

# Ancient Indian Medicine: An Over View

## Abstract

The Indian Systems of Medicine of Ayurveda, Siddha, Unani and Homoeopathy, Allopathy/English medicine and therapies such as Yoga and Naturopathy. This paper attempts to highlight the Indian System of Medicine in India. It has been truly said that medicine was conceived in sympathy and born out of necessity; and that the first doctor was first man and first woman, the first nurse. The prehistoric man, motivated by feelings of sympathy and kindness, was always at the behest of his kindred, trying to provide relief, in times of sickness and suffering. In addition, it also explores a marked regional pattern in utilization of medicine system. Using the large-scale national survey data and we have selected socio-economic as well as demographic factors influential health treatment seeking behavior, in terms of availing services from public or private sources, which have been addressed with objectivity. India have been ranked on the basis of extent of inequality (in terms of economic status) in utilization of different types of Medicine. The paper, perm concern is to know the development of ISM focusing on the historical, cultural and institutional contexts and to know the medicine in modern Time.

**Keywords:** Medicine, Sociology, Quality Health, sympathy and kindness.

## Introduction

The introduction of sociology as an addition to existing medical knowledge can be best understood in the light of a general shift of social explanation. From the very individualistic orientation of the previous century came the new socialism of the nineteen hundreds, and an increasing tendency to assign 'social' explanations for behaviour. Deviant behaviour, for example, was no longer seen as resulting from the individual 'criminal mentality'. Instead, an explanation was cast in the expression of a social structure in which the distribution of material goods was unequal.

In medicine, 'social explanations' of the a etiology of disease meant for some doctors a redirection of medical thought from the purely clinical and psychological criteria of illness. The introduction of 'social' factors into medical explanation vas most strongly evidenced in branches of medicine closely related to the community - Social Medicine and, later, General Practice. Since its beginning as the public health movement of the nineteenth century, social medicine had strong links with the problems of urban living, tending to seek so1utions in social and political action rather than in recourse to the laboratory. The socialists of the turn of the century focused their attention on the 'social' problems of the day - problems manifest through urban living, problems of drains and stairs, infectious diseases of industrial pollution.

This emphasis in the work of public health continued for three decades. In 1939, however, the continuation of that branch of medicine along previously established lines was challenged in a report to Oxford University. In the report, the professor of Public Health at Oxford suggested that there should be a shift in emphasis from sanitation and the control of infectious diseases to work which would foster the synthesis of the medical and the social sciences. Largely as a result of this report, the first chair of Social Medicine was founded in Oxford, along with the Institute of Medicine, with the influential figure of Professor Ryle as director and first professor of Social Medicine. At that time, social sciences were identified as having 'humanitarian and utilitarian motives' which fitted in with the emphasis of Social Medicine on social and political solutions to social problems. Sociology as such was not trained as it was still in developing form as a discipline (although the Good enough report, published in 1944, opened up the curricula of Public Health Departments, and laid the foundations for teaching in the social sciences). In its second year, however, Professor Ryle was able to report that the Institute carried out not only clinical and somatometric, statistical, and radiographic research but also sociological work.

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Into this hive of research activity the sociologist was introduced, and was to participate for the next thirty years. Here, sociologists undertook research along the lines already mentioned, tackling issues problematic to the medical profession. The relationship of researcher to medical members of the Department was unequal from the beginning, doctors having status, resources and a strong professional identity in their favour. The medical perception of sociology exerted a strong influence upon sociologists which reached beyond the confines of the Social Medicine Departments. For example, at the first meeting of the British Sociological Association in 1953 three topics were chosen for group discussion; these were:

#### **Main Concern of this paper**

1. The know the development of ISM focusing on the historical, cultural and institutional contexts.
2. To know the Role of Medicine in Modern Times.

#### **Medicine & Surgery in Ancient Time**

Ayurveda as a science of medicine owes its origins in ancient India. Ayurveda consists of two Sanskrit words - 'ayur' meaning age or life, and 'veda' which means knowledge. Thus, the literal meaning of Ayurveda is the science of life or longevity. Ayurveda constitutes ideas about ailments and diseases, their symptoms, diagnosis and cure, and relies heavily on herbal medicines, including extracts of several plants of medicinal values. This reliance on herbs differentiates Ayurveda from systems like Allopathy and Homeopathy. Ayurveda has also always disassociated itself with witch doctors and voodoo.

Ancient scholars of India like Atreya, and Agnivesa have dealt with principles of Ayurveda as long back as 800 BC. Their works and other developments were consolidated by Charaka who compiled a compendium of Ayurvedic principles and practices in his treatise Charaka-Samahita, which remained like a standard textbook almost for 2000 years and was translated into many languages, including Arabic and Latin. 'Charaka-Samahita' deals with a variety of matters covering physiology, etiology and embryology, concepts of digestion, metabolism, and immunity. Preliminary concepts of genetics also find a mention, for example, Charaka has theorized blindness from the birth is not due to any defect in the mother or the father, but owes its origin in the ovum and the sperm.

In ancient India, several advances were also made in the field of medical surgery. Specifically these advances included areas like plastic surgery, extraction of cataracts, and even dental surgery. Roots to the ancient Indian surgery go back to at least circa 800 BC. Shushruta, a medical theoretician and practitioner, lived 2000 years before, in the ancient Indian city of Kasi, now called Varanasi. He wrote a medical compendium called 'Shushruta-Samahita'. This ancient medical compendium describes at least seven branches of surgery: Excision, Scarification, Puncturing, Exploration, Extraction, Evacuation, and Suturing. The compendium also deals with matters like rhinoplasty (plastic surgery) and ophthalmology (ejection of cataracts). The compendium also focuses on the study the human anatomy by using a dead body.

In ancient India Medical Science supposedly made many advances. Specifically these advances were in the areas of plastic surgery, extraction of cataracts, and dental surgery. There is documentary evidence to prove the existence of these practices.

An artist's impression of an operation being performed in ancient India. In spite of the absence of anesthesia, complex operations were performed. The practice of surgery has been recorded in India around 800 B.C. This need not come as a surprise because surgery (Shastrakarma) is one of the eight branches of Ayurveda the ancient Indian system of medicine. The oldest treatise dealing with surgery is the Shushruta Samahita (Shushruta's compendium). Shushruta who lived in Kasi was one of the many Indian medical practitioners who included Atraya and Charaka. He was one of the first to study the human anatomy. In the Shushruta, Samahita he has described in detail the study of anatomy with the aid of a dead body. Shushruta's forte was rhinoplasty (Plastic surgery) and ophthalmology (ejection of cataracts). Shushruta has described surgery under eight heads Chedyā (excision), Lekhya (scarification), Vedhya (puncturing), Esya (exploration), Ahrya (extraction), Vsraya (evacuation) and Sivya (Suturing).

Yoga is a system of exercise for physical and mental nourishment. The origins of yoga are shrouded in antiquity and mystery. Since Vedic times, thousands of years before, the principles and practice of yoga have crystallized. But, it was only around 200 BC that all the fundamentals of yoga were collected by Patanjali in his treatise, named Yogasutra, that is, Yoga-Aphorisms.

In short, Patanjali surmised that through the practice of yoga, the energy latent within the human body may be made live and released, which has a salubrious affect on the body and the mind. Now, in modern times, clinical practices have established that several ailments, including hypertension, clinical depression, amnesia, acidity, can be controlled and managed by yogic practices. The application of yoga in physiotherapy is also gaining recognition.

#### **Types of Indian Medicine**

##### **Ayurveda**

The doctrine of Ayurveda aims to keep structural and functional entities in a functional state of equilibrium, which signifies good health. Any imbalance due to internal and external factor causes disease and restoring equilibrium through various techniques, procedures, regimes, diet and medicine constitute treatment. The philosophy of Ayurveda is based on the theory of Pancha bhootas (five element theory) of which all the objects and living bodies are composed of.

##### **Siddha**

Siddha system of medicine emphasize that medical treatment is oriented not merely to disease, but also has to take into account the patient, environment, age, habits, physical condition. Siddha literature is in Tamil and it is largely practiced in Tamil speaking parts of India and abroad.

##### **Unani**

Unani System of medicine is based on established knowledge and practices relating to promotion of positive health and prevention of diseases. Although Unani system originated in

Greece, passed through many countries, Arabs enriched it with their aptitude and experience and the system was brought to India during Medieval period. Unani System emphasise the use of naturally occurring, most herbal medicines, though it uses ingredients of animal and marine origin.

#### Homeopathy

Homeopathy is a system of medicine, which believes in a specialized method of treatment of curing diseases by administration of potency drugs, which have been experimentally proved to possess the power of producing similar artificial systems on human beings.

#### Yoga and Naturopathy

Yoga is a way of life, which has the potential for improvement of social and personal behavior, improvement of physical health by encouraging better circulation of oxygenated blood in the body, restraining sense organs and thereby inducing tranquility and serenity of mind. Naturopathy is also a way of life, with drugless treatment of diseases. The system is based on the ancient practice of application of simple laws of nature. The advocates of naturopathy focus on eating and living habits, adoption of purification measures, use of hydrotherapy, baths, massage etc.

#### Ancient Medicine in Modern Times

Medicine today no longer exists as an isolated science, reaching out to the fields of environment, economy, sociology, cultural heritage, and psychology. Each human being has to be treated, keeping in perspective his/her role in society, work, education, and cultural background. The health care system has therefore to be tailor - made to the citizen's needs. India is a vast country with a burgeoning population that is as varied as it is diverse. While people in cities need advanced medical technological care, people in villages require basic preventive medical care of health and hygiene. To deal with this diverse population differing in race, religion, beliefs and way of living, India's health care system has to be unique.

One of the interesting contributions to science made by countries in regions that are considered "developing", is what is labeled as "Alternative" or "Complementary" medicine which stems from practices carried through thousands of years into modern times. Methods of healing using local herbs and plants or physical and spiritual elements penetrated Western medicine through the years, becoming an integral part of medical procedures in many countries around the world.

WHO's Alma-Atta declaration in 1978 of 'Health for all by AD 2000' with India among the signatory nations, has proved to be an increasingly utopian and unattainable goal as the year AD 2000 approaches. Five years to go, and where are we today? Have we succeeded in ridding ourselves of the various communicable diseases and the chronic ailments to which people are prone? Have we done away with malnutrition, disease, and deprivation? On the contrary, new and deadlier disease are at our doorstep, threatening to expose our fragile and overburdened health care system. Killer diseases such as tuberculosis, cancer, leprosy, malaria, *kala-azar* have now been joined by new, deadly, and

resistant strains of viral encephalitis, the Falciparum form of malaria, and the latest cannibal- AIDS. So where did our health policy go wrong? And why is the common man yet to feel the benefits of the lofty ideals of the WHO's declaration that is mouthed at every official podium and conference?

According to **A.K. Chakravorty** In my four decades of contact with health administration and clinical practice, I have witnessed a dramatic change in the world of medicine. There has in recent years been an enormous explosion of medical knowledge: New diagnostic procedures, surgical techniques, discovery of fresh strains of disease-causing agents, a growing range of antibiotics; whatever we hold true today becomes defunct and obsolete tomorrow. Practice of medicine has always been inexact; notwithstanding the tremendous strides that modern medicines has taken, there remains a principle of uncertainty. This is because each human being that we are dealing with is a life; at once complex and influenced by environment, heredity, and cultural background. Measuring the effectiveness of treatment is one of the greatest challenges of modern medicine.

Modern medicine acts only as an agent (killing microbes infecting your body, reducing acidity, decreasing the blood sugar level, etc.). But as specialists say, in the battle between the 'drug and the bug' the host is all too often ignored or forgotten, disturbing thereby the balance between man and the environment. This has led to much suffering and a spurt in chronic disease that modern medicine has no power to combat. Common ailments of this kind are allergies, eczema, arthritis, migrane, irritable bowel syndrome, etc. The entire approach of Western medicine is disease oriented. Markets are flooded with better and stronger drugs. Providing better health care is synonymous with providing greater health service, spending more on hospitals, primary health centres, sub-centres, setting up more medical colleges and institutes. But the end product remains the same. The majority of the poor have little or no access to adequate medical care. The patient- doctor relationship barely exists.

Today, the escalating costs of drugs and the limitations of modern medicines has led to the search and revival of alternative, indigenous systems of medicines all over the world. This movement towards other systems is patient led. People everywhere, disillusioned by a drug oriented Western system of medicine, are turning increasingly towards a natural, healthy life style. Judging by the immense popularity of medical systems such as homeopathy and Ayurveda over the past two or three decades, it is obvious that these systems offer the promise of cure.

#### Conclusion

The Indian Systems of Medicine consist of Ayurveda, Siddha, Unani and Homoeopathy, and therapies such as Yoga and Naturopathy. Some of these systems are indigenous and others have over the years become a part of Indian tradition. The vast amount of medical knowledge that has come down to modern times is the result of long evolution through trial and error and exchange of know-how between diverse communities and regions. The process of exchange and assimilation continues, and today traditional medical practices are obliged to

accommodate to the norms of modern biomedicine. However there is growing awareness among the scientific community and the general public about the intrinsic value of traditional medicine, and as a result Ayurveda, Unani and Siddha have entered the mainstream to compliment biomedicine. The challenge today is to integrate the best of the different healing traditions to meet the healthcare needs of contemporary society.

In modern Society have adapting ancient medicine system and Strengths of the system there are over 6 lakh Indian System of medicine practitioners The practitioners serve in remote rural areas/urban slums They are accepted by the community and also Government has giving Much Importance. And also government face some problems like Lack of well qualified teachers in training institutes; quality of training is not of requisite standard lack of essential staff, infrastructure and diagnostic facilities in secondary/tertiary care institutions, Potential of ISM&H drugs & therapeutic modalities is not fully exploited, Existing ISM practitioners are not fully utilised to improve access to health care.

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