

MEDICINE, Indian

(The New Dictionary of the History of Ideas)

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The Beginnings

The historical record for Indian civilization begins in the third millennium B.C.E., with the Indus Valley culture, but beyond evidence of a good knowledge of the plant and animal environment, little information can be recovered concerning the healing traditions of this time. Simple ideas related to disease and healing can be found in greater abundance in the corpus of religious hymns called the Vedas, composed originally in an old form of Sanskrit during the early- to mid-second millennium B.C.E. These ideas have much in common with religious materials worldwide: a

concern with hostile demons, curses, and poisoning, and a detailed awareness of the plant world as a source of healing herbs. Outside the metropolis in India today, such ideas continue to form a prominent part of health-related beliefs and activities. Considering health as, in Canguilhem's words, "a margin of tolerance for the inconsistencies of the environment", such practices and ideas can be seen as a perfectly reasonable and indeed rational extension of the use of a continuum of efforts – from prayer to warfare – as means for creating an acceptable environment in which to live.

Systematic Medicine

Structured systematic thought about medicine in India can first clearly be detected in sayings of the Buddha. In the *Samyuttanikāya* (4.230–31), part of the Buddhist Canon (c.250 B.C.E.), the Buddha is represented as contradicting the view that suffering is caused only by the effects of bad karma. He says that it is caused by eight factors: "bile, phlegm, wind, and their pathological combination, changes of the seasons, the stress of unusual activities, external agency, as well as the ripening bad karma." This is the first moment in documented Indian history that these medical categories and explanations are combined in a clearly systematic manner,

and it is these very factors which later become the cornerstone of classical Indian medical theory, or *ayurveda* (Sanskrit, ‘the knowledge for long life’).

Great encyclopedias of medicine were composed in India during the centuries before and after the time of Christ, and these works brought together not only treatises on anatomy, including embryology, diagnosis, surgery, epidemics, pharmacology, and so forth, but many reflective philosophical passages discussing, for example, the origin of the human being, the rules of medical debate, methods for the interpretation of technical terminology and scientific expression, and so forth. The two best-known compendia to survive from this era go under the names of their editors, Suśruta and Caraka. All this work was synthesised in the early seventh century C.E. into the great work *The Heart of Medicine* by the Sindhi author Vāgbhaṭa. This work became the textbook *par excellence* for ayurveda, the Sanskrit equivalent of Avicenna’s *Canon*, and every bit as influential as that work. The later history of Sanskrit medical literature is a mixture of further works of grand synthesis and the proliferation of works on specialized topics and manuals for the working physician. Innovation took place both in the content and the form of the medical literature. By the nineteenth century, when European medical education and practice began to have a decisive impact in South Asia, Indian

students who chose to specialize in medical studies were being exposed to a tradition of sophisticated medical reasoning and theory almost two thousand years old. This tradition was embodied in its practitioners and the literature they preserved through energetic and wide-ranging manuscript copying, which included multi-lingual dictionaries of materia medica, allegorical medical dramas, toxicological manuals, and veterinary texts, in addition to more predictable reference and teaching works. Hindu and Muslim physicians sometimes worked side-by-side, though their practices remained distinct.

Medical Concepts and Therapies

The systematic doctrines of ayurvedic medicine included a humoral theory somewhat akin to that of the Hippocrates and Galen. Indian medicine admitted three humoral substance, namely wind, bile, and phlegm. However, a certain indecision is visible within the tradition as to the status of blood, which shared with the humours the critical feature of being able to cause illness through becoming corrupt, and blood is sometimes implicitly included as a fourth humour. Disease was classified in several interesting and useful ways, and a system of triage was developed which guided the physician to focus on treatable and curable cases, while discouraging involvement with patients who were clearly in the grip of

terminal conditions.

Several thousand plants were known for their medicinal values, and described in terms of a pharmacological typology based on flavours (six types), potency (usually two: hot and cold), post-digestive flavourings (usually three), and pragmatic efficacy (used when the effect of a medicine is not adequately defined by the earlier categories). This typology formed a system of interlocking correspondences and antipathies with the system of humours and other physiological categories as expressed through the vocabulary of pathology.

Sanskrit medical treatises recommended a wide range of therapeutic techniques, including herbal drugs, massage, sauna, exercise, diet (including the use of meat broths and other non-vegetarian tonics), blood-letting (including leeching), simple psychotherapy, and surgery. One important group of five specific therapies became established early. According to Caraka, these were: emetics, purgation, two types of enema, and nasal catharsis. Suśruta replaced one of the enema treatments with bloodletting. Other authors added sweating and massage, as well as other therapies, into what became historically an increasingly important and elaborate complex of treatments. This 'five therapies' treatment is still popular and important today.

The theories and techniques described in this tradition were widely known

and practised by learned physicians and their staffs and students all over India. Of course, as in all parts of the world, there were many quacks and charlatans, a problem explicitly discussed in the very earliest Sanskrit medical writings.

Surgery

Surgery had a different history from the other parts of traditional medicine. The compendium of Suśruta includes many chapters on the training and practice of surgeons. The early date of this treatise and the great accuracy, insight and detail of the surgical descriptions are most impressive. One can infer that the surgical profession had developed over several generations at least, and had arrived at an advanced stage.

Surgeons were thought of as a separate group of practitioners from the more normative herbal healers, yet for some unknown reason, their tradition was recorded in the Sanskrit language and integrated into the medical corpus. This legacy was then passed down the centuries as part of ayurveda. However, the actual practice of surgery did not survive in the same way. The early and medieval historical sources of India gives us almost no evidence of advanced surgery being practised. By the time foreign observers from China, and later Afghanistan and Europe, begin to describe India, Suśruta's surgery has all but vanished. A few

barber-surgeon practitioners preserved limited skills in couching for cataract and bone-setting, and even in types of plastic surgery, but these were no longer integrated into the learned practice of classical Indian medicine. Early European surgeons were in much demand in India from their arrival in the sixteenth century onwards, although by contrast European physicians were not sought after, and the flow of knowledge about simples and drugs was from East to West.

Modernization and Globalisation

Under first the Moghul and then the British colonial powers, indigenous Indian medicine survived as it always had, mainly through support from patients and the community, but with occasional patronage from the state, with education and practice being devolved and decentralized, often taking place at the family level. During the 20th century, ayurveda assumed an important role as an icon of national identity during the independence struggle. After independence, the Government of India adopted the traditional systems of Indian medicine, including Ayurveda, Islamic Unani medicine, Yoga, and the South Indian Siddha tradition and provided a state-sponsored structure of education and practice on the model of Western medicine. To these indigenous traditions were also

added homoeopathy and naturopathy, both adopted and tightly integrated as part of “Indian” health care and administered by the same department within the Ministry of Health & Family Welfare.

At the start of the third millennium, a process of globalisation—similar to that which took place earlier with yoga—has begun to occur also with ayurveda. In diaspora ayurveda is changing and adapting, as it moves from its pre-modern role in India to a new position as one part of a portfolio of alternative and complementary therapies offered alongside modern biomedicine.

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