Chapter 3

Classical Medicine

The post-6th century BC history of India is the history of revolutionary changes and no less than three distinct upheavals during this phase subsequently evolved the classical systems of ancient India including the Ayurvedic medicine. As Gokhale (1966:18) narrates the first revolution was connected with the growth of commodity production, trade and merchant capital. In religious field it was reflected in the rise of the ‘protestant’ sects, Buddhism and Jainism. The second revolution came in the form of the intrusion into north-west India of the Achaemenid and Hellenic empires. This interaction brought Indians into close contacts with other peoples at par with them in terms of the iron-based technology and urbanization. The third revolution was a political and imperial one that began in Magadh, central Bihar in the middle of the sixth century BC. It led to the subsequent monolithicism in the political as well as socio-economic and cultural contours of the sub-continent. These three revolutions were partly contemporary and to some extent inter-related. Their implications remained pretty dominant till the first century AD.

The classical Indian medicine evolved in the background of these circumstances and within this chronology. Passages in the Rāmāyana testify that by the 5th century BC Indians had developed their science to a more conscious and practical limit. A physician was no longer recognized only as a bhīṣaj i.e. curer, a term predominantly in use earlier; but was also accepted as vaidya, the learned one. The earliest reference to this term appears in the Rāmāyana (2.10.8). The occurrence of the term Ayurveda i.e. the ‘science of life’ in some old versions of this epic (1.45.31) also vindicates that the physicians of the middle of the first millennium BC were no longer confined to the cure of diseases but were exploring a complete science of health and medicine. The terminology ‘Ayurveda’ itself exhibits a confidence to compare the discipline to none but the Vedas, the greatest erudition of the period.

Mention of the term salyakrint in the same epic (5.28.6) also suggests that the surgeons had developed a separate craftgroup by the age of the epics. Considerable success in medical progress is overwhelmingly attested by the respect and reliance enjoyed by the physicians (Rāmāyana 2.10.8; 2.77.14; 2.94.51). Reference to the merit of spells or charms is also noted in this epic poem (1.21.10; 2.69.28; 3.28.28), but these practices were evidently blurred by the emerging humour theory of tridosha (ib.1.1.73; 1.32.24).

The Mahābhārata, supposedly composed later to the Rāmāyana reflects rather advanced stage of medicine. The traditional eight branches of the Ayurveda were known to this magnificent epic which records the earliest references to such classification (2.5.91). It seems that the related period had a strong following of Ayurveda among the learned (ib. 11.28.45). The popular awareness of the Ayurvedic fundamentals during the period is suggested by textual references in the Āṣṭādhyāyī to the tridosha
system (5.2.129). The work incidentally also refers to certain contagious diseases (3.3.16). Passages of the Arthaśāstra (2.25.21; 3.13.30; 3.18.6; 4.3.13) and the Jatakas (228.2.213; 467.4.171) seem to fortify the conclusion that the basics of classical Indian medicine were founded by the advent of the 4th century BC.

The breakthrough in medicine was achieved under certain medical theorists whose fame survived long enough to be recorded in the classical Ayurvedic texts like Charaka Samhitā (1.1.13; 1.1.24) and Susruta Samhitā (1.4.9) as well as in the Bower Mss. (1.1.R). The second century BC Buddhist text Milinda Pañho (4.7.20), too, names more than five individual authors of medical treatises. Some common names of these references include Atreya, Hārīta, Parāśara, Bhārdvāja and Garga. The text of Charaka (1.12.6) refers to one Dhamārgava Badis as an important Ayurvedician. This name is unusual to general Sanskrit nomenclature. In all probability, it underlines transcultural background of the growth of Indian classical medicine.

During the political, social upheavals throughout Indian history many of the medical writings were evidently lost or destroyed. The present shape of the Charaka and Susruta texts demonstrate efforts made to gather and collate the dispersed documents. Small wonder the text of Charaka between 3.8.98 to 3.8.164 and all the twelve chapters of its Indriya Book (i.e. 5th one) are extremely incoherent to the rest of the work. Portions of Charaka Samhitā appear to date in the pre-Mauryan period. Agniveśa, the original author of most of the text is noted as famous seer in the Brhadaranyaka Upanisad (2.6.3) datable to 6th century BC. The places of discourse in medicine as described in the medical work are the familiar seats of Upanisadic conferences such as Pāñchala and Kāmpilya (3.3.2). References to ‘contemporary republic states’ in the text (1.8.26), the prose-style akin to that of the Brāhmaṇas of Vedas and the fashion to commence its chapters by the words ‘thus spoke Lord Atreya’, resembling the Upanisadic diction point to the great antiquity of the Charaka Samhitā.

The most pioneering effort to restore the work was made by Drdhabala who possibly lived in Kashmir in the 4th century AD (Tripathi 1983:19). The present text of the treatise closes 79 of its chapters with the note ‘authored by Agniveś and edited by Charaka’. Other 41 chapters end with the following addition to this quotation ‘lost and restored by Drdhabala’. The 25th chapter in Chikitsā Book (i.e. the 6th part of the Charaka Samhitā) ends as follows ‘authored by Agniveś, edited by Charaka and finalized by Drdhabala.’ In this quotation the word ‘aprāpta’ lost or unavailable, is not found. It indicates that the text of the 79 chapters in the portion is expounded by Agniveś and redacted by Charaka, while the remaining 41 chapters form the portion expanded by Agniveś and restored by Drdhabala in the place of the unavailable portions of Charaka’s redaction.

The chequered career of this treatise is reflected also through many passages that pertain to the Mauryan or post-Mauryan period. For example, references to the Buddhistic terms Jantāk (Charaka Samhitā 1.14.38), Khuddak (ib. 1.9.1), Chaitya (ib. 1.8.20) or of the famous Bodhi tree itself
(6.29.157) testify that portions of the present Charaka Samhitā indeed succeeded the expansion of the religion of the Śakya Muni. The editing of this text, however, continued further since full swing of the revival of Brahmanical worship of Shunga period is traceable through its passages pertaining to the worship of Pitāmaha (1.1.23), Vāsudeva (6.23.93) and of cow and brahmana (1.8.18; 6.8.187). (Inclusion of beef among eatables is, however, not an unusual feature of this medical book: 1.27.81; 7.7.81). [Incidentally, it may be noted that some ancient codes of Tāntricism permit the human flesh for the dining table: Guhyasamaja Tantra: 6.22]). However, the process of updating the Charaka book seems to have concluded by the 3rd century AD as it exhibits no clear trace of the Puranic theology.

After the analysis of the extant text of the Charaka Samhitā the personal date of Charaka, does not probably remain of primary importance. Charakas as wandering seers or students are mentioned in the early text such as the Śatapatha Brāhmaṇa (4.1.2.19; 6.2.2.1), Aṣṭādhyāyī of Panini (5.1.11) or in later Purāṇas (Vāyu. 43.23). But as is the case with the Hippocratic text, one does not know for certain how many authors with similar names were engaged in the composition of the Charaka Samhitā. Nevertheless, the name of the treatise overwhelmingly demonstrates that among the host of imitators, there was, indeed, one outstanding theorist, one genius who selected, refined and embellished the material gained from the countless sources available and bound them together to produce the masterpiece of ancient Indian medicine. This Charaka, perhaps known to ancient Europe as Xarcha (Banerjee 1961:177) is also identified as Tehe-lo-Kia (Levi 1903: 382) appearing in the Chinese translation of the Tripitakas as a court-physician of Kanishka. The date of this Kushan monarch is not known for certain. But it deems sound to follow Basham (1954:498) who suggested that one famous Charaka lived in the first century AD.

As the New Testament is to the Old Testament, the Suśruta Samhitā is almost one third of the Charaka book in content. This text is, however, noteworthy for its treatment of surgery which is available but only scantily in the Charaka's work (6.12.80; 6.13.186; 6.25.1). Its language is less archaic, and narrative more concise, developed and systematic. Its late authorship is attested by references to the theories of Charaka in it (3.10.15; 3.10.22). Notice of the worship of Rama and Krishna in the text (4.30.27) also suggests a later date of its composition since the deities reportedly became popular only after 2nd century AD. Besides the famous Suśruta, seers referred to as an older Suśruta, Chandratta and Nāgārjuna are supposed to have contributed their mite to the authorship of the treatise (Ray, Gupta and Roy 1980:4). As a matter of fact, the present text seems to be the culmination of a long-stretched series of surgical experiences by individuals named Aupadhenva, Aurabhra and Puskalavat among others (1.4.9).

The unearthing of the Bower Manuscript, however, cleared confusions regarding the chronological setting of the classical Ayurvedic treatises. The manuscript is composed in the early Gupta script and it contains 26 quotations from the Charaka Samhitā and 6 from the Suśruta Samhitā. It
means that these treatises had already become standard works prior to the 4th century AD, i.e. the
time of the Guptas.

This date is reinforced by references to certain Ayurvedic theories in the non-theoretical
literature of the related period. The Gītā (17.9) stresses that irregularities in food habit might produce
illness. The Tirukkural (95.1) and the Maṇimekhalāi (p.226) refer to the humour theory of the
Ayurveda. That the rational approach to medicine was a common practice during this period is also
attested by definite references in the drama Sakuntalam (3.8) and the Buddhist text Majjhima Nikāya
(3.5.10). Popular prevalence of the Ayurveda echoes in other works including the code of Yājñavalkya
(1.54); the play Saundarānanda (16.69; 18.7) and the Buddha Charita (10.20) of Aśvaghoṣa.

The evolution of medicine, therefore, was by and large contemporaneous with the age of
revolutions noted earlier. So far as its impact is concerned, it must be acknowledged that these
upheavals were so overhauling in nature that every walk of life was but to reel under their influence.

The role of religious movements

The sixth century BC emerged as an era of religious reforms all the world over. Many
‘protestant’ thinkers and social reformers of the date advocated and introduced phenomenal changes
in societies of Greece, China and India. As a point of fact, India of the sixth century BC witnessed no
less than hundred religious and sectarian leaders voicing diverse social philosophies. These ‘protestant’
voices finally culminated into the clarion call of Buddhism and Jainism which signified foundation
of new and a systematized socio-religious order distinct from the dominant Brahmanical methods.
Some studies have tried to explain the emergence of rational Ayurvedic medicine as major outcome of
these new aspirings to approach man and life.

The teaching of the Sākya Muni encouraged an attitude of helpfulness toward the sick and
disabled (Chullakalinga Jātaka 301.3.2; Māṃsa Jātaka 315.3.48; Ashokan Rock Edict, 2: Goyal
1982:38). In Buddhist monasteries medicinal herbs and other materials were stored on regular basis
(Āpannaka Jātaka 1.1.95; Gāndhāra Jātaka 406.3.363). Attempts were made to theoretically allow room
for the surgical operations within the Buddhist theme of non-violence (Milinda Pañha 4.1.33). At many
places, Buddhist preachings refer to the Ayurvedic theory of wind, bile, and phlegm (ib.4.1.63). The
sixth chapter of the Mahāvagga contains a series of discourses by Buddha on the maintenance of
health, prevention of ill-health and cure of disease. The 7th century AD Chinese pilgrim I-tsing refers
to a manual on the art of medicine preached by the Enlightened One. [ In all probability, this work
could be associated with a Chinese translation of ‘Sutra of the Thousand-Handed, Thousand-Eyed
Avilokiteśvara Bodhisatta on the Treatment of Illness and the Preparation of Drug’: Ch’ien-shou
ch’ien-yen Kuan-shih-yin p’u-sa chih ping ho-yao ching. ] The sage is also reported to be a practising
physician in a previous birth (Visvanta Jātaka 69.1.310).
The contribution of Buddhism to the genesis of rational medicine has been recorded in the shape of the Charaka Samhitā provisions to pay respect to the Chaitya, a Buddhist shrine (1.8.20). At one place the term Bhikṣu i.e. a monk, has been applied to refer to the theorist Atreya (Charaka Samhitā 1.25.23). The Bower Manuscript opens one of its chapters with salutation to the Lord Buddha, the Tathāgata (2.1.0). This style is also discovered at another place in the later work the Aṣṭānga Hṛdaya (1.18.18).

Certain other facts, however, tend to signify that the Ayurveda owed nothing especial to the faith of Enlightened One. Although forming the biggest literature of a single faith in the world, the Buddhist texts do not include a single treatise on medicine. The above text in Chinese translation is dominantly oriented to faithhealing and as such stands parallel to the Kauṣīka Sūtra which is reflective of the level of sorcerers and the curers. Emergence of rational, empirical science of medicine found the most ill-suited climate in the learning centres of Buddhism which repeatedly asserted that life is full of misery and transcending the same is real happiness (Majjhima Nikāya 1.28.2; Saundarananda 9.6; Nigrodha Jātaka 12.1.146). The Buddhist Four Noble Truths (i.e. the world is full of suffering, suffering is caused by human desires, the renunciation of desires is the path to salvation and the salvation is possible through the Eight Fold Path) are themselves assimilated with the paradigm pertaining to disease, diagnosis, treatment and liberation from ills (Saundarananda 16.41).

Besides, the Buddhist monks were prohibited from practising medicine, which was included among the unlawful callings (Sutta Nipāta 4.14.13; Satadhamma Jātaka 179.2.82). A true Buddhist monk was expected not to take medicine even in smallest quantity (Majjhima Nikāya 3.24.2). That the Buddhist environment was not congenial for development of medicine is also attested through comment of the ancient Greek traveller Strabo (McCridle 1901:76) who noted that the Pramāṇa (Buddhist?) were opposed to the Brachmanes who studied physiology. The Karma-theory of disease-causation was also not unfamiliar to the Buddhist books (Dhamma Padam 10.9). In addition, Jivaka, the personal physician of Buddha, who appears to be the lone practitioner of medicine of the faith has failed to merit a notice in the Ayurvedic collections.

The Jainist philosophy which outsmarted Buddhism in neglect of the exterior of human body was equally incongruous to generate medicine. Its association with physical science could be gauged through the repeated stress the Jain codes put to prevent one from accepting treatment while sick (Ācharānag Sutta 2.2.1.8). It is alleged that the venerable Mahāvīra did never accept medicine (ib. 1.8.4.1). It was more than often that illness was taken by the Jainists in the light of results of misdeeds supposedly committed in previous births (ib. 1.6.1.2; Vipāk Sūtra : Doshi 1966:257).

This account definitely warrants the conclusion that the doctrines propounded by Buddha and Mahāvīra did not consist of something special to stimulate the birth of rational medicine in the age of revolutions.
The trans-civilizational context of Ayurveda

The impact of the extra-national contacts on the rise of Ayurveda is another point of debate. During the centuries preceding the rise of the Magadhan empire, the whole of northwestern India formed a vital part of the international world that stretched from the Indus to the Mediterranean. If the imperial revolution of Magadh in the 5th century BC shattered the isolation of mid-India, the west Asian interlude ended the national isolation of the country and placed its culture within the mainstream of cosmopolitanism and internationalism. That was the legacy of Persia and Hellas, of Darius and Alexander. This international world impinged on every aspect of Indian life - political, economic, cultural and artistic - and enriched it to a deep and significant extent.

The India of antiquity did not limit her international connections with the west only. China and countries of southeast Asia have been no less familiar to it. But the contact with these countries was preceded by the development of classical medicine in India. The first Indian colonies of noticeable identity in the southeast Asia are traced in Java under the kingship of Devavarma of 2nd century AD (Majumdar 1963:220). Since the communities there were less advanced, the Indian culture and, of course, with it Indian medicine popularly expanded and finally settled with the liberal inclusion of folk elements into it. As regards China, India's first major relationship with her dates back to that very period. The spread of the Indian medicine in China coincided with the decline of the Eastern Han dynasty (25-220 AD) (Unschuld 1979:334). The expansion of Indian medicine in the land of Confucius was, however, much stunted because by that time the Chinese themselves had evolved their own methods of medical science which still continue to stand up remarkably well against the competition of modern medicine, not only in China but also in adjoining countries. The popularity of Ayurveda in old central Asia is, however, attested by the discovery of the Bower manuscript of 4th century AD from Kashgar.

With regard to western contacts, there have been attempts to show that Indian concepts antedated equivalent ones in Greece or vice-versa. The parallelism in the development of Greek and Indian medicine is striking, both in chronology and in content. In fact, Hellenic influence on Indian astrology is undeniable (Clark 1937:350). One of the Indian treatises on this subject is called the Romakśª Sidhanta i.e. the 'Theory of Roma'. Names of different zodiac signs in the early Indian astrology books like Pitāmaha Siddhānta, Sūrya Siddhānta are just the true copies of their Greek counterparts. But such nomenclature is absent in the classical Ayurveda. In addition there are many fundamental and essential differences between the Greek theory of medicine and the Ayurvedic Tridośa. The Indian theory starts with the Panchamahābhūta or five basic elements - air, earth, fire, water, and ether. But the Greek medical theory stresses on only four elements viz. air, earth, fire and water. Again, in Indian theory the dośas (wind, bile and cough) themselves cannot produce any disease. If they are disordered,
they vitiate the dhātus or the constituents of the body and produce disease in them. In the Greek theory, it is the imbalance of the humours that constitutes disease. Thus it is observed that while the similarities are superficial, the differences are fundamental between Greek and Indian medicines (Jaggi: 1973a: 211).

The ancient Greek traveller Strabo observes that the Indians make no accurate study of sciences except that of medicine (McCrinde 1901:32; 79). On the testimony of the Ashokan Rock Edict (2), it is learnt that the Indian medicine of the time of Mauryas was competent enough so that the Piyadasi could deem it profitable to arrange for two kinds of treatment, of men and animals in the empires of Antiochus and his neighbours in Europe. The amazement with which Nearchus, another Greek traveller in the train of Alexander noted the skill of Indian healers (McCrinde 1876:223) is another basis to suggest that Hellenistic influences on Indian medical progress are virtually non-existent. Indian herbs were popular in Hellas in such an antiquity as 4th century BC as it is clear through references to Indian herbal plants by Theophrastus in his 'history of plants' (Thapar 1966:123).

The apparent resemblance between the two classical systems of medicine of antiquity might have been due to the reality that sections of the Greek and Indian communities sprang from a singular stock of primitive communities. In the name of Hippocrate, the famous Greek medical theorist(s), the word 'hippo' meaning a horse, is incorporated. We have earlier seen that the Indian healing gods Āśvinī Kumāras were closely related to this cult, 'āśva' meaning a horse. The name of Ātreya, the famous Ayurvedic theorist is also very significant from this view. It stands similar to the Greek word 'iatros' meaning a physician (ref. to terms like paediatrics, geriatrics). A comparative philology is also conducive to prove that the mythological sources of the Indian and Greek medicines must have been identical. But even from the philological angle of debate, Indians did not seem to have been at the receiving end. Various Greek and Latin terms in medicine seem to have been derived from Sanskrit originals and the case was definitely not vice-versa. It is apparent from the following list:

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<th>Sanskrit</th>
<th>Greek parallel</th>
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<td>Asthi</td>
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The most notable support to the growth of Ayurveda evidently came in the shape of socio-economic changes accompanied by the urban developments in India around the 6th century BC. The central force to these changes came from an accelerated agricultural output which was the result of the use of iron and contribution of old tribals knowing different agricultural products and methods. The increasing consolidation of state-system could also organize and maintain artificial irrigation to raise the produce. The growth of surplus brought into existence a new social class, a class of prosperous merchants and wealthy bankers, whose transactions were greatly facilitated by the invented use of coinage.

Accompanied by the emergent state-authority, growth of merchants and traders provided essential support to urbanism. Cities, by the mid-first millennium BC might have also grown out of ceremonial centres where religious nucleus supported concentration of people. Consequently along with seaports like Broach and Sopara, places such as Varanasi and Gaya flourished by middle of the first millennium BC. Ashokan inscriptions and other Mauryan sources reflect a number of rich cities and towns bustling with an advanced life. Such urban centres also housed the more prominent of the state’s subjects. They included men of opulence and power, who did not only desire health and freedom from ills but were also in a position to afford the cost of medical researches and treatment. The masses might accept what came their way with religious passivity, but the kings and princes, the rich and the powerful desired health, pleasure and freedom from pain. They welcomed priests and valued their theories, but where religious offerings were of no avail, where oracles and conjurings were ineffective, they did not repudiate the aid of man. The cities were also a place of exchange of both items and ideas. The clientele of the physicians was further consolidated through the emergence of a number of dangers to health which usually accompany growth of comparatively complex habitations. The aid of medical men was also sought on municipal front.

Thus, while formation of larger societies helped medicine advance from the level of sorcery to level of curers, the new urbanization promoted it to the ‘level of doctors’. Nevertheless, it is to be recorded that the expansion of urbanism and the connected empirical medicine covered only a limited population which was smaller to the clientele of the sorcerers and the curers. Even though, empirical methods of Ayurveda remained a perennial stimulus to attract scattered population groups to the mainstream and as such its emergence consists of an important chapter in Indian history.

**Expansion of Ayurveda**

In the course of the expansion of the classical system of Ayurveda across the country, dominant medical systems of certain communities, however, retained their individual entity, though they were grossly influenced by the former. Among such systems, the most prominent is the Agastya or more popularly, the Siddha system of the deep south. The Bower Manuscripts of the 4th century
AD discovered at Kashgar consist of a manual on medicine named *Siddha-Samkarṣa* (along with *Nāvanitiakam*, of course). The Siddha system is distinct in the sense that it stresses on alchemy, a feature not so important in its Ayurvedic counterpart. It is reported to have descended from heaven through Siva via his wife Pāravati, literally meaning the daughter of Parvata, i.e. mountain (Gurushiromani 1983:33; Raghunathan 1984:10). Probably this tradition signifies the contribution of the rich herbal deposits of the mountains. The close association of Siva with mountains is itself indicative of his connection with a mountain-worship cult.

Besides Śiva and Pārvati, other mythological figures related to the origin of the Siddha medicine are Murugan, Nandī, Theryār, Bhogar and others. At one place, Dhanvantarī is also reported to have belonged to this collective (Iyer 1933:15). The historical personalities who authored different Siddha texts are divided into two groups. Those who produced Tamil translation of Ayurvedic Sanskrit texts are called *Barā* while those who authored original medical treatises in Tamil belong to *Therā* group.

The Siddha concepts, principles, and doctrines, both fundamental and applied, bear strong similarity with Ayurveda. The *dōsa-dhātu* concept along with the five basic elements of the latter has been incorporated prominently in the Siddha medicine. Minus the specialization in the iatromechistry, the difference between the two systems remains more linguistic than doctrinal.

Influence of Ayurveda is equally reflected in the Pancha-karma therapy of Kerala which is traditionally believed to be ancient but whose literature is available only in Malayalam which emerged by the 11th century AD. This five fold therapy primarily involves the system of embalming and massaging familiar to the Ayurveda. The *dhārā karma* involved in the Pancha-karma is a method in which drug in liquid form is kept in an earthen pot having small hole and hanging above the head of the patient. The drug trickles down on to the sick. This may be originally a practice of folk-therapy. Kerala has another tradition of eight physicians whose progenitor is said to be Parasurama. The popularity of Ayurveda in ancient South India is assertively underlined by a Chola inscription of 11th century AD which reports that students studied the *Astāṅga Hṛdaya*, a famous Ayurvedic text (*Epigraphia Indica* 21.No.38). On the testimony of I-tsing, the 7th century Chinese pilgrim, this eight-fold book seems to be popular across the country as he reports that all physicians in five parts of India practised according to a text divided into eight limbs (*I-ching*, p.128).

**Essentials of Ayurveda**

The classics divide the specialities of Ayurveda under eight divisions. Though their names vary in different texts, implication wise these divisions are more or less coherent (*Charaka Samhitā* 1.30.31; *Sūruta Samhitā* 1.1.7; *Astāṅga Hṛdaya* 1.1.5). They include the following:
1. Internal medicine (Kāyachikitsā)
2. Paediatrics (Kaumārabhritya/bālachikitsā)
3. Psychological medicine (Grahachikitsā/bhutavidyā)
4. Minor surgery (Śālēkya-tantra)
5. Surgery (Śalya-tantra)
6. Toxicology (Agada-tantra)
7. Geriatrics (Rasāyana-tantra)
8. Science of aphrodisiacs (Viijeekaraṇa)

The above divisions are also referred to in non-medical literature (for example, Thana: 8.26).

But the different books or chapters of the Ayurvedic texts are not based on this classification. This fact sounds strange particularly in the case of the Charaka Text which contains eight books. These eight parts of the treatise are various in size and do not correspond to the above pattern:

Book 1. Sūtra Sthāna deals with general principles; philosophy, etc.
Book 2. Nidāna Sthāna deals with etiology
Book 3. Vimāna Sthāna deals with the taste, nourishment, general pathology, etc.
Book 4. Śārira Sthāna deals with embryology and anatomy
Book 5. Indriya Sthāna deals with diagnosis and prognosis
Book 6. Chikitsā Sthāna deals with treatment of diseases
Book 7. Kalpa Sthāna deals with cure of diseases

The Susruta Text which comprises of only six books within it does not refer to the Vimāna Sthāna, Indriya Sthāna and the Siddha Sthāna, and incorporates a certain Uttara Tantra as its concluding part. The other five names of various books in it are similar to those in the Charaka Text:

Book 1. Sūtra Sthāna - Fundamentals of Ayurveda
Book 2. Nidāna Sthāna - Etiology
Book 3. Śārira Sthāna - Anatomy and physiology
Book 4. Chikitsā Sthāna - Therapeutics
Book 5. Kalpa Sthāna - Toxicology
Book 6. Uttara Tantra - Smaller sections on Śalaka (E.N.T. Surgery), Kaumāra Bhritya (Pediatrics), Kāya Chikitsā (Therapeutics), Bhūta Vidyā (insanity and other cases), other minor chapters on rules of health, etc.

Portions of the Bower Manuscripts include a booklet named Nāvanītakam as well as Siddha Samkarsa. It contains as many as 14 chapters dealing with various issues as under.

1. Formulas for Powders
2. Formulas for Medicated clarified butter
3. Formulas for Medicated oils
4. Miscellaneous Formulas
5. Formulas for Enemas
6. Tonics
7. Formulas for Gruels
8. Formulas for Aphrodisiacs
9. Formula for Collyria
10. Formula for Hair dyes
11. The Doctrine on Chebulic Myrobalan (Haradi)
12. The Doctrine of Bitumen
13. The Doctrine of Plumbago-plant (Chitraka)

The eight divisions of Ayurveda apparently remained theoretical. Physicians are nowhere discovered as divided according to these specialities. More popularly, they were classed into general physicians and the surgeons.

The basic theories of Ayurveda arise from the concepts of Panchamahâbhûta (Charaka Samhitâ 4.1.26) and Tridośa (ib. 1.1.56; 1.16.8) which embrace the process of creation and evolution of the universe and all laws of life therein. According to Ayurveda, the human body and all matter in the universe are composed of Panchamahâbhûtas (fire, water, ether, earth and wind). So far as the function of the body is concerned this system considers, the body, mind and soul as complementary to one another (ib. 4.1.131).

All the physical and physiological processes in the human body and the pathogenesis of various diseases and their symptoms are explained by the theory of the Tridośa: three basic constituent complexes in the physiological systems - motion (vāta), energy (pitta), and inertia (kapha). The Tridośa, literally meaning 'the three disorders' are so significant in Ayurveda that all the ailments are classified according to one of these disorders even if they relate to such body-parts as mind (ib. 2.7.2), heart (ib. 1.17.33) or eyes (Suśruta Samhitâ 6.6.17). Besides the 'three disorders', illness are also explained on the basis of the theory of 'Dhātus' (literally meaning metals) which include: body fluids (rasa), blood (rakta), muscular tissue (mâmsa), adipose tissue (meda), bone tissue (așthi), nerve tissue and bone marrow (majja) and generative tissue including sperm and ovum (ṣukra) (ib. 1.15.7).

According to Ayurveda health is the balanced state of the above three basic biological elements (ib. 1.15.48). Of these, vāta particles control the utilization of energy by various cells and organs for their anabolic as well as catabolic activities (ib. 1.15.4). Vāta also controls the movements of the pitta and kapha and thus directs all the functions and activities of the body. Energy exists in body in the
form of *pitta* which is responsible for all biochemical reactions and metabolic processes supplying heat and force (*ib. 1.15.5*). *Kapha* particles constitute the cellular as well as intra cellular structure of the body and maintain its internal environment. They also impart strength and stability (*ib. 1.15.6*).

Due to the etiological factors responsible for the vitiation of the *dosas* a qualitative and quantitative increase of humours takes place. These vitiated *dosas* create imbalance in various body tissues and liberate waste products (*malas*) and spread or circulate them all over the body through channels (which may be large or small in calibre) and eventually create blockage in the same or settle in particular body tissues to cause pathological changes. The expression of these pathological changes occurs in the form of signs and symptoms, thus permitting a differential diagnosis to be made.

Before starting the treatment, an Ayurvedic *vaidya* is supposed to examine the patient as a whole and to take a careful note of his internal physiological characteristics and mental disposition. He also studies such other factors as the affected bodily tissues and humours (*duṣya* and *doṣa*); the individual bodily state and the site in which the disease is located; the strength, resistance and vitality of the patient and the severity of ailment in terms of vitiated humours and bodily tissues; the time or season of onset of disease or the gravity of the clinical condition; the strength of digestion and metabolism; the age, psychic power and the habits of the patient in relation to the vitiated humour and his dietary habits (*Charaka Samhitā* 2.1.2 to 2.1.9).

The Ayurveda classifies diseases under four categories:

i) those resulting from external reasons like attack by weapons, etc. (*āgantuka*)

ii) those related to disorders of the three basic constituents (*dosaja*)

iii) those related to mental state involving carvings, anger, lust, etc. (*Mānasika*) and

iv) those related to nature like thirst, hunger as well as old age (*svabhāvika*) (*Suṣruta Samhitā* 1.1.33)

Treatment of disease consists in avoiding the causative factors, in advising medicines, suitable diet, activity and regimen which will restore the balanced state of the body, and in surgical procedures. It requires the combined effort of the physician, nurse, patient and medicine. The treatment procedures are broadly classified between *samana* therapy and *sodhana* therapy. *Samana* therapy consists of elimination of vitiated *doṣas* or humours i.e. the process by which the vitiated humours subside or return to normal without creating imbalance or other *doṣas* (*Charaka Samhitā* 1.1.58 through 1.1.60). On the other hand, emesis (*vamana*) (*ib. 7.1.3*), purgation (*virechana*) (*ib.*), enemas (*basti*) (*ib. 6.10*), and blood-letting (*nasya* and *rakta-mokṣana*) (*ib. 6.23.34*) are classified under the *sodhana* type of treatment. They are also called *panchakarma* treatment (*ib. 1.2.2* through *1.2.34*). Ceremonial washing of the patient (*sanehana*) (*ib. 1.13.2* through 1.13.98) and diaphoresis (*svedana*) (*ib. 1.14.2* through 1.14.66) are two other important techniques of treatment.
The practitioners of Ayurveda normally prepare medicines in their own clinics. For simple decoctions, powders, etc. the physicians often advise patients to prepare them in their own homes from locally available herbal resources. Ayurvedic medicines are prepared in the form of distillates (arka), fermented preparations (aśava and ariṣṭa), linctus (avaleha), incinerated tablets or pills (vati, gutikā), decoction (kvātha) and so on.

However, besides these methods, Ayurveda accepted the efficacy of prayers, offerings to divine elements (Daiva Vyapāśrya) as well as of mental endurance (i.e. Sattvavajaya). Ayurveda epitomizes the philosophy of total health care and naturally the patient as a whole is given considerable importance. The aim of care is, therefore, to improve his vitality to resist the disease and to strengthen his immune mechanism so that disease is automatically prevented and cured (Charaka Samhitā 1.1.40).

For the promotion, prolongation and maintenance of positive health and prevention of disease, Ayurveda prescribes the observation of certain principles: daily routine (dincharyā), nightly routine (rātricharyā), seasonal routine (ritucharyā) and ethical routine (sadārata) and also emphasizes that one must follow a regulated diet (āhāra), sleep (nīdṛā) and regulated gratification of sex (kāmāchāra) (ib. 1.6.2 to 1.6.50; Suśruta Samhitā 4.24.101; 6.64.4 to 6.64.66). Thus, Ayurveda is not merely a science of medicine but is rather a way of life.