MANUSCRIPTS IN INDIAN SYSTEM OF MEDICINE - A REVIEW

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ABSTRACT
India has a rich intellectual and also a textual heritage that dates back to several hundreds of years. India culminates one of the largest collections of medical manuscripts of any civilization in the world. The different types of manuscripts in ISM (Indian System of Medicine) includes, Ayurveda that is spread all over India since antiquity along with Siddha this is mainly confined to South India, so rig-pa, which is confined to Tibetan plateau and Unani-Tibb this is Greco-Arabian system of medicine, which came to India along with the Muslims.

A proper understanding in the review of ancient manuscripts revealed that the past existence of medical manuscripts evidences were available mainly in four forms those were Bhurja patra (palm leaves), old handmade paper and commonly available paper. The review also revealed that presently available medical texts, which are in use now, represents less than 2% of medical literature which are in use now, information which are now lost that were present in the manuscript. The location of the manuscripts are in archaeological departments, National libraries etc. The only attempt to catalogue Indian Medical Literature was preferred by Osmania University in 1958.

There is utmost urgency for conservation of medical manuscripts to revive ancient knowledge for health and prosperity as there is a great threat in losing the manuscripts due to negligence. The intellects achievements of Indian culture lay scattered across several fields of study in ancient texts ranging from Vedas to Upanishads to a whole culmination of scriptures, science and arts thus signalling an urgent need in reviving these manuscripts.

KEYWORDS: Bhurja-patra, Palm-leaves, ISM Manuscripts, Medical literature.

INTRODUCTION
Ayurveda is believed to be the predecessor of the Atharvaveda, which is more than 3000 years old. It is the oldest indigenous system of medicine in India existing since 1000 BC and the vast knowledge of this medicine is documented in different types of manuscripts viz. birch, palm leaf, handmade paper, cloth etc. It is believed that India is the largest repository of manuscripts having more than five million manuscripts consisting of several valuable medical manuscripts. Even though several attempts have been made to retrieve the data from the medical manuscripts, yet there are large number manuscripts still in the possession of the individuals, libraries, academic institutions, museums, temples and monasteries which were not known to the learned researchers and academicians. Eastern part of India is having rich traditions of Ayurveda and some of the places are having very good number of medical manuscripts. Due to its peculiar geographical location, many of the places where the manuscripts are located have been affected with devastating cyclones. In past, many of the valuable manuscripts have been damaged due to cyclones and there is an urgent need to conserve this treasure before they get extinct.

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Organizing bodies like National mission for manuscripts and many more have contributed significantly in collecting medical manuscripts in India though thousands of many more are yet to be explored. A veritable index to India’s scientific tradition is appreciably large number of manuscripts, mostly in Sanskrit, that have been preserved in over a hundred repositories both in India and abroad. While the major texts have been studied and considerable numbers of manuscripts remain unexplored. In any case, they have fostered scientific pursuits for over a millennium. However amongst several thousand medicinal plants mentioned in Ayurvedic texts only a few hundred plants are identified and the identification of 300 to 400 plants are confirmed. In Ayurvedic classical texts the names of all the plants are in Sanskrit and most of them are still to be identified.

Many of the Ayurvedic Sanskrit classical texts translated to regional languages (Kannada, Tamil, Telugu, Malayalam, Gujarati etc.) are still on palm leaves. All such palm leaf manuscripts are century old and are in a perishable condition due to negligence, normal wear and tear etc. In such manuscripts, we can find the Sanskrit names of medicinal plants with regional names. Study of these palm leaf manuscripts may help to identify many of the medicinal plants, which are not yet identified. Hence, this is the need of the hour to collect such unpublished palm leaf manuscripts and to record the contents before they are damaged or lost. E.g. Few of the valuable manuscripts are Romarishi Ekamoolikevaidiyam, MahamantravadiSrisridhara deva virachita Vaidyasastram and Veerabhatti Vaidyasastram.

Materials and Methods

For better understanding of the literature on manuscript, it has been distributed and segmented in to the following categories:

A. An overview of existing ISM manuscripts
B. Ayurvedic manuscripts in the Chandra Shum Shere Collection, Oxford
C. Bowers manuscript

A. An overview of existing ISM manuscripts

1. Meulenbeld History of Indian Medical Literature
2. Sanskrit Ayurvedic Manuscripts in the British isles
3. Wellcome Institute for the History of Medicine (London)
4. Rasapradipada
5. Rasarajasamkara
6. Sannipatarnava
7. Yogasatakavriddha
8. Handivedapota

1. Meulenbeld History of Indian Medical Literature[1]

Yogratanamala or Ascaryaratnamala ascribed to Nagarjuna is of some medical interest, though it is chiefly a tantric text dealing with magic. The treatise consists of 140 polished verses in Arya meter about a large number of subjects belonging to what is called Sat Karman in Tantrism. Most of the stanzas describe procedures enabling one to achieve extraordinary aims, but the healing of bodily disorders also forms an integral part of the work. Some of the topics, Agnistambha (the quenching of fire; 39–42); Sastrasambha (making weapons harmless; 55–58); Akalagraham, (causing solar and lunar eclipses; 63–67); Mrtasamjivana (making dead animals alive again; 135), etc. subjects pertaining more or less to medicine are: Lomashatana (the removal of hair; (51–54) Vandhyaputrajanana (making a barren woman give birth to a son; 85–86); Vandhyakarana (producing sterility in a woman;89–92); Lingavrdhdi (increasing the size of the male organ; 93–96); Sukrastambha (delaying ejaculation; 97–100); Yonisulakarana (causing pain in the female organs; 101); Kushtakaran. a (causing kushta). Garbhastambha (preventing delivery in a pregnant woman; 106); Bhagasamuocana (healing wounds of the female organs; 121); Bhagodghatana (making the vagina accessible or inaccessible to the male; 122).

At the end of the work the author, who calls himself Nagarjuna declares that he composed it from what he heard from his guru and learnt from other Shastras, adds that he tested all the recipes and found them effective. The name of the author's guru, Bhaskara, might be hidden in the first verse, where he is compared to the sun (Bhaskara). P.V. Sharma, who accepts this interpretation, regards him as identical with the Bhaskara who was the father and teacher of Sodhala and also the teacher of Kesava, which makes the Nagarjuna who wrote the work a contemporary of these two and distinct from Siddha Nagarjuna.

2. Sanskrit Ayurvedic manuscripts in the British Isles[3]

(This is a draft version of the paper, which was published as Wujastyk, Dominik (1990). “Sanskrit - Ayurvedic manuscripts in the British isles.” journal of the European Ayurvedic
society, 1, 85–118). It has been said that of the whole collating project, the hardest part to carry out with complete success is probably the business of finding out what manuscripts are. This remarkable, originally intended to apply to classical Latin and Greek works, is even truer for Sanskrit manuscripts, which exist in such relative abundance. There are more Sanskrit manuscripts in Britain than in any other country outside India. A rough estimate puts the number at about 30,000 only half of which have been catalogued. Clearly there are great resources in that country for the study of all aspects of Sanskrit culture, and Ayurveda is no exception. It may be of value, therefore, to give a survey of the Sanskrit collections in Britain, with reference to Ayurveda, and to provide some indication of the Ayurvedic works in the uncatalogued collections. The five most important collections in Britain, from the point of view of size, are those of the India office library and records in London, the Bodleian library in Oxford, the welcome institute for the history of medicine in London, Cambridge university library, and the British library in London. The catalogues of these collections, where they exist, are listed by Janertas numbers 164, 166, 238, 240, 244, 157 and 159, and most of them have sections describing Ayurvedic manuscripts. Each of these repositories also has the following un catalogued collections.


Wellcome collection of Sanskrit and Prakriti manuscripts received special mention in the government of India’s report of the Sanskrit commission (1956–1957) as an important collection for the study of Ayurveda. The collection was largely made between 1911 and 1921 by Dr. Paira mall who was employed by Sir Henry Wellcome. Sir Henry was a self-made millionaire and founder of an international pharmaceutical company. He hired mall in 1911 to collect Sanskrit and other manuscripts of relevance to the history of medicine in South Asia. Further acquisitions continued to be made, on a smaller scale, for another twenty years. During Sir Henry lifetime the collection was effectively private, but today the Wellcome institute for the history of medicine is an international centre and actively seeks to promote the use of its oriental collections for historical research. A booklet by the present author describes the institute’s south Asian collections in a general way and those interested are referred to this for more details. The Sanskrit and Prakriti collections are only partly catalogued. They comprise approximately 6000 or more manuscripts, about three quarters of which have been listed. The collection covers all branches of Sanskrit literature. A hand list of the collection has commenced publication, and volume one describes 1003 manuscripts, of which 249 are medical works. There are also works in the related fields of the astral sciences, Tantra, Yoga, etc.

4. Rasapradipa

In Sanskrit and Hindi having marginal initials: rasahdevanagary script. Begins -srymanmukumadacaran au natvatosapattadhishajamkriyaterasapradhyoyam Dakulamirapahsresthah. Leaf 3r has: itityar’adis.udarves u rages u mahamrtyumjyorasah. Leaf 3v has: athanavajvarelaghumur.tyujyorasah.

5. Rasarasasamkara:

In Sanskrit known as Rasarasasamkara. On leaf 11v.-The author was the son of Mudgala. Drawings of alchemical apparatus on folios 68r, 68v, 69r, 71v, 72r can be seen.

6. Sannipatarnava

In Sanskrit its mula and its relationship to the AsviniKumarsam must be investigated. The author is the son of Padmanabhadevanagari script. Mula begins leaf 1v: amlasnigdhsnatiksnaih. katumadhurasuratapasevakasayaith. leaf 15v: samdhiyugmam tippanamsamnipatordhvair man

7. Yogasataka vriddha:

In Sanskrit this is a long version of the text. Author’s name is not given. Formerly property of Laksmirama Vaidya and copied by Devasankara who was son of Vyasajaganadeva and is completed in 363 verses in devanagari script. It begins with leaf 1v: krtsaaya tam trasyagritadhamnascitiadviprasrasyaduravi dagdhaivaipratipujitasyakarisyateyogasatasya bam dhah. leaf [33r]-[33v]: gutikavegavatinamnirasvaratisaranasam/ [3]63 /it ayurvedasastrevrddha yoga satamsamaptamsam vat 1820

8. Handivedapota

This is a Sinhala medical text for curing sprains, fractures etc. begin with namobuddhysayuvakdaihbulpoturatadhilapalo cuamukahalunumusuvagatamalavabaidinu, handigoni. f. 23: verses; f. 27: ghana-
rogatailaya; continuation of prescriptions for aches, pains etc; f. 36: prescriptions for cuts and wounds f. 45: nilpalatailaya.

B. Ayurvedic manuscripts in the Chandra Shum Shere Collection, Oxford[8]

a) Abhrakavidi

This is having leaves 1, 2: paper written in Sanskrit begins with; atha a[bhrak]kasodhanamaranavidhipnakamdurdura m.

nagavajramabhramcaturvidhamdhmatamvahn audalamcapap in akam vi svarupakam. ends:abhrakam.

b) Ajirnamanjari

This is having leaves 1–3: paper written in Sanskrit covers verses 1–21.5 only.

c) Anjananidana/ Agnivesha

This is having leaves 1–24: paper in Sanskrit.

d) Astangahridyasamhita/Vagbhatta

This is having 231 leaves in Sanskrit, leaves from several different manuscripts, in several hands. Leaf 143v calls the author Vrdhha Vagbhata.

e) Vaidyayantra

This is on palm leaf and in Sanskrit and Sinhalese script.

C. Bowers manuscript:[9]

Bower manuscript is a medical manuscript available in the Sanskrit language, two leaves of the bower manuscript made up of 51 birch bark leaves, written in an early Indian script. It is preserved as part of the collections of the Bodleian library in Oxford. The bower manuscript in reality is a collection of seven distinct manuscripts, or it may be called a collective manuscript of seven parts. The term ‘bower manuscript’ is not strictly correct, since it is a combination of two manuscripts, a larger and a smaller. The larger manuscript is a six smaller complex manuscripts which are separately paginated. The bower manuscript is therefore, in reality, a collection of seven distinct manuscripts, indicated as parts 1 to 7 in Hoernle's edition. The manuscript is written on fifty-one birch bark leaves of an oblong shape, in the form of those of an Indian text.

The birch bark of the large portion of the manuscript is of a quality much inferior to that of the smaller portion. The hole for the passage of the binding string is placed about the middle of the left half of the leaves. The placement of oblong form is point to an imitation of palm leaf from southern India. The seven parts of the manuscript are written in an essentially identical script, the gupta script, which prevailed in northern India from the fourth to the sixth centuries AD some graphic peculiarities of the bower's indicate, according to Hoernle, that it was written at some time within the fourth century AD distinctive characters of the script used enabled Hoernle to distinguish four different scribes, who wrote parts 1-3, part 4, parts 5 and 7, and part 6 respectively. He also arrived at the conclusion that the writers of parts 1-3 and 5-7 were natives of India who had migrated to Kuca to judge from the style of writing, the scribe of parts 1 - 3 originally came from the northern, the two scribes of parts 5-7 from the southern part of the northern area of the Indian Gupta script.

The writer of part 4 might have been a native of Eastern Turkestan. All four writers might have been Buddhist monks, residing in a monastery near Kuca. The ultimate owner of the whole series of manuscripts, whose name appears to have been Yasomitra must have held a significant position in that monastery, for the bundle of manuscripts was contained in the relic chamber of the memorial Stupa built in his honour. Parts 1 to 3, the three medical treatises of the collection, comprise a total of 1,323 verses and some prose, it is evident from this familiarity with metrical writing that the author of the three medical treatises was well versed in Sanskrit composition[10]. It is as assumed that the author of parts 4-7 was not conversant with scholarly Sanskrit; these treatises are written, in a mixed type of language.

Fig 1: Image of bower manuscript
The collection of manuscripts made such headway in the succeeding years. The Silver Jubilee volume of the University of Kerala (1963) put the total collection till then at 50,000. During 1944-45 the Library was entrusted with the publication of Ayurveda manuscripts, hitherto undertaken by the Ayurveda department.[11]

Discussion and Conclusion

Considering the availability of manuscripts which lay scattered in different parts of the country, the need of hour to compile and to protect the immense wealth was understood by scholars from the 19th century. The pioneering project called catalogorum was started in 1891 by the German scholar, Theodore Aufrecht as an attempt to compile master manuscript catalogues. Though the revival has been carried out by Madras University, but the entire system needs proper survey, specific aims technological support to revive the lost knowledge.

Table 1: A progressive review on ancient manuscripts

<table>
<thead>
<tr>
<th>Title</th>
<th>Madhava Nidana</th>
<th>Ayurveda Prakash</th>
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<td>Author</td>
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<td>Length-40.5 cm, Width-3.7 cm</td>
<td>Length-43 cm, Width-3.5cm</td>
</tr>
<tr>
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<td>67 Folios / 135 Pages</td>
<td>209 Folios / 418 Pages</td>
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<td>5 Lines Approx</td>
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There is an urgent need to rethink strategies in terms of the quality of conservation, documentation, dissemination of results as well as economics. The volume of conservation work is enormous and it would be wise to carry conservation skills to the grass roots, training people to be effective custodians of their own manuscripts. To preserve this vast heritage such simple practical steps must be taken. Steps should also be taken to tackle the lack of awareness amongst policy makers and professionals and eventually younger generations as well concerning the need to conserve manuscripts. Traditional artisans should be encouraged to revive their palm leaf skills. There is a wealth of traditional, indigenous knowledge and resources, and if tempered with contemporary knowledge and infrastructure, these can bring about a paradigm shift in the way conservation problems of Asian collections are addressed. It is time to turn over a new leaf.
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8. Devangari script shelved 305(5), library foliation 144-158, Orissa Central Library.

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