**Āyurveda and the Medical Knowledge in Ancient India:**

**Shadows and Realities**

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**Abstract**

Āyuveda is the Indian system of professional medicine that has come down to us from ancient times. In this paper I look at the system from a researcher point of view, critically examining the given or perceived view on Āyurveda in recent times. In this sense, it might look like a contrary thinking or a counter position to the narrative that one sees around with regard to its origin, place of origin, date, non/religious background, etc. The paper deals with Āyurveda as an independent tradition of medicine sans an ascription to any religion, the possible influences of other systems on Āyurveda, and the great three past masters of the system, namely, Caraka, Suśruta and Vāgbhaṭa,

**1. Prologue**

Āyurveda is the professional art of ancient Indian system of medicine literarily meaning ‘the knowledge of healthy long life.’ Āyurveda is concerned with “the ‘total way of life,’ and not just a ‘system of medicine’ that offers to cure diseases through drugs and rituals.”[[1]](#footnote-1) According to the ancient physicians of this ‘knowledge of healthy long life,’ medicine was not just the medical drugs in the treatment of illness. “Medicine in their eyes was not a catalogue of makeshift devices to get over disease and re-establish bodily ease, but it was the synthetic facts underlying and regulating the life of (hu)man in its varied physical, physiological and psychical aspects and stages, in a word, the science of life as a whole.”[[2]](#footnote-2) Caraka defines Āyurveda in this way: ‘The measuring (assessing) of that healthy long-life (longevity) on the basis of that which is beneficial and unbeneficial to healthy life, favourable (happy) and unfavourable (sorrowful) to healthy life, the wholesome and the unwholesome to healthy life, is called Āyurveda.’[[3]](#footnote-3) Thus, to put it simply, yurveda is the knowledge of healthy long-life [*yuḥ+ veda* = knowledge of (healthy long) life or “the science of longevity”[[4]](#footnote-4)].

Caraka, Suruta, and Vgbhaa are the Great Three (*Bhat-tray*) teachers of yurveda. The legendary sage Ātreya has been regarded as the initiator of yurveda tradition; and some argue that Caraka owes a great deal to Ātreya. In all probability, Ātreya was a historical figure who flourished at Takṣaśilā (Taxila). It is said that Ātreya had six disciples - Agniveśa, Bhela, Jatūkarna, Parara, Hārīta, and Kārapāni - who in turn wrote medical treatises (s*amhit*) and developed six schools of medicine. Among them, it is said, Agniveśa’s *Samhit* was most profound and highly regarded, and *Caraka-samhit* might be, in all probability, indebted to Agniveśa’s *Samhit*.

I look at the system of ancient medicine from a researcher point of view, critically examining the given or perceived view on Āyurveda in recent times, in terms of policy and politics. In this sense, it might look like a contrary thinking or a counter position to the narrative that one comes across with regard to its origin, place of origin, date, non/religious background, etc. The products and produces from nature - including plants, animals, and minerals – have been the source of remedies and treatment for diseases in humans, animals, and plants in the history of medicine ever since the origin of humanity. The paper deals with Āyurveda as an independent tradition of medicine sans an ascription to any religion, the possible influences of other systems on Āyurveda, and the great three past masters of the system, namely, Caraka, Suśruta and Vāgbhaṭa

**2. Āyurveda: An Independent Tradition of Medicine**

The present author is of the opinion that yurveda has had a non-Vedic origin, though Vedic traditions contributed to it substantially in its long trajectory of medicinal practice as a system. There was a Brāhmanization of Indian medicine in due course, by transforming the heterodoxy into orthodoxy.[[5]](#footnote-5) In all probability, it was an independent and indigenous medicinal and therapeutic tradition in ancient India sans an ascription to any religion. The specialized vocabulary pertaining to medicine was developed by the healers who mastered the art of curative methods. They, in all probability, must have come from the agrarian communities and ascetic fraternity – and definitely not from priestly and royal background -, supplemented with their knowledge of the local flora and fauna, and thus, knew the healing techniques that they gained by observing. As far as my knowledge goes, in the brhmaic tradition of study, yurveda and Atharvaveda are much later an addition (even among the Vedas, only the *Veda-tray* have precedence and primacy). It is said that “the inclusion of both yurveda and Atharvavedain the enumeration of sacred brhmaic literature already reflects the incorporation of spurious traditions into orthodox brhmaic system.”[[6]](#footnote-6) And this must be a verity.

**2.1. Āyurveda and ramaa paramparā**

In continuation with what we have said just above, originally, in all probability, medicine with its medicinal practice was part of the ascetically based religious movement, the *ramaa paramparā* (Jains, archaic Snkhya, jvikas, Ajnavdins, Buddhists, and the Tntrik tradition), which antedates the Vedic tradition - the *i paramparā*. Āyurveda is an old tradition; and “systematic compilations of medical knowledge were prevalent before the time of Gotama, the Buddha (563-483 BC). Indeed, the very presentation of Buddhist notions in the older literature (for example, in texts such as the *Dhammacakkappavattana-sutta* of the *Samyutta-nikāya* or the *Mālunkyāputta-sutta* of *the Majjhima-nikāya*, with their emphasis on existential disease or injury, its diagnosis, its prognosis, and treatment) suggests that some sort of systematic medical tradition(s) was widely known and respected.”[[7]](#footnote-7) When it comes to the Buddhist contribution to the discipline of yurveda, a learned scholar writes in this way:

Medicine evolved along with the *sangha* and Buddhist monastery in India, became codified as a part of the Buddhist scriptures, gave rise to monk-healers[[8]](#footnote-8) and provided the basis for subsequent development of Buddhist monastic hospices and infirmaries,[[9]](#footnote-9) and finally became part of the standard curriculum in the Buddhist monastic ‘universities.’ When Buddhism began to spread to other parts of Asia, medical institutions and practices of the monastery went along as integral parts of the religious system.[[10]](#footnote-10) The traditional system of yurvedic medicine owes much of its early systematization, preservation, and subsequent propagation to the ascetic Buddhists and their monastic institution.[[11]](#footnote-11)

We get details of ancient medicinal practices in the oldest of the Buddhist canons, namely, the *Vinaya Piṭaka*. In the surviving versions of the *Vinaya Piṭaka*, namely, the Theravāda *Bhesajjakkhandhaka*, the Dharmaguptaka *Bhaiṣajyaskandhaka*, the Mahīśāsaka *Bhaiṣajyadharmaka*, the Sarvāstivāda *Bhaiṣajyadharmaka*, the Mūlasarvāstivāda *Bhaiṣajyavastu*, and the relevant parts in the Mahāsāṃghika *Vinaya*, we get details of medicaments. In the discussions found in the above mentioned portions of the Buddhist literature, we come across the Buddha allowing everything, except for human flesh, for medical treatment. The Buddha had no regard for the Brāhmaṇical law-makers, but “on the contrary, many passages in the early Buddhist literature show his pronounced enthusiasm for medicine.”[[12]](#footnote-12) Hence, one would be prepared to propose that the medicinal discipline had much more to do with non-Vedic lineages. Besides that, the famous Jīvaka (or Jīvaka Komarabhacca) who had studied at the medical school of Taxila ( Takṣa-śilā or Taxila[[13]](#footnote-13) was a centre of learning – university- which gets mentioned in the Buddhist *Jātakas*) in the sixth century BC,[[14]](#footnote-14) who became the personal physician of the Buddha, and the Buddhist tradition of specially selected and trained monks for the task of medical practice, - all this gives credence to a non-Vedic ancestry of Āyurveda. We read in the *Vinaya*, the Buddha instructing the monks to act as physicians.[[15]](#footnote-15) The Buddhist tradition sets a very high standard for a practicing physician or surgeon as we see in the Buddhist text the *Milinda Pañho,*[[16]](#footnote-16)which shows its familiarity and expertise with both the nuances of treatment and nature of medicines.[[17]](#footnote-17)

The present author is not in agreement with the perceived view of many an Indian writer that Āyurveda has its roots in the Vedas. An author writes: “To the critical student, the Vedas, which form the holiest of Hindu scriptures, are known to be important treatise on medicine and surgery, the Rigveda dealing mainly with the former and the Yajurveda and Atharvaveda with the latter. These three Vedas are the principle sources of Ayurveda. With these as foundations, fundamental treatises of Ayurveda have been written by Charaka, Susruta and Vagbhata.”[[18]](#footnote-18) This assertion is far from truth, as far as this present author’s study informs him. According to Manu, the physician’s profession for livelihood was too demeaning for a *dvija* (‘twice born,’ a term used for the three upper *varṇas*), and it was allowed only in exceptions and conditions causing dire distress.[[19]](#footnote-19) Further, as for an example from the text, let us take the case of cow meat prescribed as medicine in chapter 27 of *Sūtra-sthāna* of *Caraka-samhitā*. According to the Brāhmāṇic texts, slaughtering the cow is a great sin which demands prolonged penance,[[20]](#footnote-20) but the Āyurveda tradition appears to remain advocating the consumption of it.[[21]](#footnote-21) Thus, notwithstanding the Brāhmāṇic law-givers espoused the veneration of the cow, “the genuine physicians in our medical compilation appear to remain unconcerned. What interest them is a different point altogether. It is only the food-value of the cow’s flesh, like that of the flesh of various other animals, for they think that the most important factor determining health is food.”[[22]](#footnote-22) We will explain it further in the following.

**2.2. Āyurveda and Āgama Tradition**

Āyurveda is an Āgamic tradition, and not Vedic. Though today many a scholar tries their best to place its origin in the Vedic tradition, in order to state that all that is good and worthwhile came from the Vedic traditions, and not from non-Vedic traditions. Surprisingly, the Buddhist Vāgbhaṭa is “proved” to be a Vedic sage.[[23]](#footnote-23) Even learned writer M. S. Valiathan tries to show that Vāgbhaṭa’s roots are Vedic, misinterpreting the use of term “*āgama*” by Vāgbhaṭa, in his text, as ‘Vedic origins.’ In the text, Vāgbhaṭa says: “this (text/knowledge) (*idam*) has come down to us as proven remedies from the respected tradition of medicinal practice (*āgamasiddhatvāt*) and as seen and verified by perceivable (real) results (*pratyakṣaphaladarśanāt*), it could be applied (made use of) (*samprayoktavyam*) as an authoritative and established formula (canon) (*mantravat*), and not as a mere hypothesis of investigation (*mīmāmsyam*) by some means haphazardly (*kathañcana*).”[[24]](#footnote-24) This verse has been translated by M. S. Valiathan in this manner: “Born of Vedic origins and of demonstrable results, this text is fit to be used as a mantra with no room whatever for doubting its efficacy.”[[25]](#footnote-25) One wonders whether Valiathan’s translation is correct, and more than that, the term *āgama* is translated as ‘Vedic origins.’ I must state that in Indian philosophical *cum* cultural tradition the term “*āgam*a” stands mainly for non-Vedic tradition that has come down to us from generation to generation. This is what P. P. Narayanan Nambudiri says about it: “The Hindu religious tradition, philosophy, practices, and ritual fall under two categories – the Nigama and the Agama, Nigama stands for the Vedic, the Karmamarga, the Homa or the sacrifices which is Aryan. The first origin of the Agamic Cult was non-Aryan and Pre-Aryan. It was later modified, extended and adopted by the brahmans for the sake of all, while the Homa or Nigama was kept up artificially for limited group of Aryans.”[[26]](#footnote-26) Thus, as Vāgbhaṭa asserts, I would hold that the Āyurveda, is of *āgamic* tradition, and not of *nigama* (Vedic) tradition.

**2.3. Āyurveda and the Indus Valley – Mesopotamian Connection**

It is fascinating for a student of Indian philosophy and culture to learn about the healthcare system in the Indus Valley civilization. Analysing the hygiene modes and other information that one finds in “the ruins of the extremely large town excavated at Mohen-jo-dāro”, Jean Filliozat writes (in chapter 2 titled ‘Pre-Aryan and Indo-Aryan Data on Medicine’) in his *The Classical Doctrine of Indian Medicine: Its Origin and its Greek Parallels,* that they “are particularly remarkable in view of the uncovered remains of the large-scale works of public sanitation.”[[27]](#footnote-27) And he concludes that there was a pre-Aryan medicinal practice in Indus Valley in the third millennium BC as there could have been an exchange of medicinal knowledge “between Mesopotamia and the Indus Valley,” as there had “already developed medical notions, which were probably related to those of Sumerians,” and that, in due course “at least ideas which have entered as elements in the formation of Āyurveda.”[[28]](#footnote-28)

The medical science of India must have had a strong connection to the North –West of India in ancient times. The great university at famous Taxila (Takṣaśilā) during the time of the Buddha was a centre of medical learning and the Buddha’s physician Jīvaka mentioned above was trained at Taxila. “Ātreya, whose doctrines are propagated in the *CaS* (*Caraka-samhitā*), lived at Takṣaśilā.”[[29]](#footnote-29) There must have had been a unbroken connection of old Gandhāra to Indian medicine. “It would seem that from the north-west, i.e., from the Gandhāra country, the sciences were transferred to the east, and among them medicine as well as surgery.”[[30]](#footnote-30)

Now the available redactions of the texts that we have in hand, particularly the *Caraka-samhitā* and *Suśruta-samhitā*, mention the *Atharvaveda* as source of Āyurveda and treat it as an *upānga* or subsidiary to the *Atharvaveda*. In the *Suśruta-samhitā* 1:1:3, it is said that Āyurveda is the subsidiary part of *Atharvaveda* (*Āyurveda nāma yad upāngam atharvavedaya*), and in the *Caraka-samhitā* 1: 30:20, it is said that the physician should have devotion to the *Atharvaveda* which, among the four Vedas, belongs to him appropriately (*bhiṣaja…vedānām ātmano’tharvavede bhaktir ādeśyā*). In all probability, this *Atharvaveda* connection could be of later addition. I conjecture it in this manner because the three *samhitās* of Āyurveda are “of Bhela, Caraka, and Suśruta. The first has reached us in one single and incomplete manuscript. The other two are not available in their original form because we know that they have been revised by more recent authors.”[[31]](#footnote-31) The texts mentioned above had many redactions till they reached in the present form,[[32]](#footnote-32) and they “were at least substantially reworked as late as the ninth or tenth centuries.”[[33]](#footnote-33) The science of medicine was a rationalistic endeavour, and the law-makers (of the *Dharmaśāstras*) were “sharply against the doctors;” and the Āyurvedic doctors had to make compromises in the compilations of the texts “to evade the censorship of the law-makers” by accepting “the absolute validity of the Vedas.”[[34]](#footnote-34) It must be also mentioned that, theoretically and textually, Āyurveda consists of eight members (divisions) or *aṣṭānga*s, which has much to do with the *Aṣṭānga-samhitā* and the *Aṣṭānga-hṛdaya* of Vāgbhaṭa. Even the traditional Āyurveda physicians of Kerala maintain that they are in the lineage of *aṣṭa-vaidyas*.

**3. Influences of Other Systems on Āyurveda**

The naturalistic philosophical traditions of India must have had a significant influence on Āyurveda. “The dominant intellectual influences on Āyurveda are those of Sānkhya and Vaiśeṣika philosophies.”[[35]](#footnote-35) The archaic Sānkhya was such a robust naturalistic system that it interpreted the *reality* in terms of two categories, namely, ‘nature’ (*prakṛti*) with its evolutionary process and multiplicity of the ‘life principle’ (*puruṣa*), without giving any credence to a creator God or supreme being. Similarly the ancient Kaṇāda tradition (Vaiśeṣika) was more of a naturalistic system (whereas the Yājñavalkya tradition of the Upaniṣads was a spiritual system).[[36]](#footnote-36) Biswambhar Pahi, a pre-eminent contemporary scholar of Nyāya-Vaiśeṣika, has given a pro-Cārvāka (Lokāyata) interpretation of Vaiśeṣika system.[[37]](#footnote-37) The Sānkhya influence on Āyurveda could be seen in “the formative elements of the universe.”[[38]](#footnote-38) There were mutual interactions among rational and naturalistic philosophical systems of India and Āyurveda, and “one can argue that there was a natural affinity between the naturalistic philosophical systems and Āyurvedic medical practice which generated a mutually influential pattern of ongoing interaction.”[[39]](#footnote-39) The “naturalism” (*svabhāvavāda*) that one finds in Indian tradition is non-Vedic as observed by M. Hiriyanna: there are two currents of thought in the ‘early post-Vedic period’, namely, the one known as *Svabhāvavāda* or ‘naturalism’ which repudiated belief in the supernatural, and the other ‘naturalism’ which was dualistic or pluralistic in its character which gave rise to the ‘naturalism’ that we find in Jainism.[[40]](#footnote-40) Therefore, what I want to say is that, the ‘naturalism’ in Indian thought ran parallel to the Vedic supernaturalism in ancient period.

In the *Caraka-samhitā* 1: 1:42, it is said: Life (*āyuḥ*) comes into existence due to the association of body (*śarīra*), senses (*indriya*), mind (*sattva* or *manas*), and soul (*ātmā*). In the first part of the *Caraka-samhitā* called the *Sūtra-sthāna* (*Caraka-samhitā* 1: chapters 1-30), one can find the metaphysics of Sānkhya and Vaiśeṣika systems dominating. The conceptions of *puruṣa* - an all-embracing consciousness, and *prakṛti* – the primordial materiality with its three *guṇas* of *sattva*, *rajas*, and *tamas* (of the Sānkhya), and the substances (*dravya*) which make up the world – air, fire, water, earth, space, time, extension, mind and self – and the six fundamental categories (*padārtha*) by means of which everything is cognized – substance (*dravya*), property (*guṇa*), motion (*karman*), generality (*sāmānya*), particularity (*viśeṣa*), and inherence (*samavāya*) of the Vaiśeṣika get place in Āyurveda.[[41]](#footnote-41) The tenets of Sānkhya and Vaiśeṣika systems get a place in Āyurveda, “for these systems appear to be most congenial to a naturalistic and common-sense approach to ordinary life and experience.”[[42]](#footnote-42) Gerald Larson says that the Āyurvedic medical theory and practice are “pragmatic and usage-oriented” and Sānkhya and Vaiśeṣika are the most naturalistic interpretation in this sense, and they “are remarkably alike in their fundamental postulates,” unlike other *daśana*s of Indian philosophy. [[43]](#footnote-43) Both Sānkhya and Vaiśeṣika are known for their analysis of physical body, and they are more rational enterprise rather than spiritual and religious teachings. In *Caraka-samhitā* 1: 11:3 it is said that the purpose of Āyurveda is directed toward three motifs: this-worldly natural search and desire for long life (*prāṇaiṣaṇā*), moderately needed material wealth (*dhanaiṣaṇā*) and good deeds that will facilitate a life after-death (*paralokaiṣaṇā*), whereas the aim of the religious systems is to attain *mokṣa*.[[44]](#footnote-44)

Our discussion on Āyurveda and Sānkhya is not complete unless we mention an important dissimilarity between classical Sānkhya and the *Caraka-samhitā*. A learned scholar on Sānkhya and Caraka in twentieth century, V. M. Bedekar, had shown the main difference between the *Caraka-samhitā*’s twenty-four principles and those of classical Sānkhya’s.[[45]](#footnote-45) “Caraka’s scheme is in many respects, different from that of the classical Sāmkhya. The most glaring and fundamental difference consists in the fact that Caraka regards Avyakta as identical with Puruṣa, Ātman or Brahman. Considering that Caraka’s Avyakta gives rise to succeeding principles such as Buddhi, Ahamkāra, etc., it may be stated that Caraka’s Sāmkhya doctrine does not represent the fundamental Dualism of the Sāmkhya, but a sort of idealistic monism.”[[46]](#footnote-46)

One would also posit whether there were influences of other naturalistic schools of thought on Āyurveda, particularly on Caraka. The Ājīvikas, Cārvāka (Lokāyata), Jainism, even the Indian Sceptical school (Ajñānavāda whose most prominent teacher was Sañjaya) were Svabhāvavādins (naturalists). There could be also an influence of the theory of ‘accidentalism’ (Yadṛcchāvāda), a philosophical stance that upholds things happen accidently, not due to a causal connection to the effect. V. M. Kulkarni in his study had opined that *svabhāvavāda* – naturalism – doctrine is “part and parcel of materialism as has been done by tradition.”[[47]](#footnote-47) In his scholarly paper Tabe E. Meindersma has shown how the ideas of Indian materialism (Cārvāka) got infiltrated into the theories of Caraka.[[48]](#footnote-48) There must have been the influences of these schools of thought on Āyurveda in its formative years.

Caraka does not mention Yoga in his works. It is noteworthy that “Caraka’s approach made no reference to *Yogāsanas* or meditation as procedures in the practice of medicine” [[49]](#footnote-49), but Caraka’s intent was that the physical body shall be treated with medicine. And his treatment is efficacious to heal the body and mind of the ailments. The sixteenth century AD text “the *Āyurvedasūtra* is the first Sanskrit medical treatise said to combine the basic doctrines of both Āyurveda and Yoga into one text.”[[50]](#footnote-50)

**4. The Bhat-tray of Āyurveda: Caraka, Suśruta and Vāgbhaṭa**

The Great Three (bṛhat-trayī) of Āyurveda are Caraka, Suśruta and Vāgbhaṭa. Caraka was the master physician, whereas Suśruta was the surgeon par excellence. Vāgbhaṭa was both a great physician and surgeon. Let me give a brief account of these three past masters with some contrapositions at the backdrop of the perceived views on them.

**4. 1. Caraka**

Caraka (Charak) has been considered the chief physician of Āyurveda. The dates assigned to him range from second century BC to second century AD when Kuṣṇa Empire[[51]](#footnote-51) flourished in the North India. From the internal evidence in the *Caraka-samhit*, he seems to have lived in the North West part of India in the post-Buddha period. C. Kunhan Raja was of the view that ‘Caraka’ was not as a Sanskrit word but a Pahlavi word Cāreka.[[52]](#footnote-52) It is interesting to note that “the Iranian people of Upper Asia and of Iran itself, the Śakas, the Parthians and Kuṣāṇas conquered vast territories of India several times and stayed there as rulers for long periods.”[[53]](#footnote-53) So was Caraka from that origin? In *Arthaśāstra*, the word ‘Caraka’ is used for inferior type of people who are the servants and attendants.[[54]](#footnote-54) In this connection P. V. Sharma writes in his ‘Introduction’ to the text *Caraka-samhitā*: “The probable connection of Caraka with Kaniṣka leads to some more important but hidden points. Kaniṣka belonged to the Kuṣāṇa dynasty which was an offshoot of Śakas who came to India roaming about from Central Asia. … In *Nānanītaka*, Caraka is not mentioned as author of the text though Agniveśa is there and the followers of Caraka instead of having been assimilated in the general mass of vaidyas formed a separate group patronised by the Śaka kings. All these facts indicate that Caraka was either himself a Śaka or very close to them so that he had to struggle hard for putting his foot down. Perhaps during the same process, the work of Caraka (the *Caraka-samhitā*) was mutilated which was redacted and reconstructed by Dṛḍhabala in part.”[[55]](#footnote-55) Whatever it may be with regard to his place, origin, and time, “what Caraka wrote continues to interest students and teachers of Āyurveda, practicing physicians, pharmacologist, philosophers, historian of science, even patent lawyers.”[[56]](#footnote-56)

**4.2. Suśruta**

Suśruta is associated with Kāśī (Banaras or Varanasi). He is master surgeon of Indian medical practice. When he lived has long been a controversial subject among many medical historians. It is said that he seemed to have lived and taught in Varanasi before Buddha. It is said that Suruta studied Āyurveda with emphasis on *alya* (surgery) under Divodsa Kirāja Dhanvantari of the Upanishadic age (6th century BC). He composed the *Suruta-tantra*. Though the original text was lost long ago, a redaction by Nāgārjuna survived as the *Suśruta-samhit*, which was composed “either in the sixth or the tenth century A. D.”[[57]](#footnote-57) According to H. G. Ranade, the *Suśruta-samhitā* is a later origin than that of the *Caraka-samhitā*. He writes, “Caraka Samhitā roughly belongs to the 1st cent. A. D. while the Suśruta with its developed surgery is later in period.”[[58]](#footnote-58) He was the first to practise rhinoplasty in India. In the *Suśruta-samhitā* we find the origin of surgery as in Kāśī. In the Buddhist *Jātakas*, the surgery of “skull opening” was learned by Jīvaka in Takṣaśilā, and “in the legend surgical training is expressly proved to have originated from Takṣaśilā, this training is limited in the *SuS* (*Suśruta-samhitā*) to the kind of Benares (Kāśīrāja).”[[59]](#footnote-59)

It is intriguing to posit the advancement of surgery in the ancient Indian medical history as there must have been many obstacles that deterred the study of anatomy, if the Hindu *Dharmaśāstras* are taken into account. Furthermore, in neither the writings of Suśruta nor of Caraka is there any indication that animal dissection was practised to learn anatomy. Their anatomical knowledge, therefore, appears to have been gleaned from human dissection.[[60]](#footnote-60) According to the *Dharmaśāstras*, the human body is sacred in/after death, and the body should not be violated by the knife, and that persons older than two years of age must be cremated in their original condition. The texts outlining household rituals – *Gṛhyasūtras[[61]](#footnote-61)* – exhort the sanctity of the dead-body and classify cremation as a *samskāra* which assures “the third birth” for a *dvija* (twice-born, the three upper *varṇas*).[[62]](#footnote-62) And the surgical learning on the corpse would be an *anathema* as per the laws of the *Dharmaśāstras.* Indian surgical tradition overlooked those dictates, and does it imply that the Indian surgical institution has much more to do with the non-Vedic tradition?

**4.3. Vāgbhaṭa**

Vāgbhaṭa is one of the most influential classical writers of Āyurveda. He was a physician, surgeon, poet and teacher. “Among the ancient authorities of yurveda, Vāgbhaṭa stands out not only as great physician and master teacher but also as a writer endowed with extraordinary literary skill and poetical gifts.”[[63]](#footnote-63) Several works are associated with his name as author, principally the *Anga-samgraha* and the *Anga-hdaya-samhit*. Vāgbhaṭa was from the province of Sindh[[64]](#footnote-64) or Kashmir. Analyzing the family tree of Vāgbhaṭa from different manuscripts D. Wujastyk has shown the Sindh and Kashmir connection of Vāgbhaṭa. He writes, “our present discovery shows the still untapped riches available in the manuscript record, and suggests that traditions lost elsewhere may still be available in manuscripts of Kashmir.”[[65]](#footnote-65)

Some scholars opine that there were two Vāgbhaṭas, one senior and other junior, and the texts the *Aṣṭānga-samgraha* belongs to Vāgbhaṭa, the senior, and the *Aṣṭānga-hṛdaya-samhitā* belongs to Vāgbhaṭa, the junior.[[66]](#footnote-66) Among the recent scholars, Kenneth G. Zysk is of the opinion that these two classical medical treatises were composed by authors (not the same author) with the name Vāgbhaṭa. “The first by Vāgbhaṭa and the second by Vṛddhavāgbhaṭa, the Elder Vāgbhaṭa.’ It is unknown if these two Vāgbhaṭas refer to the same person.”[[67]](#footnote-67) But Dinesh Chandra Bhattacharyya confirmed after analyzing the internal evidences the texts and commentarial references in the commentaries that there was only one Vāgbhaṭa. He wrote that “it should now be finally settled on clear and definite evidence that there was only one medical authority of the name of Vāgbhaṭa.”[[68]](#footnote-68) Vayaskara N. S. Mooss in his edited version of *Aṣṭānga-hṛdaya-samhitā* *with the Vākyapradīpikā Commentary of Parameśvara, Part 1*, after a careful evaluation of the texts and commentaries, holds that the author of *Aṣṭānga-samgraha* and *Aṣṭānga-hṛdaya-samhitā* was one and the same person.[[69]](#footnote-69) And the present author also would consider only one Vāgbhaṭa, and not two.

There are strong internal evidences in his treatises indicating that Vāgbhaṭa was a Buddhist. However, the Brhmaical writers of the past and present picture him as Brhmaa who followed Vedic religion.[[70]](#footnote-70) At the end of the second chapter of *Cikitsitasthāna* in the *Aṣṭānga-samgraha*, we get the Buddhist faith of Vāgbhaṭa, and his allegiance to Tathāgata (the Buddha). We quote the verse: [[71]](#footnote-71)

*Āryāvalokitam parṇaśavarīmaparājitām,*

*Paraṇamedāryatāram ca sarvajvaranivṛttaye.*

*Japaistathāgatoṣṇīṣam sarvavyādhicikitsitam,*

*Āgantudoṣasahajaiḥ sarvarogairvimucyate*.

Dinesh Chandra Bhattacharyya analyses other commentaries on Vāgbhaṭa like that of Indu (eg: *Tathāgatoṣṇīṣam nāma mantraviśeṣam*), Cakrapāṇidatta, Candranandana, Niścalakara, Aruṇadatta, and others. He writes further: “This reference to the Buddhist God twelve-armed Avalokiteśvara is very important as it proves that when Vāgbhaṭa wrote, Mahāyāna Buddhism had already reached its final stage in iconolatry. It is curious that the Kairali commentary on the above passage (published in the Trichur edition) explains the strange God as a form of Śiva; … But it can perhaps be confidently stated that no image of twelve-armed Avalokiteśvara came to be worshiped so widely in India before the 9th century A. D., and 800 A. D. can be conveniently taken as the *terminus a quo* of Vāgbhaṭa’s date.” [[72]](#footnote-72)

The most important contribution of Vāgbhaṭa is that he digested ancient texts of yurveda – even those of Caraka and Suruta – and with his own experience and ingenuity redistilled them for the benefit of posterity. He “succeeded in giving us an admirable text which has never been exceeded in authority by anything written by his successors. But Vāgbhaṭa derives his majesty, above all, from his application of moral ideas to the practice of medicine.”[[73]](#footnote-73) He excels in addressing the moral question of ‘how to live’ and practice the medical profession: As a true Buddhist, he urges compassion towards all living beings and identification of oneself with bugs and ants – every sentient being. Among all the teachers of yurveda, Vāgbhaṭa has this to say to a medical practitioner that “a mind, pure and soaked in compassion, is the best febrifuge.”[[74]](#footnote-74)

**5. Epilogue**

Āyurveda is a rational system where “experience” has manifestly played an important role. The *Caraka-samhitā* and the *Suśruta-samhitā* “explain the state of health and of disease by the interplay of constituent elements of the organism, of the elementary and general regimes and by the influences of time and season,” and they did not pay much attention to “magic and mysticism.”[[75]](#footnote-75) The system of treatment was based on experience, that is, “the rudiments of the natural explanation of a phenomenon or of a justification of an observed property.”[[76]](#footnote-76) It was never dogmatic, but flexible.

Caraka must have lived in a time when intellectual life in India was very dynamic and vibrant. The orthodox schools of Indian philosophy (not Vednta) were in varying stages of development, and the powerful opposition to them by the Ajnavdin (Sceptics), Cārvāka, Ājīvika, Buddhist and Jain intelligentsia was the mark of the time. There was an intellectual climate in India when ideas clashed, dogmatic orthodoxy and challenging heterodoxy confronted, systems were sharpened and redefined, and the old gave place to the new.

When it came to Vāgbhaṭa, he took the essentials of Buddhist philosophy where the *life here and now* was of paramount importance. The Buddhist conception of the *body*, which is sacred and treasured for spiritual practice (spiritual *sdhan* is possible only when one has a healthy body), was taken into serious consideration. The metaphysics of body, that is, the body is composed the five elements (*paca-bhta*), and the idea of equality of bodies – there are neither high nor low bodies (due to birth/caste or gender). One needs a healthy body for a healthy mind. Body and mind are not separate entities in Buddhism, but they are mutually dependent. *Suffering,* due to physical and mental ailments, being a fundamental truth of human existential predicament, the finest minds of the Indian medicine and healing sought for a system which would heal the maladies, paving way for a healthy long life.

1. C. V. Satyavati, “The Role of Ayurveda as Contemporary Medical Science and Therapeutic System*,” India International Centre Quarterly*, 18 (2-3), 1991, 71 (whole paper 71-82).

   [↑](#footnote-ref-1)
2. P. Ramaswami Ayyar, “The Eternal Glory of Ayurveda”, *Current Science*, 15 (7), 1946, 177. [↑](#footnote-ref-2)
3. *Hitāhitam sukham duḥkhamāyustasya hitāhitam,*

   *Mānam ca tacca yatroktamāyurvedaḥ sa ucyate* (The *Caraka-samhitā* 1: 1: 41). [↑](#footnote-ref-3)
4. Jean Filliozat, *The Classical Doctrine of Indian Medicine: Its Origin and its Greek Parallels* (Delhi: Munshiram Manoharlal Publishers, 1964), 1. [↑](#footnote-ref-4)
5. Kenneth Gregory Zysk, “Mythology and Brahmanization of Indian Medicine: Transforming Heterodoxy into Orthodoxy,” in Folke Josephson (ed), *Categorization and Interpretation: Indological and Comparative Studies* (Goeteborg: Department of Comparative Philosophy, Goeteborg University, 1999). 125-145. [↑](#footnote-ref-5)
6. Kenneth G. Zysk, *Asceticism and Healing in Ancient India: Medicine in the Buddhist Monastery* (Delhi: Motilal Banarsidass, 1998), 47. [↑](#footnote-ref-6)
7. Gerald James Larson, “Āyurveda and the Hindu Philosophical Systems”, *Philosophy East and West*, 37 (3), 1987, 246 (whole paper 245-259). [↑](#footnote-ref-7)
8. The notion of ‘Bhaiajyaguru’ who is the ‘Medicine Buddha’ in Mahayana Buddhism inspired Buddhists to practice medicine. ‘Bhaiajyaguru’ is the Buddha of healing and medicine in Mahayana Buddhism. Bhaiajyaguru is the “Medicine Buddha” who has been described as a physician who cures all sorts of sufferings using the medicine of his teaching. A Sanskrit manuscript of the *Bhaiṣajya-guru-vaiḍūrya-prabhā-rāja Sūtra* was among the texts attesting to the popularity of Bhaiṣajyaguru in the ancient northwest kingdom of Gandhra (today’s Peshawar area where Taxila was also part of it). [↑](#footnote-ref-8)
9. A careful examination of the Caves of Ajanta and Ellora gives glimpses of the scenes of caring the sick. [↑](#footnote-ref-9)
10. The Tibetan *Amchi* medicine (or known as Sowa Rigpa – *gso ba rig pa*, ‘the science of healing’) in Himalayan region of Ladakh) owes much to the Indian Buddhist medicine monks. See Padma Gurmet, “ ‘Sowa-Rigpa’: Himalayan Art of Healing”, *Indian Journal of Traditional Knowledge*, 3(2), 2004: 212-218; Tsewang Smanla and Colin Millard, “The Preservation and Development of *Amchi* Medicine in Ladakh”, *East Asian Science, Technology and Society: An International Journal*, 7 (2013):487–504. [↑](#footnote-ref-10)
11. Kenneth G. Zysk, *Asceticism and Healing in Ancient India: Medicine in the Buddhist Monastery*, 48-49. [↑](#footnote-ref-11)
12. Debiprasad Chattopadhyaya, “A Critical Analysis of the Medical Compilations” in his *Science and Philosophy in Ancient India* (Delhi: Aakar Books, 2013), 143. [↑](#footnote-ref-12)
13. Taxila or Takṣaśilā was a celebrated centre of learning, an international university, during or after the time of the Buddha. In the *Jātakas* (c. third century BC or later) Takṣaśilā is mentioned more than hundred times. See for details, Reinhold F. G. Mueller, “Die Medizine der JAtaka’s: eine medizingeschichtliche Studie, *Janus*, 32 (1928), 255-277, particularly see p. 276. [↑](#footnote-ref-13)
14. Thomas S. N. Chen and Peter S. Y. Chen, “Jivaka, Physician to the Buddha,” *Journal of Medical Biography*, 10 (2002): 88-91. [↑](#footnote-ref-14)
15. “Whosoever, O Bhikkhus, would wait upon me, he should wait upon the sick” (*Vinaya*, *Mahavagga*, VIII: 26:3) in *The Vinaya Texts*, T. W. Rhys Davids and Hermann Oldenberg (tr), Vol. II (Delhi: Satguru Publications, 2003), 241. [↑](#footnote-ref-15)
16. *Milinda Pañho, The Questions of King Milinda*, T. W. Rhys Davids (tr), The Sacred Books of the East, Vol. 35, Part II (Delhi: Motilal Banarsidass Publsihers, 2003), 254-255. [↑](#footnote-ref-16)
17. Vijay Kumar Thakur, “Medical Sciences and the Buddhist Tradition: A Note on the Milinda Panho” *Proceedings of the Indian History Congress*, 61 (1) (2000-2001), 103-110. [↑](#footnote-ref-17)
18. P. Ramaswami Ayyar, “The Eternal Glory of Ayurveda”, *Current Science*, 15 (7), 1946, 177. [↑](#footnote-ref-18)
19. “According to Manu… Only under exceptional conditions causing dire distress, the law-giver grudgingly allows the *dvijas* to go for these. Their list, as given by the law-giver, is: *vidyā śilpam bhṛtiḥ sevā gorakṣam vipaṇiḥ kṛṣiḥ*, i.e, learning, crafts, wage-earning, servitude, cattle-raising, shop-keeping, agriculture. … The *vidyā* or learning is to be understood here in a specific sense. … As Kallūka Bhaṭṭa very pointedly says: *vidyā vedavidyā-vyatirikta-vaidyatarka viṣāpanayana-ādi-vidyā* – “by learning is meant here those specific forms of learning which are different from the learning of the Vedas, as for example the kind of learning cultivated by physicians, logicians, poison-removers, etc.,” (Debiprasad Chattopadhyaya, “A Critical Analysis of the Medical Compilations” 118-119).

    [↑](#footnote-ref-19)
20. The *Manusmṛti* XI: 79; XI: 60; XI: 109-117. [↑](#footnote-ref-20)
21. The *Caraka-samhitā* 1: 27: 79-80. The text says that the flesh of the cow is beneficial for those suffering from loss of flesh due to disorders caused by an excess of *vāyu*, rhinitis, irregular fever, dry cough, fatigue, and also in cases excessive appetite resulting from hard manual work. [↑](#footnote-ref-21)
22. Debiprasad Chattopadhyaya, “Tradition of Rationalist Medicine in Ancient India” in his *Science and Philosophy in Ancient India* (Delhi: Aakar Books, 2013), 103. [↑](#footnote-ref-22)
23. Though Wiki sources are not reliable, let me quote what some earnest proponents of “only the Vedic view of India” make the entry: “Not much is known about him (Vāgbhaṭa) personally, except that he was most likely to have been a vedic, as he makes a reference to Lord Shiva in his writings, and his sons, grandsons, and disciples were all vedic” (<https://en.wikipedia.org/wiki/Vagbhata>, accessed on 12 May 2020). [↑](#footnote-ref-23)
24. *Idamāgamasiddhtvāt-pratykṣaphaladaśanāt,*

    *Mantravat-samprayoktavyam na mīmāsyam kathañcana* (The *Aṣṭāngahṛdaya*, *Uttarasthāna*, 40: 81). [↑](#footnote-ref-24)
25. M. S. Valiathan, The Legacy of Vāgbhaṭa (Hyderabad: University Press India Private Limited, 2009), verse 68 under the heading “Quotes from Vāgbhaṭa” after “preface’ and before “introduction” (no page number).

    [↑](#footnote-ref-25)
26. P. P. Narayanan Nambudiri, “Bhakti Cult in Kerala,” *Proceedings of the Indian Historical Congress*, 42 (1981), 157-158 (whole article 157-162). [↑](#footnote-ref-26)
27. Jean Filliozat, *The Classical Doctrine of Indian Medicine: Its Origin and its Greek Parallels*, 32. [↑](#footnote-ref-27)
28. Jean Filliozat, *The Classical Doctrine of Indian Medicine: Its Origin and its Greek Parallels,* 34. [↑](#footnote-ref-28)
29. Reinhold F. G. Mueller, “On an Origin of the *Caraka* and *Suśruta Sanhitās,” The Journal of the Royal Asiatic Society of Great Britain and Ireland*, 2 (1933), 323.

    [↑](#footnote-ref-29)
30. Reinhold F. G. Mueller, “On an Origin of the *Caraka* and *Suśruta Sanhitās,”* 324. [↑](#footnote-ref-30)
31. Jean Filliozat, *The Classical Doctrine of Indian Medicine: Its Origin and its Greek Parallels,*1. [↑](#footnote-ref-31)
32. “The *Caraka-samhitā* is assumed to have been redacted in the first two or three centuries of our era” (Tabe E. Meindersma, “Caraka and the Materialists”, *Wiener Zeitschrift fur die Kunde Sudasiens/ Vienna Journal of South Asian Studies,* 36 (1992) – Supplement: Proceedings of the VIII World Sanskrit Conference Vienna 1990, 300). [↑](#footnote-ref-32)
33. Steven Engler, “’Science’ vs ‘Religion’ in Classical Āyurveda”, *Numen*, 50 (4), 2003, 420. [↑](#footnote-ref-33)
34. “In defence of their own political philosophy supposed to ensure safety of the caste-divided society the lawmakers cannot but come out sharply against the doctors. … From the medical compilations in their present form the presumption is that they – or at least those through whose hands the compilations eventually passed – tried to evade the censorship of the law-makers by way of paying heavy ransom to the demands of the latter. Thus we read today in the *Caraka-samhitā* of the absolute validity of the Vedas, the defence of the theory of karma, the damnation of the heretics, long eulogy to the ideal of *mokṣa,* not to speak of sundry superstitions like reverence of deity-cow-Brahmin and what not. … It follows from what is argued that everything embodied in the extant compilations cannot be taken as indicative of genuine rationalistic medicine. As a matter of fact, it is impossible to have a coherent idea of Āyurveda if all that we read in the medical compilations are taken at their face value” (Debiprasad Chattopadhyaya, “A Critical Analysis of the Medical Compilations”, 137-138).

    [↑](#footnote-ref-34)
35. Gerald James Larson, Āyurveda and the Hindu Philosophical Systems”, 247. [↑](#footnote-ref-35)
36. Professor Biswambhar Pahi, a pre-eminent contemporary scholar on Nyāya-Vaiśeṣika philosophy held the view that there was a more scientific, rational and naturalistic view of reality in the Kaṇāda tradition, whereas there was an ātman oriented spiritual view of reality in the Yājñavalkya tradition. In due course Yājñavalkya tradition took upper hand in Indian philosophy with its Vedāntic interpretations. If the Kaṇāda view of reality and inquiry were to be the main forte in the classical age of Indian philosophy, the course of Indian philosophy would have a different orientation, and it would have been different today.

    [↑](#footnote-ref-36)
37. See the scholarly paper of Pradeep Gokhale “Professor Biswambhar Pahi: The Nyāya-Vaiśeṣika Reformer” pages 2-5 at <https://www.academia.edu/38868294/Professor_Biswambhar_Pahi_The_Ny%C4%81ya-Vai%C5%9Be%E1%B9%A3ika_Reformer> accessed on 15 May 2020. [↑](#footnote-ref-37)
38. Jean Filliozat, *The Classical Doctrine of Indian Medicine: Its Origin and its Greek Parallels*, 26. [↑](#footnote-ref-38)
39. Gerald James Larson, Āyurveda and the Hindu Philosophical Systems”, 248. [↑](#footnote-ref-39)
40. M. Hiriyanna, *Popular Essays on Indian Philosophy* (Mysore: Kavyalaya Publishers, 1952), 110. [↑](#footnote-ref-40)
41. Gerald James Larson, Āyurveda and the Hindu Philosophical Systems”, 248-249. [↑](#footnote-ref-41)
42. Gerald James Larson, Āyurveda and the Hindu Philosophical Systems”, 252. [↑](#footnote-ref-42)
43. Gerald James Larson, Āyurveda and the Hindu Philosophical Systems”, 252. [↑](#footnote-ref-43)
44. For detailed exposition see, Gerald James Larson, Āyurveda and the Hindu Philosophical Systems”, 253. [↑](#footnote-ref-44)
45. V. M. Bedekar after a close analysis of the *Sūtra-shtāna* of the *Caraka-samhitā* (1: 16-64) where Sānkhya enumeration of the twenty-four principles could be seen, writes: “Thus, the scheme of Caraka’s Sāmkhya enumerates 24 principles beginning with Avyakta like classical Sāmkhya. But it differs from the classical Sānkhya in the following respects: (i) The scheme of Caraka makes no separate mention of Puruṣa or Ātmā but includes it under Avyakta. In fact, Caraka holds Avyakta identical with Ātman or Kṣetrjña which is said to be all-pervading (Vibhu) and eternal or changeless (Avyakta) (I.61). (ii) Secondly, Caraka’s scheme does not mention that Tanmātras; 5obejcts of sense (Arthas) are mentioned instead to make up the tale of 24” [V. M. Bedekar, “Studies in Sāmkhya: Pañcaśikhā and Caraka,” *Annals of the Bhandarkar Oriental Research Institute*, 38 (1-2), 1957, 143].

    [↑](#footnote-ref-45)
46. V. M. Bedekar, “Studies in Sāmkhya: Pañcaśikhā and Caraka,”, 147. [↑](#footnote-ref-46)
47. V. M. Kulkarni*, “*Svabhāvavāda (Naturalism): A Study,” in A. M. Upadhye, *et al* (ed), *Sri Mahavira Jaina Vidyalaya Suvarna Mahotsava Grantha* (Bombay: Sri Mahavira Jain Vidyalaya, 1968), 18. [↑](#footnote-ref-47)
48. Tabe E. Meindersma, “Caraka and the Materialists”, *Wiener Zeitschrift fur die Kunde Sudasiens/Vienna Journal of South Asian Studies,* 36 (1992) – Supplement: Proceedings of the VIII World Sanskrit Conference Vienna 1990, 299-306. In this paper Tabe E. Meindersma is approaching the relation between the *Caraka-samhitā* and Cārvāka philosophy in three angels: firstly, occurrence of Cārvāka doctrines in *Caraka-samhitā* and the position taken up towards it in the text, secondly, non-application of Cārvāka approach in the cases where this might be expected, in case medical theories were based on materialistic principles, and thirdly, striking the balance between the extremes of Cārvāka and traditionalistic views. [↑](#footnote-ref-48)
49. M. S. Valiathan, *The Legacy of Caraka* (Chennai: Orient Longman, 2006), ix. [↑](#footnote-ref-49)
50. Kenneth G. Zysk, “The Bodily Winds in Ancient India Revisited”, *The Journal of the Royal Anthropological Institute*, 13 (2007), S112. [↑](#footnote-ref-50)
51. The Kuṣāṇa Empire flourished in the early first centuries AD from Persia (Iran) to Afghanistan, northern parts of the Indian subcontinent as far Saketa and Sarnath where inscriptions have been found dating to the era of the Kuṣāṇa Emperor Kaniṣka the Great (ruled during 120-144 AD) who was a great patron of Buddhism. He played an important role in the establishment of Buddhism in the Indian subcontinent and its spread to Central Asia and China. The Kuṣāṇa empire fragmented into semi-independent kingdoms in the third century AD by the attack of Sasanians from the West, and with the Gupta dynasty coming up in the fourth century AD in the east, it lost its rule completely. [↑](#footnote-ref-51)
52. C. Kunhan Raja, *Survey of Sanskrit Literature* (Bombay: Bharatiya Vidya Bhavan, 1962), 277. [↑](#footnote-ref-52)
53. Jean Filliozat, *The Classical Doctrine of Indian Medicine: Its Origin and its Greek Parallels*, 35. [↑](#footnote-ref-53)
54. *Dhmāyaka-caraka*-*pāmsudhāvakāh*, The *Arthaśāstra* 2: 13:33; 4:1:49. [↑](#footnote-ref-54)
55. P. V. Sharma, “Introduction” in *Caraka Samhitā: Text with English Translation*, Vol. 1, *Sūtrasthāna* to *Indriyasthāna*, P. V. Sharma (tr and ed), (Varanasi: Chaukhambha Orientalia, 2014), viii-ix. [↑](#footnote-ref-55)
56. M. S. Valiathan, *The Legacy of Caraka*, i. [↑](#footnote-ref-56)
57. Gerald James Larson, Āyurveda and the Hindu Philosophical Systems”, 247. [↑](#footnote-ref-57)
58. H. G. Ranade, “Woman in the Ayurvedic Literature,” *Bulletin of the Deccan College Post-Graduate and Research Institute*, 31/32 (1-2), 1970-71 - 1971-72, 317.

    [↑](#footnote-ref-58)
59. Reinhold F. G. Mueller, “On an Origin of the *Caraka* and *Suśruta Sanhitās,”* 325. [↑](#footnote-ref-59)
60. See Marios Loukas *et al*, “Anatomy in Ancient India: a Focus on the Susruta Samhita,” *Journal of Anatomy,* 217 (6), 2010, 646-650. [↑](#footnote-ref-60)
61. For instance, see the *Aśvalāyanagṛhyasūtra* 4: 3: 1-16; 4: 4: 7. [↑](#footnote-ref-61)
62. For studies on ‘death’ and the related rituals in Hinduism see: Richard H. Davis, “Crenation and Liberation: The Revision of a Hindu Ritual,” *History or Religions*, 28 (1), 1988, 37-53; Meena Kaushik, “The Symbolic Representation of Death,” *Contribution to Indian Sociology*, 10 (1976), 265-292; Veena Das, *Structure and Cognition* (Delhi: Oxford University Press, 1977), 114-131; David Knipe, “*Sapiṇḍīkaraṇa*: The Hindu Rite of Entry into Heaven,” in Frank E. Reynolds and Earle H. Waugh (ed*), Religious Encounter with Death* (University Park: Pennsylvania State University Press, 1977), 111-124; Jonathan Parry, “Death and Cosmology in Kashi” , in T. N. Madan (ed), *Way of Life* (Paris: Editions de la Maison des Sciences de l’Homme, 1982), 337-365. [↑](#footnote-ref-62)
63. M. S. Valiathan, *The Legacy of Vgbhaa* (Hyderabad: Universities Press (India) Private Ltd), 2009), xviii. [↑](#footnote-ref-63)
64. Dinesh Chandra Bhattacharyya, “Date and Works of Vāgbhaṭa the Physician,” *Annals of the Bhandarkar Oriental Research Institute*, 28 91-2), 1947, 122. [↑](#footnote-ref-64)
65. D. Wujastyk, “Ravigupta and Vāgbhaṭa,” *Bulletin of the School of Oriental and African Studies*, 48 (1). 1985, 78. [↑](#footnote-ref-65)
66. A. F. Rudolf Hoernle, “Itsing and Vāgbhaṭa,” *The Journal of the Royal Asiatic Society of Great Britain and Ireland*, 1907, 414.

    [↑](#footnote-ref-66)
67. Kenneth G. Zysk, “The Bodily Winds in Ancient India Revisited”, S111. [↑](#footnote-ref-67)
68. Dinesh Chandra Bhattacharyya, “Date and Works of Vāgbhaṭa the Physician,” 116. [↑](#footnote-ref-68)
69. Vayaskara N. S. Mooss (ed), *Aṣṭānga-hṛdaya-samhitā with the Vākyapradīpikā Commentary of Parameśvara,* Part 1 (Kottayam: Vidyasarathy Press, 1950). [↑](#footnote-ref-69)
70. See notes 23 and 25 above. [↑](#footnote-ref-70)
71. As quoted in Dinesh Chandra Bhattacharyya, “Date and Works of Vāgbhaṭa the Physician,”123. [↑](#footnote-ref-71)
72. Dinesh Chandra Bhattacharyya, “Date and Works of Vāgbhaṭa the Physician,” 124. [↑](#footnote-ref-72)
73. M. S. Valiathan, *The Legacy of Vgbhaa*, xviii. [↑](#footnote-ref-73)
74. Vāgbhaṭa, *Anga-hdaya, Cikits:* I: 173 (.M. S. Valiathan, *The Legacy of Vgbhaa*, xviv). [↑](#footnote-ref-74)
75. Jean Filliozat, *The Classical Doctrine of Indian Medicine: Its Origin and its Greek Parallels*, 26, [↑](#footnote-ref-75)
76. Jean Filliozat, *The Classical Doctrine of Indian Medicine: Its Origin and its Greek Parallels*, 135. [↑](#footnote-ref-76)