

AYUSH in J&K:- A Historical Perspective with special reference to Unani System of Medicine. *

Abdul Kabir Dar

Correspondence:

Dr. Abdul Kabir Dar Director Indian Systems of Medicine, J&K, India

JK-Practitioner 2012;17(1-3): 89-96

Introduction

AYUSH (Acronym for Ayurveda, Yoga, Unani, Siddha & Homeopathy) denotes the traditional health systems other than the modern system of medicine. Out of these, Ayurveda and Unani have been predominantly rife in the State while as Amchi system of medicine which is limited to Ladakh division and parts of Districts. Dodaha has a history which dates back to Buddhist period. Development of health care services in the public sector began in Jammu and Kashmir State during the Dogra period based primarily on modern medical science while as AYUSH systems have a long history which dates back to centuries. All these systems have gone through ups and downs depending on the monarchs of the time and their personal liking and disliking towards each of these systems. Despite the fact that Ayurveda and Unani owed their origin to diametrically different heritages, both however rely on herbs and managed to co-exist mutually in the state.

In India, Unani system was introduced by Arabs and Persians. The rulers of the time provided state patronage to physicians who came to India. Most of the rulers be it Khilji, Tughlaq or Mughal employed Unani physicians as their court Physicians. Once settled these physicians further enriched the contents of Unani.

Overtime Unani system of medicine became popular in the whole country and continued its strong hold even after the downfall of Mughals. The British rule saw the decline of the system as it no more enjoyed the government patronage. However its strong roots ensured that it did not cease to exist. The role of few families like Sharifi Family (Delhi), Azizi family (Lucknow) and the Nizam of Hyderabad in keeping the traditions alive till date cannot be undermined.

Background

The traditional health practices in Kashmir are as old as the History of Kashmir itself. Being mountainous the state witnesses heavy snowfall right from October till March. Historically people would live in the dense forests, cut off from rest of the world, for most part of the

year. Illness would always be a part of a human living and the Kashmiris were no exception. Therefore the illness caused was managed within the resources in the valley. Because of a strong cultural link of Kashmir with central Asia & China the physicians of these areas had tremendous interest with the medicinal flora of the valley.

Famous for its natural beauty the State had significant importance due to its geographical location. Situated on route from China to Central Asia, the State was a commercial hub for traders travelling from either side in ancient time. Commonly referred to as the famous silk route, the place was inhabited by diverse religious and cultural groups. It was this route that gave access to the invaders or for that matter, spiritual leaders, to spread Buddhism and Islam in the State. Pandavs, Mughals and Pathans too found their way to Kashmir through this route only. While the Mughals are said to have introduced various reforms the Dogras are believed to have developed art and crafts in the State.

Along with their cultural heritage these travelers, invaders and others who settled here brought with them the systems of medicine practiced by each of them which were adopted by the locals from time to time. The recorded medical information about Kashmir dates back to 2nd century BC with Charaka. It is believed that Chakra was a Kashmiri Brahman and the court physician of King Kanishka. Unani system of medicine is believed to have been introduced to Kashmir well before the Mughals.

Prior to enactment of Indian Medicine Central Council (IMCC) Act in 1970 the State of Jammu & Kashmir like most other states had its own Act. This period not only witnessed growth of modern system of medicine in the state but also a tacit apathy towards traditional systems by the authorities. Till as late as 1987, the traditional system of medicine in the state was a part of, and under the administrative control of, Health Department. It was only in 1987 that the Directorate was segregated from Department of Health as a separate entity and came to be

Photographs on Inner Back Cover

known as Directorate of Indian Systems of Medicine. Despite this, ISM didn't gain any favor in the bureaucratic circles till 2005 when NRHM was launched in the State. The programme provided for mainstreaming of AYUSH recognizing the role of traditional medicine and role it could play in the public health programs. Once these systems got a platform in the mainstream, people availed the choice of treatment provided to them and started to realize, yet again, the efficacy and effectiveness of these systems of medicine. Most of the local health traditions and therapies have been revitalized and are seen to be effective in a number of chronic diseases. Once resented, now allopathic doctors are referring patients to AYUSH doctors. The cycle has turned a full circle.

Pre Mughal Period

Both Unani System of medicine as well as Ayurveda have been introduced to Kashmir well before the Mughals due to the historical link between Central Asia & Kashmir. The prevalence of traditional medical systems in the State can be found in the books of history dating back to 2nd Century. The recorded medical information about Kashmir dates back to Kushan Empire in 2nd century BC. Kanishka's kingdom is believed to have extended from Bukhara (Uzbekistan) to Patna in the east, and from the Pamirs (now in Tajikistan) in the north to central India in the south. His capital was Purusapura (Peshawar). Historians believe that Kanishka convened the fourth great Buddhist council in Kashmir. K.K. Bhutani in his *Evolution of Medicine in Kashmir* Valley notes that the Court Physician of King Kanishka was a Kashmiri Brahmin. Charaka and Sushruta have mentioned about a fully evolved medical system during 320–499 B.C and go on further to testify that Indian physicians excelled in pharmacopoeia, caesarean section and bone setting. It is believed that the art was confined to a few families who had achieved a mastery over it from times immemorial and maintained the same in spite of vicissitudes of time. The traits would flow from father to son and would remain confined to the families.

During the period of Sultan Shams-u-din (1210-1236 A.D) it is said that Narasimhu had made quite a name for himself. Madananga happened to be the most revered physician during the reign of Sultan Qutub-u- din (1206-1210).

Blochman and Jarrett in the translated version of *Ayn-e-Akbari* mention that 'many renowned hakims and vaidyas who looked after the health of the common people flourished under the reign of Sultan Zain-ul-Abidin. According to Abulfazl, Sultan Zain-ul-Abidin had such a proficiency in medical art that he often personally prescribed and administered medicines to the patients. It has been recorded that once the Sultan was suffering from a malignant boil which baffled all Muslim hakims and Hindu vaidyas, but, fortunately, was cured by application of some ointment prescribed by Shri Bhatta. Prof. L. N. Dhar in his book 'Kashmir – The Crown of India' mentions name of Shri Bhatta as a famous physician in the court of Zain-ul-Abidin (during

1470 AD). The story goes that Zain-ul-Abidin got a poisonous boil which gave him much trouble. Jona Raja, the historian in his *Raj Tarangini* says 'As flowers are not obtainable in the month of Magha on account of the mischief by snow, even so physicians who knew about poisons could not at that time be found in the country owing to Governmental oppression. The servants of the king at last found out Shri Bhatta who knew the antidotes of poison and was well-versed in the art of healing and he completely cured the king of the poisonous boil.'

The Sultan is also believed to have opened several schools, popularly known as pathshalas and vidyalayas to acquire medical learning. The Sultan also founded various schools and institutions for elementary and higher studies, known as makatib and madaris, in Islamic sciences including medicine (tibb). A school was established near his palace at Naushahr, and Mullah Kabir was recruited as its in-charge. It is significant to mention that in spite of ravages of time, this school survived till as late as seventeenth century. The fame of his learning and sagacity was so wide-spread that students used to come from Herat and other far-flung parts of Islamic world to learn Islamic sciences at his feet. A large madrasa was also erected at Seer near Islamabad and Mullah Ghazi Khan was posted as its principal.

Lachhma Khatun, wife of a minister of the Sultan, Gul Khatun, the mother of Sultan Hasan Shah, Hayat Khatun, his queen and Shah Begum, the wife of his prime minister Malik Ahmad and nobles such as Nauroz and Tazi Bat took great interest in imparting education and in the establishment of several medical schools at their expense. Shirvana writes that Budshah patronized vaidas and hakims, prominent among them being Shree Bhatt and Karpurra Bhatt. All these historians have stated Sultan Zain-ul-Abidin's rule as a golden period for both Ayurveda and Unani systems of Medicine in Kashmir.

Narhari Pandit, ruled Kashmir sometime in 16th century A.D. A devotee of Lord Shiva, he is said to have been a great scholar, writer, physician, administrator, poet and a warrior who had command over eighteen languages. Author of *Raj Nighantu*, Narhari based it on *Nighantu* and *Kosas* like *Dhanivantari Nighantu*, *Mandapal Nighantu*, *Halayudha Nighantu*, *Visvaprasaka Nighantu*, *Amar Kosa*, *Bhojaraja Kosa* etc. Narhari Pandit's *Raj Nighantu* is an assimilation of almost all the drugs of classical literature, as well as some of those from the *Materia Medica* of Greek, Arabian and Chinese, which were in use during his period. Narhari Pandit included all the important plants and animal origin substances from *Dhanwantari* (10th Cent. AD) to *Bhava Prakasa* (16th Cent. AD) along with other plants brought to India by Unani Hakims during medieval period.

The fact cannot be denied that Unani system followed in Kashmir may have had an effect of Herbal Supplements introduced by the Arabs which had taken firm roots in the country. Similarly some Unani scholars and

physicians who fled to India during Mongol invasion of Persia and Central Asia may also have found their way to Kashmir.

Mughal Period (1526-1858 A.D)

Prior to British rule the traditional systems of medicine were the mainstay of medical and health care in the state. These systems did not suffer due to the external political interventions that were quite frequent in that period. Although Kashmiris were well acquainted with Unani system of Medicine, yet it had an influence due to the advent of Mughals. Mohammad Ali in his 'Evolution of Medicine in Kashmir' remarks that Mughal emperor Jalal al-Din Akbar 1586 A.D. opened a new chapter in the history of medicine. It is during this period that Arabic system of medicine (Tibb-e-Unani or Greco-Arab system of medicine) got introduced to Kashmir. The first Kashmiri physician of Mughal period is believed to be Khwaja Abdullah Ghazi who acquired his medical education from Hakim Danishmand Khan of Delhi. He specialized in diagnosis, wrote books on medicine and recopied several old medical manuscripts preserving them for posterity. His well-known books on medicine dealt with such books as Mujaz, Aqsara and Qanun. Khwaja Abdullah gave his medical knowledge to Baba Majnun Narvari, a resident of Mohalla Narvar (locality) near Idgah in Srinagar.

Sofi, G.M in his book Islamic Culture in Kashmir has compiled a list of native Hakims during Mughal period. Sofi G.M states that Baba Majnun Narvar studied medicine from Khwaja Abdullah Ghazi. Baba Majnun who died in 1060 A.H. (1650 A.D) was son of Baba Muhammad Haji and the grandson of Sheikh Masud Narvari.

Hakim Abdul Qadir Ganai resident of Mohalla Jamalatta who wrote a commentary on Tib-i-Nabavi, was also a pupil of Baba Majnun. Hakim Inayatullah Ganai son of Hakim Muhammad Sharif Ganai began his practice during the last days of Aurangzeb. He is believed to have been a great pulse expert.

Hakim Muhammad Javvad is believed to be the best known Hakim during Afghan period. The story goes that he happened to meet a Pandit who had painted atika on his forehead in the morning that had not dried up even till noon. On seeing the Pandit, Hakim Mohammad Javvad directed him to return home at once. It is said that upon reaching home, the Pandit died of heart failure. This incident is cited as a proof of the Hakim's ability to diagnose serious cases at sight. Hakim Muhammad Javvad's son, Hakim Muhammad Azim, rose to the position of Chief Physician of Maharaja Ranjit Singh at Lahore. He is believed to have possessed similar qualities as his father. It is said that once while passing by, he diagnosed the disease of a person who himself seemed quite ignorant of the same. The Hakim stopped and warned the man that he would have serious trouble if he did not immediately rub fresh cow-dung on his body and let it dry up completely till it fell off his body. The man obeyed and when the dried cow-dung fell off his body it was found full of lice.

Hakim Ali Naqi was a well-known physician, who died

in 1783 A.D, is said to have cured a patient suffering from double pneumonia even though the patient was given up as hopeless by a British doctor.

Hakim Nur-ud-Din Rainawari who lived at Pampur, belonged to a family which gave birth to noted physicians like Hakim Ghulam Rasul, Hakim Baqaullah and Hakim Yusuf. Nur-ud-Din's own three sons, Hakim Mustafa Shah, Hakim Waliullah, and Hakim Bahar Shah were all revered hakims.

Blair and Bloom mention Hakim Ali of Chiniot as the court physician of Mughal Emperor Shahjahan. It is said that it was Hakim Ali who constructed mosque of Vazir Khan at Lahore 1635.

Dogra Period (1842-1947 A.D.)

Although the practice of medicine continued to be a hereditary profession where son succeeded father, the Dogra rule did ensure that the Unani system in Kashmir was institutionalized to a great extent. Maharaja Ranbir Singh established a Translation Bureau under the charge of a learned Hakim Muhammad Baqir, who also happened to be the Chief Hakim to Maharaja and was assigned the title of Afsar-ul-Atibba. It was under this bureau that Maharaja got Tib-i-Unani translated from Arabic and Latin into Persian and Dogri. Hakim Muhammad Baqir is believed to have cured a paralytic patient by applying living wasps to the parts of body that suffered from paralysis.

Bates remarks: "The son succeeds the father in his practice. The medical knowledge possessed has been derived from a scanty acquaintance with the Greek system of medicine, or of a few nostrums that are handed down from sire to son."

Khan, M.L in History of Srinagar comments that there was also a class of men and women who eked out their existence by applying leeches. It was a very popular treatment for almost every disease. This practice however was put to an end for a brief period due to the propaganda of medical missionaries that followed British rule, only to be revived after independence.

Pandit Sat Kak a Unani Physician, held an important position of Royal Physician to the Maharaja of J & K State. His brother Sahaz Kak Bhat, popularly known as Sahaz Bhat, also a Unani physician, used to take recourse to reciting prayers in Sanskrit or Arabic if only for a psychological effect on the patient. Sir Aurel Stein in a letter to his friend Alden in 1905 wrote that Sahaz Bhat lived a fulfilling life of a scholar and physician always sought after by fame. His calligraphic handwriting was so beautiful that his patients would often preserve his prescriptions in velvet bags to use them as amulets.

According to Walter R. Lawrence Kashmiris began to recognize the benefits of the Western system of treatment only of late, and the growing belief in the efficacy of the European methods is due to the devotion and skill of the medical missionaries of Kashmir. Even at that time people believed in local Hakims, many of whom were men of considerable ability and experience. Lawrence mentions that there were at least 300 Hakims or doctors in Kashmir at that time and as a rule the

profession was hereditary. He relates, 'Once, when I was in great anxiety, a deputation of Kashmiris begged me to allow a well-known Hakim to treat my son. They urged that this Hakim had never failed to cure the disease'. He found the Hakims of his time to possess considerable knowledge of herbs. Hakims of this period did not experiment surgery. They would only mark the location with a pen signifying the vein which was required to be opened and a barber would be called in to operate. A Hakim would never attend midwifery cases for which services of special women would be utilized.

The faith in the system was so widespread that nearly every peasant knew something about the medicinal properties of the herbs. Every household especially the oldest lady in the house used to preserve a kit that contained herbs for common ailments. This tradition continued till as late as early seventies in the state.

Lawrence listed a number of locally grown herbs which were believed to have medicinal properties. Herbs like *Aconitum heterophyllum* (Patis), *Peganum Harmala* (Isband), *Pichorhiza kurroa* (Chob-i-kor), *Berberis lyceum* (Kaodach), *Dioscorea deltoidea* (kritis), *Cuscuta* sp. (Kakilipot), *Cotula anthelmintica* (Bobuna), *Urtica dioica* (Soi), *Iris* sp. (Sosan), *Mentha* sp. (Shoeramgas), *Pyrethrum* sp. (Pahlmund), *Berberis* sp. (Dandlidar), *Salix* sp. (Butvir), *Platanus orientalis* (Boin) were commonly used at the time.

It was in 1937 that All Kashmir Unani Tibbi Conference (AKUTC), Kashmir and J&K Vedic Sabah, were setup for development of India System of Medicine in the state.

Post Independence (1947 – 1987)

It was in 1959 that Jammu and Kashmir Ayurvedic and Unani Practitioners Act was passed and subsequently Jammu and Kashmir Ayurvedic and Unani Board was established in 1968 which registered qualified and experienced Ayurveda and Unani Practitioners in the State. It is pertinent to mention here that the two medical colleges one in Kashmir Valley (Unani College and Hospital at LalMandi, now Childrens Hospital), and another at Jammu (Ayurveda College and Hospital) were closed down in early 1980s.

It can be concluded that the recommendations of various committees setup in early 1950s and 60s went a long way in development of Indian systems of medicine. In April 2000 in a joint national conference at Vigyan Bhavan inaugurated by the Prime Minister Vajpayee, and attended by UN agencies besides all secretaries of Government of India, the president of CII Shri Rahul Bajaj laid a roadmap for industry's support for Indian medicine.

Another landmark development in the Indian systems of Medicine was when the nomenclature of the Department was changed to AYUSH In 2003.

AYUSH in Jammu and Kashmir:

Present Scenario: February 2012

STATE PROFILE:

The State of Jammu and Kashmir has a total area of 2,22,236 square kilometers which is inhabited by 12.54 million people [Census 2011], 99.5 % of which live in

rural areas. The rural area of the state accounts for 2,21,285.90 sq kms while as the urban area is only 950.10 sq. kms. The state is divided into three administrative divisions: Jammu, Kashmir and Ladakh comprising of 22 districts and 6652 villages.

The State has population density of 124 per sq. km. as against the national average of 382 with a decadal growth rate of 23.71% against 17.6% for the country. The population of the state continues to grow at a much faster rate than the national rate.

Geographically the State occupies the North-West niche of India, bounded on the South by Himachal Pradesh and Punjab in the South West. The west is bordered by Pakistan and North by Chinese, while the East by Chinese Tibet and intrinsically the state is divided into four zones:

- I. Mountainous and semi- mountainous plain also known as Kandi belt
- II. Siwalik ranges
- III. Kashmir valley & Pirpanjal range
- IV. Ladakh and Kargil.

Bestowed with suitable agro-climatic conditions the State has a diversity of flora & fauna both within its forest and domesticated species outside it.

Particularly known for its Himalayan range, the valley of Kashmir is home to about 3,054 species, while about 880 species are found in Ladakh, Jammu division comprises of more than 500 species. The State is a treasure trove of medicinal and aromatic plants, which are mostly smuggled out of the state and find their way to big industrial houses both within and outside the country. A number of medicinal plants grow in the wild in temperate and alpine habitats out of which some have also been taken up under commercial cultivation which include: *Podophyllum*, *Dioscorea*, *Valeriana*, *Kuth*, *Atees*, *Sassurialappa*, *Kutki*, *Kour* etc.

Jammu & Kashmir: HEALTH INDICATORS

	J&K	India
Total population (Census 2011) (million)	12.54	1210.19
Decadal Growth (Census 2011) (%)	23.71%	17.64%
Total Fertility Rate (SRS 2008)	2.38	2.6
Infant Mortality Rate (SRS 2008)	49	53
Maternal Mortality Ratio (SRS 2007 - 2009)	55	212
Sex Ratio (Census 2011)	883	940

Directorate of Indian Systems of Medicine, J&K

Directorate of I.S.M was established in 1987, before which it was a part of Department of Health Services J&K and used to function under the administrative control of Directorate of Health services. Since then the Directorate has been rendering yeomanly service in the Health care delivery system despite the fact that the Department gets only 4.61% of budgetary allocation when compared to health department. The Department provides health care to the people all over the State particularly in remote and far-flung areas through a

network of 417 sanctioned Ayurvedic and Unani dispensaries and 68 internal-arrangement ISM Institutions. The state being mountainous and full of hilly terrains, majority of the people living in far-flung areas depend on indigenous systems of medicine only, either because of the firm belief in the traditional systems or due to the fact that only this system of medicine is available to them in these areas. While Ayurveda and Unani are fully established in the public health sector, Homeopathy has been recently introduced along with AMCHI system of medicine which has predominance in Ladakh division.

Ayurveda – An Overview

Ayurveda, the science of life, is believed to be the oldest medical system documented some 5,000 years ago. It is said to be a part of the spiritual tradition of the Sanatana Dharma or the Universal Religion that was put into writing by Vishnu into a body of scriptural literature known as Vedas. Ayurveda (Ayu & Veda) means the "Science of Life". Its origin is linked with the origin of Universe and developed from out of the various vedic hymns describing fundamentals/philosophies about the world and life, diseases and medicines. Around 1000 B.C, the knowledge of Ayurveda was comprehensively documented in Charak Samhita and Sushruta Samhita. According to Ayurveda, health is considered a prerequisite for achieving the goals of life, dharmas, artha, kama & moksha (salvation).

Unani – An Overview

The Unani system of medicine traces its history back to Hippocrates, the Greek philosopher. While the theoretical frame work of Unani is based on the teachings of Hippocrates, the Arab physicians like Rhazes and Avicenna developed it further. Once it reached India, it not only grew but strengthened its base across the subcontinent. The British rule witnessed introduction of English education replacing old education system which slowly led to the downfall of traditional systems of medicine and growth of modern medical sciences. Everything linked to history, local traditions and culture was gradually ostracized to oblivion only to be resurrected post-independence. Some eminent families played a vital role in its resurrection in the country. Unani system of medicine is believed to have been introduced to Kashmir well before the Mughals finding its way through the famous silk route from the Central Asia.

Homeopathy – An Overview

Homeopathy is a rapidly growing system and is being practiced almost all over the world. The system has been practiced for more than a century in India. It has been recognized as one of the National System of Medicine and plays a very important role in providing health care to a large number of people. The word Homeopathy is derived from two Greek words, Homois meaning similar and pathos meaning suffering. Homeopathy means treating diseases with remedies, prescribed in minute doses, which are capable of producing symptoms similar to the disease when taken by healthy people. It is based on the natural law of healing-

"Similia Similibus Curantur" which means "likes are cured by likes". It was given a scientific basis by Dr. Samuel Hahnemann (1755-1843) in the early 19th century.

Amchi – An Overview

The Amchi system of medicine is also known as the Tibetan System of Medicine. The system traces its origin to Lord Buddha and uses many concepts of Ayurveda and the treatment is based on the use of herbs, minerals, animal organs, and mineral water. Presently it is a part of Indian system of medicine and under the Department of AYUSH, Ministry of Health and Family Welfare. It is one of the most ancient and well documented living medical traditions in the world. Sowa-Rigpa means "science of healing" and is known for its rich accumulation of science, art and philosophy. It aims at systematic and logical understanding of the body and disease in relation to the environment.

AYUSH systems of medicine are again gaining popularity amongst the people due to the proactive administrative initiatives both at national level in general and State level in particular over the last five years. The change can be evidenced from the changing perception of patients and ever increasing number of outpatients at AYUSH facilities. While the number viz. location and coverage of area through AYUSH facilities is still inadequate as compared to Allopathic facilities (Employee Strength H&ME = 40886, ISM&H = 1122), steps are being taken to increase and improve the infrastructural deficiencies by the directorate. Two medical colleges (Unani & Ayurveda) are under construction in the State which lacked such facilities till date. Herbal gardens have been established across the state. These gardens act as demonstration centers and nurseries for production of quality raw material. Most of these gardens have been thrown open to public in general and research scholars and students in particular. In addition to this, potential farmers are being provided training in these demonstration centers in pre and post harvesting techniques. The State took lead in establishment of J&K State Medicinal Plants Board which acts as a nodal agency for all related line departments in conservation, development and sustainable growth of medicinal plants sector in the state. The directorate plans to promote herbal tourism in the State for which efforts are on to rope in services of Directorate of Tourism, J&K.

Research activities in AYUSH has been an area of concern although full-fledged reputed research institutions like CCRUM and IIIM exist for conducting drug trials. To address the issue of empirical studies the Directorate is soon establishing an Integrated AYUSH Hospital and Research Centre at Harwan. This fifty bedded facility is envisaged to promote integration within AYUSH and to encourage referrals within the traditional systems of medicine.

Ensuring availability of free medicines to the poor and needy patients especially in the remote and far-flung areas of the state is the aim of the directorate. However given the limited resources, at times the medicine does

run out of stock.

The State has also taken lead in Integration of AYUSH with allopathic institutions. This has been achieved under mainstreaming of AYUSH by establishing AYUSH units at all PHCs (Primary Health Centre) and District Hospitals. So far 429 AYUSH Units have been established in PHCs across the state where one AYUSH doctor and one Pharmacist (AYUSH) provide AYUSH treatment to the patients. Patients now have a choice to opt either for traditional systems of medicine or avail the facilities of modern treatment under one roof.

The Directorate has adopted a focused approach to the Trainings and Capacity building of doctors and officers in the Directorate. In order to make capacity building more effective, training schedules are devised in a manner to ensure that those personnel who are in direct contact with local communities undergo regular training both within and outside the state. Important assignments and administrative positions have been made subject to participation in specific training programs which are scheduled round the year. Services of reputed training institutions like IIM(A) and RIHFW (New Delhi) have been involved to impart both managerial and technical skill to the medical officers of the state especially in AYUSH-based Geriatric care. Public Health Training & CME of Private Practitioner possessing AYUSH Degree; is expected to be taken up soon.

Major Initiatives over last five years:

Over the last few years, the directorate has evolved and has witnessed tremendous growth be that development of infrastructure or setting up of new facilities. Two Medical Colleges are being constructed one Ayurvedic at Jammu and other Unani at Srinagar. Another Integrated Hospital is envisaged to be constructed at Harwan Srinagar for which funds have already been released by GoI. AYUSH wings have also been established at 20 District Hospitals where patients have a choice of treatment.

Interventions under NRHM

Establishment of AYUSH Units in 429 PHCs across the State.

Engagement of 429 AYUSH doctors and pharmacists on contractual basis.

Inclusion of AYUSH modules in training of ASHA.

Inclusion of ASHA Kit for management of anaemia during pregnancy.

Establishment of specialty clinics, specialized therapy centres, and AYUSH wings in district hospitals supported through CSS.

Revitalization of Local Health Traditions:

Despite advancement in modern medicine, Unani system of medicine remained intact though less in vogue. The Directorate on its part is striving to revitalize these practices. Regimental therapies in both Unani and Ayurveda are being made available in phased manner in all the AYUSH facilities across the state. To begin with these facilities have been made available in all the AYUSH Units functioning at District Hospitals. Cupping therapy, dating back to 2500 years, is one of the

oldest natural healing therapies in the world. The therapy has been used by Egyptians, Greeks, Arabs and Chinese. While for Chinese it is one of the corner stones of traditional medicine, Hijama as it is known in Arabic has great importance in Sunnah. Recent studies have proved the therapy to be very effective in relief of pain. A German study, published in the Journal of Pain in 2009 resulted in relief of pain and decrease in other symptoms of the treatment group under study. The researchers concluded that cupping therapy may be effective in relieving pain and other symptoms related to CTS (carpal tunnel syndrome).

A South Korean study, published in the Journal of Complementary and Alternative Medicine in 2009 has found the therapy to be very effective for low back pain, while an Iranian study, published in the Complementary Medicine in Therapies Journal investigated the effectiveness of wet cupping therapy for the treatment of nonspecific low back pain. The researchers concluded that Wet-cupping is associated with greater short-term clinical benefit than usual care. No adverse effects were reported. The therapy has gained popularity since it has been introduced in AYUSH Units at District Hospitals for treatment of patients complaining of joint and back pain. The therapy is a natural treatment with promising effects for many diseases. It has been successfully used to treat all types of pain. The directorate is contemplating to conduct randomized controlled trials to assess its effectiveness in other diseases in near future.

SOME OF THE TRADITIONAL PRACTICES THOUGH RESTRICTED TO FEW FAMILIES ARE:

Bone setters:

Bone setting through traditional methods is still prevalent and much sought in the valley. Large numbers of people attend these traditional clinics for dislocations, muscle pulls & even for fractures. The bone setters of Fateh Kadal, Nowhatta & Hazratbal are still famous throughout valley even today and huge queues of patients can be witnessed from dawn till dusk.

Hammam:

Hammam or sensual bathing is a therapy that has been used a method of treatment since ages in the State by Hakims and physicians. Commonly known as Hammam or the person who prepares the facility where a patient could be administered Hammam. Though the concept is not in vogue anymore, but it did have a history of its own. A similar therapy is used in Ayurveda known as "Sarvangasana".

Recently floriculture department found a unique surface built 500 years ago that looked like a room but later emerged to be a Hammam used in the Mughal era. Experts are of the opinion that there must have existed a hydraulic system for heating water in addition to hot and cold facilities during the Mughal era.

Herbalists:

Herbalists have been the chief healers of minor ailments in the valley since centuries. Some of the herbs commonly used are: Banafsha & Aftimoon for throat ache, Isband fomentation for sinusitis, bark of chinar for

arthritis, Khakshi for measles & fevers, Bichwa grass for inflamed joints & its roots for relaxation of joints, Ajwain and Afsanteen for abdominal pain, leaves of Rasan as anthelmintic in children, Fomentation of feet & legs with baidleaves & bark of chinara as analgesic & Muscular relaxant.

Barber Surgeons

Barbers have a long history of carrying out minor surgeries in the State. Lawrence found over 1,900 barbers in the valley who were called in to operate. While Hakims compounding medicines, they would not dabble in surgery but only mark the area to be operated. Barbers have been doing Fasad and would prepare poultice for boils & perform oil massages on head.

Traditional Healers

They would usually not use any medicine etc. for treatment but would give some tips for the relief. They prescribe the ways & means to maintain health without using the drugs. Most of these measures are those mentioned in the Unani system of Medicine (regimental therapies) of Unani system of medicine.

Fasad

Fasad (Venesection), bloodletting is a method of general evacuation which removes the excess quantity of humors (abnormal) present in blood vessels. This therapy is artificial way of letting out (Istifragh). It is being employed for severe migraine due to high blood pressure.

Dalak (Massage)

Dalak or Soft massage has been used as a sedative and relaxant since, however with the growth of modern medicine this tradition has died in the state. Similar to the massage therapy which is quite popular in south India (known as Adhayanga a component of Panchkarma), the Directorate is reviving this time tested tradition in the newly open Unani Hospital at Srinagar.

Leeching

Leeching is a unique method for removing the waste material from the body. It has been observed to be useful in frostbite, conjunctivitis, congestions, hypertension, osteoarthritis etc. The medicinal leech not only remove the unwanted material & unfavorable from the body but also inject its saliva into the body which is a known medicine for certain manifestation.

Traditional Birth attendants (Dai)

The traditional birth attendants are the main working force for antenatal & post natal care in the villages. They would take care of the ladies during labor & would deliver the baby in the respective homes. The pre natal attention was given in terms of certain considerations like nutrition, constipation, exercise, rest & even clothing of the patients. A special diet & living habits are being practiced by the birth attendants before delivery, during labor & in post natal periods. The most important traditional practice of these birth attendants has been the post natal herbal medication which is a unique practice in the valley.

Puerperal bath by the decoction of some local herbs which is presumed to hasten uterine involution. Locally grown herbs like Marzanjosh (Van baber), parsivanshan

(Gaevtheer), ustukhados (Kal Wouth) & Jaiphal. This tradition is still observed in rural areas of the state.

Oral herbal decoction drinks for uterine involution and as prophylaxis in puerperal sepsis are being used since ancient times like parsivanshan (Gaevtheer), Unnab, Sapistan, Kasni.

OTHER COMMON TRADITIONS:

Prophylactic use of cardamom, saffron, and black pepper tea during winters is widely used for common colds, minor respiratory ailments. (Commonly known as Kashmiri Kehwa, the beverage has gained popularity across the country).

Green leaf tea for indigestion and minor intestinal colic's.

Oil massaging (Mustard Oil) of the chest/abdomen of children in respiratory irritation and minor colic.

Local use of lukewarm decoction of walnut and willow tree leaves for chill blains/frost bites in winters.

State Medicinal Plants Board, J&K

The State Medicinal Plants Board works as a nuclear Centre under the Directorate of Indian Systems of Medicine has the mandate to ensure conservation and development (in-situ conservation, creation of Gene Bank for medicinal plants, ex-situ conservation of prioritized medicinal plants, R&D for quality standards) of rare and endangered medicinal plant species in the state. It aims to promote and propagate cultivation (of prioritized medicinal plant species), processing, and marketing of medicinal plants in the state.

A national project (Vanaspati Van Project) for conservation of rare and endangered species has been implemented at Sindh, Ganderbal where an area of 5000 hectares (approx) were taken up for conservation of highly endangered species like Kuth, Althea, Dioscorea, Colchicum, Rehmanodi, Sosuria, Lavatera, Artemisia etc. The Board has succeeded in commercializing the cultivation of high demand species in the State thereby generating employment and contributing to the improvement of livelihood of the farmers.

Proposed Initiatives during next five years:

The quality of AYUSH services across the board in the state has improved over the last five years. There is visible difference in all spheres be that infrastructure, human resources, education, research, conservation of rare and endangered species, commercial cultivation, supplies of medicine and drugs, capacity building and other inputs.

The State now has two AYUSH medical colleges under construction, three in private sector (one Ayurveda and two Unani), two fifty bedded AYUSH hospitals and an Integrated AYUSH hospital coming up very soon in public sector. Along with development of infrastructure there has been a perceptible change in the attitude of allopathic doctors towards the AYUSH systems. A recent study on 'Status and Role of AYUSH and Local Health Traditions' under NRHM by National Health

Systems Resource Center revealed that allopathic doctors were generally quite supportive of AYUSH systems 70% whom perceived AYUSH doctors to be useful in providing health care and that these systems were by no means redundant. The study further revealed that 55% allopath's perceived value in home remedies. Services of AYUSH doctors are being utilized in conducting deliveries in addition to their active involvement in implementation of National Health Programs across the State. People now avail the choice of treatment under one roof and are realizing yet again the efficacy and effectiveness of these systems of medicine. Local health traditions and therapies are being revitalized and patients suffering from chronic diseases are getting once again getting treated through traditional systems of medicine. The cycle has turned a

full circle and the pristine glory is on its way to being regained.

References:

- (1)AbulFazl,Ayn-e-Akhbari translated into English by Blochman and Jarrett
- (2)Bamzai, P.N.K, A History of Kashmir, Political , Social and Cultural
- (3)Chandra Shailaja, Status of Indian Medicine and Folk Healing.
- (4)Fauq, Shababi Kashmir (Life of Zainulabdin)
- (5)Indian Journal of History of Science.
- (6)Khan, M.L, History of Srinagar.
- (7)Kilam, J.L, A History of Kashmir Pandits.
- (1)Lawrence, W.R, The Valley of Kashmir.
- (8)Mohammad Ali, Bhutani K.K, Atal C.K, Evolution of Medicine in Kashmir Valley.