YOGĀRATNĀKARA — AN IMPORTANT SOURCE BOOK IN MEDICINE*

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Yogāratnākara aims at determining the history of different drugs when they first appeared in Ayurvedic texts, like Yogaratna Samuccaya (10th century AD), Yogaratnavali (1574 AD), Yogasāra (1600 AD), Yogaśata (15th century AD) and Yogāratnākara (17th century AD). It has given details of nādi parikṣā, aśṭāśāḥānā 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 Yogaratna 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 Śamgraha*. Candrata was followed by Sodhala.

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

**YOGARATNĀVALĪ (1574 AD)**

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

**YOGASĀRA (1600 AD)**

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

**YOGAŚATA (15th century AD)**


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

**YOGATARĀṆGINI (Middle of the 17th century)**

*Yogatarāṇgini* of Trimalla 1751, the well known collection of recipes, 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 Brähman, son of Vallabha, grandson of Śiṅgaṇabhaṭṭa, father of Śankarabhaṭṭa, the author of *Rasaprādīpa*.

Trimalla Bhaṭṭa (17th century AD) has mentioned in his *Vṛhatyogatarāṇgini* (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 *Yogatarāṇgini* and the other is *Vṛhat Yogatarāṇgini*. *Yogatarāṇgini* is
comparatively short. This whole treatise is completed in 81 taraṅgas. Materia Medica is mainly described in it. Trimalla Bhaṭṭa flourished after Bhāva Miśra and Lolimbarāja, because the references of these two are quoted in Yogataraṅgini. On the other side, Yogāratnākara has quoted Trimalla Bhaṭṭa. So, the period of Yogataraṅgini is between Lolimbarāja (beginning of seventeenth century) and Yogāratnākara (last phase of seventeenth century). Thus, the justification of Yogataraṅgini’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 Viḍa wrote his book entitled ‘Sidhayoga’, popularly known as Viḍamadhava. It was followed successively by Chakradatta (11th century AD), Gadanigraha (12th century AD), Sārangdhera (13th century AD), Bhāvaprakāsa (16th century AD), and Yogataraṅgini (17th century AD). Yogaratnākara comes last in this chain but before Bhaiṣajyaratnāvali (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.

   *Ahiphenā, Akarakarabha, Salama* (Salab)\textsuperscript{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 Sāraṅgadhara 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. Yogaratnākara 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 Yogaratnākara being used in Upadamsa though the word ‘Phiraṅga’ is not mentioned. But there are the words ‘Candraka Vraṇa’ (hard chancre) and ‘Putiprameha’ (gonorrhoea). Similarly, *Copacini* 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 (Tāmākhu). 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 śitavāta, sparśavāta 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 Nīghanṭu (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 Nārāyana Śekhara. Some take him as Nāyana Śekhara. The confusion arises due to the fact that there is another work by this name in Hindi written by Nāyana 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 Caraka to Yogataraṅgini. Lolimbarāja has been quoted abundantly, but the last work quoted is Trimalla Bhaṭṭa’s Yogataraṅgini. In fact, it follows the Yogataraṅgini in style and content. Trimalla Bhaṭṭa is placed in middle 17th century AD. As regards the lower limit, Bhaisajya Ratnāvalī of Govindadāsa (18th century AD) has followed this work. Moreover, there is an MS at Anandasmrama, 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 (pādacatusṭaya), as physician, drugs, nursing staffs and the patient, different
<table>
<thead>
<tr>
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<th>Name of book</th>
<th>Page No.</th>
<th>Time</th>
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<td>4th century AD</td>
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<td>8</td>
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<td>Dhanwantariya mata</td>
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<td>Manthān Bhairava</td>
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<td>Rasarājulakṣmī</td>
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<td>Rasārṇava</td>
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<td>31</td>
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<td>1210 AD</td>
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<td>32</td>
<td>Videha</td>
<td>397</td>
<td>Ancient period</td>
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<td>33</td>
<td>Virasinhāvaloka</td>
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<td>34</td>
<td>Viśvāmitra</td>
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<td>12th century AD</td>
</tr>
<tr>
<td>35</td>
<td>Vṛddha Vāgbhaṭṭa</td>
<td>91</td>
<td>550 AD</td>
</tr>
<tr>
<td>36</td>
<td>Vṛṇḍa</td>
<td>239</td>
<td>9th century AD</td>
</tr>
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<td>37</td>
<td>Yoga</td>
<td>200</td>
<td>10th century AD</td>
</tr>
<tr>
<td>38</td>
<td>Yogaratna Samuccaya</td>
<td>100</td>
<td>10th century AD</td>
</tr>
<tr>
<td>39</td>
<td>Yogaratnāvali</td>
<td>182</td>
<td>5th century AD</td>
</tr>
<tr>
<td>40</td>
<td>Yogasāra</td>
<td>39</td>
<td>1600 AD</td>
</tr>
<tr>
<td>41</td>
<td>Yoga sata</td>
<td>226</td>
<td>15th century AD</td>
</tr>
<tr>
<td>42</td>
<td>Yogatarāṅgini</td>
<td>182</td>
<td>Middle of the 17th century AD</td>
</tr>
</tbody>
</table>
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 Vātādik 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 power.¹⁴

Nāḍīparīkṣā

Description of pulse in Yogārātṇākara 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

<table>
<thead>
<tr>
<th>Good hunger</th>
<th>Fast and light</th>
<th>Vegawati and Laghwi</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appetite</td>
<td>Tremulous</td>
<td>Capala</td>
</tr>
<tr>
<td>Satisfaction after appetite</td>
<td>Steady</td>
<td>Sthira</td>
</tr>
<tr>
<td>Lust (Kāma)</td>
<td>Fast</td>
<td></td>
</tr>
<tr>
<td>Anger (Krodha)</td>
<td>Fast</td>
<td></td>
</tr>
<tr>
<td>Anxiety (Cintā)</td>
<td>Feeble</td>
<td>Ksīna</td>
</tr>
<tr>
<td>Fear (Bhaya)</td>
<td>Feeble</td>
<td>Kṣiṇa</td>
</tr>
</tbody>
</table>

(C) Pulse in general pathological states

Various characteristics of pulse in these conditions are given below.

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Types of pulse</th>
<th>Characteristics of pulse</th>
<th>Similar to movement of animals</th>
<th>Relation to fingers</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Vātika</td>
<td>-</td>
<td>Snake and leech</td>
<td>Index finger</td>
</tr>
<tr>
<td>2</td>
<td>Paittika</td>
<td>-</td>
<td>Crow, lark and frog</td>
<td>Middle finger</td>
</tr>
<tr>
<td>3</td>
<td>Kaphaja</td>
<td>-</td>
<td>Swan, pigeon cock</td>
<td>Ring finger</td>
</tr>
<tr>
<td>4</td>
<td>Vātapaiṭṭika</td>
<td>-</td>
<td>Snake and frog</td>
<td>-</td>
</tr>
<tr>
<td>5</td>
<td>Vāta Kaphaja</td>
<td>-</td>
<td>Snake and swan</td>
<td>-</td>
</tr>
<tr>
<td>Sl. No.</td>
<td>Periods indicating death</td>
<td>Characteristics of the pulse</td>
<td></td>
<td></td>
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<tr>
<td>--------</td>
<td>--------------------------</td>
<td>-----------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Death within three hours</td>
<td>Pulse moves like fringe of shawl, coinciding with perspiration and cold.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Death within a day</td>
<td>Pulse appears and disappears alternatively and moves like a drum which is shaped like an hour glass (Ḍamāru).</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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
Pulse adopts curvilinear motion like that of lightning and alternately appears and disappears.
Pulse with intermittent pause indicates bad prognosis.
Slow, tremulous with intermittent pause, weak, visible sometimes in the finger, indicates death; it is a sanippātika pulse. Pulse first Vātika, then Paitika and then Kaphaja, 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.
The pulse which is amalgam of the three Doṣas indicates bad prognosis. Pulse moves zigzag (Tiryaka) and also like snake, hot and fast and the throat of the patient is full of cough indicates death.

9. Pulse indicating good prognosis
The pulse moves like swan and elephant and the patient is happy.
If the pulse beats 30 times in its place in one "man", the patient shall survive, otherwise not.

Thus, in describing pulse examination, Yogāratnākara enumerates certain more points of importance than the previous works, such as Śāraṅgdhara Samhitā 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 incinations 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 patient.

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

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

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

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

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

**Mature and intermittent fevers** (quoted from Bheda, 7th century AD) — Sudarśana Cūrṇa (quoted from Sārāṅgdrāha, 1325 AD), Laghu Lāksādi Taila, Vṛhat lakhādi Taila, Angāraka Taila.

**Acute fevers** (quoted from Rasarājalakśmi, 14th century AD) — Navajwarankūsa Rasa, Jwārāgni Guṭikā, Tralokyataphara Rasa, Mṛtyunjaya Rasa, Candraśekhara Rasa.

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

**Piles** — Agasti Modaka.

**Loss of appetite and indigestion** — Hingwaṭaka Cūrṇa, Svalpa Agnimukha Cūrṇa, Lavana Bhāskara Cūrṇa, Sankha Baṭi (quoted from
Rasarnava, 1200 AD), Shankha Bati (another variety), Amrita Haritaki, Agnikumara Rasa (quoted from Rasendra Cintamanis, 1600 AD), second Agnikumara Rasa.


Phthisis — Lavangadi Curna, Kapuradya Curna, Eladi Curna, Asvagandhadi Curna, Chavanaprasha (quoted from Cikitsakalika, 10th century AD), Draksasava (quoted from Virsinhavalka, 1383 AD), Ratnagarbhapottali Rasa, Raja Mrignaka Rasa, Mrignaka Rasa (quoted from Rasaratnapradipa, 1500 AD).

Bronchitis — Maricadi Guptika (quoted from Vrnda, 9th century AD).

Hiccups and asthma — Sringayadi Curna (quoted from Yoga shata, 15th century AD), Haridra Curna, Bhargigaryadi Lehna.

Hoarseness of Voice— Vyaghri Ghrita (quoted from Cikitsasara, 10th century AD).

Disgust for food — Yavanikhandha Curna, Ardrika Matulungavalehu (quoted from Sarangdhara, 1325 AD).

Burning of skin — Candaladi Curna.

Insanity — Kalyanaka Ghrita (quoted from Yogataraangini, middle of the 17th century AD), Caitasa Ghrita (quoted from Yogataraangini, 17th century AD).

Epilepsy — Kusmanda Ghrita (quoted from Vrnda, 9th century AD). Kalyana Curna.

Diseases of the Nervous system — Rasnadi Pacana, Trayodasang Guggula.

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

Gout — Pincha taila.

Leprosy and other skin diseases — Amrtaadi Ghrita.

Severe diarrhoea — Ajamodadi Curna.

Haemorrhoids — Panicasama Curna.

Pain (colic) — Shankha Curna (quoted from Harita, 10th century AD to 12th century AD).

Pain (taringama Sula) — Ksira Mandura.
Pain — Satavari Mandura.

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

Gonorrhoea — Candraprabhā Gūṭī (quoted from Yogaratnāvalī, 17th century AD).

Diabetes — Tārakeśvara Rasa.

Elephantiasis — Pippalyādi Cūrṇa.

Elephantiasis of the legs — Kṛṣṇādi Modaka, Vidangādi Oils.

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

Fistula-in-ano — Khadirādi Kvātha.


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

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

Leprosy and leucoderma — Mahā Bhallātaka Avaleha.

Skin diseases, leprosy, fistula-in-ano, malignant boils, intestinal worms — Paṅcatikta Ghṛṭa.

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

All varieties of leprosy — Mahākhandira Ghṛṭa.

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

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

Small-pox — Nimbādi, Kāncanādi — Kvātha, Paṭolādi-Kvātha.
Internally cures measles — Khadirāṣṭaka Kvāṭha.

Diseases of women — Phala Ghṛta.

Puerperal diseases, diarrhoea, and disease of the ‘Grahanī’ — 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 Cūrna.

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

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

Part of the plant: The drug is at times named after the part of the plant used, for example, Daśā mūladi Kvāṭha (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 kushta are also described to undergo sodhana when boiled with milk, go-mūra, 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, Saptaviṇā satika Guggulu.

Yogāratnākara exhibits the medieval impact in its recipes. Dādimavaleha (Vihaya [Bhāṅg] Cannabis indica is used), Mrtsanjīvano Rasa (Vijaya [Bhāṅg] Cannabis indica is used), Dādimapupaka (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), Kṛrimudgara Rasa (mercury, sulphur is used), Ratnagarbha pottali Rasa (Rasa-sindura, diamond, pearl, Svarṇamāksika, coral is used), Mrīgānka Rasa (mercury, ashes of gold, pearls, sulphur and fried borax is used), Sacchanda Bhairava Rasa (mercury, sulphur is used). Candraprabhā Gūti (Agathotes Cerayta is used). Tārakeśvara Rasa (Rasa sindura is used). Kāmāgni-sandipana Modak (mercury, sulphur, mica is used). Candanāḍī Oil (musk is used).

Yogāratnākara deals with the influence of modern medical system. It mentions syphilis (Phiraṅga) introduced by the Portuguese and its remedy cobacini, which must have been imported about 1535. Nicotiana tabacum Linna. (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.
REFERENCES

2. Yogārātṇākara, p.182.
4. Author of Yogarātṇāvali is Gangādhara, son of Das.
8. Ibid., p.182.
11. Salama (Salab) is used in the formula Salama Pak, Yogārātṇākara, Vol II, page 89, published by Chaukhamba Sanskrit Sansthan, Varanasi, 3rd Ed.
12. Aufrecht does not mention this author. He mentions only Yogārātṇākara, a work on Yoga by Vireswaranand quoted in Lauhapradipa.
13. The figure indicates page numbers of the Nirnaya Sagar edition of Yogārātṇākara.
Caraka, the father of Indian medicine has described Kāmalā as pittaja nānatmaja vyādi. It is described as two types Kostasrita & Shākasrita Kāmalā. Acharya also mentioned about Ruddhapatā Kāmalā, Kumba Kāmalā & Halimaka. In Yogaratnakara, there is detailed explanation of Nidana, Cikitsa, Lakshanas of Kāmalā vyādi. For the first time there is a mentioning of Dronapuspi swarasā anjana karma in Kāmalā. Vaidya Chintamani (Telugu) written by Indrakanti Vallabhacharya, is unique, as it has description of Viprakrista nidāna, Daivavyapasraya Cikitsa, and goddess of Kāmalā. The goddess of Kāmalā has yellow coloured body having kapala in one hand and musala in the other. An important source from the second half of the 8th century is Jabir ibn Hayyans "Book of Poisons". He only cites earlier works in Arabic translations, as were available to him, including Hippocrates, Plato, Galen, Pythagoras, and Aristotle, and also mentions the Persian names of some drugs and medical plants. Again the Academy of Gondishapur played an important role, guiding the transmission of Persian medical knowledge to the Arabic physicians.