



# A Good Physician: Perspectives from *Caraka* and *Suśruta*

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## Abstract

The earliest Hindu medical texts, the *Carakasamhitā* and *Suśrutasamhitā*, written between 300 BCE and 300 CE, offer valuable insights into the development of empirical medicine in ancient India and the qualities of a "good physician." After introducing the key concepts of āyurveda, the focus is on medical education aimed at creating a good physician, emphasizing initiation, oaths, specialization, ongoing education, and practical experience. The text also explores the role of professionalism, the relationship between theoretical and practical knowledge, standards of practice, innovation, access to medicine, and the distinction between good physicians and quacks. Additionally, the good physician is viewed as a spiritual person. These texts reflect a broader Hindu worldview, with ethical orientations and some exceptions specific to the medical profession. The discussion concludes with reflections on the political, economic, and social contexts that shaped early empirical medicine in India.

**Keywords :** A Good Physician, Perspectives, Caraka, Suśruta, Hindu.

**Caraka and Suśruta-** The *Carakasamhitā* (*Caraka*), attributed to Agniveśa, and the *Suśrutasamhitā* (*Suśruta*), attributed to Suśruta,<sup>1</sup> are among the earliest Hindu medical texts, likely compiled from a long tradition of medical professionals and oral traditions. They belong to the classical period of Hinduism (600 BCE–600 CE), which also saw the formulation of core Hindu beliefs. Written between the 3rd century BCE and a few centuries later, the *Caraka* and *Suśruta* mark the first major development of empirical medicine (*auśadha*) in India.

<sup>1</sup> Since these works appear to be compilations of various sayings and teachings, it is likely that the figures associated with them were redactors of medical "schools" rather than original authors. After all, the name *Caraka* means "wanderer," and *Suśruta* translates to "well-heard" or "famous." As the *Carakasamhitā* states, "An editor transforms an old text into a new text," suggesting that Caraka himself was an editor rather than a sole author. The text was further developed by Dṛḍhabala of the Punjab, likely in the fourth or fifth century CE, who gathered material from diverse sources and added seventeen new chapters on medicine, including the final two sections—the *Kalpasthāna* and *Siddhisthāna* (*Caraka, Siddhisthāna* 12:37-40). This process of revision and expansion was ongoing.

These texts define medicine as a means to promote health, prevent and cure disease, and increase longevity (*āyus*).<sup>2</sup> *Āyurveda*<sup>3</sup> addresses wellness, illness, pleasure, pain, and appropriate therapies for healthy living.<sup>4</sup> According to the *Caraka*, illnesses are of two types: mental and physical. Mental illness arises from imbalances in passion and agitation (*rajas*) and heaviness and dimwittedness (*tamas*), while physical illness stems from an imbalance of the three bodily humors (*doṣas*): wind (*vāta*), bile (*pitta*), and phlegm (*kapha*). These imbalances can lead to conditions like fever, diarrhea, asthma, and leprosy.

The *Caraka* states that *āyurveda* has no beginning, as pain and pleasure, and the desire to alleviate pain, have always existed.<sup>5</sup> The knowledge of *āyurveda* was transmitted through a divine lineage, beginning with Brahmā, the god of creation, and passing down to Dakṣa Prajāpati, the Aśvins (the twin physician gods), and then to Indra. Concerned with the health of those unable to fulfill their moral, economic, or spiritual responsibilities, sages in the Himalayas sent Bharadvāja to learn *āyurveda* from Indra. Bharadvāja, in turn, imparted this knowledge to Ātreya Punarvasu and other sages, including Agniveśa, who authored the *Carakasamhitā*.<sup>6</sup> A similar account is found in the *Suśrutasamhitā*, which adds that Indra trained Dhanvantari, the physician god, who then passed on the teachings of *āyurveda* to Suśruta.

A physician is called a *vaidya* due to their complete expertise in *vidyā* (knowledge), synonymous with *āyurveda*.<sup>7</sup> In the *Carakasamhitā*, another term used for a physician is *bhiṣaj*, which is derived from the verb *bhī* (to fear). This suggests that physicians have the power to make diseases "fearful" or "afraid," highlighting their role in combating and overcoming illness.

<sup>2</sup> *Caraka, Sūtrasthāna* 30:26; *Suśruta, Sūtrasthāna* 1:13. The length of the lifespan is determined by two components: karma from past lives (*daiva* or fate) and new karma being created in this life through human effort (*puruṣakāra*) (*Caraka, Vimānasthāna* 3: 28-38; *Caraka, Śārīrasthāna* 1:116-117). Synonyms for *āyus* are given at *Caraka, Sūtrasthāna* 1: 42 and 30:22.

<sup>3</sup> The word *veda* means knowledge or the source of knowledge. Beyond the four original Vedic texts—the *Rgveda*, *Yajurveda*, *Sāmaveda*, and *Atharvaveda*—the term *veda* also refers to the various branches of knowledge that originated from them. For example, *dhanurveda* is the science of archery derived from the *Yajurveda*, *gāndharvaveda* pertains to the science of music and drama from the *Sāmaveda*, *āyurveda* is the medical science associated with the *Atharvaveda* (though Apte mentions that *āyurveda* also emerged from the *Rgveda*), and *sthāpatyaveda* is the architectural science rooted in the *Atharvaveda*. Both the *Carakasamhitā* and the *Suśrutasamhitā* trace the origins of *āyurveda* to the *Atharvaveda*, and as such, a physician should affirm their loyalty to the *Atharvaveda*, which imparts *āyurvedic* knowledge through various ritual practices. These practices are referenced in the *Carakasamhitā*, especially in the sections dealing with mental diseases (*Caraka, Cikitsāsthāna* 9:88-95) and obstetrics (*Caraka, Śārīrasthāna* 8).

<sup>4</sup> *Caraka, Sūtrasthāna* 30:23; *Suśruta, Sūtrasthāna* 1:13-14.

<sup>5</sup> *Caraka, Sūtrasthāna* 30:27. Hinduism does not embrace the concept of *creation ex nihilo* (creation out of nothing); instead, it presents a worldview of cyclical world cycles, transitioning between unmanifest and manifest states. This cyclical notion of the universe's manifestation is expressed as early as the *Rgveda* (10.190.3-4) and is implicitly conveyed through terms like *jagat* and *samsāra*, both of which suggest the continuous flux and eternal cycles of existence.

<sup>6</sup> *Caraka, Sūtrasthāna* 1.

<sup>7</sup> *tatrāyurvedaḥ śākhā vidyā sūtram jñānam śāstram lakṣaṇam tantram ity anarthāntaram* (*Caraka, Sūtrasthāna*, 30.31).

**On Quacks-** Let us first consider who is not a good physician, as the qualities of a good physician are more complex. Understanding the traits of "bad physicians" or *quacks* can provide valuable insight into the characteristics that define a "good physician." Early medical texts distinguish between real medical expertise and quackery. The *Caraka* describes quacks (*kuvaidyas*) as those who boast about their credentials by displaying drugs and medical books or highlighting social connections.<sup>8</sup> It warns that an ignorant physician is more harmful than death, describing them as trembling and unskilled. Quacks prey on the ignorant, blaming patients when treatments fail and often making excuses like the patient's lack of resources or self-confidence. Quacks can be identified by their behavior—eagerly approaching sick people, flattering patients' friends, offering unusually low fees, quoting irrelevant medical formulas, avoiding discussions, and having no recognized lineage or teachers.<sup>9</sup> Unlike real physicians, they lack association with reputable teachers or institutions. Association with unethical physicians is seen as spiritually harmful.

Real physicians are distinguished by their education within a respected lineage (*sampradāya*), which regulated medical knowledge, similar to ancient Greek and Roman guilds. The *Yājñavalkya-dharmaśāstra* (circa 100 BCE–300 CE) and the *Suśruta* emphasize that kings should punish quacks for the death of their patients and even sentence fake physicians to death. Physicians are advised to act cautiously in royal settings, as they may be blamed for poisoning incidents. Thus, physicians should gather their own herbs and show respect and loyalty to the king as they would to a deity.

**The Good Physician as a Professional Person-** In addition to knowledge, practical experience, and ingenuity, a good physician must exhibit proper decorum to distinguish themselves from charlatans. Professional standards dictate not only whom they treat but also how they conduct themselves.

A learned physician should refrain from engaging in arguments with those of good character, even if they are not highly educated. Instead, they should challenge self-proclaimed experts with eight key questions to assess their competence.<sup>10</sup> Clear and concise communication is essential, as only the ignorant or arrogant tend to speak excessively.<sup>11</sup> When explaining medical matters, the physician should use simple, understandable language, especially when addressing humble listeners.

When making house calls, physicians must enter with authorized individuals and focus solely on the patient's needs. They should not treat women without the presence of their husbands or

<sup>8</sup> śrīyaśojñān asiddhānām vyapadeśād atadvidhāḥ, vaidyaśabdam labhante ye jñeyās te siddhasādhitāḥ. prayogajñānavijñānasiddhisiddhāḥ sukhapradāḥ, jīvitābhisarās te syur vaidyatvaṃ teṣv avasthitam (*Caraka, Sūtrasthāna* 11.50-53).

<sup>9</sup> *Caraka, Sūtrasthāna* 29:8-9.

<sup>10</sup> Eight types of questioning are enumerated at *Caraka, Sūtrasthāna* 30:30 and 69-71, 73.

<sup>11</sup> sadvṛttair na vighrñīyāt bhiṣag alpaśrutair api, hanyāt praśnāṣṭakenādāv itarāṃs tv āptamāninaḥ. dambhino mukharā hyajñāḥ prabhūtābaddhabhāṣinaḥ, prāyaḥ prāyeṇa sumukhāḥ santo yuktālpabhāṣinaḥ (*Caraka, Sūtrasthāna* 30:78-79).

guardians, avoid committing adultery (even mentally), and reject gifts from women without their guardians' consent. Additionally, they should not covet a patient's property or gossip about their families. If patients trust and willingly submit to their care, physicians should treat them as they would their own children.<sup>12</sup>

**The Good Physician as a Spiritual Person-** This spiritual dimension of medical education underscores the deeply intertwined relationship between medicine and spirituality in early Hindu thought. During the Vedic period (1500–600 BCE), health was largely understood as the absence of disease, which was often seen as the result of demonic forces or divine punishment for sins. Treatments during this time typically relied on divine or magical powers, although elements of pharmacology and surgery were also employed. By the classical period (600 BCE–600 CE), despite the emergence of more empirical approaches to medicine, religious influences remained prominent in medical practice—particularly in the explanations for disease, the authority of medical practitioners, and the spiritual goals associated with healing.

The ritual of initiation into medical education closely mirrors the Vedic initiation rite, *upanayana*, which marks the beginning of formal education for students. The term *upanayana* means "taking near," originally referring to a boy being brought to a teacher (*ācārya*) for instruction. Boys from the first three castes—Brāhmaṇa, Kṣatriya, and Vaiśya—who underwent *upanayana* were regarded as "twice-born" (*dvijas*). A hymn from the *Atharvaveda* depicts this ritual as a form of second birth, where the teacher symbolically "carries" the student in their womb for three nights, after which the student is "reborn" into knowledge.<sup>13</sup>

**The Rituals of Initiation in Vedic Study and Medicine-** The *Dharmasūtras* and *Dharmaśāstras* elaborate on initiation rituals, with specific requirements based on caste (*varṇa*), age, content of study, and duration (usually twelve years). These texts also outline daily duties, such as begging for food, tending the sacred fire, and performing rituals like *sandhyā* at dawn and twilight. The *Aśvāyana-gr̥hya-sūtra* offers a detailed description of the *upanayana* ritual, highlighting the transfer of water from teacher to student, accompanied by mantras invoking the gods' blessings.

The initiation into the study of medicine shares similarities with the *upanayana*. Both rituals involve oaths before a sacred fire and follow a structured logic. The initiation in medicine, like Vedic study, begins with a vow or *saṅkalpa*, a solemn intention that sets the ritual into motion, ensuring the success of the study. This vow, aligned with the principles of *vidhi* (command) and *vrata* (vow), is crucial for the effective transmission of knowledge.

Both Vedic education and medical training are viewed sacramentally, with knowledge regarded as eternal, passed down from the gods and sages through teachers to students. They emphasize

<sup>12</sup> bhiṣag apy āturān sarvān svasutān iva yatnavān, ābādhebhyaḥ hi saṃrakṣed icchan dharmam anuttamam (*Caraka, Cikitsāsthāna* 1.4:56).

<sup>13</sup> ācārya upanayamāno brahmacāriṇaṃ kṛṇute garbham antaḥ, taṃ rātrīs tīra udare bibharti taṃ jātaṃ draṣṭum abhisamṃyanti devāḥ (Kumāra 2013, 11.5.3).

mutual obligations between teacher and student and stress the development of character and virtue, which extends to both professional and spiritual aspects of life.

**Differences Between Vedic and Medical Initiation-** While Vedic study focuses on texts and Vedic rituals, medical study requires practical experience and physical skills. Although both types of education emphasize desirable qualities for teachers and students, medical texts stress health, equilibrium, generosity, and goodwill toward all living beings. Physicians must embody the medicine they practice and be oriented toward the welfare of others.

A key difference is that the *upanayana* ritual is reserved for those of the *twice-born* castes (*dvijas*), whereas initiation into medicine, according to the *Suśruta*, is open to all four castes.<sup>14</sup> The *upanayana* marks the start of Vedic study and the second birth for the three higher castes. In contrast, the *Caraka* states that the second birth of a medical student occurs after completing their training, when they are formally recognized as a physician (*vaidya*).<sup>15</sup> It emphasizes that a physician's capability arises not from their previous birth, but from a spiritual potency (associated with the Absolute or sages) that enters them upon graduation.

**Religious Activities Complementing Empirical Medicine-** Religious activities are closely integrated with empirical medicine in ancient texts. These activities include chanting mantras, wearing talismans, making offerings to deities and Brāhmaṇas, performing rituals, fasting, and going on pilgrimages. The *Suśruta* ritualizes medical operations with astrological timing, mantras for patient protection, and gifts to Brāhmaṇas and gods to ensure a favorable outcome. These religious practices might also serve as preventive measures against the arrogance of physicians, fostering humility and open-mindedness. The *Caraka* even engages in philosophical debates, such as defending the concept of rebirth using traditional sources of knowledge like scripture and reason.

**Medical Authority and Religious Authority-** Medical authority is closely tied to religious authority in classical Hindu thought. Four sources of authority are recognized, ranked from highest to lowest: (1) supreme scripture (*śruti*), (2) secondary scripture (*smṛti*), (3) the behavior of good people (*sadācāra*), and (4) conscience (*ātmanah priyam*).<sup>16</sup>

1. **Śruti:** The *Caraka* and *Suśruta* trace *āyurveda* to the *Atharvaveda*, the fourth Veda, legitimizing it as sacred knowledge. They regard *āyurveda* as a "limb" or "supplementary" Veda, linking it to divine origins and the *śruti* tradition.

<sup>14</sup> brāhmaṇas trayāṇām varṇānām upanayanaṁ kartum arhati rājanyo dvayasya vaiśyo vaiśyasyaiveti. Sūdrām api kulaguṇasaṁpannaṁ mantravarjam anupanītam adhyāpayed ity eke (*Suśruta* 1.2.5)

<sup>15</sup> vidyāsamāptau bhiṣajo dvitīyā jātir ucyate, aśnute vaidyaśabdaṁ hi na vaidyaḥ pūrvajanmanā. vidyāsamāptau brāhmaṇaṁ vā sattvam ārṣam athāpi vā, dhruvam āviśati jñānāt tasmād vaidyo dvijaḥ smṛtaḥ (*Caraka, Cikitsāsthāna* 1.4:52-53). "Previous birth" here most likely means the current biological birth from parents, although it may also imply the previous incarnation.

<sup>16</sup> vedaḥ smṛtiḥ sadācāraḥ svasya ca priyam ātmanah etac caturvidhaṁ prāhuḥ sākṣād dharmasya lakṣaṇam (Manu 2.12).



2. **Smṛti**: The pedagogy and ethical conduct of physicians align with *smṛti*, which includes the *Dharmasūtras* and *Dharmaśāstras*. These texts set forth virtues, rules, and strategies for dealing with social changes, aligning medical practice with moral codes.
3. **Sadūcāra**: Medical texts emphasize the exemplary behavior of good people. Physicians are expected to model virtuous conduct, associating with only those of good character.
4. **ātmanah priyam**: Although *ātmatuṣṭi* (conscience) is less directly referenced in the medical texts, it likely serves as a fallback when authoritative precedents are lacking or conflicting, supporting flexibility in medical practice and openness to unconventional treatments.

These connections show how medical knowledge and practice were intertwined with religious and moral frameworks in ancient Hinduism. The *Carakasamhitā* establishes a clear connection between psychological states and physical well-being, recognizing that mental health plays a crucial role in overall health. Similarly, the *Bhagavad Gītā* describes a sequence of psychological states that, when left unchecked, lead to the erosion of intellect and ultimately result in a person's total ruin.<sup>17</sup>

Medicine in Hindu thought is deeply intertwined with the four goals of life (*puruṣārthas*), which form the foundation of the classical Hindu worldview. Good health is essential for the pursuit of these four goals, which define a meaningful and ethical life: moral duty (*dharma*), wealth (*artha*), fulfillment of desire (*kāma*), and liberation (*mokṣa*).

*Moral duty (dharma)* is placed first among the four, as it ensures that the pursuit of wealth and pleasure is conducted ethically. The term *dharma* encompasses both religion and moral duty, signifying that which upholds or sustains order. The underlying assumption is that human action is essential not only to sustain personal and social life but also to maintain the cosmic order. *Dharma* includes a wide range of principles, such as virtue, duty, law, ritual, and even caste and gender norms. As a result, ethical and medical ideas are intertwined in *āyurveda*.<sup>18</sup>

The *Carakasamhitā* links *dharma* to medicine in several ways. Physicians fulfill their *dharma* not only by treating righteous individuals—such as relatives, friends, and teachers—but also by understanding and transmitting the science of medicine to others. The medical texts support the concept of *viśeṣa-dharma* by addressing the eligibility to become physicians in relation to caste (*varṇa*), outlining how physicians of different castes should conduct themselves professionally, and emphasizing their duty to honor the Brāhmaṇas.

In contrast, the *Yogasūtras* highlight *sāmānya-dharma* (common dharma) as the ascetic's path, which includes principles such as non-violence (*ahimsā*), truthfulness (*satya*), non-stealing (*asteya*), celibacy (*brahmacarya*), renunciation of possessions (*aparigraha*), and self-control (*samyama*). These moral duties, universally applicable to all, form the foundation for spiritual

<sup>17</sup> dhyāyato viṣayān puṁsaḥ saṅgas teṣhūpajāyate, saṅgāt sañjāyate kāmāḥ kāmāt krodho 'bhijāyate. krodhād bhavati sammohāḥ sammohāt smṛtivyibhramāḥ, smṛtibhramāṇāḥ buddhināśho buddhināśhāt prañāshyati (2.62–63).

<sup>18</sup> Caraka, *Vimānasthānam* 3.24.

discipline and ethical living, intersecting with both medical and broader religious practice in Hindu thought.<sup>19</sup> However, *sāmānya-dharma* was soon integrated into the texts on *dharma* and came to be described as the universal dharma for all. Manu, who is believed to have lived between the second century BCE and the second century CE, states that the common *dharma* encompasses principles such as non-violence (*ahimsā*), truthfulness (*satya*), non-stealing (*asteya*), purity (*śauca*), and restraint of the sense organs (*indriya-niyama*). These ethical guidelines apply to everyone, regardless of caste or social status, forming a moral foundation for all individuals seeking to live a righteous life.<sup>20</sup>

The *Carakasamhitā* also emphasizes these core principles. Non-violence (*ahimsā*) is placed first on the list of virtues because it governs all other ethical practices. For example, while truthfulness (*satya*) is crucial, it should never come at the cost of causing harm or violence. In line with this, teachers in the *Carakasamhitā* advise their students to adopt a vegetarian diet, reinforcing the principle of non-violence.

Cakrapāṇidatta, in his commentary, further elaborates on this by stating that knowledge is superior to meat, as knowledge nourishes both the body and the mind. This highlights the holistic view of health in *āyurveda*, where physical and mental well-being are seen as interconnected and supported by ethical living.<sup>21</sup> In addition, physicians are advised to encourage their students to withdraw their minds from anything harmful, reinforcing the idea that mental discipline is just as important as physical health. This mindset links *ahimsā* (non-violence) to both medicine—by ensuring that no harm is done in the course of treatment—and to yoga, which emphasizes self-control and mental purity.

The *Carakasamhitā* even asserts that *ahimsā* is a key factor in promoting longevity. By avoiding harm, both physical and mental, one not only nurtures a virtuous life but also contributes to lasting health and well-being. This highlights the integral connection between ethical conduct, mental discipline, and physical vitality in the Ayurvedic worldview but makes one exception to the rule of non-violence by allowing medicines made from animals.

The second virtue in the *Carakasamhitā*'s list is truthfulness (*satya*). Physicians are encouraged to speak the truth while simultaneously upholding the principle of non-violence. This involves controlling their speech—ensuring it is clear, honest, and concise. As emphasized in the text, physicians are instructed not to gossip or speak unnecessarily, as this could cause harm. Moreover, they are advised never to disclose a patient's impending death if revealing this information would cause unnecessary distress or harm to others. In this way, truth is balanced

<sup>19</sup> *Yogasūtras* 2.20-31.

<sup>20</sup> Manu 10:63. Even *Kauṭilya-arthaśāstra* 1:3:13, despite its endorsement of warfare as a political strategy, lists non-violence, truthfulness, purity, absence of envy, and forbearance as common duties.

<sup>21</sup> *yadyapi māṁsaṃ br̥ṃhaṇapradhānam, tathā 'pi tac charīramātrabr̥ṃhaṇam, vidyā tu śarīramanobr̥ṃhaṇīyā 'tiricyate* (*Caraka, Sūtrasthāna* 30.15; Cakrapāṇi's commentary).

with compassion, demonstrating how ethical principles in *āyurveda* promote both honesty and care in medical practice.<sup>22</sup>

The third virtue is *not stealing*. Remember, the *Caraka* warns against coveting the possessions of patients, which can be linked to *not stealing* and tells physicians to offer free services for certain categories of people, which can be connected to the warning against greed.

The fourth virtue in the *Carakasamhitā* is celibacy (*brahmacarya*), which, like in *yoga*, is regarded as one of the three foundational pillars of life, alongside sleep and food. The text mandates sexual abstinence during the studentship stage, seeing it as essential training for the later stages of life, especially for physicians who aim to pursue a spiritual path to liberation, often involving ascetic practices.

During the householder stage, however, celibacy is understood as fidelity within marriage, rather than complete sexual abstinence. In this context, the medical texts contrast celibacy with adultery, portraying celibacy as the most wholesome and virtuous way of life, while adultery is considered the most dangerous and harmful.

As previously mentioned in relation to decorum, teachers strongly advise their students to maintain celibacy and strictly caution them against making advances—whether physically or mentally—toward the female relatives of their patients. This emphasis on celibacy underscores the importance of self-control, ethical conduct, and the preservation of professional integrity in the life of a physician.

**Conclusion-** The *Carakasamhitā* and *Suśrutasamhitā* were written during the late phase of state formation in the Gangetic plain of northern India, a process that began around 800 BCE. During this period, intellectual lineages specializing in empirical medicine emerged, reflecting broader trends of specialization in society. At the same time, this period also marked the rise of elite status defined by Vedic learning, with *āyurveda*—attached to the *Atharvaveda*—playing a key role in this development.

Although the *Atharvaveda* was regarded as the fourth Veda and was often considered of lesser status compared to the first three Vedas by many Brāhmaṇas, it became central to the transformation of folk medicine into an empirical and elite form of medical practice. The *Atharvavedins*, who were the experimental Brāhmaṇas integrating Vedic traditions with new specializations—such as architecture based on craft traditions—were at the forefront of this shift.

The *Atharvavedins*' role in this transformation was not without self-consciousness about their elite status. As they consolidated their expertise, they sought to distinguish themselves from folk practitioners, whom they labeled as *quacks*. This concern with elite status was crucial: the

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<sup>22</sup> According to Cakrapāṇi, beloved relatives should not be told about the approaching death of the patient. However, the physician may divulge the news if it causes no harm (Cakrapāṇi on *Caraka, Vimānasthāna* 8:13).



Atharvavedins carefully ensured that their medical practice was grounded in Vedic authority, thus elevating it above folk medicine.

The social context of this development is also important to consider. In an era marked by strict social hierarchies, the "good physician" was almost always male, reflecting the gendered nature of intellectual and professional specialization. Male practitioners of *āyurveda* sought to distinguish their learned and elite practices from the more informal, folk-based medicine practiced by non-elite women. Women, particularly those of lower status, often worked as midwives and practitioners of folk medicine, roles that were typically separate from the higher, more elite medical specializations dominated by men. This gender divide underscores how both social and gender hierarchies shaped the development of medical practice in early Indian society.

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