INTRODUCTION

The history of ancient Indian medicine till about six decades ago was an uncharted territory for historians. At present there is a substantial body of historical research and it commands lively interest among scholars of various disciplines. Though it is still considered a relatively young field of research, the view of Henry Sigerist, the renowned historian of medicine, holds true till today: “The history of medicine is at the same time a very old and a very young field of study.”

This statement in fact embodies the changing approaches to the study of the history of medicine and the association of scholars of varied disciplines with it. For over two thousand years ancient medical writings have been consulted as authorities or as sources of information. In pre-colonial India the study of the ancient medical texts was undoubtedly confined to the medical practitioners. From the early part of the nineteenth century, Sanskritists and physicians belonging to both Indian and western systems of medicine began to explore the ancient medical tradition. Their interest was primarily medical: to study the fundamental doctrines of Āyurveda, discover the ancient medicines and understand Āyurvedic therapeutics. Their approach was not, therefore, historical. However, as the study of this particular area began to attract historians and scholars attached various fields, the study of the ancient medical systems has witnessed the growth of a critical, historical approach as well as interdisciplinary research.

The earliest historical references to healing in India go back to the age of the Vedas. “In the magical strophes of the Atharvaveda and in the magical rites of ritualistic literature described in particular in the Kauśikaśūtra, belonging to the Atharvaveda, we find the beginning of an art of healing and

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of a knowledge of healing herbs.” The beginnings of anatomy, embryology and hygiene can be found in the Vedic texts. The description of a full-fledged medical system first appears in the two medical treatises, the Caraka Samhitā and the Suśruta Samhitā, which are yet the foundational texts for the student of Āyurveda. These two treatises lay the basis of classical Indian medicine. Both the Samhitās are comprehensive treatises dealing with all the eight branches of Āyurveda but they are not devoted exclusively to the subject of medicine. They are in the nature of compendia containing much extraneous matter related to philosophical ideas, religious and magico-religious practices as well which provide an insight into the society of the physician.

We have taken the two compendia of Caraka and Suśruta as our primary sources for our thesis, entitled “A Medico-Social Analysis of the Two Medical Texts - the Caraka Samhitā and the Suśruta Samhitā”. For several decades the history of medicine in India was a narrative of the evolution of medicine focusing on the development of theories and therapies. Scholars studied the classical texts and their commentaries for an understanding of the fundamental principles of Āyurveda and clinical therapeutics. Studies of the materia medica and pharmacology were also favoured. A brief overview of secondary literature would reveal the focus of the studies in this field thus far.

Observations on the indigenous medical practices and drugs by Europeans in India can be noticed from an early period. Beginning with the Portuguese physician Garcia d’Orta in Goa in the 16th century and the Dutch physician Jacobus Bontius in the 17th century, books on tropical conditions, diseases and medicines were published but they were sporadic in nature. The beginning of systematised studies in Indian systems of medicine can be traced to the initiation of Indological studies under the aegis of the Asiatic Society of

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5 These have been enumerated in Chapter 1.
6 T.J.S. Patterson, The Relationship of Indian and European Practitioners of medicine from the Sixteenth Century in G.J. Meulenbeld and D.Wujastyk (ed.), Studies on Indian Medical History, Delhi, 2001 (Reprint), pp.112-117.
Bengal. The objective of Indologists like Sir William Jones, Charles Wilkins, Henry Colebrooke and others was the study of the ancient classical languages and literature as well as the natural sciences. In a discourse to the Society in 1786, Jones underlined the necessity of examining the extant Indian medical works not for an understanding of clinical therapeutics practiced by Indians but for gaining knowledge of vegetable and mineral drugs prescribed therein. As European medicine was inefficacious in the treatment of tropical diseases, there was much interest in local cures. European physicians had to consult the local practitioners and the East India Company surgeons were officially directed to note any treatment by an Indian that might prove useful. Company surgeons and others devoted themselves to botanical collections whereupon the first Indian pharmacopeias were published. John Fleming’s “A Catalogue of Indian Medicinal Plants and Drugs with their names in the Hindustani and Sanscrit Languages” and Ainslie Whitelaw’s *The Materia Medica of Hindoostan* (Madras, 1813) are the earliest writings on this subject.

As such, the history of Indian science was ordinarily not considered important by the Indologist who gave importance to philosophy, or by the historian of science, who felt it does not have a continuous line of scientific evolution. One of the first writings on the Indian medical history was an article published anonymously in the *Oriental Magazine* in 1823 by the well known Indologist and surgeon, H.H.Wilson. Entitled, “On the medical and surgical sciences of the Hindus” the article encapsulated the basic principles of the treatises of Caraka, Suśruta and Vāgbhaṭa and introduced the classical Āyurvedic treatises to the English speaking world. The growing interest in the

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8 T.J.S. Patterson, *The Relationship of Indian and European Practitioners of medicine from the Sixteenth Century*, pp. 117-118.
search for improvements in the field of medicine and surgery lead to the formation of The Medical and Physical Society of Calcutta by some members of the Asiatic Society in 1823. Among his presentations to the members of the Society, H.H.Wilson made one on kuṣṭha (which term he interpreted as leprosy in its widest sense) based on the works of Caraka, Suṣruta and Vagbhata. ‘Hindu medicine’ now came to be equated with Āyurveda.

A member of the Medical Staff of the Bengal Army, J.F. Royle, was deputed by the Medical Board of Bengal to investigate the material medica of India. His findings were published as An Essay on the antiquity of Hindoo Medicine including an Introductory Lecture to the cause of Materia Medica and Therapeutics delivered at King’s College (London, 1837). He also gave a brief overview of the contents of the works of Caraka and Suṣruta.

Another physician who examined the classical medical texts and wrote a history of the āyurvedic tradition was Thomas A. Wise. He remarked on the neglect of the medical śāstras and the difficulty of procuring manuscripts. He also noted that brahmins were rarely conversant with them. Wise had obtained the assistance of Madhusudan Gupta, Lecturer of Anatomy at Medical College, Calcutta, among others. Gupta, an āyurvedic physician, is believed to be the first Indian in the colonial era to undertake anatomical dissection in 1836. After he was ostracized, he had to quote before an assembly of pundits from the Sanskrit texts to prove the existence of dissection in the ancient period. It is noteworthy that the earliest edition of the Saṁhitā was published by him in 1835.

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12 H.H. Wilson, An Essay on Kuṣṭha, or Leprosy, as known to the Hindus, Transactions of the Medical and Physical Society of Calcutta, Vol.1, 1825, pp. 1-44.
14 T.A. Wise, Commentary on the Hindu System of Medicine, p. iv.
16 D. Bose, ‘Madhusan Gupta’.
17 M. Gupta (Ed.), The Saṁhitā or the System of Medicine taught by Dhanvantari and composed by his disciple Saṁhitā, Volume I, Containing the three divisions called Sūtra, Nidāna and Sārīra, Calcutta, 1835.
The early writings were concerned primarily with the origin and antiquity of Indian medical tradition, dating of the medical compositions and its analogies with ancient Greek medicine which considered by many as the mother of scientific medicine. Here we may refer to the observation of Sir William Osler, the most influential figure in the history of medicine, as representative of most western scholars in the 18th-19th centuries. “Scientific medicine, the product of a union of religion with philosophy, had its origin in a remarkable conjunction of gifts and conditions among the Greeks.”

Gradually, the Sanskrit medical treatises began to attract the interest of a greater number of scholars. Notices of these medical works may also be found in studies of Indian literature, notably those of Albrecht Weber, A.A. Macdonell and A.B. Keith and M. Winternitz. From the middle of the nineteenth century, this area also drew the attention of French and German scholars. Among the German scholars, Julius Jolly’s *Medicine* (1901) deals with a wider genre of medical literature and a broader time span. It provides a concise chronological survey of the history of Indian medicine based on detailed critical study of a wide range of medical works up to the 19th century including the commentaries, the Buddhist texts and the veterinary treatises. Theoretical conceptions and clinical therapeutics have been discussed with respect to various categories of diseases along with training of physicians and their position and practice.

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Around the same time, another Indologist working on history of Indian medicine, was A.F.R. Hoernle. In 1891 he reported on a medical birch-bark manuscript in Sanskrit which he found discovered near Kucha (Eastern Turkistan) in 1889. He published a complete edition with an annotated English translation of the manuscript which he assigned to the 5th century C.E. The similarities of the texts of the manuscript with the Charaka Sāṁhitā are very significant in providing evidence for the practice of āyurvedic medicine in Central Asia. The focus of Hoernle in his researches on ancient Indian medicine was different from his contemporaries. He investigated into the historical development of osteology and the anatomical knowledge of ancient India in a monograph published in 1907.

Till the 1830s, European medical men in India demonstrated an intellectual breadth and receptiveness characteristic of the late Enlightenment. Some of them held the view that there was instruction for the Europeans in indigenous practices. The Company surgeons embodied the ‘Burkean’ ethos of the Company’s administration: there was the general feeling that Indian culture was deserving of respect and the subcontinent should be governed in accordance with its tradition. This attitude, however, underwent a change with the introduction of teaching of western medicine and the establishment of the Calcutta Medical College in 1835. Official support for Indian medicine dwindled but the cultural and literary renaissance in Bengal inspired āyurvedic physicians to take an interest in their own medical tradition.


period when the classical works on medicine and their translations were published and new commentaries written and this trend continued in first part the 20th century. The great scholar and physician, Gangadhara Ray, who worked for the revival of Āyurveda wrote several works including a commentary on the *Caraka Saṃhitā*31 while his disciple Gayanath Sen wrote another, *Carakopaskāra*. Jivananda Bhattacharya’s edition of the *Suśruta Saṃhitā* appeared in 1873 and an English translation of the *Caraka Saṃhitā* (*Sūtra-sthāna* alone) by Avinashchandra Kaviratna was published in 1892. The English translation of the *Suśruta Saṃhitā* was undertaken by Udoychand Dutt under the aegis of the Asiatic Society of Bengal in 1883. After his untimely death, it was taken up Aghorechunder Chattopadhyaya and Fasc.III was published in 1891 but the project remained incomplete.

Indian scholarship took the nationalist position lamenting the neglect of the indigenous healing traditions and was critical of the official support to western medicine. Romesh Chunder Dutt drew attention to the fact that Hindu medical science had received less attention from the earlier antiquarians than the other sciences.32 Bhagvat Sinh Jee’s *Short History of Aryan Medical Science* (London, 1896) argued impassionedly for the need to appreciate, preserve and investigate Āyurveda. Glorification of Āyurveda and Hindu civilization was often the focus of his work. Highlighting the apathy prevailing in India towards the study of the history of medicine, a graduate of Calcutta Medical College, G. N. Mukhopadhyaya, directed the attention of scholars towards its importance for medical students.33 His investigation of the Indian surgical art on the basis of Sanskrit texts, together with a comparative study of the

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31Gangadhara Kaviratna (ed.), *Caraka Saṃhitā with Commentary ‘Jalkalpataru’*, Calcutta, 1868.


instruments used in other medical systems, is a work of great significance.\textsuperscript{34} Mukhopadhyaya concluded that the knowledge of medicine in ancient India was by no means rudimentary and that it was inferior to none in quality or quantity at an early age.\textsuperscript{35} His other work, \textit{History of Indian Medicine} published in three volumes, gives a survey of āyurvedic medical tradition from the earliest times along with notices of the authors and their works from various sources though the author has included narratives of mythological figures and the healing gods among the medical authorities. An important work of Jean Filliozat that appeared just around the middle of the 20\textsuperscript{th} century examined the doctrinal bases of Āyurveda and discussed the parallels between Indian and Greek medicine.\textsuperscript{36}

The need for an association of professionals interested in researching into medical history on the same lines as the American and European National Associations was felt by some physicians just before the out-break of the Second World War. The leading role in this regard was taken by Dr. P. Kutumbiah and Dr. D.V. Subba Reddy, and the Association for History of Medicine was inaugurated at Madras Medical College on 5\textsuperscript{th}, February, 1947.\textsuperscript{37} In a few years, the Department of History of Medicine was established in Osmania Medical College in 1956 which was elevated to the Indian Institute of History of Medicine in 1969. The Institute began publication of \textit{Bulletin of the Indian Institute of History of Medicine} under the editorship of D.V. Subba Reddy from 1963.\textsuperscript{38} The papers published in the \textit{Bulletin} and the researches of Kutumbiah and Reddy have drawn the attention of scholars to the study of history of Indian healing traditions. Kutumbiah presented a systematic study of the contents of the ancient medical treatises in his work,

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  \item \textsuperscript{34} G. N. Mukhopadhyaya, \textit{The Surgical Instruments of the Hindus, with a Comparative study of the Surgical instruments of the Greek, Roman, Arab and the Modern European Surgeons’}, Vols.1-2, Calcutta, 1913.
  \item \textsuperscript{35} G. N. Mukhopadhyaya, \textit{The Surgical Instruments of the Hindus}, Vol.1, p.332.
  \item \textsuperscript{36} J. Filliozat, \textit{The Classical Doctrine of Indian Medicine}, NewDelhi, 1964 (first published in1949).
  \item \textsuperscript{38} It is now known as National Institute of Indian Medical Heritage, Hyderabad.
\end{itemize}
Ancient Indian Medicine\textsuperscript{39} which serves as important introduction to the understanding of anatomy, physiology, diseases, diagnosis, prognosis, treatment, materia medica and surgery as practised in Āyurveda. The publication of Indian Journal of History of Science from 1966 has also contributed to the steadily growing body of literature on Indian medicine.

By the middle of the 19\textsuperscript{th} century, scholars had adduced adequate evidence to establish the originality of ancient Indian medical science. Consequently, they directed their investigation to varied areas of interest like the evolution of Āyurveda, the basic precepts, concept of disease, principles of treatment, comparative therapeutics, medical ethics, dietetics, etc. Introductory essays,\textsuperscript{40} general surveys\textsuperscript{41} and summaries and descriptive accounts of the contents of the Caraka Saṁhitā\textsuperscript{42} and the Suśruta Saṁhitā\textsuperscript{43} have been also been written which are invaluable for the student of the history of medicine. An important addition to the literature on Āyurveda is the series, Encyclopaedia of Indian Medicine. Written in six volumes, it is a comprehensive inquiry into several aspects of the subject: the historical perspective, basic concepts, clinical examination and diagnostic methods, materia medica and the treatment of diseases.\textsuperscript{44} P.V.Sharma, an āyurvedic physician, who has contributed immensely to the study of pharmacology and the history of Āyurveda, traced

\textsuperscript{39} Chennai, 1999 (originally published in 1962).


\textsuperscript{41} G. Mazars, A Concise Introduction to Indian Medicine, translated from French by T.K. Gopalan, Delhi, 2006.


\textsuperscript{44} S.K.R. Rao (Ed.), Encyclopaedia of Indian Medicine, Vols.1-3; S.R. Sudarshan (Ed.), Encyclopaedia of Indian Medicine, Vols.4-6, Bombay, 2005 (Reprint).
the development of ideas in medicine from the pre-historic age to 1000 C.E. in the medical treatises and non-medical texts.45

Some scholars, however, like V.W. Karambelkar went back to the old theme of unearthing the earliest roots of Āyurveda in the charms of the Atharvaveda. His work46 is an exposition on the nature of healing prevalent in the Vedic period which may be understood from the practices of the Kauśika Śūtra and the medical charms of Atharvaveda that together represent the Āyurveda of the age. Karambelkar emphasised the need to explore the literary compositions of all languages and all branches of Indology - archeology, epigraphy, numismatics, philology, philosophy, mythology, Vedic studies, etc. to bring to light the ‘medico-historical problem.’47

Though the theoretical aspects of ancient Indian medicine have received greater attention of scholars,48 the use of different methodological tools has opened up new vistas of historical research. Scholars began to use interdisciplinary approaches and sources other than medical texts to address newer or broader issues. In the 1940’s, Heinrich Zimmer examined the medical myths for an understanding of the mythical and allegorical elements of medicine and the ideological basis of healing. Magical healing appeared first in the Vedas and persisted even in the classical compendia. According to Zimmer, it formed part of the “psychosomatic” approach to healing.49 His work deals with medical literature, general significance of medicine, training of the physician, healing institutions and diseases among other aspects. Zimmer understood that the purpose of Indian medicine was not just}

45 P.V.Sharma (Ed.), History of Medicine in India from Antiquity to 1000 AD, New Delhi, 1992.
the body; there was a spiritual objective as well. He speaks of a two-fold tradition: medicine of the body and medicine of the soul. The former was the concern of the lay physicians while the latter was in the hands of ritualists who prevented the disease of the soul.\textsuperscript{50}

Period specific studies began to emerge from the 1960’s. D.V. Subba Reddy investigated issues of health care of the royalty and the common people, sanitation, natural calamities, forensic medicine, medico-legal issues, war medicine, etc., during the Mauryan period with Kauṭilya’s \textit{Arthaśāstra}, Greek writings, Buddhist texts and Aśoka’s inscriptions as his sources.\textsuperscript{51} P.V. Sharma, a prolific contributor to āyurvedic studies, threw light on practice of Āyurveda and materia medica during the Gupta period deriving evidence from the varied literary compositions of the era which are entirely non-medical in nature.\textsuperscript{52} The healing system prevailing in the period from pre-Mauryan to Kuṣāṇa age was studied by Jyotir Mitra.\textsuperscript{53} In yet another work, \textit{A Critical Appraisal of Ayurvedic Material in Buddhist Literature with special reference to Tripiṭaka}, he examined the Buddhist Pāli canon for gathering valuable data on the development of the classical system of medicine.\textsuperscript{54} This evidence was systematically compared with the data in the medical \textit{Saṃhitās}. The examination of Buddhist literature assumes significance in the absence of any medical treatises preceding the \textit{Caraka} and the \textit{Suśruta Saṃhitās} which can shed light on the evolution of Āyurvedic system. The evidence for medicine and the healing tradition in the \textit{Vedas} was also undertaken by Rita Singh\textsuperscript{55} and K.G.Zysk.

The focus of works discussed above was on unearthing evidence for diseases, therapeutics, pharmacology, concepts of anatomy and physiology. It


\textsuperscript{52} P.V. Sharma, \textit{Indian Medicine in the Classical Age}, Varanasi, 1972.

\textsuperscript{53} J. Mitra, \textit{History of Indian Medicine from pre-Mauryan to Kuṣāṇa Period}, Varanasi, 1974.

\textsuperscript{54} Varanasi, 1985.

is in the works of D.P. Chattopadhyaya that we notice the initiation of critical sociological inquiry into science. *Science and Society in Ancient India*\(^\text{56}\) is a path breaking work investigating into the problem of science in ancient Indian society. Science in ancient India showed much promise but did not progress despite its early theoretical achievements. To study this problem, Prof. Chattopadhyaya chose medicine as the area of study, which unlike other sciences, was a complete secular discipline that had acquired the full status of science. Classical medicine, he noted, had developed a scientific methodology through the concept of *yukti* or reasoning but was thwarted in its application by counter-ideology. He examined the *Caraka Samhita* in the context of the Vedic corpus and the law-books to separate the intrinsic and extrinsic elements in the text as it underwent revision and codification, and to understand the ideological shifts from the tenets of science. Chattopadhyaya deduced that all ‘unscientific’ elements were inserted in response to the demands of hierarchical ordering of society as envisaged by the orthodoxy. In later work he emphasised the need to undertake studies on science in the context of the socio-economic background as “science cannot be seen as an autonomous discipline without being influenced by society”.\(^\text{57}\) Lallanji Gopal also attempted to analyse the stigmatization of physicians in brahmanical literature.\(^\text{58}\)

A multiple layered interpretative study of Ayurveda was undertaken by Francis Zimmerman in *The Jungle and the Aroma of Meats: An Ecological Theme in Hindu Medicine*.\(^\text{59}\) He has used the tools of biogeography and linguistics, to engage in an ecological reading of the three primary Sanskrit medical texts. Beginning with the English word ‘jungle’, he has traced its changing connotation in different languages from Sanskrit to Hindi and English to understand the evolution of its concept. Zimmermann had

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\(^\text{56}\) Calcutta, 1977.


\(^\text{59}\) Delhi, 1999 (first published 1982).
underlined the importance of the knowledge of the environment, climatic and seasonal effects for the ancient physician. The ecological doctrine provided the framework within which the flora and the fauna, the seasons and the soils were classified and their relationships to the three humours and the six savours (rasas) were delineated. Therapeutic qualities of any plant or animal were determined by its environment. Thus, Zimmerman would argue that two sciences are enmeshed within Ayurveda - biogeography and therapeutics.

From the last decades of the twentieth century, some scholars have moved away from cataloguing developments in ancient medicine to a more intensive understanding of healing traditions. The importance of Buddhist literature in understanding the evolution of a full-fledged classical system as embodied in the early Sarīhitās was pointed out by Meulenbeld. The scholarly studies of K.G. Zysk have substantially contributed to the understanding of medicine of the Vedic and post-Vedic eras. He has undertaken a close examination of the Rgveda, the Atharvaveda and Buddhist literature to reveal the existence of a Vedic medical tradition, which he argues is not an absolute disparate tradition from the classical ayurvedic system as represented in the Bhela, Caraka and Susruta Sarīhitās. This magico-religious medical tradition was at obvious variance with empirical framework of Ayurveda; yet he finds the beginnings of empiricism through the recording of observable facts in the Vedas. The different demonic beings were believed to cause varied afflictions. The isolation and identification of their symptoms and the close observation of properties of plant remedies, constituted the commencement of a different approach to diseases and healing. Zysk has tried to understand the rather complex process of the evolution of Indian medicine by positing that the basis of the ayurvedic materia medica can possibly well be traced from Vedic or even pre-Vedic medical tradition.

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The magico-religious healing tradition as represented in the *Vedas* (1700-800 B.C.E.) was succeeded by the empirico-rational medicine of the classical treatises of Caraka, Susruta and Bhela (ca. 200B.C.E.-400C.E.). In *Asceticism and healing in Ancient India: Medicine in the Buddhist Monastery*, Zysk argues for a radical change or a paradigm shift in the intermediate period ca. 800-100 B.C.E. However, the theory of paradigmatic shift needs to be cautiously applied as the new tradition was not a changeover for it assimilated certain aspects of the older tradition. His second contention is that the heterodox ascetics, particularly the Buddhists, rather than the brahmanic intellectuals, made substantial contribution to medicine in this crucial phase. Zysk has undertaken a historical-philological methodology which involves a critical study of the *Vinaya Piṭaka* and the principal ayurvedic texts to establish the relationship between Buddhist monastic medicine and Āyurveda.

The vast gamut of Indian medical compositions has been investigated by G.J. Meulenbeld in his magnum opus, *A History of Indian Medical Literature* in five volumes. It is “truly a landmark work, not only for medical history, but for Indology as a whole.” The objective of this work is not to provide “a continuous history of Indian medical literature, nor a history of Indian medicine that, in a chronological order, sketches the progressive and regressive lines of development…” It brings together the entire spectrum of medical writings including commentorial literature, secondary texts and articles upto 2002 making it an indispensable work for the student of ancient Indian history.

Certain other specialised writings which are of interest to our thesis may also be mentioned. The nature of education for physicians has also received...
the attention of scholars like R.K. Mookerji and N.H. Keswani. Medical ethics and doctor-patient relationship in ancient medical literature has been a popular topic of investigation. Dagmar Wujastyk has studied the system of medical education, medical ethics and doctor-patient relationship in the earliest medical treatises in a very recent work. The early institutions of healing were studied by Lallanji Gopal. The study of epigraphs have brought to light interesting evidence on the practice of medicine, medical institutions, position of physicians and the association of religious institutions with healing. The evidence for surgery, both textual and archaeological, in the north-western part of the Indian sub-continent has been dealt with by N.H. Naqvi. A collection of essays by Sukla Das highlights several issues like the social context of some well-known diseases, concepts of health and nutrition, status of medical professionals and institutional care of the sick.

Few of the works mentioned in the foregoing discussion have explored the social aspects of the medical treatises. A socio-analytical approach to the perception of society in the medical treatises is a desideratum. The focus of

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medical compendia is on disease, cure, prevention of disease and the maintenance of physical and mental well-being; yet they also provide ample scope for understanding the social dimensions of disease and therapeutics. They provide a lens to examine the society as revealed through the eyes of medical practitioner. They help to understand the perception of disease, societal response to the patient and that of the physician towards the patient. The conventional sources for the writing of the social history of ancient India have been the canonical literature, the brahmanical law books, the epics, semi-canonical works like the Purāṇas, and non-canonical literature such as plays, folklore, etc. Here, we have attempted to study society from a different perspective - that of the ancient medical texts.

Our thesis entitled, “A Medico-Social Analysis of the two Medical Texts—the Caraka Saṃhitā and the Suśruta Saṃhitā”, attempts to analyse aspects of ancient Indian society pertaining to the world of the physician and his interface with the patient and the society at large as reflected in the two medical compendia. These two Saṃhitās are the earliest among the classical medical works and form the primary sources for this work. This thesis attempts at a more comprehensive understanding of the practice of medicine and surgery, medical education, the issues of class, gender and religion in medicine as well as medical concepts having social relevance on the basis of the two medical compendia. Corroborative evidences have been drawn from literary and epigraphic sources. Divergences between the two Saṃhitās wherever evident have also been highlighted.

The work is divided into eight chapters apart from the introduction and the conclusion. The first chapter titled ‘The Saṃhitās’ deals with the historiography on the authorship and the date of composition of the texts, the translations and the commentaries. In the second chapter titled, “The Medical Profession”, we have examined the criteria of a physician in the two compendia, the evidence for specialisation and categorisation within the profession, the social position of the medical practitioner, his code of practice and other categories of persons associated with the profession. The third chapter, “The Medical Student and the Teacher: Understanding the Issues in
the Transmission of Medical Education”, looks at the issues of teaching, qualifications of medical student and the teacher, initiation of the student and teacher-student relationship.

In the fourth chapter, “Social Implications of Diseases and Their Treatment”, we have investigated into the perception of disease in the medical texts, whether they were regarded with hatred or there was personification, the nature of therapeutics and socio-cultural notions of disease. Issues of class and gender have been investigated in the fifth chapter, “Class and Gender: Discrimination and Distinction in the Process of Treatment”. We have looked at two issues here - first, if there is evidence for differential treatment of patients on class and gender basis, and second, the perception of gender in the medical world.

The sixth chapter, “Environmental Issues and Hygiene”, is a study of the disease-environment complex in the context of seasonal changes, the hypothesis regarding the occurrence of epidemics, measures of prevention and counteraction and the notion of hygiene. In the seventh chapter, “Drugs and Diet”, issues relating to procuring and preparation of drugs, the involvement of assistants, management of drugs, trade in medicinal articles and dietetics have been examined.

The eighth chapter is “Religion and Medicine”. The composition of the medical compendia marks the shift from magico-religious to empirico-rational medicine as disease is now explained in terms of its aetiology. Yet some of the earlier elements could not be entirely done away with. We have attempted to identify some of the elements of magical treatment in the treatises. The role of the principal deities mentioned in the texts in their proper contexts has been studied. We have tried to analyse how Brahmā who occupies the cardinal position in the origin of Āyurveda, loses his pre-eminence in the practice of medicine to Śiva and Viṣṇu. The ninth chapter, ‘Surgery: Pre-operative and Post-operative Care’, is an attempt to understand the surgeon’s practical training and his psyche, the perception of surgery, preparation of the patient, the people involved in the recovery process, and the notion of infection.
We are aware of the shortcoming in methodological analysis presented by our primary sources as it not possible to assign a definite time frame to the thesis. The medical Satdhītās were a growing body of literature that underwent additions and redactions with expansion of medical knowledge. Despite this inadequacy this genre of literary works provides a very distinctive lens for investigating the social dimensions of ancient Indian medicine.