

The Medical Profession in Ancient India: Its Social, Religious, and Legal Status¹

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It has long been noted that ancient India exhibited a kind of schizophrenia with respect to the medical profession. On the one hand, we have learned treatises on medicine and surgery produced in the first half of the first millennium of the Common Era, treatises that point to a long and distinguished tradition of medical learning. Medical professionals were valued members of society; even Aśoka, writing in the middle of the second century BCE, boasts that he promoted the medical profession and expanded the supply of medical products both in his territory and in foreign countries (Major Rock Edict, 2). The *Ṛgveda* itself refers to medical professionals and the two Aśvins are in a special way regarded as divine physicians (*bhiṣaj*). On the other hand, we have a long line of Dharmaśāstras, the major textual tradition dealing with religious, civil, and criminal law and providing guidance to living a virtuous life, that disparages the medical profession and prohibits social and religious interaction with medical practitioners. They are saddled with numerous social and religious disabilities. That this is a long-standing view within the mainstream of Brahmanism is demonstrated by the *Taittirīyasamhitā* (6.4.9) passage on the Aśvins discussed below. This paper aims at examining the divergent views of the medical profession in order to glean some understanding of the history of social and religious attitudes underlying this schizophrenia. I will do this by paying close attention to the Sanskrit vocabulary pertaining to medical professionals.

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In scholarly discussions on this topic in western languages, there is a tacit assumption that all the Indian sources scholars are examining deal with a singular institution: the doctor or physician. Scholars rarely deal with the range of Sanskrit terms for “doctor” or “physician,” implicitly assuming that those terms are simply synonyms. But are they? Or do they point to a complexity within the medical profession in ancient India which demands our attention, and which may provide some answers to the historical question I have noted? Before coming to the linguistic issue, however, let me present the Dharmaśāstric views on the medical profession, paying close attention to the vocabulary.

The earliest reference is found in Āpastamba (*ĀpDh* 1.18.21)² within the context of dietary restrictions. In a long list of people from whom food may not be accepted,³ we have the following: all those who make a living by a craft (*sarveṣāṃ ca śilpājīvanām*), by weapons (*ye ca śāstram ājīvanti*), or as a pawn-broker (*ye cādhim*); a physician (*bhiṣaj*); and a usurer (*vārdhuṣika*). The first three represent those who derive their livelihood by these professions. The term *ājīvanti* is not connected with the last two, and it is unclear whether “deriving a livelihood” is implied here also; I think it is. This point will become significant when we look at medieval interpretations below that use precisely the term *ājīva*. A little later, again within the same discussion of people from whom food should not be accepted (1.19.14), Āpastamba cites a verse that includes the medical practitioner within a list containing other unsavoury characters:

cikitsakasya mṛgayoḥ śalyakṛntasya pāśinaḥ |
kulaṭāyāḥ ṣaṇḍhakasya ca teṣāṃ annam anādyam ||

The food of these should not be eaten: medic, hunter, surgeon, fowler, lascivious woman, and eunuch.

²We may tentatively date the texts I refer to as follows: *ĀpDh* (3rd c. BCE); *GDh* (2nd c. BCE); *VaDh* (1st c. BCE – 1st c. CE); *KAŚ* (1st c. CE); *MDh* (2nd c. CE); Caraka (1st c. BCE – 3rd c. CE); *YDh* (4th–5th c. CE); Suśruta (5th c. CE); Vāgbhaṭa (7th c. CE); *ViDh* (7th c. CE). For the dating of Dharmaśāstric texts, see Olivelle (2010, 2012), and for the medical texts, Meulenbeld (1999–2002); Dominik Wujastyk (2003).

³I use the passive deliberately and imitating the Sanskrit, which simply uses *abhojya* (on this term and its usages, see Olivelle [2002a, 2002b]). The texts do not specify the kind of person who should avoid the food of these people, but the audience of the legal codes is generally Brāhmaṇas or more broadly twice-born upper-class individuals.

Here we have three references to medical practitioners,⁴ one in the prose with the term *bhiṣaj*, and two in the verse with *cikitsaka* and the somewhat unclear *śalyakṛnta* (dart/arrow cutter), which may refer to a surgeon or a specialized medical professional treating soldiers injured in battle.⁵

Gautama has a similar list of people whose food should not be eaten, and in it the medical practitioner is called *cikitsaka*: “someone disowned by parents, harlot, public sinner, hermaphrodite, law enforcement agent, carpenter, miser, jailer, medic, hunter” (*utsrṣṭa-puṃścalī-abhiśasta-anapadeśya-daṇḍika-takṣa-kadarya-bandhanika-cikitsaka-mṛgayu: GDh 17.17*). Interestingly, the *cikitsaka* here comes between miser, jailer, and hunter, not the company with which a self-respecting medical professional would want to be associated.

A very similar list with similar unsavoury characters is given by Vasiṣṭha, who places the medic (*cikitsaka*) at the head of the list: “medic, hunter, harlot, law enforcement agent, thief, public sinner, eunuch, and outcaste” (*cikitsaka-mṛgayu-puṃścalī-daṇḍika-stena-abhiśasta-takṣa-ṣaṇḍha-patita: VaDh 14.2*). Vasiṣṭha also gives a variant of the verse found at *ĀpDh 1.19.14 (VaDh 14.19)*:

cikitsakasya mṛgayoḥ śalyahartus tu pāśinaḥ |
ṣaṇḍhasya kulaṭāyās ca udyatāpi na gr̥hyate ||

(Almsfood) of a medic, hunter, surgeon, fowler, eunuch, or lascivious woman is not accepted even when it is presented.

Vasiṣṭha is the only early author to deal with physicians outside the context of food. In a section on the importance of learning to be a true Brāhmaṇa, he cites a verse that shows how men in certain professions cannot be real Brāhmaṇas, implicitly affirming that Brāhmaṇas may, indeed, have taken up these professions (*VaDh 3.3*):

⁴In this paper I use the term “medical practitioner” to refer in general to all who are engaged in medical practice; the term is not a translation of any Sanskrit term. I use three distinct English words for the three Sanskrit terms we will encounter: *bhiṣaj* = physician; *cikitsaka* = medic; *vaidya* = doctor.

⁵This meaning is supported by a variant of this verse in *VaDh 14.19*, where the term is *śalyahartṛ* (remover of darts). Caraka (*CS Sūtrasthāna 30.28*) gives a classification of medicine in eight branches, of which the first two are *śālākya* (surgical treatment of the body above the shoulders) and *śalyāpahartṛka* (surgery to remove foreign objects from the body).

*nānṛg brāhmaṇo bhavati na vaṇiṅ na kuśīlavaḥ |
na sūdrapreṣaṇaṃ kurvan na steno na cikitsakaḥ ||*

A man ignorant of the Veda⁶ is not a Brāhmaṇa, and neither is a trader, a theatrical performer, one taking orders from a Śūdra, a thief, or a medic.

Manu has the most extensive discussion of medical practitioners, using *bhīṣaj* once (*MDh* 3.180) and *cikitsaka* five times.⁷ In the list of people whose food may not be eaten, Manu lists *cikitsaka* along with other bad individuals (*MDh* 4.212), just as in the Dharmasūtras:

*cikitsakasya mṛgayoḥ krūrasyocchiṣṭabhojinaḥ |
ugrānnaṃ sūtikānnaṃ ca paryācāntam anirdaśam ||*

Food given by a medic, a hunter, a cruel man, or someone who eats leftovers; food of an Ugra⁸ and the food of a woman impure by reason of childbirth; food served at a meal where someone sips water during the meal; food given during the ten days of impurity resulting from a birth.

Further, he has an interesting verse that appears to hint at the issues connected with medics; they deal with human waste such as pus (*MDh* 4.220):

*pūyaṃ cikitsakasyānnaṃ puṃścalyās tv annam indriyam |
viṣṭhā vārduṣikasyānnaṃ śastravikrayiṇo malam ||*

The food of a medic is pus; the food of a lascivious woman is semen; the food of a usurer is excrement; and the food of an arms merchant is filth.

We have already come across many lists within which the medical practitioner is embedded. This is not the place to analyse the function of lists in didactic literature, but it is clear that lists do have a didactic function. When, for example a Caṇḍāla is listed in the midst of dogs and donkeys, the reader unconsciously assumes a similarity in their natures and characteristics. The other members of the lists that include medical practitioners, especially those that immediately precede or follow, are a clue to their social and religious position.

⁶The term *anṛc* here may refer specifically to the *Ṛgveda*, but it probably refers more generally to people who do not study their Vedic texts.

⁷*MDh* 3.152; 4.212; 4.220; 9.259; 9.284.

⁸Ugra is generally defined as a son of a Vaiśya father and a Śūdra mother.

Beyond dietary restrictions, Manu notes the medic also within the context of ancestral offerings (*śrāddha*). Dharmaśāstras give lists of people who should not be invited to eat at a *śrāddha*. Given that the invitees would generally be expected to be Brāhmaṇas, the people in these lists are individuals who could – perhaps wrongly in the eyes of our authors – be identified as Brāhmaṇas. In other words, they may have been Brāhmaṇas by birth as implied by Vasiṣṭha’s statement given above (*VaDh* 3.3). Manu’s list of people disqualified from attending *śrāddha*-s includes the medic (*cikitsaka*), who is listed alongside temple priests (*devalaka*), meat sellers, and those living as traders (*MDh* 3.152):

cikitsakā devalakā māṃsavikrayiṇas tathā |
vipaṇena ca jīvantō varjyāḥ syur havyakavyayoh ||

Medics, temple priests, meat sellers, and those who live by trade – these should be avoided at divine and ancestral offerings.

Later in the same passage, however, Manu (*MDh* 3.180) uses the term *bhiṣaj*, saying that what is given to him turns into pus and blood (*pūyaśoṇitam*). The *Mahābhārata* (*MBh* 5.38.4) also lists the *cikitsaka* among people such as drunkards, abortionists, and sellers of the Veda, who do not deserve to be offered water when they come as guests.

Manu’s low opinion of the *cikitsaka* is also apparent in his discussion (*MDh* 9.252–293) of the “eradication of thorns” (*kaṇṭakaśodhana*), that is, the duty of the king to rid his realm of miscreants who are thorns in the side of his subjects. Manu advises the king to be on the lookout for people who operate legally but prey on the people. Such “thieves operating in the open” (*prakāśavañcaka*) include gamblers, fortunetellers, and courtesans, as well as high officials (*mahāmātra*) and medics (*cikitsaka*) who act fraudulently (9.258–259). Medics also appear to have legal disabilities; the *Mahābhārata* (*MBh* 5.35.37) lists the *cikitsaka* among people who should not be called as witnesses in a court of law. A medic (*cikitsaka*) guilty of malpractice is assessed a fine depending on whether the patient is an animal or a human being (*MDh* 9.284):

cikitsakānām sarveṣāṃ mithyāpracaratām damaḥ |
amānuṣeṣu prathamō mānuṣeṣu tu madhyamaḥ ||

All medics guilty of malpractice are subject to a fine: the lowest in the case of non-humans and the middle in the case of humans.⁹

⁹*MDh* 8.138 gives the lowest fine as 250 Paṇas, the middle as 500, and the highest as 1,000.

Here we get the first inkling within the Dharmaśāstras that *cikitsaka* may also refer to veterinarians.

The most explicit statement on the social class within the *varṇa* framework to which medical practitioners belonged also comes from Manu. In discussing the various mixed *varṇa*-s giving rise to the plethora of *jāti*-s and their respective occupations, Manu (10.47) says that medicine (*cikitsita*) is the profession of Ambaṣṭhas, that is people born from a Brāhmaṇa father and a Vaiśya mother. Yājñavalkya also, writing two or three centuries after Manu, lists the *cikitsaka* among people whose food should not be eaten (*YDh* 1.162). He uses the term *bhiṣaj*, however, on two occasions. In the first (1.267), by offering a *śrāddha* a man obtains “success as a physician” (*bhiṣaksiddhi*).¹⁰ The second (2.242) parallels *MDh* 9.284 and deals with medical malpractice. In place of Manu’s *cikitsaka*, Yājñavalkya uses the term *bhiṣaj*. He is fined differentially, as in Manu, depending on whether the patient is an animal, a human being, or an officer of the king (*YDh* 2.242):

bhiṣaṅ mithyācaran daṇḍyas tiryakṣu prathamam damam |
mānuṣe madhyamaṅ rājapuruṣeṣūttamaṅ damam ||

A physician guilty of malpractice should be fined the lowest fine in the case of animals, the middle in the case of humans, and the highest in the case of royal officials.

In the Dharmaśāstras up to Yājñavalkya, the term *bhiṣaj* for a medical practitioner is used just four times, once each by Āpastamba and Manu, and twice by Yājñavalkya. It is unclear whether the last two authors used this term for metrical reasons; if so, then its use can be discounted. The term *cikitsaka*, however, is used by these Dharmaśāstric authors a total of ten times and is by far the most common term for a medical practitioner. It is unclear what, if any, difference there was between the two terms in these sources. I will return to this issue later.

Some assistance in this regard is given by Kauṭilya’s *Arthaśāstra*, a text whose significance for the cultural history of ancient India cannot be overestimated. In it the term *cikitsaka* occurs 24 times, whereas *bhiṣaj* occurs three times, two of these in the same passage. At *KAŚ* 1.21.9 physicians (*bhiṣajah*) and experts in poisons (*jāṅgulīvid*) are expected to be near the king at all times. And in the very next sentence (1.21.10) the *bhiṣaj* (now in the singular) is expected to take medicine intended for the king from the pharmacy, test its pu-

¹⁰The commentator Vijñāneśvara glosses this with *auśadhaphalāvāptih*.

rity by tasting, have it tasted by the cook, pounder, and himself, and present it to the king.¹¹ Here the *bhiṣaj* is a (or the) personal physician of the king, clearly an important position with an elevated status. The final occurrence of *bhiṣaj*, significantly, is in the section on the eradication of thorns (*kaṇṭakaśodhana*), just as in *Manu*. At *KAŚ* 4.1.56–57, a *bhiṣaj* who employs a life-threatening treatment without reporting it is subject to punishment:

*bhiṣajāḥ prāṇābādhikam anākhyāyopakramamāṇasya vipattau pūrvaḥ sā-
hasadaṇḍaḥ karmāparādhena vipattau madhyamaḥ | marmavadhavaiguṇ-
yakaraṇe daṇḍapāruṣyaṃ vidyāt ||*

For a physician who employs a life-threatening treatment without reporting it, the punishment is the lowest seizure fine¹² in the case of death; in the case of death due to malpractice,¹³ the middle fine. When an injury to a vital part or a physical impairment is caused, he should regard it as a case of physical assault.

Given that the other professions mentioned in this chapter consist of artisans, weavers, washermen, goldsmiths, and actors, the status of a *bhiṣaj* here does not appear to be high. His is among the professions that authorities are expected to keep an eye on.

By far the most common term for a medical practitioner in *Kauṭilya's Arthaśāstra*, however, is *cikitsaka*. This term was probably the most generic, as it covered the king's own physician (*KAŚ* 1.19.23), various kinds of itinerant healers, army medics (10.3.47), and even veterinarians. The itinerant lifestyle of *cikitsaka*-s¹⁴ is clearly indicated by the fact that they are recruited as spies and secret agents, or agents took on the appearance (*vyāñjana*) of *cikitsaka*-s (1.16.24; 4.4.3; 7.17.45). They had easy access to foreign kingdoms and domestic spaces, just like wandering ascetics. A *cikitsaka*, for example, is recruited¹⁵

¹¹ *tasmād aśya jāṅgulīvido bhiṣajāś cāsannāḥ syuḥ | bhiṣaj bhaiṣajyāgārād āsvādaviśu-
ddham auśadhaṃ gṛhītvā pācakapeśakābhyām ātmanā ca pratisvādya rājñe prayac-
chet ||*

¹² These are more or less the same as the fines given above in note 9.

¹³ The term *karmāparādha* here corresponds to *prajñāparādha* of *Caraka* (*CS Sūtrasthāna* 11.41 etc.), and the reference is to offences against proper professional practice.

¹⁴ See Dagmar Wujastyk (2012, p. 49).

¹⁵ It is not altogether clear whether he is a real *cikitsaka* or simply a secret agent pretending to be one. But, as Scharfe (1993, pp. 204f.) has noted, the undercover agents are not simply pretending but for the most part are recruited from the professions, including ascetic groups.

to trick a traitorous person into believing he is sick and to administer poison in the guise of medicine (*KAŚ* 5.1.35):

cikitsakavyañjano vā daurātmikam asādhyam vā vyādhiṃ dūṣyasya sthāpāyivā bhaiṣajyāhārayogeṣu rasenātisaṃdadhyāt ||

Alternatively, an agent working undercover as a physician, after determining that a traitor has an evil or incurable disease, should trick him by putting poison into the preparations of food and medicine.

A *cikitsaka* is advised not to treat a wounded man in secret without informing the authorities (*KAŚ* 2.36.10), and he helps government officials to allay diseases (probably contagious ones) through medicines (4.3.13). People in a fort city are not punished for breaking the night curfew when they go to get a *cikitsaka* to treat a sick person (2.36.38). The term *cikitsaka* is also used for vets who looked after the health and dietary needs of horses (2.30.26, 43, 46) and elephants (2.31.1; 2.32.16–18). It appears that in the *Arthaśāstra* *cikitsaka* most often refers to vets as revealed by his position between the elephant trainer (*anīkastha*) and the horse trainer (*aśvadamaka*) in land grants (2.1.7) and in the salary list (5.3.12). He heads the list of the retinue of people attending to elephants (*upasthāyivarga*: 2.32.16). At *KAŚ* 3.13.30, the *cikitsaka* is listed in a section dealing with laborers (*karmakara*) within the context of professional groups that work with the expectation of remuneration (*āśākārikavarga*), which includes artisans, craftsmen, theatrical performers, medics, bards, and attendants (*kāru-śilpi-kuśīlava-cikitsaka-vāgjīvana-paricāraka*). It is unclear what *varga* means here; in all likelihood the reference is to groups of professionals working for wages rather than a professional organization or guild, which is referred to in the *Arthaśāstra* as *gaṇa*, *saṅgha*, or *śreṇi*. But evidently *cikitsaka*-s were working-class professionals if we go by the others in the above list, and they worked for their living. The passage goes on to say that these people should receive wages similar to others in their profession or as experts may determine. So, there appears to have been standard remuneration for services of *cikitsaka*-s, and in the event of a dispute one would consult an expert in medical matters.

A few conclusions can be derived from the material in the *Dharmaśāstras* and Kauṭilya's *Arthaśāstra*. First, the vocabulary. Even though *bhīṣaj* continued to be used occasionally, the common term for a medical practitioner, whether it is the king's personal physician, an itinerant healer, or a veterinarian, was *cikitsaka*. The latter had the advantage of being able to be used in verbal forms as well. Thus, for example, Nārada in discussing male impotency calls some kinds

cikitsya (curable) and other kinds *acikitsya* (incurable: *NSm* 12.11). We also have the term *cikitsā*, medical treatment or therapy, in the medical treatises. The term *bhiṣaj* is very old, being used frequently in the *Ṛgveda* and the *Atharvaveda*; it also has Iranian cognates (Mayrhofer 1956–1980, II: 502). On the other hand, *cikitsaka* appears to have been a newer term. The earliest reference to *cikitsaka* I have been able to find is the *Śatapathabrāhmaṇa* (11.5.7.1) where a person devoted to Vedic recitation (*svādhyāya*) is said to be “the best healer of himself” (*paramacikitsaka ātmanah*). The date of the *Śatapathabrāhmaṇa*, especially its later parts, is quite uncertain.¹⁶ The term, as far as I can tell, is absent in the post-Vedic literature, including *Āpastamba* and *Patañjali*, until *Gautama’s Dharmasūtra* circa the second century BCE.¹⁷

Although the available evidence does not permit us to make a clearer distinction between the meanings of the two terms, nevertheless I think *bhiṣaj* with its ancient roots and divine associations (Aśvins) enjoyed greater prestige than the *cikitsaka*, even though the two continue to be used without much discrimination. The *Mahābhārata* has the interesting episode where Indra objects to Soma being offered to the two Aśvins, whom he calls *bhiṣajau* (*MBh* 3.124.9). A couple of verses later, after an appeal by Cyavana that they do deserve Soma, Indra disparages the Aśvins, calling them *cikitsaka-s* and *karmakara-s* (men working for wages) who roam in the world among mortals (3.124.12).¹⁸ Note also that *Yājñavalkya* uses *bhiṣaj* even when referring to a vet, although it is unclear whether there was a clear professional distinction in ancient India between human and animal physicians; perhaps the same people treated both animals and humans. *Kauṭilya’s Arthaśāstra*, however, never uses the term *bhiṣaj* for a vet. Nevertheless, the clear preference for *cikitsaka* in our sources indicates that a linguistic shift had taken place, and there must have been some reason for it.

¹⁶See Bronkhorst (2007, pp. 219f.). Here also, however, *cikitsaka* may be used to indicate someone who heals; see below on the adjectival use of the term.

¹⁷In Aśoka’s Major Rock Edict 2 we have several variants at the various sites where this inscription occurs: *cikisa*, *cikissā*, *cikīchā*, *cikissakā*; see Bloch (1950, pp. 93–95). The term is surprisingly missing in Turner’s *A Comparative Dictionary of Indo-Āryan Languages*. We have the form *tikicchaka* in Pāli (*Vinaya* I: 276; *Dīgha Nikāya* I: 10; *Aṅguttara Nikāya*, *Tikicchakasutta*, 5.219; *Petavattu*, 594; *Theragāthā*, 722; etc.).

¹⁸This story goes back to the *Taittirīyasaṃhitā* (6.4.9), where the Aśvins are said to be impure because they are physicians (*bhiṣaj*). They had to undergo a special purification to make them fit to partake of Soma. The example of the Aśvins is invoked in this passage for the rule that a Brāhmaṇa should not undertake the profession of a physician (*tasmād brāhmaṇena bheṣajam na kāryam apūto hy eṣo ’medhyo yo bhiṣak*). For further discussion of this significant passage, see Preisendanz (2015, pp. 124–129).

Another factor to be considered is that at least in some contexts *cikitsaka* may have been used adjectivally to refer to a medical practitioner who is actually treating a patient, what we may call today “an attending physician,” and not to the physician as such. This meaning may be attached to its usage in the medical texts. We see it clearly in the following passage of the *Mahābhārata* (*MBh* 3.30.9):

ātmānaṃ ca paraṃ caiva trāyate mahato bhayāt |
krudhyantam apratikrudhyan dvayor eva cikitsakah ||

When a man does not show anger in return at a man who is angry, he rescues himself and the other from great danger; he brings healing to both.

This usage is similar to the one we saw in the *Śatapathabrāhmaṇa*. The best we can say without further detailed study, however, is that there was a partial semantic overlap between *bhiṣaj* and *cikitsaka*.

Second, in Kauṭilya’s *Arthaśāstra* there is no hint of any social or legal disability affecting medical practitioners, *bhiṣaj* or *cikitsaka*, physician or medic. Third, the Dharmaśāstras, apart from alluding to their social and religious disabilities, say nothing more about medical practitioners, not even in the context of sickness and death.

Fourth, there is a pregnant silence in these legal sources that is even more instructive than the two terms they use for a medical practitioner. The term *vaidya* in the sense of a medical doctor, so common in Āyurvedic texts and in later Indian discourse, is absent in Kauṭilya’s *Arthaśāstra* and in the Dharmaśāstras up to and including Yājñavalkya.¹⁹ The term makes its first appearance in the legal literature only in a seventh-century Kashmiri work, the *Viṣṇusmṛti*.²⁰ The term in the sense of a physician is found just twice in the *Rāmāyaṇa*, both in the Ayodhyākāṇḍa (2.10.8; 2.77.14). Given that this text does not have a single word for a medical practitioner outside these two occasions, not even *cikitsaka* or *bhiṣaj*, one may doubt their antiquity. The *Mahābhārata*, on the

¹⁹The term *vaidyaka* is used with reference to medical science in Patañjali’s *Mahābhāṣya* (I: 9, 23), which, as far as I can tell, is the earliest use of this term. It is also used in the *Kāmasūtra* (2.9.42). For Buddhist Sanskrit references to the Buddha as *vaidyārāja*, see Edgerton (1953, p. 510). The term also appears in the *Lalitavistara* – *vaidyarāja*: 1.5; 5.34; 7.23, 51; *vaidyottama*: 2.14.

²⁰At *ViDh* 71.66 there is the advice not to live in a region without doctors (*vaidyahīna*). The two occurrences in the *YDh* (1.158, 333) are at best ambiguous and probably refer simply to learned people.

other hand, uses *bhiṣaj* 11 times, *cikitsaka* 15 times, and *vaidya* (in the sense of medical doctor) 13 times.²¹ Outside of the medical treatises, *vaidya* makes its appearance for the first time in the *Mahābhārata* and, later, in Vātsyāyana's *Kāmasūtra*.²² We cannot be too far off in dating the widespread use of *vaidya* for a medical practitioner to the beginning of the Common Era.²³

I think the use of *vaidya* for a medical doctor is associated with the attempt within the emerging medical profession of Āyurveda to professionalize medical education, to elevate the status of the doctor, and to distinguish the new medical professional from the dubious and itinerant characters practicing medicine referred to as *cikitsaka* in the Dharmaśāstras and Kauṭilya's *Arthaśāstra*.²⁴ The text of Caraka, for example, uses *cikitsaka* in just 6 passages,²⁵ whereas it uses *bhiṣaj* over 400 times and *vaidya* about 80 times. Suśruta also uses *cikitsaka* just 12 times,²⁶ while he uses *bhiṣaj* over 250 times and *vaidya* over 100 times. And Vāgbhaṭa uses *cikitsaka* just 3 times,²⁷ *bhiṣaj* 78 times, and *vaidya* 29 times. We see *cikitsaka* taking a back seat to the two other terms in these major Āyurvedic texts. The term is used always in verses by Suśruta and Vāgbhaṭa, and only twice in prose passages by Caraka; at this point the significance of this distribution remains unclear to me. The rehabilitation of the ancient term *bhiṣaj* can also be seen as a move away from the problematic *cikitsaka*.²⁸ And

²¹ *bhiṣaj*: 1.3.58; 1.38.29; 3.58.27; 3.123.11; 3.124.9; 3.297.45; 12.43.12; 12.137.52; 13.63.31; 13.89.12; 13.135.75; *cikitsaka*: 1.96.58; 3.30.9; 3.124.12; 5.33.71; 5.35.37; 5.37.54; 5.38.4; 5.149.53; 6.115.52; 12.37.22; 12.37.30; 12.87.16; 12.138.30; 13.24.15; 13.144.29; *vaidya*: 2.5.80; 3.2.23; 3.200.15; 5.149.53; 5.149.78; 6.115.51, 53, 55; 10.3.9; 12.28.22, 44; 12.69.57; 12.318.31. Note that this list contains only passages included in the critical edition, and not those that are relegated by the editors to the critical apparatus or appendices.

²² It uses the term *vaidya* for a physician three times (*KS* 5.2.6; 6.1.10; 6.3.16), whereas *cikitsaka* and *bhiṣaj* are absent in it.

²³ We know from Patañjali's use of *vaidyaka* that the term may have arisen at least by the middle of the second century BCE.

²⁴ See the section on the "quack" doctor in Dagmar Wujastyk (2012, p. 45f.).

²⁵ *CS Sūtrasthāna* 4.7, 10.7, 17.103, 30.7; *Vimānasthāna* 8.57 (twice); *Cikitsāsthāna* 3.193.

²⁶ *Suśrutasaṃhitā Sūtrasthāna* 1.35, 4.7, 10.6, 26.17; *Nidānasthāna* 15.12; *Cikitsāsthāna* 2.64, 9.65, 15.47, 20.42; *Kalpasthāna* 4.18; *Uttaratantra* 39.155, 49.23.

²⁷ *Aṣṭāṅgahr̥dayasaṃhitā Sūtrasthāna* 19.60; *Uttarasthāna* 5.21, 31.33.

²⁸ One of the few places I have found where the *vaidya* appears to be distinguished from *cikitsaka* is *MBh* 5.149.53 in a list of equipment and personnel to accompany a king into battle. It appears to give *vaidya* and *cikitsaka* as two distinct categories, translated, not quite accurately, by van Buitenen as physician and surgeon: *śakaṭāpaṇaveśās ca yānayugyaṃ ca sarvaśaḥ | kośayantrāyudhaṃ caiva ye ca vaidyās cikitsakāḥ ||*. But I

the adoption of the new term *vaidya*, with its resonance to the Veda and Vedic learning, was probably a new strategy to elevate the status of the medical professional. It is probably connected with the new regimen of medical education and the rituals of initiation into medical studies. These learned men of medicine can now be truly called “doctors.”

The terms *bhiṣaj* and *vaidya* are used without much distinction, however, in these texts. Thus, for example, in Caraka (*CS Sūtrasthāna* 9.3) *bhiṣaj* is given as one of the four feet of therapy, while in verse 12 the other three are said to assist the *vaidya*, and then the *bhiṣaj* is said to be the principle therapeutic factor. Further, in verse 13 once again it is said that without the *vaidya* the other three are useless. Clearly, in this passage the two terms are used interchangeably.

Yet, it appears that a medical practitioner had to go through a ritual and educational process before being given the title of *vaidya* (*vaidyaśabda*). Not every person treating ailments can be called a *vaidya* (*CS Sūtrasthāna* 9.22–23):

vidyā matiḥ karmadr̥ṣṭir abhyāsaḥ siddhir āśrayaḥ |
vaidyaśabdābhiniṣpattāv alam ekaikam apy ataḥ ||
yasya tv ete guṇāḥ sarve santi vidyādayaḥ śubhāḥ |
sa vaidyaśabdaṃ sadbhūtam arhan prāṇisukhapradaḥ ||

Knowledge, intellect, practical observation,²⁹ continued practice, success (in treatment), and dependence (on an experienced preceptor) – even one of these is sufficient to justify the use of the title *vaidya*. But someone who possesses all these excellent qualities beginning with knowledge, giving comfort to all living beings, deserves the title *vaidya* properly so-called.³⁰

The passage cleverly connects *vaidya* with *vidyā*, which heads the list of qualities and which is often used to refer to the triple Veda itself (*trayī vidyā*).

Later, Caraka distinguishes three kinds of *bhiṣaj* (*CS Sūtrasthāna* 11.50): those who go about in the guise of a *bhiṣaj* (*bhiṣakchadmacarāḥ*); those who are so constituted by their association with accomplished people (*siddhasādhitā*); and finally, the true physicians, who possess the qualities of a *vaidya* (*vaidyaguṇair*

think it is more likely that, as I noted earlier, *cikitsaka* here appears to qualify *vaidya*. It is the *vaidya*-s who act as *cikitsaka*-s, that is, doctors attending to military casualties, who are to accompany the king and the army.

²⁹The reference here is to observation by a novice of medical treatment carried out by an experienced master.

³⁰Translation modified from Sharma & Dash (1997–1998).

yuktāḥ).³¹ I will return to the fake physician later. Only in the third kind of genuine physician does the true nature of a doctor (*vaidyatva*) abide (Sūtrasthāna 11.53). Caraka calls the other kinds fake or pretended doctors (*vaidyamānin*).³²

The elaborate initiation into medical education, an initiation that is deliberately modelled after the Vedic *upanayana* rite, further strengthens the thesis that the organized medical education sought to elevate the status of a physician.³³ The Āyurvedic *vaidya* is a counterpart to the *vedavid* and *śrotriya* of the Vedic tradition. Both these reasons – knowledge and initiation – for the new status of a *vaidya* are presented by Caraka in a significant passage (CS Cikitsāsthāna 1.4.52–53), which I will cite in full and attempt to unpack, given the significant variant readings in it:

vidyāsamāptau bhiṣajo dvitīyā jātir ucyate |
aśnute vaidyaśabdaṃ hi na vaidyaḥ pūrvajanmanā ||
vidyāsamāptau brāhmaṇ vā sattvam āṛṣam athāpi vā |
dhruvam āviśati jñānāt tasmād vaidyo dvijaḥ smṛtaḥ ||

At the complete acquisition of knowledge (or, conclusion of study), the second birth of a physician is said to take place, for he obtains the title of doctor; one is not a doctor through the earlier birth.

At the complete acquisition of knowledge, the Brahman's or seer's spirit enters him firmly because of his knowledge; therefore, the doctor is declared to be a twice-born.

In the first verse Caraka makes several significant points aimed at underlining the exalted position of a doctor. First, he makes a clear connection or even equivalence between *vaidya* and the second birth, which in the Dharmaśāstras is closely associated with Vedic initiation and the status of a Brāhmaṇa as “twice-born.” The second birth is obtained when a physician (*bhiṣaj*) has fully acquired medical knowledge (*vidyāsamāpti*). The term *samāpti* in the Dharmaśāstras, however, often has the additional meaning of conclusion, especially the conclusion of a period of study or studentship. Thus at Manu 3.145 *samāptika* (or the variant *samāptiga*) refers to someone who has completed his Vedic study,

³¹ For a longer discussion, see Dagmar Wujastyk (2012, pp. 42f.).

³² See CS Sūtrasthāna 16.4; Vimānasthāna 3.45.

³³ For a detailed treatment of medical education and rituals associated with it, see Preisen-danz (2007); Dagmar Wujastyk (2012).

a completion that is intimately connected to Vedic initiation. Gautama (*GDh* 7.3) uses the simple locative *samāpte* to refer to a person who has completed his studies, and *vedasamāpti* (16.34) to refer to someone who has completed the recitation of the Veda. So, the expression *vidyāsamāptau* here may have a pregnant meaning referring to the completion of medical education and, implicitly, also to medical initiation. Further, the reason why it is a second birth is because (*hi*) through this acquisition the physician obtains (*aśnute*) the title or designation (*śabda*) of “doctor” (*vaidya*). Thus, we have a neat connection made between three things: full acquisition of knowledge, second birth, and the title of doctor. The verse ends with what appears to be a broadside against the traditional Brahmanical views on these matters: a man does not become a *vaidya* by reason of “previous birth.” Now, the expression *pūrvajanman* is ambiguous. Dominik Wujastyk (1993: 762) in his translation of this verse takes it to mean “inherited,” that is, one is not born a *vaidya*. Not inherited could mean that this title either is not handed down from father to son, or it is not the result of actions done in a previous birth. Given the use of “second birth” in *pāda* b, however, the expression *pūrvajanman* in *pāda* d probably refers to the physician’s first or earlier birth, that is, his biological birth from his mother. If this is the case, as seems likely, then Wujastyk’s “inherited” makes sense. The status of a *vaidya* is not inherited like the status (*jāti*) of a Brāhmaṇa; it is an acquired status. One becomes a *vaidya* not on account of one’s first birth (*jāti*), but on account of one’s second birth (*jāti*) through knowledge.

The second verse is a twin of the first, both beginning with *vidyāsamāptau*, and takes the argument a step further; it is, I think, a rhetorical smackdown of the Dharmaśāstric views on initiation, knowledge, and the status of a Brāhmaṇa as a twice-born. The conclusion in *pāda* d forms a nice parallel to *pāda* d of the first verse. The conclusion states *tasmād vaidyo dvijaḥ smṛtaḥ*: the reason that a doctor is authoritatively declared (*smṛtaḥ*) to be a twice-born is the complete acquisition of knowledge. This statement parallels the conclusion of the first verse, which denied that the status of a *vaidya* is derived from one’s earlier birth (through the mother). This status, as anthropologists would say, is not ascribed but has to be acquired, and that can only be done through the completion of a course of study to which one is ritually initiated. By means of this knowledge, the central section of the verse states, the *sattva* that is *brāhma* or *ārṣa* enters the physician. First, what does *sattva* mean here? Dominik Wujastyk takes it as “spirit” and Sharma as “mental faculty.” I think they are right, because the same term is used in the section on embryology (*CS Śārīrasthāna* 3.3–4) to refer to the mind or spirit (*manas*) that enters the fetus. This *sattva* may be of two kinds: *brāhma*, connected to Brahṁā, or *ārṣa*, connected to *ṛṣi* or seer. Either of these *sattva*-s constitutes the *vaidya* as a *dvija*, which Wujastyk rightly takes

to mean a Brāhmaṇa.³⁴ The metaphor of birth in these verses suggests that *sattva* here is used in a sense similar to its usage in the section on embryology. But here the *sattva* is connected to Brahmā, the first exponent of Āyurveda, and to the Ṛṣis, not to *manas* that enters the embryo. We see that knowledge of Āyurveda was first transmitted to the Ṛṣis by Indra, and it continued as an *ārṣa* form of knowledge (see *CS Sūtrasthāna* 1).

What these two verses clearly do is to anchor the exalted status of a physician (*bhiṣaj*) on the fact that he is a doctor (*vaidya*) on account of accomplishment in knowledge, and it is this status that confers on him the second birth and the title of “twice-born,” that is, a true Brāhmaṇa. Thus, I think the variant readings introduced into the text replacing “second” with “third” (*tr̥tīyā jātiḥ*, *trijah*) are secondary and attempt to square what these verses say with the “fact” that Brāhmaṇas get their second birth through Vedic initiation.³⁵ This reading takes the edge off what Caraka is saying and makes the verses conform to traditional Brahmanical theology.

The *vaidya* is also given the title of *ācārya*, teacher. But unlike other teachers, he is called a *prāṇācārya*, a teacher with respect to life itself. He is to be respected, and one should never offend him (*CS Cikitsāsthāna* 1.4.54):

nābhidhyāyen na cākrośed ahitaṃ na samācaret |
prāṇācāryaṃ budhaḥ kaścid icchann āyur anitvaram ||

A wise man desiring a long life should never covet the possessions of the teacher of life, revile him, or do anything harmful to him.

³⁴In Dharmasāstric usage, as also in the Sanskrit epics, *dvija* (as distinct from its companion term *dvijāti*) almost invariably refers to a Brāhmaṇa and not simply to anyone who has undergone Vedic initiation: see Biardeau & Malamoud (1976, p. 32); Olivelle (2012).

³⁵For an examination of this issue, see Scharfe (2002, p. 262f.). The term *pūrvajanman* also makes better sense with two births rather than three. My conclusion is based on higher criticism. We need a critical edition of this part of Caraka to see whether this conclusion is supported by the manuscript tradition. Preliminary work on Caraka manuscripts by Philipp A. Maas (private communication) suggests that the oldest manuscripts do, indeed, record the reading *dvija*. This conclusion has been confirmed by the collation of several manuscripts representative of the major branches in the transmission of the *Carakasamhitā* carried out by Karin Preisendanz (personal communication). She reasons that this novel reading was introduced by Gangadhar Ray, the editor of the *editio princeps* of the *Carakasamhitā*.

By preventing disease and death, he helps people pursue the triple set (*trivarga*) of *dharma*, *artha*, and *kāma* (Cikitsāsthāna 1.4.51, 54–62).

In a statement that appears to answer the criticism of the Dharmaśāstras, Caraka admits that there are bogus physicians and offers a description (CS Sūtrasthāna 11.51):

*vaidyabhāṇḍauśadhaiḥ pustaiḥ pallavair avalokanaiḥ |
labhante ye bhiṣakśabdān ajñās te pratirūpakāḥ ||*

When they obtain the title of *bhiṣaj* by means of the equipment and medicines of a *vaidya*, and books, and with armlets and glances, they are ignorant fakes.

The bogus physician is one of the three kinds of medical practitioner noted above.³⁶ Later, Caraka (CS Sūtrasthāna 29.8–13) gives a further description of physicians (*bhiṣaj*) who are charlatans and imposters in words reminiscent of Manu and Kauṭilya (note the use of “thorn,” *kaṇṭaka*) and pointing to his awareness that his profession does have an image problem:

ato viparītā rogāṇāṃ abhisarā hantāraḥ prāṇānāṃ bhiṣakchadmapratichannāḥ kaṇṭakabhūtā lokasya pratirūpakasadharmāṇo rājñāṃ pramā-dāc caranti rāṣṭrāṇi || teṣāṃ idaṃ viśeṣavijñānaṃ bhavati | atyartham vaidyaveśena ślāghamānā viśikhāntaram³⁷ anucaranti karmalobhāt, śrutvā ca kasyacid āturam abhitaḥ paripatanti ... ||

Quite the opposite of this are the companions of diseases and destroyers of life-breaths. Cloaking themselves with the garb of physicians and becoming thorns to the people, they wander across countries because of the negligence of kings, having the characteristics of a fake. This is how one can recognize them: being extremely pompous in the attire of a doctor, they stroll down the market streets because of their yearning to obtain work; and when they hear that someone is sick, they rush toward him ...

³⁶See Dominik Wujastyk (2003, p. 33), for a translation of the passage on these three kinds of physicians (CS Sūtrasthāna 11.50–53); see also Dagmar Wujastyk (2012, pp. 42f.).

³⁷For the meaning of *viśikhā* as a market or “high” street, see Preisendanz (2007, pp. 655–656). The meaning of “major commercial street” (the “high street” of Britain) is evident in KAŚ 2.13.2.

There is no evidence that such charlatans were called *cikitsaka*-s. In fact, many of our sources use *cikitsaka* and *bhiṣaj* interchangeably. Thus, for example, Caraka (*CS Cikitsāsthāna* 3.193) says that some *cikitsaka*-s do not praise soup made of fowl and the like, but in the very next verse refers to *bhiṣaj*-s who recommend other kinds of soup; clearly the two are used with the same or similar meanings. Yet, if there was some distinction between these two terms, then *bhiṣaj* tended to come closer to the *vaidya* as defined by Caraka and others, whereas *cikitsaka* tended to be the run-of-the-mill medic, both for humans and animals, who made his services available for a fee, as demonstrated by several *Arthaśāstra* passages given above. I think the charging for services just like a normal worker (*karmakara* of the *Arthaśāstra* and the *Mahābhārata*) is probably what distinguished the two in the minds of at least some later commentators. We have an interesting list in the *Mahābhārata* (*MBh* 5.33.71) of people who live off others, and among these is the *cikitsaka* who lives off sick people.

The two early Dharmaśāstric commentators from the ninth century, Viśvarūpa and Medhātithi, appear to see the three terms as roughly equivalent. Viśvarūpa, commenting on *YDh* 1.162, glosses *cikitsaka* with *vaidya*. Medhātithi does the same when he comments on *MDh* 9.259, while he glosses it with *bhiṣaj* at *MDh* 3.152 (142 in Medhātithi's enumeration), but with a notable explanation I will take up below. Later commentators, however, offer more specific and more helpful glosses. The great twelfth-century commentary, *Mitākṣarā*, by Vijñāneśvara (on *YDh* 1.162) describes *cikitsaka* as *bhiṣagvr̥tṭiyupajīvi*, "one who makes a living through the occupation of a physician"; while Aparārka glosses *cikitsāvṛtṭiḥ*, "one whose livelihood derives from providing medical treatment." Similarly, medieval commentators of Manu also use either of two terms, *vṛtṭi* or *ājīvin*, to show that the reference is to people who derive their livelihood through the practice of medicine. It appears that people who openly practiced medicine for wages or payments were looked down upon, especially if they happened to be Brāhmaṇas. So, Vijñāneśvara, commenting on *YDh* 2.242 where a *bhiṣaj* is to be punished when he acts wrongly (*mithyācaran*), gives the following explanation:

bhiṣaṅ mithyā āyurvedānabhiñña eva jīvanārthaṃ cikitsitajño 'ham iti tiryāṅmanuṣyarājapuruseṣu cikitsām ācarati |

A physician "wrongly," i.e., without knowing Āyurveda at all, saying: "I know medical treatment," practices medicine on animals, humans, and royal officials in order to gain a living.

This is the kind of fake physician identified by Caraka.

The tentative conclusion we can derive from the texts we have examined above is that there were probably various kinds of individuals who practiced medicine in ancient India; some of them were fakes and charlatans, walking the main thoroughfares of cities trying to drum up business. Even among proper medical practitioners, there were many who gained a living by providing services to various state agencies, especially to the army where veterinarians were needed to look after horses and elephants and medics were in demand to treat battlefield injuries. The term *cikitsaka* was probably applied in a special way to these kinds of medical practitioners. With the professionalization of Āyurveda and the organization of medical education, we see a new nomenclature being adopted – especially *vaidya* – and the doctor being distanced from those other wage-earning medical practitioners.

We have somewhat of a parallel in the term *devalaka* used by Manu (*MDh* 3.152, 180)³⁸ side by side with *cikitsaka*; the two are excluded from *śrāddha*-s. Now, a *devalaka* was what we would call today a temple priest; Medhātithi calls him *pratimāparicāraka*, performing rituals for divine images. But other Brāhmaṇas, even Vedic priests, do perform ritual activities. How is that different from what *devalaka*-s do? The commentators are unanimous in noting that the difference lies in the *devalaka* doing his rituals for money, to derive a livelihood – Kullūka: *vartanārthatvenaitat karma kurvato 'yaṃ niṣedho na tu dharmārtham* – “This prohibition pertains to a person who performs this ritual in order to obtain a livelihood and not to a person who does it for the sake of dharma”; Sarvajñanārāyaṇa: *devalakān dhanārthaṃ devārcakān* – “Devalakas are those who perform divine rites for the sake of money.” So, the implication is that other Vedic and *smārta* Brāhmaṇas do not perform rituals for money. We see in their case a different term being used: they do not receive wages but *dakṣiṇā*, a kind of gift that is distinguished at least nominally from wages.³⁹ The similarity between *cikitsaka* and *devalaka* both in their definitions and in the reason for their ritual exclusion is clearly articulated by Medhātithi (on *MDh* 3.152):

ājīvanasambandhenaitau pratiśidhyete |
dharmārthatve tu cikitsakadevalatvayor adoṣaḥ ||

³⁸ Also in *ViDh* 82.8–9. This pair is also given together in *MBh* 13.24.15 among people who should not be invited to a *śrāddha*.

³⁹ We see the term *vetana* used in *KAŚ* 3.14.28 for the wages of ritualists (*yājaka*). The ideal learned Brāhmaṇa is the *śrotṛiya*, who does not accept gifts: Heesterman (1985, p. 37).

These two are forbidden insofar as they are connected to a livelihood. There is no fault, however, in being a *cikitsaka* or a *devala* when those activities are carried out for the purpose of *dharma*.

And parallel to this we have the following advice given by Caraka (CS Sūtrasthāna 1.131–132) to the aspiring doctor: he should not work for money or accept other forms of remuneration from his patients:⁴⁰

varam āśīviṣaviṣaṃ kvathitaṃ tāmram eva vā |
pītam atyagnisantaptā bhakṣitā vāpy ayoguḍāḥ ||
na tu śrutavatāṃ veśaṃ bibhratā śaraṇāgatāt |
gṛhītam annaṃ pānaṃ vā vittaṃ vā rogaṇīditāt ||

Better to drink the poison of a virulent snake or even molten copper, or eat red-hot iron balls, rather than for a man wearing the attire of learned men to accept food, drink, or money from a man, tormented by sickness, who has come to him for succour.

Abbreviations

ĀpDh	Āpastambadharmasūtra, see Olivelle 2000
CS	Carakasamhitā, see Sharma & Dash 1997–1998
GDh	Gautamadharmasūtra, see Olivelle 2000
KAŚ	Kauṭilya, Arthaśāstra, see Kangle 1969
KS	Vātsyāyana, Kāmasūtra
MBh	Mahābhārata
MDh	Mānavadharmasāstra, see Olivelle 2005
NSm	Nāradaśmṛti, see Lariviere 1989
VaDh	Vasiṣṭhadharmasūtra, see Olivelle 2000
ViDh	Viṣṇudharmasūtra, see Olivelle 2009
YDh	Yājñavalkyadharmasāstra

⁴⁰For a longer discussion of the uneasy relationship between money and physicians, see Dagmar Wujastyk (2012, pp. 50, 117–123). In a personal communication she says that “the question of a physician’s salary is never directly discussed in the Āyurvedic works. ... there are a couple of mentions of how the patient is indebted to the physician and owes him, but no concrete information on money. ... Caraka admonishes that monetary gain shouldn’t be the physician’s main goal.”

References

- Biardeau, M., & Malamoud, Ch. (1976). *Le sacrifice dans l'Inde ancienne*. Bibliothèque de l'École des Hautes Études, Section des Sciences Religieuses 79. Paris: Presses Universitaires de France.
- Bloch, J. (1950). *Les inscriptions d'Asoka. Traduites et commentées*. Collection Emile Senart. Paris: Société d'édition «Les belles lettres».
- Bronkhorst, J. (2007). *Greater Magadha: Studies in the culture of early India*. Handbuch der Orientalistik, Abt. 2, Indien 19. Leiden: Brill.
- Edgerton, F. (1953). *Buddhist Hybrid Sanskrit: Grammar and dictionary*. Vol. II: *Dictionary*. New Haven: Yale University Press.
- Gren-Eklund, G. (1978). *A study of nominal sentences in the oldest Upaniṣads*. Studia Indoeuropaea Upsaliensia 3. Uppsala: Almqvist & Wiksell.
- Heesterman, J.C. (1985). *The inner conflict of tradition: Essays in Indian ritual, kingship, and society*. Chicago: University of Chicago Press.
- Kangle, R.P. (1969). *The Kauṭīlīya Arthaśāstra*. Part I: *A critical edition with a glossary*. University of Bombay Studies. Sanskrit, Prakrit and Pali 1. 2nd ed. Bombay: University of Bombay.
- Lalitavistara*. Edited by P.L. Vaidya. Buddhist Sanskrit Texts 1. Darbhanga: The Mithila Institute of Post-Graduate Studies and Research in Sanskrit Learning, 1958.
- Lariviere, R.W. (1989). *The Nāradaśmṛti*. Critically edited with an introduction, annotated translation, and appendices. University of Pennsylvania Studies on South Asia 5. 2 vols. Philadelphia: Department of South Asia Regional Studies University of Pennsylvania.
- Mahābhārata*. Edited by V.S. Sukthankar et al. 20 vols. Poona: Bhandarkar Oriental Research Institute, 1933–1966.
- Mayrhofer, M. (1956–1980). *Kurzgefaßtes etymologisches Wörterbuch des Altindischen; A concise etymological Sanskrit dictionary*. Heidelberg: Carl Winter.
- Meulenbeld, G.J. (1999–2002). *A history of Indian medical literature*. 5 vols. Groningen Oriental Studies 15. Groningen: E. Forsten.
- Olivelle, P. (2000). *Dharmasūtras: The law codes of Āpastamba, Gautama, Baudhāyana, and Vasiṣṭha*. Delhi: Motilal Banarsidass.
- Olivelle, P. (2002a). *Abhakṣya and abhojya: An exploration in dietary language*. *Journal of the American Oriental Society*, 122, 345–354.
- Olivelle, P. (2002b). *Food for thought: Dietary rules and social organization in ancient India*. Gonda Lecture 9. Amsterdam: Royal Netherlands Academy of Arts and Sciences.
- Olivelle, P. (2005). *Manu's code of law. A critical edition and translation of the Mānava-Dharmaśāstra*. New York: Oxford University Press.
- Olivelle, P. (2009). *The law code of Viṣṇu: A critical edition and annotated translation of the Vaiṣṇava-Dharmaśāstra*. Harvard Oriental Series 73. Cambridge, Mass.: Harvard University Press.

- Olivelle, P. (2010). Dharmaśāstra: A textual history. In T. Lubin, D.R. Davis, & J.K. Krishnan (Eds.), *Hinduism and Law: An Introduction* (pp. 28–57). Cambridge: Cambridge University Press.
- Olivelle, P. (2012). Patañjali and the beginnings of Dharmaśāstra: An alternate social history of early Dharmasūtra production. In S. D’Intino & C. Guenzi (Eds.), *Aux abords de la clairière: Études indiennes et comparées en l’honneur de Charles Malamoud* (pp. 117–133). Bibliothèque de l’École des Hautes Études – Sciences religieuses 154. Paris: Brepols.
- Olivelle, P. (2013). *King, governance, and law in ancient India: Kauṭilya’s Arthaśāstra. A new annotated translation*. New York: Oxford University Press.
- Patañjali, *Mahābhāṣya*. Edited by F. Kielhorn. 3rd revised edition by K.V. Abhyankar. 3 vols. Pune: Bhandarkar Oriental Research Institute, 1962–1972.
- Preisendanz, K. (2007). The initiation of the medical student in early classical Āyurveda: Caraka’s treatment in context. In B. Kellner et al. (Eds.), *Pramānakīrtiḥ: Papers dedicated to Ernst Steinkellner on the occasion of his 70th birthday*. Part 2 (pp. 629–668). Wiener Studien zur Tibetologie und Buddhismuskunde 70.2. Wien: Arbeitskreis für Tibetische und Buddhistische Studien.
- Preisendanz, K. (2015). Between affirmation and rejection. Attitudes towards the body in ancient South Asia from the Ṛgveda to early classical medicine. In G. Melville & C. Ruta (Eds.), *Thinking the body as a basis, provocation and burden of life: Studies in intercultural and historical contexts* (pp. 113–144). Challenges of Life. Essays on Philosophical and Cultural Anthropology 2. Berlin/Boston: de Gruyter Oldenbourg.
- Rāmāyaṇa*. Edited by G.H. Batt & U.P. Shah. 7 vols. Baroda: Oriental Institute, 1951–1975.
- Scharfe, H. (1993). *Investigations in Kauṭilya’s manual of political science*. Wiesbaden: Harrassowitz.
- Scharfe, H. (2002). *Education in ancient India*. Handbuch der Orientalistik, Abt. 2, Indien 16. Leiden: Brill.
- Sharma, R.K., & Dash, V.B. (1997–1998). *Caraka Saṃhitā [Text with English translation & critical exposition based on Cakrapāṇi Datta’s Āyurveda Dīpikā]*. 3 vols. 5th ed. Varanasi: Chowkhamba Sanskrit Series Office.
- Suśruta, *Suśrutasaṃhitā*. Edited by Bh.G. Ghaṇekar. Delhi: Motilal Banarsidass, 1975.
- Vāgbhaṭa, *Aṣṭāṅgahṛdayasaṃhitā*. Electronic edition by R.P. Das & R.E. Emmerick. SARIT: Search and Retrieval of Indic Texts. London, 2009.
- Vātsyāyana, *Kāmasūtra*. Edited by P. Dvivedi. Chaukhamba Surbharati Granthamala 299. Varanasi: Caukhamba Surabharati Prakashan, 2004.
- Wujastyk, D[agmar] (2012). *Well-mannered medicine: Medical ethics and etiquette in classical Ayurveda*. New York: Oxford University Press.
- Wujastyk, D[ominik] (1993). Indian medicine. In W.F. Bynum & R. Porter (Eds.), *Companion encyclopedia of the history of medicine*. Vol. 1 (pp. 755–778). London: Routledge.
- Wujastyk, D[ominik] (2003). *The roots of Ayurveda*. London: Penguin.
- Yājñavalkyadharmasāstra*. Edited by U.C. Pandey. Kashi Sanskrit Series 178. Varanasi: Chowkhamba Sanskrit Series Office, 1967.