

YOGĀRATNĀKARA — AN IMPORTANT SOURCE BOOK IN MEDICINE*

NIRMAL SAXENA
Department of History
Bareilly College, Bareilly

(Received 13 June; after revision 7 August 1991)

Yogāratnākara aims at determining the history of different drugs when they first appeared in Ayurvedic texts, like *Yogarātna Samuccaya* (10th century AD), *Yogarātnāvali* (1574 AD), *Yogasāra* (1600 AD), *Yogaśata* (15th century AD) and *Yogāratnākara* (17th century AD). It has given details of *nāḍi parikṣā*, *aṣṭsthāna parikṣā*, etc. and has also provided additional useful information regarding pharmaceutical preparations and their administration, modified prescriptions for composition and potency of drugs based on scripture, tradition and experience. It is an important source book for getting a better understanding of the history of Indian medicine and also lays special emphasis on specific diseases and their cures.

Yogāratnākara is one of the most renowned treatises on Indian medicine. It is an extract of Indian medicine discussed in several books ranging from ancient period to later part of the 17th century AD. It is a compiled work and masterpiece of Indian medical system, except anatomy and surgery.

It depicts the periodwise development of Indian medicine, which was an outcome of influx and immigration of different races of the world. Had there not been this indispensable book, we would have been deprived of the history of Indian medicine available in variegated books of which it is an epitome.

Yoga means collection of many drugs in a medicinal preparation. When the physicians of Indian medicine found themselves helpless to cure complicated disorders in human body, they were forced to innovate many new formulae of medicines. They compounded many drugs to increase the potentiality of the therapeutics. This increase of curing power in various formulae was very essential, because the commonly used medicines were unable to cure chronic diseases. In due course, these new formulae collections (*Yoga Samgraha*) were given the shape of a treatise. Many new books beginning with the name of *Yoga* were written during 10th century AD and onwards.

*YOGARATNA SAMUCCAYA*¹ (10th century AD)

The aforesaid definition of formulae collection (*Yoga Samgraha*) was fulfilled when Candrata wrote his *Yogarātna Samuccaya* in the 10th century AD.

*Based on the Project Report submitted to INSA on 29 May 1991.

He is regarded as the first physician of Indian medicine who cleared the path of *Yoga Saṃgraha*. Candrata was followed by Sodhala.

Candrata is son of Tisata. Candrata is quoted by Cakrapāṇi (11th century AD) and he himself quotes Jejjeta (9th century AD). Thus, Candrata may be placed between this period. *Yogarātna Samuccaya* was compiled in 10th century AD or 1000 AD.

*YOGARATNĀVALĪ (1574 AD)*²

It was written in the reign of Emperor Akbar at Ahmedabad in 1574 AD. The whole treatise is divided into twelve chapters³. The writer of *Yogarātṇāvalī* was Dāstanaya Gangādharkṛta⁴.

*YOGASĀRA*⁵ (1600 AD)

*Yogasāra*⁶ was compiled by Dakṣa, son of Vānara. In it, a medicinal preparation, *Madan Modak*, made from *Vijaya (Bhānga-Cannabis sativa Linn.)*, a narcotic drug, is cited. This citation proves that this treatise was written after 14th century AD.

*YOGAŚATA*⁷ (15th century AD)

Yogaśataka attributed to Vararūcī. Comm. by Rupanayaṇa. Date of MS Saṃvat, 1849. Published with Sinhalese Comm. by Don. A. de S. Devarakkhita by M.P. Perera, 4th edn. is edited by Batuvantudave, Colombo, 1886. A third edn. is printed at Nirnaya Sagar Press, Bombay with Hindi notes.

Aufrecht has mentioned *Nāgārjunīya Yoga Śatak*, Madan Singh & Lakshmidas type *Yoga Śatak*.

*YOGATARAṄGINĪ*⁸ (Middle of the 17th century)

Yogatarāṅginī of Trimalla 1751, the well known collection of recipes⁹, must, however, be much older, as L, 203 — the MS written in 1498 of another work by Trimalla — is recorded. Trimalla flourished between 1383 and 1499 AD. according to Prof. H.D. Velankar (Catal, BBRAS, MSS, Vol. I, 1925, p. 59). He was a Tailanga Brāhman, son of Vallabha, grandson of Siṅgaṇabhaṭṭa, father of Śankarabhaṭṭa, the author of *Rasapradīpa*.

Trimalla Bhaṭṭa (17th century AD) has mentioned in his *Vṛhatyogatarāṅginī* (Part II, Taraṅga 27), the use of Śankhīya (Arsenic, metallic poison) in *Firaṅga roga* (syphilis) for the first time.

There are two editions of Trimalla Bhaṭṭa's treatise. The first is *Yogatarāṅginī* and the other is *Vṛhat Yogatarāṅginī*. *Yogatarāṅginī*¹⁰ is

comparatively short. This whole treatise is completed in 81 *tarāṅgas*. Materia Medica is mainly described in it. Trimalla Bhaṭṭa flourished after Bhāva Miśra and Lolimbarāja, because the references of these two are quoted in *Yogataraṅginī*. On the other side, *Yogāratnākara* has quoted Trimalla Bhaṭṭa. So, the period of *Yogataraṅginī* is between *Lolimbarāja* (beginning of seventeenth century) and *Yogāratnākara* (last phase of seventeenth century). Thus, the justification of *Yogataraṅginī*'s period could be done as middle of the seventeenth century AD.

YOGĀRATNĀKARA (1676 AD)

Though *Yogāratnākara* is very popular among Ayurvedic physicians as a handbook of therapeutics, no serious attempt has been made as yet to study the work critically and historically. That is why the name of its author and his date is not common in the circle of scholars. *Yogāratnākara* is a text containing collection of material used in medicine. Such therapeutic texts date back to 9th century AD, when Vṛṇḍa wrote his book entitled '*Sidhayoga*', popularly known as *Vṛṇḍamādhava*. It was followed successively by Chakradatta (11th century AD), Gaḍanigraha (12th century AD), Sāraṅghara (13th century AD), *Bhāvaprakāsa* (16th century AD), and *Yogataraṅginī* (17th century AD). *Yogāratnākara* comes last in this chain but before *Bhaiṣajyaratnāvalī* (18th century AD).

Because it is out and out a collection work, it reflects the image of that age and as such is valuable in supplying information for fixing the date of the work and also for having a correct picture of that period. Some of the important points to be noted are as follows:

1. Most of the drugs which were introduced by foreign contact in this country are seen in abundant use in this text.

Ahiphena, *Akarakarabha*, *Salama* (Salab)¹¹ are seen in various preparations. These drugs were introduced by Muslims near about 12th century AD. Perhaps the first work incorporating these drugs is Śodhala's *Gadanigraha* followed by *Sāraṅghara* and others.

2. *Vijaya*, though known from very early period, was used for its fibre previously. Its narcotic and other properties came to light in mediaeval period, when it began to be used in various preparations as hypnotic, analgesic, stomachic, astringent and aphrodisiac. Bhāvamiśra popularised this drug to a great extent. *Yogāratnākara* has also made its use in all these indications.
3. *Rasakarpura*, though introduced earlier, was popularised by Bhāvamiśra in the treatment of *Phiraṅgaroga* (syphilis). This is also seen in *Yogāratnākara* being used in *Upadamśa* though the word '*Phiraṅga*' is not mentioned. But there are the words '*Candraka Vraṇa*' (hard chancre) and '*Putiprameha*' (gonorrhoea). Similarly, *Copacīnī* has been described by Bhāvamiśra as

Dvipāntaravāca, which has been used in *Yogāratnākara* in the form of powder and *paka*.

4. One very conspicuous thing found in *Yogāratnākara* is the description of tobacco (*Tāmākhū*). It is to be noted that tobacco was introduced in India by Portuguese in 15th century AD.
5. *Snayuka*, *Śitala* and *Somaroga* have been described according to *Bhāvaprakāśa*.
6. The symptoms of *śītavāta*, *sparsavāta* are taken from *Rasaratnasamuccya*. Postmortem symptoms of drowning are also described. A new term '*Kuraṇḍaka*' (infantile hernia) is seen for a disease.
7. Similarly, *Bhimasenī Karpura* in eye diseases is a new contribution of *Yogāratnākara*.
8. It is surprising that *Yasada* is not seen in this work. This name was introduced in this country from Persia in 13th century AD. Perhaps *Madanpāla Nighaṇṭu* (14th century AD) is the first work mentioning *Yasad*.
9. Many food preparations, such as *Sara*, *Aṅgavika*, *Paṇaka*, *Ragakhaṇḍavas*, are introduced by *Yogāratnākara*.

AUTHORSHIP AND DATE

No indication whatsoever is found in the text about authorship. Scholars say that it was composed by a Jain priest named Nārāyaṇa Śekhara. Some take him as Nayaṇa Śekhara¹². The confusion arises due to the fact that there is another work by this name in Hindi written by Nāyaṇa Śekhara in 1680 AD.

As regards the date of the work, the authors and the works quoted are listed in Table I.

As would appear from the list (Table I), the author has utilised all the available material right from Carakā to *Yogataraṅginī*. *Lolimbarāja* has been quoted abundantly, but the last work quoted is Trimalla Bhaṭṭa's *Yogataraṅginī*. In fact, it follows the *Yogataraṅginī* in style and content. Trimalla Bhaṭṭa is placed in middle 17th century AD. As regards the lower limit, *Bhaiṣajya Ratnāvalī* of Govindadāsa (18th century AD) has followed this work. Moreover, there is an MS at Anandasrama, Poona dated 1746 AD and as such it cannot be placed later than this. Hence, the work may be placed in the end of the 17th century AD.

Among the existing works related to Ayurvedic medicine, *Yogāratnākara* occupies an important position. The work can broadly be divided into two major parts: *Purvārdha* and *Uttar khaṇḍa*. The work deals with four necessary elements (*pādacatuṣṭaya*), as physician, drugs, nursing staffs and the patient, different

Table I. Periodwise chronology of the books referred in *Yogāratnākara*

Sl.No.	Name of book	Page No. ¹³	Time
1	<i>Bhāṭṭāraka Hariścanda</i>	263	600 AD
2	<i>Bhāva Prakāśa</i>	39, 94	1550 AD
3	<i>Bhopadeva Śata</i>	263	Last phase of 13th century AD
4	<i>Bheḍa</i>	101	7th century AD
5	<i>Cakradatta</i>	326	11 century AD
6	<i>Candrasena</i>	327	Historical evidence is not available.
7	<i>Caraka</i>	135	Agniveśa period 1000 BC. 2nd to 3rd century AD. 4th century AD
8	<i>Cikitsākalikā</i>	161	10th century AD
9	<i>Cikitsā sāra</i>	200	10th century AD
10	<i>Dhanwantariya mata</i>	143	Ancient period
11	<i>Gadanigraha</i>	125	(1175-1215 AD)
12	<i>Hārta</i>	252	10th to 12th century AD
13	<i>Hemadri</i>	79	13th century AD
14	<i>Kāśyapa</i>	269	12th century AD
15	<i>Lakṣmotsava</i>	349	1450 AD
16	<i>Lolīmbarāja</i>	88, 97, 98, 180-181	1625 AD
17	<i>Manthān Bhairava</i>	142	Mediaeval period
18	<i>Mādhava</i>	427	7th century AD
19	<i>Rāja Nighantu</i>	30,47	17th century AD
20	<i>Rāja Mārtaṇḍa</i>	282	11th century AD
21	<i>Rasamañjarī</i>	212	Mediaeval period
22	<i>Rasarājatalakṣmī</i>	126	14th century AD
23	<i>Rasārṇava</i>	139	1200 AD
24	<i>Rasaratnapradīpa</i>	166	1500 AD
25	<i>Rasa Samuccaya</i>	248	1250 AD
26	<i>Rasendra Cintāmaṇi</i>	141	1600 AD
27	<i>Samgraha</i>	276	550 AD
28	<i>Sāraṅgdhara</i>	102	1325 AD
29	<i>Sāra Saṅgraha</i>	197	1575-1625 AD
30	<i>Suśruta</i>	266	1000-1500 BC, 2nd century AD
31	<i>Vaṅgasena</i>	176	1210 AD
32	<i>Videha</i>	397	Ancient period
33	<i>Virasinhāvaloka</i>	214	1383 AD
34	<i>Viśvāmitra</i>	429	12th century AD
35	<i>Vṛddha Vāgbhatta</i>	91	550 AD
36	<i>Vṛṇḍa</i>	239	9th century AD
37	<i>Yoga</i>	200	10th century AD
38	<i>Yogaratna Samuccaya</i>	100	10th century AD
39	<i>Yogaratnāvalī</i>	182	5th century AD
40	<i>Yogasāra</i>	39	1600 AD
41	<i>Yoga śata</i>	226	15th century AD
42	<i>Yogatarāṅgini</i>	182	Middle of the 17th century AD

regimens to be followed up in the day, night and seasons. Besides, there is description of drug preparations like liquors, paste, medicated ghees, etc. And also there is enumeration of different metals and the processes for their calcination. There is description about dietetics. Other means of diagnosis, such as stool, urine, eye, etc. are also indicated.

In so far as description of pulse examination as a means of diagnosis is concerned, it has been described in the first chapter of the book under the heading 'Rogiparikṣa' examination of the patient.

'AṢṬASTHĀNA-PARĪKṢĀ'

The physician should examine a patient's appearance, eye, tongue, skin, pulse, voice, urine and faeces.

When disease grows from bad to worse condition, a physician should study the patient's pulse before and after the disease. Pulses reveal the symptoms of diseases as a string instrument produces all musical notes. The main cause of all diseases is only *Vāṭadik* faeces which in its worse state gives rise to maladjustment of various metabolic activities of the body. At times, one disease becomes the cause of another one. Whatever the disease may be, a physician should first of all examine pulse, tongue, eye, urine, etc. and then cure the disease. The physician who does not follow the symptoms of pulse, urine and tongue, etc. kills his patient soon and thus forfeits fame, name and power¹⁴.

NĀḌĪPARĪKṢĀ

Description of pulse in *Yogāratnākara* is condensed within 48 verses. Thirty-three varieties of pulse are of clinical importance, among which 14 types are completely devoted to the description of bad prognosis and death. One type indicates good prognosis. Eighteen varieties deal with the characteristics of pulse in some physiological and other general pathological conditions. The whole pulse lore can be considered under the following heads:

- (A) Indication of sites and the method of pulse examination.
- (B) Pulse in physiological conditions and mental states.
- (C) Pulse in pathological conditions.
- (D) Pulse indicating bad prognosis.

(A) *Indication of sites and methods of pulse examination*

A physician, after attaining the state of mental stability and peace of soul and mind, should examine by his right hand the pulse below the left thumb in the case of female and that below the right thumb in the case of male. Particularly in the case of female, the physician is advised to examine also the pulse of left leg by applying the knowledge gained from the classical literature, tradition and

self-experience. The pulse below the thumb detects the case and diseased condition of the patient.

As regards methodology and allied aspects of pulse examination, first the elbow (*Kurpar*) of the patient should be slightly flexed to the left and the wrist slightly bent to the left with the fingers distended and dispersed. In this position, the physician should examine the pulse in the first three hours (*ek prahar*) of the morning. The physician, after attaining concentration of mind, should examine the pulse repeatedly three times by giving and releasing the pressure alternately over it. By this procedure, he should decide the condition of *Doṣas* in their respective places and the condition of the pulse, whether the pulse is slow, medium or fast, and also whether they are involved singly, or in combination of two or all the three are at fault together. This way the physician may be able to know the good and the bad prognosis of the patient. The pulse should not be examined just after the bath, in hungry or thirsty states or during sleep and just after awakening or when the patient has anointed himself with oil. Repeated practice of pulse examination makes the physician perfect in the art and science of it.

(B) *Pulse in physiological conditions and mental states*

<i>Good hunger</i>	<i>Fast and light</i>	<i>Vegawati and Laghwi</i>
<i>Appetite</i>	<i>Tremulous</i>	<i>Capala</i>
<i>Satisfaction after appetite</i>	<i>Steady</i>	<i>Sthira</i>
<i>Lust (Kāma)</i>	<i>Fast</i>	
<i>Anger (Krodha)</i>	<i>Fast</i>	
<i>Anxiety (Cintā)</i>	<i>Feeble</i>	<i>Kṣiṇa</i>
<i>Fear (Bhaya)</i>	<i>Feeble</i>	<i>Kṣiṇa</i>

(C) *Pulse in general pathological states*

Various characteristics of pulse in these conditions are given below.

Sl. No.	Types of pulse	Characteristics of pulse	Simile to movement of animals	Relation to fingers
1	<i>Vātika</i>	-	Snake and leech	Index finger
2	<i>Paittika</i>	-	Crow, lark and frog	Middle finger
3	<i>Kaphaja</i>	-	Swan, pigeon cock	Ring finger
4	<i>Vātapaittika</i>	-	Snake and frog	-
5	<i>Vāta Kaphaja</i>	-	Snake and swan	-

6	<i>Pitta Kaphaja</i>	-	Monkey and swan	-
7	<i>Sannipātika</i>	-	Moves very fast with intermittent pause, like the acts of wood pecker (<i>Kāṣṭhakuṭṭa</i>) when cutting the wood	-
8	Fever	Very hot and fast	-	-
9	When carrying flesh (<i>Mansvaha</i>)	Heavy	-	-
10	Poor appetite and cachexia	Slow	—	—
11	Full of blood (<i>Raktapurna</i>)	Heavy and hot	-	-
12	Auto-intoxication	Heavy	-	-
13	<i>Vātika</i> fever	Curvilinear, tremulous and cold	-	-
14	<i>Kaphaja</i> fever	Slow, steady, cold and slimy (<i>Pichila</i>)	-	-
15	<i>Kapha Pitta</i> fever	Fast, long and simple	-	-
16	<i>Vāta Paittika</i> fever	Curvilinear, a bit tremulous and hard	-	-
17	<i>Vāta Kaphaja</i> fever	Slow and slight	-	-
18	<i>Pitta Kaphaja</i> fever	Weak, steady and cold	-	-

(D) *Pulse indicating bad prognosis*

Sl.No.	Periods indicating death	Characteristics of the pulse
1	Death within three hours	Pulse moves like fringe of shawl, coinciding with perspiration and cold.
2	Death within a day	Pulse appears and disappears alternatively and moves like a drum which is shaped like an hour glass (<i>Damaru</i>).

3	Death within two days	Pulse carrying excessive amount of metabolites and cold to touch indicates death within two days.
4	Death within three days	Pulse not felt at the proximal end, cold in the middle and appears tired at the terminal part.
5	Death within seven days	Pulse becomes speedy at the proximal end, sometimes cold and sweaty and slimy skin, indicates death within seven days.
6	Death within 15 days	Pulse is hot, fast and the body is cold and patient takes mouth breath.
7	Patient nearly dead	Pulse extremely weak, runs very fast and cold.
8	Sudden death	<p>Pulse adopts curvilinear motion like that of lightning and alternately appears and disappears.</p> <p>Pulse with intermittent pause indicates bad prognosis.</p> <p>Slow, tremulous with intermittent pause, weak, visible sometimes in the finger, indicates death; it is a <i>sannipātika</i> pulse. Pulse first <i>Vātika</i>, then <i>Paittika</i> and then <i>Kaphaja</i>, and assumes circular movement and horrible, weak, and disappears from its place, indicates bad prognosis. Pulse excessively tremulous, too much jumping, appearing beneath the fingers indicates bad prognosis.</p> <p>The pulse which is amalgam of the three <i>Doṣas</i> indicates bad prognosis. Pulse moves zigzag (<i>Tiryaka</i>) and also like snake, hot and fast and the throat of the patient is full of cough indicates death.</p>
9	Pulse indicating good prognosis	<p>The pulse moves like swan and elephant and the patient is happy.</p> <p>If the pulse beats 30 times in its place in one “<i>man</i>”, the patient shall survive, otherwise not.</p>

Thus, in describing pulse examination, *Yogāratnākara* enumerates certain more points of importance than the previous works, such as *Śārāṅghara Saṃhitā* and *Bhāvaprakāśa*. First, there is indication that besides examining left hand in

the case of female, stress has also been laid on examination of the pulse of the left leg in this case. Secondly, he has clearly mentioned the importance of mental peace to reach at the diagnosis accurately by examining the pulse. Thirdly, there is mention of detailed anatomical position of the forearm, including wrist, during pulse examination. Fourth, there is indication of the fixed time when pulse should be examined. Fifth, there is description of quantitative form of the pulse as 30 times. Sixth, there is indication to examine the pulse repeatedly three times in the same period. Seventh, the work advocates the practice of pulse examination as much as it can be to get mastery over the science. Eighth, there is clear indication that the knowledge of pulse examination can be achieved only by constant practice and applying one's own thinking. Ninth, there is enumeration of greater number of pulse indications of bad prognosis and death. Of course, the work does not make a mention about the pulse of a healthy person. In the end, there is instruction to the physician to wash his hand after examining the patient¹⁵.

Yogaratanākara delineates upon how to diagnose and cure the following diseases for which a few important formulae are given below.

Fever born of Vata — *Guduchyādi* group, *Kiratādi* group, *Kāsmaryādi* group, *Merichādi* group.

Pitta born fever — *Katphalādi* group, *Drākṣādi* decoction.

Kapha born fever — *Tiktādi* group, *Triphalādi* group.

Fever born of Vata and Pitta — *Kirāta tiktādi* group.

Mature and intermittent fevers (quoted from *Bheda*, 7th century AD) — *Sudarśana Cūrṇa* (quoted from *Sāraṅghara*, 1325 AD), *Laghu Lākṣādi Taila*, *Vrhat lakhādī Taila*, *Angāraka Taila*.

Acute fevers (quoted from *Rasarājalakṣmī*, 14th century AD) — *Navajwarankuśa Rasa*, *Jwarāgni Gutikā*, *Tralokyataphara Rasa*, *Mṛtyunjaya Rasa*, *Candraśekhara Rasa*.

Immature or acute diarrhoea (quoted from *Cikitsā kalikā*, 10th century AD) — *Kalingādi*, *Kuṭajāvāleha* (quoted from *Aswanikumāras*, Ancient period), *Kuṭajāṣṭaka*, *Dadimavāleha* (*Vijaya* [Bhāṅg] *Cannabis indica* is used), *Mṛtsanjivano Rasa* (*Vijaya* [Bhāṅg] *Cannabis indica* is used), *Dāḍimapuṭpaka* (Opium is used), *Sankhodara Rasa* (Opium is used). *Atisāra Pathyāni* (Opium is used).

Piles — *Agasti Modaka*.

Loss of appetite and indigestion — *Hingwaṣṭaka Cūrṇa*, *Svalpa Agnimukha Cūrṇa*, *Lavana Bhāskara Cūrṇa*, *Sankha Baṭi* (quoted from

Rasārṇava, 1200 AD), *Śankha Baṭi* (another variety), *Amrita Haritakī*, *Agnikumāra Rasa* (quoted from *Rasendra Cintāmaṇi*, 1600 AD), second *Agnikumāra Rasa*.

Internal Worms — *Krimimudgara Rasa*, *Raktapitta* — *Elādi Gudikā*, *Kuṣmānda Avaleha*, *Khaṇḍa Kuṣmānda*, *Vasa Khaṇḍa*.

Phthisis — *Lavangādi Cūrṇa*, *Kapurādyā Cūrṇa*, *Elādi Cūrṇa*, *Aśvagandhādyā Cūrṇa*, *Chavanaprāśa* (quoted from *Cikitsakalika*, 10th century AD), *Drākṣāśava* (quoted from *Virsinhāvaloka*, 1383 AD), *Ratnagarbhapottali Rasa*, *Rāja Mṛgānka Rasa*, *Mṛgānka Rasa* (quoted from *Rasaratnapradīpa*, 1500 AD).

Bronchitis — *Maricādi Guṭikā* (quoted from *Vṛṇḍa*, 9th century AD).

Hiccup and asthma — *Śringyādi Cūrṇa* (quoted from *Yoga śata*, 15th century AD), *Haridrā Cūrṇa*, *Bhārgigaryadi Leha*.

Hoarseness of Voice— *Vyāghrī Ghṛta* (quoted from *Cikitsāsāra*, 10th century AD).

Disgust for food — *Yavanikhaṇḍa Cūrṇa*, *Ārdraka Matulungāvaleha* (quoted from *Sāraṅghara*, 1325 AD).

Burning of skin — *Candanādi Cūrṇa*.

Insanity — *Kalyānaka Ghṛta* (quoted from *Yogatarāṅginī*, middle of the 17th century AD), *Caitasa Ghṛta* (quoted from *Yogatarāṅginī*, 17th century AD).

Epilepsy — *Kuṣmānda Ghṛta* (quoted from *Vṛṇḍa*, 9th century AD), *Kalyāna Cūrṇa*

Diseases of the Nervous system — *Rāsnādi Pācana*, *Trayodaśāṅgā Guggula*.

Bronchitis — *Sacchanda Bhairava Rasa* (quoted from *Sāraṅghara*, 1325 AD).

Gout — *Piṇḍa taila*.

Leprosy and other skin diseases — *Amṛtādi Ghṛta*.

Severe diarrhoea — *Ajamodādi Cūrṇa*.

Haemorrhoids — *Pañcasama Cūrṇa*.

Pain (colic) — *Śankha Cūrṇa* (quoted from *Hārīta*, 10th century AD to 12th century AD).

Pain (Purināma Śūla) — *Ksira Mandura*.

Pain — Satavari Mandura.

Pain, abdominal tumors, and stony tumors — Samudrādyā Cūrṇa.

Gonorrhoea — Candraprabhā Guṭī (quoted from *Yogarātnāvalī*, 17th century AD).

Diabetes — Tārakeśvara Rasa.

Elephantiasis — Pippalyādi Cūrṇa.

Elephantiasis of the legs — Kṛṣṇādi Modaka, Vidangādi Oil.

Elephantiasis of the legs, bronchocele, goitre, hernia — Saureovara Ghr̥ta.

Fistula-in-ano — Khadirādi Kvātha.

Fistula-in-ano, piles, dropsical swellings, abdominal tumors — Navakārṣika Guggulu.

Fistula-in-ano, piles, asthma, cough, dropsical swellings, abdominal dropsy, hernia, elephantiasis of the legs, malignant boils, sinus, leucoderma, strangury, calculi, gonorrhoea — Saptavingśatika Guggulu.

Fistula-in-ano, boils and sores improves the complexion — Viṣyandana Oil.

Leprosy and leucoderma — Mahā Bhallātaka Avaleha.

Skin diseases, leprosy, fistula-in-ano, malignant boils, intestinal worms — Pañcatikta Ghr̥ta.

Leprosy, blood bile, piles characterised by copious discharge of blood, erysipelas, sour bile, tubercular leprosy, chlorosis, eczema born of malignant boils — Mahātiktaka Ghr̥ta.

All varieties of leprosy — Mahākhandira Ghr̥ta.

Severe varieties of leprosy, chest disease, chlorosis (leucoderma), external tumors, abdominal tumors — Khadirāriṣṭa.

Leprous sores, eczema, psoriasis, ring worm, itching, malignant boils, the effect of age, and black and brown spots on the face — Vṛhat Maricādyā Oil.

Small-pox — Nimbādi, Kāncanādi — Kvātha, Paṭolādi-Kvātha.

Internally cures measles — Khadirāṣṭaka Kvātha.

Diseases of women — Phala Ghr̥ta.

Puerperal diseases, diarrhoea, and disease of the 'Grahani' — Saubhāgya Sunthi.

Liquidity of the semen and loss of virile power — Kāmāgnisandipana Modaka.

Increases strength, energy, and sexual power. Cures blood bile, consumption, fever — Candanādi Oil.

Important Ingredient: Some preparations are named after the important ingredient, for example,

Pippalādi Cūrṇa.

Authorship: The name of the sage or ṛṣi who first discovered or patronized the formula is used in naming the drug, for example, *Agastya haritakī.*

Therapeutic property: The disease for which the formula was indicated is at times used in naming preparation, for example, *Atisāra Pathyāni, Kṛmimudgara Rasa.*

First ingredient of the formula: The drug that heads the list in the formula is sometimes used in naming the preparation, for example, *Khadirā riṣṭa.*

Quality of components: At times, the preparation is named after the quality of components used, for example, *Pancasama Cūrṇa.*

Part of the plant: The drug is at times named after the part of the plant used, for example, *Daśā mūladi Kvātha (Yogāratnākara, Vol.I, p. 431).*

There are medicines having the same name but a number of different formulae, so much so that each differs from the other in composition, ratio of ingredients, method of preparation, mode of administration, mode of action, dosage and *anupana*. A typical example is *Agnikumāra Rasa*.

ŚODHANA OR PURIFICATION

Pure aconite '*Vatsanābha*', for example, cannot be administered as freely as *śodhita* aconite. Aconite, which is a cardiac depressant, becomes a cardiac stimulant after *śodhana* with cow's urine.

Some gum resins, such as *guggulu* and some drugs containing volatile oils, such as *kuṣṭha* are also described to undergo *śodhana* when boiled with milk, *go-mūtra*, etc. Boiling of these drugs, however, definitely reduces the volatile oil content, which is supposed to be therapeutically very active, for example, *Nava Kārṣika Guggulu*, *Saptaviṅśatika Guggulu*.

Yogāratnākara exhibits the medieval impact in its recipes. *Dāḍimavaleha* (*Vihaya* [Bhāṅg]*Cannabis indica* is used), *Mṛtsanḍivano Rasa* (*Vijaya* [Bhāṅg]*Cannabis indica* is used), *Dāḍimapuṭpaka* (opium is used), *Śankhodara Rasa* (opium is used), *Atisāra Pathyāni* (opium is used), *Agnikumāra Rasa* (mercury, sulphur, and fried borax is used), second *Agnikumāra Rasa* (mercury, sulphur, and fried borax is used), *Kṛmimudgara Rasa* (mercury, sulphur is used), *Ratnagarbha pottali Rasa* (*Rasa-sindura*, diamond, pearl, *Svarṇamakṣika*, coral is used). *Mṛigānka Rasa* (mercury, ashes of gold, pearls, sulphur and fried borax is used). *Sacchanda Bhairava Rasa* (mercury, sulphur is used). *Candraprabhā Guṭi* (*Agathotes Cerayta* is used). *Tārakeśvara Rasa* (*Rasa sindura* is used). *Kāmāgni-sandipana Modak* (mercury, sulphur, mica is used). *Candanāḍi Oil* (musk is used).

Yogāratnākara deals with the influence of modern medical system. It mentions syphilis (*Phiraṅga*) introduced by the Portuguese and its remedy *cobacīnī*, which must have been imported about 1535. *Nicotiana tabacum* Linn. (Fam. Salanaceae) is cited for the first time in *Yogāratnākara*. Most of the tobacco addicts think that their bowels are cleaned and urination becomes smooth, but it is only their way of thinking. It is due to the intoxicating effect of nicotine present in tobacco. Postmortem symptoms of drowning are also described for the first time in *Yogāratnākara*.

Thus, in "*Yogāratnākara*", an attempt has been made to present a systematic and periodwise development of Indian medicine by analysing the other books on the subject. Each book depicts the influence of contemporary society. So, the formulae quoted in *Yogāratnākara* can be correlated to the period of referred works. Having the same name, quantity and number of drugs used in a recipe vary in every treatise. Each formula bears the name of physician or the fact that the text was prepared during his time. So the determined period of each referred work can be justified as a period when the particular recipe was compounded and quoted by the author of *Yogāratnākara*. An attempt has also been made to classify various recipes with the date of composition of referred books. Many new drugs were used during mediaeval and modern periods of Indian history of medicine by our physicians. These drugs helped the Indian physicians to innovate some new formulae and they also modified many old formulae of Indian medicine to suit the needs and to cure the complicated disorders, which by then had crept in as a sequel to immigration from Europe and Central Asia.

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4. Author of *Yogaratnāvalī* is Gaṅgādharma, son of Das.
5. *Yogaratnākara*, p.39.
6. Kāśī Hindu Visvavidyālaya, B 2096, p. 330. *Āyurveda Kā Vaigñānik Itihās*, P.V. Sharma.
7. *Yogāratnākara*. p.226.
8. *Ibid.*, p.182.
9. Cf. Dietz, *Anal. Med.*, pp. 145 ff, 10, 955 ff.
10. Lakashmi Venketaswar Press, Bombay.
11. *Salama* (Salab) is used in the formula Salama Pak, *Yogāratnākara*, Vol II, page 89, published by Chaukhambha Sanskrit Sansthan, Varanasi, 3rd Ed.
12. Aufrecht does not mention this author. He mentions only *Yogāratnākara*, a work on *Yoga* by Vireswaranand quoted in *Lauhpradīpa*.
13. The figure indicates page numbers of the Nirnaya Sagar edition of *Yogāratnākara*.
14. *Yogāratnākara*, Vol. I. Page 5, 1-6, published by Chaukhamba Sanskrit Sansthan, Varanasi, 3rd Ed.
15. *Yogaratnākara*, Vol. I, Page 5-9 (1-21) (21-43). printed by Chaukhambha Sanskrit Sansthan, Varanasi. 3rd Ed.