Chapter 5
Practice of Medicine

The classical texts refer to eight divisions of Ayurveda: Internal Medicine (Kāya Chikitsā), Paediatrics (Bāla Chikitsā), Psychological Medicine (Graha Chikitsā), Minor Surgery (Śalākya Tantra), Surgery (Śalya Tantra), Toxicology (Agad Tantra), Geriatrics (Rasāyana Tantra), and Science of Aphrodisiacs (Vaśekaraṇa) (Charaka Samhitā 1.30.31; Suśruta Samhitā 1.17; Aṣṭanga Hṛdaya 1.1.5). Besides these branches, Ayurveda employed certain other methodologies like fire-based treatment (Suśruta Samhitā 1.12.9) and a horticultural science of medicine (Vṛṣa Ayurveda) (Bṛhat Samhitā 55.1-15; Mahābhārata 11.184.14).

However, these divisions seem to be more theoretical and no physician is discovered practising medicine according to these distinctions. There was no expert in the sense that every physician laid his hands on all types of diseases and injuries. And as ancient Greek traveller Arrian observed the snake-bite curers were also skilled in curing other ailments (McCrindle 1876:223). The only specialization apart from common medicine and surgery, was the branch of veterinary science. That its practitioners formed a separate craft group is sufficiently evidenced through the Ashokan epigraph at Girnar referring to it (paśu-chikitsā) (Rock Edict 2) and countless notes of doctors of elephant (Jātakas 140.1.485; Arthāṣṭra 2.32.18), horses (ib. 2.30.43; Mahābhārata 4.12.7), and cows (ib. 4.10.13). At a few places, one also comes across the specialists in toxicology (Arthāṣṭra 4.3.35; Saundarananda 5.31; Jātakas 506.4.457).

Ancient Indian literature mentions very few specialist physicians. A veterinary theorist Śālihotra has been referred to in the early Christian century text the Pancha Tantra (5.71). The famous Buddhist physician referred to elsewhere has been called as Jivaka Kaumārabhritya, i.e. Jivaka the paediatrician (Chullaka Setthi Jātaka 4.1.114). But throughout his career which is described copiously in Buddhist literature, he is never found engaged in paediatrics. On the contrary, he is sometimes described as a surgeon (Jātakas 503.4.430; 533.5.333) or general physician (Mahāvagga 8.1.8). Probably, this title signified the physician's regard for the prince (Kumāra) who reportedly brought him up when the former was an orphan kid (ib.). It may be relevant and interesting to note that all the traditional physicians in Buddhist Thailand are called Kaumārabhritya (Sharma 1981: 492). Specialist paediatrics are, however, mentioned by Kalidasa (Raghuvaṃśa 3.12).

Besides the general physicians, there was a second level in the profession of medicine. The most important in this line were the parichārikās (nurses). The nurses generally included males (Charaka Samhitā 1.15.6; Suśruta Samhitā 1.34.15). Examples of females in the nursing are rare (Suśruta
Samhita 3.10.7; Arthasastra 2.23.2; 3.13.9; Mahabharata 7.9.2). Ideally they were to be cool headed and pleasant in their demeanour, strong and attentive to the requirements of the sick, and strictly indefatigable followers of the instructions of the physician (Suśruta Samhitā 1.34.24). A Charaka Samhitā passage (1.9.7) may suggest that they underwent a short training course in nursing before joining the profession. Besides extending general help, a nurse was also expected to massage the body of the sick in need (ib. 6.24.186).

Besides the paricharakās, there were also groups of professionals called mātrikas (Arthasastra 2.27.5) and the dāsis (ib. 3.20.17). The mātrikas appear to have belonged to a very low status because they were mostly the aged prostitutes or courtesans. The dāsis were engaged generally in maternity services (Achāranga Sutta 2.15.13) as well as in conducting abortions (Yajñavalkya Smṛti 2.2.36). Different passages describing these three types of craftpersons in the Arthasastra indicate that in social terms they equalled the rank of domestic servants only.

The staff of an āturātāya i.e. 'the house of sick' included besides the nurses, the drug compounders, musicians, singers and cooks (Charaka Samhitā 1.15.6). The presence of musicians and singers on the staff of a vaidya suggests that the ancient Indian doctor was much more thoroughly concerned and involved in the overall recuperation of his patients than his modern counterparts. Possibly indicative of the tribal origin, this music system must have given a benign touch to the process of treatment which is sadly lacking in modern medicine.

In paramedical side, professionals related to the sale of medicine have been noted in the ancient text Rāmāyana (2.77.14). Similarly, certain blacksmiths allegedly specialized in manufacturing surgical tools (Suśruta Samhitā 1.8.19).

For a physician, it was essential to obtain licence from the state before entering into medical practice (ib. 1.10.3). The Charaka Text (1.29.8) ascribes the existence of imposters among the vaidyas to the corruption in the state-machinery. Suśruta Samhitā (13.52) suggests severe punishments to check such 'messengers of death on earth'. In addition, the new entrant to the profession of vaidya was to ensure that he possessed four essential qualities, i.e., (i) clear grasp of theoretical contents of Ayurveda, (ii) a wide range of experience, (iii) practical skill and (iv) cleanliness (Charaka Samhitā 1.9.5). According to Suśruta Samhitā (1.10.2) 'a physician should be clearly in habits. He should walk about with a mild and benign look as a friend of all created beings, readily available to help all, and frank and friendly in his talk'. The following sermon given by the teacher to the senior students commencing their practice may project the ideal image of a vaidya in ancient India:

"Thou shalt renounce lust, anger, greed, ignorance, vanity, egotistic feelings, envy, harshness, falsehood, idleness, and all acts that soil the good name of a man... Thou shalt help with thy professional skill and knowledge the brahmanas, elders, preceptors and friends, the indigent, the
honest, the anchorites, the helpless, the neighbours, the strangers, thy relations and kinsmen, and thou shalt give them medicine, and god will bless thee for that” (Susruta Samhita 1.2.6).

As to prevent him for the misuse of his office, special emphasis was laid by the Ayurvedic treatises on the controlled relations of a physician with women. Susruta (1.10.9) forbids the physicians to speak to ladies in private or to joke with them. He was also forbidden to accept anything but cooked rice from the hands of a women. The prescribed dress for a practising doctor also put the vaidya on a pedestal equal to the saintly figures of the society. He was to put on cloth dyed brownish yellow (Susruta Samhita 1.2.6) or white (ib. 1.10.3). In the shape of the dress code of a physician, this ancient tradition has survived till date both in oriental and occidental societies.

It seems that the vaidya enjoyed considerable independence in his treatment of the sick and law-codes lay down that one should never have dispute with physicians (Manu. 4.179; Yajñavalkya. 1.158). The ideal physician was able to instill such confidence in his patients that they trusted him as fully as they trusted their parents and kinsfolks, and cared for them as he could care for his own sons (Charaka Samhita 6.1.55; Suśruta Samhitā 1.25.44).

As per the classical texts, it was favourable if the class and caste of both the physician and sick were similar. It was also suggested that a physician must obtain permission of the wife and friends of the sick before pursuing cases which were difficult to cure and could be fatal ones (Charaka Samhita 6.13.175). The vaidya approached the sick by examining his eyes, nose, ears, lips, skin and through verbal discussion (Suśruta Samhitā 1.10.4).

Some passages in the Jātakas (495.4.361) describe the physicians moving around in search of patients carrying sacks upon their backs, root-filled and fastened tight. The story of Jivaka in Mahāvagga (8.1.8) also describes the famous physician walking through the streets of Saketa city and calling “who is ill here? Whom shall I cure?” The wandering physicians are also traceable in the Śatapatha Brahman (4.1.5.8). Megasthenes reports that physicians were sent to the home of sick for treating (McCrindle 1876:42). According to the Arthaśāstra (2.36.38), the physicians were permitted to move around in night, a privilege denied to the common public.

Full fledged hospitals are also described in the Charaka Samhita (1.15.6). The chapter on town-planning in the Arthaśāstra (2.4.14) suggests the establishment of “a house of medicine” (bhaiṣṭyāgṛham). The Sīlappadikaram, a major source of Sangam age Tamil society refers to a “street of physicians” in the city of Puhār (p.19). Existence of permanent clinics is also attested by travelogue of the Chinese pilgrim Fa-hien (p.79) as well as certain epigraphic references pertaining to the early medieval Chola kingdom (Epigraphia Indica, Vol.I.21.38). The Kāmasūtra (5.2.6) an early Gupta work on art of love, includes the clinics of physicians among the convenient trysting places for lovers.
A physician is described as having a store room filled with drugs, medicinal stuffs and medical equipments (Sūruta Samhitā 1.36.20; Mahābhārata 11.331.31). With the aid of his assistant he produced his own drugs from herbs and other ingredients which he often collected himself (Rāmāyaṇa 3.63.14). These were likely to be more efficacious than those obtained indirectly, for he could be sure that they were unadulterated and were collected at auspicious times, with the utterance of the prescribed mantras (Sūruta Samhitā 1.34.22; Charaka Samhitā 6.23.93; Bower Mss. 2.29). In addition, there are also references to the professional production of medical materials (Arthaśāstra 2.2.27; 5.2.14).

As per the description of the Greek ambassador Megasthenes, the physicians in ancient India effected cures rather by regulating diet than by use of medicines. The remedies most esteemed, according to him, were ointments and plasters (McCrindle 1876:102). If his statements are to be accepted, the ancient Indian physicians were also engaged in forecasting droughts, wet-weather and diseases (ib. 39). By their knowledge of pharmacy they could also make marriages fruitful and even determine the sex of the offsprings (ib. 102).

It has been reported that some physicians misused their art and deliberately harmed patients (Jātakas 543.6.74). Normally, a physician was to remain alert in his practice since treating patients incorrectly could attract severe fines (Manu Śmṛti 9.284; Yājñavalkya Śmṛti 2.242). A doctor could be taken to task if found guilty of extending medical aid to the state-offenders (Arthaśāstra 2.36.10; 4.1.56).

The practice of Ayurveda proved a handsome livelihood as suggested by the Sūruta (1.1.27). Medicine has been shown as being practised for monetary benefits as early as in Brahmana period (Aitareya Brāhmaṇa 5.5.9; Śatapatha Brāhmaṇa 12.7.1.11). The common traditional healers who met the need of the people might have been accepting minor fees for their services, but the professionally trained vaidyas used to receive handsome remunerations from their clients as revealed form the case of Jivaka the physician who reportedly owned immense wealth. To some extent the costlier fee of the vaidyas was justified because unlike the traditional healers they practised medicine on a full time basis.

The services of a vaidya apparently included both consultation and distribution of medicine. Thus it was not possible for him to continue his service without any remuneration. The medicinal herbs were collected from nearby forests or the like by the physician himself. Sometimes he bought them for money from the farmers who grew them and paid tax to the state for their sale (Arthaśāstra 5.2.14). A portion of the income of the vaidyas, particularly those specializing in surgery, was also spent in buying essentials from the market. Therefore, non-payment to a vaidya was criticized (Jātakas 540.6.74; Charaka Samhitā 6.1.54). And we have a few examples of free medical attendance in ancient
India like one in the Kāmanīla Jātaka (228.2.213). Moreover, at one place, even the Buddhist monks are reported to have accepted remuneration for their medical service (Jātakas 179.2.82).

Payment to the physicians was made both in cash and kind as reflected in the story of Jivaka (Mahāvagga 8.1) and in the code of Manu (8.287). Some of the physicians must have been pretty rich. There are references to suggest that some of them charged fee only for calling on the indisposed (Jātakas 467.4.171). Besides the individual practitioners, there were physicians in the salaried service of the state. They were both the general vaidyas (Rāmāyaṇa 2.10.8) and those required specially in the battle-field (Mahābhārata 5.152.12; Arthaśāstra 5.3.12).

An idea of the fees of the vaidyas as well as of the cost of standard medical services in ancient India may be formed through the Mauryan text, Arthashastra. This text, while prescribing salaries of different court-officials and the government staff, fixes the annual pay of the state-physician at 2,000 panas (Arthaśāstra 5.3.12). Thanks to the painstaking effort by Auboyer (1965:112) one is able to know the value of this coin which is described as below:

50 paṇas - annual cost of living for an individual of the higher class
24 paṇas - price of a horse
12 paṇas - price of an ox
1 paṇa - 400 lbs. of grain/seven gallons of oil
1/2 paṇa - weekly expenditure of a workman

Thus, the monetary position of state physicians was quite satisfactory. It may, however, be supposed that their regular income was more than that of those who were not employed by the state. Besides the general state-physicians, there used to be the royal physician in the court. Though he did not enjoy power and prestige at par with the royal priests, he, nevertheless, received great honours (Arthaśāstra 2.1.7; Mahābhārata 6.120.57). The vaidya of the court of the Satavahana was opulent enough to donate rich gifts to monks (Pitalkhora Chaitya inscription).

There is sufficient evidence to show that the ancient counterpart of the modern doctors in India were also men of status and power. In India, the earliest notice of medicine as profitable livelihood comes in the Rg Veda (9.112.3) itself. It was not only due to its profitability but also high prestige accorded to learned physicians that the profession attracted a host of the imposters (Charaka Samhitā 1.1.58).

The vaidyas of early India obviously did not form a caste but rather a fraternity of men drawn from various castes and classes. In the Rg Veda (10.97.6) a healer is called vipra, a term used for the brahmana (ib. 10.97.22). The Jātaka stories refer to brahmana physicians (228.2.213; 495.4.361; 506.4.457). Megasthenes tells that they belonged to the group of sharmanaes i.e. one of the two divisions of the philosophers, the highest of the seven castes of India (McCrindle 1876:101). A large
number of brahmanas, particularly those from the Sakyadipi sub-community, are still engaged in the profession of *vaidyas* in eastern India. According to an early medieval legend contained in the *Samba Purāṇa*, the Sakyadipi brahmanas were invited by king Samba of Magadh in Bihar from near Iran (Lochan 81:690) when the latter was ailed by white leprosy. The treatment was successful and the brahmanas subsequently settled in the villages donated by the grateful king. In southern India the Nambudiri brahmanas of Kerala have six divisions, one of them being the *vaidyan*, a class of physicians. In addition, numerous references to non-brahman students in medical treatises apparently denoted a practical reality. The legendary physician Jivaka himself belonged to a meek circumstance (*Mahāvagga* 8.1).

Here and there, *vaidyas* have been referred to with great disrespect and hatred. Physicians are called cheats in the *Manu Smṛti* (9.259). Another law-code declares medical profession as sinful livelihood (*Yājñavalkya Smṛti* 3.240). Physicians reportedly ranked lowest in social hierarchy (*Mahābhārata* 12.135.11). They were disqualified from common dining by a host of law-givers in ancient India (*Āpastamba Dharma Sūtra* 1.18.22; *Mahābhārata* 12.90.14; *Manu Smṛti* 3.152).

Nevertheless, it is difficult to discover examples of contempt shown to the physicians minus the frequent taboos on food-untouchability imposed on them. The motive in looking down on the *vaidya* was because in the course of his duties, he came into contact with blood which included among the 12 impurities (*Manu Smṛti* 5.135). *Manu* was full of despise towards the physician only on the account that he was impure and unworthy of common dining. It appears that his code had otherwise no grievance against the physicians' community, which was certainly in the line with the great regard shown to them in the Vedic texts which are so venerated by the law-givers. Besides, most of the commentators of the Charaka Text were brahmanas of religious bent. According to the travelogue of Strabo also the Brachmanes studied physiology (McCrindle 1901:76). If there had been a general hatred towards the *vaidyas* among the social hierarchy the brahmana commentators could hardly hide their feeling against them.

Examples of the respectability of physicians are numerous in epics (*Rāmāyaṇa* 2.94.51; *Mahābhārata* 1.102.71). The *Rāmāyaṇa* (6.79.13) refers to certain Suṣena as a respectable physician. Had the practice of healing been associated with any social disregard, the *Mahābhārata* could have never recorded individuals like Kṛṣna (7.75.14), Nakula (4.10.1) and Sahadeva (4.12.7) as practising veterinary healing craft.

The codes of Gautama (1.4.14) and *Manu* (10.47) mention a community called 'Ambaṣtha', supposedly descended from brahmana father and vaisya mother, and specially equipped by nature for the art of healing. Ambaṣtas' association with medical craft is proved through naming of certain herbs after them in the classics of Charaka (6.30.89) as well as Susruta (1.38.46). In the *Mahābhārata*
they have been described as a ruling class which formed part of the army of the Kauravas. In modern times they are one of the divisions of the kayasthas, a high order castes of north India, and also as a barber caste in the south. Some of the latter ambasthas are still engaged in the medical craft, but the former has no association with medicine as such. Some of the brahmana vaidyas of Bengal are also called Ambaśthas. However, it may be noted that the chronicles of Alexander's campaigns and the grammar of Panini (8.3.97) denote Ambastha as a people in the northwest India.

The next important question is related to the cultural setting of medicine in ancient Indian traditions. Basically, the Ayurvedic notion of a happy life was not exactly to the liking of the austere, ascetic and puritanical law givers. The great stress in the Ayurveda to associate itself with the Atharva Veda (Charaka Samhita 1.30.18; Suśruta Samhitā 1.1.6) was also in the nature of a challenge, for this text enjoyed a dubious reputation in the orthodox circles which accepted the existence of only other three Vedas more than often (Aitareya Ārṣayaka 3.2.3; Mahābhārata 11.206.18; Manu Smṛti 4.124). Certain scholars like Chattopadhyaya (1977) observe that the rational base of the Ayurvedic theorists directly hit the ideological attitudes of the hierarchical society. Therefore, the Brahmanical Dharma Śāstras tried to dishonour the practice of medicine.

It has been recalled above how the physicians and surgeons were tabooed (Āpastamba Dharma Sūtra 1.18.22; Mahābhārata 11.36.29; Yājñavalkya Smṛti 1.162) and debarred from common-dining (Mahābhārata 12.23.14; Manu Smṛti 2.159). The dichotomy between medical and conservative circles is apparent through features like the latter acknowledging 'leprosy' as caused by sinful activities (Yājñavalkya Smṛti 3.215) in contrast to the medical texts which rejected this reposition (Charaka Samhitā 2.5.23; Suśruta Samhitā 4.9.1 to 72).

However, hosts of other evidence overwhelmingly attest that major currents of ancient Indian social thought were compatible with medical research and practice. For example, the Arthaśāstra (4.7) definitely had no reservation against post-mortem examination of human body. The brahman author of the text lays provisions so that physicians be endowed with land by the state (Arthaśāstra 2.1.7). The Yājñavalkya Smṛti (1.209) suggests that curing a sick person was a most virtuous job and in particular cases even relieved one from the grave sin of the killing of a brahmana (ib. 3.245).

Certain other external evidences also support this view. It has been observed that the code of Brahma consisted of chapters on medicine (Mahābhārata 11.59.71). In addition, the ancient Brahmanical book of law, the Pāraskar Grhya Sūtra (3.6) contains a chapter on medicine. A later work, Viṣṇu Purāṇa (4.8.10) has associated the authorship of Ayurveda with lord Viṣṇu himself.

The mainstream Indian social thought was not necessarily of an other-worldly bent. And even if a dichotomy arose from diverse theories, it was generally adjusted mutually. The respectful reference to opposite theories in the scientific work Āryabhatīyam (2.15) becomes highly significant in this
regard. The theory of acclimatization and not any defence mechanism context could explain employment of religious connotations in pure scientific texts (e.g. Brhat Samhitā 1.5; Āryabhátiyaṃ 3.49) as well as of the inclusion of medical chapters in otherwise pure religious scriptures like Pāraskar Gṛhya Sūtra (3.6) and Agni Purāṇa (chs. 279-292).

Regardless of the occasional deviations, the discipline of Ayurveda fitted harmoniously with overall Indian cultural setting. The Charaka Text (7.1.14) prescribes for invocation of gods like Brahma, Vayu, Agni and Surya for health and cure. The classic Ayurvedic texts definitely accord great regards to the brahmans (Charaka Samhitā 1.8.18; Suśruta Samhitā 1.6.22; 1.1.17). The Bower Mss. Part One starts with prayers to gods (1.1.R). Dhanvantari with whom the Ayurvedic treatises associate themselves proudly (Suśruta Samhitā 1.1.17) has been regarded as a venerable deity in Brahmanical treatises like Manu Smṛti (3.85) and Viṣṇu Purāṇa (1.9.98). The Charakas are also included among the priests in the Śatapatha Brāhmaṇa (4.1.2.19; 6.2.2.1). The traditional approach to the different drugs or ausadhis (literally meaning ‘hot herbs’) also reflects great sanctity attached to the craft of healing. They are supposed to be of divine quality. The capital of herbs' kingdom was Ausadhiprastha, the native place of Goddess Pārvatī (Kumāra Sambhavam 6.33). At one place, Lord Krishna declares that he himself was the ausadhi (Gītā 9.16).

While the theorists of Ayurveda attached enormous importance to keeping the body sound and safe, they were obviously concerned regarding the contentment of the 'soul' (Suśruta Samhitā 1.15.48). The physician himself was reportedly keen to attain the four objects of life (ib. 1.1.4; 1.1.27) which included, among others 'mokṣha' i.e. salvation and constituted an important aspect of Brahmanical philosophy of Puruṣārtha (aim of life). Moreover, most of the qualities required in physicians (ib. 1.10.8) or patients (ib.1.34.21; Charaka Samhitā 1.9.8) can be traced to be inspired by similar prerequisites laid down in the case of individuals such as ascetics and their followers. The style of oath to medical pupils, the rituals involved, the austerities required on the part of the student of medicine and the prescribed student-teacher relationship, all are by and large in complete conformity with the mainstream ancient Indian thought and practice.

**Status of General Health**

Ancient India is credited to have pioneered numerous advances in the fields of mathematics, metallurgy, architecture, chemistry and linguistics. Examples abound to illustrate the mental vigour and brilliance of Indians in the fields of astronomy and plant pathology as well. It is reflected through most objective observations regarding the solar eclipse (Āryabhātiyaṃ 3.46; Brhat Samhitā 5.10), movements of the earth (Āryabhātiyaṃ 2.150) and the life in plants (Mahābhārata 11.184.14; Brhat Samhita 5.10). The iron pillar of Delhi and the colossal image of Buddha found from Sultanganj in Bihar, the wonderful stone polish on Mauryan pillars, and the unexcelled dexterity to engineer big...
The lake Sudarsana in Gujarat all demonstrate the level of perfection acquired by the ancient Indians in a variety of fields.

Regarding the success of Indian classical medicine, it may be noted that notwithstanding references to supposedly incurable diseases in medical texts (Suśruta Samhita 2.6.24; 2.8.8; 5.3.38) and in pure literature (Raghavamśa 19.53), ancient Indian medicine seems to have fa red well. Among its achievements may be noted the cure of snake bite (McCrindle 1876: 223) and battle- wounds (Raghavamśa 14.4; Pattupattu 4.80). A standard of treatment of such wounds must have been attained in those days, for otherwise the punishment of amputation described frequently in ancient texts (Manu Smṛti 8.269; McCrindle 1876.72) could have virtually meant death penalty which was certainly not the case. In washing out ovary having a dead foetus considerable success seems to have been attained by ancient physicians as reported in medical texts (Suśruta Samhita 4.15.13) and in the epics (Rāmāyaṇa 5.28.6). That certain diseases were infectious also seems to have been known (Aṣṭādhyāyi 3.3.16). The standard of diagnostics of different diseases in the Charaka Samhitā is also suggestive of an advanced stage of medicine.

As regards the cure of other diseases empirical studies need to be conducted to explore the medical merit of the different prescriptions of Ayurvedic texts. But this much must be vouchedsafed that the ancient physicians were generally trusted upon (Rāmāyaṇa 2.10.8; Mahābhārata 1.102.71). The sustained demand of the harmless drugs of Ayurveda as well as the confirmed merit of Ayurvedic therapy in respect to disease like cardiac arrest, liver troubles and diabetes also points to the great medical potentialities of this ancient Indian system. The classification of diseases in more than one thousand categories, as described in the Suśruta Samhitā (Ray, Gupta, Roy 1980: Table 7) is also an evidence of the major development in the field of nosology and symptomatology.

The Ayurvedic science of medicine does not appear neutral as regards the status of individual diseased. The Arthasastra (2.36.10) provision that doctors curing state-offenders were liable to be punished is echoed in a passage of the Bower papers (1.3.R) which suggests that medicines meant for long life was not to be offered to those who lived sinfully.

However, in normal cases of sickness, society seems to have attached great concern to the ill. The communities which allegedly did not care the sick were greatly despised (Mahābhārata 8.30.83). The diseased persons were allowed to utilize the wealth of their wives (the stridhan) which was not possible in normal circumstances (Arthasastra 3.2.16; Yājñavalkya Smṛti 2.147). Certain debts were neglected if the borrower fell ill (Arthasastra 3.11.13). Similarly, sick individuals were allowed free boat-passes by the state (ib. 2.28.18). Minor offences committed by the indisposed ones were to be ignored (Gautama Dharma Sāstra 1.5.22; Arthasastra 2.36.29). In many cases, the sick were to be released from prisons (Arthasastra 2.36.44). Kauṭalya prescribes to certain concession for workers in
case of sickness (ib. 3.14.2). According to Manu (8.395) the king was to remain attentive to the needs of sick individuals in his state.

In social spheres also, it is notified that a sick person was to be given preference at the time of dining (Gautama Dharma Sūtra 1.5.23; Manu Smṛti 3.114) as well as while travelling (Āpastamba Dharma Sūtra 2.11.7; Yājñavalkya Smṛti 1.117). Passing taunting comments on the indisposed was punishable (Arthāśāstra 3.18.4; Yājñavalkya Smṛti 2.204). In certain instances, lepers, too, are reported as being treated in their home (Majjhima Nikāya 2.25.7). That the diseased were practically cared in ancient Indian society is clear through observation of the 4th century AD Chinese traveller Fa-hien (p. 79) who noticed charity houses in the country where the needy got food and medicines free of charges. Theoretically service to a sick was regarded as a great virtuous act equal to donating a cow (Yājñavalkya Smṛti 1.209) or capable to relieve one of the major sin of assassinating a brahman (ib. 3.245).

In the context of personal hygiene, the religious codes laid provisions to make bathing (Gautama Dharma Sūtra 1.2.14); washing of mouth (Manu Smṛti 2.53) and tooth (Atharva Veda 7.66.3), etc. mandatory on individuals. Similarly, the purity of water and eatables was so much emphasized that consuming impure stuff meant no less than violation of religious codes (Āpastamba Dharma Sūtra 1.4.21; Gautama Dharma Sūtra 2.8.9; Mahābhārata 9.42.21). As a means of preventive medicine, overeating was religiously prohibited (Manu Smṛti 2.57), and controlled diet was emphasized (Mahābhārata 3.213.26; Tirukkural 95.3; Dhamma Pada 1.7). Besides the rule of personal hygiene, ancient Indian scriptures stressed on maintaining the cleanliness of public water sources (Yājñavalkya Smṛti 1.137), roads and other public places (Āchāranga Sūtra 2.10.12; Manu Smṛti 4.45.56).

With regard to average longevity in ancient India, it may be noted that the extremely low figures emerge from examinations of skeletons discovered from the ancient sites like Navasa, near Pune (Kennedy and Malhotra 1966:34), Langhnaj in northern Gujarat (Enhardt and Kennedy 1965:6), Inamgaon, near Pune (Luckacs and Walimbe 1986:20) as well as Harappa (Dutta 1981:21). The 260 skeletons studied from Harappa suggests that death occurred in 19% cases in age less than 12 years, in 3% within 12-20 years, in 76% within 21-40 years, and only in 2% cases in ages above 40 (ib.). The average longevity figure calculable from examination of all other archaeological sites referred to above appear to be less than 28 years. However, it seems that comparatively less number of adult human remains is primarily due to differential preservation. The infants as rule, were buried in urns which afforded protection to the skeletal remains from the destructive pressure of the superincumbent earth. The paucity of adult may be possibly attributed to cremation as alternative to the practice of burial.
As regards the child mortality rate, the situation in ancient India must have been grim since even today 118 out of every 1,000 live born babies are unable to cross the age of five (Anantapadmanabhan 1989: Ap. II). Infant mortality, as regular misfortune has been reported in one of the earliest texts of the country (Atharva Veda 8.6.26). The higher mortality rate in tender age is also reflected through certain provisions in Brahmanical ritualistic which prescribed only nominal death-rites in cases of casualties in minor ages (Pāraskar Gṛhya Śūtra 3.10.9).

About the average age of those crossing childhood, one may form some idea through different passages in ancient Indian literature. The unanimity among the texts like the Rg Veda (1.89.9), Atharva Veda (19.67.2) and the Jātakas (537.5.495) in the matter of the age of 100 being ideal as reflected in blessing and prayers, leaves no doubt that crossing the three digits of age was a rare event. However, approximating this limit does not seem an unusual event. The Manu Smṛti (1.83) narrates how the average age of man declined from 400 years in golden age of Satyayuga to 100 years in our own dark age, the Kaliyuga. It may also be recalled that the four stages of 25 years each of Brahmacharya (i.e. studentship), Gṛhasthaya (house-hold life), Vānprastha (unattached family life), and Sanyāsa (reclusehood ) into which one's life was ideally to be divided according to the Āśram tradition also pertained to a life of hundred years.

The Mahābhārata (3.230.57) observes that around seventy, one was liable to face many diseases due to the old age. Among historical individuals, it is traced that Buddha died at the age of eighty (Mahaparinibbāna Sutta 2.58). The Mahavira is reported to have passed away at the age of seventy-two (Kalpa Sutta p. 95). Ashoka Maurya with two terms of governorship followed by an emperohood of 45 years, also seems to have matched the Jaina leader in terms of longevity. The medical treatise of Susruta (1.35.36) observes that individuals above seventy were 'old aged'. In light of these evidences, it may be suggested that survival from child mortality generally meant a life stretched to as long as seventy five years.