

AYURVEDA: AN INTERNATIONAL OVERVIEW –PART I

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ABSTRACT: In the first part of the study the author discusses the overall approach of Ayurveda and records briefly here an account of global interest in it at present.

THE APPROACH

1.1 Essence of Ayurveda

AYURVEDA is a Sanskrit compound word made up of two words, Ayuh and veda, which simply mean 'life' and 'knowledge' respectively. Broadly speaking, as it appeared to Indian scholars in ancient times, Ayurveda stands for science of life. Ayuh embraces the span of time that commences on emergence of life and ends on death of a human being; it includes all events and activities in his life, that produce either pain or pleasure. There is an inherent urge also in him to get rid of pain in order to attain pleasure. Moksha or freedom from pain has, therefore, been set up by them including many Indians even today, as the cardinal goal in life. Man suffers very often from illness of body and mind, and this state of suffering stands in the way to attainment of this goal. So, forever he tries to keep his body and mind free from suffering.

1.2 Service of Ayurvedic medicine

Indeed, this inherent urge to get rid of pain is at the root of rendering relief in his suffering from distress of body and anguish of mind. According to scholars versed in Ayurveda, drug or medicine merely aids or contributes to operation of this urge. Essentially, Ayurveda seeks to apply this inherent urge for curing ailments, physical and mental; in fact, it is now commonly known as a system of medicine, that has been in vogue in India and its neighbouring countries like Sri Lanka, Bangladesh and Nepal from olden days. In reality, a vast majority of the masses in these countries is used to look up to Ayurveda in its pure form or some of its variation in some form or other, or each of them, has grown to be a traditional system of medicine, that is being practiced by a large number of indigenous physicians or auxiliaries, that is health workers, through the ages much to the relief of ailing masses particularly residing in remote rural areas.

1.3 Goal of WHO

The World Health Organisation has recognized the right to health' as one of the basic or fundamental rights, and accordingly set up the goal: Health for all by the year 2000 AD". It is in this context that much emphasis is being placed on the application of various indigenous systems of medicine. This is how Ayurveda, has now come to attract the notice of the WHO.

1.4 The proposition

In what follows an attempt has been made to narrate and elucidate the philosophy and basic principles that underlie Ayurvedic medicine in the hope of helping all who are interested in reaching the goal by WHO, understand such philosophy and principles in modern scientific terms as clearly as possible, in order to enable them to apply Ayurvedic medicine for the benefit of a considerable number of persons who would like to attain this goal in time. It is also sought to record briefly an account of the global interest in Ayurveda, and some interesting contributions made by erudite ayurvedic practitioners, and scholars towards spreading of Ayurvedic medicine for relief of ailing humanity at large.

2.0 GLOBAL INTEREST

2.1 Ayurvedic medicine

Abiding interest in Ayurveda has been evinced by many erudite scholars and medical historians all over the world. It is worthy of quoting the remark made by Professor Play fair, in the preface to his translation of the History of Medicine' by Prof. Neuburger of Vienna University. He observed, "The medicine of the Indians, if it does not equal the best achievements of their race, at least nearly approaches them, and owing to its wealth of knowledge, depth of speculation and systematic construction, takes an outstanding position in the history of Oriental medicine. Thanks to the inexhaustible fount of Sanskrit literature; its development can be traced from its primeval origins in empiricism and theurgy to its height as a completed system of learning".

Henry E. Sigerist was the Director of the Institutes of History of Medicine, at the John Hopkins University, USA., and Leipzig University; in his 'A History of Medicine' he felt free to record, An enormous amount of medical experience must have been gained empirically in the course of the centuries, and passed on orally from master to pupil. Religion and philosophy provided the methods of correlating the empirical facts in thought, and of developing medical theories. Then the day came when somebody wrote down what he had learned, and the great compilations of Ayurveda took shape"

Caraka flourished about two thousand years ago, and is acclaimed as the father of Ayurvedic medicine; he also held a similar view: "The science of life has been there all throughout the ages; at all times there have been persons, who closely followed or studied the science of life according to their respective points of view". This observation of his is recorded in Sutrasthana (vide chapter 30, verse 40) of Caraka Samhita, the compilation made by him out of the vast mass of knowledge about ancient medicine of Indians that had accumulated through the ages, and was redacted in the light of knowledge then existing Caraka Sahmita is considered as the best known fundamental book on medicine; this book has been translated into various languages of the world. Arabic scholarship rose to the highest pinnacle and Islam spread to the countries along the Atlantic Ocean during the period from the seventh till the middle of ninth centuries. This book was translated into Arabic for the princes of the House of Barmicides.

It is interesting to note that the members of the medical profession in New York, USA became interested in the literary artistic, and historical aspects of medicine; they associated themselves into a club in 1898, and named it as Caraka Club in honour of Caraka.

2.2 Surgery

Surgery is regarded as the father of Indian surgery. According to Dr. AFR Hoernle, the Sanskrit knowing orientalist of Oxford University, Susruta was born in the sixth century B.C., ; probably, he was a student of Varanasi Viswavidyalaya, where he became the Professor also. He made a compilation of the past knowledge on Ayurveda, which is named after him as the Susruta Smhita: in it special emphasis has been placed on surgery. It has earned worldwide fame; it has been translated into Arabic by Abil saibial towards the end of eighteenth century, and is famous under the name 'Kitab-I-Susrud'. In the nineteenth century it was translated in Europe, into Latin by Hessler, into German by Vellurs, and into English and may other languages.

Susruta issued firm instructions that it was compulsory for one to acquire knowledge of human anatomy upon dissection of properly purified dead body; he laid down that one should acquire proficiency in human Anatomy by verification of theoretical knowledge of it through observation in dead, and only in this way, one is enabled to practice medicine free from all doubts and with confidence. It is noted by Dr. Pushman free from all doubts, and with confidence, It is noted by Dr. Pushman in his "History of Medical Education" as follows: "Dissection of the human subject was in the first century of the middle ages opposed by religious and political ordinances, and also by social prejudices". Whereas, acquisition of knowledge of medicine through dissection was made compulsory among Indians for the last several thousand years.

It is remarked by Arturo Castiglioni in his 'A History of Medicine' as follows: "In it we find proof of the priority of Indian to Hippocratic Medicine. Indeed, operations are described in the Indian texts, such as that of anal fistula, which are not named in the Hippocratic writings". On the authority of Manu Samhita it is learnt that heinous offences like adultery were met with penalty of severing away the nose or ears of the offender. In his above book Castiglioni has indicated that such penal measures led to one of the factors for evolution of Rhinoplasty, or what is now-a-days popular as plastic surgery. Dr. Hirsberg of Berlin made the specific remark, "the whole of plastic surgery in Europe took a new flight when these cunning devices of Indian workmen became known to us". The Arabians learnt about this branch of surgery from Indians, and the Egyptians learnt it from the Arabians; during the period from 120-210 A.D. Plastic surgery moved to Europe either through Arabia or Egypt. In fact, the physicians of the East India Company learned the techniques of plastic surgery from Indian Physicians in 1774, and introduced them to England on their return home.

2.3 Health Institution

An ancient Indian institution named Arogyasala (that is a house meant for attainment of arogya, or freedom from disease) finds a mention as punyaasala (or, a house which confers on its builder punya or eternal bliss) in the texts of Caraka and Susruta. It is a firm belief among many Indians even today that arogya or a state of health free from ailments, is the essential pre-requisite to pursuing a pleasant and happy life, and one, who by his act, enables others also to follow such a life, attains punya or eternal bliss. Such a belief acted as the prime mover to erection of punyaasala or arogyasala in ancient India; it is similar to the current concept of charity that is at the root of establishing modern hospitals.

Fa-hien (405-411 AD), the Chinese traveler, noted about the charitable dispensaries of Pataliputra (present Patna in Bihar, India) thus: The nobles and the householders of this country have founded hospitals within the city to which the poor of all countries, the destitute, the cripple and the diseased may repair. They receive every kind of requisite help gratuitously. Physicians inspect their diseases, and according to their cases order them food and drink and medicines or decoctions, everything in fact that may contribute to their case. When cured they depart at their convenience”

The decoration of the rooms in such hospitals was remarkable; it appears from Susruta Samhita as follows: the patient should stay keeping himself constantly vigilant, surrounded by men and in a house adorned with lamps, water-pots, instruments (arms), flower garlands, loose flowers and roasted paddy and he should engage himself in listening to attractive, auspicious and cheering stories”.

Apart from providing relief to sick persons and ailing patients, there were various other institutions that used to provide ways and means which promote positive health of healthy persons; such ways and means include birechan (or, purgation), rasayan (or, process for promotion of positive health ensuring long life free from disease and endowed with virtues like sharp memory etc.) and bajikarana (or aphrodisiac measures relating to treatment of persons suffering from impotency, polluted semen, insufficient semen, or sterility). It was a regular practice with healthy persons at that time to visit such birechansala (or, purgatorium) at least thrice a year, and to avail themselves of such purificatory and health-promoting facilities. The essential feature of such health institutions underscores the priority and predominant role of positive health in the way of attainment of cardinal goal in life.

3.0 HEALTH

3.1 Modern concept

Commonly, health signifies a state of life that is free from disease. This idea has, however, undergone a radical change in the light of suffering of all kinds, physical, mental and social. The World Health Organisation have now adopted a definition of health, and this is: Health is a complete state of physical, mental and social well-being and not merely absence of disease or infirmity”. This seems to be an advancement over the common idea towards a meaningful definition of health; still, it is not perhaps adequate enough to imply the real import of health as fully as was expressed by scholars in ancient India.

3.2 Ayurvedic notion

Apart from the chronological aspect involved in the Sanskrit word Ayuh, as denoted at the outset by the expression ‘span or length of life’, it has also a comprehensive and deeper meaning. Essentially it involves an eternal factor that holds sarira (or, the body), indriya (or, the sense organs), manas (or, the mind) and atman (or, the spirit or consciousness) together. It is only when the body with the sense organs, the mind and the spirit or consciousness are so connected intimately together like the three legs of a tripod stand that it is possible for them to hold or sustain life in the human form. Ayuh, therefore, seems to denote all that constitutes life.

3.3 Kinds of Ayuh

Broadly, Atuh is classified into four kinds, namely hitayuh and ahitayuh, sukhayuh and asukhayuh: literally these terms mean 'beneficial' and 'harmful', 'well' and 'ill' aspects of the span of life of a person. These aspect have been illustrated with reference to specific qualities and virtues that a person may happen to possess in ideal conditions. If he wishes well of all beings, refrains from stealing that belongs to other, is truthful, peaceloving foresighted, respectful of others deserving of such respect, engaged in the pursuit of cultivation of arts and sciences, capable of curbing the urges like jealousy, passion, pride, greed etc., intelligent, considerate, possessed of memory and such other virtues as enlarge his outlook and broaden his vision so as to enable him to realize his continuous connection with the eternal cosmic existence, the person is also to possess hitayuh. If he possesses qualities opposite to the ones just indicated, he is said to have ahitayuh. If he keeps himself unattacked by physical and mental ailments, or if attacked, he is not overpowered by them, is youthful, full of vigour, strength, and prowess in accordance with his vital capacity, is capable of enjoying what are enjoyable through the sense organs, like the eyes, the ears, the nose, the tongue and the skin, enterprising and active at ease at all times, the person is visited with sukhayuh. If he is under the burden of qualities contrary to the ones just illustrated, he is said to have asukhayuh.

In reality, a person is, however, in possession of all four kinds of ayuh in varying degree or measures determined by actual situations of life through which he may happen to pass. The situation of life through which he may happen to pass. The situations that generate ahitayuh (harmful span of life), and asukhayuh (ill span of life) are not at all desirable, and have to be avoided or eliminated, if he desires to have hitayuh (beneficial span of life) and Sukhayuh (well span of life). Such desire or urge to have hitayuh and sukhayuh in as large as measure or degree as practicable is inherent in all persons, and is at the root of what makes for, or constitutes health; this desire or urge enables him to overcome or eliminate the situations or factors that lead to, or attract ahitayuh and asukhayuh. This desire or urge also seems to be the fountain or powerhouse of all forces or factors leading to disease of discomfort, but also attains such a state as generates or helps promote health.

3.4 Health in essence

Swasthya is the Sanskrit equivalent of the English word health', and is widely used in India where Health' is the word. Essentially, it implies a sense or feeling of one's self in oneself' in pleasantly active state. If and when the body with the sense organs, the mind and the spirit or consciousness do function at ease in harmony with one another, the person is said to be in possession of swasthya or health, that is to say, then and then only can he have perfect swasthya or a feeling or sense of his self in himself' in the pleasantly active state.

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