MEDICINAL USE OF OPIUM AND CANNABIS IN MEDIEVAL INDIA

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The principles which Āyurvedic physicians follow today, no doubt, originated and developed in ancient India. But the practice adopted by them is largely the product of medieval India. Medieval India has been loosely defined for this paper from 800-1700 A.D. The period of medieval India is usually divided in early medieval and late medieval. Early medieval covers from 800-1300 A.D. and late medieval extends from 1300-1700 A.D. The therapeutic use of opium and cannabis is usually found in late medieval period. It has gradually evolved in this period and is practised even today.

OPIUM (*Papaveris somniferum*)

There is no description available of opium in great classics of Āyurveda, like *Caraka Saṃhitā*, *Suśruta Saṃhitā* and *Aṣṭāṅga Hīdaya* and *Saṃgraha*. Even *Cakradatta* which is supposed to be a very popular hand book of systemic medicine, did not mention opium as therapeutic agent. *Cakradatta* mentioned the preparations of mercury and sulphur (*rasa parpati*) for patients of chronic diarrhoea (*grahani*). But he had no opportunity to use opium for this disease. *Cakradatta* is claimed to be written some where in the early medieval period, probably eleventh or twelfth century A.D. The opium as a therapeutic drug is used by *Śrīṅgadhara Saṃhitā* as aphrodisiac. *Śrīṅgadhara Saṃhitā* is supposed to be written in thirteenth or fourteenth century A.D. and probably at the junction between early and late medieval period. *Śrīṅgadhara* is primarily a book on pharmacy and popular amongst Rajasthani physicians as a hand book of medicine. *Śrīṅgadhara* has described powder known as *ākārakarabhādi chūrṇa* which contains opium. This drug has been used as aphrodisiac (*vājikaraṇa*).

*Ākārakarabhādi powder (Chūrṇa)*

The ingredient of *Ākārakarabhādi Chūrṇa* are described below. (Table-1).

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### Table 1

**Ākārakarabhāḍi Powder**

<table>
<thead>
<tr>
<th>Sanskrit Name</th>
<th>Latin Name</th>
<th>Part</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Åharakara</td>
<td>Anacyclus pyrethrum</td>
<td>One</td>
</tr>
<tr>
<td>2. Śunthi</td>
<td>Zingiber officinale Roscoe</td>
<td>One</td>
</tr>
<tr>
<td>3. Kānkola</td>
<td>Piper cubela Linn</td>
<td>One</td>
</tr>
<tr>
<td>4. Keśara</td>
<td>Mallotus philippinensis Muell Arg.</td>
<td>One</td>
</tr>
<tr>
<td>5. Pippali</td>
<td>Piper longum Linn</td>
<td>One</td>
</tr>
<tr>
<td>6. Jātiphala</td>
<td>Myristica fragrans Houtt</td>
<td>One</td>
</tr>
<tr>
<td>7. Lavaṅga</td>
<td>Caryophyllus aromaticus Linn</td>
<td>One</td>
</tr>
<tr>
<td>8. Candana</td>
<td>Santalum album Linn</td>
<td>One</td>
</tr>
<tr>
<td>9. Ahiphena (Opium)</td>
<td>Papaveris somniferum Linn.</td>
<td>Four</td>
</tr>
</tbody>
</table>

Dose — 1 māsa

The Ākārakarabhāḍi powder (chūrṇa) has been recommended to those who are sexually hyperactive (kāmukā). The drug is supposed to delay ejaculation of seminal fluid (sukrastambhakāra). It increases the pleasure of sexual act (puṃśanānanda karakum).

The person who takes this drug daily in the night is very much loved by the ladies (nārināṃ prīti jananam). It is obvious from the therapeutic use of Ākārakarabhāḍi powder that this drug was widely recommended as aphrodisiac. The dose of opium comes round about 300 mg as a single dose.

**Agastyaśūta raja rasa**

This herbo-mineral preparation of opium is very popularly used for chronic diarrhoea (grahani). This drug appears to be recommended by Yoga Rattākara a book written some time in seventeenth or eighteenth century A.D. by an unknown author. This hand book of systematic Ayurvedic medicine is widely accepted by Maharashtrian physicians. The medicinal formula of Agastyaśūtarāja Rasa is described below (Table).

### Table 2

**Agastyaśūtarāja Rasa**

<table>
<thead>
<tr>
<th>Sanskrit Name</th>
<th>Latin Name</th>
<th>Part</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Pārada (Mercury)</td>
<td>—</td>
<td>1</td>
</tr>
<tr>
<td>2. Gandhaka (Sulphur)</td>
<td>—</td>
<td>1</td>
</tr>
<tr>
<td>3. Hiṅgula (Red mercury)</td>
<td>—</td>
<td>2</td>
</tr>
<tr>
<td>4. Kanaka Bija (Datura)</td>
<td>Datura Stramonium Linn.</td>
<td>4</td>
</tr>
<tr>
<td>5. Nāgaphena (Opium)</td>
<td>Papaveris somniferum</td>
<td>4</td>
</tr>
</tbody>
</table>

N.B. — to be soaked with fresh juice of bhringarāja (Eclipta alba)
Dose — 1 ratti.
The name of this formula has a legendary connotation. Agastya was an ancient sage, who was famous for drinking the entire ocean. The reference here is probably that this drug can also control the watery diarrhoea as sage Agastya made the ocean dry by drinking its water. There is another therapeutic development in this formula. Belladona (dhatura) has been added here and Agastyasūtaraja rasa has not been recommended as aphrodisiac. This suggests that the use of opium advanced from aphrodisiac to anti-diarrhoeal agent and the Āyurvedic physicians might have discovered the side-effects of opium such as constriction of pupil etc. Belladona (dhatura) was added to counteract this side effect. It is well known that Belladona is an antidote of the opium, besides, its own property as antispasmodic, that is relieving of pain. It appears that on the basis of experience of Agastyasūtaraja rasa many opium preparations have been developed as antidiarrhoeal agents.

Some Other Preparations of Opium

Karpurarasa and ahipenasava are two other popular preparations of Āyurvedic pharmacopea. These drugs have been described in Bhaisajya Ratnāvali. These preparations are used in acute gastro-enteritis (visūcikā). It is interesting to note here that karpūra (camphor) had been added first time along with opium preparations. It is possible that Āyurvedic people might have noted by that time respiratory depressant actions of opium. This side effect of opium can be effectively counteracted by camphor (karpūra) as it has respiratory stimulant property. In some later books, though not strictly in medieval period, opium was used as a narcotic and pain reliever (analgesic). Nirdodaya rasa and maṅgalodaya vaṭi are two preparations which are frequently used by Āyurvedic physicians.

It can be seen from the above analysis of therapeutic uses that opium was first used as aphrodisiac then as antidiarrhoeal, and there after as pain reliever and sleep inducer.

**Cannabis (Bhaṅg)**

The medicinal use of Cannabis indica (Sativa) is not available in great classics of Āyurveda. Its use as a drug is found mainly in Sārīgadhara Saṃhitā. Sārīga-dhara has used cannabis for treatment of chronic diarrhoea. The most popular preparation of cannabis is Jātipalādi chūrna (powder), the formula of which is presented below:

<table>
<thead>
<tr>
<th>Sanskrit Name</th>
<th>Latin Name</th>
<th>Part</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jātipala</td>
<td>Myristica fragrans Houtt.</td>
<td>One</td>
</tr>
<tr>
<td>Lavaṅga</td>
<td>Caryophyllus aromaticus Linn.</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
3. Elaici  
Elettaria cardamomum Maton.  
4. Tejpatra  
Cinnamomum tamala  
5. Dulacini  
Cinnamomum Zelianicum Blume.  
6. Nagakeśara  
Mesua ferrea Linn.  
7. Karpura  
Cinnamomum camphora.  
8. Candana  
Santalum album Linn.  
9. Tila  
Sesamum indicum Linn.  
10. Bamsalocana  
Bambusa arundinacia Willa.  
11. Tagara  
Valeitiana wallichii DC.  
12. Avala  
Phyllanthus emblica Linn.  
13. Talisaptra  
Abies webbiana Lindle.  
14. Pippali  
Piper longum Linn.  
15. Haritaki  
Terminalia chebula Retz.  
16. Sthūla jiraka  
Nigella sativa Linn.  
17. Citraka  
Plumbago zelanica Linn.  
18. Sunthi  
Zingiber officinale Roscoe.  
19. Vidaṅga  
Embelia ribs Burm.  
20. Marica  
Piper nigrum Linn.  
21. Bhāṅgo  
Cannabis indica  
22. Sugar  
—  

Dose — 1 tolā (12 gms) approximately.

In this preparation the dose of cannabis comes about 3 gms per day. Initially cannabis was used as anti-diarrhoeal agent but later on it was used as an aphrodisiac drug. Madana modaka and Kāmesvara modaka are two popular aphrodisiac formulas, which contain cannabis as a major ingredient along with many other drugs. It is interesting to note here that these preparations are mentioned in the chapter of grahanī roga (chronic diarrhoea) but they have recommended as aphrodisiac also. Both these preparations have been described by Bhaiṣajya Rataṇāvali which can be placed at the end of the medieval period. It is also possible that these preparations might have been adopted on the basis of some earlier texts of medieval period. The pertinent point is that cannabis was used first as anti-diarrhoeal and then as an aphrodisiac.

**Historical Perspective**

According to Watt opium was brought by Arabs to India and China. On the other hand cannabis appears to be a plant of Indian origin. It is interesting to note here that medicinal use of opium was mostly included in Āyurvedic texts which were written in Western India. It is possible that physicians of this area might have been influenced by Arabic medicine brought by Muslim physicians in the medieval period. The Āyurvedic text written in medieval period of eastern India does not find mention of opium in contemporary period though in the later period opium was used in almost all Āyurvedic books of India. The medi-
cinal use of opium and cannabis have crossed each other at some point. Opium was first used as aphrodisiac and later as antidiarrhoeal, while cannabis was used first as an antidiarrhoeal and then as an aphrodisiac. It appears that both opium and cannabis might have mutually influenced the therapeutic use of each other. This observation can be supported by observation of Śāṅgadhrā that both these drugs possess vyāvayi property. Vyāvayi has been defined as a drug which is absorbed quickly without going on through the intestinal digestion and it affects the whole body. The therapeutic effect of opium and cannabis was quick in action. This has been observed by Śāṅgadhrā on the pattern of poisonous drugs.

In sum, opium and cannabis appears to be a new addition in the Āyurvedic pharmacopeia of medieval India. Opium appears to be brought by Muslim physicians and cannabis appears to be a drug of Indian origin. Opium was first used as a aphrodisiac and then as an antidiarrhoeal and later on as sleep inducer and pain reliever. Cannabis on the other hand was first used as antidiarrhoeal and then as aphrodisiac. It is interesting to note that these drugs are still used popularly by Āyurvedic physician and this in turn exhibits the assimilative capacity of Āyurvedic system of medicine which was influenced by Unani system of medicine in the process of mutual exchange of drugs and ideas. The objective of this paper is to emphasise the fact that the medieval Āyurveda and Unani system of medicine should continue to grow simultaneously and also exchange mutually beneficial contents to each other so that a national composite system of medicine may emerge in due course of time for the benefit of suffering humanity.

BIBLIOGRAPHY

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