

The Traditional System of Indian Medicine*
(Āyurveda) —the Background—

by

V. V. Gokhale**

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1. Introductory

To speak on Medicine one has to be a practising medical doctor, —a practitioner with as large an experience as possible; because Medicine is above all a practical science, —we may say, almost as practical as life itself, which it professes to treat and keep healthy. Myself, professing only to be a ‘Doctor of Philosophy’ and not of Medicine, I would try to deal with this subject more in relation to its historical, philosophical and cultural, rather than technical side. As a layman, the traditional Indian medicine as well as the modern practice of Western medicine in India being more familiar to me than many other systems, I propose to speak also, in a general way, about the efforts which are being made there to preserve the methodology and principles of Āyurveda in face of the standardised medical science as practised today in the West as well as in India.

2. Scientific validity of Āyurveda-śāstra

To question the scientific validity of the Indian Āyurveda as is often done is to my mind either pointless or chauvinistic, because in doing so we may be applying the wrong criterions to judge the historical value of a system of knowledge, which has yet by no means outlived its utility to human life, nor ceased to be rational. There are several other areas of ancient Indian culture, which may appear to be outmoded from the point of view of modern thinking. There is, e. g., the *Arthaśāstra* of Cāṇakya, dealing with problems of politics and

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economics ; there is the *Kāmaśāstra* established by Vātsyāyana, dealing with sex-life in all its aspects ; there are *Dharmaśāstras*, dealing with social order and social functions, and several other *Śāstras* like the *Śilpaśāstra* (Science of Architecture), *Rasaśāstra* (Chemistry) etc.—and add to these the fields of knowledges, dealing with fine arts, like dance, music, painting etc. systematised in the ancient *Nāṭyaśāstra* of Bharata—; it is from these that we come to realize what the Indian conception of a *Śāstra* or a scientific system in general signifies. All these systems of knowledge have served and maybe are still serving a historical purpose, viz., the purpose of building up rationally an ideal society of human beings, healthy in mind and body. They have been constantly trying to root out inconsistencies and vagaries of the human mind and establish a system of knowledge (in various walks of life) with a well-ordered logical structure, based upon reliable facts of experience, with sound theories and hypothesis, in short, to be *scientific* in the proper sense of the term. The advance of all knowledge through the centuries has been fitful, unbalanced and with a variety of approaches. In very early stages, man was prone to speculate and accept *a priori* considerations. But, when reasoning began to assert itself over stray human emotions and individual fancy, true science having a social validity began to come into its own ; and then gradually *a priori* and idealistic considerations began to be replaced by realistic methods based upon direct perception and experimentation. It is well-known, that for all advance in human knowledge, both methods of approach the deductive as well as the inductive, and synthesis as well as analysis have proved themselves indispensable as forming a unitary logical process of the human mind, which leads to the establishment of a consistent group of facts, which we call Science. This is also what has happened in the case of Āyurveda as a science. However, before we take a look at the theoretical principles underlying this ancient system of medicine, we may rapidly pass under review its historical background and its relationship with a few other prevailing systems of ancient medicine in Asia.

3. *Historical Background: (i) Āyurveda in Greece*

The Āyurveda is seen to have started its career quite early in Indian history. We know very little about the state of medical knowledge in the Indus Valley culture, reaching upto five thousand years ago, except perhaps the fact that these people with their bathing tanks and well built drainage systems, had a keen sense for public hygiene. But then coming to the *Atharva-Veda*, which is mixed up with superstitions and magic, we find, especially in the *Kausika-sūtra* belonging to it, clear references to diseases and their cures, and also to the 'eight parts' (aṣṭāṅga) of the Āyurveda, as recognized by the later tradition. At the time of the Buddha (i.e. in the 6th century B.C.) we are left in no doubt that a well-recognized system of medical knowledge had come into existence. The half-legendary figure of Jīvaka, the great medical genius of Taxila, who is glorified in the Śibi-Jātaka, emerges as the first surgeon-physician of India, to whom not only marvellous surgical operations, but also some medicinal formulae have been attributed. The Mahāvagga of the Pāli-Vinaya mentions purgatives and medicines for fever, constipation etc. as household remedies. The oldest complete medical works on Āyurveda, however, are known to be those of Suśruta and Caraka (of the early Christian era), who produce different genealogies of their predecessors starting right from the God Brahmā, and they have come down to us more as textbooks for students rather than as independent original treatises, so that one can surmise that actual theories were first mooted at a much earlier date.

Prof. J. Filliozat in his "Classical Doctrine of Indian Medicine" has discussed extensively and penetratingly the relationship between the Vedas and the Āyurveda as well as the one between the Greek medicine and the Āyurveda, and has arrived at important conclusions regarding their comparative chronology. With special reliance upon the evidence of Megasthenes, who had lived for a long time as ambassador at the court of Candragupta Maurya in India, he proceeds to observe that "Indian medicine during the seven or eight centuries preceding the Christian era had never ceased to be actively cultivated and directed towards the definitive constitution of its doctrines." He then concludes that "classical Indian medicine, which is found in a fully

constituted form in the didactic manuals (i.e. of Caraka and Suśruta) belonging to the environs of the Christian era, has its essential bases (viz. the doctrines of wind and of the breaths, of the fiery nature of the bile etc.) in the ancient Vedic texts, anterior to the formation of the Greek science, but that it has been elaborated and constituted as a system during the period of the efflorescence of Greek science and parallel to it." Hippocrates was a near contemporary of the Buddha and his doctrines as expressed in his manuals "On Breaths" and on various subjects, have been on the whole found to be closer to the Indian theories on wind (vāta) etc. than to those of the contemporary Greek school of Empedocles and Diogenes of Appollonia (who died in 428 B.C.). The same kind of evidence is found in Plato's *Timaeus* which classifies diseases into three groups, the last of which is caused by pneuma (vāta), phlegm (kapha) and bile (pitta), the three humours of classical Indian medicine. The next Greek physician, who had settled down in Rome: Galen of Pergamon (131-201 A.D.) set the pace for a more systematic approach to medical science and had no hesitation in giving recognition to Indian eye-ointments, plaster, herbals etc. But then after him, Europe seems to have fallen into a lethargy for over a thousand years, i.e. until we meet with Paracelsus (1493-1541 A.D.) the founder of modern Chemistry, who developed realistic methods of medical analysis, that have come down to us in modern Western medicine.

3. (ii) **Āyurveda in Persia and Arabia**

In the meanwhile, however, the Nestorians of the Greek Church, who were exiled in the 5th century A.D. from the Byzantine empire by the Orthodox Church, carried medical literature to Asia Minor and then to Persia, where the Greek writings came to be translated into Syriac, and where Indian scientific contribution continued to come in even after the invasions of India by Islam. In the 8th century Ommayid Caliph's empire extended from Spain to Samarkand and Greek medical works were translated also into Arabic. Thus in Baghdad, where physicians from India, Egypt and China flourished, a new concept of *Materia Medica* came into vogue. This was called Greco-Arab medicine or *Unani-Tibbi*, as developed by the Arabs, who

being eminent transmitters of learning in various branches of knowledge from one country to another, brought about the enrichment and amalgamation of Indian, Persian and Chinese systems of medical treatment.

3. (iii) Unani (=Ionian) system

After this Unani-Tibbi system had come to India with the Muslims, it came into closer contact with the Āyurvedic system and more Indian herbs and drugs were introduced into its Materia Medica. In later history, in South India, where the Arabs had trading relations, some of the rulers like Hyder Ali, Tippu and the Peshwas of Poona are known to have employed Arab physicians, and more recently the Unani-Tibbi system was raised to the status of State-medicine by the Nizam of Hyderabad. At the time of Hakim Ajmal Khan, the well-known national leader of the Independence movement in India, Delhi had become a renowned centre of this medicine along with other centres at Lucknow, Patna and Allahabad. Of late, there has been a movement in favour of an Indianized Greek-Arab medicine, which seeks to evolve a new system by combining the Unani and the Āyurvedic systems which had an ancient and basic relationship with each other. With this purpose in view, an Institute for the history and research in indigenous medicine has already been opened at New Delhi under the auspices of the present Prime Minister of India. Thus the ancient Indian medicine, after having established contacts with the ancient Western world and while gathering new experiences undergone many modifications, may be said new to have come home to roost.

3. (iv) Āyurveda in Ceylon and Burma

For medicine in Ceylon where Āyurveda probably reached in the 3rd century B.C. through the Buddhist emissaries sent there by Emperor Aśoka, and in Burma, where the fame of Suśruta is known to have spread a thousand years later, Sanskrit models and technical terms are still being followed by the medical text books in these countries.

3. (v) Āyurveda in Tibet and Mongolia

In the northern countries of Tibet and Mongolia they still follow the ancient Āyurvedic texts, like the "Four Tantras" (Catus-tantra),

the Sanskrit original of which seems to have been lost after it was translated into Tibetan in the 8th century A.D. There is, however, a Tibetan translation of the famous *Aṣṭāṅgahrdaya* of Vāgbhaṭa with an unknown commentary; and recently a new medical text incorporated in the well known canonical Buddhist work, called *Suvarṇaprabhāsa-sūtra*, has been brought to light by J. Nobel, which is translated both in Tibetan and Chinese and acknowledged as belonging to the 3rd century A.D. The medical texts found in the *Mss. remains* discovered in Eastern and Southern Turkestan by Hoernle go back still further to the 2nd century A.D. and deal with a still older tradition, differing from that of Caraka. These and other facts leave no doubt about the acceptance of the Āyurvedic theories not only by the Tibetans but almost all inhabitants of Central Asia and were certainly known to the Chinese. Like the Arabs of the Middle East, the Tibetans have been good transmitters of knowledge between India and the Northern, Central and Eastern parts of Asia including China. Descriptions and pictures of Indian medicinal herbs were made known in China through Buddhist works and there is a fair presumption that Indian theories regarding nerve-centres and breathing techniques as they were developed in the Indian *Yoga* and methods of pulse-diagnosis and of massaging for curing certain diseases had become the common property of what Prof. Hajime Nakamura has aptly called the "Indian Asia."

3. (vi) **Āyurveda and Chinese medicine**

Although no conclusive evidence of mutual borrowings between India and China is available, and although the double principle of Yin-Yang rules the Chinese medicine instead of the triple principle: wind-bile-phlegm (vāta-pitta-kapha) of the Āyurveda, it is worth nothing that it is the harmony of the basic principles which is to be restored by the physician to cure diseases and keep the body healthy. The sensitive hand of the Chinese physician, which can feel the 14 pulses on the surface of the body, 800 and more points on the skin which are related with the internal organs and the Chinese treatment of diseases by acupuncture and massage seem to have certain parallels in the *Nāḍi-parīkṣā* (pulse examination) technique, the recognition

of 900 sinews and 107 *marman* (dangerous spots) on the body as well as in the wide variety of massaging obtained in India today. As regards the Chinese approach in the treatment of human diseases, Dr. Stiefvater's observation is worth quoting. He says, "that this treatment presupposes a certain calmness and poise. It distinguishes itself by an intensive search into the *whole nature of the patient*.....". Modern science prefers chemico-physical methods of examination and is able to analyse, but never to synthesize them." This, indeed, is also the spirit in which the traditional Indian medicine approaches its problems.

4. Principles of Āyurveda

We shall now take a very brief survey of the principles on which the Āyurvedic system is founded. Like many other medical systems, the Āyurveda presupposes that all disease arises from a disturbance of the balance between the fundamental elements, which make up a living being, human or otherwise. It does not profess to go into how or why such a derangement was at all created for the first time in the primordial framework of a healthy and perfectly balanced living being;—no philosophy has yet been able to answer this perennial question, not even the Sāṃkhya philosophy, which the Āyurveda accepted as the basis of its systematization.

4. (i) The Sāṃkhya Philosophy of cosmic evolution

But it accepted the fact, that human life, as conceived by the Sāṃkhya, has evolved itself out of a union of the five elements of matter, viz., Earth (*prthivi*), Water (*ap*), Fire (*tejas*), Wind (*vāyu*) and Space (*ākāśa*) with that inscrutable sentient principle of life, representing the soul or the spirit (*ātman* or *caitanya*). These material elements are, of course, not the same as the 92 and odd natural elements constituting the material world of modern science; because these five elements are such as are closely related with the corresponding five senses of perception in the human body, viz., the senses of smell (*gandha*), of taste (*rasa*), of sight (*rūpa*), of feeling (*sparsa*) and of hearing (*śabda*) respectively. It is these five senses alone, which being the gates of knowledge can comprehend the inherent qualities (*guna*) and functions (*karma*) etc. of all material substances.

4. (ii) **Functional aspect of substances (dravya)**

It is important to note, that it is the functions and the inherent qualities of a substance, which the Āyurveda holds to be the most essential factors, which any medical system must be aware of in treating diseases. It recognizes, of course, the other aspects of a substance, like the atomic contents, or the structure or the analysis of it, in which the ancient Vaiśeṣika system or the modern Western science specializes. The knowledge of these other aspects has its use, no doubt; but the Āyurveda is seen to emphasize the fact, that for its pharmacology the important thing is a knowledge of the specific quality (and not mere quantity) of a substance, its effectiveness (and not merely its structure), its synthetic value (and not merely its analytic content). While the qualities and functions of a substance have to be studied in relation to their effect on the internal organs of the body, a clinical system is absolutely essential in the Āyurvedic medicine. The living and active human body on the one hand, and the innumerable natural substances found in its environment, of which it is itself an individual product on the other, and the mutual reactions of their forces and qualities upon each other becomes thus the central field of study with which Āyurveda is primarily concerned. To elucidate this further, I may quote an interesting and critical observation made by a leading Indian physician in this connection. He asks: "If only the apparent similarity between the digestive processes in the body and the chemical processes in a laboratory were taken to be the only criterion in deciding questions of comparative biological nutrition and treatment, how shall we explain the striking disparity between the natural foods adopted by the same species of animals, like; a buffalo, an elephant, a tiger, a lion or a pig? The elephant with his huge body lives only on grass and herbs, i.e., is completely vegetarian, and yet it has great strength and intelligence, for which he does not need any meat-eating! If we see, that frogs are relished by serpents and mice by cats and decaying flesh by vultures, we have to conclude, that behind these instinctive nutritional predilections there must be existing some bio-chemical functional differences, which the Āyurveda recognizes as the special biological aptitudes of those

particular animals.”

4. (iii) Qualitative change in substances

Another point regarding the relationship of the living body with its environment is that the material stuff available to the body could either serve as its nutrition (*poṣaṇa*) or as a curative drug (*auśadhi*) or as a poison (*viṣa*). The Āyurveda is seen to have studied all these three aspects very minutely on the basis of observation and experiment and have described in detail how, in many cases, a particular capacity (e.g. that of acting as poison) could be converted into a different capacity (e.g. that of acting as a drug) when the stuff is suitably combined with certain dietetic conditions or subjected to certain pharmacological treatment.

4. (iv) The theory of Three Humours (Tri-doṣa)

For appreciating this, we have to take a look at the most fundamental theory, developed and applied by Āyurveda in its medical practice. This theory concerns the origin of all diseases and it lays down three humours (or vitiating agencies) known as *Tridoṣa*, viz., Wind (*vāta*), Bile (*pitta*) and Phlegm (*kapha*) which, if they keep in harmony (*sāmya*) keep the body healthy, but fallen into disharmony (*vaiśamya*) produce disease. This theory again rests on the neatly presented evolutionary philosophy of the Sāṃkhya. We have seen above, that the five material elements (viz., Earth, Water etc.) together with their corresponding sense-organs evolve themselves into what is called a living being, whose well-being and longevity is the subject-matter of the Āyurveda. But the Sāṃkhya goes back still further to find that in their turn all those elements, including the physical as well as the mental, owe their existence to three creative factors (called “*guṇa*”), viz. (1) the *Sattva* (Intrinsic Purity), (2) the *Rajas* (Activity), and (3) the *Tamas* (Inertia), and it is these three which are represented in the human body as (1) *Pitta* (Bile), (2) *Vāta* (Wind) and (3) *Kapha* (Phlegm) respectively. Thus, we have here a picture of that cosmic unity of which life is a product. And in this product, the five material elements: Earth, Water, Fire, Wind and Space, which build up the natural world, have their due share. This could be shown in a sort of a genealogical table, in which the cosmic factors : (1) *Sattva*,

(2) *Rajas* and (3) *Tamas* in the first column correspond to (1) *Pitta*, (2) *Vāta* and (3) *Kāpha* in the second column. In the third column the corresponding gross material elements can be shown as : (1) Fire (*agni*), (2) Wind and Space (*Vāyu* and *ākāśa*), and (3) Earth and Water (*prthivi* and *ap*) respectively.

Cosmic <i>Guṇas</i>	Physiological humours — <i>Tri-doṣa</i>	Represented in five material elements by—
<i>Sattva</i>	<i>Pitta</i> (Bile)	Fire (<i>agni</i>)
<i>Rajas</i>	<i>Vāta</i> (Wind)	Wind(<i>vāyu</i>) & Space(<i>ākāśa</i>)
<i>Tamas</i>	<i>Kāpha</i> (Phlegm)	Earth(<i>Prthivi</i>) & Water(<i>ap</i>)

We need not go deeper into the well-coordinated conception of a cosmic structure visualized by the Sāṃkhya Philosophers and utilized for building up a consistent system of Indian medicine by the founders of Āyurveda. But we may bear in mind, that there is a classification of the elements in the physical body (*dhātu*) like flesh, blood, bones etc. corresponding with the material elements in the external world and further classifications of their physical, chemical, pharmacological and physiological properties, described in detail, so that we have a complete system of internal and external elements in the universe as a basis for studying mutual actions and reactions with the ultimate purpose of saving and prolonging the life of beings on earth. While discussing the *Tridoṣa* (Three humours), the Āyurveda deals systematically with their causes (*hetu*), their symptoms (*līṅga*) and their antidotes or drugs (*auśadha*), and in determining the potency of the medicine all possible factors inside the body and in the environment are minutely considered: e.g. age, strength, constitution, season, regional peculiarities, adaptability etc., according to which the response to the medicine may differ. Similarly, we find special attention paid to the juices (*rasa*=chyle) like sweet, sour etc., to the potency (*virya*) indicated by heat, cold and dryness, to the bio-chemical action as food (*vipāka*) and also to the overall effect (*prabhāva*) of material substances used either as food or drugs.

5. The present state of Āyurveda

Let us now turn to the situation in which the traditional medicine

finds itself today in India. It will be readily granted, that for the progress and utility of a scientific system a properly organized education and well-equipped research in that system is the first requisite. However, since the modern Western medicine had been recognized for over a hundred years by the British rulers as the only standard system of medicine in India, it was natural that that Allopathy, which represents the progressive medical science today, was being given all the support, encouragement and recognition by the Government of India, to the detriment of the traditional Indian and other systems. It is only since the Indian Independence that the Āyurveda is receiving special attention and support from the State. Whether the theoretical Indian approach to medicine is appreciated or not, the practical value and utility of the Āyurvedic system could hardly be underestimated, because it has actually been serving the medical needs of nearly 80% of the population, particularly in the thousands of villages and small towns, where the easily accessible and cheap remedies in the form of herbs and indigenous chemicals have been all along successful in preserving the health of the Indian masses. But to keep pace with the modern scientific advances, it was found necessary, that the traditional Āyurvedic doctor (called *Vaidya*), trained privately in Sanskrit medical theory and indigenous pharmacopoeia, was also taught the use of thermometers, stethoscopes, microscopes, X-rays and advanced methods in surgery etc.

5. (i) **Āyurvedic Training —old and new—**

With this purpose in view, Āyurvedic Colleges were opened with the necessary adjuncts of large hospitals, where dissections and surgery could be taught to the students and indigenous medicines used and tested. The Āyurvedic Vaidyas were also duly registered as qualified doctors. The State of Maharashtra has taken considerable initiative in recognising and supporting the traditional medicine along with the modern Western medicine, and the other States in India, like Gujarat, Rajasthan, the Panjab and Madhya Pradesh have followed suit by establishing independent Faculties of Āyurvedic Medicine in their respective Universities. In the Uttar Pradesh, which had taken an early lead in this matter, the Lucknow University is going ahead with its

advanced and integrated courses in the Āyurveda. No decisive action seems to have been taken, however, in the Eastern States of Bihar, Orissa, Assam and Bengal. In the South Indian States, although no organized effort seems to have been made to set the Āyurvedic medicine on a firm footing, separate well-managed Institutes in Kerala, the Andhra Pradesh, Tamil-Nāḍu and Mysore are helping in raising the status and standard of the traditional Indian medicine. A Post-graduate Āyurvedic Research Institute equipped with a hospital and other facilities is doing pioneering work at Jamnagar (in Saurashtra) and a scheme for establishing a herbarium of Indian medicinal plants on a large scale is being implemented by the Central Government of India.

5. (ii) Effective use of Āyurvedic medicine

After all, the main objective of any medical system in the world could only be to preserve the health and prolong the life of a people. As noted above, the traditional system of medicine in India has been fulfilling this function successfully in the case of over half a million Indian villages by providing the people with sound ways and means of keeping healthy and preventing and curing diseases by means of mild but effective drugs which are easily and cheaply available, and are suited to the life, climate, culture and environments in India. The aim of the Āyurvedic medicine has always been to increase the power of resistance to a disease, to treat the disease in its total relationship with the mind and body, and it has looked down upon lop-sided or partial methods of investigation and treatment. It is difficult to deny the richness, variety and efficacy of the Āyurvedic pharmacopoeia. A well known Indian traditionalist has suggested that in the modern Western medicine there being hardly any reliable drugs for diseases like: chronic diarrhoea (*saṃgrahani*), dysentery (*pravāhikā*), dyspepsia (*agnimāndya*), oedema (*śoṭha*), asthma (*śvāsa*), obesity (*medoroga*), diseases of the nervous system (*vātavyādhi*), heart disease (*hṛdroga*), skin diseases (*kṣudrakuṣṭha*), ascites (*udara*), polyurea including diabetes (*prameha*), rheumatic troubles (*āmavāta*), psycho-neurosis (*mānasa-vyādhi*), urinary troubles (*mūtrakṛcchra*) etc., it should be possible to reserve some beds in each Allopathic hospital for treatment of these diseases by Āyurvedic methods.

5. (iii) Knowledge of modern science essential for Āyurveda

On the other hand, there can be no doubt, that Āyurveda has to keep itself abreast of modern medical research, new scientific advance, as e.g. in bacteriology, biology etc., new surgical practices and new remedies in order to test and verify the truth of its own principles and accept new knowledge. The direction in which this ancient system is to be revived and made to serve the people with greater efficiency and benefit will depend obviously upon its adaptability to modern scientific practices. The efforts which are being made in India today to give it facilities, status and recognition must at the same time seek to give its practitioners the knowledge of all modern theories and scientific appliances so that comparative research and progress in Āyurveda becomes possible.

5. (iv) Medical syllabi in Āyurvedic Colleges

Most of those doctors in modern India who were reputed as the most successful medical practitioners in Āyurveda (like the late Maharṣi Annasaheb Patwardhan (Poona) or the late Dr. Bhadkamkar (Bombay) were well versed in modern Western medicine and had also fully recognized the value of an integrated system of Indian medicine. Such an integrated Āyurvedic system has been sought to be prescribed in the syllabi of the newly opened Āyurvedic Colleges at various University Centres in India. In these syllabi a training in modern medical science (including subjects like Anatomy, Physiology, Biochemistry, Pathology & Bacteriology, Surgery (including ENT & Ophthalmology), Midwifery & Gynaecology) is imparted along with all the parallel Āyurvedic subjects (including: *Doṣadhātumalavijñāna*, *Dravyaguṇavijñāna*, *Rasasāstra* & *Auśadhinirmāna*, *Svasthavṛtta*, *Nidānapañcaka*, *Viṣa-tantra*, *Rogavijñāna*, *Kāyacikitsā*, *Śalyaśālākya*, *Kaumārabhr̥tya* and all their subdivisions, along with Sanskrit studies in the *Sāṃkhya* & *Vaiśeṣika philosophies* as well as critical studies in the basic works of Caraka, Suśruta etc). I am mentioning here the syllabi in Āyurvedic Colleges in some detail, because they show how necessary it is to study the Āyurvedic system in the light of modern Western medicine, if its principles and practice are to prove universally beneficial. These studies naturally put a very heavy

burden on the students of Āyurveda (who see no comparable prospects for them in their professional career). Recently there was a movement among these students to suspend their studies in the Āyurvedic Colleges. This phenomenon of economic considerations playing an obstructive roll in the academic field, is not new to Japan and many other countries of the world. So, there is a proposal to reduce the burden on the students by converting the above-mentioned integrated courses into courses in Pure Āyurveda (śuddha-Āyurveda), i.e. by removing from them all the subjects in modern medical science. This will obviously be a retrograde step, and it is hoped, that the Purists will realise, that knowledge as applicable to human life, whichever may be its form of approach, cannot isolate itself behind the walls of partisanship. Unless all doctors are prepared to understand without prejudice all systems of medicine, that have proved effective and are open to study, there is no chance of the medical profession finding the right way of relieving human suffering. Above all, the best medical talents are faced today with the challenge to acknowledge the merits and demerits of the various medical systems and integrate the good points in each, so as to build up an ideal way of practising medicine.

It will not be out of place to make a special reference on this occasion to the keen sense of awareness, which is being shown by the medical profession in Japan, both with respect to the shortcomings of modern Western medicine and the necessity of exploring new approaches to their science, that might eliminate some of the hidden dangers to human life on earth. Already one of the fundamental works of the Ancient Indian Medicine, viz., the *Suśruta-saṃhitā* has come out in two Japanese translations and it is hoped, that more basic works of this system will be similarly made available to medical scientists of Japan. Only a true and intimate understanding of this and other systems of medicine could lead to a new, comprehensive and progressive outlook.

Finally, I have to thank all those, and more particularly :

- 1) The Japanese Association for the Study of the History of Medicine
- 2) The Japanese Association for the Study of Oriental Medicine

3) The Committee for the Publication of the *Suśruta-saṃhitā* in Japanese

4) Eastern Institute

5) Indo-Japanese Cultural Association,

for giving me this opportunity to put before them my views on this somewhat difficult but interesting subject of the Traditional Medicine in India, called the Āyurveda.

I am also thankful to the audience for giving me a patient hearing.

V. V. Gokhale

Dr. V. V. Gokhale

by

Hajime Nakamura (Univ. of Tokyo)

Dr. V. V. Gokhale was born at Kolhapur (India) on March 20, 1901. His father was a judge. He learned Chinese and Tibetan and studied Mahāyāna Buddhism at Visva-Bharati Univ. (Santiniketan), where the founder of the Univ., Rabindranāth Tagore had a great influence on him. He got B. A. (Hons) of Bombay Univ., and then continued his Asian Studies at Heidelberg and Bonn securing Alexander von Humboldt Scholarship (1926-'30). He received the degree of Dr. Phil. (sehr gut) of Bonn Univ. in 1930 and was appointed Professor of Pāli and German at Fergusson College, Poona in 1932. In 1959, he was offered the chair of Buddhist Studies at Delhi Univ. and then he became the Head of the Dept. of Buddhist Studies. After his retirement from Delhi Univ. in 1966, he had been Professor at Poona Univ. Meanwhile, he was a Visiting Professor at Cheena Bhavan, Visva-Bharati Univ. (1937-'38) and an Officer on Special Duty at Lhasa, Tibet (1948-'50). He has engaged in laborious study of Sanskrit Mss. discovered in Tibet and published some important texts of Buddhism and Skt. literature. He is a leading scholar of Buddhist studies not only in India but also in the world; one of his works has been published in U. S. A. and appreciated internationally. He has several old friends among learned circles here and some young Japanese scholars have been in India to study under his guidance. At the invitation of Japan Society for the Promotion of Science which is a governmental organization, he stayed in Japan for three months since Oct., 1971 to deliver the lectures at Tokyo Univ. and so on.

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Über den Vornamen de GRAAFs

von

H. SAKAI*

Es gibt keinen Mediziner, wer den Namen de GRAAFs nicht weiß. Da de GRAAF der Entdecker des Follikels im Eierstock ist, ist de GRAAF einer der berühmten niederländischen Wissenschaftler im Bereich der Medizin und da sein Name in der Beschreibung der Anatomie der Geschlechtsorgane des Menschen als die sogenannten "Folliculi Graafiani ovarii" noch stets fortlebt, wissen alle Studenten der Medizin seinen Namen schon beim Kursus der Histologie in der früheren Stufe der medizinischen Bildung.

Während des Aufsuchens der Beschreibungen über die Geschichte der Gefäßinjektionsmethoden hatte der Verfasser eine Beschreibung über de GRAAF in dem "Biographischen Lexikon¹⁾" gefunden: "...Bekannt ist sein Streit mit JAN SWAMMERDAM über die Priorität der durch ihn veröffentlichten anatomischen Entdeckungen und Gefäßinjektionsmethoden, welcher die Ausgabe seiner "Defensio partium genitalium adversus Swammerdammum" (L. B. 1673) zur Folge hatte...". Deswegen hat der Verfasser seine Gefäßinjektionsmethoden noch eingehender wissen wollen.

Indessen ist es an den Tag gekommen, daß der Vorname de GRAAFs anders in den "Ontleedkundigen Tafelen²⁾" geschrieben wurde; d. h. Reinier de GRAAF in dem "Biographischen Lexikon¹⁾" und Regnerus de GRAAF in den "Ontleedkundigen Tafelen²⁾". Wegen dieses Unterschieds zwischen den beiden Beschreibungen hat der Verfasser die genaue Buchstabierung des Vornamens de GRAAFs in den Literaturen gesucht. Der Vorname und der Beruf von de GRAAF können folgendermaßen tabellarisch dargestellt werden.

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