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HEALING AND HEALERS INSCRIBED: EPIGRAPHIC BEARING ON HEALING-HOUSES IN EARLY INDIA

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Healing and Healers Inscribed: Epigraphic Bearing on Healing-Houses in Early India*

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Prologue

A salient feature of the recent studies of the past is the urge for establishing the interdisciplinarity of History with various other human/ social sciences, earth sciences and natural/physical sciences. One such area of interdisciplinary research in History has been the History of Science, including the History of Medical Sciences. In a large number of universities and other institutions of higher learning in the advanced, First World countries, History of Science and Technology, History of Medical Sciences and suchlike often figure as regular curricular programmes in the Departments of History, working in close cooperation with and accommodating the contributions of renowned experts in various Science disciplines. The study of the History of Science and Technology as a major teaching and research area finds its relevance in 'Western' academia as an explanatory tool to offer insights into the rise of the 'Western'/ European civilization and its mastery over the rest of the world in the Enlightenment and post-Enlightenment eras. The scientific and technological breakthroughs in Europe, the rational mind and the spirit of discovery of the Europeans and innovativeness of the West are often seen as causal factors of European expansion in different parts of the globe during the seventeenth and eighteenth centuries. To this has been further linked the process of the positive impacts

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of advanced Scientific knowledge on 'traditional' Oriental societies, many of which — like India — became colonies/ dependencies of European colonial/imperial powers. To put it briefly, protracted colonial rule over many countries in Latin America, Asia and Africa— forming a bulk of the Third World of today—may appear in this genre of literature as the agent of transforming a 'traditional' society, economy and culture towards a modern society and polity, benefiting from the Occidental norms of science, technology and rationality. A landmark critique to and departure from this stereotyped idea came in the form the celebrated and multi-volume enquiry by Joseph Needham into Science and Civilization in China[1].

The principal point that emerged from Needham's monumental work was the demonstrable capability of a non-European and pre-industrial society in high-level scientific and technological feats much before the advent of the advanced modern science and technology in the Occident. The influence of Needham's path-breaking researches on similar non-Western societies has been enormous and inspirational. To this has been coupled the nationalist aspiration and urge from the second half of the nineteenth century in many of the colonies and dependencies, countering the claims of the superiority of their respective colonizers. A significant instance of this is India itself. The introduction of modern education in India during the colonial times, emphasizing the need to bring in the proper scientific temper and the rational mentality, resulted in the creation and establishment of institutions of higher education imparting scientific knowledge and technological training. If these brought many positive outcomes in social, economic and educational fields, there was also a steady displacement of the traditional knowledge system. A critique of this emerged in the form of nationalist thinkers, scholars and activists, intent upon showing that many of the foundations of modern Occidental science had already been anticipated by ancient Indian thinkers. A classic example of such a trend is P.C. Ray's *History of Hindu Chemistry*[2]. With the editing and translations (into English) of the works of Aryabhata and Brahmagupta the immense contributions of ancient Indian mathematicians were ably driven home. For instance, recent works on the History of Science in India by B. Subbarayappa[3] and A.K. Bag[4], to name only two among the most prominent experts in this field, have considerably illuminated our understanding. Treating

science and technology as a crucial clue to pre-modern production systems (and hence social formations), historians and thinkers (mostly Marxist) like Debiprasad Chattopadhyaya[5], Irfan Habib[6], A. J. Qaisar[7] and Harbans Mukhia[8] have ably highlighted importance of the study of the subject over long periods of Indian history. It is somewhat surprising that in the current overview of the history of science in India the history of medical sciences and treatments have occupied a rather small niche, in spite of the sustained contribution of Indians to this field.

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Two broad trends of researches in the history of Indian medicine and treatment of diseases are discernible. The first and the comparatively older one relates to the study of the voluminous literature of *Ayurveda* (literally, the science of life or the science of longevity) in which the most celebrated figures are the two great ancient authorities: Charaka and Susruta[9]. There is also a vast body of commentaries on the two texts. The expertise in this field largely belongs to the Sanskrit and Ayurvedic scholars (e.g the mammoth work of Meullenbend on the Indian Medical Texts and his massive Bibliography on this subject available in electronic resources)[10]. It has also been pointed out that the earliest possible literary references to diseases and healing processes possibly go back to the *Atharvaveda*, the hymns known as *paushtikani sutrani*. As is expected, many textual and Ayurvedic scholars have approached such traditional medical treatises with a distinct orientation to showing that many modern diagnostic and preventive methods were anticipated in these pre-modern texts. The other significant enquiry into this field is of relatively recent origin. The post-colonial and post-modern critique of the universality and the dominance of the Enlightenment ideas has of late tried to recover the local genius that had been displaced by the impact of the advanced European/Western medical science and diagnostic and therapeutic methods. Sustained efforts have been launched to appreciate the herbal and botanical knowledge among the traditional practitioners of medicine in the seventeenth, eighteenth and early nineteenth centuries, noted and recorded by European/Western travelers, ethnographers and administrators. The other thrust area has been that of the interconnection between the British Raj and Sciences, the making of 'Colonial Sciences', the creation of

institutions for Science and Technology Education and the study of the management of epidemics under the British Raj. The contributions by Deepak Kumar and David Arnold, deserve special mention in this context[11].

It needs to be emphasized that in spite of a growing body of scholarly literature on the history of epidemics like cholera, small pox, malaria and plague in India in the nineteenth and twentieth century, there exists a virtual blank regarding the understanding of other diseases of similar proportion and fallout. This is a major desideratum in the study of the history of medicine in India; the present paper aims to address this issue. The problem becomes more acute as and when one chooses to look into the pre-modern past, especially the ancient past of India. One of the stumbling blocks in studying the history of medicine in ancient India is the severe lack of adequate data beyond the well known Sanskrit manuals on medicine. Whatever information is available on ancient medical history, that is rarely situated in the prevailing socio-political and cultural contexts.

III

Ancient History and Epigraphy

The craft of the historian has been facing many debates in recent decades, particularly in terms of the aims, objectives, methods and tools and ideological positions of the historians. Varied definitions of the discipline called History have been offered, an act which itself has generated considerable controversies, underlining thereby the lively nature of the discipline. One does not perceive the end of History as a discipline despite bombastic prophesies to that effect in the eighties of the last century. Amidst all controversies about historical studies, however, stands out one obvious and unanimous point: the historian is a practitioner of the past of human societies. The second point is the impossibility to reconstruct the past as it was or to know the past fully. Our knowledge of the past is at the most fragmentary, incomplete and filled with numerous gaps and silences. No less definitive is the statement that the study of the past does not establish any historical truth. The understanding of the past, remote or recent, is rarely based on any historical laws and therefore, discerning a set pattern of universal development in history is best left out from the repertoire of the historian's crafts. Events of the past do indeed

attract historians' attention, but the black-box type of approach to the collection of information regarding past events does not any longer enthuse the historian to delve into the study of the past. The practitioner of the past does not abide by the gospel truth that facts speak for themselves. Without going into the raging debates on the principal facets and functions of historical studies one may at least view this discipline as an explanatory tool to interpret the past. The historian has to admit and accommodate the possibilities of multiple explanations of the situations in the past; the primacy and/or cogency of one explanation is likely to have been rooted to the pre-eminent political, socio-economic and cultural trends in vogue at the time when the historian is engaged in the pursuit of the past. One set of explanations of the past is likely to have been superseded by a second or third set of contesting interpretations either by using new methods of enquiries into the past and/or by the availability of hitherto unknown information about the past. In other words, the fluidity of the historian's assessments of the past, the conflicting and contradictory approaches to the past and the resultant multiple interpretations of the past are inherent and in-built in the study of History which, if pursued with the hope of demonstrating uniformity, standardization, invariability of human activities and experiences, will have a doomed future as an intellectual and academic exercise.

The historian mostly is a non-participant in the activities of the past which is pursued by him/her; he/she rarely belongs to the past age which is the subject of historical probing. The understanding of the past therefore considerably relies upon the availability of the traces, the sources and the evidence of the past. While the evidence is itself fragmentary, the historian cannot but approach the evidence in a selective manner, the preference for certain kind(s) of evidence to others being often guided by the nature of the historian's enquiry which in its turn is often shaped by prevalent, contemporary issues. In spite of the contestations to the notions of facticity, evidence and objectivity in the enquiry of the past as a result of culturalist and linguistic turns in historical studies, the importance of empiricism cannot be diminished in the pursuit of history. There is little doubt that the long cherished idea of the separation of the collection of facts or proofs from historical analysis (the latter often regarded as a greater cerebral exercise) has lost its validity. A strong empiricist

has to pay attention to the authorship, audience of a 'text', to the process of the making of what to the historian emerges as a historical document or evidence. The choice of particular type(s) of source by the historian is itself a subject of critical analysis.

The problem of the access to and the use of sources looms especially large before the historian if and when the subject of enquiry is related to pre-modern times largely because of the relative paucity of data.

This is particularly applicable to the study of early India (till c.1300 AD) which is noted, among other things, by the conspicuous absence of securely dated historical texts/documents of definitive provenance and authorship. Any major text book on early India usually begins with a caveat that adequate historical chronicles and historical works are a rarity, with the sole exception of Kalhana's *Rajatarangini*. Such an assertion actually stems from what used to be regarded as history (i.e political/ dynastic history) and its documentary proofs in the nineteenth century European/ colonial/imperial yardsticks of the craft of the historian[12]. The importance of *itihasa-purana* tradition for the perception of the past in pre-modern India has received its due recognition in recent decades[13]. Traditional or pre-modern India was also perceived in a very large measure through sastric norms, giving a strong impression of the near immutability of the culture and society of India over millennia. Recent scholarship however has pointed out the pre-colonial Indian perceptions of the past, distinct from the understanding of what became established as the discipline of History since the nineteenth century largely due to the impacts of Western/European ideas of History. Another major strand of opinion regarding pre-modern Indian history is the historiographical position that the traditional Indian culture, steeped in orality—the emblem of which is the *sruti-smriti* tradition— rarely encourages the writing of past events, decisions and courses of actions but prefers to have a mental image of the past merely based on unsubstantiated and unverified memory. The *itihasa-purana* tradition and the *charita* category of life-stories of celebrated rulers of early India (e.g. the *Harshacharita*, the *Ramacharitam*, the *Vikramankadevacharitam* and suchlike) were seen in the Orientalist and the Utilitarian yardsticks as shrouded in myths, fables and quasi-history. It is true that traditional India was sought

to be read by Western scholars largely through the voluminous normative and philosophical treatises which apparently paid less attention to political changes and processes. These being the very essence of the idea of history in the post-Enlightenment Occident, the possibility of history-writing in pre-modern – especially ancient or early India— appeared remote in the colonial historiography of India.

Yet, in the first half of the nineteenth century itself and especially in the second half, the recovery of India's past began by tracing the remains of monuments, particularly the sacred architecture and icons, that paved the way for the study for archaeology in India. The lithic creations in sculptures and architecture which were intimately linked with traditional religious beliefs and practices in India began to create interests among the professional historians of the West. The scholarly fascination for the world of lithic artifacts of India also brought to light specimens of Indian writing of hoary antiquity. This is the world of inscriptions of India, which is the present subject of enquiry. The huge number of inscriptions in India, largely in the form of administrative documents, royal eulogies and individual donative records, presents a sharp contrast to the image of the absence of written texts for the early period of India's past. Majority of these inscriptions were engraved on stone and copper plates, the latter proliferating after c. AD 600, though other materials were also utilized for writing the message. One leading authority on Indian inscriptions put the number of inscriptions to 90,000 or more which were known, discovered and noticed before 1984[14]. There is likely to have been a substantial increase to this number during the last two decades. This huge number of inscriptions in India strikes any observer with the presence of writing in a traditional society largely known for its sustained orality. This is a point not merely of the availability of written documents as sources for ancient or early history of India, but it has also an important bearing on a significant socio-cultural issue, the extent of use of writing and literacy in early India. Inseparably associated with it are the crucial issues of authorship and the intended audience of these inscriptions. Who actually composed the text of the inscription and in what manner? In view of the extremely limited scope of literacy in early India how did the messages inscribed on epigraphs reach out to their readers? There is little opportunity to determine

how many of the onlookers and readers of inscription knew both how to read and write. It is difficult to dismiss the possibility that at least some people could read, but not write, and a fewer number master both. Another safe assumption would be that the inscribed words were read aloud to a gathering of people who were notified to assemble to hear the written text. Such a possibility gains ground when one reads Asoka's edicts; the expressions in later land grant charters that the royal message/instruction be heard (*sruyatam*) and that the instruction be notified (*vijnapitam*) to people of a locality further imply that the message was communicated by audible means. Yet such a message was clearly not a simple verbal one. Inscriptions could therefore allow an interesting interplay of both literacy and orality.

IV

Healing and Healers Prior to Indian Epigraphy

This particular section drives home the point that the representations of healing and healers were neither peculiar nor exclusive to epigraphs which is our principal focus here. It is true that healers and healing-houses gain greater visibility in epigraphic materials. But healers and healing processes were not unheard of in non-epigraphic sources, especially prior to c. 200 BC. But this does not confine our study to the two most celebrated medical treatises, namely the *samhitas* attributed respectively to Charaka and Susruta who have been studied elaborately and over many decades by experts. We place here instead a few notices of healing and healers prior to c. third century BC when inscriptions first appeared in the subcontinent. Kenneth Zysk aptly remarked that " tracing the history and evolution of Indian medicine is a difficult enterprise", especially for the period when the celebrated science of life or longevity (*ayurveda*) had not yet arrived in the form of well codified manuals[15]. Yet, there are faint traces of the healers and healing processes of the remote past when many of such efforts were inextricably interlocked with religious or magico-religious performances. One may begin by referring to a few skulls from Harappan cities like Harappa itself (from Cemetery R37 area) and Kalibangan. These skulls bear tell-tale signs of trepenation leading to the healing of the diseased persons. Though we are in complete dark about the performers/practitioners of this skull-surgeries, it speaks of the

prevalence of these techniques in the days of the earliest urban society (c. 2800-1750 BC) in the subcontinent.[16]

The Vedic corpus, though essentially sacerdotal in nature, offers some glimpses of healing practices which were steeped in mythologies and rituals. The *Rigveda* (c. 1500-1000 BC), the earliest literary creation of the Vedic corpus, contains many hymns that dwell on prayers and desires for long life. The urge for long life in the Rigvedic hymns goes hand in hand with prayers for victories, capture of booties (especially, cattle and horses) and birth of male children. In other words, the Rigvedic hymns, composed to offer praises for different divinities, have a clear mundane character, typical of a society marked considerably by pastoralism[17]. A case in point is available from the quote below on healing herb (*oshadhi*):

> *Oh bright herbs, you are like the mothers. In your presence I promise to offer to the physician cows, horses, clothes and even myself (RV X. 97.4)*

This hymn, highlighting the close linkages between the healing herbs and the healer (*bhishak*), further underlines the significance of the healer.

> *The wise physician is one round whom herbs gather in the way in which chiefs gather around the king in the war council. He wages war on sickness in all forms (RV. X.97.6).*

The entire hymn (X.97)[18], designed for praising the healing herb (*oshadhi*), was composed by a poet who was "the seer called physician, the son of Atharvans'" (*Atharvanah putrasya bhishak-nama arsham*). One finds here, significantly enough, a physician who was also a poet and who composed a Rigvedic hymn too. The composition of a Vedic hymn by a physician is a marker of the esteem accorded to a healer in the Rigvedic society.

Several Rigvedic divinities appear in the text as having something to do with healing. Thus, Rudra (from whom would subsequently emerge Siva), is praised as the ablest of the physicians (*bhishaktamam tva bhishajam*)[19]. Soma, the inebriating drink, to whom is dedicated the entire *Mandala* IX of the *Rigveda*, "treats the ailing ones in the earth'" (*bhishakti visvam yat turam*: *RV* VIII.79.2)[20]. Similarly, Marut (wind god) and Varuna (presiding over water and the cosmic law) are also associated with healing (see *RV* VIII.

20.20-26 and X. 137.6). In the Vedic imagination water is deified, as "in the water exists ambrosia, in the water exists all medicines" (*apsu bheshajam*). This perhaps explains Varuna's characterization as a healer (*bhishak*) who presides over water, the very source of all medicines (*bheshaja*). But the pride of the place among all healers goes to the twin Asvin brothers, considered as the divine physicians.

Scholars studying Vedic religion naturally take into account the eminence of Indra, Agni and Soma. One often tends to overlook that next to these three gods, the largest number of Rigvedic hymns are attributed to Asvins. As many as fifty full hymns are in praise of the Asvins who also figure in parts of some other hymns, thereby resulting in the occurrence of their names 400 times in the *Rigveda* itself. The Asvin twins are praised as the most wonderful physicians (*dasra bhishaj*) and divine physicians (*deivya bhishaj*). Hailed also as truthful or Nasatya (*na+ asatya*; i.e. not untrue), the Asvins invariably figure in the *Rigveda* as the physicians par excellence. The sentiment is captured in the following quote:

> *May our friendship with you never be snapped; may we be freed from diseases (ma nah vi yaushtam sakhya mumochatam: RV VIII.86.1-5).*

Celebrated as compassionate Asvins, the twin divine physicians, according to the *Rigveda*, were capable of rejuvenating the old, ensuring safe and painless delivery of children, providing the injured with an artificial limb if there was a loss of limb, curing burns and healing wounds from attacks of leopards[21].

It is striking to note that the later Vedic literature, in sharp contrast to the *Rigveda*, began to downgrade the importance of the Asvin brothers precisely for being physicians. Both the *Taittiriya Samhita* of the *Black Yajurveda* and the *Satapatha Brahmana* of the *White Yajurveda* denounce the Asvins.

> *The gods said of these two (Asvins): Impure are they, wandering among men as physicians. The physician is impure, unfit for sacrifices. Therefore, the brahmana must not practice medicine (Taittiriya Samhita)*
>
> *The gods said to the Asvins: 'We will not invite you; you have wandered and mixed among men, performing cure (Satapatha Brahmana)[22].*

The unmistakable degradation of the Asvins in the later Vedic times (c. 1000-600 BC) takes place along with significant shifts in the socio-political and cultural scenario during the first half of the first millennium BC. The later Vedic literature leaves little room for doubt about the growing rigours and orthodoxy in terms of the four-fold *varna* system that championed the position of the brahmana priests. It had a close linkage with the hardening attitudes to relative purity and pollution, expressed by the taboos on commensality and connubium. The overwhelming importance of the cult of sacrifices (*yajnas*) permeated all aspects of social and cultural life. The Asvin brothers are looked down upon for their wandering pursuits which obviously led to their intermingling with diverse people—an act that hardly received approval from the priestly community. Equally frowned upon was the pursuit of curing which implied contagion with impurity and pollution. But perhaps, the more serious change was the emergence of a different ideological temper which was hostile to the pursuit of medicine. The positive attitude to healing and healers of the Rigvedic times came to be enveloped by the 'cobwebs of pedantry'[23] of the later Vedic age which left its deep impression on the social and cultural attitudes to medical practitioners of later times.

Significantly enough, the *Atharvaveda* offers interesting data on cure of ailments through magical charms. Although there is little information on the *bhishaj* or the physician in the *Atharvaveda*, it nevertheless shows its awareness of a few diseases. These diseases are: a) fever (*jvara*), b) diarrhoea (*atisara*), c) diabetes (*atimutra*) and glandular sores (*nadivrana*). These diseases are sought to be warded off, however, not by a *bhishaj*, but by magico-religious charms. The *Atharvaveda* refers respectively to charms against stopping of urine and stool (*mutra-purisha nirodha :AV* I.3) and against dropsy (*jalodara AV* I.10). The *Atharvaveda,* being a text on magical charms, mentions a few plants which were to be used as charms. These are *jangida* (XIX.34-35), *gulgulu* (XIX.38), *kushtha* (XIX.39) and *sata-vara* (XIX.36). The *Atharvaveda* was sometimes not considered as a Vedic *samhita* precisely because of its being a collection of magico-religious charms. The *Kautiliya Arthasastra*, for instance, refers to only the first three Vedic *samhitas (trayi)* and leaves out the *Atharvaveda*.

While Sanskrit normative treatises draws heavily upon the Vedic

ideology and therefore denounces the profession of the physician, the *Charakasamhita*, one of the most celebrated medical treatises of ancient Indias openly recognizes the authority of the *Atharvaveda* for its epistemological roots. As and when the physician is asked, as to which Veda the physician should have his affiliation, he should unequivocally declare his allegiance, lays down the *Charakasamhita*, to the *Atharvaveda* from among the four Vedic *samhitas*. According to the *Charakasamhita*, it is only the *Atharvaveda* among the *samhitas* that contains therapeutic and other medicinal matters beneficial for life (*chikitsa ca ayushah hitaya upadisyate: Charakasamhita* I.XXX.21)[24]. The point that we would like to underline here is that since the later Vedic period there emerged in the orthodox Brahmanical ideology a sustained trend to relegate the importance of medical profession. This gains a further ground in the Sutra texts which assigned the profession of the healer to the ambashtha who, according to the orthodox concept of 'mixed castes' (*misrajati*), was born out of the unequal union between a brahmana male and a vaisya female. The ambashtha was evidently held in low esteem in terms of the *varna-jati* social hierarchy. But on the other hand, the *Atharvaveda* tradition, containing unorthodox and non-Vedic ideologies, recognizes the importance of the act of healing and healers. And this tradition is respectfully and clearly upheld in the classical Sanskrit medical treatise, the *Charakasamhita*. That there were multiple traditions and outlooks regarding healing and medical professions cannot be doubted; the inner conflicts within Brahmanical traditions are also apparent in this particular case.

The discussion above sets the stage ready for an enquiry into the attitudes of the pre-Mauryan Buddhist canonical texts to medicine and medical practitioners. The study gains relevance here because of the pronounced antagonism of Buddhism to Vedic ideology. The emergence of Buddhism and Jainism (along with other Sramanic religions like Ajivikas and Parivrajakas) coincides with the advent of the territorial polities (*mahajanapadas)* and urban settlements (*nagaras*) for the first time in the Ganga valley (c. 600-300 BC). From the very beginning Buddhism seems to have developed a positive attitude to medical profession and healers. Right from the earliest Buddhist canonical texts, Buddhist philosophy used medical terminologies as metaphors to explain the doctrine of sorrow or affliction (*duhkha*). The deliverance from the worldly existence,

which is impermanent, transient and full of misery, through the goal of *nirvana* (literally extinguishing the lamp of desire/thirst), is repeatedly compared to the curing of the diseased body by an expert physician.

The doctrine of the Four Noble Truths (*Chaturaryasatyas*) is of foundational significance in Buddhist philosophy. The first principle is the understanding that the very worldly existence is full of sorrow (*duhkha*). This corresponds closely to the medical observation of an ailing body. The second principle is the causation or genesis of sorrow/pain/affliction (*duhkhasamudaya*). Sorrow or pain comes largely on account of the insatiable desire (*tanha* or *trishna*, thirst) that results in the interminable cycle of birth, death and re-birth. This resembles the process of medical diagnosis of an ailment. As the physician, aware of the diagnosis, is in a position to cure the ailment, so too the Buddha suggests the possibility of the cessation of sorrow (*duhkhanirodha*). The next stage is to lay down the path(s) to bring an end to sorrow (*duhkhanirodhagami marga*: the eight fold path or *ashtangika marga*). The concept of the means to terminate sorrow offers an interesting analogy to the physician prescribing medicines to put an end to a disease. The Buddha therefore is revered as the master healer or physician (*bhaishajyaguru*)[25]. The Master is hailed as the superlative surgeon capable of extracting four poisoned arrows, namely anger, greed, pride and jealousy. Even more significant is the doctrinal idea that the Buddha was comparable to an extraordinary ophthalmic surgeon, far surpassing a mundane physician treating eye diseases. The Tathagata was expert in cutting the cataract (*timira*) of ignorance with an iron rod (*salaka*) of wisdom. In later Buddhist texts, the Buddha figures as the king among physicians (*vaidyaraja*) clearing the membrane (*patala*) of the eye of the cataract-like ignorance with a golden needle[26]. The theme further finds an elaboration in the *Milindapanha (Questions of Milinda*), assigned to c. second century BC. The venerable monk Nagasena, in dialogue with king Milinda (Indo-Greek king Menander), offers a four-point analogy of medicine to explain the experience of *Nirvana*, the highest goal of a Buddhist. A quote will be in order here:

> *As medicine, O King, is the refuge of beings tormented by poison, so is Nirvana, the refuge of beings tormented with the poison of evil disposition. This is the first quality of medicine in Nirvana. And again, O King, as medicine puts an end to diseases, so does Nirvana put an end to grief. This is the second quality of medicine inherent in Nirvana. And, O King, as medicine is ambrosia, so Nirvana is ambrosia. This is the third quality of medicine inherent in Nirvana. (Milindapanha IV.8.68)*[27]

In the *Vinaya Pitaka* and the *Milindapanha* statements one may read the Buddhist philosophy and epistemology of medical practices which were indeed placed on a lofty pedestal. It is also not difficult to discern that the Buddhist analogy of cataract surgery is likely to have been drawn from the actual experience of this particular surgery during the Buddha's time. This gains ground in the light of the clear distinction made in the Buddhist canonical literature between the physician (*vejja/ vaidya*) and the surgeon (*sallakatta*)[28]. There is little room for doubt about the presence of expert physicians during the Buddha's time. The outstanding instance of this is the master physician Jivaka who was a close associate of the Buddha and whose patients included powerful kings like Bimbisara of Magadha and Pushkarasarin of Gandhara and other influential and prosperous people. The *Mahavagga* of the *Vinaya Pitaka* (one of the hallowed Buddhist canonical texts) speaks how Jivaka became a highly successful medical professional and enjoyed the elite status of the *gahapati*[29]. The same text also mentions Jivaka's expertise in surgical operations of the nose and the removal of fistula[30].

V

Epigraphic Bearings on Medicinal Pursuits in Buddhist Establishments

The subcontinent first experienced the practice of inscribing on durable/imperishable surfaces with the edicts of Asoka (c. 272-233 BC) who ruled over a nearly pan-Indian realm. An interesting coincidence is that his edicts provide us with the earliest known engraved information regarding medical facilities in the subcontinent. Within his wide-ranging policy of Dhamma (Law of Piety) were situated medical facilities for human beings and animals alike (*manusachikichha, pasuchikichha*)[31]. The Asokan edict therefore points to some degree of specializations into human and veterinary health care. Although Asoka did not explicitly speak of healers, their presence in Mauryan society can easily be assumed. Asoka further

claims to have planted trees which could have included herbs and plants endowed with medicinal properties.

Inscriptions of the post-Maurya times (c. 200 BC-AD 300) offer us more regular mentions of physicians and, for the first time, also of healing-houses. A large number of inscriptions of these five centuries were small in size, recording the pious act of charity or donation by individuals/ groups of individuals, including women and Buddhist/ Jaina monks and nuns. Such donative records are found over dispersed areas of the subcontinent and are related to Buddhist and Jaina monastic establishments. Susmita Basu Majumdar has recently recovered interesting information regarding such donations by physicians from six cave inscriptions in western India. The first one at Kuda (Maharashtra) records the donation of an artificial cave (*lena* or *layana*) by one Somadeva who was a physician (*veja*) and a son of a lay Buddhist follower (*upasaka*). This gift of the artificial cave seems to have been jointly sponsored by another physician *mamakavejiya* Isirakhita (Rishirakshita) and his three sons and four daughters[32]. At Pitalkhora there are five donative records demonstrating gifts of similar cave shelters by one Magila (= Skt. Mrigila) who was explicitly described as a royal physician (*raja-veja*) and a son of Vacchi (Vatsi). Magila's son Dataka (=Skt. Dattaka) and daughter Data (=Skt. Datta) also made similar gifts of caves; interestingly enough, both Dataka and Data as donors chose to mention their father Magila, the royal physician[33]. There is at the present state of our knowledge no earlier instance of the inscribed presence of physicians in the subcontinent than these two. The important point is the role of the physician as donors. It is quite apparent that they were well off professionals and were in a position to give away a part of their resources for charitable purposes. This charitable and pious act, clearly affiliated with a Buddhist monastery, appears to have accorded to the physicians and their respective families a noticeable social position, the status of patrons. The patrons here parted with something tangible (i.e, a portion of their resources) and received in return something intangible, in other words, prestige and status associated with donors/patrons. This is at the same time when normative treatises, like the *Manusamhita*, look down upon the physicians/healers. Thus the image of the physician in the prescriptive source is at variance with what is apparent in inscriptions, a descriptive category of source[34].

Perhaps the earliest known mention of healing-houses in inscriptions come from two inscriptions— more or less contemporary— belonging to c. AD third-fourth centuries. The first one is from Nagarjunakonda (ancient Vijayapuri) in Andhra Pradesh, a celebrated city and Buddhist centre. It informs us of a principal Buddhist monastery (*viharamukhya*) within which was situated a healing house (*vigatajvaralaya*). The term *vigatajvaralaya* can be explained as a building or structure (*alaya*) meant for the termination (*vigata*) of fever (*jvara*). The association of the healing-house with the Buddhist monastery is obvious. The monastery, located in an urban setting, offered facilities of medical treatment for the inmates. The second instance comes in the form of a seal from the Kumrahar (Patna, ancient Pataliputra) excavations, datable to the same period. It speaks of the congregation and monastery of Buddhist monks (*bhikshu-samghasya*) and a hospital (*arogyavihara*). Once again the association of the healing-house with a Buddhist monastery and an outstanding urban centre is unmistakable. A second inscription from the same excavated site enlightens us on a healing house (*arogyavihara*) named after Dhvanantari (Dhavnantari)[35]. One is not sure if the *arogyavihara* mentioned in the two seals were identical or there existed two hospitals. At least the excavation report draws one's attention to a monastic hospital with spacious rooms supposedly for the sick. That the *arogyavihara* carried the name of Dhvanantari makes interesting reading. He could have been an actual master physician, or could stand for the legendary physician-god to whom the author of the *Susrutasamhita* paid glowing tributes. In the second case, can one suggest that Dhvanantari had originally been a master physician, but later became deified? The other interesting point is Dhvanantari was accommodated in Buddhist and Brahmanical traditions alike. As Basu Majumdar points out, Dhvanantari is considered as one of the 22 incarnations (*avataras*) of Vishnu, according to the *Bhagavata Purana*[36].

VI

Proliferation of Healing-Houses and Physicians: Post-500 AD Inscriptions

Inscriptions and epigraphic mentions of physicians and healing houses proliferated during the AD 500-1300 phase. The salient

feature of this period is the emergence of regional elements in political, socio-economic and cultural life on a pan-Indian scale. Coupled with this one also notes the growing popularity of sectarian devotional (*bhakti*) cults (especially the worship of Vishnu, Siva and Sakti in various forms). Another characteristic feature was the issuance of land grants by rulers/administrators perpetually favouring brahmanas and various types of religious centres (Buddhist and Jaina monastic organizations, Brahmanical temples and *matha*-like large complexes) with revenue-free landed property, usually termed as *agrahara, brahmadeya* and *devadana*. To record these grants on imperishable materials rulers issued inscriptions either on copper plates or on stones (in south India often on the temple walls). Physicians and healing houses of this period appear mostly in these types of inscriptions. The small donative records of the earlier centuries, mentioning the physicians and hospitals, became gradually rare. The politico-cultural scene is dominated by transfer of landed property and/or revenue in favour of the doness by royal orders.

The association of the physician and healing with Buddhist monasteries continued, albeit in a somewhat different set-up. In AD 507 the Gupta ruler Vainyagupta granted a vast amount of land, distributed over five separate plots, in favour of a Mahayana Avaivarttika Buddhist monastery located in the present Comilla region of Bangladesh (ancient Samatata). The purpose of this land grant was to ensure necessary provisions to the monastery for bed (*sayana*), seat (*asana*), fragrance (*gandha*), lamp (*dipa*), incense (*dhupa*), ailments (*glana*), medicines (*bhaishajya*) and necessary repairs in future (*khanda-phutta-pratisamskarakaranaya)*. In a similar way, Gopachandra, a local ruler of Bengal (datable in the second half of the sixth century) takes the credit of granting land to a monastery of Aryya Avalokitesvara, located somewhere near modern Jairampur (Orissa), ensuring supply of various provisions including medicines.

Around the same time in Gujarat in western India one comes across a healing house associated with a Vaishnava temple (*bhagavatpadayatana*), figuring in a copper plate issued in c. AD 506 when Huna king Toramana was the overlord in that region. This is one early epigraphic instance of a hospital situated within a Brahmanical/Vaishnava sacred shrine. The sacred shrine has almost assumed the character of a religious complex as the temple

(*ayatana*) offered medical faciltiies. The Vaishanva sacred centre, like the Buddhist monastery, has become more than a sacred shrine and assumed the character of a religious complex, although the inscription does not call it a *matha*. The inscription records the grant of two villages in favour of this religious complex. The Vishnava temple has a very clear association with merchants, both local and itinerant (*vastavya and chaturdisabhyagataka*) ones, as will be evident from a similar land grant of AD 503. The copper plate lays down that the itinerant mendicants (*parivrajakanam*) visiting the temple, male and female attendants of the deity (*deva-susrushaka-dasi-dasanam*), deserving devotees and disciples/apprentices (*bhakta-chaliyadyapragunanam*) should be provided with medicines (*bhaishaja*), and wholesome medicinal diet (*pathya-bhojana*). There seems to have existed a healing house within the Vaishnava temple complex , though the actual Sanskrit synonym *arogyasala* does not occur in the grant.

There is a somewhat problematic expression in our inscription in the context of the provisions for medicine and wholesome diet. After the word *bhojana* the Sanskrit passage reads *yogodvahanam karttavyam*. K.V. Ramesh who edited and translated the record neither explained the expression nor translated it. Krishnendu Ray had earlier taken the word *yoga* in the sense yogic medical practices, thereby suggesting that the Vaishnava temple offered facilities of cure through yogic practices[37]. More recently Basu Majumdar explains the term *yoga* in the sense of in addition. And then she takes the term *udvahana* as "*ud+vahana*" which means, according to her, "bringing water or serving drinking water with the meals" (*bhojana*)[38]. Basu Majumdar here is completely wrong; she has obviously taken the word *ud* to mean water (*udaka*). By no stretch of imagination the Sanskrit word *udaka* can be grammatically abbreviated to *ud*. In fact, she has utterly failed to even offer a correct *sandhi* which is *ut+vahana*. There is no Sanskrit word *ud*; the correct word is *ut* which is a *pratyaya*, meaning up or above (in the sense of *urddhvam*). The utter carelessness of Basu Majumdar in handling matters epigraphic becomes evident when she misses the very use of the word *udaka* in the line 4 of the same record. Her rendering *ud+vahana* and the derived meaning drinking water are both palpably wrong and rejected here. *Udvahana* should be taken to mean carrying up, uplifting, lifting up (*ut*= above, and

vahanam= carrying). A more cogent explanation of the term *yogadvahanam* is offered by us here in the light of the *Charakasamhita*. We first propose to take the word *yoga* in the sense of *yukti*, meaning reason or rationality. The *Charakasamhita* categorically prefers the treatment of diseases by medicines based on rational application (*yukti-vyapasraya bheshajam*) to the application of medicine based on the supernatural (*daiva-vyapasraya bheshajam*) or to the application of medicine based on mental control (*sattvavajayah*). The *Charakasamhita* defines the medical treatment based on rational application (*yuktivyapasraya bheshajam*) as the therapeutics based on the use of substances like diets and drugs (*ahara-aushadha-dravyanam yojana*) which alone, according to the medical treatises, was capable of removing the actual cause of the disease(*samsodhana upasamana cheshta cha drishtaphala*)[39] . Seen from this point of view the Vaishnava temple in sixth century Gujarat seems to have offered medical facilities through proper medicine (*bheshaja*), feeding of wholesome diet (*pathya-bhojana*); by the combined effect of the rational application of these two, the condition of the patients was to be uplifted (*yogodvahanam karttavyam*).

A broader socio-cultural mutation is also perceivable here. In spite of the hostile attitude of the normative treatises to medical practices and physicians, inscriptions began to record the significance attached to this profession. Medical profession seems to have come within the purview of Brahmanical religious institutions by early sixth century. The Brahmanical/Vaishnava temple must have modelled the medical facilities within its premise on the well established Buddhist practice of having an *arogyavihara* within the monastery. These changes are to be situated in what Romila Thapar calls the 'threshold times', datable to c. AD 300-600. It needs to be stressed here that from this period onwards, *vaidyas* or physicians become more visible in epigraphic records which are mostly land grants. The *vaidya's* mention in land charters is, therefore, in most cases, in the context of the allotment of plot(s) of land to various types of brahmanas and to various service groups (including physicians/healers) serving the religious personalities in a large religious complex (a Brahmanical *matha*, a Buddhist monastery or a Jaina *vasadi*). Epigraphic references to *vaidyas* in the post 500 AD inscriptions do not tell us much about their crafts, but enlighten us on the plots of land allotted to *vaidyas* attached to a religious establishment or complex. What

deserves attention here is that healers and healing-houses came to be accommodated within Brahmanical sacred shrines and institutions, in spite of the low esteem accorded to the physician in the normative treatises. Inscriptions, therefore, offer us an image that is at variance from the socio-cultural parameters encountered in the *Dharmasastra* texts. The notion of the social segregation of physicians, recommended in Vedic ideology on the ground of impurity attributed to the physician and his profession, is hardly applicable in the daily life within the sacred complexes in the post-500 AD days.

Basu Majumdar has enlisted several interesting cases of such physicians or *vaidyas* who figure in land grant records. The related epigraphic evidence she presented ranges in date from c. 7th to 16th century (as late as the Vijayanagara period)[40]. There are many instances of the physicians and healing-houses, located within sacred complexes, especially in peninsular India. The physician, on some occasions, became important and respectable enough to have been assigned the role of a royal envoy (*duta*) and/or a witness to political treaties among rulers.

The significant point is when the physician was allotted a plot or plots of land, located within a sacred complex, the relevant information pointed to the social and material milieu in the rural area. Land grants generally are rooted to the rural agrarian sector. This speaks of another significant shift. Prior to c. AD 500, most of our references to physicians and healing-houses are located within urban contexts. The physician appearing in a land grant record is often situated in a rural milieu. In a rural and predominantly agrarian set-up, the size of the plot held by an individual could have often been a marker of one's social status, irrespective of one's *varna/ jati* affiliation. Thus, it is interesting to find that in a massive brahmana settlement (*Brahmapura*), located in Srihatta (modern Sylhet, Bangladesh), king Srichandra established in AD 930 a few *mathas* therein and brought many non-brahmana service groups including *vaidyas* to serve the brahmana settlers. The sizes of the plot allotted to the settlers and the *mathas* have been recorded in the copper plate charter with meticulous care. Without going into the details of this land allotment programme, one may point out here that the two physicians attached to two *mathas* therein received 3 *patakas* (a particular land measure in Bengal) of land each, i.e. a total of 6

patakas. Strangely enough, the *mahattara* brahmana received 2 *patakas*, the superintendent (*varika*) one and a half *patakas* and the scribe (*kayastha/karana*) two and a half *pataka*. Thus the *vaidya* was given larger plots of land than other groups, including the brahmana, within a *brahmapura* designed (*parikalpya*) by the reigning king himself. Though the *vaidya* was certainly below the brahmana in ritual status, his actual status—reflected by land allotments—was quite different[41].

While continuing with our enquiries about physicians and healing-houses in inscriptions from eastern India, we would like to offer here three more instances. During the reign of Narayanapala of the Pala dynasty, who was a devout Buddhist (*paramasaugata*), an inscription from Bhagalpur informs us of medical facilities meant for the sick among the Saiva Pasupata teachers in a place called Kalasapota where evidently stood a Saiva sacred shrine. This is an instance of medical facilities available at a Saiva religious congregation within the Pala realm. No less interesting is that within this complex stood a two storeyed Saiva *matha* where eleven Rudras, a form of Siva were established. It appears that Rudra was considered the divinity associated with healing. We have already pointed out that in the *Rigveda* Rudra, then a minor deity, was praised as an excellent healer. On the basis of the Yewur inscription of AD 1077 (from South India), Basu Majumdar demonstrates that Siva was praised as the healer from snake bites, poisoning and scorpion bites. With this was connected the worship of Siva as Nilakantha, one whose neck became dark on account of swallowing poison in order to save others from poisoning[42]. An *arogyasala* or a healing-house explicitly figures in an inscription from Siyan (Birbhum dt. West Bengal), dated to the reign of the Pala ruler Nayapala (c. AD 1027-43). This inscription speaks of a large Siva temple within the precincts of which stood this hospital. Medical facilities were made available for both the religious community and the people in general; it has been argued that the inscription indicated that the physicians lived close to the sacred shrine. This is another interesting instance of the close association between Saiva centres and healing-houses in eastern India. But the striking point here is that Siva is described as Vaidyanatha, the lord of the physicians. The epithet has a clear resemblance with *vaidyaraja* which was associated with the Buddha. There is a strong likelihood that this

epithet of Siva was borrowed from Buddhist circles. The term *arogyasala* similarly bears a strong correspondence with *arogyavihara*, encountered in Buddhist complexes. Also interesting is the fact that at Devghar in the Santal Pargana district of Jharkhand, not far away from Birbhum in West Bengal, stands the famous temple where Siva is worshipped as Vaidyanatha[43].

We have already stated that physicians were allotted plots in large revenue-free rural settlements. Such settlements in South India were known as *Chaturvedimangalams*. In the Virachoda-chaturvedimangalm, named obviously after king Virachoda, the principal donees were 536 brahmanas, but in a hamlet nearby plots of land were allotted to a physician (*vaidya*), an *ambashtha* and a specialist poison-doctor (*vishavedin*). Both *vaidyas* and *ambashthas* pursued medical profession, but the *vaidya* usually received greater prominence. That is why the *vaidya* is distinguished from the *ambashtha*. The poison-doctor, distinguished from the other two, could have been an expert in giving relief from the effect of poison. The interesting point here is that the plots earmarked for the three types of healers stood outside the principal brahmana habitat.

That there were some ramifications within the medical profession is borne out by another inscription of the time of Nayapala from Gaya. The said inscription, found in the Krishnadvarika temple at Gaya, mentions a veterinary physician treating horses (*vajivaidya*). His association with a Krishna temple at Gaya, a well known Vaishnava centre, strongly suggests his Vaishnava leanings. Veterinary specialization had already been heard of in an inscription from Nagpur (ancient Nagardhan) which speaks of an expert in treating elephants (*hastivaidya*).

Thanks to the gleaning of information from a Chola copper plate by Basu Majumdar, one becomes aware of a healing-house (*aturasala*), located within the Vaishnava temple complex, known as Venkatesa Perumal. The temple was constructed during the reign of the Chola ruler, Vikramachola (second half of the 11th century) in the present Chingleput region of Tamilnadu. The healing house, as expected, bore the name *aturasalai* Vikramasolanil[44]. The temple complex consisted of an institution for Vedic learning and residential arrangements for teachers, students and various other service groups. In this context we attempt to situate the hospital (*aturasalai)* for which considerable resources were earmarked. Basu Majumdar

takes a close look at these provisions largely emanating from the landed properties transferred to the Vaishanava complex. She also gleans epigraphic data on remunerations and payments given to various personnel serving the institution. The total income of the institution was 3243 *kalam* of paddy and 216 and a half *kasu* and 2 *ma* in cash. Our present thrust is more on the medical arrangements and facilities at the *aturasalai*.

The *aturasalai* had a 15-bed hospital under the overall supervision of the *vaidya* named Savarnan Kodandaraman Asvatthama Bhattaraka of Alappakkam. A total of 60 persons, including teachers and students of the Vedic school and some regular and irregular employees of the institution (e.g. cooks and maids), appear to have been receiving medical facilities at the *aturasalai.* The term *bhattaraka* clearly points to the prestige enjoyed by this *vaidya*. That he held a position superior to others is evident from the specific emoluments in both land and cash, earmarked for him. There was also a surgeon (*challiyakkriyai*), distinct from the *vaidya*. But his emoluments in land were lower than the *vaidya*; and, the surgeon did not receive any cash emoluments like the *vaidya*. There were two more persons whose responsibility was to collect medicinal herbs, supply fuel and prepare medicine. What is striking is that even these two persons received a higher emoluments than the surgeon. There were also two nurses attending to patients and administering medicines. The hospital employed a barber serving hospitalized patients; he was assigned a stipulated share of paddy per patient. Besides, provisions were kept for burning a lamp at night in the hospital and for the maintenance of a waterman. Another remarkable aspect of the hospital was that it kept a stock of medicines for the entire year. For the maintenance of this stock a stipulated amount in cash and paddy were earmarked. Twenty types of medicines were stocked in the hospital, including three types of *haritaki* (myrobalan); four types of herbal oil extracts(*taila*); two types of ghee; sandal-paste, camphor (*karpuram*)[45], a special type of salt, and an eye-medicine (*sunetri*). The term *sunetri*, according to Ayyar, denoted an ophthalmic medicine that cured various eye-diseases like, *kacha, patala, vrana, timira,* and *adhimamsa*. The term *kacha* and *adhimantha* appear as two synonyms for glaucoma in early Indian medical treatises, because of the opacity and acute pain associated with these two eye diseases. *Timira* stands for cataract

of the eye. *Patala* could have denoted a disease of the eye-lid(s), while *vrana* could mean a general eye disease. It is also significant to note that myrobalan or *haritaki* was widely used as a herb to treat various diseases, including eye-diseases.

These medicines were meant, according to the inscription, for curing the following:

i. piles
ii. jaundice (*panduroga*)
iii. dropsy (*gandira*)[46]
iv. fever
v. disease of the urinary organ
vi. tuberculosis
vii. rheumatism
viii. haemorrhages
ix. wind
x. worm (*krimi*)
xi. skin disease
xii. different forms of leanness
xiii. hiccups
xiv. distaste
xv. anaemia
xvi. phlegm
xvii. cataract (*timira*)

Apart from curing these diseases, the medicines stored were meant for sharpening intellect, removing fatigue and improving memory, longevity and strength. These requirements are specifically related to academic pursuits of teachers and students in the Vedic school.

In the second half of the thirteenth century another famous *matha*, named Golaki *matha* was established, in the realm of the Kakatiyas. An inscription from Malkapuram offers interesting information regarding this extensive *matha*. The central figure in this organization was Visvesvarasambhu, a Saiva preceptor (*acharya*) of Mattamayuraka sect who boasted of connections with several royal houses. In the religious complex were a temple of Visvesvara Siva, a Saiva-Siddhanta *matha*, a feeding house for brahmanas

(*viprasatra*) and a maternity house (*prasutyarogyasala*). The specific mention of a healing house for expected mothers (*prasuti*) is interesting. This is a unique case, not encountered previously[47].

VII

Conclusion

The above survey attempted to present the changing contours of the profession of physicians in early India, spanning over a period nearly three millennia. Though our principal source for this essay is inscriptions, we tried to explain under what historical and socio-cultural background physicians and healing-houses began to figure as a subject matter of epigraphic documentation. While from the later Vedic period onwards Brahmanical ideology became increasingly hostile to healers, the Buddhist ideology and practices accorded considerable importance to the process of healing, both in actual life and in the Buddhist philosophy. The physicians first appeared in inscriptions as donors. Charity and donation were intrinsic to patronage which tended to improve the social status of the donor/patron. In the monastic organization, the physician occupied a significant position and also assumed the role of a benefactor of the Buddhist *samgha*. In the more or less contemporary Dharmasastra tradition the physician's profession and position received sustained scorn from the Brahmanical law-givers. At the same time two medical treatises, the *Charakasamhita* and the *Susrutasamhita*, not far removed in time from the early Dharmasastras, unequivocally spoke of the importance of the physiacian's profession which had experienced landmark developments. A major turning point came around the middle of the first millennium AD. The institution of land grants to religious organization paved the way for the accommodation of the physician even within Brahmanical religious complexes. Both Vaishnavism and Saivism appear to have taken the cue from the Buddhist practices of making available medical facilities within the premise of the religious complex. In sharp contrast to the ideology of the later Vedic texts and the Dharmasastras, the Brahmanical *mathas* and large temple complexes chose to accommodate healers and healing-houses within their respective premises. It is perhaps not surprising that later *Dharmasastras* (along with commentaries) and some regional *Puranas* considered the *vaidya* as one of the pre-

eminent *jatis*, lower indeed than the brahmana, but enjoying considerable prominence among the *a-dvija* (non-brahmana) groups[48].

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18 The hymn evidently belongs to the late and interpolated section of the *Rigveda*; and, therefore, speaks of a time that could be post-Rigvedic or at the latest phase of the *Rigveda*.

19 We shall see in a subsequent section the continuity of the Rigvedic tradition that Rudra/Rudra-Siva was a healer, especially of afflictions due to poisoning and snake bites.

20 Romila Thapar, *Early India*, suggests that soma was an extraction of the ephedra plant and was used as a hallucinogen.

21 See, A.A. McDonell, *Vedic Mythology*, ; Debiprasad Chattopadhyaya, *Science and Society in Ancient India,* Calcutta: 1977; A.B. Keith and A.A. McDonnell, *A Vedic Index of Names and Subjects*, vol. I, New Delhi: 1974 (rpt); Zysk, *Religious Medicine*

22 Quoted by Debiprasad Chattopadhyaya: 247 and 251. The statements contained in the *Yajurveda* have a particular impact on Brahmanical ideology of subsequent times. As Brahmanical ideology takes its first codified appearance in the Sutra literature, the *Gautama Dharmasutra* (I.1)declares the Vedas as the source of the sacred law (*Vedo dharmamulam*). The *Manusamhita* lays down (IV.124) that the *Rigveda*

is declared to be sacred to the gods, the *Yajurveda* is sacred to men (*Rigvedo devadaivatyo Yajurvedah tu manushah*)

23 This expression we have borrowed from Debiprasad Chattopadhyaya.

24 In this recognition one may find what Sheldon Pollock terms as the practice of theory and the theory of practice in ancient India. See Sheldon Pollock, 'The Theory of Practice and Practice of Theory in Ancient India', *Journal of the American Oriental Society*, 1992

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27 English trn of this *Milindapanha* statement is available in the *Sacred Book of the East Series*, vol XXXVI: 190; also cited by Debiprasad Chattopadhyaya: 328

28 N. Wagle, *Society at the Time of the Buddha*, Bombay: 1967

29 For the emergence of the *gahapati* as an affluent social group see Wagle, *Society at the Time of the Buddha*; Uma Chakravarti, *Social Dimensions of Early Buddhism*, New Delhi, 1987. For a general introduction to Jivaka see, G. Malalasekara, *A Dictionary of Pali Proper Names,* in two volumes, London: 1925. Jivaka appears to have been an orphan, brought up by his foster father Abhaya, possibly a son (*kumara*) of the Magadhan ruler Bimbisara. This explains Jivaka's name-ending, Komaravachha (Kumaravatsa), one who was nourished by the royal prince (*kumarena posapita*). He is said to have received his medical training in the famous city of Takshasila (Taxila in the north-west frontier area). The legend underlines the linkages between urban centres and medical pursuits both of which were subjects of scorn and suspicion in the orthodox Vedic/ Brahamanical ideology.

30 Krishnendu Ray, 'Buddhist Monastic Medicine and Arogya-Vihara', *Indian Museum Bulletin,* 1998: 74-80.

31 Rock Edict II of Asoka, see D.C. Sircar, *Select Inscriptions Bearing on Indian History and Civilization,* vol I, Calcutta, 1965

32 Susmita Basu Majumdar, 'Medical Practitioners and Medical Institutions: Gleanings from Epigraphs', *PIHC*, 2010: 196-210; especially 196-97. The inscription figures in the list of inscriptions made by H. Luders, 'A List of Brahmi Inscriptions', appendix (as Luder's List) to *Epigraphia Indica*, X, (hereinafter LL) no. 1048. Basu Majumdar's citation of adequate reference is poor which mars the quality of her presentation in the entire essay. She considers Isirakhita

as the maternal uncle of Somadeva on the basis of the expression *mamakavejiya*. This is not supported by Luders who does not speak of any relation between Somadeva and Isirakhita, though both were physicians. It seems that such caves were constructed as rock-cut architecture, as shelters for wandering Buddhist ascetics, especially for sojourning during the rainy season (*vassavasa*). Basu Majumdar has given us a useful collection of epigraphic data, but her study offers little critical approach to her sources, which are rarely located in their respective socio-economic, political and cultural milieu. The paper on some occasions shows major deficiency in handling Sanskrit language. We have made comments on this where necessary.

33 LL, nos. 1189-1193. Basu Majumdar offers an interesting suggestion on the basis of the *Susrutasamhita* that only a physician expert in plastic surgery could be considered as a royal physician. This implies his pre-eminent position among other physicians. Could the term alternatively also stand for a physician, actually employed by a king? An ivory worker, employed by a king named *Satakarni* (probably a Satavahana king of the Deccan), figures in a donative record from Sanchi. Taking this analogy, we propose to consider Magila as a physician actually in the service of a king, though his royal employer cannot be clearly identified.

34 The contrast between the prescriptive and descriptive categories of sources is discussed by Ranabir Chakravarti, *Trade and Traders in Early Indian Society*, New Delhi: Manohar, 2007 (second ed.); also see idem, 'Reading Early India through Epigraphic Lens', in Bharati Ray ed., *Other Kinds of Histories*, New Delhi, 2009.

35 Krishnendu Ray, ''Buddhist Monastic Medicine and Arogya-Vihara', *Indian Museum Bulletin,* 1998, pp.74-80

36 Basu Majumdar: 200.

37 Krishnendu Ray, 'Looking at the Resource Base of an Early Sixth Century AD Western Indian Temple Complex through Epigraphic Lens', *Journal of the Epigraphic Society of India*, XXXIII, 2007: 34-43. Also see Ranabir Chakravarti, "Three Copper Plates of Sixth Century AD : Glimpses of Socio-economic and Cultural Life in Western India in Ellen Raven (ed.) *South Asian Archaeology*, *1999*, Groningen, 2008. See R. N. Mishra and A. M. Thakkar, *The M. S. University Copper Plates of Toramana*, Baroda 1978, the three inscriptions were later re-edited and re-translated by K. V. Ramesh, *EI,* XL.

38 Basu Majumdar: 201.

39 For a discussion on the preference for the rational application of medicine in the *Charakasamhita*, see Chattopadhyaya, *Science and Society*: 315-17.

40 No chronological or thematic or spatial pattern emerges from Basu Majumder's presentation of the epigraphic data because she has merely placed disjointed epigraphic notices of physicians in her essay.

41 Basu Majumdar: 206 is aware of this record, but offers little analysis. This is surprising as elaborate social, economic and cultural analyses of this record are available. See, B.D. Chattopadhyaya, *Aspects of Rural Settlement and Rural Society in Early Medieval India*, Calcutta: 1990; Ranabir Chakravarti, 'Abhinna Devata, Bhinna Matha: Prachin Srihatter Ekti Brahmapura', *Bangla Akademi Patrika*, IV, 1991 (in Bangla); idem, 'Interacting with Hydraulic Resources: The Early Indian Experiences', in Amiya Dev ed., *PHISPC*, vol II, New Delhi, 2009. All analyses of this fascinating inscription are based on D.C. Sircar, *Epigraphic Discoveries in East Pakistan*, Calcutta: Sanskrit College, 1973. It is sad that Sircar is mentioned in this context by Basu Majumdar, but not cited at all. The *brahmapura* or the brahmana settlement was named Chandrapura, obviously after the reigning Chandra king Srichandra (AD 925-75). For the variance between ritual and actual social status, see Romila Thapar, *Ancient Indian Social History*, New Delhi: 1978.

42 Basu Majumdar: 201.

43 Krishnendu Ray, 'Religion, Medicine and Miracle Cures in Ancient India,' *Proceedings of the Indian History Congress*, 61st Millennium Session, 2001, pp.188-91; also idem, 'Adi Madhyakalin Banglar Ekti *Arogyasala*', *Itihas Anusandhan*, No.10, 1995, pp.210-13 (in Bangla). For the Siyan Inscription of the time of Nayapala see D. C. Sircar, *Select Inscription Bearing on Indian History and Civilization*, II, New Delhi, 1983.

44 Basu Majumdar: 202-03; also see K.V. Subramnyan Ayyar, 'The Tirumukkudal Inscription of Virarajendra', EI, XXI:220-50.

45 Camphor (*karpuram*) had various uses as a medicinal herb, as a coolant, as an ingredient in making condiments and also regularly used in temples for lighting lamps. Camphor is a plant product from maritime South-East Asia, especially Sumatra and Borneo. The combined testimony of a Chola inscription of AD 1088, several Jewish trade letters of the 11-12th centuries and the Chinese text *Zhu fan Zhi* by Zhao ru Gua (AD 1225) speaks of a regular import trade of camphor to India from south-east Asia, by overseas networks. A part of the camphor was further sent out from India to Aden where it fetched for the local rulers a high commercial duty. The matter has been elaborately discussed by Ranabir Chakravarti, 'Aroma across the Sea: the Maritime Trade in Camphor AD1000-1300' (unpublished)

46 Dr. Tutul Chakravarti, Co-Investigator of the research project, Drishti,

(under the auspices of Rabindranath Tagore Centre for Human Development Studies), points to the medical researches since 1930s which have established that dropsy, caused either by contaminated parboiled rice or by contaminated edible mustard oil, can lead to glaucoma. Vide in this context the first half-yearly report on the working of the project Drishti, submitted to Rabindranath Tagore Centre for Human Development Studies.

47 The content of the Malkapuram inscription is available in Sircar, *Epigraphic Discoveries*. Also see *EI*, XXIV: 90 ff.

48 The *Brihaddharmapurana* and the *Brahmavaivarttapurana*, assignable to 12-14th century period, for example, are closely related to the eastern Indian situation. The combined testimony of the two late Puranas suggests that the society consisted of two broad divisions *dvija* and *advija*. All *advija* groups ritually belonged to the sudra category. The two pre-eminent *advija jatis* were the kayasthas and the vaidyas. This speaks of the gradual upward mobility of the vaidyas in the social life in eastern India. See, Niharranjan Ray, *Bangalir Itiahas*, Kolkata, 1980 (second ed.) for the understanding of the social changes in early medieval Bengal. Also see Kunal Chakrabarti, *Religious Process : The Puranas and the Making of a Regional Tradition*, New Delhi, 2001.