

## 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 Hṛdaya* and *Samgraha*. 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 *Śārṅgadhara Saṃhitā* as aphrodisiac. *Śārṅgadhara Saṃhitā* is supposed to be written in thirteenth or fourteenth century A.D. and probably at the junction between early and late medieval period. *Śārṅgadhara* is primarily a book on pharmacy and popular amongst Rajasthan physicians as a hand book of medicine. *Śārṅgadhara* has described powder known as *ākāraḥādi chūrṇa* which contains opium. This drug has been used as aphrodisiac (*vājikaṛaṇa*).

### *Ākāraḥādi powder (Chūrṇa)*

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

TABLE I  
Ākārakarabhādi Powder

Sanskrit Name	Latin Name	Part
1. Aharakara	<i>Anacyclus pyrethrum</i>	One
2. Śunthi	<i>Zingiber officinale</i> Roscoe	One
3. Kañkola	<i>Piper cubela</i> Linn	One
4. Keśara	<i>Mallotus philippinensis</i> Muell Arg.	One
5. Pippalī	<i>Piper longum</i> Linn.	One
6. Jātiphala	<i>Myristica fragrans</i> Houtt	One
7. Lavaṅga	<i>Caryophyllus aromaticus</i> Linn	One
8. Candana	<i>Santalum album</i> Linn	One
9. Ahiphena (Opium)	<i>Papaveris somniferum</i> Linn.	Four

Dose = 1 māsa

The Ākārakarabhādi powder (*chūrṇa*) has been recommended to those who are sexually hyperactive (*kāmuka*). The drug is supposed to delay ejaculation of seminal fluid (*sukrastambhākāra*). It increases the pleasure of sexual act (*pumśam ānanda karakum*).

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

#### Agastyasūta raja rasa

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

TABLE 2  
Agastyasūtaraja Rasa

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

N.B. —to be soaked with fresh juice of *bhṛṅgarāja* (*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. Belladonna (*dhatūra*) 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. Belladonna (*dhatūra*) was added to counteract this side effect. It is well known that Belladonna 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 *ahiphenasava* are two other popular preparations of Āyurvedic pharmacopea. These drugs have been described in *Bhaisajya Ratnāvalī*. 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). *Nidrodaya rasa* and *māṅgalodaya 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 (*Bhāṅg*)

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

TABLE 3

#### *Jātiphalādi Powder*

<i>Sanskrit Name</i>	<i>Latin Name</i>	<i>Part</i>
1. <i>Jātiphala</i>	<i>Myristica fragrans</i> Houtt.	One
2. <i>Lavaṅga</i>	<i>Caryophyllus aromaticus</i> Linn.	„

3. <i>Elaicī</i>	<i>Elettaria cardamomum</i> Maton.	One
4. <i>Tejpatra</i>	<i>Cinnamomum tamala</i>	”
5. <i>Dālacinī</i>	<i>Cinnamomum Zelanicum</i> Blume.	”
6. <i>Nāgakeśara</i>	<i>Mesua ferrea</i> Linn.	”
7. <i>Karpūra</i>	<i>Cinnamomum camphora</i> .	”
8. <i>Candana</i>	<i>Santalum album</i> Linn.	”
9. <i>Tila</i>	<i>Sesamum indicum</i> Linn.	”
10. <i>Baṃśālocana</i>	<i>Bambusa arundinacia</i> Willa.	”
11. <i>Ṭagara</i>	<i>Valeriana wallichii</i> DC.	”
12. <i>Avala</i>	<i>Phyllanthus emblica</i> Linn.	”
13. <i>Talisapatra</i>	<i>Abies webbiana</i> Lindle.	”
14. <i>Pippalī</i>	<i>Piper longum</i> Linn.	”
15. <i>Harītakī</i>	<i>Terminalia chebula</i> Retz.	”
16. <i>Śhūla jīraka</i>	<i>Nigella sativa</i> Linn.	”
17. <i>Citraka</i>	<i>Plumbago zelanica</i> Linn.	”
18. <i>Sunthī</i>	<i>Zingibe officinale</i> Roscoe.	”
19. <i>Vidaṅga</i>	<i>Embelia ribes</i> Burm.	”
20. <i>Marica</i>	<i>Piper nigrum</i> Linn.	”
21. <i>Bhāṅga</i>	<i>Cannabis indica</i>	Twenty
22. <i>Sugar</i>	—	Forty

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 *Kāmeśvara 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 Ratnāvalī* which can be placed at fag 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 *Śārṅgadhara* 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 *Śārṅgadhara* on the pattern of poisonous drugs.

In sum, opium and cannabis appears to be a new addition in the Āyurvedic pharmacopea 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.

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