

THE

Hindu Message

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

Medical Supplement

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

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NOTES AND COMMENTS.

We learn that the Government of Bengal have appointed two committees to report what practical steps could be taken for the restoration and development of the Ayurvedic and Unani systems of medicine with special attention to the question of the teaching of these systems with any necessary modifications under proper supervision and control, and a questionnaire to that effect has also been circulated to all Vaidyas both in the Presidency and outside of it.

Unlike the committee appointed in Madras the Bengal Committee does not seem to have been asked to enquire of the “exponents of the Ayurvedic and Unani systems” to state their case fully in writing for scientific criticism and to justify State encouragement of these systems.” It seems the Bengal Government are convinced of the efficacy of the Ayurvedic and Unani systems of medicine which perhaps, the Madras Government are not. The former have perhaps thought superfluous to authorise an enquiry over a subject that has withstood the innumerable onslaughts of these hundreds of years out of its inherent and intrinsic value and which has decidedly been proved to be highly efficacious in its results. They see also to have been convinced of its scientific basis and considered it therefore perfectly justified to receive State encouragement while the reference by the Madras Government clearly exposes their disinclination in encouraging the indigenous systems of medicine in any shape.

That the appointment of the present committee is but a half-hearted attempt in that direction will be clear if we would only follow the trend of events taking place in this Presidency. No Ayurvedist will be sanguine of the results of the labours of these committees as he is surely aware of the attitude of the Government towards these systems, who will always be ready to put forward their ever expedient plea of dearth of funds when pressed for in the Council. Though the reference to the committee under the G. O. by the Bengal Government is deci-

dedly an advance over that of the Madras Government we cannot entertain any hope of a substantial result therefrom. The future alone must tell to what extent the labours of the committee was successful in solving the problem of restoring and developing the indigenous systems by the State, and making them up-to-date.

The Government of Madras asks the exponents of the Indigenous systems “to justify State encouragement of these systems.” We may say that (1) They are indigenous (2) They are based on actual observation and logical inference (3) That judged by the results the logic has never been proved to have failed (4) They have withstood so long chiefly because of an inherent and intrinsic virtue of their own (5) They are best suited to the climate, surroundings and temperament of the people of this country (6) That the major portion of the population have faith and therefore resort only to them for relief (7) They are cheaper and at the same time effective in its results and congenial to their constitution (8) Lastly but not the least that by right of inheritance the Government have got a duty to encourage and revive these systems as it has directly succeeded the previous Government under whose care these systems have flourished in this land. We don't understand what else is wanted by the Madras people, to justify State encouragement of these systems of medicine.

There is one peculiarity in the appointment of these committees which we ought to note. While the Madras Government preferred to solve the question by the appointment of a single committee for all the systems the Bengal Government thought it necessary to appoint two committees, independent of each other for the two systems Ayurveda and Unani. This clearly shows that they have completely realised the relative strength and positions of each and been convinced of the necessity, therefore of an absolutely independent and separate investigation over each for various reasons. This procedure ought to have been adopted by the Madras authorities and the need for it is more keen here than in Bengal.

The Active principle in Medicinal drugs--XIII.

By Eliyurkar, G. SUBRAHMANYA SARMA.

This fundamental failure of the West to grasp the reality of nature has deceived them in their attempt to determine the true characteristics of a vegetable drug. In spite of their identification of the active principle in these substances their want of knowledge of the Rasa, Virya and Vipaka of these drugs has completely misguided them in their judgement about the preparations from vegetable extracts which they have been pleased to disclaim as "secret remedies."

As an illustration it is said that "emodin" is considered to be the Active principle of Rhubarb and half a dozen other vegetable extracts. What these half a dozen drugs are, the committee of the British Medical Association has not said. However it may be pointed out that because the active principle of these half a dozen drugs, is identical, their therapeutical properties, it should not be concluded, are also identical. They may or may not. For drugs possessing the same Rasas may vary in their specific properties. They may possess different rasas but may have the same actions by virtue of their virya and vipakas. This may seem incomprehensible to the West. But a knowledge of the Drugs and the relation it bears to their therapeutical properties as understood by the East is essential to understand this peculiar phenomenon of a drug. For example *Guduchi* (गुडुची) possesses Tikta (तिक्त) Rasa and conquers pitta even though it is of Ushna Virya (उष्णवीर्य) while kakamachi (ककमाची) or *मण्डूकपर्णी* (मण्डूकपर्णी) increases pitta even though it possesses the very same Tikta (तिक्त) Rasa and consequently Ushna Virya (उष्णवीर्य). This will clearly show that even in the existence of the very same compounds in the drug or in other words that even when the drug is seen to be composed of compounds which have the same chemical composition, their therapeutical properties are not the same and that they vary by virtue of their specific properties acquired during their formation in Nature. The West has not been able to account for this inexplicable natural phenomenon in a drug. Says Charaka thus:—

दुष्टं तुल्यं रसेऽप्येवं द्वये द्वये गुणान्तरम् ।

तस्माद्दोषोपदेशेन न सर्वं द्रव्यमादिशेत् ॥

Our readers have already been made familiar with the inferiority of synthetical compounds to natural compounds in these pages though it is assumed that their compositions are identical. When even natural compounds possessing similar active principles are found to possess properties which are directly opposed to each other and which have yet to be accounted for by the scientific world it is highly impossible to arrive at a satisfactory explanation of the phenomena that is enumerated above. If therefore 'emodin' is said to be the Active principle of "Rhubarb" and half a dozen other vegetable drugs it is not highly improbable that they should possess dissimilar therapeutical properties and thereby defy all scientific analysis as to the essential nature of the principal constituents of any medicine of vegetable origin, even though it may be claimed that their detection could be made with almost perfect certainty and determined with reasonable accuracy, whatever skill, time and

material may be employed towards such an undertaking. The nature, characteristics and properties of all vegetable drugs are absolutely beyond comprehension. Any amount of skill, originality, and arguments may be employed towards a perfect grasping of the principles that underlie their phenomenon. None will be of any avail in an accurate understanding of these wonders of Nature. The properties of these drugs are determinable by their results alone and judged by their therapeutical value. As Col. Jackson puts it 'the intelligent physician should adhere to official recipes given in books of medicine and not introduce innovations however logical.' However well we may argue, the "Ambastadi group" (अम्बस्टादिः) or *Cleypa herndifolia* group will never become a cathartic (विरचनी) by virtue of our arguments. A reference also to the Abhaya made familiar in these pages, to our readers will not be out of place here. Any number of arguments cannot account for its cathartivity, which is absent in the composition of the drugs but which the drug possesses as its therapeutical property. Hence says Susruta in his treatise thus:—

प्रत्यक्षलक्षणफलः प्रसिद्धाश्च स्वभावतः ।

नौषधीर्हेतुभिर्विद्वान् परीक्षत कथंचन ॥

सहजजपि हेतुना नाष्टादिविरचयेत् ।

तस्मात्तिष्ठेन्नमितान् आममे न तु हेतुषु ॥

Restoration and development.

The initiative in the first instance for the fostering of the indigenous systems has to be taken by the State and other local bodies, in the same way as they do now in the case of the allopathic system. The most essential factor in the restoration, development, and fostering of the indigenous systems of medicine is the establishment of in-patient Hospitals, Research laboratories, museums, Schools and Colleges and other facilities for specialisation. The mere granting of a few thousands of Rupees as contributions to certain institutions would never help the cause. Nor will the establishment of a few schools and out-door, dispensaries satisfactorily answer the purpose. Those without an in-patient Hospital and Research Laboratory cannot be considered a sincere attempt in that direction. For the improvement and development of the indigenous systems depend not in the distribution of medical relief to a few hundreds of patients but in the carrying out of Researches in the line suggested by the Ayurveda and in terms of Ayurveda. The distribution of medical relief to a few suffering hundreds cannot be considered a sincere attempt in that direction. For the improvement may contribute to the satisfactory solution of the most taxing problem of medical relief, to some extent. They would not help the complete revival or a thorough development of the system in all its entirety. These depend more upon the finances that may be forthcoming and we cannot expect individuals undertake to this task by themselves single handed. Hence we have to emphasise here that the Government shall volunteer to take an active part far the provision of these facilities in an ungrudging manner as they do now for the allopathic system of medicine. The Hospital and Laboratory shall be provided for by the Government, as also the Museums, Libraries, and gardens apart from the other

required facilities for specialisation. They may also come forward to encourage other bodies private and public by contributions of grant-in-aid for those institutions these may maintain. They shall also maintain one model college at least at a convenient centre with all the above equipment in an up-to-date standard. Next to the Government comes the duties of the Universities. These bodies shall be moved to recognise the indigenous systems as a separate entity and found a chair for the same. They may issue diplomas of proficiency as they do now for the western medicine, to those that come out successful in the examination to be conducted twice a year. The duty of conducting the examination shall be left to the case of these bodies. They may also affiliate colleges of private bodies to their Universities and recognise also the diplomas issued by private associations and indigenous bodies which are now functioning those duties. The appointment and provision for special research chairs on indigenous medicine shall also be a part of their duty while the local bodies as the *District Boards*, may maintain a school of their own in every district so that each district may provide for the education of its own population; as they do not, it seems, have direct running of medical dispensaries themselves. They may also contribute to the finances of institutions maintained by private bodies. The *Taluk Boards* on the other hand may maintain one dispensary at every major Union; and several villages that are no Unions may be grouped together and provided with a Dispensary. Thus they may bring medical relief in the most neglected parts of the country also. They may also help individual Vaidyas, providing contributions to them, in the locality also. Then there are the Municipalities, those *Municipalities* which are in the capital of the district shall maintain an in-patient Hospital in the district, while other Municipalities an outdoor dispensary each. These are apart from the existing allopathic Dispensaries. They cannot therefore be cited as a stumbling block to the establishment of these institutions. Nor it is hoped that the usual plea of want of funds on this account be set up. The proposed institutions might be run side by side with the existing institutions without detriment to the interest of the one or the other. For the establishment of indigenous medical institutions have got a superior claim over their purse, in preference to the allopathic institutions chiefly, if not on the consideration of cost of maintenance. But that is left to the discretion of the authorities concerned hardly enough help may be provided for in the interest of Ayurveda by private enterprises by establishing Schools, Dispensaries, museums, Libraries etc., themselves or provide donations to existing ones. They may even contribute to the maintenance of certain number of beds in their names in in-patient Hospitals and give their princely donations for the running up of Research institutions to be conducted on Ayurvedic lines.

Outside India institutions and Hospitals are being maintained solely on the support of private endowments. In England, France, America and elsewhere we find the generous public doing much for the establishment of Research institutions of one kind or other. We are aware of many Hospitals being provided with enormous funds sufficient for maintaining several hundreds of beds. We see there are several institutions for the treatment of specific diseases, thus providing the necessary facilities for making special studies of those dis-

eases. These institutions we are told, are free from the control or influence of the government in any shape. And at the same time they are completely recognised by the government. For, we are informed that there are several institutions. No institution is complete without a hospital which is free from control of the University or the Government; these institutions train up candidates, and provide them practical training for a certain period and issue diplomas as associates and members of the particular institutes. These diplomas are equally valued and recognised as a certification by the University, both by the State and public. These must open the eyes of the philanthropic and generous public of our country and offer them the inducement for the provision and establishment of such model institutions in this country.

Wrist Watch Neuritis.

ANGER OF TIGHT WRISTLET.

Common practices produce common pathological failings, so that at first sight it may seem singular that as a painful neuritis can be produced by wearing a wrist watch a large proportion of the population both male and female are not suffering from it. But a note by Professor Stopford, Professor of Anatomy at the University of Manchester, which appeared in the "*Lancet*," while it records the symptoms of two sufferers explains pretty clearly why no cases have been heard of before.

The first patient had a tingling pain along the inner border of the hand and in the little finger, the persistence of which was causing him anxiety. A tender point was then discovered at the apex of the bony prominence on the internal surface of the wrist pressure upon which caused pain to radiate into the dorsal, cutaneous branch of the ulnar nerve. There was some small loss of sensation, but no paralysis or wasting of any of the muscles of the hand. This localised neuritis was traced to the wearing of a tight wristlet and watch, the former producing compression of a branch of the ulnar nerve as it curves round the lower extremity of the bone. The pain disappeared when the wristlet was left off.

The second patient complained of a tingling pain on the inner side of the hand which accompanied movements of the wrist. The localised point of tenderness was the same as that found in the first patient, and the sensory disturbances corresponded again to the distribution of the dorsal cutaneous branch of the ulnar nerve. This patient had also worn a tight wristlet and the symptoms disappeared when it was discarded. The two cases were almost identical, and each being confirmatory of the other, and cause of the neuritis cannot be in dispute.

"PINS AND NEEDLES."

The reason why these symptoms have not made their appearance in any large number of cases is that

a really tight wristlet is required to do the harm, and that all tight wristlets do not happen to compress a nerve upon a bony prominence. The two cases described convey a general warning, however, against any form of constriction or pressure at points where nerves lie upon bone. Professor Stopford has himself seen clinical evidence of damage done by a tight sock-suspender, sensory, and trophic troubles ensuing on the outer part of the leg and on the dorsum of the foot owing to compression of a nerve curving round the outer side of the neck of the fibula or small bone of the leg. The neuritis produced is comparable in origin and development to wrist watch neuritis, and Professor Stopford's observations suggest that the rather common and sometimes annoying little trouble among men of "pins and needles" in the feet may have no more reccondite origin than tight sock suspenders.

How To "Grow" A New Complexion.

These are the days of "hustling." In a week we see and do more than our grand-mothers did in a year. We are gradually turning nature to be our servant; we use her great forces against herself. We have conquered sea and sky, now our doctors are fighting not only disease, but old age. There is talk of rejuvenating human beings by the injection of animal glands, but as yet, only the few can avail themselves of the treatment.

There is, however, one secret of perpetual youth that is in the each of everyone. Scientists now realise that the only way of keeping the skin young and fresh is to examine Nature's methods and to find some way of imitating her.

SCIENTIFIC BEAUTY.

In order to explain the new method of keeping the complexion perpetually youthful, one must understand something of the nature of the skin. A baby's skin is always clear and smooth because the outer layer is always invisibly peeling off, and new layers are forming just as fast underneath, so that the exposed skin is always fresh, unrinkled and "new."

For the first few years of our lives, this peeling is a purely natural process, but as we grow older, we gradually lose the power of throwing off our old soiled outer skins, so that our complexions become lined and yellow, and the new skin has no chance to show itself.

A few years ago, a scientific chemist realised that a little-known substance called mercolised wax, was exactly what was needed to "keep nature up to the mark." It appears that this substance, which is now universally obtainable, gently and painlessly assists nature in throwing off the soiled outer cuticle. The skin thus perpetually renewed, and a clear youthful complexion can be preserved to any age.

Swarna - Rathnakaram

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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

Ayurveda Bhaskara C. T. SUBRAMANIA PANDITHAR, the author of such rare works as 'Jeevarakshamartham' and other Ayurvedic Shastras.

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