

THE Hindu Message

A Weekly Review of Indian and World-Problems
from the Hindu Standpoint.

Medical Supplement

‘चिकित्सात्पुण्यतमं न किञ्चिदपि शुश्रुमः’ । ‘विभेद्यल्पश्रुताद्वेदो मामयं प्रहरिष्यति’

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NOTES AND COMMENTS.

The presidential address of Nawab Mir Asad Ali Khan Bahadur at the Eleventh Session of the All-India Unani Tibbi and Ayurveda Conference held at Hyderabad in the opening week of the month is a very interesting and informing presentation of the case for the indigenous system. He referred to the example of Travancore and wished other States will follow its example

He hit the right nail on the head when he said that as has often been contended in this journal by a well-known writer it is lack of State patronage that has mainly stood in the way of the advancement of the indigenous systems. He also blamed the ignorance and lack of enthusiasm of the public, for which we think the blame ought to be laid properly at the door of the indigenous practitioner who have not so far chosen to assert themselves.

We wish to draw the attention of the professors of the indigenous system to the following words of the President. "It becomes our bounden duty to rouse public consciousness by systematic propaganda work through conferences and public meetings from year's end to year's end and by publication and distribution of leaflets and tracts explaining the benefit of the indigenous systems and also through the formation of local associations for the purpose of study and active work and wherever possible for collecting necessary funds with the aid of which rare medical works of old may be translated with advantage into the principal vernaculars of the country and formation of libraries with oriental medical works."

The fourth Dravida Vaidya Sammelan held its sittings on the 9th February last and the following days under the presidency of Vaidyavisarada K. A. Venkatchala Sastriar at Kanyur in the Udumalpet Taluk. The Session was an important one because of the many constitutional changes that were contemplated and brought before it for discussion. It was of a highly educative character and infused a new spirit of earnest co-operation in the audience which increased day by day. The Session was also an important one in view of the Committee appointed by the Government of Madras for investiga-

tion into the indigenous systems of medicine. The improvement of the indigenous systems on up-to-date lines the propagation of Ayurveda in every nook and corner of the country, the infusing of faith and belief in it to the people of the country indicated the line of work the association has been aiming at for the past few years. The discussions in the Subjects Committee, lively and interesting as it was, seemed to be infused with a spirit of earnestness and sincerity apart from the calm and serene attitude exhibited by the members in handling the subjects. This clearly demonstrated their firm determination in realising those objects, for which the association has been working heart and soul. We wish all success to the association in their endeavours.

The opening function of the Amaravathi Ayurvedic Pharmacy and dispensary was celebrated on the occasion of the Conference at the appointed hour by Brahmasri K. Venkatakrisna Iyer Avergal of Kolamam who was presented with an address by Mr. K. G. Ramanatha Sastri, Ayurveda Visarada, the chief organiser of the Conference. It was an apt coincidence that he a descendant of the Atri Maharshi was approached to perform the function of the opening ceremony of a dispensary which is to edify the glory of that great Sage Charaka who was himself the direct Sisya of that Rishi Atri and whose teachings are now preserved in a monumental work commonly named as Charaka Samhita.

The exhibition, which was to have been opened by Vaidyavisarad R. Bharata Sastri, was opened by Brahmasri K. Venkatakrisna Iyer Avergal in the unavoidable absence of the former and contained about 150 specimens including those of Bazaar drugs and prepared medicines, apart from those exhibited by several other delegates who had been present at the Sammelan from Salem, Madura, Trichy and other places. The specimens of Ashtavarga—called Meda, Mahameda, Jivaka, Rishabhak, Kakoli, Kshirakakoli, Ridhi, Vridhi—brought by Mr. Eliyurkar G. Subrahmanya Sarma from Madras evinced a great interest. These drugs were considered as lost for ever and their identifications have altogether been forgotten since several centuries, even from the days of Bhavamisra the author of Bhavaprakasa who was the first to introduce substitutes for these drugs known as Ashtavarga.

Medical Education.

By Eliyurkar G. SUBRAHMANYA SARMA.

The imparting of education on indigenous medical systems is still in the hands of private individuals who, out of their love for their hereditary calling or for the ancient science, are keeping such institutions going on often at their own personal sacrifices and responsibilities. These are therefore run at great drawbacks and heavy financial difficulties and stand in need of sympathetic supporters. With the increasing demand for medical relief the need for trained and qualified practitioners is ever growing. There seems to be, in certain quarters, a desire to launch a new examination Board for the purpose of training such qualified men and to draw up a course of studies in medicine in vernaculars including in it all the scientific subjects such as physiology, anatomy etc., with power to issue certificates of proficiency in medicine and connected subjects. This attitude of certain local Boards (and as expressed in the presidential address of the conference of Local Boards and Municipalities held at Bezwada in August 1921), suggests, their disinclination to encourage the indigenous systems of medicine immediately though they recognise that public opinion is grown more and more in favour of establishing Ayurvedic and Unani institutions by local bodies immediately with a view to remedying the existing evil of ill-offered medical relief in the rural and even in urban areas. "Unless this is done and the local bodies are given the liberty to aid institutions manned by such medical men—says the address—the demand for medical relief cannot be satisfactorily responded to." The formation of an examination board and the other preliminaries not taking place at all to the satisfaction of the authorities in power the encouragement of the indigenous systems and men who practice them will be out of their contemplation. In that case we shall have to warn them that it will seriously fail to solve the most taxing problem of medical relief in a satisfactory manner. The Local Boards have no need to form any new organisation to deal with the question of examination or certification. The work of revival has already been begun and it is now more than a decade since such an organisation was established in this country. A course of studies has been framed and several text-books have been prescribed for the various grades of examination in such a way as to be on a level with the modern university courses. The Local Boards have only to recognise and accept them as duly qualified for appointment in their services. It will be a better course for them to adopt this rather than trod on a trodden path, and create a fresh but rival body with similar purposes and aims in view. The All India Ayurveda Vidyapitha or the All India Board of examination in Ayurveda has been in existence for over ten years doing splendid work. No less than 300 candidates appear now for these examinations from all India. The examination is being conducted in vernacular for the *Bhishak* grade while the two higher grades, the Ayurveda Visarada, and Ayurvedacharya are held in Sanskrit only. The course of studies prescribed for these examinations have been adopted as a model with some slight local alterations by the authorities of the Benares Hindu University and the Mysore state. The examinations are held in March of every year in no less than 30 centres in all India. There is also a movement of a similar character in this presidency and attempts are being taken to make the scheme materialise with a still more comprehensive and complete curriculum of studies with a view to bring them into line with the modern sciences. Apart from this we have here two monumental institutions the Venkatramana Medical School and Madras Ayurvedic College which turn out half-a-dozen graduates

every year and issue diplomas of recognition to them. In the face of all these institutions it will be simply superfluous if the Local Boards were to launch upon creating a new board with identical objects. These bodies could send a few students of their own selection to these institutions with a stipend for 5 years to enable them to complete their course of instruction there. In this connection we have to observe that the attitude of the educational authorities both in the British and Native States or for the matter of that—that of the Government is still not of a board or sympathetic character. For while they recognise the necessity for the introduction of the indigenous dispensaries in the States to meet medical relief the attempts to encourage the study of these systems is not an appreciable one. They are slow in this direction: Nor are they prepared to include the indigenous systems in the educational codes or affiliate to the Universities though they contemplate an expenditure of a more liberal sum than in the past over these systems. The opposition, that the indigenous systems are too unscientific to be included among the University courses arising from interested, non-sympathetic alien heads of these institutions, is so great that the authorities are incapable to the utter most to resist. Share as they do the same views they become easily influenced by this opposition and are obliged to include the development of these systems under miscellaneous heads, because of their necessity to meet the clamour of the people, for adequate medical relief, growing more and more in favour of the cheap indigenous systems. This attitude of the authorities in power should vanish before long if the indigenous systems were to be improved and made to serve a very useful purpose for the good of the country. The science has to be improved in all its various branches and students are to be given instructions on up to date lines in all the several sections as surgery—both major and minor—Research work, and the like. They should be placed under the direct control of experts of a first rate ability and of recognised standing in their subjects. They should have free access to well appointed Hospitals, Laboratories, Libraries and Museums; They should also be allowed sufficient leisure to be able to pursue independent investigations in their own subjects. The improvement of the indigenous systems could only be well carried out by establishing in-patient hospitals, research laboratories, museums and libraries, purely on indigenous lines. Independent Indian States have got a double responsibility to see the above objects achieved in their own dominions and we trust that early steps will be taken by them towards the realisation of these objects not with a biased or prejudiced mind, but with a real interest in the revival of an ancient science. Any number of dispensaries opened on an imperfect scale, though they may contribute to the immediate solution of a taxing problem of insufficient medical relief, cannot help the rejuvenation of a dying science.

Medical Relief.

By T. K. PISHARODIE VAIDYA VISARADA.

In view of the fact that nearly ninety percent of the population of the country resort only to the indigenous systems of medicine, it is gratifying to note that the idea of encouraging Ayurvedic institutions is gradually entering into the heads of the Local Boards and Municipalities since the introduction of the new Act. The rural areas have always been badly in want of sufficient medical relief and the state hospitals and dispensaries were miserably inadequate to meet the demands of the country, handi-capped as they were, by serious limi-

tations. The Local Boards had not therefore been able to do anything possible in the past in the matter of remedying these evils though they were conscious of their inexcusable neglect of duty to the country at large. These bodies though they have not yet fully been convinced of the merits of the indigenous systems of medicine are now beginning to realise their responsibilities to the rate-payers. Actuated at least by the cheapness of these systems and the popularity they have been receiving in the hands of the ordinary middle and lower classes of people who cannot afford to go in for the costly allopathic systems and with the freedom of action conferred upon them by the reforms Act. of 1919 in local administrative matters, not to speak of the ostensible change of attitude of the Government of the country towards these indigenous systems the idea of encouraging and improving an ancient but useful science is taking root in them. It is impossible to expect the Government to do anything in these obscure rural areas where medical relief is still greatly wanting in spite of a century of British administration. The Local Boards, which are as much responsible as the Government itself, have a duty to the population who are as much entitled, as those in the urban areas, to the benefits and advantages of the Public Health department over which several lacs are being wasted every year. This can best be done by assisting medical practitioners practising in rural areas with fixed annual grants and exercising such supervision as is necessary. It is perhaps the best and only way to bring medical relief into these much neglected rural parts of the country. This idea of encouraging medical men to set up practice in rural areas should however be unbiassed and impartial. The word medical men, without a qualification to it, is in itself ambiguous and apt to be confounded. It should not lend the idea of importing into these areas new recruits from the medical schools and colleges maintained by the State. For we know that there was a movement in certain influential circles to flood the country with sub-assistant surgeons; and open as many colleges and schools in the presidency—if possible a school at each district head quarter. The Vizagapatam Madura and Calicut medical schools were the result of this movement though for all outward appearances, they seemed to have been actuated with a desire to make the medical administration efficient and more useful. If this were to have taken place the Government would have dealt a serious blow to the interests of the country's good. There are many practitioners of the indigenous systems of medicine already in these village parts, who are doing, of course, as much, as is in their capacity to relieve the sufferings of the people in those localities. These people ought to be subsidised and encouraged to do their duty with vigour and enthusiasm. It will be extremely economical as such a procedure would cost but little as against the subsidy to a western trained graduate with such high credentials of a costly and so-called scientific training in well-equipped and organised institutions. Allopathic graduates would naturally feel it undignified to retreat to the villages to set up a practice unless they are entertained in regular services and posted there in the course of official life. There are other weightier considerations also. Under the existing conditions it will be impossible to induce any Western trained man to

settle down to private practice in villages on the assurance of an annual grant alone, which of course will not be compatible with their costly education and highest ambitions. Nor would they ever endeavour to start a rural life afresh in preference to a city life. In view of the extreme poverty of the country and the economic strain that are increasing day by day it will not be profitable either to the local bodies or the people to maintain in every village a costly medical man in preference to an already practising indigenous vaidya who could be maintained at a far lower cost than the former. While endeavouring to remedy certain evil it is necessary that we should take care not to introduce another evil of a more serious character. Hence we deprecate the idea of importing allopathic recruits in these rural areas and desire to emphasize the encouragement of the existing indigenous Vaidyas who have set up a practice of their own for over several years should they be fully qualified with the suggested fixed grants. And the Local bodies have got a duty to see to the substitution of trained students gradually by encouraging one or more students from each village to take up to the study of indigenous systems of medicine in a recognised institute of an indigenous type by providing the required stipends necessary to cover a full period of five years so that those students may be enabled to complete their course and set up their practice in their own villages after completion of their training. Thus they will be encouraging the study of the indigenous systems of medicine while remedying the existing evil of insufficient medical relief simultaneously.

Diagnosis Test.

(By the Medical Correspondent of the "Times")

When the Ministry of Health instituted its now famous system of record cards, a protest against the step was made in the "Times" on the ground that our knowledge is yet insufficient to make general records valuable. The most striking confirmation of this view is now afforded by a remarkable communication published in the "Lancet" of to-day's date from the St. Andrew's Institute of Clinical Research, which was inaugurated and is presided over by Sir James Mackenzie.

Sir James Mackenzie and the physicians working with him at St. Andrew's set out of study means of preventing diseases "common among the people." But first they asked, "What are the diseases which are common among the people?" As no answer was forthcoming it was decided to make a special inquiry. This enquiry soon, led to another question:—"In what proportion of the cases met with in general practice is it possible to arrive at a diagnosis?" Dr. Andrew Rownd was chairman of the committee.

Arriving at a diagnosis may mean simply affixing a label to a man in accordance with one or other of his symptoms—i.e., headache. This is a method often followed and many records which are quoted as being authentic are built up in this way. On the other hand, it may mean "the recognition in the patient of a known disease from the symptoms which are characteristic of it." This method is very difficult indeed, and, as the inquiry showed, cannot be carried out except in a small proportion of all the cases seen.

In other words, our knowledge of the meaning of signs and symptoms—many of them of the most

commonplace kind—is so weak that we are unable to say what they portend or what diseases they may signify. Thus we must fail both on the count of prognosis, that is to say anticipation and of treatment.

NEARLY 1,000 CASES.

Rather fewer than 1000 cases were dealt within the enquiry. Of these some were seen in private and some were seen at the Institute itself. After a time a classification into six categories was made. These were:—

Class I.—A disease in which the agent acting injuriously on the body is recognised and produces symptoms which are also recognised. Examples are typhoid fever, syphillitic dysentery, malaria, diphtheria, ring-worm, inflamed eye due to foreign body, etc.

Class II.—A disease in which the agent acting injuriously is not known, but can be inferred from the symptoms which are well recognized. Examples: Trench fever, influenza, acute rheumatism, measles.

Class III.—A disease in which the agent acting injuriously is not known. Inferences about it are difficult. But the symptoms of the disease are well defined. Examples: Epilepsy, asthma, &c.

Class IV.—In which some agent acting injuriously has so affected an organ of the body as to make this organ a cause of disease. The original agent is no longer operating. Examples: Angina Pectoris, arterio-sclerosis, cancer, heart disease.

Class V.—Like Class IV., but the original agent is unknown and its wider effects not appreciated. It may or may not be acting. Examples: Appendicitis, gastric ulcer, adenoids.

Class VI.—Symptoms with no relationship to each other.

Examples: Exhaustion, quick pulse, cough insomnia, dyspepsia.

All classes which could be grouped under Classes I., II., III., and IV. were looked on as diagnosed or recognized, the rest were regarded as not being diagnosed—that is to say, there was no "recognition in the patient of a known disease from the symptoms which were characteristic of it," though there might be recognition of symptoms or of local effects.

The results are given as follows:—

	Institute.	Private	Total.
Number of cases...	314	660	974
Cases diagnosed (in classes I, II, III and IV.)	120	155	275
Proportion diagnosed: per cent ..	38.21	23.48	28.23

These proportions were found to hold good with slight variation if a number of cases thought to be too trivial for serious diagnosis were added. The proportion diagnosed was then only 36.90 per cent.

This means that a skilled band of workers led by one of the greatest physicians of the day can arrive at an exact diagnosis in only about 30 per cent, of cases and that in the other 70 per cent, all that can be done is to "call a headache a headache." The conclusions stated seem to be well justified:—

1. The present classification of diseases is chaotic.
2. A very small proportion of cases can be diagnosed.

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Prepared by Pandit C. T. ARUMUGAM PILLAY, Ayurvedic Doctor, and the member of the Committee on the indigenous systems of medicine (the Ayurvedic and Unani) and son of

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