CHAPTER 4
SOCIAL IMPLICATIONS OF DISEASES AND THEIR TREATMENT

Since the last few decades disease is no longer being viewed only as a biological process but also as a social construct. A branch of medical sociology is engaged in the study of the cultural and historical aspects of phenomena thought to be exclusively natural.\(^1\) The medical concept of disease may be different from its societal perceptions. The nature and course of therapeutics are determined by the understanding of aetiology. Alleviation of the syndrome is possible only by the removal of the causal factor leading to the restoration of the original physiological condition. Associated with disease are socio-cultural notions whereby some pathological conditions cause isolation of the patient. In this chapter we will attempt to study the perception of disease in the two ancient Āyurvedic classics, the basic principles and the nature of therapeutics, and the socio-cultural notions of disease.

**Disease in the Vedas:**

The hymns of the *Atharvaveda* mention nearly a hundred diseases -both major and minor as well as known and unknown. The term used for disease throughout the text is ‘yakṣṇa’ though the word ‘roga’ also appears occasionally.\(^2\) According to the earliest view of disease held by the ancient Indians, all morbid and abnormal states of the body and mind for which no special reason is assignable, are brought on by attacks of demons. Thus, in the medical charms of the *Atharvaveda* the diseases are constantly addressed as

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demoniacal beings. Disease is seen as the manifestation of the will of a supernatural power. To the Atharvan this power was generally one of the host of demons by which he believed himself surrounded. Thus, yakṣma is actually such malevolent force that is characterised as entering and possessing each and every part of the body.

The physician destroys the disease together with the demon causing the disease: vipraḥ sa ucyate bhiṣak rakṣohāmīvacātanaḥ. Amīvā is a female demon who attacks her victims and causes malnutrition.

The Atharvaveda knows of innumerable such disease causing demonic entities of vague in outline: Yatudhāna, Kimīdina, Piśāca, Piśācī, Āmīvā, etc. They are of four main groups: Piśāca, Rākṣas, Atrin and Kaṇva. Piśācas devour the flesh of their victims (AV.IV.36.3; V.29.5) and so do the Atrins. Kaṇvas preys upon the embryo (AV.II.25.3). Rākṣasas steal the senses (AV.VI.111.3) and Apsarās bewilder the mind and cause insanity (RV.X.11.2; AV.VI.111.4). The consorts of the Apsarās, the Gandharvas, are dog-like are also sought to be driven away. These malevolent entities not only cause disease; they are the symptoms of the condition or the disease itself. Thus, the most dreaded disease-demon of the Vedic people, takman (fever or malarial

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6 RV.X.97.6; V.W. Karambelkar, The Atharva-Veda and the Āyur-Veda, p. 114.
7 K.G. Zysk, Medicine in the Veda, p. 49.
8 V.W. Karambelkar, The Atharva-Veda and the Āyur-Veda, p. 41.
13 RV.IV.37.
fever), attacks the victim in the form of thunder and lightning that accompanies the monsoon rain. He enters the victim’s body and make it tremble. He is known to be malicious, powerful, unruly, wild, violent, evil, awesome, indestructible, inciting and as one who shakes and excites. Balāsa (swelling) is his brother, cough is his sister and pāman (rash) is evil his cousin.

The disease causing entities are often personified and deified, giving rise to an entire pantheon of gods of disease. It is interesting to note that formidable takman is given a position among the divinities along with Rudra and Varuṇa. He is in fact known as the ‘son of Varuṇa’. Demonic beings strike where there is breach of social norms or incidence of sinful deeds. Sometimes diseases are inflicted by the gods as punishment for the same. Varuṇa is said to send dropsy to punish crime, especially falsehood (AV.I.10.1-4; II.10.1). Rudra’s arrows are believed to cause tumours (AV.VI.57); takman and kāsikā (cough) are his weapons (AV.X.2.22). Diarrhoea is connected with the arrows of Parjanya (AV.I.2), and lightning (Agni) with fever, headache and cough in (AV.I.12). Diseases can also be brought on witchcraft and sorcery as well as krimī, i.e., worms or vermin. Headache, ear and eye diseases as well as intestinal diseases are attributed to worms; worms in children and in cattle also find special mention in the hymns.

To the Vedic people, therefore, diseases are essentially in the nature of external afflictions which attributable to various kinds of evil-minded forces.

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14 V. Grohmann was the first to observe close resemblance between takman and malarial fever. See K.G. Zysk, *Medicine in the Veda: Religious Healing in the Veda*, p.34, fn.2.
16 AV.IX.8.6.
19 AV.VI.20.2.
20 AV.I.25.3.
23 AV.II.31; II.32, V.23.
24 J.Jolly, ‘Disease and Medicine (Hindu)’, p.754.
invade the body. Consequently, treatment is basically directed towards their removal which takes the form of recitation of spells, wearing of amulets and performance of rituals. The healer exhorts the malevolent spirits to leave the afflicted bodies. *Takman* is sought to be driven away in an *Atharvavedic* hymn in the following manner:

“Let Agni expel *takman* from here; [let] Soma, the pressing stone [and] Varuṇa of refined dexterity [expel him]; [let] the sacrificial altar, the *barhīs* (sacrificial grass) and the blazing fuel [expel him]. Let the enemies be gone!”

Charms represent the use of associative magic for the removal of disease symptoms. They are sought to be expelled and sent elsewhere, sometimes to their appropriate receptacles, such as *hariman* (jaundice) to yellow objects like the sun and parrots, and the heat of fever to an aquatic creature like the frog. Sometimes the demons of disease are exhorted to leave the victim’s body and find an alternative abode among adversaries or undesirable elements. An interesting instance of this is noticeable in a hymn dedicated to the cure of fever. The demon takman is urged to return to his home among the Mūjavants, the Mahāvrṣas and the Balhikas; or to strike the escaping slave-girl, the lustful young śūdra-girl, the Gandhāris, the Aṅgas or the Magadhās. In fact the poet exhorts ‘the unruly one’ to “seek out someone other than ourselves.” Treatment with herbs is very much a part of Vedic therapeutics but they are mainly used externally and not so much as as internal medication. They are employed as amulets or in poultices and compresses. They were held in the hand of the healer and ritually waved over the patient in order to drive his affliction.

25 AV.V.22.1; Taken from K.G. Zysk, *Medicine in the Veda*, p. 41.
27 AV.I.22.
28 AV.VII.116.
29 AV.V.22.
30 AV.VI.20.
It is noteworthy as Zysk points out, that the idea of health in the positive sense is wanting in Vedic medicine. Any notion of the concept was to be found on the negative sense or opposite of what was understood as disease, or more specifically in the absence of particular disease-causing demons, of injuries and damages or of toxins.\(^3\)

From the discussion of the aetiology of diseases arises the question as to whether the Atharvan healer had any knowledge of the tridoṣa theory of the body, a fundamental cornerstone of the classical medical texts. The principle of three doṣas (dhātuṣ) of the human body goes like a red thread through the whole of medicine.\(^3\) Bolling opines that it does not appear in the early Atharvan texts\(^4\) though some scholars like S.N. Dasgupta\(^5\) and Karambelkar think that the germs of tridoṣa theory are to be found in the Atharvan hymns.\(^6\) Rao traces the theory back to the Ṛgveda (RV.1.34).\(^7\) However, the theory of three active elements of the organism which, on their equilibrium being disturbed or because of functional anomalies, become its three elements of trouble (tridoṣa), the wind, the phlegm and the bile, had not yet been constituted at the times of the Vedas themselves.\(^8\) Filliozat points out that the notion of phlegm hardly prefigures in the Atharvaveda, and it is in the Śatapatha-Brāhmaṇa, that this element is named under one of its principal names, the ślesman.\(^9\)

**Disease in the classical Saṃhitās:**

A clearer notion of disease is offered by the classical medical authors based on an understanding of the physiological functioning of the body. The concept

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\(^3\) J. Jolly, *Indian Medicine*, G. Kashikar, p.49.

\(^4\) G.M. Bolling, ‘Disease and Medicine (Vedic)’, p. 763.


of disease is related to the notion of health and there is antipodal distinction between the two. The term ārogyam implies freedom from roga or disease. Health signifies happiness and disease denotes pain (sukhasātiṃjñakam ārogyatīvīkāro duḥkhameva ca). The absence of disease enables an individual to accomplish the four objectives of life: virtuous acts (dharma), acquisition of wealth (artha), gratification of desire (kāma) and final emancipation (mokṣa).

The absence of disease enables an individual to accomplish the four objectives of life: virtuous acts (dharma), acquisition of wealth (artha), gratification of desire (kāma) and final emancipation (mokṣa). The obstacle in the realization of these objectives is condition of disease that threatens the individual’s wellbeing and his very survival. Here, we are reminded of the sages who were impelled to learn Āyurveda when diseases became the impediment to long life, sacred studies and their religious observances. It is in this sense that health is the state of happiness and disease one of pain. Suśruta also defines disease as duḥkha, that is, a painful condition (tadduḥkhasāthīvyogā vyādhaya uccayante). Duḥkha is the prakritised form for duḥ-stha, meaning uneasy, uncomfortable, unpleasant or difficult.

In physiological terms, well-being is dependent on the constituent elements of the body, that is, the dhātus. The condition of health (prakṛti) is the state of equilibrium of the dhātus; any alteration of this equilibrium that causes discomfort and suffering is the condition of disease (vikāro dhātuvaśāmyatī, sāmyatī prakṛturucyate). Hence, one of the synonyms of disease is vikāra which implies a change of bodily or mental condition (for the worse). Dhātus consist of the three doṣas, i.e., vāta (wind), pitta (bile), kapha (phlegm); the seven types of tissues, i.e., rasa (chyle), rakta (blood), māṁsa (muscle tissue), medas (fat tissue), asīhi (bone), majj (bone marrow) and śukra (semen); and the upadhātus. Suśruta gives a more detailed definition: a person

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40 CS.Su.9.4.
41 CS.Su.1.15.
42 CS.Su.1.22.
43 CS.Su.1.6.
44 SS.Su.1.16.
45 MW, p.483.
46 CS.Su.9.4.
47 Cakrapāṇidatta’s commentary on CS.Su.9.4.
is said to be svastha or healthy when the doṣas (humors) and the metabolic state (agni) are in equilibrium, when the functional activities of the dhātus (tissues) and the malas (excretory products) are in balance, and the soul (ātmā), the senses (indriya) and the mind (mana) feel well.\footnote{SS.Su.15.41.} Health is a question of both physical and mental well-being.\footnote{CS.Su.1.55.}

Other than roga, there are several terms that signify disease in our classical Satīḥitās: vyādhi,\footnote{Eg. CS.Sa.1.108; SS.Su.21.33.} āmaya,\footnote{Eg. CS.Su.6.50.} gada,\footnote{Eg. CS.Sa.1.114; SS.Su.33.5/1.} ātaṅka,\footnote{Eg. SS.Su.10.5.} yakṣmā,\footnote{CS.Ni.1.5.} jvara,\footnote{CS.Ni.1.5.} vikāra,\footnote{Eg. SS.Su.21.29.} and roga.\footnote{Eg. CS.Ni.1.5.} These terms are synonymous,\footnote{CS.Ni.1.5.} though each of these words has specific connotation and is indicative of disease in its various aspects. The term ‘vyādhi’ indicates that disease is associated with pain of various types. The term ‘āmaya’ bears reference to āma\footnote{Āma implies undigested matter.} that is invariably present in the pathogenesis of disease. Gada also implies poisons, and is one of the names of the divine twin physicians the Aśvins.\footnote{MW, p.134.} ‘Ātaṅka’ is a pointer to the fact that the suffering individual leads a miserable life. ‘Yakṣmā’ indicates that like yakṣmāroga (consumption/tuberculosis), disorders are symptom complexes associated with many disease entities. The word ‘jvara’ is indicative of both psychic and somatic afflictions. ‘Vikāra’ points to the changes brought about in the body and the mind by disease. ‘Roga’ is an indicator of the painfulness of diseases.\footnote{Cakrapāṇidatta’s commentary to CS.Ni.1.5.}
Disease is conceptualized as an altered condition of the body and/or the mind that is associated with pain and misery. The perception of fear is also associated with conditions of disorder as we recall the words of Bharadvāja when he approached Indra with the prayer for learning the science of life: “The diseases terrifying to all creatures have manifested themselves…” (vyādho hi samutpaṇnāḥ sarvapraṇibhayatkarāḥ).62

Caraka refers to two allegorical narratives relating to the origin of fever and tuberculosis. The wrath of Śiva afflicts men with fever;63 and that of Dakṣa afflicted Candra with consumption.64 In both situations, anger is personified as malevolent force that begets suffering in humans as disease. Thus, anger/krodha, yakṣmā, jvara and roga are synonymous in medical parlance and all they connote duḥkha or misery (krodho yakṣmā jvaro roga ekārtho duḥkhasaṁjñak).65

**Aetiology of Disease:**

The aetiology of disease in classical Āyurveda derives from an understanding of the basic physiological principles of the human body. The three basic components of the body that determine its physiological state are the doṣas, the dhātus or the tissues and the malas or waste products (doṣadhātumalamulaṁ hi śarīra).66 The three doṣas, vāta (wind), pitta (bile), and sleṣman/kapha (phlegm) constitute the three pillars of support of the human body. They are the basis of its creation, sustenance and destruction. Therefore, the body is described as tristhūṇa.67 Their bodily function is comparable to that of air, the sun and the moon in the sustenance of the universe.68 Doṣas undergo constant variation. In

62 CS.Su.1.22.
63 CS.Ci.3.23-24.
64 CS.Ci.8.5.
65 CS.Ci.8.11.
66 SS.Su.15.3.
67 SS.Su.21.3.
68 SS.Su.21.8.
their normal condition, they ensure growth, strength, happiness, etc.; when their equilibrium is disturbed, they cause various types of diseases. The word *doṣa* is derived from the root *duṣ* meaning bad, ill, etc., which is the equivalent of the Greek prefix ‘dys’ having similar implication. Therefore, *doṣas* are the pathogenic factors of the body while those of the mind are *rajas* and *tamas.*

*Doṣa* imbalance may occur singly or in combination in somatic and psychic maladies, and diseases as such are innumerable in number. Caraka cites the numbers of the commonly manifested ones: those of *vātika* origin are 80 in number, 40 of *paittika* origin, and 20 of *kapha* origin.

Suśruta understands that there is a fourth factor, *śoṇita/rakta* or blood which plays an equally important role with the three *doṣas* at birth, during life and at death, but it is not considered an independent pathogenic factor since perturbation of blood cannot occur in the absence of vitiation of the other *doṣas.* Nonetheless, we notice that in a few diseases, blood is treated as an independent vitiating factor as in the case of piles. The importance given to blood in this compendium is understandable given that it deals primarily with surgical procedures.

The second aspect of disease aetiology for the physician is the understanding the factors and processes involved in the perturbation of the *doṣas.* The principle of causality is vital to therapeutics.

Hence, Caraka comments:

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69 CS.Su.20.9. 
70 MW, p.123. 
72 CS.Su.1.57. 
73 CS.Su.20.3. 
74 CS.Su.20.10. 
75 SS.Su.21.3-4. 
77 SS.Ni.2.3.
“The state of equilibrium of the dhātu is not disturbed nor is the imbalanced state brought to normalcy without some causative factors. It is the causative factors which determine the equilibrium or imbalance of the dhātu.”

Caraka’s exposition on causality identifies three causal factors for the aggravation or the diminution of doṣas:

- *asātmeyendriyārthasāmyoga*, i.e., unwholesome contact of the sense organs with their respective objects;
- *prajñāparādha*, i.e., errors of judgment; and
- *kāla-paripāma*, i.e., seasonal vagaries.

The first factor, *asātmeyendriyārthasāmyoga* occurs in three ways: (a) from contact of the five sense organs with their objects (*indriyārtha*); (b) from actions relating to speech, mind and body (*karman*); (c) time (*kāla*).

(a) The objects of the five sense organs - auditory, tactile, visual, gustatory and olfactory sensations are sound (*śabda*), touch (*sparṣa*), form (*rūpa*), taste (*rasa*) and smell (*gandha*). The manner of utilization of these objects determines the outcome of the contact which can be beneficial or harmful for the person. Unwholesome contact implies flawed utilization which may occur in three ways: by excessive (*atiyoga*), deficient (*ayoga*) or incorrect (*mithyāyoga*) utilization of the objects.

Caraka explains these three categories of flawed utilization of the sense faculties by some examples.

Instances of *atiyoga* take place in the following manner:

(a) sight - by gazing at highly luminous object;

(b) hearing - by listening to the loud noise of thunder, kettle-drums and loud cries;

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78 CS.Sa.1.13.

79 CS.Su.11.37; CS.Ni.1.3.

80 CS.Su.11.37.

81 CS.Su.8.11.

82 CS.Su.11.37.
(c) smell- by taking in exceedingly sharp, acute or intoxicating odours;
(d) taste- by excessive intake of substances of various tastes;
(e) touch- by having exceedingly cold and hot baths, massage, unction, etc.

In a similar manner, deficiency in the utilization of the sense faculties, constitutes *ayoga*.

Deliberate wrong utilization of the sense faculties or *mithyāyoga* take place in the following manner:
(a) sight- by observing things too close or too far away or that are awful or terrifying or surprising, contemptuous, frightful, deformed or alarming;
(b) hearing- by listening to harsh words, news of the death of a dear one, violent, insulting or terrifying sounds;
(c) smell- by inhaling odours that are exceedingly putrid, unpleasant, dirty, putrefied or cadaverous, or inhaling poisonous gases;
(d) taste- by intake of food without observing the prescribed rules;
(e) touch- by having cold or hot baths, massage and unction in the wrong sequence, touching uneven place, dirty objects, *bhūta* (impure things?), injurious objects.

(b) *Asātmeyendriyārthasaṁyoga* may also arise from certain kinds of verbal, physical and mental activities, especially when they are excessive, deficient or improper. Instances of wrong utilization of the body are the suppression of the natural urges or their artificial manifestation, etc. Wrong utilization of speech refers to back-biting, lying, useless quarrelling, unpleasant words, irrelevant and unfavourable talk and harsh expression. Fear, anxiety, anger, greed, confusion, vanity, envy and misconceptions are mental activities that are categorized as incorrect.\(^3\)

(c) The third component of *asātmeyendriyārthasaṁyoga* is the incorrect utilization of time. An action done after it should have been done, or much sooner than it should be, or when it is not to be done at all, or executed in an

\(^3\) CS.Su.11.39.
improper manner (excessive, deficient or incorrect) is included in this category, as it is likely to become injurious to the mind, body or both. 

When an individual utilizes his sense organs in the wrongful manner, there arises prajñāparādha or errors of judgment. The concept of prajñāparādha is central to the understanding of aetiology of disease. Caraka states that actions devoid of intelligence, resolution and mindfulness (dhī-dhṛti-smṛti-vibhraṣṭah-karma) constitute prajñāparādha. When the mind is allowed to be dominated by rajas and tamas, there is impairment of intelligence, resolution and memory.

When something eternal is viewed as ephemeral and something harmful as beneficial or vice versa, that is indicative of impairment of the intellect. When the mind indulging in worldly enjoyments cannot be restrained from harmful objects, there is impairment of resolution. Mindfulness or memory is impaired when the mind is dominated by rajas and tamas.

Both improper ascertainment (viṣama vijnāna) and improper conduct (viṣama pravartana) represent prajñāparādha. Therefore, error of judgment is by nature an improper ascertainment and in its manifestation, an impulse to an improper conduct.

Caraka cites the following examples of prajñāparādha:

- forcible stimulation of natural urges and suppression of manifested ones
- exhibition of undue strength

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85 CS.Su.1.37.
86 CS.Sa.1.102.
87 CS.Sa.1.102-108.
88 CS.Sa.1.99.
89 CS.Sa.1.100.
90 CS.Sa.1.101.
91 CS.Sa.1.109.
• overindulgence in sex
• negligence of the time of treatment
• initiation of action in improper time (excessive, deficient or wrong utilization of therapies)
• immodesty
• absence of good conduct
• disrespect for those worthy of respect
• enjoyment of harmful things
• improper conduct in keeping with age time, place or situation
• company of wicked folk
• neglect of regimen for health
• undesirable emotions like malice, vanity, fear, anger, greed, ignorance, intoxication and confusion or bad actions arising from any of them
• other physical evil acts arising from rajas and tamas.

Such harmful conduct constitutes one the causes of perturbation of doṣas.\textsuperscript{93}

The behaviour of doṣas is continually affected by a third factor, kāla-parināma, i.e., the diurnal and seasonal changes. Consequently, doṣas normally undergo accumulation, aggravation and alleviation in cyclical manner through the year.\textsuperscript{94} However, when temperature, precipitation and seasonal characteristics deviate from the normal being excessive, deficient, or unseasonal (as for instance, rainfall in winter, cold in the rainy season, etc.),\textsuperscript{95} then the normal course of accumulation, aggravation and alleviation of the doṣas is disturbed.

\textsuperscript{93} CS.Sa.1.102-108.
\textsuperscript{94} CS.Su.17.114-115/1.
\textsuperscript{95} CS.Su.11.42.
In their state of aggravation and diminution, doṣas manifest signs and symptoms in accordance with the degree of vitiation.96 The effects of vitiated doṣa /doṣas/ are then felt on the structural components of the body. It is the interaction among doṣas, tissues (dhātus) and waste products (mala) at a specific site that manifests itself in the form of disease.97 These sites are plasma (rasa), blood (śoṣita), muscles (maṭïsa), adipose tissue (meda), bone (asthi), bone marrow (majja) and sperm (ṣukra).98 Dhātus in themselves are not responsible for any disease. It is only when their equilibrium is disturbed do they bring about disease.99

It is noteworthy that the notion of perturbation of the doṣas is understood entirely in terms of human behaviour, that is to say, indulgence in insalutary dietary habits and imprudent conduct are actions whose effects cause disturbance of the doṣas. Both are conscious actions arising from the impairment of the intellect. The agency of any supernatural or malevolent force in the above exposition is conspicuously absent which is in striking contrast with the medical notions of the Vedic hymns. Caraka and Suśruta perceive the manifestation of disease as a biological process and not as manifestation of some demonic entity. This is true of internal maladies as Caraka categorically states that all endogenous diseases occur invariably due to the vitiation of the vāta, pitta and kapha (sarva eva nijā vikārā nānyatra vātapittakaphebheyo nirvartante).100

This is not to say, however, that the classical Sarīhītās are entirely bereft of the notions of malevolent forces or the agency of supernatural beings, spells and black magic in inflicting maladies. Black magic (abhicāra) and spells are identified as causative factors in fever;101 Abstract entities cause some mental

96 CS.Su.17.62.
97 SS.Su.24.8.
98 SS.Su.24.8.
99 Cakrapāṇidatta on CS.Su.19.6.
100 CS.Su.19.5.
101 CS.Ci.30.195.
disorders\textsuperscript{102} and pediatric diseases.\textsuperscript{103} In fact, Suśruta’s classification of diseases includes a category caused by \textit{piśācā} and other such malevolent beings as we shall see below.

Caraka makes a distinction between somatic (\textit{nija}) diseases and exogenous diseases (\textit{āgantu}) on the basis of disease causation.\textsuperscript{104} Psychological disorders and traumatic illnesses are not included in the category of somatic disorders as is evident from the following three-fold classification of diseases:

(i) \textit{nija} (endogenous/constitutional)- caused by the morbid \textit{doṣas};

(ii) \textit{āgantu} (exogenous/accidental) - caused by demoniac seizures (\textit{bhūta}), poisonous substances (\textit{viṣa}), wind (\textit{vāyu}), fire (\textit{agni}) or trauma (\textit{sāṁprahāra}), etc.;

(iii) \textit{manasā} (mental disorders)- caused by association with agreeable and disagreeable things.\textsuperscript{105} The main point of divergence between the first two classes of diseases lies at their points of origin. Nevertheless, even though the origin of the exogenous disorders is external to the body, the process of \textit{doṣa} vitiation is not absent. In somatic diseases, the perturbation of the \textit{doṣas} is followed by manifestation of pain; whereas in exogenous diseases, it is the other way round. Pain is the primary manifestation and the vitiation of the \textit{doṣas} follows subsequently.\textsuperscript{106}

Suśruta’s classification of diseases is four-fold:

(i) traumatic (\textit{āgantu})- caused by injuries;

(ii) somatic (\textit{śarīra})- caused by disequilibrium of \textit{vāta}, \textit{pitta}, \textit{kapha} and \textit{šonita};

(iii) psychic (\textit{mānasa})- caused by different types of likes and dislikes;

\textsuperscript{102} CS.Ni.7.12.
\textsuperscript{103} SS.Ut.27.3-5.
\textsuperscript{104} CS.Su.19.6.
\textsuperscript{105} CS.Su.11.45.
\textsuperscript{106} CS.Su.20.7.
(iv) natural (svābhāvika)- include processes like hunger, thirst, senility, death, sleep and those caused by the constitution.107

It is interesting to note that these natural processes of the body are viewed as diseases by Suṣruta.108 Caraka describes aging and death as kālaja diseases (occurring with passage of time) which are natural but irremediable.109

The medical authors have classified diseases on varying criteria, such as, prognosis, severity, site of affliction (adhiṣṭhāna), site of origin,110 or according to the vitiated doṣa,111 etc. There is no fixity in the norms of disease classification, and an individual is at liberty to determine his own criteria for classification112 as diseases are innumerable.113 The etiologic basis of classification is contextually relevant here for a clearer understanding the concept of disease in our two Satīhitās. Such a disease classification occurs in the chapter is titled ‘vyādhisamuddeśīyo(a)dhyāya’ or ‘Classification of Diseases’ in Śrāstrasāna of the Suṣruta Satīhitā which the most comprehensive. On the basis of aetiology, Suṣruta recognises seven types of diseases which are placed in three groups: ādhyatmika, ādhibhautika and ādidaivika.114

The prefix ‘ādhi’ indicates discomfort, in particular mental discomfort and is mostly used in association with vyādhi, especially bodily disease.115 All adhyatmika diseases are intrinsic disorders while the other two categories originate from extrinsic causes.

107 SS.Su.1.24.
109 CS.Sa.1.115.
110 CS.Vi.6.3.
111 CS.Ni.1.4.
112 CS.Su.6.4.
113 CS.Su.18.42.
114 SS.Su.24.5-7.
I. Ādhyatmika

The category ādhyatmika implies diseases arising from oneself (from ādhyatma meaning ‘belonging to self’)\textsuperscript{116} and includes three types of diseases:

i. Hereditary (ādibalapravṛttta)- caused by defective sperm and ovum, such as skin diseases, haemorrhoids, etc. transmitted through either parent.

ii. Congenital (janmabalapravṛttta)- caused by improper antenatal care, such as lameness, congenital blindness, deafness and dumbness, nasal twang in the voice, dwarfism, etc. These are of two types:

(a) \textit{Rasakṛṭāḥ}- arising from the vitiation of the \textit{rasa} (chyle or plasma) of the mother, i.e., from dietary indiscretions;

(b) \textit{Dauḥṛda-apacārkṛṭāḥ} arising from non-gratification of desires of the mother during pregnancy.

iii. \textit{Doṣa}-induced (doṣabalapravṛttta)- caused by perturbation of doṣas in the absence of proper dietary habits and daily regimen. They can again be of two types:

(a)\textit{āmāsayottha}- when the location is the stomach and the upper portion of the small intestine;

(b)\textit{pākvāśayottha}- arising from the large intestine. Gastric or intestinal in origin and the manifestation can be either as diseases of mind or of the body.

\textit{Doṣika} (humoral) diseases can be of further two types:

(c)\textit{śārīra}- somatic

(d)\textit{mānasā}- psychic.

II. Ādhibhautika

The term is derived from ādhibhūta meaning ‘belonging or related to created beings; or derived or produced from the primitive elements’\textsuperscript{117} Ādhibhautika

\textsuperscript{116} MW, p.139.

\textsuperscript{117} MW, p.138.
implies diseases created by causes existing in the physical and material environment of the body.\textsuperscript{118} Therefore, in this context, it connotes afflictions proceeding from other beings or from environment circumstances which can be of two types:

(a) Traumatic (sat\textit{ṁghāṭabalapra\textit{ṛ}ṭta) afflictions are in the nature of external injuries caused to a weaker person by a stronger adversary. Injuries may arise from the use of sharp weapons (\textit{śastrakāṭḥ}) or from attack of wild animals (vyālakāṭḥ). Both are tangible in nature.

(b) Seasonal (kālabalapra\textit{ṛ}ṭta)- afflictions are caused by heat, cold, wind, rain and other seasonal factors. They may be due to abnormality of the seasons or seasonal variations.

**III. Ādhidaivika:**

This term relates to afflictions proceeding from the gods, spirits, or from the influence of atmosphere, planets or supernatural agencies.\textsuperscript{119} The three types of diseases in this category are:

i. Supernatural (daivabalapra\textit{ṛ}ṭta)- caused by divine wrath or displeasure (devadroha), or by the invocation of curses of sages (abhisaptaka), or by Atharvan’s magical spells or by contagion.

Su\textit{śr}uta describes two sets of sub-types:

(a) caused by lightning and thunder;

(b) caused by evil spirits (pi\textit{śācādi);}

They may be of further two kinds:

(c) sat\textit{ṁsargaja-} contagious\textsuperscript{120} or epidemic diseases;

(d) ākasmika- causeless or sudden.\textsuperscript{121}

\textsuperscript{118} P. Ray et al., \textit{Sushruta Sārīhiṭā (A Scientific Synopsis)}, p.48.

\textsuperscript{119} MW, p.138.

\textsuperscript{120} The term ‘sat\textit{ṁsarga}’ means contamination due to touching. http://vedabase.net/s/samsarga

\textsuperscript{121} MW, p.126.
ii. Natural (svabhāvabalapravṛtta) - are brought about by hunger, thirst, ageing, death, sleep. They may occur in two ways:
(a) timely (kālajā)- that is, in due course in persons strictly observing the rules of health;
(b) prematurely (akālaja)- owing to unhealthy living.

The ādhidaivika category, therefore, encompasses a diverse range of afflictions. Despite the diversity in causality and their providential nature, the authors emphasise the vitiation of balance of doṣas as the definitive cause for disease manifestation. For instance, the exogenous (āgantu) type of fever is brought on by assault, emotions, spells or imprecations; but, here too, there is vitiation of doṣas.\textsuperscript{122} The immediate causes of diseases are the vitiated doṣas and the distant causes are the unwholesome contacts with the sense organs.\textsuperscript{123} Afflictions of the mind, such as anger, grief, fear, pleasure, dejection, jealousy, envy, meanness, malice, lust, greed, etc. are produced by its own doṣas, which are rajas and tamas. Their perturbation arises from the same causative factors as are applicable to the somatic counterparts (vāyu, kapha and pitta). The etiology of apasmāra (epilepsy) and unmāda (psychic disorders) is also explained in humoral terms. Thus, unmāda is said to originate from the aggravation of the doṣas located in the upper parts of the body\textsuperscript{124} with the exception of the āgantu/external type. Therefore, eventually all diseases have one fundamental cause: the perturbation of the doṣas.\textsuperscript{125}

Therefore, the conceptualization of disease in our Satīhitās rests on three premises: (i) the condition of pain or suffering; (ii) evidence of imbalance of the doṣas; and (iii) inability of the individual to perform normal functions. In fact, the term ‘roga’ and its synonyms (ātaṇka, yakṣma, vikāra, etc.) denote both the doṣas and the disease (vyādhi).\textsuperscript{126}

\textsuperscript{122} CS.Ni.1.30.
\textsuperscript{123} Cakrapāṇidatta on CS.Ni.1.7.
\textsuperscript{124} SS.Ut.62.3.
\textsuperscript{125} SS.Su.24.8.
\textsuperscript{126} CS.Vi.6.4.
Karma and Disease:

The ancient physicians also had to deal with the doctrine of ‘karma’ (actions of previous states of existence) as a disease determinant which undoubtedly presented a conundrum for them. “The study of karma in the traditional Indian medical system, Āyurveda, shows how conflict between fatalistic aspects of an indigenous traditional concept must be reconciled with a practical system which necessarily assumes that the course of many human ills is not pre-determined.”

The correlation of karma and disease is evident in brahmanical law books. Viṣṇu attributes ślipada or elephantiasis to punishment by destiny for the breach of a vow or of chastity in an earlier birth. Manu correlates diseases with crimes committed in this life and some with sinful deeds of previous existence. Idiocy, dumbness, blindness, deafness and deformity are all brought on by remnants of the guilt of former crimes.

The term karma does not appear in the classification of Suśruta, which we have discussed above. Suśruta uses the term daiva for a category of diseases that are sent by the gods, or that is associated with destiny, fate or chance, etc. Caraka, however, has used this term for pre-determined acts: “The actions performed in the previous life, which are known as daiva (fate), also constitute in due course causative factors for the manifestation of diseases.”

Weiss comments that in Suśruta’s compendium, daiva is more directly related to the Devas in contrast to Caraka where daiva is often synonymous with karma. Caraka distinguishes between the acts in the previous life, that is, daiva, and the deeds of present life, that is, puruṣakāra. The effects of daiva are pre-determined while that of puruṣakāra is not as it depends on the individual’s

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128 J. Jolly (trans.), *The Institutes of Viṣṇu*, 45.29.
129 MS.XI.49-52.
130 MS.XI.53.
131 On the basis of the meaning of ‘daiva’ in MW, p.497.
132 CS.Sa.1.116.
133 M.G. Weiss, ‘Caraka Sarīhhitā on the Doctrine of Karma’p.93.
efforts. The effects of both may be mild, moderate or strong. Strong effects of both daiva and puruṣakāra ensure longevity and happiness with a pre-determined life-span.\footnote{CS.Vi.3.29-32.} Therefore, not only are their effects a causal factor for disease manifestation, the life-span of individuals is also determined by the strength or feebleness of past and present human action.

This would imply that life-span is always pre-determined which would be unacceptable to the science of medicine. Caraka make two postulations that effectively counteract this hypothesis. First, a weak daiva can be subdued by a strong puruṣakāra (and vice versa).\footnote{CS.Vi.3.33.} Strong puruṣakāra is generated by such actions of present life as: (i) righteous offerings and auspicious acts; (ii) administration of medicaments including rejuvenation therapies.\footnote{Cakrapāṇidatta on CS.Vi.3.29-32.} Second, the effects of a strong daiva are invariably manifested depending upon the availability of a congenial atmosphere.\footnote{CS.Vi.3.35.} Therefore, the condition of health depends on the individual’s regimen in the present life. A salutary regimen and good conduct counteracts the harmful effect of his/her deeds of the previous life and ensures a healthy life. “This implies that our ordinary non-moral action in proper care of health, taking proper tonics, medicines, and the like, can modify or arrest the ordinary course of the fruition of our karma.”\footnote{S.N. Dasgupta, \textit{A History of Indian Philosophy}, Vol. II, p.403.} Caraka’s final argument against the theory of karma is that acceptance of predetermination is to negate the significance of incantations, religious rites and observances, and auspicious acts.\footnote{CS.Vi.3.36.}

According to other theories the laws of karma are immutable. By differentiating karma into two components and shifting the emphasis of etiology from previous lives to the present, karma no longer remains immutable in
Caraka’s theory. There is an excellent instance where *karma* is refuted as an aetiological factor in mental disorders. Some scholars hold the view that exogenous *unmāda* is caused by past deeds; however, Punarvasu Ātreya considers *prajñāparādha* or errors of judgment as the causative factor of this condition.

Weiss comments that the *Suśruta Saṁhitā*, on the other hand, is more reluctant to cite *karma* as an etiologic factor. Here we may cite an instance in favour of the statement. It is striking that while enumerating the etiological factors for *kuṣṭha* (skin disorders) in the *Nidāna-sthāna*, sinful deeds are not considered as a factor. There is a reference at the end of the same chapter to the effect:

“It has been said that the evil acts of killing brāhmins, women and noble persons, and taking riches of others, etc., produce *kuṣṭha* as a disease of sin.”

The allusion to the correlation between *kuṣṭha* and sin here is an indicator of what appears to be either the popular perception or the view of some other authorities, and merits no more than a cursory mention. In fact, of the more than twenty types of diseases discussed in this section of the *Saṁhitā*, there is no reference to notion of sinful deeds as a causative factor in disease except in skin disorders. In the *Śārīra-sthāna*, some terrible kinds of foetal abnormalities, limb deformities, humpback, dumbness, indistinct speech are medical conditions attributed to sins (*pāpa-kṛita*). Interestingly elsewhere, abnormalities of limbs, humpback, dumbness, etc. are recognised entirely as *vāta* disorders. For the ancient clinicians, therefore, the notion of karma is not a crucial factor in disease etiology. Suśruta uses the term *karmaja* for a category of diseases arising

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141 CS.Ni.7.10.
143 SS.Ni.5.3.
144 SS.Ni.5.30.
145 SS.Sa.2.50.
146 SS.Sa.2.52.
originating in past human action only in the Uttaratantra\textsuperscript{147} to connote those diseases for which there is no evident etiological factor.\textsuperscript{148} Cakrapāṇi also clarifies that daiva, implying sinful acts of previous life, is the common cause of all the diseases. However, when a specific aetiological cause of the disease is not found, then from the effect (i.e., the manifested disease) one can infer that the cause is daiva or karman.\textsuperscript{149}

Both Caraka and Suśruta are, therefore, unambiguous that all diseases, in the ultimate analysis, are clinical manifestation of the imbalance of the doṣas, even when they are caused by the fury of the gods, imprecations, spells and evil spirits. Here we may cite from Suśruta:

“The root cause of all diseases is vitiation of vāta, pitta or śleṣman only (sarveṣāṁ ca vyādhināmvātapittaśleṣmāṇa eva mūlatīḥ), as their features can be observed (in the diseased state) and as the treatment proves successful if they are treated (on the basis of the doṣas concerned)…”\textsuperscript{150} Any abnormality of the human body cannot be isolated from the doṣas. The multifarious manifestations of diseases can be attributed to the interaction among the doṣas, dhātus and malas, the specific location of the perturbed doṣa, and diverse aetiological factors involved. Thus, the vitiated doṣa may affect any the tissue and the disease is designated accordingly.\textsuperscript{151}

Disease as an entity or as a process:

The two dominant views of disease theory in the history of medicine have been: the ontological and the physiological. The ontological concept emphasises the specific reality and distinctiveness of the disease entity in contrast to the

\textsuperscript{147} SS.Ut.40.163.
\textsuperscript{148} SS.Ut.40.164.
\textsuperscript{149} Cakrapāṇidatta on CS.Ci.30.7-8.
\textsuperscript{150} SS.Su.24.8.
\textsuperscript{151} SS.Su.24.8.
person harbouring it; but upon entering the body, it manifests itself and causes the onset of disease. Ontologists believe that disease itself exists independently of a patient who has the disease. The foreign entity invading the organism, according to this view, is the disease. The physiological concept, on the other hand, construes disease as a consequence of imbalanced functions occurring in the individual, and emphasises the uniqueness of each person’s afflictions. Instead of invading entities, the morbidity is ascribed to dysfunction occurring inside the body.

The Vedic notion of disease may be described as primarily ontological for it is generally seen as originating from external sources, the demon theory being the most popular. The internal functioning of the body is hardly touched upon; hence, though most diseases and many remedies were known, nothing in the way of nidāna, or causes of diseases is specified.

It is in the early medical Samhitās of Caraka and Suśruta that importance is accorded to the notion of causation which rests on the theory of doṣas. Diseases are seen as the outcome of a physiological process: it has its cause (nidāna), premonitory symptoms (pūrvarūpa), manifested symptoms (liṅga), exploratory treatment (upaśaya) and pathogenesis (samprāpti). It is on the basis of these five aspects that the disease is diagnosed. Caraka also differentiates between symptoms and disease.

It is interesting to note that certain pathological conditions are attributed to parasitic infestation (krिमिदोषa), as for instance, diarrhoea (atिसारa). However, in their conceptualization, organisms (krिमi) of various types and sizes are generated in the body and not transmitted from any external source.

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154 P. Carrick, *Medical Ethics in the Ancient World*, p.35.
156 CS.Ni.1.6.
157 CS.Ni.8.40.
158 CS.Ci.19.8; SS.Ut.40.5.
Indigestion, consumption of food before the previous meal is digested, unwholesome or incompatible food, unhygienic food, sedentary habits, etc., are identified as factors responsible for vitiating *kapha* and *pitta* which in turn cause the production of *krimi*.\(^{159}\)

While there is awareness of the role of pathogenic organisms in some diseases, it is not considered the primary cause of the disease. Pathogens come into the picture after the disease has progressed to some extent.\(^{160}\) The notion of pathogens attacking a healthy body and thereby becoming the direct cause of disease is not found in the classical texts of Āyurveda.\(^{161}\)

The emphasis on the humoral theory of the human constitution notwithstanding, early Āyurveda accepts the conception of disorders originating from abstract entities external to the body. In the exogenous type of psychological disorders (*unmāda*) the individual is afflicted any of the following categories of *bhūtas*: gods (*deva*), *ṛṣis* (sages), *gandharvas* (celestial musicians), *piśācas* (a category of demons), *yakṣas* (semi-divine celestial beings), *rākṣasas* (a category of demons) or *pitṛs* (manes).\(^{162}\) Each type of spirit or abstract being exhibits a specific set of behavioral characteristics which are described in detail in the texts.\(^{163}\) The afflicted individual then manifests such behaviour as is the characteristic of that particular entity. *Bhūtas* may be described as supernatural beings or abstract metaphysical beings, and hence, this category of disorders is also known as *bhūtonmāda*. In Suśruta’s work, such afflictions are placed in a separate chapter titled ‘*amānuṣāḥupasarga*’ (afflictions by non-human elements) which not discussed as a part of *unmāda*, and the term ‘*graha*’ is used

\(^{159}\) SS.Ut.54.3-6/1.


\(^{162}\) CS.Ci.9.16.

\(^{163}\) CS.Ci.9.20.
for the causal agents. Almost all afflictions of infants are attributed to the nine grahas.

Neither of the authorities discuss the humoral implications of bhūta or graha afflictions. The general understanding is that in bhūtonmāda, the patient exhibits the characteristics and behaviour pattern considered intrinsic to that particular class of beings by which he is seized. These beings do not actually come in contact with nor enter the human body (na te manuṣyaiḥ sa satīviśanti na vāmanuṣyān kvacidāviśanti). The nature of such affliction is analogous to the reflection of an image in a mirror, or cold and heat penetrating the body, or sun rays entering the suryakānta maṇi (the sunstone). The patient, thus, personifies a particular being without taking on his or her physical likeness. However, there is the alternate view that the dreadful followers (paricāraka) of grahas who roam about at night, enter the human body in innumerable numbers, and thrive on blood, fat and flesh. Suśruta also uses the terms graha and niśācara to indicate wound infection which we shall discuss in chapter 9.

The humoral pathology of these diseases as also of pediatric diseases attributed to grahas is less understood in the early Sāṁhitās. The pathogenesis of disorders caused by divine fury, spells and imprecations is also not addressed by the authors. It is simply stated that they too cause imbalance of all the three doṣas. The nature of disease etiology in the Sāṁhitās, therefore, may be described as primarily physiological supplemented by ontological conception.

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164 SS.Ut.60.4.
165 SS.Ut.27.3-5.
166 SS.Ut.60.21.
167 CS.Ci.9.18; SS.Ut.60.19.
168 SS.Ut.60.22.
169 CS.Ci.3.118-119.
Nature of Therapeutics:

(a) The Principles of Therapeutics:

Therapeutics, in modern medicine, is the branch concerned with the treatment of disease and the action of remedial agents. In a broad sense it means serving and caring for the patient in a comprehensive manner, preventing disease as well as managing specific problems. ‘Cikitsā’, the term for treatment of diseases, implies ‘taking away the disease’. Its synonyms are vyādhi-hara (removal of disease), pathya (wholesome or conducive to health), sādhana (means of treatment), ausadha (drugs), prayaścitta (corrective), prasāmana (alleviator), prakṛti-sthāpana (restoration), hita (one which is beneficial) and bheṣaja (medicament). Cakrapāṇidatta’s elucidation on these terms provides a clearer meaning of each:

(a) pathya, in the present context, indicates the channels of circulation (śrotas);
(b) sādhana are the agents that help to achieve to relieve the body from ailments;
(c) ausadha are the medicinal preparations;
(d) prayaścitta is a condition which produces miseries almost similar to the effect of fire;
(e) prasāmana are the agents responsible for the suppression of disease;
(f) prakṛti-sthāpana, consisting of the two terms prakṛti (natural state) and sthāpana (to place or maintain), means the agents that are responsible for the maintenance of the equilibrium of the doṣas and the dhātus in the body;
(g) hita, derived from the root “dha”, i.e., to “to sustain”, “to carry”, “to maintain”, connotes all agents that are responsible in sustaining or maintaining the body in its natural state of equilibrium.
All the above terms represent different aspects of treatment. Some of these indicate what they do and some what they achieve; but in the present context they all indicate therapeutic means employed for the treatment of diseases.\textsuperscript{173}

Therapeutics depends on the nature of the disease and its effective use is contingent on accurate diagnosis. Knowledge of etiological factors is useful inasmuch it helps in the selection of a therapy to cure the disease by alleviating that particular vitiated \textit{doṣa}. It also helps in obtaining knowledge regarding the complications and diseases to be developed in future due to that particular vitiated \textit{doṣa}.\textsuperscript{174} The examination and analysis of the symptoms is vitally important as the vitiated doṣal\textit{doṣas} can ascertained from the manifested signs and symptoms. This is especially important in diseases that are caused by the simultaneous perturbation of the three doṣas such as \textit{kuṣṭha}. Even then one or two doṣa(s) would be dominant which has to be ascertained by the physician.\textsuperscript{175} The causative factors are determined on the basis of specific manifestation, and from the specific manifestation one can determine the cause.\textsuperscript{176}

According to Caraka, therapies are of three types: (\textit{daivavyāpāśraya} (ritualistic/spiritual), \textit{yuktivyāpāśraya} (rational) and \textit{sattvāvajaya}\textsuperscript{177} (psychotherapy or harnessing of mental faculties and powers).\textsuperscript{178} The first, \textit{daivavyāpāśraya} consists of incantations (\textit{mantra}), precious stones and sacred gems (\textit{maṇī}), auspicious rituals (\textit{maṅgala}), oblations (\textit{bali}), gifts (\textit{uphāra}), sacrifices (\textit{homa}), penances (\textit{prāyaścītta}), fasts (\textit{upvāsa}), benedictions (\textit{svastyayana}), bowing before elders and divine beings (\textit{prāṇipāta}), and visits to sacred spots (\textit{gamana}).\textsuperscript{179} \textit{Yuktivyāpāśraya} consists

\begin{footnotesize}
\begin{itemize}
  \item \textsuperscript{173} Cakrapaṃṣidatta on CS.Ci.1(1).3.
  \item \textsuperscript{174} Cakrapaṃṣidatta on CS.Ni.1.7.
  \item \textsuperscript{175} CS.Ci.7.31.
  \item \textsuperscript{176} CS.Ci.7.33.
  \item \textsuperscript{177} CS.Su.11.54.
  \item \textsuperscript{179} CS.Su.11.54.
\end{itemize}
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of administration of drugs with proper diet and regimen, while withdrawal of the mind from harmful objects constitutes psychotherapy or *sattvāvajaya*. The vitiated *doṣas* of the mind are pacified by spiritual and scriptural knowledge (*jñāna-vijñāna*), patience (*dhaírya*), memory (*smṛtī*) and meditation (*samādhi*).

In the event of somatic disorders (*śarīradoṣaprakopa*), three types of therapies are applied to the body:

1. *antaḥparimājana* (internal cleansing), which is dietary;
2. *bahiḥparimārajana* (external cleansing), which consists of massage, fomentation, uncti
on, affusion and kneading;

Suśruta gives a four-fold classification of therapeutic procedures, which is as follows.

(i) *Saṁśodhana*- use of emetics, purgatives, enemata etc. to eliminate vitiated *doṣas*;
(ii) *Saṁśamana*- use of drugs for palliation of diseases;
(iii) *Āhara*- management of ailments through nutritional and dietetic regimen;
(iv) *Ācāra*- (behaviour) consists of activities relating to body, speech and mind, such as moving up and down, reciting, reading etc. (relating to speech) and meditation, thinking, determination, etc. (mental activities) properly employed after examining age, etc.

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180 CS.Su.11.54.
181 CS.Su.1.58.
182 CS.Su.11.55.
183 SS.Su.1.27.
The term *daivavyāpāśraya* or a similar term does not occur in the text. Nor are rituals and prayers specifically mentioned as *ācāra*. Nonetheless, they are recommended as a therapeutic measure in several diseases as we shall discuss. Chanting of hymns as a protective measure is evident in surgeries;\(^{185}\) in the protection of the wounded\(^{186}\) and in cases of *mūḍhagarbha* (abnormal foetal presentations), and attempts to deliver the foetus alive.\(^{187}\)

(b) **Practice of Therapeutics:**

Application of spiritual therapy is recommended in exogenous (*āgantu*) type of fever that is distinct from the other seven types of febrile conditions by way of its etiology and the specific symptoms. *Daivavyapāśrayacikitsā* or performance of religious rites is the most desired therapy (*sarvamausadham-iṣyate*) for this kind of fever attributed to curses, imprecations, emotional turmoil or some entities.\(^{188}\) Its treatment comprises a mix of non-clinical therapy like oblations, auspicious acts and *yajñas* along with dietary prescription of fasting, light diet, gruels, and decoctions.\(^{189}\)

Suśruta also advises that fever caused by evil spirits (*bhūtas*) should be treated with *bandha* (binding with ropes sanctified by charms), *āveśana* (sprinkling with mustard seeds while chanting texts) and *pūjā* (hymns and making offerings);\(^{190}\) while fever originating from spells and curses are treatable with performance of *homa* (sacrificial rites).\(^{191}\) The general line of treatment associated with fever is not followed in cases of *śṛtīyaka* and *caturthaka* types of

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\(^{185}\) SS.Su.5.20-33;  
\(^{186}\) SS.Su.19.25-27.  
\(^{187}\) SS.Ci.15.5-8.  
\(^{188}\) CS.Ci.3.317-318.  
\(^{189}\) CS.Ni.1.31.  
\(^{190}\) SS.Ut.39.265.  
\(^{191}\) SS.Ut.39.265.
intermittent fever (Viṣama jvara), as etiologically they are also belong to the exogenous (āgantu) category.\textsuperscript{192}

Hence, along with certain medicinal recipes, the patient is directed to offer prayers to Lord Īśvara along with Ûmā, their retinue and Mātṛṣ; recite the thousand names of Lord Viśṇu; offer prayers to Brahmā, the Aśvins, Indra, Agni, Himalaya, Gaṅgā, and the retinue of Maruts. Devotion to parents, payers to gurus, observance of celibacy, practice of penance (tapa), truthfulness (satya), religious rites (niyama), incantation (japa), offering of oblations to the sacred fire (homa), listening to the recitation of the Vedas, and visiting saints (darśana) are also prescribed which are said to have immediate effect.\textsuperscript{193}

Spiritual therapy is recommended in cases whose treatment is difficult or where it is believed that extraneous factors are involved. These extraneous agents are not physiological as we have seen earlier. Intermittent fever presents a difficult clinical condition to the physician as it does not ever quit the body of the patient.\textsuperscript{194} Its pathophysiology may not have been well understood. Though the seasonal and the diurnal pattern, the disturbance of doṣa or doṣas and the mental condition of the patient are cited as factors for the periodicity of fever, Caraka adds that the result of the action in previous life is also a determinant of the nature of the fever pattern.\textsuperscript{195} Thus, virtuous actions in this life or the maturity of the results of deeds in the past life can free a patient from the miseries of fever, but sinful acts lead to more misery.\textsuperscript{196} Hence, recourse to spiritual therapy is recommended.

In the treatment of cases of poisoning, we notice the precedence of spiritual therapy. Caraka enumerates twenty four therapeutic measures among which the first place is given to the recitation of mantras. Significantly, it is cited prior to other procedures like tying of ariṣṭa (amulet or tourniquet), utkartana (excision of the afflicted part), nispīḍana (squeezing out blood from the place of the bite),

\textsuperscript{192} CS.Ci.8.292.
\textsuperscript{193} CS.Ci.3.310-315.
\textsuperscript{194} SS.Ut.39.63.
\textsuperscript{195} CS.Ci.3.75.
\textsuperscript{196} Cakrapāṇidatta on CS.Ci.3.75.
cūṣaṇa (sucking out the poison), agnikarman (cauterization) etc.\textsuperscript{197} Cakrapāṇi explains that recitation of mantras is the best measure to counteract the effects of poison; hence, it is listed at the beginning. One type of arīṣṭa is an amulet fortified with mantras, and the other type is a simple tourniquet.\textsuperscript{198} Recitation of mantras helps to occlude the blood vessels (dhamanī-bandha) that causes downward movement of poison (avamāṛjana) and prevents further infection (ātma-rakṣā).\textsuperscript{199}

According to Caraka, the exogenous type of vraṇa (ulcer) brought about by stab wound (vadha), caused by tight fastening (bandha), fall or injury can be cured by mantra, agada (talisman) along with external application of drugs cure.\textsuperscript{200} It is prescribed for consumption\textsuperscript{201} and exogenous type of mental disorders. Pharmaceutical treatment is deemed inadequate for seizures (āgantu unmāda). Therapeutics here consist of bali (sacrifices), maṅgala (recitation of auspicious mantras), homa (offering of oblations to the sacred fire), wearing talismans containing antitoxic herbs, truthfulness (satya), maintenance of good conduct (ācāra), practice of penance (tapa), recourse to knowledge (jñāna), charity (dāna), observance of scriptural rules (niyama) and religious vows (vrata), offering prayer to the gods, cows, brāhmaṇas and preceptors, mantras and medicines.\textsuperscript{202} Propitiation of the Lord of all supernatural beings (Bhūtānāmadhipa), i.e., Lord Śiva and his attendants (pramathas) is said to ensure deliverance from the dreaded disease.\textsuperscript{203}

Suśruta, too, advises that the physician should start the treatment very cautiously by proper recitation of hymns (japa), observing religious austerities (niyama) and rites offering oblations to the sacred fire (homa) to pacify the grahas followed by offerings of fragrant red garlands, seeds, honey, ghṛṭa and

\textsuperscript{197}CS.Ci.23.35.
\textsuperscript{198}Cakrapāṇidatta on CS. Ci.23.35.
\textsuperscript{199}CS. Ci.23.61.
\textsuperscript{200}CS.Ci.25.7-8.
\textsuperscript{201}CS.Ci.8.180.
\textsuperscript{202}CS.Ci.9.93-94.
\textsuperscript{203}CS.Ci.9.91-92.
all types of eatables. Besides, garments, garlands, flesh and blood of animals, especially preferred by a particular graha should be offered on specific days. Should these measures as instructed in bhūtavidyā (bhūtavidyānidarśita) prove ineffective, the physician is advised to resort to medicinal recipes, through fumigation (dhūma), nasal insufflations (nasya), eye salve (aṅjana) and sprinkling (pariseka), etc. Spiritual therapy is the only line of treatment for paediatric diseases which are sought to be managed through sacrificial rites, chanting of hymns and offerings to appease the graha.

In the management of graha seizures, therefore, pharmaceutical therapeutics is considered secondary to rites and offerings despite the proclamation that the drug formulations given in the text when used in therapy with oils, etc., methodically eradicate all mental disorders in a very short time. We may postulate that the perception of such ailments being brought about by formidable malevolent elements that need to be appeased was well entrenched in the popular mind and among the clinicians. This seems a distinct possibility as the physician is advised to proceed carefully without making mistakes lest the infuriated grahas kill the patient as well as the physician. Besides, we have noted above that these malevolent forces attack individuals who stray from the path of truth and righteousness. Consequently, it is not unexpected that prayers and religious ceremonies receive precedence over medical treatment in the management of graha seizures but they are not specifically recommended in psychological disorders of humoral origin.

The use of ritualistic/spiritual therapy is noticeable in those disorders that do not admit of easy cure. No other disease is as serious (dāruṇa), as complicated (bahūpadrava) and as difficult to cure (duścikitsyā) as jvara. It is crowned the

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204 SS.Ut.60.28/2-31/1.
205 SS.Ut.60.37/2-38/1.
206 SS.Ut.60.38/2-53/1.
207 For eg. SS.Ut.28.8, 10-14.
208 SS.Ut.60.53/2-54/1.

*eṣa sarvavikāraṁāstu mānasānaparajītaḥ*
*hanyādalpena kālena snehādirapi ca kramaḥ.*
king of all diseases (sarvarogādhipati) by both Caraka\textsuperscript{209} and Suśruta. Consumption is termed a very serious disease (vyādhirmahābala), difficult to diagnose (durvijñeya) and very difficult to cure (durnivāra)\textsuperscript{210} which clearly establishes the problematical nature of the disease. In the Harṣacarita, it is termed as a’dīrgha roga ’ (chronic disease) that is known to be fatal.\textsuperscript{211}

The patient of skin disorders is advised to perform daily rituals, good deeds and religious austerities.\textsuperscript{212} Kuṣṭha is among the few disorders with visarpa (erysipelas and herpes) whose pathogenesis manifests the involvement of the seven dhātus, i.e., rakta (blood), lasīkā (lymph), tvak (skin) and māṁsa (muscle tissue) apart from the doṣas (vāyu, pitta and kapha).\textsuperscript{213} Leucoderma (śvitra), among skin disorders, is a particularly obstinate condition. In very rare cases, leucoderma patients may be cured through drugs and clinical measures provided they are emancipated from the effects of their sinful deeds.\textsuperscript{214}

Here, we notice that Caraka does not speak of offering of prayers or conduct of rituals for patients of visarpa (erysipelas and herpes) though it is regarded as serious (dāruṇa) ailment that spreads like cobra venom through the various parts of the body.\textsuperscript{215} Neither the actions of the patient (past or present) nor extraneous agents are etiologically responsible for its causation.\textsuperscript{216}

The primary thrust of yuktivyāpāśraya is pacification of the vitiated doṣādoṣas through diet and regulation of the daily regimen. The most important factor for growth and maintenance of health is diet\textsuperscript{217} for wholesome nutrition maintains the equilibrium of the dhātus and pacifies their disequilibrium.\textsuperscript{218}

\begin{itemize}
\item \textsuperscript{209} CS,Ni.1.35.
\item \textsuperscript{210} SS.Ut.41.3.
\item \textsuperscript{211} P.V. Sharma, Medicine in the Classical Age, p. 60.
\item \textsuperscript{212} SS.Ni.5.32.
\item \textsuperscript{213} CS.Ci.21.15.
\item \textsuperscript{214} CS.Ci.7.172.
\item \textsuperscript{215} CS.Ci.21.6.
\item \textsuperscript{216} CS.Ci.21.16-22.
\item \textsuperscript{217} CS.Su.25.31.
\item \textsuperscript{218} CS.Su.25.33.
\end{itemize}
other factors are various aspects of daily regimen such as sleep, physical exercise, massage, bath, habitat, sexual behaviour, therapeutic procedures (fomentation, enema, etc.), mental state, etc.\textsuperscript{219} The selection of therapeutic measures would depend on the consideration of the following factors: Human physiques differ on basis of age, strength and physical features. Hence, patients are of innumerable types.\textsuperscript{220} The physician should examine the patient on the following items before initiating treatment: (i) vitiated \textit{doṣa}; (ii) \textit{auṣadha} (drugs); (iii) \textit{deśa} (habitat); (iv) \textit{kāla} (time); (v) \textit{bala} (strength); (vi) \textit{ṣarīra} (physique) (vi) \textit{sāra} (excellence of \textit{dhātus}); (vii) \textit{āhāra} (diet); (viii) \textit{sātmya} (wholesomeness); (ix) \textit{sattva} (will-power); (x) \textit{prakṛti} (constitution) ; (xi) \textit{vyayas} (age).\textsuperscript{221}

Some conditions require administration of combination of therapies that is well exemplified by the management of consumption. It requires pacification by a host of curative measures that we have classified as below:

A. Pharmacological: massage, unctio, taking medicated bath according to the temperature of the season, external cleansing, medicated enema;

B. Dietary: consumption of milk, \textit{ghṛta}, meat, food mixed with meat soup, agreeable alcoholic preparations;

C: Non-pharmacological: new and pleasing garments, bath (without medication), application of pleasing perfumes, observing friendly and beautiful ladies, listening to vocal and instrumental music as well as to invigorating and consoling talk, paying regular obeisance to preceptors, observing celibacy, making donations, performing penance, offering prayers to the gods, maintaining truthfulness and good conduct, performing auspicious and non-violent activities, and offering respect to physicians and learned brāhmaṇas,\textsuperscript{222} and performing \textit{yajñas} enjoined by the Vedas.\textsuperscript{223}

\textsuperscript{219} CS.Su.25.40.
\textsuperscript{220} CS.Ci.30.321.
\textsuperscript{221} CS.Vi. 1.3.
\textsuperscript{222} CS.Ci.8.184-188.
\textsuperscript{223} CS.Ci.8.189.
Worship of physicians, dvijas, gods and the teachers and listening to religious discourses by the brāhmaṇas is also advised by Suśruta.²²⁴

The employment of Sattvāvajaya treatment or psychotherapy in mental disorders has been mentioned. Its use is also noticed in some somatic disturbances brought about by psychic factors. When intermittent fever is attributed to some extrinsic factor,²²⁵ shock therapy such as, the use of non-poisonous snakes or trained elephants or bringing false charges of theft to instill fear is advocated for its management.²²⁶ Fever of traumatic or psychic origin is managed with psychological measures (vijnānādyaiṣca mānasam).²²⁷ In case of vomiting caused by contact with disgusting or loathsome objects (dviṣṭārthayogaja-chardī), the measures recommended are those to overcome mental affliction with pleasing talk, solace, encouragement, narration of popular folk tales and mythological stories, company of congenial companions, and participation in games (vihāra).²²⁸

The management of mental disorders in the classical texts embraces a curious mix of various therapies, medication, physical segregation and psychotherapy in the form of both sympathetic and punitive measures- all intended to stimulate the mind, intellect, memory and consciousness. Treatment incorporates emesis and purgation²²⁹ as well as pradeha (application of thick ointment), utsādana (unction), abhyatīga (massage), dhūma (fumigation), regulated diet, administration of ghṛṭa²³⁰ and medicinal preparations²³¹ as well as blood-letting.²³² Psychotherapeutic measures include shouting with anger, terrorizing,

²²⁴ SS.Ut.41.58.
²²⁵ SS.Ut.39.56.
²²⁶ SS.Ut.39.259.
²²⁷ SS.Ut.39.265.
²²⁸ CS.Ci.20.41.
²²⁹ CS.Ci.9.26.
²³⁰ CS.Ci.9.25-28, 32.
²³¹ CS.Ci.9.34-77; SS.Ut.62.22-24.
²³² CS.Ci.9.78; SS.Ut.62.33/1.
exhilaration, giving gifts, consolation, fear, and exhibition of surprising acts.\textsuperscript{233} The nature of psychotherapy is determined by the source of the mental disturbance. Thus, if the cause is identified as the loss of something dear, efforts are made for him to regain a similar object. Simultaneously, he is consoled with pleasing assurances of friends\textsuperscript{234} or with religious and moral lessons\textsuperscript{235} so as to help him overcome the ailment.

Similarly, the causative factor, be it passion, grief, fear, anger, exhilaration, jealousy or greed needs to be determined so as to subject the patient to just its contrary situation.\textsuperscript{236} To strike fear in his heart Caraka prescribes exposure to faux attacks by snakes, lions, elephants, criminals or armed enemies, though with precautions to prevent actual harm by removing the fangs of the reptiles, and using fierce animals well trained to refrain from attacking the person. Another ploy is to employ the royal guards to arrest him with the threat of execution on the orders of the king.\textsuperscript{237} Such methods of terrorizing are believed to be effective. Caraka goes on to say that the danger to life is taken more seriously than the fear of injury to the body.\textsuperscript{238}

When such measures intended to alter the distortion of the cognitive process of the mentally ill do not produce desirable results, harsher methods are resorted to. The body is subjected to considerable physical brutality. The patient is smeared with mustard oil, tied with rope and he is made to lie down in the sun. He is again rubbed with \textit{kapikacchū} or branded with hot iron rods or burnt with hot oil or water. Thereafter he is subjected to the lashings of the whip, tied up and kept confined to a lonely house by which the perturbed mind gains

\begin{itemize}
\item \textsuperscript{233} CS.Ci.9.30.
\item \textsuperscript{234} CS.Ci.9.85.
\item \textsuperscript{235} CS.Ci.9.79.
\item \textsuperscript{236} CS.Ci.9.86.
\item \textsuperscript{237} CS.Ci.9.82-83.
\item \textsuperscript{238} CS.Ci.9.84.
\end{itemize}
composure. It is believed that the perverted mind, thereby, gets detracted from all sides and regains composure.

While on the one hand there is sympathy and understanding for the patient, on the other, physical methods of brutalizing the patient appear to be an integral part of Caraka’s methodology. It is, however, recommended in certain situations, as for instance, when the initial clinical therapies are unsuccessful. Thus, should cleansing of the body be ineffective, procedures like inhalation, application of collyrium and beating are recommended for stimulating the mind, body and intellect (…tāḍanatī ca manobuddhidehasatīvejanaṭī hitam). Again, when a physically strong patient refuses to abide by the instructions, he can be tied up with pieces of cloth (without causing hurt) and kept confined to a dark room devoid of iron rods and wooden pieces. The precautions to be taken in dealing with such patients are clearly spelled out for the physician. Depending on the behaviour and response of the mental disorders patients to medical intervention, their treatment varied from kindness and insensitivity to harshness. The objective of psychotherapy is to overcome the perversion of mind and loss of memory so that the patient regains consciousness whereby he is relieved of the perversion or distortion of intellect, mind and memory that defines the condition of unmāda.

The physician can consider the course of action complete with the appearance of symptoms of normal functioning of the physiological processes in the patient. These symptoms are spelled out clearly in the texts. The physician is advised to identify the symptoms of well-being. Subsidence of fever is marked by the observation of these symptoms in the patient: a feeling of lightness in the head (laghutva śira), perspiration (sveda), slight facial pallor (mukhapāṇḍhi),

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239 CS.Ci.9.80-81. Similar measures are also given in SS.Ut.62.17-20/1.
240 CS.Ci.9.84.
241 CS.Ci.9.29.
242 CS.Ci.9.30.
243 CS.Ci.9.78.
244 CS.Ci.9.8.
stomatitis (mukhapāka), sneezing (kṣavathu) and appearance of appetite (annakāṅkṣā). A patient is cured of unmāda if he manifests symptoms of clarity of sense faculties, clarity of intellect, spirit as well as of the mind, and normalcy of the tissue elements.246

Infirmaries:

In the context of the therapeutic process we need to look at the health care institution which is an important requirement of this process. Evidence from our two medical texts on the nature and set up of institutions providing medical care and surgical treatment is far from substantial. With regard to treatment of internal disorders, there is hardly any reference to patients being admitted to health care institutions. A designated space for the performance of surgical procedures does not feature in the list of prerequisites for surgery, though for surgical patients, Suśruta gives specifications of the post-operative chamber (āgāra) for recuperation. It is required to be located at a good site and provided with all the necessary equipment.247

It is in the context of the requirements of conducting procedures like emesis, purgation, etc. that we get the description of an infirmary. It is referred to as any other structure and not by any specific term by Caraka. An appropriate location, a strong structure, proper ventilation and adequate space for movement are its essential characteristics. A water reservoir is an essentiality.248 It is required to be well provided with various categories of attendants, and varied kinds of apparatus- utensils, mortars, drugs and animals,249 which we will discuss below.

For evidence on infirmaries, we need to turn to other literary sources and epigraphs for they often developed in association with Buddhist and Brahanical institutions. The role of Buddhist monasticism in the development

245 SS.Ut.39.322.
246 CS.9.97.
247 SS.Su.19.3.
248 CS.Su.15.6.
249 CS.Su.15.7.
of the infirmary is significant. We have noticed that medicine was included among the four essential items permissible to monks and nuns. At the outset, ailing monks were attended to by their fellow inmates or nursed by lay devotees. There is the well known example of the renowned physician Jīvaka providing free medical services to the Buddha and the Sāṁgha. Besides, he donated his mango grove, Jīvakārāma, at Rājagrha to the monastic community. Gradually, from the mid-third century B.C.E., the monks extended their healing activities to the population at large.\footnote{K.G. Zysk, \textit{Asceticism and healing in Ancient India: Medicine in the Buddhist Monastery}, Delhi, 2000, p.43.} State establishments providing medical facilities to humans and animals are known from Aśokan epigraphs: the second rock edict of at Girnar and a minor inscription from Erragudi.\footnote{K. Bharathi and A. Narayana, ‘Evolution of Hospitals and Hospital Systems in Ancient India’, \textit{Journal of Indian Medical Heritage}, Vol.XLI, 2011, pp.57-71.} Reddy, however, points to the existence of hospitals before the time of Aśoka on the evidence of the \textit{Arthaśāstra}.\footnote{D.V.S. Reddy, \textit{Glimpses of Health and Medicine in the Mauryan Empire}, Hyderabad, 1966, p.5.} Zysk does not subscribe to the view that hospitals existed in India in the third century B.C.E.; rather the Girnar edict suggests that the healing activities of the monk, that were being extended to the laity, coincided with the spread of Buddhism in the time of the Mauryan ruler.\footnote{K.G. Zysk, \textit{Asceticism and healing in Ancient India: Medicine in the Buddhist Monastery}, p.44.} Inscriptions from a later period provide more firm evidence for infirmaries. An inscription from Nāgārjunikoṇḍā of the third century C.E. bears reference to a house within the Buddhist monastery for the patients recuperating from fever. The inscription is fragmented but the relevant portion reads: \textit{śo}bhane vihāramukkhye vigatajvarālaye (“in the splendid chief monastic house, [in] the abode of feverless”).\footnote{K.G. Zysk, \textit{Asceticism and healing in Ancient India}, pp.44-45.} Fever, here, could imply any febrile condition or mental
distress or any other illness for that matter as the term *jvara* is synonymous with disease in the medical compendia.

A sealing discovered from the site of Kumrahār that reads, *śrī ārogyavihāre bhikṣusaṅghasya* (“in the auspicious health house of the monastic community”), points to an infirmary attached to the monastery at Pāṭaliputra. The probable structure of the ārogyavihāra, dating from around 300 to 400 C.E., consists of four rooms with walls of fire-baked bricks and a floor of concrete. It is interesting to note that the cells are placed are in such a manner that they do not face each other, possibly to prevent spread of infection, maintain silence and provide some privacy to patients. Two potsherds found from the same debris bear respectively the inscriptions (*ā*)rogyavihāre (“in the health house”) and *(dha)*nvantareḥ (“of Dhanvantari”). It is suggested that the latter may have been the title of the presiding physician of the infirmary who practiced medicine according to the surgical tradition of Dhanvantari. However, there is no reference to ārogyaśālā in any other inscription found in the excavation from Kumrahār.

Further evidence comes from the fifth century account of the Chinese Buddhist traveler, Fa-hsien, who confirms the existence of charitable institutions established by heads of vaiśya families at Pāṭaliputra. They were open to the poor, the destitute and the diseased where they were examined by physicians and provided with food, medicines and decoctions or any other kind of help. They departed upon recovery indicating that these were in the nature of residential in-patient centres. Further evidence for infirmaries attached to Buddhist monasteries comes from a sixth-century C.E. inscription from Duḍḍāvihāra in

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Gujarat and another dated 604 C.E. from Lele near Kathmandu. The former states that medicines and remedies were meant not only for the monks but for the use of all sick persons. The Nepal inscription mentions the royal donation of land for a ārogyaśāla.

Provision for medical facilities in Brahmanical temples is known from the Sanjeli Copper Plate inscription of Mahārāja Bhūta, the Bhāgalpur Plates of Nārāyaṇapāla and the Siyan Inscription of Nayapāla (c.1027-1043 C.E.). We get reference to a hospital within the precincts of a Śiva temple that served the religious community and the general population from the last mentioned inscription. Rest-houses with food, drink and medicine for the sick and the needy associated with the Sun temple in Multan is known from the accounts of another Buddhist pilgrim, Hsuang-tsang.

The Malkapūram stone pillar inscription, dated 1261-1262 C.E., speaks of a maternity house (prasūtiśālā) and an ārogyaśāla.

Two inscriptions from South India are especially significant in this context: the Tirumukkūṭal Inscription of Vīrarājendra (1069 C.E.) and the Srirangam inscription of Garuḍavāhana Bhaṭṭa (Śaka 1415) engraved on a shrine of Dhanvantari within the precincts the Raṅganātha temple at Śrīraṅgam. The former, in particular, provides details of the hospital management including the remuneration structure of the hospital staff, mode of payment and the overhead costs, which is not available elsewhere.

262 K.G.Zysk, Asceticism and healing in Ancient India, 44-45.
263 S. Basu Majumdar, ‘Medical Practitioners, Medicines and Medical Institutions in Epigraphs’, p. 21.
264 S. Basu Majumdar, ‘Medical Practitioners, Medicines and Medical Institutions in Epigraphs’, p.20.
266 P.V. Sharma, Indian Medicine in the Classical Age, p. 13.
267 K.G.Zysk, Asceticism and healing in Ancient India, p.45.
269 S. Basu Majumdar, ‘Medical Practitioners, Medicines and Medical Institutions in Epigraphs’, p.28.
The āturaśālā or hospital was meant exclusively for the teachers and students of the residential school attached to the temple of Venkaṭeśa Perumāl as also for all categories of service providers to the temple. The staff of the fifteen-bedded hospital comprised a vaidya, a surgeon, nurses, barbers and herb collectors. The nurses attended to the patients and administered medicines. The barber served the hospitalized patients, teachers and students. The staff in-charge of collecting the herbs was also given the task of collecting fuel and preparing medicines. The details of hospital management have been tabulated in the appendix to this chapter.

Denial of Treatment:

Successful treatment of any disease is dependant not only on the accurate diagnosis but also its prognosis. Diagnosis is of utmost importance for the physician not only for ascertaining the nature of the disease and its aetiology but also for it prognosis, whether the disease is in the curable (sādhya), palliable (yāpya) or incurable (asādhya) stage. The physician is advised time and again to take up a case only when he is assured of its treatability. Curable types may be easily amenable to cure (sukhasādhya) or prove difficult to alleviate (kṛccchrasādhya). Easily curable ones respond to simple measures in a short time (sukhasādhyāḥ sukhopāyāḥ kālānālpena sādhyate), unlike difficult cases. The palliable disease can never be eliminated from the root. A disease is known to be palliable or relievable if it assures the survival of the patient as long as the treatment is being done but he does not survive on withdrawal of the treatment. The irremediable type is not amenable to any type of treatment.

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271 CS.Vi.8.33.
272 SS.Su.23.10.
273 CS.Vi.8.34.
Thus, according to the basic principles of treatment, the enlightened physician should not take the incurable patient in hand. The palliable patient should be maintained with appropriate therapy and the curable one should be treated carefully with proper medicine leading to cure. Caraka clearly lays down that no medicine is to be prescribed for incurable diseases. Here Suśruta is of the same opinion. The physician is advised to proceed with the treatment if the manifested signs and symptoms do not prognosticate death and if the ailment is of recent origin. The teachers are in fact emphatic that incurable cases should not be taken up for treatment. Failure or negligence in treatment rendered the physician liable to punishment as is known from other sources. This is probably the reason for the reluctance of physicians in taking up difficult cases.

Generally the sānnipatika type of any disease, which is caused by the involvement of all the doṣas, is incurable because of the mutual contradiction involved in the treatment. Diseases more than a year old which are undiagnosed or neglected are difficult to treat. Patients suffering from physical weakness and several complications are also regarded as having unfavourable prognosis. Weakness renders the patient unable to withstand the effects of the disease and medicines. A serious patient can be taken up for treatment provided he is strong (balavant), conscientious (ātmavant), resourceful (upakaraṇavant), and has not developed complications of loss of vitality, muscular wasting, thirst, fever fainting, dyspnoea, cough, rigidity.
anorexia, indigestion and flaccidity or spasticity of the limbs.\textsuperscript{282} Erroneous diagnosis and wrong treatment increase the difficulty of treatment and can even render the disease condition incurable which is otherwise curable.\textsuperscript{283}

Did this, therefore, imply that incurable patients were left with no recourse to any form of medical aid? Our study indicates that sometimes palliative medications are prescribed for clinical conditions otherwise termed incurable. Caraka\textsuperscript{284} and Suśruta\textsuperscript{285} concur that of the four varieties of \textit{vātaja prameha} (urinary disorders) including \textit{madhumeha} (Diabetes mellitus) are incurable. Yet both authorities give recipes for their palliation.\textsuperscript{286} We notice that even for diseases involving all the three \textit{doṣas} some form of treatment is recommended. For \textit{sānnipātaja gulma} it is recommended that the therapies indicated for individual \textit{doṣas} be combined.\textsuperscript{287} Caraka has listed twelve \textit{vātika} diseases like lock-jaw, facial paralysis, hunch-back, atrophy of limbs, etc., as serious that may get cured only by careful treatment; otherwise these diseases cannot be cured at all.\textsuperscript{288}

There appears to be an ambiguity in the statement but Cakrapāṇidatta clarifies it does not imply a doubtful situation about the success in their treatment. Rather these two alternatives are given here simply to indicate that the efficient and experienced preceptors can cure them with their expertise. Ordinary physicians, however, do lack in that type of profound knowledge and expertise, and their attempts to treat such patients may or may not be successful.\textsuperscript{289} Thus, when the preceptor advises his students to refrain from treating complicated and serious cases, his instruction to all intents and purposes

\begin{itemize}
\item \textsuperscript{282} SS.Ci.5.6.
\item \textsuperscript{283} CS.Ci.28.235-236.
\item \textsuperscript{284} CS.Ni.4.38-39.
\item \textsuperscript{285} SS.Ni.6.8, 24.
\item \textsuperscript{286} CS.Ci.6.33-34; SS.Ci.11.9.
\item \textsuperscript{287} CS.Ci.5.64.
\item \textsuperscript{288} CS.Ci.28.72-73.
\item \textsuperscript{289} Cakrapāṇidatta on CS.Ci.28. 72-74.
\end{itemize}
is meant for average students. It appears, therefore, such patients could be taken up by competent and experienced physicians.

Even where cases appear hopeless, there are instance in the texts of such cases being taken up for treatment. We may refer to the advice given to the surgeon for the treatment of aśmari or urinary calculi. The first line of treatment of the condition is with medications, alkalis, decoctions and bladder wash. In the event that non-operative treatment is unsuccessful and death appears inevitable, surgery may be considered if an expert surgeon feels there is doubt in the inevitability of death (akriyāyāṁ dhruvo mṛtyuḥ kriyāyāṁ saṁśayo bhavet), i.e., when there is a glimmer of hope for the patient in surgically removing the stone. However, the consent of the authorities is essential for carrying out the procedure. Here we have an instance of an attempt to alleviate the pathological condition even when the various options are exhausted. Considering the risk involved in the operation, the text makes it clear that recourse to surgery hinges on the surgeon’s expertise and the consent of the authorities.

Yet another example is a type of bhagandara or fistula-in ano caused by foreign bodies. It is incurable but may be treated only after the patient is warned about its incurability. In incurable cases, the physician probably took palliative measures, as for example, Suśruta provides recipes for the palliation of the incurable pramehas. While handling cases of unfavourable prognosis, patients are warned before the initiation of the process of treatment. In certain cases where medical intervention is fraught with tremendous risk or involves the administration of venomous substances, permission of the authorities had to be taken. One such case is the treatment of dūṣyodara, a type of abdominal enlargement, by cobra venom or poisonous roots and bulbs. The antidote for the disease could either cure or kill the patient; hence Dhalaṇa’s advice here is:

290 SS.Ci.7.27-29.
291 SS.Ci.8.33-34.
292 SS.Ci.11.9.
293 SS.Ci.14.3; Ci.19.81.
294 SS.Ci.14.8.
It being, however, possible in some cases to save the life of a patient by the application of this medicine, it should be used, as the last resort with permission of the king.\textsuperscript{295} Thus, all incurable cases do not appear to have been abandoned from treatment. An interesting verse of Su\ṣruta provides testimony to the rejection of incurable patients whose cases may be taken up by other physicians.

\textit{madhumehitvamāpannatih hiṣagbhīḥ parivarjitam.}

\textit{yogenānena matimān pramehiṇamupācareta.}\textsuperscript{296} “The patient of \textit{prameha} who has been abandoned by the physicians as incurable, and has reached the stage of \textit{madhumeha}, should be treated by the following recipe.”

The approach of our two classical treatises to some clinical conditions makes interesting contrast. While \textit{madhumeha} (Diabetes mellitus) is an incurable condition according to Caraka,\textsuperscript{297} Su\ṣruta, however, holds that it is treatable with \textit{śilājatu}.\textsuperscript{298} This drug is, thus, an addition to the pharmacopeia at the time of the composition of this compendium. Again in the case of vitiligo (\textit{svitra}) we notice difference of opinion. As opposed to the declaration by Caraka of the difficulty involved in the treatment of vitiligo, whose remission is dependent more on the purgation of the patient’s sins than on pharmacology, we have Su\ṣruta’s assertion that the disorder is completely curable.\textsuperscript{299} The latter text gives more than ten recipes for healing this skin condition\textsuperscript{300} and even for restoring the natural skin pigmentation.\textsuperscript{301} It also gives a number of medicated

\textsuperscript{296} SS.Ci.13.3.
\textsuperscript{297} CS.Ni.4.38-39.
\textsuperscript{298} SS.Ci.13.10-17.
\textsuperscript{299} SS.Ci.9.29.
\textsuperscript{300} SS.Ci.9.15-29; 34-40.
\textsuperscript{301} SS.Ci.9.21-22; 34-38.
ghṛtas and oils, particularly a formulation of turvaka oil and nīla-ghṛta are claimed to cure even the incurable kusṭha conditions (apyasādhyaman nṛṇāṁ kusṭha nāmnā nīlāṁ niyacchati).

In cases where absolutely no palliative was available, the only recourse to the patient was to seek relief in the cures of the sages who were well-versed in the administering elixirs, and performance of penance, japa and yoga. Therefore, it may not be correct to say that no medicine can be prescribed for incurable cases.

Other than clinical reasons, when the patient is not in a position undergo a particular therapy or where treatment would be ineffectual owing to incurability of his condition or imminence of death, the physician may deny medical intervention on several other grounds ranging from the person’s temperament traits to his psychological disposition, social and religious attitudes, as well as his social standing. Thus, Caraka advises that the patient should be rejected if:

(a) temperamentally he is fierce (caṇḍa), rash/reckless (sāhasika), cowardly (bhūrṇa), ungrateful (kṛtaghna), fickle-minded (vyagra);
(b) he is afflicted with grief (śokapīḍita);
(c) he does not believe in God (yādṛčchika);
(d) he is hateful towards good persons, kings and physicians and is hated by them (sadrājabhiṣajāṁ dveṣṭā tadviṣṭa); is inimical to the physician (vairī), an imposter and considers himself to be a physician (vaidyavidagdha); devoid

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302 SS.Ci.9.7-9.
303 SS.Ci.9.7.
304 SS.Ci.9.29/1-33. Iron preparations can also cure incurable kusṭha: SS.Ci.10.12.
305 CS.Su.1.62-63.
306 CS.Vi.3.45; CS.Si.3.5.
307 CS.Si.2.4.
308 CS.Si.2.4.
309 CS.Si.2.5.
310 CS.Si.2.4.
311 CS.Si.2.5.
of faith in the physician (śraddhāhīna); a sceptic (śāṅkita) and who does not carry out the instructions of the physician; (e) he is not absolved of the allegations against him (anapavādapratīkāra); (f) he is unable to arrange the essential items (karaṇa) for the treatment.

Patients of negative and aggressive temperament are deemed therapeutically unsuitable as the desired results are not obtained; hence, treatment is contraindicated in those of fierce, reckless and other incompatible dispositions. It is essential that the mind should be focused on the procedure. In the context of administration of therapy for removal of morbid matter, Caraka says that if the procedure is carried out when mind is cleansed of inauspicious impurities (like passion etc.,) and is concentrated on the therapy, then the appropriate clinical effects (samyag-yoga) are produced. Cakrapāṇi explains that desired clinical results are not obtained in ungrateful and other such persons because of their sinful disposition. The question that arises here is does ungratefulness refer to such behaviour on part of an individual in his social interactions or is it such conduct towards physicians only? If it is to be taken in the first sense where the individual is socially known to be so, then it becomes necessary on the part of the physician to acquire knowledge of his behaviour.

Faith in the physician is also essential for clinical success. In most cases, the patient has to take several precautions and abide by the physician’s instructions regarding the list the avoidances until completion of the healing process. Treatment is a long drawn process involving repetition of procedures for

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312 CS.Si.2.5.
313 CS.Si.2.5.
314 CS.Si.2.6.
315 CS.Vi.3.45.
316 CS.Si.2.5; CS.Vi.3.45.
317 Cakrapāṇidatta on CS.Si.2.4.
318 CS.Su.6.17.
319 Commentary to CS.Su.2.4.
elimination of morbid *doṣa/doṣas* depending on the severity of the condition. A *kuṣṭha* patient undergoes emetic and purgation therapies as well as blood-letting followed by oleation. These therapies may have to be repeated several times as it is unwise to expel a large quantity of morbid *doṣa* at a time. The condition may require application of alkalis which is followed by application of ointments, administration of medicated decoctions, dietary restrictions, medicated baths, etc. Abidance by the physician’s instructions and the resourcefulness to be able to fulfill all the requirements are, hence, essential qualities of the patient. The antipathy of *Saṃhitā* authors towards pretenders has been discussed in chapter 2.

Those who are denied medical treatment by Suśruta are the hunter, the fowler, a wicked person and a sinner (*vyādhaśakunikapatitāpākāripāṁ ca na pratikartavyam*). The restriction on hunters and fowlers appears strange for very often medicinal preparations require the flesh of carnivorous birds, animal skins etc. Consequently, it can be surmised that physicians had to often interact with them. As regards “the wicked” and “the sinner”, their identification could be subjective and here the physician could exercise his prerogative of refraining to attend to a patient. In this context, there may have been a legal aspect that the physician had to bear in mind. If we go by the *Arthśāstra*, the state, in order to keep criminal activities under observation, can punish those physicians who secretly treat the wounds of such persons, and do not report to the concerned officer. The medical practitioner thus had to be careful not to jeopardise his situation by attending to persons of dubious reputation.

Another kind of patient disapproved by the authors is the unbeliever, i.e., one without faith in the *Vedas*. Reproval of *nāstikas* is evident at a few places in the

320 CS.Ci.7.39-41.
321 CS.Ci.7.54-55.
322 CS.Ci.7.61-82.
323 CS.Ci.7.82-83.
324 CS.Ci.7.91-92.
325 SS.Su.2.8.
326 AS. 2.36.10.
texts particularly in Caraka wherein they are declared the worst of the sinful. Before attending to a patient, the physician is advised to look for signs of favourable or unfavourable prognostication. It is interesting to note that messengers of some religious affiliations are not regarded as auspicious by Caraka. A messenger who has not completely shaved off all his hair (i.e., leaving a tuft on the crown of the head) or one whose hair is unmatted (amupḍajaṭam) is a harbinger of a propitious diagnosis. Brahmanical ascetics shave their heads leaving a tuft of five to seven hairs on the crown while four categories of individuals have clean shaven heads - Vedic students, widows and world renouncers as well as criminals. Should ‘clean shaven’ refer to renouncers including Buddhist and Jaina monks, it would seem to indicate that the physicians of the Caraka school did not regard patients of these sects favourably.

Suśruta reproves messengers who wear old clothes or whose apparel is not white. Such apparel can also be taken to signify individuals of other religious denominations. Those who denied the authority of the Vedas did not accept brahmanical rites and rituals which are an integral part of therapeutics propounded in the Saṁhitās. This may have been the possible reason why the prognostication of cases involving patients of other sects is not considered auspicious.

Four categories of matted-haired individuals are identified by Olivelle. They are those who have withdrawn or forced to withdraw from society- the forest hermits, known as Vaikhānasa or Vānaprastha, the aged, the political exiles and Śaivite ascetics. Avadhūtas and other Śaivaite ascetics let their hair grow and become matted as a symbol of their liberated status and freedom from

327 CS.Su.11.14-15.
328 CS.In.12.67.
331 SS.Su.29.8.
332 P. Olivelle, ‘Hair and Society’, p.335.
normal ascetic rules. Messengers carrying skull, stone, ash, bones, husk or burning charcoal in hand are also not regarded favourably by Suśruta. These objects remind us of the Lākulā ascetic who imitate the terrible form of his god Rudra and carries cranium begging bowl, skull-topped staff, a garland of human bones, covered in ash and has his hair matted or shaved. The Pāśupatas, the oldest Śaiva sect, of which the Lākula is a sub-branch, bore the mark of their sect- the ashes in which they bathe three a day. Do these declarations, therefore, display an antipathy towards such Śaivaite ascetics? Other types of messengers censured by Suśruta are those smeared with oil and mud, wearing red garlands or have applied red paste. Smearing of bodies with oil and mud is common among wrestlers who as Olivelle points out coincidentally shave their heads completely or at least cut it very short.

Faith of the patient in the therapy or the physician is yet another necessary tenet of treatment. Among several factors that contribute to negative results of the therapy is the absence of faith in the therapy. Hence, the physician is warned against conducting it on such a patient. Faith in the therapy cannot be disassociated from confidence in the physician. As we have noted in chapter 2, there are instances in the texts where expression of respect to the physician is declared mandatory on part of the patient. Caraka emphasises that people must specially extend their respectful regard to a physician. A physician who does not abide by these tenets and takes on such patients suffers defamation because

333 P. Olivelle, ‘Hair and Society’, p.337.  
334 SS.Su.29.11/1 .  
337 SS.Su.29.12/1.  
339 CS.Ci.1:4.38.  
340 CS.Ci.1:4.50.
of his sinful acts. A physician who does not abide by these tenets and takes on such patients suffers defamation because of his sinful acts.

**The Social Implications of Disease:**

Disease is a condition that represents deviance from the normal. It has certain social implications, and that raise questions about how society perceives disease and what is the attitude towards the sick.

We find in the *Satīhitās* a correlation between disease and absence of *dharma* (righteousness). Disease arises from wrongful action when one deviates from the rightful path (*dharma*). According to a mythological narrative in our compendia, disease did not exist in the *Satya Yuga* but arose from primeval wrongdoing. At the end of *Satya Yuga* some people grew heavy and lethargic from over-indulgence. Fatigue and lethargy made them to amass things which in turn led to feelings of attachment and greed. Greed gave rise to malice in the *Tretā Yuga* from which in turn created negative behaviour, and, thus, a quarter of *dharma* disappeared. With each passing *yuga*, as dharma gradually diminished, living beings were afflicted with diseases. The origin of all diseases is traced to attachment or ‘*parigraha*’.

The *Nidānasthāna* of Caraka takes into account the aetiology of eight diseases: *jvara* (fever), *raktapitta* (haemorrhagic diseases), *gulma* (phantom tumour), *prameha* (obstinate urinary disorders including diabetes mellitus), *kuṣṭha* (skin disorders), *rājayakṣmā* (tuberculosis), *unmāda* (psychic disorders) and *apasmāra* (epilepsy). The common thread binding them is their origin - it is said that all the eight diseases arose from greed (*lobha*), wrong doing (*droha*) and anger (*kopa*) in the past. When Śiva was denied his rightful share of the sacrifice by Dakṣa Prajāpati, his wrath took the form of a deadly fire from which

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341 CS.Vi.3.45.
342 CS.Vi.3.45.
343 CS.Vi.3.24-27.
344 Cakrapāṇidatta on CS.Ci.3.14.
345 CS.Ni.1.15.
emerged fever and the other diseases. Śiva ordained that jvara and afflict people at birth and at death and also distress those who resort to erratic regimes (apacāra). In the narrative about the origin of rājayakṣmā, Chandra was afflicted with rajo guṇa arising from passion which clouded his purity of mind (suddha sattva). He failed to fulfill his duties towards his wives and was struck with consumption.

Thus, disease originated from the transgression of the rightful principles of behaviour, and the medical notion of prajñāparādha may be placed in the cause-effect continuum. Prajñāparādha, that is eventually responsible for humoral disharmony in the body and the mind, arises from willful indulgence in harmful behaviour. Therefore, it is, in effect, a willful transgression of the established norms. The origin of disease in prajñāparādha, thereby, invests the concept of disease with moral wrongdoing which undoubtedly has social implications. Caraka attributes all abnormalities eventually to errors of judgment. Even the external afflictions are caused by one’s misdeeds. “The wise man should not blame the gods, ancestors, or rākṣasas for diseases caused by his misdeeds due to errors of judgment. One should hold himself responsible his happiness and miseries.”

This position is contrary to that of Suśruta’s compendium wherein there is a section on bhūtavidyā.

The condition of abnormality of the body or mind, therefore, elicits some social response that may take the form of social disapproval or censure. For an understanding of how society viewed conditions of disease, we can get some evidence from other sources. From the Pīṭaka texts it is known that ordainment or upasampadā was disallowed by the Saṅgha to men and women suffering from maladies such as apamāra (apasmāra or epilepsy), kilāsa (vitiligo),

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346 CS.Ci.3.15-25.
347 CS.Ci.8.10.
348 CS.Ni.7.21-22.
350 Mahāvagga I.68.126.
kuṭṭha (kuṣṭha),

pakkhahata (pakṣāghāta or hemiplagia),

sīpada (ślīpada or elephanti asis),

and sosa (soṣa or consumption).

These diseases must have caused social disapproval to the patients.

There evidence from the Manusmṛti on how society viewed certain kinds of afflictions. According to the text:

“Some wicked men suffer from a change of their (natural) appearance in consequence of crimes committed in life, and some in consequence of those committed in former (existence).”

Diseased nails, black teeth, consumption, diseased skin, foul-smelling nose, stinking breath, deficiency in limbs, redundant limbs, dyspepsia, dumbness, white leprosy, lameness, blindness, loss of one eye, general sickliness, swelling in the limbs are all occasioned by sinful acts. Thus, deformed men are all despised by the virtuous and penances must always be performed for their purification for those whose sins are not expiated are born again with disgraceful marks. The issue of stigmatization of disease is obvious when it is ordained that persons afflicted with skin disease, deformed nails, black teeth,
consumption, \textsuperscript{360} pāparoga, \textsuperscript{361} epilepsy, swelling of gland, vitiligo (śvitra), insanity, and blindness \textsuperscript{362} must be avoided at śrāddhas.

These ordinations leave us in no doubt that disease, particularly disease with visibility, was strongly despised. Manu’s pronouncements indicate the association of diseases with social disapproval and censure. The diseased in some cases even faced legal disability as contracts made by the mentally diseased or the grievously disordered by disease are deemed invalid. \textsuperscript{363} Even in the medical texts, deformity meets with disapproval; messengers who are deformed or who have superfluous or fewer body parts are not regarded as auspicious. \textsuperscript{364}

Disorders of the skin have always aroused much dread and caused its patients to suffer social isolation and ostracism. The term pāparoga appearing the above context could possibly refer to kuṣṭha as it is known by this appellation in the medical texts, \textsuperscript{365} for it is believed to be caused by the sinful acts of the present and previous lives. \textsuperscript{366} The concept of sin has been linked with skin dermatoses since the Atharvaveda. \textsuperscript{367} The negative perception of skin disorders is known in other civilizations too. The ancient Iranians believed leprosy was a divine retribution for sinful deeds. \textsuperscript{368} The Bible describes leprosy as a disease sent by

\textsuperscript{360} MS.III.154.
\textsuperscript{361} MS.III.159.
\textsuperscript{362} MS.III.161.
\textsuperscript{363} MS.VIII.163.
\textsuperscript{364} SS.SU.29.8.
\textsuperscript{365} SS.Ci.9.45.
\textsuperscript{366} CS.Ci.7.8,177; SS.Ci.9.3.
God. Lepers were excluded from society by law and banished into the country and uninhabited places— a law from which even kings were given no respite.\textsuperscript{369}

In the ancient Indian context too, skin dermatoses served as a marker of social isolation. The Brahmanical texts disallow marriage to a \textit{kuşṭha} patient as well as into those families who have a member suffering from skin dermatoses.\textsuperscript{370} The offspring of \textit{kuşṭha} patient is maligned as ‘\textit{kuşṭhi}’.\textsuperscript{371} According to Suśruta, no other disease is as distressing as \textit{kuşṭha} for if one destined to suffer from the same disease even in the next birth.

\begin{quote}
mriyate yadi kuşṭhena punarjāte(a)pi gacchati.

nātaḥ kaṣṭīaro rogo yathā kuşṭham prakīrtitam.\textsuperscript{372}
\end{quote}

Suśruta also states the popular perception that \textit{kuşṭha} is believed to be caused by evil deeds, such as, killing of a brāhmaṇa, a woman, a good person or appropriating belongings of others, thereby earning the disease the popular epithet of \textit{pāparoga}.\textsuperscript{373} Moreover, by nature it is an \textit{aupasargika} disease which spreads by touch and breath, and through activities like sexual intercourse, eating together, and sharing the same bed, clothes, garlands and cosmetics,\textsuperscript{374} which renders any kind of interaction with the patient hazardous. Such references are evidence enough for the degree of social ostracism that the sufferer of \textit{kuşṭha} had to confront. By reiterating the \textit{Atharvavedic} and \textit{Dharmaśāstric} notions of disease as retribution for reprobate behaviour, the medical authorities appear to persist with traditional concepts though as an etiologic factor, as we have discussed earlier, sinful deeds is of lesser significance in the texts. The physicians were only too well aware of the general

\begin{thebibliography}{99}
\bibitem{369} E. Robinson, (revised), \textit{Calmet’s Dictionary of the Holy Bible as published by the Late Mr. Charles Taylor with the Fragments Incorporated}, Boston, 1832, p.614.
\bibitem{370} Sukla Das, ‘In Quest of the Antiquity of Leprosy: The Early Indian Context’, pp. 33-42.
\bibitem{371} Sukla Das, ‘In Quest of the Antiquity of Leprosy: The Early Indian Context’, pp. 33-42.
\bibitem{372} SS.Ni.5.31.
\bibitem{373} SS.Ni.5.30.
\bibitem{374} SS.Ni.5.33-34.
\end{thebibliography}
social perceptions that could not be dismissed altogether. Nonetheless, in the treatment of *kuṣṭha* we notice that the texts do deviate from the brahmanical ideas.

It is acknowledged that obstinate skin diseases (*kuṣṭha*) do not yield easily to curative measures owing to its complex pathogenesis involving all the three *doṣas* and four other tissues-skin, blood, muscle and lymph (*dūṣayanti sa kuṣṭhānāṁ saptako dravyasaṁgraha*).\(^{375}\) This does not prevent the physicians from providing medical care. While discoursing on the prognosis of *kuṣṭha*, Caraka mentions that certain cases are not to be treated and includes maggot infestation as one of the conditions.\(^{376}\) The texts do not call for the social isolation of the patients of *kuṣṭha* even where there is maggot infestation in the skin patches. Yet elsewhere in the chapter, we find formulations for treatment of cases where patches show appearance of maggots (*kṛmi*)\(^{377}\) or where there is sloughing of skin and loss of fingers.\(^{378}\) There are medical prescriptions even for advanced cases where there is dreadful physical deformity, or where there is serious exudation and maggots in the ulcers.\(^{379}\) The physician is not deterred from attending to the patient with such severe symptoms. Other than the use of the appellation ‘*pāparoga*’ for *kuṣṭha* (as we have already noted), there is no overt statement stigmatizing *kuṣṭha* patients. The absence of a moralizing attitude is noteworthy. Nonetheless, the contagiousness of *kuṣṭha*, the hereditary nature of the disease and its association with immoral and unprincipled conduct are reasons enough for the disease and the patient to be socially stigmatized.

A particular skin disorder *kilāsa* (a type of leucoderma) is attributed to rather dishonourable and unethical conduct. Its causative factors are untruthfulness, ungratefulness, disrespect for the gods, insult to the preceptors, sinful acts

\(^{375}\) CS.Ci.7.9.

\(^{376}\) CS.Ci.7.37.

\(^{377}\) CS.Ci.7.48; 116, 159.

\(^{378}\) CS.Ci.7.134; 157; SS.Ci.51-53.

\(^{379}\) CS.Ci.7.157; SS.Ci.9.51-57.
(pāpakriyā), misdeeds of past lives apart from the intake of mutually contradictory food.\textsuperscript{380} It would not be wrong to assume that patients of this disease would have suffered social ostracism. Another disease that is associated with the notion of wrongdoings is rājayākṣmā (tuberculosis). Manu says that a slayer of a brāhmaṇa gets consumption.\textsuperscript{381} There is reference to the social isolation of the patient in the Kāmasūtra.\textsuperscript{382}

Social stigma and discrimination is also associated with mental disorders which is true even today. As we have noted earlier, the treatment procedure often involved isolation and brutalization of the patient. It is not just the violent patients or those disobeying the physician’s directions who were subject to physical isolation. It appears to be an integral part of the therapy for Caraka advises the patient be administered medicated ghṛta and kept confined to an underground cellar or a dark house (śvabhre rundhyādgṛthe api va).\textsuperscript{383} It would not be wrong to maintain that sufferers of psychological distress had to suffer isolation, brutality and social ignominy as we have already noted above that psychological disorders have their origin in the contravention of the established social behavioural norms and non-performance (or incorrect performance) of spiritual observances.

This is especially true of disorders perceived to be caused by evil entities like Brahmarākṣasas (a category of fierce demon spirits) or Piśāca who are characterized by abominable behavioural traits. Persons seized by the first category of beings (Brahmarākṣasas) indulge in excessive laughter and dance, and harbour hatred and disobedience to the gods, vipras (learned theologians) and physicians (prahāsanātyapradhanatī devavipravaidyadveśāvajñābhīḥ) and inflict self-injury.\textsuperscript{384} Thus, Brahmarākṣasas seize such persons who bear similar

\textsuperscript{380} CS.Ci.7.177.
\textsuperscript{381} MS.XI.49.
\textsuperscript{382} P.V. Sharma, Indian Medicine in the Classical Age, p. 60.
\textsuperscript{383} CS.Ci.9.58.
\textsuperscript{384} CS.Ci.9.20.
traits, such as abhorrence to the study of religious scriptures (svādhyāya), penance (tapā), observance of scriptural rules (niyama), fasting (upavāsa), celibacy (brahmacarya), and disrespect for the gods, yatis (recluses) and gurus (preceptors),385 which is to say antipathy to brahmanical culture. Hatred to the twice-born and physicians is also seen in seizures by Yakṣas.386

Some signs of affliction by Piśācas are unsound mind (savasthacitta), engagement in dancing, singing, laughter and incoherent speech, walking in dirty streets and over dirty clothes, nudity, and the inability to stick to one place.387 In fact, persons who are possessed by Rākṣasas and Piśācas have all the negative traits, such as, lack of will power, backbiting, fondness for women, greed and deception.388 Harsher methods in the form of recourse to brutalization (krūrakarma) are prescribed in such cases, that is, affliction by Yakṣas, Brahmarākṣasas, Rākṣasas and Piśācas but it is avoidable in cases of seizures by devas, ṛṣis, pīḷīs (manes) and Gandharvas.389

At the same time Haldipur argues: “A case can be made that since insanity is referred to in a treatise on medicine and its treatment was the prerogative of physicians, and not the shamans, it was perceived as a disease. But so were the spirit possessions. From vedic belief in demoniacal possession, one sees in Charaka Samhita several centuries later, adherence to both demoniac and biologic explanation.”390

Patients of yet another disease, apasmāra or epilepsy, had to possibly endure the same social stigma for the disorder shares similarity in aetiology, pathogeny and treatment with psychological disorders. The prognoses for seizures, epilepsy and psychic disorders are not negative in Suṣruta’s work which prescribes

385 CS.Ci.9.21.
386 CS.Ci.9.21.
387 CS.Ci.9.21.
388 CS.Ci.9.21.
389 CS.Ci.9.88.
formulations such as *siddhārthaka ghṛta* and *pañcagāvya ghṛta* as effectual cures for these disorders.⁴⁹¹

The attitude of our *Satābhītās* towards disease is not prejudicial and there is no upfront expression of disapproval of any particular clinical condition. Physicians are expected to attend to any clinical situation without being judgmental. Perhaps, we can find only veiled indications of censure of the patient when it is disease is correlated with a faulty lifestyle and a weak mind. It is said that an individual who abstains from meat and alcohol and consumes only wholesome food, who is disciplined and pure and has strong will power, does not get afflicted by either endogenous or exogenous type of psychological disorders.⁴⁹² There is another similar comment that consumption does not remain long in the patient who is constantly strong minded.⁴⁹³ Incurability of the disease is the principal condition on which medical intervention can be denied by the physician though there a few other conditions of refusal which we have seen are not clinical in nature or related to the disease per se but to the social factors. The physician is entitled to exercise his discretion in taking up a case.

There is an interesting evidence of how popular notion of disease varied from medical theory. In the discussion of the clinical condition of false pregnancy, Caraka refers to how the appearance of particular symptoms is taken by the ignorant as case of real pregnancy. When they disappear and the menstrual flow begins once again, some people believe that the foetus has been removed by some evil spirit who move about at night and feed on body of the foetus. This argument is, however, rejected in the treatise for had this been the case, the evil spirit would have fed on the *ojas* of the mother as well causing her death. The popular notion of malevolent beings drawing sustenance from fetuses is directly countered by Caraka.⁴⁹⁴

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⁴⁹¹ SS.Ut.61.31-38.
⁴⁹² CS.Ci.9.96.
⁴⁹³ CS.Ci.8.163.
⁴⁹⁴ CS.Sa.2.7-10.
The curative process as conceptualized in the classical ancient Indian medical system is a two pronged process is aimed not only at the purification of the body but also of the mind by the removal of negative tendencies that invite maladies. It has been commented that the perception of diseases in antiquity appear to be a curious blending of demonstrative accuracy and traditional confusion. The definitions of health and disease in physiological terms are laid out by the *Satīhitā* authors, but subsequently we notice importance being attached to extraneous concepts such as those of rebirth, effects of past and present deeds (*karma*), divine retribution, the role of supernatural agents and recourse to spiritual therapy which dilute the empirico-rational content of ancient Indian medicine. These concepts create ambiguities that are difficult to reconcile.

On the one hand, Caraka argues that knowledge has four sources- *āptādeśa* (scriptural testimony), *pratyakṣam* (observation), *anumāna* (inference) and *yukti* (reasoning). *Yukti* is the utilization of the rational faculties. The intellect that perceives things as an outcome of combination of multiple causative factors, valid for the past, the present and the future, is known as *yukti*. It is accorded the status as an independent source of knowledge by Caraka. D.P. Chattopadhyaya has with erudition attempted to establish that the basic theoretical premise of Āyurveda is *svabhāva-vāda*, literally “the doctrine of nature”, or “the doctrine of the laws of nature”. This doctrine has no scope for the operation of a force like *aḍṛṣṭa* or the ‘unseen’ when it is said in the context of the effect of a substance on the body element, that the action (*karma*) of the substance is not influenced by anything else other than the inherent nature of the substance (*karma na anyat apekṣate*). The implication of this statement

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396 CS.Su.11.17.
397 CS.Su.11.25.
399 CS.Su.1.51-52.
is significant. There is disavowal of the possibility of any other factor affecting the body.\textsuperscript{400}

Another important piece of evidence comes from the discussion between Maitreya and Ātreya on the role of therapeutics in the alleviation of diseases. The former has doubts on the efficacy of therapeutics for some patients manage to heal without physicians, medicines and attendants. Ātreya points out that those who are incurable will certainly not respond to intervention. Those curable respond quicker in the presence of medical intervention. This is similar to helping a healthy person to lift himself up when he falls. If he is helped, he is likely to get up without much difficulty.\textsuperscript{401} On the other hand, we have noted how spiritual therapy and strength and weakness of karma have been given importance in the alleviation of some diseases. The rationalization for the existence of diseases caused by divine displeasure is acknowledged to the observation and experiences of physicians that certain disorders do not correspond to the aggravation of the \textit{doṣas}.\textsuperscript{402} The inadequacy of theoretical understanding was taken over by supernaturalism. For D.P. Chattopadhayaya, these alien elements are in the nature of grafts (conscious or unconscious). They are hostages offered to counter-ideology to partially evade the censorship of the law-givers.\textsuperscript{403}

The emphasis on reasoning is evident in the advisory on the manner of conducting a diagnosis. A wise physician is advised not to come to a conclusion exclusively on the suggestions made in the text. He should use his discretion and reasoning in arriving at a correct decision (\textit{svayamapyatra vaidyen tarkyatā buddhimatā bhaveta}).\textsuperscript{404} The reason given is that owing to the nature of the habitat, time and strength of the patient, situations may arise where the therapy indicated for an ailment becomes ineffective, and a prohibited therapy may

\textsuperscript{400} D.P. Chattopadhayaya, \textit{Science and Society in Ancient India}, pp. 152-154.

\textsuperscript{401} CS.Su.10.4-5.

\textsuperscript{402} CS.Sa.6.27.

\textsuperscript{403} D.P. Chattopadhayaya, \textit{Science and Society in Ancient India}, pp. 2-3.

\textsuperscript{404} CS. Si.2.25.
become useful. This is, however, relevant only for an intelligent physician who should understand things by reasoning and implication using the aphorisms as a guide. It is better for one of average intelligence to follow the text as he is incapable of determining the exact requirements of therapy by reasoning. The significance of reasoning for the practitioner is again underlined by the emphatic statement that the success achieved without the exercise of the power of reasoning (tarka) is nothing but only success perchance (binā tarka ya siddhiradṛcchasiddhiva sā). S.K.R. Rao believes that admission of the possibility of supernatural agencies at work is more in the nature of a concession to popular beliefs than in the nature of a medical doctrine.

It is in the above context that the inclusion of certain chapters in the Indriya-sthāna of Caraka (as also in the Sūtra-sthāna of Suśruta) relating to prognostication of cases is significant. Prognosis was an important tool in the hands of the ancient physician even in ancient Greece. Edelstein pointed out that it was the primary way the doctor could establish his credentials, and at the same time protect himself against accusations of malpractice. The ability to announce the outcome beforehand would earn him credit for the cure; he would also be able to defend himself should the patient die if he had made a negative prognosis. However, prognostication on the basis of dreams, shadows, appearance of the messenger, and other signs and symptoms that are in no way clinically relevant, becomes difficult to comprehend.

Chattopadhyaya argues that the Satāḥitās contain many ideas and attitudes, whether of the soul, karma, after-life or mokṣa (liberation), that are really extrinsic to medicine and should be ignored or ejected for a true understanding of the real core of medical science. The presence of these elements is not without a purpose; they are in “the nature of ransom offered to the counter-ideology” without which it is not easy for the physicians to save their science.

\[\text{References:}\]

- CS. Si.2.26.
- CS.Vi.8.149.
- CS. Si.2.28.
The exaggerated piety of the *Caraka Saṁhitā* is the nature of “defence reaction”.\(^{410}\)

Acceptance of *karma* as a causative factor in disease causes etiological ambiguities. The most significant instance of such a situation is evident in the case of etiology of *kuṣṭha*. *Karma* does not occur in the etiology of the disease in the *Nidāna-sthāna* of both our compendia but is mentioned in their respective *Cikitsā-sthāna*.\(^{411}\) While *karma* may have been a later interpolation, it is our contention that the doctrine is important to medical theorists and practitioners when clinical intervention did not show the desired results or the case proved to be incurable despite prognosis to the contrary.

We have also pointed out the absence of *karma* in the etiological classification of diseases by Suśruta but later inclusion in the *Uttara-tantra*. The three categories of disease on this basis, i.e., (a) *karmaja* which arise from the past deeds (*karma*); (b) *doṣaja* or humoral; and (c) those caused by both *karman* and vitiated *doṣas* (*karmadoṣajābhavāḥ*),\(^{412}\) is actually more relevant from the therapeutic than from the etiological point of view. Hence, it is explained that treatment accordingly follows divergent lines of treatment. Those of the first category have no evident aetiological cause and they subside without any treatment or else with treatment but only on the abatement of the effects of the past deeds. The second category of diseases is cured with the pacification of the aggravated humors.

The manifestation of the third category of diseases can be of two types: the condition can be painful though the causative factors may be minimal (as the *doṣas* are not excessively vitiated) or the symptoms may be mild despite the severe *doṣa* vitiation. Here, measures for alleviation of the effects of the past deeds and the *doṣas* have to taken for successful treatment.\(^{413}\) In such cases, both spiritual and rational therapies are adopted.\(^{414}\)

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\(^{410}\) D.P.Chattopadhyaya, *Science and Society in Ancient India*, p.375.

\(^{411}\) CS.Ci.7.8; SS.Ci.9.3.

\(^{412}\) SS.Ut.40.163.

\(^{413}\) SS.Ut.40.164-166/1.

\(^{414}\) Ḍalhaṇa on SS.Ut.40.166/1.
The statement is an admission of the inadequacy of therapeutics alone in the healing of obstinate maladies and emphasizes the importance of what may be regarded as non-pharmacological aspects of healing, such as rituals, behavioural modification, paying respect to preceptors, brähmaṇas, etc. Besides, when two cases with similar symptoms show different results, the physician could fall back on the notion of karma. The intrusion of non-rational elements can be attributed to popularity of such perception among lay persons as also to inadequacies of the medical theory itself to explain particular clinical symptoms.
APPENDIX 1

Here we would like to refer to the description of a hospital given in the Sūtra-sṭhāna of the Caraka Saṁhitā\(^{415}\) which is as follows: ‘First of all, an expert architect should design a good building. The building should be strong and it should not be exposed to winds. However, it should be so constructed as to allow wind through one passage. It should provide for a comfortable moving space. The building should not be situated in a mountainous place nor should it be located near a bigger building. Besides the building should not be exposed to smoke, the sun, water, dust or undesirable noise nor should it have undesirable contacts, tastes, sight or smell. The building should be well equipped with a water reservoir or water pot, mortar, pestle, latrine, bathroom and kitchen.’

As far as medical attendants and other general requirements of a hospital are concerned the text further mentions, ‘… arrangements are to be made for attendants who are endowed with good conduct, cleanliness, character, devotion, dexterity and sympathy and who are conversant with the art of nursing and good in administering therapies. Several such attendants are required for various purposes like cooking, soup, porridge, etc., bathing, massaging, lifting, seating of patients and also for grinding of drugs. These attendants should all be willing workers. People well versed with vocal and instrumental music, panegyrics, recitation of verses, ancient lore, short stories, Itihāsa (the Mahābhārata, etc.), Purāṇa (mythology), and those who can grasp the inner desires, are obedient, and have knowledge of the time and place should also be arranged.

Presence of lāva (common quail), kapiñjala (grey partridge), śiśu (rabbit), hariṣa (black buck), eṛa (antelope), kālapucchaka (black tailed deer), mpgamgrikā (red deer), urabhra (wild sheep) is necessary. There should be a milch-cow of good temper free from diseases with her calf alive. Proper arrangement should be made for her fodder, dwelling and water. Provision should also be made for water vessel (pārīj), spoon (ācamanīya), water tub

\(^{415}\) CS.Su.15.6-7.
(udakọgha), big and small earthen jars (maṇika and ṡhaṭi), frying pan (kumbhi kumbha), bowl (kuṛqi), saucer (ṣarava), ladle (darvī), mat (kaṭi), cover plate (udaṭcanā), cooking pan (paripacana), churning stick (manṭhaṇa), leather, cloth, thread, cotton, wool etc.

Arrangements are to be made for bedding, seats, etc. Golden vase and spittoon are also to be provided. Bed sheet, towel, pillow and cushion should be kept there so as to facilitate lying flat, sitting oleation, fomentation, massage,unction, effusion, anointment, emesis, purgation, āsthāpana type of enema, anuvāsana type of enema, elimination of doṣas from head and passing stool and urine.

There should also be grinding stones (mortars) - smooth, hard and of medium size along with well cleaned pestles, sharp instruments, accessories, smoking pipe, tube for enema and douche, broom, scales and measuring vessels, ghee, oil, muscle fat, marrow, honey, phāṭīta (a sugar cane preparation), salt, various types of wine like the one prepared of honey, sūḍha, suru, sauvṛāka, maireya, medaka, tuṣodaka, curd, whey, udasvit (a mixture of water and butter milk in equal parts), dhānyāmla (sour gruel), ṣāli (Oryza sativa Linn.), ṣaśṭika (a variety of Oryza sativa Linn.), mudga (Phaseolus mungo Linn.), māṣa (Phaseolus radicus Linn.), yava (Hordeum vulgara Linn.), tila (Sesamum indicum Linn.), Kulatha (Dolichos biflorus Linn.), badara (Zizyphus jujube Lam.), mādvīkā (Vitis vinifera Linn.), kāśmārya (Gmelina arborea Linn.), parūṣaka (Grewia asiatica Linn.), abhayā (Terminalia chebula Linn.), ṣānmalī (Embilica officinalis Gaertn.), bibhāṭaka (Termenia bellaica Roxb.), other drugs employed in oleation, fomentation, emesis, purgation, those having the combined action of emesis and purgation, which are known as constipatives, and appetizers and ablatines of ṣaṇa, etc., which are carminatives, and such other medicines as are conducive to the treatment of complications, if any, and also those which are useful in and after treatment should also be collected’.
## APPENDIX 2

The details of hospital management from the Tirumukuḍḍal inscription:\(^{416}\)

<table>
<thead>
<tr>
<th><strong>HOSPITAL STAFF</strong></th>
<th><strong>ANNUAL REMUNERATION</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital in charge Savarṇan Kodanṭarāman Asvatthāmā Bhaṭṭan</td>
<td>90 kalam of paddy and 8 kāśu (cash) in addition to a grant of land held in perpetuity</td>
</tr>
<tr>
<td>Surgeon Challiyakkṛiyai (= Śalya-Kṛiyai)</td>
<td>30 kalam of paddy</td>
</tr>
<tr>
<td>Two herb collectors with additional duties of supplying fuel and preparation of medicines.</td>
<td>30 kalam of paddy and 1 kāśu</td>
</tr>
<tr>
<td>Two nurses</td>
<td>15 kalams of paddy and ½ kāśu each</td>
</tr>
<tr>
<td>Barber</td>
<td>15 kalam of paddy</td>
</tr>
<tr>
<td>Hospitalised patients</td>
<td>15 nāṭi @1 nāṭi of rice per head per day</td>
</tr>
<tr>
<td>Lighting of lamps</td>
<td>2 ¼ kāṣu annually for purchase of 45 nāṭi of oil @ 1 alakku per night,</td>
</tr>
<tr>
<td>Waterman</td>
<td>15 kalam of paddy</td>
</tr>
<tr>
<td>Medicines</td>
<td>40 kāṣu</td>
</tr>
</tbody>
</table>

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\(^{416}\) S. Basu Majumdar, "Medical Practitioners, Medicines and Medical Institutions in Epigraphs", pp. 24-26.