

MEDICO HISTORICAL INFORMATION FROM NON-MEDICAL SOURCES

B. RAMA RAO*

ABSTRACT

History of medicine is gaining much importance since 1905 in European countries, but in India due importance to it is still lacking in medical education. For the reconstruction of history of medicine in India, apart from medical literature which is primary source, other sources are to be explored. In India hygienic principles were intertwined with religious rites or vows so that they are followed strictly. There are several practices in the tradition, in the mode of living of people which differ from those laid down in medical classics. But in certain respects it is found that the principles laid down in religious literature i.e. dharmasastra and medical literature and the actual practices in vogue till recent times differ. The reasons for these developments or changes are to be explained for which study of non-medical sources may prove very useful. Sociological, political, economical and other aspects of medical history-all these sources require to be studied deeply with medico-historical interest. These non-medical sources include secular literature, scientific and other non-medical literature, archaeological and epigraphical remains, archives and travelogues and also oral history for the recent past or current history.

History of medicine as a special subject appears to be not getting its due importance and recognition in India in the field of medical education. In 1905, the Leipzig Institute of History of Medicine was founded by Karl Sudhoff in Germany and since then one country after another developed similar Institutions. As early as 1944, Prof. H. E. Sigerist, the then Director of the Johns Hopkins Institute of History of Medicine stressed the need for a medico-historical institution and studies in India.¹

Indian tradition, culture and the philosophical background of living do not lay much stress on the individual and worldly pleasures. Happiness was the goal rather than the worldly pleasures. The arts and sciences of ancient India, which were in their highly developed state among the world, had a common feature with regard to the purpose of

* Assistant Director incharge, Indian Institute of History of Medicine, Hyderabad.

the study of that particular science or art. The ultimate aim of the study of almost all the branches of learning was the attainment of salvation of the soul. Whether it is mathematics or music, astronomy or poetics, medicine or dance-the purpose of sincere study was only to lead oneself to the highest goal of man-the last of the four puruṣārthas (objectives) i.e., mokṣa (salvation). It appears that due to this strong notion embedded in Indian culture and tradition the historical, political, sociological, or biographical details and other related aspects required for historical studies were completely lacking or were not given much importance.

Indian Medicine, the science of life in India-Ayurveda is now gaining an important status and has become a subject of study in many foreign countries. Enquiries are pouring in on several aspects of medical history and Ayurveda. It is for the practitioners of all systems of medicine particularly of Ayurveda in India and medical and also non-medical scholars to make efforts to collect the source material for the reconstruction of history of medicine in India. This is not only necessary for the development of history of medicine in particular but it is also necessary for the development of Ayurveda and the welfare of mankind in general.

The basic source for history of medicine in India is medical literature. Apart from medical literature there are certain non-medical fields from which material for medical history can be culled. This is very valuable and useful for study and confirmation by comparison with the material found in medical sources and for collecting additional material. Non-medical literature-both religious and secular-like poems, Purāṇas and scientific literature in Sanskrit and other regional languages and epigraphical and archaeological remains also play an important role. There are also possibilities of getting valuable historical information from archival records and travelogues. Oral history is also very important for the medical history of the recent past and current history.

NON-MEDICAL LITERATURE

The scope of medical history is very large and extensive. Apart from the physicians, diseases and treatment there are several other aspects which form part of this subject. The social status of physicians, the sociological aspects of patients and physicians and their mutual relationship, the economical conditions of the patients and physicians and other such related matters also form part of the study. This aspect has been

completely neglected in India. The study of Vedas, Purāṇas, Itihāsas, *belles lettres* and other literature including scientific literature with a view to collect references which allude to medical as well as medico-social, political and economical aspects is very essential.

In Vedas, Ramāyaṇa and Mahābhārata we find references to military surgeons accompanying the army to the battle field to attend on the wounded soldiers, which can be compared with medical literature. One relevant passage in Mahābhārata runs thus :

“Sañjaya continued : Then there came unto him some surgeons well trained (in their science) and skilled in plucking out arrows, with all becoming appliances (of their profession). Beholding them, the son of Gaṅga said unto thy son, ‘Let these physicians, after proper respect being paid to them, be dismissed with presents of wealth. Brought to such a plight, what need have I now of physicians? I have won the most laudable and the highest state ordained in *ḷatriya* observances! Ye kings, lying as I do on a bed of arrows, it is not proper for me to submit now to the treatment of physicians. With these arrows on my body, ye rulers of men, should I be burnt!’ Hearing these words of his, thy son Duryodhana dismissed those physicians, having honoured them as they deserved”².

In medical classics there are chapters on messengers and the prognosis is described based on the time, direction etc of the messenger. This suggests that the physicians were called to the house of the patients unlike the present day practice where patients are taken to the doctor’s place. Till recently this was the practice in India. One of the gāthas in Gāthāsaptasati of Hāla mentions an interesting episode. A housewife was in love with a physician. She was taken to the house of the physician with the approval of her husband on her pretext of her being bitten by a scorpion³. Does this suggest that patients were taken to the house of doctors also? If more information is traced it may be helpful to decide whether these two types of practices were in vogue or was there any change in between when the status of physicians was elevated and patients were asked to be taken to his place. This episode also suggests that toxicology was well developed. The lady bitten by a scorpion was taken to the physician and not to a māntrika, a person who cures by charms.

It may be interesting to know how the physicians used to dress themselves and how they used to carry medicines and surgical instruments. After studying number of Telugu kāvyas (poems) a small interesting description of physician could be traced in Paramayogivilāsamu. Tāṭṭapāka Tiruveṅgaḍanātha of 16 century A.D. wrote the work Paramayogivilāsamu in *dvipada* metre which was meant for the common folk. This work describes the physician as follows :

“The physician was holding a bag of medicines under his armpit, was wearing a fine cloth over his shoulders; he placed cotton in the ears, put on a turban on the head and had a ring of an alloy of five metals, had the mark ūrdhvapuṇḍra on the forehead, had (dry fruits of) chebulic myrobalan; the book of Bāhaṭa was half appearing in his hand through the upper cloth; he was murmuring the guṇapāṭha (materia medica) in himself and was looking around for herbs.”⁴

This shows apart from the other aspects that the book Bāhaṭa was very popular and was used as a day-to-day consulting book or as a manual by the practitioners. The placing of cotton in the ears does not appear to have been prescribed by Ayurvedic texts. But the holding of myrobalans in the hand certifies the practical usage and utility of harītakī by the physicians as mentioned in Ayurvedic texts. If any picture or illustration of a physician is found in any manuscript it would be still more interesting. In European countries illustrations are found showing the attire of physicians in different centuries in different countries. Collection of such information and also materials like boxes made of wood, metal or silver and also bags which were used by famous physicians to carry medicines from the descendants of well-known Ayurvedic physicians will be very interesting for medical history.

Religious and secular literature contain considerable material pertaining to hygiene under the pretext of some religious vows, practices or rites. The hygienic principles were always intertwined with religious code to make the people follow the rules strictly. Several aspects of *dinacaryā* and *ṅtucaryā*, treatment of diseases by medical and surgical methods are also available in religious works. The rules regarding brushing the teeth, taking bath, taking food, fasting on certain days and months, restrictions on sexual behaviour etc-all these have hygienic background. The principles of hygiene and public health involved are to be made known after keen study. Fasting on certain days, taking one

time meal during certain days or months and taking certain special items such as *nimba* (*Azadirachta indica*) flowers with mango and other items on the new year day in South India are to be observed keenly for their hygienic and medical importance and also preventive aspect, if any. Use of various flowers and herbs or leaves in different occasions like Vināyakacaturthi may also have some medicinal value. The subject of *sadācāra* in medical classics, which is a sort of mental hygiene also finds place in religious literature. Though the reasons and purpose may be specified as attainment of virtue or *svarga* (heaven) we have to reveal their practical or medicinal utility. There are differences among the actual practice in tradition and the rules found in Ayurveda and *dharmaśāstra* in some aspects. For brushing teeth, sticks of *nimba* (*Azadirachta indica*) and *babbūla* (*Acacia arabica*) are preferred throughout India in traditional practice. But in Ayurvedic classics these do not find place in the trees recommended directly. Though the general recommendation that sticks of trees of *kāṣāya*, *kaṭu* and *tikta* taste are preferable includes *nimba* and *babbūla*, it is difficult to explain the absence of direct mention of these two and in the same way of the absence of the usage of the recommended herbs in practice. Study of non-medical literature and other sources may lead to give some explanation.

The tradition known and practised among the scholars and orthodox elite of the recent past was to take bath with cold water preferably in a source of water like river and tank before sunrise. But if the acts to be performed from getting up from sleep to bath, as mentioned in the daily regimen of Ayurvedic texts are perused, it appears that bath could be had only after sunrise. *Haṭharatnāvalī* of Śrīnivāsa and *Śivasamhitā* prohibit bath in the early morning, whereas *Dharmaśāstras* prescribe bath before sunrise.⁵ These contrary views require to be studied to know the reasons and the developments that led to such changes in the tradition and religious and medical injunctions.

In *Bhojaprabandha* of Ballāla, reference is found to *mohacīrna*, *sandhānakaraṇī* and *sāñjivanī* in the context of cranial operation of Bhoja. Kumārasambhava of Kālidāsa refers to herbs in Himalaya which emit light during night. There are several such instances. Above all the famous sacred soma is there in Vedic literature. Why all these herbs or drugs do not find place in Ayurvedic classics? Were they merely imaginary? Does it suggest that the link between religious and secular literature and the actual practices was lost in the course of history?

In ancient India several other sciences like astronomy, botany architecture and town planning flourished wherefrom material related to medical science can be gathered. Vṛkṣāyurveda is also considered as a part of medical science and this may yield information on the cultivation of medicinal herbs and also making the plants to bear flowers and fruits during seasons in which they normally do not bear flowers or fruits. Emperor Asoka ordered for the cultivation of herbs in places where they were not available⁶ Similarly architecture and town planning may contain details of the construction of hospitals and the then prevalent methods and measures of public health in the construction of drains, baths, well ventilated houses, palaces etc.

EPIGRAPHICAL AND ARCHAEOLOGICAL SOURCES

Study of archaeological and epigraphical sources may reveal limited material useful for medical history but that is supposed to be very valuable due to its genuineness and also due to the possibility of deciding the date more accurately. From inscriptions we find that Asoka established hospitals for human beings as well as animals. Apart from this the Emperor ordered to import herbs which were not available in a place and to cultivate them.⁶ Some other inscriptions in Andhra mention that there was a school of physicians called Parahita.⁷ Probably they were experts in treating poisons and were also surgeons. We also have inscriptional evidence to show that during Kakatiya period general and maternity hospitals were maintained by the State for the benefit of the public⁸. In medical classics any detailed descriptions are not found about the construction, maintenance and organisation of hospitals. This sometimes leads scholars to come to a conclusion that in India there were no hospitals run by the state, but only physicians were patronised by the kings to treat the patients. There are inscriptions which provide valuable information not only on the existence of hospitals but also on the administration and organisation including the financial implications involved in the maintenance of hospitals.

ARCHIVES AND TRAVELOGUES

Records pertaining to the recent centuries are preserved in Records Offices located in places like Hyderabad, Madras, Delhi, Calcutta and Bombay. Records in Persian are available from Moghul period or even earlier Muslim kingdoms. A Persian record pertaining to the Bijapur dynasty gives an allusion to the prevalence of rhinoplasty performed by a barber.

In ancient India foreigners came and studied in Universities like Nalanda and travelled throughout the country. During medieval period several European travellers came to India and they recorded their accounts of travel in which physicians, medicinal plants, diseases and procedures of treatment were also described. The conditions as viewed by foreigners are more reliable and valuable than the descriptions of native persons. Well known early travellers of China need not be mentioned. It is said that during Vijayanagara period Ayurvedic colleges were maintained in the kingdom and foreign students were also studying in the colleges.⁹

ORAL HISTORY

Oral History is very important for recent and current history. There are several very old physicians who might have been associated with various medical activities in their region—either private or public or state and details of several medico-historical activities may be collected from them. These are to be relied upon as they may not be available in any other sources mentioned above. Apart from medical men, persons who were in high position politically or religiously or socially may also deliver useful information. Such persons are to be contacted and their views and reminiscences in the form of interviews can be tape-recorded and preserved. Every medical practitioner, scholar and physician has to take this responsibility and collect as much information as possible for the benefit of the future generation.

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सारांश

अचिकित्सीय स्रोतों द्वारा आयुर्विज्ञान ऐतिहासिक सूचना

बि. रामाराव

यूरोपियन देशों में आयुर्विज्ञान इतिहास स. १९०५ से अपनी उन्नति पर चला आ रहा है, परन्तु भारत में चिकित्सा अध्ययन में इसके महत्व की कमी है, भारत में आयुर्विज्ञान इतिहास के पुनर्गठन के लिए वैद्यक साहित्य, जो प्राथमिक स्रोत है, के अति-रिक्त अन्य स्रोतों का अन्वेषण करना होगा। भारत में स्वस्थवृत्त के नियम पूर्ण रूप से पालन करने हेतु धार्मिक व्रत, संस्कार आदि से संलग्न थे। परम्परा में तथा जनता के जीवन पद्धतियों में उपलब्ध अनेक आचार व्यवहार हैं जो आयुर्विज्ञान शास्त्र ग्रन्थों में

वर्णित नियमों से भिन्न हैं, किन्तु कुछ विषयों में ऐसा देखा गया है कि धार्मिक साहित्य (धर्म शास्त्र) तथा चिकित्सा साहित्य में विहित नियम तथा अर्वाचीन काल तक प्रचलित आचार व्यवहार भी भिन्न है। इस विकास, अथवा परिवर्तन के कारणों का स्पष्टोक्ति करना होगा जिसके लिए अचिकित्सीय स्रोतों का अध्ययन अत्यन्त लाभदायक हो सकता है। आयुर्विज्ञान इतिहास के सामाजिक, राजनैतिक, आर्थिक तथा अन्य विषयों के लिए इन सब स्रोतों का आयुर्विज्ञान इतिहास की दृष्टिकोण से गहराई के साथ अध्ययन करना आवश्यक है। अचिकित्सीय स्रोतों में लौकिक साहित्य, वैज्ञानिक, साहित्य पुरातत्वीय अवशेष, शिला लेख, सफरनामा, अभिलेख आदि का तथा अर्वाचीन इतिहास के लिए मौखिक इतिहास का समावेश है।