

THE MANY FACES OF AYURVEDA*

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ABSTRACT: *The erudite author makes an attempt in this article to trace the historical developments of Ayurveda. He also identifies the divergent views which made their appearance on the scene, thus highlighting the flexibility and adaptability of the system to ever changing circumstances.*

When one reads Sanskrit medical texts from various periods, one cannot but be struck by a remarkable continuity of thought and practice on the one hand, and equally remarkable changes on the other. Just as striking is the contrast between a tendency towards consensus, and a tendency towards divergences in opinion.

Since numerous authors, especially in our own times, have emphasized the unchanging aspects of Ayurveda, it seems natural to study the other side of the coin as well.

To start with, I want to be clear about my point of departure in the study of Ayurveda and its literature. Ayurveda is in my view a medical system that, having gradually evolved on Indian soil, is intimately connected with Indian culture as a whole. I take much interest in the way in which Ayurveda came into being, how it developed, changed, and maintained itself, adapting again and again to altered circumstances. The task of trying to gain some insight into these historical processes

is an arduous one. One way of facilitating this insight is, in my view, the comparison of Ayurveda with other medical systems. The most suitable counterpart of Ayurveda for comparative purposes in Greek medicine, which resembles it in many respects, being based on a humoral theory and having a long history.

The beginnings of Ayurveda as a medical system are more obscure than those of Greek medicine. Indian medical literature does not start with writings that are comparable with those of the Hippocratic corpus, which consists of a large number of treatises, embodying very diverse points of view and theories. In contrast to this, the Indian literature begins with two comprehensive treatises, the *samhitas* bearing the names of Caraka and Susruta. Fortunately, these treatises belong to different schools, which results in numerous divergences of opinion between the two, and in different attitudes towards medicine as a science. The *Carakasamhita*, which deals mainly with internal medicine. The

Susrutasamhita, conversely, is less preoccupied with philosophy, being a treatise that belongs to the surgical school, and surgeons are known to be, in ancient India no less than in our own days, less prone to philosophical speculations than other medical specialists.

The relationship between medicines and philosophy thus proves to vary from early times onwards. It is worth considering if this relationship may not be a secondary development, like it was in ancient Greece, where medicine developed as an independent art, separate from philosophy. The *Caraka-* and *Susrutasamhita* contain numerous passages that seem to indicate that philosophical concepts did not fit in well with medical doctrines. The *Carakasamhita* also clearly shows the eclectic attitude towards philosophical systems that is typical of physicians in general. The *samhita* of Susruta even advocates explicitly this eclectic and tolerant attitude towards widely diverging world views (*Sarirasthana* 1.11). Later, in the age of the great commentators, the scene has evidently changed. Authors, in particular some of them, like Cakrapanidatta for example, devoted much energy to the interpretation of the classical texts in agreement with philosophical doctrines that had become authoritative. A one sided picture of post-classical literature would emerge by giving this trend too much weight. A large part of the later literature conveys the impression that medical in philosophy. Other parts of it reflect the great diversity of philosophical and religious thought in various periods of Indian history. A remarkable feature is, for example, the almost complete lack of impact of the Yoga-system on medicine. One single text, the anonymous *Ayurvedasutra*, testifies to an individual effort to integrate Yoga and Ayurveda; this remained an exception and did not have any influence on subsequent

developments. Far more significant were Tantrism and Saivism, both closely connected with alchemy and iatrochemistry. From the twelfth to thirteenth century onwards, Indian medical literature shows that a varying amount of elements derived from alchemy were used, resulting in all kinds of mixtures, the components of which are not always compatible. Among the non Hindu authors, the Jainas composed medical treatises adapted to their creed. These works are said to be based on texts belonging to the Jaina canon, but do not, however, deviate considerably from the common stock of ayurvedic literature, except for their material medica, which had to conform to Jaina tenets. It is even hard to distinguish treatises by Buddhist authors from those by their Hindu colleagues, with the exception of invocation of figures from the Buddhist pantheon.

In general, the role of religion in medical literature varies considerably. The *Carakasamhita* is a good example of a treatise in which religion is conspicuously present, as is philosophy. Some later works incorporate verses of entire chapters on disorders regarded as the fruits of evil actions committed in previous lives, but this never became a marked feature, which is understandable since disorders of this type are not amenable to medical treatment. Exceptions do occur, however. A treatise, called *Virasimhavaloka*, composed towards the end of the fourteenth century, deals extensively with this subject. Mantras, and in later texts also yantras, occur regularly, though not frequently, except in works of Tantric inspiration, such as Narayana's *Tantrasarasamgraha*. Magical elements show a similar distribution and are found in particular in Tantric works, as well as in specialized treatises such as Nagarjuna's *Kaksaputa*. As to astrology, its relation with medicine is not a close one, although in a

few exceptional texts, like the already mentioned *Virasimhavaloka*, it is given ample scope. In more recent times, we can observe that during the revival of Ayurveda in the nineteenth century, much thought was given to the integration of Ayurveda, philosophy, and religion. This is striking feature of the extensive commentary on the *Carakasamhita* by Gangadhra Kaviraj, the greatest representative of this movement. The most recent literature does not show this tendency any longer, being characterized by a secularization of Ayurveda.

After this digression on the vicissitudes of the relationship between medicine on the one hand, and philosophy and religion on the other, I shall turn to medicine proper. Taking a closer look at the *samhitas* of Caraka and Susruta, we notice efforts towards a coherent body of medical theory without this aim being completely achieved, which is a fortunate state of affairs for the medical historian. Besides their inconsistencies, a fascinating aspect of these *samhitas* is their preservation of a considerable number of old theories, which are still referred to, though these are refuted by the authoritative teachers who figure prominently in them. The available evidence point to a great diversity of views in the period anterior to the establishment of the classical *samhitas*. In this it must have resembled the formative period of Greek medicine. Regrettably, this pre-classical period has left us no complete texts or large fragments of these, but nevertheless, the references found in the *samhitas* themselves, the quotations and all sorts of remarks in the commentaries, and a few fragments of early texts, show that this diversity was a reality. Disagreements and clashes of opinion occurred on a large number of issues, both theoretical and practical. A much debated theoretical issue, for example, was whether or not blood was to be regarded as a dosa.

There were numerous differences of opinion on practical points, especially on the details of the preparations of compound medicines.

Apart from all these early disagreements in the formative period of Ayurveda, the number of differences between the views expressed in *Caraka* and *Susrutasamhita* is considerable, many of these even being irreconcilable. It is therefore no surprise that, in the course of time, just as in the Graeco-Roman world, there was an increasing need to construct a more unitary system of medicine. The demand was met by Vagbhata, who probably lived in north western India about A. D. 600. The work he composed, the *Astangahrdayasamhita*, although based in large measure on the *samhitas* of Caraka and Susruta, heralds a new era by introducing a consistent system of medicine, with the added advantage of being couched in elegant Sanskrit verse. In spite of the importance of the subject, the construction of Vagbhata's treatise and the motivation behind his choices, have not yet been studied in details, although much informations on this tissue can be found in a book by Prof. P. V. Sharma, called *Vagbhataivecana*. An extremely interesting topic is the influence of Vagbhata and the subsequent fate of his work. As opposed to what one would expect, his treatise was not generally welcomed and accepted, and only became authoritative and very popular in certain parts of India, especially in the south. A remarkably large number of authors from India's Dravidian-speaking areas have extensively drawn upon Vagbhata's *Samhitas* in composing or compiling their won medical treatises. A few examples are the *Prahitasamhita*, *Srinivasa's Cikitsatilaka*, and works on material medica such as the *Astanganighantu*, *Madanadinighantu*, and *Abhidhanamanjari*. Characteristic of Vagbhata's fate is that, to this day, his work has not been translated

into English, whereas, on the other hand, the Tibetans rendered it into their own language at an early date.

To be sure, Vagbhata was the first author to present a new system of medicine, but shortly afterwards attempts in the same direction were made by others. One of these was Ravigupta. Yet, in spite of its merits, his *Siddhasara*, which was much more concise than Vagbhata's work, did not succeed in finding a wide audience. The Tibetans, again, took notice of it and translated this *Siddhasara*.

A Bengal author who lived a couple of centuries after Vagbhata was more successful, especially in northern India. His name was Madhava. His system of pathology, the *Rugviniscaya*, usually called *Madhavanidana*, evidently gained the upper hand within a short time. In contrast to the treatises by Vagbhata and Ravigupta, Madhava's work is a compilation of verses taken from earlier sources, more often from Caraka and Susruta than from Vagbhata and Ravigupta. The cornerstone of his success may have been his systematic and eclectic mind, manifest in his treatise.

From the beginning of the second millennium after Christ onwards, the ayurvedic literature can therefore be divided into two main streams, dominated either by Madhava's system of pathology or by Vagbhata's system. A third part of this literature, quite considerable in its extent, and very interesting too, consists of works by authors who were obviously dissatisfied with both, and therefore attempted to improve on them or to develop ideas of their own.

In the field of therapy the situation was completely different. Those who followed Vagbhata could employ his ways of

treatment, but the majority of the physicians had to choose a therapeutic manual since the *samhitas* of Caraka and Susruta were evidently not often used for that purpose. Collections of prescriptions and formulas, also containing sundry rules with respect to treatment, had circulated among practitioners since early times. Some early examples, like the Bower Manuscript and the *Yogasataka*, have been preserved. Characteristic of these therapeutic manuals or compendia is that their contents have been taken from a wide variety of sources, thus reflecting a rich medical literature, most of which has irretrievably been lost, due to the very success of some of these new manuals. One such work was compiled by the author of the *Madhavanidana*, but in contrast to his compendium on pathology, it evidently did not appeal to most of his colleagues and was almost forgotten. Vrnda's *Siddhayoga*, probably dating from about A. D. 900, acquired higher repute, yet was eclipsed by *Cakrapanidatta's Cikilasamgraha* about two centuries later. A large number of this type of treatises were compiled or composed in later times, and up to the present day, all of them adapting or borrowing from a great variety of sources.

A new branch of Ayurveda suddenly appears in the thirteenth and fourteenth centuries. This branch, called *nadisastra*, is concerned with diagnostics and prognostication by means of the examination of the pulse. The abrupt appearance of this procedure, present for the first time in the *Sarngadharasamhita*, poses a still unsolved problem to medical historians because of the obscurity of its origins. The medical literature posterior to Sarngadhara shows that feeling the pulse was accepted as one of the standard elements in the examination of a patient, yet I feel that *nadisastra* did not become fully integrated with Ayurveda, since most

treatises contain only few verses on the subject, while, on the other hand, a separate class of monographs on pulse lore came into existence. The reasons for this development can only be conjectured. Pulse lore many have been experienced as an extraneous element, its practice may have been left to specialists, or the obstacle may have been that its main concern was with prognosis. The same process can be observed with regard to the *aristas*, the signs foreboding death. The early *samhitas* deal at large with this subject, which a separate type of texts appears, monographs on signs announcing death, often bearing the title of *Kalajnana*.

Besides the examination of the pulse, several other procedures were added to the already recognized traditional ones in the examination of a patient. The inspection of the urine, called *mutrapariksa*, not completely unknown in the early *samhitas*, became more widespread, and a new element was introduced, the *tailabindu* method.

These developments that can be deduced from the medical literature only a glimpse of the changes that took place in the course of time in the practice of Ayurveda. Other facets of the process of transformation of Ayurveda are the decline of surgery and, closely bound up with it, of anatomical knowledge. Surgical procedures like blood – letting and cauterization fell into disuse. Appreciable losses can also be observed in the field of the botanical knowledge of physicians.

A major change, already referred to, came about by the blending of Ayurveda and rasasastra, medicine and alchemy, a conspicuous feature since the times of Cakrapanidatta and Vangasena, and becoming more marked since Sarngadhara. This blending of two originally separate

sciences is characteristic of the history of Indian medicine, since it is absent from western humoral medicine until the times of Paracelsus. Study of the Indian sources reveals that it was a gradual process. Moreover, the amount of fusion between the two sciences varies considerably in different authors. Those who held on to Vagbhata's teachings were generally averse to the new ways of treatment.

The Processes which led to the blending of medicine and alchemy remain obscure. The same applies to the origins of alchemy itself. We do not know where it came from, and when and where it began to develop on Indian soil. However that may be, it is a very old science in the Indian civilization, as it is elsewhere.

Alchemy produced its own body of literature consisting of a substantial number of texts. It is partly very technical, but several of these texts contain medical sections, abounding in recipes, which are also found in medical treatises of the mixed type I have referred to. For that reason the *rasasastra* literature cannot be neglected by the medical historian. Going through it, the absence of medical theory is striking. The *dosas* are, however, frequently mentioned, and the names of diseases are the same as in Ayurveda. A noteworthy feature is that most of the formulas are employed against a vast array of disorders, although one also comes across more specific ones. Another notable feature is the accent on *rasayana*, the science of longevity, on *vajikarana*, aphrodisiacs, and even on the acquisition of an incorruptible body, not subject to decay. It is surprising that iatrochemistry, i.e. alchemy applied to medicine, was so easily incorporated in Ayurveda, because in many ways it conflicts with it. The developments sketched so far may have been purely internal, without influences from outside,

but contacts with other cultures may also have contributed.

The culture that had a definite influence on Ayurveda was that of Islam. The Muslims brought with them their own system of medicine, derived from the Greeks. Both systems interacted and borrowed from each other. Remarkable is the absence of changes in the theory. The borrowing that can be detected are restricted to the practice of medicine. A number of drugs used by the *hakims* were adopted by the Indian *vaidyas* and remained part of their material medica, while the reverse process took place as well. These developments have not been studied in detail. The texts edited so far convey the impression that it was more widespread in northern than in southern India, and that the followers of Vagbhata were rather immune to it. One of the contributions of Islamic medicine was probably the introduction of a new type of medicinal preparation, called *arka*, a word of Arabic origin. The term *arka*, which designates a preparation made by means of a still, appears for the first time about A. D. 1200 in the ayurvedic literature, in the writings of Sodhala. Later, at a so far undetermined date, *arkas* became the subject of a monograph, entitled *Arkaprakasa*, and attributed to a mythological figure, Ravana. A large number of substances derived from Islamic medicine are mentioned in this work. *Aras*, however, never became a commonly used type of pharmaceutical preparation, and remained rare in the ayurvedic literature. An isolated phenomenon is the composition of works in Sanskrit on Islamic medicine. The reverse process, including translations, was probably more extensive. Examples of works on Islamic medicine in Sanskrit are two treatises by *Mahadeva*, the *Hikmatprakasa* and *Hikmatpradipa*, written in the eighteenth century, both abounding in Arabic and Persian medical terms. The

borrowing of drugs from Islamic medicine was not restricted to the first centuries of contact between the two systems, but was a continuing process. Some treatises composed as late as the nineteenth century are full of them, such as, for example, Krsnarama's *Siddhabhesajamanimala*. Very rare, on the other, are diseases, or simply names of diseases, which are borrowed from Islamic medicine. An example is *munnakhyaroga*, a venereal disease described in Sankara's *Vaidyavinoda*, composed in the seventeenth century.

The contacts between Ayurveda and western medicine began in the sixteenth century. In the same period a new disease appears in Indian medical sources, namely *phirangaroga*, i.e. syphilis. Some Europeans who resided in India developed a keen interest in Indian medicine and its material medica. Famous examples are a Dutchman, van Rheede tot Drakenstein, and a Portuguese doctor, Garcia da Orta. In that way Indian drugs became known to the western world. The westerners, from their side, introduced new plants into India, of European and South – American origin, several of which were of medicinal value. As a result new drugs were incorporated in the Indian pharmacopoeia. An interesting process, not yet sufficiently studied, is the utilization, since these times, of newly introduced medicinal plants under old names, while the originally employed botanical species passed into oblivion. These processes form part of a development that went on during the centuries, and that is, for example, still clearly visible in a nineteenth-century work, the *Saligramanighantubhusana*, belonging to a very large medical encyclopedia, the *Brhannighanturatnakara*.

Besides these changes in the material medica, we can observe influences of

western medicine on the Indian system of nosology. New diseases, derived from western medicine, being to crop up in an increasing number in Sanskrit medical texts dating from the eighteenth and nineteenth centuries. A good example from the eighteenth century is Govindadasa's *Bhaisajyaratnavah*, while the same trend is represented in the nineteenth century by works like Krsnarama's *Siddhabhesajamanimala* and Binod Lal Sen's *Ayurvedavinjana*. The latter treatise has also adopted numerous notions from western anatomy and physiology.

The nineteenth century is the age of the revival of Ayurveda and its professionalization. Hand in hand with this revival went a process of resecularization of Ayurveda, as rightly stressed by Charles Leslie. An interesting question is therefore which type of Ayurveda was revived, and, related to this, which type was being practiced in that period, especially in northern India, and, more in particular, in Bengal, where the movement of revival originated and from where it spread. In practice, Ayurveda was undoubtedly of the syncretic type just sketched, whereas the revivalist ideology asserted firmly that Ayurveda had declined due to foreign influences, thus creating the necessity of a return to the ancient texts. An ambiguous situation developed, which is reflected in the literature of the period. On the one hand one observes a renewed interest in the classical *samhita*, which were repeatedly printed, while, on the other, there was no break with the preceding period to be seen in the works compiled or composed in the nineteenth century. The renewed interest in the classical medical treatises emerges, for example, from the very elaborate Sanskrit commentary on the *Carakasamhita*, written by probably the most eminent representative of the revival, Gangadhara, a resident of

Bengal, born in 1789, and a very prolific author. The most characteristic feature of the medical literature of the nineteenth century consists, however, of essentially the same type of syncretism that was already present in preceding centuries, but reinforced by the influx of elements from western medicine. These foreign influences became still more pronounced as a result of the professionalization of Ayurveda and its consequences, such as the establishment of Ayurvedic Colleges. These developments, beginning in the nineteenth century and going on in the present one, led to a gradual transformation of Ayurveda, and gave it a new face, the features of which cannot easily be delineated on the basis of the contemporary medical literature.

Besides, there is a shortage of studies on the actual practice of Ayurveda, the texts used by the practitioners, and the curricula of the Ayurvedic Colleges. A distinct element of the new face of Ayurveda appears to be a renewed and sustained pursuit of a unitary theory, with a strong emphasis on the doctrine of the three dosa, unfortunately without making clear which parts of the elaborate and complex theory are still adhered to, and on which texts the modern views are based. Some parts of the old heritage, in particular those connected with religion and magic, are disavowed, and other parts, especially those dealing with nosography, are, for better or worse, made to agree with western medicine. Studies on contemporary ways of treatment often described that ayurvedic and western drugs are used side by side, but purer types of ayurvedic therapy are not yet completely extinct.

The available information on the actual situation shows clearly that Ayurveda is going through a period of far-reaching changes. Whatever the future may have in

store, I am convinced that the rich heritage of Ayurveda will not easily be obliterated and disappear from Indian soil, because the

long history of Ayurveda give evidence of its flexibility and adaptability to ever changing circumstances.