

Mel Borins

Traditional Medicine of India

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MODERN WESTERN practitioners suffer from ethnocentricity. Some believe that our system of medicine is the ultimate, and the only one that really works. We often forget that modern scientific medicine reaches only a relatively small group of people, and that perhaps over a third of the world has no share in it.

The majority of India's more than seven hundred million people still receive medical services from indigenous practitioners who treat their patients according to the principles of three ancient systems of Indian medicine; the Ayurvedic, the Siddha medicine of South India, and the Unani or Graeco-Arabic medicine. Allopathic

medicine is simply too expensive and far too capital intensive for a poor country like India to support. Modern medical doctors are too few in certain areas and are not always ready to live with the poor in the slums, the high mountains, the desert areas, or the remote forests.

Both Prime Ministers Jawaharlal Nehru¹ and Indira Gandhi² advocated the integration of the best of indigenous medicine with modern medicine. The government established a Central Council of Indian Medicine, a statutory body with a mandate to ensure conformity of standards of education and regulation of practice in respect to the traditional systems.

The World Health Organization (WHO) has also recognized the important role of traditional medicine in developing countries. WHO accepts that traditional systems will continue to play an important part in providing services to very large numbers of people, particularly in rural areas.³

To extend modern medical services to all sections of the population, particularly those living in backward and rural areas, would take a long time and require a large amount of funds. Because of the local availability and accessibility of herbs and other traditional medicines, treatment according to traditional medical systems is often cheaper. Therefore WHO is also encouraging and supporting local governments to increase research efforts,

training facilities and exchange of information relating to traditional medicine.

Unani Medicine

The foundations of the Unani system of medicine were laid by Hippocrates (460 B.C.) and later by Galen. These men developed medicine into an art and gave it a scientific touch. They laid the foundation of therapeutics on careful observation and experiment and introduced a method of taking medical histories.⁴

At this time the Humoural Theory was introduced. This theory supposes the presence in the body of four humours: blood, phlegm, yellow bile, and black bile. The temperaments of people were accordingly expressed by the words sanguine, phlegmatic, choleric and melancholy according to the preponderance of their particular humour.

The humours themselves were assigned temperaments; blood is hot and moist; phlegm is cold and moist; yellow bile is hot and dry; black bile is cold and dry. Drugs or natural substances were also assigned temperaments. Every person was supposed to have a unique humoural constitution which represented his healthy state. Any change in this humoural balance brought about a change in his state of health. The Unani physician gives medicaments or treatments to enhance the

person's own restorative power or "medicatrix naturae" to reach the healthy state. The nature of the substance matches the nature of the illness.

From Greece and Rome the system moved to Alexandria, Iran and, finally, in the middle of the eighth century, to Baghdad. Learned Muslims, Christians and others translated many scientific and philosophical works into Arabic.

Arab medicine was thereafter introduced into India by Arab and Persian settlers. As in other countries, the Arab physicians absorbed the best from the natural healing practices of the country. They learned about the various herbs and naturally occurring substances, and subjected them to their own experiments and tests. They were influenced by the Ayurvedic System and local Indian practitioners.

In the Arab system of medicine the human body is considered to be made up of seven components, each having a close relation to, and direct bearing on, the state of health of an individual. According to this system, the human body contains four Elements: air, fire, water, and earth. The Elements have their own Temperaments and humours as mentioned above. After the practitioner considers the four Elements, the Temperament, and the Humours, he goes on to consider the various Organs of the body, as well as the Spirits or the life force. The practitioner also considers the three faculties: the Natural Power of metabolism and reproduction; the Psychic Power, both perceptive through the five senses and motive (movement as a response to sensation); and the Vital Power which maintains life. Finally, the movements and Functions of the various organs of the body are examined.

The Unani system places great reliance on the pulse for diagnosis. The 10 features which are particularly observed are: quantity, force, duration of movement, condition of the vessel wall, volume, duration of diastole, palpation of the pulse, equality and inequality, balance of the pulse, and rhythm.

As well as making a traditional examination of the patient's urine and stool, Unani practitioners have started to use modern techniques such as microscopic examination, chemical analysis, radiography and electro-cardiography.

After considering the nature of the patient's ailment and its cause, the practitioner undertakes treatment. Treatment may involve Regimental therapy, Dietotherapy, Pharmacotherapy or Surgery.

Regimental therapy

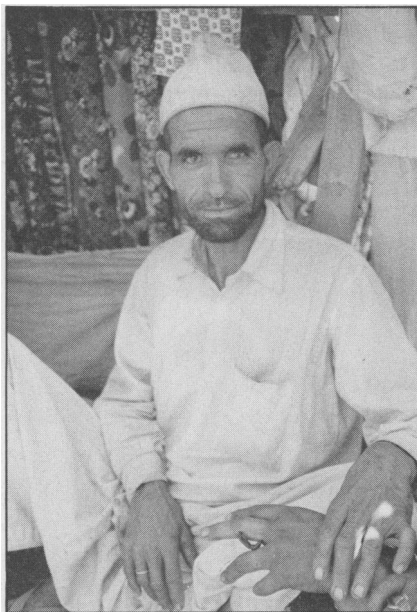
Although Pharmacotherapy is probably the mainstay of Unani medicine, the Regimental therapies are interesting for their historic significance. Some natural therapists in Ontario still study some of these approaches and use variations of these principles in their practices.

Venesection or blood letting, used by modern medical practitioners to treat polycythemia rubra vera, has been used by Unani practitioners to prevent toxicity and accumulation of waste matters in blood, relieve high blood pressure, and correct hot material intemperament.

Cupping (applying hot cups to the skin) apparently cleans the skin of waste matters, corrects liver diseases, stops excessive menses or epistaxis, and treats piles and inflammation of the testes and uterus.

Inducing sweating is supposed to reduce excessive heat and extract waste matter from the skin and blood, while diuresis supposedly can rid the body of poisonous matters, waste products and the excess of humours. Massage therapy is used to relax and sedate the patient while increasing blood supply to certain affected areas.

Leech Man in Kashmir, India



Unani physicians believe firmly that any disturbance in excretory function leads to disease. Therefore purgatives and laxatives have been widely used for intestinal evacuation in certain diseases, and emetics are used to treat headache, migraine and mental disease.

Physical exercise has great importance for certain diseases. Riding horseback is apparently useful for those who just recovered from an illness, whereas boating is good for the stomach and strengthens digestion. The intensity of exercise, its timing and the conditions for various exercises are all specified as is the manner of their application in health and sickness.

The application of leeches is an old healing technique. A leech man in Hazratbal, a small town in Kashmir, was treating a lady with an infected finger, and he explained that the leech was sucking out the poison from the blood. Leeches are also apparently useful in treating skin diseases like baldness. Although I am beginning to suffer from this affliction, I decided not to experiment at that time.

My father-in-law, who used to box back in the 1920s, has told me that a drugstore on Dundas Street in Toronto used to sell leeches to apply to black eyes. Apparently the leech would suck the blood out and remove the bruise. There is a nice leech population in the lake at the summer camp I work at each July, but we are too busy applying salt to get rid of the leeches to spare time to collect them and use them for treatments.

Dietotherapy

Unani Medicine places great emphasis on treating certain ailments by administration of specific diets or by regulating the quality and quantity of food. Many foods are supposed to have laxative, diuretic and diaphoretic properties. The weakness of certain organs is thought to be corrected by administering the same organ of an animal by way of food: disorders and weakness of the liver, for instance, are treated by feeding the patient liver. Similarly, heart, kidney and brain are given to treat ailments of these parts. This approach is also being used by many so-called "natural healers" in North America. Here the animal organs are concentrated into capsules

and taken as supplements rather than in the form of food.

Pharmacotherapy

The mainstay of Unani medicine is the use of natural drugs made from plants, minerals and animal parts. Some of these remedies date back thousands of years. The remedies usually use multiple substances combined in certain powders, decoctions, infusions and tablets, and are taken internally or applied externally.

On review of some of the research literature on vitiligo,⁵ nephritis, jaundice, sinusitis,⁶ asthma⁷ and rheumatoid arthritis,⁸ I found that the herbs used for the treatment of vitiligo, asthma and rheumatoid arthritis seemed most successful. The point that seems to be stressed in these articles, is that these medicaments offer significant relief when compared to the control, yet have virtually no side-effects. The literature of the Unani medicine continually makes reference to the extensive side-effects and diseases caused by the drugs of occidental medicine. They claim that because the substances they administer have been used for hundreds, if not thousands, of years they have been tested over time and are virtually free of harmful effects.

The Unani system does place some emphasis on preventive medicine. The first tenets of preventive medicine, its practitioners claim, were enunciated by the Prophet Mohammed.⁹ Arab medicine recognized the influence of surroundings and ecological conditions on the state of health and laid down six essential factors for the prevention of disease. These factors are clean air; fresh clean food, and water free from dirt, pollution and impurities; proper maintenance of the body with exercise; psychological well-being; proper amounts of sleep; and normal care of the excretory processes.

Practitioners of the Unani system believe that there is a power of self-preservation or adjustment, "medicatrix naturae", which strives to restore any disturbance within the state of an individual. This power or principle corresponds to the defence mechanism which is called to action in case of an insult to the body. The aim of the physician is to help or develop rather than supercede or impede the action of this power. They believe that by aiding the defence mechanism, the patient

emerges with a great power of resistance to further disturbances.

The Unani system also places great emphasis on the psychosomatic nature of disease.¹⁰ Hippocrates believed that the human body contains a unique power, which is other than matter, that keeps the body alive. This element is termed "anima" or "psyche", and Greek physicians were aware that a human being is composed of body and soul, and that both must be studied in health and sickness. The state of disease is not only caused by malfunctioning of the physical system, but also, and most often, caused by a state of psycho-organic imbalances. The Unani physician, while searching for the nature, causes, reasons, and symptoms of the patient's physical ailment and its treatment, also keeps this second aspect in mind.

While pointing out the basic duty of a physician to be a supporter of this healing power of the body, Hippocrates made it clear that this power requires as much support spiritually as it requires physically. A physician should be considerate and kind, and implant ideas of hope and happiness to tranquilize the spirit. Unani practitioners are taught to reflect these Hippocratic beliefs.

Siddha and Ayurvedic Medicine

At the Siddha Research Hospital in Madras, Southern India, practitioners were studying the effects of Siddha drugs on hepatitis and cancer. They were also conducting clinical trials on substances used in the treatment of ulcers, diabetes and infertility.

Professor R. Kumaraswamy, a professor of Medical Botany, explained that practitioners of the Siddha and Ayurvedic sciences accept the concept that everything is made of five cosmic

elements: earth, fire, air, water, and ether. Both the patient and the medication consist of these five elements, and a disease condition represents a stage of derangement of this cosmic equilibrium. The practitioner's aim is to remove the morbid state by suitably restoring the equilibrium of these five elements. Professor Kumaraswamy emphasized that these elements do not correspond so much to the physical state of matter, but rather represent energy levels both in the microsomal and macrosomal stages, in the universe and in the human body.

According to the concept of the ancient Siddhas, there are three major cosmic forces, or biospheres, controlling the activities of living beings. These forces are the "Vaatha", representing the creative or anabolic forces, "Kapha", representing the destructive or catabolic force, and "Pitha", representing the protective force comparable to the glandular and thermoregulatory phenomenon of the body. These three environmental states represent three separate physiological biospheres and are made up of a proportionate combination of the five elements.

All human beings are classified into Vaatha-dominant, Pitha-dominant and Kapha-dominant beings. When a Vaatha-dominant biosphere is deranged and becomes Vaatha-deficient, as a result of the interaction of cosmic phenomena, food habits, genetic or climatic changes, the biospheric equilibrium is disturbed, and it has to be given a Vaatha-dominant drug to match and set right the equilibrium and thereby the disease condition. Whereas modern medicine is causative-agent oriented, Siddha medicine is biosphere- or environment-oriented.

Like the medical systems of Graeco-Arab and Chinese practitioners, the

A Crowd Gathers Around a Healer in the Village of Hazratbal, India.



Siddha and Ayurvedic systems use the palpation of the radial pulse to help diagnose conditions of health and disease. In addition, practitioners examine the patient's tongue, nails, eyes, and lips.

Ayurvedic, a Sanskrit word which means 'the science of life', is one of the oldest recorded healing sciences in the world. Ayurvedic practitioners are similar to practitioners of the Unani and Siddha systems, since they use diet, herbs, minerals, colour, gems, yoga, and pranayama (scientific breathing) in treating patients; they also consider exercise, life-habits, seasons of the year, and individual temperament. Their purification treatments include therapeutic emesis, purgation, medicated enemas, diaphoresis, and medicated massage. They also classify foods according to temperature, and give hot foods for certain problems and cold foods for others.

In ancient India, Ayurveda, Siddha, and Unani physicians were also pharmacists. They gathered their drugs from neighbouring gardens and forests, and prepared the medicines for their patients themselves or had them prepared under their own supervision. In this way they ensure purity of the drugs and preparations they used.

As time went on, however, the profession of pharmacy was separated from medical practice, and to ensure quality of drugs the practitioners of Ayurveda, Siddha and Unani set up a co-operative to collect, manufacture, and distribute the one thousand or so medicines in their armamentarium.

IMCOPS, the Indian Medical Practitioners Cooperative Pharmacy and Stores, is a large complex situated in Madras, India. It has a large herb garden, where some of the practitioners' own ingredients for medicines are grown, as well as a dairy farm where cows are milked by hand. The milk is used as a base for some tablets and medicine. There is a raw materials section where huge sacks of leaves and plants from all over the continent are trucked in, then stacked and sorted. These are analysed for their impurities and constituents in a laboratory section. There are huge boiling and fermentation vats; pulverising, powdering, and grinding machines; Indian men in white uniforms cutting and grating raw fruit and coconuts; large assembly-line mortar-and-pestle machines looking much like the dental

drills of the 1940s. Most of the machines required manual assistance. The whole operation required much more manual effort than comparable operations in North American factories.

The practitioners say that our synthetic drugs are not compatible with the human constitution, but are repelled by the body, thus causing many iatrogenic diseases. They claim that although their method of preparation is old and slow, the natural substances they use maintain their activity and purity. The essence of the substances is not destroyed, whereas modern processing deranges the basic structure of the substances and this, the practitioners say, accounts for the problems that accompany the use of modern drugs.

Conclusions

Many North Americans assume that modern Western medicine is all powerful and prevails all over the world. However, millions of people still go to traditional practitioners of medicine who support systems of healing that have been in use for thousands of years.

The use of enemas, emesis, and leeches are not consistent with our scientific training and do not seem compatible with CAT scans, bypass surgery, and prostaglandins. But in many large North American cities, Greek patients still come to their Canadian physician with cup marks on their backs; Portuguese patients arrive after they have been to their spiritualists; and Chinese patients seek out Western doctors after they have tried herbs and acupuncture. It is not uncommon for people to visit traditional healers before seeking medical help. Although modern medicine has found a dominant foothold in health care in India, the ancient healing systems, rather than disappearing, are regaining popularity and respectability.

There are some 217,000 registered practitioners of traditional medicine in India. They operate 464 hospitals, as well as 13,565 dispensaries. Most of the dispensaries function in rural areas. There are 98 Ayurvedic, 17 Unani and one Siddha undergraduate medical colleges in India turning out some 4,000 graduates per year. There are also 19 Ayurvedic, two Unani and one Siddha postgraduate educational institutions.

We can learn something about the art of medicine from these ancient traditions. Certainly, an awareness of traditional healing and philosophies of health care help us to deal better with patients who come from traditional societies.

The majority of Indians still receive medical care from indigenous practitioners. Their three major healing traditions are the Ayurvedic, Unani, and Siddha systems. These traditional approaches are well suited to a poor country. All three systems diagnose illness according to the laws of the five elements (earth, fire, air, water, and ether), the palpation of the radial pulse, and consideration of environmental and cosmic forces. Traditional practitioners treat mainly with herbs, but also use dietary adjustment, as well as primitive therapies like venesection, diaphoresis, enemas, emesis and massage.

The three ancient systems of healing of India are competing for research funding for clinical trials and double-blind studies. It is time for countries like Canada and the United States to begin co-operative projects to study in our own scientific way the benefits of traditional healing treatments. ●

References

1. Nehru, J. Address to the State Health Ministers Conference. India: August 1950.
2. Ghandi, I. Address given to the 9th All India Conference of Unani Medicine. India, 1973.
3. Regional Committee to World Health Organization for South East Asia. Meeting, September, 1976.
4. R. H. M. *Unani medicine in India*. Presentation at First International Congress of Oriental Medicine. Seoul: October 1976.
5. Proceedings Seminar on Leucoderma. Central Council for Research in Unani Medicine. Hyderabad, India: March 10-11th, 1979.
6. Technical Report, Central Research Institute for Unani Medicine. Hyderabad India: 1976-1978.
7. Mohiuddin SG. Clinical Study of Zeequn-Nafas (Bronchial asthma) with Gajga, Karanj and Majoone-zeeg. CCRIMH; pub. 29, 1977.
8. Mohiuddin SG. Clinical Study of Waja-Ul Mafasil (Rheumatoid Arthritis) with Sambhalu (Vitex Nugundo) CCRIMH; pub. 30, 1977.
9. R. H. Contributions of Greco-Arab physicians in psycho-therapy, Symposium on Islam and Psychology. Riyadh University, Saudi Arabia, October 14-18, 1978.