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vagbhata

AN INTERNATIONAL MONTHLY JOURNAL OF RESEARCH, EDUCATION AND
INFORMATION ON AYURVEDA AND OTHER TRADITIONAL SYSTEMS OF
MEDICINE IN ENGLISH & MALAYALAM (SEPARATE) EDITIONS.

CONCEPT OF BASTI CHIKITSA

AYURVEDIC ORAL CONTRACEPTIVE

VAGBHATA'S TOUR OF INDIA

**ROLE OF AYURVEDA IN W. H. O's
PROGRAMME**



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READERS VIEWS

I. The reserch-based report on Vega Vidharana and consequent psychological reactions published in the March issue of 'Vagbhata' was very instructive. Dr. Madhu Sukla and others like him subjected to critical research the difficulties that may be experienced if free flow of urine is prevented. But the science of Ayurveda has asserted that preventing the flow as well as forcing it will lead to many illnesses and difficulties. If the illnesses caused in either case are specifically traced to their origin in the light of modern science, the principles of Ayurveda will be probably approved by moderns. It will be very useful if Dr. Sukla and his co-workers do research in this direction. Similarly, it is stated that prevention of vomiting will cause leprosy. How can this be proved? This is also something which demands researcher's attention. If they succeed in their effort, it will pave the way for the spread of Ayurveda and its principles. Vagbhata's role in this regard may be regarded as very valuable.

Bhaskaran Nair, Ezhukone.

II. I read the editorial of the March issue of 'Vagbhata' with keen attention. Today there are in Kerala a number of Vaidyas practising Ayurveda on the strength of the knowledge gained not through university education but through hereditary transmission. It is possible

to come across such expert practitioners in the families of the Ashta Vaidyas and other leading families like them. No government in Kerala has hitherto succeeded in introducing or passing a medical bill here. Qualified medical practitioners and organisations of medicos had recently protested against the registration of people without proper qualification. But it is also improper to exclude those who have learnt Ayurveda from the expert practitioners belonging to the above-mentioned families. So, as you have suggested, if legislative steps are not taken to grant registration on the basis of a short-term course to those who have been practising for not less than ten years and discourage others from continuing in the medical profession, the problem will become more and more complex as the days go by. So all impartial will agree that the solution suggested by you is the best and most acceptable. The suggestion, made by you, who were the principal of an Ayurveda College* for a long time, and with farsightedness and criticality, is quite welcome. I request the authorities to pay heed to it.

Cherian Thomas, Thiruvella.

are observable in the strength of staff and the facilities of working in the Ayurveda Colleges, postgraduate institutions, research centres and hospitals. Though the salary scales of the staff are not identical with those in other departments, there is a change for the better in that area also. Thus it can be seen that Ayurvedic institutions are fast progressing in all respects except treatment.

People suffering from common ailments like fever, cough, diarrhoea, wound, sprain fainting etc. are not taken either to Ayurveda hospitals or to hospitals under Ayurveda Colleges. Even if they are taken there, they are seldom admitted. Suppose a hospital admits such a patient. There are no facilities there for treatment. If a medical certificate issued by a practitioner of Ayurveda regarded as a valid document by a court of law? On entry into government service candidates have to produce medical certificates. The certificate should be one issued by an Assistant Surgeon.

What we can infer if we go deep into the issue is that a science well-developed in all respects is deteriorating in the hands of a few officials interested in nothing but filling their stomachs and a few industrialists interested only in making profits, without being useful to the country or the people in spite of all the present effective organization.

It at least some Ayurvedic practitioners intend to regain the respectability and usefulness of this science and thereby make it available to the public, the present position, utterly useless to the people, should not be allowed to continue.

All subjects including surgery and midwifery have been incorporated in the B.A.M.S. Course with a syllabus unified at the all-India level. But our information is that so far no partial arrangements have been made in any college for practising methods of therapy or conducting operations or dealing with midwifery. Consequently those who pass out of the Ayurveda Colleges find it impossible to tackle the ailments ordinarily affecting common people. They reduce themselves to a situation in which they become mere sellers of substandard drugs or practitioners of some other system of medicine. It is impossible to believe that the science or the government is to blame for this. The inefficiency or helplessness of those who practise the system alone is responsible for this unpleasant situation.

It is high time for the friends and practitioners of Ayurveda as also medical organizations to stand unitedly understand the essential features of the problem and suggest to the government remedial measures, using if necessary, even pressure tactics.

A CONCEPT OF BASTI-CHIKITSA TO PREVENT THE AGEING

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Basti one of the pancha Karma, aims at the elimination (shodhan) of vitated vata dosha. Vata, situated at pakwashaya governs and coordiates the remaining vata doshas in the body. Vata Dusti and malas are eliminated through apana marga by basti karma. The action of Basti is not limited to evacuate untowards from the body but has a significant role in maintaining the prana i. e. Trividha Sadya pranahara marmas, Hridaya, Shiras and Basti. The Vata i. e. prana situating these marmas, enables them in regular functioning and governs all bodily activities, which are said to be vital organs'. In a way 'swasthya' or 'aswasthya' is dependent on these only. No other treatment is so capable as the basti for the Vata and its disorders, which is the governor, life saver of these thsee marmas, and a complete therapy as said by our Acharayas. Charaka says about the action of Basti with various combination of drugs if administered according to bala, dosha, kaala, roga and prakruti of the individual; eliminates the malas and disease totally; readily makes 'Chakshu preenayathi', 'Valipalithan apahanthi'; 'vayasthapayathi', Tarpana or Apatarpana to the boby accordidgly without any complication.

Chakrapani Dutta quoted 'Guda' is the 'Mula part of the sharira as described by Parashar. Here exists the muladhar Nadi Chakra or Amal plexus by which the Basti dravya gets absorbed to reach the whole body as the plant gets its nourishment through its roots. The process of basti is ideal and can be administered for all age groups, even for 'avirechya' too accordingly.

Chakrapani Dutta views on basti as 'vayasthapayitha' acts by srotoshudhi. Basti absorbs the vikrita doshas and malaa from the shakas, kosta and all the body tissues, as the sun absorbs the Rasa from the soil. It anulomans the vayu, which took vimarga gaman along other doshas and mala, gives them a way to exit, thus enables them to aquire samata in the sharira. Basti by its snigdhatwa, gurutwa, ushnatwa, shlakshnatwa and pichilatwa gunas conquers and subsides the ruksha, laghu, shaitya, khara and vishad gunas of vata in total.

The orally administered druge pass through the oesophagus, stomach duodenum and intestines involving various digestive processes and becomes gunantardhan. By this process the drugs are not so active and so effective when compared to Basthi Karma therapy. Basti dravyas enters the anal route and stays in the Amasaya, Pachyamanasaya and Pakwasaya for a long time. They a absorbed through the muladharanadi Chakra and reaches all parts of the body. Here the drugs are administered in the normal from such as Madhu, Ghrit, Milk, Mamsaras and medicated kwath. lavana etc. By their swabhavik guna, act directly in the Grahani, Amashaya and laghu antras which are said to be the site for digestion and assimilation of ahara. Charka insisted to lie down on vama parshwa to enable and reach the basti dravyas upto grahani and amashaya. Here they act directly on Agni sthana 'Grahani' and stimulate the agni for proper secretion of gastric and duodenal enzymas.

Ama pachan removes the avarodha in srotas thus enables the proper circulation of Rasa. The samanavayu acts promptly to divide the prasada and kitta ahara. By its shadrasa and different gunas increases the samyak poshak rasa by which all bodily dhatus gets nourishment. It stimulates the Dhatwagnis, endocrines and other enzymes to act normally, Basti dravyas by their vyavayi and vikasi guna reaches every cell of the body and scraps (Lekhana) the stagnant malas and removes them by increasing the apyamsha there to get away from the body. It increases the permeability of the tissue membranes.

The snigdha guna of oils, ghrith, etc. removes the increased ruksha guna of Apanavayu and promotes its action in mala mutra nishkasan etc. in the body. It improves the movement of intestines to act properly.

Sapthadhatu wardhan, proper secretion of endocrines helps in upachaya, bala, varna, roga kshamatwa in the sharira. It increases the cellular division for the growth of the body, thus helps in getting 'Tarunam Vayah' and 'vayasthapan'.

Basti by its prabhava and vital power reaches the shiras (head) one of the sadya pranahar marma, removes the doshas situated there, gives nourishment to masthiska, its cheshtavah, samjavavah nadis in controlling the various bodily actions of nervous system. It removes the shukra and garbha dosha in getting fertility. The manaprasadana entertains the normal action of all senses and motor function in the body. The

proper coordination of Indriyas increases the Chakshushya, varna, twachya etc. in the body. The proteins,, carbohydrates vitamins fats etc. which are said to be essential for the body, are supplemented directly by basti. Basti Dravyas contain honey, ghee, milk, meat, soup etc. Here ksheeram is said to be 'Jeevaniyam'. Mamsarasa is said to be Brihmaniyam. Rasa is tarpaniyam, amla drvyas are hridiyam; madhu is said to be shleshma pitta samak; Taila is said to be shleshma vatahar; ghrith is said to be vata pitta samak. By these dravyas, the dosha samata, results in the body. The Basti dravyas, by their vital properties and actions, increase the proteins Vit. B factors, fats in the body. It has been found that they stimulate the bacterial flora which is situated in the intestines to synthesize the Vit. B group in the body.

Thus basti karma enables the proper metabolism, growth, vital power in the body and prevents the Jara and early Jara to prolong the life in a healthy way in the individual.

'Yapana basti' described by Charkh in viman is an ideal therapy to prolong the life, (Hita ayu) It can be used regularly to gain bala, varna, ayu and deergham jeevitham. It is a good rasayana and vajeekarna also. it increases all dhatus, and roga kshamatwa in the sharira. It is also very beneficial in anapathyata.

The drugs used in Yapana Basti generally are Jeevaniya, Brihmaniya, Dhatuwardhak, Vatahar such as Shaliparni, Mustha, Bala, Rasna, aragvadha, manjista, vibhitak, guduchi, mamsarasa, madhu, lavan, taila, Ghrith Milk etc. □

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CONCEPT OF DISEASE IN AYURVEDA

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According to Ayurveda; the living beings are comprised of four dimensions, namely, Sharira (body), Indriyas (special senses), Manas (mind) and Atma (self)¹, normalcy of which is the state of health (swasthya), while reverse is known as disease (Roga)^{2,3}. Thus it can be contemplated that any of them (the four dimensions of life) can become the seat of diseases in their abnormal state (s), leaving aside the self, which is transcendental, pure, eternal and free from diseases^{4,5}. Regarding the other three, i. e. Sharira, Indriyas and Manas, Charaka as well as various other ancient authors, have described Sharira, Aindriyaka and Mano Rogas^{6,7}, respectively.

I. SHARIRA ROGAS (somatic diseases)

Sharira (soma or body) has been described as being composed of Doshas (humors), Dhatus (structural components of the body) and Malas (by-and waste products)⁸. Normally these are in a state of equilibrium, and their slightest disequilibrium is likely to generate various somatic diseases⁹.

Classification

Sharira Rogas have been broadly classified into two broad groups on the basis of their aetiopathogenesis, viz., Nija (endogenous) and Agantuka (exogenous).¹⁰

A. Nija Sharira Rogas (endogenous somatic diseases)

Endogenous somatic diseases are defined as the disease states which occur after the vitiation of bodily tissues (esp. Doshas)¹¹.

Classification : These diseases can be further classified into two groups—a) Adhyatmika, and b) Adhidaivika.

a) Adhyatmika (caused by human factors)

- i) Adibala-pravritta (genetic), e. g., Prameha (diabetes mellitus), Arsaa (piles), etc.
- ii) Janmabala-pravritta (congenital), e. g., Panguta (crippled state),
- iii) Doshabala-pravritta (constitutional), e.g. Jvara (fever), Atisara (diarrhoea), Raktapitta (bleeding disorders) etc.

b) Adhidaivika (caused by Natural factors)

- i) Kalabala-pravritta (Time related), e. g. kaphaja Rogas (e. g. Tamaka Shvasa) in cold climate etc.
- ii) Svabhabala-pravritta (Natural diseases), e. g., Jara (aging), Nidra (sleep), kshuth (hunger) etc.

Aetiology :

Broadly, the causative factors of these diseases can be divided into two groups - a) Viprakrishta hetu, and b) sannikrishta¹² hethu.

a) Viprakrishta Hetu (predisposing causes)

Dominant Dosha constituting the Deha Prakriti (body constitution), predisposes the individual to various diseases to be caused later on by the same Dosha, e. g. individuals with Vatika prakriti (ectomorphic constitution) are liable to suffer more from the diseases caused by Vata Dosha, Same is the case with other

type of body constitution, viz., Paittika, (endomorph), Kaphaja (mesomorph), Vata - paittika Vata-kaphaja, and Pittkaphaja (all mixed) constitution.^{14, 15} Thus, Deha Prakriti acts as the main predisposing factor for various endogenous somatic diseases.

b) Sannikrishta Hetu (exciting causes)

These can be further subgrouped as —
i) Bahya (external), and ii) Abhyantara (internal).

i) Bahya (external) Three principal external factors have been described by Charka, for the causation for various diseases. These are - Asatmyendriyarthā Samyoga, Prajna-paradha and Parinama¹⁶.

Asatmendriyarthā Samyoga can be called as stressful contact of the special senses with their respective objects, which occurs in the form of their excessive use, disuse and misuse. The last one (i. e. the misuse) appears to be more significant as regards the causation of endogenous somatic diseases. The stress produced, though mind can manifest in the form of various somatic diseases e. g. peptic ulcer, diabetes mellitus etc., now-a-days known as psychosomatic disorders.

Prajnaparadha can be called as volitional transgression of intellect (Dhi), will (Dhriti) and memory (Smriti), in the form of non-observance of the right dietary as well as behavioural conducts. Most of the constitutional and congenital diseases are of this origin.

Parinama i. e. the time factor has been given considerable importance for the causation of diseases as is evident by the fact that the incidence of quite a good number of diseases varies in different parts of the day, night, year and age.

ii) Abhyantara (internal) — The external existing factors can produce the endogenous somatic diseases, after they disturb the normalcy of the various constituents of the body, viz., Doshas, Dhatus and Malas. The latter, thus, can be called the internal factors.

Doshas (humors) : the external existing factors create disturbance in the bodily Doshas

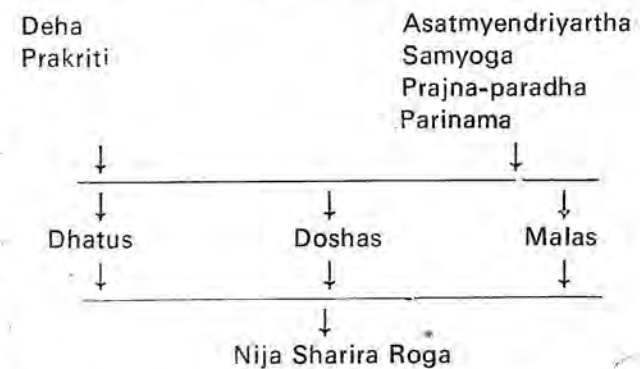
(Vata, Pitta and Kapha). either by increasing or decreasing them. Deficiency diseases of Doshas are quite a few in numbers and they manifest by the diminution of normal activities of the disturbed Doshā. Most of the diseases are the result of increase of bodily Doshas¹⁷, for which various stages, such as, Samchaya, Prakopa, Prasara, Sthana-samshraya, Vyakti and Bheda, have been described.¹⁸

Dhatus (structural components of the body): Here the term "Dhatu" has been used in a broader sense and it includes Saptadhatus, Upadhatus Agnis, Srotases etc. The external existing factors create disturbance in these structures in two ways. Firstly, they increase or decrease them directly without any major involvement of the bodily Doshas and create their disease states. Secondly, they vitiate the bodily Doshas as well as lower the vitality of bodily structures, rendering them susceptible for vitiation by the abnormally increased circulating Doshas and thus leading to the production of various endogenous somatic diseases.^{19, 20}

Malas (by-and waste products) : These may also be increased or decreased by the external exciting factors, directly or indirectly (by the Doshas) leading to various disease states.²⁰

Pathogenesis

The pathogenesis of endogenous somatic diseases (Nija Sharira Rogas) can be diagrammatically represented as follows:



The external existing factors (i. e. Asatmyendriyarthā - samyoga, Prajna - paradha and Parinama), interact with the predisposing factors (i. e. Deha Prakriti) and create disturbance in the

internal factors (i. e. Doshas, Dhatus and Malas) in two ways-either they disturb all the three factors separately leading to the production of diseases or they disturb the Doshas only, which in turn disturb the Dhatus and Malas too, again producing various endogenous somatic diseases.

B. Agantuka Sarira Rogas (exogenous somatic diseases) :

These are the diseases which are produced directly and do not require the vitiation of the Doshas, Dhatus and Malas for their production, though it may occur later on¹¹.

Classification : These diseases can be further classified into two groups - a) Adhibhautika and b) Adhidaivika.

a) Adhibhautika (caused by external trauma)

Also known as Aghatabala-pravritta Rogas can be further sub-classified as -

- i) Jantukrita (animate) - e. g. Krimija Rogas (infectious diseases), and diseases caused by poisonous animals.
- ii) Shastrakrite (inanimate) - e. g. traumatic diseases (caused by mechanical, physical and chemical trauma).

b) Adhidaivika (caused by superhuman and infectious factors)

e. g. natural calamities and infectious diseases.

Aetiology :

In this case, only external exciting factors¹² lead to the production of diseases viz.

a) Asatmenydiyarthā Samyoga - Excessive use or disuse of the special senses is of much significance in this case producing especially the diseases of the organs where the special senses lie, e. g. touch of burning substances burns skin, etc.

b) Prajna-paradha - Indulgence in activities which cause trauma to the body volitionally transgressing the Prajna, may lead to the production of various exogenous somatic diseases.

c) Parinama : Excess of hot or cold climate may produce damage to the body and result in the production of diseases e. g. sunstroke in summer season.

Pathogenesis :

Various causative factors for exogenous, somatic diseases, directly produce damage and thus diseases of the various parts of the body, without any significant role played by the Doshas, Dhatus, and Malas. The vitiation of these factors may occur later on, in the later part of the diseases¹¹.

II. MANO ROGAS (mental diseases):

Manas is a subtle entity of the living body and is responsible for all the psychological activities going on inside it^{11, 13, 14}. It is a three dimensional entity, being composed of Satwa, Rajas & Tamas, the equilibrium of which is indispensable for the normal mental activities while their slightest derangement is likely to produce various Mano Rogas (mental diseases).

Classification:

Mental diseases can be classified into two broad groups on the basis of aetiopathogenesis, viz., Nija (endogenous) and Agantuka (exogenous).¹⁰

A. Nija Mano Rogas (endogenous mental diseases) :

Endogenous mental disease occur through the production of a state of disequilibrium in Satwa, Rajas and Tamas^{10, 11}.

Classification :

These diseases can be classified into two groups a) Adhyatmika, and b) Adhidaivika.

a) Adhyatmika (caused by human factors)

- i) Adibala-pravritta (genetic), e. g., Apasmara (epilepsy).
- ii) Janmabala-pravritta (congenital), e. g., Jadata (mental retardation).

iii) Doshabala - pravritta (constitutional), e.g., Murchha (unconsciousness), Bhrama (giddiness).

b) Adhidaivika (caused by super human or natural factors):

- i) Kalabala-pravritta (Time related) e. g. Tandra (corpore) in summer season.
- ii) Svabhavabala-pravritta (Natural) e. g. senile dementia.

Aetiology :

The causative factors of these diseases can be broadly classified into two groups —

a) Viprakrishta, and b) Sannikrishta.

a) Viprakrishta Hetu (predisposing causes):

Among the three mental factors, viz., Satwa Rajas and Tamas, the dominant one constitutes the mental constitution (Manas Prakriti), While the dominance of Satwa provides resistance against mental diseases, reverse is true for Rajes and/or Tamas which predispose the individual to various Rajas and Tamas mental diseases respectively³⁶.

b) Sannikrishta Hetu (exciting cause):

These can be further subgrouped as i) Bahya (external) and ii) Abhyantara (internal).

i) Bahya (external) : These are the same as described for the causation of endogenous somatic diseases.

Aśatmenyindryartha samyoga, especially in the form of misuse, leads to the development of mental stress, which manifests in the form of various mental diseases e. g. Krodha (anger), Avsada (reactive depression).

Prajna-paradha, vitiates, both the bodily and mental Doshas, leading to the production of various mental diseases e. g. Apasmara (epilepsy) madatyay (alcohol intoxication) etc.

Parinama (time factor) may also produce various mental diseases through the vitiation of bodily and mental Doshas.

ii) Abhyantara (internal) : These include the Satwa, Rajas and Tamas. The external factors by disturbing their equilibrium in the form of increase of Rajas or Tamas or Decrease of Sattwa, Rajas or Tamas, lead to the production of various mental diseases.^{11, 38}

Pathogenesis:

The various causative factors described above create a state of disequilibrium in Satwa, Rajas or Tamas. The disequilibrium occurs in the form of decrease of any three factors or increase of Rajas and Tamas. This disequilibrium hampers the normal functioning of the mind and results in the production of various endogenous mental diseases.

B. Agantuka Mano Rogas (exogenous mental diseases) —

This type of mental disease are directly produced by the exogenous causes and later on may be followed by the disequilibrium in Satwa, Rajas and Tamas.^{11, 38}

Classification:

These can further be classified into two groups a) Adhi bhautika and b) Adhi daivaivika.

a) Adhi bhautika (caused by external trauma)

Also known as Aghatabala — pravritta can be further classified as —

i) Vyalakrita (animate) — caused by various microbes and their toxins and poisonous animals e. g. Pralapa (delirium) in encephalitis, typhoid fever etc.

ii) Shastrakrita (in-animate) — caused by mechanical, physical and chemical trauma to the seat of mind i. e. Hridya (brain) e. g. Murchha (unconsciousness), Sanyasa (coma) etc.

b) Adhidaivika (caused by natural & superhuman factors):

- i) Daivabala - pravritta (caused by spiritual and infectious factors): e. g, Bhutonmada (organic psychosis).

Aetiology

In this only external exciting factors leads to the production of diseases.

- a) Asatmyendriyartha samyoga
b) Prajnaparadha
c) Parinama.

These factors cause direct trauma to the mind or its seat i. e, Hridaya (brain) in various ways and result in the production of exogenous mental diseases.

Pathogenesis :

The various causative factors described above cause direct trauma to the mind or its seat i. e. Hridye (brain) and without much involvement of the mental factors (Sattwa, Rajas and Tamas), result in the production of various exogenous mental illnesses.

III AINDRIYAKA ROGAS

(diseases of the special senses):

Though in Ayurveda, eleven Indriyas have been described viz., five Jnanendriyas, five Karmendriyas and Manas, the diseases of the last two i. e. Karmendriyas and Manas have been dealt with in Sharira and Mano Rogas respectively. Thus, by Aindriyaka Rogas, is meant, diseases of the Jnanendriyas (special senses).

Classification :

Though great detail pertaining to the diseases of special senses is not available in various classical texts of Ayurveda as compared to Somatic and mental diseases, still, fundamentals

of these have been dealt with more or less, and there is a need to explore the possibility of developing the area especially, based on Ayurveda. Like Sharira and Mano Rogas too, can be broadly classified into two major groups based on their aetiopathogenesis - a) Nija (endogenous), and b) Agantuka (exogenous)¹⁰.

A. Nija Aindriyaka Rogas (endogenous diseases of the special senses):

These diseases occur due to the vitiation of the special senses by the bodily or mental Doshas⁸, which in turn get vitiated due to their Specific exciting causes. These can be further classified as Adhyatmika (occurring due to human factors) and Adhidaivika (occurring due to super human and natural causes). The role of the general aetiological factors as described for somatic and mental diseases can also be explored in the causation of these diseases.

B. Agantuka Aindriyaka Rogas (exogenous diseases of the special senses):

These are the diseases, caused as a result of direct external trauma to the special senses⁸, leading to the production of various diseases pertaining to them.

These can be further classified as Adhibhautika (occurring due to external trauma) e. g. diseases of the special senses caused by a) animate causes such as infections, bacterial toxins etc. and b) mechanical, physical and chemical (inanimate) trauma; Adhidaivika (natural) - e. g. diseases of the special senses caused by natural calamities and infections. Detailed mechanism of their causation can be explored in the general causes of diseases, described above.

Thus, in brief the approach of Ayurveda towards the genesis of disease has been presented based on its fundamentals and an endeavour has been made to develop the areas, which have not received due consideration so far.

Reference

1. Charaka Samhita	Sutra Sthana	1:42
2. Sushruta Samhita	Sutra Sthana	15:45
3. Sushruta Samhita	Sutra Sthana	1:20
4. Charaka Samhita	Sharira Sthana	1:17
5. Charaka Samhita	Sutra Sthana	1:56
6. Charaka Samhita	Vimana Sthana	6:3
7. Charaka Samhita	Sharia Sthana	1:127
8. Sushruta Samhita	Sutra Sthana	15:3
9. Sushruta Samhita	Sutra Sthana	15:3 (Dalhana)
10. Dharaka Samhita	Sutra Sthana	20:3-4
11. Charaka Samhita	Sutra Sthana	20:7 and Chakrapani
12. Sushruta Samhita	Sutra Sthana	24:4-8
23. Madhava Nidan. 1:5 (Madhukosha).		
14. Sushruta Samhita	Sharira Sthana	4:61
15. Ashtanga Samgraha	Sharira Sthana	8
16. Charaka Samhita	Sutra Sthana	11:43
17. Charak Samhita	Sutra Sthana	17:62
18. Sushruta Samhita	Sutra Sthana	21:18-36
19. Ashtanga Hridye	Sutra Sthana	1:13
20. Sushruta Samhita	Sutra Sthana	15:9 and 14
21. Charaka Samhita	Sutra Sthana	28:8-21
22. Sushruta Samhita	Sutra Sthana	24:19
23. Charaka Samhita	Chikitsa Sthana	15:42-44
24. Sushruta Samhita	Sutra Sthana	35:24
25. Ashtanga Hridye	Nidana Sthana	12:21
26. Sushruta Samhita	Sutra Sthana	35:25
27. Charaka Samhita	Vimana Sthana	5:10-22
28. Charaka Samhita	Vimana Sthana	5:9
29. Charaka Samhita	Vimana Sthana	5:24
30. Sushruta Samhita	Sutra Sthana	15:11 & 15
31. Samkhya Karika 2		
32. Charaka Samhita	Sutra Sthana	1:49 (Chakrapani)
33. Charaka Samhita	Sharira Sthana	1:21
34. Sushruta Samhita	Sharira Sthana	1:19
35. Charaka Samhita	Sharira Sthana	4:36-40
36. Charaka Samhita	Vimana Sthana	6:5
37. Charaka Samhita	Sharira Sthana	1:127
38. Charaka Samhita	Sutra Sthana	28:20

The Medical Interview and Ayurvedic clinical Methods

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The Physician is expected to diagnose and treat the ailment of a suffering person. Patients usually consult doctors because they feel un-well or because they have a problem for which they require help, guidance and understanding. The moment when a physician comes in contact with a patient the therapy starts. The initial patient's interview is the corner-stone of ensuing relationship between the doctor and the Patient. The interview has three components. (1) Emotional status of the patient. (2) Factual data regarding the disease and its progress. (3) Therapeutic measures to be adopted. The patient doctor interaction is the fundamental to the practice of medicine. Normally the interview commences with the patient recounting his awareness of discomfort or matters which are not right with certain parts of the body, or with his mental functions. In short, when a person feels unwell he seeks the help from medical profession.

The History of Present Disorder

When a patient attends the clinic or examination room in a Hospital, First duty of clinician is to welcome him warmly and in friendly manners, because he is a person having suffering and he expects sympathy and human touch. In the beginning ask the patient about his main complaints and note it in his own

words and simple terms. Ask further how, why and when did the complaints began? If possible further enquire calmly about the onset and progress, whether it was sudden or gradual. If other complaints are also have the patient arrange them according to effect and duration in a logical sequence. Ascertain whether or not he has already taken any medicine or whether he was treated by any other doctor and why the treatment is discontinued.

If he has consulted experts or Specialist, their opinion and report of investigations as well as prescription and repeated consultation in the form of record should be gone through

A successful Clinician is he in whom most are confident, to gain confidence from majority of patients requires a good rapport (close relation) between the patient and the doctor. A good listener gets confidence earlier and with ease. Time spent in listening to a few minutes of irrelevant gossip of the patient will be repaid later on if Physician chooses the essential facts required to be collected. When Patient freely exposes his suffering, allow him to speak in a natural unchecked way without any disturbance, for this purpose the consulting room of a Physician should be calm, comfortable, isolated and with required facilities of light, air, and

water. There should be no crowd and noise when the talk between the Physician and the Patient is in progress.

If a Physician gains confidence then he succeeds to have a most valuable insight into Patient's mentality, his nature of work, family and social background and the real cause of his disease. For this purpose Ayurveda has given most valuable instructions and guidance in dealing with the Patients during the interview.

Physician's Ability and the Limitations

Physical diagnosis is to be learned by experience- it is not an inheritance. It is never revealed by a Teacher, so if a person wants to become a good Clinician he should try to cultivate the habit of observation and utilisation of sense organs correctly. A person should have a slogan in his mind "lean to see, learn to hear, learn to feel, learn to smell and know that by practice alone can you become expert". To increase ability of observation and use of sense organs you should use them often and meticulously.

According to Ayurveda a Physician is advised to make efforts in increasing his qualities and abilities more and more to understand the disease and treat accordingly.

The need of history in the diagnosis:

It has been estimated that the Clinician can make the diagnosis by studying the history in over 50% of internal diseases and additional 20% may be recognised by physical examination and another 20% can be revealed with the help of Laboratory tests. The remaining 10% of cases defy diagnosis with any reasonable degree of certainty. The history of presenting symptoms of chief complaints should be supported by special interrogation regarding the organ or system affected and the seat of disease suspected. It is only the experienced Physician who can logically decide what type of questions are to be asked in each individual case in the interrogation of the Patient.

The family history and its importance in diagnosis:

Modern Medical Science has elaborately classified diseases having heredity as a pro-

minent factor. In this light, particularly enquire into the Family History of Bronchitis, Asthma, Tuberculosis and Plurisy. Similarly the history regarding family members suffering from Rheumatism, Angina Apoplexy and Heart disease. Some disorders of nervous system and mental disorders also run in some families, so History of Fits, Paralysis, Migrain, Chorea is also to be noted. In some areas where many families suffer from Kidney diseases Hyper-tension, Gout and Haematuria, enquiry about those disorders in respect of mode of living is also desirable. Some Haemorrhagic diseases are to be noted carefully i. e. loss of blood, Epistaxis, Bleeding Piles, Jaundice and Menorrhagia etc. as well as the Bleeding Tendency due to RH factor defect, Diabetes Leprosy and other long term diseases in the family members is to be specifically noted.

Past History Of some Diseases:

This also gives a clue to understand Etiopathology of some diseases i. e. Malaria may be the cause of enlarged Spleen, or splenomegaly. Repeated use of toxic drugs or addiction of Alcohol can be the leading cause for liver enlargement. Disability or malfunction of any organ may be the result of unsuccessful operation. History of fall or severe injury may give a permanent damage to motor or sensory function specially of legs. Head or hand.

Personal and Social History:

Every individual is a separate entity. No two faces are alike and responses of two patients always differ to the stress and strain and the cause of disease in different individuals. The endurance power also differs in every individual. So it is better to decide "what type of person is sick rather than what type of disease he suffers from". This indicates the importance of constitution and temperament in to the field of clinical medicine.

Personal Life & Some Habits:

The personal life of a person may be divided in to many sub-topics i. e. the status, education, position in the family, any

disturbance in his family life and anxiety to cope with, the habit and type of diet, regularity of taking food and sleep, frequency of the use of Tea and Coffee, Tobacco, Alcohol or habitual use of drugs or self medications. The sanitary situations and comforts in the home and housing as well as financial position and number of dependents. The satisfaction or dislike about the occupation or job and industrial hazards of chemical poisoning related with the time and place of service. The residence as well as migration or journey in the un-hygienic area and the history of operations or traumatic incidents.

The setback plays a very vital role in the disturbance of mental ability of a person. The sad incidence of death of any family member or nearest friend or partner as well as financial loss due to natural and man-made efforts may change the mood of a person to enjoy life. In a nut-shell a person suffering from Psychic or physical disorder is to be considered as a living human being having a back ground for health and suffering from disease due to disturbance in the ability to adapt himself to circumstances. The ideal definition of health suggested by William Boyd—A condition of normal structure and function of body having the ability to adapt according to the changes in environment. This endurance or adjustment ability is partly hereditary but it may be acquired by artificial means also.

The Ayurvedic concept and instructions regarding ten points for examinations

In the investigation of a case—Sick person—The following method is to be applied by the physician. The physician is the active part in this function. The method of approach is two fold based on authoritative text. (1) Direct observation (2) The inference. The Physical examination by sense organs is the direct observation and the things which are elicited from a Patient or the relative to be interpreted logically under the guidance of classical description—is the inference. The apparent things are directly observed but the things which are not visible or accessible are to be inferred by induction or deduction. (The Logical way).

The field of work or the source of action is the discordance of body element giving rise to advent of a disease, recognised by the increase or decrease of the science and symptoms of humour (V. P. K.) in morbid condition. The purpose of treatment—action—is the restoration of the body—elements in equilibrium and alleviation of morbid condition.

When a person has achieved the state of equilibrium of body - elements - the condition of health - indicating sign and symptoms are reestablished again.

Criterion to Assess the Fitness of A Person or to note the Progress of Recovery from the Diseases:

(The indications showing recovery or progress)

Health Indicators

1. Alleviation of pain
2. Accession of voice and complexion
3. Plumpness of body i. e. nourishment in proper amount
4. Increase of strength
5. Desire for food
6. Relish of eating
7. Timely and proper digestion of the food taken
8. Approach of sleep at the proper time
9. Not seeing frightful dreams. i. e. (Sound sleep).
10. Happy awaking
11. The proper elimination of flatus, Urine, Feces and Semen
12. Freedom from impairment of any kind of the mind, the intellect and sense organs.

The fruit of action is the attainment of happiness:

It is known by satisfaction of the mind, intellect, senses and the body. The person feels happy, cheerful and well. The place of action has two meanings:- 1) The Country in which a person is born, has thrived up or he has become sick 2) and the drug selected from Geographical land as well as its use in the different system or organ of the body.

The thorough examination of patient is performed keeping the disease as a nucleus and other nine examinations points surrounding it. They are 1) The habits 2) Tone of system 3) Compactness 4) Proportion 5) Homologation 6) Psychic condition 7) Capacity for food 8) Capacity for exercise 9) Age. All these are the factors to ascertain the degree of the strength of a person.

The knowledge of the measure of the strength of the patient and the intensity of morbidity are essential for the selection of proper medicine according to the proportion or the degree of morbidity and the strength of the Patient.

A physician who does not consider the strength of a person in the beginning of the therapy, cannot expect desired effect and the possibility of undersired effect increases. The person under treatment is the site for therapy. So to avoid fallacy; one should strictly follow the method of Examination of a Patient to assess the excellence of stamina of the individual. The next step is the ascertaining the life span of a person because dead body is not to be treated. Kala is the time or state of a patient for administration of a drug. The timely administered drug produces desired effect. On the contrary the drug used after proper time, does not produce the desired effect. The purpose of proper examination is to obtain real (Crystal clear) knowledge of the condition and the time of treatment to be adopted to correct the morbidity. This is a skill of a Physician which is termed as the "YUKTI" or the judgement. There are some dangers indicated by Charak, Sushrut and Vag bhatt that untimely used drug is harmful to the Patient. For example, if this rule is overlooked and Stambhan is given in Atisar the Patient is harmed much and the Patient if treated unjudiciously. In the treatment of inflammation and abscess also one has to be careful. The concept of Ama and Pakva is emphasised by Sushrut. A Surgeon who does not think about the condition of Vranshoth and cuts open open the unripened one is a Butcher. Similarly if he does not open the ripe abscess even he is considered as a fool, because he misses the proper time of operation. Vag bhatt has also expressed similar thought that, if a Physician uses the medicine which eliminates Dosha, in the Amavastha of Jwara deliberately annoys the Dosha like the Cobra who is sleeping at rest and agitated by pressure by the hand.

The angry Cobra definitely bites and pours poison, similarly the vitiated Dosha being aggravated are spread in different directions mixed with circulating fluid and settling in different body tissues, giving rise to a chronic disease which takes tremendous time, money and efforts to cure without certainty.

Sushrut has appropriately used the term Aturopakram in the title of the Chapter No. 35 of Sutrasthan. It means that the approach to the Patient should be that successful act before starting the treatment because it is a saying that 'well begun is half done'. He has also placed same idea to assess the 'Ayu' as the first topic to be discussed. If a person is to survive then only his disease, the season, Agni Age, Body, the strength, Endurance, Homologus, diet the constitution and the proper medicine along with the time and mode of administration are to be considered in sequence. He has beautifully described in physiogramy as well as development of physique of a person to select three types of Therapy. 1) Elimination Therapy 2) Palliative and elimination (mixed) 3) only palliative. The classification of persons is given according to length of possible survival period i. e. Dirghayu, Madhyayu and alpayu. In this context normal measurement of body and its different organ is mentioned in terms of length, Breadth and circumference. The parameter used here as the Uuit, is the Amguli (Finger of the same person).

Further he has specifically described three main stages according to age changes in a person. He has partly followed Charak in his description. The nourishment of the body has major impact on the therapy as a stout person due to accumulation of fat can endure Karshan (waning) A person of middle build group is to be maintained from fatness and leanness. If a Physician thoroughly checks up the Patient as per the instructions from Sushruta and decides accordingly, before starting the treatment he positively succeeds in cutting off the noose of death by the axe of medicine. He is a real physician to help the suffering person by wisdom, wit and logic. Thus the examination of Patient and the interview are the corner-stones for the successful treatment in the medical field. □

Promising Ayurvedic Oral Contraceptive

A. Geetha¹, M. Anandavally Amma², C. P. R. Nair³, M. Subhadra Nair⁴

TRIVANDRUM

Introduction

Many methods are adopted for family planning in different parts of the world. In India the very concept of family planning started during the time of Vedas and epics in India. The great sage Vyasa has mentioned in his epic Mahabharata that, 'he who gives birth to more than two children, is a traitor. He prescribed the method 'brahmacharya' for the parents who have two children. 99% of the people of this century may not be able to assimilate the idea of brahmacharya, which needs special training & mental discipline. Hence unnatural measures like vasectomy for men, tubectomy for women as permanent methods and many other temporary methods like I.U.D. Contraceptive pills, Condom sheath etc. came into popularity. Even now, research is going on for a safe, healthy method.

Ayurveda, one of the ancient Indian Science, has prescribed a large number of single and compound drugs which prevent fertilization in human beings. In the field of research, Ayurveda contributes many promising oral contraceptives.

Central Council for Research in Ayurveda and Siddha has taken up this task of introducing such drugs. The authors have carried out a clinical trial using a coded drug AYUSH AC 4 on 850 cases.

Methods and Material

Ingredients of the drug are asoka (*Saraca Indica*), Kramuka (*Areca catechu*), Laksha (*Tacardia lacca*) and Vidanga (*Embelia ribes*).

Pharmacological studies of AYUSH AC 4 have proved to have anti fertility, anti implantation and anti ovulatory effects.

Asoka (*Saraca indica*). Pharmacological study of this drug in female rates has proved 55% anti implantation effect at a dose 1 gm/kg.

Kramuka (*Araca catechu*) 50% anti implantation at a dose of 100 mg/kg.

Laksa 5% anti implantation at a does of 5 gm/kg.

Vidanga (*Embelia ribes*). Embelin an isolate derived from *Embelia ribes* has shown post coital anti fertility activity of 83.3% at the dose of 120 mg/kg. In female rats¹. Embeline causes a reduction in the glycogen content of the uterus end lactic acid levels in the uterus fluid. Anti fertility action of embelin is mainly due to anri implantation action.²

The aim of the present clinical trial was to assess the safety and effect of AC 4 as an oral contraceptive. The preliminary studies of the drug has shown an encouraging result.³ In the present study influence of the drug on total protiens and cholesterol levels in serum were noted. Liver function tests were done before and during trial.

Dose

Dose of the drug is one lablet (450ng each) twice daily before food for 15 days from the 4th day of menstruation.

1. Assistant Research Offier, R. S. S. C. A. Clinical
2. Social Worfier, R. S. S. C. A. Clincial
3. Assistant Director, R. R. I. Pooiapura
4. Project Officer, R. S. L. C. A. Clinical.

Selection of cases

Cases for the trial were selected from the OPD of S. A. T. Hospital, Trivandrum, based on the following criteria.

1. Age between 17-35
2. No. of children at least 1
3. Normal sex life
4. Not adopting any other method of family planing.

5. Ruling out gynaec and other illnesses

Accordingly, 850 cases were selected for the study. All the cases were physically examined to rule out systemic illnesses & body weights recorded. Liver function test, Hb, Protien and cholesterol content in blood were performed before and during trial in 85 cases. The cases were followed up from 1st to 44th cycles. 139 cases reported pregnancy; 105 were due to drug omission and 34 due failure. Table given below shows the data.

Pregnancy due to

No. of Cycle	During omission	Drug failure	Total
1	11	16	27
2	23	15	38
3	16	2	18
4	13	—	13
5	8	—	8
6	5	—	5
7	6	—	6
8	5	—	5
9	2	—	2
10	4	—	4
11	5	1	6
12	3	—	3
14	1	—	1
15	1	—	1
20	1	—	1
22	1	—	1
	—	—	—
	105	34	139

Discussion

The data of 267 cases who used the drug for more than 10 cycle is discussed. Biochemical investigations were repeated in 85 cases. The details regarding the 267 cases given in the following tables.

Table No. I		Table No. II	
Age group	Age group	Maternal group	Maternal group
Age between	No. of cases	No. of children	No. of cases
18—20	48	1	158
21—23	104	2	88
24—26	59	3	18
27—29	27	4	3
30—32	23	—	—
33—35	6	—	—
	Total 267		267

Results observed

267 cases were followed up from 10-44 cycles; 210 cases from 10-19 cycles and 57 from 20-44 cycles. 250 cases have successfully completed their respective cycles and 17 cases reported pregnancy; 16 due to drug omission and 1 due to drug failure. Table No. III and IV given below may be referred for details.

Table No. III

Table No. IV

No. of cycles completed	No. of cases	No. of cycles	Pregnancy due to		Side effects
			Drug omission	Drug failure	
10—12	96	10	4	—	2
13—15	62	11	5	1	—
16—18	41	12	3	—	—
9—21	29	14	1	—	—
22—24	23	15	1	—	—
25—28	11	20	1	—	—
29—44	5	22	1	—	—
	267	Total	16	1	2

Regarding the side effects, one case reported irregular periods and another, allergy on lips and loss of weight, both during 10th cycles. No other acute or subacute toxicity noted so far.

Effect on blood Biochemistry

In all the cases biochemical investigations like protien and cholesterol levels LFT, TC DC, ESR & Hb% were done. In 85 cases these were repeated after 6 cycles trial. No appreciate changes in the mean values were observed in these cases. Table No. V gives a summary of the investigations done.

Table No. V	Before trial				After trial			
	No. of cycles completed	TP	Alb	Glb	Chol	TP	Alb	Glb
10	6.3+	4.4+	3.4+	199+	6.3+	4.3+	3.4+	204+
	1.7	1.2	0.9	31	1.3	0.7	0.7	12
11	6.4+			156+	6.2	5.1+	3.8+	169+
	0.1			12	0.8	1.1	0.2	11
12	7.2+	4.7+	2.6+	195+	6.7+	4.5+	3.4+	198+
	1.1	2.5	0.9	130	1.1	1.3	0.6	91
13	6.9+	4.2+	2.9+	203+	5.5+	4.0+	3.6+	205+
	0.1	0.4	0.1	13	0.1	1.0	0.4	25
14	6.4+	3.6+	3.2+	169+	7.0+	4.4+	3.6+	175+
	0.3	0.3	0.8	31	0	0.6	0.4	17
15	7.9+	5.5+	3.9+	184+	6.8+	4.7+	3.7+	180+
	0.8	2.6	0.6	41	0.4	0.5	0.5	14
16	8+	6.3+	4.1+	273+	8.35+	7+	4+	20+
	1.6	1.1	0.7	27	0.35	0	0	31
17	6.0+	4.3+	3.5+	238+	6.2+	4.9+	3.9+	32+
	1.5	0.7	1.1	49	0.8	0.9	0.9	32
18	5.2			239	7.1	5.2	4.0	272
19	6.6+	5.9+	3.7+	210+	6.2+	4.8+	3.9+	205+
	1.9	0.8	0.3	22	1.4	1.2	9.3	15
20	5.0	4.6	3.0	193	6.3	4.5	4.0	1.80
21	6.1			197	5.6	4.8	3.2	169
22	4.8	4.0	3.6	198	6.2	4.8	3.0	217
23	5.4	3.2	3.4	298	6.0	4.8	4.0	260
26	6.5+			186	5.2+	4.8+	3.7+	183+
	1.1				1.3	1.2	0.8	9
29	5.0	4.2	4.0	168	5.6	4.8	4.0	178
32	8.0	4.5	4.0	227	7.6	4.0	3.6	220
44	4.6	5.0	4.0	178	6.0	4.8	3.4	198

Conclusion

A total No. of 850 cases on AC 4 a coded oral contraceptive were studied from 1st to 44 cycles. Percentage of pregnancy was only 16. 12% was due to drug omission and 4% due to drug failure. This paper deals with the data available from the follow-up of 257 cases for 10-44 cycles. The trial was successful in 250 cases. 17 cases reported pregnancy. 16 out of this was due to drug omission and 1 was due to drug failure. 4 on 10th cycles, 5 on 11th, 3 on 12th and 1 each on 14, 15, 20 and 22nd cycles. Drug failure which occurred in 1 case was in 11th cycle. As regards the side effects, two cases reported of irregular periods, allergy on lips and loss of weight, both during 10th cycles. No acute or subacute toxicity is noted so far. This drug did not have any significant influence in blood

biochemistry. The study done so far shows that Ayush AC 4 is a safe oral contraceptive. It was observed that the correct use of the drug for 15 days in empty stomach is necessary.

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References

1. Bio-chemical changes in the uterus and cervix of ovariectomized Rats Treated with Emeblin
C. Seshadri, Indian Journal of Experimental Biology, Vol. 17, No. 12, Dec. 79 P. P. 1319-1380
2. Bio-chemical changes in the uterus and uterine fluid of Mated Rates Treated with Emeblin—
A non-steroidal oral contraceptive.
C. Seshadri J. J. of Exp. Biology Vol. 16 No. 11 Nov. 1978
3. An Ayurvedic drug for birth-control—A trial with Ayush AC 4.
JRAS, Vol. 1. No. 4 (P. 553-558)



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Ayurvedic Approach to Sex

Dr. I. Ramakrishna

Introduction: Since the creation of this universe knowingly or unknowingly man struggles for happiness. This happiness is not a simple term to explain but it is to be experienced. In normal Physiological life a human being can feel some type of happiness in subconscious state. In the same way, an unique experience, felt by the individual between sleep and wakenfulness. When his mind and body alike enjoy the highest state of pleasure can be termed as happiness.

From an uneducated person to an educated person or any individual from any walk of life, male or female, mentally, constantly struggles for that happiness. This happiness can be achieved in two ways because liberation of the body tissues results in mental happiness. So physical happiness and the mental happiness are together called real happiness. One individual may feel light happiness by touch or one can feel peculiar happiness in dream. First one is physical happiness and second one is mental happiness but both are very limited superficial in nature. Hence the human being's struggle for happiness is a deep. The real happiness can be achieved by physically by well planned healthy sexual act and mentally with an attached love.

Pleasure oriented process between a male and a female with organic coitus is termed an act of sex whereas mental devotion to an individual where one can be anything for him is known as love. The happiness, love and sex are interselected, because a love inspired sex results a real happiness. These three things were counted as most important feature. Since the vedic period the above features have become considered as living factors of life because these are not simply emotional factors but these are physiological needs of the human being.

Even in the depth of Vedas in various philosophical states of these three factors were not eliminated.

Even in Indian philosophical outlook the object of life is mentioned as "Ananda-Bramha". Bramha is feeling of God which can be achieved only through Ananda. Ananda means happiness.

Review of Literature:

Wonderful attempts to establish that sexual intercourse is a healthy act with the object of complete fulfilment of man's and woman's desire were made by various scholars in the past. In those a Western book on sex, "Garden of earthly delights" by Sheikh Nefzaoul is counted as one of the good choices of philosophical literature. Above them all is the "Kamasutras" by Vatsayana. "Anangaranga" by Kalyanamalla, which was written originally in Sanskrit, and later translated into all international languages, can be counted as best available healthy sexual literature in the world. The philosophical research scholars of Indian system of medicine like Charaka, Susruta, Kasyapa, Sarangadha, Yogaratnakar dealt with the subject with special chapters known as Rasayana and Vajeeakarana which are special technique of treatment to keep youthfulness and to have a healthy strong act of sex. Especially the Charakasamhita, Yogaratnakar, Kasyapa Samhita, Susruta Sareera, Sarangadhara Samhita etc., have got a wonderful treasury of the above science.

Technique of the Act:

The real success of the sexual act depends on the technique of man as he has to stimulate the depressed emotion of woman, by various acts. The cream of joy is churned by the partners in the hilarious operation of sex, in which the combatants hug on each other in the salubrious heat of love, bringing all their part into passionate contact and producing rhythmic motions, after the male has besieged the vulva. The man moves on with speed and violence, as the woman lends support to his movements, so as to bring about the supreme ejaculation.

Really the wonderful aids provided by the Lord to promote the act hit a supreme physical and mental happiness. Making of this pleasure depends on tapping of these aids.

In the performed garden sheikh stresses this preparation with fourteen types of act. The Kamasutra also suggests various types of act which makes both more happy.

The achievement of happiness depends on love oriented strong complete sexual act with the full satisfaction of both partners. In human life one can attain the state of happiness in various things in various ways. That state of happiness is "Sthayee Bhava". This sthayee-bhava may be different in different individuals. That's why according to the above conditions the male and female are classified into four types also considering their physical and mental characters and the roots of attaining liberation or Sthayeebhava. Acharya Nagarjuna classified females as "Padmini" "Chitrini" "Samkhini" and "Hasthini". The first one is counted as best. He has described all the physical and mental characters of the above four varieties. In the same way males are also classified as four varieties "Sasa" "Mriga" "Vrisha" and "Aswa".

The Ancient Ayurvedic scholar Vagbhata wonderfully explained the qualities of a female who enjoys the highest pleasure of sex. In those days the object of sex was not only a fulfilment of desire but also healthy fertilization. Hence the Ancient Ayurvedic classics thoroughly discussed all the factors related to sex with association of love.

in modern times because of not having proper understanding of the above factors or healthy process of sexual act a number of Psycho-Neurological Syndromes or sexually transmitted diseases are caused. Some how since a long time this sexual act took its shape as male exercise with roughness which hurts the delicate feelings of Virgin.

Hence it is a primary need to have a clear understanding, full-fledged knowledge of sex to both male and females rough touch, rough behaviour, defective action and Pre-ejaculation on male side. Congenital Hormonal Psychological defects in female part causes a failure in the act. Proper time with a calm or attractive atmosphere, prior nourishment to sperm and ovum i. e., "Sukrarthava Apyayanam" are the essential factors for the successful sexual act. Of course the sex should be determined Anatomically, Socially, Hormonally etc., Before the act a situation should be developed by themselves with neat attractive surroundings. attractive bed, wearing of ornaments etc. The real achievement of the happiness with sex is not only due to the act by penetration of male organ into the female tube. Acharya Charaka says that by "Smarana" i. e., murmuring of each other, "Keerthana"—singing, Sangalpa—concentration, Rathi—Act, which were counted as Astangas, should be observed by both partners to reach highest supreme happiness of sexual act which should be associated with love.

Tendres of Management:

Various drugs were mentioned by our Ancient scholars specially by Kalyanamalla in Anangaranga and also in Yoga Ratnakaram to enhance the mental, physical capacities of both individuals to control the pre ejaculation, to increase the size of male organ, to increase the size of breast in female.

In the clinical studies conducted in our Hospital have indicated the wonderful effect of certain preparations where a male hormonal therapy failed. The sweet dishes, ghee & Milk are best nourishment to the male whereas oils, Tila & Masha are counted as nice nourishment to the female. A purified Rajatha Bhasma

(Silver Powder) NagaBhasma., Mukta Bhasma mixed with Aswagandha churn along with Milk proved as best preparation to enhance the sexual happiness with arrest of pre ejaculation. In Ayurveda a number of Vajeeekarana Yogas which were meant to develop the sexual capacities in both sexes by various preparations were mentioned especially in the Charaka Samhita. Yogaratnakar, is also not much behind in this respect. Pippali, Saindhava Lavan, Aswagandha, Mercury are some of the ingredients which makes a man active in the act. In the same way an external Application of Padmaka, Malli-ppuvu etc., also makes the

External and internal Genetelia of the female fit to enjoy the act for a prolonged time.

Conclusion:

Apart from all the above the happiness to the sexual act can be attained only if one acts, with mental and physical preparation to a stimulative state with complete devotion and love. Both have to adopt a systematic healthy approach to sex if they want to get real happiness, which is the ultimate object of such people.



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Identification of *Kalanchoe Spathulata* DC.

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Abstract

In Ayurvedic pharmacopea several plants have been used under the name such as Parnavija, vatpatri, Asthibhaksha, Asmabheda, Chatuspatri, Mohini, Airavati etc. on the basis of their characteristics. But some Ayurvedic practitioners have clinically treated the *Kalanchoe spathulata* Dc. and Bryophyllum under the name of Parnavija. Actually *Kalanchoe spathulata* Dc. and Bryophyllum are two separate genera. The identification of Bryophyllum has been defined very well in every text book of Ayurveda and Botany. Therefore the *Kalanchoe spathulata* Dc. is hereby explained on the Ayurvedic concept as well as morphological characteristics. The study is concentrated to prove that the name Parnavija in relation to *Kalanchoe spathulata* Dc. is authentic besides other Ayurvedic synonyms.

Introduction

Kalanchoe spathulata Dc. is usually mentioned under 'Parnavija' by most of the recent scholars, because their leaves when placed upon moist ground, take root and produce young plant. Parnavija is not mentioned in Ayurvedic literature yet *Kalanchoe spathulata* Dc. has been accepted as Himalayan plant by Dymock et al (1980) and Indian medicinal plant by Chopra et al (1956). But according to Watt G. (1980), this plant was said to be brought in India first by Lady Clive in 1799. This shows that either it was introduced in India or it was already present but was unknown. However several species of *Kalanchoe* are found in India and abroad. The Indian species *Kalanchoe spathulata* Dc. is very constant

in its trifling characteristics and habit (Hooker J. D. 1879).

Because of the 'leaf seedling' habit several species of Bryophyllum and *Kalanchoe* are taken under 'Parnavija'. Parnavija is itself not clear and has been described under pashanbheda, another highly controversial plant which is described by the name of 'Asmabheda' in Brhatrayi. Vatapatri, another synonym for this plant, has been given by Bhavaprakasa (16 Cent A. D.) etc.

Distribution

It is found in tropical Himalaya from Bhutan to Kashmir at the altitude about 1000'-3000' and also commonly in Burma, Warm China & Java. In India it is mostly found in Bengal.

Ayurvedic Synonyms

Parnavija, Pashanbheda, Asmabheda, Upalbheda, Silodbheda, Parnah, Asthibhaksha, Vatapatri, Chatuspatri, Mohini.

Parnavija

This plant is not noted in any Ayurvedic literature. Modern scholars consider it under the different species of Bryophyllum and *Kalanchoe* both of them belonging to the family crassulaceae. Parnavija or 'leaf seed' the name is given because when its leaf is placed on moist ground take root and produce new plant.

Pashanbheda

Some authors used to consider it under the name of Pashanbheda, which has been mentioned

in the form of several synonyms in Ayurvedic literatures eg. Asmabheda or Asmabhith (in Brihatrayi), upalbheda (in A.A.VI, 8, 143) and Godabheda in (C. S. Su 4, 49, Sa, 8, 29, 89, A.H.U. 39, 169). All these words literally mean stone breaker, usually stones are salts of calcium. Therefore it breaks the stone either of rock, hills or of urinary tracts (human body). Stone breaking property has been established in *Bergeria ligulata* (Wall) Engl. as well as also mentioned by many recent research workers.

Parnavi

Parnavi means *Palasavriksha* (*Butea monosperma* (Linn) Kuntze; (*Vaidyakshabdsindhu*). Seeds of *Butea monosperma* Linn are flattened (leaf like) and on moist ground produce a new plant. It might be that due to similarity in shape and germinating property between seeds of *Butea monosperma* and leaves of different species of *Synedrella* and *Kalanchoe*, the name Parnavi was applied for later plants.

Asthibhaksa

Dymock et al (1890) has mentioned *Asthibhaksa* another Sanskrit synonym for Parnavi. *Asthibhaksa* means eating bones. It is therefore believed that when this drug comes in contact with bones, it dissolved the calcium salts from the bones. None has mentioned *Asthibhaksa* as a plant. Hence it seems to be incorrect to use it as a Synonyms of Parnavi. But *Asthibhaksa* has been accepted as plant by other workers where it is suggested as a kind of drug, locally known as Ghayamari in Maharashtra. Ghayamari is used for *Kalanchoe pinnata*, Pers, hence it may not be applied to *Kalanchoe spatulata* Dc. because it is a plant of Himalayan region.

Vatpatri

Vatpatri is taken as a kind of *Pasanbheda* or *Rajnighantu* with Synonyms Airavati, Godhatri, Shyama and Khatwanga. Bhavprakash Nighantu has quoted another synonym mohini. In our review we found that these may not be synonyms but separate plants. Because properties of Vatpatri given by Rajnighantu and

Sodhalnighantu as *Sitavirya*, whereas by Bhavprakash is *usnaviray*. Airavathi is of *usnavirya*. It seems that description given by Bhavprakash may be of Airavati and not of vatpatri. Further Airavati is narangi, a plant of citrus species and Mohini in Brihatrayi a plant of solanum species.

DESCRIPTION—Syn - *K. Varians*; *K. nudicaulis*, Haw; *K. crenata*, olive; *K. acutifolia* Kurz.

Characteristic Features

Mostly six species are found of this genus:

1. *K. Glandulosa* (*K. heterophylla*)
2. *K. Spathulata*
3. *K. Eloribunda*
4. *K. Grandiflora*
5. *K. Brasiliensis*
6. *K. Laciniata*

Genus Kalanchoe

Erect stout perennial herbs, leaves opposite or the upper alternate. Flowers large, erect in many flowered subpaniculate cymes.

Calyx — 4 partite, or 4 - fid half way down

Corolla — with a flask shaped tube and spreading 4 fid half way down limb, much exceeding the calyx (yellow in Indian species). Persistent.

Stamen — 8, in two series, adnate to the base of the Corolla-tube, attenuated into long style.

Ovary — ovules very many

Fruit — Follicle-4

Seed — many, oblong, ellipsoid, with 8-15 longitudinal ribs - DM species, chiefly in tropical and south Africa, Several in tropical Asia, one is Brazil.

K. Spathulata

Glabrous, fleshy herbs, 0.3—1.2 m. high, plant's leaves spatulate — oblong crenate, upper distant and becoming very narrow sometimes 3—foliate, the lowest bracts similar, lower panicle branches usually opposite, sepals elongate triangular from a broad base. Stem-1—4 feet high, Lower leaves commonly 3—4 inches (sometimes 10") long besides the petiole upper leaves

(with the petiole) often 3"—4" long by $\frac{1}{2}$ inches broad, frequently sessile, Corymb flattish or more rarely elongate with few scattered linear bracts $\frac{1}{4}$ "— $\frac{1}{2}$ " in long. Flower-clear yellow, the corolla tube glabrous, Calyx-in fruit often as much as $\frac{3}{8}$ " wide. This species shows probably be except by the orange tint of the flower and with *K. Crenata*, but the Indian plant is very constant in its trifling characteristics and habit.

Conclusion

Kalanchoe spathulata Dc. is not a pashanbheda. Actually Pashanbheda has been proved and widely accepted as *Bergenia ligulata* by many scholars. It is not also a vatpatri, because its leaves are spatulate in nature (ie., in laminar structure, length and wideness of lamina etc.) in comparison with vatpatri. The leaves of vatpatri become ovate in shape. *Kalanchoe pinnata*, Pers (Ghaymari) has been accepted as *Asthibhaksa*. None has mentioned *Kalanchoe spathulata* Dc.

as *Asthibhaksa*. Ghaymari is the plant of Maharashtra whereas *Kalanchoe spathulata* Dc. is the plant of Himalayan regions.

Airavati, Godhavati, Mohini, Shyama and Khatwanga have been mentioned as synonyms of vatpatri by many Ayurvedic scholars. Actually these are not synonyms but separate plant keeping different properties as well as morphological differentiations. Parnah is the plant which grown up by seed not by leaf. The study to focussed description only on leaf which behaves as seed.

Parnvija name is authentic because its leave when placed on moist ground take root and produce young plant which is practically observed by us as well as other Botanists. Morphological descriptions and seedling habit or the leaf of *Kalanchoe spathulata* Dc. certified that if must be used under the name of Parnvija.

References

1. Dymock, W.; Warden, C. J. H., Hopper, D.; Pharmacographica Indica, Trubner & Co.; London Education, Societies Press Byculla, Bombay, Thacker, Spink & Co. Calcutta 1890, Vol. I, p. 590.
2. Watt, G. A. Dictionary of Economic Products of India, Cosmos Publication, Dehli, 1890 (reprinted 1972), Vol. IV, p. 563-564.
3. Singh, B.; Chunekar, K. C.; Glossary of Vegetable drugs in Brhatrayi, Chawkhamba Sanskrit Series Office, Varanasi, 1972, p. 27.
4. Williams, M.M. A Sanskrit-Englis Dictionary, Oxford, At the Clarendon Press, 1970, p. 123
5. Gupta, U. C.; Vaidyaka Shabda Sindhu, (Revised & Enlarged by N. N. Sen), Pub. by Nagendra Electric Machine Printing, Culcutta, 1914.
6. Joshi, V. M. S.; Joshi N. H.; Ayurvediya Mahakosha (Ayurvediya Shabda Kosha), Maharashtra Rajya Sahitya and Sanskrit Mandalas, Mumbai, 1968, Pt. II; p. 32
7. Chunekar, K. C., Hindi Commentary of Bhavaprakasha Nighantu, Chaukhamba Vidhyabhavan, Varanasi, 1969, p. 451
8. Rajanighantu Sahito Dhananvantariya nighantu, edited by N. S. Purandara (V. G. Apte, Anandasharma, Poona), 1896; p. 37, Verse 211
9. (See serial No. 8), p. 37, Verse 212
10. Sodhalanighantu - Namasangraha & Guna Sangraha, edited by Sharma, P. V.; Oriental Institute, Baroda; 1978, II p. 128, Verse 429
11. (See serial No. 10), I. p. 15, Verse 162, p. 62 Verse 567.

Vagbhata's tour of India

Vagbhata, the Acharya of Ayurveda, need no special introduction. The Acharya has decided to travel throughout the length and breadth of India in order to see for himself the present condition of Ayurveda. With his is his disciple Jeachata as well. The information they get by observing and listening while travelling is being duly conveyed to the Editor. We are publishing it. The individuals and institutions referred to in this are merely imaginary. Similarity, if any, is simply accidental.

Chief Editor.

1. The Physician on the sea-shore

Vagbhata: A nice place we have come down to. Clear morning. Calm sea. How quiet the sea-shore! Let us walk a little along this shore.

Disciple: People have scarcely stirred out. Form their dress and words—

Vagbhata: It seems the land of Malayalis, doesn't it? Right it is so. A place well known for Ayurveda. The seat of the Ashta Vaidyas. We are lucky to have descended here. The standard of Ayurvedic system of therapy is easy to ascertain here.

Disciple: You have already told me that there are your renowned disciples and medical institution here.

Vagbhata: We have come here to see all that at first hand.

Disciple: Look, there is a crowd at that place. And from there comes the odour of Kashayas oils and pastes.

Vagbhata: Yes. I too feel the odour. Enquire and tell me what is the matter there. I'll wait here.

At the Acharya's instance the disciple drew near the crowd. There he saw a thatched shed. Two or three benches are there close to the plam-leaf screen. A man is sitting on a stool. Those sitting on the bench are talking to him about their ailments. The man on the stool is said to be a Vaidya. There is a kit tied the carrier of the bicycle in front of the shed. The 'Vaidya' supplies Kashayas, powders, oils and lehyas from inside the kit and receives money in return. The disciple cunningly collected all information from the others. It was with a smile on the face that he came back to the Acharya.

Vagbhata: What's the matter there?

Disciple: It's all treatment. The miracle of selling medicines before the patient's account of his illness is finished.

Vagbhata: Is it so? Who is the Physician?

Disciple : It's neither the Ashta vaidyas nor any of their tenants. Someone.

Vagbhata: Hasn't learnt medicine?

Disciple : No symptom of that. They say he is an employee of govt. establishment here.

Vagbhata: Does he practise his medicine there as well?

Disciple : That I don't know. Heard his designation being said in English. Couldn't grasp it. Scavenger or something like that.

Vagbhata: In English I haven't heard such a term for physicians, perhaps it is some new title — However, he has been dispensing drugs. That...

Disciple : That secret also I came to know. The drugs supplied are said to have been pilfered by him from the Ayurveda institution where he is working.

Vagbhata: My God! Is this 'Dharma rajya' in such a predicament? Isn't there anybody to hear this? to question this? What a prostitution of Ayurveda! Making money by thievery! Come, let us go back. Such wickedness is beyond my endurance.

Disciple: I beg to differ. It does not seem proper to withdraw from the scene. Can't some remedy be found? I doubt.

Vagbhata: I am disgusted. Yet we will go round a little longer.

Disciple : I feel like going to the vaidya's place of work. You are the patient and I am your helper. Your name is Patameswaran and mine, Nanu.

Vagbhata: If so, Nanu, go in front.

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Easteru Pharmacist.

"DEAHA-PRAKRITI (PSYCHOSOMATIC-CONSTITUTION) IN AYURVEDA"

Dr. K. K. Sharma *

Dr. A. K. Guru **

Prof. L. V. Guru ***

Introduction:-

No two individuals are alike either in morphological, physiological or behavioural dimensions. Since the earliest time, the study of Deha-Prakriti (Psychosomatic Constitution) has been a topic of interest to man. The variations in gross structure of the body was studied as early as from the time of Agnivesha (500 BC).

Definition:-

Prakriti may be defined as the state of the body which is unchangeable and not harmful to the individual concerned. It develops during the process of fertilization and caused by the predominance of some factors¹ (Tridoshas). Deha-Prakriti (Psychosomatic Constitution) of a person is named according to the predominance of Doshas e, g. Vata, Pitta or Kapha^{2,3}.

Deha-Prakriti (Psychosomatic Constitution):-

Ayurveda is the only ancient science which has given extra-ordinary emphasis on the Psychosomatic Constitution vis-a-vis constitution (Deha-Prakriti and Manas Prakriti). With further

development, other medical sciences like Unani, Homeopathy and Modern Medical Sciences, have also emphasised the role of Deha-Prakriti (Constitution) in preventive and curative aspect of medicine. All the measures of preservation of health and cure for disease are based on the consideration of Deha Prakriti and Manas Prakriti of an individual. Deha-Prakriti of a man is considered to determine his susceptibility to different psychosomatic disorders. Their pattern of manifestation of symptoms, the general course of disease, complications and over all prognosis. Accordingly, it also determines the individual's response to the therapy given. Thus, the consideration of Deha-Prakriti of a man is very fundamental to the Indian system of medicine. The chief aim of Ayurveda, according to Charaka is to keep the three Doshas (humours) i.e. Vata, Pitta and Kapha in Homostatic state⁴.

The term Prakriti, Doshia Prakriti and Deha-Prakriti, are synonyms as mentioned in different text of Ayurveda¹. The Indian system of medicine describes Deha Prakriti (Psychosomatic Constitution) from different angles. Primarily the Prakriti has been conceived as a psychosomatic entity. The human constitution has a genetic and an acquired aspect. The acquired

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1. Rasvaishoshik Sutra 1/7 Narsingh Bhashya. 2. Charak Sutra 7:40

3. Sushruta Sharir 4:62 4. Charak Sutra 1:53.

1. Charak Viman 8:95, Charak Viman 6:13, Charak Sutra 7:40.

constitution develops in relation to environmental factors e. g. age, sex, race, family setup and climate². The genetic constitution mentioned in Indian system of medicine has been described in relevance to the fundamental humoral theory of Ayurveda. (The Tridosha Theory).

The development of Deha-Prakriti as concerned in Ayurveda is generally related to the following factors³.

1. Shukar Shonita Prakriti (Matrija & Pitrija Bhava or spermogenic + organic factors).
2. Kala Garbhasaya Prakriti (gastation period and intra Utrine genotypical factors).
3. Matur - Ahar Vihara Prakriti (Satmyaja & Rasaja Bhava or the diet regiman of expectant mother).
4. MahabhootaVikar Prakriti (Manas and Atmaj Bhava or proto elemental traits).

The entire science of Ayurveda has been based on three basis humours (Doshas) namely Vata, Pitta and Kapha. The very comprehensive account available on these humours (Doshas) indicate that these three humours forms the basis of structure and functions of entire human body. For the sake of gross understanding of this concept. it may be defined that the entire solid structures of the body including body cells, fibers, interstitial structures and biological fluids constitute Kaphaja system of the body. Some of the hormones enzymes, co-enzymes, and other such constitution responsible for the physico chemical (Metabolic) activities going on constantly in the body may be considered as Pittaja system of the body, while all the actions and responses including the mechanism of neuro transmission may be considered as Vataja system. The coordinated and balaneed functioning of all these three systems maintains the life of an organism and keep it in homostatic state, and any sort of disturbance in the equilibrium and lack of coordinated functioning leads to diseases⁴.

Though a normal living being is the result of the equilibrium of the three above said Doshas (humours) there is always a limited relative variation on these three humours in the body e. g. Kapha is dominant in the childhood, Pitta is dominant in adolescent and Vata is dominant in senile age. These changes are due to age factors but certain other factors like diet, environment etc. may produce them. Some changes in the body which are transisting these changes, would not affect the genetically determind Deha-Prakriti (Psychosomatic Constitution), because it is unchangeable¹. It would be seen on relative analysis, that certain persons possesses relative preponderance of one or other of the three humours or their combination in terms of their structure and functions. This genetically determined preponderance or subordinance of Doshas reflex into the variations that are seen in Deha-Prakriti of a man. Thus the Deha-Prakriti (Psychosomatic Constitution) of a man is basically determined by the genetic variations of different Doshas.

Depending upon the relative preponderance of these three Doshas, the Deha-Prakriti can be grouped into seven groups².

1. Vataja Prakriti
2. Pittaja Prakriti
3. Kaphaja Prakriti
4. Vata Pittaja Prakriti
5. Vata Kaphaja Prakriti
6. Pitta Kaphaja Prakriti
7. Sama Doshaja Prakriti

Characterstics of Vataja Prakriti ^{3,4,5,6,7}

Ruksha (strict), Laghu (light), Chala (mobile) Bahul (abundant), Shighra (swift), Sheet (cold), Parusha (roughness), Vishad (non-slimy) — these eight quantities of Vata, has been mentioned by Charaka. Various manifestations of the human body having Vataja Prakriti are due to these eight

1. Gang Dhar, Chark virnan 6:9
2. Chark virnan 8:95
3. " "
4. Sushruta Sharir 4:60
5. Astanga Sangrah Sharir 8:9
6. Astanga Hridaya Sharir 3:05-69
7. Bhel viman 4:16-18

attributes of Vata Dhsha and are as follows—
 Vataja individuals are of dry wasted and small bodies of long drawn dry low in wight hoarse voice and are always wakeful. They are light and inconstant of gait, behaviour, diet and speech. They are restless in their joints, eyes, brows, jaws, lips, tongue, head, shoulders, hands and feet. They are very talkative and with prominent veins and tendons. They are quick in their action and variation of mood and pathological changes. They are quickly affected by fear, likes, dislikes, quick on understanding and forgetfulness of things too. They are intotelant to cold and greatly liable to suffer from cold. They have rough scanty hairs on the head, face, body, rough nails and dry-ness in the mouth, hands and feet are cracked. Their joint make noise on movement, they are dishonest, vain thievish and fond of music, unsteady in their friendship. He is a fast walker and dreams of seaing in the sky. The traits of their characteristics resombles those of goat, jackal, hare, mouse, camel, dog, crow and ass. They are small, have only a short span of life and few offsprings.

Characterstics of Pittaia Prakriti—1, 2, 3, 4, 5

Ushna (hot), Tikshna (sharp), Drava (liquid), Visra (Fleshy smell), Amla (acidic) and Katu (Pungent)—These six are the properties of of Pitta. Persons belonging to Pittaja Prakriti have following characterestics. They are intolerant of heat, have raised oral temperature one of delicate and clear body and have profuse number of moles, trackles, spots and pimples one face. posses excessive hunger and thirst and are subjected to early wrinkles, grey hairs and baldness and are possessed generally of scanty soft, laiony hairs on the head face and body. They a-re of keen valour and good digestive power, intake of food and drinkk in good amount and constant eater. They have flabby and soft joints and excessive erspiration exorction of urine and races. They have small amount of seme on, limitad sex desires and scantry off-springs.

Pittaja Prakriti individuals are endowed with modreate strength, moderate span of life, medium spiritual knowledge, wealth and acsessories of life. They have small rounded eyes with

scanty eye lashes and brows. Their eyes become reddesh in anger and sunlight. They are never over powered with fear nor bends before powerful analgeic

Kaphaja Prakriti

Snigdha (unctous), Shlekshna (smooth), Mridu (soft), Madhur (sweet) Sar (Firm), Sandra (dense), Mand (slow), Stomitiya (stable), Guru (heavy), Sheeta (cold), Pichhal (viscois) and Swachha (clear). These are the characteristics of Kapha. The characteristics of Kapdaja Prakriti individuals are due to attributes of Kapha. They are as follows—well built.

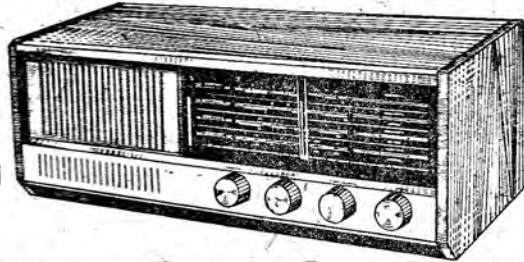
They have glossy and smooth limbs and smooth body, and have profuse semen and sexual desire and good number of offsprings. They are slow in their action speech and understanding. They have large and stable gail. Their hunger, thirst, heat and perspiration ore meagre. They are of clear look, clear complexion and clear voice. They have good strength, health, knowl-edge vitality gentleness and long eye.

! Their complexion is just like Dama grass. Neel Kamal, Kamal, Seskanda, Dhanya, Gorochar and Swarna. Their eyes are whiish, hairs are custy and black, voice resembles the rumbling of rain cloudes or roaring of lion or sound of Mridanga. Their characteristics resemble those of Brahma, Rudra Indra, Varuna, horse, lion, elefant and swan. They prefer Katu, Tikta, Kashai, Ushna & Ruksha food ^{1, 2, 3, 4}.

Persons having mixed constitution possess the properties of two Doshas. Persons having Sam Prakriti exhibits the characteristics of all the three Doshas in normal range. This type of Prakriti is considered to be the best.

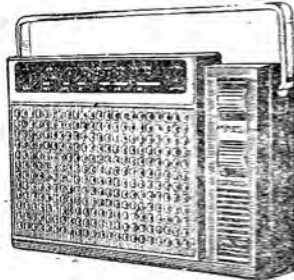
1. Charak viman 8:86
2. Sushruta sharir 4:74
3. Astanga sangreh sharir 8:15
4. Astanga Hridya Sharia 3:96-103
5. Bhel Samhita Viman 4:22-25.
1. Charak Veman 8:97
2. Sushruta Sharir 4:64
3. Astanga Sangreh Sharir 8:12-14
4. Astangh Hndys Sharir 3:90-95
5. Bhel Samhita Viman 4:19-21

The super entertainers

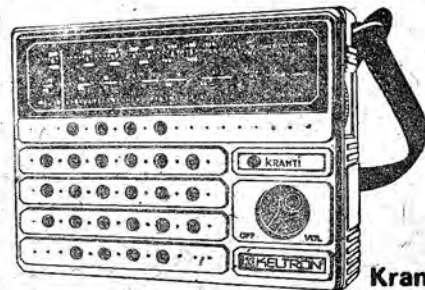


Kadambari

Keeping in tune

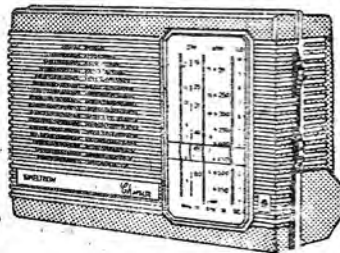


Kalpaka

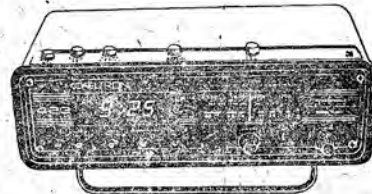


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Role of Ayurveda in W. H. O's Programme "Health for all by 2000 A. D."

(Dr. K. GOPAKUMAR and Dr. B. VIJAYALEKSHMI,
Regional Research Centre Bangalore-11)

Abstract:

The Ancient systems - Ayurveda has many plant based drugs used effectively over centuries in the treatment of many diseases, thus serving human welfare from time immemorial to the present day. Even today though the modern Allopathic system has developed to a great extent the several side effect that caused by the synthetic drug is driving the human being to depend on the natural product drugs which has no side effects at all. However with the rapid development of the industry vast stretches of valued forests which abounds in plant drugs are constantly destroyed. Hence there is an urgent need to find out alternate sources, to replenish the diminishing drugs. In this paper some suggestions and the details of some crude drugs sold in the markets are explained which will pave the way to find out alternate or new sources of drugs which are very essential to meet the aim of the W. H. O'S. Health for all by 2000 AD.

The W. H. O. was constituted in 1948. Its object broadly is the attainment by all peoples of the world of the highest possible level of health. Its activities comprise eradication of diseases, prevention of epidemics, improvement of nutrition, dissemination of hygiene habits and other positive measures to ensure healthier living in all countries. At present W. H. O. have adopted the slogan health for all by 2000 AD.

Indian has a population of 76 crores. Majority of them are economically backward. It is estimated that 65% of the total population are below the poverty line. Their health, hygiene, nutritional and environmental standards are deplorably poor

possessing a serious problem to the human society. The physicians have a large responsibility to rectify and overcome this human problem which calls for total patriotic zeal and spirit of dedication.

There has been a steady decline in death rate from 27.4 in 1941-51 to an estimated 15.2 in 1971-81. This has naturally resulted in a corresponding increase in the expectation of life at birth. An average Indian 50 years back could at birth expect to live only for 26 years. To day he can look forward to a life span of 50 years which is a positive achievement; but mortality rate is distressing by high. Infant mortality is still about 12/1000 live births. But this is lower than that of USA (16) UK (17) Thailand (27) and Sri Lanka (45). Similarly the mortality rates among female children and women are as high as 418/100,000 live births.

The current morbidity and mortality picture shows one major variation from the past. Extreme scarcity of food has not occurred. The diseases like small pox, cholera and Malaria have already been eradicated or curbed to a great extent and immunisation has protected children from dangerous diseases. But in other respects, the the overall character of morbidity has not changed. Diseases arising from poverty, ignorance, malnutrition, bad sanitation, lack of safe water supply or adequate housing and low levels of immunity are still the most common factors.

In both morbidity & mortality there are large variations from state to state (Eg. between a death rate of 7.2%/1000 in Kerala and 19.2%/1000 in U. P.) and some times even within a state. This is because of the above said factors and the climatic

conditions (Kala) way of livings (Charya) position of lands (Desa).

Most of the Indians are living in villages (Rural areas) and the difference between rural and urban area also very large. As a whole the health situation in rural areas is more dismal.

As stated early India is still considered an economically developing country, 75% of the Indian population still depending on Indigedous system of medicine only. There are more than 1000 manufactarers of Indian system products in the public and private sectors. Besides, there are thousands of individual practitioners who are manufacturing and dispensing their own requirements. A total turn over in India at present is placed at Rs. 100 crores and the demand would be of the order of Rs. 400 crores by 2000 A. D. Hence to provide Health for all there is a need to find out alternative source of drugs to meet the shortage.

The Indian system known as Ayurveda originated as far back as 2000 BC which implies the science of life and the art of living and covers all the principles of other systems. To achieve health Ayurveda can play an important part.

According to Ayurveda a healthy person is called as 'Swasthian'. Swasthia is the state, when doshas; dhathus; agni; and malas are in sama (equal) and atma Mana and indriyas are in prasanna (comfort) condition. The aim of Ayurvede is to maintain the swasthia & to treat the diseases in a patient restore to swasthia. The main factor to achive this condition is the use of drugs in the proper time.

There are about 2,73,645 registrered practitioners in ISM as per the census of 1978 and most of the Indians prefer Ayurvedic treatment. So the welth of the forest can be utilised for the same purpose. The total forest area of India is 75.06 million hectors which is 22.88% of the total geographical area of the country.

This constitutes 1.85% of the world forest with 20000 species of medicinal plants of proven therapeutic value. They are collected and used as drugs and medicines under ISM. But with the rapid development of industry, the above

said valued forests and the drugs are destroyed. Some of the common drugs like Eswari, Tagara, Guggulu, Kushta etc. which are used quite frequently in Ayurveda have become rare in our forests. Still there are many drugs which can be used in place of the diminishing drugs for prevention as well as treatment of the diseases.

All the drugs are panchabhouthik and have their own medicinal properties, which can be used for several diseases. After a crittical study of the properties Rasa, Guna, Veerya, Viapaka prabhava and Karma of each drug, alternate source can also be accepted for several drugs. The axpense will be less and the side effects will be minimam or absolutely nil. As stated many drugs are diminishing from the forests due to various reasons. It is the duty of the Ayurvedic physicians and botanists to find out suitable altarnate saurces and to put forth their united efforts.

There are many drugs other than the accepted source (Which are sold in the markets) using in the some Ayurvedic preparations under the same formulations. It has been observed and studied that some of these drngs can be easily used for prevention and treatment in place of the accepted source. To cite a fow examples see table I.

Apart from this to provide health for all by 2000 A. D. the physicians should go to the villages and rural people should be advised on diet and sanitation and teach the people to go through a process of self diagonosis for minor ailments. The educated people must reapprised of their attitudes to traditional medicine. There should be enormous advantages in trying to workout medicinal kits with iiterature regarding prevention of diseases and uses of single drugs. Demonstration Classes also cen be held in villagers where films, T. V., Radion etc. can be used so that the rural poor could identify and collect required some herbs.

Acknowledgement:

Thanks are due to the Director, CCRAS, New Delhi for various facilities and Dr. B. V. Holla Asstt. Director for the encouragement and help.

Reference

1. Anonymous 1978 The Ayurveda Permalary of India Part I
Controller of Publications.
2. Gupta A. D. 1962 Ashtanga hridaya (Commentry) Chowkamba
Sanskrit Series Varansi.
3. Home News 1984 Jan. The Eastern Pharmacist
4. Home News 1984 P6 Jan. The Eastern Pharmacist
5. Mathew K. M. 1978 Manorama Year book, Manoram Kottayam Press
6. do. 1983 do.
7. Nair K. V et al. 1982 Ancient Science of life
8. do. 1983 do. Vol. III No. 2
9. do. 1984 do.
10. do. 1984 In press

TABLE

Sl. No.	Drung	Accepted source	Some preparations	Impt. Diseases	Alternate source
1.	Rasna	<i>Pluchea Lanceolata</i> (Asteraceae)	i. Ashtavarga quadha ii. Raesnadi quadha iii. Resnarendady quadha	Kasa, Amavata, Vataratka	a. <i>Alpinia calcarata</i> b. <i>Alpinia qalanga</i> (both zingiberaceae)
2.	Renuka	<i>Vitex agenuscastus</i>	i. Mahayogaraja guggulu	Gulma, Vatavyadi Kusta	a. <i>Vitex altissima</i> b. <i>Vitex negundo</i> (Both verbenaceae)
3.	Sahachara	<i>Barleria priorities</i> (Acanthaceae)	i. Ashtarvarga quadha ii. Arvgaadhadi quadha iii. Rasnadi quadha	Kasa, Chardi, Amavata, Vatarakta	a. <i>Nilairianthus heyneanus</i> b. <i>Pleocaulus Sessitus</i> (Both Acanthaceae)
4.	Prisniparni	<i>Uraria Pieta</i> (Fabaceae)	i. Rasnadi Quadha ii. Vidaryadi quadha iii. Dasamoola quadha	Amavata, gulma, kasa	a. <i>Pseudarthra Viscida</i> (Fabaceae)
5.	Agaru	<i>Aquillaria agallocha</i> (Thymiliaceae)	i. Rasnadi quadha ii. Brahma rasayana iii. Chyavana prasa	Amavata, Tandra, Rasayana Vajeeakaran	a. <i>Dysoxylum malabaricum</i> (Meliaceae)
6.	Dusparsa	<i>Fagonia cretica</i> (Zygophyllaceae)	i. Dusparsakadi quadha ii. Mahatiktaka gritha	Arsas, Kushta Twak roga	a. <i>Tragia involucurata</i> (Convolvulaceae)
7.	Prasarini	<i>Paederie foetida</i> (Rubiaceae)	i. Prasaranyadi taila	Vatha Vyadhi	a. <i>Meerremiatridentata</i> (Convolvulaceae)

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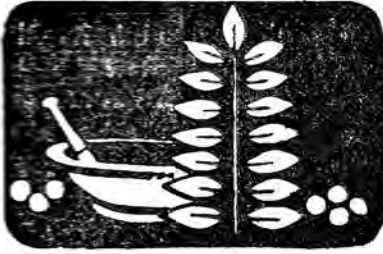
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Single and Simple Remedies

How to avoid the changes caused by excessive drinking

By Dr. A. C. Rahulkumar*

Though consumption of liquor in moderate quantities, at proper times and in accordance with expert directions is useful, its excessive consumption, and inordinate craving for it will often caught dangers and diseases. The following are the concomitant changes of excessive use of liquor. Certain simple remedies and easy methods of treatment are also given here under.

Strong or old and sour liquor, when drunk excessively may cause unconsciousness, thirst, sleepness, fever, internal ulcers, giddiness, different kinds of pain, etc. which can be relieved by administering a small quantity of good liquor.

If excessive indulgence in drinking causes changes dominated by 'Vata', liquor made from powdered rice and mixed with meat pierced through by a trident and broiled, vegetables, ghee and powder of fried rice must be administered. A decoction made from pomegranate juice, dried ginger and coriander is also good.

If the drunkard shows signs of heat, Vomitting etc. which are caused by the dominance of 'Pitha', lipuor made from sugar or honey is the remedy. This may be administered together with the juice of pomegranate,

grapes and dates. A drink made up af cold powder of fried rice and sugar is also good. The meat of hare, sheep and deer is excellent, If the patient feels very thirsty, cold sugar cane juice or grape juice may be administered so as to cause vomitting.

If there is vomitting of blood, coughing, pain on the sides or on the breasts, or a feeling of relaxation in the sides or on the breasts, or a feeling of relaxation in the heart, a decoction made from Amritha and Patola may be used with powder of dried ginger. Soup eaten with meal will also have the same effect.

When dehydration follows excessive drinking, expore the patient to breeze at night or administer a mnch cold water as possible. Apply tamarind paste to the lips.

One who is tired with drinking should be made to drink as much boiled milk with sugar as possible.

If a buring sensation is experienced all over the body as a result of drinking, smear sandal paste or administer water in which grass cuscus has been soaked for sometime or ask the drunkard to bathe in a lotus pond or expose his body to the cool breeze on the banks of a pond.

* Member, Central Council of Indian Medicine
Kerala State Representative, New Delhi.

Character Formation

By N. G. K. PILLAI

[Some students of this generation are forced to study as it were a number of subjects which are of little value to them in their day-to-day life hereafter. But they are either ignorant of or are not taught the Ayurvedic doctrines which help to preserve health and life, behave well in society and learn so as to develop good character. whatever be the livelihood they happen to adopt later in their life. To fill this lacuna in the curriculum, the scientific principles of Ayurveda which students might know are comprehensively and serially presented in this columns. —EDITOR]

III

Everyday you should bathe, put on good clothes and use sweet-smelling substances. You should be modest and cheerfull and should not only wear gold ornaments but bear rare medicinal herbs on your body,

While setting out on a journey, you should have chappals on the feet and an umbrella in the hand. Have your eyes looking four metres ahead of you while walking. If a journey becomes unavoidable at night, wear a turban on your head, and have a stick, a torch, and a companion with you. Don't go across the shadow of the platform built round the foot of a banyan tree or respectable people, flagmast or evil people. Similarly it is not advisable to tread on or walk across ashes, husk, sacrificial site and polluted things. Don't try to swim across a river nor go towards a burning fire. Boats which are shaky, trees, and vehicles are also to be avoided. Don't sneeze, laugh or yawn without covering the face. It is not good to pull at the nose or stroke it profusely. Without some obvious purpose, draw figures on the sand. Your organs are not to be put to unwanted use. Don't squat anywhere for long. Stop all physical, mental and verbal activity before you get tired. It is wrong to sit or lie down for a long time with the knee raised up. Junctions where three or four paths meet, tree basins and temples are not

to be used a resting places at night. Even in the day time sites of murder, deserted buildings and graves should not be used for sitting.

Don't look straight at the sun. Burning, nasty and disagreeable objects are not to be stared at. Liquors are not to be made or consumed or sold.

Don't expose yourself to the easterly wind, storm, dust or sand. While sneezing, belching, coughing, sleeping, eating and co-habiting, you should keep your body straight. If coughing etc. are done with the body kneeling or bent forward or sidewise it will experience tursts and breathing will be blocked. Thus if each activity is not done when the body is in the proper position the consequences will have to be put up with.

It is foolish to live, relying on the shade on the riverbanks, on haters of king, on cruel animals, poisonous creatures and beasts with horns, on the wicked and the proud. Nobody knows the shade on the banks will be inundated for when accidents will occur. Similarly, those who indulge in snake-charming, etc. as a livelihood sometimes invite death. Don't quarrel with good people. Eating, sexual intercourse, sleeping, studing and thinking must be avoidee at durk. As far as possible we must refrain from taking food with enemies



DRINKS

By Dr. S. Vijayalakshmi Amma

Intoxicating drinks

Drinks that intoxicate are described as 'madya', which means 'something that makes one nearly mad'. Such drinks, apart from stimulating, induce sleepiness also. They contain carbonic acid, hydrogen, and oxygen. A part of these ingredients is assimilated by the body and the rest is evacuated in the form urine, or sweat or through the nostrils in breathing. Used in moderate quantities, the drinks will do good to the body.

Toddy According to Ayurveda, this drink has the following properties:-

It promotes digestion and increase appetite. With its 'ushna' quality, it helps to put in more flesh and imparts joy to the mind. It has a sweetish, slightly bitter and acidic taste and is acidic in reaction. This simple drink cures fever.

or in the company of the mates in an inn. So is the the case with the food supplied by a prostitute or in a hotel. Neither the body as a whole nor any of its parts such as the face, hand, nail etc. should be used in making rhythmic movements. After washing the hands, you should not fark them. Likewise, women should not shake their hair. Don't pass through water, fire or a group of respectable people. Don't expose yourself to the smoke emanating from burning dead bodies. Alcoholism and implicit belief in women are not good because there is no knowing when they will turn dangerous. ★

and improves health, complexion and the capacity to understand. It is equally suitable for the sleepy and the sleepless. The doshas 'Pitha' and 'Raktha' are polluted by it. But it enables the lean to become fat and the fatty to become lean and normalises the working of 'Kapha' and 'Vatha'. At the same its excessive consumption is always dangerous.

Toddy is hot to be consumed with hot things or while one is sitting in the hot sun. Similarly, one who has taken some purgative or is very hungry should not drink toddy. Very strong and very weak solutions are also to be avoided. Along with the toddy a lot of eatables must be used. It is to be consumed slowly and in the late hours of the afternoon, in quantities suited to the constitution and previous experience. Toddy is also manufactured by distilling a red variety of paddy, wheat, grapes, dates molasses, sugar cane juice, honey, etc. The quality of the drink depends to a large extent on the nature of the raw material from which it is obtained. But all varieties contain alcohol though in varying degrees.

Toddy should not be consumed alone, but only along with food stuffs and mixed with plenty of water. Fat people with dominant 'Kapha' constitution should drink toddy before meal, those with 'Pitha' constitution after meal and those with 'Vata' in the middla of meal. As Vagbhata has observed, if at all possible toddy must be avoided, of absolutely necessary, one may use it mixed with plenty of water. □

Raw Herbs and Drugs

By Sanjaya.

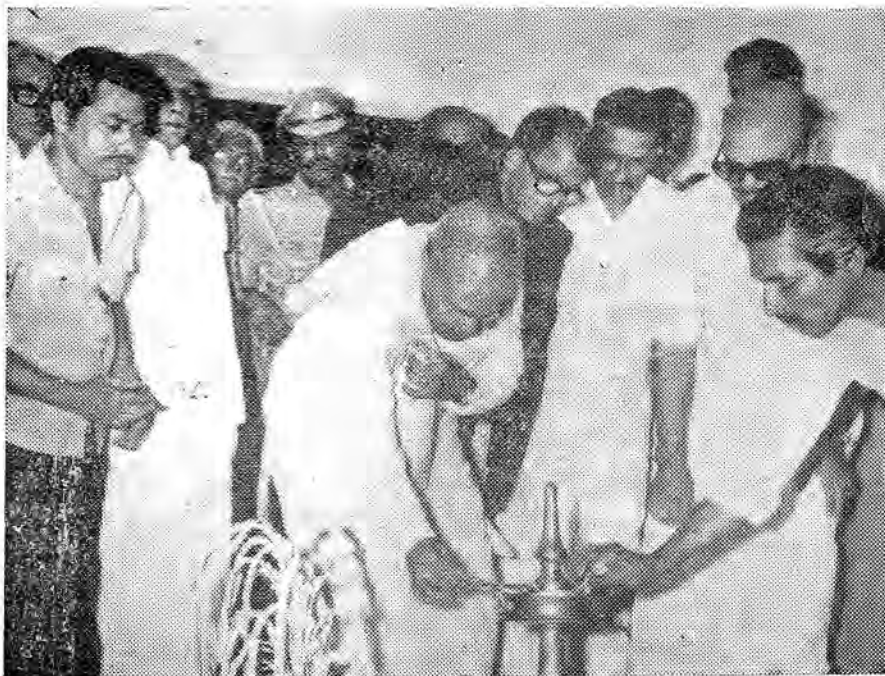
Indigenous drugs, once easily available, have become rare now. With or without the backing of the government and legislative measures all the big trees of our forests have been cut out down. The whole land has been filled with rubber estates or converted into agricultural areas. Forest area is dwindling year after year. In this respect Kerala leads the other states in our country. All the plants and trees, whether valuable or not, are being destroyed or transplanted. No new plants are grown or allowed to grow. Who is there to see or listen to this predicament of Ayurveda? Some who see simply shed crocodile tears, Vaidyas do not learn even from experience let alone examples. They take it as an opportunity to make huge profits with or without the addition of alternative drugs. This affords herb-sellers also an opportunity. They create 'Panchavalkas' out of banyan tree alone. Even 'bala' is not easy to get. Breathe Panchamoolas have disappeared from the face of the earth. Meda, Mahameda, ridhi, and vridhi have become inaccessible. Vaidhyas who do not know how to identify the different drugs. The pharmacist who do not know the various preparations and its various stages. Gorochana musk etc. are to be found only on records. Is anything else required to develop Ayurveda to its full stature? Hasn't Ayurveda Susruta, Charaka and Vagbhata as its progenitors? What else is Ayurveda lacking in? Won't all this do for Ayurveda to triumph over any other medical system in the world?

Is there not a department for the development of this science? Are there not colleges? Corporation? Is there any paucity of qualified and unqualified physicians? Also hereditary physicians and professional associations? At the higher level is there not a Secretary? a minister? the Chief Minister himself? What else is required? As if to top all this, the physicians have at their back and call M.L.A's belonging to different parties.

All this is true. All arrangements are there. Yet who wants this science in earnest? None. What? None? Heigh? Some innocent, inactive, officials and some druggists want it. If there is a generation of physicians with their vigour, initiative and backbone, if there are strong organizations for medicoes and Ayurvedic practitioners, the present problem can be solved. If we bring under one banner all the physicians now working as members of different organised and unorganized associations and if they invite the authorities' attention to the vital points of the problems, it will not be difficult to tide over the unhappy situation by growing medicinal plants in waste lands, house compounds, sides of rail tracks and roads, temple premises, and premises of other place of worship, forest areas (without destroying the products there), etc. But who is there to see the truth? Those who are aware of the facts have other things to attend to. Today we have all the favourable conditions except one - interest in Ayurveda and sincerity of purpose. So long as there are lacking, nothing more can be expected. ★



Ayurveda: New enterprises essential



Sri. P. Ramachandran, Governor of Kerala, observed that new enterprises have become indispensable in the field of Ayurveda as far as India is concerned. He was inaugurating, **Santosh Pharmaceuticals** started in Kadalundi town. He also added that the example set by the Arya Vaidya Sala at Kottackal had to be followed in this regard.

Deputy Chief Minister, Avukkaderkutty Naha who presided over the meeting, stressed the need on the part of establishments like the **Pharmaceuticals** to sell medicines at cheap rates so as to serve the people.

It was minister Mr. Gangadharan who inaugurated the production of medicines.

NATIONAL SEMINAR ON AYURVEDA AND UNANI TIBB

Dear Friends,

We are glad to invite you to the Seminar on various disciplines of Ayurveda and Unani Tibb

due to be held in the third week of August at the A & U Tibbia College, Karol Bagh, New Delhi-110005. The exact dates will be commu-

MEDICAL PROBLEMS

Prof. M. P. Sreedharan Nair,
(Retd. Principal, Ayurveda College, Tvm.)

Slight ailments are misconstrued as incurable diseases and we unnecessarily worry about such disorders. Some are so shy that they do not have the courage to disclose the details of their diseases to doctors and get timely relief. You can frankly refer all your medical problems to Vagbhata and according to priority of receipt of problems, apt remedies would be published for all such problems.



Q. SSI, 40 years, Male. Accountant,
Fort, Trivandrum.

It is two years since my right foot has become swollen. The swelling had started about seven years ago. There is intermittent fever and quivering at night. Whenever there is swelling in the foot the hip also has the same symptom. Suspecting filaria I got my blood examined two or three times but no

symptoms of the disease have come to light. I used to take allopathic medicines. As there was no improvement even after one year, I stopped it. Now I am not under any treatment. So I seek expert advice from you for the cure of the disease. I am ready to comply with your advice, however severe diet restrictions however hard the prescriptions might be. Please advise me through the columns of the 'Vagbhata'.

icated later. We are dappy to inform you that a number of reputed academicians, scholars and research workers from all over the country and the alumini of the College residing in the sub-continent are expected to participate in the Seminar.

The main purpose of holding the seminar is to spread the wisdom and knowledge of Ayurveda and Unani Tibb for the betterment of the health of the mankind at large. You are already aware of the various problems arising in the field of teaching and research in Ayurveda and Unani Tibbi. Through the deliberations in this seminar some ways means could be evolved to sort out these problems.

You are also aware of the fact that the world now a days is passing through a very critical state with respect to our health. There is ever increasing hazards of iatrogenic diseases and atmospheric pollution as well as many fold in-

crease in the stress and strains on our health and life. Humanity has to cope with all these difficulties. The modern medicine, with all its advances, has failed to provide a dependable solution to all our health problems. The Ayurveda and Unani Tibb which are based on the concept of 'body' and 'soul' or 'psyche' and 'soma' with their theories and philosophies tried over a period of hundreds and thousands years, can effectively come forward to offer such a solution and richly contribute in the achievement of the goal of health for all by 2000 AD.

With this spirit we are intending to hold this seminar and hope you will not miss this unique opportunity and take active part in the seminar to make it a great success.

Looking forward to seeing you at the Seminar.

Sincerely yours,
MAKIM. S. ISHTIAQ AHMAD
GONVENER

A. From the symptoms given by you, filaria is suspected. Blood test need not be always correct. Moreover, Filaria bacilli can be observed only in blood taken after the patient has slept for some time at night especially when there is a slight rise in his body temperature. So scientific blood test alone can reveal filaria bacilli.

To start with, don't use cool drinks, unboiled food stuffs and unboiled water. Bathe in water that has been cooled after being boiled. Take special care not to sustain mosquito-bites. While asleep use a mosquito net and keep the surroundings, especially bath-room and latrine, always clean and never allow water to stagnate anywhere there.

Treatment

Use in the morning and evening a 'Kashayam' made from 4 gms of Amrithu, 4 gms of Katukka and 2 grams of sundi Gomuthraharitaki: Use one teaspoonful of this when you go to bed at night. Apply now and then, on the swollen part the paste obtained when well-ground Ant hill is boiled in cow's urine.

Q. G. D. Age 23. F. Student, Kariavattam, Trivandrum.

Doctor, I am an unmarried student. On my face is hair growing as on a man's.

There is a rich growth of hair on my fore-arms also, compared to normal girls'. But this is more or less bearable. What I request you is to suggest a remedy for the permanent disappearance of the hair on the face. Comments made by both boys and girls have become intolerable to me. Sometime I feel like ending my life itself. Please inform me if there is any remedy for this in Ayurveda.

A. I have fully grasped your difficulty. Though you are indignant against those who make fun of you in an inhuman manner, try to be hold-enough to treat such things light-heartedly.

Many drugs advertised in the papers as often affect the skin itself. Some women have hair on the face as an inheritance. It is difficult to remove it by treatment. Ayurveda has suggested some remedies. Such remedies alone will not do. So you can appear in person in the office of the Vagbhata with fuller details, get instructions to prepare the anti-dote scientifically and use it regularly with hopes of permanent cure.

Modern medical science has found a remedy for it is plastic surgery. Further device can be had in person.



MEDICINAL HERBS

Author Dr. S. Nesamony,
Associate Editor.

'Medicinal Herbs', written by Dr. S. Nesamony, jointly brought out by the Language Institute Kerala, the Department of Forest Kerala and the Kerala Grandha Sala Sanghom and included in the corner of books on Forestry, is a valuable book dealing with the ordinary herbs. About 2000 herbs have been described in a variety of books in health, of all of them the most important is the wealth of herbs found in Ayurveda. There are graphic accounts of the above herbs in Ayurvedic dictionaries. This book describes 150 important herbs now in common use, with illustrations. In these accounts are given, in alphabetic order, their botanical names, family, synonyms, names in other languages, occurrence of the plants, morphology, chemical components, chemical properties, medicinal property, some compounds in which they are used etc.

What has been hard hit as a result of such progressive schemes as deforestation, urban expansion, gifting of arid land to the landless and rubber production is the scarcity of herbs. so the greatest challenge to day to Ayurveda

which depends entirely on herbs is this scarcity of herbs. This has caused considerable rise in the price of Ayurvedic medicines. More over many rare plants in our forests are either being destroyed or are disappearing. If the public are totally unaware of the characteristics of herbs, Consumers will have to accept blindly whatever is given by the herb-vendor. So, whenever it becomes necessary to ascertain whether the things bought are the spices required, all people should have a smattering of the herbs in common use. When traders offer sub-quality drugs, or adulterated drugs in order to make huge profits this smattering helps us to examine them.

The present book which gives useful information to all-ordinary people, vaidyas and students of Ayurveda alike, is worth reading. This publication of the Language Institute has thick, well-coloured covers and 612 pages. It is priced at Rs. 35, which is quite justifiable considering the valuable nature of the contents, May, the author produce more books of the kind in Malayalam.

□



1) Sage Bharadwaja is initiating his disciples into the Ayurveda



2) Agnivasa is writing the Tantra named after him.

3) He is also teaching his disciples



4) Sages like Jethukarna and Bhela are writing Ayurveda Samhitas each in his own name.

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