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Origins, History and Development of Ayurveda (As a Brief Review)

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Abstract: Ayurveda is an alternative medicine system with historical roots in the Indian subcontinent. It is heavily practised throughout India and Nepal, where as much as 80% of the population report using Ayurveda. Ayurveda has been adapted for Western consumption, notably by Baba Hari Dass in the 1970s and Maharishi Ayurveda in the 1980s. The theory and practice of Ayurveda are pseudoscientific and many Ayurvedic preparations, particularly in the rasashastra tradition, contain toxic levels of lead, mercury, and arsenic. There is no evidence that cancer can be treated or cured through Ayurveda. Ayurveda therapies have varied and evolved over more than two millennia. Therapies include herbal medicines, special diets, meditation, yoga, massage, laxatives, enemas, and medical oils. Early Ayurvedic preparations were almost entirely based on complex herbal compounds based on the materia medica of South Asia. Minerals and other metal substances began to enter the traditional pharmacopoeia more pervasively after the eleventh century, under the influence of early Indian alchemy or *rasashastra*. Ancient Ayurveda texts also taught surgical techniques, including rhinoplasty, lithotomy, sutures, cataract surgery and the extraction of foreign objects. Historical evidence for Ayurvedic terminology and concepts appear in the Buddhist Canon from the middle of the first millennium BCE onwards. The main classical Ayurveda texts are datable in their present form to the first centuries CE. Like many texts from classical antiquity, these texts begin with accounts of the transmission of medical knowledge from the gods to sages and then to human physicians. Printed editions of the *Sushruta Samhita* (*Sushruta's Compendium*), frame the work as the teachings of Dhanvantari, the Hindu deity of Ayurveda, incarnated as King Divodāsa of Varanasi, to a group of physicians, including Sushruta. The oldest manuscripts of the work, however, omit this frame, ascribing the work directly to King Divodāsa. In Ayurveda texts, *dosha* balance is emphasised, and suppressing natural urges is considered unhealthy and claimed to lead to illness. Ayurveda treatises describe three elemental *doshas*: *vāta*, *pitta* and *kapha*, and state that balance of the *doshas* results in health, while imbalance (*viśamatva*) results in disease. Ayurveda treatises divide medicine into eight canonical components. Ayurveda practitioners had developed various medicinal preparations and surgical procedures from at least the beginning of the common era.

Key Words: Alternative medicine, Ayurvedic preparations Origins Ayurveda, History of Ayurved and Development of Ayurveda.

Introduction

Medicine is as old as life itself.¹ The survival of the species demands that simultaneously with the appearance of disease, all living things must have also evolved the means to combat disease.² The higher animals are guided by instinct to seek remedies for illness in plants and herbs.³ Man with his superior

intelligence must necessarily have extended the scope of this search for remedies.⁴ So if we discount the myth of a Garden of Eden which man had to abandon when he fell from grace, “the thousand ills that flesh is heir to” must have afflicted man from his birth and the dawn of medicine must have synchronized with the dawn of disease.⁵ Every human society must have developed a rudimentary system of medicine, whether based on material medica or in spells, incantations magic and rituals, which to us in this advanced age may appear meaningless.⁶ The progress from this primitive stage to a regular system of medicine has not been on the same lines everywhere.⁷ The development of a system of medicine depends on various factors; its form and content are decided by the civilization and the environment in which it is born.⁸ Early development of Ayurveda as a complete System: Ayurveda is the system of medicine that evolved in India and has survived as a distinct entity from remote antiquity to the present day.⁹ It would be interesting to study the history of Ayurveda, trace its origin along with other Indian Systems of sciences and thoughts to assess its achievement and its place in the corpus of world medicine.¹⁰ The study of the genesis and evolution of ideas in any sciences is always interesting and often instructive.¹¹ But it is not solely as an intellectual exercise that the study of Ayurveda is to be viewed.¹² In spite of the spectacular results achieved by modern medicine, mainly through advances in the physical, chemical and natural sciences, there are vast areas of diseases which have eluded its therapeutic ambit and the study of a system of medicine that has stood the test of time may have a fruitful contribution to make in the overall alleviation of human suffering. All primitive societies have had a collection of remedies for common illnesses, evolved through trial and error methods, accident or by inspiration.¹³ But such remedies were purely empirical, and not based on any logical understandings of illness or of drugs. As late as the 17th Century, Moliere, referred to physicians as people, “who poured medicines of which they know little into bodies of which they know less”. The Indian system of medicine, Ayurveda, was evolved as a system with a rational and logical foundation.¹⁴ That its basic concepts were not re-examined in the light of the greater understandings of the human environment, that for centuries its methods of treatment underwent little change, and that there have been no addition to its literature for a long time, are charges made against the systems by its critics.¹⁵ It has to be admitted that after the 8th century A.D no book of outstanding merit was written and the literature from then on upto about the 16th Century consisted mainly of commentaries on the original texts.¹⁶ The last perhaps among the original books was Bhava Prakash, which is about 400 years old.¹¹⁷ The fundamentals on which the Ayurvedic system of medicine is based are essentially true for all times and do not change from age to age. These fundamentals are based on human factors on intrinsic causes, not extrinsic causes. Civilization may change, human habits may change, the environment may change but humanity remains the same. Changes in the environment, new modes of living, new avocations, all might contribute to certain modifications of a disease or the appearance of new diseases. But disease attacks the human host, and as long as the human being is very much the same as his ancestor, the reactions to the disease, signs and symptoms would be same.¹⁸ The methods adopted to cure the disease may differ in their form but not in their essential approach.¹⁹ It is said that the originators of the Ayurvedic system of medicine did not base their practices on the experimental method if by this it is meant that there are no record of studies in anatomy, physiology, pathology and pharmacology, the criticism is not without meaning. But the development of surgery the classifications of disease, the observations on signs and symptoms, prognosis and the descriptions of the nature, toxicity and therapeutic value of drugs as described in the literature all clearly demonstrate high level of knowledge which would not have been possible for men without the scientific approach.²⁰ One thing we should not lose sight of is the fact that the men who gave the system to the world were drawn from the highest intellectual and spiritual hierarchy. Their motive was compassion.²¹ Their purpose as to alleviate human suffering and their recorded precepts were for their disciples whom they trained for the service of humanity.²² The emphasis therefore in the texts is on the practical aspects of medicine. It is also possible that these great seers through the practice of Yogic disciplines were endowed with the faculty of intuition which helped them to discover many truths. Students of chemistry will be familiar with the famous observation “Let us learn to dream; then perhaps we shall learn the truth”.²³ We see that the experimental method has serious limitations, especially in the world of medicine. A medical journal of thirty years ago looks out dated and obsolete today. The so-called truths or findings given to the world yesterday with a wealth of experimental findings and statistical figures are controverted today with evidence which is no less impressive.²⁴ While we should all believe in progress, we should fight the temptations to look on mere newness as a virtue. Nor should we under-rate the contributions made to human knowledge by seers endowed with intuition or some indefinable faculty that has enabled them to perceive the truth far ahead of their time.²⁵ Medicine in the Vedas and Puranas: References to medicine are found in the earliest texts including the Vedas.²⁶ The legendary version of the origin of the Ayurvedic system is that Brahma reminded it to Prajapati, who handed it down to Atreya

Punarvasu etc. In the Rig Veda there are reference to the first divine physician Rudra and of how the Aswini Kumaras cured Chyavana of senility.²⁷ There are number of Riks addressed to Marut, Vayu etc, in which the reference to medicine is unmistakable.²⁸ Although such references are found in the Rig Veda, as systematic and comprehensive treatment of medicine is to be found only in the Atharva Veda.²⁹ The Atharva Veda is considered to have originated later than the Rig Veda, and contains a description of diseases and the cure of them.³⁰ As an example, we might cite the ancient view of the disease consumption.³¹ It was characterized as a disease of not one organ but of several organs, heart, lungs, spleen, intestines, rectum, even of the bones and marrow.³² This surprisingly modern view appears in the form of a prayer – the form in which medical instruction appear in Vedic literature.³³ An even greater degree of anatomical and other knowledge is displayed in certain Upanishads – particularly in the Yogapanishads, which of course belong to a later period than the Vedas.³⁴ The tradition of medical knowledge is further carried during the period of the puranas.³⁵ References to drugs, diseases and health care are to be found in the epics.³⁶ Thus we see in the Ramayana, that expert physicians attended on kings and they were capable of preserving dead bodies.³⁷ In the Mahabharatha there are references to surgeons attending on the wounded and the disabled with all the appliances and equipments in the battle field.³⁸

Beginnings of Systematic Development We shall next consider the period when systematic development can be said to have taken place.³⁹ This era is associated with a few illustrious names, the first of whom is Agnivesa. The Samhita written by him which is classic which has survived to this day has been made available to the world by Caraka, a redactor. Historically it would appear that during Caraka's time the Agnivesa Samhita has fallen into disuse or partly perished, and Caraka undertook the great task of restoring the work, filling up the gaps and re-writing the parts of the work, which had become obscure.⁴⁰ This will be evident from the subscription to each chapter in which the author states that he has redone the chapter (Pratisamakrita). The work has undergone a further revision by one Dridabala: at least the last 17 chapters devoted to Cikitsa and the whole Kalpa and Siddhi stanzas have been re-written by Dridabala as stated in the colophon of each chapter. Caraka Samhita: It is not known when Agnivesa lived. The book is written partly in verse and partly in prose and the language bears a resemblance to that of the Brahmanas. The text is the record of teaching by Atreya Punarvasu to his students and Agnivesa was one of them.⁴¹ Caraka is believed to have flourished in the sixth century B.C. There is a Hindu tradition that Caraka and author of Mahabhasya on vyakarana patanjali, are one and the same person. Many commentators, Vijnana Bhiksu, sivadasa and Bhavamisra, the author of the Bhavaprakasa, to name a few, subscribe to this opinion.⁴² The student of early Sanskrit literature is often confronted with some confusion in the identity of names owing to their imprecise use by commentators.⁴³ It has to be admitted that there is some uncertainty about the identity of Caraka.⁴⁴ This however does not in any manner, detract from the greatness of Caraka Samhita. The popularity of the work continues to this day. No Ayurvedic physician of any repute would admit that he has not studied Caraka.⁴⁵ The work is a complete compendium of medical information, dealing with medical aspects, as etiology, symptomatology, treatment and medical care in health and in disease.⁴⁶

Susruta samhita: Equal in importance to the Caraka Samhita is another treatise called Susruta Samhita. This work deals with surgical diseases, and diseases of the special organs such as the eye, ear etc. Just as by tradition Caraka Samhita is ascribed to Atreya Punarvasu. Susruta Samhita is ascribed to Dhanvantari Susruta has recorded the precepts of this puranic personage Dhanvantari, just as Agnivesa has recorded those of Atreya Punarvasu.⁴⁷ The Dhanvantari of puranas is said to be one of the avatars of Vishnu. A historical personage by name Divodasa is also known as Dhanvantari, being an incarnation of Dhanvantari of Puranas.⁴⁸ It is more likely that the name of Dhanvantari was given to Divodasa of Kasi who was a celebrated physician Susruta Samhita like the Samhita of Agnivesa, has undergone recensions.⁴⁹ It is generally believed that the famous rasarcharya, Nagarjuna, re-edited the book and that the Uttarasthana, the last portion of the book, was completely written by him. This theory is based on Dalhana's statement in his commentary that Nagarjuna re-edited (Pratisamskarna). There is also an ambiguous reference from which some critics have inferred that originally Susruta samhita consisted of only five cantos, and the sixth is a later addition.⁵⁰ While enumerating the contents of the chapters and the cantos. Susruta mentions only 120 chapters in 5 cantos. There is no reason why he should have restricted himself to these numbers if the work really consisted of 180 chapters in 6 cantos. The 66 chapters in Uttarasthana are therefore evidently later additions by another author just as the last 17 chapters of Caraka samhita are additions by Dridhabala.⁵¹ The work was intended to be a inclusion of medical diseases would appear to be inconsistent with this purpose. It is true that in ancient systems of medicine, surgical and medical diseases were not divided into water-tight compartments, as they are found today. All the same, there was some specialization; Caraka remarks in many places; "Hereafter, hand the patient over to the Surgeons".⁵² It is therefore quite possible that the sixth canto, which deals mainly with medical

diseases and diseases of the eye, was not the work of Susruta, but was added to the Samhita by Nagarjuna.⁵³ The age of Susruta is not known. It is generally believed that Susruta lived sometime around 600 B.C. Susruta Samhita could have undergone several revisions, the last of which was attributed to Nagarjuna Rajatarangini places him in the 3rd century B.C.⁵⁴ The identity of Nagarjuna is also shrouded in antiquity. There appears to have been a number of physicians and alchemists with the name Nagarjuna. Astanga Samgraha and Astanga Hridaya Next in the chronological order appeared another classical Ashtanga Samgraha. work, Vagbhata's Vagbhata probably belonged to the second century A.D. He has summarized both Caraka and Susruta and brought both medical and surgical diseases within the compass of a single treatise. Vagbhata follows the tradition of using both prose and verse, though there is more of verse than the prose in his work. From the stand point of analytical classification arrangement and exposition he excels other writers.⁵⁵ The Astanga samgraha is for this reason more popular than other works among students and practitioners in the South. Vagbhata can claim to be the first author to have begun the syncretic school of bringing together information on all the branches of medicines within the ambit of a single work which as others he divided into eight parts (Astanga), and called it as such.⁵⁶ The eight parts are general medicines, paediatrics, mental diseases, diseases of special sense organs, surgery, toxicology, gerontology and aphrodisiac. Ayurveda is the only ancient science where care of ole is described. There is another important work, similar in the name and content called Astanga Hridaya.⁵⁷ It is written entirely in verse and its author also bears the name Vagbhata. The opinion is held by many that, both Astanga Samgraha and Astanga Hridaya are the work of one and the same person. The method of presentation the classification of the subject under various chapter and even many of the Slokas are so strikingly similar in both works, that this view may be correct.⁵⁸ After completing the first work, Samgraha the author must have summarized it in verse form and given it the name Hridaya.⁵⁹ There are no two opinions about the superiority of the book. Astanga Hridaya over most other treatises. Brevity and clarity of expression are the hall mark of this work. Bhela Samita Among the works of great antiquity must be mentioned the Bhela Samhita.⁶⁰ The main point of interest about this work is that it was probably written by a contemporary of Agnivesa.⁶¹ It is modeled on the pattern of Agnivesa Samhita. But it is a similar book than the former. Another book which has been published is Harita Samhita, which is claimed to have been written by one Harita, another contemporary of agnivesa.⁶² The claim is incorrect and this Harita probably belongs to later times. Other Works: Of lesser caliber than Caraka, susruta and vagbhata, but no less worthy of attention to the student of Ayurvedic medicine are Madhavakara, Cakra data, Sarngadhrara and Bhav misra. Madhavakara (8th Century A.D.) comes first in the chronological order. He has written Nidana which deals with aetiology, diagnosis, pathology and prognosis of diseases.⁶³ The work is not original but a compilation from various earlier texts. Its chief virtue is comprehensiveness. Brndamadhava is a treatise on medicine. (Brnda being the real name of the author) which contains a number of Siddha yogas or prescriptions which have been tried and found useful.⁶⁴ Chakrapanidatta is well-known not only as a brilliant commentator of both Caraka Samhita and portions of Susruta Samhita or Cikitsa Sara samgraha.⁶⁵ It is a treatise on treatment which is widely read even to this day. He has also written a book on material medica with the title Dravya Guna Samgraha Cakrapaidatta belongs to the middle of the 11th Century A.D. Cakrasadatta Samhita follows the order of Madhava Nidana and Brndamadava.⁶⁶ The Cikitsa sara Samgraha and the Dravya Guna samgraha have been the subject matter of brilliant commentaries by the gifted author Sivadasa Sena, who has clarified many abstruse passages in the texts.⁶⁷ Sarangadhara who flourished in the 11th Century A.D. has also written a Samhita. It contains a number of useful prescriptions and is very popular among practitioners all over the country for its valuable definitions of technical terms, called paribhasa. Bhavaprakasa: Bhavaprakasa, the last and perhaps the best work of the medieval age, is that of Bhavamisra.⁶⁸ The period from the 10th to the 16th Century A.D. is singularly unproductive in the literature of Ayurveda. The stagnation is attributed to foreign invasions and internal turmoil.⁶⁹ When Bhavamisra resumed the traditions of writing he reviewed the developments of the intervening period and incorporated in his work various new diseases and drugs. He is the first author to refer to the disease, 'Phirangaroga' which was evidently the contemporary name of syphilis. The word 'Phiranga' denotes Europeans in general and the Portugese in particular, in many of the Indian languages.⁷⁰ The term 'Phiranga Roga' must have come into use to describe syphilis, as the disease is believed to have been brought to India by Europeans. Another new introduction in his work is a chapter on Yakrt Pleehodhara, enlargement of liver and spleen, which is distinct from Yakrt and Pleehodhara Bhavamisra included in his material medica certain drugs of foreign origin, for example, Chop Cheeni, (Madhusnuhi) the root imported from China which is indicated in "Phiranga Roga". He also mentions opium (ahiphenā) and the method of its preparation, as also camphor from China and Parasika Yavani from Persia. He is the first to mention the use of mercurial compounds in the treatment of Phiranga roga.⁷¹ One important point that is

illustrated by Bhavamisraa is that Ayurvedic medicines was not averse to adopting new theories and ideas and had no hesitation including medicines of other countries in its armoury.⁷² The sole criterion for the selection of any drug or method of treatment was its ultimate benefit to the patient. With changes in the environment as new diseases and conditions appear, new remedies are also necessary. Caraka himself has stated that if a truth is to be taken even from an enemy for the good of the patient, the physician should not fight shy of doing so, Bhavamisra is a true exemplar of progress.⁷³ The history of medicine in India is not a history of uninterrupted development. The science and art of medicine existed from the vedic period and maintained a steady pace of progress during the early centuries of the Christian era.⁷⁴ Thereafter, there was a decline in creative activity but revisions and commentaries of the earlier works continued to appear till about the 10th Century. The period from the 10th Century to the 16th Century there was a great lull till the appearance of Bhavaprakasha. There has been no major contribution to Ayurvedic literature after this new work.⁷⁵ The Organisation of Medical Care: Side by side with the systematic development of medicines in ancient India, there was also organized medical help in the form of hospitals and dispensaries, and a certain measure of health propaganda. During the Buddhist period, monks travelled all over the country not only preaching religion and philosophy and dispelling ignorance, but also alleviating human suffering King Asoka and his edicts are famous. But even before Asoka's time evidence of organized medical care was seen in Caraka Samhita. Vivid descriptions are found about the location, building, personnel and amenities of hospital-Aturalaya, a maternity home, Sutikargriha, a nursery sisugriha and a pharmacy.⁷⁶ It should be remembered that Ayurveda is not the science of health. Healthful living, prevention of disease, personal and social hygiene all come under its ambit, and not merely the cure of diseases.⁷⁷

The Origins

The word 'veda' means knowledge. The evolution of the Indian art of healing and living a healthy life comes from the four Vedas namely : Rig veda , Sama veda , Yajur veda and Atharva veda .Ayurveda attained a state of reverence and is classified as one of the Upa- Vedas - a subsection - attached to the Atharva Veda. The Atharva Veda contains not only the magic spells and the occult sciences but also the Ayurveda that deals with the diseases, injuries, fertility, sanity and health.⁷⁸

Ayurveda incorporates all forms of lifestyle in therapy. Thus yoga, aroma, meditation, gems, amulets, herbs, diet, astrology, color and surgery etc. are used in a comprehensive manner in treating patients. Treating important and sensitive spots on the body called Marmas is described in Ayurveda. Massages, exercises and yoga are recommended.⁷⁹

History

The knowledge we have now is by three surviving texts of *Charaka*, *Sushruta* and *Vaghbata*. Charaka (1st century A.D.) wrote *Charaka Samhita* (samhita- meaning collection of verses written in Sanskrit).⁸⁰ Sushruta (4th century A.D.) wrote his Samhita i.e *Sushruta Samhita*. Vaghbata (5th century A.D.) compiled the third set of major texts called *Ashtanga Hridaya* and *Ashtanga Sangraha*.⁸¹ Charaka's School of Physicians and Sushruta's School of Surgeons became the basis of Ayurveda and helped organize and systematically classify into branches of medicine and surgery.⁸² Sixteen major supplements (Nighantus) were written in the ensuing years – Dhanvantari Bahavaprakasha, Raja and Shaligrama to name a few – that helped refine the practice of Ayurveda.⁸³ New drugs were added and ineffective ones were discarded. Expansion of application, identification of new illnesses and finding substitute treatments seemed to have been an evolving process.⁸⁴ Close to 2000 plants that were used in healing diseases and abating symptoms were identified in these supplements. Dridhabala in the 4th century revised the Charaka Samhita.⁸⁵ The texts of Sushruta Samhita were revised and supplemented by Nagarjuna in the 6th century.

There developed eight branches/divisions of Ayurveda:⁸⁶

1. Kaya-chikitsa (Internal Medicine)
2. Shalakya Tantra (surgery and treatment of head and neck, Ophthalmology and ear, nose, throat)
3. Shalya Tantra (Surgery)
4. Agada Tantra (Toxicology)
5. Bhuta Vidya (Psychiatry)
6. Kaumara bhritya (Pediatrics)
7. Rasayana (science of rejuvenation or anti-ageing)
8. Vajikarana (the science of fertility and aphrodisiac)

Many modern medications were derived from plants alluded to in Ayurveda texts. The oft-cited example is that of *Rauwolfia serpentina* that was used to treat headache, anxiety and snakebite. Its derivative is used in treating blood pressure today.

Two areas of contribution of Indian physicians were in treating snakebite and prevention of small pox. Detailed account of steps to be followed after a poisonous snake bite including application of tourniquet and lancing the site by connecting the two fang marks and sucking the poison out is described. A decoction of the medicinal plant *Rauwolfia serpentina* is next applied to the wound.

A form of vaccination for small pox was commonly practiced in India long before the West discovered the method. A small dose of pus from the pustule of small pox lesion was inoculated to develop resistance.

Charaka Samhita

Charaka was said to have been in the court of the Kushana king, Kanishka during the 1st century A. D. Some authors date him as far back as the 6th century B.C. during Buddha period. The sacred trust between physician and patient was held in high esteem by Charaka and patient confidentiality, similar to the Hippocratic Oath, was deemed the proper conduct for a practicing physician. Charaka also told us that the word Ayurveda was derived from Ayus, meaning life and Veda meaning knowledge. Nevertheless, according to Charaka the word Ayus denotes more than just life. Ayus denotes a combination of the body, sense organs, mind and soul. The principles of treatment in Charaka's teachings took a holistic approach that treated not just the symptoms of the disease but the body, mind and soul as single entity. Compiled by Charaka in the form of discussions and symposiums held by many scholars, Charaka Samhita is the most ancient and authoritative text that has survived. Written in Sanskrit in verse form, it has 8400 metrical verses. The Samhita deals mainly with the diagnosis and treatment of disease process through internal and external application of medicine. Called Kaya-chikitsa (internal medicine), it aims at treating both the body and the spirit and to strike a balance between the two. Following diagnosis, a series of methods to purify both the body and spirit with purgation and detoxification, bloodletting and emesis as well as enema (known as Pancha-karma) are utilized. The emphasis seems to be to tackle diseases in the early phase or in a preventative manner before the first symptoms appear. Ayurvedic diagnosis and treatment is traditionally divided into eight branches (sthanas) based on the approach of a physician towards a disease process. Charaka described them thus:⁸⁷

1. Sutra-sthana - general principles
2. Nidana-sthana - pathology
3. Vimana-sthan- diagnostics
4. Sharira-sthana - physiology and anatomy
5. Indriya-sthana - prognosis
6. Chikitsa-sthana - therapeutics
7. Kalpa-sthana - pharmaceuticals
8. Siddhi-sthana - successful treatment.

Detailed accounts of various methods of diagnosis, study of various stages of symptoms and the comprehensive management and treatment of debilitating diseases like diabetes mellitus, tuberculosis, asthma and arthritic conditions are to be found in the Charaka Samhita. There is even a detailed account of fetal development in the mother's womb, which can rival descriptions of modern medical textbooks.

Charaka also wrote details about building a hospital. A good hospital should be located in a breezy spot free of smoke and objectionable smells and noises. Even the equipment needed including the brooms and brushes are detailed. The personnel should be clean and well behaved. Details about the rooms, cooking area and the privies are given. Conversation, recitations and entertainment of the patient were encouraged and said to aid in healing the ailing patient.

Sushruta Samhita

Sushruta was a surgeon in the Gupta courts in the 4th century A.D. Though Indian classics is full of accounts of healing through transplantation of head and limbs as well as eye balls, Sushruta Samhita is the first authentic text to describe methodology of plastic surgery, cosmetic and prosthetic surgery, Cesarean section and setting of compound fractures.

Sushruta had in his possession an armamentarium of 125 surgical instruments made of stone, metal and wood. Forceps, scalpels, trocars, catheters, syringes, saws, needles and scissors were all

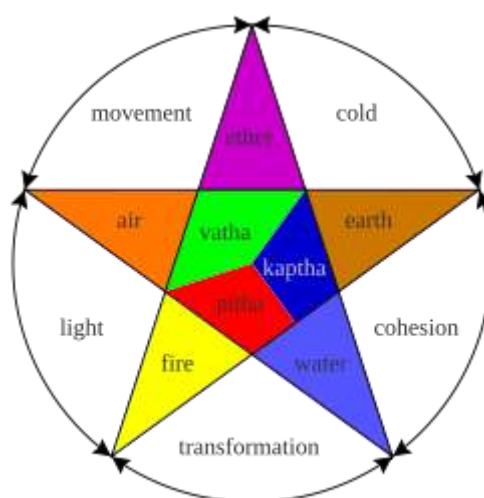
available to the surgeon. Rhinoplasty (plastic surgery of the nose) was first presented to the world medical community by Sushruta in his Samhita, where a detailed method of transposition of a forehead flap to reconstruct a severed nose is given. Severed noses were common form of punishment. Torn ear lobes also were common due to heavy jewelry worn on ear lobes. Sushruta described a method of repair of the torn ear lobes. Fitting of prosthetics for severed limbs were also commonly performed feats. Sushruta wrote, "Only the union of medicine and surgery constitutes the complete doctor. The doctor who lacks knowledge of one of these branches is like a bird with only one wing." While Charaka concentrated on the *kaya-chikitsa* (internal medicine). Sushruta's work mainly expounded on the *Shalya Tantra* (surgery). The Samhita contains mostly poetry verses but also has some details in prose. 72 different ophthalmic diseases and their treatment are mentioned in great detail. Pterygium, glaucoma and treatment of conjunctivitis were well known to Sushruta. Removal of cataract by a method called couching, wherein the opaque lens is pushed to a side to improve vision was practiced routinely. Techniques of suturing and many varieties of bandaging, puncturing and probing, drainage and extraction are detailed in the manuscript.

Ashtanga Hridaya

Vagbhata in the 5th century compiled two sets of texts called *Ashtanga Sangraha* and *Ashtanga Hridaya*. It details the *Kaya-chikitsa* of Charaka Samhita and the various surgical procedures of Sushruta Samhita. The emphasis seems to be more on the physiological rather than the spiritual aspects of the disease processes. *Ashtanga Sangraha* is written in prose whereas the *Ashtanga Hridaya* is in poetry for recitation of the Verses.

Principles and terminology⁸⁸⁻⁹⁰

The central philosophical ideas of Ayurveda show parallels with Samkhya and Vaisheshika philosophies, as well as with Buddhism and Jainism. Moderation is emphasized, and suppressing natural urges is considered unhealthy and claimed to lead to illness. For example, to suppress sneezing is said to potentially give rise to shoulder pain. However, people are also cautioned to stay within the limits of reasonable balance and measure when following nature's urges. For example, emphasis is placed on moderation of food intake, sleep, and sexual intercourse.



The three doshas and the five elements from which they are composed

According to Ayurveda, the human body is composed of tissues (*dhatu*s), waste (*malas*), and humoral fluids (*doshas*). The seven *dhatu*s are chyle (*rasa*), blood (*rakta*), muscles (*māmsa*), fat (*meda*), bone (*asthi*), marrow (*majja*), and semen (*shukra*). Like the medicine of classical antiquity, the classic treatises of Ayurveda divided bodily substances into five classical elements (*panchamahabhuta*) viz. earth, water, fire, air and ether. There are also twenty *gunas* (qualities or characteristics) which are considered to be inherent in all matter. These are organized in ten pairs: heavy/light, cold/hot, unctuous/dry, dull/sharp, stable/mobile, soft/hard, non-slimy/slimy, smooth/coarse, minute/gross, and viscous/liquid. The three postulated elemental bodily humours, the *doshas* or *tridosha*, are *vata* (air, which some modern authors equate with the nervous system), *pitta* (bile, fire, equated by some with enzymes), and *kapha* (phlegm, or earth and water, equated by some with mucus). Contemporary critics assert that *doshas* are not real, but are a fictional concept. The humours (*doshas*) may also affect mental health. Each *dosha* has particular attributes and roles within the body and mind; the natural predominance of one or more *doshas* thus explains a person's physical

constitution (*prakriti*) and personality. Ayurvedic tradition holds that imbalance among the bodily and mental *doshas* is a major etiologic component of disease. One Ayurvedic view is that the *doshas* are balanced when they are equal to each other, while another view is that each human possesses a unique combination of the *doshas* which define this person's temperament and characteristics. In either case, it says that each person should modulate their behavior or environment to increase or decrease the *doshas* and maintain their natural state. Practitioners of Ayurveda must determine an individual's bodily and mental *dosha* makeup, as certain *prakriti* are said to predispose one to particular diseases. For example, a person who is thin, shy, excitable, has a pronounced Adam's apple, and enjoys esoteric knowledge is likely *vata prakriti* and therefore more susceptible to conditions such as flatulence, stuttering, and rheumatism. Deranged *vata* is also associated with certain mental disorders due to excited or excess *vayu* (gas), although the Ayurvedic text *Charaka Samhita* also attributes "insanity" (*unmada*) to cold food and possession by the ghost of a sinful Brahman (*brahmarakshasa*). Ama (a Sanskrit word meaning "uncooked" or "undigested") is used to refer to the concept of anything that exists in a state of incomplete transformation. With regards to oral hygiene, it is claimed to be a toxic byproduct generated by improper or incomplete digestion. The concept has no equivalent in standard medicine. In medieval taxonomies of the Sanskrit knowledge systems, Ayurveda is assigned a place as a subsidiary Veda (*upaveda*). Some medicinal plant names from the *Atharvaveda* and other Vedas can be found in subsequent Ayurveda literature. Some other school of thoughts considers 'Ayurveda' as the 'Fifth Veda'. The earliest recorded theoretical statements about the canonical models of disease in Ayurveda occur in the earliest Buddhist Canon. Ayurvedic practitioners regard physical existence, mental existence, and personality as three separate elements of a whole person with each element being able to influence the others. This holistic approach used during diagnosis and healing is a fundamental aspect of Ayurveda. Another part of Ayurvedic treatment says that there are channels (*srotas*) which transport fluids, and that the channels can be opened up by massage treatment using oils and Swedana (fomentation). Unhealthy, or blocked, channels are thought to cause disease.

Diagnosis ⁹¹

Ayurveda has eight ways to diagnose illness, called *nadi* (pulse), *mootra* (urine), *mala* (stool), *jihva* (tongue), *shabda* (speech), *sparsha* (touch), *druk* (vision), and *aakruti* (appearance). Ayurvedic practitioners approach diagnosis by using the five senses. For example, hearing is used to observe the condition of breathing and speech. The study of vulnerable points, or *marma*, is particular to Ayurvedic medicine.

Treatment and prevention ⁹²

Two of the eight branches of classical Ayurveda deal with surgery (*Śalya-cikitsā* and *Śālākya-tantra*), but contemporary Ayurveda tends to stress attaining vitality by building a healthy metabolic system and maintaining good digestion and excretion. Ayurveda also focuses on exercise, yoga, and meditation. One type of prescription is a Sattvic diet. Ayurveda follows the concept of *dinacharya*, which says that natural cycles (waking, sleeping, working, meditation etc.) are important for health. Hygiene, including regular bathing, cleaning of teeth, oil pulling, tongue scraping, skin care, and eye washing, is also a central practice.^[43]

Recent History ⁹³

Before Ayurveda began its recent renewal in the West, it went through a period of decline in India when Western medical education became dominant during the era of British rule.

Ayurveda became a second-class option used primarily by traditional spiritual practitioners and the poor. After India gained its independence in 1947, Ayurveda gained ground and new schools began to be established. Today more than five hundred Ayurvedic companies and hospitals have opened in the last ten years, and several hundred schools have been established. Although Ayurveda remains a secondary system of health care in India, the trend toward complementary care is emerging, and Western and Ayurvedic physicians often work side by side. Interest in Ayurveda in the West began in the mid 1970's as Ayurvedic teachers from India began visiting the United States and Europe. By sharing their knowledge they have inspired a vast movement toward body-mind-spirit medicine. Today Ayurvedic colleges are opening throughout Europe, Australia, and the United States.

Current status ⁹⁴

Ayurveda is widely practiced in India and Nepal where public institutions offer formal study in the form of a Bachelor of Ayurvedic Medicine and Surgery (BAMS) degree. The legal standing of practitioners is not

equivalent to that of conventional medicine and it is unrecognised in most countries. Several scholars have described the contemporary Indian application of Ayurvedic practice as being "biomedicalised" relative to the more "spiritualised" emphasis to practice found in variants in the West. Exposure to European developments in medicine from the nineteenth century onwards, through European colonization of India and the subsequent institutionalized support for European forms of medicine amongst European heritage settlers in India were challenging to Ayurveda, with the entire epistemology called into question. From the twentieth century, Ayurveda became politically, conceptually, and commercially dominated by modern biomedicine, resulting in "modern Ayurveda" and "global Ayurveda". Modern Ayurveda is geographically located in the Indian subcontinent and tends towards secularisation through the minimisation of the magical and mythical aspects of Ayurveda. Global Ayurveda encompasses multiple forms of practice that developed through dispersal to a wide geographical area outside of India. Smith and Wujastyk further delineate that global Ayurveda includes those primarily interested in the Ayurveda pharmacopeia and also the practitioners of New Age Ayurveda (which may link Ayurveda to yoga and Indian spirituality and/or emphasize preventative practice, mind body medicine, or Maharishi Ayurveda). Since the 1980s, Ayurveda has also become the subject of interdisciplinary studies in ethnomedicine which seeks to integrate the biomedical sciences and humanities to improve the pharmacopeia of Ayurveda. According to industry research, the global Ayurveda market was worth US\$4.5 billion in 2017.

India

It was reported in 2008 and again in 2018 that around 80 percent of people in India used Ayurveda exclusively or combined with conventional Western medicine. A 2014 national health survey found that, in general, forms of the Indian system of medicine or AYUSH (ayurveda, yoga and naturopathy, unani, siddha, and homeopathy) were used by about 3.5% of patients who were seeking outpatient care over a two-week reference period. In 1970, the Indian parliament passed the Indian Medical Central Council Act which aimed to standardise qualifications for Ayurveda practitioners and provide accredited institutions for its study and research. In 1971, the Central Council of Indian Medicine (CCIM) was established under the Department of Ayurveda, Yoga and Naturopathy, Unani, Siddha medicine and Homoeopathy, Ministry of Health and Family Welfare, to monitor higher education in Ayurveda in India. The Indian government supports research and teaching in Ayurveda through many channels at both the national and state levels, and helps institutionalise traditional medicine so that it can be studied in major towns and cities. The state-sponsored Central Council for Research in Ayurvedic Sciences (CCRAS) is designed to do research on Ayurveda. Many clinics in urban and rural areas are run by professionals who qualify from these institutes. As of 2013, India had over 180 training centers that offered degrees in traditional Ayurvedic medicine. To fight biopiracy and unethical patents, the government of India set up the Traditional Knowledge Digital Library in 2001 to serve as a repository for formulations from systems of Indian medicine, such as Ayurveda, unani and siddha medicine. The formulations come from over 100 traditional Ayurveda books. An Indian Academy of Sciences document quoting a 2003–04 report states that India had 432,625 registered medical practitioners, 13,925 dispensaries, 2,253 hospitals and a bed strength of 43,803, 209 undergraduate teaching institutions, and 16 postgraduate institutions. In 2012, it was reported that insurance companies covered expenses for Ayurvedic treatments in case of conditions such as spinal cord disorders, bone disorder, arthritis and cancer. Such claims constituted 5–10 percent of the country's health insurance claims. Maharashtra Andhashraddha Nirmoolan Samiti, an organisation dedicated to fighting superstition in India, considers Ayurveda to be pseudoscience. On 9 November 2014, India formed the Ministry of Ayush. National Ayurveda Day is also observed in India on the birth of Dhanvantari that is Dhanteras.

In 2016, the World Health Organization (WHO) published a report titled "The Health Workforce in India" which found that 31 percent of those who claimed to be doctors in India in 2001 were educated only up to the secondary school level and 57 percent went without any medical qualification. The WHO study found that the situation was worse in rural India with only 18.8 percent of doctors holding a medical qualification. Overall, the study revealed that nationally, the density of all doctors (mainstream, Ayurvedic, homeopathic and unani) was 8 per 10,000 people, compared to 13 per 10,000 people in China.

Nepal

About 75% to 80% of the population of Nepal use Ayurveda. As of 2009, Ayurveda was considered to be the most common and popular form of medicine in Nepal.

Sri Lanka

The Sri Lankan tradition of Ayurveda is similar to the Indian tradition. Practitioners of Ayurveda in Sri Lanka refer to Sanskrit texts which are common to both countries. However, they do differ in some aspects, particularly in the herbs used.

In 1980, the Sri Lankan government established a Ministry of Indigenous Medicine to revive and regulate Ayurveda. The Institute of Indigenous Medicine (affiliated to the University of Colombo) offers undergraduate, postgraduate, and MD degrees in Ayurveda medicine and surgery, and similar degrees in unani medicine. In 2010, the public system had 62 Ayurvedic hospitals and 208 central dispensaries, which served about 3 million people (about 11% of Sri Lanka's population). There are an estimated 20,000 registered practitioners of Ayurveda in Sri Lanka.

According to the Mahavamsa, an ancient chronicle of Sinhalese royalty from the sixth century CE, King Pandukabhaya (reigned 437 BCE to 367 BCE) had lying-in-homes and Ayurvedic hospitals (Sivikasotthi-Sala) built in various parts of the country. This is the earliest documented evidence available of institutions dedicated specifically to the care of the sick anywhere in the world. The hospital at Mihintale is the oldest in the world.

Outside the Indian subcontinent

Maharishi Mahesh Yogi in Amsterdam in 1967

Ayurveda is a system of traditional medicine developed during antiquity and the medieval period, and as such is comparable to pre-modern Chinese and European systems of medicine. In the 1960s, Ayurveda began to be advertised as alternative medicine in the Western world. Due to different laws and medical regulations around the globe, the expanding practice and commercialisation of Ayurveda raised ethical and legal issues. Ayurveda was adapted for Western consumption, particularly by Baba Hari Dass in the 1970s and by Maharishi Ayurveda in the 1980s. In some cases, this involved active fraud on the part of proponents of Ayurveda in an attempt to falsely represent the system as equal to the standards of modern medical research.

United States

Baba Hari Dass was an early proponent who helped bring Ayurveda to the United States in the early 1970s. His teachings led to the establishment of the Mount Madonna Institute. He invited several notable Ayurvedic teachers, including Vasant Lad, Sarita Shrestha, and Ram Harsh Singh. The Ayurvedic practitioner Michael Tierra wrote that the "history of Ayurveda in North America will always owe a debt to the selfless contributions of Baba Hari Dass".

In the United States, the practice of Ayurveda is not licensed or regulated by any state. The National Center for Complementary and Integrative Health (NCCIH) stated that "Few well-designed clinical trials and systematic research reviews suggest that Ayurvedic approaches are effective". The NCCIH warned against the issue of heavy metal poisoning, and emphasised the use of conventional health providers first. As of 2018, the NCCIH reported that 240,000 Americans were using Ayurvedic medicine.^[114]

Europe

The first Ayurvedic clinic in Switzerland was opened in 1987 by Maharishi Mahesh Yogi. In 2015, the government of Switzerland introduced a federally recognized diploma in Ayurveda.

Promotion⁹⁵

In India, promotion of Ayurveda is undertaken by the Ministry of AYUSH through a national network of research institutes.

In Nepal, the National Ayurvedic Training and Research Centre (NATRC) promotes medicinal herbs in the country.

In Sri Lanka, the Ministry of Health, Nutrition and Indigenous Medicine looks after the promotion of Ayurveda through various national research institutes.

Further development and spread⁹⁶

Ayurveda flourished throughout the Indian Middle Ages. Dalhana (fl. 1200), Sarngadhara (fl. 1300) and Bhavamisra (fl. 1500) compiled works on Indian medicine. The medical works of both Sushruta and Charaka were also translated into the Chinese language in the 5th century, and during the 8th century, they

were translated into the Arabic and Persian language. The 9th-century Persian physician Muhammad ibn Zakariya al-Razi was familiar with the text. The Arabic works derived from the Ayurvedic texts eventually also reached Europe by the 12th century. In Renaissance Italy, the Branca family of Sicily and Gaspare Tagliacozzi (Bologna) were influenced by the Arabic reception of the Sushruta's surgical techniques.

British physicians living in India observed rhinoplasty being performed using Indian methods, and reports on their rhinoplasty methods were published in London in the *Gentleman's Magazine* in 1794. Instruments described in the *Sushruta Samhita* were further modified in Europe. Joseph Constantine Carpue studied plastic surgery methods in India for 20 years and, in 1815, was able to perform the first major rhinoplasty surgery in the western world, using the "Indian" method of nose reconstruction. In 1840 Brett published an article about this technique.

The British had shown some interest in developing medical education in India in the early nineteenth century. A Native Medical Institution (NMI) was set up in 1822 where European medicine was taught through the medium of Indian languages. After the English Education Act 1835, the NMI was closed, and medical education was transferred to the newly founded Calcutta Medical College. Indian independence, there was more focus on Ayurveda and other traditional medical systems. After push-back by the community of Ayurvedic practitioners, and numerous other government commissions over a twenty-year period, Ayurveda eventually became a part of the Indian national healthcare system, with state hospitals for Ayurveda established across the country. However, the treatments of traditional medicines were not always integrated with others.

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