
Training of Physicians, Methods of Their Diagnosis and Cure in Ancient India

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Abstract

This article presents a comprehensive exploration of the ancient Indian medical system, tracing its evolution from the magico-religious healing traditions of the Vedic period to the empirico-rational system of Āyurveda. The study emphasizes the interplay between heterodox ascetic traditions (such as Buddhism and Jainism) and Brahmanical orthodoxy in shaping the medical knowledge and practices in India. Renowned figures such as Sushruta, Caraka, and Jīvaka contributed to the codification of complex medical systems, including diagnosis, training methods, and therapeutic procedures like *pañcakarma*. The transmission of medical knowledge, rooted in divine mythology, evolved into an institutionalised academic discipline, particularly within Buddhist monastic settings. Diagnostic techniques such as pulse reading and sensory evaluation were remarkably advanced, while training methods combined rigorous theoretical learning with practical demonstrations. Treatment approaches addressed physical, psychological, and environmental health using detailed regimens involving surgery, herbal medicine, dietetics, and procedures such as enemas, nasal therapies, and fomentation. This article affirms that ancient Indian medicine was not only scientifically inclined but also holistic, systematic, and profoundly human-centred in its approach to health and healing.

Keywords: Āyurveda, Caraka, Buddhist Monastic Medicine, Heterodox Traditions, Pañcakarma, Empirico-Rational Tradition, and Magico-Religious Healing.

The medical system in Ancient India sets the standard for the foundation of not only a sound medical system but also its varied branches. The methods, medicine, surgery, and anatomical details are known in all Indian religions, such as Brahmanical, Buddhism, and Jainism. Early physicians and surgeons developed various methods of diagnosing diseases and remedial measures. Diseases were categorised, and multiple steps were designed to cure them. The works of different physicians and surgeons, such as Aitareya, Caraka, Dhanvantari, Sushrut, Jīvaka, etc., enumerate their curing methods and medicines.ⁱ

The medical tradition is rich in the Harappan Civilization, where different characteristics of medical procedures are investigated through archaeological discoveries. Food, medicine, and surgery were distinctive during the Vedic age, but no substantial evidence of their knowledge and procedures is known. Any exploration of ancient Indian medical tradition begins with the Harappan period and goes back to trace the roots of the system of medicine or *Āyurveda*. A thorough investigation shows that Indian system of medicine draws heavily from the works of heterodox ascetics rather than from brahmanic intellectuals. Considerable growth of the medical tradition happened during early Buddhist monastic establishments. Early Vedic period has also contributed in developing a magical and religious system for the healing tradition. The period of Indian medical tradition is generally attributed to 800-100 B.C.E. This system is referred to as empirico-rational tradition of Āyurveda, as expounded in the classical treaties of Charaka and Suśruta. It probably began taking shape immediately after the turn of the Common Era. Early Vedic diseases were characterized by demon-caused diseases. The usual practice was to use magical rituals involving the recitation of charms and spells and also the application of effective amulets to exorcise disease-causing demons and warding off future attacks by them. Āyurvedic medicines encompasses sophisticated scholastic medical system recorded in medical books which are sophisticated presenting a distinctive medical epistemology relying on practical experiments, followed by explanations of observable phenomena.ⁱⁱ

The Vedic sacrificial cults were not a product of the orthodox brāhmanic intellectual tradition. However all this medical knowledge was gradually assimilated like any other common dominant orthodox religious cum intellectual system. New information underwent many modifications, which allowed it to easily get integrated into an established corpus of specialized knowledge.

In the traditional brahmanic sources, they recount the origin of Indian medicine through lineages of divine, semi-divine, and venerable transmitters. In these works, the sacred knowledge of healing began with Lord Brahma, who passes on the information to Prajapati, the Lord of Beings, who further passed it on to the Asvins, the physicians of the Gods, who later revealed it to Indra, the commander in chief of the Gods. Indra taught the divine Dhanvantari, who had appeared in the form of Divodāsa, king of Kāśi. From Kasi the knowledge passes on to Suśruta and finally transmitted to mankind in his *Susruta Saṃhitā*. Indra had also revealed it to the sage Bhāradvāja, who communicated it further to other sages. They including Atreya Punarvasu, who trained his disciples, including Agnivesha and Bhela. Caraka's work, subsequently redacted by Dradhabala, resulted in *Caraka Saṃhitā*. Bhela transmitted his master's words in *Bhela Saṃhitā*, which has been transmitted to us in a fragmented.

The traditional Indian medicine results from later Brahmanical processes that appear too orthodox. It was when different intellectual traditions start transmitting and codifying specialized information that variations appear in an established corpus of specialized knowledge. This results in new conceptual models preserving remnants of prior paradigms that serve to authorize new forms of knowledge, establishing connections with the past. This is what happened in the system of Indian medicine. Heterodox ascetic intellectuals accumulated, systematised, and transmitted a body of medical lore that Brahmins later assimilated and processing them to fit into our orthodox tradition.ⁱⁱⁱ

To understand how the transition had taken place in Indian medicine from a magico-religious to an empirico-rational medical system, one has to examine and study the medical literature produced in this age. The active involvement of heterodox ascetics not only provided the epistemological bases for a radically new way of conceiving mankind's afflictions and cures but also resulted in a shift in medical paradigm that did assimilate older models gradually becoming an orthodox science. Sources beginning ninth century to the common era reveals medical practitioners being denigrated by Brahmanic hierarchy and excluding orthodox ritual cults because of their pollution from contact with impure beings. Finding acceptance among the communities of heterodox ascetic renunciates and mendicants, these healers, wandered around the countryside performing cures and treatments. Medical information was collected which eventually became indistinguishable from the ascetics with whom they were in close contact. A vast storehouse of medical knowledge started developing amongst the wandering physicians, who began to codify and systematise a large body of efficacious medical information. Fitting into Lord Buddha's key teaching of the middle path between indulgence and self-denial, healing was made a part of Buddhism by providing the means to maintain a healthy body and mind through establishing an equilibrium between the body and its environment. Large repositories of medical lore were codified in early monastic rules, thereby giving rise to a Buddhist system of medical tradition.

Communities of Buddhist monks and nuns played a big role in the institutionalization of medicine. Indeed, an understanding of the social history of Buddhism is incomplete without an elaborate elucidation of Buddhism's involvement in the art of healing. The codification of medical practices within the monastic rules accomplished perhaps as the first organized system of Indian medical knowledge system, served as the model for later handbooks of medical practice; the monk-healers' worked in extension of medical care for the populace and the emergence of specialized monastic structures that served as hospices and infirmaries popularized Buddhism and ensured for ongoing support of the monasteries by the laity. This integration of medicine into the curriculum of monastic universities made it a scholastic discipline.

The training processes for future doctors must be approached with care. It is important to turn to someone who has expertise in both theoretical knowledge and practical skills. This individual should be wise, beyond reproach, and possess skilled hands. Additionally, they should have access to the necessary resources and materials for healing and exhibit a friendly demeanor. Likewise, a mentor should select for instruction only a

young individual from a reputable family, particularly one with a background in medicine, who demonstrates intelligence, bravery, and loyalty to their mentor, along with a good memory and other desirable attributes. Instruction is initiated with a ceremonial rite (upanayana). Teaching should not take place during various holidays, inauspicious natural events, or times of impurity, among other instances. He has to show particular respect and strict obedience to the teacher. Such similar directions can be found in Dharmasastra.^{iv}

It is also significant which literature the student selects. Only literature that is established, acknowledged, easily comprehensible, well-organized, and comprehensive is suitable for study. The learning process involves memorization when the student reads the texts in order, vocalizes them clearly, and frequently reviews them. However, mere memorization is not enough. The instructor needs to clarify each term in the text, and the student should repeat these explanations. Relying solely on memory without understanding is futile, much like a donkey burdened with sandalwood; it recognizes the weight but does not enjoy its scent. Caraka discusses discussions with specialists in different branches, along with learning and teaching. They promote knowledge, intelligence, elocution, and reputation and are composed of both peaceful discussions and heated debates. Suśruta emphasizes the need of practical instruction, stating that without it, even well educated doctors would be unable to practice. At the same time, he stresses systematic training in surgical procedures from a surgical perspective. So one should demonstrate to the pupil the process of deep cuts, sections and cross-sections on various kinds of gourds and cucumbers, watermelons, superficial parts of filled leather-bags, bladders (of animals) and pockets, the process of curetting on stretched and hairy animal-hides, the process of opening on the blood-vessels of dead animals, or a lotus-stalk, the process of probing on openings of a worm-eaten wood, bamboo, reed, objects like reed in general or dried large bottle-like gourds, the process of removing on the flesh of certain fruits or on the teeth of dead animals, the process of squeezing on a board smeared with wax, the process of suturing on the end of two pieces of thick linen or soft leather, the process of bandaging on the limbs of a doll made of stuff or other material, the process of cauterizing and branding on tender flesh etc.^v

When there are relevant signals, the doctor should visit the patient's home, go inside, watch, palpate, and ask him questions. During the medical examination, all five senses must be activated. Therefore, in an abscess, he should feel with his ear the rushing overflow of air with frothy blood, the sounds in the entrails, the crack of the joint, the changes in voice, etc.; with his eye the different tastes of urine in diabetes and other conditions, the bad taste in the body caused by lice, the sweet taste caused by ants, etc.; with his touch, the cold or heat, the smoothness or roughness, the softness or hardness, and other characteristics of the skin in fever, jaundice, and other diseases; with his nose, the odor emanating from the body, especially as he is about to die. The patient's native place (or home), condition, caste, way of life, diet, the cause of his illness, pains, vitality, appetite, the presence or absence of flatus, urine, or feces, the length of his illness, etc., can all be learned by asking him questions. Many decisions can be made based only on inference (anumāna).

Details of the medical evaluation are included in later books. To determine which of the three dosas is impacted, the eyes must be inspected for color (red, yellow, white, brown, etc.) and whether they are lusterless, sunken, watery, etc. Similar to this, a rough, cracked tongue indicates wind derangement (vāyu), a red or blackish tongue indicates pitta derangement (bile), and a coated, wet, white tongue indicates kapha derangement (phlegm). Vāyu turns the urine white, pitta turns it red and blue, blood just turns it red, and kapha turns it white and foamy. Extraordinary books with the names Nāḍiparikṣā, Nāḍiprakṣa, Nāḍivijñāna, and the like provide a detailed description of the pulse test.

One of these books states that the pulses of the left and right sides of the body should normally only be checked on the wrist for women and males, respectively. However, occasionally the pulses in the foot, neck, and nose are also checked. The doctor presses his right hand's three middle fingers to feel the pulse. The pulse resembles a snake or a leech when it is vāyu, a crow, quail, or frog when it is pitta, and a swan, peacock, various pigeons, or a sock when it is kapha. The three doṣa-s influence the disease, which is incurable if the pulse is intermittently slow, weak, and exciting, intermittently stopped, intermittently lost or hardly perceptible, or intermittently leaves its normal location and then reappears. The pulse is sluggish and quiet when there is diarrhea. Sometimes cholera cannot be traced, while other times it stays in its original

location. In illness of the worms (in the intestines), the pulse is sluggish and feeble, often irregular. In jaundice, it is faint or agitated, seemingly ready to burst forth. It is mushy, rigid, and feeble after hemorrhage. It exhibits the most diverse movements in consumption. The pulse is weak during ingestion, shaky while coughing, and high and rapid after internal chest wounds.

The most significant curative techniques—vomiting (*vamana*), purgative (*virecana*), enemeta (*bash*), greasy enemeta (*sneha*), and nasal therapy (*nasya*)—are grouped together under the term *pañcakarman*. Madana (*Randia dumetorum*) is a little, delicious fruit that resembles a miniature apple and is the most common treatment for vomiting (*varnana*). An attendant supports the patient by the head and sides while he puts castor oil in his throat to support the vomiting. The doctor needs to look at the vomit. Phlegmatic diseases, poisoning, fever, consumption, diseases of the female breast, diarrhea, diabetes, flatulence, cholera, indigestion, dyspepsia, nausea, erysipelas, leprosy, asthma, cough, elephantiasis, heart disease, excessive fatness, insanity, epilepsy, rheumatism, *ozena*, swollen tonsils, and other illnesses are among the conditions for which emetic is recommended. Iriurt (*Ipomea Turpethum*), the most widely used cure of this type among Indians even now, and *erançla-taila* are the most important of the *virecanas*.

The Purgative is prescribed in fever, poisoning, loss of appetite, hemorrhoids, swelling of the body and of the spleen, abscess, leprosy, fistula of the anus, female diseases, erysipelas, cholera, wind-dropsy, diabetes, strangury, wounds, burns, opthalmia, cataract or glaucoma, heat in the head and other parts of body, hemorrhage, jaundice, colic and other diseases.^{vi} An enemeta is called *basti*, *bastikarman*. The enema-pot should be made of the bladder of cattle, buffalo, boar, goat or sheep or eventually of leather or of thin but closely woven cloth; the tube 'netra, should be made of gold, silver, copper, iron, brass, ivory, horn, reed etc., ending to a point like cow's tail, 12 fingers long for a patient of 25 years and thick as a thumb at the beginning. Bastis are prescribed for fever and diarrhoea. glaucoma, cataract, headache, opthalmia, consciousness, Ickemiplegia, flatulence, calculi (*sarkara*), colic, swelling of testicles, Constipation, strangury, stone, dystopia and many other diseases. They make an impotent potent, a thin man fat, a fat man thin, remove wrinkles and grey hair. The distinction is made between a cleaning enema and an oily enema. Oily enemata should be resorted to when the passages in the body are purified by *niruha*. The recipes for enemeta are of many kinds. Accidents (*uydpad*) in enemeta appear to have frequently occurred. In the first place Suśruta mentions wounds and pains in the anus. Injections in the urinary passages, also in vagina in the case of women, are called *uttarabasti*.^{vii} Snuffs or nasal remedies (*nayi*) are then mentioned, whereby a medicine or an oil mixed with medicine is put into the nose.^{viii} Like *enemeta*, the *Nasyas* are divided into purifying, purging the head (*sirovirecana*) and oily or strength-giving. Further, the dropping of pungent juice is called *avaphja*, introducing powder in the nostrils through a reed is called *pradhamana*, and pulling up oils in the nose by drops without swallowing them down is called *pradimara*. The nose remedies are suited particularly for diseases of the head and throat.^{ix}

In applying *pañcakarman*, *sneha* and *sveda* precede and play a significant role. Among the animal fats, ghee is the best, and sesame oil is the best among vegetable fats. One can eat the fat or oil either unmixed or turn various additions like salt, flesh-broth, flesh, milk, whey, pap and others, or turn them into embrocations, plasters, enemeta, eye-ointments, spraying in the nose and ears and the like, in internal use, the full dose (*uttama matra*) is to be taken by strong patients with good digestion and in swelling of the body, serpent bite, erysipelas, madness, strangury, constipation; the medium dose in tumour, small blister, itch, leprosy and other skin-diseases, and by those who eat moderately and who are not very strong and are not constipated; small dose is to be taken by the aged or the children or by persons who are infirm or who have already taken a purgative or have weak digestion or are suffering for a long time from fever, diarrhoea or cough. The Caraka Saṃhitā^x distinguishes 13 kinds of *sveda*: 1. *sankarasveda*, fomenting with objects like cowdung, sand etc. made hot in cloth and placing them on the suffering part of the body. 2. *prastarasveda*, sweating by a bed of straw on which the objects are put loosely in a cloth. 3. *nādisveda*, the steam-bath through a reed, one end of which is applied to the body while the other sticks to the boiling pot. 4. *pariseka*, bathing with warmed medicinal stuffs, 5. *avagaha*, bath in a cask with warm water and medicines. 6. *jentakasveda*, sweating in a heated room made hot through an oven with many holes. 7. *ainaghanasveda*, sweating by lying

on a hot stone. 8. *karcusveda*, filling a ditch beneath the patient's bed with fire. 9. *kutisveda*, sweating by lying on a bed in a compact hut. 10. *bhusveda*, lying on level ground, in other respects like 7. 11. *kurnbhisveda*, burying a pot filled with medicines below the patient's bed and adding heated iron balls or pieces of stone. 12. *kupasveda*, filling a wide sand with dung, which is kindled, and on which the patient's bed is placed when there is no smoke. 13. *holdkasveda*, the bed is placed on a heap of burnt dung.

Sveda is prescribed for rheum, cough, hiccup, asthma, ear, throat and head pain, hoarseness, neck pain, apoplexy, constipation, urinary troubles and many other diseases.^{xi} By *dhūma* or *dhūmapāna*, fumigations in the liose (Sr mouth are to be understood. According to Caraka, the medicines used are powdered and kneaded into a ball, which is fixed to the end of a reed-stalk. When the ball is dry, the stalk is pulled out, the tube thus formed is put in a pipe of metal, wood or ivory; it is then kindled, and the other end of the reed is put into the nose or mouth. According to Suruta, there are five kinds of *dhūma*. The physician prescribes *dhūma* for headache, throatache, and such other diseases. It is also prescribed for sleeping sickness, exhaustion, green sickness, poisoning, needing, mania, etc.^{xii} Fluids for *kavalagraha* and *garn/asadhvana* (mouth-rinsing and gurgling) are prescribed particularly for mouth and teeth diseases. The fluid is to be retained in the mouth until tears come out of the eyes and drops begin to fall from the nose; then a new portion of the fluid is to be taken.^{xiii} For eye ailments, instilling drops (*ascyotona*) is prescribed in the first place, since it removes redness, lachrymation, pain, pus-formation and other affections of the eye. The eye-ointment (*anjanat*, particularly made of Antimonium) is frequently spoken of and put into the eye with a probe (*salaka*).^{xiv} Face applications are called *mukhapralepa*; the application is called *pralepa* in general. Softening poultice is called *pradeha*, suppository is called *varti*, *phalavarti*, ointment is *lepa*, *abhyanga*, and *anulepana*. It forms an important class of medicines to be taken internally. They are considered the seventh subject of medicine, and it is said in many recipes that one could obtain a hundred years' life by their use.

To conclude, it may be said that the ancient medical system, almost similar to the contemporary medical system, deals with all aspects of human health. It takes care of not only curing the different types of diseases caused by imbalance in the cough, wind, and bile, but also personal beautification. In all these aspects, it prescribes the use of medicine prepared from natural ingredients like herbs and shrubs.

ⁱJ. Jolly, "Physician and Theraphy", pp.175-208, in ed., Chattopadhyaya, debiprasad, *Studies in the History of Science in India*, Vol.-I, New Delhi: Asha Jyoti Book Sellers & Publishers, 1992.

ⁱⁱ .Kenneth G. Zysk, *Asceticism and Healing in Ancient India*, pp.16-20, New Delhi: MLBD,1998

ⁱⁱⁱ Ibid. pp.27-30

^{iv} *Caraka Saṃhitā*. III. 8.1-5, R. K. Sharma and Bhagawan Dash, Chaukhambha Series, Varanasi, 2010; *Suśruta Saṃhitā*. I. 2, Vasant C. Patil and Dr. Rajeshwari, N. M.,Chaukhambha Series, Varanasi, 2018

^v Ibid.I.9

^{vi} . *Caraka Saṃhitā*, I.1., R. K. Sharma and Bhagawan Dash, Chaukhambha Series, Varanasi, 2004; *Sumaṅgalvilāsinī*. 331, Sumangalavilasini, vol. II, Sted, W., Pali Text Society, London, 1931.

^{vii} . *Caraka Saṃhitā*, VIII. R. K. Sharma and Bhagawan Dash, Chaukhambha Series, Varanasi, 2018. 10-12, *Suśruta Saṃhitā*, IV. 35-38, Vasant C. Patil and Dr. Rajeshwari, N. M.,Chaukhambha Series, Varanasi, 2018

^{viii} . *Suśruta Saṃhitā*, IV. 40, Vasant C. Patil and Dr. Rajeshwari, N. M.,Chaukhambha Series, Varanasi, 2018

^{ix} .*Suttanipāta*, IV. 40, Dines Andersen and Helmer Smith, Pali Text Society, Oxford University Press, London, 1913

^x . *Caraka Saṃhitā*, I. 14

^{xi} .*Suśruta Saṃhitā*, IV. 31f.; *Aṣṭāṅgasaṃgraha*, I. 25f, Atridev Gupta, Shiv Prasand Sharma Murthy, Chaukhambha Series, Varanasi, 2005

^{xii} .*Caraka Saṃhitā*, I5.24f, *Aṣṭāṅgasaṃgraha*. I.30, Atridev Gupta, Shiv Prasand Sharma Murthy, Chaukhambha Series, Varanasi, 2005

^{xiii} .*Sumaṅgalvilāsinī*, IV.4., vol. II, Sted, W., Pali Text Society, London, 1931

^{xiv} .*Astangsamgraha*, I.32, Atridev Gupta, Shiv Prasand Sharma Murthy, Chaukhambha Series, Varanasi, 2005