Systems of traditional medicine from South and South East Asia

In this article, Elizabeth Williamson completes our series on traditional medicines with a look at Siddha, Unani and Jamu

Although in the West, with the exception of traditional Chinese medicine, Ayurveda is the most well-known form of medicine originating from Asia, there are other systems of traditional medicine in use, such as Siddha, Unani and Jamu. These are equally fascinating and, in certain areas, just as popular. As with Ayurveda and Chinese herbal medicine, they are based on philosophy, and none has what could be described as an evidence base to support its use.

Although some of the plants used in these systems have documented pharmacological activity, and many are familiar as herbs and spices, no claims are made for efficacy or safety in this article.

Siddha medicine

Siddha medicine originated in the south of the Indian subcontinent rather than the north (where Ayurveda predominates), and is one of the world’s most ancient, complex and intricate forms of medicine. Although Siddha medicine resembles aspects of Ayurveda, its origins are different: they are rooted in alchemy and magic, and contemporary Siddha blends medicine and mysticism.

The name comes from the word “Siddhi”, which means attainment of perfection, and its traditions are said to derive from the teachings of the Siddhars. These were wise men, thought to be able to rejuvenate themselves. They are said to have lived for thousands of years and, ultimately, attained a stage of eternal bliss and perpetual consciousness.

Nowadays, the Siddha physician is expected to have knowledge of chemistry, astronomy and alchemy besides being an expert in yoga, mantras, hypnotism and other occult sciences, since the basic tenets of Siddha are:

- Vadham (alchemy)
- Aithiyam (medicine)
- Yogam (yoga)
- Thathuvam (philosophy)

Siddha medicines are taken to revitalise and rejuvenate the organs, the dysfunction of which causes disease, and to maintain the balance of vata, pitta and kapha (the three basic humours; see p.7). This is the case with Ayurveda. Siddha medicine is about strengthening organs, so a disciplined lifestyle is necessary, and nowadays this means smoking and drinking alcohol are prohibited. The consumption of chillies, tea and coffee are also allowed, but the reasons behind this are uncertain.

Powdered gold, silver and other metals, extracts from pearls and corals, and juices of herbs are used to manufacture Siddha medicines. One of the most controversial aspects of this system of medicine is the use of toxic metals, such as mercury, antimony, lead, copper, iron and zinc. It has been claimed that the specialised and complex processing of these detoxifies them, but there is no evidence to support this assertion.

Oxides and ash made from medicinal plants and minerals (bhasma preparations) are used widely. Gold and lead are used for “maintenance of the body” and, even today, people consume powdered gold (thanga bhasam) to alleviate the problems of old age. Iron and zinc, because of their “electric” properties (i.e. magnetism and use in generating electricity from battery cells) are administered to extend life. Copper is used to “preserve heat in the body”. Siddha medicines are marketed as rare preparations, possessing powers “beyond the comprehension of ordinary physicians” and as “high class secret tonics”. Many highly unlikely claims are made about it (for examples, see M edicines in Siddha at www.webindia123.com).

Unani medicine

Unani medicine (sometimes referred to as Unani tibb) was a relatively late arrival to the Indian subcontinent, reaching it with the Muslim invasions in about 1100AD. The name “Unani” derives from the Greek cities of Ionia and is an amalgam of several systems of medicine and healing primarily based on the Hippocratic humoral theory. As Greek civilisation declined, Greek medical texts survived in the Islamic courts of the medieval Near East, and in the eighth and ninth centuries AD, many were translated into Arabic or Persian. These formed the basis of Unani, where the best known author was Ibn Sina, (known in Europe as Avicenna 980–1037), and whose book ‘Qanun-fit-tibb’ (“canon of medicine”) was used as a standard medical textbook in the western world until as late as the 17th century.

Given the Greek origins of Unani, it is not surprising that Dioscorides’ ‘De materia medica’, written in about 708 BC, was considered the most important book about the medicines themselves. In more recent times, Western medicine became dominant under colonial government, but after independence in 1947, Unani colleges flourished in India and Pakistan, often integrating Unani and Western medicine.

The Unani practitioner is called a “hakim” and the system presupposes the presence of four humour in the body:

- Dam (blood)
- Balgham (phlegm)
- Safra (yellow bile)
- Sauda (black bile)

Each humour has its own temperament and quality: blood is hot and moist, phlegm is cold and moist, yellow bile is hot and dry and black bile is cold and dry. If the four main humours are in a state of mutual equilibrium, the person is healthy. Ill health arises from disharmony of the humours and medicine is

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taken to restore their balance. For example, a “hot” medicine would treat a “cold” disease, as in Ayurveda and traditional Chinese medicine, and mind and body are seen as closely linked.

Diagnosis is through examination of the pulse, urine and stool, but takes into account the influence of surroundings and the environment, including air, body movement and repose, sleep and wakefulness and excretion or retention of food and drinks. The interactions of these factors results in dominance of one of the four humours and U nani practitioners believe that this gives a person their personality or temperament. Hākims do not only aim to cure bodily disease but they also act as ethical or moral instructors. The U nani system, however, is secular in character and is popular among the general population.

As with both Ayurveda and ancient Greek medicine, naturally occurring drugs, mostly herbal but some of animal and mineral origin, are used. Although single herbs are usually preferred, some combined preparations also figure prominently, and an important component of many is triphala, a preparation also used in Ayurveda. Triphala consists of a mixture of three myrobalans, Terminalia belerica, Terminalia chebula and Phyllanthus emblica, and is added to other constituents. For example, Ittirifal-e-Khishnish, which is made of triphala with coriander, is used for headache and nasal congestion. Medicines made of both plant and mineral matter include Roghan-e-Khas, which is made of lead oxide, and also the castor bean, which may contain the toxin ricin, on its extraction. This is especially common in medicines used at home daily, from fresh herbal materials, the mixture reduced to ash by incineration. This is very common in aphrodisiac preparations. In particular, gold is considered as the “obat kuat”, meaning “medicine to make one strong and powerful”. Gold is often produced by small local manufacturers or imported from China. Few are purely herbal preparations but may contain testosterone or even sildenafil, and are marketed as the equivalent of V iagra at a fraction of the cost. Not to be outdone, women also use jamu to enhance femininity, lose weight and enlarge the bust. However, jamu is also increasingly being used for problems such as high cholesterol, diabetes and high blood pressure.

Summary
In India, over 70 per cent of the population relies on traditional systems of medicine, mainly Ayurveda, U nani and Siddha. Figures for Indonesia are unavailable but use is likely to be of the same order. These medicines are also increasingly being exported world-wide, for both migrant populations and Westerners to use. As with Ayurvedic remedies, the lack of regulation and the deliberate use of toxic metals for therapeutic purposes has led to concerns about quality and safety. There is also the potential for interactions with conventional drugs. Because some of the medicines used are common herbs, information can be found on many of them. However, this article is not intended as a basis for the Western pharmacist to recommend the use of these systems of medicine — even supposing an authentic practitioner could be found.

References