The medical profession provides the practitioner with an extensive sphere for interaction with patients of diverse socio-economic strata and of all genders. The physician operates within a stratified milieu wherein the ubiquitous issues of hierarchy are likely to impact the human factors involved in therapeutics. Both the clinician and the patient approach each other with pre-conceived notions of their respective social status. We need to remember that the archaic state was both a class state and a patriarchal state; in the case of India, there has been a close connection between caste, class and the state, which together functioned as the structural framework of institutions within which gender relations were framed. Historians of ancient Indian medicine have looked at doctor-patient relationship from the perspective of medical ethics by focussing on the idealized norms of behaviour described in the medical texts, but keeping the questions of the patient’s class or gender position outside their purview.

In this chapter, we shall attempt to address the issue of how far was the patient-physician interaction conditioned by the issue of class - if there was any noticeable differential treatment of patients of the disadvantaged section. The other question which will be addressed here is that of perception of gender in the medical world and the treatment of female diseases. However, we are handicapped in this discussion by the absence of any testimony of the patients,
particularly of those belonging to the economically weak sections. Since the Āyurvedic practitioner of the classical treatises was always a male, we get only one-sided perspective on this subject of gender. Despite such shortcomings, we able to gather evidence from the Saṁhitās on class and gender issues.

At the outset both the Caraka and Suśruta Saṁhitās assert that Āyurveda is meant exclusively for the care of the human being for he occupies the foremost position among all living beings (tatra puruṣaḥ pradhānaṁ, tasyopakaraṇamanyat). The concern for the well-being of mankind in this world well and beyond impelled the sages as well as Suśruta and others to seek the knowledge of medicine. Caraka describes the sages (maharśis) who had gathered in a Himalayan valley to deliberate on the calamitous effects of diseases on human life as being “full of compassion for all creatures” (bhūteṣu-anukrośam). Their objective of acquiring the knowledge of longevity was the well-being of all creatures (praṇāhitam). Suśruta and his fellow students too approached Dhanvantari with the request to discourse on Āyurveda to relieve people of their sufferings arising from different types of diseases. Thus, one may construe that the origin of the practice of this medical science derives from its principle of providing succour to all persons irrespective of social rank or gender, and the practitioner is idealized as the genuine embodiment of this ideal.

Friendliness to all creatures is one of the aspects of ethical behaviour that Caraka enjoins upon an individual as also mercifulness to the poor and solace to the fearful. The physician is advised to be kindly and honest and have friendly attitude to all (kalyāṇabhivyāhāreṇākāshukena bandhubhūtena bhutānāṁ). The disposition of the physician towards his patients as described by Suśruta should be friendly, compassionate and caring on the one hand; on the other, the clinician is expected to be protective and caring as a father who is

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3 CS.Su.1.7.
4 CS.Su.1.27.
5 SS.Su.1.4.
6 CS.Su.8.18.
7 SS.Su.10.3.
reminded of his duty to care for the patient like his son.\textsuperscript{8} How far this ideal was realized is the question we shall try to explore in this chapter.

As we have already noted, the patient is one of the quartet that constitute the four pillars of treatment along with physician, the medicines and the attendant.\textsuperscript{9} Caraka mentions good memory, obedience, fearlessness and uninhibited expression as the desirable characteristics in the patient without reference to his resources.\textsuperscript{10} Suśruta, however, includes financial well-being (\textit{dravyavān}) as one of the qualities that go into the making of a good or suitable patient.\textsuperscript{11} It has been noticed in previous chapter that cases with good prognosis alone are recommended to be taken up by the physician. Suśruta explains that curability is determined by the following prognosticative factors: whether the locality, the constitution, the suitability (of diet and habits) of the patient and the season of affliction are contradictory to the disease itself; whether the disease is newly arisen, of single origin and uncomplicated; the physician’s competence; the patient’s vitality, mental strength, longevity and metabolic power.\textsuperscript{12} The patient’s ability to bear expenses is not specifically mentioned here but from other observations, it is evident that this factor did affect the therapeutic process.

Caraka’s exposition on prognosis of treatment\textsuperscript{13} concurs with Suśruta’s with the addition of a few points, one of them being the availability of the four-fold therapeutic measures (\textit{catuspāda})\textsuperscript{14} comprising the physician, medicament, the attendant and the patient. The unavailability of proper equipment (including medicine) and attendants is cited some physicians as a cause of failure of treatment.\textsuperscript{15} Caraka acknowledges that all prescribed

\begin{itemize}
  \item \textsuperscript{8} SS.Su.25.44.
  \item \textsuperscript{9} CS.Su.9.3; SS.Su.34.15/2-16/1.
  \item \textsuperscript{10} CS.Su.9.9.
  \item \textsuperscript{11} SS.Su.34.21/2.
  \item \textsuperscript{12} SS.Su.35.46-47.
  \item \textsuperscript{13} CS.Su.10.11-13.
  \item \textsuperscript{14} CS.Su.10.13.
  \item \textsuperscript{15} CS.Su.29.9.
\end{itemize}
medicament may not available to all human beings (na hi sarvamanuṣyāṇāṁ santi sarva paricchadāḥ). At the same time diseases cannot but attack even the poor (na ca rogā na bādhante daridrānapi dāruṇāh)\textsuperscript{16} Therefore, patients in case of emergency have to make do with whatever drugs, cloths and diets are easily available according to their ability.\textsuperscript{17} Though the frame of reference here is to a situation of emergency, this proposition could well be applicable to a wider context (i.e., non-urgent situations) insofar as Caraka acknowledges the non-availability of every prescribed drug to all patients. One without adequate resources had to make do with whatever is available to him for certain medicines were beyond his reach. Curable diseases become difficult to treat in patients who are needy, miserly or orphaned.\textsuperscript{18}

Suśruta, therefore, instructs the medical student to provide free medication to a poor person (daridra) and to such other persons without resources or possessions like a religious mendicant (pravrajīta), one who is dependant (upanata), a sage (sādhva)\textsuperscript{19} and an orphan (anātha). They should be treated as his family members with his personal medicines so that goodwill may prevail.\textsuperscript{20} Therefore, ideally the disadvantaged could expect gratuitous treatment from the physician.

Before initiating therapeutic action, the physician had to take into consideration the age, the constitution and chronic ailments of the patient so as to determine of his/her physical ability to undergo a particular treatment. Children, aged persons, those of tender health (sukumāra), those brought up in luxury (sukhocita)\textsuperscript{21} and women (especially the pregnant) are generally categorised as patients mandating medical precautions before administering drugs or surgical procedures. It, therefore, appears that the patient’s constitution and the progress of the disease are as much factors of concern to

\textsuperscript{16} CS.Su.15.20.
\textsuperscript{17} CS.Su.15.21.
\textsuperscript{18} CS.Su.13.38.
\textsuperscript{19} P.V. Sharma translates this as ‘gentleman’. See Sharma (Ed. and trans.), Suśruta Satkhañā, Vol. I. p.33.
\textsuperscript{20} SS.Su.2.8.
\textsuperscript{21} CS.Su.13.38.
the physician as the monetary status of the patient. Had the latter been the major concern, Suśruta would not have made the incisive observation that kings and royal servants are among some categories of patients who are difficult to treat. Consequently, the physician or surgeon had to be discerning to the needs of the patients unaccustomed to suffering or intolerant of pain. Selective use of surgical instruments and procedures is indicated in Suśruta’s compendium. Among the sharp instruments, the trikūrcaka is singled out for those of delicate constitution, women, kings and crown princes. Among the various procedures of blood-letting, the gentlest method by the application of leeches is preferred for the same patients.

A detailed examination of both the medical treatises reveals the tendency to highlight the needs of a particular class of individuals. This is evident in the discussion on treatment of certain diseases as well as the rules of dietetics and the regimen prescribed for the seasons. If we consider the regimen as described for summer, the picture becomes clear. Caraka advises that physical exercise should be avoided and during the day, one should sleep in a cool apartment (śītagṛha). At night, it is appropriate to apply sandal paste to the body and sleep on the open airy roof of the house which is cooled by rays of the moon. Having put on pearl ornaments and seated comfortably on a chair, he should enjoy the breeze of the fans and the cooling touch of tender hands dipped in sandal water. Abstaining from sexual intercourse, one should take delight in gardens, cold water and flowers of the season. In winter, a few of the recommendations are residence in an underground dwelling or inner heated apartment, use of heavy wrappers, skin, silk cloth, blankets, etc., to keep warm and the application of aguru (aloe) on the body. A house devoid of

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22 CS.Su.13.38.
23 SS.Su.8.5. It is also meant for patients of tender age, the old and the timid.
24 SS.Su.13.3.
25 CS.Su.6.29-32.
26 CS.Su.6.14.
27 CS.Su.6.15.
28 CS.Su.6.16.
humidity is advised for residence in the rainy season. For those unable to afford such luxuries, the texts do not have any alternatives.

The texts also describe therapies that are designed essentially for the affluent sections of society. The rejuvenation therapies have multiple benefits of enhancing longevity, memory, intellect, youthfulness, lustre, complexion, voice, functioning of the body and the sense organs and provide relief from sickness. The recipient achieves vāk-siddhi (what he says comes true), respect and brilliance. Many of these procedures are of long duration: one type of Viḍaṅga Rasāyana is completed in five months. It ensures a superhuman body, sun-like lustre, ability to hear sounds and see objects from a distance, eradication of rajas and tamas states of the mind and creation of sattvic psyche, ability to recall anything heard only once, as well as the aptitude for poetry writing. The therapy also gives the strength of an elephant and the speed of a horse. Similar results are also the expected from the Balāmūla Rasāyana.

Therapies for achieving such phenomenal qualities could hardly be the aspiration of those who had to struggle for a living. Besides, the preparation process of rasāyanic formulations is complex involving several drugs of the best quality. For example, when haritakī and āmlaki are used, the mature fruits are gathered from the Himālayas in the proper season as they are rich in rasa and potency, ripened naturally and unblemished. Use of copious quantities of ghī, and occasional addition of gold, silver, copper, coral, iron, crystal, pearl, cat’s eye, etc., in some formulations are also known. The preparation

29 CS.Su.6.40.
30 CS.Ci.1(1).7.
31 SS.Ci.26.8.
32 SS.Ci.26.10.
33 CS.Ci.1(1).38-40.
34 For example, the recipe for āmlakahṛtra requires the ghī to be boiled consecutively for a hundred or a thousand times with three types of juices and pastes; CS.Ci.1(1).4.
35 CS.Ci.1(1).58.
36 CS.Ci.1(4).22.
time of these formulations varies and can be as long as six months (āmalaka avaleha)\textsuperscript{37} or a year (lauhādi rasāyana).\textsuperscript{38}

The rasāyanic therapies are conducted in specialised structures. The kuṭīprāveśika type of treatment requires a cottage, located in a good habitation site, with high roof and three concentric courts and equipped with all necessary appliances.\textsuperscript{39} Restorative therapy is said to be popular among the great sages.\textsuperscript{40} Suśruta also says that brāhmaṇas of unblemished character who regularly carry on the practice of rasāyana, penance (tapas) and silent prayers (japa) are able to ward off the riṣṭas, i.e., the fatal omens.\textsuperscript{41} The action of the (celestial drugs) divyauṣadhis cannot be easily withstood, especially by those who do not practice self control.\textsuperscript{42} Hence, they are not meant for all.

Other than the intellectual stratum, the patrons of such rasāyanic treatments must have been those with the leisure and the means for long-winded therapies and the craving for the extraordinary scholastic attributes. This would include the royalty, and in all probability, the affluent sections as well. The second type of Indraokta rasāyana, for instance, apart from enhancing physical and mental attributes, endows one with good complexion and voice, alleviates all diseases including poisoning, helps in the accomplishment of objects, makes one endearing to the people and is conducive to worldly name and fame\textsuperscript{43} attributes that would be beneficial for the royalty. Kuṭīprāveśika therapy is described as useful for those who have sufficient time to spare, and have adequate resources (monetary and human).\textsuperscript{44} However, the full potential of the treatment is realised only in persons of with unlimited life span who are given to penance, celibacy, meditation, tranquility.

\begin{footnotesize}
\begin{enumerate}
\item CS.Ci.1(2).7.
\item CS.Ci.1(3).15-19.
\item CS.Ci.1(1).17-20.
\item CS.Ci.1(1).59.
\item SS.Su.28.5.
\item CS.Ci.1(4).8.
\item CS.Ci.1(4).24-26.
\item CS.Ci.1(4).27.
\end{enumerate}
\end{footnotesize}
Overall, rasāyana is an elitist brahmanical male-centric therapy that is extremely restrictive in its administration. The presence of brāhmaṇas is mandatory during the period of rasāyanaic treatment making it admissible only to dvijāts. Faith in the Vedas and regularity in study of the scriptures are also said to be beneficial for the therapy. Non-dvijāts (śūdras) and women are categorically excluded from the purview of rasāyana. Women are debarred from entering the cottage (kuṭī) during the therapy. These anti-aging rejuvenating formulations must have been prized classified knowledge for they are safeguarded against their revelation to undesirable persons. Thus, the physician is cautioned against their disclosure to a person of evil nature, to one who is not free from disease, who is not a dvijāti and to one without faith in the therapy:

\[ \text{tadetanna bhavedvācyatāṁ sarvameva hatāmasu.} \]

\[ \text{arujebhyo(a)dvijātibhyāḥ śuśrūṣā yaśu nāṣti ca.} \]

We can surmise that even a dvijāti may be denied administration of treatment if he is found deficient in the mental and physical attributes.

Another male-oriented therapy for the affluent is vājikaraṇa or aphrodisiac treatment. Aphrodisiac treatment helps in attaining manliness (pauruṣa) and is beneficial for the luxurious, the rich, those who have handsome features and youthfulness, and for those having many wives (bahubhāryaṁ yogā vajīkarāḥ hūḥ). The description of the desirable ambience of this treatment is evocative of a wealthy dwelling: a comfortable furnished home filled with chirping of birds and tinkling of ornaments; use of fragrances, garlands,
ornaments and clothes that are fresh and attractive; and presence of beautiful women.\(^{52}\)

It is in keeping of the needs of this social stratum that the *Caraka Saṁhitā* has an elaborate set of rules for the consumption of alcohol. The description of the locale, the attire of the gentlemen, the deportment of the trained young women who wait on them and the cuisine to be served at such a drinking session are testimony enough to the class of individuals ministered to:

(i) Before its consumption, the body of the person should be purified (both externally and internally - externally in the form of bath, dress, etc., and internally in the form of taking unctuous, hot food, etc., in accordance with seasonal requirements);

(ii) He should apply the most pleasing perfumes and have a pleasant disposition;

(iii) He should wear clean clothes perfumed with strong scents in accordance with the requirements of the season;

(iv) He should wear different types of garland of variegated colours, jewels and ornaments;

(v) He should offer prayers to the gods and the *dvijas* or the twice-born;

(vi) He should touch auspicious objects of excellence;

(vii) Alcohol should be consumed in a place appropriate to the season of the year which is surrounded by trees with flowers scattered all around, which is exceedingly liked by beloved ones, which is perfumed with the aroma of incense and provided with beds and seats spread out with pillows;

(viii) The person sitting comfortably or lying in an recumbent posture on the bed or the seat should drink alcohol served to him in a beaker of gold, silver or costly stone or in other clean and well prepared vessels;

\(^{52}\) CS.Ci.(3).24-25.
(ix) While taking alcohol, he should be pleasantly massaged in different parts by a retinue of beautiful, youthful and passionate damsels, adorned in beautiful clothes, ornaments and garlands appropriate to the season, having the spirit of service and love, and who are specially trained;

(x) He should eat delicious refreshments like fruits, haritaka (green salads) which are salted and aromatic, and which go well with the type of alcohol and are suitable for the season;

(xi) Along with alcohol, he should take different types of roasted meat dishes prepared from birds and animals inhabiting land, water and the sky as well as other types of fare prepared by expert cooks.53

The regimen to be followed prior to consuming alcohol is determined by the nature of one’s constitution. A person of vātika type needs to prepare himself by taking massage, unction, bath, fumigation, application of ungent, and consuming food that unctuous and hot. Different types of cooling regimens and partaking of sweet, unctuous and cooling food is advised for one of paittika constitution. An individual of kapha constitution is counselled to go for heating regimen as well as to consume food prepared of barley, wheat and meat of animals inhabiting the arid zone mixed with black pepper.54 Further, the selection of the alcoholic drink must be in accordance with the appropriateness for the constitution: alcoholic preparation of jaggery and piṣṭa (paste of wheat flour, etc.,) suits the vātika, that of honey suits the kaphaja while a preparation of grapes is useful for the paittika individual. The company of good friends and the presence of objects pleasing to the senses provide the ideal a congenial environment. Therefore, Carakas’s advice is that one should consume alcohol with the happiness of mind (soul), at an appropriate place, and (at an appropriate) time with the pleasing environment represented by the most enjoyable objects of the five sense organs.55 It can be hardly expected that such guidelines were written for those other than the royalty or the nobility. The

53 CS.Ci.24.11-19.
54 CS.Ci.24.21-23.
55 CS.Ci.24.84.
text, in fact, admits that these rules of consuming alcohol are meant for those wealthy persons or for those who are going to attain wealth in the near future.\textsuperscript{56} The considerably detailed exposition of management of alcoholism (\textit{madātyaya}) in the \textit{Caraka Saṁhitā} lends credence to this view.

The hearty fare recommended to such patients consists of a great variety of preparations, including delectable snacks and appetisers, and is an essentially meat based diet. The patient of \textit{vātika} alcoholism is recommended the following preparations: meat soup of \textit{lāva}, \textit{tittiri}, hen or peacock, or that of birds, animals and fish of marshy land, or burrowing animals, or meat of \textit{prasaha} category of animals (who eat their food by snatching) with \textit{śali} rice;\textsuperscript{57} delicious \textit{veśavāra} (a type of appetiser) with \textit{ghī}, hot (pungent) ingredients, salt and sour articles; preparations of wheat with addition of \textit{vārupī} (a type of alcohol), \textit{pūpa-vartis} (rolls) stuffed with meat and ginger with \textit{ghī}, and \textit{pūpalikās} (fried sweet cake) made of \textit{māśa},\textsuperscript{58} meat of fatty animals (indicated above) with black pepper and ginger accompanied by juice of \textit{dāḍima},\textsuperscript{59} pastries smeared with sugar syrup with the addition of spices like \textit{trijātaka}, \textit{dhānya}, \textit{marica} and \textit{ārdraka}.\textsuperscript{60} \textit{Paittika} alcoholic patients are given dry roasted meat with other necessary ingredients.\textsuperscript{61} Prescription of a diet high in meat and fat content would be suitable for those habituated to it. Apart from prescribing a diet high in animal protein content, the medical authors also suggest additives like \textit{aśṭāṅga-lavāṇa} to preparations of wheat, barley or meat to make them very delicious.\textsuperscript{62} Designed to gratify the discerning palate, such exotic food preparations could have been affordable to none other than the affluent.

\textsuperscript{56} CS.Ci.24.24. 
\textit{vidhirvasumatāmeṣu bhaviṣyadvibhavāśca ye.}

\textsuperscript{57} CS.Ci.24.123-124.

\textsuperscript{58} CS.Ci.24.125-126.

\textsuperscript{59} CS.Ci.24.127.

\textsuperscript{60} CS.Ci.24.128.

\textsuperscript{61} CS.Ci.24.173.

\textsuperscript{62} CS.Ci.24.179.
We also notice the liberal use of extremely expensive and rare commodities like *aguru* (aloeswood/agarwood) and saffron. The application of the thick paste of *aguru* and thick fumigation with its smoke,\(^63\) embracing women whose pleasant limbs are smeared with *saṅkoca* (saffron)\(^64\) and pleasant massage with warm hands by well-trained women are advised as therapeutic measures for such patients.\(^65\)

The patient of *paittika* type alcoholism is prescribed the following measures: use of cooling beds and seats (according to Suśruta it is a bed of blooming lotuses or of *padmini* petals covered with water droplets\(^66\)); walks in cool gardens;\(^67\) use of silk garments, lotus, water-lily, gems and pearls; and the application of sandal paste.\(^68\) Patients are advised to touch vessels of gold, silver and bronze filled with cold water and of leather bags containing ice,\(^69\) and embrace women smeared with sandal paste.\(^70\) The use of *jala-yantra* (instrument for sprinkling water), *vāta-yantra* (instrument for blowing air in the room),\(^71\) and *dhāragṛha*\(^72\) (a room where water is sprinkled from the roof) are deemed beneficial.

Suśruta’s prescription is similar. The patient is recommended to bathe in a pond which has been cleaned, filled with fresh water and made fragrant with *padma* and *utpala*.\(^73\) Hereafter, we have the description of the house where the patient should retire. Apart from being cooled by the artificial fountains (*dhāragṛha*), its floor are sprinkled with fragrant water and flowers; its walls pasted with *patra*, *ambu* and *candana* water and decorated with flowers of *jāṭī*.

\(^{63}\) CS.Ci.24.133.  
\(^{64}\) CS.Ci.24.187.  
\(^{65}\) CS.Ci.24.188.  
\(^{66}\) SS.Ut.47.56.  
\(^{67}\) CS.Ci.24.152.  
\(^{68}\) CS.Ci.24.153.  
\(^{69}\) CS.Ci.24.154.  
\(^{70}\) CS.Ci..24.155.  
\(^{71}\) CS.Ci..24.158.  
\(^{72}\) CS.Ci.24.159; SS.Ut.47.60.  
\(^{73}\) SS.Ut.47.58.
utpala, priyaka, keśara, puṇḍarika, punnāga, nāga and karavīra. The abundance of lotus pollen imparts a reddish hue to the interiors while the flower garlands waft in the carefully fanned breeze.\(^{74}\)

These prescriptions would befit the very affluent section of society alone, and alcoholism was possibly habitual among the royalty. While our two medical compendia treat alcoholism as a disease of the affluent few, consumption of alcohol was quite common among the lower classes as well. In Jātaka society consumption of alcoholic drinks is common across people of different strata. We learn of goldsmiths organizing a festival with fish, meat and strong drinks.\(^{75}\) Drinking seems to have been a vice specially associated with the śūdras, for the list of words for spirituous liquor and various stages of its preparation and for intoxication are enumerated by Amarasimha in the śūdra-varga.\(^{76}\) In the Pañcatantra a drunken weaver is represented as beating his wife.\(^{77}\) Remedial measures for those lower down in the social scale are not alluded to in either medical compendium. A decoction of mud turned up by the plough is the cure recommended in the Mahāvagga for those suffering from gharadiṇṇaka (alcoholism).\(^{78}\)

Similar cooling measures are also described for relief from fever with burning sensation.\(^{79}\) The patient is advised to reside in a house cooled by the leaves of puṣkara, padma, utpala, kadalī or kṣauṇa or by sandal water or by sprinkling of snow water or a dhāragṛha (cooled by water streams from the roof). The cooling touch of gold, conch shell, coral, jewels and pearls dipped in sandal water, provision for fanning with different types of fans, the soothing touch of bejewelled ladies smeared with sandalwood paste, etc., are again meant for the upper stratum. Perhaps others had to make do with bathing in

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\(^{74}\) SS.Ut.47.60-62.

\(^{75}\) The Jātaka: V.228.


\(^{77}\) R.S.Sharma, Śūdras in Ancient India, p.285.


\(^{79}\) CS.Ci.3.260-266.
water bodies (rivers, ponds etc.) which is also one of the measures suggested in the text for alleviating burning sensation, morbid thirst, fatigue and fever.\textsuperscript{80}

Parallels with these therapeutic measures can be drawn from the \textit{Harṣacarita} that describes the condition of Prabhākaravardhana as Harṣa approaches him:

“There he saw his sire preparing by a camp-lustration, as it were, of burning fever for the conquest of the next world…As they touched him, the hands of the attendants engaged in ceaselessly smearing him with sandal were as white in the palm as if turned to ashes by contact with his burning limbs; while in the guise of the sandal ointment his abiding glory seemed to be saying farewell on his departure to another sphere. Incessantly applied petals of red, white, and blue lotuses seemed to blot his body with the falling glances of death.”\textsuperscript{81} “The physicians gone, he (Harṣa) lost all fortitude, and at nightfall went up again to his father’s cries such as, ‘The heat is terrible, bring pearl necklaces, Harinī! - place jewelled mirrors on my body, Vaidehī! - anoint my brows, Lilāvatī! with bits of ice - give me camphor powder, Dhavalākṣī! - apply a moonstone to my eye, Kāntāmatī! - set a blue lotus on my cheek, Kalāvatī! - give me a rubbing with sandal, Cārumatī! - make a brisk breeze with a cloth, Pāṭalikā! - assuage the heat with lotuses, Indumatī! - refresh me with wet clothes, Mandirāvatī! - bring lotus fibres, Mālatī! - wave a palm leaf, Āvantikā! - bind tight my whirling head, Bandhumatī! - support my neck, Dhāranīkā! - place an ice-cooled hand upon my bosom. Kuraṅgavatī! - shampoo my arms, Valāhikā! - squeeze my feet, Padmāvatī! - clasp my body, Aṇgaśanā! - what hour? Vilāsavatī! - sleep will not come, tell stories, Kumudvatī!” \textsuperscript{82}

The discourse on toxicology in our texts also shows a predilection for attending to the needs of the royalty. The Crown often had to face grave danger from political intrigues and attempts at murder through the administration of poison in food and drinks as also in articles of daily use. This necessitated

\textsuperscript{80} CS.Ci.3.264.
\textsuperscript{81} HC, p.139.
\textsuperscript{82} HC, pp.144-145.
deliberation on preemptive and therapeutic measures for safeguarding the physical person of the king by the physicians. An exposition on toxicological considerations finds a place in the Kalpa-sthāna of our Saṁhitās that includes detection of poisoned articles, the agents and nature of various types of toxins, symptoms of poisoning and their antidotes. The first chapter of this section of the Suśruta Saṁhitā titled ‘The Doctrine of Protection of Foods and Drinks’ (annāpānakṣākalpa) is primarily concerned with protective measures for the king (and members of the royal household) which gives guidelines on the construction of the royal kitchen; the selection of a physician and a superintendent as well as other staff for this establishment and their duties; procedure for detection of poison and their remedies in edibles and articles including armour, foot-cushions, ornaments and riding animals, all of which can be identified as royal appurtenances. The protection of king apart, management of such situations of mass poisoning is also dealt with by Suśruta. Contamination of pastures, water bodies, food stuff, smoke, the soil and the atmosphere enemies would affect the population and domesticated animals. For mass treatment of animals affected by poisoned fodder, Suśuta advises beating of drums and playing other musical instruments after smearing them with anti-venomous drugs. Kṣūrāgada is one such formulation applied on dundhubhi, banners and gates (of houses) whose antidotal effect can be absorbed through hearing, sight and touch. In all probability the state provided for the remedial procedures in these situations, for in case of poisoning of water bodies, it is said that these disorders (in men and animals) should be immediately attended to and every effort should be made to purify such poisoned water.

The treatment of diseases is not dependent on medication alone; in practically every condition, the patient is advised a particular regime which is

83 SS.Ka.1.8-18. 
84 SS.Ka.1.25-85 
85 SS.Ka.3.6.-17. 
86 SS.Ka.3.14. 
87 SS.Ka.6.4. 
88 SS.Ka.3.8.
evocative of his or her social situation. Many of the therapeutic measures, it appears, are designed keeping the needs of the royalty and affluent section of society. We may take into consideration the treatment of tuberculosis (rāja-yakṣma) and prameha (diabetes with urinary disorders).

Special recipes are also suggested by Suśruta for pleasing the palate of a rich or a royal patient suffering from prameha or urinary abnormalities who dislikes medicines. Such a patient’s diet consists of āsavas (fermented bevarages) as well as meat roasted with mādhvīka and liberal use of honey, kapittha and black pepper in food and drinks. The recommended daily regimen for the affluent and the needy gives us an insight into the dissimilitude in treatment methods for patients of differing social strata. The royalty, in advanced cases of prameha, are advised physical exercise, wrestling, sports, riding on horse, elephant or chariot, walking, touring and practice with weapons.

Those who are needy and without relatives are advised to walk a hundred yojanas or more without shoes and umbrella, live off alms spending the night only in a village, and practise self-control like an ascetic. Withdrawal from comfort and luxury and a life of hardship is recommended for the affluent. He has to live amongst the deer and subsist on grains of śyāmāka and nīvāra and fruits of āmalaki, kapittha, tindūka and aśmantaka. He should constantly follow the cows and take their dung and urine.

A brāhmaṇa should be engage in śila vṛtti (i.e., live only on the grains that have fallen from plants) or uḍḍha vṛtti (i.e., live solely on the grains strewn on the floor during cleaning) and in the recitation of the Vedas. The farmer should constantly be occupied in farming and digging of wells (kṛṣet

89 SS.Ci.11.11.
90 SS.Ci.11.11.
91 SS.Ci.11.12.

adhanastvabāndhavo vā pādatrāpātapatavirahito bhaikṣyāśgrāmaikarātravāśī muniriva satīhyātāmā yojanaśatamadhikaṁ va gaccheta

92 SS.Ci.11.12.
93 SS.Ci.11.12. brāhmaṇo vā śilocchavṛtthābhūtvābrahmaraṭha muddharet
A variant reading of this line would be kṛṣet satatam itaraḥkhanedvā kūpaṁ which would imply that if the patient be a śūdra, then he is advised to dig wells. Special care is, however, advised for weak patients (kṛṣaṁ tu satatam rakṣet). Without a doubt prameha was of common occurrence among all sections of the population which necessitated the ancient Indian medical physician to take cognizance of the needs of the patients. According to the Vinaya Piṭaka, all the diseases are said to be low except madhumeha which is considered a major disease (ukkata ābādha). The divergent methods of management of this disease, all aimed at incorporating physical exertion in the regimen, are indicative of how the physician dealt with patients of differing socio-economic backgrounds. Alms-seeking would be acceptable to the poor but hardly suitable for the well-to-do. No dietary restrictions are spelled out for patients of the labouring class unlike the regimen of cereals and fruits that is specified for the affluent. Of two kinds of grains mentioned nīvāra is a variety of wild rice (Oryza nivara) with red grains used as food and medicine. Its cultivation was very easy, and hence, it was used by landless people. The other grain ṣyāmāka is a kind of millet. As these cereals and grains were probably regularly consumed by those of poorer sections of society, it was not felt necessary to specify the same to the patients of meager means. Both nīvāra and ṣyāmāka are included in the list of food articles that are always beneficial to all living beings.
The cornerstone of treatment of prameha is depletion through physical exertion which is incorporated in the course of therapy keeping the lifestyle of the patient in consideration. Exposure to the sun and the wind, abstention from food and physical exercise are some of the constituents of reducing therapy (laṅghanam). A brāhmaṇa or an affluent person unaccustomed to physical activity can hardly be expected to carry out the kind of hard toil advised for cultivator or a member of the laboring class. However, the poor patient is reassured that if he follows the directions of the physician, he gets cured of prameha within a year or less.

Special recipes that are formulated exclusively for the royalty, the well-to-do or other special persons are frequently mentioned in our texts. One such formulation is the balā oil, a cure for all vāta disorders, is useful in women during puerperium and for those who are desirous of conception (garbhāarthinī nāri), as also in the following cases: impotent men (kṣīpaśukra), debilitation caused by vitiation of vāta, injury to the vital parts or crush injury or any other trauma, fractures, exhaustion due to hard labour, convulsions, hiccough, cough, glaucoma, abdominal swellings, severe asthma and hernias. Its use gives nourishment to the tissues and youthfulness to the individual. The physician is advised to prepare this oil for kings, king-like persons (rājamātrāsca), the delicate (sukumārāsca) and the wealthy. Lākṣādi ghṛta, which is a cure for kuṣṭha and vipādikā, is meant for kings and ladies as well as similar delicate persons.

The cure for all types of fever, the Mahakalyāṇaka ghṛta, is acclaimed as a panacea for all diseases (sarvarogahara) by its very sight and touch, a cure for wrinkles and grey hairs with the potency to confer welfare, invincibility and longevity of five hundred years. Before its administration to the patient it is

101 CS.Su.22.18.
102 SS.Ci.11.13.
103 SS.Ci.15.35-38.
104 SS.Ci.15.38/2.
105 SS.Ci.15.39.
106 SS.Ci.25.42.
107 SS.Ut.39.238-239.
sanctified by brāhmaṇas by mantras on an auspicious day. Such a valuable formulation prepared with gold and gems and consecrated by the priests would be prepared for royal use only. A medicinal preparation like Mahā-gandhahastī which is an instantaneous antidote to the effects of poison of animal or pant origin, comprises no less than sixty ingredients. It is not unreasonable to presume that its use is meant for a particular class of individuals.

Certain other remedies not of common occurrence may be presumed to set aside for notable patients. Complex preparations with multi-pronged intervention capability are described as having the potential of increasing longevity by hundred years or more. Thus, one tulā of ayaskṛti cures skin diseases including leprosy, urinary disorders, obesity, general anasarca, anaemia, insanity and epilepsy besides adding a hundred years to one’s life. Each subsequent tulā adds to longevity. It is no surprise that the teacher advises some of these precious recipes, such as khadira sāra and medicated ghṛta of black sesame oil, bhallātaka oil etc. for cure of skin diseases, should be stored safely, i.e., in a protected place.

Among the precious ingredients of the āyurvedic pharmacopoeia are śilājatu and mākṣika considered efficacious in the treatment of madhumeha or glycosuria. Obtained as an exudation from mountain rocks in the summer months, śilājatu is known to cure all diseases (sarvavyādhivināśanam), while mākṣika (pyrite ore of copper and iron) is a cure for senility, skin diseases (including leprosy), urinary abnormalities, anemia and consumption. It may be presumed that these expensive drugs were not

108 SS.Ut.39.237.
109 SS.Ut.39.235.
110 CS.Ci.23.77-80.
111 SS.Ci.10.11.
112 SS.Ci.10.13,15.
113 SS.Ci.13.4-5.
115 SS.Ci.13.17/2-18.
readily available for all patients. As balā oil is an important medication in the puerperal stage, it may be presumed that its use was exclusive to women of upper society.

Not only was the preparation of exclusive drugs class-specific, Suśruta clearly specifies that their management would be restrictive. The king of antidotes, the mahāsugandhi agada, composed of eighty-five ingredients should remain in the hands of the king (rājāgadānāṁ sarveṣāṁ rājño haste bhaveta sada).\(^{116}\) Its use is not confined to cases of poisoning; when smeared on the skin after bathing, the drug imparts a special effect which ensures that he attains the liking of all his subjects and attains brilliance even among his enemies.\(^{117}\) A collyrium, meant for the king’s eyes, has the same impact - the beloved of his subjects (sarvajanapriya), unconquerable by living beings (adṛṣṭya sarvabhūtānāṁ) and free from eye diseases (dṛṣṭirogavivarjita).\(^{118}\) This highly efficacious eye salve that enhances visual power and is capable of curing relievable diseases is fit to be used by the kings.\(^{119}\) It is noteworthy that the salve is an expensive one containing eight parts of śrotāṇjana (black antimony) and one part each of copper, gold and silver,\(^{120}\) and its preparation entails a protracted process. The ingredients are mixed in a mūṣā (crucible) and heated. Thereafter, the mixture is immersed in the liquidized cow dung. The process of heating and immersion is repeated with several liquids and drugs separately. The resultant mass is wrapped in a cloth, suspended in rain water for a month, dried and finely powdered with pearl, sphaṭika (crystal), vidruma (coral) and kālānasārivā (tagara or Valeriana wallachii).\(^{121}\) Similarly, the collyrium, bhadrodaya, is also appropriate for royal use (sadaivārhati bhūmipaḥ).\(^{122}\)

\(^{116}\) SS.Ka.6.26.  
\(^{117}\) SS.Ka.6.27.  
\(^{118}\) SS.Ka.18.93.  
\(^{119}\) SS.Ka.18.84.  
\(^{120}\) SS.Ka.18.85.  
\(^{121}\) SS.Ka.18.86-91.  
\(^{122}\) SS.Ka.18.97.
Certain medical procedures described in our texts demand special and elaborate arrangements which would have been out of reach of the lower classes. We may consider the therapeutic measures of purification like oleation (snehana), fomentation (svedana) and elimination (vamana and virecana). Fomentation follows oleation, and elimination therapies always follow oleation and fomentation therapies. Thirteen types of fomentation are described by Caraka, each of which require different arrangements. For jentāka sveda, a circular building of given dimensions is first constructed facing a pond on fertile land of black, sweet or golden colour soil. A special oven of clay in prepared inside for heating. A thick walled round windowless cottage with furnaces is built for another kind of fomentation- kuṭī sveda. Eliminative therapy is conducted in a separate structure designed by an expert architect to accommodate certain medical specifications. It should provide comfortable moving space and prevent exposure to the wind (except through one passage), the sun, smoke, water, dust, noise, etc. The other requirements are a water reservoir, latrine, bath and kitchen; various categories of attendants (paricārakas) including musicians and bards; specified animals, milch cow and cowshed; utensils, furniture, linen, mortars, pestles, sharp instruments, accessories, weighing scales, measuring vessels and various drugs required during and after treatment.

That such a well equipped facility was meant exclusively for the royal class is acknowledged in no uncertain terms in the text itself. When the patient happens to be the king or someone of similar status, the physician is advised to assemble all the above equipment and arrange for attendants prior to the treatment. The entire treatment process of purification as explained by

123 CS.Su.15.67.
124 Cakrapaññidatta’s commentary on CS.Su.15.1-2.
125 CS.Su.14.46.
126 CS.Su.14.52-54.
127 CS.Su.15.6.
128 CS.Su.15.7.
129 CS.Su.15.7.
130 CS.Su.15.3.
Caraka is a prolonged process extending over several days. Following the successful administration of oleation and fomentation, the patient is given a dose of emetics and rested. He is then put on dietary programme for seven days. The entire therapeutic process of oleation, fomentation and elimination is repeated and the patient is released after he has rested and regained normalcy.\textsuperscript{131} This programme is meant for kings and others of equivalent status alone who have adequate resources.\textsuperscript{132}

A needy person in the event of an emergency necessitating the administration of elimination therapy, should take the prescribed drugs available without caring to collect all the rare medicaments in advance.\textsuperscript{133} All prescribed medicaments are not available to all human beings (\textit{na hi sarvamaniyāṁ santi sarva paricchadāḥ}). At the same time diseases cannot but attack even the poor (\textit{na ca rogā na bādhante daridrānapi dāruṇāḥ})\textsuperscript{134} Therefore, in case of emergency, whatever drugs, cloths and diets are easily available should be used by patients according to their capacity.\textsuperscript{135} Though the advice here is meant for an emergency situation, this proposition could well be applicable to a wider context (i.e., to all situations) insofar as Caraka acknowledges the non-availability of every prescribed drug to all patients. One without adequate without resources had to make do with whatever is available to him for certain medicines were beyond his reach. From the above discussion it also emerges that it is the responsibility of the physician to collect all the essentials well in advance of the therapy when attending on members of the royalty or the affluent section of society, while the common people had to gather the necessary medicines and other necessities themselves. We do not get any mention of drugs being made available from a state charitable establishment for the needy.

\textsuperscript{131} CS.Su.15.8-17.
\textsuperscript{132} CS.Su.15.18.
\textsuperscript{133} CS.Su.15.19.
\textsuperscript{134} CS.Su.15.20.
\textsuperscript{135} CS.Su.15.21.
Considering the importance given to the management to some diseases and patients from the upper sections of society, the same level of concern is hardly perceptible in certain other disorders common among the lower classes. The correlation between disease and class is only implicative in our medical treatises. There is no attempt to associate a disease or correlate its frequency of occurrence to the living or working conditions of those at the lower end of the social ladder.

**Gender in the Saṁhitās:**

We will now examine the intersection of gender and medicine in the Saṁhitās. One of the first questions that arises is what are the characteristics that differentiate the female from the male? We get an answer from Caraka’s compendium in this regard. These characteristic features which determine sex are either spiritual (i.e., those derived from the Soul) or material (bhautika, i.e., derived from the sperm and the ovum) in nature. Sex difference in the foetus is caused by the dominance of one or the other of these factors: (1) weakness (2) timidity (3) lack of wisdom (4) ignorance (5) unsteadiness (6) heaviness of limbs (7) intolerance (8) slackness (9) softness (10) presence of the uterus and ovary. These and other characteristics, according to Caraka, determine the female sex while the opposite traits determine the male sex; in a eunuch both these traits are equally present (napuṣakakarāṇī). The first five features originate from the Soul and the rest from the mahābhūtas, viz., ākāśa, vāyu, agni, jala and pṛthvī. Those belonging to the latter category are caused by the dominance of the ovum. Therefore, negative characteristics are intrinsic to the female reproductive unit while the male is always associated with affirmative ones. It is worthwhile to note that not a single positive trait could be found in the female. A fourth gender is identified by Caraka as vārtā- one who has feminine characteristics in abundance yet is not completely female. Cakrapāṇidatta does not throw any light on the matter save that the word was

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136 CS.Sa.4.14.
137 Commentary of Cakrapāṇidatta to CS.Sa.4.14.
138 CS.Sa.4.30.
used to connote a specific condition at the time when the original text of Caraka Saṁhitā was composed.\textsuperscript{139}

The discourse on the human anatomy, a very important part of the ancient medical texts, provides an insight into how the ancient Indian medical authorities viewed the female body. The discourse, particularly in the Caraka Saṁhitā, is centered on the male body. This text, while referring to the ten resorts of life (\textit{daśa prāṇīyaśatanāni}), includes the following: (1) the head (2) the throat (3) the heart (4) umbilicus (5) anus (6) bladder (7) \textit{ojas} (8) semen (9) blood and (10) flesh.\textsuperscript{140} While semen has been included, the menstrual fluid finds no place at all. Further, the foetus is described as the product of the nutrient fraction of \textit{śukra} or semen.\textsuperscript{141} The explanation to this hypothesis rests on the premise that females are also endowed with \textit{śukra} but their \textit{śukra} is incapable of procreation.\textsuperscript{142} The special procreative ability of male seminal fluid or the inability of the female fluid is not explained. In fact, the female procreative element is identified as \textit{śonita} or blood by Caraka:

\begin{quote}
\textit{śukraśonitajīvasaṁthyo ge tu khalu kukṣigate garbhāsatijñābhavati}.\textsuperscript{143}
\end{quote}

The union of the sperm, the female procreative element and the Soul in the womb is designated as embryo.

The menstrual fluid is referred to by various terms for blood, viz., \textit{rakta},\textsuperscript{144} \textit{raja}\textsuperscript{145} and \textit{asti}.\textsuperscript{146} The term \textit{ārtava} for menstrual fluid, which occurs in the Suśruta Saṁhitā\textsuperscript{147} is also used by Caraka.\textsuperscript{148} We again notice that in Caraka’s

\begin{footnotes}
\item[139] Commentary of Cakrapāṇidatta to CS.Sa.4.30.
\item[140] CS.Sa.7.9.
\item[141] CS.Ci.15.16.
\item[142] Commentary of Cakrapāṇidatta to CS.Ci.15.16.
\item[143] CS.Sa.4.5; \textit{śonita} also occurs in CS.Sa.4.7.
\item[144] CS.Sa.2.12: (\textit{raktena kanyāmadhikena putraṁ śukrena})
\item[145] CS.Ci.23.233; SS.Su.14.6. (\textit{rajas})
\item[146] CS.Sa.2.6.
\item[147] SS.Ka.3.4.
\item[148] CS.Sa.2.14.
\end{footnotes}
enumeration of the fifty-six sub-parts (pratyaṅgas) of the body, the phallus is mentioned but there is no reference to any organ of the female reproductive system.\textsuperscript{149} On the other hand, the female body is not completely absent in Suśruta’s discourse on the human anatomy. The enumeration of the seven dhātus or tissues that constitute the human body includes śukra or testicular secretion\textsuperscript{150} but its female counterpart is not mentioned along with it. Menstrual fluid or ārtava, is however, referred to as a separate category altogether and is mentioned after the enumeration of the three types of mala or excretory products.\textsuperscript{151} The parts of the human body are enumerated undoubtedly with reference to the male, but the female parts find mention only in anatomical dissimilarity: as for instance the length of the intestines in the female body is less than that of the males by half a vyāma;\textsuperscript{152} that the number of external orifices in the female are twelve as opposed to nine in the male;\textsuperscript{153} that the female pelvis is of the same dimensions as that of the male chest.\textsuperscript{154}

It appears, therefore, that anatomically the female body is practically absent in Caraka’s compendium but the school of surgery is at least cognizant of the non-uniformity of the male-female anatomy. One may conjecture that dissections carried on female corpses may have enabled these scholars to understand such dissimilitude. As commented by Rahul P. Das, the Caraka Samhitā is even more male-oriented than other medical texts and seems to have given little thought to the special characteristics of females.\textsuperscript{155} The female anatomy required surgical instruments with slight variations in specifications from those used in male patients. Thus, the instrument for the visualisation and treatment of piles in males, shaped like a cow’s udder, measures four fingers in

\textsuperscript{149} CS.Sa.7.11.
\textsuperscript{150} SS.Su.15.4.1.
\textsuperscript{151} SS.Su.15.5.
\textsuperscript{152} SS.Sa.5.9.
\textsuperscript{153} SS.Sa.5.10. Ears, eyes, mouth, nostrils, anus and urethra are the nine external openings in the males while the three additional ones in the female are two located in the breasts and one for the flow of the menses.
\textsuperscript{154} SS.Su.35.12.
\textsuperscript{155} R.P. Das., \textit{The Origin of the Life of a Human Being: Conception and the Female According to Ancient Indian Medical and Sexological Literature}, Delhi, 2003, pp.55-56.
length and five fingers in circumference, while for female it is six fingers in circumference and as long as the palm of the hand.\textsuperscript{156} The proximity of the uterus to the urinary bladder in the female necessitates that the incision in case of a procedure for removal of urinary stone should be directed in a manner to avoid injury.\textsuperscript{157}

Another aspect that merits a close look is the typological study of human personalities in our two texts. Suśruta classifies human constitution or prakṛti in three ways: on the basis of the predominating doṣa or doṣas (into seven types of doṣika), or the bhūtas (five kinds of pañcamahābhautika) or the mental faculty (sāttvika, rājasika and tāmasika). There are seven sāttvika kāya, six rājasa kāya and three tāmasa types, which are all explained from the male point of reference.\textsuperscript{158} Caraka’s categorisation is based on the three types of sattvas or mental faculty, sāttvika, rājasika and tāmasika, and is similar in its sub-classification with Suśruta’s. The masculine orientation is evident in the nomenclature itself. The seven sub-types of sāttvika sattva are:\textsuperscript{159}

(i) \textit{Brāhma}: sharing the traits of Brahmā

(ii) \textit{Ārṣa}: sharing the traits of rṣīs

(iii) \textit{Aindra}: sharing the traits of Indra

(iv) \textit{Yāmya}: sharing the traits of Yama

(v) \textit{Vāruṇa}: sharing the traits of Varuna

(vi) \textit{Kauvera}: sharing the traits of Kuvera

(vii) \textit{Gandharva}: sharing the traits of Gandharva

Thus, it is difficult to see how female personalities could be based on attributes of male divinities. The rājasika sub-types are āsura, rākṣasa, paiśāca, sārpa, praita, and šakuna; two of the defining features of the paiśāca

\textsuperscript{156} SS.Ci.6.11.
\textsuperscript{157} SS.Ci.7.33.
\textsuperscript{158} SS.Sa.4.72-98.
\textsuperscript{159} CS.Sa.4.37.
are fondness for women and liking for stay in lonely places.\textsuperscript{160} The tāmasika individual may be pāśava, matśya or vanaspatya depending on whether they exhibit attributes of an animal, a fish or plants.\textsuperscript{161} While several characteristics would be true of any gender, there is none which is specific to women. Suśruta considers it essential for the physician to be acquainted with the patient’s constitution for correct treatment\textsuperscript{162} which begs the question this was imperative in cases where female patients were concerned. The classification of the three basic types of human personalities and their sub-types also demonstrate a masculine orientation in both our texts.

It is noteworthy that female diseases are peripheral to the medical science of Āyurveda. References to variations in clinical conditions in the male and the female are few, the exceptions being difference in the origin and spread of swelling or śoṭha roga.\textsuperscript{163} One of gulma is known to occur only in women but its pathogenesis is again related to delivery or abortion.\textsuperscript{164} A branch of Āyurveda which has some bearing on female health is Kaumāra-bhṛtya or Paediatrics. Its primary concern, however, is the care of infants and children, treatment of diseases affecting breast milk of wet nurses as well as those caused by diseases caused by defective breast feeding and evil spirits.\textsuperscript{165} Diseases of the female genetalia,\textsuperscript{166} obstetrics and gynaecology, according to Hārīta, are included in Kaumāra-bhṛtya.\textsuperscript{167} The separation of female diseases is as a distinct category is striking when we consider that male disorders find place within the discourse on general diseases. Suśruta’s chapter on the disease classification, vyādhisamuddeśīyamadhyāya, which catalogues disorders arising from the vitiation of the tissues (dhātu), the excretory products (mala) and the sensory organs (indriya) includes sterility, impotence, spermoliths,
spermatorrhoea and other disorders of the semen (śukra)\textsuperscript{168} but ignores the related female syndromes.

The female disorders which have received the attention of the medical authorities are abnormal foetal presentations (mūḍhagarbha),\textsuperscript{169} and breast diseases specifically of the wet nurse in relation to vitiation of her breast milk and appearance of abscesses.\textsuperscript{170} In contrast, Suśruta’s compendium devotes a chapter to inguino-scrotal swellings (vṛddhi),\textsuperscript{171} genital inflammation (upadamśa)\textsuperscript{172} along with elephantiasis (ślipada)\textsuperscript{173} wherein the treatment of venereal diseases only in the males has received the attention of the authors. The general line of treatment in the text for curable cases of venereal diseases is as follows: after giving oleation and sudation therapies to the patient, venepuncture of the dorsal vein of the penis should be done or leeches should be applied.\textsuperscript{174} Female venereal diseases are noticeably overlooked though genital maladies (yonidośa) in women are known for men are warned of visiting women suffering from such disorders;\textsuperscript{175} but silence about their treatment only serves to strengthen our view regarding the male-centric focus on the human body.

It is interesting to note that Āyurveda devotes a branch to issues of male fertility and virility. Vājikaraṇa is concerned with oligospermia, qualitatively defective sperms, azoospermia, health of the sperm conducting channels, sperm vitality, spermatogenesis and also with methods to increase sexual pleasure.\textsuperscript{176}

The concern with the female body of the ancient Indian medical authors is primarily from the perspective of procreation. As for gynaecological issues, the

\textsuperscript{168}SS.Su.24.9.
\textsuperscript{169}SS.Ci.15.
\textsuperscript{170}SS.Ci.17.42-47.
\textsuperscript{171}SS.Ci.19.3-24.
\textsuperscript{172}SS.Ci.19.25-51.
\textsuperscript{173}SS.Ci.19.52-69.
\textsuperscript{174}SS.Ci.19.25.
\textsuperscript{175}SS.Ci.24.115.
\textsuperscript{176}SS.Su.1.8(8).
aetiology, the features, the diagnosis and general treatment of menstrual disorders has been discussed by Suśruta.\textsuperscript{177} A physician is however, advised to treat a case of \textit{asṛgdara}, one such disorder, only if the patient is young, who takes all care of her health and who has minimal complications,\textsuperscript{178} thus indicating that the concern of the ancient Indian physician, at least gynaecologically, was with women of the child-bearing age. Fever arising during abnormal delivery or in the puerperal and lactation period is also referred to by Suśruta.\textsuperscript{179} In the \textit{Uttara-Tantra} section of Suśruta \textit{Saṁhitā} as well as in \textit{Cikitsā-sthāna} of Caraka \textit{Saṁhitā}, twenty types of \textit{yonivyāpad} or gynaecological disorders have been incorporated.\textsuperscript{180} The term \textit{yoni} implies both the female sexual organ- the vulva (\textit{bhaga}) as well as the uterus (\textit{garbhaśaya}),\textsuperscript{181} and the \textit{Amarakośa} gives \textit{bhaga} as another name for \textit{yoni}.\textsuperscript{182}

The menstrual diseases discussed in the two texts such as \textit{udāvartā} (dysmenorrhoea), \textit{vandhyā} (amenorrhoea), \textit{viplutā} (vaginismus), \textit{pariplutā} (dyspareunia), \textit{vātalā} (dryness of the vagina), \textit{rudhirakṣarā} (menorrhagia and metrorrhagia), \textit{pittalā} (acute inflammation of the female genitalia), \textit{karṇī} (cervical growth),\textsuperscript{183} etc., need not necessarily be associated with the issue of pregnancy. However, Agniveśa’s query to his preceptor provides the background in which the discussion on \textit{yonivyāpad} is contextualized.

Agniveśa says:

“O Lord! Among human beings, women are the excellent \textit{raison de etre} (lit. root) of progeny. It is the diseases of her genital organs which cause impediments in this regard (for the procreation of progeny). Therefore, I want

\textsuperscript{177} SS.Sa.2.5, 12/2-23.
\textsuperscript{178} SS.Sa.2.20/2, 21/1.
\textsuperscript{179} SS.Ut.39.22.
\textsuperscript{180} SS.Ut.38; CS.Ci.30.
\textsuperscript{181} Atrideva (Ed.), \textit{Suśruta Saṁhitā}, translated into Hindi, Delhi, 2007 (Reprint), p.667.
\textsuperscript{182} \textit{Amarakośa} II.VI.II.27.
\textsuperscript{183} SS.Ut.38.6-7.
you to explain the origin (aetiology), signs, symptoms as well as treatment of these disorders for the welfare of humanity.”

It is in response to this query that Caraka makes an exposition on the female diseases leaving us in no doubt that they have been included in the texts for the specific purpose of removing impediments to conception of the foetus. This raises the question whether women beyond the child-baring age received medical intervention when they had to cope with gynaecological ailments. The *Suśruta Saṁhitā* does not mention the same context in the exposition on *yonivyāpad* but it is reasonable to assume that the same perspective is applicable here as well. This text, however, does make a differentiation between menstrual (*sonita* or *asṛga*) and vaginal (*yoni*) disorders in the *Uttaratantra*, wherein it is said two kinds of medicated *ghṛtas* are described as being effective in both types of disorders.

The *Dharmaśastric* emphasis on procreation needs to be underlined here. Fertility was one of the most essential qualifications for a wife in patriarchy. The barren wife was considered worthless. Manu lays down that women are created to be mothers, and men were created to be fathers, while Nārada goes further to say says that women have been created for the sake of procreation. This leaves very little scope of elderly women or young widows or even female ascetics of seeking medical help. As the primary concern of society at large and of Āyurveda is birth of a healthy child, there is an elucidation of the precautions to be exercised during menstruation as it is held that a woman’s conduct at this time has a direct bearing on the unborn offspring. Thus, she should avoid the following activities: conjugal union, sleeping during the day, applying collyrium, weeping, bathing smearing of creams and powders, massaging, paring of nails, running, laughing, talking loudly, loud noises, combing her hair, exposure to draughts and exertion. These

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184 CS.Ci.5-6.
185 SS.Ut.58.57, 72.
186 V. Chandra, *Gender Relations in Early India*, Jaipur, 2010, p.81.
187 MS.IX.96.
188 V. Chandra, *Gender Relations in Early India*, p.61.
acts are avoidable to prevent harm to the prospective child. Sleeping during the
day makes the offspring suffer from sleepiness; collyrium causes blindness;
weeping leads to visual disorders; bathing and oil massaging cause skin
diseases; nail paring leads to deformed nails; running causes fickleness; loud
laughter results in discoloured teeth, lips, palate or tongue; loud talking means
a garrulous child; loud noise leads to deafness; hair combing leads to baldness
and exposure to draughts and exertion can cause the birth of an insane child.189
The medical interest in gynaecological issues, it thus appears, is more for
ensuring female reproductive health and the birth of healthy progeny,
specifically male progeny.

The preoccupation with the male offspring is evident in the texts. Caraka
devotes a chapter to the procreation of excellent progeny (prajā).190
Cakrapañidatta holds that ‘prajā,’ here implies both sons and daughters but
admits that some scholars hold the view that the term stand for a male child
only as the method of procreating a male child of excellent qualities by and
large forms the subject matter of the chapter.191 The latter view is more tenable
as Caraka, for example, gives the regimen to be followed by a woman desiring
a son with a massive body, white complexioned with the strength of a lion,
with vigour, purity and strong mind (bṛhantamvadātam haryakṣamojasvinām
śucīṁ sattvasaṁpāsam Putramiccheyamitī)192 followed by description of
elaborate Vedic rites for the couple who desire such a son.193 Even the object of
aphrodisiac treatment is to procreate sons.194

There is also advice to fulfill desires for a son with particular physical
features and desirable attributes; a woman may yearn for her offspring to be of
bluish complexion, red eyes, elevated chest and long arms or a son of blackish
complexion with black, soft and long hair, white eyes and teeth who would

189 SS.Sa.2.25.
190 CS.Sa.8.
191 Commentary to CS.Sa.8.3.
192 CS.Sa.8.9.
193 CS.Sa.8.12.
194 CS.Ci.2(1).4.
radiate brilliance and self control. Elaborate rituals for fulfilling such aspirations are restricted to dvijas alone; a śūdra woman is allowed to offer only obeisance to the gods, brāhmaṇas, preceptors, ascetics and siddhas without the fire rites. The text does not refer to desire for a daughter with particular attributes. There is another procedure prescribed by the Vedas for changing the sex of the foetus even before its manifestation. This is the puṁsavana therapy to ensure the birth of a male offspring which Caraka also recommends. Even the mantra to be uttered in the ear of the woman in parturition entreats the elements and the deities for the safe birth of a son like Kārtikeya without distress to the mother and baby as well as to ensure the protection of the new born. At the time of delivery, Caraka’s instructions are that the female attendants should say, “Thanks, you have delivered a son” (prajātā prajātā dhanyatā dhanyatā putram), which gives her relief and joy, and adds to her regaining vitality. This description itself is reflective of the innate longing for the birth of a male child deeply ingrained in the collective consciousness.

The naming ceremony which clearly refers to mother and son (sāputrā strī) gives instructions on how to select his name. In the absence of any directives on the selection of a girl’s name, one may only assume that it was not important enough to merit much attention. Further in the case of the wet nurse it is also desirable that she should have not only living children but that she should have sons as well.

Both the authorities have described the regimen to be followed for those desirous of begetting a healthy offspring, preferably a son. This regimen is partly therapeutic and partly ritualistic. According to Caraka, the couple should
first purify their bodies with oleation and sudation therapies followed by elimination of the *doṣas* by emesis and purgation, restorative diet and administration of enema.\(^{202}\) That the birth of a healthy foetus and painless delivery are effected by a combination of several factors is recognized by Caraka. It is imperative that the sperms, the ovum and the uterus are in excellent form, the time of sexual union and delivery are favorable and the woman takes wholesome diet during the period of pregnancy.\(^{203}\) Even in a fertile woman conception can be delayed if there are deficiencies in the uterus, the sperms, the ovum, the mental condition, diet and regime; besides, union at an inappropriate time and weakness are also contributory factors.\(^{204}\) This is a significant statement of Caraka for the responsibility for conception and procreation of healthy baby is not pinned on the female alone. Dominance of the ovum during conception results in the procreation of a girl child while the reverse is true for the male.\(^{205}\) The procreation of a female child is attributed to dominance of the ovum during conception while a male child is conceived by dominance of the sperm (*raktena kanyamdhikena putram śukreṇa*).\(^{206}\) The sex of the offspring is, thus, determined by physiological factors and not to any extraneous factor. The birth of twins, however, is attributed to actions during one’s previous life.\(^{207}\)

During the menstrual period, a woman is to stay in seclusion by sleeping on a *kuśa* mattress, taking food cooked in *ghṛta* on palms, earthen pots or on leaves and avoid her husband for three days\(^{208}\) and refrain from cleaning her body.\(^{209}\) The concept of impurity associated with menstruation noticed in the *Dharmaśāstras* which also describe similar though a more elaborate set of restrictions:

\(^{202}\) CS.Sa.8.4.

\(^{203}\) CS.Sa.2.6.

\(^{204}\) CS.Sa.2.7.

\(^{205}\) CS.Sa.2.12.

\(^{206}\) CS.Sa.2.12.

\(^{207}\) CS.Sa.2.14.

\(^{208}\) SS.Sa.2.25.

\(^{209}\) CS.Sa.8.5. According to the text, she should sleep on the floor.
A menstruating woman remains impure for three days. She should not apply collyrium on her eyes or oil on her body, or bathe in water; she should sleep on the floor and not sleep during the day; she should not touch the fire, make a rope, brush her teeth, eat meat, or look at planets; she should not laugh or do any work; and she should not drink from a damaged cup, or from a copper vessel.\textsuperscript{210}

Manu enjoins that a brāhmaṇa should not have food touched by a menstruating woman\textsuperscript{211} nor converse with her.\textsuperscript{212} At the end of her menses, she takes a purificatory bath and puts on new clothes\textsuperscript{213} as bathing purifies a menstruating female at the end of her flow.\textsuperscript{214} Though the medical texts do not describe her as aśuci or impure unlike Vasiṣṭha (trirātraṁ rajasvalāśucirbhavati) in the above paragraph, the implication of regulations on normal activities for three days are the same.

Following the purificatory bath, a priest performs the necessary rituals for begetting a male child.\textsuperscript{215} Suśruta identifies the even numbered days in the fertile period (ṛtukāla) as the favorable days for conceiving a male child\textsuperscript{216} and odd numbered days for those desiring daughters.\textsuperscript{217} It is not clear whether the same regimen had to be observed as for a female child including the religious measures. This hypothesis is known to the law-givers as Manu says that sons are conceived on even nights and daughters on uneven ones; hence he ordains that a man who desires to have sons should approach his wife in due season on the even (nights).\textsuperscript{218} Medication of lakṣmaṇā, vaṭaṣuṅga, sahadevā and

\textsuperscript{210} Vasiṣṭha Dharmasūtra 5.6-7. Olivelle, P., Dharmasūtras: The Law Codes of Āpastamba, Gautam, Baudhāyana and Vasiṣṭha, Delhi, 2003 (Reprint).
\textsuperscript{211} MS.IV.211.
\textsuperscript{212} MS.IV.57.
\textsuperscript{213} SS.Sa.2.25.
\textsuperscript{214} MS.V.66.
\textsuperscript{215} SS.Sa.2.27.
\textsuperscript{216} SS.Sa.2.27-28.
\textsuperscript{217} SS.Sa.2.30; CS.Sa.8.5.
\textsuperscript{218} MS.III.48.
viśvadevā is also prescribed for the woman who desires a son\textsuperscript{219} but none for the birth of a girl child. The medical \textit{Saṁhitās} also reflect the deep societal craving for male children. The description of the features of a pregnant woman which can foretell the sex of the unborn child reveals another interesting fact. If she has a cheerful face among other characteristics (such as desire for masculine articles or if they appear in her dreams), then it signifies that she is carrying a male child. If otherwise, the foetus is female.\textsuperscript{220}

The medical authors emphasise that special care should be taken to satisfy the would-be mother’s desires. Fulfilling the desires of the \textit{daunḍinī} (the double-hearted or the pregnant) ensures a strong and long-lived child.\textsuperscript{221} Whatever she desires should be given to her by the physician to avoid harm to the foetus.\textsuperscript{222} The same is advised by Caraka as the proper maintenance and protection of the pregnant mother is as good as the maintenance or protection of the foetus itself.\textsuperscript{223} These longings foretell the nature of the unborn child. Thus desire to see the king foretells a moneyed and lucky son; craving for fine silk clothes or ornaments portends a handsome son fond of jewellery; and so on.\textsuperscript{224} It is noteworthy that all the desires have been interpreted with reference to a son, once again underlining the primacy of the male child in contemporary ancient society. The immense consideration paid to a woman during pregnancy is only reflective of the importance attached to her procreative role.

The regimen, diet and manner of living of a pregnant woman, particularly the avoidances, have been expounded at length by our medical authors. Considering that her physical and psychological conditions have bearing on the foetus, care has to be taken of her comfort and well being of the expectant mother. Cleanliness of her person and her environs is emphasised by Suśruta: she should wear white clothes, avoid touching dirty, deformed or maimed

\textsuperscript{219} SS.Sa.2.32.  
\textsuperscript{220} SS.Sa.2.34.  
\textsuperscript{221} SS.Sa.3.18.  
\textsuperscript{222} SS.Sa.3.19.  
\textsuperscript{223} CS.Sa.4.15.  
\textsuperscript{224} SS.Sa.3.22-27.
persons, stay away from foul odours as well as from food that is dry, stale, rotten or fermented. She should always be in a happy frame of mind, wear ornaments, make offerings for peace and good deeds, worship the deities, the brāhmaṇas and the preceptor. Scenes and stories that disturb the mind, outings, a vacant or a lonely house, a haunted tree, a cremation ground, the shade of a tree, feelings of anger and fear and fatigue are all avoidable for the pregnant woman. Occasional oil anointment and rubbing with powder, comfortable and well supported bed covered with soft clothes of a suitable height are to be provided to her. Her food should be palatable, liquid, sweet and demulcent mixed with appetizing drugs.\footnote{225} Importance is given to the opinion of experienced women in the care of the expectant mother who may advise her to avoid such things which would be harmful.\footnote{226}

The enciente is taken to a maternity home (sūtikāgāra) in the ninth month on an auspicious day. We understand that this house was built to caste specifications for Suśruta says that the sūtikāgāra should be built on white soil for a brāhmaṇa, red for a kṣatriya, yellow for a vaiśya and on black soil for a śūdra. The wood for construction and for the beds should similarly be made of bilva, nyagrodha, tinduka and bhallātaka according to the above order of the castes. The dimensions of the labour room are eight cubits long and four cubits wide (approx. 11ft. by 6ft.) with the door facing east or south. The walls had to be clean and well plastered, and the room provided with all the necessary equipment. It had to be protected from any evil by performance of religious rites.\footnote{227} Though caste specifications are mentioned in the construction of maternity homes, there is no apparent class differentiation here. It is not clear if these homes were built by the concerned family or whether Suśruta is referring to institutions established at individual or state largesse. Caraka makes no reference to caste-specific maternity homes, rather mentions only one kind of construction presumably suitable for all.

\footnote{225}{SS.Sa.10. 3.}  
\footnote{226}{CS.Sa.4.18,}  
\footnote{227}{SS.Sa.10.5.}
The specifications of the construction are as follows: before the ninth month of her pregnancy, the maternity home should be constructed in a place cleared of bones, gravel and pieces of earthen vessels. The soil of the locality should have excellent colour, taste and smell. The doors should face towards the east. The wood of *bilva* (*Aegle marmelos* Corr.), *tinduka* (*Diospyros peregrine* Gurke), *iṅgūḍī* (*Balanites aegyptica* Delile), *bhallātaka* (*Semecarpus anardium* Linn.), *varaṇa* or *khadira* (*Acacia catechu* Willd.) should be used for constructing the home. Other measures prescribed by brāhmaṇas well versed in the *Atharvaveda* should be adopted.\(^{228}\) Among the types of timber mentioned by Suśruta, three are common with the exception of *nyagrodha*. We have reference to a *prasūti-śālā* in a thirteenth century Kākāṭiya land record from Malkapuram\(^{229}\) but no other details are available of the material of construction.

Women in our medical *Sāṁhitās* appear as care givers rather than as therapeutic healers. Female attendants have an important role at the time of delivery and the post-operative or the recuperative stage. We have already noticed the desirable attributes medical attendants in chapter 3. It can only be expected that female attendants were required to attend to female patients though they are categorically mentioned at the time of child birth and neonatal care. Experience is particularly favoured in management of labour and child delivery, postpartum and neonatal care; therefore, the preference for midwives who have given birth to more than one child (*bahuśahpraṭātā*) and have hands on knowledge. Birth attendants are required to be multipara (*bahuśaḥ praṭātā*), affectionate (*sauhārdayuktāḥ*), constantly attached to the lady (*satatamanuraktāḥ*), well mannered (*pradakṣinācārāḥ*), resourceful (*pratipattikuśalāḥ*), naturally disposed to love (*prakṛtivatsalāḥ*), free from grief (*tyaktivasādāḥ*), tolerant of hardship (*kleśasahinya*) and agreeable (*abhimatāḥ*).\(^{230}\) Caste or family is not an important here. The exception, however, occurs in case of a wet nurse (*adhātrī*) who should be of the same

\(^{228}\) CS.Sa.8.33.


\(^{230}\) CS.Sa.8.34.
caste (samānavarṇā) and neither should she have a husband of lower caste (na antyāvasāyinīm). Preference is also expressed for a woman born in the same locality (deśajātiyāma) in a respectable family (kule jātā).

Caraka also recommends the presence of old ladies along with brāhmaṇas well versed in the Atharvaveda at the maternity home (sūtikgārā) whose advice should be adhered to. We can assume that family members helped in the process. Bāṇa tells us that queen Yaśovati was always surrounded by friends, who never for an instant, left her side. In another of his works, Kādambarī, there is reference to a respectable old lady who occupied the space near the head of the bed while other senior ladies sang auspicious songs. As soon as the labour pain begins, the attendants are required to comfort and console the parturient, give her an oil massage, and guide her through the entire period of labour until safe delivery without harm to the baby and the mother and the mother is urged to obey their instructions (sāyathānirdeśat kuruṣveti vaktavyā syāt). Removal of the placenta and postpartum care of the mother and the new born are also the responsibilities of these birth attendants. These attendants along with friends of the lady have to be in constant attendance on her and the new born by keeping vigil and remaining awake for 10-12 days.

“The birth rite is the only wholly female rite where male presence is precluded. It is solemn, awesome, throbbing with tension because it solemnly empowers the female assistant and it is the only rite where a new life enters our

231 CS.Sa.8.52.  
232 CS.Sa.8.52.  
233 CS.Sa.8.34.  
234 HC, p.109.  
236 CS.Sa.8.37.  
237 CS.Sa.8.38.  
238 CS.Sa.8.40.  
239 CS.Sa.8.40.  
240 CS.Sa.8.47.
There is no special term for such an attendant in our two medical treatises other than strī (woman) unlike the wet nurse who is designated dhātrī. The midwife, in all probability, is a woman of low caste. Curiously, the ‘midwife’ is now known as ‘dāī’ which is term derived from ‘dhātrī’. Risley records in the late nineteenth century that the dāī is usually a Mahomedan or a Hindu of the Chamār caste. Among Hindus of all other castes there is a strong prejudice against cutting the navel cord, and a common term of abuse applied to a midwife is a narkātā or cord-cutter. The male relatives of these women are usually tailors or musicians; while in villages they often work as weavers, and sometimes sell betel-leaves. Dr. T.A. Wise noted that like the Purohit and barber, the Dāī is a privileged person, and has freedom of access to the female apartments at any hour. Risley comments that Chamain women “are the midwives of India” and are generally believed, though erroneously, to be skilled in all the mysteries of parturition. The wet nurse or dhātrī, on the other hand, is required to be of the same caste as the mother in puerperium, while caste affiliation is not a concern in the choice of the birth attendant.

In the selection of the wet nurse, several criteria have to be taken into account. She should be of the same caste, youthful, submissive, free from diseases, not deficient of limbs, not given to luxurious living, not ugly looking, not given to hateful disposition, born in the same locality, not mean minded, not given to mean acts, born in a respectable family, having affection for children, free from illness, having living children, having sons, having plenty of milk, careful, not given to sleeping over cloth soiled with excreta, not having

242 CS.Sa.8.34.
243 CS.Sa.8.52.
244 J. Chawla, Birth and Birth-Givers: The Power Behind the Shame, p.20.
a husband of lower caste, skilful in service, observing cleanliness, having aversion for dirty things, having the excellence of breasts and milk.\textsuperscript{248}

Other than pregnancy and childbirth, there are few instances of references to women’s disorders in the two medical texts. A variety of \textit{gulma} or localized abdominal swelling in women arising from \textit{rakta} vitiation is also known.\textsuperscript{249} Female patients are specifically mentioned in plastic surgery of the ear for the repair of the ear lobule or its reconstruction. As part of the pre-operative arrangements, the hair of the female or the male patient is required to be tied.\textsuperscript{250} From this specific mention, it appears that this was a common procedure among women. In the administration of drugs or surgical procedures, women are considered weak and delicate, and hence, placed in the same category as children, the elderly or the weak. Medicine taken alone or \textit{abhakta} (i.e., without food) is inadmissible for a child, an old man a woman or to a person of weak constitution as it may produce great lassitude and loss of strength.\textsuperscript{251} Nothing is mentioned about female patients recovering in special wards. Male patients recuperating in the special ward are advised to keep away from female visitors with whom there is possibility of sexual relationship. Any interview, conversation and contact are absolutely forbidden for an audience with such ladies may lead occasionally to seminal discharge, which is harmful for the patient.\textsuperscript{252} The texts are silent about regulations to be followed in case the patient is female.

The rules of personal hygiene for maintenance of sound health and prevention of diseases, as described by Suśruta,\textsuperscript{253} are essentially prescribed for men though many of them would be applicable to women as well. The

\textsuperscript{248} CS.Sa.8.52.
\textsuperscript{249} SS.Ut.42.8/1.
\textsuperscript{250} SS.Su.16.15.
\textsuperscript{251} SS.Ut.64.67.
\textsuperscript{252} SS.Su.19.14-15.
\textsuperscript{253} SS.Ci.24.4-110.
directives on apparel\textsuperscript{254} and physical relations\textsuperscript{255} have a purely male orientation. The same is true of the directives for dietetics and personal hygiene practice in Caraka’s treatise\textsuperscript{256} which do not address any specific feminine hygiene issues. It is interesting to note that neither Caraka nor Suśruta discuss the issue or need for contraception. This is a conspicuous omission when we consider that that the Kahun Medical Papyrus, the oldest surviving of the numerous ancient Egyptian documents, contains instructions on the preparations of contraceptives to be inserted into the vagina.\textsuperscript{257} There is overwhelming concern to masculinity, youthfulness and attractiveness, which find expression in the attention paid to aphrodisiac measures (vājikaraṇa) for the sexually weak male, treatment of male venereal diseases and guidelines for sexual activities. Suśruta’s exposition on the causes of male impotence\textsuperscript{258} and treatment thereof with various recipes\textsuperscript{259} testifies to our argument. Vājikaraṇa is exclusively a masculine affair; it is recommended for young men as well as the old, and is described as (very) beneficial for those who are desirous of sexual intercourse, who are hankering for the love of women, the emaciated, the impotent and those with poor semen. The absence of any aphrodisiac therapy for women is not surprising when we consider the portrayal of their innately lascivious nature in other texts. As Uma Chakravarti argues, reproductive power is the only one power that women still held in the new structure of relations in which they were subordinated, and one way of dealing with it was to simultaneously exaggerate and treat as terribly dangerous women’s innate nature. Their uncontrolled sexuality was perceived as posing a

\textsuperscript{254} SS.Ci.24.89.  
\textsuperscript{255} SS.Ci.24.103-132.  
\textsuperscript{256} CS.Su.5-6.  
\textsuperscript{258} SS.Ci.26.9/3-15.  
\textsuperscript{259} SS.Ci.26.16-39.
threat, and the narrative and normative literature of ancient India is full of references to the wickedness of women and their ‘insatiable’ lust.\textsuperscript{260}

Other aspects of therapeutics such as pleasurable company of women as a therapeutic measure prescribed for the patient of fever with rigor\textsuperscript{261} or for uplifting his depressed and gloomy mood\textsuperscript{262} are not only class biased but admit of deep gender based stereotyping. Anointed with \textit{kuñkuma} and \textit{aguru}, bejewelled, and dressed in fragrant, perfumed and fine clothes,\textsuperscript{263} these are evidently high-society ladies who attend on men of the upper classes. Apart from being young, experienced and beautiful (\textit{rūpasatīppannā kuśalā navayauvanā})\textsuperscript{264}, physically they are expected to conform to the perfect norms of feminine beauty.\textsuperscript{265} The patient of alcoholism, who is advised to bathe in ponds for relieving the burning sensation, is also prescribed the company of beautiful young women with lotus petal-like soft and cool hands, thighs, face and prominent breasts. They should be expert swimmers, sweet natured (\textit{madhurasvabhāvā}) with the ability to entertain him by their artful enchanting conversation.\textsuperscript{266} The medical texts perpetuate the biologically engendered gender specific cultural roles.

Besides, the remarks on the women to avoid in physical relations are instructive. According to Suśruta, sexual intercourse with a woman who is deformed (\textit{hīnāṅgī}), unclean (\textit{malinā}), spiteful (\textit{dveṣyā}), unwilling (\textit{kāma}) or sterile (\textit{bandhyānī}) leads to destruction of semen and the intellect of the person.\textsuperscript{267} While cognizance of the woman’s consent in such matters is significant from the female perspective, avoidance of the deformed and the sterile, is a comment on the cultural perceptions of beauty and virility. A

\textsuperscript{260} U. Chakravarti, Conceptualizing Brahmanical Patriarchy in Early India: Gender, Caste, Class and State, p.146.
\textsuperscript{261} SS.Ut.39.276.
\textsuperscript{262} SS.Ut.39.291.
\textsuperscript{263} SS.Ut.39.278.
\textsuperscript{264} SS.Ut.39.276.
\textsuperscript{265} SS.Ut.39.277-279.
\textsuperscript{266} SS.Ut.47.59-60.
\textsuperscript{267} SS.Ci.24.124.
woman of an attractive age, beauty and other (good) qualities, who is of a similar temperament (as the man) and who belongs to a respectable family (vayorūpāṇopetāṁ tulyaśīlāṁ kulānvitām) is commended by Suśruta.\textsuperscript{268} Similar is the opinion of Caraka: a beautiful and youthful woman, endowed with auspicious signs, amiable and skilled is the aphrodisiac \textit{par excellence}.\textsuperscript{269} The gender bias in matters of age and sexuality is particularly evident here. It is this predominant concern with beauty that must have placed demands on physicians from a certain category of clients to create recipes for preserving their good looks and allure. Thus, Suśruta gives the formulation of \textit{lākṣādi ghṛta}\textsuperscript{270} for kings, ladies as well as for similar (delicate) persons which is beneficial in cases of \textit{vyāṅga}, advanced \textit{nīlikā}, and eruptions on the face. It also helps to remove wrinkles, adds plumpness to the cheeks and imparts lotus-like beauty to the face.\textsuperscript{271} Both \textit{vyāṅga} and \textit{nīlikā} are skin problems: the former refers to black spots while \textit{nīlikā} is identified as naevus\textsuperscript{272} (any congenital growth or pigmented blemish on the skin).

Deviations from the accepted sexual behaviour accompanied by or without morphological deformity in the reproductive organs have been referred to in both our medical texts. Caraka notices eight kinds of sexual abnormalities (vikṛtiprakārāḥ)\textsuperscript{273}: \textit{dviretas} (hermaphroditism), \textit{pavanendriyatva} (aspermia), \textit{saṁskāravāhi} (anaphrodisia or the lack of sexual desire), male sterility (\textit{naraśändya}) female sterility (\textit{nārisändya}), \textit{vakri} (hypospadias or congenital birth defect where the opening of the urethra is on the underside of the male organ), \textit{irṣyābhirati} (mixoscopy or voyeurism), \textit{vātikaśāṇḍaka} (eviration or the loss of masculine qualities with the assumption of feminine

\footnotesize{\textsuperscript{268} SS.Ci.24.130/2. \\
\textsuperscript{269} CS.Ci.2(1).8. \\
\textsuperscript{270} SS.Ci.25.38-40. \\
\textsuperscript{271} SS.Ci.25.41. \\
\textsuperscript{273} CS.Sa.2.21.}
The genesis of hermaphroditism is attributed to deficiencies in both the male and the female reproductive cells. Caraka says when that portion of the sperm and the ovum of parents that are responsible for the creation of genital cells of the foetus is vitiated, and both the sperm and the ovum undergo equal division, then the offspring becomes a hermaphrodite. Such an offspring will have the characteristic features of both the sexes. The other forms of sexual abnormalities are attributed to physiological deficiencies such as vāta disturbances in the foetus, congenital lack of strength, insufficiency of sperms and ova, weakness of sperms in the male partner and irregular posture of the female, etc., as well as to psychological problems like lack of passion or jealousy of the parents’ cohabitation. But at the same time, it is stated that they are caused by the misdeeds in the previous life of the individual.

There is evidence of prejudicial attitude to women and individuals of the third gender in certain instances. A eunuch and a woman as messengers are regarded as reproachable. The physician is advised to look out for inauspicious features when he enters the patient’s house in various possessions such as the bed, the seat, the riding animal, etc. and in the patient’s wife as well. Inauspicious features in the wife indicate a fatal outcome for patient are identified as the superhuman cause of disease. On the way to the patient’s house, the sight of a poor person or one of low caste is undesirable. A person with shaven head is also not a good omen for the physician either at the time of departure on a visit or at his entry into the patient’s house. An unchaste

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274 CS.Sa.2.17.
275 CS.Sa.2.18/1.
276 CS.Sa.2.21.
277 SS.Su.28.6.
278 SS.Su.32.6.
279 SS.Su.6.19.
280 SS.Su.28.40.
281 SS.Su.28.
woman (asati) who comes as a messenger is a bad omen and indicative of imminent death of the patient.\textsuperscript{282}

Therapeutics is entirely a male domain in the compendia of Caraka and Suśruta. Other than providing assistance during childbirth and puerperium, women are completely detached from the process of healing. However, the presence of folk healers, both male and female, cannot be precluded. At a much later period (during the nineteenth century) we get references to wandering healers belonging to the lower end of the social spectrum. Bediya women in Eastern Bengal move about with a bag, containing a variety of drugs, a cupping horn (siṅga) and a scarificator (nāran). They attract attention by bawling, “To tattoo, to cup and to extract worms from decayed teeth!” They also prescribe for female disorders.\textsuperscript{283} ‘Bediya’ is the generic name of a number of vagrant gipsy-like groups, of whom it is difficult to say whether they can properly be described as castes. The women of one group, the Babajiya, Lava or Patwa, are described as skilful in the treatment of children’s diseases and the removal of nervous and rheumatic pains. Women of another Bediya group, consisting of Bāzigar, Kabutari, Bhanumati and Dorābāz, acrobats and conjurers, also dabble in medicine.\textsuperscript{284} Candāla women are known to cure goitre by tattooing,\textsuperscript{285} while Māl women, a Dravidian cultivating caste of Bengal, are employed for cupping, relieving abdominal pains by friction, and for treating uterine diseases.\textsuperscript{286} Another non-Aryan tribe, Gulgulia, who living off hunting, training monkeys, begging and pretty thieving, sell indigenous drugs as well.\textsuperscript{287} The existence of such itinerant folk healers is very much a possibility in the period of discussion, the object of much reproach in both the texts, as we have noticed in chapter 2. The poor may have approached these healers for medical intervention.

\textsuperscript{282} CS.In.12.16.

\textsuperscript{283} H.H. Risley, \textit{The Tribes and Castes of Bengal}, Vol.1, p.291.

\textsuperscript{284} H.H. Risley, \textit{The Tribes and Castes of Bengal}, p.83.

\textsuperscript{285} H.H. Risley, \textit{The Tribes and Castes of Bengal}, p.292.

\textsuperscript{286} H.H. Risley, \textit{The Tribes and Castes of Bengal}, p.48.

\textsuperscript{287} H.H. Risley, \textit{The Tribes and Castes of Bengal}, p.301.
P.V. Sharma believes that there were two kinds of private practitioners (vaidyas): those who had enough property and other means of subsistence, practiced medicine on charitable basis and distributed free medicines; and another group took it as their profession and charged high fees and the price of medicines. The poor could not approach them.\(^{288}\) Ātreya also explains that Āyurveda is studied by brāhmaṇas for providing benefits to all creatures, by kṣatriyas for protection and by vaiśyas for earning a livelihood.\(^{289}\) That the poor could not afford expensive pills is known from I Tsing’s account.\(^{290}\) The nature of therapeutics expounded in the two compendia appears to be inclined to the needs of the upper stratum. This is not surprising keeping in consideration that the objective of both the preceptors, Ātreya and Dhanvantari, is to prepare their students for the responsibilities of the royal physician, whose qualifications are referred to time and again in the texts.

There are a few instances in the texts of an unfavourable view of individuals belonging to the lower end of the social stratum. Messengers, wearing old or dirty or torn clothes who call on the physician, are considered harbingers of misfortune for both the physician and the patient.\(^{291}\) The sight of a low caste or poor person by the physician on way to the patient’s house is also regarded as inauspicious.\(^{292}\) In the instructions to the gentlefolk on the general rules of hygiene and ethics, Suśruta says that one should not remain near the insane (unmatta), the fallen (patita), the mean (śūdra) and low grade people (nica).\(^{293}\) However, this may be taken as advice to avoid the companionship of individuals who are not of ideal conduct.

The question, therefore, arises whether such statements reflect the physician’s selective nature of dealing with patients. It seems unlikely that the downtrodden stratum was placed out of the purview of the āyurvedic medical

\(^{288}\) P.V. Sharma, *Indian Medicine in the Classical Age*, p.9.
\(^{289}\) C.S.Su.30.29.
\(^{290}\) P.V.Sharma, *Indian Medicine in the Classical Age*, p.15.
\(^{291}\) SS.Su.29.8.
\(^{292}\) SS.Su.29.40.
\(^{293}\) SS.Ci.24.90.
practitioners. Besides, the low caste śūdras of good familial background are allowed by Dhanvantari to be initiated as students of medicine. Treatment methods in case of a disease like diabetes with urinary abnormalities (prameha), as we have seen above, are in consonance with the patient’s resources and the lifestyle. In prognosis and in treatment, the physician’s concern is with the patient’s physical and physiological variables such as age and body strength, pregnancy in women as also his or her social position which would determine the ability to undergo the effects of drugs or procedure. Barring the few instances cited above the medical texts do not generally manifest a negative perception of people at the lower end of the social ladder.

In fact, medical practitioners had to necessarily interact with members of all sections of society not only in the context of therapeutics but for gathering requisite materials for processing drugs. As we have noted in Chapter 2, cowherds, goatherds, forest dwellers and hunters are regarded as repositories of knowledge in plant drugs. The physicians and surgeons had to work in close tandem with attendants and midwives who in all probability may have been drawn from lower sections as they had to deal with polluting body fluids. Surgeons had to approach skilled blacksmiths for manufacture of surgical instruments. It has been remarked that this active cooperation between surgeons and blacksmiths is a reflection of the former’s positive attitude towards manual labour. We may add practice also necessitated cooperation with barbers (for removal of body hair) and potters (for shaping dummies required in experimental surgery). Surgery, in particular, developed “a crucial bond with manual work.”

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