CONCLUSION

Based on the available literary sources, the history of Indian medicine may be divided into three main phases. The first or Vedic phase dates from about 1200-800 B.C. Information about medicine during this period derives from numerous curative incantations and references of healing rituals found in Vedic corpus. The second phase is marked by the advent of the first medical treatises in Sanskrit. This period includes all subsequent medical treatises dating from before the advent of Muslim in India at the beginning of the 11th Century. For these works tend to follow closely the earlier classical compilations. The third phase is indicated by clear influences on the classical paradigm from Islamic or Unani and other non-classical medical traditions. This threefold division of Indian medical history is simply our working model, providing a convenient orientation to the vast subject matter.

A crucial problem that has bothered historians of this subject is the intersection between the first two phases. Simply stated, the issue centers around an explanation for the epistemological distancing of the regional/local systems of therapeutics from the “classical” traditions of medicinal practices. It is reasonable to assume, therefore, that a change in medical thinking, or, according to the historian of science Thomas Kuhn, a “paradigm shift”, must have occurred some time between the end of the Vedic and the beginning of the classical phase (800-100 B.C.).
Traditional Indian medicine does not recognize this break in its medical ideology, but rather notices continuity from Veda to Ayurveda, and makes Hindu divinities the ultimate fountains from which medical knowledge has been issued. We cannot simply accept this traditional point of view and proceed to evaluate Indian medical history according to it. However, if we consider that such a position offers an inadequate explanation of its own medical history, we may seek a more plausible solution by re-examining the period in question from a wider perspective of regional socio-religious history.

A close investigation of the Vedic sources reveals the presence of a particular vocabulary pertaining to medicine, elements of which derive from different levels of the society. The specialized vocabulary that was used in the medical hymns was maintained and developed by active shamanic strata of practice and thought. These ancient healers, who originally came from agro pastoral profile supplemented their understanding of the local flora and healing techniques with wisdom they gained by observing the higher class priests who specialized in sacrificial rites and used efficacious words and actions to influence and control the cosmic forces. By combining their expertise in manipulating the spirits to rectify a physical wrong with potent words learnt from the ritualists of the sacrificial cults, the healers themselves became powerful priests in the realm of curing, and probably modeled themselves after the higher order priests who clearly maintained a superior social status. As a result, these medical priests likely enjoyed considerable prestige in early Indic society. Being equated to the twin healing deities (*the Asvins*) these early healers served the needs of all peoples regardless of their social ranking; and were often prestated quite handsomely for their skills.
Vedic sources also inform us that the physician’s seemingly privileged position declined toward the end of the Vedic phase. This change in the physician’s social standing could well have been the circumstance that helped bring about a different mode of medical thinking which, at its core, runs in tandem with the ideology of Brahminic orthodoxy as it is reflected in the socio-religious attitudes of the sacrificial cults. Traditionally, the orthodox priests were regarded as the purest members of society and, fearing contamination, maintained a strict distance and separation from those elements considered to be impure and polluting. Utilizing the sacred scriptures of the sages (i.e., the Vedas), these priests ordained that healers were corrupt as a result of the defilement they incurred from contact with unclean people. Healers, therefore, must be avoided and, more importantly, excluded from sacred rites. This priestly attitude became part of Hindu Law, established in the law books beginning with the Manusmrti (c. 200 B.C.E.). The official social attitude towards doctors sanctioned by the brahmans helped to bring about a major “paradigm shift” in medicine, which may well have emerged gradually over the course of time. In the Atharavaveda, we notice that healers had extensive knowledge of the local flora, implying that their sphere of activity extended beyond the inner circle of priestly purity and hierarchy. In fact, it readied to the frontiers of the society where contact with native peoples provided them with specific knowledge about the healing efficacy of various plants unknown to the sacrificial cults. The exclusion of healers by the ritual priests was the result of an ongoing tension between two types of specialists vying for the place of prominence in society.¹ The priestly denigration of

healers and their craft seemingly forced the medical practitioners to the fringes of society, where they eventually found fellowship with other displaced individuals.

During the later ancient period, different ascetic movements began to emerge. The ideology of these groups likewise tended to run contrary to that of the mainstream sacrificial cults. Members of these currents included mendicant and wandering ascetics who renounced the trappings of orthodoxy and abandoned family and society for the wilderness in search of spiritual truths that the sacrificial religion could not provide. In short, these religious ascetics became marginalized members of society, who included among others the Buddhists. They sought knowledge about themselves and the world around them not by the transmitted wisdom of the ancient sages but by an engagement with the world and an intuition fostered by and representative of their continual involvement in reflective thought and meditation.

The researches of some sociologists have recently risen up the question: Is there any evidence in ayurveda to establish a correlation between the mental qualities of satva, rajas and tamas with that of the varnas? Barnett, Mariott and others have conducted several studies in this field in India and Sri Lanka during the seventies.² They have shown that a strong notion interlinking the mental quality and the Varna exist in the common psyche. These findings appear in their papers presented in the universities of Chicago and California, and in

² Prof. M.G.S. Narayanan, in N.V Krishnan Kutty Varier’s History of Ayurveda, Arya Vaidya Sala, Kottakkal, 2005, p.xviii
articles published in ‘The Journal of Asian Studies’.\(^3\) American thinkers have recently exhibited a tendency to establish the philosophy of the quality of blood in place of theory of Louis Dumont that the caste system is supported by an ideal based on purity and pollution.\(^4\)

However, Sri Varier’s accounts reveal that there is no support for it in any authoritative ayurvedic texts. The question that may come up here is: how, then, did such a belief enter the people’s mind? The phenomenon of ‘caste’ has found place here and there in some ayurvedic works.\(^5\) Varier points out the injunction of Susruta that sudras are not expected to study Ayurveda and that even if they do so, it should be without mantras. The same authority has prescribed particular wood for making cots to be used in the labor room for different castes. Sri Varier quotes the strange view found in the Kasyapasamhita, ‘which appears to suggest a different duration for the menstrual cycle in respect of women of different castes, twelve for brahamins, eleven for Ksatriyas, ten for vaisyas, and nine for the rest’.\(^6\) All these show that caste consciousness has entered ayurveda in different times, but it is a great consolation that ayurveda, even in its most decadent stage, never admitted the theory of purity of blood to justify the caste distinctions. It would have been a matter of surprise if the physicians took the opposite stand because they decreed that names and details of medicinal herbs must be gathered even from jungle tribes. That physiological facts must be studied by dissecting observing the dead bodies, cleared of their entrails, after keeping them well-covered in a

\(^3\) Ibid. p.xix
\(^4\) Ibid.
\(^5\) Ibid.
\(^6\) Ibid.
cage in flowing water; that wine and fleshy food can be consumed to a limited extent; and that there was no caste distinction in hospitals. Prescriptions of Susruta based on surgery could never pay attention to the egoistic beliefs of Brahmin purists.\textsuperscript{7}

The antiquity of Ayurveda is matter of pride for all of us, but nobody can deny that its present state is quite deplorable. Due to reasons, both internal and external, our medical system has steadily declined, while in contrast, other systems have progressed in an equal degree. The people of the West examine the laws of nature and invent new dimensions of science, thereby repeatedly revising the earlier scientific knowledge. Implicit in this view of the contemporary conditions was a notion of Ayurveda being a source of all medical knowledge. Referring to its antiquity, borne out by classic texts, it was argued that all other systems in the world derived their initial knowledge from Ayurveda’s. ‘It is frankly admitted by every sawant in the world’, said Jaminibhusan Roy Kavirathana, president of All India Ayurvedic conference: “that rudimentary principles of almost every science had their origin in this country. There is ample evidence to prove that the root principles of the science of medicine were first preached in Arabia by Indian professors and physicians. From Arabia Ayurveda travelled through Egypt to Greece, thence to Rome, and from there, again, spread all over Europe and gradually throughout the world”.\textsuperscript{8}

\textsuperscript{7} Ibid.
\textsuperscript{8} President Address, All India Ayurvedic Conference, 7\textsuperscript{th} Session (Madras 1915), Calcutta, 1916, p.6
Thus, 'Ayurveda was *janani* (mother) of all medical knowledge, a point repeatedly made by all advocates of the indigenous system.'

Antiquity, however, was not the sole criterion in assessing the past: the emphasis was equally on the state of knowledge in ancient texts and their practice. In both aspects, in knowledge and its application, ayurveda had attained a high level of perfection, as was evident from the texts of Charka, Susruta and Vagbhta. The commentaries on these texts and later independent compositions had elaborated a system of treatment, which could meet all possible contingencies. The proficiency was not limited to medicine; surgical skills were also not wanting. To substantiate, a number of surgical instruments described in ancient texts along with actual operation were listed and published. Some of the surgical areas in which Indians had excelled were rhinoplasty, skin grafting, eye-surgery, trepanning, bone setting and amputation. Moreover, Indians neither lacked a knowledge of anatomy nor refrained from conducting dissections. The contemporary conditions, it was asserted, did not reflect the attainments of Ayurveda in the past.

Given the above perception of the past, a major point of inquiry revolved around the circumstances, which led to the making of the present. Such an inquiry was not an attempt to invent a theory to justify revival, as Leslie argues, but was conceived as a necessary prelude to reform. Hence, the focus on the

---

11 K.N.Panikkar, p.291
causes of decline which were identified as both internal to the system and created by external forces.

The internal causes were related to three factors: stagnation of knowledge, ignorance of the practitioners and non-availability of quality medicine. The main drawback of the system was that its knowledge had become dated. However excellent were the classic texts, the knowledge contained in them had remained stagnant, as there were no substantial efforts to improve upon them through experimentation and related knowledge with new experience. To the ecological and social change, which occurred after the composition of these texts, Ayurveda had, by and large, remained indifferent and hence its method of treatment had lost touch with reality. Thus, ayurveda failed to keep pace with times and laboured within the parameters of knowledge-developed centuries before.

Clans of ashtavaidya practitioners in Kerala, though located within the regional socio-historical particularities represent the same patterns of transformations that the earlier pan Indian traditions of therapeutics had undergone. However this sameness pertains only to the social mobility not in the medicinal practices. Because the Ashtavaidya tradition is entirely different from the ayurveda in northern part of India. In north India, they prefer ‘rasa and sindooras’ for treatment while in Kerala they use oils (thailam) and herbal medicines for treatment. In Kerala Ashtavaidya tradition is the backbone of Ayurveda and almost all the ayurvedic practitioners of today is coming directly or indirectly from Ashtavaidya tradition (like their disciples, so the base is

---

Ashtavaidya tradition. Today's famous ayurvedic institution in Kerala is Kottakkal Arya Vaidya Sala; it also has the Ashtavaidya tradition, the founder P.S. Varier is the disciple of Kuttencheri Vasudevan Moss (one of the prominent Ashtavaidya Family).

The sociological significance of this study alludes to the way in which the ashtavaidya tradition sailed through the myriad historical and cultural conjectures. It also informs us about the internal dynamics and differential social location within a normatively given community which produces both an 'elevated' space of priesthood and a 'contaminated' substratum of Vaidyas. However the Ashtavaidyas—the contaminated strata of vaidyas—became more visible and professionally articulate segment as the other traditions, like Ayurveda, began to bank upon them.