stimulant, carminative, diaphoretic and emmenagogue, said to be useful in dyspepsia, flatulence, asthma, chronic bronchitis, amenorrhœa, rheumatism and influenza.

28. *Syrup Herpestis Monniera (Brahmi)*—

Syrup prepared from the fresh leaves of Herpestis Monniera.

Dose—1 to 2 drachms twice a day after meals.

Ther. use—Useful in hysteria, epilepsy, insanity and mental derangements, also useful in hoarseness and for improving voice.

BHASMAMS.

29. *Abrak Bhasmam (Sahasra Puti) Calcined 1000 times*—

Dose—2 to 6 grs. to be taken twice a day with honey.

Ther. use—Useful in phthisis, and debility of old age; gives strength to the body.

30. *Naga Bhasmam*—

Dose—2 to 12 grs. to be taken twice a day with butter or ghee.

Ther. use—Removes urinary disorders and general debility.

31. *Thalaka Bhasmam*—

Dose— $\frac{1}{2}$ to 2 grs. with honey and sugar.

Ther. use—Useful in phlegmatic diseases, cough, fever, etc.

32. *Sringa Bhasmam*—

Dose—6 to 12 grs. with milk, ghee or honey.

Ther. use—Useful in gonorrhœa.

33. *Vanga Bhasmam*—

Dose—2 to 6 grs. to be taken twice a day with honey or butter.

Ther. use—Useful in urinary disorders and general debility.

34. *Vasada Bhasmam*—

Dose—1 to 3 grains with milk, cocoanut water, sugar, or honey.

Ther. use—Useful in dyspepsia, stomach-ache and urinary diseases.

CHURNAMS.

35. *Bhoonimbadhi churnam*—

The chief ingredients are—

Kirata.	Ophelia chiretta.
Katuki.	Picrorrhiza kurroa.
Trikatu.	The three acids.
Musta.	Cyperus rotundus.
Indrayama.	Holarrhena antidysenterica.
Chitraka.	Plumbago zeylanicum.
Kutajawak.	Bark of holarrhena antidysenterica.

Dose.—20 to 60 grains to be taken three times a day.

Ther. use—Said to be bitter tonic, intestinal tonic, antiperiodic and gastric stimulant; useful in dyspepsia, chronic diarrhœa, fevers, dysentery and worms.

36. *Chaturushana churnam*—

(The four heating or biting agents).

Pipali.	Piper longum.	} All in equal parts.
Miri.	Piper nigrum.	
Suntha.	Zingiber officinalis.	
Pippali Moola.	Root of chavica roxburghii.	

Dose—10 to 60 grains twice a day.

Ther. use—Said to be useful in colic and flatulence, also for cough and coryza.

37. *Jatiphaladi churnam*—

Vijaya
Jatiphala.
Karpura.
Ela.
Lavanga.
Chitraka.
Vanshlochana.

Canabis sativa.
Myristica Fragrans.
Camphor.
Elettaria cardamomum.
Eugenia Caryophyllata.
Plumbago Zeylanica.
Bamboo manna.

Dose—12 to 24 grains, to be taken with honey twice a day.

Ther. use—Sedative, anodyne, and antispasmodic. Useful in asthma, colic, neuralgia, menorrhagia, dysmenorrhoea, spasmodic cough, etc.

38. *Katphaladi churnam*—

Katphala.
Mustaka.
Karkatshringi.
Kusta.

Myrica sapida.
Cyperus Rotundus.
Rhus succedanea.
Alpotaxis auriculata.

Equal parts.

Dose—Half to one dram given with ginger juice and honey.

Ther. use—Stimulant, diaphoretic, and astringent, useful in diarrhoea, dysentery, fevers, asthma and gonorrhoea.

39. *Kapithashtaka churnam*—

Chief ingredients are—

Feronia elephantum.
Pomegranite.
Tamarind.

Aegle marmelos.
Woodfordia floribunda.
The three acrids.

Dose—10 to 40 grains, to be taken three times a day with water.

Ther. use—Astringent, stimulant and stomachic

40. *Madanadivaman*—

Chief ingredients are—

Madanaphala.
Arkamoola.
Yasthimadhu.

Randia dumetorum.
Calotropis gigantea.
Glycyrrhiza glabra.

Dose—As an expectorant 5 to 15 grains, as an emetic 20 to 60 grs., to be taken with tepid water.

Ther. use—Expectorant, demulcent and emetic. Useful as an expectorant in bronchitis and other chest affections; and as an emetic in colic, headache, orchitis, indigestion, etc.

41. *Pulvis smilax officinalis Co.* (Anti-rheumatic powder unani)—

							Tolas.
Choab chini	..	..	..	Smilax chinensis	..	..	10
Pepper	..	..	..	Piper nigrum	..	..	½
Pippalli	..	..	..	Piper longum	..	..	½
Siah Musali	..	..	..	Hypoxis orchioides	..	..	½
Modi	..	..	..	Root of chavica rox-burghi	..	..	½
Dumperashtum	..	..	..	Alpinia chinensis	..	..	½
Akkarakhara	..	..	..	Anacyolus pyrethrum	..	..	½
Cinnamon	..	..	..	Cinnamomum zeylanica	..	..	½
Kababehini	..	..	..	Cubeba officinalis	..	..	½

All these must be powdered and mixed.

Dose—Half tola to be taken twice a day in cold water.

Ther. use—Said to be useful in rheumatism and syphilis and is considered a good blood purifier.

42. *Narassmha churnam*—

Chief ingredients are—

Triphala,
Trikatu.
Tila.
Bhallataka.

The three myrabolans.
The three acrids.
Sesamum Indicum.
Semicarpus Anacardium.

Dose—10 to 40 grains, to be taken twice a day with ghee or sugar.

Ther. use—Stimulant, tonic, alterative. Useful in sexual debility, neuralgia and dyspepsia. This is also used in syphilis.

43. *Pushyanuga churnam*—

Chief ingredients are :—

Patha.
Jambuaathi.
Amrasathi.
Ashmabeda.
Kutajatwak.
Lodhra.
Bilva peshika.
Dhatakpushpa.

Cissampelos Pareira.
Stone of the fruit of eugenia jambolans.
Mango stone.
Coleus Aromaticus.
Holarrhena antidysenterica (bark of).
Symplocos Racemosa.
Aegle marmelos.
Woodfordia floribunda (flowers of).

Dose—20 to 60 grains to be taken twice a day with rice water.

Ther. use—Alterative, tonic, astringent, diuretic. Useful in leucorrhœa, menorrhagia and other uterine complaints.

44. *Pancha Kola churnam*. Compound powder of five pungents—

Pipali.
Pipali moola.
Suntha.
Chavika.
Chitraka.

Root of piper longum.
Root of chavica roxburghii.
Zingiber officinale.
Stem of pepper plant.
Plumbago zeylanicum.

Dose—10 to 30 grains twice a day.

Ther. use—Said to be useful as a good appetizer and is used in dyspepsia, cough, flatulence and enlarged spleen.

45. *Panch-nimb-churnam*—

A compound powder of the five parts of melia azadirachta. These are :—Leaves, bark, root, flowers and fruits. All dried in shade, pounded together and used.

Dose—5 to 20 grains.

Ther. use—The compound powder is tonic, and given in convalescence from fever.

46. *Suffu-sai-siah*—

Kababa.
Khas khas.
Postai balila.
Amela.
Zeera safeed.

Cubeba officinalis.
Poppy seeds.
Myrabolans (belerio).
Fruits of emblic myrabolans.
White caraway fruit.

Take equal quantity of each of the above drugs, roast and powder them finely.

Dose—5 to 10 grains three times a day.

Ther. use—Astringent, said to be useful in dysentery.

47. *Shringyadi churnam*—

Sole ingredients are :—

Shringi.
Pippali.
Vasha.

Rhus succedanea.
Piper longum.
Aconitum Heterophyllum.

Dose—1 to 4 grains, to be given three times a day with honey.

Ther. use—Gastric stimulant, astringent, alterative; useful in diarrhœa (infantile) bronchitis, teething, incontinence of urine.

48. *Suranadhi churnam*—

The ingredients are :—

Amorphophallus Campanulatus.
Plumbago Zeylanicum.
Zingiber officinale.

Piper longum.
Jaggery.

Dose—10 to 30 grains twice a day.

Ther. use—Said to be useful in piles and dysentery.

49.—*Shadushana churnam*. Compound powder of the six acids—

Pippali.
Pippali moola.
Suntha.
Chavika.
Chitraka.
Miri.

Piper longum.
Root of chavica roxburghii.
Zingiber officinale.
Stem of pepper plant.
Plumbago zeylanicum.
Piper Nigrum.

Dose—10 to 30 grains twice or thrice a day.

Ther. use—Said to be useful as an appetizing agent and in flatulence.

50.—*Vaishvanar churnam*—

The chief ingredients are :—

Saindhava,
Ajmoda.
Yavani.
Pippali.
Shunthi.
Haritaka.

Common salt.
Ptychotis Ajowan.
Carum copticum.
Piper longum.
Zingiber officinale.
Terminalia chebula.

Dose—20 to 60 grains twice a day.
Ther. use—Gastric stimulant and carminative.

51. *Vadavanal churnam*—

Chief ingredients are—

Saindhava.
Pippalimoola.
Pippali.
Chitraka.
Shunti
Haritaka.

Common salt.
Piper longum (root).
Piper longum.
Plumbago zeylanica.
Zingiber officinale.
Chebulic myrabolans.

Dose—10 to 40 grains to be taken twice a day with water.
Ther. use—Stimulant, aperient, alterative, expectorant and tonic.

DECOCTIONS OR QUATHS.

52. *Bharangyadi Kashyam*—

Cheruteku.
Thippili.
Kasahari.
Haridra.
Vasa.
Amritham.
Nagaram.
Dhanya.

Clerodendron serrata.
Piper longum.
Root of cassia occidentalis.
Bark of coccinum fenestratum.
Root of justicia adhatoda.
Tinospora cordifolia.
Zingiber officinale.
Coriandrum sativum.

Prepare the decoction in the usual way.

Dose—1 ounce three times a day.
Ther. use—Said to be useful in relieving the fits of asthma.

53. *Arkadhi*—

Chief ingredients are—

Arka
Jiraka.
Trikatu.
Kantakarika.
Shringi.
Kushta.

Calotropis Procera.
Cuminum Cyminum.
The three acids.
Solanum Xanthocarpum.
Rhus succedanea.
Saussurea Leppa.

Dose— $\frac{1}{2}$ to 1 ounce to be taken twice a day.
Ther. use—Alterative, stimulant and expectorant. Useful in dengue fever, acute bronchitis, pneumonia and fevers complicated with chest affection.

54. *Kalingakadi Quath*—

Chief ingredients are—

Indrayava.
Patola.
Katuki.

Holarrhena Antidysenterica.
Trichosanthes Dioica.
Picrorrhiza kurroa.

Dose— $\frac{1}{2}$ to 1 ounce to be taken twice a day.
Ther. use—Bitter tonic, anti-periodic. Useful in fevers specially in fevers with liver-derangement.

55. *Terminalia Arjuna*—

Chief ingredient is—

Arjuna.

Terminalia Arjuna.

Dose—1 to 2 ounces twice a day.
Ther. use—Said to be useful in heart-diseases.

56. *Dasamoola Panchakoladhi Kashayam*—

Dasamoola.
Panchakolam.
Thippili.
Ginger.
Ohavica.
Pippali moola.
Chitraka.
Triphala.
Dhanti.
Thrivrith.

The ten roots.
The five pungents.
Piper longum.
Zingiber officinale.
Stem of the pepper plant.
Root of chavica roxburghii.
Root of plumbago zeylanicum.
The three myrabolans.
Baliospermum montanum.
Ipomea Turpethum.

Prepare the decoction in the usual way.

Dose—1 ounce three times a day.
Ther. use—This is very much resorted to for the relief of ascites.

57. *Patyadi Quath*—

Chief ingredients are—

Triphala.
Kirata.
Gudoochi.The three myrabolans.
Swertia Chirata.
Tinospora cordifolia.

Dose—1 to 2 ounces to be taken twice a day.

Ther. use—Alterative, bitter tonic and antiperiodic. Said to be useful in dyspepsia and feverishness; and hemicrania.

58. *Sahacharadhi Kashayam*—Karingurinjee.
Devadaram.
Ohukku.Eobolium linneanum.
Cedrus deodara.
Zingiber officinalia.

Prepare decoction in the usual way.

Dose—1 ounce three times a day.

Ther. use—For all rheumatic and paralytic complaints.

It is said that if this decoction is administered along with castor-oil, rheumatic and paralytic patients who are bed ridden, will regain the power of moving about.

59. *Shadanga Paniyam*—The tubers of cyperus rotundus.
Red sandalwood.
Root of andropogon Muricatus
(Usira).
Oldenlandia Herbacea (Parpata).
Pavonia odorata (Baala).
Dry ginger.
Water.
Boil down to one seer.

Each one drachm.

Two seers.

Ther. use—This decoction is given as a drink for quenching thirst and relieving heat of the body in fevers.

60. *Vidarigandhadigana Quath*—

Chief ingredients are—

Shaliparni.
Vidari.
Gokshuraka.
Shatavari.
Sariva.
Punarnava.
Brihati.Desmodium Gangeticum.
Ipomoea Digitata.
Tribulus Terrestris.
Asparagus racemosus.
Hemidesmus Indicus.
Boerhavia diffusa.
Solanum Indicum.

Dose—1 to 2 ounces to be taken twice a day.

Ther. use—Bitter tonic, nutritive, expectorant, alterative and diuretic. Said to be useful in fevers and bronchitis.

OINTMENTS, LINIMENTS AND LEPAS.

61. *Avalgujadi Lepa*—

Chief ingredients are—

Bawuchi seeds.
Chakramarda seeds.Psoralea corylifolia.
Cassia Tora.

Directions for use—Paste of the powder with lemon juice should be applied on the part affected.

Ther. use—Useful in ringworm and eczema; psoriasis and other skin diseases.

62. *Kushthadi Lepa*—

Chief ingredients are—

Kushta.
Vidanga.
Chakramarda.Saussurea Lappa.
Embelia Ribes.
Cassia Tora.

Ther. use—The paste of this powder with lemon juice should be applied on the affected part. Useful in ringworm.

63. *Kureh-ai-kuba*—Sulphur.
Black zeera.
Mercury.
Bavancha.
Gile-armani.

Nigella sativa.

Psoralea corylifolia.
Bolan armenia rubra.

Take all in equal parts, powder them well and grind in ginger juice, make into tablets

Ther. use—Said to be useful as an external application in ringworm.

64. *Dhanwantri Thaslam*—

Bala.
Milk.
Wheat.
Kolam.
Kulastham (old horse gram).
Dasamoola.
Medha.
Maha medha.

Daroo.
Devaderum.
Manjisfa.
Kakoli.
Ksheera kakoli.
Chandanam.
Nunnari.
Koshtam.
Thagaram.
Jeevaka.
Yedavakam.
Saindhavam.
Ulava.
Kaumatham.
Vacha.
Agaru.
Punnarnava.
Aswaghandha.
Sathavari.
Ksheera suklam.
Yashthimadu.
Triphala.
Niriasam.
Sathakuppu.
Ulandu.
Cherupyru.
Katupyru.
Yalai arisi.
Ecananga tholi.
Samudrapachi.

Sida Cordifolia.

Triticum Vulgare.

The ten roots.
Physalis flexuosa (withania somnifera).
Ichnocarpus frutescens or Hemidesmus
Indicus.
A tree like oak.
Cedrus deodara.
Rubia Cordifolia.
Berries of Iuvunga scandens.
Do. variety.
Santalinus album.
Hemidesmus indicus.
Aplotaxis auriculata.
Taberna montana.
Tinospora cordifolia.
Carpropogea pruriens.
Saindhava salt.
Trigonella foenum-graecum.
Rock exudate.
Acorus calamus.
Aquilaria agallocha.
Boehavia diffusa.
Withania somnifera.
Asparagus racemosus.

Glycyrrhiza glabra.
The three myrabolans.

Anethum sowa.
Black gram.
Green gram.
Phaseolus Adenanthus.
Eugenia cardomomum.
Bark of cinnamomum zeylanicum.
Garcinia xanthochymus.

The quantity of the decoction of *sida cordifolia* must be 6 times the quantity of the oil used; so also milk. The decoction of wheat, ten roots, etc., forms one part.

Dose—4 annas weight to be taken in cummin seed decoction.

Ther. use—For all disorders produced by the derangement of the wind humour, emaciation, weakness; useful in the diseases of generative organs, paralysis and rheumatism.

65. *Paradadi Ointment*—

The chief ingredient is—
Parada.

Mercury.

Ther. use—Useful in parasitic skin diseases, such as ringworm of the scalp and scabies.

66. *Prabhanyana Vimarahana*—

Root of *sida cordifolia*.
Do. *asparagus racemosus*.
Do. *moringa pterygosperma*.
Do. *citrus medica*.
Do. *calotropis gigantea*.

Bark of *pongamia glabra*.
Root of *ricinus communis*.
Do. *ecbolium linneanum*.
Do. *withania somnifera*.
Do. *uraria lagopoides*.

The five bigger roots of *dasamoola*.

Aegle marmelos, *colosanthus indica*, *gmelina arborea*, *sterospermum suaveolens* and *prema spinosa*.

Make a decoction of these; concentrate to $\frac{1}{2}$ part. Strain the decoction, add gingelly oil, double the quantity of milk and curds, also fermented rice washed water.

For *kalkam*—add the following:—

Taberna montana.
Cedrus deodara.
Cardomom seeds.
Ginger.
Mustard.
Acorus calamus.

Plumbago zeylanicum.
Valeriana jatamansi.
Pinus longifolia.
Picrorrhiza kurroa.
Three *kalanjhies* of each of the above.
Boil with *kalkam*, strain.

Ther. use—Used internally and externally and as sternutatory; cures 80 kinds of disorders produced by the derangement of the wind humour.

PILLS AND TABLETS.

67. *Aksir-ai-Pachis*—

					Tola.
Tabaahir	..	..	..	Bambusa Arundinacea (Silicious concretions).	3
Gula-i-surakh	..	..	..	Red rose petals (dry)	3
Tukhmai-humas	..	..	..	Rumex vesicarius	1½
Girda-i-samagh	..	..	..	Rhus coriaria (the thin pericarp of the seeds of samach).	1½
Tukhma-khurfa	..	..	..	Carum Roxburghi	1½
Gulnari	..	..	..	Punica granatum	2
Sumaga-i-arabi	..	..	..	Gum arabic	1½

Powder all the ingredients and make tablets with water about 2 masha each.

Dose—One tablet twice a day.

Ther. use—In dysentery.

68. *Dashanga Guggulu*—

Chief ingredients are—

Trikatu.

Triphala.

Chitraka.

Guggulu.

The three acids.

Do. myrabolans.

Plumbago Zeylanicum.

Balsamodendron Mukul.

Make into pills of 6 gra. each.

Dose—1 to 4 pills to be taken three times a day.

Ther. use—Alterative, tonic, stimulant; useful in obesity, in nervous and rheumatic affections.

69. *Hubbai-seekhun natas*—(Asthma Pills No. 1).

					Drams.
Bazrulbang	..	..	..	Hyoscyamus niger	4
Bool	..	..	..	Myrrh	4
Afioon	..	..	..	Opium	4
Ondailoban	..	..	..	Styrax benzoin	3
Jundai-badaster	..	..	..	Castoreum	3
Filfilai gird	..	..	..	Piper nigrum	3
Khakilai sigar	..	..	..	Lesser cardamum	3

Make pills about 1 grain each.

Dose—1 pill, thrice a day.

Ther. use—Relieves the spasm of bronchitis, good expectorant, also relieves constipation.

70. *Hubba-i-see-khun-nafa*—(Asthma pills No. 2).

					Tola.
Garikoon	..	..	..	Agaricus Albus	1
Turbuda-i-sufeed	..	..	..	Ipomoea Turpethum	1
Shahama Hunzil	..	..	..	Colocynth pulp	½
Aslesoos	..	..	..	Glycyrrhiza glabra	½
Tariafeekhara	..	..	..	Iyarig pills	½
Muzarooth	..	..	..		½

Prepare 120 pills.

Dose—1 to 2 pills, thrice a day.

Ther. use—Relieves the spasm of asthma.

71. *Hubbai-shifa*—

Filfilai sufeed.

Bachnag.

White pepper.

Aconitum ferox.

Saturate in milk for three days.

Every day the milk to be changed. Fresh milk to be added. Grind the above drugs in ginger juice and make pills.

Dose—1 pill, three times a day.

Ther. use—It is said to check the periodical signs and symptoms of elephantiasis, viz., fever and swelling.

72. *Hubbai Jawahir*—

Butchnaka-i-mudabhir	.. ..	..	Aconitum ferox	1 tola.
Shangraff	.. ..	..	Hydrargyri bisulphuratum (Cinnabar).	1 "
Quranfil	.. ..	..	Cloves	1 "
Jousbana	.. ..	..	Nut of nutmeg (<i>Myristica fragrans</i>).	1 "
Bisbasa	.. ..	..	Arillus of nutmeg (<i>Myristica officinalis</i>).	1 "
Akarkera	.. ..	..	Anacyclus pyrethrum	1 "
Filfila Darnaz	.. ..	..	Piper longum	1 "
" Gird	.. ..	..	Do. Nigrum	1 "
Saffron	.. ..	..	Crocus sativum	$\frac{1}{2}$ "
Musk	.. ..	..	.. .. .	1 masha.
Umber	.. ..	..	A fragrant exudation	2 mashas.
Murvareed	.. ..	..	(Powdered pearls)	$\frac{1}{2}$ tola.
Zahar moharrah	.. ..	..	Bozoor (Mineral, a variety of silicate of magnesia and iron).	..
Maizena	.. ..	..	Zea maize	$\frac{1}{4}$ tola.
Silver leaves	.. ..	..	.. .. .	$\frac{1}{2}$ "
Kharuba	.. ..	..	Amber (<i>picca succinifera</i>)	$\frac{1}{2}$ "

Aconite must be boiled in fresh milk daily for 5 days; then washed well, its outer coat removed and then dried.

Powder with other ingredients and make pills about the size of a mustard with ginger juice.

Dose—1 pill for infants and children and two pills for adults twice a day.

Ther. use—Said to be useful in all the fevers accompanied by cold, running in the nose and headache, etc.

73. *Khurs-ai-mulaian*—

Gula-i-banufsha	.. ..	..	Flowers of <i>viola odorata</i>	4 palams.
Rubbai-soos	.. ..	..	<i>Glycyrrhiza glabra</i>	4 drams.
Sachmonia	.. ..	..	Scamony	4 mishal.
Katira	.. ..	..	<i>Tragacanth</i>	4 drams.
Nisbasta	.. ..	..	Starch	4 "

Powder all the ingredients and make tablets of 2 mashas each with (Isbogala) decoction.

Dose.—One tablet.

Ther. use—Said to be useful in constipation.

74. *Khursai-Gull*—

Gulai-surakh.		Red rose petals.
Katira.		<i>Tragacanth</i> .
Badian.		<i>Anisum sowa</i> .
Tabashir.		<i>Bambusa arundinacea</i> (Silicious concretion)
Aslasoos.		<i>Glycyrrhiza glabra</i> .
Magvai-tikhmai-kaddu.		Pumpkin seeds.
Magzai Tukhnei-Khiar.		<i>Gucumis utilissimus</i> .

Take all the ingredients of the same weight, powder them well and make tablets of 1½ mashas each.

Dose—1 khurus twice a day.

Ther. use—Very useful in all intermittent fevers.

75. *Kasis Tablets*—

The chief ingredient is sulphate of iron.

Dose—1 to 5 tablets of 1 grain each to be taken twice a day after meals.

Ther. use—Tonic and hæmatinic.

76. *Pakshavadha Gugulu*—

Chief ingredients are—

Gugulu.	Balsamodendron mukul.
Triphala.	The three myrabolans.
Yavani.	<i>Carum copticum</i> .
Sershapa.	<i>Brassica campestris</i> .
Patha.	<i>Cissampelos pareira</i> .
Chitraka.	<i>Plumbago zeylanicum</i> .
Hindu.	Asafotida.
Indrayana.	<i>Holarrhena antidysenterica</i> .
Jiraka.	<i>Cumiaun cyminum</i> .

Make into pills of 6 grains each.

Dose—1 to 4 pills to be taken three times a day.

Ther. use—Alterative, tonic; useful in paraplegia, hemiplegia and other paralytic affections.

77. *Sanjivani pills*—

Chief ingredients are—

Triphala.
Shunti.
Pippali.
Bhallataka.
Aconite.
Vaaha.

The three myrabolans.
Zingiber officinalis.
Piper longum.
Semicarpus anacardium.
Aconitum ferox.
Acorus calamus.

Make pills of 1 grain each.

Dose—1 to 4 pills, three times a day.

Ther. use—Sedative and gastric stimulant; useful in indigestion, chronic diarrhoea, cholera.

78. *Trikatuadi Gutika*—

Chief ingredients are—

Lohah bhasmam.
Trikatu.
Triphala.
Chitraka.
Musta.
Vidanga.

Calcined iron.
The three acids.
Do. myrabolans.
Plumbago zeylanica.
Cyperus rotundus.
Embelia ribes.

Dose—1 to 4 to be taken after meals with milk.

Ther. use—Tonic, alterative; useful in scrofula, phthisis, anæmia, dropsy, spermatorrhœa, diabetes, general debility, sexual debility.

RASAS.

79. *Arshakutara Rasa*—

Kajjali.
Tamra bhasma.
Loha "
Trikatu.
Surana.
Yavakshara.

Cinnabar.
Calcined copper.
" iron.
The three acids.
Amorphallus campanulatus.
Carbonate of potash.

Dose—1 to 4 pills, three times a day.

Ther. use—Alterative, tonic, laxative; useful in piles; gives tone to the body and keeps the bowels free.

80. *Gandamalakandan Rasa*—

Chief ingredients are—

Kajjali.
Tamra bhasmam.
Loha bhasma.
Kanchanar bark.
Guggulu.

Cinnabar.
Calcined copper.
Do iron.
Bauhinia variegata.
Balsamodendron mukul.

Dose—3 to 12 pills, twice a day.

Ther. use—Alterative, tonic, hæmatinic; useful in scrofulous affections; improves general health.

81. *Grahani Vajra Kapti Rasa*—

Dose—1 to 4 pills, three times a day with whey.

Ther. use—Antacid, alterative; useful in hyperacidity and relieves pain, discomfort and distention of the bowels.

82. *Kalakoota Rasa*—

Chief ingredients are—

Aconite.
Kajjali.
Tamra bhasma.
Manoshila.
Haratal.
Chitrak.
Triphala.

Aconitum ferox.
Cinnabar.
Calcined copper.
Realgar.
Orpiment.
Plumbago zeylanicum.
The three myrabolans.

Dose—1 to 3 pills, 3 times a day with betel leaves.

Ther. use—Useful in fevers with mental derangement; in high fever, it reduces the temperature, and when given during paroxysm, it acts as an antiperiodic.

83. *Lakshminarayan Rasa*—

Chief ingredients are—

Abhrak bhasma.
Rasasindura.
Vatsanabhi.
Kutuku
Katajatwiak.

Calcined talc.
Mercuric oxide (red).
Aconitum ferox.
Picrorrhiza kurroa.
Holarrhena antidysenterica (bark of).

Dose—1 to 3 pills, every three hours, during fevers.

Ther. use—Anodyne, antipyretic and diaphoretic; useful in convulsions, hemiorania and neuralgia.

84. *Lokanatha Rasa*—

Chief ingredients are—

Kajjali.
Abhrak bhasma.
Loha bhasma.
Tamra bhasma.

Mercury sulphide.
Calcined talc.
" iron.
" copper.

Dose—1 to 4 pills, to be taken three times a day with honey.

Ther. use—Useful in diseases of the liver and in dropsy and jaundice.

85. *Mehamudgara Rasa*—

Chief ingredients are—

Loha bhasmam.
Rasanjana.
Darvi.
Gokshura.
Bilva.
Guggula.

Calcined iron.
Extract of Berberis aristata.
Berberis aristata.
Tribulus terrestris.
Aegle marmelos.
Balasamodendron mukul.

Dose—1 to 4 pills, to be taken twice a day after meals.

Ther. use—Tonic, antiperiodic, and alterative; useful in spermatorrhoea and other disorders of the urinary tract.

86. *Mahamriganka Rasa*—

Chief ingredients are—

Calcined gold	..	..	..	..	..	..	..	1 part.
Red oxide of mercury	..	..	..	..	..	..	..	2 parts.
Calcined pearls	..	..	..	..	..	..	..	3 "
Sulphur	..	..	..	..	..	..	..	4 "
Swarnamakshika (Iron pyrites)	..	..	..	..	..	..	..	5 "
Calcined silver	..	..	..	..	..	..	..	6 "
Calcined coral	..	..	..	..	..	..	..	7 "
Calcined borax	..	..	..	..	..	..	..	2 "

Macerate all these for three days in the juice of Citrus acida, and make a ball of the mass. After having it dried in strong sunshine, insert it within a crucible, and roast it in the apparatus called Lavana Yantra for 12 hours. When cooled, add $\frac{1}{4}$ part by weight of diamond to the roasted ball and pound well into fine powder.

Dose—2 grains to be mixed in honey and given twice a day.

Ther. use—Said to be useful in consumption, hoarseness of voice, hectic fever, etc.

87. *Maha vaatha vidhwamsi Rasa*—

Mercury.
Rajitha bhasmam.
Abraka.
Kantha.
Lead.
Tin bhasmam.
Thalakam.
Manoshila.

Hayya bhasmam.
Yemakshikam.
Loha bhasmam.
Pearl bhasmam.
Mukthi bhasmam.
Gowri bhasmam.
Shanka bhasmam.

All in equal parts. Rub in the juice of Kodukalli leaves for one day, in Yerukkumpal one day, and heat in valuka yantram.

Add equal parts of powdered aconite to the sublimate and grind in lime juice and also in manathakali (tomato) juice.

Dose—2 grains to be mixed with honey and given twice a day.

Ther. use—Useful in all rheumatic pains, abdominal dropsy, anorexia and asthma.

88. *Panchamrit Parpati*—

Dose—2 to 8 grains, to be taken twice a day.

Ther. use—Most efficacious medicine for sprue and chronic diarrhoea.

89. *Pradararipoo Rasa*—

Chief ingredients are—

Kajjali.	Cinnabar.
Naga bhasma.	Calced tin.
Rasanjana.	Extract of <i>Berberis aristata</i> .
Iodhra.	<i>Symplocos racemosa</i> .

Dose—1 to 4 pills, three times a day with rice water.

Ther. use—Tonic, astringent and alterative; useful in leucorrhoea and in chronic diarrhoea.

90. *Panchabana Rasa*—

The ingredients of Panchabana Rasa are mercury and sulphur, made into kajjali and pounded successively in the juice of the fruits of *Phyllanthus Emblica*, of grapes, of liquorice, and of date for one day each.

Dose—2 grains.

Ther. use—In general debility and in nervous exhaustion.

91. *Ratnagiri Rasa*—

Chief ingredients are—

Mercury	..	..	..	..	..	..	..	..	..	1 part.
Sulphur	..	..	..	..	..	..	..	..	..	1 "
Copper	..	..	..	..	..	..	..	..	..	1 "
Mica	..	..	..	..	..	..	..	..	..	1 "
Gold	..	..	..	..	..	..	..	..	..	1 "
Iron	..	..	..	..	..	..	..	..	..	1 "
Vaikranta	..	..	..	..	..	..	..	..	..	1 "

Grind with the juice of *Bhringaraja* (*Verbesina calandulacea*); make like parpati by heating. Reduce it to powder; the powder is macerated, three times, in the expressed juice or decoction of the following one after another, viz.—*Moringa pterygosperma*, *Justicia adhatoda*, *Vitex negundo*, *Acorus Calamus*, the roots of *Plumbago Zeylanica*, *Verbesina Calandulæa*, *Bhukadamba* (*Sphœranthus Hirtus*), *Solanum Xanthocarpum*, *Tinospra cordifolia*, *Sesbania aculeata*, the flowers of *Sesbania grandiflora*, *Gratiola moniera*, *Agathotes cheroyta*, and also *perfoliata*. After this, enclose it in a crucible and heat in sand bath.

Dose—2 to 6 grains to be taken every three hours with dhanyak (*Coriander*) water until fever subsides.

Ther. use—Alterative, diaphoretic; useful in fevers.

As the preparation does not contain aconite, it can safely be given where aconite is contra indicated.

92. *Rasa Raja Rasam*—

Chief ingredients are—

Rasasindura (Mercuric oxide)	..	..	..	..	..	..	..	..	..	8 tolas.
Mica	..	..	..	..	..	..	..	..	..	2 "
Gold	..	..	..	..	..	..	..	..	..	1 "

Pound these together in the expressed juice of *Aloe Indica*, and add iron, silver, tin, *Physalis flexuosa*, cloves, nutmeg flowers, and *Kshirakakoli* each half a tola. Pound all these again in the expressed juice of *Solanum nigrum*, and prepare pills.

Dose—2 grains.

Ther. use—Said to be useful in all fevers.

93. *Shwasra Chinthamani Rasa*—

Chief ingredients are—

Loha bhasma.	Calced iron.
Gandhaka.	Sulphur.
Abhrak bhasma.	Calced talc.
Kajjali.	Mercury sulphide.
Makshika.	Iron pyrites.
Mukta.	Pearl.
Suvarna bhasmam.	Calced gold.

Dose—1 to 4 pills, to be taken three times a day.

Ther. use—Alterative, tonic; useful in cough, asthma, phthisis, anæmia, chlorosis, general debility, etc.

94. *Vishva Tap Haran Rasa*—

The chief ingredients are—

Kajjali.	Mercuric sulphide.
Tamra bhasma.	Calced copper.
Nux vomica.	
Croton seeds.	

Dose—1 to 4 pills with water when desired.

Ther. use—Purgative, diaphoretic and stimulant useful in chronic constipation, fever and chronic paralytic affections.

95. *Vatha Rakshasam*—

Kantha bhasmam.

Naga " "

Swarna " "

Silver " "

Rasa " "

Abrak " "

Aconite bhasmam.

Karpade " "

Croton.

Copper sulphate.

Yemak-shikham.

Gowri bhasmam.

Shankha bhasmam.

Burnt borax.

Mercurio sulphate.

Haritharam.

Manoshila.

Mercury.

Grind all these in ginger juice and heat in valuka yantram for three hours.

Dose—2 grains mixed with honey and given twice a day.

Ther. use—Paralysis, rheumatism, and malarial fever.

96. *Vatha vidhwamsi Rasa*—

Mercury, sulphur, tin bhasmam, copper bhasmam and iron bhasmam. Piper longum, Zingiber officinale, pepper, abrak bhasmam. All in equal parts. Aconite 1½ parts.

Rub one day in each of the following juices :—

1. Plumbago juice.
2. Vella Khandankathri juice.
3. Chundakaya juice.
4. Vavilli juice.
5. Juice of the root of Datura stramonium.
6. Juice of Calatropis gigantea.
7. Ginger juice.
8. Lime juice.

Make pills to the size of one gundumani.

Dose—2 grains to be mixed in honey and given twice a day.

Ther. use—Useful in all rheumatic pains, abdominal dropsy, anorexia and asthma.

APPENDIX IV.

Index and summary of the notes of the medicines investigated.

Number and names of the drugs.	Notes of drugs.	Where obtained.	Diseases used in.	Total number of cases treated.	Remarks on results.
<i>Single drugs.</i>		No.			
1. Anamirta coculus		1	Local .. Ringworm	21	Useful in acute cases, not useful in chronic cases.
2. Alstonia scholaris		2	Do. .. Malarial fevers	25	Acts as a mild anti-malarial.
3. Aegle marmelos (Bael)		3	B.C. Works, Calcutta. Dysentery, diarrhoea and chronic enteritis.	16	Very useful.
4. Alpinia chinensis		4	Local .. Bronchitis (acute and chronic).	1	Beneficial.
5. Agathi grandiflora	?	5	Do. .. Constipation	5	Not useful.
6. Aristolochia bracteata		6	Do. .. Round worms	25	Efficacious.
7. Aristolochia Indica		7	Do. .. Malarial fevers	4	Unsatisfactory.
8. Amocra rohitaka		8	Do. .. Enlarged liver and spleen.	7	Do.
9. Andropogon muricatus		9	Do. .. Fevers	5	Useful.
10. Aplotaxis auriculata		10	Do. .. Chronic rheumatism	7	Unsatisfactory.
11. Althae officinalis		11	Do. .. Bronchitis and bronchial catarrh.	3	Useless.
12. Boerhaavia diffusa		12	Do. .. Chronic Bright's disease with general dropsy.	3	Acts as a good diuretic.
13. Bryonia scabrella		13	Do. .. Bronchitis and asthma ..	4	Action slow and unsatisfactory.
14. Coralloecarpus epigaea		14	Do. .. Chronic enteritis and dysentery.	5	Beneficial.
15. Cassia occidentalis		15	Do. .. Constipation	12	Useful.
16. Cassia sophera		16	Do. .. Acute bronchitis	5	Gives relief.
17. Carthamus tinctorius		17	Do. .. Constipation	18	Acts as a mild purgative.
18. Cassia fistula		18	Do. .. Do. ..	18	Purgative.
19. Chitrata		19	Do. .. Malarial and other fevers.	16	Beneficial.
20. Clitorea ternatea		20	Do. .. Constipation	15	Acts as a laxative.
21. Chavica roxburghi or long pepper.		21	Do. .. Acute and chronic bronchitis.	10	Beneficial.
22. Caesalpinia sappan (sappan wood).		22	Do. .. Dysentery and diarrhoea.	9	Gives relief.
23. Coccinia Indica		23	Do. .. Bronchial catarrh and bronchitis.	3	Useless.
24. Cordia myxa		24	Do. .. Bronchitis	6	Do.
25. Cassia alata (ringworm shrub).		25	Do. .. Ringworm of the body ..	31	Efficacious in acute cases; in chronic cases not useful.
26. Emblio myrabolans		26	Do. .. Bronchitis	6	Gives relief.
27. Euphorbia nerifolia		27	Do. .. Asthma	12	Do.
28. Eurycoma longifolia		28	Do. .. Malarial fevers	8	Useful.
29. Erythrina Indica		29	Do. .. Acute dysentery	5	Not useful.
30. Eugenia jambolans		30	Do. .. Dysentery	10	Gives relief.
31. Fumaria parviflora		31	Do. .. Fevers	11	Useless.
32. Hemidesmus Indicus		32	Do. .. Debility after fevers and chronic rheumatism.	3	Efficacious in debility. In chronic rheumatism not useful.
33. Holarrhena-antidysenterica.		33	Do. .. Dysentery	20	Very efficacious.
34. Hyssopus officinalis		34	Do. .. Asthma and chronic bronchitis.	32	Beneficial.
35. Indigofera aspalathoides		35	Do. .. Secondary syphilis and psoriasis.	6	Useless.
36. Luffa amara		36	Do. .. Asthma	12	Gives relief.
37. Michelia champaca		37	Do. .. Chronic gastritis	16	Useful.
38. Mesua ferrea		38	Do. .. Dysentery	24	Mild cases cured, severe cases not useful.
39. Melia azadirachta		39	Do. .. Chronic skin diseases (itch), boils and eczema.	6	Gives relief.
40. Mallotus philippensis		40	Do. .. Round worms and thread worms.	25	Efficacious.
41. Malva sylvestris		41	Do. .. Bronchial catarrh and bronchitis.	7	Useless.
42. Melia azadarach		42	Do. .. Dyspepsia and malarial fever.	19	An efficient bitter tonic, but no malarial property.
43. Nelumbium speciosum		43	Do. .. Dysentery	8	Efficacious.
44. Oldenlandia herbacea		44	Do. .. Malarial fevers and jaundice.	9	Malarial fevers not satisfactory; jaundice cured.
45. Oldenlandia umbellata		45	Do. .. Bronchitis and asthma ..	23	Bronchitis useful. Asthma gives relief.
46. Odina wodier		46	Do. .. Diarrhoea and dysentery ..	23	Useless.
47. Pistia stratiotes		47	Do. .. Chronic skin disease ..	6	Gives relief.
48. Peoralia corylifolia		48	Do. .. Ringworm	6	Beneficial.
49. Pius deodara		49	Do. .. Chronic fevers	12	Useless.
50. Plantago ispaghula		50	Do. .. Specific urethritis	4	Useful.
51. Rhus succedanea		51	Do. .. Infantile diarrhoea and dysentery.	18	Beneficial.
52. Saraca Indica		52	Do. .. Puerperal diseases and menorrhagia.	12	Do. †

Index and summary of the notes of the medicines investigated—cont.

Number and names of the drugs.	Notes of drugs.	Where obtained.	Diseases used in.	Total number of cases treated.	Remark on results.
<i>Single drugs—cont.</i>					
53. Scindapens pertusa	53	Local ..	Asthma	4	Acts as an expectorant, no action on the asthmatic spasm.
54. Smilax chinensis	54	Do. ..	Chronic and subacute rheumatism.	8	Unsatisfactory.
55. Soyimida febrifuga	55	Do. ..	Malarial fevers	24	Beneficial.
56. Sphaeranthus hirtus	56	Do. ..	Specific urethritis	1	Useless.
57. Solanum ferox	57	Do. ..	Fevers	6	Do.
58. Solanum trilobatum or trifoliatum.	58	Do. ..	Acute and chronic bronchitis	4	Useful.
59. Solanum Indicum	59	Do. ..	Bronchitis attended with fever	11	Useless.
60. Solanum jacquini	60	Do. ..	Asthma and bronchitis ..	6	Do.
61. Terminalia arjuna	61	Do. ..	Dropsy arising from heart troubles and valvular diseases of the heart.	15	Not useful.
62. Tinospora cordifolia	62	Do. ..	Malarial fevers	23	Action slow.
63. Tephrosia purpurea	63	Do. ..	Bright's disease with dropsy.	7	Acts as a diuretic in a mild degree.
64. Tylophora <i>asthmatica</i> (country ipecah).	64	Do. ..	Dysentery, asthma and bronchitis.	13	Beneficial.
65. Tragia cannabina	65	Do. ..	Bronchitis	18	Useful.
66. Vernonia anthelmintica ..	66	Do. ..	Round worms	148	Satisfactory.
<i>Arishtas.</i>					
1. Abhaya arishtam	1	Arya-Vydyasala, Kotakkal.	Atonic dyspepsia and constipation	11	Slightly useful.
2. Pippali arishta	2	Zandu Pharmacy, Bombay.	Bronchitis and asthma ..	4	Gives relief.
<i>Asavas.</i>					
3. Kanaka asava	3	Do.	Asthma	20	Beneficial.
4. Kumara asava	4	Do.	Do.	12	Do.
<i>Avalehas, Grithams, Syrups and confections.</i>					
5. Asoka gritham	5	Do.	Menorrhagia and leucorrhoea.	5	Beneficial.
6. Annono-daroo	6	Local ..	Dyspepsia	6	Useful.
7. Agastya rasayanam	7	Arya-Vydyasala, Kotakkal.	Chronic bronchitis associated with asthma and emphysema.	6	Beneficial.
8. Confection Dhaiphal	8		Dysentery	21	Satisfactory.
9. Dhatriyavaleha	9	Zandu Pharmacy, Bombay.	Chronic bronchitis	3	Gives relief.
10. Dava-ul-musk	10	Local ..	Neurasthenia	1	Useful.
11. Gulgulntbikthakam	11	Arya-Vydyasala, Kotakkal.	Chronic psoriasis	4	Do.
12. Javarish-ai-amila	12	Local ..	Stomatitis, gastritis and atonic dyspepsia.	6	Gives relief.
13. Javarish-ai-sulamani	13	Do. ..	tonic dyspepsia	4	Do.
14. Javarish-ai-thurush	14	Do. ..	Chronic gastritis and in atonic dyspepsia.	5	Useful.
15. Kantakari avaleha	15	Zandu Pharmacy, Bombay.	Asthma and bronchitis ..	12	Beneficial.
16. Khamair-ai-abrashim ..	16	Local ..	Nervous palpitation of the heart	2	Useful.
17. Laboobai sagheer	17	Do. ..	Neurasthenia	6	Useless.
18. Mama sarpiishi	18	Arya-Vydyasala, Kotakkal.	Epilepsy	3	Do.
19. Majoonai mussafi	19	Local ..	Habitual constipation and skin diseases.	6	Useless.
20. Majoonai sual	20	Do. ..	Bronchial catarrh and mild cases of bronchitis.	9	Useful.
21. Majoonai-malarial fever	21	Do. ..	Malarial fevers	18	Useless.
22. Mubhatiktha gritham	22	Zandu Pharmacy, Bombay.	Chronic skin diseases ..	10	Useful.
23. Mahjum-e-tal	23	Local ..	Painful dyspepsia	24	Unsatisfactory.
24. Madhusuahi rasayanam ..	24	Arya-Vydyasala, Kotakkal.	Chronic psoriasis	9	Useful.

Index and summary of the notes of the medicines investigated—cont.

Number and names of the drugs.	Notes of drugs.	Where obtained.	Diseases used in.	Total number of cases treated.	Remarks on results.
<i>Asulehas, Grithams, Syrups and confections—cont.</i>					
25. Neelivi gritham	No. 25	Arya-Vydasala, Kotakkal.	Dysmenorrhœa	4	Unsatisfactory.
26. Panohagaviya Ghritam ..	26	Do.	Epilepsy	1	Not useful.
27. Syrupus-Rhusopus officinalis.	27	Local ..	Dyspepsia chronic bronchitis, asthma and amenorrhœa	61	Useful. In amenorrhœa useless.
28. Syrap Brahmi	28	B.O. Works, Calcutta.	Epilepsy	3	Useful.
<i>Bhasmas.</i>					
29. Abrak bhasmam (Calcined 1000 times)	29	Zandu Pharmacy, Bombay.	Diabetes mellitus ..	2	Useful.
30. Naga bhasmam	30	Do.	Asthma	12	Beneficial.
31. Thalaki bhasmam	31	Arya-Vydasala, Kotakkal.	Bronchitis attended with fever.	33	Do.
32. Sringa bhasmam ?	32	Do.	Specific urethritis ..	95	Not useful.
33. Vanga bhasmam	33	Do.	Menorrhœa	9	Useful.
34. Yasada bhasmam	34	Do.	Chronic gastritis ..	6	Gives relief.
<i>Churnams.</i>					
35. Bhoonimbadi churnam ..	35	Zandu Pharmacy, Bombay.	Chronic diarrhœa, dysentery and chronic gastritis.	23	Useful but the action is slow.
36. Chaturushana churnam ..	36	Do.	Flatulence and intestinal colic.	21	Useful.
37. Jatipaladhi churnam ..	37	Do.	Asthma, lumbago and menorrhœgia.	21	Beneficial.
38. Katphaladhi churnam ..	38	Local ..	Dysentery	3	Useful.
39. Kappithashtaka churnam ..	39	Zandu Pharmacy, Bombay.	Acute dysentery	14	Do.
40. Madanadhivaman	40	Do.	Acute cases of bronchitis and asthma.	66	Efficacious.
41. Compound powder of amilax chinensis	41	Local ..	Rheumatism chronic ..	3	Not useful.
42. Narashimha churnam ..	42	Zandu Pharmacy, Bombay.	Atonic dyspepsia and myalgia.	5	Gives relief.
43. Pushyanuga churnam ..	43	Do.	Menorrhœgia and leucorrhœa.	13	Do.
44. Panohakola churnam ..	44	Local ..	Atonic dyspepsia, bronchial catarrh and bronchitis.	12	Do.
45. Panohanimba churnam ..	45	Do. ..	Convalescence after malarial fevers.	75	Beneficial.
46. Saffi-fai-siah	46	Do. ..	Acute dysentery	13	Efficacious.
47. Shringyadhi churnam ..	47	Zandu Pharmacy, Bombay.	Infants suffering from diarrhœa and bronchial troubles.	34	Beneficial.
48. Suranadhi churnam ..	48	Arya-Vydasala, Kotakkal.	Piles and dysentery ..	6	Useless.
49. Shadushana churnam ..	49	Local ..	Flatulence and intestinal colic, bronchial and nasal catarrh.	3	Useful.
50. Vaishavanar churnam ..	50	Zandu Pharmacy, Bombay.	Indigestion, loss of appetite and flatulent dyspepsia with eructations.	22	Beneficial.
51. Vadavanal churnam ..	51	Do.	Chronic gastritis	16	Useful.
<i>Decoctions or quaths.</i>					
52. Bharangyadhi kashayam ..	52	Local ..	Asthma	13	Gave relief.
53. Calatropis gigantea (C.D.) ..	53	Zandu Pharmacy, Bombay.	Bronchitis and influenza.	20	Efficacious.
54. Kalingakadi (C.D.)	54	Zandu Pharmacy, Bombay.	Malarial fever	19	Not useful.
55. Terminalia Arjuna	55	Do.	Valvular diseases of the heart.	6	Do.
56. Dasamoola panchakoladhi kashayam.	56	Arya-Vydasala, Kotakkal.	Ascites with cirrhosis of the liver.	10	Useful.
57. Pathyadhi quath	57	Zandu Pharmacy, Bombay.	Convalescence after fever and hemiorania.	15	Do.
58. Sahaaharadhi kashayam ..	58	Arya-Vydasala, Kotakkal.	Chronic rheumatism ..	4	Unsatisfactory.

Index and summary of the notes of the medicines investigated—*cont.*

Number and names of the drugs.	Notes of drugs.	Where obtained.	Diseases used in.	Total number of cases treated.	Remarks on results.
<i>Decoctions or quaths—cont.</i>					
59. Shadanga panayam	59	Local ..	Fever	7	Beneficial.
60. Vidarigandhadigana quath ..	60	Zandu Pharmacy, Bombay.	Influenza and bronchitis..	7	Do.
<i>Ointments, liniments or lepas.</i>					
61. Avalgujadi lepa	61	Zandu Pharmacy, Bombay.	Ringworm .. .. .	..	Useful.
62. Kusthadi lepa	62	Do.	Do.	41	Useful.
63. Kurah-ai-kuba	63	Local ..	Different varieties of taenia.	6	Do.
64. Dhanwantri thailam (21 times and 101 times boiled).	64	Arya-Vydasala, Kotakkal.	Rheumatism and neuralgia.	4	Useful in neuralgia, useless in rheumatism.
65. Paradadi ointment'	65	Zandu Pharmacy, Bombay.	Ringworm of the scalp ..	20	Useful.
66. Prabhanjana vimardhana ..	66	Arya-Vydasala, Kotakkal.	Sciatica and neuritis ..	4	Gives relief.
<i>Pills.</i>					
67. Khursai-aksirai-pachis	67	Local ..	Acute dysentery and mucous enteritis.	6	Useful.
68. Dashanga guggula	68	Zandu Pharmacy, Bombay.	Chronic rheumatism ..	2	Not useful.
69. Hubbai-jee-khun-nafas (Asthma pills No. 1).	69	Local ..	Asthma	6	Gives relief.
70. Hubbai-jee-khun-nafas (Asthma pills No. 2).	70	Do. ..	Do.	6	Useful.
71. Hubbai-shafa	71	Do. ..	Filarial fever	3	Do.
72. Hubbai-javahir	72	Do. ..	Catarrh and inflammation of the mucous membrane of air passages attended with fever.	18	Very beneficial.
73. Khursai-mulaian	73	Do. ..	Constipation	72	Useful.
74. Khursai-gull	74	Do. ..	Intermittent fever	10	Useless.
75. Kasis tablets	75	Zandu Pharmacy, Bombay.	Amenorrhoea	18	Useful.
76. Pakshavadha gugulu	76	Do.	Hemiplegia	2	Not useful.
77. Sanjivini pills	77	Do.	Indigestion and chronic diarrhoea.	5	Useful.
78. Trikatakadhi gutika	78	Do.	Tuberular phthisis ..	2	Slightly useful.
<i>Rasas.</i>					
79. Arshakutara rasa	79	Zandu Pharmacy, Bombay.	Bleeding piles	4	Acts as a gentle laxative, had no effect on the bleeding.
80. Gandamalakandan rasa	80	Do.	Tuberular glands	13	Not useful.
81. Grahni vajra kapat rasa ..	81	Do.	Chronic enteritis	11	Gives relief.
82. Kalkoota rasa	82	Do.	Fever with delirium	2	Useful.
83. Laxminarayana rasa	83	Do.	Hemiorania and other forms of neuralgia.	32	Do.
84. Lokanatha rasa	84	Do.	Droopy, as a result of dilatation of the heart.	4	Gives relief.
85. Mehamudgara rasa	85	Do.	Malarial fevers	13	Useful.
86. Maha Mriganka rasa	86	Local ..	Phthisis	13	Do.
87. Maha vathavidhwamsi rasa ..	87	Do. ..	Chronic rheumatism ..	17	Slow in action but useful.
88. Panchamrita parpati	88	Zandu Pharmacy, Bombay.	Chronic enteritis and diarrhoea.	3	Useful.
89. Pradararipoo rasa	89	Do.	Leucorrhoea and in chronic diarrhoea.	30	Efficacious.
90. Panchbana rasa	90	Local ..	Sexual and general debility.	10	Useful.
91. Ratnagiri rasa	91	Zandu Pharmacy, Bombay.	Malarial fever	19	Efficacious.
92. Rasa raja rasam	92	Local ..	Typhoid fever	2	Useful.
93. Shwasa Chinthamani rasa ..	93	Zandu Pharmacy, Bombay.	Asthma	11	Do.
94. Vashava Tapa Harana rasa ..	94	Do.	Constipation	35	Acts as a good purgative.
95. Vatha rakhasam	95	Local ..	Malarial fever	49	Useful.
96. Vatha vidhwamsi ras	96	Do. ..	Chronic rheumatism ..	24	Useless.

APPENDIX V.

Statement showing the diseases treated by Ayurvedic and Unani medicines from 1st January to 31st August 1920.

Names of the diseases treated.	Total No. of patients treated.	Names of the diseases treated.	Total No. of patients treated.
1. Asthma	139	36. Taenia	124
2. Bronchial catarrh	152	37. Psoriasis	21
3. Coryza	5	38. Scabies	173
4. Acute bronchitis	169	39. Chronic skin diseases	28
5. Chronic bronchitis	14	40. Alopecia	1
6. Tubercular phthisis	4	41. Eczema	9
7. Pneumonia	5	42. Prurigo	5
8. Palpitation of the heart	3	43. Ascaris lumbricoides	215
9. Valvular diseases of the heart	6	44. Tape worm	6
10. Influenza	45	45. Menorrhagia	22
11. " broneho-pneumonia	7	46. Dysmenorrhœa	29
12. Gastric catarrh	14	47. Leucorrhœa	15
13. Colic intestinal	19	48. Amenorrhœa	18
14. Atonic dyspepsia	10	49. Gonorrhœa	20
15. Chronic gastritis	174	50. Gleet	4
16. Dilatation of stomach	2	51. Syphilis	7
17. Constipation	294	52. Chronic rheumatism	78
18. Acute and chronic diarrhœa	172	53. Gonorrhœal rheumatism	20
19. Chronic enteritis	6	54. Acute Bright's disease	2
20. Dysentery (acute and chronic)	252	55. Chronic Bright's disease	2
21. Hæmorrhoids	6	56. Anæmia from ankylostomiasis	6
22. Pyrexia of uncertain origin	83	57. " dropsy	4
23. Remittent fever	7	58. Malarial fever	450
24. Typhoid fever	2	59. Catarrhal jaundice	14
25. Epilepsy	7	60. Cirrhosis of the liver and ascites	6
26. Lateral sclerolosis	1	61. Locomotor ataxy	2
27. Hemiplegia	14	62. Biliousness	20
28. Hemicrania	18	63. Infantile biliary cirrhosis	5
29. Myalgia	43	64. Dilatation of the heart	1
30. Sciatica	6	65. Leprosy	30
31. Facial paralysis	1	66. Lymphatic fever and elephantiasis	11
32. Lumbago	8	67. Scrofula (tubercular glands)	13
33. Neurasthenia	15		
34. Diabetes insipidus	1		
35. " mellitus	2		
		Total ..	3,007

APPENDIX VI.

The following single and compound drugs already mentioned in my first or second report have been given a further extended trial and I have here only to confirm what I have mentioned about their therapeutical actions in the notes attached to those two reports:—

Single drugs.

1. Trichosanthes Palmata.
2. Aconitum Heterophyllum.
3. Tinospora cordifolia.
4. Vernonia Anthelmintica.
5. Cleome Viscoea.
6. Euphorbia Pilulifera.
7. Oldenlandia Hernandifolia.
8. Ailanthus Malabaricum.
9. Picorrhiza Kurroa.
10. Terminalia Arjuna.
11. Alstonia Scholaris.
12. Calotropis gigantea and procera.
13. Zingiber officinale.

Basmams.

14. Abrak Bhasmam (calcined 100 times).
15. Tamra Bhasmam.
16. Vanga Bhasmam.
17. Annabedhi Sindhuram.

Churnams or powders.

18. Rohitaka Churnam.
19. Gangadhara Churnam.
20. Kalyanksharam.
21. Sudarsana Churnam.
22. Kirmani.
23. Swayamagni.
24. Constipation powder (Unani).
25. Avipatkar Churnam.
26. Aswaghandha Churnam.

Ointments, Thailams, etc.

27. Adithyapaka Thaila.
28. Dadrugna ointment.
29. Vidanga Thaila.
30. Vishagharbha Thaila.

Pills.

31. Abhya modak.
32. Kanchanar Gugulu.
33. Yogaraj Gugulu.
34. Rasna Gugulu.
35. Mandura Vati.
36. Pranadhi gutika.
37. Punarnava Mandura.
38. Chandraprabha gutika.

Rasas.

39. Jatiphaladhi gutika.
40. Mriganka Rasa.
41. Mrithyunjaya Rasa.
42. Vathagni Kumaran.
43. Naracha Rasa.
44. Shanka vati.
45. Shwasakutara Rasa.
46. Ekangavera Rasa.
47. Thribhuvana Keerti Rasa.
48. Devakusumadhi Rasa.
49. Pancha Vakra Rasa.
50. Smriti-sagara Rasa.
51. Agni-sooti Rasa.
52. Vatari Rasa.
53. Nithyanandha Rasa.
54. Krimimudgara Rasa.
55. Arogiavardhini pills.

Ghrithams.

56. Mahatiktha Ghritham.

Quaths.

57. Amritadhi.
58. Saptaparna.
59. Dasamoola.

Succus.

60. Eclipta Prostrata.

Notes on treatment of Leprosy.

I append a statement of leper patients treated with *Hydnocarpus inebrians*. In the notes on this drug, in my second report, I remarked "I have no doubt that *Hydnocarpus inebrians* is a potent drug for ameliorating the loathsome complications of leprosy." From the appended statement it will be evident that I have not been wrong in making that remark. Since writing the second report, thirty leper patients with characteristic signs and symptoms have been under treatment for varying periods. Only in a few of these, lepra bacilli were found in nasal discharges. From what I have seen of the results of the treatment, I must say they are very encouraging. One of them has almost completely recovered. Looking at him now, it will be difficult to say that he had previously suffered from the disease, if not for the contractures of the fingers of one hand which the disease has left behind. This patient had two perforating ulcers, one on each foot and several anæsthetic patches all over the body. He is now able to attend to his avocations as a Sanskrit Pandit. Eleven other patients have improved very much under treatment. I have marked as stationary, all those patients who have come under treatment recently, i.e., within the last two months. The treatment adopted in all these cases, except one, is the same as that mentioned in my second report, viz., preliminary purgation by purified powdered croton seeds for eight to ten days, thereafter ten minim doses of oleum *Hydnocarpus inebrians* in the morning, and 20 grains of confection of the kernel of the seeds of *Hydnocarpus inebrians* in the evening. One patient, in addition to the above treatment, is being given twice a week subcutaneous injections of solution of sodium *Hydnocarpate* (2 C.C.) prepared at the Chemical Examiner's laboratory. This patient is rapidly improving although he has been under treatment only for ten weeks. Most of the patients are still under treatment. These include four brothers aged 6 to 13 years. Their father who was a leper died two years ago of acute dysentery.

APPENDIX VII.
Summarised statistics of leprosy treatment.

(1)	Number of cases treated with oleum Hydnocarpus inebrians and python's fat.				Number of cases treated with oleum Hydnocarpus and confection.				Number of cases treated with injections of sodium Hydnocarpate.				Duration of disease.	Length of treatment.	Dose of Hydnocarpus and python's fat.	Dose of oleum Hydnocarpus and confection.	Dose of sodium Hydnocarpate for injection.	Total number of cases treated.	Result.																		
	Oleum Hydnocarpus and python's fat.		Oleum Hydnocarpus and confection Hydnocarpus.		Injection of sodium Hydnocarpate.		Worse.	Stationary.	Slightly im-proved.	Considerably improved.	Worse.	Stationary.							Slightly im-proved.	Much im-proved.	Worse.	Stationary.	Slightly im-proved.	Much im-proved.													
	Anaesthetic.	Mixed.	Nodular.	Total.	Anaesthetic.	Mixed.																			Nodular.	Total.	Anaesthetic.	Mixed.	Nodular.	Total.	(20)	(21)	(22)	(23)	(24)	(25)	(26)
1. Leper Hospital, Rayaparam.*	7	3	..	10	..	..	..	..	..	..	..	..	8 to 20 yrs.	4 months.	5 to 60 drops.	..	..	10*	..	..	..	2	4	..	..	..	..	..	..	..	..	..	..	..	..	..	..
2. Out-cases	..	..	..	..	29	..	..	..	20	..	..	..	6 months to 12 years.	1 to 12 months.	..	10 drops of oil and 20 grains of confection.	..	29	..	..	..	..	..	9	9	11	..	..	..	..	..	..	..	..	..	..
3. Do.†	..	..	..	..	..	..	..	..	1	..	..	1	10 years.	10 weeks.	..	..	2 C C.	1†	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
Total	7	3	..	10	29	..	..	..	29	1	..	1	..	..	..	..	..	40	..	..	..	2	4	..	9	9	11	..	..	..	..	..	..	..	..	1†	

* Three cases left the hospital, and the other case refused treatment.

† Steadily improving.

APPENDIX VIII.

List of drugs investigated from the commencement of investigation to 31st August 1920.

First report.

- | | | |
|---------------------------------|----------------------------|--------------------------|
| 1. Bombax malabaricum. | 6. Adahatoda Vasica. | 13. Gugulu. |
| 2. Bambusa Arundinacea. | 7. Semi carpus Anacardium. | 14. Oxalis corniculata. |
| 3. Holarrhena anti-dysenterica. | 8. Withania Somnifera. | 15. Silajatu. |
| 4. Oleome Viscosa. | 9. Ipomea Turpethum. | 16. Sida cordifolia. |
| 5. Aconitum Heterophyllum. | 10. Eolipta prostrata. | 17. Phyllanthus emblica. |
| | 11. Butea frondosa. | |
| | 12. Vanda Roxburghii. | |

Second report.

- | | | |
|--------------------------------|---------------------------------------|-------------------------------|
| 18. Alstonia scholaris. | 39. Calotropis gigantea and Procera. | 60. Plumbago sylvanicum. |
| 19. Asparagus racemosus. | 40. Cassalpinia Bonducella. | 61. Podophyllum Emodi. |
| 20. Anisomeles malabarium. | 41. Cassia Auriculata. | 62. Pedalium murex. |
| 21. Anacyolus pyrethrum. | 42. Chenopodium Ambrosioides (seeds). | 63. Ruta Augustifolia. |
| 22. Areca catechu. | 43. Colycopterus floribunda. | 64. Salamisri. |
| 23. Acorus calamus. | 44. Dæmia extensa. | 65. Toddalia Aculeata. |
| 24. Adenema Hyssopifolia. | 45. Evolvulus alsinioides. | 66. Trichosanthes enoumerina. |
| 25. Andrographis paniculata. | 46. Embelia Ribes. | 67. Trichosanthes Palmata. |
| 26. Acalypha Indica. | 47. Euphorbia Pillulifera. | 68. Terminalia Arjuna. |
| 27. Artemisia maritima. | 48. Gudumal. | 69. Taxus-Baccata. |
| 28. Ailanthus malabaricum. | 49. Gloriosa superba. | 70. Thespesia populnea. |
| 29. Astercanthus Longifolia. | 50. Hydnocarpus inebrians. | 71. Tinospora cordifolia. |
| 30. Amoora Rohithaka. | 51. Herpestis monniera. | 72. Tribulus terrestris. |
| 31. Boerhavia diffusa. | 52. Hypoxis orchioides. | 73. Urginea Indica. |
| 32. Berberis aristata. | 53. Hydrocotyle asiatica. | 74. Viola odorata. |
| 33. Brassica campestris. | 54. Lipia Nodiflora. | 75. Vernonia Anthelmintica. |
| 34. Clerodendron serrata. | 55. Lodoicea seychallarum. | 76. Vernonia cinera. |
| 35. Cardiospermum halicacabum. | 56. Melia Azadirachta. | 77. Valeriana Indica. |
| 36. Croton Tiglium. | 57. Nigella sativum. | 78. Woodfordia floribunda. |
| 37. Casia tora. | 58. Oenimum sanctum. | 79. Zingiber officinale. |
| 38. Coscinum fenestratum. | 59. Picrorrhiza kurroa. | 80. Ophiorrhiza mungosa. |
| | | 81. Gomuthram or cow's urine. |

Third report.

- | | | |
|--|-------------------------------------|---|
| 82. Anamirta cocculus. | 104. Coccinia Indica. | 126. Oldenlandia Umbellata. |
| 83. Alstonia scholaris. | 105. Cordia myxa. | 127. Odina wodier. |
| 84. Aegle Marmelos. | 106. Cassia alata (ringworm shrub). | 128. Pistia Stratiotes. |
| 85. Alpinia Chinensis. | 107. Emblic myrabolans. | 129. Psoralea corylifolia. |
| 86. Agathi Grandiflora. | 108. Euphorbia Neriifolia. | 130. Pinus Deodara. |
| 87. Aristolochia bracteata. | 109. Eurycoma Longifolia. | 131. Plantago Ispaghula. |
| 88. Aristolochia Indica. | 110. Erythrina Indica. | 132. Rhus Succedanea. |
| 89. Amoora Rohitaka. | 111. Eugenia jambolans. | 133. Saraca Indica. |
| 90. Andrepogon Muricatus. | 112. Fumaria parviflora. | 134. Scindapsus pertusa. |
| 91. Apilotaxis auriculata. | 113. Hemidesmus Indicus. | 135. Smilax chinensis. |
| 92. Althæa officinalis. | 114. Holarrhena antidysenterica. | 136. Soyimida febrifuge. |
| 93. Boerhaavia diffusa. | 115. Hyssopus officinalis. | 137. Sphaeranthus Hirtrus. |
| 94. Bryonia scabrella. | 116. Indigofera aspalathoides. | 138. Solanum ferox. |
| 95. Corallocarpus Epigoea. | 117. Luffa Amara. | 139. Solanum Trilobatum or trifoleatum. |
| 96. Cassia occidentalis. | 118. Michelia Champaca. | 140. Solanum Ipdicum. |
| 97. Cassia sophera. | 119. Mesua Ferrea. | 141. Solanum jacquini. |
| 98. Carthamus Tinctorius. | 120. Melia Azadirachta. | 142. Terminalia Arjuna. |
| 99. Cassia fistula. | 121. Mallotus Philippensis. | 143. Tinospora cordifolia. |
| 100. Chirata. | 122. Malva Sylvestris. | 144. Tephrosia purpurea. |
| 101. Clitorea Ternatea. | 123. Melia azadarach. | 145. Tylophora asthmatica (country ipecac). |
| 102. Chavica Roxburghi or long pepper. | 124. Nelumbium speciosum. | 146. Tragia Cannabina. |
| 103. Cassalpinia sappan (sappan wood). | 125. Oldenlandia Herbaceæ. | 147. Vernonia Anthelmintica. |

List of compound preparations investigated from the commencement of investigation to 31st August 1920.

<i>First Report..</i>	<i>Second Report—cont.</i>	<i>Third Report.</i>
1. Karpooradhi Churnam.	52. Swadishta Virechena.	111. Panchavakra Rasa.
2. Talisyadhi Churnam.	53. Saraswathi Churnam.	112. Ramban Rasa.
3. Worm powder.	54. Amritha Bhallataki.	113. Shwasakutara Rasa.
4. Trivrit Churnam.	55. Amritha Prasa ghritha.	114. Sarwanga Sundara Rasa.
5. Anandha Bhairavi.	56. Abhyamaliki.	115. Smritisagara Rasa.
6. Dadhumashtaka Churnam.	57. Aazai-raisah.	116. Sanka Rasa.
7. Leghu Sudarsana Churnam.	58. Brahmi ghritham.	117. Tribhuvan Keerti Rasa.
8. Brihat Sudarsana Churnam.	59. Chyavanaprash.	118. Trailokia Chinthamani Rasa.
9. Panethikthaka Panakam.	60. Dasamoola Rasayanam.	119. Vatari Rasa.
10. Zoofa.	61. Lashunadhi Ghritham.	120. Vadavanal Rasa.
11. Kutajapanithum.	62. Majoonai Khuvathiaibha or manly power.	121. Vatharakthauthaka Rasa.
12. Bhaskara Lavanam.	63. Kushmanda Rasayanam.	122. Vasanta Kusumakar Rasa.
13. Leglu sanka Dravakam.	64. Shrirag.	123. Maha Yogaraja Guggulu.
14. Ithraphal.	65. Abhyadhi quath.	124. Chathurmuka Rasa.
15. Jawarish-ai-kamoon.	66. Dasamoola quath.	125. Mahatiktha Ghritham.
16. Sidha Bhasmam.	67. Gudoochyadhi quath.	126. Pranadhi gutika.
17. Purnachandrothayam.	68. Drakshasava.	127. Rasna Guggulu.
18. Narayana Thailam.	69. Kutajarishtha.	128. Kanchanar Guggulu.
19. Agnithundi pills.	70. Loha asava.	129. Chandrodayan No. I (Suvarna Ghatit Makharadhvaj).
20. Specific powder.	71. Adithyapaka Thaila.	Aristas—
21. Panchathikthaka decoction.	72. Aswaghandha Bala Lakshadi Thaila.	130. Abhaya arishtam.
22. Loha Bhasmam.	73. Chakramardha Thaila.	131. Pippali Arishta.
23. Specific oil for syphilis.	74. Dadrugna ointment.	Asavas—
24. Do. for diabetes mellitus.	75. Ksheerabala oil.	132. Kanaka asava.
25. Vathagni Kumaran.	76. Compound oil of vitex negundu.	133. Kumara asava.
26. Iron Kalpam.	77. Panchavalkaladi Thailam.	Avalehas, Ghrithams, syrups and confections—
27. Decoction Glycyrrhiza Cc.	78. Vidanga Thaila.	134. Asoka Ghritham.
28. Yogaraja Guggulu.	79. Vishagarbha Thaila.	135. Annos-daroc.
29. Swatchanda Bhairavi pills.	80. Abhayadi modak.	136. Agastya rasayanam.
30. Nellikaya Leghyam.	81. Amritha Guggulu.	137. Confection Dhaiphal.
<i>Second Report.</i>	82. Chandraprabha Gutika.	138. Dhatriyavaleha.
31. Abbrak Bhasmam.	83. Dhanwantari pills.	139. Dava-ul-mnsk.
32. Coral Basmam.	84. Gokshuradhi Guggulu.	140. Gulgulu thikthakam.
33. Mukti Basmam.	85. Mandura Loha.	141. Javarish-ai-amila.
34. Makabika Basmam.	86. Funarava Manduram.	142. Javarish-ai-sulamani.
35. Raupya Basmam.	87. Shoathahar Loha.	143. Javarish-ai-thurush.
36. Tamra Bhasmam.	88. Trayodashanga Guggulu.	144. Kantakari Avaleha.
37. Annabedhi sindhuram.	89. Yogaraja guggulu.	145. Khamair-ai-Abrashim.
38. Ashta Churnam.	90. Agnithundi Rasa.	146. Laboobai sagheer.
39. Avipatikar Churnam.	91. Agni Rasa.	147. Mamsa sarpishi.
40. Arkamoola Churnam.	92. Agnisooti Rasa.	148. Majoonai musifi.
41. Chithrakamuladhi Churnam.	93. Arogyavardhini pills.	149. Majoonai sual.
42. Unani compound cough powder.	94. Agnikumara Rasa.	150. Majoonai-malarial fever.
43. Compound constipation powder.	95. Brihat Chandrodaya Makardhwaja.	151. Mahatiktha ghritham.
44. Eladi Churnam.	96. Devakusumadi Rasa.	152. Mahjum-e-tel.
45. Gangadhara Churnam.	97. Ekangaveera Rasa.	153. Madhusuhi rasayanam.
46. Kalyanaksharam.	98. Jatiphaladhi Gutika.	154. Neelini ghritham.
47. Lavangadhi Churnam.	99. Jaladorara Rasa.	155. Panchagaviya ghritham.
48. Musalyadhi Churnam.	100. Krimimudgara Rasa.	156. Syrupus hyssopus officinalis.
49. Powder for inhalation in influenza.	101. Kanakasundara Rasa.	157. Syrup brahmi.
50. Rohitaka Churnam.	102. Lakshmi vilas Rasa.	Bhasmams—
51. Swayamagni.	103. Mriganka Rasa.	158. Abbrak Bhasmam.
	104. Mahamrithyanjaya Loha.	159. Naga Bhasmam.
	105. Mahalakshmvilasa Rasa.	160. Thalaka Bhasmam.
	106. Maha Jwarankusa.	161. Shringa Bhasmam.
	107. Mrithyunjaya Rasa.	162. Vanga Bhasmam.
	108. Nithyananda-Rasa.	163. Yasada Bhasmam.
	109. Naraoha Rasa.	
	110. Narayan Jwarankusa.	

Third Report—cont.

- Churnams—
 164. Bhoonimbadi Churnam.
 165. Chaturushana Churnam.
 166. Jatipaladhi Churnam.
 167. Katphaladhi Churnam.
 168. Kapithashtaka Churnam.
 169. Madanadhivaman.
 170. Antirheumatic (Unani) powder (Smilax chinensis).
 171. Narishmha Churnam.
 172. Pushyanaga Churnam.
 173. Pancha kola churnam.
 174. Panchauimba Churnam.
 175. Saffo-fai-siah.
 176. Shringyadhi Churnam.
 177. Suranadhi Churnam.
 178. Shadushana Churnam.
 179. Vaishvanar Churnam.
 180. Vadavanal Churnam.
 Decoctions or quaths—
 181. Bharangyadhi Kashayam
 182. Calatropis gigantea.
 183. Kalingakadi (C.D.)
 184. Terminalia Arjuna.
 185. Dasamoola Panchakola-dhi Kashayam.

Third Report—cont.

186. Pathyadhi quath.
 187. Sahacharadhi Kashayam.
 188. Shadanga Panayam.
 189. Vidarigandhadigana quath.
 Ointments, liniments and lepas—
 190. Avalgujadi lepa.
 191. Kushtadi lepa.
 192. Kursh-ai-kuba.
 193. Dhanwantri thailam.
 194. Paradadi ointment.
 195. Prabhanjana Vimar-dhana.
 Pills and tablets—
 196. Khursai-aksirai pachis.
 197. Dashanga gugulu.
 198. Hubbai-jee-khun nafas (Asthma pills No. 1).
 199. Hubbai jeekhun nafas (Asthma pills No. 2).
 200. Hubbai safa.
 201. Hubbai Javahir.
 202. Khurs-ai-mulaian.
 203. Khurs-ai-gull.
 204. Kasis tablets.
 205. Pakshavadha gugulu.

Third Report—cont.

206. Sanjivini pilla.
 207. Trikatukadhi gutika.
 Rasas—
 208. Arshakutara Rasa.
 209. Gandamalskandan Rasa.
 210. Grahani vajra kapat rasa.
 211. Kalakoota Rasa.
 212. Laxminarayana Rasa.
 213. Lokanatha Rasa.
 214. Mehamudgara Rasa.
 215. Maha Mriganka Rasa.
 216. Maha Vathavidhwamsi Rasa.
 217. Panchamrita Parpati.
 218. Pradararipoo Rasa.
 219. Panchabana Rasa.
 220. Ratnagiri Rasa.
 221. Rasa Raja Rasam.
 222. Shwasa Chinthamani Rasa.
 223. Vishava Tapa Harana Rasa.
 224. Vatha Rakshasam.
 225. Vatha Vidhwamsi Rasa.

THE REPORT OF THE COMMITTEE

ON

THE INDIGENOUS SYSTEMS OF MEDICINE

MADRAS

Part II—Written and Oral Evidence.

Price, Rs. 5.

LA.21.N42

F3.2

164

OFFICE OF THE COMMITTEE ON THE
INDIGENOUS SYSTEMS OF MEDICINE,
"HAKIM MUNZIL," POPHAM'S BROADWAY,
Dated Madras, 1st July 1924.

No. M-6.

From

KHAN BAHADUR MUHAMMAD USMAN SAHIB BAHADUR, B.A.,
*Chairman of the Committee on the Indigenous Systems of
Medicine, Madras.*

To

THE SECRETARY TO THE GOVERNMENT OF MADRAS,
MINISTRY OF LOCAL SELF-GOVERNMENT,
Ootacamund.

SIR,

In continuation of my letter No. 24-M. of 17th February 1923 forwarding the first part of the Report of the Committee on the Indigenous Systems of Medicine appointed under G.O. No. 1351. P.H., dated 17th October 1921, I have now the honour to forward herewith the second part of the Committee's Report containing the written evidence of certain selected witnesses as also the oral evidence of all the witnesses examined by the Committee.

2. In doing so, I consider it my duty to bring to the notice of the Government the following resolution which was unanimously passed by the Committee at their concluding sitting at which the report was finally discussed and approved :—

" This report would not be complete if we do not place on record our high appreciation of the invaluable services rendered to the Committee by the Secretary Dr. G. Srinivasamurti. He has given evidence of great ability, indefatigable energy, thorough grasp of the subject and sound judgment in the discharge of the delicate and difficult work which he had to do. His keen sense of fairness as a student of Science has contributed not a little to his arriving at conclusions, unbiased and impartial. We therefore take this opportunity of tendering our most grateful thanks to him."

I have the honour to be,

Sir,

Your most obedient servant,

MUHAMMAD USMAN,
*Chairman of the Committee on the
Indigenous Systems of Medicine.*

CONTENTS.

	PAGES
I. WRITTEN EVIDENCE	1-428
(A) From outside the Presidency of Madras—	
(a) Written in English—	
(1) Dr. Mahamahopadhyaya Kaviraj Gananatha Sen, M.A., L.M. & S. ...	1
(2) „ Kaviraj Jampini Bhushan Roy Kaviratna, M.A., M.B. & O.M., F.C.U.	10
(3) Srijut Ayurvedacharya Kaviraj Jnanendra Natha Sen Kaviratna, B.A.	18
(4) „ Kaviraj Haran Chendra Chakravarthi	19
(5) „ Baidyaratna Pandit Maguni Misra Brahma Raj Kaviraj ...	27
(6) Dr. Prasadhi Lal Jha, L.M. & S.	30
(7) Srijut Triambak Shastri Vaidya	55
(8) „ Harijanjan Majumdar Bhisagacharya, M.A.	56
(9) (1) Janab Hakim Muhammad Kabir-ud-din Sahib Bahadur and (2) Janab Hakim A. Muhammad Abdus Salam Sahib Bahadur, Madras [English Translator of the Urdu evidence of No. (1)].	58
(10) Srijut Hakim Jagan Nath	66
(11) „ Mela Ram Vaidya Raj, M.A., M.L., C.P.S.	68
(12) M.R.Ry. Vaidya Appa Sastri Sathe Avargal	70
(13) Dr. M. G. Deshmukh, M.D.	73
(14) M.R.Ry. Vaidya Pandit Hari Prapanna Sharma Avargal, M.R.Ry. Vaidya Yadavji Trikamji Acharya Avargal and fifteen others ...	75
(15) Dr. V. G. Desai, M.B. (London)	79
(16) „ R. G. Anjaria	79
(17) „ T. G. Bande	82
(18) His Highness Sir Rama Varma, G.C.S.I., G.C.I.E.	83
(19) M.R.Ry. Kerala Varma Avargal (1st Prince of Cochin)	84
(20) „ Rama Varma Avargal (7th Prince of Cochin)	86
(21) „ Rama Varma Avargal (9th Prince of Cochin) [English summary of Malayalam evidence of Messrs. (1) V. Shangu Warriar, (2) T. Uzhuthra Warriar, (3) E. T. Divakaran Mooss, (4) Punnasseri Nampi Neelakandha Sarma and (5) M. Krishnan].	88
(22) M.R.Ry. K. Sharody Avargal, Ayurveda Visharada	91
(23) „ A. Krishna Nayar Avargal	92
(24) „ K. Sankara Menon Avargal, M.A., L.T.	94
(25) „ Vayaskara Mooss Avargal	104
(26) „ B. L. Sarnelis Silva Avargal, Ayurvedacharya	106
(b) Written in Sanskrit—	
(1) Srijut Vaidyaratna Swami Pandit Lakshmi Ramaswami Acharya.	109
(2) M.R.Ry. Vaidya Panchanana Krishna Shastri Kavde, B.A. ...	131
(3) „ Vasudeva Nambeesan Avargal	136
(4) Srijut Pandit Shivaram Pande	144
(5) The Ahmedabad Vaidya Sabha (M.R.Ry. Vaidya Shastri Narayana Shanker Deva Shanker and others)	147
(c) Written in Urdu—	
(1) Hakim Muhammad Ghouse Sahib Bahadur, Gias	163
(2) „ Syed Musthafa Sahib Bahadur	165
(3) Pandit Vaid Thakur Dutt Sharma Sahib Bahadur	177
(4) „ Behari Lal Jhingan Bahadur	192
(5) „ Hakim Hari Govind Bahadur	198

(B) From the Presidency of Madras—

(a) Written in English—

(1) M.R.Ry. P. S. Varrier Avargal	215
(2) „ Pandit K. C. Subrahmanya Pillai Avargal	219
(3) „ V. Narayana Nayar Avargal	222
(4) „ Ayurveda Bhushana Pandit C. V. Subrahmanya Sastri Avargal, A.K.A.C.	226
(5) Hakim Saiyid Abdulla Hussain Sahib Bahadur, Hakim Moulvi Saiyid Sha Abu Muhammad Mahazarulla Sahib Madani Bahadur and Haji Hakim Saiyid Magdoom Ashruff Sahib Bahadur	232
(6) M.R.Ry. Pandit T. R. Ethirajulu Nayudu Avargal	236
(7) „ Maruthuva Siromani Pandit C. S. Murugesu Mudaliyar Avargal and M.R.Ry. Pandit V. Shunmugasundara Mudali- yar Avargal	238
(8) „ Pandit S. S. Anandam Avargal	243
(9) Hakim A. Z. Muhammad Latifuddin Sahib Bahadur	245
(10) M.R.Ry. Pandit Narayana Ayyangar Avargal	246
(11) „ C. S. Narayanaswami Ayyar Avargal	250
(12) „ Pandit K. Sesa Ayyar Avargal	262
(13) „ Rao Bahadur A. Krishnaswami Ayyar Avargal, B.A.	267
(14) Hakim Abdul Rahman Sahib Bahadur, -Visha Vaidya	269
(15) M.R.Ry. V. Chakravarthi Pandithar Avargal, M.R.Ry. C. R. Vadivelu Pandithar Avargal, M.R.Ry. M. Nathamuni Pandithar Avargal and M.R.Ry. K. S. Kuppaswami Pandithar Avargal	269
(16) Sriman Sri Baishnavo Tripathi Sarma Mahasayo	270

(b) Written in Sanskrit—

(1) M.R.Ry. Ayurveda Bhushana M. V. Sastri Avargal	273
(2) „ „ K. Subrahmanya Sastri Avargal, A.K.A.C.	264
(3) „ Ayurvedacharya N. Madhava Menon Avargal, M.R.Ry. Ayur- veda Bhushana K. Subrahmanya Sastri Avargal, M.R.Ry. Ayurveda Bhushana K. A. Venkatachala Sastri Avargal, M.R.Ry. Ayurveda Bhushana G. Bhanu Vaidyar Avargal and M.R.Ry. Ayurveda Bhushana P. Somasundara Devar Avargal	295
(4) „ Ayurveda Ratnam K. Sesa Sastri Garu	305
(5) „ „ Bhushana Pandit M. Duraiswami Ayyangar Avargal	310

(c) Written in Tamil—

(1) M.R.Ry. Vaidyapathi G. Sigamani Pandithar Avargal	325
(2) „ Swami Virudai Sivagnana Yogigal Avargal	330
(3) „ Pandit Shanmugananda Swami Avargal	340
(4) „ K. A. Venkatachala Sastri Avargal, Vaidya Visharad and G. Subrahmanya Sarma Eliyurkar Avargal, Vaidya Theertha	342
(5) „ Pandit V. Ponnuswami Pillai Avargal... ..	354
(6) „ Pandit M. R. K. Veluswami Pillai Avargal	366
(7) „ Pandit N. Viraraghava Perumal Pillai Avargal	370
(8) „ Vaidya Ashrayar S. R. V. Das Avargal	372
(9) „ Vaidyapathi S. Palvannam Mudaliyar Avargal	387
(10) „ S. V. Vajapeyulu Avargal, H.L.M.S.	394

(d) Written in Telugu—

(1) M.R.Ry. K. Veeraswami Nayudu Garu	410
--	-----

CONTENTS

iii

(B) From the Presidency of Madras—*cont.*

(e) Written in Malayalam—

(1) Sriman Brahmashri E. T. Divakaran Mooss Avargal 412

(f) Written in Kanarese—

(1) M.R.Ry. A. Subbaraya Pandit Garu 416

(g) Written in Oriya—

(1) Sriman Kaviraj Kamakshi Prasad Sarma Mahasayo 423

II. ORAL EVIDENCE 429-468

PAGES

WRITTEN EVIDENCES

(A) FROM OUTSIDE THE PRESIDENCY OF MADRAS.

(a) WRITTEN IN ENGLISH.

Bengal

(1)

MAHAMAHOPADHYAYA KAVIRAJ GANANATH SEN
SARASWATI, M.A., L.M.S., OF CALCUTTA.

Q. 1. Ayurveda.

Q. 2. (a) The theory or theories of the causation of disease exactly according to the Ayurvedic system may be summarized as follows, the causes being first of all divided into extrinsic and intrinsic :—

I. *Extrinsic causes* (बाह्यहेतु or *Nidan*) comprising—

(A) General or indirect causes described as “ deficient, excessive or perverted use or incidence of—

(i) the special senses,

(ii) the general functions of the mind and body, and

(iii) the seasons.”

(of. त्रीण्यायतनानि—अर्थानां कर्मणः कालस्य च अयोगातियोगामिथ्यायोगाः । et seq. Charaka, Sutra. Chap. XI).

N.B.—These causes produce *Nija* (निज) or Idiopathic diseases.

(B) Special or direct causes (आगन्तु) meaning—

(i) Trauma (अभिघातादि)

(ii) Poisons (विष) mineral or organic (including microbial and animal poisons).

(iii) Hypnotic influence (e.g., अभिचारादि) or sudden mental impulses (कामक्रोधादि).

N.B.—These causes produce *Agantu* diseases, the word *Agantu* being employed to mean Traumatic and other diseases caused by sudden extraneous influences.

(of. “ ये मूतविषवाय्वग्निक्षतभंगादिसम्भवाः ।

कामक्रोधभयाद्याश्च ते स्युरागन्तवो गदाः ॥

Bagbhat—Ashtanga Hridaya, Chap. iv)

Now these extrinsic causes or *Nidanas* (as they are called) produce morbid conditions in two ways : either indirectly by causing a preliminary derangement of the *Doshas* or guiding principles (as in group A) or *directly* by causing injury and pain first and derangement of the guiding principles later on (as in group B). The guiding principles or the *Doshas* (*Vayu*, *Pitta* and *Kapha*) will be explained later on.

(of. आगन्तुर्हि व्यथापूर्वमुत्पन्नो जघन्यं वातपित्तश्लेष्मणां वैषम्यमापादयति । निजे तु वातपित्तश्लेष्माणः पूर्वं वैषम्यमापद्यन्ते, जघन्यं व्यथामभिनिर्वर्तयन्ति ॥

Charaka-Sutra, Chap. XX).

II. *Intrinsic causes* comprising :—

(A) *Dhatu Vaishamya* (धातुवैषम्य), i.e., the derangement or disturbance of the equilibrium of—

(i) *Doshas* or the guiding principles of Physiological life (viz., *Va*, *t*, *Pitta* and *Kapha*) and

(ii) *Dushyas* or the tissues, secretions and excretions (धातु & मल) in which manifestations of the deranged *Doshas* occur.

(B) *Guna Vaishamya* (गुणवैषम्य) the derangement or disturbance of the equilibrium of the *gunas* (the guiding principles of mental life) meaning however, only two of the three

gunas here, viz., *Rajas* and *Tamas* (as *Sattwa*, the highest principle, is not capable of real disturbance). Roughly speaking, these two (—*Rajas* and *Tamas*) imply the mental principles of Volition (or impulsiveness) and inhibition.

(cf. “वायुः पित्तं कफश्चेति शारीरो दोषसंग्रहः ।

मानसः पुनरुद्दिष्टो रजश्च तम एव च ॥”

Charaka—Sutra, Chap. I).

Whilst on this subject, I think it necessary to explain the theory of *Vayu*, *Pitta* and *Kapha*, which begins where modern Physiology ends; for it endeavours to explain all physiological processes as also the principles which guide them. It is too elaborate a subject to be described here fully. I may refer you to the following concise statement contained in my Benares Hindu University address on ‘Hindu Medicine,’ to give you a rough idea of the theory.

“The theory of *Vayu*, *Pitta* and *Kapha* was also a great discovery, which unfortunately has been much misunderstood by Western Scholars judging by the wrong mercenary transactions, rendering these terms as ‘Wind, Bile and Phlegm.’ The proper explanation of this theory will take up a treatise by itself, but let me observe here in passing that the word *Vayu* does not imply ‘Wind’ in Ayurvedic literature, but comprehends all the phenomena which come under the functions of the Central and Sympathetic Nervous Systems; that the word *Pitta* does not essentially mean Bile but signifies the functions of Thermogenesis or heat production and metabolism, comprehending in its scope the process of digestion, coloration of blood and formation of various secretions and excretions which are either the means or the ends of tissue-combustion, and that the word *Kapha* does not mean Phlegm but is used primarily to imply the functions of Thermo-taxis or heat-regulation and secondarily formation of the various preservative fluids, e.g., Mucus, Synovia, etc., though the crude products of *Pitta* and *Kapha* have also been sometimes called by these names. We regret, we cannot do justice to this subject here for want of space but we hope the above would give a clue to the student who means really to investigate. It must be remembered that the theory of *Vayu*, *Pitta* and *Kapha* is not the same as the old exploded humoral theory of the Greek and Roman Physicians who, though they borrowed the idea from Ayurveda, failed to grasp the true meaning of the theory. I am convinced that the truth and value of the Ayurvedic theory can be verified. It affords sensible explanations of certain otherwise inexplicable facts in the causation and amelioration of diseases and their symptoms. It can also guide you in understanding the laws of general Therapeutics which it would be much to the advantage of any medical man to learn. I dare say that studying the subject with an open mind, he will be converted to believe in the theory. As we find in daily practice, even the half-educated Ayurvedic Physician who remembers the laws of Aetiology and Therapeutics and dietary hinging upon this theory fares pretty well by the bed-side of the patient.

To be more explicit, I may add that these principles, known as *Vayu*, *Pitta* and *Kapha* occur in two forms :—

- (1) An invisible or essential form, which mainly guide the physiological processes pertaining to them severally, and
- (2) A crude or visible form, the products (as secretions or excretions) of those processes induced by these essential forms.

The relation between the two forms is very close, so that the derangement of the essential form of one principle gives rise at once to increased or morbid secretions and excretions of that principle. The failure to recognize the difference between these two forms of the principles has given rise to the erroneous rendering of *Pitta* as ‘Bile’ and *Kapha* as ‘Phlegm.’ The rendering of *Vayu* as ‘wind’ is preposterous and has brought unmerited obloquy on the theory (vide my Sanskrit work ‘Siddhanta Nidanam’ Chapter I for a full exposition of this subject). Finally, now that so much is being talked and written about the Bacterial or Germ theory of the causation of diseases, I think, I should just indicate to you what, according to Ayurveda, is the role of germs (*jeevānus*) in the causation of disease. In the discourse given above, we have seen that the causes of disease are considered under two main heads, *Bahya* (extrinsic) and *Abhyantara* (intrinsic) and that germs are considered as *Bahya* causes, coming under the sub-heading ‘*Agantu*’ which covers Traumas and poisons of all sorts, including toxins of germs. But according to our Rishis, the germs, by themselves, are powerless to cause disease, unless the field (क्षेत्र) is suitable for the growth of the seed, or as the ancients would put it, unless the constitution was undermined by non-observance of *Brahmhyacharya* (celibacy or regulated sexual function) and other rules of health, as described in the *Dinacharya*, *Ritucharya*, etc., of Ayurveda. It is the non-observance of such health-ensuring practices that make us easy preys to germs, which were powerless in the case of those holy persons who kept their bodies pure and strong by the observance of self-control and regular healthful habits. To my mind, this is the reason why, in Ayurveda, germs do not occupy the all-important role that they do in the Western Medicine of to-day. That our ancients did recognize their existence and their potency for mischief is amply clear from the writings of our Rishis. For instance, in dealing with the *Nidan* or causation of *Kusthas* (some forms of leprosy and other parasitic skin-diseases), Sushruta says :—

“सर्वाणि कुष्ठानि सवातानि सपित्तानि सश्लेष्मानि सक्रिमीणि च भवन्ति ।” (*Sushruta-Nidan*, Chap. V)

“All kinds of *Kushtas* show the derangement of *Vayu*, *Pitta* and *Kapha* and also *Krimis* or microbes. Vagbhata, following Charaka, is even more explicit in the matter :—

“रक्तवाहिसिरास्थाना रक्तजा जन्तवोऽणवः ।
अपादा वृत्ताप्राश्च सौक्ष्म्यात् केचिददर्शनाः ॥
केशादा रोमविध्वंसा लोमद्वीपा उदुम्बराः ।
षट् ते कुष्ठैककर्माणः सहस्रैरसमातरः ॥”

(*Ashtangahrid-Nidan*, Chap. VII.)

The reference here to ‘Fine living bodies, so fine as to be incapable of detection by the naked eye, as the sole cause of *Kushtas*’ is unmistakable.

Sushruta has also definitely enumerated certain diseases as ‘Germ-caused,’ e.g., Leprosy, Erysepelas, Carbuncle, certain skin-affections as also certain forms of splenic enlargement, abscesses, tumours, etc. (*Sushruta-Sutra*, Chap. XXIV). Similarly, speaking of ‘Germ-caused’ contagious diseases Sushruta says :—

“प्रसङ्गात् गात्रसंस्पर्शान्निश्वासात् सहभोजनात् ।
सहशय्यासनाच्चापि वस्त्रमाल्यानुलेपनात् ॥
कुष्ठं ज्वरश्च शोषश्च नेत्राभिष्यन्द एव च ।
औपसर्गिकरोगाश्च संक्रामन्ति नरान्नरम् ॥”

(*Sushruta-Nidan*, Chap. V.)

“By repeated bodily contact, by breathing, by sharing the same food, bed or seat, and by the use of clothes, garlands or fragrant pastes used by another, such diseases like Leprosy, certain fevers, consumption, ophthalmia and other contagious diseases, spread from person to person.” It is of course possible to argue that as the term ‘*Krimi*’ include organisms, visible to naked eye, the mere mention of same as a causative factor in disease is not enough to show that the disease is caused by ‘Jermis’ as understood by the West. In reply to this, we have only to point out that the Rishis have classified ‘*Krimis*’ as (a) those visible to naked eye and (b) those too minute to be so visible (cf. सौक्ष्म्यात् केचिददर्शनाः); and there is definite mention of the latter class of organism in our texts (see above). To cite another example, Sushruta, in the chapter entitled ‘Treatment of *Krimiroga*,’ describes several kinds of *krimis* and then proceeds to say “केशादाद्यात्त्वदृश्यास्ते ।” (of these, the first thirteen kinds of *krimis* may be seen with the naked eye) while ‘*Keshada*’ (i.e., those destroying the hair follicles) and others are invisible. Again, included in this latter category of invisible ‘*Krimis*,’ we find among others, the group of ‘*Kushta-Krimis*’ that is, invisible organisms, generating *Kushta* (leprosy and parasitic skin-diseases).

Now, as to whether the theories of causation, as found in Ayurveda, stand the test of scientific criticism. In my opinion, any but the most superficial judge would admit that the theories are based on sound logical and scientific grounds. I believe, a closer study and observation of the laws hinging upon theories should bring conviction to any open mind, though the theory of *Guna-Vaishamya* the cause of mental diseases is rather a bit too abstruse and presupposes a preliminary training in Hindu Philosophy.

Q. 2 (b). The principles and methods of diagnosis and treatment can be but dealt with briefly and in sections here :—

I. *Principles and methods of diagnosis*.—Says Sushruta :—

“There are six ways or agencies through which diseases can be definitely known—by the five senses and by interrogation.” (*Sutrasthan*—Chap. XI).

This statement is followed by instances of the various phases of diseases which can be known by these agencies. Hence the above principles reduce themselves to the following methods of diagnosis :—

(i) *Sravani Pareeksha* (श्रावणी परीक्षा) or ‘Auscultation’ various sounds heard in diseases of the chest, as also the crepitus of fracture, have been mentioned as amenable to examination by the sense of hearing. Perhaps the auscultation employed was direct (as it was before the invention of the Stethoscope by Lennec in Europe) but the principle was clearly recognized.

(ii) *Twāchā Pareeksha* (त्वाची परीक्षा) Touch and palpation, by which are known heat and cold, size and position and consistency of organs, etc.

The pulse of course comes under the same heading but clinical observations and minute analyses of the pulse-waves as felt at the wrist appear to have been made with great success from

the clinical point of view. This subject in fact became a separate study and the success of the Ayurvedic physicians in surmising and foretelling certain facts and symptoms and even the probable time of death from pulse alone is still proverbial.

By means of sphygmographic tracings, I am endeavouring to give this subject a definite and demonstrable shape and it would be worth the while of any clinician to study the subject thoroughly from the view-point of Ayurvedic clinicians.

(iii) *Chākshushē Pareekshā* (चाक्षुषी परीक्षा) or inspection, by which are known position, gait, color, contour, etc.

(iv) *Ghrānī Pareekshā* (घ्राणी परीक्षा) or examination by the smell, by which is known the smell of discharges, pus, etc.

(v) *Rāsānī Pareekshā* (रासनी परीक्षा) or examination by the sense of taste (Sushruta). Charaka takes much objection to this method of diagnosis and the method is now rightly obsolete. We may note however that even at the present day, this method of examination survives in certain medico-legal examinations (Staas Process).

In this connexion, it may be noted that various instruments (Yantras) like several kinds of specula, sounds, catheters, etc., were employed in diagnosis. (Vide Sushruta, Sutra Chap. VII and Vagbhat's Ashtangahrid-Sutra Chap. XXV).

(vi) The sixth method of diagnosis is by questions—*Interrogation*. The history and some subjective and objective symptoms are ascertained by this method.

So far for the methods. As for the *Data of Diagnosis* to be found out by these methods, they are considered under five headings, viz.—

(1) *Nidan* (निदान) or extrinsic causes which probably started the disease. Very often this gives a clue to diagnosis (e.g., Trauma).

(2) *Purva Rupa* (पूर्व रूप) or Prodromata which often point to the diagnosis in some diseases.

(3) *Rupa* (रूप) or the 'symptom—group' which seem to constitute the disease definitely.

(4) *Upashaya* (उपशय) or the tolerance or intolerance of certain kinds of food, medicines, exercises, etc., considered as important aids to diagnosis.

(5) *Samprapti* (सम्प्राप्ति) or the morbid anatomy and pathology of diseases, particularly with a view to the determination of *doshic* derangement (i.e., the disturbance of the guiding principle or principles involved).

Besides these, the physician has been enjoined to take note of 'the particular type of the disease, the involvement of organs other than those directly affected, the climate, the strength and the power of digestion and the temperament of the patient, his age, habits of living, etc.' in order to arrive at a correct diagnosis and to decide upon the proper line of treatment (vide Vagbhat's—Ashtangahridya, Sutra Chap. XII, verses 66 to 70).

Says Charaka—'One who does not enter, with the lamp of knowledge, the very innermost parts of the patient in order to arrive at a correct diagnosis, can never treat the disease properly.'

आतुरस्यान्तरात्मानं यो नाविशति रोगवित् ।

ज्ञानबुद्धिप्रदीपेन न स रोगान् चिकित्सति ॥

(Charaka-Sutra, Chap. XX.)

It would not, I hope, be out of place to add a word here in reference to diseases not clearly described in Ayurveda. Following our great masters Charaka and Sushruta, I have explained elsewhere how certain diseases change their type, how certain others disappear in course of time, while yet others appear as new diseases :—

दोषदूष्यगणेऽभिन्ने संमूर्च्छेनविशेषतः ।

अदृष्टदेशकालादिपरिणामादनेकधा ॥

पुराणाः प्रविलीयन्ते नवीनाः प्रादुरासते ।

विभिद्यन्ते स्थिताश्चाथ नर्णां नानाविधा गदाः ॥

(Siddhanta Nidanam, Chap. I.)

If our Western brothers have recognized and described these new variations, wisdom would lie in learning from them whatever is worth learning ; and it is no slight to our revered masters

to recognize that a certain disease or morbid condition, not existing at all or existing only as a rarity in their time (and therefore not described or only cursorily described) is now described elaborately by our Western colleagues. As the great Charaka himself says :—

विकारनामकुशलो जिह्रियान्न कदाचन ।

न हि सर्वविकाराणां नामतोऽस्ति ध्रुवा स्थितिः ॥

(Charaka Sutra, Chap. XXVIII.)

“The physician need not be ashamed because he is not conversant with the names of all possible diseases, for all diseases have not been yet definitely recognized by name.” ‘Again there is no end to the Medical science, hence you should carefully devote yourself to it.’ Then again, ‘skilfulness in practice should be acquired from others without feeling any humiliation. Unto men of intelligence, the entire world acts as a teacher; unto men destitute of intelligence the entire world appear to be hostile; hence the wise should listen to and follow the precepts of even an enemy when they are instructive, praiseworthy and healthful and when they show the way to progress in the world’ (Charaka, Chap. VIII). How I wish, our Western colleagues also remembered this maxim!

II. The principles and methods of treatment.—This is again too big a subject to be dealt with in a few words. The *sine qua non* of proper treatment is of course proper diagnosis (as explained above), particularly with a view to our ‘Tridosha’ pathology. This done, we have to ascertain whether we have to fight the intrinsic cause (i.e., धातुवैषम्य) or the disease itself (व्याधि); also whether the case is साध्य or easily curable, कृच्छ्रसाध्य or curable with difficulty or असाध्य or incurable. The last group of cases is either not treated at all or treated only to make the disease याप्य or tolerable.

Now, let us first consider *the medical side of treatment*. First of all, we take note of the *Sāmata* (सामता), i.e., presence or absence of auto-intoxication in every disease. If auto-intoxication is present, we treat the patient by fasting, purging, etc., within the limits of patient’s strength and tolerance (of “बलाधिष्ठानमारोग्यं यदर्शोऽयं क्रियाक्रमः”) till the symptoms of auto-intoxication disappear. These symptoms have been stated very clearly in a general way as also in particular for different diseases. This line is called *Samshodhan* (संशोधन) or ‘clearing-up’ treatment. As an example of this, may be cited fasting or purging in some fevers as the first course of treatment. If there is no auto-intoxication, we treat the disease directly (e.g., giving a febrifuge in fevers). This is called *Samshaman* (संशमन) or ‘putting-down’ treatment. Both kinds of treatment are of course done with a clear grasp of the *Doshic* derangement, the removal of which is considered the ultimate goal of treatment.

In this connexion, it is worth while to mention that there are five methods (पञ्चकर्म) of the *Samshodhan* or ‘clearing-up’ treatment. These are :—

- (1) *Vamana* (वमन) or the use of emetics or washing out the stomach.
 - (2) *Virechan* (विरेचन) or the use of purgatives with a view to clear the upper or lower bowels. Numerous purgatives have been described to suit various cases.
 - (3) *Shiro-Virechan* or the use of Errhines to promote the nasal secretions in diseases of the nose and throat generally, in some diseases of the eye (as glaucoma) and in some forms of intractable headache and cerebral diseases.
 - (4) and (5) ‘*Asthapan*’ and ‘*Anuvāsana*’, known collectively ‘*Vastikarma*’ (वास्तिकर्म) which comprise the various forms of enemata known and unknown to the Western Science. To enumerate some of these, we may mention—
- (i) *Shōdhana Vasti* or *Niruha* made up of medicated alkaline fluids for clearing out the colon.
 - (ii) *Snehana Vasti* or *Anuvāsana* made up of similar fluid with copious oily substances in it—for clearing out the colon and soothing the pelvic nervous system.
 - (iii) *Pichcha Vasti*—mucilaginous enemata used as emollients to sooth the inflamed mucous membranes of the colon in colitis and other diseases.
 - (iv) *Brimhana Vasti*—or nutrient enemata, used not only in extreme cases, where feeding by the mouth is not possible, but also in ill-nourished patients who can take by the mouth.
 - (v) *Bheshaja Vasti*—or medicated enemata (of Bromide and chloral injection in Western medicine).

And so forth, hundreds of drugs and recipes are described, for use under each of the heads above enumerated. So much indeed was the reliance in *Vasti Karma* in certain diseases that we read—

वस्ति चिकित्साद्मिति ब्रुवन्ति

सर्वा चिकित्सापि वस्तिमेके ।

(Charaka-Siddhi, Chap. I.)

"Enemata constitute half the treatment—if not the whole treatment—as some physicians think."

Use of drugs—Materia Medica and Therapeutics.—As to the use of drugs, I should like to note that the Ayurvedic Materia Medica and Therapeutics is replete with the descriptions of the action of drugs expressed in the terms of the *Tridosha* theory as well as in clear statements about their effects on certain organs of the body and their uses in certain diseases. Of course these descriptions, in terms of the *Tridosha* theory and other technical names (as विकृति, व्यवायि, etc.) which are a sealed book to those who have not learnt to translate them into 'Physiological action' as the West now understands it. The consideration of drugs according to *Rasa* (रस) or Taste, *Birya* (वीर्य) or heating or cooling effect, *Vipaka* (विपाक) or the chemical inversions undergone, *Guna* (गुण) or general qualities specifying the physiological effects and *Prabhava* (प्रभाव) or the inexplicable selective action of drugs in particular diseases—is an admirable feature of Ayurvedic Materia Medica worth the careful study of any scientific worker.

Here, I would strongly repudiate the sweeping charge made in some quarters that Ayurvedic drugs are used empirically. In fact, there is less empiricism in Ayurvedic practice than we find in the practice of Western medicine. Besides, there seems to be a strange idea in some quarters that the success of the Ayurvedic physician depends much on the high efficacy of indigenous drugs. This idea, the main-spring of action in the so-called 'Researches in indigenous drugs' of which we hear so much in these days, is simply erroneous. The success of the Ayurvedic physician is due not to the 'charm' of this or that drug but to his clear grasp of the *Doshic* derangement and his selected and well-considered treatment of that derangement, according to well-defined principles of Therapeutics.

As to the forms in which medicines are given I should like to point out that fresh juices (स्वस), powders (चूर्ण), infusions (फाण्ट) and decoctions (काथ) are always preferred to preserved drugs in view of the 'Vitamines' and other active principles found only in fresh drugs. The use of minerals in the form of very finely powdered (often inpalpable) oxides and colloids is also a special feature of Ayurvedic practice, which superficial observers have occasionally tried to be little by their meagre but vaunted knowledge of Chemistry. They seem to forget that there are numerous unassailable facts in Therapeutics, which present-day Chemistry is not yet advanced enough to explain.

It should be further remembered that there are hundreds of drugs—vegetable, animal and mineral, used widely by Ayurvedic practitioners which their know-all Western-trained rivals have not even heard of yet. Some of these are: Black and Red Sulphides of mercury (कज्जली, रसपर्पटी, रससिन्दूर, मकरध्वज, etc.), various forms of Iron-oxides (लौहमस) which, by the way, are far more assimilable and much less constipating than Western preparations of Iron, Tin oxides and Chlorides (वंगमस), Zinc Carbonates (स्वपरमस), Shilajatu (शिलाजतु)—a valuable bituminous drug highly effective in urinary diseases, Gorochna (गोरोचन) the gallstones often found in the Bovine gall-bladder and hundreds of Vegetable drugs like Semicarpus Anacordium (मल्लतक), Achiranthos Aspera (अपामार्ग), Triphala (three myrobalans), etc. But to the bigotted and prejudiced medical man trained in Western medicine alone, these remain a closed subject because he would never care to study them under proper guidance.

Dietetics is also a subject of great importance to the Ayurvedic practitioners. He does not believe in the dictum, "Oh, take anything you like"! He has studied the subject carefully on his own principles and is able to cure many diseases only by regulation of dietary.

So much then briefly as to the medical side of treatment. Let me now refer you to the salient points as to the *Surgical Side*. These are:—

(1) *Surgical Instruments.*—It will perhaps come as a surprise to many that most of the modern surgical instruments are accurately described by Sushruta and Vagbhata. I have demonstrated this in my lectures before the All-India Ayurvedic Conference at Poona and Calcutta and the Sahitya Sabha of Calcutta, notes of which have appeared in the *Indian Medical Record*. Various forms of bandaging, splints, etc., are also to be found clearly described, and appear to be often identical with those current in Western practice.

(2) *Knowledge of Asepsis and Antiseptics* still survives in what little surgical practice the Ayurvedic practitioner still does. Instruments are boiled in water or singed in fire according to ancient tradition (अग््नितप्तेन शस्त्रणे, etc.)—Sushruta-Chikitsa, Chapter II. This explains the success of the major operations like Laparotomy, Lithotomy, etc., described in Sushruta.

(3) Treatment of cellulitis and infected wounds by Antiseptic irrigations and *Pralepas* (applications of medicinal pastes) are often done so successfully by Ayurvedic practitioners that their Western colleagues would do well to learn the subject from them for the benefit of suffering humanity.

It must be admitted however that on the whole, much of surgery has been forgotten and requires revival and re-juvenation. For the other six branches of Ayurvedic treatment—for there are eight divisions in all—I would refer you once more to my Hindu University address. Of these, the *Rasayana* (रसायन) or the Alterative and Restorative treatment and the *Vajeeekarna* (वाजीकरण) or the treatment of the Sexual functions are special features of Ayurveda. I believe, the Yunani system owes a great deal to Ayurveda in these lines of treatment.

General efficacy of Ayurvedic treatment.—As to the general efficacy of Ayurvedic treatment, I think there can be little doubt. In Calcutta, the great home of Western culture, Ayurvedic practitioners thrive in a remarkable manner and are the strong rivals in practice of the Presidency Surgeons and Professors of the Medical College. Not only in Calcutta but all over India, learned Ayurvedic physicians stand out as fully the peers of their Western colleagues, earning Rs. 500 to Rs. 1,000 per diem when their services are engaged by the Ruling Princes and Nobility of India. Where there are well-equipped Ayurvedic charitable dispensaries, side-by-side with similar Allopathic dispensaries in a town, the attendance in the former goes on increasing steadily to an extent which would seem to be incredible. The statistics of the Ayurvedic dispensaries in Madras and Calcutta would show this clearly.

In private practice, the average Ayurvedic practitioner often does better than his Western-trained brother. Besides, Western-trained medical men very often request the services of their Ayurvedic colleagues in chronic intractable cases, not only among their patients but also among their own family members. This is every day experience with me and several of my colleagues in Ayurvedic practice. Hundreds of patients, declared incurable and cured under Ayurvedic treatment would bear testimony to the unique success of Ayurvedic treatment.

Q. 2. (c) Certainly, in most conditions. As to the statistics, we as private practitioners, do not keep statistics as in hospitals but the great currency and success of Ayurvedic practice in Bengal is enough evidence to show its worth. Every reputed Ayurvedic physician can cite hundreds of individual cases.

From the records of some so-called incurable cases kept in my clinic, I am able strongly to assert that the efficacy of Ayurvedic treatment in reputed hands is so remarkable that all sections of people, the Prince and the peasant, Indian and European, resort to it freely; I find, in my own practice, that I daily have to attend difficult cases in the houses of at least two or three Allopathic doctors of Calcutta. This is not the experience of myself alone but, also of Ayurvedic practitioners trained purely on orthodox lines, many of whom still thrive, as the favoured family physicians of the rich and the noblemen of Bengal.

Q. 3. (a) I am connected with the following institutions:—

A. For Medical education—

- (i) The all-India Ayurvedic Conference and Board of Ayurvedic Education (निखिलभारतीयवैद्यसम्मेलन आयुर्वेदविद्यापीठ)—As Ex-President and Vice-President.
- (ii) The Ashtanga Ayurvedic Vidyalaya, Calcutta—As President of Governing Council.
- (iii) The Faculty of Oriental Learning and The Board of Ayurvedic Education, Benares Hindu University—As Co-opted Member.
- (iv) The Madras Ayurvedic College as Examiner and Adviser.
- (v) *Vaidya Shastra Peetha*.—The National Ayurvedic College, Calcutta—As Member of the Executive Committee.
- (vi) Almost all other important Ayurvedic colleges and schools of India as of Delhi, Bombay, Gwalior, Jaipur, etc.—As Examiner and Adviser.

B. For Medical relief—

- (i) Ashtanga Ayurvedic Vidyalaya Hospital, Calcutta.
- (ii) Sri Vishuddhananda Charitable Dispensary, Calcutta.
- (iii) Raja Digamber Mitter's Charitable Dispensary.
- (iv) The District Board Ayurvedic Charitable Dispensary of Jessore (Bengal).
- (v) The Kalpataru Ayurvedic Works (a large Pharmaceutical work) manufacturing Ayurvedic preparations on a very large scale.

Q. 3. (b) (1) No. The deficiency lies in the inadequacy of the staff and want of sufficient accommodation for the ever increasing number of patients, as also of funds to meet the demands.

(2) Yes. So far as they go. Much spade-work is however required to teach the students on the college and school system more efficiently and with more and more practical training.

Remedies.—I propose to remedy them by keeping more paid workers (at present many are honorary), also by starting well-equipped Ayurvedic schools and colleges in all important cities of India.

(c) I do not think there is a sufficient number of Ayurvedic institutions for medical relief or medical education. I do believe that a little encouragement from Government would make my

countrymen come forward more ardently to help the Government and private Ayurvedic institutions that may be started. The popular demand for them is very great indeed. The Government prejudice against it must go; the mere recognition by our Government that Ayurveda is *their and our own alike*, the fostering and promotion of which is one of the elementary duties of any Indian Government, would by itself draw to Ayurveda a good deal of support of which it is so much in need.

Q. 4. (1) Yes.

(2) Yes.

(3) Yes.

The ideal which the above sub-questions point to is, I think, the great original ideal of Ayurvedic education under a practical teaching system of constant association with the teachers (vide Sushrut—Sutrastham—Chapter II. Sishyopaniyadhyaya, and also Charaka, Vimana, Chapter VII).

The ideal is however not attained or attainable just now, as the provision for medical training is very inadequate in India even in the Medical colleges that teach the Allopathic system.

(b) I do not think the ideal is too high for the present, as even in the small *lots* of Bengal, it is partly achieved, the pupils living constantly with their teachers and watching as well as following his professional work. It is a system under which clinical experience of a very valuable kind is ensured to the pupils. Of course, it is capable of great expansion, and worked in the Hindu way, it is not impracticable. The ideal to be worked up as early as possible is to start a type of residential colleges, suited to Indian conditions, where a hostel is to be attached to every Ayurvedic medical college, with at least two or three residential professors.

Q. 5. I agree with the first part of the finding, as to the necessity of making the traditional knowledge available to practitioners of Western medicine; but, I do not think the distinction between the Indian and Western systems will ever disappear. To cite a common example, although the fundamental tenets and ideals of every religion are the same, it is very unlikely that we shall ever attain the ideal of one world-religion.

I, therefore, think that the ideal of a System of Unified Medicine is too high for average humanity at the present day; so, I do not suggest any steps in this direction of unification. I would certainly urge mutual exchange of knowledge for the benefit of both. Our Medical system can certainly be benefited by adopting some modern advances, while the Western system may also be benefited greatly by adopting certain invaluable principles and methods of diagnosis and treatment adumbrated in our system. Such exchange of knowledge will certainly make for the good of humanity as a whole.

Q. 6. The question is rather wide, almost to vagueness; and the magic expression 'modern scientific methods' is an unhappy insinuation that indigenous systems of medicines are based on the unscientific methods. A study on modern lines of Anatomy, Physiology, etc., would, of course, be very useful to supplement what the indigenous systems have in their books. To be more explicit, *I would suggest the Indianisation of Western Scientific knowledge rather than Westernising our own systems.* For instance, when you teach Anatomy, have Indian Texts as the basis, using Indian names as far as possible, while the student should be free to take-in anything useful, from Western texts.

As to the course of studies, I can suggest no better course than the one decided upon, by the Special Committee of the All-India Ayurvedic Conference; this Committee consisted of the very pick and flower of the Ayurvedic profession from all parts of India who worked this subject out in several sittings. (Vide Course of Studies in Rules of All-India Ayurvedic Conference.)

(a) Progressive standards have been contemplated and established by the All-India Board of Ayurvedic examinations but the teaching facilities in the various Ayurvedic institutions of India are still meagre and far short of the standard laid down and call for much progress and reform.

(b) *Preliminary qualifications.*—These would, of course, vary with the qualification aimed at by the student. For the higher qualifications, I think, sufficiently advanced knowledge of Sanskrit should be the *sine qua non* in every case, as almost all Ayurvedic works are written in Sanskrit. There need be no fear of dearth of students, as the various Sanskrit-teaching centres of India are preparing hundreds of qualified students every year. A working knowledge of English should also be made essential for the highest qualification, while it would be of great advantage to every student. The lowest standard would require good knowledge only in the vernacular of the province; but, at present there are not many vernacular works existing in Ayurvedic literature and text-books will have to be multiplied on almost every subject.

(c) I think the medium of instruction should be the vernacular of the Province in which the teaching institution is located, e.g., Bengalee for Bengal, Tamil for Tamil districts and Telugu for Telugu districts and so forth.

Q. 7. I think medical registration would be harmful just at present unless sufficient safeguards are provided. From my past experience of the working of the Medical Registration Acts, I consider it capable of being employed, as much as a defensive as an offensive measure. If, however,

an Indigenous Medical Registration Board, manned almost solely by practitioners of the Indigenous Systems of Medicine and not under the control of the head of the Allopathic Medical Department, is created, I see no objection to Ayurvedic Medical registration: indeed, it may do some good, even in the immediate present but it must not be too stringent.

Q. 8. The cost of treatment according to the Indigenous systems should be considered under two heads:—

- (1) Treatment of well-to-do-people.
- (2) " the poor.

For the former, the practitioners of both the Western and Eastern systems are in the habit of prescribing costly preparations; but, on the whole, if the modern costly methods of diagnosis are taken into account, Ayurvedic treatment is certainly cheaper even for well-to-do patients.

(2) For the poor, the Indigenous systems are by far the cheaper, as there are plentiful supplies of Ayurvedic drugs available in every part of India and they are used mostly in the fresh form as juices, decoctions, etc., which eliminate costly pharmaceutical processes including the addition of spirits and the bottling, labelling, advertisements, etc. There is another fact, which makes the treatment by the Western Allopathic system inadvisable in some cases at least; and this is as regards the unsuitability of Allopathic medicines to Indians and Indian climate. To take one instance, the use of two or three non-poisonous tinctures and spirits, in every dose of medicine, often means the ingestion of about one to two drams of alcohol in every dose; to the Indian patient who is not usually accustomed to alcohol, this means a great strain on the liver and kidneys and I believe it ultimately makes the patient more susceptible to the invasion of various diseases.

From the comparative statistics of the costs of treatment collected from the records of Ayurvedic charitable dispensaries in Calcutta and Madras, it has been found out that the average cost is about 5 to 6 pies per head per day and would never exceed nine pies.

Q. 9. Causes of decay come under four heads—

- | | |
|-----------------------------|---|
| (1) Want of State-aid. | (3) Economical causes. |
| (2) Political vicissitudes. | (4) Support of State to the rival system. |

Remedies.—These are dealt with by me in my address to the Benares Hindu University, which I wish to quote here again.

"Long manuscript-collecting tours should be undertaken by ardent and well informed scholars having the regenerations of Ayurveda as their aim and object; the remembering that the ravages of the reckless invaders of India did not spread so widely into the Deccan as in other parts of India, I venture to assert that such tours in the southern half of India would be productive of great results. Well-equipped Ayurvedic colleges having full facilities for anatomical dissections, physiological demonstrations, and Physics and Chemistry classes should be founded in every province and affiliated to the Universities. To these should be attached Ayurvedic hospitals for the treatment of chronic diseases, particularly to supplement the good work of already existing hospitals conducted on Western lines. Such institutions should form the fountain-springs from which direct clinical knowledge should flow abundantly into the minds of Ayurvedic students. Pharmacological and analytical laboratories for the investigation of indigenous drugs should also work unceasingly as parts of these institutions, and for new discoveries and demonstrations on Ayurvedic lines. Libraries of Ayurvedic books as also gardens, herbaria and museums of indigenous drugs should also be maintained with proper care to facilitate practical knowledge and research work. All this may appear an order too large for our means but there can be no doubt that such should be our ideals, provided we seriously contemplate the conservation of India's wisdom in the Medical Science. The suffering millions of India whom Ayurveda saved for centuries past and is still saving to no small extent, demand of us that we should give them the benefits of the same system in all the lustre and polish that Western methods are capable of giving it. They have built up great hopes and have the fullest confidence in the future work of the Hindu University. So it is for her to set the great ideal in this humane work.

The Ruling Chiefs and the wealthy Philanthropists too, under whose parental care, so much excellent work is being done in Ayurvedic schools and charities, owe it themselves to expand these institutions up to modern ideals.

It was high time that the State and people moved and helped the Ayurvedic system with unstinting generosity and care. India's need for medical aid is neither small nor limited. Considering the proportion of medical men to the vast population, of all countries, India is the most poorly supplied with medical aid. The proportion of western medical men to the teeming millions who are ailing from year's end to year's end with malaria, cholera, plague, fevers and chronic diseases is simply like that of a drop of oil on the surging ocean. The salvation of diseased India lies in the rejuvenation of Ayurvedic Medicine, side by side with the progress of the Western system. There will be no dearth of Ayurvedic drugs which are found everywhere in abundance. War will not affect their prices to any appreciable extent. The noble bands of silent workers who are doing so much thankless good work all over India with the aid of

indigenous drugs certainly deserve encouragement and not damning; for their degeneration or extinction will mean the degeneration and extinction of millions of people looking up to the State, in hope and confidence."

Q. 10. (a) *The State* can foster the Ayurvedic system—

(1) By allotting funds to the various local bodies to maintain Ayurvedic hospitals and dispensaries.

(2) By founding Ayurvedic schools and colleges in the various important centres of India.

(3) Subsidising existing Ayurvedic charitable institutions.

(4) Subsidising genuine enterprises where manufacture of Indigenous drugs is being attempted on a large commercial scale.

(b) *Local Boards*.—The local boards should actively engage themselves in aiding the existing and starting new charitable institutions of the Ayurvedic system. Reputed Ayurvedic practitioners in the local area may also be subsidised, with a view to encourage them in the free distribution of medicine to the poor patients, which, by the way, they are already doing to some extent as a matter of their noble mission. Fortunately many local boards and municipalities in Bengal and elsewhere have just started this work but much more work is expected.

(c) *Universities*.—They should arrange for examination on Indigenous medical systems, in the same way that they do for Western medicine. The University examinations should of course be supplementary to the School Final tests of Ayurvedic Institutions and must not supplant the licences granted by competent teaching and examining bodies.

(d) *Private Agencies*.—I believe if the Government would start institutions either for medical relief or for medical education on Indigenous lines, and invite support from the public, sufficient amounts of subscription would be readily forthcoming from private sources; and taking it the other way, the Government should also encourage and assist private enterprises, when they are started and run on genuine and approved lines. I would also plead for the proper administration of our numerous religious endowments, so that at least a small portion of the vast sums now locked up in them may be used in offering to Heaven such truly religious worship, as the founding in His name, of institutions of Indigenous systems, where medical relief is made easily available to all His sick and suffering children.

(2) KAVIRAJ JAMINI BHUSHAN ROY KAVIRATNA, M.A., M.B., M.B.A.S., F.C.U.,
PRINCIPAL, ASHTANGA AYURVEDIC VIDYALAYA, CALCUTTA.

Q. 1. Ayurveda.

Q. 2. I believe in the Tridosha theory of Ayurveda, because it has always helped me and never failed me, both in diagnosis and treatment. I have expounded this theory in my work 'Roga Vinischaya' first edition pages, 1-44, under the general heading "Doaha Dushya Nirupanam" to which I refer those interested in this subject.

Health and ill-health depends respectively upon the normal (Prakriti) and morbid (Vikriti) condition of the three doshas—Vata, Pitta and Kapha; the normal habitat of these three doshas, as also the special features of their normal conditions and the symptomatology of their morbid conditions are all clearly described in our books; and these are the fundamentals, with which every real Ayurvedic practitioner is and must be quite familiar with. From the clinical experience of ages recorded in our books and added on from time to time by various acute observers, we are also able to diagnose the exact nature of the Doshic disturbance—whether it is essentially a morbidity of one, two or three doshas, whether it indicates their increase (Vridhhi or decrease (Khsaya), whether it is their Sama (attended with digestive disturbance) or Nirama condition and so on.

The teachings of our Rishis also help us in diagnosing which of the seven Dhatus (blood, muscle, fat, etc.) is primarily at fault; once a knowledge of the morbid Doshas and Dhatus is gained, the rest is easy. For purposes of clearly understanding the exact nature of diseases, they are generally studied from five stand-points, viz., Nidana (Actiology), purvarupa (prodromata—), Rupa (symptomatology), Upasaya (confirmative reaction to proper experimental therapeutic measures) and Samprapti (Pathology—); of these, Nidana will enable us to diagnose whether the morbid condition is already fully developed, or is developing in the immediate present or is yet to develop in the future, but, as one Nidana may possibly be at the root of more than one morbid condition, we cannot diagnose diseases by Nidana alone; similarly, Purvarup (prodromata) will help us in diagnosing diseases that are to develop in the future; but, as similar prodromata may possibly lead to a varied number of diseases, we cannot know the exact morbid condition of the Doshas by Purvarup alone. Hence the importance of Rupa (symptomatology) which however suggests to us only what has happened in the past; sometimes however, when the prodromata are not clear and the symptomatology obscure or occult, we have recourse to Upasaya (or inference from the reaction shown to certain experimental therapeutic measures); this is applicable to all cases, no matter whether the development of morbidity is a feature of the past, present or future; but, even after viewing from all these stand-points, we may not be able to know the exact past and future of the disease—its exact type, its prognostic

significance, the progressive changes in doshic derangement, etc., unless from the first, we study the Samprapti (Pathology) of the disease. Thus it is said that five-fold is the method of diagnosing diseases :—

Of these, let us first consider Nidana (or Hetu)—Aetiology. Hetu is manifold in nature, thus :—

- (1) Sannirikristhi (immediate or exciting).
- (2) Viprakristha (remote or predisposing).
- (3) Vyabhichara (subserving or weak).
- (4) Pradhanika (predominants) Patent.
- (5) Asathmendriyatha Samyoga.

(Incompatible correlation of the senses with their objects) their Atiyog, Hinayog and Mithyog—i.e. excessive, improper and defective correlation.

(6) Faults or Indiscretions of Prajna (knowledge) that is Atiyoga, etc., as in (5) above.

(7) Time factor (the seasons, etc.) that is Atiyoga, etc., as in (5) above.

(8) Doshā Hetu—Cause which makes for doshic derangement.

(9) Vyadhi Hetu—Cause which makes for manifestation of disease.

(10) Ūbhaya Hetu—Cause which makes for both doshic derangement and manifestation of disease.

(11) Utpadaka—Productive cause (as for example as the sweet rasa of the Hemantha season, towards Kapha).

(12) Vyanjaka—(secondary or accessory).

(13) Bahya (external causes like food, habits, seasonal variations, etc).

(14) Abhyantara (internal i.e., of Doshas and Dushyas).

(15) Prakritic (Natural).

(16) Vikritic (Unnatural).

(17) Anubandhya (Independent).

(18) Anubandha (Dependent).

(19) Specific Prakritic morbidity (vatarogas occurring in Vataprakriti are more difficult of cure than in Kapha or Pitha Prakriti).

(20) Ashayapakarshana (Dislocation or the expulsion of a Dosha from its natural habitat).

Next we come to Purvarup or prodromata.

This has reference only to morbidity that is to occur in the future; this also corresponds to the fourth, among the six stages (Kriya—Kalas) of the Samprapti (Pathology) of disease which we will come to presently.

Then come Rup or Symptomatology of diseases when they become manifest. (Charaka Nidan—1).

Symptomatology before manifestation is Purvarup which suggests disease that is to manifest in future, while Rup has reference to the present and immediate past—i.e. to disease that is just manifesting or has already manifested itself and corresponds to the fifth stage of Samprapthi (Pathology) to be explained presently.

Upashaya is the conformatory and experimental test of the suspected nature of disease, when favourable and expected reaction follows from the use of appropriate therapeutic measures or Aushadas, contrary to the cause (Hetu) or disease (Vyadhi) or both or to the effects of one or other or both. Here, Aushada (remedy) is a term used by Charaka in a very wide and comprehensive sense, including all remedial measures, whether material or non-material, measures such as habits and practices, place, Time, lessening or withholding food, etc. This method of inferring the cause of nature of disease is especially helpful, where Purvarup and Rup have not helped us to a clear understanding of the exact nature of diseases.

Then, we come to Samprapti (on pathology) of disease, which has reference to the following features :—

(1) *Sankhya or number*.—That is to say the number of varieties or types in which diseases may manifest themselves : thus : fevers in eight types, gulmas in five, leprosy in seven and so on.

(2) *Pradhanya or Predominance*.—That is, the predominance of particular dosha or doshas.

(3) *Vidhi or order or classification*.—That is, with reference to either the two-fold causes Idiopathic (Nija) or Traumopathic (Aganthuka), or to the three-fold classification of Tridosha or to the four-fold classification of curable, incurable, mild and severe types.

(4) *Vikalpa or possible alternatives*.—That is, the ascertainment of the measure in which the doshas are excited in the combined doshic triad.

(5) *Time of energising (Balakala)*.—This is with reference to the time-factor, which energises diseases and make them either Atibala, Madhyabala or Heenabala (severe, moderate mild,—) e.g., the seasons, the day, the night, the hour of eating, etc.

In studying Samprapti, we study the following morbid phenomena which the Doshas undergo :—

(1) *Sanchaya* or accumulation of doshas corresponds to the first Kriyakala (period of Activity).

(2) *Prakopa* or excitation—corresponds to the 2nd.

(3) *Prasara* or extension—corresponds to the 3rd Kriyakala (period of Activity).

(4) *Sthana Samshraya* or specific location—corresponds to the 4th Kriyakala (period of Activity). [when the excited Doshas extend from their seats or origin and become localised in other seats, they cause specific diseases of the parts so affected, e.g., 'diseases of stomach', 'diseases of bladder', 'diseases of anal region', 'diseases of testes', 'diseases of blood, skin, muscles or other tissues' or diseases of all organs as a whole. This condition corresponds as has been mentioned already to 'Purvarup' or stage of Prodromata (or incubation).]

(5) *Vyakthi* or manifestation corresponds to the 5th Kriyakala (or period of activity). This is the stage when Rupa (or symptomatology of diseases) can be studied.

(6) *Bheda* or variation—Corresponds to the 6th Kriyakala.

This is the stage when diseases become chronic, incurable, etc.

From what has been stated above, it should be clear that our system is perfectly scientific and can stand the test of any scientific criticism, provided that our critics take the trouble to acquaint themselves with what they are criticising—doubtless an elementary qualification demanded of every critic in other branches of technical study but somehow or other totally neglected by some Professors, who thinks it is apparently the correct thing to judge Ayurveda from ignorance-born prejudice or bigotry; the persons best qualified to say whether or not Ayurveda can stand the test of modern scientific criticism are obviously those who are versed both in Ayurveda and modern Western medical science—not those who are ignorant of Ayurveda, as some critics in the past undoubtedly were, however high their professions may be in Western medicine. By this, I clearly mean that Western Scientific men should first learn the Sanskrit language and then study Ayurveda for some years under one of our competent Acharyas; then only, may they think of criticising Ayurveda; otherwise, their criticism is worthless and cannot claim any authority; such critics will only succeed in proclaiming to the world their unscientific attitude. For the credit of Ayurveda, be it said, that no professor of Ayurveda has ever been guilty of such infamous procedure as criticising the Western medical science, without studying it; in my opinion, both systems are useful and worthy of study; to shut ourselves from knowledge and truth (whether it comes from the East or the West) is, in my view, a sign of barbarity. No wonder that ignorant critics frequently succeed (albeit unconsciously) not only in suppressing the truth (*suppressio veri*) but also in suggesting falsehood (*suggestio falsi*) as, for example, in suggesting that our Tridosha Theory is the same as some "Humoral Theory" of the Greeks.

Principles and methods of Diagnosis.—It is sometimes alleged by our ignorant critics versed in Allopathy that we treat diseases more or less symptomatically without properly diagnosing them; this is a baseless calumny; for my present purpose, it is unnecessary, though I could do it with perfect justice, to throw back the criticism in the teeth of our critics and challenge them to say whether their diagnosis is not frequently uncertain and whether they do not treat cases symptomatically.

As regards details, it is laid down thus—

The diagnosis of diseases is six-fold by means of the five senses and also by interrogation. Western medicine, looking at things from without, designates its diagnostic methods by the terms inspection, palpation, etc; but, our ancients, ever looking at things from within, referred them all to the five senses and to interrogation, which (interrogation) was a very comprehensive and highly suggestive method, including, as it did, references to all the numerous relevant factors of diseases such as *Desa* (country) *Kala* (time or seasons), *Jati* (tribe), *Satmya* (compatibility, that is to say, whether correlation with particular climate, country, season, previous illness, tribal peculiarities, etc, is or is not compatible to patient), *Athanka Samutpathi* (the mode of onset), *Vedana Samuhraya* (the mode of development of ailment), *Balam* (constitutional strength), *Deepagnitha* (state of digestion and assimilation), *Mutra-Pureeshadi* (state of urine and faeces, etc.,) and so on.

If any physician of any climate or country follows the detailed maxims laid down for the thorough examination of not only the disease, but also of the patient, which examination was particularly insisted on, by our sages, as being essential both for diagnosis and treatment, he is sure to do well by his patient and bring credit to his Science and Art.

Principles and methods of treatment.—This is a very vast subject and if any one come to know something about it, he must study our books thoroughly under a competent Guru; if the Government is really kind to us and really interested in Ayurveda, they will do well, as a first instalment of their kindness, to give us a hospital of 100 beds, where we are prepared to demonstrate and prove to the hilt the efficacy of Ayurvedic treatment to the entire satisfaction of even the strictest of our fair critics. It is really difficult to delineate the whole subject of our treatment in the short compass of this reply. In this connexion I should like to refer you to Chakradatta's work on treatment (both medical and surgical).

The main allegation against us is that we had no surgery and the greatest boon given to us by our Western friends is that they brought Surgery to us; historically, this is incorrect; I refer you to Encyclopedia Britannica—Volume XXII; page 672—19th Edition:—

“In both branches of the Aryan stock, surgical practice, as well as medical, reached a high degree of perfection at an early period.

“The correspondence between the Susruta and the Hippocratic collection is closest in the sections relating to the ethics of medical practice; the description, also, of Lithotomy in the former agrees almost exactly with the account of the Alexandrian practice as given by Celsus. But there are certainly some dexterous operations described in Susruta (such as the Rhinoplasty) which were of native invention; the elaborate and lofty ethical code appears to be of pure Brahmanical origin; and the very copious Materia Medica (which included arsenic, mercury, zinc and many other substances of permanent value) does not contain a single article of foreign source. Susruta describes more than one hundred surgical instruments made of steel. They should have good handles and firm joints, be well polished and sharp enough to divide hair; they should be perfectly clean, and kept in flannel in a wooden box. They included various shapes of scalpels, bistouries, lancets, sacrificers, saws, bone-nippers, scissors, trocars, and needles. There were also blunt hooks, loops, probes (including a caustic-holder), directors, sounds, scoops and forceps (for polypi, etc.) as well as catheters, syringes, rectal speculum, and bougies. There were fourteen varieties of bandage. The favourite form of splint was made of slips of bamboo bound together with string and cut to the length required. Wise says that he has frequently used “this admirable splint”, particularly for fractures of the thigh, humerus, radius and ulna, and it has been subsequently adopted in the English army under the name of the “patent rattan cane splint”. Fractures were diagnosed, among other signs, by crepitus. Dislocations were elaborately classified, and the differential diagnosis given; the treatment was by traction and counteraction, circumduction, and other dexterous manipulation. Wounds were divided into incised, punctured, lacerated, contused, etc. Cuts of the head and face were sewed. Skill in extracting foreign bodies was carried to a great height, the magnet being used for iron particles under certain specified circumstances. Inflammations were treated by the usual antiphlogistic regimen and appliances; venesection was practised at several other points besides the bend of the elbow; leeches were more often resorted to than the lance; cupping also was in general use. Poulting, fomenting, and the like were done as at present. Amputation was done now and then notwithstanding the want of a good control over the hæmorrhage; boiling oil was applied to the stump, with pressure by means of a cup-formed bandage, pitch being sometimes added. Tumours and enlarged lymphatic glands were cut out and an arsenical salve applied to the raw surfaces to prevent recurrence. Abdominal dropsy and hydrocele were treated by tapping with trocar, and varieties of hernia were understood, omental hernia being removed by operation on the scrotum. Aneurisms were known but not treated.

Besides the operations already mentioned, the abdomen was opened by a short incision below the umbilicus slightly to the left of the middle line, for the purpose of removing intestinal concretions or other obstruction (Laparotomy); only a segment of the bowel was exposed at one time; the concretion when found was removed, the intestine stitched together again, anointed with ghee and honey, and returned into the cavity. Lithotomy was practised, without the staff. There was a plastic operation for the restoration of the nose, the skin being taken from the cheek adjoining, and the vascularity kept up by a bridge of tissue. The ophthalmic surgery included extraction of cataract. Obstetric operations were various, including Caesarian section and crushing the foetus.

The medication and constitutional treatment in surgical cases were in keeping with the general care and elaborateness of their practice, and with the copiousness of their materia medica.”

I quote here Encyclopedia Britannica and not our own original texts, because our mentality has now become so deteriorated as to make even my own countrymen believe me, only if I quote Encyclopedia Britannica but not if I quote Susruta. I may also add here that the examination of urine by our ancients was carried to such perfection as to enable them to diagnose pregnancy and sterility, by the examination of urine alone; so too, they did not confine their “Anatomy” to description of our physical structure alone but went on to describe the emotional body as well; thus we find in our books the description of not only “Sensory areas”, “Motor areas” and so on, but also of “Anger areas”, “Affection areas” and the like; similarly, a Kaviraj is also expected to be expert in understanding the different *mental* conditions (such as power as concentration, attention, study, application, memory, etc.) by a careful study of facial expression and in other ways taught by the Guru to the disciple that had demonstrated his fitness for receiving this knowledge.

Even the up-to-date modern surgeons of to-day will be more up-to-date and modern if they will take the trouble to acquaint themselves with our learning on the subject. The chief difficulty is that this valuable learning of our ancients is contained in books written in Sanskrit, without a knowledge of which it is not now possible to get at originals; another difficulty is that the texts are mostly aphoristic and require elucidation and elaboration by competent Gurus, who are now unfortunately very few and far between. It is no doubt true that the Art of Surgery has now undergone decay but it can be easily revived. Though the Art has decayed,

it can be resuscitated and rendered efficient in practice, by conducting Ayurvedic research along right lines, and taking the aid of modern surgery and modern science generally, wherever they are useful; there is nothing demeaning in making use of such helpful guides; for, the use of such aids has been sanctioned by our own Sushruta, who says in Chapter VII Sutrasthan that a surgeon should benefit by "Texts, Traditional teaching, inspection of other instruments and also by exhibition of skill."

General Efficacy.—This is also a very big subject to traverse; ultimately, the most satisfactory proof is actual demonstration, as for example, in a hospital; but, if I may judge from my own experience of both systems, I am most emphatically of opinion that the Ayurvedic system has many things to recommend it for our preferential treatment; we have a pharmacopoeia, which stands, unrivalled in its richness and excellence; although, due to lack of state recognition and patronage, Ayurveda has suffered greatly, so that the pharmacopoeia in actual use is but a small fragment of what it might be, yet, every class of Ayurvedic practitioners—whether of the first or the last order, can do and is doing a lot of good work by the help of the limited pharmacopoeia now in use.

The principles of treatment are so clear and scientific, and the methods, so well suited to us, that even a very ordinary practitioner can and does undertake with success the treatment of very serious cases, and frequently, of cases given up as hopeless by Western-trained doctors. I may perhaps illustrate my point by an example. In our shastras, two kinds of fomentations are described, viz., dry and moist; the indications for the use of each are so well laid down that an ordinary Ayurvedic practitioner never makes the mistake of using the one for the other. The Allopathic practitioners also recognise that these two kinds of fomentations are indicated in different conditions; but, the subject is so imperfectly known to them that, not long ago, certain distinguished Allopathic expert brethren of mine, who were engaged in treating an independent Ruling Chief of Bengal failed because of the lack of proper guidance from their science, where I succeeded, thanks to the clear and never-failing guidance of our Shastras. The Royal patient had atrophy of the muscles of both arms and legs, and was completely bed-ridden; my allopathic friends knew that fomentations were necessary; but, they did not know that it was not the dry but the moist fomentation that was indicated here; they only used dry fomentations, including electric current; this and the use of their highly scientific instruments notwithstanding, the atrophy grew worse and worse; it was then that I was called in; it was clear to me it was a case of moist fomentations of the nature of medicated ghees, oils, marrow-fat, etc. I at once began the treatment with a hopeful mind, certain to convince an unbelieving Maharaja, from his own experience, as to the unrivalled efficacy of Ayurvedic treatment, even after its neglect for centuries by our rulers and following them, by the ruled also. I want to impress upon you that it is only by my knowledge of Ayurveda, which taught me that it was Snigdha Sneha that was indicated in the derangement of Vayu and the last stage of atrophy that I was able to succeed where my Allopathic brethren failed; my knowledge of Allopathy could no more help me here than it did my Allopathic expert friends who had charge of the case before me; but, by the grace of our Rishis and the help of Ayurveda, I was able to afford rapid relief to my Royal patient, so that within a month, the bed-ridden Maharaja was able to write, to walk and to attend to his ordinary duties.

Such instances can be easily multiplied; but, there is no need for them here. Speaking for myself, I shall be guilty of the basest ingratitude to Ayurveda which is my never-failing solace, if I do not gratefully recognise and loudly proclaim that the Ayurvedic theory of Tridosha has always helped me both to diagnose and to treat cases more successfully than if I had followed only the guidance of the Allopathic system. Before I close this topic I shall give you only one more illustration to show how perfectly scientific, Ayurveda is both in the matter of diagnosis and treatment. You all know that in cases of hyperpyrexia the sheet-anchor of Allopathy is cold, i.e., wet-packs, ice to head and so on; according to Ayurveda, this is dangerous quackery; cold in any form is only indicated in fevers due to Agneya causes, while it is heat that is indicated in fevers due to Samnya causes; this is a distinction unknown to Allopathy, who treat all cases of hyperpyrexia, by the same rule of thumb, because at present they know no better; for, they do not know that, from the standpoint of treatment, it is very necessary to recognise that hyperpyrexia may be due to causes directly contrary to each other, and that therefore it is always unscientific as well as undesirable and sometimes dangerous and even disastrous, to treat all fevers, by one and the same method of application of cold.

For the benefit of humanity, I implore all doctors, whatever their nationality may be, to study at least the Tridosha theory; it will help them uniformly and in every case, to diagnose and treat correctly, that is to say, scientifically; Allopathy does not do this in a number of cases; our theory will help them not only to diagnose the nature of disease but the various types of it as well, as also the changes it is undergoing from time to time; without a knowledge of these changes, treatment would be unscientific and may lead to disaster.

Q. 3. (a) Yes, with the following institutions:—

- (1) Asthanga Ayurveda Vidyalaya, Founder and Principal; also visiting Surgeon to the attached out-patient department.
- (2) All-India Ayurveda Vidya—President and Examiner.
- (3) Digamber Mitter Charitable Dispensary—Governor.

- (4) Hindu Marwari hospital (for both in-patients and out-patients) attending physician.
 (5) Madras Ayurvedic College—Examiner.
 (6) Venkataramana Dispensary—Examiner.
 (7) Jaipur, Lahore, Benares Hindu University and some other Ayurvedic Institutes—Examiner.

(b) (1) No. There should certainly be many more institutions for giving Ayurvedic medical relief to sons of the soil; because the Indigenous systems based as they are on the many factors which are peculiar to the children of the soil, e.g., their habits, customs, mode of living, climate, the nature and quantity of drugs available, etc., are naturally better suited to us than foreign systems. As Charaka says,

“यस्मिन् देशे हि यो जातः तस्य तज्जीवधं हितम्”

“whosoever born in a particular country to him the drugs grown in that country are suitable.”

(2) The answer is “Yes”, if we do not expect too much all at once; in our Asthanga Ayurveda Vidyalaya, there is arrangement for teaching all the eight branches of Ayurveda, in both its theoretical and practical aspects; so also in the two institutions at your own place, viz., the Madras Ayurvedic College and the Mylapore Venkataramana dispensary, both of which I have visited; of course, many more such institutions have to be started. In this connexion, I cannot but pay my tribute to your Presidency which was till recently graced by the presence of that great worker for Ayurveda, the late Vaidya Ratna Pandit D. Gopalachari, from whom it was that I got the inspiration to start our Asthanga Vidyalaya.

(c) This sub-question has obviously a quantitative bearing; and the answer must be in the negative; for considering our needs, the number of existing institutions is but a drop in the ocean.

Q. 4. (a) (1) Emphatically yes. To the invaluable excellence of Gurugriha Nivasa, which this sub-question refers to, I can bear ample and personal testimony; from my childhood almost, I lived and studied in my Guru's immediate presence forming a part of the huge family consisting of my Guru and his pupils; first, I lived with about 100 pupils of my late revered father, and after his demise, with my second preceptor, as his own son. It is difficult to exaggerate the immense value of such a holy atmosphere of study and learning. I recognize that at the present day it is not practicable to revive the beautiful institution of our ancient Gurugriha nivas. Nevertheless, something of its ancient glory may be preserved if we could found residential Ayurvedic Colleges standing in their own grounds, where reside not only the pupils but as many professors as possible, so that the students may as far as possible live and study in the immediate and inspiring presence of their preceptors. If even this is not possible, we may so arrange our curriculum that for at least a couple of years every student lives with at least one of his professors. It is only thus that the pupils learn many invaluable things, without feeling or knowing that they are being taught. Our present system of spending a few hours in the College and hospital, trying to learn bits of Sciences and Arts and then spending the rest of our lives in quite a different atmosphere is not calculated to make for that high culture of plain living and high thinking, which our ancient system of Gurugriha nivasa inculcated. As an ancient verse has it,

गुरुशुश्रूषया विद्या पुष्कलेन धनेन वा ।

अथवा विद्या विद्या चतुर्यो नोपपद्यते ॥

“There are only three ways and not a fourth of learning vidya—by serving under a Guru, by spending a large amount of money or by exchange of vidya.”

Especially for the student of medicine, it is highly essential that, in the plastic period of his life, he should learn to build up into his life, that high sense of duty and honour, as also that spirit of service and self-sacrifice, which is best fostered under a system of Gurugriha nivasam; provided, of course, the Gurus are not of the mercenary type that is unfortunately becoming increasingly common at the present day. Even from the standpoint of pure academical learning, the pupils are certain to learn best, when in addition to their college and hospital tuition, they get the inestimable benefit of watching and following the Guru, in the practice of his profession, both at home and outside.

One other misfortune that we have to contend with is the question of Religious Education; some sort of Christian Religious training is imparted in Christian Mission Schools both to Christian and Non-Christian pupils which is obviously a very unsatisfactory arrangement; on the other hand, we have the schools run by Government, where no religious training of any kind is imparted. I do not want to enter here into the discussion of this vexed question of religious training, I merely wish to express my strong conviction that, to the medical student more than to any other, religious training is highly necessary; the best and the noblest members of our profession are what they are because of the *truly religious* life they lead, no matter to what particular religious denomination they belong or, may be they belong to none. Why then should we leave the growth of the religious spirit within us to chance or to accident? why not promote it deliberately and of set purpose?

Q. 5. I am sorry that the Calcutta University Commission who, very kindly visited this institution, did not enter fully into the subject of Ayurvedic study. No useful purpose is therefore served by taking note and answering the casual remarks of that august body. Knowing as I do the high qualifications of the members of that Committee, I have very little doubt they would have expressed themselves quite differently if they had entered seriously into the subject of Ayurvedic studies. The statement that "the distinctions between the two systems (Indian and European) will then disappear" is a pious wish that is not likely to pass in the near future at all events. Well may we say that the distinction between Hinduism and Christianity will disappear, when each recognises and adopts whatever is good in the other. If, however, the statement means that both systems are at times prone to exhibit an unscientific attitude of intolerance and bigotry, and that, when all of us view things in a strictly scientific attitude, the quarrel over distinctions disappears, then, I believe, the statement may be taken to express a wish that is capable of early realization, always provided that we have a real co-operation of both parties and not indulge in that brand of pseudo-co-operation, so much affected now a days, where one party is always to boss and lay down the law and the other party, always to yield and obey, under the peril of being branded otherwise as an infamous non-co-operator.

Q. 6. I am for the study of everything that is really good in the wide domain of science; but, teach your pupils Western Anatomy, Physiology, Botany, etc., on the broad basis of our own Anatomy, Physiology, Botany and the like; if the latter subjects are well taught and thoroughly understood, then, it will not be difficult to give a few additional touches of Western Medical Science; beware however of that mischievous method of teaching Western Science, which sometimes results in the young student wrongly thinking that everything that is good and valuable is the exclusive privilege of Western Medical Science. If, in the minds of our pupils, the foundations of Ayurveda are well and truly laid, there need be no fear on this score; on the other hand, a true Ayurvedist will be a better Ayurvedist by a study of other ways of looking at the truths of Medical science; for this purpose, I would welcome the study, as far as possible, of the best thoughts of savants all the world over, English, French, German, American, Japanese, Russian and so on.

When, some time ago, General Edwards (then Surgeon-General with the Government of Bengal and now Director-General, Indian Medical Service) asked me to devise and teach a short one year course in Ayurveda to our passed students of the Medical College, he had the idea at the back of his mind, which even some well-meaning Indians entertain, viz., that, by so doing, we will be forwarding the cause of Ayurveda. But you cannot manufacture true Ayurvedists so easily; I told our well-meaning General that what I could do in a year is only to supplement the knowledge of materia medica already possessed by the students but I could not turn them into good Kavirajas, which is the crying need of the country. Similarly, if our Ayurvedic Colleges merely open a short supplemental course of one year in Allopathy to our passed Ayurvedic students, we will not thereby succeed in making them good Allopathists; possibly, that way may lie danger and disaster. Half-learning is dangerous and quarter-learning even more so.

(a) As regards the curriculum of studies, I would suggest that of our Asthanga Ayurveda Vidyalaya as a model; you will, of course, have to make such suitable changes, as are suggested by local conditions.

(b) *Preliminary qualification.*—An ideal student cannot be had now a days; I do not know why; we are gradually deteriorating; let us hope better times are ahead of us. The points which the Principal or the selecting authority or Committee of a Medical College should attend to are such as the following :—

- (1) *Family history.*—Other things being equal, a doctor's son is more likely to become a successful doctor than the son of any other.
- (2) The moral tone of the student.
- (3) Physical health.
- (4) *Intellectual capacity* as judged by memory, power of expression, etc.
- (5) General equipment as judged roughly, by a university or other recognized test; if the candidate possesses no such qualification, he has to be tested *viva voce* by the Principal or Professor.

For Ayurvedic study, there should be two sections :

(a) Students with very good knowledge of the Sanskrit language and a general acquaintance with Mathematics, Natural Science, etc.; a working knowledge of English would certainly be a very useful acquisition.

(b) Students with a very good knowledge of the vernaculars, other qualifications being as in (1); qualification (a) is for those practitioners who want to become professors; for others, qualification (b) is enough. Age. Candidates should not be too young; I know of cases where very young candidates stood first in the final examination but were not able, as practitioners, to infuse any confidence in the patient, because of their very youth. For the present, I would suggest the age period of from 16 years to 20 years, as the most suitable for admission.

(c) Mother tongue of the candidates is, of course, the best medium of instruction; for higher studies, a knowledge of Sanskrit is essential. For post-graduate studies, I would recommend that Ayurvedic students should acquaint themselves with all recent advances in Western Physiology, Pathology, Bacteriology, etc.

Q.—7. *Medical Registration.*—Some sort of control there must be, but, not after the fashion of the existing Medical Registration Boards. My idea is to have a Board consisting almost entirely of Ayurvedists themselves, with one or two eminent laymen, also elected by them (Ayurvedists). The Government should establish a separate Department of Indian Medicine, quite independent of the existing Department of Western Medicine.

Q.—8. For facts and figures showing the comparative cheapness (consistent with at least equal efficacy) of Ayurvedic treatment, I would refer you to the statistics of our Ashtanga Ayurvedic Institute; I believe the statistics of almost all Ayurvedic Institutes will bear testimony to the same fact. Then again there is the question of purity of drugs and of their being available in sufficient quantities in India itself and so on. At present, genuine Allopathic preparations are very expensive—prohibitively expensive; to give one instance; I have found that the liquid extract of Ergot is very much more efficacious than the ordinary so-called 'standardized' preparation; but, it is sold at 14 annas an oz., while the latter is only 3 annas an oz.; but, in the long run, the costlier however is really the cheaper because smaller quantities and fewer doses are enough. In judging the cost of treatment, we have to bear in mind the following points:—

(1) *Cost of diagnosis.*—Allopathic diagnosis is already very costly and threatens to become even more costly, if the diagnosis by a team of experts becomes the necessary order of the day. Not that I underrate the value of diagnosis by a team of experts, but, there is no use shutting our eyes to the question of cost, as long as we live in a world where financial considerations play a prominent part.

(2) *Their ready availability in India.*—If the recent European war has not acted as our great eye-opener in this matter, nothing will. We had habituated ourselves to depend on foreign, mostly German, preparations, so that when their supply failed during the war many drugs like Enquinine, Aspirin, Salvar(s)an, Neo-Salvar(s)an, etc., became rarities, that could not sometimes be had for even their weight in gold. The only way to safeguard ourselves against such dangers is to depend mostly on ourselves and on drugs grown or made in India.

Q.—9. *Causes of decay.*—(a) Introduction of the Foreign Rival, viz., the Western Medicine, as the system favoured exclusively with State recognition and patronage.

(b) Consequent on lack of State patronage, the Indian systems began to suffer decay, which was hastened to some extent, by neglect of the surgical Art by Ayurvedic practitioners and its assiduous cultivation by the rivals.

(c) *British exploitation of our drug and surgical market.*—The huge profits made by British exploiters being due to the exclusive supremacy of State-patronized Western system, it was only natural that, under British rulers, every effort should be made to promote and ensure such supremacy, which necessarily meant bad time for the Indian System.

(d) The absence of big commercial firms for vending Ayurvedic remedies on a large scale and in the attractive manner in which the Western medicines were offered for sale.

(e) The general process of denationalisation which overtook us and resulted in our infatuation for everything foreign and indifference to everything Swadeshi, had its share in creating in us an infatuation for Western medicine and an indifference to our own Indian system.

If we are to retrace our steps and enter on the right path, it is necessary that our Government should give up treating our systems with that culpable indifference which has been its attitude so far; let the Western system live by all means and let us profit by the lessons it has to teach; but, let there be no further neglect (if not also persecution) of Indigenous systems. Let the motto of the British rulers be "Live and let live."

Q.—10. *The state* (1) As stated above, the State will really be helping as a great deal, if they remove the unjust bane that they have helped in creating on the Indigenous System of Medicine; surely this is not asking too much of an Indian Government.

(2) By making suitable grants for the fostering of indigenous systems; it is not too much again to ask of an Indian Government that the grants to the Indian system may bear a reasonable comparison to those for the foreign system; at present, the Indian system gets nothing and the foreign system, everything. I merely plead for bare justice.

(3) The European Officers selected for work in India must receive instructions, as a part of their curriculum, regarding our habits, customs, climate, dietary, etc.; proper dietary is the *sine qua non* of all treatment.

Charaka.

विनापि भेषजैर्व्याधिः पथ्यादेव निवर्तते ।

न तु पथ्यविहीनानां भेषजानां शतैरपि ॥

(4) Properly equipped and properly staffed. Hospitals and dispensaries of Indian systems should be opened all over the country; a system of subsidizing private enterprises should also be vigorously pushed.

(5) There should be instituted a suitable system of medical registration, for recognizing competent Ayurvedic practitioners, the certificates issued by them regarding sick leave, absence from appearing in court on account of illness, health certificates and so on.

(6) Founding of new Ayurvedic Vidyalayas and voting suitable grants to existing ones.

(7) The employment of competent Ayurvedists in State-maintained institutions and permitting their employment in institutions receiving grants or recognition from the State. In the words of our distinguished countryman, P. O. Chatterjee, Ex-Judge of the Punjab High Court and Ex-Vice-Chancellor, Punjab University: "There is also no sound reason why the allopathic system alone should monopolise Government patronage and support. The indigenous system which has sterling merits has a strong moral claim for help from the revenue derived from the Indian people".

(B) *Local boards.*—I am thankful to the District Boards of Jessore and Phulna who have already done their duty by Ayurveda and suffering humanity. My prayer is that other local boards should follow very soon this excellent example.

(C) *Universities.*—Lahore University has made a small start, with a short two-year course. I recommend the institution in every Indian University of an Ayurvedic faculty; the existing Colleges and schools may well form the basis, with necessary modifications and additions, especially on the practical side; the university should itself maintain a central high-grade college, to which the several smaller institutions may act as feeders. The independence of the several schools should not suffer; even in the conduct of the periodical examinations, the professors of the particular school should have a prominent part. Final diplomas are to be issued under the joint signatures of the Principal and the Vice-Chancellor of the University.

(D) *Private agencies.*—These generally follow the example of the State: "As is the King, so are his subjects;" "Yatha Raja Thatha Prajah" as our ancients would say. Let the Government but show its barest interest (or at least cease to be hostile) and then, the baneful atmosphere that surrounds Ayurveda vanishes and help is sure to come to us from many a private source, for example, Rajas, Maharajas, nobles, charitable trusts and associations, religious endowments which have funds at their disposal, especially in your part of the country, and so on.

(3)

AYURVEDACHARYA KAVIRAJ JNANENDRA NATH SEN KAVIRATNA, B.A.,
CALCUTTA.

Q.—1. I prefer and propose to deal with the Ayurvedic system of medicine.

Q.—2. (a) Vayu, Pitta and Kapha, which certainly do not correspond with wind, bile and phlegm as done by some, are the three principal factors in the system, which, when deranged jointly or separately, give rise to the one or the other of the innumerable diseases. *Asatmyendriartha-samyoga*, *Prajnaparadha* and *Parinama* also play a good part in the causation of disease. Health means the normal and natural state of the three factors—Vayu, Pitta and Kapha in the system.

I am afraid the Ayurvedic theory has nothing to do with the so-called modern scientific criticism which, in my opinion, is not scientific at all when considered from the standpoint of Eastern scientific ideas—at least so far as the Western Medical Science, is concerned. The Western Medical Science, in my opinion, is only in its infant state and is engaged at most only in making observations and experiments and has not yet reached the scientific stage.

The methods of scientific observation are also different with the Easterns and the Westerns.

(b) The question has been answered in (a).

First to find out by means of *Pratyaksha*, *Anumana* and *Sabda*, which one or more of the three first principles (Vayu, Pitta and Kapha) has been vitiated, and then to try to bring them in their normal natural condition.

The general efficacy of the Ayurvedic treatment is marvellous and the least costly and the best suited to the Indians.

Nothing like returns and reports of the cases treated is preserved by the practitioners of Ayurveda, though considered necessary at present. Physicians are often, however, satisfied as to the result, viz., whether the patients are cured or not.

(c) Certainly and perhaps in almost all cases.

Ayurvedic physicians are famous for curing chronic cases given up by the Allopathic doctors.

Q.—3. (a) Yes, with several.

Every Ayurvedic physician, it should be noted, at least in Bengal, has got a charitable out-door dispensary of his own, where medicines are daily distributed free to the poor and the needy.

(b) (1) Yes, satisfactory in the large towns but not sufficient in the mufassal villages.

(2) Yes, satisfactory.

(c) There is not sufficient medical provision for medical relief on indigenous lines in the mufassal villages, as everyone first turns his attention to the towns and cities, where it is sufficient.

Ayurvedic physicians may be subsidised in the mufassal villages.

The provision for medical education on indigenous lines is, in my opinion, quite sufficient.

Q.—4. Yes, certainly.

(1) Students of ordinary merit would not, however, care to be placed under them and they would prefer preceptors of ordinary merit. They are also necessary and useful factors in the society.

(2) It would be well and helpful, no doubt, if the Government can find means to provide for them. This want is keenly felt but can hardly be removed except by royal patronage.

(3) Of course, if possible.

But Ayurvedic preceptors of first-rate ability as in every other sphere of life, would scarcely be able, under the ordinary circumstances, to find much time and leisure.

I don't think that there is any such institution in this Presidency, where all the three conditions are fulfilled. But, in my humble opinion, Ayurvedic practitioners do not spare any pains to make themselves useful preceptors, so far as in their power lies, and to bring out, be it said to their credit, successful pupils without any grudge even by giving free board and lodging in addition to free tuition.

(b) No, I do not consider this ideal too high; but the Government alone is able to carry this ideal into effect by founding hospitals, museums and libraries.

Q.—5. No. I do not agree. It is absolutely impossible and undesirable, unless the Allopathic system usurps and absorbs the indigenous system, as it is trying to do.

Any mode of unification would be harmful to the Ayurvedic system. I consider the Ayurvedic system to be perfect, as standing the test of ages, even in the face of positive disfavour of the Government.

Q.—6. Certainly not. The modern medical science is no *perfect* science at all. It is only trying to become a science. It is still highly empirical.

(a) Does not arise.

(b) Do.

(c) Do.

Q.—7. (a) Not required at all. The certificates of the preceptors and the confidence of the public would be enough.

(b) To remove the obstacles against the indigenous systems, direct or indirect.

Q.—8. The Ayurvedic system of treatment, as I have told you in 2 (b), is the least costly and the most suitable to the Indians.

Q.—9. Nothing more than the positive Government disfavour against the indigenous systems and particular favour towards the Allopathic system.

Remove the causes and the matters will be set right.

Q.—10. By founding Ayurvedic hospitals and dispensaries in place of the Allopathic ones and by subsidy.

(4)

KAVIRAJ HARAN CHANDRA CHAKRAWARTHI, GHARMARA, BENGAL.

Q.—1. I propose to deal with the Ayurvedic system of medicine.

Q.—2. (i) The Ayurvedic system attributes diseases to three kinds of causes, viz., (a) *Asatmyendriartha-Samyoga असत्त्येन्द्रियार्थसंयोगः*, i.e., cessation of the action or abnormal action of the senses, viz., the organs of vision, taste, smell, touch and sound; (b) *Prajnaparadha प्रज्ञापराधः* or indiscretion, and (c) *Parinama पौरणामः* or influence (of time and old age).

(a) By *Asatmyendriartha-Samyoga* is meant the *ayoga* or disuse, *atiyoga* or excessive use, and *mithyayoga* or abuse of the different sense organs. Continued inaction, for instance, of the organ of hearing owing to the absence of any sound stimulus may be called its *ayoga* or disuse. The prolonged audition of terrific sounds, such as thunder or cannon roar, may be termed its *atiyoga* or excessive use; the hearing of highly shocking news, such as the loss of one's property or son, may be termed its *mithyayoga* or abuse. Similarly with regard to the organ of touch, the continued suspension of its activity may be said to be its *ayoga*, its contact with anything extremely hot or cold its *atiyoga*, serious wounds or its contact with poisonous or filthy substances, its *mithyayoga*. Again, in the case of the organ of vision, its *ayoga* will mean the continued suspension of its function through the prolonged confinement, for instance, of an individual in a dark cell; looking at the sun or brilliant flashes of lightning may be called its *atiyoga* and close observation of a minute or restless object (which may strain the eyes) or fixing the eyes on a very distant thing may be said to be its *mithyayoga*. Thus in the case of taste, one may regard abstinence from food as its *ayoga*, over-feeding its *atiyoga*, and taking in of putrid matter or of an incongruous diet its *mithyayoga*. In this way the organ of smell also has its *ayoga*, *atiyoga* and *mithyayoga*.

(b) Prajnaparadha or indiscretion will mean the *ayoga*, *atiyoga* and *mithyayoga* or the disease, excessive use and abuse with regard to thought, word and deed. By its *ayoga* is meant the complete abeyance of the powers of thought, speech and action. Its *atiyoga* means the over-exertion of the mental and bodily powers. Thus, quarrelling, reviling others and telling lies would amount to *mithyayoga* of speech; lust, anger, etc., indicate *mithyayoga* or abuse of the mental powers; wilful retention of urine, etc., and jumping, etc., indicate the *mithyayoga* or abuse of the physical powers. In short, besides *ayoga* and *atiyoga* of thought, word and deed, whatever is harmful to the body implies their *mithyayoga*.

(c) Parinama or influence of time and old age. We have three principal seasons in this country—the Summer, the Winter, and the Rains. *Ayoga*, *atiyoga* and *mithyayoga* of these seasons is called *parinama*; for instance, drought during the rains indicate *ayoga*, excessive showers during the rains or excessive heat or cold in summer or winter respectively indicate *atiyoga*, and undue cold in summer and heat in winter indicate *mithyayoga* of seasons, that is, *parinama*. Decay also is the natural and inevitable consequences of old age.

All sorts of diseases may generally be attributed to the causes above mentioned. Apart from these, there are some special diseases which may attack equally persons (of a particular locality) with diverse habits and modes of life, at one and the same time. These diseases are known in Ayurveda as जनपदोद्भूतसनीयव्याधिः or epidemic diseases. By way of illustration we may mention Bubonic Plague and Influenza of modern times. These diseases break out owing to the contamination of air, water, etc., or to the abnormality of weather conditions. That there are some diseases which spread by contagion is recognized by Ayurveda. It must therefore be said that such diseases have some inherent principle which affects others by contagion. But this by itself cannot be regarded as the primary cause of such diseases, because it cannot take effect unless there is a predisposition for such diseases brought on by other causes.

Q.—2. (ii). Of the ingredients of the body there are three principal elements, viz., *Bayu* or vital current, *Pitta* or metabolic fluid, *Kafa* or lymph, derangement of which leads to diseases. As these three elements sometimes render the ingredients of the body, such as blood, etc., impure, they are called the evils (*dosa*). As the earth is being sustained in various ways by the action of the sun, moon and the atmosphere, the body also is being kept up by the harmonious action of these three elements.

Ayurveda, for the convenience of diagnosis and treatment, analyses the body into seven kinds of materials, such as chyle, blood, flesh, fat, bone, marrow and semen, which are obtained from food through metabolism. Food properly digested is converted into a finer essence called रसः or chyle, and a dross, which forms some of the excreta in the body. A colouring red substance in the liver and spleen adds a red pigment to the chyle and transforms it into blood. Blood gets converted into flesh which leads to the formation of fat. Out of fat grows bone and finally the body comes to have marrow and the seminal fluid. The body is nourished properly by these ingredients. A portion of the dross above referred to is expelled from the body as sweat, urine, and stool. These seven ingredients may be rendered impure by the disordered action of *bayu* (vital current), *pitta* (metabolic fluid), and *kafa* (lymph) and thereby may cause diseases. For this reason they are also called *dusya* (things liable to become poisonous). These seven ingredients together with the three elements (*bayu*, *pitta*, and *kafa*) sustain the body and so are called the radicals (*dhatu*).

The scantiness, poverty or richness of these ingredients brings on diseases while their equipoise makes for health. These have certain specific properties and like them every other substance in the world has also its peculiar characteristics. Indulgence with respect to an object with a specific virtue may lead to the derangement or aggravation of the particular element in the body relative to it; and the enjoyment of things having a neutralizing or contrary character lessens the strength of the element concerned. On the other hand, moderate and well-regulated enjoyment of things of diverse virtues succeeds in maintaining in harmony and consistency the different elements of the body and thus conduces to its health and vigour. This is the fundamental doctrine of Ayurveda relating to the health and diseases of the body and their treatment. Charaka has expounded this basic principle of Ayurvedic Science in connexion with health and diseases, their origin and mode of treatment. (1).

Thus in the first instance by the undue indulgence in things having similar virtues, the human body loses its inner equipoise and there sets in what is called the degeneration of some of its principal elements. This marks the initial stage in the onset of diseases. Ayurveda regards this as the first stage in treatment of diseases. At the next stage there follows an aggravation of the malady through other excesses. Some symptoms of general unhealthiness appear at this stage, but no sign of any particular disease can yet be traced. This is the second stage for treatment. At the third stage the system becomes affected through an accumulation of disordered elements spreading all over the body and other more prominent symptoms of sickness make their appearance. This is the third stage of treatment. The poison afterwards begins to react either upon the entire body or on any particular part of it in such a way as to tend to break out into a definite disease, impairing the whole system, such as fever, etc. It is true the actual disease does not yet appear with all its clear symptoms, nevertheless it becomes possible at this stage to arrive at a probable diagnosis about the nature of the coming disease from the symptoms that are already manifest. According to Ayurveda this is just the immediate

premonitory stage for the actual attack by a disease, and it would be the fourth stage of the malady for treatment. By an efficient (दोषनिर्हरण) mode of treatment the actual onset of the disease may be checked. But in the absence of this the disease must have its inevitable course, coming out together with all its symptoms. These symptoms have to be examined directly by the eyes and other sense organs as well as with the help of instruments; and it is on the basis of the results thus obtained that the final diagnosis of the disease is to be inferred. There is provision also for diagnosis through examination of the action of medicine and diet in the case of some diseases.

Ayurveda has not considered the fixing of names to diseases as sufficient in the matter of diagnosis and determination of the character of diseases. According to it, each disease may assume various forms owing to difference in the predisposing and exciting causes; and unless this is kept in view, no treatment can be successful. A particular diet or medicine which may be efficacious in a particular variety of a particular disease may be highly injurious if administered in the case of the same disease with different characteristics. Hot water, for instance, which is an excellent remedy in ordinary fevers, is highly injurious in bilious fever. Even though no definite name can be assigned to a disease, treatment may go on if only the deranged or disordered element in the body be ascertained. So, Ayurveda claims to be able to diagnose and treat diseases that are already known as well as those that may be known in time to come.

Ayurveda has advised diagnosis of a disease after full consideration of everything relating to the diverse elements and ingredients of the body, the characteristics of the patient, his habits, physical, mental and digestive powers, age, etc. Ayurveda does not therefore consider such a diet as raw-meat-juice to which people belonging to cold countries are habituated, as suitable to vegetarians belonging to hot countries. In the same way complete abstinence from food and drink even for some time suitable to people accustomed to long fasts is regarded as unsuitable for those accustomed to taking half boiled beef, etc. In short, according to Ayurveda, the abnormal or unhealthy poverty or richness of the bodily ingredients brings on disease, whereas the remedy lies in their harmony and equipoise—when a complete absence of appetite indicates the abnormal increase of the liquid element in the body, the proper remedy lies in complete abstinence or fomentation (स्नेहः). In the same way, when weakness, thirst and pain in the chest indicate the scantiness of liquid in the body, a medicine or diet that would tend to increase the liquid element should be given.

Q.—2. (iii). As regards our country, the Ayurvedic system of treatment is undoubtedly more efficacious than other systems of medical treatment, inasmuch as its principles of treatment are based on full consideration of the place, time, diet and customs of our country. In the first place as regards diet, the injunctions of Ayurveda are best suited to our countrymen. The Western system of medicine has hardly discussed the dietetics and customs of our country, while Ayurveda has laid down what is particularly beneficial or detrimental to our health after due consideration of the merits and defects of every one of our food-stuffs in all their different conditions and forms and of every one of our actions. It has further enjoined that in selecting every diet, the physician should closely observe the condition of the place, time, vitality, natural constitution, habits and age of the patient. In the West the consideration of diets is based on chemical analysis of those ingredients; but in a majority of cases, such a process hardly yields any useful result. If we analyse sugar, we find only carbon and water; but I don't think that a *sarbat* of charcoal can therefore produce the same result as does a *sarbat* of sugar. Boiled rice would, indeed, be a lighter diet to those who are used to half-boiled beef; but for those people who live upon fine old rice and yet suffer from indigestion, raw-meat-juice can never be used as a diet.

Not to speak of other diseases, in cases of fever only (in which the notion prevails that the Allopathic system is the best) the diets considered by the Ayurveda are well reasoned and quite suitable to our country. According to Ayurveda when a food is not fully digested, it gives rise to a *rasa* (रसः) in which some portions of food remain in an *ama* (आम) state. This *रस* not being well circulated, ducts of blood and biles in the liver get clogged. And the blood that grows out of this *ama rasa* not being well filtered gets a good quantity of biles mixed up with it and such blood in combination with biles becomes more warm than ordinary blood. And when such blood is circulated through the whole system, the general heat rises above its normal temperature, and that is termed fever. A large quantity of biles being thus mixed up with blood, only a small quantity of biles can collect in the gall-bladder, and the bile duct remaining clogged, even that small quantity of biles cannot discharge itself into duodenum. When the stomach is thus fouled, the power of digestion does not remain, and therefore it becomes incumbent to give rest to stomach, i.e., to fast; and that is the injunction in this land of abstinence. But this sort of fasting would not suit those people of cold countries who habitually take meat and possess an abnormally high power of digestion. A little fasting makes flesh-eaters weak in a very short time; and this will be evident to all from the comparison of a case of an European with that of an Indian or for the matter of that of a case of carnivorous beasts like lions and tigers with that of bulls. Without due consideration are the Western physicians prescribing for us diets examined in their own lands and this is causing us much harm.

Secondly, in the Western system of medicine, the number of drugs seems to be rather limited; and in many cases treatment is made by means of patent medicines. Besides there are

hardly any medicines for the treatment of chronic cases, such as insanity, nervous diseases, (वातव्याधि), internal tumour (गुल्म), ascites, chronic diarrhoea (ग्रहणी), dyspepsia, etc. Then there are no medicines absolutely in the matter of रसायन (prolonging longevity) वाजीकरण (prolonging the power of generating human being). Medicines for वाजीकरण are not needed for the people of those countries, where meat forms the principal food and wine makes the principal drink; but in a country where control over the sensual appetite is always thought desirable and where the majority of the people are vegetarians diets cannot be of any special use in वाजीकरण or augmenting the sensual power. In these days of uncontrolled passion, medicines for वाजीकरण are doubtless very necessary. The Westerns can hardly conceive of रसायन (treatment to prolong longevity with sound health). In the Ayurveda it will be found described how by the five acts (पञ्चकर्म), the human system can be purified and the रसायन medicine can be applied thereafter to give longevity to human life. But unfortunately these things, for want of proper study and application, are passing into oblivion. It will be a great good done to the world, if we could now make arrangements for the proper teaching and research of these things.

Thirdly, douche is used by the Allopathic system for the purpose of causing evacuation or of sustaining strength. But the methods of applying the douche are so varied, and so effective in the Ayurvedic system that treatment by means of douche will be found in the majority of diseases.

Nextly blood-letting under the Ayurvedic system is expected to yield better results than under the Western system of treatment. According to the latter blood-letting is prescribed only in a few cases. But the Eastern system has prescribed blood-letting as a remedy in several diseases, even spleen and other diseases which are hard to be cured, are found to be cured by blood-letting.

Then again cauterization by alkali and fire and treatment by means of cauterization by fire are special features of the Ayurvedic system. By these means many diseases can be cured. Even now in cases of piles and fistula, etc., treatment by application of alkali is found to yield better results than surgical operations.

Even in the matter of surgical treatment in which the Westerns occupy the highest place at the present time, even in this department of treatment, I know it from my personal experience of actual operations that there can be no doubt the present scientific antiseptic processes are admirable; but the Western systems are in want of good medicines to induce healing up of wounds. If any wound for some reason refuses to heal up, the only remedy with the Westerns is a fresh operation, viz., scraping of the wound. But the Ayurvedic system possesses such powerful medicines for inducing granulation, that not to speak of simple abscesses or wounds, even sinuses can be cured without the help of any surgical operation. (I have myself cured many patients of this type). Then again, the Western system does not seem to know the process by which the cicatrix mark can be avoided, but this process of *sarbarikaran* (i.e., recovering the original complexion of the skin after the wound is healed) is a principal thing in the treatment of abscesses or wounds under the Ayurveda. I have been studying and applying the Salya-Tantra (Surgical system of the Ayurveda) for the last fifty years and this has made it plain to me that even in the matter of Salya-Tantra (Surgery), as well as in many other respects, the Ayurvedic system is superior to that of the West.

There are many things in Ayurveda that are superior to those of the Western science in point of efficacy. But unfortunately there is no place or arrangement for the study of those processes. And it is for this reason that at present the processes of douche, blood-letting, cauterization by alkali and fire are becoming things of the past in the Ayurvedic professions. The science is still there. Even if now these things are studied and practised, researches made, that will be doing, no doubt, an immense service to the world. It is for this want of study and research, that to-day the Ayurvedic science of Salya and Salakya (surgery and optics, etc.), has dwindled into insignificance and the system of the West has risen to the pre-eminence. Even in the matter of the practice of medicine the medical system of the West is unable to cure many diseases. Take, for instance, the case for Influenza which has been depopulating the country. The physicians of the West have not yet been able to discover any special treatment for this disease. But the physicians of the East never failed in its diagnosis and treatment. And despite the apathy of their countrymen, they have been able to cure the majority of cases that came to their hands. It has been already stated before that the Ayurveda has so very systematically and carefully recorded its methods of treatment of diseases that it will be possible by that system of medicine to cure diseases that have already come or will come into existence, provided they are not incurable by its nature.

Besides, whether a disease is easily curable or curable with difficulty or incurable, can be more conveniently ascertained by the Ayurvedic system than by the Western medical science. Even the ordinary *vaidyas* of our country can predict with certainty long before, whether a disease is incurable or whether a patient will die, a thing which may not be possible even for a civil surgeon well versed in the Western sciences.

And our last reason is this: the crude medicines of the Ayurveda is more useful and efficacious than the extracts of the allopathic system. Despite his attempts, man has not been able to get rid of the crude state of his food and that is what is keeping up his health and vigour; therefore if we want to destroy any physical distemper, we will have necessarily to send for its remedy in things crude like his food. Although medical men of the West have demonstrated that of the food taken, some matters such as nitrogen, etc., are assimilated in the system, and the rest is thrown away, yet those rejected matters have their own significance; according to Ayurveda the refuses have to play its own part in the human physical system. A human body cannot live even for a moment if there be no refuses (मल) in it. Thus in case of Phthisis (राज्यदम) when despite nutritious diets of various sorts refuse matters preponderate in the body, it is these matters that support the system; and Ayurveda has therefore enjoined to retain the refuse matter (मल) in cases of Phthisis. If the significance and usefulness of these refuse matters could be denied, then man could surely live upon such things as oxygen, etc., obtainable in chemical laboratories; and the bread problem of the country would have been solved to a great extent. Let us explain by means of an illustration. According to the Oriental system, myrobalan (हरितकी) is a principal and laxative medicine. If you take out its essence, that essence will be tanic acid. Tanic acid constipates, while myrobalan is a harmless laxative. This tanic acid can be obtained from the bark of Babool trees (बटूलम्) also. We use the bark in stopping up looseness of the bowels. So, if we are to take the essence and let alone the crude things, many such useful medicines such as myrobalan would be thrown away.

Q.—3 (a). I have no connexion directly with any institution, providing medical relief or medical education on Ayurvedic lines.

(i) The few Ayurvedic hospitals that are in existence or those that may be established are hardly sufficient for the purpose of the teaching of the Ayurvedic system. In these days there are Ayurvedic physicians who have in particular respects acquired a name and fame in the country, but I would not think that they are competent to conduct any hospital, and the reason is this: they not having any practical experience of the surgery and midwifery, etc., cannot employ the same to any use.

(ii) I have heard that an Ayurvedic school has been established in Calcutta; but I don't think that there can be any special arrangement for practical training. Unless there are proper hospitals, museums, libraries, gardens of medical herbs, attached to the school, Ayurvedic system, it seems to me, cannot be usefully taught.

Q.—3 (b) I do not believe that adequate help towards revival and rescuscitation of Ayurvedic studies will just now be available. But if the Government recognize this science, the public may possibly try for it and due aid could be expected in the near future.

Q.—4 (a) The remarks contained in clauses (1), (2) and (3) are particularly important no doubt, but there is really no possibility of an all perfect Ayurvedic institution being founded in the near future in this or any other province where adequate help for the purpose may be available. But if the Government approve and try, Ayurvedic education may be first imparted with the help of the surgeons trained in Western sciences and hospitals; afterwards teachers trained in all the branches of Ayurveda will be available and under the guidance of these able teachers a number of educated students may turn out every year.

(b) An Ayurvedic branch may be added to the already existing medical colleges and hospitals which have been established by the Government and with their help students may begin a practical training. Gradually when there will be quite a good number of men trained in all the branches of Ayurveda, separate Ayurvedic schools may be established after Western models. It is also possible to establish separate Ayurvedic schools even now. One or two surgeons educated on Western lines may be employed to give practical lessons in Surgery, but it will entail considerable expenditure.

Q.—5 I regret I cannot agree with the view of the Calcutta University Commission. I do not believe that orientalist will be able to reject things which are suited to their country in all its various aspects and have very well stood the taste of age—long experiment and to which their people have become thoroughly habituated through long use and accept things suitable to cold countries which have not been adequately examined by Western empiricists.

The methods of treatment under the two systems are entirely different. What is regarded as the best medicine or the best application of it by the Westerns may not appear so to the Orientalists. They detest medicines which prove injurious to men in some respects. Potassium Bromide and Aspirin, which are useful in particular maladies but also harmful in some respects, cannot be regarded by Ayurveda as proper medicines at all. (a) In the first stage of fever when food and rasa remain undigested, the doctors would try to purify the system by the use of purgative and would immediately apply anti-ailing medicines such as quinine; quinine being extremely bitter in taste and anti-bilious lessens bile and thereby lowers temperature. But by so lowering the temperature no real cure is effected as loss of appetite and other ailments and complaints continue and general weakness gradually increases. Under the circumstances this method of treatment tells upon the constitution of the people of this country, whose power of digestion is naturally

weak. Again, like the taking of the juice of unripe fruits, the use of laxative medicines in *Amāvasthā* (आमवस्था) or that state of fever in which food is retained in an unassimilated form in the stomach, wholly wrecks the system. And it seems to me that it is for this reason that cases of indigestion and repeated fever are so widely seen in our country at the present day. Ayurveda cannot regard these methods as sound and as such never accept them.

Q.—6 I do not believe that there is any necessity of Western sciences such as Physics, Chemistry, Biology in the teaching of Ayurveda. Things which are dealt in Anatomy, Physiology and Surgery are made in concise and terse text. So it is necessary that these subjects should be taught with the help of all these Western sciences which particularly relate to them. There is no necessity of Bacteriology; Ayurvedic Pathology is an all round science, and as such it needs no help from Western Pathology.

A. Ayurvedic study should be divided into three following courses:—

- (i) Preliminary or Licentiate course—three years.
 - (1) General study in Anatomy and Physiology (both Eastern and Western).
 - (2) Materia Medica—(Eastern).
 - (3) Pathology and Symptomology—(Eastern).
 - (4) Practice of Medicine—(Oriental).
 - (5) Surgery—Minor—Indian and Western).
 - (6) Infant Treatment—(Oriental).
 - (7) Rasavidya or Indian Chemistry.
 - (8) Indian Pharmacology.
- (ii) Intermediate or graduate course—five years.
 - (1) Special knowledge in Anatomy and Surgery by the help of Eastern and Western method of dissection.
 - (2) Materia Medica—(—Indian with practical lessons).
 - (3) Pathology—(Indian).
 - (4) Practice of Medicine—(with sound and practical knowledge in Panchakarma (पञ्चकर्म)).
 - (5) Surgery—(Major with Optics) (Indian and Western).
 - (6) Treatment of infants, midwifery and gynaecology, etc.
 - (7) Rasavidya (Indian Chemistry).
 - (8) Pharmacology.
 - (9) The science of pulse feeling.
 - (10) Medical jurisprudence (Western).
 - (11) Hygiene (Oriental with Western theory of the epidemic diseases).
 - (12) Philosophy of Ayurvedic system.
- (iii) Advanced and post-graduate teaching—two years, and Research—
 - (a) Surgery.
 - (1) Application of instruments.
 - (2) Do. apparatus.
 - (3) Cauterization by alkali.
 - (4) Do. fire.
 - (5) Blood letting.
 - (b) Treatise on the diseases of eye, nose, mouth, throat, etc.
 - (c) Science of infant treatment and midwifery.
 - (d) Practice of medicine.

Those who will successfully try their research work in the above four sciences of the advanced training will be eligible for the degree

(b) For the preliminary or licentiate course, a sound knowledge of the provincial vernacular and a general knowledge of Sanskrit grammar. For the intermediate or degree course the student must have a thorough knowledge of Sanskrit literature and a general knowledge of Sanskrit Philosophy. This course requires five years' study.

Successful candidates of the degree examination will alone be eligible for the post-graduate studies (and research).

(c) The medium of the licentiate course will be the provincial vernacular and that of the degree and post-graduate courses will be Sanskrit.

Q.—7. I have no knowledge of medical registration—Medical registration seems foreign to me.

Q.—8. Allopathic treatment which has been adopted as is followed by physicians nowadays it is almost an impossibility for a poor country like ours to undergo. Firstly for the proper diagnosis of diseases it is necessary to examine blood, urine and sputum at least with the help of the western chemical science and microscope. These scientific diagnosis is impossible in villages. And as it seems it cannot perfectly be demonstrated almost in all the towns and cities save and except Calcutta. Poor village doctors on account of their poverty, and those who are in cities on account of their parsimonious habit do not manage to keep all these costly instruments and apparatus. Eminent physicians of Calcutta do not examine themselves. In order to be

treated by them it is necessary to get reports of urine, blood, etc., from at least three medical men by spending four or five rupees at different places costing altogether Rs. 15. After being furnished with these reports the first physician will take his fees and then prescribe. Thus we see the scientific diagnosis costs at the very outset at least Rs. 20 by way of fee, and this seems the minimum charge. Doctors of established reputation take at least Rs. 100 if not more for prescription. Thank Heavens the village doctors have not yet been able to be ready with modern scientific instruments and so they diagnose their case by hypothetical suggestions like the Baidyas (Indian physicians). Such diagnosis is therefore not at all scientific. In this country fever forms the majority of cases but it cannot be ascertained without blood examination whether it is malaria, typhoid or kala azar. Many patients die in most cases as a result of mal-diagnosis where in Ayurveda there is no such trouble in this matter. Under these circumstances a proper fee to an eminent physician suffices for the diagnosis. A comparison as to the cost of diagnosis has been made here both in Allopathy and Ayurveda. Fever is the most prevalent disease in this country. So let us now compare the cost of treatment of simple and malignant fever both from the standpoint of Allopathic and Ayurveda.

Simple fever duration seven days.

Allopathic.				Ayurvedic.			
	RS.	A.	P.		RS.	A.	P.
First day, laxative, 3 doses.	0	6	0	First day fasting—no medicine	...	...	...
Anti-fever medicine, 6 doses.	0	12	0	Second day to the fourth day digestive medicine, 9 doses.	0	9	0
Second day anti-fever medicine, 4 doses	0	8	0	Fifth and sixth day anti-fever medicine, 6 doses	0	6	0
Third day to the fifth day quinine, 15 doses	1	14	0	Seventh day anti-fever medicine, 2 doses	0	2	0
Sixth and seventh day tonic, 6 doses	1	2	0				
	4	10	0		1	1	0

Serious typhoid fevers—Duration 26 days.

Allopathic.				Ayurvedic.			
	RS.	A.	P.		RS.	A.	P.
First day, laxative, 3 doses...	0	6	0	First to the fifth day digestive medicine, 3 doses daily	0	15	0
Anti-fever, 6 doses	0	12	0	Sixth to the fourteenth day anti-fever and stimulant medicine, 2 doses daily	4	8	0
Second day to the fourth day anti-fever and medicine for other complements, 24 doses, 8 doses being daily.	3	0	0	Other medicines, 2 doses daily	2	4	0
Fifth to the fourteenth day stimulant mixtures, 8 doses, daily average 80 doses	10	0	0	Injection	2	0	0
Other medicines	5	0	0	Diet—			
Oxygen gas and others	30	0	0	Fried paddy	0	8	0
Injection	2	8	0	Juice of masuri, etc.	0	10	0
Ioe, brandy and others	10	0	0	Pachan or decoction, 8 or 10 doses	0	10	0
Various kinds of diets, food, meat and broth	10	0	0	Fourteenth to 28th day stimulant medicines, 28 doses	3	8	0
Fifteenth to the 28th day medicine by 4 doses only.	10	0	0	Tonic Pachan	0	14	0
Average	81	10	0	Average	15	3	0

In surgery eastern method of treatment is far less costly than the Allopathic one. In Allopathy many things such as 20 per cent carbolic soap, lotion, wool, gauze and such other things cost at least not less than Re. 1 in a day whereas in Ayurveda it would be done by easy available margosa water (निम्बकपाय). Sometimes specially prepared medicated ghee (घृत) worth only one or two rupees. It is almost impossible on the part of the poor to have Allopathic operation save and except in hospitals. But I have myself cured many poor men even of abdomen or liver abscess at a very nominal cost. Indeed medicine of Rs. 6 or Rs. 7 per week is not rare in Ayurvedic treatment, but that is not intended for ordinary patients and does not

require to be applied more than once even in serious cases. To those of high reputation it is a bit costly, but in Allopathy specially those who get their medicines from the dispensaries, firms of Bathgate or R. Scott Thomson or Smith Stanistreet have to pay at least four times the Ayurvedic cost. As regards diet, juice of *masuri dal*, milk, meat juice and other cheap easily available food are prescribed by Ayurveda. Whereas the expenses which we are to meet in Allopathy are four times the cost on account of pearl barley, Plasmon arrowroot, malted milk, milk food, essence of chicken and other foreign diets. So there should be no question as to the unsuitability of such treatments in poor countries as ours. Ayurveda in its place is in a position to say "I can cure disease without any cost". Late renowned Gangadhar Kaviraj of Bengal (reverend teacher of mine and of Maha Mahopadhyas Dwarakanath Sen and others) used to cure many complicated diseases only with the help of medicinal herbs which costs nothing in this country. Whereas an Allopathic is unable to cure the simplest possible disease without cost.

Q. 9. In the ancient days of Buddhism almost all the Rajas and Pandits of the country used to preach the doctrine of salvation from the standpoint of *Ahimsa* and as such they did not think it proper to investigate and study this science which necessitated killing of many animals and other cruel deeds. When the Brahmanical religion was re-established at that time also the Brahmans who are investigators of all sciences were silent for fear of impurity in the study of Ayurveda. Thus this science in majority fell into the hands of uneducated people and in this way many portions of it were lost for good. Hence people lost regard for Ayurveda, as surgery fell in the hands of the illiterate barbers, cataract operation in the hands of mal Baidyas and blood letting in the hands of the Gypsies. Then during the Mussalman period, the method of treatment under this system, which was primarily based on fasting, prevalent in this country of *Sanyama* or restraints as it was, did not receive any favour at the hands of the Emperor, Rajas and other richmen. In cases of fever they preferred Yunani treatment which prescribed *khitchuri* or hatchpotch instead of Ayurvedic fasting. In this way the original mode of research was gone as the talented person gave up study of Ayurveda for lessening of their income and honour. So far we are aware we do not find any original research work after the 14th century A.D.

Then during the English period Ayurveda suffered to a great extent on account of the people taking recourse to the mode of treatment followed by the ruling class.

As such it did not receive any help from the Government nor favoured by the Government servants, Rajas, Maharajas and men of high rank and position. Under these circumstances many talented students necessarily have not joined this department as it does not make much honour and money. Even to-day we find all the intelligent boys of the family take up English studies.

Those students who show no signs of promise in school come up for Sanskrit. Consequently this science has undergone much decay and degradation for being mainly read by the students of low mental calibre. What in ancient days was marked as signs of ignorance is now resorted to by the eminent physicians. Rightly does Charak say "those prescriptions and medical combinations which are given above are intended for the less intelligent practitioners, i.e., they should treat as such as they have got no power of imagination and invention. The intelligent practitioners who are experienced in assumption, inference, arguments and reasoning, should look upon these prescriptions as mere guide-works and should further expand their imagination as such." To improve the present state of Ayurveda the following means should be adopted:—

- (1) Arrangements for practical lessons on the science should be made with the help of hospitals and museums fit for the purpose.
- (2) Scholarships for original research works should be fixed. Research scholars will work in some hospital or laboratory and will recover the unhandled subjects of Ayurveda.
- (3) Research societies should be founded in different provinces and an attempt should thereby be made for the recovery of almost lost medicinal herbs and also of medical works.
- (4) For the dissimilation of Ayurvedic studies, hospitals, museums and laboratories should be established in different provinces.

In this way if it is recognised by the Government and helped by rich and influential persons, many talented students of excellent calibre may again be had for the department. And much improvement may be expected from them. Now-a-days talented students very seldom come to this department.

Q. 10. For its improvement—

- (a) The Government will sanction monetary help and recognize the system and also the medical certificates of the vaidyas and will establish research institutes and museums.
- (b) Local board will help with money and establish Ayurvedic hospitals in different places.
- (c) University will make necessary arrangements for education and examination of this department and will award research scholarships.
- (d) Following this private enterprises will establish research societies and help the Government in all their works.

Bihar and Orissa.

(5)

BAIDYARATNA PUNDIT MAGUNI MISRA BRAHMA KAVIRAJ, PURI.

Q. 1. Ayurveda.

Q. 2. (a) Theory for the causation of the disease in the Ayurvedic system :—

That in a sound body there are Bata (वात), Pita (पित्त), Kafa (कफ) in equal proportion. Disproportion of any one, any two or all the three is the causation of the disease. But sometimes if one of them becomes disproportionate it makes disproportion of the other one or other two. The disproportion takes place in a body due to several grounds. Some of the grounds make disproportion of bata, some of pita and some of kafa.

Important of those grounds are the following :—

The following mainly make disproportion of bata :—Hard labour, eating unwholesome food, fasting, watching nights, preventing call of nature, excessive fear, extreme sorrow, rainy season, etc. The following make disproportion of kafa :—Eating sweets and fatty substance in large quantity, eating things which are not easily digestible, spring and winter season, etc.

The following make disproportion of pita :—drinking wine, curd, salty things, acid things, fasting and anger, etc.

(b) The diagnosis and treatment are made according to the methods and principle laid down in the important and ancient Ayurvedic books, viz., Charak, Susruta, Bagvatta, Madhab-aidan, Bhabprakas and other important Ayurvedic books. But care is taken at the time of diagnosis and treatment as to the food, country, nature, Bata, Pita, Kafa proportion, age, medicine, digestive power, strength, season connected to the patient.

Excepting the diseases which are cured by surgical treatment all sorts of diseases are generally treated and show hopeful and good effects.

(c) In certain diseases Ayurvedic treatment is more efficacious as patients are found to get benefit who failed to get benefit in other system. Patients have been found to get more efficacy in the following diseases :—

- | | |
|--------------------------------------|------------------|
| (1) Bataroga (वातरोग). | (9) Jaundice. |
| (2) Typhoid type of remittant fever. | (10) Hiccup. |
| (3) Dysentery. | (11) Asthma. |
| (4) Indigestion and dyspepsia. | (12) Insanity. |
| (5) Cough. | (13) Insomnia. |
| (6) Spleen. | (14) Rheumatism. |
| (7) Chronic diarrhoea. | (15) Colic. |
| (8) Anemia. | (16) Odema, etc. |

Q. 3. (a) I am Ayurvedic practitioner for over 35 years. I am also Professor of Ayurveda of Government Sanskrit College at Puri.

(b) I do not consider the existing institutions satisfactory. A general note is enclosed hereto which deals in detail how the defects may be remedied.

(c) Please consult the same note.

Q. 4. I consider that the ideal medical training of Ayurveda requires that students should be placed under the personal guidance of teachers of first-rate ability and of recognized standing in the subject; that the teachers and students should have access to well appointed hospitals, laboratories, libraries and museums; that the teachers should have sufficient leisure to be able to pursue independent investigations in subjects.

I do not think there is any institution well equipped for giving sufficient training but there are institutions which can be of help if some additions are made to them.

Q. 5. I do not agree with the view of the Calcutta University Commission as contained in this paragraph.

Q. 6. There will be better improvement if the Ayurveda studies will include the elementary methods of science, viz., physics, chemistry, surgery and bacteriology, etc.

(a) There may be two standards in Ayurveda corresponding to L.M.P. and L.M.S. examinations in Allopathic system.

(b) The students' preliminary qualification may be up to second Sanskrit examination.

(c) The media of instruction may be in the vernacular of the place and Sanskrit.

Q. 7. For the present registration is impracticable but it may be easily enforced after some years if the ayurvedic education be given in the proposed method.

Q. 8. *The comparative cost of treatment (Allopathy and Ayurveda).*—Ayurveda is less costly in general. Medicine herbs are available everywhere and within easy reach of all. The patients who make both sorts of treatment (Ayurveda and Allopathy) generally say by their experience that Allopathy is more costly.

Q. 9. The Ayurvedic system decayed by the spread of western education. Many persons did not adopt this line as Ayurvedic system takes more time and labour. The Ayurvedic practitioners and masters did not get fitting remuneration. Even sons and successors of Ayurvedic family physicians left their family profession and took up to other professions and educations giving larger remuneration. The works of Ayurveda being written in Sanskrit they were not to the easy reach of all people as Sanskrit education decayed in the country. There are many Ayurvedic books in palm-leaf which for want of adequate patronage are not published and consequently cannot come to the easy reach of people.

This can only be revived if the Government will grant adequate help to remove the defects standing on the way. Government may spend money to start schools and colleges for Ayurvedic education and dispensaries and hospitals and publishing old books. The methods are not far to seek. The Allopathy and Ayurveda are of the same class of science. So it is necessary that methods adopted for the success of Ayurveda must be the same as are in case of Allopathy.

Q. 10. It is unnecessary to describe here anything more than given in answer to paragraph 9. It is sufficient to state that Ayurvedic system can be fostered and promoted by the State, etc., if it is patronised in equal way as is done in case of Allopathy by the State, etc. The Allopathy and Ayurveda are of the same sort of practical science and so for the improvement of Ayurveda the methods adopted for the improvement of Allopathy are sufficient.

NOTE ON THE AYURVEDIC SCHOOL OF MEDICINE, SANSKRIT COLLEGE, PURI.

1. The professor of the Ayurvedic school has asked me to express my views on the teaching of the science and to draw up a list of appliances which I consider necessary to give effect to the same. It is with great pleasure that I do so. Like every other Hindu I feel greatly interested in the success of the new experiment which the Government has so kindly undertaken.

2. *Object.*—There is a crying need of Ayurvedic training all over India, especially in Orissa where qualified Kabirajas (Ayurvedic physicians) are scarce. The object of the school is therefore to turn out men trained in the Ayurvedic practice of medicine which by virtue of its indigenous origin is sure to reach the masses more easily and more cheaply than through the European druggists' halls. The Ayurvedic school therefore possesses potentialities of far-reaching character. Hitherto Kabirajas have been receiving training in private tols whose limitations have materially hampered the progress of the Ayurvedic system. There cannot be and need not be any dispute regarding the usefulness of any system of medicine. All systems are Sisters of Mercy devoted, each in her own way, to the alleviation of the miseries of suffering humanity. The fact that the Government has undertaken to impart instruction in Ayurveda and to train up men both in its theory and also in its practice is, I consider, a great step in the much-desired direction.

3. *Courses of study.*—The courses of study prescribed by the Sanskrit Association will, I am told, occupy seven years. It would have been well had the courses been defined in the form of syllabus instead of set books. For if the subjects of study were enumerated, they would have left ample scope to the professors in their work and thereby enabled them to shorten this long period of study. The most important gain would have been in the way of discouragement of mere book-learning, the ever present temptation to pass an examination by memory work. It is, however, a great surprise to me that there is no mention whatever of practical training, and no arrangements have, I understand, been made or proposed for this most valuable part of the work of the Ayurvedic school. If Ayurveda is to be taught as it should be, it must be taught like every other branch of science. Excluding surgery, the knowledge of which is at present extinct the subjects which Ayurveda deals with may be classified as follows:—

- I. Anatomy and Physiology.
- II. Pathology and Hygiene.
- III. Pharmacology (including Pharmacy, Materia Medica and Therapeutics).
- IV. Medicine.

Of these Anatomy and Physiology occupy a small part and may well be finished in the first year. Pathology will occupy the second year and the third and the fourth subjects including Obstetrics, three or four years according to the proficiency aimed at. If instead of teaching each of the prescribed books one by one, a plan like the above be followed, the courses of study together with practical training may be completed in five years, if not in four.

4. *Students.*—For efficient teaching it is absolutely necessary to select such students as possess a competent knowledge of Sanskrit. The school will train up men to practise a profession, more or less lucrative, and will therefore attract students who are not fit for it. The life and death of a vast population among which they will practise their healing art cannot be left to those who, to use a strong word, are at best mere charlatans. The students desiring admission should possess not only a competent knowledge of Sanskrit but an amount of intelligence, a habit of observation and faculty of entering into details. For a minimum qualification in Sanskrit the candidates should have passed the Sanskrit Middle Examination; but the Sanskrit qualification however great, should not be the only test for admission. Daily experience tells me that there are students who are by nature unfit for scientific study. The school must be at the beginning content

with materials which are available, but cannot aspire after the performance of an impossible feat. Given right materials and right provisions for teaching, success is ensured. Having regard to this point I would keep the doors of the school open to all comers, whether they are residents of this Province or not, the Government stipends being reserved for the students for their encouragement.

5. *Staff*.—Considering the length of the entire course and the fact that new admission will take place every year it is obvious that the teaching staff should consist of at least five persons, if not six. There is as yet for the first year no necessity for more than one professor; but when the second year commences and new admission takes place in the first year there will arise the necessity for appointing a second professor. Thus in the course of the next five years at least five professors will have to be appointed to take charge of the five or six or seven classes of the school. If the number of new admissions be limited to a dozen, the number of students on the rolls of the school will come up to seventy-two, in six years a number too large to be accommodated in the present college building. It will be then time to consider the advisability of removing the Ayurvedic department from the Sanskrit College and to give it a separate independent existence. I have not the least doubt in my mind that if the department be rightly conducted with every facility for efficient teaching, the school will develop into a large and noble institution of which Orissa may well be proud. In this connexion I should like to add that an extra teacher—a part-time qualified assistant surgeon—should also be appointed to give practical lessons on Anatomy and Western Physiology. It is of course essential that this teacher should know the terminology and nomenclature of Ayurveda. He will be in a position to demonstrate the broad facts of human Anatomy and Physiology with the help of lower animals, occasionally perhaps dissecting dead human bodies to demonstrate Pathology and also to teach vegetable morphology. I believe, the Hindu professors of Ayurveda will be glad to have a teacher trained in the Western Science of Physiology as their colleague; for the goal of the Ayurvedic school should after all be advancement of the science, and every aid, whether Indian or European, should always be welcome in furtherance of the object.

6. *School hours*.—The school hours should be from half past seven to ten in the morning and three to half past five in the afternoon. There is no reason why the Indian system of holding classes twice in the day should be abandoned, especially in a Sanskrit institution and with peoples who are residents of the town. The early hours of the morning should be allowed to the peoples and professors for bath and worship and the midday hours for taking food and rest before they begin the afternoon lessons. The present system of holding classes during midday from 10 a.m. to 4 p.m. has nothing in its favour except the convenience of these students who happen to reside at a distance.

7. *Equipments*—(1) *Laboratory*.—The demands of every branch of science are various, and those of medicine whether Indian or European are not less. No science can be learnt without adequate practical work. As I hinted above, the teaching of Ayurveda should be modernised as far as possible without detriment to the principles of the science. It is a well known fact that those Kavirajas who have combined the knowledge imparted in the medical schools and colleges with that acquired under a competent Kaviraja have been very successful physicians. The modern method of teaching followed in colleges enables the students to acquire more knowledge, albeit less deep, in a short time than it is or was possible in tols. The old hostel of zilla school may well be utilised as the Ayurvedic laboratory. It consists of three large rooms with thatched outhouses, etc. One of the rooms is to be used for the museum and apparatus, the second as a store room and the third as the student's laboratory. At present the number of students being small, lectures may as well be delivered in one of the rooms. The sheds are to be used for the preparation of drugs, such as calcining of metals, cooking of medicinal oil, etc. I have not a very distinct recollection of the rooms but I think they are somewhat dark. This defect, however, can easily be remedied by opening some clear-story windows. A laboratory bearer on Rs. 7 to 10 should be appointed. The pay of the man must be such as will induce him to stick to the post because the usefulness of a laboratory bearer increases with the length of his service.

(2) *Dispensary*.—Practical knowledge of therapeutics can be obtained only by treating patients. A dispensary is therefore a sine qua non. In Ayurvedic tols a dispensary forms necessarily a prominent part. So also in medical schools and colleges where not only dispensaries but also hospitals are maintained. The Professor of Ayurvedic Medicine should therefore be required to treat gratis patients (say between half past seven and half past eight) who come to the school dispensary, the students taking notes of the diseases and the medicines prescribed. The necessary medicines, unless very expensive, should also be given gratis. Fortunately most of the Ayurvedic medicines are cheap. Besides, the students will have prepared the medicines to acquire the knowledge of pharmacy and the cost has therefore been already incurred. And what better use of these medicines could be than dispensing the same to the poor? It is to be remembered that no Kaviraj charges any fee for prescribing medicines for the patients who come to them or ask any price for the same. The Ayurvedic dispensary will thus be a helpmate to the Government charitable dispensary of the town. With due co-operation the two will prove a boon to Puri—a seat of pilgrimage for thousands of our country men.

This duty of the Professor of Medicine raised the legitimate question of his salary. It is obvious that if he is to treat the patients gratis for the sake of teaching his pupils he loses

considerable practice. It is further to be noted that he will be engaged in his school duties for at least four hours daily both morning and evening. It is thus fair that he should be paid an adequate allowance. It is well known that a competent Kaviraj of established reputation like the professor who has been appointed earns a great deal more than the salary which has been offered to him. The same consideration should also be shown to those professors who may be appointed afterwards. It is of course understood that the professors will be allowed to practice outside the school hours.

(3) *A garden of medicinal plants* is, I consider, also necessary. It is true many of the plants used in the Ayurvedic medicine are common enough and can be easily procured. But the fact that they do not grow at one place and that many are not found at Puri, is to be noted. It is therefore necessary that the students should possess ample facility for getting acquainted with the habits of the plants which they use as drugs. This can only be secured by a garden of well-stocked medicinal plants. At the lowest estimate about two hundred species of plants, many of which are large trees, have to be grown and taken care of. I would suggest that at least ten acres of land be acquired by Government, preferably close to the school, if the soil and situation be favourable. I would grow not only the plants which are not found at Puri but also those which grow almost everywhere along road sides and hedges in order that the students may have a comprehensive view of the vegetable kingdom in its relation to the healing art. To economise space it will not be possible to arrange the plants consisting of herbs, shrubs and trees according to their medicinal properties; but an attempt should be made in laying out the garden as far as possible. Somewhere in the garden there should be small pond for the growth of aquatic medicinal plants. Besides the initial cost of acquiring land, levelling, improving soil, fencing and laying out the garden generally, a recurring expense for the upkeep of the garden will necessarily have to be borne. I think four malis of Rs. 7 a month each will be able to take care of the plants, the Professor of Materia Medica being the Superintendent.

8. *Cost.*—I am not sure whether Government calculated the cost of the Ayurvedic School while opening it, and contemplated its development along the lines I have briefly indicated above. But surely nothing will be gained by dwarfing its natural growth when so much expectation has been raised in the public mind. The scheme I have sketched will not, I hope, be considered too ambitious even for Orissa—

Non-recurring charges.

	RS.		RS.
(1) Garden—		(2) Laboratory and Dispensary—	
Land acquisition for garden, 10 acres	2,500	Clear-story windows	800
Fencing and laying-out, etc. ...	1,000	Furniture and appliances	2,054
Cost of plants (most can be procured in Orissa, others from the Sibpur Botanical Garden)	150	(3) Library	500
		Total	2,854
Total	3,600		6,500

Recurring charges (annually).

Teaching staff of five Professors of Rs. 100 a month on an average	6,000
One part-time Assistant Surgeon on an allowance of Rs. 50 a month	600
Two bearers—average Rs. 9 a month each	216
Four malis on Rs. 7 a month each	336
Contingencies for laboratory and dispensary	250
Do. for garden	100
Total	7,502

United Provinces.

(6)

DR. PRASADI LAL JHA, L.M. & S., CAWNPORE.

THE PRINCIPLES OF DIAGNOSIS (OF AYURVEDA).

In Ayurveda, the questions of diagnosis and prognosis are intimately connected with each other. They, therefore, will be discussed together. The suitable lines of therapeutics are decided by them.

The two general and guiding principles of diagnosis for examination of the patient according to the Ayurvedic system are—

- (1) The Ayu-Pariksha or the prognostic considerations, or the prognosis.
- (2) The Vyadhi-Pariksha or the diagnosis, or the determination of the disease process.

Briefly the Ayu-Pariksha involves the investigation of the various factors about the patient, whether existing in his body or outside it, which influence the prognosis. The various factors which lead to the lowered state of resistance or natural vitality of the patient are to be discovered in the various organs of the patient and his environments.

Ayu-Pariksha is thus an approximate estimate of the state of natural resistance as it existed in the state of health of the individual and as it exists during the state of his illness.

The Vyadhi-Pariksha or the diagnosis of the disease, on the other hand deals with the various other factors which enable the physician to recognise the disease fully; that is, these factors are investigated with the view of finding out the extent of the disease process and its nature exactly. The Vyadhi-Pariksha, in short, is an approximate measure or estimate of the extent or virulence of the Vikrit Doshas or the disease.

Thus, the examination of the patient according to these two principles makes it possible for the physician to form more or less approximate estimate of the life processes or activities or the state of natural resistance during disease and also to form an approximate estimate of the extent of the disease activity or process during life. In short, by the examination of the patient according to these principles, the physician is believed to understand the actual processes of life and those of disease as they occur in a patient during illness. The therapeutical actions of the physician and other minor principles of diagnosis are subordinate to the above two general principles. Such a physician cannot be accused of (according to Ayurveda) malpraxis, though, in some cases, even when everything else seems to be in favour of the patient, the disease suddenly gets worse without apparent cause and the patient dies. The Ayurvedic scientists attribute such sudden unfortunate terminations to Daiva or karmas of the past life.

Therefore, the examination of the patients on these principles is the first duty of the Ayurvedic physician before he applies or employs any therapeutical remedy or kriya.

There are only two scientific tests, or bases of diagnosis, which control the investigations of the above nature, viz., (1) Pratyaksha Praman or physical tests or examinations, (2) Anuman Praman and Yukti or methods of deduction or induction. The third, or the previous knowledge of the medical and allied sciences as handed down by Ayurvedic experts, is also essential in the case of its new adherents or disciples. No non-medical man or a first year student can be regarded as competent enough to go about diagnosing the cases in a scientific manner unless he has attended the clinical lectures.

The two principles mentioned above require a brief comment separately.

The Ayu-Pariksha.—Before commencing the discussion of the Ayu-Pariksha or the principle of prognosis according to Ayurveda, the reader is to bear in mind the principal factors which influence the average age limit of hundred years of human beings. They are the following:—

- (1) The Prakriti-Gun or the inherited state of physical and mental constitution or resistance.
- (2) The Atma-Sampat or the reserve of the past karmas of the Atma.
- (3) The Satyma-Sayyan or briefly the synergistic or favourable conditions of Indrya-artha, karma and kal, i.e., diet, regimen and seasonal or atmospheric conditions.

The various factors which influence the prognosis are as follows:—

(a) Hereditary influence as shown by the Prakriti and many other conditions inherited from the parents, which lower the natural resistance and consequently the age limit of Ayu as well. Examples of such diseases besides the Prakriti are insanity, emaciation or atrophy, short life, hæmophilia, quarrelsome nature, thin and lean constitution, etc.

Prakriti.—In determining the Doshabal-Praman or the proportions of the inherited Doshas which influence the various Prakritis of men, it is to be remembered that it depends upon the Prakritis of Shukra and Shonit or the spermatozoon and ovum; Kal (age of the patient and the season), the nature of the womb or Garbhashaya Prakriti, or the diet and regimen and other circumstances of the mother during foetal life and the Prakriti of the Panch-Bhoutik Drabyas.

Naturally some persons are either Vatal, Pittal, or Slaishmal, i.e., individuals with larger or excessive proportions of one of the three doshas in their constitution. The Sam-Dhatu Prakriti individuals and Sunsrishtha are also met with, i.e., individuals of normal and ideal Prakriti or mixed Prakritis are also met with, but the ideal is as a rule rare.

The excessive proportions of the doshas in the former three kinds influence the natural resistance of the patient and make them more liable to those diseases by slight variations in Ahar, Vihar and Kal antagonistic to the patient's Satmyk conditions of the same.

The Sam Dhatu Prakriti individuals practically remain safe or immune to Doshaj diseases. The characteristic features of the individuals of the Vatal, Pittal and Slaishmal type enable the physician to recognize them. By nature, these men are unsafe from diseases similar to their

inherited Prakritis under circumstances of unfavourable kind when these Doshas increase naturally within the living beings generally in the various seasons of the year, and at certain periods of life.

Usually the Slaisimal individuals are naturally strong and long lived; Pittal is naturally of average strength and of average age; the individual of the Vatal type of Prakriti is weak or of lowered state of resistance naturally and is alpayu or short-lived.

(b) The circumstances noted above are examples of natural conditions of the individuals, which influence the Ayu or the natural vitality or resistance. There are other factors which are observed to influence the same in the Vikrita state of the Doshas or diseased conditions; these add to the strength of the Vikrita Doshas or render them more virulent. Such as Hetu, Dooshya, Dosha, Desha, Kal, Linga, etc., of the Vikara. Some of these will be briefly dealt under Vyadhi-Pariksha. It will suffice here to remark that the Vyadhi or Vikriti in a patient is Balvan, Madhya-bal, or Alp-bal according as the factors noted above are either Samya (synergistic or similar to) or Viparita (antagonistic) or Samanya or neutral, that is, neither favourable nor unfavourable to the patient's Prakriti and disease in any way.

(c) The examination of the Sar of the patients. The Sar represents the Bal or natural resistance producing substances varying in different individuals and is another important factor which influences the Ayur-bal and also the physical, mental and social features and other characteristics of individuals of various types. According to Ayurveda these Saras or essences or natural vitalising substances are described to be produced within the skin, blood, muscles, fat, bone-marrow, Shukra and Satwa (of the organo therapy).

They are thus eight different kinds of internal secretions collectively known as Oja identified with bal or vitality or natural resistance. The various proportions of the above Saras give rise to eight types of individuals amongst the human beings differing from one another in physical and mental and social characters of features. (cf. the Anthropological features of various types men and races—See any book in Anthropology and compare it with the permanent, scientific nature of Ayurvedic Anthropology).

The presence of these natural vitalising or immunising substances or saras of the body influence the natural resisting power or vitality or bal of the patients. According as the saras of the various kinds exist in normal, excessive or deficient states (in different individuals of different stature, etc.), the individuals are said to be Madhya-bal, Ati-bal or Alp-bal, respectively, and also Dirgha-ayu, Madhya-ayu and Alp-ayu (cf. The internal secretions and the unsettled humoral theory of natural immunity of the modern scientists. Ref. latest Pathology, e.g., Green's).

The scientific use of these sar in diagnosis is the peculiarity of Ayurveda and is not met with in the other systems. The knowledge of the sar is not met with or understood in the other systems at all. Ayurveda leads others in this respect.

(d) The Samhanun or the physical structure of the various individuals. Naturally well-built, thin or lean fellows or individuals of ordinary average physical structure are respectively Ati-bal, Alp-bal and Madhya-bal. They are similarly Dirgh-ayu, Alp-ayu and Madhya-ayu.

(e) The Sharir-praman or the stature of different individuals represents different degrees of strength of resistance (cf. the uncertain methods of measurements, etc., of the modern jurisprudence and note the permanent value of Ayurvedic science).

(f) The Satmya or favourable circumstances or different individuals influence their bal or resistance and ayu differently; that is people in good circumstances and leading temperate lives are usually long-lived.

(g) Satwa-bal or Mun differ in different men who are of either Pravar-satwa, Madhyam-satwa or Avar-satwa.

(h) Vyayam-shakti or power to do physical work.

(i) Ahar-shakti or the power to digest food.

In (h) and (i) the men are also of three different types as regards natural resistance.

(j) Vayah or age of the patient as young, adult and old who are respectively slaishma-dhatu praya, pitta-dhatu praya and vata-dhatu praya. That is they are respectively less fitted by nature to resist diseases of the kaph, pitta and vata doshas respectively.

(k) Kal stands for either different periods of time such as day and night or six seasons of the year, and so on. This is called sambat saratmak kal.

Kal also stands for the different stages of the rog or a disease and age of the patient.

The object of these periods of kal are for the use of therapeutical methods or remedies according to proper indications, and hence the six periods in the case of the rog avastha are called kriya kals.

Nota.—The knowledge of this timely warning of the great complications likely to happen in the vikrita state of the doshas at the different periods of the year or seasons of the year, and at different ages of the patients and stages of the disease, is known as pratipattigyan. The remedy employed as suggested by the knowledge of the grave complication before its occurrence is called anushthangyan. For an example see the occurrence of Vaman-vyaped complication by the use of the Vaman-Karma at improper periods of kal. This is an important basis of the rationality of the Ayurvedic pariksha.

(7) For the approximate estimation of the probable duration of life, the Ayurveda describes certain signs indicative of ill-omens or death of the patients at probable periods after the appearance of those signs. This part of prognosis of Ayurveda still leads others. It is in no way identical to the prognostic factors of other medical systems. The signs described in connexion with the body of the patient and known as purush-ashrita are important. The second class of signs observed by the physicians in the patient's environments and other circumstances are called purush-anashrita; these are not so reliable as the first group. But these latter also influence the duration of life of the patient indirectly by lowering the natural resistance of the individuals.

The knowledge or observation and interpretation of these is useful to the physicians for adopting prophylactic and preventive steps in time. These grave signs or ill-omens foreshadow the unfavourable termination. Most of these factors have already been referred to above.

For these reasons, the first duty of the responsible physicians is to examine the patient for ayu or probable duration of life and then for vyadhi or the diagnosis of the disease.

All these factors, as gathered by the physician himself either by physical examination or observed outside the patient and used for the estimation of the probable duration of life, are valuable according to the methods used in their investigation (e.g., apta or authorities, pratyaksha or results of physical examinations and other demonstrable tests, and lastly the anuman or deductive and inductive tests). That is, the diagnosis is to be based upon the correct scientific observation and the scientific and rational interpretation of those factors.

The value of these signs thus depends upon the apta itself (knowledge as received from the gurus and authorities), pratyaksha praman or visible and physical proofs (as observed by the physician in the patient's body) and anuman praman or conclusions drawn or inferred from answers to the leading questions put to the patient or interrogation of the patient.

Amongst such factors, the following are to be examined by all those physicians anxious to know the probable duration of their patient's life in state of health or disease.

Most of these will be found to be of great value, if made use of by the insurance doctors—

(a) Varna, swar, gundha, sparsh, rusa.

These refer to the functions or perceptions of the sense organs of the patient.

(b) Chakshu, shrotram, ghranam, rusanam, sparshanum.

These next five factors refer to the significant alterations in the physical features or functions of the sense organs of the patient and observed by the physician.

(c) Satwam, bhakti shoucham, shilam, achar, smriti.

These refer to the healthy or unhealthy functional state and attitude of the patient, e.g., state of the manas, devotional tendency, state of cleanliness or filthiness, temper, habits and customs and memory of the patient.

(d) Akriti, bal, glani, tandra, gauravam, laghavam, ahar, vihar, aharparinam, upaya apaya, vyadhi, vyadhipurvaroop, vedana, upadrava.

Of the preceding group of signs, some are in connexion with the state of the disease or vyadhi itself; some other factors refer to the patient's diet and general condition (e.g., state of sleepiness, etc.); some of them pertain to the natural resistance of the patient and the light or serious character of the disease and to the results of treatment, etc.

(e) Chaya, practichaya, swapna-darshan, dootadhikar, aturkul-bhava-vasthantarani, bhayshaj, sambritti, etc.

This contains many signs and features to be examined outside the patient.

All the above factors are to be examined by the physician through interrogation and physical examination of the patient. For full reference see Indriyasthan of Charak.

The above factors belong to the two following groups :—

(1) Pursha-ashrita factors or those existing in the patient's body.

(2) Pursha-anashrita factors or those that exist outside the patient or in his environments or other conditions.

Of the former group there are two varieties—

(a) Those that influence the life duration or ayu by altering the prakriti or lowering the natural resistance and thus predisposing the patient to certain diseases to which he is more liable by his own nature. These factors are known also as swasthyarishta. Most of these have already been considered before, such as sar, vayah.

(b) Those factors which exist as signs of pathological conditions. These factors are also known as vyadhirishta. They also influence the duration of life.

The factors of the natural type are recognizable in the following which also influence the patient's life by influencing the prakritik :—

(1) Patient's jati, caste or profession.

(2) Patient's kul, or family circumstances, ages of the parents and sisters and brothers if alive. The duration of their lives if dead and causes of their deaths and so on.

(3) **Deaha.** In regard to the deaha or country or nationality of the patient, various other considerations follow—

- (i) Birth place of the patient.
 - (ii) The place, country, where he was brought up.
 - (iii) The nature of ahar-vihar, or diet, regimen, customs, etc.
 - (iv) Patient's residence and country.
 - (v) Bal, or natural resistance of his countrymen.
 - (vi) Similarly, states of satwa, satyama, sar, dosha, bhakti, vyadhi, hita and ahita of his countrymen, most of those have been already considered; hita and ahita will be referred to in therapeutics; vyadhi will be considered in the examination of the vyadhi or disease.
- (4) Kal, already referred, and will be referred to again.
 (5) Vayah or age of the patient.
 (6) Pratyatmik or individual characters or signs predisposing a man to diseases of particular kinds ending in death.

All these factors are also described under the following groups :—

- (a) Jati prasakta or arising from caste or profession.
 - (b) Kul prasakta or characteristics of the family.
 - (c) Deshanu patini or national factors.
 - (d) Kalanu patini or influences of either the seasons or atmospheric and thermal conditions, or of the various stages of the vyadhi or disease.
 - (e) Vayonupatini or the influences of unfavourable type owing to the differences in ages of the patients.
 - (f) Pratyatma niyata or factor of individual characters varying in different patients.
- Some persons remain quite immune even during severe epidemics.

All the above factors can be illustrated both from the Ayurvedic works as well as the modern systems of medicine (e.g., Osler's or Taylor's medicine). These facts are commonly gathered and noted down by the modern medical students when the patients are admitted into the hospitals. They are included under interrogation of the patients and known as history of the patients' family, caste, profession and history of the present illness, environments and complaints, etc., and therefore require no further explanation. The conclusions drawn depend upon the inductive and deductive methods.

The factors of the second variety of the above or vikriti or pathological signs and symptoms of a grave character are of the following types :—

- (a) Lakshun-nimitta or the signs of ill-omen occurring together simultaneously are indicative of the unfavourable termination of the disease. For example, sannipat apasmar is incurable and ends in a particular disease.
- (b) Lakshya-nimitta or the well-known complications of the grave character indicative of deaths have been described in the diagnosis or nidana of diseases.
- (c) Nimittanu-rupa or nimittarthanukarini or the complications of a grave nature arising in the course of diseases and also producing the effects similar to the cause or nimitta of the disease. And in this way this class of complication adds to the gravity of the incurable vyadhi.

Conclusion.—The duration of life or ayu is influenced by the prakriti-bal or the natural resistance and the dosh-bal. It has also been shown how both are influenced in different individuals of different ages, races, etc. The ayu or duration of life thus depends upon the termination of the vyadhi favourably. If the complications and diseases that follow a cause also act as causes of other new complications of a worse nature, the end of the vyadhi or disease process is death. The signs of such termination in most of the diseases have been observed and are always looked for, by the Ayurvedic physicians in the state of health and diseases or vikrit state of the doshas, dhatus, etc. So long as the prakriti-bal is more than the dosh-bal, the patient lives, and the vyadhi is laghu. The vyadhi is Guru where the prakriti and satva-bal is less than the dosh and the signs indicating this state are known as signs of a grave nature.

The knowledge of these prakrityadi-bal called pravara, madhyam and avara (of the high normal and low opsonic indices for an individual in reference to an infectious disease), and the knowledge of the dosh-bal or the virulence of the disease or extent of the disease process, were regarded as absolutely necessary for the therapeutical purposes. This is an important proof of the rational and scientific character of the principles of the Ayurvedic diagnosis and is quite unlike the shot-gun prescriptions (depending upon incomplete diagnosis) of the modern dispensaries.

Now ojas of the body is the index of prakriti-bal (of the complement or alexine of Ehrlich's theory of immunity), a substance which is the basis of the humoral theory of immunity and whose chemical character is not at all known or understood. The modern scientists recognize its presence by its activity. Ref. Green's Pathology (1920 edition, Theory of Immunity). The ojas is regarded to be param tej of all the dhatus or tissues from rusa to the shukra. Its special storing place is the heart. (Note—This can explain the continuance of the beating of the heart of the cold-blooded animals even after its separation from the body, the cause of which is not at all understood by the modern scientists). The ojas keeps up the life process or is the cause of all mental and physical activities. Its kshaya or deficiency leads to a group of symptoms described under oja-kshaya (of the so-called incomprehensible and vague disease 'Neurasthenia' of the modern medical men).

The amount and activity of the ojas varies with the quantities of the eight kinds of sar or the essences (of the internal secretions) of the various dhatus already referred. In the dirgh-ayu, the madhya-ayu and alp-ayu individuals, the quantity of the ojas also exists or varies proportionately.

For general signs and features of Alp-bal, Madhya-bal and the Balban individuals or types of men, the reader is requested to refer to references to Ayu-pareeksha in Ayurveda (of the scientific and perfect methods of Ayurveda and the modern methods still in a state of infancy. Ayurveda is, thus, leading other systems in this respect also).

II. THE VYADHI PARIKSHA.

It has already been stated before that the object of the examination of the patient or the investigation of the disease is primarily done for the estimation of the disease or vyadhi-bal or the extent or virulence of the disease process, to enable the physician to adapt his remedy or drugs to the stage of the disease and the times.

The scientific nature of the methods used to investigate a disease are, in the case of scientific men (who possess the true or right knowledge as found in the lectures of the apta), two : (1) the pratyaksha or demonstrable and (2) the anumana or deductive and inductive.

The principles to examine a patient for purposes of diagnosis (vishesha jnan) is to discover or investigate the following about every rog or disease :—

- (a) The kop or the prakop, same as doshakop or sannikrishta naidan, vat, pitta, or kapha kop.
- (b) The yoni, same as viprakrishta nidan, asatmya-indriyarth, karma (pragnyaparadha) and kal (parinam).
- (c) The atma, same as atma swarup or signs and symptoms indicative of vat, pitta, or kapha, rajas or thamas nature of the disease.
- (d) The rog-utthan, or the onset of disease ; it is included in samprapti, or the pathology of disease.
- (e) The adhishtan ; same as the site of the lesion (sharir or man, adhyaatmik, adhibhoutik and adhi-daivik).
- (f) The vedana or complaint : vatic, paittik, or slaishmal vedana.
- (g) The samsthan ; it corresponds to the local lesion or sthansamshraya kal of the disease and all its signs and symptoms, or the rog margha—external, internal or middle.
- (h) The shabda, sparsha, etc., or the state of the senses of the patient or the physical features of the sense organs.
- (i) The upadravas, or complications arising in the course of the already present disease.
- (j) The vridhi, sthan and kshaya or the three ways of routes of the propagation of the doshas from their natural or physiological places within the body to other parts or organs of the body remote from their original places. This corresponds to the rog-avastha or various kriyakals or the various stages of the kupit doshas ; and also to the sam or sthan (state of the normal condition of the doshas). The adhik, madhyam, or hin states or the excessive, normal, or deficient states of the various doshas. This corresponds to the physiological and pathological condition of the various doshas, dhatus and malas in a particular disease or rog.
- (k) The udarka or the termination or the future of a disease or rog.
- (l) The yoga or the hin, mithya and atiyoga of the rog and the samvega of the nidan or hetu.
- (m) The nam (or the name) : the name of the disease or the nature of the disease primarily such as vataj, pittaaj, kaphaj. (For the nomenclature of the diseases see Vyadhi). Over one thousand diseases having different names have been described in various Ayurvedic works. (For a list of these see Sharangadhar Samhita).
- (n) The pratikara pravritti or pratikara nivritti or the indications and contra-indications of the case, or the upshaya or satmya and anupshaya or asatmya of a rog.

There are some other factors which also require to be mentioned as they refer to the vyadhi pariksha or the ayu-pariksha also, such as—

- | | |
|--|------------------------------------|
| (a) Prakriti or swabhava (atma). | (g) Bal—Prakriti-bal or dosha-bal. |
| (b) Vikriti or vyadhi or rog-nam. | (h) Ling or roop. |
| (c) Hetu or kop or yoni or nidan. | (i) Sar—Dhatoo-sar or satwa-sar. |
| (d) Dooshya-Dhatu or malas. | (j) Agni. |
| (e) Dosha—vat, pitta, or kapha, i.e., samprapti. | (k) Deha. |
| (f) Kal, ritu, vayah, or rog avastha. | (l) Satmya or upshaya. |
| | (m) Anushadha. |

Of these, (1) nidan or hetu, (2) poorvaroop, (3) roop or ling, (4) upashaya or satmya, (5) samprapti are called collectively panchalakhan of nidan.

The following is only a very brief analysis of the principles of the vyadhi pariksha or nidan. It will show to the reader their rational, scientific and comprehensive character. They are quite enough for the diagnosis of a case from the Ayurvedic practitioner's point of view. They are essentially different from the modern diagnosis. In Ayurveda the classifications of diseases are based on the principles of diagnosis. This is a peculiarity of Ayurveda. The various classifications of vyadhi, though requiring a consideration at the end of the diagnosis, are briefly noted down first to enable the reader to follow the principles of nomenclature of the most scientific character.

VIADHI.

- (A) Synonyms of vyadhi : vikriti, vikar, rog, amaya, gad, atank, yakhma, jwar.
2. Vyadhi vikalp—
- Agneya or pittaj.
 - Soumya or kaphaj.
 - Vayabya or vataj.
 - Rajas or tamas.
- (3) Vyadhi bhed or its general groups—
- Adhyatmik, adhi-bhantik and adhidaivik.
 - Sharirik or mansik.
 - Nij or agantuk.
 - According to the nature of the hetu, the vyadhi may be doshaj, karmaj and sankar or mixed.
 - Drishtapacharaj or acquired. Poorvaparadhaj or due to karmas of the past lives.
 - Amashaya-samuttha or pakwashaya-samuttha.
 - According to the nature of hetu again the mother or ovum or from the father or spermatozoon.
- (1) and (2) Janmabal pravritta : Douhridapacharakrita or pregnancy disorders of the foetus. Rasakrita or errors of diet of the mother giving rise to disease in the foetus.
- (3) Dosh-bal pravritta : as vataj, pittaj and kaphaj, rajasic and tamasic, amashaya-samuttha and pakwashaya samuttha, sharirik and mansik.
- (4) Sanghatbal pravritta or traumatic.
- (5) Swabhavabal pravritta—
- Kalkrita (or periodical or time-conditioned) : trishna, kshuda, nidra, jara, mrityu, etc.
 - Akal-krita or untimely.
- (6) Daivabal pravritta—
- Pishachadi krita.
 - Sansargaja (contagion or infection).
 - Vidyudashanikrita or electric shock, etc.
 - Akasmika or accidental.
- (g) According to clinical appearance or roop—
- Mridu and darun, or
 - Guru and laghu.
- (j) According to its origin from the ashayas, vyadhi may be—
- Amashaya samuttha or originating in the stomach.
 - Pakwashaya samuttha or arising in the remaining part of the alimentary apparatus.
- (k) Vyadhi kinds are numerous ; but with reference to the discomfort it is only one.
- (l) According to prabhava or effect or prognostic considerations, the vyadhi may be—
- Sadhya or curable.
 - Asadhya or incurable.
- (a) Sadhya again may be suksadhya, easily curable, or
- (b) Kashta sadhya or difficult of cure, or
- (c) Asadhya, which may be anupakram asadhya or a hopeless case. Asadhya cases are also known as pratyakhayya.
- (m) Vyadhi again may be—
- Aupasargika or complicated,
 - Prak-kaival or birth-marks,
 - Anniya lakshan or those that may give rise to other diseases in future.
- (n) From therapeutical considerations it may be—
- Snehadi kriya sadhya, or
 - Shastriyadi kriya sadhya (see methods of Ayurvedic therapeutics).
- (o) Again it may be—
- Daivaiyapashraya, or
 - Yukti-vyapashraya : drabyabhoot bhashaj or adrabyabhoot-bhaysaj, i.e., with or without the use of drugs.
- (p) Pathological classification of vyadhi : doshaj, pittaj, kaphaj, rousaj, ruktaaj, mamsaj, medhaj, asthij, majjaj, shukraj, malashay rog named after the purish, mootra, etc.

(B) Hetu, or the cause of the disease—

(i) Synonyms of hetu are nidan, nimitta, ayatan, karta, karan, pratyaya, samutthan, nibandhun, mool.

(a) The sannikrishta nidan or the nearest cause, e.g., the kupitamalas or doshas or vikrit states of the vat, pitta and kapha.

(b) The vipra-krishta nidan or remote causes : ahit or asatmya saywan or irregular diet and life.

(ii) Hetu vikalp, or the varieties and nature of hetu are—

Asatmya (hin-mithya or atiyog less than, reverse of, or more than what is samyog or normal) of the following three groups of factors :—

(a) Artha.

(b) Karma or pragnyaparadha.

(c) Kal or parinam.

For the various factors that lead to the visham state of the doshas, the causation of diseases according to Ayurveda, the discussion of the three doshas should be referred to. Roughly speaking, this stage is concomitant or concurrent with the chayakal or first stage of the disease.

C. Poorva roop, the preliminary signs and symptoms of the disease :—

(i) Its synonym is pragroop.

(ii) Its two parts or stages are (a) samanya Poorvaroop or the signs and symptoms of a general character, not characteristic of the special nature of the doshas (cf. the first stage or early part of the incubation period of an infection); (b) Vishaish poorvaroop or the special signs and symptoms characteristic of the special doshas, e.g., the jimbha or sighing, the naytra-daha or burning of the eyes and the mandagni or loss of appetite in the beginning of a fever case, are, as a rule, characteristic of the coming vataj, pittaaj and kaphaj fever respectively (cf. the latter part of the incubation period of the same infection). In Ayurveda, it is possible to recognize the disease even at this early stage.

This clinical stage is concurrent with the prakopkal and prasarkal or the second and the third kriyakals or pathological stages of the vyadhi.

Roop or the stage of the vyadhi when its signs and symptoms are distinct enough to be recognized without any difficulty (cf. the signs and symptoms of the modern scientists).

(D) Synonyms of roop are—ling, lakshan, akriti, chinha, sansthan, vyanjan.

All diseases can be recognized by means of the characteristic alterations in normal activities (and signs, special and general) or forms, and whether they are doshaj or agantuk and whether they are medical or surgical.

For lakshan or signs and symptoms of the vridhi and kshaya or vikrit state of the dhatus, the reader is requested to refer to any Ayurvedic work, e.g., Sushrut, for full discussion. A brief reference is only possible in this place to show how the diseases can be investigated on the Ayurvedic principles of lakshan. They are helpful in finding the prakop (the pathological process of vishum state of the dhatus).

It is granted here that the physician knows the lakshun or signs of their karma (activities) or functions in health also.

For normal functional activities of the three doshas—refer to the discussion of vata, pitta, kapha—

(1) Karma of the avikrit vat, pitta and kapha.

(2) Karma or functions of the avikrit dhatus.

(3) Karma or functions of avikrita mal.

For signs of the vikrit or vishum states of the doshas, dhatus, malas—

(1) For signs of vridhi or excess of the vridha doshas.

(2) Signs of the vridha dhatus.

(3) Signs of the vridha malas.

For signs of kshaya or deficiency of the dhatus—

(1) Kshaya of doshas.

(2) Kshaya of dhatus.

(3) Kshaya of malas.

Note.—Compare the signs of vat kshaya with those of shock of the modern medicine, not thoroughly understood, and hence mostly proving fatal.

As these doshas (vat, pit and kaph) exist naturally in all the dhatus and the pores, spaces, passages of the body from the smallest to the biggest, they lead to the prakopa (vishum state) of the various srotas and the various organs of the body lying along these srotas. The signs of their prakop are distinctly recognizable by the change of their normal karmas or activities. For these, the reader is referred to the various signs met with in prakupita or pathological states.

Thus the roop or lakshan is an important aid in the nidan or diagnosis of diseases.

By the help of the srotas, dhatus, etc., and organs, the rog marga is also discovered.

For the laghu and the guru vyadhi roop or clinical phenomena or ordinary or serious character in connexion with the krimi (bacteria) commonly found in the various parts of the

human body, the reader is referred to the texts to avoid lengthy discussion. Numerous microspic bacteria have been described (a part of Ayurvedic bacteriology of great interest to the modern bacteriologist).

E. Upahaya—the factors or conditions favourable to the patient's health, i.e., the factors antagonistic to the hetu or cause of the disease, to the vyadhi and to all other effects of the disease or viparitarthakari. In short, everything, whether drug, diet, activities (mental or physical), climate, seasons, etc., that is, satmya or congenial to the patient's health. This is also regarded as an important diagnostic feature in the recognition of the disease, because the factors of the upshaya or its opposite (unupshaya) type enable the physician to recognize the true nature or prakriti of the patient and that of the (i) satmyic or synergetic and (ii) viprit or antagonistic factors as well. In this way the vat, pitta, kaph, or the nature of the disease is recognized. The other signs or roop already referred to enable the physician to determine the single, mixed, or sannipat character of the hetu or doshas.

For the sake of illustration, a few examples of upshaya of the three prakritis are mentioned below. They will be easily understood by an analogy (used to the reasonable extent only) of comparing the doshas to the bacterial growths, and the body tissues to the culture media of the tubes in the incubator. The growth of the doshas like the germs takes place and continues only under favourable circumstances of environments, of temperature, etc., and the character of the culture media—

(a) The upshaya of vat—A few examples are madhur or sweet, lavan or salt, amla or sour, singdha drabyas (as ghee or butter), or fatty substances, nidra or sleep, and santarpan, etc.

(b) The upshaya of the pitta—A few examples of this are tikta or bitter, swadu or sweet, shita or cooling, fans, fountains, bhugriha, milk, etc.

(c) The upshaya of kaph. Its examples are tikta, katu, kshar, kashaya-drabyas, vyayam, doomapana (smoking), fasting, walking, swimming exercises, etc.

F. Samprapti is the pathological process of a disease from the time of its onset (asatmya-ayvam or agantuk causes) to the time of its full development or termination. Thus samprapti includes the well-known six stages of the rog (rog-avastha) or the six kriyakals. The samprapti involves the consideration of the whole of the disease, through all its stages from beginning to end. This consists evidently of the life-pathological changes and not the post-mortem (of the imperfect state of the greater part of the modern pathology in the cases of most of the physical conditions or diseases. The so-called functional disorders are examples of doubtful nomenclature and of pathological diseases of unknown structural changes—refer Green's Pathology, chapter I). The physician of Ayurveda is in possession of the most accurate and perfect knowledge of the whole of the disease in all its stages—chaya, prakop, prasara, sansthan and vyadhidarshan, etc., i.e., Ayurveda explains to him what disease really is and also guides the physician's rational therapeutical remedies or methods according to these stages of the disease or kriyakals. The periods or stages of the rational treatment alone are called kriyakals (see therapeutics of Ayurveda). The reader is requested to note that these stages refer to the prakupit or pathological stage of the three doshas (vat, pitta and kaph).

Note 1—The scientific co-hereence and the rational application of the pathological stages of disease to therapeutics of Ayurveda—this enviable state of perfection of Ayurvedic pathology has not, as yet, been attained or reached in any of the modern systems of medicine. This is another example of the rational, scientific and up-to-date state or character of Ayurveda.

The samprapti is regarded as the essential and the fifth important diagnostic feature and principle of Ayurvedic nidana, which is, therefore, not excelled by any other existing systems owing to the imperfect state of their pathologies; these latter are mostly the results of either the post-mortem changes or groundless imaginations.

Note 2—The classification of the various stages of the diseases as well as their nomenclature in the Ayurvedic system are guided primarily by samprapti. This is another example of the enviable character of the Ayurvedic principle; though not yet fully realized, yet it is being unconsciously approved and adopted by the authorities of the modern school of Allopathy. (Refer any recent edition of Pathology and Medicine). In this principle the Ayurveda still leads others and will do so for an immense length of time in future; but the prestige of a comparatively short period only steps in here; and the pseudo-scientific arrogance prevents the adherents of the other useful (though imperfect and artificial) medical systems to learn from here. For an illustration of the pathological process of Ayurveda, see any disease in the Nidanasthan of Charak.

(a) The synonyms of samprapti are jati, agati, nirvritti, prapti.

(b) The varieties of samprapti: they are all very important aids in nidana or recognition, more or less exactly, of the various important features of the disease.

(i) Sankhya samprapti or pathological grouping. As an example, fevers on this principle are eight in number. (Refer Nidana of Ayurveda.) Fevers may be of the following eight types—vatjwar, pittajwar, kaphjwar, vatapittajwar, vat-kaphjwar, kaph-pittajwar and sanaipat or vatapittakaphjwar and agantukjwar.

(ii) Vikalp samprapti or the pathological and reciprocal relationship of the three doshas. The determination of the fact, whether the changes taking place during disease, as known by special activities or signs, are due to the involvement of one or two or all the three

doshas. This is really the dosh kop or vishum states of the doshas. It refers to the adhik, madhyam and hin or the excessive, intermediate and deficient proportional relationship of the doshas.

(iii) Pradhanya samprapti or the recognition of the swatwantra and paratantra nature of the disease—primary or secondary.

(iv) Bal-samprapti or the nature and extent or virulence of the vyadhi or disease. The vyadhi according to this principle may be either (a) sabal or powerful and nirbal or weak. This depends evidently on the stage of the disease, the nature of the causes of prakop, the involvement of one or two or all the three doshas and the upadravas or the association of the complications of the disease also.

(v) Kal samprapti. The propagation of the disease from its onset to its termination in relation to time. Thus the probable time (day or season) of the origin or onset of the disease, and the probable duration of other signs and symptoms or stages of the disease or rog-avastha already referred to above.

The kal-samprapti or history (rog-avastha) of a kupit dosha or the pathological process occurring during the state of illness in natural sequence of order as regards the various stages of a kupit dosha is so important and interesting that it requires a brief review.

The whole rog-avastha is divided into the following six natural, well-recognized and distinct stages of the disease. They are easily distinguishable from each other by special diagnostic signs and features of abnormal activities or functions (physical or mental)—

(i) First stage of the disease or chayakal or the time of accumulation or slight increase of the dosha, either by natural seasonal variations or by asatmya sayvan. This cannot be recognized in its early part by the physician; but later on, the special signs of abnormal functional activities of the doshas can enable the physician to follow or trace a kupit dosha from beginning to end. This is the stage when the doshas of the body are undergoing a change from the sam or normal state to the vishum or pathological state—excess or deficiency. This stage is almost always overlooked both by the physician and the patient. This prepares the body soil or the tissues and renders them suitable for the production of the various diseases, whether the changes are due to the poisons produced in the amashya or in the pakwashay (i.e., to the ptomaines produced during digestion in the alimentary canal). The successful attack of the krimi or germs (for example)—whether naturally existing in the human bodies or external poisons or infections—is only possible, when the soil is fit to let them grow. This stage of the disease is not clearly understood by the modern scientists or medical men at all. For these reasons only, so many artificial means of prevention of the infectious diseases are daily searched for. The world is full of germs or bacteria. It is a mistake to prepare for the fight with all the numerous pathogenic bacteria known to them. This stage as discovered by the Ayurvedic Acharyas of the past still shows to the scientists of the other systems a better, cheap (to suit all purses), scientific, and general way of fighting or neutralising the effects of the pathogenic germs.

The principle of this natural and Ayurvedic prophylaxis is to prevent the growth of the doshas and bacteria upon or within our bodies by the use of suitable antagonistics or unupshaya or unfavourable conditions of the doshas or bacteria, i.e., by the use of the satmya or upshaya of the patient's prakriti; that is, the condition of the diet, climate, soil, or seasons suitable to the unusual or unnatural growth of the doshas and bacteria must be of the same prakriti as that of the patient in order that the abnormal growth may be possible; and the conditions that are dissimilar or viprit in natural doshas or malas (morbid in character) and the bacteria cannot become harmful or take root under unsuitable conditions.

The general principle or the law of Ayurveda that governs the principle of natural prophylaxis differing in different individuals is the same as will be discussed in therapeutics later on—

“वृद्धिः समानैः सर्वेषां विपरीतैस्तु विपर्ययः ।”

(ii) Second stage or kopkal. In this stage the excessive growth or increase of the doshas is more than normal and is in such quantity that the functional changes or activities can be recognized in this altered state.

The symptoms or signs produced are of special nature included in the group known as vishaish poorvaroop. This part of the pathological process resembles the latter part of the incubation period (in the case of infectious diseases in our bodies).

The modern scientists are unable to recognize the disease process at this early stage and do anything rationally for the good of the patient. But the Ayurvedic physician can treat the patient rationally and check the further progress of the disease even in this early stage.

Nature itself is constantly doing the same duty during the period of our health. This world is full of microscopic bacteria known not only to the moderns but to the apta or the Ayurvedic authorities also as will be clear from Charak's Vimansthan (chapter VII) or Atharva Veda.

(iii) Third stage or prasarkal. The stage of extension or spread of the outgrown doshas from their natural ashayas or storing places in such quantities that more distinct signs of the abnormal activities of the visham doshas and dhatus begin to make their appearance, that is the amashaya or pakwashaya samutha disease—process originating actually in the alimentary

canal extends to other parts of the body. Under such conditions, the human body is predisposed or liable to diseases of the same prakriti or nature which stimulate or excite the further growth of these doshas in their natural ashayas (to diseases of the amashaya, e.g., vishuchika or cholera, and typhoid, that of the pakwashya).

The Ayurveda alone throws light of a scientific nature on this stage of the disease-process not at all understood or known in the other systems as yet. And that is the reason why the cases of cholera, typhoid fever, dysentery, etc., so easily yield to Ayurvedic treatment. The percentage of cure in these cases is astonishing. (I had the occasion to see these results when I worked as President of the All-India Ayurvedic Saywa-samiti in the Kumbh melas). The adoption of the Ayurvedic principles of therapeutics in cases of typhoid fevers (regarded as most fatal amongst the Europeans in India) can prove the truth of this treatment in only one year or one season.

The clinical phenomena of this stage also are included in the group of signs described or included in the roop of the disease.

(iv) Fourth stage or the sthansanshrayakal, or the stage when the local lesions of the disease-process have started inside the body in different places. This is easy to understand. The local signs and general signs of a special kind enable the physician to recognize the site and the true nature of the disease. The clinical phenomena of this stage are included in the group of signs known as roop or ling of the vyadhi. Cholera is an example of the fourth stage of Ayurvedic pathology.

The Ayurveda excels all other systems in so far as it is able to detect, locate, and describe the actual life of pathological process so scientifically that it enables their adherents and practitioners to know what the particular disease is.

This is another and the most important test of the rationality, coherence and scientific nature of the Ayurvedic Nidan.

No therapeutics can be called natural, rational or scientific unless it is guided by both the natural or normal life activities (state of resistance or vitality—see Ayupariksha) and by the unnatural or abnormal or Vishum life activities known as Vikar or disease or by the Balabal of patient or disease.

Most of the not-at-all-understood diseases of vague nature and names, of the other artificial or speculated systems of medicine, can be recognized and rationally explained and treated on the principles of Ayurveda. A few examples of these are gout, rickets, rheumatism, deficiency diseases and the neurasthenic conditions—

(v) Fifth stage or fifth Kriyakal or Vyadhidarshankal—This is the stage when disease is fully developed and is distinct enough to be recognized by the special signs and symptoms produced by the disease process. Clinically, this stage is included in Roop.

(vi) Sixth stage or sixth Kriyakal or Bhaidakal, or the stage when complications like fever, diarrhoea, dysentery, etc., have appeared and continued for sometime (Dirghakalin or chronic)—These cases mostly belong to the class of diseases curable with difficulty or incurable altogether.

The other systems owing to their imperfect and artificial characters are yet unable to explain or understand the true and radical cure known in Ayurveda as Prakritisthapana (see therapeutics) or the natural state of health that existed before the Chayakal, or first stage of the disease. They therefore, after relief of the patients (—as is true of most cases, except malaria probably), regard the cases to be cured and let them go away, actually with the disease process in a latent state, which they cannot recognize; because there is actually no scientific means yet found by their founders or adherents which can enable them to recognize the true state of health called Prakriti or Swasthasavastha. This however is well known to the Ayurvedic physician by the knowledge of certain health activities and signs mentioned below:—

“समदोषः समाग्निश्च समधातुमलक्रियः ।

प्रसन्नात्मेन्द्रियमनाः स्वस्थ इत्यभिधीयते ॥”

And for this reason only, the number of chronic patients is increasing in the world and certainly in India every day. According to Ayurveda the true pathologist alone or one who understands the whole of the disease process as it occurs in all the stages described above, can be called a true physician. He alone can render true, scientific and rational aid to the patient suitable to the stage of the disease and the times or seasons.

No modern science can deny the truth of this statement.

Nomenclature of diseases—The various classifications of the vyadhi already noted before

* See Scharngadhara Samhita for about 1,000 names of diseases and also Bshrut, Uttara samhita.

depend upon the various parts or organs of the body affected. Over a thousand and probably more diseases have been classified and named according to these principles. As the whole list cannot be given here, the marginal reference* will do.

A few more general principles of Ayurvedic diagnosis require to be mentioned. Some of these are common to both the Ayupariksha and Vyadhipariksha as have been already mentioned before. Only a brief reference will be made to these. They are helpful in determining the nature of the patient, his disease and environment, as will be clear from the references made.

before : (1) Vaya, (2) Daihbal, (3) Satwabal, (4) Sarbal, (5) Prakriti or Swabhav, (6) Agni, (7) Koshta, (8) Shabda, Sparaha, Roop, Rus, Gundha, etc., (9) Daish, (10) Ritu or Kal, (11) Satmya, (12) Vedana, (13) Dosha, (14) Prakop, (15) Yoni, (16) Atma, (17) Adhasthan, (18) Sansthan, (19) Vridhi, Sthan, Kshaya, (20) Udak, (21) Yoga, (22) Nam, (23) Anushadha or Pratikara Pravritti or Pratikara Nivritti.

(1) Vaya or age : as a rule in the young, the adult and the old, the kaph, the pitta, and the vat are naturally in excess. They are respectively according to their natural prakriti predisposed to the kaph, the pitta and the vat vyadhi or disease.

(2) Daihbal or constitution of the patient : as a rule the sthool, krisha and madhya are respectively strong and average strength and of weak constitution, according to the state of their constitution (stout, thin, lean or an average constitution).

(3) Satwabal or manbal or the state of the mind to endure suffering or pain : satwavan patients endure all suffering quietly ; the Rajoguni patients can be cheered up ; but the tamas-natured patients cannot be quieted down in any way.

(4) Sarbal ruktasar, mansar, etc., have been already noted above in Ayupariksha. The patients are either Balvan, Madhyabal and Alpabal according to the amounts of sar existing within their bodies and tissues.

(5) Prakriti ; refer Ayupariksha for the various types of men according to their prakritis, e.g., vatal, pittal, slaishmal, etc.

(6) Agni or digestive power : it is of four kinds—Samagni, when the vat, pitta, and kaph are all in normal states ; Visham agni or perverted appetite, tikshna or powerful digestion or sharp appetite, and mandagni or weak appetite or digestion are met with as a rule, in the abnormal state of the vat, pitta, and kaph respectively. The point impressed here is that the abnormal states of the agni predispose or precede the vata], pitta] and kapha] diseases. The agni is the functional activity of the pitta.

(7) Koshta or the abdomen : the vatal, pittal and slaishmal koshta are respectively kroor, mridu, and madhya—highly constipated state of bowels, normal state of bowels or loose state of the bowels.

(8) Shabda, sparaha, roop, etc., refer to the signs of ill-omen or the Vikrit state of the functions of the sense organs, and a change in the physical features of the ear, nose, eyes, etc., as determined by physical examination of the physician.

(9) Daish or country and body of the patient : the three kinds of countries known as (1) Anupdaish or the country in which kaph and vat diseases are naturally more common ; (2) jangal-daish or the country in which vat, pitta diseases are naturally more common ; and (3) the Sadharandaish or the country where the vat, pitta and kaph malas are usually in the normal conditions or the country is Sammalyukta country. The body of the patient is known as Aturdaish or Daiha-bhumi including its various parts or regions such as the head and neck, the extremities, the abdomen and thorax, etc. ; Daish-bhumi or the structure of the earth of various countries act differently on the vat, pitta and kaph of the patients by variations arising in the structure or composition of the vegetable, mineral products, etc., of those lands. Refer to Drabyas in discussion of vat, pitta and kaph.

(10) Kal or Ritu or the seasons, the age of the patients, the stages of the diseases or Rogavashtha ; refer to Ayupariksha ; the different stages of digestion and the different parts of the day and night ; the state of vat, pitta, and kaph both with regard to their quantities and functional activities, are naturally in excessive state in the latter part, the middle part and the first or early part of the Ayu or life, the day, the night (reverse occurs at night) and the digestive period. Similarly the vat, pitta and kaph are naturally increased in the Basantkal, Grishmakal and varshakal (winter, summer and rains) respectively. Refer to the discussion of vat, pitta and kaph for elaborate description.

(11) Satmya or anything that is wholesome to the patient's prakriti. Satmya means the same as Upahaya or prakriti-bhayshaj. It includes all hygienic or natural remedies and diet, such as Deish-satmya, Kal-satmya, Jati-satmya, Ritu-satmya, Vyayam-satmya, Rog-satmya, Udak-satmya, Diva-swapna, Rus-satmya, etc., i.e., suitable or wholesome nature of the country, seasons, profession, exercise, water, rest, or sleep during the day, diet, etc., that are favourable to the patient.

(12) Vedana or the complaint, etc., as pain, tympanites, burning, etc. ; these complaints, for example, in the case of various kinds of disease may be vatic, paittik and shaishmik according to the nature of the vyadhi.

(13) Dosha or the vat, pitta and kaph whose visham or vikrit state alone is the cause of all diseases. Refer to the discussion of the Vat, Pitta and Kaph Siddhant.

(14) Prakop or the causes that lead to the Prakupit or abnormal state of the vat, pitta and kaph. Refer to the discussion of vat, pitta and kaph.

(15) Yoni, or the nature of the patient and the disease. Dhatu-vishamta is an example of the Yoni diseases. Shudhasatwa, rajas and tamas, satwas are examples of the four kinds of Yoni. The knowledge of these is quite necessary in the treatment of the patients—the various Yonis (e.g. Brahmya, Matsya, Gandharva, etc., or Satvic, Tamasic, etc.).

(16) *Doshya* or the various tissues or *Dhatoos* such as *Ras*, *Rakta*, *Manas*, *Mada*, etc., as also *malas* are known as *Doshyas*, because they can be rendered *Dushit* by the *vat*, *pitta* and *kaph* in *Vikrit* states.

(17) *Atma* or the nature of the disease: thus *vatta*], *pitta*] and *kapha*]; *Adhyatmik*, *Adhibhoutik* or *Adhidaivik*.

(18) *Adhisthan*—*Sharir* or man, i.e., physical or mental.

(19) *Sansthan* or the site of the lesion or disease in the various *Dhatoos*, or *Indriyani* or organs and *Malashayas*. Refer to *Sthansanshraya* stage of the disease under *Samprapti*.

(20) *Vridhi*, *sthan*, *kshaya*; or the three chief modes of extensions of the disease or the pathological process of the three *doshas*.

(21) *Udark* or the future or end of the disease; see the end of the different stages of the disease described under *Samprapti*.

(22) (a) *Yog* or the four kinds of *Yog* in which the *Kal*, *Artha*, and *Karma* can influence the states of the three *doshas* or *vat*, *pitta* and *kaph*. The four *Yogas* are the *Samyak-yog*, *Hin-yog*, *Mithya-yog* and *Ati-yog*. Refer the discussion of *vat*, *pitta*, and *kaph*.

(b) *Vyadhi-bal* or virulence of disease.

(23) *Nam* or the name of the disease. In cases where the name of the disease cannot be ascertained, the disease is named after the nature of the *doshas* involved; about one thousand diseases have been described in *Ayurveda*. All cannot be mentioned there. (Refer Chapter VII and Part I of the *Sharangdhara Sanhita*. Refer also *Uttar Tantra* of the *Sushruta Sanhita*).

(24) *Aushadha* or *Pratikara Pravritti* and *Pratikara Nivritti* or the indications and the contra-indications of the diseases. That is what should be used and what should be avoided in the treatment of a case.

This is known also as the *Upahya Anupahya* of the patients. It is already explained.

THE METHODS OF THE AYURVEDIC DIAGNOSIS.

There are three scientific methods of diagnosing—

- (1) The *Apta*.
- (2) The *Anuman*.
- (3) The *Pratyaksha*.

The first is meant for the new disciples of *Ayurveda*. The latter without the aid of *Apta*, can never make use of the signs and symptoms elicited by the aid of the other two methods, either for the determination of the *rog* or disease or selection of the proper *Therapeutics* in the particular case, according to the *Ayurvedic* principles of diagnosis or *Therapeutics*. It is important to note that the drugs of the known properties (e.g., purgatives of different kinds) cannot be demonstrated to be so useful on the principles of other systems as on the *Ayurvedic* principles. An example of this will make the point clear. It has been explained under *Koshtha* that the state of bowels is naturally of different kinds in the individuals of the various *Prakritis*. Every case is not suitable for the use of castor oil or epsom salt. The unscientific use of purgatives in different individuals of different natures in different stages of the diseases and in different seasons of the years is altogether irrational; the cause and the effects produced are either ineffective or more or less than what are aimed at. The irregular use of the purgatives by the patients themselves or their doctors, is the cause of many serious diseases of the abdominal organs, the lungs, and the nervous system. Many chronic diseases produced are kept up in this way.

Note.—The knowledge of the effects of purgatives and that of the *Koshtha* is the peculiarity of *Ayurveda* and is not met with in the foreign systems of medicine. *The Ayurveda excels all others in this respect.* It is to be remembered in this connexion that the effects of the three *Doshas* or the *vat*, *pitta* and *kaph* guide the use of purgatives and other medicines also. The seasons, the age of the patients, the state of the *Agni*, the nature of the country, etc., are also to be borne in mind in the use of purgatives produced in lands of different geological formations and of different, atmospheric conditions. This kind of knowledge, correct and scientific in nature, is called *Apta* depending upon the experience of experts or authorities in their subjects. In the same way, the previous knowledge of the principles and methods of diagnosis is absolutely necessary for the further investigation of the diseases by the other two methods which are only available for the scientific people only, namely, the *anuman* (or the deductive and inductive methods or interrogation) and the third or the *Pratyaksha* for the physical examination by the physician himself).

These methods, to all intents and purposes are, according to the principles of *Ayurveda*, quite enough for the practical purposes of the *Ayurvedic* practitioners.

The principal methods used for the investigation and determination of the nature of the disease are—

- (i) The *apta* or the correct scientific knowledge.
- (ii) The *anuman* or the facts and signs and symptoms of diseases as elicited from the patients by means of the *prashna* or interrogation. That is the knowledge about the disease as inferred or ascertained by the deductive and inductive methods. This is liable to be erroneous in the case of the malingerers and those who are intoxicated or insane.
- (iii) The *pratyaksha* or the facts or signs and symptoms elicited or discovered by the physician's physical examinations of the patient's organs or parts of the body.

The value of this mode of examination evidently depends upon the kind of the apta or lectures of the experts that the physician learnt from his gurus and upon the amount of the knowledge of the same and his own experience.

The second and the third methods are recommended for the use of the Ayurvedic scientists or practitioners.

It is impossible to deal with these methods in detail. And hence, I shall only refer to the various aspects of the methods and the signs and symptoms of the diseases and other factors in connexion with patient's disease, only very briefly. The main object of the whole is to show the rational and scientific character of the methods.

The various methods will be dealt with in the following order:—

I. The interrogation or prashna.

II. The physical examination or darshan, sparshan, avhighat and saravan, and ohran.

I. The Prashna—Interrogation or examination by means of question put to the patient for the investigation of the following points or factors for the determination of the nature of the patient and his surroundings, etc. (a) Daish, (b) Kal, (c) Jati, (d) Satyma, (e) Atank Samutpatti or the cause of the onset or origin of disease, (f) Vedana, (g) Bal, (h) Jatharagni or the state of digestion, (i) Vat or the state of the adho vayu or winds, e.g., absence or presence of the passage of winds from the colon and rectum or adho vayu pravritti or appravritti; e.g., in the case of Baddha-gudodar or intestinal obstruction, there is absolute constipation or Appravritti of the adho vayu or mal, (j) the pravritti or appravritti of mootra or urine, (k) pravritti or appravritti of purisha or faeces, (l) state of the ruj or menses, pravritti or appravritti of menses, e.g., in the Artav Nashta; or after menopause, there is total appravritti or stoppage of the menses. In the same way, answers to the leading questions put to the patient by the physician can help the physician in eliciting information about patient's other organs also and his environments and conditions, etc. A few more examples will make this clear. For example the state of the Mun or the Satwa, Ruj and Tama Gunas of the mind can be determined by vigyan, Krodha, Shok, Dhairya, Maidha, etc. The conditions of the tissues by the state of Saras and the age, the Satmya, etc., the obscure signs and symptoms of the disease can be determined by means of Upshaya and Anupshaya. The state of the doshas and the praman of the Ayu can all be ascertained by means of prashna.

In short, according to Ayurveda, the physician evidently does not need the elaborate, expensive laboratory methods for prognostic and diagnostic purposes. If the modern diagnostic methods be analysed and reviewed, one will have to confess that we are really not helped to the same extent in the treatment of diseases also. In the earlier or chronic cases, a true Ayurvedic physician can always recognize the diseases easily and always help his patient; because his diagnostic means are natural as well as scientific and his remedies are not necessarily those prepared or manufactured by expensive methods, but all the most simple means, such as Chaista (or physical and mental activities) or Karma, Indrayarth, and Kal, Daish, and other environments of the patient all scientifically adapted to the nature of the patient.

In this respect, the Science of Ayurveda differs from all others, and occupies superior and unique position as regards its natural, easy and rational means of determining the true nature of the disease, which is not at all as yet understood thoroughly by other systems.

II. The Pratyaksha (physical methods) are—

- (1) Inspection or examination by eyes.
- (2) Palpation by hands.
- (3) Percussion or Avighat Pariksha,
- (4) Auscultation by ears.
- (5) The examination of the Ruses by means of the lower animals.
- (6) Examination by means of the nose of the various kinds of smells.
- (7) By means of certain practical tests which are included in the above methods:
 - (a) The Nadi Pariksha or the palpation of the pulse.
 - (b) The Jivha Pariksha or the examination of the tongue.
 - (c) The Naitra Pariksha or the examination of the eyes.
 - (d) The Shonit Pariksha or the test of the blood.
 - (e) Artava Pariksha or the test of the menstrual blood.
 - (f) The Shukra Pariksha or the examination of the Shukra or semen.
 - (g) The Mootra Pariksha or the testing of urine.
 - (h) The Mal Pariksha or the examination of the mal or faeces.
 - (i) The Vaman Pariksha or the testing of the vomit.
 - (j) The examination of the pus or puya.
 - (k) The examination of the other excretas, for example of the skin, eyes, nose, ears, etc.
 - (l) The examination of the krimi or bacteria.

Most of these practical clinical tests require the use of one or more of the general physical methods as already mentioned above. They depend upon the observation of the signs of the vikrit or abnormal states of the three doshas—vat, pitta or kaph alone or on their dwandwaj, and sannipataj character. According to Ayurvedic principles there is really no necessity for the

more elaborate and expensive laboratory methods of the modern days. Though these latter methods enable the physician to learn more about the non-essential or accessory factors or signs of the disease they leave the physician quite in the dark, as to the exact nature of the disease inside the body, which alone can be really beneficial from a therapeutical point of view. *This important point is to be noted and borne in mind by all those who are desirous of not straying away from the natural, essential and right path in search of the artificial accessories to which there can be no limit.* The latter kind of observation are mostly the results of the glittering, up-to-date business-like fashions of the foreign countries.

The simple natural signs of the abnormal activities of the Vikrit states of the doshas can be fairly, accurately and easily distinguished and can be interpreted to enable the physician to know the Yoni and Atma of the doshas or the doshakop or the exact nature of the disease and the probable course and termination of the disease. All these findings, though simpler to look at, are useful in pointing out to the physician the therapeutical indications and contra-indications of a case. Truly speaking, nothing more is desired from the scientific point of view. All these methods are simple, rational and natural enough.

Only a few examples of each of the methods will be given to show the application of the observation made by those methods for therapeutical purposes in the treatment of the Vikrit doshas or other dhatus and organs. The Ayurvedic physicians, as has been already remarked, interpreted the observations in the light of the *Tridosha Sidhant* of *Nidan* or the general law of the causation of the diseases, according to Ayurveda; i.e., whether the disease is vataj, pittaj, kaphaj, dwandwaj, or sannipataj in character; whether these visham doshas exist in their natural ashayas or places or have extended to the other dhatus and malas and organs of the body; and whether the diseases are sadhya or curable and asadhya or incurable; and so on—

(1) Examination or observations by darshan or eyes (inspection) the physician should inspect all the signs or factors in or outside the patient (as already shown in Ayupariksha); e.g., unnatural or Vikrit Varna or colour of the skin, eyes, tongue, etc., the physical features of the ear, nose, eyes, etc., in the state of disease; abnormal functional activities of the Vikrit Vayu, e.g., convulsions, etc., or special kind of attitude of the body; colour of the malas such as urine, faeces, Artava or menstrual blood, pus, etc.; state of the constitution such as sthool, krishta, or madhya sharir; state of sharir as regards measurement, height, etc., called sharir praman indicative of the various Prakrits, Saras, Jatis, Nations, Yoni, etc.; and everything else that would help the physician in the determination of the general state of the patient or the natural resistance of the patient.

(2) (a) By sparsha or the use of hands or *palpation* or the use of the pressure or touch sense. See Ayupariksha for the Vikrit state of the sparsh sense of the patient. The abnormal state of Shita, Ushna, Shlakshna, Karkasha, Mridutwa, Kathin, Showtha can be determined by the hands of the physician. Liver and spleen can also be palpated for noting the enlargement.

(b) By abhigat or *percussion*. It is used by the use of hands in a special way. It is used to examine Udar Adhman and Jalodar or Ascites and Tympanitis.

(3) Examination by ears or *ascultation* used for noting such things as Antra-Koojan Sandhisphotan, rattling of the throat on account of kaph, etc., and anything else that can be discovered by means of the ears and is helpful to the physician in the diagnosis of the disease.

(4) Examination by means of taste organ of the lower animals such as the sugar test in urine, pitta in blood, etc., by means of the lower animals or insects.

(5) By means of smell of the excretions or malas such as urine, pus, etc., most of the Gundha of the malas are of the Vikrit nature. Certain special tests noted above are—

(a) The Nadi Pariksha or the feeling of the pulse: As already noted, the simple natural signs of the abnormal activities of the Vikrit states of the doshas can be fairly, accurately and easily distinguished and interpreted by the physician for the determination of the exact nature of the disease. But the diagnosis of the diseases by means of the pulse is not so easy and requires great skill and experience before it can be of any real value to the physician. The part of Ayurveda is so important that it has been described as a separate science and is called Nadi Vigyan. It was mostly taught by the specialiste of the subject (the Gurus) to their disciples. Men of some experience alone could understand the various factors in regard to the pulse, which will be only very briefly referred to here. This is the reason why the subject of pulse is not included in all the books generally. Sharangdhar, which is a sort of index and aids to the Ayurvedic system as a whole, does describe it. It is older than Baghbhatta. The various other authors of the subject can be counted such as Ravan, Nagarajun, Bhav Prakash, etc. Among the most ancient experts, personages like a Shiva, Kanad and many others can be mentioned. These have made this subject or art easy enough for their disciples.

The palpation of the pulse, though only one of the above five pratyakaha or physical methods, has been described as a special method—

(i) Object of the palpation or feeling of the pulse for prognosis and diagnosis. In both the Dhamni Sphurun or pulsation was made the object of study or observation. The Sam or Visham states of the three doshas, namely, vat, pitta and kaph were primarily looked for and variations in their natural character noted.

(ii) Method of feeling the pulse : the patient as a rule is to sit in front of the physician or remain lying in bed. The pulse selected for observation is the *Prakoshthaya Nadi* or the radial pulse. It is regarded to be the *Jivashakshi Nadi* or the standard of the approximate life activity. It is to be remembered that the heart according to Ayurveda is the *Chaitanya Sthan* or the principal place of the Jiva ; and hence the pulse gives information about the state of the Jiva or heart and other doshas. The next rule is to begin with, and examine the right or the left pulse according as the patient is a male or female. This custom, at present, has degenerated and is like the sign used as a prefix to all prescriptions of the modern scientists. Originally this method was based upon the knowledge and position of the *Koorma Chakra*, one of the plexuses of probably the sympathetic or autonomic system of the modern physiologists, who really know very little about the system at present. The Ayurvedic authorities describe its two different positions in the male and female which gives rise to the two different methods of examining the radial pulse.

The various characters of the pulse in health and disease communicate to the fingers of the experienced physician the signs of health or disease in the same way as the wires of a violin communicate the different notes to the musical player's hands and ears. The truth of this statement can be imagined by men of some experience alone. The difficulty of the method is acknowledged even by the foreign authorities of this art.

To feel the pulse, the physician sitting in front of the patient supports the elbow of the patient with his left hand and places the three fingers of the right hand on the radial pulse closely together a finger's breadth away from the base of the thumb. As a rule the index finger is placed next the thumb, the middle finger between index and ring fingers, which is placed next to the elbow-joint, or away from thumb. The ring finger is called *Anamika*. Very often, three parts of the pulse have been described after the names of these fingers and it is therefore necessary to remember their names and the places examined by them.

The three parts of the Nadi or *Dhamni Sphuran* or pulsation are described as the *Vat Nadi*, *Pitta Nadi* and the *Kaph Nadi*. (Cf. the three parts of a normal Sphygmographic tracings)—

(i) the upstroke, (ii) the notch or the tidal wave and (iii) the downstroke—

The point worthy of note in Ayurveda is the recognition of the three parts and many other important characters in ancient time and their use for the objects stated above, when no modern instruments existed. Many Ayurvedic physicians' hands are better than the instruments of the above nature needed for determining the pulse waves and pulse pressures, because they can, in addition to these, describe the exact nature of the disease and signs and symptoms of the diseases correct to an astonishing degree, which is impossible by any instruments. These signs and symptoms or characters of the pulse depended upon the variations of the *vat*, *pitta*, and *kaph* or the three doshas.

The healthy pulse is called *sama nadi* and the unhealthy pulse is called *visham nadi*.

The different methods of feeling the pulse are—

- (i) *Sparsha* (or touch) ;
- (ii) *Piran* (or pressing) ;
- (iii) *Aghata* ; and
- (iv) *Mardan* (or rolling beneath the fingers).

It will be clear from the above methods that most valuable information can be gained with regard to the rate, rhythm, strength, tension, volume, and state of the vessel wall, and other character of the pulse waves, and besides these, certain other important factors about the heart and other organs of the body can also be determined. These observations along with those collected by other methods, if used and interpreted correctly, give sufficient information about the doshas. The factors of the above type are such as—

- (1) *Manda* or *Tibra* or *Vaigvati* (Cf. rate of the pulse).
- (2) *Sama* or *Vishama* (Cf. Rhythm and strength, etc.).
- (3) *Sukahma* or *Sthool* (Cf. Vol. of the pulse, small or large).
- (4) Temperature (*Shita* or *Ushna*).
- (5) *Gurvi* and *Laghwi* (Cf. high and low tension of the pulse).
- (6) *Sthira* or *Chapla* (Cf. distinct or indistinct pulse).
- (7) *Tantusama*, *Mritsarpasama*. These give information about the state of the vessel wall.
- (8) *Mansbridhi* (Cf. Arteriosclerosis).
- (9) *Swasthana* or *Sthan-Vichyut* pulse palpable in the normal site or elsewhere.

This part of Ayurvedic *Pariksha* is really very important and cannot be dealt with in detail. It supersedes all other systems. Its use and practice are so difficult that it cannot be appreciated by men of average intellect or common experience. It requires special training and repeated practice before it can be of any value even to the Ayurvedic physician.

The difficulty and importance of this art as noted above are recognized also by the greatest foreign authority. (Refer Study of the pulse by Mackenzie.)

"With careful tuition, the trained finger can undoubtedly become a most sensitive instrument. By constant practice and study, each physician makes for himself a hundred of arterial pressure, which he recognizes as normal."

The reason why vat stands first, pitta second, the kapha last on the pulse wave, can be understood by those who understand the process of Ayurvedic Embryology or development of Nadi and Srotas, and also the physical properties of the Panchabhutatmik Dravyas.

Uses of the Nadi; sadhya and asadhya characters of the pulse depending upon the involvement of one, two or all of the three doshas, and also on the other characters or variations of the normal pulse depending upon the state of the doshas, dhatoos and malas.

(b) The Jivha Pariksha or the examination of the tongue: The various physical characters of the tongue which enable the physician distinguish the vat, pitta or kaph kop are its colour, its appearance as dried, cracked, etc., and so on.

(c) The Naitra Pariksha or the examination of the eyes and the examination of the teeth and lips also: The colour, the character of the discharges, photophobia (its presence or absence), the signs of daha or inflammation, etc., and other unnatural physical states of the eyes—such as sunken states of the eyes, staring and squinted looks, etc., enable physician to recognize vat, pitta and kapha diseases and also their curable or incurable nature of the disease.

(d) The Shonit Pariksha: The various characters of the pure and normal blood and the Dushit for abnormal blood described in the books enable the physician to diagnose the blood diseases and differentiate the Jivashonit and the Rukta-Pitta, i.e., whether the blood appears with vomit or is taken from the veins. The vataj, pittaaj, and kaphaj diseases give rise to different physical characters which enable the physician to recognize them. The curable and incurable nature of the diseases is also known by their help.

(e) Artava Pariksha or menstrual blood: Shudha Artava or Dushit Artava (normal and abnormal) were recognized by means of certain physical and chemical characters. These help the physician to understand the nature of the Doshas at fault.

(f) Shukra Pariksha or the examination of the seminal discharge: The physical and the chemical characters of the various kinds of Shukra (normal or diseased states) such as Shudha Shukra or Dushit Shukra enable the physician to recognize the doshas in a Vikrit state and also understand the sadhya or asadhya nature of the condition.

(g) Mutra Pariksha or the testing of urine: The various physical and chemical characters of the normal urine of men or women (married or unmarried) refer to the reaction of the urine and specific gravity (as Laghu and Guru) and colour, consistency, taste or presence of other abnormal substances as blood (fat, bone-marrow, etc). The variations in the normal conditions and characters of urine enable the physician to diagnose the doshas in diseases and discover other abnormal substances excreted along with the urine and originating in the various parts of the body, and also understand the curable and incurable nature of the various diseases.

Nagarajun's test for urine: This test is a very famous one discovered by Sidha Nagarajun for the determination of the prognosis of diseases in general, by means of the test of urine conducted in a special way with the help of an oil drop which acts as urinometer primarily. The other characters such as the spreading of the oil drop on the surface of the urine are said to indicate also the curability or incurability of the disease.

A few examples of urinary disorders of which the physical characters are described in the texts are given below as special names have been given to those conditions like those of the modern scientific men.

Examples of Pramaiha are—

- (i) Udakmeha (Cf. Polyuria).
- (ii) Kandaikshurasmeha (Cf. Glycosuria).
- (iii) Sandrameha (Cf. Albuminuria).
- (iv) Sandraprasadmeha.
- (v) Suklameha (Cf. Chyluria).
- (vi) Shukrameha (Cf. Spermatorrhœa).
- (vii) Ksharmeha (Cf. excessive acidity of urine).
- (viii) Kalmeha (Cf. Met-hæmoglobinuria).
- (ix) Neelmeha (Cf. Hæmaturia).
- (x) Ruktameha (Cf. Hæmaglobinuria).
- (xi) Manjishtameha (Cf. Hæmohoporphyrinuria).
- (xii) Majjameha (Cf. Marrow in the urine).
- (xiii) Vasameha or fat in the urine.
- (xiv) Madhumeha (Cf. Diabetes mellitus).
- (xv) Sikatameha or gravels in urine.
- (xvi) Alalmeha (Cf. Mucus in urine).

Examples of other diseases that can be diagnosed by examination of urine are such as :— vasti kundal, ushna vat, vir-vighat, mootra kricha, etc.

(h) Mal Pariksha or the examination of the fæces: Diseases like Amatisar, Vatatisar, Pittatisar, Kaphatisar, Baktatisar, etc., and other similar diseases also can be diagnosed by the physical characters altered according to the doshas at fault.

(i) Vaman Pariksha or examination of the omitted matter, for the diagnosis of the ruktapitta or diseases of the Amashaya.

(j) Sravapariksha or the examination of discharges from ulcers, etc., of the various dhatus and organs of the body, could be recognized and can be used to diagnose the sites of the diseases.

(k) Examination of the malas of other organs or parts—as Swed, Netramal, Karnamal, etc.

(l) The examination of the krimi: Various kinds of krimi or bacteria giving rise to diseases in men and naturally found either in the external parts of the body or inside the body, e.g., in purisha or in the malashaya; slaishama or kapha or in the kaphashaya. The krimi of yakshama or consumption is an example of the slaishmaj krimi. The krimi of Kushta or leprosy is an example of the rukta of blood group of krimi. Similar examples of various other krimis too small to be visible to the naked eye have been described and their various names and physical characters, etc., have been described.

NOTE.—It is not quite clear from the text where these various microscopic krimis have been described, how these were discovered and studied. The science of yog alone can explain this method of study as will be apparent from the reference.

Investigation of Epidemics and Adoption of General—Prophylactic Measures and Remedies.—The nature and causation of epidemics and pandemics were fully understood and recognized by the Ayurvedic physician of ancient days. They attributed these to adharma or evil karmas which lead to the vitiation of the atmosphere, water, kal, and other general conditions of the different countries in which they happen to occur. The reader anxious to know about the measures or means suggested to be adopted during such periods can refer to the text books.

The Principles and Methods of Ayurvedic Treatment.—Only a brief review of these is possible in this place. It will show the scientific, rational and natural character of the therapeutical principles and methods of Ayurveda.

Before reviewing the principles themselves, it is necessary to know a little about the Ayurvedic treatment itself, its aims and essential adjuncts.

The Ayurvedic therapeutics is the Prakriti Sthapana or the restoration of the natural or Avikrit state of the doshas, dhatus (tissues) and malas or natural excreta.

1. Its natural divisions are two: Ojaskar or the treatment to maintain health of the healthy persons. It is Rasayan or Vajikaran.

2. Rognashak for the treatment of the diseases.

The Chatushpada or the four essentials of Ayurvedic therapeutics are—

(1) A noble learned, practical, dexterous, and a certificated physician who understands all about the causes, signs, symptoms and the rationale of treatment, and can do surgical work as well.

(2) A faithful patient who carries out the instructions of the physician.

(3) The tested and effective remedies of drugs pure and unadulterated.

(4) An obedient and intelligent attendant.

The practical divisions of therapeutics according to indications are three: (1) The Daiyapath or the divine method or path based upon the principle of karma and is usually employed in karmaj diseases. It includes treatment conducted by means of mantras or prayers, tirth-agaman or pilgrimage, charity, penance, fasting, etc., (2) yuktipath or the rational method or path based upon the principle of reason or rationality, where the relation of cause to the effect, or disease and the treatment can be established and explained. This is the common and general line of treatment that is adopted and recommended by most of the Ayurvedic authorities, as will be evident from the following discussion of the methods and the principles. This is based upon the law of the three doshas or tridosha sidhanta of vat, pitta and kaph, which has been proved to cause all pathological disorders and give rise to physical phenomena or clinical symptoms and which explains the rationale of all the therapeutical drugs, diet, special measures of pancha karma, general measures whether medical or surgical, the use of a particular climate country and any other thing that can be used as a remedy. Apparently, there could be no more rational procedure or principle of treatment than the above, as it includes both medical and surgical measures, provided they are suited or congenial to the patient and indicated by his disease and nature or prakriti. This principle was put into use for the purification of the ovarian and testicular excretions or secretions in the would-be parents, and was also used during pregnancy to produce a child of good and healthy prakriti.

This sort of treatment was thus commenced and used even in the state of health of the parents to produce an indirect effect upon the prakriti of the offspring.

It was used during pregnancy to prevent the onset of most of the congenital defects. Afterwards suitable diet and environments were used to maintain the state of health till death.

3. Satwayajaya or the avoidance of all anupashaya or harmful drabyas by control of the manas.

The Principles of Ayurvedic Treatment.—They will be discussed below very briefly.

The general law or principle translated in English would be somewhat as follows :—

(1) All dhatus are increased by similars (or Synergetics) and decreased by the reverse (or Antagonists). The original text is as follows :—

“वृद्धिः समानैः सर्वेषां विपरीतस्तु विपर्ययेः ।”

(2) The rational treatment or Yukti-Yukta principle of treatment is the use of the remedy contrary to the cause, or contrary to the Vyadhi (disease or the actual pathological processes) or contrary to both. In short upahaya, contrary of anupahaya, is the rational remedy.

The original text is this :—

“हेतुव्याधिविपर्यस्त विपर्यस्तार्थकारिणाम् ।

औषधान्नविहाराणां उपयोगं सुखावहम् ॥

To enable the reader to understand the above principles a brief comment is necessary.

The disease in Ayurveda as explained before is only the abnormal conditions of quality and quantity of the doshas of the body, dhatus of the body, and malas.

The disease is only a state of excess or deficiency of the Doshas or Dhatus or Malas already discussed before. If in health those Drabyas which are known to produce an increase in the Doshas are taken in larger quantities, the Doshas increase in quantities and their functions are also increased ; if, on the other hand, such Drabyas which lead to their reductions after digestion are taken, a state of deficiency occurs in time. If the substances which leave more of waste matter or Kitta of the food are taken an increase in the quantities of the natural excreta also occurs.

The Drabyas of the Apatarapana class lead to the decrease of the body ; and those of the Santarapana class lead to the increase of weight of the body.

These Drabyas when used by the mouth produce different effects by means of—

- (1) their Rusas,
- (2) by the various Viryas or active principles,
- (3) the different qualities or properties of their Vipaka or the digested substances after absorption, and
- (4) by their special properties or Prabhava.

Although it is unnecessary to repeat what has been already discussed before, I do so to make it easier for the reader to understand the discussion without referring to the subject in other places.

The various classes of the Drabyas used as drugs on the above principles of Rus, Virya, etc., are—

(1) Shatruvarg : Some of these groups are known to increase and some to decrease the quantities of Vat, Pitta, and Kaph. If, in treatment of disease due to excessive states of the certain Doshas in persons of the same Prakritis, that group or groups of substances are employed which in health are known to stimulate the productions of those Doshas or Dhatus, then a further increase is sure to follow according to first principle of the therapeutics stated above. If, on the other hand, the Drabyas of those classes are used which lead to deficiency of the same Doshas, then their use in disease of the excessive states of the Doshas will lead to the reduction of their quantities, and consequently of their actions in diseased states. This effect is in accordance with the second part of the first law or principle and in accordance with the second principle. A few examples of the Viryas of the drugs used in the treatment of diseases are mentioned here to explain the general law of therapeutics. Thus, in diseases arising from the effects of Shit-Virya of a Drabya, the use of a Drabya of a similar property will lead to the increase of the diseased state by producing a greater action or effect ; the use of the Ushna-Virya drug, on the other hand, will produce a contrary effect by reducing the Doshas. Examples of such drugs of opposite properties are Ruksha and Snigdha.

Examples of Prabhav are very commonly seen in the case of the groups of poisonous drugs. This knowledge is utilized according to the above principle in certain diseases in the following manner, in the treatment of cases of insanity produced by strong wines, the wines in weaker doses where the effects of the Rus, Virya and Vipaka of the wines is not made use of or neglected by the diluted or weaker doses, a contrary effect or Prabhav is produced by the special toxic effect or Prabhav of the drug ; this contrary effect of Prabhav is the Viparitarth-kari effect of the same active or toxic drug.

Examples of the Drabyas producing alterations in the quantities of the Dhatus can be observed in the case of the Santarpan and Apatarpan class of Drabyas ; thus, the use of milk which contains fat will lead to the increase of the fatty-tissue of the body. The stoppage of all fats from our food will lead to a reduction of the above tissue.

All these Drabyas under their abnormal conditions of Hin-Yog, Mithya-Yog or Ayog and Ati-Yog, as has been already explained under Aetiology, give rise to various diseases. The drugs also can be used in the above three ways according as the effect or action of the drug is desired in a particular case.

By the way, it would not be out of place to mention that the principle of the Homeopathy is the Viparitarthkari principle of the above law, and the mode of administration of the drug is according to the principle of Hin-Yog which is the opposite of the Ati-Yog of the same drug. This is said to be useful in the case of poisonous drugs (Charak).

In the use of drugs or diet, the physicians must remember the effects of the various kinds of Virodhi Drabyas or incompatibles, as these are likely to produce injurious or undesirable effects. According to the above principle, the knowledge of the Drabyas of opposite kinds of actions, of their different Rusas, of opposite kinds of Viryas or Vipakas and Prabhavas, is absolutely necessary to avoid undesirable results by the irregular use of the drugs regardless of such effects on persons of various Prakritis.

A few more principles of general use are given below to show the rational and scientific character of the principles of Ayurveda.

As they are of practical importance in connexion with the special medical measures or methods, the practitioners of Ayurveda bear them constantly in mind while treating a case. They particularly refer to the indications and contra-indications of a case, the proper time for the use of a drug or a method, the preliminaries or preparation of the patient for a particular Karma or method of the Tarpan or Ap-tarpan class, or the Shastrakriya or any of the therapeutical measures whether medicinal, dietetic, or hygienic, or climatic or seasonal, and any other remedy that may be employed as such.

1. All therapeutics should be employed according to the stages of the diseases or Kirya-Kals. Five Kirya-kals indicating the use of a special Karma or method are known.

2. All therapeutical measures are to be used only in those cases where they are indicated and not employed in the cases where they are not indicated. Indications and contra-indications of each Karma or method must be remembered by the practitioner.

3. All rightly applied measures produce distinct signs and symptoms of success of the measures. The signs of each Karma are to be remembered. The Samyak or Samyog of a Karma are to be remembered.

4. All therapeutical measures can be wrongly or improperly applied in only three possible ways :

Hinayog, Atiyog and Mithyayog (less than proper, reverse of proper, more than proper).

Diseases or complications are produced by erroneous applications of the methods and can be recognized by distinct signs and systems produced in the patients.

5. All patients restored to the Prakritistha state must be advised to remember their Hita and Ahita or Upashay and Un-Upshay, at the time of discharge from the Pancha-Karma Griha and Kuti (Ayurvedic Hospital and Sanatorium).

6. In all cases during the case-taking, the following important points are gone through in each case for selection of the proper remedies to suit a case :—

(i). Ayu-Pariksha (prognostic consideration).

(ii) Vyadhi Pariksha (diagnostic considerations).

In case the patient has Ayus, the following further points are considered :—

(a) Vyadhi Vikalp (Vataj, Pittaj or Kaphaj).

(b) Hetu-Vikalp (Hin, Mithya, and Ati-Yog of Indriyarth, Karma and Kal).

(c) Purvroop (Samanya or Vishaish).

(d) Rup.

(e) Upshaya and Un-Upshaya or Satmya and Asatmya.

(f) Samprapti.

(1) Vikalp Samprapti (Adhik, Madhyam or Hin).

(2) Pradhan-Samprapti (primary or secondary).

(3) Bal-Samprapti (Sabal or Nirbal).

(4) Kal-Samprapti.

(5) Adhishtan (Sharirik or physical, or Mansik or mental).

(g) Agni (Sum-agni, Vishum-agni, Mand-agni, Tikshna-Agni).

(h) Deha (Sadharan, Durbal, Sthool).

(i) Kosktha (Mridu, Madhya or Kroor).

(j) Kal (five krya-kals) and Ritu, etc.

(k) Kaya (young, adult or old).

(l) And other points about the Vyadhi or disease and other important points about the patient's Prakriti, suitable medicines etc.

7. All Asadhya (or incurable) but Yapyas cases are to be treated on the principles of Pathya-pathya.

8. A Bhiashak (Physician) is one who understands the six Snehadhi Kriyas ;

9. All drugs properly used are useful and wrongly used can do harm.

10. The infants should be treated carefully ; the physician's chief guides are Poorvaroop, Ling, Upahaya, Desh, Kal, etc. ; only sweet, mild, palatable and light drugs are used.

11. The diseases produced by Krimi (bacteria) are to be conducted on these principles—
- (i) Apakarshan or removal of the Krimi.
 - (ii) The prevention of the cause or Nidan-varjan. In all these cases careful treatment is required as the symptoms generally are comparatively more serious than the Dushit or Morbid state of the Dhatus.
12. The relapses of the Vyadhi is more common after the Sumahaman Karm than after the Shamshodhan karm.
13. In all cases where Panch karm fail to relieve or cure and disease recurs, the Siddha-Yog are to be employed.
14. The Yukti or rationale of the Ayurvedic therapeutics involves the comparative considerations of the nature and stages of the disease, and the action of the Drabyas with reference to their Kus-Viryavi-Pak, etc., and Deah and Kal.
15. The Upashaya is the state of health maintained by Ahar-Vihar contrary to cause of disease, contrary to disease and Vipritarth-kari.
16. The Ahar (diet) that keep up the sum-dhatuos of the body in a state of Prakriti and render the Visham ones Sam is Hit-kari or useful and the opposite of such Ahar is Ahit or harmful.
17. The treatment of the actually dying persons is not recommended.
18. In Mansik diseases, the intelligent physician should use all that is Hit and avoid Ahit of the patients.
19. All diseases of unknown origin or name should be treated according to the Doshas involved.
20. The disease is not curable always by treatment by Pathya only (i.e. Upashay) without the use of other methods described in text-books.
21. Diseases produced by errors of diet are curable by the use of proper Pathya.

There are numerous minor but equally important principles of general use like the above ones, but they need not be described here, as the few described above are enough to show the amount of care taken by the Ayurvedic physicians in the treatment of cases and also to show the rationality of the principles.

Although the following remarks are not directly connected with the above discussion, they are simply made here to show the comprehensiveness of the Ayurvedic therapeutical principles and methods and also to show the value of their scientific and rational nature :—

(1) The principles and methods of the *new art of healing* by Louis Kuhne are claimed to be the rational and comprehensive system of treatment. He believes in the disease-matter (cf. Doshas) to be the causes of the disease. His treatment for the removal of the disease-matter consists in the use of (a) various kinds of baths (cf. Bahir-parimarjan, (b) Enematas (Vastikarma), (c) special diet (cf. Pathya or Satmya-arth)

The Sitz bath (cf. Drava-Swada) is believed by the followers of the above system and was claimed by the author himself to be the cure of every disease.

(2) The principles and methods of Homeopathy are claimed by Hahnemann, the author, to be the only rational and perfect and scientific system of the healing art. Diseases of man are according to him solely spirit-like (dynamic) derangements of the spirit-like power (the vital force) that animates the human body (cf. the Satwa, the Chetan Dhatu or spirit-like force of the Jiva which is Anu-Sangyak or atomic). The pathogenetic power or the effects of drugs in altering and deranging (dynamically) the health is called the medicinal disease. This power (cf. Prabhava and Atiyog of the Drabyas) of drugs is believed to be capable of removing the natural disease by similarity (simila similibus); he administered it to the patient in simple form, and in rarified and minute doses believed to extinguish the natural disease. The "pernicious routine" of the old school of Allopathy (in the opinion of the author of Homeopathy) regarded as totally inadmissible in the honourable science of homeopathy is unfortunately, according to the Ayurvedic system, only the Vipritarth-kari principle and part of the general law No. 2, and the Viprit (opposite) treated by Viprit according to the general law No. 1, but the Hin-yog of the active or poisonous Ati-yog of the same drugs (cf. the medicinal diseases of Hahnemann who states in his Organon of Medicine, English translation by Dudgeon, Edition 1906, that the high and only mission of the physician to be the restoration of the sick to health (cf. Prakritisthapana) and virtually translates most of the Sutra Sthana of Ayurvedic system and other principles explained in Ayurveda, but does not recognize that system which he made use of by explaining to his adherents the principle of the Hin-yog and the Prabhava of drugs.

(3) The principles of old Allopathy was the contraria contraria (cf. Viprit Chikitsa) which not Ayurvedic in any way) based upon the principles of palliation and symptomatic treatment both of which are scientifically irrational. The modern school is in a state of transitional stage of progress without any general therapeutical principles for its guidance on rational lines. It is still busy in experimenting and collecting facts to approach the threshold of rationality which will evade them so long as they are not in possession of the two important factors of the therapeutics, namely what life is and what disease is. True life metabolism—and true life—

pathological process are not known as yet. The life at present is regarded in a chemical sense. The biologists cannot understand or explain why the heart of a cold-blooded animal continues to beat even after its separation from the rest of the body (a living laboratory, which supplied that heart with the necessary chemicals of the same nature, according to the modern scientists, as it did to the rest of the body). Refer to Ayurveda, which believes heart to be place of *Chaytan*, *Dhatu* or *Jiva* and also believes that the heart is supplied by the best part of our digested food or *rus*. The recognition in some places of the fact that most of our diseases are produced by errors of our food and begin in the abdomen is in favour of the *Doshaj Sidhant* or law of Ayurveda. The growing use of *Organotherapy* and an attempt to find relationship between the internal secretions and the so-called *vitamines* met within vegetables is also in favour of Ayurveda. The use of vegetables regarded mostly as indigestible substances do raise the blood pressure after digestion and is like the *adrenalin chloride* in action.

(4) Fasting cure (cf. Ayurvedic *Upvas*).

(5) *Chromopathy* (cf. *Shit-Ushna Virya* [*Rus*] through the influence of the varying sun's rays).

(6) *Countmattei's* different electricities known as white, red, green, etc. (of the production of the various *Rusas* by the effect of the sun's rays of different seasons). (For his *electro-homoeopathy* cf. *Hin Yog* and *Prabhava* of the drugs).

(7) *Respiratory exercises* (cf. *Pranayam*).

(8) *Physical exercises* (of the *Hat-yog Asanas* or exercises used for the development of the physical body not for worldly object alone but for *Yogic* purposes also).

The methods of Ayurvedic treatment.—The three general methods are—

(1) The *Deva patha*. It has been already referred to. It includes treatment by *Mantras*, etc., and the *Bhoot Chikitsa* and treatment by suggestions of the modern scientists and the *Hypnotic* treatment also.

(2) The *Yukti Path* or *Yukti-Vyapashraya*. This method is the common method of treatment of the *Ayurvedic Physicians* of the type described above. All the methods that will be referred briefly below are included in this class of treatment. This method is based upon the thorough knowledge of the disease and the drugs and methods of treatment. This sort of knowledge is made use of by the physicians only when the reasons for the treatment are clear. Therefore the process of therapeutics based upon the correct knowledge of *Hetu* (*Aetiology*) of *Vyadhi*, correct of knowledge of *Vyadhi* (the *Vikrit* or *Vishum* state of the *Doshas*, *Dhatu*s, etc., in all the stages) and the correct knowledge of *Aushadha* (the diet, the drugs, the hygienics, the influence of climate, seasons, day and night, the proper applications of the method and the principles of treatment, is rational *Yukti-Yukta* path or method.

(3) *Satwavajaya*, the avoidance of harmful *Dravyas* by controlling the *Manas*.

The chief varieties of the *Yukti-Yukta* methods are—

(1). *Antah-Parimarjan*, the removal of the *Doshas* by the use of remedies which act when given internally, that is, the treatment by internal use of drugs.

(2) *Bahir-parimarjan*, the elimination of the *Doshas* by the use of external applications of drugs or other measures.

(3) *Shashtra-pranidhan* or surgical treatment, that is, the removal of the *Shalya*, whether natural or *Sharirak* or *Agantuk* or foreign, by means of instruments (hands included), blunt or sharp.

The therapeutical methods can be grouped under the heads mentioned below:—

- | | |
|---------------------|----------------------|
| 1. <i>Snehan</i> . | 4. <i>Rookshan</i> . |
| 2. <i>Swedan</i> . | 5. <i>Stambhan</i> . |
| 3. <i>Langhan</i> . | 6. <i>Bringhan</i> . |

The three sets of *Karmas* or methods consist of two opposite methods in action and are therefore available for treatment according to the general law.

The *Snehadi Kriyas* or methods of Ayurveda.

As it is impossible to describe them in detail, I would only review the important ones to show the practical application of the general law stated above. These methods or *Kriyas* were adopted to the needs of the patient. These *Karmas* are mostly purely medical, being conducted by means of drugs or special measures without the help of instruments used in the other variety of the *Karmas* known as *Shashtra Karma*.

These medical methods or *Kryas* are—

- (1) The *Bringhan*.
- (2) The *Langhan*.

The *Langhan* means the use of the drugs or measures that produce a feeling of lightness or *Laghavata* in the body, or anything that reduces the body weight and produces a gay feeling.

The *Bringhan* means anything that produces a feeling of heaviness of the body and increase weight.

The two measures are contrary to each other and thus are available for use according to the general law of therapeutics.

The two other methods, practically the same as Bringhan and Langhan in principle and practice but described in books separately are—

- (1) The Santarpan.
- (2) The Aftarpan.

They are contrary to each other also and are applied in practice according to the general laws. The disease produced by the Santarpan Drabyas are curable by Aftarpan Karmas which will be referred to later on.

The second group, consisting of two contrary measures, are—

- (3) The Rookshan.
- (4) The Snehan.

The third group of two other and contrary methods are—

- (5) The Swedan.
- (6) The Stambhan.

They are used in practice in accordance with the general law. For full information, the text books should be consulted.

Group B.—The Samahaman and Sanshodhan kriyas or karmas—

(a) Sanshaman karmas are—

- | | | |
|--------------------------------------|--|--------------------------|
| (1) Pachan. | \| | (5) Vyayama or exercise. |
| (2) Dipan. | \| | (6) Atup. |
| (3) Kahuda-nigrah or Upvas. | \| | (7) Vayu. |
| (4) Trisbna-nigrah or Pipasa nigrah. | \| |  |

In these methods, the natural excretory organs or passages for the elimination of the Doshas were not acted upon by the drugs or measures. The proper indications and the contra-indications of each of these methods cannot be dealt with here.

(1) The shamshodhan karmas or kriyas are—

- | | | |
|---------------|--|----------------------|
| (1) Vaman. | \| | (4) Niruha or Vasti. |
| (2) Virechan. | \| | (5) Rukt-sruti. |
| (3) Nasya. | \| |  |

In these methods the Dushita Doshas and malas were eliminated through the natural excretory organs by drugs. They are as a rule preceded by the Sneahadi kriyas. In the modern days most of these karmas were not used by the Ayurvedic practitioners commonly. It has rather become obsolete. In the ancient days this treatment was usually conducted in specially constructed houses or Griha, which resemble on a modest scale a hospital of the modern times. The Drabyas of the Sneahadi class and Sunshodhanadi class have been referred to in the discussion of the Drabyas.

For the varieties of the Swedan, Virechan, Vasti and Nasya see the following pages.

The Sanshodhan karmas were used to eliminate the malas through the excretory organs by drugs or measures. The object of the preliminary use of the Snehan and Swedan kriyas is to loosen, liquify and facilitate the passage of the malas easily. It is impossible to refer to the special principles used in the application of the various varieties of these methods in the indicated cases. Illustrations will be given in the following pages to show the use of the methods in general.

For varieties (subdivisions) of the Samshodhan Kriya—collectively called Pancha Karma—see the following—

The Sunshodhan Kriyas, comprised of five special methods for eliminating the body Doshas are also known as Panchkarmas. They are—

- (1) Vaman (Emesis or vomiting).
- (2) Virechan as by purgatives, diuretics, etc.
- (3) Nasya (snuffs).
- (4) Niruha or Vasti (Douching).
- (5) Rukt-sruti or Mokshan (Venesection).

Of these Vaman is also called Urdhwa-Karma: Virechan and Vasti are often called Adhah-shodhan Karmas. The Panch-karmas belong to the method known as Antah-Parimarjan or cleansing of the inside of the body; the Bahir Parimarjan, opposite of the Antah-Parimarjan, includes the Swedan karmas.

Several kinds of the above methods have been described in the books. Some of these are mentioned for illustration and reference.

Examples of Swedan karmas (methods of perspiration with or without the application of heat are—

- | | |
|-----------------------|-------------------|
| 1. Tap-swed. | 9. Avagah-swed. |
| 2. Ushma-swed. | Jaintak-sweda. |
| 3. Hastisundika-swed. | Kuti-sweda. |
| 4. Upnaha-swed. | Bhu-sweda. |
| 5. Dravadi-swed. | Koop-sweda. |
| 6. Nadi-swed. | Kumbha-sweda. |
| 7. Sankar-swed. | Holak-sweda, etc. |
| 8. Prastar-swed. | |

The main object of the various Swedan methods is the act of hydration or liquifying the Doshas and by the continuance of the causes leading to the passage of Sweda containing the Doshas easily out of the the excretory passage of the skin.

I have often tried in my practice in several cases several of these measures described under Swedan-karma and have found them to be very useful in cases of neuralgic pains, stiff joints, stiff tendons or contractures, torticollis, etc.

Examples of various kinds of Vasti—

- (1) Rectal Vasti or Enema (Anuvasan and Asthapan).
 - (a) Dosha-har Vasti.
 - (b) Shaman Vasti.
 - (c) Lakhan Vasti.
 - (d) Madhutailak Vasti.
 - (e) Kal Vasti and various other kinds.
- (2) Uttar Vasti—Urethral and Vaginal Douche.
- (3) Netra Vasti or eye-douche.
- (4) Shiro-Vasti or special kind of leather cap to fit on to the patient's head.
- (5) Phal-barti or suppository was used for introduction into the anus.

Examples of the varieties of Nasya-karma—

- (1) Ava-Piran Nasya (juices of plants snuffed up the nose).
- (2) Pradhaman Nasya (snuffs in powder form).
- (3) Marsha Nasya (oils or oily preparations used as snuffs).

The objects of the Panch-karmas—

- (1) The Prakriti-sthapana is the chief aim.
- (2) To increase or make up the loss of the Doshas in a state of deficiency.
- (3) To reduce the quantities of the Kupit Doshas which are in a state of excess.
- (4) To bring down or restore the Kupit Doshas to their normal states.
- (5) To preserve the Sam state of those Dhatus which are in a normal state.

Of these five Karmas, Vaman and Virechan are the chief ones.

As a rule, for the treatment of the patients suffering from diseases which cannot be cured by other methods, the Pancha Karmas were indicated. These were to be used only in the properly selected cases and according to the indicated methods. Where they are used as means of restoring the debilitated persons or in special diseases of the bones, and in a systematic way, they were preceded by the Sneyhan and Swedan Karmas.

As it is impossible to describe these methods in detail, persons interested in further inquiry can refer to the Charaka Siddhi-sthan, chapter 1, sholkas 24 to 28.

As a rule, the after-Pancha-karma rules were to be observed for at least double the time that was required during the conduction of the Karmas.

The various drugs of different properties used in these methods are too many to be referred to in this place. The properties of drugs, however, require a mention. The descriptions of the drugs classified and described on the principles of Rusas (Shat-varg) are very much like the descriptions of the drugs described by the Homeopaths. In addition to these actions, the uses of these drugs in the various kinds of the Doshaj diseases are of greater importance. Thus the diseases produced by the Ati-Yog of one class can be treated by the Hin-Yog of the same class of drugs or by another class producing the opposite kinds of effects upon the Dhatus of the body.

To illustrate by an example of one of the Karmas (Vaman Karma) the amount of care that was taken in the use of methods of the Pancha Karma class, may be judged from the following chart:—

- (1) Vaman Kal (proper season and hour of the day for the conduction of this method).
- (2) Vaman Yogya Rogi (used only in cases where it was indicated),
- (3) Vaman-ayogya Rogi (contra-indication of emesis or Vaman).
- (4) Dosh-anusar Chikitsa (treatment according to the Doshas or Vat, Pitta and Kaph).
- (5) Vaman-aushadha (emetio drugs).
- (6) Vaman-matra (degrees, doses, etc., of emesis Hin, Madhyam, Uttam).
- (7) Vaman-vidhi or process of the use of emetics.
- (8) Signs of Samyak-vant (signs and symptoms of successful emesis).

- (9) Pathya of Samyak-vant (proper Ahar-Vihar or Upahaya in successfully treated cases).
- (10) Kupathya of Samyak-vant (drugs or measures unfavourable in successful cases).
- (11) Dushta or Atyanta-vant (signs and symptoms of excessive vomiting).
- (12) Vaman-upadrav (complications of Vaman Karma).
- (13) The Adhogat Vyapada of Vaman Karma (i.e., passing of the matter to be vomited out into the lower part of intestines—a complication or bad result).
- (14) Treatment of the complications or diseases due to excessive vomiting.
- (15) The methods that are to be used before and after vomiting.

Examples showing the efficacy of this Karma in patients treated by me are cases of asthmatic fits in the adults and first stages of cholera where it proved quickly effective.

As examples of the application of the general principles of Therapeutics of Ayurveda the following may be quoted :—

(a) *Doshaj diseases*—

- (1) In a vatal Prakrit patient, the following are indicated :—

Snehan and Swedan Karma, and Snigdha, Ushna, Madhur, Amla, Lavan-Yukta-Ahar and Aushadha.

“Fats, hot or stimulants, sweet, acid, sour and salt food and medicines.”

(2) In Pittal Prakriti patients, the use of ghee, madhur (or sweet), tikta (or bitter), kashaya (or astringent), shital or cooling drugs and food, Harmya-nivas.

(3) Shlaishmal Prakriti patients—Teekshna, Ushna, Sanshodhan or Vaman; drugs and diet of Rooksha, Katu and Tikta classes.

(b) In the diseases of the Dhatus (Rasa, Raktadi) or tissues of the body, different karmas and suitable classes of drugs and Ahar Vihar are to be used. Take an example of the diseases of the Rusaaj variety—

- (1) In Rusaaj diseases, Langhan or Atparpan Karmas and Drabyas are indicated.

Various kinds of drugs and methods according to proper indication can be used in diseases of the remaining Dhatus also, such as

- (2) Raktaj or blood diseases.
- (3) Mansaj or muscular diseases.
- (4) Medaj diseases or diseases of the fatty tissue.
- (5) Asthij or bone diseases,

and so on.

(c) In the same way diseases of the Vega-varodha class, suitable measures or food and drugs are indicated. Examples of the Vega-varodha classes may be mentioned here, as they are not yet recognized as an important group of diseases by the other medical systems. If any evidence is required, let the persons who suspect the truth try the causes of these diseases on his own body.

Diseases arising from—

- (1) Retention of urine.
- (2) Retention of feces.
- (3) Retention of eructations.
- (4) Stoppage of the act of sighing.
- (5) Prolonged control and stoppage of thirst, hunger, sleep (i.e. allowing no drinks, no food and no rest).
- (6) Stopping the natural movements of the body, etc.

So far, we have dealt with the medical method of treatment all included briefly under the Snehadhi Kriyas of the Tarpan or Atparpan class. The Tarpan Karmas are Snehan, Stambhan, Bringhan; the Atparpan class includes Rookshan, Swedan and all Langhan Karmas of the Samshaman and Samshodhan classes.

III. Shastra Karma (methods of surgery) is the third main method of treatment of the Yukti-path or rational nature. They are controlled by methods given below :—

- | | |
|--------------|--------------------|
| (1) Chedan. | (7) Prachanna. |
| (2) Byedan. | (8) Seevan. |
| (3) Byadan. | (9) Ishan. |
| (4) Daran. | (10) Kahar. |
| (5) Lekhan. | (11) Jalouka, etc. |
| (6) Utpadan. | |

It is impossible to deal in detail Shalya-Shastra or surgery with reference to the principles and methods of Shastradi Chikitsa or treatment. However, to show that Ayurvedic methods of treatment are based upon some principles, and are scientific and rational in character, a brief reference is made in the following lines :—

The origin of the name Shalaya-Shastra is based upon Shalya which implies ‘motion’ (foreign).

Shalaya or foreign matter may therefore be regarded as the cause of surgical diseases. Salhya is either (1) Sharirik-Shalya or (2) Agantuk Shalya.

Sharirik Shalya. Its examples are—Hair, nail, etc, Dhatoo, Unnamal, Dushta Dosha.

Agantuk Shalya, which cause pain in the body in a way contrary to that of the Sharirya Shalya.

Shalya Gati or movement of Shalya (1) Urdhwa or upward (2) Adhah or downward (3) Arvachin, (4) Tiryak, (5) Riju.

Signs and symptoms of Shalya for diagnosis—

- (1) Samanya or general.
- (2) Visheshik or special.

Sites or location of Shalya (for diagnosis) and indications of treatment.

Skin, muscular tissue, veins or other blood vessels, bones, joints and body cavity.

Nature of Shalya—(1) Avavadha and anvadha general treatment of Shalya:—The three chief parts of Shastrakarm are—

- (1) Purvkaram or preparatory method.
- (2) Pradhankaram or principal method or treatment.
- (3) Pashchatkaram or after-surgical procedure.

Shalya Haran or removal of the foreign body. The methods of doing it are two—

(1) Pratiloma or removal of shalya by the same route by which it entered the body. It was used for Arvachin Shalya or superficial Shalya.

(2) Anuloma or its removal by another passage. It was used for Prachin or deep-seated Shalya or substance that caused local or general pain.

Pradhan Karma have already been stated on the last page under Shastra-karam.

Removal of the Shalya of the Avadha kind was done by various other methods such as : (1) Swabhav, (2) Pachan, (3) Bhedan, (4) Daran, (5) Piran, (6) Pramajan, (7) Nirdhampan, (8) Virechan, (9) Prakshalan, (10) Achooshan, (11) Vaman, (12) Pratimareh, (13) Pravahan, (14) Ayaskant, etc.

General anaesthesia in the removal of Shalya was used by the Ayurvedic surgeons in the past. Dead foetus, which is an example of Shalya, was removed from the womb after giving the woman certain medicines which rendered her unconscious and not feel the pain.

For various diseases and methods of treatment see text books.

(7)

PANDIT TRIAMBAK SASTRI VAIDYA, BENARES.

1. (a) Our theory of disease is based on three humours of the body त्रिदोष (वात, पित्त, and कफ). The harmonious working of these three humours means health and vice versa.

This theory is disturbed by (1) time and its variations, (2) irregular activities of the senses and (3) the physical organs. Generally speaking, anything beyond the established habit disturbs this harmony, which means disease.

Owing to the innumerable variations of these three दोष and their particular spots in the body the number of diseases is also unlimited.

(a) As to the test of the modern scientific criticism, I myself am not in a position to answer the questions, not having studied the modern science. But I am so convinced of the truth of this theory that I, without immodesty, may say I am prepared to meet any adverse criticism.

(b) A physician had to find out (1) the causes of the diseases (हेतुनिदान), (2) symptoms prior to the disease (in the incipient stage) पूर्वरूप, (3) symptoms of the disease रूप and (4) aggravations and ameliorations (उपशय and संप्राप्ति).

First he must remove the causes and, taking into consideration the totality of the other four, he should decide the exact variation in the त्रिदोष denoted by the symptoms. Having done this, it will be easy for him to prescribe for his patient (I need not say that our materia medica is also based on this त्रिदोष theory).

(c) I am an old practitioner of this place. I have not kept any record of my patients, but I may say that many patients, particularly sufferers of chronic diarrhoea, dropsy, asthma, dyspepsia, etc., who had tried the allopathic system without success were cured by me.

On this point my suggestion is this. There should be a hospital having two different wards, one allopathic and the other Ayurvedic. Sufferers from various diseases should be treated in them and the physician of the one should watch the cases of the other. This will afford a good opportunity for the comparisons and perhaps the world will be gainer from this.

Q. 3. There is an Ayurvedic dispensary and school at Benares and is under my supervision. This was established only last year and hence I am unable to put forward my opinion based on the data gathered in the same.

Generally speaking, there are at present no Ayurvedic public hospitals or dispensaries in this country. I think there is a great need of this. There are only private practitioners. Educational institutions are practically non-existent. Students learn from private practitioners. I think there is a great drawback. Good educational institutions with hospitals attached should be established. There should be particular facility for teaching botany, biology and anatomy. The modern Ayurvedic practitioner has little direct knowledge of the various herbs and plants described in our books. If this want be removed, our system and humanity will be greatly benefited.

The useful points in both the systems should be utilized by both the Allopathic and Ayurvedic practitioners without regard to the systems. Modern Physics, Chemistry, etc., should be the next stage of study after the thorough completion of the text books of Ayurvedic system.

By registration of indigenous practitioners, society and science no doubt will be greatly benefited. But this will not be possible until facility is provided for the proper education and examination of the student.

Delhi.

(8)

HARIRANJAN MAJUMDER, M.A., BHISHAGACHARYA, DELHI.

Q. 1. I propose to deal with the Ayurvedic (ancient Hindu) system of medicine.

Q. 2. (a) The human system is an epitome of the whole universe. As the whole universe is regulated by the equilibrium of wind, heat and cold, and disturbed by the loss of that equilibrium, so the human system remains all right so long there is equilibrium of the three humours, viz., Vayu, Pittam and Kapha of the system (Vayu representing wind, pittam representing heat and kapha representing cold of the universe) and becomes subject to diseases whenever there is disturbance in the equilibrium of those humours. According to our system when the multifarious external causes coming in contact with one, two or all the three internal causes (i.e., the humours vayu, pittam and kapha) excite one, two or all of them, they pervading the system pollute one or more of the Sapta Dhatus (viz., lymph chyle, blood, flesh, fat, bone, marrow and semen) in a particular way to cause a particular disease. To clear it up I wish to put an example. If excessive exposure to heat of the sun (which is an external cause) coming in contact with the internal cause pittam excites it, then it pervading the system pollutes lymph chyle (one of the Sapta Dhatus) in a particular way to cause bilious fever. Similarly, two or three humours together may be excited and may cause several other diseases. Bacteria or germ, which are the causes of the diseases according to the Western theory, can be put under the category of our external causes. As for example, the malarial germs entering our system excite some of the internal causes (i.e., humours) which in turn cause the malarial fever. Hence the direct and the immediate cause of the diseases are the excited humours and not the germs. By nature all these humours remain together in a subtle form pervading the whole system. There are certain particular qualities of every one of these humours. If any external cause, possessing one or more of these qualities, comes in contact with the human system, the humour, possessing those similar qualities, is excited and the disease is caused. As, for example, the sun is hot. If a man exposes himself to the excessive heat of the sun, then the particular humour, i.e., Pittam, possessing the same quality heat, is excited and the disease is caused.

(b) The principles and methods of diagnosis.—There are five different ways of diagnosis. (1) If a patient suffers from Pandu-roga (i.e., bloodlessness) the physician should ask him whether he was in the habit of eating soil. If the answer is in the affirmative, there remains no doubt for a physician to diagnose the case to be one of Anæmia. Hence the cause gives the clue to the diagnosis. (2) Before the diseases are fully developed, indications of certain pre-symptoms occur to differentiate a particular disease from others. They may be translated as pre-symptoms. Whenever any difficulty arises to distinguish between two different diseases possessing similar symptoms, we are to consider the pre-symptoms of those diseases which generally differ. Hence in these cases pre-symptoms give the clue to the disease. (3) Every disease has got its particular symptoms. When they occur, we diagnose it to be that particular disease. (4) When certain symptoms of a disease remain obscure, the difficulty arises as which of the two diseases the patient has been suffering from. In that case the physician considering it to be a particular disease should administer a particular antidote to that disease. If that gives relief, then the physician is regarded to have diagnosed the disease. If that aggravates the symptoms then the disease surely becomes the other one of the disputed two. (5) The last way of diagnosis is to see how a particular humour has been excited, what Dhatu has been polluted and in what way both the humours and the Dhatu have been mixed up. For, the peculiar and particular mixing up of the exciting humours and the polluted Dhatus gives rise to a particular disease. This may be called the Etiology of the disease.

The principles and methods of treatment.—There are certain diseases which can be removed on administration of antidotes (in the shape of food, medicine or conduct) which are contrary in character to the exciting causes (i.e., humours). Here if the cause is removed, the effect (i.e.,

disease) is gone. (2) There are some which can be removed on administration of specific antidotes (in the shape of food, medicine or conduct) which are contrary in character to the diseases. Herein we are not to consider which of the humours has been excited. (3) There are others which can be removed on administration of antidotes (in the shape of food, medicine or conduct) which are contrary in character to both the causes (i.e., excited humour) and the disease itself. Herein selection of the antidote depends on the consideration of both the cause and the disease. (4, 5 and 6). There are other three forms of treatment wherein the antidotes (in the shape of food, medicine or conduct) are similar in character to (1) the causes, (2) diseases, and (3) both the cause and the diseases, but act in an opposite manner. If I have to dilate on this topic by means of examples I shall have to write many pages. So I give here only the principles and methods of diagnosis and treatment.

(c) As to the general efficacy of the treatment there cannot be any dissentient voice. During my experience in treatment about 12 years, I have tried several diseases with success. Even in the case of Malaria, I have been successful with our medicines. I have got no bias for any system. Every system is good in its own way. Efficacy and superiority should be found out in the physicians and not in any particular system.

Q. 3. (a) I have been working as a House Physician (Ayurvedic department) in the hospital connected with the Ayurvedic and Unani Tibbia College, Delhi.

(b) I am not well-informed of other institutions of India. But our institution was started not with the orthodox idea of sticking only to the indigenous systems, but also with the object of engrafting and assimilating what is good in the Western sciences. It is still in its infancy. No doubt it will require sometime to bring into operation all the details of the aims and objects of our institution. But it promises to fulfil our hopes in the near future. (1) Although medical relief given at present is not adequate, still as soon as all the sides of our institution will come into working order, there will be adequacy of medical relief, and (2) as soon as the above conditions will be satisfied, the said institution will be suitable as a centre of medical education.

(c) I think there does not exist at present sufficient provision for medical relief and medical education on indigenous lines. To meet the ends the following are essential in my opinion. (1) Establishment of pharmacies for the preparation of standardised medicines, (2) establishment of a network of hospitals for the treatment of in-door and out-door patients, (3) bringing up of a set of well-trained vaidyas to serve in the aforesaid hospitals, (4) securing of the copies of all the texts which were taken away to the countries like England, Germany, Tibet and other places and a thorough search of others from all the available sources of India, (5) proper diagnosis and use of all the medicinal plants, minerals and metals and other materials, (6) re-writing of our original texts (which are generally in concise form) in full details in order to give vivid idea of all the principles to the students, (7) delivering of learned lectures in spite of only going through the texts, (8) Curriculum of studies should be divided not by books but by the subjects. To meet this object preparation of books on respective subjects are essential, and (9) amalgamation of what are good and useful in the Western medical science.

Q. 4. (a) I fully share the view that the essentials of medical training are three put in this question. Had the energies of our much respected founder of our institution (viz., Hakim Ajmal Khan Sahib) not been diverted to other activities of public life, it would have attained the ideal (indicated in this question) by this time. However, we hope to attain our objects in the near future.

(b) No doubt the above ideal is too high for want of funds and real and able workers. Substitution of any other ideal will only jeopardize the spirit of the original ideal described herein. If your Committee are really in favour of doing justice to the indigenous systems, they should not even think of any intermediate ideal in order to start with.

Q. 5. I cannot fully agree with the views of the Calcutta University Commission. I cannot even think of rejecting any theory or theories—which have been doing immense good to the suffering humanity—merely on the ground that they do not stand the test of the existing science. When they are bestowing visible boons, they should be regarded as truths. It will be the duty of the scientists to investigate and to bring those truths to modern light. We should not raise our enraged hammer for the purpose of effacing them from the face of this earth. Human knowledge and human reasoning are limited. So we cannot boast of knowing every truth pervading the whole nature. If in any day materialism of the West merge into the spiritualism of the East, then the distinction between Indian and Western systems of medicine will disappear. No doubt development of modern Western science will help us a good deal, but we will never think of becoming perfect so long as we shall not cultivate the culture of spiritualism in us.

Q. 6. I fully agree with the view that the curriculum of studies of indigenous medicines should include a study of modern scientific methods in all its branches. For they will help us to understand the truths laid down in our system to a considerable extent.

(a) There should be two courses of studies, viz :—

(1) Higher and (2) Lower.

(1) In the Higher course elaborate knowledge of Physics, Chemistry, Biology, Anatomy, Physiology, Pathology, Bacteriology and Surgery will be essential side by side with the elaborate

knowledge of the Vedic system of diagnosis and treatment. The students, acquiring the full knowledge of the subjects indicated above, will be regarded as graduates fully qualified to manage hospitals of the town.

(2) In the Lower course an elementary knowledge of the aforesaid sciences and an elaborate knowledge of the Vedic system of diagnosis and treatment are essential. The students, possessing these qualifications, will be Licentiate Vaidyas fully qualified to take charge of dispensaries of the rural areas. The graduates in order to become masters should submit thesis on new matters, and the masters, in order to become doctors, should submit thesis of a special character to the Board of Studies selected for the purpose.

(b) For the Lower standard a student should have qualifications equivalent to the present Matriculation examination and for the Higher standard he should have qualifications equivalent to the present I.Sc. standard.

(c) The Western scientific books should be taught in English, so long as the faithful translations of those books are not available. The Vedic matters should be taught through the medium of the vernacular of every province for the present.

Q. 7. The question of medical registration can only then come in when we will have sufficient number of passed vaidas in our standard of examination.

(a) Competent practitioners can be admitted into the medical register on recommendation from an independent Registration Board.

(b) I am not fully acquainted with the existing legislation on medical registration.

Q. 8. The comparative cost of treatment according to Vedic system will be substantially less than that required according to the Allopathic system. Our Vedic medicines are cheap. Only the Tantric medicines are costly. The combination of both the Vedic and Tantric medicines are essential for the treatment of patients in a vedic way. Even in that case the cost becomes comparatively less. All the plants, minerals, salts and other ingredients are available in our own land and the cost of preparing compounds does not become very great.

Q. 9. (a) With the advent of foreign rulers our system lost recognition from the State. (b). Old practitioners of the Ayurvedic system and not the original exponents, were very selfish not to record the fruits of their experience and results of their successful experiments. But it is a matter of glory for the Ayurvedic system that it has survived all the destructive causes and has yet been able to show its merits to the world. The system may be revived to its original lustre, (1) by recognition from the State, (2) by active searching out all the lost books and manuscripts, (3) by establishments of colleges, hospitals and laboratories for experimentations and investigations, (4) by preparation of books in scientific ways, (5) by original researches.

Q. 10. (a) The State should give the initiative by starting a model college and a model school in the metropolis of every province.

(b) The local boards may establish medical schools in every district to turn out vaidyas for rural areas.

(c) The Universities should play their parts in the same ways as they have been doing at present with regard to the medical colleges and schools.

(d) If the Government recognition is obtained, the private agencies will surely start independent colleges and schools with the growing necessities of the people.

I should apologise for sending these replies after a long time. The works in my hospital as well as some home affairs pressed me so hard that I could not make time to prepare those replies at an earlier date. Whatever I have done at present I have done very hurriedly. May I, therefore, ask you to excuse me for the delay I have made. There will no doubt be many defects and shortcomings in these replies. But I have got so much consolation in my heart, that these are being sent to liberal personages who are generally inclined to overlook defects and to accept reasonable matters if there be any.

(9)

(1) JANAB HAKIM MUHAMMAD KABIR-UD-DIN SAHIB BAHADUR, DELHI, AND (2) JANAB HAKIM A. MUHAMMAD ABDUS SALAM SAHIB BAHADUR, EDITOR, 'THE HAKEEM AND VAIDYAN', MADRAS (ENGLISH TRANSLATOR OF THE URDU EVIDENCE OF No. 1).

Q. 1 I propose to deal with indigenous systems in general and the unani system in particular.

Q. 2. (a) Before I enter into the field (of discussion) of the theories of causation of diseases according to the unani system, I think it necessary to pause for a while and to ask the alleged scientific critics to kindly enlighten me as to the historical origin of their system and to trace the circumstances under which it has attained its vigorous youthful growth and is being considered with pride as far superior to the unani system. May I therefore crave permission to present to you a cursory outline of the history of the origin of the allopathic system?

It is a pity that the practitioners of the allopathic system dazzled by the splendour of new instruments should (in their ignorance of other systems) deem the sacred and time-honoured unani system as barbaric and unscientific. Words fail me to convince you that the same ancient

unani system is not only the holy progenitor of the allopathic system but is the system which has fondly nurtured it, so that the latter has attained the state of a beautiful and blooming young maiden charming enough to hypnotise the allopaths.

I can say without fear of contradiction that the allopathic system is virtually and fundamentally the self-same unani system which accompanied the progressive Muslim rule to the ignorant and uncivilized continent of Europe and made a convert of the whole of Europe; and for long its illuminating rays lighted every nook and corner of that continent.

Can Europe alter the history of its medical science? Can it forget the times when European students derived instruction in their medical colleges for centuries together from the self-same honoured unani books which they were then hugging to their bosoms and which in Arabic find a place to-day in the syllabus of our medical colleges? Is it not a fact that the students and savants of France designated the Qanoon (the Canons of Avicenna) 'the key of knowledge and wisdom'? Are not the dogmas and theories of Aflathoon (Plato), Bukhrath (Hippocrates), Arastu (Aristotle), Jalenoos (Galenus), Ibn Rushud (Averrhoes), Zakaria Razi (Rhazes), Shaik Abu Ali Sina (Avicenna) even now given a place of honour and prominence? Do not the best brains of Europe spend their time and energy in pondering and experimenting upon their honoured utterances?

The history of medicines shows that when the tide of the triumphant march of the Muslim monarchs swept over the continent of Europe rendering fallen Spain the seat of the Khilafat, the science and art of medicine followed in its wake and flooded the whole land, and that for long the magnanimity and liberal-mindedness of the Muslim monarchs served to dispel the ignorance and darkness pervading in that land by the torch of their own learning which brought in its train the blessings of material prosperity as well as of science and art.

Then followed the inevitable reaction (common to all earthly institutions) as a result of which the Muslim empire (one enormous in its size) gradually decayed and crumbled, and its boundaries shrunk to the nucleus round which they have grown. With the disappearance of material prosperity, the torch of Muslim science and art faded like an expiring candle and the great centres of learning with which they were lighted became dim and lost their name and fame. It was now the turn of the Europeans who had attained considerable skill and scholarship under the learned Arabian and Muslim professors to rekindle the expiring torch of learning. The sciences and arts thus received a fresh stimulus and reached the zenith of their perfection what with inventions and improvements. No wonder that the unani system developed itself into such a blooming and embellished (healthy and vigorous) maiden (institution) that to-day the allopaths hardly discern in her (it) her (its) old characteristics and features. It is rather difficult for them to believe that their present system is the old unani system attired in the new garb (of accumulated experience). The appearance of the system in this garb and the ignorance (of the history of its origin) is the cause of many a misunderstanding not only in details but also in essentials. Even the most biassed votaries of the Western science cannot deny the historical truth that their system is, in essence, its unani progenitor to which time has made new contributions changing its features to a certain extent.

All evidence therefore points to the allopathic system being the transformed unani system. Can any sensible man, in the circumstances, declare the unani system to be crude and unscientific? If (out of ignorance) he does so, should he not be deemed to indirectly attack the (basic) principles of his own system?

Now I shall deal with the main questions at issue and pass in review the causes of diseases according to the unani system. The upholders of historical truth maintain that the theories of causation of disease according to the unani system are almost identical with those accepted as a guide by the votaries of the allopathic system and that if at all there is any divergence between the two systems, it is more apparent than real.

THE GERM THEORY

What distinguishes one system from the other is the germ theory introduced by the Science of Bacteriology but this does not differ in essentials from the theory of humours inculcated by the unani system. The followers of the latter system hold that diseases are caused by the putrefaction of humours and the resultant deleterious matter, while the allopaths contend that diseases are indirectly produced by bacteria and directly by the poisonous matter (toxin) engendered by them. The distinction thus is only in terms, not in substance.

What then is the effect of this verbal distinction on the treatment employed by either class of medical men? Practically none. In neither case, are the basic principles affected by the question of treatment and its results. While an allopath treats a case of influenza on the assumption that the disease is caused by specific germs, an indigenous practitioner tackles it on the hypothesis that it is produced by poisonous matter of an extraordinary or epidemic type. So long as each succeeds in his particular line of treatment, the theory of causation of disease based as it is on not dissimilar premises does not make much difference.

Again the treatment of a case of cholera or of plague proceeds on similar lines, the Western doctor administering such medicines as are calculated to destroy what he believes to be the germs of those disorders and the Hakeem or Vaid calling in aid such remedies as have the effect of neutralising what he terms poisonous matter.

Therefore an impartial survey of both systems ought to reveal the superficial character of the existing differences and the hidden nature of the coincidence of the methods of treatment, the latter being attended with success in each case. A common feature will be found to be that the external symptoms of a disease are examined as closely in one case as in the other though they are traced to the toxin of germs or bacteria by the Western doctor and to vitiated humours by his Eastern counterpart. This being so, emphasis cannot but be laid on the outward symptoms, for once they are attacked according to the views formed either of bacteria or of humours, the diagnosis of internal symptoms follows as matter of course. The success attained in each case is of course dependent on the similarity of the methods employed in treatment and this being the acid test, one system cannot claim superiority over the other, much less call it crude or unscientific.

MATTER AND GERMS

How again does the nominal difference between matter and germs affect the question of symptomology? What perplexities does it give rise to in the method of treatment? In either case the results accord with the aim kept in view, i.e., the destruction of the poisonous matter or the toxin of the germ. The supposed difference between the theories of causation of disease, however, has its origin in the invention of the microscope. Before its advent, only the term 'matter', was being used by Western scientists in describing diseases of various kinds. The microscope has of course revealed the presence of infinitesimal organisms called 'germs' in what was previously termed 'matter' for want of a better nomenclature. If without making use of the microscope, the votaries of indigenous system have necessarily to call the poisonous matter by its original name 'humours', the systems themselves cannot be condemned on that ground. For in spite of the simplicity of their systems, the Eastern practitioners are capable of rendering as much service in the cause of medicine as those who have armed themselves with powerful microscopes, to say nothing of other modern inventions. The fact remains that notwithstanding the amount of labour and energy expended in the search and investigation of 'germs', the factors connected with the treatment of fatal diseases, not to speak of those of an acute character, have not undergone any radical change at the hands of the Western practitioners. Nor have the results justified the expectations formed in all cases. There is, for instance, the world-wide epidemic of influenza which is believed to be of quite recent origin. Taking the Indian systems, its Aetiology and Pathology may be said to be at once meagre and vague and a biassed doctor of the Western school may jump to the conclusion that no mention is made of it in the indigenous systems. Yet the result of the treatment followed by our physicians has not been without its encouraging features. Granting that a microscopic examination of the putrified humours in the case of influenza reveals the existence of specific germs, the possession or otherwise of a knowledge of these germs cannot affect the main question of diagnosis regulating the method of treatment in each case. What again if one designates the source of disease 'germs' or 'humours'?

To illustrate the matter further, a doctor equipped with a microscope traces the origin of human life to the 'Spermatozoa' found in the seminal fluid, whereas the man not so armed ascribes the beginning of life to the fluid called 'Semen'. The difference in terminology points as in other cases to the fact that while the former has descended to details and given the matter a specific name Spermatozoa, the latter has adhered to the basic principles and assigned a generic name to the same matter, namely, 'Semen'.

A similar distinction between 'germs' and 'humours' will be found to exist in other cases so far as the description of diseases is concerned.

THE CAUSES OF DISEASE.

The more we discuss the question of causation of disease, the stronger becomes our conviction that there is not much difference in this respect between the unani and allopathic systems.

To quote instances, the external and internal causes known to the allopathic system have their correlatives in the *Karjia* and *Dakillah* of the unani system.

The exciting and predisposing causes recognized by the allopathic system find their counterpart in the *Asabi Vasil* and *Asabi Sabique or Muwid* of the unani system.

The allopathic system ascribes certain diseases to heredity among other causes. We too have a long list of such diseases, the comprehensive term *Amras-i-Muthavarisa* indicating the same source.

If, in the allopathic system, blows and wounds are grouped under mechanical causes, the same ailments are classified under *Asabi Tafriqa* in the unani system.

If again the disturbances due to heat, cold, lightning, thunder and other atmospheric changes are included under physical causes in the Western system, the same are merged in *Asabi-Mizajia* in the Eastern system.

Just as the European system makes use of the term 'chemical causes' to denote the origin of disorders brought on by the improper use of poisonous drugs such as opium, nux vomica, arsenic, croton, harmful acids and tinctures, organic and inorganic, the term *Asabi-sumiya-Keemiavi* describes the cause of similar distempers. In fact there is a whole chapter devoted to Toxicology in our medical books.

The allopaths trace most, if not all, the diseases to the toxins produced by the suppression of the biliary secretion, the retention of urine and the accumulation of indigestible matter, such toxins being termed endogenous poisons. This does not take us far from the theory of humours or putrified matter on which is based the unani system. Thus if the several causes known to both the systems are carefully analysed, they will be found to agree in essentials, though not in phraseology.

If the allopaths, after a deal of experimentation with germs, have come to lay stress on infection as a prolific source of disease, we too have from time immemorial recognized its potency, the term *Udwa* connoting contagion in our vocabulary. Had not Plato, Hippocrates and Galenus a list of contagious diseases in their own time ?

So much for the agreement between the two systems traceable to the identity of their basic principles. Coming to details however the parasitic causes tend as already stated to separate one system from the other. In the diagnosis of diseases we concern ourselves only with such disease-producing parasites as can be seen with the naked eye, whereas the allopaths add to the list of such parasites by making new discoveries with the aid of the microscope. In view of the rapid advance made by the Science of Bacteriology germs have been found in those diseases in which there was not at first the least trace thereof. It is not therefore beyond the bounds of possibility that bacteria should be discovered even in such diseases as are now considered to be immune from them. Seeing that the disorders which were once thought to be free from germs have later on been traced to their presence and that additions are being made to their number from time to time, it is not fair on the part of the allopaths to condemn old systems merely on the ground that they do not make mention of bacteria in the terms known to themselves.

It will therefore serve no useful purpose to discuss the correctness or otherwise of the germ theory on which the Western system is based, so long as facilities for a practical study of this theory are not within the reach of the Eastern systems. Given public and private patronage and necessary facilities for research and experiment, we too are bound to proceed on the same lines and arrive at identical results thereby wiping off the nominal distinction that at present exists between the occidental and oriental systems. If through their vast resources the allopaths have found it possible to reach the goal earlier, it is none of our fault ; for as long as patronage is withheld from us, things must be as they are.

The germ theory, forming as it were the dividing line between the Western and Eastern systems, does not after all affect the question of treatment of diseases and it is here that the indigenous medicines play an important part, having proved their efficacy and utility in spite of the vicissitudes of ages from the point of view of health and economy.

Long live the indigenous systems which continue to serve the needs of this vast continent, be the difficulties what they may !

(b) Again I have to say that allopathic system being founded on the unani system the principles and methods of diagnosis followed by that system is more or less identical with those recognized by the unani system.

PRINCIPLES OF DIAGNOSIS.

The following category of synonyms as applied to symptoms of diseases is illustrative as to what has been said of the identity of principles :—

- (1) Premonitory or precursory symptoms : *alamathi munsira*.
- (2) Direct or endopathic symptoms : *alamathi zathia*.
- (3) Indirect or sympathetic symptoms : *alamathi shirkia*.
- (4) Local symptoms : *alamathi muqamia and khasa*.
- (5) General constitutional symptoms : *alamathi ama and badania*.
- (6) Subjective symptoms : *alamathi shaqisia*.
- (7) Physical or objective symptoms : *alamathi thabia*.
- (8) Pathognomonic symptoms : *alamathi masqasa*.

There are of course certain terms in the allopathic systems for which it is difficult to find corresponding epithets and vice versa. The following are examples of terms which are foreign to the allopathic system :—

- (1) *Alamathi jowharia*.—Symptoms that signify a change in the form of an organ.
- (2) *Alamathi arzia*.—Symptoms that connote a change in the size of an organ.
- (3) *Alamathi thumamia*.—Symptoms that indicate a deviation from the normal functions of an organ.

METHODS OF DIAGNOSIS.

The main difference between the two systems is accounted for by the use of the newly invented instruments. To ascertain the temperature of the body or to determine the strength of the heart's beat, we feel the patient's pulse, whereas the allopaths have recourse to the thermometer for the same purpose. In one case the result is based on experience and hence approximate, while in the other it assures definiteness in view of the confidence induced by the thermometer. The difference of temperature due to the different methods employed is not after all appreciable being not more than a degree in practice. On the other hand a patient exhibits slight differences in temperature when examined with the aid of thermometers of more than one make. Thus even thermometers are not free from the defects that are inherent in a system where the art of feeling the pulse plays so important a part. These defects do not however materially affect the methods

of treatment. In spite of this fact, we neither deny the utility of the thermometer nor object to the use thereof. But the point we wish to emphasize is that, if at present we do not have such instruments to rely on, the same was the case with the allopaths in by-gone days and that, if the modern medical school has realized its need, we too are ready to adopt it.

Similar remarks apply to the use of stethoscope. Just as the allopaths have not hesitated to incorporate the best features of other systems in their own, we too should be allowed to embody in ours the corresponding features of other systems. In spite of such occasional adaptations the use of indigenous medicines will be found to be the main characteristic that distinguishes the Eastern from the Western system.

Our methods of diagnosis are based on the examination of—

(1) Pulse : We have continual recourse to this method of diagnosis, for the heart is affected in many diseases leaving its condition to be determined by the pulse which has direct connexion with it. In this respect both the systems agree.

(2) Urine : As in the allopathic system, the examination of urine in our system helps us to diagnose the state of the kidneys, liver, digestive organs and blood. But we have our own terms to designate the various phenomena disclosed by such examination.

(3) Fæces : Like the allopaths we examine the form, colour, consistency and odour of the fæces with a view to trace the causes of certain diseases.

(4) Internal organs : By palpation and percussion, by their causing pain and enlargement we diagnose the diseases of the liver, spleen, stomach, intestines, heart and lungs as is being done by the allopaths.

(5) Description of disease : Our medical books give a complete account of every disease such as is to be found in the treatises of the other system. In them we find mention made of the differential and pathognomonic symptom which forms the basis of our diagnosis.

(6) Tongue : We examine the tongue to see whether it is coated or not, such examination enabling us to learn the condition of the blood and digestive organs.

(7) Lips, teeth, throat and tonsils are also examined with a view to the diagnosis of diseases.

(8) Saliva : We base our diagnosis on the quantity and quality of saliva, its taste and consistency. The changes in taste also serve as an index.

(9) Hunger and thirst : These desires also help the diagnosis of diseases by their moderation, or otherwise.

(10) Respiration : The frequency and odour of the breath is also a determining factor in our system.

(11) Vomit : The nature of the vomit likewise becomes a guide in the diagnosis of diseases.

(12) General condition : We also take into account the condition of the hair, the colour of the body and its organs, the leanness or otherwise of the constitution, the excretions of the body other than urine and fæces such as tears, pus, perspiration, etc., the amount of sleep enjoyed, the mental state of the patient, his physiognomy, his dreams and the pains felt in the different regions.

It is now pertinent to ask which of these methods are unscientific. As to the question whether or not our diagnosis is correct, we had better rely on the practical results of our treatment rather than waste time over arguments based on the ignorance of the Eastern systems. The very fact that these systems enjoy extensive public patronage in spite of the lack of Government support is indicative of their inherent virtues. At present there exists no provision whatever for a systematic study of the oriental systems and the free distribution to the masses of the medicines prescribed by them ; yet the systems survive on account of their potent efficacy. Had the case been otherwise, no nation would blindly submit itself for centuries together to what are regarded as coarse methods of treatment at the risk of precious lives.

METHODS OF TREATMENT.

Before dealing with the methods of treatment of the unani system, I should like to make a few observations on those employed by the allopathic system. Empirical treatment and rational treatment form at present the two main divisions of the allopathic system. If, in spite of the much-vaunted scientific advance, empirical methods are not wholly absent from the allopathic system, is it justifiable to call the other systems unscientific merely on the ground that the latter rely more largely on empirical treatment? It is a principle recognized by the allopathic system that what is deemed empirical to-day may prove rational to-morrow. Let us then continue the use of indigenous medicines to which centuries of experience have accustomed us. To the allopaths these methods may seem empirical but like them we may be able to prove their rationale if we are afforded necessary facilities. For example, the use of mercury in cases of syphilis was considered to be empirical by the allopaths who none the less were benefited by it until its rational basis was established by research. Given therefore favourable conditions, it is more than possible that we too will be able to find a rational basis of our remedies.

Proceeding further, in the unani system are to be found three methods of treatment—(1) medical, i.e., *Ilaj-bi-dawa*, (2) dietic and climatic, i.e., *Ilaj-bi-giza wa-hawa*, (3) hygienic, i.e., *Ilaj-bi-tadbeer*. To the above may be added the palliative treatment, i.e., *Ilaj-bi-thakfeef*. It is presumed that the Western system also recognizes some such classification. The allopathic treatment as distinguished from the homeopathic treatment aims at producing such conditions in the body as are antagonistic to the disease with which it is affected and thereby effect a cure. If this is deemed to be a scientific principle and the same principle is observed by the unani system, what justification is there for declaring the latter to be unscientific?

MODES OF ADMINISTERING DRUGS.

(1) The bulk of our medicines are administered through the mouth to admit of their being absorbed by the mucous membrane of the stomach or intestines. Under this category fall aqua (araq), syrup (sharbath), oxymel (sikinjabeen), powder (sufoof), pill (hab), decoction (joshanda), infusion (keesanda), tablet (kurs), confection (majoon), oil (roghan), mucilage (luab), extract (rub), linctus (layook), conserves (murabha), oxide (kushtha), kameera (a kind of confection).

(2) We make use of gargles, tooth-powders, lozenges, sprays and collutoires in the affections of the mouth, teeth and throat.

(3) We press the enema into our service whenever necessary.

(4) We have recourse to snuffs, inhalation and insufflations in diseases of the nose, larynx and lungs.

(5) We employ oils, ointments, pastes, paints and fomentations for external application.

(6) We bring into use the syringe, bougies and collyria in the diseases of the nose, bladder, urethra, vagina and eyes.

(7) Besides the above we avail ourselves of emetics, diuretics, diaphoretics, purgatives, emmenagogues and blood-letting by means of lancet and leeches whenever necessary. It must be observed that blood-letting is not now much in vogue.

The above facts point to the close similarity that exists between the two systems in the matter of administering medicines. It may be remarked however that injection of medicine are not in vogue in the unani system. If this method is universally recognized to be free from defects, we too shall adopt it. At present there are a host of eminent western doctors who are against the injection of medicines.

REASON WHY OUR INDIGENEOUS MEDICINES ARE EFFICACIOUS.

(1) Our medicines are prepared mainly from the products of the country in which we are born and bred and no wonder that they admirably suit the Indian temperament.

(2) The drugs and compounds we use are based on the experience of centuries and this is why much reliance is placed on them. All these have been experimented upon the people living in the Tropics while the medicines imported from Europe have been tested on the men residing in cold regions. To quote an illustration, the maximum dose of quinine mentioned in the allopathic materia medica cannot be taken by an Indian patient without producing untoward symptoms although it may suit a resident of Europe. Both observation and science prove that in cold countries the animals are endowed with a strong body and thick skin covered with hair or wool as a protection against the rigours of cold. The lesson to be derived from this phenomenon is this. Diseases which are congenial to a particular soil are offset with cures out of the same soil. I have heard of a herb in Simla or Kashmir which on touch produces pain similar to that produced by the sting of a scorpion but nature has provided an antidote for this in another herb which grows around the one which causes pain.

(3) We largely avoid using poisonous drugs. In cases in which this cannot be helped the drugs are purified with a view to lessen their potency so far as the poisonous effects are concerned. The allopathic system on the other hand has recourse to poisonous drugs in a greater degree especially in the form of tinctures and alkaloids thereby intensifying their potency in relation to poisonous effects. For example, we use nux vomica after soaking it in water for a long time, imbedding it in flour and boiling it in milk in succession whereas the allopaths extract out of it strong poison, viz., the alkaloid strychnine and use it. The result is that although the allopathic system takes credit for the instantaneous effects of its drugs, it is not free from the risks attendant in the use of medicines of powerful potency. Our medicines, on the other hand, though slow to operate are certain in their effects. What is more, they are entirely free from dangerous after-effects. It is just possible that the diagnosis happening to be wrong, the use of powerful medicines may lead to fatal results. Much as we value the need for instant relief in the case of a patient, we prefer to cure his ills step by step and thereby avoid the risk of endangering his precious life. This is the principle underlying the use of poisonous drugs in a purified form. In the course of a casual discussion with regard to the merits of the unani system, a doctor-friend once said to me: "Brother, to be candid, it is very difficult for a patient to recover who has been mishandled by us." As I understand the statement, once the poisonous effect of medicines come to stay in the system, it is very difficult to eradicate them.

(4) The efficacy of our treatment can otherwise be demonstrated by observation and experiment. Let the Government spend as much money on the Indian systems as they do on the allopathic system; let them provide colleges for turning out efficient and capable men of the one system as of the other; it will then be time to prove by statistics how many have been benefited by the Indian systems and how many by the allopathic system by reason of the patronage extended to each.

To conclude, the real cause of the retrogression of the Indian systems is to be found in the callous indifference of the State towards them. In the circumstances our systems do not deserve to be called crude or unscientific. If the State desires that the systems should make real progress let it ensure this by granting facilities, not by creating difficulties. Let the State make provision for enabling us to open colleges and to found hospitals for systematic study. Let our status be improved to enable us to bring research to bear on our theories and to make such additions and improvements thereto as may be found necessary. Failing this, the State must take early steps to extricate from the clutches of the so-called unscientific Indian systems millions of those who at present do homage to them. In the circumstances the inaction of the State cannot but be deemed inexplicable.

I can affirm with certainty that many a time have the indigenous systems of treatment resulted in miraculous cures when the allopathic system has ended in failure. This is a matter which has come within the cognizance of both doctors and hakeems. The reasons are the same as those mentioned above.

Q. 3 (a).—I am a professor of Anatomy in the Tibbia College, Delhi.

(b) The existing indigenous institutions with the exception of the Tibbia College, Delhi, are far from satisfactory, from both standpoints. We are not provided with a sufficient number of medical colleges wherefrom efficient hakeems and vaidas can be turned out or of hospitals and dispensaries wherein the students can be trained in clinical methods and regular practice of medicine. The authorities of the Delhi College itself are aware of the leeway they have to make up in both respects and are bent on organizing it on up-to-date lines.

I am of opinion that the indigenous systems deserve for their spread the same encouragement as is afforded to the allopathic system and for this purpose it is essential that not only medical colleges should be opened but they should have hospitals and dispensaries attached to them and that apart from such combined institutions every city, Kasba (station) and Thasil (taluk) should have a hospital or dispensary managed by capable and efficient practitioners.

(c) The existing provisions for medical relief and medical education are as stated above insufficient if it can be said to exist at all. The remedies are the same as those already suggested, viz., State patronage and the opening of colleges and dispensaries. As in the case of the allopathic system, Madras might form the nucleus of a college for the imparting of indigenous medical education with a sufficient number of local and maffasal hospitals and dispensaries designed on similar lines.

Q. 4 (a).—

(1) Most certainly! This requires no argument to support it.

(2) Exactly so! None can dispute the proposition that medical education if it is to be scientific and thorough should enjoin the use of well equipped hospitals, laboratories, libraries and museums to the fullest extent.

(3) Quite so. This ideal has not been attained in Madras or any other part of India; but the Tibbia College, Delhi, hopes to be able to attain it in the near future being much in advance of other institutions. I need not say much about this since the Secretary of the Committee has come all the way from Madras and visited the college while at work. The main deficiency of the college hitherto has been the lack of provision for dissection work but the difficulty has since been got over by the weekly supply of two dead bodies for purposes of dissection.

(b) The abovementioned ideal cannot be considered too high, since a course of medical study which does not include the above essentials is only a misnomer.

I think that this is the ideal to be ultimately attained and for that reason to be kept in view from the outset and that it will suffice for the present if students are deputed to the Delhi College which for all practical purposes is self-contained. The arrangement might terminate on due provision being made for effective training in the City of Madras itself.

Q. 5.—I do not concur with the view of the Calcutta University Commission in its entirety. While I do admit that such theories as cannot stand the test of experiment may have to go, on no account can the use of indigenous medicines be dispensed with? Granting also that the theoretical differences between the two systems do disappear in course of time, the use of indigenous medicines on a comparatively large scale will continue to be the dividing line between the one system and the other.

Such harmony as is possible can only be reached after a discussion of controversial points by a committee composed of the votaries of the two systems. It is essential however that those selected for the purpose should be men of acknowledged ability and deep learning who have made a comparative study of both the systems. Otherwise no useful purpose will be served by the constitution of such a committee.

Q. 6. I entirely agree with the view that the curriculum of studies of indigenous medicine should include a study of modern scientific methods if it is to keep pace with the present-day requirements. Care should however be taken to gradually introduce the subjects of study so that the students may not be handicapped by a heavy curriculum. It is equally necessary that the terms and nomenclature used should be translated so as to appear in their native garb (Urdu) without any admixture whatever of English or Latin. The experience of the Delhi College has been that so long as foreign Anatomical and Physiological terms were adopted the students did not take to them readily as evidenced by the way in which they fared in the examination but as soon as corresponding Urdu terms were introduced there was a marked change for the better in the interest evinced by the students both during study and examination. Perhaps there may not be enough of Urdu books to supply all the wants of the students in this respect but the time is not far off when the deficiency will be made up in view of the help being rendered by the Delhi College whose constant endeavour is to remove these and other disabilities.

COURSE OF STUDIES.

At the commencement it is not desirable to have progressive standards corresponding to those of the allopathic system. After passing through successive trials, the Delhi College had adhered to only one standard and this should suffice for the present. The course of studies of the Delhi College extends over a period of four years as under :—

First year (1).—Anatomy : Bones, ligaments, muscles and dissections, (2) Medicine (principles) Moojazul Qanoon (Urdu), (3) Physics, (4) Chemistry.

Second year (2).—Anatomy and Dissections (to be completed), (2) Physiology (full course) (Another year may be allotted if necessary), (3) Medicine (principles) and Hygiene; Nafeesi (translated), (4) Materia Medica (principles) Nafeesi, (5) Biology.

Third year (1).—Materia Medica and Practical Pharmacy (Action and Therapeutics), Nafeesi, (2) Medicine (Treatment) Sarahi Asbab, Part II up to fevers, (3) Bacteriology, (4) Surgery, (5) Attendance in the Hospital, the medical and surgical wards and the out-patients department and practical training in Medicine and Surgery.

Fourth year (1).—Medicine (treatment) Sarahi—Asbab, Part I and the book on fevers by Avicenna, (2) Surgery, (3) Midwifery and attendance in Hospital as in the third year.

(b) I have already stated in the beginning that there should be only one standard for the whole course of four years. For the preliminary qualification a knowledge of Urdu of the School-final grade should be insisted on and preference given to those who have in addition obtained proficiency in Persian and Arabic.

(c) The medium of instruction should be Urdu ; for in that language have been translated several standard works on medicine not only from Arabic but also from English.

Q. 7. I am for extending medical registration to Indian systems in due course, for such a step if taken at present, will retard their progress, facilities for turning out of the requisite number of practitioners being practically non-existent. Reform must therefore wait the emergence and spread of such men. As matters stand medical registration will prove suicidal to the best interests of the indigenous systems. It has to be borne in mind that the Medical Registration Act did not come into existence until the increase in their number and the area of their distribution warranted such a step.

Q. 8. It is a patent fact that indigenous drugs and medicines being of Indian origin are much cheaper than similar articles imported from Europe. Apart from the cost of collections the foreign drugs have to undergo expensive chemical processes and then they have to pay transport charges, railway and steamer freight, customs duties, making in all a heavy toll of charges. How can these medicines then be expected to be less costly than indigenous medicines? For example, when we can use nux vomica after a simple process of purification, the allopaths have to rely on extract of nux vomica and its alkaloid (strychnine) got after a complicated process. What costs a few annas means much more to the allopaths.

Q. 9. The causes of decay of the indigenous systems are—

(1) lack of medical institutions where a systematic training can be given in these systems ;

(2) absence of hospitals and dispensaries where what is taught can be put into practice.

These steps necessarily involve a heavy initial and recurring outlay requiring State patronage for their realization. The present system of acquiring book knowledge without any practical training whatever serves no useful purpose. Unless the Government take speedy steps for the establishment of indigenous medical colleges, hospitals and dispensaries for the purpose of affording both theoretical and practical training, the indigenous systems will remain in a backward condition without any possibility of revival.

Q. 10. The same means may be adopted for fostering and promoting the indigenous systems by the agencies concerned as have proved successful in the case of the allopathic system.

Punjab.

(10)

HAKIM JAGAN NATH HADIABAD.

I beg to submit to you herewith the answers to a list of questions sent to me with your office letter No. 932-1 S., dated 28th April 1922.

- Q. 1. I have to deal with the unani system of medicine as practised in India.
Q. 2. Before the description of such theories, the "disease" should necessarily be defined.

(a) The "disease" (مرض) according to the principles of unani system, is the manifestation of the disturbed functions of one or more than one organ of the human body.

This functional disturbance originates with any cause either in the body itself called مادي - خلطي, or the cause existing outside the body called غير مادي. The latter cause may be one or some of the following causes:—Injury, unusual cold, unusual heat, unhealthy climate, poisoning, mental excitements, and mental depressions, although these causes generally upset the bodily functions in the same way as the intro-genous causes (خلطي) do, yet for the sake of distinction these are termed غير مادي. Both the causations غير مادي and مادي give effect to the production of a poisonous matter (ماده غير طبيعي - ماده موزي) of a known or an unknown nature in the body; this poisonous matter being not beneficial to the bodily development and assimilation is not incorporable but at any cost is to be got rid of from the tissues. The managing forces of the body (طبيعت مدبره بدن) struggle to discharge it through any suitable channel. The struggle is sometimes very hard, painful, and bloody, and sometimes very slight and negligible, with the appearance of various symptoms, which we call generally the symptoms of a disease.

The principles of the above explained theory are so correct and sound that the modern scientific criticism can hardly affect them.

(b) The diagnosis of a disease according to the unani system is generally made with the consideration of the following facts:—

- (1) The morbid organ.
- (2) The atmosphere and climate.
- (3) Acuteness and chronicity of the disease, its crisis, course, infection and non-infection.
- (4) The position of the patient he assumes, his hunger, thirst, sleep, disposition, facies, his calls, age, sex, blood, sputum, urine, feces, skin and family history.

As for the treatment, it is based on the fact that the disease is actually an outcome of the struggle of the bodily mechanism to get rid of the injurious matter (ماده موزي) produced in the tissues; the physician has it his duty to assist and support the bodily tissues to combat and reject the harmful matter; the assistance, on the part of the physician, is offered in various ways in the form of treatment, as by—

Rest, enjoyment, massage, suitable climate, emetics, purgation, perspiration, diuresis, venesection, cupping, leeching, fasting, hydrotherapy, heliotherapy, specific medication, and the necessary surgery.

Such a treatment proves generally efficacious. The reliable figures, as the Unani physicians are not in the habit of keeping record, are not available, yet the general popularity and strength of this treatment is evident from its acceptance by the majority of the people of the country.

Q. 3. I am connected with the All-India Tibbia Unani and Ayurvedic Conference, Delhi, as one of the executive members of the Standing Committee of the Conference.

(a) The Committee guides all the institutions in connexion with the indigenous systems.

(b) Tibbia College, Delhi, is a good central institution in India giving education in the indigenous systems of medicine; with a support from the State it can promise to meet nearly all the requirements for such training.

Q. 4. (a) Such an ideal is attainable in the present state in the above said College at Delhi; and the answer to 1, 2, 3, is positive.

(b) The ideal is not too high for the present; it is attainable with every satisfaction and easiness.

Q. 5. The view of the Commission is, to some extent, correct and sound, but such an ideal can be attained with liberal-mindedness; both the systems be made to embrace, once more, each other intimately. The Indian systems should be recognised by the State, the professors of each system may exchange their views, so that the sound and healthy principles may be collected and moulded into a uniform system for the good of the human being.

Allopathic system, to tell the truth, has a common origin with the unani system, the anatomy and physiology of both the systems contain dozens of technical terms which originate in the old Greek language and give a clear clue of the common origin; Colon, in unani Kolon

Chyle, in Unani كیلوس Kaloos Chyme, in Unani کاموس Melanoholia, in Unani مالاکھالیا Mania, in Unani مانیا Cornea, in Unani کورنیا Bulimia, in Unani بولیموس Diaphragm, in Unani دیا فرغم and other such terms give a good story of their past. Since the invention of the microscope and discoveries of various chemical methods, the Allopathic system adopted quite a different course. With these new methods, although the Western system has made a brilliant progress, yet in course of this high speed omitted and practically lost several indispensable and golden principles of the old Unani system. The principles of orisis (بحران) lined out by the Unani authors serve a good guide for watching the course of the specific fevers, and other acute diseases accompanied with pyrexia. Fasool Bukrati (فصول بقراتی) and Rasala Kabaria (رمالہ کبریہ) contain very solid and sound principles for the general diagnosis of the diseases, but it is a pity the Allopathic system lost all these gems in haste, and is not able, as yet, to regain them. Chemical methods could not afford a prompt help to the western system, several useful drugs have not been handled, as the chemistry tells nothing of them. Cassiae Pulpa (عسل خیار شنبدر) produces a marvellous effect in lowering down the temperature of the fevers, though the doses may be small, and no purgation produced, yet the febrifugal effects are certain and experienced in daily practise; the western chemistry and Allopathic systems tell us the drug is merely a purgative. The chemistry and other methods in Allopathic system tell us little of the effects of Nux vomica in syphilitic affections, but the Unani physicians benefit the syphilitic patients daily with the use of a well-known compound of this drug named Majoon Azalakee (مجنون اذراکی); the Nux vomica being half of the whole mixture. There are numerous valuable drugs of whose character the western physicians are still ignorant; and they can have the chance of gaining several good things from the hands of the Indian physicians in the case of an actual association with them.

Q. 6. The Curriculum of Studies of Indigenous systems should necessarily include a study of modern scientific methods connected with the medical science.

(a) The progressive standard may be proposed with the addition of the word 'Unani' as L.U.M.P., L.U.M.S., M.U.D., etc.

(b) The period of the study should be the same as for Allopathic study, and the preliminary qualifications must not be lower than the standard of Matriculation.

(c) The medium should be Urdu or Hindi, or if possible the vernacular of the province.

Q. 7. The extension of the Medical Registration Act to Indigenous Systems of Medicines would better the position of the physicians of good ability and skill.

(a) The physicians having the qualification of Matriculation, or Munshi Alum (منشی عالم) and Munshi Fazal (منشی فاضل) and having a constant and regular practice of the profession for more than 15 years may be considered and confirmed as qualified practitioners, and a limited number be elected from amongst them for the formation of Registration Board which may be given the power of admitting other competent hands.

The standard of qualification cannot be fixed until a special revised curriculum of the study be published under the supervision of a joint committee.

(b) The legislation on Medical Registration can be changed or amended accordingly.

Q. 8. The difference in comparative cost of the medicines in Western and Indian systems is not a thing to be taken into account.

While one medicine for a disease comparatively in one system is cheaper, the other medicine in the same system is comparatively very dear.

No doubt a large number of herbs of much value in indigenous systems is obtainable for use, without the expense of a single pie, but not is the case with all the drugs in use.

Q. 9. No standard of qualifications for the professors of the Indian systems was fixed by the State, nor these systems were recognized by the State, hence the progress stunted.

For the progress it is an essential thing to recognise the systems, and to encourage the able and experienced men in the profession. The books of the Indian systems be revised by a joint committee of all the systems, unnecessary material in the books be eliminated, and sound principles be accepted.

Q. 10. The State can do much good for these systems by adopting the—

(1) Measures mentioned under item (9).

(2) The local boards can help these systems by the appointment of able men in charge of the dispensaries of Indian medicine, and by the production of the liberal funds for the publication of the graphic treatises on these lines.

(3) The universities may encourage the able men by granting honorary degrees to them, and by publication of the up-to-date books on these systems.

The physicians may be allowed to attend the medical libraries and other institutions connected with the medical science.

(4) Individuals can make donations.

(11)

SJT. MELA RAM VAIDYA, M.A., M.L.C.P.S.

Q. 1. Ayurvedic.

Q. 2. (a) Disease is caused by—

(1) *Internal causes*.—Admission into the system of harmful matters capable of causing diseases, through the agency of food, water, air or otherwise; taking of food unsuited to time, occasion, climate, etc.

(2) *External*.—Breaking of hygienic laws with regard to all matters except diet.

I cannot say how far the above stands the test of "modern scientific criticism" unless I know what "modern scientific criticism" precisely signifies. I shall be glad if it is explained to me.

(3) Disease is diagnosed by some or all of the following methods:—

1. Seeing the patient,
2. Touching the patient,
3. Hearing the patient's description of his troubles,
4. Examination of the patient's urine.

Treatment consists in administering to the patient internally or externally or both ways, as considered advisable, a single, compound or a mixture of medicines in proper form or ways required for it in each case. The medicines prescribed are such as are known to have the property or properties of curing the particular disease and the various complications existing therein or likely to be created in near future.

My own views are that the general efficacy of my treatment is very satisfactory. In proof of this however I am unable to give facts and figures, as I am not, for want of time, able to maintain and record statistics of my work of treating patients. I can, however, furnish a general proof in support of my views in the shape of a very large number of unasked testimonials given to me by various patients, of almost all sorts of diseases both acute like Cholera, Plague, Influenza, etc., and chronic like dysentery, ague, diabetes, etc. I do not enclose these with this reply, but will be glad to furnish the same to the Committee if required.

I have no special views on this as I never had the occasion of viewing other systems from such a standpoint. I can however say so much that the system that I profess is generally very efficacious.

(a) I have no connexion with any but my own private medical practice which is hereditary to me from seven generations.

(b) I do not consider the existing institution of indigenous systems to be satisfactory with regard to—

1. Adequacy of medical relief provided,
2. Suitability of Centres of Medical Education.

Regarding (1) The reason in my opinion is that indigenous systems are practised by private agencies alone, unaided by Government or local boards, and such agencies are comparatively fewer than Allopathic contemporaries and being financed by individuals, cannot provide adequate medical relief in the face of Allopathic institutions supported by Government.

Regarding (2) I do not think there exist any suitable schools or colleges for the study of indigenous systems and such as there are, are defective in various respects. Private tuitions where received or given is also generally unsatisfactory. This is one of the main reasons why very few people can go in for this profession. As a matter of fact, this profession has become limited practically to men who inherit this and are thus in a favourable position to study the system at home. Fresh enterprise in the line is very rare.

Q. 3. In my opinion, the present provision of medical relief and medical education on indigenous lines is insufficient. The only measure that I would propose is that properly instituted schools and colleges where both theoretical and practical education on indigenous lines be given should be opened; and to encourage admission to such schools and colleges, certain privileges in the beginning should be provided. There should be public hospitals of indigenous systems supported by local boards and Government in towns and cities, and as a matter of fact everywhere where at present medical relief on Allopathic lines is administered. This would open a line of Government service as well in the indigenous medical profession and would attract capable and educated young men to the profession.

Q. 4. (a) I consider that the three things in the questionnaire are essential for proper medical training. Regarding 3 my idea is that the college institution should be in big cities where these should have public hospitals attached to them and professors of various subjects in the college should be on the staff of the hospitals, so that apart from literary developments they may have excellent chances to specialise in their particular branches of medicine and surgery by practical treatment. I do not consider that the ideal is attained or is attainable in any of the existing institutions but I have no hesitation in saying that such is attainable in institutions that may be opened to attain the ideal with reasonable financial support.

(b) I do not consider that the above ideal is too high and I consider that it can be given effect to immediately, provided reasonable encouragement is provided to attract people to this profession.

Q. 5. I do not agree with the views of the Calcutta University Commission that a unified system of medicine is desired by the numerous adherents of indigenous systems, nor do I consider such a unified system to be practicable. The theories of the causation of diseases and their treatment seems to be widely different in the eastern and western systems both of which stand the test of actual observation and experiments in their respective situations. I do not think it strange that both systems are correct but surely they are different and cannot be unified, my idea therefore is that the ideal should be to revive the eastern system in its own place and not to establish a unified system.

Q. 6. The complete indigenous Ayurvedic system of medicines does include all the branches of science mentioned in the questionnaire which should necessarily be studied by those preparing for this profession.

(A) (B) (C). The complete course of study should be divided in three progressive standards as below :—

- | | | |
|--------------|--|-------------------|
| (1) Vaid. | \| |  |
| (2) Rajvaid. | \| | (3) Vaid Bhushan. |

(i) Candidates with Pragya, or with Matric certificate with second language Sanskrit should be admitted to this standard. The course of study should extend over two years and should comprise the study of—

- | | | |
|--------------------|--|------------------|
| (1) Madhav Nidhan. | \| | (3) Sharangdhar. |
| (2) Niganth. | \| | (4) Rasgranth. |

(ii) *Rajvaid*.—Candidates with Visharad certificate or with F. A. certificate with second language Sanskrit should be admitted to this standard. The course of study should extend over two years and should comprise the following :—

- | | | |
|-----------------------------|--|--------------------|
| (1) Sharirak (Sushrut). | \| | (5) Madhav Nidhan. |
| (2) Chikitsa (Charaka). | \| | (6) Niganth. |
| (3) Surtasthan (Bhag Bhat). | \| | (7) Bhav Prakash. |
| (4) Rasgranth. | \| |  |

Qualified vaid with not less than two years practical experience should be admitted to the final examination of this standard as private candidates.

The medium of instructions in both (I) and (II) above should be Hindi.

(iii) *Vaid Bhushan*.—Candidates admitted to this standard should either be Shashtris with Matric certificates or B. A. with Sanskrit second language. The course of study should extend over three years with a fourth year of practical training in which a certain training period allowance should be given to the candidates. The final examination should be held after the close of the third year and in this examination admission should be allowed to qualified Raj Vaid who would have passed the Raj Vaid standard at least three years before appearing in the Vaid Bhushan degree. No training allowance should be allowed to those successful private students but they should be admitted to the training year during which period they should be at liberty to practise as Raj Vaid. The medium of instructions in this standard should be Sanskrit. The course of study should comprise the following :—

- | | | |
|--------------------------|--|----------------------------|
| (1) Shushrut (complete). | \| | (3) Bagh Bhat (complete). |
| (2) Charaka (complete). | \| | (4) Ras Granth (complete). |

Q. 7. Extension of medical registration to indigenous systems of medicine is essential to protect the really qualified practitioners against quacks. The advertisers and sellers of all varieties of medicines of indigenous systems should also be included. A proper registration board should be formed. A reasonable standard of capability should be drawn up and only such of the existing practitioners of indigenous system as satisfy the Board to be up to it should be registered. Efforts should be made as far as possible not to overthrow any existing practitioner unless he is really worthless and harmful. As about the sellers of medicines either the persons preparing such medicines should be registered medical practitioners or the particular medicines that they sell should bear certificate from proper medical authorities of the Board to the effect that the medicine or medicines sold are prepared on correct indigenous lines and are bona fide indigenous remedies.

Q. 8. I consider that cost of treatment in the indigenous system is less than in Allopathic for reasons given below :—

(1) Most of the Allopathic medicines are prepared in foreign, generally European, countries, where cost of labour is higher than in India. This makes the preparation there more expensive.

(2) Freight duty, damage in transit, and middleman's profits are levied on the medicines that come to India thus raising their cost.

(3) According to the taste of richer people in Europe the medicine-makers try to acquire a high standard of excellence in outward form, in packing and in other contingencies which do not effect the real value of the medicine but evidently raise its cost.

(4) Richer people in Europe can afford to pay more for a medicine which through extra refining has been made more palatable to taste, and this is constantly aimed at by European medicine makers, evidently at extra expense; in India people naturally tolerate to take the medicine in its crude form more or less unpleasant to taste and sight and thus save the cost of refining it, which in many cases adds little to its original curative properties. This is the reason of cheapness of indigenous medicines.

(5) Medicines prepared in India are sold in any quantity required by the patient, while most of the foreign medicines cannot be had in less than a certain definite quantity in which it is packed by the maker and whether it does or does not suit the patient afterwards, he has paid for a full phial, bottle, or box as the case may be and if another medicine is then prescribed the same procedure repeats itself.

(6) Indigenous medicines are prepared generally by the practitioners of the systems themselves who generally sell it at very little above their cost price.

Q. 9. The causes of the decay of the indigenous systems are—

(1) Non-support of the State.
 (2) Absence of proper facilities to receive and give medical education.
 (3) Lack of faith in these systems of the people influenced by the western education.
 (4) Inability of the practitioners of the system to prevail upon the masses and show to them the efficacy of the ancient systems for want of proper financial resources.

(5) Non-existence of any registration or licence to practice. This has prompted many a daring and skilful quack to advertise and sell medicines prepared from anything and every thing, whether it comes within the Pharmacopoeia of the systems or not and consequent harm done by such preparations to various consumers of these shattered their faith, erroneously of course, in the system instead of in the man who is responsible for the harm done.

To revive these, I would suggest what I have detailed in my replies to questions 3 (c), 6 and 7.

Q. 10. (a) The State should divide the total budget grant for medical relief into two heads 'Western system' and 'Eastern system' and until such time as the Eastern system has revived and come on a parallel footing to the Western or Allopathic, a major portion of the Government grant should go to the former. When both systems come on a similar footing, careful statistics of the medical relief provided, its success and cost should be kept of the two systems. These will afford the State a chance of viewing the system on a common plane and will permit a good chance of comparison of the two.

(b) The local boards should do exactly what the State should do.

(c) The university should open a faculty of the indigenous medicines and conduct the various examinations suggested by me in reply to question 6 above.

(d) Private agencies can help the cause by taking to the study of these systems and by becoming either medical practitioners or chemists to prepare the various medicines and to sell them. In saying this I mean that I know various practitioners who are competent to prepare, but cannot prepare various medicines of the system for want of either time or funds or both, so if capitalists and men of business come into the sphere, proper pharmacies could be established where everything could be had ready prepared according to the book and other prescriptions of the various systems.

(12)

Bombay.

VAIDYA APPA SHASTRI SATHE, BOMBAY.

Q. 1. I am an Ayurvedic Physician and I mean to deal with *Ayurveda*.

Q. 2. (a) 'Ayurved' means the knowledge or science of *Ayu*. 'Ayu' means the combination of the material body, the five senses together with the mind, and the *Atma*. Out of these three, the *Atma* is unchangeable in itself by any cause, either external or internal, and does not take part in changing of anything. The material body and the five senses together with the mind are subject to change, and when there is such a change in them as to cause a feeling of pain in the *Atma* on account of its association with them, it is called disease. The body and the senses contract disease in two ways; either (1) by some internal cause as the प्रकोप (aggravation) of the *Doshas*, or (2) by some external cause, as falling from a tree, beating, etc.

Now we shall consider the first way of contracting disease, which is really the chief theory of the Ayurvedic system of causation of disease. To understand this theory it is necessary to know what is a *Dosha*. Ayurveda is a follower of the *Six Darshanas* in saying that the whole universe is composed of the five elements, viz., पृथ्वी, आप, तेज, वायु & आकाश. Every material thing is made up from these five. Consequently the human body is also made up of these five elements. The Ayurvedic Acharyas for their convenience in diagnosing and treating diseases evolved the theory of त्रिदोष (Tridosha) from these five elements. They grouped together the portions of *Akash* and *Vayu* in the living body and called them *Vata*, the portion of

Teja they called *Pitta* and the portions of *Apa* and *Prithvi* they grouped together and called *Kapha*. The terms, *Vata*, *Pitta* and *Kapha* they never use except in connexion with the living body. When these three *Doshas* are in proper order, the living body continues to be healthy, but when they get deranged, they produce disease, and if not promptly attended to, cause death.

The materials in the universe, being composed of the five elements, when inserted into the human body in proper proportions in the form of food, etc., if well digested, add to the portions of the five elements in the body. The materials having predominantly the properties of *Akash* and *Vayu*, add to the *Vata* in the body, those having predominantly the properties of *Teja* add to the *Pitta* of the body and those having predominantly the properties of *Ap* and *Prithvi* add to the *Kapha* in the body. When a man takes any food, it enters the mouth, there goes through the process of mastication, and then enters the *Amashaya*. There it is acted upon by *Kapha* and made fit for the action of *Pitta*. Then it enters the *Pittashaya*, is acted upon by *Pitta* and is separated into the life sustaining *Rasa* and the refuse called *Malamutra*. The *Malamutra* leave the body by their respective outlets, and the *Rasa* (i.e., the extract of the food) begins to circulate. There are seven *Dhatus* (viz., रसरक्तमांसमेदअस्थिमज्जाशुक्र) in the body, each of them having its own inherent *Agni*. When the *Anna-rasa* in its circuit comes in contact with the *Dhatus*, they take from it the necessary ingredients for their growth and assimilate them by means of their *Agni*. When the *Anna-rasa* is made up of materials having the properties of the five elements in more or less than the required proportions, the *Vata*, *Pitta* and *Kapha* in the *Anna-rasa* are either increased or decreased and such *Anna-rasa* the seven *Dhatus* cannot properly assimilate and some portion remains unassimilated. This unassimilated portion of the *Anna-rasa* now receives the name of *Ama* and produces derangement in the *Doshas*, inordinately increasing some, and decreasing others, according to its composition. The *Doshas* which are aggravated, if not properly attended to, become wild, spread in the body and taking hold of some definite part produce disease. This is about causation of disease through internal agencies. The chief among such agencies being *Ama*, disease in general has received the name *Amaya*.

Diseases are also contracted without the *Doshas* being deranged in the beginning. When any of the five senses are brought in contact with their objects in an excessive degree, not at all, or in an extraordinary manner, they (i.e., senses) themselves become diseased, and sometimes cause disease to the other parts of the body also. The same is the case with the mind. It is influenced by sudden attacks of grief, fear, joy and such other feelings.

Another external source of disease is the different kinds of hurts, resulting in wounds, fractures, etc.

Some diseases are inherited from parents.

Some diseases are caused through diseased or poisonous articles of food and also by poisonous climate.

In all these cases of externally contracting disease, a disease like a wound or fracture is first generated on account of the immediate external cause, but afterwards, on account of that very disease the bodily *Doshas* may get deranged and cause other diseases.

This in short is the whole Ayurvedic theory of the causation of disease.

Modern Scientific Criticism.—In the first place I would point out that any appreciable amount of knowledge of the modern sciences should not be expected from Ayurvedic physicians. Yet, since the question is put, I place my views before the Committee. According to Herbert Spencer, one of the greatest scientists in England, science is a 'systematic and accurate knowledge' of any subject. Accordingly Ayurved must be acknowledged to be scientific. The ayurvedic works, such as *Charaka*, *Sushruta*, etc., will stand the test of the above definition. System and accuracy will be found in every one of them. In testing the accuracy, we must, of course, make allowance for want of the modern means such as microscopes, etc., during those days.

All the modern sciences take cognizance of matter and do not attach much value to the spirit, while the Ayurved gives primary importance to the spirit and secondary importance to matter. The modern scientists even go to the length of saying that in the near future they hope to explain life by means of the various processes of chemistry and physics. The Ayurved holds that from the time of germination up to the full development of the whole body, the growth is due to the presence of the spirit and not simply to the chemical and physical processes. Our theory is 'life begets life'. Under these circumstances it would not be proper to view the Ayurved from the standpoint of modern sciences.

We do not know whether the Ayurvedic theory about the causation of disease will stand the test of modern scientific criticism. But it has been proved by experience that the causes, mentioned in Ayurved, of producing various diseases do produce those particular diseases under the required circumstances. At that time there being no such instruments as are now available to modern scientists, they may not be able to prove by actual demonstration the intermediate processes. For all practical purposes they found it sufficient to know the result of the various causes, no matter what the intermediate processes are.

In *Madhava Nidana*—one of the most respected of Ayurvedic works—we find that the author, while proceeding on the basis of *Tridosha*, had, it seems, an idea of the various systems of the body. The diseases of the intestines, the lungs, the kidneys, the brain, the skin and so on, have been dealt with in separate groups. This arrangement of diseases somewhat coincides with

the *systematic* arrangement of the Western Medical Science. This I have mentioned by the way. But I hold that the theory of Tridosha, besides being reasonable, is the most convenient, easy and useful in the matter of diagnosis and treatment.

(b) निदान (Cause of the disease), पूर्वरूप (Premonitory symptoms), रूप (Symptoms of the disease), समाधि (Mode of its attack, the proportion of derangement of the three Doshas, etc.) and उपशय (—dietetics, etc., which subside or aggravate the disease) are the chief tests of the Ayurvedic system of Diagnosis. Every disease must be diagnosed by subjecting it to each of these five tests. In applying these tests Ayurvedic physicians take the assistance of the five senses and of the information obtained by enquiring of the patient and his attendants.

The Ayurvedic method of treatment of diseases consists in (1) avoiding the cause of the disease, and (2) administering such medicines, etc., as will bring the deranged Doshas to their proper condition and also counteract the disease itself.

When there was Cholera Epidemic at Parel (Bombay) in 1918, the Deccan Volunteer Corps of which I was then the President, had opened two charitable dispensaries: one Ayurvedic and the other Allopathic. The Allopathic dispensary was in charge of Dr. Madan, L. M. & S., and the Ayurvedic one was managed by Vaidya Patvardhan. There it was found that the proportion of the patients in the Ayurvedic dispensary was six times as that in the Allopathic dispensary. Not only was the number of patients who visited the Ayurvedic dispensary great, but the percentage of recoveries in the Ayurvedic dispensary was much in excess of that in the Allopathic dispensary.

Again under the auspices of the Debt Redemption Society in Bombay, a dispensary was started in the Servants of India Society's building where Vaidyabhusan Ganesh Shastri Joshi used to dispense Ayurvedic medicines in the morning and Dr. Desai and others used to dispense Allopathic medicines in the evening. There also the number of patients treated by the Ayurvedic method was far higher than that treated by the Allopathic method and the percentage of recoveries by the former was also in excess of that by the latter.

present (c) I hold the view that the Ayurvedic system of medicine is more efficacious than the

(10) Them in जीर्णज्वर (long standing hectic fever), संग्रहणी (sprue and diarrhoea) and sought in the abnormities. (Doshas) that are always present in the human body.

(11) These three varieties of material bodies or organized molecular masses or substances may be called A, B and C respectively or, as the Ayurvedic authors name them, Vatha, Pitta and Kapha, because the first term is indicative of motion or molecular activity of high order, the second of chemical or ferment activity and the third of stability or comparative firmness.

So far for the theory.

Now for its utility in actual practice—

(1) All diseases or pathological conditions are the results of some disturbance in the constitution of the body.

(2) The external impacts of foreign bodies may start some pathological condition or disease at a point in the human system but its spread and development depend on constitutional disturbances.

(3) The constitutional disturbance is the result (1) of accumulation of effete matter in the body (the malas of the Ayurvedic authors) or the improper functioning of the tissue cells of the body (the Dhatus of the Ayurvedic authors).

(4) But both these disturbed conditions of the human body are according to the Ayurvedic system the ultimate result of the improper supply of the building material either in quantity or quality (the Vikritavastha of the Doshas of Ayurvedic authors).

(5) Hence in the treatment of every kind of disease the Ayurvedic system directs its attention mainly to the re-settlement of the disturbed condition of the Doshas.

(6) Any local treatment that may be necessary is only for the relief of the immediate pressing painful symptoms. The ice, the poultice, the blister, the knife, the catheter, the trocar or the syringe may give immediate relief that may be absolutely necessary but the main attention must be directed towards the removal of the real cause (the Vikritavastha of the Doshas).

(7) The Vikritavastha of the Doshas is to be known from the symptoms observed in the affected body. These are minutely studied and stated in detail by the Ayurvedic authors. They divide these into three classes, each of them referring to each of the three Doshas.

(8) A disease may be named according to the anatomical lesion present in it and the knowledge thereof will serve to direct the local treatment of the lesion. But along with the lesion there are always some symptoms suggestive of the disturbed Dosha or Doshas—the main cause of the disease to which the Ayurvedic authors direct special attention of the physician.

(9) The Doshas are derived directly from the various articles of food supplied to the body and the Ayurvedic authors describe each article of food as affecting one or the other Dosha. Hence arises the importance of Pathya-pathya Vichara (the arranging of dietary suitable in the treatment of each disease).

Formerly such Vaidyas were centres of medical education. They used to reside at the capitals of the then existing kingdoms and used to teach a number of students. They at that time got every assistance from the State and themselves made good the want of efficient Universities. The students coached up by these Vaidyas used to establish themselves at other places where they thought the want of medical relief was the greatest, and in their turn formed distinct centres of education. The Kings and rich people of those days used to give support to these Vaidyas and they utilized that support in giving relief to the needy and in preparing new Vaidyas. If that system were revived, I think, it would encourage and improve medical education and provide adequate medical relief.

Q. 5. No.

Q. 6. Chemistry and physics are not able to analyse properties of many substances. They find no difference in शंखभस्म, मौक्तिकभस्म or शौक्तिकभस्म while Ayurvedic physicians have been successfully using them as different medicines on different diseases. Surgery is already an integral part of Ayurveda. Of the other sciences, I can simply say that they are not a necessity.

Q. 7. The Medical Registration Act may be extended to Vaidyas, but the Medical Registration Board must consist solely of Vaidyas. This Board should register duly qualified Vaidyas and the Registered Vaidyas must have equal status with the Doctors everywhere. The Medical Registration Act should be so amended as to make it consistent with the above suggestion.

Q. 8. The cost of Ayurvedic treatment is trifling when compared with that of the Allopathic treatment. The reasons as to why the Allopathic treatment is so costly are that (1) the Doctors undergo through a costly training and therefore charge high fees; (2) all their medicines are foreign imports and are monopolized; so they have to buy them at high prices. The experience during the last War is common to every one. The Doctors had to pay and even now do pay high prices for medicines of daily use such as quinine, santonine, etc. They are not taught to prepare these medicines themselves and have therefore to buy them at exorbitant rates; (3) the Doctors do not know and also do not care how to make their treatment suitable to the status of the poor people of India. Wherever they go, without regard to the patient's status, they advise the use of only milk for food, and such costly things as ice, ice-bags, Cologne Water, Thermometers, etc. These things are beyond the means of the average lower and middle class people of India; so, sometimes fearing the expense, they prefer to go with ~~to the~~ ^{to the} ~~hospitals~~ ^{hospitals} ~~in private hospitals~~ ^{in private hospitals} is a luxury which only the ~~things of the~~ ^{things of the} authorities, (2) one's own visual evidence, etc.

Q. 1.—Yes, we are ready to deal with both the divisions of Ayurveda, viz., Vanaspathya as well as Rasa-shastra.

Q. 2 (a).—The whole universe is made up of 7 categories, i.e., (1) objects, (2) qualities, (3) actions, (4) universals, (5) particulars, (6) aggregation and (7) non-existence.

Of these, the following 5 are the intimate causes, viz. (1) earth, (2) water, (3) light, (4) air and (5) space. Says Charaka (Sutra Chapter 26), "Each object consists of those 5 primordial elements, and it is either sentient or non-sentient." Every thing else consists of concomitant causes. Therefore is this Creation called Panchabhautika, i.e., made up of five elemental substances. Leaving the last of these, i.e., space, which is unmodified and all-pervading, we have to multiply the first four by (1) paternal semen, (2) maternal ovum, (3) subtle body and (4) assimilation of external objects, and we get 16 things constituting the living body.

As long as nothing abnormal enters this body, it is said to be in proper health. Of course, in this world we cannot find such an ideal body, because though free from abnormal ailments, each body is subject to what we call natural longings, as hunger, thirst, desire, jealousy, etc.

"Diseases affect the body and mind." Definition—"That is disease, which affects either the body or the mind or both." According to the maxim "An effect is like its cause", diseases as leprosy, fistula, piles, etc., are due to abnormalities in the four elements constituting the semen and the ovum. Diseases like colic, peritonitis, intestinal obstruction, cholera, etc., are due to vitiation in the four constituents of either the mother's assimilation, or one's own, after birth. This vitiation is called prarabdha and is only inferrable. Thus out of four sons of leprous parents, one gets congenital leprosy, another after a few years, the third still later, and the fourth may escape altogether. Thus we cannot attribute the above differences to any other cause but prarabdha, which is the most potent cause of the vitiation in the subtle body.

Seasonal Incidence.—Now you might ask why this vitiation enters the elements; we say, it is due to the excess, deficiency or misapplication of time divided into seasons; for example, a creature that can thrive at a temperature of 110° F., would not thrive so well at a temperature below it. This is called Heenayoga. Thus the threefold combination of intellect and the objects of senses (sound, touch, form, taste, smell), affects the twelve constituents of semen, ovum and the things assimilated. Owing to any change in their normal functions, the latter become modified, and this is what is called disease, while the normal working of time, intellect and objects of senses is called health (Charak, Sutra, Chapter I). This is in short our theory of the causation of disease. To give an ordinary instance, as long as the materials of a house, as grass, timber, bricks, etc., keep in good condition, the house is said to be strong and durable, but as soon as the materials begin to rot from any cause, it is said to be decaying. This is the state of things to be found everywhere under the Sun.

(4) Thus the body is made up of three classes of molecular masses of matter—(1) one obtained from the food, that constantly enters the body and is prepared to enter into the formation of various classes of cells, that make up the body (i.e., products of anabolic processes), (2) the molecular masses of matter that form the cells of the various tissues and remain so during the period of their functional activity and (3) the molecular masses of matter that are the products of the functional activity of the tissue-cells and the disintegration of the cells themselves (i.e., products of Katabolic processes) and are ready to be thrown out of the body.

(5) The Ayurvedic authors appear to call the first class as Doshas, the second class as Dhatus and the third class as Malas. They say that the body is made up of three three classes of matter.

(6) If the first class is supplied to the body in proper quantity and quality the body remains healthy. Any disturbance in the proper quantity and quality of this material in the body results in disease or pathological condition of the body.

(7) These molecular masses or substances of the first class (Doshas) are present everywhere in the body (vyapi). Their presence in the body in the proper quantity and quality (Samya Vastha) spells health. Any disturbance of this condition (Vikrita Vastha) spells disease.

(8) These molecular masses or organized substances of the first class (Doshas), the Ayurvedic authors divide broadly into three classes—(a) the highly organized, very unstable, or so to say, electrically active bodies that are responsible for the formation of brain, nerve and muscle cells and the exhibition of functions of intelligence, sensation and motion; (b) the highly organized but less unstable and so to say chemically active bodies that are responsible for the formation of cells of the glandular tissues and the secretion of all sorts of ferments that cause digestion and assimilation and the reversible process of breaking down of spent up cells and (c) the less highly organized and comparatively more stable bodies that are responsible for the formation of bone and connective tissue cells entering into the structure of the more stable parts of the body.

(9) These are the three kinds of material bodies (Doshas) that are present in all parts of the human frame, that by their presence in proper quantity and quality cause health and that if present in an abnormal condition cause disease.

(10) Thus the causes of all diseases or pathological conditions of the human body are to be sought in the abnormalities of these three varieties of material bodies (Doshas) that are always present in the human body.

(11) These three varieties of material bodies or organized molecular masses or substances may be called A, B and C respectively or, as the Ayurvedic authors name them, Vatha, Pitta and Kapha, because the first term is indicative of motion or molecular activity of high order, the second of chemical or ferment activity and the third of stability or comparative firmness.

So far for the theory.

Now for its utility in actual practice—

(1) All diseases or pathological conditions are the results of some disturbance in the constitution of the body.

(2) The external impacts of foreign bodies may start some pathological condition or disease at a point in the human system but its spread and development depend on constitutional disturbances.

(3) The constitutional disturbance is the result (1) of accumulation of effete matter in the body (the malas of the Ayurvedic authors) or the improper functioning of the tissue cells of the body (the Dhatus of the Ayurvedic authors).

(4) But both these disturbed conditions of the human body are according to the Ayurvedic system the ultimate result of the improper supply of the building material either in quantity or quality (the Vikritavastha of the Doshas of Ayurvedic authors).

(5) Hence in the treatment of every kind of disease the Ayurvedic system directs its attention mainly to the re-settlement of the disturbed condition of the Doshas.

(6) Any local treatment that may be necessary is only for the relief of the immediate pressing painful symptoms. The ice, the poultice, the blister, the knife, the catheter, the trocar or the syringe may give immediate relief that may be absolutely necessary but the main attention must be directed towards the removal of the real cause (the Vikritavastha of the Doshas).

(7) The Vikritavastha of the Doshas is to be known from the symptoms observed in the affected body. These are minutely studied and stated in detail by the Ayurvedic authors. They divide these into three classes, each of them referring to each of the three Doshas.

(8) A disease may be named according to the anatomical lesion present in it and the knowledge thereof will serve to direct the local treatment of the lesion. But along with the lesion there are always some symptoms suggestive of the disturbed Dasha or Doshas—the main cause of the disease to which the Ayurvedic authors direct special attention of the physician.

(9) The Doshas are derived directly from the various articles of food supplied to the body and the Ayurvedic authors describe each article of food as affecting one or the other Dasha. Hence arises the importance of Pathya-pathya Vichara (the arranging of dietary suitable in the treatment of each disease).

(10) Each article of *Materia-Medica* is also described with reference to its action on one or more of the *Doshas* and the selection of the drug in the treatment of a disease is made in accordance with its action on the disturbed *dosha*.

(11) Thus the diagnosis of diseases, the arrangement of dietary as an important part of their treatment and the selection of drugs for their medicinal treatment—all are based on the *Tridosha* theory which should be verified by experience at the bedside in a large hospital with a sympathetic and searching mind. The experience of the ancient *Rishis* may thus be added to, amended or rejected in the light of the new and carefully conducted investigation.

(14)

SJT. VAIDYA PANDIT HARI PRAPANNA SHARMA, VAIDYA YADAVJI,
TRIKAMJI ACHARYA AND FIFTEEN OTHERS.

That Lord, the remover of Sita's sorrow,
And Master of Ayurveda and Scriptures,
Does humble Hariprapanna Sharma,
Contemplate daily with delight!

In reply to your questionnaire, we beg to state that we are prepared to appear as witnesses before your Committee, provided it includes gentlemen who are fully conversant with the Oriental systems of Medicine in their original form, and the majority does not consist of those who know merely *Allopathy*; because we believe that the *Allopathic* and its allied sciences do not and cannot monopolize all knowledge in this world, as is very often presumed directly or indirectly in this country. The wording of the second question is enough to show that the Committee is not prepared to accept the third instrument of right knowledge, viz., *Shabda Pramana* as authoritative, but would accept only two, i.e., perception and inference. Both these latter are impossible in the case of a child, who has to depend upon the statements of his elders even in accepting the names of things he has never before heard of. If you take the instance of a grown-up rational young man, has he not to consider as true the words of an ordinary teacher? Much more so is the case with those great Masters of the past who were neither misguiding the world, nor were themselves misguided. *Charaka* in his *Vimana-Sthana*, Chapter V, says, 'A shrewd doctor should learn about diseases by (1) the teachings of the authorities, (2) one's own visual evidence, (3) inference.

Q. 1.—Yes, we are ready to deal with both the divisions of *Ayurveda*, viz., *Vanaspatya* as well as *Rasa-shastra*.

Q. 2 (a).—The whole universe is made up of 7 categories, i.e., (1) objects, (2) qualities, (3) actions, (4) universals, (5) particulars, (6) aggregation and (7) non-existence.

Of these, the following 5 are the intimate causes, viz. (1) earth, (2) water, (3) light, (4) air and (5) space. Says *Charaka* (*Sutra* Chapter 26), "Each object consists of those 5 primordial elements, and it is either sentient or non-sentient." Every thing else consists of concomitant causes. Therefore is this Creation called *Panchabhautika*, i.e., made up of five elemental substances. Leaving the last of these, i.e., space, which is unmodified and all-pervading, we have to multiply the first four by (1) paternal semen, (2) maternal ovum, (3) subtle body and (4) assimilation of external objects, and we get 16 things constituting the living body.

As long as nothing abnormal enters this body, it is said to be in proper health. Of course, in this world we cannot find such an ideal body, because though free from abnormal ailments, each body is subject to what we call natural longings, as hunger, thirst, desire, jealousy, etc.

"Diseases affect the body and mind." Definition—"That is disease, which affects either the body or the mind or both." According to the maxim "An effect is like its cause", diseases as leprosy, fistula, piles, etc., are due to abnormalities in the four elements constituting the semen and the ovum. Diseases like colic, peritonitis, intestinal obstruction, cholera, etc., are due to vitiation in the four constituents of either the mother's assimilation, or one's own, after birth. This vitiation is called *prarabdha* and is only inferrable. Thus out of four sons of leprous parents, one gets congenital leprosy, another after a few years, the third still later, and the fourth may escape altogether. Thus we cannot attribute the above differences to any other cause but *prarabdha*, which is the most potent cause of the vitiation in the subtle body.

Seasonal Incidence.—Now you might ask why this vitiation enters the elements; we say, it is due to the excess, deficiency or misapplication of time divided into seasons; for example, a creature that can thrive at a temperature of 110° F., would not thrive so well at a temperature below it. This is called *Heenayoga*. Thus the threefold combination of intellect and the objects of senses (sound, touch, form, taste, smell), affects the twelve constituents of semen, ovum and the things assimilated. Owing to any change in their normal functions, the latter become modified, and this is what is called disease, while the normal working of time, intellect and objects of senses is called health (*Charak*, *Sutra*, Chapter I). This is in short our theory of the causation of disease. To give an ordinary instance, as long as the materials of a house, as grass, timber, bricks, etc., keep in good condition, the house is said to be strong and durable, but as soon as the materials begin to rot from any cause, it is said to be decaying. This is the state of things to be found everywhere under the Sun.

Now we are very much grieved at your words "How far your theory or theories stand the tests of modern scientific criticism": we beg to say very modestly that the moderners cannot even comprehend our theories of causation and the modes of treatment. They are changing their ground almost every year by refuting the old theories, and experimenting, each according to his own whims, upon poor creatures, without any proportionate gain to anybody. Is it this that deserves the name of science? Our idea of science is that it should be a storehouse of incontrovertible, universal knowledge which holds good for all times—past, present and future. Please examine your own pharmacopœia of a hundred years ago and see how vastly it differs from the present one, and is still undergoing further mutilations. Is this science, or a mere compendium of ascertained and unascertained facts? The facts well-ascertained in our ancient books thousands of years ago, have never been disputed, and can never lose their ground, being nothing short of absolute and universal truths.

By enquiring whether our theories can stand the tests of modern scientific criticism, you are perhaps hinting at our Tridosha theory, wrongly translated as the theory of three humours. Well, it is difficult to grasp its true nature without working at it for some time, but for your edification, we are placing it before you in bare outlines.

As stated above, the five great elements (Tattvas) enter into all creation as intimate causes; of these the last one, i.e., space, being universal and unchangeable, is beyond our present consideration. Of the remaining, Vayu being more potent and important than others, retains the same appellation (in our triad of Doshas) from the root *va*—to blow, to move, to smell; and as the causal sense is often understood, it means 'that which causes to move', or the principle of motion and energy and sensation, of every cell in the body. The second Dosha, viz., pitta is the principle of heat, being derived from the third element Agni, as all life depends upon certain degrees of heat. It comes from the root *pa*—to protect, or *Pach*—to cook, to digest, or *Tap*—to heat, and its function is to cause the digestion and the consequent assimilation of whatever external matter is taken into this body. Now the third Dosha Shleshma is derived from 'Shlish'—to attach or embrace, and resides in the first two elements, i.e., earth and water, which attach themselves everywhere, thus causing the growth of, and supplying nutrition to, every living cell. The functions of Vayu, besides those of imparting movement to every living cell in the body, discharging the waste and harmful matter in various ways, drying up effete material (from *Vai* to dry up) so as to make it harmless, etc., also include those of the motor and sensory systems (from *va*—to smell, suggest, know), and also of sustaining the fivefold vital air in the body through respiration. All this and more is given in detail in the chapter *vatakalakaliya*. The terms *vata*, *pitta* and *shleshma* are technical, and have countless divisions. They are inferrable from their peculiar functions, and are non-perceivable.

About the classification and functions of tastes, there is nothing in Allopathy. Sushruta devotes a whole chapter (42 Sutra) to it. After describing how they originate by the mutual permutations and combinations of the different elements, he says, 'The sweet, the acid and the saline tastes remove Vata; the sweet, the bitter and the acrid, destroy pitta; the pungent, the acrid and the bitter suppress shleshma.'

(b) *Principles and methods of diagnosis and treatment in Ayurveda*.—We have to investigate the intimate as well as the accessory causes in diagnosing not only disease, but anything whatsoever. For instance, a detective, who is sent after a boy, has first to inquire about his parentage, his company and his character, taking into account his country, society, family and customs peculiar to his abode and the age in which he lives. In short, we have to trace general and particular causes, remote as well as immediate ones, in order to establish the etiology of disease.

The following eight facts help us in arriving at a correct diagnosis:—(1) pulse, (2) urine, (3) fæces, (4) tongue, (5) voice, (6) touch, (7) eye, (8) sight of the body as a whole (Treatise on Pulse by Ravana). All these are included in sight, touch and questioning which are regarded as the important ones by Vagbhatta (Sutra, chapter I, 21). In the case of a dumb patient, we have to make use of Kerala, Ramala, Swara-shastra, Nashta Jyotisha, etc. After questioning the patient, we have to question his friends, attendants, etc., if he does not convince us, or if he be insane. There is also a fourth means, and it is the supernatural insight of a Yogi; but this is included in sight; of course, there is a difference between the gross and the subtle means of sight, yet the whole falls under the same category, i.e., eyesight. This last factor is so highly developed by the divine Punarvasu that he devotes a special chapter to prognosis, and particularly to the signs and symptoms of approaching death—which is unfortunately neglected now-a-days (Chapter 12, Indriyasthana).

Diseases may be local or systemic; local, as piles, fistula, pidaka; systemic, as those due to vitiation of blood and other metabolic changes.

Diagnosis is subdivided into (1) prodromal symptoms, (2) undeveloped symptoms, (3) symptoms, (4) favourable and unfavourable drugs, diet, conduct, place and time, (5) appearance of disease.

Treatment.—In case of deficiency in the above mentioned constituents of the body, it should be replaced by likes (Charaka Scharira, chapter 6). 'Flesh develops by flesh, blood by blood, fat by fat, marrow by marrow, semen by semen, foetus by raw foetus of another animal', etc. In case of overgrowth, it should be reduced. Likes include objects, qualities and actions;

because disease means vitiation in any of the above three—belonging to the five elements. Qualities are either those of the five elements modified by the internal heat of the body, or of the same residing outside the body. Vayu has seven qualities, rough, cool, light, subtle, moving, clear and hard. Pitta has oily, hot, sharp, fluid, sour, gliding, acrid. Kafa too, has heavy cool, soft, oily, sweet, steady and sticky.

Normal qualities are 20, as heavy, light, dull, sharp, hot, etc; they are mutually antagonistic, as hot and cold; so excess of heat should be corrected by proportionate cold and vice—versa.

Diseases caused by deficiency require nutrition, and those caused by excess require reduction. Reduction is of three kinds, fasting, digesting and draining off the morbid matter. All these three are to be used in particular stages of fever, as, 'fasting in the initial stages of fever, digestion in the middle, and purging in the end'. Draining includes (1) sweating, (2) vomiting (3) purging (4) oil-enema (5) decoction-enema (6) catheterising (7) aspiration with horn (8) leeches (9) applying the gourd (10) cupping (11) venesection, etc. This is called treatment by Reduction. Treatment by nutrition includes behaviour proper to every season, etc. If you study our science of life with care, you will wonder how every mode of treatment in it is highly developed. For example, the measure of the contents of the enema for a particular patient must be the bladder of an animal in the same stage of life. How minute are the directions for making the eye of the catheter, etc. Then there are full details for remedying wrong treatment. Has Allopathy got to show any such detail? It is our considered opinion that Ayurvedic treatment, if properly followed, that is, according to the rules of our science, can cure chronic and deadly diseases most wonderfully. In the case of sadhya or curable diseases, the results will be cent per cent, while in the case of those that Allopathy believes to be quite incurable, as leprosy, phthisis, etc., our results will be 50 per cent provided they have not entered the third stage; at least 25 per cent results are sure and certain.

(c) For sprue, treatment by Swarnaparpati, Rasaparpati, Panchamritaparpati, etc., for Amavata, Syonaka-bark, Laghurasnadi decoction, etc., effect a sure and speedy cure. Amavata is due to the blocking of the serous ducts, and you have but recently learnt that they can be opened by castor-oil, though mentioned in our books thousands of years ago.

The same is the case with our dechlorination method, which you have learnt but 10 or 15 years back from German doctors (See Sir Pardy Lukis' Indore Lecture, 1913).

Even in Surgery, you have learnt from India, one hundred years ago, the method of skin-grafting by living flaps in Rhino-plasty, etc., which is therefore called Indian operation. Dr. W. Carnegie Brown says, "Sprue was undescribed and unrecognized as a distinct disease fifty years ago"; (Page 3 Edition 1908) while we know even six varieties of sprue for the last several thousand years. The same author while describing entire fruit treatment (Page 133), writes, "The method is, indeed, one of great antiquity, for the use of bael and other fruits in India and the further East, is described in native systems of medicine which antedate European discovery and conquest by many centuries; while the routine treatment of sprue by a diet consisting entirely of fresh fruit, now generally employed by Dutch physicians in Java, is based on the methods in vogue during Hindu ascendancy in Cambodia and the Eastern Archipelago."

The superiority of Ayurvedic treatment lies in this, that it is not merely curative, but is also preventive in a very wide sense. In fact, the latter occupies the first place in every standard work of Ayurveda. It is called Swastha-rakahana-vidhi, or the method of preserving the health of a healthy man. There are special chapters, called Ritu-charya, or seasonal behaviour, varying according to the exigencies of different seasons of the year—particular foods and vegetables are prescribed for particular months.

Now as regards the treatment of the sick, due to vitiation in different constituents of the five Tattwas, we divide it into (1) causes (2) symptoms and (3) drugs. The last constitute the most important part of our system, yet it must be accompanied by considerations of the former two.

The union of the soul with the body consisting of five elements is called a 'Being', and its getting into any sort of pain goes by the name of disease. Disease is divided into traumatic, physical, mental and natural; again, into those depending upon (1) one's body (2) deities (3) physical elements (Sushruta, Sutra—Ch. 24). The three doshas are the chief cause of disease. "Just as all modifications in the universe cannot lie outside the three principles of satva, rajas and tamas; so does every sort of disease inhere in vata, pitta and kafa. The soul experiences pain either through the body or the mind; therefore it is divided into bodily and mental; then into (1) extraneous (2) natural (3) congenital. Out of these, the extraneous is due to trauma. The causes of physical ailments are vata, pitta, kafa, aggregation and inequality. Just as extraneous is considered apart from the bodily and the mental type, so are blood and aggregation supposed to be separate causes, because all the three faults are *equally* enraged, the condition cannot be called "Inequality".

Similarly, blood receives a separate consideration, because of its importance in circulation; for instance, if a limb is tightly bandaged so as to block the circulation, and if that part is bitten by a serpent, the poison will not pervade the whole body; now, if the limb be amputated, and then the bandage removed, he will not be poisoned. Or, to take other examples, syphilis, gonorrhoea, leprosy, a mosquito, a rat, a rabid dog or a fox immediately affect the blood through their bites, inoculation, etc.; therefore, blood has been considered as a separate entity. Further by

taking larger and larger doses of poisonous drugs as opium and arsenic, we can render our body immune by modifying the blood in a particular way. This method is called "peculiar modification of the body" and in English, it is called vaccine and serum therapy, only recently developed in the West. For these reasons, blood is put down as a distinct entity. Germs are also included in blood. The causes, though classified into three by our Logicians, are reduced to two in Medicine. They are further subdivided into (1) union with improper objects, (2) misdirected intellect and (3) fruition.

Misuse of time, intellect and objects of senses also form the etiology of diseases. As each of the four elements is possessed of qualities peculiar to itself, and as there is nothing in the world which is not made up of any of these four, it goes without saying that every object in the universe would serve as some sort of drugs.

The three doshas are also named Dhatus and Malas on account of their peculiar functions, as the same man is called a Collector, a Magistrate, etc. They are called doshas from dush—to vitiate, and Dhatus from dha—to hold, for they hold or sustain the body in their equi-balanced state. They are also called Malas, on account of their refuse or waste, as perspiration, excreta, urine, etc., these names are all relative terms, for our excreta serves as the intimate cause of the bodies of worms and bacteria, which are born in it.

Linga is the extraordinary mark, at the sight of which, we can infer the existence of an object possessing that mark, as we infer the presence of fire in a mountain by merely seeing the smoke.

Now wherever these special marks are discovered, we can infer from them, the workings of either vata, pitta or kafa. Besides the 80 principal diseases caused by Vayu, there are other innumerable types, but all the same, they can be easily recognized by the peculiar marks of Vayu, i.e., roughness, lightness, coolness, motion, formlessness, etc., and when it affects the body, its actions will be also peculiar to itself, i.e., shaking, boring, stiffness, horripilation, etc., (26 in all). These should be treated by remedies antagonistic to Vayu, as sweet, sour, saline, oily, hot, &c. Diaphoresis, smearing, oil-enema, errhines, food, inunctions, sprinkling, etc., are all destructive of Vayu, if used in proper doses and at right times. In diseases peculiar to Vayu, enemata forms the chief remedy, because it easily flushes the colon, and eradicates vayu altogether, just as the root of a tree being cut its branches, twigs, and flowers are sure to perish.

The affections due to pitta are 24. Its marks are heat, sharpness, lightness, etc. Its actions are burning, heat, suppuration, swelling, moisture, rotting, redness, &c. Its antidotes are sweet, bitter and acrid tastes and coolness. 'Purgation is the most important item of treatment here.' The affections of Kapha are 20. Its marks are whiteness, coolness, heaviness, sweetness, &c., and it produces similar actions. It is amenable to treatment by diaphoretics, emetics, errhines, exercise, &c. Emetics are here the chief form of treatment, and they cut Kapha at its very root, as the earthen wall of a field when broken, forms an outlet for water, and causes the crops to dry up. All this is given in our standard works.

"The disease must first be diagnosed, then the medicines prescribed, and lastly the physician should thoughtfully proceed to perform the accessory parts of the treatment. He who takes up these latter, without diagnosing the disease, might get success by mere accident, if he be well-versed in materia medica; but he who diagnoses the particular diseases, is fully conversant with all the medicines, and knows the proportion of time and place, will command full success, without the least doubt. Here the author deals with the 63 divisions of the three doshas with a corresponding division of diseases as well as medicines, as is clear from the third verse. "He who is conversant with the various manipulations of 'Rasa' and knows all the divisions of the doshas, will not be puzzled while treating the causes and peculiar marks of the same. (Here follows a long quotation from Sushruta in the Hindi original.) Beings are divided into movable and immovable. The first class comprise those born of a placenta, eggs, perspiration and earth. The second class comprises cryptogamous plants, trees, creepers, herbs, etc., of the latter, we can use the bark, flowers, fruits, roots, exudation, sap, etc., for medicinal purposes, while of the former, skin, nails, hair, blood, &c., are available for medical use. Minerals as gold, silver, pearls, stones, clay, &c., are also used as ingredients of medicine.

Various divisions of Time into seasons, months, etc., are potent causes of the development and suppression of the different doshas. This we have called seasonal incidence of diseases. This factor is almost neglected in Allopathy, and its great importance is only casually seen by some authors in very recent times.

As we do not and cannot expect any hearty support or patronage from the Government towards Ayurveda and as we have very little hopes of their ever sincerely trying to raise the position of the Ayurvedic practitioners in public estimation, it might, at first sight, be thought that this reply would serve no useful purpose; but as the Committee have, by their very second question, tried to deal a deadly blow at the very foundations of Ayurveda, our silence would have been misinterpreted as our inability to prove the perfectly scientific nature of some of the fundamental Ayurvedic theories, which have been unjustly ridiculed in the past, on account of the ignorance of the followers of Allopathy. We shall be quite satisfied if the Committee is pleased to publish this answer in toto without applying the pruning knife, for the information of the general public.

13th January 1922.

(15)

DR. V. G. DESAI, M.B. (Lond.), BOMBAY.

I beg to forward my views as regards the Indigenous system of Medicine.

Q. 1. Ayurveda.

Q. 2. (a) According to Ayurveda the theory of causation of disease is based upon physiology and pathology. Bacteria cause diseases and this is fully recognized. I think the Ayurvedic theory will stand the tests of modern scientific criticisms.

(b) They are the same as any modern European methods except the latest microscopic and cytological methods. The principle of treatment are based upon pathology. For example in acute rheumatism it is considered that there is a foreign poison in the body and that it prevents the natural passages and excretions; therefore they give a purgative to start with, give such food as would not leave much catabolic residue and give alkalis because it is considered that the poison is acid in nature. This diagnosis and treatment is as good as the modern European ones. I have been in practice for 22 years and I find we can do our work without any foreign system of medicine. I have been able to substitute drug for drug in the B.P. except Digitalis, chloral, Pot Brom and Pot Iodide, and coal tar preparations. Of course quinine stands alone above any comparison.

(c) In chronic cases the Ayurvedic treatment succeeds better, especially in the diseases of the alimentary canal. For example, sulphide of mercury is given by the vaidas in duodenal diarrhoea and it produces very happy results. Europeans do not use this drug.

Q. 3. (a) No.

(b) Useless.

To start with we must have good vaidas. The Ayurvedic science is good but the majority of vaidas are fools. You will have to teach the vaidas.

(c) No.

The municipality should give grants and have Ayurvedic schools and charitable dispensary.

Q. 4. (a) (1) Yes. I believe in the old apprentice system.

(2) Yes.

(3) Yes, but they must have means to subsist upon. A little grant to teachers will do much good.

(b) To attain your ideal you will have to wait with patience for 25 years. First you will have to produce teachers and then the students. At present there are hardly any teachers I know of. The test of Ayurvedic knowledge is very very severe. I think a man can pass M.B. of any good university in shorter time than a vaid.

Q. 5. Yes, but the present batch of vaidas are quacks with few exceptions according to the Ayurvedic standard as given by Charak.

Teach the Ayurvedic and teach the European methods at the same time. Pick up what is good in both, follow it, teach it and this open-minded policy only will survive. At present the vaidas are bigoted and don't have knowledge from others. Our foreign masters think that everything belonging to us is trash. They do not believe that Ayurveda is a science.

Q. 6. Yes. The course of study should be for 6 years.

(a) The standard should be that of M.B. of any university.

(b) A knowledge of sanskrit is absolutely essential.

(c) Hindi.

Q. 7. There should be registration.

Q. 8. Ayurvedic treatment is ever so much cheaper.

Q. 9. Loss of patriotism. Teach people to have their own. Support home industry.

Q. 10. Of course the State must help. We look up to local boards for more sympathy than the State.

(16)

Kathiawar.

DR. RAVISHANKER GANESH ANJARIA, MANGROL STATE.

Q. 1. Ayurvedic.

Q. 2. (a) The theory of Ayurveda for the causes of diseases, is, that in normal bodies three humours, Vat (wind), Pit (bile) and Kaf (phlegm) are equal in proportion in health, but, as soon as they become disproportionate, disease is the result, e.g., if wind preponderates, rheumatic (rhee means wind), etc., diseases prevail, if bile preponderates liver diseases come on, and if phlegm preponderates lung diseases prevail. If any two are more than the third, other diseases result and so on. If all the three are irregular or disproportionate, then, delirium results. Mainly speaking, these humours regulate the system. There are other circumstances outward, heavenly, atmospheric and other hundred causes same as Allopathic system which cannot be put on paper.

How can Allopaths who have no knowledge of working of these humours criticise them when they cannot even understand them? But if they study independently the Ayurvedic system, I think they can convince themselves that there is much truth in the system. It is quite an independent system, requires study and then I believe, as a layman can be a good Allopath after five years' medical studies and ten years' experience so an Allopath can understand this system by study though it is more difficult for him than a layman as the Allopath has to unlearn or disregard certain formed views and principles which he has made his own.

(b) Principles and methods of diagnosis.

- (1) Comparing the pulse in different humours, e.g., Vāt pulse is tortuous and running, bile pulse is full and large and jumping, phlegm pulse is small, steady and full.
- (2) Examining the urine.
- (3) Taking in consideration certain symptoms peculiar to each humour disorder.
- (4) History of the case, family, etc.
- (5) Palpation, examination of phlegm, foeces, etc.

Principles and methods of treatment—

- (1) By regulating the proportion of humours by various drugs which have these powers.
- (2) Following nature—not doing any harm but simply to treat the cause.
- (3) No poisonous remedy to be resorted to unless absolutely necessary and then in smallest proportions.

Ayurveda means knowledge about giving life, hence these medicines which can do no harm can only be used. Mostly dietetic regularity and abstention from certain food, articles, keeping on milk or such light liquids only.

- (4) Other principles and methods are same as Allopathic system.

(c) I think Ayurvedic system treatment is in some chronic cases much better suited than Allopathic, e.g., in consumption, general debility, fevers, diabetes, etc.

In acute cases also, Ayurvedic system is certainly better than Allopathic if patients have faith and give long time to the doctor. Allopathic treatment often gives better results in acute fevers and other diseases but it leaves the patients weaker than before. In medicine, faith works. At present, general impression is Allopathic system is progressive science and hence is and ought to be better. While Ayurvedic system is old, non-progressive type and hence cannot be better and hence no proper trial is given to it from the beginning of such cases.

My impression and experience is that it is like religious truths. Ayurvedic medicine formulæ and views have been put in books after long long practical experience and have been tried for centuries and having been found useful collected in books. They are tried theories and formulæ, while Allopathic system is changing and has not yet come to any definite form. What is truth in one generation is falsified in another and reappears in third; hence it is in a more or less experimental stage. Demerit of Ayurvedic system is that though it contains tried and practical useful principles and methods of treatment yet having been neglected it has not been well studied now nor any very necessary change even owing to changed conditions of habits, foods, etc., has been made; but on the whole it can stand in good comparison with the Allopathic system also. Allopathic system is as it were a living system while the Ayurvedic is nearly decaying being neglected.

I being an ordinary medical man and having had no opportunity of working in any hospital I cannot give you any definite cases that came under my treatment when I treated according to Ayurvedic system but I have put above my general conviction, impression and experience faithfully after treating a large number of cases during my thirty years' practice in medical line.

Q. 3. (a) No. But I have had to work in Laxman Meram Chemical laboratory at Rajkot in Kathiawar. That institution was started by the express wish of the then Political Agent Col. Hunter, by the chiefs of Kathiawar in 1898, June; Mr. H. L. Lee, a medalist Apothecary and a fellow in one of the Pharmacy schools in England, was appointed Director and I was selected to be appointed under him as a native assistant. The institution was started with a view to teach native vaidas (practitioners of Ayurvedic system), preparations of English pharmaceutical preparations, extracts, tinctures, tablets, etc., and possible secure knowledge about Allopathic system also. The other function of the institution was to translate Ayurvedic medical works into English for the guide of the Director. For that purpose one good physician with a knowledge of Sanskrit was also attached to the institution to translate such works into Gujerati which in turn I had to translate into English. It was a very good institution and had it been allowed to continue longer it would have done lot of good both in teaching natives preparation of British pharmacopœia and also preparing native vaidas conversant with Allopathic system in a small way, as lectures in materia medica, chemistry and botany and pharmacy, formed the part of the course of two years. At the end of the course examination was held and those who passed were given a diploma of practical pharmacists. Two batches passed out and then the institution was closed owing to the narrow-minded chiefs and certain mis-representations by interested persons. I had to work in that institution as a translator of Ayurvedic medical works in English, as a teacher in native medicine and botany according to Allopathic system and to translate,

orally into Gujarati the lectures given by the Director Mr. H. L. Lee in chemistry and pharmacy. Hence most work involved on me which gave me stimulus and opportunity to learn Ayurvedic system and compare it with the Allopathic one. Though the institution was abolished before any important work could be done with regard to translation of the Ayurvedic works, I continued my studies of the system and since 1898 I had taken all opportunities in my medical duties to treat patients first with Allopathic and then with Ayurvedic system which gave me some experience of the Ayurvedic system. Though I cannot claim to be an expert in any of the systems but having studied and practised both for more than thirty years I deem it necessary to put my views on the subject before the committee which may take them for what they are worth.

(b) (1) I know only one institution at Bombay, the Ayurvedic College conducted by Dr. P. P. Vaidya, L.M. & S. and have seen some of the passed graduates who, I believe, do much better than quite uneducated native vaidas or quacks but having had no personal knowledge of the institution I would advise or rather suggest the committee to send a deputation to visit and inquire and report the working of the institution. If the committee kindly consider me fit to be one of the members of the deputation I offer my services for it on conditions previously settled. I know at Lahore also there is class or college attached with the Anglo-Vedic Dayanand College, but I have no personal knowledge and hence cannot give any information or suggestion.

(2) I believe both Bombay and Lahore are suitable centres for medical education, but in India two centres would not suffice at least two centres necessary for each big province.

I think best way to improve those institutions is to visit them, discuss freely with the heads and professors and vaidas of those institutions.

Plans and suggestions cannot be made offhand but nothing is impracticable provided proper means are taken by a committee appointed for the purpose.

- Q. 4. (a) (1) Yes.
(2) Yes.
(3) Yes.

I share the above view. But as long as I have not inspected any of the existing institutions, I cannot give my opinion but I think it is possible that the deputation after discussion with the heads, etc., of the institutions can successfully impress on them the necessity of so doing. I believe their object being to encourage their system they will very willingly co-operate with the deputation.

(b) Nothing is too high if all works conjointly with the aim of furthering the medical science without being strictly partial to their own adopted system. Magnanimity of mind, open mind and free will to co-operate can do everything.

Q. 5. Yes. In addition, I hope that western system will also gain by such intimate explanation of indigenous systems, as something will be found which will add to their knowledge also.

Note.—Circulation of blood was proved by Harvey in the 17th century while reference to it is made in Ayurvedic works written some centuries ago. So also rhino-plasty, artificial eyes, artificial iron legs are alluded to and even used in those times.

It is only possible when doctors of Western system with a keen desire to acquire insight in the Ayurvedic system will study the system and when equally vaidas of indigenous system will study with the same aim and zeal the Western system and when both can compare and discuss freely the principles of each system then only real good can be expected.

It may take long time. It may be difficult to find out such self-sacrificing persons; it may be more expensive but until that course is taken no good results can be expected.

The Government and Native States as well as well-to-do persons should find monthly scholarships carrying at least Rs. 100 or even more for at least five or ten years and to be given to the best graduates or vaidas of each system and they should be provided with every facility to treat patients, to visit hospitals, to travel and discuss with best doctors of each system. Patience, close study, competent men and time quite necessary to reach such a goal.

Q. 6. Yes. Translations of good text-books on physics, chemistry, biology and all medical text-books in other subjects as medicine, pathology, surgery, etc., in various vernaculars and vice versa. If translations of medical works of indigenous system be made in English then western doctors can also study those subjects and hence can favourably criticize the system after regularly studying the works with the aid of indigenous system. Vaidas, professors and teachers of the institution must be familiar with both the western and eastern systems to teach thoroughly the students. Such institutions can be ideal.

I do not think native vaidas (knowing only one system) can prepare vaidas that would satisfy the educated and advanced civilized people though they can prepare native vaidas to suit the masses in treating ordinary complaints and diseases. Courses for such institutions must be left to them only.

(a) I cannot offhand without consultation with doctor and vaidas of both the systems suggest the standards and their studies though it is practicable after consultation with them.

(b) Same as (a).

(c) Vernaculars. Best professors and teachers must know both the Western and Ayurvedic systems well.

Q. 7. At present no registration is possible but when large number of vaidas pass out it may be practicable. All good vaidas are hardly available in such numbers as require registration. Public must be left to their own sense of duty to select their doctors (vaidas). Generally public gives preference to doctors of western system and when that system fails they themselves select a good native vaidas and cases are not rare where ayurvedic vaidas have successfully treated patients when surgeons even left hopes. I cannot attribute such success to accidents only as many cases I myself have come across within thirty years' experience.

- (a) Cannot throw any light.
(b) Ditto as (a).

Q. 8. Allopathic treatment is costlier than the indigenous though it is more approachable and convenient. It is easy to explain.

A Patient is prescribed say.—Pulse Cinnamomi Co. (I select that preparation because it is commonly used in both the systems) It cannot cost as much if prepared here in India as it would cost when it comes from Europe or England. Ordinary drugs on Ayurvedic system cost less; it is when Rasayan preparations are made they are costly. On the whole I believe indigenous system costs less. Take for examples tinctures; one lb. of tinctures cost (owing to rectified spirit) five times as much as [the same powders of the tincture ingredients used by indigenous system.

Allopathic preparations cost more. Alkaloids are cheaper according to western system as native can hardly prepare them but they are really required in their system.

Q. 9. (a) Idleness on the part of the Vaidas for continuing their studies.

(b) Want of encouragement to native vaidas and indigenous system by kings, shrothias and educated persons.

(c) Easily approachable Western system, hospitals, dispensary, medical graduates, etc.

(d) Prejudice—Anything that is followed by ruling powers is and ought to be better which led to neglect the indigenous system.

(e) Western medicines are easily obtainable in prepared states in dispensaries, chemists shops, etc., while native vaidas only prescribe and ask the patients to prepare decoctions, powders, etc., which though it has a good aim but being misunderstood and owing to the trouble to prepare them, patients discontinue the treatment unless driven to it after trying western system.

(f) Slavish habit formed or acquired by the Indians to consider everything foreign—made is better and hence neglected or rather disgust of even the commonest and most approved native medical treatment.

Suggestions for revival.—(a) Encouragement of teaching of indigenous medical system by giving scholarships to students, by opening hospitals and dispensaries for treating patients according to the system, free institutions like allopathic dispensary and hospitals.

(b) Conferences and congresses of the free vaidas that now exist in India in principal cities in each province and mutual discussions.

(c) Free translation of various ayurvedic medical books in vernaculars as all good books on medicine are in high Sanskrit.

(d) Encouragement of Sanskrit study.

(e) Establishing comparative dispensaries and hospitals in all provinces on both the Western and Aryan systems under able men.

Q. 10. Same as 9.

(17)

Central Provinces.

NOTES BY DR. T. J. G. BANDE, SUB-ASSISTANT SURGEON, AND
AYURVEDIC PRACTITIONER, YEOTMAL.

The Ayurvedic system of medicine is based on the firm foundation of a highly developed science in olden times. It is not at all empirical as is supposed by prejudiced minds. Great works have been written by high thinkers on this science; the authors have recorded their opinions and based their theories on actual experience.

The science of this system of course differs materially from that of the Western system. Both are practically allopathic, but the former system traces the cause of each and every disease to the want or excess of one or all the 'Thridoshas' as the term goes. Vat, pitta and Kaph are the three doshas according to this system, and the whole structure is built on such a simple theory. Maintenance of harmony in their due proportions of these three doshas means health and reverse of it is ill-health, and so when a disease has to be treated the physicians at once get to the root of the disease by putting their finger on one or the other of these doshas and do not find much difficulty in prescribing. They have not to examine all the organs, such as spleen, liver, etc., in order to find out the real disease as is the case in the western science. This system attaches little weight to the symptoms and the Western method of medication is mostly symptomatic.

The Westerns go from symptoms to the cause, whereas the orientals find out the cause easily by the method described above and then go to the symptoms. In short the Western method treats the effects mostly, though there may be some exceptions, whereas the eastern mind treats the root cause primarily. The well-versed physicians are trained in 'nadi pariksha' or examination by feeling the pulse only; and a physician arriving at the right and accurate diagnosis by this method of examination is considered an adept. The Westerns have little idea of this 'feeling of the pulse'; they also feel it but not to find out the main and root cause of the disease but to find out the rate and rhythm of the pulse.

I do not propose to go further into details of this science here as it will be perhaps out of place and unnecessary. I, therefore, leave this subject here by making only one remark that this science can stand any critical scientific test.

Now coming down into the domain of practice, my experience of the last twenty years or so confirms me in my belief that this system is more efficacious and suitable to the people of this country than the Western one. The results though slow are permanent; the system being indigenous people have more faith in it and the majority would always prefer the indigenous medication to the foreign one. This may be prejudice but so it is; and it is only natural that people should have more faith in this system as it has come down to them from their forefathers and since antiquity.

Again I am personally inclined to believe in the theory that is advanced by some thinkers that the herbs and minerals of a place suit physical constitution of the people residing in that particular place. This proposition is accepted by many in the matter of food but then with the same stretch of analogy it can be safely applied to medicinal herbs and minerals, etc.

Again as matters stand medicines and their mineral constituents and such other paraphernalia accompanying the western medication is mostly imported from outside this country and a complaint is often heard from eminent doctors that the medicines have not the same efficacy as they used to have formerly. Their inference naturally is that the medicines that come from foreign countries are spurious and adulterated possessing less of real medication and more of something useless. This complaint is mostly heard of medicines coming from Japan. Now if the indigenous method and medicines are used much of this trickery is likely to be and can be avoided and stopped. Many physicians will prepare medicines at home with the formulae given in books and will possess genuine and well prepared medicines which of course are bound to produce good results in their turn.

I have outlined above some of my reasons in recommending the Ayurvedic system of medication for general use, throughout this whole country, but I will be failing in my duty in not mentioning the drawbacks and difficulties as experienced to-day. The foremost of these is the want of surgical skill in the present-day physicians and their empirical knowledge about physiology and other cognate sciences, and therefore unless good physicians are available versed in surgery, physiology, etc., it will, indeed, be wise not to have it on a universal scale. I know there are doctors, who know the abovementioned sciences and also are versed in ayurvedic; but their number is small. But this defect is not a very serious and can be cured in no time. Anglo-Ayurvedic schools have already been started and more men will be available for service within a period of two or three years.

For the present, Government may be advised to adopt a mixed system and keep suitable stock of medicines and doctors.

Again the science of 'nursing' is not sufficiently developed in ayurved as is done by westerners. This science also shall have to be studied and taught.

In conclusion I may say that with the above precautions the Ayurvedic system may be recommended for use hereafter and Government would be thoroughly justified in adopting this old indigenous method, thereby meeting the wishes of thousands of people of this country and thus conferring a boon on them.

(18)

Cochin.

H. H. SIR RAMA VARMAH, G.C.S.I., G.C.I.E., EX-RAJA OF COCHIN.

Answers.

Q. 1. Ayurveda.

Q. 2. (a) Disturbance of Thridoshas or the three things, vatha, pitha and kabha.

I am not competent to give an opinion on the point.

(b) These are elaborately explained in Astangahridaya and Sangraha.

The treatment is generally very efficient. I have not kept a record of successful cases which have come to my notice.

(c) I do. I have been long suffering from a bad form of eczema for which I found ayurvedic treatment more successful than the English treatment. Another form of the same disease which a cousin of mine was suffering from, yielded only to the Ayurvedic treatment. Some types of fever yielded to that treatment more easily than to the other. For rheumatism, especially of the joints, ayurvedic treatment is generally more successful than English treatment.

Q. 3. (b) No. Medical relief now given is poor for want of funds and institutions. There is no place for systematically teaching ayurvedic method of treatment anywhere in these parts.

(c) No. Ayurvedic schools must be established in suitable places and arrangements must be made to open vaidyasalas in different places and to give medicines to patients from them.

Q. 4. (a) (1) Yes.

Q. (2) & (3) I do not think it necessary at present.

(b) I do not think that anything, so far as these parts are concerned, can be done at present to achieve that object in view. It may therefore be left alone for the present.

Q. 5. Such desire is not present in these parts. A unified system is very essential. Persons well versed in all the systems may be entrusted with the task. A committee of not less than five persons may be appointed by the Government. They may be given all facilities to make the necessary investigations and make a full report suggesting lines for the fulfilment of the idea in view.

Q. 6. The inclusion of the study of modern scientific methods in the curriculum of the studies of indigenous medicine will, I think, greatly improve the quality of the studies. But I should like to consult medical pandits and know their views also before proposing the exact course of studies.

Q. 7. This need not be undertaken at once, but may be put off to some time hence.

Q. 8. Indigenous system is cheaper. The drugs and medicines cost less and the fees of the physicians are also comparatively small.

Q. 9. With the gradual spread of Western method of treatment and the want of State encouragement to indigenous system, facilities to learn the system rapidly decreased which led to paucity of qualified men, and difficulties arose to get medical help at proper times and places. By the opening of medical schools and vaidyasalas in different places the indigenous system can be revived.

Q. 10. If all the four agencies co-operate, the system can be fostered.

(19)

M.R.Ry. KERALA VARMA AVARGAL, THE FIRST PRINCE OF COCHIN, TRIPUNITURA (COCHIN).

Q. 1. Ayurveda.

It consists of eight divisions, viz.—

- (1) Treatment of children (bala).
- (2) Treatment of the body below the neck (kayam).
- (3) Treatment of grahas (epilepsy and similar diseases caused by supernatural agencies).
- (4) Treatment of the upper part of the body (neck and above).
- (5) Treatment of the 'Salyas,' i.e., penetration of foreign matter into the system, i.e., wounds caused by arrows, stones and small insects entering the system and extraction of arrows, shots, and stones, etc., which have entered the system.
- (6) "Dhamshttra," i.e., treatment of poisons, both animal, and mineral such as snake-bite, rabid dog's bite, scorpion sting, etc.
- (7) "Jara," i.e., treatment for prevention of decay of the body due to old age and thus immune the system from all sorts of diseases.
- (8) Treatment for impotency in both males and females.

Q. 2. (a) All diseases are caused when any one, two or all of the three humours, 'vatha, pitha, and kapham' are not working in their proper order.

'Vatha' in its general sense is that which 'moves' the system. Its functions are the causing of cheerfulness, respiration, all actions of the body voluntary and involuntary, all excretions (vegas, fourteen in number, expulsion of urine, faeces, etc.), circulation of blood and sensation of sight, hearing, taste, etc. As these are more or less the functions of the nervous system according to modern physiology we may suppose that vatha corresponds to the nervous system.

'Pitha' is that which helps digestion and assimilation in the system. It effects all the chemical changes in the system and thereby produces heat in the body. The fluid in the eye (probably corresponding to the vitreous humour) and the yellowish fluid serum between the skin and the blood causing colour (Bhrajakam) fall under this category. Thus we may suppose that 'Pitha' probably corresponds to the secretions such as bile, gastric juice, pancreatic juice etc., of modern physiology.

'Kapha' is that which joins, lubricates and moistens the system. This probably corresponds to the connecting tissues and mucous membranes in the system.

As these three are generic terms it is rather difficult to find corresponding terms for these in Western physiology.

(b) There are certain symptoms by which we can understand whether 'vatha,' 'pitha,' or 'kapha' is not performing its functions properly; and medicines are prescribed to make the disordered ones perform their functions systematically. Thus for instance various pains, constipation, shivering, a peculiar kind of bitter taste, a charred colour of the skin, etc., are some of the important symptoms of 'vatha.' Extreme heat, yellowish-red colour, inflammation, excessive perspiration, giddiness and intoxicant effect, hot taste, etc., are some of the important symptoms of 'pitha.' Extreme smoothness of skin, feeling of heaviness, scratching sensation, inability to move the limbs freely, swelling, indigestion, paleness, sweet taste, etc., are some of the symptoms of derangement in 'kapha.'

All these are only general symptoms pervading all the diseases caused by these three. In the case of special diseases there are special symptoms for which special medicines are prescribed.

(c) For rheumatism, insanity, hydrophobia, snake poison, spider poison, rat poison, etc., Ayurvedic treatment, so far as my knowledge goes, has been found more efficacious than the Western method of treatment. Several cases of poison, such as caused by snake, spider, dog, which have been found incurable by western method of treatment have been cured here by ayurvedic treatment. Modesty and fear of wounding the feelings of others prevent me from citing particular evidence. Persons bitten by snakes, rats, spiders, men, rabid dogs, etc., invariably go to ayurvedic doctors instead of English doctors and get cured. In some particular cases of asthma and malarial fever ayurvedic treatment has been found more efficacious.

Q. 3. (a) I am only a private practitioner especially in poisons, animal, mineral and vegetable.

(b) The existing institutions are inadequate. There is no ward system. Medicines are not properly prepared. Sufficient remuneration is not given with the result that qualified men are not found available for service.

Public schools with adequate staff should be started in important centres under Government control and qualified men should be appointed in ayurvedic hospitals. The hospitals should be attached to the schools so as to give the students facilities for practical training. Ward system should be introduced especially in the case of hydrophobia.

(c) The existing provision for medical relief and education under indigenous lines is insufficient. In addition to schools and hospitals conducted directly by the Government, there should be many more maintained by Government grants and private contributions.

Q. 4. (a) There is no doubt as to the fact that ideal medical training of indigenous systems requires these three essentials, viz., the placing of students under teachers of first-rate ability, easy access of teachers and students to well-appointed hospitals, laboratories, libraries and botanical gardens and sufficient leisure for teachers to pursue independent investigations in their own subjects. So far as our Presidency is concerned, there is no institution where this ideal is attained. It is attainable if proper measures are taken as indicated in the answer to question 3 (b).

(b) If it is found too costly to attain the ideal all on a sudden, to begin with, public schools on a limited scale with hospitals attached to them may be started in important centres and the poor may be treated as in-patients and out-patients and the rich may be treated on payment.

Q. 5. I quite agree with the view of the Calcutta University Commission. Having collected statistics of particular diseases treated under both systems in several hospitals, that method which is found more effective may be adopted and the other rejected. Thus in course of time we will have a collection of effective methods which will be a combination of both Eastern and Western.

Q. 6 (a). I wholly agree with the view. The whole course may be divided into three stages, (1) preliminary course in medicine, surgery, etc., (2) Intermediate course in the above, and (3) advanced course. Provision must also be made for those who wish to specialize in any one particular branch of Ayurveda.

(b) As regards preliminary qualification a candidate seeking admission into an ayurvedic school should have a fair knowledge of Sanskrit and English. And this rule may be adhered to until all the existing works in English and Sanskrit on medicine and allied subjects are translated into respective vernaculars. Regarding the period each stage may cover two, three and four years, respectively, with one year practical extra.

(c) For the present, English, Sanskrit and the several vernaculars may be used as media of instruction until the works are translated.

Q. 7. It is not advisable to extend medical registration to indigenous systems under the present circumstances. When our schools have produced a large number of qualified medical men, then only need the question of registration be thought of.

Q. 8. So far as my experience goes, the cost of treatment according to Ayurvedic system is much less than that according to Allopathic system; for in the ayurvedic treatment three kinds of medicines, all equally effective, are prescribed for all diseases suited to the poor, middle and rich classes of people respectively. The physician can choose the cheap or the costly kind of medicine according to the pecuniary circumstances of the patient. Moreover in the Ayurvedic system, only the minimum quantity of medicine is used with a view only to help the working of nature. Thus the cost is less and although the curing according to this system is rather slow, the effect is sure and permanent. Lastly as most of the ayurvedic medicines are herbs, they are obtainable easily and often with no cost.

Q. 9. The important causes of the decay of indigenous medicines in my opinion are—

(1) The progress of Buddhism in India which strictly forbade the slaughtering of animals for above two centuries, stood in the way of anatomical progress, and consequently there was no scope for surgical operations and its development.

(2) The Muhammadan invasion destroyed the important higher works on medicine and surgery. Ample evidence of the existence of such important works can be had from mention of their names such as Susrutha and the Charaka in other surviving Sanskrit works.

(N.B.—In answer to the above 9 (2), we have made mention of 'Charaka' and 'Susrutha' as having been lost. We have gone through the existing works bearing these names; but these are not the real works, for in the first place these works are not even a tenth of the originals. Secondly in 'Ashtangshredaya' it is stated that real 'Susrutha' deals with only diagnosis and 'Charaka' deals only with treatment, whereas, the existing works under these names deal with both.)

(3) The want of support from the State for a long period has much to do in causing the decay of indigenous system.

(4) All the important works on Ayurveda are written in Sanskrit the study of which has been neglected ever since the Muhammadan conquest. Hence the common people have no facility even now to acquire medical knowledge according to Ayurvedic system.

The following are some of the methods that strike me for the improvement of Ayurveda :—

(1) Encouragement of Sanskrit study.

(2) Translation of the existing works in Sanskrit into various vernaculars.

(3) With regard to the lost portions, especially in anatomy, surgery, chemistry, etc., they should be supplied by translations of the corresponding works in English into Sanskrit or vernaculars.

(4) Starting of schools and colleges to impart instruction with hospitals attached to them on the lines indicated above.

Q. 10. The Government should start ayurvedic schools with hospitals attached to them in important centres. Wherever local boards or private individuals are willing to start such institutions, the State should give liberal grants. The work of translating books from English and Sanskrit, conducting examinations and conferring diplomas may be undertaken by Universities.

(20)

M.R.RY. RAMA VARMA AVARGAL, THE 7TH PRINCE OF COCHIN.

Q. 1. I propose to deal with the Ayurvedic system of medicine.

Q. 2. (a) The world is of two states, Sthoola (gross) and Sookshma (subtle). There is no world transcending these two states. Nor are to be seen in this world substances transcending the virtues of the sun and moon. There exist in this world only substances having in them combined the property of heat which is the quality of the sun and the property of cold which is the quality of the moon. Again, substances formed as they are by the five elements are of various shapes, properties and tastes. By these substances are the various diseases caused and destroyed. Also, the three moods of substances according as they are calming, raging or easing (Samana, Kopana, Swastha, Hitha and Bhedana) yield diverse results. And with the expansion in the world of the virtues of the sun and moon of whose constituents fire and water respectively of the five elements form the major portion, changes of season become inevitable. Then do places follow season, nature follows places, mind follows nature, senses follow mind, objects follow senses, rajas and thamas follow objects, passions follow rajas and thamas, body follows passions and diseases follow body. Though there thus exist a variety of causes of diseases, the important ones are the three humours, wind, bile and phlegm. Our care therefore should be confined to bring the humours to their normal equipoise when they grow abnormal. The normal state of the three humours is called prakrithi (nature) and the abnormal state, vikrithi (change). Maya is called prakrithi when the three qualities sathwa, rajas and thamas are equally balanced. These qualities intermingling in abnormality produce many a vikrithi. In their natural state they lead to unerring deep meditation (nirvikalpa samadhi) of pleasurable form. In the abnormal state they lead to creation, preservation and destruction (Srishti, Sthithi, Samhara) of painful form to sentient beings. As these three qualities are formations of the five elements they have elemental colours and virtues. Whiteness is attributed to Sathwa as it produces bliss, redness to rajas as it produces egotism and passion and blackness to thamas as it produces ignorance. The blissful sathwa preserves, the egotistic and passionate rajas creates and the ignorant thamas destroys the sentient beings. Correlative with the comparative balancing of these three qualities will be the gradations of changes in mentality. The virtues, colours and actions of these qualities are also possessed by their evolved forms, the humours. In nomenclature only lies the difference between the qualities and humours. The qualities are called benevolent principles and the humours malevolent. Whiteness is attributed to phlegm as evolving from sathwa, redness to bile as evolving from rajas (rajas and bile are fiery principles), and blackness to wind as evolving from thamas. The

humours also create, preserve and destroy the body. Bile creates atoms which phlegm preserves and wind destroys. Humours, in their changed state, destroy the body and when not so, confer robust health, as the text of Ashtangahridaya goes

विकृता विकृता देहं घ्नन्ति ते वर्तयन्ति च ॥

That humours, when not in equipoise, cause disease and when in equipoise confer health is truly laid down in the text

रोगस्तु दोषवैषम्यं दोषसाम्यमरोगता ॥

The Ayurvedic science has particularly described the ways of ascertaining the rise and fall of the humours and the means of bringing them to their normal level. Lest the answer would be lengthened a detailed account of it is not attempted. By way of answer to this question I have only to say that the rage of the humours is the cause of diseases and that the remedy consists in the use of medicines, etc., as per instructions contained in the Arya Vaidya Sastra (the Ayurvedic science of the Aryans).

As I am not conversant with modern science and its methods of experiment, I have nothing to say as to how far these theories will stand the test of modern scientific experiments.

(b) Innumerable are the principles and methods of diagnosis and treatment followed in our system. As anything said in extenso will, I am afraid, lead to indefinite lengths, I would content myself with giving a simple answer to this question. Find out which of the humours have raged and apply remedies using such medicines as have according to the Ayurvedic system tastes, virtues, ripeness and other qualities calculated to calm down the humour or humours in rage.

From my experience of twenty years' practice in the Ayurvedic system of treatment, I believe that treatment according to this system is very efficacious.

(c) Experience confirms my belief that in the case of Indians, climate, food and other conditions considered, the indigenous systems of treatment are more efficacious than other systems.

Q. 3. (a) By way of answer to this question I have only to state that I had been practising toxicological treatment keeping a dispensary and that circumstances compelling, I have stopped it.

(b) (1) As I do not know what provision has been made for giving medical relief in institutions of indigenous systems of medicine, I cannot say anything as to its adequacy.

(2). Institutions of indigenous systems are known to exist in certain places. But, I do not consider those places to be suitable as centres in general.

(c) Though institutions for giving medical relief and education on indigenous lines are known to exist in several places, I believe they are not satisfactory. Without Government aid and recognition these institutions cannot grow and be of public utility. My belief is that the present defects can be remedied only if the Government will, in these days when Sanskrit education exists only in name, in good faith believing that these indigenous systems also are efficacious, do the needful by establishing Sanskrit schools in every taluk for giving a knowledge of Sanskrit to the native boys, by establishing medical schools also for giving education and training to them in indigenous system of medicine and by extending to them Government recognition and encouragement similarly to the students of modern medical science, and by appointing them as vydians in hospitals to be established in every taluk on indigenous lines, on salary or grant systems.

Q. 4. (a) I am of opinion that all that are mentioned under the three sub-heads to this question should be done.

I am not aware of the existence, either here or elsewhere, of any institutions of indigenous systems of medicine where the ideal as per conditions mentioned under the three heads above is attained or is attainable in the near future.

(b) I am not of opinion that even for the present moment this ideal is too high.

Q. 5. I am in agreement with the view of the Calcutta University Commission.

Q. 6. (a) I have no objection to the adoption of studies on modern lines. But I am of opinion that only those books on Arya Vaidya Sastra, which also deal with physics, biology, etc., should be prescribed as text-books and those Sastras alone need be taught.

(b) The primary qualifications of candidates commencing medical studies shall be that they shall have read Kavyas and Alankara and Tharka Sastras and shall have a fair knowledge of syntax.

The period of medical study shall be not less than five years and that of practical training not less than three years.

(c) I am of opinion that Sanskrit alone shall be the medium of instruction.

The course of studies shall be as under—

First year—Ashtanga Hridaya and Samgraha padham.

Second year—Charaka and Susrutha.

Third year—Chinthamani Sastram, pulsometer, pulse-feeling, etc.; preparation of Sindhura ashes, etc.

Fourth year—Surgery.

Fifth year—Practical study of labour cases, treatment of children, etc.

Q. 7. (a) I am of opinion that medical registration should be extended to persons holding certificates of completion of the studies prescribed in the answer to question 6 and that Government should prohibit ayurvedic physicians not holding such certificates from practising.

(b) The formation of a Registration Board is necessary.

As I do not know what the present regulations are in regard to medical registration, I am not in a position to state what changes should be made therein.

Q. 8. Experience tells me that treatment according to indigenous systems is less costly than that according to allopathic systems.

Q. 9. The first cause of decay of indigenous systems of medicine is want of Government co-operation. The second is due to the apathy brought about by careless treatment on the part of greedy quacks, of whom there is a legion, as a necessary result of Government unconcern.

Q. 10. I am of opinion that Government aid and recognition are the only conditions which the indigenous systems of medicine stand in need of to be fostered and promoted by the several agencies mentioned in this question.

(21)

MALAYALAM EVIDENCE AS SUMMARISED BY M.R.Ry. RAMA
VARMA (THE 9TH PRINCE OF COCHIN).

M.R.Ry. V: Shangu Warriar Avargal, K. A. Samajam Hospital, Cheruturuthi, Shoranur.

Q. 1. Regarding ayurveda (in general).

Q. 2 (a). Out of the food taken in, the three substances viz., kapha, pitha and vayu, coarse, fine and finer respectively, in nature, and primarily formed, and they are named by the generic term Thridoshas. The food that results divides itself into Sara and Kitta Sara, goes to make up the seven Dhathus, Rasas, etc., (Anabolism?). Kitta is thrown out as excretions, mala, moothra and sweda—vide "Adow Shadrasamapyamam, etc." The body is thus composed of these three elements, Doshas, Dhathus and Malas. Particular Dhathus are generally the repositories of particular Doshas. The normal state of Thridoshas in the body constitute healthy condition. The reverse of this is disease. Healthy condition means the normal state of thridoshas as applied to particular individuals. The typical healthy body of an adult contains three pounds of kapha and two and a half pounds of pitha—vide "Majja Madow Vasa, etc." The existence of these two and of the finer vayu that exists in the body in the form of impulse is known by their properties and functions. The chief diseases are caused by the 62 kinds of variations in the normal proportions of the doshas. The 62 kinds of variations superimposed upon the displacements from their respective repositories make the number of diseases innumerable.

In the causation of mental diseases besides the abnormalities of thridoshas, the two gunas, Rajas and Thamas, have also been considered as factors. In the case of accidents such as wounds and bruises abnormality of doshas follows, and then only disease results. Thus, according to the Ayurvedic system, no disease is caused except by a change in the normal condition of Doshas. If by modern science is meant the Western science I know little about it; but so far as I could gather from what I have heard about the Allopathic system, as the basic principles differ from each other, no comparison is possible.

Q. 2 (b). Diseases are of two kinds nija (natural) and Aganthuka (accidental). Natural diseases are chiefly caused by the abnormality of doshas and the accidental, primarily as a result of the accidents followed by the abnormality of the doshas, for example raktha gulma, raktha pitha, prameha, apasmara, etc., are natural. Vata diseases of apathanaka caused by Marmavedha (injury to vital parts) etc.; poison cases, unmada caused by extreme emotions, etc., are accidental. These two are again classified as physical and mental.

Among the examples of natural diseases the first three are physical and the last mental. In the latter set the first two are physical and the last mental.

Diseases are diagnosed by the processes of nidana, samprapthi, pragrupa, lakshana, and upasaya, and they are carried out by the methods of Darsana (inspection), Sparsana (Palpation, etc.?) and prasna (questioning). Nidana consists in inquiring into the irregularities of habits, climatic conditions, environments, etc. Samprapthi is the determination of the effect of the above condition on the health of the patient and the probable diseases resulting therefrom. Pragrupa is the early signs and symptoms of the disease. Lakshanas are the signs and the symptoms when the disease is fully established. By these processes the disease is practically diagnosed. Upasaya is the stage at which the treatment is begun and the diagnosis is confirmed by the effects of the treatment.

(N.B.—Here the witness illustrates these processes by quoting prameha as an example. He makes mention of certain instruments for the diagnosis of certain internal diseases such as amsa, uterine ulcers, etc.).

Treatments are of two kinds, external and internal. The external consists of abhyanga, lepa, etc. The internal is divided into samana and sodhana. Samana consists in giving in of Gritha, thaila, kashaya, etc., and sodhana is by means of emetics and purgatives.

(N.B.—Here the witness takes the example of an acute stage of Kushta to illustrate the various processes of treatment).

Number of cases treated in one year under the ayurveda system at the K. A. Hospital, Cheruturuthi—5,728, besides several private cases for which no account is kept.

Percentage of cures—75.

(c) Yes, especially in vata cases.

Q. 3. (a) Chief physician at K. A. Hospital, Cheruturuthi.

(b) 1—not satisfactory.

2—centres suitable—adequate provision must be made for funds and equipment.

(c) Insufficient. The remedies proposed by K. A. Samajam and Aryavydya Samajam are acceptable.

Q. 4. (a) 1, 2 and 3 essential.

(b) The ideal is workable.

Q. 5. As already stated in answer to question 2 (a) I do not think it practicable.

Q. 6 (a) and (b). The study of these subjects may be helpful.

(a) and (b) refer to K. A. Samajam curriculum.

(c) In Sanskrit and the local vernaculars.

Q. 7. Registration board essential.

Q. 8. Less costly. Drugs are easily procurable and labour cheap.

Q. 9. Want of State aid and undue encouragement of Allopathic hospitals.

M.R.Ry. Thrikkovil Ushuthra Warriar Avargal, Palace Physician, Cochin State, Tripunithura.

Q. 1. Regarding Ayurveda.

Q. 2 (a). Indiscriminate use of the 'six Rasās' adversely affect 'Bhava Padārthās' (Doshas, Dhathus and Malas) or organs of the body thus causing diseases. There are no two theories about the causation of disease in Ayurveda.

This theory is capable of being argued out to a logical conclusion by persons well versed in the science of Ayurveda and is established by experience and examples. This will stand the test of decent scientific investigation and criticism.

(b) Uncongenial habits produce abnormality in Doshas and the abnormal Doshas cause diseases. The former is the distant and the latter the immediate cause of diseases in general. The examination of these two causes constitutes the first process of diagnosis, that is, Nidāna.

N.B.—Texts are quoted to illustrate the statements and to show also how the different Doshas are rendered abnormal and what is the general form of the treatment to be followed at different stages of a disease.

Ayurvedic science (indigenous science of medicines) has been evolved from a study of the special characteristics of the physical constitution of the people of Bharatha and the medicines prescribed therein are such herbs, bulbs and roots, etc., as contain the 'six Rasās' in abundance and agreeable to the nature of the food the people of the country is accustomed to. The indigenous system of treatment is therefore easier, more effective and safer. I say this from experience and I am prepared to prove by practical examples the truth of the statement. I have not kept an account of the cases I have treated. Approximately it may come to 3,000 a year and most of them have been cured.

(c) Yes. The treatment in the cases of Vātha, poison cases, Āma Jwara, Apasmāra, etc., are especially more efficacious.

Q. 3. (a) I am the Palace Physician of Cochin State and I teach many students free.

(b) No. Well equipped hospitals and colleges and libraries should be established and scholarships and other encouragements given to students of Ayurveda.

(c) No. State help is necessary as in the case of Allopathic hospitals and colleges. Ayurvedic education to be given on most efficient and improved lines.

Q. 4. Yes. All these are necessary. The existing institutions are not up to the mark. They can be made so with State help.

Q. 5. I do not agree.

Q. 6. Yes. They are necessary. The eight courses of study as mentioned in Ayurveda, such as Salya and Salakya, etc., should be followed and each course supplemented by the auxiliary courses of physiology and pathology, etc. :-

(a) The eight courses may be brought under three groups and special titles to those who pass in each group be given.

(b) Preliminary qualification—a thorough knowledge of Sanskrit.

(c) Vernacular.

Q. 7. I do not know the existing medical registration rules.

Q. 8. Medical fee and prices of medicines are much lower than what they are in the Allopathic system.

Q. 9. The language difficulty, want of State help, absence of colleges and hospitals and the scarcity of good physicians as a result of Ayurvedic system being not encouraged by the State.

Q. 10. (a) Recognition of Ayurvedic system by the Government, founding of free hospitals, employing genuine physicians, establishment of colleges, creation of medical boards, the necessary financial support, etc., as already indicated.

(b) The same and to elicit public sympathy and encouragement.

(c) Conduct of examinations and granting of diplomas, etc.

(d) To help the Government in carrying out the scheme to encourage and resuscitate Ayurveda.

M.R.Ry. E. T. Divakaran Moses Asst., Olloor, Cochin State.

Introduction.—I cannot put in writing a hundredth part of what I have to say. I have had occasion to compare the Allopathic and Ayurvedic systems. The former chiefly aimed at speedy cure of an apparent disease and the latter at radical cure, though slow, of all the disorders latent and apparent in connexion with a particular disease (by bringing the entire system back to the normal condition). So the two systems differ in their fundamentals.

Q. 1. Regarding Ayurveda.

Q. 2. (a) (Vide statement of the two witnesses above substance is the same). Ayurvedic science will stand any test.

(b) The principle of treatment is the treatment by 'Contraries'. The medicines prescribed in Ayurveda are generally endowed with such property as are in consonance with what the intrinsic nature of the system requires and are mostly devoid of the qualities foreign to the system. Fever, phthisis, etc., may be cited as examples which, when treated according to this system, will be radically cured and will leave no trace of them behind.

I have ample experience of the efficacy of the treatment, but have no account kept of the number of cases treated.

The Ayurvedic system is more efficacious than the allopathic. If it be true that what are called 'Rue Fever' and 'Time fever' have no remedies according to Allopathic system, they have their remedies in Ayurveda.

Q. 3. (a) Member of the Medical Board of the Keraliya Ayurveda Samajam.

(b) (1) Not satisfactory for want of funds. (2) State help is essential.

(c) No sufficient provision. Reference (B) 1 and 2.

Q. 4. (a) (1), (2), (3). They are absolutely necessary. There is no such institution existing. Possible with State help.

(b) (1) Not too high.

(2) To establish medical institutions under Government control and appoint efficient physicians.

Q. 5. It is not possible to agree with the view of the Calcutta University.

I have never found an instance where the two systems agree. Differences in climate and habits of the East and the West are so wide that the two systems evolved out of the natural requirements of the two countries differ to the same extent. And no wonder they do not agree. I have seen cases where allopathic doctors fail to find any disease in a patient when it actually exists or discover disorders not actually in existence, because of their lack of adequate knowledge to take the local conditions into account.

Ayurvedic study does not stand in need of any extraneous help from modern (or Western) sciences. Such scientific information is contained in Ayurvedic treatises. But they must be efficiently taught and such improvements made in them as changed conditions of time and circumstances may demand.

Graded examinations are necessary and diplomas are to be given (not possible to give more details at present).

(b) A good knowledge of Sanskrit to begin with and about eight years' study altogether.

(c) Sanskrit and vernaculars.

Q. 7. Registration necessary:—

(a) Registration board composed of competent physicians is necessary.

(b) Such changes should be made as to suit the object in view (betterment of Ayurvedic system and its practice).

8. Ayurvedic treatment is cheaper because materials and labour are cheap.

Questions 9 and 10 are so wide that I am not able to answer them at present.

M.R.Ry. Punnasseri Nampi, Neelakandhasarma Avl., Pattambi, Malabar.

- Q. 1. Unani and Sidha are only modifications of Ayurveda.
- Q. 2. (a) The body is composed of five elements earth, water, fire, air and ether. Of these air and ether form Vāyu; fire represents Pitha, and earth and water Kabha.
(b) By Nidana, etc.
Effective. Ayurvedic physicians generally do not keep account of cases treated by them.
(c) Yes. Any physician can prove the truth of this statement.
- Q. 3. (a) I have treated many cases. I am the President of the Aryavidya Samajam and have been for nearly twenty years a medical examiner in Travancore and also of the Venkatramana dispensary in Madras. Many students have learned medicine under me.
(b) (Vide answers of others).
- Q. 4. (a) and (b) (Vide answers of other witnesses above).
- Q. 5. There are certain portions in the Allopathic system, a knowledge of which will be of help to Ayurvedic students.
- Q. 6. (1) Six years' course will do.
(2) Should have passed any of the advance examinations in Sanskrit.
(3) Sanskrit and vernacular should be the media.
(4) Three examinations biennially. Passed candidates be given the titles of 'Vaidya' and 'Upavaidya' and 'Shiromani' respectively.
(5) The first two examinations to be conducted by the Government and the last by the University.
- Q. 7. Registration necessary, etc.
- Q. 8. Less costly, due to labour and materials being cheap.
- Q. 9. (No new information. Vide other answers).
- Q. 10. Government should establish colleges and hospitals in each district. The local boards should control and supervise them.

General remarks.—Ayurvedic system aims at regulating the habits, eradication and prevention of recurrence of the diseases. The cure, though it may be slow, is sure. This system is more suited to the Indian constitution and the Indian climate than the Allopathic.

There are improvements to be effected. This can be easily done with Government help. I am prepared to give oral evidence if necessary.

M.R.Ry. Aryavaidyan M. Krishnan Avl., Assistant Master, Aryavaidyapatasala, Calicut.
The sense of the paper is covered by the other papers already translated.

M.R.Ry. V. Komappan Nayar Avl. (Ayurveda Vaidyan), Chief Physician, Panchayath Vaidyasala, Parpookara Pudukad, Cochin State.

(No information other than what is contained in answers of others given above.)

- Q. 2. (b) I have treated 6,346 cases within three years, of which 6,237 have been cured.
(His views agree with the general trend of the opinions expressed in the papers translated in detail.)

(22)

M.R.Br. AYURVEDA VISHARADA K. SHARODY AVL., OLLUR.

- Q. 1. I propose to deal with Ayurveda.
- Q. 2. (a) The three doshas cause all the diseases.
These three doshas are 'Vata, Pitha and Kapha.' These are the three pillars of the body. When these are in their normal state, they keep the body in a good condition. The seven 'Dhatus'—'Rasa, Rakta, Mamsa, Medas, Astti, Majha and Sukra', of the body are the instruments of the Doshas with which they (Doshas) excite the system and create disease in the body when they get deranged.

These become deranged by various causes such as season, climate, food, water, etc., when in their unnatural stages.

This theory will stand far superior than the modern scientific system.

(b) 'Panchalakshanam and Astangaparikaha' are the methods of diagnosis followed in our system. These are Nidanam, Poorverupam, Rupam, Upasayam and Samprapti, while Astangaparikaha comprises the examinations of 'Nadi, urine, faeces, tongue, sound, touch (chest, abdomen, etc.), eyes and complexion. These, when carefully studied and noted, help a complete and correct diagnosis.

'Samsodhana and Samsamana' are the methods of treatment. 'Samsodhana' is divided into five. 'Vamanam, Virachanam, Vasti, Sirovirekam and Raktamoksham' and Samsamanam into seven 'Pachanam, Deepanam, Kahuth, Thrit, Vyayama, Atapam and marutha.'

All diseases are completely cured either by the process of Samsodhanam or Samsamanam.

This treatment is more perfect than what is adopted in the Allopathic system.

(c) Vide answer (b) of question 2.

Q. 3. (a) Practising independently.

(1) No.

(2) No.

(b) In every respect it is deficient.

To remedy the deficiency there should be colleges, schools, hospitals, dispensaries, museums, laboratories, etc., in all important towns. There should be a completely equipped school in every district centre at the least, and each school should be provided with a well-established hospital.

(c) No.--Vide answer to (b) of question III.

Q. 4. (a)—

(1) Yes.

(2) Yes.

(3) Yes.

They are not yet attained, but are attainable in the near future if every facility is provided immediately.

(b) (1). The science should be made a living one in all its branches.

(2). Vide answer to (b) of question 3.

Q. 5. No. I can never agree with the view of the Calcutta University Commission because the ideals between the East and the West are different and hence they cannot be amalgamated together.

Q. 6. They are not essential for us, because we have got ample scientific methods which are far superior to the modern scientific system.

As I cannot agree with the view that the curriculum of studies should include anatomy, etc., I propose the following scheme for the study of students corresponding to Allopathic qualifications of 'L.M.S.', etc.

(a) Corresponding to L.M.P. four years' course.

Laghutrayi (Nighandu of Bhavaprakas, Nidanam of Madhava and' chikitsa of Chakradatta) Susruta Sarira should also be included in the above.

L.M.S. and M.B., five years' course.

Brihatrayi (books of Charaka, Susruta and Vagbhat). The graduation shall be by distinction in marks obtained as detailed below.

For L.M.S. 40 to 50 per cent of marks.

For M.B. above 50.

M.D. and M.S. degrees should be by theses.

Those who desire to appear for these examinations should pass the M.B. examination and undergo a course of five years more. Thus for M.D. and M.S. the course should be ten years.

(b) A thorough Natakantam knowledge is essential for the lowest degree.

Knowledge of other Sastras also are preferable for the other degrees.

(c) The language for the lowest is vernacular. Sanskrit should be made compulsory for the others.

Q. 7. We don't want the medical registration by State, but it should be by indigenous institutions.

Q. 8. It is far cheaper than the Allopathic treatment. The reasons are—all can prepare indigenous medicine without much expense. The drugs to prepare them are available everywhere and so cause the cheapness.

Q. 9. Want of State encouragement.

The State should take immediate financing and encourage what are necessarily required.

Q. 10. This system can be fostered and promoted by establishing hospitals, dispensaries, schools, laboratories, travelling physicians, etc., according to the population in towns and villages.

(23)

MR. A. KRISHNAN NAYAR.

In answering the first two parts of 2 it seems necessary to point out that it is impossible to supply answers in such a way as to make the task of scientific criticism easy. The Ayurvedic system of medicine which I propose to deal with is based on a chemistry, a physiology, and a botany which are unique in the point of view from which these sciences have been approached, as well as in the principles which have been adopted in the classification and definition of the facts and phenomena relating to these sciences. This fact precludes the possibility of rendering in-

modern scientific language the conceptions which the Ayurvedic physicians had about the causation of diseases and consequently about the symptoms which the diseases manifest or the principles of the treatment followed. It is translation in English without any regard for the connotation of words that has made Ayurvedic theories look ridiculous in the eyes of Western doctors.

Inasmuch as the object of the Committee is to ascertain how far the Indian system is scientific, the only course open to it is to examine the system as a whole after studying its principles of classification, definition, nomenclature, etc. In that case, I make bold to assert that the system would be found to satisfy all the logical requirements that would entitle it to be ranked as a science. Being tedious work and beyond the scope of the questionnaire, it is not attempted here.

Again, as regards the general efficacy of the treatment adopted in the system, it is not possible to supply facts and figures. Native physicians, especially private practitioners, very seldom keep a record of their work, seeing that they have no necessity for it. The public, even the educated public, believe in its efficacy, as is well known to the individual members of the Committee. So also evidence as to its greater efficacy in certain conditions is not easy to establish. For this would require comparison with other systems which involves a sound knowledge of other systems; or it would require experience of having successfully treated a large number of cases pronounced incurable by the votaries of other systems. Although I could quote some instances of this, it would be no conclusive proof of the inferiority of other systems as it might as well be due to the inferiority of the men who represented those systems.

Q. 3. (a) I am connected with an Ayurvedic medical shop providing medical relief to a limited extent.

(b) (1) No. Firstly, poor people get only prescriptions in these institutions, but no medicines, as free Ayurvedic dispensaries are very rare. Prescriptions often do more harm than good. Wrong drugs might be bought and medicines carelessly prepared and administered, thereby causing injury to the health of the patients as well as to the reputation of the system.

(2) No. Free instruction is imparted, but without any demonstration. Moreover, so far as Malabar is concerned, experienced physicians commanding wide practice are not at all anxious to endow their disciples with the benefit of their experience.

Institutions as contemplated in question IV alone will remedy these evils.

So far as Malabar is concerned, the number of institutions is perhaps sufficient, but, as pointed above, the quality of the work done in these institutions is poor.

Q. 4. (a) Such institutions are absolutely necessary. This ideal may soon be attained in the institution started in Trivandrum under the management of M.R.Ry. K. Sankara Menon Avargal, M.A. & L.T., the talented Ayurvedic Physician in the State employ.

(b) The ideal is not too high. To begin with, three, institutions, as nearly approaching the ideal as possible, may be started—one for Malabar, another for the Tamil districts, and a third for the Andhra desa. Please see answer to Question 6.

Q. 5. The desire really exists. Each system may have much to learn from the other. But a unification of the system is, from the nature of things, impossible, at least for many years to come.

Q. 6. A study of modern scientific methods is essential. It will be more convenient and practicable in the beginning to train in this system the large number of young men who are tolerably well versed in the indigenous systems. These men may be trained in the practical side of their systems by experienced physicians of real merit, as well as in Western physiology, pathology, and simple surgery, with the vernacular of the respective places as the medium of instruction. An entrance examination to test the knowledge of the candidates for admission in the system of medicine they follow would be all that is necessary.

Q. 7. This problem may be allowed to wait until the success of the scheme is assured.

Q. 8. The indigenous systems will be cheaper. Though some drugs are very costly, many of the ordinary diseases require only simple remedies prepared out of herbs and plants available in the locality.

Q. 9. Undue patronage extended to the Allopathic system by the Government; the consequent slur cast on its rival by the votaries of the former as well as by those who ape Western fashions, in utter ignorance of its merits; the difficulty of obtaining books till very recently and want of facility for consultation in cases of doubt or difficulties. These are some of the causes of decay. These can be remedied as soon as the system gains recognition at the hands of Government.

Q. 10. The indigenous systems can be fostered by the State opening some central institutions as contemplated in question 4 and by the local boards and municipalities maintaining some hospitals engaging the services of the newly trained men, thereby encouraging them. When the scheme has proved a success, and when the merit of the system has been demonstrated to the satisfaction of all who are dubious about it, the curriculum of studies may be amplified, a rigorous test of efficiency may be instituted and Degrees conferred on the successful candidates by the University.

Trivandrum.

M.B.Ry. K. SANKARA MENON AVARGAL, M.A. & L.T.

AYURVEDA AND ITS THEORIES.

Ayurveda is the science of life. It is built upon the theory of Vata, Pitta and Kapha. They are the fundamental principles of all material creation; they represent the three subtle stages of force impregnated matter in the process of evolution. Any disturbance in the arrangement or condition of these three subtle stages of atomic essences produces an altered or abnormal condition called disease. Health or the normal condition of body is produced by the result of the harmonious movements of the subtle matter in all the three stages.

Hindu Philosophy is the basis of all Indian knowledge. The fundamental principles of all Indian sciences are dealt with at length in Indian Philosophy, for Philosophy is the science of all sciences. So, for a correct knowledge of Vata, Pitta and Kapha we have to dive deep into the Indian philosophy.

According to the Hindu theory of Vedanta, there is the all-pervading spirit which manifests itself into matter and force. They are indestructible and indissoluble. Force cannot exhibit itself without matter and matter cannot exist without spirit. It is clear from this that everything that exists is endowed with the principle of life. The wonderful discovery of Dr. J. C. Bose that even metals—the supposed inanimate things—show unmistakable signs of latent life is no news to scholars of Hindu philosophy, wherein the inseparability of matter and force is emphatically declared and logically proved. The Vedantic philosophy expounded by Sankara asserts that all matter is but the simple manifestation of force which both merge into the all-pervading eternal unknown called Brahmam. The dualistic school of philosophy advocates that matter and spirit have co-existence, the latter always working and manifesting itself through the former, so that the relation of action and reaction is eternally maintained, which baffles all dissolution or the resolution of one into the other. Since it is not within my province to discuss the merits and demerits of the two schools, I do not wish to enter into any scholastic argumentation of the pros and cons of the theories. It is sufficient for our purpose to say that matter and force exist and the manifested universe is the result of the all-powerful force working through the all-pervading matter.

This theory is in perfect harmony with the modern theory of science. Hitherto it was considered by scientists that there are a certain number of elements created as such in the universe like Oxygen, Hydrogen, Nitrogen, Sulphur, Copper, Iron, Gold, Silver, etc. The combination of these elements in certain proportions and under certain conditions produce the material objects in the universe. That was the accepted theory for a very long time, but with the advance of science that theory was exploded and it was proved that all objects in the universe are but the different manifestations of one primordial matter under different conditions and circumstances. This is the modern electron theory according to which there is only one substance in the universe which manifests itself in various ways under different conditions. The primordial atomic essences, according to this theory, that constitute the manifested universe, are electrons and protons which, though one and the same matter, show slight variations in regard to the force that pervades them. The difference in the nature of the force that pervades protons and electrons is only a difference of positivity and negativity. Modern science does not proceed further. Hindu philosophy goes further and says that positivity and negativity of forces are only manifestations of one force which works through matter—both of which again are but the simple manifestations of something unknown and unknowable called Para-Brahmam.

Modern scientists who have been successfully carrying on researches into radio-activity have established that the possibilities of atomic energy are infinite. They have been trying to explode the atom of Hydrogen in order to harness its energy. When it is accomplished earth becomes a paradise or another star. The ancient Hindu Yogis know the scientific truth by their meditation and worked wonders through their mental force. They created globes and destroyed others as we learn from our ancient lore.

In the light of one matter and one force the various manifestations are accounted for by the different conditions and circumstances. Force shows itself the greatest when the matter through which it manifests is the subtlest. When the matter becomes grosser and grosser the manifestation of force through it becomes less and less potent. According to the Vaisheshika philosophy mind is nothing but matter-essence in its primordial condition. The spirit that works through mind—the subtlest matter-essence in the human body—is more powerful and endued with greater potentiality and velocity than other forces which work through grosser matter in the system. The rarification of matter is responsible for the exhibition of greater energy is explained by the fact that heat and electricity work through the medium of ether and something unknown akin to it, whereas sound works through the medium of air. The greatest energy of the universe works through the subtlest of matter.

So there is no matter without force and no force can work without matter, so much so that all matter in the universe, whether living or apparently dead, is endued with living force more or less patent. Self is immaterial, for force is matter and matter is force. It is either adaptive or

elective and its course is determined by the potentiality of its past Karma. The present life is only a page of a big volume having many closely written pages before it, making up the sum total of the potentiality of existence. Life is expansion; it is a link that connects the past realities with the future possibilities.

Mind exerts a great influence on the body, for the spirit that works through the primordial material essence of mind is endowed with great energy. When the mind becomes gross the influence which it exerts also will be proportionately less.

The three stages of matter in the process of creation are the subtle, the medium and the gross. The forces that work through them will also be proportionately great, medium and small. For the sake of convenience, I shall roughly classify the material atomic essences of matter into one group, the liquefied material essences into another and the solidified atomic essences into a third group. These groups representing the various stages of matter in its essential primordial condition should not be confounded with the three stages of matter as the Westerners understand it. The one force that works through these aforesaid subtle stages accounts for the variations of intensity and potentiality. They give us a rough idea of Vata, Pitta and Sleshma.

It is to be remembered, in this connection, that there is only one force working in the whole universe and for that fact in the human system too, and the classification of the force under three heads as Vata, Pitta and Kapha mainly represents the properties and qualities of the matter through which each works, so that the manifested force is highly coloured by the medium through which it works. The subtlest matter or the atomic essence forming the different stages is imperceptible to the eye, and so the possible inference of the derangement or otherwise of the matter in the system is seen through the altered condition of energy which pervades the system. All that can be understood is the nature of the force that works through the matter, and so the attributes of one are always indiscriminately given to the other, as they are indissoluble and inseparable. The subtlest matter is as much abstract as the all-pervading force. The one is consequently known in terms of the other. The qualities that are attributed to energy or force are really the qualities of matter, which under different circumstances and conditions vary, giving the life-energy an apparently distorted condition. The energy undergoes no actual change; but the apparent change is only due to the real change in the subtle atomic essence. The subtle and gross atomic essences of matter that compose the human system are mingled, intermingled and alternated according to some definite natural law so as to serve the various natural purposes and functions of the body with a view to make the life-energy working through it carry on its functions in perfect union and harmony. To sum up, the derangement of some function of the body is due to the derangement or rearrangement of matter in one or more organs of the system.

So the three material forces that govern the system are Vata, Pitta and Sleshma which really help the system to carry on its various functions.

To make it clearer, I should roughly say that the vital force Vata represents the all-powerful nervous force; the equalizing force Pitta represents the all-pervading circulatory function; and the cohesive force, Sleshma connotes the all-engrossing muscular energy. These statements, though not very accurate, are made here to give a tangible form to my thoughts and ideas.

These three material forces serve three distinct functions in the system. Sleshma denotes creation and development; Pitta represents equalization and reparation, and Vata connotes disintegration and dissolution. The functions of the three forces being marked and various, they are treated separately and in detail in all standard works on Ayurveda.

The causes that lead to the derangement or rearrangement of Vata, Pitta and Sleshma are various and they are explained in detail in Charaka, Susrutha, Vagbhata, Madhava, etc. These primary causes are what are known as Nidana. These primary causes, when they affect the Doshas and interfere with the Dooshyas, to a slight extent, produce a condition in the system which is called Poorva Roopa or incubatory or premonitory symptom. The real connotation of premonitory symptom goes thus far and no further; but in practice the affection of Dooshyas to a greater extent is also taken into account which varies according to the nature of the disease. Vata, Pitta and Sleshma are technically known as Doshas. The Dooshyas are chyle, blood, flesh (including muscles, etc.), adipose tissue, bones, marrow and semen. They are so called because Doshas by their derangement bring about a morbid condition in them. The Doshas affect also the Malas such as fæces, perspiration, etc., which are effete matter. When the Doshas affect the Dooshyas and Malas by bringing about a morbid condition in them then the symptoms (Rupa) peculiar to each disease become perceptible and marked. The ways by which the primary causes produce derangement in Doshas which in their turn affect the Dooshyas and Malas, or in short the modes of origin, growth and development of a disease, are called Samprapthi. The primary causes affect the Doshas then they affect the Dooshyas and Malas which in reference to one or more organs produce a disease.

In diagnosing a disease accurately all these points are to be carefully noted—

- (1) Dooshya which I have explained supra.
- (2) Desa, the place where the patient lives; which fact is also of great importance as the physical features and climatic conditions also exert great influence on the patient.
- (3) Bala—physical strength of the patient which enables the doctor to arrive at a correct estimate of the disease.

(4) Kala—(season) as each season exerts great influence on the body, a thorough knowledge of which also is necessary.

(5) Anala—(the digestive power). It enables the doctor to fix the dose and regulate the diet.

(6) Prakriti—(constitutional peculiarity) a knowledge of which is essential for the selection and rejection of medicines, etc.

(7) Vayas (age) enables the doctor to form a correct estimate of the prevailing predominant Dosha.

(8) Satva (temperament) enables the doctor to correctly estimate the intensity of disease.

(9) Satmyam (habit) for drawing correct inferences from the various symptoms.

(10) Ahara (food) a knowledge of which helps the doctor to form a correct estimate of the derangement of Doshas, etc.

The correct estimate of these factors together with the primary causes that led to the derangement of Doshas and the consequent affections of Dooshyas and Malas together with the origin, growth and development of a particular morbid condition in reference to one or more organs of the system gives the doctor the full knowledge of the pathological condition which is technically known as diagnosis.

The animal, vegetable and mineral kingdom possess Doshas either patent or latent; the judicious administration of one or more of these according to the rules of treatment bring about order in the deranged Doshas of the patient producing the normal condition. In some cases the Dooshyas also will have to be restored to their normal condition by careful administration of medicine.

Diseases are broadly classified under two heads. Nija or diseases that are caused by internal conditions; and Agantuka—those that are caused by external ones.

Again, for the correct diagnosis and treatment, a disease should be viewed from other stand-points also—

(1) Hetu Vipareetham.—By carefully studying the cause of the disease such medicines as will produce the opposite condition of the actual cause must be administered. In this connection it is to be remembered that there are two kinds of causes (1) internal, and (2) external; and the medicine should be selected with a view to bring about the opposite condition of one or the other according to necessity.

(2) Vyadhi Vipareetham.—By studying carefully the nature of the disease through its symptoms; medicines to be administered with a view to produce the opposite condition of the disease itself.

(3) Hetu-Vyadhi Vipuryastham.—In certain diseases, the cause and result will have to be taken both into account. In such cases medicines that will produce the opposite of both cause and effect will have to be administered.

In certain diseases the cause will disappear after producing the disease, and in other cases the cause will be persistent in producing the disease repeatedly. In the former case disease alone should be treated, while in the latter case both the cause and disease should be treated with such medicines as will produce the opposite condition of both.

(4) Hetu Thadarthakari.—The Thadarthakari medicine is that which produces the same condition. The principle that is involved here is 'Similia Similibus Curantur'. In this particular case medicines that will produce the same condition as the cause itself should be administered. Here also the cause may be internal or external.

(5) Vyadhi Thadarthakari.—Medicines that will produce the same conditions of disease will have to be administered for its cure.

(6) Hetu-Vyadhi Thadarthakari.—In this particular case medicines that will produce the same condition of cause and disease are to be administered. The cause and disease are to be separately treated as in 3 supra. The subdivisions (4), (5) and (6) are greater amplifications of the homeopathic principle enunciated above. This shows that the ancient Hindus have had a clear notion of 'Similia Similibus Curantur'. Allopathic treatment is more or less confined to subdivision (2), where medicines are given to produce the opposite condition of the disease. The subdivisions (1), (2) and (3) give in detail the principle of treatment according to allopathy which is partial and incomplete.

It is to be remembered that in all the cases, treatment is not the only method thought of; diet and exercise or rest are also to be taken into account. This mode of studying a disease from all its 24 standpoints will give the doctor a clear conception of it. This is what is known as Upasayam.

Ayurvedic doctors do not administer medicine directly to exterminate the bacteria causing a certain disease in the human system. All that they aim at is to bring about a normal healthy condition of the body so that the disease-causing bacteria may find it no longer, possible to thrive there. The atmosphere is full of bacteria, but they do not find it possible to thrive in a human body for the healthy normal condition does not permit them to do so.

Nature tries to make up the deficiency in or to get rid of the excess of Doshas and Deoshyas in the animal kingdom through those herbs that grow around. Judicious use of these sets them right. Man has eyes, but does not see. Treatment is nothing but adjustment. It is simple. Nature does everything for him; the vain man thinks too much of his skill and power: and poor patients suffer.

The subject of Ayurveda is so vast and deep and the time at my disposal is so short that I have attempted to give here only the nucleus of my idea about it.

It is not reasonable to think that every phenomenon or truth can be explained fully in the light of modern partially developed science. When modern science reaches its height of development and glory it will be in complete unison with the Hindu science of antiquity.

There are more things in Ayurveda than are dreamt of in the modern science.

(1) All sections of the Indian public, irrespective of caste, creed or colour, take advantage of Ayurvedic system of medicine.

Namboodiri Brahmans of Malabar. Brahmans. Nayars. Eazhavas. Muhammadans. Christians.	Eurasians. Jews. Pulayas. Parayas—and all the sub-sections of the above.
---	---

Figures of patients from all sections treated in Government or aided Ayurvedic institutions alone in Travancore for the year 1096 M.E. corresponding to 1920-1921 are given below:—

- (1) *Ayurvedic hospital and dispensary, Trivandrum*—
 - (a) In-patients, 115.
 - (b) Out-patients, 29,151. (of whom 12,129 were men, 8,970 women and 8,002 children).
- (2) The number of persons served by the Ayurveda Pharmacy, Trivandrum, was 16,651.
- (3) The total number of patients treated in the grant-in-aid Ayurvedic institutions of the State is 170,641 including 5,190 patients treated for poison cases.

In the Native State of Travancore, the Ayurveda system of medicine is encouraged by the Government and its benefits are enjoyed by all sections of people from the State and outside. Further encouragement and development of the system will, it is hoped, give greater facilities for treatment and make it more useful to suffering humanity.

All sections of the Indian population now resort to the Ayurveda hospitals and dispensaries. A considerable number of Eurasians and others also avail themselves of these institutions. All classes of people repose faith in the system, and given sufficient facilities and proper encouragement the Ayurvedic system of treatment will be to the benefit of all classes.

II. Only by careful and systematic study the Ayurvedic system can be restored to a high level of recognition. There is a Government Ayurvedic college in this State where Ayurveda is taught free and scholarships are also given to deserving candidates.

In the Ayurvedic college at Trivandrum all the eight divisions (Ashtangas) are taught in the course of five years. Besides lessons in theory the students are given practical training in the State-maintained Ayurvedic Pharmacy, where all kinds of medicines are prepared; they pick up practical clinical study in the State-maintained Ayurveda hospital to which an out-patient department is also attached. In addition to this, facilities are provided for practical identification of medicinal herbs and roots in the Ayurveda Botanical Gardens maintained by the Government.

In Travancore, Cochin and Malabar, Ayurveda was not quite extinct and so it is not impossible to get Vaidyans trained in all these eight branches of study. There are specialists who are reputed for a thorough knowledge of the ancient works on Hindu medicines and also as successful practitioners, such as the famous Ashta-Vaidyans of Kerala (all-Malabar), who from time immemorial have been practising indigenous systems of treatment.

It is highly necessary that students of general culture (preferably graduates) should be taught the science of Ayurveda for some years so that they may make use of their intelligence and knowledge for the development of Ayurveda. In Travancore, Cochin and Malabar, graduates as a rule have not taken to the study and practice of Ayurveda; graduates with experience and knowledge of the modern world will be required as exponents of Ayurveda till the system is brought to a level of recognition at the hands of the scientific world. The old school pundits are unable to expound the principles involved in the system in a modern scientific method. Modern scholars who make an amateur study of Ayurveda do it so perfunctorily that they are unable to do justice to it. So it is clear that Ayurveda should have proper expounders, for which, as I have stated, some intelligent graduates should be enabled to resort to its study. The reason why graduates of these parts do not take to it is that even after a course of five years in the Ayurveda college their prospects are limited in comparison to the encouragement given to the followers of the Allopathic system.

My first suggestion therefore with regard to the improvement and development of Ayurveda is to help graduates, for some time, to resort to its study, holding out at least sufficient pay which will enable them to live a decent life. And for this, governments, private bodies or rich individuals should take the head.

With regard to the incorporation of scientific discoveries in Ayurveda, I am of opinion that it is the first duty of every lover of Ayurveda to study it in the proper fashion and understand the level it attained to in those ancient days. Any incorporation of new ideas into the system now in vogue without knowing the exact condition of Ayurveda at present would prove to be either harmful or unprofitable. What I mean is many so-called modern incorporations might have had a place in the ancient science and hasty additions and accretions might be contradictory to the principle of Ayurveda. In Kerala there are many works on Ayurveda that have not yet seen the light of day. They contain much useful information that is absent in printed works. An All-India Committee should be appointed for the publication of all available Ayurvedic works in India as correctly as possible. The works must be thoroughly analyzed with a view to enunciate the scientific principles underlying the system. As far as I know, the underlying principles of Ayurveda have not been properly and succinctly dealt with in any work in Sanskrit. An intelligent student can glean these truths from here and there. Separate works must be written based on these old works with supplementary information from manuscript copies of unpublished works. For convenience I have divided the science of Ayurveda into five sections for preparing the syllabus of my college in Trivandrum. They are:—

- (1) Sarira Vinjanam.—Anatomy, Physiology and all those items of knowledge regarding human body as can be collected from old works.
- (2) Dravya Vinjanam.—Materia Medica and all the items of knowledge regarding the medicinal herbs, roots, minerals, ores, etc., as can be collected from works on Ayurveda.
- (3) Arogya Vinjanam.—Personal hygiene, sanitation, and all the knowledge required for healthy longevity as can be collected from Ayurvedic works.
- (4) Roga Vinjanam.—Pathology, the cause, origin, development and history of various diseases with their symptoms as seen in Ayurveda.
- (5) Bhaishagya Vinjanam.—Treatment. The various methods of treating diseases including the administration of medicine, dietetics, exercise and also surgical operations for such diseases as may require them with the necessary precautions as seen in Ayurveda.

These five broad divisions embrace all the branches of Ayurveda. The five divisions include subdivisions which are not dealt with here lest this should become voluminous.

What I mean is that the science of Ayurveda as it is now known should be thoroughly analyzed and sifted so that an exact knowledge of it may be gained before any additions are made to it.

Before knowing the science in all its exactness it is not advisable to suggest any incorporation or addition. One has to be exceedingly careful to modify a system that has stood the test of thousands of years. Our ancestors, as far as I have been able to gather from the works on Ayurveda, have very intelligently studied and discussed the subjects in all its aspects and enunciated valuable rules and principles for our guidance in the art of treatment.

Malabar is peculiarly fortunate in having had many reputed scholars of Ayurveda. They have written many works which give us useful information on the subject. I have collected many such works and hope to publish them one after another. In one such work I find quotations from many works which are not now extant. So I am strongly of opinion that the level of Ayurveda should be first determined before any attempt at its modification is seriously thought of. The task that I have suggested is by no means easy. It is one which requires the co-operation of all learned Pundits of India for its successful termination, and I shall be very glad to render all help, however humble, to carry on this work.

III. It is no exaggeration to say that almost all diseases are successfully combated by Ayurvedic medicines. Allopathic doctors are as a rule called only for surgical help whenever they are absolutely necessary. I do not mean to say that patients do not die under the treatment of Ayurvedic Vaidyans; such diseases are either incurable, wrongly diagnosed, or carelessly treated. What I maintain is that the system has intrinsic merits which could not be gainsaid. Fever including Typhoid, Rheumatism, Leprosy, Jaundice, Diabetes, Urinary complaints, Asthma, Eye diseases, Throat diseases and a host of other diseases are successfully treated by Ayurvedic Physicians. Typhoid fever, for instance, can be more safely treated under the Ayurvedic system than under the Allopathic; the special rules of diet, coupled with certain quaths, have worked wonders. Jaundice is cured in one or two days and advanced cases in five days if treated according to Ayurveda. Rheumatism is very successfully treated in Malabar; prepared oils are very efficacious. Pinda Swadom and Thaila Swadom are treatments peculiar to Kerala and these have been very successful in curing rheumatism. Thubaraka oil (Choulmungra), administered according to the dictates of Ayurvedic doctors, has cured several cases of Leprosy.

Eka Nayaka roots properly administered is a wonderful remedy in diabetes; it takes away the sugar in no time, and gives tone to the system. Poison treatment is nowhere more successful than in Malabar. Many works on poison treatment are in manuscripts which have not been published. All eye-diseases are very effectively treated according to the Ayurvedic system. Instances may be multiplied to any extent.

IV. The extent of the development of Ayurveda is not exactly known now. As I have stated a methodical and systematic study of all the published and unpublished works is necessary to make a correct estimate for which I have invited your attention. The more I learn Ayurveda the more extensive it appears and the large number of manuscript copies I have collected only confirm my opinion. If a body of well-equipped modern scholars would work uninterruptedly for a period of 25 years by carefully examining all the published and unpublished works in India, then they may be able to find out the exact state of Ayurveda as it was in India.

Before the advent of the Britishers the condition of India was most unsettled. During that period India sustained great loss in all departments of human knowledge. Many valuable literary works,—works on Fine Arts, Astronomy, Astrology, Mathematics, Medicine, etc., were ruthlessly destroyed. Medicine suffered most, many well-known works on Ayurveda like *Aswina Samhita*, *Dhanvamthari Samhita* now exist only in name. The loss is indeed great—indisputably great. The practical side of medicine also deteriorated. Physiology and Anatomy were forgotten. Government encouragement grew less and less. Indigenous systems of treatment were thrown overboard. Other systems took the place; still Ayurveda is able to maintain its own. Even to-day it is no exaggeration to say that 90 per cent of the population of India resort to treatment according to the indigenous system. Ten per cent alone receive alien kind of medical aid as is clearly stated in the recent discussion in the Madras Legislative Council.

The causes therefore that led to the downfall of Ayurveda are numerous. The first and foremost cause of its downfall is want of patriotism and faith in indigenous systems on the part of Indians. The second cause is want of proper encouragement from either Government, public bodies or private individuals. Thirdly, the humanitarian side of Indian intellectual life has of late received a materialistic baptism under the influence of Western culture and civilization producing at the same time the inevitable result of natural contempt for our literature, science and art and a blind admiration for everything Western. I do not want to underrate the foreign influence and culture; I admit that foreign science and culture has enabled us to study and understand our science, customs, manners and our literature in a better light. The knowledge of the world is nobody's monopoly; it behoves us to make use of the knowledge of the world for our enlightenment, but at the same time it is incumbent on us to keep our individuality and safeguard our culture.

Most of the points relating to this question have been answered in question No. 3.

V. Human Anatomy and Physiology as seen in the works on Ayurveda are not adequate. In the local Ayurveda college an Allopathic doctor (M.B. and B.S.) has been appointed, at my instance, to teach Anatomy and Physiology with practical lessons in Dissection. An elaborate knowledge of Anatomy and Physiology is absolutely necessary for which a study of Western method of surgery must be resorted to. Indian *Materia Medica* and Pathology are sufficient for our purpose at present. After a thorough scientific investigation of the present system of preparing medicines it may or may not necessitate the introduction of the extraction of active principles and tinctures. The introduction of this scientific method presupposes a natural superiority of the system over the old method of preparation which is to be modified or altered if necessary only after methodical investigation of its merits and demerits.

The deficiencies of Ayurveda can be correctly understood only after careful study of all the existing works which, as I remarked, must be studied with religious zeal. Many of the so-called deficiencies may not be real, as most of the unpublished works will remedy the apparent defects. Any inadvertent step taken with our present inadequate knowledge will prove fatal.

Since the conditions of the modern world are quite different from those of good old days, such changes as are compatible with the principles enunciated in Ayurveda may be effected in the practice of medicine to suit modern requirements. The subject requires elaboration and, if necessary, I shall send in due course an exhaustive list of books and other necessary information.

VI. A Committee consisting of able and enthusiastic scholars from different parts of India should be formed for the collection and collation of all unpublished works. They should be carefully corrected and published at the expense of the Committee. It should be more a labour of love. Such a strong committee will naturally serve to restore and uplift Ayurveda to a considerable extent. As I have pointed out supra separate text-books should also be prepared and published on the lines suggested.

VII. For the use of the Ayurveda Pharmacy in Trivandrum, crude drugs are either purchased from the bazaar or obtained by deputing experienced persons to fetch them direct from the forest areas. Rare herbs are cultivated in the gardens maintained by the State for the use of the Pharmacy.

(a) Standardization is a great necessity. Medicines prepared in Trivandrum, Madras, Calcutta, Delhi, Bombay and other places have different physical properties. Whether the therapeutic properties differ in these cases cannot be said as no methodic investigation has been made.

A Committee of physicians of repute and erudition after long experiments will be enabled to arrive at a method of standardization of preparations and fix the therapeutic and lethal doses of drugs and preparations. Before that could be done many of the crude drugs are to be identified; for instance, what is known as Bramhi in Malabar is not exactly the name for it in Calcutta; apart from the properties of herbs due to climatic conditions in different places, there

is a large degree of divergence of opinion as regards the genuineness of the herbs themselves. The herbs and other crude drugs should be once for all identified and then their doses should be fixed. There are many herbs, roots, etc., that are made use of in Malabar for treatment that do not find a place in the Calcutta method of treatment and vice versa.

Similarly with regard to other parts of India. All the differences must be settled and all those that are made use of in different parts of India should be included after thorough investigation.

(b) To ensure purity and genuineness, responsible bodies must alone be entrusted with the preparation of Ayurvedic drugs. Once the preparations are standardised this difficulty would vanish.

With regard to standardization it is now possible only to fix the physical properties, as the chemical properties of prepared medicines vary according to the difference in climatic condition of regions where they grow. Moreover, it is a very difficult task to analyze chemically all the Ayurvedic preparations and fix the various constituents that go to make them up. Most of the physical properties of the preparations can be carefully noted for guidance and the doses fixed either from experience or by consulting works on Ayurveda. A thorough investigation of the chemical properties, though desirable, is a serious problem involving money, time and the services of experts. The result of such an investigation cannot also be foreseen from a utilitarian standpoint.

VIII. Ayurvedic medicine is much cheaper than other systems of medicine. The figures of the Ayurveda hospital for two years are given below which will convince anyone of its comparative cheapness:—

	1925 Malayalam Era.	1926 Malayalam Era.
Number of in-patients treated ...	103	115
Number of out-patients treated ...	25,161	29,151
	RS. A. P.	RS. A. P.
Worth of medicines supplied to the Ayurveda hospital and dispensary.	7,662 2 10	8,842 1 8
Average daily cost of dieting per in-patient.	Chs. 7, C. 1 i.e. (As. 4)	Chs. 7, C. 4 i.e. (Annas 4 Pie 1).
Average daily cost of out-patient...	Anna 1 pies 2.	Anna 1 Pies 3 per 6 doses of medicine.

Some Ayurvedic preparations are sold at prohibitive prices. They do not really cost so much. For instance, Makaradwaja sold in Calcutta and other places for Rs. 24 per tola, cost only Rs. 3 per tola when prepared in the local Ayurveda Pharmacy. Those physicians who view things from a materialistic commercial point of view cannot be expected to sell medicines at reasonable profit only and to help the progress of Ayurveda.

IX. Hitherto there was no systematic method of teaching Ayurveda. One teacher calls together a number of students and teaches them at his leisure and seek their help in the preparation of those medicines that he requires for his patients. After a few years the students pick up his method of treatment and go out to eke out their own livelihood as physicians. This method had its own advantages and disadvantages.

Now a college for the teaching has been organized in Trivandrum where students have to undergo a course of five years. All the existing works have been analyzed in the above given way and taught in the manner in which instruction is imparted in a modern college of regular studies. The students are given practical lessons in the Pharmacy, Ayurveda Hospital and Botanical garden as also in the dissection class.

There is at the end of the High School course (third year) a Government examination, by passing which the title of "Vaidya Sastri" is given to the successful candidates. In the next two years constituting the college course proper, the students devote to higher studies at the end of which course there is another Government examination and the successful candidates are awarded the title of "Vaidya Kalanidhi". With this knowledge both theoretical and practical gained in the course of five years they go out as physicians. Any one of the "Vaidya Kalanidhis" can specialize himself in any branch of Ayurveda, and after a period of two years submit a dissertation embodying the result of his personal investigation and experience, which, if accepted, will entitle him for the highest qualification of 'Ayurveda Acharya'.

Every year there is the annual examinations, success in which alone will ensure their promotion to the higher classes.

There are also two grant-in-aid High Schools containing the first three classes alone affiliated to the Central Ayurvedic College at Trivandrum.

In this State of Travancore there is an Ayurvedic Department supported and maintained by Government of which my humble self is the head called the Director of Ayurveda with a separate establishment. I have organized the whole department and under me there now exists :—

(i) An Ayurvedic college and two Ayurvedic Grant-in-Aid High Schools teaching students for the 'Vaidya Sastri' title examination.

(ii) An Ayurveda Pharmacy for the preparation of medicines of all kinds, for the use of the Government Ayurveda hospital and dispensary and for the general use of the public.

(iii) An Ayurveda hospital and dispensary where in-patients are treated and out-patients are given medicines free of cost.

(iv) An Ayurveda Botanical garden for familiarizing students with all kinds of medicinal herbs and roots, etc.

(v) A number of grant-in-aid Vaidyasalas (81 in number at present, of which nine are exclusively devoted to the treatment of poison cases) scattered throughout the State for rendering medical aid to the general suffering public.

The whole department is organized and worked as far as possible in the modern method to suit the convenience of the public.

The Government Ayurvedic examinations of the college are all conducted under my supervision and guidance. I am directly responsible to the Government for the working of the department. So the whole department is, as it were, centralized in me as the Director of Ayurveda.

This method of organization will, I hope, prove satisfactory as I speak from personal experience.

X. (a) Students will be coming forward to study Ayurveda, if they are properly encouraged after their course. There are any number of students in Travancore which alone necessitated the opening of private Ayurvedic schools by public bodies outside the capital. Those High Schools receive grants-in-aid from Government.

(b) Qualified and well-read teachers are available to teach the subject. The College turns out a few every year to take up the work of teaching and practice.

(c) That depends upon the equipment of the Ayurveda hospital. If the Ayurveda hospital is properly maintained and equipped any number of in-patients can be had. The Ayurveda college students can be taken to the hospital for their clinical study.

From my experience I should say that the students turned out of the college under the present system of teaching are more competent for their work. With a little more experience they will be very useful members of the society.

The cost of the college varies according to conditions and places. For a successful college, a Pharmacy, a Botanical garden and Ayurveda hospital with a free dispensary should be attached to it. Mere college education, i.e., theoretical knowledge of this practical science will not stand them in good stead in after-life. So provision must be made for their practical course in the Pharmacy, Botanical garden, dissection room, and hospital and dispensary. So it is clear that in calculating the cost of maintaining an Ayurvedic college these essential factors also should be taken into account.

A modest account is given below. To conduct a college of five years' course in Ayurveda there must be six Professors and an Allopathic doctor to teach Anatomy and Physiology and Dissection.

	RS.
Principal	250 per mensem.
Vice Principal	200 "
First Assistant... ..	150 "
Three other Assistants, each	100 "
Lecturer in Anatomy and Physiology, etc. ...	150 "
The total comes to	1,050 "
Annual cost	12,600
Equipment of the college, library, etc. ...	1,000
Contingencies	250
	<hr/>
Total ...	13,850
	<hr/>

<i>Hospital</i>					rs.
One Chief Vaidyan	...	...	...	...	100 per mensem.
Assistant Vaidyan	...	...	...	...	75 "
Two compounders	...	...	...	...	25 each.
Two warders	...	...	...	...	20 "
Two nurses	...	...	...	...	20 "
Six menials	...	...	...	...	15 "
Total					395
Annual					4,740
Contingencies					160
Total					4,900
Medicines for free distribution	...	...	...	...	12,000
Hospital in-patients, dieting, clothing, etc.	...	...	...	...	1,100
Miscellaneous	...	...	...	...	300
Total					18,300

There should be a Pharmacy also where medicines prepared can be sent to the hospital for free distribution to the extent of Rs. 12,000, and the rest of the prepared drugs can be sold to the public at a reasonable gain which will enable the Pharmacy to incur no additional expenditure for the staff. If the sale proves large there will be a steady source of income from the Pharmacy.

For the Botanical garden the annual expenditure will not be more than Rs. 1,000 per year. The total expenditure will be—

								RS
College	...	...	...	...	...	...	...	13,850
Hospital	...	...	...	...	...	...	...	18,300
Garden	...	...	...	...	...	...	...	1,000
Total								33,150

Including unforeseen expenditure, etc., it will not be more than Rs. 35,000. In the above calculation, the site, building, equipment of hospital and the pay of the controlling authority are not included. They are to be adjusted according to the local conditions and circumstances.

The institutions worked on the above model will prove useful and beneficial.

XI. Students who have general culture in the modern sense of the term should alone be admitted. Graduates are preferable, but at least they should be matriculates with thorough grounding in Sanskrit.

General period of study in the case of ordinary students should be five years during which period alone they can be expected to master the science and practice of Ayurveda: In the case of graduates with thorough knowledge of Sanskrit, the period may be fixed at three years for a limited period. The medium of instruction should be the vernacular of the country where the college is located.

XII. A general knowledge in Physics, Chemistry, Biology, etc., are essential. It is with this idea that I suggested that the students who go in for the study of Ayurveda should be matriculates or preferably graduates. Power of generalization is obtainable only through general culture, and the absence of such general culture in modern Vaidyans is one of the causes that brought disrepute to the system itself.

Human Anatomy and Physiology should be taught carefully and accurately and I have therefore included them in the syllabus of studies.

I must say frankly that I do not like patch-work. If a thing is to be done at all it must be done well. So the students selected should have general knowledge in the modern sense of the term. It is no good allowing half-educated pupils to go to some medical school, where they will be given a few lessons in such important subjects as Physics, Chemistry, etc. Such scappy knowledge obtained by attending a few lectures will not be of any avail. It is absolutely necessary to have scientific training of the mind for any man to shine in any profession. So I am strongly of opinion that students of general culture should alone be admitted.

XIII. The course of study should be for five years. After three years the diploma examination should be held and the successful candidates be given an Indian title like 'Vaidya Sastri' which should enable them to be the assistants of some senior Physician. So that examination should more or less be corresponding to the L.M.P. of medical schools. After five years the students should have another diploma examination and the successful candidates should be given a title like that of 'Vaidya Kalanidhi' corresponding to the M.B. & B.S. standard of the Medical College. Those candidates who have undergone a complete course of training for five years should be allowed the chance of specializing themselves in one or more branches of Ayurveda. On the merits of the dissertation submitted by them after original investigation, they may be given a title like the one of 'Ayurveda Acharya' which should be the highest distinction recognized for scholarship in Ayurveda. I think Indian titles are more appropriate for Indian sciences and arts. The title of 'Pranacharya' is to be given to those successful Ayurvedic practitioners of to-day who are unable to appear for any examination, out of deference to their age and merits as a sort of encouragement and appreciation of their talents. It is no use unnecessarily imitating western methods and customs that are alien to Indian culture and tastes.

XIV. Though more than 75 per cent of the Indian population get medical aid from Ayurvedic practitioners, yet they are not able to command that respect which their Allopathic brethren have. It is indeed very sad Ayurvedic practitioners are, as a rule, pious and God-fearing and they have not been taught fortunately the ways and means of undue extraction of money from poor patients. These poor souls are content with what little they get for their meritorious services. Thirdly Indians of any position consider these practitioners as men of inferior position and status.

Allopathic practitioners are considered superior persons even by educated Indians. The fault lies in our admiration for everything foreign, and contempt for everything Indian. Another point also cannot be left unnoticed. The poor Ayurvedic practitioners have no general education and so they may perhaps be ignorant of the conditions of the modern world. That materially makes them go down in the estimation of the educated public. The standard of our judgment varies in the two cases; we do not respect and admire an Ayurvedic Doctor for his intrinsic merits in the art of treatment he practises, but depreciate him for his lack of information and general culture. In the case of Allopathic Doctors opposite is the case. Indians respect them more for their style and general culture than for their professional knowledge.

The fault of the Indians should be remedied by learning to respect their Hakims, Kavirajs and Vaidyans. The Vaidyans also on their part should try to be modern men so that they may keep apace with the modern world. All these can be easily accomplished by giving sufficient training in Ayurveda to a few graduates, who I am sure will do much for India by commanding respect and doing useful work. It is no use teaching Ayurveda to those students who have no general culture. Such practitioners however capable they may be, will not be able to hold their own or advance the cause of Ayurveda. The graduates who take to Ayurveda as a profession will be the pioneers of a future generation who will resuscitate Ayurveda and bring it back to its ancient glory. The other disadvantages now felt are:—

(1) They have no ready-made standardized medicines for use. Each man prepares his own medicines in his own way. No physician can treat a patient successfully with the medicine prepared by another; when the Vaidyan fails, he attributes the fault to the preparation. In these modern days the relatives of the patient could not afford or find time to prepare the medicines prescribed by the Vaidyan. In fact the Allopathic Doctors have all these advantages. From the All-India Ayurvedic Committee suggested by me standardised Ayurvedic medicines should be issued at a small profit so that every Indian should be able to purchase and practise. When this one important defect is removed all the others will vanish.

XV. Registration of practitioners is not to be thought of now till we have qualified medical practitioners in Ayurveda to satisfy the needs of the public. When the College is established and the standardised medicines are issued in large quantities a time will come when there are a good number of reliable and the successful Ayurvedic practitioners who are working for the good of the country. Then it is time to put a stop to quacks and spurious medicine-vendors. The fatal step of medical registration will seriously handicap the progress of medicine. Even the so-called quack doctors are no menace to the well-being of society.

The All-India Ayurvedic Committee which consists of members, from all parts of India should recommend to the Committee for the award of titles to such of the successful practitioners as are known to them. Their recommendations must be given due importance and such Vaidyans must be honoured with titles, medals, etc. This is the only possible course opened for sometime to come.

The Committee should consist of honourable men with honourable motives. The titles and medals, etc., given by them will have their own value. If it is found impossible to constitute such an efficient committee it is a sure sign that it is not yet time for the regeneration of India.

XVI. Governments and Municipalities should open dispensaries and hospitals in important places and towns (municipal areas). They should recognize the Vaidyasalas in their jurisdiction

and give the Vaidyans substantial grants-in-aid. There should be some one appointed to inspect their work periodically and the Vaidyans in their turn should submit monthly returns to the controlling authority. Rich individuals can do similar help to promote Ayurveda. Universities should affiliate to them such colleges where Ayurveda, both theoretical and practical, is taught and be prepared to give degrees to the successful candidates after the prescribed course of study. Intermediates and Graduates in Arts alone should be selected for such courses. Prizes and Medals should be awarded for researches and discoveries in Ayurveda. Post-Graduate scholarships are also to be given for Ayurvedic studies in the various Indian Provinces and States.

(25)

M.R.Ry. VAYASKARA MOOSS AVARGAL, KOTTAYAM.

Q. 1. Ayurveda.

Q. 2. (a) Health is the state of equilibrium of body with respect to "Vatham, Pitham and Kabham" which are connected respectively with nerves and muscles, digestive organs, and respiratory organs chiefly. Disease is the disturbance of this equilibrium (1) by abnormal weather conditions of cold, heat humidity, (2) by improper use of the sensory organs, (3) by impropriety in word, deed or thought. In this is implied the usual experience of ill-health owing to bad air and water, unsuitable food and physical or mental excitement.

The terms "Vatham, Pitham and Kabham" are often misunderstood. They refer to conditions of body merely and the classification is chiefly useful in determining the properties of the Indian Materia Medica. The theory has stood the test of experience of ages and cures based on the same have always proved effective. To search for an anatomic basis of the above fundamental divisions is merely of academic interest.

(b) In our system diseases are divided into—

(1) main heads, (2) subdivisions. With reference to the main head (1) the causation and (2) the symptoms common to each main head are clearly stated. Then each subdivision is clearly described and treatment for it is given in full detail. When only some of the common symptoms for each main head are observable there is a course of preliminary treatment which, by its effect on the condition of the patient, will clearly show the nature of the particular ailment. A personal examination of the patient in respect of pulse, tongue, food and bowels, personal habits, general tone of health and the particular complaints, immediately reveals the ailment in most cases and the preliminary treatment mentioned above reveals it in others. When the disease is thus spotted out the prescribed treatment effects the cure invariably.

For the past many years our family profession has been the practice of Ayurveda. On an average about 1,000 patients per year have been treated. It is for others to judge of the efficacy of the treatment but it may be added that failure in cure has very rarely been our experience.

The efficacy and popularity of Ayurveda must be clear from the following :—

(1) Ayurvedic doctors are very few and far between and the preparation of Ayurvedic prescriptions are extremely inconvenient at present. On the other hand, Allopathic doctors and hospitals are comparatively near at hand everywhere and ready-made medicine, it is quite easy to procure. Nevertheless, educated rich and respectable patients resorting to our system are, it has been observed, ever on the increase out of proportion to their increase in the general population.

(2) There have been many cases in the history of the Ayurvedic practice in our family of persons suffering from ailments declared incurable by eminent Allopathic doctors, resorting to our treatment and getting cured.

(3) There have also been cases—not inconsiderable—of eminent allopathic doctors themselves seeking our aid successfully in ailments in their own cases and in the cases of those dear and near to them.

(c) Undoubtedly.

The Ayurvedic system is suited to the Indian climate which mainly determines the food, dress and the physical conditions in India. When diet considered light for persons accustomed to cold climate, heavy clothing and the digestion of food like flesh, wheat and fat, is prescribed to persons of different habits in cases of fever, dysentery, etc., cure has become difficult. Our system has been found to be efficacious in such cases. In cases of rheumatism the Ayurvedic system has certainly wonderful effects and it has been acknowledged by eminent allopathic doctors themselves seeking our aid in such cases.

The Ayurvedic medicines being chiefly derived from herbs and substances (in their natural state) in which there is the equilibrium of the fundamental principles, as in the healthy human body but in each of which some particular principal is strong, it appears—as proved by experience—that while cure is always certain when the Ayurvedic prescription is correct any error in proportion in prescription or in diagnosis leads to much less serious consequences than in allopathic prescriptions.

Q. 3. (a) Persons from various parts have been coming here for the last good many years to study Ayurveda to get training in the preparation of medicines and to learn treatment of patients at first hand and have returned as physicians. We are honorary advisers to the Sirkar Ayurvedic Patasala in Trivandrum (Travancore) and many others.

(b) (1) and (2) A list of such institutions is required before this question can be answered. However in view of the fact patients and prospective Ayurvedic physicians go here from very distant parts, the impression is inevitable that medical relief and education provided in the existing institutions are quite inadequate.

(c) No.

The remedy is obviously the establishment of (1) some Ayurvedic colleges (near hill stations where the important herbs can be had in plenty) with factories for distillation, etc.; (2) Ayurvedic schools, say, one for every district or one million of people; (3) an Ayurvedic dispensary by the side of every allopathic dispensary or as a branch of it at present. It may be confidently stated that Ayurvedic dispensaries will very often displace allopathic ones which may eventually be closed one after another.

Q. 4. (a)

(1) Yes.

(2) Yes.

(3) Yes.

It is not easy to answer this question satisfactorily without an authorized list of the existing institutions. Nevertheless, the development of at least a few of the institutions like the one at Trivandrum into ideal ones ought not to be unattainable in the very near future.

(b) (1) & (2) If, owing to any reasons, the realization of the ideal—which, of course, means funds—has to be postponed, something can certainly be done with respect to each institution by way of provision of facilities for; (1) the development of the residential system for the staff and students; (2) the improvement of libraries and museums; (3) the accommodation of patients receiving treatments in the dispensaries that must be attached to the institution; (4) a thorough initial inspection—and then periodical inspections—by a committee of Ayurvedic and other medical experts.

5. We are not in disagreement with the view of the Calcutta University Commission as the basis of Ayurveda is really scientific and not empirical. There is ample evidence that the founders of Ayurveda thoroughly examined every item of the *Materia Medica* with respect to "Rasam, Veeram, Vipakam and Prabhavam" singly and in combination; and also studied carefully the diseases generated by the disturbance of the fundamentals (Vatham, Pitham and Kabham) singly and in combination by external circumstances; and then established a system of treatment which has very successfully stood the test of ages. Further there is ample scope for experiment on the Ayurvedic *Materia Medica* on modern lines by doctors versed in both allopathic and Indian systems with a view to the preparation of new specifics and the elucidation of the reasons for the efficacy of the existing specifics. Of course, it does not follow that if there are some Ayurvedic specifics which defy the test of analysis on modern lines but which however are quite effective in cures, they are not to be given up on the score of non-analysability.

The unified treatment referred to in the query seems possible but advance in the comparative study of all the systems is necessary before the *modus operandi* can be decided on.

Q. 6. Yes. Surgery, Anatomy and Pathology are subjects in the Indian system already.

(a) We should like to see a detailed syllabus of the examinations referred to before preparing the syllabus required.

(b) Further this would be better done in sub-committee.

(c) Books on Indian medicine are now in Sanskrit some knowledge of which is essential before the system can be studied. Indian vernaculars may be employed as media of instruction. A colloquial knowledge of English will be of use.

Q. 7. The registration is essential. Every licensed practitioner must be required to keep a register of patients under his treatment with particulars about the diagnosis, prescriptions and result of the treatment.

(a) A Registration Board of a few prominent persons of ability in the Indian systems and a Secretary—preferably an Indian L.M.S. or M.B.—may be nominated.

(b) We should like to have a copy of the existing legislation before giving an opinion.

Q. 8. The indigenous system of treatment must be less costly. The herbs and other requisites for the preparation of medicines can be had locally in plenty. Their preparation in well-organized vaidya salas or in some cases by the patients themselves in accordance with prescriptions must be cheaper than the purchase of Allopathic medicines prepared in foreign parts and sold in shops.

Q. 9. The following are among the causes of the decline of the indigenous systems :—

(1) Owing to foreign invasions of India at different times and the consequent insecurity of person and property and the inevitable indigence, people had to flee to different parts leaving their books behind and could hardly find the necessary time and convenience for pursuit of knowledges for its own sake. That the indigeous system itself did not entirely die out especially in view of the different unfortunate influences to which it was subjected on different occasions must be proof positive of its worth.

(2) For an ordinary proficiency in Ayurveda at least five years' training is essential and what a man is able to earn after this training is hardly sufficient to keep him alive and there is nobody to give him any appointment. The same amount of training in the Allopathic system secures a person an attractive Government appointment.

(3) There is hardly any facility at present to secure a training in Ayurveda. While the Government maintains a highly expensive Medical College and other medical institutions for the Allopathic system, no such college or institution is either maintained or even aided by the same agency.

(4) As already mentioned with reference to question (2) (b) the difficulty in obtaining ready-made Ayurvedic medicines at present and the natural human desire to obtain immediate relief of some kind in suffering drive people from the Indian systems to the allopathic in which hospitals and doctors with ready-made medicines purchased for them by Government are ready to hand.

How the indigenous system can be revived is shown in the answers to question 10.

Q. 10. (a) The State must maintain an ideal Ayurvedic College of its own with an Ayurvedic branch in the General Hospital maintained by it and a factory for manufacturing Ayurvedic medicines in a large scale. Also Ayurvedic schools must be opened in important centres. Aid must also be given to such institutions. Instructions must be given to maintain an Ayurvedic branch in every hospital or dispensary.

At present the propagation of the Indian systems of Medicine is chiefly done by certain families with Indian medicines as their family profession. A list of such must be prepared and they may be given whatever aid they may require in enlarging the scope of their work.

(b) The local boards may meet the cost for the Ayurvedic branch of each of their hospitals and dispensaries and open Ayurvedic schools and medicine factories in a smaller scale and aid institutions founded for similar purposes.

(c) The Universities may establish degrees and diplomas in Indian medicine and a chair for research in the same and harmonising the various systems of medicine.

(d) Private agencies may be encouraged to found institutions on lines similar to the above.

Ceylon.

(26)

M.R.BY. AYURVEDACHARYA B. L. SARNELIS SILVA AVARGAL, COLOMBO.

Q. 1. I propose to deal with Indigenous system of medicine called Ayurveda.

Q. 2. (a) According to the Ayurvedic system of medicine the causation of every disease is due to the tridosha (1), disturbances or disorders of the three humours of the body—bile, phlegm and wind). These disorders are the result of one's failure to live so as to preserve health or of one's having taken indigestible food, etc. (2). These three humours known as wind, bile and phlegm are identical with the elements, air, fire and water present in the body (3). A disproportion in their relative strength or their corruption causes diseases. Just as when a little water is brought in contact with a large fire, the water loses its natural state and the fire grows in intensity, so bile which is the element of heat in the body grows to an excess, and at the same time spoils or dries up the phlegm or the water in the body; or in other words, both bile and phlegm assume an unnatural condition. This fact may be clearly explained by the association of the elements fire, water and wind. The same three elements are the chief agents in the formation and preservation of the body (4). Viewed from that point too, it should be considered that a disturbance or disorder in the three humours of the body is the causation of disease.

(b) The disorder or disturbance of the three humours of the body having been examined in general, according to the five logical methods—Nidana, Purvarupa, Rupa, Upasaya and Samprapti—the disease can be diagnosed accurately by an examination of the patient's habits and body. The system of treatment taught in Ayurveda is the prescribing of medicines whose property is sufficiently efficacious in arresting and removing diseases caused by a disorder in the humours of the body or by any change in the strength or natural functions of the body, as the result of such disorder. If any illness is caused by an excess of cold in the body, it must be laid down as due to a disturbance of wind (vata) or phlegm (kapha) in the body. In such a case it will be necessary to adopt measures to remove the cold and neutralise the effect of the vata and kapha and therefore the patient must be kept warm and the medicines prescribed must have the property of warmth (5). This is the ordinary course of treatment; exceptional cases will

present no difficulty. In Ceylon under the patronage of the Local Government, Western Medical Science is receiving every encouragement for its progress and extension, by the establishment of hospitals in towns and dispensaries in nearly all the principal villages; yet it must be observed that there are still very large numbers of people here who obtain relief from the Indigenous system of treatment. From the Annual Report of the Foster Robinson Free Dispensary (altogether a private venture), it appears that 23,340 patients received treatment from there in 1920. (6) There are, besides many Ayurvedic Physicians in all parts of Ceylon who attend to patients in their own respective stations. In my own private Medical Hall, "Jiwaraksha Bhysajja-Salawa" on an average 300 persons are attended to every month. Therefore, there is reason to believe that the number of people receiving medical relief according to the Indigenous system is gradually increasing in Ceylon.

(c) Therefore I am, of opinion that, as stated above, the practice of medicine and pathology in the Indigenous system are very much superior to those in the other systems. It is clear that in no other system of treatment except Ayurveda is to be found that method of diagnosing a disease by the logical application of the five process, Nidana, Purvarupa, Rupa, Upasaya and Samprapti. According to the opinion of some medical authorities diseases are caused by germs (a new theory), and by the Vikurta state of the organs of the body, but it must be observed that the germs on the body in a state of disease as well as the Vikurta condition are due to the disease. Our firm opinion is that a disease is not the result of the presence of germs or of the Vikurta condition. If germs are present or Vikurta manifests itself, a prior cause for their presence must be sought, and that is found in Dosha-Kopa. For example it is owing to the tree that the fruit grows, the former being the cause and the latter the result, and not vice versa. It may be that the tree is due to the five great elements (Bhuta) or it may spring from a root or branch and since a fruit is a part or member of the tree, there can be no fruit without the tree. The same rule holds good with regard to the presence of germs. Also it is to be observed that no other system of treatment can compare with the Ayurveda System, and my own experience of 25 years has confirmed me in the belief that in the treatment of Atisara, Grahani, Prew ahika, Pakshaghita, Rakthapitta, Asrugdara, Vatarakta, Sannipata, Visuchika, etc.—neither the mode of treatment in other systems or their medicines are so adequate as the treatment and medicines of the Ayurvedic system.

Q. 3. (a) I am a member of the Nikhila Bharati Ayurveda Maha Mandala in India, and a Superintendent of the Board of Ayurveda Viddaya Pitha for Ceylon.

(b) The existing institutions of Indigenous systems are unsatisfactory from the standpoint of adequacy of medical relief provided, due to the want of necessary things and of state of public help.

(2) They are also unsatisfactory as being unsuitable as centres of medical education.

The existing arrangements seem very deficient with respect to the following:—

Surgery (theoretical and practical), anatomy, knowledge of the properties of many medicines and drugs, compounding of medicines, systematic medical education. To remedy these defects I would propose the establishment of a fully equipped Ayurvedic medical school in which surgery (theoretical and practical—) should be taught, cultivation of medicinal plants and opening of such gardens for the use of Ayurvedic students. These are matters in my opinion that should be undertaken by the Local Government.

(c) For answer see above.

Q. 4. (a) I consider that the ideal medical training of Indigenous systems of medicines requires—

(1) That the students should be placed under the personal guidance of teachers of first rate ability and of recognized standing in their subjects;

(2) That teachers and students alike should have access to well appointed hospitals, laboratories, libraries and museums;

(3) That the teachers should have sufficient leisure to be able to pursue independent investigations in their own subjects.

It may be said that this ideal has to some extent been realised in the Madras Presidency and some other parts of India by educational efforts of societies and of individuals. As I have visited some of those places in my travels in India, I regret that I am unable to say that those places fully answer the purpose. In my opinion institutions much superior to the existing ones must be established if this high ideal is to be attained.

(b) I am not prepared to say that the proficiency at present attained in Ayurvedic Medical Science is of very high standard.

(1) If this Ayurvedic medical science is made complete and established in all its parts, it will be found sufficient for all requirements without calling in the aid of any other system.

(2) The idea to be worked out in the immediate present is to establish a Medical School with the help of the Government and when students have attained proficiency they should be authorized to follow the profession in their respective lines.

Q. 5. I do not agree with the view of the Calcutta University Commission. The portion of time in the life of a man that is devoted to learning is hardly sufficient for a complete study of the different parts of science in Ayurveda. In the event of the union of two systems it will be difficult to say which will gain and which will suffer.

Q. 6. Out of the subjects of study mentioned in this section, I think it better if surgery and anatomy are taught with due attention to modern scientific methods also—

(a) I propose that the "All-India Ayurveda Vidya Pitha" methods of qualification should be adopted, viz.—Bhishak (L.M.P. and L.M.S.), Ayurveda visarada (M.B. and M.S.) and Ayurveda Acharya (M.D.). Those qualified in theoretical and practical knowledge should accordingly be granted certificates.

(b) (1) In the preliminary or Bhishak, five years' training and a fair knowledge of the Sanskrit language, (2) intermediate or Ayurveda visarada, eight years' training and also a good knowledge of the Sanskrit language and grammar and (3) final or Ayurveda-Acharya, ten years' training and proficiency in Sanskrit language with poetry and grammar. Candidates should be at least 16 years' of age and should have a fair knowledge of Sanskrit.

(c) I endorse the subjects for the Ayurveda visarada examination in Vidya Pitha, viz. :—Materia Medica and Therapeutics, Pathology and Symptomology of disease, practice of Medicine Surgery, Anatomy with elementary Physiology, treatment for children, etc., up to a proper standard.

Q. 7. I consider that the extension of medical Registration to Indigenous systems of medicine is necessary. Those who have been educated on Indigenous lines and hold certificates of competency according to the existing standard of the Ayurvedic school, and those who have passed no examination but have at least practiced as Ayurvedic physicians and gained experience as such for a period of not less than ten years, provided they are not less than 30 years of age, should be admitted to registration on the recommendation of three respectable men, as to their ability. It is to be understood that the registration of the latter class will be made only once and not repeated.

(a) There should be a Board of Registration for admitting competent practitioners as stated above, into the medical registration.

(b) I am ignorant of the existing legislation regarding medical registration.

Q. 8. The cost of treatment according to the Ayurvedic system is much less than that of any other system, Ayurvedic physicians being paid very little in the shape of fees, and medicines costing less and often being easily procurable.

Q. 9. The causes of decay of Indigenous system of medicine in Ceylon are mainly due to the following facts :—Encouragement and support lent by the Local Government to the propagation and establishment of Western medical science to the exclusion of all others; the indifferent attitude of Government to the Indigenous system, the want of a suitable medical institution for systematic education on Indigenous lines; the absence of any means of testing the learned in this science, the absence of gardens fully furnished with medical plants; the groundless charges against the Indigenous practice preferred by Western professional men to safeguard their own interests. For the revival of the Indigenous system, I would suggest the establishment of (i) a medical school fully furnished with all necessary appliances, etc.; (ii) a hospital for investigation of diseases; (iii) a library and a museum; (iv) a laboratory; (v) the appointment of practitioners to various stations who have finished a regular course in the medical school and passed out successfully.

Q. 10. Out of the four methods (a), (b), (c) and (d) enumerated under this section, our opinion is that so far as Ayurveda is concerned, it could be fostered and promoted by the Government or State only.

The references mentioned in the first two answers :

1. "नास्ति रोगो विना दोषैः"—सुश्रुत ।

"सर्वेषामेव रोगाणां निदानं कुपिता मलः"—माधवनिदान ।

2. "नरो हिताहारविहारसेवी समीक्ष्यकारी विषयेष्वसक्तः ।

दाता समः सत्यपरः क्षमावानाप्तोपसेवी च प्रवत्यरोगः ॥"—चरक ।

"तत्प्रकोपस्य तु प्रोक्तं विविधाहितसेवनम्"—माधवनिदान ।

3. "प्रकृतिमिह नराणां भौतिकीं केचिदाहुः

पवनदहनतोयैः कीर्तितास्तास्तु तिस्रः"—सुश्रुत ।

4. "पंचमहाभूतशरीरिसमवायः पुरुष इत्युच्यते"

"दोषघातुमलमूलं हि शरीरम्"

5. "शीते शतिप्रतिकारमुष्णे चोष्णनिवारणम्"—सुश्रुत ॥

5. A (residential) dispensary managed by the kind donation of an American lady 'Foster Robinson' of Honolulu.

EVIDENCE WRITTEN IN SANSKRIT.

JAIPUR-RAJPUTANA.

(1) SRIJUT VAIDYARATNA SWAMI PANDIT LAKSHMI RAMASWAMI ACHARYA.

उपनतान्यन्वेषकसमितेः (कमीशन) प्रस्तावाश्चोद्देश्यानि च । राजतन्त्रद्वारा नियमितामिमां समितिमालोक्य भृशमभिनन्दामि । देशीयचिकित्सापद्धतेः साहाय्याय पुरा कतिवारमभ्यर्थयन्ने स्म भारतीयाः प्रमुखसज्जनाः शासनाधिकृतान्, परं नैतेषां प्रार्थनासु कारणविशेषेण तस्मिन् समये शासनाधिकृतैरवधानमदायि । वयमेतस्य कारणमस्माकमायुर्वेदपद्धतेश्च दौर्भाग्यमन्तरा किं वा वक्तुं पारयामः । परमधुना स्तोकमाशायाः संचारमनुभवामः । समितेरस्या नियुक्तिमवलोक्यन्तो वयं भूरि विश्वसिमो यदमुष्याश्चिकित्सापद्धतेरिदं दौर्भाग्यहतकमचिरादेव विलयमेष्यतीति । अत एव समितेरस्या नियुक्तये भूरि धन्यवादान् वितरामः शासनाधिकरणाय । सहैव च समितेरस्याः समस्तसभ्येभ्योऽपि धन्यवादप्रदानमात्मनः कर्तव्यमवधारयामः । यैः किलामूल्यमात्मनः समयं परिज्ञानञ्चास्मिन् गवेषणकर्मणि विनियुञ्जानैरेष कार्यभारः समुपात्तोऽस्ति । वयमेतदपि सुदृढमाशास्महे यत् समितिरन्वेषणसमयेऽवश्यमिदमवधास्यति यथा कस्यापि कार्यस्य वास्तविकता तदैव निर्णयिता भवति यदा हि गवेषयन्तः पुरुषाः पक्षपातविरहिता भवन्ति, न च तैः कश्चन सिद्धान्तः पूर्वत एव मनसि निश्चितो भवेत् । विषयमिममन्वेषयन्त्याः समितेरिदमेव लक्ष्यं भवेद्यदस्यां पद्धतौ कियती किल वास्तविकतास्तीति । अवश्यमिदमप्याशंसनीयमस्माकं यद्वाजिनियुक्ता सेयं समितिश्चिरकालादायुर्वेदीयचिकित्साव्यवसायमनुतिष्ठद्विरनुभविभिर्वैद्यविद्वद्भिः, वैद्यसंस्थाभिश्चोपस्थापितानि प्रमाणानि युक्तीश्चापजीव्यपुनरुत्थानमायुर्वेदस्य च मनसि कृत्वा, अनुकूलैस्तर्कैरुचितं निर्णयं विदध्यादिति । शासनाधिकृताश्चापि समितेर्गवेषणापूर्णेऽस्मिन्निर्णये सुदृढमवधानं प्रददतो निर्णयमिमं कार्यरूपे परिणमयितुमनुकल्पयेयुरिति च ।

(१) मम सम्मतावायुर्वेदीयचिकित्सापद्धतेर्वास्तविकतानिर्णयाय नियुक्तायामस्यां समितौ यदि कश्चन विद्वान् वैद्योऽपि चेन्नियुक्तोऽभविष्यत्तर्हि समुचितमभविष्यत् । अस्ति चाधिकतरं ममाशा यदवश्यं कश्चन वैद्यविद्वान् अत्र भवेद्विनियुक्तः । नाधुना समितौ सम्मिलितो भवेच्चैत्साक्षिणां भाषानिर्णयसमयेऽवश्यमेकः सुप्रतिष्ठितोऽनुभवी वैद्यविद्वान् निमन्त्रणीयो यः खलु समये समये आयुर्वेदविषयस्य विवरणं पक्षपोषणं च कुर्यात् ।

(२) पूर्वस्मिन् युगे कीदृशमभवत् स्वरूपमायुर्वेदस्य ? यत्र हि आयुर्वेदीयचिकित्साया आधारेणैव तात्कालिकं जगज्जीवति स्म । नासीत् कश्चनान्य उपायः । अत एव तस्मिन् समयेऽस्या उन्नतये, अभिवृद्धये, उपयोगितायै च महान्त उद्योगाः, समुचिता आश्रयाः, प्रकाण्डाश्च प्रयत्नाः अवलम्ब्यन्ते स्म । एतदेव कारणमस्ति यदनेन शास्त्रेण सुमहद्गौरवं विशदं च स्वरूपमवाप्तमस्ति इति ।

(३) आयुर्वेदशास्त्रं हि दिव्यदर्शनसंपन्नानां प्राक्तनमहर्षीणां वैद्यमहाभागानां च परःसहस्रवर्षाणामनुभवस्य, प्रयोगस्य, उद्योगस्य, नैसर्गिकजीवदयायाः, स्वाभाविकभूतसहानुभूतेश्च फलमस्ति । अनेककालपरिसाध्यानां परीक्षितानामौषधानां, योगानाञ्च येयमव्यभिचरिता व्यवस्थावलोक्यते, एतस्या अपीदमेव कारणं यदेते अनन्तकालादनन्तशरीरेषु रोगादीनुपशमय्य सिद्धाः सन्तो लोकेषु प्रसिद्धा अभवन् । मृतदयापराः प्राचीना महर्षयो वैद्याश्च स्वार्थपराः नेमान्यौषधानि नैतान् योगांश्च प्रायुञ्जत । किन्तु निस्पृहाः स्वार्थत्यागिनश्च ते मृतानुकम्पापरवशाः सन्तः संसारकर्याणायैव तानिमान् प्रायुञ्जत ।

(४) किंवायुर्वेदे य इमे व्यापकसिद्धान्ताः स्थिरीकृताः सन्ति तेषु सुस्पष्टमिदं साधयन्ति यदेतेऽवधानपूर्वकं चिकित्सापर्यन्तं प्रयोगानुभवद्वारैव स्थिरीभूताः सन्ति । ये एतावता कालेन नवीन-संस्कारं विनैव यथायथं कार्येषु परिणमिता अध्याप्यव्यभिचरितं प्रदर्शयन्ति फलम् । एवंविधानां व्यापकसिद्धान्तानां स्थिरीकरणं न साधारणपरिज्ञानस्य कार्यं भवितुमर्हति । तेषामेव सिद्धान्तानां मूलभूतः सिद्धान्तः सेयं त्रिदोषपद्धतिर्नाम । याः किल शरीरे संरक्षिणी शक्तिः विधातिनी शक्तिश्चोरी-क्रियते । सा हि वस्तुतोऽस्माकं सिद्धान्तानुसारं वातपित्तकफानां प्राकृती वैकृती च गतिरूपाव-स्यास्ति । वातपित्तकफाश्चापि शरीरे सूक्ष्मस्थूलरूपेण द्विविधा अभ्युपेयन्ते । तेषु सूक्ष्मा वातादयः केवलं कार्यानुमेया एव । स्थूलवातादयस्तु अनेकेषु कूपेषु अनेककार्याणि कुर्वन्तो विलोक्यन्ते । अत एव शरीरस्य स्वस्वदशायां रुग्णदशायां वा प्राकृतवैकृतभेदेन वातादीनां सम्बन्ध एव निश्ची-यते । यदाश्रयेणायुर्वेदस्य जीवनसर्वस्वं महत्त्वं चावतिष्ठते । एवंविधानां गमीराणामपरिवर्तनशी-लानां च सिद्धान्तानां सङ्ग्रहेण साधारणबुद्धिमतां कार्यनिर्वाहाय, विशेषज्ञानां सूक्ष्मतमज्ञानस्य दिक्-प्रदर्शनाय चोपयोगं प्रददन्नसौ आयुर्वेदः सर्वविधमनुष्याणां लाभप्राप्तेरनुपमं साधनं संपन्नोऽस्ति ।

(५) आयुर्वेदवर्णितं रोगाणां निदानम्, लक्षणम्, औषधं चेति त्रिपुटी संपूर्णपदार्थतत्त्वानां सामान्यज्ञानस्य विपर्ययज्ञानस्य वायत्तास्ति । सामान्यविपर्ययज्ञानं च प्रत्यक्षम्, युक्तिसहकृतं तर्कं वा विनाहुः—सम्भवम्, यावत्पर्यन्तं रोगाणां बाह्यकारणेषु आभ्यन्तरकारणेषु च सामान्यभावो विपर्यय-भावो वा न सम्पद्यते तावत्पर्यन्तं तद्द्वाराऽभ्यन्तरपदार्थानां वृद्धिक्षयरूपं परिवर्तनं न सम्भवति । अत एव रोगस्वरूपावबोधाय सामान्यज्ञानस्य, एवमौषधव्यवस्थापनाय च विपर्ययज्ञानस्यावश्यकतास्ति । एवमेव स्थूलात् स्थूलानि सूक्ष्मात् सूक्ष्माणि च संपूर्णानि रोगकारणानि सामान्यज्ञानद्वारा रोगस्वरूप-निर्धारणे तथा विपर्ययज्ञानद्वारा औषधनिर्धारणे साहाय्यभूतानि भवन्ति । किं च स्वास्थ्यपरिरक्षण-आभ्यन्तरिकावश्यकतापूर्तये सामान्यज्ञानस्य, तथा अनावश्यकानां विनाशकानां च पदार्थानां परि-त्यागाय विपर्ययज्ञानस्य प्रतिक्षणमावश्यकता प्रतीयते । केवलमौषधानां प्रभावज्ञानायैव तयोर्विशेषेण नोपयोगः । एवंविधस्थलेषु विशिष्टानुभवानामाप्तपुरुषाणामनुभवोपदेश एव प्रमाणमभ्युपेते यतो हि पदार्थानां संपूर्णशक्तेः परिज्ञानं सर्वज्ञस्येश्वरस्यैव सम्भवति नान्यस्येत्येतदाधुनिकविज्ञानेनापि सिद्ध्यति ।

(६) आयुर्वेदशास्त्रेणेतरेषामज्ञानां हासोन्मुखत्वेपि 'कायचिकित्सा'रूपस्यात्मन एकस्याङ्गस्य परिपुष्टौ विरलविरलाया अपर्याप्ताया अपि सहायताया लाभेन कियताश्चन संग्रहग्रन्थानां निर्माणेन च पूर्वमधिकमुन्नतेः स्वरूपमुपलब्धमासीत् । येनास्य कायचिकित्सारूपस्याङ्गस्य चिकित्सापद्धतिः—चिकित्सासूत्राणि, चिकित्सायाः प्रकाराः, तस्याः साधनानि, शरीरेण सह सम्बन्धार्थमनन्ताः कल्पनाः, भेषजद्रव्याणि, इत्याद्यनन्तानामाकरायिता सम्पन्नास्ति । इयं साधनसंपत्तिरेवानेकविधानां विप्रबाधाना-मुत्तरोत्तरमवपतनेऽपि, अनेकविधानामाक्रमणानां सहनेऽपि, साम्प्रतमप्यायुर्वेदस्य जीवनं स्थिरीकर्तुं प्रम्वी अमत् ।

(७) एतस्या वर्तमानोऽयं मग्नावशेषो बहुतरं छिन्नभिन्नावस्थायां वर्तते सर्वथाप्याश्रयामावेन शिक्षायाश्चाप्रबन्धेन प्रतिदिनमुत्तरोत्तरमवनमतीव । एवं स्थितौ पूर्वोक्तैः कारणैर्वयमायुर्वेदस्य संपूर्ण-सिद्धान्तानां, विशेषतत्त्वानां च पूर्णतया परिचयं न प्राप्तुमशकाम । आयुर्वेदस्य वास्तविकं स्वरूपं न शक्नुमः प्रकाशयितुं तथापि मग्नावस्थामाश्रयाद्वैरपि सिद्धान्तैः कृतानां कार्याणामनुतां सफलतामव-लोक्य वयमनुमातुं शक्नुमो यत् आश्रयस्य शिक्षायाश्च प्रबन्धे सति पूर्वस्वरूपमापन्ना सेयमायुर्वेदीय-चिकित्सा कियती सफलतामवाप्नुयात्; देशस्य कल्याणसाधने कियन्तं चोपयोगं प्राप्नुयादिति ।

(८) पाश्चात्यस्यौषधविज्ञानस्य पञ्चाशतो वर्षेभ्यः पूर्वं या स्थितिरासीत्, साम्प्रतं च यास्य स्थितिः, उभयोरेतयोस्तुलनायां स्पष्टमिदं सिद्ध्यति यदायुर्वेदोक्तानां बहूनामोषधीनामेतस्मिन् समावेशः सम्पन्नोऽस्ति इति सम्भावयामश्नाग्ने, आयुर्वेदस्य बहवः सिद्धान्ताः, प्रक्रियाश्चापि शनैः शनैरनुभवानुसारं पाश्चात्यभेषज्यपद्धतेर्ग्राह्या भविष्यन्तीति ।

(९) आधुनिकविज्ञानस्य आंग्लभाषायाश्च न मे परिचय इति केवलमायुर्वेदशास्त्रज्ञानमात्रेण यथामति यथास्थानं च प्रश्नानामुत्तरं संस्कृतभाषायां निबद्धं प्रयते ।

(१) अयमहमायुर्वेदशास्त्रस्य अध्ययनेऽध्यापने च कृतश्रमस्तदुपदिष्टेन पथा च रोगनिर्णयं चिकित्साकर्म च समाचरामि । अतस्तत्सिद्धान्तानेव समर्थयितुमुद्युञ्जे ।

स चायमायुर्वेदः पुरा अष्टासङ्केषु प्रविभक्तः पूर्वाचार्यैः कार्यविभागेन चिकित्सासौकर्याय । तानीमान्यष्टावङ्गानि, यथा—शल्यचिकित्सा, शालाक्यचिकित्सा, कायचिकित्सा, कौमारमृत्यम्, रसायनतन्त्रम्, वाजीकरणतन्त्रम्, अगदतन्त्रम्, भूतविद्या चेति । तत्र शस्त्रयन्त्रसाध्यानां सर्वेषां विद्रधिर्मूढगर्भनाडीव्रणादीनां रोगाणां यत्र प्रतीकारवर्णनं तच्छल्यतन्त्रम् । यत्र तु ऊर्ध्वाङ्गगतानां नेत्रकर्णप्रणामस्तिष्कादिगतानां रोगाणां आश्चोतनाञ्जननस्यतर्पणादिभिः शलाकाभिश्चोपशमो निर्दिष्टस्तच्छालाक्यचिकित्सा नामाङ्गम् । यत्र च सर्वशरीरोपतापकानामामाशयपकाशयस्थानाद्युद्भवानां ज्वररक्तपित्तातीसारादीनां रोगाणां प्रतीकारः सा कायचिकित्सा । यत्र चासंपूर्णबलधातुत्वापकृष्टवयोऽवस्थाप्रभावाद्बालस्य नानाविधानां रोगाणां प्रतिविधानं धात्रीदुग्धलक्षणं दुग्धोद्भवव्याधिप्रशमनिर्देशश्च विद्यते तत् कौमारमृत्यं नाम । यत्र भाविनो जरादोषविह्वलत्वस्य निवृत्तये नानाप्रयोगैरूर्जस्तिशरीरसम्पादनं वर्णितं तद्रसायनतन्त्रम् । यत्राल्पदुष्टरेतसामाप्यायनप्रसादोपजननरूपा चिकित्सा विहिता तद्वाजीकरणतन्त्रम् । यत्र त्वाधिदैविकरूपाणां रोगाणां शान्तये प्रतिकर्म विहितं सा भूतविद्या । अथ दैववशात्तिरोहितप्रायेष्वितरेष्वङ्केषु केवलं कायचिकित्साङ्गमेकमेव यथा कथंचित् वैद्यानां व्यवहारे प्राप्तप्रचारम् । तत्रापि पुराकाले विद्यमानास्वपि बह्वीषु संहितासु इदानीमेका चरकसंहितैवोपलभ्यते मूलसंहिता । अपरे च वाग्भटादयः कतिचित् संग्रहग्रन्थाः । तत्र प्रतिपादिता ये रोगकारणानुसन्धानपरा रोगनिर्णयपराः परीक्षाप्रकारोपयोगिनश्चिकित्साव्यवस्थापकाश्च सिद्धान्तास्तानेव समितेः पुर उपस्थापयामि ।

(२) (क) आयुर्वेदानुसारं रोगोत्पत्तिसिद्धान्तान् प्रदर्शयितुं कोऽसौ रोग इति निर्णयोऽस्यावश्यकोऽथ रोगतत्त्वमनुसन्धानमपि प्रथमं स्वास्थ्यमेव विवेचनीयं भवति । स्वास्थ्यवैपरीत्यस्यैव सर्ववादिस्सिद्धान्तेषु रोगत्वेन स्वीकारात् । अतो रोगतत्त्वं रोगोत्पत्तितत्त्वं च निर्णेतुमुद्यतस्य स्वत एव स्वास्थ्यतत्त्वं निर्णयाय आपतति । अतः स्वास्थ्यमेव प्रथमं निर्दिश्यते—

यदुपलब्धये आपामरं सर्व एव लोको व्याप्रियमाणः परिदृश्यते यदुपलब्धौ सर्व एव पुरुषार्थाः साधयितुं शक्याः यदनुपलब्धौ च विद्यमानास्वपि सर्वासु संपत्सु ता उपभोक्तुं न क्षमते किं तत् स्वास्थ्यमिति जिज्ञासायामायुर्वेद उच्चैरिदमुद्घोषयति—

समदोषः समाग्निश्च समधातुमलक्रियः ।

प्रसन्नात्मेन्द्रियमनाः स्वस्थ इत्यभिधीयते ॥

अत्र निर्दिश्यमानाः दोषधातुमलक्रियाजाठरामिपदार्था अग्ने पृथक् पृथक् निरूपयिष्यन्ते इति तत् एव बोद्धव्यम् । भावार्थस्तु यस्यामवस्थायां शरीरसम्बन्धिनामखिलानां यन्त्राणां सर्वेषां च तत्त्वानां यथायथं सम्यक्तया व्यवहारः सम्पद्यते सा स्वाभाविकी शरीरदशैव स्वास्थ्यम् । अर्थात्, समुदितशरीरभावानां परस्परोपकारकतया स्वाभाविकमवस्थानं स्वास्थ्यशब्दाभिधेयं भवति ।

तस्य स्वास्थ्यस्य हेतुरपि अवश्यं विज्ञेयो भवति; विद्यमाने तस्मिन् तत्परिरक्षणाय, अविद्यमाने वा तदुत्पादनाय। तदिदं च शास्त्रे सूक्ष्मानुसूक्ष्मिकया बहुभिः प्रकारैर्वर्णितम्; देष्णात्रेण यथा— तस्मिन् ऋतौ ऋतौ शीतोष्णवर्षादीनां सम्यक् योगः सति च तस्मिन् ऋतुचर्यादिनचर्यानुसारेण आहारविहारानामुपयोगः, सर्वातियोगमिथ्यायोगानां परित्यागः, वातमूत्रपुरीषादिवेगानामनुदीरणम्, उदीर्णानां चाभिधारणम्, सदाचारानुष्ठानमित्यादि। तथापि संक्षेपेण सर्वेषां द्रव्यगुणकर्मणां सम्यग्योग एव स्वास्थ्यहेतुरिति सुतरां वक्तुं शक्यम्। तत्र द्रव्यग्रहणेन आहारोपयोगिनां वस्तूनां तथा खानाम्यङ्गोपलेपादिषु, आच्छादनपरिधानादिषु वा उपयुज्यमानानामपरेषामुपकरणानां, देशकालयोश्च ग्रहणं भवति। गुणग्रहणेन च शब्दस्पर्शरूपरसगन्धानामथ संयोगसंस्कारपरिणामादिसहितानां सर्वेषां शीतोष्णगुरुलघुक्षेहरूक्षादीनां गुणानामन्वयः। एवमेव कर्मग्रहणेन सर्वेषां ध्यायामव्यवायशयनासनादीनां शारीराणां तथा संकल्पाध्यवसायादीनां मानसानामेवं गीतहाससंकथादीनां च वाचिकानां कर्मणां ग्रहणं बोध्यम्।

रोगस्तु सामान्येन स्वास्थ्यपरिवृत्तिरेव; अर्थात् शारीराणां यन्त्राणां भावानां वा स्वाभाविकक्रियासु स्वाभाविकधर्मेषु स्वाभाविके वा निर्माणे यत् किमपि वैषम्यमुत्पद्यते तदेव रोगः। अथवा यथा अवस्थया शरीरे आहरणशक्तेः संजीवनशक्तेर्वा हासः समुपजायते सावस्थैव रोगः। सा च धातुवैषम्यानतिरिक्तैव।

रोगानामुत्पत्तौ द्विविध एव हेतुर्भवति बाह्य आम्यन्तरश्च। तत्र बाह्यो हेतुर्निदानसंज्ञया व्यवह्रियते स च यद्यपि नानाविधो, नैकरूपोऽनन्तद्रव्यगुणकर्मात्मकस्तथापि पूर्वाचार्यैःसात्म्येन्द्रियार्थसंयोगप्रज्ञापराधपरिणामभेदात् त्रिविध एव वर्णितः। सर्वमप्युक्तमनुक्तं वा प्रायोस्मिन्नेवान्तर्भवति। तत्र प्रथमः—असात्म्येन्द्रियार्थसंयोगो नाम शरीरप्रतिकूलैः शब्दस्पर्शरूपरसगन्धैः सह इन्द्रियाणां सम्बन्धो रोगहेतुः। एतदुक्तं भवति—न हि भौतिकानां द्रव्याणां शरीरसम्बन्धमन्तरा रोगारोग्यकारणत्वं सम्भवति, शरीरेण सह तेषां संबन्धश्च इन्द्रियद्वारेणैव भवति, तानि चेन्द्रियाणि पञ्च, अतः पञ्चविध एव इन्द्रियार्थसंयोगः। अत्र यद्यपि एकैक इन्द्रियार्थसंयोगोऽवान्तरभेदबाहुल्याद्बहुविधो भवति। तद्यथा—दृष्टिविषयाः प्रकाशवर्णादयो बहवः सन्ति ये सर्वेऽपि चक्षुर्विषया भूत्वा शरीरे धातुसात्म्यानुकूलं धातुवैषम्यानुकूलं वा कार्यजातमारमन्ते ते सर्वेऽपि चक्षुर्विषयत्वसामान्यादेकविधत्वेनैव संगृहीताः। संक्षेपोपदेशसौकर्याय, तदेवं सामान्येन पञ्चविधोऽपि इन्द्रियार्थसंयोगः पुनश्चतुर्विधो भवति हीनातिमिथ्यासमयोगभेदात्—तत्र तमयोग एक एव आरोग्यहेतुः, स्वाभाविकक्षयपूरकत्वेन स्वास्थ्यानुवर्तनसमर्थत्वात्। शेषस्त्रिविधो रोगहेतुः, असात्म्येन्द्रियार्थसंयोगत्वेनाख्यायते। इत्येवं सर्वेऽपि स्पर्शाभ्यवहार्यदोषः असात्म्येन्द्रियार्थसंयोग एव। तथैव च शारीरम्, मानसम्, वाचिकं च नानाविधं कर्मजातं अयोगातियोगमिथ्यायोगयुक्तं शरीरे धातुवैषम्योत्पादकं प्रज्ञापराधसंज्ञया निर्दिश्यते। एवमेव कालस्यापि शीतोष्णवर्षादयो भर्माः प्रतियोगयुक्ताः, हीनयोगयुक्ता यथास्वलक्षणाविपर्यासेन युक्ता वा समयोगयुक्ता अपि अपरिरक्षणेन धातुवैषम्यमुत्पादयन्तो यदा रोगजनने समर्था भवन्ति, तदा परिणामशब्देन अभिधीयन्त इति सर्वविधमपि रोगकारणं निबन्धेषूक्तमनुक्तं वा विज्ञातमविज्ञातं वा सामान्येन संगृहीतं भवति। तदिदं निदानग्रन्थेषु तत्र तत्र प्रतिरोगं बाहुल्येनोपलभ्यमानं कारणजातमुदाहृतम्, तथान्येषां सूक्ष्माणां विशेषाणां विज्ञानाय दिगपि प्रदर्शिता सर्वत्रैव।

सर्वस्याप्येतस्य बाह्यनिदानस्य शरीरसम्बन्धानन्तरं रोगोत्पादनार्थं व्यापियमाणस्य द्विविधो व्यापारः समुपलभ्यते। तद्यथा—किञ्चित् कारणं शरीरेण सम्बद्धं सत् संचयप्रकोपप्रसरणस्थानसंश्रयादिक्रमेण दोषान् व्यापारयन् शारीरभावानां वृद्धिक्षयमुत्पाद्य पश्चात्पीडाकरं भवति।

किञ्चिच्च पूर्व रोगस्वरूपं पीडाकरमुत्पाद्य पश्चाद्दोषान् संचयादिषु व्यापारयति । तदिदं क्रमेण निजं च आगन्तु चेति स्वयं द्विविधं सत् स्वजन्येषु रोगेष्वपि निजागन्तुभेदेन द्वैविध्यमाख्यापयति । किन्तु एवं सत्यपि उत्पत्तिव्यापारद्वैविध्ये उत्पत्त्यनन्तरं द्वयोरपि प्रायस्तुल्यतैव (एकाकारतैव) संजायते, शरीरप्राधान्यागन्तुहेतोरानुसृत्याभावे रोगस्य चिरस्थानासम्भवात् शरीरभावविकृतिमन्तरानानाविधविकारलक्षणासम्भवाच्च इति बाह्यहेतुस्वरूपप्रदर्शने सङ्क्षेपः ।

आम्यन्तरो हेतुरपि बहुविधः शरीरे यानि द्रव्याणि धातुरूपाणि, दोषरूपाणि, मलरूपाणि, प्रसादरूपाणि, आश्रयरूपाणि, आश्रयिरूपाणि, अङ्गोपाङ्गादिभेदेन अवयवभेदेन विद्यमानानि सन्ति, तथा ये गुणा अर्थात् घात्वाद्याश्रया मधुरादयः षड्रसाः गुरुलघुत्वेहरौक्ष्यश्लेष्मणत्वकार्कश्यद्रवधनत्वान्दयो भावास्तथा शरीरान्तःपातिभिर्दोषघातुयन्त्रादिभिर्निष्पाद्यमानानि यानि कर्माणि तदेतत् सर्वमपि शरीरं द्रव्यगुणकर्मजातं बाह्यहेत्वनुसारं विक्रियमाणं सत् यथायथं क्वचित् क्वचित् क्वचित् क्वचित् इति कृत्वा रोगोत्पादने कारणं भवति । इदं त्वत्त्व विशेषतोऽवधेयम्, यदेतेष्वाम्यन्तरेषु कारणेषु मध्ये कस्यचित् कारणस्य दूषकत्वेन कस्यचिद्दूष्यत्वेन कस्यचिच्चाश्रयत्वेन कस्यचिन्मार्गत्वेन रोगोत्पादने कारणत्वमुपलभ्यते । अथ च निदानस्यापि कस्यचित् दोषेष्वेव प्रभावो भवति नान्यत्र ; एवं कस्यचिद्दूष्येषु कस्यचिच्चाश्रयेषु कस्यचित्तु मार्गेषु कस्यचिद्द्वयोः कस्यचिच्च त्रिषु इति नानाविधबाह्यहेत्वनुसारं विक्रियमाणेषु नानाविधेष्वाम्यन्तरेहेतुषु नानाविधत्वाच्च प्रत्येकं गुणकर्मविशेषाणां नानाकाराणां रोगाणामुत्पत्तिस्तथा नानालक्षणसम्भवश्च ।

अयमेवार्थः प्रकारान्तरेणेत्यमुपपादयितुं शक्यः, तथाहि--रोगो हि नाम शरीरभावानां विकृतिरेव, विकृतिश्च शरीरमात्रेषु प्राकृतगुणकर्मणां वृद्धिर्वा क्षयो वा विपर्ययो वा इति तज्ज्ञानाय पूर्वे शरीराभावस्तेषां च प्राकृतानि गुणकर्मणि विशिष्य ज्ञातव्यानि भवन्ति; ज्ञातेषु तेषु हि तद् विकृतिज्ञानं स्वरूपायासेन भवति विवेकाभ्यासवतो जनस्य ।

तत्र शरीरा भावा रसरक्तमांसवसास्थ्यादयो धातवः, शिराधमनीत्त्रायुनाडीकण्ठरादय उपधातवः, कुम्भुतहृदयकृच्छलीहान्त्वृक्कादीनि नानाविधानि यन्त्राणि, कलाः, आशयाः, विष्णुत्रस्वेदादयो मलाः, दोषाश्च । तेषां प्राकृताः गुणाः प्रत्येकमवयवेषु तदारम्भकद्रव्यस्वरूपं, तत्परिमाणं, तत्संयोगः, संस्थानमित्यादयो भावाः । प्राकृतानि कर्माणि च तेषां प्रत्येकं शरीरस्वास्थ्यविधीयमानानि नानाविधानि जीवनवृहणश्लेहनधारणादीनि--तथा रक्तसंचालनोद्बहनस्पन्दनपूरणविरचनपचनपृथक्करणदीनि, शब्दस्पर्शरूपरसगन्धानां संवेदनसंकर्पाऽध्यवसायादीनि, तदनुसारं विधेयक्रियाज्ञापनादीनि, ततश्च उल्लेपणपक्षेपणप्रसारणकुञ्चननिषेधेभादयो विविधाश्चेष्टाः, उच्छ्वासः, निःश्वासः, परिपाकः, विष्णुत्रादिविवेचनपूर्वकतद्विसर्ग इत्यादीनि । इत्येवं नानाविधानि अनवरतमनुष्ठीयमानानि स्वभावत एव विज्ञेयानि अनुभवसिद्धानि चेति ।

अथ एषां भावानां विकृतिस्तु स्वरूपतो बहुविधापि संक्षेपेण तावद् द्विविधैव भवति वृद्धिरूपा क्षयरूपा वा, त्रिविधा वा सह विपर्योसरूपया । तत्र वृद्धिर्नाम--प्रत्येकं शरीरभावस्य तदुत्पादकमौलिकद्रव्याणां वा स्वरूपेण परिमाणेन संस्थानेन संस्थानेन अन्येन वा केनापि प्रकारेण वर्धनं गुणतो वर्धनं ज्ञेयम्, तद्विपरीतश्च क्षयः । तथैव तन्नियतानां कर्मणामपि वृद्धिर्भवति यथायथम् । एवं संतर्पणादिना वर्षकनिदानेन सेवितेन एकस्यावयवस्य गुणकर्मवृद्ध्या तत्समानस्थान्यस्यापि अवयवस्य परस्परपक्षार्थत्वाद् वृद्धिर्भवति । तद्विपरीतस्यावयवस्य तु स्वभावतः क्षयो भवति । तथैवापत्पर्पणादिना क्षयोत्पादकेन निदानेन सेवितेन एकस्यावयवस्य गुणकर्मणोः क्षयेण

तत्समानस्य द्वितीयस्याप्यवयवस्य गुणकर्मणोः सयः संपद्यते । एवं शरीरमावाः परस्परमपि वृद्धियतोत्पादका भवन्ति । (प्रमाणमत्र चरकविमाने ९ अध्याये) । एवं च सति निश्चीयते शरीरस्य कस्यापि भावस्थानुचितवृद्ध्या तद्विरुद्धत्वभावास्थान्यस्य शरीरमावस्य स्वयमुत्पद्यमानगुणकर्मक्षयद्वारा शरीरमाहृतकर्महानिर्भवति । तस्यापि (दृढिगतभावविशेषस्य) अवयवस्य मान्दशैथियस्यगौरवादि-दोषादुचितकर्मणां हानिरेव संपद्यते । इत्थं च दृढिस्थाय्यां द्वाभ्यामपि यः प्रकृतिविपर्योसः प्राकृतकर्मणां हानिर्वा भवति सैव विकृतिः, सैव दोषवैषम्यं, तदेव रोगस्य आभ्यन्तरं कारणम्, स एव वा रोगः, किन्तु अनुद्भूतदशापन्नः । तस्यैव पुनर्व्याध्यभिव्यक्तये व्यापाराः चयप्रकोपप्रसरस्थान-संश्रयादयो जायन्ते तेषां दोषदूप्यसंमूर्च्छनावजनितानां संप्राप्तिपदाभिषेयानामास्यन्तरध्यापाराणां समाप्तौ रोगाभिव्यक्तिर्भवति ।

अथ चानुद्भूतदशापन्नो दोषवैषम्यरूपो रोगः क्रमेण याः दशाः समुचीर्य अभिव्यक्तिं भजते ताः चयादयः षट् श्रेण्यो न विस्मर्तव्याः, यतो न तासां सम्यग्ज्ञानं विना व्याधिः प्रतिकर्तुं शक्यः । ताः यथा—दोषस्य दृढिश्रयः सा च प्रथमं स्वधाम्भ्येव भवति यावनेवाशयः संचारवता दोषेण व्याप्तः तावनेव निःसंचारेण व्याप्यते स च संहतिरूपत्वात् । (१) सध्याख्यः—यदा सर्वे एवाशयो व्याप्यते तदा वृद्धिहेतुषु समानगुणेषु प्रद्वेष उत्पद्यते मारुपरूपत्वात् । (२) प्रकोपाख्यः—ततः परस्थाशयं प्रविक्रमति तदा विपरीतगुणेच्छा समानगुणे द्वेषश्च त प्रसररूपत्वात् । (३) प्रस-राख्यः—यदा प्रथमं स्थानिनमभिमूय अन्यस्थानव्याप्तिसिस्तदा त्वेषां लिङ्गानां रीह्यदीनां दर्शनं स समन्तादन्यस्थानाश्रयणात् । (४) स्थानसंश्रयाख्यः—ततो विकुर्वीणो नरातिरूपेण अभिव्यज्यते तदाऽऽस्वास्थ्यं प्रकृत्यन्यथात्वं स रोगरूपेणाभिव्यक्तत्वात् । (५) व्यकथाख्यः—ततस्तमेव रोगमव-स्थान्तराण्यनुभवन्ननुभति तदा रोगसम्भवनं 'दीर्घकालानुवर्त्तनमिति यावत्' सोऽवस्थाभेदरूपत्वात् । (६) भेदाख्यः—इति षडवस्थाः—सुश्रुते स्पष्टमुक्ताः ।

“यद्यपि अन्यान्यपि कारणानि सन्ति रोगोत्पादने तथापि तेषां तत्रैवान्तर्भावः” ।

यद्यप्यन्यान्यपि कारणानि सन्ति रोगोत्पादने तानि यथा—ये कुष्ठमधुमेहार्शःशोषवातव्या-ध्युपदेशप्रभृतयः सहजाः नानाविधाः रोगाः समुपलभ्यन्ते तेषां दुष्टबीजौ मातापितरौ एव कारणम्, अर्थान्मातापित्रोः शरीरे रोगाणां चिरस्थानात् यदा बीजे बीजभागे वा दुष्टिरुत्पद्यते तदनुसारेण सहजा रोगाः ससुत्पद्यन्ते । इति ।

“रोगोऽपि रोगकारणम्”—कचिद् रोगोऽपि रोगान्तरस्य भवति हेतुः यथा—चिरं तिष्ठन् ज्वरो ग्रहणीदोषो वा, व्रणो नाडीव्रणो वा शोषहेतुत्वमुपयानि, तथा वा गण्डमालापि शोषेणानु-बध्यते, यथा च स्वीयकारणादुत्पन्नोऽपि शोषो ज्वरस्य ग्रहणीदोषस्य वा हेतुः, यथा वा शोषः कासहेतुः, कासो वा शोषहेतुरित्यादयो बहवो रोगाः ये पूर्वं स्वीयहेतुव्य उत्पद्यमानाः यस्मिन् शरीरावयवे विकृतिं जनयन्ति पश्चात् तच्छरीरावयवसम्बन्धिविकारान्तरोत्पादने कारणानि भवन्ति । एवमेव रोगसाङ्कर्यम्, उपद्रवोत्पत्तिः, व्यर्धेदुःसाध्यत्वादयो वा मावा अपि नायन्ते; प्रायो बहुषु रोगेषु पश्चादुत्पद्यमाना रोगा उपद्रवत्वेन निर्दिष्टाः, तत्र पूर्वोत्पन्ना विकारा एव क्वचित् स्वीयप्रभावात् क्वचिद्वा बलाघातकसमुत्पन्नकारणान्तरप्रभावाद्वा विकारान्तरोत्पादिकारणानीति विवेचनीयम् ।

पूर्वमेवोक्तम्—यद्वाह्यं निदानं शरीरेण सम्बद्धं सत् रोगोत्पादनाय द्विधा व्याप्रियते यथा कचिन्तु निदानं शरीरसम्बन्धान्तरं संचयप्रकोपादिक्रमेण दोषान् व्यापारयत् शरीरमावानां

वृद्धिक्षयमुत्पाद्य पीडाकरं भवतीति तदिदं निदानं निजत्वेन व्यपदिश्यते; तदुत्पादितानां रोगाणामपि निजत्वेनैव व्यवहारः । यत्तु निदानं पूर्वं रोगस्वरूपं पीडाकरमुत्पाद्य पश्चाद्दोषान् संचयादिषु व्यापारयति तदिदमागन्तुनाम्ना प्रोच्यते; तदुत्पादितानां रोगाणामपि आगन्तुसंज्ञयैव व्यवहारः । क्रीटाणूनामप्यत्रैवान्तर्भावः । तत्र आगन्तूनां रोगाणां शरीरे प्रादुर्भावः द्विधा दृश्यते स्वतन्त्रोत्पत्त्या संक्रमणेन च । तत्र काष्ठलोष्टाद्यभिघातेन व्रणादयः स्वतन्त्रेणोत्पद्यन्ते ।

“ द्वाराणि स्वागन्तूनां नस्वदशनपतनाभिघाताभिषङ्गाभिचाराभिशापवधबन्धनव्यधनवेष्टन-पीडनरज्जुदहनशस्त्राशनिभूतोपसर्गादीनि विज्ञेयानि ” (चरकसूत्र २० अ.) “ संक्रमणम् ”— संक्रमस्तु एकस्मात् व्याधितात् अन्यस्याव्याधितस्य शरीरे औपसर्गिकाणां दूषितानां कुष्ठादीनां च रोगाणाम् । तद्द्वाराणि च— तथा तत्तद्दूराक्रान्तपुरुषेण सह मिथुनीभावः, तद्गात्र-संपर्शादि, तेन सहैकपात्रे भोजनं, तदीयनिश्वासग्रहणं, तदुच्छिष्टभोजनम्, अविहितामूलशोधनेषु तदीयपात्रेषु भोजनम्, तेन सहैकशय्यायामेकासने वावस्थानम्, तदास्तरणभ्रावरणादीनामुपयोगः, तेन घृतानां तत्स्वेदादिबहिर्मलोपसृष्टानां वस्त्राणां धारणम्, तदुपयुक्तानामुपकरणानां व्यवहारः, तदुपघातमाल्यपुष्पादिकानामाघ्राणनम्—तदन्तर्गताः क्रीटा एवाद्यापि संक्रमणकारणम् । इत्यादि । तत्संग्रहश्लोकश्च—

प्रसङ्गाद्गात्रसंपर्शान्निःश्वासात् सहभोजनात् ।

एकशय्यासनाच्चैव वस्त्रमाल्यानुलेपनात् ॥

कुष्ठं ज्वरश्च शोषश्च नेत्राभिष्यन्द एव च ।

औपसर्गिकरोगाश्च संक्रामन्ति नराङ्गरम् ॥ इति ॥

जनपदोद्ध्वंसनाय एकरूपस्य व्याधेराक्रमणम्—

यदा तु असमानप्रकृतिषु, असमानाहारविहारेषु, असमानशरीरसंस्थानबलादिषु, तथा असमानवयःक्रमेषु, बहुषु प्राणिषु युगपद् एकरूपस्यैव व्याधेराक्रमणं भवति, तदा वायुर्जलं देशः कालो वेति चत्वारि रोगकारणसंश्लिष्टानि कारणानि भवन्ति । तत्र वायुरस्वाभाविकोऽतिशीतोऽ-स्युष्णोऽतिचलोऽतिस्तिमितोऽतिपरुषोऽत्यभिष्यन्दी असात्म्यगन्धः (गन्धस्यासात्म्यत्वं नाम शरीरे विकृतिकारकत्वं यथा विषोपसृष्टत्वादि) पूत्यादिगन्धबहुलः (वायोः पूतिगन्धित्वे तु शारीरमल-व्याधितश्लेष्मपुरीषादिसूक्ष्मकणोपसृष्टिरेव कारणम्) असात्म्यबाष्पप्रचुरोऽसात्म्यधूमोपहत इत्येवमादिरूपो विकृतिकारणम् । अत्र यद्यपि वातसंपृक्ता अनेकविधा अस्वामाविकाः नानारूपाः सूक्ष्माः पदार्था एव विकृतौ कारणानि, वायुस्तु द्वारभूत एव तथापि विक्षेपशक्तिरूपेण वातेनो-पनीयमानाः शरीरसम्बन्धे वातरूपतयैवोपलभ्यमानाः पदार्थाः वायुरिति कृत्वा वायोः कारणत्व-व्यपदेशः ।

जलमपि विकृतगन्धं विकृतवर्णं विकृतरसं विकृतस्पर्शमपक्रान्तशुद्धजलचरजीवमित्यादिरूपं विकृतिकारणम् । अत्रापि जलगतानामनन्तविधानां रोगकारणानां जलरूपेण पीयमानानां जलत्व-व्यपदेशः ।

देशोऽपि विकृतो यथा ज्ञातव्यस्तथोच्यते—

भूम्यादिरूपस्य देशस्य विकृतेः पूर्वं ये प्राकृताः गुणाः वर्णगन्धरसस्पर्शादयो भावाः तेषां विकृतत्वं यथा—वर्णान्तरोत्पत्तिर्गन्धान्तरोत्पत्तिः, शीतोष्णादिमृदुकठिनत्वादिविकृतस्पर्शान्तरो-त्पत्तिरित्यादि, तथा केलदबाहुल्यम्, तथा नानाविधमशकशलममक्षिकामूषिकव्यालादिभिरुप-

सृष्टत्वम्, तयोपधनेषु तृणोलुपप्रायत्वम्, प्रतानादिबाहुल्यम्, अप्राकृतापतितशुष्कनष्टशस्यत्वं-
इत्यादिरूपा बहुविधा भूष्यादिविकृतिसंघाताः देशविकृतिरूपेण शास्त्रे निर्दिष्टाः । तथा
च सर्वत्र सर्वभावेषु प्रतिक्षणं बैलक्षण्यमापादयन्, उद्भिज्जङ्गमादिकं निखिलं स्यावर-
जङ्गमादिरूपं पार्थिवादिरूपं च भौतिकद्रव्यसमूहं प्रतिक्षणं परिणमयन् प्राकृतानां वैकृतानां वा
सर्वेषां भावानां कालः स्वभावेन कारणम् । इति चरके जनपदोद्वंसे विमाने ॥

“ क्रिम्यादीनां रोगोत्पत्तिकारणत्वे स्वीयसिद्धान्तसंक्षेपः” ।

यद्यपि, प्रतिरोगं भिन्नाकाराः क्रिमयः कारणमिति प्रत्यक्षमुपलभ्यते इत्यतः क्रिमीणामेव
कारणत्वं स्यादिति विचार्यते, तथापि तत्तदाकारक्रिमिव्यक्तीनां केषुचिदेव कृष्णादिषु रोगदिशेषेषु
उत्पादकत्वं तदस्यत्र तु संक्रामकत्वमेव; उत्पादकत्वं तु तत्तत्क्रिमिविशेषशरीरारम्भकाणामभिवर्द्धकानां
पोषकाणां वायुजलदेशकालानामेव । यतो वायुविशेषो जलविशेषश्च आहारत्वेन देशविशेषश्च अहारत्वेन
तत्तत्क्रिमीणामारम्भको वर्द्धकः पोषकश्च भवति सामान्यात् । इत्यतस्तदनुकूलवायुजलादय एव
कारणानि ते च तद्यतो विविच्यमानाः लोके सोमामिवायवः, शरीरान्तश्च विविच्यमानाः वात-
पित्तकफाः । यतस्तदानुकूल्यमेव लोके वा शरीरे वा सर्वेषां जङ्गमोद्भिदादीनां तदन्तर्गतानां क्रिमी-
णामपि उत्पत्त्यभिवृद्धयोः कारणं तत्प्रातिकूल्यं च विघातकारणमिति सर्वत्र वातपित्तकफसम्बन्धो
न व्यभिचरतीति सिद्धान्तः; केवलमागन्तुकारणत्वेन पौर्वापर्यभेदः ॥

लोक वाय्वर्कसोमानां दुर्विज्ञेया यथा गतिः ।

तथा शरीरे वातस्य पित्तस्य च कफस्य च ॥ इति चरकचिकित्सिते २८ अध्याये.

रोगपरीक्षाप्रकारः ।

(ख) अथ बुद्धिपूर्वं रोगपरीक्षार्थमुद्युक्तेन वैद्येन त्रय उपाया आश्रयणीया भवन्ति ;
उपदेशः, प्रत्यक्षमनुमानं चेति । तत्रोपदेशो नाम गुरुमुखात् शास्त्रानुसारं प्रतिरोगं हेतुलक्षण-
सूत्राणां श्रवणं मननं गुरुरूपदिष्टरोगपरीक्षाप्रकारसाक्षात्कारश्च ; उपदेशादेव हि रोगाणां
बाह्यकारणाम्यन्तरकारणं च संस्थानशब्दस्पर्शरूपरसगन्धात्मकं रोगस्वरूपं च, वेदनाश्च
विविधाः, अधिष्ठानानि, उपद्रवाः, प्रतीकारार्था प्रवृत्तिर्निवृत्तिर्वा चिकित्साप्रकारवैशिष्ट्यं च ज्ञायन्ते ।
एवं उपदेशात् ज्ञातरोगतत्त्वो वैद्यो रोगपरीक्षार्थं प्रत्यक्षमनुमानं च आश्रयेत् । तत्र प्रत्यक्षेण
भिषक् सर्वैर्निजेन्द्रियैः सर्वान् आतुरशरीरगतान् शब्दस्पर्शरूपरसगन्धादीन् परीक्षेत ।

“ तत्र श्रोत्रेन्द्रियविज्ञेयाः विशेषाः—सफेनं रक्तमीरदन्ननिलः सशब्दो निर्गच्छतीत्येव-
मादयः”—सुश्रुतसूत्र ११ अ. । तथा अन्त्रकूजनं सन्धिस्फुटनं चेति, तथा रोगिशरीरावयव-
गतान् शब्दविशेषान् स्वरविशेषांश्च श्रवणेन्द्रियेण परीक्षेत । तत्र श्रवणेन्द्रियविज्ञेयाः स्वरविशेषा
आप प्राकृता वैकृता इति द्विधा भवन्ति । तत्र हंसक्रौंचदुन्दुभिकर्लाविककपोताद्यनूका नृणां
प्राकृताः स्वरा भवन्ति । ये चापरे स्वाभाविकाः प्राग्विकृतविभाविताः । अव्यक्तगद्गदक्षाम-
दीनास्तु वैकृताः । अन्येऽपि वाऽस्वामाविका वैकृताः । एवं मलमूत्रयोः कफस्य रक्तस्य शुक्रस्य
रजसो घणास्त्रावस्य छर्दितस्य वा शरीरावयवानां नेत्रजिह्वात्वहनखप्रमृतीनां वा यथासम्भवं
वर्णसंस्थानप्रमाणच्छायासु प्रकृतिविकृतिभावौ, तथान्यदपि यत्किमपि चक्षुर्वैषयिकं भवेत्
तच्चक्षुरिन्द्रियेण परीक्षेत । गन्धास्तु शरीरगतान् शरीरावयवगतान् अन्यान्वाऽऽतुरसम्बद्धान्

घ्राणेन परिक्षेत । स्पर्शविशेषांश्च नाडीस्पन्दनादीन् शीतोष्णच्छ्वकर्मशमूदुकठिनत्वादीन्, तथा ग्रन्थिशोथार्दींश्च शरीरगतान् शरीरावयवगतान् स्पर्शेन्द्रियप्रधानेन पाणिनैव । इति प्रत्यक्षम् ।

इमे तु अनुमानज्ञेयाः आतुरशरीरगता भवन्ति भावाः, तद्यथा—भिषक् आतुरजाठरार्भिं जरणशक्त्या अनुमिनुयात् । बलं तु व्यायामशक्त्या—श्रोत्रादीनां प्रकृतिविकारौ शब्दार्थग्रहण-नाग्रहणेन च । मनसः प्रकृतिविकृतिवै तु अव्यभिचारितेन मानसिकभावेन हर्षविषादादिरूपेण, —वीर्यमुत्साहेन, संज्ञां नामग्रहणेन, बयो भक्तिसात्म्यव्याधिसमुत्थानानि कालदेशोपशयवेदना-विशेषेण, ग्रहणेन मृदुत्वं दारुणत्वं वा, द्विष्टेष्टेष्टुष्टुत्वं सुखं वाऽऽतुरपरिभ्रष्टैर्वाऽनुमिनुयात् । तथा च शास्त्रोपदिष्टैर्व्याधिलक्षणैः प्रतिरोगं पूर्वरूपत्वेन रूपत्वेन वर्णितैरन्तःशरीरावयवविकृतिम् । उपद्रवैः व्याध्युत्तरकालं जायमानैः अवयवविकृतिरतरतम्यम्, एवमरिष्टैस्तु व्याधेरसाध्यत्वम्—तत्रासाध्यत्वं नाम अन्तःशरीरावयवानां तादृशी विकृतिः या कथमपि प्रतिकर्तुं शक्या न भवेत्, अर्थात् जीवनशक्तेरवसादोन्मुखो हासः । भवन्ति चात्र श्लोकाः—

“आप्ततश्चोपदेशेन प्रत्यक्षकरणेन च ।

अनुमानेन च व्याधीन् सम्यग्विधाद्विचक्षणः” ॥ १ ॥

“सर्वथा सर्वमालोच्य यथासम्भवमर्थवित् ।

अथाध्यवस्येत् तत्त्वे च कार्ये च तदनन्तरम्” ॥ २ ॥

“ज्ञानबुद्धिप्रदीपेन यो नाविशति तत्त्ववित् ।

आतुरस्थान्तरात्मानं न स रोगांश्चिकित्सति” ॥ ३ ॥

रोगपरीक्षार्थं रोक्विणो दूष्यादिपरीक्षणम् ।

आयुर्वेदसिद्धान्ते रोगविशेषनिर्धारणाय चिकित्साविशेषनिर्धारणाय च दूष्यदेशबल-कालाग्निप्रकृतिसत्त्वसात्त्व्याहारवर्णानि तथा सूक्ष्मसूक्ष्माः तदवस्थाश्च समीक्षेत । समीक्ष्यकृतं हि कार्यं सद्यः सिद्धिं प्राप्नोति । दूष्यादीनां समीक्षणं यथा—

दूष्यं नाम रोगारम्भकार्ये प्रधानस्याभ्यन्तरकारणस्य दोषस्य स्वबुद्धिसयविकृतिद्वारा सहकारि-कारणम्, यथा प्रमेहे मेदोमांसशरीरक्लेदादि, कुष्ठे त्वभ्रक्तमांसलीकादि, अर्शेऽप्यु गुद-बलिस्थितत्वग्रक्तमांसमेदांसि, अपस्मारसंन्यासादौ मनोमस्तिष्कादि, इत्येवमादि—तस्य घातूषघातु-मलाश्रयमार्गादिभेदादानन्तविधस्य क्षथेण वृद्ध्या विकृत्या वा तत्तद्द्रव्यसम्बन्धनियता ये ये रोगा जायन्ते ते तत्र तत्र सविस्तर वर्णिताः । तथा दूष्यसम्बन्धाद्रोगस्य साध्यत्वासाध्यत्वज्ञानमपि जायते । यतो दूष्येषु कानिचिद्वातसमानगुणभूयिष्ठानि, कानिचिच्च पित्तसमानगुणाभूयिष्ठानि, कानिचिच्च श्लेष्मसमानगुणभूयिष्ठानि । तत्र समानगुणदूष्यसम्बन्धेन लब्धबलो दोषो व्याधावसाध्यत्वं जनयति; अत एव “न च तुल्यगुणो दूष्य” इत्यादि शास्त्रे निर्दिष्टम् । एवं हि स्पष्टमेव रोगनिर्धारणार्थमावश्यकं दूष्यपरीक्षणम् ।

अथ देशः-

अयं हि शास्त्रे द्विधा वर्णितः—भूमिदेशः, आतुरश्च; तत्र भूमिदेशपरीक्षणं तु रोगनिर्धारणा-येत्यमुपयुक्तम् । यथा अयमातुरः कस्मिन् भूमिदेशे जातः संवृद्धो व्याधितो वा, कस्मिंश्च भूमिदेशे मनुष्याणामिदमाहारजातमिदं विहारजातमिदमाचारजातमेतद्वलमेवंविधं सत्वमेवंसात्म्यमेवंविधो दोषः (मलेरियाछेगविशूचीमृत्तुरीरोगाणामुत्पादकः कारणविशेषः), एवंविधा व्याधयः (यथा पुराणो-

दकर्म्येष्टेषु सर्वेषु रितेषु मन्त्रेषु स्त्रीपदरोगो जायते, इत्यादि) । हितमिदमहितमिवाभियादिसिद्धि-
देशतमीक्षया योगविशेषस्य, दोषादिकलानलस्य च ज्ञानं भवति ।

अथातुरः-

त चायं चिकित्साकर्मधिष्ठानत्वाद् देशत्वेन कश्चित् । अतो हि चिकित्साकार्यदिशा,
आयुःप्रमाणज्ञानद्वारा दोषप्रमाणज्ञानद्वारा च रोगनिर्धारणे विशेषणोपयुक्तो भवति । तत्र दोषप्रमाण-
ज्ञानं, आयुःप्रमाणज्ञानं चानुरस्य प्रकृतितो, विकृतितः, सारतः, संहननतः, प्रमाजतः, सात्प्यतः,
सत्त्वतः, आहारशक्तितः, ऋषायामशक्तितो, वयस्तश्च परीक्षणान्भवति—तत्रानुरस्य प्रकृतितः
परीक्षणमेवंविधम् । प्रकृतिश्च बहुविधा भवति । तेषां पुरुषाणां जातिकुलदेशकाल
वयःप्रत्यात्मनियता हि ते ते भावविशेषा भवन्ति ; प्रकृतयः षोढा—जातिप्रसक्ता, कुलप्रसक्ता,
देशानुपातिनी, कालानुपातिनी, वयोऽनुपातिनी, प्रत्यात्मनियता चेति । तत्र प्रत्यात्मनियता प्रकृतिः
पुनः शारीरी सप्तविधा वातादिसम्बन्धाद् । मानसी च पञ्चदशप्रकारा त्रिविधसत्त्वभेदसम्बन्धात् ।
तत्र शरीरं प्रकृतिविशेषोत्पादे शुक्रयोजितप्रकृतिः, कालगर्भाशयप्रकृतिः, आतुराहारविहारप्रकृतिः,
महामूलविकारप्रकृतिश्चापेक्ष्यते ; इति चतुर्विधप्रकृतिविशेषानुसारं शारीरप्रकृतिः सम्भवति । एता हि
चतुर्विधाः प्रकृतयः येन येन दोषेणाधिकेन समेन वा समनुबध्यन्ते, तेन तेन दोषेण गर्भस्थशरीर-
मुत्पद्यमानमनुबध्यते, इति । गर्भादिप्रवृत्तप्रकृतिभिद्यमानाः पुरुषाः क्षुम्पलाः, पित्तलाः, धातलाः,
संश्लेषाः समघातव इति सप्तविधा भवन्ति । एवं जन्मनैव सह वातादिसम्बन्धस्तेरेव च शरीरस्यो-
त्पत्तिर्दृष्टिर्वर्तनम् विकृतिर्विनाशश्चेति । तथा प्रत्यक्षमुपलभ्यते वातप्रकृतेः पुरुषस्य वातप्रकोपण-
द्रव्याण्यसेवमानस्य क्षिप्रं वातः प्रकोपमापद्यते न तयेतरौ दोषौ । एवमेव पित्तप्रकृतेः पित्तम्,
क्षुम्पलस्य च क्षुम्प्ला । स च तस्य प्रकोपमापन्नो यथोक्तैर्विक्रैः शरीरमुत्पद्यति बलवर्णसुवायुषा-
मुपघाताय । इति प्रत्यक्षदृश्यमानशरीरभेदस्य केनपि कारणेन भवितव्यम् । कारणान्वेषणे च
वातभित्तकृत्वा एव सिध्यन्ति । इति चरकविमाने विशेषेण द्रष्टव्यम् । एवं बलादिसमीक्षणमपि
रोगविशेषनिर्धारणे अतीवोपयोगि भवति ; तद्विवरणं विस्तरमयान्नेह प्रपञ्चयते ; अभीप्सितं चेत् कलि-
कतावैद्यसंभेदानावसरेऽभिभाषिते अस्सदभिभाषणे उपपष्टादारस्य १२ प्रष्टपर्यन्तमवलोकनीयम् । सेवा
रेगिपरीक्षा सम्यगनुष्ठीयमाना रोगतत्त्वपरीक्षणे साहाय्यमाचरतीति ।

चिकित्सास्वरूपम् ।

धातुवैषम्यविधाताय धातुसाम्यसंपादनाय वा विधीयमानः क्रियाकलापः चिकित्सा । तथा
चाचार्यपादाः—

याभिः क्रियाभिर्जायन्ते शरीरे धातवः समाः ।

सा चिकित्सा विकाराणां कर्म तद्भिषवनां मतम् ॥ १ ॥ इति ॥

तत्र धातुवैषम्यविधातार्यं विधीयमानः क्रियाकलापः—दृढानां धातूनां हासकरणम्—
क्षीणानां वर्द्धनम्—कठिनानां मृदुकरणम्—मृदूनां कठिनत्वसम्पादनम्—संहतानां विलयनम्—
विलीनानां वा संहतीकरणम्—प्रवहतां रतम्पनम्—स्तब्धानां वा सेदनम्—इत्यादिर्बहुविधः ।

धातुसाम्यसंपादनाय विधीयमानः क्रियाकलापस्तु शरीरद्रव्यगुणेषु क्षीणेषु तत्समानानां
ऋतुण्योषकाणां द्रव्यगुणानां सेवनम्, सेवितानां च शरीरभावरूपेण परिणामाय नाठरप्रैर्यथावच्च
धातुम्पणसुप्तेजनम्—यथयोग्यं च स्तोत्रःश्लोथनम्, चङ्कमणघावनद्वन्द्वनादीनां बलाघायकानां विद्वा-
राणामुप्तेजनम्, रसायन्योगत्साम्यघातः, सेनकरश्मस्त्राश्चेति बहुविधः । क्रियामध्येऽस्मिन् द्वितीय-

प्रकारे धातुवैषम्यं प्रकृत्यैव स्वयं नश्यति ; तथैव भावसमावाद्—निदानत्यागरूपवत्प्रकृत्येवला-
भाच्च तथा चकार—

त्यागाद्विषमहेतूनां समानाद्योपसंबन्धात् ।

विषमं नानुब्रान्ति जल्पन्ते घातवः समाः ॥ १ ॥

कथं शरीरे घातूनां वैषम्यं न प्रवेदिति ।

समानां चानुबन्धः स्यादित्यर्थं क्रियते क्रिया ॥ २ ॥ इति च ॥

तत्र भेषजव्यवस्था, आहारव्यवस्था, विहारव्यवस्था, देशव्यवस्था, कालव्यवस्था चेति पञ्च-
विधा व्यवस्था, विधीयमाना संपूर्णा चिकित्सा भवति । अत्र सर्वेषामध्येषां भेषजाहारविहारदेश-
कालानां रोगविघातकाले न भेषजत्वं किन्तु तत्रैवैषाम् भेषजत्वं सम्पद्यते यत्रैषां हेतुविपरीतत्वं
व्याधिविपरीतत्वं चोभयविपरीतत्वं वा प्रमावज्ञानेन हेतुव्याधिविपरीतार्थकारित्वं वा संघटते । तथा च
सर्वस्मिन्नपि भेषजे हेतुव्याधिर्विपरीत्यं विपरीतार्थकारित्वं वा आवश्यकम् । तत्र ज्ञानं च रोग-
हेतूनां रोगलक्षणानां तथैव भेषजानां च सति साधर्म्यवैधर्म्यज्ञाने सम्भवति । तत्र बहवो रोगहेतवः
बहूनि च रोगलक्षणानि तथैव बहूनि भेषजानि; तेषां च प्रत्येकं साधर्म्यवैधर्म्यज्ञानमतीव दुःसाध्य-
मिति कृत्वा सर्वरोगकारणानां सर्वलक्षणेष्णव्यभिचारिणां सर्वभेषजोपकारिणां च वातपित्तकफानां
साधर्म्यवैधर्म्यज्ञानार्थं यत्नो विधेयः । उत्पन्ने च वातपित्तकफानां साधर्म्यवैधर्म्यज्ञाने तदनु रूपं विधी-
यमानं भेषजं प्रायो व्याधिप्रशमकं भवति; यत्र तु व्यभिचरेत् तद्दोषपरिहाराय च पुनः सूक्ष्मेक्षि-
कया कारणतत्त्वं, लक्षणतत्त्वं, भेषजतत्त्वं च साधर्म्यवैधर्म्याभ्यां सर्वदैव विवेचनीयं सम्यक् । तत्र
हेतुग्रहणेन बाह्यानां शरीतोष्णादीनामभ्यन्तराणां च दोषदृष्यस्वेतआशयादिदुष्टीनां सर्वेषां च
रोगानुकूलं शरीरावयवव्यापाराणां ग्रहणम् । एतेष्वन्यतमविघातकारणं हेतुविपरीतमेवोच्यते ।
व्याधिग्रहणेन च चयकोपशमस्थानसंश्रयाद्यवस्थानां तदनुभाषकव्यक्तरोमलक्षणानामुपद्रवाणां च
ग्रहणम् । एतेष्वन्यतमविघातकारणं व्याधिविपरीतमुच्यते । अत्रापि क्वचिदंशतः क्वचित् सर्वतो-
भावेन विपर्ययस्थितिरित्युभयविषयविपरीतयोस्तारतम्यनिबन्धना अंशंशकल्पनानिबन्धना चेति भव-
त्वेवान्त्यकल्पना । इत्यतोऽनेकविधविपर्ययाधिष्ठानानि अनन्तानि भेषजानि अनन्तेषु दोषवस्था-
विशेषेषु, अनन्तेषु च रोगवस्थाविशेषेषु यथायथं सम्यक् प्रयुक्तानि अव्यभिचारं निर्व्यापदं
चाशु रोगं निवारयन्त्येवेति । नास्त्येवात्र विचिकित्सावसरः । अत एवोक्तम्—

यः स्याद्रसविकल्पज्ञः स्याच्च दोषविकल्पवित् ।

न स मुखेद्विकारणां हेतुल्लङ्घोपशान्तिषु ॥ १ ॥ च. सू. २६ अ.

इत्थं च सिद्धयति, रोगकारणविपर्ययशक्तिभूयिष्ठं, शरीते कारणे उष्णं भेषजमेवमुष्णे
कारणे च शीतं तथा व्याधिसरूपदाहग्रयनातिसरणेभ्यो विपर्ययभूयिष्ठं निर्वापणविकल्पनस्तस्मिन्नादि-
भेषजं भवति । एवमेवोभयविपरीतमूढम् । तथैवाहारोऽपि तत्तद्रोगेषु पथ्यरूपेण निर्दिष्टो हेतुविप-
रीतस्तथा व्याधिसरूपविकिरीत इष्यद्विपरीतश्च सत्त्वेव रोगस्यान्तौ कारणं ष्वति; तथा विहारोऽपि
आसनादिनेषु महद्विद्वारोऽपि चङ्कूयणादिरूपः, ऊरुस्तम्भे च जलप्रतस्थादिरूपः हेतुविपरीतव्याधि-
विपरीतोभयविपरीतरूपस्यैव व्यवस्थपितो रोगप्रशमको भवति । तत्रैव देशोऽपि शीतकारणजे
जुष्णो देशः, उष्णकारणजे च शीतो देशः । तथा व्याधुत्पादकोत्पन्नकारणबहुलः व्याधुत्पत्ति-
कारणरहितः आनूपजाङ्गलभेदेन निर्दिष्टो देशः हेतुविपरीतव्यभिचारिणितवायुजलभूमिदृक्सादि-
बहुलस्य रोगप्रशमने कारणत्वेनोपलभ्यते । एवमेव कालोऽपि केचनः । अत्रेदमपि विशेषे-
षेण बोध्यं यद्विपरीतशब्देन—सर्वतोभावेन विपरीतः, विपरीतगुणभूयिष्ठः, विपरीतप्रभवश्च
भूयिष्ठः । इति ।

सर्वमप्येतद्भेषजं रोगकारणस्य बहुविधस्यापि सन्तर्पणपत्रर्पणरूपद्विविध्यानतिक्रमणात् द्विविध-
भेव भवति । तदुत्पन्ना व्याधयोऽपि द्विविधा एव सम्भवन्ति तत्र ; प्रमेहज्वरकुष्ठामक्षोषातिस्थीर्य-
हृद्दोषादयो बहुविधाः गुरुमधुरास्त्रिषभमेजनानादत्यदनात् व्यायामद्वेषादिरूपात् सन्तर्पणात् बहुविधादपि
तत्त्वतः सामान्येन दृढिकारणत्वेन एकविधात् सञ्जायन्ते, तथा शोषकासानुबन्धबलमासक्षयज्वर-
विण्मूत्रग्रहादयः आपूरकाहारालाभात्, अर्थात् शरीरावयवपोषणहारदौर्लेभ्यात्—रोगाणां चिराव-
स्थानात् संशोधनतियोगात् इत्यादि बहुविधादपि अपतर्पणात् सामान्येन तत्त्वतः सायकारणत्वे-
नैकविधादेव जायन्ते । तेषु च बहुविधेषु सत्स्वपि सामान्येन द्विविधेषु परस्परं विपरीतं वा विप-
रीतगुणं वा भेषजं भवति सन्तर्पणजेषु अपतर्पणम्, अपतर्पणजेषु च सन्तर्पणम् । इति ।

अत्रापि अपतर्पणं भेषजं बहुविधं सदापि रोगकारणदोषबलानुरोधात् द्विविधं भवति ; शोषनं
शमनं चेति । तत्र प्रभूते (मात्राधिके) दोषे शरीरान्तर्दोषनिर्हरणार्थं विधीयमानं कर्म शोषनशब्दे-
नोच्यते । तथा अल्पप्रमाणे दोषे तद्विषयनिवर्तकं रोगप्रकृतिविधातकं कर्म शमनशब्देनोच्यते; तत्र
शोषनं वमनविरचनरूहवस्तिशिराविरचनरकमोक्षणादिकम्, तथा अवयवविशेषाश्रयाणां दोषाणां
निर्हरणाय लेखनाय वा प्रयुज्यमानं घूमकवलग्रहाञ्जनाश्र्योतनादिकम्, तथा पूयमूदगर्मादिबहुविध-
शल्यनिर्हरणाय छेदनभेदनलेखनव्यधाधिकं शस्त्रकर्म इत्येवं बहुविधं भवति । एवं शमनमपि
पाचनदीपनव्यायामोपवासातपमास्तादिकं, तथा शोषघ्नं निर्वापणविस्लापनोपदेहादिकं, तथा घूम-
नस्यगण्डूषकद्वलग्रहाञ्जनाश्र्योतनालेपकानादिकं इत्यादिभेदात् बहुविधमेव भवति ।

एवं सन्तर्पणभेषजमपि बल्यद्वंद्वणादिगणोपदिष्टं अश्वगन्धाशतावरीबलाक्षीरकाकोली
प्रभृति, तथा मांसरसदुग्धादिभोजनम् । अनुवासनं द्वंद्वणरूपं वस्तिर्कर्म, तानाम्यङ्गनस्य गण्डूषाञ्ज-
नादि, इत्यादिभेदात् बहुविधमपि क्षीणशरीरावयवानां पोषणात् दृढत्वकारणात् द्वंद्वणशब्देनोच्यते
तदापि शमनमेव । तथा त्वस्थस्यापि रसायनवाजीकरणरूपमूर्जीस्करं कर्मद्वंद्वणमेवेति । इत्येतत् बहुवि-
धमपि सामान्यसंक्षेपाम्यां सङ्ग्रह्यमाणं द्विविधमेव भवति सर्वमप्येतद्भेषजं । रोगकारणदोषस्वरूपाभ्यां विप-
रीतं विपरीतगुणं विपरीतगुणभूयिष्ठं वा विपरीतप्रभावं वाऽवचार्थमाणं स्वबलोपद्वंद्वणाय वा सम्यक्
प्रयोगाय वा देशकालमात्रादीनि सहकारिकारणानि नितरामपेक्षते । तथा चोक्तम्—

विपरीतगुणैर्देशमात्राकालोपपादितैः ।

भेषजैर्विनिवर्तन्ते विकाराः साध्यसंभवाः ॥ १ ॥

अवस्थानुसारं हि विविच्य प्रयुक्तं कर्माव्यभिचारेण साधकं भवति । अवस्थाज्ञानन्तु शास्त्र-
श्रवणमननाभ्यां गुरूपानयया सतताभ्यासेन प्रतिकर्षणं रोग्यवस्थानां भूयोभूयो दर्शनेन च सञ्जायत
इति पूर्वमेव प्रतिपादितम् ।

आयुर्वेदशास्त्रे त्रिविधानि भेषजद्रव्याणि उपयुज्यन्ते ; नाङ्गमानि, औद्धिदानि, पार्थिवानि च ।
तेषु नाङ्गभेष्यः आहृत्य यानि दीयन्ते तानि नाङ्गमानि । यथा—मधु दुग्ध दधि घृत पित्त वसा
मज्ज रुधिर मांसं रेतोऽस्य ज्ञायुश्च नख दन्त खुर चर्म विद् मूत्र केश ओष
रोचना इति । पृथ्वीमुद्भिद्य जायन्ते औद्धिदानि; तानि चतुर्विधानि—फलवन्ति पुष्परहितानि च
वनस्पतिसंज्ञानि वटोदुम्बरादीनि । पुष्पानन्तरं फलवन्ति तु वानस्पत्यसंज्ञानि—आम्रादीनि ।
फलफाकावसानानि ओषधिसंज्ञानि गोघूमादीनि । प्रवानवन्ति च वीरुत्संज्ञयामिषीयन्ते
शङ्खपुष्पी प्रभृतीनि । तत्रैषामौद्धिदानां मूल त्वक्सार निर्यास नाल खरस पल्लव क्षीर
फल पुष्प तैल मस क्षार सत्वानि कण्टक शुङ्ग कन्द प्ररोहाश्च प्रयुज्यन्ते । तत्रैतेषु

भेषजद्रव्येषु रस गुण वीर्य विपाकप्रभावाः स्वभावतस्तिष्ठन्ति । वस्तुतस्त एव द्रव्यान्त-
र्विद्यमाना धातुसाम्यं कुर्वन्ति सम्यक् प्रयुक्ताः । अयं भावः—किञ्चित् द्रव्यं रसप्रधानं, यद्रसेनैव
कार्यं करोति । एवं किञ्चिद्वीर्यप्रधानं । किञ्चित्तु विपाकप्रधानम् । अथ द्वयोर्द्रव्ययो रसवीर्यविपाकानां
साम्येऽपि यदेकं द्रव्यमन्यत्कार्यं कुरुते, एकन्तु अन्यत्कार्यं कुरुते तदिदं कार्यं प्रभावजमेव ।
प्रभावो नाम रसवीर्यविपाकातिशयी द्रव्यस्य स्वभावः, स पुनः सर्वानपि द्रव्यान्तर्वर्तिनो,
रसवीर्यविपाकादीनाभिभूय कार्यं करोति । तान्येतानि जाङ्गमानि औद्भिदानि वा भेषजानि सद्यः परिण-
मनशीलानि शिथिलावयवत्वात् । अतो यदा कालक्रमेण एतानि नितरामल्पवीर्याणि अल्पफलानि
वा संजातानि तदा आचार्यैर्बहुतिथेन कालेनापि अल्पपरिणमनशीलानि प्रायः स्थिरावयवानि प्रभूत-
वीर्याणि धातुपधातुरत्नोपरसरसोपरत्नानि प्रयोक्तुमारब्धानि । येषान्तु पार्थिवद्रव्यसंज्ञया व्यवहार-
स्तेष्वपि रसवीर्यविपाकप्रभावाः पूर्ववदेव विद्यमानाः कार्यकरणे समर्थाः । तान्येतानि बहूनि
भेषजानि बहवश्रैषां कल्कक्राथलेहासवारिष्ठचूर्णबटीवर्तित्तिक्रिकादिरूपेण कल्पनाविशेषाः बहव
एव प्रयोगप्रकारा ये तारतम्यभावेन विकिञ्च्य यथायथं व्यवस्थायमाना देशकालमात्राभिरुपपादि-
ताश्च तां तां दोषविकृतिं धातुविकृतिं मार्गविकृतिं स्थानविकृतिं वा अवश्यं शमयन्ति । अन्यां
विकृतिं च नोत्पादयन्ति ।

सन्ति चैवंविधा अपि प्रयोगा ये प्रयुज्यमानास्तत्क्षणं वेदनाविशेषं शमयन्तो व्याधिप्रशम-
कतया व्यपदिश्यन्ते; न ते वस्तुतो व्याधिं प्रशमयन्ति किन्तु व्याधिकारणदोषादि विकृतिमभि-
मवन्ति । कारणाभिमवेन तत्कार्यव्याधिरपि अभिभूत इव भवति । किञ्चानावश्यकद्रव्यतया अन्येषु
स्रोतःसु आशयेषु वा तत्क्षणं कालान्तरेण वा विकृत्यन्तरमुत्पादयन्तो रोगिणोऽनर्थायैव संपद्यन्ते ।
अत एव पूर्वाचार्याः—एतादृशीं चिकित्सां परित्यज्य शुद्धामेव चिकित्सामुपदिशन्ति । तद्यथा—

“ प्रयोगः शमयेद्याधिं योऽन्यमन्यमुदीरयेत् ।

नासौ विशुद्धः शुद्धस्तु शमयेद्यो न कोपयेत् ” ॥

तदात्वे चानुबन्धे च यस्य स्यादशुभं फलम् ।

कर्मणस्तन्न कर्तव्यमेतद्बुद्धिमतां मतम् ॥ इति ॥

(ख) अस्मच्छास्त्रानुसारं विधीयमानायाश्चिकित्सायाः साफल्यमसाफल्यं वा वैद्यानां योग्यताया-
मवलम्बितम् । यदि वैद्यः शास्त्रीयविषयपूर्णमर्मज्ञः, तर्कशक्तिसंपन्नः, स्मृतिमान्, क्रियाकुशलः,
तत्परतागुणसंवलितः स्यात्तदा तेन विहिता चिकित्सा निःसन्देहं फलदाभ्येव प्रायशः सम्भवति ।

भेषजं, वैद्यो, रोगी, परिचारक इमे चिकित्सायाश्चत्वारः पादाः सन्ति । एभिः स्वस्वगुणवद्भिः
संयुक्ता चिकित्सा चतुष्पादसंपूर्णा निगद्यते । चिकित्सायां सैषा चतुष्पादसंपत्तिरेव महती सफलतां
संपादयति । यतो हेतदन्यतमपादस्य विकृती वैद्यः संपादयितुमशक्तः इष्टकार्यम् । अस्माकं च
पद्धतौ भेषजरूपस्य पादस्य पाश्चात्यानामिव स्वल्पत्वं यातयामत्वं प्रायो विविधगरादिसंघट्टत्वात्
परिणामे भ्रंशं च नानाव्यापत्तिकरत्वाभित्यादिदोषजातं न संभवति । अत्रत्यौषधानि तु संजातरस-
वीर्याणि काले सुलभानि स्वल्पव्ययसाध्यानि सुकरविधिसंपादितानि च भवन्ति । इदमेव कारणं
यदायुर्वेदीयसिद्धान्तानुसारं विधीयमाना चिकित्सा भेषजबाहुल्यात्, सुविधिसंपादितत्वात्, अभिनव-
दशायामेव प्रयोगकरणादयातयामत्वात्प्रायशः अमोघैवाद्भुतफला च संजायते ।

वीर्यवत् भावितं सम्यक् स्वरसैरसकृच्छुषु ।

रसगन्धादिसम्पन्नं काले जीर्णं च मात्रया ॥ १ ॥

एकाग्रमनसा युक्तं भेषज्यममृतायते । इति अष्टाङ्गसंग्रहे सूत्र. २३ अध्यायः ।

अथास्या देशीयपद्धत्याः साफल्ये, एकः प्राकृतो हेतुरपि विद्यते तत्रैव बदास्मिन् देशे जातस्य मनुजस्य कृते अत्रोत्पन्नान्यौषधान्याधिक्येनानुकूलानि, यतो हि रोगी अत्रोत्पन्नत्वाद् अत्रत्यवस्तूनि सदैवोपयुक्ते अत एतद्देशोद्भवेषुषजानां प्रभावस्तस्य शरीरे त्वरितमनुकूलश्च संजायते । आयुर्वेदशास्त्रे च व्याधिनिवृत्तौ सात्म्यतापि विशिष्टहेतुत्वेनाभिमतः, सात्म्यार्थश्रानुकूल्यम् । अर्थात् बद्धव्यं स्वस्वभावेन तथा प्रभावेन शरीरावस्थया न प्रतिकूलं तत् सात्म्यमित्यभिधीयते ।

एकस्यामयस्यानेकानि भेषजानि सन्ति । यदौषधं रोगिणः सात्म्यं तस्य प्रभावस्तदा मये त्वरितं संपद्यते । उचिष्वमेवैतद् यतो हि सात्म्यद्रव्यपरमाणूनां प्रभावः प्राक्काः शरीरस्योनुकूल एव संपत्स्यते । पुनस्तस्मिन् वस्तुनि चेत् व्याधिनाशकशक्तिरपि स्यात्तदा तत्फलवैशिष्ट्यं सर्वथा न्याय्यमेव । अयमपि देशीयचिकित्सासाफल्ये प्रबलो हेतुः ।

उचितो यस्य यो देशस्तज्जं तस्यौषधं हितम् ।

देशेऽन्यत्रापि वसतस्तत्पुत्र्यगुणजन्म च ॥ इति अष्टा. सं, सू. २१.

साफल्यं प्रमाणीकर्तुं यदङ्कनाद्यावश्यकं तत्रोच्यते । यत् वैषेषु पाश्चात्यचिकित्सकानामपिद सञ्चिकाविधानस्य, रोगिणां सम्मतिपत्रसंग्रहस्य, तथा नामाङ्कनस्य च प्रथा न प्रचलितप्रथाया । अतो रोगिणां संख्यादिविवरणमस्मादृशां दुःशकम् । राजसत्ता देशीयौषधालयान् तथा आतुरावासान् परिस्थाप्यास्थाः पद्धतेरनुकूलं प्रबन्धं विधाय पुनरस्थाः कियती सफलतेति निश्चिन्यात् ।

(ग) अत्रासाकमेषा सम्मतिर्यदनेकेषु जर्णरोगेषु महारोगेषु च अन्यचिकित्सापद्धतीनामपेक्षया वैधकचिकित्सापद्धतिर्विशेषफलदायिनी संपद्यते । वातव्याधि ग्रहणी ग्रन्थिवातास्त्वपित्तोपबं-शादिव्याधिता बहवश्चिकित्सिता मया । एतेषां रोगाणां निवर्तने आयुर्वेदोक्तानामौषधानां अनेकश-श्रमत्कारा अनुभूताः । परन्तु नामाङ्कनादिरित्यभावात्तेषां प्रमाणोपन्यासः कर्तुमशक्यः । अन्यापि-श्चिकित्सापद्धतिभिरप्राप्तस्वास्थ्येषु ल्यक्तजीवितशेषेषु बहुषु रोगिषु आयुर्वेदीयचिकित्सया लब्धारोग्याणां पृषषाणामिदानीमेव संप्राप्तानि प्रमाणपत्राणि प्रतिलिपीकृत्य सहेव प्रेष्यन्ते । एतानि च प्रायः ईदृशां महाशयानां सन्ति ये हि राजमान्या राजकर्या एवं सुप्रतिष्ठिततराश्च विद्यन्ते । एतादृशाः पुरुषाः प्रायः कस्यांचिदपि चिकित्सापद्धत्यां तदैव प्रवर्तन्ते यदा बहुषु रोगिषु तस्या निश्चितसाफल्य-विषये लब्धप्रत्ययाः स्युः । एतेन समितिः स्वमेवानुमीयात् यकियन्तो रोगिणोऽत्र चिकित्सया स्वास्थ्यं लभिताः स्युः । अतः समितिर्विचार्येत यदेतादृशैर्व्याधितैत्र कियत् स्वास्थ्यमवाप्तमिति ।

(क) ममैतादृशीभ्यां द्वाम्यामपि संस्थाम्यां सम्बन्धोऽस्ति । तद्यथा अत्र जयपुरे धन्वन्तरि-औषधालय इति नाम्ना प्रसिद्धे चिकित्सालये (१) ममैव प्रधानं निरीक्षणं वर्तते । अस्मिन्नीषधा-लये समागतानां सर्वेषामपि रोगिणां चिकित्सायुर्वेदप्रणाल्यैव क्रियते । अत्र राजकीयसंस्कृतपाठ-शालायां भिषगाचार्यपरिक्षापार्यन्तमायुर्वेदः पाठ्यते । तत्र शास्त्राचार्यश्रेण्योरध्यापनकार्यं ममैवायत्तमस्ति ।

(ख) मन्निरीक्षणवर्तिनि धन्वन्तरिऔषधालये यथाद्रव्यलाभं चिकित्सीषवयोः प्रबन्धः समी-चीन एव वर्तते तथापि साम्प्रतमयमौषधालयः साधारणकक्षमैवावागहते । यदि कथञ्चन सम्म-वेत पुष्कला द्रव्यप्राप्तिस्तिर्हि यत्र चिकित्सालयौषधालययोर्द्वयोरपि सर्वाङ्गतसम्पन्नः समावेशः सम्म-वति—तादृशं सुविस्तृतं स्थानं कृत्वा चिकित्साशास्त्रोक्तदिशा सर्वसुसयुपयुक्ताः, सर्वविधौषध-निर्माणसौकर्यवती, सकलोपकरणालङ्कृता रुग्णालयादिभिः संयुक्ताः शाला निर्मायाः शास्त्रीषधानुभवदि-सर्वविषयज्ञानसंपन्नान् सिद्धहस्तान् सुप्रतिष्ठिततरान् वैद्यवर्यान् विनियोज्य बहुवैशिष्ट्यं शक्यते कर्तुम् ।

पाठशालायामपि ग्रन्थाध्यापनकार्यं यथासाध्यं सम्यगेवानुष्ठीयते, परमौषधपरिचयरोगिनिरीक्षणशास्त्र-
चिकित्साद्यनुभवविशेषाभिवृद्धयर्थं भूयान् प्रबन्धः समपेक्ष्यते । तथा कृते तु काप्यपूर्वेव छटास्यादत्र-
त्याध्यापनकलायाः ।

(ग) अष्टाङ्गमिदमस्माकमायुर्वेदशास्त्रमस्ति तत्र प्रचलितासु संस्थासु केषांचिदेवाङ्गानां-शिक्षा-
चिकित्सयोर्व्यवस्थापितत्वात् तदर्थं क्रियमाणः प्रबन्धः कथमपि यथेष्टपदवाच्यतां नार्हति । ता यथे-
ष्टतां प्रापयितुं समपेक्षितानां प्रबन्धानामुपायानाञ्च केचिदिमे—

- (१) भारते काचन सर्वाङ्गसंपूर्णा बृहद्ब्रह्मसायनशाला कस्मिंश्चित् प्रदेशे संस्थाप्येत ।
- (२) तस्मिन्नेव प्रदेशे सर्वसाधनसंपन्नो विद्यालयोऽपि भवेत् ।
- (३) तयोश्च तत्तत्कार्यभारमुद्धहन्तः केचन वैद्या वस्तुत एव विद्याविज्ञानानुभवादिभिः सर्वै-
रेव गुणैः संपन्नाः स्युः ।
- (४) भेषजोद्यानानि तत्तदौषधोपजननयोग्येषु क्षेत्रेषु निर्माप्येरन् ।
- (५) छात्रा अपि सूक्ष्मविषयावधारणसमपेक्षितशास्त्रान्तरावबोधसमलङ्कृतमतय एव तत्र
गृह्येरन् ।
- (६) प्रतिप्रान्तमपि तत्तद्विद्वान्तावश्यकतानुसारमेतादृश एव प्रबन्धः स्यात् ।
- (७) एतादृशस्य महतोऽनुष्ठानस्य सिद्धये समपेक्षितः सुमहान् द्रव्यराशिः शास्त्रदेशोन्नति
सस्पृहाणां महामान्यानां जनानामधिकारे स्थाप्येत ।

(<) पाश्चात्या भिषज्यैव विज्ञानानुमतेति शासकैर्दुराग्रहस्त्याज्यः । एकैव चिकित्सापद्धतिः
करे गृहीता लालितेति चाभिनिवेशः परित्याज्यः । अल्पव्ययेन महाफला आयुर्वेदिकी चिकित्सापि
स्वीकृत्य परिचेया परिचाययितव्या च । इति ।

(क) विमर्शकसमित्याश्रतुर्थे प्रस्तावे देशीयचिकित्साशिक्षायै य उपाया निर्दिष्टास्तेऽस्माकं
पूर्णतया सम्मताः । देशीयचिकित्साया यथेष्टशिक्षायै तेषां परमावश्यकतेति च स्वीकुर्मः । मद्रास-
प्रान्तपरिस्थित्या न वयं पूर्णतया परिचिताः स्मः । अतो वक्तुमशक्ताः यत्रस्तावे निर्दिष्टानां विष-
याणां प्रबन्धसौलभ्यं तत्र कियद्वसति, यदि तत्र प्रस्तावोक्तसाधनानि प्राप्याणि स्युस्तदा स्वरूपेनैवो-
द्योगेनेदृशः प्रबन्धः संभाव्यते । अन्यस्मिन् कस्मिंश्चित् स्थाने ईदृशः प्रबन्धोऽस्ति न वेत्यत्र
विषये अस्मद्दृष्टौ इन्द्रप्रस्थस्यवैद्यकयूनानीशिक्षालये देशीयचिकित्साशिक्षया सह प्रायशः प्रस्ता
वोक्तानि सर्वाणि साधनानि प्रारम्भिकप्रबन्धत्वेन प्रकल्पितानि । ईदृगेव प्रबन्धो हरिद्वारस्य ऋषि-
कुले तथा बाराणसेयहिन्दुविश्वविद्यालये शीघ्रं भविता । एतदतिरिक्तोऽप्यन्यत्र कुत्रचिदीदृशः
प्रबन्धोऽस्ति न वेति न जानीमः । अस्माकं सम्मतौ देशीयचिकित्सायै एतादृश एव प्रबन्ध
आवश्यकः । ईदृशे प्रबन्धे सम्भाव्यते यद्बहुषु स्थानेषु दुःसाध्यता प्रतीयेत । परन्तु दुष्करतावशा-
द्यदि कार्यं न प्रारभ्येत तर्हि कदाचिदपि तत्साधनसम्भावना नास्ति; सर्वेष्वपि कार्येषु विघ्नबाधाः
समुपतिष्ठन्त एव । यदि ईदृशे प्रबन्धे आपतन्तीनां बाधानां निवृत्तिर्दुःशकैव स्वीक्रियेत ।
तदास्यां स्थितावस्मिन् मते न निम्नोक्ताः प्रबन्धा विधेयाः—

(१) येषु येषु प्रान्तेषु पाश्चात्याचिकित्साशिक्षालयाः सन्ति तत्रेदृश एको विभागः प्रकल्प-
नीयो यत्र वैद्यकं पिपठिषवः—तथा कृताध्ययनाश्च द्विविधा अपि छात्राः प्रवेष्टुमर्ह्युः । शिक्षां
विहायान्येषु कर्मसु पाश्चात्याचिकित्साशिक्षाछात्राणामिव तेषां सामान्यं भवेत् । शिक्षायै चेदृशः
प्रबन्धः कार्यो यद् द्वित्राः प्रधानाध्यापकास्तादृशा नियोज्या ये नवीनपद्धत्यनुसारं विशेषोपयोगि-

नीडशान् हिन्दीभाषया शिक्षयेयुः । के के विषयः कियन्तो वाध्याप्याः । अस्य तु निर्णय ईदृश्या समित्या विधेयौ यस्यां प्राच्यार्वाच्यचिकित्सानुशीलिनो विद्वांसः संमिलिताः स्युः ।

अस्मिन् प्रबन्धे विशेषकाठिन्यं व्ययबाहुल्यं च न प्रतीयेत । स्वल्पेनैव व्ययेनैव प्रबन्धः सुकरः ।

(२) अथवा येषु प्रान्तेषु देशीयचिकित्साशिक्षायै प्रारम्भिकशाला उच्चविद्यालयाश्च सन्ति तेभ्यो द्रविणसाहाय्यं दत्त्वा तेषामुन्नतये प्रयतितव्यम् । ये च छात्रास्तत्र शिक्षां लभन्ते ते यथा तत्रत्येषु राजकीयचिकित्सालयेषु (हॉस्पिटले) प्रत्यहं गन्तुं चिकित्साभ्यासं च कर्तुं शक्नुयुः तादृशाः प्रबन्धो विधेयः ।

(३) आयुर्वेदस्य चिकित्सापद्धतिक्रमो बहोः कालाच्छिन्नभिन्न इव संजातः । अतस्तदुक्तानां सकलानां क्रियाणां येषां बोधो भवेत् तादृशानां पुरुषाणां, सर्वथेवाभावः, ये केचनेतदृशाः समुपलभ्येरन् । ये छात्रस्थाः कस्याश्चन विशिष्टायाः क्रियाया अभिज्ञाः स्युः । तादृशान् पुरुषानन्विवर्थाधिकेन साहाय्येन सन्तोष्य तत्स्थां तां क्रियां वैद्येषु प्रचारयितुं सूकर्यं क्रियेत । येन ते सहैव सम्भाव्यविनाशास्ताः क्रियाः संरक्ष्येरन् । अनेन देशीयचिकित्सापद्धत्याः सतिपूर्तो पूर्णसाहाय्यं लभ्यते । उपर्युक्तैस्त्रिभिः साधनैरन्यैर्वा कैश्चनोपर्यवेष्टीयचिकित्सापद्धतेरुत्थानप्रबन्धः कार्यः ।

(४) कलकत्ताविश्वविद्यालयविमर्शसमितेः (कमीशन) संमत्या वयं कस्मिंश्चिदंशे सम्मताः स्मः कस्मिंश्चासम्भताः सम्मता अस्मिन्नंशे स्मो यदाशुनिकविज्ञानेन सह सम्बन्धं स्थापयितुं केचनधुनिकवैद्या उस्तुकाः सन्ति स चायुर्वेदियसिद्धान्तानां पोषकत्वेन शुभमाविसूचकौऽस्ति । अत्रापि संशयो नास्ति यद्यथा वैद्यद्वारायुर्वेदियसिद्धान्तानां सौलभ्येन डाक्टराणामुपकारः स्यात्, तथा डाक्टरीयसिद्धान्तानां डाक्टरद्वारा सौलभ्येन वंद्यानुपकारः स्यात् । अतस्मत्ता अस्मिन्नंशे स्मो यद् “डाक्टरवर्गवद् वैद्यवर्गोऽपि बहून् परस्परगतान् भावान् परित्यक्ष्यति” ; कारणन्त्वत्येदमस्ति—यदायुर्वेदीयग्रन्थेषु हेयांशः सरक्षेऽपि नास्ति । तेषु यत् किञ्चिदपि व्याख्यातं तत् पूर्णतया निश्चितं सत्यं चास्ति । यदि क्रियाकुशलेभ्यो विद्वद्बैद्येभ्योऽपि डाक्टरीचिकित्सावद् आयुर्वेदीयचिकित्सां सर्वाङ्गसंपन्नां कर्तुं समुचितं साहाय्यं दीयत तर्हि आर्षग्रन्थविषये क्रियमाणानामाक्षेपणां यथार्थोत्तराणि दातुं शक्यन्ते । सिद्धान्तानामौषधप्रकाराणां च भिन्नत्वाद्भयोः पद्धत्योरभेदो दुर्धट एव ।

प्राच्यार्वाच्यचिकित्सापद्धत्योः सम्बन्धं संपादयितुं निम्नोक्ता उपाया अस्मत्सम्मत्या सा-
हाय्ये उपयुक्ताः—

(१) देशीयचिकित्सापद्धतिच्छात्राः परिसमाप्य वैद्यकशिक्षां प्राप्य चेचित्साच्छात्रशुद्धीः
पाश्चात्यचिकित्साग्रन्थसंयुः ।

(२) पाश्चात्यचिकित्साच्छात्रा यथा वैद्यकसिद्धान्तज्ञानमप्युपलभेरन् तथा प्रबन्धः कार्यः ।

(३) वैद्यकशास्त्रमर्म्ज्ञानं महान्तो विद्वांसो ये हि पाश्चात्यचिकित्सासिद्धान्तमपि जानी-
युस्ते वैद्यकग्रन्थीयसिद्धान्तविषयान् हिन्दीभाषायामनुवादरूपेण परिवर्तयेयुः ।

(४) पाश्चात्यचिकित्सकाश्च ये हि वैद्यकसिद्धान्तविज्ञातारः स्युस्तेऽपि पाश्चात्यचिकित्सा-
सिद्धान्तान् हिन्दीभाषायामनुवदेयुः । एभिरुपयैरस्मन्मतेन सम्मिलितरितिः सफलता सम्भाव्यते ।
एवंभूभयो रीत्योः प्रतिनिधयः परस्परं परिचिता भूत्वा उभयतः सारमादाय उभयतोऽपि व्यासंगवैश्वस्यं
सुपरिवर्धयन्ति ।

(१) विमर्शकसमित्या अनेन प्रस्तावेन वयं सर्वथा सम्मताः स्मः । देशीयचिकित्साया सार्द्धं पाश्चात्यचिकित्सायास्तथा प्रचलितविज्ञानस्य च सम्बन्धः परमावश्यकः । परन्तु स शिक्षाक्रमस्तथा परिष्कृतः स्यात्, तथास्माकं प्राचीनशल्यशास्त्रालोक्यतन्त्राणि पुनरुज्जीवियुः भविष्ये चोन्नतिक्रमः सुप्रवृत्तस्तिष्ठेत् ।

शिक्षा च तत्सम्बन्धिनी क्रियती किंविधा च भवेत्, तथा परीक्षाश्च काः का नियोज्याः अस्मिन् विषये प्रारम्भे “निखिलभारतवर्षीयायुर्वेदविद्यापीठनियमावल्यां” निर्दिष्टाः परीक्षाः, पाठ्यक्रमः पाठ्यपुस्तकानि च पर्य्याप्तानि मन्यामहे । समित्स्वतद्दर्शनश्रमं स्वीकरिष्यतीत्यस्ति नः सम्मानना । शिक्षायाः परीक्षायाश्चोपदेशिकथाः प्रायोगिकथाश्चेत्युभयविधाया अपि प्रबन्ध आवश्यकः । अथवेदशी समितिः प्रकल्प्येत यस्यामुभयशास्त्रनिष्णाता योग्या विद्वांसः सम्भूय पाठ्यक्रमे विशेषं विचारयेयुः । उक्तसमित्याः यथासम्भवं सदस्येषु अर्धसंख्याका आयुर्वेदविद्यापीठसदस्याः भवेयुः ते च यथा निर्णयेयुः तथैव पाठ्यक्रमो निवेशनीयः ।

आयुर्वेदविषयाणामुच्चशिक्षा संस्कृतभाष्यैव देया, तथा नव्यविषयाणां शिक्षा हिन्दीभाषया दातव्या । यत्र तु हिन्दीभाषायाः सौकर्यं न भवेत्तत्र तत्तत्प्रान्तीयभाषाभिर्नव्यविषयाणां शिक्षा देया ।

(६) देशीयचिकित्सकानां नामानि फ़िबिकायां (रजिष्टरे) अवश्यं निवेशनीयानि । तस्यां हि तेषां समस्तभिषजां नामानि विलिख्येरन् । ये हि प्रतिष्ठितविद्यालयेभ्यः प्राप्तशिक्षाः कस्यांचित् परीक्षायामुत्तीर्णांश्च स्युः, अथवा ये परम्परया वैद्यवृत्त्युपजीवनचशात् चिकित्सापद्धत्यां निपुणा भवेयुः, ईदृशान् भिषजो निर्णेनुं प्रतिमानमेका समित्यैर्येभ्यविद्वद्द्वैतैरेव पूर्णा निर्भयेत, या स्वीयप्रान्तीयानामुपरिलिखितानामुभयविधभिषजां सूचीं विधाय फ़िबिकायां (रजिष्टरे) निवेशयेत् । एतत्सञ्चिकासंगृहीतनामभिर्द्वैतैस्तानि प्रमाणपत्राणि च डाक्टरेदत्तप्रमाणपत्रवत् राजशासनालयेषु प्रमाणीक्रियेरन् । तत्सम्बन्धिभिः (रेजिष्ट्रेशन) नियमैर्बलमपरिचिताः । अततद्विषये न किंचिदपि लेखितुं प्रयत्नः । तन्नियमपरिवर्तनावसरे कतिपये महाभिषजः आमन्त्रणीयाः ।

(७) वर्तमाने काले प्रायशो जनैर्निर्विवादं मन्यत एव यत् पाश्चात्यपरिपाट्या उपक्रमणे व्ययबाहुल्यं संजायते । तद्विपरीतं च वैद्यकसिद्धान्तानुसारं विहिता चिकित्सा स्वल्पव्ययेनैव सम्भवते । उचितमेतैतत् यतो हि पाश्चात्यौषधानि द्वीपान्तरभ्योऽत्रानीयन्ते, अथ च भारतवर्षादसिद्धान्त्येव भेषजानि संगृह्य विदेशं प्रापिदानी नानाविधरूपेण परिणमय्यत्र प्रतिनिवर्त्यन्ते प्रायशः । एवं च पाश्चात्यौषधानां महार्धत्वमनिवार्यमेव । असिद्ध्यौषधानां बहिर्देशेभ्यस्तत्र प्रापणे एवं प्रतिनिवर्तये निर्माणस्थानेषु च श्रुतिबाहुल्यादिरूपः कारणकलापात्—भेषजानां व्यवसायरूपेण परिणमनाच्च महार्धतोचितैवेति स्पष्टं प्रतीयते ।

देशीयौषधानि च परिसुक्तान्येवास्माद्दोषसम्बन्धात् यतस्तान्यत्रैव उत्पद्यन्ते निर्भीयन्ते प्रयुज्यन्ते चाध्यत्रैव । इदमेव कारणं येन देशीयौषधानि विदेशीयभेषजापेक्षया स्वल्पव्ययसाध्यानि । अत्रैतावदेव पर्याप्तं प्रमाणत्वेन यद्देशीयौषधालयानां पाश्चात्यौषधालयानां च वार्षिकविवरणानि परिदृश्येरन् । किं च मद्रासनिवासिनो दिवं यातस्य (वैद्यरत्न पण्डित डी. गोपालचर्लमहारायस्य दक्षिणभारते आयुर्वेदप्रचारः) इतिनाम्नि लेखेऽपि समित्या अवधानदानमर्थयामहे—यस्य हि १६, १७, १८, १९, २१ पृष्ठेषु मद्रासप्रान्तीयविभिन्नभागेषु संचालितानां देशीयभेषजालयानां व्ययस्तदान्तरोगिसंख्यापुरस्तस्थथा विदेशीयभेषजालयानामपि व्ययस्तदागतरोगिगणनानापुरोगस्तत्तद्देशीयराज्यानां वार्षिकविवरणानामाधारेण दिङ्मानेण संदर्शितोऽस्ति । एवमवल्यधन्वन्तरि औषधालयस्य

वार्षिकविवरणमपि विद्यते परं प्रमाणम् । अस्य हि दर्शनात् स्फुटं ज्ञायते यत्प्रत्यहं रोगिभ्यो वित्तीयमाणभौषज्यातं कियता स्वल्पेनैव मूल्येन साध्यते । तामित्याज्जाबोषेयम्, यत्प्रायशोऽपुना देशीयभेषजालयेषु वैद्यकशास्त्रानुसारं सिद्धानां प्रतिष्ठानाञ्च केषाञ्चिदेव भेषजानां वितरणप्रवन्धो वर्तते ।

अस्यां पद्धत्यामेकानीहशान्यपि भेषजानि सन्ति यानि निर्यातुं प्रक्रान्तानि न केवलमनरूपं श्रममेवापेक्षन्ते किन्तु धनव्ययमपि प्रचुरम् ।

यदि स्वर्णलैहादिघटितान्यन्यानि महाधीष्यन्ति तथाविधानि भेषजानि कुत्रचित् कार्यालयं व्यवस्थाप्याधिकपरिमाणेन सम्पाद्येरन् तर्हि तान्यपि सुलभानि भवेयुः ।

पाश्चात्यचिकित्साया लघुतमे आयुर्वेदभेषज्यस्य महत्तमे व्ययेऽपि कल्पिते पूर्वत्र द्विगुणो व्ययः प्रतीयते । औषधानां विदेशादागमनम्, निर्माणशालानामत्रामावः, शुष्कस्थायधिक्यम्, डाक्ट-
राणां व्ययबाहुल्यं जीवनमिति व्ययधिकचकारणानि । इतश्च समीप एव द्रव्ययानुपलब्धिः, निर्माण-
सौकर्यमधिकतया, द्रव्यापादने व्ययारूपत्वं, वैधानां भित्तपचा दृष्टिश्च लघवकारणानि । इत्यवधेयम् ।

(क) आयुर्वेदान्तरेनेके हेतवः सन्ति । विचारदृष्ट्या पर्यलोचितानां तेषां निम्ननिरीष्टा भेदाः सम्पद्यन्ते; तद्यथा—

(१) देशपरिस्थितेभूयोभूयः परिवर्तनम्, राजताहाय्याभावः, देशीयचिकित्सां प्रति राज्याधिकारिणां विपरीतभावश्च ।

(२) वैदेशिकाक्रमणकाले सुबहूनां ग्रन्थरत्नानां संहारः, मुद्रणयन्त्रालयाभावश्च ।

(३) वैद्यकशिक्षार्थं विद्यालयानामत्यन्ताभावः, पाठ्यप्रणाल्याः क्रमानिश्रयः, औपदेशिक-
शिक्षया सह प्रायोगिकशिक्षाया अव्यवस्थापनम् ।

(४) वैदानां प्रयोगान् विहायान्येषु शास्त्रियेषु विशेष्यवैदासीन्यं वैदानां वैद्यकसम्बन्धिनां पाठ्योपयोगिनां विषयाणां गोपनस्वभावः, साम्प्रदायिकशिक्षाविवर्जितानामपि वैद्यकतया जीविकार्जनप्रवृत्तिः । एतत्कारणतिरिक्तानामन्येषां साधारणकारणानां प्रायः एतेष्वेव समावेशः सम्पद्यते ।

(५) इदानीं पूर्ववर्णितानां चतुर्णां कारणानां मध्य एकैकस्य विवरणमावश्यकं प्रतीयते । सर्वेभ्यः प्रथमं कारणम् । 'देशपरिस्थितेभूयोभूयः परिवर्तनम्'—इत्यस्ति । एतस्य पर्यालोचन-
समये देशस्यैतिहासिकस्थितावपि दृष्टिनिक्षेप आवश्यकः । यद्यप्यस्माकं देशस्येतिहासो नाद्यापि सर्वाङ्गसंपन्नतां प्राप्तोऽस्ति तथापि तेनैतत् प्रतीयते यद् बौद्धकालानन्तरं देशस्य शासनावस्थाल्यन्त-
मेवाव्यवस्थिताऽतिष्ठत् । अरुणाल्पयापि कालकलया देशस्य शासनपरिहारः एकस्या जातेर्जात्य-
न्तरमगच्छत् । आग्नेकिष्वादीनां बहूनां राजवंशानां राज्यस्थितेरितस्ततः परिवर्तनं जातम् । एत-
स्मात् परिवर्तनात् प्रायो देशे शान्तेरभाव एवातीत् । येन देशस्य विद्यानां कलानां चोन्नती महती बाधा समजायत । एतस्मादेव बौद्धकालादायुर्वेदान्तरेपि प्रारम्भो भवति । बौद्धानां प्राधान्येन शवच्छेदोदमपि महत्प्रतिक्रममन्यत । अहिंससिद्धान्तस्य प्रबलप्रचारेण शरीरस्थानां व्रणा-
दीनामवचरणदिकमपि दोषदृष्ट्याऽऽदृश्यत । एतेन शल्यचिकित्साया महती क्षतिर्जाता । एतस्मिन्नेव काले निरुद्धः शस्त्रप्रयोगाभ्यासो नाद्यापि पुनः प्रचारं लभते । राज्यव्यवस्थाया अचिरस्थायित्वा-
दायुर्वेदस्यान्येषामप्यङ्गानां प्रोत्साहनं नामूत् । राजाश्रयाभावात्तस्मिन् काले या स्थितिरभवत् सैव प्रव-
र्धमानाऽतिष्ठत् । तस्या अग्रतो वृद्धिर्नाभवत् । सुगलसाम्राज्यपर्यन्तं देशव्यवस्थाया इयमेव दशा-

ऽतिष्ठत् । मुगलसाम्राज्यकाले तु ततोऽपि अधिकतरा क्षतिरस्याः पद्धतेरभूत् । यतस्तस्मिन् काले यवनसम्राजो यूनानीयचिकित्सासुत्रेण विशेषात् प्रायतन्त । यावन प्रादुर्भावोऽभवत् । राजाश्रय-वशाद् यूनानीयचिकित्साया विशेषरूपेण विकासोऽभवत् । अस्मिन् परिवर्तने देशीयचिकित्साया महान् हासोऽभवत् । पुस्तकालया अपि बहवोऽस्मिन् समयेऽनश्यन् । तेषु स्थितानां चान्य-शास्त्रीयग्रन्थानामिवायुर्वेदग्रन्थानामपि विध्वंसोऽभवत् । मुगलसाम्राज्यान्तेऽपि कियन्तं कालं यावद्देश-परिस्थितिरसमीचीनैवास्त । तदुत्तरं च ब्रिटिशसाम्राज्यप्रारम्भोऽभवत् । अस्मिन् साम्राज्ये आयु-र्वेदीयचिकित्साया हासक्रमस्य स्वल्पः प्रतिबन्धोऽभवत् । किं च केचन तादृशा अपि हेतवोऽत्र सम-वेता अभवन् यैरायुर्वेदस्य, तच्चिकित्सायास्तदुपजीविनां वैद्यानां च महानुपकारोऽप्यभवत् । तेषां हेतूनां मुख्या इमे—

(१) अस्मिन् काले मुद्रणयन्त्राणामाविष्कारोऽभवत् येन यथाकथंचित् अवशिष्टानां स्वल्पसंख्याकानामपि महोपयोगिनां केषांचिद् ग्रन्थानां प्रचारोऽभवत् । यद्येतेऽपि ग्रन्था विध्वंस-मगमिष्यन् नूनमेवायुर्वेदो निष्फलः फल्गुश्रामंस्यत् । परमेतेषां रक्षया प्रचारेण चाद्यापि शक्यते विज्ञातुमायुर्वेदगौरवम् ।

(२) अस्मिन् समये देशस्याशान्तौ महती न्यूनताऽभवत् । शान्तिस्थापनेन च शिक्षां प्रति लोकाः प्रावर्तन्त । शिक्षायाः कलाकौशलस्य च विकासोऽभवत् । पाश्चात्यसाहित्यस्य प्रचारेण शिक्षया च देशे जागृतिरजायत । ऐतिहासिकगवेषणाभिर्देशस्य गौरवं बुद्धिगोचरतां प्राप्तुमारभत । अनेके विद्वांसः स्वप्राचीनविद्यानां विवृद्ध्यर्थं यत्नमातन्वन् । एवं च सर्वोऽपि जनः स्वस्य क्षीणावस्थां परिहर्तुं प्रयत्नपरायणोऽभवत् ।

(३) किंचास्मिन् काले पाश्चात्यानां विदुषां महता परिश्रमेण विज्ञानस्य सम्भावंनातीता समु-न्नतिरभवत् । यद्दलेन चिकित्सोपकरणानां सौलभ्यबाहुल्ये अभवताम् । नानाविधानां यन्त्राणां, शारीर-मानचित्राणां, विविधभेदानां शस्त्राणां, भेषजनिर्माणयन्त्राणां च प्रादुर्भावोऽभवत् । एतेषामुपकर-णानां व्यवहारश्रिरप्रसुप्तान् वैद्यानप्यजागरयत् । तेऽपि स्वावस्थोन्नयनाय समचेष्टन्त । चिरलुप्तानां बहूनां विषयाणामनुसन्धानमारभन्त । एतैः समस्तैरपि कारणैर्वैद्यानां देशीयचिकित्सापद्धतेश्च महानुप-कारोऽभवत् ।

परमहो र्वेदः । यवनसाम्राज्य इवासिन्नपि साम्राज्ये यैद्यविद्या राजाश्रयं नालभत । ब्रिटिशशासनविभागोऽपि डाक्टरीचिकित्सायाः प्रचाराय एव महान्तमवलम्बनमददात् । पाश्चात्यचिकि-त्सयैव पूर्णो राज्याश्रयः समधिगतः । सर्वेष्वपि प्रधाननगरेषु हास्पिटिलस्थापनमक्रियत । कोटिशो मुद्रा अस्याश्चिकित्सायाः प्रचारपरिवृद्ध्यर्थं विनियोजिताः; अनेकेषु नगरेषु डाक्टरीशिक्षणार्थं विद्यालया व्यवस्थाप्यन्त । लब्धडाक्टरीविद्याबोधानां भूतिव्यवस्था शासनविभागेन स्वयमेव सुसमुचितरूपेण विधीयते; ततश्च बहवो जना महोत्साहेन शिक्षायामस्यां प्रावर्तन्त । अत्रत्यराज्येष्वपि ब्रिटिशशासन-विभागादेशानुसारं हास्पिटिला एव व्यवस्थाप्यन्त । डाक्टरीचिकित्साया राजनियमैः रक्षाऽक्रियत । एवं नानाविधैरुपायैर्डाक्टरीचिकित्सायै ब्रिटिशसाम्राज्येन सुमहत् साहाय्यमदीयत । बहुषु स्थानेषु तु देशीयचिकित्सापद्धतिमुपजीवद्भिः सह कठोरा व्यवहारा अप्यक्रियन्त । देशीयचिकित्सापद्धत्यै सहाय्यं दातुं प्रार्थितश्च ब्रिटिशशासनविभागस्तादृशान्युत्तराणि अददात्, यैरस्याश्चिकित्साया विषये विपरीतभावाः स्पष्टं प्रतीता अभवन् ।

एतैः सर्वैः कारणैः पाश्चात्यचिकित्सात्र सुप्रचारिताऽभवत्, येन देशीयचिकित्साया उन्नतिपथे महती बाधा समघटत । यद्यपि पूर्ववर्णितैः कारणैः स्वत एव देशीयचिकित्सापद्धतेरुपकारा

अप्यभवन् तथापि ब्रिटिशसाम्राज्यात् प्रत्यक्षरूपेण कोपि लामो नाभवत् । एवं च बौद्धकालादारभ्य वर्तमानकालपर्यन्तं यूयो यूयो देशपरिस्थितेः परिवर्तनकारणात्, राजाश्रयात्, मत्स्य शुगल-कालं वर्तमानकाले च शासनविभागस्य रुचेर्विपरीतत्वात्स्याः पद्धतेर्नैरन्तर्येण हासोऽभवत्, सदाति च । यदि देशदशाया एतादृशो विपर्ययो राजाश्रयप्राप्त्यभावश्च नाभिविद्यतां तर्हि नूनमेव बहुगम्भीरतरत्वत्वत्सर्पिनि आयुर्वेदस्य ह्यमहान् विकासोऽभविष्यत् ।

(२) “वैदेशिकाक्रमणकाले सुबहूनां ग्रन्थरत्नानां संहारो मुद्रणयन्त्रालयामावभ्य” —द्वितीयो हेतुः । एतस्मादध्यस्याः पद्धतेर्महती हानिरभवत् । अनेके यवना आक्रमणकारिणो भारतीयानने-कान् पुस्तकालयाग्निर्दयमदहन् । अनेके धनापहारमित्र पुस्तकानामप्यपहारं चक्रुः । एवं च बहवो ग्रन्था प्रस्मीभूता बहवश्च देशान्तरं गताः । ये चाप्यवशिष्टास्तेऽपि मुद्रणादिप्रचारसाधनाभावात् प्रायः संहारमुपागच्छन् । चरकश्रुतयोष्टीकाकृद्भिरनेकेषां ग्रन्थानां नामोल्लेखः प्रमाणोद्धारश्च कृतः; परमहो कष्टं न तेषां चिह्नमात्रमप्यवशिष्यते । यद्यष्टाङ्गविषये लिखिताः सर्वा अपि प्राचीनाः संहिता विद्यमाना अभविष्यंतार्हि वर्तमानकाले आयुर्वेदे क्रियमाणा आक्षेपा नैवावकाशमलप्स्यन्त । तेषां समाधानानि वा तासां साहाय्येन सम्यगकरिष्यन्त । शल्यशालाक्यकायचिकित्साकौमारभृत्य-रसायनवाजीकरणादिष्वङ्कृतेषु विषयेषु बह्वचः संहिता अभवन् । केवलं कायचिकित्सासुद्दिश्य विरचितानां निम्ननिर्दिष्टाभिधानानां दशानां संहितानां तु प्रमाणान्यप्युपलभ्यन्ते । नामानि चेमानि—अग्निवेश-संहिता, भेलसंहिता, जलुकणसंहिता, पराशरसंहिता, क्षारपाणिंसंहिता, हारीतसंहिता, खरनादसंहिता, विश्व-मित्रसंहिता, अगस्त्यसंहिता, अत्रिसंहिता चेति । अग्निवेशसंहितामेव केचन चरकं मन्यन्ते । अन्ये च भिन्ना-मेव तां स्वीकुर्वन्ते । कथं चिदप्यास्तां तथापि कायचिकित्सायामेकां चरकसंहितां विहायान्याः सर्वा अपि विलुप्ताः । एतदतिरिक्तानामन्यासामपि सत्तासम्भवनं नानौचित्यमवगाहते कायचिकित्सावच्छा-लाख्यादिविषयेष्वपि भोजतन्त्र पौष्कलतन्त्र वैतरणतन्त्र मालुकितन्त्र गौतमतन्त्र विदेहतन्त्र निमित्तन्त्र काङ्कयनतन्त्र शौनकतन्त्र सात्यकितन्त्र गार्ग्यतन्त्रादयोऽतिविशदा उत्तमाः सत्स-विषयप्रतिपादका ग्रन्था अभवन् । परमहो कालप्रमवेणद्यैतेषां नाममात्रमेवावशिष्यते । यदि वैदे-शिका आक्रमणकारिणः पुस्तकालयान्नाशयन् ग्रन्थान् वा देशान्तरं नान्यत् न मुद्रणविधेर्वा प्रादुर्भावोऽ-भविष्यत् तर्हि त इमे महाग्रन्था आयुर्वेदोद्धारं महती सहायतामकरिष्यन् । एवं चास्मादपि कारणा-दायुर्वेदस्य महती क्षतिर्जाता ।

(३) तृतीयं कारणं चेदं—“वैद्यकशिक्षार्थं विद्यालयानामत्यन्ताभावः, पाठ्यप्रणाल्याः क्रमा-निश्रयः, औपदेशिकाशिक्षया सह प्रायोगिकाशिक्षयाः अव्यवस्थापनं च” —पूर्वकारणैः क्षतविक्षत-मायुर्वेदमिदं तृतीयं कारणं ततोऽप्यधिकतरं रसातलमनयत् । आदावस्थाः शिक्षायाः सुप्रबन्धोऽ-भवत् । शिष्यगणा गुरुगृह एवाध्ययनाय निवासं चक्रुः । अध्ययनेन सहैव औषधदर्शनज्ञानं, व्याधिज्ञानं, भेषजदानज्ञानम्, तथा भेषजनिर्माणं चाप्याशिक्ष्यत । अनेकेषु गुरुगृहेषु विद्यार्थिनां महती संख्याऽभूत् । बहुषु स्थानेषु शिक्षायाः समुचितः प्रबन्धोऽभवत् । तेषु च विद्यार्थिनः सर्वाङ्गशिक्षां प्राप्तुवन् । अस्मिन् विषये प्रमाणान्यनेकेषु स्थलेषु समुपलभ्यन्ते । बहुवध्ययेषु शिष्यकृतानां प्रश्नानां तदुत्तराणां च विवेचनमस्ति । गुरुगृहाण्येव तस्य कालस्य विद्यालया आसन् । तेषु सर्वाङ्गशिक्षायाः पूर्णः प्रबन्धोऽभवत् । तस्याः परिपाट्याः शनैः शनैर्लेपि जाते पठनपाठनव्यवस्थाऽतिनिष्ठं दशां समाश्रयत् । मध्यकाल एवैतस्य विपर्ययस्य प्रारम्भोऽभवत् । स चेदानीपर्यन्तमप्यनुवर्तमानोऽस्ति । शनैः शनैः पठनेन सहैव भेषजपरीक्षणविरचनवितरणादी-नामप्यभ्यासो न्यूनतामगच्छत् । अन्ततश्च केवलं पुस्तकाम्यासं वर्जयित्वा प्रत्यक्षक्रियाभ्यासस्य सर्वथा लोपोऽभवत् । एतेन वैद्यानां ग्रन्थस्य विषयमन्तरेण भेषजपरीक्षणद्वयभ्यासस्य क्रमशः-

शीथल्यममृत । अद्यत्वे तु बहव एतादृशा अपि वैद्यास्तन्ति ये भेषजविज्ञाननिर्माणयोः सर्वथैवासम-
र्थो इत्यन्ते । अध्ययनस्य कश्चिन्नियमो नासीत् ; केवलमिच्छैव नियामिका अभवत् । एतेन भिन्न-
भिन्नपुस्तकानामध्ययनक्रमः प्रवृत्तोऽभवत् । शनैःशनैर्जनास्तस्य विषयस्याध्ययनं व्यर्थममन्यन्ते,
यस्मिन्नायुर्वेदसिद्धान्तानां चिकित्साक्रमस्य च वर्णनमस्ति । केवलं प्रयोगविभागाध्ययनमेव पर्याप्त-
ममन्यन्त । एतथा प्रथमोऽयं परिणामः संजातो यद् बहवो वैद्याः आयुर्वेदशाब्देन किमभिप्रेतमस्ती-
त्यपि नावगच्छन्ति, व्याधिः कथमुत्पद्यते, तस्य कारणनिश्चयानि सन्तीत्येतावज्ज्ञानं तु दूरापास्तमेव ।
ते महाभागाः केवलं निदानप्रयोगवण्डयोरश्रयैणैव चिकित्सां कुर्वन्ति । एतेन योग्यानां विदुषां
वैद्यानामत्यन्तमेव न्यूनता समपद्यत ! एष क्रमोऽश्रितः प्रचलितो वर्तते । इदमेव कारणमस्ति यद्वायुर्वेदे
विविधा आक्षेपा जायन्ते । सत्त्वपि च सहस्रशो वैद्येषु तेषामुत्तरदातारोऽङ्गुलिनिर्देश्याः । कश्चिदेव
कुत्रचिद् दृष्टिगोचरा भवन्ति । यद्यायुर्वेदशिक्षायाः कश्चन निश्चितक्रमोऽस्यास्यत् तथा पुस्तकशिक्षया
सहैव प्रत्यक्षरूपायाः क्रियात्मिकायाश्चापि शिक्षायाः क्रमः प्रवर्तिष्यत तर्हि भगवदायुर्वेदेऽथैतादृशोऽघ-
पातो नाभविष्यदिति शक्यत एव सम्भावयितुम् ।

(४) इदानीं चतुर्थं कारणमवशिष्यते । तदपि पूर्वोक्तकारणत्रयापेक्षया न्यूनं न भवति । यदा सुवैद्यानां
चिकित्सेया सुमहांलामोऽभवत्तदा बहवो जनास्तेषां सन्निधाने स्थित्वा ते यानि भेषजानि प्रायुञ्जत तेषां
संग्रहे प्रवृत्ता अभवन् । एवं कौश्रिद्भिः कांश्चिद्योगान् संगृह्य ते स्वयमपि चिकित्सावृत्तिमारभन्त ।
भेषजानां प्रयोगा आयुर्वेदशास्त्रे तथा सुपरीक्षिता अवन्ध्यप्रयोगाश्च सन्ति यत्तेषां साहाय्येन
साधारणप्रज्ञोऽपि नरश्चिकित्सां कृत्वा यशोभागं भवितुमर्हति । अतस्तेषां चिकित्साकार्ये साफल्य-
मवलोक्य लोकाः प्रयोगमात्रपरिचयमेवायुर्वेदममन्यन्त । क्रमशःश्रेयं स्वल्पविद्यानां धनसंग्रहमात्रप्रयो-
जनानां संख्या समवर्धत । अन्येऽपि संपूर्णशास्त्रपरिचयं व्यर्थमिव मन्वानास्तावतैव कृतसन्तोषा
गम्भीरशास्त्रतत्त्वविज्ञानविमुक्ता अभवन् । इदमेतावत्पर्यन्तं जातं यद्स्मात् कालात् पञ्चाशद्व-
र्षेभ्यः पूर्वं तादृशा वैद्या अत्यरूपा एवाभवन् । ये वैद्यकस्य संपूर्णान् विषयान् ज्ञुः प्रयोगमात्र-
विज्ञानो वैद्यास्त्वन्ता अभवन् । किं च यदा प्रयोगमात्रबलेन चिकित्साव्यवहारोऽभवत् तदा
योग्यचिकित्सकाः सिद्धप्रयोगान् तदितरांश्च वैद्यकविषयानगूहयन् । एतावदपि श्रूयते यत्पितरः
पुत्रानपि विशिष्टप्रयोगान् चमत्कारपूर्णाः क्रियाश्च नगशिक्षयन् । एतया रहस्यगोपनप्रथया भेषज-
संपादनविधेः ज्ञेहेन स्वेदन वमन विरेचनादिप्रक्रियायाश्च महान् संहारोऽभवत् । ये केचिदेता-
दृक्क्रियानिपुणा मार्मिकाश्चाभवन्तेऽन्यान् प्रति तत्प्रकाशनमनुचितममन्यन्त । एतेनायं कुत्सितः
परिणामः समुद्भूतो यदिदानीन्तनानां चिकित्सायाः प्रधानाङ्गानां स्वेद ज्ञेह वमन विरेचन वस्ति
अवगाहन घूमपान नस्य निरूहादीनां परमप्रयोजनीयविषयाणां प्रचारः सर्वथैव विलुप्तः । एषैव
दृशा भेषजसंपादनविधेरप्यभवत् । वैद्यकशास्त्रविषयस्तु तज्ज्ञातृणां पुरुषप्रवेशं दृष्ट्वा तदभिज्ञा जनास्तमपि गुप्तं
चक्रुः बहवो भेषजनिर्माणविषयस्तु तज्ज्ञातृणां पुरुषाणां शरीरैः सहैव समाप्तिमगच्छन् । एवमन-
धिकारिपुरुषप्रवेशेन सुयोग्यवैद्यानां हृदये रहस्यगोपनभावः समुदितः । समुदयं प्राप्तेन च तेन
बहूनां सुभेषजनिर्माणप्रक्रियाणां, अनन्तानामुत्तमप्रयोगाणां, अवस्थाविशेषप्रयोज्यप्रयोगा-
णाम्, असंख्यानां चमत्कारिप्रयोगाणाम्, ज्ञेहादिपञ्चकर्मणां च प्रायो नाश एव कृतः । अन्तत-
स्तस्मिन् कार्ये महदेव वैषम्यं समापतितम् । ये सर्वेष्वन्यव्यापारेष्वयोग्याः प्रमाणिता अभवन्,
ते सुकरं मत्वा चिकित्सकव्यापारसुदरपूतिसाधनमकरपयन् । एष च व्यापारो वर्तमानकाले नितान्त-
मेव प्रचरति । मुद्रणकलाप्रचारेण पुस्तकान्यल्पैव मूल्येन समासाद्यन्त । कानिचिच्च पुस्तकानि
प्रान्तीयभाषास्त्रपि व्यरच्यन्त ; ततश्च व्यापारान्तरेष्वसफलाः सहस्रशः पुरुषा वृत्तावस्थां प्रविश्य
जीर्णशीर्णमपि चिकित्साशास्त्रं मन्दतरतामनयन् । एषामेव महात्मनां रूपयाद्य वैद्यकपद्धतौ विविधा

आक्षेपा लब्धावसरा भवन्ति । एवमनेन चतुर्येन कारणेन न केवलमायुर्वेदस्य सतिरेवामबन्, किन्तु सुविमलतरेऽस्य यशःकाण्डेऽपि कुकीर्तिकळङ्करेखा पदं चक्रे । उपर्युक्तकारणचतुष्टयातिरिक्तान्यन्यान्याप कतिपयानि क्षुद्रक्षुद्रतराणि तादृशानि कारणानि सन्ति यानि चिकित्साविषेर्हासे महतीं सहायतामकुर्वन् । परं प्रबलानि विशिष्टानि च कारणान्येतान्येव सन्ति । एतेषामेवानुग्रहेणाद्य वैद्यक-पद्धतिर्मुमूर्षुभावमनुभवति । एवमिदं साधारणतो दिग्दर्शनमात्रम् ।

उपर्युक्तविधातककारणचतुष्टयनिराकरणपुरःसरं दशमप्रश्नोत्तरे वर्णितानामुपायानामवलम्बनमे-
वास्य पुनरुत्थाने हेतुः ।

राजशक्तिः (सरकार) देशीयचिकित्सोत्थाने पाश्चात्यचिकित्सानुसारं बहु कर्तुं शक्नोति, यतः
सैवास्याः पद्धत्या उत्थानप्रयत्नं विधातुमर्हति । यदि त्विदानीमिदं दुष्करं मन्येत तर्हि अस्मिन् समये
यानि कर्माणि तथा सुगमतया संपादयितुं शक्यन्ते तानि चतुर्धा विभज्याधस्तात्प्रदर्शयन्ते—

(१) शिक्षाप्रचारः ।

(२) प्राचीनपुस्तकानामन्वेषणं प्रकाशनं च ।

(३) वैद्यकविषयिकाणां विशिष्टग्रन्थानां भाषायामनुवादः । तथा वर्तमाननूतनविज्ञानस्यापि
हिन्दीभाषायामनुवादः ।

(४) औषधनिर्माणशालास्थापनं (Pharmacy) फार्मशी-

(१) सर्वतः प्रथमं शिक्षाया अत्यावश्यकता तस्याः सौकर्यार्थं अत्र एकोऽपि मेडिकल
कालेजतुल्यकक्षोऽष्टाङ्गवैद्यकशास्त्रस्य महाविद्यालयोऽवश्यमादर्शरूपेण स्थापनीयः ; अस्मिन् वैद्यक-
शास्त्रस्य पूर्णशिक्षाप्रबन्धः संभवेत् । चिकित्सोपयोगिपदार्थसंग्रहालयः, पुस्तकालयः, भेषजनिर्माण-
शाला, औषधालयः, आतुरालयः, छात्रावासः, वनस्पत्युद्यानं चेत्येषां तथा सामयिकानां चिकित्सोपयोगिनां
नवनवानां यन्त्रशास्त्रचित्रादीनां च समुचितप्रबन्धो विधेयः । उक्तविद्यालये पाठ्यक्रम आयुर्वेद-
विद्यापीठेन स्वीकृतां प्रणालीमनुसरेत् ।

अथवा—एका ईदृशी समितिरुभयशास्त्रमर्मज्ञभिषजां प्रकल्पयेत् या पाठ्यक्रमं निश्चिन्यात् ।
उक्तसमित्यां न्यूनातिन्यूना अर्द्धसंख्याकाः सदस्या ईदृशाः मवेयुर्ये निखिलभारतवर्षीयायुर्वेदाविद्यापीठ-
सदस्या अपि स्युः ।

विद्यालये भेषजपरिचयस्य रोगपरिचयस्य भेषजनिर्माणस्यौषधदानस्य शवच्छेदसहकृतस्य
शारीरावयवसम्पारिज्ञानस्य यन्त्राद्युपयोगस्य चाभ्यासः सर्वैरपि छात्रैः कर्तव्यः । परन्तु
सहैवैषोऽपि प्रबन्धो विधेयः येन कतिपये छात्राः अन्नभिन्नविषयान् पठेयुः । यतः एक एव जनः
सर्वकर्मसु विशेषेण पूर्णविज्ञतां संपादितुमशक्तः । एवं प्रतिप्रान्तं एको महाविद्यालयः स्थापनीयः ।
प्रान्तविशालनगरेषु वायुर्वेदशिक्षार्थं पाठशालाः स्थाप्येरन् । यासु साधारण्याः शिक्षायाः प्रबन्धो
भवेत् ।

(२) राजसत्ता कतिपयानामीदृशीं विदुषां समितिं समायोजयेत्, वृत्तिमानादिसंतोषिता या
भारतीयेषु विभिन्नस्थानेषु वैद्यकशास्त्रस्य प्राचीनान्येवमप्रकाशितानि पुस्तकानि गवेषयेत् । तेषु
च यान्युपयोगीनि स्युस्तानि संशोध्य मुद्रापयेत् ।

(३) वैद्यकशास्त्रस्य मर्मज्ञभिषग्भिरायुर्वेदस्योपयुक्तानि पुस्तकानि सरळहिन्दीभाषायामनुवादयि-
तव्यानि । सामयिकाश्च सिद्धान्ताः प्राचीनेषु आयुर्वेदग्रन्थेषु सूत्ररूपेण वर्णितास्तेषां प्रचलित-

विकारो घातुवैषम्यं साम्यं प्रकृतिरुच्यते ।

सुखसंज्ञकमारोग्यं विकारो दुःखमेव च ।

तदुःखसंयोगाः व्याधयः ।

इति चरकसुश्रुतवचनान्यनुसृत्य घातुवैषम्यं रोगः घातुसाम्यं चारोग्यं इति आयुर्वेदगतं व्याधि-
लक्षणं सुस्पष्टमेव । लक्षणमिदं च सर्वेऽपि सुखियः समानयेयुः । शरीरगतवैषम्यमूला एव
सर्वे रोगा इत्यत्र नव्यशास्त्रसंप्रदायानुयायिनामपि शंकावसरो न लभ्येत । शरीरमनःशरीरि-
(आत्मा) समवायः पुरुष इत्युच्यते । तत्र आत्मा च निर्विकारः सुखदुःखरहितः । निजागंतुविभागं न
तत्र रोगा द्विधा स्मृताः । तेषां कायमनोभेदादधिष्ठानमपि द्विधा । एवं रोगा अपि निजाः
आगंतवः शरीराः मानसाश्च एवं चतुर्विधाः । पुनस्तेऽपि सहजाः गर्भजाः जातजाः पीडाकृताः
कालजाः प्रभावजाः स्वभावजा इति सप्तविधाः । एवं अनेकविधा अपि व्याधयः वैषम्यमूला
एव । “दोषा एव हि सर्वेषां रोगाणामेककारणम् ।” इति वचनेऽपि वैषम्यमेव रोगकारणं इति स्पष्टम् ।
तद्वैषम्यं च कस्मात् जायते इति पृष्टं चेत्तर्हि

कालार्थकर्मणां योगा हीनमिथ्यातिमात्रकाः ।

सम्यग्योगश्च विज्ञेयो रोगारोग्यैककारणम् ॥

श्लोकेऽस्मिन् रोगस्य आरोग्यस्य च कारणमतीव स्पष्टतया वर्णितम् । कालार्थकर्मणां हीनमिथ्याति-
योगैः शरीरे वैषम्यं जायते । तेन वैषम्येण च रोगाः प्रादुर्भवन्तीत्यत्र किमशास्त्रीयम् । शरीर-
गतानां घातूनां घटकावयवानां प्रमाणं च यावत्कालं समं स्यात् तावत्कालं शरीरस्य आरोग्यं स्यात् ।
यदा च शरीरघटकावयवानां घातूनामाहारविहारादिकारणैः असात्म्येन्द्रियार्थसंयोगप्रज्ञापराधपरिणाम-
कारणैर्वा शरीरगतवातपित्तकफानां चयप्रकोपप्रसरस्थानसंश्रयनिमित्तकं घातु (दोष) वैषम्यं जायते
तदा व्याधयः समुद्भवन्ति । अस्य सविस्तरं विवरणं कलिकातासंमेलनाधिपतिभिः आयुर्वेदमार्ताण्ड-
पण्डितलक्ष्मीरामस्वामिभिः प्रथमद्वाशपृष्ठपर्यन्तं कृतम् । तत्सुधीमिर्यथावसरं द्रष्टव्यम् । अस्मिन्
सिद्धान्ते किमप्यशास्त्रीयमसमर्थनीयं वा न विद्यते । गुणलक्षणकार्यात्मकं दोषाणां वर्णनमायुर्वेदीय-
ग्रंथेषु बहुलतरमुपलभ्यते । परं वस्तुरूपनिदर्शकं तेषां वर्णनं न दृश्यते । अतो वातपित्तकफाः
काल्पनिकाः न तु शरीरगताः शरीरघातव इति पाश्चात्यवैद्यशास्त्रविदुषामन्यथाग्रहः संजातः ।
तेन विपरतिग्रहेण च नानाविधा आक्षेपा उपन्यस्यन्ते । वस्तुतो विचार्यमाणे दोषा अपि शरीरगताः
अवयवा इति सुस्पष्टम् । दोषशब्दः आयुर्वेदीयग्रंथेषु केनाऽर्थेनोपयोजित इत्यस्य प्रश्नस्य निर्णयः,
दोषशब्दस्य निर्देश आयुर्वेदे येषां येषां शब्दानां साहचर्येण कृतो दृश्यते तेषां सर्वेषां
समुच्चयविचारेण भविष्यति । दोषघातुमलमूलं हि शरीरं, त्वचः कलाः घातवः दोषाः मलाः
यकृत्क्रीहानौ इत्यादिवचनेषु दोषाणां निर्देशः कृतः । समानानामेव हि प्रायेण सममिव्याहारा
भवन्ति । यदुपरिनिर्दिष्टवाक्येषु घातुमलैः सह दोषशब्दस्य साहचर्यं दरीदृश्यते न तत्केवलं
संख्यानार्थं प्रत्युत विशिष्टगुणकर्मसाम्यख्यापनार्थम् । पुण्यपत्तनीयमहाराष्ट्रवैद्यकपाठशालाध्यापकैः
नरहरिशिवरामपरांजपे इति सुप्रथितनामधेयवैद्यवर्यैः अकोलवैद्यसभायां दोषविज्ञानमुद्दिश्य निबंधः
पठितः । तस्य समारोपः सर्वैः भिषगवरैरवश्यं मनसि निधेयः । समारोपान्ते दोषविषये यः
सिद्धान्तः साररूपेण सर्वेषां विचारार्थं तैरुपन्यस्तः सोऽग्रतो दीयते । दोषघातुमलाः शरीरावयवा
इति स्पष्टतमं प्रतिभाति । शरीरं चेदं पाञ्चभौतिकं षड्सात्मकं सेन्द्रियं सजीवमिति सुप्रथितम्
तस्मिंश्च संग्रहात्मको वर्धनात्मकः विशरणात्मकश्च व्यवहारः कायतनुशरीरशब्दप्रयोगेणावगम्यते ।

तस्मात् अवयविनः देहस्य संग्रहवर्धनविशरणात्मकस्य व्यापारस्य चालका ये अवयवा दोषषातुमलास्तेऽपि पांचभौतिकाः सेन्द्रियाः सजीवा इति वक्तुं न कोऽपि संशयः । तथापि तेषां अस्तित्वं अनुमानेनैव सिध्यति ।

(आ) आदौ निदानविधिना विद्वद्याद्भोगनिश्रयम् ।

ततः कर्म भिषक् पश्चात् ज्ञानपूर्वं समाचरेत् ॥

रोगं निदानप्राप्त्युपलक्षणोपशयाग्निभिः ।

दर्शनस्पर्शनप्रश्नैः परीक्षेताय रोगिणम् ॥

इति श्लोकेषु रोगनिदानं कथं कर्तव्यं चिकित्सार्कर्म च कथं करणीयमिति संक्षेपतया वर्णितम् । रोगनिदानसमये हेतुप्राप्त्युपलक्षणोपशयसंप्राप्तिपंचकस्य विचारः सूक्ष्मतया करणीयः । रोगिपरिक्षासमये च आतुरगृहभगिण्यस्य उपविश्य आतुरमभिपश्येत् स्पृशेत् पृच्छेच्च । त्रिभिरैतैर्विज्ञानोपायै रोगाः प्रायशो वेदितव्या इत्येके । तत्तु न सम्यक् । षड्विधो हि रोगाणां विज्ञानोपायः । तद्यथा पञ्चभिः श्रोत्रादिभिः प्रश्नेन चेति । तत्र श्रोत्रेन्द्रियविशेषा विशेषा रोगेषु ब्रणाल्साविज्ञानीयादिषु वक्ष्यन्ते 'सफेनं रक्तमीरयन्ननिलः सशब्दो निर्गच्छति' इत्येवमादयः, स्पर्शनेन्द्रियविज्ञेयाः शीतोष्णश्लेष्मककेशमृदुकठिनत्वादायः स्पर्शविशेषा ज्वरशोफादिषु । चक्षुरेन्द्रियविज्ञेयाः शरीरोपचयापचयायुर्लक्षणबलवर्णविकारादायः । रत्नेनेन्द्रियविज्ञेयाः प्रमेहादिषु रसविशेषाः । श्रोत्रेन्द्रियविज्ञेया अरिष्टलिङ्गादिषु ब्रणानामब्रणानां च गन्धविशेषाः । प्रश्नेन च विज्ञानीयाद्दंशं कालं जातिं सास्यमातङ्कसमुत्पत्तिं वेदनासमुच्छ्रयं बलमन्तराग्निं वातमूत्रपुरीषाणां प्रवृत्यप्रवृत्ती कालप्रकर्षादींश्च विशेषान् । आत्मसद्देशेषु विज्ञानाभ्युपायेषु तत्स्थानीयैर्जानीयात् ।

धातुसाम्यिक्रियेवायुर्वेदस्य प्रयोजनम् । अतः चिकित्सार्कर्मसमये वैद्यस्यैतत्प्रधानकर्तव्यं यद्भोगि-शरीरे कस्य घटकावयवस्य वृद्धिः क्षयो वा संजातः इति ज्ञातव्यम् । ज्ञात्वा च वृद्धानां ह्रासनं क्षीणानां वर्धनं च कार्यम् । इदमेव चिकित्सातत्त्वं आयुर्वेदे संतर्पणापतर्पणनाम्ना बृंहणलंघनपर्यायेण वा प्रसिद्धेन द्विविधोपक्रमत्वेन वर्णितम् । लंघनमपि शोधनशमनरूपेण पुनर्विभज्यते । स्नेहस्नेद-वमनाविरेचनशिरोरेकवस्यस्त्रविद्युतीनां समावेशः शोधनलंघने प्रवति । पाचनदीपनक्षुत्पृड्व्यायायाभातप-माकृतानां समावेशश्च शमनलंघने भवति । चिकित्सार्कर्मणि च कस्य द्रव्यस्य उपयोगः कया रीत्या करणीय इति रसगुणवीर्यविपाकप्रभाववर्णनप्रसंगेन पण्डितलक्ष्मीरामस्वामिभिः चतुर्विंशतिपञ्च-दारम्य चतुस्त्रिंशत्पृष्ठपर्यन्तं मनोरमतया प्रतिपादितम् । तद्विषयैरवश्यमवलोकनीयम् । चिकित्सा-कर्मणि ध्रुविमलकीर्तीच्छुभिः भिषग्वरैः किं किमवश्यं करणीयं इत्यधीलिखितश्लोकद्वये सम्यक्तया प्रतिपादितम्—

दृष्यं देशं बलं कालमनलं प्रकृतिं वयः ।

सत्त्वं सास्यं तथाऽऽहारमवस्थाश्च पृथग्विधाः ॥

सूक्ष्मसूक्ष्माः समीक्ष्यैषां दोषौषधनिरूपणे ।

यो वर्तते चिकित्सायां न स स्वलति जातुचित् ॥

श्लोकयोरनयोव्योख्यानं पं. लक्ष्मीरामस्वामिभिः पंचत्रिंशत्पृष्ठदारम्य षट्पंचाशत्पृष्ठपर्यन्तं हृदयंगमतया कृतम् । तन्त्वानाम्नातायुर्वेदगंधैः पाश्चात्स्यवैद्यपण्डितैरवश्यमवलोकनीयम् । पुण्यपत्तनी-यायुर्वेदौषधालयेभ्योऽपेरभ्योप्यन्येभ्यो षडौषधालयेभ्यः प्रमाणदानेन आयुर्वेदीयचिकित्साफलं संसाध-यितुं सिद्धोऽस्मि ।

(इ) संग्रहणीसयार्वासारोदिशेषु आयुर्वेदचिकित्सा विशेषतः क्लृप्तयितीति सर्वत्र लोक-
ग्रहः अनुभवोऽपि तथैवेति विस्तरोऽनावश्यकः । क्षयसाप्ताश्रवास्थां गतौ ह्ये स्तुणी आयुर्वेदीव-
चिकित्सेया रोगमुक्तौ संजातावित्युद्योषयितुं महान्ने आनन्दो भवति । तयोर्नोम्नी स्थानं च पयाव-
सरं प्रकाशयामि ।

३. (अ) देशीयायुर्वेदीयौषधालयातुरालयाविद्यालयादिसंस्थाभिरहं साक्षात् संबद्धोऽस्मि ।

(आ) वर्तमानायुर्वेदविद्यालयौषधालयातुरालयाः--

१. आरोग्यदानदृष्ट्या अपरिपूर्णाः ।

२. आयुर्वेदाध्यापनदृष्ट्याऽप्यपरिपूर्णाः ।

द्रव्यभावाद्विद्यालयोदिकानां कार्यप्रसारोऽतीव कष्टप्रायः संजातः । प्रतितालुकप्रथमं औषधा-
लय एकः प्रतिजिल्हास्थानं च आतुरालयसमन्वितो विद्यालयः आवश्यकः । स च वनस्पत्युद्यान-
भेषजसंग्रहालयसशालीषधशालासंग्रहालयादिनानाविधसंभारसमन्वितो यथाकालं करणीयः ।

(इ) एवंविधानां संस्थानामभावे आयुर्वेदस्य कर्मपयाम्यासशिक्षादानं कष्टतरं संजायते ।
अतो विद्यमानस्य प्रत्यूहस्य निराकरणमादौ करिष्यामि । वर्तमानायुर्वेदविद्यालयेषु प्रवर्त्यमाना शिक्षण-
सरणिरतिष्ठलभेति न कोऽपि संदेहः । परं गुरुगृहमेव विद्यालयातुरालयाषधालयादिसंभारसमृद्धमायु-
र्वेदशिक्षणसर्वस्वमिति धिया पठतश्छात्रस्य गुरुगृहो आयुर्वेदज्ञानसंपादनं यद्यपि कष्टतरं तथापि
नापर्याप्तं इति निःसंदेहमहं प्रतिपादयामि । सांप्रतं चायुर्वेदः कष्टायां दशायाम् वर्तमानोऽपि चिकित्सा-
फलतेजसा यदात्मनो मास्तरतां भासयति तत्र प्राचीनायुर्वेदीयशिक्षापद्धतिरेव प्रधानं कारणमिति न
कोऽपि संदेहः । वर्तमानशिक्षापद्धत्यां विशेषत्रस्तुसंभारसमन्वयेन आयुर्वेदज्ञानसंपादने सुलभता
ज्ञानाभिन्नद्विवो भवेत् । परं गुरुगृहमेव आयुर्वेदसर्वस्वज्ञानदायी ; बुद्ध्या शिक्षणं संपादयतां छात्राणां
कृते गुरुपरंपराशिक्षणज्ञानपद्धतिरपरिपूर्णेत्युच्चरितुमहं न प्रभवामि ।

४. (अ) देशीयवैद्यकशिक्षणपद्धतेरुदात्तध्वेयमनुस्तुत्य यथोचितशिक्षणज्ञानार्थं संयुचिताः सूचनाः
संभताः । शूनैः शूनैः एवमपि स्यात् ।

(आ) सांप्रतमेतच्छेयमुदात्तं वर्तमानदशयां किं किं करणीयं के के चोपायाः समुपयो-
नीया इत्यस्य निर्णयः संमेलने एव भविष्यति ।

५. कल्किताविश्वविद्यालयनियुक्तसमितिमतान्निबन्धं मे मतम् ।

६. आयुर्वेदीयशिक्षणप्रणाल्यां पदार्थविज्ञानशास्त्रम्, (Physics), रसतंत्रम् (Chemistry), जीव-
शास्त्रम् (Biology), इत्येतेषां विषयाणां नव्यवैद्यशास्त्रपद्धत्या च श्वच्छेदादिसहितशारीरविकृतस्मृतीर-
जंतुशास्त्रशल्यतंत्रादिविषयाणां समावेशः कर्तव्यः । तत्र न कापि हानिः । परं तु तेषां ज्ञानभावस्थक-
मित्याग्रहो न युक्तः । आयुर्वेदविद्यापीठशिक्षणप्रणाल्यनुसारेण शिक्षणे संयुचितया दिशा संमेलन-
मतानुसारेणाधिका परीक्षा उपाधयश्च निर्मिता भवेयुः । समवसितदेशीयशिक्षणक्रमस्य अधीतपंच-
काव्यस्य विद्यालयेऽस्मिन्प्रवेशाधिकारो भवेत् । अध्ययनकालश्च यथाश्रयं त्रिवर्षादारभ्य षड्वर्षपर्यन्तं
स्यात् । अध्ययनभाषा च गीर्वाणभाषोपबृंहिता देशीयभाषा स्यात् ।

७. वर्तमानपाश्चात्यवैद्यनिपुणानां नामसंग्रहण (Medical Registration) शासनमिवायुर्वेदार्थ-
मन्यच्छासनमनावश्यकम् । तथापि संमेलनद्वारेण संवैधानिकेन संग्रहणमन्यन्तमिष्टम् । संमेलनसमा-
सदो (च) नियमानुसारेण ये वैद्यसमासदो भवितुपर्हन्ति तेषामेवात्र संग्रहणं भवेत् ।

८. पाश्चात्यदेशीयवैद्यकपद्धतिरनुसृत्य प्रवर्तितौषधालयातुरालयव्ययस्य तौलनिकपद्धत्या कृतेन पर्यालोचनेन सुस्पष्टं सिद्ध्यति, यत् रोगिणमेकमुद्दिश्य देशीयौषधालये चतस्रः कला (4 pies) आरभ्य नवकला (9 pies) पर्यन्तं व्ययो दृश्यते । पाश्चात्यचिकित्साव्ययस्तु अष्टकला (8 pies) आरभ्य द्विकलाधिकानकत्रयं (3 annas 2 pies) विद्यते । पुण्यपत्तनीयम्युनिसिपालिटीसंस्थासंप्रवर्तितौषधालयानुद्दि-
स्थाहमेतत् साधिकारं ब्रवीमि ।

९. आयुर्वेदस्य हानिः कथं संजाता तदभ्युदयार्थं च कं के उपायाः समवलंबनीया इत्ये-
तद्विषये न कोऽपि विवादः । पूर्वतनैः समापतिभिरस्य विवेचनं कृतचरमेव ।

१०. (अ) भरतनृपश्रेष्ठैः सामन्तचक्रैश्च आयुर्वेदोद्धारकार्यं स्वीकृतं चेत्तर्हेतत् भवतु—

(१) राजशासनसमाप्तु आयुर्वेदीयवैद्यानां सभासदत्वेन स्वीकारो भवेत् ।

(२) लोकानां प्राणत्राणार्थं प्रतितालुकाग्रामं देशीयवैद्यपद्धतिमनुसृत्य औषधालयः प्रचलतु ।

(३) म्युनिसिपालिटी डिस्ट्रिक्टबोर्ड इत्यभिधानां स्थानिकसंस्थानां आयुर्वेदीयौषधालय-
विद्यालयादिकार्यार्थं जनताधनव्ययस्य यथारुचि स्वातन्त्र्यं भवतु ।

(४) आयुर्वेदीयातुरालयौषधालयविद्यालयवनस्पत्युद्यानभेषजसंग्रहालयसंदिग्धीषधनिर्णयः । रस-
शालाग्रन्थसंग्रहालयेयादिनानाविधसंभारोपकल्पनं आयुर्वेदार्थं भवतु ।

(५) पाश्चात्यवैद्यनामसंग्रथनशासनजनितविघ्नानां दूरीकरणं भवतु ।

(६) विषोपविषादिदेशीयवस्तुसंपादने विद्यमानशासनजनितविघ्ना दूरतोपसार्थन्ताम् ।

(७) अमुद्दितायुर्वेदीयाप्रसिद्धग्रन्थानां संशोधनं मुद्रणं च भवेत् ।

(८) अस्वास्थ्यमुद्दिश्य भिषग्वरैः प्रदत्तो लेखो राजकार्यालयेषु सम्मानितो भवेत् ।

(९) क्रमिकशिक्षणपुस्तकेष्वायुर्वेदीयपाठानां समावेशो भवेत् ।

(भा) (१०) अधीतायुर्वेदानां भिषग्वराणां पाश्चात्यवैद्यशास्त्रनिष्णातानां च भेदबुद्ध्या
यथा राजकार्यालयेषु राजानुमोदितसंस्थासु विषमव्यवहारा न भवेयुस्तथा सर्वथा प्रयतितव्यम् ।

(इ) (११) लोकमतानुसारं कार्यार्थं म्युनिसिपलसंस्थायां लोकनियोजनसमये पाश्चात्य-
वैद्यशास्त्रनिष्णातानामिव वैद्यानामपि मताधिकारो भवेत् ।

(ई) विश्वविद्यालयसंस्थाश्रायुर्वेदं संमानयित्वा प्रदत्तपरीक्षाणां विद्यार्थिनां उपाधि-
वितरणं कुर्युः ।

आयुर्वेदीयग्रन्थान् संशोधनपूर्वकं संमुद्य अग्रसिद्धग्रन्थप्रकाशकायोपायनदानेनान्येन वाऽ-
म्युपायेनाऽनुग्रहं कुर्युश्च ।

(उ) आयुर्वेदाभिष्टद्धिमभिवांछद्भिः पुरुषैरितरसंस्थाभिश्च यद्यत् शक्यं तत् सर्वं सर्वा-
त्मना संसाधनीयम् ।

प्रश्नोत्तराण्यतीव संक्षेपतया प्रदत्तानीत्यहं जाने । अस्यां प्रश्नावल्यां द्वितीयप्रश्न एव विवा-
दास्पदम् । तस्य विवरणं व्याख्यानं च स्वतन्त्रप्रबन्धरूपेण कर्तुमुचितम् । तथापि कलिकाता-
संमेलनसभापतिभिः सप्तवर्षात् प्राकृतमभिभाषणं मद्रासदेशीयवैद्यविमर्शकसमितेद्वितीयप्रश्नमुद्दिश्य

लिखितमिवावभासते । अतश्च मया तस्य निर्देशः कृतः । आयुर्वेदीयग्रन्थेषु प्रतिपादितानि षड-
महामृतानि अपराणि च न्यायमीमांसादिग्रन्थेषु प्रतिपादितान्यन्यानि तेष्वानि संमतानि न वा विषा-
दार्थमुपपादितप्रमाणेषु प्रत्यक्षानुमानादिप्रमाणानि च संमतानि न वेत्यज्ञात्वा अस्य विवरणं निरर्थकम् ।
त्रिदोषसिद्धये च आगमप्रमाणं स्वीकार्यम् । नोचेत् तत्तत्सिद्धिर्न भवतीति न केनापि प्रतिपाद्यते । आगम-
प्रमाणमपहायापि तदितरप्रमाणैः तत्सिद्धिर्भवत्येवेत्यस्माभिः प्रतिपाद्यते । आयुर्वेदग्रन्थीयरसवीर्यविपाक-
प्रभावाद्यौषधवर्णनपद्धतिरपि पाश्चात्यवैद्यशास्त्रविदुषामसंमताऽस्ति । तथापि पथ्यापथ्याविवेकदृष्ट्या
लोकानां भिषग्वराणां चानुभवेन सा उपयुक्तमेति सिद्धम् । अर्वाचीनरसतन्त्रानुसारेण हरीतक्या
(Tannic Acid) नामकः पदार्थ उपलभ्यते । तस्य धर्मश्च स्तम्भकः । परं हरीतकी विरेचयतीति
सर्वेषां सुप्रसिद्धोऽनुभवः । अत्र किं संमाननीयं रसतन्त्रं (Chemistry) आयुर्वेदानुभवो वा । रूपदिका-
शंखशुक्तिमौक्तिकमस्मनां गणना रसतन्त्रानुसारेण एकस्मिन् वर्गे क्रियते । आयुर्वेदग्रन्थेषु तु प्रत्यौषधं
सूक्ष्मसूक्ष्मतयाऽनुभवा वर्णिताः । एवं अनेकविधाः प्रश्नाः सन्ति । तेषामूहापोहः उदाटनं वा
अल्पावसरे कर्तुं अशक्यम् । श्लेष्मकज्वरेण संक्रामकरोगेण पुण्यपत्तनं यदा समाक्रान्तमासीत्तदा
पुण्यपत्तनीयैः भिषग्वरैः किमपि वेतनमगृहीत्वा आयुर्वेदीयातुरालयौ प्रचालितौ । तौ च लोकानां
तथा विश्वासाहो आदरपात्रं च संजातौ यथा समीपवर्तिनं पाश्चात्यवैद्यकातुरालयमपहाय लोकाः
आयुर्वेदायातुरालयं वरतरं मत्वावलम्बयामासुश्चिकित्सार्थम् ।

COCHIN.

(3) M.B.Rv. VASUDEVA NAMBEESAN AVARGAL.

श्रीमत्पूज्यगुरुपादेभ्यो नमः.

१. आयुर्वेदात्मकं विभागमधिकृत्य विवृणोमि.

२. (ए) अस्मच्छास्त्रे दोषपदवाच्यानां, वातपित्तश्लेष्मणां, तद्वारा धातुसंज्ञितानां, रस-
रक्तमांसमेदोमज्जाऽस्थिरेतसां मलानां शकृन्मूत्रस्वेदादीनाञ्च वैषम्याद्दुष्याणि च, सर्वेषामपि रोग-
जातानामुत्पत्तिरिति परमस्सिद्धान्तः ।

तर्हि दोषाणामिव धातूनां, मलानां वा रोगोत्पादनेनास्ति स्वतन्त्रा शक्तिः । तथापि, द्वितीयस्य धातो-
श्शोणितस्य केषाञ्चिदामयानां उत्पादनं प्रति स्वतन्त्रा शाकिरस्तीत्येव वाच्यं, अनुभवानुरोधात् । स च
अनुभवो रक्तपित्त मद वातशोणितनेत्ररोगादावस्ति ।

शेषैर्धातुभिर्मलैर्वा येऽत्र केचिद्दोषा जायन्त इत्युच्यते तत्र तत्तद्भातुमलानाश्रित्याऽधिकं तेषां दुष्टि-
मापाच्च च दोषा रोगानुत्पादयन्ति इत्येव तात्पर्यार्थः ।

वैषम्यशब्दस्य तु वृद्धिक्षययोस्समानत्वेऽपि बहुविधानां विचित्रतराणाञ्च व्याधीनामुत्पादनं प्रति
वृद्धेरेव प्रायशो हेतुत्वदर्शनात् सैव विभज्यते—

(१) सञ्चयः, (२) प्रकोपः, (३) प्रसरः, (४) स्थानसंश्रयः, (५) व्याधिदर्शनं अथ
वा व्यक्तिः, (६) दीर्घकालानुबन्धावदरणभिन्नो भेदः । इति तस्याष्वद् भेदाः ।

एते तूत्तरोत्तरकष्टाः पूर्वपूर्वोपेक्षाहेतुकाः षट्क्रियाकालाश्च ; एषु चतुर्थे भेदे, रोगज्ञानहेतुपश्चक्रान्त-
र्गतस्य, प्राग्भूयस्योत्पत्तिर्भवति, ततःपरं रोगोत्पत्तिर्जायते, स एव व्यक्तिर्नाम भेदः ।

एवावेधस्व दोषवैषम्यस्य, नानाविधानां हेतूनां विवरणे क्रियमाणेऽतिमात्रविस्तरस्याऽपरिहार्यत्वा-
त्तान्साधान्यतस्समासतश्च विवरिष्ये ॥

कालार्थकर्मणां हीनमिथ्याऽतिमात्रका योगाः वातादितत्तद्दोषवर्द्धकास्ति कोषणादयोऽत्युपयु-
क्ता रसाः, तत्तत्समानगुणानि द्रव्यक्रियाजातानि च, सामान्यतस्समासतश्च वैषम्यजनकानि ॥

येकेचिद्बहुविधा असंख्येया व्याधय उत्पद्यन्ते, तत्र सर्वत्रापि दोषाणां तत्तद्द्रक्षत्वादिस्वरूपलक्षणानां,
तत्तद्द्विद्विक्षयचिह्नानां कार्यागसादादीनां कुपिततत्तद्दोषकर्मणां संसादीनाञ्च यथास्वं यथावस्थञ्चावि-
नाभावित्वात् । तत्तद्दोषविपरीतगुणानामौषधान्नाविहारणामुपसेवनेन रोगापेशमस्य प्रत्यक्षासिद्धत्वाच्च दोषा
एव रोगकारणातीति निर्णयन्ते ।

“ कारणनाशात्कार्यनाशः ” इति नैयायिकसिद्धान्तस्सर्वेषामपि ग्रन्थकाराणामैकमत्यञ्चैतत्सु दृढ-
मुपोद्धृत्यति च ॥

दोषादीनां क्षये तत्तत्क्षयचिह्नत्वेनोक्तान्यंगसादादीनि, तदाप्रतिक्रियाऽभावे दोषान्तरं वा संभवन्ति ।
तदन्तरा वृद्धाविव तत्तदवस्थाविशेषाः, ज्वराद्या व्याधयो वा न संभवन्ति ॥

सर्वदापि देहमभितस्सरतां रसादीनां मार्गवैगुण्येन यदि गतिः संरुद्ध्यते, तर्हि तत्तद्देहावयवैकदेशे-
ष्वपि बहुविधा विकारा जायन्ते ॥

नवीनपाश्चात्यशास्त्रानुसारिभिस्तदीयशास्त्रज्ञानान्वेषणप्रमाणमनुसृत्य सुनिरूप्यमाणानां अध्येस्म-
च्छास्त्रीयवादानां, तत्सिद्धान्तानां वा नैव कापि क्षतिस्संभविता सुप्रतिष्ठा संभविता च । तर्हि नवीनैः
प्रत्यक्षस्यैव प्रमाणत्वमंगीक्रियते, पुरातनैस्मच्छास्त्रकारैः अनुमानादीनामपि तथात्वं स्वीकृतमास्ते,
तथाप्यस्मिन्नायुर्वेदेत्वनुमानस्यैव मुख्यतया प्रमाणत्वमत्यन्तापेक्षितत्वादूरीकृतमस्ति ॥

तथाहि अप्रत्यक्षो वायुरिति कश्चन पदार्थो रूक्षत्वचलनादिभिर्लिंगैः अनुमीयते । तदाश्रित
एव सर्वोऽपि कायिकश्चलनात्मको व्यापारः । देहे विद्यमानानां सर्वेषामपि वस्तुनामेकतोऽन्यत्र गमनमप्येतत्सह-
कृतमेव । एतत्सहकरणभावे सर्वाण्यपि वस्तूनि निश्चलान्येकत्रैवावतिष्ठेरन् ॥

एवंविधस्य वायोरप्रत्यक्षत्वान्नवीनैरस्याधारभूतः प्रत्यक्षवेद्यश्च स्नायु “ nerves ” रेव तत्स्थाने
व्यवहियते ॥ स्नायुशक्तिः “ nerves force ” इत्याधुनिकव्यवहारेण या विषयीक्रियते स एवायं वायुः ॥

अस्यैव सकलजगत्सृष्टिस्थितिलयहेतुत्वं; एवमन्येषामप्यस्मच्छास्त्रप्रतिपादितानां पदार्थानां स्वरूपं
नवीनशास्त्ररीत्या सुकुशलैस्सुविचार्यम् ॥

अपि च चराचरात्मकस्यास्य सर्वस्यापि जगतः पञ्चभूतैरेवोत्पात्तिरिति सर्वेषां सिद्धान्तः ॥

तदन्तर्गतवाय्वग्निजलान्येवान्न, वात पित्त श्लेष्मपदैः व्यवहियन्ते । शेषयोराकाशस्तु वायुत्वेनां-
गीकृत आस्ते ॥ पृथिव्यास्त्वत्यन्तस्थूलत्वात्तज्जन्यस्य देहांशस्य वाय्वादिजन्यांशस्येव सव विकृतिर्जायते ॥

कारणीभूतवाय्वादंशविकृत्या तु कार्यभूतदेहस्य विकृतिर्नाश एव वा संभवति ॥

कार्याणां कारणानुभूतोत्पत्तिविनाशशालित्वात्, कारणवैचित्र्यप्रयुक्तादानत्वात्, कार्यभूतानां
रोगाणां स्वरूपहेत्वादिबिबरणपूर्वकं संख्यायाः इयत्तया परिगणितुमशक्यत्वात्, तथा क्रियमाणे तु,
कदापि शास्त्रस्य परिपूर्तेरसंभाव्यत्वात् च, अस्मच्छास्त्रे क्लृप्तानां केषाञ्चिज्जरादीनां व्याधीनां निदानादिकं
वर्णयित्वा, समानां, वृद्धानां, क्षीणानां, उन्मार्गगामिनां पुनश्च विचित्रामवस्थामुपगतानां च रोगकारणी-
भूतानां दोषादीनां बहुविधलक्षणरूपादिवर्णनेन सकलरोगपरीक्षणोपायः प्रदर्शित आस्ते शास्त्रेऽ-
स्माकम् ॥

नवीनैस्तु तत्तत्कालजायमानानां बहुरूपाणां रोगाणां तदा तदा निदानादिकं निरूप्यते ॥
एष उपक्रम एवाधुनिकानां शास्त्रस्यापरिपूर्णताया हेतुः ॥ एवंविधस्योपक्रमस्य यावत् स्थितिः तावच्छा-
स्त्रस्यापरिपूर्णता च स्थास्यति ॥

पुनर्नवीनस्सर्वेऽपि रोगा विचित्रवरैर्नानारूपैः कैश्चित् किमिभिर्बोपन्त इति विचार्यते, तत्राप्यस्वच्छास्थानुसारिण्युपपत्तिरस्ति ॥ क्विन्न कुशित विकृतात्मसु बाह्यवस्तुषु यथा बहुरूपाः क्रिययो जायन्ते तद्वन्मूर्तेष्वान्तरेष्वपि पित्तकफरसरकादिवस्तुषु विकृत्युत्तरकाल एव बहुरूपाः क्रिययो जायन्ते; तेषां विकृतिमन्तरा व्याचयो नैव सम्भवन्ति ॥ तस्मत्सर्वेषामप्यप्रयानां उत्पत्तिसमकालमेव क्रिययश्चोत्पन्नस्य इत्यायातम् ॥

तेषां प्रात्याक्षिकत्वात्, दोषादिविकृतेरनुमेयत्वाच्च प्रत्यक्षातिरिक्तप्रमाणमङ्गीकुर्वन्नर्नवीनैः तादृशानां क्रिमीणामेव रोगकारणत्वमङ्गीक्रियते । न तु विकृतदोषादीनां, इत्युभयोरपि मतयोस्तत्त्वतो भेदाभावेऽपि व्याधहारिको भेदो विद्यते ॥ एष तु शास्त्रमालिन्यहेतुनैव सम्भवति ॥

(बि) तत्तद्दोगाणां निश्चयात्पक्षज्ञानजनकत्वेन व्यीषनिश्चयकरणात्मकेन निदानशब्देन, निदानं प्राग्रूपं लक्षणं उपशयः आसिः इत्येते पञ्च पदार्था बोध्यन्ते । एतद्विभागान्तरभूतो निदानशब्दः केवलं रोगहेतुवाचकः । तस्मात्सामान्यविशेषवाची निदानशब्द इत्यायातम् । एते पञ्च निदानादयः उत्तरोत्तरं पूर्वपूर्वजन्यशंकां निवर्त्य रोगविशेषनिर्णयं प्रत्युपकुर्वन्तीत्यतः पृथगेकैकव्यापिपरीशायामपि प्रत्येकमुपयुक्ता भवन्ति; तद्यथा—एकस्यैव निदानस्यानेकव्यापिजनकत्वं दृष्टम् । तस्यात्तद्विशेषनिर्णये पूर्वरूपमपेक्षन्ते । अपि च केषाञ्चिद्दोगविशेषाणां पूर्वरूपमेव “ उवरपूर्वरूपे सर्पिष्पानं ” इत्यादिग्रन्थेन चिकित्सा विधीयते । तादृशस्थलेषु पूर्वरूपपेक्षा दुष्परिहरैव । तत्तद्दोगाणां तत्तद्विशेषेष्ववगमस्य चिकित्साविषये अत्यन्तोपयुक्तमत्वात् । तस्य च स्वरूपलक्षणज्ञानमन्तरा संभावाच्च स्वरूपलक्षणात्मकं लक्षणमपि सर्वत्रात्यन्तापेक्षितं भवति । एवंविधस्य लक्षणस्यास्फुटत्वाद्द्विक्रम्यत्कारणान्तराद्वा यदि रोगविशेषो न सम्यक् ज्ञायते, तादृशस्थलेषु रोगपरीक्षायां उपशयपेक्षा सहकरोति ॥

इत्येतैश्चतुर्भिरप्युपार्थैः सुपरीक्षितेष्वप्यामयेषु तत्तद्दोषविशेषाणां तत्तद्दशानां स्वतन्त्रपरतन्त्रविभागस्य बलकालविशेषाणाञ्चावगममन्तरा औषधादीन् तन्मात्रादिकांश्च विकल्प्याकरपयितुमशक्यत्वात्संप्राप्तिरप्यत्यन्तोपयुक्ता भवति ॥

निदानविभागान्तरभूतानां निदानादीनां स्वरूपज्ञानार्थं तेषां स्वरूपाणि संक्षेपतो विवरिष्ये—

(१) निदानं—पूर्वं (ए) विभागस्योत्तरे दोषवैषम्यहेतुत्वेनोक्ताः, कालादीनां मिथ्यादियोगाः, तिकोषणादीनां तत्तद्दोषवर्द्धकानां रसानामतिशीलनं, व्यायामादीनां कर्मणामतिसेवनं, विशेषतस्सन्निपाते संकीर्णादीनि मक्षणानि, अलसकविधूचिकादिष्वामदोषमुख्यहेतुकेषु रोगेषु अत्यशन मलिनाशनाद्याः राजयक्ष्मणस्साहसाद्याः, मदात्यस्य मद्यपानं, प्रमेहस्य पिच्छलगुर्वाद्याः, सूत्रमेदःकफकरा आहाराः एकासनस्थानादिकाश्च । बाह्यकारणजन्यानां आगन्तुसंज्ञितानां ज्वरादीनां अभिधातप्रभृतयः, केषाञ्चिद्भक्तपित्तादीनां व्याधीनां ज्वराद्याः, इत्येतेत्ये चैतत्सधर्मणस्सर्वेषु निदानशब्दवाच्याः ॥

एवंविधैर्नानारूपैः कारणैः अविकृतौ देहस्य स्वास्थ्यापादनेनानुग्रहं कुर्वाणा दोषा विचित्ररूपा विकृतिमासाद्य विषमाः सूत्वा तत्तत्स्थानेषु सञ्चयात्मकं प्रथमं चिकित्साकालमुपगम्य पुनः प्रकोपाल्य द्वितीयमपि क्रियाकालं गत्वा च परेषां दोषाणां धामान्यपि प्राप्य तिर्यग्गत्वाऽन्योन्यमावृत्य वा विविधानि दुःखानि पीडाविशेषांश्च जनयन्ति । एवंविधा एव दोषाः प्रतिनियतस्थानान्युपगम्य रसायनीभिस्तदुःखसंयोगस्वरूपानुत्पादयन्ति पृथक्विधानामयात् ।

(२) प्राग्रूपं—एतत्तु भाविज्वरादिज्ञापकं चिह्नम् । तच्च सामान्यविशिष्टभेदाद्विविधम्, तत्र सामान्यं भाविज्वरादिसामान्यरूपापकम् । अन्यत्तु भाविवातादिजन्यत्वविशिष्टज्वरादिबोधकम् । अथोत्पत्तिस्तु स्थानसंश्रयाख्ये चतुर्थक्रियाकाले सम्भवति । तस्मात् प्राग्रूपेषु विधीयमानास्सर्वेऽपि चिकित्साक्रमाश्चतुर्थकालयोग्या इति सूस्पष्टमासीत् ।

किञ्चित्कालोत्पत्तिकेवलसकविषूचिकाद्येष्वामयेषु, रोगोत्पत्त्युत्तरकालोत्पत्तिकदोषैष्वप्येष्वागन्तु-
कव्याधिषु च प्राग्रूपदर्शनं न संभवतीत्युक्तप्रायश्च ॥

प्रतिरोगं पूर्वरूपाणां यदि विवृतिः क्रियेत, तर्हि दुस्सहस्तरस्यापरिहार्यत्वात्केवलमेकस्य तस्य
विवरणेन विशिष्य प्रयोजनाभावाच्च पूर्वरूपस्वरूपज्ञानजनकं किमपि पद्यमत्रोद्गीयते—“स्थानसं-
श्रयिणः क्रुद्धाः भाविष्याधिप्रबोधकाः । दोषाः कुर्वन्ति यस्मिन् पूर्वरूपं तदुच्यते ॥” अथवा
अविद्यमानस्य व्याथेल्लिगमित्येवास्तु, सर्वथा तत्तद्भोगोत्पत्तेः पूर्वं लक्ष्यमाणान्यालस्यादीन्येव पूर्वरूपपद-
वाच्यनीत्यायातम् ॥

(३) रूपम्—एतद्विच्य ज्वरादीनां तत्तद्भोगाणां ज्ञापकं लिंगम् । तत् तत्तज्वरादीनां क्लृप्तानां
रोगाणां निदानकथनप्रस्तावे सुस्फुटं वर्णयते यतः, ततो व्यर्थतया नात्र तत् विवृणोमि. तर्हि प्राग्रूपवदेतदपि
द्विधा विभजनीयं सामान्यविशिष्टभेदेन तत्फलमपि तद्वदेव ॥

कृपितदोषाणां गतिवैचित्र्यात् केवलं दोषादीनां दृढिक्षयाप्याच्च क्लृप्तेभ्यो ज्वरादिभ्योऽन्ये बहुविधाः
पीडाविशेषाः संभवन्ति । तानपि सकलांस्तत्तद्दोषकोपवृद्धिक्षयेषूक्तैल्लिगकर्मभिस्सुपरिक्षयावगम्य विवेचयेत् ॥

(४) उपशयः—एष सुखानुबन्धहेतुरौषधान्निविहाराणां उपयोगः । एते लौषधादयण्बोढा वि-
भजनीयाः—(१) हेतुविपरीताः, (२) व्याधिविपरीताः, (३) उभयविपरीताः, (४) हेतुविपरीतार्थ-
कारिणः, (५) व्याधिविपरीतार्थकारिणः, (६) उभयविपरीतार्थकारिणः । इति ॥

अत्र हेतुपदेन रोगान्प्रति स्वातन्त्र्येण हेतवो दोषाः, रक्तं, तद्वारा कारणतां गच्छन्तश्शेषा
घातवो मलाः, दोषादिदृढिक्षयकोपजनकानि रूक्ष्यत्वदिगुणविशिष्टद्रव्याणि, कालादिमिथ्यादियोगाः,
तत्तुल्यगुणान्यन्यानि च ग्राहाणि ॥

तत्र हेतुविपरीताः शैत्यगुरुत्वादिगुणवद्रव्योपयोगेन, अत्यशनादिना चोत्पन्नेष्वलसदिष्वौष्ण्य-
लघुत्वादिगुणवन्नागरादीन्यनशनादीनि च वातोत्थरोगेषु पट्टादिरसाः, गुरुत्वादिगुणवन्ति द्रव्याणि,
तत्तुल्यफलकानि चान्यानि । पित्तोत्थरोगेषु तिक्तोषणादयो रसाः किञ्चिद्रौक्ष्यादिगुणविशिष्टानि द्रव्याणि
तत्तत्मानफलकान्यन्यानि । कफजेषु व्यायामादयः कर्मविशेषाः । कट्टादिरसत्रितयवन्ति रूक्षत्वादिगुण-
युक्तानि द्रव्याणि च । रक्तजे पित्तजे ध्रिष्व रसाद्याः । इत्यादयो हेतुविपरीताः ।

नियमेन ज्वराद्याः केचिद्रोगाः, केचिच्च दोषाः कारणमपेक्षान्ये च केचन रोगा आमसंबन्धा-
संभवन्ति । तादृशस्थलेष्वामस्यापि हेतुत्वं कल्पनीयम् । तस्मात्तद्योग्यानि लंघनादीनि पाचनीयदीपनीया-
न्यौषधकालादीनि च हेतुविपरीतान्तर्भवान्येव ।

आमः—एष तु पित्तजन्यस्य देहोष्मणो हीनबलतया प्रदुष्ट आद्यो रसघातुरेव । अमुमे-
वान्ये केचिद्दोषाणामतिमात्रं प्रदुष्टानामन्योन्यसम्भर्दात्संजायमानं पदार्थविशेषमाचक्षन्ते ।

उत्पत्तिप्रकारे विवादग्रन्थेऽपि स्वोत्तरोधादिलक्षणविशेषदर्शनेन विनातीवोपशयस्यानुभवसाक्षि-
कत्वाच्च कोऽपि पदार्थविशेषसंजायत इति निर्दिवादमेव ।

तत्संपृक्ता दुष्टा दोषाः, दूष्याः, तथाविधदोषदूष्यसमुत्था रोगाश्च सामा इति शब्दे व्यव-
हियन्ते ।

एषान्तु हेतुविपरीतानां तत्तद्भोगविनाशने नास्ति स्वतन्त्रा शक्तिः । किन्तु हेतुविनाशनद्वारा
तत्तत्कार्यभूतरोगोच्छेदने शक्तिरस्ति ।

अथ व्याधिविपरीताः । उबरे मुत्तपट्टकारिकाः, अनिसारे पाठाद्याः, विषे शिरीषायाः, कुष्ठे खदिराद्याः, मेहे हरिद्राद्याः ; इत्येतेऽन्येऽप्येवांविषाः व्याधिविपरीताः । एतैः खल्वस्युक्तेः कार्यरूपो व्याधिर्नश्यत्वैव । कारणनाशमन्तरा कार्यनाशानुदयादप्रत्यनक्तिवेऽप्येतेषां प्रभावात् कारणविनाशकत्वमनुधीयते ।

उभयविपरीताः—एतेषां वितरणे क्रियमाणे मुख्यतया वक्तव्या वातजश्वश्यादी दशमूलकाद्या एव । दशमूलान्नु वातस्य, श्वययुसामान्यस्य च विनाशकं प्रवति । इत्यन्येऽप्येवांविधा बहवः स्सन्ति ।

गुणैरप्रत्यनक्तिवेऽपि प्रत्यनीकार्थकारिणो ये औषधाद्याः ते विपरीतार्थकारिवर्गेऽन्तर्भवन्ति । तत्र हेतुविपरीतार्थकारिणः । पित्तोत्पत्ते रच्यमाने श्वयथ्या उष्ण उपनाहः । तत्रैव विदासप्रस्र । विहारो वातोन्मादे त्रासनमित्याद्याः ।

अथ व्याधिविपरीतार्थकारिणः—वमने विबद्धे प्रवर्तमाने वमनकारका मदनाद्याः । तया तदुशेऽतिसारे तत्कराः पथ्याद्याश्च, इत्याद्याः ।

हेतुव्याधिविपरीतार्थकारिणः—व्यत्रौषधमसिद्गुष्ट उष्णोऽगुर्वादिलेपः । विषे, विषान्तरं, अम्लं, मद्यपानोत्पे मदात्यये, मद्यपानं, विहारः, व्यायामजनितसम्पूढवाते, जलप्रतरणालको व्यायामः । इत्याद्या यथायथं विमृश्य विभावनीयाः ।

(१) सम्प्राप्तिः—तैस्तैः प्रदूषकैरेवं दुष्टेनैवमेवं प्रकुपितेन पुनस्तत्द्रोगाधिष्ठानगामीनी रसानयनीनुमविश्वैवं विसर्पतान्यान्यं रोगाधिष्ठानं गतेन च दोषेण, दोषान्या, दोषैर्वा या रोगाणां निर्धृतिस्तैषा सम्प्राप्तिपदवाच्या । एषा खलु सप्तविधा रोगहेतुमूला दोषस्थितिः पुनः प्रत्येकं शोणितसम्बन्धाच्चतुर्दशधा भवति केवलं रक्तञ्चेति पञ्चदशधा ।

सा तु सम्प्राप्तिः, संख्या विकल्पप्राधान्याप्राधान्यबलाबलकालविशेषतो विधिद्यते । तत्र संख्या, पृथक्दोषसंतर्गसान्निपातिकागन्तुभेदादष्टौ ज्वरा इत्यादि स्थलषु स्पष्टाः एकस्मिन्नेव रोगे सन्निपतितानां दोषाणामंशांशकरूपना विकल्पः । ये पुना रोगास्तुस्पष्टलक्षणा ययात्वजन्मोपशयाश्च ते तु स्वतन्त्रापरपर्यायाः प्रभानाः । अतो विपरीताः परतन्त्रापरपर्याया अप्रभानाश्च, अत्र परतन्त्राः प्रायेण स्वतन्त्राधिकिस्तयोपशममुपयान्ति च । इदमत्रावधेयं, दोषाणामप्येवं रोगद्वैविध्यमस्ति, हेतूनां सम्पत्तिवैरख्याभ्यां क्रमात् बलमबलश्च विद्यात् । नक्तंदिनमुक्तांशादिभिः कालविशेषोऽपि बोध्यः । इत्ययं सम्प्राप्तेः संक्षेपः ॥

इत्येतैः पञ्चभिः करणैः सुपरीक्षिताः, श्वेतरक्तत्वादीन् वर्तुलत्तदीर्घत्वादीन्यांश्च चक्षुर्ग्राह्यान् दर्शनेन, कठिन्यमार्दवौण्यशैत्यादीनपरानप्येवंविधान् भावात् स्पर्शनेन, विविधान् पीडाविशेषानितरांश्वेवंविधान् रोगिमात्रसंवेद्यान् प्रश्नेन चात्वबुध्य पुनस्सावहितं स्वमनीषया सुनिरूपिताश्च सर्वेपि व्याधयस्तविशेषं सुविज्ञाता भवन्ति ॥

अत्र दर्शनस्पर्शनपरिस्थेषु नाडीमूत्र शकृत् जिह्वा शब्द इव रूपाणीत्यष्टस्थानानि परं मुख्यतमानि ।

यथावत्सुपरीक्षितैरपि रोगाणां स्फुटतरं ज्ञानं स्यात् ॥

प्रश्नस्यास्य “युष्मच्छास्त्रसिद्धन्तितश्चिकित्साक्रमः कीदृशः” इति मागस्योत्तरत्वेन पूर्वं मया लिखितं कमप्युपन्यासमुपहर्तुमभिलषन्ननेन सह तस्य कश्चिदादर्शमपि प्रेषयामि स श्रीमद्विस्तथात्वेनाङ्गीक्रियतां इति प्रश्नप्रयममर्थये भवतः ॥

शैत्यादिमेहेतुकानां रोगाणां औष्ण्यमिदं तल्लतिपन्थियुणव्रतमुपयोगात्तत्क्रोपितदोषशमद्वारा शान्तिः । पुनः केवलं दोषमात्रमपेक्षयावस्थानुसारेण, संशोधन संशमन स्वस्वस्थानप्रापणानि दोषेषु उपशमङ्कतेषु तज्जनितानां आमयानामुपशमः । अत्रेदं बोध्यम्—केवलवति, वातिपित्तसंसर्गे च बृंहणात्मकमेव संशमनं, न तु लंघनात्मकं । आमसमुत्थानामनाशकेन लंघनादिना तन्नाशपूर्वकं विनाशः । प्रदुष्टमांसाद्युत्पन्नानामशोऽर्बुदग्रान्थिप्रभृतीनां शस्त्रक्षारमिभिः छेदन पाटन अपसारण धातुनादिक्रमांसादिनाशनेन, दोषविनाशनेन चोपशान्तिः । कफजानामपि केषाञ्चिच्छस्त्रादिभिः छेदनादिना कफनाशेन विध्वंसः । दोषादिदृढिक्षयजानां तत्तल्लतिकूलसमानानामौषधादीनामुपयोगस्तस्याभ्यापादनेन नाशः । शल्पहेतुकानां पुनरामयानां वथायथं शल्याहरणप्रतिक्रियाद्यैरुपशमः । मङ्गलनिमित्तानान्तु यथासं स्थानानयनबन्धनादिभिर्विधाताः । आवृतदोषाद्युत्पन्नानां आवरकविक्रियया मार्गसंशोधनादिना च, लब्धमार्गेषु हेतुभूतेषु दोषादिषु विनाशः, मानसिकानामुन्मादापस्मारादीनां विशेषतस्सान्त्वनाभ्यासनहर्षणसाल्लिकगुणोत्पादनेन शान्तिः । रक्तजानान्तु रक्तसंशोधनमोक्षणस्तंजनप्रसादनादिना, तत्रापि दोषदृष्टेरविनाभावित्वाद्यथासं तत्तदुपक्रमेण च प्रध्वंसः । इत्येतैऽप्येपि बहवोऽस्मच्छस्त्राद्युत्पन्नानामौषधादीनामुपयोगस्तस्याभ्यापादनाद्या गुणाः ।

उक्तप्रकारेणोपक्रान्ताः प्रायशस्सर्वेऽप्यामयाः, यदि न गतप्रायायुषः कर्मवशाद्भौगिणः शान्ता एवाभ्युपगच्छन्ति ।

(सि) अस्ति । तथा हि वातव्याधेः (Nervous disease) लेह सेद वस्तिप्रभृतयश्चिकित्साक्रमा अत्यन्तोपयुक्ता आश्वेबाद्भुतजनकफप्रदायिनोऽन्यचिकित्साक्रमेष्वविद्यमानाश्च । केषु चिद्धिशिरोरोगादिषु मिलितघात्रिकाथारुतक्रतैलादिप्रयुक्तशिरःपरिषेकस्तथा शिरोवस्तिपित्तप्रमुखाश्चिकित्साक्रमाश्च परं विशिष्टाः । परेषु चिकित्साक्रमेष्वविद्यमानाश्च, अग्निमान्द्यार्जोर्णोदिजनितेषु ग्रहणीदोष (Dyspepsia) प्रभृतिभ्यामप्येषु, आममाचक्ष्मन्दीपनस्थिरिकरणप्रयोजकाः कटुकतीक्ष्णादिरसोपयोगसर्पिष्प्रयोभादिकाः नितरामङ्गुतरुत्सर्पिश्चिकित्साविशेषाश्चास्त्रेऽस्माकम् । उन्मादापस्मारादीसर्पिण्यानवस्तिविरचनाद्याश्च विशिष्टा एव । विषचिकित्साक्रमश्च परमुत्कर्षमावहृत्यस्त्रस्य । लंघनसाध्यानां मेहदादीनां चिकित्साक्रमश्चान्येष्वपि विशिष्ट एव । एवमन्येऽपि बहवः प्रलिपाद्या वर्तन्ते । विस्तरमादेवं दिव्यान्त्रं प्रदर्शय विरमामः ।

३. (ए) उद्युक्तोऽस्मि ॥

(वि) नैव वृत्तिकराः—(१) एतत्स्रण्डप्रतिपादितविषयपरिपूर्तो वित्तवैरस्यमेव प्रतिबन्धकम् । तत्परिहरणोपायस्तु, दरिद्राणामभयाविनां मूल्यं विनैवैषधं प्रदातुं कस्यपि ह्यस्य वित्तस्य राजसकाशादवाप्तिरेव ।

(२) एतद्विभागोक्तविषयपरिपूर्तो स्थानस्य यथाकथञ्चिद्योग्यत्वे सम्पादनीयेऽपि पिपठिषूणां दुर्विधताऽत्यन्तप्रतिबन्धकैव । प्रायेणायुर्वेदाध्ययने दुर्विधानामेव प्रवृत्तिर्दृश्यते ॥ तस्मादेतद्विषयन्यूनतापरिहरणार्थं केषाञ्चित्कृतसंख्याकानां पिपठिषूणां जीवनवेतनम्, अध्यापकस्य वेतनं च राजसकाशाद्युपगन्तव्यम् ॥

(सि) नैवापिप्रेतम् ।

न्यूनतापरिहरणोपायस्त्वित्यम्—

तत्रतत्र संस्थानपट्टणादौ यथावत्संस्कृतौषधादि समस्तोपकरणसंभरणपूर्वकं वैद्यशालानां संस्थापनम् । यथार्थतो वैद्यस्तत्कर्मसु सुप्रवीणो भवति तथाविधमर्षति प्रदातुं योग्यैसकलैरप्युपकरणै-

स्साहं पूर्वोक्तवैद्यशालानिकट एव पाठशालानां संस्थापनं च सार्वभौमराजमुख्यैः अवश्यमेव कर्तव्यम् । अपि च—पिपठिषूणां केम्यश्चन ऋतसंख्याकेम्यो दक्षतानुरोधेन प्रतिवर्षं किमपि पारितोषिकं प्रदेयञ्च ॥

४. (ए) अस्य विभागस्य १, २, ३ इत्येतेषु खण्डेषु विद्यमानानि कार्याण्यावश्यकान्येके-
त्यस्माकमाशयः ॥

अस्मिन् संस्थानेऽन्यत्र वा एतामुत्तमावस्थामुपगतं संस्थापनमस्त्ययवाऽचिरात्संभविष्यतीति
च वयं न विद्मः ।

(बि) (१) पूर्वं (ए) विभागस्य खण्डत्रितये प्रतिपादितैः कार्यैः सहित आदर्श एवान्ततः
साधनीयः ॥

(२) आधुनिकवैद्यकैः प्रयुज्यमानश्रिकित्साक्रमो यथाधीतस्य सुकरस्स्यात् तथाविधामपीति
प्रदातुं योग्यः पाठशालासंस्थापनात्मक एव तत्कालविधेय आदर्शः ॥

५. वयमनुसरामः ॥

अस्मिन् विषये कर्तव्यन्तु, तत्तदायुर्वेदांशुशास्त्रोक्तानुसारेण, रोगोत्पत्तिहेतुः, रोगोत्पत्तिक्रमः,
रोगविज्ञानविवेचनोपायः, चिकित्साक्रमः इत्येतेषां तत्त्वविषयकं ज्ञानं परस्परं आंग्लायुर्वेदचिकित्स-
केषु सुस्थिरतया संक्रामणमेवेति वयमाशास्महे ।

६. वयमनुसरामः ॥

अभ्यसनीयविषयानुक्रमणिका—

(१) अष्टांगहृदयारूयो ग्रन्थो मुख्यपाठ्यपुस्तकतया कार्यः ।

(२) तदन्तर्गतद्रव्यस्वरूपशस्त्रस्वरूपशस्त्रप्रयोगशरीरादिवर्णनोपयुक्ततत्तद्भागाम्यसनावसरेषु,
नवीनशास्त्ररीत्या सविस्तरं सुपरिष्कृतानि तत्तद्भागान्यांग्लवैद्यकेम्योऽप्युत्तरीयाऽभ्यसनीयानि ।

(३) उपग्रन्थतयाऽष्टांगसंग्रहः स्वीकार्यः ।

(४) अपि च, प्रसिद्धानामाधुनिकवैद्यजनैरुपयुज्यमानानां सिद्धानां च कथादियोगानां
कोऽपि संग्रहो हृदयेन धारयितव्यः ।

(५) किञ्च वमन विरेचन निरूहानुवासन नस्थादीनां प्रशस्ततया प्रयोगपरिपाटी च प्रत्यक्षतः
परिशीलनीया ।

(६) अनुग्रन्थतया कोऽपि द्रव्यगुणनिरूपणग्रन्थश्च नियम्यः ।

एतत्सर्वं वक्ष्यमाणप्रथमकक्ष्यासाध्यम् ।

द्वितीयायान्तु—

(१) अष्टांगसंग्रहारूयो ग्रन्थः पाठ्यपुस्तकेषु मुख्यतया नियम्यः ।

(२) तदनु चरकसुश्रुतौ च ।

(३) तदा शरीरशास्त्रशस्त्रप्रयोगादौ पूर्वाधिकं विज्ञानं संपादनीयञ्च ।

तृतीयायां पुनः—

(१) चरकसुश्रुतौ पाठ्येषु मुख्यतया नियम्यौ ।

(२) वृन्दमाषत्रापरनामसिद्धयोगमैषज्यरत्नावलीशार्ङ्गसंहितामिषाः ग्रन्थाश्चो पाठ्य-

पुस्तकतया नियम्याः ।

(३) तदा सर्वेषामपि वैद्यशास्त्रीयतत्त्वानां, परमसिद्धान्तानाञ्च कोऽपि विशिष्टतमः स्वरूप-
बोधः प्रसंगात्मिकयोपदेशपद्धत्या समुत्पादनीयः तद्योग्यग्रन्थविभागप्रदर्शनपूर्वकम् ।

(ए) अभ्यसनपद्धतिः त्रिधा विभजनीयेति वयमाशास्महे । तत्रादिमपद्धत्यां विजयं प्राप्तानां
आयुर्वेदवैद्यः इति नामांकिता योग्यतापत्रिका प्रदेया । द्वितीयतृतीययोस्तु विजयं प्राप्तानां क्रमेण
“ आयुर्वेदविशारदः, ” “ आयुर्वेदाचार्य ” इति च नामभ्यामलङ्कृता योग्यतापत्रिका प्रदेया ।

(बि) गर्वाणभाषायां प्रवीणो मुक्तावल्यन्तमधीततर्कशास्त्रञ्च पुर्मास्तत्रादिकक्ष्याप्रवेशार्हं
इत्यस्माकमाशयः ।

पूर्वतनकक्ष्याभ्यासेनोपात्तयोग्यतापत्राणामेवोत्तरोत्तरकक्ष्याप्रवेशेन योग्यता ।

प्रथमकक्ष्याभ्यसनकालो वर्षत्रितयात्मकः समाद्वितयरूपो द्वितीयकक्ष्याभ्यासकालः तृतीयकक्ष्या-
भ्यासकालस्तु एकहायनात्मकश्च ॥

(सि) पठनप्रकारन्तु संस्कृतभाषायामेव युक्तमित्यस्माकमाशयः ।

७. राजकीयाधिकृतमुखेन वैद्यानां स्वस्वनाममुद्रणमावश्यकमेव ।

तर्ह्यधुनातनानां लब्धप्रतिष्ठानाञ्च त्रिषजामेनेनोपक्रमेणापकर्षो मास्तु ।

कृतः । यदि तेषां परीक्षणं नियम्यते तर्ह्यपरिचितत्वात्तैर्यथावदुत्तरप्रदानं सुकरं न स्यात् ।

तत आदाविव तेत्तद्दशपिरवृढमुखेन देशीयाधिकृतमुखेन च योग्यतामधिगम्य तादृशानां
नाममुद्रणं विधातव्यम् ।

पुनः कक्ष्यासु विजयं प्राप्तानां योग्यतापत्रप्रदानावसरेषु नाममुद्रणं सुकरं स्याच्च ।

(ए) वैद्यानां नाममुद्राणविवेक्ये कोऽपि संघो नियम्यः, तर्हि मिषभिरेव तत्संचगैर्भोव्यम् ॥

८. देशीयक्रमानुसारेण चिकित्सायां क्रियमाणयां द्रव्यव्यथ्यतीः लघुप तरो भवेत् ।

तत्रोपयुज्यमानानां औषधानां स्वदेशोत्पन्नत्वात् स्वदेशसंस्कृतत्वाच्चाल्ग्लेयमेषजापेक्षया
मूल्यमतिलघु एव स्यात् । एष एव मुख्यो हेतुः ।

अपि च, आंग्लवैद्येभ्यो देशीयवैद्येभ्यश्चाधुना दीयमानस्य वेतनद्वयस्यापि सुमहानन्तरो
विद्यते । एष चापरो हेतुः ।

किञ्चाल्ग्लवैद्यानां चिकित्सायामुपयुक्ता अन्येऽपि पदार्थास्सर्वे विदेशीया एव ; तस्मात्तेषां
मूल्यमपि गुरुतरं भवति । अयमप्यन्यो हेतुः ।

९. राज्ञां राजकीयानां राजतुल्यानां अन्येषामपि स्वाभिनां चिरकालारब्धोऽनादर एव
हेतुरित्यस्माकमाशयः । अस्मिन्ननादरे तु कालस्यैव हेतुत्वं करणीयम् । कालपरिवर्तने तु लोके विद्यमानानां
सर्वेषामपि मावानां दृढिसस्यौ विचित्रावबलोकथेते । यथा चन्द्रादीनां; तद्वत् कालशक्त्यायमायुर्वेद-
चिकित्साक्रमोपि ।

पूर्वोक्तानादरद्वारा परिक्षीणतामुपगत इत्येवास्मदभिसन्धिः ।

इदानीन्त्वेतादृशोद्यमदर्शनेनास्यायुर्वेदीचिकित्साक्रमस्योत्तमदशाप्राप्तिरचित्तं भाविष्यतीत्याशा-

स्महे ॥

पुनरुज्जीवनार्थं तेषामादरोत्पादनमेव कार्यमित्यस्मदभिसन्धिः ।

१०. (ए) (बि) (डि) इत्येतेषु खण्डेषु प्रतिपादितानां सर्वेषामपि स्वस्ववित्त-
पुष्टिमनूसृत्य विद्यावित्तनमन्तरा पिपठिषूणां प्रवेशनानुवादपूर्वकं पाठशालासंस्थापनं, मूल्यं विनामया-
विम्यो मेषप्रदानानुमतिपूर्वकं वैद्यशालासंस्थापनं चेत्येषु साध्यो देशविद्याविद्याक्रमस्य पुनरु-
जीवकोषायः ॥

UNITED PROVINCES.

(4) PANDIT SHIVARAM PANDE, ALLAHABAD.

श्रीगणेशाय नमः.

मद्रपुरदेशविद्याविमर्शकसमितेः साक्ष्यप्रश्नानामुत्तराङ्की ।

१. आयुर्वेदः, यावनवैद्यम्, सिद्धवैद्यम् । एतेषु देशीयवैद्यतन्त्रेषु त्रयमप्यस्माकं संगतम् ।
किन्त्वायुर्वेदं विशेषतः समादृत्य वयं व्यवहर्तुमुद्युञ्जामहे ॥

२. (अ) अस्माकं वैद्यकतन्त्रमनुरुध्य व्यापेहेतुत्वेऽधोलिखिताः सिद्धान्ताः शतपित्तच्छेदक्याणां
वैषम्यात् रोगिणां शरीरावस्थादोषेण भोजन पान वस्त्रादिव्यवहारेषु रोगिणां दोषेण जलवाय्वादीनां
दशाभेदेन, प्रभावान्तरेण वा समाजसङ्गजनितैरनैवैककारणैर्व्याप्यः सम्भवन्ति । तेषां यथार्थकारणस्य
कारणानां वा सम्यग्विनिश्चयः चरकादीनामाचार्याणां लौकिकानुभवानां च निर्दिष्टरीत्या क्रियते ।
अस्माकं सिद्धान्ता नव्यशास्त्रसंप्रदायरीत्या एवं परीक्षणार्हा भवेयुः । सर्वेषां रोगाणां मूलमूलं शारीरं
मानसिकं च दौर्बल्यम् । सन्निपातज्वरसङ्घट्टणीजनपदध्वंसदिपुरातनानां नवीनानां वा छेगादि-
महाभारिरोगाणां पीडया अस्ता दशा रोगिण आयुर्वेदीयसद्वैद्यसमीपे चिकित्सार्थं प्रेषणीयाः । एतावन्त
एवापरं रोगिणः पुनरन्येषां (अस्मन्मतमस्वीकुर्वताम्) भिषजां सकाशे च चिकित्सार्थं प्रेषणीयाः
ये शीघ्रतरमेव रोगिणः स्वस्थान् कर्तुं शक्नुयुस्त एव परीक्षायां उत्तीर्णा मन्तव्याः इति ।

(आ) अस्मत्तन्त्ररीत्या रग्विनिश्चयविषये चिकित्सायाश्च त एव नियमाः पद्धतयश्च स्वीकृताः
ये देवान्त्रैः मूलं स्वीकुर्वद्भिश्चरकाद्याचार्यैः स्वीयासु संहितासूपनिबद्धा । त एव आद्रियन्ते च यथात्म-
वन्मुखश्रुत्यादीनां च विषयैर्न चिकित्सितमस्माभिः प्राप्येन गृहीतमस्ति । अस्मत्तन्त्रस्वीकृतेन
चिकित्सितेन सामान्यतया सर्व एव रोगा निवार्यन्ते । तदुपपादकसंख्याश्च प्रतिशतं पञ्चसप्त-
तिरशीतिवन्ति ।

(इ) देशीयतन्त्राण्यनुरुध्य प्रयुज्यमानं चिकित्सितं प्रायेण सर्वास्वेवावस्थायु तन्त्रान्तरीय-
चिकित्सितात् फलेनातिशेत् इति वयं स्वीकुर्मः । आयुर्वेदीयचिकित्साशास्त्रतन्त्रान्तरीयचिकित्सा-
शास्त्रयोश्च तुलनायां विदुषामिदं इदित्येव स्पृष्टमविष्यति, यत् यथा पशुपक्षिणां मांसानां गोमहिष-
घोटकाजाद्यासंख्यातपशूनास्य मनुष्यपर्यन्तानां जीवधारिणां मूत्रादीनां च (न तु मूत्रपरीक्षायामेव)

¹ तदेव युक्तं भषज्यं यद्दरोग्याय कल्पते ।

स एव भिषजां श्रेष्ठो रोगेभ्यो यः प्रभोचयेत् ॥

² “ओषधयः समवदन्त सोमेन सह राज्ञा यस्मै कृणोति ब्राह्मणस्तं राजन् पालयामसि.”

“यश्चौषधीः सममत्त राजानः सभिताविव विप्रः स उच्यते भिषक् रश्रोहामिवचातनः” ॥

विषयेषु सन्तानोत्पत्तिप्रकरणेषु दुस्साध्यरोगाणामुत्पत्तिविचारनिवारणादिप्रक्रियासु च यादृक् विस्तारोऽस्माकं वैद्यकतन्त्रेषु वेदेषूपनिषत्सु च कृतः । न तादृगन्यत्र काप्युपलभ्यते । एतद्वचनमुप-
ब्रूयितुं चिन्तित्तिता रोगिणोऽस्माकमनुभवश्च यथासम्भवं प्रमाणमिति ।

१. (अ) वयं देशीयसरणिरनुसृत्य स्थापितायां कस्थामपि वैद्यशालायां वैद्यविद्यालये वा साक्षात्सम्बन्धं नावहामः ।

(आ) एतस्मिन् विषये विशेषज्ञानाभावात्त वयं किमपि निर्णेतुं समर्थाः ।

(इ) देशीयवैद्यकपद्धतिरनुसृत्य प्रजानां चिकित्सासाहाय्यविषये वैद्यकशालाबोधन-
विषये च कुत्रचित् कानि साधनसौकर्याणि प्रकल्पितानीति वयं न जानीमः; तस्मात् प्रागस्मिन् विषये
सम्मतिं दातुं वयमसमर्थाः ॥

४. (अ) देशीयवैद्यकतन्त्रेषु प्रशस्तं शिक्षणं दातुमत्रोक्ताः सर्व एव विषया अस्माकं
सम्भताः; किन्तु मद्रसण्डले मण्डलान्तरे वा स्थापितामादर्शभूतां संस्थां वयं न जानीमः ॥ न चेदं निर्णेतुं
समर्थाः यत्केप्यचिरादेव प्रतिष्ठाभयिगभिष्यन्तीति ।

(आ) अस्मिन्नपि विषये वयं किमपि न जानीमः ॥

५. परस्परं विषयौ विरुध्यते ।—कालिकाताद्विश्वविद्यालयनियमितया समित्याऽविष्कृतः
सिद्धान्तोऽस्माभिर्न स्वीक्रियते ।

पदार्थविज्ञानशास्त्रम्, रसतन्त्रम्, नीवशास्त्रम्, शरीरव्यवच्छेदतन्त्रम्, शरीरक्रियातन्त्रम्,
रोगनिदानम्, किमिशास्त्रम्, शल्यतन्त्रमित्यादीनां पाठनक्रमः वैद्यकपाठक्रमेण योजनीय इति वयम-
भ्युपगच्छामः । किन्तु पूर्वनिर्दिष्टाः विषयाः साकस्येन पठितुं पाठयितुं वा सुसुकरसौलभ्येन
निवर्तितुं योग्यं वा ।

देशीय वैद्याविद्यालयसनश्रीलानां छात्राणां कृते निम्नलिखितः पाठप्रबन्धः कार्यं इत्यस्म-
त्सम्मतम्—

(१) लघुत्रयी, (२) बृहत्रयी च.

(अ) परीक्षाव्यवस्था—उपधिनां वितरणं च यथोचितं कल्पनीयम् ।

(आ) आवश्यक्यः प्रावेशिकयोग्यताः—लघुत्रयकिद्वयायां तु संस्कृतव्याकरणसाहित्ययोः
सम्यग्ध्ययनम् । बृहत्रयकिद्वयायान्तु लघुत्रयीपरीक्षोत्तीर्णतेति । पाठनकालविधिस्तावत् सम्यग्बोधना-
याभ्यासाय च पञ्च वर्षाणि ।

६. अस्मत्समुद्दिष्टस्य शिक्षणक्रमस्योपयोगिनी भाषा देववाण्येव (संस्कृतम्) । पाठ्यग्रन्थाः
देववाण्योमेव संस्कृतटीकथैव पाठयितव्या न तु देशभाषानुवादमालेणैव ॥

७. आयुर्वेदावलम्बितरेषाश्च देशीयचिकित्सकानां वैद्यपट्टिकनियमैर्बन्धनं रोगिणां
हिताय न भविष्यतीत्यस्माकं मतम् ।

यतोऽस्मिन् देशे रोगिणो बहुसंख्याकाः, राज्यनियमबद्धाः चिकित्सका अल्पसंख्याकाः
सन्ति । चिरपरम्पराप्राप्ता पद्धतिरेवैतद्देशोपयोगिनित्यस्माकमतम् ।

अस्यां पद्धत्यां वैद्या व्युत्पन्नवैद्येभ्यो विद्याभगिण्यश्च चिकित्सायां प्रवर्तन्ते ।

विदेशीयभैषज्यमाचरद्भिः सर्वैर्मिलित्वा यावन्तो रोगिणो नीरुजाः क्रियन्ते तेभ्यः प्रायः
शतगुणा रोगाभिभूता आयुर्वेदविकिरुपक्रियन्त इति यद्युच्येत तदा अतिशयोक्तिर्न भवेत् ।

रोगिणस्तेषामासाद्य वैद्यान् सम्यक्परीक्ष्य प्रायो निमन्त्रयन्ति । आधुनिकप्रैषज्यचारिणां डाक्टराणामपि रोगिणो म्रियन्त एव । यस्मात् “व्याधेस्तत्त्वपरिज्ञानं वेदनायाश्च निग्रहः । एतद्वैद्यस्य वैद्यत्वं न वैद्यः प्रमुरायुषः” । एतद्देशीयवैद्यतन्त्रानुयायिनां मिषजां वैद्यपट्टिकानिबन्धनेऽनावश्यकं सति तेषु नियमेषु परिवर्तनापेक्षा नास्ति ।

मन्त्रिणां भिन्नसन्धाने मिषजां सान्निपातिके ।

कर्मणि व्यज्यते प्रज्ञा स्वस्ये को वा न पण्डितः ॥

८. पाश्चात्यवैद्यपद्धतीरनुरुध्य क्रियमाणा चिकित्सा बहुव्ययसाध्या, दरिद्राणां हितसाधने चासमर्था; यतो देशान्तरादागतानामीषधानां मूल्यं प्रापणव्ययश्च प्रमृतवनव्ययसाध्यः । किन्तु देशीय-वैद्यतन्त्रपद्धतीरनुरुध्य क्रियमाणा चिकित्सा सुकरा रूपव्ययसाध्या विनैव धनव्ययेनापि साध्येत्यस्माकं मतम् ।

तथाहि पुनर्नवापामार्गेरण्डशङ्खपुष्पीमुचुकुन्दगुडूच्यः, साङ्गो निम्बः, ब्राह्मचादयो वैदिका ओषधयः, बहुप्रकारकं जलं, अग्निः, मृत्तिका, फलतक्रादयः, जलौकसश्च विनैव व्ययेन सर्वत्रानायासेनैव लभ्यन्ते; विशेषतया कठिनेष्वपि रोगेषु व्यवह्रियन्ते लाभप्रदाश्च भवन्ति ।

पुनश्चोपवासः बृंहणं कर्षणं अतिरिक्तवस्तूनां पृथक्करणादयः उपायाः रोगेशान्त्यै परमोपयोगिनः श्रूयन्ते दृश्यन्ते च वैदिकग्रन्थेषु निम्नलिखिता वाक्यावल्यः—

“ असंख्याताः सहस्राणी ये रुद्रा अधिमूर्ध्यां तेषामक्षमिषवः”

“ अद्यतेऽस्ति च भूतानि तस्मादन्नं प्रचक्षते” इति मनुः.

अनम्यासेन वेदानामाचारस्य च वर्जनात् ।

आलस्यादन्नदोषाच्च मृत्युर्विप्रान् जिघांसति ॥

येषां तात्पर्यमवधार्य एकेन द्वाभ्यां वाऽन्नाभ्यां निर्वाहः अल्पायासेनाल्पव्ययेनापि साध्यः, भोज्यानामन्नानां पर्यायेण परिवर्तनम्; यथा गोधूमादीनां स्थाने यवाक्षादीनां बहुव्यञ्जनानामनेकप्रकार-काणां चान्नादीनां रुग्जनकानां स्थाने सुपचानां सात्विकानामन्नानां व्यवहारसुलभः; तस्माच्छीघ्रमेव रोगेभ्यः मोक्ष उपलभ्यते । किञ्च विरेचनन्तु सर्वेषामेव रोगाणां निवारकं शरीरपुष्ट्यादीनाञ्च कारकं वैद्यतन्त्रेषु प्रसिद्धं यथोच्यते—

बुद्धेः प्रसादं बलमिन्द्रियाणां

घातुस्थिरत्वं बलमग्निदीप्तिम् ।

चिराच्च पाकं वयसः करोति

विरेचनं सम्यगुपास्यमानम् ॥

ज्ञानं तपोऽग्निराहारो सन्मनो वायुर्गुणाञ्जनम् ।

वायुः कर्मार्ककालौ च शुद्धेः कर्तृणि देहिनाम् ॥

वाग्भटस्य प्रतिज्ञेयं नाजर्णिनं विना रुजः ।

सर्वे रोगा मलवशास्तस्माच्छोधनमाचरेत् ॥

विरेचनमत्र स्पष्टमेवातिरिक्तवस्तूनां शरीराद्वरीकरणार्थं प्रयुक्तम् ।

न तु जुष्टाव इति प्रसिद्धं उदरामयदूरीकरणाय—

केवलं दधिदुग्धतक्रादीनामेव भोज्यरूपेण व्यवहारः कतिपयरोगान् समूलं हन्ति ।

तथाहिः—संग्रहणीरोगे दक्षां तक्राणां¹ वा, भोजनं, ज्वरादिषु केवलं दुग्धानामुपयोगः शीघ्र-
मेव लाभप्रदो भवतीति अस्मच्छास्त्राणां सिद्धान्तः । नैतादृशी चिकित्सा पाश्चात्यादितन्त्रेषूपलभ्यत
इति निर्विवादः ।

९. देशीयवैद्यतन्त्राणामापतितस्यापचयस्य कारणान्येतानि, यत् साम्प्रतं भारतवासिनः
पाश्चात्यविद्याप्रचारात्तदध्ययने तत्पराः, अत एव संस्कृतविद्यायां स्वर्धेषु च शिथिलादरास्ततः
पराङ्मुखाश्च ।

त एते यथार्थधर्मतश्च्युतास्तथा वैद्यतन्त्रानुशीलनविमुखाश्च सजाताः । इदानीं संस्कृत-
विद्याभ्यासो नार्थसम्पादकः; वैदेशिकीभ्यो विद्याभ्यः पदम्मानश्च लभ्यते । यावदीदृशी व्यवस्था वर्तते
तावदायुर्वेदस्य स्वधर्मस्य चोपेक्षारूपा रुग्दुःसाध्यैव । चिरकालमभिव्याप्य बहुप्रयत्नेन च निवारयितुं
शक्या । तस्मादेतद्विषये सर्वैरेव सावधानतया व्यवहर्तव्यमिति ॥

१०. (अ) राजकीयैः पुरुषैरितरैरपि प्राचीनवैद्यकग्रन्थाः सादरं पठनीयाः; श्रद्धापूर्वकश्च तेषु
निर्दिष्टेषुपायेषु दृष्टिर्दातव्या; तेषाञ्चानुशीलनेन आयुर्वेदे श्रद्धोत्पत्स्यते ।

(आ) स्थानीयपरिषद्भिश्च राजकीयानां पुरुषाणां व्यवहारेषु साहाय्यं देयम् । स्वयञ्च वैद्य-
तन्त्रप्रचारे यथाशक्ति यतनीयम् ।

(इ) विश्वविद्यालयैश्च पाठ्यविषयेषु वैद्यकतन्त्रं नियोजनीयम् । तत्पाठप्रचारविषये च
सोद्योगैर्वर्तितव्यमिति ॥

साक्ष्यप्रश्नानामुत्तरावलीयं यथाशक्ति प्रस्तुतीकृताम्नाभिः । इदमन्तिममावश्यकञ्च निवेदनम्,
यद्वयं वैद्यतन्त्रचिकित्साव्यापारेषु स्वतन्त्रतयैव कार्यं निर्वर्तयितुमभिलषामः । न चाधिकारिवर्गाणामस्मिन्
विषये कोऽपि हस्तनिक्षेपोऽस्माकमभिमत इति तत्रभवन्तो विदाङ्कुर्वन्तु ॥

BOMBAY.

(5) THE AHMEDABAD VAIDYA SABHA, THROUGH VAIDYA NARAYAN SHANKER
DEVSHANKER, AND OTHERS.

॥ श्री धन्वंतरये नमः ॥

देशीयवैद्यकोत्तेजनार्थं सत्वरमुद्यमाः कर्तव्या इति विषयं पर्यालोच्य मद्रपुरनिर्माण-
सभायां १९२१ शे वत्सरे फिब्रवरी मासस्य २१ दिवसे निर्णयमेकं निरवर्तयत् ॥ एतदर्थमेव
१९२१ वत्सरे अक्टोम्बर मासस्य १७ दिवसे (तारिखे) प्रवृत्तं नं १३५१ पी. ऐ. प्रेस. इत्ये-
तद्वाजकीयशासनमनुसृत्य मद्रपुरेऽस्मिन् अनुष्ठीयमानानि देशीयवैद्यकतन्त्राण्यङ्गीकृत्य तेषामादरणविषये
प्रमाणं निवेदयितुं काचन समितिः राजकीयैरिति नियमिता । समितेः सकाशान्मिलितानि साक्ष्य-
प्रश्नानि पर्यालोच्य तदुत्तराणि सादरं समितिसमक्षं निवेदयामः ॥

¹ तक्रतत्परतया सुधान्धसः कुर्वते सुरभिसङ्ग्रहं सदा ।

² “सर्वं परवशं दुःखं सर्वमात्मवशं सुखम् ।

एतद्विद्यात्समासेन लक्षणं सुखदुःखयोः ॥

गौतमश्चापि—बाधनालक्षणं दुःखमिति । तदत्यन्तविमोक्षोऽपवर्ग इति ॥

समितेः सभासदः आयुर्वेदविशारदाः गृहीतव्याः । कथमिति चेत्, व्यथहारमयूते चोक्तम्—
 धर्मशास्त्रार्थकुञ्जलाः कुलीनाः सत्यवादिनः । समाः शत्रौ च मित्रे च नृपतेः स्युः सभासदः ॥
 अपरश्च—श्रुत्यध्ययनसंपन्नाः धर्मज्ञाः सत्यवादिनः । राज्ञा सभासदः कार्याः शत्रौ मित्रे च ये
 समाः ॥ एतादृशाः सभासदः सन्ति चेद्देशीयवैद्यकस्य लाभः स्यात् खलु । नो चेत् स्वमेऽपि लाभो
 न जायते । आयुर्वेदशास्त्रज्ञाश्चेत्परीक्षां दातुमपि शक्नुमः ॥ देशीयवैद्यकज्ञानमन्तरा तच्छास्त्रसंर-
 प्रस्य ज्ञानं पाश्चिमात्यवैद्यकज्ञानिनां स्वमेऽपि न भवति । अतः त्वुष्णवद्भवतां विचाराः । ज्ञायत
 एव भवतां साह्यप्रश्नदर्शनेन वाचनेन च देशीयवैद्यकस्य ज्ञानम् । यदा शास्त्रकारेण प्रमाणत्रयमङ्गी-
 कृतं तदाऽऽप्तप्रमाणं दूरीकृत्य प्रमाणद्वयं स्वीक्रियते ॥ एतावन्न युक्तियुक्तम् । कथमिति चेत् ।
 चरकाचार्येण विमानस्थानपञ्चमाध्याये चोक्तम्—“आप्ततश्चोपदेशेन प्रत्यक्षकरणेन च । अनुमानेन च
 व्याधीन् सम्यग्विधाद्यद्विचक्षणः” ॥ शास्त्रोक्तप्रमाणं परित्यज्य कथं स्यात् । भगवद्गीतायां चोक्तम्—“ये
 शास्त्रविधिमुत्सृज्य वर्तन्ते कामकारतः । न स सिद्धिमवाप्नोति न सुखं न परां गतिम् ॥ तस्माच्छास्त्रप्रमाणं
 ते कार्याकार्यव्यवस्थितौ । ज्ञात्वा शास्त्रविधानोक्तं कर्म कर्तुमिहार्हति” ॥ आयुर्वेदशास्त्रज्ञानमन्तरा
 तच्छास्त्रप्रतिपादनं तद्योजना च कथं भवेत् । अत एव प्रवृत्तिः साहसं क्रियत इति प्रतिमिति ॥

साह्यप्रश्नोत्तराणि.

प्रथमप्रश्नस्योत्तरम् । आयुर्वेदशास्त्रं अधिकृत्य (वनस्पतिशास्त्रं रसादिशास्त्रं च) विवेचनार्थं
 कटिवद्धा वयम् ॥

(अ) द्वितीयप्रश्नस्योत्तराणि ॥

॥ पञ्च महाभूताः ॥

ओं तस्माद्वा एतस्मादात्मन आकाशः संयुतः । आकाशाद्वायुः । वायोरग्निः । अग्नेरापः ।
 अम्बुः पृथिवी । पृथिव्या औषधयः । औषधीभ्योऽन्नम् । अन्नार्द्रतः । रेतसः पुरुष इति सृष्टिः ॥
 सृष्टौ द्रव्यगुणकर्मसामान्यविशेषसमवायाभावाः सप्त पदार्थाः । सप्तपदार्थैर्म्यश्रौत्पत्तिर्निनाशश्च
 भवति । तेषु पञ्चभूतानां समवायिकारणम् । उक्तं च चरकाचार्येण सूत्रस्यानाध्याये (२५)—सर्वं
 द्रव्यं पाञ्चमैतिकमस्मिन्नेवायं तच्चेतनावदचेतनञ्च ॥ एतस्य निबन्धस्य फलं चिकित्सा पुरुषस्य । पुरु-
 षस्तु चतुर्विंशतितत्त्वजीवात्मसमवायः । सत्त्वं रजस्तमश्चेति गुणास्ते प्रकृतेः समाः । तस्य त्रिविध-
 कार्यमाह । “जातानि सात्त्विकात्समादिन्द्रियाणि सराजसात् । तानि श्रोत्रं त्वचो नेत्रं रसना
 नासिका तथा ॥ वाग्धस्तचरणोपस्थगुदान्येकादशं मनः । पञ्च बुद्धीन्द्रियाण्याहुः प्राक्तनानीतराणि च ॥
 कर्मेन्द्रियाणि पञ्चैव कथयन्ति विपश्चितः” । बुद्धीन्द्रियाणि बुद्धेराश्रयत्वात् कर्मेन्द्रियाणि कर्माश्रयत्वात्
 सात्त्विकाहङ्काराणात्सादिन्द्रियाणि प्रकाशश्लक्षणाणि सत्त्वप्रकाशकत्वात् ॥ “मनोबुद्धीन्द्रियं विज्ञैः कर्मे-
 न्द्रियमपि स्थितम् । मनोऽधिष्ठितमेवेदमिन्द्रियं यत्प्रवर्तते” ॥ तत इन्द्रियाणां विषयानाह—“शब्दः
 स्पर्शश्च रूपं च रसो गन्धो ह्यनुक्रमात् । बुद्धीन्द्रियाणां विषयाः समारूपाता महर्षिभिः ॥ वाच्यं प्राणञ्च
 गन्तव्यमानंदत्याज्यमेव चर्मेन्द्रियाणां विषया ज्ञात्वा विषयो हृदः” ॥ हृदः मनसः ।
 “तामसादप्यहङ्कारस्तन्मात्राणि सराजसात् । पञ्चात्मसत्त्वसम्बन्धात्तल्लिङ्गानि प्रवन्ति हि” ॥ शब्दरतन्मा-
 त्रकं, स्पर्शतन्मात्रकं, रूपतन्मात्रकं, रसतन्मात्रकं, गन्धतन्मात्रमिति । तानितु तल्लिङ्गानि । मोहादि-
 लिङ्गानि तानि । अद्भुतस्व भावानि बौद्धेन्द्रियग्राह्याणि ॥ शब्दादीन्येव तन्मात्राणि तानि च
 योगिभिरिव ग्राह्याणि ॥ सा मात्रा यस्मिन् तत्तन्मात्रम् । “तन्मात्रेभ्यो वियद्वायुर्बह्विर्वारि वयुन्धरा ॥
 एतानि पञ्च जायन्ते महाभूतानि तत्क्रमात्” ॥ एकोत्तरपरिच्छेदाया विषदादयो जायन्त-
 इत्यर्थः । तथाथा शब्दतन्मात्राच्छब्दगुणकं वियजायते । शब्दतन्मात्रसहितवत्स्पर्शतन्मात्राच्छ-
 ब्दगुणो वायुर्जायते । शब्दतन्मात्रस्पर्शतन्मात्रसहितात् रूपतन्मात्राच्छब्दस्पर्शरूपगुणो वहि-

जायते ॥ शब्दतन्मात्रस्पर्शतन्मात्ररूपतन्मात्रसहिताद्रसतन्मात्राच्छब्दस्पर्शरूपरसगुणं वारि जायते । शब्दतन्मात्रस्पर्शतन्मात्ररूपतन्मात्ररसतन्मात्रसहिताद्गन्धतन्मात्राच्छब्दस्पर्शरूपरसगन्धगुणा वसुन्धरा जायते ॥ अथ महाभूतानां गुणानाह ॥ “ शब्दः श्रोत्रेन्द्रियं वाऽपि छिद्राणि च विविक्तता । वियतः कथिता एते गुणा गुणविचारिभिः ॥ ” विविक्तता शरीराणां भावानां शिरान्नाय्वा- स्थिपेशीप्रभृतीनां जातिव्यक्तिभ्यां मिथः पृथक्त्वम् । स्पर्शस्त्वगिन्द्रियञ्चाऽपि लघुता स्पन्दनं तनोः । चेष्टा सर्वशरीरस्य वायोरेते गुणाः स्मृताः ॥ रूपं नेत्रेन्द्रियं पाकः सन्तापस्तीक्ष्णता तथा । वर्णो आजिष्णुताऽमर्षः शौथ्यं बुद्धेः गुणा अमी ॥ रूपं लावण्यम् । पाकः उदराग्निनाऽहारपाकः । सन्तापः औष्ण्यम् । तीक्ष्णता आशुकारिता । वर्णो गौरादिः । आजिष्णुता दीप्तिः । अमर्षः क्रोधः ॥ रसो रसेन्द्रिये शैत्यं स्नेहश्च गुरुता तथा । सर्वद्रवसमूहश्च शुक्रं वारि गुणाः स्मृताः ॥ गन्धो घ्राणेन्द्रियं चापि काठिन्यं गौरवं तथा । वसुन्धरागुणा एते गदिता गुणवेदिभिः ॥ शब्दः स्पर्शश्च रूपश्च रसो गन्धश्च तत्क्रमात् । तन्मात्राणां विशेषाः स्युः स्थूलभावमुपागताः ॥ अष्ट- प्रकृतयः ॥ प्रकृतेः कारणायोगान्मता प्रकृतिरेव सा । महत्त्वादयः सप्त शक्तेर्विकृतयः स्मृताः ॥ प्रकृतिरेव कारणं न तु कस्य चित्कार्यमित्यर्थः । कार्याणि इन्द्रियाणां सर्वभूतानां कारणत्वान्महर्षिभि- र्महत्त्वादयः सप्त महानहङ्कारः पञ्च तन्मात्राणीति ॥ प्रकृतेर्विकृतयः कार्याणि । इन्द्रियाणां च भूतानां कारणत्वान्महर्षिभिः । महत्त्वादयः सप्त प्रोक्ताः प्रकृतयोऽपि च ॥ दशेन्द्रियाणि चित्तञ्च महा- भूतानि पञ्च च । एतानि सृष्टिं जानद्भिर्विकाराः षोडश स्मृताः ।

सप्त प्रकृतयः । एवं ज्ञानेन्द्रियाणि (५) कर्मेन्द्रियाणि (५) महाभूता (५) विषया (५) अन्तः- करणानिः (५) एतैश्चतुर्विंशतिभिस्तत्त्वैः सिद्धे वपुर्गूढे ॥ पञ्चभूतात्मिका सृष्टिः ॥

कथमिति चेत् । मातुः रजसि, पितुः शुके, लिङ्गशरीरे, गर्भाधानानन्तरं मध्यभोज्यादि- पदार्थरसेषु च पञ्चभूतानामधिष्ठानात् भूतशरीरं कथ्यते । आकाशः सर्वव्यापित्वाच्च गण्यते । भूत- षोडशात्मके शरीरे यावत्पर्यन्तं ज्वरादिरोगा न प्रविशन्ति तावत्पर्यन्तं स्वस्थः पुरुषः । यद्यपि देह- धारिणः स्वाभाविकाः (क्षुत्पिपासादयः) रोगास्तु भवन्ति ॥ रोगाश्च नाम—“शरीरमनसोराबाधकरा रोगाः” । शरीरमनसोः आबाधकराः पीडाकराः रोगाः भवन्ति । मातापित्रोः शुक्रशोणितस्थभूत- चतुष्टयशरीरे यदा व्याधयो जायन्ते तदा एतादृशगर्भस्वरूपे व्याधयो भवन्ति । तद्यथा—कुष्ठ- भगन्दरप्रमेहादयः । “कारणानुगं कार्यं भवति” इति नियमात् । समवायिकारणसदृशं कार्यं भवति । मातुरसस्थे स्वकीयरसस्थे च यदाऽव्यवस्था जायते तदाऽनाहशूलप्रभृतयो व्याधयो भवन्ति । पञ्चभूतशरीरे कथमव्यवस्थाप्रवृत्तिर्भवतीति चेत्तत्र कालतुर्प्रभृतयः कारणम् ॥ तद्यथा—शरद्वीष्म- वर्षासु यावत्प्रमाणं योग अपेक्षितस्तावत्प्रमाणं न्यूनाधिक्यमस्ति चेत् हितयोगः कथ्यते । उष्णयोगतायां शतितोपचारः । शीतयोगतायामुष्णोपचार इत्यनिष्टोत्पादको हेतुः मिथ्यायोगः कथ्यते ॥ एवं बुद्धी- न्द्रियाणां विविधयोगात् शुक्रशोणितरसस्थमहाभूतद्वादशके यदाऽव्यवस्था जायते तदा रोग इत्युच्यते । अपर च, कालबुद्धीन्द्रियार्थानां यथोचितकार्यात् शरीरादिक्रिया यदा योग्यकार्यं क्रियते तदवस्था चाः स्वस्थ अरोगताः इति नाम ॥ चरकेणोक्तं सूत्रस्थानप्रथमाध्याये—कालबुद्धीन्द्रियार्थानां योगो मिथ्याः (१) न (२) चाति च (३) । द्वयाश्रयाणां व्याधीनां त्रिविधो हेतुसंग्रहः ॥ शरीरे सच्चसं- ज्ञं च व्याधीनामाश्रयो मतः । तथा सुखानां योगस्तु सुखानां कारणं समः ॥ भावमिश्रेणाप्युक्तम्— “समदोषसमाग्निश्च समघातुमलक्रियः । प्रसन्नात्मेन्द्रियमनाः स्वस्थ इत्यभिधीयते” इति ॥ यावत्पर्यन्तं भूतपञ्चकशरीरेऽस्माकं विकाराः ज्वरादयो न प्रविशन्ति तावत्पर्यन्तं आरोग्य इति संज्ञा । यदा भूतपञ्चक- स्वरूपे गुणे क्रियायां च परिवर्तनं भवति तदा पृथग्पृथग्व्याधयः प्रविशन्ति ॥ उक्तं चरकाचार्येण सूत्र-

स्यानाध्याये (२९) — एषामेव हि भावानां सम्पत्संजनयेन्नरम् । तेषामेव विपद्द्व्याधीन् विविधान् समुदीरयेत् ॥
 अत्रोदाहरणम् — सम्यगसम्यक्काष्ठादिना कृतं च दृढं गृहं तथाऽपि काष्ठे कीटादिप्रवेशेन, अभिदाहेन,
 वातप्राचल्येन वा यदा गृहपतनं स्यात्तदा गृहस्यानिष्टं जातमिति कथ्यते । पूर्वोक्तोदाहरणेन,
 सर्ववस्तुस्थितौ बोद्धव्यम् ॥ पूर्वोक्तश्रुतिप्रामाण्यात् मूलपत्रकं जातम् । ओं तस्माद्वा एतस्मादात्मन
 आकाशः सम्भूत इत्यादि ॥ पञ्चमूतानां न्यूनाधिक्यमिश्रतया सृष्टौ सर्वपदार्थसंभवः । पार्थिवं
 शरीरम् । एतेनान्यतत्त्वानां शरीरे अंशो नास्तीति न । अन्यतत्त्वानामप्यंशो भवति । शरीरे
 पार्थिवांशांशस्य “अग्नेजोवाय्वा” दित्रयाणामधिष्ठानरूपत्वम् । अग्नेजोवाय्वादित्रयाणां समविषम-
 स्थितियोगेन शरीरस्य स्वस्थताऽस्वस्थतयोः प्रधानत्वम् ॥ तद्यथा — यावत्पर्यन्तं असत्त्वम्, तेज-
 स्तत्त्वम्, वायुतत्त्वमिति तत्त्वत्रयाणां सुव्यवस्था जायते तावत्पर्यन्तं स्वस्थाः पुरुषा इति कथ्यन्ते ।
 यदा तेषु (तत्त्वेषु) व्यवस्थाप्रादुर्भावः स्यात्तदा रोगाः प्रविशन्ति । संदर्भस्त्वेवं तत्त्वत्रयस्य यावत्प-
 र्यन्तं समस्थितित्वं तावत्पर्यन्तं शरीरस्य सुस्थितित्वात् “त्रिधातु” रिति कथ्यते । तथा च — यदा
 तत्त्वत्रयस्य विषमस्थितित्वं जायते तदा शरीरदूषयितृत्वात् तत्त्वत्रयस्य दोष इति शब्द्यते (व्यवहियते) ।
 एवं तत्त्वत्रयाणां विकृताऽविकृतस्थितित्वं सम्यग्ज्ञात्वा स्वास्थ्यरक्षणार्थं रोगपरिहारार्थं च महर्षिभिः
 ये ये नियमाः कथितास्ते ते यथायोग्यं पालनीया एव ॥ अतस्त्वं कफः, तेजस्तत्त्वेन (अमितत्त्वेन)
 पित्तम्, वायुतत्त्वेन वातः । एवंरीत्या वातपित्तकफाश्च दोषघातुरूपेण शरीरे तिष्ठन्ति । उक्तं च
 वाग्मटाचार्येण — वायुः पित्तं कफश्चेति त्रयो दोषाः समासतः । विकृताऽविकृता देहं घ्नन्ति ते
 वर्धयन्ति च ॥

॥ दोषाः ॥

(वायुः पित्तं कफश्च) ॥

॥ दोषनिरुक्तिः ॥

घातवश्च मलाश्चाऽपि दुष्यन्त्येभिर्यतस्ततः वातपित्तकफा एते त्रयो दोषा इति स्मृताः ॥ दोषा
 इत्यत्र दुष् वैकृत्ये इति दुष्घातोः दुष्यन्त्योभिरिति वाक्ये “अकर्तरि च कारके च संज्ञायामित्यनेन
 सूत्रेण करणेऽर्थे घञ् प्रत्ययः । दूषयन्तीति दोषाः । ते घातवोऽपि विद्वद्भिर्गदिता देहधारणात्
 (Nervous system, Blood system, Lymphatic system) इति पाश्चिमात्यवैद्यके घातुरूपेण संज्ञिताः ।
 विसर्गादानविक्षेपैः सोमसूर्यानिला यथा । धारयन्ति जगद्देहं कफपित्तानिलास्तथेति । दूषतीति घातवः ।
 अत्र यथासंख्येनान्वयो बोद्धव्यः । विसर्गादानं वा तस्यैवम् । विक्षेपः शतोष्णादीनां विविध-
 प्रकारेण प्रेरणम् ॥ मलाश्च ते रसादीनां मलीनीकरणान्मलाः । अत एव शार्ङ्गधराचार्येणोक्तम् ।
 शरीरे दूषणादोषा घातवो देहधारणात् । वातपित्तकफा ज्ञेया मलीनीकरणान्मलाः ॥ उक्तं च दोष-
 त्रयविषये सुश्रुताचार्येणाऽपि सूत्रस्थानाध्याये (२९) — “वातपित्तश्लेष्माण एव देहसम्भवहेतवः ।
 तैरेवाव्यापन्नैरधोमध्योर्द्ध्वसंनिविष्टैः शरीरमिदं धार्यतेऽगारमिव स्थूणाभिस्तिष्ठभिरतश्च त्रिस्थूणामित्याहु-
 रेके । त एते च व्यापन्नाः प्रलयहेतवस्तदेभिरेव शोणितचतुर्थैः संभवस्थितिप्रलयेष्वप्यविरहितं
 शरीरं भवति । भवति चात्र । नर्ते देहः कफादारित न पित्ताच्च च मारुतात् । शोणितादपि वा
 नित्यं देह एतैस्तु धार्यते ॥

शब्दार्थश्च ॥

वा गतिगन्धयोरिति घातुः । तप रुन्तापे । श्लिष् आलिङ्गने । एतेषां कृद्धिहितैः प्रत्ययैर्वायुः
 पित्तं श्लेष्मेति च रूपाणि भवन्ति ॥

दोषस्थानानि ॥

दोषस्थानान्यत ऊर्ध्वं वक्ष्यामः । तत्र समासेन वातः श्रोणिगुदंसश्रयः श्रोणिगुदयोरुपर्यधो नामेः पक्काशयः । पक्काशयमध्यं पित्तस्य । आमाशयः श्लेष्मणः ॥

अतः परं पञ्चधा विभज्यन्ते—प्राणोदानौ समानश्चापानौ व्यान एव च । स्थानस्था मारुताः पञ्च यापयन्ति शरीरिणम् ॥ वायुस्थानानि—कण्ठे हृदि तथाधस्तात् कोष्ठेवह्नौर्मलाशये । सकलेऽपि शरीरेऽसौ क्रमेण पवनो वसेत् ॥ धातुरूपवायोस्वरूपं चरकाचार्योक्तम्—वायुस्तन्त्रयन्त्रघरः प्राणोदानसमानान्यानापानात्मा प्रवर्तकः चेष्टानामुच्चावचानाम् । नियन्ता प्रणेता च मनसः । सर्वेन्द्रियाणामुपयोगकरः । सर्वेन्द्रियार्थानामभिवोदा । सर्वशरीरघातुव्यूहकरः । संधानकरः शरीरस्य । प्रवर्तको वाचः । प्रकृतिः स्पर्शशब्दयोः । श्रोत्रस्पर्शनयोर्मूलम् । हर्षोत्साहयोर्योनिः । समीरणोऽग्नेर्दोषसंशोषणः, क्षेप्ता बहिर्मलानां, स्थूलानुत्सेतसां भेत्ता, कर्ता गर्भकृतीनां, आयुषोऽनुवृत्तिप्रलययभूतो भवत्युपितः ॥ चरके तस्य कार्याणि—रूक्षः शीतो लघुः सूक्ष्मश्रूलोऽथ विशदः खरः । विपरितैर्गुणैर्द्रव्यैर्मरुतः संप्रशाम्यति ॥ कुपितस्तु खलु शरीरे शरीरं नानाविधविकारैरुपतापयति । बलवर्णखुवायुषायुपघाताय भवति । मनो व्यावर्तयति । सर्वेन्द्रियाण्युपहन्ति । विनिहन्ति गर्भान् । विकृतिमापादयति । अतिकालं धारयति । भयशोकमोहदैन्यादिप्रलापाञ्जनयति । प्राणांश्रापरुणाद्धि ॥ चरकोक्तं वायुस्वरूपं पर्यालोच्य ज्ञायत एव । पाश्चिमात्यवैद्यैः यस्य (Nerve force) “नर्व फोर्स” इति कथ्यते ; तस्यायुर्वेदप्रणेत्रा “वायु” रिति कथ्यते । महर्षिभिर्मर्यस्य वर्णनषट्चक्रं नाडीमण्डलमितिशब्देन कृतं तदेव पाश्चिमात्यग्रन्थेषु (Nervous system) “नर्वस सिस्टम्” इति शब्देन व्यवह्रियते । अभेदोदाहरणम्—यावत्पर्यन्तं विद्युद्ब्रजजनस्य विद्युद्दीपस्य च प्रत्यक्षावलोकनं न स्यात्तावत्पर्यन्तं तत्कल्पनाऽपि न संभवति । एतेन सिद्धं ज्ञातं चापि मुनिभिश्च कृतं वातवर्णनं करुणनामयं नास्तीति ज्ञात्वा प्रत्यक्षप्रमाणेन चक्षुरपि तस्य मन्यते । यच्छक्त्या शरीरजीवनव्यापारो जायते तच्छक्त्या पाश्चिमात्यग्रन्थकारेभ्यः नर्व फोर्स इति ज्ञायत एव । एतत्सर्वं पूर्वोपरं समालोच्य ज्ञायत एव महर्षिभिर्वातशब्देन यद्यत्कथितं तत्सर्वं यथार्थकथितमिति ।

॥ पित्तस्य स्वरूपम् ॥

पित्तमुष्णं द्रवं पीतं नीलं सत्त्वगुणोत्तरम् । सरं कटु लघु खिभं तीक्ष्णमस्रं तु पाकतः ॥ पीतश्चिरामम् । नीलं सामम् । एकेमेवपित्तं वातवन्नामस्थानकर्म्मभेदैः पञ्चविधम् ॥

॥ पित्तस्य नामानि ॥

पाचकं रञ्जकं चाऽपि साधकालोचके तथा ।

भ्राजकञ्चेति पित्तस्य नामानि स्थानभेदतः ॥

॥ पित्तस्य स्थानानि ॥

अभ्याशये मल्लोहहृदये लोचनद्वये । त्वचि सर्वशरीरेषु पित्तं निवसति क्रमात् ॥ अत्र जिज्ञासा किं पित्तव्यतिरेकादन्योऽभिराहोस्त्वित्पित्तमेवमिति । अत्रोच्यते, न खलु पित्तव्यतिरेकादन्योऽभिरूपलभ्यते । आग्नेयत्वात्पित्ते दहनपचनादिष्वभिवर्तमानेऽग्निवदुपचारः क्रियतेऽन्तराग्निरिति । क्षीणेऽग्निगुणे तत्समानद्रव्योपयोगादतिबुद्धे शीतक्रियोपयोगादागमाच्च पश्यामो न खलु पित्तस्य व्यतिरेकादन्योऽग्निरिति । प्रत्यक्षप्रमाणादपि ज्ञायत एव न खलु पित्तव्यतिरेकादन्योऽग्निरिति । पित्तेऽग्निसाहस्यगुणत्वम् अनुमानेनाऽपि दृश्यते न खलु पित्तव्यतिरेकादन्योऽग्निरिति । यदाक्षीणं पित्तं स्यात्तदाग्निसाहस्यगुण-

तीक्ष्णौषधानामुपयोगः क्रियते ॥ वृद्धे सति शीतक्रियादीनामुपयोगः । आगमादपि दृश्यते न स्रु-
पित्तव्यतिरेकादन्योऽग्निरिति ॥ आयुर्वेदशास्त्रे कुत्राऽपि पित्तादग्निभिन्न इति न कथितम् ॥ तस्मादाग्नि-
रूपस्यैव पित्तस्य स्थानभेदात्पाचकरंजकसाधकालोचकभ्राजकसंज्ञाः । तेजस्तत्त्वेन (पित्तेन)
पाचनादि कार्यं भवति । पित्तवृद्धिश्रेत्संतापविक्रिये भवतः । शरीरव्यापारारंभकाले नैसर्गिकोष्णता या-
जायते स तेजस्तत्त्वप्रभावः । पाश्चिमात्यग्रन्थकारैरेतच्छब्देः उष्णोत्पत्तिक्रमशक्तिरिति कथ्यते
(Heat-producing mechanism, Metabolic function), । धातुरूपपित्तस्य स्वरूपं महर्षिणा वर्णितम्—
सस्त्रेहमुष्णं तीक्ष्णं च द्रवमम्लं सरं कटु । विपरीतगुणैः पित्तं द्रव्यैराशु प्रशाम्यति ॥ पञ्चप्रकारस्यापि
पित्तस्यायुर्वेदशास्त्रकारेण सम्यक्तया स्फुटीकरणं कृतम् । तथापि लेवस्य गौरवभयादत्र न लिखितम् ॥
आयुर्वेदशास्त्रकारैः पाचकाग्निरिति कथ्यते । स च पाश्चिमात्यविद्वद्भिः (Bile) “बाइल” इति गदितः—
“The bile assists in emulsifying the fats of the foods and thus rendering them capable of
passing into the lacteals for absorption”—Kirks’ Physiology—पाचकपित्तेनान्यपिचानां पृ-
थक् पृथक् एवै कार्यकरणे समर्थता भवति । इति वाग्भटेनोक्तम् । तत्रस्थमेव पित्तानां शेषाणामप्यनुग्रहम् ।
करोति बलदानेन पाचकं नाम तत्स्मृतम् ॥ रञ्जकपित्तमित्यन्वर्थकं नाम । रञ्जकपित्तेन रुधिरस्य रक्तत्वं
भवति । एतद्विषये पाश्चिमात्यविदुषां निम्नलिखितसिद्धान्तः—“The colouring matter of the bile
is derived from, and is closely related to, that of blood. since the qualities of the bile pigment
secreted are markedly increased by the injection of substances into the veins which are capable
of setting free Haemoglobin”—Kirks’ Physiology.

साधकपित्तस्यहृदयं स्थानं । एतत्पित्तेन हृत्प्रकोष्ठस्य (Contraction of the heart) संकोच-
विकासौ भवतः । एतयोर्नियमिततया बुद्धिकर्मणां साहाय्यं भवति । उक्तं च वाग्भटेन—बुद्धिमेषाभि-
मानाद्यैरभिप्रेतार्थसाधनात् । साधकं हृद्गतं पित्तम् । हृदयसंकोचने पाश्चिमात्यानामपि निम्नलिखित-
विचारो दृश्यते—“The contraction (of the heart) cannot be long maintained without due supply
of blood or a similar nutritive fluid. The view that is at present taken of the action of the
heart is that in heart muscles as in protoplasm generally the metabolic processes are those of
anabolism or building up which takes place during diastole of the heart and the katabolism or
discharge which is manifested in the contraction of the heart”—Kirks’ Physiology.

आलोचकपित्तस्य स्थानं दृष्टिमंडलम् । दृष्टिमंडले या पित्तस्य क्रियाऽस्ति (Metabolic process)
तथैव दर्शनशक्तिर्जायते । एतदभावे दर्शनं न भवति । एतदर्थमेव महर्षिभिरन्वर्थं नाम प्रतिपादितम् ।
पाश्चिमात्या एव वदन्ति—“It is supposed that the change effected by the light which falls upon
the retina is in fact a chemical alteration in the protoplasm and that this stimulates the optio
nerve-endings.” भ्राजकपित्तस्य स्थानं त्वग्भवति । एतेन प्रस्वेदादिक्रिया भवति ।

कफस्य स्वरूपम् ॥

श्लेष्मा श्वेतो गुरुः स्निग्धः पिच्छिलः शीतलस्तथा । तमोगुणाधिकः स्वादुर्विदग्धो लवणो भवेत् ।
एक एवः श्लेष्मा वातपित्तवच्च नामस्थानकर्मभेदैः पञ्चविधः ॥

कफस्य नामानि ॥

कफस्यैतानि नामानि श्लेधनश्चावलंबनः । रसनः स्नेहनश्चाऽपि श्लेष्मणः स्थानभेदतः ॥

कफस्थानानि ॥

आमाशयेऽथ हृदये कण्ठे शिरसि सन्धिषु । स्थानेष्वेषु मनुष्याणां श्लेष्मा तिष्ठत्यनुक्रमात् ॥
दोषाणां सकलशरीरव्यापिनामपि पञ्च पञ्च स्थानानीति बाहुल्याभिप्रायेणोक्तानि ।

वाग्भटचरकयोरभिप्रायः—इति प्रायेण दोषाणां स्थानान्यविकृतात्मनाम् । व्यापिनामपि जानीयात् कर्माणि च पृथक् पृथक् ॥ ते व्यापिनोऽपि ह्यनाम्योरधोमध्योर्ध्वसंश्रयाः । यथा धातुभूतवायुरतीन्द्रियस्तथा पित्तमपि सूक्ष्मत्वादतीन्द्रियं तथा धातुभूतकफोऽप्यतीन्द्रिय एव ॥ कफवर्णनं सुश्रुताचार्येण उक्तं—संधिसंश्लेषणस्नेहनरोपणपूरणबलस्थैर्द्यैकच्छ्लेष्मा पश्वा प्रविभक्त उदककर्मणानुग्रहं करोति । क्लेदनकफस्य आमाशयः स्थानं । क्लेदनकफस्य यत्कार्यं तत्कार्यं पाश्चिमात्यैः “लाला” शब्देन संज्ञितम्—“The physical use of saliva consists in moistening the mucous membrane of the mouth, assisting the solution of soluble substances in the food, and in virtue of its mucin, lubricating the bolus of food to facilitate swallowing”—Halliburton’s Physiology.

“अप्तत्वं कफ”इति चेन्मुखे लालाप्रसेको भवति । आर्यवैद्यकशास्त्रे क्लेदनकफस्य कार्यं वर्णितम् । अष्टाङ्गसंग्रहे । चरकेऽप्युक्तम्—तद्रवैर्भिन्नसंघातं स्नेहेन मृदुतां गतम् । अतः क्लेदनकफेन सह “लाला” इति शब्दकार्यस्य सादृश्यम् । अवलंबनकफस्य स्थानं उरः । स्वशक्त्या स्वस्थाने स्थित्वा शेषभूतमप्तत्वं पोषयित्वा साहाय्यं करोति । अतस्तस्य “अवलंबन” इति संज्ञा ॥

एनं पाश्चिमात्यवैद्या रस इति कथयन्ति ॥ रसनकफस्य स्थानं जिह्वामूलम् । कृतं वर्णनं सुश्रुतसंहितायाम् ॥ जिह्वामूलकण्ठस्थो जिह्वेन्द्रियस्य सौम्यत्वात् सम्यग्रसस्थाने वर्तते । रसनकफो यदा नोत्पद्यते तदा जिह्वाया रसज्ञानं न भवति । पाश्चिमात्या अपि रसनकफं मानयन्तीति निम्नदर्शित-वाक्याज्ज्ञायत एव—“Serous glands occur only at the back of the tongue in the neighbourhood of the taste-buds. The secretion of these serous glands is of a watery nature and probably assists in the distribution of the substance to be tasted over the taste area.”—Gray’s Anatomy.

स्नेहनकफस्य स्थानं शिरः । सुश्रुतेनोक्तम् । शिरस्थस्नेहतर्पणाधिकृतत्वादिन्द्रियाणामात्मवीर्येणानुग्रहं करोति । स्नेहनकफाभावे मस्तिष्कगतेन्द्रियकार्यं न भवति । पाश्चिमात्या अप्येवं वदन्ति—“Its chief use is probably to afford mechanical protection to the nervous centres and to prevent the effects of concussions communicated from without.” Gray’s Anatomy. श्लेषणकफस्य स्थानं संघयः । सुश्रुतेनोक्तम् । संधिस्थस्तु श्लेष्मा सर्वसन्धिसंश्लेषात् सर्वसंघयानुग्रहं करोति । पाश्चिमात्याः (Synovia) “सायनौबीया” संज्ञया वदन्ति—“Synovia lubricates the surface of the joints and so ensures an easy movement”—Halliburton’s Physiology.

भूतचतुष्टयस्य वातः पित्तं कफश्चेति संज्ञा क कथिता इति चेत्, चरकाचार्येण निदानस्थाने-प्रथमाध्याये कथितम् । अतस्त्रिविधविकल्पा व्याधयः प्रादुर्भवन्त्याग्नेय सौम्य वायव्या इति । अग्रेऽपि लिखितम् । विधिर्नाम द्विविधा व्याधयो निजागन्तुकभेदेन, त्रिविधास्त्रिदोषभेदेन । एकस्थले “आग्नेय सौम्य वायव्या इति दोषत्रयस्योमुपादानम् । तथा च । सुश्रुताचार्येण सूत्रस्थाने रसविशेष-विज्ञानीयाध्याये (४२) श्लोके प्रदर्शितम् ॥ तत्र मधुराम्ललवणा वातघ्नाः । मधुरतिक्तकषायाः पित्तघ्नाः । कटुतिक्तकषायाः श्लेष्मघ्नाः ॥ अपरश्च । वातः पित्तं कफश्चेति दोषाः के इति चेद् तेषां पश्चभूतरसात्मकेन सह सम्बन्धः कीदृश इति शङ्कानिरासार्थं कथ्यते । वायुरात्मनैवात्मा, पित्तमाग्नेयम्, श्लेष्मा सौम्यः ।

एतदर्थमेव सुश्रुतेऽपि लिखितम्—भूतेभ्यो हि परं यस्मान्नास्ति चिन्ता चिकित्सिते । एतस्माज्ज्ञायत एव । पश्चभूतातिरिक्तचिकित्साचिन्तनीयपदार्थोऽपि शास्त्रे नास्ति । एवमायुर्वेदशास्त्रोक्तत्रिदोषसिद्धान्तं पर्यालोच्य विचारः क्रियते चेत्तर्हि—

त्रिदोषसिद्धान्तपद्धतिः प्रशंसनीयेति ज्ञायत एव ।
भवतां शास्त्रं नास्ति चेत्तर्हि पद्धतेस्तु का कथेति ॥

रोगपरीक्षा ॥

प्रथमतः रोगपरीक्षार्थं समवायिकारणस्य सहकारिकारणस्योपयोगेन च वस्तुस्थितज्ञानं आयेत । अत्रोदाहरणम्—यस्य कस्यचिदपरिचितस्य बालकस्य गुणज्ञानार्थं (आचरणपरीक्षार्थं) राजपुरुष-चतुष्टयसमक्षं स बालः प्रेषितश्चेत् पूर्वं तन्मातापित्रोः स्थानं संशोध्य तत्सकाशाद्रुणादिकं ज्ञात्वा सङ्घ-केन सहेति विचार्य तस्य शोषनं कृत्वा तदाचरणशोधनार्थं परिश्रमः क्रियते पश्चात्तस्य कुलदिकज्ञानार्थं च श्रमः क्रियते । एतस्माज्ज्ञातमेव । असाधुश्रेतस्य सख्यवृत्तिज्ञानार्थं यतः कर्तव्य एवम् । एतद्वीत्या प्रथमतः सामान्यरूपेण विशेषरूपेण च रोगपरीक्षा कार्या । स्पर्शनमित्यनेन रुग्णनिकटे स्थित्वा हृष्य-नाडी-कुफुसादिव्यपारान्धात्वा निर्णयः कर्तव्यः स्वामाविकाऽस्वामाविका रोगा इति । तथा च शरीतोष्णादि-ज्ञानार्थं त्वगिन्द्रियगतकर्कशमृदुत्वज्ञानार्थं च स्पर्शनं परीक्षा कार्या । एतद्वीत्या स्पर्शेन, प्रश्नेन च परीक्षा कार्या । एवंरित्या स्पर्शेन, दर्शनेन, प्रश्नेन च परीक्षा कार्या । अत एवोक्तं वाग्मटाचार्येण प्रथमाध्याये—(१) दर्शनस्पर्शनप्रश्नेः परिक्षेवाय रोगिणम् ॥ यथा राजपुरुषचतुष्टयेन अपरिचितबालकस्य गुणज्ञानार्थं पृथक् संशोषः क्रियते तथैव रोगपरीक्षार्थ-मायुर्वेदाचार्येण रोगपरीक्षाचतुष्टयं दर्शितम् । दर्शनं, (२) स्पर्शनम्, (३) प्रश्नः, (४) सम्प्रदायः । दर्शनेऽन्येषामपि समावेशो भवति । दर्शनं दृश्यं घालोः प्रयोगः ॥ अनेन विद्या, नाडी, मूत्रं, मूत्रं, रूपं इत्यादीनां ग्रहणं बोद्धव्यम् । एतदर्थमेव परिक्षाष्टविधा दर्शिता ॥ नाडी, मूत्रं, मूत्रं, जिह्वा, शब्दस्पर्शहृद्गतातिम् । दर्शनादित्रयेणान्येषां समावेशो ज्ञातव्यः । रोगपरीक्षा-नंतरं । रोगिणां समवायिकारणं रुग्णशरीरम् । तत्र किं द्रष्टव्यमिति चेत् रोगस्थानम् ॥

रोगः पीडा । तस्य प्रकारद्वयम् । यत्किंचिद्देशावच्छेदेन, अशोभगन्दरादयो रोगाः । तथा च समस्तशरीरव्यापित्वेन रक्तविकारस्य परीक्षा ॥ रक्ते मूत्रचतुष्टये च न्यूनतादिकं द्रष्टव्यम् ॥

॥ निदानम् ॥

(आ) द्वितीयप्रश्नस्यांतरगतस्योत्तराणि ।

निदानं, पूर्वरूपं, रूपं, उपशयः, सम्प्राप्तिश्चेति पञ्चलक्षणेन रोगनिदानं प्रभवति । उक्तं च माधवाचार्येण माधवनिदाने—निदानं पूर्वरूपाणि रूपाण्युपशयस्तथा । सम्प्राप्तिश्चेति विज्ञानं रोगाणां पञ्चधा स्मृतम् ॥ एषां निदानादीनां मध्ये समानासमानजातीयव्यावर्तकं कारणरूपनिदानस्य लक्षणमाह— निमित्तेहेत्वायतनप्रत्ययोरुत्थानकारणैः । निदानमाहुः पर्यायैः ॥ निदानान्तरीयकत्वात्पूर्वरूपादीनां तदन-तरं प्राग्रूपमाह—“प्राग्रूपं येन लक्ष्यते ॥ उत्पित्तुरामयो दोषविशेषेणानिष्ठितः । लिङ्गमव्यक्तमल्पत्वा-द्व्याधीनां तद्यथायथत् ॥ यद्यपि पूर्वरूपानंतरं सम्प्राप्तिर्भवति, तथापि व्याधिसूक्ष्मज्ञानार्थं रूपमाह— तदेव व्यक्ततां यातं रूपमित्यभिधीयते । संस्थानं व्यञ्जनं लिङ्गं लक्षणं चिह्नमाकृतिः ॥ उपशयमाह— हेतुव्याधिविपर्यस्तविपर्यस्वार्थकारिणाम् । औषधान्निविहाराणामुपयोगं सुखावहम् ॥ विद्यादुपशयं व्याधेः स हि सास्यमिति स्मृतः । विपरीतोऽनुपशयो व्याध्यसास्यमभिसंज्ञितः ॥ सम्प्राप्तिमाह—यथा दुष्टेन दोषेण यथा चात्रुविसर्पता । निर्दोषेतिरामस्यसौ सम्प्राप्तिर्जातिरगतिः ॥ तस्या औषधिविक्रमदमाह— संख्याविकल्पप्राधान्यबलकालविशेषतः । सा भिद्यते यथाऽत्रैव वक्ष्यन्तेऽष्टौ ज्वरा इति ॥ दोषाणां समवेतानां विकल्पौशांशकरपना । स्वातन्त्र्यपारतन्त्र्याभ्यां व्याधेः प्राधान्यमादिशेत् ॥ हेत्वादिकात्सर्वव्यवैबला-बलविशेषणम् ॥ नक्तंदिनतुमुक्तंशैव्यधिकाले यथायथम् ॥ इति प्रोक्तो निदानार्थस्तदव्यासेनो-पदेह्यते ॥ द्विविधं हि रोगस्य कारणं, विपकृष्टं सन्निकृष्टञ्च ॥ तत्र विपकृष्टं विरुद्धाहारविहारादि, सन्निकृष्टं वातादि । तस्य वातादेः सर्वरोगेष्वव्यभिचरितकारणत्वमाह—सर्वेषूपैव रोगाणां निदानं कृपिता मलाः । तत्प्रकोपस्य तु प्रोक्तं विविधाहितसेवनम् ॥

सारांशश्च ॥ यत्र भूतचतुष्टयशरीरेऽव्यवस्था न्यूनताधिक्यं वा स्यात्तत्र तत्सदृशपरिपूर्णत्वं कार्यमिति सिद्धान्तः । उक्तं च चरके शरीरस्थाने—(६)—तस्मान्मांसमाप्यायते मांसेन मूयोऽन्येभ्यः शरीरधातुभ्यः । तथा लोहितं लोहितेन, मेदो मेदसा, वसा वसया, अस्थि तरुणाश्वा, मज्जा मज्जया, शुक्रं शुक्रेण, गर्भस्त्वामगर्भेणेत्यादि । “एवमन्येषामपि शरीरधातूनां सामान्यविपर्ययाभ्यां वृद्धिहासौ यथाकालं कार्याविति” ॥ तथा च सुश्रुतः—क्षीणा वर्द्धयितव्याः समाः पालयितव्याः वृद्धाः हासयितव्याः इति ॥ चरकेणोक्तं सूत्रस्थाने—(१)—सर्वदा सर्वभावानां सामान्यं वृद्धि-कारणम् । हासहेतुर्विशेषश्च प्रवृत्तिरुभयस्य तु ॥ अत्रैव द्रव्यगुणक्रियाभ्यः समानता ज्ञातव्या । कथ-मिति चेत्, भूतपञ्चकस्वरूपे गुणेषु क्रियासु च यदाऽव्यवस्था जायते तदा रोग इति नाम । दाषगुणाः । प्रकारद्वयम् । भूतपञ्चकांतरङ्गाः बहिरंगाश्च । (१) रूक्ष, (२) शीत, (३) लघु, (४) सूक्ष्म, (५) चल, (६) विशद, (७) स्वर एते वातगुणाः ॥ (१) स्निग्ध, (२) उष्ण, (३) तीक्ष्ण, (४) द्रव, (५) अम्ल, (६) सर, (७) कटु एते पित्तगुणाः ॥ (१) गुरु, (२) शीत, (३) मृदु, (४) स्निग्ध, (५) मधुर, (६) स्थिर, (७) पिच्छिल एते कफगुणाः ॥ साधार-ण्येन विंशतिगुणाः ॥ (१) गुरु, (२) लघु, (३) मन्द, (४) तीक्ष्ण, (५) हिम, (६) उष्ण, (७) स्निग्ध, (८) रूक्ष, (९) श्लक्ष्ण, (१०) स्वर, (११) सान्द्र, (१२) द्रव, (१३) मृदु, (१४) कठिन, (१५) स्थिर, (१६) चल, (१७) सूक्ष्म, (१८) स्थूल, (१९) विशद, (२०) पिच्छिल इति विंशतिः साधारणगुणाः ॥ तेषु विपरीताविपरीतगुणप्रदर्शका अपि सन्ति ॥ यथा—यत्र शीताधिक्यं तत्र उष्णोपयोगः । यत्रोष्णताधिक्यं तत्र शीतोपयोगः । चरकाचार्येणोक्तं विमानस्थाने (३-२५९)—शीतेनोष्णकृतान् रोगान् शमयन्ति भिषग्विदः । ये तु शीतकृता रोगास्तेषामुष्णं भिषग्जितम् ॥ एवमितरेषामपि व्याधीनां निदानविपरीतभौषधं कार्यम् । तथापतर्पण-निमित्तानामपि व्याधीनां नान्तरेण पूरणमस्ति । शान्तिस्तथा पूरणनिमित्तानामन्तरेणापतर्पणम् । अपतर्प-णमपि च त्रिविधम्, लङ्घनम्, लङ्घनपाचनम्, दोषावसेचनम् ॥ अवस्थाविशेषेण ज्वरे प्रदर्शितम् । ज्वरादौ लङ्घनं कुर्याज्ज्वरमध्ये तु पाचनम् । ज्वरान्ते रेचनं दद्यात् सर्वज्वरवि-नाशनम् ॥

(आ) रोगचिकित्सा ॥

चिकित्सा रुक्प्रतिक्रिया इत्यमरकोशे । कितेर्व्याधिप्रतीकारे । कितिधातोः सन्प्रत्ययात् चिकित्साशब्दो जायते । चिकित्साया अधिकरणं पाञ्चभौतिकं शरीरम् ॥ शरीरस्य प्रकारद्वयम्, स्वस्यं रुग्णम् । स्वस्य मर्यादायां स्वस्वक्रियया वातपित्तश्लेष्माणो यत्र शरीरे तिष्ठन्ति तत्स्व-स्थम् । एतद्युत्पत्त्या समदोषः, धातुमलामिक्रियकः, प्रसन्नात्मेन्द्रियमनस्कश्च स्वस्थ इति ज्ञायते । अत एवोक्तं सुश्रुताचार्येण उत्तरतन्त्राध्याये (६५)—“समदोषः समाग्निश्च समधातुमल-क्रियः । प्रसन्नात्मेन्द्रियमनाः स्वस्थ इत्यभिधीयते ॥” इति ॥ स्वास्थ्यस्य रक्षणार्थं दिनचर्या, रात्रिचर्या, ऋतुचर्यादिनियमानां पालनं यथाशास्त्रं कर्तव्यम् ॥ एतेन स्वस्थस्य चिकित्सा कथिता ॥ एत-न्नियमानां यदोल्लंघनं स्यात्तदाऽस्वस्थता रुग्णता इति कथ्यते । यदा भूतपञ्चकस्य स्वरूपे, गुणे, क्रियायां च विषमता स्यात्तदा रुग्णता । तस्या एव चिकित्सा । सा त्रिविधा, हेतुलिङ्गौषधानीति । त्रयाणां यस्मिन् शास्त्रे साङ्गोपाङ्गचिकित्साऽस्ति तदायुर्वेदशास्त्रमिति कथ्यते । चिकित्साशब्देन हेतु-लिङ्गौषधानां ज्ञानं भवति । पञ्चभूतशरीरस्य शरीरिणः जीवात्मनः सम्बन्धः पुरुषः कथ्यते । एतत्पुरुषस्य दुःखयोगः व्याधिः कथ्यते । व्याधयश्चतुर्विधाः—आगन्तवः शारीराः मानसाः स्वाभा-विकाश्चेति । चतुर्णामपि त्रयो भेदाः—आध्यात्मिकः आधिदैविकः आधिभौतिकश्चेति ॥ सुश्रुताचा-र्येण सूत्रस्थाने (२४) आदिबलप्रवृत्तादिसप्तभेदं दर्शयित्वाऽआधिदैविकप्रधानताया उक्तं

त्रिदोषकारणम् ॥ सर्वेषां व्याधीनां “वातपित्तश्लेष्माण एव मूलं तद्धिक्त्वात् द्रष्टव्यत्वादागमाच्च । तथा हि कृत्स्नं विकारजातं विश्वरूपेणावस्थितं सध्वरजस्तमांसि न व्यतिरिच्यन्ते ॥ एवमेव कृत्स्नं विकारजातं विश्वरूपेणावस्थितमव्यतिरिच्य वातपित्तश्लेष्माणो वर्तन्ते । आत्मनः महदुःखं शरीरमनोद्वारातो ज्ञायत एव । अतः एतस्याऽपि द्वयं शारीरिकं मानसिकं चेति । एतत्सर्वेषु सूक्ष्मभेदतया “आगन्तुकः, शारीरिकः, मानसिकः, स्वामाविक”श्रेति भेदचतुष्टयं प्रतिपाति ॥ त्रिदोषविषमतायाः हेतुः । हेतुः कारणम् । यद्यपि नैयायिकेन “समवायिकारणम्, असमवायिकारणम्, निमित्तकारणम्”मिति कारणत्रयमङ्गीकृतम् । तथापि । आयुर्वेदशास्त्रे समवायिकारणम् (उपादानं), सहकारिकारणं चेति कारणद्वयमङ्गीकृतम् । एतदर्थमेव पृथक् २ रोगोत्पत्तिकारणं दर्शयितुमक्षमः । अतः (१) असात्मेन्द्रियसंयोगः, (२) प्रज्ञापराधः, (३) परिणामश्च भेदत्रयम् ॥ कालबुद्धीन्द्रियार्थत्रिविधसंयोगस्य समावेशोऽपि एतत्रये भवति ॥ तत्पूर्वं प्रदर्शितम् ॥ सर्वं द्रव्यं पाञ्चमौतिकमस्मिन्नेवार्थे तच्चेतनावदचेतनञ्च ॥ चरक. सूत्र. अध्याये (३६) पृथक् ९ त्रिदोषगुणाः सामान्यतया दर्शिताः विशेषेण दृश्यन्ते । तत्र द्रव्याणि (१) गुरु, (२) खरः, (३) कठिन, (४) मन्द, (५) स्थिर, (६) विशद, (७) स्थूल, (८) गन्धगुण, बहुलानि पार्थिवानि । तानि (१) उपचय, (२) सङ्घात, (३) गौरव, (४) स्थैर्यकराणि ; (१) द्रव, (२) स्निग्ध, (३) शीत, (४) मन्द, (५) मृदु, (६) पिच्छिल, (७) तर, (८) रस, गुणबाहुल्यान्याप्यानि ॥ तानि (१) उरुक्लेद, (२) स्नेह, (३) बन्ध, (४) विष्यन्द, (५) मार्दव, (६) प्रहादकराणि । (१) उष्ण, (२) तीक्ष्ण, (३) सूक्ष्म, (४) लघु, (५) रूक्ष, (६) विशद, (७) रूप गुणबहुलान्याग्नेयानि । तानि (१) दाह, (२) पाक, (३) प्रमा, (४) प्रिकाश, (५) वर्ण, कराणि ॥ इति ॥ (१) लघु, (२) शीत, (३) रूक्ष, (४) खर, (५) विशद, (६) सूक्ष्म, (७) स्पर्श, (८) गुणबहुलानि वायव्यानि । तानि (१) रौक्ष्य, (२) श्लानि, (३) विचार, (४) वैशद्य, (५) लाघव, कराणि । (१) मृदु, (२) लघु, (३) सूक्ष्म, (४) श्लक्ष्ण, (५) शब्द, गुणबहुलान्याकाशात्मकानि । तानि (१) सौषिर्य, (२) लाघवकराणि ॥ ९ ॥ “अनेनोपदेशेन नानौषधिमूले नगति किञ्चिद्द्रव्यमुपलभ्यते” पूर्वोक्तरीत्या भूतपञ्चकशरीरे वातपित्तश्लेष्मादीनां संबन्धः । एतदर्थमेव पूर्वोक्तं कथितम् । कर्मभेदेन पृथक् २ नामभेदा जायन्ते । तद्यथा—एको देवदत्तस्तस्य पाचनादिक्रियोपयोगात्पाचकः रञ्जकः दापकः कारकः हारकः धारक इत्यादिनामानि भवन्ति । तथैव त्रिदोषसम्बन्धोऽपि द्रष्टव्यम् । एतदर्थमेव चरकाचार्येण सूत्रस्थानाध्याये (१) चोक्तम्—एकोऽपि ह्यनेकां संज्ञां लभते कार्यान्तराणि कुर्वन् । तद्यथा पुरुषो बहूनां कर्मणां करणे समर्थो भवति स यद्यत्कर्म करोति तस्य २ कर्मणः कर्तृकरणकार्यसम्प्रयुक्तं तत्तद्गौणं नाम विशेषभ्रामोति तद्द्वौषधद्वयेऽपि द्रष्टव्यम् ॥ प्रकृतेऽपि भूतपञ्चकशरीरे आरंभात्मकपृथिव्यस्तेजोवाय्वाकाशादादित्वेषु तदीयगुणक्रियासु च असंख्यपरिणामाः भवन्ति । परिणामभेदद्वयम् अनुकूलः प्रतिकूलश्च ॥

एतद्ज्ञानार्थं लिङ्गज्ञानमपेक्षितम् । द्रष्टव्यं चरकाध्याये (१८)—नित्याः प्राणभृतां देहे वातपित्तकफास्त्रयः । विकृताः प्रकृतिस्था वा तान् बुभुत्सेत पण्डितः ॥ इति । “अत्र नित्यशब्दार्थो यावच्छरीरत्वावस्थानमस्ति चेत्तस्य प्रकृतिस्थत्वे साम्यावस्था” विकृतिस्थत्वेऽसाम्यावस्था ज्ञेया । एतावन्मात्रं च साम्यत्वं कथितम् । यावता प्रकारेण स्वरूपेण प्रमाणेन वा शरीरस्थानाबाधकरत्वं सम्पद्यते तदेव साम्यम् । एतदतिरिक्तसाम्यपदार्थो नास्ति । वातपित्तकफादिगतगुणक्रिययोस्तस्तदेव लिङ्गम् । प्रतिपादितं च चरकाचार्येण सूत्रस्थानाध्याये (२०) अशीतिर्वातविकारास्तद्यथा—वातपित्तश्लेष्मविकाराणां संख्यादिदर्शनम् ॥ नखभेदश्च (१), विपादिका च (२), पादशूलश्च (३), पादसुप्तता च (४),

इत्यादि ॥ ८० ॥ वातविकाराणामपरिसंख्येयानामाविष्कृततमा (प्रसिद्धतमाः) व्याख्याताः । सर्वेष्वपि स्वस्वेषु वातविकारेषु अन्येषु चानुक्तेषु वायोरिदमात्मरूपपरिणामि कर्मणश्च स्वलक्षणं यदुपलभ्य तदवयवं वा विमुक्तसन्देहा वातविकारमेवाऽध्यवस्यन्ति कुशलाः । तद्यथा—(१) रौक्ष्यं, (२) लाघवम्, (३) वैशद्यम्, (४) शैत्यम्, (५) गतिः, (६) अमूर्त्तत्वश्चेति वायोरात्मरूपाणि । एवंविधत्वाच्च कर्मणश्च स्वलक्षणमिदमस्य भवति तं तं शरीरावयवमाविशतः (१) स्तंस, (२) भ्रंशः, (३) व्यासङ्ग, (४) अभेद, (५) साद, (६) हर्ष, (७) तर्ष, (८) आवर्त्त, (९) मर्द, (१०) कम्प, (११) चाल, (१२) तोद, (१३) व्यघ, (१४) वेष्ट, (१५) भङ्गास्तथा खर, (१६) परुष, (१७) विशद, (१८) सुषिरता, (१९) अरुण, (२०) कषाय, (२१) विसरता, (२२) शोष, (२३) शूल, (२४) सुप्ति, (२५) सङ्कुचन, (२६) स्तम्भनानि वायोः कर्माणि । तैरन्वितं वातविकारमेवाऽध्यवस्येत् तं मधुराम्ललवणस्निग्धोष्णैरुपक्रमेत् । (१) स्नेह, (२) स्नेह, (३) अस्थापना, (४) अनुवासन, (५) नस्यः कर्म, (६) भोजन, (७) अम्यङ्ग, (८) सादन, (९) परिषेकादिभिर्वातहरैर्मात्रां कालश्च प्रमाणीकृत्य, आस्थापनानुवासनन्तु सर्वोपक्रमेभ्यो वाते प्रधानतमं मन्यन्ते भिषजस्तदुपपादित एव पक्काशयमनुप्रविश्य केवलं वैकारिकं वातमूलाञ्छिनत्ति, तत्राऽवजिते वातेपि शरीरान्तर्गता वातविकाराः प्रशान्तिमापद्यन्ते, यथा वनस्पतेर्मूले छिन्ने स्कन्ध, शाखा, प्ररोह, कुसुम, फल, पलाशादीनां नियतो विनाशस्तद्वत् पित्तविकाराश्चत्वारिंशदत् ऊर्ध्वं व्याख्यास्यन्ते । तद्यथा—(१) ओषश्च, (२) प्रोषश्च, (३) दाहश्च, (४) दबधुश्च, (५) धूमकश्च, (६) अंसकश्च इत्यादि । पित्तविकाराणामपरिसंख्येयानामाविष्कृततमा व्याख्याता भवन्ति । सर्वेष्वपि स्वस्वेषु पित्तविकारेष्वन्येषु चानुक्तेषु पित्तस्येदमात्मरूपपरिणामि, कर्मणश्च स्वलक्षणं यत्तदुपलभ्य तदवयववा विमुक्तसन्देहाः पित्तविकारमेवाऽध्यवस्यन्ति कुशलाः । तद्यथा—(१) औष्ण्यम्, (२) तैक्ष्ण्यम्, (३) लाघवं, (४) अनतिलेहः (५) वर्णश्च शुक्लारुणवर्जो, (६) गन्धश्च विस, (७) रसौ च कटुकाम्लौ पित्तस्यात्मरूपाणि । एवंविधत्वाच्च कर्मणः स्वलक्षणमिदमस्य भवति, तं तं शरीरावयवमाविशतो (१) दाहो, (२) ऊष्म, (३) पाक, (४) स्वेद, (५) क्लेद, (६) कोथ, (७) स्राव, (८) रागाः यथास्वश्च गन्धवर्णरसादिभिर्निर्वर्तनं पित्तस्य कर्माणि तैरन्वितं पित्तविकारमेवाऽध्यवस्येत्, तम्मधुरतिक्तकषायशीतैरुपक्रमैरुपक्रमेत् । (१) स्नेह, (२) विरेक, (३) प्रदेह, (४) परिषेक, (५) अम्यङ्ग, (६) अवगाहादिभिः पित्तहरैर्मात्रां कालश्च प्रमाणीकृत्य विरेचन्तु सर्वोपक्रमेभ्यः पित्तं प्रधानतममन्यन्तो भिषजस्तदुपादित एवामाशयमनुप्रविश्य केवलं वैकारिकपित्तमूलापकर्षति, तत्राऽवजितेऽपि शरीरान्तर्गताः पित्तविकाराः प्रशान्तिमापद्यन्ते, यथाग्नौ व्यपोढे केवलमग्निगृहश्च शीतो भवति तद्वत् ॥

श्लेष्मविकाराश्च विंशतिरित ऊर्ध्वं व्याख्यास्यन्ते । तद्यथा—(१) तृप्तिश्च, (२) तन्द्रा च, (३) निद्राधिक्यं च, (४) स्तैमित्यश्च इत्यादिभिः संख्यां (२०) समाप्यन्ते । श्लेष्मविकाराणामपरिसंख्येयानामाविष्कृततमा व्याख्याताः सर्वेष्वपि तु स्वस्वेषु श्लेष्मविकारेष्वन्येषु चानुक्तेषु श्लेष्मण इदमात्मरूपपरिणामि, कर्मणश्च स्वलक्षणं यदुपलभ्य तदवयवं वा विमुक्तसन्देहाः श्लेष्मविकारमेवाऽध्यवस्यन्ति कुशलाः । तद्यथा—(१) श्वैत्य, (२) शैत्य, (३) गौरव, (४) माधुर्य, (५) मात्स्न्यानि श्लेष्मण आत्मरूपाण्येवंविधत्वाच्च कर्मणः स्वलक्षणमिदमस्य भवति तं तं शरीरावयवमाविशतः (१) श्वैत्य, (२) शैत्य, (३) कण्डू, (४) स्थैर्य, (५) गौरव, (६) स्नेह, (७) स्तम्भ, (८) सुप्ति, (९) क्लेद, (१०) उपदेह, (११) बन्ध, (१२) माधुर्य, चिरकारितानि श्लेष्मणः कर्माणि । तैरन्वितं श्लेष्मविकारमेवाध्यवस्येत्, तं (१) कफ, (२) कटुक, (३) तिक्त, (४) कषाय, (५) तीक्ष्णोष्ण, (६) रूक्षैरुपक्रमैरुपक्रमेत् । (१) स्वेदन, (२) वमन,

(३) शिरोविरेचनव्यायामादिभिः श्लेष्महरैर्मात्रं कालश्च प्रमाणकृत्य, वमनन्तु सर्वोपक्रमेभ्यः श्लेष्मण्यपि प्रधानतमं मन्यन्ते भिषजस्तद्याधि एवमाशयमनुप्रविश्य केवलं वैकारिकश्लेष्ममूलमपकुरुवति । तत्रावचिते श्लेष्मण्यपि शरीरान्तर्गताः श्लेष्मविकाराः प्रशान्तिमापन्ते । यथा भिन्ने केदारसेतौ श्यालि-यवषष्टिकादीन्विभिव्यन्धमानान्यभ्रसा प्रशोषमापद्यन्ते तद्वदिति ॥ सास्यस्य हेतुलिक्रीषण इति । त्रयाणां वर्णनं कृतं चरकाचार्येण सूत्रस्थानाध्याये (२०)—रोगमादौ परीक्षेत ततोऽनन्तरमौषधम् । ततः कर्म भिषक् पश्चाज्ज्ञानपूर्वं समाचरेत् ॥ यस्तु रोगमविज्ञाय कर्मण्यारभते भिषक् । अप्यौषध-विधानन्नस्तस्य सिद्धिर्यदृच्छया ॥ यस्तु रोगविशेषज्ञः सर्वभैषज्यकोविदः । देशकालप्रमाणज्ञस्तस्य सिद्धिरतंशया ॥ अत्रैव रोगविज्ञानात् । वातपित्तकफानां त्रिषष्टिभेदाश्च ज्वरादिभेदाश्च विवक्षिताः । औषधविज्ञानशब्देनौषधनिष्ठमधुराम्ललवणकटुतिक्तार्दीनां ग्रहणम् । अन्यच्च कथितम्—यः स्याद्रस-विकरपज्ञस्याच्च दोषविशेषवित् । न स मुञ्चिद्विकाराणां हेतुलिक्रीषणशान्तिषु ॥ अन्यच्च—रसान्द्रव्याणि, दोषांश्च विकारांश्च प्रभावतः । वेद यो देशकालौ च शरीरं स तु नाभिषक् ॥ हेतुज्ञानं, लिङ्गज्ञानं, औषधज्ञानं, स्यावरजङ्गमात्मिका सष्टिश्च कियत्प्रकारेण जाता । तेषां सहकारिकारणं किञ्च, स्वस्थाऽस्वस्थताप्रकारः कीदृशः इत्यादिवर्णनं चरकाचार्येण सूत्रस्थाने प्रथमाध्याये कृतम्—हेतुलिक्रीषणज्ञानं स्वस्थानुरपरायणम् । त्रिसूत्रं शाश्वतं पुण्यं बुबुधेयं पितामहः ॥ सोऽनन्तपारं त्रि-स्कन्धमायुर्वेदं महामतिः । यथावदचिरात्सर्वं बुबुधे तन्मना मुनिः ॥ विशेषतया सुश्रुते सूत्रस्थानाध्याये चिकित्साबीजं सम्यग्वर्णितम् ॥

चिकित्साबीजम् ॥

अस्मिन् शास्त्रे पञ्चमहाभूतशरीरिसमवायः पुरुष इत्युच्यते । तस्मिन् क्रिया, सोऽधिष्ठानं, करमाछोकस्य द्वैविध्यात् ॥ लोको हि द्विविधः स्यावरो जङ्गमश्च ॥ द्विविधात्मक एवाग्नेयः सौम्यश्च तद्भूयस्त्वात् । पञ्चत्मको वा । तत्र चतुर्विधो भूतग्रामः, स्वेदजाण्डजोद्भिज्ज्वरराजुसंज्ञः । तत्र पुरुषः प्रधानं तस्योपकरणमन्यत् । तस्मात्पुरुषोऽधिष्ठानम् । तद्दुःखसंयोगा व्याधय इत्युच्यन्ते ॥ ते चतु-र्विधाः आगन्तवः शरीरा मानसाः स्वामाविकाश्रति । तेषामागन्तवोऽभिघातनिमित्ताः, शरीरास्त्वज्ज-पानमूल वातपित्तकफशोणितसंनिपातवैषम्यनिमित्ताः, मानसारस्तु कामक्रोधशोकमयहर्षविषादेभ्यम्य-सूयदैत्यमात्सर्यलोभमोहप्रभृतय इच्छाद्वेषभेदैर्भवन्ति ॥

स्वामाविकाः क्षुत्पिपासाजराभृत्युनिद्राप्रभृतयः । त एते मनःशरीराधिष्ठानाः । तेषां संशोधन-संशमनाहाराचाराः सम्यक् प्रयुक्ताः निम्नहृद्देतवः । प्राणिनां पुनर्मूलमाहारो बलवर्णोजसाश्च षट्सु रसेष्वायत्ताः । रसाः पुनर्द्रव्याश्रयाः । द्रव्याणि पुनरोषधयस्ताः द्विविधाः—स्थावराजङ्गमाश्च । तासां स्थावराश्रतुर्विधाः वनस्पतयो वृक्षा वीरुध औषधय इति । तासुपुष्पाः फलवन्तो वनस्पतयः । पुष्प-फलवन्तो वृक्षाः । प्रतानवत्यः स्तम्बिन्यश्च वीरुधः । फलपाकनिष्ठा औषधय इति । जङ्गमाः खरवपि चतुर्विधाः जरायुजाण्डजस्वेदजोद्भिजाः । तत्र पशुमनुष्यव्यालादयो जरायुजाः । स्वगत्सर्पसरी-सृप्रभृतयोऽण्डजाः । कृमिकीटपिपीलिकाप्रभृतयः स्वेदजाः । इन्द्रगोपमण्डूकप्रभृतय उद्भिजाः । तत्र स्थावेरभ्यस्त्वक्पत्रपुष्पफलमूलकन्दनिर्वासस्वसादयः प्रयोजनवन्तः । जङ्गमेभ्यश्चर्मनखरोमरुधि-रादयः । पार्थिवाः सुवर्णरजतमणिमुक्तामनःशिलामृत्कपालादयः । कालकृवास्तु प्रवातनिवातातपच्छायाज्यो-त्स्नातमःशरीतोष्णवर्षाहोरात्रपक्षमासत्वंयनादयः संवत्सरविशेषाः । त एते स्वभावात् एव दोषाणां सभय-प्रकोपप्रशमप्रतीकारहेतवः प्रयोजनवन्तश्च । भवान्ति चात्र—शरीराणां विकाराणामेष वर्गश्रतुर्विधः । चये कोपे शुभे चैव हेतुरुक्ताश्रित्सकैः ॥ आगन्तवश्च ये रोगास्ते द्विधा निपतन्ति हि । मनस्यन्येशरीरे-न्ये भेषां तु द्विविधा क्रिया ॥ शरीरपतितानां तु शरीरवदुपक्रमः । मानसानां तु शब्दादिरिष्टो

वर्गः सुखावहः ॥ एवमेतत्पुरुषो व्याधिरौषधं क्रिया काल इति चतुष्टयं समासेन व्याख्यातम् । तत्र पुरुषग्रहणात्सत्संभवद्रव्यसमूहो भूतादिरुक्तस्तद्द्रव्यङ्गविकरणाश्च त्वद्भूमांसशिरास्त्रायुप्रभृतयः । व्याधि-ग्रहणाद्वातपित्तकफशोणितसन्निपातवैषम्यनिमित्ताः सर्व एव व्याधयो व्याख्याताः । औषधग्रहणात् द्रव्यगुणरसवीर्यविकाकप्रभावाणामादेशः । क्रियाग्रहणाच्छेद्यानि च कर्मणि स्नेहादीनि च व्याख्यातानि । कालग्रहणात्सर्धक्रियाकालानामादेशः । भवति चाल्न बीजं—चिकित्सितस्यैतत् समासेन प्रकीर्तितम् । सर्धशमध्यायशतस्य व्याख्या भविष्यति ॥ तच्च सर्वशमध्यायशतं पञ्चसु स्थानेषु । तत्र सूत्र-स्थाननिदानशारीरचिकित्सितकरपेवर्धवशात्संविमज्ज्योत्तरे तन्त्रे शेषानर्थान् व्याख्यास्यामः । इति ॥

सुश्रुते चोक्तानि ।

॥ आयुर्वेदस्याष्टाङ्गानि ॥

इह खल्वायुर्वेदो नाम यदुपाङ्गमथर्ववेदस्यानुत्पादैव प्रजाः श्लोकसहस्रं च कृतवान् स्वयंभूः । ततोऽस्यायुष्ट्वमरुषस्त्वच्चावलोक्य नराणां भूयोऽष्टया प्रणीतवान् ॥ तद्यथा—शल्यं, शालाक्यं, कायचिकित्सा, मूलविद्या, कौमारभृत्यमगदतं रसायनं वाजीकरणं चेति ॥

अथास्य प्रत्यङ्गलक्षणसमासः ।

तल शल्यं नाम विविधतृणकाष्ठपाषाणपांशुलोहलोष्ठास्थिबालनखपूयास्तावान्तर्गभशल्यचोद्घरणार्थं यन्त्रशस्त्रक्षारान्निप्रणिधानत्रणविनिश्चयार्थं च ॥

शालाक्यं नाम ऊर्ध्वजत्रुगतानां (श्रवणनयनवदनघ्राणादिसंश्रितानां) व्याधीनामुप-
शमनार्थम् ॥

कायचिकित्सा नाम सर्वाङ्गसंसृतानां व्याधीनां उवरातीसाररक्तपित्तशोषोन्मादापस्मारकुष्ठमेहादी-
नामुपशमनार्थम् ॥

मूलविद्या नाम देवासुरगन्धर्वयक्षरक्षःपितृपिशाचनागग्रहोपसृष्टवेतसां शान्तिकर्मबलिहरणादिभिः
ग्रहोपशमनार्थम् ॥

कौमारभृत्यं नाम कुमारभरणधात्रीक्षीरदोषसंशोधनार्थं दुष्टस्तन्यग्रहसमुत्थानां व्याधीनामुप-
शमनार्थं च ॥

अगदतंत्रं नाम सर्पकीटखटाटश्रिकभृषक्रीददुष्टविषव्यञ्जनार्थं विविधविषसंयोगविषो-
पहतोपशमनार्थम् ॥

रसायनतंत्रं नाम वयःस्थापनमायुर्भंगबलकरं रोगापहरणसमर्थं च ॥

वाजीकरणतंत्रं नाम अल्पदुष्टविशुष्कक्षीणरेतसामाप्यायनप्रसादोपव्यजननिमित्तं ग्रहर्ष-
जनार्थं च ॥

॥ आयुर्वेदचिकित्सायाः श्रेष्ठत्वम् ॥

आयुर्वेदशालप्रदर्शितनियमेन चिकित्सा स्याच्चेत्तर्हि राजयद्गमा संग्रहणी कुष्ठामवातोप-
दंशविषमज्जरप्रमेहवातव्याधय इत्यादयो भयङ्करव्याधयो शठिति नश्यन्ति । पाश्र्चिमात्य-
वैद्या यद्यद्देवानुपेक्षन्ते तांस्तान् रोगान् देशियवैधाः सम्यक्प्रकारेण सान्त्वयन्ति ॥ तद्यथा—

(१) राजयक्ष्मरोगे—वसंतकुसुमाकररसः, सुवर्णवसंतमालतीरसः, सहस्रपुटिनं अम्रकमस, प्रवालपश्चामृतरसः, जयमङ्गलरसः, स्यामृतरसः, लोकनायरसः, वासाबलेहः, च्यवनप्राशाबलेहः, द्राक्षारिष्टः, लाक्षादितैलप्रमृतीनि औषधानि शीघ्रतया कार्यं कुर्वन्ति । तथा च शतपरिमितरुग्णानां मध्ये पश्चनवतिरुग्णाः स्वस्थाः जायन्ते ॥

(२) संग्रहण्यां—पश्चामृतपर्पटीरसः, स्वर्णपर्पटीरसः, रसपर्पटीरसः, दुग्धवटी, तक्रवटी, ग्रहणी-कपाटरसः, कनकसुंदररसप्रमृतीति औषधानि यथाशास्त्रनियमेन सेवितानि चेत् सति रोगनिर्मुक्ता रुग्णा भवन्ति ॥

(३) आमवातरोगे—वातारिगुगुलुः, एरण्डतैलम्, रास्नादिक्वायः, आमवातारिरसः इत्यादीना-मौषधानामुपयोगः सहस्रवर्षपूर्वमेवार्षग्रन्थेषु दृश्यते ॥

(४) कथयन्ति पाश्चिमात्यविद्वांसोऽप्यायुर्वेदीयचिकित्सापद्धतिरतीव स्थावनीयेति । एतदर्थमेव पाश्चिमात्यविदुषां प्रमाणपत्राणि निम्ननिर्दिष्टानि ॥

द्वितीयप्रश्ने भवद्विरुक्तानि गर्वितवचनानि ॥ यथा भवदीयवैद्यकतन्त्रमनुरुध्य व्यापेहेतुत्वे सिद्धान्तः सिद्धान्ता वा के नाम विद्यन्ते इत्यादिगर्वितवावयानि समालोच्य ज्ञायत एव आयुर्वेदशास्त्रं प्रतिकक्ष्येण भवद्विरिखितमिति ॥ गर्वस्तु कदाऽपि न कर्तव्य इति महाकविश्रीकालिदासेनोक्तम्—

कस्यात्यन्तं सुखमुपगतं दुःखमेकान्ततो वा
नीचैर्गच्छत्युपरि च दशा चक्रनेमिक्रमेण ॥ १ ॥
यात्येकतोऽस्तशिखरं पतिरोषधीना-
माविष्कृतोऽरुणपुरस्सर एकतोऽर्कः ।
तेजोद्वयस्य युगपद्वचसोनोदयाभ्यां
लोको नियम्यत इवात्मदशान्तरेषु ॥ २ ॥

(अ-आ) तृतीयप्रश्नस्योत्तरम्.

साक्षात्संबन्धो नास्ति ॥

(इ) तृतीयप्रश्नान्तर्गत(र)विषये निम्नलिखितानि उत्तराणि । आयुर्वेदपाठशालाः आयुर्वेदीयविद्या-लयाश्च जयपुरे, वटपत्तनगरे (बहाण्दाराजधान्यां), मुम्बापुर्यां, वाराणस्यां, प्रयागनगरे इत्यादिस्थलेषु बहवः सन्ति । तत्राध्ययनमध्यापनं च सम्यग्रीत्या प्रचलति । छात्राश्च बहवस्सन्ति । परीक्षोत्तीर्णैर्म्यश्छात्रैर्म्यः “ भिषग्वरः, रसवैद्यः, प्राणाचार्यः, आचार्यः, शास्त्री, इत्येतत्प्रभृतय उपाधयो दीयन्ते ॥ यावत्पर्यन्तमायु-र्वेदोत्तेजनार्थं राजकीयसाहाय्यं न स्यात्तावत्पर्यन्तमायुर्वेदशास्त्रोद्धारः कथं भवेत् । अतः स्वकीय-प्रजोत्साहार्थमायुर्वेदोद्धारार्थश्च सततप्रयत्नः कर्तव्य एव । यदा भवत्प्रश्नानां आलोच्यंते तदा अक्षरशः आयुर्वेदशास्त्रस्योपरि कटाक्षमन्तरा किमपि न दृश्यते । पाश्चिमात्यपद्धतिश्च शास्त्रं ना शास्त्रेषु कालाभस्यज्ञानं भवदीयशास्त्रे प्रतिवर्षं सिद्धान्तानां पुनरावर्तनं भवति तथैवास्मदीयशास्त्रे नास्ति ॥ देशीयवैद्यकपद्धतिमनुसृत्य बहून् आयुर्वेदीयशालास्सन्ति (आस्पताल) । तथाऽपि तत्र राजकीय-साहाय्यमन्तरा किमपि विशेषाधिक्यं न भवति । यदा यदा देशेषु कफोष्णसन्निपातज्वरः (इन्फ्ल्यु-न्सा), सन्निपातग्रन्थिकज्वरः (प्लेग) इत्यादि प्राणघातकमहामयङ्करव्याधयो भवन्ति तदा तदा तद्गुणानामायुर्वेदीयशालाम्यः अधिकतरं लाभो जातः ॥ एवं सर्वैरपि ज्ञायत एव ।

चतुर्थप्रश्नस्योत्तरम् ।

अयं निजः परो वेति गणना लघुचेतसाम् । उदारचरितानां तु वसुधैव कुटुम्बकम् ॥ तथैव यत्सारमृतं तदुपासनीयम् ॥ इति शास्त्रोक्तवचनान्यनुसृत्यायुर्वेदशास्त्रोपरि कटाक्षमन्तरा समानदृष्ट्या

भवद्विरायुर्वेदोद्धारार्थं सततं परिश्रमः क्रियते चेत् चतुर्थप्रश्नान्तर्गतविषयार्थेषु यद्यत्प्रतिपादितं तदवश्यमेव भवितव्यमिति । इदानीं क्वचित्क्वचिद्देशेषु पाठशालाः प्रयोगशालाः आयुर्वेदीयशालाः पुस्तकशालास्तन्ति, तथाऽपि राजकीयसाहाय्यमन्तरा सम्यक् न प्रचलन्ति । एतदर्थमेव पूर्वमेतत्समित्यामायुर्वेदशास्त्रज्ञा अध्यक्षा अपेक्षितव्या इति । पश्चात् भवत्प्रश्नेषु यद्यत्कथितं तदुपरि विचारः स्यादेव ॥

पञ्चमप्रश्नस्योत्तरम् ।

कालिकाताविश्वविद्यालयनियमितया समित्या योऽभिप्रायः प्रकाशितस्तदभिप्रायविरुद्धा वयम् । कथमिति चेत्, आयुर्वेदशास्त्रतिद्धान्तमनालोच्य तथा च आयुर्वेदोद्धारार्थं राजकीयसाहाय्यमन्तरा यद्यत्कथ्यते तदसमीचीनमिति प्रतिभाति ॥ यावत्पर्यन्तमायुर्वेदशास्त्रीत्या पाठशालादिकं न स्यात्तावत्पर्यन्तं किं भवेदिति ।

षष्ठमप्रश्नस्योत्तरम् ।

आयुर्वेदस्याष्टाङ्गानि पूर्वकथितानि । तत्र शल्यादिकमस्ति । यदा भवतां तत्र न्यूनाधिकत्वज्ञानं स्यात्तर्हि आयुर्वेदशास्त्रज्ञानां भिषजां आह्वयविचारः क्रियतां नाम ॥ षष्ठमप्रश्नस्यान्तगतषु (अ-आ-इ) विषयेषु पूर्वदर्शितपाठशालाध्यापकानां संमतं गृहीत्वा पठनपाठनक्रमश्च तथा च परीक्षोत्तीर्णानां छात्राणामुपाधि बहव औषधालयाः । क्रमश्च निर्णेतव्य इति ।

सप्तमप्रश्नस्योत्तरम् ।

जयपुरे, श्रीनगरे, मुम्बापुर्यां, काश्यां, वटपत्तने (बेगहाराजघान्यां), प्रयागप्रभृतिस्थलेषु च सन्ति बहून्यौषधालयानि । राजकीयशासनानुरोधेत्साक्षक्रियादिज्ञानमन्तरा तत्रैव पठनं, पाठनं, औषधिज्ञानं, संशोधनं, रसायनशास्त्रज्ञानं, इन्द्रियविज्ञानशास्त्रज्ञानं, सूतिकारोगज्ञानं, रसाद्यौषधिज्ञानप्रभृति चिकित्साज्ञानं समग्रतया भवति । तत्र परीक्षोत्तीर्णानां छात्राणां वैद्यपट्टिकानियमनियोजनविषये नाम-संकीर्तनं कर्तव्यमेव । एतदर्थमेव वैद्यपरिषदपि स्थापयितव्येति ।

अष्टमप्रश्नस्योत्तरम् ।

आयुर्वेदचिकित्सापद्धतिस्तु स्वल्पव्ययविषयेऽतीव प्रशंसनीयेति ॥

नवमप्रश्नस्योत्तरम् ।

द्वितीयप्रश्नस्योत्तरेषु यद्यत्प्रदर्शितं तस्माज्जायत एव आयुर्वेदोद्धारार्थं राजकीयसाहाय्यमपेक्षितमिति । कार्यवशात्भवत्प्रश्नानामुत्तराणि शीघ्रतया लिखितान्यतः “प्रमादो मानुषो भावः” इति न्यायेन लेखने प्रमादो नातश्चेत्कृपया क्षन्तव्यमेव ॥

प्रेषितानि भवत्प्रश्नानामुत्तराणि विनैव विलंबम् । तत्कृपयाऽङ्गीकुर्वन्तु नाम । किमाधिकमभिज्ञेषु । अलमतिविस्तरेण ॥

पाश्चिमात्यविदुषां प्रमाणपत्राणि निर्दिष्टानि.

It would not be out of place to point out here in connexion with Ayurvedic science that the Right Hon'ble Mountstuart Elphinstone bears a high testimony and says : “ Their acquaintance with medicines seems to have been very extensive; we are not surprised with their

knowledge of simples in which they gave early lessons to Europe and more recently taught us the benefit of smoking *Datura* in asthma and the use of cowitch against worms. Their chemical skill is a fact more striking and more unexpected."

Professor Horace Hayman Wilson, M.A., F.R.S., President of Medical Society and Professor of Oxford, says that "There is reason to conclude from the imperfect opportunities we possess that, in Medicine, in Astronomy and Metaphysics, the Hindus kept pace with the most enlightened nations of the world and they attained as thorough a proficiency in medicine and surgery as any people."

Again George H. Clarke, M.A., M.D., speaks of our system in terms of high praise. He says: "As I go over each fasciculus, I always arrive at one conclusion and that is this: If the physicians of the present day would drop from the *Pharmacopœia*, all the modern drugs and chemicals, and treat the patients according to the method of Charaka, there would be less work for the undertakers and fewer chronic invalids in the world."

Professor J. E. Royle, M.D., F.R., & L.S., Professor of Materia Medica, King's College, London, in his *Essay on the antiquity of Hindu Medicine* says —

"Being satisfied of the existence of these Sanskrit Medical works at a period antecedent to the Arabs, it would, no doubt, be interesting to know something more of their contents. The antiquity and independent origin of their Medicine display, I conceive, considerable merit, not only as showing that they had at an early period paid attention to what now constitute the several branches of medicine, but also they had discovered various kinds of remedies as well as modes of applying them. That many of these are of a valuable nature, we may readily be assured by looking at their *Materia Medica*, and our own obligations to it, as well as by remembering how recently some among them of old date, have been introduced into European practice as the smoking of *Datura* leaves in asthma, the prescribing of *nux vomica* in paralysis and dyspepsia. From the admixture, however, of much ignorance and absurdity with what is valuable, many will be apt to despise altogether the medicine of the East, but if it be recollected how long in Europe prevailed the influence of Galen, and how many absurd formulæ still figure in some continental *pharmacopœias* as also how comparatively recent is the time since our own was so greatly improved, some feeling of humiliation will control the pride with which we now view these medical sciences."

ججوابات *

(۱) بقلم جناب حکیم محمد غوث صاحب بہادر غیات = مدراس *

۱۔ میں یونانی طریقہ طبابت کا معجز ہون جسکا مجھے ذاتی تجربہ ہی ہے۔ آپرودک طریقہ سے مجھے و تقویت کہیں *

۲۔ یونانی طریقہ طبابت کے مطابق اسباب بیماری کے قیاسی توجیہات نبض و فارورہ و معائنہ مریض سے تعلق رکھتے ہیں اور انہیں چیزوں کے دیکھنے کے بعد یونانی طبیب اپنی رائے بیماری کے متعلق قائم کرتا ہے *

جدید علم سے جو رائے قائم ہوتی ہیں اسکا علم نہیں اس لئے میں اس باب میں اپنا خیال ظاہر نہیں کر سکتا *

نبض کی رفتار چند قسم کی ہوتی ہے اور ہر ایک قسم ایک خاص کیفیت مزاج پر دلالت کرتی ہے۔ اس نبض پر ہاتھ رکھنے سے اور ساتھ ہی فارورہ کے رنگ و قوام و رسوب کے معائنہ سے بیمار کی موئے مزاجی ظاہر ہوجاتی ہے۔ طبیعت میں کون سے خلط کا غلبہ ہے اور کونسا عضو ماؤن و صدمہ رسیدہ ہے۔ فی الفور مشخص ہوجاتا ہے۔ اور اس تشخیص کے بعد معالجہ شروع کیا جاتا ہے۔ معالجہ کا اصل اصول یہ ہے کہ اولاً اخلاط کے فساد کو روکا جائے۔ غذا اور دوا ہر دو سے اور دوا میں پہلے مفردات کا استعمال ہوتا ہے۔ اگر اس سے نتیجہ نہ نکلے تو مرکبات دئے جاتے ہیں دوا کے ساتھ غذا میں پرہیز کروانا یونانی طبابت کا فرض ہے۔ ایسے آغذیہ جن سے بیمار کے عوارضات کے بڑھ جانیکا اندیشہ ہو بیمار کو ان سے باز رکھا جاتا ہے *

یونانی معالجہ کی عام تاثیر سب پر روشن ہے کہ سالہا سال سے یہ معالجہ ہندوستان میں جاری رہا اور کڑوں بیماریوں نے صعب ترین امراض سے اس علاج کی بدولت شفا پائی اور میں کم عمری سے میرے بزرگوں کے پاس اسی فن میں مشغول رہا اور بعد شعور بذات خود اسوقت تک بھی یونانی معالجہ کرتا ہوں اور میں طبیب خاص ہر ہینس نواب خیرالنسا ہیگم صاحبہ تیلہ مرحومہ و مغفورہ جو اخیر رئیسہ کوناٹک تھے اور مرحوم پرنس آف آرکٹ کا تھا۔ اب فی الحال حال پرنس آف آرکٹ کا طبیب خاص ہوں اور اس مدت میں خدا کے فضل سے صد ہا بیمار امراض مختلفہ کے میرے ہاتھوں صحت یاب ہوئے *

میرا خیال ضرور یہ ہے کہ یونانی طریقہ علاج بہ نسبت دیگر طریقوں کے زیادہ موثر ہے اس وجہ سے کہ یونانی ادویہ اگرچہ عام طور پر سریع التاثر نہیں ہوتے تاہم ان کا اثر دیر تک اعضا پر باقی رہتا ہے اور کسی حال میں کوئی یونانی دوا ضرر رسان نہیں ہوتی برعکس مصری و انگریزی ادویہ کے کہ ان کے استعمال سے عجلتاً یا تو نفع پہنچتا ہے یا نقصان اور در صورت ثانی چونکہ دوا اصل دارو کی روح یا جوہر سے تیار ہوتی ہے۔ لہذا اپنی صحت سے اعضا کو ضعیف بنا دیتی ہے ان عیوب سے یونانی ادویہ مبرا ہیں *

۳۔ مدراس ملکی طریقہ کے طبابت خانوں کی حیثیت یہ ہے کہ ہر ایک یونانی طبیب اپنے مکان پر مطب کرتا ہے اور ان مطب خانوں میں معالجہ کا پورا پورا بندوبست نہیں ہو سکتا۔ کیونکہ اطباء کا کام صرف نسخہ نویسی ہے اور کسی طرح کی آگاہی کا سامان بیمار کے لئے وہاں مہیا نہیں کیا جاسکتا *

یونانی اطباء جراحی کے فن سے بالکل نا آشنا ہیں اسلئے مہرب ذاتی رائے یہ ہے کہ یونانی اطباء کے لئے ایک شاخ تعلیم فن جراحی کی بھی کھولی جائے

ہیں نہیں جانتا کہ ملکی طریقوں کے مطابق معالجہ اور طبی تعلیم کے لئے کیا تدبیریں کیا گیا ہیں۔

جو لوگ کہ طبی مدرسہ کے اساتذہ ہونگے وہی لوگ طبابت خانے میں اطباء کے خدمات رکھینگے۔ چونکہ طبابت خانوں کو مریض اکثر صبح میں آیا کرتے ہیں۔ اس لئے طلباء بھی اسی وقت وہاں بلائے جائیں تاکہ اساتذہ کے روبرو طلباء امراض کی تشخیص کریں جس سے انہیں بہت کچھ ذاتی تجربہ حاصل ہو سکتا ہے اس صورت میں طلباء اطباء خانوں کی ذاتی رہبری میں رہ سکتے ہیں۔

۴۔ مجھے اس تصور سے اتفاق ہے کہ اساتذہ کو بطور خود طبی تحقیقات کرنا مقررہ دیا جائے مگر اس مقصد کے عنقریب حاصل ہونے میں چند دشواریاں ہیں جہاں کہیں طریقہ طبابت میں تحقیقات ہوتے ہیں وہ بعد انقضائے مدت دراز و صرف رقم کثیر و گوارا کی زحمت و محنت ذاتی ہوتے ہیں۔ پس اٹھانے تحقیقات میں ہمارے اطباء کو یہی بعض اوقات تکلیف مفرگوارا کرنا پڑیگا۔ اور فراہمی آلات امتحان کی ضرورت داعی ہوگی ان وجوہ سے میرے خیال میں حصول مقصد کا زمانہ دور ہے۔

۵۔ کلکتہ یونیورسٹی کمیشن کا میں ہم خیال نہیں ہو سکتا۔ کیونکہ مشرقی و مغربی طریقہ طبابت کے اصول میں باہمی تضاد ہی جس طرح اہل مغرب ہمارے قیاسی توجیہات کو بغیر کافی وجوہات کے مسترد کر دیتے ہیں اسی طرح ان کے بعض اصول کو ہم بھی روک سکتے ہیں ان دونوں مختلف طریقوں کا اتحاد میرے خیال میں ناممکن الوقوع ہے البتہ بعض فن کو مثل جراحی کے اپنے نصاب تعلیم میں داخل کر سکتے ہیں جیسا کہ اوپر مذکور ہوا۔

۶۔ یونانی طبابت اختیار کرنے والوں کو زبان فارسی سے توفیق لازم ہے کیونکہ اکثر طبی کتب عربی و فارسی زبانوں ہی میں لکھے گئے ہیں لہذا طالب العلم کو ابتداءً فارسی اس حد تک پڑانی جائے کہ اسکو طبی کتب پڑھ کر سمجھنے کی استعداد حاصل ہو۔

۷۔ ملکی طریقہ طبابت مغربی طریقہ کے مقابلہ میں بیشک ارزان ہے کیونکہ مغربی اندیہ ممالک دور و دراز سے منگوائے جانیکے باعث گران بہا ہوتے ہیں اور آلات امتحانی کی بہم رسانی میں بھی صرفہ کثیر لازم آتا ہے۔ یہ امور یونانی طریقہ میں ہنریعہ نبض و قارورہ آسانی سے دریافت ہو جاسکتے ہیں۔

۸۔ طبابت کے ملکی طریقوں کے کھٹنے کی بڑی وجہ یہ ہے کہ سرکار نے جابجا شفا خانے کھولنے جہاں بیماروں کو دوا مفت دئے جانے کے علاوہ انکی خوراک و ہونہ باش و دیگر آسائشات کا انتظام ہونے لگا۔ اور عمل جراحی کی کامیابی نے مریضوں کو سرکاری شفا خانوں کی طرف اور بھی مائل کیا۔ پس ان شفا خانوں کے مقابل میں طبابت خانے نظر انداز ہو گئے دوبارہ انہیں جان بھرنے کی تجویز امکے سرا اور کیا ہو سکتی ہے۔ یہ شہر مدراس و اضلاع میں متعدد یونانی طبابت خانے سرکاری امداد و اعانت کے ساتھ کھولے جائیں۔

ان طبابت خانوں کی بجالی اور تقویف کے لئے گورنمنٹ کو نصف اخراجات کا نمہ دار ہونا پڑیگا اور بقی نصف شہر مدراس میں غیر سرکاری ذرائع سے اور اضلاع میں ٹوکل بورڈ سے وصول کیا جائے۔

(۲) بقلم جناب حکیم سید مصطفیٰ صاحب بہادر - میسورہ

۱۔ میں خاص طور پر یونانی طبابت کا پیرو اور حامی ہوں۔ لیکن ملک میں یونانی اور ویدک پر دو دیسی علاجوں کی تحریک کرتا ہوں۔ کیونکہ ان دونوں کی ملک کو ضرورت ہے۔ صدیوں سے ملک اور اہل ملک مذکورہ بالا علاجوں سے واقف ہیں۔ اور ان سے فائدہ حاصل کرتے رہے ہیں۔ بلکہ طبیعتیں ان سے اس قدر مانوس اور خو گرفتہ ہو گئی ہیں کہ ان کے سوا اور کسی طریقہ علاج سے مطمئن نہیں ہو سکتیں۔

میرا دعویٰ ہے کہ آج دنیا میں جس قدر طریقہ علاج رایج ہیں۔ ان سب میں یونانی ہی ایک ایسا بہ ضرر طریقہ علاج ہے کہ جس سے کبھی کسی ضرر کا احتمال نہیں ہے۔ دوائیں خوشبوگت ہولیکے علاوہ لذیذ بھی ہوتی ہیں۔ اگر مریض کے مخالف دوا بھی دیدی جائے تب بھی کوئی اندیشناک نقصان نہیں ہوتا۔

۲۔ (ب) بدن انسان اخلاط اربعہ سے مملو ہے۔ ان میں سے (ایک یا ایک سے زیادہ) میں کمی بیشی واقع ہونے یا بگاڑ پیدا ہوجانے سے افعال الاعضاء میں جو نقص پیدا ہوتا ہے اسی کا نام بیماری ہے۔

یعنی اخلاط کا تغیر و تبدیل سبب (یعنی موجب مرض) اور اسکے تاثیر سے افعال الاعضاء (ایک یا ایک سے زیادہ) کا نقص ہوجانا بیماری کہلاتا ہے۔

(ب) دونوں کلائیوں پر ہاتھ کی تین انگلیوں سے شریانوں کی تڑپ سے دل کی اندساطی و انقباضی حالت کے معلوم کرنے اور اس سے دل کی قوت و عدم قوت - اور دیگر امراض قلبیہ کے جان ایذہ کا نام نبض شناسی ہے۔ نبض جسم انسانی کے ہر حصے پر (شریان پر ہاتھ رکھنے) دیکھی جاسکتی ہے چونکہ اور حصے جسم پر یہ ضرورت ہاتھ لگانا اور خاصکر مریض اگر عورت ہو تو بالکل نا زیبا ہے لہذا کلائیوں کو نبضی کے لئے منتخب کر لیا گیا یہاں تک ڈاکٹری اور یونانی اصول متحد ہیں۔ لیکن یونانیوں نے قدم تحقیق اور بڑھایا اور میگزوں بیماریوں پر تجربہ کر کے خاص خاص مریضوں کی خاص خاص نبضیں مقرر کیں۔ مثلاً انہوں نے ایک قسم نے مریضوں کو لیا اور ان پر امتحان شروع کیا اور غور سے جانچا تو تمام ایسے مریضوں کی نبضیں جملہ حالات میں ایکساں اور مطابق پائیں (ممکن ہے شاد و تندر کچھ کمی بیشی بھی ہو) مثلاً ذات العجب کے پیشمار مریضوں کا معاینہ کیا تو انکی نبضوں میں ایک سی کیفیت پائی۔ پھر اس کے مناسب حال نام تجویز کیا۔ مثلاً ذات العجب کے مریض کی نبض پر اگر ہاتھ دہرا جائے تو بس یہ معلوم ہرگا کہ آرے کے دندانون پر ہاتھ پھر رہا ہے غرضکہ اسکی مناسبت پر اس قسم کی نبض کا نام رکھا گیا منشاری یعنی آرے کی دندانون کے مطابق

چنانچہ اسطرح پر ہر مرض کا تجربہ کیا اور ان نبضوں کے نام مقرر کئے۔ اسطرح دق - سل - اور صرع وغیرہ امراض کی نبضیں قائم کیں اور ان کے خاص علامات مقرر کئے جنکا جاننا مشق پر موقوف ہے چند دنوں کی مشق اور تجربہ سب کچھ بنا دینا ہے جسطرح سٹہیتس گوب (آلہ صدر بین) ڈاکٹروں نے نکالا اور اسکو رایج کیا۔ لیکن اس سے کام لینا یا اسکے ذریعہ حالات اعضائے صدریہ کا معلوم کرنا کثرت کار اور مشق متواتر پر موقوف ہے اسی طرح ان نبضوں سے مریضوں کا پہچان لینا بھی تجربہ اور مشق پر موقوف ہے۔ اس علم پر ہمارے یہاں مستقل رسالجات موجود ہیں جن میں ان کے اصول نہایت تفصیل کے ساتھ بتائے گئے ہیں جن کے دیکھنے سے معلوم ہو سکتا ہے کہ یہ بالکل مفید اور با اصول فن ہے۔

اتنا اور عرض کرنا چاہتا ہوں کہ اس علم کو عمل سے بہت بڑا تعلق ہے۔ جو شخص جتنا تجربہ پیدا کریگا اسکی معلومات میں اتنا ہی اضافہ ہوتا جائیگا۔ مثلاً نبض کے اتسام اسکی ماہیت اور جملہ قواعد و ضوابط کو ضبط ذہن کر لینے سے کوئی فائدہ نہ ہوگا جب تک اس علم کو عمل سے قوی نہ کیا جائے اور اسکے اسرار و نکات کو مدنظر رکھے

ڈاکٹری ادویات میں کثرت سے استعمال ہونے والی دواؤں میں سے کونین اول درجہ آرہی۔ ہر ڈاکٹر اس کا کثرت سے استعمال کرتا ہی بلکہ ڈاکٹروں سے گزر کر عوام تک پس کے نام سے واقف ہیں بلکہ اسکو بطور خود بھی استعمال کرتے ہیں۔

ڈاکٹر اسکو عام طور پر بخاروں میں استعمال کرتے ہیں۔ اسکا مزاج گرم و خشک ہی۔ یونان میں اگلے زمانے میں جس کسی معجز کو نہایت تکلیف سے مارنا پوتا تھا تو اسے سنکونا (اسی سے کونین حاصل کی جاتی ہے) کی چھال کوٹ کر اس کا جو شانہ برابر پلایا جاتا تھا جس سے چند دنوں میں یہ معجز کثرت پیوستہ سے طرح طرح کی تکلیف میں مبتلا ہو کر مرجاتا تھا۔ چنانچہ آج بھی ڈاکٹر اسے سن مفرحا (غیر طبعی موٹا یہ) میں استعمال کرتے ہیں اگر کسی کی توند نکلی ہوئی ہو تو بلا تکلف ڈاکٹر اسکو کھانسی ترغیب دیتے ہیں۔ غرضکہ اکثر امراض میں اسے آنکھ بند کر کے کھلایا کرتے ہیں۔ چنانچہ ڈاکٹروں کے کہنے منہ سے سرکار نے ڈاکٹروں میں بھی اسکی فروخت کا انتظام کر رکھا ہے۔ کوچہ بہ کوچہ دہ بہ دہ اسکو لوگ خرید رہے ہیں۔ اور کھاتے ہیں۔ اسکا مزاج گرم و خشک ہونے کی وجہ سے ہندوستانیوں کے لئے سم قاتل کا حکم رکھتی ہے۔

ملیریا وغیرہ بخاروں میں ڈاکٹر ۶ سے ۲۰ گرین تک مہینوں کھلایا کرتے ہیں۔ چنانچہ راتم الحروف نے کیے ایسے مریضوں کو دیکھا ہے جنکا چہرہ زرد اور مرجھایا ہوا تھا۔ نتھنہ خشک۔ پیاس کی شدت۔ بیخوابی۔ سرعت انزال کا عارضی لاحق تھا۔ کانوں کو مطلقاً سنائی نہیں دیتا تھا بلکہ کانوں میں مائین مائین کی آوازوں نے ناطقہ بند کر رکھا تھا۔ بھوک بھی بالکل بند تھی۔ شدید قبض بھی تھا۔ بعضوں کو سوزش امعا کی وجہ سے اسہال۔ بعضوں کو حدت جگر کی وجہ سے پیشاب بند اور تلیل مقدار میں سرخ آتا تھا۔ بعضوں کو سوزش معدہ کی وجہ سے قے ہوتی تھی۔ اس حالت میں بھی ڈاکٹر یہی ہدایت کرتے تھے کہ تم برابر آنکھ بند کر کے کونین پھانکے جاؤ یہ سب علامت اور تکالیف کو نالیزم کی وجہ سے ہیں۔

اس دوا نے واقعی ہندوستان میں بہت برا اثر ڈالا۔ بصارت۔ سماعت۔ وغیرہ کو شدید صدمہ پہنچتا ہے۔ اس سے ہندوستان کا غالب حصہ تباہ ہو رہا ہے۔ جب ڈاکٹری ادویات کے طفیل بچائے از دیاد صحت و حفظ قوت اعضائے رئیسہ۔ صحت کو اور نقصان پہنچ رہا ہے تو ایسے دایمی مریض۔ علیل و رنجور اشخاص کی اولاد کی کیا حالت ہوگی۔ لامحالہ وہ بھی کمزور دہلی پتلی۔ مکروہ اور ناقص القوی پیدا ہوگی۔ یوں گویا روز بروز ہندوستانی تواری کمزور ہو رہے ہیں۔ انکی نسلیں برباد ہو رہی ہیں۔ لیکن افسوس یہ ہے کہ ہم مطلقاً ان افسوس ناک واقعات سے اسبق نہیں لیتے۔ یورپ کی اندھی تقلید۔ ولایتی ادویہ کی ظاہری خوبصورتی۔ اور ڈاکٹروں کی وجاہت ظاہری نے ہماری آنکھوں پر غفلت کا پردہ ڈال رکھا ہے۔

اسی سلسلے میں ایک بات اور عرض کرنا ہے وہ یہ کہ بعض امراض میں ڈاکٹری ادویات کسلے مائدہ نہیں کرتیں اور ملکی طریقہ علاج کیونکر کامیاب ثابت ہوا کرتا ہے۔

ڈاکٹری ادویات امزجہ و کیفیات اربعہ کا لحاظ نہیں کرتیں یعنی ان ادویات کے استعمال کے لئے اس رعایت کی ضرورت نہیں سمجھتے۔ مثلاً اگر کوئی تب محترتہ میں مبتلا ہے ڈاکٹر اسے برابر کونین دیا کرینگے۔ حالانکہ اسے سخت ضرر فریگی۔ ایک شخص ضعف جگر میں مبتلا ہے تو اسے فولاد کے مرکبات دیدئے جائینگے۔ حالانکہ اسکا مزاج بالکل حار ہے وہ ہرگز اس گرم و خشک شیء کا متحمل نہیں ہو سکتا بچائے اس سے فائدہ حاصل کرنیکے شدید تکالیف میں محصور و گرفتار ہوگا۔ یونانیوں کے یہاں ان امور کا خاص طور پر لحاظ رکھا جاتا ہے جس عضو میں یا اسکے فعل میں جس قسم کا نقص پایا جائیگا مذکورہ بالا رعایات کو مرعی رکھ کر دور کیا جائیگا۔ چونکہ یہ طریقہ علاج بالکل منشاءے نظرت اور تخلیق جسم انسانی کے عین مطابق ہے بالکل یہ ضرر طریق پر فوری نفع بخش اور سودمند ہوتا ہے۔ علاج بالضد ایک ایسا طریقہ ہے جس سے سہل تر اور عمدہ و یقینی علاج دنیا میں نا پیدا ہے۔

اس حصے کے متعلق اور امور سوال نمبر ۵ کی تصف میں بیان کئے جائینگے •
 ۳۔ (a) میں گورنمنٹ یونائی ڈسپنسری (ریاست میسور) کا مینجر حکیم ہون جہاں
 یونائی طریق پر مرزا کا علاج کیا جاتا ہے •

(b) اس تصف میں جو کچھ عرض کرونگا - اس سے یہ مطلب نہ نکالا جائے کہ
 میں طرفداری کر رہا ہوں - جو بیان کرونگا اس میں اصلیت ضرور ہے - اگر کسی کو شک
 ہو یا آسانی باور نہ آسکے •

(۱) ضرورت کے لحاظ سے موجودہ طبابت خانے غنیمت ہیں - اور ان کا
 جوہر ملک کو از بس ضروری ہے - ان رفتار زمانہ اور اسکی ترقیوں پر نظر کرتے ہوئے
 یہ طبابت خانے بہت کچھ اصلاح طلب ہیں - اسکا علاج بھی بہت آسان ہے - صرف
 روپیہ درکار ہے - ہائی سب کچھ ہو سکتا ہے •

اگر آج دیسی شفاخانوں کو امتحاناً گورنمنٹ عالیہ (صرف ۶ ماہ کے لئے) بند
 کروادے تو بہر اسے نظر آئیگا کہ ان کی وجہ سے مخلوق کو کس قدر آسائش تھی - اور خلق
 خدا کی جانوں کی اہم ذمہ داری کس ایثار کے ساتھ انہوں نے اے رکھی تھی •

انفلوینزا کے زمانے میں اگر دیسی طبیب سرکار عالیہ کا ہاتھ نہ بٹاتے تو آج ہندوستان
 میں جس قدر آبادی ہے اس کا ۱/۳ حصہ نذر اجل ہو گیا ہوتا - بلکہ اس معرکہ عظیم
 اور داروگیر عرصہ قضا و قدر میں میدان دیسی طبیبوں کے ہاتھ رہا - ہندوستان کے ہر حصہ
 سے اسکی تصدیق ہو سکتی ہے - ڈاکٹروں کے پاس دواؤں کا خزانہ خالی تھا - اور بوجہ
 جنگ عظیم یورپ سے دواؤں کی روانگی بند تھی - ایسے وقت میں جبکہ خود ڈاکٹر
 اپنی روشنی طبع سے کوئی تعویذ علاج معالجہ کی نکلنے سے قاصر تھے - اگر دیسی طبیب
 کمر ہمت جست کر کے موقع پر کام نہ کرتے تو اسکا جو انجام پرتا نہایت انسوس ناک ہوتا •

اگر ان شفا خانوں کو سرکار بند کروادے تو ڈسپنسریوں کی تعداد میں ۶ گنا اضافہ
 کرنا پڑیگا - اور جملہ لوازمات میں اسی مناسبت سے ایزادی کرنا پڑیگی - پھر بھی کمی
 باقی رہ جائیگی - غرضکہ ضرورت کے لحاظ سے شفا خانے اطمینان بخش نتائج دکھا رہے
 ہیں - لہذا ان کو رونق دینا اور جملہ امور میں فیاضانہ طور پر دستگیری کرنا سرکار عالیہ
 کی عنایت پر منحصر ہے تشفی بخش معالجہ اسی وقت ہو سکتا ہے جبکہ ادویہ کا ذخیرہ
 کافی طور پر موجود ہو - اسباب و آلات ادویہ سازی کی کمی نہ ہو اور دیگر لوازمات جن
 کی ضرورت ہوتی ہے خاطر خواہ میسر ہوں •

آپ پر واضح ہے کہ ان چیزوں کی بہم رسی سوائے روپیہ کے میسر نہیں ہو سکتی -
 بخلاف ڈاکٹروں کے دیسی طبیب متوکلانہ زندگی بسر کرتا ہے وہ صرف خدا کے رحم و
 کرم پھر بہروسہ کر کے مریض کی خدمت کرتا ہے - بعد صحت پائی اگر کوئی مریض کچھ
 دینے تو اسی کو صبر و شکر کا دامن پھیلا کے لے لینا ہے - بخلاف ان کے ڈاکٹروں کو
 سرکاری پیشہ قرار تنخواہیں ملتی ہیں - ادویہ کا انتظام سرکار عطا کرتی ہے - اور جملہ
 لوازمات و آلات بھی بے دریغ ان کے ہاتھوں میں دے دیتی ہے پھر کیونکر ڈاکٹر صاحب
 عالی حوصلگی نہ دکھائیں •

دیسی دواخانوں کو سرکاری ڈسپنسریوں سے کوئی نسبت نہیں ہو سکتی - دیسی طبابت
 خانہ شخصی ہمت کا نمونہ ہوتا ہے اور سرکاری ڈسپنسری گورنمنٹ کی فیاضانہ سخاوت
 کا ثبوت - غرضکہ اس سے مائیگی کی حالت میں بھی دیسی حکیم جو خدمت قوم اور
 ملک کی کر رہا ہے وہ اکثر سرکاری ڈسپنسریوں سے بدرجہا بڑھ کر ہے اور سوائے ہندوستان
 کے دنیا کے کسی اور خطہ ملک میں اسکی نظیر نہیں ہے •

(۲) طبی تعلیم کے مرکزوں کے متعلق بھی میں وہی عرض کرنا چاہتا ہوں جو دیسی
 طبابت خانوں کے متعلق اوپر کہہ آیا ہوں - اگر گورنمنٹ نئی درمگاہوں کا انتظام کرے
 اور انکے مصارف خود اپنے ذمے لے تو آج انکی حالت مدہر سکتی ہے •

طبی تعلیم کے جتنے مرکز ہیں یہ سب کے سب افراد قوم و ملک کی طرف سے
تایم کئے گئے ہیں۔ گورنمنٹ کا اس میں کچھ حصہ نہیں ہے۔ خیر خواہان قوم کی
طرف سے جس قدر ہوسکا وہ کر رہا ہے۔ میرے خیال میں ہم لوگ منزل مقصود سے مینگروں
میل پرے ہیں۔ ہم کو از سر نو اپنی تعلیمی درسگاہوں کا انتظام اور انکی شیرازہ بندی
کرنا پڑیگی۔ اس کے لئے روپیہ کی ضرورت ہے۔

(۵) گورنمنٹ نے کوئی حصہ نہیں لیا ہے طب یونانی و وینک کے موت و
حیات کے مسئلے پر اسنے اب تک کوئی توجہ نہیں کی۔ انکی ترقی کے لئے کوئی جد و
جہد نہیں کی۔ جو کچھ ہوا ہے شخصی کوششوں سے ہوا ہے اور ہر رہا ہے۔ اس امر
کو ملحوظ رکھ کے اگر دیکھا جائے تو موجودہ انتظام پھول نہ سہی پھنگڑی سہی کے مطابق
غذیبت ہے۔ لیکن اس فن کی عظمت و جلال پر نظر کرتے ہوئے مایوسی کے ماتھ کہنا
پڑتا ہے کچھ نہیں۔ بلکہ اسکی اظہار حال سے بھی ندامت دامنگیر ہوتی ہے۔

اسکا تدارک یوں ہوسکتا ہے کہ گورنمنٹ پہلے دیسی طبیبوں اور دیسی طبوں کے
حقوق جدید علم کے برابر قرار دے لے۔ اور انکو علمی و عملی حیثیت سے وہی درجہ
مرحمت فرمائے جو آجکل الپتھک کا ہے تو یہ لاس با آسانی دور ہوسکتا ہے۔ کیونکہ
امصورت میں گورنمنٹ پر غرض ہوجائیگا۔ کہ ہر طرح کی مالی امداد دے بلکہ اپنے
مصارف اور نگرانی سے ڈسپنسرئوں کی تعداد کے مطابق دیسی طبابت خانے قائم کرے۔
اور حکیموں کو دوش بدوش کام کرنیکا موقع عطا کرے۔ یوں آپس کی کشمکش سے ایک
غریق کو دوسرے پر صفت لیجانے کی بالطبع خواہش پیدا ہوگی اور ہر شخص اپنے اپنے
کمال میں ترقی کریگا۔ میرے خیال میں اس کشمکش کے نتائج بالکل قیمتی ہونگے۔
اور پبلک کو اب سے بدرجہا زیادہ نفع پہنچائیگا۔

عدم اکتفا صرف بے مایگی کی وجہ سے ہی ایسے کام صرف دو باتوں سے چلا کرتے
ہیں۔ یا تو پبلک کی نیازی سے۔ یا گورنمنٹ کی عنایت و سخاوت سے۔ پبلک میں
اچھی ہمت نہیں ہے کہ وہ ایسے شفا خانوں کا بذاتہ بندوبست کر کے مدت العمر انکو اعلیٰ
پیمانے پر چلے باتی رہی گورنمنٹ تو اسکو ان امور کا دہیان نہیں ہے۔

یہ صرف دیسی طبوں کی مسیحانفسی ہے کہ باوجود اس اتری وکس سپرسی کے
الم میں بھی جی رہی ہیں۔ اور اپنے وجود کو اپنائے عالم کی لئے ضروری ثابت کر
رہی ہیں۔ اس ناداری اور بے بضاعتی کے باوجود مخلوق کو ان سے قیمتی امداد مل
رہی ہے۔

بخلاف اسکی ڈاکٹری صرف گورنمنٹ کی امداد پر چل رہی ہے۔ اگر کسی کو اس
میں شک ہو تو اسکو گورنمنٹ کی امداد سے صرف ۲ مہینوں کے لئے محروم کروادے
اور پھر نتیجہ دیکھ لے۔ اور یہ بھی دیکھ لے کہ اس کا یہ طمطراق اور موجودہ
وجاہت اس کا کب تک ماتھ دیتی ہے۔

۴۔ (۵) مجھے اس سوال کے دیکھنے سے بےحد خوشی ہوئی بلکہ امید بندھ گئی
کہ یونانی طبابت کا ستارہ اب اوج کمال پر چمکنے کو ہے۔ کیونکہ کمیٹی کے ارکان اور
گورنمنٹ کی نظریں دیسی طبابت کی ضروریات تک پہنچ گئی ہیں۔ اب کوئی دم
میں مطلع امید سے خورشید مقاصد جلوہ گر ہو کے ہماری چشم مشتاق کو روشن کردیگا۔

(۱) یہ شک اسکی اشد ضرورت ہے۔ بلکہ اسکی بغیر تعلیم مکمل نہیں ہوسکتی۔

(۲) مجھے یہ رے بھی پسند ہے۔ واقعی اسکی بھی ضرورت ہے۔

(۳) میں اس تعویذ سے بھی متفق ہوں۔

حصان تک مجھے علم ہی یونانی درسگاہیں (جو قابل ذکر اور ترجمہ کے لائق
ہیں) حسب ذیل مقامات میں موجود ہیں۔

• چنانچه در مورد این دو نفر در کتاب آمده است که هر دو در زمان کوتاهی در آنجا بودند و در آنجا با یکدیگر آشنا شدند و در آنجا با یکدیگر آشنا شدند و در آنجا با یکدیگر آشنا شدند.

• در مورد این دو نفر در کتاب آمده است که هر دو در زمان کوتاهی در آنجا بودند و در آنجا با یکدیگر آشنا شدند و در آنجا با یکدیگر آشنا شدند و در آنجا با یکدیگر آشنا شدند.

• در مورد این دو نفر در کتاب آمده است که هر دو در زمان کوتاهی در آنجا بودند و در آنجا با یکدیگر آشنا شدند و در آنجا با یکدیگر آشنا شدند و در آنجا با یکدیگر آشنا شدند.

• در مورد این دو نفر در کتاب آمده است که هر دو در زمان کوتاهی در آنجا بودند و در آنجا با یکدیگر آشنا شدند و در آنجا با یکدیگر آشنا شدند و در آنجا با یکدیگر آشنا شدند.

• در مورد این دو نفر در کتاب آمده است که هر دو در زمان کوتاهی در آنجا بودند و در آنجا با یکدیگر آشنا شدند و در آنجا با یکدیگر آشنا شدند و در آنجا با یکدیگر آشنا شدند.

• در مورد این دو نفر در کتاب آمده است که هر دو در زمان کوتاهی در آنجا بودند و در آنجا با یکدیگر آشنا شدند و در آنجا با یکدیگر آشنا شدند و در آنجا با یکدیگر آشنا شدند.

• در مورد این دو نفر در کتاب آمده است که هر دو در زمان کوتاهی در آنجا بودند و در آنجا با یکدیگر آشنا شدند و در آنجا با یکدیگر آشنا شدند و در آنجا با یکدیگر آشنا شدند.

ان اختلافات کو مد نظر رکھتے ہوئے ہم کیونکر توقع رکھ سکتے ہیں کہ ڈاکٹری اور یونانی کے باہمی جذب و اتحاد سے ایک مفید طریقہ علاج ہاتھ آئیگا اور اس کا نتیجہ ہمارے حق میں مفید ہوگا - پہلے اصولی اختلاف کو رفع کریں پھر اتحاد کی تجاویز سوجھیں - اس کے بغیر عین خیال ست و مجال ست و جنون - اب رہی یہ بات کہ طبابت غربی پر مال اپنے توجیہات طبیہ اور تجارت معمولہ کو بدل دیا کرتی ہی تو اسکی یہہ خام کاری اور غیر مکمل ہونے کی ایک بین دلیل ہی - اسی کے بیان سے یہ ثابت ہوتا ہی کہ غربی طبابت کے دعویٰ صرف زبانی جمع خرچ پر مبنی ہوتے ہیں ورنہ اس کی خام کاری کا یہ عالم ہی کہ اسے ہر مال اپنے پچھلے تجارت اور کوششوں سے پیدا کی ہوئی کمائی کو بر باد کر دینا پڑتا ہی اور تسلیم کرنا پڑتا ہی کہ وہ جو کچھ اب تک کرتے رہے بالکل لغو تھا - اور جن نسخ و تجاویز پر بھروسہ کر کے ہندگان خدا کا علاج کرتے رہے ان سے اب وہ مطمئن نہیں ہیں - یہ حال اور یہہ روش اومی کو مبارک خدا ہم کو اس آفت سے بچائے اور اپنے علم و عمل پر امتیازت کی توفیق عطا کرے *

طب یونانی کی ہزار ہا ہیٹنگ ادویات قرابادنیوں میں موجود ہیں جن میں از ابتدا تا این دم ذرا بھی ترمیم و تغیر کی ضرورت محسوس نہیں ہوئی - ڈاکٹر بیجم صاحب کی تبص کشا گولیان مارے عالم میں مشہور ہوگئی ہیں لیکن در اصل وہ طب یونانی کے ایک معمولی نسخے سے ماخوذ ہیں *

اس کے علاوہ انوشدازو - اظریف زماہی - حب ایارج - جوارش شہریاران - مفوف طباشیر لقوق سپتان وغیرہ صدی مرتکبات موجود ہیں جن کے خواص و تاثیرات آج بھی وہی ہیں جو کتابوں میں لکھے ہوئے ہیں ان میں مطلق فرق نہیں آیا - پھر کیا ضرورت ہی کہ سال بسال ہم ان کو بدلتے رہیں *

۶ - میں اس رائے سے اختلاف نہیں کرتا کیونکہ علم شیعی بہ از جہل شیعی مشہور مقولہ ہی اور اسلامی شعار تو یہ ہی کہ اطلبوا العلم ولو کان بالصین (علم کے لئے جدوجہد کرو اگر وہ چین میں میسر آتا ہو) *

میں ذیل میں ان مضامین کے متعلق بحث کرتا ہوں جن سے ہمیں فائدے کی توقع ہی *

(۱) اناٹومی یہ ایک ضروری اور کار آمد چیز ہی اسکی تعلیم ضروری ہی - بلکہ اس کے بغیر کوئی حکیم یا ڈاکٹر اپنے فن میں مکمل نہیں ہو سکتا - لیکن یہ ملحوظ رہے کہ ڈاکٹر جس دوسرے کو پڑھاتے ہیں اسکی ہمیں ضرورت نہیں ہی - کیونکہ طالب العلم کالج کی چار دیواری سے قدم باہر دھرتے ہی اس میں سے ایک حرف بھی یاد نہیں رہتا - ایسے تطویل بیجا سے ہمیں کیا حاصل ہوگا - البتہ اس کا ملحوظ یعنی ضروری اختصار کر کے طلباء کو پڑھایا جائے جو بالکل کار آمد اور قابل حفظ کرنے کے ہو *

(۲) فزیالوجی ضروری چیز ہی - لیکن اس کے متعلق بھی اناٹومی والی رعایت ملحوظ خاطر رہے - ہرچہ کیریڈ مختصر کیریڈ - پر عمل در آمد کرنا چاہئے *

(۳) پتھالوجی ہم کو ڈاکٹری علم الا امراض کا پڑھنا اوس وقت نفع بخش ہو سکتا ہی جبکہ اس سے عملی طور پر بھی کام لیں - ورنہ صرف پڑھ لینے سے کوئی فائدہ نہیں ہو سکتا - مثلاً اگر کوئی شخص علم سرجری کو پڑھ لے لیکن عملی کام مطلق نہ جانتا ہوتو اس کے لئے صرف پڑھ لینا کیا کار آمد ہو سکتا ہی *

ان وسعت معلومات کے خیال سے آپ اتنا کر سکتے ہیں کہ جو اختلافات ڈاکٹری اور یونانی میں موجود ہیں - ان سے طالب العلموں کو واقف کرادیں - اور اپنی رائے سے آگاہ بھی کر دیں کہ کون فریق حق پر ہی *

(۴) بیاکٹریالوجی ڈاکٹروں کو اس علم کا فضول وہم ہو گیا ہی - اسپر جس قدر توجہ اور جس قدر وقت اور روپیہ صرف کیا جا رہا ہی حقیقتاً اتنی اہمیت دینے کا یہ علم منرا وار نہیں ہی *

(۵) مرجوی ڈاکٹری کے جملہ مضامین پر میں اسے ترجیح دیتا ہوں۔
 اس علم کی طبیعتوں کو اشد ضرورت ہے۔ بلکہ میرے خیال سے کسی طبیب کو اسکی
 تعلیم و تربیت سے غافل نہیں رہنا چاہئے۔ اگرچہ یہ فن بھی ہمارا ہی ایجاد کردہ
 ہے۔ چنانچہ آج بھی اس فن کی کئی کتابیں زبان مرہی میں موجود ہیں۔ چنانچہ زہراہی
 (مرہی زبان میں) لکھی ہوئی موجود ہے جس میں ۱۲ سوالات جراحی کی حقیقت
 مع تعارف بیان کی گئی ہیں۔ یہ کتاب کتب خانہ خان بہادر جناب خدا بخش
 صاحب مرحوم ہانکی پور (پٹنہ) میں موجود ہے، جسے ہر شخص دیکھ سکتا ہے۔

جراحی کی علمی استعداد پر طالب میں پیدا کرنی چاہئے صرف طوطے کی طرح رتوا
 دینے سے کچھ نتیجہ نہ ہوگا بلکہ عمر برباد جائیگی۔ اس شعبہ علم پر جس قدر زور
 دیا جائے میری رائے میں کم ہے۔

میں اس مبارک زمانے کو اپنی آنکھ سے دیکھنا چاہتا ہوں جبکہ طبیب بھی
 ڈاکٹروں کی طرح مرجوی میں یہ موانع پیدا کریں۔ اور ان کے دوش ہدوش کام کر کے
 مفلوک کی مصیبت کریں اور انکو فائدہ پہنچائیں۔

پروگریسو اسٹانڈرز کے متعلق میری رائے یہ ہے کہ محال ہے یونانی تعلیم کے ہمراہ
 ڈاکٹری کے خاص خاص مضامین جو ہمارے لئے نئے آمد اور مفید ہوں شامل کر لئے جائیں
 اور جو کورس بنایا جائے زمانہ حال کی ضروریات کے لحاظ سے مکمل ہونا چاہئے۔
 حسب ذیل مضامین ضرور داخل کورس کئے جائیں۔

(۱) کلیات اصول و قواعد طب یونانی۔ امکے ماتہ ماتہ جہاں ڈاکٹری
 اصول سے اختلاف ہی دکھا دیا جائے۔ اور اس امر کو واضح کر دیا جائے کہ وجود اختلاف
 کیا ہے۔ اور کس وجہ سے یا غلط فہمی سے یہ اختلاف پیدا ہوا۔ اور دونوں میں
 کون طریقہ اسلم ہے۔

(۲) معالجات طب یونانی بالکل جدید اصول کے ماتہ! لکھی جائیں۔ اور
 طب جدید سے جہاں جہاں اختلاف واقع ہوتا ہے بتا دیا جائے۔

(۳) علم حفظ صحت آج تک جتنی کتابیں اس موضوع پر لکھی
 گئی ہیں ان میں سے ایک بھی ایسی نہیں ہے جس پر عمل درآمد کیا جاسکے۔ اگر
 میرے بیان میں کسی کو دلم ہوتا ہے صاحب ان کتابوں پر عمل کر کے ہم کو دکھادیں
 خواہ ڈاکٹری کتابیں ہوں خواہ یونانی سب میں یہ نفس موجود ہے۔ حفظ صحت کے
 اصول ایسے ہونا چاہئے جنہو ہرامیر وغریب بوڑھا اور بچہ عمل کر سکے۔ ورنہ صرف کتابوں
 میں لکھ رکھنے سے کیا فائدہ پہنچےگا۔ میرے خیال میں اس علم میں بہت بڑی
 ترمیم کی ضرورت ہے۔

(۴) علم السوم یہ علم اپنے میں بہت بڑی وسعت اور تطویل مضمون
 رکھتا ہے۔ زر تین قسم کے ہوتے ہیں۔ نباتاتی۔ منڈا کچلہ۔ بچھناک وغیرہ جماداتی
 منڈا سنکھیا۔ شذگرف وغیرہ حیوانی منڈا مانپ بچھو وغیرہ اس علم کے متعلق ایک بسیط
 کتاب جس میں ہر دو علوم کی تازہ معلومات موجود ہوں تیار کیا جائے۔

جو چیز زہر کے اثر کو باطل کر دے وہ تریاق کہلاتی ہے۔ ایسے تریاق یونانیوں کے
 یہاں کثرت سے ہیں اگرچہ اس علم کا بہت بڑا حصہ غارت ہو گیا لیکن آج بھی صد
 لوگ اسے جاننے والے ہیں۔ بازاروں میں بھی کئی مانگنے والے تک ایسے شعبدے دکھلا کے
 اپنا پیٹ پالتے ہیں۔ ایک شخص میروں سنکھیا کھالیتا ہے اور اسے کچھ نہیں ہوتا۔
 آخر یہ کیونکر ممکن ہے۔ امکے پاس اس کا تریاق موجود ہے وہ پہلے کھالیتا ہے پھر
 امکے بعد مفرور سنکھیا کھا لیجئے کچھ حرج نہ ہوگا۔ اسی طرح انہیوں۔ گانجا اور بھنگت
 سب منشیات اور سہوم کے تریاق موجود ہیں اس پریشان اور بکھری ہوئی معلومات

آپ ان خیالات سے مردصاف نہ کر کر کیجئے۔ آپ کاسب سے پہلے فرض یہ ہونا چاہئے کہ قابل طبیہوں کی ایک کثیر جماعت تیار کیجئے۔ اور ہر حصہ ملک میں ان کو اپنا کام کرنے دیجئے۔ بہت تیزی مدت گذرے ہوگی کہ آپ کا مقصد بالکل سہولت کے ساتھ پورا ہو جائیگا۔ اور بغیر کسی دباؤ کے یہ لوگ خود بخود اپنے پیشے سے کنارہ کشی ہوتے جائیں گے اور رفتہ رفتہ یہ تعلیم یافتہ طبقہ ہر حصہ ملک پر چھا جائیگا۔ اور یوں گویا آپ اپنی تدبیر میں کامیاب ہو جائیں گے۔

۸۔ ہمارا دیسی علاج مہرہ الحاصل اور ہر جگہ میسہ آنے والا ہے۔ دیسی حکیم کسی جگہ مجبور نہیں ہوتا۔ تصبات و دیہات میں بھی وہ اسی اہتمام سے علاج کر سکتا ہے جس طرح شہروں میں۔

مقابلہ ہمارا علاج ارزان ہے۔ دوائیں بالکل مستی تیار ہوتی ہیں۔ وجہ یہ ہے کہ ہم اپنے ملکوں کی پیداوار سے دوائیں تیار کرتے ہیں۔ جنگل کی جڑی بوٹیوں کا جو پرار عرق تیار کرتے ہیں۔ غرضکہ کوئی چیز ہم کو باہر سے منگوانے کی ضرورت نہیں پڑتی۔ دوائیں بھی خود حکیم اور عطار تیار کر لیتے ہیں۔

بغلاف اسکے جملہ ڈاکٹری دوائیں یورپ اور امریکہ سے آتی ہیں۔ ان لوگوں کو معلوم ہے کہ ڈاکٹر پیشہ لوگ ان کی دوائیں خریدنے پر مجبور ہیں۔ وہ یہ بھی جانتے ہیں کہ ڈاکٹر ان کے دماغ نگر ہیں خود کچھ بھی نہیں کر سکتے کوئی۔ عرق۔ کوئی مس۔ کوئی جوڑ اور کوئی مرکب تیار نہیں کر سکتے۔ حتیٰ کہ فارمیسی (علم دوا سازی) سے بالکل بہرہ نہیں۔ اگر یورپ و امریکہ سے ہنی بنائی دوائیں آنا بند ہو جائیں۔ یا وہ لوگ قسداً یا ہائیکٹ کے طور پر ایک سال یا کم از کم 6 ماہ انڈیا کے مارکٹ میں اپنا مال نہ روانہ کریں تو نہ معلوم یہاں کے ڈاکٹروں کی کیا درگت بنے۔ اور کس طریقہ سے علاج معالجہ کریں۔ ماری اسپتالوں میں خاک اڑنے لگیگی اور ڈاکٹروں کو مجبوراً اسپتالوں کو مائل کر کے گھر میں گوشہ نشین ہونا پڑیگا۔

اہل یورپ آتش کے پر کالے ہوتے ہیں کیا یہ کمزوریاں ان سے پوشیدہ رہ سکتی ہیں۔ جب انہوں نے دیکھ لیا کہ ڈاکٹروں نے ہماری اندھی تقلید میں گرفتار ہو کر خود کو تباہ کر لیا ہے۔ جس طرح بنے ہم ان کو لوٹ سکتے ہیں اور جس کل چاہے بٹھا سکتے ہیں۔ چنانچہ اپنی معمولی معمولی دوائوں کی قیمت دس گنہ۔ بلکہ بیس گنی قیمتوں پر فروخت کرتے ہیں یا وجود اس گران قیمت کی ہمارے ڈاکٹر ان کو خرید کرنے پر مجبور ہیں۔

انہیں حالات کو دیکھتے ہوئے مہاراجہ صاحب بہادر کو لیا نے ڈاکٹروں کے متعلق ایک جلسہ عام میں کیا اچھی رائے ظاہر کی تھی۔ آپ نے فرمایا تھا۔

”ڈاکٹر مثل برج لوڈ بندوبست کہ مشابہ ہیں۔ اگر اس کے کارتوس ولایت

سے بن کے نہ آئیں تو یہ بندوبست بالکل بیکار ہے۔ لہذا دیسی جڑی بوٹیوں سے مرزا کا علاج کرو جو خود رو طریق پر مثل گھاس پھوس کے پیدا ہوتی ہیں۔ اور امراض کے قطع کرنے میں یہ مثل اثر رکھتی ہیں۔“

ہر ہائی نس مہاراجہ کو الیار کا یہ زرین قول بقرط کی اس وصیف سے ملتا جلتا ہے۔

عالیو کل مرض بعفا تیر ارضہا یعنی ہر مرض کا علاج اس سرزمین کی پیداوار (جڑی بوٹیوں) سے کیا کرو۔ میری رائے میں کسیکو اس سے انکار نہیں کیا جاسکتا۔

ہمراٹس کیور..... ایک دوا ہے جو امریکہ سے تین کے ڈیون (تقریباً ۳ اونس) صوف کی شکل میں دسے کے لئے تیار ہو کر آتی ہے۔ اسکی قیمت ساڑھے تین روپیہ لیجاتی ہے۔ اگر آپ اسے خود تیار کریں تو آٹھ آنے میں تیار ہو سکتی ہے اسی طرح

بیجم صاحب کی فیض کشا گولیاں ایک ڈبہ میں ۳۰ ہوتی ہیں۔ اور سوا روپیہ میں ملتی ہیں۔ اگر آپ ان کو بنانا چاہیں تو اسی رقم میں ۳۰۰ گولیاں تیار ہوتی ہیں بلکہ ان سے بھی زیادہ *۔

دیسی ادویات کے سستی ہونے کا ایک اور ثبوت بھی آپ ہم سے لیجئے۔ اگر کوئی شخص تزلہ زکام - کھانسی - بخار - بد ہضمی یا پیچش غرضکہ کسی بیماری میں مبتلا ہو کے ڈاکٹر صاحب کے پاس جائے تو وہ نسخہ لکھ کے حوالہ کر دینگے۔ اور کھدینگے کہ فلان دوا خانے (فارمیسی) سے خرید کرلو۔ وہاں ایک دن کے لئے اسکی قیمت کم از کم (۳ یا ۴ خورا کون کے لئے) چھ آنے لی جائیگی۔ پیچیدہ اور اہم بیماریوں میں روپیہ دو روپیہ یومیہ تک نوبت آجاتی ہی بلکہ اس سے بھی زیادہ *۔

بخلاف اسکے انہیں امراض کا دیسی طریقہ پر اگر علاج کرایا جائے تو دو تین پیسوں سے زیادہ صرفہ نہ آئیگا۔ اگر ہمارے بیان میں کسی کو شک ہو تو امتحان کر کے اطمینان کر لیں *۔

کونین سلفیٹ کی قیمت فی اونس ساڑھے تین روپیہ ہی۔ اگر ایسی مبلغ میں بخار کی کوئی دیسی دوا تیار کروائی جائے تو وزن میں اس سے دس گنی زیادہ بنیگی۔ اور اگر ایک اونس کونین ۵۰ بیماریوں کے لئے کفایت کرتی ہی۔ تو اس دیسی دوا سے ۲۰۰ بیمار چنگے ہوتے ہیں *۔

اس سے انکار نہیں کیا جاسکتا کہ ہمارے یہاں بھی بعض قیمتی دوائیں ہیں اور ان کا برابر استعمال ہوتا رہتا ہی مثلاً مفرح اعظم - یا قوتی - جواہر مہرہ - وغیرہ - ایسی دوائیں خاص خاص موافق پر استعمال ہوا کرتی ہیں۔ عام طور پر نہیں۔ ایسی قیمتی ادویات ڈاکٹری میں بھی موجود ہیں *۔

بعض بیماریاں ایسی بھی ہیں جن پر صرف بہت زیادہ آنا ہی مثلاً سل ودق - انہیں امراض کا اگر ڈاکٹری علاج کرایا جائے تو ہزاروں کی نوبت آجاتی ہی۔ اور نتیجہ کچھ نہیں نکلتا۔ مرض بحال بلکہ ترقی پکڑ جاتا ہی۔ یکے برباد ٹی زرو دیگر ہلاکت جان *۔

ایسے بیماروں کو ڈاکٹر ہدایت کرتے ہیں کہ سانو ٹوریم (نرہت) کاہیں جہاں ایسے مریضوں کے لئے خاص انتظام کیا جاتا ہی) کو لیجاؤ۔ مریض اور اس کا کوئی عزیز اور ایک دو ملازم ہمراہ جاتے ہیں جانے اور آنے میں علاوہ زحمتوں کے مصارف مفر ۵۰۰ سے تجاوز ہو جاتے ہیں۔ اور اگر وہ وہاں کم از کم ۶ مہینے اقامت کریں تو - ماہوار دو سو کے حساب سے خرچ ہوتا ہی غرضکہ تقریباً دو ہزار ہاتھ سے نکل جاتے ہیں۔ دواؤں کا خرچ انکے علاوہ ہی *۔

اگر ایسی مریض کو یونانی طریقہ پر علاج کرایا جائے تو دو چار سو سے زیادہ کسی حال میں صرف نہیں ہوتا۔ اور نتیجہ بھی نسبتاً تشفی بخش ہوتا ہی *۔

غرضکہ دیسی علاج پر پہلو سے تشفی بخش - ارزان اور اہل ہند کی نازک مزاجوں کے بالکل موافق ہی *۔

۹۔ دیسی طبوں پر زوال آنے کے صدمہ اسباب ہیں۔ ہم اس وقت ان صدمہ سے قطع نظر کر کے صرف ایک صدمہ کا کچھ حال قلمبند کرتے ہیں جس کی صداقت سے کسی کو انکار نہیں ہو سکتا *۔

دیسی طبوں کا حریف ڈاکٹری کے سوا اور کوئی نہ تھا۔ گورنمنٹ نے اسکو ایسا فروغ دیا جسکی نظیر نہیں مل سکتی۔ اس کو ہزاروں آلات اور سازو سامان سے مستعد بنایا۔ گورنمنٹ کے صرفہ سے اسپتالیں قائم کیں اور ان کو جملہ سازو سامان اور آرایش ظاہری سے آراستہ و پیراستہ کیا۔ لکوکھا روپیوں کی ادویہ سے ان کے گودام بھر دئے۔ ڈاکٹروں کے حقوق کی حد قائم کر کے ان کی حفاظت کی۔ ان کی تنخواہیں زیادہ مقرر کی جوصلہ انزائی کی *۔

دوسری طبوں کو واللہ اعلم کس نیت سے کچھ نہ دیا ان سے چشم پوشی کی - بلکہ کبھی اسکی طرف ایک نظر بھی نہ ڈالی - اس سے اعتنائی اور عدم امداد سے طبوں کا رہنما و تار بھی گھٹ گیا - چونکہ دنیا اور اہل دنیا ظاہر بین ہوتے ہیں - سب کی توجہ ان نئے طلسم خانوں (اسبتالوں) کی طرف منحرف ہوگئی - اس کساد بازاری اور نا قدر دانی اہل زمانہ کے باوجود دیسی طبوں کی ہستی آج تک باقی ہے - یہی ان کی صداقت کا اصلی راز ہے - اگر بجائے انکے ڈاکٹری ہوتی تو کب کی وہ مٹ چکی ہوتی - آج اس کو اس قدر عروج حاصل ہے - اگر گورنمنٹ ایک سال یا کم از کم 6 مہینے کے لئے نظر عاطفہ اسکی طرف سے پھیرے تو اسکا کہیں وجود بھی باقی نہ رہے - یہ مہض گورنمنٹ کی فہامی اور عنایت مخصوصہ کے طفیل جی رہی ہے *

غرضکہ جن ناگوار واقعات کو نہ ہونا چاہئے تھا وہ ہوچکے اب ان کا رونا رونے سے بہتر یہ ہے کہ از سر نو کوششی کر کے انکی شیرازہ بندھی کی تدبیر کرنی چاہئے - اور ان کو پھمپلی حالت پر پہنچانے کی تجاویز موجنی چاہئے *

میرے خیال میں کمیٹی کو حسب ذیل تجاویز پر عمل پیرا ہونے سے اپنے مقصد میں کامیابی کی امید ہے *

(۱) حکیموں اور ویدوں کے حقوق کی حفاظت کرنی چاہئے اور ان کو وہی حقوق اور پوزیشن مرحمت فرمائی جائے جو آجکل ڈاکٹروں کو حاصل ہے *

(۲) بڑی بڑی کتابوں سے علم طب کے قواعد و ضوابط قابل لوگوں سے منضبط کروائے جائیں - اور ضروریات زمانہ کا لحاظ ان میں پوری طرح رکھا جائے - کلیات - علم الادویہ اور معالجات کی کتابیں بالکل تحقیق و تنقید کے ماتھے لکھوائی جائیں جن میں مبالغہ یا غلط بیانی کی رنگ آمیزی مطلق نہ ہو - علم حفظ صحت کے اصول ایسے پیدا کئے جائیں جو ہر کس و ناکس کے لئے قابل العمل ہوں - یہ کام کسی شخص واحد کے بس کا نہیں ہے - قابل افراد کی ایک کمیٹی اس کام کو انجام دے *

(۳) ہر ہر پرمیڈنسی میں کم از کم ۳ کالج کھولے جائیں جہاں نئے انتظام کے مطابق علوم جدیدہ کے ضروری مضامین کے ماتھے یونانی تعلیم دیجائے - سرجری کا علمی کام بھی سکھایا جائے - علم السہوم کی ماہیت کرائی جائے - غرضکہ جملہ ضروریات سے واقفیت پیدا کرائی جائے - یہاں کا فارغ التحصیل طالب العلم انگریزی کالجوں کے اعلیٰ صند یا نٹوں کے دوش بدوش کام کر سکیں *

ان کالجوں کے لئے بیش ترار مشاہروں پر قابل لوگ پروفیسر بنائے جائیں جو طب اور علوم جدیدہ سے بوجہ احسن واقف ہوں *

(۴) ان کالجوں کے پاس شدہ طلبا - کے لئے گورنمنٹ اپنے خرچ سے شفا خانوں کا انتظام کرے - اور ان کی حسب حیثیت تنخواہیں دیکے ان کی حوصلہ افزائی کرے - ان تدابیر سے چند سالوں میں طب کو وہ فروغ حاصل ہوگا جس کے دیکھنے کو مشتاق آنکھیں نہجائے کب سے ترستی ہیں *

(۵) سب سے پہلے کمیٹی کا فرض اولین یہ ہونا چاہئے کہ بکھرے ہوئے جواہرات کو اکٹھا کر کے ایک خوشنما لڑی میں منسلک کر کے اور پھر اسے طب قدیمہ کے زیب کلو کرے *

میری مراد معالجات معجزہ و صدقہ سے ہے - کسی شخص کے پاس بوامیر کا عدیم المثل علاج ہے وہ کسی کو نہیں بتاتا ایک اور شخص ذیابیطس کے علاج سے واقف ہے وہ اسے اپنے مینے میں مقفل رکھنا چاہتا ہے - غرضکہ کسی کے پاس کوئی معجزہ چیز ہے کسی کے پاس اور کچھ ہے *

کمیٹی ہر ضلع اور شہر کے حکما کے نام اس ضمنوں کے خطوط ارسال کرے کہ آپ کے دیس میں یا اطراف و جوانب میں اگر کوئی شخص کسی علاج کے لئے مشہور

پوتو اس کا نام مع پتہ تحریر کیجئے۔ اور یہ بھی لکھئے۔ کس علاج میں اسکی شہرت
ہی۔ ان تمام اطالماک کو کمیٹی یا ثاعده درج رجسٹر کرتی رہے پھر ان لوگوں سے خط
و کتابت کر کے معاوضتہ اور ہدیقہ جس طرح ہوتے یہ نسخہ جات حاصل کر کے ایک فارما
کو پتہ تدار کرائے جس سے یہ انہما فائدہ کی توقع ہی۔ اور علم طب کے بچے کچھ
آثار تباہی سے بچ جائینگے۔ اب تک نہ معلوم کتنے ہزار معرجات تلف ہو گئے ہوں گے۔
اور آج ان کے جاننے والے قبروں میں مدنون ہیں *

۱۔ اگر انجمنوں یا افراد قوم میں اتنی ہمت ہوتی تو پھر رونا ہی کس بات
کا تھا لہذا اسکی توقع بے سود ہی اور اس سے درگزر ہی اولیٰ مان *

چونکہ ضروریات اس قدر بڑھی ہوئی ہیں کہ کسی ایک ذریعہ سے جو روپیہ حاصل
ہوگا اس سے رفع ضروریات ہو کر نہیں ہو سکتی۔ میرے خیال میں سرکار یہ۔ لوکل بورڈوں
سے۔ یونیورسٹیوں سے اور ان کے علاوہ کوئی اور ذریعہ ممکن پوتو اس سے بھی ہم کو
امداد ملنی چاہئے ورنہ ہرگز کام نہ چلے گا۔ اور یہہ ماری تعادیر صرف کاغذوں ہی
میں دھری رہ جائینگے *

جس قدر روپیہ زیادہ فراہم ہوگا اسی قدر اس کام کی بنیاد مضبوط اور استوار
ہوگی۔ گویا ہم کو تمام کام از سر نو کرنا پڑیگا۔ اس کا خیال ضرور رہے *

اگر گورنمنٹ ہماری پیش کردہ اسکیم کے مطابق کارروائی کرنے سے مردست قاصر
ہی۔ تو صرف اتنا ہی کرے کہ بڑے بڑے شہروں میں ایک اسپتال اپنے خاصہ مصارف
سے کھولے جن میں جملہ ضروریات طب یونانی کے اصول کے مطابق پہلا کئے جائیں *

حکیموں اور جملہ ملازمین کے مصارف۔ ادویات اور کرایہ عمارت کا پور بھی گورنمنٹ
اپنے ذمے لے۔ ایک دو سال ان لوگوں کو کام کرنے کا موقع دیا جائے۔ پھر ان شفاخانوں
کے نتائج پر غور کر کے ان کو ترقی دے۔ پھر صورت ہام یہہ چاہئے ہیں کہ ہم کو کام
کرنے کا موقع دیا جائے *

پارٹ این آرزوئے من ہے عرش مست
تو بدین آرزو سراہر مان *

مدرسہ کی دیسی طبوں کی کمیٹی کے سوال اور اسکی جواب *

بقلم جناب پنڈت ویدتھاکردت شرما صاحب بہادر۔ گہور۔

ایک سال ہوا جبکہ ۲۱ فبروری سنہ ۱۹۲۱ء کو مدراس کی ایسوسی ایشن کونسل نے
ایک ریزولوشن اس مطلب کا پاس کیا کہ دیسی طبوں کی حوصلہ افزائی کے واسطے
گورنمنٹ کو جلدی ہی گوی بنادوست کرنا چاہئے۔ اس ریزولوشن کی تعمیل میں
گورنمنٹ نے ایک کمیٹی بنائی ہے جس کے ائیر ڈاکٹر۔ طبیب۔ و نید رکھے گئے ہیں
کہ وہ تحقیقات کر کے رپورٹ کریں کہ ان طبوں کی خوبیوں کا اعتراف کر کے ترقی دینے
کی ضرورت ہے یا نہیں۔ اس کمیٹی کے سرٹری ڈاکٹر سری نواس مورٹی ہیں۔ جنہوں
نے اس غرض کے واسطے ہندوستان میں دورہ لگایا ہے اور اب اس کانفرنس میں اسی
غرض کے واسطے تشریف لائے ہیں *

۱۔ جو سوالات وہ پوچھنا چاہتے ہیں میں نے ان کو پڑھا ہے۔ میں مختصراً انکا جواب
دینے کی کوشش کرونگا سب سے اول میں ایک بات واضح کرنا چاہتا ہوں۔ گورنمنٹ
ہنہ یا لوکل گورنمنٹیں دیسی طبوں کی ترقی کے واسطے کچھ بھی نہیں اس کے واسطے
کونسلوں کے ممبران کوشش کرتے رہے۔ ہماری کانفرنس شروع سے درخواستیں کرتی رہی
مگر آج تک کچھ نہیں ہوا ہے۔ پنجاب گورنمنٹ نے میڈیکل کمیٹی کے واسطے پبلک

سے چندہ لینے وقت اترار کیا کہ وہ دیسی طبوں کا بھی خیال رکھے گی مگر پیچھے کو کورا جواب ملا۔ یو۔ پی گورنمنٹ نے لکھنؤ میڈیکل کالج بنا قیے ایسا ہی اقرار کیا مگر اس و نہ لپھایا۔ جب لالہ مہکھیر سنگھ نے یہ کوشش کی کہ ایک کالج گورنمنٹ کی طرف سے دیسی طبوں کے واسطے جاری کیا جاوے۔ تب اس کو گرا دیا گیا۔ خود مدراس کونسل نے آجنگٹ کیا کیا ہمارے بزرگ پنڈت ٹی۔ گوپال چارلو آتور ویدک کا ایک سکول نہایت اعلیٰ طرح چلا رہے تھے گورنمنٹ نے ایک پیسہ کی مدد نہ کی۔ مدراس کی میڈیکل کونسل نے ہی کرشن سوامی ایر کو اس واسطے رجسٹر سے خارج کیا کہ وہ ایک ویدک شفا خانہ کا انتظام کیوں کرتے ہیں۔ ہمیں میڈیکل کونسل نے پونا میونسپل کمیٹی کی طرف سے جاری آیر ویدک ہسپتال کو بند کرنا چاہا۔ غرضیکہ اس وقت تک دیسی طبوں کی مخالفت کر رہی ہیں۔ کبھی ان کی خرابیوں کا اعتراف نہیں کیا گیا ہے۔ اگر کبھی کچھہ کیا تو اس طرح کہ دو ڈاکٹر مقرر کر دو دیسی ادویات کی کھوج کریں۔ ممبئی گورنمنٹ نے بھی ایک دنہ اسی طرح پورے کونسلوں کو خوش کیا تھا۔ ان کو معلوم نہیں کہ یہ دیسی طبوں کی ترقی نہیں بلکہ یہ تو براہ راست ڈاکٹری کی ترقی ہے۔ ڈاکٹر جو اچھی ادویات بھی ہمارے پاس ہیں وہ اپنی طبابت میں داخل کر لیں اور ہم انہیں گویا کر لیں ادویات کی تحقیقات کر کے اچھی ادویات کو ڈاکٹری میں شامل کر لیں سے ہماری طبوں کی ترقی نہیں بلکہ نقصان ہے۔ اگر اس وقت بھی اس قسم کی غرض ہے اور آیر ویدک یا یونانی کا کوئی کالج وغیرہ کھول کر براہ راست دیسی طبوں کی ترقی مد نظر نہیں ہے تو گورنمنٹ تکلیف نہ کرے دیسی طبوں کو اس حوصلہ افزائی کی ضرورت نہیں ہے جیسے ہم چلتے ہیں چلتے جاویں گے۔ درخواستیں کر کے ہار گئے ہیں اب اگر خدا اٹھا ویگا تو اپنے پاؤں اٹھیں گے۔ ملک کے اندر جگہ بہ جگہ اب دیسی طبوں کے سکول و کالج قائم ہونے کی تیاریاں ہو رہی ہیں۔ اور ایک دن یہ طبیں کس مہر سے کی حالت سے نکل کر پھر اپنا جلوہ دکھانے والی ہیں

اور اگر صحیح گورنمنٹ مدراس اب دل سے اپنی غلطی کو محسوس کرتی ہے کہ جس پہلک سے اس قدر روپیہ اسکو آتا ہے اس کی خواہشات کو بھی پورا کرتے تو او بھاگ یا دن کا بھولا رات کو گھر آجارتے تو بھولا ہرا نہیں ہے کاش کہ پنڈت ٹی۔ گوپال چارلو موجود ہوتے اور وہ اپنی آنکھوں دیکھتے اور کالوں سنتے کہ انکی کوششیں بارور ہو رہی ہیں۔

۲۔ کمیٹی نے جن سوالات کی چھٹی کاپی دی ہے اس کی تمہید میں یہ لکھا ہے کہ اپنی دلائل کی تائید میں ایسے ثبوت پیش کرنے چاہئیں جو کہ جدید مائینس کے ماننے کے قابل ہوں۔ اور یہ یاد رکھنا چاہئے کہ کسی کتاب کا حوالہ جو ان کے واسطے چاہئے کیسی ہی متبرک ہو نئے مائینس کے ماننے کے قابل نہیں ہو سکتا ہے۔ جب تک مائینٹک طریقہ سے اس کو ثابت نہ کر دیا جاوے۔

یہ بات ہمارے لئے مشکل ہے ہم جانتے ہیں کہ ایسی تھیوریاں نہیں بلکہ عجائبات ہیں جن کو ہم انکی مائینس کے مطابق دلائل سے بیان نہ کر سکیں مگر ان کو آزمائش کی کسوٹی پر آنے سے ثابت ضرور کر سکتے ہیں۔ موجودہ مائینس جس کا اتنا ناز ہے وہ ابھی تک ان باتوں کو جان نہیں سکتا ہے جو کہ ہمارے منقہ میں لکھ دئے ہیں۔

لیکس۔ ولر نے ایک جگہ لکھا ہے کہ جہاں ہماری مائینس ختم ہوتی ہے ہندوں کی مائینس شروع ہوتی ہے جو جو محققین تحقیقاتیں کرتے ہیں وہ حیران ہوتے ہیں کہ بڑے تعجبوں کے بعد وہ جن نتائج پر پہنچتے ہیں وہ پہلے ہی ہندوں کی کتب میں لکھی ہوتی ہیں۔

ڈاکٹر پال ہرکوم نے ایک جگہ لکھا ہے۔ کی نئی ایسی پر مغز باتیں ان کتب میں پڑھتا ہوں جو کہ کسی اور جگہ میں نے دیکھی ہے نہیں ہوتیں۔ ان کو دیکھ دیکھ کر میں مضطرب حیران رہ جاتا ہوں۔

I have been exceedingly struck with the profound meaning of many passages which indeed go beyond anything that I have met before in medical literature.

خود ڈاکٹر میوکس صاحب نے کہا تھا کہ ابھی ڈاکٹروں کو ہندوستان سے بہت کچھ سیکھنا ہی *

یہاں کلپور ٹریژن کے کمشنر جناب سکرائین صاحب نے ایک بار کہا تھا *

It is wonderful to note the comparatively advanced views held by the sages of your country and how completely they had anticipated discoveries which we moderns flatter ourselves are due to the enlightenment of this age.

یعنی بہت ہی حیرانی کی بات ہے کہ ہندوستان کے رشیوں کے مقابلہ کئی اولیٰ خیالات تھے اور انہوں نے مکمل طور پر وہ باتیں معلوم کر لی تھیں جن کو ہم موجودہ مائینس والے گھمنڈ کے ماتھے کہتے ہیں کہ ہماری دریافتیں ہیں۔ بہت سی باتیں ہیں جن کے متعلق مائینس کو چپ ہونا پڑتا ہے۔ اور بھی تو باتیں ہمارے رشیوں کی دیرگھ درشتاء رمز شناسی - کو ظاہر کرتی ہیں *

آپکی موجودہ مائینس اس وقت یہ ثابت نہیں کر سکتی ہے کہ پارہ آتشک کو کیسے دور کر سکتا ہے مگر تجربہ سے چونکہ اس نے دور کیا سب ڈاکٹر مانتے ہیں۔ ہمارے رشیوں کا گیان اس کے متعلق اتنا بڑا ہوا تھا کہ وہ کہتے ہیں کہ دنیا کی کل امراض اس پارہ سے دور ہو سکتی ہیں۔ پارہ و گندھک کو کھل کر کے اسکی کچلی بنا کر جس جس مرض کی دوائی کے ماتھے اس کو ملانے جاؤ اسی مرض کا یہ علاج ہوتا جاتا ہے۔ سر پاؤڈے میوکس جیسے معزز عہدہ دار ڈاکٹروں نے جس سکرڈ اوج کو استعمال کیا۔ وہ پارہ - گندھک و سونا کے ملاپ سے ہی بنتا ہے۔ سونا اس میں شامل نہیں ہوتا اور موجودہ مائینس ہم سے پرچھتی ہے کہ اسکے ملانے کا کیا فائدہ ہے۔ ہم کہتے ہیں فائدہ تمہاری مائینس کہ کسی تجربہ سے ظاہر نہیں ہو سکتا ہے۔ استعمال کر کے دیکھ لو۔ ایک باریک نوکدار لوہے کو اگر بالو ریت کی پان چڑھیں وہ شیشے کو کاٹنے کے قابل ہو جاتا ہے۔ اگر تیل کی پان دیں تو اوہے کو کاٹنے کے قابل ہو جاتا ہے۔ بتلائے مائینس کے تجربہ سے اسکو کیسے ثابت کرینگے۔ ڈاکٹر کہتے ہیں کہ پارہ باہ کو نقصان دینا ہے۔ ہم کہتے ہیں اس کے برابر کوئی مقوی چیز نہیں ہے۔ بات صرف یہ ہے کہ اسکے اندر ۱۸ دوش جو اوتے ہیں ان میں سے ایک نامردی کا دوش بھی ہے وہ دور نہیں کیا جاتا۔ اس واسطے نقصان کرتا ہے۔ ڈاکٹری مٹریا میڈیکا میں قلعہی - مکہ وغیرہ پارہ کی Impurities بیان کی جاتی ہیں۔ جو کہ باہر سے ملی چیزیں ہوتی ہیں۔ ان کو کیا معلوم ہے کہ رشیوں نے کوئی اور Impurities بھی معلوم کی ہوئی تھیں جن کو موجودہ مائینس معلوم کرنے میں قاصر ہے۔ وہ صاف خالص سونا اور چاندی کو بھی تیل - وغیرہ کی پڈھیں دے کر شدہ کیا کرتے تھے۔ پارہ کو نمک کے ڈھیلے میں گڑھا کر کے ڈالکر اوپر نمک کا ڈاٹا دیکر ایک ماہ تک زمین میں دفن کر دے اسی طرح سے اس کے اندر کا نیپسک دوش دور ہو جاوے گا اور یہ باہ کو قوت دینے والا ہوگا۔ بھہناگ Aconite آپکی کتب میں دل کو ڈبانے والا کمزور کرنے والا ہے۔ اس کو تین دن کو موتر کے اندر بھگو دو پھر یہ شدہ ہو کر دل کو تقویت دینے والا ہو جاوے گا *

جو کچھ ہم کہیں اسکے واسطے ثبوت مانگو ہم زندہ مثال پیش کر سکتے ہیں یا دکھلا سکتے ہیں۔ مگر آپکی مائینس سے وہ لگا کھاوے یا نہ کھاوے اسکے ذمہ دار نہیں *

سکول میں پڑا کرتے تھے کہ درخت سورج کی روشنی میں آکسیجن اپنے اندر سے نکالتے اور کاربانک ایسڈ گیس کھاتے ہیں۔ مگر اندھیرے میں کاربانک ایسڈ گیس اپنے اندر سے نکالتے ہیں۔ کی مائینس دانوں سے پوچھ چکے کہ قدرتی طور پر رہنے والی - کبھی بیمار نہ ہونے والی پرند کیوں درختوں کے اوپر گھرنسلہ بناتے اور پھر تندرست رہتے ہیں۔ کسی مائینس دان نے تسلی بخش جواب نہیں دیا *

ایک جنگلی بولی جو کہ طبعی نمایاں میں ایک بار پیش ہو چکی ہے۔ انسان یا حیوان کو کسی جگہ کیڑے پڑے ہوئے ہون اس کو صرف گلے میں باندھنے سے وہ گر جاتی ہے۔ گرا کر ہم ہنڈ دینگے۔ مائینس سے بات چیت اپنے کر لینی۔ تیر یعنی باری کا بخار ہو تو سرخ سرخ پانچ سات کوٹ کر درمیانی انگلی میں باندھ کر باری سے ایک گھنٹہ اول سے پانی میں بھگو دو۔ اول تو پہلی بار وگرنہ دوسری بار بخار نہیں آئیگا۔ اور اشیاء بھی اس میں ملائی جاگی ہیں مگر اکیلی بھی جو چاہے فوراً آزما سکتا ہے۔

ملیریا بخار میں اگر مفر نرہجہ کے ٹکڑے ایسے ہی انگلی پر باندھ کر پانی میں ڈالو تو وہ چھتا ہے اور بخار دور کرتا ہے۔ اگر بخار ملیریا نہ ہو تو انگلی کو کچھہ معلوم نہیں ہوتا ہے۔

سہدوی کی جڑہ سر پر باندھنے سے بخار اتر جاتا ہے۔ کتے۔ بلیوں اور خرکوشوں۔ مینڈکوں پر تجربہ کر لے والی مائینس خود غلطیاں کھاتی ہے۔ ہماری باتوں کو اس مائینس سے کیسے ثابت کریں۔ ہم کہتے ہیں لکے بخار میں خاص کر جب آم چوڑا ہو لنگھن یعنی فائہ کرا جائے۔ یہ مائینس بھی کھتی ہے کہ Feeding بند نہیں ہونا چاہئے کمزوری پر جاویگی۔ آخر جسم میں ایک ٹی۔ اے۔ مسٹم نکلا یعنی (Diet absolutism) ان لوگوں کے بخار میں اول ۱ دن فائہ کرایا اور اس سے نہایت اعلیٰ تغذیہ لکے غضب تو یہ ہے کہ یہ مائینس خوراک بھی دودھ کی شروع کر دیتی ہے جو کہ لکے بخاروں میں مضت نقصان وہ ہے مائینس نہ تو نہ بنایا مگر ہمارے رشیوں کے منع کر دیا نہ بخار میں اگر پانی کو اس قدر ابال کر کہ وہ چوٹا یا چھٹا حصہ رہ جائے ٹھنڈا کر کے صرف اسی کو دینا شروع کیا جاوے تو پیراے بخار آدھ رہ جاوے۔ بہت سے بخاروں کو ہم اس قسم کے غلط علاج سے پیراا بیاتے ہیں عجیب بات دیکھئے اس پانی کے متعلق لکھا ہے کہ وہ پنکھہ سے ہلا جلا کر یا کسی دوسری طرح سے ٹھنڈا نہ کیا جاوے اسکو ویسے ہی رکھ جاوے خود بخود ٹھنڈا ہو۔ اس قسم کی لطیف باتوں کو مائینس کے تجربہ ثابت نہیں کر سکتے بلکہ بیماروں پر تجربہ ہی ثابت کر سکتے ہیں۔

اور دیکھئے شہد وکھی برابر وزن زہر لکھا ہے۔ آپ اسکا تجربہ تو کر سکتے ہیں مگر شاید مائینس کے کسی اصول سے اس کو زہر ثابت نہ کر سکیں۔ آپ ایک شخص کو ۲ تولہ گھی اور ۲ تولہ شہد ملا کر دو روزانہ کھلانا شروع کریں اور ایک کو ۳ تولہ گھی اور ۲ تولہ شہد یعنی برابر نہ ہوں۔ آپکو خود بخود ہمارے رشیوں کی تغذیہ کا یقین ہو جاوےگا۔ برابر وزن شہد وکھی کھالے والے کی بھوک کم ہو جاویگی اور دن بہ دن بیمار ہوتا چلا جاوےگا اور دوسرا شخص اپنے اندر مائینس معلوم کریگا۔ کیونکہ دونوں اشیاء امرت ہیں۔

گھی وکیلہ دونوں بہاری ہیں۔ مگر کیلہ کو گھی میں بنا کر کھائے سے وہ ہلکا ہو جاتا ہے۔ کیسے یہ معلوم نہیں ہے۔

ہر بات کو مائینس سے جانچنے کی ہی کوشش کرنا کتنا مشکل ہے۔ اگر کسی تالاب میں بہت سی جونکیں ہوں آپ اس میں اپنے ہاتھ کے انگھوٹے کو اپنی مٹھی میں خوب دبا کر اس میں کھس جاوےں جونکیں نہیں چمٹینگی ایک بھونرا اڑے گا اور چند آدمی لکیر باندھ کر ایک دوسرے کے ہاتھ پکڑ کر کھڑے ہو جاوےں اور مٹھیوں دباوےں بھونرا ہمارے بیچ میں آگریگا۔ ایسی ایسی باتیں مائینس کے تجربوں کی نسبت اعلیٰ تجربوں سے زیادہ ثابت ہوتے ہیں۔ اس میں کچھہ شک نہیں کہ جیسے جسے مائینس ترقی کریگی۔ رشیوں کی بیان کردہ معانیوں ظاہر ہوتی جاویگی۔

ہمارے لوگ تانبہ پھوں کے گلے میں ڈالتے تھے جرمنی میں ایک بار پیضہ پھیلا۔ تانبہ کی کان میں کام کرنے والوں کو پیضہ نہ ہوا۔ تجربوں سے پتہ لگا کہ پیضہ کی دنوں میں تانبہ جسم سے لگے رہنے سے اکثر آدمی محفوظ رہتا ہے۔ شامتروں میں لکھا ہے کہ پانی تانبہ کے برتن میں رکھ کر اب مائینس بھی ہوتی ہے کہ تانبہ۔ جرمنز کو کھا جلتا

ہی۔ پانی شدہ رہتا ہے۔ شاسٹر کہتے تھے کہ شمال کو سر کر کے نہ سروو۔ اب بھنبی کی مائینس اس کو ثابت کر رہی ہے۔

جدید عام جسکو آپ کہتے ہیں وہ بعض اوقات دلیلوں کا مجموعہ ہی ہوتا ہے۔ اور اس جدید مائینس سے تیا کیا ثابت نہیں ہوتا ہے۔ یہ جدید علم کی بناء پر ہی بڑے بڑے ڈاکٹر ثابت کر رہے ہیں کہ قدرتی علاج ہی ٹھیک ہے ادویات کا استعمال گناہ کبیرہ ہے۔ کوئی کسی طریقہ کو ثابت کرنا ہی کوئی کسی کو۔

ڈاکٹر لوہے کین نے مائینس کی روسہ ہی ثابت کیا کہ دوائی کا استعمال بیماری بڑھاتا ہے۔ صرف چار قسم کے غسل سے سب امراض دور ہوتے ہیں۔ جدید علم سے ہی ڈاکٹر ہنی میں ثابت کیا کہ دنیا کے سب طریقہ غلط ہیں صرف علاج بالمثل ہی ایک صحیح طریقہ علاج کا ہے۔

چند دن پڑے مشہور ڈاکٹر رڈک کی کتاب Vitality میں نے پڑی۔ جس میں اس نے مائینٹنگ طریقہ سے ثابت کیا ہے کہ نپانا صحت کو نقصان پہنچاتا ہے۔ اسنے ایک مریض کا ذکر کیا ہے کہ جو مدتوں بیمار رہا۔ اسکے تمام جسم پر میل جمی ہوئی تھی۔ ایک ڈاکٹر نے وہ سب ایک ہی دن دہلا دی اور وہ اسی دن مر گیا۔

میں جو کچھ کہہ رہا ہوں اس سے میرا ہرگز یہ مطلب نہیں ہے کہ مائینس کوئی بڑی چیز ہے۔ سب دنیا کو ان بزرگوں کو احسان ماننا چاہئے جو مائینس کی نئی نئی باتیں معلوم کرتے رہتے ہیں۔ مائینس کے ذریعے ہی انہوں نے معالجوں کے واسطے بھی کئی نہایت اعلیٰ ایجادیں کی ہیں۔ سٹیٹھسکوپ تو پہلے بھی رائج تھی مگر تھرمامیٹر۔ مگنومیٹر۔ خوردبین اور ایسے ہی کئی اوزار بڑے مددگار ثابت ہو رہے ہیں۔ اور دیسی طبیبوں کو ان کے استعمال میں کسی طرح کا اعتراض نہیں ہے۔ جو کچھ میں نے کہا اس کا مطلب یہ ہے کہ یہ ضرور نہیں کہ مائینس ابھی ان تمام باتوں کا جمل کر دے جو کہ ہمارے شاستروں میں لکھی ہیں۔ یہ ضرور ہے کہ کوئی ان میں سے جدید مائینس کے خلاف نہ ہوگی۔ اور علمی کسوٹی پر ہمیشہ ثابت ہوگی یہی وجہ ہے کہ ابھی تک ترقیوں یعنی اخلاط کی تھوڑی ابھی تک ڈاکٹر مانتے نہیں ہیں۔ مگر یہ بالکل صحیح ہے۔ اور یہ بلا آخر ہی مائینس دان مانینگے۔

تمہید میں مجھے اب صرف ایک بات اور عرض کرنی ہے اور پھر آپ کے سوالوں کی طرف آتا ہوں۔

۳۔ ہم کیوں کہتے ہیں کہ دیسی طبیبوں کو ترقی دے جاوے مریض کو آرام ہو جب یہی غرض ہے تو ڈاکٹری طریقہ سے ہی سب علاج کیوں نہ ہو۔

اس کا اول جواب تو یہ ہے جب مریض کو آرام ہونا شرط ہے تو تجربہ کیا جاسکتا ہے کہ دیسی ادویات سے زیادہ مریض صحت یاب ہوتے ہیں۔ پھر کیوں ڈاکٹری کو جو کہ ہمارے لئے بدیشی ہے بند کر کے دیسی طبیبوں سے علاج نہ کیا جاوے۔ مائینس نے جو باتیں دریافت کی ہیں وہ علمی ہیں۔ علم پر کسی کا ٹھیک نہیں ہوتا ہے وہ سب یونانی و رومک میں جذب کی جاسکتی ہیں۔ اس سے گورنمنٹ کا طبی خرچ نصف رہ جاوے گا اور فائدہ اس سے بھی بڑھکر ہوگا۔ مگر ہم جانتے ہیں کہ گورنمنٹ ایسا کرنے پر رضامند نہ ہوگی ہم محسوس کرتے ہیں کہ دیسی طبیبین ہندوستانیوں کی طبیعتوں کے زیادہ موافق ہیں۔ ہمارے لوگوں کے واسطے اسی ملک میں پیدا ہوئی ادویات زیادہ پرائر ہیں۔ ہم جانتے ہیں کہ دیسی طبیبوں کے ذریعے تھوڑے خرچ سے زیادہ اپکار ہوتا ہے۔ ہم جانتے ہیں کہ طریقہ علاج دیسی طبیبوں میں بہت سادہ اور تجربہ کی کسوٹی پر گھسا ہوا ہے۔ ڈاکٹری بہت مائینٹنگ ترقی کرنے کے بعد بھی ابھی مریضوں کے دکھ دور کرنے میں کوئی قدم آگے نہیں آتا ہے۔ مگر جی میں بے شک کمال دکھاتے ہیں۔ مگر وہ وید طبیب۔ یا ڈاکٹر جو بھی میکھیکا وہی گرسکیگا۔ گورنمنٹ دیسی طبیبوں کے واسطے ایسے انتظام کر دے وہ بھی انتظام کرینگے جیسا کہ پہلے ہر قسم کا آپریشن ہوتا تھا۔ ایک

مریض جو نمونہ سے مرزا ہی اس کو اس بات سے آرام نہیں آویگا۔ اس کے سرانے ہیلپر مائینس کو چھانڈنا شروع کریں کہ نلن بردے میں مرزہ پوٹی ہی پردے! ایسے ہوتے ہیں۔ پھیپھڑے پر یون اتر پوتا ہی اس کو دوائی چاہئے۔ تجربہ بتاتا ہی کہ ادویات ابھی تک بھی جیسی زرد اتر دیسی معالجوں کے پاس ہیں ایسی کسی اور جگہ نہیں ہیں۔ اس وقت تک بھی ۱۰ فیصدی لوگ دیسی طب سے فیضیاب ہوتے ہیں۔ اور عام لوگوں کا رجحان دیسی طب کی ہی طرف ہے۔ اس واسطے گورنمنٹ کا عین فرض ہی کہ اپنی رعایا کی خواہشات کے موافق ان کے علاج کا انتظام کرے۔ بعض دفتر والوں کو جب انگریزی علاج پر مجبور کیا جاتا ہی کتنا افسوس ہوتا ہی وہ مجبوراً دوائی لاتے ہیں مگر ہینے نہیں۔ اسنی علاج اپنے دیسی معالج سے کراتے ہیں۔ دیسی طبیبین واقعی مفید ہیں زیادہ ہندوستانیوں کے موافق ہیں۔ غریب ہندوستانیوں کے حسب حال ہیں اس واسطے انہی کی ترقی پر یہ ہماری خواہش ہی۔

دیسی طب کی تقریباً اشیاء اپنے ملک میں آسانی سے مل جاتی ہیں۔ عام لوگ بھی ان سے واقف ہیں اپنے جسموں کے علاج کے واسطے جہازوں کا انتظام نہیں کرنا پڑتا ہی۔

• مرالات •

سوال — آپ کون سے طریقہ طب کی پیروی کی تعویز کرتے ہیں آئیورینک یونانی یا مدہ؟

جواب — میں ان تینوں میں کوئی اصولی فرق نہیں سمجھتا مدہ طریقہ ویدک کے اندر ہی ہی۔ اسکا مطلب تو صرف اتنا ہی ہے کہ خاص خاص اعلیٰ نسخہ جات جو مادہ منیامینوں نے ہرموں کے تجربات کے بعد معلوم کئے ہیں انکو برتنا وہ ہر کوئی ہرت سکتا ہی۔ ہاتی یونانی و ویدک کا کوئی خاص فرق سوائے اس کے نہیں ہی کہ ویدک لوگ رس۔ کشتہ جات وغیرہ زیادہ برتنے ہیں اور وہ دوسری ادویات سے زیادہ کام لیتے ہیں۔ جو لوگ فارسی عربی میں یونانی کتب پڑھتے ہیں وہ یونانی طبیب ہوجاتے ہیں۔ جو ہندی منسکرت میں پڑھتے ہیں وہ ویدک ہوجاتے ہیں۔ ادویات تو اب بہت سے حکماء بھی ویدک برتنے لگ گئے ہیں۔ تاہم میں چونکہ خود ویدک ہوں اس واسطے ویدک باتوں کا زیادہ ذکر کرونگا۔

سوال — آپ کے مستم کے بموجب بیماری کے اسباب کی کیا تھیوری ہی؟

اور یہ تھیوری موجودہ مائینس کے امتحان میں کہاں تک ٹھہر سکتی ہیں؟

جواب — ہمارے ان تھیوری نہیں بلکہ سچائی ہی جو کہ مندرجہ ذیل ہی۔ ہمارے ان تین قسم کی امراض مانی گئی ہیں۔

آگنٹک یعنی حادثی وہ ہیں جن کے واسطے پہلے کسی سبب کا ہونا ضروری نہیں کسی حادثہ سے ہوجاتا ہے۔ جیسے زخم۔ چوٹ۔ لولگنا۔ موچ آنا۔ کسی جانور کا کاٹ کھانا وغیرہ وغیرہ کسی قسم کے جرمز کا ایک حملہ بھی آگنٹک ہی ہی۔

مانسک جو دماغ سے تعلق رکھتی ہیں اور جنکو آجکل کی مائینس ہسٹری یا وغیرہ کا نام دیتے ہیں۔ یا جو رنج غصہ وغیرہ سے پیدا ہوتے ہیں۔

تیسرے دو شعبے ہیں۔ ان کی اصل وجہ دوشوں کا کم و بیش و فاسد ہوتا ہی۔

مگر یہ مدہانت اس طرح بیان کیا جاتا ہی۔ جسم دوش۔ دہاتو اور مل کا مجموعہ ہی انکے علاوہ کوئی اور چیز جسم میں نہیں۔ دوش تین ہیں۔ وات۔ پت۔ کف دہاتو مات ہیں۔ س۔ خون۔ گوشت۔ چربی۔ ہڈی۔ مچھا اور ویرج۔ مل بھی ہر ایک دہاتو کا ایک ہوتا ہی جیسے پاخانہ۔ پیشاب۔ پسینہ۔ حیض۔ ناک وغیرہ۔ کی بلغم۔ آنکھوں کی کد وغیرہ انہی تینوں کی کمی و بیشی یا فساد سے بیماری ہوتی ہیں۔ اور انہی کو مناسب حدود کے اندر لے آنا ٹھیک علاج ہی۔ اعضاء کے افعال میں فرق آنے

کی وجہ انہی تینوں کے اندر فرق آتا ہے ایک قیدی کے ہاتھ پر جھالے پڑے ہوئے دیکھ کر ایک کہتا ہے کہ اُسے چکی پیسی تھی دوسرا کہتا ہے کہ اُسے جوڑی کی تھی اس واسطے چکی پیسنے پڑی - آئیور ویدک طب آگے جانی ہے اور کہتی ہے کہ اعضاء کے انفعال میں فرق ہونے کی وجہ آہروار میں غلطیاں ہونے کے باعث دوش دہاتو اور مل کا بگاڑ ہے اور خاص کر دوشوں کا بگاڑ ہے جو ہر مرض کے ماتھے موجود ہوتا ہے یہ بنیادی اصول علاج کے واسطے سیدھی سڑک بنا دینا ہے اور لکھا ہے کہ -

संचयं च प्रकोपं च प्रसरं स्थानसंश्रयम् ।

व्यक्तिभेदं च यो वेत्ति विज्ञेयः स भिषगोत्तमः ॥

جو دوشوں کے جمع ہونے - انکے ادا کرنے - جسم کے اندر پھیلنا شروع ہونے - کسی خاص جگہ بیٹھ کر اس عضو کو زیادہ تکلیف دینے - اور پھر اس غصہ میں ویکٹ ظاہر ہو کر سب علامات ظاہر کرنے اور بعدہ بہید افسام وغیرہ کو سمجھ لیتا ہے وہی اتم وید ہے * اس کی تشریح بہت لمبی ہے جو میں اس تھوڑے وقت میں بیان نہیں کر سکتا - مفصل آپ دیکھنا چاہتے ہیں تو میں دوش کیان یا علم الاخلاط کی ایک کاپی آپ کو دیتا ہوں اس میں نے اچھی طرح تینوں دوشوں کی ویا کہا ہے *

اتنا میں ضرور کہنا چاہتا ہوں کہ علم جدید میں ان کے واسطے کچھ الفاظ نہیں ہیں - کہیں انکی سیدھی تشریح نظر نہیں آتی ہے - مگر موجودہ مائینس کا کوئی اصول اس کو غلطی بھی ثابت نہیں کر سکتا ہے جو کوئی بات انہوں نے معلوم نہیں کی ہے - وہ غلط ہی نہیں ہو سکتی ہے - تجربہ ہر ایک طبیب اس صحافی کو ظاہر کر سکتا ہے ہم مریض کو دیکھ کر بتلا دینگے کہ اس کے اندر کونسا دوش بڑا ہوا ہے - اور اسکے مخالف دوائی دینگے - اس کو آرام ہونا شروع ہوگا یا جو ادویات جس تاثیر کی ہیں وہی دیکر ویسے ہی لکھن پیدا کر کے دکھا سکتے ہیں - یعنی بلغمی چیزیں زیادہ دینے سے بلغم بڑھ جاویگی گرم اشیاء دینے سے گرمی بڑھائیگی اور بادی اشیاء دینے سے بادی *

اگر ہم کو دوش کا ٹھیک پتہ ہو اس کے مطابق علاج شروع کر دیں تو بیماری خواتہ کسی جگہ ہو آرام آ جاویگا - یہ روزانہ تجربہ کی باتیں ہیں - جو ہر وقت آزمائی جا سکتی ہیں *

اب ہم آپکو بتلاتے ہیں کہ وات - پت - کف تینوں جسم کے اندر جسم کو سنبھالنے والی خاص شکلیاں ہیں - اور ان کے ماننے کے بغیر گزارہ نہیں ہے - ڈاکٹر ابھی اس کو اور طریقہ سے اس کو ماننے ہیں - مگر آہستہ آہستہ ماننے جا رہے ہیں *

ڈاکٹر ایم کینٹرک نے انسائیکلو پیڈیا برٹنیکا میں لکھا تھا - پس جس طاقت کے باعث نرو (عصب) کام کر نیکی قابل ہوتا ہے - اس طاقت کا نام کوئی رکھنا پڑیگا - وات یا ایسا ہی کوئی نام رکھا جاوے *

ڈاکٹر ماننے ہیں کہ جسم کی کل حرکات اور نعل عضلات کے ذریعے ہوتے ہیں - جو کہ اعصاب (Nerves) سے طاقت میں بہت نہیں - ویدک اس سے آگے چلتی ہے - اور بتلاتی ہے کہ وہ نروز وات سے طاقت حاصل کرتے ہیں *

تمام جسم میں کی صورتوں میں یہ بات موجود ہے روئین روئین میں اس کا اثر ہے جہاں سے کم یا زیادہ یا خراب یا معدوم ہو جاتے ہیں - جتنی نروس امراض ڈاکٹری میں ہیں وہی سب وات کی امراض ویدک میں ہیں یہ بات کسی بھی مائینٹفک امتحان میں برابر ٹھہریگی *

دوسرا دوش پت ہے - ڈاکٹر بھی ماننے ہیں کہ جسم کے اندر ہر وقت (Combustion) ہے یعنی آگ جلتی ہے اور تمام جسم کے اندر گرمی پہنچ رہی ہے - جسم کے فاسد مادے جلتے رہتے ہیں - نئے نئے بنتے ہیں - ویدک لفظ شریر سے ہی یہی مطلب ظاہر ہوتا ہے کیونکہ शीरितेशरीर جو ہر وقت مرتا رہتا ہے اسی کا نام شریر ہے - پت اسی

طیف قوت کا نام ہے۔ جس سے دہاتو وہ پروتھ بنا ہوا ہے اور جسم کے اندر ۱/۲ ۹۸ ڈگری کی گرمی پر وقت موجود رہتی ہے۔ انگریز جن فعل کا نام Metabolic Function رکھتے ہیں یا Heat producing mechanism پکارتے ہیں وہی ہے۔ اسی سے مرادہ میں رکھنے کے واسطے اسی گرمی سے جسم جل نہ جاوے اس مطلب کے لئے ایشور نے کف بنائی ہے۔ جو کہ جل سکتی ہے جیسے سورج کے مقابلہ میں چاند ہے وہ تمام جسم میں موجود ہے تمام جزوں میں تیل کا کام دیتی ہے اور جسم کے اندر تھنڈک پہنچاتی ہے۔

اس مختصراً بیان کو پڑھ کر کون کہسکتا ہے۔ مائٹیفک امتحان میں یہ مدافعت نہیں ٹھہرسکتا ہے یہی شکتیاں کذیف صورت میں بھی جسم میں موجود رہتی ہیں اور شامتوں نے لکھ دیا ہے کہ اتنا اتنا ہر ایک دوش جسم میں قدرتی ہوتا ہے اس سے کم و بیش نقصان کرتا ہے۔ یہ جسم کی حفاظت کرنے والے پھر ان کو دوش اسی واسطے تھا ہے کہ ان کے کم و بیش یا فائدہ ہونے سے ہی امراض کھڑے ہوتے ہیں۔

شامتوں میں مفصل ان کی علامات لکھی ہیں یہاں انکے بیان کا وقت نہیں ہے۔ اتنا ضرور ہے کہ ہر آنے رشی ہمیشہ سوتر لکھا کرتے تھے ان کو امدادت سے بہت خوشی ہوتی تھی کہ وہ الفاظ کم کر کے مفہوم رکھسکیں۔ اسواسطے آپ کو تشریح ہماری کتاب میں نہیں ملیگی اصول ملینگے جو صحیح ہے۔

سوال — ۲ (ب) آپ کے طریقہ علاج میں تشخیص اور علاج کے کیا اصول و طریقہ ہیں۔

آپ کے طریقہ علاج کو عام قانیر کے متعلق آپ کے خیالات کیا ہیں؟

جواب — مشرت میں لکھا ہے۔

पंचभिः श्रोत्रादयः प्रश्नश्चेति ॥

پانچ حواس خمسہ اور موالات سے مرض کو جاننا چاہئے پانچ حواس خمسہ یا کیاں اندریاں یہ ہیں۔

کان - ناک - آنکھ - زبان - وتوجا۔

کان سے آواز سنکر جیسے ناڑی جنتر جسکو آچکل مٹھنہسکوب کہتے ہیں۔ اس سے یا ویسے ہی کان لگا کر پھیلپڑے یا دل کی آواز کو سننا۔ یا خانہ پیشاب کی آواز یا خون جالیکی آواز کا دہان کرنا یا مانس آتے ہوئے کھر کھر وغیرہ کی آواز کو یا کھانستے ہوئے کھانسی کی آواز کو پہنچانا وغیرہ۔ ناڑی جنتر سے آواز منہ کا بیان مشرت میں صاف آیا ہے۔

ناک سے مل موتر آوے کی گندہ درگندہ زخمون - پھوڑے پھنسی کی بو انسان کی جسم کی خوشبو بدبو وغیرہ سونگھکر کی جاتی ہے۔

آنکھ سے دیکھکر تشخیص کی جاتی ہے۔ جیسے جسم کا - آنکھوں کا - زبان کا رنگ وغیرہ دیکھنا - جسم کی حالت موتر - پتلا - سوجا ہوا دبلا ہوا وغیرہ جاننا - آنکھ کے واسطے خوردبین کی طرح کا بھی کوئی جنتر ہوتا ہے گا - تب ہی نہ دکھائی دینے والے کرمون کا ذکر ہے۔

زبان سے چھکر تشخیص بھی ضروری ہوتی ہے کبھی خود مریض سے بھی پوچھا جاتا ہے کہ تیرے منہ کا مزا کیسا ہے - بلغم کس ذائقے کی نکلتی ہے - پیشاب میں چھوٹی لگتی ہے یا نہیں۔

توجا یعنی قوت لمس سے چھوکر تشخیص کی جاتی ہے - جسم کو چھوکر گرمی سردی - چکنائی - خشکی - پسینہ سختی وغیرہ کو معلوم کرنا - نبض کو دیکھکر اسکی

حرکات کو پہچاننا۔ جگر۔ تلی وغیرہ کی سختی نرمی کو ہاتھ سے معلوم کرنا وغیرہ اور سوالات سے تشخیص میں اوساطے مدد ملتی ہے کہ سب تکالیف اصلی صورت میں مریض بتلا دیتا ہے۔ بیماری کب شروع ہوئی کیسے شروع ہوئی کیسے بڑھی۔ کسوقت بڑھتی ہے کسوقت گھٹتی ہے وغیرہ وغیرہ *

یہ پانچ طریقہ ہیں۔ فوت لمس سے کام پورے طور پر نہ ایگر ڈاکٹروں نے تھرمامیٹر نکالا ہے اور دیگر سے موتی پر یکہشا کو نہ سمجھکر پیشاب کے امتحان کے واسطے نئے نئے طریقے نکالے ہیں۔ جن کو دیسی طبیب استعمال کرسکتے ہیں۔ نبض کی پہچان کے واسطے سفگنومیٹر ایک آلہ نکالا ہے۔ مگر اتنا ضرور کہونگا کہ نبض کی پہچان یا قارورہ کا امتحان اصلی طور پر بہت تجربہ کے بعد آتا ہے۔ کہیں کہیں وئید ان دونوں کو ٹھیک جانتے ہیں۔ مگر جو جانتے ہیں۔ پھر ان دونوں یا ان میں سے ایک کے ہی ذریعے کل امراض کے تشخیص کرنے میں کامیاب ہوتے ہیں۔ مائینس کے اصولوں کو بیان کرنے کی ضرورت نہیں۔ ذرا تیز فہمی سے دیکھنے سے معلوم ہوسکتا ہے کہ ہر مرض میں نبض بدل جاتی ہے۔ اس تبدیلی کو ذہن نشین کرتا ہے۔ یہ ڈاکونسلہ نہیں صحیح علم ہے جس سے بعض اوقات ایک ایک سال پہلے موت کی خبر دی جاسکتی ہے۔ ان کے علاوہ ہمارے متقدمین نے ہر مرض کی ایسی علامات لکھدی ہیں۔ ان سب باتوں کو دیکھ اور سنتے کے بعد صحیح تشخیص مرض کی ہوجاتی ہے۔ ڈاکٹر پتھری دیکھنے کے واسطے سوتا ڈالین ہم علامات کو دیکھکر ٹھیک ٹھیک بتلاینگے۔ علامات ایسی صاف لکھی ہیں اور یونانی میں اسقدر تفصیل کے ساتھ وہ درج ہیں کہ کوئی بھی جو شخص جان کر جو انکو ٹھیک پڑھ لے کبھی تشخیص میں غلطی نہیں کرسکتا ہے *

اموقت بھی لوگ ہیں جو صرف نبض پر ہاتھ رکھکر نسخہ لکھدیتے ہیں۔ یہ باتیں موجودہ مائینس کو معلوم نہیں اوساطے ان کو ڈاکونسلہ کہتی ہے۔ مگر اگر کوئی چاہے تو اس وقت بھی اس کا امتحان کرایا جاسکتا ہے *

اب رہا طریق علاج۔ اس کے واسطے کچھ پوچھئے نہیں۔ باوجود مائینس کی ہزاروں ترقیوں کے ابھی تک ڈاکٹری علاج نے ویدک کا مقابلہ نہیں کرسکی ہے۔ موجودہ مائینس نے جو بڑا کام کیا ہے وہ یہ ہے کہ بہت سی اشیاء کے ست وغیرہ نکالکر خوراک بہت کم کردی ہے۔ سہولتیں بہت ہوگئی ہیں۔ مگر اس سے اصلی مرض کے نور ہونے میں بہت مدد نہیں ملتی ہے *

چرک کا ترجمہ ہوکر جب نیدلنیا کے مشہور ڈاکٹر چارچ کلارک ایم۔ اے۔ ڈی کے پاس پہنچا تو اسنے لکھا تھا *

As I go over each fasciucles I arrive at only one conclusion and that is this —

If the physicians of the present day would drop from the pharmacopeia all the modern drugs and treat their patients according to the methods of Charaka there would be less work for the undertakers and fewer chronic invalids in the world.

یعنی چون میں چرک کے ادھیاء پڑھتا ہوں میں ایک ہی نتیجہ پر پہنچتا ہوں اور وہ یہ ہے کہ اگر موجودہ زمانہ کے طبیب اپنی فارماکوپیا سے موجودہ مائینس کی ادویات اور کیمیکل علیحدہ کردیں اور اپنے مریضوں کا چرک کے طریقہ سے علاج کریں تو معالجوں کا بہت سا کام گھٹ جاوے اور دنیا میں پرانی امراض کے مریض بہت کم ہو جائیں *

یاد رہے کہ یہ بات نہیں ہے کہ پرانے زمانے کے وئید کمیسڑی بالکل نہیں جانتے تھے۔ نئے نئے قسم کے کشتہ جات بنانا۔ پارہ کے رس مندھور۔ چندر ادوے وغیرہ مرکبات تیار کرنا۔ معد نیات کے ست نکالنا۔ ادویات کے کھی۔ تیل۔ آشوارشٹ۔ عرق شریف وغیرہ تیار کرنا سب فرک اور کمیسڑی کی ہی باتیں ہیں *

ڈاکٹر رائے اپنی کمیٹری میں لکھتا ہے کہ مشرق کے اندر کاسٹک الکالی کے بناؤ کی ترکیب اور پھر اس کے واسطے یہ ہدایت کہ اس کو لوہے کے برتن میں رکھنا چاہئے۔ پڑھ کر کون شخص ہی جو یہ نہ مانے گا کہ ہر آلہ لوہے کمیٹری بھی کمال کی جانتے نہہ۔

مسٹر لفنسلن صاحب ولیدوں کی نسبت لکھتے ہیں۔

They knew how to prepare sulphuric acid, the oxide of copper, iron, lead (of which they had both the red oxide and litharge) tin and zinc; the sulphate of iron, copper, mercury, antimony, and arsenic; the sulphate of copper, zinc and iron, and carbonate of lead and iron.

Their methods of preparing these substances were sometimes peculiar.

Their use of these medicines seems to have been very bold. They were the first nations who employed minerals, internally and that not only gave mercury in that manner but arsenic and arsenious acid which were remedies in intermittants.

They have long used cinnabar for fumigation by which they provided a speedy and safe salivation. They have long practised inoculation.

یعنی وہ تیزاب گندہک - شورہ وغیرہ نکالنے تانبہ لوہے - میسہ (جس کا سندھوہو مردار سنگ دونوں تھے) قلعی وجہت کے اکسائیڈ بنانا - لوہے - تانبہ - پارہ - سرہ - اور سنکھیا کے سلفیوریٹ اور تانبہ - جسٹ اور لوہے کا سلفیٹ اور میسہ و لوہے کا کاربونیٹ تیار کر لے جانتے تھے اور ان کا ان چیزوں کی تیار کا طریقہ بعض لوگات بڑا عجیب ہوتا تھا - ایسے معدنیات کو وہ بڑی بہادری سے بلا خوف و خطر برتتے تھے - نہ صرف پارہ بلکہ سنکھیا اور جوہر سنکھیا بھی دیتے ہیں جو کہ باری کے بخاروں کا علاج تھا - وہ مدت سے سنگرف کے دیوان کے آتشک کے واسطے استعمال کرتے آئے ہیں - ان کے اندر ٹیکا کا بھی رواج تھا - پھر لکھا ہے -

Their acquaintance with medicines seems to have been very extensive, we are not surprised at their knowledge of simples, in which they gave early lessons to Europe. More recently they taught us the benefit of smoking Dhatura in asthma and the use of cowitch against worms.

ان کا ادویات کا علم معلوم ہوتا ہے - بہت ہی بڑا چیز تھا - ان کا مفردات کا علم وسیع تھا - جس سے ہمیں کوئی حیرانی نہیں کہ انہوں نے یورپ کو ان کا سبق دیا - بلکہ آجکل بھی دہتورہ کا حقہ برائے دمہ اور کیڑوں کے واسطے کونچ پھل کا استعمال ہم نے انہی سے سیکھا ہے *

مسٹر اینی بیسنک نے سنہ ۱۹۰۶ع میں کلکتہ میں ایک لیکچر کے دوران میں کہا تھا -

In medicine you are still more advanced. In the West it is by no means a science but largely a guess work. Indian medicine both of the Hindus and Muhammadans is superior to the medicine of the West.

علم الادویہ میں آپ اس سے بھی آگے بڑھ گئے تھے - یورپ میں علم الادویہ نے ابھی مائینس کی صورت اختیار نہیں کی ہے بلکہ اٹکل پچھو طور پر اس سے کام لیا جاتا ہے - ہندوستان کا علم طب چاہئے وہ ہندوں کا ہو یا مسلمانوں کا مغرب کے نظام طب سے بہتر ہے *

ایسے ہی اور بہت سی شہادتیں دی جا سکتی ہیں - مگر بہت سی شہادتوں سے کیا تعجب سے ہر وقت اس کی آزمائش کی جا سکتی ہے *

طاعون انفلوآنزا - ہیضہ وغیرہ امراض میں جتنے مریض دیسی طبوں سے راضی ہوتے ہیں - اتنے ڈاکٹری سے نہیں ہوتے - آتشک - سوزاک - بواسیر - نامردی - پتھری وغیرہ سخت امراض کی ادویات ہمارے ان بہت اعلیٰ ہیں - ایک سال بھر کے واسطے کسی جگہ ایک ڈاکٹر اور ایک دیسی طبیب رکھا جاوے ایک کمیٹی ہر مرض کے برابر

مریض دوتوں طرف بھیجی جاوے ان کا حساب رکھا جاوے تب ہی معلوم ہو جاوے گا۔
کہ تھوڑے خرچ سے زیادہ مریض دیسی طبرن سے جلدی تندرست ہوتے ہیں۔*

اور یہ ادویات اٹکل پھو نہیں۔ بڑے اعلیٰ اصولوں اور معانیوں پر مبنی ہیں۔
ڈاکٹر چند مالوں سے لکھنے لگے ہیں کہ شوہمہ روگ یعنی سوجن کی بیماری میں نمک
منع ہے۔ ہزار ہا مال پہلے چرک نے یہی ہدایت کی ہے اور آجنگ دیسی طبیب
نمک اور بعض اوقات پانی تک کو بند کر دیتے ہیں۔ کیونکہ نمک پانی کو زیادہ جذب
ہرنا ہے اور سوجن بڑھتی جاتی ہے۔ کیسے عجیب نکتے علاج کے واسطے ملتے ہیں۔
بخار کی ادویات اور اتیسار کی ادویات لکھ کر ایک مرض جو راتیسار لکھی ہے۔ لکھا
کی اس کے واسطے بخار و اتیسار کی ادویہ ملا کر نہیں دی جاوے۔ اسہال کی بخار کو بڑا
گی اور بخار کی اسہال کو۔ اس واسطے اس کے واسطے خاص ادویات لکھتے ہیں۔ لکھا ہے
ابربک۔ پارہ وغیرہ یوگ واہی ادویات ہیں۔ یعنی جن ادویات کے ساتھ ان کو ملا دو
انہی کے اوصاف کو بہت بڑا دیتی ہیں۔ بعض ادویات کو شدہ کر کے برتنا بعض کو ایسے
ہی برتنا۔ اسبغول وغیرہ کو پیسنا تھین وغیرہ عجیب نکتے ہیں جو کہ ڈاکٹروں
کو معلوم نہیں ہیں اور پتہ (پریپٹ) کی تو کوئی پوچھتے نہیں۔ یہاں کے ڈاکٹر ہماری
سنی سنائی باتیں لیکر کہہ دین کہ بینگن نہ کھانا۔ کھی کھانا یا نہ کھانا۔ پہل کونسے
کھانا وغیرہ دراصل پتہ کی کوئی خاص ہدایت ایسی تفصیل سے جیسی ہماری کتب
میں لکھی ہیں نہیں ملتیں۔ ہمارے تو لکھا ہے کہ دوائی کے بغیر صرف مناسب پریپٹ
سے بھی بیماری دور ہو جاتی ہے۔ مگر جو پریپٹ نہ کرے اس کو بہت ادویات استعمال
کرنے کا بھی فائدہ نہیں۔ نئے بڑے ڈاکٹروں کو جب مریض پریپٹ پوچھتے ہیں تو ان کو
ہاتھ پاؤں بڑھاتے ہیں۔ ان کے تو زود ہضم مقوی غذا ہی ہر جگہ لکھا ہے اور دوا
کچھ دے جانا ایسا بیان ہے۔ بخاروں میں طاقت کے واسطے دودھ اور گوشت کا رس
دیتے دیتے بخار کو بٹھا لیتے ہیں۔ اصول علاج ہمارے ان بڑا ملدہ ہے اور بہت آسانی
سے ہر ایک یاد کر سکتا ہے۔*

علاج کے دو بڑے ستون ہیں۔ سنشودھن و منشمن۔*

سنشودھن کہتے ہیں کہ ایسے مواد اور دوشوں کو جو جسم میں بڑھ گئے ہوں۔
جسم سے نکال کر جسم کو صاف کر دینا۔ اور منشمن کہتے ہیں ان کو نکالے بغیر دوشوں
کو شانت کر دینا۔ ان کے اثر کو زایل کر دینا۔ دنیا بھر کے کل علاج انہی دو کے اندر
ہیں۔ سنشودھن کے عمل کو جیسے وید لوگ جانتے ہیں۔ ایسے ڈاکٹروں کے ابھی خواب
و خیال میں بھی نہیں آیا۔ بیشک وہ قہ جلاب یا انیمیا کے ذریعے فضلات کو دور کرتے
ہیں۔ مگر اس کے موافق ان کو خبر نہیں کہ قہ یا جلاب صرف معدے میں جمع ہوئے
مواد کو خارج کر سکتا ہے حقدہ یا وستی کرم جس کو وہ انیمیا کہتے ہیں وہ اتنا ہی
جانتے ہیں کہ پانی۔ صابن کا پانی یا کسٹائل مقعد کے راستے انٹریوں میں داخل کر دیا اور
وہاں جمع شدہ مواد خارج ہو گیا۔ ویدک میں ۵ قسم کی بڑی بڑی بلکہ ۱۸ قسم کی وستی
لکھی ہے۔ اور صرف وستی کرنے سے کبھی جسم کا موٹاپا دور کیا جانا ہی کبھی بتلے
کو موٹا کیا جاتا ہے۔ جسم کو طاقت پہنچائی جاتی ہے۔ ضعف باہ وستی دور کی
جاسکتی ہے۔ ولایت میں صرف ایک شخص کا میں نے اشتہار آجکل پڑھا ہے جو کہ
مقوی ادویات کی بنیاد مقعد کے راستے دینے لگا ہے۔ شامتر میں

پنج کرم پانچ عمل بتلائے ہیں۔ جن کو عمل میں لانے سے بڑی بڑی پرانی امراض
اور مہاریادہاں دور کی جاسکتی ہیں۔ مینہ کرم (جسم کو چکنا کرنا) موید کرم۔
پسینہ لانا) ومن کرم (قہ) وریجن کرم (جلاب) اور وستی کرم (حقدہ) مینہ کرم اور
موید کے بعد اگر ومن کو کیا جاوے تو پرانا دم۔ سخت بخار۔ سخت امراض و انت
وغیرہ جو لا علاج سمجھی جاتی ہیں۔ وہ بھی دور ہو جاتے ہیں۔*

ہو جاویگا علاج بالمثل جنکر کہتے ہیں وہ بھی اکثر اسپر بہاؤ کے باعث ہوتا ہی اور اس کی مثالیں مینکڑوں ویدک میں موجود ہیں *

میں مختصراً طریقہ علاج و تشخیص کا بیان کر دیا اسکی تفصیل بدون مینکڑوں صفحے کی کتاب کے نہیں لکھا جاسکتا ہی - اگر کوئی تعصب کی پٹی اتار کر انکو دیکھیگا تو ضرور عیش عیش کریگا - اور ڈاکٹر کلرک کے ساتھ آواز اٹھادینگا - کہ سب کیمیکل کو چھوڑ کر دیسی طریقے سے سب کو علاج شروع کر دینا چاہئے *

اس سوال کا اب آخری حصہ رہ جاتا ہی کہ اسکی عام تاثیر کے متعلق ہمارے کیا خیالات ہیں - دیسی طبیبوں کے پاس کوئی اس قسم کا اعداد و شمار کا طریقہ نہیں ہی - مگر جہاں کبھی موقع پڑا ہی دیسی علاج تھوڑے خرچ سے زیادہ کامیاب ہوا ہی - جن میونسپل کمیٹیوں میں ڈاکٹری کے ساتھ دیسی طبیب بھی نوکر ہیں انکے اعداد و شمار سے ہی ظاہر ہوتا ہی یونا میونسپل کمیٹی کی مثال موجود ہی - انفلوانزا کے دنوں میں ہر جگہ نئے بیماری ہونے پر بھی تندریش کی تھیوری کے باعث دیسی طبیب زیادہ کامیاب ہوتے یہ سب کو معلوم ہی - اور اب اگر چاہئیں تو کسی پر اعتبار نہ کر کے ایک فن کے واسطے ایک کمیٹی کے ذریعہ نصف نصف مریضوں کا ڈاکٹری یا دیسی طریقہ سے علاج کر کے تجربہ کر سکتے ہیں - اگر ہمارا یہ دعوئے درست ہو کہ تھوڑے خرچ سے زیادہ مریض راضی ہوتے ہیں تو دیسی طبیبوں کے کالج کھول کر انکی حوصلہ افزائی کریں تا کہ یہ اور بھی زیادہ ملک کو نفع پہنچاسکیں - ورنہ اختیار بدست مختار *

سوال ۲ (۵) کیا آپکا یہ خیال ہی کہ معالجہ کے ملکی طریقے چند حالات میں دیگر طریقوں کی نسبت زیادہ موثر ہیں - اگر ہی تو اثرات پیش کریں؟

جواب - ہمارا خیال ہی کہ ان تمام امراض میں جنکو مہاروگ کہتے ہیں دیسی طبیب زیادہ موثر ہیں خاصکر ویدک میں جو رمائیں اور واجی کرن تندر ہیں - ان کا مقصد بیان ڈاکٹری میں کہیں نہیں ملتا ہی *

آیورویڈ کہ ۸ حصے رشیرن نے لکھے ہیں - شلیہ - شامدکیہ - کائے چکتسا - بہوت و دیا - کوٹار بہرت - اگدتنتر - رمائیں تندر - واجی کرن تندر *

شلیہ کے معنی سرجری ہی - جس کا اسوقت انتظام نہ ہونے کے باعث وید جھوڑ بیٹھے ہیں - مگر یہ علم مکمل طور پر مشرت میں لکھا ہی - بڑی ترقی بعد بھی آج تک ایک بھی تو سرجی کالوزار ایسا ڈاکٹروں نے نہیں بنا یا جسکا ذکر مشرت میں نہ آتا ہی - درجنوں راؤن میں مسٹر وہیبر Weber کی ایک ہی رائے کافی ہوگی *

In surgery, too, the Hindus seem to have attained a special proficiency and in this department, European Surgeons might, perhaps, even at the present day still learn something from them; as indeed they have already borrowed from them the operations of Rhinoplasty.

معلوم ہوتا ہی - ہندوستانیوں نے سرجری میں بھی خاص قابلیت حاصل کی تھی - اور شاید اس وقت تک بھی یورپ کے سرجن ان سے کچھ سیکھ سکتے ہیں جیسا کہ انہوں نے نئے ناک یا کان بنانے کا عمل جراحی ان سے سیکھا ہی *

اگر گورنمنٹ بھی اپنے ملکی طبوں کا خیال کریگی تو ضروری ہی اس شاخ میں بھی ترقی ہوگی *

دوسری شاخ سالکیہ ہی - اسکی معنی ہیں گردن سے اوپر کے امراض مخصوص علاج - اس میں امراض چشم - امراض ناک - امراض کان اور امراض منہ کا بیان آجاتا ہی - جسکے واسطے ڈاکٹری میں بھی اب علیحدے علیحدے شاخیں ہو گئی ہیں - اور ان شاخوں میں بھی ڈاکٹر کمال کر رہے ہیں - مگر تجربہ نہ ہناتا ہی کہ ادویات میں اس میں پیچھے ہیں - کی بار دیکھا ہی کہ آنکھوں کے امراض میں جہاں کوکین وغیرہ نے فائدہ نہ کیا وہاں لودھ وغیرہ کے کاڑھ نے کام کر دیا - بہرہ پن کی ساری تشریح تصویروں

سے دیکھتا ہے کوئی ڈاکٹر آج تک اسکو دور نہیں کر سکے ہیں۔ آنکھوں سے موتی نکالنے کا پرانا طریقہ سے کوئی وئید کرتے ہیں۔ ایک وئید جمیع نئی نمائش میں کلمہ پڑھنے سے آئے تھے جو مشرت کے طریقہ سے موتیا نکالتے تھے۔ اور انکا دعویٰ ہی کہ ڈاکٹری کہ موجودہ طریقہ سے وہ اچھا ثابت ہو رہا ہے۔

کالے جھنسا عام علاج کو کہتے ہیں۔ اسکا ذکر پچھلے کیا جا چکا ہے کہ بلافاظ ادویات آپرووینک کا طریقہ ڈاکٹری سے اچھا ہے۔ اگر اچھا آپ نہ مانیں تو بھی کم نہیں ہے۔

بھوت و دیا۔ یا مانسک روگون کا علاج ہے۔ اسی کے اندر جرمن تھیوری بھی آتی ہے۔ اسکا واسطہ ہینٹانزیم مسمریزم وغیرہ یوگ کے ہی رنگ نکل رہے ہیں۔ اگر کوئی یوگ و دیا کو جان لیتو ان سب سے بڑھکر کامیاب ہو سکتا ہے۔ بھوت و دیا کے اندر جرمن تھیوری اس واسطے آتی ہے کہ بہت پرانی کتب میں نہ دیکھائی دینے والے جرمن کا بھی نام ہے۔ مشرت میں ایک جگہ لکھا ہے کہ زخم پر گوگلہ وغیرہ کی دھونی دیکر اس کی حفاظت کرے تاکہ بھوت واکھشس اتر نہ کریں۔ یہ بھوت واکھشس جرمن نہیں تو کیا ہیں۔ یہ شاخ بھی بہت کچھ بھولی ہوئی ہے۔ جرمن تھیوری کے ڈاکٹری میں جہاں ہیں ہوئی ہے۔ مگر مانسک روگون کا علاج اب تک بھی وئید لوگ ان سے بہتر کر سکتے ہیں۔

(۵) کوٹار بھوت وہ شاخ ہے جس میں عورتوں کے بچہ جننے اور انکی خاص امراض بھگان کا ذکر ہوتا ہے۔ اس میں بھی ویسی طبییوں کی آزمائش کا کہ موقع دیا جاتا ہے۔ مگر جو کچھ لکھا ہے وہ کمال سے کم نہیں۔ ایک حفاظت حمل کو ہی لیتے۔ اسقاط کا ایک ہی طرح کا علاج ڈاکٹری میں لکھا ہے۔ مگر یہاں پر ایک مہینہ کے واسطے علیحدہ ادویات ہیں۔ اگر فلاں مہینہ اسقاط ہونے لگے تو یہ ادویات دو اگر فلاں مہینہ ہونے لگے تو یہ ادویات دو کتنی باریک بات ہے۔ یہ کوٹار بھوت بھوت کا ہی کمال ہے کہ حمل ہو جانے پر بھی فرزند ٹرینہ پیدا ہونے کے آباء لکھے ہیں۔ ۹۰ فی صدی درست ہوتے ہیں پھر وضع حمل کی خراب حالتوں کا جو علاج لکھا ہے اسکو دیکھ کر بڑے بڑے Midwifery کے ماہر بڑے حیران رہتے ہیں۔

کویراج اویس چندر شہد سندھو کی تمہید میں لکھتے ہیں۔ موڑھ گریہ اور اور رشمیری کے متعلق جنکا مطلب عسر ولادت اور پھتری کو نکالنا ہی ایسے اعلیٰ طریقہ سے بیان کی گئی ہیں کہ ڈاکٹر چارلس جو اس وقت کلکتہ میڈیکل کالج کے پرنسپل تھے انہوں نے انکے متعلق جو کچھ لکھا تھا اسکو دیکھنے کی خواہش ظاہر کی۔ اسکی خواہش پر ڈاکٹر درگا داس گپت اور میں نے انگریزی میں ترجمہ کیا اور انکے مطالعہ کے واسطے دیا۔ ڈاکٹر چارلس نے مشکل کیسوں میں وضع حمل کرانے طریقہ کی بہت ہی تعریف کی اور یہ فراخ دلی سے مانا باوجودیکہ اسکو مدائفری اور مرجری میں بڑا تجربہ ہے۔ مگر اسنے آج تک جننی بھی طبی کتب پڑھی ہیں آج تک کسی میں بھی اس قسم کا اعلیٰ طریقہ نہیں دیکھا ہے غرضیکہ یہ شاخ بھی اگرچہ عمل میں لائی نہیں جاتی ہے لیکن اگر موقع پڑے تو کسی طرح سے اپنی ڈاکٹری سے کم نہ رہیگی۔

چھٹی شاخ اکد تنتر ہے۔ جسمین زارون کا علاج مرقوم ہے۔ بلاشبہ اس میں بھی ویسی طبیی زیادہ کامیاب ہوتے ہیں۔ زہر دو قسم کے ہیں۔ ایک متہادر ایک جنگم۔ متہادر یعنی جڑھی زارون منکھیا۔ کچھ۔ اونیوں وغیرہ کے واسطے ڈاکٹر اوگ اسی وقت مٹامک پمپ وغیرہ سے زہر نکال دیتے ہیں مگر جب زہر آگے پہنچاوارے مشکل ہوتی ہے۔ وینک میں کئی ادویات علیحدہ علیحدہ پر زہر کی بتلی ہوئی ہیں۔ مثلاً اونیوں کھائی جاوے تو تارے صاف کھا لینے سے سب اندر ہی راکھ ہو جاتی ہے۔

جنگم زہر مانپ۔ بچو وغیرہ کے ڈنگ کے واسطے بھی بہت اعلیٰ ادویات بیان ہیں۔ مشرت میں ذکر ہے کہ زارون کو جاننے والا ایک وئید ہمیشہ فوج کے ساتھ ہی

رہتا تھا۔ ایسے علاج بھی لکھے ہیں کہ اگر دشمن ہوا میں پانی میں زہر پھیلا دے تو انکو کیسا ٹھیک کیا جاوے۔ *

مندیوں وغیرہ کے متعلق جو تحقیقات مشرت کے اندر لکھی ہیں۔ وہانٹک ابھی کوئی اور علم نہیں پہنچا ہے مشہور مورخ ایرٹین لکھتا ہے کہ جب سکندر نے ہندوستان پر حملہ کیا تو اسکی فوج کے ساتھ جو معالج تھے وہ مانپ کے ڈسے مریضوں کو راضی نہ کر سکتے تھے وہ سب بیمار و نئید لوگ اچھے کر دیتے تھے۔ *

اس حصے کی خوبی مشرت کے پڑھنے سے معلوم ہو سکتی ہے۔ اور کوئی نئی بات ڈاکٹروں نے Toxicology کے متعلق دریافت کی ہے تو دیسی طبیبوں کو لیلینے چاہئے جیسا کہ مڈیکل چورس پر وڈنس پر کوئی کتاب نہیں ملتی ہے یہ بات نہیں کہ شاخ ہی نہیں تھی کیونکہ اس کے ثبوت برابو ملتے ہیں۔ کوئڈل ارتہہ شامٹر ایک پرانی مثل ہے جو کہ چانگ رشی کی بنائی ہوئی ہے۔ اس میں مانپ کے ڈنگ یا کسی زہر کے دینے سے یا گلا کہونٹ کر مرے پر مردے کا حیر پہاڑ یعنی پوسٹ مارٹم کر کے اس کے اکھشن جاننے کا ذکر ہے اور بہت سے لکھشن لکھے ہیں جو مدال و صیح ہیں۔ *

انسوس ہے ہماری پرانی کتب کا بہت کا ذخیرہ اس وقت ملتا نہیں ہے۔ *

ماتوان و آتھوان آیرورید کا حصہ رمایر و واجی کرن تندر ہیں۔ دعویٰ ہے کہا جاسکتا ہے کہ انہیں سے واجبی کرن یعنی امراض مخصوصہ مردان کے متعلق اب ڈاکٹر کچھ کچھ جاننے لگے ہیں۔ وگرنہ اسٹنٹ مرچن کا امتحان پاس کرنے بعد بھی کورس ہی ہوتے تھے۔ ادویات بھی اس مطلب کے واسطے چند انگلیوں پر گنہ جانے والی ہیں۔ اگر ویدک و یونانی میں اتنا مکمل اسکا بیان ہے کہ ڈاکٹر بڑھ منکر ہی حیران ہوا کرتے ہیں اور رسائین تندر کا تو ذرا ذکر بھی نہیں ہے رسائین تندر ہے۔ جس سے بڑھا یا اور کسی دوائی سے نہ جانے والی امراض اور بے وقت کے موت تک کو دور کیا جاتا ہے۔ اس میں کچھ شک نہیں کہ وئید بھی اب اسکو پرت نہیں رہا ہے۔ مگر اسکی وجہ ہے کہ باقاعدہ اسکی تعلیم کا کوئی انتظام نہیں ہے۔ یہ ادویات بڑی احتیاط سے برتنی پڑتی ہیں۔ تمام جسم پرانا دور ہو کر نیا جسم بن جاتا ہے بڑھا جو ان ہوجاتا ہے یہ ڈھکونسلی نہیں ہیں۔ اگر ویدک کو کبھی وہی پرانا عروج حاصل ہوا تو یہ سب باتیں صاف تجربہ سے کر کے دکھائی جاوینگے ڈاکٹروں کو یہ نہیں سمجھنا چاہئے جو بات انکو معلوم نہیں ہوئی ہے۔ وہ غلطی ہی ہے۔ ہمارے رشیوں نے صحائیان معلوم کی ہوئی ہیں۔ اور وہ ہمیشہ سچی ہی رہیگی۔ طریقہ طب کے متعلق صحیح صحیح یہی دو سوال ہیں اسکے آگے کے سب سوالات معمولی ہیں۔ ان سب کا جواب مندرجہ ذیل چند الفاظ میں ہوجاتا ہے۔ *

جب تک ویدک و یونانی کے اعلیٰ کالج جن میں اناٹومی۔ سرجری اور آیرورید کے آتھون حصے پڑھائے نہ جاویں تب تک پوری حالت ان طبیبوں کی نہ ظاہر ہوگی۔ اور اسکے علاوہ کوئی اور مدد یا مڈیکل کالجوں میں ایک چئیر پیدا کر دینا ان طبیبوں کے واسطے کچھ مفید نہیں ہے۔ پڑھائی کا کورس وئیدوں طبیبوں کی کمیٹی کے ذریعے بنایا جاسکتا ہے۔ *

اسکے ساتھ ساتھ سرکاری مفت ہسپتال جہاں جہاں ہیں وہاں ویدک و یونانی کے بھی ٹائم ہونے چاہئیں۔ مڈیکل رجسٹریشن ایکٹ کی ہمکو ضرورت نہیں ہے۔ ڈاکٹر خود ہی اسکے ہاتھوں سے نالین ہیں۔ پھر ہم پر یہ چابک رکھنے کی ضرورت ہی کیا ہے۔ مڈیکل رجسٹریشن جو پاس ہوئے ان سے کوئی بھی لاپہ نہیں ہوا ہے۔ اسکو دور سے ہی نمسکار ہے۔ *

بخدمت صاحب مکرثری کمیٹی متعلق انڈجنس سائنس آف میڈیسن
یومٹ بکس نمبر ۲۶۲ مناس •

بفلم جناب پنڈت وید بہاری لال جھینگن صاحب بہار۔ لاہور •

جناب من۔ تسلیم •

میڈیکل کمیٹی ”انجمن اطباء لاہور“ کے ۱۷ ویں میٹنگ منہ ۱۹۲۲ ع کے جلسہ میں
یہ ریپورٹیشن پاس ہوا۔ کہ بعض ناہ زد شدہ طبیب ضرور آپ کی کمیٹی کے سوالات پر غور
کر رہے اور حتی الوسع ان کا جواب دیں۔ لہذا بہ تعمیل ارشاد کچھ جوابات لومال خدمت میں •

۱۔ میں آپرورویک اور یونانی طبابت کو الگ الگ نہیں سمجھتا۔ دونوں قدرتی
وحدانیت اخلاط کے اصولوں پر مبنی ہیں۔ ہندوستان بھر میں ان دونوں ملکی طبابتوں کو
عروج دینا ضروری ہے •

۲۔ (الف)۔ میرا طریقہ طبابت وحدانیت علم علاج ہے۔ اور میں سب جگہ
بیماری کے اسباب کی قیاسی توجیہ یا توجیہات حسب ذیل ہی سمجھتا ہوں۔ اصلے
کہ صرف ان ہی نوملکی طبابتوں آپرورویک اور یونانی طریق علاجوں میں ان اسباب امراض
کو مد نظر رکھنا ضروری ہے۔ بلکہ دنیا بھر کے سب قسم کے علاجوں میں سب مریضوں
کی تشخیص کے لئے پہلے ان ہی اسباب امراض پر توجہ دنیا لازمی ہے۔ میرا یہ خیال
ہے کہ اسباب امراض کے متعلق کوئی تفرقہ یا جھگڑا جدید ترقی یافتہ علم علاج ایلوپیتھی
سے ملکی طبابت کا پیدا ہی نہیں ہوتا۔ جدید علم اسباب امراض کی جو جہان بین
بکٹریا (bacteria) کے ذریعہ کرنا اپنی جدت طبع سمجھتا ہے۔ ہمیں اسمین کلام نہیں۔
ترقی یافتہ ملکوں کیلئے یہ نہایت ضروری اور مبارک کام ہے۔ مگر ہمارا دعوے یہ ہے
کہ جو بکٹریا یا جرمز (germs) تندرست جسم میں نہیں پائے جاتے وہ بھارت مرض
پیدا ہوتے ہیں گو اسوقت مریض اپنے مرض کی حالت کو محسوس نہیں کر سکتا۔ مگر
یہ ابتدائی حالت اس بیج کی مانند ہوتی ہے۔ جو انکر پھوٹنے سے پیشتر زمین کے
اندر چھپا رہتا ہے •

اسی طرح یہ امر بالتحقیق صحیح ہے۔ کہ بیماری کے جرمز بھی پیچھے پیدا ہوتے
ہیں۔ اور پہلے جسم میں خلطوں کی خرابی آغاز پاتی ہے۔ بد قسمتی سے جدید علم
ڈاکڑی نے ان خلطوں کی طرف سے نہایت لاپرواہی اختیار کر رکھی ہے۔ ورنہ وہ بھی
صدائت متذکرہ بالا کے ضرور قائل ہوتے •

اس موقع پر میں یہ بھی توجہ دلانا چاہتا ہوں کہ تحقیقات بکٹریا کے رومے ہر مرض
کا سبب جدا کا نہ قسم کے جرمز ثابت کرنا بھی ایک امر لایخل ثابت ہوگا۔ برخلاف
اسکے یہ امر لاکھوں گروڑوں ہرس سے تصدیق اور تحقیق شدہ ہیں۔ کہ تندرست جسم میں
خلطوں اعتدال پر ہوتے ہیں۔ اور بیماری خلطوں کی بداعتدالی کا نام ہے۔ اور یہ
بد اعتدالی خفیف حالتوں میں بچنے اس قسم کی ہوتی ہے۔ جس طرح ہمارے مازو سامان
استعمال کی چیزیں ہر روز جہاز نے اور صاف کرنے کی محتاج ہوتی ہیں اور اگر ان
چیزوں کی اندر ہاں سے صفائی نہ ہوتی رہے۔ تو آہستہ آہستہ یہ چیزیں گرد آلود بد رنگ۔
بدبویہ۔ بیکار۔ زنگ آلود وغیرہ ہوجاتی ہیں۔ گویا یہ حالت ان چیزوں کی بیماری کا
مظہر ہیں۔ مگر یہ ایک دن میں پیدا نہیں ہوئے بلکہ مدت تک ان کی حالت شروع
میں قریب بہ صفائی نظر آتی رہی۔ گویا کچھ وقت تک ان کی گرد آلود حالت
ایسی خفیف ہوتی ہے۔ کہ ان کے خراب یا بیمار ہونے کا گمان تک بھی نہیں ہوتا۔
مگر دانائوں نے دنیا کے ہر حصہ میں یہ پابندی ”صفائی مازو سامان“ روزانہ معمول اسی
لئے قرار دیا ہوا ہے۔ کہ مرض اور خرابی تک نوبت نہ پہنچے۔ اور مازو سامان صحیح
حالت میں قائم رہے یہی حال بدن انسانی کا ہے ہر روز کا غسل اور صفائی۔ بیرونی
میل کھیل سے پاک رہنے کیلئے ضروری ہے۔ اور ہر روز کا اندرونی میلوں سے پاک ہوتے
رہنا۔ اندرونی جسمانی حالت کو تھیک رکھتا ہے •

اصل مدعا اور مقصد علم علاج کا یہی ہے۔ کہ ہر انسان قدرتی طریقوں پر اپنی صحت کو روزانہ اندرونی اور بیرونی صفائی کے ذریعے پاک و صاف اور تندرست و صحیح و مسلمت رکھ سکتے۔ اور طبیبوں کا مقصد یہ ہے۔ کہ روزانہ تندرستی قائم رکھنے کیلئے خاص و عوام کو ہدایت کرتے رہیں۔ اور خلطوں کے ہگڑ کو شروع امراض سے پہلے ہی اعتدال پر لانے کیلئے ان کی رہنمائی کا موجب ثابت ہوا کریں اس طرح ہر کاربند ہونے سے ملکہ میں صحت و تندرستی قائم اور محفوظ رکھی جاسکتی ہے۔ اور کارقضاء مرضوں میں مبتلا ہونے والے مریض آسانی سے بچائے جاسکتے ہیں۔

بہر حال اگر گورنمنٹ اور کورنمنٹ کے جدید ترقی یافتہ طبیبوں (Doctors) کو سچے دل سے ہمارے ملکی طریقے مروج کرنے کا خیال ہے۔ تو میں کہوں گا۔ کہ وہ اس بات پر اصرار نہ کریں کہ اگر ان کی نگاہ میں ”خلطین“ کوئی چیز نہیں یا سردست وہ ان خلطوں کے علم سے بالاتر ہی رہنا چاہتے ہیں تو ہندوستان کے لوگوں پر رحم کریں اور ان کے قدرتی اسباب و وسایل تندرستی میں سدراہ نہوں۔ بلکہ مناسب اور فرض یہ ہے کہ ہندوستانی طبیبوں کے حسب منشاء ان کی طبابتوں کو عروج دینے والے سامان مہیا کر دیں۔ تاکہ وہ بھی گورنمنٹ اور کورنمنٹ کے ڈاکٹروں اور رعایا پر اپنے تاثیر علاج کے کرشمے روز روشن میں دکھا سکیں۔ کیا ہمیں امید کرنی چاہئے کہ ہمارے سر پر آوردہ ڈاکٹر ان پرانی طبابتوں کو بھی ازسرنو ابھرنے کا موقع دینگے؟۔ ان ضرور اگر انسانی ہمدردی مقصود ہے۔ تو ایسا ہی ہوگا۔

اسباب پیدائش امراض سمجھنے سے پیشتر چند اصول *

۱۔ کوئی انکار نہیں کر سکتا کہ کل کا ٹیناٹ کی بناوٹ میں اس آتش کے اندر ہوا۔ آگ۔ پانی۔ خاک۔ اربعہ عناصر کے اجزاء شامل ہیں۔ انہیں اجزاء کی موزونیت اور اعتدال جسم انسانی کی صحت کا باعث ہیں۔ کسی مرض کا کوئی سبب ایسا نہیں کہ جو مرض تو پیدا کر دے مگر ہمارے جسم کی ترکیب میں بادی۔ آتشی آبی۔ یا خاکی کسی قسم کی بد اعتدالی کا باعث نہ ہو۔

۲۔ یہ اربعہ عناصر کے اجزاء ایسے لطیف سے لطیف ہوتے ہیں۔ کہ ظاہری حواس خمسہ کے ذریعے ہر حالت میں ہمیں ان کا احساس نہیں ہو سکتا۔ بلکہ حواس خمسہ باطنی کے ذریعے بھی جو احساس ہم ان اربعہ عناصر کا کر سکتے ہیں وہ بھی کئی گنا اصل لطیف حالت سے زیادہ ٹھوس ہوتا ہے۔

۳۔ ہندوستانی طبابت میں یہ ایک نہایت خوبی کی بات ہے۔ کہ وہ باہر سے داخل جسم ہونیوالی جملہ اشیا کی تاثیر کو اس ”اربعہ عناصر“ کے لحاظ سے جج (judge) کرتی ہے۔ اور ان سے جو تبدیلیاں جسم میں پیدا ہوتی ہیں۔ ان کی اصلاح بھی خورد و نوش کے تغیر و تبدل سے کر لیتی ہے گویا علاج کی شروع سٹیج (stage) یہ ہے کہ کھانے پینے کی غلطیوں سے پیدا ہوئی مرضوں کو کھا پینے ہی کی اصلاح کر کے درستی پر لایا جائے۔

۴۔ انسان کے کاروبار اکثر اوقات اسکی مرضوں کا باعث ہوا کرتے ہیں شلابجلی کے کارخانے کا ایک بابو ہر روز کھانا کھاتے ہی جلد جلد چلکر اپنے دفتر میں پہنچنے کا عادی تھا۔ اور ہمیشہ اسکو پیٹ کی خرابی متاثر رہتی تھی۔ پر چند اسی دوسرے علاج کئے مگر مرض رفع نہ ہوا۔ میرے زیر علاج آیا میں نے اصل سبب مرض کا۔ اسکی یہ کھانا کھاتے ہی دوڑ دھوپ کو سمجھ لیا۔ اور اس کو ہدایت کر دی نہ آئندہ کھانا کھاکر آرام کرے۔ آہستہ آہستہ دفتر کو جایا کرے۔ بس اس ہی تبدیلی سے وہ رو بہ صحت ہونے لگا۔ اس سے یہ ثابت ہے۔ کہ ان کاروبار کی تاثیرات بھی ہمارے جسم پر یا یوں کہو کہ ہمارے عناصری اجزاء پر اچھی یا بری ہوا کرتی ہیں۔

۵۔ سبب مرض ناکہانی حادثات اور واقعات ہوا کرتے ہیں۔ جن کا اثر پہلے ہماری روحانی طاقتوں پر ہوا کرتا ہے۔ اور پھر بدنی عناصر اربعہ پر بھی پہنچ جاتا ہے۔

گویا مختصر طور پر یہ کہا جاسکتا ہے۔ کہ ہندوستانی طبابتوں کے ماہر طبیب امراض امراض کو مختصر طور پر اختیاری۔ اور غیر اختیاری۔ دو قسم کے مہیوں پر تقسیم کرتے ہیں۔ پہلی قسم اختیاری۔ میں تو خورد و نوش اور خود اختیاری فعل ہیں۔ دوسری قسم غیر اختیاری۔ میں حادثات وغیرہ ہیں۔ اور ان سب قسم کے امراض امراض کی تاثیریں جو بدن انسان پر پڑتی ہیں وہ عناصر بدنی میں تبدیلی پیدا کرتی ہیں۔ ان تبدیلیوں کے جاننے کا نام ہی تشخیص کی بنیاد ہے۔

کوئی ڈاکٹر نہیں کہہ سکتا۔ مندرجہ بالا۔ امراض امراض وہ امراض امراض ہیں کہ جن سے پہلے کسی اور سبب مرض کا وجود ثابت ہو سکتا ہے۔ وجہ اسکی یہی ہے۔ کہ یہ حالت میں اربعہ عناصر کی تاثیر سے پہلے، کوئی اور تاثیر واقع نہیں ہو سکتی۔

۶۔ (۵)۔ اب رہا نبض شناسی یا اور اسی قسم کے دیگر ذرائع تشخیص مرض کی نسبت۔ جو مجھے اس بات کے تسلیم کرنے میں تامل نہیں، کہ عام لوگوں میں بہت کچھ غلط خیال ہیٹھا ہوا ہے۔ کہ ”مختص نبض پر اتنے رکھ کر مرض کی کلمہ حقیقت معلوم ہو سکتی ہے۔ فی زمانہ نبض شناسی اور یہی مشکل صرف اس وجہ سے ہو گئی ہے۔ کہ ہمارے دیسی ملکی طریقہ طبابتوں میں ”in-door patients“ رکھ کر علاج کرنے کا کوئی انتظام نہیں۔ ورنہ داخل شدہ مریضوں کی نبض سے مختلف حالتوں اور مختلف وقتوں میں۔ ایک ہی مرض کے مختلف درجوں کا اظہار کرنے کے ثبوت پیش کئے جاسکتے ہیں۔

مگر ان اتنا پھر بھی دعویٰ سے کہا جاسکتا ہے۔ کہ جہاں انگریزی ڈاکٹر تھرومیٹر (thermometer) کے ذریعہ ہفت اوقات مریض کو بخار سے پاک قرار دے دیتے ہیں وہاں ماہر دیسی طبیب باوجود تھرمیٹر (temperature) نارمل (normal) سے کم ہونے کے بھی اس بات سے آگاہ ہوتے ہیں۔ کہ مریض خطرناک بخار میں مبتلا ہے۔

آجکل ہندوستان میں تپ دق کے بیمار اکثر شروع مٹیج (first stage) میں صرف اسلئے علاج سے غافل رہتے ہیں۔ کہ ان کو تھرومیٹر کے ذریعہ بخار کا نابود ہونا ثابت ہوتا ہے۔ اور بالخصوص تعلیم یافتہ حلقوں میں نہ تو نبض کا زیادہ رواج رہا ہے اور نہ ہی یہ لوگ نبض پر وشواس کرتے ہیں۔

لیکن میں اتنا ضرور کہونگا۔ کہ نبض پر حال میں مریض کی خلطوں اور عناصر ترکیبی کا اظہار ضرور کر دیتی ہے۔ اور یہی باتیں ہیں۔ جو تشخیص کے لئے حقیقی رہنمائی کرتی ہیں فارورہ وغیرہ میں بھی یہی دیکھا جاتا ہے۔ غرضیکہ تشخیص کے لئے جو کچھ بھی کیا جاتا ہے۔ وہ سب خلطوں کی رہنمائی اور تصدیق کے لئے کیا جاتا ہے۔ میں اربعہ عناصر کی تاثیروں اور طاقتوں پر اس جگہ زیادہ بحث نہیں کرونگا۔ صرف اتنا اور لکھونگا۔ کہ آواز۔ حرکت اور سکون۔ گرمی و حرارت جوش۔ سردی و تسکین قلب۔ تحمل و برداشت وغیرہ وغیرہ سب اربعہ عناصر کے کوشمے ہیں۔ اور ہمارے جسم کے اربعہ عناصر ہاہر کے اربعہ عناصر سے ملکر مرض اور صحت کا موجب ہوا کرتے ہیں۔ جو معالج اس قدری رمز کو جتنا زیادہ سمجھتا ہے۔ اور جو معالج ان قدری مشاہدات کے اثرات کو جتنا زیادہ جانتا ہے۔ وہ اتنا ہی زیادہ علم علاج پر قادر ہے۔

(b)۔ میرا یہ خیال ہے۔ کہ معالجہ کے ملکی طریقے آیورویڈک اور یونانی علم علاج چند حالات میں کیا ہمیشہ پر حالت میں دیگر سب ایسے علاجوں سے افضل ہیں جو خلطوں اور اربعہ عناصر کی تاثیروں کو تشخیص اور تاثیر علاج کے لئے کام میں نہیں لاتے۔

(c)۔ طبابت خانہ کے طور پر میں اپنے ذاتی تجربات ذیل کے دو واقعات سے بیان کرنے پر اکتفا کرتا ہوں۔ کیونکہ یہ واقعات in-door patients کے طور پر حادث ہوتے ہیں۔ اور اس علمی تحقیقات میں out-door patients کی نسبت انکی بہت اہمیت ہے۔

اول - سنہ ۱۹۱۸ء میں لاہور میں وباء انفلوائینزا (influenza) کا بڑا زور ہوا - چنانچہ آرہ سماج لاہور کی طرف سے مجھ - بالکل غریب اور نادار سڑک کے قریب مریضوں کے گھروں پر ہر روز جا کر ان کو دیکھنے اور ان کا علاج کرنے کا کام سپرد ہوا *

میں نے اپنے ملکی یعنی خلطی طریقہ تشخیص کے مطابق ان کو آرہ سماج کی طرف سے غذا، وغیرہ مہیا کی - اور کم خرچ بالا نشین دیسی دوائیوں سے علاج کئے - اور ان کے گھروں میں خوشبودار چیزیں سلگا کر وہاں کی ہوا کے صاف کرنے کا انتظام کیا - یہاں پر یہ ظاہر کرنا بھی ضروری ہے - کہ گھر گھر میں قریب قریب سب کے سب ہی مرض میں مبتلا ہوا کرتے تھے - اور اکثر اوقات ان کو پانی تک پلانے والا بھی کوئی آدمی گھر میں نہیں ہوتا تھا - ایسی حالت میں ہمیں ان سڑک کے قریب مریضوں سے صرف تین مرتے اور باقی سب بچ گئے - انفلوائینزا (influenza) کے متعلق میری یہ رپورٹ (report) لاہور میونسپالٹی (Lahore municipality) کے دفتر میں بھی موجود ہے *

دوم - سنہ ۱۹۲۱ء کے منگول پرائونسس (Central Provinces) کے قحط زدہ علاقوں سے نہایت بیمار یتیم لڑکے لوکیان آرہ سماج کے یتیم ادھار فنڈ کی بدولت موت کے منہ سے بچائے گئے - جن میں سے ایکسٹو سے زیادہ لاہور کے یتیم خانہ میں رکھ کر ان کا علاج اور پرورش کی گئی - اور یہ سب میرے زیر علاج تھے - اسلئے انکو بھی بطور in-door patients رکھ کر ان کے علاج میں نہایت کم خرچ بالا نشین دیسی دوائیوں کے استعمال سے مجھ بڑی کامیابی ہوئی - سوائے چند ایک یتیموں کے جو کہ آتے ہی راستے میں مر گئے یا یہاں لاہور میں پہنچ کر چند دنوں میں جل بسے - ایشور کی کرپا سے باقی سب اس وبائی قحطی مریضوں کے پنہ سے بچا لگے گئے - جنہوں نے بچشم خود قحط زدہ علاقوں میں ایسے پنجر ہی پنجر نکلے ہوئے بچوں کی حالت دیکھی ہوئی ہے - یا کم از کم ان کی فوٹو تصویریں دیکھنے کا ہی جنکو اتفاق ہوا ہے - وہ بخوبی سمجھ سکتے ہیں - کہ ایسے بچوں میں کئی ہفتوں تک اٹھنے بیٹھنے کی طاقت نہیں ہوا کرتی - پھر اسکے سوا جو رد بلا قحط کے دنوں میں وہ وہاں کھاتے رہے ہیں - ان سے کئی بھیانگ مریضین ان کے جسموں میں پیدا ہو گئی تھیں - جن کا طاقت آنے پر بھی مددوں علاج کرنیکی ضرورت تھی - اور سب سے بڑھ کر یہ کہ ہیضہ - نمونیا وغیرہ کے قریباً سب کے سب شکار ہوتے رہے بخار اور کھانسی اور جلدی امراض تو گویا ان کا کھیراھی ڈالے رہتے تھے - مگر شکر ہی پروردگار کا - کہ اب ان سب کی حالت معمولی بچوں سے بہتر ہے - اور یہ سب علاج محض خلط شناسی اور اربعہ عناصر کی تائیری تبدیلیوں پر منحصر رہے ہیں *

ذیل میں صرف چند ایک مریضوں کے نام و ان کی مختصر علامات لکھ کر یہ دکھائوں گا -

- ۱ - چیچک کی مریض - ۲ - خون کے قے اور دست - ۳ - خراب بخار -
- ۴ - ہیضہ - ۵ - نمونیا - ۶ - کرم شکم - ایک ایک فٹ لندی قے اور پاخانہ کے راستے نکلے - ۷ - کرم دماغ - چھوٹے چھوٹے کیڑے دماغ سے ناک کے راستے خارج ہوئے - ۸ - زہریلا زخم جسکے لگے ڈاکٹر ٹانگ کاٹنا ضروری سمجھتے تھے - ۹ - گلے کی اندرونی بیماریاں -
- ۱۰ - گلے کے باہر کی گلٹیاں اور پھیریں - ۱۱ - بیہوشی کے دورے مرگی وغیرہ -
- ۱۲ - ایک مریض کی خطر ناک - ۵ گھنٹے کی بیہوشی جو بالکل موت کے منہ سے بچی - اور - ۱۳ - کانچ نکلنا - ۱۴ - خارش بدن اور دیگر جلد کی بیماریاں وغیرہ *

غرضیکہ طرح طرح کی مریضیں محض تشخیص خلطی اور آمان علاجوں سے رفع ہو چکی ہیں *

(d) - معالجہ کے بندوبست کے اکتفاء کے لحاظ سے - طبی تعلیم کے مرکزوں کی مناسب احوالی کے لحاظ سے - ملکی طبابت کے موجودہ طبابت خانے خاطر خواہ نہیں ہیں *

(۵) - ہر ایک ضلع میں کم از کم ایک ایک دیسی - آیورویڈک - اور یونانی طبابت خانہ سرکار کی طرف سے قائم کیا جاوے۔ اور اسمین in-door patients ضرور رکھ جائیں۔ اور بعد ازاں کامیابی کی رپورٹیں موصول ہونے پر ان دیسی طبابت خانوں کو بڑایا جاوے۔

طبی تعلیم بھی ان طبابت خانوں کے متعلق لائق معالجان کی مرضی کے مطابق ہونی چاہئے۔

۷ - اور اس کے سب ضمنوں کے ضروری - مختصر جوابات اوپر بیان ہو چکے ہیں۔

۸ - کلکتہ یونیورسٹی (Calcutta University) کے کمیشن (Commission) کے اس خیال سے مجھے اتفاق نہیں۔ کہ ملکی طریق طبابتوں کی قیاسی توجیہات (جو حقیقت میں محض قیاسی ہی نہیں ہیں بلکہ علمی اور عملی صحائی پر منحصر ہیں) مسترد کرنے کے قابل ہیں۔ جب تک مغربی طریقہ طبابت کے پیرو - ہندوستانی طریقہ ہائے طبابت کو بغور نہیں پڑھتے اور سمجھنے کی کوشش نہیں کرتے ہیں۔ تب تک ان کا یہ الزام واجب نہیں۔ اس صداقت کو وہی ڈاکٹر ٹھیک طور پر محسوس کر سکتے ہیں۔ کہ جنہوں نے ڈاکٹری کے ساتھ آیورویڈک یا یونانی طریقہ طبابت کو بھی بغور مطالعہ اور تجربہ کیا ہی۔ اور ایسے ڈاکٹر دیسی ملکی طریقوں کی طبابت کے قیاسی توجیہات کے قابل ہیں۔

۹ - مجھے اس بات سے اتفاق ہی۔ کہ ملکی طبابت کے نصاب تعلیم میں جدید علمی طریقوں کی تعلیم بھی رایج کی جاوے۔ مگر اس کا یہ اثر نہیں ہونا چاہئے۔ کہ جس طرح غیر ملکی دوائیوں کے پھیلاؤ نے ملکی دوائیوں کی حالت کسی میڈیسی کی کردی تھی اسی طرح ہر انگریزی طریقہ تعلیم پورا نہ نہایت ضروری طریقہ تعلیم کو (جو ہندوستانیوں کے لئے از بس ضروری ہے) - نیسٹ واپس کر دے۔ اسلئے میں یہ زور دیتا ہوں۔ ملکی طریقہ ہائے طبابت کے مستند - لائق - تجربہ کار طبیبوں کی رائے کے مطابق ملکی طبی تعلیم ہونی زیادہ ضروری ہے۔ ان مزید برآں نئے طریقہ کی تحقیقات کا فائدہ اٹھانا بہر حال اہل کا فرض ہے۔

۱۰ - طبابت کے ملکی طریقوں کی نسبت طبی رجسٹری کے قانون سے اگر علم طب کی اشاعت اور تحفظ منظور ہے۔ تو میں اس کے حق میں ہوں۔ ورنہ اس رجسٹری کے قانون سے مسودہ یونیکا اندیشہ ہے۔

۱۱ - مغربی طریقہ طبابت اور ملکی طریقہ طبابت کے معالجہ کے خرچہ کے بارے میں میڈیسی یہ رائے ہے۔ کہ ملکی طریقہ طبابت آیورویڈک اور یونانی نہایت کم خرچ اور بالا نشین ہے۔

ان کی ارزانی اور مستی ہونے کے ثبوت اور وجوہات اس سے بڑھ کر اور کیا ہو سکتے ہیں۔ کہ ہمارے ملکی علاج ہمارے گہر کی موجودہ کہانے پینے کی روزمرہ کی چیزوں سے ابتدا کرتے ہیں۔ محض پانی کے سرد - اور گرم - استعمال سے شروع شروع میں بیشمار مرضوں کے علاج ہو سکتے ہیں۔ پھر اس سے بڑھ کر ماک کی جڑھی - بوٹی - اور درختوں کے بیشمار استعمال یہ شمار مرضوں کو دمع کرتے ہیں۔ اور دیہات میں غریب لوگ بہت سے اس قسم کے علاج بلا قیمت ہی حاصل کر سکتے ہیں۔ اس سے آگے چل کر گہروں میں پالتو حیوانات - کے علاج کے طور پر بیشمار فائدے ہیں۔ یعنی یتیم خانہ کے مریضوں کی پیٹ کی خرابیاں "گٹو موٹر" سے راضی کی تھیں۔ جس پر ایک پائی خرچ نہیں ہوتی۔ اسی طرح علی ہذا القیاس۔

لیکن اس سے یہ نہیں سمجھنا چاہئے کہ قیمتی نسخہ جات کا ملکی طبابت میں کوئی کام نہیں نہیں بلکہ قیمتی سے قیمتی ادویات نازک طبیعت امیروں کے لئے موجود ہیں۔ اور یہی تو خوبی دیسی طبابت میں ہے۔ کہ ہر دوائی کی تاثیر اربعہ عناصر کے لحاظ سے مقرر کی جاتی ہے۔ اور یہ عناصری اجزاء کم خرچ چیزوں سے بھی حاصل ہو سکتے ہیں۔ اور بیش قیمت چیزوں سے بھی حاصل کئے جاتے ہیں۔

۱۲۔ میری رائے میں طبابت کے ملکی طریقوں کے گھٹنے کا باعث اور سب سے بڑا باعث یہ ہوا۔ کہ سرکار عالی وقار اور سرکار کے ذریعے لاتعداد ڈاکٹروں نے دیسی طبابتوں کو بجائے اہلکار کے دانستہ ”یا نا دانستہ“ بیہودہ طبابتیں سمجھا۔ اور ان کی بدنامی کو علمی و عملی طور پر پھیلا یا۔

مسلمان بادشاہوں کے وقت میں انگریزی راج سے پہلے یہ ثبوت پایا جاتا ہے۔ کہ حاکمان وقت اور ان کے اپنے ماتھے آئی ہوئی طبابت اور طبیبوں کو ملکی ہندی طریقہ طبابت سے کسی طرح کی کاوش نہ تھی۔ بلکہ محض ہندوستانیوں کی صحت کے خیال اور انکی آسائشوں کو مد نظر رکھتے ہوئے ان دنوں میں یہ وطیرہ اختیار کیا جاتا تھا۔ کہ ہندی طبابت کی صداقت کو بلا روی رعایت اور بلا کسی قسم کے تعصب علمی یا مذہبی کے نا صرف اختیار کیا جاتا تھا۔ بلکہ اس صداقت کو پھیلا جاتا تھا۔ اور اس صداقت کو کہل کھلا سرکار دربار میں تسلیم کیا جاتا تھا۔ چنانچہ عبارت ذیل کا ملاحظہ ہو جو ”معدن الشفاء مکندر شاہی“ کے دیباچہ سے نقل کی گئی ہے۔

”بحسب تعارب معلوم شدہ۔ کہ حکمت یونان مناسب و ملایم امزجہ مردم دیار ہند سے آید و موافق آب و ہوائے این بلاد سے گراید و چون اسامی اسیوہ بزبان فارس۔ و یونان مسطور است حقیقت آن درین ولایت معلوم سے گردد۔ و اکثر آن یانہ ہم نیچے شود۔ پس ضرورت گشت تتبع کتب حکماء ہند کہ چون مغناطیس است بر آہن اتسام ابنیہ و نساد امزجہ را“۔

خیال کرنیکی بات ہے۔ کہ مسلمان بادشاہوں کے وقت جہاں طب یونانی کی بہتری اور ترقی شاہی طبیبوں کو مطلوب تھی۔ وہاں ہی ہندی طبابت کی پامالی کرنا گناہ عظیم سمجھا جاتا تھا۔ بلکہ اسکی صداقتوں اور ملکی آسائشوں کو مد نظر رکھتے ہوئے ہندی طبابت کو بھی علمی اور عملی اشاعت دینا شاہی طبیبوں اور سرکاری درباروں کا فرض منسی تھا۔

اور ان بادشاہوں کے وقت میں یونانی طبیب ہندی طبابت سے اور ہندی طبیب یونانی طبابت سے بہرہ ور ہونا ہی طبابت کا کمال خیال کرتے تھے۔ کیسی نیک نیتی تھی کہ اسوقت کے شاہی درباری اور شاہی حکیم محض ذاتی منافع اور ذاتی تجارت کو ہی مد نظر نہ رکھتے ہوئے۔ ہند کے باشندوں کے روحانی علوم یعنی دینیات اور جسمانی علوم یعنی معالجات بدنی کی ترقی کرتے تھے۔ مگر بد قسمتی سے۔ انگریزی راج میں ہندوستانیوں کے روحانی اور جسمانی دونوں قسم کے قدرتی صحت اور ایمان بخش جذبات اور خواہشات کو انکے قدرتی علموں کی پامالی کے سبب مضعف دہکا لگا ہے۔ اور تا حال یہ اندیشہ ہے۔ کہ اسکی ترقی کی آڑ میں کہیں اور بھی ان ہندوستانی علوم الاجسام و علوم الارواح کا ملیامیت نہ ہو جاوے۔

کیا سرکار انگریزی ڈاکٹروں اور مشنریوں کی طرح ہندوستانی معالجوں اور ہندوستانی مذہبی مشنریوں کی بھی انسانی حقوق کے خیال سے فراخدلی کے ساتھ کہل کھلا انکی مدد اور عزت و توقیر قائم نہیں رکھسکتی۔

۱۳۔ اگر سرکاری دیسی ملکی طریقے طبابتوں یونانی اور آیورویڈک کی پائمالی کا کفارہ کرنا چاہتی ہے۔ تو کم از کم ہر ضلع میں ایک ایک دیسی طبابت خانہ آیورویڈک اور یونانی ضرور قائم کرے۔ جہاں in-door patients بھی رکھ جاویں۔ اور طالب علموں کو طبی تعلیم بھی دی جاوے۔ اور اس میں انگریزی تحقیقات علم العالج اور طبی افسانوں پر بھی غور اور عمل کیا جاوے۔

اور علاوہ ازیں ہر جگہ سکولوں میں پرائمری۔ مڈل۔ اور ینٹرنس کے طلباء کو انکی سمجھ کے مطابق ملکی طریقوں کے تشخیص اور علاج کے متعلق موٹی موٹی باتیں پڑھائی اور سمجھائی جاویں۔ تاکہ چند سال بہر میں پھر اس علم کا رواج کھر کھر میں عام ہو جاوے۔

میرے خیال میں ہر ایک سکول میں ایک ایک دیسی طبیب کی خدمات حاصل کرنا ضروری ہیں۔ ان جب یہ تعلیم کورس ۵ ایک حصہ ہی سمجھی جائے لگی۔ تو پھر پڑانے والے ص استاد خود بخود اس کے واقف ہو جائینگے۔ اور بغیر طبیبوں کے یہی اپنی جماعتوں کو دیسی طبابت کے حلقوں کے مسئلہ اور دیسی دوائیوں کی خطی کانٹروں کے علم سے مالا مال کر دیا کریں گے۔

بیشتر اسکے کہ میں اپنے مضمون شہادت کو بند کروں۔ میں یہ بھی جملہ دینا چاہتا ہوں۔ کہ ہماری حلقوں کی کسوٹی بھی اربعہ عناصر سے ہی اخذ نہ کی گئی ہے۔

اور
یہ کسوٹی دنیا بھر کے علاجوں میں یکساں مفید ثابت ہو سکتی ہے۔ بشرطیکہ اس کسوٹی کے علم الاخلاص کو

بھڑی سمجھ لیا جاوے۔

بہم جذب حکیم ہری گویند صاحب بہادر وید۔ حیدرآباد دکن۔

ملکی طبابت کے اصول طریقوں کی تحقیقات اور اسکے ماتہ مائٹفکٹ ہونے کی معلومات حاصل کرنے والی کمیٹی منعقدہ مدراس

اور

اومکے متعلق بید اور اطبا پر چند طبی سوالات کی ابتدائی یادداشت۔

میں قبل از اسکے کہ ملکی طبابت کے اصولی طریقوں کی تحقیقات بغرض مائٹفکٹ ہونیکے معلومات حاصل کرنیوالی کمیٹی مدراس کے سوالات کو حل کروں اور اوس کا شافی جواب دون کچھ عرض کرنا ضروریات سے ہی ایسا خیال کرتا ہوں۔

ہمارے آل انڈیا میں انواع و اقسام کی طبابت رایج و مروج ہی مگر از انجملہ تین قسم کی طبابت مائٹفکٹ اور جدید مانی گئی ہیں۔ ایک آیورویڈک۔ دوسری یونانی۔ تیسری آلوبانک جسکو ڈاکٹری طب کہتے ہیں۔

واضح ہو کہ سنہ ۱۹۱۰ء میں بمقام جمعی آل انڈیا کے ڈاکٹروں کی ایک کمیٹی اعلیٰ پیمانہ پر منعقد ہوئی تھی جس میں بید اور اطبا شامل نہیں تھے۔ صرف ڈاکٹروں کا ہوا بہاری اجماع تھا اوس میں ایک رزولوشن پیش ہوا اور وہ پاس ہو گیا کہ (آیورویڈک سسٹم اور یونانی سسٹم یہ دونوں محض ناقص اور آن مائٹفکٹ ہیں بلکہ انکو خیالی ڈاکوسلوں کا مجمع کہنا کچھ مبالغہ نہیں ہے) تعویذ ہوں کہ ان دونوں طریقوں کو با ضابطہ بنانے کی کوشش کی جائے تو بہتر ہے چنانچہ ایک مڈیکل رجسٹریشن آکٹ کے نام سے قانون پاس ہو گیا۔ جب اومکی تعیلات کا آغاز ہو گیا تو بید اور اطبا اوسکے سمجھنے میں غلطی کی اور سمجھتے تو اوسکو الٹھا سمجھتے گھبرائے۔

ہندوستان میں چاروں طرف اسی کی ہر ہونگت محکمہ فن دان جا کے۔ ادہم محادیا طب قدیم کے بقا کی فکر کی گورنمنٹ میں مسئلہ پیش ہو گیا۔ آکٹ کی تعمیل رک گئی مگر معلوم ہوتا ہے کہ اسکی آگ اندر ہی اندر سلگتی رہی جو (۲۱) جنوری سنہ ۱۹۲۱ء کو لیجسلیٹیو کونسل میں بھڑکی اور ایک تعویذ منظور فرمائی گئی جسکی بنیاد گورنمنٹ میں امتیاز کی مفاہم کی گئی کہ وہ ملکی طبابت کے طریقوں کے واسطے جدید انتظام کرے۔ حکم سرکار پی۔ پیج۔ پریس مورخہ ۱۷ دین اکتوبر سنہ ۱۹۲۱ء کے مطابق گورنمنٹ سے ایک کمیٹی اس غرض سے مقرر کی گئی کہ (وہ ملکی طبابت کے طریقوں کا اعتراف کرے اور ترقی دینے کے مسئلہ کے متعلق رپورٹ پیش کرے) اس حکم کی بنیاد پر کمیٹی کی یہ خواہش ہے کہ تمامی بید اور اطبا کی رائے اور اونکے خیالات سے واقفیت حاصل کی جائے تاکہ محاکمہ کرنے میں سہولت ہو۔ خواہش اچھی۔ تعویذ عمدہ۔ خیالات درست۔ مگر ہمو جو خوف ہی وہ بھی

درست چنانچہ ہماری کے اجلاس میں جسمیں کہ بید اور اطبا کی بالکل شرکت نہ تھی آپس میں ڈاکٹروں نے دو دیسی طبابتوں یعنی آیورویڈک سسٹم اور یونانی سسٹم کا تلح اجمع کر دیا۔ انجانی سے ان دونوں ملکی طبابتوں کو ان مائنٹفکٹ ٹھہرا دیا جسکا جھگڑہ اینٹک چلا جاتا ہی کہیں اس مرتبہ بھی ایسا نہ ہو جائے کہ آپس میں بیٹھکر تصفیہ کر لیں اور ماہران ملکی طبابت موندہ تکتے رہ جائیں اگر خوف ہی تو اس بات کا اور ڈر ہی تو اسی امر کا ورنہ ہم کمیٹی کے ارشاد کی تعمیل میں سرمو پیچھے نہ ہٹینگے ایک ایک سبجکٹ پر بحث کر کے مطابقت کر دکھائینگے کہ ہمارے آیورویڈک سسٹم میں جدید علوم سے مطابقت کرنے والے کتنے علوم ہیں۔ کوئی انصاف کی نظر سے اس طرف اپنی توجہ مبذول فرمائیں تو اونہیں صاف ثابت ہو جائیگا اور دودہ کا دودہ اور پانی کا پانی ہو جائیگا۔ سوالات کی تمہید میں یہ بڑا غضب ڈایا گیا ہی کہ جو جواب دیا جائے (جدید علم کے لحاظ سے قابل پذیرائی ہو اور ایسے امور کا ثبوت جو جدید علم میں منطقی طریقے کے ہوں جس سے ایک خاص قسم کا نتیجہ برآمد ہوتا ہو۔ وہ با واسطہ قابل قیاس ہوں مانے جانے کے قابل ہونگے) سوالے امکے تنزیلات یا مقدس آیات یا غیر قابل نکتہ جینی احادیث کی سند انکی قدر اور ابواب کے متعلق ایسی ہی بڑھ چڑھ دلائل کے ماتہ کیوں نہ ہوں بطور جائز شہادت جدید علم کی رو سے قابل پذیرائی نہیں ہیں۔ اس عبارت کا مفہوم صرف ملکی طبابتوں پر اطلاق نہیں پاتا بلکہ اس اعتراض کا قیاس جدید تحقیقات پر بھی عاید ہو سکتا ہی مگر ہم کو اکی کیا ضرورت ہی جو ایسا ایراد کریں امرتف صرف ہمارا یہ کام ہی کہ کمیٹی کے سوالات کے جواب میں اور جہانتک ہم سے ہو سکے مطابقت کر دکھائیں اور اپنی ملکی طبابت کو جدید تحقیقات کے ماتہ مقابلہ کرتے ہوئے مائنٹفکٹ ثابت کریں ہماری طب کے قدامت کے ثبوت میں تاریخی حوالات۔ ملکی طب کی فضیلت کے لئے انکے موجودوں کا ذکر۔ مائنس سے مطابقت کر دکھانے والے علما کی کیفیت وغیرہ وغیرہ یہ مہینوں میں ختم ہونیوالی بات ہی لہذا تھوڑی دیر کے لئے نظر انداز کر دی گئی *۔

میں معزز ممبران کمیٹی کی خدمت اقدس میں دبی زبان سے کچھ اتماس کے بغیر رہ نہیں سکتا کہ کیا وہ طب جسکو سرکار کے دست شفقت کا سایہ رہے تو مائنٹفکٹ ہو سکتی ہی * ۲

کیا وہ طب کہ ابھی جسکی تحقیقات کو مستقرار نہیں ہی اور انکے پروفیسروں کو اپنی طب کے نامکمل ہونے کا اعتراف ہی اپنی طب با ضابطہ ہو سکتی ہی یا سمجھی جا سکتی ہی۔ کیا ۳ ایسی طب کہ زمانہ مامبق میں کسی طب کا ترجمہ ہی کیا وہ طب اصلی کے مقابل میں فضیلت پاسکتی ہی یا کیا *۔

کسیکو برا معلوم نہ ہو تو ہم اسبات پر آمادہ ہیں کہ اپنے کتب قدیم کے ساتھ جدید طب کو ترجمہ ثابت کریں اور قدیم طب سے مطابقت کرتے ہوئے کمیٹی کے منشاء کو پورا کر دکھائیں اسکا نتیجہ یہ ہو سکیگا کہ قدیم مائنٹفکٹ طب اور جدید مائنٹفکٹ طب آپس میں ملکر اپنا اپنا جنس کی ہمدری اور حاجت بر آری میں ایک نیا نصاب پیدا کر سکیگی جو ہمارے لئے ندمت ہوگا مگر آپس میں ہر ایک سسٹم والوں کو چاہئے کہ تعصب کو دل سے مٹائیں اور خود غرضی اور خود دلپسندی کو پاس پہنکنہ نہ دیں *۔

یہ امر پوشیدہ نہیں ہی کہ قادر مطلق نے اپنی قدرت کاملہ سے ہر صنف ملک کے اعتبار سے۔ آب و ہوا کے لحاظ سے۔ مزاج و قوی کے خیال سے۔ اس ملک میں کام آنیوالی جڑی بوٹیاں پیدا کی ہیں اور وہاں کے حادث ہونیوالے امراض کے رفع کرنیکے لئے اون جڑی بوٹیوں میں قدرت نے اون امراض کے ضد میں کہ اوسکو دنع کرے تاثیرات کوٹ کوٹ کر بھری ہیں۔ اس تمہید کا مضمون بہت وسیع ہی جو ارباب کمیٹی پر ظاہر و مبرہن ہی۔ لہذا قطع نظر کر کے سوالات کے جواب دینے کے لئے ہم آمادہ ہیں۔ اتماس ہی کہ غور سے ملاحظہ فرمائیں تاکہ اس سے کوئی نتیجہ برآمد ہو سکے *۔

• سوالات •

(۱) آپ کس قسم یا اقسام کی ملکی طبابت کے طریقوں کی پیروی کیے۔ تعویذ بنانے ہیں۔ آیورویڈک۔ یونانی۔ یا مدہ •

• جواب •

چونکہ میں قدیم آیورویڈک سسٹم کا جاننے والا اور اُسکے بقا کا خواستگار۔ اوس کا مہتمم مددگار ہوں و نیز طب یونانی کو بھی جانتا ہوں لہذا اوسکا طرفدار۔ ڈاکٹری کے مسائل بعض بعض ایسے ہیں جو قابل اعتراف ہیں بناہواں ڈاکٹری کا بھی طلبگار ہوں •

حلیف تو یہ ہے اسکو کوی مانے تو نبھا نہیں تو کوئی شکایت نہیں ہے۔ کہ آیورویڈک سسٹم اور یونانی سسٹم اور ڈاکٹری کو اگر غور کی نظر سے دیکھا جائے تو فرماتی اختانات پائے جاتے ہیں اصولی طریقوں میں چنداں فرق نہیں معلوم ہوتا ہماری رائے میں اکثر مسائل کے مطابق ہوتی ہے جسکو ہم آگے چلکر معزز ارباب کمیٹی کی خدمت فیضرجح میں پیش کرینگے

• سوال دوم •

ضمن۔ (۱) آپکے طریقہ طبابت کے مطابق بیماری کے اسباب کی قیاسی توجہ یا توجیہات کیا ہیں براہ کرم آپ ارباب کمیٹی کو اپنے خیالات سے مطلع کیجئے کہ اسکے حسن و قبح کے بارے میں جو رائے کہ (جدید علم سے ثابت ہوتی ہے) آپکے قیاسی توجہ یا توجیہات اوتھاناً کہاں تک مطابقت رکھتے ہیں؟

ضمن۔ (۲) آپ کے طریقہ طبابت میں لبس شناسی اور معالجہ کے اصول اور طریقہ کیا ہیں۔ آپکے طریقہ طبابت کی موافق جو معالجہ کہ کیا جاتا ہے اسکی عام تاثیر کے متعلق آپکے خیالات جو کچھ ہیں ان سے ارباب کمیٹی کو مطلع کیجئے اور آپکے بیانات کے تائید میں جہاں ممکن ہے وہاں حقیقت حال اور اعداد کو پیش کیجئے •

ضمن۔ (۳) آیا آپکا خیال یہ ہے کہ معالجہ کے ملکی طریقہ چند حالات میں دیگر طریقوں کی بہ نسبت زیادہ موثر ہیں۔ اگر آپکا خیال یہی ہے تو آپکے بیان کی تائید میں دلائل پیش کیجئے •

• جواب سوال دوم •

یہ ایک مانی ہوتی بات ہے کہ دنیا عالم اسباب ہے۔ اس عالم اسباب میں لاکھوں کڑوڑوں قسم کی اشیا جو دیکھائی دیتے ہیں وہ سبب یا اسباب کا مجمع مانا جاتا ہے۔ چونکہ دنیا مغیر ہے ہر وقت اسہیں تغیرات ظاہر ہوتے رہتے ہیں۔ جو مدغیر ہے وہ حادث ہے۔ متغیرات عالم کے واسطے مغیرات کی مختص ضرورت ہے کس واسطے کہ بے علت کے معلوم اور بغیر سبب کے سبب وجود میں آئیں مگنا غنی ہذا بغیر اسباب کے کسی قسم کا مرض یا امراض حادث نہیں ہوتے۔ اس بارے میں پروفیسران ماسلف نے فرمایا ہے کہ سبب بھی بے سبب نہیں ہے •

اس تقریر کا نتیجہ یہ ہوتا ہے کہ دنیا کی کوئی شیء خواہ وہ مرعی ہو یا غیر مرعی بغیر اسباب کے پیدا ہو نہیں سکتی یہ ذکر عام اسباب کا ہوا جسپر ایک بڑی بحث ہو سکتی ہے •

اب ہمکو یہاں سے خاص اسباب امراض کا بیان مقصود ہے۔ کمیٹی کے معزز ارکان کے عمدہ اور اعلیٰ خیالات کو اس طرف متنبول کرانا چاہتے ہیں تا کہ وہ صحیح محاکمہ کریں •

واضح ہو کہ امراض کے اسباب کے متعلق آیورویڈک سسٹم کے رشیوں کی تحقیقات کچھ اور یہ ڈاکٹری کے پروفیسروں کے معلومات کچھ اور نیز حکمائے یونان

کے خیالات کچھ اور ہیں - آپورویڈک سسٹم کے رشیوں کے تحقیقات میں بھی بڑا بھاری اختلاف واقع ہوا ہے بعض نے چار اسباب پر اکتفا کیا ہے - بعض نے تین اسباب پر حصر کیا ہے - اور بعض نے دوہی اسباب پر ختم کیا ہے - جسکو ہم آگے چلکر بیان کریں گے - ہمارے آپورویڈک سسٹم میں اسباب امراض کی تحقیقات کس طرح کی گئی ہے کیا بحث مباحثہ میں جدید تحقیقات سے لگے کہا سکتی ہے یا نہیں اس بات پر غور کرتے ہوئے جملہ اسباب کا ذکر کرنا مناسب معلوم ہوتا ہے مثلاً پر ادھانک ہتیر - وپر کرشٹ ہتیر - سنی کرشٹ ہتیر - ویہی چاری ہتیر - اساتے اندری آرتھ منیوک ہتیر - پر گنڈا ابرادہ ہتیر - بری نام ہتیر - اتبادک ہتیر - ونجکٹ ہتیر - باہسیہ ہتیر - ابھنیر ہتیر - دوش ہتیر - وبادھی ہتیر - ادبھکے ہتیر - سہوائی ہتیر - سہوائی ہتیر - اگنٹک ہتیر - یہ سترہ ۱۷ ہتیر یعنی اسباب آپورویڈک سسٹم کے موجودہ کی ایجاب اور تحقیقات و تجربہ سے ہیں بیان کئے گئے - نمبر ۵ - سے نمبر ۷ تک جن اسباب کا ذکر کیا گیا ہے انپر بڑی بھاری مائنٹنٹک بحث ہو سکتی ہے ہم اگر اساتے اندری آرتھ منیوک کا ذکر کریں تو اس کے متعلق حواس خمسہ ظاہری و حواس خمسہ باطنی کا مفصل بیان کرنا ہوگا جو ایک طول عمل ہے جو اس بحث کے سننے میں ایک خاص قسم کا لطف آتا ہے وہ بیان سے باہر ہے اسکو ہم نے کہیٹی میں جو بحث ہو کر رہے ہونے والے مسائل پر چہرڑ دیا و نیز نفس امارہ کا بیان بھی گہرا مہجکٹ ہے اسکو بھی ہم نے نظر انداز کر دیا - پر گنڈا ابراد ہتیر وغیرہ کے بیانات اور اس کے فائدے اور سہل انگاریاں جو مرض مشخص کرنے میں طب کے اعلیٰ ترین مسایل سمجھے جاتے ہیں انکا ذکر کرنا کہیٹی کے رولس کے خلاف ہے لہذا اسکو بھی ہم نے چہرڑ دیا عندالموقع اس مسئلہ پر کچھ بحث کی جائیگی *

آپورویڈک سسٹم کے رشیوں نے اسباب کے طرز عمل کو مات قسم پر منقسم فرمایا ہے جو درج ذیل ہیں نمت - ہتیر - آئے تن - پرتے - اوتھان - کارن - ندان - اسکا ویاکھیاں یعنی مفصل بیان طول طویل ہے لہذا ترک کر دیا گیا مگر الفاظ کے مختصر معنوں کا ذکر کرنا مناسب پایا جاتا ہے - نمت اوسکو کہتے ہیں جو مرض کے ماتھ ساتھ ملا رہے - ہتیر (رگ کو بڑھانے والا) آئے تن (جسمین روگ محفوظ رہے) پرتے (جس سے کہ مرض ظاہر ہو) اوتھان یہ مرض کو اشتعالک دینے والا - کارن یہ مرض کا احداث اور شیوع کرتا ہے - ندان یہ مرض کو اچھی طرح ظہور میں آنی والا - اسبارے میں بعض حکما کی ضمنی یہ بھی رائے ہے کہ اسباب سماوی اور اسباب ارضی اور اسباب اشتر کی جب تک آپس میں مشترک نہیں ہوتے اور اپنی مجموعی کیفیت فاسدہ کے ماتھ کمال درجہ کو نہیں پہنچتے اور ایک معتدبہ حالت قبول نہیں کرتے اوسوقت تک فصول سنہ کے منجملہ کوئی فصل نہیں بگڑتی جب تک فصل نہیں بگڑتی ہوا نہیں بگڑتی اور جب تک ہوا نہیں بگڑتی جب تک غذا نہیں بگڑتی اخلاط نہیں بگڑتے - جب تک اخلاط نہیں بگڑتے کسی قسم کا مرض یا امراض حادث نہیں ہوتے اسباب سماوی و اسباب ارضی کا مسئلہ ایک پیچیدہ مسئلہ ہے اسکو مفصل بیان کرنا بھی یہاں بے ضرورت خیال کیا جاتا ہے اور اسکا تعلق تاثيرات ملکی جو اجزائے ارضیہ پر بطریق ہتیر انصباط پاتے ہیں اور اجزائے ارضیہ کو بگاڑتے ہیں یعنی انواع و اقسام کے سمیات باعتبار فضل اجزائے ارضیہ پر ایک خاص قسم کا تغیر پیدا کرتے ہیں جو باعث مرض سمجھے جاتے ہیں یہ مسئلہ مائنٹنٹک اور بہت نازک ہے جو تھوڑے عرصہ میں اسکا بیان بہت ہی طول و طویل ہے خوف ہونا ہے کہ معزز ارباب کہیٹی اسپر طویل ہونے کی وجہ سے غور نہ فرمائے تو ماری محنت ملیامیٹ ہو جائیگی اور اصلی مقصود نفروا - معزز ارباب کہیٹی کے ارشاد کی موافق نمبر ۱ سے نمبر ۴ تک کے اسباب کو بیان کرنا چاہتے ہیں - پرادھانک ہتیر - وپر کرشٹ ہتیر - سنی کرشٹ ہتیر - ویہی چاری ہتیر - ایسے چار اسباب جسکو پروفیسر ہری چندر اور ہری چندر بھٹا چاری نے اپنے گرنٹھ کے اپ کلپنی ادھا میں صاف طور پر لکھا ہے کہ یہ چار اسباب مرض کے حادث کرنے اور شیوع کا سبب سمجھے جاتے ہیں اپنی ذاتی فطرت و تاثير و قوت وجودت سے جسم کے کسی

(سني کرشٹ ہڈیو) جسکا ترجمہ ڈاکٹری میں یون کیا گیا ہے یعنی آکسہیلڈنگ کا اس کے معنی یہ ہوتے ہیں کہ جو قریب کے بے احتیاطوں سے مرض پیدا ہو مثلاً پریڈس پوزنگ کا زہریلے اثرات کا معتدبہ مادہ جسم کے اندر پیدا کرایا مگر ایک تہوڑی سے بات کا محتاج ہے کہ وہ مرض کی صورت میں بہت بڑے (سني کرشٹ ہڈیو) اس کو نکھیل کر دیتا ہے مثلاً قانون کے طب کے قواعد سے ضروریہ کی عدم پابندی یعنی خلاف قاعدہ (ہیجین) جو فعل سرزد ہوتے ہیں جیسے کہ خلاف وقت میں کھانا اور یہ وقت سونا اور لباس کی بد احتیاطی مکان اور مکان کی اطراف کی غلظت اور خلاف طبیعت اور خلاف عادت کے بہت سے فعل ہیں جو اسباب قریبہ کہلاتے ہیں انکی چھٹیڑ چھاڑ معتدبہ مادہ کو تحریک دیکر مرض پیدا کرنے پر آمادہ ہو جاتے ہیں۔

(ویہی چاری ہڈیو) جسکے مراد معنی ڈاکٹری میں سپشل کا ہے ان دونوں اسباب متذکرہ صدر کو آپس میں ملتا ہے اور بموجب مادہ امراض پیدا کرنے کا باعث ہو جاتا ہے کہ ہر شیخندر پھٹا چاری کا مت اور خیال یہ ہے کہ جب تک چار اسباب اپنے اپنے مدارج کے موافق بگاڑ نہیں پیدا کرتے اور ایک دوسری کی شرکت و مدد نہیں کرتے اسی وقت تک کوئی مرض حادث نہیں ہوتا یہ ذکر ان ذرات لاینجزی کا جسکو کہ الکترون کہتے ہیں اور کوی پروج رشیمین میں سے آتے - پرمانو - جسکو ایٹم کہتے ہیں اسکا ہوا۔

آیورویڈک مسٹم کے پروج رشیمین کے طریقہ علاج - حقیقت اسباب جاننے کا ایک ذریعہ اور ہے - ذرات لاینجزی ہون یا الکترون یا ایٹم ہو یا انویا پرمانو - ان میں جب زہریلا اثر سماتا ہے اور انکی حقیقت کو امانیت سے بگاڑتا ہے تو اسکا پہلا اثر (مدیورن دوش) یعنی اخلاط اربعہ پر لاحق ہوتا ہے اور اخلاط اربعہ بھی بگاڑ جاتے ہیں اور وہی صورت اختیار کرتے ہیں جو مادہ غیر مرعی مذکورہ بالا کی ہوتی ہے - مادہ غیر مرعی چونکہ وہ بہت ہی لطیف مادہ ہے انسانی نظر اسکے دیکھنے کی قابلیت نہیں رکھتی ہے جو کچھ کہ اسکی تحقیقات ہوتی ہے وہ محض قیاسی اور خیالی سمجھی جاتی ہے اور اس کا نام مہارشیوں نے (پنج تن ماترا) رکھا ہے جسکا ترجمہ ڈاکٹری میں فیف الہمینٹس کیا گیا ہے۔

(پنج مہابوت) جسکو عناصر خمسہ کہتے ہیں اور یہی دنیا کے کل اشیائوں کے بنتے کا سبب مانا گیا ہے علوی ہذا جسم انسان کے ہر ایک عضو کا باعث بھی یہی سمجھا جاتا ہے وہ نیز جنکو کہ ہم دوش کہتے ہیں وہ اخلاط اربعہ ہیں وہ پہلا زہریلا اثر ذریعہ بذریعہ ان اخلاط تک جب پہنچتا ہے تو اخلاط اپنی حقیقت سے باز آتے ہیں اور ان کی کمی بیشی اور انکا بگاڑ باعث مرض ہو جاتا ہے اسلئے آیورویڈک مسٹم کے پروج رشیمین نے اخلاط کی تعریف بڑے زور شور سے کی ہے اور بیان کیا ہے کہ اخلاط ہی مرض کے احداث کا باعث ہے جب ہم تجربہ سے دیکھتے ہیں اور علاج کرتے ہیں اور انکی کمی بیشی کا خیال رکھتے ہیں علاج سے جب یہ اعتدال پر آتے ہیں تو مرض رفع ہو جاتا ہے صحت کلی حاصل ہو جاتی ہے اسباب میں کچھ مختصر سے یہاں بیان کرنا نامناسب نہ ہوگا بعض کا قول ہے کہ اخلاط سبب ہو نہیں سکتے بلکہ وہ سبب مانے جانے کے قابل ہیں کس واسطے کہ وہ خود کسی سبب سے اپنے اعتدالی کیفیت سے متغیر ہوتے ہیں مرض میں جو علامات خلطی ظاہر ہوتے ہیں وہ خلطی علامات نہیں ہیں بلکہ وہ علامات اوس سے (ویر کرشٹ ہڈیو) کے ہیں جو اخلاط میں صراحت کیا ہے ونیز عوارضات و تکلیفات اوس زہریلے سبب کا فعل ہے۔

بعض کا ایسا بیان ہے کہ وہ سبب جس سے اخلاط متغیر ہوتے ہوں اور اخلاط تغیر شدہ یہ دونوں ملکر مرض پیدا کرنے کا سبب ہو جاتے ہیں اور بعض اسباب کے قابل ہیں کہ وہ سبب کہ جس سے ذرات عنصری میں تغیر پیدا ہوتا ہے اور اپنا زہریلا اثر اجزائے ترکیبی جسم انسان میں ڈالکر مرض پیدا کرتا ہے - بعض اسباب کو مانتے ہیں کہ جسم انسان کے اعضاء اوابہ و ثانیہ یعنی (پنج تن ماترا - پنج مہابوت) اصلی حالت سے پھیر دے اور انکی شکل اور فعل میں فتنور پیدا کرے۔

آپور وینک مسٹم کے روسے بیان کئے ہوئے اناب شناب اسباب کا یعنی ہر ایک لفظ کا وجہ تسمیہ اور اس کے استعمال کا موقع و محل اور اس کے متالین بیان کرنا ایک ضروری امر تھا مگر طول ہو جائیگا اس فرض سے ترک کر دیا گیا اب خیال ہی کہ ہر مسٹم کے ہر ونیسروں واجاری و حکمانے جو اسباب کے بارے میں بیان کیا ہی اوسکو ہم یہاں پر بیان کرنا مناسب خیال کرتے ہیں •

جناب عالی (پرادھانک ہندیو) جسکا ترجمہ پریم کار ہوتا ہی اوسکو ڈاکٹری میں ریموٹ کار کیا گیا ہی اور یونانی طب میں سبب اوابہ مانا ہی •

(ویپر کرشٹ ہندیو) اس کے ضمن میں (اوپادک ہندیو) اساتمکے اندری آرتمہ مندیوگہ، ہندیو - ابھننیر ہندیو - دوش ہندیو - اسموایو ہندیو - اسکو ڈانگٹروں نے پریڈس پوزنگ کار اور انڈر ترک کار کہتے ہیں اور یونانی حکما اسباب مابقہ داخلی اور اسباب بعیدہ - اسباب مادی - نام رکھا ہی •

منی کرشٹ ہندیو - پرگینا اپراد ہندیو - ولچکٹ ہندیو - ہائہ ہندیو - ویادھی ہندیو جسکو ڈانگٹروں نے اکسیڈنگ کار - نڈر ترک کار کہتے ہیں اور یونانی حکمانے اسباب خارجی اور اسباب قریبہ مانا ہی - ویہی چاری ہندیو - پری نام ہندیو - نمت ہندیو - اگنٹک ہندیو - پورگ پریوگ ہندیو - اسکو ڈانگٹروں نے سمشل کار نام رکھا ہی اور یونانیوں نے اسباب واصلہ بدلیہ بیان کیا ہی - اسباب مذکورہ صدر تینوں مسٹم کے ساتھ تطبیق کر کے جو دکھائے گئے ہیں وہ بادی انظر میں کچھ اختلاف پایا جاتا ہی یہہ تصور اجمالی بیان کا ہی اسکو مفصل بیان میں سماعت فرمائیں تو الشاللہ تعالیٰ اسکی صفائی ہو جائیگی •

جدید تحقیقات میں پروفیسر ارنج اپنی تالیف کردہ بیاکڑیالوجی یعنی علم جراثیم میں جس کو کہ (جنٹو شامتر) کہتے ہیں تمامی امراض کا سبب جراثیم مانا ہی اور دلائل سے ثابت کر دکھایا ہی کہ بغیر جراثیم کے کوئی مرض پیدا ہو نہیں سکتا مگر یہہ امر (زیر بحث) ہی آپور وینک مسٹم کے پورج رشیموں نے مرض کے حادث ہونیکے قبل سبب یا کئی اسباب سے داخل اور پیدا ہونے سے پہلے ذکر کرتے ہوئے کل اسباب میں بتایا ہی اوس مادہ متعفنہ سے مرض پیدا ہوتا ہی ایسا ذکر کرتے ہوئے کل اسباب کو جنکا کہ ذکر اوپر ہو چکا ہی از انجملہ صرف چار اسباب کو مقدم مانا ہی اور انہیں چار اسباب میں پر ادھانک - وپر کرشٹ - منی کرشٹ - ویہی چاری - ان چار اسبابوں سے بحث کی ہی اور یہہ بحث قرین تیاس ہی اور تینوں مسٹم میں غور کیا جائے تو آپس میں تطابق بھی ہوتا ہی لہذا اون اسباب کو جنکے کہ بہت سے نام قبل از اس کے ذکر کئے گئے ہیں درکنر کرتے ہوئے صرف انہیں چاروں اسباب سے بحث کرنا اور آپس میں تطابق کر کے دکھانا بہتر معلوم ہوتا ہی کس واسطے کہ ہر مسٹم کے پروفیسروں کے بتائے ہوئے اسباب دوسرے مسٹم کے مرادف الفاظ سمجھے جاتے ہیں اور یہہ تقسیم تینوں مسٹم کے مذہب کی روسے صحیح پائی جاتی ہی صرف اسمیں زبان کا فرق معلوم ہوتا ہی مگر معنی اور مقاصد اور استعمال کے لحاظ سے ایک دوسرے مترادف سمجھے جانے کے قابل ہیں •

پورج رشیموں کا (جنٹو شامتر) اور پروفیسر ارنج کی بیاکڑیالوجی ان دونوں تحقیقات کی مطابقت یہاں کسی قسم سے یہ ضرورت سمجھی جاتی ہی صرف اتنا بیان کرنا کافی معلوم ہوتا ہی کہ مادہ سے جراثیم پیدا ہوتے ہیں یا جراثیم سے مادہ پیدا ہوتا ہی چونکہ تعریہ سے اکثر ثابت ہوا ہی پہلے مادہ خواہ وہ کسی قسم کا ہو متعفن نہیں ہوتا اوس وقت تک اوس میں کسی قسم کے جراثیم پیدا نہیں ہوتے جیسا کہ پہلے مادہ کی جہت سے (ٹیفائیڈ فیور) کسی کو حادث ہوتا ہی مات دن تک جراثیم مطلقاً دکھائی نہیں دیتے اور نہ مرض صحیح طور پر معالج کیے سمجھے میں آتا ہی صرف علامات ظاہرہ پر علاج کرتا ہی جب علاج میں کامیابی نہیں ہوتی ہی تو (بلڈ انزائمیشن) یعنی خون کی تحقیقات کی جاتی ہی اوس وقت جراثیم دکھائی دیتے ہیں اور ٹائیفائیڈ فیور اوس وقت نام رکھا جاتا ہی •

ایورویڈک سسٹم کے ایسے موقع پر مرض پیدا کرنیوالے کو مادہ کہتے ہیں۔ مرض مادی اور مرض مادی مرکبہ اور مرض مادی ہرمنہ اور مرض مادی وبائیہ وغیرہ نام رکھتے ہیں اور خیال کرتے ہیں کہ جب تک مادہ مجتمع معتدیہ حالت میں نہیں آتا اور متعفن نہیں ہوتا جب تک اوسہین جراثیم پیدا نہیں ہوتے۔ پس اس تقریر سے ثابت ہوا کہ جراثیم کسی سبب کے سبب ہیں اور کسی علت کے معلول ہم یہاں پر کہہ سکتے ہیں کہ مرض کئی اسباب کا مجموعہ ہی اور جراثیم کی زہریلے مادوں سے مشکل ہیں پس جراثیم سے مرض کا حادث ہوتا جو بتلایا جاتا ہے یہ دلیل وہ حجت ہے ان جراثیم کو مادی ہیں مان لیتے تو تینوں سسٹم کی تھیوری ایک ہی ہوجاتی۔ خیر ایسا نہیں ہوا اسکا کیا ذکر ہے *

ضمن — (۲) اب ہم یہاں سے مرض مشخص کرنے میں۔ نبض شناسی سے کیا فائدہ ہوتا ہے بیان کرتے ہیں قبل از نباضی کے فوائد اور اوسکے حرکت کے نتائج اوس سے مرض کا صحیح طور پر مشخص ہونا بیان کیا جاتا ہے نبض کس کو کہتے ہیں اور نبض کس کا نام ہے اسکا پہلے ذکر کرنا مناسب خیال کیا جاتا ہے۔ نبض اوس کو کہتے ہیں جن جن مقامات پر جہاں کہ حکیم اپنے اناملہ یعنی ہاتھ کے انگلیاں سبابہ۔ وسطی۔ خنصر سے غص کرتے ہیں اور حرکت کو محسوس کرتے ہیں جیسے کہ ہاتھ کے انگوٹھ کی جڑ میں جو شریان کہ واقع ہے اوسکو نبض کہتے ہیں اور اوسکی حرکت انقباضی و حرکت انبساطی کا نام نبض ہے۔ چونکہ نبض ایک قسم کا جسم ہے کس واسطے کہ اسہین اقطار ثلاثہ قائم ہوتے ہیں یہی اقطار ثلاثہ آپس میں ضرب کھا کر برابر ہوتے ہیں (۹) کے اور ہر ایک قطر منقسم ہوتا ہے تین درجوں پر (ان تقسیم شدہ تین قسم جب ضرب کھا تہ ہیں (۹) سے تو برابر ہوتے ہیں سنائیس کے ان سنائیس حرکتوں کے نام اماتذہ قدیم نے علیحدہ علیحدہ رکھا ہے ان سے غالباً معزز ارباب کمیٹی بخوبی واقف ہیں اسکے بعد نباضی کا قاعدہ شروع ہوتا ہے اور احکام صادر ہوتے ہیں جس سے ایک خاص قسم کا نتیجہ برآمد ہوتا ہے جو مرض کہ بطریق اصح مشخص کرنے میں طبیب کو مدد ملتی ہے یعنی مرض حادث ہوا تو کن اسباب سے اور ظہور پایا تو کن اخلاط کی علامت لئے ہوئے اور کیا مرض مفرد اخلاط سے حادث ہوا ہے یا مرکب جسکے جاننے سے اصول علاج میں معالج کے لئے سہولت ہوتی ہے اور مریض کو جلد شفا ہوتی ہے *

ملکی طریقہ طبابت کے موافق علاج کا اصولی قاعدہ یہ ہے کہ پہلے اسباب کو دور کرے تاکہ مرض کے تکلیف اور عوارضات دفع ہوجائیں کس واسطے کہ جب سبب دور ہوجاتا ہے تو مسبب بھی اوسکے ماتم ہی ماتم دفع ہوجاتا ہے اوس وقت ادویات کا عام اثر اعضائے رئیسہ و شریفہ پر ایک شایستگی کے ماتم ہوتا ہے جو بقیہ زہریلے اثر کا مادہ باقی رہتا ہے وہ بالکلید جسم سے خارج ہوجاتا ہے *

ایورویڈک سسٹم کا معالجہ ایک مائینٹنٹک معالجہ ہے جو باعتبار صنف ملک اور اقلیم اور یہاں کے رہنمیاہوں کے مزاج و طبیعت کے موافق اشرافی قوت سے قرار پایا ہے جب ہی تو ہماری گورنمنٹ فیضر مان اور انصاف پسند کی ۳۳ گزور رعایا کو اپنا گرویدہ اور فریفتہ کئے ہوئے ہے اگرچہ کہ سرکاری سسٹم یعنی (الوپاتھک سسٹم) رعایا کی حالت بیماری میں مدد کرتا ہے مگر جس قسم کا رحمان رعایا کا اپنی ملکی سسٹم کی طرف ہے ویسا دوسری سسٹم کے طرف نہیں ہے کوئی غور کی نظر سے دیکھو اور انصاف پسندی کرے تو ملکی طب کا مرجوعہ بڑا ہوا پایا جائیگا جس سسٹم کا مرجوعہ زیادہ ہوتا ہے وہ ہی سسٹم کامیاب سمجھا جاتا ہے *

ملکی سسٹم بیمار کو ایک سہل راستہ بتاتا ہے اور غیر ملکی سسٹم اپنے علاج کا متحمل ہونے نہیں دیتا ملکی سسٹم کے ادویات اوسکے معالجہ اطبا اپنے ہاتھ سے بنا لیتے ہیں اور اسکا فائدہ اپنے یہاں رہتا ہے اور غیر ملکی سسٹم کے معالجہ کو دوا بنانا جانتے ہونگے مگر ہم اپنی آنکھ سے کسی کو چھوٹی سی چھوٹی دوا بنا تہ نہیں دیکھا لہذا ڈاکٹری کی بہت ہی کم قیمت کی دوا ہمارے ملک کو آتے آتے اور انواع و اقسام

کے صرہ گزارا کرنے سے چھوٹی قیمت کی دوا بڑی قیمت والی پوجاتی ہی جسکا بار مریض کے سر ہوتا ہی بلکہ بعض مرتبہ ایسا بھی دیکھا گیا ہی کہ بیرونجات سے دوا طلب کی گئی ابھی وہ دوا آنے نہ پائی بیمار جان بحق ہو گیا •

ضمن — (۳) نظر بوجوہت بالا ملکی معالجہ کے طریقے چند وجوہات سے دوسرے طریقوں کی بہ نسبت زیادہ موثر ہیں کہ اکثر مرض کی دوا ہمارے ہاتھوں سے تیار ہوتی ہی اور اولکا کیمیکل کمپونڈ ہمکو معلوم ہوتا ہی اور یاں رہتا ہی جب ہم نباتات سے کام لینا چاہتے ہیں تو اپنے ملک کے طبیعت کے موافق اور یہاں کے رہنے والے انسان کے مزاج و امراض کی طبیعت کے موافق ہمارے ہی اطراف و اکناف میں ان تمامی علتوں کو دور کر لیا ہی جڑی بوٹیاں قدرت نے پیدا کی ہیں اگر ہم نہ سمجھیں تو ہماری عقل کا تصور ہی مگر جب بھی اور اونکی پوی بوٹیزوں کی تاثیرات سے ہمارے ملک کے معالجہ بخوبی واقفیت رکھتے ہیں اور اونکی تاثیرات پر حاری ہیں اور اونکے عمل سے ہاں ہیں مثلاً ملیریا کے علاج کے لئے کونین ہمدست نہ ہونے کی صورت میں کالی سرچ تلسی کے پتہ کے رس میں پیسکر گولیاں بنائیں اور استعمال کریں تو بہت بڑا فائدہ ہوتا ہی ونیز نیب کی انٹر جہال پانی میں جوش دیکر دن میں تین مرتبہ جوشاندہ کو ایکیکٹ لونس پی جائیں تو ورم طحال اور فساد جگر جو ملیریا کی وجہ سے ہوتے ہیں دفع ہوجاتے ہیں اسی قسم کے بہت سے دلائل اپنے بیان کی تائید میں ہم پیش کر سکتے ہیں •

سوال سوم •

ضمن — (۱) کیا آپ کسی طبابت خانہ سے تعلق رکھتے ہیں۔ جسمین ملکی طریقوں کے مطابق علاج کیا جاتا ہی یا طبی علم سکھایا جاتا ہی •

ضمن — (۲) کیا آپ یہہ سمجھتے ہیں کہ ملکی طریقہ طبابت کے موجودہ طبابت خانہ ذیل کے نکتہ نظر سے خاطر خواہ ہیں •

ضمن — (۱) معالجہ کے بندوبست کے اکتفا کے لحاظ سے •

ضمن — (۲) طبی تعلیم کے مرکزوں کی مناسب حالی کے لحاظ سے •

جواب سوم •

میں بھی ایک بد نام کنندہ نکو نامے چند ہوں یعنی خاندانی حکیم ہوں اپنے آبائی واجدادی آپور ویدک سسٹم کے طریق پر عرصہ اڑتالیس سال سے حیدرآباد فرخندہ بنیاد میں علاج کرتا ہوں اور ایک عالیشان مطب جاری ہی۔ سرکاری دوا خانوں کے طریق پر دوا خانہ میں رجسٹر رکھا گیا ہی با ضابطہ چٹھی دیجاتی ہی۔ مختلف امراض کے مختلف اشخاص مختلف دور دراز مقامات سے آ آکر رجوع ہوتے ہیں اور وہ بانفصال آہی شفا پاتے ہیں •

میرے مطب کے متعلق آپور ویدک سسٹم کا ایک مدرسہ بھی قائم ہی اور اوسکے ماتہ یونانی طب کی تعلیم بھی دیجاتی ہی اور ڈاکٹری کے مسائل جسکی جہان ضرورت سمجھی جاتی ہی اپنی طب سے مطابقت کر کے مدرسہ کے تلامذہ کو سکھایا جاتا ہی۔ نصاب تعلیم پرانے طریقہ پر رکھا گیا ہی سردست لگھوترے۔ اور ورد پڑے پر اکتفا کیا گیا ہی یعنی شارنگدہر۔ یا دہوندان۔ بہاؤ پرکاش۔ چرک۔ ششرت۔ واگ بہت۔ اور پروہت نگہنت رتنا کر۔ اسی طرح یونانی میں میزان الطب۔ طب اکبر۔ مفرح القلوب۔ خزائن الملوک۔ پڑائے جاتے ہیں اور تعلیم کا طریقہ اس قسم سے رکھا گیا ہی کہ بعد درس کے لکھر دیکر پڑے ہونے مضمون کو سمجھایا جاتا ہی فن دوا مازی علیحدہ سکھایا جاتا ہی اسکے طلبا کامیاب ہونے کے بعد علاج کرنے کے قابل بنکر مختلف مقامات پر اپنا مطب جاری کئے ہیں اور علاج بھی کرتے ہیں۔ اسکی کیمیائی ترکیب پرانے ڈہرے پر رکھی گئی ہی۔ چار سال سے حیدرآباد میں طبی کا نفرنس کی بنیاد بھی قائم کی گئی ہی (حیدرآباد نظام آپور ویدک اینڈ یونانی طبی کانفرنس) نام رکھا گیا ہی اس عرصہ

میں کانفرنس کے مقاصد میں جو کامیابی ہوئی ہے وہ ایک خدا داد بات ہے حیدرآباد کے ممالک محروسہ سرکار عالی کے صحرائے حق و حق میں اوگنے والی کیا کیمیابی کیا ادویاتی جڑی بوٹیاں کانفرنس کو جو ہمدست ہوئی ہیں جنکو ممبران کانفرنس نے تجربہ کر کے اور ان کے انحال و خواص سے بحث کرتے ہوئے اپنے تالیف میں داخل کیا ہے وہ قابل تعریف ہے۔ حیدرآباد کا جنگل معمولی جنگل نہیں ہے بلکہ کوہ ہمالیہ سے جڑی بوٹی کی پیداوار میں کوہ ہمالیہ کا ہم پلہ خیال کیا جائے تو کچھ متبادل نہیں ہے جو بوٹیاں حیدرآباد کے پہاڑیوں پر اور اوسکے دامن میں اور دوسرے جنگلوں میں پیدا ہوتی ہیں اور نشوونما پاتی ہیں اس قسم کے کوہ ہمالیہ پر مشکل سے دستیاب ہوتی ہیں بلکہ نہیں ہوتی ہیں ایسا خیال کیا جائے تو کچھ مضائقہ نہیں ہے اور یہ حال نباتات کا ہوا۔ معدنی اشیا کیطرف ہم غور کریں تو بہت سے معدنیات ہیں اتنا کہنا کافی ہوگا اس بنا پر اعلیٰ درجہ کے بوٹیوں کی فراہمی میں ہماری کانفرنس کامیاب رہی اور ان بوٹیوں کے انحال و خواص کے بارے میں اور اوسکے تجربے میں ممتاز۔ انشاء اللہ تعالیٰ دن دوئی رات چونکی ترقی کرنیکی امید پائی جاتی ہے اور جو اعلیٰ ترین بوٹی جسکا کہ تجربہ ہمکو ہوا ہے یا آئندہ ہمکو ہونیوالا ہے ارباب کمیٹی کے خدمت فیضرجت میں پیش کیا جائیگا۔

ملکی طریقہ طبابت کے موجودہ دوا خانے ذیل کے نکتہ نظر سے اچھے پائے جاتے ہیں کس واسطے کہ اسوقت کے اکثر معالج کوئی نظری و عملی تعلیم پا کر علاج کرتا ہے کوئی عملی طریق پر اپنے آبائی واجدادی تجربہ پر معالج ہے مگر فرق اتنا ہے مدرسہ - کالج - یونیورسٹی - سرکار کی جانب سے ان کے لئے کھولنی گئی ہے نہ انکی تعلیم یا ضابطہ ہے صرف اپنے تجربہ پر کام کرتے ہیں اور کامیاب ہوتے ہیں یہ معالج اچھی طرح سے مرض کی علامات پر اپنے طور پر مرض مشخص کر لیتے ہیں اور اپنی پیڈنٹ دوا سے کام لیکر بڑے بڑے دقیق امراض کا علاج کرتے ہیں۔

ضمین - (۱) سرکار کی جانب سے انکی تعلیم کا خاطر خواہ بندوبست نہ ہونیکے وجہ سے جو کچھ کہ یہ کرتے ہیں کافی و مکنتی سمجھنا چاہئے۔

ضمین - (۲) آیورویڈک سسٹم کی تعلیم سرکار کی جانب سے کہیں نہیں ہے لہذا کہیں ہے تو وہ شایستگی کے ساتھ نہیں ہے جہاں جہاں طبی تعلیم کو پیداوار اطبا اپنے شوق سے جاری رکھا ہے اور ان کی تعلیم کا نصاب بھی معقول معلوم ہوتا ہے تو نہایت بہتر ہے۔

موجودہ انتظام میں نفس نکالنا میں اپنے نزدیک تہذیب کے خلاف خیال کرتا ہوں کس واسطے کہ مغربی طب کی تعلیم کا طرز عمل اور ہی اور مشرقی طبی تعلیم کا طرز عمل اور - مغربی طب - مشرقی طب کو اپنی بیرونی جھلک دکھا کر اوسکو دہندلی بنانا چاہتی ہے اور تاریکی میں ڈالنا چاہتی ہے اور مشرقی طب اپنے پرانے پوشیدہ جواہر سے اپنے اپنے جڈس کو صحت کی دولت سے الامال کرنا چاہتی ہے اور سرکار کو اپنے جواہر بے بہا کو (گر قبول افتدز ہی عزو شرف) کھکر نذر کرتی ہے۔

ضمین - (۳) ملکی طریقوں کے طبابت کے معالج اور طبی تعلیم کے لئے جو بندوبست کہ فی الحال بغیر امداد غیر سے کیا گیا ہے کافی و مکنتی سمجھا جاتا ہے کس واسطے کہ جب ہم اس بات کی طرف غور کرتے ہیں تو کثرت سے آیورویڈک سسٹم کے زیر علاج بہت سے بیمار رہتے ہیں اس سے ثابت ہوتا ہے کہ ایسی گری ہوئی حالت میں ناشایستگی سے اوسکے معالجہ علاج کرتے ہیں اور کامیاب ہوتے ہیں اس سے ثابت ہوتا ہے کہ مشرقی علاج میں کوئی نہ کوئی بات اعلیٰ درجہ کی موجود ہے جس کو ہماری عقل سمجھنے سے قاصر ہے۔

ملکی طبی طریقہ کے علاج کے بارے میں عدم اکتفا کا ثبوت میری رائے میں ہرگز نہیں ہوتا اگر کسی معجزگ میں ناکافی ہے وہ (شیل تنتر شاریر) یعنی سرجری کا ہے

اگر سرجری کا عمل انسان کو عمر بھر میں ایک دو وقت ہی اسکی ضرورت لاحق ہوتی ہے اور (میڈیسن) سے یعنی دوا سے ہر روز کام پڑتا ہے اور سرجری کا عمل ایورویڈنک سسٹم میں جو دہندلا پڑ گیا ہے اور گرد آلود ہو گیا ہے اسکی بہت سے وجوہات ہیں اور کسی آئندہ سوال کے جواب کے ضمن میں التماس کرونگا لہذا وجوہات چند ملکی طبابت کے طریقہ میں عدم اکتفا کا کبھی مجھ سے اقبال نہیں ہو سکتا جبکہ ایورویڈنک سسٹم کے دل سببگت مکمل حالت میں ہیں •

• سوال چہارم •

(۱) کیا آپ سمجھتے ہیں کہ طبابت کے ملکی طریقوں کے خیالی طبی تربیت کیلئے ذیل کے ابواب کی ضرورت ہے یعنی —

(۱) طلبا کو ایسے امتدہ کی ذاتی رہبری میں چھوڑ رکھنا جو پرلے درجہ کی قابلیت رکھتے ہیں اور جو انہیں سے تعلق رکھنے والے مضامین میں ایسا درجہ رکھتے ہوں جس کا اعتراف کیا گیا ہے •

(۲) امتدہ اور طلبا ایکساں ٹھیک طور پر معین شدہ شفاخانوں — کیمیاخانوں — کتب خانوں اور عجائب خانوں تک رسائی کرنا •

(۳) امتدہ کو مکلفی فرصت ملنی چاہئے تاکہ وہ اپنے اپنے مضامین کے متعلق خود خود ہنترانہ طور پر تحقیقات کرسکیں اگر آپکو اس خیال سے جو طبی تربیت کے لوازم سے تعلق رکھتا ہے اتفاق ہو تو کیا آپ سمجھتے ہیں کہ اس قلمرو میں کسی طبابت خانہ میں یا اور کہیں جہاں ملکی طریقوں پر طبی تربیت کا بندوبست ہوا ہے یہ مقصد مندرجہ حاصل ہوگا یا حاصل ہونیکے قابل ہے •

ضمن — (۲) اگر آپ سمجھتے ہیں کہ اس مقصد کا ہر آنا فی الحال ضرورت سے زائد وقت میں ہے تو اوسکے عوض میں آپ کس مقصد کو داخل کریں گے — ایسے مقصد کے طور جو —

(۱) خاصہ حاصل ہوجائیکا ایسے خیال کے طور پر جسکے

(۲) نتیجہ کے نکال نیکے لئے فی الحال فوراً عمل کرنا •

• جواب چہارم •

جس قسم کی طب اس وقت ہمارے ہندوستان میں رائج و مروج ہے خواہ وہ مغربی ہو یا مشرقی صب کے صب خیالی اور کل کے کل قیاسی مانی جا سکتی ہیں ملکی طریقوں پر کچھ حصر نہیں ہے — ملکی طریقوں کے تربیت کے لئے اگر حکومت واقعی اور صحیح خیال فرمائی ہے کہ ملکی طب کی بقا قائم رہے اور دنیا میں اسکا پرانا نام و نمود باقی رہے اور اوسکے جو پورے بھا سے اپنی پیاری رعایا کی بہبود و فلاح کا خیال کرتی ہے تو کیا عجب ہے کہ اوسکے متعلقہ علوم کے خزانے ہر آمد ہوجائیں آب و ہوا صنف ملک مزاج و قوی کے اعتبار سے کار آمد ثابت ہو اور بہت جلد اپنی قابلیت اور ترقی کا ثبوت ہوجائے •

(۱) ہر ایک علم دو قسم پر منقسم ہے ایک نظری دوسرا عملی اور خاص کر علم طب کے لئے اور اوسکے کامیاب بنانے کے لئے دونوں طریقوں کو اختیار کرنیکی بڑی بہاری ضرورت ہے۔ اس بارے میں ایسے معلم کی ضرورت ہوتی ہے کہ اوسکی ذاتی رہبری میں طلبا کو رکھنا پڑتا ہے یا یوں کہئے کہ رہنا ہی پڑتا ہے جبکہ وہ اس خدمت کی انجام دہی کے لئے اعلیٰ قابلیت رکھتا ہو — میں اوسکے قبل التماس کرچکا ہوں کہ ایورویڈنک سسٹم پر کمر علیحدہ ہو نہیں سکتا ایورویڈنک سسٹم کا معلم اپنی عمدہ قابلیت سے ایورویڈنک سسٹم کو پڑھائیگا تو خواہ مخواہ ہی اوں مضامین کے ساتھ اعتراف کرنا پڑیگا •

(۲) نظریات کی تعمیل کے بعد جب عملیات کی تعلیم شروع کیجاتی ہے جس سے علم مکمل ہوتا ہے اسوقت طالب العلم کو اپنے معلم کے ساتھ یا آزادانہ طریق پر

شفاخانوں (رماین خانوں) یعنی کیمیاخانوں یا کتب خانوں یا صنعت خانوں کو دیکھ کر علمی تعلیم حاصل کرنا پڑتا ہے یہ طریقہ کچھ نیا نہیں ہے بہت ہی پرانا طریقہ ہے جو آئیورہڈک مسٹم کے پروجوشیوں نے اپنے وقت میں جاری کیا تھا پھر ہم نے اپنے ڈھڑے پر آجائیں تو بہت جلد اپنا پرانا طریقہ درست کر سکتے ہیں اور نئے سائنس سے مقابلہ کر کے دیکھا سکتے ہیں •

(۳) یہ امر مسلمہ ہے کہ جب تک اساتذہ کو کامل مہلت تعلیم کے لئے نہ ملے گی اپنے مہجکت کے متعلق مختارانہ طور پر کیسے تحقیقات کر سکتا ہے ہماری قدیم تعلیم کا نیا رنگ ڈھنگ نرالا پایا جاتا ہے جس سے ہم ایک دوسرے کی علمی طریقہ سے انصاف کی نظر سے تکذیب نہیں کر سکتے اگر ہم اپنے دل میں استبداد سے کام لیں تو کسی قسم کی نکتہ چینی ہو سکتی ہے طبی تربیت کے لوازمات پر جب ہم غور کرتے ہیں تو مہجکت جسمیں بڑا بہاری اختلاف ہے ایک سائنس جسکو کہ (پدارتھ و گنجان شاستر) کہتے ہیں دوسرے کمیونٹی جسکو (رماین شاستر) کہتے ہیں اولیٰ علمی طریقوں میں عجب کیفیت پائی جاتی ہے اس تلمو میں جو زیر حکومت سرکار اہد قرار ہے ان دو شاستروں کے جاننے والے اور علمی طریق پر دواسازی کو عمل میں لانے والے معدودے چند اشخاص نکلیں گے اس سے یہ خیال نہ فرمایا جائے کہ اس بارے میں آئیورہڈک کے مسٹم کا طریقہ ناقص ہی نہیں نہیں وہ اپنے طریقہ میں ٹھیک اور بہتر ہے بلکہ کار آمد - جہاں کہیں طبی تربیت کا بندوبست ہوا ہے آپس میں اتحاد و یکجہتی سے کام لیں سرکاری تھوڑے سی مدد حاصل کریں اور اپنی انسانی ہمدردی دکھلائیں تو عنقریب مقصد حاصل ہونے کی امید ہوتی ہے •

ضمن - (۲) مقاصد مذکورہ بالا کر کے حاصل ہونے میں فی الحال ضرورت سے زائد وقت لگے گا ضرورت نہیں ہم فوراً ان مقاصد کا نیک نتیجہ دکھلانے کے لئے اپنے پرانے اور دیرینہ تجربے کی ہمت پر باقیال سرکار و بافضل کردگار حاصل ہیں •

(۱) (خاتماً) اور یقیناً مقاصد کا نیک نتیجہ حاصل ہو جائیگا •

(۲) سوچنے اور دیر کر نیکی ضرورت نہیں فی الحال فوراً عمل کرنا چاہئے •

سوال پنجم •

کیا آپکو کلکتہ یونیورسٹی کمیشن کے اس خیال سے اتفاق ہے جو یوں ہے •

”جدید علمی طریقوں سے زیادہ ترقیت پیدا کرنے کے لئے ان (ملکی طریقوں کی پیروی کرنیوالوں میں جو بکثرت ہیں فی الحال ایک نمایاں اور امید ادا خواہش ہو گئی ہے اور وہ بلا شک اوس روایتی علم کو غربی طریقہ طبابت کی پیروی کرنیوالوں کیلئے میسر کروا سکنگے جو واقعی قابل قدر ہے اور جیسا کہ عربی طبابت مسئلہ مسترد کیا کرتی ہے ویسا ہی ان قیاسی توجہات کو مسترد کر دینگے جو صرف باقی رہ گئی ہیں اور آزمائش میں یکے نہیں نکلتے ہیں - اس صورت میں جو فرق کہ ہندی ”اور عربی“ طریقوں میں ہے غائب ہو جائیگا •“

اگر آپ اس بات سے اتفاق کرتے ہیں کہ طبابت کا ایکساں شدہ کو یہ طریقہ جو بالا مذکور عبارت میں بتلایا گیا ہے مقصود ہے جسکے حاصل کرنیکی کوشش ضروری ہے تو اس مقصد پر آری کیلئے بتلئے آپکی رائے میں کون سی تدبیر ہے •

جواب سوال پنجم •

جب ہم مشرقی یعنی ملکی طریقہ کی طبابت کو قائم و برقرار رکھنے اور اوسکے بقا کے محافظ بننے اور اسکے اعلیٰ چوڑا کر ارباب کمیٹی کی خدمت میں درجست میں پیش کر کے مغربی طبابت کے ساتھ مطابقت کر دکھانے کا خیال رکھیں تو گونگہر ہم دوسرے خیالات کی اتباع کر سکتے ہیں ہمارے حیدرآباد فرخندہ بنیاد میں باضابطہ مشرقی طبابت کے جانک والوں میں سے کثرت سے ہیں انکے لئے یونیورسٹی کالج میں تعلیم العلمین کی

ایک شام کھولی جائے تو بہت جلد یہ لوگ باضابطہ طبیب بن سکتے ہیں تعلیم اور تعلیم دینے کا ڈھنگ حاصل کر سکتے ہیں اور قیامی توجہات کو ایک شایستگی اور عمدگی کے ساتھ عمل میں لے سکتے ہیں پس ایسی صورت میں سرکار کا نیک اور پاکیزہ خیال ملکی طب کو ترقی دینے کا جو یہ اوسمیں حار چاند لگت جائینگے اور دونوں طب یعنی مشرقی و مغربی دونوں کی بقا دونوں کا قیام دونوں کی ہستی ایک دوسرے میں شامل ہو کر جس قسم کا نتیجہ پیدا کر سکیگی ارباب کمیٹی پر زرہ غور کرنے سے ثابت ہو جائیگا اور بالکل تھوڑے عرصے میں پرانا خزانہ ہتھ آجائیگا •

اتفاق جیسی کہ ایک نعت عظمیٰ ہی وہ ہر شخص پر روشن و مبین ہی جب ہم مغربی اور مشرقی طبابت کے اعلیٰ درجہ کے ماہران فن ایکدلی و ایکھیتی کے ساتھ کسی اجلاس میں یا انجمن میں اپنے مقاصد دای جسکو سرکار منظور فرمایا ہی بیٹھینگے اس وقت کا اتفانی فریند سے بیٹھتا ہی بہت خوش نظر آئیگا جب مقصد برآری کی ایکھیتی کے ساتھ شروع ہوگی تو پھر اسکا پوچھنا ہی کیا ہوگا ہمارا خیال ہی کہ بہت جلد مقصد برآری ہوگی •

سوال ششم •

کیا آپ اس رائے سے اتفاق کرتے ہیں کہ ملکی طبابت کے نصاب تعلیم میں جدید علمی طریقوں کی تعلیم جو ایسے مضامین سے ظاہر ہی جسے جدید علم طبی - علم کیمیا اور بھی علم حیات اور بھی جدید طریقوں پر

انٹومی - (علم تشریح) فزیالوجی - علم موجودات (پتھیالوجی (علم امراض) ہیپاٹمیالوجی اور سرجری (جراحی) اسکے کل شعبوں میں تعلیم - آپکو بالا مذکور خیال سے جزاً یا کلاً اتفاق ہو تو براہ کرم ملکی طبابت کے طالب العلموں کے لئے آپ جس نصاب کی رائے دینے چاہتے ہوں اسکے ایک خلاصہ کو ارباب کمیٹی کو دیجئے اور اس میں بطریق خاص ان ابواب کا حوالہ رہ •

پروگرام اسٹینڈرڈ جن کے بائیں آپ رائے دینا چاہتے ہوں یعنی اسٹینڈرڈز جو منڈ ڈیسنشیت (یعنی معمولی طبابت کے طبی مدراس کے یل - ایم - پی) گراؤ جوئیٹ مائٹریٹ اور ڈاکٹوریٹ (اپنے یونیورسٹیوں کے یل - ایم یس - ایم - بی - ایم - یس - ایم - ڈی - تطابق رکھتے ہیں •

() معجزہ ہر ایک اسٹینڈرڈ کے لئے ابتدائی لیاقتیں اور تعلیم کی مدتیں •

() معجزہ تعلیم کا میڈیم یا میڈیا •

جواب ششم •

ملکی طبابت کے قدیم طریقوں کے نصاب میں جدید نصاب تعلیم داخل کرنا ہر شخص پسند کریگا مگر یہ امر قدیم طبابت کو چند دنوں میں مٹیا میل کرنیکا خوف دلانا ہی اور بادی النظر میں ملکی طبابت کے طریقوں جسکو ہمارے حامیان طب قدیم اسکی بقا کی جو کوشش کر رہے ہیں اور گورنمنٹ کی تھوڑی سی مہربانی کی نظر کے خواستگار ہیں اور بہت قلیل عرصہ میں کامیابی کے لچھن یعنی آثار دکھائی دے رہے ہیں اسپر مارا پانی پھر جائیگا پس ملکی طبابت کا طرفدار کون ایسا ہوگا جو اسبات کو قبول کریگا جبکہ ملکی طبابت میں علم طبیات جسکو (پدارتھ و گنیاں شامتر) کہتے ہیں اس علم میں اسکے موجد ہر ایک مشکل مسئلہ کی بان کی کھال نکالی ہی اور علم کیمیا جسکو رمان شامتر) جو کمیسٹری کے نام سے نامزد ہی و نیز علم طبیات میں بھی بہت اعلیٰ درجہ کی ایجاد کی گئی ہی اور علمی طریق پر آجہہ کامیاب ہیں ان علوم مذکورہ کے موجدوں کا نام بیان کرے اور انکی حقیقت کا ذکر ایک طول عمل ہی و نیز ارباب کمیٹی کا حکم بھی ہی کہ ہم سوالے علمی طریقہ کے دیکھنے کے دوسری باتیں نہیں مانینگے لہذا متروک کر دیا گیا •

اب وہ دوسرے علوم جو علم طب سے گہرا تعلق رکھتے ہیں یعنی (شاریر شاسٹر) جسکو ڈاکٹری میں انا ٹومی اور یونانی میں (علم تشریح جسم انسانی کہتے ہیں یہ شاریر شاسٹر دو قسم پر منقسم کیا گیا ہے یکت (شاریر ادویات پتی ماسٹر) جسکو تشریح تکون جسم انسان کہتے ہیں دوسرے (شاریر ادیو کرم شاسٹر) جسکا نام افعال الاعضاء ہوسکتا ہے جسکو ڈاکٹرون نے نزیالوجی نام رکھا ہے (روگ ندان شاسٹر) جسکو پتھیالوجی - علم امراض کہتے ہیں (جنتر شاسٹر) جو فی الحال بیاکٹر یالوجی کے نام سے نامزد ہے جسکو ہم علم جراثیم کہتے ہیں اور (شلیہ تنتر شاسٹر) جسکو مرجری اور جراحی کہتے ہیں یہ کئی شعبوں میں منقسم ہے (آرگ و دنیان شاسٹر) تشریح فی الصحت اس کو ڈاکٹری میں (ڈسکریٹو ہومیو انا ٹومی اور (روگ و دنیان شاریر) تشریح فی المرض - ماربیڈ ہومیو انا ٹومی (پرانت و دنیان شاریر) تشریح حصص الاجسام - ریجنل انا ٹومی - (شلیہ تنتر شاریر) تشریح الجراحی - مرجیکل انا ٹومی - مذکور شدہ کل سبجکٹوں کی تعلیم قدیم ملکی طبابت کے کتب مطواہ میں ذکر آیا ہے اور تعلیم کا ڈیننگ بھی پرانے طریق پر بتلایا گیا ہے اسکی باضابطہ تعلیم کا انتظام اور جدید طب مغربی کے ساتھ تطابق کرتے ہوئے اور جدید طب مغربی میں کوئی انوکھی اور نادر بات پائی جائے تو اسکو بلادریغ اپنے طب میں داخل کرتے ہوئے اور اپنے طب کے اعلیٰ مسائل کو ارباب کمیٹی کی خدمت میں بغرض فائدہ پہنچانے کے پیش کرنیکا خیال ہے *

اسبارے میں ایسے (اسڈیاڈرٹرز) وغیرہ اپنی معمولی طبابت کے طبی مدارس کے (یل - ایم - پی) گریجویٹ ماسٹریٹ اور ڈاکریٹ (اپنے یونیورسٹوں کے یل - ایم - یس - ایم - پی - پی - یس - ایم - ڈی) تطابق رکھتے ہیں مگر ثابت نہیں ہوتا کہ یہ تطابق کس قسم کا ہے یا آوریڈک سسٹم کے ساتھ مطابقت رکھنے کا خیال ہے یا اپنی ڈاکٹری کا انتخاب جتنا ہے وہ ملکی طبابت کے طریقہ کو جھوٹی نظر سے دیکھنا چاہتے ہیں اس قسم کی باتوں کو ہمارا دل قبول کرنا پسند نہیں کرتا جبکہ ہمارے یہاں علم طب کے متعلقہ علوم کے ضرورت کے موافق سب قسم کے سبجکٹ موجود ہیں اور ہم اسکو قلیل مدت میں پورا کر دکھانا چاہتے ہیں پس ایسی حالت میں ایسا کوئی شخص ہونا اپنے علوم قدیمہ کا ستیاناس کرے اور پرانی کارآمد تحقیقات کو مٹھامیل کر دے خواہ کوئی کچھ کہے یا جوچی میں آیا سو سمجھ مگر ہمکو تو ہمارا پرانا طریقہ ہی پسند ہے اگر غور کیا جائے تو بہت ہی کارآمد ہے ہم دوسرے ممالک کا صحیح طریقہ پر بتلا نہیں سکتے ہمارے حیدرآباد فرخندہ بنیاد کا حال التماس کرتے ہیں کہ حیدرآباد کی مردم شماری ایک کروڑ تینتیس لاکھ کی ہے اس میں سے تین حصہ رعایا ملکی طبابت کے طریقہ کی فریفتہ اور گرویدہ سے اپنی بیماری کی حالت میں رجوع ہوتی ہے علاج کروائی ہے اور فائدہ آتھائی ہے اس صورت میں ثابت ہوتا ہے کہ ہماری طب قدیم میں کسی قسم کا قص نہیں ہے تو سرکار ابد تبار کی عدم توجہی کا - پہلے یہ کہ اس طب قدیم کی باضابطہ تعلیم کے لئے کیوں مدرسہ یا کالج نہیں کھولا گیا - دوسرے یہ کہ ماہران طب قدیم کو باضابطہ بنڈیکی ہدایت کیوں نہ دی گئی - اگر چیک وہ اپنے طریقہ سے باضابطہ ہیں بغیر تعلیم کے اپنے خیالات کے موافق سوالات کا کرنا اور دونوں طبقوں کو مطابقت کر کے دکھانا یہ بات ارباب کمیٹی کے منشاء کے خلاف ہو جاتی ہے اور یہ امر قرین مصلحت نہیں ہے *

(۲) معجزہ پرائیک اسٹیانڈنگ کے لئے بہت سے آوریڈک سسٹم کے جاننے والے اور اطباء نے یونان ہمارے اس ہندوستان میں دستیاب ہونگے جو نصاب کو پورا جلد کرسکیں گے *

سوال ہفتم *

طبابت کے ملکی طریقوں کی نسبت طبی رجسٹری قانون کے ترمیم کے مسئلہ کے باہمیں آپکے خیالات کیا ہیں؟ اگر آپکی رائے یہ ہے کہ ایسے رجسٹری کی ضرورت ہے یا قرین مصلحت ہے تو براہ کرم ذیل کے ابواب کے متعلق آپکے خیالات سے ارباب کمیٹی کو مطلع کیجئے یعنی

- (۱) مڈیکل رجسٹر طبی رجسٹری کی کتاب) لایق اطبا کو داخل کرنیکے لئے ایک مناسب رجسٹریشن بورڈ مرتب کرنے کے باب میں •
- (۲) طبی رجسٹری کے موجودہ قانون میں کوئی تبدیلیات یا اضافہ کرنیکے باہمیں •

جواب ہفتم •

صوابت قدیم کی طبی رجسٹری کی نسبت بادی نظر میں کوئی نقصان نہیں پایا جاتا مگر امداد میں سرکار نے کیا سونجھی ہے وہ بھی پوری طور ظاہر نہیں ہوتا یہ سوال و ہم معاً سمجھیں یا جیستان خیال کریں امداد میں یا یہ عرض کرنے کے موا اور کوئی جواب نہیں دیا جاسکتا رجسٹریشن ایکٹ کا خاص منشاء یہ ہے کہ با ضابطہ نام ڈاکٹروں کا درج رجسٹر کیا جائے مگر یہاں ملکی بید و اطبا پر ایک قسم کا حملہ ہو رہا ہے یہ بیماریارے زبردستی کو تفتہ مشق بن رہا ہے ہم نے مانا کہ قانون رجسٹری کی ضرورت ہے اور اس میں توسیع کی جائے تو اس کا نتیجہ قدیم ملکی طبابت کو کسی نہ کسی دن غارت دینا •

ادب کے ماتہ ارباب کمیٹی کی خدمت فیضرجح میں التماس ہے کہ بلاوجہ اور بغیر امداد دینے کے ماہران ملکی طبابت کیوں قانون کے جھپیٹ میں لائے جا رہے ہیں سرکار کو جو منظور ہو وہ کرے مگر ہمارے عرض و معروض کو بھی منہ ورنہ ارباب کمیٹی کا وہ خیال جو ملکی طبابت کو ترقی دینا ہے لوگوں کے نظر میں مڈیامیل ہو جائیگا •

(۱) مڈیکل رجسٹر رکھنے کی ضرورت ہے جس قاعدہ سے کہ یہ رجسٹر رکھا جائیگا اس کی اطلاع عام لوگوں پر ہونا چاہئے تاکہ عام لوگ اس پر اعتراض کر کے پاس کریں •

(۲) طبی رجسٹر کی موجودہ قانون میں کوئی تبدیلیات یا اضافہ کرنیکے بارے میں - التماس ہے کہ موجودہ قانون کی ایک نقل براہ کرم روانہ فرمائے تو بہتر ہوگا •

سوال ہشتم •

معمولی طریقہ طبابت کہ اور ملکی طریقہ طبابت کے معالجہ کے خرچہ کے باب میں مقابلتاً آپکی رائے کیا ہے؟ آپکی رائے کے وجوہات بیان کیجئے •

جواب ہشتم •

ملکی طریقہ طبابت کی دوا مازی اور امکی کیمیا گری کے طریقہ پر جو ادویات تیار ہوتے ہیں (شاید میں ایسا مضمون اوپر بیان کیا ہوں) وہ اپنے ہاتھ سے بننے اور ملکی پیداوار جزئی بوٹیوں سے مرتب ہونے کی وجہ سے اور اس پر کسٹم ڈپارٹمنٹ کا محصول نہ ہونے کے سبب سے وہ ارزان تیار ہوتی ہیں اور خرچہ کم آتا ہے اور ڈاکٹری دوا جب ہم اومکے اجزائے منکونہ کی طرف غور کرتے ہیں تو اومکی بھی قیمت اونکی قیمت ہمارے دوا کے لگ بھگ ہوتی ہے مگر اومکے فارمیسیوں کے اخراجات اوس کے خوشنما شیشے اور خوش رنگ لیدل کا صرفہ اور یورپ سے ہندوستان تک آنیکا کرایہ اور اکثر مقامات پر کسٹم ڈپارٹمنٹ کے محصول کا بھگناؤں یہ سب مل ملا کر دیسی دوا کی قیمت سے ولایتی دوا کا صرفہ بڑھ جاتا ہے اگر وہ ہی دوا کسی ڈاکٹر معالج کے نسخہ میں جب لکھی جاتی ہے اور بیمار کو شیشہ گھولکر دیجاتی ہے تو قیمت میں امضاعف تو کیا بلکہ چونکہ قیمت ہوجاتی ہے جسکی برداشت اکثر ہندستانی بھائی نہیں کر سکتے اور ملکی طبابت کیطرف رجوع ہوتے ہیں اور ماہران ملکی طب ان بیماریوں کی ہمدردی کرتے ہیں اور معالجہ کرتے ہیں •

سوال نہم •

آپکی رائے میں ملکی طبابت کے ملکی طریقوں کے گھٹنے کے وجوہات کیا ہیں - دوبارہ ان میں جان بھرنیکے لئے آپ کی تجاویز سے ارباب کمیٹی کو مطلع کیجئے •

جواب نہم •

قاعدہ کلیہ ہے کہ جب کسی قوم کی ریاست پر پانی پھر جاتا ہے حکومت ہاتھ سے جاتی رہتی ہے پچھلے علوم بھی مڈیامیل ہوجاتے ہیں اگرچیکہ دنیا سے علوم مفقود

نہیں ہوتے مگر زمانہ نے اعتبار سے دھندلے ضرور پڑجاتے ہیں اور تعصب کی نظر اوس کو خاک مہیا کر دیتی ہے اور لوگوں کی نظر سے گرا دیتی ہے مجھے بڑا تعجب ہوتا ہے کہ اچھی خاصی مائٹڈیفکٹ طبابت کو کوئی طبابت خیالی کہتا ہے کوئی ان مائٹڈیفکٹ کے نام سے نامزد کرتا ہے کوئی اوسکو مردہ بتاتا ہے مگر حقیقت اسکے خلاف میں ہے ہمارے ہندوستان کی رعایا اس معالجہ کی خوگر ہے اور اس علاج کی عادی ہے جب ہی فطرت اپنی طرف کشش کرتی ہے طبیعت اس طرف مایل ہے اور مزاج اسکے ساتھ ایک قسم کی موافقت رکھتا ہے کاشیکے ہماری پرانی طب سرکار کی نظر فیضدرجت میں باضابطہ سمجھی جاتی اوسکو قدیم زمانہ کی طرح معراج حاصل ہوتا تو بہت ہی اچھا ہوتا •

لہذا اس قدیم طریقہ طبابت کو مردہ بتاتے ہیں یہ محض اونکی خیالی غلطی ہے انجانی کا سبب ہے اگر دراصل یہ مردہ ہوتی تو اسکے کار نامے جو اسوقت کامیابی سے بہرے ہیں ممکن نہ تھا فرض کر لیا جائے کہ طب قدیم مردہ ہے، کیا سرکار تھوڑی سی توجہ میں اسے زندہ نہیں کر سکتی کیا لائق بیداور اطباء کو فراہم کر کے اپنا منشا پورا کر نہیں سکتی ہیں ملکی قدیم طریقے میں طب کے متعلق کئی علوم نے سبجکٹ ہیں اور علوم پر جو اونکو عبور حاصل ہے سرکار کا منشاء پورا ہو سکتا ہے۔ طبابت کے ملکی طریقوں کے بقا کے لئے اور اوس سے استفادہ حاصل کرنیکے لئے ایک مدرسہ سرکار عالی کی جانب سے افتتاح کیا جائے اور اوسکی پرانی تعلیم کا حسن وقع دیکھا جائے اسکے بعد ان دونوں طبوں کا یعنی مشرقی اور مغربی کا آپس میں انصاف کی نظر سے مقابلہ کیا جائے تو صاف ظاہر ہو جائیگا کہ ملکی طبابت کے طریقے کس قدر اعالیٰ جواہر سے بہرے ہیں •

سوال دہم •

بتلائے کس طرح مندرجہ ذیل ذرائع سے ملکی طریقہ طبابت بحال رکھے جاسکتے ہیں اور تقویت پاسکتے ہیں یعنی —

- (۱) سرکار سے
- (۲) لوکل بورڈوں سے
- (۳) یونیورسٹیوں سے
- (۴) غیر سرکاری ذریعہ سے (یعنی افراد سے یا انجمنوں سے) •

جواب دہم •

ملکی طریقہ طبابت کو بحال رکھنے اور اوسکو ترقی دینے کا سوال بڑا ہی بے ڈھب سوال ہے جو ایک معصے کی شکل میں کیا گیا ہے اگرچیکہ اس سوال کے جواب مذکور شدہ جوابوں میں مفصل اشارتاً و کذاً دیا گیا ہے مگر یہاں بھی کچھ التماس کرنا مناسب خیال کیا جاتا ہے جب ہمارے ہندوستان کی تین تیس گزور رعایا کے منجملہ ربع حصہ چھوڑ کر باقی تین حصہ رعایا کا نفع ہو رہا ہے بلکہ سرکار ابد ترار کے مالی صرفہ کی بچت بھی ہو رہی ہے۔ مغربی طب سرکاری خزانہ کو اپنا خزانہ سمجھ کر لٹاتی ہے اور مشرقی طب ہمدردی اور خیر خواہی سے سرکاری خزانہ کی حفاظت کرتی ہے اور ایک علم قدیم کو بلا امداد غیر اپنے اپنے جنس کی پہلائی کے لئے اس کی بقا کا خیال کرتی ہے •

مغربی طبابت اچھی اور بہت اچھی اور اچھے سے بھی زیادہ اچھی کیا ہندوستان کے کل رعایا کے معالجہ کا انتظام کر سکتی ہے

کیا سرکار ابد ترار کا خزانہ اپنی پیاری رعایا کے عوارضات کی تکلیف دور کرنے میں کاتبہ و مکتفی ہو سکتا ہے؟

جسقدر اڈاکٹر اسوقت سرکار کے جانب سے مامور ہیں وہ لائق سے زیادہ لائق ہیں کیا ۱۳ گزور رعایا کے علاج معالجہ میں کاتبہ ہو سکتے ہیں اگر نہیں •

اس معاملہ میں غور کیا جاتا ہے تو تجربہ سے ثابت ہوتا ہے کہ کوئی جدت پسند رعایا ڈاکٹری کی دلدادہ ہے تو اور کوئی قدیم پسند رعیت آئیرویدک سسٹم کی فریفتہ اور کوئی یونانی سسٹم کی گریڈہ بہر حال یہ تین سسٹم ملکی طبابت یعنی مشرقی طبابت اور جدید طبابت یعنی مغربی طبابت کے نام سے نامزد ہو کر رایج ہیں۔ یہاں ایراد کیا جاسکتا ہے کہ ملکی طریقہ کی طبابت باوجود مرکز کی نظر میں ان مائینٹنٹک ہونیکہی وجہ سے اسکو دنیا سے مٹ جانا چاہئے تھا مگر ثابت یہ ہوتا ہے کہ اسدین کوئی نہ کوئی اعلیٰ درجہ کا جوہر ہے جس سے ملکی لوگ اسکے گریڈہ و فریفتہ ہو کر اس سے استفادہ حاصل کرتے ہیں جب ہم تجربتاً اسکے مرجوعہ کی حالت پر غور کرتے ہیں تو ایک تعجب انگیز مرجوعہ پاتا ہے ہیں یعنی زیادہ مرجوعہ دیکھا جاتا ہے اس سے صاف ظاہر ہے کہ تعداد مرجوعہ کے اعتبار سے تعداد صحت بھی اسکی بڑی چڑی ہے یہ اپنی ضرورت کے اعتبار سے خاص حد تک مائینٹنٹک ہے اور منصف مزاجوں کے نزدیک مائینٹنٹک مانے جانے کے قابل ہے اور آسانی کے ساتھ ملکی طریقہ طبابت بحال رکھا جاسکتا ہے انوکھ اور لادر نکات جو اس سسٹم کے ہیں اس سے اپنے اثبات جنس کو فائدہ پہنچاسکتے ہیں •

(۱) مرکز ہم اسطرح اپنے ملکی سسٹم کو بحال رکھنے کی التجا کرسکتے ہیں کہ اسکو اعلیٰ ترین نوآید کمیٹی میں پیش کرتے ہوئے اور اسکا تجربہ دکھاتے ہوئے اور ہر ایک متعلقہ مہجک کو نظریات و عملیات کے ذریعہ سے ثابت کرتے ہوئے نصاب کامل بناکر بہت ہی تھوڑے عرصہ میں پیش کرینگے تاکہ مرکز اسکو بحال رکھے •

(۲) لوکل بورڈوں سے ہمکو یوں فائدہ پہنچ سکتا ہے کہ ہر جگہ اسکے مدرسہ قائم کیے جائیں اور باضابطہ تعلیم ہو اور امتحان باقاعدہ کے بعد لینے تلامیز کو اپنی خدمت جسپر کہ مقرر ہونگے اسکی انجام دہی کا موقع ملے •

(۳) ہمارے یونیورسٹی کے نوآید - ہر یونیورسٹی میں جو اعلیٰ تعلیم دیجاتی ہے اور اسہیں ایک قابلیت حاصل کر کے طالب العلم داخل ہوتے ہیں اس اثنا میں آئیرویدک سسٹم اور آلوپیا تھی سسٹم کے مطابقت کا اچھا موقع حاصل ہوسکتا ہے اور اس تقابل میں دونو سسٹم کے عمدہ اور باریک نتیجہ خیز باتیں جو ہوں اپنے ایک دوسرے میں لینے کا ایک عمدہ ذریعہ ہمدست ہوتا ہے •

(۴) غیر مرکزی ذرایع سے یا انجمنوں اور افراد کے امتصواب سے ملکی طریقہ طبابت کی ترقی تو ضرور ہوگی مگر میرا خیال ہے کہ اس ترقی کے لئے ایک مدت درکار ہے کسواسطے کہ مغربی اور مشرقی سسٹم میں ایک خاص قسم کی کشمکش پڑی ہے اور یہ کشمکش باعث فقدان ترقی ہے •

مخفی و مستجب نہ رہ کہ دنیا سے کوئی علوم مفقود زایل نہیں ہوتے مگر ان زمانہ کی تاسازی اور ملک کی ناکردگاری کے وجہ سے دھندلے ضرور پڑجاتے ہیں اور اسپر ادہار کا گرد وغبار چھا جاتا ہے جب مرکز فیض آتارے علوم قدیمہ کو جو دراصل مائینٹنٹک ہیں کہ نہیں تحقیقات کر کے مائینٹنٹک ثابت ہونے بعد اپنے مائید عاطفت و دامن حکومت میں لینے کا خیال فرمائے ہے تو ایک تھوڑی سی توجہ مبذول فرمائے جائے تو زیادہ احسان ہے وہ یہ کہ اسکی جانچ و پڑتال اسکے علما کے مقابل میں ہو تو بہتر ہے میں ادب سے ممبران کمیٹی کی خدمت فیصدرجت میں التماس کرتا ہوں کہ جو امور بحث طلب ہیں اسکی بحث منی جائے اور جو امر فیصلہ طلب ہیں اگر اسہیں جواب لیا جائے تو بہتر ہے - میں ادب سے اس تقریر کو ختم کرتے ہوئے مکرر گزارش کرتا ہوں کہ چونکہ میں ایک سسٹم کا طرفدار ہوں کہیں غیر مہذب لفظ استعمال کیا گیا ہے تو اسکی معافی چاہتا ہوں - فقط •

P. S. VARIER AVARGAL.

(B) FROM THE PRESIDENCY OF MADRAS.

(a) WRITTEN IN ENGLISH.

(1)

Q. 1. The indigenous system of medicine of India has divided itself into many branches but it is the Ayurvedic system that forms the foundation of all of these that we are going to deal with. The original works on this system have been lost and those that are available now contain different readings and mistakes. Yet what we mean by the term 'Ayurveda' is that system of medicine which has been dealt with in such Sanskrit works as Charaka, Susrutha, Vagbhata, Vridha Vagbhata, Bhavaprakasa, Sarngadhara, Rasarathnasamuhaya and others and in Sanskrit and Malayalam works, generally followed in Malabar alone such as Chikitsakrama, Manjeri, Manorama, Yogarathnasamuchaya, Yogamritha, Balachikitsa, Vishavidya, Marmachikitsa, Nadichikitsa, Bhangachikitsa, Dharakalpa, Pindaswedavidhi and others. This system, improved according to modern experience, forms Arya Vaidya.

Q. 2. (a) Before describing how disease is caused, it is necessary to describe what disease is. What is called disease (रोगः) by Arya Vaidya is not what we experience in the form of pain, or redness, or swelling or rise in temperature which are only symptoms. What deserves the name of disease is the morbid change that has taken place either in the whole system generally or in any part of it particularly and that is the cause of these symptoms. The body of a man has been divided into three component parts known as Vatha, Pitha and Kapha. Whenever any one of these elements singly or any two of them or all three together decrease or increase to an extent harmful to the system, that condition is called disease. रोगस्तु दाषवैषम्यं वाग्भटः—Therefore these three generally called Thridoshas, are regarded to be the Nidana (निदान) or peculiar cause of all diseases. The decrease or increase of them takes place in different parts of the system and in different forms and then we experience different forms of troubles. Diseases are of two kinds Nija (निज) and Aganthu (आगन्तु). The former are those that are caused by conditions originating in the system itself while the latter are those caused by outside conditions such as bacteria, poison and violent pressure or concussion. The chief difference in the two kinds is that in the former the Doshas are disturbed by internal causes and they become uncontrollable gradually, whereas in the latter the outside causes disturb the Doshas all at once and the Doshas become uncontrollable all at once. At all events disease is associated with the derangement of the Doshas and no disease is caused without it. Therefore the immediate cause of all is the morbid irritation or disorder of the three Doshas. The difference lies in the remote causes that bring about the disorder, i.e., the increase or decrease of these Doshas. The causes of the disorders of the Doshas, the nature of them and the symptoms caused by their increase or decrease have all been enumerated in the Sastric works. They are not given here as it is quite unnecessary. Neither does the Western theory that disease are caused by minute organisms ultimately contradict this. For it is only to be understood that these minute organisms bring about the derangement of the three Doshas which is the cause of diseases. But in the diseases called Nija (निज) the appearance of these organisms must be considered to be an earlier symptom of the disease.

(b) The diagnosis of a disease is made by an examination of the symptoms enumerated in connexion with each disease and Doshas. In this connexion attention is to be paid to five things, viz., Nidana (निदान=cause), Poorvaroop (पूर्वरूप)=preliminary symptom), Roopa (रूप)=symptom), Upasaya (उपशय)=agreeableness of medicine, etc.) and Samprapthi (सम्प्राप्त=mode of attack).

निदानं पूर्वरूपाणि रूपाण्युपशयस्तथा

सम्प्राप्तिश्चेति विज्ञानं रोगाणां पञ्चधास्मृतम् । वाग्भटः ॥

For this purpose the physicians make use of all organs of senses (ज्ञानन्द्रिय) and organs of action (कर्मेन्द्रिय.) By these, the eyes, the nails, the tongue, the urine, the skin and excreta of the patient are specially examined and the condition of pulse and respiration are also determined. Special instruments are used in the examination of diseases of the rectum, the vagina, etc. In connexion with all diseases the various forms of the derangements of the Doshas, their different stages, and their localities have been clearly described together with their respective symptoms and it is not difficult or a physician of ordinary knowledge to recognize the diseases. The main aim of treatment is to prevent disease. For that purpose rules have been specially laid

down to regulate a man's mode of life (दिनचर्या) with special reference to different seasons (ऋतुचर्या), to prevent ordinary and contagious diseases (रोगानुत्पादनीय-जनपदोष्वंसनीय). It may easily be seen that these methods are far superior to the preventive measures prevalent at the present time. When it is found that a disease has set in in spite of the preventive measures, to effect an immediate relief is not alone the aim of Ayurvedic treatment, but to prevent any further repetition of it by eradicating its root itself. For this purpose various measures are resorted to such as हेतुविपर्यस्त (against cause,) व्याधिविपर्यस्त (against disease) and विपर्यस्तार्थकारि (which effects both of the above measures). These measures have been divided into two classes as Sodhana and Samana. When a Dosha has increased abnormally Sodhana (शोधन) is resorted to and when it is in less degree Samana (शमन). Sodhana and Samana are not of one kind only. They are of many kinds. Before resorting to any of these, it is not sufficient merely to diagnose a disease rightly, but special attention is also to be paid to the tissue affected, to residing place, to the bodily strength, to the season, to the power of digestion, to the temperament, to the age, to the mental vigour, to the Sathmya (सात्म्य), to the accustomed food and other various conditions of the patient.

दृष्यं देशं बलं कालमनलं प्रकृतिं वयः

सत्त्वं सात्म्यं तथाहारमवस्थाश्च पृथग्विधाः

सूक्ष्मसूक्ष्मात्समीक्ष्यैषां दोषौषधनिरूपणे

यो वर्तते चिकित्सायां न स स्वलतिजातुचित् । वाग्भटः ॥

Even after knowing all these particulars, diseases are to be treated if possible by increasing his vital force by means of regulating diet, habit, etc., and only in inevitable cases the drugging is to be resorted to. This is the aim of the Sastra. It is specially laid down that drugs should be perfectly harmless. The Ayurveda does not recognize anything as a pure treatment which while curing one disease gives rise to another.

प्रयोगश्शमयेद्वाधिं योन्यमन्यमुदीरयेत्

गासौ विशुद्धशुद्धस्तु शमयेद्योनकोपयेत् । वाग्भटः ॥

It is because such principles form the foundation of treatment that the Ayurveda meets with such approval and following in India. The Ayurveda recognizes many methods of treatment that are not seen anywhere else. Among them are Gudavasthi (गुदवस्ति), Utharavasthi (उत्तरवस्ति), Sneha (स्नेह), Sweda (स्वेद), Nasya (नस्य), Abhyanga (अभ्यङ्ग), Sirovasthi (शिरोवस्ति), Dharas of various kinds, Pizhichal, Navarakkizhi, Uzhichil and Udvarthana. All of these are very effective in curing various diseases. In brief, the Ayurveda is very effective in almost all curable diseases where surgery is not absolutely necessary. Even in cases where other systems have recommended surgery the Ayurveda has succeeded with the help of drugs only. In finding out the curableness or otherwise of a disease the Ayurveda describes the symptoms of mortality (मरणलक्षण) which spares a physician much mistake. This system is also effective in giving temporary relief to unbearable pain of all incurable diseases.

(c) As it has become rather inconvenient at the present time to make use of some of the methods laid down in the Ayurveda, some people have been led to think that in certain diseases and certain stages this system is not as effective as the other systems. But it may be safely asserted that in most cases of chronic diseases the Ayurveda is more effective. Especially in the case of Indian patients habituated to Indian modes of life, this above assertion is irrefutable. In the thirteen kinds of Sannipathajwara (सन्निपातज्वर) (including many more kinds than the typhoid fever for which a peculiar treatment is prevalent in Malabar) in female diseases connected with the uterus, in consumption, cough, asthma, piles, urinary diseases, diabetes, boils (विद्रधि) anaemia (पाण्डु), erysipelas (विसर्प), various skin diseases (त्वग्दोष), acute and chronic rheumatism, eye diseases, mania, epilepsy, most of the non-surgical diseases above the shoulder, fractures (भङ्ग), venereal diseases, poison, importance, etc., no other system is as effective as the Ayurveda. However, it is not to be forgotten that in some cases a combination of the two systems will be more effective than either of them applied singly.

Q. 3. (a) There is only the Arya Vaidya College of Calicut conducted by the Arya Vaidya Samajam. Here there is not only a well-arranged syllabus but also a medical graduate of the Madras University gives lectures on Anatomy and Physiology with the help of models.

These lectures are generally regulated in the light of the Ayurveda. For practical training in treatment there is, connected with the College, a branch of the Arya Vaidya Sala dispensary also. In addition to this the students undergo a practical course at the Arya Vaidya Sala at Kottakal in the end of their study. I am the secretary of the abovementioned Samajam, the principal and manager of the Arya Vaidya College, an examiner of this college and of the Venkata-ramana Patasala at Madras, and one of the founders and editor of the medical monthly 'Dhanwanthari'. Besides this I have purchased land sufficient to locate an up-to-date Ayurvedic Hospital and College with a library, laboratory, museum and a garden of medical plants; and buildings have begun and are in progress.

(b) The medical aid given at most of the institutions in Malabar, i.e., at the Arya Vaidya Sala at Kottakal, and its branch at Calicut, and those established by the successful candidates at the Arya Vaidya Samaja Examination, and by the pandit members of the above Samajam, as well as at institutions maintained by a few other well-known physicians is generally satisfactory.

The Arya Vaidya Patasala at Calicut, the present Arya Vaidya Sala at Kottakal and the hospital and college that are going to be established at Kottakal are suitable centres for giving Ayurvedic instruction.

The arrangements for practical training are not quite sufficient now anywhere, but, it is expected that the institution now projected at Kottakal, when accomplished, will remedy this defect.

(c) There is no provision sufficient at present to give medical relief and medical education on indigenous lines. The existing institutions are quite inadequate if we consider the number of suffering humanity. To remedy this defect there must be established in each district at least one model Ayurvedic Hospital and College; three or four dispensaries in each taluk according to its area; and a good practitioner should be engaged in each village. In all these places arrangements must also be made to give free medical help to the poor.

Q. 4. (a) I consider the ideal medical training of the indigenous system requires—

(1) that the students should be placed under the personal guidance of teachers of first-rate ability and of recognized standing in their subjects;

(2) that the teachers and students alike should have access to well-appointed hospitals, laboratories, museums and libraries established on Ayurvedic lines; and

(3) that the teachers should have sufficient leisure to be able to pursue independent investigations in their own subjects.

Besides these, I am also of opinion that the students must get free admission to medical gardens and manufactories of medicines. The Ayurvedic College at Calicut has been started with this view. But it has not at present reached completion. It is believed that when the projected Kottakal institution is complete this stage will be attained.

(b) (1) This ideal is not too high. The ultimate aim should be, first, to improve the treatment by medicine till it reaches its former height of perfection and then to supplement it if necessary by adapting useful portions from foreign systems and, secondly, to effect improvements in surgery by combining old and new methods and making it more effective and harmless than it is at present.

(2) The immediate aim should be to give proper instruction to students in the old medical works after making necessary corrections in them, and to encourage minor surgical operations by not attempting difficult ones for the present. This is being done in the College at Calicut.

Q. 5. I do not completely agree with the opinions of the Calcutta University Commission. This system is indispensable for Indians owing to their peculiar mode of life, their constitution, the climate, etc. Owing to the difference in their mode of life, foreigners may find only certain portions of it suitable to them. As far as medicine is concerned, the Ayurvedic system has very little to borrow from other systems. What is necessary is only to understand its principles correctly. For this a knowledge of other systems may be found of some help. It is not so easy to resuscitate surgery on Ayurvedic lines. Here the modern system will have to be followed. Only a little can be got in this department from works now available.

Q. 6. It is not absolutely necessary to take into the syllabus of the indigenous system of medicine modern Physics, Chemistry, Biology or Bacteriology. However, Anatomy, Physiology and Pathology may find a place there till those of the Ayurvedic system is completely revived. Surgery also must be added.

(a) The syllabus prescribed for the examination for the Vaidya's diploma of the Arya Vaidya Samajam corresponds to that for the L.M.S., and that for the Siromani diploma, to that of M.B. A printed copy of it in Malayalam is herewith sent. If this syllabus is followed, a fuller knowledge of medicine can be obtained than other doctors but the knowledge of surgery will be less.

(b) A tolerable knowledge of Sanskrit and English is necessary. Sanskrit is indispensable. The course for the Vaidya examination is one of four years and that for Siromani five years.

(c) Sanskrit is best. Vernaculars also may be used.

Q. 7. I think it is necessary to extend medical registration to indigenous system also. For this purpose—

(a) A suitable Registration Board must be formed for admitting competent practitioners into the medical register.

(b) In the present Act for the Registration of Medical Practitioners all such parts, if any, as are defamatory to physicians or to the indigenous system of medicine must be repealed.

Q. 8. The cost of treatment according to indigenous system is much less than the Allopathic one for the following reasons:—

(1) All of the drugs are indigenous and most of them obtainable in patient's own village with a very little expenditure.

(2) The method of preparations too of the majority of the medicines is very simple and easy.

(3) Many diseases are cured by effecting some slight alterations in the bathing oils, ghees, water, etc., of daily use.

(4) The rate of medical fee is very low in this system.

(5) By experience an ordinary man can select and prepare many medicines suitable to his ailments without any assistance from medical men.

(6) A single western medicine cannot be obtained without high price.

Q. 9. Within recent years, it cannot be said, that the indigenous systems of medicine are deteriorating. For the last twenty years they have been slowly improving. This is due to the efforts of the Kavirajees of Calcutta and of the Arya Vaidya Samajam of Malabar. Before these enterprises began they had certainly been deteriorating for about two thousand years. (1) The first cause of this is the same as that of the downfall of the Hindu Kingdoms. Owing to the numerous foreign invasions and the consequent unsettled state of the country most of the ancient works on the medical science as well as the traditional transmission of the secrets of the medical profession were lost. (2) Secondly, owing to the imperfection of the knowledge of those that collected and put together the difficult parts of such works and to more clerical faults, many mistakes have crept into them. (3) Thirdly, these mistakes could not be corrected and the Brahman medical men especially of Malabar were not only quite contented with the cures effected with medicines only without paying any attention to the anatomy and practice of surgery, but would not teach it to the people of other castes. (4) Fourthly, after the establishment of the British Government, although there has been lasting peace in the country, they did neither encourage nor even recognize this system. Neither did the people of the country urge in proper way that it could be recognized. (5) Fifthly, those that were rich and influential among the people, as they could command the services of any skilful medical man wherever he might be found necessary, looked only to their own selfish ends without doing anything towards the resuscitation of the Ayurvedic system or to help those that practised it. (6) Sixthly, by this, all institutions for the instruction of the students in the system or for its practice died a natural death. (7) Seventhly, owing to the perfection of the arrangements necessary for the practice of the English system of medicine, to the immediate effect of the medicines and surgery of that system and to the purity of its medicines and the convenience for obtaining them, the English-educated people were easily captured by it and the rich people followed their example. The unostentatious habits of the indigenous physicians and severe restrictions of diet, etc., that they imposed on their patients also helped this abandonment of the indigenous system. (8) The indigenous system having thus ceased to be helped by rich people, its teaching and practice deteriorated and its practitioners were reduced to a state of doing anything only for their livelihood. (9) Ninthly, in consequence of this all opportunity was lost of referring to higher works or of improving the science in its proper way. (10) Tenthly, it is not the custom of Ayurvedic physicians to teach others any secret that they may get by inheritance through a line of discipleship. The above conditions seem to me to be the causes of the deterioration of the indigenous system of medicine.

To resuscitate this system the following things must be done.

All the available works on the medicine must be collected and one of them should be chosen as the approved text for examinations. In my opinion Ashtanga Sangraha is the best for this purpose. However, the Sarcerasthana (शारीरस्थान) of this book must firstly be revised and made more clear and the remaining parts must be suited to it. Secondly, after this, the other important works also should be corrected. Necessary additions must be made either by translations or collaboration of experts in portions still deficient. Thus texts must be made. Colleges with all sorts of accessories must be started where instruction can be given to students. Both the people and the Government must be ready to recognize and encourage candidates that come out successful in the examinations. Numerous free hospitals and dispensaries must be established to help their practice according to the revised system.

Q. 10. The Government and other Agencies should help the Ayurvedic system as follows:—

(a) Government should start and maintain institutions on the above lines and help those that maintain similar institutions. They should register all existing physicians of ability and public confidence after some slight examination or even without it. Certificates given by such physicians must have the same value as have those given by the English Doctors.

(b) Local boards must establish free Ayurvedic hospitals and dispensaries and help others that maintain such institutions.

(c) Universities must affiliate Ayurvedic colleges and grant degrees to candidates successful in the examinations.

(d) *Private agencies*—Local jennies and other rich people as well as Devaswoms and other bodies must maintain Ayurvedic hospitals and other similar institutions.

If the above conditions are fulfilled, I am of opinion that this system will be highly advanced in a few years.

(2)

M.R.Ry. PUNDIT K. C. SUBRAMANIYA PILLAI AVARGAL.

Ayurveda Siddha Vaidya is the division of indigenous system of medicine which I have been dealing in and my venerable father Doctor K. Chandrachakaram Pillai had been handling in, for generations.

Theory or theories of causation of disease is no small subject matter to confine it to a few lines to justify my answers as every disease has its own causes to spring up or to spread on, under rule "flesh is heir to." The preservation of health is the high end of medical science. By two-ways it is attained. The first is to conquer disease when it invades the body, the second is to keep away disease by observing preventive rules. The discovery of these rules is generally regarded as more important than the study of disease and of the means of cure. By health is understood the enjoyment of the period supposed to be allotted to man in perfect ease, that is with cheerfulness and strength and unchanged complexion and the rest.

The rules in respect of food and exercise, by observing rigidly, every person succeeds in keeping his health constitute this branch of medical science, which is known by the name of hygiene. Health is certainly a desirable possession, for upon it, depends the proper performance of every act needed for this life and the life to come. If health be absent, all exertion becomes painful that has for its object, the acquisition of knowledge and wealth and fame, in fact the fulfilment of every legitimate desire. Those observances and sacrifices again, which lead to felicity in the life to come become impossible in the absence of health. It has been said that if a person possesses all the advantages of life such as palaces and parks and beautiful gardens and large estates and loving children and relatives, but is bereft of health, his condition is infinitely more miserable than that of one who while bereft of these is in possession of health. Led by such considerations, the authors of ancient Indian medical science gave prominence to the subject of health. Their works begin with instructions in respect of these rules, by the due observance of which, the inestimable boon of health may be within every one's reach. As this work professes to be a repository of these ancient treatises, it is desirable that the rules relating to the preservation of health, be first laid down.

Those persons who are in the enjoyment of health, that is, they in whose constitutions the three forces or conditions, called wind, bile, and phlegm, are in harmony and who possess the eight constituent elements, namely, the fluids, blood, flesh, fat, bones, marrow, vital seed, and the vital fluid (sperm), in a normal measure and whose urine stools, perspiration and other secretions do not exceed the measure that is proper, should rise from bed at early dawn, namely, about an hour and a half before sun rise.

They should then answer the calls of nature; and wash their teeth and mouth sitting with face towards the east or the north. They should wash their teeth, using as tooth brush, sticks of prescribed drugs (tree or plant) that is pungent or bitter or astringent in taste, taking care to first chew one of its ends repeatedly till it assumes the form of a soft brush. They should perform the operation in a way as not to hurt the gums or draw blood therefrom. They should next clean the tongue with a hook made of gold or silver or copper. The edge of the instrument must not be sharp. Thus washed, the mouth becomes freed from every kind of foetid smell, and as the result thereof a relish arises for food. Those who are suffering from dyspepsia, indigestion, nausea, asthma, consumption, fever, thirst, sores in the mouth or diseases of the chest, the eye, the head, and the ear, should never use tooth sticks. They should use powders household or medicated, or burnt cowdung. One should wash one's mouth in the afternoon also as in the morning.

The process of washing being over, one should undergo physical exercise in the proper measure. That is regarded as the proper measure which brings on drops of perspiration on the forehead accompanied by partially quick and heavy breathing. In other seasons than Winter and Spring, the measure of exercise should be even less than this, for excess in this direction may lead to such diseases as abnormal thirst, waste, shortness of breath, consumption, fever, etc., etc. Physical exercise, indulged in proper measure brings about a lightness of the limbs, capacity to bear fatigue and pain and strength of the digestive fire, loss of fat and symmetry of shape.

Children, those that are aged and those that are suffering from excitement of wind or bile or indigestion should not indulge in physical exercises. After exercise the body should be gently rubbed, inasmuch as this dispels fatigue and restores ease to all the limbs.

After fatigue has been perfectly dispelled, one should bathe, having first rubbed the whole of the body with oil, particularly the head, the soles of the feet and orifices of the ears. The use of oil makes the body firm, enhances its growth, imparts to it the capacity to endure fatigue and pain, and renders the skin agreeable to the touch and improves the complexion. After rubbing the body with oil, one should bathe in a clear stream. If no good stream be available, water first boiled and then cooled, should be used. If one wishes to bathe in warm water such water could not be poured upon the head? This is theory though not in practice. Baths in

warm water may promote strength of the body, but if warm water is poured on the head, it is said that the strength of vision is deteriorated. Baths destroy foetid odours of the body and every kind of filth accumulating on the skin. Sweat and the rest best washed off, good looks are restored. The limbs become light. Sleepiness and itching disappear. The body becomes strong. The experience of all men agrees regarding the capacity of baths to dispel sleepiness and lethargy. It is said that Napoleon Bonaparte who was frequently obliged to forego sleep, found that a bath in cold water refreshed him greatly in the morning. He regarded a bath as a good substitute for sleep. In the same way the principal rules of Hydropathy are laid down and cheerfully practised by a few of its ardent disciples. Once upon a time while I was assistant to Doctor Danakoti Raju, M.D., I was enjoying princely baths in his Hydropathic hospital at Palamcottah in Tinnevely district. Oh! What an enviable institution it was during the lifetime of the famous doctor, who was renowned for his universal water-cure treatment.

Rules about food.—After bath, one should sitting in a clean place and erect posture, eat. The food eaten should be lukewarm and oily. It should consist of different kinds of edibles, so that all the six tastes may be present, namely, sweet, sour, pungent, bitter, saline and astringent. It should be nutritious and so prepared that one may have a delight for it. It should again be served by a person who bears affection or love for the eater. One should not eat very quickly or slowly. Proper measure of food should be taken so that the body should remain light after eating. One should eat till hunger and thirst are appeased. After eating is over, one should chew spices enclosed in betel leaves. Within the first fourth part of the night one should take his second meals as described above. After supper, one should sleep in a dry clean, and ventilated room on a wooden bedstead. The bed should be soft and suited to the season. The duration of sleep should be from six to eight hours. For protecting the body therefore sleep of the required measure is as much necessary as food of adequate quantity.

To indulge in sexual congress in proper measure is also necessary for the protection of health. Season should not be disregarded because Summer is ill-suited to this indulgence. The woman should be full of desire and should be a willing party. Similarly in sexual congress one must not act against the course of nature. Persons affected with fever and other diseases should carefully abstain from sexual intercourse. Regards must be paid to the six seasons of every year, and all precautions must be taken to suit oneself in adhering to the dictates of nature.

Besides these daily practices and the especial acts for especial seasons, there are others which are laid down for persons desirous of keeping up their health. These are meditations on the Deity as also prayers and worship, after the performances of ablutions in the morning and also in the course of the evening twilight. One's rule of conduct should be to show compassion towards all creatures. By properly observing these rules about health, one succeeds in avoiding disease and enjoying the best life. It is clear, therefore, that every human being should strive his best to keep up his health.

If these rules of health be not observed various diseases spring up in the body.

Nota.—Pure water, distilled water, well-water boiled and cooled for drinking purposes, keep off disease at a distance. Care should be paid in procuring drinking water at times of fearful infections.

Regarding the principle and methods of diagnosis and treatment followed by me in Ayurveda Siddha Vaidya system I beg to state to the committee that at the outset must the disease be ascertained, after this the medicine; after this, should the physician treat, the disease with full knowledge.

One of the essential requisites of treatment is the ascertainment of the disease under which the patient is suffering. If the disease be not correctly ascertained, proper medicine cannot be prescribed. It has been remarked by an ancient writer that if a man cannot be called by his own name, he will not answer; if again is called by a name that is not his, he may answer but never willingly and without wrath. After the same manner if a disease be not rightly diagnosed, it will never answer or obey the physician's commands. Briefly speaking, there are three aids to correct diagnoses. They are (1) instructions received from books and teachers, (2) observations and (3) inference. At the outset the physician should carefully ascertain every particular about the patient and his sufferings and then compare the patient's state, with what he has read in books or heard from teachers. After this he should exercise his power of inference about the causes which have led to the disease and their strength. While answering every particular about the patient, the physician should use all his senses for examining him. For example, the patient's complexion, features, size (leanness or fatness), aspects as also his stools, urine, etc., being objects of vision should be examined by the eye. The history given by the patient's malady and the antecedent circumstances, his groans, if any, the sounds produced from his chest, stomach and other parts of the body, being objects of hearing, should be heard. The smell of the body of his stools, urine, semen, and ejected matters should be examined by the nose. The heat of the body and the course of the pulse should be examined by the touch. It is not always possible for the physician to employ his own tongue for examining the patient. But in diabetes and other complaints, the sweetness or otherwise of the urine and in certain diseases, the tastelessness of the whole body and in bilious hæmorrhage the taste of the blood, may be ascertained through other creatures such as ants, crows, dogs, etc. The appearance of little vermin all over the body shows its tastelessness, while swarms of flies sitting over the body shows its sweetness. Ants

prove the sweetness of the urine. In bilious hæmorrhage, doubts often arise whether the blood is life blood or any vitiated liquid extraneous to the system. In such cases a little of the liquid should be given to the crows and dogs. If these animals drink the awkward blood, it should be regarded as life blood, otherwise it is not so. The strength of the digestive fire, the strength of the body, the presence and absence of consciousness, the strength of the memory and the general habits of the patient should be ascertained by observance of special acts. Diabetics sometimes differ slightly. In such cases, by administering in a light dose, a well ascertained medicine and marking its effects upon the patient, in respect of aggravation or amelioration, the precise disease may be diagnosed.

In answer to (c) of 2, I beg to say that in some instances the treatment by means of indigenous drugs are marvellously and wonderfully more efficacious. For instance diabetes, fever, venereal diseases and diarrhœa. I am specialist in diabetes, my medicines are good, as far as my experience goes right. In stricture the oil ashmari which I prepare myself is unequalled. Fever I control in half a dozen doses. In venereal diseases, Sulini Thylum never fails. I am prepared to prove the efficacy of treatment by means of indigenous drugs more preferably.

I had my own dispensaries in Anamalai and Kanyur working at my own cost, and distributing medicines gratis to hundreds of patients daily. The one at Pollachi has been in existence for many years, and it is within easy reach of all poor people more preferably women and children. Further I beg to add that I was giving instructions from books on indigenous system of medicine to some students. In fact I am known as Ayurvedic pandit possessing some capacity. In preparing some of my patent medicines though not registered, and offering them for treatment among my friends to whom I had been family physician. Some time ago the Calcutta Medical Association was under Dr. Wallace who was editing Indian Medical Record. It was a monthly magazine. I was a constant contributor to it. They styled me a member of that institution. They added C.M.S. to my name (meaning certified in medicine and surgery.)

Regarding question 3, I beg to say that the existing institutions of indigenous system of medicine are of course praiseworthy though small in numbers. Because the new reform act gave life to Council members to discuss so great a vital subject and brought into existence a committee to hear the various opinions with a view to revive the same wherever possible.

Considering the numberless institutions wherein are taught western medicine and surgery and wherein innumerable patients are being treated with western medicines by our benevolent Government, the small number of indigenous institutions may be reckoned to be inadequate. However we have hopes to have more encouragement based upon the erudite and practical report of the committee which is expected to do its utmost duty in the genuine interest of its mother land.

In answer to question 4, I beg to state that the training of the students under efficient staff of teachers require supervision till the students are declared fit to impart their scientific and skilled knowledge to the needy population so that their merits may be adequately shared by the suffering public. Their free access to hospitals, museums, laboratories all libraries may be doubly profitable to them, if they are really interested to obtain both the theoretical and clinical knowledge in all branches of medical science.

In my humble opinion it is not too high at present to seek for this ideal inasmuch as the long-coveted desire is about to be obtained at a near future.

Regarding the Calcutta University Commission Report, I dare not criticise their views, as they were advanced by literary and professional gems of India, whose vast experience of both the hemispheres, has been an unquestionable hypothesis based upon sound principles. If in Southern India we are blessed to have hospitals or medical institutions imparting indigenous system of treatment, there may be a day at a near or a remote future when the western and eastern experts in medicine may be forced to stand side by side and defy each other. In India as at present, no unified system of medicine can be promising as India is rendezvous of different nations keeping their changeable activities. Of course, Indians have their own physiology for themselves to study. They are not inferior to others' sciences. In these days of economics, (social, political) and history of economics is also being taught for B.A. students in colleges. I am afraid the term economy will lose its intrinsic value if superfluous suggestions are added to. Even compounders of hospitals nowadays with their theoretical knowledge in dispensing obtain their daily practice, in spite of the vigilance and the fearful presence of their chief controlling authorities. So, no fear need be entertained with novice practitioners qualified in indigenous scientific treatment who are sure to avoid suffering of patients instead of being a burden to them.

The study in elementary principles of medicine added to advanced culture aspiring for higher standards, may suffice for the present, as is the case with sub-assistant surgeons who have been really useful to the suffering population doing true and sincere services.

The period of study may run from one to three years according to the curriculum which may be made feasible to all.

Rigorous registration of practitioners may seriously tell upon so many who are in close touch with their present day physicians.

Regarding comparative cost of Allopathic and indigenous medicines, the latter cost very little. At least 50 per cent may be conveniently saved deducting all extra contingencies towards preparations of medicines. They are all bazaar medicines, household drugs and forest-plants. Unavoidable neglect on the part of rulers and officers under them towards Hindu medicines forced them to go to Government hospitals in addition to the present day civilisation and was the cause for decay of indigenous system of medicine. Even in Native States the same was the fate with the indigenous system of medicine.

The State can afford to do anything. It can review the whole thing if it likes and introduce a new line in this particular branch as it is within their own control and guidance. But care should be taken not to wound any one's feelings but ameliorate the condition of the renowned ancient Indian healing art.

The local board can afford to contribute towards private enterprises in introducing the hospitals and schools of indigenous system of treatment if they cannot afford to provide them independently.

As regards Universities they are full of literature, economics, history, science and all. They need not be depending upon others' views. They will set examples for others to follow.

(3)

M.R.RY. V. NARAYAN NAYAR AVARGAL.

Answers to the Questions.

Q. 1. I propose to deal with Ayurveda. It is well known that the Ayurveda, translated into Arabic, was studied and practised by the Muslims, and their physicians brought it again to India under the name of the Unani system. That system was introduced here with success owing to the encouragement given to it by the Muhammadan rulers. Since then the Unani system prevailed among the people, especially among the Muhammadans of Northern India. So the Unani system may be recognised as a separate system and dealt with as such. But there is very little reason to consider the so-called Siddha Vaidya as separate from Ayurveda. Some portions of Ayurveda were translated into Tamil and practised by the Vaidyas of Southern India. These physicians were known as Siddha Vaidyas. The word 'Siddha' means only 'a Rishi'. The Tamil Vaidyas use more of the preparations from 'Rasa' and 'Pashana' (mercury and arsenic). There is a slight difference in their therapeutics and mode of administration also. But that is not sufficient reason to consider the system as distinct from Ayurveda. There is no difference between the Ayurveda in Sanskrit and the Tamil Vaidyam in the theory of causation of diseases, symptoms or the important principles of treatment. The language or phraseology cannot make two systems separate from each other. If we recognize the difference in language, then the Ayurveda should be divided into so many systems as Bengali Vaidyam, Telugu Vaidyam, Hindi Vaidyam or Malayali Vaidyam and dealt with separately. So I think it would be better to include the Siddha Vaidya in Ayurveda or call the latter by a new name of Siddha Vaidyam.

Q. 2. (a) The Ayurvedic system is based on the theory of the three 'Doshas', viz., Vayu, Pittam and Kapham. This theory of 'thridosha' does not correspond to the old theory of the three humours. This thridosha is the name given to the latent force of the macrocosm classified under three basic principles. The three 'doshas' are forces and not substances.

The thridosha theory has no connexion with the methods of the modern science. The modern science tries to analyse matter into its component substances and terms them accordingly, thus creating an ever increasing variety of substances and becoming itself imperfect. The ancient science, on the other hand, tries to classify the forces underlying the substances according to their function in virtue and became perfect. The underlying principles of Ayurveda and modern science differ a good deal in the method of explanation. This difference in expression was created by a similar difference in conception also. It is no wonder, then, that the modern science became dissimilar to the ancient science owing to the difference in conception, interpretation and phraseology. So I think it is unnecessary and futile to try to have an interpretation of the thridosha theory of Ayurveda in the terms of modern science.

A knowledge of the basic principle underlying the region of organic and inorganic matter of the phenomenal world, the structure and functions of the different parts of the human body, the normal or healthy state of the body and the changes that occur during the state of diseases, the pathology and symptomology of diseases and the method of healing are to be importantly dealt with in a good system of medicine. It is essential to examine the Ayurvedic system with reference to the above points and see whether it has assimilated the said points and can stand the test of reason and the criticism of learned authorities. If it can, it should be recognized as a competent medical system. If we make a minute study of the works of ancient authors as 'Susrutha', 'Charaka', etc., with the above object in view, we can find the theory of thridosha as rational and satisfactory. It is to be admitted that even those physicians who have made an elaborate study of these ancient works may find it difficult to interpret the system in the language of modern science or convince the modern scientists. But according to the wishes of the Committee I propose to give a brief description of the same.

As in the case of all other living matter, so in the human body also, a certain force is perceived manifesting itself in different aspects. The force that cannot be perceived by the senses but can only be inferred by means of reason or intellect is known as 'Sukshma Sakti' or subtle force. Its external manifestation is known as 'Sthula Sakti'. The most subtle living force is known as 'Jnana Sakti' or thought force. The first impulse created in the action of the different senses and their capacity in their functions are the products of the said thought power. The most visible form of the said force becomes the primary cause that controls our cognitive and organic faculties and produces the various motions of the body for inhaling and exhaling, taking in the food and the secretion and discharge of waste matter. The resultant or most visible that is evolved out of the thought force is known as the force of action or 'Sthula or Kriya Sakti,' which is the power of motion manifested in the body. The force embodied in the brain centre, the nervous system and the various nerve currents and producing the sensory and motor functions is termed in Ayurveda as 'Vayu'. This Vayu of the Ayurveda is not wholly a physical or organic force, but has its spiritual aspect as well. The Ayurvedic system is concerned more with the potentiality of the components of the human organism than with its gross members. Thus we see that the term Vayu is applied to the whole range of forces from the more subtle thought force to the more gross manifestation of the bodily motions, including the co-relative functions of the body by virtue of which one part of the body is able to exert a direct influence on another, or the body becomes a source of molar motion by its parts as a whole. It is the one force which runs through the spirit, mind and matter and is called Vayu because of its motion (va — to move).

The grossest manifestation of Vayu is attributed with the 'gunas' dryness, lightness, clearness, coolness, motion and subtlety. The function of Vayu in the body are the imparting of motion (Prasandana) the carrying the sensations of the various sense organs (Udvahanam), taking down the food through its proper receptacles (Puranam), the separation of excretions from the assimilated food (Vivechanam) and retention of the urine, semen, etc. (Dharanam).

The generative function that assists the process of reproduction which is the detachment of a part endowed with the power of developing into an independent whole is performed by the force called 'Pittha'. Pittha metamorphoses the 'Rasa', or essence of assimilated food, through a successive series of organic principles to the protoplasmic substance. Pittham signifies the agent of metabolism. The term denotes two different organic principles—the heat inherent in the bile, the principal agent in performing digestion, and the metabolism which produces the bodily heat (digestion and oxidation). Both Pittham and Kapham are transformations of the same energy—Vayu. The action of Pittham is the production of positive heat, and that of Kapham is the production of negative heat. Thus we see that the term Pittham is applied to the metabolic processes in the organism as well as the fluid heat incarcerated in secretions of the liver and acts as the agent in the process of digestion. Pittha is said to be latent in serum, blood, lymph chyle and albumen, etc., and in the organs of touch and sight. Heat, keenness, lightness, etc., are attributed to the manifested Pittham. Pittham supports the body with the supply of bodily heat, power of digestion, sight, thirst, hunger, appetite, complexion, intellect, power of memory, smartness and softness of the body.

It has already been said that Pittham and Kapham are transformations of Vayu and that Pittham is the positive heat of the body. Kapha is the negative heat or the cooling principle which prevents the excessive effect of the bodily heat by means of its humidity and keeps intact the different component molecules. It supports the body with the supply of power of endurance, the development of organs, strength, smoothness and coolness. Kapha is the function which regulates the material composition of the body determining its mass—the balance of the process of waste and process of assimilation. Kapha fills the cellular spaces of the body, holds them together in a kind of cooling cohesion and prevents the combustion that may otherwise be caused by the organic heat. The 'gunas' attributed to the manifested Kapha are whiteness, coldness, oiliness, heaviness, smoothness and firmness.

The location of Vayu, Pittha and Kapha are generally said to be the lower, middle and upper parts of the body respectively.

Each of the three 'Doshas' is divided into five different subdivisions according to their locations and functions, thus making the 'Tridoshas' theory perfect. A correct knowledge of these subdivisions with their functions assists the Vaidya in correct diagnosis of diseases and prescription of suitable medicine.

The 'Doshas' in their normal state keep the body healthy and in their deranged condition cause disease. Derangement means increase, decrease or dislodgment of these 'Doshas'. The ancient books have described the symptoms that attend the deranged state of the doshas. When certain changes are perceived in the body, it should be considered that one or more of the doshas have become vitiated.

The increase of Vayu is followed by roughness of skin, blackness of hue, emaciation, tremor of limbs, desire for heat or hot things, loss of sleep and decrease of strength. A decrease of Vayu is marked by languor, shortness of speech, uneasiness and loss of consciousness, etc.

The symptoms of an excited or disturbed condition of Pittha are a burning sensation, yellow complexion, perspiration, impurities, decrease of strength, yellowness of stools and urine and sleeplessness or a dull complexion, decrease of bodily heat and an impaired state of digestion, etc.

The indications of a deranged state of Kapha are whiteness of the skin, coldness, dullness, heaviness of the limbs, a feeling of looseness of joints and excessive sleep, etc.

All of the abovementioned symptoms may not be seen in a certain disease or the symptoms may be mixed or complicated. In that case we describe the derangement to a certain dosha taking into consideration the major portion of the symptoms. The above is only a brief description. It is not possible to give here a detailed description of the 'Tridosha' theory. An elaborate knowledge of this theory is most essential for an Ayurvedic physician. That knowledge assists him to diagnose and treat all cases of diseases. Even unknown and new diseases as Plague, Influenza, etc., may be diagnosed and treated according to this theory with a great amount of success. There are prescribed drugs and medicines for increasing or decreasing the doshas and for retaining them in their normal state. There is an abundance of models and ideals of treatment of these doshas in our Shastras. We are prepared to submit our theory and practice to investigation and criticism. It cannot be said that we require no knowledge of anatomy and physiology in the diagnosis and treatment of diseases, but we perform them satisfactorily with the aid of a clear knowledge of the theory of 'Tridosha' alone.

(b) *Principles and methods of Diagnosis.*—In the diagnosis of diseases we take into consideration the following five important points :—

- (1) Nidana, or causes distant and immediate, direct and indirect, such as abnormal diet, history of the disease, including hereditary, etc.
- (2) Pragraha or preliminary symptoms during the incubatory stage of the disease.
- (3) Lakshana or Rupa, the actual symptoms at the time of diagnosis or the symptoms manifested in the mature state of the disease.
- (4) Upasaya, or an experiment. Here the physician administers certain medicine and diet and finds out by the improvement or aggravation of such treatment the nature of the original disease.
- (5) Samprapthi—tracing the morbid or deranged conditions of the organs supposed to be affected. By this point we ascertain the balance, importance and the proportion of the dosha deranged.

We ascertain the above points —

- (1) by a proper use of our senses,
- (2) by means of questions,
- (3) by means of touch.

The Ayurvedic physicians have developed the power of observation to a great extent. Though we do not use any instruments, we utilize all possible means of detecting the disease at our command and employ all the five senses and thus arrive at a correct diagnosis according to our method. We pay special attention to the nature of the disease, the locality, the season of the year, the state of the patient's digestion and appetite, his age, bodily strength, habit, disposition, natural temperament, power of endurance and previous treatment.

We examine particularly (1) the pulse, (2) temperature, (3) complexion, (4) sound, (5) the eyes, (6) the stools, (7) the urine, (8) the tongue. This is known as the examination of 'Ashtasthana'.

In the examination of a patient we make use of our five senses in the following way :—

- (1) *By the eye* we examine the patient's complexion, features, size, aspect, eyes, and also the colour of his stools and urine.
- (2) *By the ear* the groans if any, the sounds produced from the chest and the history of the disease and its antecedent circumstances.
- (3) *By the nose* the smell of the patient's stool, urine, blood, semen, sweat and his entire body.
- (4) *By the tongue*, the taste of his stool, urine, blood and the tastelessness of his body. The physician does not use his own tongue for this purpose but ascertains the taste through other creatures, such as ants, crows, etc.
- (5) *By the sense of touch*, the temperature and the pulse.

By this examination we ascertain the dosha deranged, minute details regarding the variety of the disease, the stages of the vitiated dosha, the primary and secondary diseases or complications, the strength of the disease, the course of the disease according to season and time.

Principles and method of treatment.

In our system of treatment, the potency, efficacy and virtue of the drug is taken into consideration and not the component matters of the drugs. In treatment we have in view the law of 'Sama' or similars and 'Vipareetha' or contraries. The theory is that a substance has aggravation by the contact of similars and decline by the contact of contraries. The principle of treatment is the application of contraries.

Ayurvedic treatment is primarily classified under two heads —

- (1) Shodhanam or clearing of the body of the vitiated Dosha, and
- (2) Shamanam or palliation which consists in restoring the deranged dosha to its normal condition.

Shodhanam has five means known as 'Panchakarma'—

- (1) Virechana or purgation.
- (2) Vamana or emetics.
- (3) Nasya-cerebral purgation or errhines.
- (4) Vasthi or enema (both dry and oily).
- (5) Rakthamoksha or letting blood by vivisection or leeches.

Shamanam has the following seven methods :—

- (1) Deepanam or increasing the digestive fire.
- (2) Pachanam or promotion of digestion.
- (3) Kshuth or enduring hunger.
- (4) Thrit or enduring thirst.
- (5) Vyayam or physical exercise.
- (6) Athapam or exposure to sunlight.
- (7) Marutham or exposure to open air.

There are certain preliminary preparations to be performed known as 'Purvakarma' previous to the treatment proper. They are 'Sneha' and 'Sweda'. Sneha is the administration of certain greasy preparations of ghee or oil internally and externally. This separates the morbid matters that stick to the tissues. Sweda is a method of producing perspiration which brings the waste matter to certain parts of the body such as stomach, intestines, etc., from where they can be easily removed by means of purgation, etc. Drugs are classified into various classes according to their properties as purgatives, emetics, diuretics, diaphoretics, etc. Thus it is easy to select the drugs required for a particular treatment. There are particular methods of administration also prescribed by our Shastras.

After the above 'panchakarma' is performed, the administration of certain drugs of a mild character may be necessary to assist nature in restoring the tissues to their normal condition and keeping them healthy. This is called 'Paschathkarma'.

As there was no necessity to satisfy the Government or any public institution and as the Ayurvedic physicians were not accustomed or inclined to the adoption of modern methods, 99 per cent of them are not in the habit of keeping register of patients. So we are not in a position to support the general efficacy of our treatment with facts and figures. But the general public seem to be satisfied and approach more and more our system for relief. From the rough notes that I have kept of the cases treated by me, I can say that 95 per cent of the results was satisfactory.

(c) The Ayurvedic system of treatment is found to be more efficacious in the diseases that can be cured by medication only without the help of surgery, in diseases of the nervous system, such as Insanity, Hysteria, Epilepsy, Paralysis, etc., than any other system. I have my own practical experience of four cases of tetanus, three of which were taken up for treatment by the Allopathic doctors and one, which was an attack after delivery, was treated by me according to the Ayurvedic system. The last case had a good result, while the three others succumbed to the disease. In the time of the prevalence of influenza I kept a special register of influenza patients. The cases with pneumonia were diagnosed as 'Kaphavathadhika Sannipatha Jwaram'; the cases with affected liver were diagnosed as 'Pitthadhika Sannipatha Jwaram', and the other variety as 'Vathadhika Sannipatha Jwaram', and treated accordingly. I found the result very satisfactory.

Q.—3. (a) No.

(b) I don't consider.

In the matter of medical relief the existing institutions are deficient because (1) they have no proper equipments for the admission of in-patients, (2) there is the difficulty of obtaining genuine drugs, (3) sufficient laboratories are wanted.

In the matter of medical education, the existing arrangements are deficient because (1) there are no colleges well equipped, (2) expert physicians cannot be had as teachers owing to want of attractive remuneration, (3) there are no hospitals, laboratories, botanical gardens, etc., attached to the existing institutions, (4) there is not State recognition or prospects to attract students.

(c) There is no sufficient provision at present. The insufficiency can be remedied by (1) the Government establishing and managing directly ideal institutions for training, (2) rendering pecuniary and other help to the private institutions.

Q. 4. (a) I consider that the three items are essential. No existing institution in this Presidency has attained completely the said ideals. I think that the ideal may be gradually attained if there is sufficient encouragement and help from the Government.

(b) The ideal to be ultimately achieved should be to produce a number of competent physicians and afford them facilities for the practice of Ayurveda. This can be attained by—

- (1) recognizing selected competent men from among the existing practitioners and granting them certificates;
- (2) establishing a model college managed directly by the Government;
- (3) the publication of a suitable curriculum of study;
- (4) arranging to hold a medical examination for which private candidates also should be admitted; and

(5) establishing a medical factory under the direct control and supervision of the Government.

For the above purposes a Medical Board should be formed and an Indigenous Medical Department, independent of the existing Medical Department, should be created.

Q. 5. I don't agree with the view.

Q. 6. Modern scientific methods have nothing to do with the study and practice of the indigenous system. Owing to negligence for a long time the Ayurvedic surgery stands in need of revival and for this purpose a knowledge of modern surgery with an elementary knowledge of modern anatomy and physiology may be helpful. So these two subjects may be included in the curriculum of study.

(a) & (b) It would be better to leave the settlement of the course of study and the different standards to the Medical Board of Indigenous System.

(c) The medium of instruction for Ayurveda should be Sanskrit. But at present instruction may be given in the vernaculars—Tamil, Telugu or Malayalam. The examination should be conducted by competent men who have a good knowledge of Sanskrit and the particular vernacular. Preference should be given, in all respects, to students who have a fair knowledge of Sanskrit.

Q. 7. Medical registration should be extended to the Indigenous system also.

(a) The local District Boards should be asked to supply a list of competent physicians of their locality with their qualifications. The members of the Medical Board should be selected from those physicians by the Minister in charge directly. This Board shall perform the functions of the Registration Board also.

(b) The existing legislation should be so modified as to suit the conditions of the Indigenous system. But I don't think that much addition is necessary to it.

Q. 8. The Indigenous system is cheaper for the following reasons:—

- (1) The drugs can be had locally and need not much transit charges.
- (2) The preparation of most of the medicines is easy and requires little cost.

On account of non-recognition of their merit the Ayurvedic physicians are not able to get sufficient remuneration in the form of fees. Hence they are compelled to take a good amount of gain from the sale of medicines and have become like merchants. This leads some to think that the Indigenous system is not cheaper.

Q. 9. The causes are—

- (1) Non-recognition by the Government.
- (2) Difficulty of obtaining genuine original manuscripts.
- (3) Scarcity of translations in the vernaculars and the decay of Sanskrit study.
- (4) Want of good commentaries on the ancient works to suit modern mentality.
- (5) The difficulty in obtaining genuine drugs.
- (6) Want of hospitals to help the practice of the 'Panchakarma' already mentioned in (2) (b).

The removal of these defects and the introduction of the said changes will certainly bring about a revival.

Q. 10. (a) The Government should recognize the system, should grant certificates and licences, should admit competent men to the medical register, should establish a central model College of Ayurveda with a laboratory, hospital and botanical garden attached to it, and should grant pecuniary help to private institutions.

(b) The Local Boards and Municipalities should start and maintain dispensaries under the supervision of competent paid physicians and distribute medicines free among the poor people.

(c) The Universities should prescribe curriculum, hold examinations, and confer titles and degrees on competent physicians.

(d) Private agencies (individuals and associations) should start free charitable dispensaries under the supervision of competent paid physicians and maintain them with public donations and Government help.

(4)

M.R.Rv. AYURVEDA BHUSHANA PANDIT C. V. SUBRAMANIA

SASTRI AVARGAL, A.R.A.C.

Q. 1. I propose to deal with the Ayurvedic system of medicine.

Q. 2. (a) According to the Hindu Medical Science the body is made up of the five elements—Fire, Air, Earth, Water and Ether. From the earth are made the seven Dhathus—Chyle, Blood, Flesh, Fat, Bone, Marrow and Sperm. These seven Dhathus constitute the different parts of the body. The seven Dhathus are born of Prithivi and it is in these and on these that the other four elements are acting. The dhathus are not capable of exerting themselves or safeguarding themselves. They are inert by themselves. But they act with the help of the tridoshas which are the powerful or vital elements of the body. The bones fat, flesh, etc., cannot act by themselves without extraneous help. The four elements (i.e., other than prithivi) make up the tridoshas. These are called doshas because they act upon dushyas or dhathus. The three doshas are vata, pitta and aleshma. Vata has the characteristics of air. It is

light. It is pre-eminently connected with movement, pain and sensation. It regulates the work of the different organs, causes shivering and so on. Pitta has the characteristics of fire. It creates energy in the body, carries on digestion. Sleshma is concerned with hardness, itching sensations, lubrications of joints and bones, swelling and preventing the entrance of foreign bodies into the body. It is white in colour. In a well-balanced or normal body the Dhathus and dushyas work in concert. They act and react upon each other. There is an equilibrium maintained between them. The tridoshas so act as to make the different doshas function well.

Diseases are caused by the disturbance in the equilibrium maintained between the dushyas and doshas. The three vary in different persons. In some pitta may predominate, in others sleshma. We accordingly recognize vatha sarira, pitta sarira and so on. The dushyas are subordinate to and acted upon by the doshas. The doshas are capable of doing mischief. Working in concert they carry on the work of the body but disturbed they are the cause of disease.

The existence of germs was known to sushruta, who speaks of round, red, krimis, invisible to the naked eye. They are said to cause tuberculosis, eruptive fevers and so on.

In 'nidana', it is stated that certain diseases are communicated by touch, air, dining together, lying on the same bed, wearing the clothes of others, etc., leprosy, dysentery, tuberculosis, falling of hair, etc.

Vagabhata also speaks of disease kriur is. He states that into open and unprotected wounds, krimis are introduced by insects.

If we remember that vata is connected with sensation, movement, regulation of the work of the organs, there is little doubt that vata is of the nature of nervous impulses. That the nervous impulses are of paramount importance need not be stated. The diseases due to deranged vata are the same as those due to deranged nerves.

Pitta has the characteristics of fire and it corresponds to the oxidational process. Modern science tells us that the work of the body is carried on by the oxidation of tissues. The oxidation in the tissues is the source of heat and energy. The different kinds of work carried on in the body draw their energy from this process. According to our theory, pitta creates energy in the body, carries digestion, etc. If the oxidational mechanism be deranged, diseases do result and these diseases are the same as those of deranged pitta.

The functions of sleshma are lubrication of joints, prevention of the entry of foreign bodies, etc. They are evidently the same as those of lymph. Deranged lymph or deranged sleshma causes many diseases.

Thus we see that the three elements have corresponding names in the modern science also. As a working hypothesis, our theory is quite sound. It is seldom possible to pronounce a verdict on a theory like this once for all. There is much to be investigated and brought to light. Modern Physiology is yet quite in the dark about various things. What about the theory of harmones? Is it not something like the theory of humours? Many problems in Biology are not yet understood. What about the theory of pangenesis of Darwin, or continuity of germplasm, wiseman or the inheritance of acquired characters and determination of sex? Has the final word been said about these? Sometimes the theories put forward by eminent scientists appear fantastic. But it is not in keeping with scientific spirit to declare a theory to be false or impossible before sufficient investigation has been made. For long years the scientists have laughed at the idea of manufacturing gold. But recently a German Scientist actually manufactured gold. In the criticism of adverse opinions in matters of science we forget that there is yet much to be learnt, that the progress of science till now has been like gathering pebbles on the seashore of knowledge and that there yet lies the sea beyond. Bio-chemistry, as I have said elsewhere, is still in its infancy. The British Pharmacopoeia according to a certain writer requires thorough overhauling. Thousands of lives are being saved by the indigenous systems of medicine. The test of a good theory lies in its practical application; and as a working hypothesis as already stated our theories are quite sound. The theories of Allopathic system might be sound as theories, but they do not always show the expected result when applied. Referring to the Ayurvedic system Dr. Clarke of America has stated that if all the Allopathic Doctors gave up their theories and took to the tenets of Charaka, the chronic diseases and mortality in this world would be considerably reduced. Such a system is denounced as empirical. But in a sense all medical science is such. It is based on experience and our theories have been formulated through long ages of experience of the treatment of the disease of man. The Allopathic system is of but recent origin and many of its conclusions are based on experiments tried upon other animals.

The principles of diagnosis are very elaborately and scientifically described in the "Madhavanidana". The methods may be briefly stated to be of five kinds, viz., diagnosis by (1) etiological means, i.e., proceeding to know the disease by finding out the cause, (2) puruvarupa, i.e., premonitory symptoms, (3) symptomological, (4) experimental treatment and (5) noticing the full development of the disease and deranged organs.

Nidana.—We know what disease will result from a certain action, e.g., a man who eats earth, it is stated, will get 'panduroda'. We know the cause of the disease condition in this person and we proceed to diagnose the disease from the cause. The causes of diseases are of various kinds—the disturbance of equilibrium or the loss of harmony between doshas owing to season variations, immoderate diet, etc.

Purvarup.—Here we proceed by knowing the premonitory symptoms, e.g., as in the case of fever. For vatajwara, yawning is characteristic. Before pitta-jwara loss of taste is an initial stage.

Rupam—If the premonitory symptoms are well developed we easily find out the disease.

Upasaya.—This is experimental treatment. We proceed to use drugs which will soothe disease and the causes as well. We also use drugs which under ordinary circumstances have an effect similar to that of the disease. For example, in vomiting we use fruit of *Randia-dumerotum*, thus stimulating the disease to expulsion or snake poison in fevers. Probably the principle is similar to that of toxin and anti-toxin theory of the Allopathic system.

In *Samprapthi* we note the fully-developed symptoms and discover what organs are deranged.

We are also guided in the examination of the patient by (1) *darsana* (sight), (2) *sparsa* (touch) and (3) *prasna* (questioning).

Darsana as in cough, noticing respiratory movements, colour of the skin, faeces, urine, etc.

Sparsa as in fever, tumorous enlargement of liver and spleen.

Prasna—Questioning about taste, conditions of bowels, etc. After diagnosing the disease we proceed to consider the following features concerning the patient before we actually begin the treatment :—

- (1) The conditions of the *dushyas* (organs) and *doshas*.
- (2) The country in which the patient resides.
- (3) The general tone of health.
- (4) Time and season of the disease.
- (5) Digestion of the patient.
- (6) Constitution of the patient.
- (7) The age of the patient.
- (8) Virility and vitality.
- (9) Constitutional likes and dislikes.
- (10) The food he usually likes.

We also consider whether the disease is due to deranged *doshas* or brought about by extraneous causes like shock, falling, mental worry, etc. If, for example, the case is one of fever, we consider whether it is due to fermentation or putrefication in the digestive system. In such a case, we give rest to the digestive organs by judicious fasting. The *kashayams* for causing appetite are given. If there is excess of *kapham*, emotics are given. In serious fevers we use external cooling oils, application of ice, etc. Throughout we take care that some nourishing or tonic medicine is given.

Our treatment is often denounced as empirical. Even the late ex-President of Lukis has stated that all systems are to a certain extent empirical. Is the free use of drugs like arsenic, quinine, asperin (used by Allopathic Doctors) in fevers natural? Our treatment is quite natural. In anti-intoxication we resort to fasting. In tuberculosis we resort to goat's milk, pure air, nourishing diet, rest, cheerfulness of the patient with tonic of *Aswagandha* and *Vasa*, etc. In anæmia we give iron tonic. In fevers we often give steam baths. In dropsy a salt-free diet is adopted. This feature as is well known has been borrowed even by the Allopathic system and yet our system is condemned as empirical.

Our treatment in phthisis, bowel complaints is very natural. The use of enema is known to us. Gargles, blisters, etc., are commonly used with considerable success.

As regards surgery the work done by our ancients is wonderful. They were familiar with amputations, lithotomy, etc. *Sushruta* and *Vagabhata* have devoted several pages to surgical treatment. Instruments corresponding to *Allinghams Speculum*, etc., have been described in these works.

As to the general efficacy experience tells me that it is quite successful. Minor ailments like digestive troubles, etc. are invariably cured. Fevers are very successfully treated. In dropsy, anæmia and tuberculosis also the treatment as shown above is excellent.

After all, in medicine the efficacy of the system is to be judged not by absolute standards or by theoretical standards but by clinical efforts. We have also to consider how the people take to it. I have elsewhere cited the instance of the Ayurvedic Hospital at Tirupati growing to be very popular in a very short time. The average monthly attendance in our hospital is over 3,000 whereas in the local Municipal Hospital which has been existing for over 20 years is only 1,000.

(c) As an answer to this question I quote Dr. John Lindley : " And they (i.e., European practitioners) find the medicines which are powerful in Europe comparatively inactive in other climates. The heat of a country, its humidity, particular localities, food and the social habits of a people will predispose them to varieties of diseases for which the drugs of Europe offer no sufficient remedy and will render that which is relied upon in one country unworthy of dependence in another. Thus the cinchona bark of Peru important as it is in Europe is, we are told, rejected by the people among whom it grows, because it is found too stimulating and heating for their excitable conditions.

Exotic drugs are not only costly but often so much adulterated as to be unfit for use."

Again, "It by no means follows that plants are inert because medical men have reported unfavourably of their action. The most powerful species have had their energy destroyed by unskilful preparations or by not knowing at which season to collect them.

The very nature of tropical countries generally causes the properties of plants to be more concentrated and completely elaborated than in northern latitude."

The above extracts clearly show that the virtue of drugs varies with different countries. It has been said that one man's meat is another man's poison. It may, on the other hand, be aptly said that one man's medicine is another man's poison. For the same drugs may have quite the opposite effects on two individuals, especially if they differ in birth and constitution, etc.

Q. 3. (a) Yes. I am now the Senior Pandit and Physician in charge of the Sri Venkateswara Ayurvedic Dispensary and Patasala, Tirupati. This institution was only a year back started by the Sri Mahant of Tirupati. It affords medical relief primarily to the numerous pilgrims that ever stream into Tirupati from all parts of India.

Prior to coming to Tirupati, I was Physician and Professor in the Sri Kaniyaka Parameswari Devasthanam Hospital, Madras, which is the first one of its kind in the Madras Presidency. Having been one of the first to take the Vidwat Diploma in the Madras Presidency, I served in the said Sri Kaniyaka Parameswari Devasthanam Hospital for about fourteen years. After Pandit D. Gopalacharlu of Madras ceased his connexion with the institution I was the Senior Physician there. Due to my efforts the institution was able to receive a contribution of Rs. 500 per annum from the Corporation. During my tenure Dr. Bryson, Yamini, Bushana Roy, Ganannath Sen and other eminent physicians visited the institution and spoke highly of it.

To a great extent the medical help provided by several of the indigenous institutions is adequate. When I was in the Sri Kaniyaka Parameswari Devasthanam Hospital numerous patients 60 to 70 thousands a year flocked to it and got relief. Several cases of malaria which found no relief in the Allopathic dispensaries were successfully treated by me.

The present institution, Sri Venkateswara Ayurvedic Dispensary, though young, has become popular here. There is also an Allopathic hospital here maintained by the municipality for over 20 years. Statistics clearly show that since the opening of the Ayurvedic dispensary the number of patients in the Municipal hospital has been gradually going down whereas the number of patients resorting to the Ayurvedic dispensary has been steadily increasing.

The municipal authorities themselves have expressed the view that the cause of decline in the number of patients in the Allopathic hospital is no other than the popularity of the Ayurvedic dispensary, which by offering adequate medical relief has been, though young, growing to be very popular. All sorts of cases are treated here though surgical cases are not undertaken at present. The Dispensary is regularly open both in the morning and evening.

As a centre of medical instruction also, this institution is in the first year of its life. We have eight students on rolls who are being trained for the Ayurvedic Bhushana and Bhishagwara Examination. There is a pretty good library and no pains are spared to improve it. The classes are conducted by qualified men. Biology, Anatomy, Physics, Chemistry, Physiology and Hygiene or part of the syllabus and the necessary apparatus for some of them as well as anatomical models and charts are easily available to them. An Ayurvedic garden and museum have just been opened. The students are taken out occasionally on excursions to identify and collect medical plants.

The generosity of Sri Vicharanakarthala Varu is expected to provide us soon with in-patient and, lying-in wards, surgical departments, etc. It is hoped to make this soon an adequately efficient centre of medical instruction.

At present there is not adequate provision for medical relief and instruction all over the Presidency. With the exception of few places there are no public dispensaries in the different parts of the Presidency. Of course dispensaries are being newly established in many places and they are in charge of qualified physicians. This is due to lack of State support.

In municipal towns and big cities I would suggest the starting of an indigenous medical department parallel to that of the Allopathic system. Such a parallel system will reveal to us many points of interest and all the institutions should be in the hands of qualified physicians.

As for the small villages one or two persons may be appointed to look after the health of their inhabitants and the sanitary condition of the places. They should maintain a regular register of the cases of sickness treated by them and note their observations on the general health of the locality. They should work under the supervision and guidance of the officers in the nearest Ayurvedic dispensary or hospital. In the first instance the village physicians need not be whole-timed servants.

As for medical instruction, the present Ayurvedic College of Madras should be taken over by the Government and worked on the lines of Government Medical College. It should have affiliated to it a number of medical schools, distributed all over the Presidency, and should be financed by the Government. To begin with, there may be one school in every three districts.

The professors of the Medical College and such other persons as are interested in the progress of the indigenous system of medicine should form a board to superintend, guide and decide upon the conditions of the affiliation of the several medical schools.

The most important thing is that the Government and the local boards must enter heart and soul into the business. At present the few centres of medical instruction and aid owe their existence to the generosity and broad mindedness and sympathy of private individuals. The Government spend all their money on the Allopathic system which is really an indirect method of discouraging the indigenous one. At least as an experimental measure, a parallel Ayurvedic institution must be run for a period of not less than seven years in order to be convinced of the importance and usefulness of the Ayurvedic system of medicine.

Q. 4. (i) (a) Yes. It is necessary that the ideal medical training should have teachers of first rate ability and recognized standing in their subjects.

(b). Yes.

(c). Yes. These are all necessary for the advancement of any subject and more so for the study for the indigenous system of medicine. There is ample scope for research. There is ample field for research. The harvest is plenty, but the reapers are few. Teachers of first rate ability are essential, for it is only they that can impart to their pupils the instruction of the right sort and also create in them an ardent love and enthusiasm for the subject. As the proper field of observation and application of what is being theoretically learnt in the lecture room, hospitals are necessary accessories. Herein can the teachers and the taught verify and observe alike the action of the several drugs, the nature of various diseases, etc. Besides, museums form necessary complements to medical institutions. These should contain a collection of anatomical models and charts, a complete collection of all available drugs and also a herbarium collection of all medical plants. I would also consider as essential a garden where several medical plants and herbs are grown; such gardens, besides their value for purposes of identification, will also ensure the purity and freshness of the drugs used. It is to be always borne in mind that many of the herbs sold in the market might be adulterated.

Also for independent investigation this is very essential. There are several drugs described in our Sastras which are not now identified. So also many are the plants not correctly identified and fewer still are the plants whose physiological action has been investigated. Bio-chemistry is in its infancy and practically in no case has the knowledge of Bio-chemistry been utilized to find out the merits of the indigenous system of medicine.

(ii) This ideal has not been attained in any institution but it is attainable.

Q. 5. We on our part are willing to extend our knowledge to verify our theories, to come into closer contact with modern methods. But I do not see the possibility of a unified system of medicine in the near future. For years to come the distinction will exist. The Allopathic Doctors are not yet ready to acknowledge the good features of our system. Hence the Allopathic system has to revise some of its theories, shake off its self-conceitedness before we can have the prospect of a unified system.

Q. 6. Yes. The curriculum should include a study of modern scientific subjects as Physics, chemistry, biology, anatomy, physiology and bacteriology.

As for pathology and surgery, the basis of study should be mainly on indigenous lines. Wherever necessary this may be considerably supplemented by the study of these subjects on western lines.

The course should be as follows:—

(1). Bishagwara three years' course.

(2). Ayurveda Bhushana four do.

(3). Ayurveda Mukhopadhyaya or Siromani. This title should be conferred for meritorious and original work in the form of a thesis.

(4). For entrance into the Bishagwara class a good knowledge of vernacular and a fair knowledge of English (V form standard) is essential. For Ayurvedic Bhushana a good knowledge of Sanskrit and as much general proficiency as is possessed by a Secondary School leaving Certificate candidate may be considered necessary.

The medium of instruction should certainly be the vernacular of the district.

Q. 7. In my opinion the medical registration should be extended to the indigenous system of medicine with a view to encouraging the system. In the first instance, a committee should be appointed to select persons of standing from among the practitioners of the indigenous systems of medicine. But after a few years only those that are qualified by virtue of their diploma or degrees should be admitted into the medical register. The registered practitioners of the indigenous systems should be placed on an equal footing with those of the Allopathic system as regards privileges.

Q. 8. The cost of treatment according to the Ayurvedic system is certainly cheaper than that of the Allopathic system. I have seventeen years' experience as a physician in Ayurvedic Hospital and the statistics prove clearly the truth of my statement. The cost of treatment per patient according to the Allopathic system is 6 to 7 annas, whereas according to the Ayurvedic system the cost per patient is 10 to 12 pies. This enormous and striking difference is due to the fact that all our drugs are cheap and easily procured, whereas the drugs employed by the Allopathic Doctors have to be imported all the way from Germany or England at a considerable cost (the genuine nature of these drugs is not guaranteed), though it is admitted that India is quite resourceful as regards drugs. Further, the machinery necessary for working the Allopathic system is very costly. Speaking about the comparative cost of drugs, I may mention the instance

of *Toddalia aculeata*, which is in no way inferior to quinine but in certain respects even superior to quinine. *Toddalia aculeata* costs only two annas per lb. and is within the easy reach of every patient.

It was stated by the late Sir P. Lukis, that 99 per cent of the Indian population are dependent on the indigenous system of medicine. This alone proves the necessity of bestowing greater attention of the indigenous systems. To the villager, the Allopathic system is neither useful nor accessible. The villager cannot afford to go in for the costly patent medicine or tinctures of the Allopathic system. Undoubtedly, the Ayurvedic system is cheaper and more efficacious.

Q. 9. The causes of decay of the indigenous system of medicine are several. They are the same as have brought about the decline of the study of Sanskrit and Vernaculars. The study of Ayurveda has no place at all at the seats of learning to-day. The best intellects of the country take to law and other subjects. No one devotes himself to a real and proper study of Ayurveda. The State gives no aid whatever to the indigenous system. In days of yore we had men of genius and keen intellect devoting their lives to the investigation of the Ayurvedic Science and the State always came forward to finance such enterprises, but there is no such thing at present. The contact with the West seems to have temporarily sent the people to sleep, but the shock could not be permanent in its effect. The scientific knowledge of the Hindus is the object of admiration at present. It was a German scientist, who declared that he owed his inspiration in Chemistry to India. Doctor P. C. Ray considers that many of the metallurgical processes described by the ancient Hindus can be transferred straight away into a modern text book on Chemistry.

The decline of our system of medicine has been due to the withholding of all encouragement by the State and the necessary exclusion of the subject from the seats of learning. As for its revival, it has already begun. What is wanted at this stage is encouragement by the State so that the best intellects of the country versed in scientific lore, both ancient and modern, may be induced to devote themselves to the pursuit of the indigenous systems of medicine. Hospitals, dispensaries, etc., should be opened. The people, of course, are responsive. In mufassal places where Ayurvedic dispensaries and physicians exist they are appreciated more than the Allopathic dispensaries are.

Q. 10. (a) I wonder why this question should be raised at all? What is there that the State cannot do to promote the indigenous systems of medicine? First it has to stop all positive discouragement which it has been giving hitherto. Next, it has to decide upon earnestly encouraging the indigenous systems by opening colleges, dispensaries, hospitals, etc.

In the days of Asoka, doctors from Hindustan were sent to the different parts of the world, even to distant Siberia. Even the rulers of Bagdad appointed Ayurvedic physicians at their courts. The British Government have shown no inclination to such aid.

Indigenous systems can be fostered not by the appointment of Committee or by the appointment of prejudiced Allopathic doctors possessing no knowledge of indigenous system of medicine, to investigate into their comparative merits. A person who stated plainly that he possesses no knowledge of the indigenous systems of medicine is appointed to report on their comparative merits. For finding out the comparative merits of the indigenous and Allopathic systems, people who have experience of both should be appointed. The best way for the State to foster the indigenous systems of medicine, is to run a parallel indigenous medical department at least as an experimental measure, for a period not less than seven years.

(b) The local boards can promote the indigenous systems of medicine by giving to them the same encouragement as is being given by these boards to the Allopathic system.

(c) I have already stated that one of the causes of the decline of the indigenous systems of medicine is that it is to be found no longer at the seats of learning. The university should be cosmopolitan and should include all branches of learning, ancient and modern. The university can institute degrees and diplomas. It can also arrange for lectures on the indigenous systems of medicine. Certainly these lectures will be more interesting and useful than the lectures on absolutely dry Gothic. The university, as a rule, attracts the best intellects of the country. If the university should offer courses in the indigenous systems of medicine, the study of these subjects will receive a great stimulus and considerable advancement will be seen. The university can also have schools and colleges affiliated. It can offer Research scholarships.

(d) The private agencies are certainly doing what they can. The zamindars and other rich persons do have their own Ayurvedic physicians. But it is difficult for the private agencies to render as much aid as the State. They can only co-operate with the State in fostering the indigenous systems of medicine. They can offer scholarships, studentships, donations for medical publications, etc.

(5)

HAKIM SAIYID ABDULLA HUSSAIN SAHIB BAHADUR, HAKIM MOULVI SAIYID SHAH ABU MUHAMMAD MAHAZARULLAH SAHIB MADANI BAHADUR AND HAJI HAKIM SAIYID MAGDOOM ASHRAF SAHIB BAHADUR.

Report of the Committee convened under the direction of the President of the Eastern Medical Association of Southern India, Madras, to carefully consider and report on the several points raised in the "Questionnaire" prepared by the Committee on Indigenous Systems of Medicine, Madras.

This Committee, consisting of—

President.

Moulvi Hakim Saiyid Sahib Abdullah Hussain Sahib Razavi-ul-Khadari.

Members.

Hakim Ghulam Mohi-ud-din Sahib Faroqi,
Haji Hakim Saiyid Magdoo Ashraf Sahib,
Moulvi Hakim Saiyid Shah Abu Muhammad Mazharullah Sahib Madani,
Moulvi Hakim Abul Qair Abdul Khader Ahmed Sahib,

met at the Unani Medical College Buildings, Triplicane, Madras, on the 30th January 1922, to consider the preliminary issues raised in the "Questionnaire" and subsequently on three different occasions to discuss matters more fully and in details. The report was eventually concluded during the Committee's sitting held on the 21st of April 1922. Owing to the month of Ramzan intervening, the drafting of the report and its eventual submission had been a bit delayed, which is regretted. Subjoined is the joint-report of this Committee on the several questions raised in the "Questionnaire" and answered *seriatim*.

Q. 1. The "Aurvedic" and the "Unani" systems of medicine are unquestionably and beyond a shadow of doubt more useful for this country than the so-called "Allopathic" or the "Western" principles of medical treatment, as they are operated on Indians by Indians through the media of Indian productions of herbs and drugs, on the efficacy of which climatic influences have not a little to partake of. As we adhere to the practice of "Unani" medicine in main, we endeavour here to confine our comments on, and venture to express our ideas mainly about, that very system alone.

Q. 2. The common cause of "disease" is attributed in the main to a breach of the laws of hygiene; and, any and all such causes are known in Eastern technicology as "Asbab-a-Baudia" or "External causes." To express the above definition in detail it means that all physicians of repute, whatever system of medicine they may have followed, have after a long practical experience of many years, based the whole system of medical treatment on three fundamental principles, viz.—

- (1) formulating a theory about certain disease or diseases,
- (2) putting that theory into actual practice, and
- (3) noting the results thereby obtained.

After many years of strenuous efforts in the practice of such a procedure, they arrived at certain facts—eventually accepting the idea that the health of every living being depends more or less on the harmonious action, on the basis of moderation, of the "Six Essentials of Life" (Asbab-a-Siththah) as detailed below:—

- (1) Air (Haujath-a-thurveih),
- (2) Food and drink (Makool-o-mashroob),
- (3) Sleep and wakefulness (Naom-o-yeghza),
- (4) Motion and rest (Harakkath-o-sukoon),
- (5) Retention and ejection, (Ehthibas-o-isthifraq), and
- (6) Natural shades (Auraz-a-Nafsani).

According to the above thesis, the eminent ancient practitioners of the Unani Medical Science have laid down certain laws of health, based on intrinsic principles—paying of course due regard to locality, season, etc., of the ailing element.

When a man breaks these or any of these fundamental principles of the Medical Law, the result must of necessity be inevitable—either a change in the temperament of the human organs or the humours of the body themselves undergo, as a matter of necessity, a devolutional change. On account of this perverse condition of action, the organ or organs affected fall short of performing, or fail entirely to perform, the routine of its or their natural function or functions and thus render itself or themselves easily accessible to the propagation of disorders technically termed "disease." Then comes in the "disease" itself.

Asbab-a-Baudia.—In the "Asbab-a-Baudia" or the "External causes of disease" are included all those causes which, having acted on air, food, water, etc., lead to a change in the above-mentioned items; for instance, temporary changes in seasons, putrefication of animal or vegetable matter, excretion of patients suffering from contagious diseases, external injuries, lightning, thunder, poisons, stings and bites of poisonous insects, and other contagious diseases.

When the organs or the humours of the body undergo any change owing to external causes, such changes are termed "Asbab-a-Badani", i.e., "Corporeal causes." These "Asbab-a-Badani" have further been divided into—

- (1) "Sabab-a-Sabeq" or "predisposing cause," and
- (2) "Sabab-a-Wasil" or "exciting cause."

The first or the predisposing cause is one which acts as a connective between the cause and the disease. When this cause comes in contact with a human body, the organ or the organs of that body are so far debilitated as to be readily accessible to disease. The second or the exciting cause is one which does not constitute a connective link between the cause and the disease but produces the disease itself.

Some of our physicians have included "Age," "Sex," "Temperament," and "Inheritive tendencies" among the causes leading to disease. This is termed "Internal cause."

Diagnosis.—Diseases under the Unani system of medicine are diagnosed from signs and symptoms obtainable on inquiry from the patients as well as by actual examination of the patients themselves. The routine that a Hakim follows in examining a patient from the beginning to the end is as follows:—

After ascertaining the age, occupation and the surroundings of the patient, a Hakim proceeds to hear as far as possible the complaint of the patient from the patient himself, then the duration of the complaint is enquired into, and finally he proceeds to examine the general condition of the patient, noting down any deviation from the ordinary standard of health that he may find during such examination. If the Hakim suspects the disease to be hereditary or contagious, he takes a note of the family history of the patient concerning the disease. In certain cases the previous illness of the patient is also taken into consideration. After all this is over, the Hakim begins the physical examination of the patient. If the patient under examination suffers from any gastric or intestinal trouble, his saliva, teeth, tongue, vomit, motion, etc., are generally examined. If there is any urinary trouble, the examination of the urine receives special attention. If there is any respiratory trouble, "nose", "throat", "lungs" and "sputum" are examined. Accordingly, in the diseases of the circulatory system and various other diseases the pulse is invariably consulted, which helps materially in the diagnosis of the disease. Apart from all these, great help in the diagnosis of the disease is also obtained from—

- (1) the variations in the four humours of the body,
- (2) the changes in the functions of the different organs,
- (3) the general signs and symptoms of the disease,
- (4) the special signs and symptoms of the disease,
- (5) the diagnostic signs and symptoms of the disease,
- (6) the local diseases and their signs and symptoms,
- (7) the hereditary factors, and
- (8) excessive joy or sorrow.

All the essential information concerning the alleged disease having thus been obtained, a differential diagnosis is then proceeded with and the particular disease is diagnosed by the weight of the signs and symptoms, the result of the examination of the patient favouring it.

Principles of treatment.—In general, treatment under the Unani system of medicine is divided into—

- (1) "Ilaj-a-Athayana" or the "Imperial treatment," and
- (2) "Ilaj-a-Muhaggighana" or the "Rational treatment."

The first or the unmethodical (Imperial) treatment is one in which a medicine is administered in a certain disease and the disease is cured, but the way in which the medicine acted is not known. In the second, or the methodical (Rational) variety of treatment, the properties of the medicine and the action thereof towards the eradication of the disease are previously known to the prescriber. It is therefore used with certainty of effect.

There are four modes of treatment, namely—

- (1) treatment by medicine,
- (2) treatment by food and drink and the influence of air on the patient,
- (3) treatment by external applications, (Ilaj-bith-thadbir), and
- (4) treatment by the use of instruments, i.e., by surgical operations.

Under certain circumstances and unless scientific research discloses the cause and effect at work in bringing the disorder to bear on a human body, it is beyond human knowledge to treat certain cases of disorders, unprescribed for by ancient physicians of repute; and, in such cases, it is possible only to alleviate the more obvious symptoms or signs of the disease; this treatment is termed "symptomatic," while in certain other cases "Ilaj-bith-thaqfeef" or "Palliative" treatment is resorted to.

"That the removal of the cause leads to the removal of the disease" is a general principle which a Hakim should always have in view in the treatment of his patients. No doubt, the ordinary causes will bring in either "simple derangement" (i.e., Suai mizaj-a-sazij) or "material derangement" (i.e., Suai mizaj-a-Ma'addi) of the system. In the first instance the Hakim should resort to measures which would, in his opinion, bring in a moderation (tha'deel) of the

disordered organ or organs of the constitution. In the second, he should try to remove the cause either directly by extradition (*thanqiyya*) or by adopting auxiliary means wherewith to strengthen the humours of the patient's constitution. In either case, however, it is necessary to treat the disease with a medicine having the force of the "Opposite qualification"; that is to say, a disease created by excessive warmth should be treated with medicines having a cooler effect and vice versa, and this is termed "Converse treatment" (*Ilaj-bis-Ziddihi*). Some diseases are exceptionally treated with "specific medicines" with little or no regard to the above general rule; but one should not lose sight of the fact that its after-effects are likely to produce injurious or dangerous results in the system according to the properties of the ingredients used in the specific medicine administered in such cases. According to the principles of treatment, once the causes of the disease are diagnosed, the duty of the physician would be to cautiously prescribe such medicines as would, in his experience or from his personal observation, have helped to eradicate the cause of the disorder. There are thus two principles again to observe—firstly, the choice of the medicine to be administered; and, secondly, the choice of the dose prescribed. By "Choice of medicine" is meant the selection of the drug or drugs according to the degree or stage of the disease coupled with the degree of the effective force of the drug or drugs prescribed for. By "Choice of dose" is meant the dose that should be prescribed for in different diseases having due regard to the different constitutions of the patients treated. In cases where a disease can, in his opinion, be treated by a single drug, the physician should carefully note its dose, its properties and its actions before prescribing it for a patient, and where more drugs than one are prescribed, he should note very carefully the selection of the dose of each of the various ingredients the prescription is made up of. Under this same head falls the adoption of the Basis, the Adjuvant, the Corrigent and the Excipient of the prescription.

If a physician wishes to make use of any of the best tried old prescriptions, he should cautiously amend it so as to suit the temperaments of the case in which it is to be administered. These (old) prescriptions could be relied upon in a majority of cases as they have stood the test of many a century provided the physician is satisfied as to the merits and demerits thereof in conjunction with the gravity or otherwise of the ailment. The art of prescribing under the Unani system is, we are constrained to assert, based on very valuable and scientific principles, and this subject would require many more pages of useful commentation on its behalf; but, for the purposes of the inquiry on hand, we believe what has already been explained *supra* is more than sufficient to convince the Committee of the veracity of our assertion.

Modes of introduction of medicine.—Mostly our medicines are administered to the patients through the mouth and these medicines comprise of various kinds, e.g.—

- (a) Arq. (Aqua of various drugs),
- (b) Joshanda (Decoction),
- (c) Khaisanda (Infusion),
- (d) Sharbath (Syrup),
- (e) Sikanjabin (Oxymel),
- (f) Roghan (Olium),
- (g) Luab (Mucilage),
- (h) Khurs (Tablets),
- (i) Safoof (Powders),
- (j) Hab (Pill),
- (k) Majoon (Confection),
- (l) Murabba (Conserve),
- (m) Kushtha (Oxide), etc.

When the tongue or the mouth is affected, we apply medicines locally and prescribe gargles to alleviate the local condition. In the diseases of the gums or the teeth, we use various 'Sanoon' or tooth powders. In the diseases of the throat, nose and ears, we prescribe special medicines for local application. We also use pills, specially prepared for the purpose, to be kept in the mouth and its juice swallowed in cases where the pharynx or the larynx is affected. In constipation we use enema in addition to the use of medicines. Nutrient enemata are also given by us. Local application is made of medicines in various parts of the body—even inside the bladder, uterus, urethra, rectum, vagina, etc. We administer medicines through the lungs by giving the patients medicines to smell. We introduce medicines by injection. We treat certain cases by venisection.

General efficacy of medicines.—To afford a proof of the general efficacy of the medicines administered in the Unani system, it is necessary to have a daily record of attendance of patients, duly entering such figures in registers maintained for the purpose, of individuals treated in the various Unani dispensaries. As most of our Hakims do not follow the custom of keeping such registers, it is not possible to produce a record of the "numbers treated" with results. It may, however, with confidence be asserted that 90 per cent of the patients treated recover under the Unani system of medicine.

Indigenous drugs.—It is one of the laws of nature that wherever we find a disease, in its very neighbourhood we do find cure for the same disease; that is to say, for the diseases prevailing in India, we need not go beyond India to procure medicines to efficiently cure the disease, for there is in India itself plenty of medicines to counteract the prevailing diseases.

Hippocrates, one of the greatest of the Unani Hakims, says: "Treat your patients with medicines produced in their (patients) land for best results." It is on this principle that we treat our patients here. Experience of centuries testifies to the truth of the saying. For the Eastern systems of medicine we have an unlimited number of useful drugs in experience efficacious, available around us. They are more reliable because they are well tried, and so the patients have more faith in them. Our treatment is cheaper and suitable to the existing pecuniary condition of the country. Medicines produced in India, apart from being beneficial in effect in the treatment of Indians, save India's money for the benefit of India itself. Our medicines are most useful in chronic diseases, as well.

Poisons.—Unani physicians do not generally use any poisonous substances. If under certain circumstances, poisonous drugs are used, their poisonous effects are to a material extent alleviated before use so that even should any mistake occur, as it usually does, in the administration of wrong medicines or wrong doses of the medicine, the resultant ill-effects of the medicines so used are practically little or none and if at all there is any, it is very slight.

General Remarks.—Even to-day 80 per cent of the patients in India are benefited by the use of the Eastern (Unani) medicines in spite of the fact that this system does not continue to be the State system of medicine. Though repeated attempts were made at different periods to root-out our system of medicine, it proved to have possessed a life too hard to admit of the possibility of being extirpated. Unani medicine is liked by almost every Indian as its effects have always been proved to be wholesome and never complained of as bad in effect. This is exactly why it has kept up its position and prestige up to date.

Q. 3. They are wholly inadequate for there are more patients than physicians to cope with them. Besides, the pecuniary circumstances of the physicians do not render them fully capable of affording wholtime service to their patients. It is very essential that free hospitals should be started. A Medical School is working at Triplicane for the last ten years under the auspices of the "Anjuman-a-Mashriqui-Athibba-a-Junubi Hind, Madras, where education is imparted free of charge in a satisfactory manner. Notwithstanding, there is yet a great need for amplification and advancement. For indigenous treatment and education, materials can easily be obtained. Being the product of our own country, medicines will be available at cheaper rates, and Medical textbooks are in abundance, but the only thing to be done now is the translation of new works.

A Unani "Dar-ush-Shifa" Free (Dispensary) has of late been established in conjunction with the Quddusiah Unani Medical College. It is working satisfactorily under the management of the "Anjuman-a-Mashriqui Athibba-a-Junubi Hind, Madras". It has two qualified physician of its own and, in addition Hakeem Haji Saiyed Magdoom Ashraf and Moulavi Saiyed Abdullah Hussain Sahib attend to the patients for an hour each daily in the mornings and examine and prescribe for patients as well in important cases. As the dispensary is of recent birth it would be premature yet to comment on the quality and the quantity of work turned out.

Q. 4. We agree with this section.

(a) (i) Even in the Unani Medical Schools that are working in Madras, Delhi, Lucknow, Hyderabad, etc., there is a special teacher for every particular subject and he is allowed to do his work quite independently:

(ii) Students are admitted to the prescribing room. They are taught the art of compounding and writing prescriptions. They derive benefit from the present libraries and chemical depositories.

Still there is great room for enhancement.

Q. 5. We do agree with the Resolution passed by the Calcutta University Commission but we disagree with the expression "The difference between the Indian and the Western medicine will disappear". Though the methods of medicine may differ, still, as the purpose and motive are identical, there exists not much of a difference on minor points; for the party advancing in the plane of research and investigation is bound to invent something new every now and then and his claim shall prevail.

Q. 6. We are in full agreement. In most of the present Unani schools, the modern advanced sciences are included in their curricula but much more is yet to be done to make the courses complete and to gain this object financial aid on a sound basis is wanting. For particulars, please see the curriculum of the Unani Thibbi College, Madras—vide *Appendix A*.

Q. 7. The necessity of the sort in question was felt by the "Anjuman-a-Mashriqui Athibba-a-Junubi Hind". They have accordingly established a Medical Board and have also started a Medical Register wherein desirous and capable physicians get their names registered. Regarding the extension of the Medical Registration Act, the Unani Medical Board may be consulted as to the inclusion of the Unani Medical Register in the Medical Registration Act.

Q. 8. The indigenous system of treatment involves much less expense. At the least computation, a dose of medicine can be had for a pie. Medicines being the product of our own country, they can be had at the cheapest possible rate. Every year it is observed that our country grows useful and efficacious medicinal plants and herbs. Of these some are consumed by animals, some are decayed owing to the scorching heat of the sun while others, in comparatively lesser quantities are removed by pharmaceutical experts for medicinal purposes. Should all these herbs and plants be preserved and collectively utilized for the treatment of patients, the sore of drugs thus available will unquestionably be too great to admit of any dearth in cost.

Q. 9. With the decline of the Muslim rule, Islamic sciences followed suit. Educational institutions were closed, hospitals desolated, libraries eaten away by white-ants while the few works saved fell into the hands of foreigners. How then could there be any progress? Every physician in practice deemed it sufficient to put up with the requisite yet easily acquirable, problems of medical knowledge most suitable to his taste, the result being that important sciences like Surgery, Midwifery, Anatomy, Chemistry, Optics, etc., the laborious acquisition of a skilled knowledge of which was beyond their means to attain, were lost to us and our condition was so far dilapidated as to justify the old saying "Knowledge in books and books in the Bureau". But this does not mean that the Unani system of medicine is *imperfect*. As far as its own sphere is concerned, it is quite happily "Scientific" thanks to the preservation in certain quarters of our standard works of education and the safe custody of our scholastic text-books though not in rich profusion. If there can be any real imperfection it lies not in the system itself but in its practitioners owing to the imperfect knowledge of their own vocations. As a matter of fact, even this can in no wise be attributed to them as their fault; for, what can be expected of them when none in power was left behind to put on their backs and help them in pushing forward their enterprises. An easy way now of leading them to perfection is to start a few medical schools and hospitals in Madras and some selected districts of the Presidency on modern lines. Then it may be possible that they will progressively cultivate their knowledge to perfection a very short time. There are many treasures yet hidden and when these are systematically dug out and brought under practice, happy results are sure to achieve. It is unhappy indeed to note that modern scientists labour under the idea of trying ancient sciences on modern principles. Although ancient medical sciences also are based on scientific principles in their own line, yet to show them as such in modern times in practice form the business of a doctor of medicine who may be well-versed in both the old and the new theories. Such persons are few and the attainment of success in this respect is therefore next to an impossibility. To achieve better ends it is necessary however that the followers of ancient sciences should be helped and allowed to carry on their researches on steady bases so that they may again be able to brush up their studies and polish up their rusty and ever-forgotten implements and prove themselves worthy of their name and their ancestral fame. Along with this modern scientific acquisitions need also be coupled. In this way they will once again attain to perfection in their own line and possess at the same time the capacity to meet modern sciences on ancient principles. They will thus be in a position to draw a distinguishing line between the two scientific courses and decide which of them is more valuable than the other.

Q. 10. The nature and the extent of the financial aid rendered by the Local and the Imperial Governments to the Western medical education and practice should also be extended with the same scope and effect and to the same extent to the indigenous system of medicine to be administered under the Unani Medical Board as described under 7 supra.

(6)

M.R.Ry. T. R. ETHIRAJULU NAYUDU AVARGAL.

Q. 1. Siddha system. We solely depend on Tamil works such as Agasthyas, Theraiyar, etc.

Q. 2. (a) Hereditary, self-acquired, bad living, dietary variations, sudden changes in weather, etc.

(b) (1) According to the Tamil works on medicine a physician can say at the mere sight of a man whether he is a man suffering from bile, vayuvu (air) or Silethmum.

(2) *Pulse*.—Feeling the correct pulse requires careful training.

(3) *Examination of urine and stool*.—When one studies Nirkkuri and Neikkuri works there is no necessity for the use of urinometer.

(4) In doubtful cases the patient is kept under personal observation for some time.

Views.—Cases in which operation was found necessary by expert medical men of Western training are cured by Tamil medicines radically.

(1) The medicine produces the desired effect.

(2) Only if prepared in accordance with rules laid down for the preparation of medicines in Tamil works it produces the desired effect.

(3) The method of preparation is strict, systematic and following from Guru to disciple. So strict conformity to the rules of producing the best preparation is observed. If any medicine prepared fails to satisfy the tests employed to ascertain the accuracy of preparation then the whole lot of medicine is thrown into dust bin.

It is this aspect of Tamil physicians more than anything else, that distinguishes successful physicians of deserving merit from quacks.

We follow the preparations adopted by Gurus in Tamil works because there have been no colleges of modern type in which hundreds of students undergo training at the same time. So individual merit and scholarship has to be recognized and handed down from Guru to shishya.

(c) The printed copy of testimonials herein enclosed will speak well of the miraculous effects of the Tamil medicines prepared by me.

Indigenous system of treatment is the most efficacious, e.g.—

(1) Cases of diabetic carbuncle given up, in General Hospital were cured by my medicines.

One Papatti Ammal, mother of a medical student Govindaraja Pillai, and wife of Station-master, Peringipuram, Madras and Southern Mahratta Railway, was admitted in General Hospital

for operation of carbuncle in one of her hands about the month of August 1920. She underwent operations. As the operation was not successful, her hand was amputated and the wound did not heal for more than a month. She was brought to me for treatment. She is now healthy.

Another case of Carbuncle—Ravaikannu Ammal, wife of the record-keeper Mr. Govindaraja Mudaliyar, Central Station, was admitted in General Hospital for carbuncle in 1921. After operation, fingers were more swollen. The operation extended from fingers to the wrist. Doctor was for removing the fingers. She was afterwards under my treatment. The finger is still in tact. Besides, two more cases were cured by me (vide report of the speech of Mr. C. P. Ramaswami Ayyar who presided on the occasion of presentation of a Gold Medal to me—*Madras Mail*, dated 5th August 1920 and *New India*, dated 5th August 1920).

Case of appendicitis and sterility—Chronic syphilitic ulcers, etc., which challenge the best of Western doctors have been completely cured by my medicines.

Tetanus—Septic fevers, etc., treated by expert Western medical men given up as hopeless were treated successfully by me by my Ayurvedic medicine—vide pages 8, 9, 10, 12, 13, 14, 18, 19, 26, 27, 28, 49 and 50 in the certificate book herewith enclosed.

Distinguished men who could not easily recognize merit in the Tamil system, have expressed their admiration of the efficacy of my medicines, after personally satisfying themselves by the cures effected in their houses. (Diwan Bahadur V. T. Krishnama Chariyar Avargal, M.R.Ry. Chinnaswami Ayyangar Avargal, Government Pleader, Chingleput, M.R.Ry. Thanikachallam Chettiyar Avargal, M.L.C., M.R.Ry. K. U. Govinda Menon Avargal, Manager of the Associated Press, M.R.Ry. V. K. Ramanuja Chariyar Avargal, President, District Board, Tanjore, and several others.)

Sir P. Theyagaraja Chettiyar, M.L.C., M.R.Ry. Arumainatham Pillai Avargal, M.L.C., and others presided on the occasions of presenting gold medals to me for having cured cases of appendicitis.

(Appendicitis is a disease recognized as one of the 82 forms of disease on account of Vayuvu.)

I have cured cases of chronic syphilis by my medicines in spite of the opinion of the Western doctors that 606 injection is the only remedy.

Mr. Jataraya Mudaliyar, merchant (near Sowcarpet)—vide pages 47–48 of the testimonials.

These are some of the important cases.

I submit that the Nikil Bharat Sahitya Sangam of Calcutta offered the title of Ayurveda Ratna and Gold Medal. I also take leave to state that in token of regard to me for curing cases of illness declared hopeless by the Western doctors, I have been awarded by persons treated gold medals numbering 16, one gold thoda and a diamond ring.

Q. 3. (a) I am treating 80 per cent of cases daily free at home. I have treated thousands of labourers at my own cost for about a year in 1919 daily at the Labour Union, Perambore Barracks. A supplement of cases attended I successfully treated was published in the local dailies. I had to give up this attempt as I am not a rich man.

(b) I do not consider that the existing institutions are sufficient to cope with the large demands owing to complication of diseases, increase of population, increase of towns.

There are orthodox people who refuse to take Western medicine as it is mixed with water touched by the melachas. Further Tamil medicines are very cheap.

Proposals.—(1) Government must recognize that 80 per cent of the population of the country are Indians whose customs and habits are quite different from Western customs. Indian system of medicine should be encouraged as most suitable to Indians.

(2) Establishment of a Tamil Medical College.

(3) Establishment of Tamil model dispensaries at first in important centres.

(4) Government should publish a manual of Tamil medicine to serve as a standard both for the physicians and the public in English and the vernaculars—the manual to be prepared by a competent body of Tamil physicians of established reputation.

(5) This being the cheapest method can be usefully adopted and recognized by Government in every village—as at present instances are too numerous to show that in mufasal patients in extreme cases are taken to the hospital which in a very large number of cases is far distant from the villages as we have only one hospital in the midst of 100 or more villages. If the Tamil system is adopted the complaint that very large funds are required for giving greater medical relief would be removed as the Tamil system is admitted thousand times cheaper than the Western treatment.

Q. 4. (1) Certainly. The students should be under personal guidance.

(2) Yes. Students, teachers should have access to laboratories in their leisure times.

(3) Yes.

There are institutions at present, e.g., at Calcutta, but none, it seems to me, in this Presidency, except the one maintained by the late Pandit Gopalacharlu which is beneficial only to Sanskrit and Telugu knowing students. But the Tamil system is very largely based on the Tamil works of Siddhar school which are some of the choicest products of Dravidian intellect.

It is needless to state that it is this Tamil system that prevails to this day in every look and corner of Southern India. We have got best men already in the field who do silent and solid and unostentatious work but do not care for the wordly praise.

Thousands of Tamil physicians inherit their knowledge from their forefathers. They keep up the spirit of the system and method of preparing and administering Tamil medicine. The knowledge of the works is handed down from father to son for generation together.

At present, I am of opinion that intending members practising the Tamil system of medicine may be asked to undergo training at least twice a week without prejudice to their professional duty in those branches of medical knowledge, viz., Physiology, Anatomy, Hygiene, etc. A superficial knowledge of the bare elementary principles of the constitution of the human body would supplement the practical experience they have gained in profession. This must not be understood to mean that what these sciences teach are not already found in Tamil works. In the good old Tamil works which are the authorities for the Tamil system, knowledge has to be obtained by the systematic study of a student sitting at the feet of his revered master; and much time has to be devoted in understanding and mastering the difficult stanzas by interpreting them properly. Till this stanzaic form of the Tamil works is reduced to principles and written in simple prose this system of placing the student under the personal supervision of the teacher is absolutely necessary. Anyhow the student has to undergo training in preparing medicines.

Q. 9. *The causes of decay.*—No encouragement from Government. The Tamil system of medicine flourished while the Tamil Rajas were ruling the country, and scholarship in Tamil medicine works has not been sufficiently recognized and rewarded. Numerous manuscripts there are, which have not yet been published. The fact that good scholars and good practitioners kept their deep knowledge and vast practical experience as secrets is also greatly responsible for the decay of the indigenous system.

Revival.—

- (1) Model dispensaries should be started in important centres in big town.
- (2) Just as there are several grades among Western medicine men, Tamil physicians should be also classified corresponding to Apothecary, L.M.S., etc.
- (3) The peculiar cases treated successfully should be published in a Medical Journal.
- (4) Periodical inspection of dispensaries by the Medical Board.
- (5) Success in dispensaries should go to make juniors into seniors.
- (6) A Government Botanical Garden of medicinal herbs should be maintained. There should be also a vacant land for preparing medicines.
- (7) The register containing names of patients, diseases treated should be verified.

Q. 10. The Collector should punish those quacks who spoil case by neglect of duty. Supervisors should be appointed to supervise the work of village medical men. Government should offer titles to the deserving men in order to attract a large number of men who though fully qualified do not come forward for want of public spirit. I wish the Committee all success.

At present the University cannot undertake to do anything in the matter. When these proposals are brought into effect successfully, attempts may then be made to institute periodical examinations in Tamil medical works.

(7)

M.R.Ry. MARUTHAVA SIROMANI PANDIT C. S. MURUGESA MUDALIYAR
AVARGAL AND M.R.Ry. PANDIT SHANMUGASUNDARA
MUDALIYAR AVARGAL.

Q. 1. If "Siddha system" is meant, the age-long Ayurvedic system obtaining in Southern India, it is that system we propose to deal with.

But we desire the benevolent Committee to be kind enough to adopt the name "Dravida Ayurveda system" in lieu.

The reason for recommending to adopt the above name is based upon the following arguments:—

(a) The knowledge of preserving one's health sound and prolonging his life is called "Ayurveda".

The word "Ayu" (ஆயு) is an abbreviated form of the word "Ayul" (ஆயுள்). Ayu is interpreted to mean "Vayu"—a vital energy which is to determine one's life (வயது); Veda—knowledge.

It is very common even among the illiterate mass to question the Vaidya attending upon a patient in a precarious condition, "Sir, How is Vadham?" i.e., what is the condition of the Vadha, the vital thadhu? (தாது). If the reply were to be that the vadham is good, the questioner is at once satisfied that the patient is out of danger and his life is safe. Therefore "Vayu" is not wind but the life or soul force. Compare the following:—

1. "வாயுவிலுள்ள வயுமபின்பயனை ஆயுளினெல்லையது."
2. "வாயுவழக்கமறிந்து செறித்தடங்கில் ஆயுட்பெருக்கமுண்டாம்."—(குளவை.)

3. “வளியினை வாங்கி வயத்திலடக்கில்
பளிக்கொத்துக்காயம் பழுக்கினும் பிஞ்சாம்
தெளியக்குருவின் திருவருள் பெற்றால்
வளியினும் வேட்டு வளியனுமாமே.”—(திருமுல்லை - 3000.)

The knowledge (science) of preserving one's health sound and thus prolonging life is said to have descended from Irrayanar to Ammyar, thence to Muruganar, Nandhi, Agastiar and other siddhas who are all of the Dravidian stock, to which belong the present 5 (five) divisions of people speaking the languages of Tamil, Telugu, Kanarese, Malayalam and Tuluva. Therefore, the science is a common property of these five divisions, whatever changes the science in the original tongue of these people might have undergone since. And to call it therefore Dravidian is more appropriate than to baptise it as Siddha or Tamil or Agastia or by any other name which would rather sound harsh in the ears of the people speaking the Dravidian languages other than Tamil and would, in our opinion, be a misnomer.

Q. 2. (a) The theory or theories of causation of disease according to the above system are—

(i) Heredity (including cases of child-complication and diseases incurable in certain cases, whereas they are curable in several other cases called otherwise diseases of Karma, that is, due to one's own unpardonable action).

(ii) Infection (including those caused by poisonous bacteria, mosquitoes, reptiles and other insects, etc.).

(iii) Climatic influence (such as exposure to severe sun, rain, snow, air, etc.).

(iv) Extra mental or physical exposure or exertion.

(v) Non-hygienic habits or doings (such as unwholesome or contaminated food or drink and drinks of alcoholic nature).

(vi) Accidental occurrences, etc.

As our theories have stood and survived the test of several centuries without being rejected as in the case of theories of other systems, we are strongly of opinion that our theories would stand the test of modern scientific criticism except the theory of Karma which is far away from the reach of the Western science, yet it is hoped that time is not far off for that science to embrace this theory with all love and pleasure.

(b) Before going to the principles of diagnosis of disease, we wish to say what a disease is as per our system. It is the disturbed condition of *Dhadhu*, viz., *Vadha*, *Pitha* and *Kaba* from their normal degree, i.e., from their normal condition of existence in a healthy man in the proportion of 4 : 2 : 1 respectively.

The principle adopted in diagnosing the disturbed *Dhadhu* individually or in combination with one or two of the remaining *Dhadhus* is the application of the science of pulsation. To make sure of the diagnosis of the (*Dhosha*) faults of the *Dhadhu*, the following additional tests are adopted of—

(2) body as a whole and face especially,	(6) excreta,
(3) voice,	(7) urine,
(4) tongue,	(8) touch,
(5) eye,	

Further tests are also employed on the principles enumerated in—

Naikuri நெய்க்குறி	} (Symptoms exhibited by gingelly oil dropped over the surface of urine of a patient.)
Naicheelai நெய்ச்சீலை	
or Neercheelai நீர்ச்சீலை	} Nadi (நாடி)
Maniakkadai Nadi. மணிக்கடை நாடி	

Methods of Diagnosis are—

By making out clearly, through the help of the science of pulsation, the particular *Dhosha* or *Dhoshas* (faults) due to the disturbed *Dhadhu* or *Dhadhus* as above referred to. In doing so, the hour of the day, the day of the week, the month of a year, the forward, backward or side-movements of the *Dhadhu* or *Dhadhus* and the various degrees of *beats*, too elaborate to mention here, are to be taken into consideration and in calculation of the disease. If it is desired to know something of this science in detail, we beg to request you to refer to the works like the following :—

Science of pulsation by Theraiyar, Aghastiar, Machaimuni, Sathamuni, *செனாயர்*, *அகஸ்தியர்*, *மச்சமுனி*, *சூதமுனி*, etc., etc.

If doubt arises as to the correctness of the *Dosha* or *Doshas* so arrived at, the next methods adopted are by looking to the skin of the body as to its colour, especially of the face and by the degree of voice and colour of the eyes, tongue, excreta and urine, and by temperature of the body by touch.

By finding out the external symptoms exhibited by the patient and tracing them to the disease to which they pertain.

By questioning the patient as to his general disposition and feelings.

By noting down whether the disease is curable, incurable or curable early or at a longer period or partly.

N.B.—The science of palpation, if its application is well understood, helps to find out not only the causation of a particular disease which a patient is suffering from at the time of examination, but also helps to foresee what other disease or diseases which he is likely to be subjected to sooner or later.

The principles of treatment adopted are—

(1) *Moni* (மணி), (2) *Manthra* (மந்திரம்) and (3) *Aushada* (ஆஷதம்).

(1) *Moni* is described as solid beads of mercury so prepared as to be fit to cure diseases when applied to the body in a certain prescribed manner. They are said to be of seven classes.

(2) *Manthra* includes—

(i) chanting of sacred words,

(ii) applying of charms prepared out of vegetables, minerals, etc.,

(iii) using Yogis' powers which may be compared with clairvoyance, mesmerization and hypnotism.

N.B.—These above two principles of treatment remain in the hands of specialists and, though they may be explored from the existing works, yet success could not be achieved unless help from those specialists are forthcoming to understand the technical terms employed in the works.

(3) *Aushadha* is of three kinds, viz.—

(a) *Oppurai* (ஒப்புரை)—A cure employed by those drugs which excite the symptoms similar to those of the disease.

(b) *Etherurai* (எதிருரை)—A cure by those drugs which act against and suppress the symptoms of a disease.

N.B.—These two systems of cure may be fairly compared with those of Homeopathic and Allopathic systems of cure.

(c) *Kalappurai* (கலப்புரை)—A cure by adopting the combination of the above two methods judiciously and strengthening the action of the drug by an additional drug or drugs of similar actions whenever required.

The above three main divisions comprise in chief the following description of drugs:—

Salt	...	...	...	25	Arsenica, artificial	...	...	32
Uparasas	...	...	...	120	Metals (excluding alloys)	...	...	5
Arsenica, natural	...	...	...	32	Plants (including the chief 64)	...	...	1,008

With the help of the above drugs, medicines of the above category are prepared in various forms as under:—

In case of diseases of operative nature, besides internal medicines, the following methods are also adopted:—

(1) அட்டை.	(6) சூடு.
(2) கீழல்.	(7) முறிச்சல்.
(3) குடோரி.	(8) வர்த்தி.
(4) கொம்பு.	(9) வேலு.
(5) சந்திரம்.	etc., etc.

These preparations are again divided into three classes—

Makkalurai (மக்களுரை or மானிடசிகிச்சை), comprising those of plants, etc.

Devurai (தேவுரை or தேவசிகிச்சை), comprising those of metals, etc.

Sururai (சூருரை or சாக்ஷ சிகிச்சை), comprising those used on cases of operative diseases.

Compare with—

“பொருடரு மெவ்வகை நோய் போமிதனல்
தந்திர மமணியவுடத வகைசேர்
மந்திர மிறைநூல் மறை யரைகுதமே
கண்டிதமரகிய கலைவல மூவித
பண்டித மெளடத வகையினே யுணர்வாம்.”—(அகத் - கரிசில்.)

“மருந்தினியை வகுக்கலொப்புரை
இருக்கின் மாறாய் மருந்திங்கெதிருரை
மருட்டு மொன்றிரு குணங்கள் கலப்பால்
சிறத்தல் கலப்பெனச் செப்பினர் கந்தி.”—(திருமூலர் - 8000.)

N.B.—In certain systems it is said that certain diseases are curable only after resorting to the Pancha-karma treatment, but in the Sidha system these diseases can, without the aid of Pancha-karma, be treated with the help of medicines of metallic preparation (*Devurai*), viz., *Baalam Chinduram*, *Churnam*, etc. These forms of medicines of agreeable taste are found to affect a speedy cure in a shorter period possible. Doses, too, are too small.

Methods of treatment—Before proceeding to treat a patient, the following points are observed, viz. :—

- (1) The study of—
 - (i) General structure of constitution.
 - (ii) General health, especially of the digestive system.
 - (iii) Habits.
 - (iv) Mode of living with special reference to food and drink.
 - (v) Duration of suffering.
 - (vi) Climate and season.
 - (vii) Idiosyncrasy (of the patient).
- (2) When this is done, the next procedure is the administration of any one or two of the medicines of the above descriptions internally in such a dose and vehicle as would effect a speedy recovery and application of such drug externally as may be found necessary to bring down the disturbed Dhadhus to their normal proportionate condition.
- (3) Allowing only such food, drink, clothing and dwelling as would further help or hasten the recovery.
- (4) Douching either to the body as a whole or a part thereof with medicated oils, decoctions, cold or hot water, etc., and massaging the whole or part of the body with medicated oils or thylams.
- (5) On recovery and while convalescent, using such medicines and putting on such diet as would tone the impaired Dhadhu or Dhathus, the essential parts of the human body, viz. :—

<ol style="list-style-type: none"> (1) Rasa—the lymph (2) Raktha—the blood (3) Mamsa—the flesh (4) Metha—the viscous fluid 	<ol style="list-style-type: none"> (5) Masoha—the brain or marrow (6) Asti—the bones (7) Sukla—the semen.
--	--

With regard to the general efficiency of our system it is needless to say anything about it, for it is a well-known fact that, in spite of a very heavy expenditure incurred by the Government in the Medical Department, it is not able to extend its help to more than, say, 10 per cent of the population. Then what would be the fate of the remaining 90 per cent? Is not the indigenous system that steps in to help them? The resort of the major portion of the population to the indigenous systems of treatment is in itself a proof positive to show as to their nature of general efficiency.

(c) Yes. For instance, Piles, Fistula, Polypus, Cataract, Calculus, Gravel, Carbuncles and similar such diseases which are cured mostly by operation are treated and cured effectively with medicines alone (both internal and external as required).

Acute fevers of all sorts, enlargements of spleen and liver, chyluria, diarrhoea of virulent nature, specially of cholera, etc., paralysis and other akin diseases of the nervous system, valvular diseases of the heart, leucodarma, leprosy, diabetes, consumption, acute rheumatism, sterility, plague, etc., come out with greater success of cure under the indigenous D.A. system than under other systems.

As records are not maintained of cases cured, a few of the certificates are herewith sent.

Q. 3. (a) The sangham, on whose behalf this is submitted though it does not own an institution either providing medical relief or medical education, yet it has most of its members connected with institutions of their own for medical relief and some providing medical education and training only to a few students seeking their help.

(b) 1 and 2.—The existing institutions, such as Lee Chengalvaroya Naicker's Dispensary, Sri Kanniga Parameswari Dispensary and Kalavala Kannan Chetty's Dispensary provide medical relief. As far as the funds at their command is concerned, they are doing good work. If more is expected of them, it is possible and practicable if some contribution is forthcoming from the State.

The above institutions are no doubt suitable for medical education and more so the Ayurvedic College at Triplicane, but all these institutions do require financial help to carry on the educational work on a satisfactory and elaborate basis.

N.B.—None of these institutions give medical relief or education on the line of the Siddha (Dravida Ayurveda) system.

(c) No provision appears to have been made at all for medical relief or education or for both on the line of Siddha (Dravida Ayurveda) system.

Q. 4. (a) 1, 2 and 3.—Yes, as far as we are informed, the ideal is attainable in the near future in the institutions like those at Mysore, Travancore, Calcutta and Delhi and regret to find that none of these are worked after the Siddha system. It is highly desirable that this presidency takes immediate steps to organize an institution on the lines of Siddha (Dravida Ayurvedic) system.

(b) We do not consider the ideal too high for the present and it is attainable in the near future if Government only renders a liberal help to fructify the suggestions given to Q. 10. If the financial pressure of the Government stands in the way, the starting of a college in the capital city of the Government, on a smaller scale, with the necessary equipment would be the ideal to be ultimately achieved for the present.

Q. 5. Even though there is an obvious and a promising desire among the adherents of the indigenous systems for closer touch with modern scientific methods which is highly commendable, we do not agree with the view that the distinction between the Indian and Western 'systems' of medicine would disappear. It is for time to judge. But we hold the view that assimilation is possible and practicable on either side for their further growth and development, to preserve which there must be an unbiased spirit of mutual confidence and practical co-operation on either side.

Q. 6. (a) Yes, in all branches (as per enclosed study of course).

(b) A course of 4½ years is suggested.

A knowledge of the local vernacular, i.e., to read and write correctly and to be capable of making out clearly the meaning of books written in a less difficult poetical style.

Of having completed his 18th year.

Of good physique and character.

(c) Through the local vernaculars as far as practicable.

First year's course.

1. Anatomy.	4. Biology.	} General.
2. Chemistry.	5. Botany.	
3. Physics.	6. Dissection.	

Second year's course.

1. Anatomy.	4. Pulsation, etc.	7. Materia Medica.
2. Chemistry.	5. Physiology.	8. Pharmacy.
3. Dissections.	6. Curing of drugs.	

Third year's course.

1. Materia Medica.	4. Minor surgery.	6. Pharmacy.
2. Hygiene.	5. Pathology, General and Practical.	7. Pulsation, etc.
3. Bacteriology.		8. Medical jurisprudence.

Fourth year's course.

1. Medicine.	4. Pathology (including mental diseases).	7. Ophthalmology.
2. Treatment.	5. Surgery (operation).	8. Diseases special to women and children.
3. Pharmacy.	6. Midwifery.	

Fifth year's course.

Practical treatment and surgery for a period of six months in a hospital or under a trained medical practitioner.

If the candidates undergoing examinations in the above subjects secure not less than—

(a) Thirty per cent in each subject and 35 per cent of the aggregate number of marks, they are to be classified as Bachelors of the Science of Dravida Ayurveda [B.Sc. (D.A.)].

(b) Thirty-five per cent in each subject and 40 per cent of the aggregate number of marks they are to be classified as Master of the Science of D. Ayurveda [M. So. (D. A.)].

(c) Those students who fail to obtain either of the above degrees but secure fair knowledge in subjects of general nature and exhibit sound knowledge in a special technical subject, may be granted a diploma or a certificate allowing them to practise in that special branch, such as diseases of women, etc., or ophthalmology, and so on, and they may be styled as L.M.P. (Ophth), L.M.P. (Diseases of Women and Children), and so on.

Q. 7. With regard to the question of extending medical registration to the indigenous system of medicine, we are of opinion that its extension is necessary and desirable but not at the present stage. This question should lie over till the Government brings in institutions with powers to grant degree, diploma or certificate to any person declaring him qualified to practise medicine or surgery, etc., under the indigenous system and also grants privileges which the practitioners of the allopathic system now enjoy under the Act.

It will not be out of place here if we point out that the Madras Act IV of 1914 came into existence only after a very very long period of introduction of the allopathic system in India and that after giving the system every facility for its full growth and development in the way of establishing colleges, hospitals, dispensaries, asylums, etc. If similar facilities had been granted to the indigenous system as well, it would now be time to extend the scope of the Act to it. In the absence of any such facilities, or at least encouragement, we are driven to the conclusion that it is rather premature to think of the Act at this stage.

Q. 8. In our opinion, when the cost of treatment according to allopathic and indigenous systems is compared, the cost in the latter system is undoubtedly cheaper than that in the former. The reason is simple. The indigenous system, in almost in all its preparation of medicines, depends mostly upon the produce of the land of its own birth, obtainable at a nominal cost (in cases mostly of plants), whereas the allopathic, in almost in all its preparation, depends upon foreign countries both for raw materials and for sale.

Q. 9. In our opinion, the causes of decay are many, of which we wish to give only a few, viz.—

(a) The first and foremost cause is the failure of the Government in not encouraging and supporting the cause of the indigenous system.

(b) Its step-motherly affection while fostering the allopathic systems to neglect the systems of the land (of their birth).

(c) The waste of an enormous amount of money of the people only on a system foreign to them and only be useful to a small number of the population, say about 10 per cent.

(d) The advent of foreign civilization and language and their adoption by the people of the country and the neglect of civilization of their land and tongue.

The stimulation of the adopted civilization began to look upon all that is native with hatred and abhorrence and that of education, though began to help otherwise, yet stood a serious detriment to the advancement of the languages of the country, thus rendering the love of study of the science of the land and the enjoyment of its fruits a thing of the dead past.

(e) The failure of men of high-rate ability and of recognized standing to persuade students to their side of study inasmuch as the students have discovered that the time and energy spent in things oriental are not paying and that there is no scope for leading a comfortable living.

Our suggestions for revival are those given against Q. No. 10.

Q. 10. The indigenous systems of medicine can be fostered if the State should undertake to support the growth and development of the indigenous system as kings of olden days have done, namely, in the following respects:—

(a) Collecting all the works of old and preserving them in a certain central place, preferably in the capital city of the presidency, and doing research work.

(b) Rewriting them in the light of the modern science.

(c) Translating them in the chief vernaculars of the presidency.

(d) Printing them gradually but hastening the printing of such works as are of immediate benefit.

(e) Reprinting those works freed from the various errors to which they are prone to.

(f) Translating useful works from the foreign languages into the vernaculars of the country.

(g) Establishing colleges and schools in important centres with necessary equipments.

(h) Establishing at least a laboratory in the capital town wherein there may be a free scope to prepare medicines of all nature, especially of higher order.

(i) Establishing dispensaries in every group of villages for treating the patients.

(j) Establishing hospitals and asylums in important centres of districts.

(k) Creating a garden wherein to grow plants, etc., both of ordinary and extraordinary nature, for educational purposes at least.

(l) Forming a museum wherein preserving all drugs such as metals, salts, uparasa, arsenic and dried plants with names in various languages.

Local Boards.

Local boards.—Helping the Government in the above points as far as their funds could permit, in accordance with the need of the locality under their jurisdiction.

University.

(a) Affiliating to it the colleges and schools established within the area of its control.

(b) Helping in printing work or prescribing works in existence in a manner suitable to the study of students of the schools and colleges.

(c) Carrying out examinations once or twice a year and granting certificates and degrees to successful candidates.

(d) Helping the advancement of the system as it is doing now to the Allopathic system.

(e) Instituting a research scholarship tenable for four years to a scholar well versed in the Dravida Ayurvedic system (Siddha) and delivering course of lectures under its auspices of the University which in the end to be printed in book form.

Private Agencies.

Making better use of such encouraging help as may be forthcoming from them.

(8)

M.R.R. PANDIT S. S. ANANDAM PILLAI AVARGAL.

Q. 1. I practise Tamil science on medicines—Siddha's systems.

Q. 2. (a) Causes of diseases—(1) inheritance, (2) excess or deficiency of food, its taste, its effects on the constitution, (3) excess or deficiency of sexual intercourse, (4) working so as to affect mind and body, (5) abnormal duration of any of the seasons of the year, (6) worms and insects on land and in water, (7) suppression of the fourteen natural discharges of the human body, (8) foul air and impure water, (9) anxiety and excessive fear, (10) association with person affected by contagious diseases and (11) affection of the pulses owing to want of sufficient sleep and rest, causing three doshams, etc.

(b) The nature of the disease is diagnosed by means of 'ten tests', e.g., pulse, secretion, excretion, tongue, eye, temperature of the body, colour of the body, voice, saliva and semen. Then the cause and different stages of the disease are diagnosed. Then diseases are cured by internal and external application of medicines with or without diet. Our forefathers adopted the Siddha's system and cured a number of diseases, such as fevers, tianua, dyspepsia, venereal diseases, paralysis, etc. The same system is being adopted by me and I have also cured a number of diseases. But I have not kept any account of the patients cured by me. I have, however, testimonials from some of them and some of the patients are still alive.

(c) Fever, delirium, hemiorania, rheumatism, dyspepsia, paralysis, elephantiasis, diabetes, leprosy, jaundice, dropsy, which found no cure in the Allopathic dispensaries, have been cured by the Siddha's system. If necessary, testimonials will be furnished from the patients cured of these diseases.

Q. 3. (a) Yes. I have been a member of the South Indian Ayurvedic Sangam.

(b) (1) I know of two dispensaries conducted on the Tamil system—one at Washermanpet and the other in the Mint Street. The patients there are well attended to.

(2) No instruction in medicine is imparted to any one in the dispensaries.

(3) Funds being inadequate, these dispensaries are conducted on small scale, but it may, however, be observed that they are progressing. If ample funds are secured from the generous public and Government, they will work satisfactorily.

(c) No. If institutions to educate men in medicine are formed and text-books comprising the essence of the several treatises on medicine are compiled, this indigenous system will themselves work very efficiently.

Q. 4. (a) 1, 2 and 3.—Yes. It cannot be said definitely that there is any dispensary conducted on the Siddha's system where the ideal is attainable. But if such an institution containing dispensary, laboratory, library and museum and a garden of good herbs is established in Madras where there are several facilities, the ideal can be attained in the near future if the State helps.

(b) The ideal is not too high to achieve.

Q. 5. I agree. By a thorough study, research and investigation of the Indian system and by comparing results with the Western system, it may be possible to verify the system. But it may take some time. It will be necessary if to work to that end, to translate in different vernacular treatises dealing on the preparation of specific medicines, such as chenduram, buspam, etc.

Q. 6. Yes. The course of studies should be drawn up by experts of both the systems.

(a) That there should be grades as in the English system according to the efficiency of the candidates learning the Siddha system.

(b) In Tamil the student should possess a sound knowledge of its literature. It will do well to have a knowledge of English as well.

(c) The medium of instruction should be Tamil and the course of instruction should amount to three or four years. Successful candidates should be awarded with titles such as Maruthuva Pulavan, Maruthuvamani, Maruthuva Siromoney, etc.

Q. 7. Though the native doctors in towns and villages are of different merit, yet they successfully treat the patients. Their names should be registered as in the case of English doctors.

(a) Yes. The board should consist of equal number of representatives of Ayurvedic, Siddha and Unani doctors.

Q. 8. The treatment according to Siddha's system will not cost as much as that according to the Allopathic system. Tamil medicines do not cost much. Patients are cured by the Tamil medicines in a shorter period than that by the English medicines. The disease does not recur and the patients do not suffer any relapse of the disease. The fees to native doctors and the diet to the patients do cost only a little. In the Siddha system of treatment no nurse is necessary and the female members of the patient can conveniently attend to the wants of the patient and look after him. The native drugs 'lingam, veeram, puram, rayachenduram, etc.,' were cheaply available before, as they were prepared in Tamil towns and villages, namely, Kumbakonam, Pondicherry, Cochin, etc. At present these medicines are not encouraged, and so they have become rarely available. If the old system is revived these Tamil medicines will become very cheap.

Q. 9. The Tamil medicines are not dead. In most of the villages, thousands of them are in daily use and there are numberless doctors in these villages. Allopathic doctors and dispensaries are not in sufficient numbers in villages—a matter well-known to all. It cannot be denied that thousands of patients in towns and villages are now being treated by native doctors. Not only in the Madras Presidency but also in Ceylon, Burma, Straits Settlements, East Indies, Madagascar, etc., the Siddha system of treatment is even now very popular. Not being sufficiently encouraged by the rich and influential gentlemen and by the Government, the system is declining day by day. This also leads to the scarcity of expert practitioners of the Siddha system.

Q. 10. (a) to (d). Sufficient funds should be collected to establish 'A Tamil Medical Research' consisting of men sound in Tamil literature and expert in the Siddha system. Tamil treatises on medicines not now in print but only in palmyra leaves should be collected and printed and formed into a library. A laboratory stored with all Tamil medicines should also be formed. Tamil medical men should learn how to prepare the medicines in the laboratory. Students that..

come out successful from this Medical College should be provided with work in the hospitals in charge of the unions, taluk boards and municipalities. Government, district municipalities, local board and Senate should help the college with necessary funds.

(9)

HAKIM A. Z. MUHAMMAD LATEEF-UD-DIN SAHIB BAHADUR.

Q. 1. I propose to deal with the Unani system of medicine.

Q. 2. (a) and (b): The Unani system is fundamentally based upon the four controlling agents or humours known as *Khoon*, *Balgam*, *Safra* and *Savooda*. Any derangement of the above controlling or functional agents brings about an unnatural state of the body which is otherwise known as disease. The cause of the derangement is three-fold, namely, *Badi*, *Siyakh* and *Vasil*, which include external influences and internal causes constituting both concrete and abstract (vide *Khanoona-Ilaaj Unani*). The diagnosis of the cause for the disease is made in three ways, namely, *Kharoora*, *Shanasi*, *Nabs Shanasi*, *Khiyapa Shanasi*, i.e., (1) by examining the urine of the patient, (2) by feeling the pulse, (3) by the external appearance of the patient (1) Urine is examined by the appearance of its colour which is influenced in accordance with the abnormal state of the controlling agents affecting the internal organs. Thus the physiological action of the internal organs, such as brain, heart, liver, lungs, spleen, kidneys, etc., is detected and proper remedies prescribed. In certain cases the urine is also boiled for diagnosis (vide *Risa-e-Kharoora-Shanasi*). (2) The action of the pulse or the beat of the artery which depends upon the dialation of the heart, the most important organ of the human system, is defined in a variety of ways for the purpose of an easy understanding with regard to its functions both normal and abnormal due to the derangement of the controlling agents or humours (vide *Risala-e-Nabs-Shanasi-Unani*). (3) The external appearance of the face, eyes, tongue, lips, etc., which undergoes a radical change owing to the abnormal function of the internal organs due to the derangement of the controlling agents, suggests the state of his internal organs and the consequent disease to which the patient is subjected. The properties of all the medicines are derived from their elementary or cardinal qualities—the hot, the cold, the moist and dry. If a disease is classed hot or cold, sthenic or asthenic, a medicine with the opposite virtue is prescribed. In certain special and rare cases a medicine with a like virtue is prescribed) 'Elajush Shai Ba Ziddihi Hifzu Shai Ba Mislahi'. Just as there are four cardinal qualities of drugs so there are four stages in a disease. The prescribed medicine should tally with the stage of the disease. In prescribing medicine, the greatest care is taken to see that it is mathematically correct according to the inherent qualities of drugs which go to form the medicine (vide the method of prescribing *Khanoon-e-Ilaaj-Unani*). These theories which were propounded some thousands of years ago have to this day withstood the test of time and have ensured universal approbation. The Western science has not, I think, discovered its truth owing to the prejudice and ignorance of its scientists. This system which is in vogue in India from a very long time is cheap, popular and suited to the climate, the dietetic nature and the environments of the people.

(c) Yes. Because in several cases where English doctors have given up cases as hopeless the treatment under this system has resulted in undoubted and ultimate benefit to the patients, particularly in venereal and other functional diseases.

Q. 3. (1) (a) I have my own institution where medicines are prepared according to Unani standards and where the poor are treated free.

(b) No. The medical relief afforded by the existing institutions is very inadequate since no support is extended by the Government or by the local boards and the municipalities both for equipment and the provision of free education on these lines. To make the medical relief more adequate in consideration of the present deficiency, the following scheme may be adopted: (1) All major unions, municipalities, taluk headquarters and groups of villages combined together should be provided with a free dispensary on indigenous lines. (2) In each district headquarters there should be a hospital on indigenous lines admitting in-patients to which may be attached a school providing medical training on indigenous lines. (3) There should be a central General Hospital in the Presidency headquarters with a college attached to it providing medical education on indigenous lines with necessary equipment for laboratory work, research work and scientific demonstration on up-to-date lines according to the indigenous systems.

(2) They are not designed to serve as centres of education but with better equipment and financial support they could be made useful as centres of medical education.

(c) So far as the mufassal is concerned I am afraid there is no organized provision for proper medical education. At present the doctors have always some students under their instruction, but the courses are not definite and the period prescribed. This could be solved by the institution of a central medical school of education whose curricula of studies should be decided on by a committee of experts of this system who can draw up a programme for such education. This could not be done without the conjoint efforts of the Government and the local boards and the co-operation of the public.

Q. 4. (a) (1) Yes. (2) Yes. (3) Yes. (4) This ideal is attained at present in institutions like the Tibi College at Delhi. This ideal is attainable in the near future if the institutions of indigenous systems in Madras are extended in their scope and usefulness.

(b) The ideal could be attained by the opening of a medical school in each district for giving medicines and by training students side by side.

Q. 5. I do not agree with the view of the Calcutta University since it is a dual between the cultural attainments of the two unequal systems. The so-called obvious and promising desire of the indigenous physicians is not to import the principles or the theories of the Western system into their own but to get acquainted with the practice of the art of surgery.

Q. 6. The proposed central school of medical education in each district should include a study in the vernacular of modern scientific methods.

(a, b, c) As I have already suggested above the committee drawing up the curriculum of study could decide upon this matter.

Q. 7. There must be a system of medical registration by a board of indigenous systems of medicine.

(a) The registration board should consist of eminent Unani doctors elected by the indigenous practitioners and associations in the Presidency and who could command confidence not only among the members of the profession but wield influence among the public also.

(b) The answer to this question becomes automatically negative in view of my answer to the above.

Q. 8. The cost of the indigenous systems of medicines is very cheap as compared with Allopathic system of medicines. Further, most of the drugs used are well known to the people who have confidence in their therapeutic value and are easily obtainable as compared with English Pharmacopoeia. A number of drugs used in India are imported into England where they are converted into various tinctures, mixtures and compounds and retransmitted into this country. In my opinion the indigenous system of medicine has languished for want of support and encouragement. Further the system in season and out of season has been decried by Allopathic practitioners so that people who for generations had loved and adopted the Unani system been made to lose confidence in the efficacy of the treatment which was fostered and universally adopted during the days of the illustrious earlier Kings who ruled over this country. Even to-day there are certain families who are descendants of royal physicians who have handed down from generation to generation the most important specific according to these systems. I would suggest that a central school be at once formed and a committee of Unani doctors be appointed to frame a scheme of studies co-ordinating the indigenous systems.

Q. 9. (a) The State can form the central school of education at Madras, form the committee proposed, co-opt English practitioners also and put the scheme on firm basis.

(b) The local boards and municipalities may be made responsible for the proper conduct and work of the branch hospital to which should be attached a small training section to undertake maintenance of hospitals which should be augmented in taluks and unions.

(c) The Universities should provide degrees for examinations.

(d) Private agencies may be called upon from time to time to render assistance in any manner required.

(10)

M.R.Ry. PANDIT NARAYANA AYYANGAR AVANGAL.

Q. 1. The view has sometimes been expressed in responsible quarters and the notion is even now current that Ayurveda is no 'science' and that the method of treatment pursued by those acquainted with Ayurveda belongs to no 'system'. A close examination of the ancient works of Ayurveda, such as 'Charaka, Susruta, Ashtangahridaya, Ashtangasangiraha, Rasaratna Samuchaya, Rasaratnakara, Rasahridaya, Rasaprakasa Sudakara, etc., reveals unmistakably that medicine had been developed into a perfect science by our ancients. Instances could be mentioned of topics on which we could give points to Allopathic practitioners steeped in the progressive notions of modern science. For instance, these treatises mention about 107 vital spots in the body of man, and the physician is enjoined to be specially careful in the handling of any ailment affecting those particular places. Modern methods of surgery apparently make no note of this caution.

Again the high efficacy of metals and minerals like iron, mercury, etc., is realized even in the Allopathic system, and yet Allopathic practitioners have not been quite able to employ mercury and iron without producing the deleterious effects which they would produce if they are not properly purified. Whereas the Ayurvedic physician is an expert in so purifying these substances that they produce only their good effects without any of their evils. In fact, this aspect of the Ayurvedic system has been felt by some eminent Allopathic practitioners and they have been forced to concede that Ayurveda has, imbedded in it, some stray recipes which are effective in isolated cases. I must repeat that observations like the above are the result of ignorance or prejudice. I say this not on account of any misplaced predilections or mistaken patriotism but out of a deep conviction formed by a minute and careful study of Ayurveda and an experience of over twenty years as a physician practising the Ayurvedic system and fairly acquainted with modern Allopathic methods and as one who has come in frequent and friendly contact with medical practitioners of high ability and reputation and belonging to both systems. I may conclude by saying that I am ready and willing at all times, nay, even anxious to answer all

questions that may be put in respect of any of the matters covered by the Government's reference to the Committee. I shall endeavour to substantiate all my views in the light of modern reason and logic.

I may answer the questions by saying that I propose to deal with the Ayurveda system. But I may mention in passing that the classification in the question in the Ayurveda, Unani or Siddha is not quite correct; strictly speaking, both Ayurveda and Siddha are comprised in what may conveniently be described as the Sanskrit system of medicine dealt with in the ancient Sanskrit books. Those books refer to the system of treatment by herbs and drugs as Ayurveda and that by metals and minerals as Siddha; but it is perhaps not necessary to pursue this matter further here. Apparently the question has reference to the three schools of treatment followed respectively by those versed in the Sanskrit works, by Mussalmans and by those trained in Tamilian methods. And I, therefore, answer the question by saying that I propose to deal with the Ayurveda system.

Q. 2 (a) According to the theory of Ayurveda, aberrations of weather and change of seasons, food and generally the objects with which the senses are fed and the excess or deficiency of exertion in mind, body and speech are the general causes of diseases. Particular causes are mentioned for particular diseases but they would of course come within some or other of the above three general headings. I think all the progress of modern science has tended also towards the same conclusion as to causation of diseases. If necessary, I am prepared to substantiate this in detail.

(b) The methods of diagnosis followed in the Ayurveda system may be stated to be eight in number, viz. (I will first mention their Sanskrit names and then explain their meaning)—

By reference to (1) (Nidanam).	By reference to (5) (Samprapthi).
(2) (Purvarupam).	(6) (Darsanam).
(3) (Lakshanam).	(7) (Sparsanam).
(4) (Upasayam).	(8) (Prasnam).

- (1) *Nidanam*.—What took place prior to the contracting of the disease.
- (2) *Purvarupam*.—Prior symptoms.
- (3) *Lakshanam*.—The first manifestation of those symptoms.
- (4) *Upasayam*.—Empiricism.
- (5) *Samprapthi*.—Actual forms which disease assumes.
- (6) *Darsanam*.—Sight.
- (7) *Sparsanam*.—Touching that is, feeling the pulse, etc.
- (8) *Prasnam*.—Questioning the patient.

With a view to make myself better understood I shall illustrate the above by reference to a particular disease. Take, for instance, the most common disease, viz., fever.

How to find out whether a particular case is a case of fever by applying these methods—

First by *Nidanam*.—The Sanskrit books have mentioned certain pre-disposing factors (as tending to bring about fever) such as eating in excess bitter, pungent and sour foods, gross under-feeding, untimely meals, suppressing stools or urine, making efforts to pass stools when there is no actual call, waking up at nights, crying hoarse, excessive labour, sudden fear or sorrow or care, reckless sexual intercourse, exposure to the sun, etc. (vide *Ashtangahridayam*, chapters 1 and 2 of *Nidana*).

Therefore the ancient Sanskrit writers enjoined the followers of their system first to ascertain from the patient about what took place prior to his contracting the disease. From this they are able to guess the nature of the disease.

Secondly *Purvarupam*.—Here again the text-books have mentioned certain symptoms as preceding the actual attack of fever, e.g., laziness, lack of taste in anything, certain heaviness of the body, a shiny sensation in the mouth, dislike to food, yawning, eyes getting choked with water, indigestion, weakness, tendency to sleep, convulsions, giddiness, etc. (vide *Charaka Nidana*, chapter 1, and *Chikitsa*, chapter 1; *Ashtangahridayam Nidana* and *Chikitsa*, chapter 1).

Therefore the Ayurvedic physician here asks about prior symptoms.

Thirdly *Lakshanam*.—Again the authors of Ayurveda have said also how these prior symptoms first manifest themselves, e.g., in the case of fever, difference in temperature in different parts of the body, stiffness of the limbs, pain in the joints, headache, etc. (vide).

This is therefore the one step by which we are able to diagnose any particular ailment, i.e., by ascertaining what were the first visible outward manifestations.

Fourthly *Upasayam*, i.e., having diagnosed by the above processes that a particular case is one of fever, it has next to be found out to what particular variety of fever this belongs, i.e., whether it is malaria or typhoid, or influenza, etc. The Sanskrit authors have mentioned 63 broad varieties of fever and mentioned also the particular characteristics of each and the particular methods of treatment for each. Therefore with a view to ascertain the particular variety the physician is required to try one or two remedies as a sort of feeler, and if a remedy that is presented for one variety of fever is found effective he concludes that his case is of that variety.

Fifthly *Samprapthi*.—The actual form of the disease, i.e., high temperature. This probably needs no elaboration.

Then by sight of the patient.

The books mention that a patient suffering from fever often looks or talks excited or shivers, etc.

From this also disease could be inferred.

Next by touching the patient.

This includes feeling the pulse, applying the ear to the heart, etc. The books have described the condition of the pulse and the beatings of the heart both in the normal condition and when there is fever or any other ailment.

Lastly by putting questions to the patient. This is, of course, the commonest method at all times and among all systems. These are the principles of diagnosis followed in the Ayurvedic system, and it will be seen by a mere reference to them that they are quite exhaustive, and that there is not likely to be any disease that would baffle these methods of diagnosis.

As for the methods of treatment, our pharmacopœia consists of mixtures, pills, powders, lehyams, ghees, oils, etc. These are administered with due regard to the nature and duration of the disease, the portion of the body affected, the age of the patient, the season of the year, the portion of the country he lives in, the diet to which he is ordinarily accustomed, his strength, powers of digestion, etc. It is not quite possible to compress in the form of one answer all the points that it is necessary to mention in regard to methods of treatment. I am quite prepared to elaborate every one of the various points that may arise in this connexion with specific illustrations if a separate opportunity is given to me for that purpose. But suffice it to say now and here, that from steam bath and ænema to the prescription of medicated animal food our system is familiar with diverse methods of treatment.

As for the general efficacy of the treatment adopted in our system, my opinion is that the Ayurvedic system stands the test best. There is absolutely no disease on earth which has not been mentioned in the ancient works on Ayurveda. And a treatment has been prescribed in them for every disease. My experience has shown to me that practitioners trained in the Western system of medicine have been learning of the existence of some diseases only as the diseases themselves are breaking out and have produced their effects, and that even then, their methods of grappling with the deceased are a series of experiments in the nature of leaps in the dark. The Ayurvedic system suffers from no such fault. Take the case of plague. The two common remedies that are being suggested now are evacuation of the affected area and inoculation. But I have myself cured some cases of plague by administering the medicines prepared in accordance with the system of Ayurveda. In the case of influenza again, I have cured very many cases which Allopathic practitioners experimented upon without being able to diagnose exactly and I cured all of them only with the help of Ayurvedic medicines. I am mentioning these instances only to reinforce my opinion that in point of general efficacy the Ayurvedic system is not behind any other.

On this matter also, I am prepared to answer any specific questions that may arise or be put.

(c) I emphatically hold the view that indigenous systems of treatment are certainly more efficacious in certain conditions than other systems. Some of what are generally considered as the vilest and most obstinate of the diseases to which the human flesh is heir have been proved to be practically incurable by the Western system of treatment. Rheumatism, phthisis, asthma, leprosy and dropsy to mention only a few of such diseases have not been treated with any appreciable success by the Western system. But the physician trained in the pure Ayurveda has been able to effect miraculous cures for all these diseases. If I may be permitted to say so without vanity I have cured radically some cases of rheumatism and dyspepsia which had been given up as incurable by certain Allopathic practitioners of high repute. I am prepared to give out the names if necessary. I have known again of cases of what we (in Ayurveda) call सन्निपातज्वर (typhoid fever in its last stage) which have been cured as if by magic by capable Ayurvedic doctors after Allopathic practitioners had given up the cases as hopeless and as having passed out of human hands. I may refer also to a now very familiar disease among children of tender years known as (Katti—) in the stomach. I have yet to know of a case of Katti having been cured by anybody except a follower of the indigenous system. In fact it is now well-known that not a single parent ever consults an Allopathic practitioner in regard to Katti. That is a significant circumstance to be taken into account in judging of the efficacy or otherwise of the different systems. But perhaps the most eloquent proof of the efficacy of the Ayurvedic system consists in the fact that some of the more successful Allopathic medical practitioners of the present day have acquainted themselves with and obtained some Ayurvedic medicines and are treating their patients with them also. Here again I can mention instances if necessary.

3. (a) No.

(b) As centres of medical education the existing institutions are suitable. But they are not adequate for affording medical relief. The number of such institutions has to be considerably increased, and it may be necessary also to get as heads of those institutions men of profound learning in the Ayurveda.

(c) My answer to this is in the affirmative.

4. (a) It is no doubt necessary for a proper training in the Ayurveda that students should be placed under the personal guidance of teachers of first-rate ability and recognised standing. But if that condition is fulfilled I don't think the other conditions referred to in (2) and (3) need be insisted upon as a *sine qua non*.

But if it is possible to fulfil these conditions also it will no doubt be a consummation over which we may rejoice, but I will not say they are in any sense indispensable.

(5) I entirely dissent from the view of the Calcutta University Commission. I do not believe that there is anybody truly trained in Ayurvedic system of medicine that desires to come in any touch whatever with 'modern scientific methods'. The combination that is proposed by the Calcutta University Commission will only be a product calculated to profit neither—at any rate not certainly the Ayurvedic system. The reference to "survivals which cannot stand the test of experiments" is thoughtless verbiage. I challenge anybody to point to any such theory and I shall demonstrate that observations like these are only begotten of ignorance. Time which antiquates antiquity and hath an art to make dust of all things finds and shall find the Ayurveda, unsurpassed and inexpugnable. And all 'progress of modern science' has shown but more unmistakably that Ayurveda is a science not for an age but for all time.

6: I do not agree with the views that the curriculum of studies of indigenous medicine should include modern science, physics, chemistry, biology, etc. Standard treatises of Ayurveda have devoted large portions to the subject of physiology as also to the subject of surgery. These contain also diagrams particularly of various surgical instruments. They contain also minute directions about operations to be performed. What I would suggest is that people who have read Ayurveda and have at the same time passed some Medical examination in the Allopathic system like the Kaviraj's of Calcutta should be employed in these proposed institutions to teach the aforesaid portions. They may do so with the help of modern instruments, because we don't happen to possess any remnants of our own instruments now.

(b) & (c) The answers to these will be comprised in the answer to the latter part of question 9.

7. I don't think medical registration is necessary. Certificates of having passed the required examination is quite sufficient to meet our purposes.

8. The Allopathic system of treatment is certainly more costly in all cases than the indigenous system. The most important reason therefor lies in the fact that even the smallest drug that goes to make up any prescription of an Allopathic practitioner has to be obtained only from foreign countries. The cost at which it is made available to us necessarily therefore swells high, since it has to include the charges of a costly establishment abroad, the cost of transport and the gain of local trader. Then there are the consultation and visiting charges of the practitioner himself which it is common knowledge are far higher in the case of Allopathic practitioners than in that of Native physicians. Almost all the drugs in the Sanskrit Pharmacopœia are available in almost any part of the country even if they are not always stocked by the physician himself.

9. The main cause of delay of the indigenous system of medicine is the lack of adequate encouragement. Here we must go to the root cause of things. It is true that at the present day there is not a sufficient number of people in the land who could be said to be masters of the Ayurveda system. The decay of Sanskrit learning itself is the primary cause for this state of things. It is not perhaps generally known that it is not possible to acquire a thorough mastery of Ayurveda without a sound knowledge of the Sanskrit language itself. Secondly there are no facilities now existing for the acquisition of the Ayurvedic culture. There are no medical schools or other centres of learning to which desiring pupils could resort. Celebrated servants in Benares, and others who are deeply versed in the ancient Ayurveda, or have acquired a working knowledge of Ayurveda, and are competent to practise it, do not meet with sufficient support. There are no dispensaries affording relief on indigenous lines. Not merely that, for various reasons—such for instance as the imbuing of western habits and the aping of Western manners consequent upon Western education—these are not able to command anything like a decent practice. Add to these the hidebound restrictions sometimes imposed by the Government such as the rule or the practice now obtaining of requiring medical certificates only from Allopathic practitioners of some status, even those who believe in the efficacy of our treatment find themselves sometimes under the necessity of getting themselves treated by others. Ayurveda could be revived by establishing a large number of schools for the teaching of Ayurveda throughout the length or breadth of the country by giving a recognized status to those who come out successful from those schools and colleges and by the establishment of large dispensaries in which treatment on the lines of Ayurveda is afforded in almost every centre of the country. First in regard to the schools, those students who possess a certain amount of knowledge in Sanskrit—say for instance, those who have passed the Seromani text of the Madras University—may be admitted. Courses of study intending from 2 to 4 years may be prescribed. At the end of the course or such other intervals as may be fixed, examinations may be held and diplomas or certificates granted. The holders of these diplomas or certificates alone should be allowed to practise. If necessary, their scale of fees may be regulated. Medical certificates granted by them must be placed on the same footing as the certificates granted by corresponding Allopathic practitioners.

In at least all important centres there should be established a Government Ayurvedic dispensary to be placed in charge of people qualified as above. In big district centres like Madura more than one such dispensary may be established. In smaller towns one Ayurvedic dispensary and one Allopathic dispensary may be established. In rural areas either the one or the other according to local conditions may be established.

There are roughly the broad lines on which a revival could be worked.

Q.—10. (a) The Government could start and maintain schools and colleges for imparting education in Ayurveda, or could give grants to private institutions who may afford facilities for imparting such education, could recognize the status of people who qualify themselves and could also maintain Ayurvedic dispensaries. Local boards could co-operate with Government in such manner as they are doing now, and could start schools and dispensaries themselves. The Universities may affiliate schools and colleges imparting such education, may frame syllabuses and curricula of studies and hold examinations and grant certificates. Private individuals and associations could also start dispensaries and Government or local boards may give any grants to them.

(11)

M.R.R. C. S. NARAYANASWAMI AYYAR AVARGAL.

Q.—1. I propose to deal with *Siddha*, nowadays Ayurveda and Western systems of medicine, from a comparative point of view; mainly with Siddha medical science, secondarily with Ayurveda, lastly with Western medicine and science, from a comparative point of view.

Q.—2. (a) As regards theories of the Siddhaic system this is a very broad question to be answered abruptly as pithy questions and answers. From the Siddha point of view this is a cosmic affair, covering the Macrocosm and Microcosm which means both Universe and Man from the old point of view of both the old Western Mystic system and Indian Siddha system. The main underlying first theory of the Siddha school is that there is no incurable disease under their category, if the practice of medicine is taken to be *as the art of restoring the sick to health*. If any disease is brought about on man, it is by his own self-actions (and not by proxies); when it comes to the question of the ailments of the children then only it becomes a side view of proxies as parents and nurses are concerned, and become responsible. As this is brought upon in the middle, after birth and before death, it should be also cured in the middle, provided there is one able enough to cure. It is only the want of men with such knowledge of science and its practical practice with efficacious cures on hand, makes humanity cease to exist. The theories or theory of diseases are asked to be enumerated and substantiated so that modern science can have its own critical tests applied to it. The theories are and were all the same all over the universe, during all times, because when creation evolved out from chaos and from that time man's edition and copyright of man by God has remained and remains all the same always and is yet unchanged. With the production of man his diseases also have come into existence as human flesh is heir to, as such medicine also has ever been. The modern man and especially the Westerner, who imagines himself to be the sole repository of all knowledge and civilization that exist in the world, presuming himself to be the greatest over all other nations in his impudence and ignorance and arrogating more to himself, assevers that he has been the founder of the system of circulation of blood and of animal magnetism, to himself claims the credit of being the inventor of everything nowadays. The modern Western science looks upon the universe as being a conglomeration of *dead matter*, out of which by some unexplicable process life has evolved out in forms, whereas ancient science is teaching us that the universe is a *manifestation of universal principle of life* acting through the instrumentality of forms. Modern science attempts to prove that, man is a biped animal (I suppose it, includes also him who presumes!) whereas ancient science inculcates that he may become a god (Deva) when such a gulf of difference exists in the notions about himself, the guardians of such a science sitting in judgment over an old science, 'which is presumed barbarous', though the conclusion may be a foregone one of foredoom, inasmuch as everything old is being viewed as such, when public invitation of opinions of various cults is sought after whether with speciousness or earnestness, we have to subserve humanity when sought for, lest it should become a culpable negligence. Man has got his jada and jeeva sides, meaning his material and spiritual sides; and diseases emanate from both. For instance when madness is being called lunacy what connexion exists between luna and madness and why there should be more raving during fullmoon days, even though the existence of such a word in the language presumes of such a thing the ignorantly presumptuous modern professors and the scientists would never condescend to pry and probe through, unless it is with his lancet.

Man.—Man is a production of divine mind and thought, produced (1) of the essence of the five elements (2) sole of the stars, (3) and the spirit, which is the outcome of spiritual, stellar and temporal sides of Magnum Limbus from the Matrix of nature formed of seven layers of tissues. His diseases are either the outcome of external machanical causes or are due to the mental conditions of Thathwas in chemical combination with his flesh. Every man is of eight spans of length each, by his own hand with thirty-two internal organs and limbs, and sixty-four functions, of physical, spiritual and internal causes. Diseases, as per old Siddha chemical school, are of five kinds, (1) by astral causes, (2) by impurities and poisons, (3) by the stoppage of the normal

internal functions of the body owing to morbid conditions, (4) by spiritual causes, (5) by actions of Karmic law. To exemplify the above under each class respectively some examples I give below :—

(1) As the universe is man also is, as the final creation of God, i.e., as per the law of evolution of the universe all that exists in the world exists in the man also, i.e., the influence of the Sun, Moon, Stars and the Panchabhauthic influences all act upon man. If the natural influences in nature is good, on man also good influences are produced, and if evil effects are the outcome, i.e., if noxious cosmic emanations are produced in nature by world agencies, they produce noxious affections in man also where if in the sphere of our souls there exist infectious germic causes to attract those astroal causes from nature, high sweeping epidemics are produced. To give another example, the influence of the Moon on man, during fullmoon days especially, is greater verging on the side of its bad nature as the magnetic siderial influence on him is acted upon in its developing intensity, is said to develop plague and other acute epidemics. Moon's influence is cold, its influence on the brain of man, which is called the moon's seat in him, is injuriously affected stimulating his sexual passions causing dreams, hallucinations and cravings inordinately during that period, hence the existing word lunacy found in the language. To go on citing such examples it will be verging upon ancient Vedic and Mystic, Astronomic, Astrology of East and West respectively.

(2) Poisons and Impurities.—The main doctrine under this head is, each created thing is in itself perfect and nothing is impure in itself, unless and until it is brought in contact with another, when it becomes poisonous in nature. The Mother Earth is a huge stomach in which every evolved thing is redissolved, digested and transformed and each being draws its own required nourishment from the earth. Each living being requires a particular kind of food and adopted to its species and to its own animal organism. Animals are endowed with particular instinct and scent, so that it may reject anything which may be injurious to itself, but whereas intellectual man disobeys his natural instincts, he eats and drinks anything to gratify his artificial taste, and as such consumes anything, even a pig which subsists on human refuse. As long as the human frame is strong enough to expel the absorbed injurious substances by his intemperance, gluttony and his other morbid taste, he seemingly pulls on well, but with his unnoticed and unfelt serious loss of tissue and cellular vitality every moment, until at last it comes out in some form of disease, when the physique by habitual strain and loss of vitality becomes weakened to expel such accumulated poisons from within his frame. Rheumatism, gout and dropsy and some other diseases are owing to such accumulations of such unwanted impure things stuffed into the body. Unless these are expelled from the body, by medicines strong enough, when in addition if the system becomes subjected to injurious astral influences in nature, some other diseases of a worse stage are developed.

(3) Diseases arising from the conditions of man's internal nature, i.e., from psychological spiritual causes. Herein comes a hard nut to crack for a Western man. As per old science world itself is an emanation from God, i.e., the corporeal world is an external expression of the world-of-mind. Each and everything in it represents an idea of Para Brahmam. Each star is a visible symbol of an universal principle or faculty. Man, himself is a cosmos and is the highest of all animal kingdom, i.e., containing the nature of the whole animal creation within himself, with an additional highest faculty which no other animal is endowed with namely, with the power to attain self-knowledge, i.e., the knowing of God within himself and attain Moksha. The body of the man is his house. Man is a Sun and a Moon and Stars filled with heaven. And thus man is only a form-manifestation of a universally existing previous state of the universal mind. Individual man is the individualised universe, i.e., having his own heaven within himself, as a part of the heaven of the universe. Every organ in the human body is formed by the action of certain universal principles, attracting that which is required to its own development from the magnum limbus. "Thus it is said that the heart is in sympathy with the elements of the Sun, brain with that of the Moon, gall bladder with that of the Mars, lungs with Mercury, liver with Jupiter, kidneys with Venus, spleen with Saturn, etc." (vide Gnanavetti and Paracelsus' De Pestilitate). Then to come to the psychological diseases of man under this head, many diseases are brought about especially by the abuse of his own physiological powers in consequence of which his functionary organs lose their strength and vitality, i.e., the stomach when habitually over-loaded with food brings dyspepsia as in gluttonous gourmands and also when stuffed with irritating poisonous drinks, greater amount of work is thrown upon the stomach and this with the kidneys both become inflamed, weak and enlarged by their overwork; in the same fashion inordinate sensual excesses bring on premature prostration in the frames of both sexes, those organs become paralysed and human nature becomes morbid, bringing in its train diverse diseases. It is only that the highest endowed man that becomes unnatural to his instincts to belie his form and character and his maker, though he retains his shape, even after his physical excesses. As such a doctor (a natural doctor, I mean one who is endowed by nature itself to be a physician) has necessarily to know cosmos and man and their nature to study, diagnose and administer medicines suited to the malady.

Under this category in ancient Indian chemistry Universe is divided into three classes of (1) minerals, (2) vegetables and (3) animals, all which remain true to their nature and their forms indicate their character. And minerals are divided into 212 things. From these vegetables become evolved under six classes of tastes and of 3,300 genera. Man's ailments under all the above five divisions have been computed to be 4,448 in all. Animal became evolved and man

stands the highest as said above among the whole creation, containing within himself the whole universe and the firmament above, and the creations below him. To set him right from his ailments under the above five subdivisions (of which two more will be discussed below) medicines by minerals and vegetables both combined together or 8 separate have been formulated to produce a cure and a permanent cure. In the firmament above great many are the stars which exert its influence on the organism of man and plants below. The plants attract the powers of the stars to which they are sympathetically allied. Moon is called in Vedas as *Oshadhimm Pathi*. Such astrally influenced plants are being utilized by an Aurvedi to heal a man of his malady. By a judicious use of plants its beneficial astral activities may be attracted and evil results produced by man's intemperance in habits may be counterbalanced and neutralised, and his body may become once more resuscitated. Under the Agasthya system of chemical medicines there is a unique feature ordained to be observed in gathering and extracting the plants fresh, when their occult properties are at the highest, at a certain time of the day or night, during certain planetary conjunctions, which is not being observed nowadays by any. In the healing art it is the action of the astral influence of plants to be observed, so that it may act a supreme beneficial influence on the astral side of man.

(4) Diseases arising from our thoughts are from spiritual causes. This class includes all diseases induced and caused by evil wills, from passions, disordered thoughts, and morbid imaginations. These psychological states by their physiological actions and reactions induce physical results, such as shame producing blush, terror paleness, fear causing diarrhoea, anger and envy jaundice, melancholy obstructions, violent emotions miscarriage and malformation of foetus and hysteria in the other sex, apoplexy and spasms in all. (Note the meaning in the word, *apasmara roga*.)

(5) Diseases under Karmic law.—All diseases under this head are the effects of previously existing causes, some originating from natural and some from spiritual causes. For such cases remedy lies in time alone, until the evil force, stellar and natural is exhausted and the law of universal justice is satisfied. *N.B.*—The authorities desire that the above theories should stand the test of modern scientific criticism. What is modern science? It is that which declares, that man is an animal, and the universe is a nebulae, or a conglomeration of dead matter, out of which by some unexplicable process life has evolved in so many forms. Ancient Indian Mystic Siddha science declares that the universe is a manifestation of a universal principle of life which pervades all over, acting all through the instrumentality of forms, and that there is no dead matter in the universe, and that which dies returns again into the matrix of nature, to be reborn into other forms, to serve again as an instrument for manifestation of life, and that the *Man* is the nearest approach to *God*. Modern Western medicine knows only the dead body of man and not the living image presented by nature. And their medical art is based upon their own fancies and speculations which they imagine to be science. Modern science knows more about the superficiality of things, of steam engines and other modern inventions, and ancient philosophers knew more about the powers that move the world and of communication of thought at a distance without the employment of any visible means which is 'Thought current'. Modern science invests man with power to lift his own weight whereas ancient science invests him with power to control the destiny of the world. Modern science allows man to live for a limited number of years and ancient science teaches that he has existed and will never cease to exist if he desires to live. Ancient science deals with internal living deified man and modern Western science deals with external constitution, form and dead body of man. Western chemistry deals with physical matter, ancient chemistry in addition to this, with the spiritual and astral sides and principles of the same. Modern chemistry decomposes and recombines material substances in certain proportions, saying that it purifies simple matters of all foreign elements, leaving primitive elements unchanged, and ancient chemistry deals with substances created and produced as they are by God and Nature, changes the character and raises them up into higher states of existences; that is Western chemistry is a destructive science dealing with chemical combination, separation, and recombination of physical substances, whereas ancient chemistry deals with the purification and combination of astral elements and with the development of lower forms and lower states into higher ones, thereby by the former its original innate state is not changed whereas by the latter we raise its innate lower state and characteristics into a higher and purer developed state. When such a science which is destructive and defective in itself and men who ever and anon brag and pride that they are yet improving, which undoubtedly implies its own defects, when it sits on judgment and in judging over a science which has delimited the limit of its own extreme limit, as an organised and protected conclave, the decision of the foregone judgment is patent, because their ignorance of an astral and spiritual side of created things is far distant and makes them biased to the extreme extent to discard anything which they do not know and which they are also determined not to know. A nation which is very niggardly endowed with spiritualistic side of man and matter cannot but throw out as a dreamy side of the affair, because it will not put in jingling pelf into their pockets as quite materialists which we see every-day of them, not given to improving themselves though they are in the midst of a dreamy nation for the last 150 years.

Q. 2. (b) Principles and methods of diagnosis followed in the Siddha system is as follows:—

(1) We have to take the statements regarding the history of the case and his complaints from the patient's mouth or from his people who attend on him, and to feel and study the actions and gait (*gathi*) pertaining to the functions of *Vatha*, *Pittha* and *Sleshma*, and have the common urinary test also done (not the test of analysis of western mode) as is being nowadays observed

by some renowned men of Ayurvedism and Unani practitioners of dripping a few drops of oil over hot urine passed just then during examination time. The first and last test is all a simple mechanical one. But the second, of observing and studying through the aortic pulse the vatha, pitha, sleshma gatis from the mere reflected and conducted lub-dub sounds of the western physiologists of the circulatory system of blood in the frame, and from that study to fix the patient's complaints is the hardest nut to crack to the manufactured doctors of medicine as per medical educational curriculum. First of all what these words are and what do they connote and what we do as per the import, of this pathological mode, is given below. Evidently these words are from Sanskrit, meaning air, bile and phlegm. The sense and import of these words cannot be understood by laymen unless they have the knowledge and education of world old science of man, his soul and spirit in his both materialistic and spiritualistic sides. In Ayurvedism these are called Thri-doshas. In the Siddha cult these come under the heading of *Thathwas*, meaning doings and functions of the system. Ordinarily there are 64 functions of the system and by the system, under the former class of an abstract kind of the Karanadis by Karuvies of man, (i.e.), functions by the organs internal and spiritual and spiritually internal. Normally we inhale and exhale. The inhaled air after it is contained still in their receptacles the lungs, when it flows in, joins, mingles, and intermingles, inside the system, produces heat and fire and overheat in the body and when the whole is regulated evenly this function is called the Vatha (i.e.), the process of oxidation is being maintained in a normal state all over. This is called the Vatha Thathwa.

The Pitha Thathwa means, when the bile mingles with the heat in the body and the oxygenic Prana Vayu runs direct throughout the system commingled with this, into the tissues and cells, the increasing heat and overheat produced is being regulated to a normality all over the frame, by disallowing the abnormality of oxidation if anywhere localized; this is called the function of Pitha.

Sleshma is the function when the biliary matter and fire after the above two functions are fulfilled, comminglingly joins the residual water stagnated in the vascular system and becomes assimilated and one with (i.e.), when the perspiratory secretion cannot be expelled out, and when all these three together produces abnormality in the regulatory system produces an ailment long or large in either receptacular lungs and vesicles, this function is called the Sleshma. And the effect of this is the production or secretion of phlegm. When these ordinary functions become upset it is called to attain the Dosha (upset) stage and the Ayurvedies call these safely by the name of Thri-doshas. This is no confounding humoural pathology of the Greeks. As far as I am aware, neither the Sanskrit medical treatises nor the Ayurvedic literature have explained these Thathwas in such vivid language as normalizing functions of oxidation and regulation. When Maha Mahopadhyaya Gananatha Sen of Calcutta Ayurvedic fame has been lecturing in 1916 before the Hindu University of Benares has not explained these functions as functions but has been giving the effects produced by these functions under doshas.

In the same question about the modes of treatment also is asked. This is also a very broad question. To be brief there are two systems (1) Siddhaic and (2) Ayurvedic.

Siddhaic System.

This is called the Agasthya system, (i.e.) in this, medicines are prepared from out of the mineral substances which are 212 in number, having salt as its basis, Rasa, Gandhaka, Pashanas, as ingredients for the mineral and metallurgical medicines. Universe is divided into three classes of Dhatu, Mula and Jeeva. Each of these main divisions is divided into six subdivisions which are, viz. :—

Dhatu—

- (i) Salts with 25 subdivisions.
- (ii) Uparasas into 112.
- (iii) Pashanas into 64.
- (iv) Metals 9, nain 5; compounds 4.
- (v) Rasa—Mercury. The king of minerals.
- (vi) Gandhaka—Sulphur queen do.

Mula—Divided into six classes under six tastes of salts, astringents, pungents, bitters, sour and sweets; with various degrees of strength from 1 to 1,008 degrees under each of the six kinds of natural growth, viz., trees, shrubs, creepers, juicy, and juiceless and milk giving plants computed at, in all of 3,300 genera botanically.

Jeeva—Divided into six classes as per generative receptacular and procreative organs. The above 212 minerals are classified under—

- (i) Friendly and antithetical substances (sathru and mithru).
- (ii) Male and female order (Sakti Siva or Nada Bindu) class of things.
- (iii) Salt and sour classes of materials, and of
- (iv) Panoha Bhauthica systems of Earth, Water, Fire, Air and Ether.

In all the above, the innate quality and characteristics of each of the six classes have to be transformed into that of having another quality and nature. For instance salt is a material which is soluble in water and volatile in fire, has to be changed to melt in fire and non-soluble in water. In the same fashion the nature of pashana which will waste in fire and not soluble in water has to be transformed to withstand fire and soluble in water. Uparasa which is

neither wasting in fire nor soluble in water has to be totally changed as that of a salt class of material. This process of transforming is called as that of binding. After that of binding these materials will be turned into that of a Bhasma, Sunna, or Sindhura, to be administered as medicines for various maladies. The vegetable kingdom is useful in this course and process as per the nature and class of medicine we want. In changing the birth innate nature of materials we transform these into a substance acquiring higher nature and potential and having the property and quality of becoming assimilable in the very tissues of the body. The compositions and component ingredients of the medicine is also made under Sathru, Mithru, Pancha Bhautic, Bindhu, Nada orders above mentioned. Mentioning the whole of the medicinal system is only a thankless job. Because a nation which is afraid of mercury as a nightmare, simply because they cannot either bind it to withstand the test of fire and melt it, like any metal, nor alkalis or turn it into a simple black or red sulphide in combination with sulphur, which even a poor barber-physician among us is aware of, to avoid mercurial poisoning, is going to sit on judgment over a mighty science. We will leave the Westerner who is here in our midst to earn the maximum amount of money within the minimum of time at his command by a roaring practice, but our kith and kin who has been manufactured and trumpeted into a great medical man (in his own eyes) with his half-starving education and smattering knowledge of the same destructive science is the rancorous renegade and is the bitterest enemy to the science itself who is prepared to deter any attempt to improve by his own people. Pity, the defect does not lie in the doctors, but in the very system of pharmacy at the root of which the modern science of Chemistry lies. Because in the analytic science when a certain thing is put in an acid certain ingredients are turned out as gaseous matter by chemical action, and there is recombination of certain materials as residue with some of the ingredients of the administered acid, which is a patent fact, of which it is not that the Westerner is not aware of, and hence his trials to protect his science, himself, and his profession with and by so many of the huge powerful organizations, to impose upon and smash poor half-starved organizationless niggardly beggars with their so many acts of legislature thrust upon. And it is only a weak man who wants protection and that of the highest as defective and improving one.

Ayurvedism.

This is a word of very broad sense. Old chemistry of the Indian Siddha School of Agastya, Nagurjuna, Pathanjali, etc., has been all along so many ages of the world a guarded and protected science kept as an holy art in various Asramas of Rishies, because it was useful for them, (i) to keep themselves a proof against diseases, (ii) to prolong their lives (to any period they liked), (iii) to make their bodies (Jadas) ever existent, i.e., until the time they wanted to have, like their own souls, and (iv) to keep themselves above wants. This is the old Western Mysticism which is not understood by the whole Western continents just now, with the exception of few like Dr. Franz Heartman of Europe and Spence Louis, the President of the American Rosierucian Society of United States of America. That is, it evidently borders on ancient Alchemy, which is an exploded science in the West. (So far safe, because these mystics save themselves.) Again, to go to the root of this, it goes to the hidden portion of the whole science, i.e., the Philosopher's Stone which is the 'Despised Stone'. It had and it has necessarily to be protected from the purview of the layman, because human society would cease to exist by wars, because pelf entices any to become greedy. The Vedas and any Scripture gives evidences of these, because this has become the sole secret of a few, always all over the world, who would not freely divulge the secret, unless to the chosen initiates. For example, the Deva Asura wars of India and of the driving of the Israelites from Palestine making the whole Jews for their riches from Abraham's time as homeless even up to now. With excuse for the digression above, in the absence and want of this secret knowledge, our old benign lay forefathers have devised the system of Ayurveda, as a system to heal, and heal alone, the various maladies of human kind, making medicines by a combination of mineralogy, and taking a greater portion of biological knowledge and materials divided under the above headings of Pancha Bhautica and Sathru Mithru Sammelana. Hence it is to the credit of Ayurvedi to cure very many chronic cases given up by western guardians of medicine. To the modification of the judges in the committee I give below some quotations of Paracelsus towards modern Western science and medicine, who is called by some, as the father of the present-day science. It may be true in the sense he gave an impetus to its development on the wrong destructive side. There is an instance in our Puranas, for instance, the great real Reformer of nowadays Hindu society, viz., the illustrious Vyasa, has made himself a Chirunjeevi (long-living man) and has kept the whole Hindu world by his lore to die of want and sickness, by giving fascinating and engrossing allegorical stories of old, making man to forget great scientific truth and engulf himself in wild imaginings alone. Such was Paracelsus also who was scoffed at by the ignorant, his reputation torn by the dogs of envy and hate during the time he lived and was murdered for his honest outpourings which were mistaken for vituperations. He says: "You have entirely deserted the path indicated by nature and built up an artificial system which is fit for nothing, but to swindle the public and to prey upon the pockets of the sick. Your safety is due to the fact that your gibberish is unintelligible to the public, who fancy that it must have a meaning and the consequence is that no one can come near you without being cheated You live upon imposture and the aid and abetment of legal profession enables you to carry on your impostures and to evade punishment by law All your boasted science is nothing but an invention to cheat and deceive. The pity of it is it is being protected by the authorities of the State. A physician who knows nothing

of the inner astral man and innermost centre or soul, with the external physical body, hence with no spiritual power in himself, can be nothing else but an ignoramus and quack, even though he might have himself studied all medical books and graduated in all the medical colleges. His boasted science is nothing but an invention to cheat and deceive . . . It is useless and dangerous to make a medical practitioner out of a person who is not a physician at heart. Ancient medicine rests upon four pillars: (i) a knowledge of physical nature, (ii) a knowledge of the powers of the mind, (iii) a knowledge of the divine powers in man and (iv) upon the personal virtue or holiness of the physician . . . They only know the dead body of man but not the internal man. Their art is based upon their own fancies and speculations. A real physician is a product of nature, neither Emperors nor Popes nor colleges and schools can create physicians, but they can confer privileges and can give permission to kill . . . It is a divine art which cannot be prostituted for base purposes . . . Modern science almost knows nothing about the cause of the actions of medicines and for this reason the use of herbs and roots have been almost abandoned . . . The quack studies diseases in the affected portions . . . The presence of an ignorant and greedy doctor is a curse to all and a public calamity."

Chemical Siddha treatment.

The treatment followed in Siddha system as explained above, is by simple single mineral substances, singled out from out of the 212 substances, each transformed into Bhasma, Sunna or Sindhura keeping a Lahiya or Churna from out of the materials of the vegetable kingdom, composed of roots, saps, juices, seeds, milks, gums, etc., all prepared under the system above described.

Ayurvedic treatment.

The Ayurvedi in the absence of the knowledge of binding the mineral substances for which the Philosopher's Stone called 'Muppu' is indispensably needed to withstand calorific power and taking the biological science as his basis and mixing if necessary as one of the ingredients to his medicine some mineral or other in the swooned stage such as by roasting, frying, etc., on small degrees of heat such as it is in the sand bath process of Western pharmacy, mixing both in a more or less raw state he manufactures his medicines and administers. Under this category there are medicines for all the various four classes of diseases with the exception of Karmic affections. Nowadays these have also caught the stamina of parading in their public advertisements to say that the ingredients in their medicines does not consist of either Rasa, Gandhaka or Pashana, from the Western system, of which both these are terribly afraid even to touch or approach. In the Western system as said above the chief volatile nature of medicinal minerals are driven off and out as gaseous matter, to which many new names are being coined, by the chemical action of acids, and new ingredients of other substances treated in the same fashion are added, compounded and administered. On what basis and theory and principles of science, of the humanity in connexion with the physico-chemical action and reaction of his medicines on man, on his physical, and psychological sides, is not known to the manufactured doctor. This physiological chemistry is said to be known to few only in Germany and America as accepted by the Westerners themselves. And the only thing the forte and glory of western medicine is that it is made an assimilable thing in the body within a few rounds of the circulation of blood in the frame, as all medicines are made soluble matters in God's aqua, a fortiori, by action of gastric juice in him and the effect either for good or bad becomes perceptible on the patient within half of an hour or so, but no radical cure for any of the chronic cases, because the Akasic and Vayu amsas which are the vital elements of manifested life itself are driven away and becomes lost in the medicines. This is the scientific view of the old mystic schools all over the ancient world (vide Sankhya system of Philosophy and Turba Philosophorum) with scientific facts and truths as science I have dealt with in the above. If figures are wanted we have to work it out and prove by demonstration by taking half a dozen cases of some of the incurable chronic cases and have them proved to satisfaction of some unbiased judges, and that I am prepared to do.

Q. 3. (a) I am myself a practising man in a very small scale only, not followed as a profession, but giving relief only to those who seek my aid. I am not connected with any institution whatever.

(b) I have seen only two such institutions, viz., Venkataramana dispensary, and Kannan Chettiyar's at Triplicane. I leave the other questions to be answered by people who know better than myself, in the following affairs.

ENCLOSURE

*Ancient Indian Chemistry and Alchemy, as gleaned and collated from the
Chemico-Philosophical system of the Indian Siddhas.*

Preface.

There have been and there are many, among Europeans and Indians, illustrative and otherwise, who have zealously worked and ransacked in the many departments of the ancient knowledge of the Indians. Their labours have thrown ample light on the ancient Indian literature, on very many subjects, to be far advanced, but the two branches very much neglected, viz., Chemistry and Medicine. To say, in the words of Dr. Praphulla Chandra Ray, that investigating in these subjects has hitherto repelled is quite below the mark, but it has simply baffled

the attempts of many master intellects and erudite men owing to the complex nature of the subject, and as being couched in hidden languages unspoken just now, in all its technical and technological details, much more it is to investigate. Such knowledge and literature is scattered in very many Indian tongues. And in none but one of these main languages and in some dialects is it handled and handed down to us, in its succinct scientific fashion in the South-Indian independent *Tamil* tongue. When I say this to the surprise of many a Brahmin, I humbly solicit to be excused by the admirers of Sanskrit who are too many. The ancient Tamil authors, three illustrious among them, viz., Maharishis (Sattainatha, Bhoga, and Konkana), who have left complete records after the comparative study of both Sanskrit and Tamil, say in their writings in Tamil, that the authors in Sanskrit have written in very abstruse diction highly delusive so that neither head nor tail could be made out of their chaotic literature. Unless we are initiated and trained in their trammels, it is quite impossible to dive to the bottom even by a practical initiate unless he is an adept. The eager and earnest desire of the late Monsieur Berthelot, the illustrious French savant and the doyen of the Chemical world of the West, can be amply satisfied if he is now with us to review, if not to incorporate with his 'History of the Chemistry of the Middle Ages in Europe', which I present the world with just now, what I have unearthed, unravelled, and collated as below after my study and practical research in chemistry for the last 26 years, to present the Chemical section of the Human society, to their wonder and astonishment, of the ancient Indians' advanced scientific systematic knowledge in the synthetic Chemistry of the Siddha School rather 'Indian Mystic school' which is being very much mistaken very irreverently by the half-starved Indian himself whom they call Pasu.

The internal evidence of the literature shows that they were written and composed at a time when the Godhead of the composite Universe, called Bhuvanas, was, the Para, or Parapara, the She-element of the Universal Para-Brahmam, anterior to the male element of the same Para-Brahmam under Saivism or the later Vaishnavism has become established, and that it was the Patriarchal religion of the Universe as peculiarly defined and understood by them in their own times, which differs no doubt from that which prevailed in the western portions of Asia, which can be traced and proved to have existed from all the ancient Chaldean, Egyptian, Armenian, Assyrian, Arabian, Chinese, and Japanese literatures. It talks of a Government rather Principalities which were Pro-Republician in spirit, under the great Patriarchs, who were called in India Maharishis, Gothrakaries, and Matathipathies, in the Indian tongues. I may humbly claim, on behalf of this now more or less defunct school, that this Chemic-Philosophical literature should be said to be the mystic fountain-head of all the later-day six Indian, and of the four Grecian schools of Philosophy, and of the religious Philosophies of the new technical systems of Dwita, Adwita and Vishahta-Dwita, subtle and controversial in words which seem to be overgrowths only of long ages to prove the *Unity of God*. In their books they allude to the two schools only which existed contemporaneously, viz., (1) *Adwita Gnana* school of the Saras, (2) *Dwita Siddha Scientific Rakshasa* (रक्षस) school, and to the six religions which existed within their own country, viz., Saktha, Sowra, Ganapathya, Saiva, Vaishnava, and Bowddha, and to the other six religious systems outside their own continent.

Coming to the portion of Science proper, all the old Sages have divided the subject into 18 branches, by the names of Limbs or Angas of Chemistry and Alchemy as under:—

(1) Alloys or Kalankas	551 kinds
(2) Sulphides or Sindhuras	1,010 "
(3) Major-Oxides or Gurubhasmas	705 "
(4) Viscicular or Waxlike Unguents	307 "
(5) Medical solvent waters	105 "
(6) Acids	66 "
(7) Metallic-Oxides or Navaloha Bhasmas	51 "
(8) Organic Unguents	7 "
(9) Inorganic oils	7 "
(10) Mercurial Phallusses or Gulikas	1,020 "
(11) Alkalies	Endless.
(12) Binding Agents	Infinity.
(13) Colouring Agents (in Metal)	3 classes.
(14) Destructive colouring Agents	One.
(15) Allies (among minerals) ... ..	...
(16) Enemies (among minerals) ... ..	...
(17) Maserating and Oxidizing Agents	Numerous.
(18) Melting Agents	Few.

Under these heads from the Presidential Aghasthya down to many of the numberless Siddhas have dealt with very ably and conclusively; Konkana says that he has dealt with under 19 Angas or Heads and Sattainatha Mahamuni under 21 Angas. Two among them, Bhoga and Sattainatha have left keys to their literature as a clue to their cult with philanthropic motives so that men and the creation may outlive like themselves and attain the beatific end. Why the scientific portion, especially Chemistry, should be included among the philosophical systems and the bearing which this has to it will be seen later on in the Introduction. This science was called in Sanskrit, in ancient days, as "Chamikara Vidya, Vada, Rasa Vada and Hema Vidya", all with different import and meaning. The word Chamikara might have given the origin to the Arab to derive his word *Chimica* (Kimiza).

Introduction.

In dealing with this comprehensive subject of the ancient synthetic Chemico-Philosophical system, one has to handle four different divisions of the same subject, not only allied to but also commingled and intermingled with each other, viz., (1) Vada, (Alchemy), (2) Vaidya, (Medicine), (3) Wisdom (Gnana), (4) Yoga.

In ancient India this knowledge of the science, the first two branches, have been made a necessary handmaid of the latter two. All the South-Indian authors have all, in unison, subjected Alchemy to be so blended and interwoven together, as it was to attain a certain end and aim of theirs, that is Moksha, which means literally Liberation, derivatively, Salvation, to be attained in the life-time of one's own living period with consciousness in himself, and not after death as it is now understood generally, which is the Anandamaya stage of the Yogi, or the inertness in the activity of the life of the Gnani, and the Nirvana of the Buddhist.

Firstly, as to its language and style they are all written in easy fluent colloquial spoken language, rhetorically not hard but in long metres. And these are said to have been composed after they have attained their final beatitude stage as said above, within their existence of the first 120 years. The popular notion of imputing that they were written in abstruse enigmatic language and fashion is simply incorrect because we have to remember that their language is too colloquial and the sense, import, and connotation of their significantly pregnant words have become changed in meaning in our own times, and there is no study of words written then or now. The language is said to be hidden because we have neither their training nor their depth of knowledge as understood by them in that particular branch nor have we the patience to work indefatigably to fathom the deep sense imbedded in words which some novitiates among them have remarked as the "heartless language of the Siddhas." Before going into the subject I have to explain the bearing of the one on the other and to the following three:—(1) Vada or Alchemy is that portion of that Chemistry which deals and treats of transforming in clear lucid fashion in all its varied branches of changing baser metals to higher by minerals, vegetables and by animals. (2) Vaidya is that of medicine by Chemistry for the ailments of man. (3) Gnana is the study of the nature, of matter, and soul, and of man and human society and the scientific modulation of man with Universal God. And Yoga is the practice of Brhma Vidya or Raja Yoga to attain the summum bonum of their ambition, Moksha, which means transforming themselves both physically and spiritually.

By keeping this final end of theirs in view we can best understand them, which is to give the gist in a nutshell, they have classified the ills and diseases of the human kind to be 4,448 in all. For these variant maladies to which man's flesh is heir to, about which it will be dealt with under the head of medicine, the remedies have been devised and manufactured which are very effectual cures and further preventives and to sustain the human frame as long as they wanted. They as a first step effected this and made themselves a proof against diseases and not afraid of death under this head. Secondly, they fortified their physique against the ravages of old age by the extra proof of strong Chemico-Metallurgical medicines and thus knitted and unified the soul and matter together and thus extended their long lease of life, to study man, creation and Universe stage by stage and to attain their final stage of beatitude of self-realization by their simultaneously practising Prana-yama. For all the above, they have classified Vada and Vaidya under the head of Hema-Vidya, Gnana and Yoga under the head Brahma-Vidya. The latter means a tranquil pensive work which also means expensive course. For all this knowledge of one's own transforming to be attained by any ambitious soul to undergo the whole course, that is, to maintain and sustain oneself to this end, Alchemy which was a necessary corollary in the course itself has been devised and perfected to help with such things as a subservient or basic knowledge to their ultimate end. The whole literature of this school of men, has been written after their aim has been achieved from that mental plane in the language of that particular school as it was at that particular period of the world's age. And they are accused uncharitably by us through our ignorance of their environments and comparing this with the present common knowledge of worldly materialistic nature of worldly things, they can be excused of their seemingly selfish nature which is unseemly presumed by us.

कायसिद्धि.

The classification of this School of the Universe is as follows:—

- (1) Dhatu, Mineral Kingdom.
- (2) Mula, Vegetable Kingdom.
- (3) Jeeva, Animal Kingdom.

The one evolving from the next lower from Mahath and not the reverse order as is taken to be by the new-fledged scientists. Again, each of the above three classes are sub-divided into six divisions each, which are again sub-divided as said under, viz.—

Dhatu into—

- (1) Salts, of which there are 25 ;
- (2) Pashanas or Arsenics, into 64 ;
- (3) Uparasas or Silicates and others, into 112 ;
- (4) Metals or Lohas into 9.

- (5) Mercury or Rasa, the King of the minerals ;
 (6) Sulphur or Gandhaka, Queen of the minerals.

(b) Mula or the vegetables into six classes, as per the natural tastes, of which there are six in number—Salts, pungents, astringents, saccharines, bitters, sour. Plants may have one or more, or a combination of some of the above tastes in various degrees, each ranging from 1 to 1,008 degrees in their intensity.

(c) Animal kingdom, subdivided into six classes as per their originating seeds and germinating faculties. These are the ever-present and ever-lasting 18 things in this known Universe as long as it exists which is being misapplied and mis-stated in many ways as it suits the fancy of any smatterer.

Dhatu (Mineral).

The Universe is composed of five primordial elements of Earth, Water, Fire, Air and Ether. They have taken salt as the basis of the earth and creation and as the earthcrust formation of the Universe, and they first chemically treat the same to stand the test of fire to be melt as any metal and then alkalize the same. Their test and mode of testing all the different minerals was by natural agencies alone of water and fire and not by acids got of salts and sulphur as it is in modern analytic, rather destructive science, viz., (1) Salt is that which is soluble in water and volatile in fire, having at the same time the innate natures of bursting, smoking and burning ; (2) Pashana is that which smokes in fire and non-soluble in water ; (3) Uparasa is that which is neither soluble in water nor smoking, volatilizing, nor burning in fire ; (4) Metals are those which melt in fire and last fixed, and insoluble in water ; (5) Mercury is that which is being atomised and vapourised in the smallest degree of fire and non-soluble in water and said to possess also seven kinds of epithelial like drossy matter covering its molecules, and of 40 kinds of powers latent in it, is called the King of Minerals with manly procreative powers in itself. (6) Sulphur is that which smokes, burns, and volatilizes in fire and insoluble in water is the female sustaining productive element is called the Queen of Minerals.

By changing and transforming the inherent created nature in each and by making the things to acquire a developed power higher than its already innate power, the properties of the things are transformed from one to the other. This was their aim chemically and the ultimate end is to alkalise all the abovesaid 212 things of the Universe. The reason why they should do this is first to make the things assimilable in the human system by the digestive process for which everything has to be made soluble to which they are reduced to, to assimilate them in the physique with which we are born as perishables and to make them last and last longer and impregnable to diseases and indestructive against the ravages of age, as the physique is the repository of the evanescent soul.

Mula (Vegetables).

The vegetable kingdom which evolves out of the mineral kingdom is divided into six classes of trees, shrubs, creepers, milk-giving, juicy and juiceless plants, whether having one or more or a combination of more than two tastes have been classified under 3,300 Genera, of from 1 to 1,008 degrees under each taste.

Jeev (Animals).

Animal kingdom, from ant and flea, (the smallest) upwards to elephant and whale are classified under 84,00,000 species generated under four kinds of generative receptacular female organs and under six classes of procreative seedly elements of the male kind. Out of all the creation man is the highest evolved and fully developed being out of the above two kingdoms with all the senses and faculties, holding the essence or the prototype of the Universal God within himself, and capable of self-realising the same for himself and to understand the existence of the higher life of the Greater Soul of the Universe, *Paramathma*, though the materialist may call this the dreamy spirituality of the Orient. As such the whole Universe which emanated from the very thinking of the Para-Brahmam is a full and a whole life-matter and not a nebulae as supposed by the scientist of the Western destructive science.

The principle of evolution of *Godly Man* from the infinitesimal seed in the embryo to the adolescence, man, and Godly-developed man after the Universal model is described scientifically, clearly in this literature of Indian mystics ; by way of exemplifying the Vedic principles, (1) "that if one was born he should not die, and before he dies he should not take birth once more," as also "Athmavai Puthra Namasi", i.e., oneself becomes under the name of son. For this dictum to be understood, we have to take ourselves to the pre-Buddhistic eras or Thantric ages of human thought, rather to times anterior to the Karma doctrine which was established on Karma basis by Bhuddhas themselves and there were 24 such Bhuddhas before the last Gouthama Bhuddah, it is said. Corroborating this dictum, we see from the internal evidence of the Christian Scripture that God has ordained us not to taste the forbidden fruit ; though it may be taken and understood by the erudite many in very many ways, yet as a religiously dying Hindu I take it in the old mystic Siddha sense that we should not be dreaming, soaring, and drowning ourselves in the Edenic Garden of Women. By this our physical frame is exhausted of the vital fluid which is wasted and we become decrepits and prematurely old even within half the period of man's span of the vedic time age of hundred years. If we roam or taste as against this beget children by planting the seed of man in the womanly soil, we are said to be born once more on a kshetra. This must have been the primitive idea of re-birth of man in the Vedas which is :

being interpreted in diverse ways as per the notions of each religious interpreter to suit his own strain and whim and his school of thought. The whole Siddha religion was the religion of the intelligent few or the religion of the cultured few only, in each nation among many nations of many millions in each. And such broken-down constitution have to be resuscitated and re-built if a man aspires to become an adept Siddha. The word "Siddha" means ever sure and true, ever ready and ever lasting derivatively. To fortify the body as the container of the soul, which could not last and could not be seen without it, once broken down, to extend the life with no fear of death either by disease or old age or destruction by the five natural elements or agencies, the Siddha has perfected the ancient Pharmacopoeia, Chemistry, and Metallurgical medicines, and alchemy to his own needs and wants in his aims to attain and achieve his beatific end. The elaborate course of Kaya-siddhi, (Kaya means body, Siddhi means making sure), had to be undergone by an ambitious soul for twelve years or two cycles of six years each within which period not only the tissues with which we are born from the mothers' wombs are being changed but also the very nerves are transformed tendinous and the bones converted and fossilized like ivory for which or within which time the human frame is turned out into mercurial bodies by the chemico-metallurgical medicines, indestructible by the five bhuthas of earth, water, etc., as a finis. To attain all these potential powers with the double-fold object as follows, they have taken mercury, which is the king of the mineral kingdom called otherwise Rasa, the essence or Harabindu, the essence of the semen of Hara, who is the presiding deity among the Trinity of functionary deities of the universe which was taken to be of the order of male procreative agency, treated the same, changed the inherent nature in it, to stand the test of fire and melt it like a metal, and alkalize, the same to become assimilated into very tissues like salt, to enter and permeate into the very human cellular system. To exemplify whether this would change the body or not, the same on being administered to a baser metal melt in fire, should change the same to a higher and finer one or convert or transform into the superior metals of gold or silver. This was the theory and practice. Now, we can realize why this was called the science of Rasavada and why this has been kept a profound secret by all the mystics of the different nations of the earth, under different names in each country, by even the modern Rosicrucians.

The science of making gold or alchemy was promulgated to enable the ambitious soul who was called a Rishi to sustain himself and maintain his followers, retained for his own convenience, so that he may not beg, rather not waste his time in begging of men for his sustenance and support but utilize his time in the all-absorbing study of matter, soul, and universe.

To achieve this end many chemical philosophers who are called adept Siddhas have worked in Chemistry in diverse ways to the self-same goal, which is chiefly as follows:—In the following order, rising step by step from the next lower to the higher, namely, salt, calomel, talc or yellow arsenic, plumbago or graphite, makshikum or pyrite, (gold and copper), navaksharam or sulphate of ammonia, copper sulphate, gold, and, lastly, mercury, bind each in the order said above, rather transform its innate nature and alkalize each into caustic lime so that it may change mercury to their double-fold object of changing both metal and body; and they have risen in making such medicines higher in potentiality, utility and intensity in its transforming power of one in ten, hundred, thousand, ten thousand, and so on until they made Spersa-vedi and Nada-vedi, which means that which changes by mere touch and sound respectively. And by assimilating such medicines in their physiques of transforming power internally, they were able to transform, by their mere command of breath and word. This was called their Sapa-Anugraha Sakti at which we may laugh as incredible in our grossest ignorance.

The other utility of binding the Rasa or mercury was towards their self-realizing end. It is thus performed. Firstly, by turning the unstable mercury into mobile viscid butter, then into immobile solid substance, melting the same and then adding by one after the other the essences, rather extracts in shape of metals taken out from each of the 211 things or substances of the mineral class, and then by the process of chemical reaction to liberate the same keeping to the original weight of mercury itself by reactionary agents. To create higher power and potential in the same was by repeating the above process of assimilation and liberation which was called the process of Jarana in Sanskrit and Saranai in Tamil. Repeating this a given number of times, as prescribed by them in their literature in this way, they are raising the potent powers of mercury. Then, lastly, they add equal amount of transformed gold, i. e., gold itself converted to acquire the colour of the evening refulgent sun, which is given the technical name of gold-copper, and an equal amount of organic copper extracted from out of the insect or worm by the name of Bhoonaga, which, they say, takes its birth in and from lightning. This was called Rasa-Gulika or mercurial phallus, which they preserved with exceeding care like themselves with highest regard and sanctimony. Various Rishis, some of them, made only two and great many three of these phalli, one to be tied in the hand as positive pole and the other to be kept in the mouth as negative pole and the third to be tied in the waist, as support if any differential potency is produced, to help the Siddha in concentrating the monkey-like restless mind, rouse up, the Kundalini, from Muladhara through the Shadathara Chakras to Sahasrara Chakra until the internal vision becomes radiant as refulgent as thousand suns put together, make the whole body itself enmeshed and engulfed in this non-scorching fire, lit ablaze round the physique itself; this was called the practice of Smadhi. This led him to the final beatitude of realizing and centering himself in this internal vision, which is said to be the final Anandamaya stage of becoming one with Sat-Chit-Ananda-Siva. There were twelve such mercurial phalli of extreme high power which were at the head of the minor thousand-eight kinds of the same. They are, namely,

Surabhi, Kamalini, Ashtama Siddhi, Akandaswarupi, Kamadhenu, Bhogi, Santhani, Akshayi, Akasi, Vidayadipi, Sparsa-vedi and Nada-vedi. Each had its unique power, e.g., when Surabhi is put into or let down into the sea they allege that sea-water becomes out asunder dried and parohed up where this has been let down and when Kamalini is added to it, the water which has been out in twain exposing the earth underneath becomes joined once more; thus the Siddhas declare they have recanted and redacted, from what is said in the Vedas, the whole knowledge of the macro-cosmic and micro-cosmic world. And how far we can realize from the Vedas of the above facts is the work of the versed Sanskrit great pandits and vain-titled Mahamaho Upathyayas, to explore the fields of old learning, find out from them what they say, after so much light is thrown out by me from this literature after a good amount of time. And to say after such conclusive evidence of such vast all-comprising literature that the ancient science of alchemy in India is s-ant such that it cannot be given the name of a literature as alleged by Dr. P. C. Ray, when such stupendous monumental evidence of an original kind which has not been cared for by any to explore, it will not only be simple folly but innate jealousy and impenetrable bias to give the credit to the Indo-Aryan, if done, by any foreigner. And in the same literature, it is said that once at a time the whole Asiatic continent was a Siddha Bhumi, peopled by Siddhas and Devas and that there were 64 such centres called mattams or siddhalayas, extending from above the Meru or the Himalayan table lands to the Asiatic Archipelago. Each such centre was presided over by a Swarupa Gnani, surrounded by his disciples, followers and laymen. Two presidential lodges, called mandalas, there were, one in the north of India at Kailas and the other in South India, called Agasthya Koota, presided over by Dakshinamoorthi or Agasthya Mahamuni. All the different Matathipathis of the other 62 mutts were to be passed and certified to as Siddhas in the south by Agasthya and in the north by Siva. In Kandahar there was the Gandharvananda Yogi, in the Chinese tableland, Kalangi, who may be their Confusius (in their language traditionally changed in pronunciation. Probably in the Indian continent there was Viswananda Yogi in Benares, Somavananda in Guzerat, etc., and there were too many such mutts of illustrious names and of their disciples also too many to mention. In the South Indian Archipelago, it is said by Konkana and Bhoga that there was a colony of Siva Ganas or followers of Siva to protect the five mercurial wells after a run of 6,000 yojanas in the midst of the ocean wherefrom the Siddhas are said to have obtained their indent and supply of mercury. This may be the present Bali Island where there are yet the dilapidated evidences of the Indian temples and architecture with the other relics of the ancient thought and Indian civilization. These Tamil Siddha authors say that each mutt or Asrama which was called a Siddha (A—Laya), Alaya, i.e., the abode of the Siddha until he attained his Laya, meaning absorption, and had its own Sastras compiled for the use of their own heads and disciples. The prominent among both the Kailasa and Srimula Paramparas say that each have left complete records with keys to their literature and cult with humane intention, so that others may follow and avail themselves of the advantage offered by them towards their beatific end. Two such keys, extant books, available to us are of the compilation of Sattainatha Mahamuni and Bhoga Rishi. They allude to the following who have left records before themselves, namely, that Nandideva and Sankara Mahamuni have written in Sanskrit Chandas, in very difficult abstruse enigmatic diction, and language incapable of being understood and of no use to the laity, but to the disciples trained in their traditions, ways and arts in their own mutts, and that Vemanna, in Telugu, has said, the exact meaning and import of his words are incapable of being understood. Bhoga has given equivalent Sanskrit names also in his key. Goraksha, Mathasya, Agasthya, Pathanjali, Kasayapa, Sivayogi, Gowthama, Sri Mula, Sivakya, Roma, etc., all these have been very ably dealt with, but in a mazy mnemonical language not capable of being understood by ordinary men. Some of these and prominently Agasthya, Roma, and Thanvanthari have combined the. Thantrika art also in this literature, which has to be taken its later-day sense, and not original. The import of the word Thanthara in their books seems to be different from what we understand nowadays. In Tamil, Thanthra means one's own capability. In Sanskrit, the root sense is that which protects the body which is called Thanu, when the knowledge of organic and inorganic Chemistry became combined in one man, the chemist under the combined category became a deft man and adept. Such Siddha accomplished his aim very deftly and successfully, hence the chemical sense of the word became misapplied in the absence of doing a thing without capacity and not deftly doing, meant black magic as not having understood the applicability of the means employed. In wrongly construing, it has been all over the world all the same throughout the different ages.

At the same time the men who have said to have written plainly are Pathanjali Mahamoorthi, Sundarananda and Mayooranantha Yogis whose works are not obtainable now, and all the above-said authors unanimously say that Nandideva, Sanaka, Sanandana, Sanathkumara, Sivayoga Mahamuni, Pathanjali, Vyaghrapatha and Janaka were all their elders and antérieurs. The various heads of the mutts had their phalli for themselves for their treble-fold object of Samathi Yoga, transforming and satisfying every requisites also, namely, the very many things brought in contact through the rays from these phalli within a prescribed radius were being electrified and transformed which was observed in their daily pujas as naivedyas. (Compare the effects of radium rays in charging other metals). They have made chemically potent and refulgent vighras or idols capable of giving Kaya-siddhi power for their followers and laity out of the transformed metals and mercury and left them in the possession of their disciples, that they themselves were to be left undisturbed in their meditative work. Hence they were called

By other surrounding nations in the absence of their real knowledge about the Indian and Asiatic nations that the Indian was a phallus worshipper and that their followers have become idolators and the old siddhalayas have become alayas or temples all over the continent.

From the same literature, we can deduce in the same fashion an explanation for very many intricate questions of nowadays, as to why we came down to be idolators from the world-old Nirguna worship, why at a time when the Indian, rather Asiatic, civilization was at its zenith and why the pick of the nation was sacrificed at the old battle-fields, one in Ceylon and the other in Kurukshetra as per Ramayana and Mahabharatha, and why there were so many invasions over India from the west from the time of the great Alexander to the innumerable Muhammadan invasions and to the division and subdivision of this universe and many such universes under various planetary systems and to the twelve such solar divisions which would not allow me to discuss in detail here. In their category the universe comprised of the five bhuthas, all put together, was called an Akanda, meaning that which cannot be split, hence derivatively broad and expansive. The imperceptible, impersonal, unknowable, untouchable abstract essence which underlies, pervades, permeates, co-exists and co-valent something in all the five comprised bhuthas, was called the universal spirit; and they say that there are thousand-eight such Akandas called together by name a Brahmanda and 254 such Brahmandas together called a Bhuvana, and 84 such Bhuvanas called a Padham; the presiding deity over such Padham is the Parasakti. This deity is represented in the microcosim of man as internal vision in him, and in the macro-cosim as Sukla or Sukra and the broad expanse of Akasa, Chaos, or Soonya in the universe is called the open space of Siva, or Sadasiva. As the creation is evolved and subdivided, we find in man his Thathwams are divided and subdivided, as a collaborate evidence that the man is created after the model of the universe. From this we see that God is an impersonal being to be found nowhere else but in the man's abstract thinking and realizing of Him within oneself and in the expansive universe to be joined as Athma Dhrishti with the universal light. That above man no other creation exists and in him the model of God is impressed and imbedded and the Anandamaya stage of the Gnani is only the end and aim of man, i.e., the Nirvana Goal of the Buddha; but when man arrogates the power of God to himself like the old Hiranya, he has to be extirpated for his un-Godliness in the interests of and well-being of the world and human society: the Samaya Acharayas have shaped the Nirguna religion of the olden days to the improving of, and enlargement of the society, of different ages to suit the convenience of the members as per their determined principles of culture.

Passing over all these I give below as examples and samples, some recipes from the ancient Chemistry as regards the treatment of minerals, acids, mercury and alchemy, by the adept Siddha and the efficacy by all the above, and I conclude with an earnest appeal to the world at large and to its learned great in particular and to the scientific public with an emphasis and at last to the specious humane Government as interested professedly in the Indian's advancement, yearningly to facilitate my future labour in completing my pursuit, carried up to now unaided and single-handed, to produce a comprehensive critical history of this ancient fountain-head of knowledge, which I have pursued, *for its own sake unproductively to myself*, so that many more may follow me to continue in my line to the exposition and realization as bearing on the various other branches of the learning of the present day.

Chemistry.

(1) Take Rock Salt and bind it with the help of two other salts, which, in its turn, will bind each of the following things in its next order of succession below:—Orax, Alum, Potassium Chloride, Sulphate of Ammonia, Corrosive Sublimate, Sulphate of Mercury, Yellow Arsenic, Sulphur, Pirite of Gold, and Gold.

(2) Bind and alkalize Rock Salt, and do the same with regard to each of the following in succession, one with the help of the next above, namely, Potassium Chloride, Sulphate of Ammonia, Borax, Camphor, Sulphate of Copper, Calomel, Yellow Arsenic, Corrosive Sublimate, Meriury, Gold Pirite, and this will become a boat to cross the alchemical sea.

(3) *Acids*—

(a) *Lohadravaka*—

(i) Roasted Copper Sulphate	...	...	...	...	10 weights.
(ii) Bound Potassium Chloride	...	...	...	...	10 "
(iii) Do. Carbonate of Soda	...	...	...	...	20 "
(iv) Do. Alum	...	...	...	...	10 "
(v) Do. Sulphate of Ammonia	...	...	...	...	5 "

Total ... 55 "

Divide the above into five parts, extract acid from the first part and pour the first acid over the second part, dry it in the sun, extract acid in the same fashion, and by repeating the same five times over, take the concentrated acid of the fifth time, and keep it in lac bottles, lest it should corrode or eat away any other bottle. In this acid any mineral, metal, etc., even the mountain will become soluble, any uparasa will give its metallic shape of extract if melt, serviceable for the purpose of Jarana for mercury, which will lead you to the final beatitude.

(b) Mahadravaka—						
(i)	Roast Copper Sulphate	...	...	...	...	14 parts
(ii)	Potassium Chloride	...	...	...	...	28 "
(iii)	Bicarbonate of Soda	...	...	...	...	84 "
(iv)	Corrosive Sublimate	...	...	...	...	4 "
(v)	Ammonia Sulphate	...	...	...	...	8 "
(vi)	Alkali of Apamarga	...	...	...	...	2 "
(vii)	Alum	...	...	...	...	8 "
Total						148 "

Powder the whole, mix, roast, and fry the same with the above-said Lohadravaka and dry the same in the sun and divide it into seven parts and extract acids as described above by pouring the acid of the previous distillation over the succeeding part and thus concentrating the same by repeating the process seven times, keep the same in lac bottles. This extraction process of this acid cannot be done by an ordinary man but by one who has attained the Kaya-siddhi, if not the ordinary man's body will become split up. Administer one drop of the same to a vis or three and one-third pound of mercury, it will become expanded into ashes of lime. With $\frac{1}{4}$ th part of it you can alkalize any metal and fuse any uparasa, and this mercury ash will swoon hundred times as much more mercury to be made into phalli.

(c) With this concentrated acid above, sulphuric acid and acid from the corrosive sublimate is extracted, which is not capable of being done by any ordinary man without Kaya-siddhi.

(12)

M.R.Ry. PANDIT K. SETHA AYYAR AVARGAL.

Q. 1. I beg to submit that I propose to deal with Ayurveda or the Hindu System of Medical Science. The Unani system is, in my opinion, very much indebted to the Ayurvedic Medical Science in so far as a great portion of the drugs and the principles of treatment are concerned. The Siddha system is nothing but the development of Ayurveda in a particular branch of the science. It has for its basis the Tantras, i.e., works on Iatro-Chemistry, Magic and Alchemy, etc. Our renewed countryman, Dr. P. C. Ray, has given a clear exposition of these works in his "History of Hindu Chemistry."

Now, Ayurveda or the Hindu system of Medical Science is divided into two main parts:—

- (1) Prophylactic or preventive, and
- (2) Curative.

The former comprises of instructions as to how one should conduct oneself during the day, the night, the seasons of the year, the different stages in life, etc., so as to become immune from the probable attacks of diseases and contain good many injunctions on the personal hygiene and the general sanitation. The ancients, by a strict adherence to these instructions, lived to a remarkable old age and enjoyed longevity. The second part treats of the various diseases that the human flesh is victim to and their treatment; and it comprises of the following eight divisions:—

- (1) *Shalya*.—Surgery.
- (2) *Shalakya*.—That division of the science which treats of diseases pertaining to the organs above the neck, viz., eyes, ears, nose, etc.; so called because the Shalaka or the probe being used in their treatment.
- (3) *Kaya Chikitsa*.—The division which treats of constitutional diseases, such as fevers, diarrhoea, bronchitis, phthisis, etc.
- (4) *Kaumara Bhritya*.—The division which treats of the diseases of children, women in pregnancy and after parturition.
- (5) *Bhuta Vidya*.—The division of the science which treats of diseases brought on by the influence of super-physical agencies.
- (6) *Agadatantra*.—The division which treats of poisons and their antidotes.
- (7) *Rasayana*.—That portion which treats of remedies for rejuvenating the worn-out bodily tissues and for preventing the effects of age on the system. And, lastly,
- (8) *Vajeekarana*.—That portion which treats of remedies which restore the impaired and dissipated virile power.

Q. 2. (a) Ayurveda postulates three fundamental forces in the economy of the human system called technically vayu, pittam and kapha. If these work in perfect harmony, they will be responsible for the health, strength and longevity of the system. These are then termed the *Thri-dhatu*s of the system—*Dhatavodeha Dharanat Sarangadhara*. But, when the harmony of these fundamental vital forces is disturbed by some causes, external or internal, they will undergo a complete change and instead of continuing to be the preservers of the bodily system they will be transformed into *doshas* or the morbid diathesis, the root cause of all bodily and mental diseases. *Sarira Dhushanat dosho Sarangadhara*. These doshas taking hold of any one or more of the seven bodily constituents (rasa rakta, etc.) vitiate the latter and bring on various kinds of diseases by generating morbid accumulation in the system. These are then called *Malaha Malinikaranam malaha Sarangadhara*.

The causes that would tend to disturb the harmony of the said *Thri-dhatu* are summed up in the following words of the Charaka Samhita :—

Kalabudhindriyarthanxm mithyayoganachaticha dwayasrayanam vyadhinam thrividhohetu-sangraha.

Adverse, absence and excess indulgence of one with respect to one's (1) *Kala* (seasons of the year as well as stages in life), (2) *Bhuddhi* (mind and intellect) and (3) *Indriyarthanam* (pursuits of the sense-organs) are the three-fold causes of diseases, mental and physical.

These causes are internal. External causes, i.e., injuries, accidents, etc., bring on disharmony in the working of the fundamental vital forces and hence produce disease and pain. In other words, even traumatic causes become idiopathic. Yet one more cause Ayurveda recognizes, and this is *Karma-vipaka*—the result of the dynamic action of one's previous births which determines one's heredity and environments in the present birth.

To sum up, the theory of causation of diseases according to Ayurveda is three-fold.—(1) The result of the dynamic action of one's previous births, (2) injuries and accidents sustained by the body, and (3) the *irregular habits that one practises with respect to time, mind and pursuits of sense-organs*. These produce disharmony in the harmonious working of the three fundamental vital forces and bring on all diseases.

As regards the first of these causes, how can we account for the disparity in the temperament and bodily formation of numerous children that are born into the world? It is no fault of theirs and it looks as though they were particularly chosen by the whim of the deity or by chance. But the idea that God is whimsical is quite repugnant and revolting to all religious notions worthy of the name; and science tells us that there is no such thing as chance in the universe. The only other explanation that holds good, until at least it is proved to the contrary, is that enunciated above, i.e., the result of the dynamic action of previous births. Modern science may not admit this theory on the ground of want of direct proof, but we hold that this theory is promulgated by the Rishis whose interior nature was fully unfolded and who had gradually passed on to the realm of intuition or direct cognition, with no other object than the love of truth and compassion to their fellow beings. Modern science, however, in its rapid strides of progress, is bound to reach this stage as time advances, as is evidenced by the "New Thought" and similar movements that have begun to appear in America and in Europe; then the ancient truths of Ayurveda will receive corroboration from their investigations. As to the second of the causes, according to Ayurveda, traumatic causes become idiopathic that is, even external injuries caused to the body, when sufficiently deep, affect one or more of the fundamental forces and disturb their harmonious working. Hence it is necessary that, even in surgical cases, the harmony of the fundamental forces should be maintained by the administration of some internal remedies, so that a speedy cure might be effected. As regards the last cause, Ayurveda affirms that the correct and moderate functioning of the mind and the sense organs with due regard to the seasons of the year and the stages of life, is the only cause for preserving the perfect harmony of the fundamental forces, which result in maintaining a sound body and a sound mind (*Sammjyek Yogastu Vigneyo Arogyasya Eka Karanam—Vagbhata*). It is observed, therefore, that the key-note of the Ayurvedic physicians in the causation of diseases is the disturbed harmony of the fundamental vital forces of the body, i.e., the Threedhatu of Vayu, Pitham and Khapa.

As regards this hypothetical theory of the Threedhatu, the ayurvedic Rishis have proceeded in the analogy of the universe. "Man is a miniature world in himself and as in the Macrocosm so in the Microcosm." In the universe, we observe three factors working in harmony—Wind (including electricity and magnetism) Heat and Humidity. By harmonious working of these factors, the integrity of the universe is preserved and when their harmony is disturbed the universe will go to rack and ruin.

The same factors when translated to the human body will become the Threedhatu of the Ayurvedic physicians. If they work harmoniously they will regulate and control the functions of the organism to a physiological effect but the moment their harmony is disturbed they will be converted into pathological disorder, the Morbific Diatheses in the body. This theory embraces within its compass all the existing theories of modern science on disease and even transcends them in many respects. The fact is the view point of the Ayurvedic physicians is entirely different from that of the modern Western doctors. To the latter, the field of investigation is only matter of which the physical body is constituted; whereas to the former, it is *Life* which animates every particle of that body. All investigations and discoveries of the Ayurvedic physicians are made in so far as the external forces have a bearing on that life-principle. Ayurveda is, therefore, as the term itself connotes, "The Science of Life." The science to which all other sciences, viz., Biology, Physiology, Anatomy, Surgery, Chemistry, Botany, etc., are related in so far as they have their bearing on that life and not beyond it. It is in the fitness of things that our great scientist Dr. J. C. Bose should lead the way to investigations and researches into the domain of life; and it is hoped that the ancient theory of Ayurveda will receive support by his investigations.

(b) The key-note of the causation of all diseases, that victimise the human body is as said above, the disturbed harmony of the Threedhatu either severally or concertedly. Whenever this happens, the body manifests some physiological and pathological changes or symptoms, characteristic of one or other of the particular disturbed dhatu. The physician is, therefore, enjoined to know which particular dhatu or dhatu are affected and what changes, it or they

have wrought on the system, by careful observations of the different bodily organs and excretions, by examination by contact and by enquiry; *Dharsana, Sparshana, Prana, Parikshetacha, Roghinam*—Madhava Nidhan, and the following facts are to be noted in relation to disease: (1) Etiology, (2) Incubatory symptoms, (3) Developed symptoms, (4) Previous treatment and its results, (5) The present stage. "*Rognacha nidana, Progrupa, rupa, Upasaya, Sampraptibhi*"—Madhava Nidhan. Three stages are differentiated in the career of a disease having regard its deep-seated nature or otherwise—(1) Easily curable, (2) Difficult of cure or suppressible, and (3) Incurable. Again by observing and noting some peculiar symptoms that the life manifests, symptoms called *Arishta Lakhanam*, it is possible to prognosticate the probable, if not the exact, moment of death of the patient. Besides the above, Sphygmology or the science of the pulse has been elaborated and adopted as a method of diagnosing and prognosing the disease. There are several treatises on this science, chief among them being Kanada's "*Nadi Vignana*" and Ravana's *Nadi Pariksha*. As this is an abstruse science in which intuitive faculty of the physician is brought to play more than his reasoning, nothing more could be said of this here.

These are, in short the methods adopted by the Ayurvedic physicians diagnosing as well as prognosing a disease.

The principle involved in the treatment of diseases according to Ayurveda is a restoration to harmony of the disturbed fundamental vital principles of Vayu, Pitha and Kapha; in other words, the following of the rational law of "*Vis., Medicatrix Naturae.*" In contradistinction to "*Contraria Contrariis Curantor*" and "*Similis Similibus Curantor.*" In the short compass, it would be quite impossible to do adequate justice to all the methods of treatment both surgical and therapeutical, enjoyed and practised by the Ayurveda. A short synopsis, however, will be attempted in the following lines: First, surgical operations are under the following heads: (1) *Chedana*—Excision, (2) *Bhedana*—Opening namely abscess, 3. *Dharana*—Bursting by medical applications, (4) *Lethana*—Scraping, (5) *Aharana* extracting, (6) *Eshana*—Probing, (7) *Vyadhana*—Puncturing (opening a vein) (8) *Vidravana*—Including discharge, (9) *Soovana*—Sewing, (10) *Sandhana*—Helping re-union or adhesion of fractures etc. (11) *Predana*—Pressing, (12) *Shonita Astaphana*—Arrest of bleeding, (13) *Niroopana*—Cooling application, (14) *Utkarika* and *Upavaha*—Massive poultices, *Kashaya*—Washing with decoctions, *Varti*—Lint or plugging, *Asachurnana*—Dusting with medical powders. *Vranadhupana*—Fumigation of an ulcer, *Utsadhana*—Raising of the margins or bed of an ulcer, *Avasadhana*—Destruction of excess granulation, *Rakta Shravana*—Blood letting, *Ksharakarma*—application of caustics, *Agni karma*—Cauterisation, *Roma Sanjanana*—Bringing on a growth of hair and *Romapharana*—Depilation and as regard therapeutical methods, two methods are followed in giving effect to the above principles—one is *Samsamana*, i.e., neutralising the morbid matters by the aid of medicines and the other is *Samsodhana*, i.e., eliminating the morbidity by purificatory processes of emetics, purgatives and enemas and injections Kapha is subjugated by emetics; pitham by purgatives and vayu by enemas and injections; and the concerted actions of the doshas by a combination of these methods. Besides these fasting or low diet, plastering, *Parisheka*—praying; *Abhyanga*—Snointing, *Swedh*, Diaphoresis; Massage, Errhines, Snuffing, *Kavaladhara*—Gargling; *Dhuma*—Fumigation; and Urithral and Vaginal injections (*Uttaravasti*) are other methods that should be adopted in diseases which admit of such resources. Dietetics and nursing have been recognized as factors of supreme importance in the treatment of diseases. No less emphasis is laid on the antiseptic and hygienic measures in all treatments. Besides these, in *Karma Vipaka* type of diseases, in mental distempers and in the type of ailments brought on by super physical agencies, prayer, worship, ceremonies and other propitiatory means are recommended.

*"Janmantara kritam popam vyadhi rupena pidyathe, Tatsanthir oushadhair donir
japa homa sura rchanahi."*

With such broad based and sound principles of treatment, as are inculcated by Ayurveda, what wonder is there that the cures are remarkably efficacious? Notwithstanding the apathy of the State and the public, the very fact that it is making a head-way in this country is proof positive of its inherent vitality. Even in the city of Madras, its activities are enormous. In the two institutions maintained by some philanthropic gentlemen at Mylapore and Triplicane according to the latest report 27,343 and 160,466 cases have been treated respectively. In the latter, the average daily attendance works up to 440 heads. If the scope and the resources of these dispensaries are widened, more usefulness could undoubtedly result therefrom.

(c) Yes: In chronic condition of many diseases and particularly in such diseases as are peculiar to this tropical climate such as Vata-Rakta, Ajirna, Grhini, Rakta-Pitha, Kusta, etc., the treatment according to the indigenous system is found to be more efficacious. This is evidenced by the comparatively large number of chronic nature of diseases and of invalids in the land rendered so by having obtained treatment by the other systems on the one hand, and that these have been in many cases successfully treated and restored to their normal healthy condition by the indigenous systems, under competent physicians on the other, are facts of everyday occurrence that one comes across. Impartial and unbiassed eminent English and American doctors have also spoken to this very effect and it is needless to increase the bulk of this memorandum by quoting them here.

Q 3 (a) Yes; I am directly connected with an institution called the Ayurvedic Pharmacy providing medical relief on indigenous lines in the Basavanagudi Extension, Bangalore City, being the proprietor and physician in charge thereof.

(b) I do not consider the existing institutions of indigenous systems are satisfactory on both the counts referred to in the question. In the first place the existing institutions are not properly equipped with the necessary medicines for all the ailments. In many cases, specific drugs cannot be had at all, since the practitioners have to depend for their crude drugs on the local vendors, who have little or no personal knowledge of many of them. In the generality of cases, the practitioners too, fare no better in respect of a personal knowledge of drugs. To remedy this, I would propose that in every district, drug gardens must be planted, where good many of the herbs and trees of medicinal value could be grown and their parts utilized in the medicines. In all existing municipal parks and gardens, arrangements should be made to plant indigenous herbs, shrubs and trees of medicinal value, wherever possible, and their local vernacular, Sanskrit and Botanical names mentioned on a ticket attached to each of them. Proper agencies should be appointed to get good and fresh drugs from the different parts, where they can be procured in plenty. In this way all the drugs of the Ayurvedic Pharmacopœia may be made available for the practitioners at a little or no cost. Secondly Medical Science being pre-eminently a practical science, no better means of imparting instructions to the students could be conceived of, than the bed-side of a patient. It is therefore absolutely necessary that every institution should have attached to it, a dispensary or a hospital with provision for in-patient wards, so that the students might learn first-hand, the nature of the disease and the method of treatment.

(c) No. To begin with I would propose that every district headquarters should have a dispensary and an hospital together with an institution to impart medical instruction on indigenous lines. Later on, whenever opportunities occur dispensaries may be established in the various taluks of which the district comprises.

Most emphatically Yes. The Unani and Tibbi College at Delhi, the Ayurvedic institutions in Bombay, Calcutta and Madras may be enlarged so as to give facilities for the students on all the points mentioned above.

It is not at all too high but a thing indispensable to work out immediately to bring any tangible good both to the public and to the indigenous systems.

I do not subscribe to the view of the Calcutta University Commission. As indicated above, the view point and the method of treatment of the indigenous systems are quite different from those of the other systems and it is therefore impossible that the first would merge into the other for this reason. But each could materially profit itself by a comparative study of other systems and by understanding them with an open mind and with the spirit of inquiry and learning. For instance, some of the principles and theories enunciated by Ayurveda, if considered dispassionately might throw a flood of light on the knotty and baffling problems of the origin, growth and successful treatment of many of the diseases peculiar to tropical countries. The researches and the accumulated experience of the ancient physicians and surgeons of India and the East, as recorded in the standard works of the respective sciences have a unique value of their own and will prove a great acquisition to the medical knowledge of the world if correctly understood.

Q. 6. For the exclusive study of the indigenous systems of medicines, the curriculum referred to, may not be necessary at all. There is, however, no harm if one does study them; such study will only enlarge one's knowledge with regard to the details and may also assist in the clearer understanding of the general principles enunciated by Ayurveda. In addition to the study of the standard medical works of the indigenous systems, a study of such sciences as have a direct bearing on life may be found necessary such sciences as Astronomy, Astrology, Psychology Hypnotism and Mental-healing, Botany, Natural Science; etc.

(a) I would think that three years (two years' study and one year's practical training) are quite sufficient for students of Hindu medicine to become competent to practice the same. Honorary degrees of higher standards may be conferred on them from time to time in recognition of their work and independent researches in the field.

(b) Each student should possess preliminary educational qualifications of the sixth standard in Sanskrit and his own vernacular and the optional qualifications of sixth form or Secondary School-Leaving Certificate, in English language.

(c) The medium of instruction should be in the student's own vernacular.

Q. 7. I beg to submit that medical registration is quite necessary even to the indigenous systems of medicine. The practice of medicine without proper knowledge of the science is deprecated in very strong terms in the Sastras and the King is advised to inflict heavy punishment on those who administer medicines without sufficient knowledge. The medical science being a practical science, it is hoped that due consideration will be paid, while extending the Registration Act, to the practical experience and reputation one has earned for one's self during long practice.

(a) With regard to the formation of the Medical Registration Board in question, my humble opinion is that in every district headquarters, one such board to be formed consisting of the District Collector and three non-official local leading gentlemen, who will be acquainted with the particular individual to be registered and his capabilities, etc. When application for registration is received by the Board, the applicant shall be asked to present himself in person and testify to his practical as well as theoretical knowledge in his profession. In addition to his theoretical knowledge, it would be better that one or two years practical training as junior under a renown and experienced physician be made a condition for admission as a registered practitioner, if the applicant has not received instruction in any recognized institution.

Q. 8. The cost of treatment according to the indigenous systems is or must be decidedly less than the alien systems for obvious reasons. First, the unlimited resources of getting the indigenous drugs used in the preparation of the medicines could be procured at a small cost, many herbs and roots being procured from the jungles and fields at the mere cost of collection. The preparation of medicines does not involve much expense by way of purchasing special apparatus and technical labour. The former consists of some metal and stone and earthenware apparatus, which could be locally got and some crude glass bottles and retorts; the physician himself will supply the necessary expert knowledge, manual labour alone being hired for getting the drugs pounded or ground as the case may be and this could be had at not a considerable cost. The dietary prescribed will not be of a costly nature involving the use of bottled foods, etc., coming out from foreign countries; but they consist of simple and wholesome preparations directed to be prepared in the home. In the indigenous system, since the attending physician plays the role of apothecary, compounder and a druggist himself, the patient has not got to pay for the medicines and the doctor's fees separately, as is the case in the alien systems. In many cases, according to the ancient usage, the physician will be rewarded only after the patient is cured, in accordance with the abilities and the financial status of the latter. If the treatment be not successful, the physician should have to go in many cases, not only without his fees, but even without the cost of his medicines. Unlike the too exacting and rigid methods of the alien systems, the indigenous methods are and should be humane, sympathetic and adopted to the condition of the patient in the matter of charges, if followed strictly in accordance with the ancient usages.

It should not, however, be denied that there are costly medicines in the Ayurvedic Pharmacopœia, these are intended for rich and royal personages who could afford to pay for them. These involve the composition of such costly drugs as gold, silver, amber, musk, pearls, mercury, etc., and necessarily the cost of such medicines must be great. Even here, taking into consideration the small dosage in which such medicines are prescribed, and their absolute freshness for a long time to come, these so-called costly medicines will prove cheaper in the long run. For these reasons, I submit, the indigenous methods of treatment must be cheaper than the alien systems.

Q. 9. The causes for the decay of the indigenous systems are, in my opinion, threefold: (1) The utter neglect if not positive discouraging, of the indigenous systems by the State on the one hand, side by side with its unqualified support and favour to the alien systems, by founding and encouraging to found dispensaries and hospitals after these latter, wherever possible and necessary, on the other; (2) The unmerited and unjust prejudice against these indigenous systems, cherished by the educated classes and aristocracy of the land and their apathy and luke-warmness towards attempts made to revive them; (3) Want of adaptability on the part of the practitioners of the indigenous systems to suit themselves to the changed conditions and environments.

The State should change its angle of vision towards the indigenous systems and to give thereto, its entire support and encouragement. Secondly, the Indian Aristocracy and the educated classes should know that the indigenous systems of medicine are at least as good as any foreign system, by judging them on their merits only. Thirdly, the practitioners of the indigenous systems should conduct themselves in such a way as to enable all educated and cultured people in the land to understand that the indigenous systems have their intrinsic and genuine value, in bringing relief to the suffering humanity and that it is but just and patriotic to lend support and encouragement to these indigenous systems. By these means a revival may be effected of the indigenous system in the land.

Suggestions for the revival.—Now, the medical portfolio being in the hands of the Indian Minister, opportunities should be given whenever and wherever possible for the opening of the Ayurvedic dispensaries, in several districts and taluks in the Presidency. A Training College with proper equipment and manned by competent physicians from Upper India should be opened in the Capital of the Presidency as well as in two or more other centres for producing efficient and capable men both in theory and practice; in short all facilities should be given for proper instruction to be imparted to the students. Equal status should be given to the practitioners of the indigenous systems side by side with those of the alien systems.

Q. 10. (a) The State could foster and promote the indigenous systems by (1) establishing several hospitals and dispensaries in different centres in preference to the allopathic dispensaries and earmark a portion of the budget estimate for medical relief, to their up-keep; to recognize the merits of Ayurvedic physicians; to give equal opportunities to them to show forth their ability and skill and to give equal status to them along with physicians of the other system.

(b) The Local Board also should try to found as many dispensaries as they can of the indigenous system and set apart a portion of the revenue or cess for this purpose.

(c) The University should found a chair for the indigenous systems of medicine in the faculty of medicine and employ distinguished physicians to give or to deliver University Extension Lectures from time to time. The University should also make provision for and encourage researches in the said systems on their own lines.

(d) *Private agencies.*—All charitable and philanthropic gentlemen should be encouraged to found dispensaries and hospitals of the indigenous systems and landed and other endowments should be made for their up-keep. Zamindars and rich people should be encouraged to get important and renowned sastric remedies prepared by the distinguished physicians of their land.

so that such medicines may be freely distributed by them along their tenants, towns-people, etc. Portion of the savings of renowned temples, such as Tirupati, may be utilized for establishing Ayurvedic hospitals, dispensaries and schools, within the provinces where such temples exist.

(13)

M.R.RY. RAO BAHADUR A. KRISHNASWAMI AYYAR AVARGAL, B.A.

The majority of people who have not received English Education and not yet conceived a disregard for things old may be said to take advantage of Ayurvedic medicine more than those who have received such education. The spread of Ayurvedic treatment will be beneficial to them. It will prove beneficial to others too when in course of time under proper support and with proper practitioners its merit and usefulness come to be recognized. At present for want of proper Ayurvedic aid people naturally resort to Allopathic hospitals and dispensaries. In Travancore where Government has established Ayurvedic dispensaries a large number of people are, it is understood, taking advantage of them.

2. The Ayurvedic system does not require revision. Ayurveda finds a place in one of the four Vedas of the Hindus which are admitted to be of great antiquity. Agnivesha and other Rishis wrote later treatises in Sanskrit. While Sanskrit learning became confined to Brahmanas and Brahmanas came to consider the profession of a physician as unsuitable to their priestly avocation the study of the books on medicine became very much limited. Gradually without any knowledge of the books, practitioners, on traditional experience only came into existence. From the time of the advent of the British Government and the establishment of Allopathic hospitals and dispensaries Ayurveda has lost ground. In the present day there are very few practitioners who have gone through a regular course of Ayurvedic study and training. Impartial and competent investigators like Captain Srinivasamurti of the Madras Ayurvedic and Unani Medical Committee and gentlemen like Messrs. Gananath Sen and Yamini Bhushan Roy and others who have taken English Medical degrees and are Ayurvedic practitioners will be able to state the case of Ayurveda in English properly and compare it with the Allopathic system in respect of the merits of each as a science. Among other opinions I give mine for what it may be worth on some of the points on which it is asked for.

3. As regards the Ayurvedic theory of Vatha, Pitha, and Khapa in the causation of diseases, I wish to say a few words. One school of thinkers on the theory of the creation of the world believe in a Soul (Purusha) and Primordial matter (Prakriti-Avyaktha, unmanifested) which moves and evolves the worlds being acted on by the presence of the former and they believe in the latter possessing three *gunas*—properties called Sathva, Rajas and Thamas, which appear in all created objects—what exists in the cause exists in the effects. The Ayurvedic theory as regards the human body is that it is composed of the same matter, the Pancha Bhutas, as the outside world and that it comes into existence under the action of certain forces named in Sanskrit, Vatha, Pitha and Khapa, from parents after parents, the marked influence of each being at birth, existence during life and death respectively. In their causal condition they operate as forces. They may be said to first manifest themselves as Vitality, Warmth and Cold in the body and in concrete form as vital element in the air, oxygen gas (Vatha), bile, gastric and other juices, mucons, etc., secretions (Pitha and Khapa). They regulate the conditions of gaseous, liquid and solid matter in the body. Vatha is said to enable all movements in the body to be effected and Pitha and Khapa to enable certain organs and secretions to effect digestion and certain other functions and under the action of the three forces takes place the transformation of food from stage to stage into chyle, blood, flesh, bone, etc. What are called natural functions of the organs and secretions by the materialist are considered as the result of the action of certain forces—Sakthis or powers, by the Ayurvedin who believes in a supernatural power. The normal condition of Vatha, Pitha and Khapa in the body is health. A disturbance in it is disease. People are born with different constitutions and temperaments classed broadly as Vatha prakrithi, Pitha prakrithi and Khapa prakrithi which may be said to correspond to what are called Nervous, Bilious and Phlegmatic constitutions. Their mental qualities generally differ accordingly. The susceptibilities to disease and to treatment generally differ accordingly. Each disease is classed according to symptoms grouped under each of the three classes Vatha, Pitha and Khapa. The treatment therefor and the receipes are also similarly classed. The medical properties of each drug are described in the same manner. The Therapeutics of each in so far as its action on the human body is concerned is also described. The methods of cleansing and curing the body of any ailment are also classed in the same manner under Vatha, Pitha and Khapa. For cleansing (Sodhana) enema is prescribed for Vatha Dosha (located principally in the intestines) purgatives for Pitha dosham (located principally in the liver) and Emetics for Khapa dosha (in the stomach).

The theory of the first cause of diseases may vary according to each different school of thought in the same way as the theory of the creation of the world. One school does not ordinarily accept the view of a different school and it is not unnatural that the Allopath does not accept the Ayurvedic theory and he finds it easy to reject it by calling it unscientific. Vatha, Pitha and Khapa as causal forces would seem to have a deep significance. We save to note the forces controlling the creation (evolution), preservation and destruction of the world and in the human body, birth, life and death. The systole and diastole and pause of the heart and the inspiration, expiration and pause of the lungs would seem to indicate a correspondence. In regard to the mind we have the waking state (under the action of Vatha) Dream (under the

action of Pittha) and sleep (under Kapha). To those who choose to reject Ayurveda as unscientific because they do not accept the distinction Vatha, Pittha and Kapha, these not being demonstrable to the eye it may be said that reputed authorities have written that all medicine is guess-work, that the Allopath has not said yet his last word about his theory of causation of diseases and that if we ignore the theory of causation in Ayurveda and the terms Vatha, Pittha and Kapha, we yet find a highly systematized, logically consistent and practically working classification under the heads termed Vatha, Pittha and Kapha. Assuming the distinction to be a hypothesis we find it well answers for the rational treatment of diseases. The Ayurvedic considers that the treatment by an Allopath is for symptoms only as and when they exhibit themselves without the common cause of them being understood in cases of chronic illness specially. The classification under Vatha, Pittha, and Kapha of diseases is only a classification in brief (Dosha Sangraha) but really the number is very large owing to the combination of any two of these Doshas or all the three combined and in differing degrees of intensity of each in each case of illness. The brief classification of the symptoms grouped, the diagnosis, the methods of treatment, the receipts, the properties of drugs, the diet, the habits of life, etc., under these three heads enables the Ayurvedic physician to treat rationally all diseases in which the symptoms described under the three heads appear severally or in combination. The hypothesis is a rational and practically working hypothesis and it will be a great service to humanity to revive a large body of very valuable treatments collected from the experience of long ages without rejecting it because of the *ipse dixit* of persons interested in opposing the same.

To revive Ayurvedic treatment the aid of Government and the public is necessary. An Ayurvedic Medical College, a hospital and half a dozen dispensaries should be established in each province to start with. For an Ayurvedic practitioner to succeed in his practice and for his system to thrive it is necessary that he should know English and be able to explain to English-educated patients their illness in English and in the language of Physiology, Anatomy with which they are generally acquainted. Without the help and sympathy of the English educated public in whose hands power and influence lie his cause cannot succeed. I am of opinion that students educated up to the Intermediate or the Bachelor of Arts course in English and possessing a fair knowledge of Sanskrit should be admitted as students in the Ayurvedic College. If students knowing both English and Sanskrit be not forthcoming we may have to give two years Sanskrit teaching to the students passed in English and admit them. They should study Ayurveda for three years. They should then be admitted in an English Medical College and study in it for two years according to a special curriculum for them attending at dissections and operations. They should study physiology and anatomy and the elements of modern physical science. The general culture derivable from a study of these is essential. After thus completing the college course the student should undergo practical training for one year under a trained physician in an Ayurvedic hospital. He may thereafter be considered to be qualified to practise as an Ayurvedic physician.

For a college two teachers on a salary of Rs. 150 to Rs. 200 per mensem each may be necessary at starting. For the students a scholarship of Rs. 50 to Rs. 100 per mensem each according to qualifications may be necessary. For a hospital two physicians on a salary of Rs. 150 to Rs. 200 per mensem each may have to be employed. Necessary provision for in-patients (beds) as may be required should be made. For a dispensary one physician on a salary of Rs. 150 to Rs. 200 will be necessary. Each out-patient will cost in medicine about Rs. 2 to Rs. 3 per mensem.

The question of establishing different degrees like L.M.S., etc., for passed students in Ayurveda may be left for consideration later on after a college is worked for a course. Other questions as to standardizing medicines, registration of physicians, etc., may also be left for later consideration. No satisfactory arrangement exists for the supply of good crude drugs. When there is a regular demand we may hope that proper supply will be forthcoming. The question of translating into the Hindi or other vernacular the books in Sanskrit should also be left for consideration later. As instruction through the vernacular will not be thought of in English Medical colleges; so instruction through vernacular translation of Ayurveda will be imperfect at present.

Costly medicines are a small number containing gold, silver and other valuable ingredients which may be necessary in very rare cases and they may be left out of consideration for the present. The Ashtanga-Hridaya treatment which is mostly with plants, roots and herbs, oil and ghee is what should be adopted in Ayurvedic hospitals and dispensaries in general. The treatment under this system is quite satisfactory as it has been found in the Venkataramana and other Ayurvedic dispensaries in Madras. The Ashtanga-Hridaya treatment, we may say, is one-third with plants, roots and herbs, one third with medicated oils and one-third with medicated ghee. In hot countries the use of the two latter is of great benefit in the case of a number of diseases and it is an advantage which Ayurvedic treatment may be said to possess over Allopathic treatment in India.

In regard to surgery and midwifery the modern advance is very great and the old Ayurvedic instruments and appliances may no longer be necessary. But certain healing oils, etc., and diets prescribed in Ayurveda may with advantage be still adopted and the Ayurvedic student should learn modern surgery and midwifery during his course in the English Medical College, suggested above.

A good case fails for want of a proper advocate. It may be hoped that with good exponents and proper support Ayurveda may regain its lost ground.

(14)

ENGLISH TRANSLATION OF THE EVIDENCE OF HAKIM ABDUL RAHMAN
SAHIB BAHADUR, VISHA VAIDYA, TRICHINOPOLY.

I belong to Olavakode, Malabar district. I practice mantrams to cure all sorts of poisonous bites including cobra. During my twenty years practice several cases of rat and dog bites have been effectively cured. By mantra sakti alone, I have saved several lives from cobra bites at Olavakode. Village and railway officers who bear a personal testimony to my effective treatment were pleased to grant me certificates. A petition was also submitted to the Revenue Board by the people of Olavakode to establish a hospital under my management for effecting cure to people bitten by snakes, etc. The reply received thereto is with me now. It is also my desire that Government should move in this direction to alleviate the trouble caused by the insects, animals, etc., of poisonous character of the Olavakode forest.

If I am called upon to appear before you with all my certificates, I shall do so, provided I am given trainage to and fro.

(15)

M.R.RY. V. CHAKRAVARTI PANDITHAR AVARGAL, M.R.RY. C. R. VADIVELU
PANDITHAR AVARGAL, M.R.RY. M. NATHAMUNI PANDITHAR AVARGAL,
AND M.R.RY. K. S. KUPPUSWAMI PANDITHAR AVARGAL.

Q. 1. We practice Tamil Science on medicines—Siddha's system.

Q. 2. (a) Causes of diseases.—(1) inheritance, (2) excess or deficiency of food, its taste, its effects on the constitution, (3) excess or deficiency of sexual intercourse, (4) working so as to affect mind and body, (5) abnormal duration of any of the seasons of the year, (6) worms and insects on land and in water, (7) suppression of the 14 natural discharges of the human body, (8) foul air and impure water, (9) anxiety and excessive fear, (10) association with person affected by contagious diseases, (11) affection of the pulses owing to want of sufficient sleep and rest causing three doshams, etc.

(b) The nature of the diseases is diagnosed by means of 'Ten tests' e.g., pulses, secretion, excretion, tongue, eye, temperature of the body, colour of the body, voice, saliva and semen. Then the cause and different stages of the disease are diagnosed. The diseased are cured by internal and external application of medicines with or without diet. Our forefathers adopted the Siddha's system and cured a number of diseases such as fevers, tetanus, dyspepsia, venereal diseases, paralysis, etc. The same system is being adopted by us and we have also cured a number of diseases. But we have not kept any account of the patients cured by us. We have, however, testimonials from some of them and some of the patients are still alive.

(c) Fever, delirium, hemicrania, rheumatism, dyspepsia, paralysis, elephantiasis, diabetes, leprosy, jaundice, dropsy, which found no cure in the Allopathic dispensaries, have been cured by the Siddha's system. If necessary testimonials will be furnished from the patients cured of these diseases.

Q. 3. (a) Yes. We have been members of the South Indian Ayurvedic Sangam.

(b) (1) We know of two dispensaries conducted on the Tamil system. One at Washer-manpet and the other in the Mint Street. The patients there are well attended to.

(2) No instruction in medicine is imparted in any one in the dispensaries.

(3) Funds being inadequate these dispensaries are conducted on small scale, but it may, however, be observed that they are progressing. If ample funds are secured from the generous public and Government, they will work satisfactorily.

(c) No. If institutions to educate men in medicine are formed and text-books comprising the essence of the several treatises on medicine are compiled this indigenous system will then alone work very efficiently.

Q. 4. (a) (1), (2) and (3). Yes. It cannot be said definitely that there is any dispensary conducted on the Siddha's system where the ideal is attainable. But if such an institution containing dispensary, laboratory, library and museum and a garden of food herbs is established in Madras where there are several facilities, the ideal can be attained in the near future if the State helps.

(b) The ideal is not too high to achieve.

Q. 5. We agree. By a thorough study, research and investigation of the Indian system and by comparing results with the Western system, it may be possible to verify the system. But it may take some time. It will be necessary to work to that end to translate in different vernaculars treatises dealing on the preparation of specific medicines such as Chenduram, Buspam, etc.

Q. 6. Yes. The course of studies should be drawn up by experts of both the systems (a) That there should be grades as in the English system according to the efficiency of the candidates learning the Siddha system. (b) In Tamil the student should possess a sound knowledge of its literature. It will do well to have a knowledge of English as well. (c) The medium of instruction should be Tamil and the course of instruction should amount to three to four years. Successful candidates should be awarded with titles such as Maruthva Pulavan, Maruthva Mani, Maruthva Siromani, etc.

Q. 7. Though the native doctors in towns and villages are of different merit, yet they successfully treat the patients. Their names should be registered as in the case of English doctors.

(a) Yes. The Board should consist of equal number of representatives of Ayurvedic, Siddha and Unani doctors.

Q. 8. The treatment according to Siddha system will not cost as much as that according to the Allopathic system. Tamil medicines do not cost much. Patients are cured by the Tamil medicines in a shorter period than that by the English medicines. The diseases do not recur and the patients do not suffer any relapse of the disease. The fees to native doctors and the diet to the patients do cost only a little. In the Siddha system of treatment no nurse is necessary and the female members of the patient can conveniently attend to the wants of the patient and look after him. The native drugs Lingam, Veeram, Pooram, Rayachenduram, etc. were cheaply available before, as they were prepared in Tamil towns and villages, namely Kumbakōnam, Pondicherry, Cochin, etc. At present these medicines are not encouraged and so they have become rarely available. If the old system is revived these Tamil medicines will become very cheap.

Q. 9. The Tamil medicines are not dead. In most of the villages, thousands of them are in daily use and there are numberless doctors in these villages. Allopathic doctors and dispensaries are not in sufficient numbers in villages—A matter well-known to all. It cannot be denied that thousands of patients in towns and villages are now being treated by native doctors. Not only in the Madras Presidency but also in Ceylon, Burma, Straits Settlements, East Indies, Madagascar, etc., the Siddha system of treatment is even now very popular. Not being sufficiently encouraged by the rich and influential gentlemen and by the Government the system is declining day by day. This also leads to the scarcity of expert practitioners of the Siddha system.

Q. 10. (a) to (d) Sufficient funds should be collected to establish 'A Tamil Medical Research' consisting of men sound in Tamil literature and expert in the Siddha system. Tamil treatises on medicines not now in print but only in palmyra leaves, should be collected and printed and formed into a library. A laboratory stored with all Tamil medicine should also be formed. Tamil medical men should learn how to prepare the medicines in the laboratory. Students that come out successful from this Medical College should be provided with work in the hospitals in charge of the unions, taluk boards and municipalities. Government, district municipalities, local board and Senate should help the college with necessary funds.

(16)

SRIMAN BAISHNAVA THIRIPATHI MAHASAYO.

Q. 1. I deal with the Ayurvedic division of indigenous system of medicine; and besides this I have at times sought the help of Siddhabaidic Tantrikas of the indigenous system of medicine as well.

Q. (2-a). For accurately settling the symptoms and the causations of diseases I have at the suggestion of Baidyakatantra followed closely *Nidanpanchaka*. The theories of causation run as follows:—

(1) *Nidan*, (2) *Purbarupa*, (3) *Rupa*, (4) *Upasaya*, (5) *Samprapti*.

Besides these I also lay special stress on the pulse, urine, stool, tongue, tone, touch, sensation, eyes and also the temperaments of the patients; these methods conclusively reveal causes of the diseases.

(b) The books which are studied for the attainment of true knowledge and proficiency and also for the administration of medicines after knowing the symptoms of the diseases and the nature and the tendencies thereof, are as follows:—

Nidane Madhaba Sresta
Sutrastanetu Bakvatah

Sarire Susruta Proktah.
Charakastu Chikitsate.

I have been following this method of treatment for the last 19 years, and have cured most dangerous patients in respect of which I cannot furnish statistics; to say the least I have found invaluable helps at the hands of these books and my conviction has led me to assert that these books are the authorities on this branch of treatment. But nowadays one cannot be known to others without the recommendations of others. To this end I have collected a few copies of testimonials of some local distinguished people and enclosed herewith for the kind perusal of the Committee.

(c) It has been seen in more than 99 cases out of hundred that this system of treatment has produced marvellous effects in comparison with other systems of treatments because this system of treatment is quite compatible with the climate, living and food of the place and also quite in accordance with the surroundings in which the man lives and moves and also under whose fostering care the vegetable kingdom which is the source of the druggists grows up. It is for these reasons that a mere root can cure the most dangerous diseases which the so-called Allopathic treatment fails to do. Hence we give preference to this system of treatment.

Q. 3 (a) I have started a charitable dispensary here in Berhampur for more than 14 years on the indigenous lines. I, myself, examine my patients, compound medicines and sometimes go from door to door giving helping hands to the needy, and to those who cannot afford to come to me. For this act of mine I have been empowered by the Chatrapur Taluk Board to act as they Honorary Superintendent of the Board Ayurvedic Bidyalaya opened at Purushottapur in this district.

(b) The present institutions of indigenous system of medicine are not satisfactory from the standpoint of adequacy of medical relief and also suitability as centres of medical education because these institutions have some deplorable defects in teaching (1) Salyatantra (Surgery), (2) Salakyatantra (treatments bearing on the curing of eyes and ears), (3) Kayachikitsa (curing of fevers, etc.), (4) Bhuta Vidya (treatments dealing with the possession by demons), (5) Kaumara-brutya treatment bearing on the bringing up of infants), (6) Agadatantra (treatment bearing on extracting poison), (7) Rasayantantra (treatment bearing on imparting strength and tone to the drooping spirit of a man and thus invigorating him), (8) Bajikarantantra (treatment of seminal fluid).

Generally provision for the maintenance of these sorts of treatments ought to be made in schools established for the purpose but we find scope for only six of these accessories excepting the first two such as Surgery and treatment bearing on eyes and ears. We hope that the indigenous system of medicine will be a complete success from start to finish if it will only be supplemented by the two methods of treatments such as Surgery and curing of eyes and ears.

(c) I regret to write that there has been no provision made up till now for the proper advancement of this system of treatment.

Q. 4-(a). If imparting ideal Ayurvedic training to the students on indigenous lines be at all aimed at, then it will be better to appoint professors of first-rate experience and also title-holders, and specialists. Besides arrangements should be made for placing the students under the very nose of these high class professors.

(b) For the simultaneous good of the students and the staff they should have within their easy reach hospitals, laboratories, libraries and museums.

(c) For research work ample leisure should be allowed to the staff into the bargain.

In support of the three statements mentioned above I may say that these are essentially necessary for the proper development of the indigenous system of treatment. It is found that the late Pandit D. Gopalacharlu Vaidyaratna of Madras did something for the ideal development of this system of medicine independent of any outside help. Besides Kahiraja Sree Jaminikanta Ghosh Mahasaya, S. Gananath Sen Mahamahopadhyaya of Calcutta, Kabiraj Srijut Umacharan Bhat-tacharya of Benares and many other experts in this department of treatment have achieved success in this respect by opening ideal institutions solely conducting them properly on lines indigenous. Reflecting on the efficacy of this system which is, so to say, in a heap of ruins for want of due patronage and encouragement I appeal to the Madras Government to take early steps towards the establishment of institutions on the indigenous lines.

(b) This ideal or this aim may be considered too much under the present state of affairs. But instead of this I may suggest the following methods. In the heart of the metropolis a college should be maintained and in districts under the Presidency middle class institution of this type may be started, and in villages under the districts ordinary institutions based purely on indigenous lines may be started for expediting the spread of Ayurvedic knowledge. I believe if such arrangement be made then in no time the desired effects may be attained.

(c) Besides if such charitable dispensaries be opened in different places of the country then it will lead to a greater good and reflect a greater credit on the Government than any other institutions have yet done.

Q. 5. The East and the West will never meet in this respect. The gulf of difference that lies between these two can never be bridged. The reason is that the indigenous system of treatment has been in vogue from time immemorial in this country of ours which is famous all over the world for its fertility of soil, mineral wealth and for being the nursery garden of the evergreens. These are all due to the hallowed memories of the Rishis of old who have purified the surface of the Indian soil by means of their sanctified penance. It is why the Indian people are so much devoted to this system and also why they have such an implicit faith in this system. It is for this reason that many patients can come round by the mere application of a simple drug in lieu of Allopathic treatment which is advocated by all as the best scientific antidote against all sorts of diseases. The reason why so many people have a liking for the unification of the two systems is that they are attracted by the hallowed show of titles and honours they would be dubbed with and not by any other considerations. Have the eminent physicians and authorities on the indigenous system of medicine given their unanimous consents to this sort of proposed unification? Perhaps, not. I think they would not by any means. Besides, the reports of the Calcutta Commission are not thorough going. They do not seem to make a thorough study of our Sastras on this head which are complete in themselves and do not want any improvement. They too have prescribed observation. Feeling of the pulse, examination of touch sensation and various other tests for fixing the nature and symptoms of diseases. So we cannot fully fall in with the opinion of the Commission.

Q. 6. Many people recommend the study of books such as Physics, Chemistry, Biology, Anatomy Physiology, Pathology, etc., but they do not know, it is a wonder, that we have mightier Sastras on these. The Sastras run as follows:—

Physics by Raj Nighanto: on Chemistry we have *Rasendra Sarasangraha*, *Rasa-Ratna-karo*: Biology by Susruta. Anatomy by Susruta, a book on Surgery by Susruta so forth and so on. These people do not try to dive into the depth of the volumes of books which are our sole possessions, and simply make a remark as ludicrous as anything.

Accepting the above mentioned facts I urge that the following syllabus may be adopted for imparting Ayurvedic knowledge on an indigenous line:—

(a) The progressive standards proposed are as follows:—

(1) Ayurvedabisarada, (2) Baidisastri, (3) Visadacharyo.

(b) Preliminary qualifications and periods of study run as follows :—

(1) Ayurvedabisarada should contain three years' course.

(2) *First year's course.*—(1) Parivasaporadipa, (2) Banauadhidarpana, (3) Madhabanidan, (4) Rasendrasarasangraha, (5) First step to the study of diseases, (6) Health Reader, Ausadhatantra, (8) Indian Physiology by Susruta.

Second year's course.—(1) Chikitsachakradutta, (2) Art of Surgery by Susruta, (3) Nabyadrabya Guna. A book on mental Pathology caused specially by love.

Third year's course.—(1) Complete study of Madhabanidan, (2) Complete study of Chikitsachakradutta, (3) Sariradhyayo by Susruta—A book on Surgery by Susruta, (4) Kriyatmakachikitsa (latter portion), (6) Sastropachikitsa by Bakvata, etc.

(2) A student should read two years at least in the Baidyasastrī division.

First year's course.—(1) Susruta Sanhita (first part), (2) Sarirastānanta with commentaries, (3) Charaka Sanhita (first part), (4) Bakvata Sanhita, (5) Kaya Chikitsa with its commentaries.

Second year's course.—(1) Ayurvedaprakasa with its commentaries, (2) Sarangadhara Sanhita, (3) Tailaprakarananta with commentary, (4) Bhabaprakasa with commentary, etc.

(3) Two years' courses of studies to be prescribed for the *Bhisakacharyo Examination*.

First year's course.—(1) Charakasanhita (complete), (2) Bagvatasanhita, (3) Susrutasanhita with its commentary.

Second year's course.—(1) Sarangadharasanhita, (2) Rajnighantu, (3) Birasimhabali, (4) Agnibesa Sanhita, (5) Haritasanhita, (6) Bhedasanhita, etc.

(b) A student willing to appear in the *Ayurvedabisarada Examination* should read the following books :—

1. For Sanskrit knowledge he should read the following books :—

First year's course.—(1) Laghukaumadi (Sabdha-Akhyanta and Krudanta) (2) Amarakosh (seven cantos), (3) Paryayamuktavali, etc.

Second year's course.—Laghukaumadi (complete), Raghubamsa (five cantos), Kumarasambhava (four cantos), Meghadoota (four cantos) and five cantos of Sakuntala.

A student who has made a study of these Sanskrit books and has passed in the examination is eligible for *Ayurveda Bisaradha Examination*. Besides he must be good-natured, well-behaved, of good moral character, of noble lineage, free from physical disabilities and he should possess a strong temperament into the bargain. If such a student completes his three years' course he will be eligible for the *Ayurvedabisaradha title*. If a student studies *Baidyasastrī* for two years and passes duly his examination he will get the *Baidyasastrī title*. After this if he studies the Ayurvedic books and passes his examination he will be dubbed with *Bhisakhacharya title*.

(c) The medium of instruction should either be Sanskrit and Oriya or Telugu.

Q. 7. Medical registration should be extended to the indigenous system of medicine.

(a) If a Board of Registration be organized for admitting competent practitioners into the Medical Register then I think these physicians will have a greater dignity and greater facility in this direction.

(b) I do not like to introduce any change in the body of laws as I am quite in the dark about them.

Q. 8. Regarding the comparative cost of treatment according to the Allopathic and indigenous systems I give a statement below :—

	RS.	A.	P.
1. Atropine Sulphus prescribed for removing pains, for preventing pains, for preventing perspiration, etc., per lb. ...	98	0	0
But our indigenous system prescribes an ointment or a mere drug for these diseases, the cost of which may be ...	8	0	0
2. Quinine Sulphus prescribed for removing the pains settling on the veins and also typhoid fevers per lb. ...	78	0	0
But our system can cure such diseases by a mere Taila the cost of which may amount to Rs. 2.			
3. Cocaine Hydrochloride for curing tooth-ache Oz ...	48	0	0
But our system can cure it by a mere pill.			

I may say further that there are some drastic remedies which can cure maladies in no time with least expense which Allopathic treatments fail to cure. The cost between them is sometimes unduly disproportionate. I request that due encouragement should be given to that which proves the surest and the least costly.

Q. 9. The decay perceptible now-a-days in respect of this indigenous system is due to the utter apathy of the Government, want of proper ingredients and over and above all, money, the basis of everything. If the Imperial attention can be drawn to the regeneration of this system once highly approved by all but now fallen into disuse for want of proper organization, I believe the old Rishi days will return to us and we shall be rid of all maladies, will be as healthy and as strong as the people of the days long gone by. In fine I request specially the members of the district boards, taluk boards and the Rajas of the State to take active steps in this direction, and I believe that by so doing they will once again revive the drooping spirit of the physicians who are dying for want of due attention to their present depraved circumstances.

प्र. १. उ—सिद्धयवनाऽऽयुर्वेदवैद्यसिद्धान्तेषु मन्वायुर्वेदसिद्धान्ते भक्तिस्तस्मात्सुद्विशेष्येव मामिकेयं व्याजिहीर्षाऽस्ति.

प्र. २. (क) उ—इह खलु व्याधीनां कारणाऽन्वेषणापूर्वं व्याधिमिव विचिकित्तासः का पुनर्व्याधिविचिकित्ताः सा हि को व्याधिः? स च कति विधः इति व्याधिसरूपं निरूपयन् सुश्रुतस्त्वेवं लक्षणं लक्षयामास—तदुःखसंयोगा व्याधय इत्युच्यन्ते इति अत्र तच्छब्देन पूर्वतरसूत्र निर्दिष्टः पुरुषः स च पञ्चमहाभूतशरीरसमवायः कर्मपुरुषः । तं कर्मपुरुषं ये दुःखेन संयोजयन्ति ते व्याधयः इति । तद्व्याधिविकल्पं विचारयन् सुश्रुतोऽब्रूव—ते चतुर्विधा आगन्तवः, शरीराः, मानसाः, स्वाभाविकाश्चेति । तेषामागन्तवोऽभिघातनिमित्ताः । शरीरास्त्वन्नपानमूलाः वातपित्तकफशोणितसन्निपातनिमित्ताः । मानसारु कुक्षोगोकभयहर्षविषादेर्ष्याभ्ययूयादैर्न्यमात्सर्यकामलोभप्रभृतयः इच्छाद्वेषभेदैर्भवन्ति । स्वाभाविकाः क्षुत्पिपासाजरामृत्युनिद्राप्रभृतयः । त एते मनश्शरीराभिघानाः ॥ इति ॥

द्वे रोगानीके भवतः प्रसावभेदेन साध्यं चाऽसाध्यं च । द्वे रोगानीके बलभेदेन मृदु च दारुणं च । द्वे रोगानीके अधिष्ठानभेदेन मनोधिष्ठानं शरीराऽधिष्ठानं च । द्वे रोगानीके निमित्तभेदेन स्वातुवैषम्यनिमित्तं चाऽऽगन्तुनिमित्तं च । द्वे रोगानीके आशयभेदेन आमाशयसमुत्थं च पक्वाशयसमुत्थं चेति विमाने ॥

अतस्त्रिविधविकल्पे व्याधयः प्रादुर्भवन्ति । आग्नेयसौम्यवायव्याः । द्विविधाश्चाऽऽपरे राजसास्तामसाश्चेति निदाने ॥

अथ खलु त्रय उग्रस्तम्भाः त्रिविधं बलं लीणयातानानि त्रयो रोगाः त्रयो रोगमार्गाः त्रिविधा भिषजः त्रिविधमोषधिमिति ॥

त्रयो रोगा इति निजागन्तुमानसाः । तत्र निजः शरीरदोषसमुत्थः । आगन्तुभूतविषवाय्वग्नि-सम्पहरादिसमुत्थः । मानसः पुनरिष्टस्याऽलाभाच्चाऽनिष्टस्योपजायते ॥ इति त्रिलैषणीये ॥ चत्वारो रोगा भवन्ति आगन्तुवातपित्तश्लेष्मनिमित्ताः । तेषां चतुर्णामपि रोगाणां रोगत्वमेकविधं कृत्सामान्यात् । द्विविधा पुनः प्रकृतिरेतेषामागन्तुनिजविभागात् । द्विविधं वैषामधिष्ठानम् । मनश्शरीरविशेषात् । विकाराः पुनरेषामपरिस्थेयाः प्रकृत्यधिष्ठानलिङ्गाऽऽयतनविकल्पविशेषाणामपरिस्थेयत्वान्मुत्त्वानि तु खल्वगन्तुनोर्बलदशनपतनाभिचाराऽभिचारापाऽभिषेगव्यधन्वपीडनरज्जुदहनमन्वाऽशनिभूतोपसर्गादीनि । निजस्य तु मुखं वातपित्तश्लेष्मणां वैषम्यम् । द्वयोस्तु खल्वगन्तुनिजयोः प्रेरणाऽसात्मेन्द्रियार्थसंयोगः प्रज्ञापराधः परिणामश्चेति । सर्वोपे तु खलपेतेऽभिप्रवृद्धाः चत्वारो रोगाः परस्परमनुब्रूयन्ति न चाऽन्योन्य सन्देहमापद्यन्ते । आगन्तुर्हिव्याथापूर्वं समुत्पन्नो जघन्यं वातपित्तश्लेष्मणां वैषम्यमापादयति । निजेतु वातपित्तश्लेष्माणः पूर्व वैषम्यमापद्यन्ते जघन्यं व्यथामभि निर्वर्तयन्ति ॥ इति महारोगाध्याये ॥

निजागन्तुविभागेन तत्र रोगा द्विधा स्मृताः । तेषां कायमनोभेदादधिष्ठानमपि द्विधा इत्यष्टमो च । परिमाषितानि व्याधिविकल्पस्यापकानि बहूनि वाक्यानि सन्ति । तदब्रूमो व्याधयः प्राधान्येन त्रिधा तथाप्यप्राधान्येन चतुर्थीति ॥ इत्थं व्याधयस्तद्विकल्पाश्च व्याख्याताः । न च पुनरत्राऽऽप्तान्गिक हेतोर्विक्यानां सूत्रोपस्थितानां परस्परऽविरुद्धानामपि विरुद्धवद्भासमानानां विषयमत्र विचारयामः ।

पुनश्च तद्दुःखसंयोगा इति वाक्ये दुःखं कथं संघटनं इत्येवं सत्यां जिज्ञासायां—दुःखत्रयाभिपत्ता-
जिज्ञासा तदुपधातके हेतौ—इतीश्वरकृष्णस्य सांख्योक्तं व्याचिर्यासुर्वीचरपतिभिश्चास्वित्त्वं व्याचरुया ।
दुःखानां त्रयं दुःखत्रयं । तत्स्रु आध्यात्मिकमाधिभौतिकमाधिदैविकं च । अत्र सुश्रुतः स्व-
स्वध्यानां विषयोऽर्षभन स्वयमध्यात्ममधिदेवतं चेति शरीरे सूत्रस्थाने च । भागभेदितम् । तद्दुः-
खसंयोगो व्याधिरिति तच्च दुःखं त्रिविधमाध्यात्मिकमाधिभौतिकमाधिदैविकमिति । तेषु सप्तविधे व्याधी
उपनिपतति तद्यथा—आदिबलप्रवृत्ताः जन्मबलप्रवृत्ताः, दोषबलप्रवृत्ताः, संघातबलप्रवृत्ताः, कालबलप्रवृत्ताः,
देवबलप्रवृत्ताः इति । तत्राऽऽदिबलप्रवृत्ताः ये शुक्रशोणितदोषान्वयाः कुष्ठार्शःप्रभृतयस्तेऽपि द्विविधा
मातृजाः पितृजाश्च । जन्मबलप्रवृत्ताः ये मातुरपचारत्पंगुजात्यन्वबधिरमूकनिष्पणवाभनप्रभृतयो
जायन्ते; तेऽपि द्विविधा रसकृता दोहदापचारकृताश्च । दोषबलप्रवृत्ता ये आतङ्कसमुत्पन्ना भिव्या-
हाराऽऽचारभवाश्च; तेऽपि द्विविधा आमाशयसमुत्पन्नाः पक्वाशयसमुत्पन्नाश्च । पुनश्च द्विविधाः
शरीराः मानसाश्च । त एते आध्यात्मिकाः । संघातबलप्रवृत्ता ये आगन्तवो दुर्बलस्य बलवद्विग्रहात्
तेऽपि द्विविधाः शस्त्रकृताः व्यालादिकृताश्च एते आधिभौतिकाः । कालबलप्रवृत्ता ये शतितोष्णवातवर्षा-
प्रभृतिनिमित्तास्तेऽपि द्विविधाः व्यापन्नर्तुकृता अव्यापन्नर्तुकृताश्च । देवबलप्रवृत्ता ये । देवद्रोहाव-
पिशस्तका अथर्वकृता उपसर्गकृताश्च; तेऽपि द्विविधा विद्युदशानिकृताः पिशाचदिकृताश्च; पुनश्च
द्विविधाः संसर्गजा आकस्मिकाश्च । स्वभावबलप्रवृत्ता ये क्षुत्पिपासाजरापृत्युनिद्रापृभृतयस्तेऽपि
द्विविधाः कालकृता अकालकृताश्च । तत्र परिरक्षणकृताः कालकृताः । अपरिरक्षणकृताः अकाल-
कृता एते आधिदैविकाः । अत्र सर्वव्याध्यवरोध इति पुनश्चाऽत्र पूर्वोक्तवाचस्पतिमिश्रवाक्यमनुसंधेयम् ।
यथा तत्राऽऽध्यात्मिकं द्विविधं शरीरं मानसं च । शरीरं वातपित्तश्लेष्मणां वैषम्यनिमित्तम् ।
मानसं कामक्रोधलोभमोहभयेष्व्याविषादविषयविशेषादर्शननिबन्धनम् । सर्वं चै तदान्तरिकोपायसाध्य-
त्वादाध्यात्मिकं दुःखम् । बाह्योपायसाध्यं दुःखं द्वेषा आधिभौतिकमाधिदैविकं च । तत्राऽऽधिभौ-
तिकं मानुषमृगपशुसरीसृपस्थावरनिमित्तम् । आधिदैविकन्तु यक्षराक्षसविनायकग्रहाद्यावेशनिबन्धनम्
तदेतत्प्रत्यात्मवेदनीयं दुःखं रजःपरिणामभेदो न शक्यते प्रत्याख्यातुमिति । तदित्यं दुःखस्य व्याधेश्च
स्वरूपं सम्यग्दर्शितम् । तदेवं दुःखं तत्कारणव्याधेश्च प्रदर्श्य तत्प्रधानस्य शरीररोगस्य निदानानि
पूर्वं व्याख्यास्यामः ।

प्र. २. उ—आयुर्वेदान्त्रेषु प्रकुपिताः खलु त्रयो दोषा एव शरीररोगोत्पादकहेतवो
भवन्ति । दोषास्तु वायुः पित्तं श्लेष्मा च ॥

तथाहि चरकः—वायुः पित्तं ऋक्श्रोक्कः शरीरदोषसंग्रह इति सूत्रसंग्रहे । सर्वे एव वात-
पित्तश्लेष्माणः । विकृतास्त्वेनं महता विपर्ययेणोपपादयन्ति ॥ वातकलाकलीयाध्याये ॥ सर्वे एव
निजविकाराः । नाऽन्यत्र वातपित्तकफेभ्यो निवर्तन्ते ॥ सधतुवैषम्यनिमित्तजा ये विकारसंघा
बहवश्शरीरे । न ते पृथक्पित्तकफाऽनिलेभ्यः ॥ इत्यष्टोदरीये ॥ आगन्तुर्हि व्यायापूर्वसमुत्पन्नो जषन्यं
वातपित्तश्लेष्मणां वैषम्यमापादयति । निजे तु वातपित्तश्लेष्मणः पूर्वं वैषम्यमापद्यन्ते ॥ नषन्यं
व्यथाभामिनिवर्तयन्ति ॥ इति महारोगाऽध्याये ॥

दोषाणां बहुसंसर्गस्तर्कर्यन्ते बुधक्रमाः । षट्त्वं नातिवर्तन्ते त्रित्वं वातादयो यया ॥ इति
लंघनद्वैहणीयेऽध्याये ॥ दोषाः पुनस्त्रयो वातपित्तश्लेष्माणः । ते प्रकृतिमूनाः शरीरोपकारका भवन्ति ।
विकृतिमापन्नाः खलु नानाविधैर्विकारैः शरीरमुपतापयन्ति ॥ इति रसविमाने ॥

वातपित्तश्लेष्माणस्तु शरीरदोषास्तेषामपि च विकाराः ज्वरतिसारशोथशोषमहकुष्ठादय इति ॥
रोगाऽऽनीकाऽध्याये ॥

सर्वे एव निजविकारा नान्यत्र वातपित्तकफेभ्यो विवर्तन्ते । यथा शकुनिः सर्वा दिशमपि परिपतन् स्वां छायां नाऽतिवर्तते तथा सधातुवैषम्यनिमित्ताः सर्वविकारा वातपित्तकफातिवर्तन्ते । वातपित्तश्लेष्मणां पुनः समुत्थानस्थानसंस्थानप्रकृतिविशेषानभिसमीक्ष्य तदात्मकानपि च सर्वविकारांस्तानेवोपदिशन्ति बुद्धिमन्त्र इति ॥ अष्टोदरीये ॥

तेषां सर्वेषामेव वातपित्तश्लेष्मणो दुष्टाः । दूषवितारो भवन्ति दोषत्वात् । वायादीनां पुनर्धात्वन्तरे कालान्तरे प्रदुष्टानां विविधाऽशितपीतयेऽध्याये ॥ विज्ञानान्युक्तानि एतावत्येव दुष्टदोषगतिर्यावत्संस्पर्शनाच्छरीरधातुनामिति ॥ शरीरविचयाऽध्याये ॥

अथ खलु अष्टाभ्यः कारणेभ्यो ज्वरः संजायते मनुष्याणां तद्यथा वातात्पित्तात्कफात् । वातपित्ताभ्यां पित्तश्लेष्मभ्यां वातश्लेष्मभ्यां वातपित्तश्लेष्मभ्यः आगन्तोरष्टमात्कारणात् ॥ इति ज्वरनिदाने ॥

त्रिदोषकोपविमिता विंशतिः प्रमेहविकाराः प्रमेहनिदाने ॥ युगपत्रयो दोषाः प्रकोपमापद्यन्ते ॥ कुण्ठनिदाने ॥ तत्र दोषनिमित्ताश्चत्वार इति ॥ उन्मादनिदाने ॥

इह खलु चत्वारोऽपस्मारा वातपित्तकफसन्निपातनिमित्ता इति ॥ अपस्मारनिदाने ॥ शरीरारस्त्वन्नपानमूला वातपित्तकफशोणितसन्निपातवैषम्यनिमित्ता इति ॥ वेदोत्पत्तिनामाऽध्याये ॥ सर्वेषां च व्याधीनां वातपित्तश्लेष्माण एव मूलम् । तल्लिगत्वाट्टफलत्वादागमाच्च । यथा हि कृत्स्नं विकारजातं विश्वरूपेणावस्थितं सत्त्वरजस्तमांसि न व्यतिरिच्यते, एवमेव कृत्स्नं विकारजातं विश्वरूपेणावस्थितमव्यतिरिच्य वातपित्तश्लेष्मणो वर्तन्ते । दोषधातुमूलसंसर्गादायतनविशेषान्निमित्ततश्चैषां विकरुषा भवन्ति ॥

कृपितानां हि दोषाणां शरीरे परिधावताम् ।
यत्र संगः सर्वैशुण्यद्व्याधिस्तत्रोपजायते ॥

॥ व्याधिसमुद्देशीयेऽध्याये ॥ सुश्रुते ॥

दोषा एव हि सर्वेषां रोगाणामेककारणम् । तथा सधातुवैषम्यनिमित्तमपि सर्वदा । विकारजातं त्रीन्दोषानिति ॥ दोषभेदीयाऽध्याये चाग्भटे ॥

एवं पूर्वभाषितैर्वाक्यैरित्थं निश्चितं भवति । चरकसुश्रुतवाग्भटास्तु दोषानेव शारीरव्याधीनां कारणत्वेनाऽऽशुपागच्छन् । तच्छारीरा वातपित्तश्लेष्मणो यावन्न प्रकुप्यन्ति तावद्व्याधयो नोत्पद्यन्ते । तेषां च दोषत्रयाणामभ्यन्तराणां प्रकोपणे । बाह्या—असात्म्येन्द्रियार्थः परिणतिः प्रज्ञापराधश्च हेतव इति हि तेषां मतम् । किं च दोषाणां रोगहेतुत्वे पूर्वाचार्याणां परस्परं वैमत्यं न कचिदपि ग्रन्थेषु दृश्यते । पुनश्चाऽत्र जिज्ञासितोऽद्वयमर्थः । यदि दोषाणां व्याधीन्प्रति कारणत्वं किम्भूतं तस्यास्तस्यन्ति हि बहुविधानि कारणानि समवायिप्रभृतीनीति ॥

अस्मिन्नर्थे विजयदीक्षितस्तु दोषाणां व्याधीन्प्रति निमित्तकारणत्वमन्यत । स एवमद्भूत—यत्र यावन्निमिचस्थायि कार्यं तत्र निमित्तकारणनाशादपि कार्यानाशः यथा वार्ते तैलनाशादीपनाशस्तथाभूताश्च दोषाः प्रायशः इति ॥

एतत्स्वारस्यम् ।

वेदकालमारस्याऽद्याऽवधि वैद्यविद्यामधिकृत्य बहवः खलु ग्रन्था व्यलिख्यन्त । परमधुना समुपलभ्यमानानां चिकित्साग्रन्थानां निखिलानां चरकसुश्रुतवाग्भटा एव पुरोवर्तिनस्सन्ति । यतश्चाऽन्ये

सर्वे ग्रन्थाः तदुपजीविनो विद्यन्ते । रसार्णवादिग्रन्थास्तु रसादित्वनिजनेवोद्दिश्य बहु भाषन्ते इति कृत्वाऽस्मिन् प्रकरणे तेषां त्रयाणामेव वचांसि प्रामाण्यत्वेन समुल्लिखितानि सन्ति । ते तु सयोऽपि वाताद्विदोषा एव प्रकृपिता व्याधिहेतवस्तेषां प्रकृपे तु असात्म्येन्द्रियार्यः परिणतिः प्रज्ञापनाथः इत्येते बाह्या हेतवः इति परस्पराऽविरुद्धं मतं प्राकाशायंस्तदवश्यमेतस्यै वैश्वविक्षणैरभ्युपगम्येतेति समनस्कोऽहमभिप्रैमि ॥

किं च आयुर्वेदसिद्धान्ते व्याधयोऽपि व्याधयन्तरस्य निदानार्थकरा भवन्ति । यदाह माचधः—
“ निदानार्थकरो रोगो रोगथाप्युपजायते । तद्यथा ज्वरसन्तापाद्रक्तपित्तमुदीर्यते ॥ ” इत्यादि ॥
अदृष्टमपि क्वचिद्बाधौ निदानत्वमापद्यते यदाह वाग्भटः—“ दृष्टाऽपचारजः कश्चित्कश्चिरूर्वाऽपराधजः । तत्संकरारभवत्यन्यो व्याधिरैवं त्रिधा मतः ॥—इति ॥

अनेन च प्रकृपितवातपित्तश्लेष्माणो व्याधीनां निदानानि तेषां प्रकृपेण च सर्वेऽप्यसात्म्येन्द्रियार्थाः परिणामः प्रज्ञापनापद्युक्तानि सर्वाण्यपि व्यवहारादीनि तथाऽदृष्टं क्वचिद्व्यापयश्च निदानानि भवन्तीति संग्रहार्थो भवति । पुनरस्यैव विस्तरं चरकसुश्रुतवाग्भटानां निदानस्थाने । माधवकरस्य रुग्निश्रये च सम्यग्ज्ञानुं शक्नुयुः ॥

अभिप्रायः—अर्वाञ्जः चिकित्सकास्समस्तेषां यन्त्रशस्त्रादिभिर्द्रुतसाधनेर्विपुलद्रव्यैर्विमलावैचारैश्च प्राचां संयमिनां वैद्यसिद्धान्तस्य बहिराधणमेव स्वल्पांशेन संस्पृशेयुरिति मे मतम् । किमिति प्राचनिवैद्यविद्या च ज्ञानविज्ञानसम्बद्धाऽस्ति । विज्ञानं चाऽस्य बहिरावरणम् । ज्ञानबाऽभ्यन्तरावरणम् । प्राग्वैद्यविद्या च तत्र निगूढा हि तदन्तराले ह्यद्यात्मेव नितरां भासते । ग्रे केचन पौरस्त्यज्ञानविद्यायां सुतरामविस्रब्धास्सन्तस्ते नानुमन्यन्त तत्त्वमेतत्तानहमत्रैकान्ततस्समुदासे । अन्ये केचन सूक्ष्मदर्शकादिभिः सर्वविस्मयाऽपादकैर्यन्त्रजातैरीन्द्रियानपि विषयनिचयान् समन्वबोद्धुं समर्था इति प्रगल्भन्ते । तेऽप्यस्माकं मते विज्ञानकुशला अपि ज्ञानमूढास्सन्ति किमिति न त्वलु वस्तुस्थितिस्तावतैव समाप्तं गता यावता च सूक्ष्मदर्शकादिभिरुपलभ्येत तद्यातिरिक्ता हि ब्राह्मी स्थितिरस्मच्छरीरे । तदर्थं चरकाचार्यस्त्वेवमभाषीत् । तत्र बुद्धिमान् नास्तिव्यबुद्धिं जह्याद्विचिकित्साश्च कस्मात्प्रत्यक्षं ह्यरूपमनल्पप्रत्यक्षमरित यदागमाऽनुमानयुक्तिभिरुपलभ्यते यैरेव तावदिन्द्रियैः प्रत्यक्षमुपलभ्यन्ते तान्येव सन्ति चाऽप्रत्यक्षाणि । सतां च रूपाणामतिसान्निर्कर्षादतिविप्रकर्षादावरणात् कारणदौर्गत्यान्मनोऽनवस्थानात्समानाऽभिहारादिभिमवादातिसौहम्याच्च प्रत्यक्षानुपलब्धिस्तस्मादपरीक्षितमेतदुच्यते । प्रत्यक्षमेवाऽस्ति नान्यदस्तीति ॥

तदेवं प्राग्वैद्यविद्वद्भिरन्विष्य विचिन्त्य चा शेष्यबुद्धिर्विशुद्धौ परिश्रान्तिता मनोर्थाः पुनरात्मार्थाश्च नाद्यावधि पाश्चात्यवैधतत्वविचक्षणैर्लौलाविलासार्थमपि सकृच्चिन्तिताः तदध्यवसायव्यवसायश्च सुतरादवीयानिति कथयितुं कथमपि न लजे । भौतिकानि चेन्द्रियाणि भौतिकानि च प्रवत्साधनानि तैश्च भौतिकार्थानेवाऽवश्यं भावयेयुर्भवन्त इति न सन्देहः । तत्पाश्चात्यचिकित्सकानां पौरस्त्यवैद्यविद्याया विमर्शने नाम परमार्थतत्त्वचिकित्करं व्यवहारार्थतस्तु किंचित्करमपि न तेषां सिद्धान्तोऽनेकविषयेषु सिद्धावस्थायां दृश्यते अपि तु साध्यावस्थायामेव समुपलभ्यते जातुचित्तैरेव च परस्परं विरुद्धमतं च समुद्भाष्यते । तदित्यभूतायां अनुकल्पिताऽवस्थायां किं नाम विचारसहं चरमविमर्शानमिति परीक्षका एव किंचिदात्मगतं विचारयन्तु ॥

स्वारस्यम् ।

आयुर्वेदतन्त्रे तु धर्मः कर्म मनः शरीरी पुनर्जन्मेति मृग्यसो विषयाः । अमौतिका भौतिकाश्च प्राणाऽपानादिवायवोऽन्ये च तत्सदृशा आप्तोपदेशबलेन पुनरनुमानबलेन चाऽस्कन्दित्वाससन्ति ॥

तद्विषयेषु कथमाधुनिकी विमर्शनपरिपाटिरवकाशं लभते । कथं च पुनरतीन्द्रियाणीन्द्रियैर्विरक्तभावं चाऽनुरक्तमवैरात्मानं चाऽनात्ममिद्विर्भं च लोभैरुपलभेमहि —

प्र. २. (ख.) उ. — तदुपलब्धिश्च सर्वथा दुर्लभैवस्ति सर्वशतः । यद्याधुनिकैः करणविशेषैः किञ्चिदंशतस्साध्याः स्युः ते च साध्यांशाः पाश्चात्यशास्त्रविमर्शनाप्रतिघातं ससन्तोषं सहेरन्निति मे नितरां प्रत्याशा ॥

त्रिविधं खलु रोगविशेषज्ञानं भवति । तद्यथाऽऽप्तोपदेशः प्रत्यक्षमनुमानं, चेति ॥

तत्रेदमुपदिशन्ति बुद्धिमन्तो रोगमेकैकमेवंप्रकोपमेवंयानियेवमात्मानयेवमाधिष्ठानमेवंवेदनेमेवंसंस्थानमेवंशब्दस्पर्शरूपरसगन्धमेवंमुपद्रवमेवंवृद्धिस्थानक्षयसम्बन्धितमेवमुदकेमेवंनामानमेवंयोगंविद्यात् । तस्मिन्निवंप्रतीकारप्रवृत्तिरथवा निवृत्तिरित्युपदेशाज्ज्ञायते ॥

प्रत्यक्षतस्तु खलु रोगतत्त्वं बुभुक्षुः सर्वैरिन्द्रियैरसर्वानिन्द्रियार्थानातुरगतान्परक्षिताऽन्यत्र रसज्ञानात् तद्यथा—अन्वक्कूननं सन्धिस्फोटनमंगुलिपर्वणं च स्वरविशेषांश्च ये चाऽन्येऽपि केचिच्छरीरोपगताः शब्दाः स्युस्ताञ्श्रोत्रेण परीक्षेत ॥

वर्णसंस्थानप्रमाणच्छायाशरीरप्रकृतिविकारौ चक्षुर्वैषयिकाणि चाऽन्यानि यानि कानि च तानि चक्षुषा परीक्षेत ॥

रसं तु खल्वानुरशरीरगतमिन्द्रियवैषयिकमप्यनुमानादवगच्छेत् । न ह्यस्य प्रत्यक्षेण ग्रहणमुपपद्यते । तस्मादानुरपरिपञ्चनैवानुरमुखरसं विद्यात् ॥

एवमन्यानप्यानुरशरीरगतान्रसाननुमिमीत । गन्धास्तु खलु सर्वशरीरगतानानुरस्य प्रकृतिवैकारिकान्घ्राणेन परीक्षेत ॥

स्पर्शं च पाणिना प्रकृतिविकृतियुक्तमिति प्रत्यक्षतोऽनुमानैकदेशतश्च परीक्षणमुक्तम् ।

इमे तु खल्वन्येप्येवमेव भूयोऽनुमानज्ञेया भवन्ति भावाः । तद्यथा—अग्निं जरणशक्त्या बलं व्यायामशक्त्या श्रोत्राऽऽदीन् शब्दादिग्रहणेनेत्यादि ॥

ग्रहण्यास्तु मृदुदारुणत्वं दुस्स्वप्नदर्शनमभिप्रायं द्विष्टेषुखलुःखानि चातुरपरिपञ्चनैव च विद्यादिति त्रिरोगविज्ञाने चरके ॥

ततोदूतनिमित्तशकुनं मंगलाऽनुलोभ्येनाऽनुरगृहमभिगम्य उपविश्यातुरमभि पश्यैत्सपृशोत्पृच्छेच्च त्रिभिरेतैर्विज्ञानोपायैः रोगाः प्रायशो वेदितव्या इत्येके—तत्तु न सम्यक् षड्विधो हि रोगाणां विज्ञानोपायः । तद्यथा पंचभिः श्रोत्रादिभिः प्रश्नेन चेति ॥

तत्र श्रोत्रेन्द्रियविज्ञेया विशेषा सफेनं रक्तमीरयन्ननिलः सशब्दो निर्गच्छति इत्येवमादयः ॥

स्पर्शनेन्द्रियविज्ञेयाः शीतोष्णरूग्णकर्कशमृदुकठिनत्वादयः स्पर्शविशेषाः ज्वरशोफादिषु ।

चक्षुरिन्द्रियविज्ञेयाः शरीरोपचयाऽपचयार्तुलक्षणबलवर्णविकारादयः रसनेन्द्रियविज्ञेयाः प्रमेहादिषु रसविशेषाः ॥

घ्राणेन्द्रियविज्ञेयाः अरिष्टलिगादिषु घ्राणानां अघ्राणानां च गन्धविशेषाः ॥

प्रश्नेन च विजानीयादेशं कालं जातिं सात्म्यमातङ्कसमुत्पत्तिं वेदनासमुच्छ्रायं बलमन्तराग्निं वातमृत्पुरीषाणां प्रवृत्त्यप्रवृत्ती कालप्रकर्षादींश्च विशेषान् आत्मसदृशेषु विज्ञानाभ्युपायेषु तत्स्थानीयैर्जानीयात् ॥ इति ॥ विशिखाऽनुप्रवेशेनाप्ये सुश्रुत ॥

दर्शनस्पर्शनप्रश्नैः परीक्षेताय रोगिणाम् इति वाग्मटः सूत्रस्थाने ॥
दर्शनेन—कासमेहाद्यातेषु पीतशुक्लवर्णतंस्थानप्रमाणेष्वप्यच्छायाविण्मूत्रच्छदितादिकम् ॥
स्पर्शनेन—ज्वरगुल्मविद्वेष्याद्यार्तं तथा शीतोष्णस्तब्धस्पन्दुसुदृक्कणसरस्पर्शादिकं च ॥
प्रश्नेन—शूलाऽरोचकच्छादिं प्रदरत्वं सुच्छन्ददुर्छन्दत्वं मृदुक्कुरकोष्ठतां स्वमदर्शनमभिप्रायं
जन्मामयप्रवृत्तिवक्षत्रद्विष्टेषुखदुःखानि चेत्यातुरमुखात्परिक्षेत ॥ इत्यरुणदत्तः ॥

अत्रैददुच्यते । चिकित्सकस्य रोगी रोगश्चेति स्वविषयी । तत्र रुजां प्रविचिकीर्णुरादौ रोगिणं परीक्षेत कुतः रोगस्य तदाश्रयित्वात्तत् रूपाण्यं परीक्षेतेति हि विज्ञासा समुपतिष्ठते । समाददाति तत्र वाग्मटस्त्रिविधपरीक्षेति पुनराह च दर्शनस्पर्शनप्रश्नेरिति । तदीयं पन्थानं हरुणदत्तोऽनुगच्छति ॥
चरकस्त्वाप्तोपदेशः प्रत्यक्षमनुमानं चेत्युक्त्वा शरीरगतानां शब्दस्पर्शरूपगन्धानन्तु प्रत्यक्षेण रसस्थानुमानेन । मुखरसपरिप्रश्नेन च परीक्षेतेति च तात्पर्यं व्यक्तमुक्तवान् ॥

सुश्रुतोऽपि त्रिविधपरीक्षा नाऽलं भवतीति मत्वा पंचाभिरिन्द्रियैः प्रश्नेन चेति षड्विधा परीक्षां प्राह ॥

स्वारस्यम् ।

आयुर्वेदसिद्धान्ते रूपाण्यं परीक्षा समुच्चयेन त्रिधा विस्तरेण बोधा अनुमानेन तथाप्तोपदेशेन चाऽष्टधा न च भवति ॥

चिकित्सकस्य द्वितीयविषयः परीक्षायां रोगः । निदानं पूर्वरूपाणि रूपाण्युपशयस्तथा । सम्प्राप्तिश्चेति विज्ञानं रोगाणां पञ्चधा स्मृतमिति ॥ चरकोऽपि तस्योपलब्धिनिदानपूर्वरूप लिङ्गोपशयः सम्प्राप्तिश्च । तत्र निदान नाम कारणम् । रोगोत्पादकहेतुर्वा पूर्वरूपं प्रागुत्पत्तिलक्षणं व्याधेः । लिङ्गं प्रादुर्भूतलक्षणं उपशयो नाम हेतुव्यधिविपरीतानां विपरीताऽर्थकारिणां च औषधाऽऽहारविहारणमुपयोगः सुखानुबन्धः सम्प्राप्तिः । सा संख्याप्राधान्यविधिविकल्पकालकालविशेषैर्भियते । संख्या यथा—अष्टौ ज्वराः पञ्च गुल्माः सप्त कुष्ठान्येवमादि प्राधान्यं पुनर्दोषाणां तरतमयोगेनोपलभ्यते । तत्र द्वयोस्तरः त्रिषु तम इति विचिर्नाम । द्विविधा व्याधयो निजाऽऽगन्तुमेदेन । चतुर्विधाः साध्याऽसाध्यमृदुदारुणभेदेन । पृथक् विकरयो नाम समवेतानां पुनर्दोषाणां अंशाशबलकरुषोऽस्मिन्नर्थे । बलकालविशेषः पुनर्व्याधीनां ऋतुहोरात्राऽऽहारकालविधिनियतो भवति । इति संग्रहार्थाः पञ्चवांश्रैतेषां माधवे पश्येयुः ॥

प्र. २. (ख) उ.—अस्मत्सिद्धान्तरीत्या प्रकुपितानां क्षीणानां वा दोषाणां तथा विषमवस्थां गतानां वा प्रकृतिस्थापनेनैव रुक्प्रतिकरणम्भवति । तथापि तद्विशेषास्तोक्तेमेवाऽत्र विवक्षामि ॥

यदाह सुश्रुतः । द्विविधा व्याधयः शस्त्रसाध्याः खेहादिक्रियासाध्याश्च । तत्र शस्त्रसाध्येषु खेहादिक्रिया न प्रतिषिध्यते । खेहादिक्रियासाध्येषु शस्त्रकर्म न क्रियते ॥ इति ॥

त्रिविधमौषधमिति चरकाचार्यः । यदाह त्रिविधमौषधमिति । दैवव्यपाश्रयं युक्तिव्यापाश्रयं सत्त्वाऽवजयश्च । तत्र दैवव्यपाश्रयं मनौषधिमणिमंगलबह्व्युपहारहोमनियमप्रायश्चित्तोपवासस्वस्त्ययनप्रणिपात तीर्थगमनादि । युक्तिव्यापाश्रयं पुनराहारौषधद्रव्याणां योजना । सत्त्वाऽवजयः पुनरहितेभ्यो मनोविनिग्रहः ।

शरीरदोषप्रकोपे तु खलु शरीरमेवाऽश्रित्य प्रागशस्त्रिविधमौषधमिच्छन्ति । अन्तः परिमार्जनं बहिः परिमार्जनं शस्त्रप्रणिधानं चेति । तत्रोन्तः परिमार्जनं यदन्तः शरीरमनुप्रविश्यौषधमाहारजातयाघीप्रप्राणैः ॥

यत्पुनर्बहिस्पर्शमाश्रित्याऽभ्यंगस्वेदप्रदेहपरिषेकोन्मर्दनधैरामग्न्याप्रमाष्टिं तद्वहिः परिमार्जनम् ॥

शस्त्रप्रणिधानं पुनश्छेदनेभेदनव्यधनदारणलेखनोत्पाटनपृच्छनसीवनैषणक्षारजलौकाश्रुतिः ।

अथैतद्ब्रूमः—रोगास्त्रिविधाः निजा आगन्तवो मानसाश्च । तेषां त्रिविधविकल्पानां व्याधीनां प्रत्येकं भिन्नस्वरूपाश्चिकित्सा भवन्ति ॥ ताश्च तत्र तत्र चरकबुश्रुतवाग्भटानां वचनोल्लेखनेन दिव्यांत्रं प्रदर्शिताः । शरीरदोषप्रकोपमुद्दिश्य यास्त्रिविधचिकित्सा व्याख्यातास्तासु पुनराहारादिवैषम्ययोगा-
ज्जातान्व्याधीन्प्रति प्रतिपादिताया अन्तः परिमार्जनरूपायाश्चिकित्सायाः प्राधान्यात्तमुद्दिश्य
किञ्चिद्ब्रूमः ।

आयुर्वेदे निजरोगाणां चिकित्सा तु प्राधान्येन दोषाणां स्थितिं समाधृत्यैव विद्यते । तस्माद्धि-
यथायथं वैषम्यं प्राप्ता दोषा यद्यच्छरीरप्रदेशं समाश्रित्य व्याधीञ्जनयन्ति तत्तदानुगुण्येन चिकित्सां
च कल्पयामासुः । अत्र चिकित्सा नाम रुजायाः प्रतिक्रिया । सा च प्रतिशेषं बहुधा भवति ।
यदाह वाग्भटः—

वातस्थोपक्रमः स्नेहः स्वेदः संशोधनं मृदु ।

स्नाह्नस्त्वलवणोष्णानि भोज्यान्यभ्यंगमर्दनम् ॥

वेष्टनं त्रासनं सेकः मद्यं पैष्टिकगौडिकम् ।

स्निग्धोष्णा बस्त्ययो बस्तिनियमः सुखशक्तिता ॥

दीपनैः पाचनैः सिद्धाः स्नेहाश्चाऽनेकयोनयः ।

विशेषान्मेध्यपिशितरसतैलाऽनुवासनम् ॥

पित्तस्य सर्पिषः पानं/स्वादुशुतिर्विरेचनम् ।

स्वादुतिक्तकषायाणि भोजनान्यौषधानि च ॥

सुगन्धशीतहृद्यानां गन्धानामुपसेवनम् ।

कण्ठे गुणानां हारणां मणीनामुरसा धृतिः ॥

कर्धूरचन्दनोशीरैरनुलेपः क्षणे क्षणे ।

प्रदोषः चन्द्रमाः सौधं हारी गीतं हिमोत्तिलः ॥

अयन्त्रणसुखं मित्रं पुत्रः सन्दिग्धमुग्धवाक् ।

छन्दानुवर्तिनो दाराः प्रियाः शीलविस्मृषिताः ॥

शीताम्बुधारागर्भाणि गृहाण्युद्यानदीधिकाः ।

सुतीर्थविपुलस्रच्छसलिलाशयसैकतेः ।

साम्भोजजलतीरान्ते कायमाने द्रमाकुले ।

सौम्या भावाः पयः सर्पिर्विरेकश्च विशेषतः ॥

श्लेष्मणो विधिना युक्तं तीक्ष्णं वमनरेचनम् ।

अन्नं रक्षाऽरूपतीक्ष्णोष्णं कुटुतिक्तकषायकम् ॥

दीर्घकालस्थितं मद्यं रतिप्रीतिः प्रजागरः ।

अनेकरूपो व्ययामभ्रिन्तारूक्षं विमर्दनम् ॥

विशेषाद्भ्रमनं यूषः क्षौद्रं भेदोन्नमौषधम् ।

धूमोपवासागण्डूषानिःसुखत्वं सुखाय च ॥

पूर्वोक्तेषु श्लोकेषु वागमटः सर्वा अपि चिकित्सासंग्रहेणाऽदर्शयन् ॥

आयुर्वेदे तु वृद्धानां दोषाणां निर्हरणम् (तच्च वसन्तखरेचनोऽस्यापनोऽनुवासानोऽस्त्रिविर-
गाद्युपायेन) — स्त्रीणानां च वर्षेनम् (मधुरास्त्रिग्यादिसौहिल्यैः) । विषमार्णां च समीकरणं (पाचनदीप-
नाभ्यां तथा क्षुत्तृड्वायामाऽतपमारुतेश्चामनैः) । एवं चिकित्सामूलम् । एतत्सर्वं वाग्भटस्य दोषोप-
क्रमणीये द्विविधोपक्रमणीये चाऽध्येये द्रष्टव्यम् ॥

अभिप्रायः—आयुर्वेदे सर्वाऽऽमयाश्रतुर्षा व्यमङ्गन्त । यथा—सुप्तसाध्याः कृच्छ्रसाध्या
याप्या अनुपक्रमा इति । एतेषु तुरीयमन्तरा सर्वेऽपि साध्या एव । किं च तृतीयस्तात्कूलं कृष्मनि-
वार्योऽपि व्याधितजीवनसमयं न बाधेतैव । तदित्थं प्रथमो द्वितीयश्च साध्यो भवति सर्वाशेन ।
तृतीयस्त्वसाधोऽपि विनिहतप्रभावस्त्वशरीरान्न विद्युज्यते । किंचाऽऽजीवितं व्याधितमधिवसन्तरीया-
युर्मानं यापयति । परन्तु नियमोऽयं सांक्रामिकेषु न युज्यते । अहं चाऽप्यमुं निर्णयं स्नानुभवेन
स्थापयितुं प्रग्रहेभ्य । तथाहि—अतीसारे ग्रहण्यां दुर्नाम्नि गुल्मे मन्दाग्नौ उदरे सन्निगते क्षये
शोषे उरःक्षते राजयक्ष्मणि यक्ष्ण्डृढौ रक्तपित्ते विसर्पे अनन्तवाते उन्मादे अपस्मृतौ एवंविधेष्वन्येषु
च भ्रूयस्सु कृतप्रयत्नोऽहं पूर्वोक्तनिर्णयेषु श्रद्धां निदधानोऽस्मि ॥

प्र. २ (ग). उ.—ग्रहण्यां पुराणपरिणामशूले मधुमेहे रकाऽतीसारे सन्निपातञ्चरे कुष्ठ
प्रमेहपिटिकासु तालुपुप्पुटे गलशुण्डिकात्रामपस्मृतौ बालग्रहेषु प्रवृत्ताव्याधिषु च भ्रूयोऽशेनाऽऽयुर्वेदोषेण
प्रशस्ततरमिति मन्मतम् ।

एतद्विषये साक्ष्यात्साक्ष्यं प्रदित्स्वामि ।

प्र. ३ (क). उ.—अस्ति कश्चित्संबन्धश्चक्रपुरियाऽऽयुर्वेदकलाशालयासह । स च
सम्बन्धस्त्वहं स्थायिन्यास्सामित्या स्थिरः कश्चन सदस्योऽस्मि । अन्यच्च मयैव स्थापिता गोपालाऽऽश्रमाऽ-
भिधेया काचन भेषजशालाऽस्ति । यत्र च पाथक्येन सार्धैषचसहस्रपरिमिता रुजनास्समुपतिष्ठन्ते
प्रतिसंवत्सरम् ।

प्र. ३ (ख). उ.—संदर्भवशादहं दाक्षिणात्यान् देशनगरनिगमजनपदान् बहून् पर्थेऽस्तत्र
तत्र काश्चिद्वैद्यशालाः कलाशालाश्चाऽपश्यम् । यत्र च वक्ष्यमाणविषययोर्यावदवश्यं व्यवस्थास्तुति-
प्रदा न सन्ति । विषयौ—(१) व्याधितानां चिकित्साकरणम् ; (२) वैद्यविद्याध्ययनस्य केन्द्र-
स्थानम् ।

अत्र चिकित्सा विषये—यन्त्रशस्त्रक्षाराऽश्रिकर्माऽस्त्रिविभ्रुतिजलीकःपातादिसाध्यान्व्याधीन्बाल-
ग्रहग्रस्तान्प्रयुताः स्त्रियो विषोपक्रान्तास्तथा केहनस्वेदनाऽऽस्थापनाऽनुवासनसाध्यान्त्रोगांस्तत्सदृशा-
नन्यांश्च व्याधीन्यथाज्ञास्त्रं न चिकित्सन्ति ।

अध्ययनाऽध्यापनविषये चन्नपत्तनं केन्द्राभं विद्यते । तत्र च द्वे सार्धजनिके शाल प्रचलतः ।
तत्राऽपि पर्याप्तं स्वरवध्ययनाऽध्यापनसौकर्यं न विद्यते ।

अभिप्रायः—पूर्वोक्तविषययोर्दोषाऽऽवहा हेतवश्चाऽमी दृश्यन्ते ।

प्रथम विषये—चतसृणां सम्पदां स्थाने चतस्रो विपदो दृश्यन्ते । तथा हि—भ्रूयसीषु
वद्यशालासु शास्त्रप्रणिधानादिषु कृतमुवाः कृतहस्ताश्च चिकित्सका एव दुर्लभाः दुर्लभाश्च निपुणा
उपस्थातारो दुर्लभानि विधिदणितानि दिव्यानि सम्पन्नानि चौषधानि । तादृशो रोगिणस्तु दुर्लभतरा-
एव ये नाम स्वव्ययेन वैद्यशालासु सपन्तः स्वाऽवस्थाज्ञापका वैद्यविषयास्सन्तश्चिकित्सामुपलभन्ते ।

सर्वासां पुनरासामव्यवस्थानां दारिद्र्यमेव मूलं प्रधानं च निदानम् । अन्योक्त्या संग्राजां चैमनस्थमालस्यं च निदानमिति श्रूयाम् ।

द्वितीयविषये.—वैद्यविद्याऽध्ययनाय विमलीविपुलबुद्धयोऽनवद्यमेधाविनस्स्वावलम्बिनो विद्यार्थिन एव विरलाविरलाश्राऽऽयुर्वेदतत्त्वंपारदृश्वानोवैद्या वैद्याऽध्यापकाश्च । तथा पुस्तकसंग्रहगृहं वस्त्वाद-
र्शनिधिः शरीरसंग्रह ओषध्यादानं शस्त्रप्रणिधानगृहमित्येवंभूता मूयांससौकर्योऽऽवहा सम्भारविशेषाश्च
सुतरां विरलास्सन्ति ।

सत्योमतादृशार्थां दशायामहमेवं संदृष्टुमुसहे.—काचन संरुक्तसमितिः पूर्वोक्तवैद्यकलाशालानां
याजमान्यमादाय सकलदोषनिवहान्दूरिकृत्य यथाकालानुकूलं सर्वसम्भारैरायोज्य शालाः निर्विघ्नं
प्रचालयेदिति मे मतिः ॥

प्र. ३ (ग). उ.—आयुर्वेदपद्धतिं तथा देशीयपद्धत्योरन्यतरां वाधिकृत्य विद्यमानास्सर्वो-
पकरणसमृद्धास्संस्था नाऽद्यावधि प्रचलन्तीति वस्तुमत्यन्तं लज्जे ।

अत्र प्रतीकारस्त्वेवं स्यात्—नितान्तश्रद्धावाङ्किस्तदस्यैथवा राजाऽधिकृतैर्वा तत्कार्यभार-
प्रवहणं सुतरामनुरूपं भवेदथवा विश्वविद्यासमितेरेतत्कार्यनिवहभारसमर्पणं वा सुलभं सकारणं च
दृश्यते ॥

प्र. ४ (क). उ.—पौरस्त्यचिकित्ताशास्त्रस्याऽध्ययनाय तथा प्राचाराय च वक्ष्यमाणा
विषया अवश्यं स्वीकरणीया भवन्तीति मेऽभिप्रायः—

(१) तत्तद्वैद्यविभागेषु निष्णातानाभाचार्योणामधीने तद्विद्याऽध्येतुन् सन्निधापयेत् । येनाऽ-
चार्याः प्रतिक्रमणं शिष्याननुशास्तुं समर्थेभ्यः ॥

(२) आचार्याः शिष्याश्च समग्रसामग्रिसमृद्धेषु चिकित्सालयेषु द्रव्यनिधिषु पुस्तकभाण्डारेषु
च निर्विघ्नप्रवेशनिर्गमं संचरेयुः ॥

(३) भिषजस्सर्वे भिषककुलेषु त्वेषु यथा स्वतन्त्रं स्वस्वविषयान् निरभ्यन्तरे काले
विमर्शयेयुः ।

अभिप्रायः—इत्येवमुक्तास्त्रिर्वगविषया वैद्यविद्याविशारदाया अवश्यं भवेयुः । परमद्यावधि
क्वचिदपि भारतभूभागे नैतादृशा भागधेयोद्योन्मुखाः आश्रया दृश्यन्ते । अपि च दृश्यन्ते चक्षुपत्तने
मोहमय्यां च द्वित्रा आश्रया ये च नाममात्रमेवैतद्गुणगणित्वास्सन्ति । यदि राजकीयास्यस्तदृशा
अन्ये च प्रयतेरन् तदानीं सकलसम्पत्तीनामप्येतासां सम्भवनाऽवकाशो विद्येत ॥

प्र. ४ (ख). उ.—कालेऽस्मिन्पूर्वोपवर्णितशालाशकथसाध्या एवेति मयाऽभिप्रायः ।
यदि पक्षान्तरे राजकीया आंकिकना इत्येवं प्रतिपादयेयुस्तर्हि वक्ष्यमाणयोर्द्वयोविषययोस्सम्बन्धे वक्ष्य-
माणमेव पन्थानमनुसरेयुः । विषयौ—(१) मनोरथस्य सर्वशेष साधनम् । (२) अभिप्रेताऽर्थस्य
क्षतिरिति निर्वहणम् ।

अभिप्रायः.—यद्येतद्विषयं कथितः परिणमयितुं न शक्नुयुस्तर्हि सद्यस्तावदवीर्यवैद्यविद्यालयेषु
तथाऽन्येषु चाऽऽश्रयेषु वैद्यसम्बन्धेषु आयुर्वेदविदुषां विद्यार्थिनां च समावेशं किञ्चित्सा-
धनम्भवेत् ॥

प्र. ५ उ.—आयुर्वेदस्य नामोच्चार्ये पारम्परिकेण किमुत स्वातन्त्र्येण ज्ञानेन तथाऽनुमेवेन च
चिकित्सां कुर्वन्तु भिषकसु भूयांसि स्वल्पितान्यशास्त्रीयाणि च सन्तीति सत्यमभ्युपगच्छामि । परन्तु ये खलु

सम्यग्ययुर्वेदमर्माणि ज्ञानन्तोऽपि कालिकास्थानीयस्य विधविद्यालयस्य विशिष्टसमितेः सदस्यानां बनांसि सन्मानयन्तस्तथाऽभिप्रीषिषुस्ते तावदायुर्वेदविषये केवलमुदासीना उद्यमविमुक्ताश्च इत्येवं हि मेऽभिप्रायः । किं चाऽहं तावत्पाश्चात्यवैद्यतत्वं कालान्तरेण महता प्रयत्नेन चायुर्वेदतत्त्वसाधनेन समूलं परिवर्तयितुमीहमानेषु पुरुषार्थपरैश्चन्यतमः ।

तदेवं प्रकृतावस्थायां पौरस्त्यपाश्चात्यवैद्यस्यैकवाक्यताऽऽपादनत्वं सर्वथाऽऽसमञ्जसमित्येव गम्ये ॥

प्र. ६ उ.—यद्भवन्तस्त्वनुजतेऽस्मानयुर्वेदसिद्धान्तमभिजिगीषुणां सवध्यवनाय । शक्तिबाधे रसायनतन्त्रं जीवतत्वं रूपोद्बोधकशरीरं धर्मोद्बोधकशरीरं च निदानानि क्रिमिनिदानानि शल्यं शालाक्यं चेति सकलाऽग्निनवैद्यतन्त्राणि प्राचीनायुर्वेदतन्त्रैस्सम्भिन्नच प्रचारयेदिति ॥

तत्रैवमुत्तरेयम्—आयुर्वेदतत्त्वऽवबोधनाय नवतन्त्राणां समवेशोऽकिंचित्करो न चाऽग्निनवतन्त्रज्ञानेन प्राचीनाऽयुर्वेदज्ञानं प्रकाशयेत् । परन्त्वग्निनववैद्यमये प्रपञ्चे वैद्यमात्रद्वितिमभ्यसितुं नवतन्त्राणि शिक्षेत तानि चाऽयुर्वेदस्य परं नेपथ्यत्वेन पाठयेदिति मे मतम् ।

अभिप्रायः—यद्यप्यहमर्वाचीनवैद्यतन्त्राण्यायुर्वेदस्याऽङ्गत्वेन शिक्षयितुमसम्भतोऽपि शिक्षणम् तस्यैव नेपथ्यत्वेनाङ्गीकरोमि । तदनुकूलपुस्तकमूचिकां च संदर्भोऽनुसारेण विज्ञापयेयम् ॥

प्र. ६ (क). उ.—तदेवमधीताऽध्येतव्यानां विदुषां च वर्गं त्रिधा विभक्तुं सन्दिशेयम् । तथा विभक्तानां तरतमभेदेनोपासितज्ञानानाम् उच्चावचांकितगोत्राण्युपरिष्ठात्सूचितव्यनि सन्ति ॥

प्र. ६ (ख). उ.—तरतमभेदविभक्तानां वैद्यग्रन्थानामध्ययनाय चक्रपत्तनस्थेन विश्वविद्यालयेन समुद्भावितया परीक्षया परिष्कृतान्विद्यार्थिनो यथायोग्यं समुपयोजयेदनेन च । तेऽप्युत्तीर्णविद्यार्थिनसंसंयतोत्साहा भवन्ति ॥

प्र. ६ (ग). उ.—सिद्धसिद्धान्तं यवनसिद्धान्तं चाऽन्तराऽऽयुर्वेदसिद्धान्तं संस्कृतभाषयैव प्रबोधयेयुः । तदवश्यं लोकसमंजसं च भवति ॥

प्र. ७ उ.—सप्तमप्रश्नविषये मौनमेव कल्याणं साधनं मन्ये ।

प्र. ८ उ.—पौरस्त्यपाश्चात्यचिकित्सापद्धत्योः पाश्चात्यशैल्येव प्रचुरमूल्या विद्यते । अत्र च बहूनि कारणानि विद्यन्ते । तान्येवं भवन्ति—पाश्चात्यौषधानि सर्वाण्यपि भारत वर्षे न सिध्यन्ति न च पाश्चात्यादेकदेशात्साक्षाद्भारतभूमासार्यन्ते तेन च हेतुना विविधदेशस्था राजानः करातिशयं तथा विविधदेशस्था वणिजो लाभाऽतिशयं च तेष्वारोपयन्ति । तथाऽऽरोपयन्ति च वणिक्चराः प्रतिनिधयस्त्वृतीयं लाभं तदनु पाश्चात्यचिकित्सकास्तदुपरिष्ठाच्चतुर्थं लाभं समारोपयन्ति । तदेवं पाश्चात्यौषधानि स्वभावतस्स्वरूपतश्च बहुमूल्यानि भवन्ति ॥

द्वितीयं कारणं तु—पाश्चात्यचिकित्सकानां जीवनशैली—ते चाऽनन्यसाधारणी जीवनशैली समनुरुन्धन्ति । न केवलं जीवनशैल्यामेव अपि तु ते केवलं पराऽवलम्बासन्तरस्सचिकित्सोपयोगीनि सर्वाण्यपि यन्त्राणि शस्त्राणि क्षारकरणान्यग्निसाधनानि तयान्यान्यपि चिकित्साकरणान्यत्र साधयितुमसमर्था जलसाश्च । वैदेशिकेष्वेव निबद्धाऽऽदराः स्वरुणजनान्महता व्ययेनाऽऽयोजयन्ति ॥

तृतीयं कारणं—न केवलमौषधद्रव्याणि न च यन्त्रशस्त्रादिसाधनानि च परकीर्याणि ; किन्तु रोगिणामाहारसाधनान्यपि चिकित्सावसरे वैदेशिकान्येव सर्वथायुक्तानि मन्यन्ते । इत्येवं बहुविधैः कारणैः पाश्चात्यचिकित्सा स्वभावत एव प्रचुरमूल्या भवतीति मेऽभिप्रायः ॥

प्र. ९ उ—अयं चाऽनुयोगो निरताधुपयुक्तः प्राबुध्यस्तथाऽर्थगर्भितश्च विद्यते । परन्तु
ज्ञाने केन च प्रकारेणोत्तरेण प्रष्टव्यमिति समाधापयितुं शक्यमिति । तथापि कर्तव्यतायां
तत्परः किञ्चिदिव समादर्शय ॥

न चाऽयुर्वेदस्याऽवनतिरेकस्मिन्नेव सन्दर्भेऽवतारपरं द्वयोस्त्रिषु चतुर्षु पंचसु च सन्दर्भेषु
श्रूयो श्रूयः प्रघातेन च नितरामवनतस्थितिभगत् ।

तदेवं व्यामणन्ति चरित्रविदः—यश्च वेदसमथो धर्मश्च वेदास्त्रीनन्तरा नाऽन्ये ग्रन्था
अभूवन् । तदा तेषामेव ज्ञानांशाः आयुर्वेदाद्युपेवेदत्वेन परिणताः प्राकाशन्त । क्रमेण च प्राणि-
स्वामावात्तद्विरुद्धानि औशनसत्वाहिरस्पतलौकायतिकचार्वाकाऽऽदीन्यन्यानि विषमाणि समुद्भूवन् ।
सदानां तदनुयायिनां वेदेषु तदनुजीविग्रन्थेषु च स्वभावसिद्धोऽनादरोऽमूदिति प्रथमः सन्दर्भः ॥

द्वितीयसन्दर्भस्तु उपनिषदादीनां प्रचारसमयः । अत्र च वेदादिग्रन्थानां सत्यप्यादेरेऽवस्था-
वशाद्ब्रह्मज्ञानस्यैव परमपुरुषार्थत्वेन सत्कारोऽवशिष्टानां भौतिकानां च केवलमनादर इति ॥

तृतीयसन्दर्भस्तु गौतमबुद्धस्याहिंसातत्त्वोपदेशसमयः । यत्र च सर्वेऽप्यैहिकार्थो अनर्थकत्वे-
नाऽप्रस्तुतत्वेन च नितरामुदास्यन्त ॥

चतुर्थसन्दर्भस्तु भारते वर्षे चीनहूणशकपृष्ठवयवनकालयवनमिश्रबाहलीकादिभिः प्राल्यन्तिकै-
नरेन्द्रेभिर्भेषणं ते चाऽभिषेणयन्तस्तथाऽनुशासतश्च स्वीयं स्वीयं वैधिसिद्धान्तं प्रकाशयन्तः आयुर्वेद-
शास्त्रस्य प्रचाराऽवसरं नाऽददुः ।

पञ्चमसन्दर्भस्तु सद्यस्तनो यत्र चाऽऽयुर्वेदस्य हृदयस्पन्दनमपि मन्दतां प्राप्य हृत्स्वातोच्छ्वासं
अवदन्तिमां दशां प्रतिक्षणमपि प्रतीक्षते । तथाहि विचारयन्तु । सर्वत्राऽऽप्यायुर्वेदग्रन्था यथायथं
न मन्यन्ते तेषु चाऽसंख्यातस्वलितान्यारोच्यन्ते । तद्विद्याः केवलमुदरभ्रयो विडालवृत्तयस्स्कर-
प्रायाश्चेति निन्दन्ते । तेषां वचनानि त्वपलापत्वेन स्वीक्रियन्ते न च ते क्वचिदपि राजकीयविषा-
नेषु शालसु तत्सदृशेष्वन्येषु च स्थानेष्वधिक्रियन्ते । किञ्चुना पाश्चात्यचिकित्सकानामायुर्वेद-
विद्वद्भिस्तद्वासाऽपि पापस्य लज्जायाश्चाऽऽस्पदमिति मुक्तहृदयमघोषयन् पाश्चात्यचिकित्सकाः ।
ईदृशा व्यवहारास्तु पूर्वोक्तिहासेषु सूक्ष्मदर्शकैश्चैत्रैरप्युपलब्धं न शक्यन्ते ॥

पूर्वोक्तकारणान्यन्तरा प्रत्येकपुरुषस्याऽपि भूयांस्यागामि विद्यन्ते ॥

यथाऽयुर्वेदस्योपज्ञापकाः परमर्षयो धर्मप्रधानां वृत्तिमेतामाचल्युः क्रमेण च चिकित्सावृत्तेरव-
लम्बका धनलुब्धा धर्मधनानपि वञ्चयितुमारभन्त । धनार्जनमेव सर्ववेदानां प्रधानं प्रथमं च लक्ष्य-
मासीत् । अनधीता भिषकपाशाः सत्यु तिष्ठत्स्वसन्तस्तरन्तीति न्यायेन महान्तं धनलामं प्राप्तुवन् ।
तादृशः केचन कुहकारश्छद्मचराश्चिकित्सकाः प्रतारणेनाऽपि धनमाजयितुं शक्यते विनाऽध्ययननात
सिद्धान्तं स्थापयामासुः । तदेवं कालेन महताध्ययनाऽध्यापनपरिपाटी विच्छिन्ना सती नास-
शेषासीत् ।

प्र. १० उ—तद्विद्यापुनरुज्जीवनं च प्रजाप्रतिरूपकैस्सदस्यैरचिराच्चक्रपत्तने न्याय्यसूत्रोद्देशे
सदसि प्रस्थापितेनोपायेन साध्यं स्यात् ॥

नृपतयो माण्डलिका वैश्वविद्यालयाः स्वतन्त्रास्समितयो जनाश्च वक्ष्यमाणया रीत्याऽऽयुर्वेदमभि-
वर्धयितुं प्रयत्नेरन्—

(१) नृपतयः—आयुर्वेदं हृदयेनाऽभ्यनुज्ञाय तद्विदुषश्च पाश्चात्यचिकित्सकानिव सगौरवं

पश्येयुः । राजस्थानेषु राजकीयाऽखिलविभागेषु राजकीयदाक्षिण्यार्हेषु सर्वेषु सङ्घेषु च (बाष्पतरणी-
बाष्पशकटमरणनिधिसङ्घेषु) तत्सदृशेष्वन्येषु सङ्घेषु वैद्याऽधिकारे देशीयवैद्यानप्यायोजयेयुः । तद्विद्या-
र्थिनां कलाशालां रुग्णानां भेषजशालां च स्थापयेयुः । स्थापयेयुश्च परिशोधकशालाः ॥

(२) माण्डलिकाः—स्वभूमिषु प्रदेशेषु देशीयौषधानि प्रचुरं प्रचारयेयुः । पुनरनुकूलेषु
प्रदेशेषु रम्याण्यौषधिवनानि विरचयेयुः । कुशलान्मतिमतो वैद्यान्स्वभूमिष्वौषधगृहेषु स्थापयेयुः
प्रोत्साहयेयुस्तद्विद्यार्थिनश्च ॥

(३) वैश्वविद्यालयास्तु-विविधानामितरविद्यानामिवाऽऽयुर्वेदस्याऽपि तरतमादिभेदेन परीक्षा-
मुपकल्पयेयुस्तथा योग्यताऽनुरोधेनाङ्कितगोत्राणि वितरेयुः ॥

(४) स्वतन्त्रास्तु—औषधशालानां कलाशालानां च संस्थापनाय पर्याप्तानि धनानि
संगृह्य वितरेयुः । पुराणानि जीर्णानि नवानि च पुस्तकानि संगृह्य पुस्तकमाण्डारं स्थापयेयुः ।

दैनिकानि मासिकानि वार्षिकाणि तद्विद्याप्रचारणानि वृत्तपत्राणि पुस्तकानि च जनयेयुः ॥

(2) M.R.L.V. AYURVEDA BHUSHANA K. SUBRAHMANYA SASTRI AVARGAL, A.K.A.O.
Senior Professor on Medicine, Ayurvedic College, Madras.

श्रीः

घन्वन्तरे नमस्तुभ्यमायुर्वेदस्वरूपिणे ।

वैद्यविद्यामहातन्त्रसम्प्रदायाध्वदर्शिने ॥

श्रीमतां तत्रभवतां स्वदेशवैद्यसमितिसभ्यानां सविधे इदं विज्ञापयामः—

I. स्वदेशवैद्यमाधिकृत्य प्रकटीकृतानां प्रश्नावलीनामायुर्वेदसंप्रदायमनुसृत्य प्रत्युत्तराण्यभिधीयन्ते.

II. (a) आयुर्वेदशब्दस्य वृद्धिकराणि हासकराणि वा द्रव्यगुणकर्माणि वेदयत्ययमिति वा,
अनेन आयुषो हिताहितवस्तुपरिज्ञानेन अहितविषयेभ्यां निवृत्तिरुपदिश्यत इति वाऽर्थोऽभवितु
मर्हति.

एथिव्यादीनां पञ्चानां महाभूतानां परिणामविशेषान्निमित्तस्थास्य भौतिकशरीरस्य सर्व-
व्यापिनो वातादयो दोषाः, रसादयो घातवः, स्वेदमूत्रादयो मलाश्च परमं मूलकारणानि भवन्ति.

तत्र वातपित्तश्लेष्माणो दोषा इति—रसासृक्सांसभेदोऽस्थिमज्जाशुक्राणि घातवः इति—वास्ति-
पक्काधाननासानेत्रश्रोत्रादिभ्यो निस्सरन्तस्त्याज्यपदार्था मला इति च व्यवहियन्ते.

यदा हि दोषादयस्तमानावस्थां प्राप्य शरीरस्याऽरोग्यमुत्पादयन्ति तदा शरीरमप्राप्य रोग-
वशं चिरं स्वैर्येण तिष्ठति.

एवं समावस्थां प्राप्याऽरोग्यसंपत्त्या शरीरधर्माननुतिष्ठन्तो दोषघातुमलास्तमानासमानद्रव्य-
गुणकर्मणां संयोगमहिम्ना वृद्धि क्षयं वा प्राप्नुवन्ति. एतादृशी दोषविकृतिरेव रोग इत्यभिधीयते.

अनधिगतविकारैर्दोषघातुमलैरस्य शरीरस्येमे गुणा भवन्ति.

विकृतिमप्राप्तो वायुः स्वशक्त्या मनोवाक्कायकर्मसु उत्साहं उच्छ्वासोच्छ्वासवेगप्रवर्तनंशु-
ल्पिपासाद्युत्पादनं, रसादिधातूनां सम्यक्स्वाभाविककृत्यनिर्वर्तनम्, दर्शनादीनामिन्द्रियाणां स्वसोचित-
कमसु पाटवोत्पादनम्, इत्येवमादिभिः क्रियाविशेषैश्शरीरमनुगृह्णाति.

विकृतिमप्रतिपद्यमानं पित्तं स्वशक्त्या गात्रस्य स्वभावोचितमुष्णमुत्पाद्य पक्त्तं, नयनयोः
दर्शनशक्तिं, छुत्पिपासेच्छां, रसनेन्द्रियसामर्थ्यं, शरीरकार्तिनं, मेधां, शौर्यं, देहमादिवलिवेवमादीनि
चेत्साद्य वपुः पुष्णाति.

विकृतिमप्राप्तः श्लेष्मा स्वमहिम्ना शरीरदाढ्यम्, अस्थ्यादीनां सन्धिबन्धनं. तत्र च
स्निग्धत्वं, क्षमां शरीरोष्णस्य समीकरणमित्येवमादिभिः कर्मभिः वपुः पोषयति.

रसादीनां सप्तधातूनां स्वभावस्थितानां क्रमेण तर्पण ओजोवर्द्धन-विषमसमीकरण-खेहन-
धारण-पूरण-गर्भोत्पादनानि प्रधानकार्याणि.

पुरीषमूत्रस्वेदानां प्रकृतिस्थानां क्रमेण अवष्टम्भ-शरीरश्लेदवहन-श्लेदविधारणानि प्रधान-
कार्याणि.

इदानीं स्वप्रमाणादृद्धिमितानां वातादिदोषाणां गुणा उच्यन्ते—

तत्र वृद्धो वायुः कार्श्यं काण्श्यं-उष्णकामित्व-कंप आनाह शकृद्गृह-बलीनेन्द्रियभ्रंश-भ्रम-
प्रलाप-दैन्यादीन्कुर्यात्.

तत्र वृद्धं पित्तं पीतविष्णूत्रनेत्रत्वक्शुद्धदाहाल्पनिद्राप्रभृतीन्विकारानावहेत्.

एवं विवृद्धः श्लेष्माऽध्यग्निसदन-प्रसेक-आलस्य-गौरव-शैत्य-श्वेत्य-श्लथांगत्व-श्वासकासादो-
नामयानुत्पादयेत्.

अथ विवृद्धो रसः श्लेष्मवद्विकारान्कुर्यात्.

वृद्धं तु रक्तं विसर्णंहीहविद्रुषिकुष्ठवातरक्तरक्तपित्तगुल्मोपकुशकामलाव्यंगाग्निवषसंमोहरक्त-
त्वद्नेत्रमूत्रादीन्विकारानुत्पादयेत्.

वृद्धं च मांसं गण्डाबुद्बुद्ग्रन्थिगण्डोरुदरवृद्धिं कण्ठादिष्वभिमांसं च जनयेत्.

मेदोऽपि वृद्धं मांसवद्विकारान्, तथाऽल्पेऽपि चेद्धिते श्वासं श्रमं स्फिकृस्तनोदरलंबनं
च कुर्यात्.

वृद्धमस्थि अध्यस्थयधिदन्तांश्रोत्पादयेत्.

मज्जा तु वृद्धो नेत्रांगगौरवं, पर्वसु स्थूलमूलान्धरूपि च कुर्यात्.

वृद्धं पुनरशुकं अतिस्त्रीकामतां शुक्रादमरीं च कुर्यात्.

वृद्धं शकृत्कुशावाधानादोपगौरववेदनाश्रोद्धावयेत्.

विवृद्धं हि मूत्रं वस्तिनिस्तोदं कृतेऽप्यकृतशङ्काभापादयेत्.

स्वेदस्तु वृद्धोऽतिस्वेददौर्गन्ध्यकण्ठंश्च कुर्यात्.

एवं बहुल्पगौरवादिभिर्दूषिकादीनपि मलान् जानीयात्.

अथ क्षीणानां वातादीनां विकाराः प्रतिपाद्यन्तेः—

तत्र वाते क्षीणे अंगसादः, अल्पभाषणं, मन्दचेष्टता, संज्ञामोहः, श्लेष्मवृद्धिमव श्र
रोगा भवेयुः ।

किं प्रतिबन्धितां तद्वदन्ति च पञ्चदशमोऽपि मूलन्यायप्रकरणे । तथा हि मन्मथविद्यायां प्र-
सिद्धे, एवमन्येवति ।

स्वयम् । अत्र चैषां मन्मथे यस्मिन् द्रव्ये हि विद्यते मन्मथा पृथिव्याः तस्याः प्रकृत्याः स्व-
काशा अधिका भवति । अतो देवः पूर्वनिर्दिष्टं विद्वत्तमना परिणतम् । मन्मथन्यायिकात् तद्वदन्ति
जीवदन्तमन्मथ्याद्वैतव्यक्तम् तस्यापि जीवदन्तव्यक्तमन्मथम् भवतः । द्रव्यस्यैव पुनः पृथिव्यादका-
याद्व्यक्तव्यक्तिकारणानि मन्मथेन समानं समानं, अत एव तत्कारणसंबन्धे गौणतया प्रकृत्याः स्व-
तन्मथनिर्दिष्टा अध्यायः, तद्विषयस्य भवतश्च, तद्विषयस्यैव गौणतया प्रकृत्याः स्वयम् । अत एव मन्मथ-
मूलकारणानि । अपि च पूर्वोक्तव्यक्तव्यक्तिकारणानि गौणतया प्रकृत्याः स्वयम् । अत एव मन्मथ-
द्वैतव्यक्तव्यक्तिकारणानि तत्प्रकृत्याः स्वयम् । अत एव मन्मथविद्यायां मन्मथविद्यायां मन्मथ-
मूलकारणानि । अपि च पूर्वोक्तव्यक्तव्यक्तिकारणानि गौणतया प्रकृत्याः स्वयम् । अत एव मन्मथ-

अथैव विषयस्यैः ।

विषयस्यैव मन्मथविद्यायाः स्वयम् ।

विषयस्यैव मन्मथविद्यायाः स्वयम् ।

तत्र स्वयम् मन्मथविद्यायाः स्वयम् ।

तानि मन्मथानि तदर्थं तेषां स्वयम् मन्मथानि विद्यते ।

तत्र स्वयम् मन्मथानि तदर्थं तेषां स्वयम् मन्मथानि विद्यते ।
तत्र स्वयम् मन्मथानि तदर्थं तेषां स्वयम् मन्मथानि विद्यते ।

तत्र स्वयम् मन्मथानि तदर्थं तेषां स्वयम् मन्मथानि विद्यते ।

तत्र स्वयम् मन्मथानि तदर्थं तेषां स्वयम् मन्मथानि विद्यते ।

तत्र स्वयम् मन्मथानि तदर्थं तेषां स्वयम् मन्मथानि विद्यते ।

तत्र स्वयम् मन्मथानि तदर्थं तेषां स्वयम् मन्मथानि विद्यते ।

तत्र स्वयम् मन्मथानि तदर्थं तेषां स्वयम् मन्मथानि विद्यते ।

तत्र स्वयम् मन्मथानि तदर्थं तेषां स्वयम् मन्मथानि विद्यते ।

तत्र स्वयम् मन्मथानि तदर्थं तेषां स्वयम् मन्मथानि विद्यते ।

तत्र स्वयम् मन्मथानि तदर्थं तेषां स्वयम् मन्मथानि विद्यते ।

तत्र स्वयम् मन्मथानि तदर्थं तेषां स्वयम् मन्मथानि विद्यते ।

तत्र स्वयम् मन्मथानि तदर्थं तेषां स्वयम् मन्मथानि विद्यते ।

तत्र स्वयम् मन्मथानि तदर्थं तेषां स्वयम् मन्मथानि विद्यते ।

तत्र स्वयम् मन्मथानि तदर्थं तेषां स्वयम् मन्मथानि विद्यते ।

तत्र स्वयम् मन्मथानि तदर्थं तेषां स्वयम् मन्मथानि विद्यते ।

तत्र स्वयम् मन्मथानि तदर्थं तेषां स्वयम् मन्मथानि विद्यते ।

तत्र स्वयम् मन्मथानि तदर्थं तेषां स्वयम् मन्मथानि विद्यते ।

तत्र स्वयम् मन्मथानि तदर्थं तेषां स्वयम् मन्मथानि विद्यते ।

परिपोषयितुमुदकमेवावश्यकम्. तच्च परिणमयितुं औषध्यमावश्यकं तदेव तेजः, नानाप्रशास्त्रादिरूपेण वर्द्धयितुं वायोरपेसा भवति वायोश्च स्थानमाकाशम्, एवं पञ्चभिर्मूर्तैर्वरूप्ययते.

भूतांशसंयोगवैचित्र्येण यथा केषुचिद्रव्येषु लब्धादयो दशगुणा विद्यन्ते एवमपरेष्वपि द्रव्येषु तद्विन्ना गुर्वादयो दश गुणा भवन्ति. अपि च दव्याश्रया गुर्वादयो गुणास्तन्निष्ठेषु रसेष्वपि भवन्ति. त एव स्वाद्भल्लवणतिकोषणकषयाष्णषड्रसा इत्युच्यन्ते, ते च यथापूर्वं बलावहाः.

एतावता च जीवजडद्रव्ययोरुत्पत्तौ पृथिव्यादीन्येवं पञ्चभूतानि परमं कारणानीति स्पष्टम्, एवं स्थिते पृथिव्याकाशौ विहाय शिष्टानां त्रयाणामेव तत्त्वानां परिग्रहेण शरीरकरोगारोग्यवर्णनं— किंमूलकं ! ईदृशी विचिकित्सा न्याय्यैव, तत्र च कथमिमामि भूतानि शरीरे तिष्ठन्तीति प्रतिपादिते सा विचिकित्सा परिहृता भवतीति तदर्थमत्र किञ्चिद्विचार्यते.

तथा हि पञ्चसु भूतेषु पृथिवीतत्वमप्सुविलीनं, विद्यच्च वायौ, इत्यतश्शिष्टानि वाय्वम्युदकानीति तान्येव चेतनचेतनवरतूपत्तौ, तेषां स्वभावे च व्याप्यन्त इत्यायुर्वेदविदां राज्ञान्तः.

तान्येव शुक्रार्त्तवस्थितानि शरीरमारभमाणानि क्रियाविशेषाद्वातापित्तकफा इति व्यवहियन्ते.

अवोचाम पूर्वं षड्रसानधिकृत्य, तत्र मधुराम्ललवणा मारुतं, तिकोषणकषयाः कफं, कषायतिकमधुराः पित्तश्च घ्नन्ति, अतस्तद्विपरीता अन्ये तु कुर्वन्ते. यथा कटुपित्तकषयाः वातं, स्वाद्भल्लवणाः कफं, कटुभल्लवणाः पित्तं च वर्द्धयन्ति. एवं षड्रसपूर्णेषु द्रव्येषु यानि दृढि क्षयं दोषगतान् वाताग्निदोषान्समीकृत्य स्वभावं प्रापयन्ति, तानि शमनीषधानीति, यानि तान्वातादीन्कोषयन्ति, तानि कोषनद्रव्याणीति, यानि चोपयुक्तानि स्वस्थं सुखेन वर्त्तयन्ति, तानि स्वस्थहितद्रव्याणीति च कथ्यन्ते. तादृशरसविशिष्टेषु चतुर्विधेष्वन्नपानेषुपुक्तेषु पक्कागये जाठराभिसंयोगेन यो रसपरिणाम उत्पद्यते स विपाक इति स्मृतः, स च त्रिधा तत्र मधुरलवणौ रसौ मधुररूपेण परिणमतः, अम्लोऽम्लं पच्यते रसः, तिकोषणकषयाणां प्रायः कटुविपाको भवति. त एतं त्रयो विपाका वातापित्तकफान्समीकृत्य चिरं जीवयति.

उपभुक्तमहारजातमामपक्वाद्याशयेषु रञ्जकपाचकादिपित्तैर्विपच्यते सारकिष्टौ च पृथक्क्रियेते, तत्र सारो रसः स्वधात्वग्निना विपक्वः पुनः सारकिष्टरूपेण पृथक्क्रियेत, तत्र सारो यत्कृच्छीहानी प्राप्य प्राणवायुसहकृतेन रञ्जकेन रञ्जितो रक्तमित्याभिधीयते. किष्टश्च कफ इति. तच्च रक्तं स्वधात्वग्निना परिणमितं पुनस्तारकिष्टरूपेण विभक्तं भवति. तत्र सारो मांसं किष्टञ्च पित्तमिति स्थितिः. अनैनैव प्रक्रारेणोपरिगतानां धातूनामुत्पत्तिः, तत्र चरमो धातुः पयसि सर्पिरिव सर्वमपि शरीरं व्याप्यतिष्ठति, ततः परं स्त्रीषु व्यायच्छतस्तस्य शुक्रं शोणिते संयुज्य कालेन मातुराहार रसेन च वर्द्धितः करचरणाद्यवयवयुक्तो जीव इति प्रथामापनो भूमावतरति. तदारभ्योपयुक्तमाहारजातं सर्वमपि जाठरेणाग्निना संयुज्य मधुररसत्वेन परिणतं फेनीमूतं कफं यातं विदाहाच्चास्क्तां गतं शुद्रान्त्रे पित्तोष्मणा शोषितं सारकिष्टरूपेण विभक्तं शरीरमुपनिबन्धेति. किष्टं च कटुतां गतो बहिर्निष्कास्यते.

एतेनेदमुक्तं भवति, पञ्चसु भूतेषु स्थिताभिः पञ्चभिरूपस्यशक्तिभिः क्रमेण पार्थिवादिगुणयुक्तानि पञ्चाऽपि द्रव्याणि पच्यन्त इति, तथा च पञ्चानामपि भूतानां गुणांशास्सर्वेऽपि क्रमेण द्रव्यनिष्ठान् स्वत्वांशान् संपच्य पृथगेव संयुज्य तान् शरीरेपोषयन्ति. तद्यथा शरीरनिष्ठः पार्थिवांशः पार्थिवांशं पोषयति, एवमेवैतरे.

“ अत्रेवं तत्त्वम् ”

उपयुक्ताहारोत्पन्नरसेन रसादयस्तत्प घातवः क्रमेणोत्तरोत्तरं शोष्यन्ते, तत्र च जाठराग्रंशाः रसादिषु सप्तभुधातुषु तिष्ठन्ति. तेषां सादातिदीप्तिभ्यां क्रमेणोत्तरोत्तरं घातूनामशोषणशोषणाभ्यां वृद्धि-क्षयी भवतः, एवं पुष्यति शरीरे यदि लब्धादियुक्तानि द्रव्याण्यनवरतमुपयुज्यन्ते तदा तादृशगुणको दोषोवर्द्धते, एवमेकास्मिन्दोषे वृद्धे तद्विपरितगुर्वादिगुणयुक्तोऽपरोदोषः क्षीयते.

एवमेव कालार्थकर्मणां हीनमिथ्यातिमात्रको योगो घातादिप्रकोपेन रोगकारणतां प्राप्नोति, सम्यग्योगश्च पुनरेषां दोषसमीकरणेनारोग्यं प्रापयति.

“ यदुक्तं वाग्भटे—

हीनोऽर्थेनेन्द्रियस्याऽरूपः संयोगः सेन नैव वा ।

अतियोगोऽतिसंसर्गः सूक्ष्ममासुरभैरवम् ॥

अत्यासन्नाऽतिदूरस्थं विप्रियं विकृतादि च ।

यदक्षणा वीक्ष्यते रूपं मिथ्यायोगः सदारुणः ॥

एवमत्युच्चपृत्यादीनिन्द्रियार्थान्यथायथम् ।

विद्यात्—

कालस्तु शीतोष्णवर्षभेदात्रिधा मतः ।

स हीनो हीनशीतादिरतियोगोऽतिलक्षणः ॥

मिथ्यायोगस्तु निर्दिष्टो विपरीतसलक्षणः ।

कायवाक्चित्तभेदेन कर्मोपि विभजेत्रिधा ॥

कायादेकर्मणाहीना प्रवृत्तिर्हीनसंज्ञिका ।

अतियोगोऽतिवृत्तिस्तु वेगोदीरणधारणम् ॥

विषमाङ्गक्रियारम्भः पतनस्वलनादिकम् ।

भाषणं सामिमुक्तस्य रागद्वेषभयादि च ॥

कर्मप्राणातिपातादि दशधा यच्च निन्दितम् ।

मिथ्यायोगः समस्तोऽसाविह चामुल वा कृतम् ॥

इत्येवमादिभिः पटैः कालार्थकर्मणां हीनमिथ्यातियोगास्तुविस्तरं प्रतिपादितारस्मिन्, इह तु विस्तरभीत्या विरमामः.

न केवलमभैरेव हीनमिथ्यातियोगीर्विकारोत्पत्तिः, अपि तु बन्धमणैरपि, “ तद्यथा दुष्टैरसास्थे-र्नानाविधैः विषिबर्जितैरन्नपानदुष्टाम्बुसेवनादिभिः अतिव्यवायदिवास्वभ्रवैगविधारणैश्च वातपित्तकफास्त्रयो-दोषाः शरीरं व्याप्य तिष्ठन्तः आरोग्याय भवितव्यास्वप्रमाणादधिका हीना वा यदा भवन्ति तदा भूतपञ्चकैरारब्धेऽस्मिन् शरीरे कुर्वन्ति नानाविधानरोगान् शास्त्राकोष्ठास्थिसन्धिषु.

अपि च ; अहितसेवनोत्तरं, प्रागपि च दोषविकारात् चयः, साद, इति च द्वेऽवस्थे भवतः, तथा हि—प्रादोषवृद्धेर्वृद्धिकारणसामग्रीसंकलनावस्था चय इति, क्षयाय वा कारणसामग्रीसंकलनाव-स्थासाद इति च व्यवह्रियते, अस्याभवस्थायाम् रसादयो घातवः क्षिद्यन्ते, यदा च क्लेदभावो वर्द्धते तदा धातुषु दृश्या अदृश्या वा जीवाणवो विशतिसंख्याका असंख्याका वा केषुचिदामयेभूत्पद्यन्ते.

अनन्तरं वातादयो दोषाल्लदाश्रया रसादयो धातवश्च वृद्धिं क्षयं वा प्राप्ताः रूक्षादीन्दोषगुणान्पुरस्कृत्य एकस्मिन्सर्वस्मिन्वाऽवयवे नानाविधानामयानुसृपादयन्तीत्यायुर्वेदतत्त्वविदां—राङ्गान्तः-

एवं व्याधिकारणतत्त्वमस्मन्मन्तरीत्या प्रकर्षेण प्रपञ्चितम्-

एतेनेदमायुर्वेदप्रतिपादितव्याध्युत्पत्तिकारणतत्त्वं नव्य—वैद्यतन्त्रानुसारेण एतावता परीक्ष्य निर्णीततत्त्वानि इतः परं वा निर्णेभ्यमाणानि तत्त्वानि वा सर्वदा सर्वथा नातिवर्तन्त इत्यनिच्छद्भिरपि निर्मित्सरैरवश्यमभ्युपगन्तव्यमिति सिद्धम्-

(6) आयुर्वेदशास्त्रे रोगनिर्धारणक्रमस्त्रिया भिद्यते—दर्शनस्पर्शन प्रश्नभेदात्; तत्र दर्शनेन पीतशुक्लवर्णसंस्थानप्रमाणोपचयच्छायाविण्मूत्रच्छर्दनादीनि ज्ञायन्ते-

स्पर्शनेन हस्तकायस्पर्शेन ज्वरगृह्णविद्विधिहृद्यकृदादीन् जानामीहे. प्रश्नेन शूलारोचकमृदुकूरकोष्ठस्वमदर्शनं व्याध्युत्पत्तिनक्षत्रद्विष्टसुखदुःखानि च ज्ञायन्ते-

पूर्वं स्पर्शे हस्तस्पर्श इत्युक्तम्. तत्रेदं ध्वन्यते—यथा प्रागुपदिष्टदर्शनादिभिः कारणैर्यथा व्याधिस्वरूपोऽवगम्यते, एवं जीवसाक्षिण्या रक्तनाड्याः—स्पन्दनविशेषैरङ्गलिस्पर्शज्ञातैर्दोषाणां वृद्धिक्षयप्रयुक्तो व्याधिरवगम्यत आयुर्वेदसंप्रदायविद्विरिति तदपि किञ्चिदत्र स्थापयामो भवतां धुरि-

नाडीविज्ञानं नाम रक्तवहनाड्यां शोणितप्रसर्पणेनोत्पद्यमानस्य स्पन्दविशेषस्याङ्गलिस्पर्शे-नावागमनमेव. इह हि हृदये कोऽपि रक्तवहो बृहद्भ्रमनिरुत्पद्यते. स चानेकशाखाप्रशाखारूपेण आपादतलमस्तकं विद्यमानेषु प्रत्यवयवेष्ववतश्च प्रोतश्चाहाररसेन शोणितेन केदार इव कुल्याभिः सन्तर्प्य शरीरं सर्वमपि पुष्पाति. एवं प्रतिहस्तं बहवो रक्तवहा धमन्यस्सन्ति. तत्रैको धमनिः—प्रव्यक्ततरोऽङ्गलिस्पर्शेनोपलक्ष्यते. अत्र स्त्रीणां वामहस्ते विद्यमाना धमनिः स्रोत्पत्तिस्थाने प्रमाणतः किञ्चिद्बृहदाकारेण भवतीति तत्रैव तासां नाडीस्पन्दनविज्ञानं सुकरं न पुनर्वक्षिणे करे इति शास्त्रात्पर्यविद आहुः. तत्राऽयं विज्ञानोपायः—अङ्गुष्ठमूलाध्याऽङ्गुलप्रमाणे नर्जनीमध्यमानामिकाङ्गुलीः सममेवर्जु निक्षिप्य किञ्चिदिव गाढं निपीडिते तासु पृथगेव यस्स्पन्दनविशेषश्शोणित-वेगोत्पन्नोऽनुभूयते तद्वशात्तर्जन्यां वायोर्गतिं, मध्यमायां पित्तस्य गतिं, अनामिकायां श्लेष्मणो गतिं च व्यवस्थन्ति कुशलाः-

व्यवसिते चैव रक्तधमन्यास्पन्दनेनैव त्रयाणां दोषाणां वृद्धिक्षयसंसर्गसंनिपातजाः विका-राश्च सुखं निर्णयन्ते एवमारोगयोऽपि-

बृद्धे हि वागे तर्जन्यां नाडीस्पन्दस्पर्जलौकाभूलतादीनां गतिरिव वक्रा सवेगा च स्यात्. साचेयं तर्जन्यामैतत्पेक्षया व्यक्ततरेति तत्रैव वायोः स्थानमित्यायुर्वेदविदो भाषन्ते-

बृद्धे तु पित्ते मध्यमायां नाडीस्पन्दः कुक्कुटभेकादीनामिवोत्थृत्योत्थृत्य व्यक्तं भवतीति तत्रैव पित्तस्य स्थानं भवितुमर्हति-

एवं श्लेष्मणि बृद्धेऽनामिकायामिव नाडीस्पन्दो बर्हिक्च्छपहंसादीनामिव मन्दं मन्दं भवतीति तत्रैव तस्य स्थानमुच्यते-

कलयाराजमाषकृष्णमुद्गादीनामपरेषाश्च कन्दवर्गादीनां गुरुरूक्षादिगुणयुक्तानां अत्युपसेवनेन द्रव्याणां जरणसमये विनिर्मुक्तो वायुः स्वप्रमाणादधिक आध्मानाद्योपाद्रीन्विशेषेणोत्पाद्यापानोद्धाररूपेणाधरोत्तरमार्गाभ्यां विनिर्गमनानन्तरं—योऽवशिष्यते स रक्तेनाहाररसभूतेन संमिश्रच हृदयं प्राप्य तस्य

प्रसारणाङ्कुषनिविरामैः कर्मभिरुद्भूतेन प्राणवायुना युक्तः संबन्धो यदा हस्ताङ्गुष्ठमूले प्राप्नोति तदा तादृशवायुना समूर्च्छितं शोणितं तर्जन्यां सर्पस्वेव कुटिलं गतिविशेषं बोधयति. यद्यप्यङ्गुष्ठो-
रितरयोरौषा गतिज्ञातुं शक्यते. तथापि सर्वेणस्य रक्तस्य तर्जनेवाऽवसानसूभिरिति तत्र प्रतिहतो
जलौघ इव प्रव्यक्तरो भवति इति स एव वायोः स्थानमित्यायुर्वेदविदामभ्युपगमः.

एवं तीक्ष्णोष्णवीर्यादिगुणवर्द्धकान्यन्नपानादीनि यद्युपयुज्यन्ते तर्हि तदारभ्यैस्तत्तापविदाहा-
दिभिः विकृते शोणितं धमनाषु यदा चरति तदा कुक्कुटमेकादीनामिवोत्सुत्योत्सुत्य गच्छतीव, मध्य-
मायामनुभूयत इति तदेव स्थानं पित्तस्थेत्यस्तीकुर्मः.

एवं स्निग्धशीतादिगुणयुक्तैरन्नपानादिभिः सौम्यधातुर्वृद्धः शोणितमभिप्रपद्यते तेन च
संपूर्णं रक्तं यदा धमनीषु चरति तदा गन्तुमवकाशमलममानमिव मन्दं मन्दं हंसमयूरादीनामनुकरो-
तीव गतिम् अनामिकायां लक्ष्यते इति तदेव श्लेष्मणः स्थानमिति कल्प्यते.

एवं संसर्गसन्निपातयोरपि गतिविशेषो ज्ञेयः तद्यथा, संसर्गे यो दोषो वातादिः प्रधानो
भवति तस्य गतिः प्रथमं वातादीनामेव स्थाने लक्ष्यते. अनुबन्धस्य तु पित्रादेस्तत्रैव वातादि-
स्थाने पश्चाद्विद्यते. समप्रधाने तु संसर्गे उभयोर्गतिः उभयोरेव स्थाने समं लक्ष्यत इति स्थितिः.

मन्निपाते त्वित्थमव्यवस्थितमेव नाडी कदाचिद्भ्रता, कदाचिच्छियलिशियिला, कदाचि-
द्विमृक्तगतिः, कदाचिच्छून्येव स्वस्थानात्प्रच्युते वाऽपरैश्च विकारैर्युक्ता स्यात्.

स्वप्रमाणस्थितेषु वातादिदोषेषु नाडी मत्त इव गजो दृढं स्वस्थाने स्थिता गम्भीरा प्रस-
न्नैकरूपवस्थितगतियुक्ता वीचीतरङ्ग इव च स्यात्.

क्षीणेषु पुनर्दोषेषु न कोऽपि भेदो वातादीनामङ्गलिस्थानेषु. नाडीस्पन्दे त्वस्ति भेदः किञ्चित्,
तथाहि, अङ्गुष्ठमूलसमीपे वातादिगतिबोधकेभ्यः तर्जन्यादिस्थानेभ्यः प्रागेव किञ्चिच्छोणितं प्रतिहत-
मिव हृदयाभिमुखं यदा गच्छति तस्मिन्नवसरे वातादय आर्याय गतिविशेषं स्थानविशेषेषु तर्जन्या-
दिषु प्रदर्शयन्तीति ज्ञेयम्.

एतावता च नाडीस्पन्दसामान्यलक्षणानि वर्णितानि किञ्चित्. विस्तरेण तु प्रत्यवयवम्
उत्सद्यमानानामायानां लक्षणज्ञानाय विद्यमानाः पूर्वपृष्ठादिपञ्चगतिविशेषाः विस्तरमीतेर्न लिख्यन्ते.

एवंप्रकारैस्तामान्यतो व्याधिं ज्ञात्वाऽनन्तरं निदानपूर्वरूपरूपोपशय संप्राप्तिर्मिलक्षण-
विशेषैरतत्तद्विशेषरोगपीडितो रोगी तत्त्वतो ज्ञेयः.

तत्र निर्दिश्यते व्याधिरनेनेति निदानम् इति व्युत्पत्त्या पञ्चाऽपि लक्षणानि निदानशब्देन
व्यवह्रियन्ते. परं पञ्चसु प्रथमं निदानं रोगोत्पादकहेतुरित्यर्थः । स च हेतुर्द्विधा भिद्यते सन्निकृष्ट-
विप्रकृष्टभेदेन. तत्र सन्निकृष्टं समीपे विद्यमान इत्यर्थः. विप्रकृष्टो दूरे विद्यमान इति. वाता-
दयो दोषाः कुतोऽपि कारणात्सहसैव विकृतिमापन्ना यदा रोगं जनयन्ति तदा ते व्याधेस्सन्निकृष्ट-
निदानं भवन्ति. आहिताहारसेवनेनाऽऽसम्यक्परिणता रसादयो घातवः दोषादीनां विकृतिमुत्पद्य
तद्वारा व्याधिं यदा जनयन्ति तदा ते विप्रकृष्टनिदानं भवन्ति. गुर्वाद्याहारोपसेवनेनोत्पन्न आम-
दोषो यदा ज्वरादीन्कुरुते तदा ते गुर्वाद्यो द्रव्यविशेषा आमोत्पत्तौ सन्निकृष्टनिदानमिति, ज्वरा-
दिषु विप्रकृष्टनिदानमिति च भवन्ति.

माविद्याधिवोधकमेव लिङ्गं पूर्वरूपम्. यथा—अतिसारे, आध्मानाटोपकुक्षिवेदनाप्रपृतयो
भविष्यन्तमनिसारं बोधयन्ति. यथा वाऽङ्गुगीवं, कट्यादिषु व्यथा नृम्भारुचिरोमहर्षादयो भविष्य-

ज्वरबोधकाः. एवमितरेष्वपि. तच्चेदं पूर्वरूपं सामान्यपूर्वरूपविशिष्टपूर्वरूपभेदात् द्विधा भिन्नं भवति. तत्र दाषड्यसंमूर्च्छनावस्थानितं रोमहर्षादिकं सामान्यपूर्वरूपं रूपावस्थायां नियमेन नानुवर्तते. विशिष्टपूर्वरूपं तु नियमेन रूपावस्थायामनुवर्तत एव, तस्यैव चाभिषेकस्य रूपात्वात्. एतादृश-भेदभिन्नं सूत्ररूपं पुनश्शरीरमानसभेदेन द्विधा भिद्यते । तद्यथा—ज्वरेऽरुच्यदयः शरीररमः मनो-व्यधनं, हितवचनेषु प्रद्वेष इत्येवमादयो मानसपूर्वरूपमिति च व्यवस्थितिः.

उत्पन्नव्याधिवोधकमेव लिङ्गं रूपम् यथा मिलिता अरुच्यादय एव ज्वरः. यथा वा क्रासाद्येकादश रूपाण्येव राजयद्दमा.

औषधादिजनितसुखानुबन्ध उपशयः. ते चोषधाद्यो हेतुप्रत्यनीक-व्याधिप्रत्यनीक-उभय-प्रत्यनीकैस्तथा तेषां विपरीतानामर्थकैस्त्रिभिराह्वय षड्भिः प्रकारैर्भिन्ना भवेयुः.

दोषेति कर्तव्योपलक्षितं व्याधिजन्यसंप्राप्तिः. सा च संख्या-विकल्प-प्राधान्य-बल-काल-विशेषतः पञ्चधा भिन्ना. यथा—अष्टौ ज्वराः, दिशतिः प्रमेहाः, पञ्च कासा इति, व्याधीनामवान्तर-भेदानां संख्या निर्देशः संख्यासंप्राप्तिः; दोषाणां समवेतावांशशकल्पना विकल्पसंप्राप्तिः; स्वतन्त्र-परतन्त्रत्वेन व्याधिविभागः प्राधान्यसंप्राप्तिः, अप्राधान्यसंप्राप्तिश्चैवान्तर्गता; निदानादीनां संपूर्ण-व्यवभेदेन बलाबलसंप्राप्तिः; नक्तं दिनतुमुक्तशैव्यधिः कालसंप्राप्तिरुच्यते. संप्राप्तेरुदाहरणं यथा—“आमाशयस्थो हत्वार्धिं सामो मागोऽपि धाययत् । विदधाति ज्वरमिति.

अपि च न केवलमेभिरेव व्याधिविशेषा निर्धार्यन्ते आयुर्वेदविद्भिः. अपि तु जिह्वामल-मूत्राद्यास्थानादिपरिक्षाप्रकारभेदा बहवो विद्यन्ते. एधमुक्तेषुपायेषु केनाऽपि सम्यगवगतेन व्याधिं ज्ञातु-मलं, किमु वक्तव्यमेभिरुपायकृत्तपैस्तत्त्वतोऽवगतं न क्वाऽपि वितथप्रयत्नो भवति व्याधिज्ञाने कुशलो भिषगिति.

तदेवं पञ्चक्षण-दोष-द्रव्य-रस-वीर्य-धमनीरसपन्दाष्टस्थानादिभिरमौघैरङ्गकलापैः व्याधिनिर्णय-मार्गस्तस्यगद्युर्वेदे प्रकाशितः. एवमभिहितो रोगविज्ञानोपायः.

इदं त्विह ब्रूमः—प्रागव च बहुभ्यः शताब्देभ्यो द्वीपान्तरादागत्य भरतखण्डं प्रविष्टाः शक्यवनादयो भिन्नजातीया अत्रत्यानायुर्वेदग्रन्थान्तमादायाऽधीत्य च वैद्यविद्यायां भूरि ज्ञानमाप्नुव-न्ति यस्मिन्प्रादितमिहातेषु. तदप्यविगणय्य हठादेवायुर्वेदो नाम न शास्त्रपद्धतिमनुकरोतीति निरङ्कुशं मुक्तज्जं च यत्किञ्चित्पूजल्पन्त्यस्मिन्विधिहते काले कलौ. एवं स्थिते राजकीयानामादरे-णायुर्वेदसंप्रदायम् अभिवर्धय्य पुनरपि चिकित्सातन्त्रमकुटायमाने अस्युद्धते स्थाने समर्पणं शशशृङ्गा-न्वेषणेभवानुकुर्यात्. विस्तरेणाऽतिगम्भीरस्याऽस्य महाप्रभावस्याऽयुर्वेदस्य प्रपञ्चनम् अरण्यरुदितं वा बधिरकर्णजापो वा स्यात्. नाऽनेन वृथा परिश्रमेण किमपि स्थात्प्रयोजनं. तथापि जराव्याधि-विध्वंसिषेषैर्षसहस्रं जीविषुं समर्थानां परमर्षीणाम् अस्मद्भरतखण्डवासिनां चिकित्सातन्त्रनैपुण्यं स्मरन्तो वयं “विज्ञानखद्योतविजृम्भिताभिर्विषमः” किमपि वक्तुकामा असूम.

इतः परं चिकित्सामधिकृत्य वक्ष्यामः । तथाहि—प्रागुपक्रमादुपक्रम्यं सुसूक्ष्ममेतत् प्रकारेण परीक्ष्योपक्रमे प्रवर्तते. तद्यथा—शरीरे को दोषो विकृतिमापन्नः, किमत्र कारणं, तद्दोषाश्रयभूता रसादयो धातवः कियद्विकारमापन्नाः, कस्मिन्देशेऽयं रोगी निवसति, किमस्य वयः, किं सत्त्वं, क वा प्रकृतिरस्य रोगपरीतस्य, कदाऽयमुत्पन्नो व्याधिः, किं सामर्थ्यमग्रेः, कथमस्य मनः, किंसात्स्यं किम-सात्स्यं, वधाध्यवस्था च कीदृशी, किमस्याऽधिष्ठामम्, इत्येवमादीनि बहुशः सूक्ष्मसूक्ष्मं विनिश्चित्य तत्प्रत्यनीकभूतं शोधनशामनादिचिकित्साक्रमं यस्तस्यगनुतिष्ठति न स सत्त्वति जातुचिदित्यत्र न कस्याऽपि विसंवादः स्यात्.

न चायुर्वेदोपपादितश्चिकित्साक्रमश्चिकित्सान्तराणीव नात्कालिकप्रयोजनपराणि ; अपि तूपक्रम एवायमुपक्रमो व्याधितानां मनोऽभिनन्दयति. आशुकारी चायमुपक्रमः सुखानुबन्धः, स च हेतु-प्रत्यनीकव्याधिप्रत्यनीकोभयप्रत्यनीकविपरीतार्थकारीति बहुधा भिन्नः.

तत्र हेतुविपरीतो रोगकारणस्य वातादेर्विरुद्धगुणयुक्तानामौषधान्नाविहाराणामुपयागेन व्याधि-प्रशमनमेव. यथा—सन्तर्पणोत्पन्नस्याऽमदोषस्य तद्विपरीतेनापतर्पणेन लङ्घनादिरूपौषवाहाराद्युपयोगेन प्रशमनम्. यथा वा—शीतकारणेनोत्पन्नस्य रोगस्य तत्कारणविपरीतोष्णवीर्यौषवाहारादिभिः प्रशमनम्, यथा वा दिवात्वापवृद्धस्य कफस्य तद्विपरीतेन रात्रिजागरणेन प्रशमनं, इत्येवं हेतुप्रत्यनीकस्य दिक् प्रदर्शिता. यद्येवं कृतेऽपि व्याधिरनुबन्ध्येत तदा तं विहाय व्याधिप्रत्यनीको योज्यः, एष हि पूर्वस्मादधिकः.

कोऽसौ व्याधिप्रत्यनीक इति, ब्रूमः—यान्यौषधान्नाविहाराण्युपयुक्तानि दोषादीननपेक्ष्य स्वमहिम्ना व्याधिप्रशमकराणि भवन्ति तानि व्याधिप्रत्यनीकद्रव्याणि. तादृशप्रयोगो व्याधिप्रत्यनीकः. यथा—अतीसारे सरणरूपस्य व्याधेः स्तंभनं पाठादि. तद्धि वातादीनां गुणानिरपेक्षेणैव व्याधिं प्रशमयति यथा वा—खदिरः कुष्ठे, शिरीषो विषे, अम्रकहारिद्रे प्रमेहे, स्वर्णं तर्वरोगेषु, एष व्याधिप्रत्यनीकक्रमः. यद्येवमप्यनुवर्तेत व्याधिः उभयप्रत्यनीको योज्यः बहुगुणत्वात्.

उभयप्रत्यनीको हि स्वमहिम्ना व्याधिं तत्कारणमतहेतुं च युगपत्प्रशमयति. यथा—वातशोफे दशमूलं युगपद्वातहरं शोफघ्नं च. यथा वा—वातकफग्रहण्यां तक्रं, तद्धि स्वनिष्ठरुक्षकषायान्नादि-गुणैर्व्याधिहेतू वातकफौ शमयति. द्रव्याख्येन स्वस्वरूपप्रभावेण तत्कात्मना व्याधिं ग्रहण्याख्यं शमयति. अनेन सम्यगुपक्रान्तेन व्याधिरवश्यं जितः स्यात्.

इतः परं तदर्थकारिचिकित्सोपदिश्यते. सा च पूर्वोक्तैस्त्रिभिरप्युपायैर्यत्र नोपशमो व्याधेस्त-त्रोपयुज्यते. एष चोपक्रमः प्रायेण व्याधिस्वरूपतुल्यः स्यात्. फले तु व्याधिप्रशमकरो भवति. यथा—पित्तोपक्रान्ते व्रणशोफे पित्तकरैरेव द्रव्यैरुष्णवीर्यैरुपनाहादयः. यथा वा—उर्ध्वा वमनकरं मदनफलम्. यथा वा—अतीसारे हरीतकी. विषे वा विषम्. एवं तदर्थकारिप्रयोगस्य दिक् दर्शिता.

एवं द्रूप्यं देशं बलं, कालं अनलमित्येवमादीन्सम्यग्वीक्ष्य बुद्ध्या वितर्क्य हेतुप्रत्यनीकादि-चिकित्सातन्त्रयुक्तीरभिसमीक्ष्य स्नेहस्वेदवमनविरेचनास्थापनानुवासननस्यादीन्प्राप्तकाले प्रयुञ्जानः कुशलो भिषक् क वा रोगसंकरं न जयेत्? तस्याप्यवशो रोगोऽपि नाम स्याद्भुवि.

एवमनेकशास्त्राभेदभिन्नस्य परमगम्भीरस्याऽयुर्वेदवदतरोरस्यावयवशो वर्णनमत्राऽसमीचीन-मिति विस्तरमीतेर्विरमामः. यदि कौतुकं चरक-सुश्रुत-वाग्भटादयो ग्रन्थास्तदङ्गमूला वैद्यचिन्तामणि-रसरत्नसमुच्चय-योगरत्नाकर-भैषज्यरत्नावल्यादयो ग्रन्थाश्च वीक्ष्यन्तां. ते ह्यस्माकं निदानचिकित्सापद्धति-ग्रन्था इति.

अपि च मूढगर्भाऽधिमन्थ विद्राधि नाडीदुष्टव्रणनिरुद्धप्रकश भगन्दरप्रभृतिषु बहुषु रोगेषु औषधैरसाध्येषु शस्त्रावचारणमेव समुचितं मन्यन्ते प्राञ्च आयुर्वेदतत्त्वविदः. तत्र च शस्त्रावचारणं कथं कर्तव्यं, तत्र च प्राक्कर्म किं, किं वा प्राघनकर्म, किं वा पश्चात्कर्म, यन्त्रशस्त्राणि स्थान-भेदेन प्रयोगभेदेन च किंलक्षणकानि भवितुमर्हन्ति, कतिविधं शस्त्रकर्म, कतिधा भिद्यन्ते बन्ध-विशेषाः, कथं कर्णनासादिषु कपोलात् सजीवं त्वगुत्कृत्य निवेशनं, कथं वा मूढगर्भस्य यन्त्र-शस्त्राणां सहायेनाऽसहायेन वा बहिर्निस्सारणं, कथं वा तिमिराधिमन्थादिषु शस्त्रप्रयोगः इत्येव-मादयो बहवो विषयाः सम्यक्प्रपञ्चिता अस्माकं पूर्वैः. यदि कौतुकं पूर्वोक्ता ग्रन्था वीक्ष्यन्ताम्.

अपरे च निमि-काङ्कायन-भद्रशौनक-विदेह-गालव-चाक्षुष्य-हिरण्यक्ष-काश्यप-मोजप्रमृतीनां महतां ग्रन्थाश्च शल्य शालाक्य कायचिकित्सा भूतविद्या कौमारभृत्याऽगद रसायन वाजीकरणाल्मकाष्टाङ्ग-प्रतिपादकाः.

(e) विदेशचिकित्सातन्त्रसुखमनुभवितुं द्रव्यम् अलभमाना अन्ये च रोगिणो वैदेशिक-भिषगिरचिकित्सयत्वेन परित्यक्ताः किंकर्तव्यतामूढा अन्तत आयुर्वेद्यवगानीचिकित्सकान् शरणं प्रपन्ना विमुक्तारोगा भवन्तीति सर्वेषां नः प्रत्यक्षमेतत् विना मत्सरपिचनिबन्धनाचिकित्सयारोचक-पीडितान्. तेषां ग्रामनामनिदानचिकित्साद्युद्धितं पुस्तकं धर्मार्थायुर्वेदारोग्यशालासु लभ्येत प्रत्येक-चिकित्सकैः प्रायेणहशं पुस्तकं न रक्ष्यते प्रयोजनाभावात्.

यद्युच्यते आयुर्वेदपद्धत्यनुसारेण चिकित्सात्तरण्यपेक्ष्य विशिष्टं प्रयोजनमुपलभ्यत इति निरूप्यतामिति. तत्र वयमपि प्रतिब्रूमः प्रदीयतामवकाशः एवं प्रदर्शयितुमिति. प्रागपि चोक्त-मन्यैरचिकित्स्या अस्माभिःप्रिकित्सन्त इति. तादृशविशिष्टप्रयोजनस्येदमेव मूलं महद्भिः प्राचीर्निर्मि-तया चिकित्साप्रणाल्या कल्पितैरचित्यप्रभावैर्भस्मासिन्दूररसायनघृततैलावलेहासवारिष्टकल्कववाथादिक-मेवेति, ईदृशीषधप्रयोगात्मागेव क्रियमाणैस्तेहस्वेदाभिः प्राक्कर्मभिव्याविस्समूलमुन्मूल्यत इति किमु वक्तव्य-मुपयुक्तेष्वेष्वेषु व्याधिः कान्दिशीकृत्वं प्रामुयादिति.

III. (a) चन्द्रपुर्यायुर्वेदकलाशालायामध्यापकेष्वन्यतमोऽहम्.

(b) (1) विविधेषु चिकित्साक्रमेषु शमनात्मकस्य कस्यचिदेव प्रयोगस्य यथाशक्ति किञ्चिदिव सौक्य कल्पितम्.

(2) प्रायेण समीचीनमेव स्थानं वैद्यविद्यास्थानस्य सकलसामग्र्यसम्पूर्णस्यैकस्याव्य-स्मिन्देशे नोपलब्धिः. एवं स्थिते इदं विद्यास्थानम् एरण्डोऽपि द्रुमापत इत न्यायमनुकरोति. तत्तद्विद्यास्थानेष्वबिकृतानामनुरुध्य मतं परिहारः कर्तव्य इत्येव वरं मन्ये.

(c) यथायुर्वेदविद्यास्थानेषु विद्यमानन्यूनतापरिहार इष्यते तर्हि राजकीयैराद्रियमाणेषु वैद्यस्था-नेषूपयुज्यमानद्रव्येषु यदि कोऽप्यंश आयुर्वेदाय परिकरयेत तदा पाश्चात्यैद्यसंस्थापननिभमायुर्वेदस्थान-मपि नितरां भवेत्. अनेनाचिरेणैव लोके प्रचारः स्यादायुवदस्य.

IV. (a) (1) कालवशात् बहुभिः कारणैरभ्यासाभावेन मलिनतां गते शल्यतन्त्रे तत्राभ्यास-द्वारा हस्तकौशलं शल्यतन्त्रे नैपुण्यं प्राप्तवतः कस्य विन्महतो गुरोस्सकाशात्सम्यग्ध्येतुं छात्राः कल्पनया इत्यत्र न कोऽपि विसंवदेत.

(2) एवं शल्यतन्त्रे स्वानुभवज्ञानमभिवर्द्धयितुं गुरुणा सहैव पाश्चात्यशल्यशालास्व-न्तेवासिनां गमनमाधिकृत्याऽपि.

(3) एवमेव शल्यतन्त्रे स्वयमेव विविधान् विचारान्वर्तयितुमुचितं सौलभ्यं सम्पाद्य गुरुणा सह छात्राणामपि कल्पयितुं को हि नाम विसंवदेत ?

उद्दिष्टमेतदधिकृत्य न किमपि प्रयत्नमद्य यावदत्र वाऽन्यत्र वा राजधान्यां कृतमिति कथमिदानीं पूर्णो मनोरथ इति शक्यते वक्तुम्.

(b) वैद्यविषयोऽयमद्याऽस्माकं मन्त्रिणां वशं प्राप्त इति न वयं मन्यामहे लक्ष्यमिदमिति-क्रान्तमर्यादमिति—

(1) पाश्चात्यवैद्यशालासिवायुर्वेदरीत्या शोधनादिपञ्चकर्मचिकित्सानिर्वर्तनायाऽयुर्वेद-रोग्यशाला बहवोऽस्मिन्देशे स्थापनीयाः.

(२) उद्दिष्टमिदमधिकृत्य समितिरियमुचितं प्रयत्नं कर्तुमर्हतीति.

V: कल्कितात्ताविश्वविद्यालयविचारणासमितेरनुरुष्य मतं कथं नाम शक्यत आयुर्वेदं पाश्चात्य-
चिकित्सातन्त्रं चैकीकृत्य देशेऽस्मिन्सर्वतः प्रचारयितुम्.

सत्यम्—उभयोरपि तन्त्रयो रोगनिवृत्तिरेवाऽभीप्सितमित्यत्रोभयोः साम्यं भवितुमर्हति. परं
तदर्थमनुष्ठीयमानेषु साधनेषु भेद एव भवितुमर्हतीत्यतद्विश्वविद्यालयाविचारणसमितिः व्यस्मार्थीदिति प्रशं
शोचामः. आयुर्वेदचिकित्सा हि त्रिदोषतत्वं मूलं कृत्वा प्रवृत्ता, न पुनरेवं पाश्चात्यचिकित्सा. आयुर्वेदे
हि वातप्रधानेषु उच्चरादिषु वातकराणां कटुतिक्तकषायद्रव्याणामुपयोगो नाङ्गीक्रियते. पाश्चात्यतन्त्रे हि
साहस्रज्वरादिव्यार्थानां तिक्तकषायप्रधानानामेव द्रव्याणामुपयोगोऽङ्गीक्रियते. नाऽपि प्रत्यक्षतो विफलता
गतानपि हन्तां तागणयन्ति. एवं स्थिते उभयोरैकीकरणमुभयोरेव गौरवं हन्यात्. तस्मात् नास्मिन्नर्थे
समितिरियं प्रयत्नमङ्गीकर्तुमर्हति.

VI. न ह्यायुर्वेदपाठ्यक्रमेषु प्रकृतिसास्त्रं रसायनशास्त्रम् इत्येवमादीनि नव्यशास्त्राण्यन्तर्भावयि-
तुनावश्यकताऽस्ति. एवं हि इदानीं कल्पितमध्ययनकालमेवाभिवर्द्धयितुं परमलं स्यात् न पुनरायुर्वेद
ज्ञानामिदं कुर्यात्. तथाऽपि शल्यज्ञानमिदानीं मलिनीभूतामिति तत्परिष्कर्तुं न०२,१११शास्त्राक्य-
ज्ञानमुपबृंहणरूपेणाऽध्यापनयोग्यं भवितुमर्हतीत्येतस्मात्तस्या न प्रसर्तव्यम्.

(a), (b), (c) अन्यत्सर्वं पाठक्रमपरीक्षानियमोत्तीर्णोपाधिप्रदानादिक्रमायुर्वेदग्रहणमण्डलनियमा-
बलिमनुसृत्य कल्पनीयं भवतीति मन्ये.

VII. (a), (b) आयुर्वेदवैद्यानां संख्याबोधकपट्टिकानिर्माणे स्वरूपमेवाऽनुकूलं, प्रतिकूलं त्वपरीमितमि-
त्यतो यद्यायुर्वेदिकानां समितिवशे यदीदं स्थाप्येत कार्यं तर्थाङ्गीकर्तुं शक्नुमः, नो चेत्तेति निवेद-
यितुं विषीदामः.

VIII. पाश्चात्यचिकित्साया विशिष्टं प्रयोजनं प्रयच्छतामस्मदेशनौषधद्रव्याणां नौभिर्द्वीपान्तर-
प्रापणं तथा तस्माद्पान्तरमुत्पाद्य पुनरस्मदेशानयने यावान्वययः स सर्वोऽप्यायुर्वेदचिकित्सौषधानां
नेति महानयमेकं लाभः. तथा संपादितान्यौषधानि व्ययीकर्तुम् अस्मिन् देशे द्वीपान्तरादानीतान्
पाश्चात्यवैद्यविशारदान् शतशोऽत्र संस्थाप्य सहस्रशस्त्रेषां वेतनदानेन यो महान् व्ययः सोऽपि
नोपशत इति द्वितीयो लाभः. अपि च, लक्षशो द्रविणं व्ययीकृत्य निर्मितानामातुराणां च कृते
साहस्रपरसादादीनामप्यवकाशो नास्तीति तृतीयो लाभः. तत्र च प्रासादशिखरप्रान्तेष्वत्युन्नतपूड्य-
मानपवनेष्वनवरतम् इव ततस्सोच्छ्रासं सञ्चरन्तीनां यात्रीणां बहूनां तथा तादृशानराणां च वेतनदानेन
यो व्ययस्तोऽपि तावान् नास्त्यनेति चतुर्थो लाभः. एतादृशैराहम्बरेनिर्मितेषु पाश्चात्यवैद्यालयेषु
विद्यमानैर्देशाऽपि वैद्यवर्धनं निर्वर्तयितुं शक्यते यदेकेनायुर्वेदिकेन क्रियते. अपि च तेषां पाश्चात्य-
वैद्यनिपुणानामौषधनिर्माणपरिश्रमोऽपि नास्ति. अस्ति पुनरायुर्वेदिकानां नदित्येतदपि न प्रसर्तव्यम्,
सया हि अस्त्यत्र चैत्रपुर्यां कैरवणक्षेत्रे कलवल कण्ठश्रेष्ठिवर्धेनिर्मितो धर्मोपायुर्वेदौषधालयः.
अस्ति चात्रैवान्यत्र शूलैविभोगे चैङ्गस्वरायनायकानां धर्मोपायुर्वेदौषधालयः. उभयोरपि प्रत्यहं मास्त्री-
माहृत्य सप्तशतसंख्याका रोगिणश्चिकित्सां प्राप्नुवन्ति. उभयोरपि धर्मोपायुर्वेदौषधालययोः प्रत्येकं द्व्येव
भिषजौ भवतः. एतावैवापेक्षितान्यौषधानि द्वित्राणां मृत्यानां सहायेन तदा तदा निर्मापयन्ति.
उभयोरपि शालधोरालय मासि मासि मार्को शतद्वयधिकसहस्रं रूप्याणि व्ययीक्रियन्ते. तमेवं
न्ययं मूलं कृत्वा पाश्चात्यातुरालयेषु प्रत्यहमागतानां कियद्रोगिणां कति व्ययीकृतान् इति सम्य-
न्विमृश्य समितिरेवाऽन्योर्व्ययतारतम्यं विदांकरातु.

IX. पूर्वमस्मदीयैराजभिरशोकमोजप्रभृतिभिः सादरं परिरक्षितमायुर्वेदमद्यतनाऽऽमदीयराजानो-
न्याऽऽत्मीयं पाश्चात्यवैद्यं सप्रमोदं परिरक्षन्ति तथा न रक्षितुमुक्ता इत्येतेदेवायुर्वेदस्याद्यतनशोच-
नीयदशायाः कारणम्.

X. (a). (b). (c). (d) राजकैयिर्मण्डलाधिकृतवैश्वविद्यालयैरन्याभिश्च समितिप्रियथा पाश्चात्य-
वैद्येऽभिनिवेशो नाख्यते तथा यद्यायुर्वेदेऽपि पक्षपातं विना क्रियेत तर्हि किमु वक्तव्यमस्मदीयवैद्येऽभिनिवेश-
कैश्च सादरमायुर्वेदादायुरारोग्यं च प्रतिपालयेते इति ॥

नमामि घन्वन्तरिमादिदेवं सुरासुरैर्वन्दितपादपद्मम् ।
लोकैर्जराहमयमृत्युनाशं घातारभीशं विविधौषधीनाम् ॥

(3) M.R.Bx. AYURVEDACHARYA N. MADHAVA MENON, AVARGAL.
" AYURVEDA BHUSHANA K. SUBBAHMANIA SASTRY, AVARGAL.
" " " K. A. VENKATACHALA SASTRY, AVARGAL.
" " " G. BHANU VAIDYAR, AVARGAL.
" " " P. SOMASUNDARA DEVAB, AVARGAL.

श्रीघन्वन्तरये नमः.

मद्रासरालकीर्यैर्नियुक्तदेशियवैद्यविमर्शकसमितेः प्रश्नानुत्तराणि, १२-४-२२ दिवसे प्रवृत्ते
नि. भा आ महामण्डलस्थानिकसंघाधिवेशने स्वीकृतानि ॥

१. वयमायुर्वेदमेवाधिकृत्य व्यवहरामः ॥
२. आयुर्वेदशास्त्रानुरोधेन शरीरे रोगा वात्तपित्तकफरूपाणां दोषाणां वैषम्येण जायन्ते । यथा
आचार्यवाग्भटः उपदिशति “ रोगस्तु दोषवैषम्यं दोषसाम्यमरोगता ” इति । अत्र दोषाणां वैषम्य-
स्वरूपावबोधाय समावस्थास्थितानां तेषां निरूपणं अत्यन्तावश्यकमिति दिङ्मात्रमत्र तन्निरूप्यते.
शरीरमिदमस्ति पाषभौतिकैर्दोषघातुमलाख्यैः पदार्थैः सङ्कलितम् । तत्र दोषा वात्तपित्तकफाः
प्रत्येकशः पञ्चशो भिन्नास्तत्स्थानकर्मविशेषानुरूपामिधानानि च विभ्रन्तः शारीराणि मानसिकानि च
सर्वाणि कर्माणि समाः सन्तो निर्वर्तयन्ति ॥

घातवस्तु यथा कस्यचन यन्त्रस्य निर्माणाय तदवयवभूतानां फलककीलकनलिकाशलाकार्दीनां
संहननाय दारुलोहादय उपदानपदार्था उपरुक्ता भवन्ति, तद्वच्छरीरबन्धनाय सामग्रीभूताः
पदार्थाः.

मलाः शरीरस्यै तत्स्थानीया हेयाः पदार्थाः मला इत्यभिधीयन्ते ॥

अधुना दोषाः किरूपाः, किकर्माणः, कथं ते शारीराणां मानसिकानां च कर्मणां निर्वाहकाश्च
भवन्तीति सामान्येन निरूप्यते । तत्र—

वायुः—शरीरो वायू रूक्षलघुशीतस्वरसूक्ष्मचलात्मको वाय्वाकाशभूतगुणः, ‘ प्राणः, अपानः,
समानः, व्यानः, उदानः, ’ इति तत्स्थानकार्यविधानानुसूचनामपषकधरः, समः, सत्, उत्साहो-
च्छ्वासनिश्वासेष्टोवेगप्रवर्तनघातुसंवहनेन्द्रियप्रसादनादिभिः कर्मभिः शरीरं चेतयति । विना चलेन वायुना
न प्रभवन्ति घातवो मलाश्चापरौ वा दोषौ क्विचिदपि कर्म निर्वाहुमियायुर्वेदवैद्यशास्त्रासिद्धान्तः ।

यथा किमपि द्रामशाकटं सम्बद्धनिविष्टसर्वाङ्गं सुस्तिग्धस्त्रिष्टसन्धिकमपि विना वैद्युतवेगेन यथाश्वरनु-
नयज्ञेन न प्रभवति विवर्लितुमपि, तथैव विना समेन वायुना शरीरमपीत्यभिप्रायः । शरीरे भवन्तु
नाम मांसपेशीधमनीनाडीप्रमृतयस्सर्वेऽप्यवयवास्ते सर्वेऽपि स्वकीयचेष्टानिर्वहणायातिबेलमपेक्षन्त एव
वायवी शक्तिमिति पिण्डार्थः ॥

पित्तम्—शारीरस्योष्णो निदानभूतोऽयं दोषः पञ्चमतात्मकोऽपि तेजोगुणोत्कटस्तीक्ष्णोष्ण-
लघुविस्रसरस्निग्धद्रवगुणः, 'पाचकः, रञ्जकः, भ्राजकः, थालोचकः, साधक' इति पञ्चभेदभिन्नः,
तैजसत्वाच्चायं निरन्तरं शरीरे समुचितपरिमाणमूष्माणमुत्पाद्य क्षुत्तृड्दुचिप्रमार्मेषाधीशौर्यतनुमार्दवादिभिः
कर्मभिः समावस्थायां शरीरमनुगृह्णाति' ॥

श्लेष्मा—अयं दोषो भूमिजलात्मको यथा वातपिताभ्यां समुदीर्णभ्यां शरीरं नाहतं स्यात्तथा
स्वकीयेनौदकधर्मेण घातून् सदापि संरक्षते । स च स्निग्धशीतगुरुमन्दश्लक्ष्णमृत्स्त्रस्थिरगुणः, तत्त-
त्स्थानक्रियादिभिः 'श्लेदकः, बोधकः, अवलम्बकः, तर्पकः, श्लेषकः' इत्युपात्तपञ्चनामा, स्थिरत्व-
स्निग्धत्व सन्धिबन्ध क्षमादिभिः शरीरं परिपालयति ॥

यद्यप्येते दोषाः कृत्स्नं शरीरमपिव्याप्य तिष्ठन्ति, तथापि तेषां प्रधानकेन्द्राणि कानि च न
निर्दिष्टानि सन्ति । तानि च यथावदत्र किञ्चिन्निरूपयामः.

तत्र—वातस्य—पक्वाशयकटीमक्षिप्रश्रोत्रस्थिस्पर्शनेन्द्रियाणि विशेषेण भवन्ति ।

पित्तस्य—नाभ्यामाशयस्वेदलसीकारुधिररसद्वक्स्पर्शनानि च विशिष्टतः स्थानानि ॥

श्लेष्मणः—उरःकण्ठशिरःपर्वामाशयरसमेदोघ्राणजिह्वा विशेषस्थानानि ।

घातवस्तु—रसासृक्कांसमेदोऽस्थिमज्जागुक्काणीति सप्तसंख्याका भवन्ति । तेषां कर्माणि च
प्रीणन जीवन लेपन स्नेहन धारण पूरण गर्भोत्पादनानि यथाक्रमं वर्तन्ते ।

मलाः—वर्चो मूत्र स्वेद मिषाण दूषिका पिञ्जुषादयः । तेषां कर्माणि तावदवष्टम्भनक्रेदवहनक्रेद-
विधृतिस्त्रोतस्नेहनादीनि ॥

दोषा यावद्विकृतिमप्राप्ता यथास्वमेव शरीरस्वास्थ्यसंपादकं कर्म कुर्वाणा घात्वादीनपि स्वधर्म-
निर्वहणे यथावदनुबेलमुत्तेजयन्तो देहमुपकुर्वन्ति, तावत्ते घातुपदवाच्या भवन्ति । "शरीरधारणा-
द्घातवः" इति ॥

इदानीं काचन जिज्ञासा स्वयं संजायेत. कथमेते घातुपदवाच्या देहानुग्रहधुरंधरा वातपित्त-
श्लेष्माणो दोषत्वमुपगच्छन्तीति । अत्र ब्रूमः—एते वातपित्तश्लेष्माणः अहिताहारविहारादिभिर्वृद्धिस-
यात्मकं वैषम्यमुपगम्य स्वस्वस्थानतः प्रम्रष्टाः विलीनाश्च तदाश्रयीभूतघातुमलादीन् यतो दूषयन्ति
ततस्ते दोषा इत्युच्यन्ते । एवं चैषां दोषत्वम् । दोषाणां दुष्टिस्तु पुनरेवम्; यथा—

“कालार्थकर्मणां योगो हीनमिथ्यातिमात्रकः ।

सम्यग्योगश्च विज्ञेयो रोगारोग्यैककारणम् ।”

कालार्थकर्मणां हीनमिथ्यातियोगैः कारणैर्वातादयो दूष्यन्ते । तत्र कालः—यद्यपि शास्त्रेषु
सूक्ष्मतया ऋत्वनुसारेण मात्रादिभिश्चानेकशो विभागः कालस्य दृश्यते, तथापि कालस्य शीतादि-
स्वभावभेदव्यवच्छेदेनात्र “उष्णः, शीतः, वर्षा,” इति त्रिधा स्थूले विभागो वर्तते । तत्रोष्णकाले
यदा स्वामाविकोष्णस्याभावस्तदानीं स कालस्य मिथ्यायोगः । यद्युष्णं स्वरूपं स्यात्तर्हि स कालस्य
हीनयोगः । यद्यधिकं स्यात्तर्हि स अतियोगः । एवमेव शीतवर्षाकालयोरप्यवधेयम् । अथ अर्थः—

इन्द्रियाणां स्वार्थेषु हीनीमथ्यातिमात्रका योगा यदि स्युस्तेऽपि कालवेदेव दोषदूषणहेतवो भवन्ति । तथैव कर्मणासपि विचार्यम् । एतैर्दोषाः कथं दुष्टा भवन्तीत्युच्यते—

“ वृद्धिः समानैस्सर्वेषां विपरीतैर्विपर्ययः ” ॥

शरीरे दोषघातुमलाः स्वसमानद्रव्यादिभ्रवृद्धिं तदितरैः क्षयं चोपयन्तीति नियमेन दर्शनात् सिद्धान्तस्यास्य नैव कुत्रापि विभङ्गो दरीरदृश्यते । यतः प्रत्यक्षप्रमाणत्वात् । मधुररसविशिष्टे क्षीरे यदि शर्करा निक्षिप्यते तदानीं क्षीरे माधुर्यं अधिकं भवति । यदि तत्र किञ्चित् तद्विपरीत-रसं किरातलिकचूर्णं निक्षिप्येत तर्हि अवश्यमेव क्षीरनिष्ठं माधुर्यमल्पीभवति । एवमेव वातपित्ता-दयोऽपि यथाक्रमं रूक्षोष्णस्निग्धादिभ्रवृद्धिं तद्विपरीतैः स्निग्धशीतरूक्षादिभिः क्षयं चोपयन्तीति मन्तव्यम् । ततो दोषादयः समानद्रव्यकालदेशविहरैर्वृद्धिं तदितरैः क्षयं चाप्नुवन्तीति सिध्यति ॥

द्रव्यं नाम वैद्यशास्त्रे रसगुणवीर्यविपाकप्रभावाणां आश्रयं पाञ्चभौतिकं वस्तु निगद्यते । द्रव्याणामाकृत्या कर्मणा च नानालं तत्तद्रव्यनिष्पत्तौ कारणभूतानां पञ्चमहाभूतानं तरतमांशसंयोग-विशेषेण जायते । द्रव्येषु येषु यो भूतः अधिकशिनानुभविष्टस्तानि द्रव्याणि तदीयत्वेनाभ्युपगम्यन्ते यथा पार्थिवं, आप्यं, वायव्यं, नाभसं, आग्नेयमिति । परं तु न हि पञ्चभूतसमवायं विना केव-लेन केनैव भूतेन किमपि द्रव्यमुत्पद्यते ॥

द्रव्येषु रसगुणवीर्यविपाकप्रभावा इति सन्ति पञ्च भावविशेषाः, यैस्तानि द्रव्याणि शरीरे तत्त-त्कर्माणि कर्तुं क्षमन्ते ।

तत्र—रसो नाम द्रव्येषु विद्यमानो रसनेन्द्रियवेद्यो भावविशेषः । सोऽपि षोढा विभज्यते ‘साद्बल्लवणतिककटुकषाया’ इति । तत्र भूमिजलाभ्यां भूताभ्यां स्वादुः, अमि-भूमिभ्यामम्लः, अमिजलाभ्यां लवणः, आकाशवायुभ्यां तिक्तः, अग्न्यनिलाभ्यां कटुः, भूमिवायुभ्यां कषायश्च संजायते । अत्रैवंभूतेषु षट्सु रसेषु मधुराल्लवणाखयो मारुतं, तिक्तकटुकषायाः कफं, कषायतिकमधुराः पित्तं च त्रन्ति । तथा तिक्तकटुकषाया वातं, साद्बल्लवणाः कफं, कटुकाल-लवणाः पित्तं च कुर्वते । एते च पुना रसानुरसभेदतस्तावदुत्कर्षकर्षतारतम्यविकल्पनया असं-ख्येया भवन्ति ।

गुणाः—एते विशतिसंख्याका भवन्ति द्रव्यनिष्ठाः । गुरुः, लघुः, मन्दः, तीक्ष्णः, शीतः, उष्णः, स्निग्धः, रूक्षः, स्रुक्षः, सान्द्रः, द्रवः, मृदुः, कठिनः, स्थिरः, सरः, सूक्ष्मः, स्थूलः, विशदः, पिच्छिलः इति । एतेषु च गुणेषु गुर्वादयः श्लेष्मणः समानत्वात् श्लेष्माणं, उष्णादयः पित्तं, रूक्षादयो वातं च वर्धयन्ति समानत्वात् । तथा विपरीता गुणा वातपित्तकफान् विपरीतत्वान्नाशयन्ति च ।

वीर्यं पुना रसविपाकादिभ्यो विभिन्ना शक्तिः । ‘द्रव्याणि येन कर्म कुर्वन्ति तद्वीर्यम्’ इति सुश्रुतः । (सु.सू. ४१-अ.) अतो ‘रसत्रिपाकप्रभावगुणसमुदायसंपन्नः कोऽपि द्रव्याश्रितो भावः वीर्यम्’ इति नावीनसंगतम् । यतः गुरुस्निग्धहिममृदुलघुरुक्षोष्णतीक्ष्णाख्या गुणाश्च वीर्यत्वेन वाग्भटेन अभिहिताः । संशमन-संधुक्षण-शोधन-पाचनादयः क्रियाः स्निग्धोष्णतीक्ष्णादिभिः गुणैरेव यतो निर्वर्त्यन्ते, अतः संगच्छते तेषामेव (गुणानां) वीर्यत्वव्यवहार इति वाग्भटो विवृणोति । चरकस्त्वाह “वीर्यं तत्र येन या क्रियते क्रिया । . . . गुर्वादिवैव वीर्याख्या तेनान्वर्थेति वर्णयते । संमग्नगुणगारेषु शक्त्युत्कर्षविवर्तिषु । अतश्च विपरीतत्वात् संभवत्यपि नैव सा । विव-र्णयते रसाद्येषु वीर्यं . . .” । वाग्भटः ‘उष्णां शीतं द्विवैवाप्यं वीर्यामाचक्षतेऽपि च’ । इति

वीर्यस्य संग्रहेष द्वैवध्यमपि अङ्गीकरोति । अत एवाष्टतु विनिर्दिष्टेषु गुणाधिषु वीर्येषु अन्योः विशिष्टबलवत्त्वं अपिदधाति वागपटः—“नानात्मकमपि द्रव्यमभीषोमी महाबली” इति । किञ्च चिन्त्याचिन्त्यक्रियाहेतुत्वेन वीर्यं द्विधा । द्रव्यरसादीनां स्वस्त्वोचितेषु कर्मसु स्वभावाभ्युत्पत्त्या शक्तिः चिन्त्यक्रियाहेतुः । अचिन्त्यक्रियाहेतुः प्रभाषनात्मा निगद्यते । द्रव्याणां रसाद्यननुरूपकार्यकरणशक्तयो सवाचिन्त्यक्रियाहेतुः । “मूतप्रभावातिशयो द्रव्ये पाके रसे स्थितः । चिन्त्याचिन्त्यक्रियाहेतुवीर्यं धन्वन्तेरर्मतम् ॥”—शिवदासः ।

रसविपाकप्रभावगुणसमुदायसंपन्नो द्रव्यनिष्ठः कार्यकारी कोऽपि भावविशेषो वीर्यमप्युच्यते । तच्च द्विविधं भवति—शीतमुष्णं चेति । अत एव जगति विद्यमानाः सर्वेऽपि पदार्थाः द्वेषा विभज्यन्ते—सौम्या, आम्रया इति । अथ वा उष्णवीर्यविशिष्टाः, शीतवीर्यविशिष्टा इति ।

विपाकः—अस्माभिरभ्यवह्रियमाणाः सर्वेऽपि रसा अन्तरप्रसंयोगेन मधुराम्लकटुकत्वेनैव भायः परिणमन्तीति सिद्धान्तः । अयं च विपाको नाम फलानुमेयो भवति । तत्र मधुरविपाकः शान्तिवियः, अम्लकटुविपाकौ उष्णवीर्यौ च स्तः । रसेषु मधुरलक्षणौ मधुरविपाकौ, अम्लोऽम्लविपाकः, तिक्तकटुकषायाः कटुविपाकाश्च प्रायो भवन्तीति सिद्धान्तोऽयमाहारपरिणामजन्यफलानुमेयो वर्तते, परमानुभविकश्च ॥

प्रभावः—अयं च कारणानुरूपं कार्यमिति साधारणमयं दामुल्लंघ्य द्रव्येषु केषुचन दृश्यमानो विस्मयजनको धर्मविशेषः । यथा—

“ज्वरं हन्ति शिरोबद्धा सहदेवोजटा” इति ।

एवंविधरसादिविशिष्टैर्द्रव्यैः स्वसमौनैः वातपित्तकफानां वृद्धिः, स्वासमौनैः क्षयश्च भवतीत्यध्यवसायः ।

दोषाणां हि वैषम्यं तेषामुद्रकण क्षयेण वा संजायते । दोषा उद्रेकावस्थायां ययात्वं कर्मोप्यधिकानि कुर्वन्ते । क्षीणावस्थयां तदीयानि कर्माणि जहति । समाः स्वकीर्यं कर्म ययावत् कुर्वन्ते ।

“य एव देहस्य समा विवृद्धी त एव दोषा विषमा वधाय ।

यस्मादस्ते हितचर्यैव क्षयाद्विवृद्धरिव रक्षणीयाः ॥”

दोषास्तावद्धेतुवनुसारेण हीनमिथ्यादिभिः कालार्थकमेणां नानाविधवृद्धिक्षयात्सकसंसर्गसन्निपातादीनाप्यद्य संमूच्छं च परस्परं कतिविधान् विकारान् जनयेयुरिति संख्यया सूक्ष्मतः परिच्छेदं नैव सुशकम् । एवमायुर्वेदसिद्धान्तानुसारेण दोषवैषम्यमेव रोग इति निर्धारणे न कापि दृश्यते अनुपपत्तिः । अतो दोषवैषम्यमेव रोग इति सिद्धान्तः ।

आधुनिकशास्त्रपरिशोधनस्य कथमयं सिद्धान्तः साधुतां प्रतिपद्यत इति वक्तुं तच्छास्त्रे पर्याप्तपरिज्ञानविहीना न वयमस्तद्ग्रामहे ।

(B)—रोगनिर्धारणकर्माश्रकृता च ॥

रोगविनिश्चयार्थमायुर्वेदशास्त्रेषु सन्ति विविधाः परीक्षाक्रमास्तत्र तत्रोपदिष्टाः । तत्र प्रथमतो रूग्णपरीक्षा रोगपरीक्षा—चेति द्विधा विभागो वर्तते ।

रुग्णपरीक्षाक्रमाः ।

दर्शनस्पर्शनप्रश्नैः रोगिणं परीक्षेत इति । तत्र दर्शनम्—अनेनोपायेन रोगिणः सर्वाङ्ग-
नेरीक्षणं, येन तदानीमाविष्टेन रोगेण तस्य शरीरप्रकृतेर्मलमूत्रनेत्रजिह्वादीनां श्वासोच्छ्वासयोश्च के के
विकारा जाता इति निर्धार्यते ।

स्पर्शनम्—एतेन रोगिणः शरीरस्य तदानीन्तनोष्णशैत्यमृदुकांठेनादयो भावा नाडीगति-
विशेषाश्च निश्चीयन्ते ।

प्रश्नः—एतेनोपायेन रोगिणो वेदनाविशेषाः, वेदनाधिष्ठानविशेषाः, क्षुचृडुचिपानान्नाभिलाषोप-
शयानुपशार्याश्च विचार्य त्वनिश्चीयन्ते ॥ एते त्रय उपायाः संक्षेपतो रोगसामान्योपयोगित्वेन प्रायशः
सर्वत्र समुपयुक्ताः । परं तु रुग्णपरीक्षणसमये शरीरस्य बाह्याभ्यन्तरपरिस्थितीनां निष्कृष्टावबोधाय
“पञ्चभिरिन्द्रियैः प्रश्नेन चे”ति षड्भिरुपायैरवश्यं परीक्षा कार्या । विषयस्यास्य विस्तरः सुश्रुत-
संहितायां द्रष्टव्यः ।

रोगपरीक्षाक्रमः ।

रोगपरीक्षणप्रकारनिरूपणात् प्रागेव रोगाः कतिधा भिद्यन्त इति निरूपणमपि तीव्रार्णयप्रतीकार-
विषये उपयोगि स्यादिति कृत्वा स्तोत्रमत्र तद्विलिख्यते । रोगास्तु सहजाः, गर्भजाः, जातजाः,
पीडाकृताः, कालजाः, प्रभावजाः, स्वभावजाश्चेति सप्तधा भिद्यन्ते । तत्र—

(१) सहजाः—शुक्रार्तवदोषान्वयाः पितृजा मातृजाश्च कुष्ठार्शोमेहादयो रोगाः ।

(२) गर्भजाः—जनन्यपचारात् द्रौहदविमाननाच्च जायमानाः कौब्ज्य, पाङ्गुल्य, किलासा-
दयोऽक्षरसजा रोगाः ॥

(३) जातजाः—सन्तर्पणापतर्पणजाः स्वापचारजा रोगाः ।

(४) पीडाकृताः—क्षतभङ्गप्रहारक्रोधशोकभयादयः शारीरा मानसाश्च रोगाः ।

(५) कालजाः—शीतादिकृतज्वरादयोव्यापन्नजा असंरक्षणजाश्च रोगाः ।

(६) प्रभावजाः—देवगुरुच्छंघन शापाथर्वणादिकृता ज्वरादयः पैशाचादयश्च रोगाः ।

(७) स्वभावजाः—क्षुत्पिपासाज्वरादयः कालजा अकालजाश्च रोगाः ॥

एवं बहुशोभिद्यमाना अपि व्याधयो निजागन्तुतां नैव व्यभिचरन्ति । तत्र निजाः दोषोत्थाः ।
तेषु पूर्वं वातादयो वैषम्यमापद्य ततो व्यथा अभिनिर्वर्त्यते । आगन्तुजाः बाह्यहेतुजा भवन्ति ।
तेषु व्यथा पूर्वमुपजायते तदनन्तरं दोषदुष्टिरिति भेदः ।

एतादृशबहुभेदभिन्नान् सर्वानपि रोगान् एकैकशो यथास्वैः निदानभ्रामूपलक्षणोपशयसंप्राप्तिभिः
पञ्चभिः परीक्षेत । एते पञ्चोपायाः एकस्यामयस्य निर्धारणोपयुक्ता भवन्तीति हेतोस्तेषां सर्वेषामपि
सामान्येन “निदान”मिति संज्ञा साधीयसी भवति । यतो निश्चित्य दीयत इति निदानम् ।
अथवा निर्दिश्यते व्याधिरनेन इति वा । तत्र—

(१) निदानम्—अहिताहारविहारादिभिः वाग्वादीनां प्रकोपो रोगस्य निदानं भवति ।

(२) पूर्वरूपम्—येन लक्षणेन भाविव्याधिविशेषो लक्ष्यते तत् पूर्वरूपं भवति ।

- (१) लक्षणम्—उत्पत्ते व्यथी इत्यमानं लक्षणं व्याधित्वरूपबोधकं भवति ।
 (२) उपशयः—हेतुव्याधिविपरीतैर्विपरीतार्थकारिभिःश्रीषात्राविहरिरुपलक्ष्यमाणः सुखानु-

बन्धः ।

(१) संप्राप्तिः—दोषः केन कारणेन कथं दृष्टः केन मार्गेण कुत्र कुत्र परिसर्पन् कान्
 शान्त्वा अवयवांश्च दूषयित्वा व्याधिमृत्पदिनवानित्याकारकः शरीरस्य विकृतावस्थविशेषः संप्राप्ति-
 शब्देन व्यवह्रियते ॥

अपि चैवंविधपरिक्षोपायैः सह दूष्यं, देशं, बलं, कालं, अनलं (जाठराग्नि धात्वग्नि च),
 प्रकृतिं, वयः, सत्त्वं, सात्त्वं, आहारं, विविधावस्थविशेषांश्च सूक्ष्मसूक्ष्मं समालोच्य विज्ञाय तदनु-
 रोधेन रुग्निनिश्चयः कार्यः । एतादृशरुग्निनिश्चयप्रणाल्या सवेषामपि रोगाणां (नवीनतया समुत्पद्य-
 मानानामपि) स्वरूपं विज्ञातुं चिकित्सितुं च पर्यत एवायुर्वेदशास्त्रज्ञैः । यतस्तादृशी किल रुग्नि-
 निश्चयप्रणाली, चिकित्साप्रणाली च प्रकाशिते तैर्विमलविपुलप्रतिभैर्हर्षिभिः पुरातनैः । त एते
 प्रणाल्यौ हि शरीरस्य, मनसः, आत्मनश्च परस्परसंबन्धे विद्यमानानि भौतिकान्यात्मभीयानि च मूल-
 तत्त्वान्यास्पदीकृत्य संघटिते स्त इति हेतोर्भूतवर्तमानभविष्यत्कालेष्वपि न कुत्राप्यसंगते स्यात्तमि-
 त्यथः कथयिष्यमाणान विशदीकुर्वन्ति शास्त्रकर्तारः । यथा—“विकारनामाकुशलो न जिहीयात्
 कदाचन । न हि सर्वविकाराणां नामतोऽस्ति ध्रुवा स्थितिः ॥ दूष्यं देशं बलं कालमनलं प्रकृतिं वयः ।
 सत्त्वं सात्त्वं तथाहासवस्थाश्च पृथग्विधाः ॥ सूक्ष्मसूक्ष्माः समीक्ष्येषां दोषैषधनिरूपणे । यो वर्तते चिकि-
 त्सायां न स स्वलति जातुचित् ॥”

चिकित्सातत्त्वम्.

उपक्रमस्य रोगिणः बृंहणीयलंघनीयभेदेन द्वैविध्यदुपक्रमोऽपि सन्तर्पणापतर्पणभेदेन द्विधा
 भवति । सन्तर्पणं बृंहणमपतर्पणं लंघनं च स्तः ।

रोगास्तावद्दोषवैषम्येण जायन्त इति, तेषां दोषाणां वैषम्यमाप दृढिक्षयात्मकमिति च पूर्व-
 मेव प्रत्यपादि । “रोगस्तु दोषवैषम्यं दोषासाम्यमरोगता” इति । अत आरोग्योत्पादानाय तथा
 दृढि क्षयं चोपगतान् दोषान् यथाक्रमं क्षपणेन बर्धनेन च समीकुर्यादिति सिद्ध्यति । अताश्चिकि-
 त्सितव्यस्य बृंहणीयत्वलंघनीयत्वभेदेन द्वित्वावस्थित्याचिकित्सितं सामान्यतो बृंहणं लंघनमिति द्विविधं
 भवति । तत्र—

बृंहणं नाम चिकित्सितं भूमितोयगुणाधिकैः पदार्थैः क्रियते । येन शरीरं बृंहितं भवति ।

लंघनम् तु यत् स्थूलस्य शरीरस्य लघूकरणाय क्रियमाणं तत् चिकित्सितं तेजोवाय्वाकाश-
 गुणाधिकैः पदार्थैरुपहितं भवति । एतच्च लंघनं “शोधनं, शयनं” चेति पुनाद्वधा भवति ।

शोधनं नाम यच्छरीरे सञ्चितानामुपद्रवकारिणां च दोषाणां निर्मूलतो बहिर्निष्कासनाय क्रिय-
 माणं चिकित्सितम् । तच्च पञ्चविधं—निरूह, वमन, विरेक, नस्य, रक्तभक्षणभेदेन भवति । एतैश्च
 शोथनप्रकारैर्वतिपित्तच्छेदनां रक्तस्य च शाधनं भवति । एतानि च शोधनानि तत्तदोषाधिकेषु
 रोगेषु तद्योग्यासु चावस्थासु दोषाणां संसर्गसन्निपातादिविविधविकृतिविशेषषु च रुग्णस्य प्रकृत्यनु-
 सारेण देशकालबलानुसारेण चोत्तमाधममध्यमभेदेनेद्विपोहविविचक्षणस्य विपश्चितो वैद्यस्य कस्यनाविशे-
 षेण भवन्त्यसंख्येयानि । प्रकुपितानामुच्छिष्टानामुन्मलनाय दोषाणां यथा शोधनानि भवन्त्यलं न
 तथैतरे उपायः ।

शमनं यत् चिकित्सितमुद्रिकान् दोषान् न शोधयति समानपि नोदीरयति, परं तु केवलं विषमान् दोषान् अन्तरेव सधीकरोति तच्छमनमित्युच्यते ।

बृंहणमपि केवलस्य पित्तसंसृष्टस्य च वायोः शमनमेव । आयुर्वेदवैद्यशास्त्रस्यायं सिद्धान्तोऽस्ति यत् लेहनरुक्षणस्तं मनस्वेदनलेखनदीपनपाचनजीवनतर्पणादिभिः क्रियाविशेषैर्भिन्नाः सर्वेऽपि चिकित्सा-विशेषा बृंहणलंघनयोरैवान्तर्भवन्तीति ।

आयुर्वेदवैद्या एवं विश्वसन्ति यदिदं शरीरं पञ्चभूतमयं तत् तस्य वर्तनाय पोषणाय चारुमाभिरभ्यवह्रियमाणदाहारजाताच्छरीरे तत्तद्भूतांशा आत्मनिर्नानंशानादाय परिहृत्य चानात्मनीनान् ब्रुष्टिं पुष्टिं चोपयान्तीति । आहारनियमेषुलंघितेषु अयथाप्रकारमुपयुक्तेषु च तेषु शरीरे केषांचन भूतानामंशाः पुष्टिं तदपरे कार्श्यं च प्राप्नुयुः । अथवाप्रमाणं परिपुष्ट्या भूतांशाः स्वसमावस्थाप्राप-णाय यतन्ते । दृढि गता भूतांशास्ताद्विपरीतगुणेषु पदार्थेषु, कार्श्यं गता भूतांशाः स्वसमानगुणेषु पदार्थेषु चाभिलाषमुत्पादयन्ति । अतः पूर्वस्मिन् लंघनमपरस्मिन् बृहणं च विधातव्यं भवति । एवं शरीरे अहिताहारविहरैर्भौतिका दोषधातुमला न्यूनतिरेकान्तरम्यवशादनेकशो विकुर्वन्ति । तत्र सर्वत्रापि दृढस्य क्षपणेन क्षीणस्य वर्धनेन च कर्तव्यं चिकित्सितमिति सिध्यति ।

रोगास्तावन्निजागन्तुविभागेन भिन्ना अपि ते भेषजसाध्याः शास्त्रक्षाराम्भिसाध्या इति च चिकित्साप्रकारानुरोधेन विभागमर्हन्ति । तत्र भेषजसाध्यानां रोगाणामुपक्रमप्रकारा यथास्थूलं लिखिताः । इतः परं च सन्ति बहवो अंशा वक्तव्याः सूक्ष्मतया, तान् सर्वानपि विलिख्योत्तरेमेतदतिदीर्घं न चिकीर्षामः । अथापि शास्त्रक्रियासंप्रदायाः सम्यगेवायुर्वेदे संप्रकाशिता वर्तन्त इति प्रकाशयितुमेव केवलं तदीयान् कांश्चन विषयानत्र किञ्चिदुद्धारामः । बृंहणलंघनरूपभेषजक्रियासाध्यान् रोगान् शास्त्रेण क्षारेणामिना वा येन केनापि प्रकारेण आमयविनो बाधां प्रशमय्य तस्मै आरोग्यप्रदानाय उपयुक्ताः सर्वेऽपि विषया ब्रुविशदं निरूपिता वर्तन्ते । तथैव सूतिकर्मविषयो मूढगर्भहरणप्रकारश्च साधु समुपवर्णिताः सन्ति । शल्यतन्त्रप्रसूतितन्त्रयोर्विषयविस्तरः सुश्रुतसंहितायां विलोकनीयः ।

शास्त्रविषये प्रथमतः शस्त्राणां संख्या (२६ इति) ; तेषां स्वरूपानुरूपानि नामानि (मण्डलाग्र, वृद्धिपत्र, उत्पलधार, शरार्यल्यप्रमृतीनि), साधवताधुत्वपरीक्षणोपायाः, शास्त्रावचारेण योग्यायोग्य-प्रदेशाः, शास्त्रकर्मविशेषाः (छेदन, भेदन, लेखन, वेधन, एषण, आहरण, स्तावण, सीविन, इत्येवं-विधाः), क्षालनशोधनरोपणयोग्या द्रवकल्कादयः पदार्थाः, ब्रणबन्धकमाः बन्धयोग्याः पदार्थाः, रुढे ब्रणे सर्वगर्करणं चेति तदीयाः सर्वेऽपि अंशाः ब्रुविशदं प्रपञ्चिताः सन्ति । यदि शास्त्रकर्म आयुर्वेद-वैद्या न संप्रति सौलभ्येन कुर्वन्ति, तन्न तदभ्यसनयोग्यशास्त्रस्याभावात्, परं तु तै राजकीयनिरो-धनभिया भूयो न तत्रार्थयते यत्र इत्येव वक्तुं पार्यते । यदि तेऽपि लब्धावकाशा भवेयुस्तीहि विना बहुकालविलम्बमायुर्वेदवैद्या विश्रुताः शस्त्रचिकित्साविचक्षणा भवेयुरित्यत्र न कोऽपि सन्देहः ।

अपि च विद्यन्ते अङ्गविभागेन बहुविधाश्रिकित्साक्रमाः, यथा नेत्ररोगेषु आश्चर्योत्तनतर्पणपु-ऽपाकाञ्जनादयः, ऊर्ध्वजत्रुविकारेषु बृंहणशमनादिविविधनस्यक्रमाः, आस्यरोगेषु गण्डूषकबलादयः, शिरोरोगेषु पित्तुशिरोवस्तिसेकादयः, वास्तिरोगेषु उत्तरवस्तिक्रमः, इत्येवंप्रकारा विविधाश्रिकित्सापद्धतयः कथिताः सन्ति ।

आयुर्वेदशास्त्रानुसारेण चिकित्सां कुर्वतां वैद्यानां यद्यपि सत्यन्तरवैद्यसाधारणानि विविधान्य-सौकर्याणि (भेषजनिर्माणमूलिकासंचयनद्रव्यपरीक्षणवश्यकद्रव्यालाभादीनि), अथापि शास्त्रीयरीत्या कार्यकारणपरामर्शपूर्वकं चिकित्साविधानेन, साध्यकोटौ गणितान् प्रायशः सर्वानपि विकारानुपक्रम्य

साधयितुं पर्याप्तसामग्रीकमायुर्वेदशास्त्रमित्यस्ति नो महानानुभविको विस्रंभः । एतादृशी काचन वैद्यपर्येषणसमितिरायुर्वेदवैद्यतत्वाविनिर्णयाय कदापि भवितेति न संभावितपूर्वो विषयस्ततः प्रार्थयामो वयं यदत्र मद्रपत्तने विद्यमानाभ्य आयुर्वेदधर्मवैद्यशालाभ्यस्तत्र तत्र चिकित्सितानां रोगिणां गणनपत्रं संप्राप्य समित्यैव विनिश्चित्य विवेचनीयोऽयं विषय इति । विश्वसिमश्च बादमेव देशीयवैद्यविषये जनसमूहेषु प्रत्यहमिव समेधमानाङ्गीकारबहुमानादीनां तादृशवैद्यशालापतिकैव बहेदमोघं साक्ष्यमिति ।

किं च पत्तनेऽस्मिन् तत्र तत्र विद्यमाना विपुला जाज्वल्यमानप्रत्यग्रसामग्रीप्राज्या आङ्गलधर्मानु-
रशालाः कति ? आङ्गलधर्मवैद्यशालाः कति ? अप्रार्थितवैद्यकारिण्यः कति ? वैद्यकनिपुणाः कति ?
एवं स्थितेऽपि सर्वानेतान् विहायावश्यकसर्वसौकर्यविहीना आयुर्वेदधर्मवैद्यशालाः शतशः सहस्रशश्च
रोगिणः परिवृण्वन्ति इत्यत्र, तासु वैद्यशालासु दीयमानस्य वैद्यस्य प्राशस्त्यमन्तरा हेत्वन्तरं न किमाप
परिदृश्यते ।

(c) वातरोगाः, मानसिकरोगाः, कुष्ठं, विसर्पः, राजयक्ष्मा, रक्तवातः इत्येतादृशा रोगा
विशेषेण आयुर्वेदचिकित्सया साध्या इत्यनुमीयते । कुतश्चेत् बाहुल्येनैतादृशरोगग्रस्ता बहुत्र वैद्यशालासु
निपुणैश्च वैद्यैर्बहुकालमुपक्रान्ताः अलब्धोपशमाश्च रोगिणो बाहुल्येन रोगोपशमनार्थमन्तत आयुर्वेद-
वैद्यानेव शरणीकुर्वन्तीत्येकं साक्ष्यम् । परं च आतुराहितैकताना निष्पक्षपातिनश्च केचनाङ्गलवैद्यानिपुणाः
तदन्तिकमुपगतान् तादृशरोगिणो देशीयवैद्यविधानाय प्रथमत एव प्रचोदयन्तीत्यपरं साक्ष्यम् । अत्रानु-
भवमन्तरा रेखाप्रमाणानि न संप्रति विद्यन्ते प्रदर्शितुम् । प्रशस्तिपत्राणि वैद्यवाणिज्यजीविनां
सकाशे शतशो भवेयुरेव ।

III. (a) अत्रान्ते विन्यस्तदक्षाणां जनानां मध्ये (१) एन्. माधवमेनोन् नि.मा.आ., महा-
मण्डलस्य मन्त्री, (२) आयुर्वेदभूषण के. सुब्रह्मण्यशास्त्री, श्री चेल्लपुर्यायुर्वेदकलाशालायामुपाध्यायः,
(३) वैद्यविशारद के. ए. वेङ्कटाचलशास्त्री, नि.मा.आ., महामण्डलविद्यापीठयोरायव्ययनिरीक्षकः,
(४) आयुर्वेदभूषण सि. मानुवैद्यः श्रीचेङ्गल्लवरायनामकानामनाथालये स्थायिचिकित्सकः (R.M.O.)
तथा तदनुबन्धिण्यां आयुर्वेदधर्मवैद्यशालायां प्रधानचिकित्सकश्च, (५) आयुर्वेदभूषण प. सोमसु-
न्दरदेवरः, नि.मा.आ., महामण्डलस्य स्थानिकसंघसभ्यश्च प्रवन्ति ॥

(b) (१) न तृप्तिकरं पर्याप्तं च ।

(२) नातिसमीचीनम् ।

वैद्यविद्यालयेषु तदनुबन्धितयाऽऽतुरालयानामभावात् विद्यार्थिनां शास्त्रीयभागसु
सर्वेष्वपि प्रत्यक्षज्ञानोपार्जनाय सौकर्यं न विद्यते । अतो वैद्यशालानुगन्धितया आतुरालय-
स्थापनं, शारीरभागज्ञानाय शवच्छेदनानुमतिः, सर्वोपरि पर्याप्तद्राविणवितरणेन राजकीयाङ्गीकारश्च
तत्प्रतीकारायालं स्यादिति विचारयामः ।

(c) तृतीयप्रश्नस्य (b) इत्यस्योत्तरमत्रापि युक्तं भवेत् ।

IV. (a) (१) अथ किम्.

(२) ..

(३) ..

अथापि तादृशानानाविधोपकरणसंपादनाय पर्याप्तधनविहीनतया कथंचन निर्वाह्यमाणाः सन्त्येव
राष्ट्रेऽस्मिन् द्वित्रा विद्यालयाः । यथा (१) चेल्लपुरी आयुर्वेदकलाशाला, (२) वेङ्कटरमणायुर्वेदपाठशाला,

१) तथा कलिकेटपत्तने आर्यवैद्यसामाजिकानां आयुर्वेदपाठशाला चेति । तत्र प्रथमश्रेत्रपुर्यायुर्वेदकलालयो यशशरीरावशेषेषु दक्षिणभारते आयुर्वेदसमुद्धरणाय वसुमसूंश्च तृणीकृत्य व्ययीकृतवत्सु वैद्यरत्न पण्डितगोपालाचार्येषु जीवत्सु तेषामश्रान्तपरिश्रमेण भारतेऽस्मिन्नयमेकापूर्वमातृकात्वेन प्रचारितपूर्वः आसीच्चिराय । अन्यौ द्वावपि वैद्यविद्यालयौ तयोः स्थापकमहाशयानां हस्तावलम्बेन प्रचलत एव । परं तु सर्वत्रापि धनवैरल्यादध्यापनार्थं समुचितसामग्रीसंपादनाय न सौकर्यमास्ति । अत एते विद्यालयाः संप्रति पर्याप्तधनसौकर्याभावात् सम्यक् प्रचलन्तीति न वक्तुं पारयामः । ततस्तभ्यो विद्यालयेभ्यो राजकीयाङ्गीकारपूर्वकं समुचितधनसहायश्च कर्तव्यस्तर्हि त इतोऽपि पुष्कलसामग्रीकाः सन्तस्त्रेषामादर्शरूपमुद्देश्यं पूरयिष्यन्तीति वयमभिप्रेमः ।

(b) यदि पूर्वोक्तादर्शसंपादनं सहसा दुःशकं स्यात्तर्हि संप्रति विद्यमानानां वैद्यकसंस्थानां प्रथमतो राजकीयाङ्गीकारं, तदनु यावत्साध्यं वार्षिकं धनसहायं च कृत्वा राजावलम्बो देयः । एवं राजकीयावलम्बेन कालोचितं परिष्कारं पोषणं चाधिगम्य तास्तामादर्शपदवीमचिरेणोपगमिष्यन्ती-
त्यत्र न कोऽपि संदेहः ।

V. नि.भा.आ. महामण्डलस्य न सम्मतम् । यतः कालेऽस्मिन् बहुत्र दरीदृश्यते यदा-
ङ्गलवैद्यविशारदाः विरुद्धधारिणश्च बहुक्लेशेन बहुकालेन बहुधनव्ययेन चोपार्जितं आङ्गलवैद्यपरिज्ञान-
मप्रमाणयन्त आयुर्वेदमनुसरन्तीति । प्रत्युत आयुर्वेदशास्त्रेषु परां निरूढिं गता वृद्धवैद्याः ईषदपि
स्ववैद्यशास्त्रविमुखा अपि न दृश्यन्ते । अपि चेदानीं देशीयवैद्यस्याभिवृद्धिमार्गपर्यालोचनस्यावसरः,
न हि प्राच्यप्रतीच्यवैद्यशास्त्रयोरेकीकरणविचारस्य । अतो न ज्ञायते विषयस्यास्य का प्रसक्तिरेवेति ।
अथ वा एकीकरणेन देशीयवैद्यस्याभिवृद्धिर्भविष्यति चेन्न, यतस्तादृशैकीकरणेनैतद्देशीयवैद्यशास्त्रस्य
वे पाश्चात्यवैद्यशास्त्रे विलयनमेव भवेत् । अतः पुनर्देशीयवैद्यस्याभावयैवावकाशो दृश्यते, नैवाभि-
वृद्धये । किं तु अत्र देशीयवैद्यशास्त्राणां सर्वेषामेकीकृत्याभ्यसनाय यदि प्रबन्धः क्रियेत तर्हि तन्मह-
दुपकृतं स्यात् ॥

VI. अत्र प्रश्ने उल्लिखिताः अभिनवा आङ्गलवैद्यविषयाः सर्वेऽपि आयुर्वेदतत्त्वावबोधनेन तथा
प्रयोजनकराः । परं तु आयुर्वेदशास्त्रीयाणामेव विषयाणां प्रात्यक्षिकज्ञानाय कर्मपथाभ्यासोपयोगि-
नस्तेषामंशाः प्रस्तुतकाले उपयोगिनः स्युः ।

(a) पाठ्यक्रमविषये तु नि.भा.आ. विद्यापीठस्य पाठ्यक्रम एव स्वीकार्यो भवति ।
तदनुसारेणोपाधिविशेषाश्च निर्धारयितव्याः । अध्ययनकालश्च विद्यापीठस्वीकृत एव युक्तः ।

(b) संस्कृतसाहित्ये स्वभाषासाहित्ये च व्युत्पत्तिः संपूर्णा आवश्यकी ।

(c) अध्यापनं, प्रवरकक्ष्या अवरकक्ष्या चेति द्विधा विभज्य प्रवरकक्ष्यायां संस्कृतभाष-
यैवाध्यापनीयं अवरकक्ष्यायां यथासंभवं देशभाषयापि पाठनीयम् ।

VII. देशीयवैद्यानां रजिस्टरकरणं विहितमेव । तथा रजिस्टरकरणेनास्मत्प्रदेशेषु प्रत्यहं प्रतिक्ष-
णामिव संख्यया वृद्धिमुपगच्छतां अनाम्रातैवद्यशास्त्राणां अनुत्तरवादिनां वैद्यमन्यमानानां संख्याया
भवेत् स्पृहणीयः परिक्षयः । तद्वारा अधुना वर्तमानानां अधीतविद्यानां दृष्टकर्मणां दक्षाणां च
वैद्यानामुपरि वृथा प्रक्षिप्यमाणा अपवादाश्च स्वयं विलीयेरन्, यतः पूर्वोक्तानां कुवैद्यानामज्ञानमूल-
कोप्यराधः आयुर्वेदोपरि समानः खलु समापतति । परं तु इदानीं स्वेच्छया वैद्यव्यापारमायत्तीकृत्य
मात्रं बहुवाचालतया उच्चावचैश्चरैर्मोहनोपायैरनुपदमाविष्क्रियमाणैरतिवेलं व्याकुलीभूतेऽस्मिन् वैद्यलोके

सुवैद्याविवेचनं नाम न सुलभसाध्यो विषयः । तथापि आयुर्वेदस्य भाविनीं परिशुद्धामभिभूद्विभूद्विश्व-
प्रयासेनापि व्यवस्था विधेयैव । तत्र—

(a) प्रथमं तावदधुना विद्यमानानां प्रसिद्धदेशीयवैद्यानां किमपि मण्डलं संघटनीयम् ।
तच्च मण्डलं तदीयकार्येषु स्वतन्त्रं भवितव्यम्, नहि “मेडिकल् कौणसिल्” नामकस्याङ्गलवैद्य-
मण्डलस्याधीनत्वेन परतन्त्रम् । देशीयवैद्यानां रजिस्टरकरणे चास्यैव वैद्यमण्डलस्याधिकारो विधेयः ।
इदं वैद्यमण्डलं समुचितेनोपायेन सांप्रतिकानां देशीयवैद्यानां (गृहीतोपाधिनामगृहीतोपाधिनां च)
योग्यतां विचार्य तदनुरोधं नियतकक्ष्यानुसारेण नियमितकालाम्पन्तरे अभिलषतां वैद्यानां रजिस्टर
कुर्यात्समुचितं शुल्कं स्वीकृत्य । अथ तदनन्तरकाले आगच्छतां वैद्यानां नियमितोपाधिधारिणामेव
रजिस्टरकर्तुम् शक्यत इति नियमश्च निर्मातव्यः । एवं रजिस्टरद्वारा अङ्गीकृतानां सुवैद्यानां पुनः-
थोचिताधिकारावकाशादयश्च दातव्याः । अत्र विषये प्रस्तुतकाले उपरिनिर्दिष्टवैद्यमण्डलस्थाने निखि-
लभारतवर्षीयायुर्वेदमहामण्डलमेव युक्ततरं प्रतिभाति ॥

(b) इदानीं विद्यमाना मेडिकल् रजिस्ट्रेशन् नियमा नास्माभिरवलोकिता इति तादृशेषु न
वक्तुं अभिलषामः ।

VIII. आङ्गलवैद्यापेक्षया देशीयवैद्यस्यैव मूल्यसौलभ्यमिति वयं मन्यामहे । तच्चात्र मद्रपत्तने
विद्यमानासु आङ्गलवैद्यशालासु आयुर्वेदवैद्यशालासु च चिकित्सितरोगिसंख्याया व्ययीकृतघनस्य च
तारतम्यं निरीक्ष्य श्रीमद्भिरेव परिच्छेत्तुं शक्यते ।

IX. देशीयवैद्यस्य परिक्षयो राजकीयानादरेण आङ्गलवैद्यस्य बलात्कारप्रचारणेन, आङ्गलवैद्या-
नामौषधवाणिज्यसौकर्यमाधातुं, देशीयवैद्यानां विविधानां विषोपविषपदार्थानां ग्रहणविषये राजकीय-
निरोधो जातः । हेतुपरिवर्जनमेव तत्परिहरणोपायश्च ।

X. स्टेट्, लोकल् बोर्ड, यूनिवर्सिटिस्, इत्यादिभिर्वर्तमानकाले कया प्रणाल्याः केन
प्रबन्धेन च आङ्गलवैद्यं सर्वत्र संघटितं वर्तते तथैवायुर्वेदोऽपि संघटनीयः ॥

शुभमस्तु.

(4) M.R.RY. AYURVEDARATNAM K. SESHASASTRI AVARGAL, SRINGERI.

ಮದ್ರಾಸ್ ದೇಶೀಯ ವೈದ್ಯ ವಿಧಾನ ಸಮಿತೀ ಪ್ರಶ್ನಾನಾ ಮುತ್ತರಾಣಿ-

1- ಪ್ರಶ್ನಸ್ಯ-ಆಯುರ್ವೇದ ಭಾಗಮುಖೇಪ್ರವ್ರವ್ಯುತ್ಪತ್ತಿರಾಢಿ | ಅತ್ರಪ್ರಶ್ನೇ “ಸಿದ್ಧಭಾಗ” ಇತಿ ಪ್ರಥಕರಣಂ ನಾತೀವ ರಮಣೀಯಂ | ಉತಶ್ಚಾಯುರಾಮ್ನಾಯತಂತಾಶ್ರಣ್ಯನುಭವ ಮೂಲಕಾನ್ಯೇವ | ಶಾಸ್ತ್ರಜ್ಞಾನಂತ್ಯನುಭವಾಭಿನ್ನಂ | ಸತ್ಯಾಶಾಸ್ತ್ರಕಷ್ಠಾನಂತು ಪಶುಪತ್ಯೇಣಾಮಿವ ಪ್ರರುಷಾಣಾವಪಿ | ತತ್ತು ನವಿಹ್ನಾನಜನ್ಯಂ | ವಿಹ್ನಾನಂ ಶಾಸ್ತ್ರಜ್ಞಾನ ಜನ್ಯಂ | ಏತದ್ವೇಮಲು ಸಿದ್ಧತ್ವಂನಾಮ | ಅಸ್ತುಚೇದಮ ಸಿದ್ಧಭಾಗಾಂಗೀಕರಣಂ | ಅಥಾಪ್ತೇಶ ದಾಯುರಾಮ್ನಾಯ ತಂತಾಭಿನ್ನಮೇವ | ಕಾವಂಭವತು ದೇಶಭಾಷಾಗ್ರಾಧಿತಾಯುರಾಮ್ನಾಯಿ ಕ ವಿಷಯ ಪ್ರಮಾಣಂ | ತಥಾಪ್ರಾಯುರ್ವೇದಾಭಿನ್ನತ್ವಂ ಸರ್ವಥಾಸಾಂಪ್ರತಂ ಸಿದ್ಧಭಾಗಸ್ಯ | ಪ್ರಚ್ಯುತಾ ಮತ್ರವಿಷಯ ನಿಖಲಭಾರತೀಯ ಶಾಸ್ತ್ರಾಂತರ ವಿದ್ವಾಂಸೋಪಿ ||

2. (a)---ಆಯುರ್ವೇದೇಷು ವರೀವೃತ್ಯಂತೇ ಚರಕಸುಶ್ರುತವಾಗ್ಬಟಾಖ್ಯಾಯಿಃ | ಗ್ರಂಥಾಃ ಪ್ರಮಾಣಂ ವ್ಯಾಧ್ಯುತ್ಪತ್ತಾನ್ಯಾದಿಸರ್ವವೈದ್ಯಕವಿಷಯಪ್ರತಿಸಾದಿನೇ | ಜಾಣಾಗ್ರತಿ ಚೈತದ್ಧ್ಯಂಥಪ್ರತಿಪಾದ್ಯಮಾನಾ ಸೈರ್ವೇಪಿ ವಿಷಯಾ ಸಿದ್ಧಾಂತಾ ಏವ | ಕೃಚಿಜ್ಜಿರೋಧೇತು ಸಮನ್ವಯಃ ಪರಸ್ಪರಂಸ್ಪೃತಿ ವದುಪ ಕಲ್ಪುಲೇ ದೋಷದೋಷ್ಯಾದಿಮೂಲಕ ವ್ಯಾಧಿನಿರ್ಣಯಾತ್ಯಂ ಪ್ರಸಿದ್ಧಯಾಯುರಾಮ್ನಾಯ ವಿದುಷಾವೋಷಾಣಾ ಮುಃ | ಏತಾದ್ಯಗ್ವಾಧಿ ನಿಣಾಯಕ ಸಿದ್ಧಾಂತಸ್ತು ತರೂಮುಜ್ಜ್ಯಂಭಿತೇ ಮಾಧವನಿದಾನಾಖ್ಯಾ ಪತ್ರಾಕ್ತನ ಪ್ರಮಾಣಕಂದಳತೋ ಗ್ರಂಥಃ ಸಂಪ್ರತಿ ಅತಶ್ಚಾತ್ರ ವಿವರಣ ಮಾಕಲಯಾಮಿ ವ್ಯಥಾಫಲಕಂ | ಯತಶ್ಚಾಯುರ್ವೇದ ವಿಹ್ನಾನಾಮಪರಿವರ್ತನೀಯಮೇವ ಶಾಸ್ತ್ರತತ್ಯಂಖಲು ಭವತಿಪ್ರಮಾಣಂ ||

(2)---ಆಯುರ್ವೇದೋಪಿ ವೇದವದನಾದಿಃ | ಆಧುನಿಕಶಾಸ್ತ್ರಪ್ರಣಯನಂತು ವಿಜ್ಞಾಯತೇ ಪರ ಮಿತೋವರ್ವ ಸಹಸ್ರಾದಿತಿ | ಆಧುನಿಕತತ್ತ್ವಾನಿ ಭಿದ್ಯಂತೇ ಪ್ರತಿಪದಂ | ಆಯುರ್ವೇದತತ್ತ್ವಾನಿತು ಚಿರಾದ ಪರಿವರ್ತಿತಾನ್ಯೇವ (ಏಕರೂಪೇಣ) ರಾರಾಜ್ಯಂತೇ | ಆಯುರ್ವೇದತಂತತ್ರಾಣಿ ಸಮಾಕಲಿತಾನಿ ತಪಸ್ಸಾನಾ ಜ್ಯನೈಭಿಪೈರನಿರ್ವಚನೀಯಮಹಿಮಾಸ್ತದ್ಯುರ್ವೇಗೇ ದೈವೈಭಿರಾತ್ರೇಯಾದಿಭಿರ್ಮುನಿಪುಂಗವೈಃ | ತಾ ನ್ಯಃ ನಾದ್ಯಾಪ್ಯಾಯುರ್ವೇದವಿದುಷಾಂತರಣ್ಯಾನಿ | ಭಿನ್ನಪ್ರಕಿಯಾಪಿ ಸಿದ್ಧಾನೀವಾನಿ ಕಥಯಾಮಿ ಭಿನ್ನ ಪ್ರಕೀಯಾಪಿ ಸಿದ್ಧಮಧುನಾತನಂ ಶಾಸ್ತ್ರತತ್ತ್ವ ಮನುಕಲಯೇತ್ | ಇತ್ಯಮೇವೇಶ್ರಯಂತೇ “ಹೋಮೋ ವತಿ” ಇತ್ಯಾದಿನಿ ತತ್ತ್ವಾನ್ಯುಃ | ಸರ್ವಾಣ್ಯಾಪಿ ಶಾಸ್ತ್ರಾಣಿ ವ್ಯಾಧಿನಿವರ್ತನ ರೂಪಫಲೇ ಪರಮುಪೇಯಾದಿ ತುಲನಾಂ | ಏತತ್ತ್ವೈಶ್ಚ ಸತ್ಯಾಂಗೇಯವೈದ್ಯಾಃ ಏಕಶೋತ್ತರಯೇಯರಿತಿ ಸ್ವೀಕೀಯಂತೇ ಕಥಂನಾಮೇವೇ ಪ್ರತಿಪದ ಪರಿವರ್ತ್ಯಮಾನಾಧುನಿಕ ತತ್ತ್ವಸ್ಯಚಿರಾದೇಕ ಪ್ರಕಾರಮುಲ್ಲಸತ ಆಯುರಾಮ್ನಾಯತತ್ತ್ವಸ್ಯಚ ತುಲನಾನಾರಚಯೇಯಃ | ಅದ್ಯತತ್ತ್ವೇನ ಪ್ರತೀಯಮಾನಃ ಕೋಪಿಸಿದ್ಧಾಂತಃ ಕ್ವಃ ಅನ್ಯವವಳಿಃತಾ | ಈ ದ್ಯತತ್ತ್ವಂ ಪ್ರತಿದಿನ ಮಾಯುಕ್ಯತೀಂ ಕಥಂ ವಾಸವಿಹಕುರಾತ್ಯತೇ ? ಪಶ್ಯಂತಾಂ ವಿಷಮಂಜ್ವರ (ಮಲೇರಿಯ) ನಿದಾನಾನಿ ಗಂಧಿಕ ಜ್ವರ (ಪ್ಲೇಗ್) ನಿದಾನಾನಿಚ ಅತ್ಯ ಭಿನ್ನಭಿನ್ನ ಪ್ರಕೀಯಾಪಿ ಮಾರ್ಗಮುಪೇಯುಷಾಂ ಶಾಸ್ತ್ರತತ್ತ್ವಾಂತಂ ನಾಸ್ತು ವೇತುಲನಾ ವ್ಯಾಧಿನಿವರ್ತನ ಫಲಮಂತರಾಕಾಪಿ | ಇತ್ಯುತ್ಪತ್ತ್ಯುಪಿ-

(b) (1)---ಇತಃ ಪೂರ್ವಮೇವ ಪ್ರತ್ಯವಾದ್ಯಯಾಮ್ನಾಯ ವಿದುಷಾಂತರಣ್ಯಾನಿ ಚಿರಾದನು ವೃತ್ತಸಿದ್ಧತತ್ತ್ವಾನ್ಯಾಯುರಾಮ್ನಾಯ ತಂತ್ರಾಣೀತಿ | ತಾದ್ಯಶಿತಂತ್ರ ಪ್ರತಿಪಾದಿತಾ ವಿವಿಷಯಾ ಅನುಭವ ಸಿದ್ಧಾಃ ಪರಿವೈಶ್ಯಂತೇ ಜಾಗರೂಕಾ ರೋಗಲಕ್ಷಣಾದಿ ವಿನಿರ್ಣಯೇ

ಶ್ಲೋ|| ನಿದಾನಂ ಪೂರ್ವರೂಪಾಣಿ ರೂಪಾಣ್ಯುಪಯಸ್ತು ಧಾ | ಸಂಪ್ರಾಪ್ತೀತಿ ವಿಜ್ಞಾನಂ ರೋಗಾಣಾಂ ಪಂಚಧಾಸ್ತ್ರೈತಂ || ದರ್ಶನ ಸ್ವರ್ತನ ಸ್ತುತಿಃ ಪರಿಷ್ಕೇತಾಥರೋಗೀಣಂ |

ಇತ್ಯುದ್ಯಾತ್ಯೇಕಾಃ | ಅಶಕ್ತಮಾಧವ ನಿಃನಾದಿಗ್ರಂಥ ಸಾರಾಣವ ಪ್ರಶೀಜ್ಯಾಮಿ ರೋಗಲಕ್ಷಣಾದಿ ವಿವರಣಾಯ | ನಮೋರೋಚತೇ ಗ್ರಂಥ ಭಾಗೋಲ್ಲೇಖನಂ ತದ್ವಿನರಣಂ ವ್ಯಥಾಸುಸಾಹೋತುತ್ಯಾತ್ |

(2) ಸಂಪ್ರತ್ಯುಪಿ ಗ್ರಾಮವಾಶ್ವವ್ಯಾನಾಮ ಪರಿಮೇಯ ಸಂಖ್ಯಾನಾಂ ನೈವ ಪ್ರಕೃಪಾ ಚಾಭುನಾ ತನೀ ಚಿಕಿತ್ಸಾ ಏತೇಜಾಪ್ಯಾಪಿ ವರ್ತಂತೇ ವೇಶೀಯ ವೈದ್ಯಮಾತ್ರ ಶರಣ್ಯಃ | ಅವಾದೀಜ್ಞ ಭೂತಪೂರ್ವ ಭಾರತ ರಾಜಪ್ರತಿನಿಧಿ ಹಾರ್ಡಿಂಜ್ ಮಹಾಶಯಃ (ಡಿಶ್ಚಿ) ಆಯುರ್ವೇದ ಕಲಾಕಾಲಾ ಸ್ಥಾಪನಾವಸರೇ ಸುಸ್ವಪ್ನಂ “ನಾಲಂ ವಿದೇಶೀಯ ವೈದ್ಯಸಹಾಯೋ ಗ್ರಾಮೀಣಾನಾಂ” ಇತಿ | ನಗರವಾಸ್ತವ್ಯ ಜನತಾವೇತ್ಯ ಯಾಗ್ರಾಮೀಣಾಂಸ್ವೈದ್ಯಂತೇ ನಿರಾಮಯಾಃ | ಕ್ವಚಿವೇಶೇಷಂ ಸಂಪ್ರತಿ ಹೈನ್ಯಂತು ಫ್ರಾಕ್ತನಾಯುರ್ವೇದಾ ರೋಗ್ಯಮಾರ್ಗಹಾನಾವೇವೇಶಿಸುದ್ಯಥಂವಪ್ತೀ | ಪ್ರರಾಭಾರತೀಯಾಸ್ತುನಿಪುಣಂ ಪರಾಕಲಯ್ಯ ನಿತ್ಯಃ

ವೃತ್ತಂ ಸರ್ವಮಾ ಮಂಪತ್ಯಾಯುರವಸ್ತಾಯ ವಿಧಿಮೂಲಕಂ ಪರಿನ್ಯಕ್ಷಿಷ್ಠಾ ನಿತ್ಯಾಚರಣೇ | ವೈದೇಶಿಶ ವೈದಿ ಸಹಾಯ ಕೂವಾತ್ಯ ಅಮಿ ಗ್ರಾಮೀಣಾ ಸ್ವಭೀವಂತಿ ಸಂಶ್ರಿತಿ ಸಮಾವಸ್ತೇ ವ್ಯಾಧೌ ಧೀಯ ವೈದ್ಯ ಸಹಾಯಾ ಅತಶ್ಚಾ ತ್ರ ವಿಷಯೇ' ದೇಶೀಯ ವೈದ್ಯಪ್ರಯೋಜನಂ ವಗಿಂವರ್ತಿ ವಾಚಾಂವಾಗೆ ಇತಿ ಸುದ್ಯಫಂ ನಿರೂಪ ಯಾಮಿ-

C. ಯಸ್ಮಿನ್ ದೇಶೇಽಯೋ ಣಾತ ಸ್ತಜ್ಜಂಶಸ್ಯಾವಧಂ ಹಿತಂ || ಇತಿ ವಾಗ್ಭಟಃ-

ಯತ್ರಯುತ್ರಭಾಗೇಷು ಯದ್ಗದ್ಧಾನ್ಯಂ ಪ್ರರೋಲತಿ ತತ್ತದೇವ ತಶ್ಚಾನ್ಯಾಂ ಸಾತ್ಯಮಾಹಾನ್ಯಂ ವಸ್ತುಪ್ರಧಾನಂ ಯಥಾಭಿವತಿ ತಥಾತತ್ತದ್ಧೇಶೋದ್ಯಮ ಮೂಲಿಕಾದಿ ಸಿದ್ಧಮಾಷ್ಠಮು ತತ್ತದ್ಧೇಶ್ಯ ಪ್ರಕೃತಿ ಸಾವೇಗ್ಯತ್ತತ್ತದ್ಧೇಶಭಾಗೆ ವಾಸ್ತವ್ಯಾನಾಂ ಸಾತ್ಯಂ ಪ್ರಧಾನಂಭವತಿ | ಅತ್ಯಯುಕ್ತ ಪ್ರಮಾಣೇನ ದೇ ಶೀಯ ಚಿಕಿತ್ಸೈವ ಸಂಪದ್ಯತೇ ಗೌರಿಯುಸೇ | ವಿದೇಶೀಯ ಚಿಕಿತ್ಸಾ ಶಾಸ್ತ್ರಸಿದ್ಧಾಂತ ನಿರ್ದುಷ್ಕಾಂ ನಾಸ್ತಾ ಕಂ ಭಾರತೀಯಾನಾಂ ಸಾತ್ಯಮಿತಿ ತತ್ಸಂ | ಭಾರತೀಯಾಃ ಪಾಶ್ಚಾತ್ಯಾಶ್ಚಾಹಾರಾದ್ಯಾಪರಣೋಪಕಾನಾ ಭಿನ್ನ ಭಿನ್ನ ಪ್ರಕೃತಯ ಇತಿ ಸಾರ್ವಜನೀನಂ | ಬೋಭವಿತಿ ಕಿಲ ಸಾತ್ಯಂ ಪ್ರಕೃತ್ಯಾದ್ಯನುಗುಣಮಾಷ್ಠಧ ಮು | ಅತ್ಯ ದೇಶೀಯ ಚಿಕಿತ್ಸಾ ಪ್ರಣಾಳಕೈವಕಲ್ಪತೇ ಚಾತ್ರತ್ಯಾನಾಂ ಸಾತ್ಯಂಯು | ಶ್ವಚಿದ್ವಿದೇಶೀಯ ಚಿಕಿತ್ಸಾಸಾಫಲ್ಯವಾ ದೇಶೀಯ ಚಿಕಿತ್ಸಾ ನೈಫಲ್ಯವಾ ದರ್ಶನಂ ಭಿನ್ನ ಕಾರಣಕ ಮಿತಿ ಸರ್ವಮವದಾತಂ-

8. (a) ಶ್ರೀ ಕೃಂಗಗಿರಿ (ಕೃಂಗೇರಿ ಜಹಗೀರ್) ಜಗದ್ಗುರು ಸಂಸ್ಥಾನತಃ ಮೈಸೂರ್ ರಾಜಕೀಯಾ ದ್ವೇ ವಾಘಯ ಸಂಘಿತಕ್ತ (ಮುಜರಾಯ್) ಮಂಡಲ ಸಂಘಿಕಕ್ತ (ಕಡೂರು ಡಿಸ್ಟ್ರಿಕ್ಟ್ ಬೋರ್ಡ್) 25 + 8 + 7 = 40 ಕ್ರಮಶಸ್ತ್ರನುಪಲಭ್ಯನಾಸಿಹ ಸಹಾಯದ್ರವ್ಯಂ ಪ್ರಚಾರಯಾಮಿ ಚಿಕಿತ್ಸನಕಾರ್ಯಂ ಕೃಂಗಗಿರಿ ಪರಿ ಸರಪಾಂಶೇಷು | ಅಸ್ಮಿಚ್ಛ ನಿಖಿಲ ಭಾರತವರ್ಷೀಯ ಸಾತ್ಯಯುರ್ವೇದ ಮಹಾಮಂಡಲಸ್ಯ ತದ್ವಿದ್ಯಾಪೀಠಸ್ಯ ಚ ಕಕ್ಷನಸಭ್ಯಃ-

(b) (c) ದೇಶೀಯವೈದ್ಯ ಪ್ರಣಾಳಕಯಾ ವೈದ್ಯಸಹಾಯ ವ್ಯವಸ್ಥಾವಾ (ವೈದ್ಯವದೇನ ಚಿಕಿತ್ಸಾಭಿ ಪ್ರೇತಾಚಾತ್) ವೈದ್ಯವಿದ್ಯಾಭ್ಯಾಸ ವ್ಯವಸ್ಥಾವಾ ನಾಲಂ ಹೃದಯತೋಪಾಯ |

ಯದ್ಯಪಿ ಮೈಸೂರು ನಗರೇವರ್ತೇ ಕಾಪತ್ಯಾಯುರ್ವೇದಕಲಾಶಾಲಾ (ಕಾಲೇಜ್) ರಾಜಕೀಯ ಪರಿ ಪೋಷಿತಾ | ಅಥಾಪಿನಿಷ್ಪನ್ನಪಾತಯಾ ಪರಾಮರ್ಶೇಶು ದರೀದ್ರೈಕೈಶ್ಚ ದೋಷವೈಫಲ್ಯಮೇವಾತ್ರ :- ತಥಾಹಂ-

ಪ್ರಪ್ರಥಮಂ ನದತ್ತ ಅಯುರ್ವೇದೇ ಶಾಸ್ತ್ರಾದ್ಯಯನಾಧಿಕಾರ ಸಂಪಾದನಾವಸರಃ | ಪ್ರಸ್ತುಪ್ತಚ ಪ್ರವೇಶಾಧಿಕಾರ ಗೀರ್ವಾಣಾಂಗೋಭಿಯ ಭಾಷಾವಿಜ್ಞಾನಿತಾ | ನವಾನ್ಯತ್ರಪಾತ್ಯೇ ಕಲಾಶಾಲಾ ಪ್ರವೇ ಶಾಧಿಕಾರಪಾಠಃ | ತಿರಸ್ತ್ರಿಯುಂತೇ ಚಾನಧೀತಾಂಗ್ಲಭಾಷಾ ವಿದ್ಯಾರ್ಥಿನೋ ನಿಷ್ಕಾಂತಾ ಅಮಿ ಗೀರ್ವಾಣ ಭಾಷಾಸು | ಸ್ವೀಕೀಯಂತೇ ಚಾನಧೀತ ಗೀರ್ವಾಣವಾಣೇ ವೈದ್ಯಾಗ್ಯ ಅಮಿ ಕಿಂಚಿದಾಂಗ್ಲಭಾಷಾ ವಿಜ್ಞಾ ವಿದ್ಯಾರ್ಥಿನಃ | ಕಿಂಚ ಪ್ರಧಾನಾ ಆಯುರ್ವೇದ ಗ್ರಂಥಾಸ್ವೀಕೀಮಿ ರಾರಾಜ್ಯಂತೇ ಗೀರ್ವಾಣವಾಣೇ ಸಂಕಲಿ ತಾಪವ | ಆಕೂಯಂತಚ ಕಯಾಚಿದ್ವೈತ್ತಪಕ್ರಿಯಾಯುರ್ವೇದ ವಿಜ್ಞಾನ ಮೂಲಭೂತಾ ಅಮಿ " ಚರಕ ಸುಕೃತವಾಗ್ಭಟಾ ನಿಷ್ಕಯೋಜನಾ ಇತಿ " ನಿರ್ಣೇತಾ ಇತಿ | ಇದಮೇವತಥ್ಯಂ ಪರಂಭಿವತಿಬೋಧಾನ್ಯಯ | ಸ್ಕೂಲ್ ಫೈನರ್ ಪರಿಶ್ರಾಂತಾಯಾಮುತಿಣಾರ್ಸು ಪತ್ರಯೇಣ ನಪ್ರತಂತಿ ಕಲಾಶಾಲಾಯಾಯತ್ರ | ಏಶೇ ಚೇತ್ಯಂ ವೆನ್ಯಂತೇ--ಕುತ ಆಯುರ್ವೇದ ವಿದ್ಯಾಭ್ಯಾಸಕ್ಕೆಣ ಮುನಃಭವಾಮಃ ? ಕೃತ ಪರಿಶ್ರಮೈರದತ್ಯಾಸ್ತಾ ಭಿರ್ನಲಭ್ಯಂತೇ ಮಾಸಸ್ಯಶ್ರಿಂಶದಧಿಕಾರೋಪ್ಯಕಾಃ | ಅತೋ ವಿಷಯಾಂತರ ಏವಪ್ರತರಾಮಃ | ಅಮಿಚ್ಛಲಾ ಶಾಲಾಧಿಕಾರಿಣ ಸ್ವತ್ತಮಿತ್ಯಧಿಕಾರಿ ಸಭ್ಯಾಪತ್ರಯೇಣ ನವರಿನೈತ್ಯಂತೇಹು ಪುಣ್ಯಾಯುರಾಮನ್ಯಾಯ ವಿಜ್ಞಾನಪಾರಪ್ರಶಾಸಃ | ನಿಯಮ್ಯಂತೇ ಚಾಂಗ್ಲೇಯ ವಿದ್ಯಾಭಿಕಾ ಸ್ವದ್ಯದ್ಯ ವಿದ್ವಾಂಸಕ್ತಃ ಅಧಿಕೃಪು ದೇ | ಈದೈಶಾಧಿಕಾರಿಣೋ ಭೂವನ್ನಾನಜಾನಂತಿ ಗೌಪನಾರಣವಾಣೇ ಕೃತ ಪುಣ್ಯಾಯುರಾಮನ್ಯಾಯ ಕಲಾಸ್ವೀದವೋರ್ವೇದಸ್ಯ | ಅಧ್ಯಾಪಕಾ ಅಪ್ಯಧಿಕಾರಿವರ್ಗ ಪ್ರಸಾದಮಾಭಿಶ್ರಂತಿ ವೇಲನಹಾನಭಿಯಾತ್ | ಭಾವಮಾಯುರ್ವೇದಸ್ಯ | ಪರಂಮನ್ಯಂತೇ ಪಾತ್ಯೈ ವೈದ್ಯಕುಲನಾರೋಪಣಮೀವ ಚಾರು ವಿಧಿತಮು ವಿಷಯಂ ಸಮಿತ್ಯಾಂ ನನಿವೇದಯಂತಿ ಗೌರವಹಾನಿಭಿಯಾತ್ |

ಸರಂಚಃ--ಯದ್ಯಪಿದಾಪಯಂತಿ ಮೈಸೂರು ಶ್ರೀ ಏಹಾರಾಜರಾಜಕೀಯಾ ವೈದ್ಯಸಹಾಯ್ಯಂ- ಮು ದಲ (ಡಿ ಬೋರ್ಡ್), ಪ್ರಜಾಹಿತ (ಮಿನ್ಸಿಸಲ್) ದೇನಾಲಯ (ಮುಜರಾಯ್) ಸಂಘೀಭೀದೀಶಾಯ ವೈ ದ್ಯಾನಾಂ | ವೈದ್ಯವೇಲತನಂ ಧರ್ಮ ಚಿಕಿತ್ಸನ ವ್ಯಯಶ್ಚ ಪ್ರಕಾಸಂ ಗಣ್ಯತೇ ನಾಸಸ್ಯ ಪಂಚಾಶ ದಶ್ರಷ್ಟಕ ದಾನಂ | ಸಾಮಾನ್ಯತಃ (ರೂಪ್ಯಕಂ 10, 15, 20) ವೈದ್ಯವೇಲತನಂ ದಶ, ಪಂಚದಶ, ವಿಂಶತಿ ಸಂಖ್ಯಾಕಂ ಪ್ರಕೃಪ್ತಂ | ಚಿಕಿತ್ಸನವ್ಯಯಶ್ಚ ಪಂಚ, ದಶಸಂಖ್ಯಾಕಃ ಪ್ರಕೃಪ್ತಃ | ಏವಂ ಪಂಚಾಶದಶ್ರಷ್ಟಕ ಸಹಾಯವತಾ

ಯುರ್ವೇದ ಶಾಲಾ ಗಣ್ಯೇತ ಸಹಸ್ರಾಧಿಕರೂಪ್ಯಕ ಸಹಾಯವದಾಂಗ್ಲಿಯ ವೈದ್ಯಶಾಲಾ ಸಾಮ್ಯೇನ | ಗಗನಕುಸುಮಾಯತ ಏವಸಾಹಯ ವೈದ್ಯಸಹಾಯ್ಯಂಭೂಮ್ನಾ | ದೇಶೀಯ ವೈದ್ಯೇಷು ಜೈಕವೈದ್ಯೋದ್ಯಮೇ ವ್ಯಾಪ್ತಂ ಮೂಲಿಕಾಪಿಗ್ರಹಣಂ ಶೋಧನಂ ಚಾರ್ಣತೃಲಾದಿ ವಿವಿಧಾಷ್ಠದರಚನಂ ತತ್ತದ್ಧಾನ ಮಿತ್ಯಾದಿ ಸರ್ವಂ | ಏತತ್ಪ್ರಾಹಯ್ಯಸ್ಯಚಿಕಿತ್ಸಾಂಗ್ಲಿಯ ಚಿಕಿತ್ಸನ ಸಹಾಯ್ಯಸ್ಯ ಚ ತಾರತಮ್ಯಂ ವರೀವರ್ತಿ ಸಾಹಾಯ್ಯೇ ಷಿಫಿಲಿಕಾ ಗಜವತ್ |

N B.—ಮೈಸೂರ್ ರಾಜಕೀಯೈರ್ನಿಯಮಿತಾಕಾಪಿ ಸಮಿತೀಶೀಯ ವೈದ್ಯಸಹಾಯ ವಿವರ್ತನಾಯ | ತತ್ರಮಿತಿ ಸೂಚನೋಪರಿ ರಾಜಕೀಯಾಜ್ಞಾ ಪ್ರಕಾಶಿತಾ ತತ್ರ “ ಸಹಾಯದಾನಂತತ್ರ ಯತ್ರ ಸರ್ವ ಥಾಂಗ್ಲಿಯ ಚಿಕಿತ್ಸಯಾನ ಸಾಧ್ಯತೆ ” ತತ್ಯಾದಿ ಆಜ್ಞಾ ಸಮಿತಿಸಭ್ಯಾ ಭಯರಾಜಕೀಯ ವೈದ್ಯಧಿಕಾರಿಣಃ | ಏತೇಷಾಮಭಿಪ್ರಾಯ ವಿಮರ್ಶೇತು ದಂದಹ್ಯತೇ ಮಾಮಕಂಚೇತಃ- (18 ಸೆಪ್ಟೆಂಬರ್ 1919 ಮೈಸೂರು ಕನ್ನಡ ಗಜಪತ್.) (ಅಲಂಪಲ್ಲವಿತೇನ-)

ಆಯುರ್ವೇದ ಶಾಖಾಧಿಕಾರೋಪನ ಸ್ವಭಗ್ನೇತಃ | ಆಯುರ್ವೇದೋಪರೈಧಿಕ್ರಿಯಂತೇ ಚಾನಧೀತಾ ಯುರ್ವೇದವಿಷ್ಯಾ ವಂಡಲ ರಾಜಕೀಯ ವೈದ್ಯಾ (ಡಿ | ಮೆಡಿಕಲ್ ಆಫೀಸರ್) ಮಂಡಲೋಪಮಂಡಲಾ (ಡಿ. ತಾಲೂಕ್) ಧಿಕಾರಿಣಃ | ಆಯುರ್ವೇದ ವೈದ್ಯನ ಕಾನ್ವಾಸಿರಾಜಸಭಾಸು ಸಭ್ಯತ್ವೇನ ಗೃಹೀತಾಃ ಅಲಂಪಸಕ್ತಾನುಪುಸಕ್ತ್ಯಾಃ |

ತೋನತೋಷಾಯ ದ್ವೈವಪಿ |

C- ಅತ್ರಹಿತಾಂಪ್ರಣಾಳ ಕಾಮನುಪದಂ ಸೂಚಯಾಮಿ-

4. (a) ಪ್ರಥಮದ್ವಿತೀಯ ತ್ರೈತೀಯ ವಿಷಯಾಃ ಪುಣ್ಯಾಯುರಾಮ್ನಾಯ ಕಲಾಯಾ ಅನವದ್ಯಭಾ ಗೋದಯ ಸೋಪಾನಾನೀತತ್ಯಮೋಮುದೀಮಿ-

N.B.—ಕಾಲೇಯಕಾಲ ಪಾರುಷ್ಕೇಣಾಥವಾ ಭಾರತಜನತಾ ದುರದ್ರಷ್ಟ್ಯವಶೇನ ಸಂಪ್ರತಿ ಭಾರತೇನ ಕ್ವಾಪಿ ದೀದೃಶ್ಯತೇ ತಾದೃಶ್ಯಃ ಫಲೋನ್ಮುಖಾ ಶ್ಯಾಲಾಃ | ಮದ್ರಾಸ್, ಬೊಂಬಾಯಿ, ಮೈಸೂರ್, ನಗರೇಷು ವಿದ್ಯಮಾನಾ ಶ್ಯಾಲಾ ಸ್ತಾ ದೃಶ ಪುಣ್ಯೋನಾ ಎವೇತಿ ಸವಿಷಾದಂ ನಿವೇದಯಾಮಿ-

B- ನಸಮ್ಯಜ್ಞಾಯತೇ ಪ್ರಶ್ನ ಭಾವಃ-

5. ಕಾಳಕಾನಗರ (ಕಲ್ಕತ್ತ) ಒಕ್ಕವಿದ್ಯಾಲಯಾಧ್ಯಕ್ಷ ಕಾಣಾಮಾಶಯಸ್ತು ನಾತಿವರಮಣೀಯಃ | ಏತೇತಾವತ್ಪರಷಾಂಗ್ಲಿಯ ವಿದ್ಯಾಕೋವಿದಾ ಗೀರ್ವಾಣ ಭಾಷಾಕಲಿತ ವಿವಿಧಶಾಸ್ತ್ರ ಮರ್ನಾಭಿಜ್ಞಾಶ್ಚ ಯದಿ ಮೇಷಿ ಭಾರತವಿದ್ಯಾಸ್ವರೂಪ ರಾಮಣೀಯಕು (ಬಿರಾಸ್ಯಂವಿಹಾಯ) ಸೂಕ್ತದೃಶವಿಭಾವಯೇ ಯುಸ್ತೆರ್ಹಿ ನೇತ್ಯಮಭಿಪ್ರೇಯುರೇವ-

6. ಭಿನ್ನ ಭಿನ್ನ ಪ್ರಕ್ರಿಯಾದಿ ಸಿದ್ಧಶಾಸ್ತ್ರಾಣಾಮೇಕೇಕರಣಾತು ತತ್ತ ಚ್ಯಾಸ್ತೀಯ ಸ್ವರೂಪ ಸೌಂದರ್ಯ ಭಾಗಾಯೇತಿದೃಢಂ ನಿರೂಪಯಾಮಿ | ಅತ್ಯ ಮಾಸ್ತುಸಂಕಲನಂ-

(a) ನಿಖಲ ಭಾರತವರ್ಷೀಯಾಯುರ್ವೇದ ಮಹಾಮಂಡಲೀಯ ವಿದ್ಯಾಪೀಠಮರೀಚತ್ಪರೈಕ ಲಯೈ ಪರೀಕ್ಷಾಪಾಠ ನಿಯಮತೂಲಿಕಾಂ | ಭಿಷಕ್, ವಿಶಾರದಃ, ಆಚಾರ್ಯಃ ಇತ್ಯಪಾಧಿಕಾ ಆಯುರ್ವೇದ ವಿದ್ಯಾಪೀಠ ಪ್ರಾಪರೀ ಏವ ಎಲ್.ಎಂ.ಪಿ., ಎಲ್.ಎಂ.ಎನ್., ಎಂ.ಬಿ.ಬಿ.ಎನ್., ಇತ್ಯಾದ್ಯಾಧುರಾತನ ಪರೀಕ್ಷಾತುಲ ನಾಮರೋಹಂ ತ್ವಿತಿಮಾಮಕೇನ ಆಶಯಃ :

- (b) ಆಯುರಾಮ್ನಾಯ ಶಾಸ್ತ್ರಾಧ್ಯಯನಾಯ ಸಮಪೇಕ್ಷೈತ್ಯತಾವತೀ ಚಾರ್ಹಂತೀ-
- (1) ಗೀರ್ವಾಣ ಭಾಷಾ ಶಬ್ದಾರ್ಥ ವ್ಯವಹಾರ ಜ್ಞಾನಂ-
- (2) ಸಮ್ಯಕ್ ತತ್ತದ್ವೇಶ ಭಾಷಾವಿಜ್ಞಾನಂ-
- (3) ವ್ಯವಹಾರೋಪಯೋಗಿ ಯಾವತ್ ಸ್ಥಾತ್ತಾವದಾಂಗ್ಲಿಯ ಭಾಷಾವಿಜ್ಞಾನಂ-
- (c) ಆಯುರ್ವೇದ ಶಿಕ್ಷಣಮಾವಶ್ಯಕಂ ಸರಂಸತ್ಥನೇ ತತ್ತದ್ವೇಶಭಾಷಾಸಂಕಲಿತ ಗೀರ್ವಾಣ ಭಾಷಯಾ-

7. (a), (b) ಅವಿವಿತ ವೈದ್ಯಕಶಾಲಾಪಿ ಯಥಾನರಚನಂತಿ ಚಿಕಿತ್ಸನಮಜ್ಞಾನಮೂಲಕಂ (ಯಸ್ಯಕಸ್ಯ ತರೋಮೂಲಂ ಯೇನಕೇನಾಪಿಮಿಶ್ರಿತಂ | ಯಸ್ಯೈಕಸ್ಯೈ ಪ್ರದಾತವ್ಯಂ ಯದ್ವಾತದ್ವಾ ಭವಿಷ್ಯತಿ | ಇತ್ಯಸ್ಯ ವಿಷಯಂ) ತಥಾನಿಯಮಶಾಸನಮಾವಶ್ಯಕಂ | ಅತ್ರ ಚ ನಿಯಮತ್ವಶಾಸ್ತ್ರಜ್ಞಾನ ವಿರಾಚಿಕಿತ್ಸನ ಕರ್ಮ ನಿಪುಣಾ ಯೇತುವೈದ್ಯಾಸ್ತ ನೈವಬಾಧ್ಯಾಃ |

೧. ಸೂ.—“ ಭಿಷ್ಕ ಛದ್ರಚರಾಃ ಸಿವ್ಯಸಾಧಿತಾಶ್ಚ ಯೇತ್ಯೇ ರಾಜಿವಂತ್ಯಾ ಇತ್ಯನಾಮು ಕಾಸ್ತಾ ಷ್ಠಿಯುರ್ವೇದಃ | ಅನ್ಯಥಾತು ಕಾಸ್ತ್ರಸ್ಯಾಪಿಭವತ್ಯುಶಃ | ಯೇತ್ಯನುಭವೇನ ಕುಮಾ ಇತಿತ್ಯುಂಡಂ | ಅನುಭವಶ್ಚಾಯಂಭವತಿ ಕಾಸ್ತ್ರಜ್ಞಾನವನ್ಯದ್ಯಥ ಸಂಸಾರ ವಿಹೇಷಃ | ಸಾಮಾನ್ಯಜ್ಞಾನಂತು ಶಕುನಕ್ಷಿಣಾಮಿವ ಪುನುಷಾಣಾಂ | ತತ್ತುನವಿಜ್ಞಾನಜನ್ಯಂ | ”

ಯೇತುಸಂಪ್ರತಿ ಕಾಸ್ತ್ರಾನಭಿಜ್ಞಾಸ್ತೇ ತೂವನ್ಯಾಸಪ್ರಣಾಳಕಯಾ ಶಿಕ್ಷಣ ವಿಲೇಪಣ (ಟ್ರೈನಿಂಗ್) ಚ ಶಿಕ್ಷಣೇಯಾಃ ತಥಾನುಕೂಲಾ ಕಲ್ಪನೀಯಾಃ

ಅತ್ರಚ ನಿವಿಲಭಾರತವರ್ಷೀಯಾಯುರ್ವೇದ ಮಹಾಮಂಡಲಂ ತತ್ತತ್ಪ್ರಾಂತಿಕಮಂಡಲ ಸಹಾಯೋ ಪಬ್ಬಂಹಿತಂ ವಿದಧಾತು ಕಾಮಪ್ರವಸಮಿತಿಂ ತತ್ತತ್ಪ್ರಾಂತಿಕಸಮಿತಿಂಚ | ಸಮಿತಾವತಾಧಿಕಗೋತು ರಾಜಿಪ್ರತಿನಿಧಿರುತ ತತ್ತತ್ಪ್ರಾಂತ ರಾಜಪ್ರತಿನಿಧಿವಾರ್ಧ್ಯಕ್ಕೆ ಪದೇ | ಸಭಾಪ್ಯಾ ಪರಂಸ್ಯುರಾಯುರ್ವೇದ ವಿಜ್ಞಾನು ಏಮ ಅಭಚಾರಾಧಾಂಕೇನ ವಿಜ್ಞಾನತೋಭಯ (ದೇಶೀಯ ಅಂಗ್ಲ) ವೈದ್ಯ ವಿವ್ಯಾಸ್ತಷ್ಟಂತು ನಾಮ | ವಿವ್ಯಾವಿಸಯೇ ತ್ವದ್ಯಕ್ಷಕಸ್ಯ ಸಬ್ಯವಚನವಕಂವದತ್ವ ಮಾವಕ್ಯಕಂ-

N.B.—ಕೇವಲಾಂಗ್ಲೀಯ ವೈದ್ಯಾಃ ಪರಂದೇಶೀಯ ವೈದ್ಯ ಪ್ರಣಯಿನೋಽಪಿ ಸ್ವಶಿಕ್ಷಣ ಕ್ರಮಪರಿಪಾಟ್ಯ ಮನ್ಯಂತೇಚಾಂಗ್ಲೀಯ ವೈದ್ಯ ಪದ್ಧತಿಮೇವಗರೀಯಸೀತಿ ಅಥಚ ದೇಶೀಯ ವೈದ್ಯವರಿವರ್ತನಮುತ ಚಾಂಗ್ಲೀಯ ವೈದ್ಯ ಪ್ರಕ್ರಿಯಾತುಲನಾಂ ವಾಯುರ್ವೇದಾಭಿವರ್ಧನಾಯೇತಿ |

ಆಯುರ್ವೇದ ಮಹಾಮಂಡಲೋಪಮಂಡಲ ನಿಯಮಿತ ಸಮಿತಿಸ್ತತ್ರ ತತ್ರಾನ್ವಿಷ್ಯ ವೈದ್ಯಾ ವಿರಚಯತು ನಾಮವಚ್ಚಿಕಾಂ | ಅಗ್ರೇಚ ತಾತ್ಕಾಲಿಕ ಶಿಕ್ಷಣಾದಿ ವಿಷಯೇಪ್ರೇರಯತು ತದರ್ಪಣ |

8. ವಿದೇಶೀಯ ಚಿಕಿತ್ಸನಾನಾನಿ ವಿಪುಲವ್ರವಿಣಸಾಧ್ಯಾನಿ ತಥಾಹಿಃ—ಪ್ರಾಯಃಲಾಭಾರತಾವಿ ದೇಶೀಭ್ಯ ಸ್ಪಂಗ್ಯಹ್ಯ ಮೂಲಿಕಾಶ್ಚಾನೀಯ ಯೂರೋಪೇಷು ನಿಷ್ಪಾದ್ಯಂತೇ ಚಿಷ್ಠವಶ್ಚಿನಿ | ತಾನ್ಯನ್ಯಾನಿಚ ಖಂಡಾಂತರಾ (ಅಮೇರಿಕಾ) ದಪ ದತ್ವಾಚ ತತ್ತದ್ವೇಶ ರಾಜಕೀಯ ಕರ್ತಾ ವ್ಯಯೀ ಕೃತ್ಯಚ ಮಾರ್ಗವ್ಯಯ ಮಾನೀಯಂಕೇ ಭಾರತಂ | ಚಿಕಿತ್ಸನ ಸಾಧನಾನಿಯಂತ್ರ ಕಸ್ತ್ರಾಣಿ ಚತತಃ ಏನ ಸಂಗ್ಯಹ್ಯಂತೇ | ಏತನ್ಮೂಲಕ ವಿವಿಧ ವ್ಯಯಿಸ್ತಥ್ಯ ಸಾಂಗ್ಲೀಯ ವೈದ್ಯ ವೇತನಾವ್ಯಯಃ (ವಿಪುಲ ವೇತನಾಕಾಂಕ್ಷೆತ್ವಂ ದೃಕ್ಯತೇಹ) ಚೇತಿಭವತ್ಯಪಾರಃ-

ದೇಶೀಯ ಚಿಕಿತ್ಸನಾನಾಂ ತ್ವೀವ್ಯಕವ್ಯಯಾಭಾವಾದಲ್ಪಮೂಲ್ಯಾ ಸಧ್ಯತ್ವಂ ಸ್ವೀಪ್ಸಿದ್ಧಂ-

N.B.—ಪ್ರತಿ ದಿನ ವ್ಯಯ ವಿಮರ್ಶ ದೇಶೀಯ ವೈದ್ಯಮಾರ್ಗೇಣ ಕಸ್ತಚನಾತುರಸ್ಯ ಪಟಕಲಾಃ (Six pie) ಭವಂತೀತಿ ಮಮನಿಶ್ಚಯಃ-

9- ದೇಶೀಯ ವೈದ್ಯಕ್ಷೀಣತಾ ಕಾರಣ ವಿಮರ್ಶನಂ ಗತಜಲಸೇತುಬಂಧಪ್ರಾಯಂ | ನೀಚೈರ್ಗಚ್ಛತ್ಯುಪರಿಚದಶಾ ಚಕ್ರ ನೇಮಿಕ್ರಮೇಣ ಇತ್ಯುಕ್ತರ ತೋಪತಿಷ್ಠತೇ | ಪರಂ ನಾರೋಹತ್ಪ್ರಕೃದೇವ ಕ್ಷೀಣದಶಾ ಸೋಪಾನಾನಿ ದೇಶೀಯ ವೈದ್ಯಕಲಾ | ಸಂಪ್ರತಿಯತ್ಯರ್ತವ್ಯಂ ತದ್ವಿಮರ್ಶನೀಯಮ್ |

ಆಯುರ್ವೇದಾಭಿವೃದ್ಧಿಪಾಯಾಃ-

(1) ಪ್ರಪ್ರಥಮಂ ವಿದ್ಯಾಪ್ರಸಾರಣಂ | ತತ್ತ್ವ ಪ್ರಧಾನಸಾಧನೇಷು ಸಕಲ ಸಂಪದ್ಯುತ್ವ ವೈದ್ಯಕಲಾ ಕಾಲಾ ಸಾಪನಂಕಾರ್ಯಂ | ಆಯುರ್ವೇದ ಶಿಕ್ಷಣಪ್ರಣಾಳಕಯಾ ವಿಧ್ಯಾರ್ಥಿನಶಿಕ್ಷಣೇಯಾಃ ಅತ್ರಚ ವಿದ್ಯಾರ್ಥಿನಾಂ ವೇತನದಾನಸ್ಯ ಪಾಶ್ಚಾತ್ಯ ವೈದ್ಯಕಲನಾಸ್ವೀಕರಣಸ್ಯಚ ಖ್ಯಾತನಮಾವಕ್ಯಕಂ-

(2) ಪರಿಷ್ಕೇತೀತಿಣಾಣಾ ನಾಂ ಭಿಷ್ಜಾಂ ಕಲಾಪರಿವೃದ್ಧಿಯೇ ಶಿಲ್ಪಗೃಹ ಮಾತುರಗೃಹ ಇತ್ಯಾ ದೀನಿ ಸಂಸಾಧಪನೀಯಾನಿ-

(3) ಪ್ರಾಕ್ತನ ವೈದ್ಯಕಾಸ್ತ್ರಗ್ರಂಥಾಃ ಸರ್ವತ್ರ ಭಾರತೇಷು ಸಂಗ್ಯಹ್ಯ ಚೈಕತ್ರ ಸಂಸ್ಥಾಪನಮೇ ತೇಷಾಂ ಪ್ರಕಾಶನಂ ಚಮಾನಿಕ ಪತ್ರಿಕಾಭಿಯಂಥಾವಸರಂ | ಪ್ರಧಾನ ಗ್ರಂಥಾನಾಂ ಪ್ರಕಾಶನಂ ದೇಶಭಾಷಾಶ್ಚ ರೇಷು | ಪರಿವರ್ತನಂ ತತ್ತದ್ವೇಶ ಭಾಷಾಸುಚಃ |

(4) ಮೂಲಿಕಾದಿ ವಿಜ್ಞಾನವತೋನ್ವಿಷ್ಯ ಪ್ರೋತ್ಸಾಹ್ಯತೇಭ್ಯಸ್ತ ದ್ವಿವರಣ ಮುಖಿಜ್ಞಾಯ ತದ್ವಿಮತ ನಾಯಯತ್ನ ಆಸ್ಥೇಯಃ-

(5) ಪೂಗತಾಂಬೂಲಾಧ್ಯಾರಾ ಮವತ್ ಮೂಲಿಕಾ ವ್ಯವಸಾಯಕರ್ಮಣಿ ಜಿನಾನಾಂ ಪ್ರೋತಾಹನಂ | ತದ್ವ್ಯಾಪಾರಾವಸೂಕ್ತ ಕಲ್ಪನೀಯಃ-

(6) ಅನಧೀನವೈದ್ಯವಿದ್ಯಾರ್ಥಿ ಕುವೈದ್ಯಾರ್ಥಿ ದೇಹರೀಪ್ರತ್ಯ ಸುಶಿಕ್ಷಿತನೂ ವೈದ್ಯಾನೂ ಸಂಗ್ರಹಣಂ ಪೂರೈಸನಂ ಚ ಕರ್ಮ ನಿಷ್ಣಾತವೈದ್ಯಾನಾಮುಪನ್ಯಾಸಪ್ರಣಾಪಕಯಾ ಶಾಸ್ತ್ರಶಿಕ್ಷಣಂ -

(7) ಆಯುರ್ವೇದವಿಮರ್ಶನಫಲಕಯಾ ಕಯಾ ಚಿತ್ತದ್ವೇಶಭಾಷಾಪತ್ರಿಕಯಾ ಜನಸಾಮಾನ್ಯಜನಂ ವಿಜ್ಞಾನಪ್ರತಿವಾಪನಂ.

(8) ದೇಶೀಯವೈದ್ಯಾನಾಂ ಪರಿಗಣನಂ- ಆಂಗ್ಲೀಯ ವೈದ್ಯವೆತ್ತಮಾಕಲನಂ- ಅಧಿಕಾರದಾನಂ ನ್ಯಾಯಸ್ಯ ನಾದಿಷು ಸಂನ್ಯಾನಂ.

10- (a) ಪರ್ಷಿಯೂ ರಾಜಕೀಯಾ ಆಂಗ್ಲೀಯ ವೈದ್ಯಾನಿವ ದೇಶೀಯವೈದ್ಯಾರ್ಥಿ. ಸರ್ವವಿಷಯಂಪು ಸರ್ವತ್ರ ರಾಜಕೀಯಸಭಾಸು ಕಷ್ಟನ ವೈದ್ಯಸಭ್ಯಸಂಗ್ರಾಹ್ಯಃ-

(b) ಮಂಡಲಪರಿಷತ್ (ಡಿ. ಬೋರ್ಡ್) ಸರ್ವತ್ರ ಮಂಡಲೀಪಮಂಡಲ (ಡಿಸ್ಟ್ರಿಕ್ಟ್ ಡಾಕ್ಟರ್) ಭಾಗೇಪು ಗ್ರಾಮೀಣು ಚ ದೇಶೀಯವೈದ್ಯಚಿಕಿತ್ಸನಾನಾಂ ವೈದ್ಯಶಾಖಾವ್ಯಯಾರ್ಥೇಪು ದ್ರವ್ಯೇಷು ಯುಕ್ತಾದ್ರ ವ್ಯದಾನಂ ನಿರ್ಣಯೇತ್. ಮಂಡಲಪ್ರಧಾನಸ್ಯ ಲೇ ವೈದ್ಯಕಲಾಶಾಲಾವ್ಯಾಪನಾಯು ಪ್ರಯತ್ನೇತ. ಅಥವಾ ರಾಷ್ಟ್ರಾಂತರ್ಗತಕಲಾಶಾಲಾಸು ಮಂಡಲಾಂತರ್ಗತವಿದ್ಯಾರ್ಥಿನಾಂ ವಿದ್ಯಾರ್ಥಿವೇತನಂ ದತ್ತವಾ ಕಾಂಚನ ಪ್ರೇಷಯೇತವಾ | ದೇಶೀಯವೈದ್ಯಕೋವಿದಃ ಕಷ್ಟನಾಧಿಕಾರೀ ನಿಯುಕ್ತೋ ಮಂಡಲಸಂಘಸಭ್ಯೈಶ್ಚ ನಿರೀಕ್ಷೇತ ಮಂಡಲಾಂತರ್ಗತವೈದ್ಯಶಾಲಾಃ.

(c) ವಿಶ್ವವಿದ್ಯಾಲಯೇ ನಿಕ್ಷೇಪತ್ರಾವ್ಯಸ್ಥೈಪೂರ್ತೇಷು ದೇಶೀಯವೈದ್ಯಸ್ಯ ಸ್ಥವೈತ್ತಂ- ಭಾರತ ಜನತಾಚಿ ಚಿ ರಾದೆನುವೈತ್ತಸಂಪ್ರದಾಯ (ಹೆಬ್ಬುಹುಲ್ಟಮಿ) ನಿಯಮನಾ | ಅತ ಇಯಂ ನ ಪ್ರಗಲ್ಬುತ್ಲ ವಿದ್ವೇ ಶೀಯಸಂಪ್ರದಾಯಸ್ಥೀಕರಣೇ | ಅತಶ್ಚಾಯುರಾಮ್ನು ಯುಸ್ಯಾಫ್ಯವೈತ್ತಗ್ರಂಥಾಃ ಪರಿವರ್ತ್ಯ ಸರ್ವತ್ರ ಕಷ್ಟಾಸು ಪ್ರಚಾಲಯೇತ್.

(d) ಸ್ವತಂತ್ರಃ ಪ್ರಜಾಸಂಘೀನ್ಯಾಯುರ್ವೇದಸ್ಯಾಫ್ಯವಿಜ್ಞಾನಭಾವವೇತೋ ಜರ್ನಾಃ ರೋಗಕಾರ ಕಾನಿ ತದನುತ್ಪಾದವಿಧಾನಾನಿ ತಚ್ಚ ಮನಸಾಧನಾನಿ ಬೋಧಯೇತ್. ನಿವೇದಯೇಚ್ಚ ಜನರಿತಾನಿ ರಾಜ ಕೀಯಭೋಗ್ಯಯುಧಾಕಾಲಂ.

(5) M.R.Ry. AYURVEDA BHUSHANA PANDIT M. DURAISWAMI IYANGAR, AVARGAL.

॥ देशीयवैद्यकसमिते: प्रश्नानां उत्तराणि ॥

महाभागाः । इतः परं षष्ठप्रश्नान्तर्गतस्य (C) इति उपप्रश्नस्य निवेदयिष्यमाणं उत्तरं अनु-
रुध्य गैर्वाण्या नन्वहं विलिखामि उत्तराणि; यच्च, मन्ये, सामोदं भवद्विरङ्गीक्रियेत् । अवतरणिक
तावत् प्रश्नपत्रे भवद्भिः पाश्चात्यशास्त्रज्ञानां आशयानुरोधेनैव भवति सर्वथा संकलिता; यस्याः
समवलोकनसमतन्त्रमेव, सत्यापि कथंचित् अनुकूलोदके भवदीयविमर्शककर्मणः, यत्सत्यमहं
अभिप्रैमि, प्रायः सा कलुषयेत् आयुर्वेदविदां मनांसीति । अथापि नाहं तत्र कमपि गुणदोष-
विचारं अस्मि चिकीर्षुः ।

१. प्रश्नः प्रथमः—आयुर्वेदं अधिकृत्याहं व्यवहरामि ।

[कालाद्बहोः ‘आयुर्वेदः’, ‘यावनवैद्यम्’ इत्येतत्तन्त्रद्वयमेव देशेऽस्मिन् सुप्रथितपास्ते । तत्र च
गैर्वाण्यामादौ, तामनुसृत्य देशभाषासु अनन्तरं च वैद्यकग्रन्थाः क्रमेणावातरन् । द्रविडभाषात्मकेषु वैद्यकग्रन्थेषु
सांस्कृतेभ्योऽपि का वा प्रधानतो विभिन्ना पद्धतिरस्ति निरूपिनेति न कोऽपि सुस्पष्टमभिदधाति; येन किल
पृथगेतत् भारतीयं तृतीयं अन्यादृशं च तन्त्रमिति वयं प्रभवामो निश्चेतुम् । ‘सिद्धवैद्यम्’ इत्येतत्
अश्रुतपूर्वं प्रमाणापेतं च भवति नाम । अद्यैव द्वित्रैवःसैः, मद्राष्ट्रे कोणेषु केषुचन विद्यमानैः
कैश्चन परिमितैर्वैद्यैः किमपि अविज्ञातपूर्वं नामेतादृशं परिकल्प्य बीतशङ्कं समुद्भूयते । ‘रसरत्ना-
करः’, ‘रसरत्नसमुच्चयः’, ‘रसेन्द्रचिन्तामणिः’, ‘रसेन्द्रसारसंग्रहः’, ‘रसरत्नसुन्दरः’,
‘रसप्रकाशसुधाकरः’, इत्येतादृशाः सुबहवो रसग्रन्थाः नित्यनाथ-सोमदेव-चन्द्रसेन-गोविन्द-नागा-
र्जुन-चाग्मटादिभिः सिद्धपुरुषैः प्राक्कालिकैः सन्ति गैर्वाण्यां विराचिताः; बहवश्च येषु संप्रति सुष्ठु मुद्रिताः
सन्ति सर्वसुलभाश्च । अतः द्रविडभाषात्मकानां कतिपयग्रन्थानामेव सिद्धवैद्यमिति नाम न निर्देष्टुं
शक्यते; यतः, तत् संस्कृतरसग्रन्थसमुदायेऽपि व्यभिचरति । परं च परिभाषाणां वेपुल्यन, भाषा-
वैशद्येन, विषयाणां गुम्भनवैखर्या, औषधयोगानां विधानक्रमविवरणपरिपाट्या च संस्कृतरसग्रन्थाः
(इतरेऽपि संस्कृतवैद्यकग्रन्थाः) प्रशस्ततराः सूपयोगाश्चेति सकृदेतेषां पठनतः प्रभवति तटस्थमति-
र्ज्ञातुम् । दोषाणां त्रितयं, घातूनां सप्तकं, पाञ्चभौतिकं शरीरं इत्येते विषयाः सांस्कृतैरिव द्राविड-
रपि वैद्यकग्रन्थैः शास्त्रस्याधिष्ठानांशत्वेन सन्ति व्यवहृताः । औषधयोगविषये च न खलु
सांस्कृतात् द्राविडं वैद्यकं क्वचिदपि अतिरिच्यते । किञ्च द्रविडवैद्यग्रन्थाः रसौषधयोगप्रतिपादनांशे
विशिष्यन्ते संस्कृतग्रन्थेभ्योऽपीति यद्बुध्यते कतिपयैः, सापि, मन्ये, मूलरहिता वाचोयुक्तिरिति ।
अगस्त्यादिभिः प्रणीतानां रसग्रन्थानां तदितरेषां च वैद्यग्रन्थानां सांस्कृतान्येव आयुर्वेदतन्त्राणि
अभवन् मूलानीत्यस्य प्रमाणानि सन्ति सुव्यक्तानि । दृश्यतामिदं अगस्त्यकृतस्य ‘करिशलु’ नाम्नो
ग्रन्थस्य आवतारिकं पद्यम्:—

“वेवकुञ्जित मायुर्णुवेत्तकं किरन्तम् दोताकयुण्णरन्तोता तिन्तोताकुत्त वैवत्ति
यार्त्त रत्ति करम् इरासिन्तामणि इरासुद्रामणि यिरसप्पिराकरणम्
इरासमाले यिरसकामतेनु इरासन्तिरानुल इरासारासाङ्कम्
इरासवकै वदनुल्लिवै पिरवुम् वैवत्तियसिन्तामणि वैवत्तियार्त्तम्
वैवत्तियकुदारी वैवत्तियसिकामणि * * * * *
सत्तिर वैवत्तियन्तानान्निस्सै कुत्तिरमुत्तित्तिन्तोता यिरुकोदि
युण्णु किरन्तमुमो तियुण्णरन्तु अनल्लुलकु नुयिर्न्तोरायकव
इरुण्णैयकम् यिरल्लियेत्तपोल अनुणोणोपोल तमिप्राक यिरीत्तनन्
* * * * *
मुत्तिल्लि मुत्तिल्लन् मुत्तित्तन् सोत्तित्तन् कविल्लियम्पत्तियेन् नुम्
पोत्तियमल्ले यकत्तियमुण्णिपुङ्कवणे.”

अत्र गैर्वाण्यां विद्यमानान् बहून् रसग्रन्थान् अपरांश्च आयुर्वेदग्रन्थान् स्वयमधीत्य तानेव द्वाविज्यां विवृतवान् महामुनिरगस्त्य इति स्पष्टं समभिहितमास्ते । “तेरैयर् शेखरप्पा” (தேரையர் சேகரப்பா) इतिग्रन्थस्य मङ्गलपद्यस्यानन्तरं किमभिहितमिति अवलोक्यतां भवद्भिरेव—

“ தமிழின்புற வசனம் பெறு தனுவந்தரிவடநூல்
இயிரும்பத முழுதககவி யெழுதும்படி வருமே
அமலன்பரை யருளுஞ்சுத ரருளுங்குரு வரனும்
தமரபுறு தயவும்புரி தகவுக்கொளரிவனே.”

इत्येतैः अपरैश्च हेतुभिर्बलवद्भिः अस्ति वक्तव्यं, नास्ति किमपि तन्त्रान्तरं नाम्ना “सिद्धवैद्यम्” इति । परं च केवलमिदं काल्पनिकं अव्यवहृतपूर्वं च शब्दमात्रपर्यवसायि नाम ।]

२. (a) दोषाणां वैषम्यमेव सामान्यतः सर्वेषां रोगाणां कारणं इत्येतदतिसंक्षिप्तमुत्तरम् । [समितेः प्रबोधनाय दोषाणां, तद्वैषम्यस्य, ततश्च विकृतिमधिगच्छतां धात्वादीनां च स्वरूपविवरणं किञ्चिदिवात्र क्रियते ।

दोषविवरणम्—(संग्रहः) वायुः, पित्तम्, कफ इति त्रयः सन्ति घातवः । (धातूनां सामान्यतः शरीरस्य सर्वस्य च धारणात् घातवः इति नाम समुपनतम् ।) यस्मिन् कस्मिंश्चन विकारे देहस्य सति समुद्भवति, प्रथमतः त्रयोऽप्येते, अन्यतमो वा, उतान्यतमो वा प्राकृतावस्थां विहाय बलबदबलवद्वा वैकृतं किमपि अधिगच्छति; ततश्च शरीरमपि दूषयति दूषयन्ति वा । एवं च शरीरस्य दूषकत्वात् धातूनाममीषां “दोषाः” इति नाम शास्त्रीयव्यवहारेषु अन्वर्थं च रूढं च समभवत् । घातवः—रसः, रक्तम्, मांसम्, मेदः, अस्थि, मज्जा, शुक्रं (पुंसां, स्त्रीणां रजः) इति सप्तैते शरीरस्य धारकाः पदार्थाः त इमे वस्तुतो “घातवः” इति, दूषणार्हत्वात् “दूष्याः” इति च व्यवहियन्ते ॥ मलाः—पुरीषम्, मूत्रम्, स्वेदः, शिङ्गाणम्, गूधिका इत्येते “मलाः” इत्यभिधीयन्ते ॥

वात-पित्त कफास्तावत् सर्वानप्येतान् आदृत्य पालयन्ति । तेषां चाधीने तान् स्थापयित्वा, तद्द्वारा तदीयानि (विशेषतो धातुसंबन्धीनि) सर्वाण्यपि बाह्यानि आन्तराणि च कर्माणि कारयन्ति । तत्र च सर्वेषामुपरि वातदोषोऽस्ति अधिकृतः । एवं च धातुभिः, दोषैः, मलैश्च शरीरमस्ति अभिनिर्वृत्तम्, इति अस्मदीयः सिद्धान्तः ।

॥ दोषाणां किञ्चित् विस्तरेण विवरणमत्र क्रियते ॥

दोषाणां सामान्या उपयोगाः—तत्र वातस्य प्राकृता उपयोगाः—उच्छ्वास-निश्वासात्साह-ग्रस्पन्देन्द्रियपाठव-वेगप्रवर्तनैः, धातूनां सम्यग्गमनेन च देहं अनुगृह्णाति वायुः । पित्तस्य प्राकृत उपयोगाः—श्लुत्-पिपासा-विषयाद्यभिलाष-प्रभा-दर्शन-मेघा-शौर्य-देहमार्दवादिभिः गुणैः, अन्नपचनेन, प्राकृतेन चोष्मणा पित्तं अनुगृह्णाति देहम् । श्लेष्मणः प्राकृता उपयोगाः—स्थैर्य-स्त्रैग्ध्य-संधिवन्धन-वृषत्व-क्षान्ति-धी-बल-द्रवाद्याधानैः कफः पालयति देहम् ।

दोषाणां विशिष्टा उपयोगादयः—पञ्चभौतिकत्वं धातूनामिव दोषाणामपि व्यवहरन्ति आयु-र्वेदाविदः । तत्र वातः वाय्वाकाशाभ्यां, पित्तं अग्निना, श्लेष्मा चाम्भःपृथिवीभ्यां अभिनिर्वृत्ताः । दोषस्यैकैकस्य च स्थान-कर्मभेदैः पञ्चात्मकत्वमस्ति निर्णीतम् ।

वाताः पञ्च—(१) प्राणवायुः—अस्य मूर्धा (पस्तुलङ्कः मस्तिष्को वा) स्थानम् । कण्ठे चोरसि चैव चरति । बुद्धीन्द्रिय-हृदय-मनोनाडीधारणम्, ष्ठीवनम्, सवयुः, उद्गारः, निश्वासेच्छासी, अन्नप्रवेशाख्यानि अस्य कर्माणि । (२) उदानवायुः—अस्य स्थानं उरः; कण्ठे, नासिकायाम्, नामौ च चरति; वाक्प्रवृत्ति-प्रयत्नोर्जा-बल-वर्ण-स्रोतःप्रीणन-धी-धृति-स्मृति-मनोनिबोधनादीनि अस्य कर्माणि । (३) व्यानवायुः—अस्य हृदयं स्थानम्; कृत्स्ने देहे च चरति । जघात् कर्माणि करोति । गतिप्रसारणाकुक्षनोत्क्षेपावक्षेपनिमेषोन्मेष-जंभण-स्वादन-स्रोतश्शोषन-स्वेदासृक्स्त्रावण-शुक्रोत्पादनानि, अन्नात् किट्टरसविभाजनम्, घातूनां तर्पणं चेति कर्माणि अदसीयानि । (४) समानवायुः—अग्निधरकलां आश्रित्य च विद्यते; कोष्ठे सर्वतः पकामाशयांबुभवस्रोतस्सु संचरति; अग्निमतः संधुक्षयति; अन्नधारण-पाचन-विवेचन-किट्टाधोनयनक्रियाः विदधाति । (५) अपानवायुः—अपानदेशमवतिष्ठते; वस्ति-श्रोणि-मेढू-वृषण-वह्णणोरुषु चरति; विण्मूत्र-शुक्रार्तव-गर्भनिष्क्रमणादीनि कर्माणि करोति ।

पञ्च पित्तानि—(१) पाचकम्—आम-पकाशययोरन्तरे तदिदमवतिष्ठते; तेजोगुणोत्कर्षात् क्षपितसोमगुणम्, सहकारिकारणैः वायुक्लेदादिभिः अनुगृहीतत्वात् दहनपचनादिक्रियाभिः अधिगताग्निशब्दं पित्तमिदं अन्नं पचति, सारकिट्टौ विभजति, शेषाणि च पित्तस्थानानि तत्रस्थमेवानुगृह्णाति । (२) रञ्जकम्—यत् किल रसं असृक्त्वेन परिणामावसरे रञ्जयति तदिमधीयते रञ्जकम् । (३) साधकम्—बुद्धिमेधाभिमानोत्साहादीनां संधुक्षणात्मकं कर्म यत् विदधाति तत् साधकं इति व्यवह्रियते । (४) आलोचकम्—दृष्टिभागमाश्रित्य रूपालोचनरूपं (दर्शनं) कर्म यत् कुरुते तदा लोचकम् । (५) भ्राजकम्—त्वचं समाश्रित्य पित्तमिदं ऊष्मणा स्वतेजसा च तामनुगृह्णाति, अम्यङ्गपरिषेकालेपनादीन् पाचयन्ति च ।

पञ्च श्लेष्माणः—(१) अवलम्बकः—अस्य स्थानं उरः; स्ववीर्येण त्रिकस्य, हृदयस्य, श्लेष्मस्थानानां चोदककर्मणा करोत्यवलम्बनम् । (२) क्लेदनकफः—स्थानमस्थामाशयः; अन्नसंघातं क्लेदयति, (पाचकपित्तानुगृहीतः) पाचयितुमन्नमुपकरुते । (३) बाधककफः—आस्यम्, विशेषतो जिह्वामाश्रित्य विद्यते । रसानां अवबोधनं अदसीयं प्रधानं कर्म । (४) तर्पककफः—स्थानमस्य शिरः । सर्वाण्यपि इन्द्रियाणि तर्पयति । (५) श्लेषककफः—अस्थिसंधिप्रभृतिषु विद्यमानः सन् तेषां परस्पराश्लेषं विधाय, पर्वणां कर्म सुकरमादधाति ।

एवं अङ्गानि अशेषाण्यपि अभिव्याप्य, अविकृताः वातादयो दोषा देहं अव्यक्तरूपैः स्वकीयैः विविधैरंशैः पालयन्ति सततम् । देहस्थेभ्यो प्रतिनियतत्वात्, त इमे त्रयो दोषाः शरीरस्य तिस्रः स्थूणा इत्यपि व्यवह्रियन्ते । इमे देहं अविकृताः पालयन्ति, विकृताश्च विकुर्वन्ति ।

विकृतानां दोषाणां सामान्यानि लक्षणानि—वाते विकृते कार्श्य-काण्ड्य-कंप-स्फुरणोष्णकामिता-निद्राभाव-हीनबलतेन्द्रियोपघातास्थिशूल-मज्जाशाष-मलसंगाधमानाटोप-मूर्च्छा-दैन्य-भय-शोक-प्रलापादीनि भवन्ति लक्षणानि । पित्ते विकृते पीतत्वक्-ग्लानीन्द्रियदौर्बल्योजोभ्रंश-शीतामिलाष दाहतिक्तास्यता-तृणमोहारूपनिद्रता-क्रोध-पीतमलत्व-पीतमूत्रत्व-पीतनेत्रत्वादीनि लक्षणानि । कफे विकृते शैत्य-पाण्डुता-श्वौल्यालस्य-गौरव-स्रोतोनिरोध-निद्रा-तन्द्रा-श्वास-कास-प्रसेक-हृल्लासाग्निताद-संधिस्तब्धतादीनि भवन्ति लक्षणानि ।

दोषविकृतेः सामान्यं कारणम्—विविधाहितसेवनं दोषाणां विकृतेः कारणं इति संग्रहः ।
 ऋषिभद्रस्मृतस्तु—(१) हीनमात्रया, अतिमात्रया, मिथ्यया वा इन्द्रियार्थैः संयोगः; (२) हीन-
 मिथ्यातिमात्रात्मकशोणितोष्णादियुक्तः कालः; (३) कर्म च दुष्कृतं इति तत् कारणं त्रिविधं भवति ।।
 अथवा (१) अहितद्रव्यसेवनम्, (२) अहितक्रियाचरणम् इति द्विधा वा ॥ (अयमेव मिथ्याहार-
 विहारोपयोग इति चाभिधीयते ॥)

अतश्चैष सिद्धान्तः, यत् दोषवैषम्यं रोगकारणं भवतीति । दोषविकृतेः विशिष्टानि कारणानि—
 “वैगुण्यमुपपन्नानां देशकालानिलाभसाम् । गरीयस्त्वं विशेषेण हेतुमत् संप्रपद्यते ॥” इति ।
 जनपदोद्भूतसकानां व्याधीनां श्रुतिरिति विकृतिमधिगतो देशः कालो वा वायुर्वा सलिलं वा हेतुतां
 विशेषतः प्रतिपद्यते । सद्योन्नत-विषदंशाग्निदाहादयोऽपि विशेषकारणानि भवन्ति; आगन्तुकानां
 विकाराणां यानि किल हेतव इत्युच्यन्ते ।

इतः परं मर्वाङ्गः पृच्छचमानः, अस्मदीयस्य सिद्धान्तस्य नव्यपरीक्षया शोधनाहत्वं कथं
 स्यादिति एष विषयः, मन्ये, त्रिदोषविषयमवलम्ब्यैव प्रवृत्त इति । आधुनिकानां तान्त्रिकयान्त्रिक-
 शोधनक्रमाणां किमर्थं आयुर्वादैकैः सिद्धान्तैः भव्यैर्भवितव्यम्? आस्तां नाम यथा तथा वा ।
 त्रिदोषतत्त्वस्य नव्यशास्त्रसंप्रदायानुरोधेन ऊहाप्रकल्पितान्, आनुमानिकांश्च सिद्धान्तक्रमान् अव-
 लम्ब्य विलिखितं अतिसंक्षिप्तं मदीयं उपन्यासस्तुक्तमेकं अस्त्यत्र समायोजितम्; यत् किल वैद्यविमर्शक-
 समित्याः प्रश्नस्यास्य कथंचिदुत्तरोपपादकं भवति ।

(6) आयुर्वेदे रोगविज्ञानविषये (१) रुग्णपरीक्षा, (२) रोगपरीक्षा चेति उपायद्वयमास्ते ।
 तत्र (१) रुग्णपरीक्षायाः दर्शनम्, स्पर्शनम्, प्रश्नश्चेति त्रयः साधारणा उपायाः । चक्षुषः,
 जिह्वायाः, सूत्रमलादीनां च दर्शनम्, स्थिरकठिनमृदुत्वादिविकृताविकृतगुणविशिष्टानां अवयवानां,
 नाड्यादीनां च स्पर्शनम् । शूलतोदादीनां विकाराणां प्रश्नः ।

(१) नाडीपरीक्षा, (२) सूत्रपरीक्षा, (३) मलपरीक्षा, (४) जिह्वापरीक्षा, (५) शब्द-
 परीक्षा, (६) स्पर्शपरीक्षा, (७) नेत्रपरीक्षा, (८) आकृतिपरीक्षा चेति अष्टौ विशिष्टाश्च सन्ति
 परीक्षोपायाः ।

(२) रोगास्तावत् निदानम्, भाग्यपम्, रूपम्, संप्राप्तिः, उपशयश्चेति पञ्चानां अंशानां
 निरीक्षणद्वारा परीक्ष्यन्ते ।

तत्र रोगस्य मूलकारणं “निदानम्” । इदं तु सन्निकृष्टम्, अयं विप्रकृष्ट इति द्विधा ।
 [तादात्विकः अहित आहारो विहारो वा यदि कर्मपि व्याधिसुत्पादयति, तादृशः आहारः विहारो
 वा तस्यामयस्य भवति सन्निकृष्टं कारणम् । अस्मत्संप्रदायानुरोधेन कफदोषः शिशिरकले
 चयावस्थां अधिगच्छतीति, स चानन्तरं क्रमेण वसन्तर्तौ प्रकुप्य क्लृप्तिकान् रोगान् उपजनयतीति च
 वयं आनुभविकं तद्व्यर्थमवलम्ब्य व्यवहरामः । इह वसन्तर्तौ समुत्पन्नस्य क्लृप्तिकारणस्य कारणं
 यत् तदभिधीयते विप्रकृष्टमिति । एवं च व्यवहियेत—यत्, वातादीनां दोषाणां विकारो रोग-
 हेतुरिति, तेषां दोषाणां विकारजनकं किमपि मूलकारणं भवतीति च कथयामः किल वयम्; तत्र
 रोगस्य साक्षात् संबन्धी यो हेतुः स सन्निकृष्टः; स च दोषविकाररूपः । तदोषविकारस्य हेतुः
 (मूलकारणं व्यर्थः दवीयश्च) यः; स विप्रकृष्टहेतुः । रूक्षस्निग्धादितैवया स्तशरीर एव संक्रान्तस्य
 कारणस्य सन्निकृष्टत्वम्, मातापित्रोर्दोषेण संक्रान्तस्य विप्रकृष्टत्वं चावक्षते ।] किञ्च, यत् किल

द्वितीयो नियमः—चिकित्सायां तावत् सामान्यचिकित्सा, विशेषचिकित्सा चेति केचन सन्ति आयुर्वेदे प्रशस्ता नियमाः । तत्र सामान्यचिकित्सा कायचिकित्सेति, शल्यचिकित्सेति च द्विधा विभज्यते । (विशेषचिकित्सायामपि शल्यं अन्तर्भवति ।) उपरि निर्दिष्टाः षड्विधाश्च नियमाः सामान्यचिकित्सायां अन्तर्भवन्ति । विशेषचिकित्सास्तु कायचिकित्सा, बालचिकित्सा, ग्रहचिकित्सा, ऊर्ध्वार्द्धचिकित्सा, शल्यचिकित्सा, विषचिकित्सा, वाजीकरणचिकित्सा चेति अष्टभिर्विभक्तैः, सुनिपुणं चिकित्सां निर्वर्तयितुं सन्ति त्रिषया विवृताः ।

द्वितीयो नियमः—तेषु अष्टविधेषु विशेषचिकित्साक्रमेषु कायचिकित्सा तावत् “शमनम्”, “शोधनम्” इति द्विधा भवति ।

कायचिकित्सायाः पद्धतयः—बहुप्रकाराः सन्ति पद्धतयः कायचिकित्सायाः (१) स्नेहनम्—एतत् बालस्नेहनम्, आम्यन्तरस्नेहनम् इत्यादिभेदेन विविधं भवति । (२) स्वेदनम्—महास्वेदः, मध्यमस्वेदः, दुर्बलस्वेदः इति सामान्यास्त्रयो भेदाः सन्ति; अत्र विशिष्य तु तापस्वेदः, ऊष्मस्वेदः, उपनाहस्वेदः, शास्वणस्वेदः, नोन्ताकस्वेदः इत्यादिभेदेन तत् विविधं भवति । (३) वसनम् । (४) विरेचनम् । (५) वस्तिः—निरूहवस्तिः, अनुवासनवस्तिः, उत्तरवस्तिः इत्येष त्रिधा सामान्यतः । विशेषतस्तु प्रयोगसौलभ्यार्थं अवान्तरभेदेत्वेन मात्रावस्तिप्रमृतयश्च केचन क्रमाः सन्ति । आयुर्वेदे वस्तिचिकित्सा सुतरां विशिष्यते । बहुषु रोगेषु अस्य प्रशस्यते प्रयोगः । “एष सर्वोपक्रमाणां प्रधानतमः शीघ्रसुखद्वंद्वहानुकारित्वात् विकृताविलोच्छेदित्वाच्च ।” किञ्च “वस्तिः बाल-वृद्ध-कुश-स्थूल-क्षीणवात्विन्द्रियेषु; स्त्रीषु रुच्छूप्रजालु चोपदिश्यते ।” (६) नस्य-कर्म—इदं रेचन-बृंहण-शमनभेदेन त्रिधा । तत्र स्नेहनं तु मर्श-प्रतिमर्शभेदेन द्विधा । किञ्च प्रयुज्यमानस्यौषधस्य स्वरूपानुरोधेन रेचननस्ये अवपीडनम्, ध्यानं इत्यादयोऽपि केचन सन्ति भेदाः । (७) धूमपानम्—स्नेहन-मध्यम-तीक्ष्णानि इति त्रीणि धूमपानानि । (८) गण्डूषः—स्नेहनः, शमनः, शोधनः, रोपणः इति चतुर्विधा गण्डूषाः । (९) कबलग्रहः । (१०) नेत्रप्रसाधनम्—आश्रयो-सनम्, अञ्जनम्, तर्पणम्, पुटपाकः इत्येवंप्रकाराः सन्ति अत्र भेदाः । (११) शिरोवस्तिः ।

शल्यचिकित्सायाः पद्धतयः—कायचिकित्सातोऽपि शल्यचिकित्सा विषयविभागभेदेः सुतरां विशिष्यते । एतत्संबन्धीनि अङ्गानि उपाङ्गानि च तर्वाणि नात्र संगृहीतुं शक्यते; यतः पद्धतिरेषा विषयभेदेन, विषयवैशाल्येन च प्रवत्यतिबहुला । तथापि समितेः प्रबोधनाय संग्रहात् संग्रहतरं किञ्चिदिव विषयं विवृणोमि । अधस्ताद्दिह सुसंक्षिप्तं निर्दिश्यमानाः सर्वेऽपि विषयाः शल्यचिकित्सायां (शल्यचिकित्सेति सामान्यैः व्यवह्रियमाणायाम्) अन्तर्भवन्ति । (१) शस्त्रप्रयोगः—विशेषानि मण्डलाम् वृद्धिपत्रोत्पलपत्र-करपत्र-कर्तरीप्रभृतीनि शस्त्राणि प्रयुज्य क्रियमाणाः छेदन-मेदन-कर्तन-पाटनादयः पद्धतयोऽस्मिन् अन्तर्भवन्ति । (२) अग्निर्कर्म—साक्षात् अग्निना वा, अग्निर्कर्म-लोह-पाषाणादिभरुपकरैर्गर्वा अवयवेषु आवश्यकेषु दाहः । (३) क्षारकर्म—अग्निर्कर्मोपक्षया-क्षारकर्मं सृदुतरं भवति । ततः सुकुमारप्रकृतीनाम्, सुकुमारेषु अग्निदाहासमेषु अवयवेषु च दाह-कर्मनिर्वर्तनाय तदिदं भवत्यनुकूलम् । (४) सिरामोक्षः—सिराम्यो दुष्टरक्तलावणाय क्रियमाणं कर्म । (५) जलकाप्रयोगः—सृदुप्रकृतिषु, कोमलेषु अङ्गेषु च (शल्यपातनाक्षमेषु) दुष्टरक्तस्य स्रावणार्थं जलौकतां प्रयोगः । (६) अलाबुघटिकाप्रयोगः—रोगपीडितेषु अवयवेषु दोषविलयनादिकं कर्म निर्वर्तयितुम्, अवंगाढम्यः अवयवेष्वथो रक्तमाहर्तुं च अग्निगर्माणां घटिकानां प्रयोगः । (७) मूढ-गर्भचिकित्सा—गर्भाशये विषमस्थितैरङ्गैः अर्गलवत् अन्तः प्रसवसमये तिष्ठतः अर्भकस्य (जीवतो

मृतस्य वा) गर्भशुभ्रप्रभृतिशस्त्रप्रयोगेण बहिरानयनपद्धतिः । (८) शालाक्यम्—अद्यापि अल्प-
चिकित्सायां एतदपि अन्तर्भवति, तथापि ऊर्ध्वजत्रुगतानां नेत्र-श्रोत्र-गल-तालुवाद्यवयवानां विकृति-
मधिगतानां शस्त्रप्रयोगेण क्रियमाणायाश्चिकित्सायाः वैशिष्ट्यं प्रदर्शयितुं पद्धतिरसाधारण्येन पार्श्वक्येन
प्रकल्पिता ।

आमयानां सर्वेषामपि वयमाचरामश्चिकित्साम् । चिकित्साश्चास्मदीयाः सुबहुपयोगिन्श्च इति
वयमिव (भिषज इव) जनाश्चेतरेऽपि अभिप्रयन्ति । आयुर्वेदवैद्यशालाम्यः परशतसंख्याकानां रुग्णानां
अन्वहं आगमनम्, आदानं चास्मदीयचिकित्सायाः सविस्त्रंभं इत्येतदेव विषयस्यास्य तद्यतां हृदीकरोति ।
आमयाविनश्चिकित्सयमाना अस्माभिः सश्लाघं अस्मच्चिकित्सायाः प्रयोजनं अङ्गीकुर्वन्ति । स्वच्छन्दतया
मैषज्यकर्माचरन् एकैकोऽपि स्वात्मना क्रियमाणस्य चिकित्सितस्य, तत्फलस्य च लेखनं न प्रायेण
यतः समाचरति, ततः केषु केषु संदर्भेषु चिकित्सितानि अस्मदीयानि भवन्ति अमोषफलानात्
सोपपत्तिकं विषय इह न निवेदयितुं शक्यते । तथापि यस्.के.पि.डि. आयुर्वेदवैद्यशालायां
चिकित्सितानां रुग्णानां याः किल संख्याः, ये च नाम व्याषयः सम्यगस्मच्चिकित्सया निवारिताः,
तेषां उपपादनं प्रत्येकशः संख्यानिवेशपूर्वकं समायोजितमस्ति अनेन ।

(९) आम; व्याधिषु कतिपयेषु, अवस्थान्तरेषु च केषुचन तन्त्रान्तरीयचिकित्सितादपि
आयुर्वेदिकं चिकित्सितं फलेन प्रशस्ततरमिति अस्मदीयाशयः । पक्षवधस्य, अर्दितस्य च वयमाच-
रामश्चिकित्साम् । अद्यापि व्याधेरस्य केरलेषु आयुर्वेदपद्धतिमनुसृत्य चिकित्साः सिद्धफलाः सुबहुभि-
निष्पाद्यन्त इत्येषु विषयः सार्वजनीनः । आमवातः, असृग्दरः, कुष्ठः, अर्शः, यक्ष्मा इत्येवमादयश्च
सम्यक् आयुर्वेदवैद्यैः चिकित्स्यन्ते । व्याधिभिरेतैः, अन्यैश्च कैश्चन एतादृशैः अभिपीडिताः रुग्णाः
पाश्चात्यवैद्येन अनधिगतप्रयोजनाः पश्चात् अन्वेषयन्ति अस्मदीयामेव चिकित्सामिति एतदेवास्मदीय-
रोगोपक्रमवैशिष्ट्यस्य स्थितिस्थापकं भवति । (यस्.के.पि.डि. वैद्यशालायां चिकित्सितानां रुग्णानां
अभिनन्दनपत्राणि कानिचन अनुबन्धत्वेन सन्ति आयोजितानि ; तानि अवलोक्यन्ताम् ।)

३. तृतीयः प्रश्नः—(१०) अथकिम्, श्रीकन्यकापरमेश्वरीदेवस्थानायुर्वेदवैद्यशालायां अहं
प्रधानो भिषक् ।

(१) अद्य विद्यमानाः वैद्यशालाः चिकित्साः सर्वाश्च सम्यक् आचरितुं सर्वथा समग्र-
इति न प्रभवानि अभिधातुम् । एताः संप्रति सामान्यवैद्यशाला भवन्ति, न तु आतुरालयाः
(आरोग्यशाला वा) । अतो हेतोः, अधुनातनवैद्यशालासु बलीयसां आमयानां उपक्रमोपयोगिनः
स्नेह-स्वेद-वस्ति-शस्त्रकर्मादयः प्रधाना बहवश्चिकित्साक्रमा न निर्वर्त्यन्ते । आयुर्वेदिकानि उत्तमानि
अशेषाण्यपि औषधानि निर्मातुं रुग्णैर्मयो यावदावश्यकमुपयोक्तुं च न हि विशेषतः सौकर्यमप्यास्ते ।
अवस्थायाः किलेदृश्याः मूलकारणं आर्किचन्यमेकत्र, अपरत्र राजकीयसाहाय्याभावश्च ।

(२) सांप्रतिक्यः कलाशालाश्च विशेषाम्यातैरवगन्तुमर्हान् विषयान् अशेषानपि अवबो-
धयितुं आवश्यकैः अङ्गैरुपकरणैश्च न हि सन्ति समग्राः । समुचितस्य वेतनस्य संविधाने सुतरां
अप्रमविष्णुतया शास्त्रतत्त्वावबोधननिष्णातानां वैद्यविदुषां उपाध्यायत्वेन नियमनेऽपि अधुनातनाः
पाठशालाः सन्ति असमर्थाः । कलाशालामवष्टम्य कस्यचन आतुरालयस्य, शास्त्रचिकित्साभ्यासो-
चितस्यावकाशस्य, औषधोद्यानस्य, सूतिकागृहस्य, औषधपाकशालायाः, पुस्तकभाण्डागारस्य च
नाद्य विद्यते संयोगः । अस्मद्गुरुवर्यैः श्रीमन्मन्त्रावशिष्टैः श्रीमद्भिः वैद्यरत्नगोपालाचार्यमहोदयैः
मद्रनगरे आयुर्वेदकलाशाला कथं चित् पूर्वोक्तैः अङ्गैः प्रायेण समुपेतैवाभूत् संपादिता ; अतश्च सा

कलाशाला समभवत् प्रायेण तदानीं आदर्शभूतेत्यामोदनीया । यतस्तत्र पठितम् पाठितं च मया प्राक्, अतः कलाशालायास्तस्याः सांप्रतिकी दुरवस्था किञ्चिद्विवाभवत् इह सूचनीया ।

(a) आयुर्वेदपद्धतिमनुसृत्य चिकित्साः रुग्णभ्यो यावदावश्यकमाचरितुम्, तच्छास्त्राभ्यासमाधातुं च नास्ति संप्रति संविधानसामग्रीति यत्सत्यमेष सर्वविदितो विषयः । आयुर्वेदचिकित्सोपहरणस्य च, आयुर्वेदाभ्यासस्य च पर्याप्ततया समभिवर्धनायातीव समुचितोऽस्ति एक एवोपायः, यत् राजकीयादारणं नाम । पाश्चात्यवैद्यस्य प्रवर्तनाय यथा राजकीयैः बहुप्रकारेणादरः प्रदीयते, तथैव रीत्या आयुर्वेदश्चादरणीयः । आयुर्वेदकलाशालानां, आयुर्वेदपरीक्षाणां, आयुर्वेदवैद्यशालानां, आयुर्वेद-भेषज्यागाराणां च दृढमूलानां संपन्नसर्वाङ्गानां च संस्थापनं राजकीयैरदश्यं भवति विधातव्यम् । विशेषतश्चास्मीषां संस्थानां, सामान्यतः आयुर्वेदवैद्यस्य च निर्वहणाय स्वतन्त्रो राजकीयावभागः (डिपार्ट्मेण्ट्) कोऽपि पृथगस्ति नियोज्यः । तत्र तत्र विद्यमाना अभिवर्धनीयाश्च प्रथमता वैद्यशालाः ।

४. (a) देशीयवैद्यकतन्त्राणां अत्युत्तमरीत्या अभ्यसनविषय (१) तत्तच्छास्त्रैः पठनीयेषु शास्त्रविषयेषु प्रथमगणनीययोग्यतावतां अध्यापकानां सविधे माणवकाः (अन्तेवासित्वेन) स्थापनीयाः इत्येव तथ्यतो भवत्युत्तमः पक्षः । (२) आमः; आशासनियमेव भवेत् तत्, यत् सुसंस्थापित-रातुरालयैः, पाकशालामिः, ग्रन्थभाण्डागारैः, पदार्थप्रदर्शनशालामिश्राध्यापकानां विद्यार्थिनां च विशेषसौकर्यसंपादनं नाम । (३) खेषु स्वेषु शास्त्रविषयेषु स्वातन्त्र्येण विशेषपरिशीलनादिकं कर्तुं उपाध्यायाः यथा किल लब्धावकाशाः स्युः, तथा समुचितस्य संविधानस्य स्यादेव विधानं तथ्यतः सांप्रतम् ।

यद्यपि मनोरथदृष्टय इमाः पाश्चात्यविमर्शकदृष्टेः परमोद्देश्यत्वेन, सुतरां अभिनवत्वेन च प्रतिभान्ति, अथापि प्राक्तनानां आयुर्वेदप्रवर्तकानां मुनिवर्षाणाम्, भिषजां एतद्देशीयानां अवगत-परमार्थानां च न हि सर्वथा नवीनतया असाधारणतया वा समवभासन्ते; यतः पुराप्येते प्रायः समभवन् अनुष्ठाने विषयाः; इति चेत्—तत्तच्छास्त्रेषु विशेषविदां आचार्याणां अन्ते वसन्त एव माणवकाः शास्त्रमभूवन् अभ्यसन्तः; अवसितगुरुकुलवासाः, आचार्यानुज्ञाताः, अधिगतराजाज्ञाश्च वैद्याः स्वविशिखां बभूवुरनुप्रविशन्तः । (दृश्यतां सुश्रुतस्य विशिखानुप्रवेशाध्यायः ।) आयुर्वेदभिषजां, आरंभात् प्रभृत्येव औषधनिर्माणपद्धतिषु विद्यते स्म सौकर्यं अनुभवसंपादनस्य; यतः वेदानां अध्यापकभूतानां स्वस्वगृहेषु स्थलान्तरेषु च रसशालादयो भेषजनिर्माणवकाशाश्च, ज्ञायन्ते, समभूवन् इति । भिषगैकोऽपि स्वात्मना पक्वीकृतानि औषधान्येव स्वयं विनियुक्ते स्म । तस्मात् वेदानां तथाविधानां अन्तिके त्वद्यामभ्यसन्तश्छात्राः औषधीनां, औषधपाकक्रमादीनां च ज्ञानं बभूवुरधि-गच्छन्तः । अद्यापि मद्रपुर एव कतिपयवैद्यशालाः सन्ति आयुवादेकेन पथा प्रचलन्त्यः । यत्र किल अधिगतशास्त्राः, प्राप्तयोग्यताश्च सन्ति अधिकृता भिषजः । ताश्च यदि किञ्चिदिव धनसाहा-य्यादिना समाद्रियन्ते, ता एव ततः सुप्रतिष्ठां समधिगम्य भवेयुः कामं आदर्शवैद्यशालाः । परं तु, मयैवं भवति अभिधातव्यम्, यावताहं अवैमि, यत्, नाद्य विद्यते तादृशी काचन कलाशाला वैद्य-शाला वा, या हि नाम भवदापृच्छ्यमानैः सर्वैरपि अंगैः स्यात् समग्रा इति । मद्रपुरे विद्यमानानां आयुर्वेदिकानां कलाशाला-वैद्यशालानां यदि सम्यगादरणं आदीयते, मन्ये, आयुर्वेदाभ्यासस्य समुचितो मूलबन्धः स्यादेव निष्पादितप्राय इति; यच्चाहं अभिप्रेमि, न हि किमपि असाध्यम्, न वा निरवधिकद्रव्यनिर्वहणीयं कर्मेति ।

(b) अथकिम्; भवन्निर्दिष्टा उद्दिष्टांशाः सर्वेऽपि समग्रतया नाद्यैव निष्पादायितु साध्याः । (१) आयुर्वेदस्य यथावदभ्यसनेन तत्र ज्ञानसंपादनम्, तत्पद्धतिमनुसृत्य देशेऽस्मिन्

अभिज्ञानद्वारा चिकित्साप्रदानप्रवर्तनम्, पाश्चात्यवैद्यानामिष देशीयमिषजामपि राजकीयेषु च तत्संबन्धमावहत्सु च विविधेषु आधिकारिकेषु पदेषु अधिकारप्रदानम्, एतद्वारा च सर्वाङ्गीणं आयुर्वेदस्य कर्तव्यमादरणं चेति एतदेवास्मदीयं परमं लक्ष्यम् ।

(२) सपदि समारभ्य निर्वहणक्षमं इतिकर्तव्यविधानं किञ्चिद्वित्र निरूप्यते ।

आयुर्वेदाभिज्ञानां (१) सामान्ययोग्यतावन्तः, (२) विशेषयोग्यतावन्त इति द्विधा विभजनं कायम् ।

उपाध्यायानां नियमनम्—पाठक्रमश्च । सामान्यरीक्षणं वर्षत्रयं पठनीयमिति विनिश्चित्य तदनुसारेण विधानक्रमः सूच्यते । शारीरम्, स्वस्थवृत्तम्, द्रव्यगुणशास्त्रम्, रसतन्त्रं इत्येते विषयाः पाठनीयाः प्रथमवत्सरे । रोगविज्ञानम्, औषधयोगः, कायचिकित्सा इत्येते विषयाः द्वितीये वत्सरे । शल्यचिकित्सा, प्रसूतितन्त्रम्, अगदतन्त्रम्, अनुभवशिक्षणम् इत्येते तृतीये वत्सरे । विषयाणां अमीषां पाठनार्थं पञ्चभिरुपाध्यायैः अवश्यं भवितव्यम् । [शारीर-स्वस्थवृत्तयोः एकः, द्रव्यगुण-रसशास्त्रयोरेकः, रोगविज्ञान-कायचिकित्सयोरेकः, अगदतन्त्रौषधयोगयोः एकः, शल्यतन्त्रस्य प्रसूति-तन्त्रस्य चैकः ।] पञ्चानामपि एतेषां उपाध्यायानां रूप्यकाणां १५० प्रत्येकशो मासिकं वेतनं उपहृतव्यम् । विशेषपरीक्षार्थं वर्षचतुष्टयं पठनीयम् । तत्र शारीरम्, स्वस्थवृत्तम्, द्रव्यगुणशास्त्रम्, रसतन्त्रं इत्येते विषयाः प्रथमे वर्षे । रोगविज्ञानम्, औषधयोगः, कायचिकित्सा चेत्येते द्वितीये वत्सरे । शल्यतन्त्रम्, शालाक्यतन्त्रम्, अगदतन्त्रम् इत्येते तृतीये वत्सरे । मानसरोगः, प्रसूति-तन्त्रम्, कौमारभृत्यम्, अनुभवशिक्षणम् इत्येते विषयाः चतुर्थे वर्षे । विषयाणां अमीषां बांधवार्थं सप्तभिरुपाध्यायैः भवितव्यम् । किन्तु, प्रथमतः, किञ्चित् कालं यावत् सामान्यपरीक्षापाठककक्ष्यासु संयोज्यैव विशेषपरीक्षार्थमपि माणवकाः यौगपद्येन पाठयितुं शक्यन्ते । केषांचन विशेषविषयाणां (मानसरोग-प्रसूतितन्त्रादीनां) पाठनार्थं कक्ष्याद्वयं पृथक् भवति संपादनीयम् । यत्र च द्वावुपाध्यायौ स्यातां अधिकृतावधिकतया । रूप्यकाणां सार्धशतं प्रत्येकशस्तयोः वेतनत्वेन भवत्यर्पणीयम् । सर्वेषामपि अमीषां उपरि कोऽपि महोपाध्यायः (अध्यक्षो वा) नियोजनीयः । यस्य च कलाशालायाः निर्वहणं भवति अधीनम् । सति आवश्यकं सवासु कक्ष्यास्तपि प्रविश्य पाठनाय, योग्यताभिः आवश्यकीभिः समन्वितेन भवितव्यमनेन । अस्मै सार्धत्रिंशत् रूप्यकेभ्योऽन्यूनतया स्याद्वेतनं दातव्यम् । [परीक्षा-फलनिर्देशकानां गुणाङ्कानां (Marks) ग्रहणविषये निम्नोक्तरूपभेदं अभिव्यज्य, तद्वारा च सामान्य-विशेषपरीक्षोत्तीर्णत्वं स्यान्निर्णयम् । यः किल परिमितान्, (यावदावश्यकानेव) गुणाङ्कान् आदत्ते, तस्य सामान्यपरीक्षोत्तीर्णत्वम्, आवश्यकपेक्षया अधिकान् यः प्राप्नोति गुणाङ्कान् परीक्षाफले तस्य विशेषपरीक्षोत्तीर्णत्वं च परिकल्पनीयम् ।]

आतुरालयः—रुग्णानां अन्यूनविंशतिसंख्याकानां चिकित्सानिर्वर्तनक्षमा संविधानैः समग्रैरपि समन्विता काचन भवति आरोग्यशाला (आतुरालयो वा) स्थापनीया । अद्य विद्यमानासु वैद्यशा-लासु यां कामपि आतुरालयत्वेन वा परिवर्तयेत् । संविधानमिदं तादात्विकतया सुतरामुपयुज्येत ।

तत्र मिषजौ द्वौ (प्राथमिकस्य रू. २००, द्वितीयस्य रू. १२५).

औषधयोगावेदौ द्वौ (प्रत्येकं रू. ३५).

परिचारकाः त्रयः (प्रत्येकं रू. ३०).

धान्यः तिस्रः (प्रत्येकं रू. ३०).

सेवकाः चत्वारः (प्रत्येकं रू. २०).

संमार्जक एकः (रू. ५).

अवस्करवाहकौ द्वौ (प्रत्येकं रू. ५).

आहत्य कस्यचन नातिमहतः आतुरालयस्य वैद्यसेवकादीनां निर्वहणार्थं मासिको व्ययः ६९० रूप्यकपरिमितः स्यात् ।

(१) कलाशालावैद्यशालयोः कार्याणां इतरेषां अवेक्षणाय व्यवस्थापक-लेखक-गणक-सेवकादीनां केषांचन नियमनमपि स्यात् आवश्यकम् । एतेषां वेतनाय रूप्यकचतुश्शती (४००) घनघनत्वेन पृथगस्ति परिकल्पनीया ।

(२) औषधानाम्, रुग्णभोजनानाम्, शय्यासनादीनाम्, शस्त्र-यन्त्राद्युपकरणानाम्, तूलिका वन्धनसामग्रीप्रमृतीनां इतरेषां च वस्तुजातानां अर्थे प्रायेण प्रतिमासं ५०० संख्याकानि रूप्यकाणि भवेयुः व्ययीकर्तव्यानि ।

अथ विद्यमानायाः कस्याश्चन कलाशालाया आदर्शभूतकलाशालात्वेन समभिवर्धनम्, तथैव च सांप्रतिकालेषु आयुर्वेदवैद्यशालासु कामपि काश्चन वा आतुरालयत्वेन परिवर्त्य तस्याः तासां वा संवर्धनं च मनसि आकलय्य कलाशालायाः, आतुरालयस्य च आदिगं स्थापनव्ययं अधिकृत्य न कोऽप्यत्र सूचिते विषयः । तथापि कस्याश्चन कलाशालायाः समभिवर्धनाय उपक्रमव्ययः प्रायः रूप्यकाणां सार्धसहस्रस्य (रू. १,९००) स्यात् व्ययः । (रसशालायै रू. ३००; पुस्तकभाण्डागाराय ९००; प्रदर्शनशालाद्यर्थे ७००; एवम् १,५००) । सांप्रतिकवैद्यशालायाः कस्याश्चनातुरालयत्वेन परिवर्त्य संवर्धनार्थं तथैव रूप्यकाणां सार्धसहस्रा (रू. १,९००) भाव्यम् । (पर्यङ्कानां २० संख्याकानाम्, शयनानाम्, आस्तरणानाम्, विधिधानां पात्राणाम्, वस्त्रयन्त्रादीनां उपकरणानाम्, महानसोपयोगिनां वस्तुजातानां चक्रीणनाय द्रव्यमिदं आदौ आवश्यकं स्यात् ।)

अतः व्ययविषयसंग्रहस्तु एवं भवति निर्णयः—

	रू.	आ.	पै.
१. कलाशालाया आतुरालयस्य च उपक्रमव्ययः	३,०००	०	०
	३,०००	०	०

मासिका वर्तमाना व्ययः—

	रू.	आ.	पै.
१. कलाशालाया अध्यापकादीनां व्ययः	१,४००	०	०
२. आतुरालयस्य वैद्यसेवकादीनां व्ययः	६९०	०	०
३. अनयोः संस्थयोः लेखकादीनां व्ययः	४००	०	०
४. औषधानां उपकरणादीनां च व्ययः	५००	०	०
५. अन्येषां चाप्रतीक्षितानां अंशे व्ययः	५०	०	०
आहत्य व्ययसमष्टिः	३,०००	०	०

अतश्चैवं निर्धार्यते, यत् आदर्शभूतस्य कस्यचन आयुर्वेदानुसूच्यस्य च, आदर्शभूताया आयुर्वेदकलाशालायाश्च एकस्याः निर्वाहणाय एकस्मिन् सवत्सरे रूप्यकाणां षट्त्रिंशत् साहस्री (१६,०००) व्ययीकर्तव्या भवति । यदि चतुस्सहस्ररूप्यकाणां इतोऽपि अधिकतया आयोजने, तदानीं वत्सरस्यैकस्य रू. ४०,००० एव विनियुज्यते विषयेऽस्मिन् ।

कलाशालायै अङ्गणैः बहुभिरुपेतम्, हर्ष्यैरेकैः अन्वितं महत् सौंघं वा, अपरिच्छिन्नानि महान्ति आसनानि वा, परिच्छदबहुलानि विद्याधिवासगृहाणि वा न हि प्रायेण भवन्ति आदर्श-कानि । अतिसामान्येन प्रच्छेदेन समाहृते प्रदेशे कलाशालायाः कार्याणि सुलभु निर्वाहुं शक्यन्ते । सम्यङ्निर्मलीकृते स्थले वा, लघुमूल्यलम्बैः कटादिभिः आस्तृते वा मृत्ले छात्राः, पीठिकासु सुतरां साधारणीषु उपाध्यायाश्च उपविशन्तु नाम । रूप्यकाणां पञ्चशत्या सहस्रेण वा ताडशं सुलभु निर्मितं स्यात् आवश्यकम् ।

१. महाशयाः! मन्ये, कलिकाताविश्वविद्यालयसमित्याः विप्रलंघनार्हः विप्रलंघनार्हः अभिप्राय-स्तादृशः न मनागपि सादृशानां अभ्युपपत्तिपदं अभिरोहतीति । तस्य च प्रतियोगितया नन्दहमेव अभिप्रेमि—अवलम्बितपाश्चात्यवैद्यपद्धतयः पुंसः संप्रति आयुर्वेदवैद्यकतन्त्राणि क्रमेणानुशीलयन्तः, औषधानि चास्मदीयानि समुपयुज्जानाः, आस्माकानं वैद्यकं केचन मन्दं अन्तरङ्गतया, अन्ये च बहवः सम्यक् बहिरङ्गतया च प्रशंसन्ति, प्रथयन्ति च स्वात्मनां अवलम्बितार्थैर्वैद्यकित्तकत्वम् । अतोऽहमभिदूषामि—आयुर्वेदतत्त्वार्थं उपयोगांश्च तदीयान् अनुशीलयतां पाश्चात्यवैद्यानां एतद्वैद्य-विषये क्रमेणामिश्रुचिः, विश्वासश्च विशेषतः ततः समुद्भवतीति वयमद्य सुस्पष्टं अनुभवतो जानीमः । राजकीयसाहाय्यं यद्युपलभते देशीयवैद्यकम्, पठन-पाठन चिकित्साविधानादिषु सर्वतोमुखीं अमिष्टि-च यद्येतदधिगच्छति, तदानीं पाश्चात्यवैद्यावलम्बिनोऽपि भिषजः सुबहवः देशीयवैद्यकमेव विशेषत-श्राम्यसितुम्, तदनुरुध्यैव वैद्यकवृत्तिमुष्ठातुं च नूनं सुबहवः संमुखमागच्छेयुः । एवं पुनरुज्जीवन-भिषगते सनातनवैद्यकमार्गे, सर्वत्र च देशेऽस्मिन्, विश्वसिभि, वैद्यवृत्तिः प्रायेण मेवदायुर्वेदमयीति । एतादृशमेव कैवल्यं वैद्यवृत्तेः अहमाशासे ।

६. आधुनिकशास्त्राणीति अभिधीयमानार्थां पदार्थविज्ञान-रसायनतन्त्र जीवशास्त्रादीनां विशेष-तः शिक्षणं आयुर्वेदवैद्याभ्यसनस्य केवलं अविनाभाव्यमिति नाहमभिप्रेमि । सुबहोः कालात् राजकीयैः अनादृतत्वात्, पोषकान्तरामावात्, अनुमवरीत्या परिशीलनादिकं अनुकूलं कर्तुं अपेत-सौकर्यत्वाच्च आयुर्वेदे शारीरस्य, शल्यतन्त्रस्य च यथावत् शिक्षणविषये कुशलाः सुतरां उपाध्यायाः दुर्लभाः संवृताः । अतः आयुर्वेदिकौ शारीर-शल्यसंबन्धिनौ द्वावपि विषयौ कोडीकृत्य संस्कृत्य च अनुभवतः शिक्षणार्थं अधिगततद्विद्यानां पाश्चात्यमतावलम्बिनां उपाध्यायानां साहाय्यं प्रथमतः संप्रति कलाशालासु किञ्चित् कालं यथावदावश्यकं स्यात् ।

(a) आयुर्वेदवैद्यकपठनार्थं सामान्यज्ञानम्, विशिष्टज्ञानं इति विभजनं द्वेषा कार्यमिति प्राक् ध-र्थप्रश्नस्य (b) विभागस्य उत्तरे मया व्यलेखि । तत्र सामान्यपरीक्षायां उत्तीर्णस्य भिषक् अथवा भिषवर इति विशेषपरीक्षायामुत्तीर्णस्य आयुर्वेदमूषणः अथवा आयुर्वेदविशारद इति योपयताव्यवच्छेदकं आधिकारिकं अभिधानदानं समुचितं स्यात् ।

विशेषज्ञानार्थं आवश्यककोऽभ्यसनक्रमः ।

(१) शारीरम्—पाश्चात्यमतापुरोषेन, अभ्यसनस्य शिक्षणम्, (क) शरीरतपस्तिः—तत्र च शुक्रार्तव्यये- तत्त्वम् । शारीरपरिभाषा । (ख) अस्थिविवरणम्—तेषां उपयोग-संख्या वस्थान-स्वरूप-

दयः । (ग) सन्धिविवरणम्—तेषां भेदाः । तत्र साध्यादीनां संयागः । (घ) पेश्यः—तासां भेदाः, उपयोगाः, कण्डराणां स्वरूपादिकम् । (ङ) स्रोतसां स्वरूपाणि—हृदयम्, सिराः, धमन्यः, रसायन्यः, शोणितम्, लसीका इत्येतेषां विवरणम् । (च) श्वासाशयादीनां विवरणम्, स्वरयन्त्रम्, जिह्वा-तालु-गल-क्लोमादीनां विवरणम् । पुष्फुसौ । कलाः । (छ) कोष्ठः—आस्यः-लाला-दन्त - दन्तवेष्टनाधिजिह्वोपजिह्वान्नाड्या - माशय-ग्रहणी - सूक्ष्मान्त्र - स्थूलान्त्रोन्दुक - यकृत - पित्ताशय-डीहादीनां अवबोधः । (ज) गर्भाशय-मूत्राशयौ—वृक्क-मूत्रस्रोतः-शुकधराकला-फलग्रन्थि-बाजकाशा-पत्यपथादयः । (झ) मस्तिष्क-नाडीविज्ञानम्—मस्तुलुङ्ग-सुषुम्ना-सुषुम्नाकाण्डादयः । नाडीग्रन्थिनाडी-चक्रादयश्च । (ञ) इन्द्रियाणि—नेत्र नेत्रगोलक-दृष्टिनाड्यश्रुकला-पटलादयः । घ्राणेन्द्रिय - घ्राण-मार्ग-घ्राणनाडीप्रमृत्यः । श्रोत्रेन्द्रिय-श्रुतिपथ-कर्णपालीप्रमृत्यः । (ट) मर्माणि—तेषां स्थानानि, स्वरूपाणि च । (ठ) त्वचः—स्वरूपविवरणम् । (ड) मलानाम्—तेषां उत्पत्तिस्थानानां च विवरणम् । (ढ) वात-पित्त-कफानां तत्त्वम् ।

पाठनीया ग्रन्थाः—चरकशारीरम्, सुश्रुतशारीरम्, वाग्भटशारीरमेवमादयः ।

(२) द्रव्यगुणाः—अत्र पदार्थस्यैकैकस्य च गुणानाम्, रसानाम्, वीर्याणाम्, विपाकानां च तत्त्वानि बोधनीयानि ।

(३) रसतन्त्रम्—महारस-साधारणरसोपरस-लोहादीनां स्वरूपविवरणम्, शोषन-मार्गादिविधानं च बोधनीयम् ।

(४) स्वस्थवृत्तम्—दिनचर्या-ऋतुचर्यान्नरक्षण-व्यायापादयः ।

(५) रोगविज्ञानम्—रोगाणां स्वरूपाणि, तदज्ञानोपायभूतपञ्चलक्षणादीनां विवरणं इत्यादयः ।

(६) कायचिकित्सा—अष्टाङ्गादयश्चिकित्सा बहुविधाः ।

(७) शल्य-शालाक्ये ।

(८) प्रसूतितन्त्रम् ।

(९) कौमारभृत्यम् ।

(१०) मानसरोगाः ।

(११) अगदतन्त्रम् ।

(१२) औषधयोगविज्ञानम् ।

विशेषपरीक्षार्थं आवश्यकेषु शास्त्रविषयेषु प्रथमतः शारीरभ्य दिव्यात्रं विवरणं कृतम् । इतरं च विषयाः सूचिताः । विशेषपरीक्षार्थं आवश्यकानां विषयाणां सर्वेषामपि विस्तरतो विवरणं नि.भा.आ. विद्यापीठनियमावलिमनुसृत्यैव मया निबध्यते । तथैव च सामान्यपरीक्षाया आवश्यकानां पाठनक्रमाणामपि सैव नियमावलिः समुचिता सूचनीति ममाशयः ।

प्राधान्येन एकैकास्मिन् विषये वा, विषयेषु अनेकेषु वा ज्ञानं अन्यादृशं अधिगत्य, यावत्सत्यापि कामपि अनुत्तमां प्रतिष्ठां अधिगन्तुमर्हाय आयुर्वेदाचार्यः अथवा वैद्यरत्नम् इति किमपि

असाधारणं अभिषेयं विश्वविद्यालयेन पारितोषिकतया वा, परीक्षया वा समुपहर्तुं अवकाशः कल्पेन क्रमशः कल्पनीयः । अन्यादृशानां विषयतत्त्वानां विमर्शपूर्वकस्य उत्तमस्य महतः कस्यचनोपन्यासस्य लेखनेन वा, असाधारणस्य तत्त्वार्थस्य प्रदर्शनपूर्वकं स्वप्रावीण्यप्रकटनेन वा योग्यता विषयेऽस्मिन् भवति संदर्शनीया ।

(७) भिषक् अथवा भिषग्—साहित्ये सामान्यं ज्ञानम्; आधुनिक-स्कूलेनल्ल योग्यतायाः समानेन व्यावहारिकज्ञानेन समन्वितत्वम् । [तात्कालिकतया देशभाषया विषयाणां एतत्परीक्षायै बोधनमपि समुचितमेव स्यात् ।]

आयुर्वेदभूषणम् अथवा आयुर्वेदविशारदः—नाटकालङ्कारेषु पाण्डित्यं अनुत्तमम्; शब्दशास्त्रे न्यायशास्त्रे वा समुचितः परिचयः । आंग्लभाषायामपि विमलं ज्ञानम् ।

व्याचर्यः—आयुर्वेदभूषण(विशारद)परीक्षायां उत्तीर्णतेव आयुर्वेदाचार्य(वैद्यरत्न)रूपं वैदिकक्षणं अधिगन्तुं समुचितता प्रवेशयोग्यता- स्यात् ।

(८) शास्त्रबोधनार्थं संस्कृतभाषैव सर्वेषां स्यात् समुचिता । सामान्यपरीक्षायै पठतां छात्राणां तत्तद्देशभाषयापि बोधनाय परिकल्प्यतां नामावकाशः ।

७. देशीयवैद्यानां स्वरूपनिर्णयकंपंजिका (Register) सुतरां भवत्यावश्यकी । सर्वेषामपि देशीयवैद्यानां स्वरूपधर्मस्य, योग्यताविशेषस्य, वैद्यकवृत्तिपरिष्कारस्य च निर्धारणार्थं अभिवर्धनार्थं च तदिदं पंजिकायोजनं भवति बहूपयोगि । यदि गाढमेष विमृश्यते विषयः, तदानीं देशीयवैद्यानामेव पंजिकानियमः (Registration) अतीवावश्यकं इति ज्ञायते । प्रथमत एव यद्येष नियमः देशीयवैद्यानामर्थे समभिव्यक्त विहितः, सुमहत् देशस्य शास्त्रस्य च प्रयोजनावहं अमविष्यदाचरितं कमति बहुभिरभिधीयेत वस्तुस्तवज्ञैः । अत्र निर्धीयतां दृष्टिः—पाश्चात्यवैद्यकं पाठयितुं पाठशालाः कलाशालाश्च सन्ति बन्धुः संस्थापिताः । तदर्थं च विविधाः परीक्षाः निर्वर्त्यन्ते । परीक्षोत्तीर्णानां च तत्तद्योग्यताभिव्यञ्जकानि अधिकारपत्राणि च प्रदीयन्ते । विश्वविद्यालये, कलाशालादिषु च प्रतिपाश्चात्यवैद्यस्य च स्वरूपधर्मव्यपस्थानिर्णयपूर्वकं तत्तद्धाम नामादिकं पंजिकासु समावेशितं चास्ते । व्यवस्थाभिः एवमादिभिः अस्यस्तपाश्चात्यवैद्यतन्त्राणां उत्कर्षत्वापकर्षत्वादिकं निर्धारयितुं अस्ति सौकर्यम् । देशीयवैद्यानां योग्यतानिर्धारणविषये, न हि एतावतापि एकापि परिकल्पिता व्यवस्था । देशेऽस्मिन् परस्सहस्रं वैद्याः वैधमन्याश्च परितः स्वच्छन्दतया वृत्तिमिमां आचरन्ति - । नेदमविदितं महाजनानां न वा राजकीयानां यत्, नैषज्यवृत्तिमाचरन्तु एतेषु सुवैधाः सुतरां अङ्गुलिप्रादिक्रिया परिगणनीयाः, कुवैद्यास्तु संख्यया, मन्ये, एकस्मिन् मद्रराष्ट्रे केवलं अयुतादपि अतिरिच्यन्ते इति । राजकीयैः देशीयवैद्यतन्त्रस्याहत्तत्वात्, देशीयवैद्यकं व्याजिकृत्य केनचन सुपया कापयेन वा विनैव किमपि नियन्त्रणं दृष्ट्याचरणाय अवकाशनाहुदृश्यस्यं च विद्यमानत्वात् कापयैकवृत्तीनां निरवधिकानां कुवैद्यानां मध्ये परिमिताः सुवैद्याश्च न हि प्रायेण शोभन्ते ; अतस्ते च कुवैद्यैः सह समानतया परिगण्यमानाः कष्टां दशामनुभवन्ति । छद्मवृत्तिषु अपरिमितेषु कुवैद्येषु, राजनियन्त्रणाभावात् विजृम्भमाणेषु, आमयव्यथिताः शास्त्रीयचिकित्साभिलाषिणो जनान्श्र संप्रतिपन्नयोग्यतया समुपेतं देशीयवैद्यकाजुरार्थेन चिकित्साचारन्तं कमपि सुवैद्यं विविच्य समधिगन्तुं न प्रभवन्ति । कुतः ! राजकीयैः विषयेऽस्मिन् कस्यचन व्यवच्छिन्नस्य नियमस्याविहितत्वात् । लोकजीवनमर्मभूते तदेतस्मिन् वस्तुनि राजकीयानां औदासीन्यं नाम न कथंचिदपि न्याय्यमिति न कोऽपि आकलयेत् कृतमतिः । अतश्चाहं बलवदभिदधामि, देशीयवैद्यवृत्तमाचरतां योग्यतादीनां व्यवच्छेदाय, वैद्यवृत्त्याचरणविषये केषांचन न्याय्यानां

रद्वियमानां अनुरोधेन प्रवर्तनाय, कापथेन औपज्यपण्यं समनुतिष्ठतां निग्रहणाय च देशीयवैद्यपञ्जिका कापि नूनं आवश्यकी भवति इति । एतादृशव्यवस्थायाः परिकल्पने तावत्, यत्सत्यं विविधा प्रथमतः समाप्तयुरेव क्लेशाः । अथापि, येन केनचन न्याय्येन बलवता चोपायेन जीवितमर्मभूते विषयेऽस्मिन् राजकीयैः कोऽप्यस्ति विघातव्य एव मर्यादाव्यञ्जको विधिः । सुबहवस्तावत् छाः सामान्यतया विद्यमानाः विनव योग्यतां दिनेनैकैव सप्रगल्भं सयं वैद्या इति प्रथयन्ति । अस्य च कदाचारस्य त्वरितमवसानमेकं अवश्यं करणीयम् ।

(a) अन्यूनसप्तसंख्याकैः पञ्चदशानधिकैः शालज्ञत्वेन परीक्षादिभिः अभ्युपगतयोग्यताविशेषैः देशीयभिषग्भिः समुचिता क्राचन पंजिकापरिषत् (Registration Board) संघटनीया; परिषदा यया च पर्याप्तयोग्यतावन्तः देशीयवैद्याः पञ्जिकाधिवेशनाय समुपादेयेरन् । यस्यां च अध्यक्ष एकः, उपाध्यक्षौ द्वौ, मन्त्री चैकः, अन्ये च केचन पारिषदाः कार्यनिर्वहणाय स्थानमावहेयुः । इयं च परिषत्, प्रतिवत्सरपञ्चकम्, उत प्रतिवत्सरत्रितयं पट्टिकानियोजितैः (Registered) वैद्यैः सर्वैरपि संभूय स्वेषु अन्यतमान् वर्णाधिकारेण निरूप्य समायोज्य पुनर्नवीकरणीया ।

(b) अद्य विद्यमानो वैद्यपञ्जिकाधर्मः (Legislation on Medical Registration) पाश्चात्य-वैद्यन्त्रप्रवर्तकैः, पाश्चात्यवैद्यवृत्तिमाचरतां सौकर्ययैव समभूत् प्रवृत्तः न हेतुत् अविदितं देशी-यवैद्यविमर्शकसमित्याः, न वा पाश्चात्यवैद्यानां अपरेषाम्, यदुत, राजकीयाभ्यनुज्ञातः सांप्रातकः स एष वैद्यपञ्जिकाधर्मः सुतरां आमूलत आच शिखरं वाच्येन व्यंग्येन वा विषयेण देशीयभिषज्जां श्रेयोविरुद्धान्, अविशालमतिभिः पक्षपातिभिश्च पाश्चात्यभिषग्भिः संग्रथितान्, देशीयवैद्यन्त्रस्थान-र्थावहारां अर्थात् आस्ते समाश्रित्य प्रवृत्त इति । “धर्मोऽस्मिन् केषां नियमानां परिवर्तनम्, अथ केषां च समायोजनं भवद्भिः कर्तव्यमिति आभिलष्यते ?” इति वैद्यकतमित्या पृच्छन्ते । सैकतान्ते बालुक्रान्वेषणमिव धर्मेनाम्ना व्यवहियमाणेऽस्मिन् संग्रथितानां छद्मबहुलानां नियमानां मध्ये कस्य वा परिवर्तनम्, कस्य च वा समायोजनमभिनवत्वेनेति नास्माभिः सुलघु संगृह्य शक्यते चकुम् । तथापि सुसंक्षिप्ततया विषयमिममेवाभिधातुं अभिलषामि; यत्—देशीयवैद्यकैः (यद्यपि प्राज्ञैः) सह वैद्यकवृत्तौ संभूय व्यवहतिः पञ्जिकोपाचपाश्चात्यवैद्यस्य (Registered Practitioner) परिकल्पते सुतरां अपस्थायते इति, पञ्जिकायां अनुपात्तानां, विशेषतश्च देशीयवैद्यानां राजकीयसंबन्धिनि न कस्मिंश्चिदपि प्रब्रजुमधिकारे विद्यते किञ्चिदपि अवकाश इति च ये किल सन्ति नियमाः, ते प्रथमतः (पक्षपातैकमूलत्वात्) परिहार्याः परिवर्तनीया वा । आयुर्वेदाभ्यस्तनाय समुचितानि सकलान्यपि सौकर्याणि समुत्पाद्य, तदनन्तरं एतादृशानां नियमानां परिकल्पनं कथमपि भवेदभ्युगम्यं न्याय्यं च स्यात् ।

८. अलोपतिकु वैद्यकादपि देशीयवैद्यकपद्धत्या चिकित्साचरणे व्ययः स्वरूपीयानेव भवतीति सर्वैरपि समवगतभेदं वस्तुतत्त्वम् । अस्मदीयायां यस्.के.पि.डि. वैद्यशालायां इतरासु चालो-पातिकु वैद्यशालासु वत्सरद्वये चिकित्सार्थं समुपनतं व्ययमत्र उदाहरामि । १९१७-१९१८ संवत्सरे चिन्ताद्विपेटावैद्यशालायां (अलोपतिकु) प्रतिपुरुषं समुपनतो व्ययः ०-२-२. बालव्य-नायुड्वैद्यशालायां ०-२-१. वण्णारेपेटावैद्यशालायां ०-३-२. श्रीकन्यकापरमेश्वरदेवस्थानायु-वेदवैद्यशालायां तु प्रतिपुरुषं औषधनिर्मातृसेवकजनानां वेतनादिकमपि संयुज्य ०-१-१ व्ययः समभवत् । १९१८-१९१९ वत्सरे चिन्ताद्विपेटावैद्यशालायाम् (अलोपतिकु) प्रतिपुरुषं व्ययः ०-२-१० समजति, बालव्यनायुड्वैद्यशालायां ०-२-१०. वण्णारेपेटावैद्यशालायां ०-३-३. श्रीकन्यकापरमेश्वरदेवस्थानायुवेदवैद्यशालायां तु ०-१-८ व्ययः समुपनतः ॥ पाश्चात्यवैद्यपद्धति-

मनुसृत्य क्रियमाणायां चिकित्सायां आयुर्वेदिकादापि व्ययः द्विगुणः कदाचित् त्रिगुणश्च संपद्यत इत्यने-
नास्माभिरवगम्यते । संतामस् कान्वेण्डु वैद्यशालादीनां व्ययसंबन्धिनि समालोचिते विषये प्रतिपुरुषं
कदाचित् ०-५-३ अथवा ततोऽपि अतिरिच्यत इति च ज्ञायते । अतोऽहमभिप्रेमि आयुर्वेदिकी
चिकित्सा व्ययेन भवति लघुतरेति ।

९. आयुर्वेदतन्त्रापचयस्य प्रथमतः शक-हूण यवनादिभिः समुपगतो राज्यविडम्बः, ताडशैः
कृतः शास्त्रापहारः, बौद्धाधिकारिप्रभृतिभिः प्रयुक्तं शक्यचिकित्सानिवारणम्—इत्येवमादयो हेतवः
समभवन्, अतन्तरं च राजकीयकृतो महान् अनादरः, तस्य प्रतियोगितया पाश्चात्यवैद्यतन्त्रस्य
देशेऽस्मिन् आदेशत्वेन समायोजनमपि आषाय तस्य प्रकारैः सर्वैरपि आदरणदानं इत्येते आयुर्वेद-
तन्त्रापचयस्य बलीयांसः समभवन् हेतवः ।

तृतीयस्य, चतुर्थस्य, षष्ठस्य च प्रश्नस्य मया विलिखितानां उत्तराणां अनुरोधेन क्रमशो याद
राजकीयैः आयुर्वेदः समाद्रियते, तदानीं एष, विश्वसिमि, पुनर्दुर्दशातः समुद्भूतो भवेत् ।

१०. राजकीयैः, स्थानिकपरिषद्भिः, विश्वविद्यालयेन, तादितरैश्च धर्मनिर्वाहकैः (तत्पर्याक्ताभिः
सभाभिश्च) संप्रति पाश्चात्यवैद्यकतन्त्रं यथा किलाद्रियते यथा चाभिवर्ध्यते तथैव (तानेव क्रमान्
अनुसृत्य) देशीयवैद्यकतन्त्रमपि आद्रियतां अभिवर्ध्यतां च ।

M R. RY. VAIDYAPATI G. SIGAMANI PANDITHAR AVARGAL.

கேள்வி 1.—சுதேச வைத்திய முறைகளில் தமிழ் சித்தர் வைத்திய முறைகளைப்பற்றி யான் விவரிக்கத் துடங்குவது : தென்னாட்டில் தொன்றுதொட்டு அனுஷ்டித்துவருவது தமிழ் ; ஆகையால், அத்தமிழ் பாவஷயி யுள்ள சித்தர் வைத்திய நூல் முறையையே தழுவி விவரிப்பதாகும்.

அதிலும் தமிழ் சித்தர் வைத்திய நூல்முறைகளே அனுஷ்டிப்பதொழிய வேண்டிய பாஷை நூல் வல்லார் வைத்திய முறைகள் அன்றெனக்கொள்க. மேலும், எங்கள் சுதேசம் தென் இந்தியாவாகையால், அவ்விந்தியாவின் தாவரவர்க்கங்களையும் விளைபொருள்களையும் பாஷாஞான வைத்திய சாஸ்திரங்களையும் ஆதாரமாகக்கொண்டு கையாண்டுவருவதாலும், இந்துதேசத்தில் ஜெனீத்து வளர்ந்த இந்துக்களாலேயே வைத்தியஞ் செய்துவருவதாலும், இந்து வைத்திய சங்கம் எனவும், இந்து தர்ம வைத்தியசாலையெனவும் தேசத்தின் காரணப்பெயராக மருடம் புனைந்து விளங்கிவரினும் இதனை தமிழ் ஆயுள்வேத வைத்தியம், தமிழ் சித்த வைத்தியம், இந்து வைத்தியம் என்றழைக்கவும்படும்.

கேள்வி 2 (a).—சித்தர் வைத்திய சாஸ்திர முறைகளின்படி வியாதி உண்டாவதற்குப் பல காரணங்களிருப்பினும் இங்கு நவீன முறைகளுக்குத் தக்கவாறு சித்தர் நூல் ஆதாரத்துடன் சில வியாதிகளின் உற்பத்திக்குக் காரணங் கழுவுகின்றேன் :—

“ தீயளவன்றித் தெரியான் பெரிதுண்ணில்
நோயளவின் நிப்படும்.”—எனவும்,

“ கதித்து கின்ற ஐம்பூதம் ஒன்றோடொன்று
கலக்கும் விவகாரத்தா லனேகமாக
உதித்தவைகள் மென்மேலும் மாறலாலே
உண்டாகும் உடலதனில் பிணி அகந்தம்
மதித்தறிய இருகாங்கு குணத்தைப் பாரு
மாறுதலின் நாடி நடையதனைக் காணு
விதித்தவிதி வாய்வாலும் தீயினாலும்
வினங்கு மப்புவுதனாலும் விபரம் தேறே—எனவும்,

“ பண்ணிடுஞ்செய்கையாலும் பலவிதஉண்டியாலும்
மண்ணதின் பேதத்தாலும் மாறினெகாற்றினாலும்
தண்ணியின் குணங்களாலும் தாவுபல்கிருமியாலும்
விண்ணதின் தோஷத்தாலும் விளைந்திடும்பலநோயென்னே—எனவும்,

“ நோய்தனை அறையக்கேளாய் நுண்ணியசொரிசிரங்கு
வாய்படும் கக்கிரமல் வளர்ந்திடும் க்ஷயரோகங்கள்
ஓய்விவாவிஷசரங்கள் உதித்திடும்வாந்திபேதி
காய்வொடும்மைகண்டு கடுகவேபரவுந்தானே—எனவும்,

“ சிலேத்துமம் தண்ணீர் பித்தம்
திகாற்றுவாதமாமே ”

என்பதாக சித்தர் நூல்களில் பல்வேறு பெயர்கள் அமைத்துக் கூறியுள்ளார்.

இவ்விதமாக சொல்லப்பட்டுள்ள பல வைத்திய நூலாராய்ச்சியால் வியாதிகள் உற்பத்தியாகுமென்பதை பல நோய்களையும் பல தரம் பார்த்தக் குணப்படுத்திவரும் அனுபவத்தைக்கொண்டும் வியாதி உண்டாகும் காரணம் அறிகிறோம்.

மேற்கூறியுள்ள சித்தர் நூலின் கருத்தை யொத்து விவரிக்கப்புகின் நோய் உண்டாவதற்குக் காரணம் :—பஞ்சபூதபொளதிகமாகிய இச்சரீரம், பஞ்சபூதங்களாலும் அவற்றின் சத்தாலும் பொளதிக வடிவமாகிய சரீரமும் உயிரும் உண்டாயின. அச்சரீரத்தில், வாத, பித்த, சிலேத்துமம் - (அதாவது காற்று, தீ, தண்ணீர்) என்னும் மாறுபாட்டால் உருப்புகளிலுள்ள கண்ணரைகளின் சத்துக்கள் குறைந்தோ அல்லது மிகுந்தோ மாறுதல் அடைவதால், பிராணவாயு விகல்பப்பட சத்த ரத்தங்கெட்டு தசை நாடுகள் வெகுப்புண்டு காந்தல்கண்டு பித்தம் கொதுப்பேறி பல பிணிகள் உண்டாகக் காரணமாகின்றது. திருஷ்டாந்தமாக, க்ஷயரோகம், காசரோகம், சுவாசகாசரோகம் முதலிய வியாதிகள் உண்டாவதற்குக் காரணம் பலவாக இருப்பினும் சில காரணங்களை இங்கு குறிப்பிட்டுக் காட்டுகிறேன். அதாவது, தாய்தந்தையரின் சுக்கில சுரோணிதக் கெடுதியால் வித்தியாசப்பட்டு உற்பவித்த பிள்ளைகளில் சிலருக்கு சிறு வயதில் கணை, கணைச்சூடு என்னும் நோயால் பீடிக்கப்பட்ட சில தேகிகளுக்கும், பாலியத்தில் மிதமிஞ்சிய கல்வியால் சுக்கில கஷ்டமடைந்த சில தேகிகளுக்கும். பல காரணங்களினால் அகால போஜனம், கடுகடை, கண விழிப்பு, ஆரத்துயர், மலஜலமடக்கல், காமநீரை கணக்கில்வாது விடுதத காரணத்தினாலும் நோய் உண்டாகக் காரணமாகும்.

அதனை விவரிக்கில் தேகத்தில் கணல்மீறி சத்தத்தில் கொதிப்பேறி தீபாக்கினி மத் தப்பட்டு அதனால் சத்தத்தில் சிந்தறழும் ஆவியாகிய ஆத்மசத்த விலைப்பப்பட வாதமாகிய காற்றும், பித்தமாகிய தீபும், அதன் அதன் மாத்திரை அளவில் அதிகரித்த அதனால் சிறு கவாசக் குழல்கள் வறண்டு சப்த தாதுக்கொன்னும் ரோமம், தசை அல்லது தசை கார், சத்தம், மாமிசம், கரம்பு, அஸ்தி, மூளை இவைகளின் உஷ்ணம் காளடைவில் குறைத்து இரசநாது சத்தமாகமாதும் சபாவருணத்தை இழப்பதால், மந்தநாதுக்களுக்கு போஷிண குறைத்து தாபிதமுண்டாகி ஒஜெஸ் என்னும் பிராணதாசு சத்து காணுக்குகள் கஷ்ட மடைய கவாசக் கோளறைகள் தன் தொழிலை பிழக்க சிறு கட்டிகள் உண்டாகி, வால அள வில் அது பழுத்துக் கிருமிகள் உற்பவித்து தேகபலத்தைக்கெடுத்து காத்தையுண்டுசெய்து காலக்கிரமத்தில் மாமிச நாது குறைத்து தேகத்தை காசப்படுத்தும். இக்காணங்களால் க்ஷயரோகம், காசரோகம் முதலிய பல வியாதிகள் அதனை அடுத்து உண்டாக யேதுவாகவும் காணமாகவும் ஏற்படுமென்பது சித்தர் தூல ஆராய்ச்சியின் கொள்கை.

இன்னும் சில தேகிகளுக்கு மூலாதாசத்தில் அக்கினி அதிகரித்து மூளையைப்பற்றி சத்தத்தில் கொதிப்பேறி பிராணவாய்வென்னும் காற்றாகிய ஆயிக்கு உறைபிடமாகிய துரைவீரல் வெதுப்புண்டு குவிதலும் விரிதலுமாகிய தன் சபாவருணத்தை இழந்து, வீர ணக் கருவிகளின் தொழில்கள் குறைபவும், காளடைவில் ஆகாசங்களில் வெதுப்பும் சித் திரை பங்கமும் உண்டாகி, சீரம் வற்றி கெஞ்சில் கபக்கட்டி பொருத்துகளின் பலம் குறைத்து சரம் அடிக்கடி, தோன்றி தேகத்தைக் கெட்டுமென்றும் சித்தர் தூல் ஆராய்ச்சி யால் அனுபவ சித்தாந்தத்தைக்கொண்டு சிச்சயிக்கிறோம்.

இன்னும் சில தேகிகளுக்கு அஸ்தியில் அனலேறி, சத்தம் வற்றி, பித்தம் அநி கரித்து, நாவில் ருசி கெட்டு, கெஞ்சில் கபக்கட்டி காளடைவில் தேகபலத்தைக் குறைத்து, உட்காந்தலாக தோஷிக்குமென்றும் தெரிந்துகொண்டிருக்கிறோம்.

(இவைகளுக்கு மேற்கோள்.)

“பிறந்த மானிடர் கட்டுகெல்லாம் பித்தமும் வாத மய்யம்
கிறைந்த நீர் கடல்போல் செய்தோம் கிராரினி நீ கூடலாலும்
குறைந்திடலாலும் நோய்கள் குறிகளை அறியலாகும்
அறிந்தவன் அகற்றுவானின் அடர்பிணி துடருதன்மே.”—என விளக்கியும்

“மிகினும் குறைவினு கோய்செய்யு தூலோர்
வளிமுதலா வெண்ணிய மூன்று.”—என உணர்த்தினமையுந் காண்க.

:இவை சிற்க,

எந்நாட்டிலும் வழங்கி வரும் வாந்திபேதி, (விஷபேதி-காலரா) என்னும் கொள்ளை கோய் வருவதற்கு போதிய காரணம் :—

இக்கொள்ளை கோய் சாமளாவென்னும் பெயர் வகித்த கண்ணுக்குத் தோன்றாத கருகிற சிறு அணுத்திரங்கள் ஆகாயத்தினின்று பூமிவிற்றங்கும்போது காற்றுடன் சமபத் தப்பட்டு விஷக்காற்றாக மாறி ஆங்காங்குள்ள மானிடர்களின் சிரத்தில் தாக்க அத்ததியில் ஏகோபித்திருந்த வாத, பித்த, சிலேத்தும தொந்தங்களுக்கு ஏற்க அக்கொடிய விஷக் காற்றின் தன்மையால் சத்தம் முறிந்து நீராடி உதிரத்திலுள்ள நீர்ப்பகுதிகள் வீரணபாறை யின் சளி, சவ்வின் வழியாய் தள்ளப்படுதலே இன்றோய்; ஆகினும் பலயினம், கசதாக்கி, மிக்க காங்கை, அசுத்த காற்று, அசுத்த நீர், தாழ்வாகிய இடம், சதப்பு நிகம் முதலியதில் வசித்தல், மந்திக்கும் ஆகாசங்களால் அஜீரண முதலியவைகளும் இக்கொடிய கோய்க்கு யேதுவாகிய காரணமாகுமென்றும் சுருதி; அதை அனுபவத்தாலறிகிறோம். அவையா வன :—கொம்பன், குடர்ப்படுவன், அக்காள். இதில் கொம்பன் என்னும் பேதியால் பீடிக்கப்பட்டவர்கள் 30 நாழிகையில் உயிர்துறப்பார்கள். குடர்ப்படுவனால் பாதிக்கப்பட்ட வர்கள் 3 தினத்திலும், அக்காணல் பீடிக்கப்பட்டவர்களில் அநேகர்கள் பிழைத்திருப்பதும் உண்டு. இவை சிற்க,

சரம் உண்டாவதற்குக் காரணக் கருதில், வாதசரம், பித்தசரம், பித்தவாதசரம், மலைசரம், விஷசரம் என பலவகை சரங்கள் கால கெதிக்கும் தேச மாறுபாட்டிற்கும் ஜல ஆகாச விகல்பங்களுக்கும் தக்கதாக உண்டாக யேதுவாகிறது.

அது எப்படியெனில், தேகத்தில் இயல்பாகவே அக்கினி எல்லா அவயவங்களி லும் பரவி சீரத்தைப் போஷித்து மிதமாக வைத்துக்கொண்டு இருக்கிறது. அப்படி வியா பித்து வரும் அக்கினியோடு காரணக்கினி யென்னும் பல்வேறு காரணங்களினால் தோன்றி அவ்வுஷ்ணத்தை மிதமிஞ்சிய செயலுக்குக் கொண்டுபோவதே சாமானும். அதில் வாதத்தி னாலும் பித்தத்தினாலும் சிலேத்துமத்தினாலும் இவைகள் மாத்திரை அளவில் கூடுதல் குறைவாக சபாவ நிலையை விட்டு மிகுத்திருப்பதினாலேயே, எது மிகுத்து சிந்தறோ அந்த பெயரால் வாதசரம், பித்தசரம், கபசரம், பித்தவாதசரம், மலைசரம், விஷசரம் என, எது மிகுத்துக் காணப்படுகிறதோ, அந்தப் பெயரைச் சொல்லி அதைச் சமநிலைக்குக் கொண்டு வரும்போது, அந்த சரம் சாந்தி அடைய எதுவாகுமாகையால், தொந்த சரம் முதலான தும் இப்படியே ஏற்பட அவயவங்களில் சேடித்து சிற்கும்; சிற்க,

வெட்டை ரோகம் பிறக்கும் காரணம் கருவில் “விந்து விட்டார் - கொந்து கெட்டார்” என்பதற்கிணங்க இருவகைப்படும். எப்படியெனில், தாய்தந்தையரின் கலவியில் சுக்கில சுரோணித முதிர்ச்சியால் கருப்பாயசத்தில் சேர்ந்து உண்டான கருவில் சம்பந்தப்பட்டு ஜனித்த சிலருக்கு இளவயதிலேயே பலவகை ஒழுக்குகளும், சண்ணம்பு நீர், மஞ்சள் நீர் முதலியது காணப்படுகிறது இயற்கை வெட்டை யென்பது. இரண்டாவது செயற்கை வெட்டை—ஆண் பெண் கூட்டுறவில் மிதமிஞ்சிய கலவியால் தேக சுபாவத்திற்கும் காலபேதத்திற்கும் தக்கதாக சுக்கில அளல் அல்லது சுரோணித அளல் நீர்த்தாரையின் வழியாய்ச் சென்று அடியவாநிகளைப் புண்படுத்தி சீழ் தோன்றி மஞ்சள், வெண்மையாக காணப்படும்; இது செயற்கையாலாகும். இதனை விரிக்கப்புகின் பெருகுமென விடுத்தனம்.

பெரும்பான்மை ஆராய்ச்சிக்குப் பொருத்தமாயும் சிறுபான்மை விகல்ப்பப்படுமென்பதும் நமது அபிப்பிராயம்.

(b) (1) சித்தர் சாஸ்திர முறையை யனுசரித்தும், அனுபவத்தைக்கொண்டும், கோயாளியின் வாக்குமூலம் தேக நிலமையைக்கொண்டும், அஷ்டவித பரீக்ஷையால் அறியும் குறிகளைக்கொண்டும், நாடியின் நடைகளை நிதானித்தும், ரோகங்களைத் தீர்மானித்து அதற்குரிய அனுபவ மருந்துகளைக்கொண்டு சிகிச்சைசெய்து காலக்கிரமங்களுக்கு, தக்கபடி அனுஷ்டித்து வரப்படுகின்றது.

(2) எங்களுடைய முறைப்படி சிகிச்சை செய்வதனால் பொதுவாய் குற்றமில்லாமலும் குணஞ் செய்யக்கூடியதுமாக இருப்பதென்பதே அபிப்பிராயம். ஆனால் தமிழ் வைத்தியர்கள் பெரும்பாலோர் தாங்கள் செய்துவரும் வைத்தியத்திற்கும் மருந்துகளுக்கும் கணக்கு விபரங்கள் வைப்பது வழக்கமில்லை.

எனென்றால், இதுகால் மருத்துவத்திற்கு கணக்கும் மருந்துகளுக்கு ஜாப்தாவும் பிறருக்குக் காண்பிக்கவேண்டிய அவசியம் ஏற்படாததினாலேயே கணக்கு வைக்கும் வழக்கமில்லை. மருந்துகளை விற்பனை செய்யும் சில வைத்தியர்கள் கணக்கு வைப்பது ஆகும். அவர்கள் மகாரோகங்களைச் சிகிச்சை செய்யவாவது ஷே ரோகங்களுக்குத் தாங்களே முன்னின்று சந்திப்பதை ரோகங்களை நிவர்த்திக்கவாவது சிகிச்சை செய்யவாவது முற்படார்கள்; தற்போது, எங்கள் சங்க தர்மவைத்தியசாலையில் வியாதி வாஸ்தவத்தில் குணமடைந்த விஷயங்களையும் அது சம்பந்தமான கணக்கு விவரங்களையும் குறிப்பிடக்கூடிய பதிவு புத்தகம் உண்டு.

(c) சுதேச சிகிச்சை மிக பிரயோசனமானதென்பதற்குத் தடையில்லை. அதற்குக் காரணம், வலுவில் அடிப்படக் கூடியதும், சமீபத்தில் கிடைக்கக் கூடியதும், சொற்பச் செலவில் செய்யக்கூடியதுமான பல மருந்துகளால் பல ரோகங்களை நிவர்த்திப்பதே சான்றும்.

கேள்வி 3.—(a) தஞ்சை இந்துவைத்திய சங்கத்திலும் ஷே தர்ம வைத்திய சாலையிலும் நான் கேரில் சம்பந்தப்பட்டிருக்கிறேன்.

(b) (1) போதுமான மட்டில் வைத்திய சிகிச்சைக்கு ஏற்பாடு வேண்டியதிருக்கிறது. வைத்தியக் கல்வி கற்பிக்க போதுமான இடமில்லை; திருப்பிகரமாக இருக்கிறதென்று சொல்லமுடியாது.

(2) தமிழ் வைத்திய கலாசாலைகள் இல்லாதது ஒன்று. ஒரேவிதமான வைத்திய பாட புத்தகங்களை வைத்தியர்கள் படித்தும், அப்பியாசித்தம் வரவேண்டியது; (2) இனி வைத்தியஞ் செய்யவரும் இளைஞர்கள் தமிழ் வைத்தியசாலையில் படித்து தேர்ந்து பட்டம் பெற்று வைத்தியஞ்செய்யவேண்டியது; (3) தமிழ் வைத்தியசாலை பள்ளிக்கூடங்களில் படித்துவரவேண்டியது அவசிய மெனவும் பழகவேண்டியது அவசியமெனவும் அப்படி பழகாதவர்கள் வைத்திய சங்கங்களில் சேர்ந்து படித்து அனுபவ மூலமாகத் தேர்ந்து பட்டம் பெறவேண்டுமென்றும் ஓர் நிபந்தனை வைத்தியர்களுக்கு யேற்படுத்தவேண்டுமென்பதும் கவனிக்கத்தக்கதாகும்.

(c) போதுமானமட்டில் செய்யப்படவில்லை. ஒவ்வொரு பெரிய நகரங்களிலும் வைத்திய கல்விச்சாலைகள் யேற்படுத்தவேண்டும். இலவசமாக வசதிகள் யேற்படுத்தி வைத்தியம் பயில வருவோர்க்கு (ஸ்காலர்ஷிப்) உபகாரச் சம்பளம் கொடுத்து வைத்தியர்களைப் பழக்கி நற்சாஷிப் பத்திரம் (சர்ட்டிபிகேட்) பெறும்படி செய்யவேண்டும்.

கேள்வி 4.—(a) 1, 2, 3, இம்முன்று பாராக்களிலுங்கண்ட விஷயங்கள் முக்கியமானதும் கட்டாயம் செய்யவேண்டுமெனவென்றும் நான் எண்ணுகிறேன்.

(b) (1) எனக்குத் தெரிந்த இந்த இராஜதானியில் தக்க அமைப்பான தமிழ் வைத்தியப் பயிற்சிக்குரிய ஸ்தாபனங்கள் இருப்பதாகச் சொல்லமுடியாது. சித்த வைத்திய ஸ்தாபனங்கள் செய்திருப்பதாகவும் அவைகள், வரன்முறையாய் போதிக்கத்தக்க யேற்பாடுகள் நடந்து போதிக்கப்பட்டு வருமாகில், கூடிய சீக்கிரம் கைக்கொடுமென்பதே எங்கள் அபிப்பிராயம். ஆனால் கவர்ன்மென்டாரின் ஆதரவில்லாமல் முடியாதென்பது நிச்சயம்.

(2) சற்கால நிலமைக்கு மேற்குறித்த யேற்பாடுகள் மிதமிஞ்சியதாக யான் கருத எதுவில்லை; தமிழ் சித்த வைத்தியம் முற்படச் செய்ய கவர்ன்மென்டார் தக்க முயற்சியெடுத்து பொருளுதவி புரிந்து வைத்திய சங்கங்களை ஆதரித்து வரவேண்டியதே முக்கியமாகும்.

கேள்வி 5.—கட்கத்தா சர்வ லோசனை விசாரணை கம்மிட்டியார், மேலாட்டாரின் வைத்ய முறைகளில் பழகியும் அனுஷ்டித்தும், ஆரிய வைத்தியத்திற்கு வேண்டுவனவற்றை ஆங்கிலத்திலிருந்து சேர்த்து வழங்குவதானும், அதுபோல் தென் இந்தியாவில் பழக்கியில் லாததினாலும் மருத்துவமும் மருத்துவனை பாசம்செய்ய வேண்டியதற்கான பாதிரிகளும் லருவில் கிடைக்காததினாலும், முக்கியமாகவேண்டி, வேண்டியிருக்கையில் சுமார் 1,000 ரூபியுக்கு மேற்பட்ட தூரத்திலிருந்து தமிழ் பாஷை தெரியாத தேசங்களிலிருந்தும் தரு வித்த அலுவலகம் முடிக்க சிலசமயம் கேருவதினாலும் அநேக வைத்தியர்களுக்கு மேல் காட் டாரின் மருத்தின் பெயர்களே செவ்வனே அறிந்துகொள்ள முடியாததானும் பழக்கியில்லாத ததானும் அவர்களுடைய தீர்மானத்தை விசரிப்பதற்கு முடியாததாக்கிரகித்த.

கட்கத்தாவினுள்ள வைத்தியர்கள் எம்மிட்டியல் ஆங்கில வைத்தியத்தின் ஒளவுதக் களின் போக்கை அறிந்தவர்களாக இருக்கிறார்களான, அதுபோல் தென் இந்தியா சித்த வைத்தியனால் ஆராய்ச்சியுள்ள தமிழ் வைத்தியர்களும் மேலாட்டார ஒளவுதங்களின் செய் முறை, கைமுறைகளை அறிந்துகொள்ளும்பரியந்தம், வைத்திய முறைக்குள்ள வித்தியாசம் மறைந்துபோகுமென்பது தற்போது சொல்லமுடியாது.

கேள்வி 6.—சேர்க்கவேண்டியது உத்தமமென்றே நினைக்கிறோம்.

(a) பாடக்கிரமத்தின் சங்கிரகமாகவத : சரீரக்கூறிலக்கணம் முதல் பாடம், சித்தர் காடி பரீகை, பதார்த்தகுண சிந்தாமணி, ரசாயன பகுதி சாஸ்திரம், தாலாவர்க்க தூல், தத்துவாதிகளின் தொழில், அவைகள் விகல்பமடைபுள காரணம், குணம் முதலியவை களை கற்கவேண்டியது அவசியமாகும். இவ்வித யோக்கியதா அம்சங்களுக்கு 3, 4 வருஷக் கள் படித்துப் பழகவேண்டும்.

(b) தமிழ் பாஷையை போதுமான வகையில் கற்றிருக்கவேண்டும். ஆங்கிலத்தி லும் படிக்க எழுதக் கற்றிருப்பது போதுமானதாகும்.

(c) தமிழ் பாஷை மூலமாய் கற்பிக்கவேண்டும் காரணம்—சித்தர் வைத்திய சாஸ்திரம் முழுதும் தமிழ் பாஷையிலேயே எழுதப்பட்டிருப்பதினாலேதான்.

கேள்வி 7.—தற்போது ஆங்காங்கு வைத்தியம் நடத்தியும் வைத்திய ஸ்தாபனங்களில் சேர்ந்து தர்ம வைத்தியசாலை மூலமாகவும் சுயஜீவன மூலமாகவும் சுமார், 25, 30 வருடம் சுதேச முறைகளை அனுசரித்து அப்பியாசித்து வரும் வைத்தியர்கள் ரிஜிஸ்டர் செய்யப் படவேண்டியது முக்கியமாகியிருப்பினும், மற்ற வைத்தியர்கள் தக்க பண்டித சிரோஷ்டர்க ளிடம் சிலகால் வேலைசெய்து பிறகு யோக்கியதா பத்திரம் பெற்றிருக்கவேண்டியது கட்டாயமும் அவசியமுமாகும்.

(a) தற்போது நீண்டகால அனுபவமுடைய வைத்தியர்களை ரிஜிஸ்டர் செய்து கொண்டு அனுபவமில்லாது அனுபவசாலிகள் மூலம் அல்லது வைத்தியசங்க மூலம் தெரிந்தெடுத்து சட்டத்திற்கு இணங்கியிருப்பாரை ரிஜிஸ்டர் செய்துகொள்ள போர்ட் என்னும் சபை யேற்படுவது முக்கியமும் அவசியமும் நலமுமாக இருக்குமென்பது எக் கள் அபிப்பிராயம்.

அன்றியில், தமிழ் வைத்தியர்கள் ரிஜிஸ்டர் செய்யப்பட்டாலல்லது அவர்கள் சரி யான தமிழ் வைத்தியர்களாகாட்டார்களென்றும் ஓர் நிபந்தனை யேற்பட்டால், அப் போது வைத்திய தூல் பயிற்சியும் அனுபவமுமில்லாத போலி வைத்தியர்கள் வைத்திய தூல்களைப் படிக்கவும் பழகவும் திறமை வாய்ந்த வைத்தியர்களாகவும் யேதுவாகும். அனுபவமுடைய வைத்தியர்கள் ரிஜிஸ்டர் செய்துகொள்வதில் முன்வந்த காட்டிற் குதவும் நல்ல வைத்தியர்களாகவும், மேலாட்டு வைத்தியர்களைப்போல் சிறந்து விளங்கவும் அப்போதுதான் யேதுவாகும். ஆகையால், ரிஜிஸ்டர் செய்கிறபடி முக்கியமாகும்.

கேள்வி 8.—தமிழ் சித்த வைத்திய முறைப்படி சிகிச்சை செய்யும் ஏற்பாட்டிற்கும் செலவுக்கும் ஆலோபதியென்னும் வைத்திய முறைப்படி ஏற்படும் செலவிற்கும் சால வித் தியாசமுண்டு.

காரணம் கருகில், சுதேச மூலிகைகளால் பல வியாதிகளை நீக்கு முறையில் மேலாட் டார் ஒளவுதங்களின் செய்முறை, கைமுறைகளைத் தமிழ் வைத்தியர்கள் அறிந்துகொள்ளும் பரியந்தம் வைத்திய முறைகளுக்குள்ள வித்தியாசம் மறைந்து போகுமென்பது தற்போது சொல்ல முடியாது. ஏனெனில், சுதேச மூலிகைகளால் பல வியாதிகளை சிவர்த்திக்கும் முறையில், கஷாயமாகவும், தீநீராகவும், கிர்தமாகவும், ரசாயனமாகவும், வேதியமாகவும், வடகமாகவும், மாத்திரைகளாகவும், சூரணங்களாகவும், ஏக மூலிகையின் சத்தாகவும் இன்னும் இப்படியே அநேக மூலிகை பிரயோகத்தால் நோய்கள் குணமாக்கப்பட்டு வரு கின்றன.

மேற்கூறியுள்ள மூலிகைகளை ஆலோபதி என்னும் இதர வைத்திய சம்பந்தமாக திரா வகம் செய்கிறபதற்கும் வேறு சத்துக்களாகப் பிரிப்பதற்கும் ஆயில்லாக யெடுப்பதற் கும் இவைபோன்றவைகளைச் செய்கிறபதற்கு முதலில் தக்க கருவிகள் கிடைப்பதற்காக வேண்டும். தென்னாட்டு மூலிகைகளை அபல்காட்டிற்குக் கொண்டுசென்று பாசப்படுத்தித் திரும்பவும் இன்னாட்டிற்கே கொண்டுவந்து வழங்கவேண்டிய சந்தர்ப்பங்களில்லாமல் மிக்க செலவைப் பொருத்ததாகவே முடியும். அன்றியில் அந்தந்த காட்டின் மூலிகைகளின் காரணங்களுக்குத் தக்கவாறு அந்தந்த காட்டாருக்கு அந்தந்த காட்டின் பூயி சாரத்திற்

குத்தக்கவாறு மிக சிறு அளவிலும் குறைந்த காளிலும் குணமுண்டாவது இயற்கையாக விரும்பதால், செலவுக் குறைவாகவே யேற்படுகின்றது. இவை நிற்கத் தாதுவாக்க வகைகளில் பல தாதுக்களையும் ஏகமூலிகைகளையும் கொண்டு காரசார ஜெயநீர், தீநீர், பூப்புடம், வைத்திய முப்பு வென்னும் பலமுறைகளின்படி வருவாகவும் சீக்கிரமாகவும், சொற்ப செலவிலும் முடிக்கக்கூடாமொகையால், சுதேச வைத்தியமுறைக்கும், சிகிச்சா கிராமங்களுக்கும், ஆலோபதி என்னும் வைத்திய முறைக்கும் செலவில் தாரதம்மியம் ஏற்படும்.

அதற்கு இதனடியில் வரைந்துள்ள இரு செய்யுள்களின் கருத்தே செவ்வனே விளக்கும் :—

கவி.

1. “மூட்டவே இன்னமொரு குகைக் கேளு
மினிருடனே மலநீருக் கட்டிக் கொண்டால்
திட்டுவார் பேதி மருந்தினுதா எனன்று
திடனற்ற தேகமா யிருந்துதானால்
நாட்டுவார் ஆங்கிலத்தில் எனிமா வென்று
நலமாக நீர்ப் பையில் நீர்தான் புக்க
பூட்டுவார் முத்தெண்ணெய் வழலை நீர்தான்
புதுமையாய் மலஜலமும் வெளியாய்ப் போமே”
2. “போமப்பா இம்முறைக்கு கருவி வேணும்
புனிதமுள்ள சித்தர்முறை போக்கைக் கேளு
நாமப்பா அனுபவித்து வெளியாய்ச் சொன்னோம்
நலமான புளி உப்பு இங்கு நேர்தான்
சாமப்பா குருத்தண்ட நெய்யா வாட்டி
சதிராக தூசுதனில் தளமாய்ப் பூசி
தாமப்பா திரியாக்கி அபானத்தி வேத்தத்
தரியாது மலஜலமும் தன்மை பாரே.”

என தெள்ளிதாய் செப்பியிருப்பதின் காரணத்தை கருதிப்பார்க்க; மலம், நீர் தடைப்பட்ட ஒருவனுக்கு இங்கிலிஷ் வைத்தியத்தில் பேதி மருந்தால் வெளிப்படாவிடில் எனிமா வென்னும் ஓர்வித பீச்சு மருந்தை அபானத்தின் வழியே செலுத்தி மலத்தை வெளியாக்குவது அவர்களின் சிகிச்சை.

எனிமா செய்வதற்குக் கருவி வேண்டும். அக்கருவிக்கு செலவு குறைந்தது ரூ. 3-க்கு மேலாகும். அக்கருவி இல்லாவிடில் அந்தவேலை செய்யமுடியாது.

ஆனால், தமிழ் சித்த வைத்திய முறையில் மேற்கூறிய நிலமையில் மலநீரை வெளிப்படுத்தல் ஒரு அணு செலவில் உடனே முடிக்கலாம். அதாவது, 1 பலம் உப்பு, 1 பலம் புளி, 3 பலம் இங்கு இவைகளைச் சேர்த்து விளக்கெண்ணெய் விட்டரைத்து துணியில் பூசி திரியாக்கி அபானத்தில் ஏற்றினால் கட்டுமலக் கழியும். இவ்விரண்டுவித சிகிச்சையில் இங்கிலிஷ் சிகிச்சைக்குக் கருவியும் மருந்தும், தமிழ் சிகிச்சைக்கு மருந்துமட்டிலும் போதுமானதாகும். இப்படியே மற்றெல்லா விதங்களிலும் பெருகுமென்க.

ஆகையால், தமிழ் சித்த வைத்திய முறைக்கும் செலவில் தாரதம்மியம் ஏற்படும். ஆகையால், தமிழ் வைத்தியம் இனிது.

கேள்வி 9.—சுதேச வைத்தியம் கழிணித்து வருவதற்குக் காரணம்.—சுதேச வைத்திய முறைகளை விரும்பிச் செய்ய இராஜாங்கத்தார் முற்பட்டு பொருளுதவி செய்து சுதேச வைத்தியர்களையும் சுதேச வைத்திய முறைகளையும் நன்கு கவனியாமல் புரக்கணித்துவிட்டது ஒன்று. ஏற்பட்டிருக்கும் வைத்திய சங்கங்களுக்கு வேண்டிய உதவிகளைக் கேட்டு ஆதரிக் காமல் இருப்பது—2. தமிழ் வைத்திய அனுபோக ஆராய்ச்சியுள்ளாரையும் அவர்களால் ஏற்படுத்தி நடத்திவரும் தமிழ் தர்ம வைத்தியசாலைகளையும், டிஸ்பென்சரிளைப்போல், பாராட்டாததே குறைவிற்குக் காரணமாகும்.

(b) சுதேச வைத்திய முறைகளை விரும்பிச் செய்வதற்கு இராஜாங்கத்தார் அந்தந்த ஜில்லாக்களில் ஏற்கனவே தர்மத்திற்காக ஏற்பட்டு நடந்தவரும் சத்திரவாரி இலாகா தர்ம பண்டிலும் தாலாகா போர்டு, முன்சிபாவிட்டியிலும் இதற்காக இதர பள்ளிக் கூடங்களுக்கும் அன்னதான தர்ம விஷயங்களுக்கும் உதவி செய்து வருவதுபோல், புராதன தமிழ் தர்ம வைத்தியசாலைகளையும் ஷே. சத்திரவாரி தர்ம பண்டில் சேர்த்தும் அல்லது தாலாகா போர்டு, முன்சிபாவிடியாசால் உதவி செய்ய முற்படுவதே புனருத்தாரணத்திற்கு யேற்றதாகும்.

கேள்வி 10.—ஆங்காங்கு பலவிடங்களிலும் சுதேச வைத்தியசாலைகளை யேற்படுத்தி இங்கிலிஷ் டிஸ்பென்சரிளைப்போல் சட்ட கிட்டங்களை வைத்து ஆதரித்து வருவதும் வைத்தியங்கற்க விரும்பும் மாணுக்கர்களுக்கும் பெண்மணிகளுக்கும் தக்க வசதிகளும் உபகாரச் சம்பளமும் கொடுத்து இங்கிலிஷ் டிசாசர்களை ஆதிரில் ஆதரித்துப் படிப்பிக்கச் செய்த பாள்மைபோல் தமிழ் வைத்தியம் கற்க விரும்புவோரையும் கவனித்து விர்த்தி செய்வதும் ஆங்காங்கு கல்லூரிகள் நியமித்து வைத்தியக் கட்டாயப் படிப்பு ஏற்படுத்துவதும் யாவற்றிலும் முக்கியமானதும் அவசியமானதும்.

(2)

M.B.R.Y., SWAMI VIRUDAI SIVAGNANAYOGIGAL AVARGAL, KOILPATTI.

கேள்வி 1.—கான் தமிழ் வைத்தியத்தைப்பற்றிக் கூறுகின்றேன். இது தமிழாயுள் வேத வைத்தியம், தமிழ்ச் சித்தவைத்தியம், திராவிடாயுள்வேத வைத்தியம், தமிழ் மருத்துவம் என்றும் அழைக்கப்படும்.

கேள்வி 2.—(a) உனிதன் உட்கொள்ளும் உணவுகளின் வேற்றுமை மிகை, குறை, ஒவ்வாமை, செரியாமைகளாலும், நீர், காற்று, உடை, கடைகளின் செடுகினாலும், புழுக்கள், கஞ்சச் சிற்றுயிர், கஞ்சுகளின் கலப்பாலும், கோயப்பட்டார் சேர்க்கையாலும், பதினான்குவகைப் போக்குகளை மறித்தலாலும், மனக்கவலை, ஐய முதலியவற்றாலும் கால இட வேற்றுமையாலும், சிவவற்றாலும், வாதம், சித்தம், ஐயம் என்ற மெய்த்தத்துகளில் மிகுதி, குறைவு கலப்பு, விகாரங்களுண்டாகி, கோய்களுண்டாகின்றன. போக்குகள் (வேகங்கள்) மறித்தல் 14 : அவை—குசு, மலம், நீர், தும்பல், நீர்வேட்கை, பசி, தூக்கம், இருமல், இளைப்பு, பெருமூச்சு, கொட்டாவி, கண்ணீர், வாக்தி, விந்திறக்கம் இவற்றை யடக்கல்.

சுருக்கிக் கூறில், உலகத்துள்ள எல்லாப் பொருள்களும், உடல்களும், ஐய்ப்புத்தாலாயனவே. மக்களுடலும், ஐய்ப்புத்தாலாயதே; புகைவண்டி, இயந்திரம், ஐய்ப்புத்தாலாயனவென்று தொழிற்படுகின்றது. இயந்திர உறுப்புகள் மண். சிவப்பப்பட்டிருப்பது நீர். நீரைக்காச்சுவது தீ. அதிலுண்டாவது நீராவி. அனைத்தக்கும், இடந்தருவது விண். அவற்றில் இயந்திரம் தொழிற்படற்கு முக்கிய சாதனமாவது ஆவி, தீ, நீர் மூன்றே. அவைபோன்றனவே வாதம் (வாயு), சித்தம் (தீ), ஐயம் (நீர்) களாம். இயந்திரத்தில் நீராவி, தீநீர், மிகுந்தாற் கழித்தலும், குறைந்தால் சேர்த்து திறைத்தலும், அவை வேண்டிய அளவில் இருக்கும்பொழுது, நன்னிலையிலிருந்து தொழிற்படலும் கண்டடரக்கண்ணின்றோம். இவ்வாறே மனிதவுடலிலும், உண்மையை யறியவேண்டும்.

உடற்கூறெல்லாம், மண்பூதம்; உடலிலுள்ள நீர்க்கூறெல்லாம், நீர்ப்பூதம்; செரிநீர், சித்தம், வெப்பம் முதலியது தீப்பூதம்; காற்று கண் அனைத்தும் வாய்ப்பூதம்; ஒளி, வெளி முதலியன, விண்பூதம்; இவ்வைந்திற் காற்று, தீ, நீர், மூன்றும் வாதம், சித்தம், ஐயம் எனப்படுகின்றன. வாதம், சித்தம், ஐயம் மூன்றும் ஆதாரபூதமாகிய மண்ணோடும் சூக்கும் பூதமாகிய விண்ணோடும் கலந்தே நிலையுறுகின்றன.

வாதம், சித்தம், ஐயம் ஆகிய காற்று, தீ, நீர் உரிய அளவில் தூயனவாயிருக்கும் நிலை உடலுக்குச் சுகநிலை. மேற்கூறிய காரணங்களால் மிகுதல், குறைதல், கெடல் முதலிய விகாரப்படிவ வாத, சித்த, ஐயகோய்களுண்டாகின்றன. இயந்திரத்தில் நீராவி, தீநீர், மிகுக்கும்பொழுது, வெளியேற்றிக் குறைப்பதுபோலவே உடலிலும் பேதி முதலிய மருத்துகளால் அவற்றை வெளியேற்றலும், சுவர அல்லது மாறச்செய்தலும், குறைந்தபொழுது அவை மிகுக்கச்செய்ய மருந்துதந்து திறைத்தலும் மருத்துவமெனப்படுகின்றது.

திருமூலர் திருமந்திரம் வைத்தியம் 600.

“ இருந்த இவ்வைந்தா லெடுத்த சடமிது
பிரிந்திடு மாமிசம் பிருதிலி மயமாகும்
சொரிந்திடு மிரதநீர் சொற்குறி யப்புவாம்
வருந்திய வன்னி வளமாய் வெதுப்பமே. ”

31

“ வெதுப்பத் துடனே விபெட்டு நாகிலில்
எதுபுற்று நிற்கு மிகுதலும் வாயுவாம்
கதுப்பொத் தெல்லாம் கமனித் திடமிட்டு
மதுப்பொத் துகிற்கும் வானின் வளப்பமே ”

32

“ வளப்பக்கேள் பூமி வாசிக்கும் நாகிலில்
தளப்பமாய் வன்னி தானுறுங் கண்ணினிள்
அளப்பமா மப்பு அடக்கிடும் நாகினில்
பளப்பல தாயு பரிசிக்கு மெக்குமே. ”

33

“ எங்கிய காதி விருந்துறு மாகாசம்
பொங்கிய தைந்துக்குட் பொல்லாதும் மூன்றுதான்
தங்கிய வாயு சமத்தன் மகாவாதம்
பங்கிய வன்னியாற் பகுத்தது சித்தமே. ”

34

“ பகுந்த சுவத்திற் பரிசிக்கும் கல்லையம்
வகுந்த விம்மூன்றால் வளர்ந்தது கோயெலாம்
அகுந்தது தானறிந்தளவிட்ட யோகிகள்
மகிழ்ந்தே திதில்கின்ற மயக்கம் அறிவரே. ”

35

மருந்து—விகாரம், கோய், சாவுகளை, மறுப்பது மருந்து. மறு என்ற பகுதியிலுள்ள நகரம் ரகரமாதல் விகாரம்.

மேற்கூறிப் போந்தவற்றால் பலகாரணங்களால் உண்டாம். வாதம், சித்தம், ஐயங்களின் மிகுதி குறைவு விகாரங்களே கோய்க்குக் காரணமாகின்றன.

திருக்குறள்.

“மிகினுங் குறையினு கோய்செய்யு னாலோர்
வளிமுதலா வெண்ணிய மூன்று.”

(b) தமிழ் மருத்துவ நூல்களின்படி மருத்துவத்தில் மருத்துவன், மருந்து, மருந்துண்பான், மருந்துட்டுவான் (உழைச் செல்வான்) என்று நான்கு பகுதிகள் அடங்கி யிருக்கின்றன. அவை,

திருக்குறள் 950.

“உற்றவன் தீர்ப்பான் மருந்துழைச் செல்வானென்
றப்பானாற் கூற்றே மருந்து.”— என்ற குறளால் விளங்கும்.

மருத்துவனிலக்கணம் கூறும்வழிபாளே, தமிழ் வைத்தியமுறை இலக்கண முழுவதும் விளக்கப்பட்டுள்ளன. அஃது வருமாறு—

மருத்துவனிலக்கணம்—திருமந்திரம் 8,000.

“மூன்று கண்டலை நான்கு முகங்கள்
ஆன்ற வைத்திக் காறு கையுடல்
கான்ற வெட்டுக் கால்பத் தெய்தி
மாண்ட மருத்துவன் மாற்றுவ னேயே.”

“வாதகுறி வைத்தியரே சொல்லக் கேளிர் வாகாகக் கண்மூன்று தலைகள் நான்கு
நீதமுடன் முகங்களைந்து கைகளாறு சிலைசீரங்க னெட்டுக் கால்கள் பத்து
வீதமிதின் பயனறிந்தார் வியாதி தீர்ப்பார் விதமறியார் மானிடரைப் பழியே செய்வார்
சேதமாளு செய்மருந்து பவித் திடாது செத்தபின்பு தீநாகிற் சேரு வாரே”
—என்ற பாட்டுகள்.

மருத்துவன்—(1) கண்மூன்று, (2) தலை நான்கு, (3) முகம் ஐந்து, (4) கை ஆறு, (5) உடல் எட்டு, (6) கால் பத்துடையவன் மருத்துவன் என்று மருத்துவனிலக்கணங்களை உறுப்புகளாக உருவகஞ்செய்து கூறுகின்றன.

அவற்றின் பொருள் யாதெனில்,—

1. கண் மூன்று, அவை—

(1) மருந்தின் சத்தி.

(2) மருந்தின் குணம் (மருந்தியல்பு).

(3) மருந்தின் பெயர் கூறும் நிகண்டு.

இம்மூன்று உணர்ச்சியும் மருத்துவனுக்கு முதன்மையிலக்கணமாகவின் மருந்துவனுக்குக் கண்ணாகக் கூறப்பட்டது.

மருந்துகள்—நீக்கம், காப்பு, நிறைப்பு என முத்திறப்படும்.

நீக்கம்.—வந்த நோய்களை நீக்கு மருந்து.

காப்பு.—நோய்கள் வாராமற் காக்கும் மருந்து.

நிறைப்பு.—உடலிற் குறைந்த சத்துக்களை நிறைக்கு மருந்து.

திருமந்திரம் 8,000.

“கன்னடை யூண்கால் கணல்நோய் தொற்று
மன்னிடா வுறையும் வளஞ்செய் காப்பாம்
துன்றுநோய் நீக்கல் சொல்லிலக் காகும்
குன்றிய சத்துக் கொடுத்த னிறைப்பே”

அம்மருந்துகள் தேவுறை, மக்களுறை, குருறை என மூவகைப்படும். அம்மூன்றும் 66 வகைப்படும்.

மருந்துப் பொருள்கள்.

மூலிகைகள் மருந்துச் சாக்குகள் 1,018, உப்பு வகைகள் 25, பாடாணங்கள் 64, உபாசச் சாக்குகள் 112, உடற்பொருள்கள், சத்துகள் 112, வேரகங்கள் 9, மணிகள் 9 முதலியன.

மேற்கூறிய மருந்து மூலிகைகளில்—தேவுறை 12.

(1) நீறு (பற்பம்).

(2) செந்தூரம்.

(3) சுன்னம்.

(4) கட்டு.

(5) படங்கு (பதங்கம்).

(6) கனக்கு (கனங்கம்).

(7) சுடர் (விளக்குவண்ணவுறை).

(8) புகை.

(9) மின் (மின்சாரம்).

(10) சத்து.

(11) செய்கீர் (செய்கீர்).

(12) தீகீர் (திராவகம்).

மக்களுக்கான 33.

- | | |
|--|--|
| (1) பச்சிலை X வேர். | (17) வடகம். |
| (2) குடிநீர். | (18) உண்டை (குளிகை). |
| (3) பொடி (சூரணம்). | (19) வெம்மைப் பொட்டணம் (ஒற்றி
டம்). |
| (4) வெய். | (20) கஞ்சறை. |
| (5) பிட்டி (பிட்டியில்). | (21) முறிவு. |
| (6) முழுக்கெண்ணெய் (முடித் தை
லம்). | (22) கண்ணுறை. |
| (7) கடர் வெய் (கடர்த் தைலம்). | (23) பேதியுறை. |
| (8) உண்ணெண்ணெய் (குடித் தை
லம்). | (24) வாந்தியுறை. |
| (9) துளை வெய் (துளைத் தைலம்). | (25) புழுப்போக்கி. |
| (10) பூச்செண்ணெய் (பிடித் தை
லம்). | (26) வேத. |
| (11) கறைபோக்கி (சோரிபோக்கி). | (27) நீர்ப்பெருக்கி. |
| (12) செவியுறை. | (28) வேர்ப்பி (வேர்வையாக்கி). |
| (13) இளகம் (லேகியம்). | (29) மெழுக்கு. |
| (14) கருக்கம் (இரசாயனம்). | (30) மூக்குறை. |
| (15) குழம்பு. | (31) தம்மி. |
| (16) கவாடம். | (32) பாரு (சர்ப்பத்த). |
| | (33) வல்லுறை (வலிதரு மருத்த). |

சூருறை (அரக்கூருறை) 21.

- | | |
|---------------------------------|---|
| (1) அறுவை. | (12) பிச்ச. |
| (2) சூடு. | (13) கழுநீர். |
| (3) அட்டை (செந்நீர் போக்கல்). | (14) செலர்கை. |
| (4) குடோரி. | (15) கட்டுமொக்கணி. |
| (5) வெறியுறை (மயக்குறை). | (16) கொப்பளி. |
| (6) தெளிவுறை. | (17) நீருறை. |
| (7) துவர் வெய் (ஆற்றெண்ணெய்). | (18) பூச்சு (Paint). |
| (8) கரைச்சி (சதைகரைக்கு மருத்த) | (19) பூதவுறை. |
| (9) புண்ணாக்கி—Blister. | (20) முயற்சி. |
| (10) ஊதுறை—Insufflation. | (21) மருத்துவம் (பிள்ளை பெறுவித்
தல்). |
| (11) களிம்பு—Ointment. | |

மருந்தில் செயல் வகை 20.

- | | |
|---|------------------|
| (1) பேதி—மலபேதி, நீர்ப்பேதி,
புழுப்பேதி. | (10) ஒற்றிடம். |
| (2) வாந்தி. | (11) பூச்சு. |
| (3) மூக்குறை—தம்மி, நசியம். | (12) கடர். |
| (4) கண்ணுறை—கவிக்கம், மை முத
வியன. | (13) புகை. |
| (5) வேர்வுறை. | (14) மயக்குறை. |
| (6) காப்புறை. | (15) முறிவுறை. |
| (7) விலக்குறை. | (16) பிச்ச. |
| (8) கிறைப்புறை. | (17) புண்ணாக்கி. |
| (9) முழுக்கு. | (18) அட்டை. |
| | (19) கரைச்சி. |
| | (20) ஆற்றி. |

என்றிருபது வகைப்படும்.

2. தலைகள் 4—வாதம், பித்தம், ஐயம், தொந்தம் (கலப்பு).

இந்நான்கைப்பற்றிய ஆராய்ச்சியைக் கண்களுக்கு நிலைக்களமாகிய தலையாகக் கூறப்
பட்டது.

வாதாதி நான்கின் பூதம், தோற்றம், இயல்பு, செயல், மிகுதி, குறைவு, வடிவம்,
நிறம், காலம் முதலியவற்றை யறிதல்.

3. முகங்கள் 5—என்பது பிண்டநிலை 5 ஆம், அவை—

(1) பிண்டத் தோற்றம் (கருப்போற்பத்தி).

(2) உட்புறவுறுப்புகள் (பல் முதலிய வுள்ளுறுப்புகளும், மண்டை முதலிய புற
வுறுப்புகளும்).

(3) நோய் முதல் குணமருந்து (கோபின் காரணமும், கோபின் குணமும், நோய்
க்கு மருந்துகளும்).

(4) யாக்கைப் பொருளும், கழிவும், சாரம் (இரச தாது முதலிய யாக்கைப் பொரு
ள்களும், மல முதலிய கழிவுகளும்).

(5) உடனிலை—[உடலில் ஐம்பூதப்பகுதிகள், வாதம், பித்தம், ஐயப்பகுதிகள், உடலில் லோகச் சத்துப்பகுதிகள், சத்துக் குறைதல், நிறைதல், உயிர்ப்பிள்ளிலை, உயிர்ப்பருத்தல், உளமடக்கல், வருமங்கள், கச்சிலை, அமிழ்திலை, உவளிப்புமுறை, (தூய்நாக்கு முறை), கலம் பேணு முறை, காத்தன்முறை, கன்னிலைக்குறி, நோய்க்குறி, சாக்குறி, சாகாக்குறி, முதலியவற்றை அறிதல்].

4. கைகள் 6—

(1) இனிப்பு, (2) புளிப்பு, (3) உப்பு, (4) கைப்பு, (5) கார்ப்பு, (6) துவர்ப்பு, } எனச் சுவைகள் 6. வாதம்-புளிப்பு; பித்தம்-கைப்பு, கார்ப்பு, துவர்ப்பு; ஐயம்-இனிப்பு, உப்புச்சுவைகள். மகக்ருணவும் பொருள்களும் பிறவும் வாதாதி குணங்களுடைய அறுசுவைப் பொருள்கள் உணவுகள் எல்லவருக்கும் நாடோறும் இன்றியமையாதது. (கீவண்டப்படுதலால் அவற்றையறிந்து நோய் வராமலுண்ணும் பொருள்களையும் நோயாளர் நோய் தீர்க்க உண்ணும் பொருள்களையும் தெரிதலை தொழிலுக்கு முக்கிய கருவியாயுள்ள கைகளாகக் கூறினார்.

5. உடல்கள் 8, அவை—

(1) நாடி—வாத பித்தம் ஐயநாடிகளின் தன்னடை, புறகடை, இளைத்தல், கதித்தல், துடிதல், படுத்தல், முற்போக்கு, பிற்போக்கு, சுழற்சி, கவித்தல் முதலியவற்றைத் தீர்த்தல். பூதநாடி, குருநாடி, இவற்றின் கடைகளை அட்பமாயறிதல்.

(2) கண்—கண்களில் வாதம், பித்தம், ஐய நோய்களுக்குரிய நிறம், செயல், புண்ணுதல், சூழிதல், சிறுத்தல், பருத்தல், கலங்கல், நீர் வடிதல், வீங்கல் முதலியவற்றால் நோய்களை அறிதல்.

(3) நாக்கு—வாதபித்த ஐய நிறங்களைப் பெறல், பலநிறம் பெறல், மாசற்றிருத்தல், மாப்படிந்திருத்தல், நீர் பெருகல், வரண்டிருத்தல் முதலியவற்றால் நோய்களை அறிதல்.

(4) உடல்—உடலின் அமைப்பு, நிறம், தடித்தல், சாகாதல், புடைகருண்டாதல் மரத்தல், இளைத்தல், வீங்கல், வற்றல், புண்ணுதல் முதலியவற்றால் வாதாதிக்கூறுகளையும் நோய்களையும் அறிதல்.

(5) மலம்—மலத்தின் நிறம், கட்டியானது, தீயந்தது, செரித்தது, செரியாதது, துரைத்தது, கவண், சீழ், இரத்த முதலியவற்றோடு கலந்திறங்கல் முதலியவற்றால் நோய்களை அறிதல்.

(6) நீர்—நீரின் நிறம், சுவை, கலப்பு, அளவு, நிறை, தடவை, சத்து, கெய்க்குறி முதலியவற்றால் வாதபித்த ஐய சம்மந்த நோய்களையும், தீர்தல் திராமையையும் அறிதல்.

(7) தொட்டல்—உடலைத் தொட்டுப்பார்த்து சூடாயிருத்தல், கொதித்திருத்தல், பொது சிலையிருத்தல், குளிர்ந்திருத்தல், சில்லிட்டிருத்தல், வியர்த்தல், பிசுபிசுத்தல், மாக்கல் முதலியவற்றால் நோய்களையறிதல்.

(8) ஒலி—நோயாளன் பேசும்பொழுது உரத்த ஒலி, சமவொலி, தாழ்ந்தவொலி பித்தமல், சிரித்தல், நளமல், குரங்கம்மல், பெருங்குச்சலிடல், கவனெடு கலந்த வொலி, துரையீரல் மூச்சொலி முதலியவற்றால் நோய்களையறிதல்.

6. கால்கள் 10—

வாயுக்கள் 10, நாடிகள் 10—அவை உடல், பொறி, புலன், கருவிகள் தொழிற்படுதற்கு முக்கிய கருவியாயுள்ளன. வாயுக்கள் நாடிகளைப்பற்றி பரவித் தொழிற்படலாலும் நாடிகள் வாயுவோடு கலந்து செயற்படலாலும் இரண்டு பகுதிகளும் ஒன்றுபடுத்திக் கூறப்பட்டன.

வாயுக்கள் 10.

- | | |
|----------------------------|---------------------------------|
| (1) உயிர்க்கால் (பிராணன்). | (6) வாந்திக்கால் (நாகன்). |
| (2) ஒலிக்கால் (உதானன்). | (7) விழிக்கால் (கூர்மன்). |
| (3) செயற்கால் (வியானன்). | (8) தும்மிக்கால் (சிரிகரன்). |
| (4) செரிகால் (சமானன்). | (9) கொட்டாவிக்கால் (தேவதத்தன்). |
| (5) மலக்கால் (அபானன்). | (10) வீங்குகால் (கனஞ்செயன்). |

உயிர்க்கால் முதலியவைத்தும், முறையே, உயிர்ப்பு (மூச்சு), மேற்கால், பரவுகால் கடுக்கால், கீழ்க்கால் என்னும் பெயர்பெறும்.

நாடிகள் 10.

- | | |
|------------------------------|-----------------------------|
| (1) இடகலை. | (6) வலக்கைச்சி (பூஷா). |
| (2) பின்கலை. | (7) இடைக்கைச்சி (யசஸ்விதி). |
| (3) சுழிமுனை. | (8) காக்கி (அலம்புசா). |
| (4) இடக்கணி (காந்தாரி). | (9) குறிச்சி (குறீ). |
| (5) வலக்கணி (தமஸ்தி ஜிம்மா). | (10) தலைச்சி (சங்கினி). |

- | | |
|----------------------------------|--|
| (1) கஞ்சி, | (12) ஆசுவம் (எச்சாத) செயற்கள் (செய்வது), |
| (2) சூரணம், | (13) அரிஷ்டம் (எச்சிய செயற்கள்). |
| (3) வடிசா (குளிகை), | (14) கிருகம் (செய்), |
| (4) மோதகம் (உண்டை), | (15) தைவம், |
| (5) கண்டபாகம் (வேசியம்), | (16) வமணம் (வாந்தி), |
| (6) பாவகம், | (17) விசோசனம் (பேதி), |
| (7) புடபாகம், | (18) வஸ்தி (பீச்சு மருத்து), |
| (8) காஞ்சிகம் (புளிப்புப்பாணம்), | (19) கசியம் (மூக்குறை), |
| (9) திராவகம், | (20) தாமபாணம் (புகைகுடித்தல்), |
| (10) சவல்பத் திராவகம், | (21) கண்டேஷம் (கொப்பரி மருத்து) |
| (11) சங்கத்திராவகம், | |

இவையனைத்திலும் மூலிகைவகைகளும் திராவகத்தில் முதலியனவுஞ் சேர்க்குள்ளன.

தமிழ் வைத்திய நூல்களின்படி வலியதன்மை—

- | | |
|---|-------------------------------------|
| (1) பொடி (சூரணம்)யிலும், | (12) பாடாணப் பற்பம் வலிது, அதிலும் |
| (2) சாறு வலிது, அதிலும் | (13) பாடாண செந்துரம் வலிது, அதிலும் |
| (3) குடிநீர் வலிது, அதிலும் | (14) பாடாணச்சன்னம் வலிது, அதிலும் |
| (4) வேசியம் வலிது, அதிலும் | (15) லோகச்சன்னம் வலிது, அதிலும் |
| (5) குளிகை வலிது, அதிலும் | (16) சத்துச் சன்னம் வலிது, அதிலும் |
| (6) மெழுகு வலிது, அதிலும் | (17) இரச மணிகள் வலிது. |
| (7) உப்புநீறு வலிது, அதிலும் | |
| (8) தீநீர் வலிது, அதிலும் | |
| (9) தாதுப்பொருள் மருந்து வலிது, அதிலும் | |
| (10) பாடாணம் வலிது, அதிலும் | |
| (11) பாடாணப்புகை வலிது, அதிலும் | |

இவை 17 வகை மருந்துகளும் ஒன்றுக்கொன்று வலியது. ஆதலால், முத்திய மருந்துகளிற்றீராத நோய்களை— பித்திய மருந்துகளால் தீர்க்கவேண்டுமென்றும் கூறுகின்றன. ஆதலால், மருத்துவன் இவ்வெல்லா மருந்துகளையும் தெரிந்திருந்தால் ஒருவகை மருந்திற் தீராவிடில், மற்றொரு வகை மருந்து தந்து தீர்க்கலாம்.

மருத்தின்வலி வேறு விதம்.

- (1) மூலிகை மருந்து வலிது, அதிலும்
- (2) உப்புவகை மருந்து வலிது, அதிலும்
- (3) தீநீர்வகை மருந்து வலிது, அதிலும்
- (4) உபாசவகை மருந்து வலிது, அதிலும்
- (5) உடற்பொருள் மருந்து வலிது, அதிலும்
- (6) பாடாணவகை மருந்து வலிது, அதிலும்
- (7) லோகவகை மருந்து வலிது, அதிலும்
- (8) சத்துவகை மருந்து வலிது, அதிலும்
- (9) இரசகுளிகை வலிது, அதிலும்
- (10) யோகம் வலிது.

திருமந்திரம் 8000.

“ மன்மூ லிகைவகை வல்லுப்புத் தீநீர்
மன்றூ துடர்பொருள் பாடாணம் லோகம்
இன்னியம் சத்தி ரசமணி யோகம்
ஒன்றுக்கொன்றுயர் விலக்கம் நோய்க்கே ”

என மருந்துகளின் வலிமைகளை வகுத்துக் கூறுகின்றன. இவையனைத்தும் தமிழ்ச் சித்தவைத்தியத்தில் கிரஃபியிருக்கின்றன. வடமொழி வைத்தியத்தில் 17 பகுப்பில் முதல் 8 பகுப்புகளும், 10 பகுப்பில் முதல் 3 பகுப்புகளும் இருக்கின்றன. எஞ்சியுள்ள உயர்வலி மருந்துகள் தமிழுக்கே உரியனவாயிருக்கின்றன. அவ்வுயர் மருந்துகள் பிறவைத்தியங்களில் தீராத நோய்களையும் தீர்க்கும் வலியுடையன. வடமொழிப் பித்திய நூல்களிற்காணப்படுவன தமிழிலிருந்து சென்றன.

சென்ற சென்சஸ் கணக்கின்படி—

சென்னை இராஜதானியிலுள்ள வைத்தியர்கள் ஆண்கள்	...	21,627
” ” பெண்கள்	...	4,188

25,815 இதில்

ஆங்கில வைத்தியர்கள், சுமார்	...	...	...	700
சமஸ்கிருத ஆயுள்வேத வைத்தியர், சுமார்	...	...	...	300
திருவனந்தபுரம்-கொச்சி நாட்டில், சுமார்	...	...	...	700
யூநாதி வைத்தியர், சுமார்	...	...	...	500

				ஆக	2,200 ம்
பெண் வைத்தியர்கள்	...	...	...	...	4,188 டீக்கடி
ஏற்பட்ட தொகை	...	...	...	...	6,388 ரூபாய்

19,427 மீதமிருக்கின்றனர். ஆகலால் எவ்விதம் குறைத்துப் பார்த்தாலும் திராவிட வைத்தியம் அல்லது தமிழ் வைத்தியம் செய்யும் வைத்தியர் சுமார் 20,000 வரையிலிருக்கின்றனர்.

இவ்விராஜதானியிற் பெருந்தொகையின்றாற் கையாளப்படுவதும் தொன்றுதொட்டு நடந்து வருவதும் எல்லா நோய்களுக்கும் உயர்ந்த மருந்துகள் கிற்றியதுமாகிய திராவிடம் அல்லது தமிழ்ச் சித்தவைத்தியத்தை வளர்ப்பதற்கு கவர்ன்மென்டாரும், டிஸ்டிரிக்ட்டு போர்டுகளும், முனிசிபாலிட்டி, நாலாகா போர்டுகளும், யூனிபன் போர்டுகளும் அதிக உதவி செய்யவேண்டுமென்று இத்தமிழ் வைத்திய சங்கம் வேண்டுகின்றது.

திராவிட பாஷையாகிய தமிழிலுள்ள சித்த வைத்தியமுறைகள் தெலுங்கு கன்னட முதலிய திராவிட மொழிகளிலு மெழுதப்பட்டிருக்கிறது. சிங்காவத்தில் கி. பி. 15-வது நூற்றாண்டி லெழுதப்பட்ட சாரங்கதாம், இதையும் கி. பி. 16-வது நூற்றாண்டிலெழுதப்பட்ட பாவப்பிரகாச முதலிய சமஸ்கிருத நூல்களிலும் தமிழ்வைத்தியமுறைகள் பல வேறியிருக்கின்றன.

கேள்வி 3.—(a),(b) (1), (2), (c) and கேள்வி 4.—(a) (1),(2),(3) என்ற வினாக்களில் வைத்தியம் கற்பிக்கும் ஸ்தாபனம் அல்லது பாடசாலை இருக்கிறதா? இருந்தால், என்ன என்ன ஏற்பாடுகள் செய்யவேண்டுமென்று கேட்டிருக்கிறது.

இப்பொழுதுத் தமிழ் வைத்தியம் கற்பிக்கும் பாடசாலைகளின்மையால் அதைப்பற்றி ஒன்றுஞ் சொல்லவதற்கில்லை.

கேள்வி 4. (b) (1) (2) இதுவரை தமிழ்ச் சித்த வைத்தியம் கற்பிக்கப் பாடசாலைகள் ஏற்படவில்லை. தமிழில் வைத்திய நூல்கள் இவக்கக் கண்க்கெவி ருக்கின்றன. ஆனால், பிழையற்றபிரதிகளாய்ச்சிடப்பட்டுமில்லை. அந்நூல்களில் வைத்தியம், மந்திரம், கற்பம், யோகம், ஞானம் முதலிய பொருள்கள் ஆங்காங்கு கவந்துகூறப்படுகின்றன. சில நூல்களில் மருத்துவமட்டும் கூறப்படலுமுண்டு. ஆனால், அவை அதிகார வகையாய்ப் பிரிக்கப்படாமல் பல பொருள்கள் அங்குமிங்கும் கவந்துமிருக்கும். ஆகலால், தமிழ் வைத்தியப்புவமை சான்றவர்களாக இவ்விராஜதானியில் 25 அல்லது 100 வைத்தியர்களை மெம்பர்களாகத் தேர்ந்தெடுத்து தமிழ் மருத்துவநூல் போர்ட் ஏற்படுத்தி 3 அல்லது 4 வருடங்களுக்குப் படிக்கும் பாடப்புத்தகங்களைமுதும்படி செய்து அச்சிட்டிப் பாடசாலைவைத்து அதிற்படிக்கும்படி செய்யவேண்டும்.

அப்படிச்செய்துமுடியு நாட்செல்லுமாதலால் தற்காலத்துக்கு இப்போதச்சிலிருக்கும் தமிழ் மருத்துவ நூல்களையே பாடப் புத்தகங்களாகிப்ப பாடசாலை துவக்கலாம்.

தமிழ் வைத்தியப் பாடசாலைகளில் தமிழ் வைத்தியத்திலும் நூற்களிலும் தேர்ந்த தமிழ் வைத்தியர்களை உபாத்தியபார்களாக வேற்படுத்தவேண்டும். அம்மாணக்கற்கும்

- (1) தமிழ் வைத்தியசாலையும்,
- (2) மருந்து செய்யக் கற்பிக்கும் மருந்துசெய்சாலையும்,
- (3) புத்தகசாலையும்,
- (4) மருந்தும் பொருட்காட்சிசாலையும்,
- (5) அரும் பொருளாசாய்ச்சிசாலையும்

ஏற்படுத்தி அவை கடை பெறவும், அவற்றில் மாணக்கரும் உபாபத்தியாயரும் பதிலவும் செய்விக்கவேண்டும்.

கேள்வி 5.—அவ்வபிப்பிராயத்தைச் சென்னை இராஜதானித் தமிழ் வைத்திய சங்கத் தார் ஒப்புக்கொள்ளமுடியாது. தமிழ் வைத்திய நூல்களில் உபாசச் சரக்குகள் 112. உலோகங்கள் 9, உப்பு வகை 25, பாடாணம் 64 சத்துகள் இவற்றில் பற்பம், செந்தூரம், சுன்னம், தீநீர், கட்டு, மெழுகு, மணிகள் முதலிய ஆயிரக்கணக்கான மருந்துகள் கூறப்பட்டிருக்கின்றன. அவை சமஸ்கிருதம், யூநானி, ஆங்கில வைத்தியங்களுக்குரியனவன்று, தமிழுக்கே யுரியன. ஆகலால், தமிழ் வைத்தியர் மேனாட்டு மருந்துகளைக் கற்றுக்கொள்ள அவசியம் தேரிடாது. மேனாட்டு வைத்தியர் தமிழ்ச் சித்தவைத்திய மருந்துகளை ஏற்றுக்கொண்டு உபயோகிக்கில் இருவருக்குமுள்ள வேற்றுமை விலகுமென்றெண்ணுவின்றேன்.

ஒரு சிலர் இரண்டையும் ஒன்றுபடுத்த விரும்பினாலும் முதலில் சித்தவைத்திய மருந்து செய்சாலையும் ஆராய்ச்சிசாலையும் ஏற்படுத்திச் சீர்ப்பட்டபிறகே என்னய காரியங்கள் செய்யத்தக்கதாம்.

கேள்வி 6.—வெள்ளைப் பாடாணத்தையும் கெத்தியையும் ஆங்கில நூலாசிரியர் வேசுமில் பொருள் என்கின்றனர். தமிழ் வைத்திய நூலார் வேசுப்பொருள் என்கின்றனர் இவ்வாறு தமிழ்ச் சாக்கு வைப்பு நூலுக்கும் ஆங்கிலச் சாக்கு வைப்பு (Chemistry). நூலுக்கும் பய வேற்றுமைகளிருப்பதால், அவ்நூல்களையும் வேத்த ஆராய்ந்த வேறு நூலெழுதி தமிழ் மருத்துவப் பாடசாலைகளில் படிப்பிக்கவேண்டும். ஆங்கிலத்திலுள்ள இயற்பொருணூல் (Physics), உடற்செய்நில நூல் (Physiology), உடற்கூறு நூல் (Anatomy), நோயியல் (Pathology) களிலிருந்து தமிழ் நூல்களோடு வேணடியவற்றைச் சேர்த்தெழுதிப் பாடப்புத்தகங்களாக்கலாம். உயிர் நூல் (Biology) ஆங்கிலத்திலுள்ளதை முற்றுமொழி பெயர்த்துக்கொள்ளத்தக்கது. ஆங்கில அறுவை நூல் (Surgery) முற்றுக் கொள்ளத்தக்கதாயினும் அறுவை நூலில் வரும் விடங்களும் அமுத நிலையும் சேர்த்துத் தெளிவாயெழுதப்படவேண்டும்.

(8) தமிழ்ச் சித்தவைத்தியக் கற்பிக்கும் பாடசாலைகளைக் கற்பிக்கத்தக்க பயிற்சிகளின் முறை.

1-வது ஆண்டுப் பாடங்களும் பயிற்சியும்.

1. ஆசாரக்கோவை.
2. காலடியார் (சில பகுதி).
3. திருக்குறள் (சில பகுதி).
4. இலக்கணம்.
5. மருந்தின் குணம்.—பதார்த்த சிந்தாமணி, தேரையர் (சில பகுதி).
6. மருந்து.—அகத்தியர் பரிபூரணம் 205.
7. உடற்கூறு —அகத்தியர் வைத்திய சதகம், சை வைத்திய அநிச்சவடி.
8. நாடி.—திருமூவர் நாடி 100.
9. முறிவு.—யூகிமுனி பெருநூலிலுள்ள முறிவு, விஷப் 9ரதி விஷம்.
10. நோயணுகாமுறை.—தேரையர் முதலியவர் நூல்களின்றிரட்டு.
11. பயிற்சி.—தமிழ் வைத்தியசாலை, மருந்துசெய்சாலை, பொருட்காட்சிசாலைகளிற் பழகல்.

2-வது ஆண்டுப் பாடங்களும் பயிற்சியும்.

1. திருக்குறள் (சில பகுதி).
2. சிகண்டு.—பிங்கவ சிகண்டு—மூலிகைப் பெயர்ப் பகுதி, உடலுறுப்புப் பெயர்ப் பகுதி, மருந்தின் பெயர் பகுதி, சட்டமுனி சிகண்டு, கருக்கிடை சிகண்டு.
3. மருந்தின் குணம்.—பதார்த்தகுண சிந்தாமணி (சில பகுதி), வாதாதி குணமறிதல், (தக்ஷணாமூர்த்தி திருமந்திரம் 1,500 சில பகுதி), சுவையறிதல் முதலியன, திருமந்திரம் 8,000 (சில பகுதி).
4. உடற்செய்நில நூல்.—(Physiology) திருமந்திரம் 8,000.
5. எண்வகைத் தேர்தல் (அட்டவிதபரிக்கை), நாடி—குருநாடி (பதினெண் சித்தர் நாடியிற்றிரட்டு, யூகிமுனி 800 ல் நாடி கூறும் பகுதி.) நீர்—நீர்க்குறி, நெய்க்குறி, (தேரையர்).
6. உடற்கூறு.—(Anatomy) வைத்திய சதகம் முதலியவற்றின் திரட்டுரையுடன்.
7. மருந்துகள்.—சூரணம், இளகியம், மெழுகு, நெய், தைலம், கட்டு, உண்டை முதலியன செய்யவும் நீற்றினஞ்செய்யவும் படித்தல்.
8. கருப்பக்கோள்.—மணி நாலாயிரம் (சில பகுதி), அகத்தியர் கருப்பக்கோள்.
9. நோய் முதல் குணமருந்து.—யூகிமுனி சிந்தாமணி 800, அகத்தியர் குண பாடம்.
10. பயிற்சி.—தமிழ் வைத்தியசாலை, மருந்துசெய்சாலை, பொருட்காட்சிசாலை, புத்தகசாலைகளிற் பழகல்.

3-வது ஆண்டுக்கு.

1. தேரையர் யமக வெண்பா.
2. நோய்முதல் குணமருந்து—(Pathology and Medicine).—யூகிமுனி 800, 400, அகத்தியர் குணபாடம், அகத்தியர் ஆயுள் வேதம் 1,200.
3. கண்ணோய்.—கயன சிந்தாமணி, கயன விதி, அகத்தியர்.
4. சாக்குச் சுத்தி.—அகத்தியர் முன்னெண்பது, பின்னெண்பது.
5. சுரம்.—சுரநூல் (தன்வந்திரி).
6. வாதம்.—வாதநூல் (தன்வந்திரி).
7. வசூரி.—வசூரி நூல், ஊழிக்காற்று நூல், மகாமணி நூல்.
8. பால வாகடம்.—பால வாகடத் திரட்டு 1,200.
9. பொது விதி.—சுந்தராகந்தர் ஆயுள் வேதம், பொது விதி.
10. அறுவை.—இரண சிந்தாமணி, 500, 700.
11. சைலம்.—தைல வருக்கச் சுருக்கம், தேரையர்; சீரமமுனி 800.
12. இயற்பொருணூல்.—Physics.
13. மருந்து.—பற்பம், செந்தூரம், கன்னம், புகை, சுடர் முதலியன செய்முறை.
14. பயிற்சி.—வைத்தியசாலை, மருந்து செய்சாலை, புத்தகசாலைகிற்பயிவல்.

4-வது ஆண்டு.

1. மூப்பு.—அகத்தியர் பரிபாடை, கொங்கணர் மூப்பு 100, சுந்தரநந்தர் மூப்பு 100, பூகிமுனி மூப்பு 100, கொங்கணர் காண்டம் 3 - 3,000.

2. நீற்றினம்.—செந்தூரம் 300, அகத்தியர் வைத்தியம் முன் 600, ஷெ. பின் 600.

3. மருந்து வைப்பு.—Chemistry.

(a) சத்துகளைடுத்தல், சத்துப்பற்பம், செந்தூரம், சுன்னம் செய்தல், இரசமணி கட்டல், சட்டமுனி நிகண்டு, 1,200 ;

(b) உடற்பொருள் மருந்துகள் செய்தல், நந்தீசர் 300, நந்தீசர் 1,000 கருக்கிடை ;

(c) தலைநோய், மூக்குநோய், கண்ணோய், செவிநோய், விடம், உள்ளூறுப்பு நோய், கீணை, சிறப்பாயறிதல், அவற்றுக்கு மருந்து தெறிதல், செய்தல்.

4. பெருநோய் மருந்து.—குன்மம், இளைப்பு (காசம்), இரும்பல், (ஷயம்), வாதம், குட்டம், வெண்குட்டம், வளிப்பு, நீரழிவு, அரசபின்பை, இவிங்கப்புற்று, முதலியவற்றுக்கு மருந்து செய்முறை.

(a) காய்ச்சலின் காலமறிதல், அமுதநிலையறிதல், வருமமறிதல்.

5. வைத்தியச் சட்டம்.

6. பயிற்சி.—தமிழ் வைத்தியசாலை, மருந்துசெய்சாலை, அரும்பொருளாராய்ச்சி சாலையிற் பயிலல்.

மேற்குறித்த பாடப் பயிற்சிகளில் தமிழ் மருத்துவ நூற்கழகத்தின், சில பாடங்களைக் கூட்டவும் குறைக்கவும் செய்யலாம். இதற்கு கவர்ன்மென்டார் துணையும் பொருளும் வேண்டும்.

(b) மேற்படி வைத்திய சாலையில் படிக்க விரும்புகிறவர்கள் ஸ்கூல் பைனலுக்குள்ள தமிழ்ப் பாடங்களைப் படித்துத் தேறியிருக்கவேண்டும்.

(c) தமிழ் வைத்திய நூல்களைல்லாம் தமிழ்ப் பாடையிலிருப்பதால் தமிழ் மொழியிலேயே கற்பிக்கப்படவேண்டும்.

கேள்வி 7.—தமிழ் வைத்தியஞ் செய்பவர்களை ரிஜிஸ்டர் செய்வதற்குத் தமிழ் வைத்தியக் கல்லூரி யேற்பட்டு அதிற்படித்துத் தேறியவர்கள் இப்போதில்லாமையால், அப்படித் தேறியவர்களுண்டாகும் வரை தற்காலத்துக்கேற்றபடி அடியிற்கண்டவாறு செய்யவேண்டும் :—

(a), (b) கோவிற்பட்டித் தமிழ் வைத்திய மகாகாட்டில் நிறைவேறிய 5-வது தீர்மானப்படி மேற்படி மகாகாட்டில் வைத்தியத்தைப்பற்றிய பிரசங்கம் வரை யுரைகளால் வன்மையறித்து அவர்களுக்கு வைத்தியபதி (வி.பி.), (2) வைத்திய பூபதி (வி.பி.பி.) என்ற பட்டங்களும், 5-வது தீர்மானப்படி, நூல் எழுதல், அரிய மருந்து கண்டு பிடித்து வெளியிடல் முதலியன செய்வோர்க்கு முறையே (1) வைத்தியாகிரியர் (வி.எ.), (2) வைத்தியப் பேராசிரியர் (வி.பி.எ.), (3). வைத்தியதரு (வி.டி.) என்ற பட்டங்களும் தரவேண்டும் என்ற தீர்மானங்களின்படி, வைத்தியபதி, வைத்தியபூபதி, வைத்தியாகிரியர் என்ற பட்டங்கள் பெற்றவர்களையும், மேற்படி சங்கக் கண்காட்சியில் மெடல்கள் பெற்றவர்களையும் மேற்படி சங்க மெடிகல் போர்ட் மெம்பர்களையும் வேறு தமிழ் வைத்திய சங்கங்களிலாவது தேர்ச்சியுடையவர்களைன்று ஒப்புக்கொள்ளப் பட்டவர்களை மெம்பர்களாகி அவர்களில் மெடிகல் கௌன்சிலர்களாகச் சிலரைத் தேர்ந்தெடுத்து அவர்களால் அமைக்கப்படும் மெடிகல் ரிஜிஸ்டரேஷன் போர்டார் தமிழ் வைத்தியர்களை ரிஜிஸ்டர் செய்ய ஏற்பாடு செய்யவேண்டும். அல்லது தமிழ் வைத்தியக் கல்லூரி யேற்பட்டு 10 வருடங்கழித்து ரிஜிஸ்டர்செய்ய ஏற்பாடு செய்யவேண்டும்.

கேள்வி 8.—ஆலோபாதி என்னும் ஆங்கில வைத்திய மருந்துகளுக்குண்டாகும் செலவைக் காட்டிலும் தமிழ் வைத்திய மருந்துகளுக்கு மிகக்குறைந்த செலவுபிடிக்கும் ; அதிக விரைவிலும் குணப்படும.

ஆங்கில வைத்தியப்படி சூலை நோய்க்கு மிக்சர் டோஸ் 1-க்கு 4 அணு வீதம் நாள் 1-க்கு 3 டோஸ் ரூபா 0-12-0. மாதம் 1-க்கு ரூபா 22-3-0. கன்சல்டேஷன் சார்ஜ், டிபீட் மென்ட் சார்ஜ் குறைந்தது ரூபா 10, ஆக ரூபா 32-8-0.

தமிழ் வைத்தியப்படி இரச பற்பம், இரச பதங்கம், இரச கெக்கி மெழுது முதலிய மருந்துகள் நாள் 4 முதல் 8 நாளைக்கு மருந்து ; 4 நாளைக்கு கிராயம் ரூபா 1. 8 நாளைக்கு ரூபா 2. வைத்தியர் பீசு ரூபா 1.

ஆங்கில வைத்தியப்படி பக்கவாதத்துக்கு 6 மாதத்துக்கு உள்ள மருந்தும் மேற் பூச்சுத் தைவமும் மாதம் 1-க்கு ரூபா 25. 6 மாதத்திற்கு குறைந்தது ரூபா 150. வைத்தியர் பீசு 150. தமிழ் வைத்தியப்படி வீரபற்பம் இரச பற்பம் 4 நாள் வீதம் 3 முறையாக வேளை 24-க்கு வேளை 1-க்கு 4 அணு வீதம் ரூபா 6, வைத்தியர் கூலி ரூபா 6.

இவ்வாறு ஆங்கில வைத்திய மருந்துகள் அதிக விலையாகின்றன. அதிக காள் சர்ப்பிடவேண்டியதாயிருக்கிறது. தமிழ் வைத்திய மருந்துகள் சில காள் சர்ப்பிட்டாமே போதும். விலையும் மிகக்குறைவு; இக்காரணங்களால் தமிழ் வைத்தியத்துக்குக் குறைந்த செலவாகின்றது. ஆங்கில வைத்தியத்தில் திராசென்று சொல்லப்படுகிற பல கோய்கள் தமிழ் மருந்துகளால் தீர்க்கப்படுகின்றன. தமிழ் வைத்தியத்தில் ஆயுள் வளர்க்கக்கூடிய பல மருந்து முறைகளுமிருக்கின்றன.

கேள்வி 9.—சென்னை ராஜநானியில் அயன் எஸ்டேட் தலைமைக் கிராமங்கள் 22,832 இருக்கின்றன. மசூக் கிராமங்கள் வேறு. அக்கிராமங்களில் தமிழ் அல்லது திராவிட வைத்தியர் சுமார் 20,000 க்கு மேலிருக்கின்றனர். ஆங்கில ஆஸ்பத்திரியெல்லாம் 670-க்கு மேலில்லை. ஆகலால், தமிழ் வைத்தியமுறைகள் ஜீரணித்துவிட்டதென்று சொல்வதற்கில்லை. ஆனால், தமிழ் வைத்தியரிடம் பலர் முறையாய் படித்துத் தேரியவர்களாகியில்லை. இராஜாங்கத்தாராவது பெரிய பிரபுக்களாவது சங்கங்களாவது அதை கவனித்து மேற்பார்த்து நடத்தாமையாலும் அந்நகரென ஒரு பாடசாலை யுமின்மையாலும் அதன் விளைகம் குறைந்து வருகின்றது.

கேள்வி 10.—சென்னை ராஜநானியில் தமிழ் வைத்தியத்தை விருத்தி செய்வதற்கென்று தக்க சிதி யேற்படுத்தி தமிழ்க் கல்வியும் வைத்தியத் தேர்ச்சியுமுடைய பலகாச் சேர்த்த வைத்திய ஆராய்ச்சிக் கழகமொன்றேற்படுத்தி தமிழ் வைத்திய தூல்களைச் சேகரித்து அம் முறைப்படி மருந்து செய்வதற்கு மருந்துசெய்சாலை ஒன்று ஏற்படுத்தி எல்லா மருந்துகளையும் செய்து முடித்துவைக்கவேண்டும். தமிழ் மருந்துவக் கல்லூரியிற் படிக்கும் மாணாக்கர் மருந்து செய்முறைகளை அச் சாலை யிற் படித்துக்கொள்ளவேண்டும். அதிற் படித்துத் தேரியவர்களுக்கு உத்தியோகக்கொடுக்க ஜில்லாதோறும் முனிசிபாலிடி, யூனியன் டவுன்களில் தமிழ் வைத்தியசாலை ஏற்படுத்தவேண்டும். மேற்படி வகைக்குக் கவர்ன்மெண்டிலிருந்தும் லோகல் போர்டுகளிலிருந்தும் சர்வகலாசாலைகளிலிருந்தும் தக்க பணவுதவி செய்யவேண்டும்.

(3)

M.R.RY. PANDIT SHANMUGANANDASWAMI AVERGAL.

கேள்வி 1.—தமிழ் நாட்டில் தொன்றுதொட்டு அனுபவித்து வருகின்ற சித்த வைத்தியம், தமிழ் வைத்தியம் அல்லது தமிழ் ஆயுள் வேதமுறையைப்பற்றி கூறுகின்றீர்கள்.

கேள்வி 2.—(a) காணுகின்ற தூலஉடம்பினை இயக்குகின்ற சூக்கும் உடம்பினது சக்திகள் அளவுக்கு மிகுதல், குறைதல்களாலும், தேச கால முயற்சிகளுக்கு ஒத்ததாகவேற்படுத்தியிருக்கும் நோயணுகாலிதி என்னும் சுகாதாரத்துக்கு மாறுதலாக அருந்தல், பொருந்தல், மனக்கவலை, பதினான்கு வேகங்களை அடக்கலானும், திரிகாணங்களான மாறுபட்ட செய்கை, பழவினை, பரம்பரை, நோயுடையார் கலப்பு, தொத்துவியாதி என்னும் பரமாணுகளாலும், புழுக்களாலும், விஷங்களாலும் வியாதி யுண்டாகின்றது.

ஒத்து வருமென்றே நம்புகின்றேன். ஆயினும் தமிழும் ஆங்கிலமும் கற்ற அனுபவ சாலிக்கே விளைக்க எளிது.

(b) நாடி, முகம், மலம், அழுகி, கண், காக்கு, உடம்பு, சத்தம், என்னும் எண்வகை தேர்தலாலும் நோயினை, சிதானித்தும், ஒப்புறை (சமான் குறை மருந்துகளாலும்) எதிருறை (க்சுரோத குண மருந்துகளாலும்), கலப்புறை (கூட்டுவர்க்க மருந்துகளாலும்) நோய்களை மாற்றிக் குணப்படுத்திவருகிறது.

பல நோய்களையும் பல நாட்களாக சுகப்படுத்திவருகின்றது. ஆனால் கணக்கு வைக்கும் வழக்கமின்மையால் எழுதவில்லை. வேண்டினால் நற்சாட்சி பத்திரங்கள் வாங்கியனுப்ப வேண்டும்.

(c) உலகத்தில் பல பாலைகளிலுமுள்ள வைத்தியங்களைக் காட்டிலும் தமிழ் சித்த வைத்தியம் மேலானது. காரணம் தேவ, மனித, அசுர, மருத்தவமென்னும் மூவகையாலும் வந்த நோய்களை மாற்றியும் சுகவாழ்வைக் கொடுப்பதே வைத்திய தூல்களின் முடிவாகிருக்கவும் தமிழிலோ நரை, திரை, மூப்புச்சாக்காடுகளை மாற்றி சித்திய வாழ்வினைக்கொடுக்கும் மணியும், கற்பமு முடையது. இதனை யோக அனுபவிகளிடத்தில் தெரியலாமல்லது யேனையோர்களிடத்தில் இதனை அறிய விரும்புவது தக்கதன்று. தமிழ் வைத்தியத்திலும், மணியும், உந்திரமும் மருந்தும் ஆகிய மூலிதங்களாலும் அவரவர்களுக்கு கிடைத்தைக்கொண்டு நோய்களை மாற்றி வருகின்றோம்.

கேள்வி 3.—(a) சென்னைத் தமிழ் வைத்தியச் சங்கத்திலும் அதன் தலைச்சங்கமாகிய கோவில்பட்டித் தமிழ் வைத்தியச் சங்கத்திலும், சென்னைத் தமிழ் வைத்தியச்சங்க தரும வைத்திய சாலையிலும் கலந்துள்ளீர்கள். சென்னையில் பாடசாலைவைத்து வைத்தியக் கல்வி கற்பிக்க முயல்கின்றீர்கள்.

(b) (1) போதுமானமட்டில் ஒழுங்காகவில்லை

(2) தருதியான இடங்களல்ல. தருதியாகவே நடக்கின்றனவென்றால் போதுமான மட்டில்லை.

பாடசாலைகளேற்படுத்துவதிலும், புத்தகங்கள் தொகுத்தலிலும், புத்தகசாலைகள் யேற்படுத்துவதிலும், மூலிகை தோட்டங்களுண்டாக்குவதிலும், மருந்துச்சாலை அமைத்தலிலும், மிகக்குறைபுள்ளது.

(c) இல்லை. 3 (b) (2)ல் குறைகூறியிருக்கும் விஷயங்களைப் பூர்த்திசெய்தால் கிறைவாகும்.

கேள்வி 4.—(a) அவசியந்தான்.

4 (a) முதல் 4 (b) (2) வரையில் பொது ஜனங்களும் முனிசிபாலிட்யும் கவர்ன்மென்டும் தாலூகா ஜில்லா போர்டுகளும் தக்கவாறு உதவிபுரிந்தால் உயர்தரக்கல்லூரியும் கீழ்தரக்கல்லூரியும் தோன்றச்செய்து பெரும்புலமைபெற்ற மேதாவினரால் பாடபுத்தகங்கள் எழுதிவைத்தும், மருந்துச்சாலை, வைத்தியச்சாலை, மூலிகைத்தோட்டம், புத்தகசாலை முதலியவைகளை யேற்படுத்தியும் கிராமமாக நடக்கக்கூடிய சௌகரியங்களைப் பெற்றுச் சில வருடங்கள் நடந்தால் திருத்தமடைந்து நல்லபலனையே தரும்.

கேள்வி 5.—ஆங்கீரிக்க முடியாது; காரணம், தமிழ் மருத்துவ முறைகளில் நாங்கள் அனுபவிப்பதற்கும் பிரயோகத்திற்கும் தருவதற்கும் போதுமான அளவிருக்கின்றன.

அப்படி விரும்பவில்லை.

கேள்வி 6.—சிலவற்றை மாத்திரம் ஒப்புக்கொள்ளுகிறேன். பாடக்கிரமச்சுருக்கம் எழுதவேண்டுமானால் காலமும் பொருளுதவியும் இருந்தால் செய்யலாம்.

(a) 6 (a) முதல் 6 (b) வரையில் இதன் தலைச்சங்கமாகிய கோவில்பட்டித் தமிழ் வைத்திய சங்கத்தின் தீர்மானங்களை எனக்கும் சம்மதம்.

(c) தமிழ்பாஷை தமிழ் மொழியிலேயும் அவ்வவ் மாகாண மொழிகளிலேயும் போதிக்கலாம். தென்னிந்தியாவிலுள்ள பல பாஷைகளுக்கும் பொதுவாக தமிழிலேயே போதிக்கப்படுவதே சிறப்பு.

கேள்வி 7.—(a and b).—தலைச்சங்கத்தின் தீர்மானமே எனக்கும் சம்மதம்.

கேள்வி 8.—ஒப்பு, எதிர், கலப்பு, என்னும் மூலதமாகிய மருத்துவர்களின் தொகுதியை யுடைய தமிழ் சித்தவைத்தியமே சிறு செலவில் பெறும் பயன்தருவது.

கேள்வி 9.—தமிழிலுள்ள வைத்திய நூல்களுக்கும் வடமொழியிலுள்ள நூல்களுக்கும் பொதுவாக ஆயுள்வேதமென்று பெயரிருப்பதாலும் வடமொழியாளர்கள் சிறு தொகையின ராகிறுந்தும் அதிகம் பேர் படித்தவர்களாகவும் ராஜாங்க உத்தியோகத்தில் அதிகம் இருப்பதாலும் தமிழையும் தமிழ் மருத்துவத்தினையும் தலையெடுக்கவிடாது தங்களுடைய நூல்களையும் தங்களுடைய பாஷையின் ஆதரித்தும், ஆதரிக்குமாறு தூண்டிவருவதாலும் தமிழ் வைத்தியர்கள் படிக்காமல் அனுபவித்து வருவதாலும் தென் இந்தியாவிலுள்ள ஆரிய சகோதரர்கள் தங்களை ஆயுள்வேதியரென்று கூறிக்கொண்டே தமிழ் மருத்துகளை கையாண்டு ஏமாற்றி வருவதாலும் அவர்கள் உறையில் மயங்கிய சிற்றாசர்களும் பிரபுக்களும் உத்தியோகஸ்தர்களும் கவனித்து ஆதரிக்காததேயாகும்.

தமிழ் மருந்துச்சாலை, மூலிகைத்தோட்டம், உயர்தரக்கல்லூரி, மாணவர்களுக்கு பாடபுத்தகம் எழுதி உபயோகித்தல் முதலான காரியங்கள் கிராமமாக ஜில்லா தாலூகாக்கள் தோறும் விருத்தியடையும்படி செய்துவந்தால் கல்ல சிலமைக்கு வரும்.

கேள்வி 10. (a)—தமிழ் வைத்திய ஸ்தாபனங்களுக்குப் பொருளுதவி தமிழ் மெடிகல் போர்டாரால் கொடுக்குப் நன்மதிப்புத் தாளுக்கு கௌரவம் கொடுத்து ஆங்கில வைத்தியர்கள் தமிழ் வைத்தியர்களை சமமாக கௌரவப்படுத்தலும் ஆங்கில வைத்தியசாலைகளில் தமிழ் வைத்தியர் ஒருவர் இருவரையாவது வைத்தியராகச் சேர்த்துக்கொள்வதும் ஆகும்.

அல்லது லாண்டு ரிவனியூ வரியின் ஒரு பகுதியினுலாதரித்தே அல்லது ரயில்வே கம்பெனிக்கு உதவிசெய்து வருவதுபோல ரூபாயிக்கு ஒன்றூ, இரண்டோ, மூன்றூ தம்பிடி வீதமாக வசூலித்தாவது உதவிசெய்தால் இவருவில் பெறும்பயனையடையும்.

(b) ஜில்லா, தாலூகா போர்டுகளில் அதனதன் தகுதிக்கு யேற்றவாறு இலவச வைத்தியசாலை வைப்பதும் கூடுமானால் தமிழ் வைத்திய பாடசாலை வைத்து ஆதரிக்கலாம்.

(c) தமிழ் கல்வியோடு தமிழ் வைத்தியக்கல்வியும் சிறப்பாக ஆதரித்தல். தமிழ் மெடிகல் போர்டார் உதவி விரும்பினால் தகுந்தபடி செய்தல்.

(d) தனி நபர்கள் தங்கள் சக்திக்கேற்றவாறு பொருளுதவி செய்தலும் தமிழ் வைத்தியத்தை கௌரவப்படுத்தலும் ஆதரித்தலுமாம்.

சங்கங்களால் கலாசாலைகளுக்கு உபாத்தியாயர்களைத் தேர்ந்தெடுத்துக் கொடுத்தலும் அருமையான புத்தகங்களை அச்சிட்டு வெளிப்படுத்துதலும் பாடசாலைக்கு கால நீதிக்கேற்றவாறு பாடபுத்தகங்களை எழுதி உதவுதலுமாம்.

தமிழ் வைத்தியம் சீர்திருத்தமாகும் அளவும் ராஜாங்கத்தார் ஆங்கில வைத்தியர்க ளோடு ஒப்புகொக்கி உதவிபுரிதலும் கமிட்டியார் நன்மனதோடு செய்யும் பொது உதவிக்கும் வைத்திய அபிமானிகளோடு கூட நானும் ஒருவனாக நன்றி பாராட்டுகின்றேன்.

M.R.Ry. K. A. VENKATACHALA ŚASTRIAR AVARGAL, VAIDYA VESVARADA
AND
M.R.Ry. G. SUBRAHMANYA ŚARMA, ELIYURKAB AVARGAL,
VAIDYA THIRTHA.

கேள்வி 1.—மேன்மைமான கோச்சத்தடன் பிரகரிக்கப்பட்ட கதேசவைத்யஸம்பந்தமான கேள்விகளுக்கு ஆயுர்வேத ஸம்பந்தாயத்தை யதுசரித்து பதிலெழுதப்படுகிறது.

கேள்வி 2.—(அ) ஆயுர்வேத மென்றால் ஆயுளை வளர்ச்செய்வதும் குறைபச்செய்வதும் மாண திரவியகுண கர்மங்களை யறிவிப்பது என்றாவது (இதனால் ஆயுளுக்கு கன்மை திமை களை விளைவிக்கக்கூடிய வஸ்துக்கள் இவை, என விளக்கப்படுவது), ஆயுளுக்குத் திங்கை யுண்டாக்கும் திரவியங்களில் சிதேதக் குணம் போதிப்பது என்றால் பொருள்படும்.

பிருதிவ்யாதி பஞ்சமகாயூகங்களுடைய பரிணாமபேதத்தால் அமைக்கப்பெற்ற பெள திகமாகிய இச்சரீரத்திற் எங்கும் வியாபித்துள்ள வாதாதி தோஷங்களும் இராசாதி தாதுக் களும் மூத்திராதி மலங்களும் சரீரத்திற்கு மூலகாரணங்களாம்.

அவற்றுள் வாதம் “காற்று”, பித்தம் “சூடு”, சிலேஷம் “அப்பு” ஆகிய இவைகள் தோஷங்களெனவும், இரஸ, சக்த, மாம்ஸ, மேதஸ், அஸ்தி, மஜ்ஜை, சக்திலம், ஆகிய இவைகள் தாதுக்களெனவும், வஸ்தி, பக்வாசயம், கண், மூக்கு, காது முதலிய விட ங்களிலிருந்து வெளிப்படும் கழிவுப் பொருள்கள் மலங்களெனவும் வழங்கப்படுகின்றன.

தோஷாதிக்கள் சரீராசோக்கியத்திற்கேற்றபடி ஸமாநுவஸ்தையைப் பெற்றிருக்கும் காலத்தில் சரீரம் ரோகவசப்படாமல் நிலைபெற்றிருக்கும்.

இப்படிச் சமான தர்மத்திலமர்ந்து தேகாரோக்யத் தொழில்களை நடத்திக்கொண் டிருப்பவைகளான தோஷ தாது மலங்கள் ஸமாநுவஸ்தை திரவிய குணகர்மங்களின் ஸம் யோகத்தால் விருத்தி கூழீசங்களுக்குள்ளாகின்றன.

விஷத்தன்மையைப் பெறாத தோஷ தாதுமலங்களால் இச்சரீரத்திற்குண்டாகும் கன்மைகளாவன:—விகாரத் தன்மையை யடையாமல் சுபாவத் தன்மையிலுள்ள வாயுவா னது தனது சத்தியினால் மனோவாக்காய ஸம்பந்தமான தொழில்களில் ஊக்கம், உச்சவாச கிஸ்வாஸங்கள், மலமூத்திராதிகளை வெளியிடுவதற்கான உணர்ச்சி, பசி, தாகம், சிரஸாதி தாதுக்களுடைய இயற்கையான வேலைகளைச் சரியாக நடந்தேறச்செய்தல், தர்சனாதி இக் திரியங்களை யதனதன் றொழில்களில் சுறுசுறுப்பாயிருக்கச் செய்தலாகிய இக்காரியங்களைச் செய்வித்து சரீரத்தை ஆதரித்துவருகிறது.

விகாரத்தன்மையைப் பெறாத பித்தமானது தனது வன்மையினால் இயற்கைக்கு வேண்டிய அளவு உஷணத்தை யுண்பெண்ணியும், கண்களில் பார்வையைக்கொடுத்தும், பசி தாகங்களை யுண்டாக்கியும், பதார்த்தங்களின் சுவையறியும் சக்தி, தேககாந்தி, புத்திக் கூர்மை, செளரியம், மிருகாத்வம், இவற்றைக்கொடுத்தும் சரீரத்தைத் தாங்கிவருகிறது.

கெடுதலடையாத சிலேஷமானது தனது பிரபாவத்தினால் சரீரவன்மையையும், எலும்பு முதலியவற்றின் சக்திகளைக் கட்டியமைப்பதையும், அவ்விடத்தில் ஸ்தித்தத்தன் மையையும் உண்டாக்கி பொருமையையும், சரீரத்தில் உஷணசக்தி அதிகரிக்காமல் சம நிலையிலிருக்கச் செய்தும் உடலைக் காப்பாற்றிவருகிறது.

சுபாவத் தன்மையைப் பெற்றிருக்கும் இராசாதி ஸப்ததாதுக்களுக்கு சரீரத்தை திருப்தியடையச் செய்தல், ஒஜை தாதுவை விருத்திசெய்தல், சரீரத்தில் மேடுபள்ளமில் வாடல் ஒழுங்காக்கி வேலை செய்வதற்கேற்றபடி வைத்தல், எண்ணெய் பசையை யுண்டாக் குதல், தாங்குதல் அல்லது சரீரத்தை தரித்தல், நிறப்புதல், கற்போத்பத்தி செய்தல் என்னு மிவை முறையே முக்கியமான செயலாகக் கருதப்படுகிறது.

கெடுதியடையாத மலத்திற்கு, உடலை திடமாக நிறுத்துவதும், மூத்திரத்திற்கு சரீ ரத்திலுண்டாகும் கழிவுப்பொருள்களை வெளியிடுத்துவதும், வியர்வைக்கு அக்கழிவுப் பொருள்களைத் தாங்குவதும், முக்கியமான குணங்களாகும்.

இனி சுபாவத்தன்மையிலிருந்து விருத்தியடையும்போதுண்டாகும் வாதாதிகளுடைய குணங்கள் கூறப்படுகின்றன.

சரீரத்தில் வாதம் விருத்தியடைந்தபோது உடல்கடுக்கம், மலபந்தம், பலக்குறைவு, நித்திரையின்மை, சிலுசிலுப்பு, தலைச்சுற்றல், உஷணத்தில் விருப்பம் முதலிய இக்குணங் களுண்டாகும்.

பித்தம் விருத்தியடைந்தால், மலம், மூத்திரம், தேத்திரம், சர்மம் இவைகள் அதிக மஞ்சள் நிறைத்தையடைதல், பசியின்மை, நித்திரைக்குறைவு, கை, கால், கண்களின் எரிச்சல் முதலிய இக்குணங்களை யுண்டாக்கும்.

கபம் பரகோபமடையும்போது சோம்பல், அக்கினிமந்தம், வாயில் நீர்க்கரத்தல், தேகம் வெண்மை கிறமாதல், அவயவங்கள் தளர்ச்சியுறுதல், இருமல், பெருமூச்சு, அதிக நித்திரை முதலிய விகாரங்கள் தோன்றும்.

இரஸ தாது விருத்தியடைந்தால் கப பரகோபத்தில் ஏற்படும் குணங்களே காணப் படும். இரக்தம் இயற்கையளவிற்கு அதிகமானால் விஸர்ப்பம் “அக்கினியம்மை”, குஷ்

டம், ப்லீக விருத்தி, இரத்த பித்தம், பல்நோய், மூர்ச்சை இவ்விகாரங்கள் தோன்றுவதுடன் நேத்திரம், மூத்திரம், சர்மம், இவைகள் சிகப்பாகவும் மாறிவிடும். மாமிஸம் விருத்தியானால் கண்டமாலை, கிரந்தி, அர்புதம், இவைகளுண்டாவதுமன்றி வயிறு, துடை, கன்னம் இவை மிகப் பருமனாவதும், கழுத்து முதலிய அவயவங்களில் துர்மாமிஸம் அதிகமாவதும் ஏற்படும். மேதோதாதுவின் விருத்தியால் அற்பவேலை செய்தபோதிலும் மேல் மூச்சுண்டாகும்; மார்பும் வயிறும் பெருத்துத் தொங்கும். அஸ்தியின் விருத்தியால் எலும்புகளில் முடிச்சுக்கட்டும், பற்கள் ஒன்றன்பின் ஒன்று முளைக்கும். மஜ்ஜையின் விருத்தியால் எலும்புகளுடைய ஊந்திகளில் பருமனான விகாரமும், அதிக உபத்திரவம் தரக்கூடிய புண்களுமுண்டாகும். சுக்கிர விருத்தியால் ஸ்திரீகளிடத்திலதிகமோகமும், சுக்கிராச்சமரி என்னும் ரோகமுமுண்டாகும்.

மலம் இயற்கைக்கு அதிகமானால் வயிற்றில் பொருமலும், இரைச்சலும்; பாரமும் வேதனையுமுண்டாகும். மூத்திரம் விருத்தியடைந்தால் மூத்திராசயத்தில் குத்தல் வலியும், மூத்திரம் வெளியான பிறகும், வெளியாகாதது போன்ற உணர்ச்சியுமிருக்கும். வியர்வை விருத்தியானால் அது அதிகமாய் வெளிப்படும், தூர்கந்தமும் தினவுமுண்டாகும். இதுபோலவே உண் முதலிய விடங்களிலுண்டாகும் மல விருத்தியில் குருத்தன்மை முதலிய குணங்களிலிருந்து அறியவேண்டும்.

இனி வாதாதிகள் க்ஷீணமடையும்போது உண்டாகும் குணங்களாவன :—

வாதம் க்ஷீணமானால் சரீரமினைத்து புத்திமொழி மூர்ச்சை முதலிய குணங்கள் காணப்படுவதோடு கப விருத்தியில் கூறப்பட்டுள்ள வியாதிகளும் ஸம்பவிக்கும். பித்தம் க்ஷீணமானால் அக்கினிமந்தம், குளிர்ச்சி, தேககாந்தி குறைதல் ஆகிய விகாரங்கள் தோன்றும். கபம் க்ஷீணமானால் கபாசயங்கள் சூன்யமாதல், உயிருதயத்தின் தடிப்பு, சந்திகன் கழுவுதல் என்னுமிக்குணங்கள் காணப்படும்.

இதுபோலவே இராஸாதி தாதுக்கள் க்ஷீணிக்கும் காலத்தில் (1) அதிக வறட்சி, (2) இரத்தம் அளவிற குறைந்து இரத்த வாஹினிகளான தமனிகள் தளர்ச்சியுறுதல், (3) மார்பிலும், கன்னத்திலும், கண்டச் சதையிலும் மாமிசம் வற்றி இரத்திரியங்கள் சூன்ரி சந்திகளில் வேதனையைச் செய்கல், (4) கொழுப்புக் சூன்ரி ப்லீஹம் பெருத்து உடலெங்கும் இளைத்துக் காணுதல், (5) எலும்புகளில் குடச்சல் தோன்றி நகம் நழுவி பற்கள் வீழ்ந்து மயிர் உதிர்ந்துப்போதல், (6) அஸ்திகளுக்குள்ளிருக்கும் திரவ வஸ்து வற்றி எலும்புகளில் பல சிறிய தவாரங்களுண்டாகி கண்ணின் பார்வையிருளடைதல், (7) சுக்கிலம் அதிக நேரம் கழித்து பீஜத்தில் வலியையும் எரிச்சலையும் முன்னிட்டு இரத்தத் துளிகளுடன் சிறிதளவு வெளிப்படுதலாகிய இக்குணங்கள் முறையே காணப்படும்.

மலமிருக்கவேண்டிய அளவிற குறைவுண்டானால் வாயுவானது ஒருவித சப்பத்தோடு குடலை முறுக்கி இழுத்துப் பிடிப்பதுபோன்ற தோற்றத்தைச் செய்து விலாப்புறங்களில் தாங்கக்கூடாத வேதனையுடன் குடலுக்குள் சுழன்றுகொண்டு மீண்டும் அவ்வாய்வு மேல் கோக்கிச் சென்று மார்ப்பயடைத்து உஸ்வாஸ நிஸ்வாஸங்களுக்குத் தடையை யுண்டாக்கும்.

மூத்திரம் க்ஷீணித்தபோது அதிக கஷ்டத்துடன் சிறிதளவு நிறம் மாறி மூத்திரம் வெளியாகும், அதுவும் இரத்தத்துளிகள் கலந்து வெளிவரும்.

வியர்வை க்ஷீணமடைந்தால் உரோமங்கள் சொரசொரப்புடன் தடித்து நிற்பது மன்றி அவை யுகிாவு மாசம்பிக்கும். சர்மமும் வெளுத்துப்போகும். கண், காது, நாசி முதலிய விடங்களிலுண்டாகும் மலங்கள் க்ஷீணித்தால் அவ்விடங்களில் வலி உண்டாகும், அவ்வவயவம் சூனியமாய் இருப்பதாகத் தோன்றும்.

இதவரையில் சரீராரோக்கிய அநரோக்யங்களுக்கு முக்கிய காரணங்களான வாதாதி தோஷங்களின் ஸம், வ்ருத்தி, க்ஷீணங்களாலுண்டாகும் சாமான்ய லக்ஷணங்கள் ஒருவாறு குறிப்பிடப்பட்டன.

இனி வியாதிகளை யுற்பத்தி செய்வதில் முக்கிய காரணமாயுள்ள திரிதோஷங்களுடைய குணங்களும், க்ரியைகளும், அத்தோஷங்கள் விருத்தி க்ஷீணங்களடைவதற்குக் காரணங்களும் எழுதப்படுகின்றன.

வாதமானது வாக்ஷி, இலகு, சீதம், காமம், சூக்ஷ்மம் (மிகச்சிறியது தவாரங்களை யுடைய நாடி முதலியவற்றிலும் ப்ரவேசித்துச் செல்லுமியல்புடையது), சலம் (எப்பொழுதும் அசைக்கோடும் தன்மை பெற்றது) என்னும் இக்குணங்களை யுடையதாகும்.

பித்தமானது ஸ்ந்தம் (கெய்ப்பசை), தீக்ஷணம் (கூர்மை), உஷ்ணம் (இலகு), விஸ்ரம் (ஒருவகை துர்நாற்றம்), ஸரம், த்ரவம், என்னும் குணங்களை யுடையதாம்.

சிலேஷ்மமானது, ஸ்ந்தம், சீதம், குரு, மந்தம், ஸ்லக்ஷணம் (மழமழப்பு), ம்ருதஸ்னம், (ம்ருதுவான வழவழப்பு), ஸ்திரம் (பெருசிப் போகாமை) என்னும் குணங்களை யுடையதாம்.

விகாரமடைந்த வாதத்தின் தொழில்கள்.

சக்திகள் கழுவுதல், இசுவு, தடியாவடித்தது போலிருத்தல், நிமிர், சரீரமினைத்துப் போதல். சரீரமெங்கும் கோய், ஊசிவிஞ்சல் ருத்தவதபோலிருத்தல், தேகம் பிளக்கப் படுவதபோன்ற உணர்ச்சி, மல மூத்திரங்கள் தடைபடுதல், இந்திரியங்களுடைய செயல்கள் குன்றிப்போதல், கைகால்கள் முடங்கி பங்க முறுத்தல், மலம் கவிற்றைப் போல்திரித் திடுதல், அடிக்கடி மயிர்க் கூச்சலுண்டாதல், நாவாசுழி, கெக்கம், தேகத்தின்மேல் சொரா சொரப்பு, எலும்புகளில் சிறிது பெரிதுகளான பல தவாசங்கள் காணப்படுதல், மாம்ச முதலியவைகளிலுள்ள திரவத்தை வற்றிப்போதல், அவயவங்கள் முறுக்கி இழுப்பது போலிருத்தல், சதைத் தடிப்பு, கால்களை நீட்ட முடக்க முடியாமல் விரைத்து ஸ்தம் பித்துப்போதல், காயில் துவர்ப்புச்சுவை உண்டாதல், உடல் கருஞ்சிவப்பான வர்ணத்தை யடைதலாகிய இவைகளாம்.

விகாரமடைந்த பித்தத்தின் தொழில்கள்.

உடலெங்கும் தாங்கக்கூடாத எரிச்சல், கண் முதலியன சிவந்துக் காணுதல், அதிக உஷ்ணம், வாய் முதலிய விடங்கள் வெந்துப்போதல், வாய் கார்ப்பம், அதிக விபர்வை, இரக்த முதலிய தாதுக்களில் க்வேதத்வம் (அழுக்கூடிய நிலைமை), இரக்த ஸ்ராவம், தாதுக்களழுதிவிடுதல், தளர்ச்சி, தலைச்சுற்றல், மூர்ச்சை, வெளிபிடித்தவன் போலிருத்தல், காக்கில் புளிப்புக் காரச்சுவை தோன்றுதல், வெண்மையும், சிவப்பும் நீக்கலான மற்ற எந்த சிறமாயாவது சரீர காந்தி மாறிவிடுதல் ஆகிய இவைகளாம்.

விகாரமடைந்த கபத்தின் தொழில்களாவன.

சரீரத்தில் ஸ்திக்கத்த தன்மையான மினிமினிப்பு, கடினத் தன்மை, திணவு, சிதம்பர் சம், குருத்துவம், ஸ்ரோதோமார்த்தக்களுக்குத் தடை, சரீரத்தில் விரைப்பு, வீக்கம், அக்கினி மந்தம், அதிக சித்திரை, வாயில் நீர்ச்சாப்பு, தேகம் வெண்மையாய் மாறுதல், காக்கில் இனிப்பு, சரீர ஸம்பந்தமான தொழில்கள் மந்தப்படுதலாகிய இவைகளாம்.

இனி இங்கு சிறிது விஷயசுத்தி உபக்ரமிக்கப்படுகிறது.

தேதேமாற்பத்திக்கு எப்படி ப்ருதி வ்யாதி தத்துவ பஞ்சகம் மூலகாரணமோ, அது போலவே த்ரவ்யோற்பத்திக்கும் ப்ருதிவ்யாதி தத்துவம் மூலகாரணமாயிருக்கிறது. சரீரோற்பத்தி காரணமான வாதாதி தத்துவங்கள் வந்த குரு, ஸ்திக்க, ரூக்ஷாதி குணங்களைப் பெற்றிருக்கின்றனவோ, அதே தத்துவங்களால் நிரியிக்கப்பட்ட ஓஷதிகளும், இரணோபரஸாதிதாதுக்களும், அதே குரு, ஸ்திக்க, ரூக்ஷாதி குணங்களைப் பெற்றிருக்கின்றன. இவ்விரண்டினது உற்பத்திக்கும் காரணமாயுள்ள பூதங்கள் ஒன்றாய் அமைந்து போனமைப்பற்றி காரணப் பொருள்களிலுள்ள குணங்கள் அதனது காரியத்திலும் வியாபித்து சிர்கவேண்டியது கடமையாயிற்று. ஜீவத்ரவ்ய ஸ்ருஷ்டிகளுக்குக் காரணமாயுள்ள பூதங்களொன்றாயிருந்தாலும் ஜீவஸ்ருஷ்டியில் வாய்வக்னி ஜலாம்சங்கள் அதிகப்பட்டும், த்ரவ்ய ஸ்ருஷ்டியில் ப்ருதிவ்யுதகாகாசாம்சங்கள் அதிகப்பட்டிருப்பதுபற்றியே முதற் கூறியது சித்த (ஜீவனாயும்) அடுத்தக்கூறியது ஜட (த்ரவ்யமாயும்) மாறியது. எந்த த்ரவ்யத்தில் ப்ருதிவியினம்சம் மேவிட்டிருக்கிறதோ அதை பார்த்திவத்ரவ்யமென்றும், அப்பினம்சம் அதிகரித்திருந்தால் அதை ஆப்யத்ரவ்யமென்றும் இவ்வாதே மற்ற த்ரவ்யங்களை யும் கூறப்படுகின்றன.

ஒவ்வொரு வஸ்துவும் உற்பத்தியாய் விருத்தியடைவதற்கு ப்ருதிவ்யாதி பஞ்சபூதங்கள் அவசியமானவை. ஒரு வஸ்து உண்டாகவேணுமானால் அதற்கு ஆதாரம் ஒன்று தேவை, அதவே பூமியாகும். அதை செழிப்பாய் வளர்ச் செய்வதற்கும் ஜலம் உபயோகமானது. அதை பரிபக்குவமாக்குவதற்கு உஷ்ணம் முக்கியமானது. அதைக் கப்பும் கிளையுமாகப் பிரித்து வளர்ப்பதற்கு வாயு முக்கியமானது, வளர்த்தோற்குவதற்கு இடை வெளியான ஆகாசம் முக்கியமானது.

தத்துவாம்ச ஸம்யோகத்தின் வேறுபாட்டால் சிற்சில ஓஷதித்ரவ்யங்களில் இலகு, ஸ்திக்காதி தசகுணங்கள் அமைந்திருப்பதுபோலவே அக்குணங்களுக்கு தேர் எதிரிடையான குரு ரூக்ஷாதி தச குணங்கள் வேறு சில ஓஷதித்ரவ்யங்களிலும் அமைந்திருக்கின்றன. மேலும் திரவியங்களிலடங்கியுள்ள சூர்வாதி குணங்கள் அந்த த்ரவ்யாச்சரயமான இரணம் (சுவை) களிலும் அடங்கி இருக்கின்றன. திரவ்யங்களிலிவ்வாறடங்கியுள்ள இரணங்களில், இனிப்பு, புளிப்பு, உப்பு, காரம், கசப்பு, துவர்ப்பு, என்னும் இவ்வாறும் (ஷட்ரணங்கள்) அறுசுவையெனப்படும். இவை அந்தாதி க்ரமமாய் ஒன்றைக் காட்டிலுமொன்று சரீரத்திற்குப் பலமுண்டாக்குவதில் சிறப்புடையதாகும். சிர்க, இதுவரையில் கூறப்பட்டதிலிருந்து சேதனாசேதன பதார்த்தங்களுடைய உற்பத்திக்கு ப்ருதிவ்யாதி பஞ்சமகபூதங்களே முக்கிய காரணங்களென்பது ஸ்பஷ்டமாயிற்று. இப்படிக்கிருக்க சரீரோற்பத்தியில் ஸம்பந்தப்பட்ட பஞ்ச மதமா பூதங்களில் ப்ருதிவீதத்துவத்தையும் ஆகாச தத்துவத்தையும் விலக்கிவிட்டு மிச்சப்பட்ட தத்துவ (வாயு, அக்னி, ஜல)ங்களைக் கொண்டு தேகத்தைப்பற்றிய ரோகரோக்யவர்ணனைகள் செய்யப்படுவது எப்படி பொருத்தமுடையதாகும்? இப்படிப்பட்ட ஆசங்கை யாவருக்குமுண்டாவது சிவாயமே,

ஆனால் சரீரோத்தபத்தி காலத்தில் ப்ருதிவ்யாதி தத்துவம்சங்கள் எவ்வாறு அமைக்கப்பட்டிருக்கின்றனவென்பதைக் கொஞ்சம் விளக்கிவிட்டால் இப்படிப்பட்ட ஆசங்கைக்கு அவகாசமுண்டாகாது. ஆகையால் அதைப்பற்றிச் சிறிது கூறுவோம்.

ப்ருதிவ்யாதி ஐந்து தத்துவங்களுக்குள் ப்ருதிவியின் குணம்சங்கள் அப்புவினும், ஆகாச குணம்சம் வாயுவினும் அடக்கியிருப்பதுபற்றியே அவ்விரண்டு தத்துவங்களைத் தனியாகப் பரிசோதனைக்குக் கொண்டுவராமலே கார்யசித்தி ஏற்பட்டுவிடுகிறபடியால் அவை நீங்கலாக நின்ற வாய்வக்னி ஜலங்களான தத்துவ த்ரயங்களைக் கொண்டே சேதன சேதன லக்ஷணங்களும் அவைகளின் சுபாவங்களும் அறியப்படுகிறதென்பது ஆயுர்வேத சித்தாந்தம். இம்மூன்று தத்துவங்களும் சுக்ரார்த்தவங்களைக் கலந்துகொண்டு சரீரோத்தபத்திக்கு காரணமாகும்போது அவை வாதம், பித்தம், சிலேஷம் என வியவகரிக்கப்படுகிறது. இனி முன் ப்ரஸ்தாபிக்கப்பட்ட அறுகலைகளைப்பற்றி எழுதுவோம்.

அந்த அறுகலைகளில் மதுராம் லவணங்கள் வாதத்தையும், காரம், கசப்பு, துவர்ப்பு, இவைகள் கபத்தையும், துவர்ப்பு, இனிப்பு, கசப்பு, இவைகள் பித்தத்தையும் சமனப்படுத்தும். அதாவது, வாதாதிசுருதைய வேகத்தைத் தணியச் செய்யும். அன்றியும், கசப்பு, காரம், துவர்ப்பு, இம்மூன்றும் வாதத்தை விருத்தி செய்யும். அங்கனமே இனிப்பு, புளிப்பு, உப்பு, இம்மூன்றும் கபத்தையும், காரம், உப்பு, புளிப்பு, இம்மூன்றும் பித்தத்தையும் விருத்திசெய்யக்கூடியவைகளாம். இப்படி அறுகலைகள் நிறையப்பெற்ற திரவியங்களில் விருத்தியான வாதாதி தோஷங்களைக் குறைத்து அதனதன் நிலைமையினை ருக்கச்செய்து வியாதியைச் சமனப்படுத்தும் திரவியங்களுக்கு சமனொளஷதமென்றும், தோஷங்களை விருத்தியடையச்செய்யும் திரவியங்களுக்கு கோபனொளஷதமென்றும், ஆரோக்யஸ்திதிவிருப்பவருக்குக்கூட ஹிதத்தைக் கொடுத்தாதரிக்கும் திரவியங்களுக்கு ஸ்வஸ்தஸ்திதிதொளஷதமென்றும் வழங்கப்படுகின்றன.

இப்படி ஷட்ரஸங்கள் நிறையப்பெற்ற அன்னாதிசுருதி புஜிக்கப்படும்போது குடலில் சென்று பக்குவமாகும்போது அவ்வுணவுகளிலுள்ள மதுர லவணங்கள் இனிப்பாயும், அம்லரஸம் புளிப்பாயும், திக்க கடு கஷாயங்கள் கடுரஸமாயும் மாறிவிடுகின்றன. இப்படி மாறிய இம்மூன்று ரஸங்களும் வாதபித்த சிலேஷமங்களுள் ஒன்றுக்கொன்று தாரதம்ய முண்டாகாதபடி வைத்துக்கொண்டு நீடித்தகாலம் ஜீவித்திருக்கச்செய்யும்.

முதலில் நாம் உணவாகக்கொண்ட அன்னபானாதிசுருதி குடலுக்குச்சென்று அங்கு பாசன பித்தத்தால் பக்குவப்படுத்தப்பட்டு ஸாரகிட்டங்களாகப் பிரிந்து அந்த அன்ன ஸாரமான ரஸம் மீண்டும் தாத்தவக்னியால் பக்குவம் செய்யப்பட்டு அதிலுள்ள அஸத்தான அம்சம் கபமாகவும், ஸத்தான அம்சம், ப்ராண வாயுவினுள்ள சஞ்சுகபித்த ஸுதாமாதத்தால் இரத்த வர்ணத்தைப்பெற்று அதுவும் தாதுவினுள்ள உஷணத்தால் சமைக்கப்பட்டு அதிலுண்டான மலாம்சம் பித்தமாகவும் ஸாராம்சம் மாம்சபேசிகளாகவும், அப்பேசிகளும் கிரமமாய் அங்குள்ள உஷண சக்தியால் பக்குவப்படுத்தப்பட்டு மேதோஸ்தி மஜ்ஜைகளாகவும், அந்த மஜ்ஜா தாது சக்கிலமாகவும், மாறி பாலில் நெய்ப்பால் சரீரமெங்கும் வியா பித்தநாய் ஸம்போககாலத்தில் அச்சக்கிலம் ஒன்றாய் திரண்டோடி சரோணித்தத்தில் பாய்ந்து நாளடைவில் மாத்ருஸம்பந்தமான பூதாம்ச ரஸத்தால் வளர்க்கப்பட்டு கரகாணாதி களுடன் பூமியில் ஜீவனயத் தோன்றியதுமுதல், உட்கொள்ளப்படும் ஆகாரங்களைத் தும்மதுர ரஸமாகி துரையுடன் கூடினதாய் கபத்தன்மையைப் பெற்றபிறகு ஜாடராக்கினி யால் சமைக்கப்பட்டு அம்லபாலத்தையடைந்து சூக்ஷ்மரந்திரத்தி “சிறு குடவி”ல் வந்தகொண்டிருக்கும்போதே பித்தத்துடன் கூடி அதன் வெப்பத்தினால் சோஷணம் செய்யப்பட்டு ஜீரணமாவதுடன் அவ்வுணவுகளின் திப்பியைப்போன்ற வஸ்து முடிவில் கடுத் தன்மையைப்பெற்று வெளியில் தள்ளப்படுகிறது.

இதனால் ப்ருதிவ்யாதி பஞ்சமதமா பூதங்களொவ்வொன்றிலும் தனித்தனியாகவே அமைந்தள்ள ஐந்து விதமான உஷண சக்தியினால் முறையே ப்ருதிவ்யாதி குணங்களைப் பெற்ற ஐந்து விதமான ஆஹார ரஸங்களும் பக்குவம் செய்யப்படுகின்றதெனவாயிற்று. அதாவது, பஞ்சபூதங்களுடைய எல்லா குணம்சங்களும் கிரமமாய் அததற்குற்ற குணம் சங்களைப் பக்குவம்செய்து தனித்தனியே ஒவ்வொன்றையும் சரீரத்தில் சேர்ப்பித்து போஷிக்கின்றன, என்றால் திரவியத்திலுள்ள பார்திவாம்சங்கள் சரீரத்திலுள்ள ப்ருதிவ்யம்சங்களையே போஷிக்கும். இப்படியே மற்றுமுள்ள பூதம்சங்கள் தேகத்திலுள்ள மற்ற பூதம்சங்களையும் பக்குவம்செய்து போஷிக்கின்றன. சிறக, உள்நுக்கு உபயோகிக்கும் ஆகார ஸத்திவிருந்து இரஸாதி ஸப்த தாதுக்கள் உண்டாகின்றன. அவை முறையே ஒன்றைப்பொன்று போஷித்துக்கொண்டிருக்கின்றன. அந்தாதுக்களில் ஜாடராக்கினியின் அம்சங்கள் முற்றிலும் வியாபித்துள்ளன. அப்படிப்பட்ட அக்னியம்சங்களுடைய உஷணசக்தி குறைவுறுதலால் தாதுக்களிலுள்ள திரவாம்சம் சரியானபடி சோஷிக்கச் செய்யாத நிமித்தம் தாதுக்களுக்கு விருத்தியும், அச்சக்தி அதிகரித்தவால் தாதுக்களிலுள்ள திரவாம்சம் அதிகமாய் சோஷிக்கச்செய்த காரணம்பற்றி தாதுக்களுக்கு க்ஷீணமும் உண்டாகிறது.

இப்படி போஷிக்கப்பட்டவருக்காலத்தில் இவருக்குகூட ருணங்களைப்பெற்ற ஒரு விதமான உணவுப் பொருள்களை அளவிடக்கொண்ட எப்போதும் உபயோகித்தவருவதால் அதே ருணங்களைப்பெற்ற தோஷம் விருத்தியடையும். இப்படி ஒரு தோஷம் விருத்தியடையும்போது அந்த ஒரு ருக்கூடி ருணங்களுக்கு சேர் எதிரிடையான ஒரு ஸ்னித்தாதி ருணங்களைப்பெற்ற வேறொரு தோஷம் கழிணத்தையுமடையும்.

இதுபோலவே பஞ்சேந்திரியங்களுக்கும் ஒத்துக்கொள்ளாத சப்த - ஸ்பர்ச - ரூப - ரண - கத்தங்களுடன் உண்டாகும் சேர்க்கையும், காலமும், கர்மமும், (ஆரோக்யத்திற்கும் ஆத்மாயுக்கும்) தீங்கை விளைவிக்கும். இந்த கால, அர்த்த, கர்மங்களிடையே சேர்க்கை ஹீன, மித்யா, அதி யோகம் என்கிற முறையில் மூன்றுவிதமான பேதங்களை யுடையதாகும். இந்திரியங்களுக்கு அதனதன் சப்தஸ்பர்ஸாதி விஷயத்தோடு உண்டாகும் சேர்க்கை குறைத்து ஸ்வல்பமாய்ப்போய்விட்டாலும், அல்லது முற்றிலுமே ஸம்பந்தமொழிந்து போனாலும் அது ஹீனயோகமென்றும், அவ்வித்திரியங்களுக்கு அதனதன் விஷயத்துடன் சேர்க்கை அதிகமானால் அது அதியோகமென்றும், இந்திரியங்களுடைய இயற்கையான தருபத்திற்கு எதிரிடையான ஸம்பந்தம் (அதாவது கேத்திரேந்திரியத்தினால் பார்க்கப்படும் உருவானது அதிகப் பிரகாசமாகவோ, பயங்கரமாகவோ, அருவருப்பைத் தாக்கடியதா கவோ, விகாரலக்ஷணத்தையுடையதாகவோ, அதிக தூரத்திலிருப்பதாகவோ, அதி ஸமீபத்திலுள்ளதாகவோ யிருக்குமானால்) அது அந்த ரூபேந்திரியத்திற்கு மித்யாயோகமெ னப்படும். இம்மூன்று யோகத்திலும் மித்யாயோகம் மிகக்கொடியது. இதுபோலவே காலம், சீத (பனிகாலம்), உஷ்ண (வெய்யில்), வர்ஷா (மழை) காலமென மூன்றுவகைப் படும். அவற்றுள் அந்த காலத்திற்குரிய சீதாதிகள் ஏதேனும் இயற்கைத்தன்மையி ழிருந்து குறைவடையுமானால், அதாவது சீதகாலத்தில் குளிர்ச்சிக்குறையும், உஷ்ணகாலத் தில் உஷ்ணக்குறையும், வர்ஷாகாலத்தில் மழைக்குறையும் மேற்படுமானால் அதுகால ஸம் பந்தமான ஹீனயோகமென்றும், அச்சீதாதிகளியற்கையினுமதிகமானால், அதாவது, சீதோ ஷ்ண வர்ஷாகாலங்களில் குளிர்ச்சி, உஷ்ணம், மழை, இவையதிகப்படுவது அதியோக மென்றும், அந்தந்த காலங்களின் இயற்கைக்கு எதிரிடையான லக்ஷணங்கள், அதாவது சீதகாலத்தில் உஷ்ணம் அல்லது மழையும், உஷ்ணகாலத்தில் மழை அல்லது குளிர்மும், அக்காலத்தின் மித்யாயோகமென்றும் கூறப்படுகின்றன. இதுபோலவே கர்மமும் காரி கம், வாசிகம், மானஸிகம் என மூன்றுவகைப்படும். சரீரம், வாக்கு, மனம் இவற்றுல் செய்யப்படும் கிரியைகளுக்கு இயற்கையிலும் குறைவான ப்ரவ்ருத்தியுண்டாகுமானால் அல்லது சிமீதம் ப்ரவ்ருத்தியே இல்லாமற்போனால் அது அக்கர்மத்தின் ஹீனயோகமென் னும், அவைகளுக்கு இயற்கையினும் அதிக ப்ரவ்ருத்தியுண்டாகுமானால் அது கர்மஸம் பந்தமான அதியோகமென்றும், மலமூத்ராநிகளை யடக்குதல் அல்லது பலாத்காரமாய் அவ்வேகங்களை வெளிப்படுத்த முயலுதல ஒரு அவயவத்தால் செய்யவேண்டிய வேலையை மற்றொரு அவயவத்தைக்கொண்டு செய்வது முதலியவை கர்மஸம்பந்தமான மித்தியா யோகமென்றும் சொல்லப்படுகின்றன.

மேலே குறிப்பிட்டபடி காலம், அர்த்தம், கர்மம் இவைகளுடைய ஹீனமித்யாதி யோகத்தினாலும், சரீரத்திற்கு ஒற்றுக்கொள்ளாத காணுவித மனின அன்னபானுதிகளை விதி தவறியுபயோகிப்பதினாலும், துஷ்ட வாதாம்பு ஸேவனத்தினாலும், சீதோஷ்ண ஸ்திதி யடிக்கடி மாறுபடுவதினாலும், அதிகப் புணர்ச்சி, பகல் நீத்திரை, மலாதிகளை யடக்குதல் முதலிய செய்கைகளினாலும், ப்ருதி வ்யாதி பஞ்சமஹாபூதங்களால் தோற்றி விக்கப்பட்ட பெளதிகமாகிய இச்சரீரத்தில் தோஷங்களென்கிற பெயருடன் எங்கும் வியா பித்துள்ள வாத, பித்த, சிலேஷ்மங்களாகிய இம்மூன்று தத்துவங்களும் தேகாரோகியத் திற்கு இருக்கவேண்டிய அளவிற்கு அதிகப்பட்டோ, அல்லது குறைவடைந்தோ போகும் காலத்தில் காநாவிதங்களான வியாதிகளை கோஷ்டத்திலும், சாகைகளிலும், ஸந்தி, அஸ்தி, மர்மங்களிலும் உற்பத்திசெய்கின்றன.

அன்றியும், அஹிதாஹாராதி ஸேவனத்திற்குப் பிறகும், வாதாதி தோஷங்கள் விகா ரத்தன்மையை யடைவதற்கு முந்தியும் முறையே சயாவஸ்தை, ஸாதாவஸ்தை என்கிற இரண்டு அவஸ்தா விசேஷங்கள் சரீரத்துக்குள் நிகழ்கின்றன. அதாவது, தோஷங்கள் விருத்தியடைவதற்குமுன் விருத்திக்கு வேண்டிய சாதனங்களைச் சேகரித்துக்கொள்ளும் கிலைமைக்கு சயம் என்றும் கழிணத்திற்கு வேண்டிய சாதனங்களைச் சேகரித்துக்கொள் ளும் கிலைமைக்கு ஸாதாவஸ்தையென்றும் பொருள். இத்தகைய அவஸ்தாவிசேஷங்கள் நிகழ்ந்துகொண்டிருக்கும் தருணத்தில் இரஸாதி தாதுக்கள் க்வேதத்தன்மையை (அழுக்க் கூடிய கிலைமையை)ப் பெறுகின்றன. இப்படிப்பட்ட க்வேதத்தன்மை கொஞ்சம் விருத்தி யடையுமானால் அத்தாதுக்களில் இருபதுவகைப்பட்டதாயோ, ஸங்கியை யற்றதாயோ உள்ள ஜீவாணுக்கள் சிற்சில விஷயாதிகளில் உற்பத்தியாகின்றன. மேற்கூறிய கிரியைகள் முடிந்தபின் வாதாதி தோஷங்களும், தோஷாஸ்ரயங்களான இரஸாதி தாதுக்களும் விருத்தி கழிணங்களிலொன்றைப்பெற்று ருக்கூ, தீக்ஷண, ஸ்நேஹாதிகளான தோஷக் குறிகளை முன்னிட்டிக்கொண்டு எகாவயவத்திலோ ஸர்வாவயவங்களிலோ காணுவிதமான

ரோகங்களை உற்பத்திசெய்கின்றனவென்பதை ப்ரத்யக்ஷானுமான ப்ரமாணங்களைக்கொண்டு விருபிக்கலாயிற்று. இதுதான் ஆயுர்வேத முறையின்படி வியாதி யுண்டாவதற்குக் காரண ஸம்பந்தமான கொள்கைகளாம்.

இவ்வாயுர்வேதக் கொள்கைகள் நவீன வைத்திய சாஸ்திரரீதியாய் இதுவரையில் ஆராய்ச்சிசெய்து கண்டுபிடிக்கப்பட்டதும், இனி கண்டுபிடிக்கப் போவதுமான எல்லாக் கொள்கைகளுக்கும் மேலான நிலைமையிலே நிற்குமென்பதை நிஷ்பக்ஷபாடியான எந்த மேதாவியும் ஒப்புக்கொள்ளாமலிருக்கமுடியாது.

கேள்வி 2.—(b) ஆயுர்வேத விரித்காந்தப்படி ரோக நிர்த்தாரணம் செய்வதில் மூன்று விதமான முறைகள் அதுஷ்டிக்கப்படுகின்றன. அவை, தர்சித்தல், ஸ்பர்சித்தல், வினவுதல் என்பனவாம்.

அவற்றுள் தர்சித்தலாவது.—மலம், மூத்திரம், நேத்திரம், சரீரம், இவைகளின் கிரமம், வியாதி தோன்றியிருக்கும் காலத்தில் சரீரஸம்பந்தமான ப்ரதிச்சாயையில் காணக்கூடிய ஏற்றத்தாழ்வு முதலிய விந்ருதி லக்ஷணங்கள் ஆகிய இவைகளைக் கண்ணினால் பார்த்துத் தெரிந்துகொள்ளக்கூடிய குறிகளாம்.

ஸ்பர்சித்தலாவது.—அங்குஷ்டமூலம் முதலிய விடங்களில் இரத்த ஓட்டத்தில் தோன்றும் நாடித்தடிப்பு, ப்லீஹம், யக்ருத்து, குன்மம், விதரதி, ஜ்வரரோகம் முதலிய இவைகளைக் கையினால் ஸ்பர்சித்து அறியத்தக்க லக்ஷணங்களாம்.

வினவுதலாவது.—அருசி, சரீரத்தில் காணும் வளி, ஜீர்ணஜீர்ண ஸ்வரூபம், ம்ருதுக்ருரகோஷ்ட லக்ஷணம், நித்திரை, ஸ்வப்னத்தில் காணும் காஷி, வியாதி உற்பத்தியான காலம் முதலிய இவைகளைக் கேட்டறியத்தக்கக் குறிகளாம்.

முற்கூறிய தர்சனாதி லக்ஷணங்களைக்கொண்டு வியாதிகளின் ஸ்வரூபத்தை அறிவது போல் நாடியின் ஸம்பந்தமான கதி விசேஷங்களைக்கொண்டும் தோஷங்களுடைய விருத்தி க்ஷீணங்களால் ஏற்படும் ரோகங்களை யறிவது சுதேச வைத்ய ஸம்ப்ரதாயங்களிலொன்றாயிருத்தலால் அதைப்பற்றிச் சிறிது ப்ரஸ்தாபிக்காமல் விடக்கூடவில்லை.

நாடிப் பரீக்ஷை.

நாடி விந்ருண மென்பது இரத்தத்தடிப்பிவிருந்து தோஷ விந்ருகிளை யறிவதாம்.

ஹ்ருதயமென்னும் ஆசயத்தில் ஓர் பெரிய இரத்தமணி உற்பத்தியாகி அது பல கிளைகளாய் பிரிந்து சிரசமுதலபாத பர்யந்தமுள்ள ப்ரதி பாகங்களிலும் ஊடுருவிச்சென்று ஆகார ஸமமான இரத்தத்தையூட்டி அவைகளை உஜ்ஜீவிக்கச்செய்ய அமைந்திருப்பது போலவே கரங்களிலும் அமைக்கப்பட்டிருக்கிறது. இவ்வமைப்பில் ஸ்திரீகளுக்கு வலது கரத்தைக்காட்டிலும் இடது கரத்திலுள்ள இரத்தமணி அதன் உற்பத்தி ஸ்தானத்திலேயே ஆனவில் சிறிது ப்ருமனாயமைந்துபோனமைப்பற்றி ஸ்திரீகளுக்கு வலது கையை விட இடது கரத்தில் நாடியின் கதி விசதமாய்க் சாணுமென்பது சாஸ்திரத்துணிபு.

இனி கரத்தின் அங்குஷ்ட மூலத்திற்கு கடியில் ஒரு அங்குலத்திற்குமேல் தர்ஜனி (ஆள் காட்டி) மத்யமம் (நடு) அளாயிகை (பவித்திர விரல்) என்னும் இம்முன்று விரல்களின் துணிகளை ஒழுங்காய் வைத்து அழுத்தி ஸ்பர்சித்துப்பார்க்கும்போது அங்கு மூன்று விரல்களிலும் தனித்தலியாய் துடித்துக்கொண்டிருக்கும் இரத்த ஓட்டத்தின் கதி விசேஷத்தைக் கொண்டு தர்ஜனி விரலில் வாத கதியையும், நடுவிரலில் பித்த கதியையும், பவித்திர விரலில் சிலேஷம் கதியையும் அறியவேண்டும். இப்படி சசித்துக்கொண்டிருக்கும் இரத்தத்தடிப்பிவிருந்தே வாத பித்த கபங்களுடைய விருத்தி க்ஷீண ஸம்ஸர்க ஸன்னிபாதங்களா லுண்டான கோளறுகளையும், ஆரோக்யா வஸ்தையையும் உணரவேண்டும்.

வாதம் விருத்தியடைந்தபோது தர்ஜனி விரலில் நாடியானது ஸர்ப்பம், அட்டை, மண் ணுளிப்பாமபு, இவைகளைப்போல் வளைந்து வளைந்து சீறி நடப்பதில்பு.

பித்தம் விருத்தியடைந்தபோது நடுவிரலில் கோழி, தவளை, இவைகள் குகித்துக் குகித்து செல்லுவது போலும், சிலேஷம் விருத்தி யடைந்தபோது பவித்திரவிரலில் மயில், ஆமை, ஹம்ஸம் இவைகளைப்போல் மெதுவாக அசைந்து அசைந்தும் நடப்பதில்பு.

கடலை, சாராமணி, கிழங்கு வகை, மொச்சை இதுபோன்ற குரு ருக்ஷாதி பதார்த்தங்களை விசேஷமாய்பயோகிப்பதால் அவை பக்குவமாகும்போது குடலில் அதிக காற்றை யுண்டாக்கி வயிற்றுப்பொருடலையும், இரைச்சலையும் விருத்திசெய்து அபானமார்க்கத்தினாலும், ஏப்பத்தினாலும் வெளிப்பட்டதுபோக மிச்சப்பட்டவாயு உணவுப்பொருள் இராஸமாய மாறும்போது அதில் கலந்துகொண்டு ஹ்ருதயத்தையடைந்து, அவ்வாசயத்தின் ப்ரஸாரண (விரிதல்) ஆகுஞ்சு (குவிதல்) விராம (அசைவற்றி நுத்தல்) மென்னும் க்ரியைகளினாலுண்டான ப்ராணவாயுவோடு சேர்ந்துகொண்டு அதிக பலம் பெற்றதாய் வேகத்துடன் இரத்தாசயத்திலிருந்து வெளிப்பட்டு ஹஸ்தாங்குஷ்ட மூலத்தினடியில் வந்து கொண்டிருக்கும் இரத்தமானது தர்ஜனி விரலில் ஸர்ப்பத்தைப்போல சீறி வளைந்து நகருவதாய்தோன்றும். இவ்வுணர்ச்சி தர்ஜனியன்றி மற்றிரண்டு விரல்களிலுமறியற்பாலதெனினும் வேகத்துடன் வந்துகொண்டிருக்கும் இரத்த ஓட்டத்திற்கு தர்ஜனிஸ்தானம் அந்த

பூர்வரூபமென்பது.—உண்டாகப்போகிற வியாதியின் தன்மையை சூக்ஷ்மமாய்க் குறிப்பிடுவதாம். அதாவது, அதிஸாரமுண்டாகப்போகிற ஒருவனுக்கு வயிற்றில் வேதனை, பொருமல், இரைச்சல் முதலிய குறிகள் பூர்வரூபம் எனப்படும். ஒருவனுக்கு ஜ்வரம் வரப்போகிறதாயிருந்தால் அதற்குப் பூர்வத்தில் சரீரம் பாரமாயிருந்து இடப்பு முதலிய விடங்களில் வலி, அருசி, கொட்டாவி, மயிர்க்கூசுகிவிடுதல் முதலிய இக்குறிகள் உண்டாகின்றன. இவைகள் ஜ்வரத்திற்குப் பூர்வ ரூபங்களாகும். இப்படியே அந்தந்த வியாதிகளுக்குத் தக்கபடி வெவ்வேறு விதமான பூர்வ ரூபங்கள் காணப்படும். இப்பூர்வ ரூபம் சரீரமென்றும், மாணவிகமென்றும், இருவகையடும். ஜ்வரத்தில் அருசி முதலியன சரீரத்தைப்பற்றிய பூர்வ ரூபம். அதே ஜ்வரத்தில் மனக்கவலை, ஹிதமான வசனத்திலும் வெறுப்புமுதலியது மனதைப்பற்றிய பூர்வரூபமாம்.

ரூபமென்பது.—ஒவ்வொரு வியாதியிலும் இயற்கையா யேற்படும் லக்ஷணங்களாம். அதாவது, அருசி முதலியவை ஒருபிக்கச் சேருவதே ஜ்வரம். ஜ்வர காயாதிகளான பதினேரு லக்ஷணங்கள் ஒன்றுசேருவதே இராஜயக்ஷமாவென்னும் க்ஷயரோகம் என்பதாம்.

உபசயமென்பது.—ஒளஷதாஹாராதிகளாலுண்டாகும் சுகாதுபந்தமேயாம். என்றால், நிதானமெனப்படும் ரோக காரணத்திற்காவது, ரோகத்திற்காவது உபயோகிக்கக் கூடிய ஒளஷதம், ஆஹாரம், விஹாரம் ஆகிய இவைகள் வியாதிக்கு சமனத்தைத்தருமோ அதே உபசயமெனப்படும். என்றால், வியாதி காரணத்திற்கு எதிரிடையான அல்லது வியாதிக்கே விபரீதமான ஒளஷதானன விஹாராதிகளால் வியாதி பரிகாரமுண்டாவதே யாம்.

ஸம்ப்ராப்தியென்பது.—முதலில் வாதாதி தோஷங்கள் விகாரமடைந்த வகைகளையும் அதன்பின் அத்தோஷங்கள் சரீரத்தில் வியாதித்து வேலைசெய்கின்ற கிரமத்தையும், அறிவிக்கக்கூடியதாகும். இந்த ஸம்ப்ராப்தி லக்ஷணமானது ஸங்க்யை, விகல்பம், ப்ராதான்யம், பலம், காலம், என ஐந்துவகைப்படும். ப்ரமேகம் இருபது, ஜ்வரம் எட்டு, காலம் ஐந்து என்று உபகரமித்து ஒவ்வொரு வியாதிகளின் உட்பிரிவுகளைப் பகுத்து அவற்றின் ஸங்க்யை (எண்)களைக் கூறுவது ஸங்க்யா ஸம்ப்ராப்தியென்றும், வாதாதி தோஷங்கள் தனித்தனியாகவோ, இரண்டிரண்டாகவோ, அல்லது மூன்றும் ஒருபிக்கச் சேர்ந்தோ நோயை உற்பத்திசெய்கையில் ஒவ்வொரு தோஷத்திற்குமுள்ள ஏற்றக்குறைவான அளவுகளைக் குறிப்பிட்டு அந்த தோஷங்களுக்குரிய இலகு ரூக்ஷாதி குணங்களில் தம் இயற்கையளவினிருந்து எவ்வளவுமட்டில் கோளாறடைந்தனவென்பதை விளக்குவது விகல்ப ஸம்ப்ராப்தியென்றும், நோய்களை ஸ்வதந்தரம் பாதந்தரம் என இருவகையாகப் பிரித்து (தோஷப்ரகோபத்தாலுண்டான ரோகத்தை ஸ்வதந்தர வியாதிமென்றும், அந்த ஸ்வதந்தர ரோகத்தையே காரணமாகக்கொண்டு உண்டான ரோகத்தை பாதந்தர அல்லது அப்ரதான வியாதிமென்றும் விவரித்து)க் கூறுவது ப்ரதான ஸம்ப்ராப்தி என்றும், ஒவ்வொரு வியாதியின் காரணங்களும் பூர்வரூப, ரூபாதிகளும் பூரணமாகவிருந்து அந்த வியாதியும் அதிக பலம் பெற்றிருக்குமானால் அதை பல ஸம்ப்ராப்தியென்றும், அவற்றில் ஏதாதினும் சில பாகங்கள் மாத்திரம் காணப்படும்போது அதை துர்பல ஸம்ப்ராப்தியென்றும், ஒரு வியாதி பகவிலோ, தூவிலோ, ஒவ்வொரு ருதுவிலோ, ஆஹாரம் உட்கொண்ட போதோ, உட்கொண்ட ஆஹாரம் ரூபாந்தரமடையும்போதோ, அல்லது ஒரு குறிப்பிட்ட காலத்திலோ அந்தந்த தோஷலக்ஷணங்களை முன்னிட்டிக்கொண்டு உபாதியைச் செய்வது கால ஸம்ப்ராப்தியென்றும் கூறப்படும். இந்த ஸம்ப்ராப்திக்கு ஆமதோஷத்துடன் கூடிய தோஷமானது ஆமரசயத்தையடைந்து அருளுள்ள அக்கினியைக் குறைத்து ஸ்ரோதோமார்த்தங்களைத் தகைந்து ஜ்வரத்தை உற்பத்திசெய்கிறது என்கிற வாக்கியத்தை ஓர் பொது திருஷ்டாந்தமாகக் கூறலாம்.

இதுவரையில் கூறிய ஸாதனங்களைக்கொண்டுமாதிரம் வியாதி நிர்த்தாரணம் செய்யப்படுவதில்லை. அஷ்டஸ்தானபரீக்ஷை முதலிய இன்னும் பல ஸாதனங்களைக்கொண்டும் ரோக நிச்சயம் செய்யப்படுகிறது. ரோக நிர்த்தாரணம் செய்வது ஸம்பந்தமான ஸாதனங்களில் ஏதேனுமொரு ஸாதனத்தை ஆதாரமாகக்கொண்டு ஊகித்துப்பார்த்தாலே வியாதி நிச்சயக்குறான முண்டாய்விடுமானால் அதற்கேற்பட்ட ஸாதனங்களைத்தையுமே ஒருபிக்கச் சேர்த்து ஒரு வியாதியில் பொருத்திப் பார்க்கும்போது எந்த வைத்யனுக்குத் தான் ரோக நிச்சயக்குறான மேற்படாமற்போகும்?

இவ்வாறு நிதானாதி பஞ்ச லக்ஷணங்களும், தோஷ ஸ்வரூபங்களும், காடிபரீக்ஷையும் ஆகிய இது முதலிய ஆயுர்வேத விதிகளே ரோக நிதானம் செய்வதில் முக்கியமாய் அனுஷ்டிக்கப்படும் முறைகளாகும். இந்தப்படி ரோகியையும், ரோகத்தையும் பரீக்ஷித்து வியாதி நிர்ணயம் செய்யவேண்டிய லக்ஷணங்கள் ஸங்க்ஷேபமாய் குறிப்பிடப்பட்டது. இது நிற்க,

பலதூற்றண்டுகளுக்கு முன்பே தீபாந்தரத்திலிருந்து சக யவனாதி பலஜாதியார் இப்பரத பூயிபிற் புகுந்து இங்குள்ள எண்ணிறைந்த வைத்திய னூல்களைத் திரட்டிக்கொண்டுபோய் பரிசீலனை செய்துபார்த்தபின் பல அம்சங்களில் அபூர்வமான வைத்ய குறா

எந்தைப் பெற்றதாக நேச சரித்திரங்கள் கூறுவதைக்கூட மதிக்காமல் “நான் பிடித்த முயலுக்கு மூன்றேகால்” என்கிற கதைக்கொப்பாய் ஆயுர்வேதத்தை ஒரு ஒழுங்கான சாஸ்திரமாய்க் கருதக்கூடாதென்று வாய்க்கூசாமல் லஜஜைபைவிட்டு இச்சகம் பேசிக் கொண்டொலையும் இக்கொடிய கவிசாலத்தில் அரசாங்கத்தாரின் ஆதரவைப்பெற்ற அதனால் எமது ஆயுர்வேத சிசித்தலா ஸம்பந்தாயத்தை விருத்திக்குக் கொண்டுவந்த உன்னதபதவி யில் ஸ்தாபித்தவிடுவதென்பது முயற்சொம்பேயாம். மஹத்தான மகிமை வாய்ந்த இவ் வாயுர்வேத சிசித்தலா ஸம்பந்தாயத்தைப்பற்றி விஸ்தரித்துக் கூறுவது செவிடன காதி லோதின மஹாமக்தாததைப்போல் யாதொரு பவனுமுண்டாகப்போவதில்லை என்ற னும் எத்தனை யோ ஆயிரக்கணக்கான வருஷங்கள் மாணத்திற்கு வசப்படாமல் ஜீவித்திருக் கும்படியான ஸாதனங்களையெல்லாம் கண்டுபிடித்து அதன்படி அதுஷ்டித்துப்பார்த்து சிரகால ஜீவிகளாய் வாழ்ந்துவந்த எமது பாதகண்டவாலிகளான மகரிஷிகளுக்கு சிசித் ஸாஸம்பந்தமான சாஸ்திர ஆராய்ச்சியிலுள்ள அநிதுட்பமான அறிவாசிர ரூரியப்பகா சத்துக்கெதிரில் மினுமினுப்பூச்சிபோல அற்பபுத்தியுடைய யாம் சிறித வினகெத்தடங்கு கிரேமம்.

ஒருவருக்குண்டான வியாதியை சிசித்தலை செய்யத்துடங்குமுன் மேலே குறிப்பிடும் அம்சங்களை கவனமாய்ப் பார்த்துணர்ந்தபின் சிசித்தலைக்கு ஆரம்பிக்கவேண்டும். அதா வது, ரோகியின் சரீரத்தில் எந்தநோஷம் விகாசத்தன்மையைபெற்றிருக்கிறது? அதற்கு முக்கிய காரணமென்ன? அந்த நோஷாஸரீதமான இரஸாதி தாதுக்கள் எவ்வளவுமட்டிலு கெடுதியை பெற்றுள்ளன? ரோகி வசிக்கும் பூபாகம் எத்தன்மையுடையது? இவன் எந்த ப்ரக்ருதியுடையவன் என்பவைகளையும் பிணியாளியின் வயது, சரீரவன்மை, வியாதி தோன்றிய காலவளவு, ரோகியின் மனப்போக்கு, ஆகாசாதிசு முதவியவைகளையும் நோ ஷத்தின் ஆமாதியவஸ்தைகளையும், ரோகம் சரீரஸம்பந்தமான எந்த அவயவத்தை அல்லது அவயவங்களைப் பற்றியிருக்கிறது என்பவனவற்றையும் பகுத்தறிந்து ரோதன சமஞ்சி சிசித்தலைசெய்து எதை உபயோகிக்கவேண்டுமென்கிற நிச்சய புத்தியுடன் எந்த வைத்தி யன் ரோகபரிகாச மார்க்கத்தில் பிரவேசிக்கிறாரோ அவன் எப்படிப்பட்ட கடினமான கோயையும் தீர்க்க சமர்த்தனாவானென்பதே.

ஆயுர்வேத விதிப்படி அனுஷ்டிக்கப்படும் சிசித்தலாசிரமங்கள் எனைய சிசித்தலைகளைப் போலின்றி ஆரம்பத்திலேயே பிணியாளியின் மனதிற்கு உற்சாகத்தைத்தரும் சிசித்தலை செய்யத்துடங்கும்போதே ஆசுகாரியாதலால் அவனுக்கு உடனே சுகத்தைத் தருவதாகும். அத்தகைய சிசித்தலாக்கிரமங்கள் நேமது விபரீதம், வியாதி விபரீதம், நேமது வ்யாதி விப ரீதம், ததர்த்தகாரி என்னும் பலவகைகளாகப் பகுக்கப்பட்டிருக்கின்றன. அவற்றுள்,

நேமது விபரீத சிசித்தலையென்பது.—முதலில் ரோகமுண்டாவதற்கு எது காரண மாயிருந்ததோ அதற்கு நேர் எதிரிடையான குணங்களைப்பெற்ற ஓளஷதம், ஆகாசம், விகாரம் (exercise), ஆகிய இவைகளை உபயோகித்து வியாதியை சமனப்படுத்துவதே யாம். என்றால், ஸந்தர்ப்பணமென்கிற காரணத்தை முன்னிட்டிக்கொண்டு தோன்றிய ஆம, (அபக்வ) தோஷத்தை அந்த ஸந்தர்ப்பணத்திற்கு நேர் எதிரிடையான அபதர்ப்பண மெனப்படும் லக்களரூபமான ஓளஷதாஹாராதிகளை உபயோகிப்பதும், இப்படியே சிதகாரணத்தாலுண்டான ரோகத்தை அதற்கு எதிரிடையான உஷண குணம்பெற்ற ஓளஷாதாகாராதிகளை ஸேவிக்கச் செய்வதும், பகல் சித்திரையால் விருத்தியடைந்த கபத் தை அதற்கு எதிரிடையான இரவில் கண்விழிக்கச்செய்வதுமே நேமது விபரீத சிசித்தலை யாகும்.

முற்கூறிய விதிப்படி அந்த நேமதுவிற்கு தக்கவாறு நேமது விபரீத சிசித்தலைசெய் தும் வியாதி வசப்படாமற்போருமானால் அச்சாம்பிரதாயத்தைவிட்டு வியாதி விபரீதமென் கிற சிசித்தலாமுறையை அனுஷ்டிக்கவேண்டும். இது முற்கூறிய நேமது விபரீத சிசித் தலையைவிட கொஞ்சம் மேலானது.

வியாதி விபரீதமாவது.—எந்த ஓளஷாதாகார விகாரங்களைச் சரீரத்தில் உபயோகிக் கும்போது ரோகமெக்காரணத்தினாலுண்டானபோதிலும் அது ஒன்றையுமே எதிர்பாரா மல் தனது பிரபாவத்தால் வியாதியை நசிக்கச்செய்யுமோ அதுவே வியாதி விபரீத சிசித் தலையாம். என்றால், அதிசாரம் என்கிற நோயில் வட்டத்திருப்பி முதலிய திரவியங்கள் ரஸ விசியாதிகள் எவ்வாறிருப்பினும் தனது சக்தியினால் அவ்வதிலார கோய்க்கு எதிரிடை யாயிருந்து அதைப் போக்குகிறது. இதுபோலவே காட்டுவாகை விஷவேகத்தையும், கருக்காவி குஷ்டத்தையும், அப்ரகம், மஞ்சள் பிரமேகத்தையும், குணப்படுத்துகிறது. இதுவே வியாதி விபரீதசிசித்தலையின் கொள்கையாம்.

வியாதி விபரீத சிசித்தலைச் செய்தும் குணமுண்டாகாமற்போனால் அதையும் பரிசுரித் துவிட்டு நேமது வ்யாதி விபரீதம் என்னும் சிசித்தலையைச்செய்ய துணியவேண்டும். இது முற்கூறிய வியாதி விபரீத சிசித்தலையிலும் மேலானபயன் தரக்கூடியது.

நேமதுவ்யாதி விபரீதமென்பது வியாதிக்குக் காரணமான நோஷவிக்குறிக்கும் அத னாலுண்டான ரோகத்திற்கும், ஒருங்கே, எதிரிடையாயிருந்து சிவர்த்தி செய்யும் ஓளஷ தாதிகளேயாகும். அதாவது, வாத விகாரத்தால் சரீரத்தில் தோன்றிய வீக்கத்தில் நச

மூலம், அந்த தோஷ வியாதிகளிரண்டிற்கும் விபரீதமாயிருந்து அவ்விக்கத்தையும் அவ்விக்கத்திற்கு வேறதுவாயிருந்த வாயுவையும் சமனப்படுத்துகிறது. அதுபோலவே வாத, கப ஸம்பந்தமான க்ரஹணியில் தக்ரம் (மோர்) வேறுதவ்யாதிகளுக்கு எதிரிடையாயிருந்து அவ்விரண்டையும் பரிகரிக்கிறது. இக்கொள்கையே வேறுதவ்யாதி விபரீத சிகித்சையாம். இந்தப்படி வேறுதவ்யாதி விபரீத சிகித்சை செய்வதால் சரியான பிரதிப்ரயோசனமுண்டாகாமற் போருமானால் அதை நிவர்த்தித்துவிட்டு பின்னர் ததர்த்தகாரி என்னும் சிகித்சை முறையைக் கையாளவேண்டும்.

ததர்த்தகாரியென்பது.—வேறு முதலியவற்றின் விபரீத சிகித்சைகளுக்கும் வசப்படாமல பிடித்துக்கொண்டிருக்கிற வியாதியை கண்டிக்க, அதனை உற்பத்தி செய்யக் கூடிய ஒளஷாதாகாராதிகளை வேலிக்கச்செய்து அந்த ரோகத்தை தீக்கரித்தல் ஆகும். உதாரணமாக, பித்தப் பிரகோபத்தால் ஜனித்த விரண வம்மந்தமான விக்கத்தில் அப்பித்தத்தைப் பிரகோபிக்கச்செய்யும் சூடான ஓத்தடம் முதலியதைக் கொடுத்தலும் வாதியில், வாதியையுண்டாக்கும் மதனபல பிரதானமான ஒளஷதத்தைப்பயோகித்தலும் அதிசாரத்தில் விரோசனத் திரவியத்தைத் தருதலும் விஷத்தில் விஷத்தின் துகபிஜத்தை (எட்டிக்கொட்டை) உபயோகிப்பதுமே ததர்த்தகாரி சிகித்சையின் கருத்தாம்.

முற்கூறிய வேறு விபரீதாதி சிகித்சைக் கிரமங்களில் எது ரோக பரிகாரமார்க்கத்தைத் தருமென்று நிதானித்துச் செய்து பார்த்தும் ஆரோக்கிய ஸ்திதி ஏற்படாமற் போருமானால் உடனே காலத்தை வினாக்காமல் பஞ்சகர்மம் மென வழங்கப்படும். ஸ்வேத, ஸ்வேத, வமன, விரோசன, ஆஸ்தாபன, அனுவாஸன, நஸ்யம் முதலிய கிரமமாய் நிறைவேற்றவேண்டியது கடமை. இச்சோதனை சிகித்சை கிரமப்படி செய்து நிறைவேற்றப்படுமாயின் தஸ்ஸாத் தியமான ரோகமொன்றிருப்பதாய் எண்ண முடியாது. (பஞ்சகர்மங்களென்றால் ஸ்வேத, ஸ்வேதங்களை முன்னிட்டு செய்யப்படும். வமன, விரோசன, நிரூக, நஸ்ய, ரக்த, மோக்ஷணங்களான ஐந்து வகைப்பட்ட கிரமங்களைக் குறிப்பதற்கும்). இதைப்பற்றி சரக, வாக்பட, சஸ்ருதாதி கிரந்தங்களில் பல பிரிவுகளாக விவரித்துள்ள விஷயங்களை தனித்தனி எடுத்தெழுதுவதென்றால் விஷயம் வளரும். இவ்வுடயிருந்தால் அவைகளைப் பார்த்து தெரிந்துகொள்ளலாம். ரோக நிதானம் செய்வதிலும், அவைகளுக்கு சிகித்சை செய்வதிலும் சரகாதி கிரந்தங்களிலும் அவைகளுக்கு அங்கமாயுள்ள ரஸரத்த ஸமுச்சயம், பைஷஜ்யரத்தனுவளி, யோகரத்தனுகரம், வைத்யசிந்தாமணி முதலிய கிரந்தங்களிலும் ப்ரதி பாதிக்கப்பட்ட சியமப்படி அநுஸரிக்கப்படுகிறது.

அன்றியும் மூடகர்ப்பம், அதிமந்தம், வித்தி, நாடவ்ரணம், நிருத்த பகசம், பகந்தர முதலிய சில ரோகங்கள் ஒளஷத ஸாத் தியமாகாதபோது சஸ்திர ஸதமாயத்தைக்கொண்டு நிவாரணம் செய்யவேண்டியது அவசியம். இதைப்பற்றி ஸுஸ்ருதாதி க்ரந்தங்களில் சஸ்திர ப்ரயோகம் செய்யவேண்டியதெப்படி? அதற்குப் பூர்வத்தில் செய்யவேண்டிய கிரமங்களைவை? அவற்றில் ப்ரதான கர்மமெது? பிறகு செய்யவேண்டியவைகளைவை? இடத்திற்குத் தக்கபடி யந்தர சஸ்திரங்கள் ப்ரயோகிக்கவேண்டிய விதிகளைவை? சஸ்திர கர்மமெத்தனை விதம்? பந்தன க்ஷணங்களைவை? எவ்வாறு மூக்குக் காது முதலிய விடங்களில் கரிபாலாதி ஸ்தானங்களிலிருந்து மாம்ஸங்களைச் சேதித்தெடுத்து அமைப்பது? மூடகர்ப்பத்தை யந்திர சஸ்திரங்களைக் கொண்டு, அவையில்லாமலேயோ எப்படி வெளிப்படுத்தவேண்டும்? திமிரம், அதிமந்தம் முதலிய நேத்திர வியாதியில் எப்படி சஸ்திர ப்ரயோகம் செய்யவேண்டும்; எந்த எந்த வியாதியில் எந்த எந்த ஸ்தானத்தில் ரக்த மோக்ஷணம் செய்யவேண்டும்? எந்த எந்த வியாதி அக்கிகர்ம யோக்கியமானது ஆகிய இது முதலிய சஸ்திர ப்ரதானமான பல அம்சங்களை ஸாங்கமாய் வினக்கப்பட்டிருக்கின்றன. இதன்றியும், சிமி, காங்காயனர், பத்ரனெளனகர், ஹிரண்யாக்ஷன், கச்யபர், போஜன் முதலியவர்களால் செய்யப்பட்ட தந்திரங்களிலும் சஸ்திர, சாலாக்ய, காய சிகித்சை, பூதவித்யை, சிசு ஸம்ரக்ஷணம், விஷ சிகித்சை, ரஸாயனம், வாஜீக்ரணம் எனப்படும் அஷ்டாங்க சிகித்சைகளைப்பற்றி விஸ்தரித்திருக்கிறார்கள். நிக, விதேச வைத்தியம் செய்துகொள்ளப் போதுமான திரவிய பலம் பெறாதவர்களும், விதேச வைத்தியர்களால் வெறுத்துத் தள்ளப்பட்டவர்களுமான ரோகிகளை பெரும்பாலும் ஆயுர்வேத யூனானி வைத்யர்களிடம் சென்று ஒளஷத ஸேவனம் செய்கிறவர்களாயிருப்பார்கள். அப்படிச் செல்லுகிறவர்கள் அநேகமாய் குணப்பட்டும் வருகிறார்களென்பது யாவருமுணர்ந்த விஷயம். ஆனால் இவர்களுடைய பெயர், ஜாதி, சிகித்சை, முதலிய விவரங்களடங்கிய புத்தகம் ஆயுர்வேத தர்ம வைத்யசாலையில் தவிர மற்ற ஆயுர்வேத யூனானி வைத்திய சிகித்சைகளிடம் அத்தகைய குறிப்புகள் அநேகமாய் வைக்கப்படுகிறதில்லை. அதனால் யாதொரு பயனுமில்லையென்பது அவர்கள் கருத்தாகும். அதனால் ஒரு வித ப்ரயோஜனமுண்டாகுமென்று தெரிந்திருந்தால் அப்படிப்பட்ட குறிப்புப் புத்தகம் மிருந்திருக்கும்.

விதேச வைத்தியம் செய்துகொள்ளப் போதுமான திரவிய பலம் பெறாதவர்களும், விதேச வைத்தியர்களால் வெறுத்துத் தள்ளப்பட்டவர்களுமான ரோகிகளை பெரும்பாலும் ஆயுர்வேத யூனானி வைத்யர்களிடம் சென்று ஒளஷத ஸேவனம் செய்கிறவர்களாயிருப்பார்கள். அப்படிச் செல்லுகிறவர்கள் அநேகமாய் குணப்பட்டும் வருகிறார்களென்பது யாவருமுணர்ந்த விஷயம். ஆனால் இவர்களுடைய பெயர், ஜாதி, சிகித்சை, முதலிய விவரங்களடங்கிய புத்தகம் ஆயுர்வேத தர்ம வைத்யசாலையில் தவிர மற்ற ஆயுர்வேத யூனானி வைத்திய சிகித்சைகளிடம் அத்தகைய குறிப்புகள் அநேகமாய் வைக்கப்படுகிறதில்லை. அதனால் யாதொரு பயனுமில்லையென்பது அவர்கள் கருத்தாகும். அதனால் ஒரு வித ப்ரயோஜனமுண்டாகுமென்று தெரிந்திருந்தால் அப்படிப்பட்ட குறிப்புப் புத்தகம் மிருந்திருக்கும்.

(c) கமிட்டியாரால் சுதேச முறைப்படி அனுசரிக்கப்படும் வைத்ய சிகித்சையால் மற்ற சிகித்சையைக் காட்டிலும் அதிக ப்ரயோஜனமுண்டென்பதை நிரூபிக்கத்தக்க ஆதாரமுண்டாவென கேட்கப்படுகிறது. இது மற்ற சிகித்சையைக் காட்டிலும் எத்தனையோ மடங்கு மேலானது என்பதை ப்ரத்யக்ஷமாய் நிரூபித்துக் காட்டுவதற்குப் போது

மான செனகரியங்கள் அமைத்தத் தாமுடியுமாவென்றித எதிர்த் தேழ்வியை கமிட்டியாரை நாம் தேழ்கிறோம். முடியுமென்றால் இதுவும் முடியுமென்பதிற்றடைபென்ன? அப்படிப்பட்ட விசேஷ பாயோஜனத்தைத் தருவதற்கு கமது முன்னோர்களால் சிதிகளை களுக்காக கண்டுபிடிக்கப்பட்ட அசித்தப்பராவமடங்கிய கல், கலைய, க்ருத, தைவ, வேதமய, ஆணவ, அரிஷ்ட, பஸ்ம, சுடா, லிந்தூராதினேயாம். விசேஷ விரயம் வாய்ந்த இப்படிப்பட்ட ஓனாத்தங்களை பாயோசிப்பதற்குப் பூர்வாங்கமாகச் செய்யப்படும் ஸ்வேதஸ்வேதவமாதி கர்மங்களினாலேயே விபாதி மூலோன் மூலனம் செய்யப்படுகிறதென்றால் இவ்வெனாத பாயோகமும் சேர்த்தவிட்டால் மற்றதைப்பற்றி நாம் சொல்லவேண்டிய தென்னவிரும்புகிறது.

கேள்வி 3.—(a) சென்னை ஆயுர்வேத கலாசாலை வைத்திய வித்யா போர்டர்களில் ஒருவராகவும், எல்லா இந்திய ஆயுர்வேத வித்யைப் பரீக்ஷைகளிலொருவராகவும், ஆயுர்வேத மகாமண்டலிவினங்கத்தினரிலொருவராகவும் இருந்துவருகிறேன்.

(b) (1) காணொருபங்கான ஆயுர்வேத சிதிகளை கர்மங்களுக்குள் சமனரூபமான சிதிகளை மாத்திரம் பெறுவதற்கான செனகரியம் யதாசக்தி செய்யப்பட்டிருப்பதாய்தான் சொல்லமுடியும்.

(2) வைத்ய கல்வி கற்பதற்கு சென்னை ஆயுர்வேத கலாசாலை சரியான ஸ்தானத்தைப் பெற்றிருப்பதாய் சொல்லமுடியாததான். இன்னூட்டில் எல்லா செனகரியங்களும் சிறையப்பெற்ற ஒரு வைத்ய கலாசாலை கூடயிருப்பதாக எண்ணமுடியாது. கமது பாதபூமி இன்னிலமைக்கு வந்திருக்கும்போது “விருக்ஷயில்லாத ஊருக்கு ஏரண்ட (ஆமணக்கு) மும் விருக்ஷமாய்ப்போகிறது” என்கிற விபாயத்தை யதாரித்த இந்த வைத்ய வித்யா ஸ்தானம் விளங்கிக்கொண்டிருக்கிறது.

அந்த வித்தியா ஸ்தானத்திலும் அதை யதாரித்த சிதிகளையத்திலுமுள்ள குறைகளைப்பற்றி அந்த ஸ்தாபனங்களின் தலைவர்களைக் கேட்டறிந்து அவர்கள் ஸம்மதத்தை யனுஸரித்துக் தக்க பரிசாரம் செய்வதுதான் சிறந்தமாய்க்கம்.

(c) ஆயுர்வேத ஸ்தாபனங்களிலுள்ள குறைகளை கிவ்ருத்தி செய்பவேறுமென்றித நோக்கமுண்மையிலிருக்குமானால் தற்காலம் அரசாங்கத்தாரால் போஷிக்கப்பட்டுவரும் தமது ஆங்கில வைத்ய ஸ்தாபனங்களுக்குச் செலவாகும் தனத்திலொரு அம்சம் ஆயுர்வேத ஸ்தாபனத்திற்காகவும், செலவிடத்தடங்கிவிட்டால் இது மதே ஸான்றை ஸ்திதிக்கு வந்து விடுவதுமன்றி சுவல்பகாலத்திற்குள்ளாகவே கமது ஆயுர்வேதம் தேசமெங்கும் விபாதித்த விடும்.

கேள்வி 4.—(a) ஆயுர்வேதத்தில் பூரணமான வைத்யப்பயிற்சி பெறுவதற்காக—

(1) காலவசத்தால் பல காரணங்களை முன்னிட்டு ஆயுர்வேத சிதிக்சையில் அப்பாசத்திலில்லாமல் மலினாவஸ்தையை யடைந்திருக்கும் சல்ய தந்தரத்தில் அப்பாஸ த்வாராய், தமஸ்த கொசலமுண்டாவதற்காக அது ஸம்பந்தமான அம்சங்களை ப்ரத்யக்ஷ மாய் காட்டிக் கொடுக்கக்கூடிய யோக்யதை வாய்ந்த ஓர் உபாத்யாயரின் மேல்விசாரணையின் கீழ் ஆயுர்வேத வித்யார்த்திகளை விட்டுவைப்பதிலும்,

(2) and (3) சல்ய சம்பந்தமான அம்சங்களைத்தான் சொந்தமாய் ஆராய்ச்சி செய்து கொண்டுபோகப் போதுமான அவகாச மேற்படுத்தித் தருவதிலும், சரியான எத்பாடுகள் செய்யப்படவேண்டுமென்பதுதான் எங்கள் கோரிக்கை. இதை யாராசிலும் மறுப்பார்களானால் அது அதிசயிக்கத்தக்கவைகளிலொன்றாகும்.

இந்த லக்ஷயம் கைகூடும்படியான ஏற்பாடுகள் ஒன்றுமே செய்யப்படாமலிருக்க இந்த லக்ஷயம் இந்த ராஜதானியிலாவது வேறு எந்த ராஜதானியிலாவது கைகூடி யிருப்பதாக எப்படிச் சொல்லமுடியும்.

4. (b) கமது மந்திரிகள் வசம் ஈக்ஷணக்காக பரீக்ஷார்த்தம் விடப்பட்டிருக்கும் அம்சங்களில் இதுவு மொன்றா யிருத்தலால் இப்படிப்பட்ட காலத்தில் நாம் கேட்பது மித மிஞ்சி உயர்வாயிருக்குமென்று எண்ண மனம் இடந்தரவில்லை.

(1) ஆயுர்வேத விதிப்படி சோதனாதி, சிதிகளை கர்மங்கள் ஆங்கில வைத்யசாலைகளில் கடைபெறுவதுபோன்ற பல வைத்ய ஸ்தாபனங்கள் கமது நாட்டில் அமைக்கப்படவேண்டும்.

(2) இந்நோக்கம் சிறைவேறுவதற்காக இச்சென்னையில் சில வருஷங்களாக கடைபெற்றுவரும் வைத்யசாலைகளும், வைத்ய வித்யாலயங்களும் லோபமன்னியில் சாகவதமாய் எப்போதும் நடந்துகொண்டிருப்பதற்காகத் தேவையான மூலதனத்தை வருமானமுள்ள இனங்களில் டோட்டு அவ்வருமானத்திலிருந்து செலவு செய்து நடத்திக்கொண்டு போகும்படி ஒரு ஸமிதி வசம் விடப்படுமானால் வருஷ ப்ரதி வருஷம் அரசாங்கத்தாரை கதேச வைத்யாபிவிருத்திக்காக கிர்பந்திக்கவேண்டிய அம்சம் இல்லாமற்போய்விடும்.

இதைப்போலவே ஒவ்வொரு தாலாகாவிலும் ஜன ஸங்க்யை அதிகப்பட்டவிடத்திலும் ஆயுர்வேத வைத்யசாலைகள் ஸ்தாபிக்கப்படவேண்டுமென்பதை கமிட்டியார் மறந்து

விடக்கூடாது. இகற்கேற்படும் செலவுக்குத் தக்கபடி நமது தேசத்திய ப்ராசின ஸம்ப்ரதாயத்தை யதுஸரித்து அத்தாலாகாவிலடங்கிய ஒரு க்ராமத்தின் வருமானத்தை விசியோகித்துக் கொள்ளும்படி விட்டுவிடவேண்டும். இந்நோக்கத்துடன் கமிட்டியார் தக்க முயற்சி யெடுத்துக் கொண்டு வேலை செய்யவேண்டும். இது பலமாயவிட்டால் நமது தேசவைத்யம் மேலான நிலைமைக்கு வந்துவிடுமென்பதைச் சொல்லத்தேவையில்லை.

கேள்வி 5.—கல்கத்தா ஸர்வகலாசாலை விசாரணைக் கமிட்டியாரின் அபிப்பிராயப்படி ஆயுர்வேதத்தையும் ஆங்கில வைத்யத்தையும் ஒன்றாய்ச் சேர்த்து தேச முழுவதும் ஒரே வைத்யமாய் செய்த விடுவதென்பது எப்படி ஸாத்தியமாகும்? ரோக நிவாரணம் செய்வதென்ற கிற கொள்கைமாதிரும் இவ்விரண்டு வைத்யத்திற்கு மொன்றாயமையுமேயன்றி அக்கொள்கையை நிறைவேற்றுவதற்காக அதுஷ்டிக்கப்படும் சிகித்தலா க்ராமங்கள் பரஸ்பரம் ஸம்பந்த மில்லாமற்போருமென்பதை ஷை ஸர்வகலாசாலை விசாரணை கமிட்டியார் கொஞ்சமும் யோசிக்காமற்போனதைப்பற்றிச் சாலவும் வருந்துகிறேன். ஆயுர்வேத சிகித்தலா க்ராமம் தரிதோஷத்தை முன்னிட்டுப் ப்ரவ்ருத்தித்தாகும். ஆங்கில சிகித்தலைக்கோ அத்தகைய சியம மில்லை. ஆயுர்வேத சிகித்தலையில் வாதப்ரதானமான ஜ்வராதி எந்த வியாதியிலும் அந்த வாத தோஷத்தை விருத்திசெய்யு மியல்புவாய்ந்த கடு திக்த கஷாய ரஸங்கள் நிறைந்த எந்த ஓளஷதமும் உபயோகிப்பதில்லை. ஆங்கில சிகித்தலா ஸம்ப்ரதாயத்திலாவெனில் வாத ப்ரதானமான ஜ்வராதிக்களிலும் கூட திக்த கஷாய ரஸ ப்ரதானமான ஓளஷதங்கள் தங்கு தடையின்றி உபயோகப்பட்டு வருகின்றன. அவை வாத ஜமான ஜ்வராதிக்களிலும் மற் றும் பலமாரக்கங்களிலும் பயன்படுவதில்லையென்பதை இதுவரையிலும் அறிந்துகொள்ளாமலே உபயோகித்து வருவதை ப்ரத்யக்ஷத்தில் பார்த்துக்கொண்டிருக்கிறோம். ஆகையால் இவ்விரண்டு வைத்யங்களையும் ஒன்றுபடுத்திவிடுவதால் இவ்விரண்டிற்குமுள்ள மகிமைபோய்விடுமென்பதில் ஐயமில்லை. இவ்விரண்டு முறைகளையும் ஒன்று சேர்ப்பதற்காக கமிட்டியார் யாதொரு முயற்சியும் எடுத்துக்கொள்ளாமலிருப்பதே ஆயுர்வேதத்திற்கு செய்யும் பேருதவிகளில் ஒன்றாகும்.

கேள்வி 6.—(a), (b) and (c) ஆயுர்வேத பாடக்ராமங்களில் ப்ரக்ருதி சாஸ்திர முதலிய நவீன சாஸ்திரக் கொள்கைகளைக் கற்பிக்கும்படி செய்யவேண்டிய அவசியம் கொஞ்சமு மில்லை. இப்படிச் செய்வதால் தற்காலம் ஆயுர்வேதாப்யாஸத்திற்காக ஏற்படுத்தியிருக்கும் கால அளவை நீடிக்கச் செய்வதில் மாதிரும் ஸமர்த்தமாகுமேயன்றி ஆயுர்வேத க்யானத்தை விருத்தி செய்வதில் ஸமர்த்தமாகமாட்டாது, என்றாலும் தற்காலம் மலினப்பட்டிருக்கும் சல்ய சாலாக்யங்களைப் பரிஷ்காரப்படுத்திக்கொள்வதற்காக நவீன சாஸ்திர ரீதியாய் சல்ய க்ரோபாயங்கள் ஸ-ஸ்ருத ஸம்வர்த்தையில் உப ப்ரம்மணங்களாகச் சேர்க்கப் பட்டவேண்டுமென்பதை கமிட்டியார் கியாபகத்தில் வைத்துக்கொள்ளவேண்டுமென்பதை மீண்டும் வற்புறுத்துகிறோம். மற்றப்படி பாடக்ராமங்களும், பரீகைகளும், பரீகையில் உத்தீர்ணாஸவர்களுக்களிக்கப்படும் உபதான (பட்ட)ங்களும் ஆயுர்வேத மதமாமனடவி சியமாவளிப்படி அதுஷ்டிக்கப்படவேண்டும்.

கேள்வி 7.—(a) and (b) ஆயுர்வேத வைத்யர்கள் தமது பெயர்களைப் பதிவுசெய்து கொள்வதால் மிகச்சுவல்ப ஸௌகரியமும் சொல்லத் திறமில்லாத பல அஸௌகரியங்களு றிருப்பதால் ஆயுர்வேத ஸமிதிவசம் இவ்வம்சம் ஸர்வாதிகாரத்துடன் விடப்பட்டாலன்றி ஸர்வதா அங்கீகரிக்கப்படமாட்டாதென்பதை அதிகத் துயரத்துடன் அறிவிக்கலாயிற்று.

கேள்வி 8.—மேனாட்டு வைத்ய சிகித்தலைக்கு விசேஷ ப்ரயோஜன மளிக்கக்கூடிய நமது பரத தேசத்திலுற்பத்தியாகும் ஓஷதிகளை இங்கிருந்து கப்பலேற்றி த்விபாந்தரத்தில் சேர்த்து ரூபாந்தரப்படுத்தி மீண்டும் ஸ்வர்ணாந்தரமாக மாற்ற இங்கு கொண்டுவந்து சேர்ப்பதற்காகச் செய்யப்படும் செலவுகள் நமது ஆயுர்வேதனஷதங்களுக்குத் தேவையில்லை. (1) இப்படி விதேசத்தில் செய்யப்பட்ட ஓளஷதங்களைச் செலவிடுவதற்காக துற்றுக் கணக்கான விதேச வைத்ய நிபுணர்களை ஆயிரக்கணக்கான வேதனங்கள் கொடுத்தும் மக்கவேண்டிய அவசியமுமேயில்லை. (2) ஆயுர்வேத வித்யாலயத்திற்கும், வைத்யாலயத்திற்கும், மேனாட்டுச் சாலைகளுக்காக, லக்ஷக்கணக்கில் செலவிட்டுக் கட்டப்பட்ட கட்டடங்களில்லாமலே கார்ய சித்தி உண்டாய்விடும். (3) அக்கட்டடத்தின் ஸௌத சிகா ப்ராந்தத்தில் அங்குமிங்கும் ஸோல்லாஸமாய் உலாத்திக்கொண்டிருப்பதற்காகப் பல பரிசாரக ஸ்திரீபுருஷர்கள் அமித மாய் சியமிக்குமபடியான அவசியமிராது. (4) மேனாட்டு வைத்யாலயத்திற்கு இவ்வளவு ஆடம்பரங்களிருந்தும் ஆயுர்வேத வைத்யர் ஒருவர் செய்யும் வேலையைப் பல ஆங்கில வைத்ய சிகாமணிகள் தம் பரிவாரங்களுடன் சேர்த்தும் செய்யமுடியாது. இவ்வளவுக்கும் ஓளஷத சிர்மாண வேலை இவ்வவைத்திய சிரேஷ்டர்களுக்கில்லை. திருஷ்டாந்தமாக, சென்னை திரு வல்லிக்கேணி கலவல கண்ணஞ் செட்டியார் அவர்களுடைய தர்ம வைத்யசாலையிலும், ரூளை செங்கல்வராய நாயகர் அவர்களுடைய தர்ம வைத்யசாலையிலும் இவ்விரண்டு சாலைகளிலும் சேர்ந்து சராசரி தினம் 650 ரோகிகளுக்குக் குறையாமல் வந்து ஓளஷதம் பெற்றுக்கொண்டபோகிறார்கள். இந்த ஒவ்வொரு வைத்யசாலைக்கும் இரண்டிரண்டு வைத்யர்கள்தான் சியமிக்கப்பட்டிருக்கிறார்கள். இவர்களேதான் வைத்யசாலைக்குத் தேவையான ஓளஷதங்களை இரண்டு பரிசாரகர்களுடைய ஸஹாயத்தை முன்னிட்டு அப்போதைக் கப்போது சிர்மித்துக்கொள்ளுகிறார்கள். இவ்விரண்டு சாலைகளுக்கும் சேர்ந்து மாத மொன் றுக்கு 1,000 ரூபாய்க்குமேல் செலவிடப்படுகிறதில்லை. இக் கணக்கு விவரத்தை

ஆதாரமாக வைத்துக்கொண்டு சென்னை ஜனரல் ஆஸ்பத்திரி முதலிய மேலாட்டி வைத்தியசாலைக்கு தினசரி எத்தனை வியாதி பிடிதர்கள் வருகிறார்கள்? அதற்காக மாதாந்தம் எவ்வளவு தனம் செலவிடப்படுகிறது என்பதை கமிட்டியாரே கேரில் விசாரணை செய்து இவ்விசாரணை வைத்தியத்திற்கும் ஏற்படும் செலவின் தரத்தையத்தைத் தெரிந்து கொள்ளுமாறு வேண்டுகிறோம்.

கேள்வி 9.—அரசாங்கத்தார் நமது தேச வைத்தியத்தைத் தங்களுடைய நன்மையைக் கருதி கஷித்துவருவதுபோல இப்பாத பூமிக்கென்று கீர்ணிக்கப்பட்ட ஆயுர்வேத பூனானி வைத்தியங்களை ஆதரிக்காமல் விட்டதாதிது வேலவ கிணைமைக்கு வந்து விட்டது. ஆயுர்வேத பூனானி வைத்தியங்களைக் காட்டிலும் மேலாட்டி வைத்தியம் என்ற விதத்திலும் மேம்பட்டிருப்பதாய் காலதரத்திலும் சொல்லமுடியாதது. அப்படிப்பட்ட தேச வைத்தியத்தைப் புனருத்தாரணம் செய்வதற்கான மரக்கங்கள் முன்னமேயே விளக்கிவிடப்பட்டன. மையம் கேர்ந்தபோது நமது தேச வைத்திய பரபாவத்தை பரத்யகூமாய் உலகத்தார் பார்த்து ஆச்சரியப்படும்படிச் செய்யவும்கூடும். தேச வைத்திய காமங்கள் நமீன எதிதிக்கு வந்த தற்கு காரணம் அரசாங்கத்தாருடைய கவனக்குறைவைத் தவிர்ந்து. வேறு எதைத்தான் கூறமுடியும்.—

கேள்வி 10.—

- நமது அரசாங்கத்தாரும்,
- லோகல்போர்டுகளும்,
- ஸர்வகலாசாலைகளும்,
- ஸங்கங்களுமும்,

மேலாட்டி வைத்திய விருத்திக்கு ஆதரணையளிப்பதுபோல் பகாபாதமன்னியில் ஸர்வ விதத்திலும் ஆயுர்வேதாபிவிருத்திக்கும் ஆதரணையளிப்பார்களாயின் நமது தேசவாஸிகள மாத்திரமேயல்லாது விதேசவாஸிகளும் கூட எமது பராசீன வைத்திய மைப்பரதாயத்திலிருந்து ஆயுராரோக்யங்களைப் பெற்று சுகஜீவிகளாய் வாழ்வார்களென்பதில் என்ன ஸம்சயம். ஓம். சுபம்.

(தமிழ் பாஷா க்ஞான மில்லாமலே இந்த வியாஸமெழுதப்பட்டமையால் இதுள்ளுள்ள எழுத்துப் பிழை சொற்குற்றம் முதலியவற்றைப் பொறுப்பது பெரியோர்கடமை.)

(5)

M.B.By. PANDIT V. PONNUSWAMI PILLAI AVARGAL, KUMBAKONAM.

வைத்தியமுறை.

கேள்வி 1.—மானிட உலகத்தின் நன்மைக்காக பதினெண்ணித்தர்களாகிற மகான்களால் அருளிச்செய்யப்பட்ட, “சரீர சுகவழி” என்று டொருள்படக்கூடிய ஆயுர்வேதம் என்னும் பொதுப்பெயரால் அழைக்கப்படுகின்ற வைத்தியசாஸ்திரங்கள் தங்களுடைய முக்கியமான தத்துவங்களில் வேறுபாடின்றி, சிற்சில மாறுதலுடன் கூடிய சித்திர முறைகளோடு, தேசத்தின் மூன்று முக்கியமான பாஷைகளாகிற, சமஸ்கிருதம், இங்குஸ்தானி, தமிழ் என்ற மூன்று பாஷைகளிலும் இயற்றப்பட்டிடு, ஆயுர்வேதம், பூனானி, சித்தர் (தமிழ்) முறை என்ற பெயர்களுடன் வழங்கி வருவதில், தென்னாட்டில் முதன்மைபெற்றதும், தமிழ் நாட்டிற்குரியதான சித்தவைத்தியத்தைப்பற்றி வாதிப்பேன்.

வியாதி உண்டாவதற்கு காரணம்.

கேள்வி 2.—(உ) “மிகிலும் குறைமும் கோய்செய்யும்” என்ற ஆன்ரோர் வழிப்படி மனிதனுடைய உணவும், செயல்களும் அவனுடைய சரீர சுபாவத்திற்கு ஒத்த அளவன்றி, மிகுமாயினும் குறையுமாயினும், சுகவாழ்க்கைக்கு ஆதாரமாகிய உதிரத்தினிடத்தில், மெலிவு, திரிபு, கெடுதல் ஆகிய தோஷங்களை உண்டுபண்ணி, அதன் வழியே வாத, பித்த, சிலேத் துமமென்று மூன்று வகுப்புகளாகப் பிரிக்கப்படுகின்ற பல்வகைப்பிணிகளையும் உண்டு பண்ணும். இதைத்தவிர கொர்ப்பத்தை ஒட்டியும், பழவினைப்பயனாலும் வியாதிகள் பல தோன்றுவது உண்டு.

மேற்கூறப்பட்ட காரணங்களுள், முதலாவதாகக்கூறப்படுவது நவீன சாஸ்திர முறையில் “Temperance” என்று சொல்லப்படுகிற கொள்கையே யாகும். ஆதலின் அது தற்கால ஆராய்ச்சியின் முன் நன்கு ஏற்றுக்கொள்ளக்கூடியதே யாகும். இரண்டாவதாகக் கூறப்படுகிற “கொர்ப்ப” சம்பந்தமான கொள்கைக்கும் நவீன சாஸ்திரீய ஆராய்ச்சி இடக்கொடுக்கின்றது. ஆங்கில முறையில் “Hereditary Diseases” என்று கூறப்படும் வியாதிகளும், “Child Complication” என்று சொல்லப்படும் பிணிகளும் மேற்கூறிய காரணத்தால் தான் ஏற்படுவது. ஆகவே கடைசியாகச் சொல்லப்பட்ட “பழவினை” சம்பந்தமாகிற கொள்கை ஒன்றைத் தவிர என்ன அனைத்தும் நவீன ஆராய்ச்சியில் ஏற்றுக்கொள்ளக்கூடியன. “பழவினை” காரணமாக ஏற்படக்கூடிய வியாதிகளைத்தான் நவீன வைத்திய முறையில் “The Incurable Diseases” என்று சொல்லப்படுகிறதாயினும், அதைப்பற்றிய கொள்கையை நவீன ஆராய்ச்சியினால் நிரூபிப்பது கடினமே.

ரோகநிதானம் செய்தல்.

(h) வெளித்தோற்றத்தைக்கொண்டும், உள் நிகழ்ச்சியை நோயாளியின் வாய்வழிக் கேட்டறிந்தும், நோய்க்கு இயற்கையாயுள்ள சில குறிகளாலும், “ அஷ்டவித குறிப்பறி தல்” என்ற முறைப்படி நாடி, கண், சப்தம், பரிசம், கிறம், காக்கு, மலம், மூத்திரம், முதலியவைகளை பரிசீலித்தும் வியாதியை இன்னதென்று கிர்ணயித்து, அது தோன்றிய காரணத்தை “ நோய் நாடி, நோய் முதல் நாடி” என்ற விதியை அனுசரித்து, வாத, பித்த, சிலேத்துமதோஷங்களுக்கு கட்டுப்பட்டு நடக்கும் நாடிகளின் மூலமாக கண்டறிதல் முறை.

நாடிபார்க்கும் முறை:

நாடிகளினால் வியாதியை கிர்ணயிக்கும் முறை பின்வருமாறு.—இச்சரீரம் முழுவதும் வியாபித்துகிறகின்ற 72,000 நாடிகளையும் சுருக்கி, அவற்றுள் முக்கியமான 10 நாடிகளுக்கு இடைகலை, பிங்கலை முதலான பெயர்களிட்டு, தசநாடிகளாகவும் அதற்குற்ற பிராணன் அபாணன் என்று கூறப்படுகின்ற தசவாய்வுகளையும் தசநாடிகளில் முக்கியமான ஐந்தை சோத்திரம், தொக்கு முதலான பஞ்ச நாடிகளாகவும், அதற்குற்ற பிரிதிவி, அப்பு முதலிய பஞ்சபூகங்களாகவும் கூறி காண அரிதெனத்தெளிவாய் நாடிகளுள் முக்கியமாய் மூன்றை வாத, பித்த, சிலேத்தும நாடிகள் என்று பெயரிட்டனர். இவற்றுள் வாதம் மலத்திலும், பித்தம் ஜலத்திலும், சிலேத்துமம் விந்துவிலும் அடங்கி நிற்கும். மேற்குறித்த மூன்று நாடிகளும் ஒன்றாகக்கூடி குருநாடி என்ற பெயருடன் பெருவிரலுக்கு ஒரு அங்குலதூரத்தில் நடக்கும். இருதயமானது குவியும் பொழுதும், விறியும் பொழுதும் அதிலிருந்து வெளியே இறைக்கப்படுகின்ற ரத்தமானது இரத்தாசயங்களிலிருந்து நாடிகளின் வழியாக துரிதமாகச்செல்வதும் பின்வற்றுங்காலத்து திரும்பி இருதயத்தை நோக்கிச்செல்வதுமாகிய இச்செய்கைகளினால் ஏற்படும் நாடி அசைவுக்கே “ நாடி நடை” என்று பெயர். இந்த நடையை குருநாடியின் மூலம் நன்கு கவனித்து, நாடி நடக்கும் காலத்தையும், (வாதம் உதயமுதல் பத்து நாழிகைவரைபிலும், பித்தம் மத்தியானம் பத்து நாழிகைவரைபிலும் சிலேத்துமம் மாலை 10 நாழிகையும் நடக்கும்) நாடி நடைகளின் மாத்திரை கணக்கையும், (வாதம் 1, பித்தம் $\frac{3}{4}$, சிலேத்துமம் $\frac{1}{2}$ மாத்திரை) மனதில் நன்கு இருத்தி மேற்குறிப்பிட்ட மாத்திரைக்கணக்கினால் இன்னதோஷத்தினால் ஏற்பட்டது வியாதி என்று கிர்ணயிக்கவேண்டும்.

பிணிதீர்க்கும் முறைகள்.

மேலே சொல்லியபிரகாரம் வியாதியையும், அதுதோன்றிய காரணத்தையும் கிர்ணயித்த பிறகு நோயாளியின் சரீர நிலைமையையும், அவனிடத்தில் தோன்றி கிற்கும் வியாதிபிணியுடைய அளவையும், சாத்தியம், அசாத்தியம், யாப்பியம் என்ற அதன் மூன்று சாதிலேயுபாடுகளையும், தொடக்கம், நடுவு, ஈறு என்ற அதன் பருவ நிலைகளையும், நன்குயோசித்து, அப்பிணிதீர்க்கும் வழிகளில், மருந்துசெய்தல், உதிரங்களைதல், அறுத்தல், சுடுதல், வாந்திசெய்தல், பேதி செய்வதில், நசியம் செய்வதில், தைலம் ஆட்டுதல், கலிக்கம்போடல், முதலிய முறைகளில் சமயோஜிதமாக உபயோகிக்கவேண்டிய முறையை கிர்ணயித்து, அம்முறையை துல்லியியினின்றும் மாறாது கையாடி வியாதி பரிகரித்தல் முறையாகும்.

பிணிதீர்க்கும் காலத்து, பிணியாளரிடத்து பொருளுடைமை, வைத்தியர்வழி கிற்றல், நோய்கிலை உரைத்தல் வன்மை, மருந்துத்துன்பம் பொருத்தல் முதலிய குணங்களும், பிணி தீர்ப்போனாகிய வைத்தியரிடத்தில், நோய்கிலைகண்டஞ்சாமை, நல்லாசிரியரின் வழிக் கல்வி, பலகாலும் தீர்த்துவருதல், மன, மொழி, மெய் சப்தம், நோயாளியிடத்து அன்புடைமை ஆகிய குணங்களும், பிரயோகிக்கப்படும் மருந்தினிடத்தில் பலபிணியேற்றல், சுவை, வீரியம், விளைவு, ஆற்றல் இவைகளில் மேம்படுதல், எளிதிலே பெறப்படுதல், சரீர சுபாவத்தோடு பொருத்தல், முதலிய குணங்களும் வாய்த்து நிற்பது முறை. மேற்சொல்லிய முறைகளோடுகூட சிகிச்சை நிகழும் காலத்துள்ள சிதோஷண நிலைமையையும், தேகம், தேசம், காலம், ரோகம், அவுஷதகுணம், பதார்த்தகுணம், உடம்புக்காதாரம், உதிராக்கி பலம், கைபாகம், செய்பாகம், இன்னநோய்க்கு இத்தனை நாள் மருந்து கொடுக்கவேண்டுமென்பது, இவைகளை மனதில் ஊன்றி கவனித்து, வியாதியஸ்தனின் ஆகார விஷயமாக அவனுடைய வாத, பித்த, சிலேத்துமங்களின் நிலைமைக்குத் தக்கவாறும், வியாதியின் அனுசலமார்க்கங்களை அனுசரித்தும், அதை சமயோசிதமாக மாற்றியும், நோயாளியின் ஸ்நானம், உடை, ஆகாரம் முதலியவைகளில் உசிதமான மாறுபாடுகளைச்செய்தும், வியாதிக்குத்தக்க பத்திய முறைகளை அனுஷ்டிக்கச்செய்தும், வியாதி பரிகரித்தல் முறை.

எல்லாவற்றினும் முக்கியமாக, பிணிதீர்ப்போன் தான் பிரயோகிக்கும் ஒவ்வொரு மருந்துக்கும் முறிவு என்று சொல்லப்படுகின்ற (Antidote)தை அறிந்து இருக்கவேண்டியது அவசியம். இதுதவிர, சோதிடப் பரிச்சியால் (Astrology) மருந்துகொடுக்கும் நாள், கஷத்திரம் (The Auspicious Star) முதலியவற்றை கணித்து, நல்ல சுபகாலம் பார்ப்பதும்

உண்டு. வியாதிகளில், சிலவற்றை மந்திரப்பயிற்சியினாலும், தெய்வ உபாசனையினாலும் பரிகரிக்கும் மார்க்கங்களும், வைத்தியர்கள் பலருக்கு தெரிந்த, அவர்கள் அதை உபயோகிப்பதும் உண்டு.

சுதேசமுறைகளிலுள்ள பொதுவான நன்மைகள்.

ஒவ்வொரு தேசமும் தனக்கு இயற்கையாக ஒருவித காரீகத்தையும், உயிமுறையை யும், மதாசாரங்களையும் பெற்றிருப்பதபோலவே, வைத்திய முறைகளும் அந்தந்த தேசத்தின் இயற்கை நிலைமைக்கும், சீதோஷணஸ்திதிக்கும், ஆசார பழக்க வழக்கங்களுக்கும் ஏற்ப ஏற்பட்டிருக்கின்றன என்பது என்னுடைய கம்பிக்கை. அதபோலவே இந்திய சுதேச முறைகளும் அநுதி காலம் தொட்டுத் தோன்றி ஆராய்ச்சியும் அனுபவமும் மிக்க பெரியோர்களால் பலதலைமுறைகளாகக் கையாடப்பட்டு, ஜனங்களின் பழக்கவழக்கங்களை ஒட்டி தேசத்தின் காலபக்கங்களிலுமுள்ள சீதோஷணநிலைமைக்கும் தாவர வளம் போருள்களின் இருக்கைக்கும் ஏற்றபடி அமைக்கப்பட்டு, சூர்யமற்ற வழியில், விசேஷப் போருள் செலவன்னியில் பரிசீலிப்பெறக்கூடியதாய், ஜனங்களை எங்கோருக்கும் மிகக் குறைந்த செலவில் பிணிகளை நீக்கக்கூடியதாய், பிரத்தியேகமாய் குடும்ப வைத்தியமாக சித்தியன்னியில் அனுசரிக்கக்கூடியதாய், நீண்ட அனுபவம் காணமாக கம்பிக்கையுடன் கையாளக்கூடியதாய் அமைந்திருப்பதே இம்முறைகளில் உள்ள விசேஷமான தொகு நன்மைகளாகும். “இயற்கை” (Nature)யின் வன்மையை மேலாட்டாரும் கண்டு உணர்ந்து விட்டார்கள். இயற்கையின் வழியே வைத்திய சிகிச்சை முறைகளைத்திருத்த பலமான பிரயத்தனங்களும் செய்யப்படுகின்றன. (Louise Khonee) டாக்டர் ஆபிகனி என்ற பிரபல நியூசுலாந்தின் (Nature cure) என்று சொல்லப்படுகின்ற ஜலசிகிச்சைகளும் (Water treatment) Unipathy யூனிபேதி என்று சொல்லப்படுகின்ற ஆசார சிகிச்சைகளும், இதற்கு உதாரணமாகும். ஆகவே இயற்கையின் வன்மை மேலாக்கப்பெற்றிருக்கும் இச்சுதேச முறைகள் சற்றும் புறக்கணிக்கக்கூடாது. மேலும், மேல்சாட்டு வைத்தியமுறையில் கண்டுள்ள வியாதிகளையும், அவைகளை குறிப்புகளையும் பற்றிய சங்கேதங்கள், தனிப்பட்ட ஆராய்ச்சிக்காரர்களின் அபிப்பிராயத்தை ஒட்டி சிற்சில சமயங்களில் மாறிவிடுவதுபோல், இவ்வைத்திய முறைகளில் முடியாத, மற்றொரு முறைகளிலும் காணமுடியாதபடி, இம்முறைகளினிடத்தே, (Originality) என்று சொல்லப்படுகின்ற மூலாதார தத்துவங்கள் சிறந்தது சிறந்தது என்று சிறந்தமேல்காட்டு நிபுணர்களும் அபிப்பிராயப்படுகின்றனர்.

“The institutes (Indian Medical) fit in excellently with the Bacteriology and applied hygiene of the West. The hygiene of food and water, public conservancy, disease suppression and prevention are all carefully dealt with.—Col. W. G. King, C.I.E., I.M.S.” மேலே காட்டப்பட்ட அபிப்பிராயத்திலிருந்து, என்ன விளக்குகின்ற தெனின், நவீன வைத்திய முறையில் ஆராய்ச்சி செய்கப்பட்டு ஓர்வித நிச்சயமான முடிவை அடையாத விஷயங்களும், சுதேச முறைகளில் பல ஆயிரம் வருஷங்களுக்கு முன்னமே கிர்ணயிக்கப்பட்டுப்போயின என்பதே. எவ்வளவு ஆராய்ச்சியைச் செய்திருந்தபோதிலும், ஒரு சுதேச வைத்தியர், இம்முறைகளிலுள்ள அடிப்படையான தத்துவங்களை மாற்றி விடமுடியாது.

கவீன சாஸ்திர முறையில் விசேஷ பணச்செலவுடனும் அதிகப்பிரயாசையுடனும் சாத்தியமாகிற சல்லிய முறை (Surgery)யினால் ஏற்படக்கூடிய பலனை, அவ்வித சிரமங்கள் யாதுமின்றி மருந்துகளினாலே அடையும்படியான மார்க்கங்கள் இம்முறைகளில் காணப்படுகின்றன. சுதேச முறைகளினால் வைத்திய சிகிச்சைக்கு ஆகும் செலவு மிகக் குறைவாக இருப்பதால், இடபொழுது இருப்பதைவிட இன்னும் வைத்திய சிகிச்சையை பலருக்கு கிடைக்கும்படி அதிகரிக்கவும் தேவதுவாக இருக்கின்றது. மருந்துகளுக்காக மாத்திரம் வெளியேபோய்கொண்டிருக்கிற கோடிக்கணக்கான ரூபாயும் தேசத்திற்கு லாபமாவதோடுகூட, ராஜாங்கத்தாருக்கும் வைத்திய இலாகாவின் செலவு மிகக் குறைந்த போகும். இம்முறைகளைப் போதியவரையில் ஆராய்ச்சியெய்த அனுபவத்துடன் கையாண்டுகொண்டிருக்கும் பலர் தேசத்தின் காலபக்கங்களிலும் இப்பொழுதும் இருக்கின்ற மையால் வைத்திய ஸ்தாடனங்கள் பலவற்றையும் சீர்திருத்தி அமைப்பதும் ஓர் பெரிய காரியமல்ல. மேலே குறிப்பிட்ட காரணங்களால் சுதேச முறைகளை அனுஷ்டிப்பதின் பொதுவான நன்மைகள் விளங்கும்.

வியாதிகள் வாஸ்தவத்தில் குணமடைந்த விஷயங்களைப்பற்றி குறிப்புகளும், கணக்குகளும் தினசரியாகவேனும் அவ்வப்பொழுதேனும் எழுதிவைக்கும் வழக்கம் இல்லை யாயினும் குறிப்பிட்ட சில வியாதிகளை குணப்படுத்திய விஷயங்களையும், இன்னும் அவைகள் சம்பந்தமான குறிப்புகளையும் எனது ஞாபகத்தில் உள்ளபடி, அவசியமானால் பிரத்தியேகமாகக் கொடுக்கத் தயாராக இருக்கிறேன்.

(c) சில சந்தர்ப்பங்களில் சுதேச சிகிச்சை முறைகள் மற்றெல்லா முறைகளைக் காட்டிலும் அதிகப்பிரயோஜன முள்ளவைகளாகவே இருக்கின்றன. கபசம்பந்தமான சூரோகங்களிலும் (Pneumonia and Influenza), ஸ்திரீ சம்பந்தமான மேகரோகங்களிலும் (Venereal diseases), கடின சம்பந்தமான விஷகோய்களிலும் (Poisonous bites)

இன்னும் அன்றாடம் தோன்றும் பல சில்லரை வியாதிகளிலும் (Miscellaneous), மற் றெல்லா முறைகளையும்விட, இச்சுதேச முறைகள் வெகு திருப்திகரமாக வேலை செய்கின் றன என்பதை நிரூபிக்க ஏராளமான நிரூபணங்கள் இருக்கின்றன. மேற்கண்ட கோயால் வருந்திய பலரை, நவீன டாக்டர்கள் பலர் கைவிட்டதற்குப் பிறகும், சுதேச வைத்தியர்கள் பலரும் ஆச்சரியமடையும்படி சிகித்சை செய்திருக்கிறார்கள். என்னுடைய அனுபவத்திலேயே இம்மாதிரி பலகேஸ்களை சொஸ்தம் செய்திருக்கிறேன். காலரா முதலிய தொத்துவியாதிகளை கண்டிப்பதிலும் சுதேச மருந்துகள் அதிக புகழுடன் வேலை செய்கின்றன என்பதை பலரும் அறிவார். நரம்புத்தளர்ச்சி, அரோசகம் முதலிய வியாதி களையும் சுதேச மருந்துகள் ஆச்சரியமாகவே நீக்குகின்றன. சில வருஷங்களுக்கு முன் னால் பம்பாய் நகரத்தில் தோன்றி, இந்தியாவிலிருந்து 60 லக்ஷம் ஜனங்களைக்கொன்ற (Influenza) என்ற கொடிய நோயைத் தீர்க்கும் விஷயத்தில் மேல்காட்டு மருந்துகளைவிட சுதேச மருந்துகள் வெகு திறமையாக வேலைசெய்தன என்பதை அரசாங்கத்தில் உயர் பதவியுடைய பலவையத்திய நிபுணர்களும் ஒப்புக்கொண்டிருக்கிறார்கள். என்னுடைய சொந்த அனுபவத்தில் என்னிடம் வந்த (Influenza) கேஸ்களில் 100-க்கு 95 கேஸ்கள் வெற்றியடைந்தன. இன்னும் தீராத ரோகங்கள் என்று கருதப்படுகின்ற குஷ்டம் முதலிய வியாதிகளையும் சுதேச மருந்துகள் தீர்க்கக்கூடியவைகளாக இருப்பதால் பல ஆஸ்பத்திரிகளிலும் விரிவாக உபயோகப்படுத்தப்படுகின்றன. மிகவும் அருவருக்கத்தக்க விதமாக வியாதித்தூ நிற்கும் மேகாணங்களும் (Syphilis) கட்டிகளும், வெளிப்பிரயோகங் களும், ஆயுத உதவியும் இல்லாமலே சிற்சில மருந்துகளின் உட்பிரயோகத்தினாலேயே சுதேச முறைகளினால் நிவர்த்திக்கப்படுகின்றன.

என்னுடைய வைத்திய விஷயம்.

கேள்வி 3.—(a) பரம்பரைவாக வைத்திய முறையை அனுசரித்து நடத்தப்பட்டு வருகிற ஓர் பெரிய வைத்திய சிகித்சா ஸ்தாபனத்தில் கேரில் சம்பந்தப்பட்டு, அதிலேயே பழக்கப்பட்டு; அதை தற்காலம் நடத்திவருபவனாக இருக்கிறேன்.

தற்கால ஸ்தாபனங்களும் வைத்திய சிகித்சையும்.

(b) (1) வைத்திய சிகித்சைக்காகவும், மாணவர் பயிற்சிக்காகவும் சுதேச முறை களை அனுசரித்து தேசத்தின் காண்பாகங்களிலும் ஏற்பட்டிருக்கும் பல் வேறு ஸ்தாபனங் களிலும் எனக்குபோதிய பரிச்சியவில்லை. ஆயினும் அவற்றுள் சில நடத்தப்படும் தோர ணைகளையும், அளித்துவரும் பலன்களைப்பற்றியும் சிறிது அறிந்திருக்கிறேன்.

தற்கால ஸ்தாபனங்களின் வகை.

தற்காலமுள்ள வைத்திய ஸ்தாபனங்களை முக்கியமான மூன்று பிரிவாகப் பிரிக் கலாம் :—

(1) மருந்துகளை மாத்திரம் தயார்செய்து வியாபாரம் செய்யும் நோக்கத்துடன் ஏற் பட்ட ரசாயனசாலைப்போன்ற ஸ்தாபனங்கள். (2) கல்வி வசதியுள்ள பயிற்சி சாலை களோடு கூடிய ஸ்தாபனங்கள் (3) வைத்திய சிகித்சைக்காக ஏற்பட்ட (Hospital) போன்ற ஸ்தாபனங்கள். இவைகள் தனித்தனியாகவும், ஒன்றாகச்சேர்ந்தும் இருப்ப துண்டு.

சில வைத்திய ஸ்தாபனங்கள்.

சென்னைவில் சுதேச முறைகளில் நடத்தப்படும் சில ஸ்தாபனங்கள் அரிய வைத்திய சிகித்சை செய்துகொண்டதான் வருகின்றன. வெங்கடரமண டிஸ்பென்சரியும், வைத்திய சித்தாஸ்திரமும், ஆயுர்வேத கலாசாலையும், குதுஷ்டியா டிஸ்பென்சரியும், ஆந்திரா ஆயுர் வேதிக் பாரம்சியும், செங்கல்வ காயகர் வைத்தியசாலையும் வைத்திய சிகித்சைக்கு நல்ல வசதியுள்ளனவேயாயினும், போதுமான உபபலம் இல்லாத குறைவினாலும் இன்னும் இது காரணங்களினாலும் இன்னும் அதிக சிகித்சையை செய்ய முடியவில்லை. கொடுக்கப் படும் வைத்திய சிகித்சை மிக்க குறையாக இருக்கின்றது என்று எனிடில் சொல்லிவிடலா மாயினும் எவ்வளவு அசௌகரியங்களுக்கிடையில், எவ்வளவு சிறிய திட்டத்தில் அவை கள் நடைபெறுகின்றன என்பதைக் கருதுமிடத்து இதைவிட அதிகமான பலனை, விசேஷ அபிவிருத்தியைச் செய்வதற்குமுன்னே எதிர் பார்ப்பது முடியாத காரியமே. சுதேச சமஸ்தானங்களில் பரிபாலிக்கப்பட்டவரும் சுதேச வைத்திய ஸ்தாபனங்கள் பல ராஜாங் கத்தாரின் கோரண மேற்பார்வையின் கீழ் அதிக செல்வாக்குடன் நடத்தப்பட்டு வருகின்ற மையால் அவைகள் அதிவிசேஷமான வைத்திய உதவியைச் செய்துவருகின்றன. உதா ரணமாக, மைசூர் அரசாங்கத்தாரால் பரிபாலிக்கப்படும் “ராஜகீய ஆயுர்வேத ஸ்தாபனங் கள்” மகாசிறப்புடன் வேலைசெய்து வருகின்றன. அவைகளை நவீனமுறை ஸ்தாபனங் களைவிட எவ்விதத்திலும் தாழ்ந்தவை என்று கூறமுடியாது.

வைத்தியக் கல்வியும் அதனை சேர்ந்திருத்தவேண்டிய முறையும்.

(2) வைத்திய கல்வி விஷயத்தில் செய்யப்பட்டிருக்கும் ஏற்பாடுகள் மிகமிகக்குறைவு என்றே கூறவேண்டும். மேலும், கொடுக்கப்படுகின்ற வைத்தியப்பயிற்சியும் பெரும்

பாலும் ஒன்றுபட்டிருப்பதில்லை. தற்காலத்திய வைத்திய ஸ்தாபனங்கள் உண்மை யாகவே மிக்க பயனுடையதாகச் செய்யவேண்டுமாயின், சீரெட்டுப்போயிருக்கும் பொதுஜன அபிப்பிராயத்தை சுதேச முறைகளுக்குச் சாதகமாக முதன் முதலாகத்திருத்த வேண்டும். இரண்டாவதாக, தற்காலம் ஆங்காங்கு ஏற்பட்டிருக்கும் சுதேசவைத்திய கலாசாலைகளிலுள்ள போதனாமுறை திட்டமும் சாஸ்திரீய பயிற்சிமுறையும், கால அளவும், மாணவர்களின் சிலதிகளும், கூடியவகையில் ஒன்றை ஒன்று ஒத்த இருக்கவேண்டிய தவசியம், திருணத்தவமும் அனுபவமுமுள்ள சில முக்கிய வைத்தியர்களை ஒவ்வொரு முறைக்கும் விதாசாரமாகத் தெரிந்தெடுத்த, அவர்களுடைய சிபாரிசுகளை அனுசரித்த கவீன Allopathic முறைகளை ஒட்டி கடைபெறும் வைத்தியசாலைகளைப்போன்ற திட்டத்தில் இந்த ஸ்தாபனங்களை மாற்ற முயற்சி செய்யவேண்டும். கவீன வைத்திய முறைபையும், அதனை ஒட்டிய கலாசாலை, வைத்தியசாலை முதலிய இதர ஸ்தாபனங்களையும் எவ்வளவு ஊக்கத்துடனும், ஆலசியமன்னியிலும் ராஜாங்கத்தார் ஜனசமூகத்தில் விருத்திசெய்தார் களோ, அதேபோல இம்முறைகளில் கடத்தப்படும் ஸ்தாபனங்களையும் ஒப்புக்கொண்டு தாங்களே தங்களுடைய கோரான மேன்பார்வையின்கீழ் வைத்துக்கொள்ளவேண்டும்.

கல்வி ஸ்தாபனங்களின் சில குறைகள்.

கூட்டுறவு முயற்சியின்மையும், பணத்தட்டும், அரசாங்க ஆதரவு இன்மையும் இச் சுதேச வைத்திய ஸ்தாபனங்களைப்பெரிதும் பாதிக்கின்றன. மேலும் கவீன சாஸ்திர பயிற்சியில் ஈடுபடுவோர் குறிப்பிட்ட காலத்திற்குப்பிறகு யோக்கியதைப்பெற்ற பட்டதாரிகளாக வெளிவந்து பயிற்சியை அளித்த அரசாங்கமே உத்தியோகமும் கொடுக்க எண்ணி நக்த வைத்தியஸ்தாபனங்களில் உத்தியோகஸ்தர்களாக நியமிக்கப்பட்டு விடுவதால் அம் முறையில் பயிற்சி பெறும் மாணவர்களுக்கு இயற்கையாகவே ஓர்வித உற்சாகமும், ஊக்கமும் ஏற்படுகின்றது. ஆனால் சுதேச முறைகளின் கதியோ வேறுவிதமாக இருக்கிறது. கல்ல மாணவர்கள் இப்பயிற்சியைப்பெற எளிதில் விரும்புவதில்லை. ஆனால் கவீன சாஸ்திரீய முறைப் படிப்பின் யோக்கியதையும், சுதேச பயிற்சியின் யோக்கியதையும் பாடுதொரு பாகுபாடினறி சமமாக அரசாங்கத்தாரால் ஒப்புக்கொள்ளப்பட்டால், இந்த ஸ்தாபனங்களைப் பிடித்துக்கொண்டிருக்கிற முக்கியமான குறை தீர்க்குவிடும். இராஜாங்கத்தாரால் மிக்க ஆதரவுடன் கடத்தப்படுகின்ற “மைசூர் ராஜகீய ஆயுர்வேதகலாசாலையில்” அன்றைய மாகாணங்களிலிருந்தும் மாணவர்கள் ஆசையுடன்வந்து படித்துப்போகின்றனர்.

3-வது கேள்வியில் (b) கிளாசில் 1, 2 முதலிய பிரிவுகளில் கேட்கப்பட்ட கேள்வியின் தாற்பர்யமே (c) என்ற கேள்வியிலும் இருப்பதாக கான் அபிப்பிராயப்படுகின்றமையால், அக்கேள்விகளுக்கு விடை அளிப்பது திறுத்தப்பட்டது.

வைத்திய கல்விச்சாலைகளின் லக்ஷணமும் அதைப்பற்றிய குறிப்புகளும்.

கேள்வி 4.—(a) அவரவர்கள் கற்பிக்க ஏற்றுக்கொண்ட விஷயங்களில் முதல்தரமான திருணத்தவமும், யாவராலும் ஒப்புக்கொள்ளப்பட்ட கீர்த்தியும் வாய்ந்தவர்களாக உள்ள உபாத்தியாயர்களின் கோ மேல்விசாரணைக்குக்கீழ் மாணவர்களை விட்டுவைப்பதும், சரியான முஸ்தீபுகள் ஏற்படுத்தப்பட்டிருக்கும் ஆள்பத்திரிகளுக்கும், Laboratory என்னும் ரசாயன பயிற்சிசாலைகளுக்கும், புத்தகசாலைகளுக்கும், மீயூசியம்களுக்கும் உபாத்தியாயர் மாத்திரமேயல்லாமல் மாணவர்களும் போகக்கூடியவாய் இருப்பதும், அவர்கள் கற்பிக்க ஏற்றுக்கொண்ட விஷயங்களில் சொந்தமாய் ஆராய்ச்சி செய்துகொண்டுபோக அவகாசம் கொடுக்கப்படுவதும் அவசியம் என்றே நினைக்கிறேன்.

முற்றிலும், திருப்தியளிக்கக்கூடியவழியில் வேறு மாகாணங்களில் கடத்தப்படும் சுதேச வைத்திய ஸ்தாபனங்களில் எனக்கு கோரான பழக்கமில்லை. ஆயினும் கான் ஏற்கனவே குறிப்பிட்டிருப்பதுபோல் சென்னையிலும் மைசூரிலும் சுதேச சமஸ்தானங்களிலும் உள்ள சில ஸ்தாபனங்கள் உண்மையுடன் ஊக்கமாக வேலைசெய்கின்றன என்பதில் ஐயமில்லை. அதற்குக் காரணம் தக்கவாறு ஆதரவு காண்பிக்கப்படுவதேயாகும். சென்னை யிலுள்ள “ஆயுர்வேதகலாசாலை” பலராலும் புகழ்க்கூறப்பட்டிருக்கும் ஸ்தாபனங்களில் ஒன்று; அதன் பாடமுறை திட்டங்களும், போதனா முறைப் பயிற்சியும், ரசாயன சாலை யும், மாணவர்களுக்கும், உபாத்தியாயர்களுக்கும் அளிக்கப்படும் பிரத்தியேகப் பயிற்சிகளும், புத்தகசாலையும், பட்டமளிக்கும் முறைகளும் கூடியவகையில் திருப்திகரமானவை என்றே சொல்லலாம். அங்குள்ள ரசாயன சாலையிலிருந்து வெளிவரும் மருந்துகளின் மேன்மையையும், அங்கு கொடுக்கப்படும் கல்வியின் உயர்வையும் மதித்தே, சென்னை ககர பரிபாலன சபையாரும் வருடம் ரூ. 1,000 கொடுத்துதவுகின்றனர். வெங்கட்டாடிண டிஸ்பென்சரியிலும், மாணவர் பயிற்சிக்குத்தக்க ஏற்பாடுகள் செய்யப்பட்டு, கொடைபாளி யாகிய கல்கத்தா இராஜாதிருஷணய்யா மனமுவுத்தளித்த ரூபாய் பதினாயிரத்தைக்கொண்டு, கங்குவிருத்தி செய்யப்பட்டிருக்கின்றது. மைசூர் ராஜகீய கலாசாலையும், டில்லி யில் தமக்கீம் அஜ்மல்கானால் ஏற்படுத்தப்பட்ட “டிபி காலேஜும்” முதல்தரமான ஸ்தாபனங்களேயாகும்.

வைத்திய ஸ்தாபனங்களின் வகியங்கள்.

(b) குறிப்பிட்டிருக்கும் வகியங்கள் மூன்றும் மிதமிஞ்சி உயர்வாக இருப்பதாக நான் எண்ணமுடியாதபோதிலும், சுதேச முறைகளின் தற்கால பரிதாபகரமான நிலைமையை உத்தேசிக்கும்பொழுது, அந்த வகியங்கள் நிறைவேற சிறிது காலதாமதம் ஏற்படக்கூடும் என்று நினைக்கவேண்டியிருக்கிறது.

சுதேச வைத்திய ஸ்தாபனங்கள் எல்லாம், நவீன ஆராய்ச்சியின் முன் கொஞ்சமும் சளைக்காத இந்திய முறைகளுக்குள்ள இயற்கை மேன்மையை இந்திய சமூகத்திற்கு முழு வதும் நன்கு உணர்த்தக்கூடியதாய் இருப்பதோடு கூட, நாகரீகமும், ஆராய்ச்சியும் மிகுந்தன என்று பலராலும் சொல்லப்படுகின்ற மேலைதேசங்களும், இந்த விசால உலகமும், இம்முறைகளுக்குரிய ஓர் கவுரவத்தைக் கொடுக்கும்படியாக நடத்தப்படுவதே முக்கிய வகியமாக இருக்கவேண்டும். கமிட்டியாரால் குறிப்பிடப்பட்டிருக்கும் வகியங்களை யே தற்கால வகியங்களாகக்கொண்டு வைத்திய ஸ்தாபனங்களை அபிவிருத்தி செய்வது விரும்பத்தக்கதேயாகும்.

அதற்காக நவீன முறையில் நடத்தப்படும் (Allopathic) ஸ்தாபனங்களை அனுசரித்து சுதேச வைத்திய ஸ்தாபனங்களை (கல்வி) அடியோடு உடனே மாற்றிவிடுவதும் எளிதான காரியமல்ல. வகியங்களை ஒட்டி நடைபெறக்கூடியவகையில் அனுஷ்டான திட்டங்களை தயாரிக்கும் வேலை ஆராய்ச்சியும், பாண்டித்யமும் உள்ள ஓர் வைத்திய கம்மிட்டியாரின் வசம் ஒப்படைக்கப்படுதல்வேண்டும். சுதேசி வைத்திய முறைகளை பயிற்சி செய்யும் விஷயத்தில் இந்திய ஆசிரியருக்கும், வைத்தியர்களுக்கும் நவீன நடைமுறை திட்டத்தோடுகூடிய பள்ளிக்கூடங்களை விட, குரு சிஷ்ய முறைப்பயிற்சியிலும், பரம்பரை அனுபவ வைத்திய கல்வியிலும், நம்பிக்கை விசேஷமாக இருந்துவந்திருப்பதால்தான், கமிட்டியார் குறிப்பிட்டிருக்கும் வகியங்களோடுகூடிய பாடசாலைகள் பல இடங்களிலும் ஏற்பட்டிருக்கவில்லை என்பதை இங்கு குறிப்பிடுதல் பொருந்தும். ஆயினும் அத்தகைய பாடசாலைகள் தற்கால தேசநிலமையில் அவசியமாக இருப்பதால், ஏற்கனவே குறிப்பிட்டுள்ள வழிகளைப் பின்பற்றி, சுதேச வைத்திய ஸ்தாபனங்களை அபிவிருத்தி செய்தல் கலம்.

கல்கத்தா சர்வகலாசாலை பரிசீலனை கம்மிட்டியாரும் சுதேச வைத்திய முறைகளும்.

கேள்வி 5.—கல்கத்தா சர்வகலாசாலை பரிசீலனைக் கம்மிட்டியார், அன்னிய வைத்திய முறைகளையும், இந்திய வைத்திய முறைகளையும் ஒன்றுபடுத்தும் விஷயமாகச் சொல்லியிருக்கும் அபிப்பிராயங்களின் அடிப்படையான கொள்கையை நான் ஆமோதிக்கிறேனாயினும், அக்கம்மிட்டியார் கீழ்ப்படிபுறம் இவ்விரண்டு முறைகளுக்கும் உள்ள வித்தியாசமானது மறுமுறை அடையாளம் கண்டுபிடிக்கமுடியாதபடி அவ்வளவுதூரம் நீக்கப்பட்டுவிடும் என்று நான் அபிப்பிராயப்படுவதற்கில்லை. ஆனால் அவ்வித ஒற்றுமையை ஏற்படுத்துவதற்கு அன்னிய வைத்தியர்கள் பலரும் இந்திய வைத்திய முறைகளின் மேன்மையை உண்மையாக ஒப்புக்கொள்வதற்கும், அதுபோலவே இந்திய வைத்தியர்களும் தங்களுடைய முறைகளில் அனுஷ்டான சாத்தியமில்லாததாக தங்களுடைய அனுபவத்தினாலேயே கண்டுபிடிக்கப்பட்டதாயுள்ள புராதன கொள்கைகளை நீக்கிவிடுவதற்கும் உடன்படவேண்டும். “நவீன ஆராய்ச்சி” என்ற பெயரைச் சொல்லியும், ராஜாங்கத்தாரின் மனதிற்குக் தகு என்ற ஒரு காரணத்தினாலும் அன்னிய வைத்திய முறைகளுக்கு, இங்காட்டில் ஏற்பட்டிருக்கும் ஓர் அமிதமான செல்வாக்கையும் “புராதனமென்ற” பெயரைச் சொல்லிக் கொண்டு சுதேச வைத்தியர்கள் இன்னும் நீக்காமல் கடைப்பிடித்து சிற்சில உபயோகமற்ற கொள்கைகளையும் நீக்கிவிடவேண்டுமென்பது என்னுடைய விருப்பம். மேலும் நவீன ஆராய்ச்சிக்குமுன் சிர்க்கவில்லை என்ற ஒரு காரணத்தைச் சொல்லி சுதேச முறைகளிலுள்ள சில அனுபவ சித்தாந்தங்களைப்பற்றி நாழ்மைமாக கீழ்க்கண்ட முறையிலும் அழகல்ல. ஏனெனில் நவீன ஆராய்ச்சியின் பயனாக வைத்திய சாஸ்திரத்தில் சித்தாந்தப்படுத்தியுள்ள சங்கேதங்கள்தான் முடிவானவை என்று எப்படி சிச்சயமாக கூறமுடியும். அதனிடத்திலுள்ள சித்தாந்தங்கள் பலவும் பிரத்தியேகமான ஆராய்ச்சிக்காரர்களின் அபிப்பிராயத்தை ஒட்டி மாறுபட்டு விடுகிறதில்லையா? ஆகவே சுதேச முறைகளிலுள்ள வைத்திய கொள்கைகள் எல்லாம் நவீன ஆராய்ச்சிக்குமுன் பரீகேசு செய்யப்பட்ட பிறகு தான் ஒப்புக்கொள்ளப்படவேண்டும் என்பதும் அதையே வற்புறுத்திப்போகுவதும் சியாயமல்ல.

அன்னிய முறைகளையும் இந்திய முறைகளையும் ஒற்றுமைப்படுத்தல்.

மாறுபட்ட குணங்களோடும், முறைகளோடும் கூடிய இரண்டு வைத்திய முறைகளை ஒற்றுமைப்படுத்துவதற்குப் பரஸ்பரம் ஓர்வித கம்பிக்கையும், மற்றவருடைய கன்மைகளைக் காக, அவர் அறியாத சிற்சில விஷயங்களை தன்னிடமிருந்து வெளிப்படுத்தும் பெருந்தன்மையான குணமும் மிக அவசியமானவை. மேலே குறிப்பிடப்பட்டுள்ளபடி வகியம் சளிதில் கைகூடவேண்டுமொன்றால் இரு முறைகளையும் பயிற்சியேவோருடைய குணத்திலும், செய்கையிலும் சிலமாறுதல்கள் ஏற்படவேண்டியது அவசியம். இதவே வகி

யத்தை அடைவதற்கு முதற்படி. சுதேச வைத்தியர்களும் அன்னிய வைத்திய முறைக்கு ஆராய்ச்சியின் பயனாக ஏற்பட்டிருக்கும் கல்வியைத்தையும் செல்வாக்கையும் கருதி ஓர் புதிய ஆர்வம் அடைந்த, விடா முயற்சியுடன் ஆராய்ச்சிகள் பலவற்றை மேன்மேலும் செய்து தங்கள் முறையில் இருக்கும் மேன்மையை அன்னியரும் எளிதில் உணரும்படி செய்ய வேண்டும்.

அன்னிய வைத்தியர்களும் தங்கள் வைத்திய முறையில் இயற்கையாகவே ஓர் வித பிடிமானமுள்ள கம்பிக்கையும் அபிமானமும் கொண்டிருந்தபோதிலும், கவீன முறைகளுக்குச் சமமாகவே, அல்லது சமது அதிக மேன்மை உள்ளதாகவே தங்களுடைய வைத்திய முறைகளுக்கு கல்வியும் பேரக்கீழைதையும் உண்டெண்ணுவதற்கும் உலக சமூகத்தின் முன் தங்களுடைய விடாமுயற்சியால் பயன பெறுவதற்கும் அரும்பாபெட்டுழைக்கும் தங்களுடைய இந்திய வைத்திய சகாக்களுக்கு கைக்கொடுத்து பலவழிகளிலும் உதவிசெய்து அவர்களுடைய முன்னேற்றத்தை காடி உண்மையுடன் உழைக்க முன்வரவேண்டும். இம் மாதிரியான முறைகள் குறிப்பிடப்பட்டுள்ள வலியுறுத்தல்களை எளிதில் கைகூட்டுவதற்கும் என பது எனது கம்பிக்கை.

சுதேச வைத்திய கல்வி முறைகளும் நவீனசாஸ்திரங்களும்.

கேள்வி 6.—சுதேச வைத்தியசாஸ்திர கல்விக்காக ஏற்படுத்தப்படும் பாட அட்டவணியில் எளிய போதனாமுறையுடனும் மேம்பட்ட ஆராய்ச்சியுடனும் அமைத்தள்ள கவீன சாஸ்திரங்களில் சிலவற்றையும் சேர்த்துக்கொள்ளவேண்டும் என்பதே என்னுடைய விருப்பம்.

ஆரம்பத்தில், சுதேசவைத்திய சாஸ்திரங்கள் பலவற்றையிட டன்லிக்கடபாடல் களாக ஏற்றுக்கொள்ளக்கூடிய வகையில் தயாரிக்கப்பட்டுள்ள Chemistry, Anatomy Physiology, Surgery இவைகளைப்பற்றிய சாஸ்திரங்களை சுதேசவைத்திய பாடங்களோடு சேர்த்துவிடலாம். ஆனால் Physics (பிரகிருதி சாஸ்திரம்), Biology (ஜீவசாஸ்திரம்), Pathology (ரோகவிதான சாஸ்திரம்), Bacteriology (சிறுமீசாஸ்திரம்) முதலிய சாஸ்திரங்கள் சுதேசமுறைகளிலும் திருப்திகரமாக அமைத்திருப்பதாலும், அவற்றுள் சிலமேலுட்டு சங்கேதங்களுக்கு மாறுபட்ட அபிப்பிராயங்களை கொண்டிருக்கக்கூடியவையாதவா லும் அவற்றைத் திருத்தி உபயோகிக்கக்கூடிய வகையில் அமைக்கும் வேலை தேர்ந்த சிபு ணர்கள் வசம் ஒப்படைக்கப்படலாம்.

சுதேச வைத்திய பரீகைகள்.

(a) Allopathic முறைப்படி கவீன வைத்தியப் பயிற்சிபெற விரும்புவர்கள் சாதாரணமாக School-Final பரீகை தேரியபின், வைத்திய பள்ளிக்கூடங்களில் சேர்த்து காங்கு வருஷகாலம் பயிற்சி பெற்றபின்பு L.M.P. என்று சொல்லப்படும் வைத்தியப்பட்டத்துக்கு அருகர்களாக கருதப்படுகின்றார்கள். சுதேசவைத்தியப் பயிற்சியினால் பட்டம்பெற விரும்புவோர்க்கும் மேற்குறித்த கால அளவை கிர்ணயித்து, பயிற்சியை இரண்டு பரீகைகளுக்கு உட்படுத்தி, ஒன்றை இரண்டாவது வருஷமுடிவிலும், மற்றொன்றை காண்காலது வருஷமுடிவிலும் நடத்தலாம். முதலாவது பரீகையில் தேறியவர்களே இரண்டாவது வகுப்பில் சேர்க்கூடியவர்களாவார். முதல் பரீகை "Entrance Examination" பிரவேசபரீகையாகவும், இரண்டாவது "Degree Examination" பட்டபரீகையாகவும் இருக்கும்.

சுதேச வைத்தியர்களுக்கு பட்டங்கள்.

பட்டம் கொடுக்கும் விஷயத்திலும், அப்பட்டங்களுக்கு இடப்படவேண்டிய பெயர் விஷயமாகவும் பற்பலயோசனைகள் சொல்லப்படலாம். ஆயுர்வேதக்காரர்கள் "வைத்திய விசாரத" "வித்தியாபூஷண" முதலியபட்டங்களை விரும்புவர். யூனிகாரர்களும் 'ஹக்கீம்' முதலிய பட்டங்களில் ஆசைவைப்பர்.

மேற்சொல்லியபடி இரண்டாவது வகுப்புப் பரீகையாகிற "Degree" Examination முடிந்தகூட L.M.P. என்ற கவீன பட்டத்தையே, சுதேச வைத்தியற்கும் கொடுத்து விடலாம் என்பது என்னுடைய அபிப்பிராயம். கவீன சர்வகலாசாலையில் பட்டம் பெறுவோர் தங்கடைய சாஸ்திர ஆற்றலுக்குத் தக்க பட்டங்களை உதாரணமாக M.A. (Literature), M.A. (Tamil), M.A. (Philosophy) என்று இருப்பதுபோலவும் Graduates, i. e., B. A. பட்டத்துக்குரிய படிப்புக்கு Mathematics group, History group என்றிருப்பது போலவும், காங்கு வருஷப்படிப்பு முடிந்தவுடன் சுதேச வைத்தியர்களுக்கும் அவரவர் முறைக்கு ஏற்பட்டபடி L.M.P. (Ayurveda), L.M.P. (Unani), L.M.P. (Tamil) என்ற பட்டங்கள் கொடுக்கப்படலாம். இம்மாதிரியே L.M.S., M.B.C.M. முதலிய பட்டங்களையும் அவரவருடைய திறமைக்கேற்றவாறு அளிக்கலாம். சாஸ்திர ஞானத்தின் அளவை ஒட்டி பட்டங்களின் உயர்வு இருக்கவேண்டும்.

பாணவர்களுக்குவேண்டிய யோக்கியதைகளும் படிப்பின் கால அளவும்.

(b) மேலேகாட்டியுள்ளபடி L.M.P. என்னும் பட்டத்தை அளிப்பதற்கான படிப்பைக்கொடுக்க ஏற்படும் சுதேசவைத்திய கல்விசாலைகளில் சேரவிரும்புவோர், சுதேச

முறைகளைப்பற்றிய சிறிது ஆரம்ப ஞானமும், ஆங்கிலத்தில் கடுத்தரக்கல்வியும் (Upper Secondary status as the minimum qualification), திடகாத்திரமும், நன்னடக்கையும் பெற்றிருக்கவேண்டும். மேற்கூறிக்கப்பட்ட கல்வி யோக்கதைகள் சிறிது குறைந்திருப்பினும், பரம்பரையான வைத்திய குடும்பங்களில் பிறந்த பிள்ளைகளுக்கு சிலவிசேஷ சவுகரியங்கள் செய்துகொடுக்கலாம். கால அளவுகளைப்பற்றி, ஏற்கனவே குறிப்பிடப்பட்டிருப்பது போல் நான்கு வருஷம் பயிற்சி, வைத்திய ஆரம்பம் செய்யப்போதுமானது. அதற்குமேல் பட்ட பட்டங்களுக்குரிய கல்வியை யாதொரு காலவரையறைக்கும் உட்படுத்தவேண்டிய தில்லை. அவரவர்களுடைய புத்திறுட்பத்திற்கும், சாஸ்திர ஆராய்ச்சிக்கும் அவகாசத்திற்கும் ஒத்தாற்போல் அப்பட்டங்களை அடையலாம்.

பாஷை.

(c) பாஷை விஷயத்திலும் சிறிது அபிப்பிராயபேதம் இருக்கக்கூடும். ஆனால் அந்தந்த வைத்திய முறைகளும் ஒவ்வொரு தாய்பாஷையைப் பெற்றிருப்பதால், ஆயுர்வேதம், சமஸ்கிருதத்திலும், யூனானி இந்துஸ்தானியிலும், சித்தமுறை தமிழிலும் கற்பிக்கப்படவேண்டியதவசியம். ஆங்கிலம் உபபாஷையாக இருக்கலாம்.

ரிஜிஸ்டிரேஷன் முறையும், சுதேச வைத்தியர்களும்.

கேள்வி.—சுதேச வைத்திய முறைகளை நிறைவேற்றியுள்ள பரம்பரையான மனப்பான்மையை அபிவிருத்திசெய்து தங்களை யும் ஆங்கில வைத்தியர்களைப் போலவே கண்ணியமாக மதிக்கும் வண்ணம் அவர்களுக்கு உற்சாகம் ஊட்டுவதற்காகவும், போதிய பரிசீலிபெறாமல் விண்பணத்தாசையால் தொழில்நடத்த முன்வந்து, தாறுமாறாய் பிழைகள்செய்து சுதேச முறைகளின் மேன்மைக்கு பங்கம்தேடும் சில வைத்தியர்களை ஒர்வித கட்டுப்பாட்டிற்கு உட்படுத்தும்பொருட்டும் கலாசாலைக் கல்வியில் தேர்ச்சியில்லாமற்போயினும், தங்களுடைய அனுபவமேன்மையினால் பரம்பரையாக திருப்திகரமான வைத்திய சிகிச்சைசெய்து வரும் பலருக்கு ஒர்பாதுகாப்பு அளிப்பதற்காகவும், (Medical Registration) முறை சுதேச வைத்தியர்கள் விஷயத்திலும் அனுசரிக்கப்படவேண்டியது மிக அவசியம் என்றே நினைக்கிறேன்.

ரிஜிஸ்டிரேஷன் போர்டு.

(a) Registration போர்டை அமைக்கும் விஷயத்தில் மிக்க கவனம் செலுத்தவேண்டும். அதற்கு மெம்பர்களை தெரிந்தெழுப்பதிலும் முதலில் நன்குபரிசீலனை செய்யவேண்டும். சுதேச முறைகளில் உண்மையான நம்பிக்கையும், அதனை முன்னேற்ற மனப்பூர்வமாக விரும்பாத சிலரும், ஏற்கனவே பலசமயங்களில் ஏற்பட்டதுபோல், கமிட்டியில் ஸ்தானம்பெற்றுவிடும்படி விடக்கூடாது. அதனால் உத்தேச பலனும் கிடைக்காமல் போவதோடு கூட, யாருடைய நன்மையின் பொருட்டு கமிட்டி ஏற்படுத்தப்படுகிறதோ அவர்களுடைய மனஸ்தாபமும் ஏற்படுகிறது. சுதேச வைத்தியமுறைகளுக்கு நன்மைசெய்யவேண்டும் என்ற கலவெண்ணத்தடன் அரசாங்கத்தாரால் நியமிக்கப்பட்ட டாக்டர் கோமானுடைய அறிக்கையை சுதேசவைத்தியர்களும், சங்கங்களும் ஒருமனத்துடன் கண்டித்ததை இங்கு குறிப்பிடுதல் பொருந்தும். சுதேச வைத்திய முறையைப்பற்றிய காரியங்கள் செய்யவேண்டியகாலத்து அம்முறையில் பயிற்சியும், அனுபவமும் இல்லாத அன்னிய சிபுணர்களை ஆலோசனைகேட்கும் வழக்கத்தை அரசாங்கத்தார் அடியோடு கிறுத்தி விடவேண்டும். ஆயுர்வேதம், யூனானி, தமிழாகிய முறைகளுள் ஒவ்வொரு முறையிலும் யாவராலும் ஒப்புக்கொள்ளப்பட்ட கீர்த்தியும், சிபுணத்துவமும் உள்ள 6 பேர்களை நியமித்து, 18 பேர்கொண்ட சுதேசவைத்திய ரிஜிஸ்டிரேஷன் போர்டாக நியமிக்கலாம், ஆனால் மெம்பர்கள் சிபுணத்துவமும் ஆராய்ச்சியும் உடையவர்களாக இருப்பதோடு கூட தாமே சொந்தமாக தொழில் நடத்தி வருபவராக இருப்பின் சரலச்சிறந்தது.

ரிஜிஸ்டிரேஷன் ஆக்ட்.

(b) இக்கேள்விக்கு கமிட்டியார் எத்தகைய பதிலை எதிர்பார்க்கிறார்கள் என்று அறிவது கடினமாக இருக்கிறது. (Medical Registration Act)ஐ சுதேசவைத்திய முறைகளை அனுசரித்து எப்படி திருத்தலாம் என்பது கேள்வியாயின், அந்த சட்டத்தின் அடிப்படையான தத்துவத்தை ஒப்புக்கொண்டு, உள்ளிருக்கும் மற்ற ஷரத்துகளையும், விதிகளையும் மாற்றவேண்டிய வேலையை மேல்குறித்த ரிஜிஸ்டிரேஷன் போர்டார்வசமே விட்டு விடலாம் என்று நினைக்கிறேன்.

மேலும் ரிஜிஸ்டிரேஷன் முறையை சுதேசவைத்தியர்கள் விஷயத்தில் எப்படி அனுசரிக்கலாமென்ற விஷயமாக ஒர்விதமுடிவை செய்வதற்குமுன்னர் 1920-ம் வருஷம் இன்னூரில்கூடிய அகில இந்தியசுதேச வைத்திய மகாநாட்டார் இதுவிஷயமாக அவர்களுடைய முடிவான அபிப்பிராயத்தைக் கூடிய சீக்கிரம் வெளியிடவார்களாகையால் அதை அறிந்து கொள்ளுதல் கலம் என்று கருதுகிறேன். இன்னும் இதே விஷயமாக விசேஷ சிசுமப்பட்டு பரிசீலனை செய்துகொண்டு வருகிற டில்லி டிபி சம்மேளனத்தாரும் சிசுபாரதவைத்திய சபையாரும் தங்களுடைய வேலை முடிக்கும் தருவாயில் இருப்பதால் அவர்களுடைய அறிக்கையும் மிக்க பிரயோஜமுள்ளதாகவேயிருக்கும்.

சுதேசவைத்திய சிகித்சைக்கும், நவீனமுறை சிகித்சைக்கும் ஆகிய
செலவுகளின் தரநம்பம்.

கேள்வி 8.—வீனவைத்தியமுறையின்படி கிடைக்கும் வைத்தியசிகித்சையைவிட
சுதேசவைத்திய முறைப்படி கிடைக்கும் வைத்தியசிகித்சைக்கு செலவு மிகக்குறைவு
என்றே சொல்லவேண்டும்.

கம் தேசத்திலிருந்து வெளியே கொண்டுபோகப்படுகின்ற மூலப்பொருள்கள் (Raw
materials) அன்னியதேசங்களுக்குச் சென்று அங்கு ஏராளமான முந்தியுகளுடனும் செலவு
களுடனும் கிருமாணிக்கப்பட்டிருக்கிற ரசாயனசாலைகளில் விசேஷ பொருட்டுசெலவின்
பேரில் இயந்திர சாதனங்களைக்கொண்டு மருந்துகளைக்கத் தயாரிக்கப்பட்டு பிரயாணச்செல
வும் கடற்சங்க தீர்வைகளும் சேர்த்து இத்தேசத்திற்கே அவைகள் மறுபடி திரும்பி வரும்
பொழுது அவைகளின் விலைகள் மிக அதிகரித்துவிடுகின்றன. அப்படி இருக்கும் அம்மருத்
துகள் இக்கியதேசத்தின் இயற்கை வளம், சீதோஷண ஸ்திதி முதலியவைகளை ஒட்டி தயா
ரிக்கப்படுதலின்மையால் அதிகபலனைக் கொடுக்கமுடியாததாகவு மிருக்கின்றன.

ஆனால், சுதேச முறைகளின்படி தயாரிக்கப்படும் மருந்துகள் பலவும் தேசத்தின்
காணியங்களிலும் இயற்கையாய் நேர்நி எளிதில் விசேஷப் பொருட்டுசெலவள்ளியில்
அடையக்கூடிய ஸ்தலார லோகப்பொருள்களாகிற செடி, கொடி, இலை, பட்டை, வேர்,
தாமிரம், வெள்ளி, தங்கம் முதலியவைகளினாலேயே சலபமான சில அரிய முறைகளால்
சத்திசெய்து மருந்துகளாக தயாரிக்கப்படுகின்றன. மேலும் ஜனங்களின் பழக்கவழக்க
களை ஒட்டியும் சீதோஷண ஸ்திதிக்குத் தக்கபடியும் மருந்துகள் தயாரிக்கப்படுதலால் அதிக
குணம் உடையனவாகவும் இருக்கின்றன.

(Venereal and Carbuncular) என்று சொல்லக்கூடிய ரணம், கட்டிமுதலிய ரோகங்
களுக்கு நவீன வைத்தியமுறையில் வெளிப்பிரயோகம் சஸ்திர சிகித்சை முதலியவைகளை
கையாழ்வதுபோலன்றி சுதேசமுறைகளில் அதிகசுக்தியுள்ள இரண்டொரு மருந்துகளை
சிறிதுகாட்டுகளுக்கு உட்பிரயோகம் செய்வதினாலேயே குணப்படுத்திவிடக்கூடும். முக்கிய
மாக இதனால் மேகரோகங்களை சிவர்த்திசெய்யும் விஷயத்தில் நீடித்த நாள் ஆங்கிலவைத்
தியத்துக்கு ஆகும் செலவில் மிகக் குறைந்த செலவுசெய்து சுதேசி முறைகளில் நீக்கிக்
கொள்வது எளிது.

அன்னியமுறைகளில் தொழில்செய்யும் வைத்தியர்களும் சுதேச வைத்தியர்களை
விட தங்களுக்கு அதிகமான சம்பளத்தைப்பெற விரும்புகின்றனர். இதனால் பாமரஜனங்
களுக்கு நவீன வைத்தியநிபுணர் கையிலிருந்து சிகித்சை பெறுவது ஓர் முடியாதகாரிய
மாகப் போய்விடுகின்றது.

அளவேறிய சிப்பந்திகளோடும் விலையேறப்பெற்ற கட்டடங்களோடும் அதனைச்
சார்ந்த ஏனைய ரசாயனசாலைகளோடும், ஆயிரக்கணக்கான சம்பளத்தைப் பெறும் பல
வைத்திய உத்யோகஸ்தர்களுடும் நடத்தப்படுகின்ற வைத்திய இலாகாவுக்கு ராஜாங்
கத்தார் செய்யும் கோடிக்கணக்கான செலவும் குறைந்துபோகும்.

குறைந்த செலவில் தேசமெங்கும் கிடைக்கிற சிறக்கூடியவகையிலும் வைத்திய
சிகித்சை இன்னும் கோடிக்கணக்கான ஜனங்களுக்கு கிடைக்கும் வண்ணமும் அபிவிருத்தி
செய்யின் இச்சுதேச முறைகள் பலன்கொடுக்கும் என்பதில் சந்தும் ஐயமில்லை.

மேலும் சென்னையிலேயே நவீனமுறைப்படி நடத்தப்படும் ஓர் வைத்தியசாலையே
யும் சுதேசமுறைப்படி நடைபெறும் ஓர் ஸ்தாபனத்தையும் எடுத்துக்கொண்டு அவை
களின் செலவை ஒன்றோடொன்று நன்கு ஒப்பிட்டுப்பார்த்தால் விஷயம் நன்றாக விளங்கும்.
சென்னை வேப்பேரியில் நடத்தப்படுகின்ற “செங்கல்ல நாயகர்” வைத்தியசாலையே
எடுத்துக்கொண்டுபார்த்தால் சுதேச வைத்தியத்திற்கு ஆகும் செலவு எவ்வளவு குறைவு
என்பது நன்குபுலப்படும்.

ஒரு மாதத்திய கணக்கு.

1	இந்துக்கள்.	8,430
2	யுரோஷியர்கள்.	369
3	முசுமதியர்கள்.	1,769

சாசரியாக தினம் 352 பேர்கள் வைத்திய சிகித்சை பெற்றிருக்கின்றனர். ஆரோ
தினத்தில் 429 பேருக்கு வைத்தியம் செய்யப்பட்டிருக்கிறது. ஆனால் இவ்வளவு பெரிய
ஓர் ஆஸ்பத்திரியில் மாதம் ஏற்படும் செலவைக் கணக்கிட்டுப் பார்க்கும்பொழுது தினசரி
கப் ஒன்றுக்குச் செலவு 7½ தம்பிடியாகிறது. இதைவிடக் குறைந்த செலவில் எந்த வைத்

தீய சிகிச்சையையும் யாரும் எதிர்பார்க்க முடியாது. மேலும் தூற்றுக்கணக்கான யூரோஷியர்கள் இங்குவந்து சிகிச்சை பெற்றுப்போயிருப்பதினால்தான் கொடுக்கப்படும் சிகிச்சையின் உயர்வும் மருந்துகளின் மேன்மையும் நன்கு வெளியாகின்றன. இதனால் சுதேச வைத்திய முறைகளின்படி சிகிச்சைக்கு ஆகும் செலவு மிகக்குறைவு என்பது நன்கு விளங்கும்.

சுதேசமுறைகள் கீழ்க்கண்டவற்றிற்குக் காரணங்கள்.

கேள்வி 9.—(1) மேல் தேசங்களிலிருந்து இந்தியாவில் பரவிய அன்னிய நாகரீகமும், அதனிடம் ஜனங்களுக்கு தூரதிரஷ்டவசமாக ஏற்பட்ட ஓர்புதிய மோகமும், அதன்பயனாக அவர்கள் மனதில் ஏற்பட்ட சில விபரீதகொள்கைகளால் அவர்களுடைய பழக்கவழக்கங்கள் பல மாறுபட்டதும், புராதன கொள்கைகளிலும் சாஸ்திரங்களிலும் அவர்களுக்கிருந்த நம்பிக்கையும் மதிப்பும் குறைந்ததும் சுதேச வைத்தியமுறையின் கீழ்க்கண்டவற்றை முதல் காரணம்.

(2) அன்னிய கல்விமுறை ஒன்று தேசத்தில் ஏற்பட்டதும் அதன் பயனாக கல்விச் சாலைகள் அரசாங்க ஊழியர்களை நிரூஷ்டசெய்யும் தொழில்சாலைகளாக மாறியதும், சுதேச வைத்தியக்கல்வி உல்லகனம் செய்யப்பட்டு பாடமுறையில் சேர்த்துக்கொள்ளப்படாமல் போனதும் அடுத்த காரணமாகும்.

(3) இந்திய பிரதேசங்களின் கீழ்க்கண்டவற்றில் பெரிதும் காட்டமுள்ளதாகப் பலரும் கருதி வருகின்ற, பிரிடிஷ் அரசாங்கத்தாரும், தங்களுக்குச் சொந்தமானதும், தங்களுக்கு மெத்த அனுபவப்பட்டதும், தங்களுடைய பூர்ண அனுபவத்தைப் பெற்றதுமான இந்நவீன வைத்தியமுறையை எவ்வளவு ஆர்வத்துடன் இத்தேசத்தில் கொண்டுவந்து புரத்தி, அதற்கேற்ற ஸ்தாபனங்களாகிய கல்விசாலைகளையும், ஆஸ்பத்திரிகளையும், ரசாயனசாலைகளையும், பொதுஜனங்களுடைய செலவில், மிக்க பறபறப்புடன் ஏற்படுத்தினார்களோ, அவைகளை நாஸ்தோறும் விருத்திசெய்வதில் நண்ணும் கருத்துமாயிருந்தனார்களோ, அம்மாதிரியே இம்முறைகள் விஷயத்திலும் நடந்துகொள்ளாது, முற்றிலும் மாறுபாடான அபிப்பிராயங்கொண்டு, இவ்வைத்திய முறையைப்பற்றிய ஓர் ஆராய்ச்சியையேனும் செய்யவும், அதன் சிறப்பை அறியவும் சிறிதும் ஆசைகொள்ளாது, மவுனம் சாதித்துவிட்டதோடுகூட, இம்முறைகளை நக்கதோர் வைத்தியமுறையாக ஒப்புக்கொள்ளவும் மறுத்து விட்டனர். மேலும், அனுபவத்தினால் இம்முறைகளிலுள்ள மேன்மையை அறிந்த ஜனங்களின் வற்புறுத்தலுக்கிணங்கி, சில ஸ்தல ஸ்தாபனங்கள் (The municipalities of Cocanada, Ongole, Dindigul, and Chittoor) இவ்வைத்திய முறைகளுக்கு சிறிது உதவி செய்து வந்ததைக் கண்டும் அரசாங்கத்தார் மனம் சகியாமல், அம் முனிசிபாலிட்டிகளைக் கண்டித்து பொருளுதவியையும் நிறுத்திவிட்டனர். சென்னை ஆயுர்வேத கலாசாலைக்கு கார்பரிபாலன சபையார் கொடுத்துவந்த பண உதவியையும் ராஜாங்கத்தார் முதலில தடுத்து, பிறகு அனுமதிக்கொடுத்தனர். இத்தகைய நடவடிக்கைகள் சுதேச வைத்தியர்கள் மனதில் ஓர் பெரிய துக்கத்தையும் அவநம்பிக்கையையும் உண்டெண்ணி, சுதேச வைத்திய முறைகளின் வீட்சிக்கு மற்றொரு காரணமாயிற்று.

(4) ஆங்கிலம் ராஜாங்க பாஷையாக ஏற்பட்டு கல்விமுறைக்கின்றியமையாத பல வகைப் புத்தகங்களும் அந்த பாஷையிலேயே புத்தகரூபமாக தொகுக்கப்பட்டபொழுது ஆயுர்வேதம் சமஸ்கிருதத்திலும், யூனானி இந்துஸ்தானியிலும், சித்தர்முறை தமிழிலும், அப்படியே விட்டுவிடப்பட்டதோடு, அவைகளை சீர்திருத்தி பாடபுத்தகங்களாக ஏற்படுத்தவந்திருந்த முயற்சிகள் செய்யப்படாமல்போயின.

(5) சுதேச வைத்தியமுறைகளைக் கையாள்வோர் தங்களுடைய சாஸ்திரீய ஆராய்ச்சியைவிட அனுபவத்திலும், வைத்தியப்பயிற்சிக்காக கல்விஸ்தாபனங்களை விட குரு சிஷ்ய முறைகளிலும், விசேஷ மெடிகை வைக்கின்றார்களாகையால், மேனாடுகளைப்போல் பள்ளிக்கூடப் படிப்பைக்கொண்டு வைத்திய அபிவிருத்தியை இத்தேசத்தில் செய்யமுடியாமல் போய்விட்டது.

(6) அரசாங்கத்தின் பக்கபலமும் ஆதரவும்பெற்று விசேஷ பணச்செலவின் பேரில் ஆங்காங்கு நடத்தப்படும் நவீன வைத்திய ஸ்தாபனங்களோடு அனவிலும் சிகிச்சாபரிமாணத்திலும் போட்டிபோட்டு திறமையுடன் நடத்தப்படவழியின்றி அனேக சுதேச ஸ்தாபனங்கள் ஒளிமழுங்கி, அழியவேண்டியிருந்தன.

(7) பாரம்பரியமான அனுபவத்தை ஒட்டி திறமையாக வைத்தியம் செய்துவந்தவர்களும் நவீன வைத்தியஸ்தாபனங்கள் மூலமாய் ஓர் கவுரவம் பெறுவதும், செல்வாக்குடன் தொழில் நடத்துவதும் முடியாமல் போய்விட்டது.

(8) போதிய பயிற்சியும், அனுபவ முதிர்சியும், இல்லாமல் தொழில் நடத்தி ஜன சமூகத்துக்கு தீங்கு உண்டெண்ணக்கூடியவர்களைத் தடுப்பதற்கு Medical Registration Act போன்ற ஒரு சட்டம் இல்லாமையால், அனேக உகிர்போஷணக்காக வைத்திய தொழிலிற் புரந்து, இம்முறைகளின் மதிப்பைப் பெரிதும் குறைத்துவிட்டனர்.

(9) கூட்டுறவு முயற்சியில் ஈடுபட்டு, பலவித இடைபூதலின் கடுமையெய்தித் திரும்பும் இச்சுதேச முறைகளை அபிவிருத்தி செய்வதற்காக விடாமுயற்சியுடனும், தன் மதிப்பை காக்கவேண்டிய ஆரவ உணர்ச்சியுடனும் வேலைசெய்து, ஜனாதிமான் தந்தையும் ஆதாரவையும் கைக்கொண்டு, தங்கள் முறைகளின் மேன்மையை வெளிப்படுத்தத்தக்க தலைவர்களும், அவர்களின் கீழ் மிக்க வலியைபொருத்திய ஓர் சுதேச வைத்திய இயக்கமும் கடைபிற்றவில்லை. ஆங்காங்கு தேசத்தில் சிற்சில இடங்களில் எழுந்த சில முறையின்களும் உபபல குறைவினால பயனளிக்க ஏதனில்லாமல் போய்விட்டது.

சுதேச வைத்தியமுறைகள் ராஜாங்கத்திற்கேற்றன.

கேள்வி 10. —சுதேச வைத்திய முறைகளை ராஜாங்கத்தார் ஏற்படி அபிவிருத்திசெய்யக் கூடுமென்ற விஷயத்தை யோசிப்பதற்கு முந்தி அதை ராஜாங்கத்தார் ஏற்குகொள்ளவேண்டிய அவசியத்தைச் சற்று கவனித்தல் கலம். இவ்வைத்திய முறைகள் பலவும் அன்னிய தேசங்கள் நாகரீகவாசனைகளைகூட அறிவாமல் இருந்தகாலத்தொட்டு ஏற்பட்டு அசோகன் முதல் அவுரங்கசீப் வரையிலுள்ள சகலவந்திகளாலும் பற்பல சுதேச சமஸ்தானங்களாலும் மிகச் செல்வாக்குடன் கொண்டாடப்பட்டு ஏராளமான வைத்திய சிகிச்சையை தேசமெங்கும் குறைந்தசெலவில் கொடுத்தவந்தகோடுகூட அம்மன்னர்களும் இத்தெய்வீக முறைகளின் பிரபாவத்தில் உண்மையுடன் ஈடுபட்டு பல போக போக்கியங்களை அனுபவித்து நீண்டநாள் சுக்ஷீவிகளாக வாழ்ந்து வந்தனர் என்பது சரித்திரவாயிலாக கன்கு அறியக்கிடக்கின்றது.

இனி ராஜாங்கத்தார் முக்கியமாகச் செய்யவேண்டியவைகளாவன.—சுதேச வைத்தியமுறைகள் சாஸ்திர ஆராய்ச்சினால் ஏற்பட்டதல்ல என்றும், அவை ஓர் கட்டுப்பாடான கொள்கைகளின் திரட்டே என்றும் கருதுவதை உடனே நீக்கிவிடவேண்டும். சிறிது ஆலோசித்தப் பார்க்குங்கால் இச்சுதேச முறைகளைப்போல் Scienceயை ஆதாரமாகக் கொண்டுள்ள சாஸ்திரமுறைகள் இவ்விலகின்கண் மிகச் சொற்பமே என்று கூறலாம். சரீரத்தவங்களின் ஆராய்ச்சியை வருஷக்கணக்காகச் செய்து நாடிகள் எழுபத்திராயிரம் என்று கிரணயித்ததும், அந்நாடிகளின் மூலமாக சரீரத்தினுள் சிகழும் எந்த விவாதியையும் யாதொரு இயந்திர உதவியில்லாமல் கண்டுபிடிக்கக்கூடிய வழிகளைக் கண்டறிந்ததும், ரத்தத்தினுடைய சிறம் பித்தத்தை ஒட்டி மாறுதலடையக்கூடியது என்ற உண்மையையும், இத்திரிப(விந்து)த்தினுடைய இருப்பிடம் மாறுபுதான் என்பதையும், கண்டுபிடித்து உலகத்துக்கு முன்னே வழிகாட்டிய இம்முறைகளை Scienceயை ஆதாரமாகக் கொள்ளவில்லை என்று கினைப்பது சரியல்ல.

இந்துதேசத்திலுள்ள சில கொள்கைகள் இம்மாதிரியே வெளிப்பார்வைக்கு உபயோகமற்றவை என்று கருதக்கூடியதாக இருப்பினும், அவைகளையும் பெரியவர்கள் தக்க ஆராய்ச்சிசெய்தபிறகே ஏற்படுத்தி இருக்கின்றனர் என்பது சிறிது ஆராய்ச்சிசெய்தால் கன்கு புலப்படும். உதாரணமாக, இந்து மதத்தில் “எச்சில்” என்ற பதார்த்தத்தை திண்டக்கூடாது என்பதும், திண்டின், உடனே சுத்தம் செய்யவேண்டும் அல்லது முழுக்கவேண்டும் என்பதும் விதி. இதை அன்னிய தேசத்தினர் ஒரு உபயோகமுள்ள கொள்கையாக மதிப்பதேயில்லை. ஆயினும் Scientific ஆராய்ச்சியின் பயனாக எச்சில் (Saliva) காற்றில் சம்மந்தப்பட்டவுடன் ஓர்வித விஷத்தன்மையை அடைக்கின்றதென்று கண்டுபிடிக்கப்பட்டிருக்கிறது.

“Saliva when exposed to air accumulates a poisonous substance in it.” இதனால் வெகு சமீபத்தில் Scienceனால் கண்டுபிடிக்கப்படுகிற பல உண்மைகள் ஆரோக்கணக்கான வருஷங்களுக்கு முந்தியே இந்தியர்களுக்கு கன்கு தெரியும் என்று விளங்குகின்றது.

ஆரசாங்கத்தார் செய்யவேண்டியது.

1. சுதேச வைத்தியமுறைகளையும், சிகிச்சைக்கு ஏற்றபலன் தரத்தக்க சாஸ்திரங்களோடுகூடிய அனுபவசிக்கியுள்ள ஓர் முறையாக உடனே ஒப்புக்கொள்ளவேண்டும்.
2. ஒப்புக்கொண்டபிறகு, அம்முறைகளை எளிதில் அனுபவசாத்தியமாகும்படி கடைமுறை திட்டங்களோடுகூடிய கல்விஸ்தாபனங்களையும், அவற்றை ஒட்டிய சிகிச்சாசாலைகளையும், ரசாயன சாலைகளையும் தேர்ந்த சிபுணர்களின் உதவியைக்கொண்டு நிருமாணித்து ஒவ்வொரு முறைக்கும் வெவ்வேறு ஸ்தாபனங்களை ஏற்படுத்தவேண்டும். பரீக்ஷார்த்தமாக சில ஸ்தாபனங்களை சென்னையிலேயே ஏற்படுத்தியாகிலும் திருப்பிகரமாக இப்பொழுது வேலை செய்துவரும் சில ஸ்தாபனங்களை பார்வையிட்டாகிலும் உசிதமான ஏற்பாடுகளைச் செய்யலாம்.
3. சுதேச வைத்திய முறைகளைத் தழுவி ஏற்படுகின்ற ஸ்தாபனங்கள் அனைத்தும் ராஜாங்கத்தாரின் நேரான மேன்பார்வையின்கீழ் நடத்தப்படவேண்டியதவசியம். அவ்வப்போது பார்வையிட்டு அனுப்பப்படும் ரிபோர்ட்டுகளை ஆதாரமாகக்கொண்டு சமீபமாக சிதமான சீர்திருத்தங்களையும் சிபார்சுகளையும் செய்யவேண்டும்.
4. ஆங்காங்கு சிருமாணிக்கப்படும் சுதேச வைத்திய ஸ்தாபனங்கள் பலவும் திறமையுடன் சிருவகிக்கப்படும்வண்ணம் தேர்ச்சிப்பெற்ற சுதேச வைத்தியர்கள்கொண்ட ஓர் உத்தியோகவர்க்கத்தையோ அல்லது ஓர் சிப்பந்தி இலாகாவையோ ஏற்படுத்தலாம்.

5. மேற்கூறிய நான்காவது ஏற்பாடு அனுஷ்டான சாத்தியமில்லாமல் போமாயின், தனிப்பட்ட நபர்களாலோ அல்லது சங்கங்களாலோ நடத்தப்படும் சுதேச வைத்திய ஸ்தாபனங்களைப் பார்வையிடச் செய்து அவைகள் செய்துவரும் வேலைக்கேற்ப கல்விமுறையிலுள்ள Grant-in-aid என்ற முறையை வைத்தியமுறையிலும் அனுசரித்து தகுந்த grant களை கொடுத்து அந்த ஸ்தாபனங்களை அபிவிருத்திசெய்யலாம்.

6. இன்னும் இவ்வைத்திய முறைகளின் முன்னேற்றத்தை நாடி சமயோசிதமான சிபார்சுகளையும் சட்டதிட்டங்களைப் பற்றிய யோசனைகளையும் அரசாங்கத்தாருக்கு அவ்வப்போது எடுத்துச் சொல்வதற்காக சம எண்ணிக்கைக்கொண்ட ஆயுர்வேத, யூனானி, தமிழ் வைத்திய நிபுணர்கள் கொண்ட ஒரு சபையை Medical Advisory Committeeயாக நியமிக்கலாம்.

ஸ்தல ஸ்தாபனங்கள் செய்யவேண்டியது.

1. அரசாங்கத்தினரின் நேரான மேற்பார்வை அவசியமில்லாததாகவோ அல்லது முடியாததாகவோ இருக்குமிடங்களிலுள்ள ஸ்தாபனங்கள், ஸ்தல ஸ்தாபனங்கள் வசம் ஒப்படைக்கப்படலாம்.

2. சுதேச வைத்தியமுறைகள் பலவற்றிற்கும் மூலப்பொருள்களாக இருக்கக்கூடிய மூலிகைத் தோட்டங்கள் வைத்திய ஸ்தாபனங்களின் சமீபமாகவே இருக்கவேண்டியது மிக்க அவசியமாதலால், அத்தகைய தோட்டங்களை சவுகரியமான இடங்களில் ஏற்படுத்திக்கொடுத்து, அவற்றை கண்காணிக்கும் வேலையும் ஸ்தல ஸ்தாபனங்கள் வசம் விட்டு விடப்படவேண்டும்.

3. சுதேச வைத்திய முறையைப்பற்றிய சாஸ்திர ஆராய்ச்சியை தங்களுடைய சாவகாசமான நேரங்களில் இவ்வைத்தியர்கள் செய்வதற்கனுகூலமாக பல இடங்களிலும் கிடைக்கக்கூடிய சாஸ்திர புஸ்தகங்களை ஒன்றுசேர்த்து முக்கியமான இடங்களில் "புஸ்தகசாலைகளை" நிறுமாணிக்கவேண்டும். இதனால் ஒவ்வொருவரும் பிரத்தியேகமாய் ஓர் குறிப்பிட்ட சாஸ்திரத்தின் கீழித்தம் வினா கஷ்டமடைதல் ஒழிந்துபோகும்.

4. சுதேச வைத்தியஸ்தாபனங்கள் சம்பந்தமாக ஏற்பாடு செய்யப்படும் கட்டங்களுக்கான Designsகளைத் தயாரிப்பதும், அதை தங்களுடைய (Engineering Department) மூலமாக கட்டிக்கொடுப்பதும், அதைப்பற்றிய வேலைகளில் பிரத்தியேக நபர்களுக்கும் உதவி செய்வதும், ஸ்தல ஸ்தாபனங்களிடம் ஒப்படைக்கப்படவேண்டிய வேலை.

சர்வகலாசாலை செய்யவேண்டியது.

1. வைத்தியமுறை கல்வியை ஏற்படுத்தி, அதற்கேற்ற பாடங்களைத் தயாராகத் தொகுப்பித்து, பரீகை சம்பந்தமான வேலைகளையும், Allopathic Schoolகள் எத்தகைய உதவியை அடைந்து வருகின்றனவோ அவற்றையே இவைகளுக்கும் அளிக்கவும்வேண்டும்.

பரீகைக்கு கேள்விபத்திரம் தயாரித்தல், பட்டமளிக்கும் விஷயத்தில் செய்யவேண்டிய ஏற்பாடுகள் முதலிய வேலைகளைப் பொறுப்புடன் ஏற்றுக்கொண்டு வேலைசெய்யக்கூடிய படி Medical Examiners Board ஒன்றை ஏற்படுத்தவும். அதற்குரிய மெம்பர்களின் யோக்கியத்தைக் குறிப்பிட்டு கவனத்துடன் அவர்களைத் தேர்ந்தெடுத்து, அவர்கள் விஷயமாகச் செய்யவேண்டிய Remuneration முதலியவைகளையும், பரீகைக்கு ஆஜராகும் மாணவர்கள் கட்டவேண்டிய கட்டணத்தையும் நிர்ணயம்செய்து, வைத்திய கல்விச்சாலைகளைப் பொறுப்புடன் ஏற்று நிர்வகிக்கும் வேலையையும் சர்வகலாசாலையார் ஏற்றுக்கொள்ள வேண்டும்.

தனிப்பட்ட நபர்களும் சங்கங்களும்.

1. கூட்டுறவு முயற்சியை வைத்திய சமூகத்திலும், ஜனசமூகத்திலும், அபிவிருத்தி செய்து சுதேச வைத்திய முறைகளுக்கு ஊக்கமூட்டுவது.

2. Joint stock என்ற முறையை அனுசரித்து ஏற்படும் பல வியாபாரக் கம்பெனிகளைப் போலவே, இந்திய வைத்தியமுறையிலுள்ள நல்ல மருந்துகளை திறமையான ஆசாமிகளால், தக்க ரசாயன சாலைகளை ஏற்படுத்தி, அவற்றில் தயார்செய்து, குறைந்த விலைக்கு எழைகளுக்கு உதவுதல்.

3. சுதேச வைத்திய முறைகளின் மேன்மையையும், அவற்றை அபிவிருத்தி செய்ய வேண்டிய அவசியத்தையும் நன்கு விளக்கிக்காட்டக்கூடிய துண்டு பிரசுரங்களை ஏராளமாக அச்சிட்டு, விநியோகித்து, பொதுஜன உணர்ச்சியைக் கவர்தல்.

4. சாஸ்திரிய புஸ்தகங்களிலிருந்து வெளியாகும் பல அரிய தத்துவங்களையும், எல்லோரும் அறியும்வண்ணம் ஆராய்ச்சிக்காரர்களின் பல மேற்கோள்களுடன் வியாசுரூபமாக வெளியிடக்கூடியதாயும், வைத்தியப்பயிற்சி செய்வோருக்குள் சமராஸ்பாவத்தையும், ஒற்றுமை உணர்ச்சியையும், வளர்க்கக்கூடியதாயும், சமூக முன்னேற்றத்தைக்காடி உழைக்கக்கூடியதுமான பல பத்திரிகைகளை வைத்து நடத்தல்.

6. சாஸ்திரங்களிலுள்ள சில முக்கியமான விஷயங்களையும், அபிப்பிராயபேதமுள்ள விஷயங்களையும், எனிடில் வைத்தியர்கள் எல்லோரும் ஒருங்குகூடி கன்கு விவாதம் செய்து விஷயங்களை முடிவுசெய்வதற்கு எதவாய் அவ்வவ்விடங்களில் தர்க்க சபைகள் (Debating societies) ஏற்படுத்தல்.

6. வகுப்பு முன்னேற்றத்தைக்காடி உழைக்கும் சங்கங்களின் மூலமாகவே, அல்லது சில சிபுணர்களை அச்சங்கங்களின் சார்பில் கியமித்தோ சாஸ்திர ஆராய்ச்சியை இடைவிடாது செய்வதோடுகூட, அவற்றை கூடுமான இடங்களினெல்லாம் மேலூட்டு சேகே தங்களுடன் பொருத்தவதற்கு முயற்சிசெய்வதும் வேண்டும்.

7. ஏழைகளுக்கு தர்மவைத்தியம் செய்வதற்கேற்ற தர்மவைத்தியசாலைகளை ஏற்படுத்தலும், ஏற்பட்டுள்ளவைகளை ஆதரித்தலும்.

8. Boy scouts organization போன்ற வழியில் முக்கியமான இடங்களில் கதேச வைத்திய Campகள் ஏற்படுத்தி, அவற்றில் வாசிபர் பலரை சமூகசேவைக்கும், வைத்திய சிகிச்சைக்கும் பயிற்சிசெய்வித்து, விசேஷகாலங்களில் ஆங்காங்கு அனுப்பி உதவி செய்தல்.

9. சாஸ்திரீயமான வழியில் கன்கு தயாரிக்கப்பட்ட மருத்துவகளுக்கும், அவற்றை மிக்க சிரமத்தடன் தயாரித்து வெளியாக்கிய பண்டிதர்களுக்கும், உற்சாகமூடமெப்பொருட்டு அவ்வப்போது “ கண்காட்சிசாலைகள் ” (Exhibition) கூட்டி சன்மானம் செய்தல்.

(6)

M.R.RY. PANDIT R.M.K. VELUSWAMI PILLAI AVARGAL.

கேள்விகளுக்கு பதில்கள்.

கேள்வி 1.—உபவேதம் காறு என்று வடமொழியார் பெயர்வைத்ததே தவிர அப்படி உபவேதங்கள் வடமொழியிற் கிடையாது. ஆயுள்வேதமென்ற தூதும் வடமொழியிற் கிடையாது. ஆயுள்வேதம் என்பது காங்குவேதம், 6 சாஸ்திரம், 18 புராணம், 64 கலைக்கியானம். இதுகளில் பிரமாவால் 4 வேதங்களுக்கும் உபவேதம், அதாவது, அர்த்தவேதம், ஆயுள் வேதம், காந்தர்வவேதம், தனுர்வேதம்; இங்கான்கில் ஒன்றாகிய ஆயுள்வேதத்தில் கோய் அணுகாமலும் அணுகரித்த கோயை நீக்கி இவ்வுலகின்கண் கமாய் வாழும்படியான விதிகளில் சொல்லப்பட்ட தூலாகும். மற்றும் சில தூல்களில் சிவன் தேவிக்கு உபதேசித்த ஆயுள்வேதத்தை தேவியால் கந்திஸ்வரருக்கும் அந்த கந்தியானவர் தேவர்களுக்கும் முனிவர்களுக்கும் சித்தர்களுக்கும் சொல்லிவைத்ததாகவும் சில சாஸ்திரங்கள் கூறுகிறது.

வைத்தியசாஸ்திரம், ரசவாதம், சோதிஷம், யோகசாஸ்திரம், மந்திரசாஸ்திரம், சிற்பசாஸ்திரம், சங்கீதம், வாத்தியம், தனுர்வித்தை, சுவர்ண பரீகை, ரத்ன பரீகை, அஸ்வ பரீகை, ரத பரீகை, கஜ பரீகை, யுத்தலக்ஷணம், மல்யுத்தம், ஆகாஸ்பிரவேசம், ஆகாசகமளம், பாகாயப்பிரவேசம், இந்திரசாலம், மந்திரஜாலம், அக்லிஸ்தம்பம், ஜலஸ்தம்பம், வாயுஸ்தம்பம், சாமுத்திரிகாலட்சணம், நீதிசாஸ்திரம் முதலிய 64 கலைக்கியானங்களில் தேர்ச்சியடைந்து அனுபவித்தவர்களாகிய அகஸ்தியர் முதலிய 18 சித்தர்களும் 64 கலைக்கியானங்களையும் ஒருங்குதிரட்டி வைத்தியதூலாக தமிழில் லட்சக்கணக்கான கிரந்தங்களை வெளியிட்டிருக்கிறார்கள்.

ஆயுள்வேதம் என்ற சொல்லே தமிழ் சம்ஸ்கிருத வைத்திய தூல்களில் கியாழம், சூராணம், கெய், வேகியமுதலிய மக்களுரை, சூருரை தவிர தெய்வவுரைபாகிய பற்பம், செந்தூரம், சன்ன முதலியன கிடையா. அறுபத்திகாங்கு கலைஞானங்களில் வைத்திய சாஸ்திரமும் ஒன்று. அப்படி வெளியிட்ட சித்தர்களே சம்ஸ்கிருதம், காசரம், தெலுங்கு முதலிய பார்வைகளில் வைத்திய சாஸ்திரங்களையும் வெளியிட்டிருக்க சமஸ்கிருத வைத்தியமே ஆயுள்வேதம் என்றும் தமிழ் வைத்தியம், சித்தர் வைத்தியம் என்றும் பிரித்துவிடுவதுக்கு ஆதரவு இல்லை. ஆகையால்,

சித்தர்வைத்தியம் என்ற கேள்விக்கு தமிழ் ஆயுள்வேதத்தைப்பற்றி கான் கூறும் மறுமொழிகளாக கொள்ளல் வேண்டும்.

கேள்வி 2.—(2).—தமிழ் ஆயுள்வேத வைத்திய சாஸ்திரப்படி விபாதி உண்டான தற்கு காரணம் சொல்லுமுன் உங்கள் கேள்வியில் மானிடற்கு அல்லது மிருகங்களுக்கு இதில் எந்தவகை இனத்திற்கு கோய் உண்டாகும் காரணம் என்று குறிக்கவில்லை. ஆயினும், மானிடற்கு வரும் விபாதிக்குமட்டும் மறுமொழி கூறுமுன் சில விஷயம் சொல்லாமலிருக்கமுடியவில்லை.

தமிழ் தூல்களின்படி கோய் 4,448. மானிடருக்கு வரும் கோய் 72,000 என்றும், மானிட சரீரமானது 72,000 நரம்புகளால் அமைக்கப்பட்டு நரம்புக்கோர் விபாதிபாகவும் ஒவ்வோர் நரம்புக்கும் வரும் விபாதிபின்ருணம் லட்சணம் அதற்கு மருத்தும் எழுதவேண்டுமானால் ஒரு கோடி தூல் வேண்டும் என்று 18 சித்தர்களிடும் மகாமருத்துவம் பொருத்திய அகஸ்தியர், பாண்டு வைப்பு 600, எனும் தமிழ் வைத்தியசாஸ்திரத்தில் சொல்லியிருக்கிறார்.

கீழார். ஷே சிரந்தகர்த்தாவே ஒரு கோடி நூல்வேண்டும் என்று சொல்லும்போது அத்தனை பெரிய ஒரு கேள்விக்கு பதில் எழுத எத்தனை நூறு வயதுள்ள ஒரு மனிதன் வேண்டும்.

72,000 கரம்பிலும் 72,000 வியாதியும் உற்பத்தியாகும் காரணம், 72,000 விதம்—			
அதிலும் சிரசுதனில் வியாதி	...	...	10,864
அரைக்கும் மேல் வியாதி	...	...	40,672
அரைக்கும் கீழிருந்து பா தம்வரை	...	...	20,464
		ஆக மொத்தம்	72,000

இதிலும் இப்படி 3 வகையாகப் பிரிக்கப்பட்டிருக்கிறது. அகஸ்தியர் பாண்டுவைப்பு 800 ல் 348-வது பாட்டு இத்தனை பெரிய விஷயத்தை நவீன சாஸ்திர ரீதியாய் பரீட்சை செய்து பார்க்கும்போது எவ்வளவுமட்டில் நிற்கும் என்பதை திரிகால வர்த்தமானம் களும் தெரிந்துணர்ந்த ஞானிகளால் பதிற் சொல்லவேண்டியவிஷயம்.

அடுத்த நிமிஷம் நமக்கு வருவது இன்னது என்று அறியக்கூடிய வல்லமையில்லாத நான் பேசக்கூடிய விஷயமன்று (தமிழ் வைத்திய சாஸ்திரம் சமுத்திரத்தின் கரை கண்டாலும் இதைக் கரைக்காணமுடியாது என்றும் சொல்லப்பட்டிருக்கிறது ஷே 800 ல்).

ஆயினும் நோயுண்டாவதற்கு பொதுவாக சில மூலகாரணம் உண்டு. அதைப்பற்றி பேசுவோம். ஒருவன் பூசிக்கும் உணவினாலேயே சர்வ வியாதிகளும் வரும் என்பதற்கு அகஸ்தியர் பாடிய ஆயுர்வேதம் பத்தாயிரத்தை சுருக்கப்பாடிய வைத்தியகாவியம் 1,500 ல் சொல்லப்பட்டிருக்கிறது. அதில் 8-வது, 9-வது பக்கங்கள் பார்த்தால் தெரியவரும்:—
அவையாவன : 33, 35, 36 பாட்டுகள் 33-வது பாட்டில் கோய்கள் எல்லாம்,

1. வாய்வால் வளரும் என்றும், அந்த வாய்வு எப்படி உண்டாயிற்று என்றால் மந்த மானால் வாய்வு புகுந்திடும் என்றும் அந்த மந்தம் எப்படி வந்தது என்று பார்க்கப்போனால் மிகுந்து பூசிக்கும் அன்னத்தாலும், இறைச்சியாலும், மா பண்டத்தாலும், எருமைப் பாலாலும் மந்தம், வாய்வு, மேகம் பிறப்பதாயும் சொல்லப்பட்டிருக்கிறது.

அன்னத்தாலே எடுத்த இந்த உடல் அந்த அன்னம் மீறில் தனிப்பழியாய்க் கொல்லும். மிதமிஞ்சிப் பூசித்த அன்னமே சகல கோய்க்கும் விதையாகுமென்றும் ஷே 35-வது பாட்டில் சொல்லப்பட்டிருக்கிறது.

இன்னம் என்ன சொல்கிறார் என்றால் 'சகல வித்துக்கும் தத்துவத்தை சொல்கிறேன்' கோள் என்று சொல்வதைப் பார்த்தால் 5 பஞ்சபூதத்தால் எடுத்த இந்த மானிட சரீரானது 96 தத்துவங்கள், அதாவது 96 கருவிகளாய் அமைக்கப்பட்டிருப்பதில் கோய்க்கு 3 ல்தானம் அமைந்திருக்கிறது. ஒருவன் பூசிக்கும் உணவைப் பொறுத்து அந்தந்த ஸ்தானங்களில் நோயுண்டாகிறது.

2. தசநாடியும் தசவாய்வும் இதுகளில் அபானன் என்ற வாய்வு மலத்திலும் (வாதநிலை), பிராணன் என்ற வாய்வு நீரிலும் (பித்தநிலை), சமானன் என்ற வாய்வு கபத்திலும் (ஐயநிலை) நின்று முத்தோஷமாய் அமைந்திருக்கிறது. இடை பிண்கழிவென்ற 3 நாடிகளுடன் பாக்கி 7 நாடிகளும் சேர்ந்து ஒரே நாடியாய் முப்புரிக்கையர்போல மைந்து வாதம் மலத்திலும் பித்தம் நீரிலும் ஐயம் கபத்திலுமாக நின்று அவையவை தன் தொழிலைச் செய்வதில் ஒருவன் மலபந்தனி என்ற வஸ்துக்களை பூசித்தால் அபானவாய்வு விகற்பமடைகிறது. இவன் உண்டக்ஞ்சா, அபின்போன்ற மலபந்தனி என்ற அதன் குணத்துக்குத் தக்கபடி மலபந்தமடைகிறான். உடனே வாதஸ்தானத்தில் கோய் உண்டாய்விட்டது. மல விரோசனகாரி குணமுள்ள நோர்வாளம், சிவதைவேர், இந்துப்பு போன்ற வஸ்துகளால் மலங்கழிக்கப்பண்ணும்போதும் முன் மலத்தைக்கட்டிய அந்த அபானவாய்வே தற்சமயம் மலத்தை கழிக்கச் செய்கிறபோதும் - அபானவாய்வு விகற்பமடைகிறது. அபானவாய்வின் தொழில் என்னவென்றால், காலாகாலத்தில் மலஜலத்தை கழிபித்துக்கொண்டிருத்தலேயாம்.

அதுபோல ஒருவன் உண்ட அன்னசாரத்துக்கு தகுந்தபடி தசவாய்வும் வேலை செய்யும்போதும், அதனதன் சுபாவ ஸ்திதிக்கு மாறிமாறி நடக்கவேண்டியவை நேரிடும் போதும் அவைகள் விகற்பமடைவதால் தசவாய்வும், தசநாடியும் உணமையில் தனக்குள்ள குணங்களை இழக்க நேரிடுவதாலும், ஒருவன் வியாதியில் பீடிக்கப்படுகிறான் என்பது சிதர்சனமாகிறது.

3. வாதத்தால் வாய்வும், பித்தத்தால் வெட்டையும், ஐயத்தால் சீதமும் அன்னத்தினாலேயே வளர்வதாய் அகஸ்தியர் வைத்திய காவியம் 1,500, 36-வது பாட்டில் சொல்லப்பட்டிருக்கிறது.

4. 1954-55-வது பாட்டில் எண்ணெயுடன் திர்த்தமாடி தயிர்கட்டி புசித்த பின் மத்தமாரிடுக்கும்போது புணர்ச்சி செய்தால் வாய்வு கபாலத்தேறி கசைன்னி வருவதையும், 45-வது பாட்டில் பசியில்லாமல் புசிப்பதாலும், வாய்வு மலம் இவைகளை அடக்கிவைப்பதாலும், மூலரோகம் வருவதையும் சொல்லப்பட்டிருப்பதைப்பார்க்க அக்கிரம உணவே சர்வ கோய்க்கும் ஆதரவு எனவும் கள்ளாய்த் தெரிவித்தது.

5. அகஸ்தியர் வைத்தியம் 600 ல் 5, 6, 7, பாட்டுகளில் வித்த அழித்தே மேகம் உண்டானதையும், 43-வது பாட்டில் கோய் வருவதென்றால்கால் அதிபேசு இச்சையாலும் சூடு, மேகம் உண்டாகி வாய்வுசேர்த்த கோயுண்டானதையும் கெற்ப பத்தில் புணர்ச்சியீற, கொல்லும் கோய் என்றும் சொல்லப்பட்டிருக்கிறது.

6. அகஸ்தியர் வைத்திய காவியம் 1500-ல் 37, 38, 39, 40, 41, 42-வது பாட்டுகளில் தினந்தோறும் போகம் செய்வதாலும் மத்தமான ஆகாரம் புசித்தபோதும் பசியாரிடுக்கும் போதும் சையோகம் செய்வதால் கனல் உண்டாகி வித்துக்கெட்டு புண், ரணம், மேகம், கிரக்தி, சூலை, வாய்வு, சரம் வரும்; அப்போது அன்னத்தைக் காட்டாதே என்றும் சொல்வதால் ஒருவன் புசிக்கும் ஆகாரமே கோய்க்கு மூலகாரணம் என்று உறுதிப்படுத்தப்படுகிறது.

7. 1954-55-ஆம் ஆண்டு 16 பக்கம் 18 வகை குஷ்டமும் வரும்விதம்.—87-வது பாட்டில்,

மேகத்தாலும், கிரக்தியாலும் குஷ்டம்,	6
வண்டு கடியினாலே	8
புழுவால் கடிபட்டு	4
	—
	18
	—

8. குஷ்டம் வருவதாலும் வாதம் வாய்வு அபானவாய்வினாலும், பித்தம், தேய்வு பிராண வாய்வாலும், ஐயம் தண்ணீர் சமானன் வாய்வாலும் இந்த 3 வாய்வுகளால் ஆக்கவும் அழிக்கவாரும் என்றும் சொல்லப்பட்டிருக்கிறது. வாதம்—மலம், பித்தம்—நீர், ஐயம்—கபம் இந்த இடங்களில் பகையானதும் வியாதிவருவதாய் சொல்வதிலிருந்து நாம் புசிக்கும் விதம் எப்படி ஜாக்கிரதையாய் புசிக்கவேண்டும் என்பதை குறிக்கிறது.

9. அகஸ்தியர் வைத்தியம் பின் 80-ல் க்ஷயரோகம் வருதல்.—மூலத்தில் குடுகொண்டு கபாலத்தில் முட்டி தாதுவெல்லாம் கலகலத்த சத்தம்வற்றி நீர் எறி சரம்தோன்றி உளச்சுவொடு பின்சமும் காக்குருசியற்று 8 வகை க்ஷயங்களாகி 6 வித இளப்பு வருமென்றும் சொல்லப்பட்டிருக்கிறது. இப்படியே எழுத விரியும், பெரியவர்கள் தான் அக்கிரம புசிப்பு, நடக்கை இவைகளால் வியாதியடைகிறார்கள். பிறந்த குழந்தைக்கு கோய் வருவதேன் என்று ஒரு கேள்வி பிறக்கலாம்.

10. தாய் தகப்பன் இரண்டு பேருக்கும் உள்ள வியாதிகள் அவர்கள் சக்கில கரோணித்த திலுமிருப்பதாலும் அவைகளும் கருவிலமைந்தே குழந்தையுடன் வளர்ந்து பிடிக்கும், வியாதி இல்லாத தாய் தகப்பனுக்கு தரித்த குழந்தைக்கு என் கோய் வருகிறதென்றால், கருத்தரிக்கும் காலத்தில் தாய் தகப்பன் இரண்டு பேருக்கும் கடக்கும் பூதங்களில் பிராண வாய்வு பஞ்சேக்திரியங்களுடன் கலவாமல் தகப்பன் விந்தை ஸ்தம்பிப்பதால் பிராண வாய்வு கலவாத இந்திரியம், அப்போதே ஊனமடைந்து மொண்டி, சப்பாணி, உன், குடு முதலிய அங்கியினமாய் குழந்தை பிறப்பதுபோல் அந்த காலத்தில் கடத்த பூதத்தில் பிராண வாய்வு, எவ்வளவு காலம் இருந்ததோ, அதுக்குத்தக்கபடி குழந்தை அறபர யுளாகவும் செனிக்கிறது. ஞானவெட்டி 1,500-ல் சூற விபரம் பார்க்கலாம்.

11. கெற்பத்தரித்த பின்பு மாதாபிதாக்கள் செய்யும் அஜபோகத்தால் குழந்தைக்கு உஷ்ணம்பற்றி எலும்பைத்துளைத்து பின்பு குழந்தையோடே வளர்ந்து, அம்மை, அக்கா கழிச்சல் முதலிய கோய் வருவதாய் அகஸ்தியர் பிண்ட உற்பத்தி 32 ல் சொல்லப்பட்டிருக்கிறது. மாந்தமெல்லாம் தாய்ப் பாலால் என்றும் சொல்லியிருப்பதை கவனிக்கும்போது பிறந்த குழந்தைக்கும் மந்தமே மூலகாரணமாயிருக்கிறது.

12. அகஸ்தியர் வைசுரி 80 ல் 3-வது பாட்டில் 11 வகை அம்மையும் வருவதை சொல்லி, 4-வது பாட்டில் வைசுரி கண்டபோகை மற்றொருவர் கண்டபோதே, பயம், ஜனித்த திறமில்லாத கமலத்தில் கொதிப்புண்டாகி ரோகம் வரும் என்றும் அம்மைகண்ட பின்பு கிரக்தி, பேதி, அதிசாரம், தொண்டைக்கமமல், சரம், மலம், விழிக்குடு, சூலை, மருமுள் முதலிய ரோகங்களும் பிறக்கிறதால் ஒரு கோயிலிருந்தும் பல கோய் வருகிறது என்பதை ரூசப்படுத்த இவையென்றே சான்றாகும்.

13. ஒருவன் வசிக்கும் சீதோஷ்ண பூமி, ஜலபானம், கவாசிக்கும் விஷகாந்து முதலியவைகளாலும் வியாதியடைகிறான்.

நவீன சாஸ்திர ரீதியாய் இவைகள் பூராவும் ஆராய்ச்சிசெய்து பார்க்கப்படும்போது பூரா கிற்கும் என்பதும் அபிப்பிராயம்.

(b) ரோகம் மிதாவும் செய்வது.—திருமூலர் குணவாகட திரட்டு, 56-வது பாட்டுப் படி தசகாடிகளிருப்பிடமாகிய குதிங்கால் 1, சந்துள் 2, உந்தி 3, நடுமார்பு 4, காது 5, கடுமூக்கு 6, கண்டம் 7, கரம் 8, புருவம் 9, உச்சி 10 ஸ்தானங்களிலும் நாடியைப் பரிசீலித்து, அகஸ்தியர் குணவாகடத் திரட்டு 25-வது பாட்டுப்படி 8 வித பரீகைகளை பார்த்தும் கேட்டும் சூறிப்புக்கண்டு சாத்தியம் அசாத்தியம் என்று தெரிந்து வயது, காலம், கோய் மிதானம், சமயோசிதம்போல் வியாதிக்கு தகுந்த பஸ்ப செந்தூர கன்னங்களோ, லேகியம், கிருதம், சூரணம், கஷாயம், மெழுகு, எண்ணெய் இவை முதலியவைகளால் அதற்கு ஆகாத பதார்த்தங்களை விவக்கச் செய்து, அவுஷதம் கொடுப்போம்.

8 வித பரீட்சை விபரம்.—நாடி, கண், சத்தம், தேகநிலை, வசனம், நாக்கு, மலம், மூத்திரம் ஆக 8.

அசாத்தியம் என்பது தீராத வியாதி. அவைபோக சாத்தியமான ரோகங்களை தீர்க்க முடியுமென்பது உண்மையில் அனுபவமானது.

வியாதி குணமடைந்த விஷயத்தைப்பற்றி கணக்கு எழுதிவைக்கும் வளமை இல்லாத தினால் கணக்கு காட்டக்கூடவில்லை.

(c) மற்ற முறைகளைக்காட்டிலும் சுதேச சிகிச்சை முறையானது அதிக பிரயோசனமுள்ளதாதான். அதற்கு ஆதரவாக காட்டக்கூடியது என்னவென்றால், பரம். ஏழைகள் வசிக்கும் இத்தியா தேசமானது, மூலிகைகள் நிரம்பி விளையும் தேசம். சாதாரணமான ஒரு கூலிக்கு வியாதி வந்துவிட்டால் ஒரு மூலிகையினாலே தன் நோயை தீர்த்துக்கொள்கிறான். பெரும்பணம் கொடுத்து வாங்க சக்தியற்ற ஒரு ஏழைக்கு இப்படி சொற்பச் செலவில் மருந்து கிடைக்காவிடில் அவன் கெதி என்ன ஆகும். ஆகையால் தமிழ் வைத்தியத்தை விராதிக்கு கொண்டுவருவது கவர்ன்மென்டின் கடமையாகும்.

கேள்வி 3.—(a) தமிழ் வைத்திய சிகிச்சைசெய்ய என்னால் ஏற்படுத்தப்பட்ட தமிழ் ஆயுள்வேத வைத்தியசாலை யில் சுமார் 20 வருஷ காலமாய் நான் சம்பந்தப்பட்டிருக்கிறேன்.

(b) and (c) கவர்ன்மென்டாரால் தமிழ் ஆயுள்வேத கல்வி கற்பிக்க ஒரு பாடசாலையும் ஏற்படுத்தவில்லையாகையால், அந்தந்த ஜில்லாக்களில் அங்கு வழங்கும் பாஷைகளில் கல்வி கற்பிக்க ஏற்பாடு செய்யவேண்டும்.

கேள்வி 4.—(a) (1), (2), (3) and (b) (1), (2), ஆஸ்பத்திரி, ரசாயனசாலை, புஸ்தகசாலை மியூவியம் முதலியவைகளுக்கு மாணுக்கர்களும் உபாத்தியாயர்களும் போய் பார்க்க வேண்டுவது அவசியம் தான்.

கேள்வி 5.—கல்கத்தா சர்வகலாசாலை விசாரணைக் கமிட்டியார் கொடுத்த அபிப்பிராயத்தை ஒப்புக்கொள்கிறேன். தமிழ் வைத்தியத்தோடு இங்கிலீஷ் வைத்தியமும் சேர்த்து கற்பிக்கவேண்டும்.

கேள்வி 6. 6-வது பராவில் சொல்லியபடி பூராவும் சுதேச வைத்திய சாஸ்திரம் கற்பிக்க ஏற்படுத்தப்படும் பாடங்களுடன் சேர்த்து படிப்பிக்கச்செய்யவேண்டும்.

சுதேச வைத்திய கல்வி கற்பிக்கும் ஸ்தானம் மதுரை, தஞ்சை திருச்சி, திருநெல்வேலி முதலிய இடங்களில் வழங்கும் தமிழ்பாஷை மூலமாகவே தமிழ் வழங்கும் நாடெங்கும் கற்பிக்கவேண்டும். அதுபோல் அந்தந்த ஜில்லாக்களில் வழங்கும் பாஷை மூலமாய் கற்பிக்கச் செய்வதே பிரதானமானது.

அகஸ்தியர் ஆயுள்வேதம் பத்தாயிரம் அல்லது தன்வந்திரி பன்னீராயிரம் இவைகள் பிரதான நூல்கள். இவைகள் இரண்டுமாவது ஒன்றாவது ஒருவர் படித்தால் பூரா பாண்டித்தியம் அடையப்போதுமானது. அகஸ்தியர் சிகண்டு 12,000 த்தில் சகல பதார்த்தங்களின் குணம் சொல்லி இருப்பதால் அதவும் ஷை நூல்கள் கவர்ன்மென்ட் மியூவியத்திவாவது தஞ்சாவூர் சர்வவதிமாலிலாவது தேடி எடுத்து அச்சிடவேண்டும்.

(a) பட்டம் கொடுக்கும் விஷயத்தைப்பற்றி கணத்தங்கிய கமிட்டியார் அபிப்பிராயப்படி செய்யலாம்.

(b) கால அளவும் யோக்யதாம்சங்களும் அனுபவத்தில் போகப்போக கிச்சயிக்கக்கூடியவை.

(c) அந்தந்த மாகாணம் அல்லது ஜில்லாக்களில் வழங்கும் பிரதானமான பாஷை போதும்.

கேள்வி 7.—(a) பாராப்படி ரெஜிஸ்ட்ரேஷன் போர்ட் என்னும் ஒரு சபை ஏற்படுத்தலாம்.

(c) பலவிடங்களில் மருந்து சாப்பிட்டு குணமடையவில்லை என்றும் தமிழ் முறை மருந்து கொடுத்தால் குணமடைவோமென்றும் பலர் மருந்து கேட்டு வாங்கி சாப்பிட்டு குணமடைந்திருப்பததான் எனக்குத் தெரியும்.

கேள்வி 3.—(a) சதேச முறைகளை அனுசரித்து வைத்திய ஒற்றுமைக்காகவென்று ஏற்பட்டிருக்கும் சங்கத்திலும், மருந்து விற்பனைக்கும், வைத்தியம் செய்வதற்காகவும் ஏற்பட்டுள்ள டிஸ்பென்சரியிலும் சேர்ந்திருப்பதுந்தவிர சென்னை தமிழ் வைத்திய சங்க தர்ம வைத்தியசாலையில் வைத்தியருமாக இருந்துகொண்டிருக்கிறேன். சில மாதங்களாக நடைபெற்றுவரும் ஒரு தமிழ் வைத்திய பாடசாலையிலும் கலந்திருக்கிறேன்.

(b) (1) தமிழ் முறைகளை அனுசரித்து இப்போது நடத்தப்பட்டுவரும் ஸ்தாபனங்கள் போதுமானபடி கிராமமாக நடைபெறாமல் குறைவாகத்தான் சிகிச்சை செய்துவருகிறது தற்காலம்.

(2) அவை அவ்வளவு தகுதியான இடங்களல்லவென்று காண்கிறது. கவனிக்கும்போது ஷே ஸ்தாபனங்கள் போதுமான திருப்திகரமாக இல்லை என்று காணப்படுகிறது.

எண்ணுகின்ற பக்கத்தில் இப்போது செய்யப்பட்டிருக்கும் ஏற்பாடுகள் வைத்திய கல்வி கற்பதற்கும் வைத்திய சிகிச்சை செய்வதற்கும் திருப்திகரமாகவில்லை. இப்போது ஏற்பட்டிருக்கும் பாடசாலைகள், லேபிரேரிகள், டிஸ்பென்சரிகள் போதுமானமட்டில் கிராமியலாமலும் உள்ள புஸ்தகங்களை தற்காலத்தக்கு வேண்டியபடி திருத்தமாயும் முறையாயும் அச்சிட்டு வெளியிடாதது முதலியதே பெரும் குறை. பொருள் உதவி மேற் சொல்லியவைகளை போதுமான கிராமப்படி தற்கால கிராமமாய் பூர்த்திசெய்தும் தமிழ் வைத்தியம் பிரகாசிக்கும்படியான முறையாய் ராஜாங்கத்தாருடைய மேல்விசாரணையுட்புரந்தால் இந்த தமிழ் வைத்தியம் சீர்திருத்தமடைந்து மேல்காட்டு வைத்தியத்தைப்போல பிரகாசமடைவதுந்தவிர ராஜாங்கத்தாருக்கும் ஒருவித லாபத்தையும் கொடுக்குமென்பதில் சந்தேகமிராது.

(c) இதற்கும் ஷே விடையே [அதாவது 3, (b) (2) க்கு கொடுத்த விடை].

கேள்வி 4.—(a) தமிழ் வைத்திய முறைகளில் பூரணமாய் வைத்திய பயிற்சி செய்து வைக்கவேண்டியதுதான் அவசியம்.

(1) அப்படிப்பட்ட உபாத்தியாயர்களின்கீழ் மாணக்கர்கள் இருக்கவேண்டியது அவசியம்தான்.

(2) முதல் (6) வரையில் கேழ்விக்கு பதில் என்னவென்றால், இதுவரையிலும் சிறிய பாடசாலைபோலவே ஒருவரோ, சிலரோ, பலரோ ஒரு தமிழ் வைத்தியகுருவினிடம் வாசித்து குருநாதனருளையே முன்னிருத்தி பெரும்பாலும் வைத்தியம் நடந்து வந்துகொண்டிருப்பது பலருமறிவார்கள், சந்தேகமில்லை. இராஜாங்கத்தார் இஷ்டத்துடன் தமிழ் வைத்தியத்தின்பேரில் குருத்துவம் வைத்து தாங்களே செய்யும் லக்ஷியம் குறைவென்றும் அதிகமென்றும் எண்ணாமல்பெற்று நன்றிபாராட்டுவதோடு சிற்சில விஷயங்களில் மேல் காட்டு வைத்தியாளைப்போலவே தமிழ் வைத்தியாளாகிய நாங்களும் சமமாகத்தடைபிராது. ராஜாங்கத்தார் இதுவிஷயத்தில் கவனிப்பதானால் பகூபாதமில்லை, இது நீதிதான்.

தமிழ் வைத்தியம் கற்றுக்கொள்ளும் மாணவர்களுக்கு ஏற்படுத்தவேண்டிய பாட புஸ்தகங்கள் சிலரால் உயார் செய்யப்பட்டுவருகிறது. ஆனால் காலதாமதமாகும்போல காணப்படுகிறது. பொருளுதவியிருந்தால் ஷே பாட புஸ்தகங்கள் விரைந்து வெளிக்கு வரலாமென்று தோன்றுகிறது.

கேள்வி 6.—(a) முதல் (b) வரையில் கேழ்விக்கு நமது பெரிய சங்கத்தின் (கோவிற்பட்டி தமிழ் வைத்திய சங்கத்தின்) அபிப்பிராயம் பெறுவதுதான் கலம்.

(c) தமிழ் வைத்தியத்தை தமிழ் பாஷையில்தான் கற்பிக்கவேண்டும்.

கேள்வி 7.— முதல் 7 (b) வரையில் கேழ்விக்கு விடை தற்காலம் தமிழ் வைத்தியாப்பியாசிகளை ரிஜிஸ்டர்செய்வது என்னும் கோக்கம் முக்கியமென்று காணப்படவில்லை, ஏனென்றால் சில வைத்தியர் ஒரே மருந்தை கையாடுவதும் (வைத்தியமும் வேறு மருந்துகள் செய்யும் கிராமங்களும் தெரியாதவர்) சில வைத்தியர் ஒரே எண்ணெயை மாத்திரம் கையாடுவது, சில வைத்தியர் ஒரே பச்சிலையை மாத்திரம் கையாடுவதும், எலும்பு முறித்துபோன சில கேசுகளுக்கும் கூட சில வைத்தியர் பச்சிலையையே கையாடுவதாகவு மிருக்கிறதுந்தவிர 3 (b) (2) கேழ்விக்கு விடை சொல்லியிருப்பதில் குறைகூறியுள்ளதை மாட்சிமைபொருந்திய நமது ராஜாங்கத்தார் கிருபையுடன் பூர்த்திசெய்ததை வைத்தியாளடைந்து பலன் அடையும் காலம் ஒருக்கால் தகுந்ததாகக் காணப்பட்டால் ரிஜிஸ்டர் செய்யலாம்.

கேள்வி 8.—அநேகம் வியாதிகளை ஒரு பையும் கூட செலவில்லாமல் அந்தந்த வீட்டு பெண்பிள்ளைகளை சுகப்படுத்திக்கொள்ளுகின்றனர் என்றால் இந்த தமிழ் வைத்தியத்திற்கு வேறு தாரதம்மியம் சொல்ல தெரியவில்லை.

கேள்வி 9.—பொருள்சேர்ப்பும், சேதிருத்தம் முதலியவைகளில் ராஜாங்கத்தார் கொஞ்சங்கூட விசாரணையும் சேர்ப்பும் இதுவரையில் இவ்வாறே தமிழ் வைத்தியம் கிணிகித்திருப்பதற்குக் காரணங்களென்ன அநேகருடைய அபிப்பிராயம். இனியாகிலும் படிப்பாறையில் வாயல் சேர் விஷயங்களில் கண்ணோக்கல்கொண்டால் சிந்திப்பதையுமென்று கமிட்டியாருக்கே தெரியும்.

கேள்வி 10.—(a) மேல்காட்டு வைத்தியர்களுக்கு என்னென்னவித கணமைகள் ராஜாங்கத்தார் செய்திருக்கிறார்களோ அவ்வளவு செய்பாவிட்டாலும் சந்தேகக்குறையவாகிலும் இந்தியத் வைத்தியம் சிந்தித்தமாரும்படியாய் சித்தியாசம் பாராட்டாமல் ராஜாங்கத்தார் உதவி செய்யும்வளவு கமது இக்கம்மிஷன் செய்யும் பிரயத்தனங்களுக்கு அவ்வளவுக்கவ்வளவு கன்றி பாராட்ட தமிழ் வைத்தியர்களுடனும் தமிழ் வைத்தியாபிமானிகளுடனும் கான் கடமைப்பட்டுள்ளேன்.

(8)

M.R.BY. VAIDYA ASHRAYA S. R. V. DAS AVERGAL.

மேற்கண்ட சபையோர்களினால் தேசிய வைத்தியத்தைப்பற்றி கேட்கப்பட்டிருக்கும் கேள்விகளுக்கு என் அனுபவத்தைக்கொண்டு விடைகூறி, அதைத் தங்கள் பார்வைக்கு அனுப்பியிருக்கிறேன். 1921-ம் ஆண்டு டிசம்பர் மீ 25உயில் மேற்கண்ட கேள்விகள் எனக்குக் கிடைத்து, எனக்குள்ள சொற்ப அவகாசத்திற்குள் விடைகொழுதவேண்டியிருந்தமையால் அவைகளிலுண்டாகக்கூடிய வழவுக்களை மனனிக்குமபடியாகவும் தங்களைக் கேட்டுக்கொள்ளுகிறேன். அப்படியுண்டாகும் வழவுக்கள் ஆயுள்வேதத்தை ஆராய்ந்து அதை அந்நியருக்கு எடுத்துச்சொல்லும் சக்தி எனக்கில்வாய்ப்பினாலுண்டானவைகளையன்றி, அது ஆயுள் வேதத்தைச் சாராது. ஆயுள் வேதம் பூர்ணமானதன்றோ? கான் வைத்தியஞ்செய்ய ஆரம்பித்து சுமார் 20 வருடங்கள் ஆனமையால், அக்காலத்திற்குள் கான் கண்ட அனுபவங்களை “கறந்தபால் கறந்தபடி” எனருப்போல் சொல்லியிருப்பதால், அவைகளே என் முடிவான அபிப்பிராயங்களென்று ஏற்றுக்கொள்ளவுண் கேட்டுக் கொள்ளுகிறேன்.

கேள்வி 1.—ஆயுள் வேதம்—அனுகூலந்தொட்டு கம்முடைய தேசத்தில் எல்லாவகை ஞானங்களாகும் உறைவிடமாகவியுப்பதும் உலகத்திலுள்ள எல்லாவகை புத்தகங்களைக் காட்டிலும் மிகவும் பூமையானவை “வேதங்கள்” என்று எல்லாராலும் எக்காலத்திலும், எவ்விடத்திலும் மனப்பூர்வமாக ஒப்புக்கொண்ட விஷயம். அவ்வேதங்களுக்கு, உபவேதங்களாக சிலவுண்டு. அவைகளில் ஆயுள்வேதம் ஒன்று. ஆயுளை விராத்திசெய்யும் தத்துவத்தைச் சொல்லுவதே ஆயுள்வேதமென்பப்டும். வேதபின்னி ஞானமெப்படியில்லையோ, அப்படியே ஆயுள்வேதபின்னி ஆரோக்கிய நிலையுயில்லை. ஆயுள்வேதமானது தொன்றுதொட்டு கம்முடைய தேசத்தில் வழங்கிவந்தது. அதுவே கம்முடைய தேசியவைத்தியமாகும். கம்முடைய தேசத்தின்மேல் பல காலங்களில் பலபேர் பலதேசங்களிலிருந்து படையெடுத்தவந்து இத்தேசத்தின் மக்களை தங்கள் வசப்படுத்தி இவர்கள் எல்லாவகையிலும் மேன்பாடடைந்திருந்தம் வந்தவர்கள் தங்கள் மதம், ஆசாரம், கோட்பாடு, நாகரீகம் முதலானவைகளை தேசமக்களுக்குப் புகட்டி, எல்லா விதங்களிலும் தங்கள் மயமாக்க பிரலாசைப்பட்டு கந்தநீல் போனதுபோல கின்றது சிலவாயிற்று. அப்படி கின்றநீல், வைத்திய ஞானத்தில் யூனானி வைத்தியமும் ஆங்கில வைத்தியமுமாகும். யூனானி வைத்தியமானது தற்காலம் கமது தேசமக்களில் பெரும்பாலோரான மகம்மதியர்களினால் கையாளப்பட்டுவந்தபோதிலும், அதுவும் ஒண்டவந்த பிடாரி ஊர் பிடாரியை யோட்டினூற்போல் எல்லா வகை இடஞ்சல்களுக்கு உட்பட்டு, தேசிய சாஸ்திரமாகிய ஆயுள் வேதத்தைக் கைவிடாமல், அதைப் போற்றிக் காப்பாற்றிவரும் வைத்தியர்களின் வாயில் மண்ணைத் தென்னிப்போட பிரயாசைப்பட்டு ஆங்கில வைத்தியமானது தற்காலம் எவ்வளவு மேன்பாட்டையும் ஆதரவையும் அனுசரணையையும் அடைந்திருந்தபோதிலும், இதுவும் ஆகிய இவ்விரண்டும் அன்றிய காட்டு சம்பிரதாயங்களையாகும். ஆகையினால், அவ்விரண்டு வகை வைத்தியங்களையும் தள்ளி, தேசிய சிந்தாந்தமாகிய ஆயுள் வேதத்தைப்பற்றியே கான் சொல்லப்போகிறேன்.

“போதாக்குறைக்குப் பொன்னியம்மாள் குறை” யென்பதைப்போல் தற்காலம், கமது பொல்லாத காலத்திற்கு ஏற்றபடி, அவலை கினைத்து உரலை யிடிப்பதுபோல, சிலர் அதேதேச மனதில் வைத்துக்கொண்டு, ஆயுள்வேதம் - ஆயுள்வேதம் என்னும் இரண்டும் ஒன்றாகவியுந்தம், வேறென்று கற்பித்துக்கொண்டு, ஆயுள்வேதம், ஆயுள்வேதம் என்னும் சொற்களிலுள்ள நகர னகரங்களுக்கிடையில், சண்டையை மூட்டிவிட்டிருக்கிறார்கள். ஆயுளை விராத்திசெய்யும் ஞானநூலாகிய ஆயுள் வேதம் எல்லாருக்கும் சொந்தமானதாக இருக்க, அதை ஒரே தேசமக்கள் அபிமானத்தால் அது என்னுடையது, இது உன்னுடையது என்று சொல்லுவது எங்கனம். சக்கானது (gingeberis) என்றும், Ginger என்றும், Gingembre என்றும், Ingwer என்றும், Gengero என்றும், Rigoma deJengebre என்றும் பல பாஷைகளில் பலவிதங்களாக் சொல்லப்பட்டிருந்தாலும், குணத்திலும், மற்ற விஷயங்களிலும், சக்கு சக்காகவே இருப்பதுபோல, ஆங்கில வைத்தியமானாலும், யூனானி

வைத்தியமானாலும் ஆயுள் வேதமானாலும் அல்லது ஆயுள் வேதமானாலும் நோய்கொண்ட மக்களின் பிணியைத் தீர்க்கும் சாதனமாகிய வைத்தியம் வைத்தியமேயாகும் என்பதற்கு யாதும் சந்தேகமேயில்லை. கண்ணாடியும் கத்தியும் அவைகளைக் கையாள்பவன் சாமர்த்தியத்திற்கு ஏற்றபடி பிரகாசிக்கும் என்பதைப்போல் வைத்தியமும் அதைக் கையாளும் ஜனங்களின் செல்வாக்கு, சுவாதினம், வீரம், தன்மை, முயற்சி முதலானவைகளுக்கு ஏற்றபடி பிரகாசிக்குமேயன்றி, அது யாருக்கும் சொந்தமாகாது. அதை யாரும் உரிமைக் கொண்டாடவுமுடியாது. வீண் வழக்கை விடக்கு வாங்கி, சச்சரவுபட்டு பிரிந்துபோவதில் பிரயோஜனத்தையும் காணோம். ஆயுள் வேதம் ஸமஸ்கிருதத்தில் இருப்பதனால் அது ஆரியர்களுக்குச் சொந்தமென்று அதற்குத் தாழ்வையும், ஆயுள் வேதம் (சித்தவைத்தியம்) தமிழில் இருப்பதனால் அது திராவிடர்களுக்குச் சொந்தமென்று அதற்கு உயர்வையும் அல்லது அவ்விருவழிப்பிராயங்களுக்கு மாறாகவோ, புத்திசாஸிகளாகவிருப்பவர்கள் அவசரப்பட்டு அபிப்பிராயம் சொல்லிவிடமாட்டார்கள்.

ஆயுள்வேதம் பூர்வத்தில் ஏற்பட்டு பல ஆசிரியர்களால் பலவிதங்களாக உரையும் வியாக்கியானமும் செய்யப்பட்டு காலத்திற்கு ஏற்றபடி மாற்றப்பட்டும் வந்தது. ஸ்ரீ தந்திரிக்கு சரகரும், சரகருக்கு சூஸ்ருதரும், அவ்விரு ஆசிரியர்களுக்கு வாக்படரும், அவருக்கு சரங்கதாரும் வித்தியாசப்பட்டு பல வழிகளிலும் மேம்பாட்டைந்து தங்கள் தங்கள் தூல்களை எழுதியிருப்பதைக் காணலாம். இத்தகைய பூர்வீக ஆசிரியர்களினால், சொல்லப்பட்ட ஓளஷதப்பட்டியில், சுத்த ஓளஷதிகளாகிய வனமூலிகைகளே, சொல்லப்பட்டிருக்கின்றன. ஏனெனில், அக்காலத்திலிருந்த மக்களுக்கு நேரிடும் வியாதிகளுக்கு, அவைகளே போதுமானவைகளாகவிருந்தன. அதன்பிறகு, காலப்போக்கிற்கு ஏற்றபடி, மனிதர்களும் தங்கள் கடைநொடி பாவனைகளில், மாறுபட்டு, அதனால் அவர்களுக்குண்டாகும் பிணிகளும், கொடியவைகளாக விருந்தமையால், அவைகளுக்கு ஏற்றபடி, அக்காலத்திய வைத்திய சிபுணர்கள், தந்தைகளுக்கு, காலம், இடம், பொருள், எவல் ஒத்திருக்கவே, பல ஆரிய ஆராய்ச்சிகள் செய்து, அதன் பலனாக, முள்ளை முள்ளைக்கொண்டு நீக்குவதைப்போல், கொடிய பிணிகளைக் கொடிய ஓளஷதங்களைக்கொண்டு நீக்கவேண்டுமென்றும் கண்டுபிடித்து, அதற்கு இரஸ பாஷாணதிகளே, தகுந்தவைகளென்று முதலிலும், அதன்பிறகு, உலோக வர்க்கங்களும் கண்டுபிடித்தார்கள். இவைகள் கொடிய தாதுக்களாக விருந்தாலும், தக்கபடி பக்குவஞ்செய்தால், அவைகளை யாதும் பயமின்றி, மனித தேகத்தில் செலுத்தி, பல கொடிய பிணிகளை அரவே தீர்க்கும்படி செய்யலாமென்று, நிச்சயித்தார்கள். இவ்விதம் அரும்பாடுபட்டு அருமையானவைகளைக் கண்டுபிடித்து, உலகத்தார்கள் உச்சிவிக்கும்படி, உபகரித்தருளிய மகான்களுக்கு, ஸ்ரீ சித்த கணங்கள் என்று பெயர். அவர்கள் எண்ணிக்கையில் பதினெண்மர்களாவார்கள். இவர்கள் இரஸ வரத்ததை கரைகண்டவர்கள். இரஸத்தை அவர்கள் தோராயமாக உபயோகிக்காமல், அதன் சுத்தி, சத்தூரு, மித்தூரு, விஷமித்ததன்மை, அதற்கு முறிவு, பிரமாணம் முதலானவைகளைப்பற்றி, செவ்வையாகவும், தெளிவாகவும் சொல்லியிருப்பதனால், அவர்களின் ஆராய்ச்சியின் தன்மை இத்தன்மையதென விளங்குகிறது. இதை, ஆயுள்வேதம் - ஒரு சாஸ்திரமல்லவென்றும் அது ஆதாம் - எவாள் காலத்திய வைத்தியமென்றும், நாகரீக மடைந்த இக்காலத்திற்கு அது உதவாதென்றும், அதை ஆதரிக்கும்படி கேட்பது நகைப்புக்கிடமானதென்றும், அப்படி ஆதரிக்கும்படி செலவிடும்பணம், நிஷ்பிரயோஜனமென்றும், இன்னும் பலவாறாகப் பேசி, தேசமக்களின் மனதை புண்படச் செய்பவர்கள், கவனிக்கவேண்டும். கம்முடைய மதத்தை, நாம் சுவாதினமாக அவலம்பிப்பதுபோலவே, கம்முடைய சாஸ்திரங்களையும், சுவாதினமாக அவலம்பிக்கவேண்டுமேயன்றி, அதை அனுசரிக்கலாமா? வேண்டாமா? என்று ஜோஷியம் கேட்கப்போனால், ஆயுள்வேதத்திற்கு சுக்கிரர் வக்கிரித்திருப்பதால் அது உலகத்திற்கே ஆகாது, ஆகையால் அதையொரு பேழையில் வைத்து கங்கையில்விடுவென்றுதான் சொல்லுவார்கள். ஸ்ரீ சித்துபுருஷர்களால் சொல்லப்பட்ட வைத்தியத்தில் யோகம், ஞானம், வாதம், வைத்தியம் என்பவைகளைப்பற்றி சொல்லி இருக்கும்; இதுவே சித்தவைத்தியமாகும். ஓளஷதங்களும் சந்திரமக்குறைய எல்லா வகைகளிலும் இரஸம் கலந்தபடியே இருக்கும். 1914-வது வருஷமிருந்த பல வேதியங்கள், பாவன திராவகங்கள், பூச்சு மருந்துகள், கவைகள், மதுக்கள், பில்லிகள், கஷாயங்கள், சத்துகள், குரணங்கள் முதலானவைகளை தற்காலம், இங்கிலிஷ் ஓளஷதப்பட்டியிலிருந்து, எடுத்துவிட்டிருப்பதுபோலவே, பூர்வத்து ஆசிரியர்களினால் சொல்லப்பட்ட வேதியம், குரணம், வடகம், எண்ணெய் முதலானவைகளையும், இலகுவில் கிடைக்காத சில மூலிகைகளையும் தற்காலம் சித்தவைத்தியத்தில் எடுத்துவிட்டு அவைகளுக்கு பதிலாக, பிரமாணத்தில் குறைந்தவைகளும், வீரியத்தில் அதிகமாகவுமுள்ள செந்தூரம், பற்பம், கட்டுகளும், இலகுவில் கிடைக்கக்கூடிய மூலிகைகளும் சேர்க்கப்பட்டிருக்கின்றன. ஆயுள்வேதம், ஆயுள்வேதம் ஆகிய இரண்டும் ஒன்றென்பதும் பூர்வத்திய ஆயுள்வேதத்திற்கும், தற்காலத்திய ஆயுள்வேதமாகிய சித்தவைத்தியத்திற்கும் வித்தியாசமில்லையென்பதும் பூர்வத்திய சித்தாந்தமே, மிக சிறப்படைந்து ஸஸ்திர சிகிச்சையைக்கூட ஓளஷதங்களினால் தீர்க்கக்கூடியபடி முன்னேற்ற மடைந்திருக்கிறதென்பதும் வெளிப்படை. அவ்விதம் இரண்டும் ஒன்றாக இல்லாவிட்டால் முன்னதில் சொன்னபடியே, ரோக நிதானமும், மருந்து செய்யும் முறையும் பத்தியபரிசாரங்களும், வைத்திய பரிபாஷைகளையாகிய அஷ்டமூலமும், அஷ்டவர்க்கம், பஞ்சமூலம், வகுபஞ்சமூலம், தசமூலம், பஞ்சகோலம், திரிகடுகு, திரிபலி, திரிகந்தம், திரிபத்திரி முதலானவைகளும் இன்னும் பலவும் ஒன்றாகவேயிருக்கக்

காரணமில்லை. சித்த வைத்தியத்தின் சிரோஷ்டத்தைப்பற்றியே, அச் சிசிச்சையை இராஷ்டிர, மானிட, தேவ சிசிச்சைகளைப்பிரித்து, இராணபாஷாஸ்திரிகளின் கூட்டால் செய்யப்பட்டு, பிணியைத் தீர்க்கும்படி உபயோகிக்கப்படும் தத்தவத்தை, தேவ சிசிச்சையாகவும், அத்தகைய ஒள்குதங்களுக்கு, தேவகண காமங்களிட்டு, அழைத்த நிலையும் கொண்டாடியும் வருகிறார்கள். ஆகவே, ஆயுள்வேதத்தின் திரிபே ஆயுள்வேதமென்று விசயப்படுத்தி, என் அபிப்பிராயத்தைச் சொல்லுகிறேன். இதில் எதுமுன்னது எது பின்னது என்றும் இவ்வாதத்தை இன்னும் எடுத்துக்கொண்டால் “முட்டை முன்வந்ததா? அல்லது கோழி முன்வந்ததா?” என்றும் கதைபாக முடிபுமென்று அஞ்சி, இதோடு முடிக்கிறேன்.

2. (a) பூர்வ வினைவசத்தினால் ஆன்மீகம், தெய்வீகம், பெண்கீகம் என்றும் மூன்று வித காரணங்களினால் எல்லா வியாதிகளும் உண்டாகின்றனவென்றும், அவற்றைத் தீர்க்க மணி, மந்திர, ஒள்குதங்கள் வேண்டுகின்றமேன்றும், சொல்லப்பட்டிருந்தபோதிலும், வைத்திய சாஸ்திரம், காலம், ஆகாசம், காற்று, பாசம், சித்திரை, ஸ்திரீசஞ்சாரம் முதலானவைகளினால் தேக ஸ்திதிமாரி, முத்தோஷங்கள் மாறாட்டமடைந்து, எல்லாவகை வியாதிகளும் உண்டாகின்றனவென்று, விசயப்படுத்தி சொல்லி இருக்கிறது. காலம், காற்று மாறாட்டமடைவதனால், சலிப்பு, சரம், தலைகோய், காசம், இருமல் முதலான இன்னும்பல ரோகங்களும், சுகாரி மாறாட்டத்தினால், வலிற்றுக்கோய், மந்தம், பேதி வார்த்தி, வார்த்திபேதி, தலைகோய், வாதம், முதலான இன்னும் பலரோகங்களும், தண்ணீர் மாறாட்டத்தினால் இருமல், பேதி, வார்த்தி, சீதபேதி, வார்த்திபேதி, சரம், சிரசு, வலிற்றில்கட்டி, விஷகாசம், கரம்பு சிலந்தி, ஆணக்கால் முதலான இன்னும் பல ரோகங்களும், நீந்திவிடின்மைவால், மயக்கம், பைத்தியம், மூளைதாபனம், ஜன்னி முதலான இன்னும் பல ரோகங்களும், ஸ்திரீசஞ்சாரத்தால் மேகம், பிரமேகம், இரணமேகம், புத்த, ரீடைப்பு, கிரத்தி, குஷ்டம் முதலான இன்னும் பல ரோகங்களும் உண்டாவதை நாம் பிரத்தியக்ஷத்தில் கண்டிருக்கிறோம். எந்த மாறாட்டம் எவ்விதம் நேர்ந்தாலும், அவைகள் முதலில தேகத்தில் சென்று, தேகத்தை மகா ஜாக்கிரதையாய் காப்பாற்றும்படி கடவுளால் வியமிகப்பட்டிருக்கும் காலம் காரர்களாகிய வாதம், சித்தம், கபம் எனவும் மூன்றுவித சக்திகளாகிய தோஷங்களை கோளாறடையச்செய்து, எத்தோஷம் எவ்விதம் கோளாறடைகிறதோ அதற்கு தக்கபடி வியாதியையும் உண்டாக்கிவிடும். புகை ரதத்தின் என்னினி என்னும் இயந்திரம் கன்றாக அசையவேண்டுமானால் அதற்கு ஓட்டுபவன் காற்று, அக்னி, ஜலம் முதலானவைகள் எப்படி இன்றியமையாதவைகளோ அப்படியே தேகமெனும் இயந்திரம் கன்றாக அசைய வேண்டுமானால் “மாறுபாடில்லாத வுண்டி மறுத்துணணி னாறுபாடில்லையுயிர்த்து” என்றபடி மாறுபாடில்லாத ஆகாராதிகளெனும் ஓட்டுபவனும் காற்றுவெனும் வாதமும், அக்னியெனும் சித்தமும், ஜலமெனும் கபமும் சுகந்திவிவிருக்கவேண்டியது இன்றியமையாததாயிற்று. ஆகவே அன்னபாஸ்திரிகளின் மாறாட்டம், முத்தோஷங்களின் மாறாட்டம் முதலானவைகளே எல்லாவியாதிகளுக்கும் காரணமென்பது ஆயுள்வேதத்தின் கருத்தாகும்.

(b) மனிதர்களுக்குண்டாகும் எல்லாவகை பிணிகளையும் மூன்று முக்கிய பிரிவுகளாகவும், அவைகளுக்குட்டப்பட்டவைகளாகவும் பிரிக்கலாம் என்று ஆயுள்வேதம் சொல்லுகிறது. அவைகளின் (1) கரம்பைப்பற்றிய ரோகங்கள், (2) சுவாஸ உருப்புக்களைப்பற்றிய ரோகங்கள், (3) வயற்றின் ஜீரண உருப்புக்களைப்பற்றிய ரோகங்கள் என்பவைகளாம். இவைகளை வாத, கப, சித்தரோகங்களென வைத்திய பரிபாஷையாகும் மற்ற ரோகங்கள் முறையே வாத, சித்த, கபங்களில் தனியாகவும், இரண்டிசாண்டு சேர்ந்த தொந்தமாகவும், அல்லது மூன்று தோஷங்களும் ஒன்றாகக்கூடிய ஜன்னிபாதமாகவும் உண்டாகும். ஜீரண உருப்புகளின் ரோகத்தில் அஜீரணமுண்டாகி அன்னஞ் செலவாமல், தேகம் அனல் கொண்டு, அவ்வனல் மேல் கோக்கி, கபாலத்தைத் தாக்கி மூளையை கோய்க்கொள்ளச் செய்து பிறகு, கரம்பு சம்பந்தமான ரோகமாக மாறி, சித்திரையற்று ஜன்னியாகி, கபத்தில் முடிந்து பிறகு, மாணத்தை யுண்டாக்கும். இவ்விதம் மாறுபாட்டையுண்டாக்குவதே ஆயுள் வேதத்தில் வாத, சித்த, கபதோஷங்களென சொல்லப்படுகின்றன. எக்காலத்தில் தனிதோஷம் மாறுபாட்டையுண்டாக்குகின்றதோ, அப்போது தனிதோஷமென்றும் இரண்டிசாண்டு சேர்ந்தபடி மாறுபாட்டைந்தால் தொந்த தோஷமென்றும், அப்போது ஏதோ இரண்டு தோஷங்கள் கரம்பு+ஜீரணகருவிகள் அல்லது கரம்பு+சுவாஸ உருப்புகள் அல்லது, ஜீரண கருவிகள் + சுவாஸ உருப்புகள்—இவைகளின் ஸம்பந்தமான ரோகங்கள் சம்பந்தித்திருக்கின்றனவென்றும், மூன்று தோஷங்களும் ஏகோபித்படி, மாறுபட்டிருப்பதால், கரம்பு + ஜீரணகருவிகள் + சுவாஸ உருப்புகள் எல்லா மாறுபாட்டைந்து, அதோடு மற்ற ரோகங்களும் சம்பந்தப்பட்டு, ஜன்னியாக முடிந்திருக்கின்றனவென்றும் தெரிந்துகொள்ளவேண்டும்.

இவ்விதமான முத்தோஷங்களில் முதலானதான வாதத்தை “இராஜன்” என்று புழுவதனை இதன் பெருமை விளங்கும் இது இலகுவில் மாறுபாட்டையாமலும், அப்படி உடைந்தால், இலகுவில் சிசிடசைக்கு வசப்படாமலுயிருக்கும். இத்தகைய வாததோஷத்தினால் 80 வகை வாதகோய்களும், அநேக தொந்தநோய்களுமுண்டாகும். கப்பலோட்டிக்கொண்டு, இரவில் சமுத்திரத்தில் செல்லும் கப்பலோட்டிகளுக்கு தருவ டெசத்திரம் எத்தகைய உதவியைச் செய்கிறதோ, அப்படியே ரோகம் சிதானத்தில் திகைக்கும்

வைத்தியர்களுக்கு இது வேண்டிய சகாயத்தைச் செய்கின்றது. மானிட தேகத்தில் வாதத்திற்கு உறைவிடம் “செப்பு முந்தி சிதைக்கும் வாத நிலை” என்றபடி. பாதமுதல் இடப்புவரையிலுமுள்ள பெரு கரம்பு ஸ்தானமேயாகும். இது இயற்கையில் தன் தொழிலைக் கிரமமாகச் செய்துகொண்டு, மற்ற தோஷங்களையும் தூண்டி, அதனதன் வேலையைக் கிரமமாகச் செய்து, தேகத்தை காக்கச் செய்யும். பித்த தோஷமானது சொல்ப விகல்பத்தினாலும், அன்னபானுதிகளின் மாறாட்டத்தினாலும், கோளாறடைந்தாலும், இலகுநிலை சிகிட்டுவதற்கு வசப்படக்கூடியது. அது தேக உஷ்ணத்தைத் தந்து, இரத்தத்தை இனகச் செய்து, ஜீரண சக்தியையும் உண்டாக்குகிறது. பித்தத்தின் தன்மையை மல மூத்திரங்களினால் நன்றாகத் தெரிந்துக்கொள்ளலாம். அது தனக்கு உறைவிடமாக, வயிற்றைக் கொண்டிருப்பதனால் “ஒப்பு மார்பு முறைக்கும் பித்தநிலை” என்று சொல்லியிருக்கிறது. இது தனிமையாக மாறாட்டமடைந்தால் 40 வகை பித்தரோகங்களையும் தொந்தர்தால் அநேக ரோகங்களையு முண்டாக்கிவிடும். இது வாதத்தின் சகாயத்தை யடைந்தும், தன் இயற்கையிலும் தேகத்தை காத்து இராட்சித்துவரும். கபமானது பித்தத்தின் உஷ்ணத்தினால், தேகம் தீக்ஷணணியமடைந்து நசித்துப்போகாமல், ஜலரூபமாகவிரிந்து அதைக் காத்து இராட்சித்துவரும். இது மற்ற தோஷங்களின் சகாயத்தை அதிகமாக பெறுவதுண்டு. “கப்பு முச்சி கழலுமையநிலை” என்றபடி இது மானிட தேகத்தில் கிரசை தனக்கு பிரதானமான உறைவிடமாக பெற்றிருந்தாலும், நிணநீர் கோளங்களிலிருந்து தேகத்தைக் காப்பதோடு, தன்னிய வஸ்துகள் தேகத்தில் புகுந்தால், அதைத்தன்னிடம் இழுத்து வைத்திருந்து வெளிப்படுத்தும். இது தனியாக மாறாட்டமடைந்தால் 20 வகை கப ரோகங்களையும் தொந்தர்த்தில் அநேகவித சீதன சம்பந்தமான ரோகங்களையு முண்டாக்கும்.

இத்தகைய முத்தோஷங்களாகிய, வாதம், பித்தம், கபங்களின் சகாயங்களை வைத்தியர்களாகிய நாம் பிணியாளியின் நாடியைப்பிடித்து பார்ப்பதனால் தெரிந்துகொள்ளுகிறோம். நாடி நடை இருதயத்தின் சகாயங்களை தெரிவிப்பதாகவிரிந்தாலும் வைத்தியர்கள் முத்தோஷங்களின் நிலமையை நன்கறிந்து கொள்ளுகிறார்கள். ஆனால், ஆங்கில வைத்தியர்கள் முதல் எல்லா ஸம்பிரதாயஸ்தர்களும், ரோக நிதானத்தில் நாடியைப்பார்க்கும் வழக்கமுண்டு. சாஸ்திரீயமல்லாத ஒரு சித்தாந்தத்தில், நாடியை பார்க்கும் வழக்கம் எப்படி வந்ததென்பதும், அதை மற்றவர்கள் எப்படி கைப்பற்றினார்களென்பதும், விந்தையிலும் விந்தையே. ஆங்கில வைத்தியர்கள் இருதயத்தின் தன்மையைறிய “Stethoscope” என்றும் ஸப்தவேணுவை உபயோகித்தபோதிலும், நாடியையும் பார்த்து ரோகத்தின் தீவிர சாத்மீகத்தன்மையை அறிந்துக்கொள்ளுகிறார்கள். அப்பொழுது பிறந்த குழந்தைக்கு, நாடி 140 அடிகளும், பால்யத்தில் 120-130 அடிகளும், குழந்தை பருவத்தில் 100 அடிகளும், யௌவனத்தில் 90 அடிகளும், ஸம்பூர்ண பருவத்தில் 70-75 அடிகளும், க்ஷீணபருவத்தில் 70 அடிகளும், நிற்கும்போது 79 அடிகளும், உட்கார்ந்தால் 75 அடிகளும், படுத்தால் 69 அடிகளும், ஆரோக்கிய நிலையில் ஒரு புருஷனுக்கு 75-80 அடிகளும், ஸ்திரீக்கு 75-80 அடிகளும், கர்ப்பத்தில் நின்றாலும், படுத்தாலும், உட்கார்ந்தாலும், ஒரேவித எண்ணிக்கையுள்ள அடிகளும் அடிக்குமென்று கணக்கிட்டிருக்கிறார்கள். மேலும் நாடியை கையால் தொட்டுப் பார்க்கும்போது நரம்பின்விசை சுருக்காக விரிந்தால் தீவிர நாடியென்றும், நரம்பில் இரத்தம் நிறம்பியோடினால் பூரண நாடியென்றும், இரத்தம் குறைந்தோடினால் சுஷ்க நாடியென்றும், இன்னும் பலவாராகவயஞ் சொல்லுகிறார்கள். தீக்ஷணணிய ரோகத்தில் நாடிவேகமாகவும், இரத்த க்ஷீணத்தில் நாடி மந்தமாகவும், இருதய ரோகத்தில் நாடி நின்றநின்றும், சரத்தில் தேகஉஷ்ணம் ஒரு டிக்கிரி ஏறினால் நாடி நடைவில் 10 அடிகள் கிரமத்திற்கு அதிகப்பட்டு அடிக்குமென்றும் சொல்லுகிறார்கள். ஆனால், ஆயுள் வேதியர்கள் பிணியாளியின் கையைத்தொட்டதும், இது அதிவாதம், அதி பித்தம் அதிகபமென்றும் அல்லது வாதபித்தம், வாதகபம், பித்தவாதகாடி, பித்தசிலேஷம் காடி, சிலேஷம்வாதகாடி, சிலேஷம்பித்தகாடி, அல்லது ஜனனிபாகநாடி என்றும் கண்டறிந்து, அதனால் உண்டாகிய ரோகத்தின் காரணம் பூர்வரூபம், ரூபம், போக்கு அதற்குச் சாந்தி என்னும் ஐந்திலக்கணங்களை கண்டறிந்து, சிசீசை செய்ய ஆரம்பிப்பார்கள். இவ்விதம் ஆயுள் வேதியர்கள் நாடியைக்கண்டு ரோகநிதானஞ் செய்வதை ஆங்கில வைத்தியர்கள் நாடி நரம்பு ஒன்றாகவிரிக்க. அதில் வாதம், பித்தம், கபம் என்னும் மூன்று தத்துவங்கள் எப்படி வந்தனவென்றும் ஆயுள் வேதியர்களுக்கு சரீரசாஸ்திரம் தெரியாமையினாலேயே அவர்களுக்கு அத்தகைய கோட்பாடு உண்டாயிற்றென்றும் சொல்லி எள்ளஞ் செய்து அவர்களை “quacks” என்று நகையாவெதுமுண்டு. கையிலுள்ள நாடி நரம்பு மூன்றென்று என்கள் ஆயுள் வேதத்தில் சொல்லவில்லை. “பானடா எழுபத்திராயிர நரம்பிலே, பருத்தெடுத்துக்கொண்டதுதான் பத்து நாடி, கோப்பா இதில் சுருக்கம் மூன்று நாடி நிலையான நரம்படா வென்றேயாகும்” என்று நாடி நரம்பு ஒன்றென்றும் அதைக் கொண்டு முத்தோஷங்களின் மாறாட்டத்தை

“தாதுமுறைகேள் தனித்தகுதிரந்தோடு
ஒதறுகாயியம் உந்திகெமொர்பு
காது நெடுமூக்கு கண்டங் காய் புருவம்
போதுரு உச்சி புகழ்ப்பத்தம் பார்த்திடே” என்றபடி

பத்திடங்களில் பார்த்து தெரிந்துக்கொள்ள வேண்டுமென்றும் சொல்லி இருக்கிறது.

ஆனால், ஒரு கார்பில் மூன்றுவித நோஷங்களை எப்படி தெரிந்துகொள்ளுகின்றீர்கள் என்றாலோ, சந்தேக சாஸ்திரி விண்ணின் ஒரே கார்பில் தன்விசை அடுக்கெடுக்காமாற்றி வைப்பதனால், எவ்விதம் பலவித நோஷங்களைக் கண்டறிந்துகொள்ளுகின்றாரோ அவ்விதமே ஆயுள் வேதியரும் கண்டறிந்துகொள்ளுகின்றார் என்பது சமாதானமாகும். அதனாலேயே ஆயுள் வேதியர்களுக்கு காடியின் வட்சணம் முதலில் தெரியவேண்டுமென்றும் அப்படித் தெரிய வேண்டுமானால் அவருக்கு கீடித்த அனுபவமும் வேண்டுமென்றும் ஆயுள் வேதத்தில் விதியுமுண்டு. அவ்விதம் அவர்காடியின் வட்சணத்தை கன்றாக தெரிந்துகொண்டிருப்பதனால், பிணியாளியைக் கண்டதும் மிகவும் பரிவுடன் அவன் கையைப்பிடித்து, காடியைக்கண்டு ரோகத்தின் குணத்தை தெரிந்துகொள்ளுவதும், மற்றவர் பிணியாளி தன்னிடம் வந்தால் அவனைப்பார்த்தும் பாராதவர்களைப்போல் அபிவித்த சற்றுப்பொறுத்த அவனைப்பார்த்து வெகு கார்பீரமாக, “உனக்கு என்ன? எங்கே கோகிறது?” என்று கேட்டு, பிணியாளிச் சொல்ல, அதற்குமேல் ஏதோ ஒருசீட்டில் எழுதிக்கொடுத்து அனுப்பிவிட்டு, அதைப் பலதரம் மாற்றி, குணங்கண்ட காலத்தில் அக்கோலிக்கு ஒரு சிற் கார்பு பெயரிடுவது வழக்கம். ஆங்கில வைத்தியமானாலும், அது ஆயுள் வேதமானாலும் மனிதன் சிகிச்சை செய்கிறவரையில் பூரணமானதல்ல வென்பதை மற்றவர்கள் அறிவார்கள் போலும். இரண்டிலும் மாணங்கள் சம்பலிக்கின்றன. அப்படியிருக்க நன்று சாஸ்திரீயமானதும், மற்றொன்று சாஸ்திரீயமல்லாததும் எப்படியாகும். ஆங்கில வைத்தியரிடம் கிடைத்த ஒரு பிணியாளி மாணமடைந்தால், “The treatment was very successful, but unfortunately the patient died” என்று சமாதானஞ் சொல்லுகிறார்கள். ஆனால் அப்படியே, ஒரு ஆயுள்வேதியரிடம் கிடைத்த பிணியாளி காலகதியால் மாணமடைந்து விட்டால், “This is metallic poisoning or vegetable poisoning” என்று பறைசாற்றி விடுகிறார்கள். கயநலத்தைக்கருதி இவர்கள் எவ்வளவுதூரம் எங்களைத் தூற்றித் தெருவில் இழுத்தாலும், மேற்குதிக்கு இருக்கும்வரையில் கிழக்குதிக்கு எப்படி. இருந்தேதிருமோ, அப்படியே ஆங்கில வைத்தியம் இருக்கும் வரைக்கும் ஆயுள்வேதமும் இருந்தேதிருமென்று இவர்கள் அறியார்களேபோலும்.

மேலும் ஆயுள்வேதியர்கள் ரோக நிதானத்தில் கேவலம் காடியை மாத்திரம் கம்பி யிராமல்

“காடியார் மூன்றோர் சொன்ன நற்குறி குணங்களாலும்
காடிய விழியினாலும், கின்ற காக்குறியினாலும்
வாடிய மேனியாலும், மலமொடு கீரினாலும்
குடிய வியாதிதன்னைச் சுகமுறவறிந்துச்சொல்லே”

என்றபடி, காடி, விழி, காக்கு, உடல், மலம், மூத்திரம், சப்தம், மூக்கு, தூக்கம், ஜீரணாதி விஷயங்களை நன்றாகக் கவனித்து தங்கள் காரியத்தில் சித்தியடைய வேண்டியவர்களாகவு மிருக்கிறார்கள். ஆங்கில வைத்தியத்தில் மானிட தேகத்தை (1) Sanguine என்றும், (2) Phlegmatic என்றும், (3) Bilious என்றும், (4) Nervous என்றும் பிரித்திருப்பதுபோலவே ஆயுள் வேதத்திலும் “தானவனுமமைத்தபடி வயதுதூறு, சக்லருக்கும் இளமைபிலே சிலேஷ்மமாகும், ஆனநடு வயதுபித்த மப்பால்வாதம், ஆறஞ்சு மூலாண்டு மாதகான்கு” என்றதையும் கவனிக்கவேண்டும்.

“காலையில் வாதநாடி கடிக்கையில் பத்ததாகும்
பாலையாம் பித்தநாடி பகருச்சி பத்ததாகும்
மாலையாம் சிலேஷ்மநாடி மதிப்புடன் பத்ததாகும்
வாலையாம் மனோன்மணி வகுத்துமே தொகுத்தாகும்”

என்றபடி, சுகஸ்திதியுடைய ஒரு மனிதனுக்கு, இயற்கையில் வாதநாடி 1, பித்தம் $\frac{1}{2}$, கபம் $\frac{1}{4}$ மாத்திரைகளாக நடக்கவேண்டியிருக்க, மேற்கண்ட அதிகாரத்தின்படி, காலில் 6 மணி முதல் 10 மணிவரைக்கும் வாதமும், 10 மணிமுதல் 2 மணிவரையில் பித்தமும், 2 மணி முதல் 6 மணிவரையில் கபமும் தமகளுக்கான மாத்திரை பிரமாணத்தில் சற்று மிகுந்து நடக்கும். அப்படி நடந்தால், அது நோஷங்களின் மாறாட்டமென்று தப்பிப்பிராயம் கொள்ளக்கூடாது. இந்த விதிகளுக்கு மாறாட்டமாக காடி நடந்தால், அது வியாதியின் கூறேயாகும்.

இவ்விதமான திரிநோஷங்களில் முதலாவதான வாதநோஷமானது தன்னியற்கையில் தனித்து கோளாறடைந்தால் அதன் குறிகளாக, தேகத்தில் குத்தல் வலியும், கைகால் சந்து பொருத்தங்களில் நோயும் முடக்கும், குளிந்தால் சிமிரவொட்டாதிருத்தலும், தியிரும், குடல்புரட்டலும், அன்னஞ் செல்லாமைமும், வயிற்று மந்தமும், வயிற்றுப்பொருமலும், மலஞ்சலக்கட்டலும், அபானஞ் சுருங்கலும், காக்கில் புளிப்புகவையும், கழிச்சலும், தாது நஷ்டமும், உண்டாவதோடு இன்னும் பல ரோகங்களுமுண்டாகும். தனி பித்தம் மாறாட்டமடைந்தால் உடலில் காந்தலும், வாட்சியும், கடுக்கமும், மண்டைக்குத்தலும், காவாட்சியும், வாய்க்கசப்பும், அரோசகமும், தாகமும், வாந்தியும், விக்கலும், கிருகிருப்பும், காதடைப்பும், அயர்வும், வயற்றில் எரிச்சலும், நெஞ்செரியும், அக்னி மந்தமும், குளிர்சுமும், அஸ்திகாமும், பாண்டம், காமாலையும், மயக்கமும், பிரமேகமும் உண்டாவதோடு

இன்னும் பல ரோகங்களுமுண்டாகும். தனிகபம் மாறாட்டமடைந்தால், உடல் காய் வதும், உடல்வந்துவதும் உடல் வெளுப்பதும், உடல் குளிர்ந்து நடுக்குவதும், அள்ளஞ் செல்லாமையும், விக்கலும், இருமலும், மேல்மூச்சும், திகைப்பும், வியர்வையும், க்ஷய மும், ஈழையும், நெஞ்சு விவாபக்கங்களில் கோபும், இரத்தக்கக்கலும், நாக்கில் வழுவழப் புடன் இனிப்பும், வாயில் நீரூறலும், சிறுநீர் சிறுத்த இறக்கலுமுண்டாவதோடு இன் னம் பல ரோகங்கள் உண்டாகும்.

தொந்த தோஷங்கள்.

வாத - பித்த தோஷங்கள், ஏகோபித்தபடி மாறாட்டமடைந்தால், மேற்கண்டபடி தனி வாத, தனி பித்த தோஷங்கள் கோளாறடைந்துண்டாகும் ரோகங்களுடன் பாண்டு, காமாலை, மகோதரம், நீராம்பல் முதலிய பல கொடிய ரோகங்களுமுண்டாகும்.

வாத - கப தோஷங்கள், ஏகோபித்தபடி மாறாட்டமடைந்தால் மேற்கண்டபடி தனி வாத, தனி கப தோஷங்கள் கோளாறடைந்துண்டாகும் ரோகங்களுடன் தலைவலி, கைக் கால் திமிர், வயிற்றுப் பொருமல், ஜன்னி, மயக்கம், சோபை, பாண்டு, மூர்ச்சை முதலான ரோகங்களும், இன்னும் பல ரோகங்களுமுண்டாகும்.

பித்த - வாத தோஷங்கள் ஏகோபித்தபடி கோளாறடைந்தால், மேற்கண்டபடி தனி பித்தம், தனி வாத தோஷங்கள் கோளாறடைந்ததாலுண்டாகும் ரோகங்களுடன், தேகவலி, எரிவந்தம், நாக்கும் நெஞ்சும் உலருதல், பீனசம், மூலம், பவுத்திரம், வலிப்பு, அரையாப்பு முதலாகிய கொடிய ரோகங்களும் இன்னும் பல ரோகங்களுமுண்டாகும்.

பித்த - கப தோஷங்கள் ஏகோபித்தபடி கோளாறடைந்தால், தனி பித்த, தனி கப தோஷங்கள் கோளாறடைந்துண்டாகும் ரோகங்களுடன், வயிறுப்பல், பித்தறல், வயிற்று வலி, பிடரிவலி முதலானவைகளும், இன்னும் பல ரோகங்களுமுண்டாகும்.

கப - வாத தோஷங்கள் ஏகோபித்தபடி கோளாறடைந்தால் மேற்கண்டபடி தனி கப தனி வாத தோஷங்கள் கோளாறடைந்துண்டாகும் ரோகங்களுடன், கபம் அதிகமாக வெ ளிப்படல், தாகம், தலைவலி, ஜன்னி முதலியவைகளும், இன்னும் பல ரோகங்களுமுண்டா கும்.

கபம் - பித்தம் இவ்விரண்டு தோஷங்களும் ஏகோபித்தபடி கோளாறடைந்தால், மேற்கண்டபடி, தனி கபம், தனி பித்தம் கோளாறடைந்துண்டாகும் ரோகங்களுடன், மண்டையிடி, காது கேளாமை, நாக்கில் இனிப்புசுவை, ஜன்னி, வாய்பித்தறல் முதலான ரோகங்களுடன் இன்னும் பல ரோகங்களுண்டாகும் என்று, எல்லா ஆயுள்வேத வைத்தி யர்களும் நன்கு தெரிந்துகொண்டிருக்கிறார்கள்.

ஜன்னிபாத நாடி.

இந்த நிலமையில் தேகசுகத்தை காத்துவரும் சக்திகளாகிய வாத, பித்த, கபங்கள் ஏகோபித்தபடி கோளாறடைந்துவிடும். இதையே தோஷித்ததென்றும் ஜன்னியென் றும், சொல்லுவது விட்டி வழக்கம். இதுவே, ரோகங்களில் அபாயகரமான நிலமை ஆங்கில வைத்திய சித்தாந்தப்படி, இச்சமயம், நாடி நடை அதிகிவிசுமாவிற்கு சுமார் 130 முதல் 160 வரையில் அடிக்கும். அல்லது sinking pulse, என்று சொல்லும் வண்ணம் அதிகசுகமாகவும், கைக்கு தென்படாதபடியும் நடக்கும். இத்தகைய ஸ்திதியில் ரோகிக்கு அறட்டல் புரட்டலும், தன் உணர்ச்சியில்லாமையும், வாய் பித்தறலும், தேகம் முழுவதும் வியர்வையால் நிறைந்தும், சண்பஞ்சடைந்தும், குழிவிழ்ந்தும், கையையும் காலையும் கண்டபடி ஆட்டலும், நாக்கும் பல்லும் கருத்தும், காக்கில் முள் முளைத்தும், வாய் திறந் தும், மேல்சுவாசம் வாங்கியும், முகம் விகாரமாகவும், நெஞ்சில் கபம் குறுகுறுப்புடனு மிருக்கும். இத்தகைய குறிகள் கண்டால் சில சமயம் சாத்தியப்பட்டாலும், பல சமயங் களில் அசாத்தியமாகவே முடியும். தொந்த தோஷத்திலும், ஜன்னிபாதத்திலும் எந்த தோஷம் அல்லது தோஷங்கள் அதிகமாகக் கோளாறடைந்திருக்கின்றனவோ, அவை களை முதலில் சமனமடையச் செய்து, பின்னால் மற்றவைகளை கவனிக்கவேண்டியது ஆயுள் வேத்தியர்களின் கடமையாகவிருக்கின்றது. ரோகங்களின் தன்மைகளுக்கேற்றபடி, சாத்தியம், கஷ்ட சாத்தியம், அசாத்தியமென மூன்று வகைகளாக ஆயுள் வேதத்தில் பிரித்திருக்கிறார்கள். எந்த காலம் வரையில் இந்திரியங்களுக்கு உணர்ச்சியுண்டோ அது வரையில் ஒளஷதப் பிரயோகஞ் செய்யலாமென பூர்வீக ஆயுள்வேத ஞானர்கள் சொல்லி யிருந்தாலும், சித்தர்கள் அசாத்தியமென்று கண்டவுடன் வைத்தியர்கள் ரோகியைவிட்டு நீங்கவேண்டுமென்றும் தங்கள் அபிப்பிராயங்களில் வித்தியாசப்படுகிறார்கள். உலகத் தார்களின் மேலுள்ள கருணையால் சித்த புருஷர்கள் ஒளஷதம் உபயோகிக்கக்கூடிய சில அசாத்தியத்தில் சாத்தியக் குறிகளும், அறவே கைவிட்டு நீங்கக்கூடிய அசாத்தியக் குறி களும், வெகு சீக்கிரத்தில் மாணத்தைக் கொடுக்கக்கூடிய சில குறிகளையும் சொல்லியிருக் கிறார்கள்.

அசாத்தியத்தில் சாத்தியக் குறிகள்.

எந்த ரோகிக்குக் கைக்கால்கள் விகாரமற்றவைகளாயும், நீட்டவும், முடக்கவும் சாத்தியமுள்ளவைகளாகவும் இருந்து, நாக்கு யாதும் தோஷமின்றியிருந்து சீர்மலமாக

தங்களைக் கண்டால் அநேக அசாத்தியமான ரோகங்களெல்லாம், காற்றிலகப்பட்ட இலவம்பஞ்சைப்போல் பறக்குமென்பதில் சந்தேகமில்லை. ஆங்கில முறைப்படி, வைத்தியஞர் செய்த முடியாதென்று கைவிடப்பட்ட அநேக ரோகங்கள் எங்கள் ஆயுள்வேத ஔஷதங்களினால் தீர்த்திருக்கின்றனவென்பதற்கு, உண்மையும், நடுகிலையையும் வகித்து, மனசாட்சிக்குக் கட்டுப்பட்டிருக்கும், அநேக ஆங்கில வைத்தியர்களே சாட்சி பகருவார்கள். மகா பிரசித்தியடைந்த “.....என்பவருடைய Mst. Santal Flava et. Bachu என்னும் ஔஷதத்திற்கும், ஆயுள்வேத சந்தாந்தப்படி செய்யப்பட்ட “கோக்ஸராதி சூரணம்” என்னும் எங்களுடைய ஔஷதத்திற்கும் ஒரு காலத்தில் போட்டி நடந்திருக்கிறது. 1916-ம் வருஷம் நம்முடைய தேசத்திற்கு விஜயஞ்செய்த மகா மாயசுரமாகிய இன்புள்வென்சாவினால் ஆயிரமாயிரமாக ஜனங்கள் கஷ்டப்பட்டதைக் கண்டு நான் சகியாமல் என்னால் செய்யப்பட்டு எல்லா சுரங்களுக்கும் பொதுவாக உபயோகிக்கும் “சுதர்ஸண சுரமாதிரை” யைச் செய்து எல்லாருக்கும் இலவசமாகக் கொடுத்த கணக்கற்றவர்கள் சுகமடைந்திருக்கிறார்கள். ‘Police Training School, Vellore’ ல் சுருக்கெழுத்து ஆசிரியராகிய Rai Bahadur Srinivasa Rao அவர்களுடைய வீட்டில் ஒரே காலத்தில் 18 கபர்கள் மேற்கண்ட வியாதி கண்டு 7, 8 தினங்களாக ஆஸ்பத்திரியில் மருந்து சாப்பிட்டுநீராமல், மேற்கண்ட மாத்திரையை நான் அவர்களுக்குக் கொடுத்து ஒரே நாளில் சுகமடைந்தார்கள் என்று சாட்சியுடன் சொல்லுகிறேன். ஆங்கில வைத்தியர்களினால் ஆகாத காய சிகிச்சைகளை யெல்லாம் ஆயுள் வேதியர்களாகிய நாங்கள் ஆகும்படிச் செய்திருக்கிறோம். சஸ்திர சிகிச்சைப்பற்றி “சஸ்ருதர்” தம்முடைய நூலில் அமோகமாகச் சொல்லி இருப்பதிலிருந்தும், கபாலத்திலிருந்த தேரையை வெளிப்படுத்திய காரணத்தைக்கொண்டு “தேரையர்” என பெயர் பெற்றதனாலும், சஸ்திர சிகிச்சைக்கு நாங்கள் பரத்திரர்களாக விருந்தும் அநியாயமாக நாங்கள் அச்சிகிச்சையை அப்பியசிக்கக்கூடாதென்றும், கையாளக்கூடாதென்றும் தடுக்கப்பட்டு, அச்சிகிச்சையை ஆங்கில வைத்தியர்களே சர்வமானியமாக வைத்து அனுபவிப்பதனாலும், அச்சிகிச்சையில் மாத்திரம் நாங்கள் பின்னடைவோமேயன்றி மற்றபடி, காய சிகிச்சையில், ஆங்கில வைத்தியர்களுக்கு ஆயுள் வேத வைத்தியர்கள் பின்வாங்கினவர்களல்ல. எங்கள் ஆயுள்வேதம், தேச பாஷையிலிருப்பதனாலும், தற்காலம் தேச பாஷைக்கு மதிப்பில்லாமையினாலும், அப்பாஷை அல்லது சாஸ்திரத்தில் பூர்ண பாண்டித்தியமுடையவர்கள், சுத்த சத்துவகுணத்துடனிருந்து, தற்காலம் வேண்டிய குணங்களில் ஒன்றாகிய படாடோபம் இல்லாமையினால் கர்னாடக மனிதர்கள் என்றுச் சொல்லப்படுவதனாலும், மேற்கண்ட சாஸ்திரத்தில் நிபுணர்களாகிய அதிகமேதாவிகள் வெளியில்வராமல் “உப்பைப்போல், உம்மைப்போல், கொக்கைப்போல், கோழியைப்போல்” என்று சொன்னபடி இருக்கிறார்கள். ஆயுள்வேத ஔஷதங்கள், இத்தேசத்தின் மக்களின், கால தேசம் வர்த்தமானங்களுக்கும், மதம், ஆசாரம், தேசத்திடம் முதலானவைகளுக்கும் ஏற்றபடியும் அதிக மனிவாகவும் எல்லாவகை ஔஷதங்களும், ஏதோயொருவகை மூலிகையின் சம்பந்தத்துடனேயே நம்முடைய பெரியோர்களாகிய திரிகால ஞானிகளினால் ஏற்படுத்தப்பட்டிருக்கின்றன. தற்காலம் ஒரு மேதாவி உாகிய ஆங்கில பண்டிதரால் கண்டுபிடிக்கப்பட்டு மெத்த புகழ்ப்பட்ட ஒரு ஔஷதம், மறுவருடம் இருந்தவிடந்தெரியாமல் மறைத்து போகின்றது. ஆயுள்வேத ஔஷதமோ அப்படிக்கின்றி பல்லாயிரம் வருடங்களுக்குமுன் சொல்லப்பட்டு, உபயோகிக்கப்பட்டதில் எந்த குணத்தை தந்ததோ அதே குணத்தை இன்றும் தந்து, எல்லோராலும் உபயோகிக்கப்பட்டும் வருகிறது. சுத்தபைரவம், சொர்ணானந்த பைரவம், பிரமானந்த பைரவம், விநோத பைரவம், தசவித அக்னி குமார ரசம், வங்கேஸ்வர ரசம், சர்வஜித்த ரசம், மேககுலாந்தக ரசம், குன்மகுடாரம், வாதராட்சஸ ரசம், ராஜமிருகாங்க ரசம், மகாராஜமிருகாங்க ரசம், ராஜகண்டேஸ்வர ரசம், ராஜராஜேஸ்வரம், வசந்தகுசுமாகரம், மகாவசந்த குசுமாகரம், வங்கேஸ்வரன், தாளகேஸ்வரம், பூபதி, சிந்தார பூஷணம், சிந்தாமணி, குடாமணி, வட்சாமணி, பூதபைரவம், முதலானவைகளும் இன்னும் எண்ணிறந்தவைகளும் அன்றைக்கும், இன்றைக்கும், என்றைக்கும் அப்படியே இருக்குமென்பதில் என்ன சந்தேகம். இதில் ஏதாவது மாறாட்டமிருக்கின், அது ஆக்கியோன் தப்பிதமேயன்றி ஆயுள்வேதத்தின் தப்பாகவிராதென்பது திண்ணம். ஆங்கில ஔஷதங்களில் பல இந்துக்களின் ஆசாரத்திற்கு புறம்பாகிய “ஆல்கஹோல்” என்னும் சாராயத்தின் சம்பந்தமாகவே இருக்கிறது. சாராயம் குளிர் பிரதேசத்திற்கு உதவக்கூடியதேயல்லாமல், உஷண பிரதேசமாகிய நம்முடைய நாட்டிற்கும், நாகரீகத்திற்கும், ஆசாரத்திற்கும், மதத்திற்கும் விரோதஞ் செய்யக்கூடியதேயாகும். ஆயுள்வேத ஔஷதங்கள் யிகக்கொடியவைகளென்றும், அத்தகைய மருந்துகளை ஆயுள் வேதியர்கள் அய்யாமையினால் அதிகப்பட உபயோகித்து கெடுதியைச் செய்துகொடுக்கிறார்கள் என்றும் தலைகோய்க்கு மருந்து கொடுக்க, தலைகோயுடன் வயிற்றுநோயும் தொடர்ந்துவென்றும், ஒரு பெரிய அபவாதஞ் சொல்லப்படுகிறது. இது எவ்வளவு தூரம் நியாயமோ தெரியவில்லை. ஆங்கில வைத்தியத்தில் வயிற்றல் கட்டியுண்டென்றும், அதை “operation” செய்யவேண்டுமென்றும் தீர்மானித்து பிணியாளிக்கு நன்மை பயக்க, நல்லெண்ணத்துடன் வயிற்றைக்கீற, பிணியாளி வைகுண்ட பதவியடைந்துகொடுக்கிறான். இத்தலை வயிற்றுக்கட்டியோடு, பிணியாளி வயிறுகீறுண்டு குடவழந்து செத்தான என்று சொல்லுவதா? ஆயுள்வேதியர்கள் சக்கு, மிளகு, திப்பிலியுடன் பாஷாணமீருகவுள்ள, எல்லா ஔஷதங்களையும்

“சத்தி” என்றும் திட்டசைக்கு உட்படுத்தியே உபயோகிக்கிறார்கள். ஆகவே வைத்தியத்திலும், கல், மண ஆய்க்கெடுப்பதன்றி, மற்றபடி “சத்தி” என்றும் பதத்திற்கே அர்த்தம் வல்லவையல்லவா?

3. (a). ஆம், வேலூரில் “வேலூர் ஆயுள்வேத வைத்தியசாலை” என்று ஒரு வைத்திய சாலையை ஏற்படுத்தி, சுமார் 15 வருடங்களாக நடத்திவருகிறேன். கோய்க்கொண்ட மக்களின் கோபைத் தீர்க்கவேண்டுமென்பதே என்னை உடைய பூரணமான சித்தாந்தம். இவ்விதமே என்னால் ஆனவரையில் என் ஜீவகாலம் வரையில் செய்துமுடிக்கவேண்டுமென்றும் தீர்மானித்திருக்கிறேன். வேலூரிலிருந்தும் அதைச் சூழ்ந்த எல்லா கிராமங்களிலிருந்தும், அன்னிய ஊர்களிலிருந்தும், அகேக பிணியாளிகள் என்னிடம் வருவது வழக்கம். இதற்கென்றே ஒரு தனி இடமும் பிணியாளிகள் வந்து தங்கியிருக்க விட்டிருக்கிறேன். அகேக கஷ்ட சாத்தியமான விபாதிகளெல்லாம் என்னால் தீர்க்கியிருக்கின்றன. இதற்கு ஆயிரக்கணக்கான சாட்சிகள் உண்டு. எனக்கு 1921-ம் வருஷம், ஏப்பிரல் மாதம் திருவெல்லையில் கூடிய ஆயுள்வேத வைத்திய மகாநாட்டில் எனக்கு “வைத்திய ஆசிரியர்” என்ற பட்டமும் கொடுத்திருக்கிறார்கள். அதிகமாக எழுதினால் தற்புகழ்ச்சியாகுமென்று இதோடு சிறுத்துகிறேன்.

(b) தற்காலம் நமது தேசத்திலுள்ள ஆயுள்வேத கல்வாரிகளும் வைத்தியசாலைகளும் மகா சமுத்திர ஜலத்தில் ஒரு துளிமாதிரிமாக விருக்கிறது 33 கோடி ஜனங்களுள்ளதும், பசியால் வருந்திப் பல பிணிகளால் பிடிக்கப்பட்டு சித்தநித்தம் கஷ்டத்தையே அனுபவிக்கும் ஏழை ஜனங்களுக்கு, ஆங்கில வைத்திய உதவியே போதாதென்றால் அங்கே சமுதாயமுட்க்கில் ஒவ்வொன்றாகவிருக்கும் ஆயுள்வேத வைத்தியசாலைகளின் உதவிபோதுமா? அதிலும் ஆயுள்வேதியர்களுக்கு வேறே வருமானமும் சகாயமும் இல்லாமையால் ஏழை ஜனங்களிடம் ஏதோ கொஞ்சம் பணம் பெற்றே உதவிச் செய்கிறார்கள். கொடுக்கக்கூடியவர்கள் கொடுத்தும் கொடுக்கக்கூடாதவர்கள் கோயால் மடிந்தும்போகிறார்கள். சுமார் 60, 70 ஆயிரம் ஜனங்களைக்கொண்ட இந்த வேலூரில், உள்ளூர் ஜனங்களுக்கும் வெளியூர் ஜனங்களுக்கும் ஒரு ஆஸ்பத்திரி இருந்து அதில் 3, 4 சிப்பந்திகள் இருந்தால் போதுமாவென்று தீர்க்கமாக யோசிக்கவேண்டியது கடமையாகவிருக்கிறது. ஆஸ்பத்திரிக்கு வந்தவர்கள்போக, எஞ்சி சின்றவர்கள் யாரைக்கொண்டு வைத்தியஞ் செய்துக்கொள்ளுகிறார்கள் என்பதையும் கவனித்தால் ஆயுள்வேதியர்களைச் சிறப்பு விளங்கிவிடும். ஆகையினால் ஆயுள்வேதத்தை உண்மையில் விர்த்திசெய்யவேண்டுமானால் நம்முடைய மாகாணத்தில், (1). ஆந்திரத்தில் ஒன்றும், (2). தமிழில் ஒன்றும், (3). கோளத்தில் ஒன்றும், (4). கன்னடத்தில் ஒன்றும், (5). சமஸ்கிருதத்தில் ஒன்றும்மாக அனந்த பாஷைகள் பேசும் பிராந்தியங்களில் ஆயுள்வேத கல்வாரிகள் ஏற்படுத்தப்பட்டு, அதில் மாணக்கர்களை தேர்ச்சியுறும்படிச் செய்து, பலவிடங்களுக்கு அனுப்பி, பொதுமக்களுக்கு சகாயஞ்செய்யும் படி செய்யவேண்டியது கவர்ன்மெண்டாரின் கடமையாகவிருக்கிறது என்பதை உண்மையறிந்த யாரும் மறுக்கமாட்டார்கள் என்பது திண்ணம்.

(c) படித்தவர்களென்று சொல்லப்படும் சில பெரிய உத்தியோகஸ்தர்களும், நவீன நாகரீகங்களும்தவிர, மற்றவர்களெல்லாம் ஆயுள்வேதத்தையே விரும்புகிறார்கள். உண்மையைச் சொல்லுமிடத்து, தற்காலம் ஆஸ்பத்திரிகளில் ஏழைகளை கவனிப்பதில்லைபென்றும், தகுந்தபடி ஆதரவும் அணுகாணியுள் செய்வதில்லையென்றும், அல்லிடம் போகவே அவர்கள் அதிகமாக வெறுக்கிறார்கள் என்றும், எந்தவகை நோயுக்கும் ஒரேவகைத் தண்ணீரை ஊற்றிக் கொடுக்கிறார்களென்றும், பிரபுக்களையே அவர்கள் கவனிக்கிறார்களென்றும் அதனால் தங்களுக்கு நல்ல ஊதியத்தையும் ஆஸ்பத்திரிக்கு மாதம் அரை 8 வருமானத்தையும் பெறுகிறார்களென்றும், ஏழைகள் போனால் என்னென்று கேட்பதில்லையென்றும் பேசுகண்டு. ஆகவே, எல்லாராலும் அதிகமாக விரும்பப்படும் ஆயுள்வேதத்தையும், ஆயுள்வேதியர்களையும் ஆதரிக்கவேண்டிய கடமை ஏற்பட்டுவிடுகிறது. இதற்காக ஒவ்வொரு பட்டணங்களிலும், நாலுமுலைக்கு நான்கு ஆயுள்வேத வைத்தியசாலையையும் ஏற்படுத்தி, ஒவ்வொரு ஆயுள்வேத வைத்தியசாலைகளிலும் குறைந்தது 2 ஆயுள்வேதியர்களை நியமித்து, ஆபத்து அடைந்தவர்களுக்கு அல்லும் பகலும் சகாயஞ் செய்யும்படி ஏற்பாடு செய்யவேண்டும். இதனால் ஏராளமான திரவியஞ் செலவாகும் என்னும் பயமுயில்லை. தற்காலம் அந்தந்த ஊர்களிலுள்ள வைத்தியர்களை, “இவர்கள் வைத்தியர்கள் தான்” என்று ஒப்புக்கொண்டு அவர்களுக்கு உற்சாகமுண்டாகும்படி, தற்காலம் ஆங்கில வைத்தியர்களில் தாழ்ந்தபடியிலிருக்கும் நபர்களுக்கு L.M.P. என்று பட்டமிருப்பதைப்போல் இவர்களுக்கும் குறைந்தது L.A.M.P. என்கிற பட்டத்தையும் கொடுத்து வருடமோ அல்லது மாதத்திற்கோ ஒரு முறைக் கொஞ்சம் திரவிய சகாயமுன் செய்தால், இதனால் அகேக கன்மைகள் உண்டாகுமென்பதில், யாதும் சந்தேகமில்லை. ஊரிலுள்ளவர்கள் தங்களுக்கு இஷ்டமுள்ளவிடத்தில் வைத்திய சகாயத்தை பெறுவார்கள். வைத்தியர்களும் தாங்கள் சிகிச்சை செய்தவர்களின் எண்ணிக்கை முதலான சகல தகவல்களையும் மாதமாதமோ, அல்லது 3 மாதங்களுக்கொருமுறையோ ஒப்படைப்பார்கள். ஆயுள்வேதத்தின்மேல் அபாண்டமான பழிச்சொல் தற்காலம் ஏற்பட்டிருப்பதனால் கவர்ன்மெண்டார் ஆயுள்வேதியர்களை பகிரங்கமாக ஒப்புக்கொள்ளாவிட்டால், அது முடியாத காரியமாகும். ஆயுள்

வேதியர்களுக்கும் உற்சாகமுண்டாகாது. கிராமாந்திரங்களில் 4, 5 கிராமங்களை யொன்றாகச் சேர்த்து, மத்தியமான தாய் கிராமத்தில் ஒரு ஆயுள்வேத வைத்திய சாலையை ஏற்படுத்தி, அதில் ஒரு வைத்தியரை நியமித்து, அக்கிராமவாசிகளுக்கு, உதவி புரியும்படி செய்வதோடு அவ்வைத்தியரைக்கொண்டு, அவருக்குள்ள சாவகாச நோய்களில், கிராமவாசிகளுக்கு சுகாதாரத்தைப்பற்றி உபநித்யாசங்கள் செய்யும்படியுஞ் செய்ய வேண்டும். இதற்காக, அவருக்கு நல்ல சன்மானமும், கொடுப்பதோடு, கிராம முன்சிப் முதலானவர்கள் இவருடைய பேச்சுக்கு மதிப்பையும் சகாயமுஞ் செய்யும்படி ஏற்பாடுகளும் செய்யவேண்டும். இப்படிச் செய்வதனால், பல கெட்டவியாதிகள் ஒழிவதோடு தேசமக்களுக்கும் பல நன்மைகள் உண்டாகும். வேலூருக்கடுத்தபடி 14 மைலுக்கப்பா விற்கும் வாணியம்பாடி, ஏரி புதூர் என்னும் கிராமத்து மணியகாரருக்கு, அவர் கிராமத்தில் நோயடைந்தவர்கள் வேலூரில் யாரிடம்போய் வைத்தியஞ் செய்துக்கொள்ளுகிறார்கள் என்று கேட்டுத் தெரிந்துக்கொள்ளலாம்.

கேள்வி 4.—(2)—(1) எல்லா முஸ்திபுகளும் நிறைந்த ஆயுள்வேத கல்லூரிகளை ஏற்படுத்தி, அதில் மாணுக்கர்களைப் படிக்கும்படிச் செய்ய, தற்சமயம் சாத்தியப்படாவிட்டால் அத்தகைய ஆயுள்வேத பண்டிதர்களிடம் மாணுக்கர்களை யொப்புவிக்கலாம். ஆனால், அத்தகைய பண்டிதர்கள் தற்காலத்திய நவீன சாஸ்திரங்களில் சற்று பயிற்சியுள்ளவர்களாக விருக்கவேண்டும்.

(2) ஆம். “கற்றகுகைமண்ணளவு-கல்லாதுலகளவு” என்றபடி, சாஸ்திரங்களோ அநேகம். அவைகளில் ஒன்றையொன்று தொடர்ந்தேயிருக்கின்றது. வைத்தியர்களாக விருப்போர், எதோ, “இரத்தினச சுருக்கம்” என்னும் சிறிய புத்தகத்தை படித்ததனுலேயே தான் பண்டிதனென்று எண்ணிவிடக்கூடாது. எப்பொழுது சாஸ்திர ஆராய்ச்சியிலேயே இருக்கவேண்டுமொகையினால் அவர்கள் பல நவீனங்களை கண்டறிவதிலேயே கண்ணுக்கருந்தமாக விருக்கவேண்டும். அவர்கள் அத்தகைய விடங்களுக்குப் போகவேண்டியது நியாயமே. ஆனால் தற்சமயம் சமரசபுத்தியில்லாத ஆங்கில வைத்தியர்களிடம் எங்களை ஒப்புவித்துவிட்டால், “அது தாசியைக்கண்டால் தாசியும், கோழியைக்கண்டால் கோழியும், பண்டிதனைக்கண்டால் பண்டிதனும், நாயைக்கண்டால் நாயும் உற்” என்றபடி மூடித்து, நாங்களும் “Oh God! save us from our friends” என்று கதரவேண்டியிருக்கும் என்பதையும் கவனிக்கவேண்டும். ஏனெனில், தற்காலம் மேற்கிற்கும் கிழக்கிற்கும் வெகுதூரமாக விருக்கிறது. இருவகையாரும் ஏகோபித்து இருவர்களும் சாஸ்திரங்களையே ஆதாரமாகக் கொண்டவர்களென்ற சமரசமும் சகோதரத்துவமுமுண்டாகி இருவகையாரும் உலகத்திற்கு உபகாரிகளே என்கிற எண்ணமுண்டாகிவரையில் இது சற்று அசாதத்தியமாகவே இருக்கும்.

(3) (a) ஆம். இதற்கு வேண்டிய வழிகளைக்கண்டபின்பும் வேண்டிய சாதனங்களை அடைந்த பின்பும் அப்படிச் செய்யலாம். தற்காலம் கம்முடைய மாகாணத்தில், சென்னை ஆயுள்வேத கலாசாலையில் மாணுக்கர்களைப் படிக்கும்படி செய்து அனுபவத்தேர்ச்சிக்கு ஆந்திர ஒளஷதச்சாலையில் விட்டு பழகவைக்கலாம். எது எவ்விதஞ் செய்தாலும், எல்லா நடவடிக்கைகளும் மாணுக்கர்களின் தாய் பாஷையிலேயே நடக்கும்படிச் செய்ய வேண்டும்.

(b) தற்காலம் ஆங்காங்குள்ள ஆயுள்வேத வைத்தியர்களை தேர்ந்தெடுத்து, அவர்களுக்கு வேண்டிய ஆதரவளித்து, உற்சாக முண்டாகும்படி கௌரவப்படுத்தி, காரியத்தை நடத்திக்கொண்டேபோனால் வெகு ஜன சுகமுண்டாகும். வேண்டிய கெட்டிக்காரர்களான வைத்திய சிரேஷ்டர்கள் ஆங்காங்கு நீர்பூத்தநெருப்பைப்போலிவிருக்கிறார்கள். அவர்களைல்லாம் வெளிப்பட்டு தேசத்தின் சேஷமத்திற்காக உழைக்கும்படிச் செய்வது கவர்ன்மெண்டாரின் கடமையாகும்.

கேள்வி 5.—கவர்ன்மெண்டாரால் ஆயுள்வேத வைத்திய கல்லூரிகளும், ஒளஷதசாலைகளும், நாடெங்கும் ஏற்படுத்தப்பட்டு, நவீன முறையில் நடத்தப்பட்டால், இதுவும், ஆங்கில வைத்தியமும் ஒன்றாக இணைந்துவிடுமென்பது வேடிக்கையாகவே இருக்கிறது. இதை கோட்பாடு, “தாடி பற்றி எரிகிறகாலத்தில் சுருட்டை பற்றவைக்க நெருப்பு கேட்டாலும்” என்னும் கதையாக விருக்கிறது. நாம் ஒரு ஜனசமூகமென்பதும், நமது பாஷையென்பதும், நமது சாஸ்திரமென்பதும் சந்தேகத்திலிருக்க, இதைப்படி நடக்குமோ தெரியாது. நமது வைத்திய சாஸ்திரமென்றால், உடனே “அப்படியும் ஒரு வைத்திய சாஸ்திரம் உண்டாவென்று” வெகு ஆச்சரியத்தோடு கேட்கிறார்கள். இப்படி கேட்பதை விட்டு விட்டு, இந்துஜனசமூகமென்பது ஒன்று உண்டு, அதற்கு மற்றவர்களைப்போல் மதமுண்டு, பாஷையுண்டு, சாஸ்திரமுண்டு, அநாதியான நல்ல நாகரீகமுண்டு என்று, முதல்முதலில் ஒப்புக்கொண்டு, நல்ல எண்ணத்துடன், அதை அவலம்பித்து, உலகத்துக்கு உதவிபுரிய எண்ணமுண்டானால், அதுவும் இதவும் இணைவதோடு, ஆங்கில வைத்தியத்திற்கு ஒரு படி மேலொங்கியே நிற்குமென்பதற்குச் சந்தேகமில்லை. ஆங்கில வைத்தியமென்று ஒன்றில்லாமல், மேல் காட்டாரின் வைத்தியமென்றென்றிருப்பதாகவே ஏற்படுகிறது. அதில், ஐரோப்பா கண்டத்திலும், மற்ற இதரப் பிராந்தியங்களிலும் உண்டாகி, நமக்குத் தெரி

யாத சில ஔஷதங்களைத் தவிர, மற்றவைகளெல்லாம் கம்முடைய வாகடத்தி அளவைகளே. கம்முடைய விசுவகொண்டு கம்முடைய கண்ணைக் குத்துவதையேபோல கம்முடைய ஔஷதங்கள் அவர்கள் வைத்திய வாகடத்தில் சரியாதகு (Medical Act) பிரகாரம் காம் அவைகளைக் கையாணக்கூடாதாம். ஆங்கில வைத்திய வாகடத்தின்படி ("Formulative Mixture" என்றும் திபனகாரி கைவையில், கலாசூரமது, சலிசெபாவை திராவகம், ஸர்ஜக்ஷாரம், எட்டிக்கொட்டை பாவன திராவகம், குளிரோபாரமது, பெப்பர் மெண்ட் ஜலம் கலக்கின்றன. கம்முடைய திபனகாரி மாத்திரையில் இரணம், காரி, கக்கம், ஓமம், திரிபீலி, ஸர்ஜக்ஷாரம், யவாக்ஷாரம், சித்திராமூலம், இந்துப்பு, சேகம, அட்டுப்பு, திரிகடுகு, எட்டிக்கொட்டை முதலானவைகள் சேருகின்றன. இவ்விதம் அவர்கள் வாகடத்திலும் கம்முடைய வாகடத்திலும் பொதுவாகவிருக்கும் எட்டிக்கொட்டையை ("Nux vomica.") எவரும் Licence இல்லாமல் வாங்கவும் உபயோகிக்கக்கூடாதாம். காம் கம்முடைய வாகடத்தின்படி, திபனகாரிகளாக, ஓமம், திப்பிலி, சிலவேம்பு, சோம்பு, சுக்கு முதலிய தனி ஔஷதங்களையும், அவைகளின் கூட்டுகளைக்கொண்டு தயார்செய்யும் குரண வடக வேதியாதிகளைத் தவிர்த்து மற்றவைகளையும் தொடர்போவகல்லீ. அப்படியிருந்தும் ஆங்கில மருத்துகளை அவைகளின் குணகுணங்களை கன்கு தெரிந்தொள்ளாதவர்கள் கையாளுவதனால், அவைகளை அளவுக்கு மிஞ்சி உபயோகித்தொடுதெய்யுண்டாகி விடுவார்கள் என்று பூச்சிகாட்டி, உள்ளடையில் தங்களுடைய கய கலத்தைக்கொடுக்கவே இப்படிச் செய்திருக்கிறார்கள் என்று ஏற்படுகிறது. இத்தேசமானது ஒரு பெரிய கண்டமென்று (பாதகண்டம்) சொல்லப்பட்டபடி சில்லாவிட்டாலும் 33 கோடி ஜனங்களைக்கொண்ட ஒரு பெரிய தேசமாக விருக்கிறதென்பதற்கு யாதும் சந்தேகமில்லை. அப்படிப்பட்ட ஒரு மகத்தாகிய தேசத்திற்கு சொந்தமாகிய மதம், பாஷை, ஞானம், காரீகம், சாஸ்திரம் முதலாகிய ஒரு ஜன சமுதாயத்திற்கு இரக்கவேண்டியவைகள் இல்லையா? இத்தேசத்திய மக்கள் பூர்வகாலத்தொட்டு மெனடிகத்திலேயே ஆழ்த்திருந்தார்கள்? அவர்கள் ஒழுக்கவேண்டாமா? அன்னியமதத்திலேயே ஒழுக்கவேண்டமா? பேசவேண்டாமா? அன்னிய பாஷையே பேசவேண்டமா? படிக்கவேண்டாமா? அன்னிய சாஸ்திரங்களை யே படிக்கவேண்டமா? அடையவேண்டாமா? அன்னிய கடை கொடிபாவிகளையே அடையவேண்டமா? படித்தவன் என்றால் இங்கிலிஷ் படித்தவனையே குறிப்பதும், காரீக முன்னவனென்றால், மேல் நாட்டு ஸம்பிரதாயப்படி ஆடைகளை அணிந்தவனையே குறிப்பதும், கல்ல ஆகாரம் சாப்பிடுகிறானென்றால் மாயிசு பட்சணத்தைக்குறிப்பதும், பாண்டென்றால் மதுவகைகளைக் குறிப்பதும், எந்த ஆதரவை அனுசரித்தோ தெரியவில்லை. ஒவ்வொரு தேசத்தாருக்கும் தங்களுடைய மதம், பாஷை, ஞானம், சாஸ்திரம், காரீகமென்று சொந்தத்திலிருக்க, இத்தேசத்தார்களுக்கு மாத்திரம் எல்லாம் இரவலாக இருப்பதற்கு காரணமென்ன? கம்முடைய தேசத்தில் நான்கு வேதங்கள், உபவேதங்கள், ஆறு சாஸ்திரங்கள், அறுபத்து நான்கு கலைக்கியானங்கள் இருந்ததாகச் சொல்லி, அவைகளிருந்ததற்கு ஏற்ற கிஜமான அத்தாட்சிகளும் மிருக்க அவைகள் எங்குபோய் ஒளித்துக் கொண்டன. எந்த சமுத்திரத்தில் முழுக்கிட்டன. கட்டடம்கட்ட சிம்பிகள் வேண்டாமானால் அன்னிய தேசத்திலிருந்து வரவேண்டும், வைத்திய சாஸ்திரம் கற்பிக்கவேண்டாமானால் அன்னிய தேசத்திலிருந்து வரவேண்டும். அவ்வ சாஸ்திரி, கோ சாஸ்திரி, பூ சாஸ்திரி, கணித சாஸ்திரி, சங்கீத சாஸ்திரி, பாத சாஸ்திரி, ககோன சாஸ்திரி முதல் எல்லா சாஸ்திரிகளும் வெளிவிருந்தே இறக்கவேண்டும். கம்முடைய சாஸ்திரங்களும், சாஸ்திரிகளும் இருந்ததாகச் சொல்லுவதெல்லாம் கட்டுக்கதையாகவே முடிந்துவிட்டது. கம்முடைய தேசமக்களுக்கு எடுத்ததெல்லாம் சந்தேகமாக முடிந்துவிட்டது. வேதம், சாஸ்திரம், புராணம், கலைக்கியானங்கள் எல்லாவற்றின் மேலும் சந்தேகம் ஏன்? இவைகள் மேலாட்டு புலவர்களால் சொல்லப்படவில்லை என்பதோ யென்னவோ சாயிக்குத்தான் தெரியவேண்டும். எல்லா சந்தேகங்களைக்காட்டிலும் கம்முடைய வைத்தியத்தின் மேல் பூரண சந்தேகம். எனெனில், ஆங்கில மருத்துகளைச் சாப்பிடுவதனால் கல்ல குணம் உண்டாகாவிட்டாலும் கெட்ட குணம் உண்டாவதில்லையென்று ஒரு குருட்டு கம்பிக்கை இவர்களுக்குண்டு. ஆனால், கொயினாவை சாப்பிடுவதனாலும், "Pot. Iodide" சாப்பிடுவதனாலும், Calomel சாப்பிடுவதனாலும் "after effects" இன்னதென்பது சாப்பிட்டவர்களுக்கே தெரியும். ஆயுள் வேதியர்கள் அப்படிக்கில்லாமல், மருத்துகளை கண்டபடி தயார்செய்து, தேகதிடம வயது, ஆண், பெண், விபாதிவின் கூறு மருந்தின் சந்தரு, மித்தரு முதலானவைகளை கன்கறியாமல், உபயோகித்த தேகத்தைக்கொடுத்து விடுகிறார்கள் என்கிற அபவாதமான பழிச்சொல்லை கம்மவர்களே சொல்லித் திருகிறார்கள். அவ்விதம் வைத்தியர்களிருப்பதற்கும், கம்முடைய சாஸ்திரம் அத்தகைய ஸ்திதிவிரும்பத்தற்கும் யார் காரணம்? "காக்கைக்கும் தன் குஞ்சு பொன் குஞ்சு" என்பதைப்போல் அதை தேசமக்கள் ஏன் போற்றிப்புகழ்ந்து முன்னேற்ற மடையும்படிச் செய்யக்கூடாத. மற்ற தேசத்தவர்கள் அப்படிச் செய்வதில்லையா? அன்னிய ஆர்பாட்டம் என்பது இன்னும் கம்மைவிட்டு அகலவில்லைபோலும். ஐயோ, இந்தியாவே! நீ முன்னடைந்திருந்த சிலமையென்ன? தற்காலம் நீயடைந்திருக்கும் சிலமையென்ன? கன்றாய் யோசித்து பார்ப்பாயாக.

சமுத்திரமானது தன்னுள் பல அரிய பொருள்களை அடக்கிக்கொண்டு, அதில் முழுசுபவனுக்குக் கொடுத்ததவுவதாக விருந்தும், அதில் முழுக்கி, அவ்வரிய பொருள்களை

யொருவன் அடைவதைவிட்டு, மேலே தீன்றபடியே அதன் ஜலத்தை கக்கிப்பார்த்து விட்டு, 'சீசீ, உப்புக்கிரகிதது' என்று சொல்லி சமுத்திரத்தையே உதரித்தள்ளிவிட்டு அப்பால் போய்விடுவது போல, ஆயுள்வேதமாகிய அரிய சமுத்திரத்தில் முழுதி, அதில் அடங்கியுள்ள அரிய விஷயங்களை அறிந்து, ஆனந்தங்கொள்ளாமல், ஆங்கிலவைத்தியர்களுக்கும் மற்றவர்களும், அது மிகவும் பொல்லாதது, அதில் இரத்தம், மூத்திரம், மலம் முதலானவைகளை ஒளவுதங்களாக உபயோகிக்கும்படி சொல்லுகிறதென்றும், காலத்துக்குதவாத சாஸ்திரமென்றும் சொல்லி எள்ளஞ்செய்து தூற்றிவிடுகிறார்கள். இவ்வித அபிப்பிராயம் அவர்களுக்கு இருக்கும்வரையில், ஆங்கில வைத்தியமும், ஆயுள்வேதமும், காலப்போக்கில் ஒன்றுபடப் புணர்வது மிக தூர்லபமேயாகும். ஆயுள்வேதமும் ஒரு மகாதேசத்தின் சாஸ்திரம், அது பண்டை காலத்திலிருந்து அத்தேசமக்களால் போற்றப்பட்டு; அவர்களின் பிணிகளைத் தீர்க்கும்படி உபயோகிக்கப்பட்டு வருகிறது, அதை நாம் கமக்குள்ள செல்லாக்கினாலும், அதிகாரத்தினாலும் உதாசினஞ்செய்யக்கூடாது, அதனிடம் சுகோதரபாவங்கொண்டு கம்மாலான உதவியைச் செய்வேண்டும் என்கிற பேரொண்ணங்கள் ஆங்கில வைத்தியர்களுக்கு உண்டாகி, ஆயுள்வேதத்திற்குரிய ஸ்தானத்தையும், அங்கஸ்தையும் அதற்குக்கொடுத்து, தன் சாஸ்திரத்தைப்போலவே இதையும், சமரச புத்தியுடன் பார்த்து, வித்வக்காய்ச்சலும், சுயநலமுயின்றி, இதை கவனித்தால், இரண்டும், ஏகோபித்தபடி ஒன்றுபடக்கலந்து, ஒரு வண்டியில் பூட்டிய இரண்டு காளைகளைப் போல் குறித்தவிடம் ஏதும் ஆபத்தின்றிப் போய் சேரும். இல்லையாகில், ஒன்று காளை யும், மற்றொன்று எருமைக்கடாவுமாக யாறி, எருது கிழலுக்கும், எருமை வெயிலிற்கும்; இழுத்து மல்லரட வேண்டியிருக்குமென்பது திண்ணம்.

கேள்வி 6.—(உ) ஆம். ஜடதத்துவ சாஸ்திரம், இரஸாயன சாஸ்திரம், ஜீவவர்க்க கிரணயசாஸ்திரம், சரீர சாஸ்திரம், சரீர வியாபார சாஸ்திரம், வியாதி கூறுரைக்கும் சாஸ்திரம், கிருமி சாஸ்திரம் முதலானவைகளை ஆயுள் வேதியர்கள் அறியவேண்டியது மிகவும் அத்தியாவசியம். கண்டதைக் கற்றால் பண்டிதனாவானென்பது பழமொழியல்லவா? கம்முடைய தேசத்திலும் அவ்வகை சாஸ்திரங்கள் இருந்ததாகவே ஏற்படுகிறது. ஆயுள் வேதியர்கள் தற்காலம் இருப்பதுபோல் இராமல், ஆயுள் வேதத்தோடு, ஜடதத்துவ சாஸ்திரம் முதலானவைகளை நன்கறிந்தகொள்வார்களானால், தற்காலம் அவர்களின் மேல் கமத்தப்படும் பழிச்சொல் நீக்குவதுடன், இன்ன வஸ்துவில் இன்ன சத்து இருக்கிறதென்றும், இன்னின்ன வஸ்துகள் சேருவதனால், இதுவுண்டாகின்றதென்றும், அது இளை வியாதிக்கு உதவுமென்றும், வியாதியின்னதென்றும், எப்படியுண்டாகின்றதென்றும், அதற்கு ஏது பரிசாரமென்றும், இன்னும் பலவாறுகளும் தெரிந்துக்கொள்ள ஏதுவுண்டாவதோடு, அன்றோர்களை தற்காலத்திய வைத்திய சிரோஷ்டார்களென்றும் ஒப்புக்கொள்ளுவார்கள் போலிருக்கிறது.

பூர்வத்திய ஆயுள் வேதியர்கள் அவற்றையெல்லாம் தெரிந்துக்கொண்டே இருந்திருந்தார்கள் என்று சொல்லலாம். ஏனெனில், இன்ன டிருந்தில் இன்ன குணமிருக்கிறதென்றும், அதை இன்ன வியாதிக்கு கொடுக்கவேண்டுமென்றும் அதை இவ்வளவுதான் கொடுக்கவேண்டுமென்றும், அதோடு இன்னது சேர்ந்தால் அதன் குணம் பிரகாசிக்குமென்றும், அதை இவ்வளவு வேளைகளுக்குமேல் கொடுக்கக்கூடாதென்றும், அதனோடு இது சேர்ந்தால் அதன் குணம் கெடுமென்றும், இன்னும் பலவாறுகளும் தொகுத்துச் சொல்லி இருக்கிறார்கள். இவைகளைல்லாம் சாஸ்திர ஆராய்ச்சியில்லாதவர்களின் பேச்சுகளாகவிருக்குமா? அப்பேர்ப்பட்ட மகத்துவம் பொருந்தியவர்களின் மார்பில் தோன்றியவர்கள் காலவித்தியாசத்தினால், அவைகளை கைநழுவவிட்டுவிட்டார்கள். மேல்கண்ட சாஸ்திரங்களெல்லாம் ஏக்காலத்தில் அவர்கள் தெரிந்துகொள்ளாவிட்டாலும், கொஞ்சமாகவாவது அவர்கள் தெரிந்துகொள்வது மேலாகவேயிருக்கும். இவைகளுக்கு கொடுக்க வேண்டிய பட்டங்கள் பிருதுகளைப்பற்றி பல ஆயுள்வேத அறிஞர்கள் ஏகோபித்தபடி கலந்து ஆலோசிக்கவேண்டுமேயன்றி நான் ஒருவனே அபிப்பிராயஞ்சொல்லி விடமுடியாதென்று சிதுத்திக்கொள்ளுகிறேன்.

(b) தேசபாஷை நன்றாகத்தெரிந்திருந்தால் போதுமானது. 2 முதல் 4 வருடங்கள் வரையில் படிக்கலாம்.

(c) மேற்கண்ட சாஸ்திரங்களைப்பற்றி யார் எதைச்சொன்னாலும் எல்லாம் தேச பாஷையிலேயே இருக்கவேண்டும். அப்படிக்கில்லாமல் அன்னிய பாஷையிலிருந்தால் அதற்கு மதிப்பும் ருசியும் ஏற்படாது. அதோடு விர்த்தியுமுண்டாகாது. ஜப்பானியர்களைப்போல் அன்னிய விஷயங்களைக் கண்டறிந்து, அதை தன்மயமாக்கிக் கொள்ளும் குணத்தைப்போல் ஆயுள் வேதியர்களுக்கும் மற்ற தேசத்திய பொது மக்களுக்கும் ஏற்பட வேண்டும். கெட்டதாகியதொன்றை தனதென்னும் அபிமானத்தினால், மனபூர்வமாக ஒப்புக்கொள்ளுவதும் நல்லதாகிய வெள்ளை அன்னியதென்னும் வெறுப்பால் உதரித்தள்ளிவிடுவதும் புத்திசாலிகளின் குணங்களாகாது. அன்னியரிடம் அநேக அற்புத குணங்களிருக்கலாம், அவைகளைத் தெரிந்துக்கொண்டு, தெரியாதவர்களுக்கு ஒதிவைத்து முன்னேறிச் செல்லும்படிச் செய்யலாம், அல்லது மற்றவர்களுக்குச் சகாயமாக விருக்கலாம் அனுகூலமாக விருக்கவேண்டும். இதற்கு தாய் பாஷையே மிகவும் அனுகூலமானது. எல்லா சாஸ்திரங்களையும், ஒருவன் தன் தாய் பாஷையில் படிப்பதென்றால் அதைவிட பாக்கியம் அவனுக்கு வேறுவேண்டுமோ?

கேள்வி 7.—(a) அல்விதமிருக்க வேண்டியது சிபாயமே. தற்காலம் கம்முடைய கெட்ட காலத்தினால் கம்முடைய ஆயுள் வேதமானது கல்வாதவர்களிடமே அடையப்பட்டு கொண்டிருக்கிறது. ஆயுள்வேதம் இவ்வுலகிலில்லாமல் அழிந்தபோய், அதைவிடும் விடத்தில் புல்லும் முளைத்துவிட்டிராதபடி, கரத்தம், எவ்வாறாக தூற்றலுக்கும் போட்டிக்கும் கொடுத்த, இரட்சித்தம் வந்ததற்காக, காம் அவ்வைத்தியர்களுக்கு மரணப்பூர்வமாக வந்தனஞ் செலுத்தக்கடமைப்பட்டிருந்தாலும் அவர்களால் பல கெடுதிகளும் உண்டாய் விடுகின்றனவென்று ஒப்புக்கொள்ளவேண்டியதே. அத்தகையினர்களை யொன்று படுத்தி, அவர்களைல்லாம் ஒரு சிபத்தனைக்கு உட்பட்டு கொஞ்சம் ஜாக்ஜாதையாகவே உட்கும்படிச் செய்வவேண்டியது சிபாயமே. அப்படிச் செய்வதனால் இவர்களுக்கு ஒரு மதிப்புண்டாவதுடன் இவர்களிடம் பொது ஜனங்களுக்கும் மதிப்புண்டாருமென்பது நினைவும். ஆயுள் வேதியர்கள் தங்களில் ஒற்றுமையின்றி தற்காலம் சின்னப்பிள்ளைப்பட்டு மிருக்கிறார்கள். இத்தகைய ஏற்பாட்டினால் அவர்களைல்லாம் ஒன்றுபட்டு, அவர்களில் ஒற்றுமையும் ஏற்படும். ஆனால், இவ்வித சங்க மேற்படுத்தி, அதில் ஆயுள் வேதியர்கள் பதிவு செய்துக்கொள்ளவேண்டுமென்றும், இவ்வையானால் அவர்கள் வைத்தியஞ் செய்யக்கூடா தென்றும் கட்டளை பிறப்பித்த விடக்கூடாது. ஏனெனில், ஆங்கில வைத்தியமென்றும், ஆஸ்பத்திரியென்றும் தெரிந்துக்கொள்ளாத அநேகலட்சம் கிராமவாசிகளுக்கு இவ்வாயுள் வேதியர்களே இரவிலும் பகலிலும், கூப்பிட்டக் குரலுக்குச் சென்று பரிசீலிக்கிறார்கள். ஆகையினால், அத்தகையக் கட்டளைப்பிறந்தால் அதனால் பாதிக்கப்படுபவர்கள். ஆயுள் வேதியர்களாகிய சிறு தொகையினர்களானாலும் அதிகமாக பாதிக்கப்படுபவர்கள் அதிக தொகையினர்களாகிய பொதுமக்களையாவார்கள் என்பதை கவனிக்கவேண்டும். “Something is better than nothing” என்றபடி ஒன்றுமில்லாமற்போவதைக் காட்டிலும், ஏதோ சகாயம் நடத்துக்கொண்டிருப்பது மேலகலவா?

(b) இந்த ஏற்பாட்டினால் கற்றவர்களாகிய ஆயுள் வேதியர்களையும், அரிய சாஸ் திரமாகிய ஆயுள் வேதத்தையும் அவமானஞ் செய்தபடியாகின்றது. ஆங்கில வைத்தியர்கள், சர்வஞான சம்பன்னர்களும், சாஸ்திரயுத்தமற்ற காரியங்கள் செய்யத்தெரியாதவர்களாகவும், அபாயமான காரியங்கள் செய்யத்தெரியாதவர்களாகவுமிருக்கும்போது, அவர்களுக்கு அத்தகைய சங்கமேன்? கட்டுப்பாடேன்? என்ற கேள்விக்கு அவர்களின் செல்வாக்கும், சுயகலப்பிரியமு மாருமேயன்றி மற்ற சமாதானங்களேற்படாதுகள். உலகத்தார்களுக்கு அவர்கள் தான் வைத்தியர்களுள்ளும், அவர்கள் அவலம்பிப்பதே வைத்தியமென்றும் மற்றவர்கள் அல்லவென்றும், மற்றது அல்லவென்றும் காட்டுவதற்கேயாகும். ஒருவன் ஆஸ்பத்திரிக்குப்போக இஷ்டப்படாமல் என்னிடம் சித்பேதிக்காக மருந்து சாப்பிட்டு சுகமுற்று, தான் உத்தியோகசாலக்குப்போக தவக்கப்பட்டதினால், அதற்காக என்னிடம் ஒரு பத்திரத்தைப்பெற்று தன்னுடைய தலைமை உத்தியோகஸ்தருக்குக்காட்டி அவர் அதை ஏற்றுக்கொள்ள மறுத்ததும், சிலர் அப்பேர்ப்பட்டவைகளை ஒப்புக்கொண்டதும் என் அனுபவமாகிருக்கின்றது. மைசூர் கவர்ன்மென்டார், ஆயுள் வேதியர்களின் நற்சாட்சி பத்திரங்களை ஏற்றுக்கொள்ளுகிறார்கள். கம்முடைய கவர்ன்மென்டில் கம்மைப்பிடித்துத் தள்ளுகிறார்கள். அவர்களுக்குக் கொடுக்கவேண்டிய 5, 1) அல்லது 15 ரூபாய்களைக் கொடுத்துவிட்டால் கூஜீவியாக யிருக்கும் ஒருவனுக்கு உலகத்திலில்லாத வியாதிகளெல்லாம் வந்து விடுகின்றன. எவனுக்கு எவ்விடமிஷ்டமோ அவ்விடம் வைத்தியஞ் செய்துக்கொண்டு சுகமடையும்படி மற்றவர்கள் ஏன் விடுவதில்லை. ஆயுள் வேதியர்கள் நெறிதப்பிய வழிகளில் பிரவேசிப்பார்களென்பதா? ஆங்கில வைத்தியர்கள் அப்படி நடப்பதில்லையென்பது கோட்பாடோ? அவர்களையே வைத்தியத்திற்கு சர்வாதி காரிகளாக விட்டிருப்பது ஒருபோதும் சிபாயமாகாது. இங்கிலாந்திலும் அமெரிக்காவிலும், அப்படிச் செய்யலாம். ஏனெனில், அவ்விடமிருப்பது ஒரே வைத்தியம். நமது தேசத்தில் கம்முடைய தேசிய வைத்தியமும் இருக்கின்றதல்லவா? சக்கரவர்த்தியார் இருக்கும் நாட்டில் குறுகிலமன்னர்களும் இருப்பதைப்போல் பெரியோர்களாகிய அவர்கள் நடமாடும் நாட்டில் நாங்களும் நடமாடி, அவர்கள் ஆயிரமாயிரமாக சம்பாதித்தால் நாங்கள் பத்து பத்தாக சம்பாதிப்பதற்கும், அவர்கள் பெரிய பெரிய காரியங்களைச் செய்தால் நாங்கள் சின்னசின்ன காரியங்களைச் செய்யும்படியும், அவர்கள் பெரிய பெரிய மனிதர்களுக்கு நற்சாட்சி பத்திரங்களைக் கொடுத்தால், நாங்கள் சின்ன சின்ன மனிதர்களுக்குக் கொடுக்கும்படிக்கல்லவோ விட்டிருக்கவேண்டும். அதைத்தள்ளி, தேசத்தின் மூலாதாரத்தை மூலையில் தள்ளி, அதன் விர்த்திக்கு முட்டுக்கட்டை போட்டதுபோல, தேசிய வைத்தியர்களாகிய எங்களைத் தள்ளி எங்கள் விர்த்திக்கும் பினைஞ் செய்திருப்பது மன வருத்தத்தை கொடுப்பதாகவேயிருக்கின்றது.

கேள்வி 8. ஆயுள்வேத சித்தாந்தப்படி செய்யப்பட்ட மருந்துகள் ஆங்கில முறைப்படி செய்யப்பட்டவைகளைக்காட்டிலும் மிகவும் மலிவானவைகளைப்பற்றி யாதும் சந்தேகமேயில்லை. நமது நாட்டில் விளையும் சக்காசுது இரண்டணுவுக்கு வாங்கப்பட்டு, கடல் தாண்டிப்போய் அவ்விடம் இயற்கை ரூபத்தை மாற்றிக்கொண்டு, அலங்காரமான ஒரு குப்பியில் அடைக்கப்பட்டு, பலவண்ண காகிதங்களை போர்த்துக்கொண்டு, மறுபடியும் கடலதாண்டி கம்மிடையில் வந்து, நமக்குத் தெரியாததோர் பெயர் புனைந்து, குப்பியொன்றுக்கு ரூ. 4, 5 ஆக விற்கப்படுகின்றதை நாம் காண்கிறோம். அது எத்தனை தடவைக் கட்டைத்தாண்டினாலும், எத்தனை வகை குப்பிகளில் அடைக்கப்பட்டாலும், எவ்வளவு

வர்ண காசிதங்களை தாங்கினாலும், எத்தகைய பெயரை புனைந்தாலும், அது கமது அன் புள்ள கக்கு கக்காகவேயிருக்கிறது. அது இவ்விதம் பலதடவைகளில் கடல் தாண்டுவத னால் அதன் குணத்தில் அதிகப்படுமோ அல்லது அதற்கு அதிகதேவதையாகிய பிரமதேவனை விட்டு மற்ற தேவர்களைக்கொள்ளுமோ அவ்விதம் அது போய்வந்ததினாலும் அவ்விட மிருந்ததினாலும், பழமைபட்டு அதன் குணத்திலும் வீரியத்திலும் குறைவுபடுமேயன்றி வேறில்லை. இவ்விதம் அது கடல் தாண்டுவதற்கான செவ்வென்ன? அதை பக்குவஞ் செய் யும் கம்பெனியாரின் லாபமென்ன? இவ்விடம் நமக்கு விற்கும் கடைக்காரர்களின் லாப மென்ன? அதை பிணியாளிகளுக்கு வரவழைத்துக்கொடுக்கும் வைத்தியர்களின் “டிஸ் கௌண்ட்” என்ன? இவைகளெல்லாம் யார் தலைபின்மேல் ஏறுவது. ஏழை பிணியாளி களின்மேலல்லவா? இவ்விதமே ஒவ்வொரு சரக்குக்கும் வர்ணனை கொடுக்கலாம். நம் முடைய ஆயுள்வேத வைத்திய மருந்துகளோ அப்படி இல்லை. அவைகளுக்காக நாம் கடல் தாண்டிபோகவேண்டிய அவசியமில்லை. நம்முடைய ஆயுள்வேத வைத்திய வாக டத்திய எல்லா மருந்துகளும் மூலிகைகளினாலேயே செய்யும்படி சொல்லப்பட்டிருக்கின் றன. அவைகளை நாம் நன்றாகத் தெரிந்துகொள்ளாத குறையேன்றி, சாஸ்திரக்குறைவு ஒன்றுமில்லை. இரஸ பாஷாணதிகளையும் நாம் கண்டடையவும் சிலதைச் செய்யவும், அனுக்ஷமமாக, “சரக்கு வைப்புகளும்” சாதனங்களும் ஏற்பட்டிருக்கின்றனவன்றோ? அதனாலேயே பிறவி பாஷாணங்கள் 32 ஆகவும், அவைகளில்லாத சமயம்—வைப்பு பாஷா ணங்கள் 32 மாக நம்முடைய சாஸ்திரிகள் சொல்லி இருக்கிறார்கள். மூலிகைகளோ நம் முடைய புறக்கடையில் உண்டாகுபவைகளாகவிரிக்கின்றன. அவைகளை நாம் ஆவட்சி யமாகத் தள்ளிவிடுவதாலேயே, அதிக கஷ்டத்திற்கும் நஷ்டத்திற்கும் ஆளாகவேண்டி யிருக்கின்றது. மேலும் அன்னிய மருந்துகள் கிராக்கிக்குத் தக்கபடி, விலையில் ஏறவும், இறக்கவுமாகவிரிக்கின்றனவென்பது எல்லாருக்குத் தெரியும். போன இன்புளுவென்ஸா என்னும் சுரம்வந்த காலத்தில், சமயத்திற்குத் தக்கபடி, Antiphlogistine என்னும் மருந் தும், Liq. Peptonoids, Manola, Essence of chicken என்பவைகள் தங்களுக்குள்ள இயற் கை விலையில் 15, 20 மடங்குகள் அதிகப்பட விற்பது என் அனுபவம். இதைல்லாம், நாம் இளைக்கவும், மற்றவர்கள் பெருகவும் ஏற்பட்ட சூட்சிகளென்றே அறிவுள்ளோர்கள் நினைக்கிறார்கள். இயற்கை பொருள் நம்மிடம் ஏறாமாகவிரிக்க, செயற்கைபொருள் களுக்காக, அயல்நாட்டை நம்பி இருப்பது நமக்கு அவமானமாகவே இருக்கின்றது. இத் தகைய ஏற்றத்தாழ்வுகள் நம்முடைய மருந்துகளுக்கில்லை. 50 பேர் பிணியாளிகளுக்குக் கொடுக்கக்கூடிய சுதர்ஸண சுரமாதிரை வெகு சலபத்தில் முடியும். எல்லாவகை வயிற்றுநோயையும் அப்பொழுதே தீர்க்கும். சுதர்ஸண வவணம் வெகு சலபத்தில் முடி யும். சாப்பிட்டவுடன் எல்லாவகை மந்தம், பேதி, புளியேப்பம் முதலானவைகளைத் தீர்க்கும். சுதர்ஸண போஜனகுடாரி மாத்திரை அணு கணக்கில் முடியும். எல்லாவகை பேதியையும் கட்டக்கூடிய கற்பூராதி மாத்திரை அணு கணக்கில் முடியும். இவ்விதமே அநேக கோடி மருந்துகள் நம்முடைய ஆயுள்வேதத்திலுண்டு. தான் செய்யும் மருந்தில் அதை சேர்த்தேன் இதை சேர்த்தேன் என்று தனக்குக் காசு அதிகமாகக் கிடைக்கும்படி வைத்தியன் பித்தலாட்டஞ் செய்தாலொழிய, உண்மையில் நம்முடைய மருந்தில் பித்த லாட்டம் இல்லை. ஐந்து ரூபா விலையுள்ள ஒரு மருந்தை 1 புட்டி சாப்பிட்டவுடன் இன் னிள்ள நல்ல குணங்கள் உண்டாய்விடுமென்று விலாசத்தில் சொல்லி, அதை ஆவலுடன் வாங்கி பிரித்தவுடன், அவ்வியாதி தீரவேண்டுமானால் 6 புட்டிகள் முதல் 9 புட்டிகள் வரையில் சாப்பிடவேண்டுமென்று ரெட்டிபட்டு சாயியை நினைத்து இந்த விபூதியை உட் கொண்டால் உனக்குண்டாயிருக்கும் வியாதி ஒரு மணியில், ஒரு நாளில், ஒரு வாரத்தில், ஒரு பட்சத்தில், ஒரு வருடத்தில் அல்லது ஒரு புகத்தில் தீருமென்று சொன்னவண்ண மிருந்தால், அந்த மருந்தின் சகாயம் நன்றாகவிரிக்கிறதல்லவா? ஆந்திர ஆயுள்வேத ஓளஷ தசாலை, Zandu ஓளஷதசாலை முதலானவைகளைப்போல் பல பெரிய ஓளஷதசாலைகள் ஏற்பட்டு, நம்முடைய ஆயுள்வேத வைத்திய ஓளஷதங்களை பெருவாரியாகச்செய்து விற்ப தென்று கிரணியித்துவிட்டால், தற்காலம் ஒரு தோலா 30, 35 ரூபாய்களாகவிற்கும் “சித்தமகரத்துவஜம்” 1, 2 ரூபாய்களுக்குக் கிடைத்து மக்கள் சுகமுதுவார்கள். அப்படி யுண்டாக ஆண்டவன் அருள்புரிவானாகவும்.

கேள்வி 9.—நம்முடைய ஆயுள்வேத வைத்தியம் சீரற்றதற்குக் காரணம்: அரசாங்கத் தாரின் ஆதரவில்லாமையும், அதனால் அன்னிய வைத்தியத்தின் போட்டியுமேயாகும். எது எவ்விதமிருந்தாலும், அரசாங்கத்தின் ஆதரவுமாதிரும் இருந்திருக்குமேயானால், தேசிய வைத்தியம் இத்தகைய நிலைமைக்கு வந்திராது. ஆயுள்வேதம் ஒரு உண்மையானதும், தேவ அனுக்கீரகம் பெற்றதாகையினால், அன்னிய போட்டி அதிகமாகவிரும்பும், அழியா மலும், எந்தெந்த விதத்தில் அதை அடக்கலாமென்று ஆத்திரங்கொண்டு அடக்கியும், அது ஒரு பக்கத்தில் இல்லாவிட்டாலும் மறுபக்கத்தில் செழித்தும், வளர்ந்தோங்கிவருகின்றது. அதன் ஆணியோர், அதை, சுதல பாதாளத்தில் இறக்கிவிட்டதென்றும், அது எத்தகைய காற்று மழைக்கும் அசையாதென்றும் சொல்லவேண்டியதே. அதன்மேல் பழி சுமத்து வதெல்லாம், ‘தான் வாழ பிறர் சாக’ வென்பதேயல்லாமல் வேறல்ல. இளைத்தவன் இரும்பை சாப்பிடவேண்டு’மென்றும், ‘வெளுத்தவன் கரிசலாங்கண்ணியை சாப்பிடலா’ மென்றும், நிலவேம்பு சுரத்தை தீர்க்குமென்றும், சுக்கு தீபனகாரியென்றும், முடக்கறுத் தான் வாத நூரகாரியென்றும், மதுபலம் வமனகாரி என்றும் ஆராய்ச்சி செய்திருந்தா

(6) கதேச முறைப்படி சிசிச்சை செய்வதற்கும், கல்வி கற்பிப்பதற்கும் தகுந்த ஏற்பாடு செய்யவில்லை. அந்தக் குறைவை நீக்குதற்கு—

- (1) படிப்படியாய்ப் பாடபுத்தகங்கள் எழுதி வெளியிடல்,
- (2) பல பள்ளிக்கூடங்களமைத்தல்,
- (3) தகுந்த உபாத்தியாயரைக் கொண்டு கற்பித்தல்,
- (4) வருஷத்தில் ஒருமுறையேனும், இருமுறையேனும் பரீட்சை வைத்தல். தேர்ந்தெடுக்கப்பட்டவர்களுக்கு கற்சாஷிப் பத்திரமளித்தல்,
- (5) பற்பல இடங்களுக்கு அவர்களை வைத்தியம்செய்ய அனுப்புதல்,
- (6) வாரத்தோறும் வைத்தியசம்பந்தமான தமிழ்ப் பத்திரிகை யொன்று வெளியிடல்,
- (7) புதிதாய் ஒன்று கண்டுபிடித்து அதுபவத்துக்குக் கொண்டுவந்தவர்களுக்குத் தகுந்தவாறு பரிசளித்தல்,
- (8) தற்காலத்திலுள்ள சாத்திரச்சுவடிகளையெல்லாம் ஒன்றுசேர்த்து ஆங்காங்கு புத்தகசாலை யமைத்தல்,
- (9) பிறகாட்டு வைத்திய சிபுணர்களோடு கலந்துகொள்ளும்படி செய்தல்,
- (10) வைத்திய முறைமையின் தாரதம்மியங்களை ஆங்காங்கு சென்று கண்டறி யச் செய்தல்,
- (11) வைத்தியத்துக்கு வேண்டிய பச்சிலைச் செடிகள், கொடிகள், மாங்கள் வள ரக்கூடிய தோட்டங்களமைத்தல்,
- (12) ஆங்காங்கு மருந்துகள் செய்யும் பல இடங்களமைத்து அவைகளினின்றும் பல இடங்களுக்கு மருந்து அனுப்பச் செய்தல்,
- (13) மருந்து செய்வதற்குரிய கருவிகள் அமைத்துக் கொடுத்தல்,
- (14) ஒவ்வொரு ஊரிலும் மருந்துக்கடைகளமைத்தல்,
- (15) அக்கடைகளில் தகுந்த வைத்தியர்களை மேல்பார்க்க வைத்து நோயாளிக ளுக்குச் சிசிச்சை செய்யச் செய்தல் இவைபோன்ற பிறவுமாம்.

கேள்வி 4.—(a) கதேச வைத்தியமுறையே பூரணமாய்ப் பயிற்சிக்கும்படி செய்வது மிக அவசியந்தான்.

(1) மாணுக்கர்களை, சிபுணத்துவமும் கீர்த்தியும் வாய்ந்த உபாத்தியாயர்களின் மேல் விசாரணையில் விட்டுவைக்க வேண்டியது அவசியந்தான்.

(2) சரியான முஸ்தீதுகள் ஏற்படுத்தப்பட்டிருக்கும் ஆஸ்பத்திரிகளுக்கும், சசாயனப் பயிற்சிசாலைகளுக்கும், புத்தகசாலைகளுக்கும், பொருட்காஷிசாலைகளுக்கும், உபாத்தியாயர்களோடு மாணுக்கர்கள் போக வேண்டியதும் அவசியந்தான்.

(3) உபாத்தியாயர்கள் சொந்தமாய் ஆராய்ச்சி செய்வதற்குப் போதுமான அவகாசம் கொடுக்கவேண்டியதும் அவசியந்தானென்று நான் எண்ணுகிறேன்.

மேற்கூறிய லக்ஷியங்கள் பங்காள ராஜதானியில் நடத்தப்பட்டுக் கைகூடும்படியான ஸ்திதியில் இருக்கின்றன வென்று தெரிந்துகொண்டிருக்கிறேன்.

(b) இந்த லக்ஷியம் மிதமிஞ்சி உயர்வா யிருப்பதென்று தற்காலத்தில் தோன்றினாலும் நாளடைவில் கைக்கூடுமென்பது திண்ணம்.

(1) கதேச வைத்தியக் கல்வி கற்பிக்கச்செய்து கற்றதை யதுபோகத்திற் கொண்டு வரச் செய்தாற் போதும்.

(2) கதேச வைத்தியர்களின் படிப்பையும் தொகையையும் அதிகரிக்கும்படியாயும், தூல்களைத் தற்கால முறையில் எழுதும்படியாகவும் எவவேண்டுவதும் ஏற்பாடு செய்யவேண்டுவதும் மிக முக்கியமான வேலையென்று உத்தேசிக்கிறேன்.

கேள்வி 5.—கவீன சாத்திர முறைகளைப்பொன்றில்லை. எல்லாம் முன்னுள்ள முறைகளே. முன்னுள்ள முறைகளை அறிந்துகொள்ளாத காரணத்தால் அவை கவீன முறைகளாயின. முன்னுள்ள முறைகள்தானென்று அறிந்துகொள்ளக் கூடிய கன்மையைத்தரும், இங்குள்ள முறைகளைப் பிறகாட்டு வைத்தியாப்பியாசிகள் தெரிந்துகொண்ட பின் அதிற் சில திருத்தங்கள் செய்துகொண்டது போலச் செய்து தங்கள் வைத்திய முறை தானென்று சொல்லிப் பின் கையாண்டு கொள்வார்களென்பதில் யாதொரு சந்தேகமுமில்லை. முறைதெரிந்து நடத்தக் கூடாதவர்கள் தங்களுக்குப் பயன்படாத விஷயங்களைக் காலக்கிரமத்தில் விவக்கவேண்டியது அவசியந்தான் என்பதற்குச் சந்தேகமில்லை. பிறகாட்டு வைத்தியமுறை பிறகாட்டு வைத்திய முறைதான்; இங்காட்டு வைத்தியமுறை இங்காட்டு வைத்திய முறைதான். பிறகாட்டு மருந்துகள் காரமில்லா மருந்துகள். கதேச மருந்துகள் மிகக் காரமுள்ள மருந்துகள். இருகாட்டிலும் செய்முறைகளும், குணபாகங்களும் வெவ்வேறுபெரிந்ருக்கும், இரண்டு முறைகளுக்கும் சம்பந்தங்களை ஒற்றுமைப் படுத்தி,

அப்போதைக்கப்போது எழுதி வெளியிடுவதே ஒரேவிதமான வைத்தியம் ஏற்படுவதற்கான வகையம் கைகூடுதற்குரிய முயற்சியாம். அதற்கு இருகாட்டுச் சாத்திரங்களும் தெரிந்துகொள்ள வேண்டியது அவசியந்தான்.

6. சுதேச வைத்தியத்தைக் கற்பிப்பதற்கு சண்டு குறித்துக் காட்டியிருக்கிற எல்லாச் சாத்திரப் பிரிவுகளையும், இவைபோன்ற பிற சாத்திரங்களையும் தற்கால முறையை யனுசரித்துக் கற்பிக்கும் பாடமாகச் சேர்த்துக்கொள்ளவேண்டுமென்பதை நான் ஒப்புக் கொள்ளுகிறேன்.

சுதேச வைத்தியமுறையைக் கற்றுக்கொள்ளும் மாணவர்களுக்கு ஏற்படுத்தவேண்டிய பாடக்கிரமத்தின் சங்கிரகம்.

முதலாவது வருஷம்.

- (1) சுதேசிய வைத்திய புஸ்தகங்களைப் பற்றிய முதற்பாடம்.
- (2) உடல்தூல், முதற்பாடம்.
- (3) வைத்திய தாவரதூல், முதற்பாடம்.
- (4) சரக்குவைப்பு, முதற்பாடம்.
- (5) பதார்த்தகுணம், முதற்பாடம்.
- (6) சரக்குச்சுத்தி, முதற்பாடம்.
- (7) உணவின் வகையும், தன்மையும் முதற்பாடம்.
- (8) வைத்தியன், நோயாளி இவர்களின் குணம் கடைகள்.
- (9) காடிசாத்திரம், முதற்பாடம்.

இரண்டாவது வருஷம்.

- (1) உடல்தூல், இரண்டாம் பாடம்.
- (2) வைத்திய தாவரதூல், இரண்டாம் பாடம்.
- (3) சரக்கு வைப்பு, இரண்டாம் பாடம்.
- (4) சரக்கின் குணம், இரண்டாம் பாடம்.
- (5) சரக்கின் சுத்தி, இரண்டாம் பாடம்.
- (6) நோயின் காரணம் காட்டக்கூடிய பாடம்.
- (7) மருந்துகள் செய்யும் காலம் காட்டும் பாடம்.
- (8) காடிதூல், இரண்டாம் பாடம்.
- (9) மருந்துகள் செய்தற்குரிய கருவிகளும் அவைகளை யுண்பெண்ணுமுறைகளும் காட்டும் பாடம்.

மூன்றாம் வருஷம்.

- (1) வியாதிகளின் பெயர்களும் தன்மைகளுக்காட்டக்கூடிய புஸ்தகம்.
- (2) அலுபானங்களின் விபரங்களும் தன்மைகளுக்காட்டும் புஸ்தகம்.
- (3) ரோக விதானம் அறியக்கூடிய புஸ்தகம்.
- (4) கைபாகம், செய்பாகம், பத்தியமுறை, சரக்குகளுக்குள் சத்தருயித்துரு அறிதற்குரிய பாடம்.
- (5) மாத்திரை, ரஸாயனம், மெழுகு, தீர்நல் மருந்து, குழம்பு, எண்ணெய், தைலம், கலிங்கம், கசியம், மை, செயநீர், புகைநீர், தீநீர், குழித்தலைம், பூப்புடத்தலைம், சுடர்த்தலைம், செந்தூரம், பஸ்பம், சுண்ணம், முதலிய மருந்துகள் செய்யும் விதமும், கட்டினம் செய்தலும், ரசமணியுண்டாக்குதலும்.
- (6) மருந்துகளும், அவைகள் உபயோகிக்கும் விதமும் காட்டக்கூடிய புஸ்தகம், எரிப்புத்திட்டம், எருத்திட்டம், சிதைத்திட்டம், நீற்றுமாணஞ் செய்யும்வித முதலியவைகளைக் காட்டக்கூடிய புஸ்தகம்.

- (7) அங்காதிபாத சாஸ்திரம்.
- (8) சத்திர வைத்தியமும் அதற்குரிய கருவிகளும் காட்டக்கூடிய பாடம்.
- (9) விஷ வைத்திய பாடம்.

நாலாவது வருஷம்.

- (1) கைதேர்ந்த வைத்திய விபுணருக்குள் இருந்து பழகுதல்.
- (2) வைத்திய சம்பந்தமான புது முறைகள் கண்டிபிடித்தல்.
- (3) வைத்திய புத்தகங்கள் எழுதுதல்.
- (4) சுதேசிய வைத்தியப் பெருமைகளைப்பற்றிப் பல அரிய பிரசங்கங்கள் செய்தல்.
- (5) இம்முறைகளைப் பல தேசங்களில் அதுட்டிக்குமாறு பாப்பல்.

கேள்வி 6.—(a) முதல் வருஷப் பரீட்சையில் தேறினவர்களுக்கு மருத்தவ பாலியன் (M.B.) என்ற பட்டம் அளிக்கலாம்.

இரண்டாம் வருஷத்தில் தேறினவர்களுக்கு மருத்தவ ஆசிரியன் (M.A.) என்ற பட்டம் அளிக்கலாம்.

மூன்றாம் வருஷத்தில் பரீட்சையில் தேறினவர்களுக்கு மருத்தவபதி (M.P.) என்ற பட்டம் அளிக்கலாம்.

நான்காவது வருஷத்தில் தேறினவர்களுக்கு மருத்தவப்பூபதி (M.B.P.) என்ற பட்டம் அளிக்கலாம்.

(b) வைத்தியம் படிக்கும் மாணாக்கர்களுக்கு சுதேச பாஷையை அல்லது அத்தடன் ஆங்கிலத்தை கன்றாய்ப்படிக்கவும், பொருள் கொள்ளவும் எழுதவும் தெரியவேண்டும். குறைந்தது 16 வயதுடையவரையும், தேசநிடமுடையவரையும், சோம்பல் இல்லாதவரையும், இருத்தல்வேண்டும். நான்கு வருடகாலம் மேற்கூறிய பாட சங்கிரகத்தின்படி படித்திருத்தல் வேண்டும்.

(c) அத்தந்த காட்டிற்றூரிய சுதேச பாஷையில் கற்பிப்பதுதான் கலம். ஆங்கில பாஷை தெரிந்த மாணவர்களுக்கு அவ்விருபாஷைகளிலும் கற்பிக்கலாம்.

கேள்வி 7.—சுதேச வைத்தியாப்பியாசிகளை இப்பொழுதே ரிஜிஸ்டர்செய்துகொள்ள வேண்டுமென்று வற்புறுத்தல் அவசியமென்று எனக்குத்தோன்றவில்லை. அந்தச் சட்டத்தை உறுதிப்படுத்தினால் ரிஜிஸ்டர் செய்துகொள்ளாதவர்கள் வைத்தியம் செய்யக் கூடாதென்று வரும். அதனால் பட்டணங்களைத் தவிரக் கிராமங்களிலுள்ள ஜனங்களுக்கு வைத்தியம் கடப்பது அசாத்தியமாய் முடியும்.

(a), (b) அதனால் அவர்கள் வருத்தமுதவர்கள் என்பது நிண்ணம். ஆதலால், சுதேசிய வைத்தியர்களின் தொகை புது ஏற்பாட்டின்படி அதிகரித்த பின்னர், இச்சட்டத்தை வற்புறுத்தல் கலமென்று யான் அபிப்பிராயப்படுகிறேன்.

கேள்வி 8.—அலோபதி வைத்தியமுறைப்படி சிகிச்சை செய்வதைப்பார்க்கிலும் சுதேசிய வைத்திய முறைப்படி சிகிச்சை செய்வதற்குப் பிடிக்கும் செலவு மிகக்குறைவே.

காரணங்கள்.

அலோபதி வைத்தியர்களைக்கொண்டு ஒரு காய்ச்சலுக்கு மருந்து கொடுக்கச்சொன்னால் ஒரு மாசம் அல்லது இரண்டு மாசம்வரை மருந்துகளைக்கொடுத்து, ஒரு டோஸ் மருந்திற்கு சுமார் 2 அணு வீதம் கிரயம் ஏற்படுத்திப் பெரிய பில் ஒன்று அனுப்புகிறார்கள். அம்மட்டோ. அவர்கள் அடிக்கடி வந்து பார்த்துப் போவதற்குத் தடவல் ஒன்றுக்குக் குறைந்தது ரூ. 2 வீதம் சார்ஜ் செய்கிறார்கள். வியாதிகள் தீர்ந்தபின் பரிசு வேறு வாக்கு கிறார்கள். சுதேச வைத்திய முறைபில் மூன்று பொழுதுக்குக் குறைபாமதும், பதினொரு பொழுதுக்கு மேற்படாததுமான மருந்துப் பிரயோகத்தால் காய்ச்சல் முதலிய எவ்வகை வியாதிகளையும் நீக்கிவிடலாம்.

நீக்குதற்குப் பிரபலமான மருந்துகள் இத்தமிழ் வைத்தியத்தில் கூறியதுபோல் யான் என்கும் கண்டிலேன்.

ரசமணி செய்யுமுறைகளும், கற்ப முறைகள் அதுட்டிக்கும் விதிகளும், யோகாப் பிராசம் செய்யும் வழிகளும், காஷிகள் காணும் அற்புதங்களும், ஆயுளை விருத்திபண்ணிக்கொள்ளும் விதமும், ஞானம் அடையுமுறைகளும், மந்திரங்களை அதுட்டித்துச் சித்திபெறும் விதமும் மிகப் பாக்கக்கூறப்பட்டிருக்கின்றன.

இந்நாட்டில் ரசக்கிணறுகள் சில மலையடிவாரங்களில் இருக்கின்றனவாகவும் கூறப்பட்டுள்ளன. இத்தென்னாட்டில் சதுரகிரி, பொதிகை, திரிகூடம், கம்பிமலை, சஞ்சிவிமலை, மருத்துவாழ்மலை, குருமலை முதலிய பல மலைகள் இருக்கின்றன. அம்மலைகளிலுள்ள குகைகளில் சித்தர்கள் வசிப்பார்கள். அம்மலைகளிற் பச்சிலைகள் பலவுள. கடற்கவராயிலுள்ள பச்சிலைகளை விட அவைகள் மிக நயமுள்ளவைகள். மூலிகைகளிலும் உயிர் இருப்பதால் அவைகளை விணைபிடுங்கிப் பாழாக்கலாகாது. தூலிற்சொல்லிய முறைப்படி பிடுங்கவேண்டும்.

மலைகளில் கருநெல்லி, கருகொச்சி, ஜோதிப்புல், ஜோதிநிருக்கம், கருநீலி என்பது உண்மை. அவ்வாறு பரீட்சை பார்க்கலாம். இரண்டணு மருந்தில் கபக் காய்ச்சல் ஜன்னிகள் குணமாகிவிடுமென்பதில் தடையில்லை. அவ்வாறு தீர்ப்பதற்கு விக்க செந்தூரமென்ற ஒரு மருந்தே போதும். ஒரு பலம் விக்கம் கிரயம் அணு 8, அதைச் சுத்தஞ் செய்து புடத்தில் வைத்துச் செந்தூரஞ் செய்தால் ஒரு கோத்துக்கு ஒரு மஞ்சாடி வீதம் அதிகப் பொழுதாகிய 11 பொழுது கொடுத்தாலுக்கூட சுமார் இருபத்து நான்கு பேர்களுக்குக் கொடுக்கலாம். மருந்துக்கிரயம் ஒருவருக்கு 4 பைசாவாக முடிந்தது. செய்பாகம், கைபாகங்களுக்கு 2 பைசா வைத்துக்கொள்ளுவோம். அதையுஞ் சேர்த்தால் 6 பைசாவாகும். வியாதிக்குறிக்களைத் தெரிந்துகொண்டால் போதும். கோரிற் போய்ப்

பார்க்கவேண்டியது அத்தனை அவசியமில்லை. இருந்த இடத்திலிருந்துகொண்டே மருந்து அனுப்பலாம். சுதேச வைத்திய முறையில், இவ்வளவு சொற்பச் செலவில் வியாதிகளைத் தீர்ப்பதற்கு அநேக மருந்துகள் ஏற்பட்டிருக்கின்றன என்பதை உண்மையாய்த் தெரிவித்துக்கொள்ளுகிறேன். வேறு உதாரணங்கள்காட்டினால் விரியுமென்று அஞ்சி விடுத்தேன்.

கேள்வி 9.—சுதேச வைத்திய முறைகள் சுஃனித்துப்போவதற்குக் காரணங்கள்:—

(1) அறிவுடையார் பலரும் அவ்வைத்திய முறையைக் கையாடாது வேதாந்த சிந்தனைத் தீர்ப்பதற்கு அநேக மருந்துகள் ஏற்பட்டிருக்கின்றன என்பதை உண்மையாய்த் தெரிவித்துக்கொள்ளுகிறேன். வேறு உதாரணங்கள்காட்டினால் விரியுமென்று அஞ்சி விடுத்தேன்.

(2) சாத்திரங்கள் கடினமான பாட்டுகளில் அமைத்திருத்தலன்றி, முறைப்படுத்தி வசனத்தில் எழுதி வெளிப்படுத்தாமை.

(3) ஒருவருக்குத் தெரிந்த வைத்தியமுறையை மற்றொருவருக்குத் உண்மையில் தெரிவிக்காமை.

(4) இந்நாட்டிலுள்ள முக்கியமான சாத்திரங்கள் பிறநாட்டிற்குச் சென்றமை.

(5) பிறநாட்டு வைத்தியமுறைகளும், சாத்திரங்களும் அவைகளை மாத்திரம் விருத்திபண்ணுவதற்கு ஏற்பட்ட முறைகளும் மிகப் பரவிநின்றமை.

(6) இந்நாட்டார் சுதேச வைத்தியத்தைக் கையாடாது பிறநாட்டு வைத்தியத்தை மிகவும் கைக்கொண்டமை.

(7) சுதேச வைத்தியரைப் புறக்கணித்துத்தள்ளி அவர்களுக்குச் சொற்பப்பணமும் கொடாமை.

(8) பட்டாதாரிகளைக்கொண்டு வியாதிக்குச் சிகிச்சை செய்யச் செய்தல் தங்களுக்கு மேன்மை தருமென்று எண்ணினமை.

(9) சுதேச மருந்துகள் ஆங்காங்கு சேர்த்து சலபத்தில் வாங்கிக்கொள்ளும்படியான விதமாய் வைக்கப்படாமை.

(10) சுதேச வைத்திய முறைகளைக் கற்பிக்க வழியில்லாமை.

(11) ராஜாங்கத்தாரின் ஆதரிப்பின்மை.

இவைபோன்ற இன்னும் பலகாரணங்களுள்ளன.

கேள்வி 9-10.—(a) ராஜாங்கத்தார் சுதேச வைத்திய முறையை ஒப்புக்கொண்டு அதை விருத்திசெய்வதற்குத் தகுந்த ஏற்பாடுசெய்து பொருளுதவி செய்யவேண்டும்.

(b) அப்படிக்கொடுத்த தொகையைக்கொண்டும், லோகல் போர்டார் தங்களைக் கொடுக்கக்கூடிய தொகையை அத்துடன் சேர்த்தும் வசனத்தில் தகுந்த விபுணர்களைக்கொண்டு நூல்கள் எழுதிவைத்தும் தகுந்த முறையில் பள்ளிக்கூடங்களேற்படுத்தியும் சுதேச வைத்தியப்பயிற்சி செய்வித்தல், பரீக்ஷித்தல், அதுபவத்திற்குக்கொண்டுவரச்செய்தல், பட்டம் கொடுத்தல், சுதேச வைத்தியராக்குதல், புத்தகசாலை அமைத்தல், மருந்துப் பச்சிலைத்தோட்டம் வைத்தல், வாராந்தரப் பத்திரங்கள் வெளியிடல் முதலியவைகளாலும்,

(c) சர்வகலாசாலைகளிலும் இவ்வைத்தியப்பாடங்களை யேற்படுத்த அனுமதி கொடுத்து ஆதரிப்பதாலும்,

(d) தனி நபர்களும், சங்கங்களும், வைத்தியர்களை ஆதரிப்பதற்கு நிதி ரூபமாயும், பிரசங்கரூபமாயும் விருத்திசெய்யத் துணிதலாலும் சுதேச வைத்திய முறையை விருத்திக்குக்கொண்டுவரலாமென்று எனக்குத் தோன்றுகிறது.

தமிழ் மருத்துவம்.

1. தமிழ் மருத்துவமெனினும், தமிழ் வைத்தியம் எனினும் ஒக்கும். மக்களுள்ளவன்றே நோய்களுமுள்ளன. நோய்களைத் தீர்ப்பது மருந்து. நோய்களைத் தீர்ப்பவன் மருத்துவன். நோய்களைத் தீர்ப்பதற்குரிய மருந்துகளையும், நோய்வந்தவழியையும், மருந்துகள் செய்யுமுறைகளையும் விரித்துக் கூறாநிற்கும் நூல்களே மருத்துவ நூல்களாம். நோயால் பிணிக்கப்பட்டவன் நோயாளியாம்.

மருத்துவ நூல்கள்.

2. முதல்முதல் இறைவனால் உயிர்கள் பிணியால் வருத்தமுறாவண்ணம் அருளிச் செய்யப்பட்ட நூல்களே மருத்துவ முதல் நூல்களாம். அதன்பின் முனிவர்களும், பதினெண் சித்தர்களும், அவர் வழி வந்தபிறகும் பற்பல நூல்கள் தமிழ் மொழியின்கண்பாக்களாலும், பாவினங்களாலும் இயற்றுவாராயினர். அந்நூல்களே சித்தர் நூல்கள்

எண்ப்புவெணவாம். சித்தர்கள் பரம ஞானத்தால் கீடை ஆயுடைய பெற்றவர்கள். அவர்கள் தூலினும் வழங்கிப்பெறும் வார்த்தைகளின் பொருள்களையும், குறிச் சொற்களையும் தெளிவாய் அறிபுமாறு கிண்கெள் பல ஏற்பட்டிருக்கின்றன. சாக்குகள் வைப்பதற் காகச் சாக்கு வைப்பு தூவென்னும் பேரோடு பல தூங்கள் இயற்றப்பட்டுள்ளன. சாக்கு கத்திக்கும் செயலீர் செய்வதற்கும், திராவகங்கள் வடிப்பதற்கும், பண்ப செய்தூங்கள் செய்வதற்கும், லோகங்கள் உருக்குவதற்கும், கனக்குகள் சத்தான் செய்வதற்கும், குரு முறைகள் செய்வதற்கும், அநேக முறைகளைத் தெரிவிக்கக்கூடிய பலதூங்கள் காணப்படு கின்றன.

3. பதினெண் சித்தரால் இந்துக்கள் வடமொழியினின்றும் மொழி பெயர்த்துச் சொன் னவைகளல்ல. என்னென்றால், அம்மொழியில் இப்பெயரொடு ஓர் தூலில்லாமையே சான் றும். எண்ணிறந்த பாக்களால் அமைக்கப்பெற்ற சித்தர் தூல்களின், தாவர தூல், உடல் தூல், பொளதிக தூல், ரசாயன தூல், முகவிய பல தூல்களும் அடங்கிக் கிடக்கின்றன. அவைகளை வெவ்வேறு பிரித்து எழுதாத காரணத்தால் அந்தூல்கள் இல்லையென்றே கூறு ம்படி கேர்ந்தது. உடல் தூல் தமிழ் மொழியில் இல்லையெனச் சிலர் கூறத் துணிகின்றனர். உடல் தூல் இல்லாமல் வைத்தியம் எவ்வாறு கடைபெறும். அவ்வகை தூல் ஒன்று இரு க்தே திரவேண்டும். அந்தூல் தற்காலத்தில் கையில் அகப்படாவிட்டாலும் வேறு பல தூல்களில் அந்தூலின் கருத்துகள் எழுதப்பட்டுள்ளன. அவைகள் விரைவில் வெளிவரும்.

4. ஒரு மொழியின் ஆயுள் வேதத்தினுள்ள கருத்த மதமொழிகளுள் எடுத்தாளப் படாததென்பதில்லை. வடமொழிக் கருத்துகள் தமிழ் மொழி தூலினும், தமிழ் மொழிக் கருத்துகள் வடமொழி தூலினும் எடுத்தாளப்படுவது திண்ணம். ஆனால் வடமொழியிற் கூறிய மருந்துகள் செய்யும் முறை வேறு, சித்தர் முறை வேறு.

5. பிரபல வியாதிகளாகிய குட்டம், குறைகோய், நீரழிவு, பிளவை, குன்மம், கஷயம், பாண்டு, மூலமுளை முதலிய பல கோய்களைத் தீர்ப்பதற்குத் தமிழ்ச் சித்த வைத்தியத்தி னுள்ள மருந்துகளைப்போல் வேறு எந்த வைத்தியத்தினும் அம்மருந்துகள் இல்லையென மிக உறுதிப்பாட்டுடன் கூறலாம். தமிழ் வைத்திய முறைகளிற் கூறிய மருந்து ஓர் மத யானைக்குச் சமம். மற்றைய மருந்துகள் பலமற்ற புல்வாய்க்குச் சமம். இத்தமிழ் வைத் திய முறையில்தான் மற்ற எந்த வைத்திய முறையிலும் கூறப்பெறாத பஸ்பம், கண்ணம், செந்தூரம் இவைகள் கூறப்பட்டுள்ளன. இவைகள் செய்து பல தூற்றாண்டுகள் கழிந்தா லும் தங்கள் குணத்தில் மாறுபடாமல் இருப்பனவாம். மற்ற மருந்துகள் 50 பொழுது சாப்பிடுவதும் சரி, இது 5 பொழுது உட்கொள்ளுவதும் சரி. நோயாளிக்கும் வைத்தியனு க்கும் சாப்பிடுதலிலாவது கொடுத்தலிலாவது யாதொரு சிரமும் தராதவைகள். தமிழ் வைத்தியத்தில் ஒன்பது செந்தூரங்கள் சேர்ந்த யூபதி மென்னும் செந்தூரம் ஒன்று சொல்லப்பட்டுள்ளது. அது பிணமாகுமொருவனை அறிவுடன் பேசச்செய்யும்.

6. இவ்வைத்தியத்திற் சொல்லாத முறைகள் கவீன வைத்தியத்தில் புதிதாய்க் கண்டு பிடிக்கப்பட்டுள்ளனவென்று சொல்ல என் மனம் திடப்படவில்லை. தூல்களைப் பரக்க ஓதியபோதுதான் இக்கருத்து நன்கு விளக்கமுற்றது. தூல் பாராக் குற்றம் தூலின் மேல தாகாதென்பது உண்மை.

7. தற்காலத் தமிழ் வைத்தியர்கள் பரம்பரையாகத் தங்கள் தெரிந்தகொண்ட சில மருந்துகளைச் செய்து கொடுக்கிறார்களே தவிர வேறன்று. செய்யும் முறைகளோ பல. கொடுக்கும் விதங்களோ அளவில். வியாதிகளின் போக்குகளோ ஒருமட்டில் அடங்கில. சிற்றறிவும் சிறிய தொழிலோடும் கூடிய வைத்தியனைப் பேர்வைத்துக்கொண்டவன் என் செய்தல்கடும்? அவன் மேல்விஷயங்களை யறிந்து விருத்திசெய்வதற்குச் சாதகங்கள் எங்கே இருக்கின்றன? அவனுக்குதவி செய்வார் யார்? அவனறிவு அவனிடத்தே தோ ன்றி அவனிடத்தே ஸ்தாபனமாகின்றது.

8. வைத்தியங்கள் சீதோஷண ஸ்திதிகளைக் கவனித்தே பல பல தேசங்களில் ஏற்படு த்தப்பட்டுள்ளன. அந்தந்த நாட்டுக்குள்ள மருந்துகள்தான் அந்தந்த நாட்டிலுள்ள ஜனங் களுக்கு உடனே சுகத்தைக் கொடுப்பனவாம். பிர வைத்தியங்கள் கால நீட்டிப்பு பிற் கேட் தினும் கேட்கும். அந்தந்த நாட்டிற்கு அந்தந்த வைத்தியத்தை முற்பட வைத்து விருத்தி செய்வவேண்டுவது மிக அவசியம். அக்கனமின்றி அதன் உயர்வு தெரியாமல் கீழே தள்ளி மிதிப்பது ஒரு சிறிதுக் தகுதியானதன்று. இச்சுதேச வைத்தியத்தில் என்ன அம் சம் குறைவாபிருக்கிறது. 4,448 வியாதிகளும், பச்சிலையில் 1,008 விதமும், உப்பில் 25 விதமும், உபரசத்தில் 120 விதமும், பாஷாணத்தில் 84 விதமும், உலோகத்தில் 11 வித முடி, ரத்தினத்தில் 9 விதமும், கற்பத்தில் 108 விதமும், செயலீரில் 110 விதமும், திராவ கத்தில் 64 விதமும், குருச்சண்ணத்தில் 14 விதமும், அதுப்பாணத்தில் 2,000 விதமும், கள்ளி வகையில் 25 விதமும், ரசவாத முறையில் 1,200 விதமும், ஆங்காக்கு சித்தர் தூல் களில் பரக்கக் கூறப்பட்டிருக்கின்றன.

அன்றியும் மருந்து வகைகளில் கஷாயம், எண்ணெய், நெய், திரி, புகை, களி, பிட்டு, பூ ச்சு, காரம்வைத்தல், சத்திரமிடல், நசியமிடல், குரணம், துவரெண்ணெய், மா வைத்தக் கட்

டல், இடிபொடி கலிங்கம், ஆக்கிராணம், கசியம், திற்தல், குழம்பு, வெண்ணெய், தைலம், வேகியம், உண்டை, ரசாயனம், மை, மெழுகு, இவைகள் செய்யும் வழியும், கவரத்தின பஸ்பங்கள் செய்யும் முறைகளும் மிக நன்றாய்க் கூறப்பட்டிருக்கின்றன.

அன்றியும் குழித்தைவம் இறக்குமுறை, பூப்புடம் வைக்குமுறை, வாலாசம் வைக்கும்முறை, சுடர்த்தயிலம் இறக்கு முறைகளும், யாவரும் மெச்சும்வண்ணம் சொல்லப்பட்டிருக்கின்றன. இரணத்தைப்பற்றியும், வெட்டுப்புண், குத்துப்புண், ஆயுதப்புண், நெருப்புப்புண், மாமேறி விழுதல், திடரேறி விழுதலாலும், முறிதல், சதை முறிதல், கிணற்றில் வீழ்ந்து சுவாசமடங்கல், இவைகளுக்கெல்லாம் பல மருந்துகள் கூறப்பட்டுள்ளன.

நோய்களுண்டாவதற்குக் காரணமும், ரோக நிதானமும் நூல்களிற் கூறப்பட்டுள்ளன. நோய்களின் கிலை உடலில் அறிதற்கு நாடி நூல்கள் பல கூறப்பட்டன. சரக்கு வைப்புநூலும், அச்சரக்குகளைச் சுத்திசெய்யும் விதமும், கட்டும் விதமும், அவைகளுக்குச் சுருக்குக் கொடுக்கும் விதமும், வெகு அழகாய்ச் சொல்லப்பட்டிருக்கின்றன. சேநீர், தீநீர், புகைநீர், செய்யும் விதமும், எரிப்புத் திட்டமும், புடம் வைக்கும் விதமும், குகைத்தினுசு களும், ஊத்துமுறைகளும், மருந்துகள் செய்யவேண்டிய யந்திரங்கள் கருவிகளும், குருமுறை, அசத்தாசம், பஸ்பம் செய்யும் காலங்களும், வர்ண இனம், நீற்றினம், உருக்கினம், கட்டினம், முதலிய மருந்தினங்களும், அயத்தைச் செம்பாக்கு முறையும், தாளக முதலியவற்றில் ஈயம் எடுக்கு முறையும், அயச்சவளை செய்யுமுறையும், காந்தக் கிண்ணஞ் செய்யும் முறையும் யாவரும் மெச்சும்படியாய் இவ்வைத்தியத்திற் கூறப்பட்டிருக்கின்றன. உலோகங்களில் மெழுகுண்டை, மாற்றாணி, வாதகுடோரி, சத்தெடுக்குமுறை வளையக் கூடிய லோகத்தைத் தெறிக்கும்படி செய்யுங் களங்க முறை, லோகங்கள் உருகும்போது கொடுக்க கிராசம், மேற்சட்டியில் ஏறச்செய்யும் பதங்கமுறை இவைகளைப்பற்றி வெகு விரிவாய்க் கூறப்பட்டிருக்கின்றன.

அன்றியும் உள்நாக்குலர்தல், சதைகுறிமூடல், மூக்குச்சதை வளர்தல், கருவிகொண்டு ஆடிய புண், உச்சிப்புற்று, விழுந்தபுண் இவைகளுக்குப் பல மருந்துகள் கூறப்பட்டிருக்கின்றன.

அன்றியும் கருவை வளர்க்கவும், கொப்பக் கோள்களை நீக்கவும், பிரசவத்தைச் சுருக்குச் செய்யவும், வயிற்றுட் செத்த பிள்ளையைக் கருவியாடாதே பிறக்கச் செய்யவும், 96 கண் வியாதிகளைத் தீர்க்கவும், வைஞரியைச் சுகப்படுத்தவும், 48 வகைப் பிளவைகளை உடைத்துச் சூண்ப்படுத்தவும், நூல்களும், மருந்து முறைகளும் வெகு நன்றாய்க் கூறப்பட்டிருக்கின்றன. காய்ப்பு அறிந்து சுடுதல், கண்ணிற் சூரிகொண்டு குத்தி உரித்தல், உபயனம் வைத்துக்கட்டல், ஆவி பிடித்தல், கொதி தொடல், பார்வை பார்த்தல், அடைகள் வைத்துக் கட்டல், ஒத்தடம் போடுதல், வேர் வெட்டி மருந்து கொடுத்தல் இவைகளைப்பற்றியும், வெகு விரிவாய்க் கூறப்பட்டுள்ளன.

இந்நாட்டில் விஷ ஜந்துக்கள் அதிகமாயிருந்தலால், விஷத்தைத் தீர்ப்பதற்குக் கூறிய மருந்துகள், பாஷாண முறிவு மருந்துகள், நாய்கடி தீர்த்ததற்கு மருந்துகள் இவைகளெல்லாம் மிக விரித்துக் கூறப்பட்டிருக்கின்றன. நிறைகள் நிறுப்பதற்கு, சூன்றிமுத்து, மஞ்சாடி, அரிசி, உழுந்து முதலிய இயற்கைப் பொருள்களும், பணவிடை, விராகனிடை, முதலிய மருந்துகள் அளவுகளும் கூறப்பட்டிருக்கின்றன.

தொந்தங்கள், சந்திகள் இவைகளை வெள்ளைத்துத்தி, கல்தாமரை, ரோம விருகும், சுணங்கன் விருகும், கருங்கொடிவேலி, செந்திராய், வெண்புரசு, வெள்ளைக்கண்டர், செம்பல்வி, செங்கள்ளி, பாலி, கருப்புப்பசலை, பொற்சீந்தில், சிவந்ததில்லை, வெள்ளைத்துதுவளை, கருத்தவாழை, கருப்புக் கரிசாலை, கரு ஊமத்தை, வெண்காரத்தை, கல்லாரை, மூலிலைக்குருந்து, கருந்தும்பை, வெள்ளைக்காந்தி, ஆதண்டை முதலிய அநேக பச்சிலை உண்டெனச் சித்தர் நூல்கள் கூறுகின்றன. இவைகளுடைய சூணங்களை யாள் எழுதும் நூலில் எடுத்துக் காட்டுவேன். மூலிகைகளைக் கருப்பாக்குதற்குப் பலமுறைகள் இருக்கின்றன. சாறு வராத் தழைகளில் சாறுகள் எடுக்கவும், அவைகளின் சாறுகளைத் தண்ணீராக்கவு முறைகளுள், எந்த மூலிகைகளிலும் உட்பெடுக்கலாம், அவைகள் மிகப் பிரயோஜனங்களைக் கொடுக்கும். அநேக மூலிகைகளின் வேரின் கவசம் சரக்குகளைக் கட்டிச் சுண்ணமாக்கும். ஒரு மூலிகை தங்கத்தைச் சுண்ணும்பாக்கும். மற்றொரு மூலிகை வெள்ளையைப் பேதிக்கும். இன்னொரு மூலிகை தாம்பிரத்தின் களிம்பைப் போக்கும். மற்றொரு மூலிகை காகத்தைப் பொடியாக்கும். வேறொரு மூலிகை ஈயங்களைப் பொடியாக்கும். 19 விதொரு மூலிகை ஓடுகின்ற ரசத்தை வெண்ணெயாக்கும். இன்னொரு மூலிகை பாலிச் சீனியாக்கும், மற்றொரு மூலிகை தண்ணீரைப் பனிக்கட்டியாக்கும். ஒரு மூலிகை பிளவையை உடைக்கும். மற்றொரு மூலிகை வெட்டுக் காயங்களை ஆற்றும். இன்னொரு மூலிகை முறிந்த எலும்புகளை ஒன்றுசேர்க்கும். வேறொரு மூலிகை அறிவை விளக்கும். மற்றொன்று தேகத்தைப் பலப்படுத்தும், இன்னொன்று நரையைமாற்றும், மற்றொன்று கல்லைக்குழைக்கும், இவ்வாறு மூலிகைகளில் பல பல விசேஷசூண்களிருத்தும் அறிவதற்கு ஏற்ற ஏற்பாடுகள் இவ்வே, என்செய்யலாம்! இன்னும் மூலிகையைப்பற்றி எழுதில் விரியும்.

வைத்தியன் குணம்.

(1) வைத்திய சாஸ்திரம் பல பார்க்கவேண்டும்.

(2) குருமொழி கேட்டதெய்வேண்டும்.

(3) உத்தமகுணம், பெருங்கீர்த்தி, புத்தியால், உயர்க்கொல்லான், கலைப்பொருள் ஆயவல்லான், சத்தியம், தர்மசிகந்தையுள்ளான், குத்திரவார்த்தையில்லான், கோபமில்லான், வணங்குஞ்சொல்லுள்ளான், வஞ்சகம் கெஞ்சிலில்லான், குணம் குறி அறியவல்லான், பிணிதீர்க்கவல்லான், உறுப்பிற் குறைபாடில்லான், உதாசினவார்த்தையில்லான், பல மருந்துகளும் செய்யவல்லான், சத்திரமிடவல்லான், கோய்களை உபாயமாய்த் தீர்க்கவல்லான், வெள்ளைத்துகிலுள்ளான், காடிபார்க்கவல்லான், கடவுளிடம் அன்புள்ளான், இன்னாரன்னகுணங்கள்வாய்த்தவனே கல்ல வைத்தியனென்றும், அவன் பஞ்சமாபாதகர்க்கும், கேடுகினைப்பவர்க்கும், வஞ்சகம் பேசுவோர்க்கும், வழிப்பறிசெய்வோர்க்கும், கொடியவர்களுக்கும் மருந்து செய்தால் பிணி தீராநென்றும் கல்ல தெய்யுள்ளோர்க்கு மருந்துசெய்தால் பிணி தீருமென்னும் சித்தர் நூல்கள் கூறுகின்றன.

பதார்த்தங்களின் தன்மைகளை அறிதற்கு நூல் ஒன்று இருக்கின்றது. அந்தூலில், பால், தண்ணீர், அன்னம் முதலிய பலபதார்த்தங்களின் குணங்களை கண்டெடுத்துக் கூறப்பட்டிருக்கின்றன.

இன்னும் எத்தனையோ விதமான விஷயங்கள் தமிழ்ச் சித்தர் நூல்களில் காணப்படுகின்றன. அவைகளைப் பூராவும் எடுத்து நண்டுகூறில் விரியுமென்று அஞ்சி விடுத்தோம்.

ஆகையால் தமிழ்ச் சித்தர் நூல்களையறிந்து, அவைகளிற்கூறிய முறைகளைவிடப் பிற வைத்தியமுறைகளில் அதிகமான இரகசியங்கள் இருக்கின்றதாக யான் தெரிந்தவளையில் சொல்லமுடியவில்லை. சித்தர் நூல்களை கன்கு ஆராய்ந்து அவைகளிலுள்ள ஒவ்வொரு விஷயத்தையும் பாசுபடுத்திச் சோதித்துப்பார்த்து உண்மையைக் கண்டறிப்பதற்குத் தகுந்த பொருளுதவிகளும், ஏற்பாடுகளும் செய்யவேண்டுமென்று வெகு தாழ்மையாய்ப் பன்முறை வேண்டிக்கொள்ளுகிறேன். யான் எழுதியவற்றுள் பாதேனும் குறை காணவில்லை அதை மன்னிக்க வேண்டிக்கொள்ளுகிறேன்.

(10)

M.R.Ry. S. V. VAJAPYULU AVARGAL, H.L.M.S.

கேள்வி 1.—சித்தர் வைத்தியமுறையென்ற தமிழ் வைத்தியத்தைப்பற்றி விவரிக்க நான் முயலுகிறேன்.

காஸ்திகவாதியாயுள்ள ஒருவர் இந்து சாஸ்திரங்களைப்பற்றி பிரத்தியக்ஷப்பிரமாணம் கேழ்ப்பாராணம் அவருக்குப் பிரதியுத்தரம் வைத்திய சாஸ்திரந்தான். அதாவது, இந்த சாஸ்திர முறைப்படி கொடுக்கும் ஓளஷதம் குறிப்பிட்ட நேரையை குணப்படுத்துவதைப் பரிசோதனையினால் வறிந்துகொள்ளவேண்டும். சூலை முதலான மேகரோகங்களுக்கு சாஸ்பத்தை பிரயோகஞ்செய்தால் தீரும், என்னும் சாஸ்திர முறையை அது சரித்து ஒரு சூலையால் வருந்தும் வியாதியஸ்தனுக்கு அந்த ஓளஷதத்தைக் கொடுத்து அவ் வியாதி குணமாகிறதைக் கண்டறிந்துகொண்டு அந்த சாஸ்திரத்தின் உண்மைப் பிரமாணத்தைக் கைக்கொள்ளவேண்டும். அடுத்த சாஸ்திரமான ரஸாயன சாஸ்திரமுயில்வாதே. அதாவது ஒரு மூலிகையின் ரஸத்தால் இன்ன வேலகத்தை நீற்றலாமென்று சொல்லும் முறைப்படி அம்மூலிகையைக்கொண்டு அந்த வேலகத்தை நீற்றும் பரிசோதனையால் அந்த சாஸ்திரத்தின் உண்மையைக் கைப்பற்றவும், இதற்குமேல் சாஸ்திரமான வாதமும் இவ்வாதே. இது மிகவும் துட்பமான சாஸ்திரமானதால் எல்லாரும் வரித்தி பெருவது தர்வபம்.

அதன் முறைகளும் இரகசியமாய் உவக்கப்பட்டிருக்கின்றன. தக்கவர்களுக்குத்தான் கிட்டும். இதற்கு அடுத்த, வாஸசாஸ்திரத்தையும் கிரஹங்களின் உதய அஸ்தமனங்கள், சாரங்கள், கிரகணங்கள், நக்ஷத்திர உதயஸ்தமனங்கள் முதலியவைகளை கணிதத்தினால் தீர்மானித்துக்கொண்டு பிரத்தியட்சத்திலும் அவ்வாறு இருப்பதை பரிசோதனையினால் விச்சயித்துக்கொண்டு அந்த சாஸ்திரத்தின் உண்மை பிரமாணங்களை கைக்கொள்ளவும், இதைப்போலவே ஜோதிடம், மாந்தரீகம், யோகம், ஞானம்போன்ற மேன்மைபெற்ற சாஸ்திரங்களின் உண்மை பிரமாணத்தைக் கண்டறிந்துகொள்ளவும்.

ஆகையால் கீழ்க்காட்டு எல்லாவித மேன்மையான சாஸ்திரங்களின் உண்மை பிரமாணத்தைக் பிரத்தியக்ஷமாய் எடுத்துக்காட்ட முதல் நூலாயிருப்பது “வைத்தியசாஸ்திரம்.”

அதுபற்றி அதைவிவரிக்க நான் முயல்கிறேன்.

கேள்வி 2.—(a) இம்முறையில் வியாதிக்குக்காரணம், மலம் (Effete matter) என்று சொல்லப்பட்டிருக்கிறது.

மேல்காட்டு வைத்திய சாஸ்திர முறைப்படி தேகத்திலிருக்கும் ஒவ்வொரு அணுவிலும் மலம் (Effete matter) உண்டாகிறது.

அந்த மலமானது அப்போதைக்கப்போது சில முக்கிய அவயவங்களால் வெளியாகப்படுகின்றது. அப்படி வெளியாக்கப்படுவதில் குறை ஏற்பட்டால் வியாதிக்குக் காரணம் ஏற்படுகின்றதென்பது மேல்காட்டாரின் கொள்கை. ஆகையால் இதுவிஷயத்தில் மேல்காட்டுக்கொள்கையும் கீழ்காட்டுக்கொள்கையும் ஒற்றுமையாயிருக்கின்றன.

இந்தக் கொள்கையை அனுசரித்து மேல்காட்டார் வியாதி நிவர்த்திப்பிரயோகங்களைப் பகுத்திருக்கிறார்கள். ஆசன துவாரத்தின் வழியாய் ஜலத்தைக் குடலுக்குள் செலுத்தி (Colon) கோலன் என்னும் பெருக்குடலை அலம்பும் முறையிருக்கிறது.

தொண்டை வழியாய் ரப்பர்க் குழாயைவிட்டு அதன் மூலமாய் இரைப்பையில் ஜலத்தைப்பெருக்கி இரைப்பையை அலம்பும் முறையிருக்கிறது.

சுவாசாசயங்களின் வியாதிகளை நிவர்த்திக்க சுவாசா அப்பியாசங்கள் (Breathing exercises) ஏற்பட்டிருக்கின்றன.

மலங்களை வெளியாக்கும் சுவாசாசயங்களுக்குள் குண்டிக்காய்கள், தோல் இவைகளின் தொழில்களை அதிகரிக்கச்செய்து உடலுக்குள்ளிருக்கும் மலங்களை வெளியாக்கும் வழிகள் ஏற்படுத்தப்பட்டிருக்கின்றன. கீழ்காட்டார் இம்முறைகளை அப்பியாச தேர்ச்சியால் விசேஷப்படுத்தி அஸாத் தியமென்று நினைக்கும்படியாகத் தேர்ச்சியடைந்து அப்பியாசக் கிரமங்களையும் வெகு விஸ்தாரப்படுத்தியிருக்கிறார்கள்.

அதாவது எனிமா (Enema) க்கொடுக்கும் பீச்சாக்குழலால் மேல்காட்டு முறைப்படி (Colon) கோலனுக்குள் ஜலத்தைபடிக்கிறோம். ஆனால் கீழ்காட்டுமுறையில் தேர்ச்சியடைந்த அப்பியாசிகள் ஜலத்துக்குள் உட்கார்ந்தபடியே ஜலத்தைப் போதுமானளவு குடலுக்குள் எத்தி குடல்களை சுத்தப்படுத்திக்கொள்கிறார்கள். இதை மேல்காட்டார் அசாத் தியமென்றுதான் நினைப்பார்கள் என்று நினைக்கிறேன். இவ்வாறு செய்யும் அப்பியாசிகளை நான் நேரில் பார்த்திருக்கிறேன். மேலும், அவர்கள் செய்வதையும் சோதித்து இருக்கிறேன். பின்னும் இதைப்பார்க்கிலும் அசாத் தியமாயுள்ளதையும் அவர் செய்ததையும் பார்த்திருக்கிறேன்.

அதாவது, நீர் துவாரத்துமூலமாய் ஜலத்தை நீர்ப்பைக்குள் வாங்கி நீர்ப்பையையும் அலம்பி சுத்தப்படுத்துவதையும் பார்த்திருக்கிறேன். இதைப்போல இரைப்பையை சுத்தப்படுத்துவதற்கும் நாசி வழிகளை (Nasal passages) சுத்தப்படுத்துவதற்கும் கண்களின் மேல் பரப்புக்களை சுத்தப்படுத்துவதற்கும் அப்பியாசமுறைகள் விஸ்தாரமாய்ச் சொல்லப்பட்டிருக்கின்றன. இவைகளை அப்பியாசித்து வருகிறவர்கள் அநேகர் இருக்கிறார்கள். இவைகளை யொத்த கீழ்காட்டு அப்பியாசமுறையில் கிரேஷ்டமானது சுவாஸாப்பியாஸம். மேல்காட்டு சாஸ்திரிகள் சுவாஸாப்பியாஸத்தை சுவாஸாஸயத்தின் வியாதிகளுக்குப் பரிசு காப்பிரயோகமாகச் சொல்லும் கொள்கையைப்போலவே கீழ்காட்டார் சுவாஸாப்பியாஸத்தை ஸகல ரோக நிவாரணத்துக்கும், சர்வ ரோகங்களும் அணுகாமலிருக்கிறதற்குக் காரணமாயும் கைக்கொண்டு அதன் அப்பியாஸத்தை அளவற்று விஸ்தாரஞ்செய்து பற்பல முறைகளை திட்டந்திட்டமாய் வகுத்து சாஸ்திரங்கள் உண்டாக்கியிருக்கிறார்கள். இம் முறையை அப்பியாஸஞ்செய்து தேர்ச்சியடைவதால் கோயணுகாமலிருக்கச் செய்துவிடலாமென்று மாத்திரமல்ல, நகர திரையில்காமலும் செய்துகொள்ளலாமென்றும், சந்ததமும் இளமையோடிருக்கலாமென்றும், மாணத்தைக்கூட ஜெயிக்கலாமென்றும்வரை கீழ்காட்டார் சொல்லுகிறார்கள். இவ்வாறு அவர்கள் சொல்வதற்கு உதாரணங்களும் முகாந்தரங்களும் தற்காலத்தில் மேல்காட்டில் சில சாஸ்திரிகள் அப்பியாஸம் செய்துவரும் சாஸ்திரமான (Hypnotism) சாஸ்திரமுறைகளிலிருந்தும் சில ஜெந்துக்கள் செய்துவரும், (Hybernation) என்னும் ஸ்திதியிலிருந்தும் போதுமான உதாரணங்களும் சாக்ஷியமும் காண்பிக்கலாம். இவைகளை யெடுத்துச் சொன்னால் இக்குறிப்பு மிகவும் விஸ்தாரமாகி விடுமாய்கையால் நிறுத்திக்கொள்கிறேன்.

கீழ்காட்டாரின் கொள்கை இந்த முறைகளினின்றும் திட்டமாய் வெளியாகிறது. மல (Effete matter) சுத்தி செய்வதாலும் நாடி சுத்திசெய்வதாலும் மனிதன் இளமையோடிருக்கலாமென்பது அவர்கள் கொள்கையாயிருக்கிறதென்பது வெளியாகிறது. இந்த மலத்தை சுத்திசெய்யவும் நாடிகளைச் சுத்திசெய்யவும் இந்த அப்பியாசங்கள்தான் ஏற்றவை யென்று சொல்லியிருப்பதும் வெளியாகிறது. இவ்வாறு சொல்லப்பட்டிருக்கும் மலக்களானது நித்திய காலக்கிரமத்தில் அவை அவைகளை அப்போதைக்கப்போது வெளியாக்கவேண்டிய அவயவங்களால் வெளியாக்கப்படாமற் சேருமாயின் அதுவே வியாதிக்குக், காரணமாகுமென்பதையும் திட்டமாக அறிந்து மேற்சொன்ன அப்பியாச முறைகளை துட்பமாயும் திட்டமாயும் விஸ்தாரமாயும் சொல்லியிருக்கிறார்கள்.

மேல்காட்டுக்கொள்கை தற்கால சாஸ்திர பரீக்ஷைக்கு ஏற்பட்ட விதிகளைக்கொண்டு பரீக்ஷிக்கப்பட்டு குற்றங்களற்றதாக ஒப்புக்கொள்ளப்பட்டதென்பதால் நினைவின்று வருகிறது. அந்தக் கொள்கைக்குக் கீழ்காட்டுக்கொள்கை ஒத்திருப்பதால் அவையும் குற்றமற்றதாக ஒப்புக்கொள்ளலாம். பின்னும் அநேக விஷயங்கள் அடக்கியதாயிருக்கும் ஒரு கொள்கையைப் பரிசோதனை செய்யவேண்டுமாயின் அதற்குள்ளடங்கியிருக்கும் ஒவ்வொரு விஷயத்தையும் தனித்தனியே பரிசோதிக்கவேண்டும்.

விவகாரப் பரிசோதனையை மாத்திரம் காணாது அனுபோகப் பரீக்ஷையாலும் பரிசோதிக்கவேண்டும். இவைகளைச் செய்வதற்கு முதல் காரணமாக புராதன சாஸ்திரங்களினாலும் உண்மைகளுக்குமென்கிற நம்பிக்கை வேண்டும். நம்பிக்கையில்லாவிடினும் எண்

ணமாவது வேண்டும். கவின சாஸ்திரத்தைவிட மற்ற எவ்வகை தூவிலும் உண்மைகளிருப்பது துர்லபமென்கிற அவகம்பிக்கை பொருந்தாது. அவ்வித அவகம்பிக்கையிருக்கும்பின், பரிசோதனையில் ஏற்படும் விவகாரங்களை ஒருதலைப்பக்கமாகவும் ஒருபுறசார்பாகவும் விவகாரத்தைப்பேசத் தோன்றாமே பொழிய பாபகழியில்லாமலும் சார்பில்லாமலும் விவகாரம் நடத்தத்தோன்றவது அபூர்வம். ஆயினும் விவரிக்கும் கொள்கை சம்பந்தப்பட்ட அளவில் இருகாட்டுக் கொள்கைகளும் அபேதமாயிருப்பதால் விவகாரஞ்செய்து பரிசோதனைக்குட்படுத்தி விவகரிக்க அவசியமிருக்கிறதாக தோன்றாததால் விவகரிக்கெயில்லை. மேல்காட்டுக்கொள்கைகள், மேல்காட்டுக்கொள்கைகள் சாஸ்திரப் பரிக்ஷையை எவ்வளவு தாங்குமோ அவ்வளவு தாங்கும்.

ரோக நிதானம்.

மேல்காட்டு முறையைப்போல சித்தர் முறையிலும் ரோகத்தை நிதானம் பண்ணுவதற்கு பலவித சிசிச்சைகளிருக்கின்றன. அவைகளாவன:—காடிப்பரிக்ஷை, முகக்குறி, மலக்குறி, கீர்குறி, விழிக்குறி, காவுக்குறி, தந்தக்குறி, காடிக்குறி. இதில் காடிப்பரிக்ஷையிலும் விசேஷமானதும் முக்கியமானதுமாகச் சொல்லப்பட்டிருக்கிறது. இதைப்பற்றிய சாஸ்திரம் மிகவும் விஸ்தாரமானது. காடியின் தொகையும் மிக அதிகமாகச் சொல்லப்பட்டிருக்கிறது. அதாவது ஒவ்வொரு பாகத்துக்கும் கணக்கிட்டு மொத்தமாக (72,000) எழுபத்திராயிரமாகச் சொல்லப்பட்டிருக்கிறது. இந்தவிடத்தில் காடியை இரத்தக்குழாயாகத்தான் அர்த்தம் பண்ணவேண்டியிருக்கிறது. ஏனெனில் மணிக்கட்டு (wrist) க்கு சரீரமாய் சாதாரணமாய் காடியை இரத்தக்குழாயின்மேல் விரல்களைவைத்து அதன் தடிப்பை மூன்று விரல்களால் சிதானித்து சிச்சயம் பண்ணுகிறார்கள். ஆனால் இதே சாஸ்திரத்தில் இந்த எழுபத்திராயிர காடிக்குள் அடங்கியதாயும் மற்ற எவ்வகைவற்றையும்விட முக்கியமானதாயுமிருக்கிறதாகச் சொல்லப்பட்டிருக்கிறது சஷமுனை காடி. அதன்வழியாய் மூலாதாரத்துக்குமேலிருந்து குண்டெலி சக்தியை எழுப்பிப் பிரமாதிரித்தக்டுக் கொண்டுபோகும்படி சொல்லியிருக்கிறது. இது சாதகக்கிரமம், அப்பியாசத்தின் பரிந்துரியால் இதை அறியவேண்டும். தேகத்தைப்பகுத்துப்பார்க்குமிடத்து இன்னாடியை சிதானிப்பது துர்லபம். பின்னும் இது இரத்தக்குழாய்தானென்கிற சந்தேகமும் ஜெனிக்கிறது. இந்த காடியை கல்கத்தா ஐக்கோர்ட் ஜட்ஜ் (High Court Judge) Sir John Woodroffe, போன்றவர்களாகிய சமஸ்கிருத தந்திர சாஸ்திரங்களில் அனேக வருஷம் உழைத்து தேற்சிபெற்ற வித்வான்கள் இந்த காடியை தேகத்திற்குள்ளிருக்கும் எலக்டிரிக் (Electric current) வேரடும் வழியாக சிதானிக்கிறார்கள். ஆகையால் பெரிய அப்பியாசிகளாயிருப்பவர்களிடமிருந்துதான் இதன் உண்மையைத் தெரியவேண்டியதாயிருக்கிறது. புஸ்ககங்களிலிருந்தாவது அல்லது புஸ்தகங்களை வாசித்து விற்பத்தியை மாத்திரம் அடைந்து அப்பியாசமில்லாதவர்களிடமிருந்தாவது இதை சிதானிக்க சாத்தியமில்லை.

காடிப்பரிக்ஷை சாஸ்திரம் அனேகம் அழிந்து போயிருக்கவேண்டும். ஏனெனில், வியாதியின் முக்கியகாரணம் மலப்பொருளென்றுசொல்லப்பட்டிருந்த போதிலும் அதுபவத்தில் அந்த மலப்பொருள் தேகத்திலிருக்கும் வாத, பித்த, சிலேஷ்பமென்னும் பொருள்களை பேதிக்கும்படி செய்கின்றது. இவ்வாறு பேதிக்கப்பட்டிருக்கும் நிலைமையை காடியினால் சிதானிக்கலாம். அதாவது ஒரு வியாதியுடைய கையில் மத்தியவிரல் மூன்று விரல்களையும் வைத்து காடியைச் சோதிக்கும்படி சொல்லப்பட்டிருக்கின்றது, முதல் விரல், அதாவது ஆள்காட்டிவிரலில் தடிப்பது வாதமென்றும், மத்திய விரலில் தடிப்பது பித்தமென்றும் மூன்றாவது விரலான மோதிர விரலில் தடிப்பது சிலேஷ்பனை மென்றும் சொல்லப்பட்டிருக்கிறது. இந்த காடிகளுக்கு கடைகளும் குறிப்பிடப்பட்டிருக்கிறது. அவைகளுக்கு ஏற்பட்ட கடைகளிலிருந்தும் வித்தியாசப்பட்டு கடந்தால் அன்னடையை சிச்சயித்துக்கொண்டு வியாதியை சிதானஞ் செய்யும்படி விதிகள் ஏற்பட்டிருக்கின்றன. இயற்கையாய் ஆரோக்கியமுள்ள சரீரத்துக்கு ஒவ்வொரு தினத்திலும் காலை (6) ஆறுமணி முதல் (7) எழுமணி வரை வலதநாசியினாலும் (7) மணி முதல் (8) மணி வரையிடது நாசியினாலும் இவ்வாறு ஒவ்வொரு மணி கோத்திற்கும் நாசிமாறி சுவாசம்விட்டு ஒரு நாள் இருபத்துநாறு மணி கோத்தில் (21,600) இருபத்திராயிரத்த அதுதூறு சுவாசம் ஒரு ஆரோக்கிய சரீரிவிடுகிறான் என்று சொல்லப்பட்டிருக்கிறது. இதில் சில தினங்களில் வலது நாசியிலும் சில தினங்களில் இடது நாசியிலும் சுவாசம் துவக்கும். அந்த தினங்களையும் குறிப்பிட்டிருக்கிறார்கள். இயற்கைக்கு விரோதமாய் நாசிமாறி சுவாசம் துவக்கினால் அதுவும் வியாதிக்கு முன்குறிமென்று சொல்லப்பட்டிருக்கின்றது. அந்த மாயுதலைத்திருத்திக்கொள்ளலாம். காடிகளில் தேகத்திலிருக்கும் (72,000) எழுபத்திராயிரம் காடிகளில் (10) பத்து காடிகள் முக்கியமென்று சொல்லப்பட்டிருக்கின்றது.

முக்கியமான பத்து தசநாடிகளின் பெயர்.

(1) இட்கலை, (2) பிக்கலை, (3) சுழிமுனை, (4) அத்தி, (5) சிங்குவை, (6) காத்தாரி, (7) அலம்புழை, (8) புருடன், (9) குகுனி, (10) சங்குனி, ஆக பத்தும் சரி.

இவைகளில் வேற்றுமையுண்டாயினும் வியாதிக்குக்காரணம் ஏற்படும். அவ்வாறுடைய அனுபோகத்தேர்ச்சிப்படி அந்தந்தமுறைகளை அனுசரித்து ரோக சிதானஞ் செய்யவேண்டும்; பத்து வாயுக்களும் சொல்லப்பட்டிருக்கின்றது.

பத்து வாயுக்களின் பெயர்களாவன.

(1) பிராணன், (2) அபானன், (3) வியானன், (4) உதானன், (5) சமானன், (6) கூர்மன், (7) நாகன், (8) கிரிகரன், (9) தேவதத்தன், (10) தனஞ்சயன் ஆக பத்தம் சரி.

‘பிலத்து நிற்கும் பிராணனுடன் அபானன் வியானன் தத்துவகலையின் பிரியாத உதானனுடன் சமானன், கூர்மன் நவத்துகின்ற நாகன் எழில் கிரிகரனுமாகி நல்ல குணவு தேவதத்தன் தனஞ்செயன்பத்தாகும், எலக்கமுடன் பிராணகிலமூலமதித்தோன்றி எழுந்து சிசு சளவு மூட்டி இருவிழியின் கீழாய், கலக்கமற காசி வழிவோடும் ஈரத்தில் கழி எட்டும் உன்புதுகக் கனியும் ஒரு நான்கே.’

‘உந்தியெனும் தவத்தின்கீழ் அபானனின் நுருபி மலஜலங்களையும் காத்து நிற்பன், இந்த வியானன்தோள் தன்னி கின்று மிகக்கீணையும் தகனமும் உண்டாக்கி வைப்பன், இந்த உதானன் செயல் உண்ட அசனந்தன்னை பெருநாடி நாமபுவழி ஊட்டிவைப்பன் இந்த உடல் தனை வளர்க்கும் சமானன்தானும், எவரையும் மிஞ்சேறவொட்டா திருப்பானென்றே.’

‘கூர்மன் இருவிழியில் இமைத்திடுவன் நாகன் கொட்டாவி விக்கவெனும் கொடுமை செய்வன் திரகிரிகரன் நீட்டி முடக்கு விப்பன் தேவதத்தன் விழிப்பளவில் வசனஞ் செய்வன் யோர்மனெனும் தனஞ்செயன் மேற் சிசு ரெண்டாய் பிளத்திடும் போதவன் ஓடிப் போவானென்றே.’

Principles and Methods of Treatment.

வாசியானது குறிப்பிட்ட தினத்தில் ஏற்பட்ட காசிவழியாய் செல்லாமல் மாறுபட்டுச் செல்லுமாயின் அதைத் திருத்திக்கொள்ள ஒரு சிறிய அபிப்பிராயமிருக்கிறது. அதன் மூலமாய்த் தவறுதலாய்ப்போகும் சுவாஸத்தை இப்பலாய்ப் போகும் வழியாயாகப் போகும் படி செய்துகொள்ளலாம். இதைப்போலவே வயற்றுக்குள் புரத்தில் வியாதித்திருக்கும் வாயுக்களையும் அபிப்பிராயங்களால் கைவசமாக்கிக் கொள்ளலாம்.

இம்முறைகளெல்லாம் பலவித அபிப்பிராயங்களுக்குக்குறிப்பிட்டவை.

வாசிவா வென்று வாசியை வைத்து
வாசி யோடொன்ற வகையறி வாரிங்கிலீலை
வாயோ டொன்ற வகையறி வாளர்க்கு
வாசி யோடசன் மகிழ்ந்திருந்தானே.

முன் சொல்லிய பிரகாரம் சித்தர் நூல் கொள்கையின்படி வியாதிக்குக்காரணம் மலச் சேர்க்கை. இச்சேர்க்கையால் வாத, பித்த, ஜயகாடிகள் அளவுக்கு மிஞ்சியும் குறைந்தும் மாறுதலடைகின்றன. நாடிகளென்பது இரத்தக்குழாயின் துடிப்பு யென்பது திட்டமாய் வெளியாகின்றது.

இத்துடிப்பை மூன்று விரலை இரத்தக்குழாயின் மேல் வைத்து அதனைவைப்பீக்ஷிக்கும்படி சொல்லப்பட்டிருக்கின்றது. சாதகப்பழக்கத்தால் இந்த அளவை துட்பமாய்த் தீர்மானித்துக்கொண்டு அதிலிருந்தும் ரோக நிதானத்தைச் செய்யும்படி சொல்லியிருக்கிறது. இக்கொள்கையை அனுசரித்துத்தான் மருந்துகள் நிதானிக்கப்பட்டு வருக்கப்பட்டிருக்கின்றன. அதாவது ஒவ்வொரு அணுவிலும் வெளியாகாமல் தங்கியிருக்கும் மலத்தை (Effete matter) வெளியாக்கி ஒவ்வொரு அணுவும் தன் இயற்கையான இயல்பையடையச் செய்வதுதான் மருந்தின் குணமென்று நிதானிக்கப்பட்டிருக்கின்றது. இக்கொள்கையை அனுசரித்துத்தான் மருந்துகளைத் தெரிந்தெடுக்கிறார்கள். சித்தர் முறையில் உபயோகப்படுத்தும் பாஷாணங்களைப்போல வேறே எம்முறையிலும் கொடுமையான பாஷாணங்களை உபயோகப்படுத்துவதாகயில்லை. இந்தப் பாஷாணங்களிலிருந்து கணக்குக்கு அளவில்லாத உப பாஷாணங்களும் பல்பங்களும், செந்துரங்களும் கட்டுகள் முதலானவைகளும் செய்யப்பட்டு பிரயோகிக்கப்பட்டு வருகின்றன. இக்கடுமையான பாஷாணங்களின் விசேஷகுணம் மாறுபட்ட அணுக்களைத்திருத்தி இயல்பு ஸ்திதியையடையச் செய்வதுதான் Allopathic வைத்தியத்தில் alternative என்று சொல்லப்படும் மருந்துப்பகுதி ஒருவாறு செய்யும் வேலையும் யிதுதான். ஆனால் அம்முறையில் இவ்வகுட்பைச் சேர்ந்த மருந்துகள் மிகச்சாந்தமானவை. சித்தர் முறையில் இவையிக்கக்கொடுமையானதும் சொல்ப அளவில் கொடுக்கப்பட்டதும் வியாதியை சரியானபடி நிதானித்து ஒளவுதப்பிரயோகஞ் செய்தால் அதி சீக்கிரத்தில் வியாதிக்களை கண்டிக்குக் கூடியவைகளாகவுயிருக்கின்றன.

இராஸம், வீசம், பூசம், விங்கம், இராஸ செந்தூரம், மனோசிலை, மிருந்தாரகிங்கி, வெள்ளைப்பாஷாணம், தாளகம், கெந்தகம், அப்பிரகம், தீமுறுகல் பாஷாணம், கௌரிபாஷாணம் போன்ற மருந்துகள் அநேக விதங்களாய் மூலிகைகளைக்கொண்டும், செய நீர்களைக் கொண்டும், உப்புக்களைக்கொண்டும் மாற்றப்பட்டு ஒளவுதங்களாக பிரயோகிக்கப்பட்டு வருகின்றன. இவைகளெல்லாம் விசேஷ alternative action உள்ள கடுமையான மருந்துகள். அனுபோகப்பட்ட வைத்தியர்களின் கையில் அற்புத வேலைபாடு செய்யக்கூடிய சிறப்பான ஒளவுதங்களாயிருக்கின்றன. இவைகளுக்கு மிஞ்சினவை எந்த வைத்தியத்திலுமில்லை. மேல் காட்டு முறையில் Serum Therapy, Vaccin Therapy, போன்ற வியாதிச்

அதோடு சேர சக்தியற்றதாயிருக்கின்றது. இரும்பை ஜலத்தில் போட்டால் அந் சீக்கிரம் துருப்பிடிக்கும். அதே இரும்பை (Strong Sulphuric acid) கெந்தகத்திராவகம் போன்ற திராவகங்களில் போட்டாலும் அதிசீக்கிரம் மாறுதலையடையும். ஆனால் இரும்பை இவ்வாறு மாற்றக்கூடிய சக்தியுள்ள திராவகங்கள் தனித்தனியே தங்கத்தை ஒருவகையிலும் மாற்ற சக்தியற்றதாயிருக்கின்றது. (Strong Nitric and strong Hydrochloric acid) இவ்விருண்டையும் ஒன்று சேர்க்கப்பட்ட திராவகந்தான் தங்கத்தில் மாறுதல் உண்டாக்கச் சக்தியுள்ளதாயிருக்கின்றது. இந்த தங்கத்தை ஒரு பச்சை இலையை யரைத்துக் கவசம் பண்ணியாவது அல்லது தகடாக அடித்து இன்னுமொரு பச்சை இலைச் சாறுடன் அரைத்து பில்லைத்தடியாவது புடம்போட பஸ்பமாகின்றது. கடுமையான (Strong Sulphuric and strong Nitric acid) இவைகளால் மாறுதல்கள் உண்டாக்கக்கூடாததும் அக்ரீனியால் எத்தனை முறை புடம் போட்டாலும் மாறுதலையடையாததுமான தங்கமானது ஒரு பச்சையிலை சம்பந்தப்பட்ட மாத்திரத்தில் தன் வலுவை யெல்லாமிழந்து பஸ்பமாக நிறுக்கின்றது.

அந்தப் பச்சையிலைக்கு இருக்கும் என்ன வலுவால் இவ்விதம் அதை மாற்றுகின்ற தென்று சொல்லத்தெரியவில்லை. இவ்வாறு செய்யப்பட்ட பஸ்பங்களுக்குத் தனித்தனி குணமாக எவ்வளவோ சொல்லப்பட்டிருக்கிறது. தங்கத்தை யில்விதம் பஸ்பமாக்கும் பச்சையிலைகள் அநேகம். ஒவ்வொரு பச்சை இலையால் நீற்றப்படும் பஸ்பமும் மேற்சொன்ன பாஷாண சம்மந்தமான பலவித மருந்துகளுக்கும் சொல்ப வித்தியாஸங்கள் எப்படியிருக்கின்றனவோ அவ்வாறே பஸ்பங்களுக்குமிருக்கின்றன. இவ்வித துட்ப வித்தியாஸங்களை கொடுக்கக்கூடிய பச்சை இலைகளை பலவித துட்பரிசோதனைகளால் தெரிந்தெடுத்து பஸ்பங்களின் வித்தியாஸங்களையும் திட்டப்படுத்தி வியாதிக் குணங்களின் மாறுதல்களையுள் சொல்லிப் பிரயோக முறைகளை குறிப்பிட்டிருக்கிறார்கள். தங்கத்தை தனியாக நீற்றலாம். அதோடு நாகம், ருளம், வீரம், கெந்தகம் போன்றவையோடு ஒன்று அல்லது இரண்டு மூன்று சேர்த்து பலவகையாய் நீற்றலாம். இவ்வாறு நீற்றிய பஸ்பங்களும் பலவகை வியாதிகளுக்கும் வியாதிக் குண வித்தியாஸத்துக்குத் தகுந்தபடி பிரயோகிக்கத்தக்கவை. ஒரு உலோகத்தின் பஸ்பம் வெண்மையாகவாவது அல்லது சாம்பல் நிறமாகவாவது இருக்கும்.

இதற்குமேல் வலுவுள்ளது செந்தூரம். இது இருண்ட சிவப்பாகவாவது அல்லது முருக்கம் பூ போல் துய்ய சிவப்பாகவாவது இருக்கும். இது பஸ்பத்துக்கு டேல் வலுவுள்ளது. கன்னம் அநேகமாக வெண்மையாகத்தானிருக்கும். இது மஞ்சளில் சேர்க்கச் சுண்ணாம்பு மஞ்சளை எப்படி சிவப்பாக்குகின்றதோ அதைப்போல் சிவப்பாக்கும். ஒரே வகைகளைப் பல முறைகளால் பஸ்பம் செந்தூரம் கன்னம் ஆக்கலாம்.

இரைப்பை நோய்கள் (Diseases of the stomach) அன்னத்தவேஷம், அஜீரணம், குன்மம் வயற்றுப்போக்கு முதலான வியாதிகளில் சித்தர் முறை அலுவலகங்கள் மேல் நாட்டு ஓஷதங்களை விட ஜடிதியாயும் ஸ்திரமாயும் குணஞ்செய்கின்றன. இதற்கு ஆதாரமாக நான் காண்பிக்கக்கூடியதாகிய ரிஜிஸ்டர் போன்ற பதிவுகள் என்னிடம் ஒன்றுமில்லை. என்னுடைய (20) இருபது வருஷ அனுபவத்தைத்தான் சொல்லக்கூடியதாயிருக்கிறது. Rheumatism பலவகை மேகவாதங்களில் இம்முறை மேல்நாட்டு முறையைவிட ஜடிதியாயும் ஸ்திரமாயும் குணஞ் செய்கின்றது. (Syphilitic chancre) விகம்புண், மேகம், வெட்டை, சூலை, அரையாப்பு, வாதசூலை அடங்கிய பரங்கி ரோகத்திற்கு (Syphilis in all stages) இம்முறை மேல்நாட்டு முறைக்கு மேலானது. தோல் பரப்பின்மேல் வருகிற எல்லாவகைப்பற்றுக்களுக்கும் கீழ்நாட்டு மூலிகைகள் திட்டமாய் மேல்நாட்டு முறைக்கு மேலானவை. மேல்நாட்டு முறையால் குணப்படுத்த முடியாத அநேக வருஷங்களாய் ஒட்டிக் கொண்டிருக்கும் பற்றுக்களை ஜடிதியாயும் திட்டமாயும் பச்சை இலைகள் போக்கடித்துக் குணஞ்செய்யும்.

3.—கேள்வி (a) இல்லை.

(b) (1), (2) அந்த மாதிரி விசேஷமான ஸ்தாபனங்களை நான் பார்த்ததில்லை.

(3) அனுபோகமில்லை.

பேரதுமான ஏற்பாடு இல்லைமென்று நான் அபிப்பிராயப்படுகிறபடியால் இக்குறைகளை நீக்க பின்வருமாறு ஏற்பாடு செய்யவேண்டுமென்பது என்னுடைய அபிப்பிராயம்:—

(Medical Relief) வைத்தியம்.

பொதுவாக தற்காலத்தில் சித்தர் வைத்தியமுறைப்படி வைத்தியம் செய்பவர்கள் தமிழ் வைத்தியர்களென்று வழங்குகிறார்கள். அவர்கள் பிராமணர்கள் முதல் எல்லாவித ஜாதிக் காரர்களாயிருக்கிறார்கள். விசேஷமாய் சர்க்கார் இங்கிலீஷ் வைத்திய ஆஸ்பத்திரிகளும் (Dispensary) டிஸ்பென்சரிகளையிருக்கும் இடங்களில் கூட இந்த வைத்தியர்களிருந்துகொண்டிருக்கிறார்கள். ஆனால், அவர்கள் செய்யும் வைத்தியத்துக்கேற்றபடி அவர்களுக்குச் சம்பந்தியம் கிடையாது. ஆயினும் அவர்கள் முறை ய்க சுலபமானதாயும் அவர்கள் பிரயோகிக்கும் ஓஷதங்கள் வீலை பெற்றில்லாததாயிருப்பதினால் அவர்களுக்குக் கிடைக்கும்

சொல்ப சம்பாத்தியத்தை யடைந்த திருப்பியாபிருக்கிறார்கள். இவர்கள் பாம்பரையாலை வைத்தியத்தைப் பெற்றவர்களாயாவது அல்லது வைத்திய அப்பியாசினிடம் கிராம மிருத்த இம்முறைகளை அப்பியாசத்தோடுதேற்றுவது வந்தவர்களாயிருப்பார்கள். தற்காலத்தில் மற் ற விதத்தைகளுக்கு ஏற்பட்டிருக்கும் பாடசாலைகளில் படித்தும் ஆஸ்பத்திரி முதலான இடங்களில் அப்பியாசித்தகற்றும் வந்தவர்களில்லை. இருந்தாலும் அபேக்ஷிக்கும் வொரு கிராமத்திற்கும் ஒருவர் இருவர் இருந்த வருகிறபடியாலும் அவர்கள் அபேக்ஷிக்கும் பிரதி பிரயோஜனம் மகிச் சொற்பமாயிருந்து வருகிறபடியால் கிராமவாசிகளுக்கு மிக சௌகரியமாயிருக்கிறது. இதை மாற்றக்கூடாது. இந்த சௌகரியமிருந்துகொண்டே வரவேண்டும். ஆனால் மாற்றவேண்டியதென்னவெனில் அவர்களுக்குக் கிடைத்திருக்கும் கல்வியையும் அவர்களடைந்திருக்கும் அப்பியாசத்தையும் மாற்றவேண்டியதவசியம்.

அதாவது, தற்காலத்தில் வழங்கும் (L.M.P.) எல்.எம்.பி. பரீக்ஷைகொடுத்த ஒருவருடைய கல்வியையும் அப்பியாசத்தையுமடைந்த சித்தர் முறை வைத்தியர் ஒருவரை ஒவ்வொரு கிராமத்திற்கு ஒருவர் இருக்கச்செய்ய அபேக்ஷிப்பது தூர்வபம்.

அகற்குத் தகுந்த படிப்பையும் அப்பியாசத்தையுமுள்ள ஒரு வைத்தியனை ஒவ்வொரு கிராமத்திற்கும் ஒருவரை விதம் கொடுத்தால்தான் மேற்சொன்ன சௌகரியத்தைச் செய்துகொண்டு மேற்சொன்ன இலேசான பிரதிப்பிரயோஜனத்தையடைந்த திருப்பியுள்ளவரையே நடத்துவருவான்.

கான் பின்னால் சொல்லப்புகும் பரீக்ஷாமுறைகளுக்கு அனுசரித்ததாக இருக்க இவர்களுக்கு கிராம வைத்தியரென்ற பெயரை வைத்துக்கொள்ளவேண்டும். இவர்கள் ஒவ்வொரு கிராமத்திற்கும் ஒருவருக்கு குறைபாடமிருக்கும்படி போதுமானமட்டும் அப்பியாசிகளுக்குக் கற்பித்தும், அப்பியாசகளை அனுபவ முறையாய்க் காட்டியும் சர்க்காராவது அல்லது முனிவிர்பாஸிடி, டிஸ்ட்ரிக்ட் போர்டு ஆவது தயார்செய்துவிடவேண்டும். இதற்கு அடுத்த ஸ்தானமாக (L.M.P.) எல்.எம்.பி. ஸ்தானத்துக்கு ஒத்தாக இதைவிட அதிகம் படித்தவர்களையும் அப்பியாசம் பெற்றவர்களையும் தயார் செய்யவேண்டும். இவர்களிலொருவர் இப்போது வழங்கும் (Dispensary) டிஸ்பென்ஸரிகளிலிருக்கும் (Sub-Assistant Surgeon) சப் அலிஸ்டெண்டு ஸர்ஜன்ஸ்போல சித்தர் முறை சப் அலிஸ்டெண்டு ஸர்ஜனாக, டிஸ்பென்ஸரியிலும் வைக்கவேண்டும். இவர்களை பட்டணம் வைத்தியரென்று சொல்லவேண்டும். இவ்வகம் ஒவ்வொரு டிஸ்பென்ஸரியிலும் வைப்பது கூடாமையாயிருக்குமாயின் பொதுவாக வைத்திய கல்வியைக் கற்கும்படி செய்தாவது போதுமான ஆட்களை தயார் செய்து விட்டால் அவர்கள் சொந்த வைத்தியத்தைச் செய்து அவர்கள் பிழைப்பை உண்டாக்கிக் கொள்வார்கள். ஜனங்களும் சௌகரியத்தையும் சௌக்கியத்தையும் அடைவார்கள். இவர்களுடைய ஸ்தானம் கிராம வைத்தியர்களுக்கு மேலானதாயிருக்கும். கிராம வைத்தியர்களால் குணப்படுத்தக்கூடாத வியாதிகளையும் அவர்களால் பார்க்கமுடியாதபடி கிராமப்படம் வியாதிகளையும் இவர்கள் பார்க்கத்தக்கையிருக்கும். கிராம வைத்தியர்களுக்கு கல்விகற்குக்காலமும் அப்பியாசிக்குவகாலமும் இரண்டு வருஷகாலமாகவாவதமிருந்தால் அவர்களுக்குக்கூட ஒரு வருஷமிருந்தால் போதும். இதற்கு மேலாக (Assistant Surgeon) அலிஸ்டெண்டு ஸர்ஜன் (District Surgeon) டிஸ்ட்ரிக்ட் ஸர்ஜன் இவர்களுடைய ஸ்தானத்துக்கு ஒத்துமையாக நகர வைத்தியர்களிருக்கவேண்டும். இவர்கள் University Degree பெற்றவர்களாயிருக்கவேண்டும். இவர்களுக்குப் படிப்புக்காலம் 4 நாள் வருஷமாயிருக்கவேண்டும். இவர்கள் சித்தர் வைத்தியத்தை சாஸ்திர முறைப்படி நன்றாய் கற்றவர்களாகவும் எவ்வித பஸ்ப செந்தூரங்களையும் கலமாய் நீற்றக்கூடியவர்களாகவும் எவ்வித கிராமமானவியாதிக்கும் வைத்தியம் செய்யக்கூடிய திறமையுள்ளவர்களாகவும் ஒவ்வொரு ஜில்லா ஆஸ்பத்திரியிலும் சித்தர்முறை வைத்தியராக இருக்கவேண்டும்.

இவர்களுக்கு மேல் உயர்ந்த டிகிரி (Degree) ஒன்றுதாவிரிருக்கவேண்டும். அதாவது (District Surgeon)க்குத் தகுதியான சித்தர் வைத்தியர் (I.M.B.) Bachelor of Indian Medicine என்று சொல்லப்பட்ட degree பெற்றவர்களாயிருக்கவேண்டும். இதற்குமேல் Degree (I.M. D.) Doctor of Indian Medicine என்ற டிகிரியாகயிருக்கவேண்டும். இதற்கு பரீக்ஷையிருக்கக்கூடாது. (I.M.B) degree பெற்றவர்கள் சொந்தப்பயிற்சியாலும், தேர்ச்சியாலும், விசேஷக் கல்வித் திறமையாலும், அப்பியாசத் தேர்ச்சியாலும் ஸ்தானம் பெற்றவர்களுக்கு இந்த degree பட்டத்தை (University) யூனிவர்சிட்டி அதிகாரிகள் தெரிந்தெடுத்துக் கொடுக்கவேண்டும்.

இந்தக் கிராமப்படி கல்வி கற்று அப்பியாசத்தை அடைந்தவர்களுக்கு வேறு டிஸ்பென்ஸரியாவது, ஆஸ்பத்திரிகளாவது உண்டாக்கி அதில் அவர்களை ஸ்தாபிக்கவேண்டுமென்பது அவசியம். தற்காலமிருக்கும் டிஸ்பென்ஸரி, ஆஸ்பத்திரி இவைகளில் அம்முறைப்படி செய்யப்பட்ட ஒளஷதங்களை வைத்து எந்தெந்த வியாதிகளுக்கு எந்த முறை விசேஷப் பிரயோசனஞ் செய்யுமோ அவ்வாறு வகுத்து அவர்களைச் செய்யும்படிக்கும் எந்த வியாதிஸ்தர்கள் எதை அபேக்ஷிக்கிறார்களோ அந்த வைத்தியத்தை அவர்களுக்குச் சலபமாய் கிடைக்கும்படி செய்துவைத்தால் போதும்.

Medical Education.

சித்தர் முறையில் ஏற்பட்டிருக்கும் தூவகள் அளவற்றவை. ஆகையால் அவைகளில் விசேஷ தேர்ச்சி அடையவேண்டுமாயின் அநேக வருஷங்கள் செல்லும். ஆனாலும் நான் முன் சொல்லியிருக்கும் நான்கு பகுதி பரீகைக்கு வேண்டியவற்றைச் சுருக்கச் சொல்லுகிறேன். இரண்டு வருஷத்திய படிப்பான முதல் வகுப்புக்கு முதல்வருஷம் உடற்கூறு சாஸ்திரம், வைத்திய சாஸ்திரத்துக்கு அத்தியாவசியமானதும் ஆதரவானதுமாயிருப்பதால் அதைச் சுருக்கமாய்க் கற்பிக்கவேண்டும்.

உடற்கூறு சாஸ்திரமென்றால் (Anatomy) மாத்திரமில்லாமல் தொழில் கூறுகளைச் சொல்லும் Physiologyயும் சேர்த்து கற்பிக்கவேண்டும்.

பின் பதார்த்த குண சிந்தாமணியைச் சுருக்கமாய்ச் சொல்லிவைக்கவேண்டும். அதாவது மூலிகைகளில் முக்கியமானவற்றையும் அவைகளின் தனிக்குணங்களையும், அவைகளைப் பகுத்தறியும் விவரங்களையும், அவைகள் கிடைக்கக்கூடுமிடங்களையும் பொதுவாகச் சொல்லி அவைகளின் குணங்களையும் உபயோகத்தையும் கற்பிக்கவேண்டும்.

பின் அம்மூலிகைகளை பச்சையாகவோ அல்லது மற்ற ஒளஷதங்களோடு சேர்த்து சூரணம், லேக்யம், கிருதம், தைலஞ் செய்யும் விதங்களையும் அல்லது நீற்று முறைகளுக்கு உபயோகப்படுத்தும் விதங்களையும் சுருக்கமாய்ச் சொல்லி வைக்கவேண்டும். பின் சித்தர் முறையில் உபயோகப்படும் முக்கியமான உப்புக்கள், உலோகங்கள், பாஷாணங்கள் இவைகளைப்பற்றிய சாஸ்திரத்தைச் சுருக்கமாகச் சொல்லி வைக்கவேண்டும்.

இது மிக விஸ்தாரமான சாஸ்திரம். இதிலடங்கிய விஷயங்களும், செய்முறை துட்பங்களும் மிக விசேஷமானவை. ஆகையால் முக்கியமான விஷயத்தை மாத்திரம் தெரிந்தெடுத்து கற்பிக்கவேண்டும்.

அதாவது, பாஷாணங்களைப் பொதுவாய் பகுத்தறியும் விதங்களையும் அவைகளிலிருந்து செய்யக்கூடிய சலபமான பஸ்ப செந்தூரங்களையும் சாதாரண உப்புகளில் செய்யக்கூடிய ஒளஷதங்களையும் சாதாரண லோகங்களில் நீற்றக்கூடிய சலபமான பஸ்பங்களையும் சொல்லி வைக்கவேண்டும்.

பின் இவைகளை ஒன்றோடொன்று இலேசாகச்சேர்த்து செய்யக்கூடிய பஸ்ப செந்தூரங்களையும் சலபமான சூரணம், கிருதம், தைலம் முதலானவைகளையும் சொல்லி வைக்கவேண்டும்.

முதல் வகுப்பு, இரண்டாவது வருஷத்திய படிப்பு.

இதில் வைத்திய சாஸ்திரத்தையும், ஒளஷதப் பிரயோக முறைகளையும் விசேஷமாய்க் கற்பிக்கவேண்டும். சித்தர் முறையில் இந்த விஷயங்களை விஸ்தாரமாய் சித்தர்கள் சொல்லியிருக்கிறார்கள். அவைகளிலிருந்தும் சலபமான முறைகளை மாத்திரம் தெரிந்தெடுத்துக் கற்பிக்கவேண்டும்.

அதாவது, ஒரு வியாதியை எடுத்துக்கொண்டு சித்தர் முறைப்படி அதை நிதானிக்கும் விதம், முக்குறி, மலக்குறி, நீர்க்குறி, விழிக்குறி, நாவுக்குறி, தந்தக்குறி, சுவாஸக்குறி, நாடிக்குறி போன்ற வியாதிக்குறிகள் மூலமாய் வியாதியை நிதானஞ் செய்யும் விதங்களையும், வியாதிக்குணங்களையும் அவைகளுக்கேற்ற ஒளஷதங்களைப் பிரயோகஞ் செய்யும் முறைகளையும் விசேஷமாய் இந்த வருஷத்தில் சொல்லி வைக்கவேண்டும். அதாவது சாஸ்திரத்தை இவ்வாறு கற்பிப்பதோடு வியாதியஸ்தர்களைப் பரிசோதிக்கும் முறை, வியாதி களுக்கு ஒளஷதம் பிரயோகஞ் செய்யும் முறை, பத்தியங்கள் கொடுக்கும் முறைபோன்ற பலவகை அனுபோக முறைகளையுஞ் சொல்லிவைக்கவேண்டும்.

ஆகவே இதுவரையில் உடற்கூறு (Anatomy), தொழிற்கூறு (Physiology), பதார்த்த குணம் (Materia Medica), வியாதி சாஸ்திரம் ஒளஷதப் பிரயோக முறை (Medicine) இவைகள் இதுவரை கற்றறிந்தும். இனி பஸ்ப செந்தூரம் முதலிய விசேஷ ஒளஷதங்களைச் செய்யுமுறைகளை மிக கவனத்தோடும், துட்பத்தோடும் கற்பிக்கவேண்டும்.

இம்முறைகளில் சொற்ப குற்றங்களேற்படினும் பெரிய துர்க்குணஞ் சம்பவிக்கும்.

அதாவது, நீற்றும் முறையில் சொல்ப தவறுதலேற்பட்டாலும் குற்றமற்ற பஸ்பம் வாய்க்காது. வாய்க்காத பஸ்பத்தை பிரயோகித்தால் விசேஷ துர்க்குணஞ் சம்பவிக்கும்.

இதைப்போலவே பிரயோக முறையிலும் அனுபான தவறுதலாலும், பத்தியப் பிரிவுகளாலும் விசேஷ துர்க்குணஞ் சம்பவிக்குமாதலால் முதலாவது வகுப்பின் கடைசி பாகத்தில் இப்பயிற்சியை வைத்துக்கொள்ளவேண்டும். இதிலொருவன் தேர்ச்சியடைவானாகில் அவனுக்கு வைத்தியஞ் செய்ய பத்திரம்கொடுத்து வைத்தியஞ் செய்யவிடலாம்.

இரண்டாவது வகுப்பு, முதல் வருஷத்த படிப்பு.

இதில் தேர்ச்சியடைந்த பத்திரம் பெற்றவர்கள் தற்செய்துக்கு L.M.P. பட்டம் வாங்குகிறவர்களுக்குச் சமானமாகிடுக்கவேண்டும். இப்படிப்பை அப்பிரிவிக்க வருகிறவர்கள் ஆங்கிலேய பாஷையில் School Final வகுப்புகளை படித்தவருவாவது இருக்கவேண்டும். அதனுடன் தமிழ் பாஷா ஞானமும் அவசியம். இப்பிரிவில் முறைமைவளவும் மேல்காட்டு முறையையும், விஷயங்களைவளவும் கீழ்காட்டு விஷயங்களைவளமிருக்கவேண்டும்.

அதாவது, உட்கூறு சாஸ்திர விஷயத்தில் மேல்காட்டு கீழ்காட்டு என்ற வித்தியாசமில்லை. ஆகையால் உட்கூறு சாஸ்திரத்தை மேல்காட்டு முறைப்படியே கற்பித்தல்வேண்டும். பதார்த்தஞ்சும் அவ்வளவையும் மேல்காட்டு Materia Medica என்றும் சாஸ்திரம் எவ்விதஞ் சொல்லிவைக்கப்படுகிறதோ அந்த விதம் சொல்லிவைக்கவேண்டும். அதோடு முன் சொன்ன முதல் வகுப்பில் சொல்லிய செந்தூர முறைகளை இன்னும் விசேஷமாகச் சொல்லிவைக்கவேண்டும். இதோடு ஆஸ்பத்திரிப் பழக்கமுமிருக்கவேண்டும். பின்னும் சித்தர் முறை பதார்த்தஞ்சுக்களை இங்கிலீஷ் பாஷையில் விவரித்துச் சொல்லும் புஸ்தகங்கள் அகேகமிருக்கின்றன. அவைகளை யே பாடபுஸ்தகங்களாகவைத்து கற்பிக்கலாம். மற்ற பல்ப செந்தூரங்களைத் தமிழில் கற்பிக்கவேண்டும். ஆனால் கற்பிக்கும் முறை இங்கிலீஷ் முறையாகிடுக்கவேண்டும்.

இரண்டாவது வகுப்பு, இரண்டாவது வருஷத்த படிப்பு.

இரண்டாவது வருஷத்தில் வைத்திய சாஸ்திரத்தைத் துவக்கவேண்டும். இதில் நான் முன் சொன்ன தபோல தூல் சித்தர் தூலாகவும், முறை மேல்காட்டு முறையாகவுமிருக்கவேண்டும். முதல் வகுப்புக்கு ஏற்பட்ட பிற்சி எவ்வளவோ அதற்கு விஸ்தாரமாக இவ்வகுப்புக்கிருக்கவேண்டும். அதாவது விபாதிக்குணங்கள் முதலான விஷயங்களை சித்தர் தூலில் சொல்லியபடி மேல்காட்டு முறையாக எழுதப்பட்டிருக்கும் புஸ்தகங்கள் இதற்கு பாட புஸ்தகங்களாகிடுக்கவேண்டும். இதோடு வைத்திய சாஸ்திரத்தில் விசேஷ ஞான விதப்பத்திரின் போருட்டு மேல்காட்டி வைத்திய சாஸ்திரத்தையும் மேல்காட்டுப் பாட புஸ்தகங்களின் மூலமாகவே கொஞ்சம் கற்பிப்பது உசிதம்.

இரண்டாவது வகுப்பில், மூன்றாவது வருஷம்.

இவ்வருஷத்தில் சில விசேஷ படிப்பை கற்பிக்கவேண்டும்.

அதாவது, கண் ரோகம் போன்ற விசேஷ விபாதினைச் சொல்லும் தூல்களைக் கற்பிக்கவேண்டும். அதோடு ஓளஷதங்களிலே மேல்காட்டில் Specifics என்று சொல்லப்பட்ட ஓளஷதங்களுக்கு ஒத்துமைபாக சில விசேஷ ஓளஷதங்களிருக்கின்றன. அதாவது Digitalis என்றும் ஓளஷதமானது எப்படி (Heart) ஹிருதயத்தைத் தொட்டு அதில் குணத்தையுண்டாக்குகிறதோ அதைப்போல தேகத்துக்குள்ளடங்கியிருக்கும் ஒவ்வொரு அவயவங்களைத் தனித்தனியாகத் தொட்டு அவ்வவயவங்களில் குணங்களைச் செய்யும் விசேஷ ஓளஷதங்களிருக்கின்றன. இந்த ஓளஷதங்களின் விசேஷ குணங்களையும் விசேஷ பிரயோக முறைகளையும் விசேஷ குணங்களையடையும்படி விசேஷ நீற்றுமான முறைகளையும் கற்பிக்கவேண்டும்.

அதாவது பீத ரோகணி யென்பது	...	...	...	கண் ரோகங்களுக்கும்,
கல்காடுமென்பது	...	...	...	தந்த ரோகங்களுக்கும்,
தாளகமென்பது	...	...	...	சுவாஸாசய ரோகங்களுக்கும்,
நாகமென்பது	...	...	...	மூல ரோகங்களுக்கும்,
ரஸமென்பது	...	...	...	பல தூர்நீர்களுக்கும்

பாஷாணங்கள் கொடிய விஷ ஜாங்களுக்கும் விசேஷ ஓளஷதங்களாய்ச் சொல்லப்பட்டிருப்பதோடு இவைகளைப் பிரயோகிக்கும் விசேஷ முறைகளும் இவைகளை நீற்றும் விசேஷ வழிகளும் இருக்கின்றன.

இவைகளைத் தெரிந்தெடுத்து கற்பிக்கவேண்டும். ஜில்லா ஸர்ஜனு (District Surgeon) க்கு ஒற்றுமைபாக இருக்கும் கார வைத்தியர்களின் படிப்பு, இது நாலு வருஷகாலமாகிடுக்கவேண்டும். இக்காலத்தில் கற்பிக்கவேண்டிய விஷயங்களையும், இவர்கள் கொடுக்கவேண்டிய பரீகைகளையும் சொல்லுகிறேன். இதைக் கற்பிக்கிறவர்கள் ஆங்கிலேய பாஷையில் (Intermediate Examination) பரீகைகூடியவது கொடுத்திருக்கவேண்டும். இவர்களுடைய படிப்பும் பிற்சியும் மேல்காட்டு கீழ்காட்டு முறைகள் இரண்டையும் கலக்கிப்படுதோடு இவ்விரண்டு காட்டு சாஸ்திரங்களையுஞ் சேர்ந்ததாகிடுக்கவேண்டும். அதாவது முன்சொன்ன படிப்பில் சித்தர் முறை வைத்தியத்தை மேல்காட்டு முறையாகக் கற்பிக்கவேண்டுமென்று சொன்னேன்.

தூத்தப்படிப்பில் மேல்காட்டு சாஸ்திரங்களையும் கற்பிக்கவேண்டும். கீழ்காட்டு சாஸ்திரங்களையும் மேல்காட்டு முறையாகக் கற்பிக்கவேண்டும்.

இந்த படிப்புக்கு நாலு வருஷம் குறிப்பிட்டிருக்கிறேன்.

மூன்றாவது பாகத்தில் முதல் வருஷம் I.M.B.

முதல் வருஷத்தில் ஆஸ்பத்திரி பழக்கமிருப்பதோடு (Anatomy, Physiology, Chemistry, Materia Medica) இந்த நாலு சாஸ்திரங்களையும் மேல் காட்டு முறைப்படியே கற்பிக்கவேண்டும். இந்த சாஸ்திரம் கற்பிப்பதில் விசேஷமான சிறு துட்பங்களை கற்பித்து அவைகளையெல்லாம் ஞாபகத்தில் வைக்கும்படி மாணாக்கர்களை வற்புறுத்தாமல் இந்த சாஸ்திரங்களின் விசேஷ விஸ்தார ஞானத்தை உண்டாக்கக்கூடிய விஷயங்களையும், இந்த சாஸ்திரங்களிலடங்கியிருக்கும் துண்ணிய பரிசோதனா முறைகளையும் விசேஷமாக யெடுத்த கற்பிக்கவேண்டும்.

அதாவது, இந்த சாஸ்திரங்களின் ஞாபகத்தில் வைக்கவேண்டிய Detailsகளை கற்பித்து காலதாமதம் செய்து ஞாபக சக்தியை வற்புறுத்தாமல் பொதுக்கொள்கைகளை (General principles) நன்றாய்க் கற்பித்து பரிசோதனா முறைகளில் விசேஷ ஞானத்தை உண்டாக்கி அம்முறைகளின் வழிகளையும் நன்றாய் சாதகபூர்வமாய்க் கற்பிக்கவேண்டும். (Methods of research) இம்முறைகளை நன்றாய்க் கற்பிக்கவேண்டும்.

மூன்றாவது பாகத்தில் இரண்டாவது வருஷத்தி I.M.B. படிப்பு.

இந்த வருஷத்தில் சித்தர் முறைப்படி ஏற்பட்டிருக்கும் ஒளஷதங்களின் குணங்களை மேல்காட்டுவழியாக கற்பிக்கவேண்டும்.

இவ்வாறு ஒளடதங்களுக்கு யேற்பட்டிருக்கும் தனிக்குணங்களைக் கற்பித்தபின் அவைகளிலிருந்தும் செய்யக்கூடும் ஒளடதங்களின் குணங்களையும், அவைகளைச் செய்யும் முறைகளையும் கற்பிக்கவேண்டும்.

அதாவது, வெள்ளைப்பாஷாணம் போன்ற ஒரு பாஷாணமிருந்தால் அதனுடைய தனிக்குணத்தை முதலில் கற்பிக்கவேண்டும்.

பின் அதைக் குளிகையாக்கியோ அல்லது கட்டுக்கட்டியோ மற்றும் எவ்வகையாகவோ பிரயோகிக்கும் வழிகளைக் கற்பிக்கவேண்டும்.

மேல் அதை பஸ்பமாக்கு முறைகளையும், அதோடு இன்னும் பாஷாணங்களை யோ அல்லது மூலிகைகளை யோ அல்லது நல்லபாம்பு விஷத்தைபோன்ற விஷங்களையோ சேர்த்துச் செய்யும் ஒளஷதங்களைக் கற்பிக்கவேண்டும். பின் மேல் காட்டு முறையால் சிங்கோலா (Chinchona) பட்டையிலிருந்து கொயினாவையும், எட்டிக்கொட்டையில் இருந்து (Strychnine) பையும், அபினியிலிருந்து Morphine, Codeine முதலிய அனேக பொருள்களையும் எவ்விதம் பகுத்து எடுக்கிறார்களோ அவ்விதம் பச்சை இலை மூலிகைகளில் ஒளடதங்களாக உபயோகப்படுத்துகிறவைகளை எடுத்தக்கொண்டு அவைகளில் இவ்விதமான சத்துப் பொருள்கள் என்னென்ன விருக்கின்றன வென்பதை பரிசோதனைகனால் கண்டுபிடிக்கக்கூடிய வழிகளைத் தெரிந்தெடுத்துக்கொண்டு பரிசோதனை செய்வதற்கு வேண்டிய திறமையை உண்டாக்கிவைக்கவேண்டும். பின்னும் முன் சொன்ன தங்கமானது Aqua Regia யென்னும் அக்கினி திராவகச் சேர்க்கையால்தான் உப்பு (Salt) ஆக மாறும். கீழ்காட்டு முறைப்படி சில பச்சை இலைகளின் சாற்றால் (Salt) ஆக மாற்றலாம். இவ்வளவு சலபமாக மாற்றக்கூடிய யென்னபொருள் அந்த பச்சை இலைக்குள்ளிருக்கிறதென்பதை பகுத்து அறியக்கூடிய திறமையை உண்டாக்கிவைக்க வேண்டும். பின்னும் ரசம், தாளகம், பூரம், வீரம், வெள்ளைப்பாஷாணம் இவைகள் அக்கினியில் போட்டால் புகைந்துபோய்விடும். ஆனால் சில முறையாய் பச்சை இலைச்சாறுகளை இவைகளுக்கு சுருக்குக்கொடுக்கிறதினாலும் இன்னும் சில முறைகளாலும் இவைகளை நீயில்போட்டபோதிலும் அவ்வாறு புகையாமல் போகாதபடி செய்துகொள்ளலாம். இவைகளுக்குப் பெயர் கட்டு என்று சொல்வது, இவ்வாறு கட்டின சாக்குகள் தங்களுடைய தனிக்குணத்தை இழந்துபோகிறதில்லை. இவ்வாறு கட்டின சாக்குகளை விபரதிகளுக்கு பிரயோகிக்கலாம். இவ்வாறு கட்டின சாக்குகளோடு மூலிகைகளைச் சேர்த்து பஸ்பம், செந்தூரம், கன்னங்கள் செய்யலாம். பச்சை இலைகளில் இருக்கும் என்ன பொருள்கள் இவ்வித மாறுதல்களை உண்டாக்குகின்றனவென்பதை அறிய சக்தர்களாகச் செய்யவேண்டும்.

சித்தர் முறையிலே, மூலிகைகள் இவ்வாறு மாறுதல்களைச் செய்கிறதற்கு மேலாக, ஜெந்துக்களிலிருந்து யெடுக்கும், பலவித செயர்ர்களும், ஊன்களும் விசேஷ வலுவுள்ளவை. இதை மேல்காட்டுச் சாஸ்திர முறையாய் ஆர்கேனோ திரப்பி (Organo-Therapy) என்னும் வகுப்பில் உபயோகிக்கும் சீர(Serum)ங்கள், வாக்கீன்கள் (Vaccines), பல அலயவகங்களின் சத்துக்கள் (Extract Pancreas), (Extract Thyroid Gland) இவைகளைச் செய்யும் முறைகளை அனுசரித்து சித்தர் முறையில் மிகவும் சுருக்கமாயும், மறைபொருளாயும் வைக்கப்பட்டிருக்கும் பலவித நீர்களை இவ்வித நீற்றுமானங்களுக்கு உபயோகப்படுத்தும் முறைகளில் தேர்ச்சியுடையவர்களாக ஆக்கவேண்டும்.

இந்த நீர்களிலிருந்து எடுக்கும் நயமான உப்புகள் வேலகங்களிலிருந்து எடுக்கப்படும் சத்துக்களில் சேர்த்து சில ஒளடதங்கள் செய்யப்படுகின்றன. அவைகளைச் செய்யும் முறைகளையும் கற்பிக்கவேண்டும்.

மூன்றாவது பாகத்தில், மூன்றாவது வருஷத்திய படிப்பு.

இந்த வருஷத்தில் வைத்திய சாஸ்திரத்தையும் ஒளடதப் பிரயோக முறைகளையும் மேல் காட்டு முறைப்படிக்க கற்பிக்கவேண்டும். இது மூன்றாண்டுகளில் எவ்வாறு ஆஸ்பத்திரிப் பழக்கம் உயர்த்துவருகிறதோ அவ்வாறே இந்த வருஷத்திலும் துடர்த்துவா வேண்டும். ஆனால் ஒளடதப்பிரயோக முறைகளில் விசேஷப்படிப்பைக் கற்பித்து சித்தர் முறை ஒளடதங்களை உபயோகப்படுத்தவதற்குத் தயாராகப் படுவதோடு மேல்காட்டு ஒளடதங்களையும் தனித்தனியே எடுத்தக்கொண்டு ஒவ்வொரு விவாதிக்கும் மேல்காட்டு ஒளடதங்களை முதலில் சூறிப்பிட்டு பின் சித்தர் முறை ஒளடதங்களைக் சூறிப்பிட்டு தேர்ச்சி அடையச் செய்யவேண்டும். வியாதி சிதான முறையில் மேல் காட்டுமுறை பலமானது. ஆகையால் அதை தெளிவாகவும், துட்பமாகவும் கற்பிக்கவேண்டும்.

சித்தர் முறையில் வியாதி சிதான்க்க வழி கடினமாகவும் பலமாய் சிதான்க்கக்கடிய தல்லாததாகவுமிருக்கிறது. ஆகையால் கீழ் காட்டு முறைகளை மேல்காட்டு வழிப்படி திருத்திக்கொண்டு கற்பிக்கவேண்டும்.

மூன் சொல்லியிருக்கும் அநேக வியாதிக்குறிகளில் காடிக்குறி மிகவும் கடினமான பாகம். ஒழுங்காக காடி சாஸ்திரத்தை கருவாக கற்று அதன் முறைகளின்படி வியாதி களை சிதானஞ்செய்து ஒளடதப் பிரயோகஞ்செய்வது மேலான வைத்தியமாக வேற்படும். ஆனால் காடி சாஸ்திரம் மிக விஸ்தாரமானதும், துட்பமானதும், கடினமானதமாக யிருக்கிறபடியால் காடி சாஸ்திரத்தில் விற்பன்னதும், அப்பியாசத்தில் தேர்த்தவர்களுமானவர் கள்தான் இந்த சாஸ்திரத்தை விவரமாய்க் கற்பிக்கமுடியும்; காடிப் பரீகை இல்லாமலே வியாதி சிதானஞ்செய்யலாம். ஆனால் விசேடத்தேர்ச்சி அடைந்தவர்கள்தான் இவ்வாறு சிதான்க்க வல்லவர்களாயிருக்கிறார்கள். இந்த சாஸ்திரத்தில் அநேக நூல்கள் எழுதப் பட்டிருக்கின்றன. இந்த சாஸ்திரத்தையும், இந்த அப்பியாச முறைகளையும் அப்பியா சித்து வியாதியை சிதானித்து வைத்தியத்தில் வல்லவர்களாயிருப்போர்கள் காணுக்கு காள் குறைவுபெற்று வருவதாலும், இந்த சாஸ்திரங்களின் பரிபாஷை அழிந்துவிட்டபடியாலும், இந்த சாஸ்திரத்தின் தற்காலங்கிடைக்கும் நூலை வியத்தமாய் அர்த்தப்படுத்திக் கொள்ள மார்க்கமில்லாமலிருந்துகொண்டிருக்கிறது. மேல்காட்டு சாஸ்திரப்படி காடி சிதானத்தை நன்றாய்க் கற்றுத் தேர்ச்சியடைந்தவர்களைக் கொண்டு கீழ்காட்டு காடி சாஸ்திரங்களின் விஷயங்களை வியத்தப்படுத்தி அர்த்தத்தை தெளிவாகச் செய்தாவன்றி இந்த சாஸ்திரங்களின் விஷயமும் பொருளும் அறியப்படாமல் மறைவுபட்டிருக்கும்.

மூன்றாவது வருப்பு, நான்காவது வருஷத்தப் படிப்பு.

இந்த வருஷத்தில் இதுவரையில் சொல்லிவைக்கப்பட்ட முறைகளால் செய்யப்பட்ட ஒளடதங்களைப் பிரயோகப்படுத்தும் வழிகளையும் வியாதிகளைத் திட்டமாய் சிதானம் செய்யும் வழிகளையும் கற்பிக்கவேண்டும்.

அதாவது, மேல் காட்டு சாஸ்திரமாகிய Medicine என்னும் சாஸ்திர புஸ்தகங்களைப் பாடமாக வைத்து அந்த சாஸ்திரத்தின் முறை முதலானவைகளை நன்றாய்க்கற்பித்து வியாதி சிதானிக்கும் வழிகளை மிகவும் தெளிவாய் அறியும்படிசெய்து ஆஸ்பத்திரி பழக்கத்தை யும் பரிஷ்காரப்படுத்தி வைத்துக்கொள்ளவேண்டும்.

அதன்மேல் நுண்ணிய அவயவங்களின் வியாதிகளையும், அதாவது கண், காது, மூக்கு, தொண்டை இவைகளின் வியாதிகளையும், சிசு வைத்தியத்தையும், இலேசாக கற்பித்து வைத்துக்கொண்டு பின் சித்தர் முறை ஒளடதங்களை பிரயோகிக்கும் முறைகளை கற்பிக்க வேண்டும். மூன்றாவது வருஷத்தில் கற்றிருக்கும் முறைகளின்படி செய்யப்பட்டிருக்கும் ஒளடதங்களை, காலம் தேசம்போன்ற வித்தியாசங்களை யெல்லாம் அனுசரித்து தேக ன் தியாசத்தை யுணர்ந்து உணவுகளின் பொருத்தத்தையும் கவனித்து பத்தியங்களை துட்பமாக அனுசரிக்கச்செய்து ஆஸ்பத்திரிகளில் வியாதியஸ்தர்களுக்கு ஒளடதங்களை பிரயோகிக்கும்படி செய்து வியாதியஸ்தர்களுக்கு வைத்தியம் நடத்தும் பழக்கத்தையும் உண்டாக்கி வைக்கவேண்டும்.

இவ்வாறு ஏற்படும் பழக்கத்தினாலும், கற்பிக்கப்பட்டிருக்கும் சாஸ்திர விசாரணையின் தேர்ச்சியினாலும், பின் வைத்தியம் செய்யவும் சித்தர் முறை நூல்களின் உண்மைகளை அறிந்து மேல் பரிசோதனைகளால் அம்முறையிலுள்ள விஷயங்களை அறிய ஞானமும் யேற்படவேண்டும்.

Original Investigation research இவைகளைச் செய்ய தைரியமும், ஞானமும், இவ் வருஷத்திலேயே உண்டாக்கப்படவேண்டும். சித்தர் முறைநூல்கள் அளவற்றிருக்கின்றன. அவைகளில் அநேக உண்மைகள் மிக சகசியமாகவும் மறைபொருளாகவும் வைக்கப்பட்டிருக்கின்றன. அவைகளையெல்லாம் புத்தி துட்பத்தாலும், அனுபவாகத்தாலும் அறிந்து அவைகளை பரிசோதனைகளால் பரிஷ்காரப்படுத்திக்கொண்டு தெளிவாய் அறிய இப்பொழுதே சக்தி உண்டாக்கி வைக்கவேண்டும். சித்தர் நூல்களின் பல கொள்கை

கள் மேல் நாட்டு சாஸ்திர கொள்கைகளுக்கு ஒத்தில்லாமல் இருக்கின்றன. அவைகள் உண்மையோ, அல்லது அல்லவோ என்பதை பலவித பரீகைகளாலும், சோதனைகளாலும் அறியவேண்டும். அவ்விதம் சோதனைகளையெல்லாம் துட்பமாயும் மிக சீரமத்தோடும், வேண்டிய சாதனங்களை செளகரியப்படுத்திக்கொண்டு மனதின் அமைதியோடு பலதரம் பரிசோதனைகளை நடத்தி இவ்விஷயங்களிலுள்ள மேல் நாட்டு, கீழ் நாட்டு கொள்கைகளின் வித்தியா வித்தியாசங்களை சிதானித்து எது உண்மை, எது உண்மை அல்ல என்பதைத் தீர்மானிக்கவேண்டும்.

கேள்வி 4-(a)(1) மாணுக்கர்கள் முதல்தரமான தேர்ச்சியும் அனுபவமுமுள்ள உபாத் தியாயர்கள் நேராகவோ மாணுக்கர்களுக்கு சிகைசொல்லி கற்பிக்கவேண்டியது அவசியம்.

சித்தர் நூல்களில் உபயோகப்படுத்தியிருக்கும் பாஷை சலபமாய் அர்த்தப்படுத்திக் கொள்ளக்கூடியதாயிருந்தபோதிலும் சில ஓளவுதப் பெயர்களையும், மூலிகைகளின் பெயர் களையும் மற்றும் மறைவாய் வைத்திருக்கும் சில பொருள்களின் பெயர்களையும் குருவினி டத்திலிருந்துதான் பெறவேண்டியதாயிருக்கும். மேலும், ஓளவுதங்களை உண்டாக்கிக் கொள்வதிலும் சில துட்பங்களுண்டு. அவைகளையும் குருதான் சொல்லிவைக்கவேண் டியதாயிருக்கும். ஆகையால், இந்நூல்களிலே செய்பாக கைபாகத்தேர்ச்சி வேண்டு மென்று சொல்லப்பட்டிருக்கிறது. இவைகளுக்கு, குருவினுடைய நேர் சிகைசு அத்தியா வசியம்.

(2) ஆமாம். அவ்வாறு இருக்கவேண்டியது அவசியம், ஆஸ்பத்திரி அனுபவம் வேண் டமென்பதைப்பற்றி முன்னமே சொல்லியிருக்கிறேன். லாபொரேடரி (Laboratories) ரசாயன பரீகைசு சாலைப்பழக்கமும் அத்தியாவசிய மென்பது இதுவரை நான் சொல்லி யிருப்பதிலிருந்தும் நன்றாய் விளங்கும். பலவித நீற்றுமானத்துக்கு வேண்டிய பொருள் களும், குருவும் ஜெயநீர்களுமில்லாமல் முடியாதது என்பது நன்றாய் விளங்கும்.

இதைப்போலவே இன்னும் அத்தியாவசியமானது மூலிகைகள், கிழங்குகள், கொடி கள், ஜலத்தில் விளைகிற மூலிகைகள், கிழங்குகள் இவைகள் உண்டாகக் கூடிய குட்டங் களடங்கிய காடுகளும், தோப்புக்களும் இன்றியமையாத அவசியத்தில் ஒன்று.

இவைகளில் உண்டாகக்கூடிய மூலிகைகளைத்தவிர, கடலோரம், கடலோரம், மலை யோரம், உவர்நிலங்கள், புஞ்சை நிலங்கள், மலையுச்சி இவைகளில்தான் உண்டாகக்கூடிய இன்னும் அனேகவித மூலிகைகளும், கிழங்கு முதலானவைகளுமிருக்கின்றன. அவை களை தெரிந்தெடுத்து காண்பிக்கக்கூடிய உபாத்தியாயர்களும்வேண்டும். அவர்கள் இவ் விடங்களுக்கு மாணுக்கர்களை அழைத்துப்போய் இவைகளைக் காண்பிக்கவேண்டுவது அவ சியம். சாஸ்திரங்களை செளகரியப்பண்ணி வைத்திருக்கும் ஏட்டு புஸ்தகசாலைகளும், பொருள் காட்சிகளும் அவசியமாய் வேண்டுவன.

(3) ஒரு சித்தர் யெழுதியிருக்கும் நூல்களைப் படித்து அவர் முறைகளை அப்பியாசித் து அவர் சொல்லியிருக்கும் ஜெயநீர், குரு முதலானவைகளைச் செய்தும், நீற்றுமானங்களை முடித்துக்கொள்வது ஒரு புருஷாயுலில் அசாத்தியம். ஆயினும் தேர்ச்சியை உத்தேசித்து சில சித்தர்களின் முக்கிய முறைகளை மாத்திரம் கற்றுணர்ந்து, அப்பியாசிப்பதுதான் கூடி யதாயிருக்கிறது. ஆதலால், பரீகைக்கக்கூடியதற்கும், பரிசோதனை செய்வதற்கும் நூதன பரீகைசு செய்வதற்கும் போதுமான யிடமிருக்கிறது. சாவகாசந்தான் வேண்டும், உபாத் தியாயர்களுக்கு அப்பேற்பட்ட சாவகாசம் கொடுப்பது உசிதந்தான்.

இல்லை. இதுவரை நான் சொல்லிவரும் சாதனங்களோடு யாதொரு ஸ்தாபனமும் எனக்கு இருக்கிறதாகத் தோன்றவில்லை.

(b) (1) இந்த லக்ஷியம் மட்டுக்கு மிஞ்சியதென்றாவது அசாத்திய மென்றாவது நான் கினைக்கவில்லை. இந்த லக்ஷியம்தான் சரியானதும், அத்தியாவசியமானதும் என்பது தெளி வான விஷயம். ஆயினும் அதை அடைவதற்கு போதுமான சாதனங்களில்லாததின் பொருட்டு அதற்குப் பதிலாக முதல் லக்ஷியமாகப் பின்வருவதை நான் சொல்லுகிறேன். சித்தர் நூலில் தேர்ச்சியடைந்த வைத்தியர்கள் அநேகர் இருக்கிறார்கள். அவர்களுக்கு மேல்நாட்டு வைத்திய முறைகளாவது சாஸ்திர பரிச்சியமாவது கிடையாது. ஆனாலும் சித்தா நூலில் சாதாரண தேர்ச்சியும் அனுபவ பயிர்ச்சியரல் நல்ல பழக்கமும் ஏற்பட்டி ருக்கிறது. அவர்களில் புத்தி துட்பமுடையவர்களாயும், கற்பிக்கும் திறமையுள்ளவர்களா யும் கல்வி தேர்ச்சியும், அனுபோக பயிர்ச்சியமுள்ளவர்களாயும் இருப்பவர்களை தெரிந் தெடுத்து இவர்களை உபாத் தியாயர்களாய் நியமித்து தற்காலத்தில் வைத்திய கலாசாலைக ளாயிருக்கும் ஸ்தாபனங்களில் இவர்களை உபாத் தியாயர்களாய் நியமித்து சித்தர் முறை வைத்தியத்தை அபேக்சிக்கும் மாணவர்களுக்கு கல்வி அனுபோகமுறை இவைகளை சொல்லிவைக்கும்படி ஏற்படுத்துவதுதான் லக்ஷியமாக வைத்துக்கொள்ளவேண்டும்.

(2) இதற்காக முதலில் கலாசாலைகளில் சித்தான விசேஷப் பணச்செலவில்லாத சொற்ப சாதனங்களோடு கூடிய லாபொரேடரி (Laboratories) களை உண்டாக்கிக்கொள் னவேண்டும். ஆஸ்பத்திரியில் வரும் வியாதியஸ்தர்களில் சித்தர்முறை ஓளவுதங்களை அபேக்சிப்பவர்களுக்கு அவ்வைத்தியத்தைச் செய்யும்படிக்கு செளகரியங்களும் செய்யப் படவேண்டும். இவ்வுரண்டு செளகரியங்களும் செய்துகொண்டு சலபமான சம்பளங்களில் மேற்சொன்ன திறமையுள்ள வைத்தியர்களைத் தெரிந்தெடுத்து உபாத் தியாயர்களாக கிய மித்து அபேக்சித்துவரும் மாணுக்கர்களுக்கு கல்வியைத் துவக்கவேண்டும்.

கேள்வி 5.—மேல் காட்டு கீழ்காட்டு வைத்திய முறைகள் ஒன்றுபடுத்தப்படுவது அச் சபமும் உட்பாதிபமும். அவ்வாறு ஒன்றுபடுத்தப்படுவதுதான் கற்றறிஞர் ஒருவரின் கருபி மாரிடுக்கவேண்டும். அதற்கு எனக்குத் தோன்றியவளவில் சில வழிகளைச் சொல்லு கிறேன். முதலில் காலவசத்தால் சித்தர் முறை தூல்கள் காண்க்கு காண அழித்தபோயின் றன. எத்தனையோ அப்பாசிகள் சேகரித்தவைத்திருந்த அநேக சித்த அபூவ தூல் கள் கரையான தினதும், பூச்சிகளறித்தும் அழித்தபோகின்றன. ஆனதால் தற்காலம் கிடைக்கக்கூடும் அபூர்வ எலவித் சித்தங்களையும், மற்றும் தூல்களையும் சேகரித்த ஒரு புஸ்தகசாலை உண்டுபடுத்தவேண்டும்.

(2) இன்னால்களில் சொல்லியிருக்கும் பச்சை இலைகள் மூலிகைகளில் இவைகளை அவைகளைப்பற்றிச் சொல்லியிருக்கும் அடையாளங்களைவைத்த மாத்திரம் அவைகளை சிதானித்துக்கொள்வதும் சாத்தியமில்லாமலிருக்கிறது. இதில் அனுபோகப்பட்டவர்களும், இம்முறைகளை அனுசரித்தவருமான வைத்தியர்களும், மூலிகைகளைப் பிடுக்குகிறவர்களும், காண்க்குள்ள குறைத்தும் வருகிறார்கள். ஆகையால் அவர்களுடமிருந்து அனுபோ கத்தேர்ச்சியை மேல்காட்டு வைத்தியத்தில பரிகைகள் கொடுத்த பட்டம் பெற்றவர் களில் கீழ்காட்டு வைத்தியத்தில் நம்பிக்கையுள்ளவர்களும், புத்தி துட்பமுள்ளவர்களு மாய் இருப்பவர்களை தெரிந்தெடுத்து மேற்சொன்ன வைத்தியர்களிடமிருந்து அனுபோகத் தேர்ச்சியை கிரகித்துக்கொள்ளச் செய்யவேண்டும்.

கீழ்காட்டு வைத்தியத்தில் தென் இந்தியாவில் சில அபூர்வ முறைகளும்; வட இங் கியாவில் ஆயுர்வேத வைத்தியத்திலுள்ள சில முறைகளும் இருந்துவருகின்றன. இவைகளை யும் கற்றறிந்துகொள்ளவேண்டியது அவசியம். அதற்காக மேற்சொன்ன ஆங்கிலேய பரி கைப்பட்டம் பெற்றவர்களை வடதேசங்களிலுள்ள பிரபல கவிராஜர்களிடம் அனுப்பி அம்முறைகளை அறிந்துகொள்ளச் செய்யவேண்டும். அவ்விதமே தென் தேசத்திலுமுள்ள வைத்திய சிரேஷ்டர்களில் சிலர்களில் சிலகாலமாக ஒரு ஒன்றுசேர்த்து ஒரு ஸ்தலத்தி லிருக்கும்படி செய்து மேல்காட்டு முறைகளை அனுசரித்து, கீழ்காட்டு பஸ்ம செந்துரங் களைச் செய்யும்படிச்செய்து அவைகளை மேல்காட்டு சசாயன சாஸ்திரமுறையாய் பச்சை இலைமூலிகைகளையும் பஸ்ம செந்துரங்களையும் பகுத்தப்பார்த்து மேல்காட்டு முறைபா கவே அவைகளின் தனிக்குணங்களை சிச்சயம்பண்ணவேண்டும்.

இவ்வாறு சிச்சயம்பண்ணப்பட்ட அனுபோகத்தைக்கொண்டு அவைகளை வியாதில் தர்களுக்குப் பிரயோகப்படுத்தும் முறைகளை மேல் காட்டுவழியாய் சிதானப்படுத்தவேண் டும்.

இன்னும் கீழ்காட்டு வைத்தியத்திலுள்ள பொதுவிஷயங்களையும் இரகசிய விஷயங் களையும் மேல்காட்டு முறையாய்ப் பரிஷ்காரப்படுத்துவோமாகில் கல்வி அபிவிருத்திக்கும், ஞானத்துக்கும் வைத்தியசாஸ்திரத்தின் அபிவிருத்திக்கும் கொடிய நோய்களாயிருக்கும் அநேக திராநகரங்களும் திருவதற்கும் அளவற்ற சாதனங்கள் யேற்படும்.

இவைகளுக்கு மேலானமுறைகள் அநேகம் வைத்தியர்களை விட மேல் அப்பியாசிக னான யோகிகளிடத்தில் தான் இருந்துவருகின்றன.

ஆகையால், அவர்களிடத்திலிருக்கும் அபூர்வ சக்திகளை அவர்களோடு பழகி அவர்க ளுடைய வழிபாடுகளைக் கொஞ்சமாவதும் அனுசரித்தவர்களுக்குத்தான் அவர்களுடைய அப்பியாஸத்தின் உண்மையும் இரகசியமாக வைக்கப்பட்டிருக்கும் வேலைகளின் அருமை யும் சித்தியும் தெரியும். ஆகையால் இவ்விதம் அபூர்வசக்திகளிருக்கின்றனவென்று நம்பிக்கையுள்ளவர்கள் மேல்காட்டு வாசிப்புத் திறமைப்பட்டம் பெற்றவர்களுக்குள் மிக சொல்பம். அவ்வாறு சொல்பமாயிருக்கிறவர்களைத் தெரிந்தெடுத்து அவர்களை இவ்விதம் தேசாநதிரிகளாய்த் திரியும் கோசானிகள், சன்னியாசிகள், யோகிகள் இவர்களைச் சற்றும அனுசரிக்கச்செய்து பழக்கம் யேற்படுத்திக்கொண்டு அவர்களிடம் இருக்கும் இவ்வபூர்வ வித்தைகளை கிரகிக்கச் செய்யவேண்டும். இது மேல்காட்டுக்கல்வியை அப்பியாசித்தவர் களுக்கும், பட்டம்பெற்றவர்களுக்கும் அசாத்தியமாய்த் தோன்றும். ஆயினும் மேல்காட்டுக் கல்வித் தேர்ச்சியடைந்தவர்கள் கூட யோகிமுறைகளில் நம்பிக்கையுள்ளவர்களிருக் கிறார்கள். அவர்களைத் தெரிந்தெடுத்து அவர்கள் மூலமாய்த்தான் இந்த வித்தைகளைக் கிரகப்பது சாத்தியம்.

கேள்வி 6.—ஆம்.

சசாயன சாஸ்திரம், ஜீவ சாஸ்திரம், இவைகளில் பயிர்ச்சியிருக்கவேண்டும். சசாயன சாஸ்திரத்தில் விசேஷ பயிர்ச்சியிருக்கவேண்டும். கிராம வைத்தியர் L.M.P. க்கு சமமானவை வைத்தியர் இவர்களுக்கு இப்பயிர்ச்சியேண்டுவதில்லை. Graduate, Masterate, Doctorate, இவர்களுக்குப் பட்டத்திறமைக்குத் தகுந்தபடி இதில் தேர்ச்சி இருக்கவேண் டும்.

Anatomy உடற்கூறு சாஸ்திரம்.

Physiology அவயவத்தொழிற்கூறு சாஸ்திரம்.

Pathology நோக்கக்கூறு சாஸ்திரம்.

Bacteriology சிற்றுயிர் சாஸ்திரம்.

Surgery இரணவைத்திய சாஸ்திரம்.

இவைகளை கற்பிக்கவேண்டியதவசியம். ஆனால், இவைகளில் சாஸ்திர பாகத்தை மாத்திரம் கற்பிக்கவேண்டுமேயொழிய அனுபோகபாகம் வேண்டுவதவசியமில்லை. அதாவது வியாதிக் கூறுகளை அறியவும், ரோக விதானம் பண்ணவும் ஞானம் ஏற்படுவதற்கு வேண்டும் பாகங்களை மாத்திரம் கற்பிக்கவேண்டுமே ஒழிய மேல் நாட்டு ஔஷதப்பிரயோக விஷயமாயுள்ள பாகங்களை கற்பிக்கவேண்டியதவசியமில்லை. மற்ற சாஸ்திரங்களிலும், உடல் கூறு, தொழிற்கூறு, ரோகக்கூறு, சிற்றுயிர்சாஸ்திரம் இவைகளில் மிக நுண்ணிய பாகங்களைத்தவிர மற்ற கொள்கைகள் சம்மந்தப்பட்ட அளவில் அவைகளை விஸ்தாரமாய்த் தெரியவேண்டிய பாகங்களைக் கற்பிக்கவேண்டும். இரண வைத்திய சாஸ்திரத்தையே இந்த வாசிப்புக் கிரமத்திலிருந்து பிரித்து வேறுக்கவேண்டும்.

எனினும், சித்தர் நூல்களில் இரணவைத்தியத்தைப்பற்றிச் சொல்லும் பாகம் விசேஷமாயில்லை. எழுதப்படவில்லையோ அல்லது எழுதப்பட்டு அழிந்துதான் போய் விட்டதோ தெரியவில்லை.

(b) இதுவிஷயம் முன்னமே சொல்லப்பட்டிருக்கிறது. அவ்விடத்தில் சொல்லியிருக்கிறதைவிட இன்னும் விஸ்தாரமாய் சொல்லவேண்டாமென்று கிறுத்திவிட்டேன்.

(c) கிராம வைத்தியர்களுக்கு மாத்திரம் தமிழ், தெலுங்கு, கன்னடம் இம்மூன்று பாஷைகளும் தென்னிந்தியாவிலே வழங்கும் பாஷையான தால் அந்தந்த நாடுகளிலிருந்து வரும் மாணுக்கர்களுக்கு அந்தந்த தேசபாஷையில் சொல்லவைக்கவேண்டும். மதவர்களுக்கு Graduate, Masterate, Doctorate இப்பட்டங்களை அபேக்ஷிப்பவர்களுக்கு இங்கிலீஷில் சொல்லவைக்கவேண்டும்.

கேள்வி 7.—கான் மேற்சொல்லியிருக்கும் அப்பிரயோச முறைகளில் தேர்ச்சியடைந்த வைத்தியர்களை ரிஜிஸ்டர் செய்யவேண்டியது அவசியமென்பது என்னுடைய அபிப்பிராயம். அவர்களை ரிஜிஸ்டர் செய்யும்படி செய்து அதற்கு ஏற்பட்டிருக்கும் விதிகளுக்கு அவர்களை உள்படுத்துவது உசிதமல்ல.

கேள்வி 8.—ஆலோபதி முறைப்படி வைத்தியம் செய்வதில் யேற்படும் மருந்துச் செலவை விட சித்தர் முறைப்படி செய்யும் ஔஷதங்களின் கிரயம் குறைவாயிருக்கும். மேல்நாட்டு ஔஷதங்கள் கம்பெனிக்காரர்களால் கிரயம் செய்யப்படுகிறது. ஆனால் அவ்வாறு விற்கப்படும் மருந்துகளை ஒன்று சேர்த்து மிக்ஸ்சர் ஆகவாவது அல்லது மாத்திரைகளாகவது சேர்த்துக்கொடுப்பதற்கு கூலி மருந்து கிரயத்தைவிட எத்தனையோ பங்கு அதிகமாயிருக்கிறது. இதோடு நோயாளியின் வியாதியைப் பார்த்து மருந்தைக்குறிப்பிடும் மருந்துக்குறிப்புக்கு (Prescription சார்ஜ் இன்னும் எத்தனையோ பங்கு அதிகமாயிருக்கிறது. ஆகையால் ஏழைகளாயிருக்கும் ஜனங்கள் இம்மூன்று வகை சார்ஜையும் கொடுத்து வைத்தியம் செய்துகொள்வது அவர்களுக்கு கூடாமையாயிருக்கிறது. ஆகையால் ஆஸ்பத்திரிதான் அவர்களுக்கு ஒரே புகலாயிருக்கிறது. ஆனால் ஏழைகளாயும், வியாதியஸ்தர்களாயும் இருக்கும் அவ்வளவு பேர்களுக்கும், வைத்தியம் செய்வதற்காகப் போதுமான ஆஸ்பத்திரிகள் சர்க்காராலும், லோக்கல் பண்டு போர்டுகளாலும் உண்டாக்கிவைப்பதும் கூடாமையாயிருக்கிறது. இதுபற்றி கிராமவாசிகள் திராச அவசியத்திற்குத்தான் ஐந்துமையில் பத்துமையில் போய் ஆஸ்பத்திரி வைத்தியத்தை அடையக்கூடியதாயிருக்கிறது. அதையும் தினந்தோறும் போவதற்கு ஏற்படும் வண்டிவாடகையும் அவர்களுடைய கிலமைக்கு அதிகம். இக்காரணங்களை உத்தேசித்து நாலேந்து கிராமங்களுக்காவது ஒரு சமாராகதேர்ச்சியடைந்த கிராம வைத்தியர் அவசியம் என்பது என்னுடைய அபிப்பிராயம். சர்க்காரும் லோக்கல் போர்டாரும் டிக்கிரிப்பட்டம் பெற்ற உயர்ந்த வைத்தியர்களைத் தயாராக்கி விடு முன் சலபமாயும் கூடிய சிக்கிரத்திலும், கிராமவாசிகளான வியாதியஸ்தர்கள் அடையக்கூடிய சித்தர் முறை வைத்தியம் செய்யும் கிராம வைத்தியர்களைத் தயார் செய்து ஏழைகளாயிருந்து நோயாளிகளாயிருக்கும் இந்தத் கிராம நோயாளிகளின் கஷ்டத்தை நிவர்த்தி செய்யவேண்டியது முதல் கடமையாயிருக்கிறது. சித்தர்முறைப்படி ஔஷதங்களைச் செய்யவேண்டுவது வைத்தியர்களின் வேலையில் ஒருபாகமாவே யிருந்துவருகிறது. ஆகையால் அதற்காக தனிச்சார்ஜ் பொருக்கவேண்டியதாக வியாதியஸ்தர்களுக்கு ஏற்படாது. இன்னும் சித்தர்முறை பாஷாணங்களும் மத்தும் உலோகங்களும், உப்புக்களும் அவ்வவர்கள் தேசத்திலேயே உண்டாகிறவைகளாயும், சலபமாய் கிடைக்கக்கூடியவைகளாயுமிருக்கின்றன. ஆனாய் தேசங்களிலிருந்து வருத்தப்பட்டு கம்பெனிக்காரர்களால் அவர்களுடைய இஷ்டம்போல் அதற்கு விலைகளை உயர்த்தி வைக்கப்பட்டு உள்ளவைகளல்ல. பின்னும் பாஷாண லோகங்களை ஔஷதமாகக் செய்யவேண்டும். பச்சை இலை முதலானவைகளும் அந்தந்த இடங்களிலேயே கிடைக்கக்கூடியவைகளாக சொல்லப்பட்டிருக்கின்றன. ஒரு கிராமத்துவிட்டுக்குப் பின்புறமிருக்கும் கொல்லெனியில் முளைத்திருக்கும் பச்சை இலையை வைத்துக்கொண்டே அனேக லோக பாஷாணங்களை ஔஷதமாக்கிக்கொள்ளலாம். என்னுடைய அனுபோகத்திலிருந்தும் இந்ததாரதம்மியம் உள்ளது தானென்பதை திட்டமாகச் சொல்லவேண்டும்.

கேள்வி 9.—இராஜாங்கத்தார் மேல் நாட்டாரானதினாலும், அவருடைய வைத்தியத்தைச் செய்ய ஆங்காங்கு ஆஸ்பத்திரிகள் ஸ்தாபித்திருப்பதாலும் அவ்வைத்திய முறைகளைக் கற்பிப்பதற்குக் கலாசாலைகள் யேற்படுத்தியிருப்பதாலும் அதில் தேர்ச்சியடைகிறவர்

களுக்குப் பட்டப்பத்திரம் கொடுப்பதாலும் அப்பத்திரம் பெற்றவர்களுக்குப் படிப்படியான உத்தியோகம் கொடுக்கப்பட்டிருப்பதாலும், ஏற்பட்டிருக்கும் சர்க்கார் ஆதரவு சித்தர் முறைக்கு இவ்வாததால் அம்முறை களுக்கு கள் கீழித்தவருகின்றன. ஆகையால் அதை புனருத்தாரணஞ் செய்யவேண்டுமெனின் முதலில் ராஜாங்கத்தினுடைய ஆதரவு அதற்கு முக்கியமாய் வேண்டும். மேற்கொல்லியிருக்கும் பலவகை வகுப்பு வைத்தியர்களைக் கற்பித்து ஒவ்வொரு கிராமத்திற்குமாவது அல்லது காவல்துறை கிராமங்கள் போன்ற ஒரு பகுதிக்காவது ஒரு வைத்தியர் இருந்து அங்கே யேற்படும் விபாதிவஸ்தர்களுக்கு சித்தர் முறைப்படி வசித்தியஞ்செய்ய போதுமான வண்ணம் வைத்தியர்களை அனுப்ப இராஜாங்கத்தார் பொருப்பை வகித்துக்கொண்டாலொழிய இம்முறைகள் புனர் ஜனனம் எடுத்து விருத்தி அடைந்து பிரகாசிக்க மார்க்கமில்லை.

கேள்வி 10.—இராஜாங்கத்தார்—

இம்முறை தூல்கள் அதிகாரவாய் அழிந்து வருகின்றன. அச்சிற்பிப்பிக்க உத்தேசிப்பவர்களுக்குக் கூட இத்தூல்களில் சில எவ்வளவு பிரயாசை யெடுத்தும் அகப்படுகிறதில்லை.

அதை வைத்துக்கொண்டிருப்பவர்கள் தங்களுடைய சொந்தத்துக்கு உபயோகப்படுத்திக்கொள்ளத் தெரியாமலும், மற்றவர்களுக்குப் பிரயோஜனப்படட்டுமென்ற கல்ல எண்ணியில்லாமலும், தூல்களைப் பாதுகாக்கிறதற்குத் திறமை யில்லாமலுமிருப்பதால் அதிகாரிகளில் அவைகள் அழிந்துவருகின்றன.

(1) இத்தூல்களை இராஜாங்கத்தார் உரிமை வகித்து சேகாஞ்செய்யும் பொருப்பு யேற்றுக்கொண்டாலொழிய, இன்னூல்கள் அழிவில் சின்தும் மீளா. ஆகையால் இராஜாங்கத்தார் மிகவும் தயவுகூர்ந்து இறக்கம் வகித்து உரிமைப்பாராட்டி இவ்வழியில் சின்தும் மீட்டி சேகாஞ்செய்து வைக்கவேண்டும்.

(2) இவ்விதமாகவே இம்முறைகளில் தேர்ச்சி பெற்றவர்களும் அழிந்து வருகிறார்கள். இம்முறையிலிருக்கும் அகேசு துட்பவழிகளும், இரகசியப்போக்குகளும் இவர்களை டே அழிந்துகூடும். ஆதலால் மேற்கொள்ள தூல்களைச் சேகரிப்பதோடு அன்னூல்களை சொல்லியிருக்கும் முறைகளும், அனுபோகப்பழக்கமும், விதவத்திறமையும் அழிந்து போகாமலிருக்கும் பொருட்டு இவ்வழிவ அப்பிரயாசிகளை யுத் தெரிந்து எடுத்து ஒரே ஸ்தலத்தில் சேரும்படி செய்து அவர்களுடைய கல்வித்தேர்ச்சியையும், அனுபோகப்பழக்கத்தையும், சீக்கிரமாயும், துட்பமாயும் கிரகித்துக்கொள்ள மாணுக்கர்களை சியமிக்கவேண்டும்.

(3) கலாசாலைகளில் இம்முறைகளைக் கற்பிக்க ஸ்தாபனங்களேற்படுத்தவேண்டும்.

(4) ஏராளமாய் மாணுக்கர்கள் இம்முறைகளை கற்கவரும்படி போதுமான ஆதரவு காண்பிக்கவேண்டும் அதாவது வாசிக்கும் காலத்தில் அவர்களுக்கு உபகாரச்சம்பளங்கள் கொடுத்தும் வாசிப்பு முடிந்தவுடன் படிப்படியான உத்தியோகங்கள் கொடுத்தும் ஆதரிக்க வேண்டும்.

(b) லோகல் போர்டார்—இவர்கள் தங்களுக்கு யேற்பட்டிருக்கும் கிராமங்களுக்கு வேண்டிய போதுமான கிராம வைத்தியர்கள் வேண்டிய எண்ணம் யேற்படுவதற்கு வேண்டியதைச் செய்யவேண்டும்.

அதாவது, கிராம வைத்தியர் பகுப்புக்கு வேண்டிய மாணுக்கர்களை உபகாரச்சம்பளம் கொடுத்த படிப்புக்கனுப்பியும் உத்தியோகங்கொடுத்தும் ஆதரவு காண்பிக்கவேண்டும்.

(c) சர்வகலாசாலைகள்—இவைகள் மேற்கொல்லியிருக்கும் பட்டங்களை சியமிக்கவேண்டும். வாசிப்பு கிராமமாய் பரீகைகளைக்கொடுத்து பரீகைகள் தேறிப்பட்டப்பத்திரம் பெறுகிறவர்களைத்தவிர இக்கலாசாலைக் கர்த்தர்கள் ஆதரவோடும், உரிமையோடும் இம்முறைகளை ஆதரிக்க வேண்டுமென்ற அபிமானத்தை வகித்து இம்முறை பண்டிதர்களை தெரிந்தெடுத்து பட்டம் கொடுக்கவேண்டும்.

தற்காலத்தில் நடைபெற்றுவரும் வழக்கம்போல் அதாவது பத்து வருஷம் பதினைந்து வருஷத்திற்கொருவாறு இரண்டொரு வெகுமானப் பட்டங்கள் அளித்துவரும் வழக்கம்போலில்லாமல் மேற்கொள்ள ஆதரவைக் காட்டுமபொருட்டு ஒவ்வொரு வருஷத்திலும் தகுந்தவர்களுக்கு அதிகப்பட்டம் கொடுத்து ஆதரிக்கவேண்டும்.

(d) தனி நபர்களாலும் சங்கங்களாலும் பிரபுக்களாயுள்ளவர்கள் தங்கள் பேராலோ, அல்லது தங்களுக்கு உரித்தாயுள்ளவர்கள் பேராலோ அல்லது பொதுநலம் பாராட்டியோ பாலித வெகுமானங்கள் அல்லது வெகுமானப்பதக்கங்கள் யேற்படுத்தலாம் அல்லது கலாசாலைகளில் முக்கியதேர்ச்சியை உண்டாக்கும் பொருட்டு இம்முறைகளை கன்றாய்க் கற்பிக்க தங்கள் பேராலோ அல்லது விஷயத்தின் பேராலோ பண்டுகள் ஏற்படுத்தி அல்லது சொத்துக்கள் கன்கொடைசெய்து ஆதரவு காண்பிக்கலாம். அப்போதைக்கப்போது விசேஷத் தேர்ச்சியைக் காண்பிக்கும் இளஞர்களைத் தெரிந்தெடுத்து தகுந்த உபயச் சம்பளங்கள் கொடுத்து (Original Research) துதன பரிசோதனைகளுக்கு (Post-graduate

education) தகுதி பெரும்படியாகவாவது அல்லது இன்னும் தக்க உதவிசெய்து நூதனப் பரிசோதனைகளைச் செய்யும்படி செய்யலாம். லோக்கல் போர்ட்டார் செய்வது போல தாங்களே தங்கள் சொந்த செலவில் சொல்பமரண மாணாக்கர்களை கல்விச்சாலைகளுக்கு அனுப்பி கல்வி பெற்றுவரும்படி செய்யலாம். சங்கங்கள் இவைகள் சித்தர்முறை நூல்கள் பிரகாசிக்கவும், ஆம்முறையை அதுசரிப்பவர்களுடைய தேர்ச்சியும் திறமையும் பிரபலப் படவேண்டியதற்கும் இவர்களுடைய கல்விச்சிறப்பால் மற்றவர்கள் பிரயோஜனப்படுவதற்கும் வேண்டியதவ்வளவையும் செய்யலாம். மேல்காட்டில் ஏற்பட்டிருக்கும் சங்கங்கள் அளவற்றவை, முக்கியமானவைகளைத் தெரிந்தெடுத்தாலுமே அநிமிசுதியாயிருக்கின்றன. இதுபற்றி மேல்காட்டு முறைகள் சிபிஷத்துக்கு சிபிஷம் விருத்தியடைந்து உலகமெங்கும் பிரகாசிக்கின்றன.

Royal Society, British Association for the Advancement of Science, Royal College of Physicians, Royal College of Surgeons, Royal Chemical Society, Royal Zoological Society, Royal Geographical Society, Royal Microscopical Society, The Linnaean Society, Geological Society, Astronomical Society முதலிய சங்கங்கள் தங்கள் தங்கள் சாஸ்திரங்களை சிபிஷத்துக்கு சிபிஷம் விருத்தியடையும்படி செய்து அவைகள் பெரும் அபிவிருத்தியை உலகமெங்கும் செய்வதால் ஏற்படும் பெருமையும் சிறப்பும் மேன்மையும் யாவரும் தெரிந்த விஷயம். இதுபற்றி அவைகளுக்கு ஏற்பட்டிருக்கும் சுயப்பிரகாசம் சூர்யப்பிரகாசத்தை ஒத்திருக்கிறது. இச்சங்கங்களின் வழிகளை நூலாசிரியர் கூடவிலகாமல் நாம் கைப்பற்றி சித்தர்நூல் விருத்தியடைய வேண்டுவனவை யெல்லாம் இச்சங்கங்கள் செய்யக் கடமைப்பட்டிருக்கின்றன. சித்தர்களின் தபோ வலிமையாலும் தெய்வீகத்தன்மையாலும் சித்தி உக்கிரஹத்தாலும் இம்முறைகளை யனுசரிக்க சொல்பகாலத்தில் விசேஷ விருத்தியடைந்து என்னுட்டிலும் பிரகாசிக்க வலிமை பெறும்.

M.R.Ry. K. VEERASWAMY NAIDU GARU.

ప్రశ్న నెంబరు పృథ్వి త్త ర ము

ప్రశ్న నెంబరు

1 ఆయుర్వేదభాగమును గూర్చి

2 ఏ త్రిదోషములగు వాతపితృశ్లేష్మములయొక్క న్యూనాధిక్యములే రోగోత్పత్తికి మూలకారణములనియు, ఈ త్రిదోషముల న్యూనాధిక్యములు విరుద్ధాచారవిచారములచే కలుగునటయు ఆయుర్వేదముయొక్క సిద్ధాంతము. అధునిక శాస్త్రములుగూడ నీవిషయమున భేదాభిప్రాయముల నంతగా కలిగియుండలేదనియు వాసివిమర్శనకుగూడ నీసిద్ధాంతము పూర్ణముగా నిలుచుననియు నాయభిప్రాయము

బి నాడి, మూత్రము, మలము, జిహ్వా, శబ్దము, స్పర్శము, దృకుకా, ఆకృతి యనెడి యక్షణస్థానముల పరీక్షనలనను, హేతువు, ప్రాగ్రూపము, రూపము, ఉపశయము, సంప్రాప్తి అను నిదానపంచకమువలనను, రోగనిదానముచేయవలయునని యీ యాయుర్వేదముయొక్క మూల సూత్రము. రోగమును పూర్వోక్తపరీక్షలవలన నిదానించుటతోడనే యారోగము త్రిదోషములలో దేని న్యూనాధిక్యములవలన గలిగినదో గుర్తించి యాదోషమును నివర్తించుటకై శాస్త్రోక్తములగు, చికిత్సాపద్ధతులను అవలంబించవలెను. ఈ దేశీయులకు ముఖ్యముగా నీయా యుర్వేద చికిత్సాపద్ధతులే తక్కిన యాధునిక శాస్త్ర చికిత్సాపద్ధతులకంటె మిక్కిలి యనుకూలములయియున్నవి నా దృఢాభిప్రాయము. ఈ యాయుర్వేదపద్ధతులవల్లనే రోగులకు సంపూర్ణముగా గుణము కలుగుచున్నది.

సి అవును. పాశ్చాత్యవైద్యశాస్త్రములలో దుస్సాధ్యములని పేరొకనవిడి తద్వైద్యపద్ధతుల వలన గుణముకనుపించని సన్నిపాతజ్వరము (Typhoid fever) విషమశీతజ్వరము (Malaria) వాతకఫజ్వరము (Influenza) ఊర్ధ్వశ్వాస (Asthma) యున్నగు వ్యాధులలో నాయనుభవములో నీ యాయుర్వేద చికిత్సాపద్ధతులే మిక్కిలి పనిచేసినవి. పాశ్చాత్యవైద్యులు వైచిచెప్పిన రోగములలో అవుషధములిచ్చి నిరాశచేసికొని విడిచిపెట్టిన సందర్భములలో నేను ఆయుర్వేద చికిత్సాపద్ధతులవలనలించి పెక్కింటిని గుదుర్చుగలిగితిని.

2 ఏ ఆయుర్వేదపద్ధతులప్రకారము అవుషధశాలను, చికిత్సలనుజేయు వైద్యశాలను “సర్వ రోగసంహారక వైద్యశాల” అను పేరితో అంబాజీపేట గ్రామములో నేను 1896 వ సంవత్సరములో స్థాపించి యప్పటినుండి దానికి అధ్యక్షునిగా యుండియున్నాను. బీదలకుచితముగా నీపద్ధతులప్రకారమే వైద్యసాహాయ్యమును జేయు “విరుపేద చికిత్సాలయము” అను వేటొక వైద్యశాలనుగూడ 1921 వ సంవత్సరములో అంబాజీపేటలోనే స్థాపించియున్నాను.

బి ప్రస్తుతమున్న సంస్థలు స్వల్పసంఖ్యాకములై యచ్చటచ్చటనుండుటచే జనులకు వానివలన నుపయోగము తృప్తికరముగా కలుగుటలేదని తలంచెదను. ఈ సంస్థలయొక్క సంఖ్యను వృద్ధిచేసి ప్రతి తాలూకాలోను అధమపక్షము నాలుగైదు గ్రామములలోనయినను వాసిని నెకొల్పవలెనని నా యభిప్రాయము.

సి ఉన్నదనితలంచను. అనుభవవైద్యులయొక్కగాని, పరీక్షలందు తీరులై చికిత్సాపద్ధతులందనుభవముగలవారియొక్కగాని యాధిపత్యముక్రింద వైచిచెప్పిన సంస్థలను బహుప్రదేశములలో ఏర్పరచుటవలన నీకొంతతీతునని తలంచెదను.

4 ఏ తలంతును. చెన్నపురి, కలకత్తా, కాశీ మున్నగు పెద్దపెద్ద పట్టణములలో నిట్టిసంస్థలు స్వల్పముగానున్నవి కాని వానియందుగూడ వైచిచెప్పిన అదర్శస్థితి సంపూర్ణముగా సిద్ధమై యున్నదని నేను తలంపను.

బి అఖిలభారతాయుర్వేదయూనానీవైద్యసమ్మేళనమువారి తీర్మానవిధానములను ప్రస్తుతము అనుష్ఠానములో పెట్టవలయునని నా యభిప్రాయము.

- 5 ఏకీభవించెదను. దేశీయ పాశ్చాత్య వైద్యవిధానములు రెండింటియందును పాండిత్యము గలవారి యాజమాన్యమున కొన్ని సంస్థలను ఏర్పరచి ఉభయ వైద్యవిధానములందును దగినంత మంది విద్యార్థులను శిక్షితులుగా జేయవలెనని నేను సూచించెదను.
- 6 ఆవును. నాయభిప్రాయముగూడ నంతియే. ఇట్టి పాఠక్రమమును తేనాలియందలి ఆంధ్రా యుర్వేద వైద్యమండలివారేర్పరచియున్నారు. దానికి నేనుగూడ సంగీకరించెదను.
- ఏ.వి.సి ఈవిషయమై గూడ పైని చెప్పిన మండలివారే ఆంధ్రాయుర్వేదవిద్యాపీఠ పరీక్షలను పీఠితో ప్రవేశ, మధ్యమ, ఉత్తమ, అను మూడు తరగతుల పరీక్షల నేర్పరచియున్నారు. ఆ పరీక్షలను నందుకేర్పడిన పట్టములను నేనుగూడ నామోదించెదను.
- 7 దేశీయ వైద్యులవిషయములోగూడ మెడికలు రిజిస్ట్రేషను ఉండవలయుననియే నాయభి ప్రాయము అనుభవవైద్యులయొక్కయు, ఉత్తీర్ణవైద్యులయొక్కయు, నామములను మెడికలు రిజిస్ట్రేషన్లో చేర్పవలయుననియు ఇట్టివారిని నిర్ణయించుటకు అఖిలభారతాయుర్వేద యానానీ వైద్యసమ్మేళన సంఘమువారినే మెడికలు బోర్డుగా నేర్పాటుచేయవలయుననియు నేను తలంచెదను.
- 8 దేశీయవైద్యప్రకారము చికిత్సలే తక్కువ ఖర్చులోనగును. దేశీయవైద్యమునకు గావ లసిన యోషధులీ దేశముననే దొరకుటయు. అవుషధములుచేయు దేశీయపద్ధతులెక్కువ ఖర్చులేకుండ సులభసాధ్యములగుటయు నిందుకు ముఖ్యకారణములు. ఆలోపాతిక్ వైద్య ప్రకారముచేయు చికిత్సలలో నుపయోగపడు అవుషధములన్నియు దూర దేశములందు మికిరాలి ఖర్చుతోగూడిన నిర్మాణవిధానములచే తయారుకావలెనున్నవి. వానిని చేయుటకు గావ లసిన యోషధులకూడ చాలవఱకాదేశములలో దొరకనివే. ఈ దేశమునుండియు మఱి యితర దేశములనుండియు అవుషధులను దిగుమతిచేసికొని యచ్చట నావుషధములుచేయుటచేత గూడ ఆలోపాతిక్ అవుషధములుచేయుట కెక్కువ ఖర్చులగుటకు కారణమగుచున్నది.
- 9 ప్రభుత్వమువారి యాదరణలేకపోవుటయు, అనుభవముగాని, శాస్త్రజ్ఞానముగాని లేని చిల్లరవైద్యులకూడ వైద్యముచేయుచుండుటయు, దేశీయవైద్యవిధానములక్షణతకు కారణము లని తలంతును. ప్రభుత్వమువారు దేశీయవైద్యమును ప్రోత్సహించి తద్వైద్యవిధానమున నేర్పరులైనవారియాధిపత్యమున వలుచోట్ల దేశీయవైద్యశాలలను నెలకొల్పుటవలెనను, నెం 7 రు ప్రశ్నకు వ్రాసిన జవాబులో సూచించినప్రకారము దేశీయవైద్యులకుకూడ మెడికలు రిజి స్ట్రేషను పెట్టుటవలెనను, పైని చెప్పినప్రకారము దేశీయవైద్యవిద్యాశిక్షణము నొసంగు విద్యాల యములను విరివిగా దేశమందుస్థాపించుటవలెనను, దేశీయవైద్యవిధానములు పునరుద్ధరింపఱు దునని నాయభిప్రాయము.
- 10 ఏ ప్రభుత్వమువారు దేశమందచ్చటచ్చట దేశీయవైద్యశాలలను నెలకొల్పి వారికి ప్రతిసం వత్సరముతగినంత గ్రాంటులు ఇచ్చుటచేతను,
 - బి లోకలుబోర్డువారుకూడ తమ బోర్డులక్రింద నిప్పటి ఇంగ్లీషు ఆసుపత్రులవలెనే దేశీయ వైద్యశాలలను విరివిగావత్తిప్పించి రోగులకు దేశీయవైద్యమునే ప్రసాదించుటచేతను,
 - సి విశ్వవిద్యాలయమువారు దేశీయపండితులను ప్రోత్సహించుటకు విద్యాకా, శిరోమణి మున్నగు పరీక్షలను నూతనముగా నేర్పరచినట్లే దేశీయవైద్యమును ప్రోత్సహించుటకై ఆంధ్ర ఆయుర్వేద విద్యాపీఠమువారుచేసిన తీర్మానముల నామోదించి వారేర్పరచిన పరీక్షలను తమ విశ్వవిద్యాలయమునందు ప్రవేశపెట్టియు తీర్ణులయినవారికి బితుదములిచ్చుటచేతను,
 - డి భానిగీసంఘములవారు దొరతనమువారియొక్కయు, లోకలు బోర్డులయొక్కయు, నాయమున్నను లేకున్నను సాధ్యమైనంతవఱకు తామే బీదలకు దేశీయపద్ధతులప్రకారము చిత్తముగా వైద్యసాహాయ్యముచేయు చికిత్సలయములను నెలకొల్పుటచేతను, దేశీయవైద్య విద్యను నేర్చుటకు గ్రామములలో విద్యార్థులను ప్రోత్సహించి పైని చెప్పబడిన పరీక్షలకు వారనిబంపుటచేతను,

ఈ దేశీయ వైద్యవిధానము క్రమముగా అభివృద్ధిచేయవలెనని నేను తలంచెదను.

M.R.BY. A. SUBBARAYA PANDIT AVARGAL.

ಆಯುರ್ವೇದ ಶಾಸ್ತ್ರದಲ್ಲಿ ವ್ಯಾಧಿಗಳು ಎರಡು ಪ್ರಕಾರವಾಗಿರುವುದರಿಂದ ಔಷಧಿಗಳು ಎರಡು ಪ್ರಕಾರವಾಗಿವೆ. ಅವುಗಳಲ್ಲಿ ಒಂದಕ್ಕೆ ಬೃಂಹಣವೆಂದು ಹೆಸರು. ಎರಡನೆಯದಕ್ಕೆ ಲಂಘನವೆಂದು ಹೆಸರು. ಬೃಂಹಣಔಷಧವು ಶರೀರವನ್ನು ವೃಷ್ಟಿಗೊಳಿಸುವುದು. ಲಂಘನಔಷಧವು ಶರೀರವನ್ನು ಕೃಷಮಾಡುವುದು. ಲಂಘನಔಷಧವು ಶೋಧನಔಷಧವೆಂಬದಾಗಿಯೂ, ಕಮನಔಷಧವೆಂಬದಾಗಿಯೂ, ಎರಡು ಪ್ರಕಾರವಾಗಿರುವುದು.

ಶರೀರದಲ್ಲಿರುವ ದೋಷಗಳನ್ನು ಶರೀರದಿಂದ ಹೊರಗೆ ಹೊರಡಿಸುವ ಔಷಧವನ್ನು ಶೋಧನಔಷಧವೆಂದು ಹೇಳುವರು.

(1) ವಸ್ತಿ, (2) ವಿರೇಚನ, (3) ವಮನ, (4) ತಿರೋವಿರೇಚನ, (5) ರಕ್ತವೋಕ್ಷಣ, ಎಂದು ಈ ಶೋಧನಔಷಧವು ಐದು ಪ್ರಕಾರವಾಗಿರುವುದು.

ಶರೀರದಲ್ಲಿರುವ ದೋಷಗಳನ್ನು ಹೊರಗೆ ತೆಗೆಯದೆ ಶರೀರದಲ್ಲಿ ಸಮನಾಗಿರುವ ದೋಷಗಳನ್ನು ವೈತ್ಯಾಸಗೊಳಿಸದೇ ವೈತ್ಯಾಸವಾಗಿರುವ ದೋಷಗಳನ್ನು ಸಮಸ್ಥಿತಿಗೆ ತರುವ ಔಷಧಕ್ಕೆ ಕಮನಔಷಧವೆಂದು ಹೆಸರು.

(1) ಅಗ್ನಿ ದೀಪ್ತಿಯನ್ನುಂಟುಮಾಡುವ ಔಷಧ, (2) ಅಜೀರ್ಣದ್ರವವನ್ನು ಸಾಕಮಾಡುವ ಔಷಧ, (3) ಹಶಿವನ್ನು ತಡೆಯುವುದು, (4) ಬಾಯಾರಿಕೆಯನ್ನು ತಡೆಯುವುದು, (5) ದೇಹಾಯಾಸಕರವಾದ ಅಂಗವಾಧನೆ, (6) ಬಿಸಿಲಿನಲ್ಲಿ ಸಂಚಾರಮಾಡುವುದೇವೊದಲಾದವು, (7) ಗಾಯದಲ್ಲಿ ಸಂಚಾರಮಾಡುವುದು ಎೊದಲಾದವು ಈ ರೀತಿಯಾಗಿ ಕಮನಔಷಧವು ಏಳು ಪ್ರಕಾರವಾಗಿರುವುದು.

ವ್ಯಾಧಿ, ತೀಕ್ಷ್ಣಔಷಧ, ಮದ್ಯಪಾನ, ವ್ಯಸನ, ಸ್ತ್ರೀಸಹವಾಸ ಎೊದಲಾದ ಕಾರಣಗಳಿಂದ ಕೃಕರಾಗುವವರನ್ನೂ, ಗರ್ಭಿಣಿ, ಬಾಣಂತಿ, ಬಾಲಕರು, ವೃದ್ಧರು, ಎೊದಲಾದವರನ್ನು ವೃಷ್ಟಿಗೊಳಿಸುತ್ತಲೇ ವ್ಯಾಧಿಗೆ ಚಿಕಿತ್ಸೆ ಮಾಡಬೇಕು. ಔಷಧ, ಆಹಾರ, ವಿಹಾರಗಳು, ವ್ಯಾಧಿಯನ್ನು ಕಮನಮಾಡುವುದರಿಂದ ಕೆಲವು ಸಮಯದಲ್ಲಿ ಆಹಾರ ವಿಹಾರಗಳನ್ನೂ ಕೂಡ ಔಷಧವೆಂದೇ ಹೇಳುವರು.

2. (a) (1) ಕೆಲವು ವ್ಯಾಧಿಗಳು ಮನುಷ್ಯನು ಈ ಜನ್ಮದಲ್ಲಿ ಮಾಡುವ ಅಪರಾಧಗಳಿಂದ ಸಂಭವಿಸುವುವು. (2) ಕೆಲವು ವ್ಯಾಧಿಗಳು ಜನ್ಮಾಂತರದಲ್ಲಿ ಮಾಡಿದ ಪಾಪಕರ್ಮಫಲರೂಪವಾಗಿ ಈ ಜನ್ಮದಲ್ಲಿ ಸಂಭವಿಸುವುವು. (3) ಮತ್ತೆ ಕೆಲವು ವ್ಯಾಧಿಗಳು ಹಿಂದೆ ಹೇಳಿದ ಎರಡು ಕಾರಣಗಳೂ ಸೇರುವುದರಿಂದ ಸಂಭವಿಸುವುವು.

ಇವುಗಳಲ್ಲಿ ಎೊದಲನೆಯದಾದ ಮನುಷ್ಯನು ಈ ಜನ್ಮದಲ್ಲಿ ಮಾಡುವ ಅಪರಾಧಗಳಲ್ಲವೂ, ಕಾಲ, ಇಂದ್ರಿಯ ವಿಷಯಗಳು ಮತ್ತು ಕರ್ಮ ಇವುಗಳನ್ನು ಸ್ವಲ್ಪವಾಗಿ ಸೇರಿಸೋಣ, ಅತಿಮಾಗಿ ಸೇವಿಸೋಣ, ಅಕ್ರಮವಾಗಿ ಸೇವಿಸೋಣ, ಇವುಗಳಲ್ಲಿ ಅಂತರ್ಭಾವವನ್ನು ಹೊಂದುವುವು.

ಎರಡನೆಯದಾದ ಜನ್ಮಾಂತರ ಪಾಪದಿಂದ ಹುಟ್ಟುವ ವ್ಯಾಧಿಗಳು ಪಾಪ ಕಮನಗಳಾದ, ದಾಸ, ಜಪ, ಹೋಮ, ದೇವತಾರ್ಚನೆ ಎೊದಲಾದ ಪಾಪ ಕಮನಗಳಾದ ವೈಷ್ಯಕರ್ಮಗಳಿಂದ ಕಮನವಾಗುವುವು. ಹಿಂದಿನ ಜನ್ಮವು ಇಲ್ಲವೆಂದು ವಾದಿಸುವುದು. ನ್ಯಾಯವಿರುದ್ಧವಾಗಿಯೂ, ಶಾಸ್ತ್ರವಿರುದ್ಧವಾಗಿಯೂ ಇರುವುದು. ಈಗ ಮನುಷ್ಯರಲ್ಲಿ ಬುದ್ಧಿ, ಸಂಕರ, ಐಕ್ಯವ್ಯವೇಶ ಎೊದಲಾದವುಗಳ ತಾರತಮ್ಯವು ವಿಶೇಷವಾಗಿ ಪ್ರತ್ಯಕ್ಷವಾಗಿರುವುದರಿಂದ ಇದಕ್ಕೆ ಪೂರ್ವಜನ್ಮದ ಪುಣ್ಯಪಾಪಗಳೇ ಕಾರಣವೆಂದು ಹೇಳಬೇಕಲ್ಲದೆ ಬೇರೇ ಕಾರಣವನ್ನು ನ್ಯಾಯದಿಂದ ಸ್ಥಾಪಿಸಲು ಯಾರಿಗೂ ಸಾಧ್ಯವಿಲ್ಲ. ವೇದಶಾಸ್ತ್ರಗಳೂಕೂಡಾ ಜನ್ಮಾಂತರ ಪುಣ್ಯಪಾಪಗಳೇ ಮನುಷ್ಯನ ತಾರತಮ್ಯದಲ್ಲಿ ಕಾರಣವೆಂದು ಹೇಳುವುವು.

ಸಮಸ್ತ ಜನ್ಮಾಂಗದವರೂ ಮರಣಾಂತರದಲ್ಲಿ ಸ್ವರ್ಗ ನರಕಗಳಿಗೆ ಹೋಗುವ ಬೇರೆ ಶರೀರ ಉಂಟೆಂದು ವೆಪ್ಪಿಕೊಳ್ಳುವರು ಈ ನ್ಯಾಯವನ್ನು ಸುಸರಿಸಿ ಯೋಶೋಪೆ ಖಂಡವರು ಕೂಡಾ ಹಿಂದಿನ ಜನ್ಮ ಉಂಟೆಂದು ವೆಪ್ಪಿಕೊಳ್ಳುವುದು ನ್ಯಾಯವೆಂದು ತೀರ್ಮಾನಮಾಡಿರುವರು. ಇದರಿಂದ ಜನ್ಮಾಂತರ ಪಾಪ ಮತ್ತು ಈ ಜನ್ಮದಲ್ಲಿ ಮಾಡುವ ಅಪರಾಧ ಇವೆರಡೂ ಸೇರಿ ವ್ಯಾಧಿಯುಂಟಾಗುವುದೆಂಬುದು ಸ್ಪಷ್ಟವಾಗಿಯೇ ಇರುವುದು.

(b) ಶರೀರದ ಉತ್ಪತ್ತಿಗೂ ಮತ್ತು ಸ್ಥಿತಿಗೂ ಕಾರಣಭೂತಗಳಾದ ವಾಯು, ಉಷ್ಣ, ತೇತ, ಇವುಗಳು ವಾತ, ಪಿತ್ತ, ಶ್ಲೇಷ್ಮಗಳೆಂತಲೂ, ದೋಷಗಳೆಂತಲೂ ಪ್ರಸಿದ್ಧವಾಗಿರುವುವು. ಇವುಗಳು ಸಮಸ್ಥಿತಿಯಲ್ಲಿದ್ದಲ್ಲಿ ಶರೀರವು ಆರೋಗ್ಯಸ್ಥಿತಿಯಲ್ಲಿರುವುದು. ಅವುಗಳು ವೈತ್ಯಾಸವಾದಲ್ಲಿ ಸ್ವಾಭಾವಿಕವಾದ ವ್ಯಾಧಿಯಾಗಲಿ ಮರಣವಾಗಲಿ ಸಂಭವಿಸುವುದು. ಅವದ್ಯವಾದ ಆಹಾರವಿಹಾರಗಳು ದೋಷಗಳನ್ನು ವೃದ್ಧಿಗೊಳಿಸುವುವು. ವೃದ್ಧಿಹೊಂದಿದ ದೋಷಗಳು, ರಸ, ರಕ್ತ, ಮಾಂಸ, ಮೇದಸ್ಸು, ಮಜ್ಜೆ, ಕುಕ್ರಗಳೆಂಬ ಧಾತುಗಳಲ್ಲಿ ಒಂದು ಭಾಗವನ್ನಾಗಲಿ, ಸಮಸ್ತ ಭಾಗವನ್ನಾಗಲಿ ಕಡಿಸಿ ಹೋಗುವನ್ನುಂಟು

ಮಾಡುವುದು. ಸಮಸ್ತ ವ್ಯಾಧಿಗಳಲ್ಲಿ ಸೂ ವೈದ್ಯಿ ಹೊಂದಿದ ದೋಷಗೂ ಅವುಗಳಿಗೆ ಅನುಗುಣವಾಗಿ ಯಾತನೆಯನ್ನು ಒಟುಮಾಡುವುದು. ಈ ಯಾತನಗಳನ್ನು ವ್ಯಾಧಿಗಳ ಲಕ್ಷಣವೆಂದು ಹೇಳುವನು.

ಸಮಸ್ತ ವ್ಯಾಧಿಗಳಲ್ಲಿಯೂ, ವಾಯುವು ನಾನಾವಿಧವಾದ ನೋವು, ಕಂಕರ್ಷ, ಕಫ, ಸ್ವಲ್ಪವುಳಿ, ಬಾಯಾರಿಕೆ, ನಾಟಗಿಯಲ್ಲಿ, ವಗರು ರಸ, ನಖ, ನೇತ್ರ, ಮೂತ್ರ, ಪುರೀಷಗಳಲ್ಲಿಯೂ, ಶರೀರದಲ್ಲಿಯೂ, ಕಪ್ಪು, ಅಥವಾ ಕಂಪು ಮಿಶ್ರವಾದ ಕಪ್ಪು ಬಣ್ಣ, ಇವುಗಳನ್ನು ಒಟುಮಾಡುವುದು.

ಪಿತ್ತವು ಉರಿ, ಕಂಪುಬಣ್ಣ, ಬಿಸಿ, ಹುಣ್ಣು, ಬೆವರು, ನೀರು ಸುರಿಯುವುದು, ಕೊಳೆಯುವುದು, ಕಾಕ್ಶರ್ಷ, ಮೂರ್ಚೆ, ಹುಚ್ಚು, ನಾಲಿಗೆಯಲ್ಲಿ ಕಾರ ಮೆತ್ತು ಹುಳುಕು, ನಖ ನೇತ್ರಾದಿಗಳಲ್ಲಿ ಕ್ಷೇಪ ಮತ್ತೆ, ಅರುಣ ವಿನಹಾ ನಿಕ್ಯವರ್ಣಗಳನ್ನು ಒಟುಮಾಡುವುದು.

ಶ್ಲೇಷ್ಮವು, ಕೆಲವುಗಳು ರುಡಿದುಕೊಳ್ಳುವುದು, ಕಠಿಣತ್ವ, ನವಿ, ವುಳಿ, ವೈಭಾರ, ಮುಲಮೂತ್ರಗಳ ತಡೆ, ಬಾನು ಅಂಟುವುದು. ಶರೀರ ಮತ್ತು ಮನಸ್ಸಿನಲ್ಲಿ ಪಂಟವವಿಲ್ಲದೆ ಇರೋಣ, ಶೋಭೆ, ಅಜೀರ್ಣ, ಅತಿ ನಿವ್ರೆ, ಶರೀರದಲ್ಲಿಯೂ, ನಖ ನೇತ್ರಾದಿಗಳಲ್ಲಿಯೂ ಬಿಳಿವರ್ಣ, ನಾಟಗಿಯಲ್ಲಿ ಮಧುರ ಮತ್ತು ಲವಣ ರಸ, ಮರಣವನ್ನು ಒಟುಮಾಡುವ ಸಂದರ್ಭದಲ್ಲಿ ಬಹುದಿವಸಗಳು ಕಳೆದಂತೆ ಮರಣ ಇವುಗಳನ್ನು ಒಟು ಮಾಡುವುದು.

ಸಮಸ್ತ ವ್ಯಾಧಿಗಳಲ್ಲಿಯೂ ಈ ದೋಷಲಕ್ಷಣಗಳು ಕಾಣುವುದು. ಈ ಲಕ್ಷಣಗಳಿಂದ ದೋಷವ್ಯಾಧಿಗಳ ಬಲಾಬಲಗಳನ್ನು ತಿಳಿದು ಚಿಕಿತ್ಸೆಯನ್ನು ಮಾಡಬೇಕು.

ರೋಗಿಯನ್ನು ಅವನ ವಯೋಬಲ ವರ್ಣಗಳನ್ನೂ, (1) ಕಣ್ಣಿನಿಂದ ನೋಡೋದರಿಂದಲೂ, (2) ಅವಯವಗಳನ್ನು ಸ್ಪರ್ಶಮಾಡಿ ಅವುಗಳಲ್ಲಿ ವ್ಯಾಧಿಯಿಂದಂಟುತಾಗಿರುವ ವೈತ್ಯಾಸಗಳನ್ನು ಪರೀಕ್ಷಿಸುವುದರಿಂದಲೂ, (3) ಪ್ರಶ್ನೆಮಾಡಿ ಅವನಿಗಿರುವ ಯಾತನವಿಡಲಾದವುಗಳನ್ನು ತಿಳಿದುಪರೀಕ್ಷಿಸಬೇಕು.

ರೋಗವನ್ನು (1) ನಿರ್ಣಯ, (2) ಸಂಪ್ರಾಪ್ತಿ, (3) ಪೂರ್ವರೂಪ, (4) ಲಕ್ಷಣ, (5) ಉಪಶಯ ಸಫ್ಯಾಪಢ್ಯ ಇವುಗಳಿಂದ ಪರಿಶ್ಲಿಸಬೇಕು.

(1) ನಿರ್ದಾನವೆಂದರೆ—ರೋಗಕಾರಣಗಳಾದ ಆಹಾರ ವಿಹಾರಗಳ

(2) ಸಂಪ್ರಾಪ್ತಿ ಎಂದರೆ—ನಿರ್ದಾನದಿಂದ ವಾತಾದಿದೋಷಗಳು ಪ್ರಕೋಪವಾಗಿ ದೋಷಗಳೆಂಬ ಶರೀರಭಾಗದಲ್ಲಿ ಸೇರಿ ವ್ಯಾಧಿಯನ್ನು ಒಟುಮಾಡುವುದು.

(3) ಪೂರ್ವರೂಪವೆಂದರೆ—ಶರೀರದಲ್ಲಿ ಯಾತನ ಒಟುತೊಡಗೂಗೂ, ಇಂಥಾ ವ್ಯಾಧಿ ಎಂದು ನಿಶ್ಚಯಿಸುವುದಕ್ಕಾಗದೆ ಇರುವ ವ್ಯಾಧಿಯ ಅಂಕುರಾವಸ್ಥೆಯು.

(4) ರೂಪವೆಂದರೆ—ವ್ಯಾಧಿಯ ಲಕ್ಷಣ. ವ್ಯಾಧಿಯು ಹುಟ್ಟಿದಂತೆ ಶರೀರದಲ್ಲಿ ಉಂಟಾಗುವ ವೈತ್ಯಾಸದಿಂದ ಇಂಥಾ ವ್ಯಾಧಿ ಎಂದು ನಿಶ್ಚಯಿಸುವುದು.

(5) ಉಪಶಯವೆಂದರೆ—ಪಠ್ಯ. ಇಂಥಾ ವ್ಯಾಧಿ ಎಂದು ನಿಶ್ಚಯಿಸುವುದಕ್ಕೆ ಸಾಧ್ಯವಿಲ್ಲದ ಸಮಯದಲ್ಲಿ ಒಂದು ಔಷಧಿಯನ್ನು ಪ್ರಯೋಗಿಸಿ ಅದು ಗುಣವಾಗದೆ ಪಕ್ಷದಲ್ಲಿ, ಮತ್ತೊಂದು ಔಷಧಿಯನ್ನು ಪ್ರಯೋಗಿಸಿ ಅದನ್ನು ಗುಣಮಾಡುವುದು. ಈ ವ್ಯಾಧಿಗೆ ಈ ಔಷಧವೆಂದು ನಿಶ್ಚಯಿಸಿ ಸಲ್ಪಟ್ಟಿರುವುದರಿಂದ ಔಷಧ ಪ್ರಯೋಗದಿಂದ ವ್ಯಾಧಿಯನ್ನು ನಿಶ್ಚಯಿಸುವುದು. ಮೇಲೆ ಹೇಳಿದ ಐದು ಸಾಮಾನ್ಯಗಳಿಂದಲೂ ರೋಗವನ್ನು ಪರಿಶ್ಲಿಸಿ ನಿಶ್ಚಯಮಾಡಬೇಕು.

ವ್ಯಾಧಿಯನ್ನು ಕಮನಮಾಡತಕ್ಕದ್ದಲ್ಲವೂ ವ್ಯಾಧಿಗೆ ಪಠ್ಯ ವಿಂತಲೂ, ಔಷಧಿ ವಿಂತಲೂ, ಸಾಮಾನ್ಯವಾಗಿ ಪ್ರಸಿದ್ಧವಾಗಿರುವುದು. ಈ ಪಠ್ಯವು (1) ಔಷಧಿ (2) ಆಹಾರ, (3) ವಿಹಾರಗಳೆಂದೂ ಮೂರು ಪ್ರಕಾರವಾಗಿರುವುದು. ನಿರ್ಮಲವಾದ ಗಾಳಿ, ಬಟ್ಟೆ, ಮುಂತಾದವುಗಳಲ್ಲೂ, ವಿಹಾರದಲ್ಲಿ ಸರಿಹೋಗುವುದು.

ಮೇಲೆಹೇಳಿದ ಔಷಧಿಗಳು ಪ್ರತಿಯೊಂದೂ 6 ಪ್ರಕಾರವಾಗಿ ವಿಭಾಗಿಸಲ್ಪಟ್ಟಿರುವುದು.

ಔಷಧಿ (1) ಹೇಳು ವಿಪರೈಷ್ಠ ಔಷಧಿ (ನಿರ್ದಾನವು ಮಾಡುವ ಕೆಲಸಕ್ಕೆ ವಿರುದ್ಧವಾದ ಕೆಲಸವನ್ನು ಮಾಡುವ ಔಷಧಿ), (2) ವ್ಯಾಧಿವಿಪರೈಷ್ಠ ಔಷಧಿ (ವ್ಯಾಧಿಯು ಮಾಡುವ ಕೆಲಸಕ್ಕೆ ವಿರುದ್ಧವಾದ ಕೆಲಸವನ್ನು ಮಾಡುವ ಔಷಧಿ)—(3) ಹೇತುವ್ಯಾಧಿ ಉಭಯ ವಿಪರೈಷ್ಠ ಔಷಧಿ (ನಿರ್ದಾನ ಮತ್ತು ವ್ಯಾಧಿ ಇವೆರಡೂ ಮೂಡುವ ಕೆಲಸಕ್ಕೆ ವಿರುದ್ಧವಾದ ಕೆಲಸವನ್ನು ಮಾಡುವ ಔಷಧಿ)—(4) ಹೇತುವಿಪರೈಷ್ಠ ಔಷಧಿ (ನಿರ್ದಾನವು ಮಾಡುವ ಕಾರ್ಯವನ್ನೇ ಮಾಡುತ್ತಿದ್ದಾಗೂ ಪಠ್ಯವನನದಲ್ಲಿ ವ್ಯಾಧಿಯನ್ನು ಕಮನ ಮಾಡುವ ಔಷಧಿ), (5) ವ್ಯಾಧಿ ವಿಪರೈಷ್ಠ ಔಷಧಿ (ವ್ಯಾಧಿಯು ಮಾಡುವ ಕಾರ್ಯವನ್ನೇ ಮಾಡುತ್ತಿದ್ದಾಗೂ

ಪದ್ಯವಸಾನದಲ್ಲಿ, ವೈದ್ಯನಿಯನ್ನು ಕಮನವಾಡುವ ಔಷಧಿ, (೧) ಹೇತುವ್ಯಾಧಿ ಉಭಯ ವಿಶ್ಯಂ, ೨ ಶ್ವಾಸಾ ಕಾರಿ ಔಷಧಿ (ವೈಶ್ಯವ್ಯಾಧಿಗಳೂ ಎರಡೂ ವಸಾನವಕಾರ್ಯವನ್ನು ಮಾಡುತ್ತಿದ್ದಾಗ್ಯೂ, ಶ್ಯವನವಾನದಲ್ಲ, ವ್ಯಾಧಿಯನ್ನು ಕಮನವನಾಡುವ ಔಷಧಿ).

ಹೀಗೆಯೂ (2) ಅಪಾರ, (3) ವಹಾರಗಳೂ ಒಡ ವಿಭಾಗಿಸಲ್ಪಟ್ಟಿವೆ. ಇವುಗಳ ಉದಾಹರಣೆಗಳು ನಮ್ಮ ಗ್ರಂಥಗಳಲ್ಲಿ ವಿವರವಾಗಿ ವಿವರಿಸಲ್ಪಟ್ಟಿವೆ.

(೧) ಸನ್ನಿಪಾತಜ್ವರ, ಜ್ವಯರೋಗ, ಪಾಂಡುರೋಗ, ಪರಿಣಾಮಕೋಶಿ ವೊವರಾದ ದೀರ್ಘಕಾಲದಿಂದ ಅನುಸರಿಸಿಕೊಂಡು ಬಂದಿರುವ ವ್ಯಾಧಿಗಳು, ದೇಶಾಂತರ ವೈದ್ಯರು ಬಹುದಿವಸ ಔಷಧವನ್ನು ಕೊಟ್ಟರೂ ಕಮನವಾಗದೆ ಆಯುರ್ವೇದೋಷಧಿಯಿಂದ ಸುಣವಾಗಿರುವವಿಷಯದಲ್ಲಿ ಸಾಂವಿರಾರು ದೈವ್ಯಾಂಶಗಳನ್ನು ಪು- ಔಷಧಿಗಳ ವಿಷಯದಲ್ಲಿ ದೇಶಾಂತರ ಔಷಧಿಗಳಂತಲೂ, ಆಯುರ್ವೇದೋಷಧಿಯೇ ಉತ್ತಮವಾದದ್ದು. ಕ್ಷತ್ರವಾತ್ರ ಸಾಧ್ಯವಾದ ವ್ಯಾಧಿಗಳಿಗೆ ದೇಶಾಂತರದವರ ಕ್ಷತ್ರವಿಷಯ ಸರೇಶ್ಯತ್ರಮವಾದದ್ದು.

3- (a) ಆಯುರ್ವೇದಿಕ ಕಾಲೇಷ ಪ್ರಾರಂಭವಾದಾರಭ್ಯ, ನಾಸು ಸುವನಾರು ಹದಿನೈದು ವರುಷಗಳಿಂದಲೂ, ಮೈಸೂರು ಗೌರ್ನಮೆಂಟ್ ಆಯುರ್ವೇದಿಕ ಕಾಲೇಜಿನಲ್ಲಿ, ಅಸ್ಪೆಂಟಿ ಪಂಡಿತನಾಗಿಯೂ, ಪ್ರಾಕ್ಟಿಟಲ್ಲಿ ಹೆಚ್ಚಿನ ರಾಗಿಯೂ ಇದ್ದೇನೆ.

(b) (1) ಔಷಧಿಕಾಲಿಗಳೂ, (2) ಮತ್ತು ಆಯುರ್ವೇದ ಪಾಠಶಾಲೆಗಳೂ ಪ್ರಾಕ್ಟಿಟಲ್ಲಿ ದ್ರವ್ಯ ಸಂವತ್ಸು ಅನುಕೂಲವಾಗಿರುವುದಿಲ್ಲ. ಪ್ರತಿಗ್ರಾಹಕಗಳಲ್ಲಿಯೂ, ಒಂದೊಂದು ಔಷಧಿಕಾಲಿಗಳನ್ನಿರಿಸಬೇಕು. ಶೈಣ, ಕಾಷ್ಠ, ಜಲ, ಸವೈದ್ಯಿಯಾಗಿ, ಸವಿಷದಲ್ಲಿ ಪರ್ಯವಿರುವ ಆರೋಗ್ಯ ಭೂಮಿಯಲ್ಲಿ ಆಯುರ್ವೇದ ಪಾಠಶಾಲೆಗಳನ್ನಿರಿಸಬೇಕು. ನದಿಯುಕೂಡಾ ಇವೆಲ್ಲಿ ಸರೇಶ್ಯತ್ರಮ.

(೧) ವೈದ್ಯ ಕಾಲಿಗಳೂ ಆಯುರ್ವೇದ ಪಾಠಶಾಲೆಗಳೂ ಪ್ರಾಕ್ಟಿಟಲ್ಲಿ ದ್ರವ್ಯ ಸಂವತ್ಸು ಅನುಕೂಲವಾಗಿರುವುದಿಲ್ಲ. ಸರ್ಕಾರದವರು, ಇಂಗ್ಲೀಷ್ ವೈದ್ಯಕಾಲಿಗಳೂ, ವೈದ್ಯವಿದ್ಯಾಕಾಲಿಗಳೂ ಸಹ ವಿನಿಯೋಗಿಸುತ್ತಿರುವ ದ್ರವ್ಯದಲ್ಲಿ ಅರ್ಥಭಾಗವನ್ನು ದೇಶೀಯ ವೈದ್ಯಕಾಲಿ ಮತ್ತು ವೈದ್ಯ ವಿದ್ಯಾಕಾಲಿಗಳಿಗೆ ವಿನಿಯೋಗಿಸಿದ್ದಲ್ಲಿ ದೇಶೀಯವೈದ್ಯರು, ಉತ್ತಮಸ್ಥಿತಿಗೆ ಬರುವುದರಲ್ಲಿ ಸಂಕಯವಿಲ್ಲ.

4- (a) ದೇಶೀಯವೈದ್ಯರು ಅಶ್ಯಕ್ತಮಸ್ಥಿತಿಗೆ ಬರಬೇಕಾದಲ್ಲಿ :-

(1) ವೈದ್ಯವಿಗಳಾದ ವಿದ್ಯಾರ್ಥಿಗಳು, ಮಹಾಪಂಡಿತರಾದ ವೈದ್ಯರ ಬಳಿಯಲ್ಲಿದ್ದು ಕೊಂಡು ವಿದ್ಯಾಭ್ಯಾಸವೆಡಬೇಕು.

(2) ಉಪಾಧ್ಯಾಯರು ಮತ್ತು ವಿದ್ಯಾರ್ಥಿಗಳೂ ಸಹಾ ಆಸ್ಪತ್ರೆ, ಪುಸ್ತಕಾಲಯ, ಭೌತಿಕಶಾಸ್ತ್ರ ಕಾಲಿ, ಪ್ರದರ್ಶನಕಾಲಿ ಇವುಗಳಲ್ಲಿ ಪ್ರವೇಶಿಸಿ ತಮ್ಮ ಕೆಲಸಗಳನ್ನು ಮಾಡುವದಕ್ಕಾಗಲೀ ಅಥವಾ ಮಾಡಿಸಿಕೊಳ್ಳುವದಕ್ಕಾಗಲೀ ಅನುಕೂಲತೆಬೇಕು.

(3) ಉಪಾಧ್ಯಾಯರುಗಳಿಗೆ ಶಾಸ್ತ್ರವನ್ನು ಪರಿಶೀಲನವಾಡುವದಕ್ಕೆ ಕಾಲವನ್ನು ವಿಭಾಗಿಸಿ ಕೊಡಬೇಕು. ಪ್ರಾಕ್ಟಿಟಲ್ಲಿ ಸಮರ್ಪಕವಾದ ವೈದ್ಯವಿದ್ಯಾಕಾಲಿಯು ಎಲ್ಲೆಯೂ ಇರುವಂತೆ ಕಾಣುವುದಿಲ್ಲ.

(b) ಪ್ರಾಕ್ಟಿಟಲ್ಲಿ ದೇಶೀಯ ವೈದ್ಯಕ್ಕೆ ನಮ್ಮ ದೇಶದಲ್ಲಿಲ್ಲಾ ಸಂಪೂರ್ಣವಾಗಿ ಅನುಕೂಲತೆಯನ್ನು ಪಡೆಯುವುದು ಅಸಾಧ್ಯವಾದಲ್ಲಿ, ನಮ್ಮ ಔಷಧಿಯನ್ನು ಮನುಷ್ಯ ಪ್ರಾಪ್ತಕವಾಗಿ ಅಭೇಷಿಸುವ ಪ್ರಜಿಗಳೇನೋಪ್ಪರ; ಅಲ್ಲಲ್ಲಿ ವೈದ್ಯಕಾಲಿಗಳನ್ನೂ, ವೈದ್ಯವಿದ್ಯಾ ಕಾಲಿಗಳನ್ನೂ ಸ್ಥಾಪಿಸಬೇಕು.

5. ಕಲ್ಯಾಣ ಪ್ರಾಂತದ ವಿದ್ವಾಂಸರು, ನಮ್ಮ ಶಾಸ್ತ್ರದಲ್ಲಿಯೂ ಪಾಶ್ಚಾತ್ಯರಶಾಸ್ತ್ರದಲ್ಲಿಯೂ ಸಹ ಅತಿನಿಪುಣರಾಗಿರುವರು. ಪಾಶ್ಚಾತ್ಯರಶಾಸ್ತ್ರವು ಪ್ರಪಂಚವಿಷಯ ವ್ಯಾಪ್ತವಾಗುತ್ತಿರುವುದರಿಂದ ಅದರಲ್ಲಿ ನಿಜಾಂಶವು ನಿಶ್ಚಯಿಸಲ್ಪಟ್ಟಿರುವುದಿಲ್ಲ. ಆದರೆ ಪಾಶ್ಚಾತ್ಯರಶಾಸ್ತ್ರವು ಬಹಳ ಸಮರ್ಪಕವಾಗಿರುವುದು. ಅವರ ಪರಿಷ್ಕಾಕರ್ಮವೆಲ್ಲ ಯುಕ್ತವಾದಲ್ಲಿ ನಮ್ಮ ಶಾಸ್ತ್ರವಿದ್ಯಾಂತವೇ ಸತ್ಯವಾದದ್ದೆಂದೂ ನಿಶ್ಚಯಿಸಲ್ಪಡುವುದೆಂದು ಉಭಯಶಾಸ್ತ್ರ ಪಾಠಕರಾದ, ಕಲ್ಯಾಣ ವಿದ್ವಾಂಸರು ನಿಶ್ಚಯಿಸಿರುವುದು ಸಂಪೂರ್ಣವಾಗಿಯೂ ನ್ಯಾಯವಾಗಿರುವುದು. ಆದ್ದರಿಂದ ಅವರ ಶೀರ್ಷಾನವನ್ನು ನೂವುಗಳಲ್ಲೂ ಮನುಷ್ಯ ಪ್ರಾರ್ಥಕವಾಗಿ ಸ್ವೀಕರಿಸಬೇಕು.

ಪಾಶ್ಚಾತ್ಯರು ತಮ್ಮ ಶಾಸ್ತ್ರೀಯಪದಾರ್ಥಗಳನ್ನು, ಯಾವ ಕ್ರಮದಲ್ಲಿ ಕೋಧನವಾಡುವರೋ ಆ ಕ್ರಮದಲ್ಲಿಯೇ ನಮ್ಮ ಶಾಸ್ತ್ರೀಯ ಪದಾರ್ಥಗಳನ್ನು ಕ್ರಮವಾಗಿ ಕೋಧನಮಾಡಿದಲ್ಲಿ ಸತ್ಯವಾದ ಫಲಿತಾಂಶದಲ್ಲಿ ಎರಡು ವರ್ಷ ಅಗುವುದು. ಬೆಲ್ಲವು ಸಮಶ್ರುದೇಶದಲ್ಲಿಯೂ, ಮಧುರವಾಗಿಯೇ ಇರುವುದು. ಮುಕುಸು ಶಮಶ್ರುದೇಶದಲ್ಲಿಯೂ, ಕಾರವಾಗಿಯೇ ಇರುವುದು.

6. ಪಾಶ್ಚಾತ್ಯರ ಭೌತಿಕಶಾಸ್ತ್ರ) ವೀದಲಾದವುಗಳನ್ನು, ಶಸ್ತ್ರ) ಚಿಕಿತ್ಸೆಯನ್ನು ಸಹ, ಆಯುರ್ವೇದಶಾಸ್ತ್ರ)ದ ಜೊತೆಯಲ್ಲಿ, ಸ್ವಲ್ಪಮಟ್ಟಿಗೆ ಅಪ್ರಗಳಲ್ಲಿ ಮುಖ್ಯಾಂಶಗಳನ್ನು ಮಾತ್ರ ಕಲಿಸುವುದು ಯುಕ್ತವಾಗಿದೆ

(a) ನಮ್ಮ ಭರತ ಖಂಡದಲ್ಲಿ ಸಮಸ್ತ ದೇಶಗಳಲ್ಲಿಯೂ, ಆಯಾ ದೇಶಭಾಷೆಯಲ್ಲಿ ವೈದ್ಯಗ್ರಂಥಗಳಿರುವುದು ಮತ್ತು ಆಯಾಕು ದೇಶಭಾಷೆಗಳಿಗೆ ಭಾಷಾಂತರಮಾಡಲ್ಪಟ್ಟ, ಸಂಸ್ಕೃತ ಗ್ರಂಥಗಳೂಕೂಡ ಅನೇಕವಾಗಿರುವುವು. ಕೇವಲ ದೇಶಭಾಷೆಯಲ್ಲಿರುವ ಗ್ರಂಥಗಳನ್ನು ಮಾತ್ರ ವ್ಯಾಸಂಗಮಾಡಿದವನನ್ನು ವೀದಲನೇ ತರಗತಿಯ ವೈದ್ಯನೆಂದು ಭಾವಿಸಬಹುದು. ಇಂಗ್ಲೀಷ್ ಭಾಷೆಯಲ್ಲಿ ಪರಿಚಯ ವುಳ್ಳವನಾಗಿ, ಪಾಶ್ಚಾತ್ಯರ ವೈದ್ಯಶಾಸ್ತ್ರ)ಕ್ಕೆ ಸಂಬಂಧಪಟ್ಟ ಭೌತಿಕಶಾಸ್ತ್ರ) ವೀದಲಾದವುಗಳಲ್ಲಿ, ಮುಖ್ಯವಾದ ಭಾಗಗಳನ್ನು ವ್ಯಾಸಂಗಮಾಡಿ, ಆಯಕಯ ದೇಶಭಾಷೆಯಲ್ಲಿರುವ ಆಯುರ್ವೇದ ಶಾಸ್ತ್ರ)ನನ್ನು ವ್ಯಾಸಂಗಮಾಡಿದವನನ್ನು, ಎರಡನೇತರಗತಿ ವೈದ್ಯನೆಂದು ಭಾವಿಸಬಹುದು.

ಸಂಸ್ಕೃತ ವೈದ್ಯಶಾಸ್ತ್ರ) ಗ್ರಂಥಗಳನ್ನು ಸಂಪೂರ್ಣವಾಗಿ ವ್ಯಾಸಂಗಮಾಡಿ, ಪಾಶ್ಚಾತ್ಯ ಶಾಸ್ತ್ರ)ದಲ್ಲಿ ಮುಖ್ಯಾಂಶಗಳನ್ನು, ದೇಶಭಾಷೆಯಲ್ಲಿ ವ್ಯಾಸಂಗಮಾಡಿರುವವನನ್ನು ಮೂರನೇ ತರಗತಿಯ ವೈದ್ಯನನ್ನಾಗಿ ಭಾವಿಸಬಹುದು.

ಸಂಸ್ಕೃತ ವೈದ್ಯಶಾಸ್ತ್ರ)ವನ್ನು ಸಂಪೂರ್ಣವಾಗಿ ವ್ಯಾಸಂಗಮಾಡಿ, ಇಂಗ್ಲೀಷ್ ಭಾಷೆಯಲ್ಲಿರುವ ಪಾಶ್ಚಾತ್ಯರ ಶಾಸ್ತ್ರ)ದಲ್ಲಿ ಅಧಿಕವಾದ ಪರಿಶ್ರಮ ಉಳ್ಳವನನ್ನು ನಾಲ್ಕನೇ ತರಗತಿಯ ವೈದ್ಯನನ್ನಾಗಿ ಭಾವಿಸಬಹುದು.

(b) ವಿದ್ಯಾರ್ಥಿಯು (1) ಸ್ವದೇಶ ಭಾಷೆಯನ್ನು ತಿಳಿದವನಾಗಿ ಯಾಗಲಿ, (2) ಸ್ವದೇಶ ಭಾಷೆಯನ್ನೂ ಇಂಗ್ಲೀಷ್ ಭಾಷೆಯನ್ನೂ ತಿಳಿದವನಾಗಿ ಯಾಗಲಿ, (3) ಸ್ವದೇಶ ಭಾಷೆಯನ್ನೂ, ಸಂಸ್ಕೃತವನ್ನೂ ತಿಳಿದವನಾಗಿ ಯಾಗಲಿ, (4) ಇಂಗ್ಲೀಷ್ ಮತ್ತು ಸಂಸ್ಕೃತ ಭಾಷೆಯನ್ನು ತಿಳಿದವನಾಗಿ ಯಾಗಲಿ ಇರಬೇಕು.

ಹಿಂದೆ ಉದ್ಧರಿಸಿದವರಲ್ಲಿ ವಂದೇರಡನೇ ತರಗತಿಯವರು ಎರಡು ವರುಷ ವಿದ್ಯಾಭ್ಯಾಸ ಮಾಡಬೇಕು. ಮೂರು ನಾಲ್ಕನೇ ತರಗತಿಯವರು ನಾಲ್ಕು ವರುಷ ವಿದ್ಯಾಭ್ಯಾಸ ಮಾಡಬೇಕು.

(c) ಉಪಾಧ್ಯಾಯರು ಆಯಾ ದೇಶಭಾಷೆಯಲ್ಲಿಯೂ, ಸಾಧ್ಯವಾದಮಟ್ಟಿಗೆ ಸಂಸ್ಕೃತ ಭಾಷೆಯಲ್ಲಿಯೂ ಸಹ, ವಿದ್ಯಾರ್ಥಿಯ ಯೋಗ್ಯತಾನುಗುಣವಾಗಿ ಬೋಧಿಸಬೇಕು.

ವೈಸ್ಕೂರು ಗವರ್ನಮೆಂಟ್ ಆಯುರ್ವೇದಿಕ್ ಕಾಲೇಜಿನ ಪಾಠಕ್ರಮಗಳನ್ನು ಕೂಡ ಇದರಜೊತೆಯಲ್ಲಿ ಕಳುಹಿಸಬೇಕು.

7. ಹಿಂದೂ ವೈದ್ಯರನ್ನೂ ಕೂಡ ಮೆಡಿಕಲ್ ರಿಜಿಸ್ಟ್ರೇಷನ್ ಗೆ ಸೇರಿಸಬೇಕಾದದ್ದು ಅತ್ಯವಶ್ಯಕವಾದದ್ದು. ಹಾಗೆ ಸೇರಿಸಬೇ ಇದ್ದಲ್ಲಿ, ಹಿಂದೂ ವೈದ್ಯರು ಅಭಿವೃದ್ಧಿಯಾಗಬೇಕೆಂದು ಶ್ರಮಪಡುವುದು ವ್ಯರ್ಥವಾಗುವುದು.

(a) ರಾಜಧಾನಿಯಲ್ಲಿ ಪ್ರಕೃತದಲ್ಲಿ ಪ್ರಸಿದ್ಧರಾಗಿ ಯೂ, ದಯಾಳುಗಳಾಗಿಯೂ ಇರುವ ಕೆಲವರು ವೈದ್ಯರನ್ನು ಸೇರಿಸುವುದು ಸಂಭವವನ್ನು ಏರ್ಪಡಿಸಬೇಕು. ಸರ್ಕಾರದಲ್ಲಿ ಬಹುಮಾನವನ್ನು ಪಡೆಯಬೇಕೆಂದಪೇಕ್ಷಿಸುವ ವೈದ್ಯರಲ್ಲೂ ಆ ಸಂಭವವಿರದೆ ಪರಿಷ್ಕೇಷಿಸಲ್ಪಟ್ಟ ಯೋಗ್ಯತಾ ಪತ್ರಿಕೆಯನ್ನು ಪಡೆಯಬೇಕು. ಅನೇಕ ಗ್ರಾಮಗಳಲ್ಲಿ ವೆಂಕ ಪಾರಂಪರ್ಯವಾಗಿ ವೈದ್ಯರಾಗಿರುವವರು ಅನೇಕರಿರುವರು. ಅವರು ಅತ್ಯುತ್ತಮವಾದ ವಂದರಡು ಔಷಧಗಳನ್ನಾದರೂ ತಿಳಿದಿರುವರು. ಆ ಔಷಧಗಳನ್ನು ಸಂಗ್ರಹಿಸಿ ಇತರ ವೈದ್ಯರುಗಳಿಗೆ ಕಲಿಸಿ ದೇಶಕ್ಕೆ ಉಪಕಾರಮಾಡಬೇಕು. ಸಂಭವವರಿಗೆ ಒರಿಷ್ಚೆಯನ್ನು ಕೊಡುವುದಕ್ಕೆ ಸಾಮರ್ಥ್ಯವಿಲ್ಲದೆ ಇದ್ದಾಗ್ಯೂ, ತಾವು ವಾಸವಾಗಿರುವ ಗ್ರಾಮದಲ್ಲಿಯೂ, ಸಮೀಪ ಗ್ರಾಮಗಳಲ್ಲಿಯೂ ಸಹ, ಕಷ್ಟಸಾಧ್ಯವಾದ ವ್ಯಾಧಿಗಳನ್ನು ಸಹ ಗುಣಮಾಡಿ ಪ್ರಸಿದ್ಧಿಯನ್ನು ಪಡೆದಿರುವ ಕೆಲವರು ವೈದ್ಯರು ಇರುವರು, ಅವರನ್ನು ಕೂಡಲೆ ಅವಶ್ಯಕವಾಗಿ ಮೆಡಿಕಲ್ ರಿಜಿಸ್ಟ್ರೇಷನ್ ಸೇರಿಸಬೇಕು.

(b) ಪ್ರಕೃತದಲ್ಲಿ ಅನೇಕ ಇಂಗ್ಲೀಷ್ ವೈದ್ಯರು ಹಿಂದೂ ವೈದ್ಯಶಾಸ್ತ್ರ)ವನ್ನು, ಅನ್ಯಾಯವಾಗಿ ದೂಷಿಸುತ್ತಾ ಅದಕ್ಕೆ ವಿರೋಧಿಗಳಾಗಿರುವರು ಆದ್ದರಿಂದ ಹಿಂದೂ ವೈದ್ಯರನ್ನು ವಿಚಾರಮಾಡತಕ್ಕ ಅಧಿಕಾರವನ್ನು ಇಂಗ್ಲೀಷ್ ವೈದ್ಯರಿಗೆ ಕೂಡದೇ ಇರುವುದೇ ನ್ಯಾಯವಾಗಿರುವುದು.

8. ಹಿಂದೂ ವೈದ್ಯ ಶಾಸ್ತ್ರ)ದಲ್ಲಿ ಸುವರ್ಣ ಮತ್ತು ರತ್ನ ಮಿಶ್ರವಾದ ಔಷಧಿಗಳು ಅನೇಕವಾಗಿರುವುವು. ಅವುಗಳ ಬೆಲೆಯು ಇಂಗ್ಲೀಷ್ ಔಷಧಕ್ಕಿಂತಲೂ ಬಹಳ ಹೆಚ್ಚಾಗುವ ವಿಷಯದಲ್ಲಿ ಯಾವ ಸಂಕಯವೂ ಇರುವುದಿಲ್ಲ.

ಸಾಮಾನ್ಯವಾದ ಔಷಧಿಗಳ ಬೆಲೆಯು ದೇಶಾಂತರದ ಔಷಧಿಕ್ರಂತಲೂ ಕಡಿಮೆಯಾಗುವುದು. ದೇಶಾಂತರದ ಔಷಧಿಗಳಿಗೆ ಬಾಡಿಗೆಯು ಪ್ರಾಯಶಃ ಔಷಧದ ಪ್ರಯುಕ್ತಿಯಂತಲೂ ಅಧಿಕವಾಗಬಹುದೆಂದು ತೋರುತ್ತದೆ. ಅದರಿಂದ ದೇಶಾಂತರದ ಸಾಮಾನ್ಯವಾದ ಔಷಧಿಗಳಿಗೂ ಕೂಡ ನಾಲ್ಕು ಹೆಚ್ಚು ಬೆಲೆಯನ್ನು ಕೊಡಬೇಕಾಗುತ್ತದೆ. ಆ ಬೆಲೆಗೆ ಇಲ್ಲಿನಾಲ್ಕು ಉತ್ತಮವಾದ ಔಷಧಿಗಳನ್ನು ಮಾಡಬಹುದು. ನಮ್ಮ ಸಾಮಾನ್ಯವಾದ ಔಷಧಿಗಳ, ದೇಶಾಂತರದ ಸಾಮಾನ್ಯವಾದ ಔಷಧಿಗಳಿಗಿಂತಲೂ ಕಡಿಮೆ ಬೆಲೆಯಲ್ಲಾಗುವುದೆಂಬ ವಿಷಯದಲ್ಲಿ ಸಂಶಯಪಡಬೇಕಾದ್ದಿಲ್ಲ. ನಮಗೆ ಬೇಕಾದ ಪದಾರ್ಥಗಳು ಇಲ್ಲದೊಂದೆಯದೇ ಇದ್ದಲ್ಲಿ ದೇಶಾಂತರದವರು ಕೆಲವೆಷ್ಟು ಬೆಲೆಯನ್ನು ಕೊಟ್ಟು ಕೊಂಡುಕೊಳ್ಳುವುದು ನ್ಯಾಯವಾಗಿರಬೇಕು ಇರುವುದು.

9. ಪೂರೈಕೆಯಲ್ಲಿ ಹಿಂದೂ ರಾಜರಲ್ಲೂ ಆಯುರ್ವೇದೋಷಧಿಗಳನ್ನೇ ಸೇರಿಸುತ್ತಿದ್ದರು ಅವರನ್ನು ಅನುಸರಿಸಿ ಅಧಿಕಾರವಾಸುವೆದೂ, ಧನಿಕರೂ ಸಶಸ್ತ್ರದೇಶೀಯ ಔಷಧಿಯನ್ನೇ ಸೇರಿಸುತ್ತಿದ್ದರು. ಅವರನ್ನು ಅನುಸರಿಸಿ ಸಾಮಾನ್ಯ ಜನರು ಕೂಡಾ ನಮ್ಮ ಔಷಧವನ್ನೇ ಸೇರಿಸುತ್ತಿದ್ದರು. ಈಗಿನ ವಿದೇಶೀಯ ವೈದ್ಯರಿಗೆ ಮರ್ಯಾದೆಯೂ, ಧನಸಮೃದ್ಧಿಯೂ ಇರುವಂತೆ ನಮ್ಮ ವಿದೇಶೀಯ ವೈದ್ಯರಿಗೂ, ರಾಜ್ಯದಲ್ಲಿ ವಿಸ್ತೃತ ಸನ್ಮಾನವೂ, ಧನ ಸಮೃದ್ಧಿಯೂ ಇತ್ತು.

ಮಹಾವೈದ್ಯಿಯರು ರಾಜ್ಯಭಾರವಾಡುವ ಸಮಯದಲ್ಲಿ ನಮ್ಮ ವೈದ್ಯರ ಜೊತೆಗೆ ಮಹಾವೈದ್ಯಿಯರ ವೈದ್ಯವೂ ಪ್ರಾರಂಭವಾಯಿತು. ಅನಂತರ ಹಿಂದೂ ರಾಜರು ಕೂಡಾ ಎರಡು ವೈದ್ಯಗಳನ್ನೂ ವೋತ್ರಾಹರಗೊಳಿಸುತ್ತಿದ್ದರು. ಇಂಗ್ಲೀಷರ ರಾಜ್ಯಭಾರ ಪ್ರಾರಂಭವಾದ ಮೇಲೆ ಇಂಗ್ಲೀಷ್ ಔಷಧಿಗಳು ಪ್ರಚಾರಕ್ಕೆ ಬಂದವು. ಪ್ರಾರಂಭದಲ್ಲಿ ಹಿಂದೂ ರಾಜರು ಇಂಗ್ಲೀಷರ ಔಷಧಿಗಳನ್ನು ತಾವು ಸ್ವೀಕರಿಸದೇ ಇದ್ದಾಗ್ಯೂ ಇಂಗ್ಲೀಷ್ ವೈದ್ಯರಿಗೆ ಹಿಂದೂ ವೈದ್ಯರಿಗಿಂತಲೂ, ಅಧಿಕವಾಗಿ ಹಣವನ್ನೂ ಮತ್ತು ಮರ್ಯಾದೆಯನ್ನೂ ಅವಶ್ಯಕವಾಗಿಯೂ ಕೊಡಬೇಕಾಯಿತು. ಹೀಗೆ ಕೆಲವು ಕಾಲಕಳೆದನಂತರ ಇಂಗ್ಲೀಷರ ಸಂಸ್ಕಾರದಲ್ಲಿ ಕೆಲಸವಾಡುವ ಸಮಸ್ತ ಜನರೂ ವ್ಯಾಧಿಪ್ರಯುಕ್ತ ವಿಶ್ರಾಂತಿಯನ್ನು ಪಡೆಯಬೇಕಾದಲ್ಲಿ ಇಂಗ್ಲೀಷ್ ವೈದ್ಯರ ಅನುಮತಿ ಇರಬೇಕೆಂದು ಕಾನೂನು ಪ್ರಚಾರದಲ್ಲಿ ಬಂತು. ಇದರಿಂದ ಸಮಸ್ತ ಸರ್ಕಾರೀ ನೌಕರರೂ ಇಂಗ್ಲೀಷ್ ಔಷಧವನ್ನೇ ತೆಗೆದುಕೊಳ್ಳುವುದಕ್ಕೆ ಪ್ರಾರಂಭಿಸಿದರು. ಅನಂತರ ಧನಿಕರಲ್ಲೂ ರಲ್ಲೂ ಇಂಗ್ಲೀಷ್ ಔಷಧಿಗಳನ್ನೇ ತೆಗೆದುಕೊಳ್ಳಬೇಕೆಂದು ನಿರ್ಬಂಧಪಡಿಸಿದಂತಾಯಿತು. ಸರ್ಕಾರೀ ನೌಕರರಲ್ಲೂ ಇಂಗ್ಲೀಷ್ ಔಷಧಿಗಳನ್ನೇ ತೆಗೆದುಕೊಳ್ಳುವುದಕ್ಕೆ ಪ್ರಾರಂಭಿಸಿದರು. ಅನಂತರ ಧನಿಕರಲ್ಲೂ ಸರ್ಕಾರದ ಉದ್ಯೋಗಸ್ಥರೆನ್ನಿಸಿಕೊಂಡರು. ವೇದಾಂತವ್ಯಾಪ್ತಿಯುಕ್ತ ಕೋರ್ಟ್, ಕಚೇರಿಗಳಿಗೆ ಹೋಗಲು, ಅಶಕ್ತಿರಾಗಿರುವಂತೆ ಇತರ ಜನಗಳೂ ಕೂಡ, ಕೋರ್ಟ್‌ಗೆ ಸೋಗದೇ ಇದ್ದಲ್ಲಿ ತಾವು ಗುರಿಯಾಗಬೇಕಾದ ಶಿಕ್ಷೆಯನ್ನು ಪರಿಶಾರವಾಡಿ ಕೊಳ್ಳುವುದಕ್ಕಾಗಿ ಇಂಗ್ಲೀಷ್ ವೈದ್ಯರ ಅನುಮತಿಯನ್ನು ಪಡೆಯಬೇಕಾಯಿತು. ಹೀಗೆ ಸಮಸ್ತ ಜನರೂ ಇಂಗ್ಲೀಷ್ ವೈದ್ಯರ ಅಧಿಕಾರದಿಂದ ಬಂಧಿಸಲ್ಪಟ್ಟಿದ್ದರಿಂದ ನಮ್ಮ ದೇಶೀಯ ವೈದ್ಯರು ಸಮಸ್ತ ಭಾಗದಲ್ಲಿಯೂ, ಹೀನಸ್ಥಿತಿಗೆ ಬಂದರು. ಪ್ರಾಯಶಃ ವೈದ್ಯರೆಲ್ಲರೂ ತಮ್ಮ ಕುಲಕ್ರಮವಾಗಿ ಬಂದ ವಿದ್ಯೆಯನ್ನು ಬಿಟ್ಟು ಬೇರೇ ಒಲವಿನೋಪಾಯವನ್ನೆವಲಂಬಿಸಿದರು. ಎಷ್ಟುಜನ ಪೋಲಿಸಿನವರಿದ್ದಾಗಲಿ, ಅಲ್ಲಲ್ಲಿ ಕಳ್ಳರು ಜೀವಿಸಿಕೊಂಡಿರುವಂತೆ ಇಷ್ಟು ಶ್ರಮಕಾಲದಲ್ಲಿಯೂ ದೇಶೀಯ ವೈದ್ಯರು ಎಲ್ಲೆಲ್ಲೂ ಸ್ವಲ್ಪ ಮಟ್ಟಿಗೆ ಜೀವಿಸಿಕೊಂಡಿರುವುದು.

ತನ್ನ ಸುಂದರವಾದ ಉಪ್ಪರಿಗೆಯಲ್ಲಿ ಸುಖವಾಗಿರುವ ಧನಿಕನನ್ನು ಕಳ್ಳರು ಕಟ್ಟಿಹಾಕಿ ಅವನ ಸರ್ವಸ್ವವನ್ನೂ ಅಪಹರಿಸಿ, ಅವನಿಗೆ ಆಹಾರವನ್ನು ಕೊಡದೆ, ಕಾಡಿನಲ್ಲಿ ಬಿಸಾಟು ಹೊರಟುಹೋದಳಿ, ಕರುಣಾರ್ಥವಾದ ಪುಣ್ಯಾತ್ಮನು ಅವನ ದುರವಸ್ಥೆಯನ್ನು ನೋಡಿದಲ್ಲಿ, ಮೊದಲು ಅವನ ಬಂಧನವನ್ನು ಬಿಟ್ಟು ಹಾಕಿ ಅನಂತರ ಅವನಿಗೆ ಆಹಾರವನ್ನು ಕೊಟ್ಟು ಅವನು ಚೇಕರಿಸಿಕೊಂಡನಂತರ ಅವನನ್ನು ಸ್ವಂತ ಮಾನೆಗೆ ತಲುಪಿಸುವಂತೆ, ಕೇವಲದೌರ್ಭಾಗ್ಯ ದಶೆಯಲ್ಲಿರುವ ವೈದ್ಯರನ್ನೂ ಪುಣ್ಯಾತ್ಮರು ಉದ್ಧಾರಮಾಡಬೇಕಾದಲ್ಲಿ (1) ಮೊದಲು ಅದರ ಬಂಧನವನ್ನೂ ಬಿಡಿಸಿ, (2) ಅನಂತರ ಅದಕ್ಕೆ ಜೀವನವನ್ನು ಕೊಟ್ಟು, (3) ಅನಂತರ ಅದನ್ನು ಉತ್ತಮ ಸತ್ಕನದೊಂದಿಗೆ ಸೇವಿಸಬೇಕಾಗುವುದು.

ಸರ್ಕಾರಿ ನೌಕರರು ಮತ್ತು ಇತರರೂ ಸಹ ತಮಗೆ ವೇದಾಂತವ್ಯಾಪ್ತಿಯಲ್ಲಿ, ಸ್ವದೇಶೀಯ ವೈದ್ಯರಲ್ಲಿ ಔಷಧವನ್ನು ಸ್ವೀಕರಿಸಬಹುದೆಂತಲೂ, ಅವರ ಅನುಮತಿಯಂತೆ ಜನರಿಗೆ ವಿಶ್ರಮಿಸಿಕೊಳ್ಳುವುದಕ್ಕೆ ಅವುಣಿಯನ್ನು ಕೊಡುವಂತೆಯೂ ಸರ್ಕಾರದವರು ಅಭಯವನ್ನು ಕೊಟ್ಟಲ್ಲಿ ದೇಶೀಯ ವೈದ್ಯರ ಬಂಧನವಿತ್ತಿ ಯಾಗುವುದು.

ದೇಶದಲ್ಲಿಯೂ ಪರದೇಶದ ಔಷಧಾಲಯಗಳ ಜೊತೆಯಲ್ಲಿ, ದೇಶೀಯ ವೈದ್ಯಕಾಲಗಳನ್ನಿಟ್ಟು, ದೇಶೀಯ ವೈದ್ಯರಿಗೆ ಜೀವನವನ್ನು, ಪುರಸ್ಕಾರವನ್ನು ಕೊಟ್ಟಲ್ಲಿ, ದೇಶೀಯ ವೈದ್ಯಕ್ಕೆ ಜೀವನವನ್ನು ಕಟ್ಟಿಸಿದಂತಾಗುವುದು.

ಡಕ್ಕಾಭಿಷೇಕಿಗಳು ದೇಶೀಯ ಔಷಧವನ್ನು ಸೇವಿಸಿ, ದೇಶೀಯ ವೈದ್ಯರನ್ನು ಪುರಸ್ಕರಿಸಿದಲ್ಲಿ, ದೇಶೀಯ ವೈದ್ಯರಿಗೆ ತನ್ನ ಸ್ವಸ್ಥಾನವನ್ನು ತಲಬದಂತಾಗುವುದು.

10- ದೇಶೀಯ ವೈದ್ಯಾಭಿವೃದ್ಧಿಗಾಗಿ ಸಮಸ್ತರೂ ಸಹಾಯ ಮಾಡಬೇಕಾಗಿರುವುದು—

(a) ರಾಜ್ಯಭಾರವಾಡುವವರು ಯಥೇಷ್ಟವಾಗಿ ದ್ರವ್ಯವನ್ನು ಖರೀದಿಸಿ ಸ್ವದೇಶೀಯ ವೈದ್ಯಕಾಲಗಳನ್ನೂ ವಿದ್ಯಾಕಾಲಗಳನ್ನೂ ಸ್ಥಾಪಿಸಬೇಕು. ಆರಣ್ಯದಲ್ಲಿ ಕೆಲಸವಾಡುವ ಸಂಸ್ಕಾರಿ ಲೌಕಿಕರರಿಗೆ ಸ್ವದೇಶೀಯ ವೈದ್ಯಕಾಲಗಳಿಗೆ ಬೇಕಾಗುವ ಮೂಲಿಕೆಗಳನ್ನು ವದಗಿಸಿಕೊಡುವಂತೆ ಅಪ್ಪಣೆಮಾಡಬೇಕು.

ಸ್ವದೇಶೀಯ ವೈದ್ಯಕಾಲಗಳೂ ವಿದ್ಯಾಕಾಲಗಳು ಸಹಾ ಸಮಸ್ತ ಜನರಿಗೂ ವಿಶೇಷ ಪ್ರಯೋಜನಕರವಾಗಿರುವುದರಿಂದ ಅವುಗಳನ್ನು ಅಭಿವೃದ್ಧಿಗೊಳಿಸುವುದರಲ್ಲಿ ಸರ್ಕಾರದವರು ವಿಶೇಷ ಕುತೂಹಲದಿಂದ ಪ್ರಯತ್ನಪಟ್ಟಿರುವ ಸಂದರ್ಭವನ್ನು ಓದುಬರಹ ಕಲಿತಿರುವ ಸಮಸ್ತ ಜನಗಳಿಗೂ ತಿಳಿಯಪಡಿಸುವಂತೆ ಸರ್ಕಾರದ ವತಿಯಲ್ಲಿ ಪ್ರಸಿದ್ಧಪಡಿಸಬೇಕು.

ಮೇಲ್ಕಂಡ ವಿಷಯವನ್ನು ಓದು ಬರಹ ಬಾರದಿರುವ ಜನಗಳಿಗೆ ತಿಳಿಯಪಡಿಸುವಂತೆ ಪುಸ್ತಕ ಶಾಲೆಗಳಲ್ಲಿ ಅಪ್ಪಣೆಮಾಡಿ ಅವರು ಈ ಕೆಲಸವನ್ನು ಮನಃಪೂರ್ವಕವಾಗಿ ನೆರವೇರಿಸುವುದಕ್ಕಾಗಿ, ಅವರಿಗೆ ಮೇಲ್ಕಂಡ ಅಧಿಕಾರಗಳಿಗೆ ವಿಚಾರಣೆಮಾಡುವಂತೆ ಅಪ್ಪಣೆಮಾಡಬೇಕು.

ಸರ್ವ ವಿದ್ಯಾನಿಲಯದವರಿಗೂ, ಮುನಿಸಿಪಾಲಿಟಿಯವರಿಗೂ, ದೇಶೀಯ ವೈದ್ಯವನ್ನು ಅಭಿವೃದ್ಧಿಗೊಳಿಸುವುದಕ್ಕಾಗಿ ತಕ್ಕ ಏರ್ಪಾಡು ಮಾಡಬೇಕೆಂದು ಶಿಫಾರಸ್ಸು ಮಾಡಬೇಕು.

(b) ಮುನಿಸಿಪಾಲಿಟಿಯವರು ಇತರ ವಿದ್ಯಾಕಾಲಗಳಿಗೂ, ವೈದ್ಯಕಾಲಗಳಿಗೂ ಸಹಾಯ ಮಾಡಿ ಅವುಗಳನ್ನು ಅಭಿವೃದ್ಧಿಗೊಳಿಸುತ್ತಿರುವಂತೆ, ಸ್ವದೇಶೀಯ ವೈದ್ಯ ವಿದ್ಯಾಕಾಲಗಳನ್ನು ಸ್ಥಾಪಿಸಿ ಅವುಗಳನ್ನು ಅಭಿವೃದ್ಧಿಗೊಳಿಸಬೇಕು. ಪ್ರಾಥಂಭಿಕದಲ್ಲಿ ಈ ವಿದ್ಯಾಕಾಲಗಳಿಗೆ ವಿದ್ಯಾರ್ಥಿಗಳನ್ನು ವೊದಗಿಸುವುದು ಕ್ರಮ ಸಾಧನವಾದ್ದರಿಂದ ವಿದ್ಯಾರ್ಥಿವೇತನವನ್ನು ಕೊಡಿಸಬೇಕು.

ಪಟ್ಟಣದಲ್ಲಿ ಸ್ವದೇಶೀಯ ವೈದ್ಯದಿಂದ ಬಹು ಕ್ರಮಪಟ್ಟು ಜೀವನಮಾಡುತ್ತಿರುವ ವೈದ್ಯರಿಗೆಲೂ, ಅವರವರ ಯೋಗ್ಯತಾನುಸಾರ ದ್ರವ್ಯ ಸಹಾಯಮಾಡಿ ಅವರನ್ನು ಪುರಸ್ಕರಿಸಬೇಕು.

ಪಟ್ಟಣದಲ್ಲಿ ವನೋಪವನನ್ನಿರತಕ್ಕ ಪ್ರದೇಶಗಳಲ್ಲೂ ದೇಶೀಯ ವೈದ್ಯಕೃತಕೂಲವಾದ ವೃಕ್ಷೇತಾದಿಗಳನ್ನು ಅಭಿವೃದ್ಧಿಗೊಳಿಸಿದಲ್ಲಿ ಪಟ್ಟಣದ ಆರೋಗ್ಯ ಸ್ಥಿತಿಯು ಸಂಪೂರ್ಣವಾಗಿ ಸಮರ್ಪಕವಾಗುವುದು ಮತ್ತು ಈ ಮೂಲಿಕೆಗಳಿಂದ ವೈದ್ಯಕಾಲಗಳಿಗೆ ವಿಶೇಷ ಪ್ರಯೋಜನ ಉಂಟಾಗುವುದು.

ಪಟ್ಟಣದಲ್ಲಿರುವ ಭಿಕ್ಷುಕಾಲಗಳಲ್ಲಿ ಜನಗಳು ಕಾಫಿ, ತಿಂಡಿಯನ್ನು ಸೇವಿಸುವುದು ಆರೋಗ್ಯಕರವಾದುದನ್ನು ಓದು ಮಾಡುತ್ತಿರುವುದರಿಂದ ಪರಸ್ಪರದ ಜನಗಳು ರಜಿವಿನಿಂದ ಪೀಡಿತರಾಗದಂತೆ ಕೇವಲ ಭೋಜನ ಕಾಲಗಳನ್ನು ಮಾತ್ರ ಉಳಿಸಿ, ಭಿಕ್ಷುಕಾಲಗಳನ್ನು ತೆಗೆದುಬಿಟ್ಟಲ್ಲಿ ಪಟ್ಟಣದ ಆರೋಗ್ಯ ಸ್ಥಿತಿಯು, ಅಭಿವೃದ್ಧಿಯಾಗಿ, ಔಷಧಿಯ ಖರ್ಚು ಕಡಿಮೆಯಾಗುವುದು.

ತಿಂಡಿಗೋಸ್ಕರ ಹುಡುಗರು ಮನೆಯಲ್ಲಿ ಸ್ವಲ್ಪಕಳುವನ್ನು ಮಾಡುತ್ತಿರುವುದರಿಂದ ಭಿಕ್ಷುಕಾಲೆಯನ್ನು ತಪ್ಪಿಸಿದಲ್ಲಿ ಹುಡುಗರಿಗೆ ನಿಲಿತಿಯನ್ನು ಕೂಡ ಕಲಿಸಿದಂತಾಗುವುದು. ಬಾಲ್ಯದಿಂದಲೂ ನಿಲಿತಿಯಾಗದಿದ್ದರೆ ವರು ಯಾವುದರಲ್ಲಿ ನಿಲಿತಿಯಾಗುವುದು ಬಿಟ್ಟು ನಡಿಯುವುದು ಬಹಳ ಅಪರೂಪ.

(c) ಸಕಲ ವಿದ್ಯಾನಿಲಯದವರು ಸ್ವದೇಶೀಯ ವೈದ್ಯವನ್ನು ಕೂಡ ಓದು ಭಾಗವನ್ನಾಗಿ ಇಟ್ಟುಕೊಳ್ಳಬೇಕು. ಇವರೂ ಕೂಡಾ ಸ್ವದೇಶೀಯ ವೈದ್ಯದ ಪೌಢ ವಿದ್ಯಾಭ್ಯಾಸಕ್ಕಾಗಿ ಮಹಾ ಪಾಠಶಾಲೆಯನ್ನು ಸ್ಥಾಪಿಸಿ ವಿದ್ಯಾಭ್ಯಾಸ ಮಾಡತಕ್ಕ ವಿದ್ಯಾರ್ಥಿಗಳಿಗೆ ವಿದ್ಯಾರ್ಥಿವೇತನವನ್ನು ಕಲ್ಪಿಸಬೇಕು.

ನಮ್ಮ ಔಷಧವನ್ನು ಪಾಕಮಾಡುವುದರಲ್ಲಿ ನಮ್ಮ ಶಾಸ್ತ್ರೀಯ ಕ್ರಮಕ್ಕಿಂತಲೂ, ದೇಶಾಂತರದವರ ನವೀನಪಾಕಕ್ರಮವು ಸಾಕಾರ್ಯವಾಗಿದ್ದಲ್ಲಿ, ನಮ್ಮ ಔಷಧವನ್ನು ಕೂಡ ದೇಶಾಂತರದವರ ನಿವೇನ ಪಾಕಕ್ರಮದಲ್ಲಿ ಪಾಕಮಾಡುವುದನ್ನು ಕಲಿಸುವುದಕ್ಕೆ ತಕ್ಕ ಏರ್ಪಾಡುಮಾಡಬೇಕು.

ಸಂಸ್ಕೃತ ಭಾಷೆಯಲ್ಲಿರುವ ವೈದ್ಯಶಾಸ್ತ್ರವನ್ನು ಅನೇಕ ಭಾಷೆಗಳು ನಮ್ಮ ರಾಜ್ಯದಲ್ಲಿ ವಂದೆ ಸಾಮಾನ್ಯವಾದ ಭಾಷೆಯಲ್ಲಿ ಕಲಿಯುವುದು ಅಸಾಧ್ಯವಾದ್ದರಿಂದ ಆಯಾ ದೇಶಭಾಷೆಯಲ್ಲಾಗಲಿ, ಸಂಸ್ಕೃತ ಭಾಷೆಯಲ್ಲಾಗಲಿ ಪರಿಚ್ಛೇನಮಾಡುವುದಕ್ಕೆ ತಕ್ಕ ಏರ್ಪಾಡುಮಾಡಬೇಕು.

(d) ಸ್ವದೇಶೀಯ ವೈದ್ಯಾಭಿವೃದ್ಧಿಗಾಗಿ ಸರ್ಕಾರದವರ ಸಹಾಯವನ್ನೇ ನಿರೀಕ್ಷಿಸಿಕೊಂಡಿದ್ದಲ್ಲಿ, ಸಂಪೂರ್ಣವಾಗಿ ಅವರ ಸಹಾಯ ದೊರೆಯುವುದು ಪ್ರಕೃತದಲ್ಲಿ ಅಸಾಧ್ಯವಾದ್ದರಿಂದಲೂ ದೇಶೀಯ ವೈದ್ಯವು

ಸಮಸ್ತ ಜನಗಳಿಗೂ ಪ್ರಯೋಜನಕಾರಿಯಾಗಿರುವುದರಿಂದಲೂ, ಸಮಸ್ತರೂ ತಮ್ಮ ತಮ್ಮ - ನೈವಶ್ಯಗಳಿಗೆ ತಮ್ಮ ತಮ್ಮ ದ್ರವ್ಯವನ್ನು ವಹಿಸಿಕೊಳ್ಳುವಂತೆ, ಇದಕ್ಕಾಗಿ ಎಷ್ಟು ಶ್ರಮವಾರಾಧನೆಯ ಸ್ವಲ್ಪ ದ್ರವ್ಯವನ್ನು ವಹಿಸಿಕೊಡಬೇಕು.

ಐಶ್ವರ್ಯವಂತರಾಗಿರುವವರು ತಮ್ಮ ತಮ್ಮ ಯೋಗ್ಯತಾನುಸಾರವಾಗಿ, ದಕ್ಷಿಣೆಯ ವೈದ್ಯಕಾರಿಯನ್ನಾಗಲಿ ವಿದ್ಯಾಕಾಲಿಯನ್ನಾಗಲಿ ಸ್ಥಾಪಿಸಬೇಕು.

ವರ್ತಮಾನ ಪತ್ರಿಕೆಯವರು ಯಾವನೊಂದು ಪ್ರತಿಫಲವೂ ಇಲ್ಲದ ತಮ್ಮ ಪತ್ರಿಕೆಯಲ್ಲಿ ಅರ್ಜಿಯು ದೌಷಧಿಗಳನ್ನೂ ಅವುಗಳ ಪ್ರಯೋಜನವನ್ನೂ ಪುಕಟಿಸಬೇಕು.

ವ್ಯಾಪಾರಿಗಳು ತಮ್ಮ ಸ್ವಪ್ರಯೋಜನದಲ್ಲಿ ದೃಷ್ಟಿ ಇಡದೆ ಸ್ವದೇಶೀಯ ಔಷಧಿಗಳನ್ನು ವಿಕ್ರಯಿಸಿ ವೈದ್ಯರಿಗೂ, ಜನಗಳಿಗೂ ಉಪಕಾರವನಡಬ್ಬಿಸಬೇಕು.

ಎಲ್ಲಾ ಭಾಗದಲ್ಲಿಯೂ, ನಮ್ಮ ರಾಜ್ಯದಲ್ಲಿ ಬಳಕೆಯಲ್ಲಿದ್ದ ಅನುಸರಿಸಿ ಬಂದಿರುವ ಹಾತಿ ನೊದಲಾ ದಿವುಗಳಿಗೆ ವೈಷಮ್ಯಭಾರದಂತೆ ಏರ್ಪಾಡುವನಡಬ್ಬಿಸಬೇಕು.

ಪ್ರಾಣದಾನದಲ್ಲಿಯೂ, ಪ್ರತಿ ಗೃಹದಲ್ಲಿಯೂ ಸಮಸ್ತ ಜನಗಳಿಗೂ ಶಾಸ್ತ್ರಿಯವಾದ ಅಧಿಕಾರಿಯರು ವೃದ್ಧರಿಂದಲೂ, ಪ್ರಾಣದಾನಕ್ಕಿಂತಲೂ ಅತೀತಯ ಫಲವನ್ನು ಕೊಡುವ ದಾನವು ಲೋಕದಲ್ಲಿಯೂ, ಶಾಸ್ತ್ರಿದಲ್ಲಿಯೂ ಇಲ್ಲವಾದ್ದರಿಂದಲೂ ಸಮಸ್ತರೂ ನಮ್ಮ ವೈದ್ಯವನ್ನು ಅಭಿವೃದ್ಧಿಗೊಳಿಸಿ, ಇಹದಲ್ಲಿ ಸರ್ವೋತ್ತಮವಾದ ಕೀರ್ತಿಯನ್ನು, ಪರಲೋಕದಲ್ಲಿ ಸರ್ವೋತ್ತಮವಾದ ಸೌಕರ್ಯವನ್ನು ಪಡೆಯಬೇಕೆಂದು ಭಗವಂತನನ್ನು ಪ್ರಾರ್ಥಿಸುವೆನು.

ಶ್ಲೋ|| ಯದತ್ರ ಸೌಷ್ಠ್ಯವಂ ಕೀಚಿತ್ತದ್ಗುರೋರೇವಮೇನು |

ಯದಿತ್ತಾಸೌಷ್ಠ್ಯವಂ ಕಿಂಚಿತ್ತನ್ತಮೈವ ಗುರೋರ್ನು ||

KAVIRAJ KAMAKSHI PRASAD SHARMA MAHASAYO.

୧ । ମୁଁ ଅପ୍ସୁଦେବ ଚିକିତ୍ସା ପ୍ରଣାଳୀ ଅନୁସାରେ ପ୍ରସ୍ତାବ କରୁ ଅଛି ।

୨ । (କ) ଅପ୍ସୁଦେବ ଶାସ୍ତ୍ର ଅନୁସାରେ ରୋଗମାନଙ୍କର ଉତ୍ପତ୍ତି କିମ୍ପା ହୁଏ, ତାହା ନିମ୍ନରେ ଜଣାଉଅଛି,

ପ୍ରଥମ କାରଣ :—ମିଥ୍ୟାହାର ବିହାର; ଅନିୟମିତ ଆହାର ବିହାର ବଶତଃ ଯଥା :—ଦକାନ୍ତିଆ କରବା ଦ୍ଵାରା ଆନସ ଆଦି ପ୍ରାୟ ଜନିତ ବାତ ଉଦ୍ୟାଦି ରୋଗ ଭିନ୍ନ ଭିନ୍ନ କାରଣଦ୍ଵାରା ଅରମ୍ଭ ହୋଇ ଥାଏ, ଏକ ଅପ୍ସୁଦେବ ଶାସ୍ତ୍ରରେ ଅନ୍ୟ ପ୍ରକାର କାରଣ ମାନଙ୍କ ଦ୍ଵାରା ମଧ୍ୟ ରୋଗ ଅରମ୍ଭ ହୋଇଥାଏ, କିମ୍ପା, “ପ୍ରସଙ୍ଗାତ୍ ଗାତ୍ର ସଂସ୍ପର୍ଶାତ୍ ନିଶ୍ଵାସାତ୍ ସହଲୋକନାତ୍; ଏକାଗ୍ରଯ୍ୟା ସନାତ୍ଵପି ବସ୍ତୁ ମାଲ୍ୟାନ୍ତୁ ଲେପନାତ୍, କୃଷ୍ଣଂ ତରଂ ତରୋସଂ ତ କେନ୍ଦ୍ରାଭିଷ୍ୟ ସିଏ ବତ୍ ଅପସର୍ଗିକ ରୋଗଂ ତସଂକାମନ୍ତନରୁରଂ”,—ଅର୍ଥାତ୍ ପରସ୍ପର କଥା ବାତ୍, ଦେହାକୁ ଦେହଲଗାଇବ ପରସ୍ପର ନିଶ୍ଵାସ ପ୍ରସ୍ଵାସ ଆଦାନ ପ୍ରଦାନଦ୍ଵାରା ଗୋଟିଏ ଶେଢ଼ରେ ହୁଇଜଣ ଏକାଠେ ନିଦ୍ରା କରବା, ଲୁଗାମାଳା ନେନ ଉଦ୍ୟାଦି ଜଣକର ବ୍ୟବହୃତ ଅନ୍ୟଜଣେ ବ୍ୟବହାର କରବା ଦ୍ଵାରା କୃଷ୍ଣ ଓ କୁଶଳରୋଗ ପ୍ରଭୃତି ଅରମ୍ଭ ହୋଇ ଥାଏ, ଅନ୍ୟ ଏକ ପ୍ରକାର ରୋଗ ଅନିର୍ଦ୍ଧାରଣ କାରଣ ବଶତଃ ଯଥା—ହୃତ ପ୍ରେତ ଓ ଅଭିଶାପ ଦ୍ଵାରା ଅରମ୍ଭ ହୋଇ ସ୍ଵପ୍ନ ଅପ୍ସୁଦେବ ଶାସ୍ତ୍ରରେ ଉଲ୍ଲେଖ ଅଛି, ଏହି ହୃତଦି ରୋଗଗୁଡ଼ିକ ଅଗନ୍ତୁକ ରୋଗମାନଙ୍କରେ ପରିଚିତ ଅଟେ । ଅତଏବ ଅପ୍ସୁଦେବ ଶାସ୍ତ୍ରରେ ରୋଗ ଅରମ୍ଭର ହୁଇ ଗୋଟିଏ ପଥ ନିର୍ଦ୍ଧାରଣ କରା ଯାଇ ଅଛି, ଯଥା-ଶାଶ୍ଵତ ଅଗନ୍ତୁକ କରବାକୁ ଗଲେ ଅପ୍ସୁଦେବ ଶାସ୍ତ୍ରରେ ଯେତେ ପ୍ରକାର ରୋଗ ଅରମ୍ଭ ହୁଏ ତାହାର ମୂଳ କାରଣ ମିଥ୍ୟା-ହାର ଉପରେ ଅପ୍ସୁଦେବ ଶାସ୍ତ୍ର ଅନୁସାରେ ରୋଗ ଉତ୍ପତ୍ତିର ଯେତେ ଗୋଟି କାରଣ ଦର୍ଶନାଲ ସେଥିରୁ କେତେକ ଅଂଶ ଅଧୁନିକ ବୈଜ୍ଞାନିକ ସମାଲୋଚନାର ମତ ସମର୍ଥନ କରି ନପାରେ ସ୍ଵତନ୍ତ୍ର ତାହା ନିମ୍ନରେ ଜଣାଉଅଛି । ଅତି କାଳ ବିଜ୍ଞାନ ଯୁଗରେ ପାଶ୍ଚାତ୍ୟ ଶାସ୍ତ୍ରଜ୍ଞେୟେ ତାଙ୍କୁ ମାନେ ରୋଗ ଅରମ୍ଭର କାରଣ ମିଥ୍ୟାହାର ବିହାର ଓ ଜୀବାଣୁ ଦ୍ଵାରା ମଧ୍ୟ ହୋଇ ଥାଏ ବୋଲି କହିଥାନ୍ତି ଏକ ଗୃହ ପରିଷ୍କାର ଶିଳ୍ପବାକୁ ହେବ, ଶୁଭ୍ରବସ୍ତ୍ର ଶୁଭ୍ର-ଶଯ୍ୟା, ଉପଯୁକ୍ତ ଅଧିତ ଉପକାଳ୍ପ ଖାଦ୍ୟ ଲୋକନ କରବାକୁ ହେବ, ଅର୍ଜ୍ୟର କୌଣସି ବ୍ୟବହୃତ ପଦାର୍ଥ ବ୍ୟବହାର କରବାକୁ ହେବ ନାହିଁ, ଉଦ୍ୟାଦି କଥା, ରୋଗ ନହେବା ପର୍ଯ୍ୟନ୍ତ ତାଙ୍କୁ ମାନେ ଅଧୁନିକ ବୈଜ୍ଞାନିକ ମତାନୁ-ଯାୟୀ କହିଥାନ୍ତି, କିନ୍ତୁ ଏକଥାର ଶତ ସହସ୍ର ବର୍ଷ ପୂର୍ବରୁ ପ୍ରାଚୀନ ଇଣ୍ଡିଆରେ ରୋଗ ନହେବା ପାଇଁ କାରଣ ସବୁ ଦେଖାଇ ଅଛନ୍ତି, ଏହି ବର୍ତ୍ତମାନ ଯୁଗର ବୈଜ୍ଞାନିକ ମାନେ ଯାହା ଦେଖାଇ ଅଛନ୍ତି ସେ ସବୁ କହି ଯାଇ ଅଛନ୍ତି ମାତ୍ର ଅଗନ୍ତୁକ ରୋଗ ଯଥା ହୃତାଦି ଦ୍ଵାରା ଅପ୍ସୁଦେବ ଶାସ୍ତ୍ରରେ ଯେଉଁ ରୋଗର ଉତ୍ପତ୍ତି କୁହାଯାଇ ଅଛି ତାହା ଅଧୁନିକ ବୈଜ୍ଞାନିକଙ୍କ ମତରେ ହୋଇନପାରେ କିନ୍ତୁ ଗଭୀର ଭାବରେ ଅଲୋଚନାକଲେ ଉପର ଲିଖିତ ହୃତାଦି କାରଣରୁ ଯେଉଁ ରୋଗ ଜାତ ହୁଏ ସେଥିରେ ବିଜ୍ଞାନର ଗୁରୁତ୍ଵ ସମ୍ପନ୍ନ ନହୁଏ ଯେ ନାହିଁ ଏକଥା ବୋଲିବାକୁ ହେବ ନାହିଁ । ସ୍ଫୁଟରେ ଓ ଗବେଷଣା ସହିତ ଅଲୋଚନା କରବାକୁ ଗଲେ ଏଥିରେ ବିଜ୍ଞାନର ଗୁରୁତ୍ଵ ସମ୍ପନ୍ନ ଅବଶ୍ୟ ନହୁଏ ଅଛି, ଅତଏବ ଅପ୍ସୁଦେବ ଶାସ୍ତ୍ର ଯାୟୀ ଯେପରି ରୋଗ ଗୁଡ଼ିକର ଅରମ୍ଭ ହୁଏ ତାହା ବୈଜ୍ଞାନିକ ମାନଙ୍କ ସଙ୍ଗରେ ସଂପୂର୍ଣ୍ଣ ଏକ ମତ ନହେଲେ ମଧ୍ୟ କେତେ ଦୂର ବିଜ୍ଞାନର ସାର୍ଥକତାକୁ ସମର୍ଥନ କରିପାରେ, ମାତ୍ର ଅଧୁନିକ ଗୁଡ଼ିକରେ ଯେଉଁ ଜୀବାଣୁ ଦ୍ଵାରା ରୋଗର ଅରମ୍ଭ ହୋଇଥାଏ ବୋଲି କହିଥାନ୍ତି ସେକଥା ଅପ୍ସୁଦେବ ଶାସ୍ତ୍ରର ଅଲୋଚନା ଓ ସଂସ୍କାର ଅଭାବରୁ ଜଣା ଯାଇ ନାହିଁ, ମାତ୍ର ଗଭୀର ଭାବରେ ଅଲୋଚନାକଲେ ଉପର ଲିଖିତ କାରଣ ଗୁଡ଼ିକ ଯେ ପ୍ରକାଶିତ ନହେବ ଏପରି କିଛି କଥା ନାହିଁ ।

୩ । (କ) ମୋର ପ୍ରତ୍ୟକ୍ଷ ଭାବରେ “ଧନ୍ୟନ୍ତରା ଔଷଧାଳୟ” ନାମରେ ଗୋଟିଏ ଅପ୍ସୁଦେବୀୟ ଅନୁଷ୍ଠାନ ଚଳୁ ଅଛି, ସେଥିରେ ଔଷଧ ପ୍ରସ୍ତୁତ କରଣ ଓ ରୋଗୀମାନଙ୍କ ମଧ୍ୟରେ ଔଷଧ ପ୍ରଦାନ ହୋଇଥାଏ ଏ ମୁଁ ଦେଶୀୟ (ଅପ୍ସୁଦେବୀୟ) ପ୍ରଣାଳୀ ଅନୁସାରେ ଔଷଧ ପ୍ରଦାନ କରୁଥାଏ ଔଷଧ ସମ୍ପାଦନା ବିଦ୍ୟା ପ୍ରଦାନ ସାମାନ୍ୟ ଭାବରେ ଜଣେ ଗୁରୁକୁ ଦେଉଥାଏ, ଶିକ୍ଷା ଅଧୁନିକ ଓ ପ୍ରାଚୀନ ସମନ୍ଵୟରେ ଦେଉଥାଏ ।

(ଖ) “ଔଷଧ ପ୍ରଦାନର ଯଥେଚ୍ଛତା” ଔଷଧସମ୍ପାଦନା ବିଦ୍ୟା ପ୍ରଦାନ କରବା ବିଷୟରେ କେନ୍ଦ୍ର ମାନଙ୍କର ଉପଯୁକ୍ତ ତା; ଉପରେକୁ ହୁଇଛି ବିଷୟ ନେଇ ମୋର ବକ୍ତବ୍ୟ ଜଣାଉଅଛି ଯେ ମାନୁଜ ପ୍ରଦେଶରେ ଉପରେକୁ ହୁଇଛି ବିଷୟର ଏକାନ୍ତ ଅଭାବ ଏକ ଯାହା ନଗଣ୍ୟ ଓ ସାମାନ୍ୟ ଭାବରେ ଅଛି ତାର କାର୍ଯ୍ୟ କଳାପ ସନ୍ତୋଷଜନକ ନୁହେ, ଅତଏବ ଭାବରେ ଅଭାବ ଦୂର କରବାକୁ ହେବ ନିମ୍ନରେ ତାହା ଜଣାଉ ଅଛି । ପ୍ରଥମେ ଉକ୍ତ ପ୍ରଦେଶର ପ୍ରଧାନ ଶାଳ୍ୟା କିମ୍ପା ସେହି ପ୍ରଦେଶର ପ୍ରତ୍ୟେକ ଜିଲ୍ଲାର ପ୍ରଧାନ ପ୍ରଧାନ ସହର ମାନଙ୍କରେ ଯଥାକ୍ରମେ ଅପ୍ସୁଦେବ କଲେଜ ଓ ଅପ୍ସୁଦେବ ବିଦ୍ୟାଳୟମାନଙ୍କର ଶିକ୍ଷାକୁ ହେବ ଏ ଏକ ତତ୍ତ୍ଵ ସଂଲଗ୍ନରେ ଦାତବ୍ୟ ଔଷଧାଳୟମାନଙ୍କର ଶୁଭମାନଙ୍କୁ କର୍ମାଭ୍ୟାସ ଅଥାତ୍ ରୋଗୀପରିଚାଳନା ସୁବିଧା କରାଯିବାକୁ ହେବ ଓ ରୋଗୀ-ମାନଙ୍କ ମଧ୍ୟରେ ବିନା ମୂଲ୍ୟରେ ଯତେଷ୍ଟ ଔଷଧ ବିତରଣ କରବା ଉଚିତ ଏହି ଭାବରେ କାର୍ଯ୍ୟ ଅରମ୍ଭକଲେ ଉପରେକୁ ଅପ୍ସୁଦେବର ହୁଇଛି ଅଭାବ ଦୂର ହେବ ।

(ଗ) ଏହି ମାନ ଯେଉଁ ବ୍ୟକ୍ତିଗତ ଓ ସଂପ୍ରଦାୟିକ ଭାବରେ ରୋଗୀ ମାନଙ୍କୁ ଦତ୍ତ ମୂଲ୍ୟରେ ଔଷଧ ଦିଆ ଯାଉ ଅଛି, ସେହି ଅନୁସାରେ ମାନଙ୍କରେ ରୋଗ ପ୍ରତୀକାରର ଉପଯୁକ୍ତ ଔଷଧ ନିର୍ଦ୍ଧାରଣ କରାଯାଏ । ତାର ଚାଲଣ ସରକାରଙ୍କର ଉପରେ ଚିକିତ୍ସା ଓ ଶିକ୍ଷା ପ୍ରତି ଏକାନ୍ତ ଅମଳଯୋଗିତା, ସୁତରାଂ ଉପରେ ଉପରେ ଔଷଧ ପ୍ରଦାନ କରିବା ପାଇଁ ରୋଗୀଙ୍କର ଚେତେ ସନ୍ତୋଷଜନକ ଫଳ ହୋଇ ନିର୍ଦ୍ଧାରିତ, ଅତଏବ ଏହାର ପ୍ରତୀକାରରେ ଉପକାୟ ଓ ଯଥେଷ୍ଟ ଔଷଧ ପ୍ରଦାନକରିବାକୁ ସେଇ ନିମ୍ନ ପ୍ରକାରେ କାର୍ଯ୍ୟରତ୍ନ କରିବା ଉଚିତ ବୋଲି ମୁଁ ମନେକରେ । ସରକାର ରୋଗୀ ମାନଙ୍କୁ ଯେଉଁ ଔଷଧ ପ୍ରଦାନ କରିବାକୁ ଇଚ୍ଛାକିଲେ, ପ୍ରଥମେ ସରକାର ଉପଯୁକ୍ତ ଦେବାୟ ଦୈନିକ ମାନଙ୍କୁ ନେଇ ସେହି ପ୍ରଦେଶର ପ୍ରଧାନ ଚିକିତ୍ସାକାରୀଙ୍କୁ କୋଷ୍ଠିଏ କମେଟି ଗଠନ କରିବାକୁ ହେବ, ସ୍ୱୀକାର୍ଯ୍ୟରେ ସେହି କମିଟିକର୍ତ୍ତୃକ ରୋଗ ପ୍ରତୀକାରର ଉପଯୁକ୍ତ ଗୁଣ ପ୍ରତି ଓ ଅନୁମୂଲ୍ୟରେ ପ୍ରସ୍ତୁତ କେତେକ ଔଷଧ ନିର୍ଦ୍ଧାରଣ କରିବାକୁ ହେବ । ତାପରେ ସେହି ଗଠନକାରୀଙ୍କୁ ଗୋଷ୍ଠିଏ ଗଠିତାଳୀ ଔଷଧ-ପ୍ରସ୍ତୁତାଗାର ପ୍ରାପକର ଯେଉଁ ଦୈନିକମାନେ ଔଷଧ ପ୍ରସ୍ତୁତ କରିବାରେ ସମର୍ଥ ଓ ଉପଯୁକ୍ତ ସେମାନଙ୍କୁ ନେଇ ଗାୟାତ୍ୱ ଗ୍ରହଣରେ ଉପରେ ଉପରେ କମିଟି କର୍ତ୍ତୃକ ଯେଉଁ ଔଷଧାବଳୀ ନିର୍ଦ୍ଧାରଣ କରା ଯାଉ ଅଛି, ତାହା କାର୍ଯ୍ୟରେ ପରିଣତ କରି ଯଥା ପ୍ରକାରେ ସେହି ପ୍ରଦେଶର ହାସ୍ତପ୍ରତି ଓ ଔଷଧାଳୟ ମାନଙ୍କରେ ଔଷଧ ପ୍ରଦାନ କରି ରୋଗୀ ମାନଙ୍କୁ ଅପୂର୍ବ ଚିକିତ୍ସାର ଗୁରୁତ୍ୱ ଅନୁଭବ କରିବା ଉଦ୍ୟମ, ବିଦ୍ୟା ପ୍ରଦାନ ସମ୍ବନ୍ଧରେ ମଧ୍ୟ ସେହି ପ୍ରଦେଶର ପ୍ରତ୍ୟେକ ଜଣା ପ୍ରଧାନ ପ୍ରଧାନ ସହର ଓ ଗଠନକାରୀଙ୍କୁ କଲେଜ ଓ ବିଦ୍ୟାଳୟ ମାନସ୍ଥାପନ କରି ଲୋକମାନଙ୍କ ମଧ୍ୟରେ ଅପୂର୍ବ ଶିକ୍ଷାର ପ୍ରସାର କରିବା ଉଦ୍ୟମ ।



୪ । (୧) (କ) ପ୍ରଥମ ଶ୍ରେଣୀର ସାମର୍ଥ୍ୟ ସ୍ୱାସ୍ଥ୍ୟ ପୁଣି ବହୁ ଦଳରୁ ଚିକିତ୍ସା ଅବା ବିଦ୍ୟା ପ୍ରଦାନ କରିବା ଶିକ୍ଷକମାନଙ୍କର ପ୍ରତ୍ୟକ୍ଷ ତତ୍ପରାଧାନରେ ଛାତ୍ରମାନଙ୍କୁ ଅବଶ୍ୟ ରଖିବାକୁ ହେବ । କାରଣ ସେମାନଙ୍କର ତତ୍ପରାଧାନ ଓ ସଂସ୍କରଣରେ ଛାତ୍ରମାନଙ୍କର ନୈତିକ ଉନ୍ନତି ହେବ ଓ ତତ୍ପରାଧାନଦୋଷ ଦୂର ହେବ ଏବଂ ଛାତ୍ରମାନେ ଶିକ୍ଷକ ମାନଙ୍କ ସହିତ ମିଳି ମିଶି ରହିବାପାଇଁ ସେମାନେ ସବଦା ଅପୂର୍ବ ଚିକିତ୍ସା ଓ ଭାଗ୍ୟ ଅପୂର୍ବ ଚିକିତ୍ସାର ସଂସ୍କାର କପରି କରାଯାଇ ଉନ୍ନତ କରାଯାଇ ପାରିବ ସେ ବିଷୟରେ ଶିକ୍ଷକମାନଙ୍କ ସହିତ ଆଲୋଚନା କରିପାରିବେ । ଏବଂ ଶିକ୍ଷକମାନଙ୍କର ସଂସ୍କରଣରେ ଜଣେ ଜଣେ ଉପଯୁକ୍ତ ଚିକିତ୍ସକ ହୋଇପାରିବେ । ଅତଏବ ଶିକ୍ଷକ ମାନଙ୍କ ତତ୍ପରାଧାନରେ ଛାତ୍ରମାନଙ୍କୁ ରଖିବା ଏକାନ୍ତ ବାଞ୍ଛନୀୟ ।

(୨) ଉପଯୁକ୍ତ ରୂପେ ନିମ୍ନ କରାଯାଇଥିବା ହାସପିତାଲମାନ, ଔଷଧ ପ୍ରସ୍ତୁତାଗାରମାନ, ପୁସ୍ତକା ଗାରମାନ ପ୍ରଦାନମାନ ଏ ସମସ୍ତମାନଙ୍କରେ ଛାତ୍ରମାନେ ଓ ଶିକ୍ଷକମାନେ ପ୍ରବେଶ କରିବା ଏକାନ୍ତ ଅବଶ୍ୟକ, କାରଣ ହାସପିତାଲରେ ଶିକ୍ଷକ ଓ ଛାତ୍ର ପ୍ରବେଶ କରିବାପାଇଁ ଶିକ୍ଷକମାନଙ୍କର ସଂସ୍କରଣରେ ଛାତ୍ରମାନେ ବିଶିଷ୍ଟ ରୋଗୀ ସହିତ ଓ ରୋଗସଂସ୍ଥାର ସୁଶିକ୍ଷା ଲାଭ କରିପାରିବେ, ଏହି ଶିକ୍ଷକମାନଙ୍କର ସଂସ୍କରଣରେ ରହିଲେ ଦଳେ ସୁଚିକିତ୍ସକ ହୋଇପାରିବେ, ଏବଂ ରୋଗୀସଂସ୍ଥାରେ ପାରଙ୍ଗମତା ଲାଭ କରିପାରିବେ, ଅତଏବ ରୋଗୀ ନିଦାନ କରି ସୁନ୍ଦରଭାବରେ ଔଷଧ ବ୍ୟବସ୍ଥା ମଧ୍ୟ କରିପାରିବେ, ଅତଏବ ହାସପିତାଲମାନଙ୍କରେ ଶିକ୍ଷକ ଓ ଛାତ୍ରମାନଙ୍କର ପ୍ରବେଶ ନିତାନ୍ତ ଅବଶ୍ୟକ ତାପରେ ଔଷଧ-ପ୍ରସ୍ତୁତା-ଗାରରେ ମଧ୍ୟ ଛାତ୍ର ଓ ଶିକ୍ଷକଙ୍କର ପ୍ରବେଶ ଅବଶ୍ୟକ ଅଟେ । କାରଣ ଶିକ୍ଷକମାନଙ୍କର ସଂସ୍କରଣରେ ଛାତ୍ରମାନେ ଔଷଧ ପ୍ରସ୍ତୁତାଗାରରେ ପ୍ରବେଶ କରି ଚୈଲ, ଘୃତ, ମୋଦକ, ଅରଣ୍ଡ ଅସବ ଉଦ୍ୟମର ପ୍ରସ୍ତୁତକରଣ ଓ ବହୁ ବିଧି ଭିନ୍ନମାନଙ୍କର ଉତ୍ପାଦନ ଶିକ୍ଷା ଏବଂ ନାନାପ୍ରକାର କଳ୍ପସାଧନ ଔଷଧ ପ୍ରସ୍ତୁତ କରିବାରେ ସମର୍ଥ ହୋଇ ପାରିବେ । ଏହି ଯୋଗ୍ୟ ଔଷଧ ପ୍ରସ୍ତୁତାଗାରରେ ଉତ୍ପାଦକର ପ୍ରବେଶ ଅବଶ୍ୟକ ଅଟେ । ତାପରେ ପୁସ୍ତକାଗାରର କଥା—ଛାତ୍ର ଓ ଶିକ୍ଷକ ପ୍ରବେଶ କରିବାପାଇଁ ନାନାପ୍ରକାର ଅପୂର୍ବ ଚିକିତ୍ସା ଶୁକ୍ଳର ଆଲୋଚନା ଓ ଦବ୍ୟଜ୍ଞାନ ଲାଭ ହୋଇଥାଏ, ଏହି ଯୋଗ୍ୟ ପୁସ୍ତକାଗାରରେ ମଧ୍ୟ ଉତ୍ପାଦକର ପ୍ରବେଶ ଅବଶ୍ୟକ ଅଟେ ; ତାପରେ ପ୍ରଦର୍ଶନୀର କଥା— ପ୍ରଦର୍ଶନୀରେ ପ୍ରବେଶ କରିବାପାଇଁ ଶିକ୍ଷକମାନଙ୍କର ସଂସ୍କରଣରେ ଛାତ୍ରମାନେ ପ୍ରତ୍ୟେକ ଅପୂର୍ବଦ୍ରାବ୍ୟ ପଦାର୍ଥ ଓ ବନୌଷଧୀର ସରତ୍ତ୍ୱ ଯାଇ ପାରିବେ, (ଯଥା ଚେର, ମୂଳ, ଫଳ ଉଦ୍ୟମର) ଏହି ଯୋଗ୍ୟ ଉପରେ ବିଷୟମାନଙ୍କରେ ଛାତ୍ର ଓ ଶିକ୍ଷକଙ୍କ ସମ୍ବନ୍ଧ ରହିବା ବାଞ୍ଛନୀୟ ।

(୩) ଶିକ୍ଷକମାନଙ୍କୁ ସେମାନଙ୍କର ନିଜ ନିଜ ବିଷୟମାନଙ୍କରେ ସ୍ୱତନ୍ତ୍ରରୂପେ ଅନୁସନ୍ଧାନ କରିବାକୁ ସେମାନଙ୍କୁ ସମୟ ଦେବା ଏକାନ୍ତ ଅବଶ୍ୟକ, କାରଣ ସେମାନଙ୍କୁ ସମୟ ଦେବାପାଇଁ, ସେମାନେ ଉପଯୁକ୍ତ ସମୟ ପାଇ, ଅପୂର୍ବଦର ନୂତନ ଆଲୋଚନା ନୂତନ ଓ ବିଜ୍ଞାନ ସମ୍ବନ୍ଧିତ ବିଷୟମାନଙ୍କର ଅବତାରଣା ଏବଂ ଅପୂର୍ବଦର ବିଷୟ ସଂସ୍କାର କରାଯାଇ ଅଧୁନିକ ପାଣ୍ଡିତ୍ୟ ଚିକିତ୍ସାର ସହଯୋଗିତା ଓ ଅପୂର୍ବଦର କୌଶଳ ବିଷୟରେ ଅଭବ ଅଛି ଉଦ୍ୟମ ବିଷୟରେ ଆଲୋଚନା ଓ ଅନୁସନ୍ଧାନ କରିପାରିବେ, ଏହି ଯୋଗ୍ୟ ସେମାନଙ୍କୁ

ଅଲୋଚନା କରିବାକୁ ସମୟ ଦେବାକୁ ହେବ । ଉପରେକ୍ତ ଭବ ଗ୍ରହଣକରି ମୁଁ କହୁଅଛି ଯେ ବର୍ତ୍ତମାନ ଯେଉଁ ଯେଉଁ ଦେଶୀୟ ପ୍ରଶାଳାରେ ଔଷଧ ଶିକ୍ଷା ଦିଆ ଯାଉ ଅଛି ସେସବୁ ସ୍ଥାନରେ ଉକ୍ତ ଅବଶ୍ୟ ପ୍ରାପ୍ତ ହୋଇପାରିବ ନାହିଁ ।

(ଗ) (୧) “ ପରସ୍ପରରେ ଉକ୍ତ ଅଧ୍ୟକ୍ଷ ଉପଲବ୍ଧ ହେବା ବିଷୟରେ ”

(୨) “ ଅଭିଯୋଗ ସେହି ଭବ କାର୍ଯ୍ୟରେ ପରସ୍ପରକରିବା ବିଷୟରେ ”—ଉପରେକ୍ତ ଦୁଇଟି ଭବର ମୁଁ ଶେଷ ଭାବେ ଗ୍ରହଣ କରୁଅଛି, କାରଣ ଏହି ଅପୂର୍ବଦ ଚିକିତ୍ସା ଓ ଶିକ୍ଷାର ଗଣ ପ୍ରକାର ଭବରେ ସ୍ୱୀକୃତି ଦେବା ବାହ୍ୟାତ୍ମକ ବୋଲି ମୁଁ ମନେ କରେ ।

* । ବେଙ୍ଗଲ ଶିକ୍ଷା ବିଭାଗର କମିସନର ସାହେବ ଯେଉଁ ଉକ୍ତି କହି ଅଛନ୍ତି ଅବଶ୍ୟ ସେ କଥାର ସାରର ଗ୍ରହଣ କରିବାକୁ ହେବ, କାରଣ ଅଳ୍ପକାଳ ଅନେକ ଅଧୁନିକ ଧରଣର ଅପୂର୍ବଦାୟ ବୈଦ୍ୟ ପାଣ୍ଡାତ୍ୟ ଧରଣର ଚିକିତ୍ସା ସହିତ ସମ୍ପର୍କ ରଖିବାର ଉଚ୍ଚ ରଖିଥାନ୍ତି, ଏବଂ ସେହି ଚିକିତ୍ସାମାନଙ୍କର ଦୈନନ୍ଦିନ ଯେପରି ସଂସ୍କାର କରାଯାଉଅଛି ସେହିପରି ଏହି ଅପୂର୍ବଦ ଚିକିତ୍ସାର ସଂସ୍କାର କରିବାକୁ ହେବ । ପାଣ୍ଡାତ୍ୟ ଏଲେପାସ୍ତକ ଚିକିତ୍ସାର ନିରନ୍ତର ପରିବର୍ତ୍ତନ ଓ ସଂସ୍କାର ଯୋଗୁଁ ଅଳ୍ପ ଯାଏ କୌଣସି ମତ ଠିକ୍ ହୋଇନାହିଁ । ଯେପରି ଦେଖୁ ଏବର୍ଷ ଗୋଟିଏ ଔଷଧ ଏଲେପାସ୍ତକ ଚିକିତ୍ସା ମତରେ ଅବିଶ୍ୱାସକଲେ ତଦ୍ୱାରା ରୋଗର ଉପକାର ହେଲା କିନ୍ତୁ ଦେଖନ୍ତୁ ଅଗାମୀବର୍ଷ ସେହି ଔଷଧ ଚେତେ ଉପକାର ନ ହେଲା ତାହା ହେଲେ “ ଗୁଣ୍ଡିଏ ପାର୍ଶ୍ୱ କୋପିଅ ”ରୁ ତାହା ବଦଳାଇଅଛି, ଏପରି ଅବସ୍ଥାରେ ଏଲେପାସ୍ତକ ଚିକିତ୍ସାର କୌଣସି ମତ ଅଳ୍ପଯାଏ ବିଚାରର ଶେଷ ସୀମାରେ ଉପସ୍ଥିତ ହୋଇପାରି ନାହିଁ । କିନ୍ତୁ ଦେଖିବାକୁ ଗଲେ ଅପୂର୍ବଦ ଯେପରି ଅବସ୍ଥାରେ ପଡ଼ିରହି ଅଛି ତାହାର ସଂସ୍କାର ହେବାକୁରେ ଥାଇ ଅଲୋଚନା ମଧ୍ୟ ହେଉନାହିଁ । ଏହି ଯୋଗୁଁ ନୂତନ ତଥ୍ୟ ଅବିଶ୍ୱାସ କରିବା ଅପୂର୍ବଦ ଚିକିତ୍ସା ଜଗତରୁ ଏକଦା ଲୋପ ପାଇ ଅଛି । ଏପରି କେତେକ ସ୍ଥାନରେ ଦେଖାଯାଉଅଛି ବାସା ଯାହା କହିପାରିଅଛି, ଯେଉଁ ଅନୁପମ ଯେଉଁ ଔଷଧ, ଯେଉଁ ରୋଗରେ ଦେବାକୁ କହିଯାଉଅଛି ତାହାର ଦତ୍ତ ପୁରୁଷ ପର୍ଯ୍ୟନ୍ତ ଚିକିତ୍ସା ବ୍ୟବସାୟ କରି ମଧ୍ୟ ସେହି ପ୍ରକାର ରୋଗରେ ସେହି ଔଷଧ ସେହି ଅନୁପମରେ ଦିଆଯାଉ ଅଛି ଏହିପରି ଅନୁପମର ବ୍ୟବହାର ଦେଖାଯାଉଅଛି । ଏପରି କେତେକ ଔଷଧ ମଧ୍ୟ ଅଳ୍ପ ପ୍ରାଣାୟୁର ଜଣାଯାଉଅଛି ଯେ ଅଳ୍ପକାଳର ଧୂଳିରେ ସେହି ଔଷଧ ଗୁଣ୍ଡିକର ଗୁଣ ଏକଦା ଲୋପ ପାଇଅଛି, ଏବଂ ଯେଉଁ ଗୁଣ ଶାସ୍ତ୍ରରେ ଲେଖା ହୋଇଅଛି ତାହାର ଅଧିକ ସୂକ୍ଷ୍ମ ଗୁଣ କରୁନାହିଁ ଏହାର କାରଣ କଣ ? ଯୋଗୋକ୍ତ ସେହି ପଦାର୍ଥ ଗୁଣ୍ଡିକ ଏହି ଧୂଳିରେ ସେହି ରୋଗର ଉପକାର ହେଉନାହିଁ, ଅତିଏବ ଗୁଣପ୍ରଦ ହେଉ ନାହିଁ । କେତେକ ଔଷଧ ମଧ୍ୟ ଉପକାର କରିବା ପରିବର୍ତ୍ତେ ଅପକାର କରୁଅଛି, କାରଣ ସେହି ପୋଗଟି ସେହି ରୋଗର ଉପଯୁକ୍ତ ନୁହେଁ । ଅତିଏବ ତାହାର ସଂସ୍କାର କରି ଅନୁପମକୁ ଔଷଧାବଳୀ ଓ ଅନବିଶ୍ୱାସ ଦୂର କରିବାକୁ ଗଲେ ଅପୂର୍ବଦ ବିଶ୍ୱାସୀତ୍ୟ ଧରଣର ବୈଜ୍ଞାନିକମାନଙ୍କୁ ନେଇ ଗୋଟିଏ ଅଲୋଚନା କମିଟି ଗଠନ କରିବାକୁ ହେବା ସେହି କମିଟିକୁ ଖୋଟି ପକ୍ଷରୁ ଉପଯୁକ୍ତ ରୂପେ ସାହାଯ୍ୟ ଦେବାକୁ ହେବ ଏବଂ ସେହି କମିଟି ଅପୂର୍ବଦ ଔଷଧାବଳୀରେ ଯାହା ଅନୁପମକୁ ବୋଲି ଭବିଷ୍ୟେ ଓ ଦେଖାଇବେ ସେହିପରି ଭାବ ଉପରେ ନ୍ୟସ୍ତ କରିବାକୁ ହେବ ଏବଂ ସେହି କମିଟି ସହଯା କାପୁମନୋବାକ୍ୟରେ ଅପୂର୍ବଦର ଉଦ୍ଧୃତ ପାଇଁ ଚେଷ୍ଟା କରିବେ, ଏବଂ ପ୍ରତ୍ୟେକ ଔଷଧର ଅସାରତା ଓ ଫଳକଥା ଜନ ସମାଜରେ ପ୍ରକାଶ ପୂର୍ବକ ଉପକାର କରିବେ । ଏହି ପ୍ରକାରେ ଏହାର କାର୍ଯ୍ୟକ୍ରମ କଲେ ଅବଶ୍ୟ ପାଣ୍ଡାତ୍ୟ ଚିକିତ୍ସାର ସହଯୋଗିତା ଲାଭ କରି ଉନ୍ନତ ପଥରେ ଅଗ୍ରସର ହୋଇପାରିବ । ଏହି ଯୋଗୁଁ ଏହି ପ୍ରସ୍ତାବଟି ଅଗତ କରି କରକତାର କମିସନରଙ୍କର ଉକ୍ତ ସାର୍ଥକତା ଗ୍ରହଣ କରୁଅଛି ।

୨ । ଅଧୁନିକ ପଦାର୍ଥ ବିଦ୍ୟା, ରାସାୟନିକ ବିଦ୍ୟା, ଜୀବତତ୍ତ୍ୱ ବିଦ୍ୟା, ଶରୀର ବ୍ୟବହୃତ ବିଦ୍ୟା, ଶରୀର ବିଜ୍ଞାନ, ନିଦାନତତ୍ତ୍ୱ, ରୋଗ ବାଜାଣରୁ ସାଧାରଣ ତତ୍ତ୍ୱବିଦ୍ୟା ଅପ୍ତ ଚିକିତ୍ସା, ଏହି ପ୍ରକାର ଅଧୁନିକ ଧରଣର ବୈଜ୍ଞାନିକ ମାନଙ୍କର ପ୍ରଦତ୍ତ ତ ଅଧୁନିକ ବୈଜ୍ଞାନିକ ନିୟମମାନ ଦେଶୀୟ ବିଦ୍ୟାରେ; ଅବଶ୍ୟ ପଡ଼ାଇବାକୁ ହେବ; କାରଣ ପୂର୍ବ ଅପୂର୍ବଦର ଅଲୋଚନା କଲେ ଜଣା ଯାଏ ଯେ ଉପରୋକ୍ତ ଯେତେ ଗୋଟି ଚିକିତ୍ସାର ଅଙ୍ଗ ବର୍ଣ୍ଣନା କରାଗଲା ସେ ଗୁଣ୍ଡିକ ପ୍ରାଚୀନ ଅପୂର୍ବଦରେ ଅପରିଚିତ ନୁହେଁ ।

୩ । ଉପରେକ୍ତ ବିଷୟ ଗୁଣ୍ଡିକୁ ସମର୍ଥନକରି ମୁଁ କହୁ ଅଛି ଯେ କେବଳ ଅଧୁନିକ ଗୁଣ୍ଡିରେ ଶିକ୍ଷା ନ ଦେଇ ଅପୂର୍ବଦର ଉପାଦାନ ସମ୍ପ୍ରାଣ ଯଥା :—ଗଲ୍ୟତତ୍ତ୍ୱ, ଶାରୀରକତତ୍ତ୍ୱ, ଦୂର ବିଦ୍ୟାତତ୍ତ୍ୱ ଉପାଦାନ ତତ୍ତ୍ୱ, ବାଜା କରଣ ତତ୍ତ୍ୱ କୌମାରତତ୍ତ୍ୱ ତତ୍ତ୍ୱ, ଅବଦତତ୍ତ୍ୱ, ମଧ୍ୟପଡ଼ାଇବାକୁ ହେବ । କେବଳ ଅଧୁନିକ ଗୁଣ୍ଡିରେ ପଢ଼ାଦ୍ୱାରା ଗୁଣ୍ଡି ମାନଙ୍କର ଯେ ଅପୂର୍ବଦର ପ୍ରାଚୀନ ଗୌରବ ଓ ଅପୂର୍ବଦର ଗଲ୍ୟ ଶାରୀରକତତ୍ତ୍ୱ ଗୁଣ୍ଡିକୁ ଅନୁଭବ ପାଇବେ ନାହିଁ, ଏବଂ ଅପୂର୍ବଦର ପ୍ରାଚୀନ ବିଷୟ ସବୁ ମଧ୍ୟ ଭୁଲିଯାଇ ପାରିବେ, ଅତିଏବ ଉତ୍ତମ ବିଧି ଅର୍ଥାତ୍ ପ୍ରାଚୀନ ଅପୂର୍ବଦ ଓ ଅଧୁନିକ ବିଜ୍ଞାନର ସମନ୍ୱୟରେ ଶିକ୍ଷା ଦେବା ଏକାନ୍ତ ଅବଶ୍ୟକ ଏହି ଯୋଗୁଁ ମୁଁ ପ୍ରସ୍ତାବ କରୁ ଅଛି ଯେ ଉତ୍ତମ ବିଧି ଗ୍ରହଣ ଅଲୋଚନାର ସମନ୍ୱୟରେ ଶିକ୍ଷା ଦେବା ଅବଶ୍ୟକ ।

(କ) ଏଲେପାସକ ଶିକ୍ଷା ପ୍ରଣାଳୀ ଅନୁସାରେ L.M.P., M.B. ; ପରୀକ୍ଷାପତ୍ରରେ କମାନ୍ସ୍‌ରେ ଶ୍ରେଣୀମାନଙ୍କୁ ବ୍ୟତୀତ ଅନ୍ୟ ସେପରି ଉପାଧିମାନ ଯଥା; ବୈଦ୍ୟଶାସ୍ତ୍ର, ଅପ୍ପୋସିଟ୍ ଶାସ୍ତ୍ର, ଅପ୍ପୋସିଟ୍ ଅପ୍ପୋସିଟ୍ ଉପାଧିମାନ ଶ୍ରେଣୀ ମାନଙ୍କୁ କମାନ୍ସ୍‌ରେ ଦେବା ଅବଶ୍ୟକ ଅଟେ, କାରଣ ଶ୍ରେଣୀମାନେ କମାନ୍ସ୍‌ରେ ଉଚ୍ଚ ଉପାଧିମାନ ଲାଭ କଲେ ସେମାନଙ୍କର ଉପାଧି ଅଧିକ ଭାବରେ ଅପ୍ପୋସିଟ୍‌ଶିକ୍ଷା ପ୍ରତି ଟାଣି ହେବ ଏବଂ ସେମାନେ ଅପ୍ପୋସିଟ୍ କେତେ ଦୂର ପ୍ରବେଶକରି ଅଛନ୍ତି, ଏକ ଠିକ୍‌ଗ୍ରା ବ୍ୟାପାରେ କାହାର କେତେ ଦୂର ଶାନ୍ତ ଅଛି ଉପାଧି କଥା ଉଚ୍ଚ ଉପାଧିମାନ ଦେବା ଦ୍ଵାରା ଜଣାଯିବ, ଏକ ଶ୍ରେଣୀମାନେ ମଧ୍ୟ ଉଚ୍ଚ ଉପାଧିମାନ ଲାଭ କରି ନିଜକୁ ଗୌରବ ଦାନ କରନ୍ତେ କିନ୍ତୁ ଓ ସେମାନଙ୍କର ଉପାଧି ମଧ୍ୟ ବଦଳିବ ଏବଂ କମାନ୍ସ୍‌ରେ ଅଧିକ ଶ୍ରେଣୀ ଅନୁସାରେ ଉପାଧି ଦେବା ଉଚିତ ମନେ କରନ୍ତେ ।

(ଖ) ଶ୍ରେଣୀମାନେ ଅପ୍ପୋସିଟ୍ ଶିକ୍ଷା ଲାଭ କରିବା ପୂର୍ବରୁ ସେମାନେ ସଂସ୍କୃତ ଭାଷାରେ ଉପାଧିମାନ ଲାଭ କରିପାରିବେ ଏକାନ୍ତ ଅବଶ୍ୟକ ଏବଂ ସେପରିଶ୍ରେଣୀମାନେ ଅପ୍ପୋସିଟ୍ ଶିକ୍ଷା ଲାଭ ପୂର୍ବରୁ ସଂସ୍କୃତ ଭାଷାରେ କଥା ବାଞ୍ଛା କରିପାରୁଥିବେ ଏବଂ ସେହି ଭାଷା, ଭାଷାରେ ପୂର୍ଣ୍ଣ ପାଠ୍ୟପୁସ୍ତକ ଏହିପରି ସଂସ୍କୃତ ଭାଷା ଉଚ୍ଚ ମାନଙ୍କୁ ଅପ୍ପୋସିଟ୍ ଶିକ୍ଷା ଦେବା ପାଇଁ ଉଚିତ କରିବା ଅବଶ୍ୟକ ବୋଲି ମୁଁ ମନେ କରନ୍ତେ ।

(ଗ) ମାନ୍ୟ ଶ୍ରେଣୀମାନେ ଅପ୍ପୋସିଟ୍ ଶିକ୍ଷା କେବଳ ସଂସ୍କୃତ ଭାଷାରେ ପଢ଼ାଇବା ଉଚିତ, କାରଣ ଏହି ପ୍ରଦେଶ ବିଭିନ୍ନ ଭାଷା ଓ ବିଭିନ୍ନ ଜାତି ଲୋକଙ୍କ ଦ୍ଵାରା ପଢ଼ାଯାଉଅଛି । ଅତଏବ କୌଣସି ସାଂପ୍ରଦାୟିକଭାଷାରେ ନପଢ଼ାଇ କେବଳ ଉଚ୍ଚ ଶିକ୍ଷା ସଂସ୍କୃତ ଭାଷାରେ ପଢ଼ାଇବା ଦ୍ଵାରା ପ୍ରତ୍ୟେକ ଭାଷାରେ ସୁବିଧା ହେବ, ଏବଂ ଭାରତର ଅନ୍ୟାନ୍ୟ ସ୍ଥାନରୁ ଶ୍ରେଣୀମାନେ ଶିକ୍ଷାଲାଭ କରିବାରେ ସୁବିଧା ଲାଭ କରିପାରିବେ ଏହି ଯୋଗୁଁ ମୁଁ ପ୍ରସ୍ତାବ କରୁଅଛି ଯେ ଅପ୍ପୋସିଟ୍ ଶିକ୍ଷା କେବଳ ସଂସ୍କୃତ ଭାଷାରେ ପଢ଼ାଇବା ଉଚିତ ଓ ଅବଶ୍ୟକ ଅଟେ ।

ମୁଁ ନିମ୍ନ ପ୍ରକାରେ ଶ୍ରେଣୀ ମାନଙ୍କୁ ଶିକ୍ଷା ଦେବା ପାଇଁ ପ୍ରସ୍ତାବ କରୁଅଛି ।

(୧) ପ୍ରଥମ ବର୍ଷ:—

ପୁସ୍ତକ ।

- (୧) ଶାସ୍ତ୍ରର ବିଦ୍ୟାର ଅସ୍ତି ପରିଚୟ ।
- (୨) ମାଧବ ନିଦାନ ।
- (୩) ଶାରଙ୍ଗଧର ସଂଗ୍ରହ (ମଧ୍ୟମଖଣ୍ଡ) ।
- (୪) ସ୍ଵାସ୍ଥ୍ୟ ବିଜ୍ଞାନ ।
- (୫) ହରିଦକ୍ୟାଦି ନିର୍ଦ୍ଦେଶ ।
- (୬) ରସେନ୍ଦ୍ର ସାରସଂଗ୍ରହ (ପ୍ରଥମଖଣ୍ଡ) ।

(୨) ଦ୍ଵିତୀୟ ବର୍ଷ:—

- (୧) ପ୍ରତ୍ୟକ୍ଷ ଶାସ୍ତ୍ର (ଅର୍ଦ୍ଧଭାଗ) ।
- (୨) ବାଗ ଭଟ୍ଟ (ନିଦାନ ଅଂଶ) ।
- (୩) ସୁଶୂତ୍ର (ଶାଲକ୍ୟ ଚର୍ଚ୍ଚ) ।
- (୪) ବିରଜାଚରଣ କୃତ ବନୌଷଧି ଦର୍ପଣ ।
- (୫) ମଧୁ କୋଷ (ନିଦାନ ସହିତ) ।
- (୬) ରସେନ୍ଦ୍ର ସାର ସଂଗ୍ରହ (ସମ୍ପୂର୍ଣ୍ଣ) ।
- (୭) ସାରଙ୍ଗଧରର ଅନ୍ୟ ଦୁଇଭାଗ ।

(୩) ତୃତୀୟ ବର୍ଷ ।

- (୧) ଚରକର ନିଦାନ ଓ ଠିକ୍‌ଗ୍ରା ।
- (୨) ପ୍ରତ୍ୟକ୍ଷ ଶାସ୍ତ୍ର (ସଂପୂର୍ଣ୍ଣ) ।
- (୩) ସୁଶୂତ୍ର (ଶାସ୍ତ୍ର ଅଂଶ) ।
- (୪) ସୁଶୂତ୍ରର ଶାଲକ୍ୟଚର୍ଚ୍ଚ, ଅଗଦଚର୍ଚ୍ଚ ।
- (୫) ବାଗ ଭଟ୍ଟର ସ୍ଵାସ୍ଥ୍ୟ ବିଜ୍ଞାନ ।

(୪) ଚତୁର୍ଥ ବର୍ଷ—

- (୧) ଚରଣ—ସମ୍ପୂର୍ଣ୍ଣ ।
- (୨) ସୁଶ୍ରୁତି— ”
- (୩) ବାଗଚର୍ଚ୍ଚ— ”
- (୪) ଭବ ପ୍ରକାଶ (ତିକିୟା ଅଙ୍ଗ—ସମ୍ପୂର୍ଣ୍ଣ)
- (୫) ଉପେନ୍ଦ୍ର-ତିନ୍ତାମଣୀ— ସମ୍ପୂର୍ଣ୍ଣ

ଅନ୍ୟ ପ୍ରକାର ଅଧିକ ତିକିୟାଗ୍ରନ୍ଥ ମଧ୍ୟ ପଢ଼ାଇବାକୁ ହେବ ।

୮ । ଏଲୋପାଥିକ ତିକିୟାର ଖର୍ଚ୍ଚ ଅପେକ୍ଷା ଅପୂର୍ବେତ ତିକିୟାର ଖର୍ଚ୍ଚ ଅନେକ ପରିମାଣରେ କମ୍ ଅଟେ । ଏଲୋପାଥିକ୍ ଔଷଧବିଭାଗ ଓ ତିକିୟା ବିଭାଗ ଛାଡ଼ିଦେଲେ ଅନ୍ୟ ବିଭାଗରେ ସବୁ ବିଲୀୟତା ଓ ବ୍ୟୟ ବାହୁଲ୍ୟ ଦେଖାଯାଇ ଥାଏ, କେତେ ଗୁଣ୍ଡିଏ ଅନାବଶ୍ୟକ ଉପକରଣ ମଧ୍ୟ ଏଲୋପାଥିକ୍ ତିକିୟାରେ ବ୍ୟବହୃତ ହୋଇଥାଏ । ସୁତରାଂ ଅପୂର୍ବେତ ତିକିୟାରେ ବ୍ୟୟର ଅନୁଭା ଓ ଅଭମୂଲ୍ୟ ଅନାବଶ୍ୟକତା ଦେଖା ଯାଇ ଥାଏ । ମୋର ସମ୍ପୂର୍ଣ୍ଣ ବିଶ୍ୱାସ ଏଲୋପାଥିକ୍ ତିକିୟା ଅପେକ୍ଷା ଅପୂର୍ବେତ ତିକିୟାର ଖର୍ଚ୍ଚ ଅନେକ ପରିମାଣରେ କମ୍ ଅଟେ ।

୯ । ଦେଶୀୟ ପ୍ରଣାଳୀର ତିକିୟା ଉଶାହୋଇ ଯାଇଥିବାର କାରଣ ବଅଣ ସେ ସମ୍ବଳରେ ମୋର ବହୁବ୍ୟାପୀ ଜଗାଇଅଛି ।

ପ୍ରଧାନ କଥା ହେଉଛି, ଅପୂର୍ବେତ ତିକିୟା ଏବଂ ଅପୂର୍ବେତ ନିକ୍ଷା ସମ୍ବଳରେ ଗର୍ଭସ୍ତମେଣ୍ଟକର ଏକ ବାର ଅମନଯୋଗିତା ; ଦ୍ୱିତୀୟତଃ କଲ୍ମ ବୋର୍ଡ଼ କମ୍ପା ଡାଲୁକା ବୋର୍ଡ଼ କୌଣସି ସାମ୍ବଦାୟିକ ଅନୁଷ୍ଠାନ ବା ବ୍ୟକ୍ତି ଗତ ଭାବରେ ଅପୂର୍ବେତ ନିକ୍ଷା ଓ ତିକିୟା ପ୍ରତି ଦୃଷ୍ଟିସତ୍ତ୍ୱବାର ଜଗାଯାଉ ନାହିଁ । ଏସ୍ ଯୋଗୁଁ ଏହି ତିକିୟା ଅନ୍ତର୍ଗତ ବହୁତ ହୋଇ ଅବନତ ଦଶାରେ ପଡ଼ଇଛି ଅଛି । ସେଥିର ପୂର୍ଣ୍ଣ ପ୍ରତିକାର କରିବାକୁ ଗଲେ ଗର୍ଭସ୍ତମେଣ୍ଟକର ସମ୍ପୂର୍ଣ୍ଣ ସାହାଯ୍ୟ, କଲ୍ମ ବୋର୍ଡ଼, ଡାଲୁକା ବୋର୍ଡ଼ ଓ ମୁନସିପାଲିଟି, ଗଜା, ମହାବଜାମାନଙ୍କ ସମ୍ବନ୍ଧୁ ସାହାଯ୍ୟ ବ୍ୟତୀତ ଅବଶ୍ୟ ତାହାର ସର୍ବାଙ୍ଗୀନ ଉନ୍ନତ ହୋଇ ଯାଇ ବା ସେ କୌଣସି ଦେଶରେ ହେଉ ତିକିୟା ପ୍ରଣାଳୀ ସାହାଯ୍ୟ ଭିନ୍ନ ଭିନ୍ନ ପଦ୍ଧତି ଦଶାକୁ ଯାଇ ପାର ନାହିଁ । ଉତ୍ସାହ ଓ ସାହାଯ୍ୟର ଅଭାବରେ ଯେଉଁ ବୈଦ୍ୟମାନେ ଅଜ୍ଞକାଲି ଔଷଧ ପ୍ରଦାନ କରୁ ଅଛନ୍ତି ସେମାନଙ୍କ ଠାରେ ଉପଯୁକ୍ତ ଔଷଧ ନଥାଏ ଏବଂ ସେହି ତିକିୟା ଦ୍ୱାରା ସେମାନଙ୍କର ଉପକାର ମଧ୍ୟ ହୋଇ ନଥାଏ, ଯେ କାର୍ଯ୍ୟ ହେଉ ସାହାଯ୍ୟ ଓ ଉତ୍ସାହ ଭିନ୍ନ ତାହାର ଉନ୍ନତ ଅସମ୍ଭବ । ପ୍ରତ୍ୟେକ ସୁସଭ୍ୟ ଦେଶର ଉନ୍ନତ ତିକିୟା ପ୍ରଣାଳୀ ଅଲୋଚନା କଲେ ଜଣା ଯାଏ ଯେ ତାହାର ମୂଲ୍ୟରେ ସେ କେତେ ଅର୍ଥ ବ୍ୟୟ କରା ଯାଇ ଅଛି ତାହାର ଉତ୍ତରା ନାହିଁ । ଅଳ୍ପ ସର୍ବ୍ୟପୁରୋପକାର ଏଲୋପାଥିକ ତିକିୟା ମଧ୍ୟ ଯେତେ ପ୍ରକାର ସାହାଯ୍ୟରେ ବଳତ ଓ ସମୁଦ୍ଧାହତ ତାହାର ହସାବ କରିବା ଅସମ୍ଭବ । ଏଥିଯୋଗୁଁ ଅପୂର୍ବେତ ତିକିୟା ଉନ୍ନତ କରିବାକୁ ଗଲେ ଉପସର୍ବୋକ୍ତ ନିୟମ ଅନୁସାରେ ସାହାଯ୍ୟ କରିବା ବାଞ୍ଛନୀୟ ବୋଲି ସୁମନେକରେ ଏବଂ ଏହି ପ୍ରକାର ସାହାଯ୍ୟ ଦ୍ୱାରା ଲୁପ୍ତ ଅପୂର୍ବେତର ସର୍ବାଙ୍ଗୀନ ଉନ୍ନତ ହୋଇ ପାରବ ବୋଲି ମୋର ପ୍ରତ୍ନାବ ପଗଡ଼କରେ ।

୧୦ । (କ) କ୍ଷେତ ଗର୍ଭସ୍ତମେଣ୍ଟ ଦ୍ୱାରା ଅପୂର୍ବେତ ତିକିୟା କିମ୍ପର ବୃଦ୍ଧି ଘଟି କରପାରିବ ନମ୍ପରେ ମୋର ମତ ପ୍ରକାଶ କରୁ ଅଛି । ଗର୍ଭସ୍ତମେଣ୍ଟ ଦେଶୀୟ ଅପୂର୍ବେତ ତିକିୟାର ଅଭିଭୂତ କରିବାକୁ ଗଲେ ପ୍ରଥମେ ଅପୂର୍ବେତ ତିକିୟାର ଅଭିଭୂତ ହୋଇ ଗୋଟିଏ ଶକ୍ତିଶାଳୀ କର୍ମିଷ୍ଟି କେତେକ ଅପୂର୍ବେତକରୁ ନେଇ ଗଠନ କରିବାକୁ ହେବ ।

ସେ କର୍ମିଷ୍ଟି ଅପୂର୍ବେତ ତିକିୟା କିମ୍ପର ଭାବରେ ବୃଦ୍ଧି ହେଲେ ବୃଦ୍ଧି ଘଟି କରପାରିବ ନିନ୍ତା କରିବେ ଓ ନୂତନ ନୂତନ ଉପାୟ ଓ ପଥ ଅବିଷ୍କାର କରିବେ । ଏଲୋପାଥିକ ସାଧନାଗାଲିମାନ ଓ ଔଷଧାଳୟ ମାନ ଯେଉଁ ଯେଉଁ ସ୍ଥାନରେ ଗର୍ଭସ୍ତମେଣ୍ଟଦ୍ୱାରା ପ୍ରତିଷ୍ଠିତ ହୋଇ ଅଛି ସେହି ସେହି ସ୍ଥାନରେ ଯଥା ପ୍ରକାରେ ତାହାଗାଲି ଓ ଔଷଧାଳୟ ମାନ ବସାଇବାକୁ ହେବ । ଏବଂ ଆଜି କାଲି ଦେଶର ଯେଉଁ ମୁଖ୍ୟ ତିକିୟାମାନଙ୍କଦ୍ୱାରା ତିକିୟା ତଳୁ ଅଛି ସେମାନଙ୍କର ତିକିୟା ସଂସ୍କାର କରାଇ ଉପଯୁକ୍ତରୂପେ ତିକିୟା କରିବା ପାଇଁ ସେମାନଙ୍କୁ ଗର୍ଭସ୍ତମେଣ୍ଟ ତତତରୁ ଉପଦେଶ ଦେବାକୁ ହେବ । ତାପରେ ଦେଶରେ ଯେଉଁ ଯେଉଁ ବ୍ୟକ୍ତିଗତ ଭାବରେ ତିକିୟା କ୍ଷେତ୍ର ଲୋକମାନଙ୍କ ମଧ୍ୟରେ ଉପଯୁକ୍ତ ତିକିୟାକ ହେଉ ଅଛନ୍ତି ସେମାନଙ୍କୁ କ୍ଷେତ୍ର ସମ୍ବନ୍ଧୁ ଉପଯୁକ୍ତରୂପେ ସାହାଯ୍ୟ ଦେବା ବାଞ୍ଛନୀୟ, ଏବଂ ସେମାନେ ମଧ୍ୟ କ୍ଷେତ୍ର ସମ୍ବନ୍ଧୁ ସାହାଯ୍ୟ ପାଇଲେ ଅପୂର୍ବେତ ତିକିୟାର ଅଭିଭୂତ ହୋଇ ଉତ୍ସାହ ସହିତ କାର୍ଯ୍ୟ କରିବେ ।

(ଏ) ଲୋକସଭା ସଭାରେ ଯେତେବେଳେ ଯାହା ଚାହୁଁ ଅଧିକରେ ହୁଏ ସେହି ଓ ଲୋକସଭା ସଭା ମାଧ୍ୟମରେ ଯାହା ଅଧିକରେ ହୁଏ ଓ ଲୋକସଭା ସଭାରେ ଯାହା ଅଧିକରେ ହୁଏ, ଏହି ଚାହୁଁ ଲୋକସଭା ସଭାରେ ଯାହା ଅଧିକରେ ହୁଏ ଓ ଲୋକସଭା ସଭାରେ ଯାହା ଅଧିକରେ ହୁଏ ।

(ଘ) ଲୋକସଭା ସଭାରେ ଯାହା ଅଧିକରେ ହୁଏ ଅଧିକରେ ହୁଏ ଓ ଲୋକସଭା ସଭାରେ ଯାହା ଅଧିକରେ ହୁଏ ଓ ଲୋକସଭା ସଭାରେ ଯାହା ଅଧିକରେ ହୁଏ ।

(ଘ) ଲୋକସଭା ସଭାରେ ଯାହା ଅଧିକରେ ହୁଏ ଅଧିକରେ ହୁଏ ଓ ଲୋକସଭା ସଭାରେ ଯାହା ଅଧିକରେ ହୁଏ ଓ ଲୋକସଭା ସଭାରେ ଯାହା ଅଧିକରେ ହୁଏ ।

PROCEEDINGS OF THE COMMITTEE ON INDIGENOUS
SYSTEMS OF MEDICINE.

ORAL EXAMINATION OF WITNESSES.

*The Committee met at the committee room of the Council Chamber, Fort St. George,
at 12 noon on Monday the 25th September 1922 :—*

PRESENT :

- (1) Khan Bahadur MUHAMMAD USMAN SAHIB Bahadur (Chairman).
- (2) Dr. A. LAKSHMIPATHI.
- (3) M.R.By. M. SUBRAMANIXA AYYAR Avargal.
- (4) „ C. T. ARUMUGHAM PILLAI Avargal.
- (5) „ K. G. NATESA SASTRI Avargal.
- (6) „ T. R. RAMACHANDRA AYYAR Avargal.
- (7) Mr. A. T. PALMER.
- (8) Dr. G. SRINIVASAMURTI (Secretary).

The Committee proceeded to examine witnesses.

First witness.

Replying to the Chairman, Mr. P. S. Varier deposed as follows : I am the Secretary of the Ayurvedic samajam. I am also a medical practitioner. I practise Ayurvedic system. I undertake the treatment of all those diseases that usually occur in my part of the country. It is not usual to deal with *Kalazar, Dengue, etc.*, fevers in my parts. If these fevers should occur there, they will be treated exactly as *Sannipada* fever is treated. In the majority of cases that I have treated, I have been successful. I have got a medical school and hospital of my own. I have got in-patients as well as out-patients. I have not got ready now a statement showing the number of cases I have treated with the percentage of success. I will send such a statement after my return home. All classes of people, both rich and poor, the educated and the illiterate resort to my treatment. I am using quinine for malaria in the initial stages. I have no objection to utilize such things as are useful in the western systems of medicine in our treatment. I administer quinine as temporary remedy and then I resort to indigenous medicines to effect radical cure. I am generally of opinion that it would be advantageous to incorporate western methods of surgery into our system. As things stand at present, we require the aid of a western practitioner for performing operations in cases such as hernia, carbuncle, etc. If Government give aid, I have no objection to incorporate western surgery in the Ayurvedic system. Regarding the cost, I am of opinion that the eastern medicines are comparatively cheaper. If I am asked to give the relative cost of two prescriptions for a particular disease, I can give at once. After my return home, I will send a statement showing the cost of medicines for a certain number of patients both according to the eastern system and the western system. In our system there are certain prescriptions which are of great value in all cases of mental and nervous diseases. I have in my hospital record to show that I have succeeded in certain cases of nervous diseases where the English doctors have failed. After my return home I will send a list of such cases. At present we have not got sufficient number of good physicians to deal with all cases that arise. I have a western practitioner attached to my hospital where I train students. I give four years' training to my students. The course of study comprises the reading of Ayurvedic books and dissection on small animals such as hare, sheep, etc., but not on human bodies. If Government give facilities, I have no objection to teach my students dissection of human bodies.

Replying to Mr. Palmer witness said : Training in dissection will help our system of medicine. Training in the structure of human body may not be necessary from the point of view of treatment, but it may be helpful to understand anatomy. A knowledge of English physiology is not at all necessary for our system. The functions of the various organs of the human body are described in our own shastras.

Replying to the Chairman, the witness said : Our own shastras describe the human body, but there are certain portions which are very obscure. If modern physiology could throw light on those obscure things, then I have no objection to incorporate such portions of the modern physiology into our system. A knowledge of English may be necessary if students are taught both the systems. But if there are good text books in the vernaculars, then, there may not be necessity to know English. For the time being, it may not be possible for the Ayurvedic practitioners to get on without the aid of the western medical men except in cases of minor surgery. I have performed certain minor operations such as in cases of boil, syphilis, etc., I have used Ayurvedic ointment in such cases. Medical registration is necessary in my opinion.

But I am strongly against the registration of all the quack doctors. At present people who have not got sufficient knowledge in medicine are allowed to practise. We should register only those who have had some training. We will have to proceed more or less on the franchise basis. If we can get all people to attend an examination it will be well and good. But there are certain elderly people like 'ashtavaidyans' who will not care to attend an examination. On that score we should not lose their valuable services.

Replying to Mr. Palmer, the witness said: I issue two diplomas to my students, namely, the Vaidya and the Vaidyasiromani. The examination consists both oral and practical. I may add that I have not granted till now the Vaidyasiromani diploma to anybody.

Replying to the Chairman, the witness said: It is better to have a medical board consisting only of Ayurvedic practitioners. If it is not feasible, the present board may be expanded by the inclusion of certain number of Ayurvedic practitioners in it.

Replying to Dr. Lakshmi pathi, the witness said: There are certain surgical diseases like diabetes, carbuncles, etc., that can be more effectively treated by the Ayurvedic medicines than by surgery. Details of appendicitis are not given in the Ayurvedic system. As for piles and fistulae, I think it is better to apply some *kharam*. We usually call malaria *sisama jwaram*. At first, I administer quinine as immediate remedy, and then I give ayurvedic medicine to counteract the bad effects of quinine.

Replying to Mr. Palmer, the witness said: We must depend upon the 'Tridoshas' or the three humours. Our Ayurvedic system is entirely dependent upon the belief of the three doshas. I believe in the circulation of blood. There are certain verses in Sanskrit relating to the circulation of blood. As far as smallpox is concerned, inoculation may do good. It is quite possible that the essence of a drug may have different curative properties from the drug itself. I think restriction of diet is extremely necessary so far as the Ayurvedic system is concerned.

Replying to Mr. Arumugham Pillai, the witness said: My written statement to the Committee was prepared only in reference to ayurveda and to the Sanskrit books. I have not touched on any of the Tamil books, nor do I pretend to have any knowledge of the Tamil books.

Replying to the Chairman, the witness said: Plague is not treated by the Ayurvedic physicians owing to Government restrictions. There are certain diseases which according to the western system can be cured only by surgery but which according to the Ayurvedic system can be cured by the application of medicines only. As instances, I may quote carbuncles, abscess, piles, fistulae.

The next witness examined was Mr. K. C. Subramaniam Pillai.

Replying to the Chairman, the witness said: I practise both Siddha and Ayurvedic systems of medicine. I think the two systems are not different but they are one and the same. The Siddha system is to be found in the Tamil land and the Tamil books. I think the origin of the Siddha system is the same as that of the Ayurveda. I had my own dispensary formerly, but now I have not got. I am now practising in Pollachi. I am able to treat all diseases under our system with about 75 per cent success. I do not at all use any English medicines. I condemn quinine because it has very bad after effects. It affects the ear and produces headache also. Persons who take quinine fail to derive any good from other medicines of Ayurveda and I therefore do not use quinine. I am able to cure malaria by my drugs as quickly as can be done by administering the quinine. I have cured one forest ranger, Mr. Rama Rao, who was suffering from malaria for over fifteen years. In about 10 or 15 days I was able to cure him by my drugs. He had not only malaria but also diarrhoea for a long time. He told me he was taking quinine from a very long time but that he got no relief therefrom. I do not deal with surgical cases. As for midwifery we have got our own midwives in our places. As for eye diseases, we apply our own medicines. Recently I was able to cure cataract by the use of lotus honey. No doubt the lotus honey is very costly. We have also some 'kan-thailams' which cure some other eye diseases. Surgery was in existence in our system in olden days. In the English translations of our books, edited by Calcutta doctors, you will find that a large number of scientific instruments are named. They were all handled by our ancient rishis. Unfortunately, they have fallen into disuse. As the present day market is so cheap, ancient surgery has deteriorated. The western system predominates everywhere and we are left behind.

Replying to Mr. Palmer, the witness said: I cannot say whether there is any medicine in our system which can produce senselessness like the chloroform. Of course, we have got other drugs which can produce senseless effect. There is the 'datura' and there is also the 'opium'.

Replying to the Chairman, the witness said: I can cure diabetes, dyspepsia, etc., according to the Ayurvedic system. In Anamali, a police inspector was my patient. When he came to me there was sugar in his urine and after undergoing treatment under me for some time, the sugar disappeared and he was restored to his normal health. I can cure hydrocele by giving medicines externally. We have also got some very costly 'basmas' which cure consumption. I have also cured some cases of scrofula and leprosy. I generally appreciate the registration of medical practitioners. It will be well and good if we have a separate board for the Ayurvedic and the Unani systems of medicine. If that is not feasible, we will be satisfied if some

members practising the Ayurvedic medicines are added to the present board. But eventually I would like to have a separate board of indigenous medical practitioners. In the beginning registration may have some bad effect on some in the shape of loss of income.

Replying to Mr. Palmer, the witness said : The cases of leprosy that I undertook were like syphilitic sores in nature. They produced bad matter and also bad smell. There was also the diminution of the hands day by day. In cases of blood poisoning we have got 'mathirais' to administer. In the critical stages of pneumonia and typhoid, we have been instructed to give these 'mathirais' in order to counteract the blood poisoning. I think the Ayurvedic medicines are cheaper than the English medicines because the former are easily procurable from the bazaars. Some can also be got in our back yards. As regards purity of the drugs, we must get them purified. Even milk is adulterated with water. We get our lotus honey from Calcutta and Simla. To test its purity we have got our own tests. The lotus honey has special characteristic for the taste. I think all the diseases can be diagnosed by feeling the pulse. If the patient is able to give his own state of the disease, where is the necessity to feel his pulse? It is only when the patient is unconscious that we have to feel his pulse and ascertain the nature of his disease. As for the term 'humour' for the 'thridoshas' I cannot say anything. That was the name given by experts and I cannot vouchsafe for its accuracy. Probably it was given in a humorous strain. By feeling the pulse we can discover the combined actions of the three humours.

Replying to Dr. Subramanya Ayyar, the witness said : For 'prasava jvaram' I do not give the medicine which I give for ordinary fever. I have got some medicines which can clean the uterus.

Replying to Dr. Lakshmi pathi the witness said : 'Karunohirakam' and assafetida are also very effective as uterine cleaners.

Replying to Dr. Subramaniya Ayyar, the witness said : I think all the old medical practitioners should be registered. Reputed physicians, or physicians who have a good knowledge of medicine may be registered. You should not consult medical men for registration. You must consult the revenue authorities, for they will give their impartial opinion. Medical men will be jealous of each other.

Replying to the Chairman the witness said : I have often issued certificates to my patients. It is left to the discretion of the courts to give weight to them or not. At first I give a certificate to my patient; and based upon that certificate a western practitioner gives another on receipt of some fees. I do not feel any difficulty in not being able to give a certificate which will have as much effect as the one granted by a western practitioner. I want the registration not for my own sake but for the protection of all.

Replying to Mr. Arumugam Pillai the witness said : If it is decided that only persons who have practised medicine for not less than five years should be registered, there may be many people forthcoming. But those who do not get themselves registered should not be prohibited from practising the Ayurveda. As an instance I may quote that the High Court when it decided to prohibit all private vakils from practising relaxed this rule in the case of those private vakils who were practising since the year 1889. By reason of having practised for over thirty years, they became entitled under law to continue their profession undisturbed. Similarly, in the case of medicine also, a rule should be laid down that such and such persons who were practising prior to such and such a year should not be prohibited from practising because they have not got themselves registered. All old people should be encouraged in this profession. For the saying runs : 'Bala-josyam' and 'Vridha-vaidyam'. I think colleges should be opened for the training of people and also the necessary text books should be got written by the Government. I may also add that there are some people who have specialised themselves in particular diseases. They will be able to treat only that particular disease and no other. On that account, specialist should not be debarred from having their name entered in the Government medical register. We must also give the specialists a diploma in that branch in which they are proficient.

The next witness examined was *Mr. V. Narayanan Nayar*.

Replying to the Chairman the witness said : I own a private dispensary. I am not connected with any public institution. I was trained under Nilakanta Varma. I try all the cases that come to me. I am able to cure all sorts of fever. I treat 'kalahazar' and 'Dengue' just as I treat 'Pithajvara'.

Replying to Dr. Lakshmi pathi, the witness said : In the case of new diseases, I diagnose them under the proper 'dosha' and treat them accordingly. I have been practising medicine for the last over 15 years. If a new disease comes, all that is required is to classify it under the proper derangement of 'dosha'. According to our shastras we can diagnose any disease.

Replying to the Chairman, the witness said : I have never used any English medicine during the whole of my practice. For malaria, I do not use quinine, but I use 'panchathiktha kashaya' 'Bambana rasa' and 'Chintamani rasa'. I have never used quinine till now. I do not undertake surgical operations. If I get any, I send it to the local medical practitioner for treatment. I have been treating eye diseases. If there is any derangement in the vision, I will give oil and medicine internally. Surgery is mentioned in our shastras. But it is not practised

anywhere in Southern India. There is no doctor in Southern India who can teach surgery as laid down in our Shastras. No doubt the theory is mentioned in our books, but we have no practice. After getting training from allopathic doctors we can practise surgery according to our Shastras. In order to be a complete doctor midwifery also should be taught. Our present practice is defective.

Replying to Dr. Lakshmiipathi, the witness said : There are many points in Sushruta which a modern physician can learn with advantage.

Replying to the Chairman, the witness said : The indigenous medicines are certainly cheaper. If colleges are established by Government, I do not think it is necessary to teach the students in English. For practising Ayurveda it will be of advantage if he knows English, because he will be better appreciated by the educated people and he can also interpret his theory in modern language suitable to the modern mentality. I think medical registration is necessary. It would be preferable to have a separate board. I have cured consumption, with bleeding, etc., which has been declared incurable by English doctors. There are seven varieties of leprosy. Diabetes in its preliminary stages can be cured easily. We can open boil by applying medicine externally.

Replying to Mr. Palmer, the witness said : I have read Asthanga Hridaya in Sanskrit. Every doctor has also to learn the making of medicines. A man cannot be called a doctor unless he knows how to prepare medicines. Under the Ayurvedic system a doctor is both a compounder and a nurse. Preparing medicines is merely compounding herbs. There are also people who know only how to make medicines. They are merely 'sishtyas' or disciples; they cannot be called regular doctors. Ashtangahridaya is composed of eight parts. The properties of medicines are given in our Shastras. We have also Hygiene in our system. Cholera germs can be killed by boiling water. There are also several other methods of antiseptics given in our Shastras.

Replying to Dr. Lakshmiipathi, the witness said : The drugs are classified in Ayurveda according to their properties on bodies, like purgatives, etc. There is a drug for increasing the flow of milk in the mother, another drug for purifying the blood. There are 56 classifications in Charaka. In Sushruta it is something more.

Replying to Mr. Natesa Sastriyar, the witness said : I was called by His Highness the Maharaja of Baroda to treat an advanced case of skin disease. That was some six or eight months ago. I went three times to Baroda. The Maharaja's case was cured. He was suffering from insomnia. The Maharani was not cured.

Replying to Dr. Subrahmanya Ayyar, the witness said : I have treated cases of Tetanus. There was lock-jaw, fever, sweating, and obstruction of urine.

Replying to Dr. Lakshmiipathi, the witness said : I have not heard of Suchikabaranam, i.e., the injection of medicine through the needle. I have not practised that sort of thing, and I have no experience of that.

Replying to Mr. Arunugam Pillai, the witness said : As far as I know, it is true that Ayurveda became separate from Unani. I have stated in my written statement that the Unani may be kept separately, because a class of people desire that it should be so. All that I have stated in my written statement regarding Siddha Vaidya is derived from a knowledge obtained from my association with Tamil physicians. I have not read Tamil books in original.

Replying to the Secretary, the witness said : I can diagnose any new disease according to the 'thrithosha' principles. In treating a new disease, we cannot follow the 'Samprathi' laid down by English doctors for that particular disease. If we do so, we will fail in our treatment. Our treatment is based only on 'thrithosha' theory, without recognizing which a man cannot give medicine. By diagnosing the derangement of 'thosha' we can decide previously what is going to occur later on. But I have no objection to take the knowledge from English books regarding the 'samprathi' of new diseases. But it is no use for an Ayurvedic physician to know the temperature of the body. I think it will be advantageous if we incorporate in our future text-books all that is good in the Western system as well. So long as the 'thrithosha' theory is not given up, there is no objection to incorporate any knowledge from the English books into our books. By 'Arthakari' treatment is meant treating a disease by producing a similar condition. This principle and the principle of vaccination and inoculation seem to be the same.

There are certain books which describe how we can ascertain the Ayus. They clearly describe the 'sadhya-sadhiya', the 'Ayu pareekshai', i.e., prognostication is included therein.

The next witness examined was *Mr. C. V. Subramania Sastri*.

Replying to the Chairman, the witness said : I am connected with a public institution in Tirupati. There is a school named Sri Venkatesa Ayurveda Pathasala. There is a dispensary attached to the school. I am a lecturer therein. There are 20 students at present. They undergo a four years course. We take only outpatients. Kalaazar and Dengue come rarely in our parts. I remember some cases were treated in Kannikaparameswari Dispensary. When I was senior physician there, I cured some cases of Kalaazar. I will send later on a statement showing the number of cases treated and the percentage of success. All kinds of people, both rich and poor, resort to my dispensary. I do not at all use any English drugs. For

malaria, I use 'panchathiktha churna' 'Ananda bhairavi'. I was trained under Pandit Gopalacharya. I do not know surgery. I do not take surgical cases in my dispensary. We undertake only simple wounds. Our dispensary is defective so far as we are not able to undertake surgical cases. We are going to introduce that system next year. We intend appointing an L.M.P. As there are at present no persons in our system trained in surgery, we are obliged to have recourse to a western practitioner. There is a teacher attached to our patasala who teaches anatomy. We teach dissection on small animals such as rabbit, sheep, etc. If Government should give the necessary facilities, I have no objection to teach dissection on human body. Regarding the question of cost, I think the Ayurvedic medicines are cheaper. In our dispensary, the cost of medicine per head is from 11 to 12 pies. I prefer the indigenous system to the English system for various reasons. India's climatic conditions and the habits of the people are not suitable for the English system. Our ancestors have written several useful books on Ayurveda. As we are born and bred up in this country, the herbs that grow in this country will easily cure all our diseases. The herbs give us the particular 'bhutha' that is wanting in us. I am certainly successful in all the cases that I treat. I never use quinine for fever, because it has a very bad effect on the system. Now, the western practitioners themselves admit that arsenic has a very good effect in certain cases. Our ancestors were giving 'ohanka pashanam' as much as a needle point and it had very good effect on the human body. The English people, too, now admit the efficacy of arsenic treatment. It was recently discovered that 'konda kasavu' had the same curative properties as quinine. This 'konda kasavu' is very cheap. It can be obtained in large quantities for two annas, whereas quinine is very costly. Besides, the 'konda kasavu' has no bad effects that 'quinine' has. I have also found from my experience that 'konda kasavu' effects a radical cure.

Regarding surgery, I may say that it once existed in our system but it has come into disuse of late. From my experience, I may say that operation in cases of carbuncles are not generally successful. I know that in some cases of carbuncles, success has been obtained by administering medicine. When the late Mr. V. Krishnaswamy Ayyar was ailing from a carbuncle, I was one of those who were invited to attend upon him. Myself and the other Ayurvedic doctors that came along with me were of opinion that the carbuncle should not be operated upon; but the English doctors held otherwise. They did perform the operation much against our advice and the result proved fatal. I can also cite the instance of a gentleman in Kalahasti named Parushotamayya who was successfully cured of a carbuncle by a raju with the aid of leaves only and without resorting to operation. It took about six months to effect a complete cure. There are cases of carbuncles which require operation and there are others which require no operation. These things can be ascertained only by studying the symptoms which are clearly laid down in our books. Therefore in Ayurveda we can treat certain cases successfully which are pronounced to be incurable by the western doctors.

Replying to Dr. Lakshmi pathi, the witness said: 'Sanka pashanam' mixed with curd will have the effect of deadening pain when we cut a wound with a knife. There are also some other medicines which can make a wound burst without the necessity for a knife. We teach our students in Telugu and Sanskrit. There are not enough funds to translate the Sanskrit works in the vernaculars. If Government give funds, then we can easily translate the Sanskrit works into the vernacular and make them easily available to all the people. I think a knowledge of English is also essential to our students. We have certain disabilities at present for want of registration. We cannot grant certificates of ill-health to persons who are summoned to courts while they are ill. I think all the indigenous medical practitioners should be registered. There must be some committee or the All-India Ayurveda Mahamandali may be requested to select candidates fit for registration. At present we cannot restrict the registration only to those who pass an examination. In the course of some five years more, we can restrict the registration only to those who pass certain prescribed examinations. I think it would be advantageous if we have a separate board for the practitioners practising the indigenous system. It is also essential that there must be a provision in the Act for an appeal to the High Court by the aggrieved person.

Replying to Mr. Palmer, the witness said: I charge from Rs. 2 to Rs. 5 for a visit to the patients. I think it is advantageous to use the medicines available in the country where we are born instead of going to foreign lands.

Replying to Mr. Ramachandra Ayyar, the witness said: I think the Ayurvedic system is self-sufficient for the purpose of medical treatment in India. We need not have recourse to the allopathic or any other systems here, except in surgery. No doubt surgery too is mentioned in our Shastras, but it has been left out of practice. If it is revived by the Government I am sure it will thrive very well. In Ashtanga Hrithaya, surgery also is mentioned. When a woman is about to die while delivering a child, the exact process to be followed in taking out the child alive is mentioned in our shastras.

Replying to Dr. Lakshmi pathi, the witness said: I was educated in the Madras Ayurvedic College. I left the college in 1905. Students who have come out successful from the Ayurvedic College have started colleges of their own in all parts of the Presidency. I am now the Principal of a college in Tirupati. My ideal is that the students who are trained under me should go out and start fresh colleges of their own after their period of training is

over. I am the President of the old boys' association. We have got a journal named 'Dhanvanthri' which is a fortnightly by which we get into touch with each other constantly. The students and professors contribute articles to that journal. There are several sections in the journal. The sections are: the factory, the students' association, the description of cases, the drugs, etc. By means of this journal we get post-graduate education and we will be in touch with what is going on in the outside world and in the college. Surgery is now taught in the Madras Ayurvedic College. Seven hundred and twenty-five cases of surgery were treated in this college. There the operations are performed based on the modern system combined with the ancient. Dr. Lakshminipathi was our professor in surgery. I have no objection to incorporate the modern methods of surgery in the old methods of surgery. I have got the reports of the college which I file now. In the college we follow the syllabus prescribed for the All-India Vidyapita. The cost of treatment in the Madras Ayurvedic College is half an anna per head. The cost of medicine will decrease as the number of patients increases. The greater the number of patients the less the cost. When the number of patients was 30,000, the cost was As. 1-3 and when it was 50,000 the cost was half an anna per head. One thousand two hundred and fifty cases of malaria were treated in this dispensary. It is easy to diagnose malaria. There is shivering, the fever occurs in alternate days or once in three days. Clear reasons are given in our Shastras why the fever recurs on particular days. All the 1,250 cases were treated without quinine. I am in favour of having medical registration. I think the board must be a separate one not being controlled by the Surgeon-General. We want a management which is independent of the allopathic management. If any injustice is done to a medical practitioner, there must be provision for an appeal to the High Court.

Replying to Secretary, the witness said: It is stated in 'Sushruta' that there are germs in the blood; some are visible to the naked eye and some invisible. In Ayurveda, much importance is not attached to the bacteria. Our system is entirely based on the 'tridosha' theory. Bacteria play only a secondary role in our system. So far as leprosy is concerned, the 'tridosha' and bacteria are both important. It is only when the normal condition of the body is spoiled that the bacteria can play havoc, but when the normal condition is not spoiled, the bacteria cannot have their influence felt.

When we have a new drug, we test its properties by inspection and by taste. If we know the chemical composition alone of a drug, it is not enough for us to use it. We must also know its 'rasa-virya-vipaka-prabhava'. Even if the Government should standardize a drug in terms of its chemical composition or active principle, it will not be enough for our purpose; for we should know its 'viryam' also. The active principle of 'chitramulam' and 'nepalam' may be one and the same, but the one will cause purging whereas the other cannot. 'Sunnam' and 'muthya basmam' may be same in chemical composition, but their 'viryams' are quite different. The western system takes the essence of drugs by soaking them in alcohol of some such substance. We cannot take that as really representing the essence of the drug. We do not know what 'viryam' it might have lost in the process of soaking. The combination of the several 'bhutas' produces the 'dravya' of a drug. We do not know which 'bhutam' goes away in the process of extracting the essence. Therefore I am of opinion that the method of standardising adopted in the west is not suited to our system. If we come across a new drug, we can find out its properties by tests laid down in shastras. Thus we will know its 'viryam.' Our ancestors who have written important books were 'thrikala gnani.' They were superhuman and so they were able to know the properties of all the drugs and they have handed down their knowledge to us through these books. On their authority we use the drugs. Merely knowing the chemical composition of a drug is of no use. We must also know its 'rasa', 'virya' and 'vipaka.'

In reply to Mr. Arumugam Pillai, the witness said: The drugs obtainable in any part of India can be used in any other part. I only meant in my written statement that the drugs used by the western practitioners are not suited to the climatic conditions of India. I know there are two different systems of 'vaidyam' in vogue. The siddha system traces its origin to Eswara and the ayurvedic system to Brahma.

The committee then adjourned at 5 p.m. to meet at 12 noon on Tuesday the 26th September 1922.

The Committee met at the committee room of the Council Chambers, Port St. George, at 12 noon on Tuesday, the 26th September 1922 and the following members being present:—

- (1) Khan Bahadur Muhammad Usman Sahib Bahadur (Chairman).
- (2) Mr. A. T. Palmer.
- (3) M.R.Ry. K. G. Natesa Sastri Avargal.
- (4) Dr. M. Subrahmanya Ayyar.
- (5) Dr. A. Lakshmipathi.
- (6) M.R.Ry. T. R. Ramachandra Ayyar Avargal (present in the afternoon).
- (7) „ C. T. Arumugam Pillai Avargal.
- (8) Dr. G. Srinivasamurti (Secretary).

The Committee began by examining the following three witnesses who appeared jointly for the Eastern Medical Association of Southern India:—

- (1) Hakim Saiyid Abdulla Husain Sahib Bahadur.
- (2) Hakim Moulvi Saiyid Sha Abu Muhammad Mazharullah Sahib Madavai Bahadur.
- (3) Haji Hakim Saiyid Makhdoom Ashraf Sahib Bahadur.

Replying to the Chairman, Mr. Abdulla Husain Sahib deposed as follows:—

I am the President of the Eastern Medical Association of Southern India. I am connected with the Khudusia College as a professor; I am also supervising the dispensary there.

Mr. Muhammad Mazharullah Sahib by himself and on behalf of the other two witnesses deposed as follows:—

I am connected with the Khudusia College as professor of medicine and witness No. 3 is the Secretary of the E.M. Association and a private practitioner. I treat all diseases. I treat cases of Kala-azar, dengue fever, relapsing fever, as I treat other diseases. We have not got much experience in the treatment of plague as it is not much prevalent in these parts. I have however to say that, from the study we have made of the subject from our medical books, we will be successful in treating cases of plague if we have any opportunity to do so. But plague not being prevalent in these parts, we do not have practical experience about that disease. As for malaria, we can confidently assert that we can radically cure even the most chronic cases by our methods of treatment. Our books contain a clear account of the effects produced by fevers upon spleen, liver, blood and a complete account of the methods of treatment. We are therefore able to treat such cases successfully. We are also successful in treating dengue fever. Our dispensary has come into existence only very recently and we have been long thinking about the establishment of such a dispensary; but for want of funds we could not do so. We started only recently and have now got only an out-patients' department. We have no records showing the number of cases that were treated, the number cured, kinds of diseases, etc. But I can say that at present nearly 200 patients come to us daily. We do not use even a single medicine from the English pharmacopeia. I am against using quinine and I do not advocate the use of quinine because our system provides for remedies which can dispense with the use of quinine. Secondly, quinine produces bad after-effects, for example, diarrhoea and giddiness in the head. People are therefore afraid of using quinine. I do not like to use for a simple case of fever a drug with such dangerous after-effects. The drugs of our unani system are by far cheaper when compared with the cost of quinine and they are free from all the bad after-effects which quinine has on the nervous system and the stomach.

As regards surgical cases, I may say that I was trained in the Lucknow College and have taken a first-class certificate. I have also got a certificate from Sir James Meston. We have got a book on surgery written in Arabic. In the first page of that book it is said that the self-same book was at one time the text-book in Europe. The book is called *Kamilus-sana-ah azza haravi*. It contains 1,200 diagrams about surgical instruments, etc. It is stated there that the student who reads it and practises according to the rules laid down therein, need not be deficient in any way so far as surgery is concerned, and he can undertake any case with confidence. Mr. Abdul Hamid Khan who is at present the head of the institution at Lucknow is able to perform all surgical operations in accordance with the instructions given in the book. I also know from my personal experience that my teacher, the late Mr. Abdul Razid Sahib, the elder brother of the abovenamed gentleman, was performing operations according to that book. I have got quite sufficient work in attending to medical cases and could find no time to attend to surgical cases. Moreover there is lack of encouragement, so that if patronage is extended to us I am sure we can undertake that task. Stone in the bladder, gangrene carbuncle are cured in our system by means of medicines. We give our students only theoretical training in surgery. We have no opportunities for dissections. Students can become master of surgery only after learning dissection.

So far as midwifery is concerned, the gosha system stands in our way and we are prevented from having much experience in that line. Muhammadan women prefer to be treated by English nurses. In the olden days Muhammadan lady doctors were trained in midwifery and

they were treating such cases. But now the patronage is withheld from us and we have only got theoretical knowledge. At present there is one sevana midwifery section attached to the Delhi Medical College.

I am certainly of opinion that our medicines are cheaper than western medicines. Even at present the cost is very low; and if we begin to prepare our drugs in larger quantities, we can have good supply drugs at considerably less cost.

As regards the special diseases that are cured by the unani system I may say that they are chronic nervous diseases, diabetes, paralysis, dropsy, syphilis, fistulæ, and syphilitic affections of nose.

The media of instruction for students of the Unani system of medicine is at present Urdu, Persian and Arabic. There are at present books available in Urdu, but a knowledge of Persian and Arabic is necessary. Urdu alone is not sufficient. A knowledge of English is not absolutely necessary for a unani student, but it is better to know English in these days.

As regards medical registration I am of opinion that the ayurvedic and unani practitioners should be registered. Because our names are not found in the medical register at present we have got great disabilities. Our certificates are not recognized. We want that when we treat a patient or examine him and give a certificate to that effect, such a certificate should be held valid. I want a separate medical registration board consisting exclusively of indigenous practitioners.

I think that the ayurvedic and unani systems are based on the same theory. We do not have direct knowledge of the ayurvedic system, but from what we see of ayurvedic practitioners and what we learn from experience, I can say that there is close similarity between the two systems both in theory and practice. The difference between the two systems is only in language.

Replying to Mr. A. T. Palmer, the witness said: Our unani books are in prose. By lack of encouragement for learning surgery, I meant financial help. In the old days when there was State patronage, surgery flourished well. We can show by historical facts that modern western surgery is based on our ancient surgery. I do not know any cases of Muhammadan women calling in the aid of western male doctors. On religious grounds women are prohibited from doing so. Charms have no connexion whatsoever with unani medicine. It is a fact that most of the time of indigenous practitioners is taken up in preparing medicines, because there are no other facilities for their preparation. Maintaining secrecy regarding medicines, depends upon individual practitioners. But the system does not allow such a secrecy. There are books on the system which are available to all. If all the knowledge had been really kept secret, it would not have been handed down to us from ancient times. Provided a practitioner knows the ingredients constituting a medicine, he may use it even though prepared by another; otherwise he would not accept medicines prepared by another practitioner. I am in favour of the ideal of separating the functions of healing and the preparation of medicines and handing over the latter to some responsible authorities. We employ artificial methods of bringing down temperature such as sponging with cold water, foot baths, hip baths, etc. If a man receives an injury on the head and becomes unconscious we explain that phenomenon as a disturbance of the nervous system owing to external causes, e.g. a change in the condition of the brain, a rush of blood to, and a congestion in, the brain. In the treatment of such a case we recognize the principle that blood has clotted in the brain. No knowledge in the world is complete, and so also the Unani system is progressing forward towards perfection by the addition of knowledge gained by research.

Examined by Dr. Lakshmi pathi, the witness said: I do not use applications of cold in all cases of high fever but only when there is a rush of blood to the brain and when certain symptoms are manifest to warrant its use. It has to be used with discretion. The allopathic practitioners probably use cold applications in all cases of fever, but I believe that cold will do harm in some cases of fever. In bilious fevers (pitha jwara) we would have recourse to cold applications but not in cases of phlegmatic fevers (sleshma and vatha fevers).

In answer to Mr. Arumugam Pillai, the witness said: We examine the nadi in our treatment of cases and our system allows it. There is a separate treatise on the subject. In our system there is treatment for such bad diseases as nakkunni, mukkanai, marphani. We also use some 'poisons.' We purify them before giving them as medicine, but we do not give them for all diseases and at all stages. If the disease goes to the fourth or the last stage, then we administer poison drugs. These poison drugs, when purified, do not produce bad effects. The disease for which such drugs are given are paralysis, syphilis, leprosy, etc. Root drugs do not act quickly at that stage (advanced stage). I have experience of poison drugs acting very quickly. Sometimes the use of poison drugs or root drugs varies according to one's method of treatment.

Hakim A. Muhammad Abdus Salaam Sahib Bahadur.

The above gentleman was the next witness examined. *Replying to the Chairman*, he said: I am a practitioner of the Unani system, but I also use Siddha medicines. I studied in anatomy and physiology in the Medical College. I have been practising for the last seven years. In the diagnosis of fever like Kala-azar, dengue and malaria I am guided by

the symptoms, e.g., the enlargement of the spleen and liver, etc. The cases that have come to me have been successfully treated. Kala-azar is described in our books, but I use Siddha medicines for such cases. I treat dengue-fever too. I do not feel the necessity for using any English drugs nor quinine. The principle of quinine is bitterness. That quality you can find in neem bark, nilavembu, etc. These drugs are free from the bad effect of quinine while possessing its curative properties. A combination of some seeds with linga sinthuram will also have good effect in fevers.

Cases of surgery have not come before me. Our system is defective by virtue of the fact that there are no surgeons among us. Our medicines are certainly cheaper than western medicines. I can prepare for one rupee fever pills sufficient for hundreds of patients. I have cured many cases of chronic gonorrhoea which have baffled allopathic doctors. I have treated many cases of syphilis for which I can prepare cheap medicines. I have cured three cases of diabetes within the period of my practice with unani treatment. I have written about the properties of the drug called bulamar. With some combinations it has given very good effect in cases of diabetes. I can treat any case of nervous debility given up as hopeless by allopathic doctors. As far as aphrodisiacs are concerned I do not think allopathy can compete with our system. I know advanced cases of nervous diseases and paralysis being cured by eminent unani physicians.

I know Persian and Arabic. I have read Persian books and I am also in touch with the latest publications in Urdu. I do not think that a knowledge of English is essential for a unani physician, but it will help him much.

I want that medical registration must be put into force provided you are going to establish colleges and dispensaries, as otherwise you would not be making any provision for turning out efficient men for the future. On that condition only, I am for medical registration of indigenous practitioners. I am of opinion that the medical registration board must be a separate body by itself for the indigenous systems. We have got an analogy for this in Travancore where a Master of Arts is employed as Director of Ayurveda. I think that our Director of Indigenous Systems of Medicine should have nothing to do with the Surgeon-General. Because, naturally, there are prejudices and mutual envy about these systems. It goes without saying that such a head as the Surgeon-General will create difficulties in our way and put restrictions. So I want that our practitioners must be placed under our own men, and that a medical registration board consisting exclusively of indigenous practitioners should be constituted.

I think it is better to allow appeals from the registration board to the High Court because we can have the services of clever lawyers.

Replying to Mr. A. T. Palmer, the witness said: The drugs employed by unani and ayurvedic practitioners can also be used by allopathic practitioners if they know how to employ them in the natural way in which they should be used. For example, I think, I have read in some book that Dr. King of Bombay once subjected myrobolans to chemical examination. He analysed it into so many nitrates and phosphates. After all his quantitative and qualitative analysis he found that that particular thing was wanting in it which was responsible for giving it the quality of purging. The allopathic doctors are no doubt welcome to use our drugs provided they use them in a natural way but not by taking what they call active principles. We purify the drugs and use them. There is a drug which when soaked in cow's urine produces quite the opposite effect of what it would do before. So in that respect ourselves and allopathic doctors are as poles as under. If they follow our methods of combination of medicines, only then can they use drugs of our systems. I do not and I did not say that our system consists only of drugs or that there is no scientific framework behind it. If the allopathic practitioners want to incorporate our system and use our drugs they must learn the theory also from us. The whole system does not consist of drugs and medicines alone. I think they must recognise the theory of the doshas, otherwise they cannot properly administer the medicines. The allopathic doctor must know when and how to use the drug. So I think that both the systems and the drugs and their use must be learnt. I think that the basis for the ayurvedic and unani systems is practically the same, though there is some difference which is not of much importance and which does not affect the method of treatment. We recognize four doshas whereas the ayurvedis recognize only three, so that the difference is only of academic rather than of practical importance. We also, like ayurvedis, recognise the importance of dhathus.

Examined by Mr. Natesa Saxtrigal, the witness deposed thus: On grounds of language, I think that there must be separate institutions for ayurveda and unani. I want that unani institutions should be conducted in Urdu. Unani cannot be taught in Sanskrit just like ayurveda.

I am of opinion that mere certificates of examinations would not be sufficient to guarantee efficiency. But there should be a separate medical registration board to register qualified practitioners, as otherwise we will have to depend on the whims and fancies of the principal of the college which issues diplomas. At first all the present practitioners whether qualified or unqualified men or quacks must be registered by the Board and in future admission should be restricted to certificate-holders (those who pass from colleges to be established hereafter). When once you register all the present practising people you close the register for five years to come, after which new men will be turned out by the Government or aided indigenous medical

schools. I did not say that a medical registration board is necessary to distinguish between real medical men and quacks. But it is intended for entering the names of practitioners in the register which is going to be opened by which the public will have confidence in them. It is intended for the convenience of the public to guard them against unqualified men in future.

Questioned by Dr. Lakshminpathi as to how to register certain practitioners who were specialists in particular treatments such as snake-bites, poisoning, lunacy, etc., the witness said that all such people should be included in the register with certain safeguards and precautions confining them to their particular branches of treatment on the analogy of the licensed dentists in England.

Questioned by the Secretary, the witness said that he agreed with those who thought that the object of medical registration is to serve the interests of the public and guide them to know the qualified practitioner from one who is not, to act as a check upon the vagaries of medical practitioners and unprofessional conduct in general and also to ensure the status and efficiency of the profession as an organized body.

There are, in the unani system, general principles by which new diseases can be handled. The doshas are described and the disease is treated according to physiology and pathology and by taking account of the doshas. We are for incorporating everything mentioned in other systems provided that we have sufficient guarantee that the medicines will not be ever-changing. I am certainly in favour of incorporating everything good from other systems and I would like to be in touch with the medicines used in the whole world. I admit that a knowledge of English will be very useful for the unani practitioner as well as to the research student.

In answer to Mr. Arumugam Pillai, the witness said: I would like that medical education in unani system should be given in separate schools and not in Ayurvedic schools. So far as I am concerned, whether it is the siddha system or ayurvedic system, I have been using sinthurams and basmams. In my opinion, the siddha system consists mainly in the increased use of basmams and sinthurams. Though persons come to us for treatment, if we give a certificate to any gentleman so treated, it is not recognized by Government. We want that our certificates should be equally valid with those of registered allopathic doctors.

The Committee adjourned for lunch at 2 p.m. and reassembled at 2-20 p.m.

M.R.Ry. A. Subbaraya Pandit.

The next witness examined by the Committee was M.R.Ry. A. Subbaraya Pandit, Principal, Mysore Government Ayurvedic College.

In answer to the Chairman, the witness said: I received my training in the Mysore Sanskrit College. The Ayurvedic College was not then established in Mysore. I undertake the treatment of all medical diseases including fevers of all kinds. Kala-azar does not exist in Mysore. I do not use any English medicines. As for surgical cases, if they are common ones, we cure them by external applications but in serious cases we send the patient to the English doctors. I am in charge of the out-patients' dispensary in Mysore. There are different varieties of medicines prepared by us. In certain medicines we will have to use even gems. But ordinary medicines are not costly. Generally our medicines are cheaper than western medicines. But we have got also very rare and costly drugs. We specialize in the treatment of consumption, fevers, diseases of liver and spleen, and stomach troubles, diabetes, dropsy and ordinary leprosy in its early stages. I am connected with the Ayurvedic College and there are at present 16 students. Anatomy is taught to the students by an English lecturer trained in the western system of medicine and also by an hospital assistant. The fundamental parts of the body are shown and the function of each part is explained to the student, and they are allowed to attend *post-mortem* cases if they like, in the hospitals, but they are not compelled to go. They were attending the in-patients Department of the Government Allopathic Hospital, but they are not doing so now. We admit into the school Sanskrit and Kanarese students. Formerly we used to take Sanskrit and English students, but now we have dispensed with English for the reason that students knowing both English and Sanskrit are not coming in. If they know English it would be better.

I am of opinion that medical registration should be introduced. There should be a separate medical registration board for the indigenous systems not controlled by western practitioners. We are not enemies to the western system but we do not want those who are prejudiced against our system to have any hand in its control. We do not care whether the Controller is the Surgeon-General or any other person, but what we do want is that he should not be an enemy of our system of medicine.

If the Surgeon-General knows the ayurvedic system I would have no objection to his controlling the board.

Questioned by Mr. A. T. Palmer, the witness said: I prefer ayurvedic system in medicine but for surgery I prefer the western system. I prefer the ayurvedic system of medicine on the ground that it is not dangerous, it is efficacious, generally it contains no poison and will not

cause indirect hurt to body. In surgery we are not so much trained and so I prefer the European surgery. By saying 'enemies to the ayurvedic system' I mean that there are people who without knowing the nature of our science simply blame it and say before the Government or the public that Hindu medicines should not be used and that it is simply quackery; I called those who say so 'enemies of our system'. They say so out of prejudice and also perhaps they think they may lose their own income. I cannot say what they have in their minds but I think so.

To Dr. Subrahmanya Ayyar's questions, the witness replied as follows: I do not consider that all cases of spleen enlargement are of one kind. But they are of different kinds. In some cases the person may die soon if it is not treated, whereas in other cases life will be prolonged even for one or two years. Generally all cases of spleen enlargement will be accompanied by fever in a greater or less degree. I treat all cases of spleen enlargement by the same method with some little difference. I think that some allopathic medicines contain poison but I do not know personally. We are admitting students who know Sanskrit and Kanarese because we are not able to get students knowing English and Sanskrit.

In reply to Mr. Natesa Sastrigal, the witness stated that he knew very little of the Siddha system.

In reply to Mr. Arumugam Pallai, the witness said: We use Dravakams but not Jayanir or Thindir. We use Kulikais (pills), but not so much of Urikina Kattu. We also use amalgam preparation of arsenic to some extent but not very much. Basmams and Sinthurams are being largely used by us. We follow Charaka Samhita and also Rasaratna Samuchayam. All that is said to be stated by the Siddha Purushas find mention in Charaka but I cannot say which is earlier. Much is not however said about Basmams in the Charaka Samhita for which we follow Rasaratna Samuchayam. According to Charaka the diseases have been divided into four kinds and treatment is prescribed for each. It is possible to make Saranai Manigal (solidification of mercury) as the process is mentioned in our Granthams but we have not done it. We do not use Viram, Puram, Pashanam and other such; but to a very small extent we use poisons. It is said that cobra poison can be given in the last stage of diseases when it brings out all the bad things from the body and sometimes saves the patient. It is also said that before such a poison is administered the relatives of the patient must be told that he is going to be administered the poison as a last resort and that thereby the patient may have the last chance of surviving. We use metals for internal medicines. The preparations of metallic medicines are given in Charaka and in Rasaratnakaram but mostly in the latter. There are two kinds of metallic preparations, one is Rasayanams and the other Basmams. Gold, Silver and iron are the metals mostly used. We follow Ashtanga Hrithayam. In our school we do not use Saranga Samhita for teaching Nadis, but our book for Nadis is Nadichakram. In Charakam, Susrutam, and Vagbatam, importance is not attached to Nadi (pulse examination). Although Pandit Gopalachariu might have written so much about the importance of Nadi Pariksha (pulse examination) according to the Siddha system, we go according to the Ashtanga Pariksha without attaching much importance to Nadi. I think that Suryakalanadi, Chandrakalanadi and Sushumnanadi belong to the school of yoga but not to ayurveda and I do not know whether we can apply it to pulse examination. Among the serious diseases I have cured are incipient leprosy and consumption. We use for medicines Mulika (vegetable) and Basmams (mineral) preparations. As for nervous diseases, fits, etc., it is said in our books that there are some Karmarogams which are curable or not according to the Janmanthra Phalam. If his Papam ends, then the disease is cured on administering medicines; otherwise the disease is not at all cured.

Questioned by Dr. Lakshmiipathi, the witness said: There are nearly thirty or forty ayurvedic hospitals in the Mysore State. Even now there are ayurvedic practitioners in many villages, but they do not get any encouragement and they do not prosper. Generally the Mysore Government acts to the tune of the Madras Government. In Mysore allopathic doctors no doubt cure some diseases but they have gained good reputation in surgery. The Surgeon-General or the Senior Surgeon is the head of the ayurvedic hospitals also, though he does not know anything of ayurveda. All proposals connected with the ayurvedic system pass through him. If he understands our system of medicine, it will be much better; but up to now no good has come to us.

In reply to the Secretary, the witness said: Under the scheme of Medical scholarships awarded by the Government of Mysore, only two students who passed under me were selected for the allopathic course of study, one for the hospital assistant grade and another for M.B. & C.M. The Mysore Government have not given any scholarships to western practitioners to learn ayurveda so far. I am of opinion that such a system of scholarships (by which students of one system of medicine are given facilities to learn other system) would tend to revive ayurveda, provided that the men selected are suitable and intelligent. Nothing has been done so far by the Mysore Government in connection with the scheme for a full fledged ayurvedic college, though there was a scheme drawn up in 1919. If it is proved that the system of pulse examination is well developed by the Tamilian doctors (followers of Siddha system), I have no objection to its incorporation in our system. If there is merit in it I will be the first man to accept it.

M.R. Sg. M. V. Sastri.

The above witness appeared for the all-India Ayurveda Mahamandal. *Questioned by the Chairman* he deposed as follows :

I am connected with the Ayurvedic Medical College, Madras, as a member of the Standing Committee. I am not a teacher there.

There is no hospital attached to the college ; I have my own private dispensary, and I am a private practitioner. I undertake treatment of such diseases as come within the range of my practice. I can treat relapsing fever in the light of experience gained during my practice for the last ten years. I am not using any western medicines. No doubt the western system is also taught in the Madras Ayurvedic College but it is just to keep the confidence of the public. I do not undertake surgical cases because I am not licensed to do so. As regards the cost of indigenous medicines, I think that there are some medicines which are very cheap and others which are the dearest in the world. There are two kinds of medicinal preparations, minerals including gems, and vegetable preparations ; the latter are the cheapest and we can compete in any market. The mineral preparations are the dearest in the world. To ask whether mineral preparations or vegetable preparations are more useful is like asking whether the right eye or the left eye is more useful than the other. They are equally efficacious. The use of mineral or vegetable preparations depends on the nature of the patient's constitution and the nature of the disease. Some mineral preparations do not agree with some constitutions. Delicate constitutions always require vegetable preparations and mineral preparations will do harm to such patients. Ayurveda is a science which is progressive. In the time of Rishis they brought up the science according to their environment. In those times, only vegetable preparations were used ; after some time mineral preparations were invented and added to the system. No doubt we can cure any disease with vegetable preparations. But I cannot say that mineral preparations are more important than the vegetable or vice versa, nor can it be said that mineral preparations can be altogether supplanted by vegetable preparations. (The Chairman here referring to the witness's analogy of the right and left eyes in regard to the two sorts of medical preparations, asked whether in a contingency of one eye being lost the witness would not be prepared to make the best use of the other eye, to which the witness replied in the affirmative).

As for diseases which I have cured, I will be in a position to answer if any particular disease is mentioned. All diseases have been classified into four kinds and the curability or otherwise depends upon the class of disease. I may say, I have cured tubercular cases, diabetes, dysentery, piles and some typhoid cases. I have cured fistulae in its preliminary stage by medicine alone.

As for medical registration, I am unable to say one way or the other ; it is like hot ghee in my mouth which I can neither swallow nor am I willing to spit it out. I think that there must be a separate committee to inquire into the question and public opinion ascertained thereon. I feel really many disabilities owing to the want of medical registration of indigenous practitioners. Many people come under our treatment, but our medical certificates are not accepted by the Government. Once a patient came under my treatment, but for the sake of the medical certificate he had to go to an English doctor. I cannot say definitely whether I am in favour of medical registration or not ; but I am partially but not wholly in its favour.

In reply to Mr. A. T. Palmer, the witness said :—Mineral preparations are of course efficacious but not *because* they are costly. Our system admits of research work. I have no religious scruples to undergo training in surgery. In the beginning the medicines were divided into three sorts, vegetable, mineral and animal preparations.

In answer to Mr. Natesa Sastriyal's questions, the witness said : The distinction between the Rasa Samprathaya and Oushadha Samprathaya is only in the shape or form. It is difficult to say whether the two Samprathayas were co-existent. Both are portions of ayurveda. When a tree is growing it cannot be denied that it is the same young plant which became the tree.

Questioned by Dr. Lakshmi pathi, the witness said : I generally attend all the all-India Ayurvedic conferences. I attended the thirteenth session of the all-India Ayurvedic Conference at Rajahmundry. The Ayurveda Mahamandal has got very eminent men on its Standing Committee including many State physicians such as Lakshmi Ramaswami Acharya. There are western trained men also in it. The strength of the Mahamandal may be over one hundred and it is representative of all India. They have got a curriculum and a system of examination and the examining body is called the Ayurveda Vidya Peeta. People in general have got respect for those who pass those examinations. I have got here reports of All-India Ayurvedic conferences ; I know that the thirteenth session of the All India Ayurvedic Conference passed a resolution (No. 7) resolving that "Taking into consideration the policy of this Conference, this Conference considers it to be the duty of the Ayurveda Mahamandal and other ayurvedic institutions as well as of ayurvedic physicians to give replies to the questionnaire issued by the committees appointed by the different provincial Governments and to give evidence and work on committees if called upon, as the same would conduce to the better understanding of the principles of ayurveda."

and to its advancement." The above resolution was passed unanimously. I also know that the Andhra Ayurvedic Provincial Conference held at Kovvur and at Tenali passed a resolution that the ayurvedic physician should not help this committee but should non-co-operate. But yet the All-India Conference passed the resolution referred to above in view of the policy of that Conference. That Conference also consisted of some Andhras. People will have more confidence in me if I use ayurvedic medicines, and they would lose confidence if I used allopathic medicines. That is only as far as I am concerned.

*To Mr. Arumugam Pillai's questions, the witness answered as follows:—*Nadi is not given any prominence in Charaka Samhita nor in Susruta Samhita. The Ayurvedic system has come down from Brahma Prajapati, Indra, Asvini Devathas and Baradwaja Rishi. I cannot say whether the Siddha system or the Ayurvedic system is the earlier one, though it is said that the Siddha system came down from Iswara and Nandi. What is mentioned in the Charaka about Nadi examination is more than sufficient. Nadi only enables us to find out the nature of the disease (Pramanathvam). That is not so important. We should examine both the disease (Rogam) and the patient (Rogi). I know that Pandit Gopalaoharlu has written a separate treatise saying that it is not good to say that Nadi is not so important, that Nadi enables us to find out what causes in the past led to the disease and what course the disease will take in future, but we however consider that what is mentioned in Charaka about Nadi is just sufficient.

*In answer to the Secretary, the witness said:—*Every disease should be treated according to its stage. In the initial stage, the cause of the disease is found out and treated; but in the advanced stages the treatment depends on the symptoms. We treat according to Hethu Avastha (causes), Purvarupa Avastha (prognosis), and Rupa Avastha (symptoms). Homeopathic doctors treat according to the symptoms. We also like allopathy treat similars by contraries. I am in favour of taking all the merits of other systems into our fold. Ayurveda is a vast ocean which also contains chromeopathy, hydropathy, homeopathy, etc. The principles of ayurvedic system include the principles of all the other systems. In the treatment of new diseases, I am guided by the two main principles of ayurveda for treating diseases, namely, Hethu Vicharana and Oushadha Vicharana. We treat a new disease according to its symptoms as they present themselves to us. It is also the Indian tradition to incorporate into the system new diseases from time to time. So ayurveda has been growing. If it is desired to draw up text books incorporating all the knowledge of other systems, it should be done not by translation but in the original language in which it has been written. The principles of surgery and the method of operations are contained in our text books, but they have gone out of use because of the influence of the foreigners who conquered us. Our dependence on them for everything is the cause of the disappearance of our systems. In our ayurvedic text books all the big operations are described, as also the instruments that were in use. If we establish an ayurvedic school, it would be possible to revive the old surgery. The principle of rhinoplastic operation was taken from the ayurvedic system by the allopathic system. In my opinion, surgery is an art but not a science. It is a question of practice, like tailoring. I agree that if we get the co-operation of a western doctor who is in sympathy with ayurvedic system and who knows the Sastra, we would be in a position to renovate ancient surgery.

Mr. G. Siganani Pandithar.

The above witness, who appeared for the Hindu Vaidya Sangam of Tanjore, was next examined. *In reply to the Chairman, he said:—*I am the representative of Siddha system of medicine. I received my training from my guru. I was practising in Madras for some time, but I am now in Tanjore, where I am connected with a public dispensary, which is conducted by me. I do not know if there is any school where the Siddha system is taught. There are some public dispensaries which are looked after by my relatives. I treat all diseases. I do not use English medicines, nor quinine. I treat surgical cases by external applications. There are medicines which when applied to boils, ripen the boil and open it. I did not treat any case of fracture in my dispensary but in our system there are methods of its treatment. We do not treat eye diseases. Siddha medicines are by far cheaper than allopathic medicines; the cost generally comes to less than one anna per day. I cannot say whether Siddha medicines are cheaper than ayurvedic medicines. The peculiarity of our system is there is possibility of cure in a very short time and we claim to cure very rare and bad diseases. The treatises on Siddha system exist only in the Tamil language. I think that registration of medical practitioners is necessary.

*Examined by Dr. Lakshminpathi, the witness said:—*I know the treatises called Jivarakshamritham and Patharthaguna Chintamani. Nadi Vignyanam is a treatise of the Siddha system. I know that Mr. Maduraimuttu Mudaliyar teaches students those three subjects in the Madras Ayurvedic College. I know also that the above books are being taught in the Madras Ayurvedic College.

*Examined by Mr. Arumugam Pillai, the witness said:—*Padardhagunachintamani and Jivarakshamrutam are books connected with the Siddha system. I have not gone through any great works in Sanskrit, nor can I say whether any Sanskrit works exist regarding the Siddha system. I think Bhasmams and Sindhurams cure more quickly than Rasa, Gandha Pashanadis. Medicines prepared out of Mulikas do not last long and they are not effective after some time, but Bhasmams even hundred years old sometimes cure effectively. I have cured cases of

elephantiasis by external applications. If by touching the part a depression is formed, you can cure such cases without operation. I have also cured seven or eight cases of piles without operation. There are eight kinds of piles. I should like that there should be a separate college for the teaching of the Siddha system, apart from an ayurvedic college. There are some books on surgery in the Siddha system and I believe with a study of those books it is possible to practise surgery. Though there are medicines in the Siddha systems which act like the surgeon upon boils, etc., I think a knowledge of surgery will be better. I cannot say whether it is possible to collect all the books on surgery. Perhaps it might be possible to find out what books are available now. There is no objection to include western surgery in our system. We have got Rasadi Manigal, Rasachharanaigal, etc. I have known the art of Nadi examination. Apart from the Nadi examination, it is necessary to learn the eight kinds of examination and find out the Doshas. In diagnosing the disease, however, according to the Siddha system, the pulse examination is considered to be more important in order to find out whether the disease is curable or whether the treatment will be a failure. In delirious condition, etc., pulsation plays a very important part and by pulse we can find out the condition of the patient. By looking to the Nadi we can also find out Meha rogams and diseases of the bone, and all the diseases of the various organs.

Mr. K. C. Subrahmanya Pillai.

The above witness who had been examined the previous day had his examination continued to day:—Plague is called Mahammari. I have treated a large number of cases of plague. Pollachi has often suffered from plague. From the year 1910, 63 cases of plague at Pollachi came under my treatment. Thousands of persons died in that place of plague. Of course inoculation has done immense good there. I myself got inoculated. The Collector invited me and some others to get inoculated and set an example to others; to create confidence, we got inoculated even three or four times. The people of the villages have now got confidence in inoculation as preventive of plague. Of those inoculated, only about ten or fifteen in a thousand have been attacked by plague. About 80 or 85 per cent of cases of plague treated by me were successful. I have prepared a kasbayam called Mahammari panakam for plague just like Pandit Gopalacharlu's specific, Haimadi panakam. My medicine is prepared out of margosa bark of a tree 60 years old, distilled water, and trikatu (sukku, tippili and mulahai). The decoction of the bark and the other ingredients is added on to a syrup made from sugar. This medicine is for internal use. For external use I make a plaster for the bubo. If lard were available, I could prepare a plaster out of it with veeram. The dose is one ounce of the panakam every second hour. The syrup will sometimes ferment in the bottles and kick off the corks; I do not do anything to stop fermentation because I had no necessity to do so, as the medicine was prepared in a hurry and used at once.

I treated cases of stone in the bladder, stricture due to urethral passage being blocked and stricture due to venereal diseases, which last disease is common in the Anamalais. Hundred cases out of the three hundred I attempted were successful. My prescription for stone in the bladder is Asmiri tailam. I am prepared to give out the recipes of all my preparations.

The Committee then adjourned for the day, to meet again at 12 noon the next day.

The Committee resumed its sitting at the Committee room of the Council Chamber, Fort St. George, at 12 noon on Wednesday, the 27th September 1922 and the following members were present:—

- (1) Khan Bahadur Muhammad Usman Sahib Bahadur (Chairman).
- (2) Dr. A. Lakshminpathi.
- (3) Dr. M. Subrahmanya Ayyar.
- (4) M.R.Ry. K. G. Natesa Sastri Avargal.
- (5) „ C. T. Arumugam Pillai Avargal.
- (6) Mr. A. T. Palmer.
- (7) M.R.Ry. T. R. Ramachandra Ayyar Avargal (came in the afternoon).
- (8) Dr. G. Srinivasamurti (Secretary).

The Committee proceeded to examine the following two witnesses who were recommended by the Tamil Sub-Committee and T.V. Sangam:—

- (1) M.R.Ry. Swami Virudai Sivagnanayogigal Avargal.
- (2) „ Shanmugandaswamigal Avargal.

In answer to the questions by the Chairman, Swami Virudai Sivagnanayogigal said: I practise the system of Siddha vaidya. The revealer of this system is God Sivanar. His disciple is Nandikeswarar whose disciple again was Tirumular. There were 18 such Sidhas each of whom had in his turn a large number of disciples. The treatment according to this system could be divided into (1) Vaidyam (medicine), (2) Vatham (alchemy), (3) Jyotisham (astrology), (4) Mantram, (5) Yogam, and (6) Kalpam (i.e., elixir of life). Sivanar was the author of the first book on the subject containing one lakh of sutras and the commentaries thereto extend to over seven lakhs of sutras. Following on these lines the books edited by the disciples are legion in number. Of these we are now dealing with only Vaidyasastra.

The system of vaidyam is divided into different classes. First they discovered the herbs and the medical preparations and divided them into ten sections; viz., (1) herbal preparations, (2) salt preparations, (3) acid preparations, (4) Uparasams which are 112 in number, (5) Udarporul medicines, such as preparations from *punugu*, *kasturi*, *gorojana*, etc, which are found in some parts of animal tissues, (6) poison preparations (64 kinds), (7) metallic preparations, (8) *sathuvahai* or extracts which are of 120 kinds, (9) Rasams—mercurial preparations and pills with special potency, and (10) *Yoga abhyasam*—the practice of yoga, in which in addition to the effects of yoga towards salvation, there are to be found immense medical results and I rely for my information on *Thirumantram Ennayiram*.

In Ayurveda there is much of treatment by means of herbs and there is no connexion between the Ayurveda and the Siddha systems of medicine. In the books relating to the Siddha systems of medicine many more subjects are discussed than are to be found in the ayurveda books and therefore it should be concluded that the Siddha system is more ancient, and it appears to have been in vogue even before the Dravidians settled in India.

I practise the Siddha system of medicine, and I do not use English medicines. With regard to surgical cases, as for instance in the case of a boil, we are generally able to treat it with external applications so that pus may not be formed within and the swelling gradually disappears. Should, however, the boil give trouble, we have medicine in our system by the use of which we can bring about results equally, if not more, effective than when they are treated surgically, i.e., there are medicines in the Siddha system by the application of which the pus or any other foreign matter could be easily removed with less pain and trouble to the patient; and subsequently by the use of other medicines the opening could be quickly healed. The whole thing is dealt with in detail in *Ranavaidya Chintamani*. In cases like hernia, excellent treatment could be administered by directing the patient to bed and by closing the opening through the application of necessary medicines. By such applications the skin would be allowed to grow at that portion sufficiently to close the hole.

With regard to eye diseases, there again we have necessary medicines and without the necessity for the use of instruments, we could cure the worst cases successfully.

I have not come across cases of abdominal operations, but our system of medicine provides for the treatment of such cases by inhalation. The necessary medicines are collected and prepared and the patient required to inhale the smoke which will have the desired effect of curing the trouble in the abdomen. Medicines prepared on the lines of the Siddha system are by far cheaper than English medicines. For instance, the churnams and bhasmams, which come under poison preparations, do not cost us much; but they could be used in the treatment of different diseases by merely changing the anupanamams. These medicines cure more speedily than mulika preparations. We have successfully treated such cases as were found incurable by means of English medicines, e.g., dyspepsia, rheumatism, gonorrhoea, syphilitic ulcers, etc. Ailments which are considered incurable under the English systems, such as leprosy, white leprosy, paralysis, etc., can be confidently undertaken to be treated by our medicines.

On the question of registration of indigenous medical practitioners, the witness was of opinion that as there were many illiterate persons among the Siddha vaidyans, the establishment of a college was of more immediate importance and that the registration of practitioners might as well be taken up afterwards. But if it were to be decided to have registration first, he (the witness) would confine it to practitioners of ten years' standing. There are no schools at present in the Madras Presidency to teach the Siddha system of medicine but there are many schools wherein the Ayurvedic system is taught.

In reply to Mr. C. T. Arumugam Pillai, the witness continued: There are one or two Ayurvedic schools in Madras, but we cannot establish such schools for want of funds. There is no harm in adopting other systems of medicine as far as they would be useful. I have no objection to try the principles of English surgery, but I do not want the English medicines. As between the two systems, Ayurvedic and Siddhaic, I do not think there will be any appreciable difference in cost. In the matter of registration of practitioners, each one might be registered in the particular branch he has specialised himself in, at the same time being allowed to practise as a general medical practitioner for all diseases. There is nothing wrong in English doctors being in the board as members and that would only tend to the appreciation of our system by such English doctors. Appeals from the board might preferably be to the High Court than to the Government as there are facilities for better discussion in the High Court. If a school is established for the purpose, owing to lack of funds it may not be possible to collect all the books available on the subject, but as a beginning students might be learning from experienced English doctors. When the board comes to be constituted, they might bring all these books together and then the different courses of instruction might be specified and a curriculum adopted.

Examined by Mr. A. T. Palmer the witness deposed: The Siddha system of medicine has a divine origin and originates from Sivanar. In the treatment of certain cases pertaining to the stomach by the process of inhalation, the smoke that the patient will take in pervades all through the body and even where the smoke cannot penetrate, it will sufficiently be absorbed to give the necessary remedy. I am of opinion that there ought to be three distinct boards, one for the Ayurvedic system, a second for the Siddha system and a third for the Unani system, as they happen to be in different languages. As a sort of encouragement, there should be colleges established and the necessary text books prescribed and the persons who have undergone a successful training in these colleges should be encouraged with suitable appointments in the medical departments under the local and district boards.

Questioned by Mr. K. G. Natesa Sastri, the witness said: I am the Secretary of the Tamil Vaidya Sangham which has its head office at Koilpatti. Its president is Mr. B. Appaswami Navudu, M.L.C., and it is established to encourage the Siddha system. I am also connected with the Dravida Ayurveda Sangham, and I was its vice-president during the time of Paudit Gopalacharlu. I think that I still continue to be vice-president there. The first conference of the Sabha was held in Tinnevely in the year 1921. We have awarded titles to persons who have attained proficiency in Siddha system according to their merits,—titles such as Vaidyapathi, Vaidyabhupathi, Vaidya Asariyar. In Washermanpet we have established a free dispensary. Patients of whatever caste are treated there; and on the average there are about 50 patients who are treated daily without charge. I think for the Tamil Nadu, medicines prepared under the Siddha system are more suitable. It is not stated in Charaka and Susruta that the system, Siddha and Ayurveda existed together and I can confidently say that the Siddha system was the more ancient. In Charaka and Susruta only the names of Rasams appear.

To Dr. A. Lakshminpath the witness deposed: This system of medicine has greatly to do with Siddhas like Nandi, Tirumular, Agastiyar, Therayar, Ramadevar, Dhanwantri and so on, who are 18 in number. None of them was born in the northern countries; but Ramadevar has made an extensive tour and has even gone to Mecca. He has written many books and while at Mecca he wrote a book in the Arabic language. In the same manner he might have also travelled in the Andhra Desa. (At this stage the witness was handed a book called Agasthiyar Karisal. After perusing the first two pages, the witness continued). It is mentioned here that the book was written after reading the following books: Vaidyartham, Vaidyaratnakaram, Rasachintamani, Rasachudamani, Rasapraharanam, etc. I have heard of Patanjali and he is a descendant of Nandi, one of our ancient Siddhas. He has written about Yogasastra. It might be that it deals with certain aspects Vedanta, but there is no reason to say that it is not part and parcel of Vaidyasatra. I think the author of this book cannot be the same person whom we recognise as the author of Grammar. At the head of a medical board I would prefer to have one that has specialised himself in the system.

To the Secretary, the witness explained: In Charaka and Susruta, vegetable drugs mostly, are mentioned, whereas in the Siddha system there are, in addition, mineral preparations. From this, I conclude that the Siddha system must be earlier. Asked whether just the opposite conclusion is not inferable from the fact stated, the witness answered "no"; being farther asked whether, if the Siddha System was richer and fuller than Ayurveda and contained all that Ayurveda had, and something more, it should not be referred to a farther stage and a later period in the evolution of medicine, witness replied he did not think so. Even before the

Aryans came here, the Siddha system was prevalent and the Ayurvedists are gradually developing their system by incorporating the methods of the Siddha system; and it is possible that in course of time they might become better experts.

In reply to Mr. Natesa Sastri the witness said: I cannot answer offhand whether the book Sampurna Kaviyam was written by Agasthiyar or not.

The next witness examined was *Mr. K. S. Subramania Sastri*.

Examined by the Chairman the witness said: I am a teacher in the Madras Ayurvedic college and I am also allowed private practice. I have not used English medicines in my treatments. In cases of influenza the theory of Vatham, Pitham and Sleshmam will have to be applied and it is easily possible for us to treat these cases according to Thrilosham. We have many books dealing with surgical cases. I have not done any surgical treatment. I think it will be useful to learn English surgery in accordance with Charaka Sastram. Ordinarily for the indigenous preparations a patient might have to pay from six pies to one anna for a day's treatment. I do not know about the cost of English medicines.

With regard to medical registration there should be a board consisting of the doctors of the different systems but entirely independent of the Government. There may be a different board, if necessary, for the Unani system of medicines. I have no objection to a joint board. I agree with the witness that deposed yesterday that a school might be established by the Government quite independent of the present medical department under the Surgeon-General. If the school or college should be under the Surgeon-General, I am of opinion that it will not be facilitating the progress of the Ayurvedic system.

Examined by Mr. A. T. Palmer, the witness said: There are many ancient standard books on the Ayurvedic system of medicines. Many subjects are dealt with there and they are all written in Sanskrit. Some portions of it are translated but I do not know if there are more than one translation for any portion. Till now to my knowledge there has not been any committee to test the veracity of the translations already made. During the time of Asoka and Chandragupta, the doctrine of Jeevakarunya was elaborately preached and that was the main reason why the art of surgery according to our sastras had to fade away as there were not many people coming forward to adopt the system, because of the philosophy taught under that doctrine. With regard to the powers of the board to be constituted, I have no objection to have a board provided it is not controlled by the Government. But I have no objection for the committee itself being appointed by the Government.

In reply to Dr. A. Lakshmi pathi, the witness continued: My college is affiliated with the All-India Ayurveda Vidya Peetam and we follow its curriculum. We have text books in Sanskrit, Telugu and Tamil. Some of these text books are not merely translations, but they are original ones like Basavarajiyam and Chintamani. Even the books, the originals of which are in vernaculars are based upon Sanskrit text and in such vernacular books there are some additions derived from experience in the Telugu country. We teach in our college elementary science, chemistry, physics, anatomy, biology and physiology and the students know the use of the microscope. We teach surgery according to the Ayurveda sampradaya and also according to the Western method. In the College Journal there are 710 surgical operations recorded. For the cleaning of wounds before and after operation, we use kashayams, etc., prescribed in Susruta. I believe in the use of Tripala Churnam in healing wounds. Medicines prescribed in the British pharmacopœia are also taught. The students are also taught actually the system of intravenous injection. I do not think it necessary that the Western system of using it should be adopted. In Suohikabharanam there is mentioned a method by which medicine can be introduced into the circulation. This method is resorted to when the patient is unconscious and there are precautions for the use of these medicines. Pandit Gopalacharlu took a great deal of trouble in collecting the manuscript books on the subject. Even now we are collecting all books available. The practical work for the students in our college are taught in the Andhra Ayurvedic Factory which is a limited company with three lakhs of rupees for its capital. For the students and teachers there is no secrecy in the preparations of medicines. Students who cannot afford to pay for themselves are given some work and are paid a remuneration for such labour as they are doing in the factory. Most of the students get scholarships from Maharajas and they are taken up by various municipalities as is the case in Guntur, Rajahmundry and such other places. I have received good reports of the work done by these students. The dispensaries are very popular. Both the poor and the rich come here for treatment. I have got students for post-graduate studies. The college students are conducting a journal and they record their experience in that journal.

Questioned by Dr. M. Subramania Ayyar, the witness said: Though we do not adopt the English system of surgery, yet we teach it in our classes for the purpose of comparing and eliciting the merits of each system. Some of the students who come for post-graduate studies in our college pay their own expenses and some others get scholarships.

In answer to the Secretary, the witness continued: There are ten professors in our staff. Each professor takes one or two subjects. There is a separate teacher for clinical instruction. There is no in-patient hospital for learning clinical work at present, but during the time of the

Pandit there were some in-patients. For want of funds it was impossible to maintain them. There are no permanent endowments for the benefit of the college and if we have funds, we can provide for better clinical training and also keep a laboratory.

At this stage the Committee rose for lunch and re-assembled at 2-30 p.m.

The next witness examined was *Mr. K. Sesa Sastri of Sringeri*.

Replying to the Chairman the witness deposed: I am connected with the Ayurveda Vaidyasala in Mysore connected with the Sringeri Mutt. We have no plague in those places, but if there is an epidemic we can successfully handle the cases. Cases which according to the English system of medicine should require surgical treatment, can be cured by our medicinal preparations without any necessity for using the English medicines. The cost also is very cheap, say about six pice per head. I have got some students and I teach according to *tot* system. I teach in Sanskrit and also in Kannada. I do not know very much about the Medical Registration Act, but only those who have adequate knowledge should constitute such a board.

In answer to Dr. A. Lakshmi pathi the witness said: I was the President of the Andhra Ayurvedic Conference held last year at Tenali. At that Conference a resolution was passed that the Ayurvedic physicians of the Andhra-desa should not co-operate with the Committee as they believed that the Committee will not be conducive to the interests of the Ayurvedic system; and they also thought that it was after all a bait to pass off some more time; also they had no confidence in the Government. However, in spite of that resolution, I have co-operated with this Committee for the reason that I thought I should answer the challenge that was put forward whether the Ayurvedic system was a scientific one or not.

To the Secretary, the witness replied: Trying to mix up Ayurvedic, Unani and allopathic systems is dangerous as their methods are different. I have no objection if things like surgery are taken up on the basis of indigenous systems. The books on Ayurvedic system are exhaustive in themselves and the new diseases are but modifications of the old ones. I have no objections to take any useful things from any other system for diseases which are not provided for in our systems.

Replying to Mr. A. T. Palmer, the witness said: If students in the Government medical colleges should be specially trained in Ayurvedic medicines there is always the apprehension that the Ayurvedic systems would be wrongly interpreted. It will take five years for primary training in Sanskrit and another ten years to study the science itself, including the practical course. I have not got any secret medicines, but in the combining of particular preparations each may use his ingenuity. Certain treatments are kept secret for the simple reason that if the prescription were to be given out, people might lose faith in the value of the remedy as it very often happens that the remedies by themselves are very simple. Hence it is that certain treatments are shrouded in mystery.

Replying to Mr. K. G. Natesa Sastri, the witness said: The morbid conditions of Doshas occur in case of fever as well as in cases of consumption but these two should be considered as separate diseases which should be diagnosed according to the particular organ that is affected by the dosha. Such classifications may be made, but it is unnecessary that they should be considered as a new disease. I am of opinion that Bhavamisra erred in considering syphilis as a new disease.

The next witness examined was *Mr. M. Madhava Menon*. In reply to the Chairman, the witness said: I am connected with the Madras Ayurvedic college for the last twelve years. I can cure all diseases by adopting the Ayurvedic system and I do not have recourse to English medicines. Our system permits of research work. I do not practise surgery, but it is taught in our college and I consider that for practical training it is necessary to incorporate modern surgery in our books. With regard to the cost of the Ayurvedic medicines I consider that these medicines are by far cheaper. I can treat the following cases more successfully by adopting the Ayurvedic system than by English medicines, viz., paralysis, mental diseases (Avasmaram), skin diseases, etc. If the Government would encourage the system, there are teachers sufficient to undertake the work now. The medium of instruction in the Ayurvedic system should be Sanskrit. It is not possible to have anything like an appropriate translation for these Sanskrit text books if they are to be properly and usefully taught in the medical colleges. I am for having a separate board for the registration of Ayurvedic medical practitioners—a board consisting exclusively of indigenous medical practitioners without the control of the English Medical Council, because I am of opinion that the Surgeon-General is against our system and also because I feel that it may not be conducive to the progress of the indigenous system.

Replying to Mr. A. T. Palmer, the witness said: The Ayurvedic system allows of expansion and research work. I do not consider that making use of modern facilities for investigating into diseases and remedies will help in any measure to improve our system. It is not good to make the teaching of Ayurvedic system compulsory for students in the Government medical colleges as there are not capable men to give instructions properly: It is essential firstly that the students must have a good knowledge of Sanskrit. Though there are books in English I

do not consider that they are proper translations and it is impossible to have a correct translations. If that were possible, then it might be tried. I am a medical practitioner myself. I am not a specialist for any new diseases.

Questioned by *Mr. K. G. Natesa Sastri*, the witness said: The Ayurvedic system has a system of its own and it is a scientific system. It is based on Tridosha. We diagnose diseases according to symptoms and according to the different organs. The medicines also are based on tridosha. There is also the system of Panchakarma, otherwise called Sodhanakriya, by which diseases could be properly treated. Hethuviparitha and Vyadhiviparitha represent the treatment by contraries of the causes of diseases.

To *Dr. A. Lakshmiipathi*, the witness said: I underwent a post-graduate study in the Ayurvedic college and I passed the highest examination in it. I am the resident medical officer of the Madras Ayurvedic college. I can statistically prove that Ayurvedic medicines are cheaper than English medicines. I teach the final year course in the college and I have found it difficult in practice to teach the students who did not know Sanskrit. I would recommend Sanskrit to be the medium of instruction in an ideal Ayurvedic college, and, as I have already said, if a proper translation were possible, vernacular rendering of the Sanskrit books on Ayurveda might be usefully attempted. I see no harm in Ayurveda system being made a compulsory subject for being taught in the medical colleges and believe that each system will benefit by the other. I also like the idea of sending final year students and graduates for comparative and post-graduate studies to the medical colleges where the Western system is taught.

In reply to *Mr. C. T. Arumugam Pillai* the witness said: In our colleges we use Bhasmas prepared in accordance with the instructions given in Rasarnavam and Rasapradipika. Ordinarily by the use of bhasmas and sindurams we are able to cure skin diseases, such as syphills, leprosy (mandalakshtam) in its middle stage. I have not tried it in its final stages, I have not tried the herbs in these cases, for I think it will take some more time.

Replying to the *Secretary* the witness said: I prefer that Ayurveda should have a college of its own rather than that it should be taught in western Medical colleges; for, the latter course will not promote Ayurveda, any more than the teaching of Sanskrit and vernacular in Arts Colleges has promoted Sanskrit or Vernacular scholarship. Moreover, the professors of Western Medicine are paid so highly that a poorly paid vaidyan on the staff of Western Medical College will not command respect. I would therefore prefer to have a separate college for the teaching of the Ayurvedic system. I should think that the only way to encourage Ayurvedic system is by establishing on its own basis an Ayurvedic college, and if necessary Western training might be given there as an optional course. I have been long connected with the All-India Ayurvedic Vidya Pitam and I know the general curriculum and the text books. I do not consider that there are suitable text books in all the subjects. There should be a sort of committee to prepare and prescribe suitable text books. Some books might perhaps be re-written and classified under the different branches of medicine, such as medicine, surgery, etc. We should therefore first have a board for bringing the text books up-to-date, but as there are sufficient number of teachers already, the teaching might be immediately taken up without waiting for the board to select the necessary text books.

The last witness examined for the day was *Pandit T. R. Ethirajulu Nayudu*. In reply to the *Chairman*, the witness said:

I practise the Siddha system of medicine. I am able to cure, by means of oils, etc., diseases which, under the English system, need operation. Appendicitis, Carbuncles, which have been treated in the medical hospitals and in some cases even operated upon, but subsequently given up as hopeless, have been successfully treated by me and the patients are keeping excellent health now. It is my ardent desire to publish to the world that in this system there are medicines which can, with less risk and trouble to the patient, be successfully administered for treating even such serious cases as have been pronounced hopeless by eminent English doctors. Presentation of medals and certificates were made to me at public meetings. *Mr. T. Arumainatha Pillai* presided over one such meeting and presented me with a medal for successfully treating a case of appendicitis. *Sir P. Tyagaraya Chettiyar* presided on another occasion. I have cured two cases of diabetic carbuncle in recognition of which at a public meeting assembled and presided over by *Mr. C. P. Ramaswami Ayyar* now Advocate-General, I was awarded a gold medal. I have also undertaken and successfully treated cases of leprosy. One such instance was in *Mr. V. K. Ramanuja Achariyar's* house who granted me a certificate unasked. I have so far had 17 medals, a gold thoda and a diamond ring not to speak of the innumerable certificates granted to me, almost all of them given for my merit in having treated cases the cure of which many English doctors had attempted in vain; my testimonials would amply substantiate my statement.

I was trained in both the English and the Ayurvedic systems of treatment. I received my training in the Ayurvedic system under my master one *Tiruvaiyar Srinivasa Pandithar* of the Tanjore samasthanam. I have also received some training in the Western systems; but, I have not passed any examination. I do not use any English medicines, nor do I use quinine for malaria. Even surgical cases, as I have already mentioned, do not require the help of the

Western medicines. Even cases of syphilitic ulcers, considered incurable by Western doctors, have been treated under our system with success. As to the cost of our medicines, they are many times cheaper than the English medicines. I am quite sure about it.

Medical registration must of course be introduced and doctors who are capable of handling cases independently must be granted diplomas as is done in the case of the English system. They should also be empowered to give certificates just as English doctors are.

In answer to Mr. A. T. Palmer, the witness said: I possess cure for appendicitis and leprosy which I got from my master. They are not written in any books. My master was himself taught by a Yogi. There are several such cures which might be collected if only Government encourages us, and open dispensaries under the Ayurvedic system in all the districts. I have treated one or two cases of leprosy and I can give evidence of it. But they were not of a chronic nature. I have treated one such case in Mr. V. K. Ramanuja Achariyar's house, who is now the President of the District Board, Tanjore. I am not rich enough to pick up for treatment all cases of leprosy; but if cases are offered to me, I can then show my ability. Three students are already being trained by me and they are learning from me what I have myself learnt at the feet of my master. I should like that students trained in English medical colleges should also receive instructions in the Ayurvedic system, so that, if they are not able to treat cases with the help of the allopathic medicines, they can confidently have recourse to the Ayurvedic medicines. That is my experience. Each disease must be explained by a body of Eastern doctors. It is necessary to know the mysteries of Tridosha. I have not mastered the Ayurvedic system but I can handle cases confidently and successfully. What really matters is not a detailed knowledge of what is said in books, but a practical training in the treatment of cases. I do not know what the Sanskrit term Tridosha means. I have a good knowledge of *nadees* which is essential for an Ayurvedic medical practitioner; and I have gained medals and certificates for efficient treatment which is not possible without a proper diagnosis of the case by means of *nadees*. I am for teaching Ayurvedic system also in English medical colleges.

To Mr. T. B. Ramachandra Ayyar, the witness said: I know the treatments practically and I learned them from my teacher. A practical knowledge of medicine is more essential for successful treatment: but it would be better to know the Sastras as well.

Replying to Mr. C. T. Arumugham Pillai, the witness said: I know *nadees* and there is no use of treating diseases without knowing *nadees*. A knowledge of it is essential but such a knowledge cannot be obtained by merely studying the books. They must be learnt at the feet of a master. And that is why I should like it to come from Guru to Shishya (Guru Shishya Parampara).

In answer to *Mr. M. Subramania Ayyar*, the witness said that a full knowledge of the *nadees* could be gained by a student of average ability in one month.

The Committee then adjourned for the day at 4 p.m. to meet again to-morrow at 12 noon.

The Committee met at the Committee room of the Council Chamber, Fort St. George at 12 noon on Thursday the 28th September 1922 and the following members were present:—

- (1) Khan Bahadur MUHAMMAD USMAN SAHIB Bahadur (Chairman).
- (2) Dr. A. LAKSHMIPATHI.
- (3) ,, M. SUBRAHMANYA AYYAR.
- (4) M.B.Ry. K. G. NATESA SASTRIAR Avargal.
- (5) ,, C. T. ARUNUGAM PILLAI Avargal.
- (6) Mr. A. T. PALMER.
- (7) Dr. G. SRINIVASAMURTI (Secretary).

Messrs. O. Maduraimuthu Mudaliyar, C. T. Muthayya Pillai, O. S. Murugesu Mudaliyar, V. Shanmugasundara Mudaliyar and Panilit S. S. Anandam appeared together on behalf of the South Indian Ayurveda Sangam.

In reply to the chairman, Mr. Murugesu Mudaliyar the witnesses deposed as follows: We are Siddha doctors. We received training at the hands of certain Tamil pandits. We are able to treat all diseases. Our system allows us to make researches into new diseases, proceeding on the three dosha basis. We have got certain functions for Vata, i.e., the nervous system, certain others for Pitha which represents the blood oxydisation and the tissue system, and certain others for the Sleshma representing the secretive system. We examine whether these three Dhathus are in equilibrium or whether they are disturbed. If the latter, we bring them into equilibrium and the disease is then overcome. We are absolutely certain of successfully treating any disease. We do not use any English medicines. We treat even surgical cases with external applications. But we are ready to assimilate western knowledge in the matter of surgery. For we have no hostility to knowledge as such. Similarly we have no objection to take in knowledge from the Ayurveda books. Our medicines as those prepared under the Ayurveda system are very much cheaper than those in any other system of medicine. Both the Siddha and the Ayurvedic systems are almost the same inasmuch as they proceed according to the nature of the constitution, according to the food taken and according to the habits. But there are some slight differences. Though the medicines are also almost the same yet there is some slight difference in the preparation. The majority of the Ayurvedic medicines are used by the Siddhas also. But the preparation of arsenics and some other metallic preparations are not dealt with in the Sanskrit texts of Ayurveda. The special diseases for which our system is famous are chyluria, diabetes, consumption, diseases of the nervous system, paralysis, diseases of the abdominal system, dyspepsia of chronic nature, syphilitic diseases, leprosy and so on. There are many Siddha doctors in the Tamil districts. A knowledge of Tamil is quite sufficient for a study of the Siddha system and a knowledge in Sanskrit and English would only serve as adjuncts.

We desire the system of medical registration. But at the present stage we are not for it. When Government brings into existence institutions and provide for certificates and diploma and degrees for successful candidates and give the same privileges to the allopathic and the Siddha doctors, we are quite prepared to go in for medical registration. As for the medical board we want it to be separate consisting of members exclusively from the indigenous systems. The board may consist of an equal number or other proportion of men for the Ayurveda, Siddha and the Unani. We prefer appeals from the Board to the High Court and not to Government. When the Government brings into existence institutions on the indigenous systems of medicine these institutions in our opinion should be placed under an officer quite independent of the Surgeon-General, because the latter belongs to the allopathic system and will have a natural prejudice against our systems. On the other hand, if one independent of the Surgeon-General were to be appointed there would be immense possibility for the development of the indigenous systems and for researches as well. The Committee should also be an elected one of non-officials. The Government if necessary may nominate one-third or one-fourth of the members but we strongly wish that the majority should be non-officials elected by Ayurvedic, Siddha or Unani doctors. We cannot say whether the Siddha system is older than Ayurveda for that is more or less a question of academic interest.

In reply to Mr. A. T. Palmer Mr. Maduraimuthu said: The classification of diseases in our system and the modern system is the same. We have a symptomology also in our system, quite clear and definite. For instance, the texts say that pneumonia is a lung disease and is a kind of janni which has been classified into 13 kinds. It is not considered as a separate disease but only as a subdivision of Sannipatha Jwara. Our books locate the disease in the lungs when they say that cough is a symptom of pneumonia. In consumption though there is fever we treat only for the disease. (The witness here read from the Jeevarakshamrithum the passage relating to Rakthashteelisannipatham which he said was pneumonia.)

We can cure consumption in the first two stages. I have myself cured two cases. Whatever our sages have said incurable, the western system has also failed to cure. There are instances where we succeeded and the western system failed.

Mr. Murugesu Mudaliyar referred to an instance of consumption where the patient was pronounced to die in the course of a week by an expert allopathic doctor but who was cured by him.

Continuing Mr. Maduraimuthu said: The committee should be elected by the physicians of the indigenous systems and not nominated by the Government. Government officials should not find a place in the committee. But one or two nominated members may be put in. The allopathic doctors have got a prejudice against our systems, why we cannot say. We consider it a prejudice because of the bar that exists in the case of the people who have not been registered, such as Doctor Lakshmipathi.

Replying to Mr. Palmer, Mr. Murugesu Mudaliyar said: The Government ought to be the guardian of the indigenous systems. They have neglected them for long and given prominence to the allopathic system. The Government have therefore not shown any sympathy and we are afraid may continue to do so. Ninety per cent of our population are benefited by our indigenous systems.

The President here pointed out as follows: These are days of self-determination. If you determine that the Government should give up its prejudice and establish an independent department and institutions for the Ayurvedic, Unani and the Siddha systems of medicine, and that the medical registration board should be composed of elected members, all that will have to be considered. Prejudices are things of the past. Medicine is a Transferred subject and it is in the hands of your Minister. It is you that elect members of the Legislative Council and the Minister is an elected member of the Council. This is one of the blessings of the Reform scheme. So be hopeful.

Mr. Murugesu Mudaliyar continuing said: We handle about four or five hundred medicines. I can find a prepared medicine by sight, whether it is spurious or false.

Replying to Mr. Natesa Sastriar Mr. Maduraimuthu said: Western knowledge can be given in Tamil. Many books have been translated and materia medica can be learnt when translated. A separate college may be necessary for the Siddha system or even if in the same college separate staff would be necessary for the Siddha system as the text-books are separate from other systems. On the whole, State encouragement is necessary. The President of the Board should be a non-official.

Replying to Mr. Arumugam Mr. Murugesu Mudaliyar said: Special diseases like *Navattikachal*, *Ulamanthai*, *Antharavettai* and *Thaxhuthazhai* can be treated in any system provided that the tri-Dosha theory is correctly understood. The medicines are of course peculiar to the peculiar diseases of each country; but whatever may be the nature of the disease if a drug cannot be had, a substitute drug with the same qualities can be had. Neervalam which according to some people originally came from Nepal can be used in any place. Allopathic doctors use quinine where we use Vembu and Purasu. In the case of a serpent bite where the pulse had stopped beating, some tests other than the examination of the pulse are prescribed. The pulse may be examined in some of the ten places where they could be felt. But if they could not be felt in all the places, other tests like the water test and beating at the buttocks are laid down. The tests can be applied even in the case of children.

Mr. Muthia Pillai said: The Sanskrit works and the Tamil works proceed on the same basis. Dhanvantari was followed even by Siddhars and Therayyar. In support of my statement I can point out to the passage of Therayyar where he bows to Dhanvantri and proceeds to say some things following the Sanskrit works. Urine test is dealt with in both the Siddha and the Ayurveda systems but not so exhaustively as in the Unani system. I have read and I am ready to explain in detail the test as laid down in the Unani system. Even in the case of pregnant women, there is a simple test to find out the pregnancy. We are asked to place a few leaves of Poonakanji in the urine of the woman and if black dots are formed we can conclude that there is Vatha. If on the other hand the black dots outnumber the red ones we can affirm that abortion would ensue. In my opinion a study of the Tamil Siddha system would take about four years though there would be no end to the study of knowledge of any kind. Regarding the urine test I can confidently assert that no system except the Unani deals with it in an exhaustive manner. I have got about 16 books to be published relating to the subject which I hope would be of immense benefit to the world. The Hakims know how to distinguish between male urine and female urine. It will be possible to find out whether a girl has attained puberty or not from the urine tested in the manner laid down both in the Siddha and the Unani systems, whereas in the Allopathic system a lady doctor will be necessary for purposes of examination. My father has published a book containing 74 autrams out of 740 on the subject. He has dealt with only the Vatha, Pitha Jwara, Sannipatha. Terayyar has produced 12 works. Some stanzas in the Mahabharatha bear a medical interpretation. The five brothers are compared to five metals, iron representing Dharma, silver Sahadeva, Lead Bheema, copper Arjuna while Panohali represents sulphur. The symptoms of diabetes are clearly explained in our books

and the specific for the disease is a decoction of Neerkadambu, Aloes, dried ginger, pepper and thippili. We have tried this in several cases.

In reply to Mr. Subrahmanya Ayyar he said: We intend publishing the works, provided aid is given. Sixteen works are ready for publication.

Mr. S. S. Anandam said: The Tamil system of medicine is not confined to South India. It is prevalent in Ceylon, Penang, Singapore and Madagascar. In all these places the Siddha system is followed. The preparation of medicines at several places like Pondicherry, Coochin, Kumbakonam and Karaikal was stopped either by Government or by somebody. It will be a great benefit if the Government see that it is revived.

Vaidyaratna R. Bharatha Sastri and Vaidhya Bhupathi S. Krishna Rao appeared jointly for the Madras Ayurveda Sabha.

In reply to the President they said: We are practising in Madras. We are treating almost all diseases without any difficulty. We do not feel the need for consulting English doctors. We do not use English medicines. We do not treat surgical cases. One of us was a student of the Venkataramana dispensary while the other studied medicine under a Guru. Many English doctors themselves do not practise surgery and we do not think there is any necessity for us to learn it. Our medicines are very very cheap. We have many grievances against the system of medical registration. We are not able to register ourselves and our certificates are not always honoured. We hope the disadvantage would be overcome by the system of registration. But until Ayurvedic and Unani institutions are brought into existence, the system cannot work well. Ayurvedic doctors should have the supervision over medical registration. No restriction should be placed on the purchase of medicines.

In reply to Mr. Palmer the witnesses said: Our books are written in Sanskrit. There is no doubt on our part regarding the nomenclature of diseases or drugs. Some drugs have not yet been properly identified. For people who understand the language there is no doubt or ambiguity. The maintenance of an Ayurveda college will cost about Rs. 3,000 a month for 100 students. The cost therefore would be Rs. 36,000 a year including classes on surgery.

This excludes hospital expenses.

In reply to Mr. Nadesa Sastri the witnesses said: The Madras Ayurveda Sabha is an association of physicians. It has some 50 or 60 members. It was established in 1918, and Pandit Gopalacharlu was the President. Now Mr. Doraiswami Ayyangar is the Vice-President.

Replying to Mr. Subrahmanya Ayyar Mr. Krishna Rao said: I deal with the Ayurveda Siddha vaidyam. I have read both the Siddha and the Ayurveda systems and know metallic preparation. I find no difference at all in the general principles in the two systems of treating diseases. The difference between the two schools lies in the language and in the method of preparations; in both vegetable preparations are used and in both lehyams and bhasmams are administered. But the preparation of medicines is in different ways in the two systems. Charaka has stated it in one way and Sushruta another.

Replying to Mr. Arumugam Pillai the witness said: I was given the title of "Vaidya Bhupathi" at the Tinnevely conference. At times, rasa gandha pashana prove more efficacious than the lehya and thaila.

Replying to Dr. Lakshmiipathi the witness said: (Mr. Bharatha Sastri): I have been honoured by the Government with the title Vaidyaratna. But my certificates are not honoured by the Government, by the Government courts and offices.

In reply to the Secretary, the witness said: I was working for a long time in the Mylapore dispensary and I was connected with the Cannan Chettiyar's dispensary for seven years. We do not undertake surgical cases. We treat them with thailam, etc. While I was in the Venkataramana dispensary there was no surgical department. It will of course be useful if there is a surgical department, but it must be based on the principles of Ayurveda.

A. Z. Muhammad Latifuddin Sahib was then examined. *Replying to the Chairman*, he said: I have made a comparative study of the Unani and the Siddha systems. I practise in Trichinopoly. I administer both Unani and Siddha medicines. Those who like the treatment according to the Unani system are given the medicines prescribed in it. I have made a very little study of Ayurveda. I learnt the Unani system from my father who was a Hakim and also partly from Muhammad Hakim Sahib of Trivandrum. In Trivandrum I studied for six months in the Ayurvedic college. I was in Trivandrum some 20 years ago. There was a Siddha private school also there. Sanskrit works were translated into Malayalam. I know Malayalam and also a little of Arabic. There are certain medicines in Unani which prove very effective and similarly in the Siddha system, there are certain metallic substances which act strongly. The Siddha system is a very old one. From time immemorial it has been practised in India even before the advent of Sanskrit. I prefer Siddha system to Ayurveda because the medicines prepared out of the metallic substances and the poisonous substances are more effective when properly administered. The vegetable substances prepared under the Ayurveda system are not sometimes so effective. Doctor Ajmal Khan has combined both these systems in his Hindustani Dawakhana. "Miseri" is the name of Egypt, and Unani for Greece. Miseri and Unani are two adjectives. Miseri people used poisonous and metallic substances. Miseri is more

Siddha Vydiam than Ayurvedic. I have gone through a book written by an American in which he says that some 12 or 13 thousand years ago, even before the Suez canal was dug the Arabs used to come to South India when they took this system from here, and cultivated it and called it the miseri system. The miseri system makes use of poisons on a large scale as the Siddha system. Even in the Ayurveda system some vegetables contain poison. I do not use any English medicines. I have cured cases of Malaria by Unani and Siddha medicines. In the Siddha system we have a preparation from margosa, nilavembu and alum, a bhasmam of alum with a decoction. A lavana dravakam is also administered. According to the Unani I prescribe Zaharmora with some other substances. Zaharmora stops vomiting and kills the malarial germs. I use it with chirayatha and a preparation of sulphur. Ayurveda is based upon the Tridoaha system. I try to cure surgical cases by means of external applications as well as internal medicines. If there is anything inside the abdomen we use certain smokes. The indigenous medicines are very cheap. If I fail in my treatment under the Unani system I resort to the Siddha system. Medical knowledge excepting surgery is perfect in both the systems. For cases of relapsing fevers we have certain decoctions which effect a cure. As long as medical registration is left to the allopathic doctors we will be at a great disadvantage. The institutions for the encouragement of the indigenous systems of medicine should not be subject to the control of the Surgeon-General.

Questioned by Mr. Palmer the witness deposed: Enteric fever is described in our books. It is called Isahali. In cases of enteric fever we test the urine and a symptom of the fever is that the tongue is affected. From the colour of the urine we infer the disease. Our books give the duration of the fever from 14 to 21 and sometimes 40 days even. Our books also speak of the relapse of such a fever, if the patient is allowed to take solid food. The modern physicians say that chlorine mixture will cure the patient but leave the final cure to nature. We have got on the other hand definite medicines prescribed. In Trichinopoly a child was suffering from such fever and the allopathic doctors left it as hopeless. I treated the case with Unani medicines and succeeded. Metallic preparations are injurious to the system if administered recklessly but if they are prepared properly and administered in the right way they are not harmful at all. We want the Government to help the Ayurveda system; for it is an indigenous system. Unani, Siddha and Ayurveda systems are suited to the climatic conditions and temperament of the people and hence the Government are bound to help and encourage them. I do not urge it entirely on the basis of patriotism. These systems cannot be taught in the Government Medical Colleges; a separate training is necessary. Surgery may be included in the course of training in the indigenous systems. Anyhow separate colleges are necessary for the indigenous systems. Medical science is progressing no doubt; and we are prepared to assimilate all knowledge from whatever source. But as far as my knowledge goes each system is self-contained.

In reply to Mr. Natesa Sastri the witness said: The Government can help the indigenous systems by starting schools and colleges, by asking the municipalities, the taluk, and the district boards to maintain such institutions and providing them with funds. The same college may afford instructions in the Siddha and the Unani systems separately. I have heard of the Dravida Vaidya Mandal. I was invited to the Conference held at Kaniyur where I had a resolution to move regarding the conferring of titles to Vaidyans. I sympathise with the three systems, since they are all indigenous. I am a member of Siddha Vaidya Sangam and also of the Ayurveda Sangam.

In reply to Mr. Subrahmanya Ayyar the witness said: It would be a great disadvantage if in the college teaching the western systems of medicine, the native systems are also taught and option be given to the pupils to choose their system. For, in course of time, I am afraid the allopathic system will become supreme. From time immemorial the Indigenous systems have been existing. The allopathic doctors will then borrow something from the indigenous systems and amalgamate them and compile a new pharmacopia.

Questioned by Mr. Arumugam Pillai the witness continued: The pulse is treated in the Siddha and Unani systems rather more elaborately than in the Ayurvedic system. Nadees are spoken of in Sarangasamhita, but I do not know of it in detail.

Replying to Dr. Lakshmipathi the witness said: Patriotism and experience make me believe in the indigenous systems. I agree with the view that the more and more the British supremacy was established in India, the more and more was the decline of the indigenous systems. I believe also in the converse proposition that the greater the supremacy of Indians in the administration of their own affairs the greater will be the progress of the indigenous systems. The question is not merely a commercial one but affects life and death. We cannot thrust allopathic medicines on persons constitutionally unfitted to receive them. For the constitution the climatic conditions, the habits and food of the people of this country the indigenous systems are the best suited. I think that our native systems will not thrive even if they are taught as compulsory subjects in allopathic medical colleges. For the teaching in Allopathy will be given undue predominance.

Replying to Mr. Natesa Sastri witness said: I do not know whether the book on Neerkuri refers to any Sanskrit book

Replying to the Secretary witness said: I did not say that Hakim Ajmal Khan was of opinion that the Unani system is based upon the Siddha system. Medicines based upon the Miseri and the Siddha systems are prepared in his Dawakhana. If Hakim Ajmal Khan had lived in South India, and had been enlightened in and made investigations into the question, I am sure he would come to the same conclusion.

At this stage the Committee rose for lunch.

The Committee met after lunch when they examined *Messrs. Venkatachala Sastriar, G. Subramania Sarma and Narayanaswami Ayyar*.—all of the Dravida Vydya Mandal.

Mr. Sarma, replying to the Chairman, said: We undertake the treatment of all medical cases. We do not employ any English medicines. Surgical cases do not come to us. We can treat even surgical cases with indigenous medicines. We have got a theoretical knowledge of surgery and we want the art only. We have no objection to the teaching of modern surgery. Mr. Narayanaswami Ayyar is practising in Shiyali while we two practise in Madras. Mr. Narayanaswami Ayyar follows the Siddha system while we two follow the Ayurveda. Our medicines are very cheap compared with the others. It costs on an average for a patient from 7 pies to one anna and a half at the most. If the Government open a dispensary the cost will be very small. I have submitted a statement to the Trichinopoly municipality where the Chairman proposed to open an Ayurvedic Dispensary. I have given him almost all the information. At my suggestion he got a Resolution passed in the Council sanctioning Rs. 3,500 to start a trial dispensary. The dispensary is not yet opened. I studied medicine under my brother Mr. Natesa Sastriar while Mr. Venkatachala Sastriar studied in the Venkatarama Dispensary. Mr. Narayanaswami Ayyar studied medicine himself and was put in the way by some recluse.

Mr. Venkatachala Sastriar said: Surgery is taught in the Venkatarama Dispensary. They are also giving practical training in minor surgery in the vernacular. Surgery was introduced after I left the institution. My view is that there should be Medical registration. But the registration should be by a board of indigenous practitioners. A separate board for each of the three systems may be formed or all the three systems may be represented in a single board. The board should be under the control of a man other than the Surgeon-General. If the board is under the control of the Surgeon-General he will influence it. A separate officer is necessary as the question of doling out contributions to the various institutions comes in.

Mr. Sarma said: I am dead against Medical registration, because it is pregnant with so many difficulties. Competent people will be kept aloof, as they won't like to come forward. I do not think any advantage is gained from the system except the honouring of the certificate given. I want the law to be as it was before the Registration Act was passed.

Replying to Mr. Palmer Mr. Venkatachala Sastriar said: If the Government establish indigenous hospitals, the allopathic hospitals need not be closed. They may be working side by side. We are confident enough to tack any disease irrespective of the existence of an Allopathic hospital.

Mr. Sarma replying to Mr. Palmer said: The students of the different systems should be trained in separate Colleges. If we introduce indigenous systems along with the Allopathic systems they will have little time to study either. From the economic point of view it may perhaps be convenient for the Government to introduce indigenous systems along with the others. But I am afraid it will not help a thorough study of the indigenous systems. The indigenous colleges will be efficient as the allopathic institution, if sufficient grants are given; more money should of course be got for us by the M.L. Cs.

Replying to Mr. Natesa Sastriar, Mr. Narayanaswami Ayyar said: I really believe that the Siddha system is based on science. The old school of medicine was based upon a cosmic principle. It was believed that man conformed to the cosmos and got his origin from the magnum limbus. The same kind of theory is dealt with in the Vedas, and in the Tamil works. I will call the present Siddha system as a duplicate of the old system. For, it was the old mythical system which drifted into alchemy. The Siddha theory is that man is an immortal being and inasmuch as he is born he should be living. That was what they have been doing. That has been forgotten by us. Only the pick of the nation has got that knowledge even now. Under that system, the role of medicine was treated thus:—The whole creation has been divided into 212 details. Things have been classified into Bhasma, Churna and Sindhura. As an additional thing vegetables have been used. This theory is to be found in the Vedas. In the Upanishads these have been treated well. At a later stage in South India in the absence of that knowledge they have taken salt as the basis and created a modern school and called it the Siddha school. The criterion according to this school is that anything can be taken under the Satru mitra or Nadabindu class, dry and wet. In the absence of that knowledge of the mystics and the knowledge of the salt, they have taken the vegetable world as the chief constituent of medicines and have added minerals as adjuncts to it.

Replying to Mr. Subramania Ayyar Mr. Sarma said: When there is an attack of a disease, before going to any neighbouring doctor, I will of course consult whether he is learned in the subject, and when such consultation is not possible, I will give him a trial.

Replying to Dr. Lakshmi pathi the witness said: According to my system details of which I have given in my written answer it would cost Rs. 4,000 a year to run an Ayurvedic dispensary. Of this amount taking away Rs. 160 for instruments and Rs. 108 for furniture

and Rs. 120 for miscellaneous charges, which are non-recurring charges the recurring charges will be about Rs. 8,600 a year. I think that this is far cheaper than the Allopathic hospitals which are being maintained. If I am to further reduce the estimates I can only reduce the salaries of the physicians. Everybody cannot be expected to work honorary, because he has got to live. But if people are well placed in life they can work for an honorarium, if they are so inclined. So in some cases where we can expect honorary workers the expenditure of Rs. 8,600 need not be incurred. But as it is, only poor people come to study Ayurveda and most of them cannot afford to be honorary. My estimates were based on figures. I have worked out for the benefit of the chairman of the Trichinopoly municipality. The District Medical and Sanitary Officer of the division was asked to submit a proposal for the establishment of a dispensary and his estimate amounted to Rs. 18,000. This is what I heard from Mr. Rathnavelu Thevar. I told the chairman that I can run a dispensary between 3 and 4 thousands. He asked me to prepare an estimate and I submitted the scheme. Compared to the estimate of the District Medical and Sanitary Officer, mine is very cheap. For the municipality of Trichinopoly an expenditure of Rs. 8,800 may not be much. But there are places where the amount may be considered high. In such places the natives of the place who are well versed in Ayurveda and who are inclined to work for an honorarium may be offered honoraria to minimise the expenditure. A grant-in-aid may also be given by the Government to cover the cost of the medicines. When the president of a taluk board asked me to submit a modest scheme I gave one going up to Rs. 500. But if we are to run a dispensary with Rs. 40 a month, it would be impossible to maintain a peon, a doctor, a compounder, not to speak of the house-rent. As an alternative I suggested that the local man could be subsidised and asked to run a dispensary which would lessen the expenditure.

Replying to the Secretary, the witness said: It is a fact that the Siddha system has developed the system of pulse examination to a special degree, as also the preparation of minerals. It would of course be to the interest of practitioners all over the world to get some of these points from the Siddha system and incorporate them in their system whatever it may be. I agree to the incorporation of these things of Siddha system into the Ayurveda system.

At this stage, *Mr. Narayanaswami Ayyar* said that he attempted to solve that question in the Bose Institute but was not permitted to do so.

Continuing, *Mr. Sarma* said: I have absolutely no objection to incorporate the foreign systems if they do not clash with ours. Both the systems say that the ultimate particles are built up by the Panchabhuthas. They agree in saying that man is jeeva plus mind plus body. They agree also in regard to the Tridoshas. In symptomology also they agree. In the matter of treatment each has specialised in its own way. So there are more similarities than differences. It is of course true that unless the doctors of allopathy know the Ayurvedic physiology and pathology and know the action of the drugs in terms of Doshas and Dhatus, it would be dangerous on their part to have recourse to Ayurvedic medicines. That comes to the question of chemical reaction in the body itself. It depends entirely upon the constitution of the man and the diet. It may not be dangerous provided the doctors know the mode of preparation and if their diagnosis is correct. The diagnosis is the same as for the modern and the indigenous systems. Treatment in Ayurveda has reference to diagnosis, prognosis and pathology. For example, where the allopathic doctors treat a disease as an affection of the lungs or the thermogenetic centre, we speak of the disturbance or excess of Vatha or Pitha and so on. It will be dangerous if a doctor of allopathy thinking in terms of circulatory or other allopathic pathology uses the Ayurvedic medicines. Such a danger will not arise in the case of the Siddha and the Ayurveda systems, for they agree on the basis from which they proceed. Hence we can safely say that as between the two systems Siddha and the Ayurveda, the resemblances are more than the points of difference.

Mr. Narayana Ayyangar of Madura was the next witness examined. *In reply to the Chairman* he said: I come from Madura. I practise in Siddha and Ayurvedic systems. I learnt Ayurveda in Umacharan Bhattacharaya's college at Benares. I learnt Siddha from my Guru. Both proceed on the Tridosha theory. There is practically no difference between the two systems. The antiquity of Ayurveda can be traced with sufficient accuracy. The treatment in indigenous systems has reference to three things, viz.: the Minerals, Rasas and Uparasas, and Nadis. There are 27 Rasa siddhas. Of them Ravana, King of Ceylon, is spoken of as the Pravarthaka of the Nadi sastra, and Charaka and Sushruta, of Moolikais. Some each of these has amplified a particular branch. Both branches lived side by side. I have tried English medicines; for example, I have been using quinine purely for purpose of experiment for cases of malaria. I give usually Papudal and Kadugurohini in such cases. As for surgery operation is only one of the 63 methods spoken of. We know to use certain Ksharas and avoid operation. Impossible cases are of course left to English doctors. I have studied surgery. I practised minor surgery. I use the knife in cases of small boils. Our medicines are very cheap. For several diseases the cost of medicine for seven days would come to a pice. We can specially cure leprosy, rheumatism, dyspepsia, enlargement of spleen, enlargement of liver and other cases. Paralysis is very successfully treated by Ayurveda. Medical registration is very objectionable. We do not want it in the first place. Medical colleges should be opened, examinations held, and certificates given before medical registration could be brought into effect. At present it is not necessary. All the present physicians cannot be included in the register. But if all people

can be included, the objection can be got over. The board should consist of indigenous practitioners. If indigenous institutions are brought into existence they should be under an officer quite independent of the Surgeon-General. I know the opinions of many of the Surgeons-General on the indigenous systems of medicine.

Questioned by Mr. Palmer, the witness said: I have cured rabies. We do not kill the dog in such cases. We have cured 25 per cent of the cases. I was myself bitten and I was cured. I had fallen senseless and had fits when my father treated me and I have still impressions of the dog's teeth. Leprosy is spoken of in our texts. It is of several kinds. In advanced cases, in cases where English doctors feel helpless we cure two cases out of ten. We attribute the failure of the medicine to apathya. It is so even in the case of English doctors who also prescribe the diet of the patient.

In reply to Mr. Natesa Sastrigal the witness said: Ayurvedic system treats fully well, with mercury and arsenic. Arsenic and others are prepared by the Ayurveda physicians. English system is no doubt insufficient. For instance, in the case of plague, they declare a war on rats and not only men but also the rats are in danger. As for special merits of Ayurveda, the ordinary fevers, which last at the most for ten days, and which, according to the English doctors go on for even forty days are cured in very much shorter time. In several cases the English doctors merely do experiments. Though diseases are protracted, a recovery is effected earlier by the medicine. Ice bags are described even in Ayurveda. It is well described for external application. The English doctors say that a steam bath will be good for everything. We know where such a treatment will be efficacious. Cold treatment should never be resorted to in the case of Sannipatha Jvara. But it is effective in the case of Ushna Adhika Jvara. Muppu is not mentioned in Sanskrit book. Muppu is necessary only for Vatha. Since the Tamil system comprises all the divisions in the science of medicine, its books make mention of Muppu. I know Pandit Gopalachari's opinion on the Siddha system. His endeavour was to bring Tamil physicians into the Dravida Mandal. Therefore he spoke high of the Siddha system. He wanted to associate both the schools and wanted to get Tamil physicians certified from the Vidya Peetha. Syphilis, though it is not mentioned in Charaka and Sushruta, is mentioned in the later work, Bhavaprakasa, where it is spoken of as Pheringirogam. The Vispota Kushta referred to in the Charaka is in my opinion corresponding to Syphilis. Since the disease originated in the country of Pheringees it derived that name.

Replying to Mr. Subramania Ayyar the witness said: I know typhoid fever. An English doctor has translated it to mean Sannipatham. It is in fact called Santhatha Jvara. It will last for 7, 12, or 25 days. But with proper treatment it may be cured in ten days.

Replying to Mr. Arumugam Pillai the witness said: There are 18 Tamil Siddhars and there are 27 Sanskrit Siddhars distinct from them. The Agastya system is complete. The Tamil Siddha Parampara comes from Esvara. Excepting the difference in the names of the Siddhars in the two schools I do not find any difference between the Sanskrit and the Tamil schools. In the Sanskrit books only the names of the Rasapashanas and a little of their application are spoken of. Their preparation is not dealt with. Deevodasan was an incarnation of Dhanvantari, and Dhanvantari it was that came down as the King of Kasi. Charaka is an incarnation of Patanjali. The Sanskrit Ayurveda Parampara goes back to Brahma while the Sanskrita Siddha Parampara is a Saivite one. Though alchemy was studied in the days of the Charaka, it was not dealt with in the book as it related to a different branch of medicine. Charaka is older than 60,000 years. I have seen practically that there is no difference between the Sanskrit Siddha and Tamil Siddha systems.

Questioned by Dr. Lakshmi pathi the witness said:—I rely for my statement that the Charaka is 60,000 years old on the inference of the German astronomer Gerger who referring to the Bheshajasamhita and proceeding upon the data in the Brihatsamhita relating to Uttarayana and Dhakshinayana arrived at that conclusion. In the Bhavaprakasa the disease called Syphilis is said to have derived its name "Pheringeeroga" from the fact of the contact of our men with the Pheringee women.

At this stage the Committee rose to meet the next day.

The Committee re-assembled at 1-30 p.m. on Friday the 29th September 1922 at the Committee room of the Council Chambers, Fort St. George and the following members were present:—

- (1) Khan Bahadur MUHAMMAD USMAN SAHIB Bahadur (Chairman).
- (2) Mr. A. T. PALMER.
- (3) M.R.Ry. T. B. RAMACHANDRA AYYAR Avargal.
- (4) Dr. A. LAKSHMIPATHI.
- (5) " M. SUBRAHMANYA AYYAR Avargal.
- (6) M.R.Ry. K. G. NATESIA SASTRI Avargal.
- (7) " C. T. ARUMUGAM PILLAI Avargal.
- (8) Dr. SRINIVASAMURTI (Secretary).

Mr. V. Ponnuswami Pillai K. M. Hall, Kumbakonam, deposed as follows:—

Replying to the Chairman: I practise the Siddha system of medicine. I have studied the Ayurveda system and practise that system also. There are only slight differences between the two. There is no difference regarding Tridosha. Both the systems are based on the same principles. I treat almost all the cases that come up to me. I know something of English medicine also. Sometimes I use them also. I was for sometime in private dispensaries and learnt them. I do not find much necessity to use them. I use medicines like the carbonate mixture. I do not use quinine. I treat malaria by indigenous decoctions and *churnams*. For surgical cases I use internal medicines and external applications. I did not learn medicine in any school; but I belong to a hereditary family of physicians. Indigenous medicines are much cheaper than English medicines. I have given in my note my opinion on registration of indigenous practitioners. I can answer the question better if you will kindly explain to me what is meant by Medical registration.

Replying to Mr. O. T. Arumugam Mudaliyar; Tamil schools are absolutely essential if the Tamil system is to be improved. Medical registration is necessary.

Rao Bahadur A. Krishnaswami Ayyar Avargal, for the Venkataramana College and Dispensary deposed as follows.

Replying to the Chairman: I appear on behalf of the Venkataramana College and Dispensary, Mylapore. I am no medical practitioner myself but I take much interest in the Ayurvedic system of medicine. I have a fair knowledge of the theory and practice as it obtains in the dispensary. There is no difficulty in the treatment of any of the cases that are brought to the dispensary. There is a record of the cases treated there; there are some important records which are worthy of note; I am sorry I have not brought them here; I shall gladly send them. All classes of people without any distinction are treated in the dispensary. Adi-Dravidas, Muhammadans and even Eurasians resort to the hospital. No English medicine is used in the dispensary except quinine in one preparation—*pratapalingema'an*—and that too in a small quantity. It is prescribed if the ayurvedic medicine does not yield quick results. As for surgery, no case of surgery comes up to the dispensary except minor surgical cases. We teach minor surgery in so far as it is developed in *Sushrutam*. Physiology and anatomy are taught in the college by Dr. Rajam Ayyar. Modern minor surgical treatment is also taught to the students by the same gentleman. The indigenous medicines are certainly cheaper. I have worked out the cost per patient at two to three rupees every month. My own opinion is that in some chronic cases the ayurvedic medicines are more effectual than allopathic medicines.

Asked if he had any direct knowledge of cases classed as surgical by allopaths and recommended treatment by surgical measures, cured in his hospital by medical means, witness stated he had direct knowledge of a case of piles where a patient afraid of undergoing an operation came to the hospital, was given *Kankayapatanam* and was cured.

Physiology and anatomy are taught in Tamil. Students are taught other subjects in Sanskrit and Tamil. As for Medical registration of indigenous practitioners, it is a general question. It is a very desirable thing but I fear it is impracticable at the present time. I have no objection to the course adopted in England when medical registration was first introduced there, viz., that of registering every one practising at the time and after that of insisting on particular qualifications for registration of new practitioners.

As for the constitution of the board for the registration of indigenous practitioners, I do not see why other practitioners also should not be included if they are sympathetic people. People like Dr. Lakshmiopathi and Dr. Srinivasamurti will not do any harm to the indigenous practitioners. I think the expansion of the present board by the inclusion of indigenous practitioners will be better than the constitution of an entirely new body. I have no objection to have an entirely new body, but I think one board for both will lead to more co-operation between the two. There is a sort of prejudice of the one against the other and it must disappear.

As regards the Head of Indigenous Medical Department, it is a delicate question. It is doubtful whether we can expect sympathy from an allopathic doctor.

To begin with, let us have the departments separate; afterwards we can decide which is better. In the beginning, try separate department with impartial and competent people as heads. Instead of one, have a board of two or three to be in charge of the department. I prefer to have a board of two or three instead of one man in charge of the indigenous department.

Asked why he wishes a board to preside over this department when such is not the case anywhere, the witness replied: By all means, have a man in charge of the department; but let there be a board attached to the head. I should like to have a check against the idiosyncrasies of one man.

Replying to Mr. A. T. Palmer: The whole indigenous system has fallen into the background and surgery with the rest. I cannot say exactly why it has fallen into the background. In some villages there are barber practitioners who do minor operations.

Asked whether it was not a fact that many quacks practise indigenous systems and bring discredit on them, the witness stated: We cannot answer the question. Each calls the other a quack.

Even those who have not received satisfactory instruction succeed in treating a number of cases which could not be successfully treated by regularly trained men. I think medical registration will be useful, but I fear, as I observed before, it will be impracticable at present. It will be possible to employ improved methods in the preparation of medicines. There are many *dravakams* which we prepare with the help of retorts. No doubt, all the physicians do not follow exactly the same methods in the preparation of the various medicines. Each physician follows the method prescribed in the book he follows. Some of the physicians do purify certain drugs a hundred times if it is so laid down in the books, and others do not. It may be difficult; time, trouble and money may be required; yet all the medicines are capable of being prepared. I cannot say whether there are medicines referred to in books but which have not yet been prepared. My dispensary does not prepare all the medicines referred to in books.

Replying to Dr. M. Subrahmanya Ayyar: It will be advantageous to the public and to the students if the students of the Medical College are asked to undergo a course in Ayurveda. After leaving the college, he can use either Ayurvedic or Allopathic system as he chooses.

Replying to Mr. A. T. Palmer: If the students know Sanskrit and are taught Ayurveda in the Government Medical College, I do not think why there should be any objection; only sufficient time should be allotted in the school. Three years' study after a medical student graduates—or two years if he knows Sanskrit—will be enough for the study of Ayurveda. It will be difficult to frame a curriculum suitable to both the Allopathic and Ayurvedic systems to be taught simultaneously.

Asked by Dr. Subrahmanya Ayyar if both could not be combined, the witness stated: If you have the time and the method ready, do it.

Replying to Mr. C. T. Arumugam Pillai: Asked if there were no medicines in Ayurvedic system which will be as efficacious as quinine and why they should go in for it in his hospital, the witness stated: There are so many fancies. You use one medicine for a few days; if there is no speedy cure, you want to change the medicine. Generally the Ayurvedic medicine is first used. If either the doctor or the patient is impatient, the medicine is changed and that which has some quinine in it is administered. Whether we are to have separate school for Ayurvedic and Unani systems of medicines all depends on the time and money at our disposal. If it would be possible for a Muhammadan student to learn Sanskrit together with Urdu and Persian, he can certainly study Ayurvedic system; if a Hindu student is able to read Urdu and Persian in addition to Sanskrit, he can certainly study Unani system also. I believe it will not be possible for them to do so. Therefore, I am of opinion that there should be separate schools for teaching Unani and Ayurvedic systems. It is better if Siddha system is taught to those who learn Ayurvedic System.

Asked whether we are to translate Tamil books into Sanskrit or Sanskrit works into Tamil, the witness stated: It is better that those who know Siddha system learn Sanskrit and then study Ayurveda. Of course, it will be good if there are separate schools for teaching Siddha System. We are troubled for money even for one school; how are we going to have different schools for Siddha and Ayurveda system?

Replying to Mr. T. R. Ramachandra Ayyar:—There will be no trouble to teach Siddha Ayurveda to our students as they know both Sanskrit and Tamil. The basic principles of the two systems of Siddha Ayurveda and Ayurveda proper are the same; I do not understand the difference between the two. They proceed on *pitta*, *vata* and *leshma*. The only difference is as regards the recipes. There are some *lehyams* used by both the systems. There are some leaves like *musumusikkai* which are known to the Tamil system and which are not known to the Sanskrit system; there are others known to the Ayurveda system and unknown to the Siddha system. Siddha system deals specially with preparations of metals. We have in Sanskrit *Rasaratna samuchchayya*. In using the prescriptions of the Ayurvedic books, there would not be any danger as they are mainly vegetable preparations. There would not be any trouble in using the *kashayams* and *churnams*. My recommendation is that *Ashtangahridaya* prescriptions should always be used. Siddha medicines should be prescribed by physicians of approved ability and who have derived a knowledge of the right method of preparations from father to son. It must

be done only by people of real ability. Really skilled physicians alone can deal with metallic preparations. It is certainly a great advantage for a physician to know both Siddha Ayurveda and Ayurveda proper. There is no real conflict between the two.

The first step to encourage Ayurveda is the establishment of an Ayurvedic College; the second is the establishment of an Ayurvedic hospital and three or four dispensaries to start with.

It is quite essential that the Government should take steps towards having botanical gardens for growing herbs. It will be desirable to have as many institutions as possible all over the Presidency where Ayurveda will be taught. There should be an examination by the University on the result of which diplomas should be issued as to the English medical doctors. We can revive the surgery of the Ayurveda.

Replying to Mr. U. T. Arumugam Pillai.—I cannot say whether the leaves found in the Sanskrit books are not all to be found in some Siddha books or other. Generally speaking, however, we may say that some which are found in the one are not to be found in the other. I have not studied the whole of the Siddha Sastra; human life is not sufficient to read everything.

Replying to Dr. A. Lakshminipathi.—I have not had any applications to my College till now from students knowing Tamil only and not Sanskrit. Asked whether, if he had a dozen applications to-morrow, he was prepared to admit them, the witness stated: If you supply me with translations I can teach them. But whether the teaching will be efficient or not will be another question. My own opinion is it will not be. So, I will not admit students who do not know Sanskrit nor do I admit students who know only Telugu. I want a fairly good knowledge of Sanskrit in the students of the College. According to the present curriculum, it will be impossible for a student who knows either Tamil only or Telugu only to study in my school. My recommendation is Sanskrit knowing intermediate or B.A. students should be encouraged to undergo the course in the College. I propose to give two scholarships of hundred rupees each to study in my College for two years and work in my hospital for another two years. If you want hundred men for the benefit of the country, you must give me Rs. 10,000. No doubt, it will be difficult to get men of the required standard both in Sanskrit and the vernacular and also general University course. If the undergraduates or graduates know only vernacular and they come to the College, their knowledge will be only partial and it will not be satisfactory. If, however, you give me a large amount of money to arrange for special teaching, I may be able to arrange for good training.

Replying to the Secretary.—I am an old-standing graduate of the Madras University. I took my degree in the year 1879 with Sanskrit and Physiology as my optionals. I was long connected with the Police Department and familiar with the mode of approaching and investigating a variety of problems that came before me; I hope I am also familiar with the trend of both eastern and western scientific thought.

It is my opinion that the Ayurvedic system is founded on good scientific basis. I say this from the light of both the western and eastern training I have had. Ayurveda starts with the idea of Purusha and Prakriti. In my opinion, a knowledge of Evolution according to the ancient Indian scientists is very essential for a student of medicine. Our Ayurvedic students start with instructions on the theory of Evolution as propounded in our Shastras.

Instructions in the theory of Anus and the genesis of elements, of the evolution of microcosm and macrocosm, are necessary for students of Ayurveda. An elementary knowledge of Nyaya and Viseshika schools of philosophy is as essential to the student of Ayurveda as a knowledge of Physics and Chemistry, to the students of western medicine. The bases of the Tridosha physiology is dealt with in the Sankhya; in addition to body, Ayurvedic physiology recognizes the mind and the Atma as constituting man. The study of mind (psychology) is as necessary as study of body. Psychology is dealt with in Yoga Sastra. To know the physiology of both body and mind, a knowledge of both Sankhya and Yoga would be essential for the student of Ayurveda.

It is not possible to give any satisfactory knowledge of Ayurveda by making it an adjunct to the present curriculum of four or five years of western medicine. I do not think it is possible.

To revive the Ayurvedic system, I would secure an intermediate or B.A. student knowing Sanskrit and give instructions in an Ayurveda College for three years, and then put him through a two years' special curriculum in a western Medical College and afterwards train him in an Ayurvedic hospital for two years. Thus it will be seven years, including the practical course before he comes out for practice. Surgery and midwifery must be taught during the two years of training in western Medical College. Asked whether that would be enough to secure efficacy, the witness stated: I said a special curriculum was necessary. As regards surgical operations, there are lots of people who have undergone the medical course, but very few of them take up surgical operations. It is only minor surgery that is practised. A man may be a good physician without being a surgeon.

To give the benefit of Ayurveda to the western practitioners, I would recommend that a body like our University should institute a sort of post-graduate course where all western and foreign practitioners could attend the lectures delivered by real research professors in Ayurveda. It will be useful to them in addition to the knowledge they have got.

Ayurveda goes beyond the tissue elements that both it and western medicine recognize, to the *Thri-dhatu*, *vata*, *pittha* and *kapha*. They cannot be seen by our eyes but can only be inferred. It would be in the best interests of science if you combine both Eastern and Western Physiology. I could not say whether a system of Medical Registration was in existence in ancient times. A good deal of the knowledge of the Nadis is contained in the Tantra Sastras and Agama Sastras. It would be for the benefit of the world if that is incorporated in the modern physiology and psychology. It should be the duty of our University to get into touch with the professors well versed in all those things.

Replying to Dr. Subramanyu Ayyar: It is true that, in particular cases, a physician was required to notify the authorities before he started practice.

Replying to the Secretary: There are advantages and disadvantages in both the American system of complete prohibition of unregistered practice and the British plan of partial registration and giving certain privileges to the registered practitioners only.

Replying to the Chairman: My first recommendation, in order to revive Ayurveda, is that it should be taken up by people who have passed through an Arts College. If a student does not know Sanskrit, then give him two years' teaching in general Sanskrit literature and then put him for two years in the medical college.

I do not think it is possible to teach all the three systems—Ayurveda, Siddha and Unani in the same college. If a Muhammadan student wants to learn Ayurveda, he will have to know Sanskrit. My contention is that a knowledge of Sanskrit is essential to learn Ayurveda. To begin with, they must first get training in the Ayurveda College, and then only should they go to the Medical College. My impression is that English medical graduates are saturated with western notions. The most desirable thing is to have a separate college for Ayurveda, and also separate hospitals.

Replying to Mr. Palmer. In the ideal college that I am thinking of, there must be provision for giving training in allopathic system also to Ayurvedic students, and vice-versa. If this is done, fewer mistakes will be committed than is being done at present.

Replying to the Chairman: As much time should be devoted to the teaching of Ayurveda as to the teaching of allopathy.

Replying to Mr. Palmer: For an allopathic doctor to employ indigenous medicines, without jeopardising human lives, it is necessary for him to learn how it is used in indigenous systems and the diseases and the stages of disease it is used in.

The Committee rose for lunch at 3 p.m.

The Committee re-assembled after lunch at 3-15 p.m.

Mr. K. Sesha Ayyar was called and deposed as follows.

Replying to the Chairman: I am not connected with any public hospital. I am a private practitioner. I have got a pharmacy of my own.

My impression is that in the ancient world India held the same position as England holds in the modern world to-day. That is, she was the centre of all that was highest in culture and civilization. We have got traces of evidence both from the Persian and Arabic books and from ancient travellers to say that many of the Sanskrit works were translated first into Persian and Arabic and then into Greek and that formed the basis not only of the Unani medical science but also of the allopathic system of treatment.

The Sastras which treat about mercury and kindred mineral substances, are called Rasa Tantrams, and the persons proficient in them are called Rasa Siddhas. Rasa Siddha was a term applied only to those people who handled mercury and kindred substances to the exclusion of all vegetable drugs. So, that branch of science was isolated from the main therapeutic branch.

Replying to Mr. T. R. Ramachandra Ayyar: Rasa Hridaya Tantra and Rasa Sara are the books which treat about mercury and kindred substances. I can quote chapter and verse in support of my statement. My view is that the Siddha system is only a development of the Ayurvedic system, and that it takes its origin from the Ayurvedic system.

I have not read Siddha books. From what I heard from Siddha practitioners, I find that there is not much difference between it and Ayurveda. Moreover, the pathology and nomenclature of diseases in the two systems are identical. In my dispensary, I undertake the treatment of all medical cases without exception.

I have treated cases of plague, cholera and other epidemics by using indigenous medicines alone.

These indigenous medicines are generally cheaper than allopathic medicines but in cases of certain preparations which involve costly things like gold, musk, etc., the cost may be nearly the same as allopathic medicines.

I studied medicine under a private gentleman.

There is no such thing as registration in Bangalore.

I think, however, it is absolutely necessary to have registration, but with some provisos. I think the experienced among the existing practitioners should be included in the list. Medical science being pre-eminently a practical science, it is necessary that their experience and direct knowledge of things should be taken into consideration while framing the Medical Registration Bill.

In the Medical Registration Board, there should be not only practitioners of indigenous systems but also some local gentlemen, not necessarily practitioners, but men of influence.

I think a separate board is necessary.

I would prefer an independent department manned by efficient men to manage indigenous institutions side by side with the allopathic institutions.

Replying to Mr. Palmer: I received my training under a private practitioner of reputation and experience. I first received instructions in a primary book in Ayurveda, the Sarangadhara Samhita. Afterwards by my knowledge of Sanskrit and English I improved my medical knowledge.

I studied first and then I underwent a course of practical training with him. I was a disciple, so to say, under that gentleman for a number of years. I have had about two years' practising under him. After that I studied many medical books and even now I am studying; there is no end to it.

Asked whether indigenous doctors are as cheap as indigenous medicines, the witness stated: It all depends on the practitioner; my experience is that indigenous doctors are generally cheaper. In many cases they go unrewarded or ill-rewarded.

I do not think they charge for consultation. It all depends on the idiosyncrasies of individual men.

There may be a hundred allopathic doctors in my place and the indigenous doctors may be half that number: I have not made the counting. As to the following that they have, it all depends on their popularity. Sometimes people who have resorted to eminent allopathic doctors, if they do not receive benefit at their hands, go to us, and vice versa. So far as my experience is concerned, I may say that people resort to allopathic doctors because there are not competent indigenous practitioners in the field. Speaking for myself, I have got a good clientele.

Replying to Mr. Natesa Sastri: I have studied Ashtangahridya. I studied it myself after my training.

The first thing in treatment is to apply Panchakarmas as it becomes necessary and to set right the disharmony.

The Panchakarmas are Swedana (bringing out perspiration), Snehana (lubricating), Vamana (using emetics), Virochana (giving purgatives), and Vastikarma (applying enema).

I practise all as the exigencies of the cases require. I practise them according to the rules laid down in the Sastras.

As to the success of my treatment, I can say, without any pretension, that 90 per cent of cases have proved successful.

Replying to Mr. Arumugam Pillai: I have taken certain medicines from Unani Vaidyam in my practice, e.g., Rumi Mastaki, Unnabhi and other things.

I have not read the book in the Siddha system which deals with Muppu.

Muppu is some important agent with the aid of which the baser metals can be converted into higher metals. There are about 18 samskarams for Rasam and if these 18 samskarams are made, then Rasam will stand the test of fire. These things are to be found in Rasa Sastram. It is treated as Rajapathi Vidya and Hemapathi Vidya. It is not peculiar to Siddha system alone. There is a book called Rasaprakasasuddhakara which treats of it. As regards "magic," I am referring to Tantra Sastra which has got magic and alchemy as its portions. A magic means hypnotism or personal magnetism in modern parlance. It is employed to oust the evil influences that a victim is subject to. It is very elaborately discussed in the Atharva Veda. It is not a new thing. It was very common in ancient India.

Indigenous treatment is decidedly cheaper than allopathic.

Ayurvedic doctors do use mercury and kindred metals. The books which are generally used in regard to this knowledge are Resendra Sara Sangraham and Yoga Ratnakaram. They are also treated in the Sarangadhara Samhita. I follow these in my practice.- I have very good results.

If the Siddha system is one as recorded in Rasa Tantram, I do admit that they will be beneficial. I have not read any of the Tamil Siddha works.

By the Secretary: If it is known that in the ancient Tamil Siddha works, there is locked up a good deal of a useful knowledge of Iatro-chemistry, there will not be any objection to any scientific man incorporating it into his own system of medicine.

If it is a fact that there is such valuable knowledge of Iatro-chemistry in the ancient Tamil Siddha works, then I agree that translating them into English would be of immense value to distinguished researchers like Dr. Ray and through them, to the scientific world generally. No sane man would ever object to any precious knowledge contained in the Siddha system to be incorporated into the scientific system of any country.

For an Allopathic doctor to safely use indigenous drug—especially certain powerful ones, it will be necessary he should know the action of drugs in terms of Ayurveda. It is rather dangerous for a western-trained doctor to make use of a Dravya without any knowledge of its Rasa, Veerya and Vipaka. In the case of ordinary remedies, perhaps, it may be safe; but if a medicine is at all powerful, it might do harm. Without a knowledge of the doshas, the Allopathic doctor may be at sea, when he takes to the use of our remedies. It is not possible for an Allopathic doctor to treat cases of Gulma, for instance, with our remedies, without knowing its Pathology, etc., according to our Shastras; he will have to be termed a quack if he uses a drug without knowing its effects. Whether in Allopathy or any other system, the use of drugs without knowing its effects will be quackery. For instance, what Grihani is you cannot describe in English. It will be dangerous to meddle with drugs without knowing their effects.

Replying to Mr. Palmer: Asked about his general method of examination and treatment of his the cases, witness stated:—

I will closely observe the symptoms, look to his vitality (Ayus), feel his pulse, examine his urine and do all those things. I will then arrive at a certain conclusion that he is suffering from a certain disease. It may be that the Allopathic doctors also may come to the same conclusion as we do. It may be that what we call by one name, they may call the same by any other name. Still he may be landed in difficulties if he uses our remedies without a knowledge of our Shastras regarding diet, anupanams, and many other things like these. We administer only such medicines as are conducive to the temperament and vitality of the patient, and as the Allopathic man is not conversant with the indigenous system of treatment he may be landed in difficulties. I am of course, speaking with reference to Thridosha theory. I do not deny that Allopathic doctors can understand the Doshas if they try; but they must first try and learn the thing.

My opinion is that for the use of our medicines, the Allopathic doctor must follow our course of treatment and must be conversant with the theories of the Ayurvedic system. It may be very dangerous for an Allopathic doctor to meddle with our medicines. For instance, you take Neyrvalam; it is given for purging; for suppressing purging you have to administer an antidote. There are so many methods described in our Sastras. If the Allopathic practitioner is not conversant with those methods, he will be landed in difficulty. To the extent he is conversant with them, to that extent he may make use of our remedies, without danger to his patients.

By the Secretary: If an Allopathic doctor undertakes treatment without a proper knowledge of the 14 categories like Dosha, Dushya, Bala, Prakriti, etc., then, he will be in the same position as an Ayurvedic doctor indulging in western method of treatment merely because he has learned from some person how to put the needle under the skin or into a vein. I will call him a quack.

By Doctor Lakshmi pathi.—Asked whether a qualified Allopathic doctor may not safely use Ayurvedic medicines if full instructions are given with the medicines, the witness stated:—

For that matter, any intelligent layman can use like that. Why should there be a doctor?

Asked further whether it is not more easy for a qualified Allopathic doctor to use them than for laymen, witness stated:—

Yes, if Veerya and Vipaka is understood, but then, he will himself be something of an Ayurvedic doctor.

The witness then retired.

Mr. R. M. K. Veluswami Pillai was then called and examined, when he deposed thus:

Replying to the Chairman: I appear as representative of the Tamil Sangam, Koilpatti. I practice in Washermenpet. I am treating all medical cases. I follow the Siddha system of medicine. I do not use any English medicine. As for Surgery, we have got some preparations which we apply externally. There are very few who know such things. My opinion is that the English system must be combined with the Tamil system. I know nothing about medical registration.

Replying to Mr. Palmer: Between powdered ginger and decoction of ginger, the decoction is more easily assimilable. The active principle of ginger acts better than powdered Choornam.

Replying to Mr. Arumugam Pillai: I can prepare all Siddha medicines. I can prepare Guru or Muppu. I have done that and other things. I know the recipe for Rasa gulikai. I can solidify rasam, gandam and pashanam without any smoke in the process. I have treated leprosy, syphilis, consumption and other cases given up as hopeless. I treat the abscess inside

the body by means of salt and dravagams. I treat abscesses according to the temperament of the body. It is only those foolish people who do not know anything about it that fail. It is only on account of those quacks that Tamil medicine has suffered in reputation. If there is a school for teaching such things it will be beneficial. The examination of Nadees is necessary. Without them you cannot diagnose diseases.

Replying to Dr. Lakshmipathi: I know that green ginger and dry ginger may produce different results. So also, the properties of extractions may vary in different preparations.

Replying to Dr. Subrahmanya Ayyar: There are very many ways of solidifying mercury. Of course, there are many pretenders, I am deeply sorry for them.

I solidify mercury by means of Muppu. Only those who know how to treat the metals can understand the properties of Muppu.

Mercury can be solidified by means of herbs only; but it is a difficult course. If only one wears the Rasa gulikai he can even defy death. It is not only a panacea but it is also a charm. The virtues of this gulikai are numberless. For example if you put it by the trunk of the cocconut tree, the tree will not yield toddy. If you place it on the back of a cow, it will not give milk, and so on and so forth.

I know how to prepare Rasamani. I have also advertised it in the 'Swadesawitran'.

I can produce the Rasamani in a month.

These things about Rasamani are no exaggeration. Though they are not as stated in the books, still Rasamani has got its own value.

Mr. N. Veeraraghavaperumal was next called: He stated in his evidence that he had cured many fleshy growths in the mouth, ear and nose, without any surgical operation. He added that he was in entire agreement with the views offered by the previous witness.

The witness then retired.

Mr. Shanmugananaaswami: Who also appeared as a witness withdrew on his being asked to offer his special views in the form of a written statement to which he agreed.

Mr. Krishna Rao who had given his evidence, was recalled and examined when he deposed thus:

Replying to Dr. Subramanya Ayyar: I adopt the Siddha system more than Aynveda. There are many things said about Muppu, but there are very few who understand its preparation. I doubt whether there is even one who can prepare it. Muppu as its name implies is three salts combined together. But the Shastras say it is one thing. Just as Parabrahmam is diversified into Brahma, Vishnu and Siva, so also is Muppu. But opinions differ. If Muppu can be made, then you can solidify Mercury. My opinion is no one is now known capable of preparing Muppu.

Rasabhasmam is done by many people in many ways. If mercury can be solidified then it is talisman. But no one can do it properly. Only one of the 18 Siddhars can do it, that is my firm belief. Panchakarma is in practice but there are very few Tamil books that treat about it.

Jeevarakshamritam is a book which treats about the nature of diseases. It is a combination of both the Tamil and Sanskrit murais. Mr. Subramania Pandithar is its author. My opinion is that Agastiar the founder of medicine is the same sage that is mentioned in Ramayana.

Replying to Mr. Arumugham Pillai: I think that nadi is important in Siddha Vaidya. But without Ashtanga Pariksha it cannot be of any use. Nadi examination is difficult by itself. It will be useful only if we know all the other things.

Replying to Dr. Lakshmipathi: On the subject of treatment, we have two divisions called Swasthavrittha and Athuravrittha. In Swasthavrittha we have got rules laid down regarding diet, exercise, cleanliness of body and mind, exercise and other things. Some of these are treated with special importance and we call them Vratams. We have every principle of hygiene embedded in our Shastras. It is because of the proper observance these rules by the higher classes that they are generally less liable to attacks from infectious of diseases.

Replying to the Secretary: Drugs act according to their Rasa, Virya, Vipaka, and Dravya. Dravya refers to the physical and chemical properties including the active ingredient in the drug. It is the resultant of the five elements (Panchabhutas). But the elements do not exist in the same proportion in the various substances. Agni may predominate in one, ap in another and so on and so forth.

By virtue of its rasam and active principle, kadukkai is calculated to produce constipation; but in virtue of its prabhavam, it will purge.

The Vipaka of a drug may be different, according as it is given as an extract by hypodermic injection or through the mouth. Some drugs, if they are to act satisfactorily, will have to be given only through the mouth and some in other ways.

If we extract merely what you call the active principle of a drug, that may be of no use for our propose; its Veeryam may not be there. Moreover, the action of the active principle, and the whole drug may be different.

Replying to Mr. Palmer: All medicines including Muppu can be prepared, but no one doctor is skilful enough to prepare all the medicines. Muppu is not at all classified as medicine. It is only a catalytic agent.

Replying to Mr. Natesa Sastri's question: "Can you impress modern machinery into the service of Ayurveda for the preparation of choornams." The witness stated:—My fear is that much harm may result, by impressing modern machinery for preparing Choornams, Lahyams, etc.; for, in the preparation of the medicines, there is a time-limit to be observed and a particular kind of fuel has to be used for heating it, the nature of the receptacle also is specified in some cases; and unless we conform to all these things we cannot prepare anything like effective medicines. Different kinds of heating processes are mentioned in the books, such as Komalagni, Kalagni, etc. Again, if we use a glass retort for receptacle and heat the drugs either with a spirit lamp or by means of electricity, we would be going against the methods prescribed in the Shastras and we cannot be sure of our results; on the contrary it may be productive of great harm.

Replying to Mr. T. R. Ramachandra Ayyar: I know instances where Allopathic doctors having learnt the Ayurvedic system, have proved to be very successful practitioners; the late Dr. Nanjunda Rao is one instance. He used Ayurvedic medicines to a large extent in his practice. I myself assisted him in the preparation of some of the Ayurvedic medicines.

Replying to the Chairman: I practice both Ayurveda and Siddha; but, the Siddha system forms the major portion in my practice. I studied the Siddha system under a Yogi.

When I came to Madras, seven or eight years ago I began the study of Ayurvedic system with the help of Mr. Natesa Sastri (one of the Committee members).

There is no hostility between the two systems, and they are both based on the same principle.

Dr. Nanjunda Rao was using indigenous medicines fairly extensively. I have not studied the Unani system.

Replying to Mr. Arumugham Pillai: I agree that the curative powers of the Senthooram of mercury, sulphur, etc., will be greater if they are prepared according to the elaborate processes mentioned in Siddha books than if they are prepared by the comparatively easy methods followed by the ordinary practitioner.

The Committee adjourned at 5 p.m. to meet again next day at 12 noon.

The Committee re-assembled at the Committee room at 12 noon on 30th September 1921 when the following members were present:—

- (1) Khan Bahadur MUHAMMAD USMAN SAHIB BAHADUR (Chairman).
- (2) M.R.Ry. Rao Bahadur A. S. KRISHNA RAO PANTULU GARU.
- (3) Dr. A. LAKSHMIPATHI.
- (4) „ M. SUBRAMANIYA AYYAR.
- (5) M.R.Ry. K. G. NATESA SASTRIYAR AVARGAL.
- (6) „ C. T. ARUMUGHAM PILLAI AVARGAL.
- (7) Mr. A. T. PALMER.
- (8) Dr. G. SRINIVASAMURTI.

Mr. S. R. V. Das was called and examined. He deposed as follows:— I come from Vellore I practise Ayurveda system. I undertake the treatment of all kinds of diseases. I studied this science by myself and not under any doctor for twenty years. I also use English medicines such as potas iodide, colchicum, etc. For Malaria, I do not use quinine, because it causes deafness. I know the Thridosha theory. We are helpless in the matter of Surgery. It is a very difficult subject. It requires a knowledge of Physiology and Anatomy. If there is anybody to teach us we will learn it. At present we treat *buboes*. We have got some medicines which, if applied externally will heal *buboes*, etc. But they will take some time to heal. In my experience if you want speedy recovery in such cases you must have recourse to Surgery. I have been practising medicine for the last fifteen years. I have been fairly successful. The cost of medicines of our system is only one-fifth of the cost of English medicines.

I am for medical registration of indigenous practitioners.

Questioned by Mr. Palmer the witness stated: Without a knowledge of Thridoshas I cannot practise. It will take four or five years to master our system. I cannot say how many books I have studied. Whenever a book is published on the subject we read it. There is nothing like a standard book in medicine. I have not specialized in any disease. In the English system also, there are good doctors. I was here yesterday. If you take *kadukka* in large quantities it will produce purging and vomiting.

Replying to Mr. Krishna Rao, the witness stated: I cannot refer to any particular standard book in medicine that I have studied. But I can mention the following books which I have read:—

Sarangadhara Samhita.
Ashtanga Hridaya.

Husband's practice of medicine.
Moore's family medicine.

The English books have nothing to do with the Ayurvedic medicines. I read them only to make a comparative study and to find out some useful things. There are several books which are kept secret. They are written on palmyra leaves. For a proper dissemination of knowledge it is necessary that these should be published. There must be medical registration, but you must not prevent any one from practising medicine. All the people now practising should, as a rule, be registered, and certain qualifications may be fixed for future practitioners.

M.R.Ry. Pandit M. Duraiswami Ayyangar was the next witness examined by the Committee. In reply to the Chairman the witness deposed as follows: I am practising in Madras. I am an Ayurvedic physician. I am senior physician in charge of the Kannikaparameswari Ayurvedic Dispensary. I was connected with the Madras Ayurvedic College five or six years back. I treat all kinds of curable diseases in my dispensary, I mean Sathwarogas. If a new disease appears, there is a principle in Ayurveda known as Thridosha theory according to which we begin our treatment. Whether that disease already exists or not, we are not concerned with it. All classes of people come to our dispensary for treatment. Referring to a statement relating to the working of Chengalva Nayakar's Dispensary, Vepery, connected with the Pachiappa's Charities, the witness stated: It is an Ayurvedic Dispensary managed by two qualified Ayurvedic doctors. Both of them were trained under me. All classes of people Hindus, Muhammadans, Europeans, come there. (Here, the witness read out from the statement the attendance of patients during the month of July 1921 and February 1922). He continued: The cost of treatment per head comes to not more than nine pies, including staff. Ayurvedic treatment is cheaper than any other kind of treatment. Christians, Eurasians and Europeans have no objection to undergo our treatment. They come to us because they think that our treatment is efficacious. We do not use English medicines in our dispensary. We do not use quinine. We do minor surgery in our dispensary. I learnt minor Surgery in my student days from Dr. Venugopal Nayudu. I studied Physiology and Anatomy too. As an Ayurvedic student I did not feel any difficulty in mastering the subject. Piles and fistula and such other cases are treated by us by means of medicines in our hospitals, although they are generally treated by surgery by other systems. Sanskrit was the medium of instruction in my

student days except for physiology and anatomy which were taught in Telugu or Tamil. It is possible to teach the other subjects also in Tamil and Telugu. In the study of anatomy and physiology, it would be useful to an Ayurvedic doctor to have a knowledge of English.

I am for medical registration. For the time being, all the medical practitioners should be registered and in future only diploma-holders should be registered. The registration board should consist exclusively of indigenous practitioners. It should not be under the Surgeon-General. For, the Government cannot at present have an Ayurvedic man as the Surgeon-General. It is impossible for the present Surgeon-General to control our institutions. He will not take sufficient interest in them. I think he will starve these institutions.

To Mr. Palmer, the witness replied: There are many diseases which are curable under ordinary conditions and there are some which become incurable after a certain stage, such as Sannipathajwaram, Vishuchi, Kushtam, Consumption, and so on. If the Ayurvedic system is taught well, we can safely bid good-bye to the Allopathic system. I prepare my own medicines exactly as prescribed in books. I lay great stress on *pathyam*. This code of *pathyam* is, in some cases, extremely difficult to follow. *Apathyam* sometimes results in serious consequences.

Questioned by Mr. Krishna Rao, the witness replied: It is necessary that some qualification should be prescribed for medical registration; but at present, the well-known indigenous practitioners cannot be restricted, because they are doing immense good to the country. On account of their usefulness to the country and their knowledge of medicines, the well-known practitioners should not be restricted. The Board should subject them to an examination or it will also do if they are able to get certificates from respectable men. People in the vicinity of my dispensary as well as from distant places come to my dispensary for treatment. If the number of dispensaries is increased, the number of patients attending allopathic dispensaries will be reduced. In my dispensary there are three doctors and the establishment charges come to Rs. 250 a month. There are two compounders and three menial servants. A pound of Sudarsana Churnam costs here Re. 1 or 1-4-0. If you are to get the same from foreign countries it will cost Rs. 4. The standard work on surgery is Susrutha Samhita. It is not translated into vernaculars of this Presidency. There are several valuable books on medicine which are not printed and published. For a proper dissemination of knowledge in medicine these have to be published. There are still several books written on palmyra leaves.

Asked by Mr. Natesa Sastriyar the witness deposed as follows: Certain diseases become incurable only after a certain stage. They are not incurable by their very nature. There will be no trouble by getting certificates from respectable people. They can be got either from Collectors or Tahsildars or any other respectable men. There is no such system as Siddha system. It is a new name.

To Mr. Arumugam Pillai the witness said: My Acharya is Pandit Gopalachari. I remember that he has said something about Siddha Vyadya. (Here the member Mr. Arumugam Pillai read an extract from a book in Tamil). The witness agreed that he had said something about Siddha Vyadyam in a book of the 13th century Sarangadhara Samhita published by him. In Agasthya Vaidyam, something is said about Nadijanam.

Replying to Dr. Lakshmiopathi, the witness stated: All medical practitioners should not be registered. In registering the practitioners, care has to be taken to see whether they have sufficient knowledge of Ayurveda or not. It would be useful if there is one physician at least in each village. All practitioners who are now practising follow both the systems. A doctor must be both a philosopher and a physician so that he might treat both the mind and the body. I know that parasheries have some physicians of their own. It is necessary that the Ayurvedic practitioners should have some knowledge of Ayurveda, otherwise a body of medical practitioners which contains in its fold all classes of men without any knowledge of the Sastras will be created which will not command the respect of the public or medical practitioners of other systems. I don't think I could usefully serve on a Board consisting of men who have not got sufficient knowledge to treat diseases. I would not recommend that this kind of men should be registered, the danger being that respectable practitioners would not come forward to register themselves. I think that great care should be taken from the commencement in the selection of Ayurvedic practitioners. When there are two medical registers kept in the country, the Ayurvedic practitioners can consult the Allopathic practitioners and *vice versa*. I am not afraid of any injustice being done in medical registration. I am unable to answer the question as to whether in case of injustice an appeal should lie to the High Court or to the Revenue authorities.

In reply to the Secretary the witness said: The first thing that we do when a case comes to us is not merely to examine the disease but also the patient as well. Before beginning treatment of the disease we have to consider the case in the light of the following ten principles:—

Deha, Dosha, Bala, Kala, Anala, Prakrithi, Sathwa, Sathwa, etc. It is more or less impossible to correctly diagnose the disease without a knowledge of the Thridoshas. It is dangerous to treat cases by Ayurvedic methods without a knowledge of the Ayurvedic principles. He would be a quack who undertakes treatment of a disease without a

scientific knowledge of the system. It is just like one attempting to cure disease by Western medical methods with just some knowledge of the materia medica of the Allopathic system. In a drug like opium there are what are called active principles by which it acts. There is also its Veerya which it is necessary for us to know if we are to use it safely. Our medicines have to be standardized for active principles, Veerya, etc. I am not talking about medicines which are advertised in the papers but of Shastraic medicines. Drugs have the following qualities :—Dravya, Guna, Rasa, Veerya, Vipaka and Prabhava. Dravyam is the basis for the action of the drugs. It is necessary to know the active ingredients of each drug before we apply it. When the active ingredients of a drug are taken out, its action will be different. It will be sufficient if the active ingredients of a drug are taken and injected to get the required relief. Our standardization of medicines is done according to the Rasa Sastra. Standardization of medicines according to the Western system will not be quite satisfactory to us.

It is true that in the Allopathic system there are eminent medical practitioners who have made many discoveries and who have been registered along with the humblest of medical practitioners. It is also true that they do not consider it below their dignity to be classed with the humblest practitioners. I have already stated that the Siddha system is not a new system. It is only a new name. I don't believe that the Tamil works lay much stress on Rasayana tantram and Nadi sastram. It would be very useful if a research scholar is proficient in Sanskrit. A knowledge of English also is essential because it would keep the doctors in touch with the outside world. It is my opinion that the Western doctors are not in touch with our system. It is desirable that they should know it. Professors teaching Medicine should have a knowledge of English; it is a very desirable qualification.

*Questioned by Mr. Palmer, the witness deposed as follows :—*A knowledge of Sanskrit and English is not essential for ordinary students. In addition to the diagnosing of the diseases the physician should know the kalam or the season of the year. Treatment differs according to the season and according to the time of the day, i.e., kalam. If kadukkai is analysed in the light of Dravya, Guna, etc., it should act in a way different from that it is actually known to act, in virtue of Rasa Prabhava. Similarly with regard to croton or nervalam, the action of the seed is quite different from that of the extract.

To Mr. Natesa Sastriar the witness replied : There is difference between Dravya and Prabhava. More schools are necessary for spreading a knowledge of Ayurveda.

The next witness examined was *Mr. Devasahayam Pillai*.

Questioned by the Chairman, the witness replied as follows : I am a Masseur. I practise in Madras. I can cure fractures and rheumatism by means of massaging. I learnt this art from my ancestors. It was written on palmyra leaves. They are now lost. I now do it from experience.

*Questioned by Mr. Palmer, the witness deposed as follows :—*I can cure acute paralysis, rheumatism, constipation, indigestion. For urinary troubles, I massage near kidneys. I also use herbs and plants. I heal fractures by bandages. I can cure fever by means of herbs. I am a specialist in massaging.

To Dr. Lakshmi pathi, the witness said : I have treated a number of cases recommended by you, particularly that of an old lady in Nungambakam, who was suffering from severe pain in all joints. I used the medicine given by you and massaged. I treat Sthulathvam. The weight of the body will get less without the body being weakened.

To Mr. Arumugam Pillai the witness said : I found the principles of this treatment in Tamil book "Varma sastra" by Agasthyar.

The next witness examined was *Panait O. Ohakravarthy*.

The witness handed over to the Chairman a certificate granted to the witness by Sir P. Tyagaraya Chettiyar.

To the Chairman the witness said : I learnt the art of treating boils and other surgical ailments from my ancestors. I am not in such a high position to enable me to publish to the world the books from which I have learnt.

Asked by the Chairman if the witness would be prepared to publish these books if the Government granted him a sum of money, the witness said, "Yes, I am ready."

Questioned by Mr. Palmer the witness replied : I do not use any instruments. I use only medicines. I am a specialist in treating carbuncles, boils, etc. I treat only external cases. It will take one month for a carbuncle to heal. I do not administer codliver oil. The abscesses that I treated were very deep.

In reply to Dr. Subramanya Ayyar the witness stated : I cannot cure hydrocele and hernia.

The next witness examined was *Mr. Kamakshi Prasad Sarma*.

Questioned by the Chairman the witness deposed as follows : I came from Berhampur. I practise Ayurvedic system. I have been practising for the last three years. I studied in the Calcutta Medical College. I had four years' training. I learnt minor surgery also. I learnt medicine in Sanskrit and Bengali. I hold a diploma from that college. I have my own dispensary. I undertake treatment of all diseases. I have not heard of the Siddha system.

I do not use English medicines. I do not use quinine. Indigenous medicines are much cheaper than English medicines. My grandfather was a doctor. I am not a specialist in any disease. I have a slight knowledge of English. Medical registration appears to me to be necessary. The registration board would work well if it is composed mainly of Ayurvedic practitioners.

Mr. Palmer next examined the witness: After my four years' study, I was under the supervision of a doctor for one year. If the medicines are not prepared as per the directions given, they will not be efficacious. They lose their efficacy if they are not kept in the required vessels.

To Mr. Natesa Sastri the witness said: The principles of diagnosis and the treatment of disease is the same in both the Indian systems.

To Mr. Arumugam Pillai, the witness said: Books in my language can be translated to other languages. We practise science of pulsation. There are other methods also of diagnosing disease. Feeling of pulse is one of the methods. We do not consider it as very important. If other methods fail, then we take to this method of feeling pulse. There is a separate book dealing with examination of pulse, for instance, Nadithathva, etc., in Bengali.

To Dr. Lakshmiipathi the witness replied as follows: I know both Sanskrit and Bengali. My vernacular is Oriya. There is provision in our school to teach students in Bengali. There are a good many students there, who study Ayurveda in Bengali. They also know English. There are books on the subject both in English and in Bengali. It is possible to study Ayurveda through vernaculars alone. There are a good many books written in Oriya but not published. I think it necessary to publish them; otherwise the knowledge will be lost.

To the Secretary the witness replied: In Bengal, all students know both Bengali and Sanskrit. Sanskrit is a compulsory subject there. So one who knows Bengali should also know Sanskrit. Those who do not know Sanskrit, for example, those who go there from Southern India, have to learn Hindi. I studied in Dr. Yamuni Bhushana Roy's College when it was first constituted. Dr. Yamuni Bhushana Roy is the Vice-Principal. The professors there are all Ayurvedic doctors. Dr. Mullick is an Allopathic doctor. Many big people, highly educated people, Rajahs and many Europeans go to our dispensary. The professors there enjoy the confidence of eminent people. There are no Sanskrit books dealing with Modern Physics, Chemistry, etc. But there are Bengali books dealing with these subjects. I studied Charaka completely.

The next witness examined was *Kaviraj Baishnavo Thripathi Sarma*:

Examined by the Chairman, the witness replied as follows: I practise in Berhampur. I practise both Ayurveda and Siddha systems. I studied Ayurvedic system in Puri College. Those doctors who practise Mantric treatment are called Siddha Vaidyas. There are four methods of treatment: Rasa or daiva vaidyam, treatment by vegetable drugs or Manishika vaidyam, Surgery or Asura vaidyam, and Siddha or Mantrika vaidyam. During the epidemic of cholera in Ganjam, I was entrusted by the District board of Ganjam with 150 cases of cholera and I was successful in 120 cases. For cholera I adopt the treatment given in Ayurvedic books. I use the cholera pills. (The witness took objection for giving out the ingredients of these pills). The composition of the pills is found in Ayurvedic Sangraham and one can refer to the book. I am for medical registration.

Questioned by Mr. Palmer, the witness said: I cannot consult auspicious hours always. I consult auspicious hours for preparing medicines.

Questioned by Mr. A. S. Krishna Rao, the witness said: It was in the year 1920 that there was cholera in Ganjam. There was then also a cholera party there. It is a fact that people did not go to the cholera party for treatment but they came to me for treatment. I was also paid some travelling allowance by the district board. I maintain an Ayurvedic dispensary of my own. I have got two more doctors to assist me. They are also trained under me. The cost of maintaining my dispensary comes to Rs. 40 or 50 per month. I prepare the medicines myself.

Examined by Mr. Natesa Sastri, the witness said: I studied Charaka and Sushruta Samhita. There is not much about pulse in these books. The latter deals completely with surgery.

Questioned by Dr. Subrahmanier, the witness said: Those who come to my dispensary before 9 in the morning are treated free. Four or five patients are thus treated free every day.

Questioned by Mr. Arumugam Pillai, the witness said: It is not possible to bring the Eastern and Western treatments together. There is no method by which they can be combined. I have answered this point in reply to question 5 in the written answers.

Examined by Dr. Lakshmiipathi, the witness said: I have got many certificates from Rajas Maharajahs, District Board Presidents, etc. District Boards and Taluk Boards are not paying me regularly any bonus. I am prepared to receive some honorarium and run a free dispensary in the place in which I now practise. It is cheap to do so.

To the Secretary, the witness said: I studied Laghukaumudi, Raghuvameam, Kumarasambhavam for learning Sanskrit. I agree that knowledge of Nyaya is very desirable for students of Ayurveda. I am aware that Atomic theory is dealt with in Nyaya and Viseshika Darshanas.

Even in Ayurvedic shastras this theory is briefly stated. Our theory is that the whole body is composed of panchabhutas. Without a knowledge of the evolution of the panchabhutas, the evolution of the human body cannot be understood. This subject is treated in Susrutha. These books take for granted a previous knowledge of Sankhya and Nyaya-Vaisesika. To be a scientific Ayurvedic doctor, one must have some knowledge of all these darshanas. I do not deal with surgical cases. I agree that, to the extent that my system does not deal with the surgical cases, to that extent it is deficient. Ayurveda has eight branches and surgery is one of them, though it is not practised now. If it is studied it can also be practised. There are gurus who can teach us the art of surgery, for instance, Bhattacharya. Till we are perfect in this, Western system of surgery may be continued. To learn the Art, experiments can be made on dead bodies.

At the close of evidence of this witness, the Committee concluded examination of witnesses.

The Chairman then thanked all those gentlemen who co-operated in the proceedings of the Committee.

REPORT

OF THE

3

CITY HIGH MORTALITY COMMITTEE

PART I



MADRAS

PRINTED BY THE SUPERINTENDENT, GOVERNMENT PRESS

PRICE, Rs. 1-12-0 FOR PARTS I & II]

1927

: F 1.1

REPORT OF THE CITY HIGH MORTALITY COMMITTEE.

PART I.

INTRODUCTION.

The Government in G.O. No. 1219 P.H., dated 20th July 1926, constituted the Committee with the following gentlemen as members :—

- (1) The Director of Public Health, *Chairman*.
- (2) Major H. H. King, I.M.S., Director of the King Institute, Guindy.
- (3) M.R.Ry. S. Venkatachalam Chetti Avargal, M.L.C., President, Corporation of Madras.
- (4) M.R.Ry. Diwan Bahadur O. Tanikachalam Chettiyar Avargal, M.L.C., Ex-President, Corporation of Madras.

In G.O. Mis. No. 800, L. and M., dated 1st March 1927, the Government appointed Diwan Bahadur G. Narayanaswami Chettiyar Avargal, President of the Corporation, as an additional member.

The Committee met for the first time on 31st July 1926 in order to decide as to the methods to be adopted in obtaining the necessary information, and it was left to the Chairman and Major King to prepare the statistical tables required. A number of out-door inspections were also made, and the Committee later met on a number of occasions to discuss the preliminary and final drafts.

The terms of reference to the Committee were—

- (1) to enquire into the health of the city ;
- (2) to ascertain as far as possible the causes for the high mortality in the city ; and
- (3) to suggest measures to effect improvement in the health conditions.

In order to comply with the first two references made to the Committee, it was necessary in the first place to collect mortality statistics for the city over a fairly long period of years.

2. The figures from 1910 onwards were considered sufficient for our purpose, but it was necessary to arrange these statistics in a number of different ways, in order to illustrate, as far as possible, the varying effects of locality, age, disease, etc., on mortality. The preparation of the necessary tables was originally undertaken by the Corporation Health Department, but in October 1926 the President of the Corporation informed us that this was no longer possible, and the work was subsequently taken up by the Director of Public Health's office. The tables required careful and laborious preparation, and, as no additional staff was sanctioned, delay was inevitable.

3. The unusually high figures for the two influenza years 1918 and 1919 have been excluded from consideration, this being in accordance with statistical practice in England and elsewhere.

4. One of the first difficulties we met with arose from the fact that, in the middle of 1919, the number of divisions or wards in the city was increased from 20 to 30, whilst no exact relationship existed between the boundaries of the old wards and those of the new. Many of the tables, therefore, had to be prepared in two parts, the first dealing with the period 1910—17 for 20 divisions, and the second dealing with years 1920—26 for 30 divisions. In drawing conclusions from these two sets of tables, we have used the old division numbers when referring to different areas, as these were found to be more convenient for the purpose in view. The two maps (maps I and II) attached show the old and new divisional boundaries.

5. The first part of the report is confined to analysis of the statistical tables and the conclusions drawn from that analysis. Only after this part of the report was more or less completed were we in a position to move further. We have inspected a number of the areas which, from the Health Officer's reports and from our own examination of the mortality statistics, seemed to demand special attention.

6. The second part of the report includes our observations and recommendations. Brief summaries of the two parts have been appended for easy reference, and the graphs and maps referred to in Part I are included in a separate volume as an appendix.

METEOROLOGICAL CONDITIONS.

7. The accompanying graph (graph I) shows the seasonal incidence of rainfall, temperature and humidity for Madras City averaged over the period 1910—25. This graph is inserted in order that it may be compared with the seasonal incidence of disease.

POPULATION AND AGE DISTRIBUTION IN MADRAS CITY.

8. In order to throw light on the influence, if any, which "age distribution" may have on the mortality of Madras, we have taken as the standard for comparison the age distribution of the population in the Madras Presidency as given in the Census Report for 1921. The following table gives comparative figures expressed in rates per 1,000 of the population :—

Age group.	Madras Presidency.	Madras City.	Difference between (3) and (2).
0—5	122.9	99.5	-23.4
5—10	135.3	106.4	-28.9
10—15	119.2	96.5	-23.7
15—20	82.3	93.4	+11.1
20—40	312.7	381.2	+68.5
40—60	167.3	177.4	+10.1
60 and over	60.3	45.6	-14.7
	1,000.0	1,000.0	

It is obvious that, as compared with the Presidency, Madras City has an excess of young adults between the ages of 15 and 40 years, the greatest part of this excess being in the age group 20—40 years. The differences in the age distribution indicate that considerable numbers of young adults migrate into the City, and this is borne out by the following table which gives the population of Madras by age groups for the 1911 and 1921 censuses :—

POPULATION BY AGE GROUPS.

Age group.	1911.	1921.	Increase or decrease in the decennium.
0—5	57,021	53,739	-
5—10	57,640	56,521	-
10—15	52,816	51,612	-
15—20	50,867	49,987	-
20—25	55,099	56,933	+
25—30	50,066	54,529	+
30—35	43,517	48,374	+
35—40	33,804	37,306	+
40—45	35,288	35,993	+
45—50	22,424	22,832	+
50—55	23,215	23,805	+
55—60	10,993	10,919	-
60 and over	25,970	24,579	-
	518,660	526,911	+8,251

From this table we see that the bulk of the increase in population between 1911 and 1921 has occurred in the age groups 20—40, so that there can be little doubt that migration of young adults has been chiefly responsible for the growth of the population as a whole. We must conclude that the corrected death-rates for young infants and of persons over 50 would be higher than the crude rates given in the City Health Reports.

9. Other things being equal, therefore, the age distribution of the city population favours a low mortality-rate, because the death-rates of the age groups 20—40 are always much the lowest in any given population. On the other hand, the annual death-rates in the City have been constantly very high, and show, if anything, a tendency to increase.

10. Comparing Madras with Calcutta and Bombay, a point worth mentioning is that in Madras the numbers of adult males do not preponderate over adult females to anything like the extent found in the other two cities, although the figures for the last three censuses show that in Madras the proportion of females to males in these age groups is steadily falling, as might be expected with the development of industrial conditions that has occurred during the last 20—30 years. When, as apparently has been the custom in Madras, the young adult immigrant brings his wife with him, the Madras birth-rate must be higher than in these other cities. The proportion of infants in the population of Madras is higher than in Calcutta or Bombay; whilst the infantile mortality-rate in Madras City is less than that of Bombay and almost the same as that of Calcutta. It follows that the proportion of infants in the figures for total mortality would be expected to be higher in Madras than in these other cities, and this is the case. We conclude, therefore, that the total death-rates in Madras are made up of infantile deaths to a greater extent than in Bombay and Calcutta. This does not affect the conclusions we have already arrived at but only shows the co-existence of insanitary conditions affecting infants in all three cities.

DEATH-RATES FOR THE DIFFERENT RACES IN THE CITY FOR THE YEARS FROM 1914—26.

11. The following table shows striking differences :—

	Europeans.	Anglo-Indians.	Indian Christians.	Hindus.	Muham- madans.
Population	2,934	9,002	32,160	427,722	53,163
Years.					
1914	18.6	33.8	37.2	46.4	58.3
1915	17.2	27.3	29.9	36.0	43.3
1916	19.6	20.5	26.4	34.9	39.8
1917	13.9	23.2	30.6	39.0	43.5
1918	13.9	34.0	46.2	62.0	62.9
1919	17.4	35.3	39.3	53.9	55.0
1920	12.2	30.2	35.2	41.9	45.1
1921	19.4	37.4	27.8	38.4	47.9
1922	13.6	27.9	29.3	43.5	49.1
1923	14.6	32.0	27.6	38.2	44.9
1924	16.3	36.5	30.0	42.2	48.0
1925	13.6	30.5	32.0	47.7	59.7
Average 1914—25	15.8	33.2	29.5	38.4	51.5

The European community is a selected group, so that no comment on its figures need be made, except that the European death-rates may be used as a basis for comparison.

The Anglo-Indian community has recorded death-rates twice as high as those for Europeans except during the comparatively healthy years 1915 and 1916.

The rates for Indian Christians are very similar to those for Anglo-Indians, although on the whole they tend to be slightly higher.

The Hindu community, which is the predominant group, the figures for which control the general death-rate in the City, has recorded death-rates which are almost regularly three times higher than the European rates.

The Muhammadan community, however, has the unenviable record of persistently recording by far the highest death-rates, so that apparently its general standard of hygiene is the lowest in the City.

12. The important individual causes of death for each community cannot unfortunately be got from the available reports, so that it is not possible to indicate which diseases are chiefly responsible for these varying rates, but in making any recommendations regarding reduction of mortality in Madras, it is obvious that the Muhammadan part of the population requires special attention.

13. The next table is arranged in the same way as the last.

Death-rates of principal subdivisions of the Hindu community.

	Brahmans.	Chettis.	Vellalas or Mudaliyars.	Baliyas or Nayudus.	Vanniya or Nayakkars.	Adi-Dravidas.	Pattanavans.	Yadavas or Idaiyans.	Viava Brahman or Kammalans.
Population.	48,000	36,332	69,617	49,835	50,056	51,568	10,456	15,269	18,806
1914	30.5	33.9	43.8	43.1	52.8	50.6	56.6	58.0	41.1
1915	24.2	29.8	32.8	31.8	39.7	38.0	43.7	36.5	40.5
1916	25.3	29.4	30.5	30.0	40.3	39.3	38.6	32.3	36.5
1917	29.3	33.1	36.3	33.5	41.7	39.8	46.6	39.6	41.9
1918	45.6	44.9	54.6	54.1	75.1	72.6	72.2	64.4	58.8
1919	38.7	54.0	44.7	44.2	27.5	56.7	81.7	99.7	63.4
1920	32.5	28.4	35.5	35.5	43.9	41.9	53.6	38.9	38.3
1921	22.1	32.7	35.8	34.1	46.6	41.3	46.5	35.3	30.3
1922	27.6	39.6	39.4	33.9	53.3	48.4	39.9	44.1	50.2
1923	22.6	32.8	33.3	32.2	48.1	37.6	64.0	34.7	41.7
1924	24.0	37.3	38.0	35.8	51.2	46.9	57.4	43.09	42.7
1925	26.3	37.3	42.7	43.0	49.6	51.6	44.6	49.4.	49.0
Average 1914—25 ...	28.4	36.1	38.8	34.7	49.7	47.4	51.5	45.9	48.8

The Brahmans have the lowest death-rates, the figures lying midway between those for Europeans and Anglo-Indians.

The Chettis, Mudaliyars and Nayudus all record rates more or less alike but considerably higher than the Brahmans.

The Nayakkars come next, and the highest rates of all are to be met with among the Adi-Dravidas, the Pattanavans and Idaiyans. In this table, therefore, death-rates increase as one descends the social scale; but it is to be remembered that the birth-rates follow the same order, and that apart from social and economic conditions, a high birth-rate is constantly associated with a high death-rate.

14. The following table usefully indicates where the greatest variations in population have taken place during the inter-census period.

Division.	Census population.		Increase or decrease of 1921 over 1911 population.
	1911.	1921.	
I. Rāyapuram	20,318	21,418	+
II. Tondiyarpēt	40,635	41,375	+
III. Korukkupēt	15,120	15,348	+
IV. Harbour	14,564	17,569	+
V. Kachaleswaran	19,179	18,389	-
VI. Esplanade	22,473	18,832	- -
VII. Seven Wells	37,065	37,375	+
VIII. Trevelyan Basin	28,585	27,115	-
IX. Park Town	20,937	19,827	-
X. Perambūr	24,979	28,766	+ +
XI. Purasawalkam	41,523	45,086	+ +
XII. Vepery	29,776	28,498	-
XIII. Egmore	23,717	25,973	+
XIV. Kilpauk	11,751	13,911	+ +
XV. Nungambakkam	15,180	16,644	+
XVI. Chintadripēt	26,752	26,101	-
XVII. Chepauk	38,643	35,379	- -
XVIII. Triplicane	32,851	31,165	-
XIX. Royapetta	34,358	36,361	+ +
XX. Mylapore	20,254	21,779	+

The only areas where the population has constantly increased since 1891 are Divisions X (Perambūr) and XI (Purasawalkam), XIV (Kilpauk) and XIX (Royapeta), areas all lying on the outskirts of the old-overcrowded divisions and associated with industrial developments. On the other hand, great decreases have occurred in Divisions VI (Esplanade) and XVII (Chepauk); whilst a lesser drop in population is noticed in VIII (Trevelyan Basin), IX (Park Town) and XVIII (Triplicane), these five areas being all included in the crowded parts of the City.

15. The tendency, therefore, has been for the increase of population to take place in the outskirts of the city, but this has not been followed by a fall in mortality, because the movement has been only minor in degree, and, as we show elsewhere, because general conditions are in certain respects less favourable to health in these outlying divisions of the City.

16. The following table gives the crude annual death-rates from 1910—26. Detailed figures are given in table A.

Total deaths from all causes from 1910—26.

Year.	Total deaths.	Death-rates.
1910	20,312	38.5
1911	21,771	41.4
1912	20,132	38.4
1913	20,775	38.6
1914	24,174	46.6
1915	18,668	36.0
1916	17,872	34.5
1917	19,917	38.4
1918	31,262	60.3
1919	27,187	52.4
1920	21,418	41.3
1921	20,268	38.5
1922	22,475	42.7
1923	19,933	37.9
1924	21,960	41.7
1925	25,000	47.3
1926	23,776	46.0
Total, excluding 1918 and 1919 ...	318,371	40.3

17. The mean death-rate, excluding the influenza years 1918 and 1919, is 40.3 per 1,000, the variations lying between 34.5 and 47.3. The highest rates during the 17-year period were recorded in 1925 and 1926, the one exception being 1914 when a severe cholera epidemic was experienced.

The death-rates for individual divisions show that the first three (Tondiyarpet) divisions persistently recorded the highest rates in the City. This was noticed during the malarial epidemic of 1912—14, and apparently the general health conditions in this area have not improved. Divisions XVIII and XIX have also continued to record generally high rates throughout the period of years under review. These divisions were also badly affected in 1910—14 by malaria. Further, in some parts of the same areas the population is largely Muhammadans, and, as we have shown, the death-rate for the Muhammadan community is the highest in the City.

18. A few figures for Calcutta and Bombay have been extracted from the Health reports of these cities for purposes of comparison.

Death-rates for 1,000.	Calcutta (1924).	Bombay (1924).	Madras (1925).
From all causes	29.4	31.27	47.8
From intestinal diseases	4.83	8.02	8.19
From respiratory diseases	9.38	12.97	12.1
From all fevers	3.6	2.55	4.5
From other causes	10.7	10.51	20.0
Percentage of other causes to total deaths ...	36.4	33.6	42.4

19. The total death-rate in Madras is very much higher than that of Bombay or Calcutta although Madras compares favourably with the others as regards conditions of housing and overcrowding.

The intestinal diseases rate is more than twice as high as those in Calcutta and Bombay.

The respiratory diseases rate in Madras is similar to that recorded in the other two Presidency capitals.

The fevers death-rate in the three cities do not show any marked difference.

20. As regards "other causes," it is to be noticed that the Madras rate for this group is nearly twice as high as the corresponding figures for Calcutta and Bombay; and when the rate is given as percentage to total deaths, Madras still gives the higher figure. Registration work in Madras therefore does not differentiate causes of death so well as in the other two cities.

21. Table C, with the accompanying graph II, indicates the seasonal variations of the deaths from all causes. The hot-weather months of April, May, June and July are the healthiest in the year. The August rise in mortality follows the advent of the south-west monsoon rains; but by far the unhealthiest months are December and January following upon the period of the north-east monsoon which is the more important of the two rainy seasons affecting the Madras coast. The two peaks in this curve should be carefully noted as they appear again—in much more marked form—in graph X for "bowel diseases." The indication, therefore, is that the variations in seasonal total mortality are seriously affected by rainfall. This point will, however, be elaborated when we discuss the statistics for bowel diseases which are in the main "water-borne" affections.

DEATH-RATES IN THE DIFFERENT AGE PERIODS.

22. The death-rates for the different age groups, based on the 1921 census population for those groups, show the usual variations. Detailed figures are given in table B. Although the census figures for the different age groups are to a certain extent unreliable, the general similarity of the rates with those observed in English tables indicates that the error is not large enough to forbid the drawing of conclusions. For instance, there can be no doubt that the death-rate (503 per 1,000) for

infants under one year of age is a real indication of the very bad health conditions in the City.

23. Graphs III and IV, showing the seasonal incidence of deaths for the age groups "under one year of age" and "between one and five years," have been prepared for the period under review. The former resembles more or less the curve (graph II) for deaths from "all causes," and shows both the August and the December and January peaks. The latter has peculiarities of its own. The August mortality peak for this group of children is higher than that of the cold-weather months, a variation which exists in no other age-group. The higher mortality in March coincides with the maximum incidence of smallpox (graph XIII), and suggests that in Madras City smallpox takes its heaviest toll from young children, and that protection of these children by vaccination is very defective.

24. We have also prepared graphs showing the seasonal incidence of "diarrhoea and dysentery" and "respiratory diseases" for infants under one year of age. The former (graph V) bears some resemblance to that for "total deaths from dysentery and diarrhoea," but the two peaks are not nearly so well marked, as might be expected when one remembers that large numbers of infants are suckled by their mothers and are therefore not ordinarily exposed to these infections. On the other hand, that for respiratory diseases (graph VI) for infants closely resembles the corresponding graph XX for the whole population, the months following the north-east monsoon showing a very high mortality.

25. Infantile death-rates by divisions have also been tabulated for the years 1913—17 and 1920—25 (tables D and E). In the former group the highest mortality was recorded in Tondiyarpeta, although the divisions of Georgetown and those in Triplicane and Mylapore record only slightly lower rates. In the latter group the rates for all divisions of Georgetown are much higher than those in other parts of the City, in some divisions having been over 500 per 1,000 births. The figures for the Tondiyarpeta divisions make it evident that conditions of life for infants in this area are still severe, but the rates for Triplicane and Mylapore show a slight reduction. Overcrowding does not therefore entirely explain the high rates in Georgetown, and probably malaria is the additional factor responsible in that area as well as in the divisions of Tondiyarpeta.

26. The next table indicates that the total infantile and child deaths have very considerably increased since the influenza years of 1918 and 1919. These increases cannot be explained by increase in total population, especially as it has already been shown that the increase in population is mainly in the adult age-groups.

	Under 1 year.	1 and under 5 years.
Total deaths, 1910—17	46,140	24,714
Average pre-influenza years	5,768	3,089
Total deaths, 1920—25	36,469	21,778
Average post-influenza years	6,078	3,630

Everything points therefore to the fact that conditions producing infant and child mortality in Madras City are gradually becoming worse, and that radical measures are called for.

27. In the age groups 10—15 years, 15—20 years and 20—30 years, no variations of importance are to be noted.

28. In the group 60 years and over, the only two great variations in deaths occur in 1914 and in 1925. The former was probably the result of the cholera epidemic of that year, the latter was probably due to respiratory diseases.

CHOLERA.

29. The deaths from cholera since 1912, excluding 1918 and 1919, average 304 per annum, whereas the average from 1900—1912 is 726. This figure, however, is reduced to 470 if we exclude the very exceptional epidemic of 1914. Detailed figures are given in graph VII. In any case, these averages would seem to indicate that the danger of cholera has been considerably reduced by the substitution, in 1912, of the closed conduit for the open channel along which the water from the Red Hills Tank was formerly brought into the City. At the same time it is to be noted that in no year has the City been entirely free from this disease.

Cholera death-rates have been worked out for each division of the City, but these do not indicate that any particular area is much more liable to infection than another. This is what might be expected with a water-borne disease in a city having a piped water-supply.

DIARRHŒA AND DYSENTERY.

30. Madras City has always suffered intensely from this group of intestinal diseases, as the figures given from 1910—26 show (graph VIII), the average annual number of deaths being as high as 4,297. The higher figures registered during 1918 and 1919 are doubtless due to wrongly classified deaths from cholera and influenza, both of which were epidemic during those years, but excluding these, the annual figures vary very little, except where cholera epidemics have occurred, as in 1914, when the figures appreciably rise above the mean.

31. It is to be noted that a high proportion of the mortality occurs among infants and young children who are particularly susceptible to these diseases. In order to test the difference effected by the improved protection to the water-supply, the average number of deaths for the periods 1900—11 and 1912—26 have been estimated. For the former period this figure is 3,695 per annum, whilst for the latter period (excluding 1918 and 1919) the average is 4,305 per annum. The opening of the new waterworks has, therefore, had no effect on the incidence of these infections, which are largely water-borne. Indeed, the increased incidence during the latter period will strike even the casual observer. When not water-borne, these infections are partly spread by food or utensils contaminated with excrement, through dust or flies, or by direct contact with soiled hands. The high mortality, from this group of diseases therefore, makes an urgent call for raising the standard of sanitation throughout the City, because, from the figures for this group of diseases alone, it is clear that there has been no real advance in sanitation in the last 20 years.

32. The death-rates for different divisions of the City show striking variations. The divisions of Georgetown (excluding that in which the General Hospital deaths are registered) and the two divisions of Triplicane have death-rates much below the average for the City as a whole. On the other hand, the highest rates are to be found in those areas lying all around the outskirts of the City. This would seem to point to the conclusion that in those areas the piped water-supply is insufficient and is supplemented from filthy tanks and wells. It may also be partly due to poorer housing conditions and a lower economic standard generally. In any case, the figures indicate the need for an extension of the distribution of pure piped water and an increase in the volume supplied.

ENTERIC FEVER.

33. The figures for this last member of the intestinal diseases group are largely derived from hospitals, but many deaths from the

enteric infections are buried in the general headings "other fevers," or "other causes." The annual figures, however, show that this class of infection exists to a very considerable extent, and is, moreover, on the increase. Not only are these diseases spread by means of water but milk, curd, and other similar foods become readily contaminated under the conditions in which they are prepared and exposed for sale.

34. The maximum seasonal incidence (graph IX) is seen to occur in the month of September or a month later than the dysentery and diarrhoea peak: This is explained by the fact that typhoid infection takes about a month to produce a fatal result.

INTESTINAL DISEASES.

35. In order to show the total effect of cholera, diarrhoea and dysentery and enteric fever on the mortality statistics of the City, we have prepared a graph (graph X) in which all three have been grouped together, under the head of "bowel diseases." The table gives the annual death-rates for the whole group, and shows that it plays a very important part in swelling the mortality rates for the City, the mean death-rate for the 15-year period being over 8.5 per 1,000.

Intestinal diseases.

Year.	Cholera.	Dysentery and diarrhoea.	Enteric.	Total.	Total death rate.
1910	153	3,635	42	3,830	7.3
1911	747	4,854	52	5,653	10.8
1912	374	4,897	42	5,313	10.2
1913	29	5,193	51	5,273	9.8
1914	1,757	5,508	66	7,331	14.1
1915	35	4,208	75	4,318	8.3
1916	30	3,664	49	3,743	7.2
1917	78	4,131	47	4,256	8.2
1918	503	5,553	45	6,081	...
1919	642	5,835	52	6,529	...
1920	22	4,671	66	4,759	9.2
1921	139	4,149	85	4,373	8.3
1922	17	4,167	74	4,258	8.1
1923	21	3,778	51	3,850	7.1
1924	97	3,700	65	3,862	7.2
1925	203	4,031	99	4,333	8.2
1926	98	3,867	152	4,117	7.9
Mean	253	4,297	61	4,611	8.5

In interpreting the figures for these and other death-rates for specific diseases we must always remember that the deaths recorded from all known causes form only 57 per cent of the total deaths, so that the real percentages of any group must be proportionately increased. Intestinal diseases form 37 per cent of the total differentiated deaths, so that the true death-rate from this intestinal group may be estimated as something between 10 and 15 per 1,000, which forms from 25 to 37.5 per cent of the deaths from all causes.

36. The seasonal incidence of this group also deserves notice (graph X). It is apparent that the incidence of these infections varies very considerably at different seasons of the year. The curve reaches a minimum in the hot-weather months of April, May, June and July. A high peak occurs in August which is carried to September and October as a result of the continuance of cholera epidemics in these months. A sharp fall in November divides this peak from the high incidence in December and January, and thereafter the number of deaths gradually falls again to the hot-weather minimum. These two peaks in the incidence of the intestinal diseases closely follow the rainfalls of the

south-west and north-east monsoons, respectively, and there seems to be little doubt but that they are associated with the heavy contamination of water supplies which occurs when the rains wash the surface impurities from the collecting areas into the Red Hills Tank and to an equal extent into the surface wells and tanks used in the outlying parts of the City. Graph XI shows that the organic contents of the Red Hills water as received at Kilpauk slowly increases from January to May, which is probably due to the concentration of dissolved and suspended matters increasing with the evaporation of water. A sharp rise occurs in August, probably due to the south-west monsoon rains in this and the previous month washing surface impurities into the lake. This is followed by reduction caused by dilution of the water added by the two monsoons. There is probably, too, some association with the seasonal prevalence of flies but more evidence is needed on this point.

37. A seasonal curve for cholera in Chingleput District for the period 1910—25 (graph XII) has been prepared in order to make a comparison between it and the "bowel diseases" graph for Madras City. The two peaks corresponding to the two monsoons are again obvious, and in our opinion the striking similarity of the two curves shows that the same causal factors are at work in the two areas.

38. Although we have remarked at some length on the seasonal variations of this group of diseases, it is to be noted that even the lowest and the highest figures are only 13 per cent below and above the annual average. This group of diseases is therefore a very serious cause of mortality throughout the 12 months of the year, and in our opinion impure water and defective sanitation are the main causes.

SMALLPOX.

39. The opinion has been expressed that smallpox has become endemic in Madras City, and mortality figures for this disease during recent years seem to confirm the remark. Madras has had several epidemics, however, during the 16-year period under review, the worst of these having taken place in 1919, 1922 and 1925. These epidemics did not coincide, particularly during the last five years, with smallpox as it existed in rural areas of the Presidency, where the annual numbers of smallpox deaths have steadily and regularly decreased. Graph XIII show the usual seasonal incidence of smallpox, the maximum figures being recorded in March and April. The divisional death-rates for smallpox shows that in the extreme north of the City, smallpox has been particularly severe during the latter half of the period under review. Other divisions do not show any out-of-the-way variation above the mean, with the exception of the Mylapore area round Cutchery Road. The deaths registered for the age groups 1—5 and 5—10 years distinctly show the influence of the five smallpox epidemics which have been experienced in the City during the period under review. Indeed, a large proportion of the smallpox deaths have occurred in these age groups, and the only conclusion we can come to is that vaccination, which is admittedly the best preventive measure, has not been carried out as vigorously as it might. We have compiled a table (table F) showing the numbers of cases successfully vaccinated in Madras City for each year from 1910, and have also plotted these figures in graphical form (graph XIV). It is obvious that since 1910 there has been a gradual but marked decline in vaccination work, the figures for 1920 being little more than one-third of those for 1910.

40. In the Annual Vaccination Report for 1925-26 also Madras is only 46th in the list of the 81 municipalities in the Presidency arranged in order of degree of protection of the population by vaccination. The City is, also, far below the average for mufassal municipalities, in spite of a medically qualified vaccination staff.

41. We would also draw attention to the following table taken from the City Health Report for 1925:—

	Number of vaccinations and re-vaccinations.	Percentage to population.
Hindus	58,536	13'6
Muhammadans	2,724	12'5
Indian Christians	6,704	20'8
Anglo-Indians	5,116	42'8

The varying percentages indicate that while vaccination is *nominally* compulsory in Madras City, the extent to which protection is effected seems to depend largely on the willingness of the population to seek that protection, and not on the efforts of the vaccination staff. We consider that, with more energy and additional supervision, the percentages in the first three groups might easily be very considerably increased.

42. The fact that, during 1924 and 1925, the cost per successful case was as high as Re. 1—0—6 and Re. 0—14—1, respectively, also shows that the members of the vaccination staff are not giving value for the money expended on them, especially when it is remembered that the corresponding figures for rural areas in the Presidency during 1925 was only 6 annas per case. -

MEASLES.

43. Although the mean for measles deaths is slightly less than 100 per annum, it is of interest to note that the monthly figures show a close correlation with those for smallpox, and that rises in measles mortality are coincident with smallpox epidemics. For purposes of comparison we have plotted the smallpox figures along with those showing the seasonal incidence of measles (graph XV). We are compelled to infer that many cases of smallpox—especially when a smallpox epidemic exists—are registered as measles, so that the householder, the registrar and the sanitary inspector may avoid trouble. It is the duty of the medical registrars to check the cause of death, particularly in suspicious cases, and this check seems to have been neglected to a considerable degree if the registered figures are to be taken at their face value.

PLAGUE.

44. Plague has never been a menace to the health of Madras City and needs no consideration in any review of health conditions. Table F gives figures for 1910—26.

MALARIA.

45. Detailed figures are given along with graph XVI. The high figures for the years 1910—15 inclusive cover the malaria epidemic, which created so much havoc, especially in the areas of Tondiyarpeth and, in parts of Mylapore and Purasawakam. With the aid of a three-lakh grant from Government, this epidemic was gradually brought under control, anti-malarial work being continuously carried on until April 1921, when for reasons of economy the Corporation finally disbanded the small staff—"the idly busy department"—which had continued to work till that date. The smallest number of deaths (560) occurred in 1920, but since then the numbers have again gradually but steadily increased to a maximum of 1,347 in 1926. Probably, also, the actual deaths from malaria are much higher, because deaths from pneumonia, respiratory diseases, etc., primarily caused by the debilitating effects of malaria, are concealed under "fevers" and "other causes." The attention of Government and of the Corporation has been repeatedly drawn to these ominous figures, and warnings have been given by the Director of Public Health as to the imminent danger of another violent outburst. So far as we are aware, no heed has been paid to these warnings, although the Health

Committee of the Corporation recommended the sanction of Rs. 5,000 (asked for by the Health Officer) on 6th May 1925, and the Council sanctioned the proposal in January 1926. During the month of February 1927, however, a sum of Rs. 5,000 has been sanctioned for anti-mosquito work. The figures before us show that, although malaria deaths have been registered in all areas of the town, the great majority of the increased numbers in the last three years have again occurred in the areas of Tondiyarpeth and Mylapore. Probably because of the permanent anti-malarial measures carried out in Purasawakam and its surroundings, the incidence of malaria in that area has not increased nearly to the same extent as in the other two. At the same time, the general figures for this disease indicate only too clearly the dangers of further inaction. An anti-malaria organization of considerable size is urgently required in order that adequate control may be effected.

46. In this connexion also we would draw attention to the mosquito nuisance which at present exists in many parts of the City. It is not too much to say that many of the inhabitants find it almost impossible to enjoy a decent night's rest, because of these pests. The majority of the mosquitoes belong to those species which are known to carry the filarial parasite, and, as is well known, filariasis, with its sequel elephantiasis, is not uncommon in Madras City. In parts of Georgetown and Triplicane, the imperfectly closed surface drains provide safe breeding-places, and regular flushing of the drains and sewers should be sufficient to prevent the stagnation of water which does take place, and must take place, before insects like mosquitoes can successfully emerge from their pupal stage. These measures are to the best of our knowledge not being carried out because the Drainage Superintendent does not have the staff necessary to clean these dangerous covered drains periodically. As at present arranged, we understand they are cleaned only once a quarter unless necessity for earlier attention arises. As they have been shown to breed millions of mosquitoes, regular weekly flushing should be carried out. The investigations made in 1912--15 showed that the ordinary house-well was a prolific source of *anopheles* mosquitoes, particularly *A. Stephensi*, a malarial carrier. Thousands of uncovered house wells exist in Madras, and they are almost certainly once more adding greatly to the present mosquito pest and require particular attention.

In any case, the two problems are really one but they can only be tackled when anti-malarial work again forms part of the activities of the Health Department.

OTHER FEVERS.

47. In the graph for "other fevers" (graph XVII) the peak in August and September, which coincides with the peak in the "intestinal diseases" graph (graph X), suggests that a number of "intestinal diseases" are registered under this head. If this is the case—and we can think of no other explanation—then the "intestinal diseases" group should be correspondingly increased, and our estimate that these constitute 25 per cent of the total deaths is probably a very conservative one. The high incidence of "fevers" during 1910--13 is further evidence of the malarial epidemic of these years. The influenza epidemic of 1918 and the succeeding years accounts for the very high incidence of this group from 1918--22. The significant rise in incidence during 1925 and 1926, to 940 and 1,194, respectively, is an additional indication of the great increase of malaria in the City, and of the imminent danger of another violent epidemic.

TUBERCLE.

48. Again excluding the abnormal years 1918 and 1919, an examination of the 17-year period (graph XVIII) shows that the incidence of tuberculosis is increasing at a very rapid rate, the highest number of deaths

(1,604) having been registered in 1925. This may be partly due to better diagnosis of the cause of death, but in our opinion the evidence is conclusive that the population of Madras is becoming more and more impregnated with the *tubercle bacillus*. The great majority of the deaths in recent years have been registered in the very crowded wards of Georgetown (Divisions VII, VIII and IX), in Vepery (Division XII), and in Chintadripet (Divisions XVII and XVIII). There seems no doubt of the necessity for detailed examination of the housing conditions of the people living in these heavily infected areas. Besides tropical heat and dust, ill-ventilation and overcrowding from economic causes, malaria and other continued fevers, insanitary practices, the social customs, and prejudices of centuries—purdah, child-marriage, etc.—have all helped to undermine the vitality of the people, so that on the introduction of the infecting bacillus, large numbers of both sexes have fallen victims to the disease.

RESPIRATORY DISEASES.

49. Excluding the abnormal influenza years, the figures show that these diseases have steadily and rapidly increased (graph XIX); the maximum figure (4,941), that for 1926, being almost three times the average figure for the triennium 1910—12.

50. The total number of deaths from respiratory diseases *plus* tuberculosis during the period of years under review amounts to 62,435. This figure represents 19·5 per cent of the total mortality or over 35 per cent of the deaths whose causes are differentiated. It is evident that, next to the intestinal diseases, this group constitutes the most important cause of sickness and death in Madras.

51. We have prepared a graph (graph XX) giving the monthly incidence of the combined group—respiratory diseases *plus* tubercle. The climatic conditions in Madras are admittedly severe all through the year, but the graph shows once more that the hot-weather months are the healthiest and that the death-rate increases rapidly in the months immediately following the north-west monsoon. Dampness of soil and unfavourable climatic conditions seem, therefore, to have an important influence on the incidence of this group. At the same time, even in May and June, the numbers of deaths from these diseases remain very high, the maximum in December being only about 13 per cent higher than the minimum in June. The indication is, therefore, that the main causal factors are at work throughout the whole year.

52. It has not been possible to obtain details as to the types of respiratory diseases causing these large numbers of deaths. Some must be due to tubercular infection, others to pneumonia and bronchitis, and it is probable that the cold damp conditions met with after the north-east monsoon are partly responsible for the heavy increases in December and January.

53. The death-rates per 1,000 of the population have been worked out for each division of the city and these—although universally high—show important differences. Excluding Division IX which includes all the General Hospital deaths, all divisions in Georgetown are well above the mean rate for the City, as is Division XII (Vepery) and Divisions XIV, XV, XVI, XVII and XVIII. These areas are almost identical with those which show high tuberculosis rates, and include nearly all the overcrowded parts of the City. There seems, therefore, to be a close connexion between overcrowding and the incidence of respiratory affections. Modern city conditions everywhere tend to cause respiratory diseases, and municipal bodies, recognizing this evil, are everywhere attempting to mitigate the unhealthy conditions which result from overcrowding and impurity of air.

DEATHS FROM CHILD-BIRTH.

54. During the few years this cause of death has been registered as a separate entity, the numbers seem to be slowly increasing. The recorded figures (graph XXI) cannot, however, be used as a reliable guide to the actual death-rate from this cause, and further comment is uncalled for.

OTHER CAUSES.

55. The annual statistics of deaths registered under this head shows that although a gradual increase in the total numbers has occurred over the 17-year period under examination, the proportion of "other causes" to the totals of other columns in table A has remained more or less at the same figure, viz., 43 per cent. This is fortunate for our purpose, as it would have been impossible to elucidate any facts regarding individual diseases separately registered, had any great variations occurred in the group now under consideration. The figures for 1918 and 1919 as usual show the effect of the influenza epidemic. In the pre-influenza years of the period, the figure for 1914 is considerably above the annual average, viz., 8,670, so that probably a large number of cholera deaths were concealed under this head. In the post-influenza period the average annual figure is 9,604, or 600 more than during the pre-influenza period, the years 1924, 1925 and 1926 all recording figures well above the average.

56. The following analysis throws further light on the subject :—

Other causes	= 43 per cent.
Known causes of death (100 — 43)	= 57 "
Of these known causes, we have found—	
Intestinal diseases	= 25 "
Respiratory diseases	= 20 "
	—
Total	45 "
	—

This leaves a small balance of 12 per cent for all the other differentiated causes for which figures are given in table A. Probably, a considerable proportion of the 43 per cent of deaths from "other causes" is due to "intestinal diseases" and "respiratory diseases." On this presumption the deaths from "intestinal diseases" are probably as high as 38 per cent of the total in the City and those from respiratory diseases about 30 per cent.

57. Death-rates for "other causes" for each division of the City have been calculated, but the slight variations recorded do not permit us to draw any conclusions therefrom.

58. Graph XXII shows the seasonal incidence of this great mass of unknown deaths. The curve corresponds closely with the curve of "intestinal diseases" except that the August peak is not in evidence.

SUMMARY OF PART I OF THE REPORT.

(1) The population of Madras has increased very slightly since 1901, and the increase which has occurred has been largely due to immigration of young adults. The proportion of young adults to other age groups in the City is much higher than in the standard population of the Presidency.

(2) During the last 20 years, increase in population has been largely confined to those areas lying on the outskirts of the older overcrowded parts of the City.

(3) The Muhammadan community has much the highest death-rate, and among the different sections of the Hindu community the death-rate progressively increases as one descends the social scale.

(4) The annual death-rate from all causes tends to increase rather than decrease in spite of the favourable age constitution of the population; and the seasonal incidence seems to be governed by conditions associated with the two monsoon periods.

(5) The true infantile mortality rate is somewhere about 500 per 1,000 based on the census population of this age group; and in the Georgetown divisions, the infantile mortality rates are much higher than in any other part of the City.

(6) The group of intestinal diseases is the most important cause of death in the City, being responsible for 37 per cent of the deaths whose causes are differentiated, and for from 25-37.5 per cent of the total mortality in the City. The incidence of this group reaches its highest peaks immediately after the two monsoon periods.

(7) Smallpox has become endemic in Madras and has been present in epidemic form four times during the last ten years. These epidemics have followed deterioration in vaccination work.

(8) The incidence of measles coincides closely with that of smallpox, the inference being that many deaths from smallpox are registered as measles.

(9) Since 1920 malaria has steadily increased and latterly deaths from "other fevers" have correspondingly risen in number. This group of diseases in 1926 was responsible for 10.7 per cent of the total deaths in the City.

(10) Tuberculosis is rapidly increasing in Madras and is now a serious menace to the population.

(11) Respiratory diseases have steadily and rapidly increased during the last 20 years. The total number of deaths from respiratory diseases plus tubercle for the period of years under review amounts to over 34 per cent of the total deaths whose causes are differentiated, and for 20-34 per cent of the total mortality in the City. Next to the intestinal diseases, therefore, this group constitutes the most important cause of sickness and death in the City.

(12) Nearly 43 per cent of the total deaths in the City are undifferentiated, being registered under the heading "other causes." This figure, taken with others already commented upon indicates careless registration work.

PART II
OBSERVATIONS AND RECOMMENDATIONS.

WATER-SUPPLIES.

1. The group of intestinal diseases having been shown to be by far the most serious cause of the high mortality in Madras, we consider that the question of the City water-supplies—both piped and local—first demands attention.

Remembering the correlation between the incidence of cholera in Chingleput District and intestinal diseases in Madras City, it seems obvious that further attempts should be made to effect better sanitary control over the collecting area or areas from which the Red Hills Tank receives its supplies.

The present arrangements for purification by filtration of the Red Hills Tank water are admittedly inadequate, and the water analysis reports from July 1926 onwards clearly indicate that chlorination has failed to destroy all of the pathogenic organisms in the water, because of its high organic content. The problem of purifying the Madras City water-supply has always been recognized to be a very difficult one, but definite recommendations have been made on various occasions, and finally by the Government Water Filtration Committee and by Colonel Clemesha. Whether the recommendations made in these reports are accepted or not, we are of opinion that the present system of supplying a mixture of filtered and unfiltered water is responsible for a considerable proportion of the morbidity from intestinal infections and that it should cease at the earliest possible moment. We consider that until the whole of the piped water-supply undergoes adequate purification, without being rendered unpalatable, it will be a difficult matter to effect any considerable reduction of the high death-rate from these water-borne diseases. It is regrettable that the present system has been permitted to continue for so long.

As the divisional death-rates from intestinal diseases are higher in those areas lying within the outskirts of the City boundaries, and the piped supply is inadequate there, additional and adequate supplies of piped water to these divisions are also required. These will necessitate the provision of additional pumps, or, re-arrangements of the distribution of the quantity now available, as, for instance, by the construction of overhead storage tanks in two or more outlying parts of the City. This, however, is an engineering problem and, having drawn attention to the necessity, we do not propose to make further comment in the matter.

STANDARD OF SANITATION.

2. The infective agents of these intestinal diseases, although mainly water-borne, are also spread by means of dust and flies, which contaminate articles of food and drink as well as food utensils. These two agencies arise mainly from defective conservancy, and during our inspections we have been impressed with the exceedingly low standard of sanitation which exists in many parts of the City. Towns with the most perfect scavenging arrangements have the lowest incidence of diarrhoeas and dysenteries, and the converse equally holds good. The figures given in the first part of the report prove conclusively that Madras City is no exception to this rule.

PUBLIC AND PRIVATE LATRINES.

3. The habit of defecating indiscriminately in every available nook and corner and in every convenient side-drain, of which we had abundant evidence during our inspections, causes a tremendous amount of soil, water, air and food pollution with consequent spread of intestinal infections. We are convinced from what we saw all over the City, and particularly in that area lying off Walltax Road near Trevelyan Basin, that great numbers of people resort to this habit simply because of the insufficiency of suitable latrines. A new flush-out latrine has recently been constructed on this site, but it was obvious that the accommodation provided was totally inadequate for the numbers for whom it was intended to serve, with the result that the whole surrounding area including the ruined remains of the old latrine still standing in the vicinity, was littered with human excrement, much of which eventually found its way into the Buckingham Canal.

The types of sanded latrine and sanded enclosure which are to be met with in different parts of the City are entirely to be condemned, and there is no possibility of doubt that one of the most urgent needs in the city is the provision of a large number of flush-out latrines, provided with a sufficient cleansing staff. We had much evidence that the cleansing staffs at present employed fail to maintain the latrines in their charge in a condition which might permit of their further use. Until the general standard of the sanitary sense is raised, latrines will be fouled; and, once fouled, will not be used by others until they are again cleaned. The lack of a sanitary conscience, therefore, is not the sole cause for the indiscriminate deposition of excrement. No self-respecting person, be he cooly or municipal councillor, could be blamed for refusing to use some of the latrines we saw during our inspections. It was obvious to us that the existing numbers of public latrines are totally inadequate, as they were being used to such an extent that it was almost impossible for the sweepers to keep them clean. Large numbers of flush-out latrines are required and we are convinced that these would be used if they were made available. These latrines are all the more necessary because of the great lack, and even total absence, of private latrines attached to dwelling houses. We were, particularly struck by the deficiencies in this respect in all of the poorer residential areas, although where a house of 5 or 6 rooms gives shelter to 50 or 60 persons—and this condition of affairs was by no means uncommon—no private house latrine could possibly cope with the demand for accommodation.

In passing building plans due regard should always be paid to the adequacy of latrine accommodation. It is evident that this point receives scant attention at present. The Health Officer's reports show that year after year, proposals for additional latrines have been sent up for inclusion in the municipal budget, but our inspections made it evident to us that very grave deficiencies continue. We emphatically recommend that these proposals be now carried into effect at the earliest possible date. Deficiencies in conservancy and sanitation also arise from defective housing and overcrowding, but these questions will receive attention in a later paragraph of this report.

REORGANIZATION OF THE CONSERVANCY SYSTEM.

4. We are of opinion that the vast amount of insanitariness prevalent in the City demands a complete reorganization of the conservancy system. At present the conservancy work which includes cleaning of drains, sweeping of streets, removal of house refuse, management of pail depots and removal of filth, is divided between the Engineering and Health departments. Of the three classes of drains, viz., side drains, closed drains and sewers, the first is cleansed by the Health Department, the two others

are in charge of a Drainage Superintendent subordinate to the Engineer. Boys, employed to remove silt from the silt buckets through which house-drains are connected up with the underground drainage system, have been placed at one time under the Health Department and at other times under the Engineering Department. Mr. Madeley, in his report of 1913, on the Madras City main drainage scheme, wrote as follows on this question :—“ The material is not collected immediately it is taken out of the syphons, but is placed on the roadside, where it is not only unsightly and emits a smell, but what is much worse, the foul silt dries up, and turns into an offensive and dangerous dust which is blown about and enters the eyes, mouth and lungs of the passers-by. It also penetrates the houses and settles on the food.” Because of lack of co-operation and the restrictions of red-tape these conditions still prevail and the general cleansing of the town has never been satisfactory. We recommend the formation of a separate Cleansing Department, managed by an administrative officer with sanitary engineering experience, other than the Health Officer. Owing to the circumstances of the case, it will be necessary that the new department should remain for the time being under the control of the Health Officer, in order to avoid difficulties associated with the organization of the subordinate sanitary staffs, but eventually the two departments should be entirely distinct, the conservancy staff being separated from the sanitary staff. The Health Officer of a large city has got sufficient work in other directions, without being made responsible for cleansing and conservancy, and, in Madras, conservancy is so bad that a whole-time officer is essential if improvement is to be effected.

For some years past motor lorries have been used in Madras for the more speedy removal of street and house refuse. This is an up-to-date method which is to be commended, as the bullock cart, meandering along the streets and lanes, is part of an antiquated and uneconomical system. We recommend that a trial be given in one or two divisions to the gang system where hand carts and motors take the place of the bullock carts, a system already proposed in the late Health Officer's special report of 1925.

As regards the motor lorries, we feel compelled to publish the fact that at the time of our inspection, nearly two-thirds of the total number of motors used for this work had been out of repair for several weeks, and, as a result, the conservancy organization had failed to cope with the daily collections, and refuse amounting to many tons was perforce left to decompose in different parts of the City. Whatever arrangements are made for repairs, no workshop should be allowed to retain a disabled motor for weeks and months, as we found had been the case on more than one occasion. In any case, spare carts and lorries are always essential if scavenging work is not to fall hopelessly into arrears.

SEWAGE.

5. Although the underground drainage scheme has been almost completed in certain divisions, particularly in those lying to the north of the City, over 57 per cent of the whole municipal area still remains unsewered, and even in the sewered areas a number of cesspools are still to be found. We do not propose that every part of the City should have sewers, as that would involve a tremendous financial burden, but we do insist that those divisions of the City, where the population is densely crowded, and where the death-rates from intestinal diseases and from respiratory diseases are highest, should be given the benefits of a sewerage system at the very earliest date. Where sewers exist, open side-drains are objectionable, not only because they are used as open latrines, but because of the difficulties of levels and of the insufficiency of flow. These conditions result in the side drains becoming mere elongated cesspits, which constantly give off large volumes of evil-smelling gases. We

recommend that all side drains should be closed as soon as possible, but simultaneously proper arrangements should be made for storm-water drainage throughout the whole City, and particularly in the densely populated areas.

Hygiene means much more than environmental sanitation, but the requirements for improved environmental conditions should have the first call on available funds. These requirements are (1) a sufficient and pure water-supply, (2) efficient sewerage and (3) efficient collection and disposal of street and house rubbish and filth. It has been shown that all these amenities of life are deficient in Madras, and until these primary essentials are provided, money spent on the development of other and minor health activities will give an inadequate return, even although these other activities may be highly desirable in communities where the civic and sanitary conscience is already in existence.

PUBLIC AND PRIVATE DUST-BINS.

6. Sections 194—202 of the Madras City Municipal Act give ample powers to the Corporation in any efforts they may make for the improvement of conservancy, and more advantage should be taken of these provisions. In this connexion, we recommend that every house should be provided by the owner with some approved form of dust-bin, where all domestic refuse can be deposited until it is removed by the Corporation scavengers. Much of the untidiness and insanitariness of the public streets is due to the habit of dumping everything from the house on to the open road, and the provision of public dust-bins will not, in our opinion, diminish this nuisance. The difficulty with public bins seems to be, as the late Health Officer has stated, that "every one wants a dust-bin but no one will allow it to be placed near his own house." It does not seem to be impossible to devise a type of private covered dust-bin which could accommodate the refuse of each house, without causing a nuisance to the residents, and without offending their sentiments, and we are of opinion that the Corporation should, in future, insist, on provision for these being included in all plans for new houses and for the remodeling of old houses; and that every house in the City should also be provided with these within, say, a period of two years.

REORGANIZATION OF THE HEALTH DEPARTMENT.

7. The Health Department may find it necessary to prosecute, but sanction of prosecutions should be given only after the reorganization of the conservancy system already recommended has been carried out. Tightening up of the administration in these directions is essential, if individual householders are to realize that they have got certain duties to the community and that they must assist the Corporation if the terribly insanitary conditions now existing are to be permanently improved.

We would also suggest in this connexion that Assistant Health Officers should have offices in the ranges under their charge. Similarly every Sanitary Inspector and Conservancy Overseer should be compelled to reside in the division in which he works, and the same rule should be enforced in the case of Sub-assistant Surgeons in charge of Municipal Dispensaries. In each division or groups of divisions of convenient size, there should also be a sub-office of the Health Department at which all the local health officials may be found at certain hours of each day, so that residents may be able to lay before the officer concerned any matter, such as a blocked drain or syphon-trap, which requires immediate attention. In this way the great waste of time now incurred in the process of passing on written complaints and petitions from one department to another, or through the different grades of the Health Department, could be largely avoided. Reports regarding simple defects could be

transferred from the local Sanitary Inspector to the local drainage subordinate without any red-tape delay. Moreover the arrangement we have suggested would bring the officials of the Health Department into immediate touch with local conditions.

MILK SUPPLY.

8. Another question intimately associated with the prevention of intestinal diseases is that of an improved milk-supply for the City, not only as regards cleanliness but also as regards quality. This was the subject of a detailed note attached to the Health Officer's Report for 1913, in which it was shown that the supply of milk was entirely in the hands of petty owners, no less than 531 licences for milk-cow keepers having been issued in that year. We have no reason to believe that conditions have changed to any extent. As then, so now, it may be said that "the great bulk of the visible supply of milk for the City is in the hands of men who have neither the means nor the desire to aim at anything beyond immediate profit." As a result of the 1913 note, the Corporation opened a milk-cow depôt capable of accommodating 250—300 cows near Basin Bridge. This depôt has been largely used, and has considerably relieved the neighbouring area, but 8—10 other similar depôts are required before the Corporation will be in a position to prohibit the keeping of cows in the cramped and insanitary cowheads to be found scattered all over the crowded parts of the City. We would particularly draw attention to the conditions existing in Park Town Division where large number of milk cows are housed under very insanitary conditions.

The provision of depôts, however, will do little to ensure a clean and wholesome milk-supply unless the Corporation adopt the Adulteration of Food Act and the regulations framed thereunder, which deal with the standards found by the Public Analyst to be applicable to milk and milk products in this Presidency. We recommend that the Act and the regulations be adopted by the Corporation without further delay.

FOOD SHOPS AND COFFEE HOTELS.

9. A further question related to intestinal diseases is the more effective control of the large number of food shops, coffee hotels and similar places found in different parts of Madras. The number of these establishments has increased enormously during recent years and, they now cater, so we are informed, for a very large proportion of the total male population. With few exceptions, their sanitary condition is very unsatisfactory, so that they present a very serious obstacle to improvement in the health of the City, because of the dangers of utensil and food infections. They are all profitable concerns, and there seems to be no reason why more effective supervision should not be enforced. Lepers are not unknown in the milk trade, carriers of dysentery and typhoid both help to spread these infections when they are engaged in the preparation and sale of food supplies, whilst the arrangements for washing up and for disposal of refuse leave much to be desired. We, therefore, recommend that every such place should not only be compelled to take out an annual licence, but that to every licence stringent sanitary conditions be attached and that no licence should be issued until the conditions laid down are fully complied with. These conditions should be strictly enforced, as any leniency in this direction is tantamount to the sacrifice of human life. We would particularly stress the point that licence conditions, once accepted by the Corporation, should be systematically enforced, and that appeals to the Standing Health Committee should be consistently rejected unless the appellant has carried out all recommendations made by the Health Department.

Food Inspectors were at one time employed by the Corporation, but without an Adulteration of Foods Act, and without support from the

Corporation, their efforts to effect improvements and to prosecute offenders were rendered useless, and the appointments were eventually abolished. We recommend reconsideration of this question, and if the appointment of full-time Food Inspectors be not considered feasible, then the divisional Sanitary Inspectors should devote part of their time to the inspections permitted under the Act. Now that the services of a Government Public Analyst are available, there seems to be no necessity to postpone further this important question of improvement of food supplies or to wait until the Corporation has built its own Public Health Laboratory.

MARKETS—PRIVATE AND PUBLIC.

10. Associated with the same question of food supplies arises the provision of a sufficient number of sanitary markets. The Corporation itself runs two large markets, but there are no less than 33 private markets in the City. Many of these private markets are so overcrowded that it is a very difficult matter to keep them in a sanitary condition. Few, if any, are equipped with a sufficient number of modern latrines or urinals, and the majority are in fact managed from one view-point only, viz., that of revenue; and, although nominally licensed by the Corporation, any interference on the part of the Municipal Health authority is hotly resented. The result is that in these markets food supplies of all kinds are exposed to gross contamination, and municipal regulations are a dead letter.

In many parts of the City, food of all kinds is exposed for sale by petty merchants who squat along the street side-drains. Here again, regulations exist but are never enforced, probably because it has been recognized that no better alternative sites exist. One of the duties of the Corporation—in the absence of private enterprise—is to provide additional public markets of a sanitary type for the accommodation of all food salesmen. Only when this has been done, can prosecutions of "squatters" for contamination of food supplies be justly enforced. In our opinion, there can be no doubt that the contamination of food supplies in Madras plays an important part in the production of the enormous mortality from intestinal diseases of all kinds. We recognize the fact that the acquisition of land in suitable sites for additional markets must be expensive, but the present unsatisfactory arrangements cost large sums in sickness and loss of life, and even although initial capital expenditure may be high, the plan suggested will eventually be the more profitable to the community at large.

OFFENSIVE AND DANGEROUS TRADES.

11. In connexion with the question of the control of offensive and dangerous trades, we find, from the special report made by the Health Officer in 1925, that the Corporation has not yet adopted the by-laws required, and has apparently postponed a decision as to the policy to be adopted. It is admitted on all hands that rice mills, oil presses (எண்ணெய் செக்கு) and oil engines are a constant source of nuisance, if not a danger, in residential areas; but a resolution to refuse permission for the erection of oil engines, oil presses (எண்ணெய் செக்கு) and rice mills within 50 feet of any dwelling house was, on appeal, cancelled by the Standing Committee (Health). We recommend that the whole question of the control of these dangerous and offensive trades be taken up by the Corporation without further delay, and that a definite policy of refusing licences to all such trades in residential areas be adopted without any exception, and that no appeals from this policy should be considered.

Fourteen years ago the attention of Government was drawn to the necessity for removing their lime-kilns situated in Poonamallee Road. The surrounding land has within recent years been laid out as a large

residential area, but the lime-kilns still exist in their former condition. We are of opinion that the Government should remove these to a suitable site outside municipal limits without any further delay.

LICENCES AND BUILDING PLANS.

12. The general question of licences issued by the Corporation call for further remarks. Licences for offensive trades, coffee hotels, etc., are, we understand, issued by the Licence Section of the Revenue Department on the recommendation of the Health Department. But licences for petty shops and bunks on the pials of dwelling houses are generally granted by the Licence Section without any reference being made to the Health Department. These bunks very frequently are erected on the pials in such a position as to prevent the opening of windows, and, as such, interfere considerably with house ventilation. The Licence Section does not object to such closure, although it is objectionable from the health point of view. We therefore recommend that the former system of distributing licensing work to the department with which such licences are immediately concerned should be reintroduced. The Sanitary Inspectors of the Health Department are expected to report obstructions to ventilation and light, and no consideration of revenue alone should be allowed to intervene with their removal.

Building plans are at present, we understand, scrutinized only by the Engineering Department. No doubt that Department examines such plans with reference to the rules and by-laws in force, some of which deal with sanitary requirements. At the same time, it is important that all plans for new constructions or for re-constructions should be carefully examined by the Health Department, and we therefore recommend that the previous practice in this connexion be here also re-introduced.

THE COOUM RIVER.

13. As the question of the insanitary condition of the Cooum River has been brought to our notice, we have made an inspection of the areas of the City lying along its banks. Considerable quantities of sewage are discharged into the river, and its banks are used as a vast open latrine. Both of these conditions are offensive, not only to the aesthetic sense, but to the general health of the community. Improvement in the conditions now in existence is urgently necessary; for every one knows how unpleasant the Cooum is at times. We recommend, therefore, that all discharges of sullage and sewage, such as those from the General Hospital and the Penitentiary compounds, should be diverted to the underground sewage system as soon as possible. We have already recommended the construction of additional flush-out latrines all over the City, and these are particularly urgently required in Chintadripet and Egmore divisions, if the Cooum is to be maintained in a more sanitary state. The Director of the King Institute had a mosquito survey of the Buckingham Canal and Cooum River carried out in February 1927, and the breeding places which have been found there are to a considerable extent responsible for the mosquito nuisance in the neighbouring areas. The necessary preventive measures in this connexion can best be dealt with by the anti-malaria organization suggested in paragraph 19 of this part of the report, but, if the river be under the control of the Public Works Department, these should be carried out by that Department.

RESPIRATORY DISEASES AND HOUSING.

14. This group, which we have taken to include tuberculosis, as the great majority of deaths from tubercular infections are due to lung disease, has been shown to be responsible for 34 per cent of those deaths whose causes have been differentiated or for about 20 per cent of all deaths

in the City. We have no doubt that many deaths registered under "other causes" should also find a place in this category.

One of the factors at work is undoubtedly the housing conditions in large areas of the City; many of the so-called houses being unworthy of the name. During our inspections, we have seen as many as 5 and 6 families living in one house, and 5 to 8 persons living in each room. We are convinced that overcrowding exists to an alarming extent, and that the evil conditions arising from overcrowding are largely responsible for much of the sickness and mortality arising from respiratory diseases in general, and tuberculosis in particular, and, as we have already stated, for the diseases associated with the consequent lack of sanitation. Enquiry has shown that pneumonia is a very common disease throughout the whole year, and many of the deaths among young children must be due to this and other respiratory affections caused by the lack of fresh air, and the generally insanitary conditions always associated with overcrowding.

THE TOWN-PLANNING TRUST.

15. Private enterprise has done practically nothing during the past decade in the building of houses for the poorer classes. The Corporation has made one minor attempt which has failed, but conditions are so serious that we consider that the time has come for the Madras Town-planning Trust to be allowed to function, so that it may proceed with the opening up and rebuilding of slums and overcrowded areas. The Madras Town-planning Trust so far has been a mere advisory body, and, having no income and no executive, it has found itself unable to work the Town-planning Act. We suggest that the present Act should be revised where necessary, that the Town-planning Trust be initially financed by grants from Government, and that it be empowered to engage the necessary engineering and other staffs, so that it may carry through improvement schemes for the worst of the slums and overcrowded areas in the City.

The Town-planning Trust should also be required to cater for the population living in the 120—odd private and Government cheries and hutting grounds scattered all over the City. Various unsuccessful attempts have been made by the Corporation from time to time to compel the private owners of these cheries to carry out sanitary improvements or to provide the minimum of sanitary conveniences, but no progress has been made so far as we are aware. Amendment of the City Municipal Act should be made in this respect, especially if it be the case that Government auditors have objected to the Corporation even sweeping and cleaning lanes and paths in these areas, a point noted in the Health Officer's Special Report of 1925.

"SQUATTERS."

16. We have seen large numbers of "squatters'" camps scattered all over the City, and we understand many families do not even seek for a camp but sleep in the streets and lanes. These camps are additional evidence of the lack of cheap housing accommodation, and apparently sites are selected as and where the "squatters" choose. The English Housing Acts refuse permission to demolish any houses or slums until alternative accommodation is provided for those who are to be evicted. We suggest that the same policy should be adopted in Madras and that the City Municipal Act (section 175 *et seq.*) should be amended accordingly. Meantime, any action taken under section 175 merely causes an increase of overcrowding in some other locality. We are convinced that with improved water-supplies, drainage and conservancy, and the opening up of slums, the provision of additional housing accommodation would quickly lower the general death-rate from respiratory diseases.

TUBERCULOSIS.

17. As regards tuberculosis, any remedial measures to be effective must be comprehensive, and, if nothing is done to give the people of Madras a sanitary and healthy environment, other activities usually included in the category of anti-tuberculosis measures will accomplish little by themselves. At the same time, there are certain predisposing factors which can be combated or eliminated, and attention to these will be of value. Madras City has an evil reputation for dust, and any abatement of this dangerous nuisance would be universally welcomed. We are of opinion that the Corporation could do much more than it does in this respect. Watering of the roads at stated hours should be systematized, and, although salt water is not suitable for this purpose, large numbers of surface tanks exist in Madras, which would give an almost unlimited supply of water for street-watering purposes. Shortage of water in the Red Hills Tank cannot therefore be accepted as an excuse for neglect of this elementary municipal duty.

Road and street dust can be almost permanently eliminated by the adoption of modern methods of road-making. No doubt certain important streets in the City have already been dealt with, but the modern motor bus quickly destroys a gravel or red-earth road, and the Corporation should expand very considerably its programme for the metalling and tarring of roads and streets. Finally, we consider that there should be constant co-operation and co-ordination between the different Corporation departments and other bodies such as the Electrical Supply Company, so that the re-opening up of newly laid roads may be avoided as far as practicable.

As regards definite anti-tuberculosis measures, additional dispensaries are required, from which all suspected cases might be transferred to the Tuberculosis Institute. No municipal body could afford to provide facilities for every case of tuberculosis living within its area of jurisdiction, but in the absence of other sanatoria, and as an educative institution, we suggest that the Corporation should acquire a large site, capable of expansion and reasonably near the City, where accommodation on the lines of the Madanapalle Mission Board Sanatorium might be provided for a certain number of tubercular patients.

INFANTILE MORTALITY.

18. Infantile mortality being, as we have already shown, over 500 per 1,000 in certain divisions of the City, it is necessary for us to discuss the subject separately, although it is one which is very closely associated with questions already discussed. When an improved and extended water-supply, improved conservancy and drainage, a clean milk-supply and protected food-supplies are provided by the Corporation, we are confident that the infantile mortality rates will immediately fall to something comparable with those of western countries. So long, however, as these primary essentials of a healthy life are not available in Madras, so long will minor health activities, such as child-welfare work, fail to give expected results in the shape of healthy babies and healthy children. By this we do not intend to deny the advantages of carrying out child-welfare work and similar health propaganda even under present circumstances, as that work will go a long way to dispel the dark clouds of ignorance on health matters. We consider, however, that no important or lasting reduction in the "slaughter of the innocents" can be anticipated so long as the primary essentials to health, viz., pure air, pure water, and pure food, are so terribly lacking.

Having regard, however, to the inevitable expansion of child-welfare work which must take place in the City, and the necessity for co-ordinating this work with the general activities of the Health Department

we recommend that a female Assistant Health Officer be appointed to be in charge of the whole of the Corporation's organization dealing with child-welfare and maternity relief work.

MALARIA AND OTHER FEVERS.

19. This group has been shown to be responsible for nearly 11 per cent of all deaths in 1926. The evidence is complete that malaria is an imminent menace to the health of the City. We recommend that the Corporation reconstitute the anti-malaria organization disbanded in 1920, and that the measures adopted as a result of the investigations made in 1912—14 be made the basis of the work to be done by that organization. These measures were very successful before, and we have no reason to doubt that they will not be equally successful now, especially as the statistics show that the worst affected areas are precisely those which gave the highest malarial incidence during the epidemic of 1912—14. The anti-malaria organization will be largely an anti-mosquito organization, so that the two problems are really one.

Since drafting this paragraph we are informed that the Corporation has budgeted for a sum of Rs. 20,000 for anti-malarial work. We recommend that for some years to come the Government should assist in this campaign by contributing at least an equal amount.

SMALLPOX.

20. Smallpox, in our opinion, is endemic in the City because vaccination has been allowed to deteriorate, and the four epidemics experienced during the last ten years are the direct result of this deterioration. If, with the introduction of a new and potent vaccine lymph and with increased supervision, but with a non-medical staff, it has been possible in rural areas to control smallpox more or less successfully, it is not apparent why a staff of medically qualified vaccinators has failed to effect equally good control in a restricted city area. We understand that in 1920 the duties of registration of births and deaths and vaccination were combined, the actual staff now at work consisting of 15 medical registrar-vaccinators of the L.M.P. grade assisted by 31 Assistant Vaccinators. We make the recommendation that separate staffs should be maintained for registration and for vaccination work and that better supervision by the Assistant Health Officers should be carried out in order that large numbers of children should not escape vaccination. This appears to us to be the more important as the Health Officer has repeatedly complained of the failure on the part of householders and others to notify the authorities of cases of smallpox in order to avoid the troublesome visits of the preventive staff. So-called economy has frequently demanded the combination of registrar and vaccinator in one person, but, wherever it has been tried, it has been always unsuccessful. We also suggest that in future, when registering deaths from smallpox, the vaccinal condition should be noted.

REGISTRATION.

21. We would draw special attention to the high proportion of deaths (43 per cent) which is totally undifferentiated. With a medically qualified registration staff we think that this proportion might well be reduced if the staff carried out their duties in a more responsible fashion. The high figures which appear in epidemic years show that due care is not being exercised, and, until this high figure is reduced, it will be almost impossible for the Health Department or the Corporation to initiate preventive measures in connexion with these large numbers of deaths with any certainty of success.

COMMUNAL HYGIENE AND HEALTH PROPAGANDA.

22. It may be beyond our sphere of reference, but we cannot but remark on one outstanding feature of Madras City. No observant person can fail to notice the entire lack of co-operation between the individual citizen and the Public Health Department of the City. In all civilized countries, the development of a civic and sanitary conscience has been the primary force which has compelled municipal bodies and local boards to make progress in communal health, but until that conscience is more evident in Madras, communal hygiene will continue to be the sport of political parties, and improvement will not be realized. We would recommend that a definite scheme of health propaganda be carried out week by week and month by month by all officers and Sanitary Inspectors of the Public Health Department of the City. The teaching of hygiene in schools and colleges is also most desirable, and we suggest that some use be made of the Medical Inspectors of schools in this connexion. All health propaganda work should be actively supported by Municipal Councillors in their respective divisions, and, in order to develop a healthy competitive spirit, weekly and monthly divisional mortality and sickness returns should be presented at all municipal meetings and distributed broadcast all over the City. These returns should appear in the local press and should also be exhibited at cinema performances. The average citizen of Madras takes little or no interest in the health of his fellow citizens. No possible method of changing his outlook in this respect should be neglected.

ECONOMICS AND NUTRITION.

23. We have intentionally left out of our report any discussion on the question of the economic position of the population of Madras, as it seemed to us that this might equally apply to the general mass of the people in the Presidency. We are aware of the value of civic surveys from the economic standpoint, but we felt that this lay outside the scope of our enquiry.

The subject of food values and of defective nutrition might also have been included, but we understand that the Royal Agricultural Commission has taken evidence on that question and, as it also refers to the general population, we have omitted it from our report.

THE HEALTH OFFICER.

24. In the course of our observations and recommendations, we have demonstrated certain grave defects both in the organization of the Health Department and in the methods adopted in connexion with the advancement of the health of the citizens of Madras. We would stress the extreme importance of placing the Public Health administration of the City in the hands of a Health Officer who possesses sufficient experience to overcome not only the lethargy of the citizens but also the resistance to advance which is so frequently met with.

CONCLUSION.

25. We are only too well aware that any attempt to carry out the recommendations made in this report will involve the expenditure of large sums of money, but courage and imagination on the part of the people and of their representatives in the Corporation are necessary if the terrible conditions existing in Madras City are to be mitigated and finally wiped out. "The problem is fundamentally one of bold finance." The value of a population as a financial asset has been estimated at "five times that of all other assets, real and personal," so that "money spent on preventive medicine which increases the productive years of the citizens

and diminishes their loss by sickness, is the soundest of financial investments." The development of local self-government is approved both by the Government and by the people of this country. We trust that the facts set out in this report will demonstrate to the citizens of Madras that the main function of self-government is to foster the prosperity and the health of the governed.

SUMMARY OF RECOMMENDATIONS.

1. *Water supplies—*
 - (a) Better sanitary control of collecting areas from which the Red Hills Tank receives its supplies.
 - (b) Adequate purification of all the water from the Red Hills Tank.
 - (c) Additional and adequate supplies of piped water to the outlying parts of the City.
2. *Public and private latrines—*
 - (a) The provision of a large number of flush-out public latrines.
 - (b) The provision of a private latrine in every house in the City.
3. *Reorganization of the conservancy system—*
 - (a) The formation of a separate Cleansing Department, managed by an administrative officer with sanitary-engineering experience other than the Health Officer.
 - (b) The trial of the gang system with hand carts, and motors to replace the present bullock carts.
 - (c) The provision of a large number of motor lorries for removal of house refuse.
 - (d) Improved organization of the repair workshops.
4. *Sewage—*
 - (a) The complete sewerage of all the densely populated areas of the City.
 - (b) The closure of all side-drains and the simultaneous provision of arrangements for removal of storm water.
5. *Public and private dust-bins—*
 - (a) The more efficient application of sections 194—202 of the Madras City Municipal Act.
 - (b) The provision of private dust-bins in all plans for new houses and for remodelling of old houses, and in all other houses in the City within a period of two years.
6. *Reorganization of the Health Department—*
 - (a) Assistant Health Officers to have offices in the ranges under their charge.
 - (b) Sanitary Inspectors, Conservancy Officers and Sub-Assistant Surgeons in charge of municipal dispensaries to live in municipal divisions in which they work.
 - (c) The provision of a sub-office of the Health Department in each municipal division, or group of divisions at which all local health officials may be found at certain hours of each day.
 - (d) The appointment of a Health Officer possessing experience sufficient to overcome the lethargy of the citizens and the resistance to advance so frequently met with.
7. *Milk supply—*
 - (a) The opening of 8—10 milk-cow depôts in different parts of the City, and the prohibition of keeping of cows in verandahs, courtyards or in small insanitary cowsheds attached to dwelling houses.
 - (b) The immediate adoption of the Adulteration of Foods Act and the regulations framed thereunder.

8. *Food-shops and coffee hotels—*

(a) The licensing of all food shops, coffee hotels and similar places in the City.

(b) The attachment of stringent sanitary conditions to every such licence and the refusal to issue any licence until all the conditions are fully complied with.

(c) The rejection of all appeals made to the Standing Health Committee unless appellants have carried out all recommendations made by the Health Department.

(d) The appointment of at least two Food Inspectors.

9. *Markets, public and private—*

(a) More efficient control of private markets under licence conditions prepared by the Health Department.

(b) The provision of suitable sanitary conveniences, and better arrangements for the cleansing and conservancy of all markets.

(c) The provision of additional public markets for the accommodation of food-salesmen at present allowed to squat by the street side-drains.

10. *Offensive and dangerous trades—*

(a) The licensing of all such trades, under strict conditions to be laid down by the Health Department.

(b) The refusal of licences for such trades in residential areas and the rejection of all appeals made against this policy.

(c) The removal of the Government lime-kilns in Poonamallee High Road.

11. *Licences and building plans—*

(a) Licensing work to be redistributed to the departments with which such licences are immediately concerned.

(b) All building plans to be scrutinized by the Health Department.

12. *The Cooum River—*

(a) The provision of additional flush-out latrines in Chintadripet and Egmore divisions.

(b) The diversion of all sullage and sewage, now running into the Cooum, to the underground sewage system.

(c) The prevention of mosquito breeding in the Cooum and Buckingham Canal by the anti-malaria organization.

13. *Housing and the Town-planning Trust—*

(a) Amendment of the Town-planning Act.

(b) The Town-planning Trust to be initially financed by Government and to be empowered to engage the necessary engineering and other staffs in order that it may carry through improvement schemes for the slums and overcrowded areas of the City.

(c) The provision of decent housing accommodation for the people now living in the private and Government cheries and hutting grounds.

(d) Amendment of the City Municipal Act so that the Corporation may be enabled to undertake cleansing and conservancy of these cheries and hutting grounds.

(e) The provision of decent housing at the lowest possible rate, and the abolition of "squatters."

14. *Tuberculosis—*

(a) The systematic watering of streets in order to minimize the dust nuisance.

(b) A large extension in the Corporation's programme for metalling and tarring of roads and streets.

(c) The provision of additional dispensaries.

(d) The opening of a suitable site for the accommodation of tubercular patients on the lines of the Madanapalle Mission Board Sanatorium.

15. *Infantile mortality and child-welfare work—*

(a) The continuance of child-welfare work as a means of spreading knowledge of health.

(b) The appointment of a female Assistant Health Officer to be in charge of the whole of the Corporation's organization dealing with child-welfare and maternity relief work.

16. *Malaria and mosquitoes—*

(a) The reconstitution of the anti-malaria organization disbanded in 1920.

(b) Prosecution of the anti-malarial measures proved to be successful in 1912—14.

17. *Smallpox—*

(a) Separate staffs to be maintained for vaccination and registration work.

(b) Better supervision of the vaccination staff by the Assistant Health Officers.

(c) The output of work by the vaccination staff to be raised to the standard attained in 1910.

18. *Registration—*

(a) Better supervision of registration work by Assistant Health Officers.

(b) Better differentiation of causes of death and the removal from "unknown causes" of all deaths due to infectious diseases.

19. *Communal hygiene and health propaganda—*

(a) The adoption of a definite scheme of health propaganda by officers and Sanitary Inspectors of the Health Department.

(b) The teaching of Hygiene in schools and colleges.

(c) The publication, weekly and monthly, of divisional statistics of births and deaths by leaflets, through the Press and in cinema houses.

5th April 1927.

A. J. H. RUSSELL, LIEUT.-COL., I.M.S.,

Chairman.

Members—

1. H. H. KING, MAJOR, I.M.S.

2. S. VENKATACHALAM CHETTI.

3. O. THANIKACHALA CHETTI.

4. G. NARAYANASWAMI CHETTI.

TABLE D.

Infantile death rates for divisions from 1910—17.

Divisions.	1910.	1911.	1912.	1913.	1914.	1915.	1916.	1917.	Average.
I	390.7	316.8	291.0	272.5	299.9	312.0
II	396.7	332.0	328.1	258.6	309.9	324.9
III	467.4	440.6	407.1	269.6	293.5	371.7
IV	353.4	325.4	277.8	263.8	261.8	316.3
V	326.2	285.2	272.0	261.1	296.0	298.1
VI	308.2	299.3	270.8	268.6	336.2	296.6
VII	293.5	309.2	344.0	263.2	304.9	303.0
VIII	331.8	359.9	341.3	289.0	329.5	331.2
IX	352.8	326.1	331.6	265.2	336.0	322.8
X	240.4	327.7	301.9	274.6	297.1	298.3
XI	289.1	358.0	269.8	261.3	271.0	297.8
XII	275.0	302.1	265.9	277.1	241.7	272.4
XIII	243.4	226.7	213.9	216.7	210.7	222.8
XIV	192.7	248.0	220.5	231.3	233.0	225.1
XV	198.1	225.1	237.2	223.3	215.3	221.0
XVI	247.8	281.9	277.7	257.2	239.7	260.9
XVII	281.3	303.4	279.8	267.5	288.2	284.0
XVIII	233.9	301.9	309.2	296.9	250.5	278.6
XIX	290.3	295.0	253.8	293.4	239.4	274.3
XX	271.7	291.7	236.4	274.8	270.7	269.1

TABLE E.

Infantile death rates per division for 1920—26.

Divisions.	1920.	1921.	1922.	1923.	1924.	1925.	1926.	Average.
I	328.5	310.7	286.2	349.9	294.8	293.3	...	310.6
II	277.7	285.5	283.6	248.5	297.6	277.7	...	278.4
III	277.7	286.2	333.1	273.2	285.8	288.4	...	290.7
IV	260.4	331.8	304.0	238.3	236.2	256.6	...	271.2
V	414.4	456.9	342.3	405.0	381.4	370.7	...	395.1
VI	312.5	348.8	385.7	287.0	300.0	361.6	...	332.6
VII	314.6	390.2	328.4	305.4	300.4	318.5	...	326.3
VIII	405.8	476.2	342.5	369.6	437.0	438.0	...	411.5
IX	327.1	337.2	301.7	289.7	312.2	303.7	...	312.0
X	349.6	336.1	273.6	271.0	282.9	381.8	...	315.3
XI	508.4	522.6	433.7	329.7	401.3	359.8	...	425.9
XII	333.9	319.6	309.1	325.8	318.5	317.9	...	320.8
XIII	363.5	377.1	423.1	295.0	355.9	301.8	...	352.7
XIV	500.0	339.8	500.0	295.7	452.8	284.1	...	412.1
XV	333.9	296.9	360.9	309.0	318.4	377.9	...	332.8
XVI	211.7	220.3	261.7	203.2	232.5	266.2	...	232.6
XVII	262.3	289.0	329.9	241.0	253.8	344.9	...	296.8
XVIII	248.6	260.1	306.7	205.5	262.5	251.0	...	255.7
XIX	233.0	269.5	332.1	236.2	269.5	258.6	...	266.5
XX	233.5	229.0	258.6	232.0	197.3	231.8	...	230.4
XXI	260.9	239.6	310.7	250.0	236.5	274.6	...	262.1
XXII	234.3	256.4	281.7	215.4	216.8	250.3	...	242.5
XXIII	278.5	267.0	323.6	249.6	245.9	258.2	...	270.5
XXIV	249.6	249.0	255.4	214.5	236.4	236.1	...	240.2
XXV	272.7	206.6	218.4	221.9	206.6	162.5	...	214.8
XXVI	232.3	230.8	275.5	216.5	261.6	247.9	...	244.1
XXVII	260.0	264.8	302.4	249.7	299.7	272.3	...	271.5
XXVIII	280.7	296.3	212.6	260.5	238.5	282.6	...	262.0
XXIX	240.1	251.5	296.0	237.2	239.0	267.1	...	255.1
XXX	293.8	254.4	318.9	252.2	261.5	313.0	...	262.3

TABLE F.

Total deaths registered from "Plague" during each month from 1910—26.

Years.	Jan.	Feb.	Mar.	Apr.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.
1910	...	...	...	...	1	...	...	...	...	1	2	1
1911	1	...	...	...	...	...	...	...	...	...	1	1
1912	...	...	...	...	...	...	...	...	...	...	...	1
1913	...	...	...	...	1	1	...	...	...	...	...	1
1914	...	1	...	1	...	...	...	...	...	...	...	...
1915	...	...	...	...	...	...	...	...	...	...	...	...
1916	...	...	...	...	...	...	...	...	2	3	1	5
1917	2	2	1	...	...	...	...	...	1	...	...	...
1918	1	2	1	...	...	...	...	...	1	...	...	17
1919	8	5	1	...	...	...	...	...	...	...	...	...
1920	...	2	...	...	...	...	...	...	...	...	...	6
1921	1	...	...	...	...	1	...	1	...	...	...	...
1922	...	...	...	...	...	...	...	...	...	...	1	...
1923	1	...	...	...	...	...	...	...	...	...	...	...
1924	...	...	...	...	...	...	...	...	...	...	...	...
1925	...	...	...	...	...	...	...	...	...	...	...	...
1926	...	...	...	...	...	...	...	...	...	...	...	...
Total	14	12	3	1	2	2	...	1	4	4	5	32

REPORT

OF THE

4

CITY HIGH MORTALITY COMMITTEE

PART II



MADRAS

PRINTED BY THE SUPERINTENDENT, GOVERNMENT PRESS

PRICE, Rs. 1-12-0 FOR PARTS I & II]

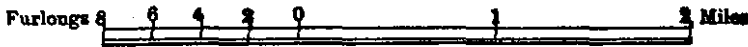
1927

L. 51.21CM. N36

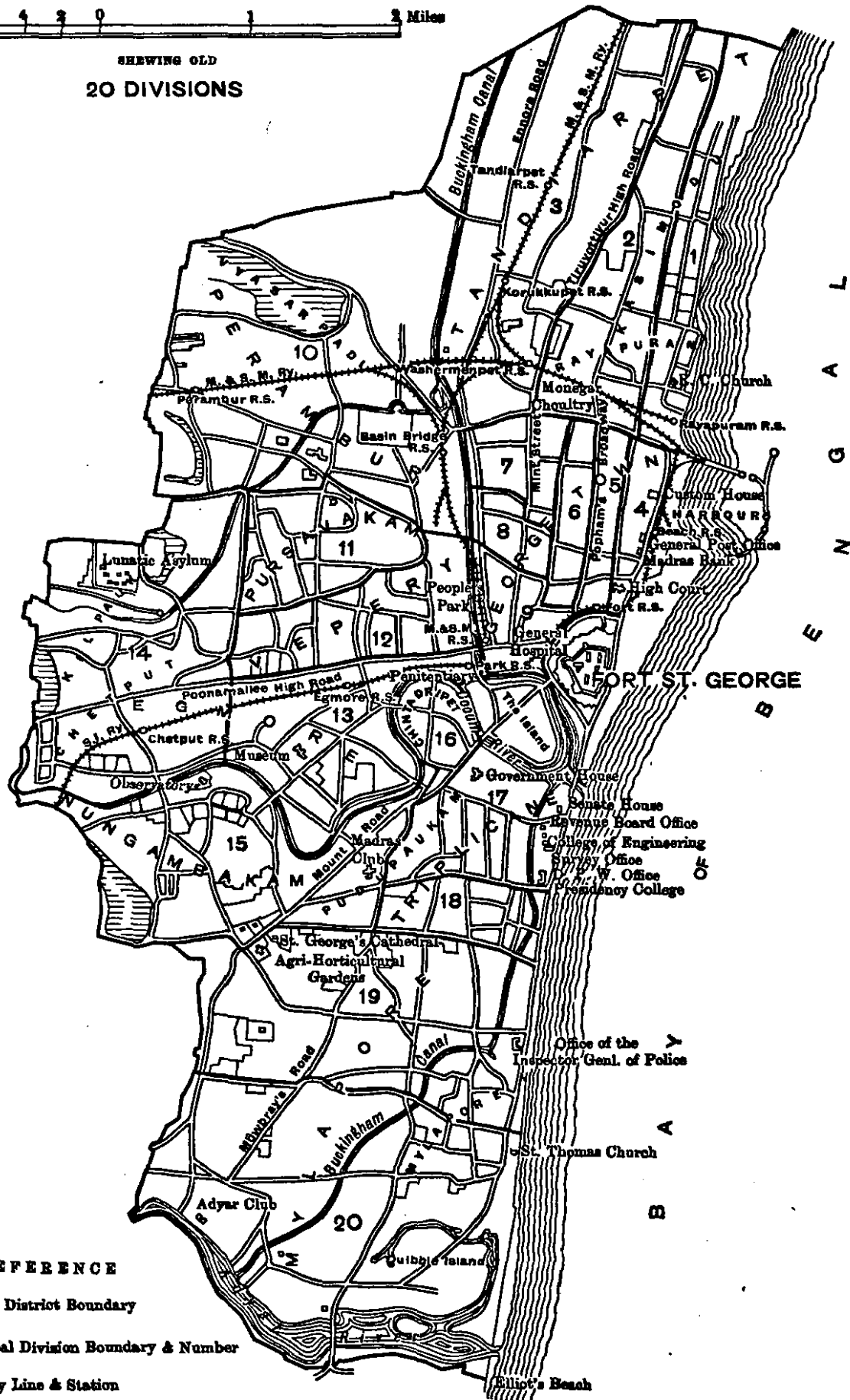
F7.2

MAP OF MADRAS

Scale 1 Inch = 1 Mile



SHOWING OLD
20 DIVISIONS



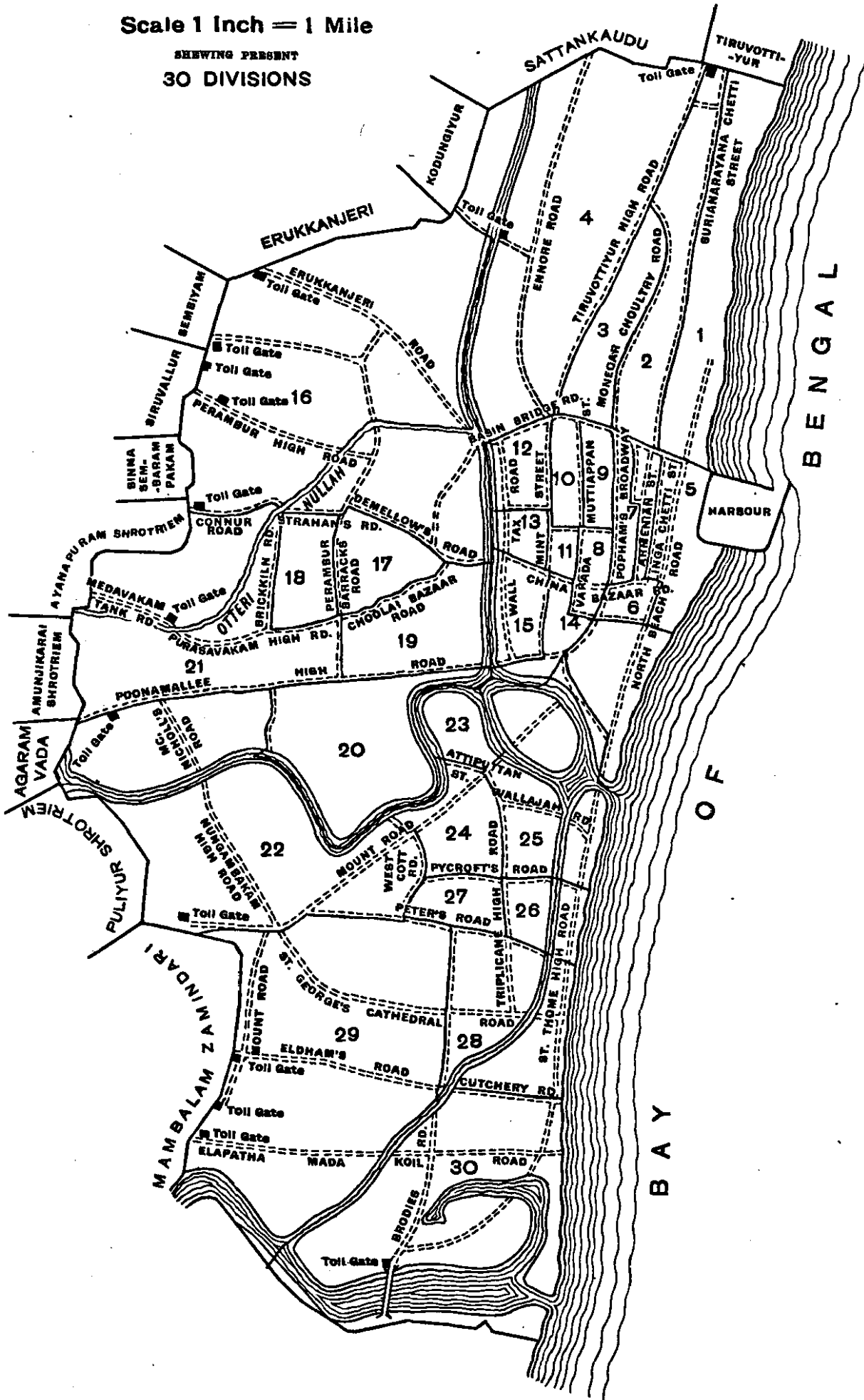
REFERENCE

- Madras District Boundary
- 19 Municipal Division Boundary & Number
- Railway Line & Station
- Tank

MADRAS TOWN

Scale 1 Inch = 1 Mile

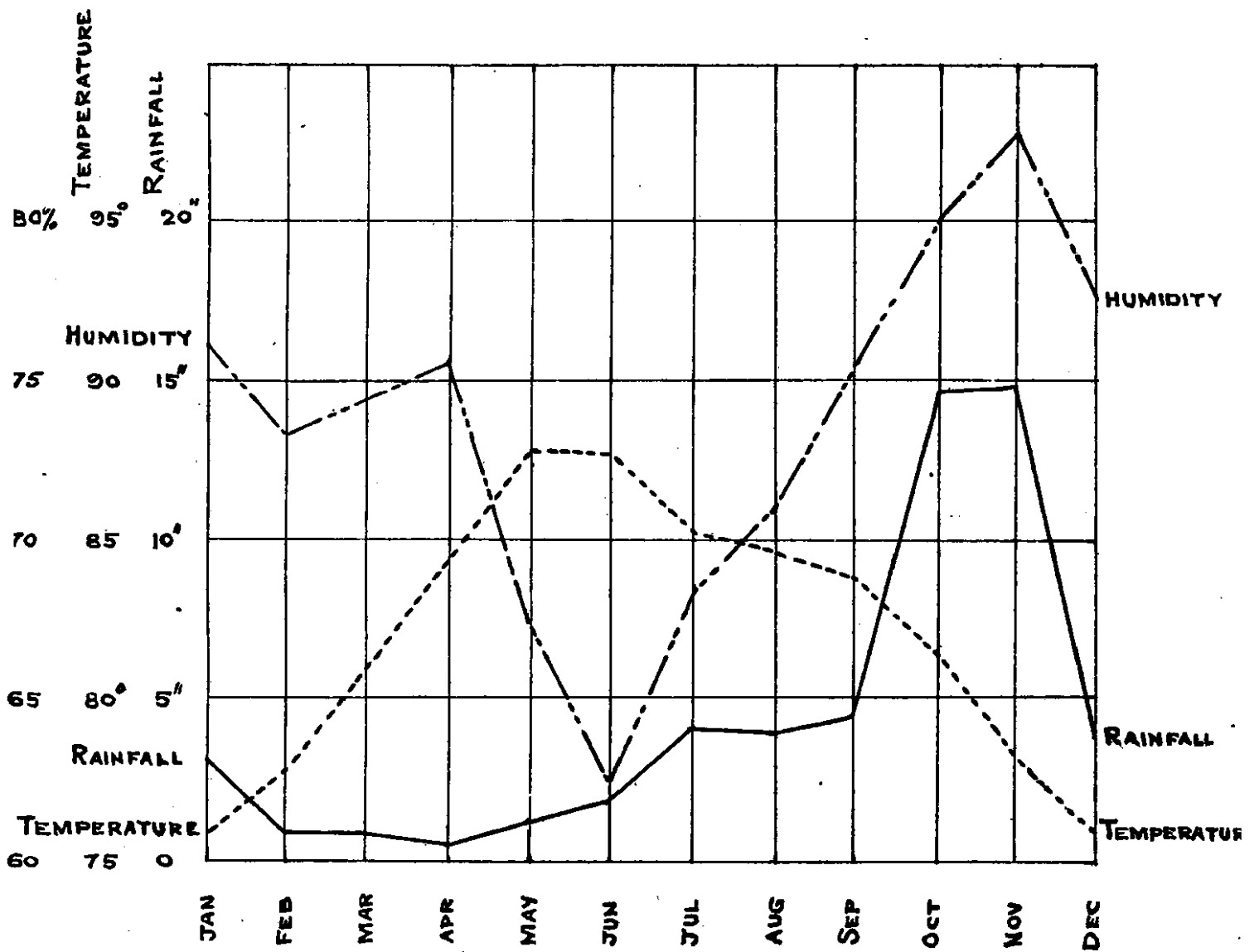
SHOWING PRESENT
30 DIVISIONS



GRAPH I

MADRAS CITY

GRAPH SHOWS THE SEASONAL INCIDENCE OF RAINFALL, TEMPERATURE & HUMIDITY.
AVERAGED OVER THE PERIOD 1910-1925.



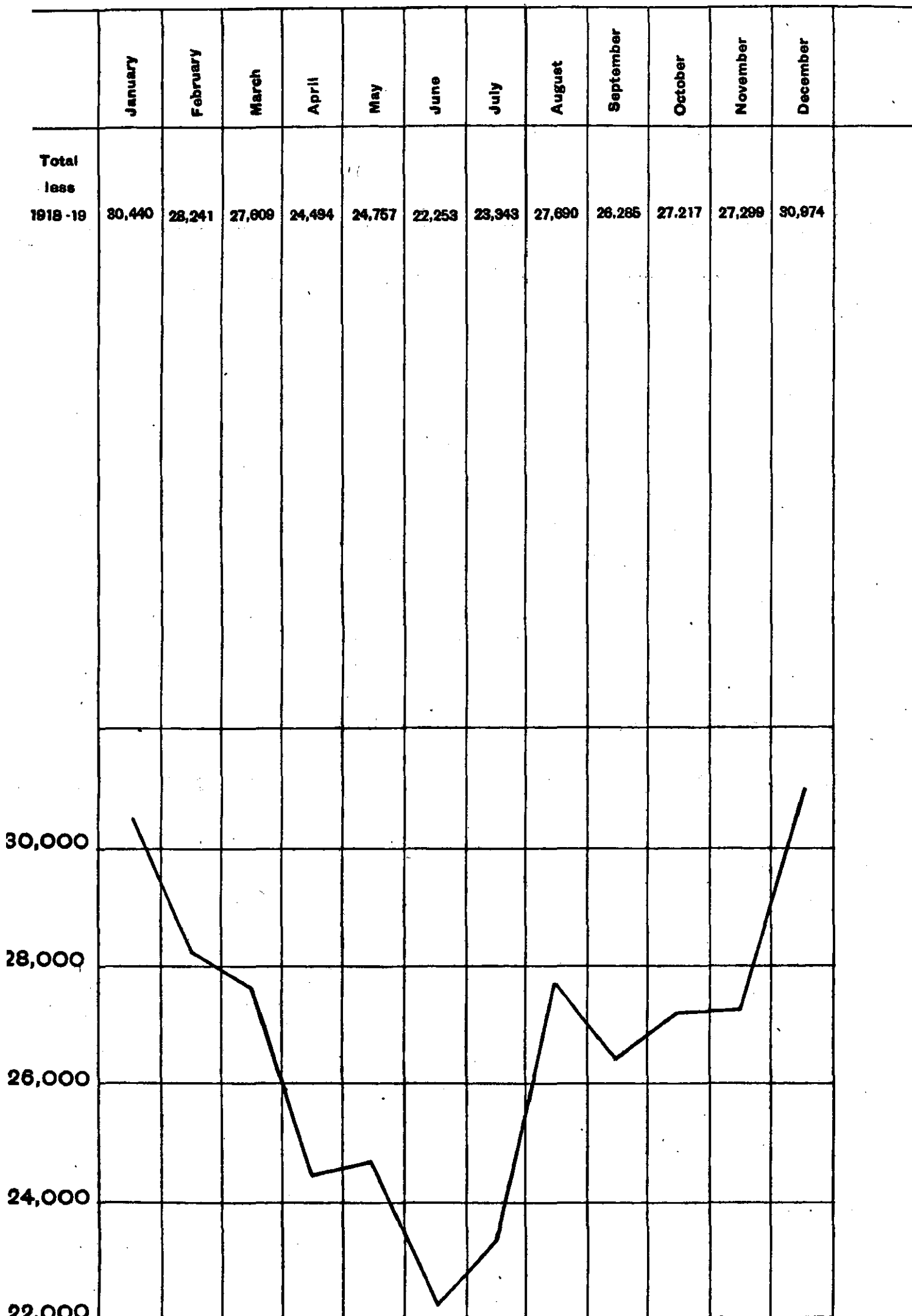
Reg. No. 870
I
Copies 500

Helio-Zinco., Survey Office, Madras.
1927.

TABLE C

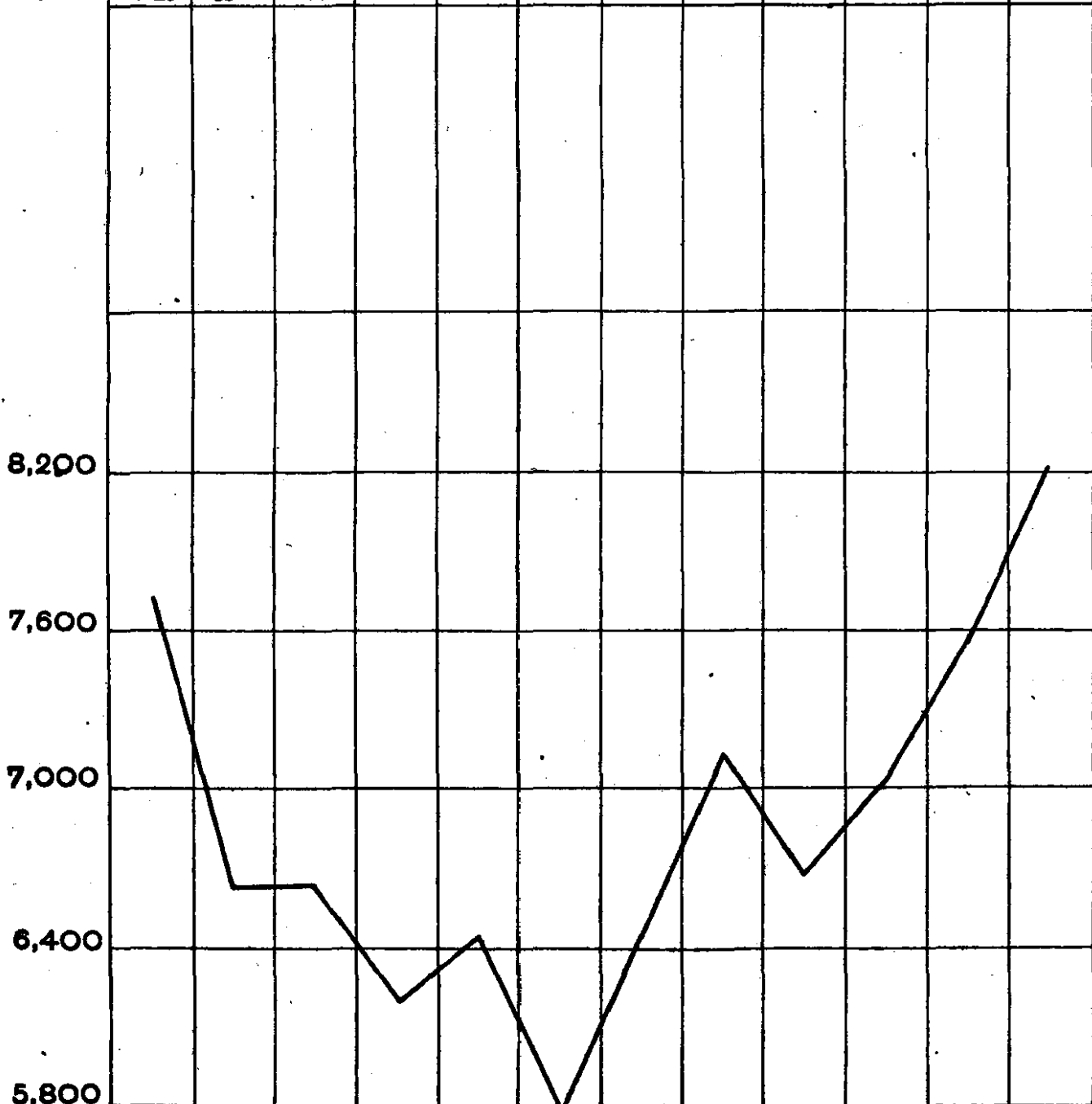
GRAPH II

Total deaths from all Causes in 1910-1926 by months of the Year.



Deaths under one year of age.

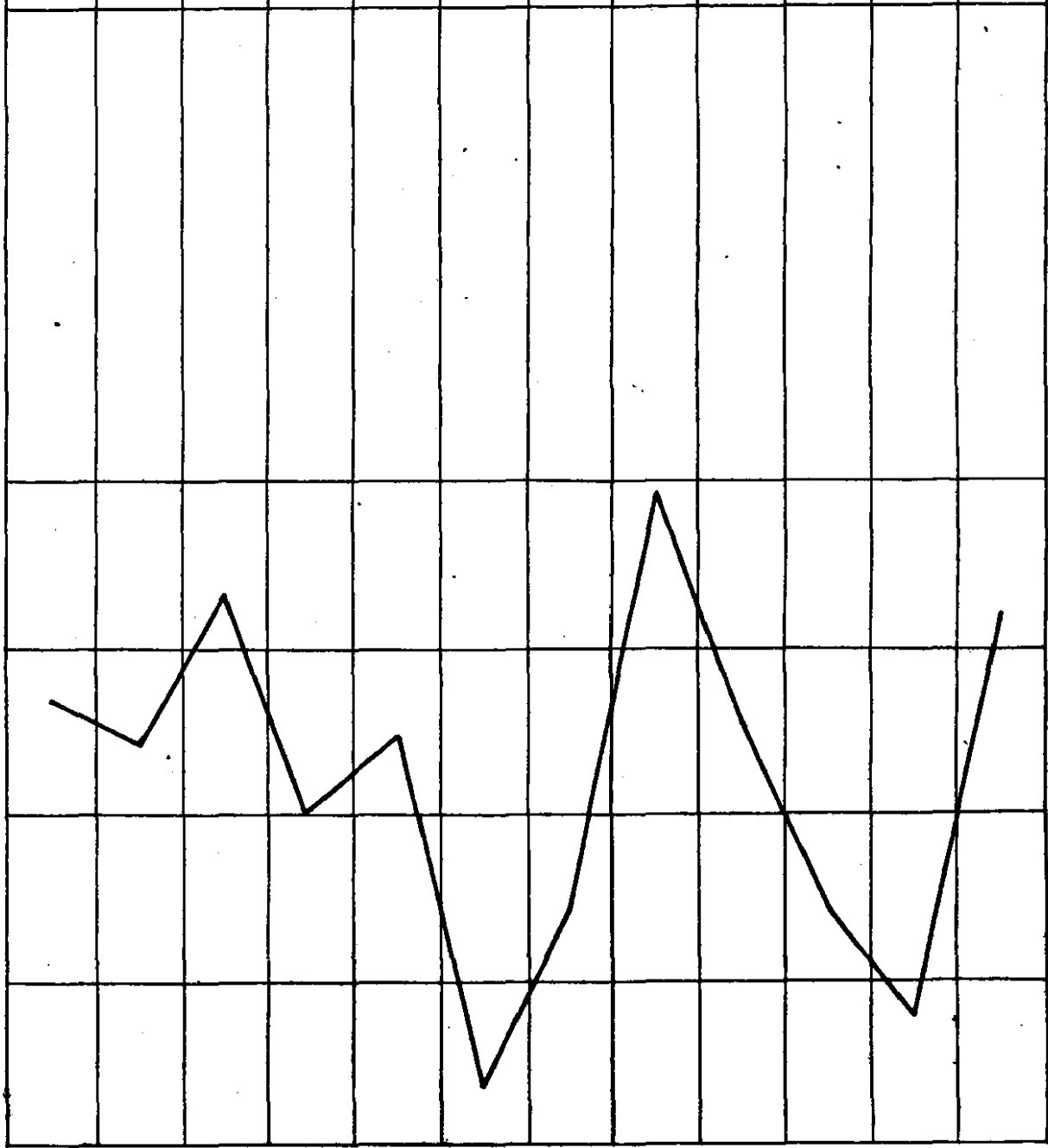
Years	January	February	March	April	May	June	July	August	September	October	November	December	Total
1910	491	408	443	429	433	373	441	538	527	568	530	506	5687
1911	516	499	533	455	475	358	385	452	460	568	682	644	6027
1912	589	398	354	344	424	385	478	575	425	492	553	611	5628
1913	548	402	432	408	453	516	511	463	398	479	501	602	5713
1914	621	437	432	473	406	362	400	461	589	474	418	562	5635
1915	492	422	515	358	347	453	421	491	512	359	354	520	5244
1916	523	480	497	494	519	378	488	518	461	429	471	487	5746
1917	543	502	514	515	538	526	634	531	515	540	521	581	6460
1918	558	528	557	548	528	503	534	481	536	926	684	772	7068
1919	722	536	473	448	412	404	523	515	421	487	642	647	6230
1920	570	491	437	369	454	419	432	465	457	517	688	679	5976
1921	577	480	420	370	434	393	409	559	439	408	403	516	5408
1922	573	591	647	590	508	483	471	505	451	573	599	678	6669
1923	618	509	477	403	417	399	483	433	430	462	569	637	5837
1924	561	510	409	449	519	454	456	547	484	591	620	548	6148
1925	507	485	527	562	518	389	456	584	525	566	636	676	6431
Total ...	7729	6614	6637	6219	6445	5788	6465	7122	6673	7026	7543	8247	72,335



Deaths in the age group 1-5 years.

Years	January	February	March	April	May	June	July	August	September	October	November	December	Total
1910	206	183	262	266	249	229	301	354	373	248	195	193	3059
1911	176	198	247	253	252	198	205	281	217	326	469	466	3233
1912	328	214	189	203	241	203	263	359	267	217	221	246	2951
1913	336	294	306	263	261	311	291	284	174	218	219	347	3297
1914	401	325	332	267	285	216	225	298	457	399	282	223	3740
1915	186	199	270	183	218	182	208	319	374	205	162	312	2748
1916	255	302	280	257	230	210	229	307	219	154	133	166	2742
1917	201	215	237	235	222	230	258	330	223	252	199	243	2945
1918	247	236	317	342	319	287	391	331	362	1101	520	461	4914
1919	680	460	354	303	319	309	382	438	286	804	340	420	4595
1920	372	322	404	324	296	252	263	241	233	255	312	380	3654
1921	340	363	262	237	311	188	212	365	313	241	204	237	3273
1922	278	372	467	461	403	306	325	296	302	301	281	321	4113
1923	339	361	336	257	241	234	233	269	206	186	232	378	3278
1924	399	321	250	216	340	291	283	392	309	384	324	301	3810
1925	276	354	450	481	486	354	319	446	404	336	305	445	4656
Total ...	4093	4023	4292	3903	4035	3399	3715	4491	4071	3722	3537	4258	

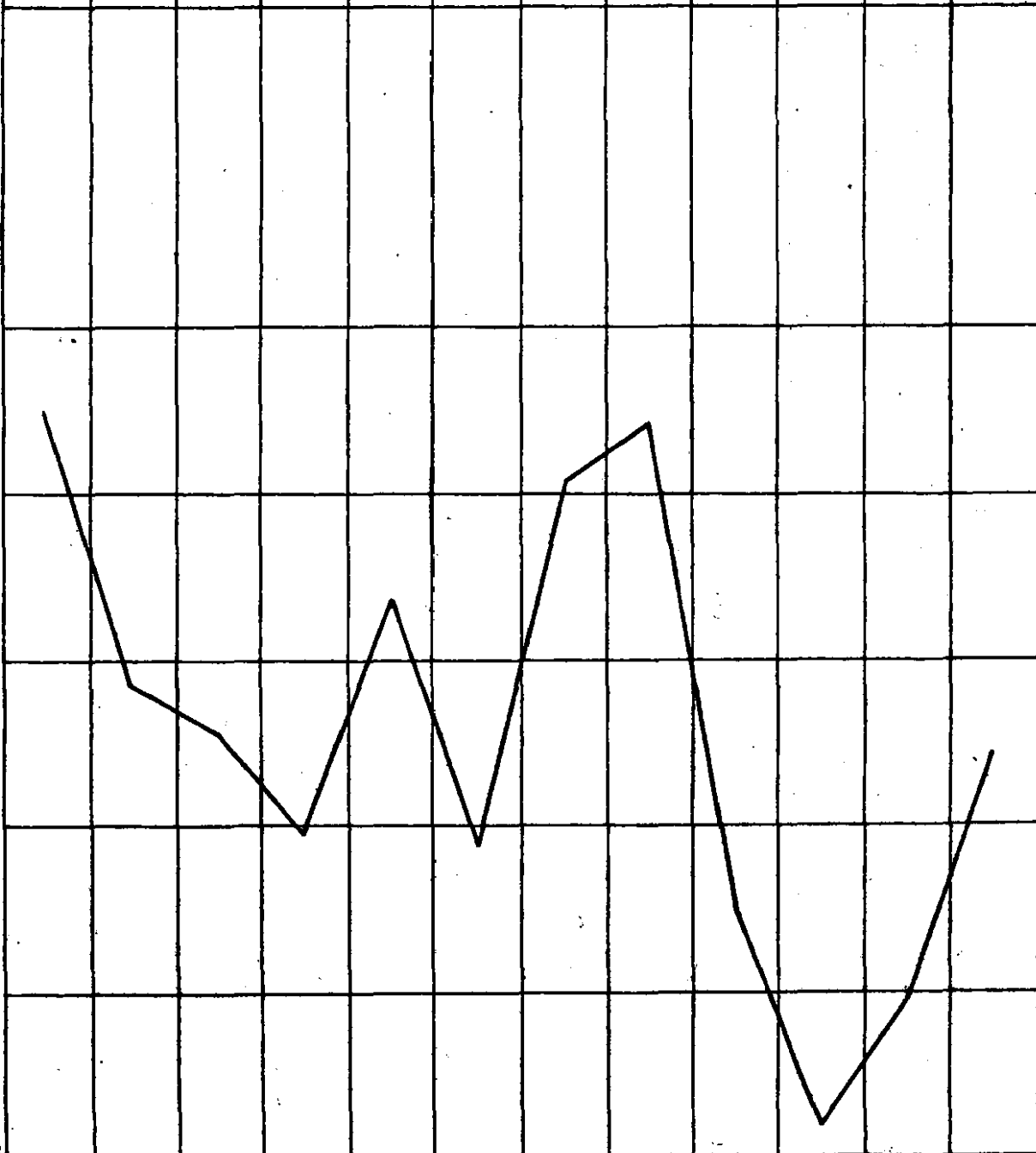
4,500
4,200
3,900
3,600
3,300



Infantile mortality by months for Diarrhoea and Dysentery for 1910 to 1925

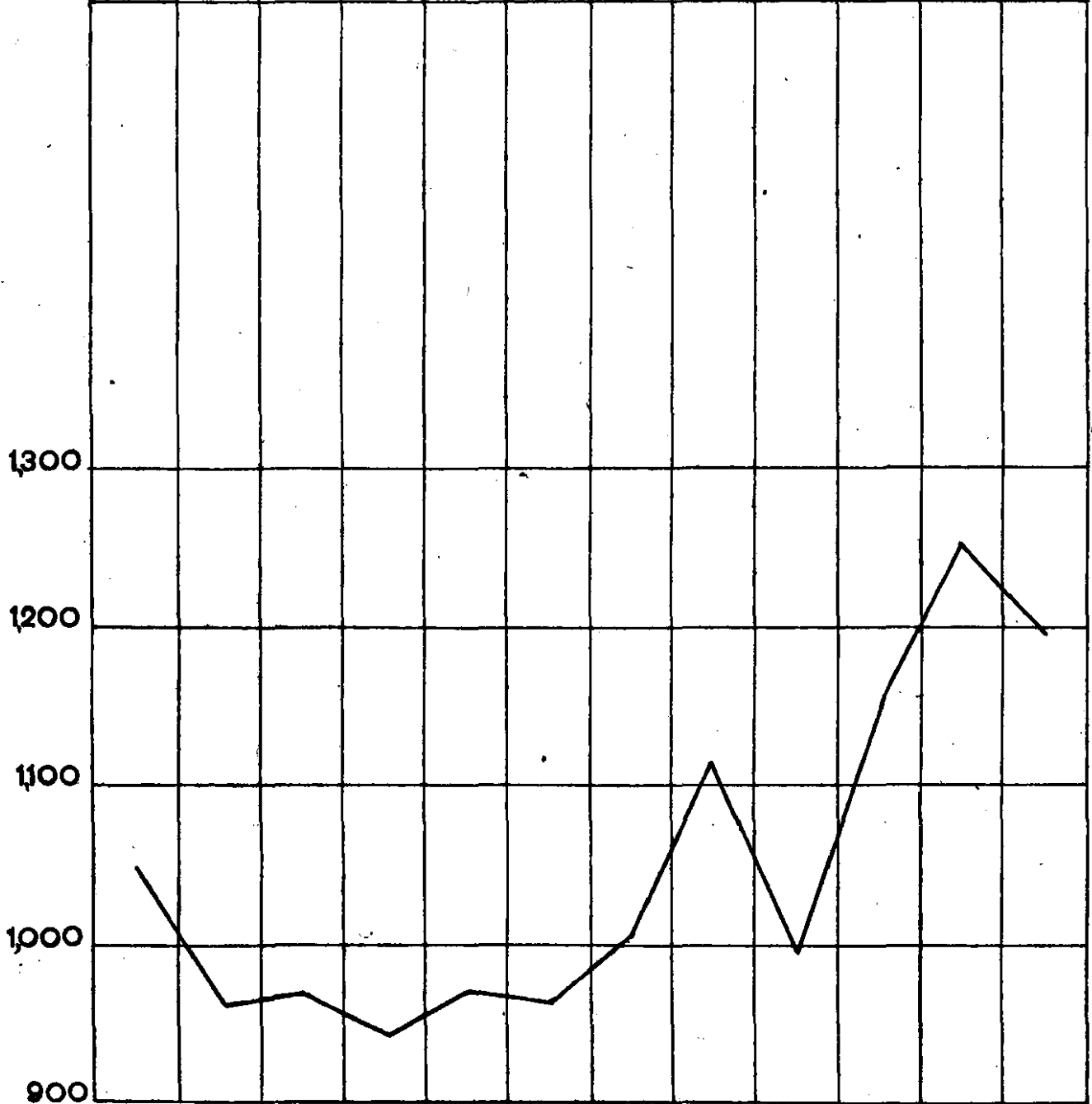
Years	January	February	March	April	May	June	July	August	September	October	November	December	Total
1910													
1911													
1912													
1913	153	108	134	130	138	167	159	126	89	95	112	140	
1914	163	113	135	124	111	96	89	95	103	67	59	86	
1915	104	114	104	86	99	90	117	152	117	82	51	71	
1916	96	86	96	89	105	91	97	85	72	60	60	103	
1917	121	117	98	102	124	94	163	99	72	85	75	103	
1918	119	103	111	119	106	133	134	102	89	144	134	147	
1919	174	123	111	89	86	90	126	111	86	89	107	130	
1920	116	111	91	86	118	86	120	93	90	80	137	132	
1921	123	112	100	73	110	88	100	181	90	51	58	89	
1922	81	107	100	95	98	68	70	100	68	94	91	84	
1923	101	93	72	65	71	76	119	72	80	64	93	114	
1924	109	70	63	68	91	75	101	114	55	68	71	46	
1925	83	54	71	77	71	53	72	129	112	73	85	76	956
Total ...	1250	1085	1059	985	1136	984	1207	1246	948	819	892	1044	12,865

1300
1200
1100
1000
900
800



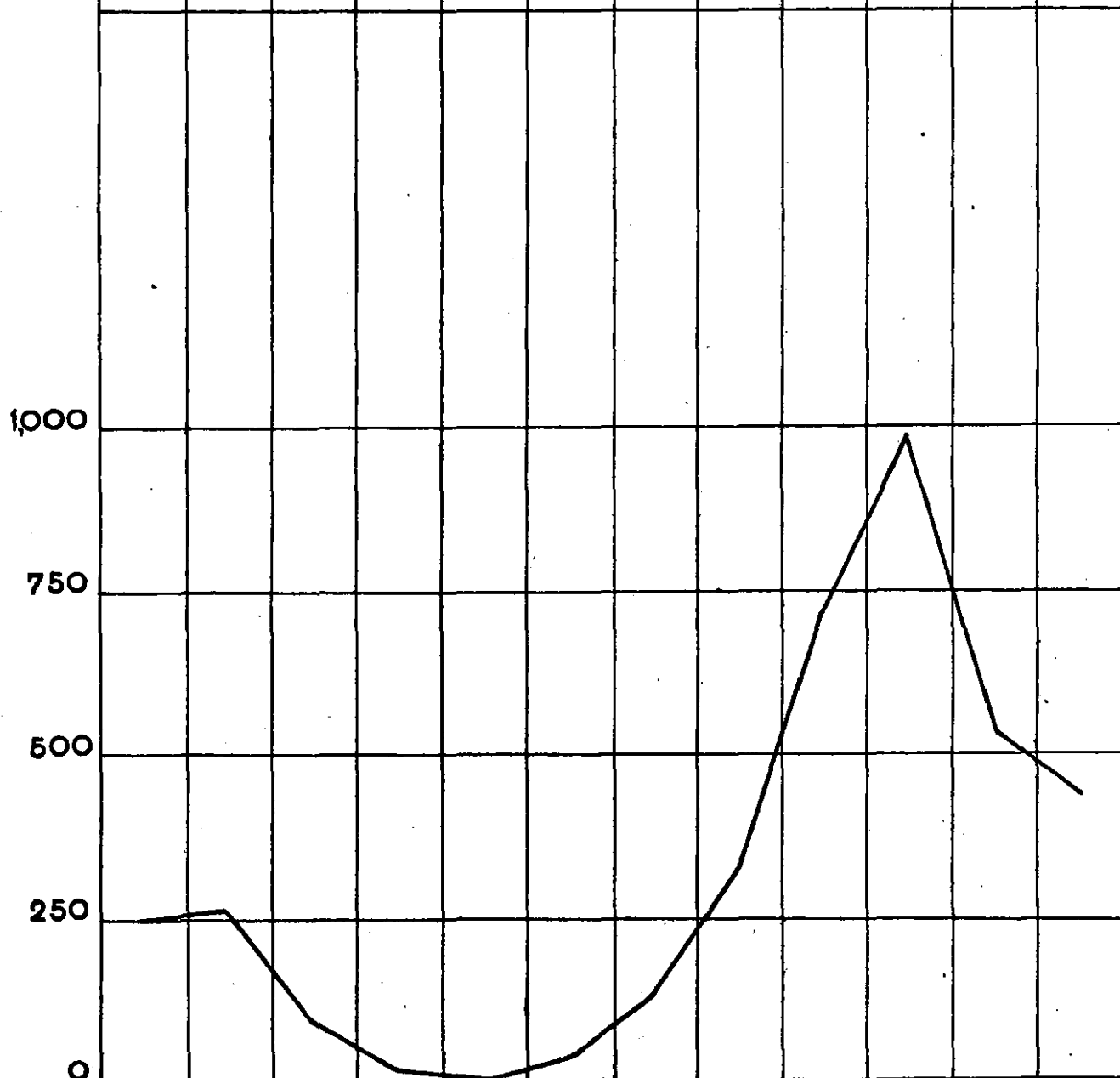
Infantile mortality by months for Respiratory Diseases for 1910 to 1925

Years	January	February	March	April	May	June	July	August	September	October	November	December
1910												
1911												
1912												
1913	85	51	59	48	57	84	62	61	66	90	93	80
1914	84	81	73	91	68	69	81	79	85	89	71	51
1915	76	55	60	55	52	51	64	74	56	40	54	76
1916	76	91	78	92	97	56	64	103	65	69	82	81
1917	91	79	84	79	80	103	121	106	106	111	95	98
1918	126	90	104	82	87	84	89	61	82	202	148	116
1919	129	89	69	80	88	63	75	72	43	79	123	92
1920	76	76	106	72	84	87	85	83	83	103	136	130
1921	93	100	86	84	110	97	86	123	94	78	101	103
1922	117	123	152	115	92	108	108	102	102	112	116	146
1923	116	93	75	75	88	89	100	87	83	89	103	119
1924	99	107	77	99	121	99	97	136	111	176	193	137
1925	128	111	126	134	123	123	141	163	144	177	209	179
Total ...	1051	987	974	944	972	966	1009	1117	995	1154	1253	1194



**Total deaths registered from 'Cholera' during each month of 1910 to 1926
(excluding 1918 & 1919)**

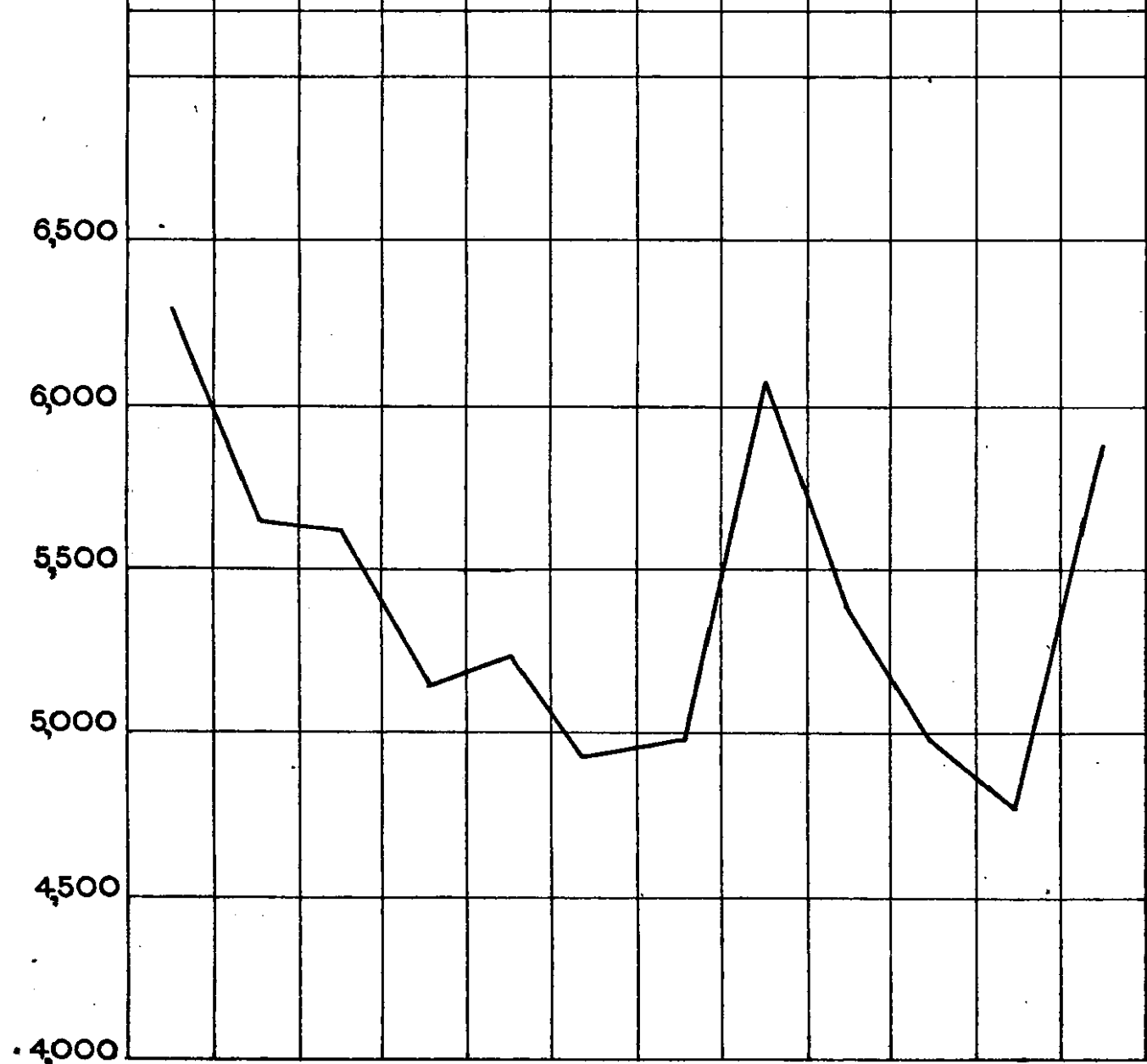
Years	January	February	March	April	May	June	July	August	September	October	November	December	Total
1910	1		5		1	1		28	87	28		2	153
1911	10	2	6	1		3	2	6	7	143	301	268	747
1912	75	74	18	5	2	5	7	109	36	20	9	14	374
1913	7	2	7		2		1	1	7		2		29
1914	5	1	1		4	20	60	157	551	780	166	12	1757
1915	11	3	5	3	3		1	5	1	2	1		35
1916	10	14				1	3					2	30
1917	1			3	1	2	37	26	5	1	1	1	78
1918	16	12	6	3	3	7	24	108	106	35	76	107	503
1919	372	75	19	3	105	16	19	14	4	3	1	11	642
1920	3	2	7	2	1	1		1		3		2	22
1921	15	106	8			2	5	1				2	139
1922	6		1	2		2	2		1	1	1	1	17
1923		3	1	1				6	3	2		5	21
1924	4	7		2	4	3	7	10	4	4	30	22	97
1925	70	21	4	3		1	5	5	9		15	70	203
1926	32	21	34	1	1	1		1	5			2	98
Total ...	250	260	97	23	8	42	130	326	716	984	525	401	3782



GRAPH VII

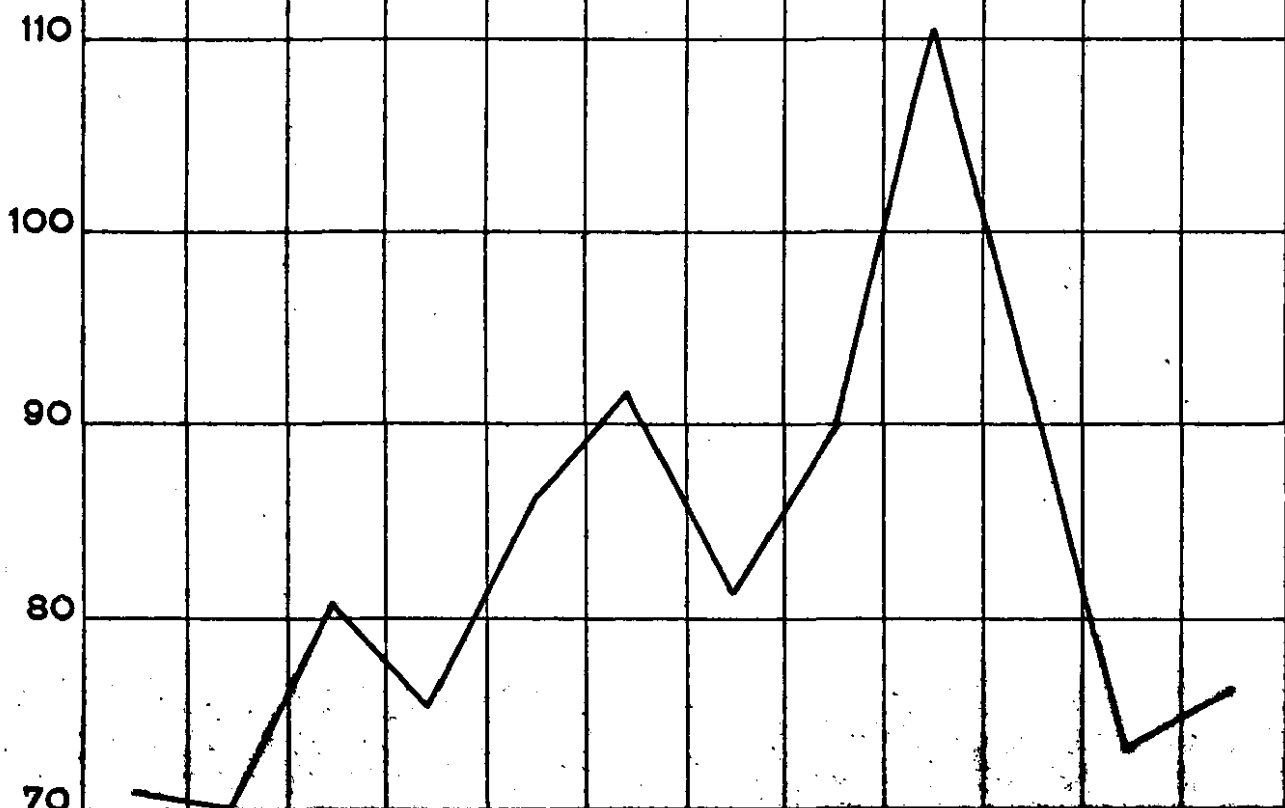
Total deaths registered from 'Dysentery and Diarrohea' during each month from 1910-1926 (excluding 1918 & 1919)

Years	January	February	March	April	May	June	July	August	September	October	November	December
1910	205	165	244	300	313	291	394	432	392	359	246	294
1911	329	390	432	409	379	295	285	368	390	423	563	591
1912	572	400	359	317	377	331	428	548	387	373	328	477
1913	552	496	469	422	401	449	422	421	303	294	349	615
1914	655	498	447	410	435	349	340	423	596	574	364	417
1915	367	327	447	303	318	300	317	436	498	321	257	317
1916	358	355	334	273	314	272	290	367	284	243	244	330
1917	369	387	380	348	359	330	431	366	276	310	253	322
1918	375	321	400	415	396	370	500	391	354	365	566	580
1919	395	346	433	381	362	331	477	613	400	380	478	544
1920	509	465	414	350	362	342	340	344	307	337	418	483
1921	483	462	407	293	352	249	298	477	356	258	224	290
1922	331	394	439	423	367	301	294	311	296	323	323	365
1923	420	407	346	302	275	263	308	288	238	207	290	434
1924	453	317	234	221	307	291	299	376	309	344	295	254
1925	303	267	306	367	380	285	268	453	381	303	322	396
1926	381	319	366	296	302	288	270	455	382	290	245	273
Total ...	6285	5649	5624	5134	5241	4934	4984	6065	5396	4959	4721	5858



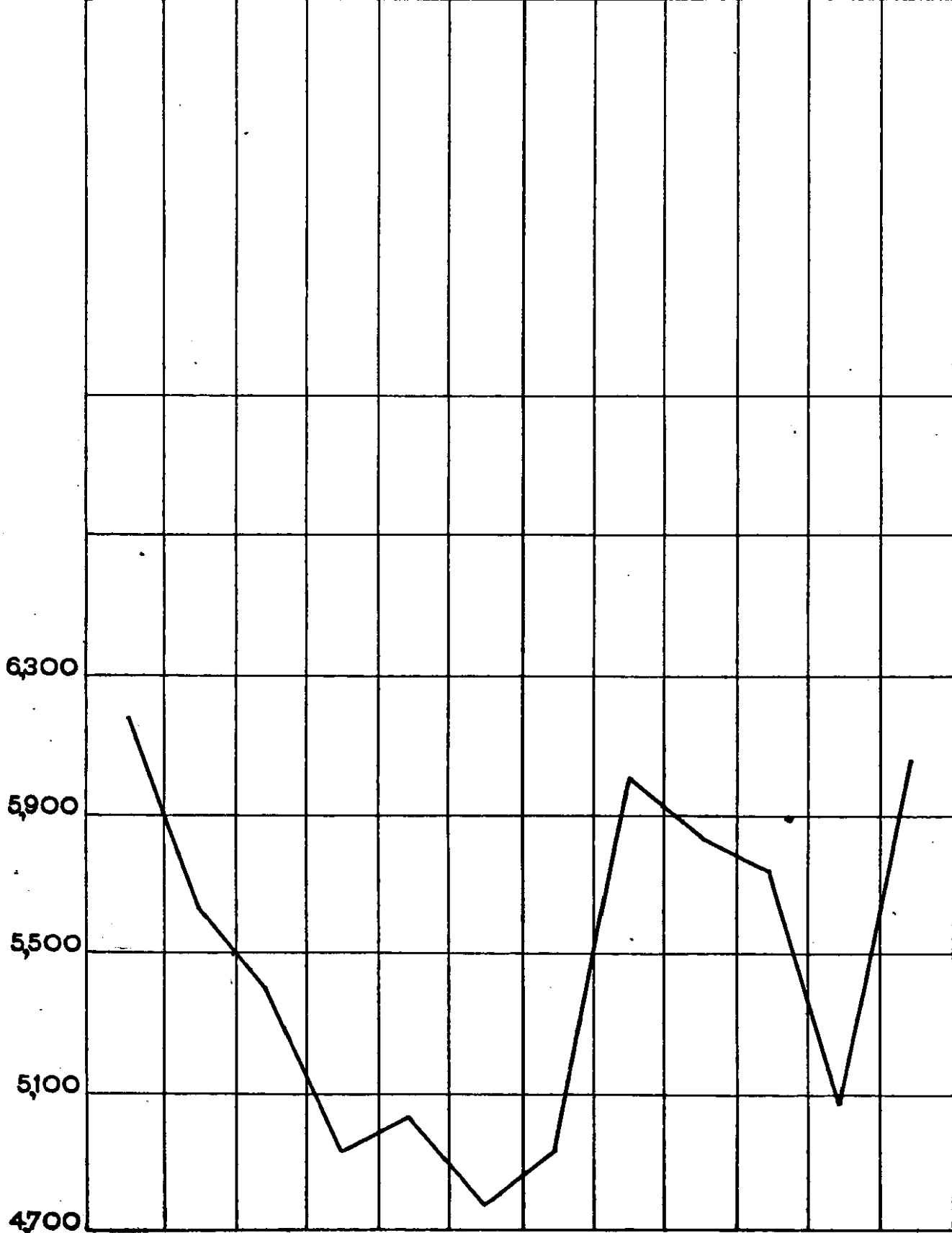
Total deaths registered from 'Enteric Fever' during each month from 1910-1926 (excluding 1918 & 1919)

Years	January	February	March	April	May	June	July	August	September	October	November	December
1910	2	1		2		2	7	10	7	6	2	3
1911	3	4	1	7	3	6	6	6	2	4	8	2
1912	3	2	7	2	1	8	7	5	4	3		
1913	1	6	8	6	4	7	4	3	4	2	4	2
1914	6	4	1	2	4	5	7	3	11	8	6	9
1915	4	8	11	2	4	4	4	8	12	8	5	5
1916	3	3	3	2	7	7	4	3	8	4	3	2
1917	2	3	5	4	2	4	6	7	5	2	6	1
1918	15	4	6	2	2	4	4	2	3	1	1	1
1919	4	5	5	4	11	2	6	3	3	2	4	4
1920	1	7	8	11	6	3	4	1	6	9	5	5
1921	8	5	13	5	9	7	1	12	7	4	6	8
1922	9	4	6	5	7	9	6	5	7	9		7
1923	5	3	1	9	4	3	2	6	5	4	2	7
1924	8	5	3	5	3	5	1	6	8	7	9	5
1925	3	3	4	7	21	8	15	7	11	9	5	6
1926	13	11	10	15	11	14	7	18	14	13	12	14
Total ...	71	70	81	75	86	92	81	90	111	92	73	76



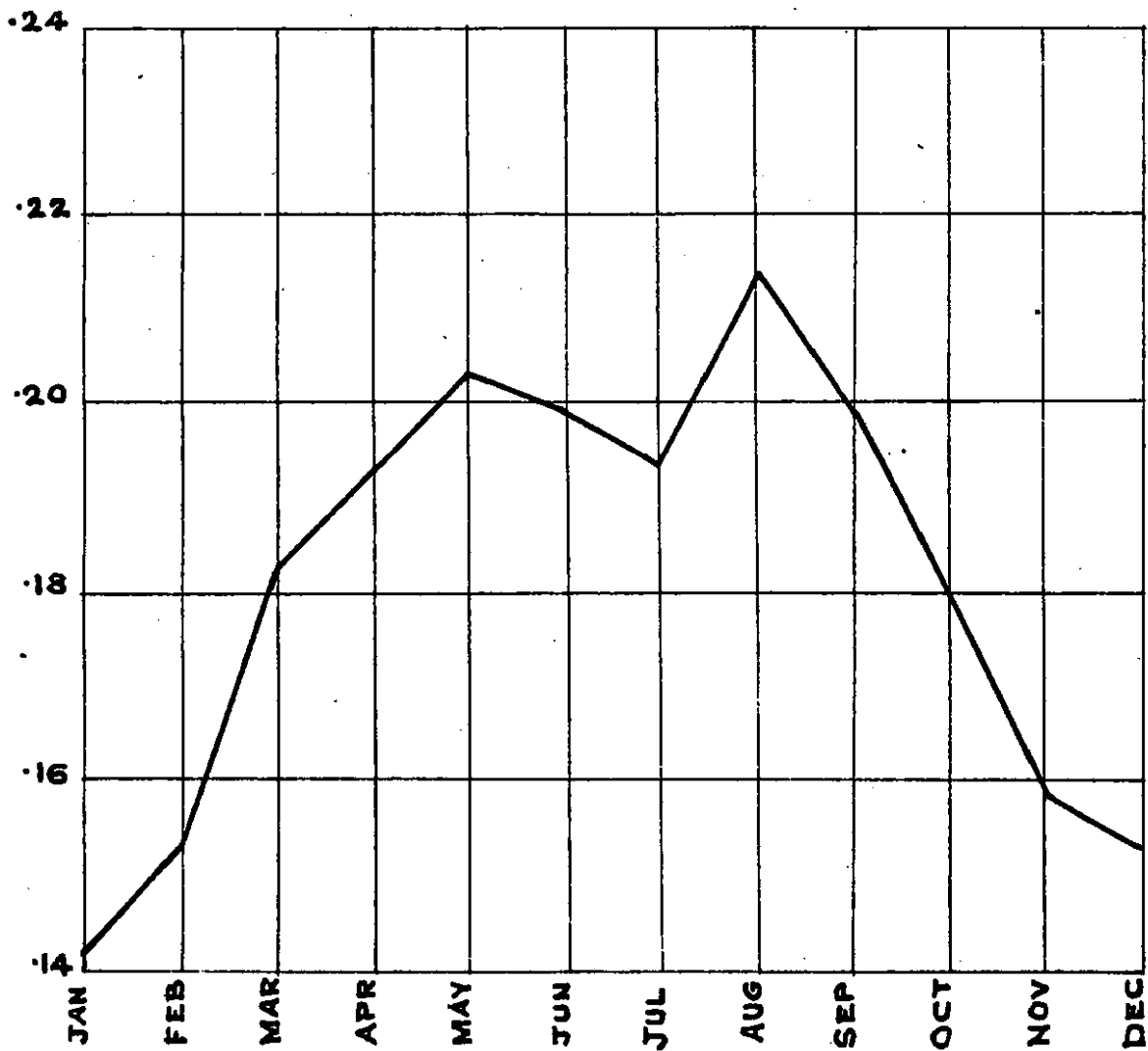
Bowel Diseases 1910-1925. (less 1918 and 1919)

	January	February	March	April	May	June	July	August	September	October	November	December
Cholera	218	239	63	22	7	41	130	325	711	984	525	399
Bacterial	58	58	71	60	75	78	74	72	87	79	61	62
Disentery & Diarrhoea	5904	5330	5258	4838	4939	4646	4714	5610	5014	4669	4476	5585
Total	6180	5627	5392	4920	5021	4765	4918	6007	5822	5732	5062	6046



GRAPH XI

GRAPH SHOWING THE SEASONAL VARIATIONS IN THE ORGANIC CONTENT (ABSORBED OXYGEN) OF RAW WATER AVERAGE FOR 3 YEARS FROM 1923 TO 1926.

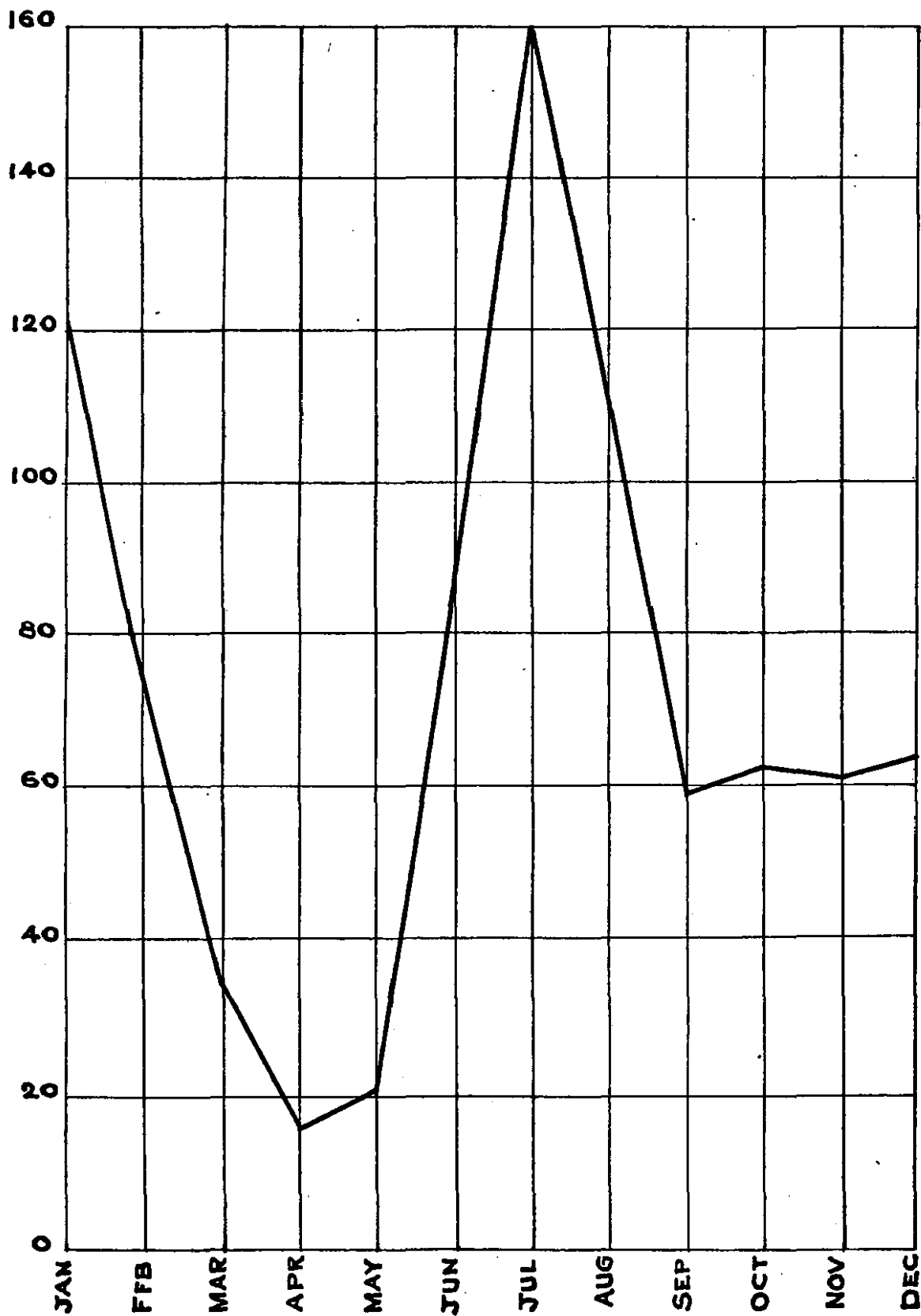


Reg. No. 870
11
Copies 500

Helio-Zinco., Survey Office, Madras.
1927.

GRAPH XII

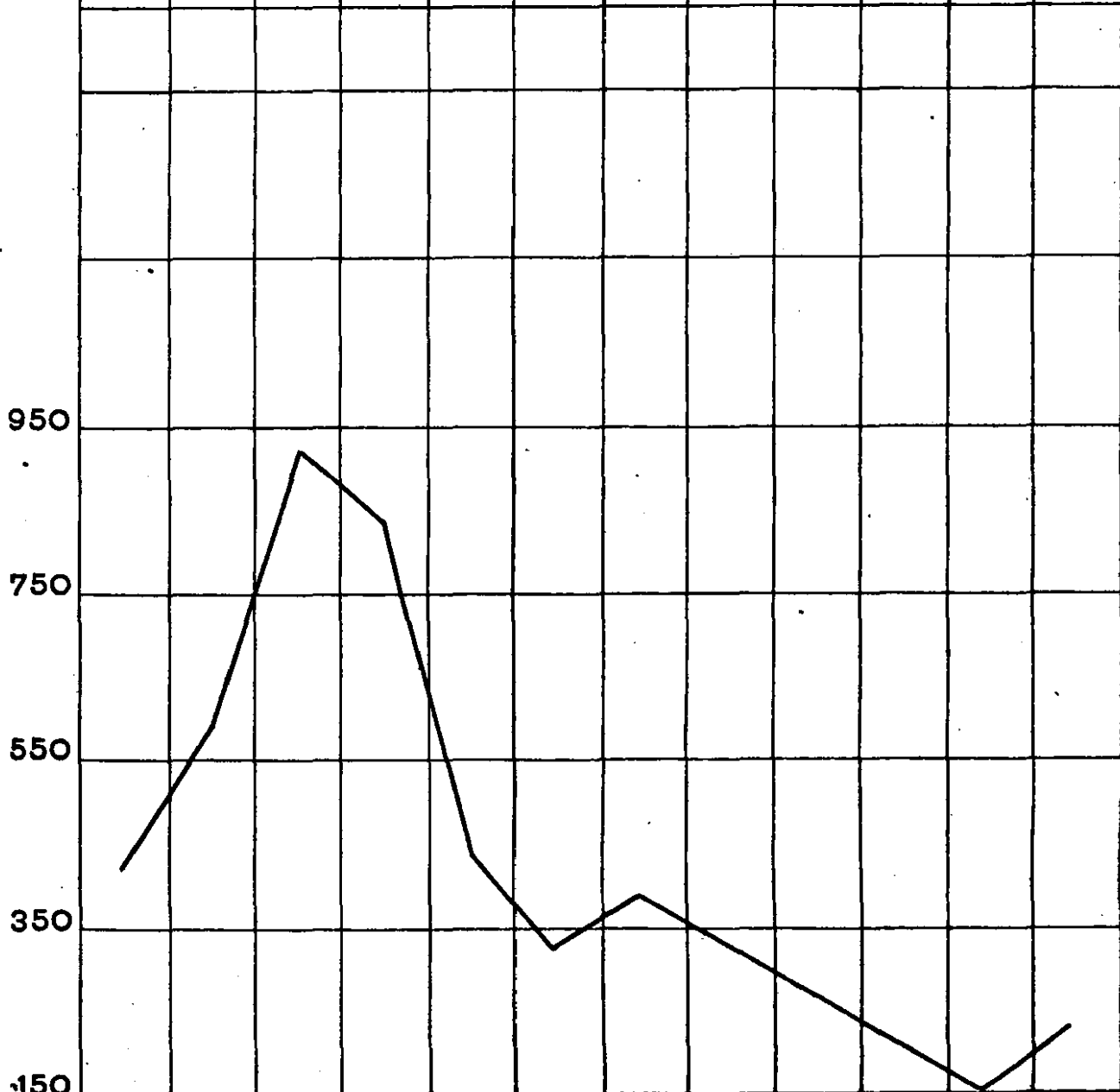
SEASONAL INCIDENCE OF CHOLERA IN CHINGLEPUT DISTRICT IN THE PERIOD (1910-1925).



GRAPH XIII

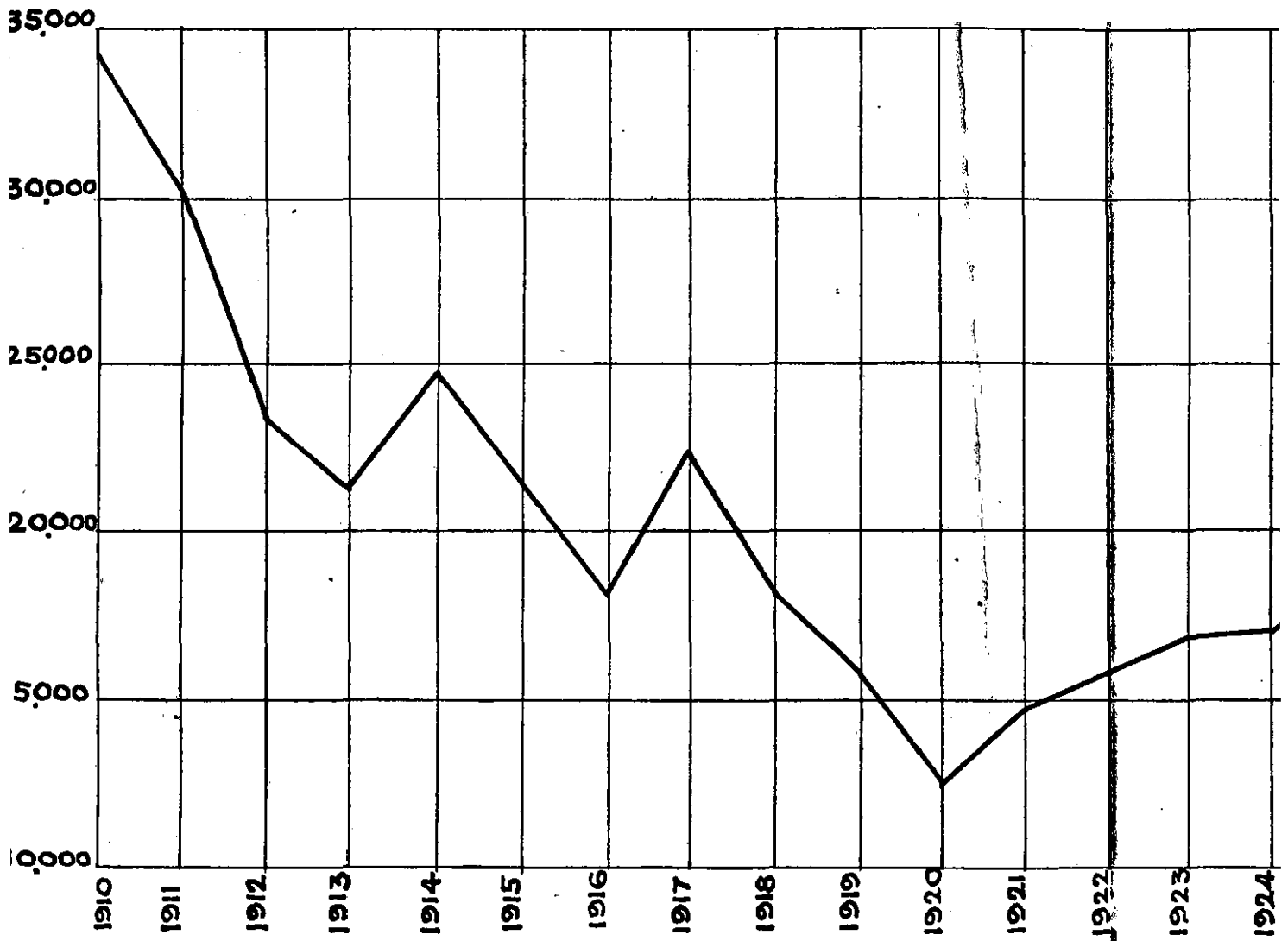
Total deaths registered from 'Smallpox' during each month of 1910-1926.

Years	January	February	March	April	May	June	July	August	September	October	November	December	Total
1910	2	6	11	14	3	7	2	16	18	13	12	12	116
1911	50	79	108	95	47	18	11	20	10	13	13	16	480
1912	25	18	21	13	12	2	3	4	2	3		3	106
1913	3	2	6	3	3	4	1	1	4	2	3	2	34
1914	1	8	11	11	9	4	4	3	3	5	6	1	66
1915	1	2	8	2	3	2	10	9	14	15	9	17	92
1916	64	80	113	75	37	29	28	19	10	10	5	6	476
1917	16	18	43	37	28	17	13	6	4	3	2	8	195
1918	28	20	13	32	13	17	31	18	40	21	18	21	272
1919	48	58	97	84	46	69	102	46	19	15	11	16	611
1920	10	9	17	21	15	4	5	4	9	6	7	2	109
1921	3	4	13	13	11	8	8	16	19	15	18	52	180
1922	81	118	205	221	119	79	96	85	54	33	15	15	1121
1923	29	23	38	28	6	5	9	6	3		3	1	151
1924	2	4	15	18	4	9	9	29	21	23	22	41	197
1925	43	128	199	164	68	44	46	31	19	14	4	5	763
1926	8	5	11	5	4	1	6	8	6	3	1	2	60
total ...	414	580	930	836	428	319	384	321	255	194	149	220	4969



GRAPH XIV

NUMBER OF CASES VACCINATED SUCCESSFULLY IN MADRAS
FOR EACH YEAR FROM 1910 TO 1925.



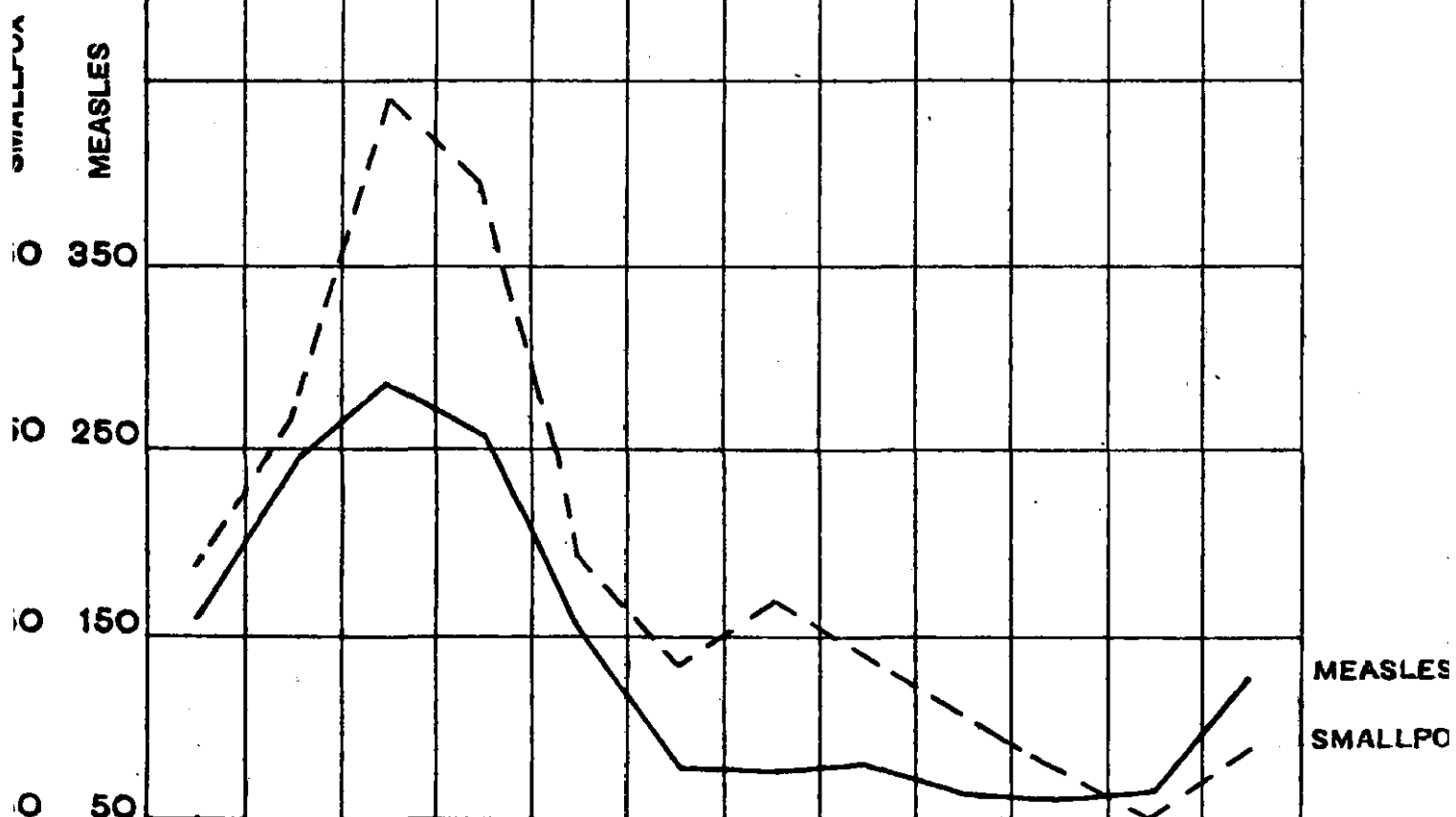
Reg. No. 870
14
Copies 500

Helio-Zinco., Survey Office, Madras
1927.

GRAPH XV

Total deaths registered from 'Measles' during each month from 1910-1925.

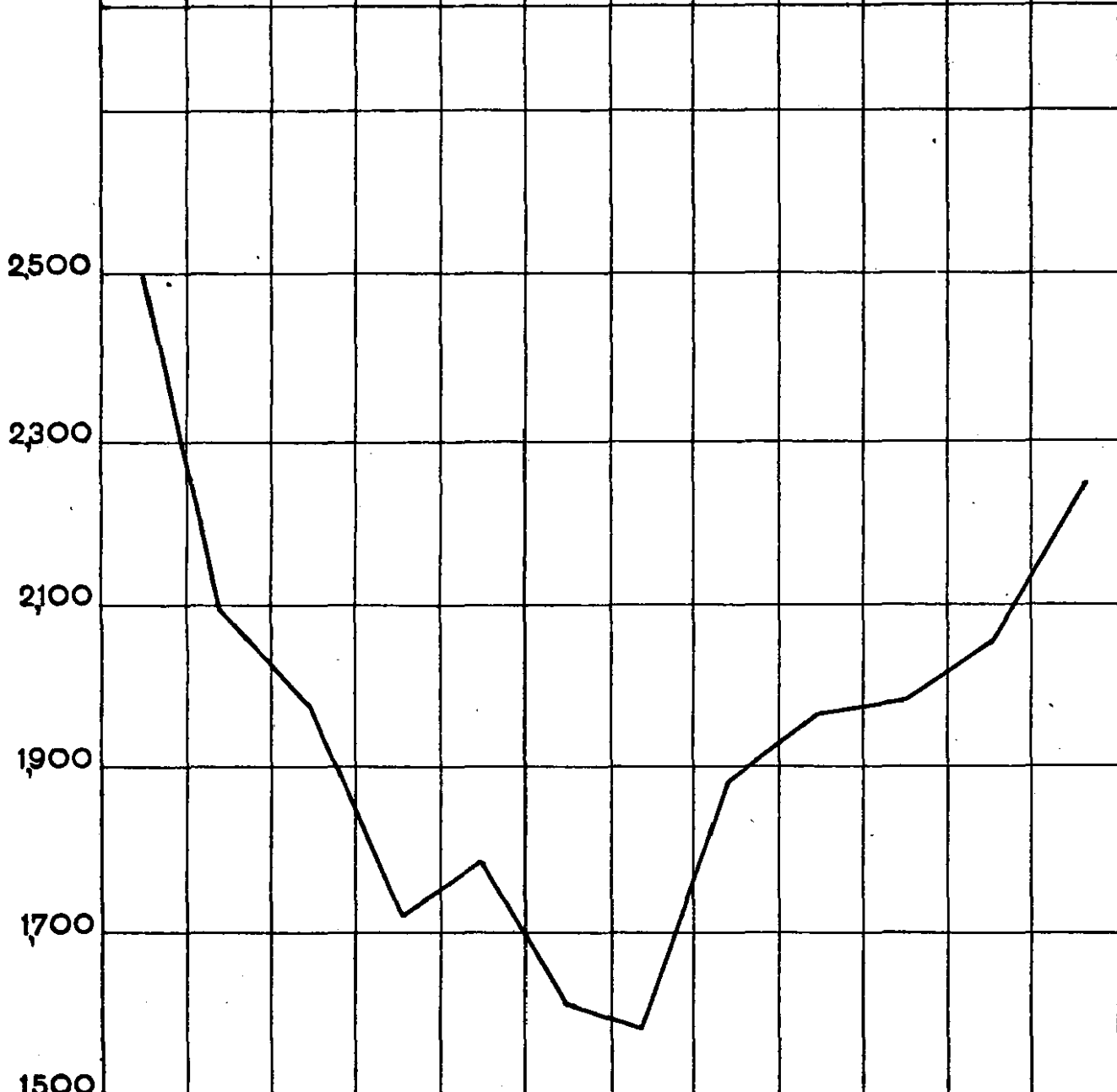
Years	January	February	March	April	May	June	July	August	September	October	November	December
1910	12	18	29	18	11	11	5	5	10	2	4	9
1911	25	29	35	27	14	6	10	9	6	4	3	2
1912	6	6	13	12	13	4	8	4	8	5	10	6
1913	21	19	37	23	21	9	4	2	4	5	8	4
1914	8	13	14	14	11	2	3	6	6	2	2	6
1915	2	3	8	2	2	8	3	7	8	8	4	26
1916	36	65	58	55	15	11	14	14	3	5	1	5
1917	5	10	24	12	11	4	2	6	2	2	1	
1918	2	5	7	17	16	5	5	11	6	10	8	12
1919	12	4	17	14	11	12	13	6	4	8	3	4
1920	5	6	10	7	4	1	2		1		3	2
1921	1	3	5	4	6	1			4		5	11
1922	13	30	30	28	16	8	4	5	4	7	2	3
1923	2	4	5	2	1	1	2	1	1		6	
1924	1	1	1	2	1	4	1	6		2	4	9
1925	15	13	20	17	5	7	4	11	2	2		
1926		1	3	6		1	7	1			1	1
Total ...	186	230	316	260	158	95	87	94	69	62	65	100



Total deaths registered from 'Malaria' during each month from 1910-1926
(excluding 1918 & 1919)

Years	January	February	March	April	May	June	July	August	September	October	November	December
1910	164	122	132	131	140	168	192	268	316	267	260	218
1911	238	212	232	172	231	199	216	100	208	265	372	349
1912	387	291	257	201	206	162	150	239	232	229	265	315
1913	450	319	264	252	254	225	194	146	133	175	154	222
1914	248	183	177	157	224	195	149	227	346	306	241	205
1915	209	178	204	191	145	119	116	150	117	79	87	97
1916	103	64	71	57	57	50	59	69	64	49	55	65
1917	92	69	52	54	94	81	88	76	45	72	61	75
1918	79	66	67	78	72	66	73	46	76	115	76	75
1919	124	62	55	80	61	67	60	31	35	50	72	69
1920	70	65	59	48	45	39	30	45	23	33	39	70
1921	54	77	59	45	43	26	38	45	66	64	65	70
1922	64	65	81	62	41	65	60	49	50	73	68	85
1923	87	63	71	76	50	58	62	50	52	52	74	88
1924	100	63	96	61	70	61	54	99	79	88	106	94
1925	116	92	95	91	109	97	96	115	111	106	107	163
1926	128	129	123	112	85	86	85	118	124	120	96	141

Total ...	2510	2092	1973	1720	1794	1619	1589	1882	1966	1978	2050	2255
-----------	------	------	------	------	------	------	------	------	------	------	------	------



Total deaths registered from 'other fevers' during each month from 1910 to 1926 (excluding 1918 & 1919)

Years	January	February	March	April	May	June	July	August	September	October	November	December
1910	375	342	359	263	280	194	219	150	154	89	133	143
1911	86	87	67	81	70	86	68	87	66	106	117	190
1912	102	56	55	85	89	61	81	138	103	54	52	81
1913	39	84	119	86	71	75	75	147	64	73	65	94
1914	108	66	68	42	50	32	64	38	112	36	38	77
1915	40	30	86	36	36	55	31	34	81	49	23	68
1916	51	57	59	63	27	27	33	38	38	27	23	36
1917	25	38	43	45	41	52	50	66	46	65	48	52
1918	59	77	93	91	98	100	170	124	193	2955	611	221
1919	178	101	91	90	138	166	358	512	186	199	213	290
1920	201	131	142	151	119	167	121	117	138	137	155	201
1921	148	184	146	103	139	99	98	138	117	107	81	115
1922	92	119	148	113	120	123	105	105	127	100	87	86
1923	89	74	83	70	55	39	38	52	48	59	76	76
1924	76	84	49	35	59	42	36	33	42	47	58	55
1925	55	60	76	64	75	60	67	77	103	91	85	127
1926	87	97	125	92	86	102	95	122	103	101	97	87
Total	1598	1509	1625	1329	1317	1214	1181	1342	1342	1141	1136	1488

1,800

1,600

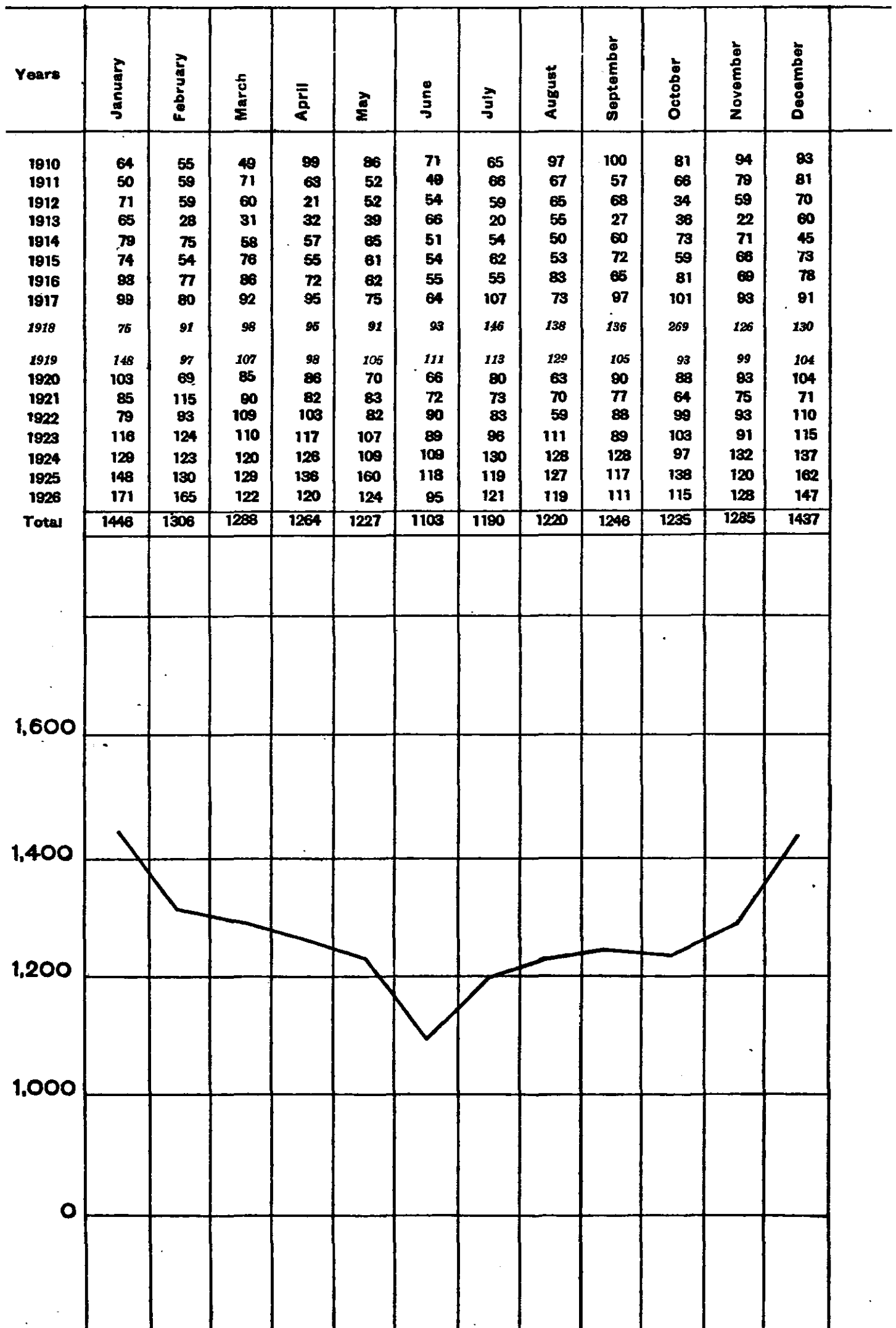
1,400

1,200

1,000

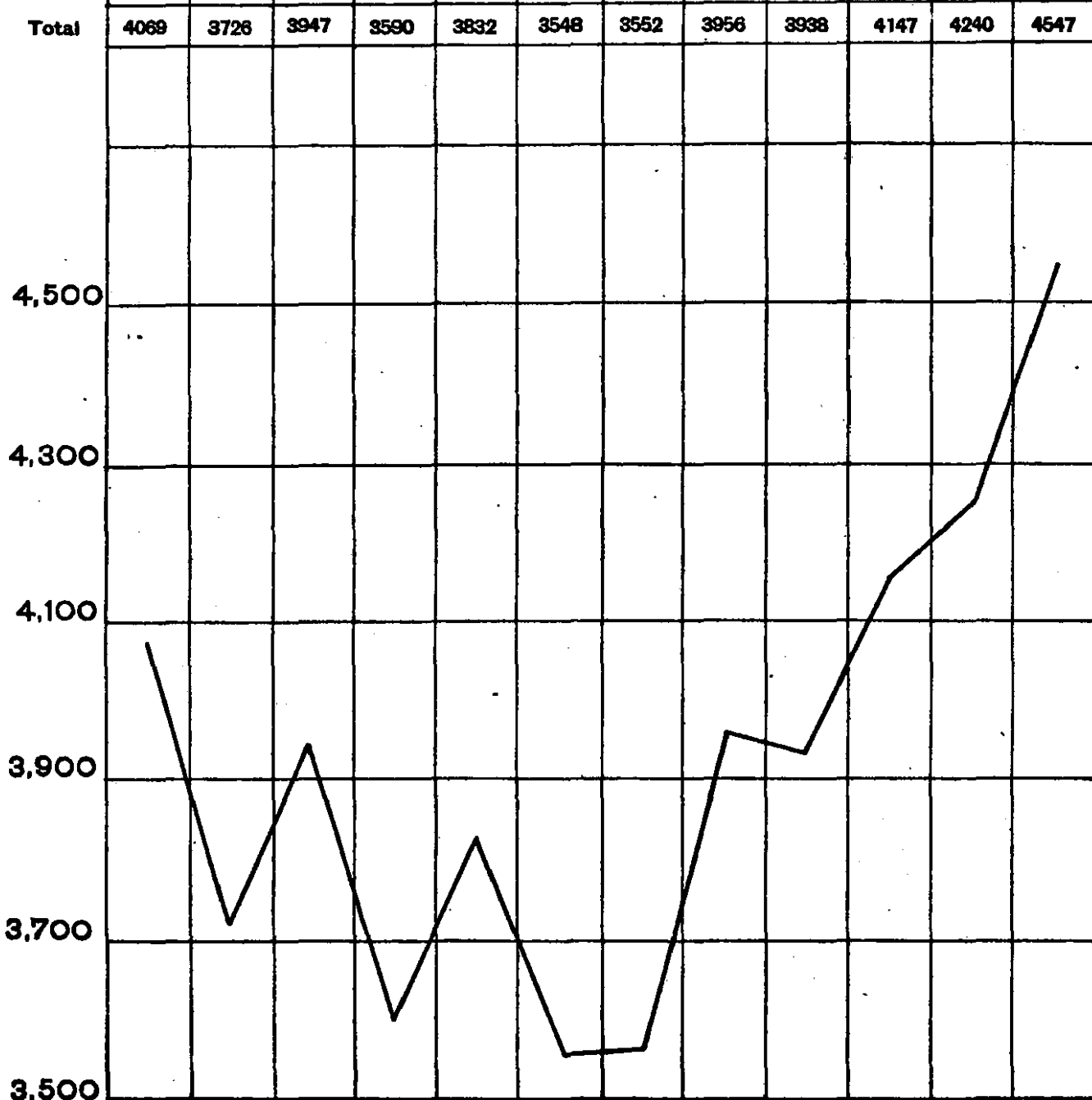
0

Total deaths registered from 'Tubercle' during each month from 1910 to 1926
(excluding 1918 & 1919)

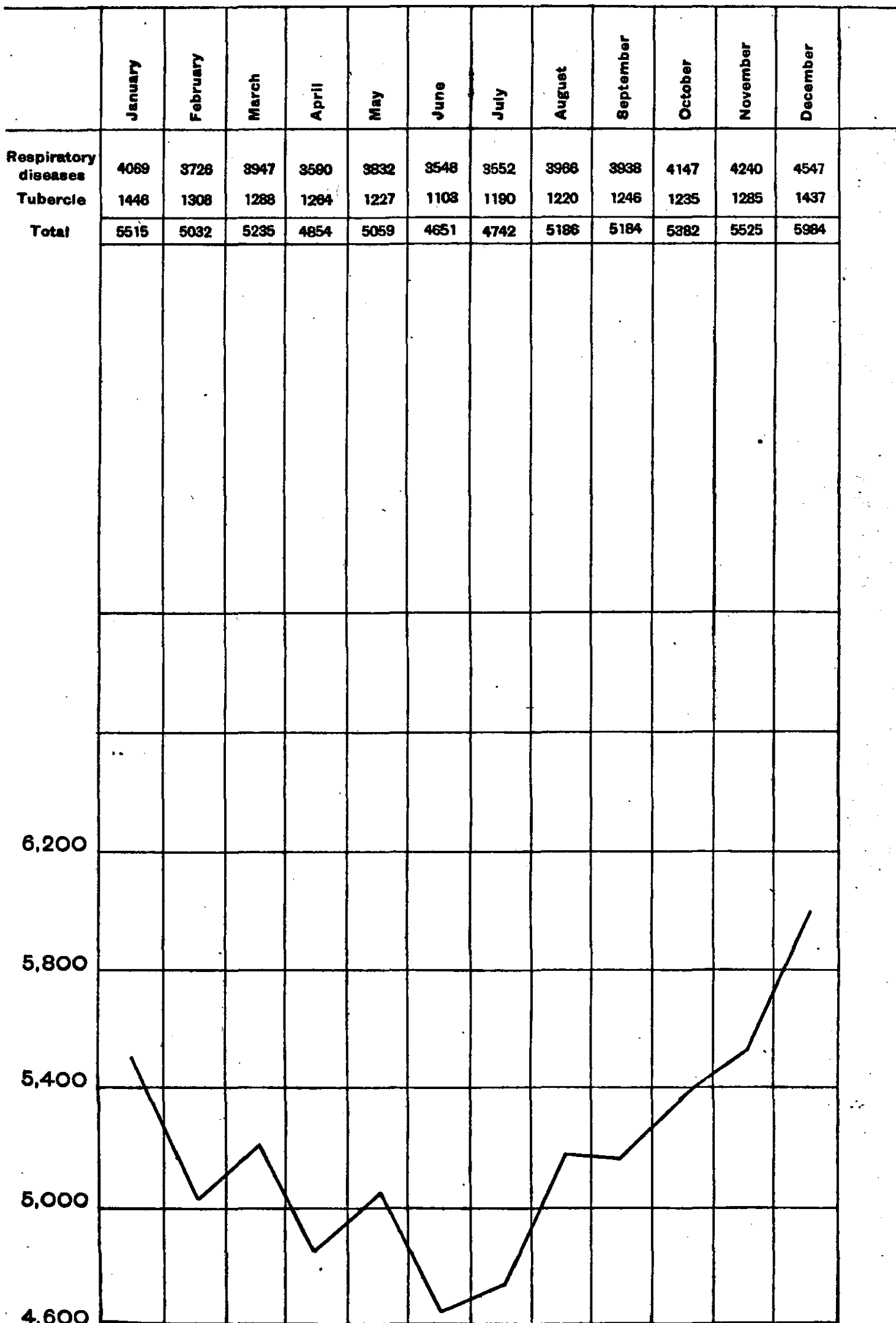


Total deaths registered from 'Respiratory diseases' during each month from 1910 to 1926 (excluding 1918 & 1919)

Years	January	February	March	April	May	June	July	August	September	October	November	December
1910	47	47	57	47	53	86	106	154	169	153	177	128
1911	147	171	195	178	175	144	161	149	149	218	290	274
1912	261	180	156	122	149	139	161	185	137	150	171	188
1913	217	178	175	154	174	215	170	192	153	193	191	212
1914	213	193	203	253	245	179	252	257	338	349	273	269
1915	197	176	202	152	155	194	179	177	278	166	138	289
1916	235	298	294	234	271	208	212	269	196	215	194	225
1917	260	240	259	233	282	259	309	293	278	309	298	273
1918	320	269	279	263	286	261	561	294	426	1525	614	420
1919	460	320	267	240	318	315	379	304	238	265	350	363
1920	342	290	362	284	254	250	229	231	218	243	349	379
1921	301	320	272	292	331	238	203	309	321	296	301	327
1922	289	350	391	352	318	270	280	259	248	328	328	410
1923	369	256	278	247	262	237	280	242	247	257	338	329
1924	338	274	327	262	393	316	298	362	370	446	415	382
1925	357	357	384	387	325	384	358	390	397	426	421	526
1926	496	401	392	393	445	429	354	497	439	398	356	341
Total	4069	3726	3947	3590	3832	3548	3552	3956	3938	4147	4240	4547

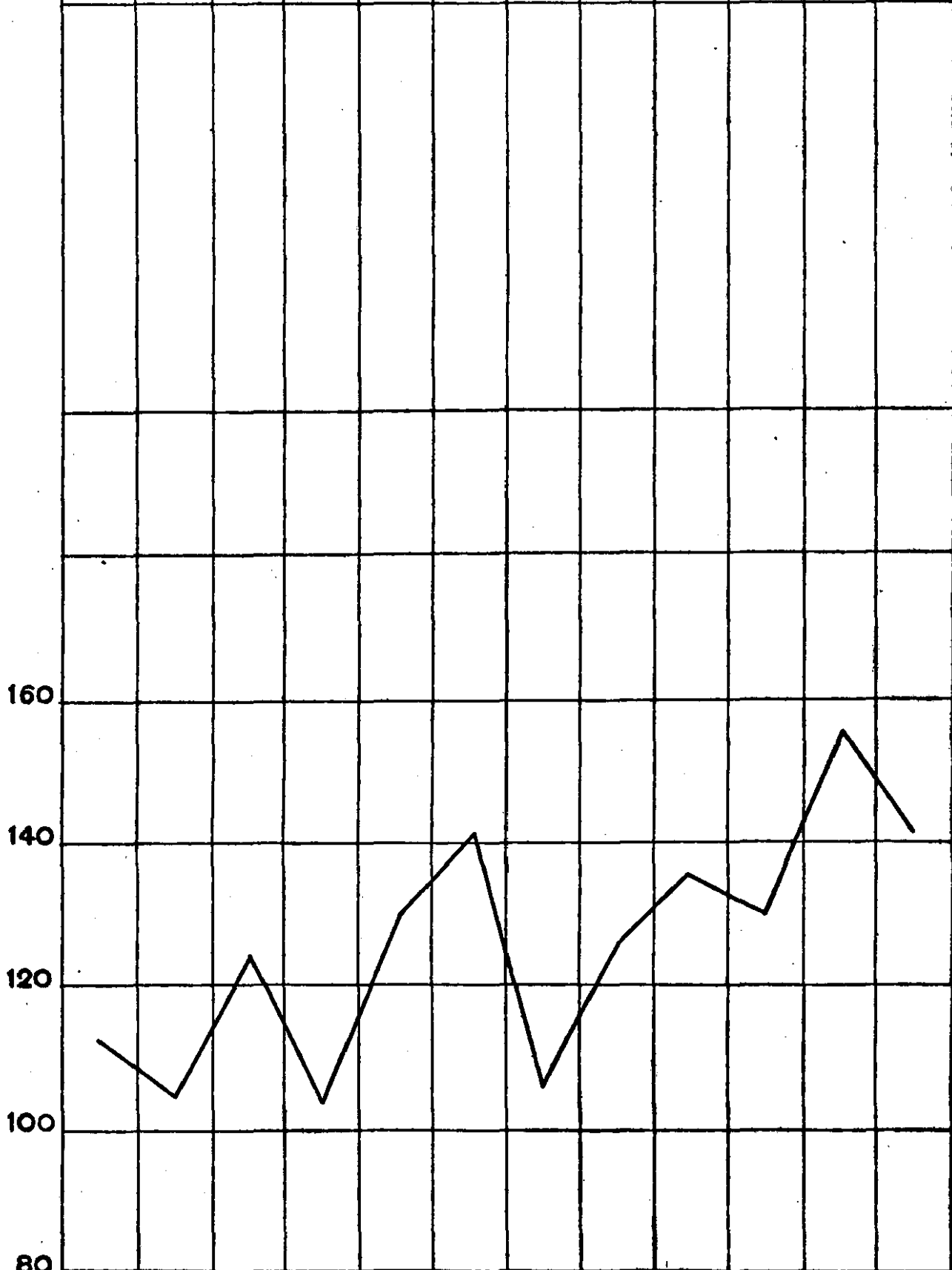


Respiratory diseases plus Tubercle for the period 1910 to 1926
(excluding 1918 & 1919)



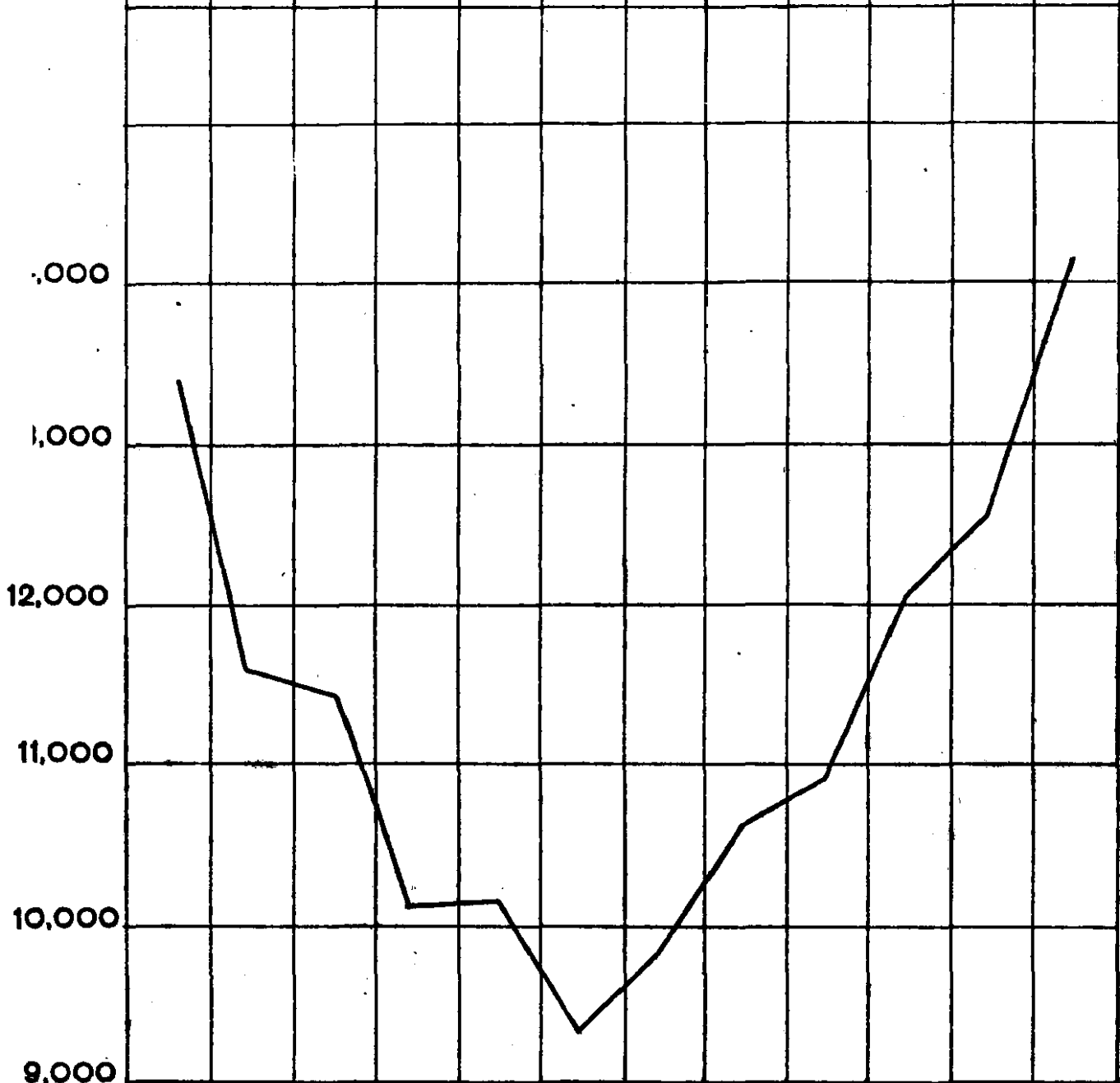
Total deaths registered from 'child birth' during each month from 1921 to 1925

Years	January	February	March	April	May	June	July	August	September	October	November	December
1921	19	10	18	11	16	23	12	18	21	15	30	23
1922	13	19	34	28	25	31	16	24	33	25	22	28
1923	19	25	24	18	25	16	31	32	29	37	47	27
1924	30	29	31	29	28	29	25	23	23	24	24	27
1925	31	21	16	22	35	42	21	29	29	29	33	38
Total	112	104	128	103	129	141	105	126	135	130	156	141



**Deaths registered from other causes' during each month from 1910 to 1926
(excluding 1918 & 1919)**

Years	January	February	March	April	May	June	July	August	September	October	November	December
1910	782	702	727	655	646	522	623	746	812	891	771	857
1911	761	688	705	615	608	576	581	594	609	755	922	907
1912	789	579	550	563	553	539	563	713	673	733	798	838
1913	867	667	674	648	646	597	694	639	654	719	773	980
1914	1036	764	722	608	586	550	656	674	905	1102	844	952
1915	824	724	857	613	628	728	646	738	836	639	620	849
1916	771	733	727	706	677	556	629	668	656	651	700	722
1917	715	731	764	737	660	661	828	828	782	872	874	932
1918	937	859	896	879	853	749	856	992	962	1560	1119	1371
1919	114	1014	911	791	858	739	844	904	752	834	1044	1105
1920	975	790	810	642	707	633	636	692	702	780	969	1107
1921	980	925	775	605	682	531	553	706	645	691	704	824
1922	858	827	857	746	734	660	658	664	708	869	909	982
1923	969	835	815	674	681	651	668	655	666	767	826	993
1924	970	872	770	690	775	769	696	838	776	944	1020	1026
1925	963	822	809	866	842	678	694	823	732	905	1039	1368
1926	1150	951	888	945	776	696	741	848	786	768	803	838
Total	13410	11610	11450	10113	10161	9347	9866	10626	10942	12086	12572	14175



PRICE, 4 annas]

REPORT OF THE STATISTICAL ENQUIRY COMMITTEE.

MADRAS: PRINTED BY THE SUPERINTENDENT, GOVERNMENT PRESS.

REPORT OF THE STATISTICAL ENQUIRY COMMITTEE.

Constitution.—In G.O. No. 2002, dated the 22nd September 1931, the Government constituted a Committee to advise them on the following questions:—

(1) What statistics of prices (wholesale and retail) and what other statistics relating (a) to the Madras Presidency and (b) to territories outside the Madras Presidency should be collected and in what form and from whom;

(2) what agency should be employed to control the work of collecting and dealing with statistics;

(3) what use should be made of the statistics when compiled, e.g., in what form should they be recorded or published; and

(4) what the cost of the proposals would be to Government.

In G.O. No. 2129, dated the 8th October 1931, the Government desired that the Committee should consider the question of devising a set of statistical returns from which it would be possible to deduce an index figure of the cost of living, from time to time, of those classes from which Government servants of various grades are recruited.

2. *Members.*—The Committee so constituted consists of the following members:—

Mr. C. A. Souter, I.C.S., Commissioner of Land Revenue and Settlement (*Chairman*).

M.R.Ry. Rao Bahadur D. Ananda Rao Avargal, Director of Agriculture (in charge).

Mr. L. B. Green, Director of Industries (in charge).

Mr. H. Trevelyan, I.C.S. (*Member and Secretary*).

Dr. D. B. Meek, O.B.E., Director-General of Commercial Intelligence and Statistics, Calcutta, was invited to assist the Committee. The Committee wish to record their grateful thanks to him for his invaluable advice upon which the recommendations in this report are based.

3. *The agency of collection and co-ordination of statistics.*—Doctor Meek recommends that the ideal to be aimed at is that each department should have its own intelligence section, and that the work of these sections should be co-ordinated and supervised by an experienced statistician. He would meet the heads of all departments periodically, deal with all statistical problems put to him, and obtain all statistical information required by Government. We recommend the development of statistical work on these lines, rather than through a central bureau responsible for the collection of the figures required by all departments. That intelligence sections should be formed in every department is neither practicable nor necessary at present. They should grow in answer to the statistical needs of the departments. We recommend however that this ideal should be kept in mind and that the statistical work should as far as possible be kept distinct from the rest of the work of a department in order that supervision by a statistical officer and the eventual growth of intelligence sections may be facilitated. Having this in mind, we refer throughout this report to the clerks doing statistical work in each department, as the statistical section of that department.

4. In our opinion, the ideal to be aimed at is that there should be a statistical officer under the Board of Revenue, on the scale of pay of a Deputy Collector. The Commissioner of Land Revenue and Settlement would be in general charge of all

REPORT OF THE STATISTICAL ENQUIRY COMMITTEE.

Constitution.—In G.O. No. 2002, dated the 22nd September 1931, the Government constituted a Committee to advise them on the following questions:—

(1) What statistics of prices (wholesale and retail) and what other statistics relating (a) to the Madras Presidency and (b) to territories outside the Madras Presidency should be collected and in what form and from whom;

(2) what agency should be employed to control the work of collecting and dealing with statistics;

(3) what use should be made of the statistics when compiled, e.g., in what form should they be recorded or published; and

(4) what the cost of the proposals would be to Government.

In G.O. No. 2129, dated the 8th October 1931, the Government desired that the Committee should consider the question of devising a set of statistical returns from which it would be possible to deduce an index figure of the cost of living, from time to time, of those classes from which Government servants of various grades are recruited.

2. *Members.*—The Committee so constituted consists of the following members:—

Mr. C. A. Souter, I.C.S., Commissioner of Land Revenue and Settlement
(*Chairman*).

M.R.Ry. Rao Bahadur D. Ananda Rao Avargal, Director of Agriculture (in charge).

Mr. L. B. Green, Director of Industries (in charge).

Mr. H. Trevelyan, I.C.S. (*Member and Secretary*).

Dr. D. B. Meek, O.B.E., Director-General of Commercial Intelligence and Statistics, Calcutta, was invited to assist the Committee. The Committee wish to record their grateful thanks to him for his invaluable advice upon which the recommendations in this report are based.

3. *The agency of collection and co-ordination of statistics.*—Doctor Meek recommends that the ideal to be aimed at is that each department should have its own intelligence section, and that the work of these sections should be co-ordinated and supervised by an experienced statistician. He would meet the heads of all departments periodically, deal with all statistical problems put to him, and obtain all statistical information required by Government. We recommend the development of statistical work on these lines, rather than through a central bureau responsible for the collection of the figures required by all departments. That intelligence sections should be formed in every department is neither practicable nor necessary at present. They should grow in answer to the statistical needs of the departments. We recommend however that this ideal should be kept in mind and that the statistical work should as far as possible be kept distinct from the rest of the work of a department in order that supervision by a statistical officer and the eventual growth of intelligence sections may be facilitated. Having this in mind, we refer throughout this report to the clerks doing statistical work in each department, as the statistical section of that department.

4. In our opinion, the ideal to be aimed at is that there should be a statistical officer under the Board of Revenue, on the scale of pay of a Deputy Collector. The Commissioner of Land Revenue and Settlement would be in general charge of all

statistical work. He and the Secretary to the Board of Revenue would be the immediate superiors of the Statistical Officer who would have his office in the Board of Revenue and take under his control the Board's statistical section. We realize however that in the present difficult financial conditions of the Presidency, no new expenditure can be incurred. The immediate problem becomes therefore the disposal of the staff already existing. We considered the transfer of the statistical assistant to the Director of Agriculture to the Board of Revenue. The Agricultural Department do not however consider it possible to dispense with his services in that department, even if the supervision of the agricultural statistics in the districts were to be the duty of the officer under the Board of Revenue. Later in this Report, we recommend that the agricultural statistics should still be collected by the Agricultural Department in conformity with the principle of the departmental collection of statistics set out above. It is therefore reasonable that, although it is hoped that a large part of the Statistical Officer's work will be of a kind not at present attempted (see paragraph 5 below), the only existing Statistical Officer should not be taken away from the department which incidentally collects the majority of the statistics, and from which the majority of calls for statistical information by Government must be answered. We therefore recommend that until such time as new expenditure can again be made, the Statistical Officer should remain under the Director of Agriculture though his duties should be enlarged, and that when financial conditions return to normal, the Chief Statistical Officer to Government should be under the control of the Board of Revenue, the Statistical Assistant to the Director of Agriculture becoming again as at present the head of the Intelligence section of the Agricultural Department. When the general statistical work is being done by a Statistical Officer at the Board of Revenue, the Agricultural Statistician will then be able to develop the statistical treatment of agricultural research work, which the Agricultural Department hope to begin at some future date, and to become an agricultural rather than, what he must be for the present, a general Statistical Officer.

5. *New work to be done by the future Statistical Officer.*—The new kind of work which we consider should be done by the Statistical Officer in the future, is as follows:—

(a) To answer all calls from Government for statistical economic information. For this purpose the officer should know what information is obtained by each department, and should co-ordinate that information so that it is all brought to the notice of Government. At present much statistical information of general interest is filed in each department and Government are not aware of it.

(b) To obtain information of market and crop conditions throughout the world which affect this Presidency, from the Director-General of Commercial Intelligence and Statistics and other sources, and to note upon it and present it to Government.

(c) To prepare statistical material for all Committees which require it and to conduct special statistical enquiries at the request of a department.

(d) To meet the heads of departments and to deal with statistical problems which they present to him.

(e) To present the statistics to Government in an intelligible form periodically or in answer to specific enquiries, and to be responsible for their final publication. The intelligence sections of the various departments will give him the figures in their possession. He with his technical knowledge will do the research work necessary on them (e.g., preparing weighted averages, estimating probable errors, preparing index numbers, etc.), and will thus be able to present them to Government in a form from which deductions can be drawn and which will provide evidence affecting Government's economic policy. At present for instance, Doctor Meek prepares graphs of prices, production, etc., as a basis for action by the Government of India.

The information referred to in (b) is probably the most important; and it will be of especial value in combination with information collected in the Madras Presidency by the various departments.

(f) To advise on the collection of statistics in all departments; and to explore new methods of efficient collection and elimination of error.

It will be seen that these duties can only be efficiently performed by a special Statistical Officer working under a central authority. That authority should, in our opinion, be the Board of Revenue. As has been mentioned above, the Agricultural Department have found it impossible to do without their statistical assistant, and we have no course but to recommend that until the appointment of a new officer, the Statistical Assistant to the Director of Agriculture should as far as he is able, begin the kind of work set out above. He obviously cannot, from his position, do all this work; and what he does must, for financial reasons, be without extra clerical assistance. We realize that this temporary arrangement will not solve the problems with which this Committee are concerned; but there is, for the present, clearly no other course.

6. *Qualification of the Statistical Officer.*—It will be seen that work of this kind depends not so much on a large clerical staff, as upon the abilities of the Statistical Officer. We realize that the success of the scheme to which we look forward depends entirely upon the possibility of finding a Statistical Officer with both high qualifications and common sense. We recommend that he should not necessarily be chosen from among Government servants, but that he should be selected for his intellectual ability and should be a man of academic attainments in mathematics and if possible economics. Doctor Meek is of the opinion that it will be possible to obtain a suitable man from Madras, and promises to train him for some months in his office in Calcutta. The present Statistical Assistant to the Director of Agriculture is due to retire on 16th October 1932. It is doubtful whether his successor will be able to initiate any of the new statistical work unless he has received some training in Doctor Meek's office. We recommend that a person should be chosen as the new Statistical Assistant to the Director of Agriculture with a view to his transfer at some future date to the Board of Revenue as a general Statistical Officer, his place in the office of the Director of Agriculture being taken by a new man, whose qualifications, since he will be employed partly on statistical research work in agriculture, will not necessarily be the same. If it is in any way possible, the Statistical Assistant to be appointed this year should be trained for at least two months in Doctor Meek's office before he enters on his new duties in next October. If this cannot be done, we doubt whether any of the new kind of statistical work which we envisage, can be attempted until the full scheme which we propose, can be put into effect. In that case, it will be better to appoint a Statistical Assistant to the Director of Agriculture with a view to his permanent retention in that post, and to appoint the Statistical Officer to the Board of Revenue direct, when financial conditions make that appointment possible. If this course is decided on, only the detailed recommendations in this report concerning the collection of price statistics can at present be put into operation.

7. The most important statistical work to be done in this Presidency is not so much to collect a multitude of figures, as to examine the figures when collected: not so much to search for more information, as to co-ordinate the information already obtained. To establish in this Presidency a regular system of collecting and co-ordinating statistical and economic information must be the work of a man who can claim to be a specialist in the subject at any rate by virtue of some mathematical attainments and a few month's training in Doctor Meek's office: for the kind of work which we envisage will need experience not to be gained in district administration and will suffer from a quick succession of amateurs recruited from the ordinary cadre however capable they may be in district administration.

We realize that if in the future a Statistical Officer under the Board of Revenue is appointed from outside the service, the danger is that he might bring too academic an outlook to the administrative problems with which he will have to deal; but we trust that if it is found that no member of a service has the requisite qualifications and a person from outside the service has to be appointed, his immediate superiors, the Commissioner of Land Revenue and Settlement, and the Secretary of the Board of Revenue will be able to check the excesses of too sanguine a temperament and to guide him in the administrative side of his work.

If the appointment is made from among the officials of the Revenue Department, we recommend that he should be chosen from the grade of Deputy Collector and should be a man who has had some mathematical training and would have, otherwise, been a possible candidate for the post of an Assistant Secretary to the Board of Revenue. In such a case the appointment should be for a minimum period of three

years, if possible for longer, and each new incumbent should be trained for about two months in the office of the Director-General of Statistics.

8. *The collection of the price statistics.*—We consider it necessary that an accurate record should be kept of the price levels of agricultural produce in the districts.

9. *Retail prices.*—The retail prices of the principal food-grains must still be collected for the comparison with previous figures necessary as a basis of calculation in re-settlements. Once a week the retail price of rice, ragi, cholam, cambu, salt, paddy, korra, varigai, varagu and horsegram should be recorded at each price-recording station at which large transactions in those grains take place. The price-recording stations from which the price of each grain is now reported, should remain the same. We understand that the recording of retail prices is at present often left to a village officer, a peon or a talaiyari. For the sake of accuracy we propose that in the majority of stations which are the headquarters of a taluk the Taluk Head Accountant should be made personally responsible for the collection of these figures, that he should depute no subordinate official of rank lower than taluk clerk to record them and that he should himself convert the price from local to imperial measure. In a sub-taluk the head clerk should be personally responsible for the accuracy of the figures and should record them himself. In stations other than the headquarters of a taluk or a sub-taluk special arrangements must be made by Collectors, who should depute a reliable person (probably the Revenue Inspector) to record the prices. The price should be written in the taluk register in local and imperial measures. We propose that the figures should be recorded on one day of the week only; either at the market on market-day or, if there is no market, on Fridays. These price returns would be forwarded to the Board of Revenue with the weekly season report. Special arrangements would be made for stations distant from the headquarters station of the district, in order that the returns should all reach the Collector's office in time for their submission with the weekly season report. It does not matter on which day the prices are recorded at any station, provided that they are reported on the same day each week. We consider that if the prices were collected once a week only, a higher standard of accuracy could be maintained, and that the difference between the average of prices recorded every day in the month, and of prices recorded once a week during the month is negligible. We do not therefore consider that this change in the recording of prices should in any way vitiate their comparison with prices recorded under the method at present used. The Director-General of Commercial Intelligence and Statistics requires the retail price of rice, ragi, cholam, cumbu and salt recorded at certain stations on the 15th and last day of the month. Doctor Meek has, however, informed the Committee that he has no objection to receiving these prices recorded on any day during the second and last week of the month. We therefore recommend that the fortnightly return of retail prices from Collectors through the Director of Agriculture to the Director-General of Commercial Intelligence and Statistics be discontinued. The statistical section of the Board of Revenue will send in its place the required return to the Director-General of Commercial Intelligence and Statistics, taking the figures from the concerned Collectors' weekly returns for the second and last week of each month.

The price statistics must still be collected by the Board of Revenue, as they are to be sent in with the weekly season report, the transfer of which to the Agricultural Department has been tried and found unsatisfactory; a second reason that the Board of Revenue should be entirely responsible for these figures is that they are used as the basis of re-settlement operations.

10. *Comparison of old and new scheme.*—This scheme for the collection of retail prices will involve considerably less work than the old system.

Under the old system prices were recorded every day. Three returns were sent:—

(a) The price on one day of the week of four food-grains.

(b) The average of the prices every day for the month of all the main food-grains.

Of these the first were converted into imperial measures in the price-recording stations; the second in the Board of Revenue. The new system will make it impossible for the Board of Revenue's Statistical section to check the conversions

from local measures, but experience has shown that this is rarely necessary, and we prefer that the administrative rules for the recording of prices, to be framed before the new scheme is put into operation, should prescribe that this check is made periodically by District Officers in the price-recording stations.

(c) The price on the fifteenth and last day of the month from sixteen stations.

Under the scheme which we recommend, prices will only be recorded once a week. Only one return will be sent from price-recording stations and Collectors, and all figures received by the Board of Revenue will be actual prices. Further, the Statistical section of the Board of Revenue will be relieved of the monthly conversion of the retail prices from local into imperial measures.

11. *Causes of error.*—We consider that the three chief causes of error in the statistics of prices are—

(a) Differences in the kind or quality of the products of which the prices are reported.

(b) Differences in the stage of the transactions at which the prices are reported.

(c) Deficiencies in the recording of the prices.

We recommend the following administrative arrangements to prevent the errors arising from these sources.

12. (a) *Kind or quality of products.*—This is the most important source of error. The definition adopted for the retail prices should be: "The price of the kind of rice (or other grain) most commonly consumed." This definition will satisfy also the purposes for which the retail price returns are required by the Government of India. To ensure that this definition is strictly adhered to, Collectors should be asked to state the name of the rice (or other grain) which most nearly corresponds to this definition in the country round each price-recording station. It has been suggested by Doctor Meek that each price-recording station should keep in a bottle standard samples of the grain the price of which is reported. We recommend the adoption of this suggestion.

In each case Collectors should be asked to report where the grain selected as being the most commonly consumed in a particular area was grown; in several cases this grain will probably have been imported from other districts or countries (e.g., rice consumed in Malabar). This consideration is, in our view, very important, and we wish to stress the necessity of knowing the exact nature and origin of the commodity of which the price is reported. Collectors and Revenue Divisional Officers should check the standards in all the stations which they visit and make sure that the information sent about the concerned grains is correct. We consider it most important that the Revenue officials in the districts should be encouraged to take more interest in the collection of statistics within their jurisdictions.

The Statistical Officer also, even if he is temporarily attached to the Director of Agriculture, should be able to examine the collection of price statistics in the districts and advise Collectors of any changes which from his technical experience he considers advisable.

13. (b) *Stage of transaction.*—There should be no difficulty in recognizing a retail transaction. It may be defined in the administrative rules as "The price of a grain paid by the person who is buying it for consumption."

14. (c) *Accuracy in recording prices.*—The suggestions made above should ensure greater accuracy in the recording of these prices. We suggest that the Revenue Divisional Officer and the Tahsildar should frequently check on their tours the accuracy of recorded prices and of the conversion calculations in the registers of the price-recording stations. Tahsildars and Deputy Tahsildars should have a general responsibility for the accuracy of the prices recorded in their offices.

15. *Wholesale prices.*—We recommend that when there is a Statistical Officer under the Board of Revenue the Imperial Bank should be asked to send to the Statistical section of the Board of Revenue once a month the wholesale prices recorded at their branches of the main agricultural products grown in each district. We suggest such commodities as the following: groundnuts, cotton, paddy, rice, castor, tobacco, sugar, turmeric, ginger, hemp, coconuts and pepper. In each district, however, the particular commodities should be fixed according to the volume of production in that district. These prices will be actual prices recorded

generally on the second Friday in the month. They are the bazaar prices recorded by the godown-keeper of the Bank, and on their evidence the Bank bases its loan transactions. This should be a sufficient guarantee of accuracy for the purposes of Government, and we consider that these prices are the best wholesale price figures obtainable. The prices are already sent to the Head Office of the Imperial Bank, and those which we require can either be extracted by them or sent through Bank Agents and Collectors.

16. Preliminary examination by the Statistical Officer of these figures will be necessary in order to eliminate the three sources of error mentioned above. While there is only one trained Statistical Officer under the Director of Agriculture, it will be better that these figures should be sent to that department, as the examination of the figures on the lines suggested above will be an important part of the work of a Statistical Officer. Unless however even under the temporary arrangement the Statistical Officer is able to do a large part of the new kind of statistical work which we propose, the collection of these prices had better be deferred till the full scheme is in operation, as they will be of no use unless they are treated as being part of a scheme of collecting and co-ordinating economic information in the Presidency.

17. The Bank is not interested in the origin of the products on the security of which they grant loans, and their figures may include the price of certain qualities of products wholly or mainly imported into the district. Their figures, which record the prices of many different qualities of paddy (for instance) in a single district, may include varieties grown in the district only in small quantities. What is required is the price of the main agricultural products of the district, and the final determination of the exact products of which a price is required must be left to the Statistical Officer who must examine the figures on the spot and make a selection, having this purpose in view.

It is not necessary except possibly as a check to obtain wholesale prices for products the retail price of which is already collected by the Revenue Department, since one price level only is required: but if the rice, for instance, grown in the district is not the rice consumed, then the two qualities are different commodities, and both prices must be recorded.

The Statistical Officer must also satisfy himself what relation the products or qualities of a product in one district have to similar products in other districts, before he makes any attempt to compare or average the prices of any particular product throughout the Presidency.

18. It is probable that the prices recorded at the Bank are recorded always in the same type of transaction: but the Statistical Officer should if possible obtain exact information what prices these figures represent.

It will be possible for the Statistical Officer to check the Bank's price figures by the figures obtained from other sources, such as the Chambers of Commerce and the Press. (The prices obtainable from both these sources are considered below.) The Government will not be able, of course, to question the Bank directly upon the accuracy of their recording of prices.

19. The Director-General of Commercial Intelligence and Statistics requires twice a month the wholesale prices in Madras of rice, jaggery, horsegram, cotton seeds, turmeric, tobacco-leaf, salt and ghee. We consider that the present agency of collection, which is in fact the karnams of Madras, has produced not sufficiently accurate figures in the past. The Imperial Bank does not collect wholesale prices in Madras City, since agricultural products are not stored there for a long period, but are quickly exported or sold for retail trade. We propose therefore that the Southern India Chamber of Commerce, whose members deal in all these products, be asked to supply these prices, and that the Director-General of Commercial Intelligence and Statistics be asked to state what qualities of the various commodities should be selected.

It is doubtful whether Government will find any use in these figures, and we can arrange that they are sent direct from the Chamber of Commerce to the Director-General of Commercial Intelligence and Statistics who already obtains other figures direct from the Madras Chamber of Commerce.

20. *Export prices.*—Since the Imperial Bank does not record wholesale prices in Madras City they can be obtained, if required, from the Madras and Southern India Chambers of Commerce or from the monthly customs statements, which Doctor Meek considers would give sufficiently accurate figures. The Collector of Customs and the Chambers of Commerce could give the f.o.b. prices (export price-excluding freights); and the Chambers of Commerce could also give the merchants' buying price which would have a more or less constant relation to the export price. If the figures are to be collected, we recommend that the merchants' buying price be obtained. The only use that could be made of these figures is as a check upon the accuracy of the wholesale prices recorded in the districts, and possibly as an indication of the effect upon the district prices of the speculative operations of exporting firms. If Government consider that for these reasons they require these prices, we recommend that they be obtained once a month from the Chambers of Commerce for the agricultural products of which the prices are reported in the districts; and that after one year the question be reconsidered whether they are of any use to Government. While there is only a Statistical Officer under the Director of Agriculture they would have to be collected through that office.

21. *The common measure.*—We consider that the recording of the price in terms of imperial seers per rupee should be given up; and that the price in rupees and decimals of a rupee per imperial maund should be substituted. This measure has the advantage of working the same way as the price, that is, the units become larger when the price becomes higher and *vice versa*; it is used throughout India, and tables for converting rupees per maund into shillings per ton are easily obtainable. We do not recommend the adoption of a metrical system in lb. since it is not used over the rest of India. The conversion of prices from local into imperial measures in the price-recording stations will be as simple as at present. The price will be recorded in annas and decimals of an anna per local measure and columns (7) to (17) of the Board of Revenue's conversion table will read: "If the local measure costs one anna, the price of one imperial maund will be (in rupees and decimals of a rupee)." The amendment of the conversion table will be carried out by the Statistical section of the Board of Revenue.

22. *Publication and use.*—When the proposed scheme is in full operation, the Statistical section of the Board of Revenue will be able to keep a record of the prices of all the main agricultural products in the Presidency. They will enter every week in a posting register the retail prices of the foodgrains and salt at every price-recording station; and in another register they will enter, once a month, the wholesale prices in the districts of the main agricultural products. (Under the temporary arrangement this register will be kept in the Director of Agriculture's office, if these figures are collected.) Thus in these two registers will be found a complete record of agricultural prices for the Presidency; and since each figure entered will be an actual price, it will always be possible to work on past figures in whatever manner is required at the moment. We recommend that the weekly reports of prices in the *Fort St. George Gazette* and the Board of Revenue's annual statement of retail prices should still be published since their regular publication will forestall a possible attack on the figures based on them at the time of re-settlement. We consider that no monthly publication of figures or of economic information is necessary; but that a record of the general level of prices should be published annually by the Statistical Officer with an index number for each product, if possible, prepared by him. These index numbers must be weighted by the quantity of a crop produced in the area in which the price is recorded. The Statistical Officer will be taught in Doctor Meek's office how they should be prepared. The method of publication of these figures will be considered later in this report. We agree that it is possible to show by tables or graphs interesting relations between the price levels of crops and other statistics such as of variations in the area of a crop sown. But we consider that this, the technical side of the presentation of statistics, must await the trained statistician who will be expected to explore all methods of presenting the statistics collected, whether the information is given by him periodically or in answer to a specific request.

We do not consider it necessary to prescribe that the statistical information collected should be sent at any specific intervals to Government. The Statistical Officer

will inform departments what statistics are to be collected in the various departments and ask whether the departments would like to receive any of them periodically or whether they only require them in answer to special requests. We suggest, however, that if departments require it, a monthly table of average retail and actual wholesale prices compared with similar figures of past years by means of index numbers or by some other method, could be compiled and circulated by the Statistical Officer. It is of course doubtful if this can be done until a full-time officer is appointed under the Board of Revenue to do this kind of statistical work. We do not recommend that any information should be disseminated to the ryots, as we do not consider that the advantages to be gained could adequately compensate for the additional labour involved.

23. *The collection of current economic information.*—The kind of information which is required to gauge the economic condition of the ryot in the current and coming seasons is as follows:—

(a) Information of the condition of crops in the Madras Presidency and the prices being obtained for them;

(b) Information of the state of the same or competing crops in other parts of the world, with a forecast of likely world prices; and regular information of the state of world markets in those crops.

24. The first kind of information is already collected by various departments. For instance, the Board of Revenue collects retail prices from the Revenue department; the Agricultural department collects information of the state of the cotton crop from cotton firms and its own subordinates, and the department of Industries receives information of the state of the market for several products from the Imperial Bank. The little use that is made of these reports illustrates the need for an officer to co-ordinate economic information. The *Madras Mail* also frequently publishes information from their correspondents of the state of markets and crops, and from time to time reports in great detail the current prices in the Tiruppur, Pollachi, Udamalpet, Vizagapatam, Bellary and one or two other markets. There is thus no lack of information. All that is needed is a Statistical Officer to note for Government on the state and prospects of the crops in the Madras Presidency, using all the information obtainable from these sources.

25. The second kind of information can be obtained from publications like the crop reports of the International Institute of Agriculture at Rome, from the market reports of the Press and Chambers of Commerce, from the *Indian Trade Journal* published every Thursday by the Director-General of Statistics and directly from the Director-General himself. In our view one of the most important duties of the Statistical Officer should be to keep in touch with the Director-General and to obtain information from him. Doctor Meek has detailed to us the kind of information which he can give. It is as follows:—

26. (a) The information given in the weekly *Indian Trade Journal*. This journal is already subscribed to by the Government, but its use has been limited. The journal contains details of prices and trade movements, graphs of prices, crop forecasts, etc.

27. (b) Doctor Meek is prepared to answer any economic and statistical questions which this Government may put to him. He can, for instance, give a view if the market for a crop being grown at any time after the first forecasts are received.

28. (c) Doctor Meek can send to the Government periodically, if they ask for it, confidential information of the prospects of world crops and his view on the probable course of prices. He could not accept responsibility for any policy determined by Government as a result of the expression of these opinions: but the information would probably be useful to Government in relation to various questions.

29. It would be the duty of the Statistical Officer periodically and in response to specific enquiries, to provide information from the publications which he would receive from the Statistical sections in all departments and most of all from the Director-General of Commercial Intelligence and Statistics. In this

instance also we do not prescribe any specific periodical reports or notes to Government; for we wish to emphasise that the Statistical Officer's work should exist largely in response to the demands of Government and the heads of departments. The size of his staff and the nature and number of the returns sent by him to the Government will therefore depend directly on the use that Government wish to make of his services, and the development of his section will be an organic growth.

30. *Statistical inquiry in connexion with marketing schemes.*—Such inquiries depend upon a comparison between the ryots' selling price and the price at which the last middleman sells to the exporter. We are strongly of the opinion that it is impossible to obtain reliable figures of the ryots' selling price, and with this opinion Doctor Meek entirely agrees. The first attempt to obtain these figures was in 1887; the last in 1929 when the Co-operative Department made a detailed enquiry into the differences in price during the different stages in the marketing of the ryots' crop. But in view of the great divergencies in the methods of sale owing to which the selling price does not always represent the same kind of transaction, reliable figures have never been collected. The ryot sometimes sells the crop on the land, sometimes in bags in the village, sometimes at a market, and he may sell his rice crop after 'hulling' it for a fee at a local 'factory'. It is a frequent practice for the agent to advance money to the ryot on condition that the crop is sold to him when it is harvested, for a price from which is deducted the interest on the money advanced, and in some places the ryot sells to a merchant through an agent who takes a commission. Frequently too there is one price for the rich and one for the poor, as the poor ryot cannot hold up his crop and is at the mercy of the agent, whereas the rich ryot can dictate his own terms. Moreover, the petty merchant who visits a village habitually uses false measures, and there are recorded cases where on this account he sells at a nominal loss, but really makes a profit. The Co-operative Department regarded the figures which their subordinates collected as inconclusive though that enquiry was much more detailed than any which the officials of any department could have the time to make regularly. In 1889, the Madras Government decided that the best approximation which they could obtain to the ryots' selling price was by making a fixed deduction from the current market prices; and having regard to the varieties in methods of sale of which a few illustrations are given in this paragraph, and considering the difficulty of the regular collection of these figures, we find no reason to alter the opinion then held, and consider that, even if such figures were collected, no reliance could be placed on them nor deductions from them safely be drawn. We therefore consider that only in a special inquiry could figures of any value be obtained, and that the Settlement Officer has the best opportunity for obtaining information of this kind.

31. *The production of crops compared with the demand.*—The statistics of the volume of exports and imports will provide evidence throwing light upon this question. Figures of exports and imports by sea are published in the monthly and annual statements of the Collector of Customs. We do not consider it necessary that any figures should be periodically extracted from these compilations and published with the other statistics of agricultural products, since it should be the duty of the Statistical Officer to extract the necessary figures when they are required. (The statistics of inland trade are considered below.)

32. *The comparative profit of various crops.*—It has been suggested that the Government should be able to tell the ryot which crop is likely to be most profitable to him. Such a statement if it is to be exact must entail a comparison between the profit obtained from given areas under different crops. Each estimate of profit must rest upon three figures, the ryots' selling price, the ryots' cultivation expenses, and the production of a given area sown under a particular crop. The first figure we consider to be unobtainable regularly; the second is and will always be a matter of dispute; the accuracy of the third is doubtful owing to the Agricultural Department's inability at present to extend their crop-cutting experiments. We do not therefore consider that any regular figures of value can be obtained for this purpose.

33. But it might be intended without taking into account estimates of actual profit, to base such a statement upon the information received of probable movements of prices. We do not however consider that this information would be of such a nature as to enable Government safely to give this advice to the ryot.

34. It will be of interest to know and to publish a table giving the index numbers of wholesale prices in Madras of different crops, so that the comparative fluctuations in the prices of industrial and food crops during the past years may be seen and some idea gained which crops are tending to become more and which less profitable to grow. Such tables are being made out by the Government of India, Statistical Department, which is of course considerably better equipped to overcome the mathematical problems involved. A table of this kind has already been published for Calcutta in the Indian Trade Journal for 15th October 1931, page 175, and the Director-General of Statistics proposes to make out a similar table in that Journal for Madras. Such a table need not therefore be prepared in this Presidency, but the Statistical Officer may consider whether any other similar tables should be made.

35. *The Distribution of Trade.*—Doctor Meek lays stress on the necessity for a revival of the statistics of rail and river borne trade. The Government of India consented to revive them: but have postponed their re-introduction until the return of normal financial conditions. This Government may therefore await the re-introduction of these statistics by the Government of India.

36. *Statistics collected by the Agricultural Department.*—Doctor Meek strongly urges that the forecasts of outturns and the figures of yield and production of crops should be still prepared in the Agricultural Department under the direct supervision of the Director of Agriculture who should himself give his opinion on the crop estimates. As a result of this opinion, we have not considered the transfer of the Agricultural Statistics to the Board of Revenue, although most of the statistics originate from subordinate officials of the Revenue Department. In the preparation of the tables of yield and production in the season and crop report most of the agricultural statistics sent annually by the Collectors are used, either as data for the preparation of other tables or as a check; and the annual statistics of the area under each crop are checked with the figures of area in the forecast reports. Since therefore the majority of the statistics collected by the Agricultural Department are interdependent and the remainder are only of agricultural interest, we recommend that the Agricultural Department should continue to collect all the statistics now collected by it except the prices, which will be collected by the statistical section of the Board of Revenue. The Agricultural Department should prepare the material for the season and crop report; and the actual report should be published by the Statistical Officer (in whatever department he may be), who should add to the present publication a statement of all the prices collected, including in it the annual statement of retail prices now published separately by the Board of Revenue. He should be responsible for writing the foreword to the report, in the form of a short note on economic and agricultural conditions, the agricultural portion of the note being subject to the approval of the Director of Agriculture and the whole note being, when the Statistical Officer is under the Board of Revenue, subject to the approval of the Commissioner of Land Revenue and Settlement. He, or when he is transferred to the Board of Revenue, his successor in the Agricultural Department, should also supervise the collection of the forecast reports and the statistical agricultural returns by the Agricultural Department in the districts and in its office, and generally direct the statistical section of the Director of Agriculture under his control.

37. A considerable amount of research is necessary upon the agricultural statistics, which the Statistical Officer or his successor in the Agricultural Department would be expected to perform. For instance, Dr. Meek has asked that all the figures of outturn from the taluks for the last twenty years should be looked into so that by taking the average outturn in each place for these years and comparing these averages with the normal 12 annas, it may be seen in how many places the outturn of a crop is being generally over or under estimated.

38. *Industrial statistics.*—We consider that it matters little which department collects the industrial statistics at present obtained by the Director of Industries. But in the future many more industrial statistics may have to be collected; and conformably with the principle that each department should obtain its own intelligence, we recommend that the statistics now collected by the Director of Industries should remain in his department.

39. It will be advisable here to recapitulate the duties which we consider should be performed by the Statistical Officer. While there is only one Statistical Officer, and he is under the control of the Director of Agriculture, he will be in charge of the collection of the statistics sent in to the Agricultural Department, and will start as much of the new kind of statistical work which has been described in paragraph 5, as is possible. For this purpose he should be able to ask for and obtain information collected by the other departments. If he is able to do sufficient of this work to make the collection of wholesale price statistics of any advantage, he will also do the preliminary work to enable their collection to be made. (See paragraphs 16 and 17.) In addition he will do, as head of the Agricultural 'Intelligence' section, what research work is necessary on the agricultural statistics (see paragraph 37) and will assist the Board of Revenue in his personal capacity, when required, in the working out of the procedure for the collection of the price statistics in their new form; and when supervising the collection of agricultural statistics in the districts, he will be able to advise the Revenue Department after examining the recording of retail price statistics in the various price-recording stations. We recognize that, as he will have no increase of clerical staff, much of this work will not be done. We, therefore, urge the creation of the new appointment in the Board of Revenue as soon as practicable.

When this appointment is made, the Statistical Officer under the Board of Revenue will do the full work described in paragraph 5 above, as well as being in charge of the collection of the statistics sent to the Board of Revenue. He will not be a regularly touring officer, since his main work will be the co-ordination and preparation of economic information. He will be able to obtain any statistical information which he requires from the departments, and he should advise those departments on the best technical methods of collecting and presenting their statistics. He will obtain the material for the Season and Crop report from the officer in charge of the Statistical section of the Director of Agriculture, and after adding relevant statistics collected from other departments, presenting all the statistics in the most intelligible way and writing a general introduction, will publish an annual report on the economic and agricultural condition of the Madras Presidency, under the authority of the Commissioner of Land Revenue and Settlement.

40. *Detailed administrative arrangements and the cost to Government—(a) The Statistical Officer.*—Under the temporary arrangement suggested, the only cost will be the cost of the new Statistical Assistant's training for a few months in Dr. Meek's office; at the most, Rs. 2,000.

Under the permanent arrangement suggested for the future, it should be possible to obtain a suitable Statistical Officer on the pay and travelling allowance of a Deputy Collector. This appointment will therefore result in a recurring cost of about Rs. 7,800. The new officer will not tour regularly. The expenses of his travelling allowance should therefore not be large. The cost of his training in Dr. Meek's office for some months will, as has been suggested, be about Rs. 2,000. This expenditure would recur on the appointment of a new incumbent, and would probably be incurred more frequently if it is decided to appoint an official of the Revenue Department and not an outsider; though in any case the minimum period of appointment should be three years and the total recurring cost would be at the most Rs. 666 per annum. The cost of two peons for the Statistical Officer will be about Rs. 288 per annum exclusive of travelling allowance.

(b) *The Statistical section of the Board of Revenue.*—The staff at present working in the Board of Revenue's Office on statistics is as follows:—

One upper division clerk on Rs. 65—4—120 who does famine work and the season reports. Two lower division clerks on Rs. 40—2½—80 who maintain the rainfall and prices statistics.

The Board of Revenue are unable to take away the famine work from the upper division clerk. We recommend that when the Statistical Officer is appointed under the Board of Revenue, he should start without extra clerical staff, but should make recommendations after a short time to the Commissioner

of Land Revenue and Settlement, what extra staff, if any, he requires. It should at the beginning be very small; but we envisage later on the development of this section until it is in the charge of a separate Superintendent. This development will depend upon the work which the section is called on to do which will in its turn depend upon the uses which the various departments of Government wish to make of the Statistical Officer. When the officer is appointed the section will be doing a double work; helping him in the work of co-ordination and presentation of statistics, and collecting the statistics, as now, which are sent to the Board of Revenue.

If the reforms in the collection of price statistics which have been suggested, are to be put into force, some extra work will be required in the Board's office, at once, while the Statistical Officer is still under the Director of Agriculture. This will clearly have to be done without increase of staff, if possible.

41. If the Statistical Officer under the Board of Revenue should require at the beginning one extra lower division clerk, the recurring cost will be about Rs. 660. The cost of publication of the new material which he will add to the Season and Crop report will be negligible. We do not take into account the cost of the possible development of the section, as such new commitments do not automatically follow from these recommendations, but will depend upon the use which Government wish to make of the Statistical Officer. Meanwhile if the suggested reforms in the price statistics are put into operation, there will be a recurring expenditure of about Rs. 135 on new registers: but one may set off against this the discontinuance of printing the old registers.

42. (c) *Statistical sections of the Agricultural Department and Department of Industries.*—The establishments in these departments doing statistical work (one Superintendent and four clerks in the Agricultural Department, and one clerk in the Department of Industries) will be doing the same work, and may remain at the same strength as at present.

Even while the Statistical Officer is still under the Director of Agriculture and is attempting to start some of the new statistical work, we cannot, for financial reasons, contemplate any addition to the staff in the Agricultural Department for this purpose.

43. *The preparation of an index number of the cost-of-living.*—The Government requested the Committee to consider whether it would be possible to provide evidence for varying a proportion of Government servants' pay by producing an index-number of the cost of living for those classes to which Government servants belong. We consider that it is only possible to produce an unsatisfactory approximation to a true figure, that the possession of figures which can be attacked at every point is likely to be more of an embarrassment than an advantage to Government and that the results obtained will not justify the labour involved. We therefore recommend that no cost of living index number be prepared.

44. *Summary of the recommendations.*—(1) That as soon as financial conditions improve, a Statistical Officer should be appointed under the Commissioner of Land Revenue and Settlement responsible for the co-ordination of the statistics collected by all departments, and for providing all economic and statistical information required by Government. That the Statistical Officer should be recruited not necessarily from among Government servants, and that he should be trained for some months in the office of the Director-General of Commercial Intelligence and Statistics, Calcutta. (Paragraphs 4 to 7.)

(2) That the statistical work in each department should be developed separately from the other work of the department; and that ultimately each department should have its own intelligence section. (Paragraph 3.)

(3) That retail prices of food-grains and salt should be recorded and reported once a week in price-recording stations and converted into terms of rupees per imperial maund. (Paragraphs 8—14 and 21.)

(4) That the prices now published weekly in the *Fort St. George Gazette* should continue to be published in the same manner: but that there should be no monthly publication of prices. (Paragraph 22.)

(5) That wholesale prices of the main agricultural products in the districts should be obtained from the Imperial Bank, and possibly those for Madras from the Madras and Southern India Chambers of Commerce. (Paragraphs 15 to 20.)

(6) That the retail and wholesale prices should be published with the Season and Crop report annually, under the direction of the Statistical Officer. (Paragraph 36.)

(7) That the Statistical Officer should obtain for Government all information which they require about world markets and the probable prices of agricultural products, from the Director-General of Commercial Intelligence and Statistics and other sources. (Paragraphs 23 to 29.)

(8) That all statistics (except those of prices required by the Director-General of Commercial Intelligence and Statistics) collected by the Agricultural Department and the Department of Industries should continue to be collected by those departments; and that the Agricultural Department should continue to prepare the material for the Season and Crop report. (Paragraphs 36—38.)

(9) That since owing to the present financial conditions it will not be possible to appoint a new Statistical Officer, the following temporary arrangements should be made. In order to fill the vacancy which will occur in the post of Statistical Assistant to the Director of Agriculture in next October, a man should be selected who will ultimately be transferred, provided his work is satisfactory, as Statistical Officer under the Board of Revenue; that before he joins his post he should be given a few months training in the office of the Director-General of Commercial Intelligence and Statistics and that in choosing him Government should bear in mind the qualifications which we have suggested to be desirable. This officer, as well as supervising the collection of the agricultural statistics in the Agricultural Department will start as much of the new statistical work as he is able, without staff. If he is not given preliminary training, then we recommend that no part of the new statistical work be attempted until a new officer can be appointed under the Board of Revenue, and that that officer should not be chosen until that appointment is to be made. (Paragraphs 4, 5 and 6.)

(10) That no dissemination of statistical or economic information to the ryot should be attempted. (Paragraph 22.)

(11) That no successful attempt can be made to obtain regular figures of the ryots' selling price of grain owing to the varying methods of sale which will make the figures statistically incomparable and owing to the difficulties of their collection; and that therefore no regular statistics can be collected which will give to Government any information either upon the possibility of starting new marketing systems or to make it possible to determine the actual profit to the ryot from a particular crop sown on a particular area. (Paragraphs 30 and 32.)

(12) That the question of obtaining statistics of rail-and-river-borne trade need not be considered now, since it is being examined by the Government of India. (Paragraph 35.)

(13) That no index-number of the cost of living should be prepared, since no satisfactory result could be obtained. (Paragraph 43.)

45. We desire to express our appreciation of the great help given to us by Doctor Meek. His expert advice was invaluable to us and enabled us to make proposals which while being acceptable from his point of view will also, we trust, be equally acceptable to the Government of Madras.

We also desire to state, that but for the care and insight shown by Mr. Trevelyan into the somewhat difficult subject, with which we have dealt,—an insight remarkable in so young an officer—our labours would have been far more difficult than they have been. We must express our great appreciation of his work.

L. B. GREEN.
D. ANANDA RAO.
C. A. SOUTER,
Chairman.
H. TREVELYAN,
Secretary.

Government of Madras

REVENUE DEPARTMENT

G.O. No. 1000, 11th May 1932

Prices—Statistics—Co-ordination—Committee—Report published.

Order—No. 1000, Revenue, dated 11th May 1932.

The Committee which was appointed in G.O. No. 2002, Revenue, dated 22nd September 1931, to advise the Government on the recommendation of the Economic Depression Enquiry Committee that a bureau of statistics should be constituted, has submitted its report. The report will be published for general information.

Orders on the recommendations contained in the report will be issued in due course.

(By order of the Governor in Council)

J. A. THORNE,
Secretary to Government.

To the Board of Revenue, Land Revenue and Settlement.
,, the Director of Industries.
,, the Director of Agriculture.
,, the Accountant-General, through Finance Department.
,, the Members of the Committee.
,, the Director-General of Commercial Intelligence and Statistics, Calcutta, with C.L.
,, Dr. D. B. Meek, O.B.E., M.A., D.S.O., through the Director-General of Commercial Intelligence and Statistics, Calcutta, with C.L.
,, the Secretary, Economic Depression Enquiry Committee, Trivandrum.
,, the Secretary, Economic Development Committee, Cochin Government, Trichur.
,, the Public, Development and Finance Departments.
,, the Superintendent, Government Press, for publication and supply of the report to the authorities eligible to get papers placed at the disposal of the Press.

GOVERNMENT OF MADRAS

REPORT OF THE ⁶
POWER ALCOHOL COMMITTEE
1939



MADRAS

PRINTED BY THE SUPERINTENDENT, GOVERNMENT PRESS

1939

Price six annas.

For official use only.

X9(F5A-55).21.N46

99

Report of the Power Alcohol Committee.

Introduction.—The question of production of power alcohol and its use as motor fuel has been attracting a great deal of attention in India in recent years. Some of the main reasons for this increased interest in the subject are (a) the rapid development of the sugar industry in this country in recent years and the accumulation of large amounts of molasses, amounting to anything between 400 and 500 thousand tons, the disposal of which, preferably at a profit, has been presenting a serious problem to all concerned; (b) the imperative need for providing an outlet for the alcohol manufactured in the present distilleries, now that the policy adopted by several Provincial Governments forbid the manufacture and sale of alcohol for potable purposes within specified prohibited areas; and (c) the desirability of developing an indigenous supply of motor fuel as an alternative to petrol which is produced in this country to the extent of only about 15 per cent of the total consumption in India.

Committees for investigating the problem of power alcohol production have already been appointed by the Bihar, United Provinces and the Bombay Governments, but their reports have not been released yet for publication. The Government of Madras appointed recently (G.O. No. 283, dated 11th November 1938) a Committee for the purpose consisting of the following gentlemen:—

- (1) Mr. D. N. Strathie, I.C.S., Member of the Board of Revenue and Commissioner of Excise and Separate Revenue (*Chairman*).
- (2) Mr. L. B. Green, M.B.E., Director of Industries, Madras.
- (3) Sri N. S. Varadachari, M.A., B.L., Parliamentary Secretary to the Hon'ble the Minister for Agriculture and Rural Development.
- (4) Dr. B. B. Dey, Professor of Chemistry, Presidency College, Madras (*Secretary*).
- (5) Dr. T. R. Seshadri, M.A., PH.D. (Manch.), F.I.C., Professor of Chemistry, Andhra University.
- (6) Dr. S. V. Ananthakrishnan, M.A., PH.D. (Lond.), Professor of Chemistry, Annamalai University.
- (7) Dr. C. N. Acharya, M.Sc., PH.D. (Lond.), A.I.C., A.T.C., Indian Institute of Science, Bangalore.
- (8) Mr. W. W. Ladden, Managing Director, Messrs. Simpson & Co., Madras.
- (9) Mr. C. Mainprice of Messrs. Parry & Co., Ltd., Madras.
- (10) Sri D. L. Narasimha Raju, B.A., B.Sc. (Lond.), A.G.G.I., M.L.A., Managing Director, The Andhra Engineering Company, Ltd., Vizagapatam.

The Committee was requested to make definite recommendations on the following points with special reference to the circumstances existing in the Madras Presidency:—

- (1) The question of production of power alcohol from molasses.
- (2) The best method of manufacture of power alcohol.
- (3) The best method of manufacture of petrol alcohol mixture.

The Committee met five times in Madras, viz., on November 24th, December 5th, 12th and 13th and January 12th. At these meetings the literature on the subject collected already by Government as well as that contained in the report of the Bihar and United Provinces Government Committee and the Bombay Committee, copies of which were available for private reference only, and also further data and information supplied by members of the Committee were considered in detail.

I. Definition of power alcohol.—Alcohol of 95–96 per cent strength which has so far been used in India, possesses several defects as a source of power, when mixed with petrol, not the least of which is the ease of separation of such mixture into two layers. It is now generally admitted, therefore, that only absolute alcohol, that is, alcohol free from water, could be used satisfactorily for blending petrol as motor fuel. The Committee considered that the term power alcohol should be restricted to alcohol containing not more than 0.5 per cent by volume of water.

II. Use of power alcohol as motor fuel.—The experience available in India on the use of alcohol as motor fuel is at present very limited. The Committee examined as witness Mr. R. Anantha Subramaniam, Secretary of the Mysore Sugar Company, Ltd.,

who furnished much valuable information on the actual expenses incurred in the production of 96 per cent alcohol, based on three years' experience in the factory at Mandya. Alcohol of 95-96 per cent strength unmixed with petrol, has been used by the Mandya Sugar Factory with satisfactory results in the running of tractors, lorries, buses and even cars which are provided with special readjusted engines. Mixtures of 60 parts of such alcohol and 40 parts of petrol have also been used for running buses at Bangalore without any adverse effects on the car engines being observed (see Appendix A).

In Mandalay (Burma), Charlton, J. Charlton (1937)—"Power and Industrial Alcohol—Possibilities of manufacturing in Burma."—Agricultural Survey No. 24 of 1936 of the Department of Agriculture, Burma, obtained satisfactory results with the usual types of engines by the use of petrol alcohol blends containing up to 25 per cent of absolute alcohol.

The very extensive experiments which have been carried out in the last four or five years in Europe and America have, however, conclusively proved that petrol alcohol blends could be successfully used for operating the present types of cars and buses without making any alterations or adaptations in the engines or carburettors subject to the condition that the alcohol content did not exceed 25 per cent of the blend. Relying on the experiments reported in Hubendicks *Spiritus Motoren*, the Committee also believes that the hygroscopicity and consequent danger of separation of alcohol and petrol have been greatly exaggerated.

III. The Committee is unanimously of opinion that the manufacture of power alcohol and its admixture with petrol would in the present state of the sugar industry in India be an economic proposition, and that it should be encouraged and developed by the Government in national interests. It supports the proposition by the following arguments:—

- (a) It is desirable to render the country more self-sufficient even for ordinary times and particularly in the event of war. The possibility of the exhaustion of the present petrol supplies of the world cannot also be completely ignored.
- (b) An outlet must be found for the large quantities of molasses which are not only going to waste but the disposal of which is now a most serious problem.
- (c) It is desirable, particularly in the Madras Presidency, to develop further the sugar industry. Madras now produces only 33,000 tons of sugar; out of its present consumption of 100,000 tons. This help to the sugar industry will be specially necessary as "Prohibition" is extended and the present use of molasses to make arrack becomes impossible.

The Committee feels that even if it is eventually found that power alcohol cannot be marketed at the same price as petrol, the Government of India should, in national interests, be urged to face some loss of revenue and to levy a lower duty on power alcohol than on petrol.

The Committee is satisfied from experience gained in other countries and from the results of such experiments as have been carried out in India, that absolute alcohol can be mixed in a satisfactory manner with petrol so as to be used in ordinary cars without any alterations or intricate adjustments being necessary.

The Committee has no hesitation in recommending that legislation to enforce such mixing is justifiable in national interests.

IV. *Raw materials.*—The terms of reference to the present Committee restrict them to an examination of the manufacture of power alcohol from molasses alone. In view, however, of the shortage of molasses available for this purpose in the Presidency, the Committee also considered incidentally the possibility of using other raw materials such as (a) waste jaggery, (b) cane tops, (c) sugarcane, (d) palmyra and coconut juice, (e) sweet potatoes, (f) Mohua flowers and (g) cashewnut fruit for the manufacture of power alcohol. A note on this subject has been submitted by a member of the Committee (vide Appendix B). The Committee considered the matter carefully and came to the conclusion that owing to the insufficient and irregular supply of materials and their high costs, none of these commodities could be considered as primary raw materials for the production of power alcohol in this Presidency, although, in some localities and in some particular seasons when they could be obtained cheap, some of these materials might be used as supplementary sources for the manufacture of power alcohol. Under the present circumstances, therefore, the location of the power alcohol distilleries must inevitably depend on the supplies of molasses.

V. *Process for manufacturing power alcohol.*—A note on this subject prepared by one of the members of the Committee is given in Appendix C. The Committee considered the relative merits of the different processes in use and came to the conclusion that the Azeotropic method using benzene, especially Melle's Fourth Technique, was suitable for the larger distilleries with a production capacity of about 1,000 gallons per day; whilst in the case of smaller distilleries, especially in areas where gypsum was available, the gypsum method of dehydration of alcohol should prove equally economic and efficacious.

VI. *Cost of manufacture.*—The Committee devoted considerable attention to the question of cost of manufacture of power alcohol in distilleries of different sizes. At present the Mandya Sugar Factory is the only concern which is manufacturing absolute alcohol in India, but as the necessary equipment for the above purpose has been obtained and set up only very recently, it would be sometime before reliable figures for the cost of production of absolute alcohol would be available. The above factory has a production capacity of about 1,500 gallons per day and worked last year for nearly 220 days and the cost of production of 96 per cent alcohol has been found to be about 5 annas 6 pies per gallon. If we add to this interest at 6 per cent per annum on the capital (10 pies per gallon), which was not included in the calculation and also the cost of dehydration (one anna per gallon), the total cost would come to about 7 annas 4 pies per gallon of absolute alcohol by the method of manufacture in two stages Melle's First Technique adopted at this factory.

An estimate of the cost of production in a factory of moderate size with an output of 400,000 gallons of alcohol per annum working on Melle's Technique is given in Appendix D.

The Committee also discussed at length estimates for the cost of production of absolute alcohol in smaller distilleries with capacities of about 800 gallons per day, the absolute alcohol being made directly from the mash by the latest improved processes. An estimate of the cost of production in a factory producing 135,000 gallons (900 gallons per day for 150 days) is given in Appendix E. The conclusion arrived at was that even in such cases the cost of production inclusive of interest and capital should be about 7 annas 7 pies per gallon.

VII. *Location of factories.*—(1) The Committee considered in detail the question of the types of distilleries to be recommended and their location, bearing in mind the particular conditions existing in the Madras Presidency. Considering the fact that the cost of production would be materially reduced in the larger distilleries, and that the sugar producing areas are more or less equally distributed in the northern and southern halves of the Presidency, the Committee felt that the ideal arrangement would be to start two main distilleries one to meet the power alcohol requirements of the northern half and the other that of the southern half of the Presidency.

(2) The Madras Presidency consumes at present about 17 million gallons of petrol, and even assuming that Government fixed a ratio of only 15 per cent of alcohol in the proposed petrol alcohol blends, the total requirements of alcohol for this province would amount roughly to 255,000 gallons, for producing which about 42,500 tons of molasses would be necessary, calculating an average yield of 60 gallons of alcohol per ton of molasses. The amount of molasses produced in the sugar factories operating in this Presidency comes at present barely to about 15,000 tons and of this amount some five to six thousand tons are being actually utilized for other purposes, e.g., for the preparation of potable alcohol, for curing tobacco, for use as fertilizers, etc. The surplus of molasses available for manufacturing power alcohol would thus not exceed 10,000 tons at present. This amount moreover is distributed in small quantities only among the different factories scattered throughout the Presidency, so much so that the amount available at any one centre for the purpose of starting a power alcohol distillery of a moderate size is quite inadequate.

(3) In view of these facts the Committee was inclined to be rather sceptical in the beginning with regard to the possibility of making this Presidency self-contained in the matter of production of power alcohol. The Committee feels, however, that the situation would alter in a few years and that it would be reasonable to expect that it would be possible to start such large distilleries in the near future. The production of sugar in the Bezvada area, especially near Vuyyur, is likely to undergo great expansion in the coming year, in which case this sugar factory alone might produce sufficient molasses to run a power alcohol distillery on such a scale as would enable the whole of the alcohol requirements of the northern parts of the Presidency being supplied by this source.

(4) In the south, the factory at Nellikuppam is at present using almost all its molasses for the preparation of potable spirits, the surplus available being estimated at hardly 1,000 tons per annum. If in accordance with the policy of the present Government "Prohibition" be extended to the southern areas, this factory should alone be able to supply almost all the power alcohol requirements of the southern districts of this Presidency. It must be stated, however, that the requirements of the town of Madras and the adjoining areas which consume about five million gallons of petrol, i.e., about a third of the total consumption of the Presidency, and need about 750,000 gallons of alcohol at 15 per cent blending and hence about 12,500 tons of molasses, must have to be met from outside sources. Considering the fact that the Presidency is at present producing not more than 30 per cent of its requirements of sugar and in view of the fact that the Government is making strenuous efforts to increase the area under sugar, it may be possible at a later stage to make the whole of the alcohol required for this Presidency from the molasses produced within the Presidency itself.

VIII. *Establishment of small distilleries.*—(1) The facts narrated above appear therefore to rule out the possibility at the present time of starting large scale power alcohol distilleries at only a few specified centres and the Committee passed on to a consideration of the feasibility of starting smaller distilleries at certain favourably situated centres for meeting the power alcohol requirements of the surrounding localities, the figures given in Appendix E being accepted as the basis for calculation of the cost of production of a gallon of alcohol in such factories. For this purpose the Madras Presidency was divided into a number of areas comprising contiguous districts as shown in the table in Appendix F and the supply of molasses and the power alcohol requirements of each area were examined separately.

(2) Area No. 1 comprising East and West Godavari and Vizagapatam, produces more than enough molasses to meet its immediate requirements of power alcohol. This is scattered, however, among the five factories working in this area, the distance between them being such as would render the collection of all the molasses produced in this area at one centre for conversion into alcohol uneconomical. It was deemed possible, however, for one of the larger factories, e.g., the refinery at Samalkota, to collect the molasses from the neighbouring factories and to start a distillery on a sufficiently large scale for meeting the whole of the requirements of power alcohol of this area. The Committee is of opinion that the Government should later, i.e., in the light of future developments in Hospet, etc., invite tenders from one or more distilleries for the production and supply of about the required quantity of power alcohol in area No. 1 at a price to be fixed according to experience gained in the working of the power alcohol factories elsewhere.

(3) As regards area No. 2 comprising Kistna, Guntur and Nellore, the Committee felt that much would depend on the satisfactory working of the Vuyyur Co-operation and Credit Society. This factory has not so far fulfilled the expectation which had been raised, the actual cane crushed last season being not even a quarter of the total crushing capacity and the season extending over fifty days only. It may be reasonably hoped, however, that the factory would be able to crush about 65,000 tons of cane in the present season. This would correspond to a molasses production of about 2,400 tons, an amount which would be sufficient for supplying a large part of the power alcohol requirements of this area. Nellore district could be omitted in the first instance if the supplies were inadequate or the proportion of alcohol in the mixture could be suitably reduced.

(4) Area No. 3 comprising Bellary, Cuddapah, Anantapur and Kurnool seems at present to be the most favourably situated for the production and use of power alcohol. A large part of the power alcohol requirements for this area could be covered by starting a distillery at Hospet dealing with about 2,000 tons of molasses per annum. The isolated position of Hospet and the impossibility of its interfering with future developments in other areas constitute one of its important advantages and the Committee recommends therefore that this area might be selected for notification by Government for the operation of the Power Alcohol Act as soon as it becomes Law.

(5) Area No. 5 has, as mentioned already, a large supply of molasses at Nellikuppam, but this supply is at present not available for purposes of making power alcohol. With the extension of prohibition, however, it is expected that the whole of its molasses production would be available for making power alcohol, and this centre would thus, in the course of time, be able to supply power alcohol not merely for its own area but perhaps for all the southern districts of the Presidency.

(6) Area No. 6 comprising Salem, Coimbatore and the Nilgiris, has at present no adequate supply of molasses of its own. But the suggestion has been made that a part of the surplus alcohol produced in the Mandya Sugar Factory could conveniently be

diverted to meet the power alcohol requirements of the contiguous districts. The Committee was given to understand that for some years to come there might be an excess of about 2,000 tons of molasses at the Mandya factory which would be beyond the requirements of the Mysore State. It thus seems possible that the surplus production of Mysore might be used for meeting the needs of Salem district which requires 115,182 gallons of power alcohol. If this materializes the Committee would recommend that this district be included in the area to which the proposed Act should extend together with the Nilgiris if more molasses were available.

(7) As regards the other areas, the Committee is of opinion that the present local resources do not warrant the starting of power alcohol distilleries in the near future in these areas. The cases of these areas might be re-examined later on in the light of further developments of the sugar industry which might take place or in the light of alternative cheap and convenient sources of raw materials for the production of power alcohol, which might become available in those areas.

IX. *Management of Factories.*—The Committee believes that the cost of production would be lowest if the proposed power alcohol distilleries were attached to the existing sugar factories, and were run by the managements of the latter. The sugar manufacturers should, therefore, be encouraged by all means to start the distilleries themselves and it is only when private enterprise is not forthcoming or is found to be inefficient that the possibility of the running of distilleries by Government may be considered. The manufacture of such power alcohol by private agencies, should, of course, be subject to excise regulations and under the control of the Excise Department of the Government. The Government should enter into a contract for the purchase of a stipulated quantity of alcohol per annum at a price fixed by Government for each distillery, depending on the location of the factory and on such factors as the price of labour, fuel, etc. The quantity so purchased by Government will be made over by the factory to certain specified petrol dealers according to the instructions of the Government. Factories may be permitted to produce alcohol in excess of Government requirements and to sell it to private parties in accordance with such rules and regulations as may be framed by Government for the purpose from time to time.

X. *Manufacture of alcohol petrol mixture.*—Although blends containing 25 per cent absolute alcohol have been employed with success in running motor vehicles without any alteration or adaptation of the engines being found necessary, the Committee deems it advisable in view of the shortage of molasses and other reasons to make a beginning with 10 to 15 per cent of power alcohol in those areas where power alcohol distilleries would be permitted to be started, and the Power Alcohol Act enforced.

XI. *Denaturation of power alcohol.*—The Committee paid considerable attention to the question of suitable denaturants for power alcohol to make it unfit for human consumption. The suggestion that petrol itself might serve as a sufficiently satisfactory denaturant, obviating the necessity for the addition of a second denaturant, was carefully examined in the light of experiments carried out in the laboratories of the Excise Department and elsewhere. It was found that the extraction of alcohol from such alcohol petrol blends by means of water was not difficult, the small amounts of petrol in the aqueous alcohol layer being easily recovered by a single distillation. The addition of a denaturant other than petrol was therefore considered necessary and after full discussion, the Committee decided in favour of pyridine (0.5 per cent on the alcohol) as a good denaturant for the purpose. (One of the members of the Committee prefers wood-spirit to pyridine on the ground that pyridine is more expensive and that it has to be imported.) Unless serious abuses are subsequently brought to light, the Committee considers this to be sufficient. The power alcohol should be denatured at the distillery itself and then transferred in sealed vessels to the petrol depots and the blending carried out under excise supervision.

XII. *Legislation.*—(1) The introduction of power alcohol into popular use could be best secured through the blending, by statute enforced, of petrol with alcohol in certain definite proportions (see paragraph X) and in certain definite areas to be notified by Government from time to time.

(2) The purchase from Government by the petrol distributing companies of a quantity of alcohol in proportion to the sales of petrol in the areas notified by Government, and the mixing of such alcohol with petrol in the proportion prescribed by Government have to be enforced by a special Act.

(3) Government will undertake to purchase from the power alcohol factories a stipulated quantity of alcohol at a price fixed for the year, and will sell the same to the petrol distributing companies in the notified areas at prices fixed by Government with

reference to the local price of petrol in those areas. The margin of profit, if any, in those transactions will be credited by Government to a separate fund which might be used for the purpose of developing the power alcohol industry in the Province.

(4) For ensuring the success and popularity of the scheme it is necessary that Government should exercise some control over the retail prices at which the alcohol petrol mixtures are sold to the public in the different notified areas.

(5) The work of supervision, control and enforcement of the rules and regulations framed by Government under the Power Alcohol Act should be entrusted to the Excise Department, a special power alcohol branch being created if found necessary.

XIII. Our conclusions therefore are that the mixture of alcohol with petrol for use in motor vehicles is a practical proposition, that it is desirable that Government should take steps to make the use of such mixture compulsory, that in time this Presidency may be able to supply all its requirements of absolute alcohol and that a beginning may be made in the areas suggested and that further steps be taken in the light of the experience gained there and by the Mysore Government at Mandya.

20th February 1939.

B. B. DEY,
Secretary.

20th February 1939.

D. N. STRATHIE,
Chairman.

APPENDIX A.

NOTE SUBMITTED BY MR. ANANTHASUBRAMANIAM.

1. *Cost of production of power alcohol.*—We must first decide what we mean by the expression 'power alcohol'. The Government of India, in their resolution of 1927 defined industrial alcohol as spirit of the strength of 55° O.P. and above. The Joint Power Alcohol Committee set up by the Governments of the United Provinces and Bihar defined power alcohol as dehydrated ethyl alcohol of at least 99.4 per cent by volume.

In Mandya we have installed a dehydrating column and have just been able to produce dehydrated ethyl alcohol of 99.4 per cent strength. It is proposed to utilize this alcohol for purposes of an admixture with petrol to be sold as motor fuel.

As regards cost of manufacture of power alcohol we have, in our letter of August 1937, mentioned the cost of production. "We have no information on the cost of production of absolute alcohol, but the manufacturers of the plant claim that absolute alcohol can be produced at a cost of 5½ annas per gallon after paying for molasses at the rate of Rs. 7 per ton and assuming that the distillery is worked as an adjunct to an existing sugar factory. In this connexion, it may be stated that the entire question of the production of power alcohol from molasses has recently been investigated by a joint Committee appointed by the Governments of the United Provinces and Bihar. It is understood that according to this Committee, the cost of production of power alcohol will be in the neighbourhood of 6 to 7 annas per gallon." As stated, we have as yet no definite data regarding cost of manufacture of absolute alcohol. It should be possible for the Mysore Sugar Company, to arrive at some definite figures on this point, in a couple of months' time.

The main point with reference to cost of manufacture is the cost at which molasses can be obtained for the purpose of being converted into absolute alcohol. In Mandya, we have a surplus of molasses. We reckon the value of molasses at Rs. 7 per ton, which represents its equivalent fuel value, if molasses, instead of being used for manufacture of absolute alcohol, is burnt under the boilers. Based on this calculation, the estimated cost of production for spirit of 96 per cent strength has been in the neighbourhood of 5½ annas per gallon. We reckon that it would cost an anna more for dehydration purpose so that the cost of manufacture of absolute alcohol would be between 6 and 7 annas per gallon.

2. *Trials made at Mandya with power alcohol as fuel.*—As already stated above, we have just begun to produce absolute alcohol and we have not yet started experiments with the use of this alcohol. We have, in Mandya, gained some experience with the use of power alcohol of 96 per cent strength, both by itself and also as an admixture with petrol. On our locomotives and tractors, which have been specially designed to run on power alcohol, we have experienced no trouble and they have given entire satisfaction. On the motor lorries also, which have high compression engines, viz., Fords and Internationals which have high altitude pistons, we have had very satisfactory results with the use of power alcohol. In regard to experiments conducted on pleasure cars, from experience we have found that the engines of these cars require certain adjustments in order to make them adaptable for running on alcohol of 96 per cent strength.

The main conclusion we have arrived at is that 96 per cent alcohol does not form a stable mixture with petrol in all proportions. Experience has shown that an admixture of alcohol of less than 60 per cent with petrol does not make the mixture a stable one. It is understood that in Brazil mixture of alcohol with petrol is stable in all proportions.

3. *How much excess of molasses over local requirements would be available for sale from the Mandya factory.*—The factory at Mandya would normally produce about 10,000 tons of molasses per annum, if the present rate of output of sugar is maintained. We have built up a demand for the consumption of products obtained out of about 3¼,000 tons of molasses and with a view to utilize the excess quantity that is now available, it is proposed, with the co-operation of Government, to produce absolute alcohol, which under legislative enactment will have to be compulsorily mixed with petrol and sold as motor fuel. The normal sale of petrol in the Mysore State is 2,700,000 gallons per annum, and on the basis of an admixture of 15 per cent alcohol, we expect an out-take of 350,000 gallons of absolute alcohol which would account for another 5,000 tons of molasses; i.e., about 2,000—1,000 tons available for a year or two; practically no surplus later. Capacity 1,500 gallons for 24 hours expect to work 320 days.

APPENDIX B.

POSSIBILITIES OF RAW MATERIALS FOR PRODUCTION OF POWER ALCOHOL.

For power alcohol to be a success, the cost of the alcohol to the consumer should be the same as that of petrol. It may be necessary therefore in attempting to promote this basic industry to find ways and means of obtaining the above condition (1) by procuring suitable cheap raw materials, (2) by cutting down the cost of production, (3) by removing partly or wholly the tax that is now levied on alcohol intended for burning purposes, (4) by Government's subsidy. In the present note the possibilities of available cheap raw materials for power alcohol production are considered. The question of reduction of duty or of Government subsidy may have to be considered from the results of this enquiry.

1. *Molasses*.—Owing to the conditions prevalent in India, the current price of molasses is very low and is practically nil near the sugar factories. The Indian Molasses Company, Calcutta, paid 1 anna 5 pies per maund (82.7 lb.) of molasses during 1936-37 season and even when freight is paid for transport, owing to the concessions offered by the railway companies, the increase in the cost is not very considerable. But it should be remembered that the price of this material may go up in course of time. According to the rough estimates available, only 13,000 tons of molasses are produced in this Presidency and of these nearly 5,000 tons seem to be used for the production of alcoholic beverages. The remaining quantity can give us only 500,000 gallons of alcohol, whereas much more (total about 22½ lakhs gallons) will be needed, if uniform distribution of power alcohol should be available throughout the whole Presidency. The quantity of molasses can be expected to increase in the near future to some extent due to the increased production of sugar in this Presidency and to a further extent due to the introduction of prohibition. But still there is a large need for the development of our resources for power alcohol and I have taken up for consideration only those raw materials which can be employed directly as substitutes for molasses without any elaborate preliminary treatment and I have attempted to work out the probable contribution of the cost of the raw material towards the price of the final product, power alcohol.

2. *Jaggery*.—The price of this material fluctuates enormously depending upon the season and the current price of sugar. At times it is very cheap and distilleries buy large quantities and stock the material. It may be mentioned that the inferior quality of jaggery, which is soft and which is not much in demand, does not make any difference in alcohol production. We can safely fix the available price for jaggery at 8 annas per maund of 25 lb. or Rs. 1-10-6 per maund of 82.7 lb. Taking the average of 4.15 gallons of absolute alcohol per maund (82.7 lb.), the cost of the raw material per gallon of alcohol is Re. 0-6-4.

3. *Cane tops*.—It has been estimated by W. L. Owen (I.S.J. 1936, page 431) that about 20-25 per cent of the cane is removed as cane tops unfit for crushing. Only a small fraction of this is employed as seed and the rest is at present being wasted and can very well be used for the production of alcohol. One ton of these tops is estimated by him to produce seven gallons of alcohol. It is not used by the sugar factory because of the high content of glucose in the juice; but this is not a disadvantage in the manufacture of alcohol. The material should be very cheap and the cost of it can be put more or less on the same level as that of molasses. It has of course to be crushed to obtain the juice but a considerable amount of bagasse will be obtained which as fuel can pay the cost of crushing.

4. *Sugarcane*.—This offers a very good raw material for distilleries situated in sugarcane growing tracts. It can be crushed and the juice can be employed directly for fermentation. Taking the average economic price of cane per ton as Rs. 6, since one ton of cane (15 per cent total sugars) can yield fifteen gallons of alcohol, the cost of this raw material per gallon of alcohol will be about 6 annas. There are some advantages in the use of this. Even canes that are not quite ripe may be employed because the difference is only due to the presence of glucose in the place of sucrose. Further as has been suggested by W. L. Owen, canes considered to be of inferior quality for sugar manufacture but yielding very high tonnage (such as 36x of Louisiana which yields 52 tons per acre) could be obtained very cheap for this purpose without any disadvantage to the process of distillation. Here again the cost of crushing will be met by the fuel value of bagasse.

5. *Palmyra palm and coconut palm juice*.—This should be a very good source for the production of alcohol if used directly. The palmyra juice contains as much fermentable sugar as the sugarcane juice. The present price of the juice or of the palmyra jaggery cannot be taken as an index of the correct economic value of the material, since in most districts it still finds use as a beverage after fermentation. It is difficult to be accurate in stating the exact price at which it is available in districts where prohibition has been introduced or will be available all over the Presidency in course of time. It could, however, be surmised on a rough estimate that this raw material will cost almost the same as the cane juice.

6. *Sweet potatoes*.—In several parts of this Presidency, sweet potatoes are grown in large quantities. Recent analysis made in the Andhra University laboratories shows that it contains about 20-22 per cent of fermentable carbohydrates (4 per cent sugars and the rest starch) and it can yield about 27 gallons of power alcohol per ton. The cost of this raw material which is now mainly produced for edible purposes, is about 13 annas gallon of alcohol. It is quite possible that when large quantities are grown for the production of alcohol this cost may come down to two-thirds or even to half. In that case, the cost of raw material per gallon of alcohol will be about 8½ annas or 6½ annas. It should be noted, however, that there is need for preliminary saccharification of the starch.

7. *Mohua flowers*.—This material is very cheap at the site of production. For distilleries located at a distance, the freight becomes the chief item. Further it seems to be much in demand for the production of beverages, owing to the fine flavour it imparts to the alcohol.

Since there has been some delay in my obtaining information regarding the current price of the flowers I have to postpone the final estimate of the cost of the materials necessary for producing on gallon of power alcohol.

Obviously there is the possibility of one or more of the above raw materials in every part of the Presidency offering adequate scope for the production of power alcohol. Excepting molasses the present cost of the raw materials is rather high and hence there will be need for the reduction of

the excise duty on power alcohol. Owing to the fact that alcohol is of vital importance to the development of several industries, its production should be encouraged as is done in several of the forward countries in the world by offering special facilities such as reduction or complete removal of duty, cheap freight and cheap denaturants.

APPENDIX C.

NOTE ON THE DIFFERENT METHODS OF MANUFACTURE OF POWER ALCOHOL.

Before 1923, alcohol of 95-96 per cent strength only was available for use as a source of power. Merck were, of course, preparing small quantities of 99.6 per cent to 100 per cent alcohol by distilling rectified spirits over quicklime and later over metallic sodium, but the product thus obtained was too costly to be used for power purposes.

In 1923, the Distilleries des Deux-Sevres et Melle worked out a commercial process for the manufacture of absolute alcohol of 99.8 per cent to 100 per cent strength by using benzene for the azeotropic separation of water. This process was soon followed by others, e.g., Drawinol process, Haig process, gypsum process, the Bauxite process, etc. These methods have been rapidly improved during the last ten years, so much so that absolute alcohol which used to cost about Rs. 10 per gallon some 15 years ago, can now be marketed in India at 6 to 8 annas per gallon exclusive of duty.

The processes at present in use for the manufacture of power alcohol, could be grouped under two heads—viz., (a) azeotropic methods, and (b) salt dehydration methods. In the azeotropic methods a liquid entraining agent is used, which forms an azeotropic mixture of alcohol, water and the entraining agent which possesses a lower boiling point than the individual constituents present or combinations of them two by two. Hence during distillation the azeotropic mixture passes over first, carrying with it all the water. The entraining agents, whose use has been developed on a commercial scale are benzene in the Melle process and trichlorethylene in the Drawinol process.

In the salt dehydration method, 93-95 per cent alcohol is vapourized and passed through a column containing the dehydrating agent, which can either be a liquid, e.g., alkali acetates dissolved in absolute alcohol as in the Haig process or a solid, e.g., gypsum as in the process patented by the I. G. Farben Industrie or quicklime as in the older Merck process.

The patentees for the major processes are—

- (1) Melle process—Societe Anonyme Les Usines de Melle, France.
- (2) Drawinol process—Reich—Monopolver—Waltung of Germany acting through Messrs. E. Merck, Dramstadt.
- (3) Haig process—Haig—Verein Holzverkohlungs—Industries, Frankfurt (Main), Germany.
- (4) Gypsum process I. G. Farben Industries Aktiengesellschaft acting through Bamag-Meguini Aktiengesellschaft, Berlin NW 87, Germany.

The above patentees do not undertake the supply of the necessary plants for their methods, but have entrusted it to their agent-licensees.

The following gives the present annual production of absolute alcohol by the two groups of methods:—

World Production of Absolute Alcohol (1937).

(1 Hectoliter = 22 gallons.)

I. Azeotropic methods—		HECTOLITERS.
(a) Melle system	.. .. .	5,250,000
(b) Drawinol system	.. .. .	3,000,000
	Total	8,250,000
II. Salt-dehydration and other processes—		
(a) Haig system (alkali acetates)	.. .. .	3,975,000
(b) I. G. F. system (gypsum)	.. .. .	265,000
(c) Merck pressure system (lime)	.. .. .	120,000
	Total	4,360,000

Melle process.—The Melle process was originally designed in 1923 for the preparation of absolute alcohol from 95 per cent rectified spirits (First Technique), but the process has since been modified (Fourth Technique) so as to avoid the intermediary preparation of 95 per cent alcohol and to prepare absolute alcohol straightaway from the mash in one continuous series of operations.

The advantage of this modification is that it effects a saving of 50 to 60 Kg. of steam per hectoliter (22 gallons) of alcohol produced. This is an important saving especially in South India where the cost of coal or even wood is high.

Existing distilleries producing rectified spirits can also fit up the additional parts required for absolute alcohol production by the Melle process in such a way that they can produce either rectified spirits or absolute alcohol at will.

The Melle process possesses the largest number of installations and the longest turnover of absolute alcohol in the world and the Fourth Technique offers, no doubt, the cheapest method of manufacture of power alcohol. The Mandya Sugar Factory have adopted the Melle's plant in their distillery which is producing both rectified spirits (95 per cent) and absolute alcohol (Melle, First Technique).

A possible disadvantage of the Melle process is the use of benzene as the entraining agent, which is not produced in large quantities at present in India. But the loss of entraining liquid is claimed to be 0.04 to 0.05 per cent only of the alcohol produced in which case it is possible to obtain the small supplies needed for renewal, within the country itself. The difficulty will, however, cease, when the by-product recovery ovens are adopted to a greater extent by the coking plants in Bihar and Bengal.

Considering all factors, the Melle process is to be recommended for adoption. Where the distillery is concerned only with the manufacture of absolute alcohol, Melle's Fourth Technique may be adopted. The smallest convenient unit at present marketed is about 30-40 hl. per day, but the Melle office states that if the power alcohol is to be used round about the locality where it is manufactured, a plant of even lesser capacity, e.g., 20 hl. per day, would prove an economic unit and could work on the principles of the Fourth Technique.

The Drawinol process works on the same principles as the Melle process but uses trichlorethylene as the entraining agent. It is claimed that the dehydration efficiency (the proportion of water present in the ternary mixture) and the decantation efficiency (the volume of the aqueous layer) of trichlorethylene are superior to those of benzene and hence the operations are quicker and more efficiently carried out. Disadvantages of the method are the entraining liquid and the necessity for a complete separation of the trichlorethylene, since it has a density of 1.47 and even very small proportions left unseparated will affect the specific gravity of alcohol appreciably. The method is largely adopted by the German Government which has a monopoly of the production of power alcohol in the country. Under Indian conditions it offers no attractions superior to those of the Melle process.

Among the salt dehydration methods, the Haig process is one that commands the largest production. In this respect it is next only to the Melle process. It possesses the advantage that the materials used, viz., alkali acetates are cheap and could be obtained within India itself, and moreover the loss of the dehydrating agent is very small. The equipment and operations are simpler than in the Melle's process. The main disadvantage is that superheated steam at the rate of 65 Kg. of steam at 360° C are necessary for dehydrating the alkali acetates. Considering the high cost of steam in the Madras Presidency it is doubtful whether the method will work out cheaper than the Melle process.

On the other hand, the gypsum process offers peculiar advantages especially in areas, e.g., Trichinopoly and Erode, where cheap supplies of gypsum are available. The technical side of the process has been considerably improved in recent years. The dehydrating equipment consists of a revolving drum containing powdered anhydrous gypsum. The gypsum is converted into a hemi-hydrate which is dehydrated by indirect heating with liquids of suitable boiling point. The whole plant is simple and could be fitted on even to small distilleries preparing rectified spirits. The process seems to be peculiarly suited to deal with the molasses of small sugar factories with a crushing capacity of 100-200 tons of cane per day.

In conclusion, it may be stated that the conditions in the Madras Presidency favour the adoption of the Melle process, for large distilleries with a daily production capacity of 1,000 gallons and above and the gypsum process for small distilleries, especially, near localities where gypsum deposits occur.

APPENDIX D.

ESTIMATED COST OF PRODUCTION OF ABSOLUTE ALCOHOL.

A. Basis of calculation—

- 1 The distillery will treat 7,000 tons of molasses per annum.
- 2 Cost of molasses—Rs. 7 per ton.
- 3 Cost of coal—Rs. 17 per ton.
- 4 Cost of sulphuric acid—Rs. 2-8-0 per gallon.
- 5 Cost of ammonium sulphate—Rs. 121 per ton.
- 6 Total capital involved, including working capital—Rs. 4,00,000.
- 7 Royalty (reckoned on a plant having slightly more than a 50 per cent capacity margin)—£500 = Rs. 10,666-10-8.
- 8 Yield—One ton molasses yields 60 gallons absolute alcohol.
- 9 Depreciation—6½ per cent on plant. 6½ per cent on buildings.
- 10 Interest—6 per cent on total capital involved.
- 11 Number of working days—300 per annum.

	RS.
B. The total annual production—7,000 × 60 gallons = 420,000 gallons.	
C. Cost of installation delivered and erected and put into operation including building, molasses and alcohol, storage	3,25,000
D. Cost of production, Fourth Technique Melle—	
T	
1 Molasses 7,000 × Rs. 7	49,000
2 Coal (35 lb. steam per gallon of alcohol or 5 lb. of coal per gallon of alcohol). Therefore 420,000 gallons × 5 lb. say 940 tons	15,980
3 Sulphuric acid—About 7 grammes per gallon of wash (wash at 6 per cent). Say about 6,375 gallons at Rs. 2-8-0	15,940
4 Ammonium sulphate 7½ tons at Rs. 121	910
5 Government licence fee	100
6 Depreciation—	
Plant Rs. 2,25,000 at 6½ per cent	
Buildings Rs. 1,00,000 at 6½ per cent	20,310
7 Interest (six per cent on Rs. 4,00,000)	24,000
8 Labour including supervision, clerical and engineering staff	25,000
9 Light, power, laboratory material, greases and oils for pumps, cleaning materials	1,200
10 Upkeep and maintenance, including repairs	1,200
11 Dehydration carrier liquid	600
12 Insurance—Fire, workmen's compensation, riot and civil commotion	3,130
13 Storage, transfer and issue spirit wastages at 1½ per cent, say, 6,300 gallons at six annas per gallon	2,360
	1,59,730

Say approximately Re. 0-6-1-02 per gallon.

NOTE.—6. Depreciation has been calculated at 6½ per cent as allowed for income-tax purposes, but most business concerns would depreciate plant of this kind at ten per cent and steel framed corrugated sheet buildings at five per cent per annum.

No allowance has been made above for possible charges incurred in disposing of spent wash.

APPENDIX E.

(40 hl.—150 days).

ESTIMATE FOR A POWER ALCOHOL DISTILLERY OF 40 HECTOLITRES DAILY CAPACITY WORKING FOR 150 DAYS AND ATTACHED TO A SUGAR FACTORY.

Number of working days	150 (5 months).
Daily production	900 gallons.
Annual production	135,000 gallons.
Molasses required	2,250 tons.
Method of manufacture	Melle's fourth Technique.
RS.	
Capital required—	
Plant	1,20,000
Royalty and erection charges	10,000
Buildings and stagings	50,000
	1,80,000
	Total charges.
	RS.
	Charge per gallon (135,000 gallons).
	RS. A. P.
I. Depreciation—	
On plant plus erection charges at 10 per cent on Rs. 130,000 for twelve months	13,000
On buildings and royalty at 5 per cent on Rs. 60,000 for twelve months	3,000
	16,000
II. Steam—	
45 lb. per gallon of alcohol 1 lb. of wood gives 2½ lb. steam. Total wood required 1,080 tons, price at Rs. 10 per ton	10,900
III. Labour and staff	5,120
IV. Chemicals	1,400
V. Molasses—2,250 tons at Rs. 7 per ton	15,750
VI. Overhead expenses (insurance fire, upkeep, etc.)	3,000
VII. Interest .. .. .	..
	0 1 11
	0 1 3½
	0 0 8
	0 0 2
	0 1 11
	0 0 4½
	0 1 3
	0 7 7
Total expenses ..	

APPENDIX F.

POWER ALCOHOL REQUIREMENTS OF DIFFERENT AREAS.

Districts.	Estimated petrol consumption in gallons.	Total petrol consumption for the area.	Estimated consumption of absolute alcohol at 15 per cent blend (gallons).	Molasses required (in tons).	Names of factories in area.	Productive capacity of molasses in tons per annum.	Present production of molasses in tons per annum.			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)			
I	Visagapatam ..	620,112	1,344,748	201,712	3,362	The Deccan Sugar and Abkar Company, Limited, Sarnalkot. Sri Ramakrishna Sugar Mills, Kirlampudi. Sri Rama Sugar Mills, Limited, Bobbili. Ettikopaka Co-operative Industrial and Credit Society, Limited, Narasapatam road. Visagapatam Sugars and Refineries, Limited, Thummapala.	..	3,836		
	East Godavari.	344,292							600	324
	West Godavari.	380,344							600-700	650
II	K stna ..	531,696	1,553,664	233,050	3,884	The Vuyyuru Co-operative Industrial and Credit Society, Limited, Vuyyuru.	250-300	200		
	Guntur ..	704,388							600	190
	Nellore ..	317,580							2,400	1,164
III	Cuddapah ..	267,024	1,086,538	155,481	2,501	The India Sugars and Refineries, Limited, Hospet.	2,100	1,762		
	Anantapur ..	249,000							..	30
	Bellary ..	281,144							..	..
IV	Chittoor ..	332,460	4,894,992	734,249	12,237	The Madras Sugars Limited, Mailpatti.	..	6,858		
	Chingleput ..	342,552							350	..
	North Arcot ..	600,600							..	..
V	Madras City ..	3,619,380	1,757,544	263,632	4,394	The East India Distilleries and Sugar Factory, Nellikuppam. The Southern India Sugar Company, Limited, Karur.	..	..
	South Arcot ..	410,244							..	..
	Tanjore ..	581,016							..	..
VI	Trichinopoly ..	766,284	2,557,668	383,650	6,394	AL. VR. ST. Sugar Mills and Distillery, Tachanallur. Lakshmi Sugar Mills, Alwartunagari.	..	416		
	Salem ..	767,880							..	71
	Coimbatore ..	1,393,284							..	..
VII	Nilgiris ..	396,604	2,486,436	372,965	6,216	..	..	
	Madura ..	1,057,944						..	..
	Ramnad ..	797,724						..	..
VIII	Tinnevely ..	630,768	1,591,512	238,727	3,979	..	..	
	Malabar ..	1,090,272						..	..
	South Kanara.	501,240						..	..
Total ..	..	17,223,102	2,563,466	43,057	12	..	..	

T9(LA): 87.21. N42

HO

REPORT OF THE COMMITTEE ON THE GOVERNMENT INDIAN MEDICAL SCHOOL.

We, the Members of the Committee appointed by His Excellency the Governor of Madras under G.O. Ms. No. 1988, dated the 13th May 1940 "to report on the lines on which the curriculum of studies and methods of teaching and examination followed in the Indian Medical School should be improved or altered," have the honour to submit the following report.

2. The terms of reference are as follows:—

- (i) To examine and suggest ways and means of improving or altering
 - (a) curriculum of studies,
 - (b) method of teaching,
 - (c) method of examination; and

(ii) to consider the question whether the number of beds provided in the hospital attached to the School for clinical instruction is adequate and if not, what the bed strength of the hospital should be.

3. The Committee met for the first time at Fort St. George on the 3rd July 1940 and resolved to request Dr. G. Srinivasamurthi, Principal of the Government Indian Medical School, to prepare and send a note on the points of reference for the use of the Members; and the Secretary to get copies of the curricula of studies and syllabuses followed in similar institutions in other Provinces.

4. After the receipt of the Principal's note, the Committee went round the School and Hospital on 18th September 1940. They met on the 19th, 20th and 23rd September at the Madras University Buildings and had preliminary discussion on the various points with the Principal. The Committee met again from 21st to 29th October 1940 except on the 26th and 27th. Further meetings of the Committee were held on the 6th, 7th and 8th January 1941 for discussion of the draft report and such alterations as were considered necessary or desirable, having been made, the report was signed on the 10th January 1941.

5. The Committee decided that there was no necessity to examine any outside bodies or individuals connected with Indian Medicine, as the present enquiry was concerned only with a particular institution, namely, the Indian Medical School.

Origin, object and working of the school.

6. It is desirable to give a brief description of the School and its working before we proceed further. Towards the end of 1921 the Government of Madras appointed a Committee under the Chairmanship of Mr. (now Sir) Mahomed Usman to report "on the question of the recognition and encouragement of the Indigenous Systems of Medicine in vogue in this Presidency." After a thorough and exhaustive investigation of various questions, they recommended to the Government the recognition of the Indian Systems of Medicine and the establishment of suitable centres of Medical Education by them. In their view "Every scheme of study of Indian Medicine, whether Ayurveda, Siddha or Unani should make adequate provision not only for efficient training in subjects appropriate to itself but also for the teaching of the essentials of whatever is valuable in Western Medicine." Accepting the recommendation of the Committee, the Government established the Indian Medical School in 1925 to give such instruction to its students as would enable them to become practitioner of Indian Systems of Medicine with a good working knowledge of the Western System.

7. In addition to the L.I.M. (Licentiate in Indian Medicine) Course which extends over a period of five years, provision is also made for imparting post-graduate instruction in Indian Medicine and Western Medicine to fully qualified practitioners of Western Medicine and Indian Medicine respectively. These are known as A.I.M. (Associate in Indian Medicine) and A.L.I.M. (Associate Licentiate in Indian Medicine) Courses, extending over a period of two years each. There is also provision for passed L.I.Ms. of the School to specialize in branches of Indian Medicine in which they have not specialized in their L.I.M. Course and also for obtaining a higher qualification (H.P.I.M.) in their own branch and there is also a Compounders' Course.

8. The L.I.M. Class is divided into four sections:—

- (i) Ayurveda—Telugu Section,
- (ii) Ayurveda—Tamil Section,
- (iii) Siddha Section, and
- (iv) Unani Section.

The following table shows the strength of the students for 1940-41 in each of the sections of the five years:—

Section.	First year.	Second year.	Third year.	Fourth year.	Fifth year.
Ayurveda—Telugu	58	65	29	21	14
Ayurveda—Tamil	24	36	20	19	6
Siddha	17	23	12	12	11
Unani	3	8	6	4	2

The present curriculum of studies.

9. The following is the present curriculum of studies for all sections:—

(The names of the subjects are given in English so as to be applicable to all sections, viz., Ayurveda, Siddha and Unani, but instruction in the various subjects is based upon the Ayurveda, Siddha and Unani writings, respectively, the subjects included in Western Medicine being taught in accordance with English books on the subject.)

First year.

1	General Science	Complete Course.
2	Materia Medica and Pharmacy—General	Do.
3	Do. Special	Do.
4	Fundamental Principles of Indian Medicine	First Course.
5	Anatomy and dissections	Do.
6	Physiology	Do.
7	General Literature (Sanskrit, Tamil or Arabic studies)	Do.

Board Examinations in subjects 1 to 3.

Second year.

1	Anatomy	Second Course.
2	Physiology	Do.
3	Fundamental Principles of Indian Medicine	Do.
4	General Literature (Sanskrit, Tamil or Arabic studies)	Do.

Board Examinations in subjects 1 to 3.

Third year.

1	Pathology and Diagnosis	Complete Course.
2	Hygiene and Public Health	Do.
3	General Literature (Sanskrit, Tamil or Arabic studies)	Third Course.
4	Medicine (including Mental Diseases, etc.)	First Course.
5	Surgery (including Diseases of Eye, Ear, Nose and Throat, etc.)	Do.
6	Obstetrics, Gynaecology and Pediatrics	Do.

Board Examinations in subjects 1 to 3.

Clinical practice—

In-patient department—Medical	3 months.
Out-patient department—Medical	2 do.
Do. Surgical	2 do.
In-patient department—Surgical	2 do.

Fourth year.

1 } Subjects Nos. 4 to 6 of Third year (continued)	Second Course.	
2 }		
3 }		
4	Medical Jurisprudence and Toxicology	Complete Course.

Board Examinations in subjects 1 to 4.

Clinical practice—

In-patient department—Medical	3 months.
Do. Surgical	2 do.
Do. Obstetrical	2 do.
Out-patient department—Surgical and Ear, Nose and Throat sections (one month each)	2 do.

Fifth year.

Apprentice Physician's course—

Medical practice at out-patient, in-patient and Pharmacy departments	6 months.
Surgical practice (including Obstetrical practice at the out-patient and in-patient departments)	3 do.

Only those who have satisfactorily undergone the apprentice physician's course will be eligible for the grant of the Diploma of Licentiate in Indian Medicine.

General proposals.

10. Keeping in view the purpose for which the School was started, we have examined in detail the curriculum of studies, methods of teaching and examination followed in the School.

11. Since the curriculum of studies is based on the general educational qualification of the students admitted into the School, the Committee discussed at length, as a preliminary to the detailed discussion of the curriculum of studies, what the minimum general educational qualification of students admitted into the School should be. Dr. G. Srinivasamurthi, Principal of the School, strongly pleaded before us for the raising of the general educational qualification of the students from the S.S.L.C. to the Intermediate standard and consequently for converting the School into a College. But since we think that this question of raising the School into a College does not come within the terms of reference, we do not propose to go into it. It has been the practice to admit into the

School students who have not completed the S.S.L.C. course, with the result that such students find it difficult to follow the subjects of Western Medicine which are taught in English. Therefore we suggest that the completed S.S.L.C. should be the minimum general educational qualification for students hereafter.

12. The authoritative texts in Ayurveda, Siddha and Unani Systems are in Sanskrit, Tamil and Urdu respectively and practitioners of these systems if they want to be competent and efficient, should have a good knowledge in their respective languages. The majority of students at present admitted into the Ayurveda Section is ignorant of the Sanskrit language. We feel convinced that unless these practitioners of the Indian Systems of Medicine know their respective languages thoroughly well, they cannot be efficient in their profession.

13. The views of the Principal and a lecturer from each of the four sections were taken on this question. The Principal thought that it would be ideal to insist on a knowledge of Sanskrit before a student was admitted to the Ayurveda Section but that the number of students in the Ayurveda-Telugu Section would fall considerably during the first few years, as very few Andhra students had a knowledge of Sanskrit at present. Lecturers of the Ayurveda-Telugu Section and the Ayurveda-Tamil Section admitted that a knowledge of Sanskrit was quite essential. The Lecturer of the Siddha Section was of the opinion that a knowledge of advanced Tamil was quite essential for a Siddha student for the proper appreciation of the original texts. The Lecturer in Unani said that all the text-books in Unani System were very well translated into Urdu from Arabic and that there was no necessity to teach the students the Arabic language as a language and suggested that advanced Urdu might be taught in place of Arabic. After careful consideration of the opinions of the Principal and the Lecturers, we have come to the conclusion that admission to the school should be made on the basis of an examination in Sanskrit for Ayurveda students, in Tamil for Siddha students and in Urdu for Unani students. It may be that, by the insistence of this knowledge from the students, the strength of the Andhra students studying Ayurveda might fall in the first few years after the introduction of this rule but we are certain that in course of time the Andhra students will adjust themselves to the change and seek admission in as large a number as at present.

Proposed Curriculum of Studies—L.I.M. (Licentiate in Indian Medicine) Course.

14. As regards the curriculum of studies for L.I.M. Course we make the following proposals:—

- (i) *General Science.*—The present standard of teaching in Physics, Inorganic Chemistry and Botany is quite sufficient. In addition there should be an elementary course in Organic Chemistry.
- (ii) *Materia Medica and Pharmacy.*—The subject of Materia Medica is taught at present according to both systems, Indian as well as Western. Since the object of the Indian Medical School is to train students mainly in the Indian Systems of Medicine, it is unnecessary to expect them to learn Western Materia Medica *in extenso*. Hereafter Indian Materia Medica should be taught thoroughly in the school, along with a few selected special drugs from the British Pharmacopoeia which would be very useful. The syllabus in Indian Pharmacopoeia should be the same as at present.
- (iii) *Fundamental principles of Indian Medicine.*—We do not propose any change in the curriculum.
- (iv) *Anatomy and dissections.*—We consider that an intensive study of the subject of Anatomy is unnecessary as too much time will be consumed in studies which have no clinical bearing. Dissections should be taught with a greater number of dissected models such as are kept now in the two Medical Colleges in Madras.
- (v) *Physiology.*—The general outlines of Physiology should be taught as at present.
- (vi) *General literature (Sanskrit, Tamil or Arabic studies).*—At present students of the Ayurveda Sections are taught *Mana Meyodayam*. The subject is a very difficult one which cannot be easily grasped by students of the standard studying in the Indian Medical School. Therefore we recommend that it may be deleted from the present curriculum of studies, and a simple treatise on *Jyotisha* may be substituted. Students of the Unani Section are being taught the Arabic language. Since all the original books in Arabic on the subject of Unani are found translated into the Urdu language, we think that hereafter advanced Urdu may be taught to the students of the Unani Section instead of Arabic. We strongly recommend that Sanskrit should be taught to the Ayurveda students, Tamil to Siddha students and Urdu to Unani students by persons well qualified to do so.
- (vii) *Pathology and diagnosis.*—Both systems of Pathology—Indian and Allopathic—should be taught. As regards the Western System of Pathology, only elementary principles need be taught. Diagnosis of diseases should always be according to the Indian Systems of Medicine.
- (viii) *Hygiene and public health.*—No change is required. What is being taught now is quite sufficient.
- (ix) *Medicine including mental diseases, etc.*—We are of opinion that there should be an intensive study of Indian Medicine by the students of the Indian Medical School, as they are expected to practise mainly Indian Medicine. However, some lectures on Comparative Medicine should also be delivered.

HOSPITAL AND BEDS.

27. We are of opinion that patients in the out-patient—Medical section—should be treated according to Ayurveda or Siddha or Unani Systems and patients in out-patient—Surgical section—according to Western System, using Indian Medicines wherever possible.

In-patient department.

The present sanctioned strength of beds in the hospital attached to the Indian Medical School is as follows:—

Ward.		Beds.
Male.		
Ayurveda (Telugu)	10	10
Panchakarma (including Indian Surgical non-operative and Tuberculosis sections)	10	10
Siddha	10	10
Unani	10	10
Surgical (including Eye, Ear, Nose and Throat sections)	15	15
		55
Female.		
Ayurveda	5	5
Siddha	5	5
Unani	5	5
Labour (including Surgical, Eye, Ear, Nose and Throat)	10	10
		25

The present number of 80 beds in the Hospital is quite inadequate and in our opinion it should be trebled, but owing to present financial conditions we recommend that it should be raised at least to 165 beds immediately as detailed below:—

Sections.	Number of beds.
Ayurveda	50
Siddha	30
Unani	20
Surgical (General)	20
Do. (Septic)	10
Obstetrics	20
Eye, Ear, Nose and Throat	12 (including 4 beds for women).
Tuberculosis	3
	165

The present accommodation in the Hospital is quite inadequate even for the present number of beds. Accommodation has to be provided for the additional beds recommended above. Within the school compound there is a large vacant site wherein buildings might be put up.

MAHOMED USMAN, *Chairman.*

M. R. GURUSWAMI,

* K. BALASUBRAHMANYA AYYAR,

S. K. PILLAI,

M. A. NAIR.

Members.

MADRAS,
10th January 1941.

* With a note.

NOTE OF SRI K. BALASUBRAHMANYA AYYAR, DATED 10TH JANUARY 1941.

All are agreed that a good knowledge of Sanskrit is essential for a student of Ayurveda to grasp thoroughly the subjects taught in the Ayurveda Section. Hence, the Committee have recommended in the report that an examination in Sanskrit should be held as a preliminary test for admission of students to that section. But the report has not indicated what standard should be adopted for the examination. From my experience of the working of Ayurvedic Colleges, I feel that unless a student possesses a knowledge of Sanskrit approximating to the standard required for the Government entrance examination, Sahitya, he will not be in a position to follow intelligently the text-books that are taught in the Ayurveda section. Though it may be that by the adoption of this standard, the strength of the Ayurveda section may fall in the beginning, I am sure in the course of a few years, the number will increase. But, even at the risk of a reduction in the number of students in the beginning, I think it is necessary that the examination should come up to this standard, since on the efficiency of the students that will finally pass out of the institution, the usefulness of the School and of the indigenous system of medicine will largely depend. The general literature course for the first three years of the L.I.M. will enable the students to further improve their knowledge of the Sanskrit language especially of Sanskrit Grammar (Siddanta Koumudi). Therefore my suggestion is that the Principal should, at least after a few years, adopt for the admission examination in the School the same standard, which is required for the Government Entrance Sahitya Examination.