

CONTRIBUTION OF MEDIEVAL INDIA TO ĀYURVEDIC MATERIA MEDICA

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INTRODUCTION

India the land of ancient vedic religion, culture and traditions, preached the philosophy of *Gītā* and Āyurveda, as the ways of life and longevity. The land's geography enriched its inhabitants, which attracted the people of other countries from the time immemorial. Even during the earliest days of its history, India had friendly relations with neighbouring countries. It came in close contacts with the Huans, Shaks, and Kushans, who later established their dynasties on this land. Since the golden Gupta period it entered into trade contracts with eastern as well as western countries like Rome, Syria, Babylonia, Arabia etc. Thus by the beginning of medieval period it established trade relations with Europe, Africa and West Asian countries. Muslims from the West not only entered into trade contracts, but some even invaded the land and looted its wealth. These later established their empires on this land and ruled the maximum length of medieval period. They, being believers and followers of Unani system of medicine, patronised it. The Muslim rule made an impact not only on Indian culture, traditions, literature, and religion but also influenced its system of treatment. History clearly reveals that Āyurveda, being flexible like Hindu Religion, while keeping its philosophical fibres intact and unaffected changed and adapted according to the needs of the time.

NIGHANTUS AND COMMENTARIES

According to the history of Āyurveda, the medieval period is considered an era of collection of ancient Āyurvedic literature or an era of *Nighantus* and commentaries. *Aṣṭāṅga Nighaṅṭu*, *Paryāya*, *Ratnamālā*, *Dhanwantari Nighaṅṭu*, *Dravyaguna Saṅgraha*, *Nighaṅṭu Śeṣa*, *Śōdhala Nighaṅṭu*, *Mādhava Dravyaguna*, *Hṛdaya Dipak*, *Madana Vinod*, *Kaidev Nighaṅṭu* etc. are the important contributions of medieval period, which have included a number of drugs, which found no mention in the earlier Āyurvedic texts and treatises.

A FEW COMMON AND SELECTED DRUGS ADDED TO ĀYURVEDIC
MATERIA MEDICA

1. *Ākarkara* called as *ākarkarabha*, *ākallak* in Sanskrit, *ākarkarha* in Arabic, *udalkarah* in Ibn Baitur, *baikhtarkhoon* in Persian, *Pyrethrum radix*. Syn., *Anacyclus pyrethrum* DC or *Anthemis pyrethrum* Linn. in binomial nomenclature belongs to Compositae. The Arabic synonym *ākarkarha* is formed from *akar* means 'to cut' and *takrih* means 'to cause wound' which denotes its *dahkarak* property. It is a native of North Africa, from where it entered into Europe. Its roots were collected and marketed in Algeria. This drug entered into India during Muslim regime. It has for the first time been described in *Gada Nigraha* as *ākallak*. Later in *Śārṅgadhara Sāṃhitā* and *Bhāva Prakāśa Nighaṅṭu* it is described as *ākarkarabha*.

2. *Posta* termed as *Navatul khaskhas* in Arabic, *Koknar*, in Persian, *ahiphena* in Sanskrit and *Papaver somniferum* Linn. in binomial nomenclature belongs to Papaveraceae. Its seeds are termed *Khaskhas* in Hindi. Its extract is known as *āphim* in Hindi and *aphiyoon* in Arabic. It is a native of Spain, Algeria, Sicily and Greece. Sanskrit word *ahiphena* is considered to be the changed version of Arabic synonym *aphiyoon*. It has been first of all described in *Soḍhala's Gadani-graha*. Later it has been mentioned as *āphūk* in *Dhanwantari Nighaṅṭu*. It has also been included in Āyurvedic Materia Medica during Muslim regime. During the period of Emperor Akbar, the Great, it was cultivated in Fatehpur, Allahabad, Ghazipur etc. as mentioned by Abul Fazal in *Ain-i-Akbari*. Its two varieties namely white and red are botanically identified as *P. somniferum* Linn. and *P. rhoeas* Linn. respectively.

3. *Ghikunwār* termed as *gwarpatha*, *godpatha* in Hindi, *sabbarat*, *sabbara*, *navatusibra* in Arabic, *Darakht-e-Sibra* in Persian, *ghrtakumārī*, *kumārī*, *grhkanyā* in Sanskrit, *Aloe barbadensis* Mill Syn. *A. vera* Tourn ex. L. in binomial nomenclature belongs to Liliaceae. It is a native of Socotra and Canary Islands in Africa. The term *kumārī* appears to be derived from the word Canary, the place of its origin. Unani Hakims had knowledge of this drug since long. This has been included in British and Indian Pharmacopoea in eleventh century A.D. From Canary Islands it had been probably transported to Jamaica and Barbados Islands in America. Socotrine Aloe is obtained from *Aloe perryie* Baker. Mussabar or Ailoo is also obtained from *Aloe indica* syn. *Aloe officinalis* Linn. *Ghṛta Kumārī* has not been mentioned in *Vṛhattarī*. It has for the first time been described in *Āṣṭāṅga Nighaṅṭu* and afterwards in Bhoj's *Rajamārtanḍa*. *Soḍhala's Gadani-graha* has also stated its most important preparation *Kumārīyasava*.

4. *Kulañjan* called as *kuliñjan* in Hindi, *khauliñjan*, *khulanjan*, *khuliñjan* *Akaribi* in Arabic, *khusarvay*, *Khusaro* in Persian, *kulanj*, *malayvachha*, *sugandha* in Sanskrit, *Alpinia officinarum* Hence syn. *Alpinia chinensis* Roscoe in binomial

nomenclature belongs to Zingiberaceae. It is a native of China. Its another species namely *Alpinia galanga* (L.) Willd, native of Java, Sumatra islands is adopted as *malayvachha*. Soḍhala's *Gadānigraha* has described one of its preparations namely *kulīñjanadiyavaleha*. *Bhāva Prakāśa Nighaṇṭu* has stated its two varieties namely *māhābhari*, *choti* or *ugragandha vachha* and *Shūlagranthi*, *bari* or *sugandha vachha*. *Raja Nighaṇṭu* has also described his drug as *kulabjan*. This drug has not been described in *Dhanwantari Nighaṇṭu*. It is also presumed that *bari kul-añjan* native of Java, Sumatra was used as *ailaparnī* or *rasna* in Southern States of India, while *Choti kulañjan* native of China was included during medieval period.

5. *Keśaru* termed as *keśara* in Hindi, *Zafran* in Arabic, *Karakmees* in Persian, *kumkum*, *rudhir*, *saṅkoc* in Sanskrit, *Crocus sativus* Linn. in binomial nomenclature belongs to Iridaceae. The Sanskrit synonym *kumkum* appears to be derived from its Hebrew synonym *Kurkuma*. It is a native of Southern Europe but is also cultivated in Egypt, Spain, Iran, Kashmir etc. Probably due to its import from Bulkha or Balhik during the medieval period, a synonym *balhik* has also been coined for its cultivation in Kashmir during the period of Emperor Jehangir. In later Gupta period it has been first described in Vāgbhaṭa's *Aṣṭāṅga Hṛdaya* as *kāśmiraj*. *Dhanwantri Nighaṇṭu* and *Amarakośa* have also described it as *kāśmiraj* and *kāśmirjanma*. Sharma P. V. has stated that *kāśmiraj* of *Carak Saṃhitā* and *Suśrut Saṃhitā* was not *kumkum* of the later period.

6. *Chansur* termed as *halim*, *halon*, *candraśūr* in Hindi, *alhurfat* in Arabic, *tukhmaispandan*, *ispandan*, *tukhma turahatezak* in Persian, *candraśūr*, *ahalim* in Sanskrit, *Lepidium sativum* Linn. in binomial nomenclature belongs to Cruciferae. It is native of Persia and Muslims brought it with them during early medieval period. It is now cultivated throughout the country. It has not been described in any Āyurvedic text except *Bhāva Prakāśa Nighaṇṭu*.

7. *Khurasani ajwain* termed as *banj*, *sikran*, *khadaurjal* in Arabic, *bang*, *bank*, *bang diwana* in Persian, *pārsik yavani*, *yavani*, *турушка*, *madhkarani* in Sanskrit, *Hyoscyamus albus* Linn. in binomial nomenclature belongs to Solanaceae. It is a native of Europe, Asia minor, Khurasan etc. It entered into Āyurvedic Materia Medica during ninth century A.D. Unani Hakims have described its three varieties namely white, red and black. White variety is considered the best with regard to its medicinal value while the black variety namely *Hyoscyamus niger* Linn. the worst (Singh, Daljit—*Unani Dravyagunādarśa*). Vṇdamadhava described it first as antihelminthic. *Dhanwantari Nighaṇṭu* has also described it as *Yavani viśeṣa*. It is also considered to be brought by Muslims from West Asia.

8. *Bābul* termed as *kikar* in Hindi, *ammugilan*, *samur* in Arabic, *mugeelan* in Persian, *bābbūl*, *barbur* in Sanskrit, *Acacia arabica* Willd in binomial nomenclature belongs to Mimosoideae of Leguminosae. It has not been described in *Vṛhattari*. Soḍhala's *Nighaṇṭu* has for the first time described the properties of

its pods. *Rāj Nighaṅṭu* too has described *bārbūr*. *Gadanigraha* has mentioned its two preparations namely *babūlpallava* and *bābūlasava*. Soḍhala's *Nighaṅṭu* has described its gum as *gondra*. This drug is hence included in Āyurvedic Materia Medica during twelfth Century A.D.

9. *Mastagi* called *rūmimastagi* in Hindi, *mastaki* in Arabic, *mastaki roomi*, *kundure-roomi* in Persian, *Pistacia lentiscus* Linn in binomial nomenclature belongs to Anacardiaceae. It is a native of southern Europe, North Africa and Mediterranean region. The medicinal part or gum was used by Unani Hakims and they brought it to India with them in the medieval period. It has for the first time been described in Soḍhala's *Gadanigraha*.

10. *Majuphala* called as *aphs*, *al-aphs* in Arabic, *maju* in Persian, *mayaphala*, *Majjaphala* in Sanskrit, *Quercus infectoria* Oliver in binomial nomenclature belongs Cupuliferae. It is a native of Greece, Asia Minor, Syria and Persia. It was first of all described in Bhoj's *Rājāmartaṅḍa*. Later as *mayaphal* it was mentioned in Soḍhala's *Gadanigraha*, *Raj Nighaṅṭu* etc. It has also been included in Āyurvedic Materia Medica, when Āyurvedic physicians came in contact with Unani Hakims in the medieval period.

11. *Sanāi* called *sanaimaki*, *sonāmāki*, *sonāmukhī* in Hindi, *sanai*, *sanaimakhī*, in Arabic, *swarnapatrī mārkaṅḍika* in Sanskrit, *Cassia augustifolia* Vahl in binomial nomenclature belongs to Caesalpineae of Leguminosae. It is a native of Egypt, Arabia etc. Unani physicians used this drug since ninth century A.D. It has also been included in Āyurvedic Materia Medica during medieval period as it has not been described in *Nighaṅṭus*. *Rāj Nighaṅṭu* has given synonyms like *mārkaṅḍeya*, *mahaśadhi*, *kuṣṭhaketu*, for *bhūmiyahulya*. Sharma (P. V.) has considered *mārkaṅḍika* and *sanāi* as the different drugs.

CONCLUSION

Apart from these many other drugs of *auśadhi*, *puṣpa*, *phala*, *sāka* and *annavarga* have also been added to Āyurvedic Materia Medica during the Medieval period which could not be included in this paper.

SUMMARY

The medieval period, beginning from fifth to fifteenth century A.D. of Indian History was the time when India entered into trade contracts with many countries. On its land a number of weak and smaller states emerged, which could not face the foreign invasions and hence knelt down under the Islamic empire. The religion, culture, literature and drugs of the land were destroyed. The Āyurvedic physicians of that period tried to assemble and arrange the remnants in the form of *Nighaṅṭus*. As they had come in contact with Unani physician, they included many drugs unknown to their ancestors. Only a few of them, namely *akarkara*, *posta*, *ghikum-*

wār, kulañjan, keśara, cansur, khurasani ajwain, babūl, mastagi, majuphala and sanāi are included in this paper, which clearly reflects the flexibility of Āyurveda with regard to its adaptability according to changed conditions.

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