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INDIAN MEDICINE

INTEREST in the indigenous system of medicine—Ayurvedic, Unani and Tibbi—has been roused for the past 100 years or more. The revival of this system has been engaging the attention of experts, enthusiasts and the Government for some time now. As early as 1845, Dr. T. A. Wise drew the attention of the Western World to the merits of the ancient Hindu system of medicines. Later on, at the Medical Congress held in Calcutta during 1894, interest in this subject was revived. The Government of India also appointed a Committee to go into the question of the desirability of extending the use of Indigenous Drugs in India and recommend ways and means of popularising this system.

As a result, study in the indigenous system of medicine was started at the School of Tropical Medicine, Calcutta, by Col. Sir R. N. Chopra and also at the Haffkine Institute at Bombay. A modest beginning was made at Calcutta in 1921 and it was not till 1926, when the Indian Research Fund Association gave a grant, that investigations were taken up in right earnest. Very little encouragement was,

however, forthcoming from the Government as then constituted on account of the vested interest in the allopathic system. The interest of the Government was therefore confined only to the exploitation of the indigenous drugs for the benefit of the foreign pharmaceutical concerns. But in spite of the lack of encouragement, the investigations into the rationale of the indigenous system of medicine at the School of Tropical Medicine and at Haffkine Institute, were appreciated more and more. During recent years, Mysore, Travancore, Madras and Banares have taken a prominent part to revive the glory and usefulness of the indigenous system. Recently (1947) the National Government of India has appointed the Chopra Committee to recommend steps to promote research in the indigenous medicine. The Committee have gone round the country, collecting evidence from individuals and exponents of this system and their report is eagerly awaited.

The ancient Hindu system made considerable progress in the science of medicine and this is fully acknowledged by the

savants who have studied both the Western and Eastern systems. The efficacy of any system is best proved by the cures they effect and the large number of Ayurvedic and Unani physicians practising bears testimony to the value of these systems.

Nevertheless, our knowledge of ancient Hindu medical system at present, is limited. Indian medicine of an earlier period ("Charaka" and "Susruta" 800-700 B.C.) was, however, not only cognisant of the Hippocratic doctrine regarding many drugs and diseases but was also developed through keen observation, induction and deduction—a sound basis for pharmacy and therapeutics. Probably it will be a surprise to many when they discover the amount of anatomical knowledge which is contained in the works of the earliest medical writers in India. No satisfactory knowledge of human anatomy can be attained without recourse to dissection and we have direct proof of such practice in the medical compendium of "Susruta" and it is indirectly confirmed by the statement of "Charaka".

The literature extant on the ancient system bears testimony to the fact that practice of both medicine and surgery had attained its zenith of development. A close study of the literature of ancient period reveals the extent of scientific knowledge regarding diagnosis and treatment of diseases then prevalent. "Susruta" devotes two chapters (the seventh and eighth of the Sutra Sthana) to the description of surgical instruments and one chapter (the twenty-fifth) to the principles of surgical operations.

Time has now arrived to acknowledge the merits of the ancient system in the light of the latest knowledge in medical and allied sciences.

The indigenous systems of medicine minister to the needs of 80 per cent. of the population of India at the present time, particularly in the rural area. The popular view is therefore, that this system should not be excluded from the field of medicine. Chopra (Indigenous Drugs Enquiry—a review of the work—July 1939) has pointed out that it should be used to the best advantage while the rationalisation of the system is being worked out. The rationalisation should consist of the evolution of a country-wide extension of the system which can be regarded in the words of the Bhore Committee "neither as Eastern nor

Western but is a corpus of scientific knowledge and practice belonging to the whole world in which every country has made its contribution."

Anything which is valuable in any system has to be pooled and placed at the services of suffering humanity. India can ill-afford to run diverse systems of medicine, side by side, and we have to evolve a system of medicine, based on rational lines. Col. Chopra, who has spent his life-time on this subject, has very clearly brought out the role of indigenous medicine and its synthesis with modern system in his Presidential Address at the 35th Indian Science Congress. What the Indian systems could indeed adopt is the scientific approach to the problem—from the empirical knowledge of a crude drug to its use as a rational scientific medicine. It must pass through (1) botanical identification of the medicinal plants, (2) a thorough chemical examination of their active ingredients, (3) pharmacological and toxicological investigation and finally (4) clinical trial. The indigenous systems must seek rational explanation for all physiological and pathological phenomena. Additional knowledge of anatomy, physiology and pathology would certainly provide a better understanding of the theory and practice of the indigenous system and would inculcate in the practitioners an essential scientific outlook.

Evidence has been placed before the Chopra Committee emphasising the need for comprehensive research on the indigenous system. It is hoped that the proposed Central Drugs Research Institute will ensure the fullest collaboration between all the allied sciences concerned in drug research. An Indian Pharmacopœia should be prepared, the object of which should be to select drugs whose medicinal properties have been established and to prepare suitable compositions of the drugs for the best advantage. Such a scientific pharmacopœia should consist of all the useful knowledge of Ayurvedic, Unani and Allopathic systems. This would automatically remove the barriers that now exist between the different systems. We are confident that the Chopra Committee will give their earnest consideration to these and many other problems connected with the subject and lay the foundation for the revival of the Indian system of medicine, so that its future will be even brighter than its past.