

MEDICO - HISTORICAL STUDY OF “*Visūcikā*” (CHOLERA)

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ABSTRACT

The Sanskrit word *Visūcikā* refers to a condition in which vitiated *vāta dōṣa* causes pain like pricking with a needle over the body. It occurs in a person suffering with *ajīrṇa* (indigestion) and its detailed description is available in Ayurvedic literature. This disease has its existence in India since ancient times; it has also been referred in *Mahāhārata* and Tripitikas. Its etiology, signs, symptoms, complications, prognosis and treatment etc. as described in Ayurveda may be correlated with the disease Cholera, which is commonly known as “*Haiza*” in Hindi.

In Greek language, the word Cholera means a flow of bile or the bilious disease. Cholera is an acute infectious diarrheal disease, caused by *comma bacillus* or *vibrio cholerae sero* groups 01 or 0139. Aretaetus, Benjamin Rush, Chadwick, John Snow, Robert Koch, etc. were some of the pioneers in Cholera research. Medico- historical importance of Cholera, its transmission, description and references from Ayurvedic texts etc., are being presented in this article.

Introduction

The word *Visūcikā* refers to a disease having symptom of pricking pain all over the body caused by vitiated *Vāyu* (Vata). *Suśruta* and *Mādhavakara* described it elaborately in their works viz. *Suśrutasaṃhitā* and *Mādhavanidāna* respectively. Its etiology, pathogenesis, signs & symptoms, prognosis and management and complications etc. were dealt in detail. References on *Visūcikā* are also found in *Mahāhārata* and Buddhist literature. *Visūcikā* may be correlated with Cholera, which is an acute infectious disease caused by ingestion of food or water contaminated by *vibrio cholerae*. Acute watery diarrhea and vomiting, which can result in severe dehydration are the symptoms.

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Description of an illness that might well have been Cholera was available in records by Hippocrates (460-377 BC) and Galen (129-216 AD). Aretaeus (2nd Century A.D), a keen observer and a master at clinical description, prepared a short quotations on Cholera morbus. Benjamin Rush (1745-1813) has described the Cholera infantum i.e. etiology, symptoms, treatment & prevention including management in detail. Robert Koch in 1883 described cholera vibrio. Several out breaks in India and abroad were recorded so far. Cholera has been present in India since ancient times. It is both an epidemic and endemic disease.^{16,19,21}

Non - Medical literature

Mahābhārata

Altogether 20 diseases were referred in *Mahābhārata*. *Visūcikā* is also described (XII.303.6).¹⁰ Veda Vyasa refers *Visūcikā* at one place in *śāntiparvam*. He mentioned that, incarnations of the past sins are the causes for this fatal disease. Unfavorable signs of several diseases, which indicate the death of a person, also mentioned and *Visūcikā* is one amongst them (XII.262.49; XII.317.8.21; XVI.3.1-47).

Buddhist literature

We will not find proper classification of diseases in the Buddhist literature. There are many enumerations of the *Rōga* (disease) and sets of standard combinations in the Buddhist works. It is said that in ancient times there were only three diseases viz, *Iccha* (desire or longing), *Anāsana* (fasting or hunger) and *jara* (old age). The disease *Visūcikā* has been one among 34 other diseases described in Bhuddhist works (A.X.6.60). *Suśruta* also mentioned this disease with same name like Bhuddhist works.

Ayurvedic literature

The word '*visūci*' according to *Bhāvamiśra* (Author of *Bhāvaprakāśa*) refers to the disease in which vitiated *vāyudōṣa* gives the pain to all the parts of body like pricking with a needle.¹² *Mādhavakara*, the author of *mādhavanidāna* reproduces the verse from *Suśrutasamhitā* that *Visūcikā*, *Alasaka* and *vilambikā* arise from three types of indigestion - *Ama*, *Vidagdha* and *Viṣṭabda*.⁵

This condition may happens in a person who craves for food, eat recklessly without any control. Fainting, diarrhea, vomiting, severe thirst, abdominal pain, giddiness, twisting of the arms, legs, yawning, burning sensation all over the body, discoloration, tremers, pain in the region of the heart and headache are the other symptoms of this disease.¹⁹

About the etiology and pathology of *Visūcikā*, *Suśruta* says that, consuming food without any control and persons with abnormality in their *āmāsaya* (stomach/small intestine) and those behave idiotically with their dietary habits will definitely suffer from *Visūcikā*. Vitiated *Vāta* in a person suffering from *Udavarta* leads to *mandāgni* (dyspepsia), which in due course becomes causative factor of *Visūcikā*.¹⁹

Description of *Visūcikā* is found in *vimānasthāna* a of *Carakasamhitā*.¹⁶ But *Suśruta* had described it in 56th chapter of *uttarasthāna*, i.e. *Visūcikā* Pratisedadhyaya.¹⁹ According to *Caraka*, *Visūcikā* is the condition in which flow of *āmadōṣa* (undigested food material) through upward & downward movement i.e. vomiting and diarrhea occurs and symptoms of *tridōṣa* are seen. Treatment advocated for this is *lañghana* (fasting) in the beginning and *pēya*, *vilēpi* etc. afterwards (2nd Chapter of *vimānasthāna*). The third chapter (*janapadōdhvamśanīya vimāna*) deals with causative factors for epidemics such as air, water, place, time or season. *Adharma* (bad conduct/immorality) is also a cause for epidemics. Polluted air, water, place, season and their characters are described in detail.¹⁸ *Cikitsāsārasaṅgraha* describes the *Visūcikā* and the involvement of *tridōṣa*. The vitiated *Vāta* causes pricking pain like poking with needles all over the body; giddiness, distension of abdomen, tremors, rigidity of the bodily parts. Vitiated *Pitta* leads to fever, diarrhea, burning in the body, thirst, and syncope. Vitiated *Kapha* leads to vomiting, heaviness in the body, difficulty in the speech and excessive salivation etc. It also advocates *Agnikarma* as described by *Suśruta*. *Vṛddhadāru*, *Bilva*, *Dālima* and *Śuṅṭhi* etc. were advised for medication along with rice gruel.¹⁷

Suśruta had also discussed prognosis of this disease that a person who shows the signs of bluish discoloration of his teeth, lips, nails; slowly losing consciousness and suffering from continuous vomiting and diarrhea with stable eyes, feeble voice powerless joints will not survive and his condition is incurable.¹⁹ Five *Upadravas* (complications)

of *Visūcikā* are clearly mentioned in *Bhāvaprakāśa* viz. *Nidrānāśa* (sleeplessness), *Arati* (restlessness), *Kampa* (tremors) *Mūtrāghāta* (dysuria/anuria), *viśaghnatā* (unconsciousness). If these five upadravas occur in patients of *Visūcikā*, can be considered as very bad prognosis.¹⁰ According to Candra Cakravarty, if the teeth, lips and nails become cyanotic in the diseases like *Visūcikā* (Cholera asiatica) and *Alasaka* they are incurable.²

If the patient of *Visūcikā* doesn't show bad prognosis, medical treatment be provided with *Pathyādicūrṇa* (equal parts of *Pathya*-Terminalia chebula, *Vaca* -Achorus calamus, *Hingu*-Ferula foetida, *Kalinga/Indrayava*-Seeds of Holerrhyna antidysentrica, *Laśuna* -Allium sativum, *Ativiṣa* -Aconitum ferox etc) in the dose of 3-6 *Maṣas* with warm water should be given to cure *Visūcikā* (cholera), *Ajirna* (indigestion), *śūla* (pain in abdomen) and *Aruci* (aversion/dislike for food) immediately.¹⁹ Other preparations like *Kaṭutrikādi Cūrṇa*, *Kalyāṇalavana*, *Vyōṣādyañjana* etc. along with specific diet like *pēya* & *vilēpi* (rice gruel etc.) mixed with carminatives and digestive drugs should be advised to cure such cond.¹⁷ *Agnikarma* (cautery) is also advised by *Suśruta* for curable cases. Site of the *Agnikarma* is mentioned as *pārśini* (heels), which will lead to revive the patient to consciousness and stops the diarrhea. To cure the indigestion fomentation on abdomen and *Vamanakarma* (vomiting) with *Madanaphala* (fruit of *Randia dumetorum*), fasting and *svēdakarma* are to be done.¹⁹ *Vājasana* suggests *arkarasādi taila*, decoction of *Karañja*, *Nimba*, *Apāmārga*, *Guḍūci*, *Arjuna* and *Vatsaka* etc. *Añjana* for eyes is also advised (*ajīrṇādhikāra*, 147, 168, 170, 171 verses).¹⁵ As per *āyurvēdic* Formulary of India, (Part II pp312) management of *Visūcikā* is possible by using preparations viz. *Ahiphēnāsava*, *Karpūrāsava*, *Mustakāriṣṭa*, *Bilvādiguṭikā*, *Laśunādivaṭi* and *Viḍaṅgalauha* etc.

Julius Jolly refers Wise, Dull, Hoernle and says *Visūcikā* is Cholera in its sporadic form and appears in the *Vājasanēyasamhitā*. It was due to the result of too much usage of *Soma*. In other literature also mention of this disease is not rare. Thus in *Rājatarāṅgiṇi* (Edn. Stein) 8.88 it is mentioned as an example of fatal and devastating disease. He mentions that, in curable cases one should brand both the heels of the person suffering from *Visūcikā* and warm his body. Branding the heels for very old *visūci* acts for restoring the consciousness.⁷

Modern literature

Cholera- (Koler-ah) (Greek, from Chole=bile)

It is an acute infectious disease, in which a specific toxin of Cholera Vibrio blocks sodium absorption and promotes excretion of water and electrolytes. The resultant severe dehydration may lead to shock or renal failure, it is most commonly disseminated by contaminated drinking water is endemic and epidemic in Asia. Bilious Cholera was the former term for mild cholera characterized by violent and painful vomiting and copious bilious stools. Cholera infantum, is a common non- contagious diarrhea of young children prevailing in the summer months.

The word Cholera in Greek is literally a flow of bile or the bilious disease. The above derivation is given by Celsus and the Greek term was certainly used in the sense of a disease of the humors of the body where they are violently discharged by vomiting and diarrhea.

There is a considerable gap after Celsus until the great outbreak in 1438, which decimated the army of Ahmed Shah. Cholera was described by Gacia del Huerto, a physician of Goa in 1560 and again by Bontius of Batavia in 1629. The disease appears to have been known in 1774 and again in India in 1817 and continued for 20 years. It spread into Europe in 1829 and several outbreaks occurred between 1830 and 1879. From its Eastern origin the epidemic form was known as Asiatic cholera. In 1849 Snow recognized the likelihood of its transmission by infected water supplies in 1883 Koch discovered the Cholera Vibrio and published his observations in 1884, "*Ueber die cholerabakterien*".

The disease named Cholera, commonly known as '*haiza*' in Hindi (from the arabic word hachaizia) was called by various names such as '*morysey*', '*mirtissa*', '*Vizucega*,' '*mordeyin*' and '*mordechien*' in different regions and different languages of India.

As per a historical note written on Cholera in India in 1911 by P. Hehir, '*mordechien*' was in all probability derived from the French name '*mort de chein*' literally meaning a dog's death- a clear indication of its virulence as reflected in the mounting mortality rate all along the nineteenth century, but more particularly when the census

outgrew its infancy after 1870. Cholera serves the analogy of the umbilical cord between the metro pole Britain and the colony named India in 1817, and after an initial false start, arrived in Britain in 1831.

French traveler Victor Jacquemont, who was in India from 1828-1831, grasped the differential impact of cholera, i.e. its preference for sepoys and Irish soldiers who came from the lower classes to serve in the British army. Jacquemont emphasized that, in contrast to the indigent and intemperate soldiers, 'gentlemen' were seldom its victims.

Some of the pioneers and their findings in Research on Cholera

1. Aretaeus (The Cappadocian (2nd century A.D.))

Aretaeus was a keen observer and a master at clinical description. He prepared a short quotation on cholera morbus and tetanus. He described cholera infantum as a most acute illness and leads to retrograde movement of the material in the whole body on the stomach and the belly and the intestines. With regard to appearance the first discharged vomit is watery but those by the anal route are liquid and fetid excrement. He declared that "continued indigestion is the cause of this disease. Afterwards discharges are born easily and without pain. But afterwards the stomach is affected with retching and the belly with Tormina".

He proclaims that the summer season engenders this affection, next autumn, spring less frequently and winter least of all. With regard to ages young & adults are prone. Old age people are least affected. Children more frequently affected but not have a deadly nature.¹⁶



ARETAEUS

(Courtesy: Pediatricians of Past-Ruhrah John)

2. Benjamin Rush (1745-1813)

His description of cholera infantum placed him as one of the contributors to pediatrics in the early days. He designated a disease called in Philadelphia the “Vomiting and purging of children” as “Cholera infantum”. Due to regularity of its appearance in the summer months it is likewise known by the name of “the disease of the season”. It prevailed in most of the large towns of the USA. It is distinguished in Charleston, in South Carolina by the name of “the April and May disease” from making its first appearance in those two months. It affects children from first or second week after their birth, till they are two years old.

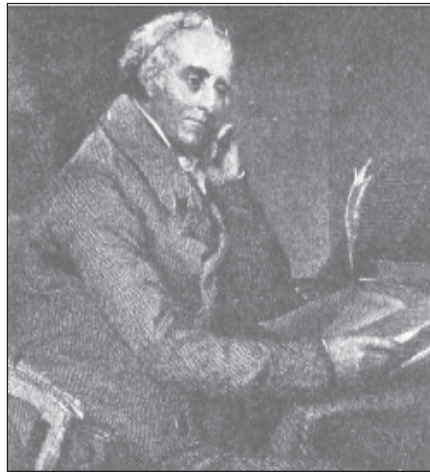
This disease has been ascribed to several causes during that time i.e.

1. Dentition - because most children die at the age of 10th month and may be linked with dentition as greatest number of teeth makes their appearance then. He agrees with this.
2. Worms - But may not be the cause because worms cannot produce an annual epidemic disease of any kind. He objects this.

3. The summer fruits - He objected it because, this disease is little known in country places where children eat much more fruits than in cities.
4. He suggested management of this disease by a) Evacuating bile from stomach by giving gentle doses of “ipecacuanha” or tartar emetic. He advocated that bowel should be opened by means of calomel, manna, castor oil or magnesia b) Opiates, c) Demulcent and diluting drinks d) Clysters of flax seed tea, e) Warm bath (relieves obstinate pain) f) Country air.

According to him prevention is possible by

1. The daily use of cold bath & cleanliness both with respect to the skin and clothing.
2. A faithful and attentive accommodation of the dresses of children to the state and changes of the air. iii) The removal of children in to the country before the approach of warm water. This advice is peculiarly necessary during the whole period of dentition.¹⁶

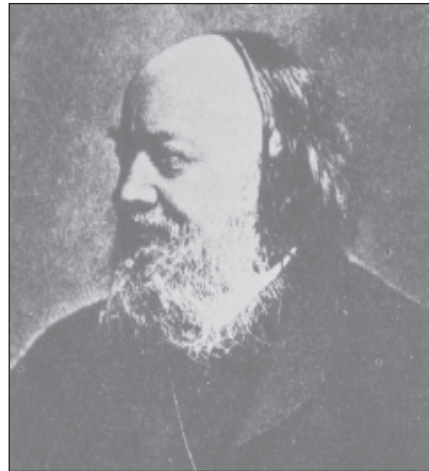


BENJAMIN RUSH

(Courtesy: History of Medicine by Garrison)

3. Sir Edwin Chadwick (1800-1890)

Sanitary conditions of the laboring population of Great Britain in 1842 were studied and reported by him. This report in a sense established the relationship between dirt and disease etiology and sanitary measures were initiated.¹⁶



SIR EDWIN CHADWICK

(Courtesy: History of Medicine by Garrison)

4. John Snow (1813-1858) and William Budd (1811-1880)

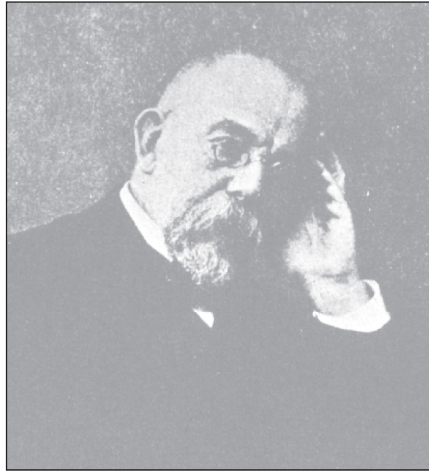
Their epidemiological finding in 1849 proved cholera to be water borne disease and taken into the system by the mouth. This break through by Snow and Budd validated Chadwick's efforts and gave him an intellectual acquitted. They not only proved Chadwick's contention that pure water supply and efficient disposal of sewerage is essential to health, but came close to anticipating Pasteur's germ theory.¹⁶

5. Max Von Pettenkoffer (1818-1901)

Max Von Pettenkoffer was pupil of Justus Von Liebig, who was Professor at Munich for many years. He made noteworthy researches on bile salts and other problems. He investigated the relations of soil and atmosphere to health, noting the conditions, which favored the incidence of cholera epidemics so frequent at that time. In 1886 he founded the Institute of Hygiene at Munich. He wrote a 'Handbuch der Hygiene' (1882), which had a large circulation. Pettenkoffer did not accept the views of Robert Koch and was a skeptic regarding the role of organisms in disease. Indeed he is said to have swallowed a culture of living cholera (some say typhoid) bacilli in order to disprove their effect, a foolhardy experiment that was strangely and fortunately without harmful results. His lecture in 1873 on "The value of health to a city" exerted a powerful influence in the direction of sanitary reform and helped to reduce the death rate.³

6. Robert Koch (1843-1910)

German who was a country physician used his spare moments to begin studies on microorganisms. By the time of his death he had revolutionized bacteriology. He developed and refined techniques of culturing bacteria advanced the method of steam sterilization. Discovered causes of many diseases including Cholera (1883), wound infection sickness etc. He visited Egypt and India in 1883 as Head of German cholera committee. He discovered comma bacillus or vibrio cholerae in 1883 and published his observations in 1884 i.e. 'ueber die cholera bakterien'.^{4,9}



ROBERT KOCH

(Courtesy: History of Medicine by Garrison)

7. Daniel Elmer Salmon (1850-1914) and Theobald Smith (1859-1934)

They had demonstrated in the case of hog cholera, that a dead vaccine is also a capable of producing protective immunity. This is the method, which is now employed in protecting humans against typhoid fever, plague, cholera and various other diseases.¹

As it is clear Cholera is an acute bacterial infection caused by ingestion of food or water contaminated with *Vibrio Cholerae*, serogroups 01 or 0139. Infection is transmitted via the consumption of drinking water or food contaminated by the bacterium. Bacteria present in the faeces of infected person are the main source of contamination. The bacterium can also live in the environment in blackish rivers and coastal waters. Its incubation period varies from one to five days. Symptoms include acute watery diarrhea and vomiting caused by exotoxin (entero toxin) produced by vibrios in the lumen of small intestine which can result in severe dehydration Following the evacuation of normal gut fecal content, typical rice-water material is passed consisting of clear fluid with flecks of mucus. When left

untreated death can occur rapidly. But it is easily treatable; unless there is rapid replacement of fluid and electrolytes the case fatality may be as high as 30 to 40 percent. Cholera continues to be perceived by many as a deadly and highly contagious threat that can spread through international trade in food.

Through out history populations all over the world have sporadically been affected by devastating outbreaks of cholera. Records from Hippocrates (460-377 B.C) and Galen (129-216 AD) already described an illness that might well have been cholera, and numerous hints indicate that a cholera like malady was also known in the plains of the Ganges river since antiquity.

Transmission of Cholera across the globe

A report by Dr. Tytler, the civil surgeon of the town, Jessore, a hundred miles to the north of Calcutta written in 1817 carries the story on the virulent and mysterious nature of the epidemic from Jessore within a month cholera crossed 100 miles and spread to Calcutta and in the following 6 months engulfed the whole of Bengal from Sylhet to Cuttack. In the next 12 months the disease spread along the Coromandel and Malabar to the west, reaching Madras by September – October 1818. From Madras ships to Ceylon and then to Mauritius conveyed it. By 1819 it had appeared in Bangkok and shortly afterwards in Singapore and Malacca and by 1821 it had reached China. The cholera epidemic between 1817-21 wrought terrible devastation in India in general and Bengal in particular. This baffling disease, an 'inscrutable malady' which knew no logical line of progression was a little more favorable to Bengal and lasted there till 1823 and disappeared from there in 1823-25; returned again in 1826 with much greater virulence and ferocity striking almost the whole of India under its way. In 1827 it entered Haridwar, the NWFP, the Bombay presidency, Sindh and the Punjab. Slowly it began to race through Khiva and Herat via Kabul by 1829 when the first pandemic ended in 1823, it had stopped short of Europe. But the second pandemic, which started in 1820, brought it to the doors of Europe. The 'Asiatic cholera' emerging from a distant corner of the British Empire warranted the attention.⁶ In 1854 there were 14000 cases of cholera with 618 deaths in London. In USA cholera ravaged the entire country three times in the 19th century.⁷

In addition to human suffering caused by cholera, its out breaks cause panic, disrupt the social and economic structure and can impede development in the affected communities. Unjustified panic-induced reactions by other countries include curtailing or restricting travel from countries where cholera out break is occurring, or import restrictions on certain foods. For example, the cholera out break in Peru in 1991 cost the country US \$ 770 million due to food trade embargoes and adverse effects on tourism.

Cholera remains an ever-present risk in many countries. Greatest risk occurs in over populated communities and refuge settings characterized by sanitation and unsafe drinking water. It affects all ages and both sexes. In endemic areas attack rate is highest in children. The vibrio is responsible for the 7th pandemic, now in progress, is known as *Vibrio Cholerae* 01, biotype El Tor. The current 7th pandemic began in 1961 in Celebes (Sulawesi), Indonesia. The disease then spread rapidly to other countries of eastern Asia and reached Bangladesh in 1963. India in 1964 and the USSR, Iran and Iraq in 1965-1966. Cholera caused by *Vibrio Cholerae* serotype 01 originated in the Ganges valley/Devastating epidemics has occurred, often following large religious festivals and pandemics have spread worldwide.

In 1970 cholera invaded West Africa, which had not experienced the disease for more than 100 years. The disease quickly spread to a number of countries and eventually become endemic in most of the continents. In 1991 Cholera struck Latin America, where it had also been absent for more than a century. Within the year it spread to 11 countries, and subsequently throughout the continents. Until 1992 only *Vibrio Cholerae* serogroup 01 caused epidemic cholera; late that year, however large, out breaks of cholera began in India and Bangladesh that were caused by a previously unrecognized serogroup of *Vibrio Cholerae* designated as 0139, synonym Bengal. Isolation of this *Vibrio* has now been reported from 11 countries in South-East Asia.

There are more than 60 serogroups of *Vibrio Cholerae*, but only serogroup 01 occurs as two biotypes classical and El Tor-Each Biotype also occurs as two serotypes – Ogawa and Inaba. Almost all the recent cholera out breaks has been caused by the El Tor biotypes. Cases caused by the classical biotype have not been reported in India since 1980 (Investigation and Control of Out Breaks, NICD, Delhi, 2001 pp 2).

Man is the only host for *Vibrio Cholerae*. Incubation period of *Cholerae* varies from a few hours to 5 days, usually 2-3 days.

As per WHO, key points for public education to prevent cholera are

- Drinking water from a safe source or water that has been disinfected (boiled or chlorinated).
- Cooking food or reheating it thoroughly and eat it while it is still hot.
- Avoiding uncooked food unless it is peeled or shelled.
- Washing hands before preparing or eating food.
- Washing hands after using toilet or any contact with excreta.
- Disposing off human excreta promptly and safely.

Points to remember

- With proper treatment cholera is not fatal.
- Take patients immediately to health facility.
- Give increased fluids. If ORS packet is available, give ORS solution as soon as diarrhea starts.
- Cholera vaccination is not recommended.

Three simple rules for Cholera prevention are

- Eating freshly cooked food.
- Drinking safe water (stored clean water should be used within 24 hours)
- Washing of hands on and off.

Regarding the risk of Cholera transmission through food trade WHO opines that, although there is a theoretical risk of Cholera transmission associated with international food trade, the weight of evidence suggests that this risk is small and can normally be dealt with by means other than embargo on importation.

A large number of tests carried out on commercially imported foods from affected countries (most recently from South America) have not detected *Vibrio Cholera* 01.

Indeed, although individual cases and clusters of cases have been reported, WHO has not documented a significant outbreak of cholera resulting from commercially imported food. (Guidelines for Cholera control, WHO 1993 pp 29).

Number of Cholera cases, deaths and case fatality rate worldwide, notified to WHO 1961-2003.

Year	Cases	Deaths	Case fatality rate (%)
1961	62	30560	49.3
1971	176	26048	14.8
1981	51	2448	4.8
1991	595	19040	3.2
1995	208	5034	2.4
1996	143	6689	4.67
1997	147	6274	4.26
2000	137	4908	3.6
2003	112	1894	1.69

(Source: WHO, weekly epidemiological records)

Laboratory Investigations

Treatment of cholera does not depend on the results of laboratory examination. But these are important to confirm diagnosis and to determine the characteristics of the organism including antibiotic sensitivity; Stool samples or rectal swabs are taken for this purpose.

Treatment

No anti-diarrheal, anti emetic anti-spasmodic, cardio tonic or corticosteroid drugs should be used to treat cholera. Blood transfusion and volume expanders are not necessary. (Guidelines for Cholera control WHO, 1993). Cholera is an easily treatable disease. Most cases (nearly 80-90 %) of diarrhea caused by *Vibrio Cholerae* can be treated adequately

by giving solution of oral re hydration salts (the WHO / UNICEF standard sachet) only. Ringer's lactate is the preferred fluid for intravenous re hydration. In severe cases an effective antibiotic can reduce the volume and duration of diarrhea and the period of Vibrio excretion. Tetracycline is the usual antibiotic of choice.

The injectable cholera vaccine previously used conveyed in complete, unreliable protection of short duration and is no longer recommended. Two new oral Cholera vaccines, which provide good protection for up to 3 years, are now available for use by travelers.

Conclusion

In ancient times *Visūcikā* (cholera) believed to be caused by *Ajīrṇa* (indigestion). Though the etiology, Patho- physiology and transmission of the disease was not known to them as we know now the ancient physicians were well aware of the signs, symptoms & complications, prognosis etc., This disease is one that in which prevention is more important than the treatment. Because it is very simple, it is possible through safe and healthy drinking water and food.

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सारांश

‘विसूचिका’ (कॉलेरा) का चिकित्सिकीय - ऐतिहासिक अध्ययन

पी.वी.वी. प्रसाद

संस्कृत भाषा का शब्द विसूचिका ऐसी स्थिति का संकेत करता है जिसमें विकृत वातदोष के कारण शरीर पर सूई चुभने जैसी वेदना होती है। अजीर्ण से ग्रस्त व्यक्ति में यह घटित होता है, इसका विस्तृत वर्णन आयुर्वेदीय साहित्य में उपलब्ध है। यह रोग प्राचीन समय से भारतवर्ष में अस्तित्व में है। यह महाभारत और त्रिपिटक में भी उल्लिखित है। इसके कारण, लक्षण, उपद्रव, पूर्वरूप और चिकित्सा आदि आयुर्वेद में वर्णित है, इसका सह सम्बन्ध ‘कॉलेरा’ जिसे हिन्दी में साधारणतया ‘हैजा’ के नाम से जाना जाता है से है।

ग्रीक भाषा में ‘कॉलेरा’ शब्द का अर्थ पित्त प्रवाह अथवा पित्तदोषग्रस्त व्याधि है। ‘कॉलेरा’ अतिसार युक्त एक तीव्र संक्रामक व्याधि है, इसका कारण ‘कॉमा बेसिलस’ या विब्रियो कॉलेरा सिरॉ वर्ग ०१ या ०१३९ हैं। कॉलेरा अनुसंधान में कुछ पथप्रदर्शक जैसे आरेटस, बेंजामन रूस, छाडविक, जॉन स्नो, रोबर्टकोछ आदि है। कॉलेरा का चिकित्सिकीय ऐतिहासिक महत्त्व, इसका संचरण, वर्णन और आयुर्वेदीय उद्धरणों के संदर्भ इस लेख में प्रस्तुत किये गये हैं।