

**PURUṢĀRTHA IN THE CONTEXT OF SVĀSTHYA IN**

**ĀYURVEDA: A STUDY IN MEDICAL ETHICS**

*Thesis submitted to the Jawaharlal Nehru University*

*for the award of the degree of*

**DOCTOR OF PHILOSOPHY**

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## DECLARATION

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I, Sandhya Gupta, do hereby declare that the thesis entitled, "*Puruṣārtha* in the context of *Svāsthya* in *Āyurveda*: A Study in Medical Ethics" in fulfilment of the requirement for the award of the degree of Doctor of Philosophy of Jawaharlal Nehru University is my original research work. The thesis has not been submitted by me either in part or in full to any other University or elsewhere to obtain any other degree.

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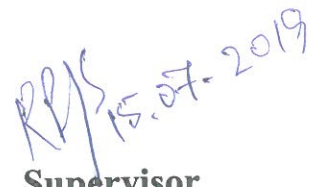
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*Dedicated to*

*My children*

*Bhaumika Gupta and Jivitesh Gupta*

# GLOSSARY OF ABBREVIATIONS

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AMA	American Medical Association
AYUSH	<i>Āyurveda</i> , Yoga & Naturopathy, Unani, Siddha and Homeopathy
IBC	International Bioethics Committee
ICN	International Council of Nurses
NCD	Non- Communicable Diseases
PCC	Person Centered Care
PCM	Person-Centred Medicine
TCAM	Traditional, Complementary and other Alternative Medical Systems
UNESCO	The United Nations Educational, Scientific and Cultural Organization
WHO	World Health Organisation

## KEY TO TRANSLITERATION

स्वराः/Svarāḥ (Vowels)									
a	ā	i	ī	u	ū	ṛ	ṝ		
अ	आ	इ	ई	उ	ऊ	ऋ	ॠ		
	e	ai	o	au	aṃ	aḥ			
	ए	ऐ	ओ	औ	अं	अः			
व्यञ्जनाः/Vyañjanāḥ (Consonants)									
k	ka	kh	kha	g	ga	gh	gha	ṅ	ṅa
क्	क	ख्	ख	ग्	ग	घ्	घ	ङ्	ङ
c	ca	ch	cha	j	ja	jh	jha	ñ	ña
च्	च	छ्	छ	ज्	ज	झ्	झ	ञ्	ञ
t	ta	th	tha	ḍ	ḍa	ḍh	ḍha	ṇ	ṇa
ट्	ट	ठ्	ठ	ड्	ड	ढ्	ढ	ण्	ण
t	ta	th	tha	d	da	dh	dha	n	na
त्	त	थ्	थ	द्	द	ध्	ध	न्	न
p	pa	ph	pha	b	ba	bh	bha	m	ma
प्	प	फ्	फ	ब्	ब	भ्	भ	म्	म
y	ya	r	ra	l	la	v	va	ś	śa
य्	य	र्	र	ल्	ल	व्	व	श्	श
		ṣ	ṣa	s	sa	h	ha		
		ष्	ष	स्	स	ह्	ह		
		kṣ	kṣa	tr	tra	jñ	jña		
		क्ष्	क्ष	त्र्	त्र	ज्ञ्	ज्ञ		

# TABLE OF CONTENTS

<i>Contents</i>	<i>Page No.</i>
<b>ACKNOWLEDGEMENT</b>	i - ii
<b>PREFACE</b>	iii
<b>INTRODUCTION</b>	1- 8
<b>CHAPTER – 1 : MEDICAL ETHICS: ETHICAL PRINCIPLES AND ETHICAL DILEMMAS</b>	<b>9 – 66</b>
1.1 Principles: Principles of Biomedical Ethics and Ethics in <i>Āyurveda</i> .	10 – 40
1.2 Perspectives: Theological, Cultural, Feministic and Ecological	40 – 50
1.3 Nature and forms of ethical dilemmas	50 – 60
Bibliography	61 – 66
<b>CHAPTER – 2 : <i>ĀYURVEDA</i>: PRINCIPLES AND PERSPECTIVES ON <i>SVĀSTHYA</i></b>	<b>67 – 108</b>
2.1 <i>Puruṣārthas</i>	68 – 85
2.2 <i>Āśramas</i>	85 – 91
2.3 <i>Pramāna</i>	91 – 105
Bibliography	106 – 108

<i>Contents</i>	<i>Page No.</i>
<b>CHAPTER – 3 : CLINICAL ETHICS: PREVENTIVE AND CURATIVE TECHNIQUES IN ĀYURVEDA</b>	<b>109 - 154</b>
3.1 Components and Practices: Diagnosis, Preventive and Curative Techniques	110 – 132
3.2 Individual Health Care or <i>Suḥkhāyu</i> and Health as a Public Good or <i>Hitāyu</i>	132 – 140
3.3 <i>Tridoṣas-Vāta, Pitta and Kapha</i>	140 – 151
Bibliography	152 – 154
<b>CHAPTER – 4 : MORAL DIMENSIONS OF ĀYURVEDA</b>	<b>155 - 196</b>
4.1 <i>Sadvṛtta</i> and <i>Ācāra Rasāyana in Svāsthya</i>	156 – 167
4.2 Quality Improvement through <i>Cikitsā Catuspāda</i>	167 – 181
4.3 <i>Maitrī</i> (benevolence), <i>Karuṇā</i> (compassion), <i>Śakyapṛīti</i> (affection) and <i>Upekṣā</i> (equanimity)	181 – 189
Bibliography	190 – 196
<b>CONCLUSION</b>	<b>197- 204</b>
<b>GENERAL BIBLIOGRAPHY</b>	<b>205 - 228</b>



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- Sandhya

# PREFACE

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In the present study, I propose to discuss *Puruṣārtha* in the context of *Svāsthya*. It will be a study with special reference to *Āyurveda* in the context of medical ethics. I'll try to show, the correlation between *Puruṣārtha* and *Svāsthya* (health and longevity). According to *Āyurvedic* texts the purpose of human being on earth is to fulfil the primary objective of life called as *Puruṣārtha*. But without being *svāsthya/ ārogya* (healthy) it is difficult to accomplish the very reason of one's existence. According to *Āyurvedic* texts, *Svāsthya* is the supreme determinant of *Puruṣārtha* i.e. *Dharma* (righteousness), *Artha* (desires), *Kāma* (fulfilment of desires/ pleasure) and *Mokṣa* (self-realization/ liberation). Diseases are considered to be an obstacle in the path of accomplishing the primary objective of life. They are considered as enemies of *puruṣārtha* i.e. *dharma, artha, kāma, mokṣa*. Therefore, one must lead a healthy life in order to accomplish the *puruṣārtha* or the primary objective of human life. *Puruṣārtha* is embodiment of moral dimensions of life, which is given prime importance in *Āyurveda*. *Puruṣārtha* serve as a guide to internalize positive human values and create an enabling environment for right conduct or actions for attaining holistic health. This approach of leading life in discipline may not only help in lifestyle modification with positive health outcomes but also contribute to spiritual health. Hence, *Puruṣārtha* and *Svāsthya* are correlated. In addition to *Puruṣārtha*, *pramānas* like *pratyakṣa* (Direct Observation /Perception), *anumāna* (Logical inference), *aptopadeśa* or *śabda* (Authoritative Text or words) etc. have been duly acknowledged in *Āyurveda*. It has to be accepted that there is a mutual relationship between *Puruṣārtha*, *Pramānas* and *Svāsthya* in *Āyurveda*.

I am grateful to the authors whose works have directly or indirectly helped me. I have always tried to supply exact quotations and full references to original works, and in the footnotes and the bibliography, I have also furnished suggestions for further reading. In referring to the works of *Āyurveda*, I have consulted *Bṛhat-trayi*, which refers to three main treatises on *Āyurveda* i.e. *Carkasaṃhitā*, *Suśrutasāṃhitā*, *Aṣṭāṅgahṛdyam*. I have also consulted *Sāṃkhya Karika* (a commentary written on *Sāṃkhya Sūtra* by Iśvara Kṛṣṇa), *Hindu Bioethics for the Twenty- First Century* written by Cromwell S. Crawford, *Principles of biomedical ethics* written by Tom L. Beauchamp and James F. Childress, Upanishads and many research articles and books available on the subject related to Medical Ethics.

I have used the most accurate available English translations and Sanskrit renderings. I am thankful to those translators of the texts.

न त्वहं कामये राज्यं न स्वर्गं नापुनर्भवम् ।

*Na tu ahaṃ kāmāye rājyaṃ na svargaṃ na apunaḥ bhavam/*

कामये दुःखतप्तानां प्रणिनां आर्तिनाशनम् ॥

*Kāmāye duḥkha taptānām prāṇinām ārti nāśanam//*

- *Mahābhārata*

*“I do not desire for either Kingdom (rājyaṃ) or Heaven (svargaṃ) or even renunciation (punaḥbhavam). The only desire I cultivate is to serve in order to remove (nāśanam) the sufferings (ārti) of the sick living beings (duḥkha taptānām prāṇinām)”.*

Cultivating such a mind-set would be a step forward in achieving excellence in Medical Ethics.

# INTRODUCTION

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We find the description of some important principles of *Āyurveda* in *R̥gveda*, *Yajurveda*, *Sāmaveda* and *Atharvaveda*. *Āyurveda* is believed to be the *Upaveda* of *Atharvaveda*. Most of the contents of *Āyurveda* are available to us in the form of *Carkasaṃhitā*, *Suśrutasaṃhitā* and *Aṣṭāṅgahṛdyam*. *Āyurveda* is considered by Crawford as Hindu bioethics in *Hindu Bioethics for the Twenty- First Century* (2003). He has presented *Āyurvedic* approach to bioethics, which deals with medical problems and biological research in medical ethics by applying ethical principles.

Medical ethics is the branch of ethics that deals with moral issues in medical practice. It is one of the sub disciplines of Bioethics. The roots of Medical ethics are found in several early codes of ethics, like Hippocratic Oath. It was dominant Western model for some two thousand years. In 1769, a physician from Edinburgh named John Gregory, who was a friend of David Hume, taught that duty and benevolence were the duties of the physician and reintroduced appropriate conduct of physician into the curriculum at Edinburgh. The first modern formulation of doctor- patient relationship by English physician Thomas Percival in the 18th century provided a foundation for the code of ethics established in 1846 by American Medical Association with the main features of dedication, competency, respect, honesty, maintaining confidentiality and so on. In the 1978, a National Commission for the Protection of Human Subjects of Biomedical and Behavioural Research published the Belmont Report. This report mentioned the basic ethical principles (respect, beneficence, justice) which guide physician's contact with patients and subjects. Many ethical dilemmas in the practice of medicine are due to the problem of theological, ecological, feministic and cultural diversity. What is the role of culture in addressing issues related to medical ethics? The four ethical principles given by Childress and Beauchamp are considered to have universal application. These principles are influenced by western world. Tawalare in the article "Contribution of *Āyurveda* in foundation of basic tenets of bioethics" has discussed that all the

four principles of biomedical ethics are developed from common American moral sense, where principle of autonomy often overrides the others and for this reason non-transferable to other societies. Keeping in view the cultural diversities, the basic tenets cannot be applied world-wide.

Aligned to these the other factors which precipitated the need for more emphasis on ethics in medicine are the need for respecting the values and sentiments of culture and religions such as Islam, Buddhism, Jainism and Hinduism.

Of Hinduism, in particular as stated earlier, *Āyurveda* is deeply rooted in *Vedas*. In the *Vedic* texts human life is believed to be comprised of four stages or *āshrams* i.e. *Brahmacarya*, *Grahashta*, *Vānprastha* and *Sanyāsa*. During the advancement of one through these stages, one has to accomplish some goals. These goals are known as *Puruṣārtha*. It has been described as the objective/ultimate goal of human life. It is a primary concept of the schools of Indian philosophy, which delineates the Indian perspective of morality and guides human actions. The four *Puruṣārthas* are *Dharma* (righteousness), *Artha* (desire), *Kāma* (fulfilment of desire) and *Mokṣa* (self-realization/liberation). *Puruṣārthas* help to attain *Svāsthya*.

In *Āyurveda*, *Svāsthya* is defined as the harmony between body, mind, senses and soul. From traditional Indian perspective, life has never been an accidental phenomenon, just to be lived meaninglessly. In fact, each life has to be shaped through definite fourfold objectives. Thus, to lead life meaningfully, one needs to focus on physical, mental, social and spiritual health.

The term *Āyurveda* means knowledge (*Veda*) of life (*Āyuh*). The two main objectives of *Āyurveda* mentioned in *Āyurvedic* texts are to preserve the health of the healthy and to manage the disorders among unhealthy. Hence, *Āyurveda* is best understood in a broader perspective as “a philosophy of life” and is meant to achieve happiness here and here after. It expounds about the favourable life (*hitāyu*), unfavourable life (*ahitāyu*), happy life (*suhkhāyu*) and unhappy life

(*duḥhāyu*); wholesome and unwholesome in the context to life, and the exact measure and nature of life.

Besides *Puruṣārthas*, *Pramāṇas* are applied in *Āyurveda* to diagnose the disease. In *Āyurveda parikṣa* term is used for *pramāṇa*. Maḥarṣī Suśruta has used the term *vijñānopāya* instead of *parikṣa*. As in philosophy *pramāṇas* are used to have the real knowledge about the world, in *Āyurveda pramāṇas* are used to have the knowledge about the disease, patient and medicine. *Carakasamhitā* has mentioned four types of *pramāṇas* i.e. *pratyakṣa* (direct observation/perception), *anumāna* (logical inference), *āptopdeṣa* (authoritative information) and *yukti* (rationale). *Suśrutasaṃhitā* has named them *pratyakṣa*, *anumāna*, *upamāna* and *āptopdeṣa/ āgama*. The description of these diagnostic methods is given below:

- *Pratyakṣa* (direct observation/perception): This is perception, definite and immediate, arising from the correlation of *ātmā*, *manas*, *indriyas* and *indriyārthas*.
- *Anumāna* (logical inference): It is a means to get information of healthy/unhealthy status of a person his digestive efficiency, physical strength, habits and customs, mental capacity and many more.
- *Āptopdeṣa* (authoritative testimony): Traditional Scriptures of *Āyurveda*, *Dharmaśāstra*, *Smṛiti*, *Veda*, written communications of experts in the field come under this.

Hence the objective of the present study is to show the relationship between *Puruṣārtha* and *Svāsthya* in *Āyurveda* within the scope of medical ethics. *Pramāṇas* are also acknowledged to diagnose a disease in *Āyurveda*. The ethical principles and ethical dilemmas in medical ethics will be contested to the fullness of the principles and perspectives in *Puruṣārtha*. *Āyurvedic* perspective on health care with diagnosis, substance, preventive and curative medication will also be highlighted in the context of health care.

In view of the above discussion, the present study has been divided into four chapters besides introduction and conclusion. For better understanding, each chapter has been divided into three parts. The general plan of the study is as follows-

Chapter 1 entitled, “Medical Ethics: Ethical Principles and Ethical Dilemmas”

1.1 Principles: Principles of Biomedical Ethics and Ethics in *Āyurveda*

1.2 Perspectives: Theological, Cultural, Feministic and Ecological

1.3 Nature and forms of Ethical Dilemmas

It is concerned with the ethical principles and perspectives in medical ethics and the ethical dilemmas arising out of those principles and perspectives. I'll address the contradictions which emerge in the principles of medical ethics. I'll substantiate the point that these principles have lineage from the perspectives like Theological, Cultural, Ecological and Feminist, etc. However, it is in the context of principles and perspectives, physicians come across many ethical dilemmas in their day-to-day medical practices. The issues related to medical ethics are the controversies of beginning and end-of- life issues, access to health care, doctor-patient relationship, palliative care, surrogacy and many more. The problem arises if, for instance, a theological perspective is given due consideration then the dilemma concerning pro-life and pro-choice arises, and it will get different emphasis if feminist perspective is taken into account; in the context of surrogacy; it is the dilemma between means and end. Similar moral dilemmas arise over issues of euthanasia, abortion, sanctity of life, autonomy, suffering and dying in other perspectives. I'll address such questions as- The role of universal principles in ethical decision making, with reference to the culture and religion like in Kant's deontological ethics or in Aristotelian virtue ethics? Or would it be consequential in content and specification in utilitarian sense? Should medical ethical principles be derived from the cultural values of local cultures or should these be based on religion or on *Puruṣārthas*? Autonomy requires informed consent, complete and true information about the patient's



health. However, *Carakasamhitā* has mentioned that speaking truthfully about the disease is not absolute, if it causes harm to the patient or the relatives. Value of trust is of greater importance. So, the authority lies in physician's hand. I'll try to address the problematic in those issues and attempt to resolve them.

Chapter 2 entitled, “*Āyurveda: Principles and Perspectives on Svāsthya*”

2.1 *Puruṣārtha*

2.2 *Āśramas*

2.3 *Pramāṇa*

It is concerned with *Āyurvedic* principles and perspectives on *Svāsthya* (health). It includes the normative i.e. *puruṣārtha*, the social i.e. *āśramas* and the epistemological, i.e. *Pramāṇa* and *Pramāṇa vyavasthā*. *Puruṣārtha* is the accomplishment of certain goals during the advancement of one through the different stages of human life. *Āyurveda* has divided the human life into three major periods i.e. *Bālya* 0-16, *Madhya* 17-60/70 and *Jirna* 60/70- 100. There is dominance of specific *doṣa* in particular period of life. In *Bālyāvasthā* there is dominance of *kapha doṣa*, *pitta* in *madhyaāvasthā* and *vāta* in *jirnāvasthā*. Therefore, *kapha* disorders are quicker to manifest in first period of life, *pitta* in second and *vāta* in last period of life. In *Āyurveda*, *pramānas* are used to diagnose the disease. In fact, *Āyurveda* believes in the same number of *pramānas* as are considered in Nyaya philosophy. According to Naiyayikas the sources of valid knowledge are of four types- *pratyakṣa*, *anumāna*, *upamāna* and *śabda*. But there is significant difference regarding *pramāna vyavasthā*. In *Āyurveda*, the term *parikṣa* has been used for *pramāna*. *Āyurveda* describes 4 types of *pramānas* i.e. *pratyakṣa*, *anumāna*, *aaptopdeṣa* and *yukti*. The questions to be addressed are: What are *Āyurvedic* principles for different *āśramas*? What kind of *Āyurvedic* perspective could be prescribed for *Puruṣārthas*, which determine the human values and guide human actions, the means as well as the end including our duties as well as our goal of self-realization? Besides normative and social dimensions, how could the *pramānas* be used for the description of diagnostic method besides oral evidence and written

communication? In order to furnish a substantive answer to these questions, we have to go into the details of *puruṣārtha*, *āśramas* and *pramānas* in *Āyurveda*.

Chapter 3 entitled, “Clinical Ethics - Preventive and Curative Techniques in *Āyurveda*”

3.1 Components and Practices: Diagnosis, Preventive and Curative Techniques

3.2 Individual Health Care or *Suḥkhāyu* and Health as a Public Good or *Hitāyu*

3.3 *Tridoṣas- Vāta, Pitta and Kapha*

*Āyurveda* has unique philosophical approach of delineating the concept of *Svāsthya*. It apprehends each person having unique body constitution and therefore believes in individualized healthcare practice. It is a science of perfect living in tune with nature. It is holistic in its approach. It is a system of mind body health. To maintain health, it focuses on life style, diet, seasonal regimen, moral virtue, meditation etc. It does not merely focus on personal health but it looks health from a wider point of view. *Svasthvr̥tta* and *Sadvr̥tta* parts of *Āyurveda* regimen provide knowledge about aim and practices of social and preventive medicine at individual and community level. Concept of *Hitāyu* highlights the importance of favourable life in society. It gives comparable status to social medicine as to the preventive and curative aspects of medicine for ‘just health care’ and ‘health care as public good’. *Āyurveda* is concerned with the clinical ethics which includes preventive and curative medication. The advancements in medical sciences and technology, Human rights, individual awareness about health and legal enforcement on medical practice have created new challenges for medical fraternity which precipitated the need for more emphasis on ethics in medicine. The questions arise: What are the components and practices in clinical ethics including diagnosis, prevention on the one hand and *Panchakarma* on the other? How to distinguish and elaborate Individual Health Care or *Suḥkhāyu* and Health as a Public Good or *Hitāyu*? How can *Tridoṣas* (*vāta, pitta and kapha*) come to their equilibrium or balanced state in order to bring health? I’ll discuss different techniques, which are applied to bring back vitiated *doṣas* into equilibrium state.

## Chapter 4 entitled, “Moral Dimensions of *Āyurveda*”

### 4.1 *Sadvṛtta and Ācāra Rasāyana in Svāsthya*

### 4.2 Quality Improvement through *Cikitsā Catuspāda*

### 4.3 *Maitrī* (benevolence), *Karuṇā* (compassion), *Śakyaprīti* (affection) and *Upekṣā* (equanimity).

The fourth problematic is concerned with the moral dimensions of *Āyurveda* which is comparable with *dharma*. The objective of *Āyurveda* is to benefit the individual and society. The question arises – how to evaluate a physician whether s/he possesses both skill and sound moral character? The essence of ethics is described in the form of *Sadvṛtta*, *Catuspāda* (four limbs of treatment), *Ācāra Rasāyana etc.* In *Āyurveda*; physician, patient, attendant and medicine are considered to be the four limbs of healthcare management. More emphasis is on ethical conduct for physician, care-giver and patient fostering better understanding and positive health related outcomes. The physician should have the feeling of *Maitrī* (benevolence), *Karuṇā* (compassion), *Śakyaprīti* (affection) and *Upekṣā* (equanimity). It helps to promote an ethical attitude in physician, promoting good doctor- patient compliance and better results in health care practices.

In the light of these aforementioned problematic themes and related research questions, it is prudent to ponder over the role of ethical behavior in preventing diseases and promoting health (*Svāsthya*) and in improving the overall quality of life, to assess the efficacy and application of the doctrine of *Puruṣārtha* and *Āyurveda* in the development of the ethical attitude and managing ethical dilemmas, in routine medical practice and contribution of these ethical codes and behaviours in improving health.

Philosophical Method/Perspective/Approach

In the present study, I'll adopt the phenomenological method along with normative and prescriptive approaches. The phenomenological method is described variously. It will be used for the study of the horizontal spread of diseases, epidemics, hygiene, prevention, nursing, etc. At the same time the issue of experience of pain, doubt in the treatment techniques or medicines, faith for recovery, or preparation for having hospital discharge. Among those problems are questions concerning how and when one "brackets," how the patient's self is featured, and the issue of rigor in analysis of phenomenological data? The commonalities of the various characters and their difference put up many questions related to methodology, which redirect to examine the philosophical foundations of science of medicine, both Modern and Āyurveda. Here various diagnostic and symptomatic perspectives will be employed with the help of the *pramāṇa* like *pratyakṣa*, *anumāna*, *aptoḥdeśa* or scriptural authority including oral evidence and written communications of persons who possess an expert knowledge in the field like teachers, *vaidyas*, *nādividwāns*. The *tridoṣa* and its balance or equilibrium is to be identified and recognized. The prescriptive and normative approaches pertain to the *puruṣārtha* along with *maitrī*, *karuṇā* and, *upekṣā* on the one hand and deontology, utilitarianism, virtues ethics on the other to present a comprehensive nature of health and well-being of both the individual and the social.

# CHAPTER - 1

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## MEDICAL - ETHICS: ETHICAL PRINCIPLES AND ETHICAL DILEMMAS

In this chapter, I will discuss the ethical principles and perspectives in medical ethics and the ethical dilemmas arising out of those principles and perspectives. I'll address the contradictions which arise/emerge in the principles of medical ethics. I'll substantiate the point that these principles have lineage from the perspectives like Theological, Cultural, Ecological and Feminist, etc. However, it is in the context of principles and perspectives, physicians come across many ethical dilemmas in their day-to-day medical practices. The issues related to medical ethics are the controversies of beginning and end-of- life (abortion & euthanasia), access to health care, doctor–patient relationship, palliative care, and distribution of health care resources, surrogacy and many more. The problem arises if, for instance, a theological perspective is given due consideration then the dilemma concerning pro-life and pro-choice arises, and it will get different emphasis if feminist perspective is taken into account; in the context of surrogacy; it is the dilemma between means and end. Similar moral dilemmas arise over issues of euthanasia, abortion, sanctity of life, autonomy, suffering and dying in other perspectives. The field of medical ethics faces problem due to cultural and theological diversity. I'll address such questions as- Can universal principles guide ethical decision making, regardless of the culture and religion like in Kant's deontological ethics or in Aristotelian virtue ethics? Or would it be consequential in content and specification in utilitarian sense? Should medical ethical principles be derived from the moral traditions of local cultures or should these be based on religion or on *Puruṣārthas*? Autonomy requires informed consent, complete and true information about the patient's health. However, *Carakasamhitā* has maintained that speaking truth about the bad prognosis is not advised, if it causes harm to the patient or the relatives. Value of trust is of greater importance. So, the authority lies in physician's hand. I'll try to address the problematic in those issues and attempt to resolve them. In

order to make clarity and precision, I have divided this chapter into following parts -

1.1 Principles: Principles of Biomedical Ethics and Ethics in *Āyurveda*

1.2 Perspectives: Theological, Cultural, Feministic and Ecological

1.3 Nature and forms of Ethical Dilemmas

## **1.1 Principles: Principles of Biomedical Ethics and Ethics in *Āyurveda***

### 1.1.1 Principles of Biomedical Ethics in Modern Medicine

The principles of biomedical ethics provide guidelines to ethical decision making in the practice of medicine and biological research. They act as the four pillars and provide a framework to analyse ethical dilemmas in medical ethics. Medical ethics is the branch of ethics that deals with moral issues in medical practice. Medical ethics is about the values and guidelines governing ethical decisions in the practice of medicine. Medical ethics is one of the sub disciplines of Bioethics, which is a discipline of applied ethics.<sup>1</sup> The foundation of modern medical ethics is found in Hippocratic Oath (460BC-370BC), which is an ancient Greek document. There is uncertainty over its exact time period and who authored it, but it has been widely accepted that it is composed by the Greek physician Hippocrates, somewhere in the fourth century B.C.E.<sup>2</sup> The basic tenets of this oath were that the therapeutic regimens, adopted by physicians should be for the benefit of the patients to the best of their power and judgement and not for their injury or any wrongful purpose (not to harm the patient).<sup>3</sup> It provided the framework to the problems of medical ethics and was followed by practitioners of modern medicine in earlier times. This model was prevalent in modern medicine till the mid eighteenth century. This Oath was criticised for being outdated therefore,

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<sup>1</sup> Williams, 2015: 9.

<sup>2</sup> Hulkower, 2010: 41.

<sup>3</sup> Retrieved from [https://www.pbs.org/wgbh/nova/doctors/oath\\_classical.html](https://www.pbs.org/wgbh/nova/doctors/oath_classical.html) on 2019/01/10

it has been modified many times and its modern or revised version is available today. Its two main principles of providing benefit and doing no harm are a guide to the physicians today. John Gregory (1724-1773), a friend of David Hume, realized the fall of right behaviour of physicians. He noticed that physicians were neglecting the requirements of the patients for their own self-interest. He realized that physicians should be sympathetic towards their patients. Therefore, he gave the idea that to be kind towards patients is an obligation of the physician and reintroduced the norm of physician's right conduct into the curriculum at Edinburgh.<sup>4</sup>The idea of medicine as fiduciary was developed by him.

The first modern formulation of doctor- patient relationship by English physician and pupil of John Gregory, Thomas Percival (1740-1804) in the 18th century provided a foundation for the code of ethics established in 1846 by American Medical Association (AMA).<sup>5</sup> The main features of the code of ethics by AMA were dedication, competency, respect, compassion, honesty, maintaining confidentiality and so on. Medical atrocities and unethical human experimentation by Nazi physicians during war II lead to the formation of ethical guidelines in research known as Nuremberg Code, which was introduced in August, 1947. This code maintained the absolute necessity of voluntary consent of human subjects in research. World Medical Association in its 18<sup>th</sup> general assembly, in June 1964 adopted the Declaration of Helsinki. It was a set of ethical principles to provide ethical guidance to physicians and participants regarding ethical conduct in medical research involving human subjects.<sup>6</sup> In the 1978, a National Commission for the Protection of Human Subjects of Biomedical and Behavioural Research published the Belmont Report. This report mentioned the basic ethical principles (respect, beneficence, justice) which guide physician's contact with

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<sup>4</sup> Silverman, 2012:58-59.

<sup>4</sup> Ibid., p. 58-59.

<sup>5</sup> Mcgee, 2003:7.

<sup>6</sup> Ibid., p.8.

patients and subjects.<sup>7</sup> Belmont report on research of human subjects expressed the need of respect for patient's decision. The practice of advanced techniques in medical profession, conducting research on human beings, social awareness, media coverage and some atrocities in the practice of medicine and medical research were few factors which precipitated the need of new approach to analyse the ethical dilemmas in medical practice. A need of certain set of rules or principles was realized to analyse ethical dilemmas in the practice of medicine. Ethical theories provide guidance for ethical decision making. They show important aspects of moral thinking and are applied to answer the challenges faced in biomedical ethics. These theories are as follows –

#### I. Teleological or Consequential Theory

This approach is accepted by consequentialist theory, Utilitarianism, which judges the action based on the consequences. It is based on the principle of utility according to which result in the form of greatest happiness should be the motive of the right action.<sup>8</sup> Act utilitarianism by Jeremy Bentham (1748-1832) and rule utilitarianism by John Stuart Mill (1806-1873) are two main theories of Utilitarianism. According to the act utilitarianism, actions are right when they promote maximum happiness and vice versa. According to rule utilitarianism action is right or wrong is a function of correctness of the rule of which it is an instance. This theory is important as it views morality in promoting the principle of beneficence. But there are some limitations with this theory. The problem with the theory is that how to justify immoral actions, on the ground of achieving maximal utilitarian consequence. Another limitation with the theory is that it judges actions based on the consequences but it is difficult to judge the exact consequences of an action in advance. The interests of majority override the interests, who sacrifice on other's behalf, giving rise to the problem of unjustified distribution.

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<sup>7</sup> Cassell, 2000: 13.

<sup>8</sup> Bentham, 1988: 6-8.



## II. Deontological Theory

Immanuel Kant (1724-1804) is the proponent of deontological or non-consequentialist theory, which states that one should make moral choices; we have to understand what our moral duties or obligations are and what correct rules are present to control those duties. He gave the idea that do not use other's as a means. But treat them as an end in itself.<sup>9</sup> He made the three maxims, which are universal in nature. Absence of any of these maxims could be tantamount to the denial of human dignity.<sup>10</sup> It states that people should not be used as a means to some end. This theory teaches to respect the human dignity, to respect the autonomy of the people and to always tell the truth. But it has many drawbacks like conflicting obligations, more emphasize on law and less on relationships etc.

## III. Virtue Ethics

- I. The basic idea is that in a particular situation a person should act in the same way in which virtuous person would have chosen to act. Virtue refers to excellent trait of character. This theory aims at the good character of the person. The problem of content and relativity of values are among few problems that physicians go through in the application of virtue theory in medical ethics. It is doubtful that it can justify assertions of rightness/wrongness in relation to particular actions. Sometimes they seem to have conflict, which requires to have contextual interpretation.

All these aforementioned ethical theories show some insights into moral reasoning and provide moral standards, which guide the physicians or healthcare providers in ethical decision making.

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<sup>9</sup>Kant, 1785: 421-436.

<sup>10</sup>Singh, 2010: 35-37

## II. Principles of Biomedical Ethics

Beauchamp and Childress in the book *Principles of Biomedical Ethics* adapted the four principles approach to analyse the ethical dilemmas in the field of biomedical ethics. These four principles known as *Principlism* are as follows; Respect for autonomy, beneficence, non-maleficence and justice. Though, these principles are influenced by western world, but they are considered to have universal application in medicine and all of them are equally important.<sup>11</sup> A brief overview of these four principles are as follows -

### i. Respect for Autonomy

The word autonomy is derived by the combination of two Greek words i.e. *autos* meaning self and *nomos* meaning rule, hence, referred as self-rule/governance. It refers to honouring patient's voluntary choices regarding their healthcare needs. Ignorance or devaluing patient's voluntary choices refers to disrespect for this principle. Being autonomous indicates that a person identify himself as a unique entity.<sup>12</sup> This principle is very important in medical ethics as it has changed the historical concept of physician-patient relationship i.e. a shift from paternalist approach (physician knows the best) to autonomous approach (patient's right to make his healthcare decision independently). Physicians have the obligation to respect patient's autonomy. Autonomous action is analysed in terms of actions performed with understanding, intentionally and not under any controlling influences.<sup>13</sup> The idea of autonomy came from the Enlightenment theory of Kant, which states that "the human being's emergence from his self-incurred minority" and mentions that people should have the courage to apply

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<sup>11</sup>Tawalare et al., 2014: 366.

<sup>12</sup> Haworth, 1986: 13.

<sup>13</sup> Beauchamp & Childress, 2013: 104.

their own ideas without any outside influence.<sup>14</sup> It means that patients are free to choose their treatment plan or take decision according to their belief or desire. It is the idea of self- governing rather than taking decisions under some external influence. Principle of autonomy is influenced by Kant's Deontological theory. One must recognise the unconditional worth of others, to violate one's autonomy means to use that person as means to some end.<sup>15</sup> Independence from controlling influences referred as Liberty and capacity for intentional actions referred as agency are the two conditions of an autonomous action. To tell the truth, to respect the privacy of others, disclosure, informed consent and maintaining confidentiality are the physician's obligation to patient, which are established under the principle of respect for autonomy of the patient.<sup>16</sup> The autonomous decision refers that the patient's choice is voluntary, well- informed and the patient has understood it well and has the capacity to take decision.<sup>17</sup> This principle is very important in the practice of medicine and cannot be ignored. Breach of this principle may have moral and legal implications. This principle should not be used for immature, coerced, incapacitated, ignorant and exploited individuals.<sup>18</sup> This principle can be overridden under the conditions of posing threat to public health or under the threat of patient's tendency of causing harm to others. Though this principle does not have moral priority over other principles but it has strong influence in western world and is necessary to follow in the practice of medicine.

ii. Principle of Non-Maleficence

This principle refers to the physician's obligation of not to inflict harm or risk of harm, to the patient intentionally. This principle is associated with the Hippocratic imperative "Above all (or first) do no harm" in medical ethics. Harm is a contested concept as it is difficult to determine the

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<sup>14</sup> Kant, 1996:17.

<sup>15</sup> Beauchamp & Childress, 2013:109.

<sup>16</sup> Ibid., p.107.

<sup>17</sup> Iserson, 1999: 288-291.

<sup>18</sup> Beauchamp & Childress, 2013:108.

limits of harm. Patient is said to be harmed, if his/ her condition deteriorates from the previous one or any damage to the patient at physical or mental level due to medical intervention or blow to significant interests of the patient. Patient can be harmed without right diagnosis or late diagnosis, lack of treatment or wrong treatment or medical negligence. Medical negligence refers to absence of due care involves situations i.e. intentionally or unintentionally (but carelessly) imposing risks of harm to the patient.<sup>19</sup>

According to Gert's theory of common morality (1) Death or permanent consciousness loss (2) Pain (3) handicap (4,5) Loss of freedom and pleasure are types of harm, which should be avoided.<sup>20</sup>

These five harms give rise to ten moral rules i.e. do not kill, do not cause pain or suffering, do not disable or do not deprive of ability (physical or mental), do not deprive of freedom, do not deprive of pleasure, do not deceive, do not cheat, keep your promise, do your duty and obey the law.<sup>21</sup> The first seven actions should be morally prohibited to prevent harm and last three should be performed to benefit others. There are different kinds of actions morally required to be performed or to be prohibited and these actions inform moral agents whether excuse or justification for their action is required or not.<sup>22</sup> These moral rules are supported by the principle of non-maleficence and help to understand the term harm. Harm refers to intending, causing and permitting death or risk of death.<sup>23</sup> To prevent harm, physician should consider the associated risks or complications of treatment procedure or medicine prescribed, should assess their ability and appropriate conditions as well as should have the required resources to handle the patient. They should refer the patient to other competent physician in case they lack required resources or knowledge or skill to handle the particular patient. Physician's need to

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<sup>19</sup> Ibid., p. 155.

<sup>20</sup> Gert, 2004: 40.

<sup>21</sup> Ibid., p. 20.

<sup>22</sup> Ibid., p. 20.

<sup>23</sup> Beauchamp & Childress, 2013: 154.

follow “standard due care” i.e. appropriate care to benefit the patient and to avoid any harm or do least harm (in order to benefit the patient).<sup>24</sup>

Further debate is about withholding and withdrawing treatment of near of end of life patients. Withholding treatment is about not starting any treatment and withdrawing refers to stopping the treatment that has been started. The question to be answered is if it is justifiable to withhold or withdraw the treatment as both can be harmful and can cause death or can allow the patient to die. As per this principle, it is justifiable to withhold or withdraw the treatment depending on the certain conditions and with patient’s consultation. American Medical Association denies any distinction between withholding or withdrawing the treatment. If one is permissible under certain circumstances, then other is also permissible.<sup>25</sup> The reasons are that; withholding and withdrawing should emphasize on patient’s rights and wellbeing. It is figure out to be responsible health care, when decision about the continuation/withdrawal of treatment is done after trial and reevaluation, under circumstances.<sup>26</sup> There is no obligation on the physicians to continue the treatment, which no longer fulfils the aim of the treatment or that has been proven to be in futile? To Withhold or withdraw life sustaining treatment from incompetent patients, one must identify the probable chance of success of that treatment and then should balance the probable benefits against its probable cost and risk to the patient. There is a need of individualized care as every case is unique and may have different preferences, beliefs, values and culture. Withdrawing or withholding treatment is based on an understanding of the medical, ethical, cultural, and religious issues.<sup>27</sup>

“A genuinely futile medical intervention-one that has no chance of being efficacious in relation to accepted goals-is morally optional and in some ought not be introduced or continued.”<sup>28</sup>

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<sup>24</sup> Omonzejele, 2005: 23.

<sup>25</sup> Ibid., p. 159.

<sup>26</sup> Ibid., p.158-160.

<sup>27</sup> Manalo, 2013:5.

<sup>28</sup> Ibid., p. 170.

Families feel sometimes to be stricken in such treatments, which they do not want to continue and can't stop even. Now the question arises that not giving any treatment is not allowing the patient to die or not doing anything to save him from death. There is a need to balance benefits and burdens to determine overall effectiveness. The treatment should be started or can be stopped based on the burdens and benefits of the treatment as judged by patient or surrogate. Not starting treatment depends on doctor's knowledge and consultation with patient or attendant and withdrawing on mutual understanding or respect for the autonomy of the patient.

The principles should be prima facie, they should not be the sole principles, nor should they override all other principles.<sup>29</sup> Here, principle of non-maleficence is discussed with reference to patients only. What does this principle suggest about care providers, attendants or physicians? Many times, we have seen that healthcare providers and attendants put their lives on risk to serve others. Recent example of it is from Kerala; where a nurse sacrificed her life (inflicted harm to herself) while serving three members of a family suffering from NIPAH virus. She also got infected by the virus and died.<sup>30</sup> This is not the only case. Many times, health care providers put their lives on risk to benefit others, such as physicians or other health workers working in Ebola virus region. How far the duty of healthcare taker goes? What is the limit of the principle of non-maleficence? Is it justified to inflict harm to one self, to help others? The principle of non-maleficence is limited to patients only or it has its application for healthcare providers also? These are the ideals of beneficence, which show extreme generosity, sacrifice and make extreme altruism by putting their lives in danger to provide healthcare services.<sup>31</sup>

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<sup>29</sup> Ibid., p.393.

<sup>30</sup> Retrieved from <https://indianexpress.com/article/india/nipah-outbreak-kerala-live-updates-symptoms-treatment-cozhikode-malappuram-5186317/> on 2018/06/13

<sup>31</sup> Beauchamp & Childress, 2013: 204.

### iii. Principle of Beneficence

It refers to the moral obligation for working for other's well-being or benefit. Although all the acts of helping others are not a duty but field has obligation to work for the benefit of patient and society. This principle was also expressed by Hippocratic oath. Moral rules supported by this principle are as follows; protection of human rights; prevention from any damage and to remove conditions of harm and to remove conditions that will cause harm to others; to help disabled persons and save the persons from danger.<sup>32</sup> The principle of beneficence is limited to balancing between benefits and burden (cost and risks) of the treatment. Beneficence can be general and specific. General beneficence is ideal beneficence, which is beyond special commitments and is directed towards all persons. According to Gert, people are not required but encouraged only to follow these moral ideals.<sup>33</sup> Specific beneficence is obligatory beneficence, which lies on special commitments towards special relationships.<sup>34</sup>

### iv. Principle of Justice

It refers to the availability of equal distribution to all the patients, in similar situations and having equal facilities. Justice is the fair, equitable and appropriate distribution of healthcare services with reference to what is due or owed to the person and injustice refers to omission of or denial of benefits to which the person has the right or to impose undue burden on the patient.<sup>35</sup> Justice is one of the four cardinal virtues recognised by Plato. According to Aristotle justice is another term for overall goodness or "Complete Virtue" and in narrower sense equality treatment i.e. fair or

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<sup>32</sup> Ibid., p. 204.

<sup>33</sup> Gert, 2004: 22.

<sup>34</sup> Beauchamp & Childress, 2013: 204-206.

<sup>35</sup> Ibid., p. 2013:250-251.

proportionate treatment.<sup>36</sup> The fundamental principle of justice defined by Aristotle is that “equals must be treated equally and unequals must be treated unequally.” But how to determine who ought to be treated equally and who ought to be treated unequally? The material principle of justice specifies the material factor for equal treatment. This principle specifies relevant characters for fair treatment or fair opportunity for equal treatment. What kind of characters for fair treatment or fair opportunity are required for the principle of justice? According to John Rawl’s principle of justice i.e. “fair equality of opportunity” institutions related to distribution of healthcare services should allow each person to have equal share of opportunities available in the society.<sup>37</sup> Inequal distribution of services or resources in healthcare services based on ethnicity, gender, social background etc. are problems in fair opportunities.

Many philosophers have proposed the principles of valid distribution to each person on the basis of need, effort, contribution, age, merit based etc. But these principles have a conflict of priority. The distribution of resources can be based on need of the patient, to maximise the utility or wellbeing of the patient or to reduce the inequality and to promote the equality among the patients. Like those who justify need based distribution they claim that need of the person should be given priority over other criteria of distribution. As not satisfying the need could harm the person in need. The contributing factors in deciding about the medical needs could be the benefit and burdens of the treatment, emergency of need, cost analysis with reference to scarce resources. Others claim that there should be selection system like the chronological system (“first come, first served”), the lottery system, medical criteria etc. must be employed in fair distribution of absolutely scarce resources.<sup>38</sup> Justice is one of the important principles of medical ethics and should be given due consideration in the ethical decision making. The healthcare

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<sup>36</sup> Gillon, 1985: 201.

<sup>37</sup> Beauchamp & Childress, 2013: 257.

<sup>38</sup> Iserson, 1999: 302-303.



services should be distributed equally. And unequal distribution of healthcare services should be justified on moral grounds.

The principles of biomedical ethics do not frame any moral theory. They only provide a frame work to analyse moral dilemmas. Ethical theories and principles guide to make ethical decisions.

Besides modern medicine, we have many other well-established traditional systems of medicine, across the world, which have their own ethical code of conduct. World Health Organization (WHO) identifies many traditional medicines with the objective of prevention of diseases and promotion of health. These traditional medicines are based on the theories, beliefs, and experiences indigenous to different cultures.<sup>39</sup>This work is directly linked to UNESCO's mission to promote cultural diversity. Many traditional systems like *Āyurveda*, *Unani*, *Chinese* are practiced worldwide. *Āyurveda* is one of the traditional systems of Indian medicine, which has strong foundational principles. Before moving onto the ethical aspect of *Āyurveda*, it is important to understand the objective of this system and that how this system is construed. An overview of *Āyurveda* is as follows;

### 1.1.2 *Āyurveda*

*Āyurveda* is the traditional system of Indian medicine. *Āyurveda* is eternal and was evolved and documented in ancient India by our sages to help human beings to live healthy and long life to attain *puruṣārtha*, the goal of life. The word

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<sup>39</sup> Note: On May 19, 1977 thirtieth World Health Assembly was held. It mentions that "recognizing that traditional systems of medicine in developing countries have a heritage of community acceptance, and have played and continue to play an important part in providing healthcare." It further mentions that "Considering that immediate, practical and effective measures to utilize traditional system of medicine fully are necessary and highly desirable." It urged "interested governments to give adequate importance to the utilization of their traditional systems of medicine, with appropriate regulations as suited to their national health systems". Retrieved from [https://iris.wpro.who.int/bitstream/handle/10665.1/9291/WPR\\_RC028\\_04\\_EB\\_WHA\\_1977\\_en.pdf](https://iris.wpro.who.int/bitstream/handle/10665.1/9291/WPR_RC028_04_EB_WHA_1977_en.pdf) on 2019/04/15

*Āyurveda*, is comprised of *Āyuh* (life) and Veda (knowledge), henceforth understood as knowledge of life.

*Eh khalvāyurvedamaśtāṅgmupāṅgam-  
Atharvavedasyānutpādyeva*

- *Suśrutasamhitā, Sūtrasthanam, 1.6*

*Āyurveda* has eight branches and it is the Upveda of *Atharvaveda*. It is deeply rooted in Vedas. This system traces its roots back to the foundation of *dharma* to the Vedas.<sup>40</sup> *Āyurveda* has a holistic approach towards health. It emphasizes on physical, mental, social and spiritual health. A person can enjoy holistic health and experience good quality of life subject to having a harmony between body, mind, senses and soul. The application of *Āyurveda* is to balance the vitiated *tridoṣas* and to bring them back into their equilibrium state.

*Caturṅāma bhiṣagādīnām śastānāma dhātuvaikṛte/  
Pravṛti dhātusāmyārthām cikitsā ityabhidhīyate/*

- *Aṣṭāṅgahṛdyam, Sūtrasthānam, 1.5*

The procedure, in which physician etc., all the four limbs of treatment remove the imbalance of *dhātu* and bring them into balanced state is called as treatment. The two main objectives of *Āyurveda* mentioned in *Āyurvedic* texts are to preserve the health of the healthy and to manage the diseases among unhealthy. Based on the two objectives, the whole text of *Āyurveda* discusses two approaches, which are as follows –

- I. To fulfil the first objective i.e. to preserve or maintain the health of the healthy people, *Āyurveda* delineates on the importance of healthy and disciplined lifestyle. It describes about the importance of three sub-

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<sup>40</sup>Gupta, 2009: 449.

supportive pillars (*up-stambha*) of life and health. These three sub-supportive pillars are *āhāra* (discipline in diet), *svapna/nidrā* (adequate and sound sleep), *brahmacarya* (abstinence or regulated sexual relationship). It also expresses the importance of *dincarya* (daily regimen), *rtucarya* (Seasonal regimen), *sadvṛtta* and *ācāra rasāyana* (good conduct) in *Svāsthya* (Health). This can be called as the care approach of *Āyurveda*.

- II. To fulfil its second objective i.e. to manage the disorders among unhealthy, it describes about different treatment methods like *Daivavyapāśarya cikitsā*, *Yuktivyapāśarya cikitsā* and *Sattvāvajaya*. These methods are adapted by physicians to balance the vitiated *tridoṣas*. These techniques are discussed with an objective to maintain the health of healthy and to treat the diseases of those who are sick. This can be called as the cure approach of *Āyurveda*.

In *Āyurveda*, life is described as the combination of body (*śarīra*), sense organs (*indriya*), mind (*sattva*) and self (*ātma*).<sup>41</sup> For treatment it focuses on the individual as a whole and not just subjective and objective symptoms of the disease. It acknowledges seven unique body constitutions (*prakṛti*) and three mental attributes (*Manogūṇa*) and therefore, individualized regimens and care are the hallmark of clinical practice in *Āyurveda*.<sup>42</sup>

The philosophical basis of *Āyurveda* are linked mainly with the Indian philosophical schools of Sāṃkhya, Yoga, Vaiśeṣika and Nyāya. Sāṃkhya

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<sup>41</sup> *Carakasamhitā*, Sūtrastānam, 1.42.

<sup>42</sup> Note: *Āyurveda* is a part of “The Inclusive System of medicine” in India. In this system traditional medicines are recognized along with modern medicine in forming a special part of the structure of health care services i.e. two or more systems of health care coexist. They are recognized as a part of the State-regulated/ supervised structure of health care, and get support from the government (Stepan, 1985). In India, Ministry of AYUSH (*Āyurveda*, *Yoga & Naturopathy*, *Unani*, *Siddha*, and Homeopathy) was established in 2014 to ensure the development, propagation and proper functioning of AYUSH health care systems. Earlier these systems were under the ISM&H (Indian System of Medicine and Homeopathy). Later, it was renamed as Department of AYUSH in 2003. The mission of the ministry is to focus on the promotion of health and prevention of disease by propagating AYUSH practices.

darśana is believed to be the most ancient among all the philosophies.<sup>43</sup> *Tattva vijñāna* of Sāṃkhya darśana is described in *Āyurveda* texts. *Āyurveda*'s *Ṣata-padārtha Vijñāna* is related with the concept of *padārthā* described in the Vaiśeṣika darśana of sage Kaṇāda.<sup>44</sup> There is no mention of Nyāyadarśana in *Āyurveda* texts but its *parīkṣā vidhi* i.e. scientific investigation of diseases is related with *pramāna* theory of Nyāyā philosophy. It relies on the philosophy of Yoga philosophy for the treatment of mental afflictions and to understand the concept of liberation.<sup>45</sup>

*Bṛhat-trayī* (The great triad) refers to the three main treatises of traditional Indian system of medicine and is comprised of *Carakasa ṣmhitā*, *Suśrutasa ṣmhitā* and *Aṣṭāṅgahr̥dyam*. According to *Carakasa ṣmhitā*<sup>46</sup>, *Suśrutasa ṣmhitā*,<sup>47</sup> and *Aṣṭāṅgahr̥dyam*<sup>48</sup>, *Āyurveda* is *apauruṣeya* (divine) as its knowledge was transcended to mankind from other world to this world through the lineage of Lord Brahma. He shared his knowledge of *Āyurveda* to the Dakṣa Prajāpati, who in turn passed on this knowledge to Aświns, the two celestial physicians. They passed on this knowledge to Indra, the king of gods. Sage Bharadwaja obtained this knowledge of *Āyurveda* from Indra and passed on to various seers and sages, who later documented this knowledge as *Samhitās* for the purpose of longevity and health of living beings. Two major schools of *Āyurveda* are school of Ātreya Punarvasu, which is dedicated to general medicine and school of Dhanvantari, which is dedicated to surgery. Most of the contents of *Āyurveda* are available to us in the form of two *Samhitās*; *Carakasamhitā* and *Suśrutasamhitā*. The exact time period of these three great triad is difficult to ascertain due to different dates assigned by different scholars. A brief introduction about these three treatises is as follows:

#### 1.1.2.1 A brief note on *Carakasa ṣmhitā*

<sup>43</sup> Gopinath, 2008: 140.

<sup>44</sup> *Carakasamhitā*, Sūtrasthānam, 1. 28-29.

<sup>45</sup> *Carakasamhitā*, Śārīrsthānam, 1.137.

<sup>46</sup> *Ibid.*, 1. 24-31.

<sup>47</sup> *Suśrutasamhitā*, Sūtrasthānam, 1.1-2.

<sup>48</sup> *Aṣṭāṅgahr̥dyam*, Sūtrasthānam, 1.3-4.

*Carakasa ṁhitā* is very important text of *Āyurveda*. It is fundamental, comprehensive and authoritative text on *Āyurvedic* internal medicine. It was originally written by Agniveśa and was named as *Agniveśa tantra*. It is difficult to fix the exact time period of this treatise. The time period of it is believed to be 1500 B.C. to 1000 B.C. Agniveśa was one of the six students of Ātreya Punarvasu. Some chapters at the end of this text were found to be missing. Ācārya Caraka compiled this text in 2<sup>nd</sup> century B.C. By the end of 4<sup>th</sup> century B.C. few sections of *Carakasamhitā* were lost, which were completed by Dr. Dhabala. There are eight sections of *Carakasamhitā* and last three sections were completed by Dr. Dhabala. He completed 17 chapters of *cikitsāsthānam* and also wrote 12 chapters of *kalpasthānam* and *siddhisthānam* of *Carakasa ṁhitā*. It is a matter of controversy among the learned to decide that which 17 chapters of *cikitsāsthānam* are written by Dr. Dhabala. There are 120 chapters of *Carakasa ṁhitā*, which are divided in eight sections. These eight sections are as follows:

- I. *Sūtrasthānam* is mainly about the history and fundamentals of *Āyurveda*. It contains 30 chapters all together. All these 30 chapters are divided into seven groups of four chapters each and one group of two chapters. The brief description of these groups is as follows –
  - i. *Bheṣaj Catuṣka*: It describes; the importance of longevity and health for the *puruṣhārtha chuṣtaya*, knowledge about the life (*āyu*) and its significance, *śatpadārtha* (*dravya, guṇa, karma, samanya, viśeṣa and samvaya*), and medications.
  - ii. *Svāsthya Catuṣka*: It describes the objectives of *Āyurveda* i.e. *svāsthya sarakśana* (to maintain health of healthy individuals) and *rog praṣman* (curing a disease). The chapters in this group are dedicated to diet, *ṛtucarya- dincarya*, description of non-suppressible urges, right conduct, *asatmendriyārtha samyoga* (improper sense contact with its sense object) as the cause of diseases.

- iii. *Nirdeśa Catuṣka*: It describes a detailed code of conduct for the four limbs/basic factors of treatment i.e. physician, drug, patient's attendant and patient. Physician is supreme among all the other factors. Qualities of an ideal *Āyurvedic* practitioner, ideal patient, ideal teacher and ideal *Āyurvedic* student are discussed.
  - iv. *Kalpanā Catuṣka*: It describes *pūrvakarma* i.e. *snehan* (massage), *swedan* (fomentation) and *pañcakarma* therapy for healthy as well as sick people.
  - v. *Roga Catuṣka*: It describes about vitiated *tridoṣas* and diseases.
  - vi. *Yojanā Catuṣka*: It describes the eight type of people who are condemned from treatment point of view like obese and emaciated persons and diet advised to them.
  - vii. *Annapāna Catuṣka* describes the factors affecting the health of man (like right kind of food) and disease (wrong type of food), eighty-four fermentation products, dietetic incompatibilities, general considerations regarding diet etc.
  - viii. *Saṅgraha Dvaya* describes *Āyurveda*, its meaning, objectives, good and bad types of physicians etc.
- II. *Nidānasthānam* (8 chapters): It is about diagnosis of various ailments such as fevers, haemorrhage, urine disorders, phthisis, epilepsy.
  - III. *Vimānasthānam* (8 chapters): It describes epidemics and its therapeutics, difference in good and bad physicians, selection of right text, right teacher and professional code of ethics for students of *Āyurveda*.
  - IV. *Śārīrasthānam* (8 chapters): It describes anatomy and embryology such as types of persons, descent of embryo, foetal development, procreation.

- V. *Indriyasthānam* (12 chapters): It deals with signs of life and death.
- VI. *Cikitsāsthānam* (30 chapters): It is about therapeutics in *Āyurveda*.
- VII. *Kalpasthānam* (12 chapters): It is about pharmaceutical preparations.
- VIII. *Siddhisthānam* (12 chapters): It is mainly about *pañcakarma* techniques.

#### 1.1.2.2 A brief note on *Suśrutasamhitā*

*Suśrutasamhitā* is composed by sage Suśruta and it is one of the fundamental *Āyurvedic* treatises on surgery. It describes about all the eight branches of *Āyurveda* but has main focus on surgical instruments and procedures. There is controversy about the exact time period of this treatise. But it is certain that the time period of Suśruta is 2000 B.C. According to some historians, it was written before *Carakasaṃhitā* and according to some it was written after *Carakasaṃhitā*. *Suśrutasamhitā* is written by sage Suśruta, who was one of the disciples of Kāśīrāja Divodāsa Dhanvantari. It was redacted by Nāgārjuna around third to fourth century. Initially, there were only 120 chapters, which were divided in five sections in *Suśrutasamhitā*. Nāgārjunā, in fourth century completed *Suśrutasamhitā* by adding *Uttartantra*. Besides *Uttartantra* he had also added many chapters in different sections of *Suśrutasamhitā*. It has 120 chapters divided in first five sections and 66 chapters in *Uttartantra*. These five sections are as follows:

- I. *Sūtrasthānam* (46 chapters): It describes fundamentals of *Āyurveda*.
- II. *Nidānasthānam* (16 chapters): It is about the pathology of diseases.
- III. *Śārirasthānam* (10 chapters): It describes the embryology and anatomy.
- IV. *Cikitsāsthānam* (40 chapters): It is about the treatment of various diseases.

- V. *Kalpasthānam* (8 chapters): It is about toxicology.
- VI. *Uttaratantra* (66 chapters): It is about diseases and their treatment.

### 1.1.2.3 A brief note on *Aṣṭāṅgahṛdyam*

It is written by Vāgbhaṭa. It is the essence of all the eight parts of *Āyurveda*. As like *Suśrutasaṃhitā* and *Carakasamhitā*, the exact period of this scripture is not known. It has total 120 chapters divided in six sections. The names of these sections are as follows:

- I. *Sūtrathānam* (30 chapters): Fundamentals of *Āyurveda*; principles of health, prevention of diseases; *sadvṛtta* (right conduct), *ṛtucaryā* (seasonal regimen), diet; drugs; physiology; pathology; diseases and their treatment.
- II. *Śārirasthānam* (6 chapters): Embryology; anatomy; physiology; physical and psychological constitutions; inauspicious dreams and omens; signs of oncoming death.
- III. *Nidānasthānam* (16 chapters): Causes and characteristic features of disease; prognosis of disease.
- IV. *Cikitsāsthānam* (22 chapters): Therapeutic aspects; diet; care of patients.
- V. *Kalpasiddhisthānam* (6 chapters): Preparation of medicines; purification therapies; management of complications.
- VI. *Uttarasthānam* (40 chapters): Paediatrics; psychiatry disorders; diseases of the head; ophthalmology; surgery; toxicology; rejuvenation therapy etc.



There is a range of topics covered in different sections of The Great Triad discussed above. But our focus would be mainly on the concept of ethics discussed in *Āyurveda*.

### 1.1.3 Concept of Ethics in *Āyurveda*

There is no separate traditional book on ethics in *Āyurveda*, but the concepts related to ethics are discussed thoroughly in *Bṛhat-trayi* (The Great Triad). *Carakasamhitā* has mentioned that a physician should be the well-wisher of every living being and should strive to make the patient free from disease or suffering.<sup>49</sup> A physician should have the knowledge of disease, its causative factor and treatment. The main objective of *Āyurveda* is to remove the suffering i.e. to benefit the patient and do no harm or do least harm. For this it focuses on bringing imbalanced *tridoṣas*, which are considered as disease into balanced state i.e. health. It requires a good theoretical and practical knowledge and competence on the part of physician. *Āyurveda* describes the features of authentic traditional sources of knowledge, qualities (physical, mental and moral) required in a teacher for teaching traditional scriptures of *Āyurveda*, qualities (physical, mental and moral) required to be a student for studying *Āyurveda*, ethical behaviour for practitioners of *Āyurveda*, and right code of conduct necessary to maintain health.<sup>50</sup>

The preparation for becoming a good physician starts from the day a student decides to be a physician. *Adhyayana* (studying), *Adhyāpana* (teaching) and *tadvidyasambhāṣā* (conversation with experts through participation in various conferences and seminars) are the ways to have command over the subject matter and to become a skilled physician (*kuśala vaidya*).<sup>51</sup> It has also exhibited that a physician should analyze his ability that whether he is able to handle the particular patient or not. And he should treat the patient only when he finds

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<sup>49</sup>*Carakasamhitā*, Vimānasthānam, 8.13.

<sup>50</sup>Rastogi & Choudhary, 2015: 372.

<sup>51</sup>*Carakasamhitā*, Vimānasthānam, 8. 6-14.

himself to be able to treat such patient.<sup>52</sup> Selection of right text, selection of good teacher (good college in today's context) and desired qualities of a student of *Āyurveda* are some of the prerequisites to become a skilled and competent physician.

### I. Selection of the right text

A good theoretical understanding of the precepts of *Āyurveda* is essential to become a skilled and competent physician. *Śāstra* (Scriptures) are the light and *buddhi* (intellect) is the vision and treatment done under this light and vision does not cause any error.<sup>53</sup> Therefore, identification of the right source of studying assumes significance in the process of education. A variety of literature may be available on the subject but identification of the most authentic sources of knowledge is mandatory. In the 8<sup>th</sup> chapter of *Vimānasthānam* of *Carakasamhitā*, there is a description of how to select the right textual references.<sup>54</sup> *Suśrutasamhitā* has also mentioned that regularly studying good texts, analysing other systems and their philosophies increase the memory and intellect.<sup>55</sup>

### II. The selection of good teacher by a student

*Āyurveda* texts describe that the right education can be acquired from right teachers<sup>56</sup>. The work of medicine and surgery is very precise and deals with issues related to life and death. A single mistake can lead to preventable loss of life. Therefore, it is necessary that students acquire comprehensive knowledge and adequate skills under supervision of an experienced mentor. According to *Āyurveda* texts, a good teacher must have comprehensive theoretical and practical knowledge. He should be skilled, competent and well trained in the subject. He should have sound

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<sup>52</sup> *Ibid.*, 8. 86.

<sup>53</sup> *Carakasamhitā*, Sūtrasthānam, 9. 24.

<sup>54</sup> *Carakasamhitā*, Vimānasthānam, 8. 3.

<sup>55</sup> *Suśrutasamhitā*, Cikitsāsthānam, 28. 27.

<sup>56</sup> *Carakasamhitā*, Vimānasthānam, 8. 4.

character and mental stability. He should be affectionate to his students and should be smart enough to teach the subject matter with accuracy and clarity. Studying under such good teachers is essential to become a good physician.

### III. The selection of a good student by a teacher

*Āyurveda* traditional texts describe the guidelines to identify the right kind of student for the study of *Āyurveda*. A student of *Āyurveda* must be physically and mentally strong (with desirable cognitive ability), obedient in conduct and respectful in behaviour, of good character, reliable, generous, energetic, virtuous, dedicated, diligent, should have all the senses impaired and who aspires for the well-being of others etc.<sup>57</sup>

A good student can only be transformed into a good physician. As per lineage in *Āyurvedic* tradition, it is the duty of the teacher to identify the right student for training in this discipline. It is their responsibility that the treasure of *Āyurveda* be handed over to the right persons, who can serve the mankind in tune with the objectives of the tradition. In ancient times, student with impaired sense organs was not allowed to study *Āyurveda*. But according to the guidelines of Indian Medicine Central Council (Minimum standards of Education in Indian Medicine) Amendment Regulations, 2019, there is reservation of the seats for disabled persons.<sup>58</sup> Therefore, a few changes are welcomed as per the need of the hour.

### IV. Directives of the teacher to a new student

These directives serve as a guide to professional code of conduct for students to become a good physician. At the initiation of the study, teacher instructs his students to follow discipline and have control over senses, to

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<sup>57</sup>Ibid., 8. 8.

<sup>58</sup> Retrieved from <http://ayush.gov.in/event/indian-medicine-central-council-minimum-standards-education-indian-medicine-amendment-0> on 2019/06/ 22

be truthful, to eat good vegetarian diet, not to be jealous of other's success, to be obedient, concentrate on studies, to work for the well-being of all living beings and always be ready to work for removing the suffering of the patients, to not indulge in adultery (sexual relationships with patients), not to be greedy, to wear neat clothes, not to be egoistic, to avoid consuming alcohol, to avoid the company of bad people, to speak truth and beneficial words, to have knowledge of the disease and the techniques for their management.<sup>59</sup> Additionally, he is required to leave actions of anger, greed, delusion, arrogance, jealousy, rashness, rigidity, laziness and untruth.<sup>60</sup> Following these instructions of the teacher helps the student in developing a positive behaviour conducive to ethical conduct. This ultimately leads to development of trust and sound physician-patient relationship in the later years of his life as a practicing physician.

A physician should be always ready for the well-being of the patients, except in some situations wherein it is recommended to not to treat. Some patients are categorized as *ayogya rogī* (unsuitable for treatment) such as those considered enemy by the King of the State, those suffering from incurable diseases or where physician is incapable to provide adequate services, who do not follow the instructions of the physician, women whose husband or guardian is not with them and patients involved in unrighteous acts<sup>61</sup>, those who are violent or aggressive, fearful, ungrateful, suffering from deep grief, unstable, who dislike or distrust the physician, who are near to death or with cardinal signs of imminent death (*maraṇāsanna*), who lack necessary resources required for the treatment, who considers themselves as physician and who have doubts regards the treatment advised by the physician.<sup>62</sup> *Aṣṭāṅgahṛdyam* has similar point of view regarding patients not to be accepted for the treatment.<sup>63</sup> *Suśrutasaṃhitā* has mentioned that physician should treat his patient like

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<sup>59</sup> *Carakasamhitā*, Vimānasthānam, 8. 13.

<sup>60</sup> *Suśrutasaṃhitā*, Sūtrasthānam, 2. 6.

<sup>61</sup> *Carakasamhitā*, Vimānasthānam, 8. 13.

<sup>62</sup> *Carakasamhitā*, Siddhisthānam, 2. 5-6.

<sup>63</sup> *Aṣṭāṅgahṛdyam*, Sūtrasthānam, 1. 34.

his own brother or relative but he should not treat those, who are bird catchers or animal killers or are indulged in vicious acts.<sup>64</sup>

Such people are considered unsuitable for treatment as physician would not be able to get the desired result in such cases. This will not benefit the patient and the unintended outcomes may further ruin the reputation of the treating physician. Treating those patients who are considered enemy of the State (or the King) may unavoidably spoil the reputation of the treating physician as being disloyal to the State. Therefore, to avoid any harm or to get benefit from higher authorities, such patients were called unsuitable for the treatment.

For offering home-based services, the physician needs to follow certain rules. He should enter the house of the patient only after the permission has been granted by the head of the family. Physician should wear neat and clean clothes, his head should be downwards, mind should be stable, and he should act in a dignified manner. The only focus of the physician should be to benefit the patient. He should maintain the confidentiality of the patient. On realizing that patient is showing imminent signs of death, he should not reveal this truth to the patient or his family members, especially if this may lead to any harm to the patient.<sup>65</sup>

The analysis of the aforementioned points leads to the following conclusion –

- i. A physician needs permission from the head of the family shows that decisions regarding treatment i.e. when to call a physician or whom to call for the treatment are under the head of the family and not under the patient. So, patient is not independent to decide about his treatment.
- ii. A physician should be truthful and should use beneficial words. To be truthful is one of the important qualities of physician discussed in

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<sup>64</sup> *Suśrutasaṃhitā*, Sūtrsthānam, 2. 8.

<sup>65</sup> *Carakasamhitā*, Vimānasthānam, 8. 13.

*Carakasamhitā*<sup>66</sup> and *Suśrutasamhitā*.<sup>67</sup> The words of the physician should be true (*satya*), beneficial (*hitkāri*) and he should follow the path of morality (*dharmayukta*). This statement of *Carakasamhitā* elucidates that the value of speaking truth is important in *Āyurveda*. But at the same time, it mentioned that the words of physician should be beneficial for the patient. Therefore, if speaking truth may cause any harm to the patient then he should not speak the truth.

It also instructed that a physician should stay quiet on realizing that the patient is near to death. As there is no benefit of telling the truth to the patient or to the family rather it has the chance to cause harm to the patient.

- iii. A physician should maintain the confidentiality of the patient.
- iv. The *Āyurvedic* concept of *ayogya rogī* elucidate the various inappropriate behaviours of the patients, which makes them unsuitable for the treatment. A physician should treat only those patients, in whom there is chance of improvement of their health as otherwise if, a physician would not be able to deliver the desired results, he only would be blamed for, which would bring bad name to him in the profession. The physician has the obligation to benefit the patient. But if the patient is not behaving in a right manner, he would not be benefitted, and the primary obligation would not be achieved. Forceful treatment will give bad name to the physician. Therefore, physician should leave such patients and they are called as incompetent for the treatment.
- v. *Āyurveda* is paternalistic in its approach. The primary obligation of the physician is to act in the best interest of the patient without harming him. In this system of medicine, physician is in authoritative position and patient has to follow his instructions. This system gives importance to the

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<sup>66</sup> *Carakasamhitā*, Vimānasthānam, 8.3.

<sup>67</sup> *Suśrutasamhitā*, Sutrāsthānam, 34. 20.

value of trust of patient towards their physician. The *Āyurveda* has a well-defined code of conduct. The principle of beneficence and non-maleficence are of greater importance in *Āyurveda*.

#### 1.1.3.1 Principle of Non-Maleficence discussed in *Āyurveda*

*Āyurveda* suggests that physicians should not give the treatment, which causes harm to the patient. The description of the qualities of four limbs of treatment, importance of character building in medical students, skill and knowledge enhancement of physicians through participation in seminars or workshops, description of suitable/ unsuitable patients for certain *Āyurvedic* procedures like *pañcakarma* (five procedures of purification) and *agnikarma* (cauterization) is written with an intention to benefit and avoid harm in health care procedures.<sup>68</sup>

It is important to analyse, *Āyurveda* stand on withholding or withdrawing treatment. Health and longevity are given importance in this tradition but when the imminent signs of end of life are observed, then treatment is not of any worthy as it neither benefits patient and nor to the physician. *Āyurveda* justifies withholding treatment under certain conditions. It is important to know those conditions under which withholding is justified.

According to *Āyurveda*, diseases are of two types. *Sādhya roga* (curable diseases) and *Asādhya roga* (incurable diseases). *Sādhya roga* (curable diseases) are further of two types: *Suḥkhasādhya* (easily curable) and *kṛcchasādhya* (curable with difficulty). *Asādhya roga* (incurable diseases) are also of two types; *Yāpya* (only temporary relief) and *anupakramṇīye/ pratyākhyey* (incurable/untreatable).

Treatment is not indicated in *anupakramṇīye* diseases, in which patient is showing all the impending signs of death or patient's life has finished and is

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<sup>68</sup> Tawalare et al., 2014: 366-370.

about to die (*gatāyu mumūrṣu*).<sup>69</sup> *Suśrutasaṃhitā* also advises treatment only in *sādhyā* roga and suggests to withhold the treatment in *asādhyā* roga (incurable diseases).<sup>70</sup> A patient, who shows the fatal signs (*ariṣṭa lakṣana*) should not be treated. In the 28<sup>th</sup> chapter of *Suśrutasaṃhitā Sūtrasthānam* and in the *indriyasthānam* of *Carakasamhitā* description of fatal signs of diseases has been done. These signs guide physician to identify curable and incurable diseases and of inevitable death.

The diseases which are described in the category of *asādhyā* are: The serious ailments (which have spread in almost all the *dhātus* of the body), all the *tridoṣa* are affected, senses have become weaken etc. This kind of patient is not competent for any treatment. A wise physician should not treat such patients.<sup>71</sup> There is clear indication of not providing any treatment to such patients. It is to avoid giving any false hope to the patient and the attendant. Physician should have the attitude of *upekṣā* (equanimity) towards such patients.<sup>72</sup> It is considered to be one of the virtuous actions of a physician. He should examine the patient and then decide about the disease that if it is curable or incurable and should act accordingly. The reason for withholding the treatment is that treatment will not be of any benefit to the patient or no treatment would help to stop the suffering of the patient. Letting a patient die is acceptable under the condition of futility of treatment or valid refusal of treatment.<sup>73</sup> In modern medicine also overtreatment, which is neither beneficial nor desirable, is questionable.<sup>74</sup>

On disclosure about life threatening diseases, *Carakasamhitā* suggests that a physician after observing the signs of patient's imminent death, either should not disclose it or should disclose it only after communicating with the family members or the patient.<sup>75</sup>

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<sup>69</sup> *Aṣṭāṅgahr̥dyam*, Sūtrasthānam, 1.34.

<sup>70</sup> *Suśrutasaṃhitā*, Sūtrasthānam, 10. 7.

<sup>71</sup> *Carakasamhitā*, Sūtrasthānam, 10.19-20.

<sup>72</sup> *Carakasamhitā*, Sūtrasthānam, 1.62.

<sup>73</sup> Beauchamp & Childress, 2013: 176.

<sup>74</sup> *Ibid.*, p. 199.

<sup>75</sup> *Carakasamhitā*, Indriyasthānam, 8. 62-64.



### 1.1.3.2 Principle of Beneficence discussed in *Āyurveda*

*Prajāhit hetorāyurvedam śrotumicāma ihopadiśyamānam/*

- *Suśrutasamhitā, Sūtrasthānam, 2.3*

Sages desired to listen the teachings of *Āyurveda* for the benefit of mankind. It was evolved and documented by sages to help human beings acquire health and longevity. It is meant to benefit others. *Āyurveda* gives importance to the principle of beneficence.

*Prayojnam casyasvāsthasyasvāsthyarakṣnamāturasya-  
vikārapraśmanam ca.*

- *Carakasamhitā, Sūtrasthānam, 30.26.*

The primary aim of *Āyurveda* is to preserve the health of the healthy and to cure the diseases of the sick.

*Tasyāuśaha punyatamo vedo vedavidāma matah/  
vakśyate yanmaṇuśyānama lokayorubhayorhitam//*

- *Carakasamhitā, Sūtrasthānam, 1.43*

*Āyurveda* is regarded the virtuous Veda of life, therefore it is worshiped by the learned. It is beneficial to human beings with respect to both the worlds; here and hereafter. Helping others or to work for the benefit of others is one of the main objectives of this system.

The concept of *Āhāra* (discipline in diet), *Svapna/Nidrā* (adequate and sound sleep), *Brahmacarya* (discipline in sensual pleasures and dutiful living) is discussed under *upstambha* (three supportive pillars to foster

health, happy and peaceful life), *Sadācāra and Sadvṛtta* (good character and good conduct), *dinacaryā* (daily routine), *ṛtucaryā* (seasonal routine), personal hygiene and a focus on four-fold purpose of life (*puruṣārtha*) are discussed under the principle of beneficence.

*Āyurveda* elucidates on four types of life i.e. happy life (*sukhāyu*), unhappy life (*duḥkhāyu*), beneficial life (*hitāyu*) and unfavourable life (*ahitāyu*).<sup>76</sup> The life dedicated towards the wellbeing of others, truthful, full of wisdom, focused on the primary goal of life (*puruṣārtha*), respectful towards others, makes donation, penance, away from anger, affection, jealous, and ego is considered as *Hitāyu*. It is best amongst all the four types of lives. The objective of the *Āyurveda* is to benefit the individual and society without causing any harm to them. According to Plato, a true physician, does not considers his own good, but the benefit of the patient in what he prescribes.”<sup>77</sup>

#### 1.1.3.3 Principle of Justice discussed in *Āyurveda*

*Āyurveda* also suggests that a physician should be in reach of all the patients. Albeit, the poor are considered to be unsuitable for the treatment. The reason could be that a patient should be obedient, wealthy or should have resources required for treatment. A patient should be obedient and should follow physician’s instructions but poor patient may not be able to follow them regarding intake of food suggested by physician or to take adequate rest required etc.

This is significant to point out that the wealthiest status of the patient is not in interest of the physician but it is in the interest of the patient. One should not practice *Āyurveda* to earn money or earn livelihood. Because those physicians, who sell their skill for money are compared with those people, who instead of

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<sup>76</sup> *Carakasamhitā*, Sūtrasthānam, 1.41

<sup>77</sup> [https://www.mun.ca/biology/scarr/Thrasymachus\\_on\\_Justice,\\_Plato%27s\\_Republic,\\_Jowett\\_translation.pdf](https://www.mun.ca/biology/scarr/Thrasymachus_on_Justice,_Plato%27s_Republic,_Jowett_translation.pdf) Accessed on 2019/03/04 p.36-37

collecting the gold collect the sand.<sup>78</sup> According to Plato also, a true physician is the healer of sick and not the maker of money.<sup>79</sup> A true physician is the saviour of life. Life is needed to accomplish the four-fold objective of human life. Therefore, indirectly a true physician is the giver of *dharma*, *artha*, *kāma*.<sup>80</sup> To have the compassion on the living beings is the greatest *dharma* of the physician.<sup>81</sup> The precepts of *Āyurveda* were given by sages to mankind for *dharma* and not to earn money or fulfil the desires of those practicing *Āyurveda*.<sup>82</sup> *Suśrutasaṃhitā* has mentioned that a physician should treat all the patients including poor from his own medicines.<sup>83</sup> It shows that physician should use his own resources to treat the patients, who lack finances.

#### 1.1.4 Holistic Approach of *Āyurveda*

Modern medicine and traditional medicine have different approach towards health and disease. Modern medicine has reductionism approach i.e. reducing down of complex biological phenomena into simplest one and on other hand traditional medicine has holistic approach of treatment, which emphasize on holistic health i.e. physical, mental, social and spiritual. As per modern medicine, disease is the biological condition of body; has some particular signs and symptoms, which shows the abnormal functioning of the organ or the system. The cause of these conditions could be bacteria, viruses, pathogens or other microorganisms. Antimicrobial drugs are prescribed to treat the diseases. In the traditional concept of *Āyurveda* *doṣa*, *dhātus* (body tissues), *malas* (excretory products), and *agni* (thirteen types of bodily fire) are the components of the disease process.<sup>84</sup> Each have a definite role in the disease but vitiated *tridoṣa* are the main cause among all of them. Their imbalance causes the disease and to bring them back into balanced state is the objective of *Āyurveda*.

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<sup>78</sup> *Carakasamhitā*, Cikitsāsthānam, 1.59-61

<sup>79</sup> [https://www.mun.ca/biology/scarr/Thrasymachus\\_on\\_Justice,\\_Plato%27s\\_Republic,\\_Jowett\\_translation.pdf](https://www.mun.ca/biology/scarr/Thrasymachus_on_Justice,_Plato%27s_Republic,_Jowett_translation.pdf) Accessed on 2019/03/04 p.36-37

<sup>80</sup> *Carakasamhitā*, Sūtrasthānam, 16. 38

<sup>81</sup> *Carakasamhitā*, Cikitsāsthānam, 1. 62

<sup>82</sup> *Ibid.*, 1. 57

<sup>83</sup> *Suśrutasaṃhitā* Sūtrasthānam, 2. 8.

<sup>84</sup> Srikantamurthy, 1996: 8.

Diseases are of three types: somatic disorders (caused due to vitiation of *tridoṣa*), psychological disorders (caused due to vitiation of *triguṇās*) and accidental (caused due to some external factor). Inadequate exposure, over exposure and inappropriate exposure of *kāla* (cold, heat and rain), *artha* (sense objects) and *karma* (verbal, physical and mental) is the major reason for vitiation of *tridoṣā* and *triguṇa*.<sup>85</sup> This conception of disease and health is different from the modern medicine. In *Āyurveda* body, mind, self and senses are discussed with reference to health and disease. A person can enjoy holistic health and experience good quality of life subject to having a harmony between body, mind, senses and soul. But the modern medicine did not discuss the concept of self and individualized healthcare. In *Āyurveda* mind and body are interrelated. One affects the functioning of the other. Therefore, treatment is focused on the whole body. *Āyurveda* believes in holistic approach. It emphasizes on physical, mental, social and spiritual health. It acknowledges seven unique body constitutions (*prakṛti*) and three mental attributes (*Manoguna*) and therefore, individualized regimens and care is the hallmark of clinical practice in *Āyurveda*.

Realizing the different approach of *Āyurveda* will help in understanding that how the ethical system of *Āyurveda* is construed and how it can help in analysing ethical dilemmas. In *Āyurveda* ethics is comparable with *dharma*. Ethical principles of *Āyurveda* emphasizes on fulfilling the objective of maintaining health of the patient. The concept of individualized healthcare in *Āyurveda* should be realized in the application of ethical principles in medical ethics.

The field of medicine (Modern or *Āyurveda*) has well defined code of conduct. Albeit, physicians face ethical dilemmas under certain situations in their daily practices. One of the reasons of this could be theological, cultural, ecological or feministic perspective.

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<sup>85</sup> *Carakasamhitā*, Sūtrasthānam, 11.37

## 1.2 Perspectives: Theological, Cultural, Feministic and Ecological

The field of medical ethics continues to struggle with the theological, ecological, feministic and cultural perspectives. It is in the context of principles and perspectives, physicians come across many ethical dilemmas in their day-to-day medical practices. Can universal principles guide ethical decision making, regardless of the culture or other perspectives?

### 1.2.1 Cultural and Theological Perspective

Culture refers to the common and shared behaviour the people of a community. Theology refers to the study of religious faith, practice, and experience.<sup>86</sup> Culture is defined as the customary beliefs, values, societal norms of a race, religion and a social group.<sup>87</sup> Cultural values and norms are transferred from one generation to another by parenting, education, religious norms and society in which one lives.<sup>88</sup> As per UNESCO, “Culture is the set of distinctive spiritual, material, intellectual and emotional features of society, and that it encompasses, in addition to art and literature, lifestyles, ways of living together, value systems, traditions and beliefs.”<sup>89</sup>

The concept of healthcare is related with the cultural and historical roots of a culture of the society.<sup>90</sup> According to UNESCO, scientific and technological research developments are not the sole factor on which health depends albeit,

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<sup>86</sup> Retrieved from <https://www.merriam-webster.com/dictionary/theology> on 2019/03/22

<sup>87</sup> Retrieved from <https://www.merriam-webster.com/dictionary/culture> on 2018/05/03

<sup>88</sup> Pitta, 1999: 241.

<sup>89</sup> Retrieved from [http://portal.unesco.org/en/ev.php-URL\\_ID=13179&URL\\_DO=DO\\_TOPIC&URL\\_SECTION=201.html](http://portal.unesco.org/en/ev.php-URL_ID=13179&URL_DO=DO_TOPIC&URL_SECTION=201.html) on 2019/06/15

<sup>90</sup> Juan, Olarte & Guillén, 2001: 46-47.

psychosocial and cultural factors are also important factors of health.<sup>91</sup> Culture and theology play important role in shaping the belief systems about health and disease. These beliefs influence patient's decision about informed consent, disclosure and other healthcare choices. The conflict arises whether to respect the cultural or theological believes of the patient or to override them in terms of the principles of biomedical ethics. Many of the issues like informed consent, autonomy, confidentiality has a problem while dealing with the people from different cultural backgrounds. Like, in the case of controversies related to life and death principle of autonomy and beneficence or principle of autonomy and non-maleficence come into conflict based on the difference in cultural and theological believes. Based on the principle of autonomy, people deny the authority of any religious group, state or judicial system's interference in person's right to take voluntary decision. They maintain that autonomous persons must act on their own reasons without any interference from any authority. It shows that state or law cannot interfere in the decisions of life and death. But decisions regarding euthanasia or abortion are not independent of legislation of a country.

Culture influence the behaviour, perception, faith and general conduct of the patient.<sup>92</sup> Following principles of biomedical ethics without being sensitive to these perspectives could be beneficial in some society or group of people and could be harmful in another. The questions that may arise are as follows -

- I. Withholding diagnoses from patients is justified or unjustified based on their cultural and theological beliefs. When does a physician should disclose to patients about life-threatening diseases?

There is a difference in the family structure of Asian countries and Western countries. In Western countries persons are independent in taking healthcare decisions. But in Asian countries, there is a concept of joint family. Generally, decisions are not taken independently by the patient but

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<sup>91</sup> Retrieved from [http://portal.unesco.org/en/ev.php-URL\\_ID=31058&URL\\_DO=DO\\_TOPIC&URL\\_SECTION=201.html](http://portal.unesco.org/en/ev.php-URL_ID=31058&URL_DO=DO_TOPIC&URL_SECTION=201.html) on 2018/06/19

<sup>92</sup> Wang & Marsh, 1992: 81-82.

by the head of the family, who decides after interacting with the other members of the family. For them “family and not the individual is considered as the central unit of autonomous rationality.”<sup>93</sup> According to them, disclosure about life threatening diseases directly to patients is unjustified. As informing patient about the poor prognosis may harm the patient rather than benefitting him. But in others (especially Western countries) to withhold diagnose from patients is unjustified, as physician has the obligation to disclose correct, sufficient and relevant medical information to the patient about the disease, regardless of any cultural or theological consideration, so that the patient can make autonomous healthcare choice. The moral principles of autonomy and beneficence or principle of autonomy and non-maleficence come in conflict with each other on such accounts. As not disclosing the patient about his or her disease is in conflict with the principle of autonomy.

Patients have varied opinion about taking part or not in decision making related to their healthcare needs. Some may want the comprehensive information and their consistent involvement in relation to their healthcare services, and others prefer the physician to decide or their families to take decisions on their behalf. In some cases, families want to hide the poor prognosis from the patients. Every case is unique and every patient has different story. Based on the cultural and theological perspective, patient can be harmed without informing and can be harmed by giving information also. In some cultures, patients trust their physician and believe that treatment will be done in their best interest but in other cultures; patient’s autonomy is foremost than other things.

Across the world we have many traditional health care systems. They have their own belief systems and they influence the beliefs of a person related to health, disease, disclosure and ethical decision making. Like, in *Āyurveda* physician; drug; patient’s attendant and patient are described as

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<sup>93</sup>Seeberg et al., p.102. Retrieved from [http://pure.au.dk/portal/files/37429210/Family\\_autonomy.pdf](http://pure.au.dk/portal/files/37429210/Family_autonomy.pdf) on 2018/06/28

four limbs/basic factors of treatment and doctor is given the preference over all the other limbs. According to it, the doctor knows what is best for the patient and patient trust him and follow his instructions.

*Mātram pitam putrān bandhvānapī cāturah,  
āpyetānbhīṣankate vaidye viśvāsmeti ca.*

- *Suśrutasaṃhitā, Sūtrasthānam, 26. 43-44*

*Suśrutasaṃhitā*, has mentioned that patient trust his physician more than his own parents, brothers and sons. Therefore, a physician should protect him like his own son.

*Bhīṣagapyāturāna Sarvāna Svāsutāniva Yatanvāna/  
Ābādhebyo hi saṃrakṣedichanna dharmamanutamam//*

- *Carakasamhitā, Cikitsāsthānam, 1. 56*

A physician should treat his patients like his own son and to protect them from the impediment of diseases is the best of his *dharma*. This system has a paternalistic approach and demands patients to follow the instructions of physician and on other side requires a physician to work in the best interest of the patient. According to *Āyurveda*, every patient has different level of physical, mental, social and spiritual strength. Difference in bodily and mental constitution affects patient's sensitivity to the disease, pain and other circumstances, necessitating the need of individualized therapy. This uniqueness of every patient should be realized by the physicians before analysing the ethical dilemmas and making ethical decisions.

*Carakasamhitā* has mentioned that a physician should not disclose the information of imminent death of the patient, to avoid potential harm to the patient or any other family member of the patient. But, if the physician



discloses such information, then he should do it after interacting with the family members and then should decide about the disclosure or non-disclosure.<sup>94</sup>This measure of interacting with the patient or patient's family member can be implemented in disclosure especially about the life-threatening diseases. A good communication skill is required on the part of the physician. To withhold disclosure without the knowledge of the patient and his family member can be harmful for the patient. The criteria of revealing the information should be decided after interacting with the patient and his/her family members.

Physicians have the obligation to benefit the patient and not to inflict any harm to the patient but disclosure without knowing the cultural or theological preferences of the patient can inflict harm. In the light of the principle of beneficence, this information can be postponed. *Āyurveda* texts suggest that a physician should always speak the truth. He should disclose about disease. Withholding information is allowed or justified, when the imminent signs of death are present, no treatment can be useful for the patient and the disclosure may be harmful to the patient or his family. It is the physician's own wisdom and character, which helps in identifying the right course of action and decision making. A physician should talk to the patient and his attendant about their preferences and believes and then should decide when and how to disclose the patient about the life-threatening condition of the patient to avoid harm to the patient. Physician, patient and his family should take part in healthcare decisions. "The physician and the patient represent a couple in which the two are forcedly put together and in which common values do not exist but a common target: fulfilling the life value and not that of the science."<sup>95</sup>

## II. Do healthcare professionals need to develop greater sensitivity to cultural or theological values?

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<sup>94</sup> *Carakasamhitā*, Indriyasthānam, 8. 62-64.

<sup>95</sup> Aprodu, Gavrilovici & Hanganu, 2009: 90.

There is no consensus towards need to develop greater sensitivity to cultural or theological values. As some believe that cultural diversity is an obstacle in the path of providing scientific healthcare services.<sup>96</sup> According to Barcanovic, cultural diversity ignores the normative view of bioethics, which can be harmful.<sup>97</sup> Many elements of culture change as a response of social and environmental challenges, and because of this change, it should not be a part of decisions related to healthcare.<sup>98</sup> The different views of different cultures would be there but differences does not make them morally acceptable.<sup>99</sup>

Others believe that there is a need to develop greater sensitivity to cultural or theological values in healthcare services. The first element of the ICN (International council of Nurses) code of ethics for Nurses,<sup>100</sup> is based on the idea that healthcare providers should provide care that respect person's wishes because of every person's uniqueness, which is inclusive of their culture, values and beliefs.<sup>101</sup> Cultural diversity being a fact of life cannot be denied or opposed.<sup>102</sup>

According to Chattopadhyay & De Vries, "respect for cultural diversity in bioethics is an ethical imperative" as principles of bioethics have Western bias and they are imposed on non-western cultures without sensitivity towards the values and norms of various cultures.<sup>103</sup> They elucidate that "rather to find the problem in the ability of western (modern) bioethics to recognize and engage fruitfully with diverse cultures and moral traditions, they find the problem with the respect for cultural diversity in bioethics."<sup>104</sup>

Application of principles of biomedical ethics require consideration of

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<sup>96</sup> Chattopadhyay & Vries, 2013: 639-645.

<sup>97</sup> Barcanovic, 2011: 229.

<sup>98</sup> Ibid., p. 232.

<sup>99</sup> Have & Gordijn, 2013: 636.

<sup>100</sup> Retrieved from

<https://pdfs.semanticscholar.org/d743/1f4b35eccb6780e9eba644d0ced499aa829c.pdf> on 2018/06/12

<sup>101</sup> Webb, 2013: 9.

<sup>102</sup> Chattopadhyay & Vries, 2013: 639-645.

<sup>103</sup> Ibid., p. 639-645.

<sup>104</sup> Ibid., p. 639-645.

cultural elements in Asian countries in the real medical situations.<sup>105</sup> For the justification of bioethical norms and principles respect for religious perspective is essential in context.<sup>106</sup>

Culture plays a great role in medical ethics as some values and principles are of greater importance than others in different cultures. Tolerance to such difference beliefs is important, however one must realize that not all the values have equal moral status like female circumcision or slavery and in the condition of disagreement exists, one must take time to understand and have a dialogue.<sup>107</sup> Truth telling, disclosure regardless of the patient's cultural and theological could be beneficial in some society or group of people and could be harmful in another. The physicians should understand patients cultural and theological believes about healthcare preferences. The report of the IBC (International Bioethics Committee, February 2013) on traditional medicine systems and their medical implications has discussed about the knowledge, skills, practices, ethical implications based on the theories and beliefs of various cultures. The work of WHO, regarding traditional medicines is directly linked to UNESCO's mission to promote cultural diversity. Many traditional systems like *Kampo*, *Āyurveda* are practised worldwide. The principles of ethics vary culturally. An action is right or wrong as per the moral norms of the society in which it is practiced or in which the person lives.

Many more questions, which arise because of the conflict in the principles of biomedical ethics and cultural and theological perspectives are as follows -

Should all the principles of medical ethics be followed at the same time? Can they be followed together without violating each-other? If no, then which principle should be given priority over other? Do principles vary from culture to

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<sup>105</sup> Seeberg et al., p. 91. Retrieved from [http://pure.au.dk/portal/files/37429210/Family\\_autonomy.pdf](http://pure.au.dk/portal/files/37429210/Family_autonomy.pdf) on 2018/06/28

<sup>106</sup> Shabana, 2013: 671.

<sup>107</sup> Retrieved from [https://apps.who.int/iris/bitstream/handle/10665/164576/9789240694033\\_eng.pdf;sequence=1](https://apps.who.int/iris/bitstream/handle/10665/164576/9789240694033_eng.pdf;sequence=1) on 2019/06/28

culture? Does culture play any important role in principles of medical ethics? If yes, then the universality of these principles is questionable? To find the answers to these questions, a more fruitful interaction between ethical cultures and universal ethical principles is required.<sup>108</sup> According to Freeman, ethics is culturally construed, therefore there is a “need of ethical pluralism and advocates of biomedical ethics should recognise the existence of other alternative systems of medicine and there may be tremendous benefits in working out on mutual understanding through cross cultural dialogue rather than rejecting them.”<sup>109</sup>

### 1.2.2 Feministic Perspective

Feministic perspective also creates conflicts in the principles of medical ethics. It is related with ethical issues arising from health of women, justice and care in health services, equal access to healthcare services, health policy from a feminist perspective etc. According to Carol Gilligan the feminine voice has been excluded or ignored in ethical reasoning. Feministic perspective was originally identified with works related to the ethical issues of reproduction and abortion. Ethical implications became more complex with advanced reproductive techniques. The main concern of it is to challenge the oppression, subordination, and disadvantage of women with reference to healthcare services.

The most common conflict with reference to feministic perspective is related to pro-choice and pro-life options in abortion. Pro-choice refers to women’s autonomy to choose between an abortion or no abortion and pro-life is against abortion. According to some abortion is the killing and killing is considered to be unjustified and unethical in some cultures. Based on their cultural and theological beliefs some argue against abortion. Pro-life believers, value the sanctity of all life and they stand against taking life of foetus. They argue that every living thing has the right to live and this right cannot be taken away. Foetus cannot be deprived of this right. Foetus has the potential for becoming a

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<sup>108</sup> Shabana, 2013: 671-677.

<sup>109</sup> Retrieved from <https://cameronfreeman.com/socio-cultural/medical-anthropology/ayurvedic-ethics-modern-medical-ethics/> on 2018/06/29

human being. Therefore, should be protected against any harm. But those who argue in the favour of pro-choice they argue on the basis of principle of autonomy. They say that foetus cannot have the right to choose as it is not rational but only has the potential to become a rational being. It is the female carrying foetus in her womb, to decide whether to keep it or abort it. It is her own body and foetus is the part of her own body. So, she has the right to decide about her own body. The interference of cultural, theological or any state laws in her decision of abortion are against the principle of respect for autonomy. Feminists see this issue in the context of oppression of women. This conflict poses questions such as abortion is morally justified or not? At what gestational age fetus has the right to life? When the life does starts?

It is important to know the status and recognition of female patients in healthcare services in *Āyurveda*. Female patients were given due respect and were given the necessary healthcare, they require. Physicians were warned about not to make any sexual preferences towards their female patients. But with reference to the principle of respect for autonomy, females were deprived of this principle. *Āyurveda* traditional texts suggest to physician for not treating female patients without their husband or father's permission. It shows that females were not given the independent status. *Carakasamhitā* has mentioned that one should not disrespect the women but one should not have faith in them. One should not disclose their secrets to them and they should not dominate at home.<sup>110</sup> It was a patriarchal society and women have to live under their male family members.

### 1.2.3 Ecological Perspective

What is the role of ecology in analysing ethical dilemmas? Does human being's constant interaction with the environment is not a threat to it. What is the effect of it on human being's health? There can be no enduring health without a healthy planet. The core issues in environmental science, particularly climate change and its relationship to health and health care should be given due consideration while discussing moral issues related to medical ethics. The

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<sup>110</sup> *Carakasamhitā*, Sūtrasthānam, 8. 22

question is to understand the relevance of the basic principles of beneficence, non-maleficence and justice in the perspective of ecology.

Does the healthcare system pose any harm to the environment? Does the normal activities of individual harm the environment? Is it justified to inflict the harm to the environment for your own benefit? Do medicines or their manufacturing have any harmful side-effects on the environment?<sup>111</sup> A big amount of medicines used in treatment of the diseases put harmful effect on the environment.<sup>112</sup> Individual's life choices and environmental factors play important role in health. In *Āyurveda*, focus is more on causal factors of the disease rather than symptoms and polluted environment is one of the factors of disease. According to *Carakasamhitā*, the cause of epidemic is defect in the *vāyu* (air), *jala* (water), *deśa* (space) and *kāla* (time).<sup>113</sup> Their inappropriate combination cause vitiation of *tridoṣa*. Many human activities harm the environment. So, it is like as you give so will you receive. Man should have harmonious relationship with the environment and should not dominate it. The question arise that does this principle of medical ethics extends far beyond the bedside or is limited only to the wellbeing of patient? What is role of prevention of diseases in saving our environment? The principle of doing good and not harming has been very important in *Āyurveda*. It has been an axiom central to the education and practice of this system. Sickness is an opportunity to review your life style and assess good and bad habits.

### 1.3 Nature and forms of Ethical Dilemmas

Ethics is derived from the Greek word *ethos*, which refers to behaviour. It is concerned with the questions of righteousness and wrongness of conduct.<sup>114</sup> It is the conduct evaluation with reference to some ideal.<sup>115</sup> Ethics tell us that what

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<sup>111</sup> Pierce, 2009.

<sup>112</sup> Boxall, 2004: 1110-1111

<sup>113</sup> *Carakasamhitā*, Vimānasthānam, 3. 6

<sup>114</sup> Sinha, 1978: 1.

<sup>115</sup> *Ibid.*, p. 1.

people ought to do, usually in terms of rights, obligations, fairness, or virtues.<sup>116</sup> Ethical dilemma is a situation about decision making problem between two moral imperatives. Ethical dilemma arises due to a person's commitment to two or more moral obligations and fulfilment of one violates his duty towards the other.<sup>117</sup> One cannot discharge duties towards both obligations and need to be sacrificed in order to fulfil the another. Decision about, which obligation is greater than the other in particular case need to be viewed in the light of ethical theories and principles, various perspectives (cultural, theological etc.) of the patient and the circumstances. The two common forms of ethical dilemmas are -

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- I. Some evidence indicates act X to be right and some other evidence indicates it to be wrong, both the evidences are inconclusive. Such as passive euthanasia is right as it recognises a person's right to die with dignity but the argument against it mentions that it is incompatible and inconsistent with the right to life. Both these arguments are debatable.
- II. An agent's moral belief about ought to and ought not to perform act X. It refers to the conflict in the moral obligations.

Dilemmas arise due to the conflict in the moral principles and rules. Besides the principles there are certain rules such as truth telling, maintaining confidentiality, keep the privacy of others specify principles and guide the actions. The conflict in rules and principles is mainly because of the societal concerns like theological, cultural, feministic, ecological perspectives etc. Though, all the dilemmas in life are not ethical always. To qualify for an ethical dilemma there should be conflict between two or more ethical principles or ethical theories. Like, to maintain the confidentiality of a person is physician's obligation to his patients but in case, a patient confides to the physician about his

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<sup>116</sup> <https://www.scu.edu/ethics/ethics-resources/ethical-decision-making/what-is-ethics/>  
Accessed on 2019/05/12

<sup>117</sup> Sharma, p.1,  
<http://www.drkavitasharma.org/pdf/Ethical%20Dilemmas%20in%20Mahabharat.pdf>  
Accessed on 2018/ 03/ 18

<sup>118</sup> Beauchamp and Childress, 2013:11.

bad intentions towards some family member. Then the physician has the ethical dilemma to abide by the obligation of maintaining the confidentiality of the patient or the obligation to protect the others from any harm. Physician has the dilemma to ignore the statement of the patient or to warn the family members of his violating intentions.<sup>119</sup> The ethical dilemmas could vary from simple to complex. Simple ethical dilemmas can be analysed under ethical principles or after talks with the patient, attendant of the patient and after advice from ethical experts. But sometimes these dilemmas are more complex with many moral issues and require state or legislative interference in analysing the ethical dilemmas.

Ethical theories and principles guide in two ways. Onw way is to identify why such issue is an ethical issue and, the second way is to provide moral reasoning to justify the preference of one action over another action.<sup>120</sup> Strong moral reasoning is required to morally justify the course of action taken. Ethical dilemmas in medical science refers to the discussion on the following in order to understand what ought to be done and what you not to be done –

- choices and values in medical practice,
- obligations of healthcare professionals,
- rights of the patients.

Medical ethics examines the questions of moral right and wrong with reference to the healthcare practices. With constant advancements in medical technology coupled with increasing education and social awareness among patients about their rights; ethical dilemmas have become more complex.

The ethical issues in which dilemmas may arise could be anything from simple to complex. Like surrogacy, controversies of beginning and end-of- life (abortion & euthanasia), access to health care, doctor –patient relationship,

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<sup>119</sup> Ibid., p. 10.

<sup>120</sup> Retrieved from

[https://apps.who.int/iris/bitstream/handle/10665/164576/9789240694033\\_eng.pdf;sequence=1](https://apps.who.int/iris/bitstream/handle/10665/164576/9789240694033_eng.pdf;sequence=1) on 2019/06/19



distribution of health care resources, withholding and withdrawing treatments, disclosure, trust, informed consent, organ donation etc. It may also arise due to personal and professional preferences of a person. As professional obligation demands to go for disclosure but another societal factor guides not to reveal as it may harm the patient.

Physicians have the obligation to abide by the code of conduct of the profession. They have a duty to adhere to the rules and principles of medical ethics. Breach in these ethical rules and principles sometimes, may lead to judicial enquiry against the physician. A physician is expected to follow the virtues of care, kindness, compassion and respect for his patients.<sup>121</sup> A patient trusts his physician that he will work in the best interest of his patients. But there are many challenges which doctors come through in maintaining this relationship.

### 1.3.1 Nature of Conflicts in the Principles

I will discuss the nature of conflicts in different principles with the help of some ethical dilemmas.

#### I. Ethical Dilemma in Conjoined Twins

Conjoined twins are those in which one or many parts of the body are attached together or sometimes, their body share common vital organs. Separation of such twins and division of vital organs is an ethical challenge to the parents, medical fraternity, society and to those twins as well. Surgical options available are either to separate them in two individuals without sharing vital organs or to separate them by sacrificing the life of one in case of sharing of vital organs.<sup>122</sup> Beneficence is doing good and non-maleficence refers to not to inflict harm intentionally. In

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<sup>121</sup> Beauchamp and Childress, 2013: p. 22.

<sup>122</sup> Aprodu, Gavrilovici & Hanganu, 2009:87.

the second option mentioned above, sacrificing the life of one to benefit another is ethical dilemma that on what grounds to choose the right to life to one and to sacrifice the life of another. Who has the right to decide about who would live and who would die? In such cases, acting and omission both may harm. Surgery could be in the best interest of one and not in the interest of another. If they are considered as one organism or two? <sup>123</sup>If taking the life one to save the life of other is justifiable? Doing harm to one is not similar to deprive that person of certain right's one is born with. Is this idea not similar to using the one as means to some end? According to the theological perspective sanctity of all human lives is believed and taking life is considered immoral.<sup>124</sup> There could be many other instances of conflict in the principles of medical ethics. Does killing one to save other is justifiable on the ground of doing justice? Does killing one to save another like in conjoined twins is based on the principle of utilitarianism? The physician needs to consider the principles and perspectives in the best interest of the patient and the society.<sup>125</sup>

## II. Ethical Dilemma in Abortion

Another ethical debate is about the abortion. Abortion refers to premature expulsion of foetus naturally, by giving drugs or by other artificial means, which result in the death of the foetus. The question arises when does the life begins? Different religious, philosophical or scientific views have different opinions regarding, when does life begins. There is no morally demarcated line between the infant (new born) and the fetus i.e. no crucial separation to differentiate between those with the right to life and those deprived of or lack right to life as, development of the fetus into human being is gradual process, therefore it is difficult to say, when

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<sup>123</sup> Ibid., p. 88.

<sup>124</sup> Okhakhu, Ikhianosime & Okpodi, p 6.

<sup>125</sup> Atkinson, 2014 Retrieved from <https://link.springer.com/article/10.1007%2Fs00381-004-0983-6> on 2018/05/18

does life starts.<sup>126</sup> Further, debate is in between pro -choice (individuals have autonomy with respect to their own reproductive system) and pro-life (obligation to preserve life regardless of quality of life). Many arguments are presented to prove the sanctity of all life and on the issue of beginning of life? The abortion law of a country may be influenced by theological and cultural factors.

Take the case of Savita Halappanavar, an Indian dentist, who was refused abortion in Ireland in 2013 because of the theological belief of the country. It resulted in her death. This case shows conflict in feministic perspective and theological perspective. Woman's right to abortion, if her life is on threat. The reason for refusal for abortion given by physician to her was that, "This is a Catholic country – we cannot terminate because the foetus is still alive." The staff waited three days until the 17-week-old foetus had died. By then Ms. Halappanavar suffered from advanced state of septicaemia, and she died four days later. Here, the principles of medical ethics came into conflict because of the theological beliefs of the country. This case lead to change the abortion law and allowed lifesaving abortions in the country.<sup>127</sup>The questions based on cultural, theological and feministic perspective could be that; Abortion should be legal or illegal? If fetus is an individual or person? When does the fetus has the right to survive? Is it the woman who must decide about the abortion or state/law can interfere in her voluntary decision?

*Suśrutasaṃhitā* does not mention that fetus should be aborted, just to respect the autonomy of the woman carrying fetus in her womb, albeit, in the case of abnormality in a fetus, which poses threat to the life of the mother, abortion in such cases should be done to save the life of the mother.<sup>128</sup>In *Carakasamhitā*, people has been advised to stay away from

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<sup>126</sup> Singer, 1999: 142-143.

<sup>127</sup> Retrieved from <https://www.nytimes.com/2013/04/20/world/europe/jury-cites-poor-medical-care-in-death-of-indian-woman-in-ireland.html> on 2018/06/05.

<sup>128</sup> *Suśrutasaṃhitā*, Cikitsāsthānam, 15. 11

the company of those, who have killed the fetus. To avoid their company is mentioned under *Sadvṛtta* (good conduct).<sup>129</sup> It shows that abortion is not recommended in *Carakasamhitā*.

### III. Ethical Dilemma in Euthanasia

Another perplexing issue in medical ethics is euthanasia. Euthanasia refers to good death or mercy killing. The debate is between active and passive euthanasia. Active or positive euthanasia is to give some lethal injection by the physician to end the life and stop the suffering of the patients, who are in permanent vegetative stage. Passive or negative euthanasia is to withhold lifesaving treatment in the patient. There are diverse views on the legal permission to euthanasia based on the cultural, theological and legal perspectives. The arguments in favour of euthanasia are autonomy of individual in all rights as long as it does not harm the rights of others. As individuals have the right to live, they also have the right to die with dignity.<sup>130</sup> Euthanasia is the compassionate response of the physician to the incurable and severe pain or suffering of the patient. And the argument against euthanasia are that (i) Sanctity of all life, therefore killing either active or passive is forbidden (ii) Allowing euthanasia could be like giving a dangerous weapon to unethical individuals and to the legislation of a state, and could be the “first step down a slippery slope.”<sup>131</sup> In India, active euthanasia is illegal but Supreme Court has allowed passive euthanasia only under specific considerations.<sup>132</sup>

### IV. Ethical Dilemma in Surrogacy

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<sup>129</sup> *Carakasamhitā*, Sūtrasthānam, 8.19.

<sup>130</sup> Retrieved from <https://www.india.com/news/india/passive-euthanasia-supreme-court-reserves-order-on-living-will-2527000/> on 208/07/01

<sup>131</sup> Singer, 1999: 213.

<sup>132</sup> Retrieved from <https://www.india.com/news/india/passive-euthanasia-supreme-court-reserves-order-on-living-will-2527000/> on 2018/07/02

Surrogacy is derived from Latin word *surrogare*, which means to substitute. Surrogacy refers to a hiring of womb i.e. a woman carries a foetus of others in her womb for some materialistic gain. Surrogacy can be traditional and gestational. In traditional surrogacy, the surrogate mother is the biological mother as she provides the egg for fertilization and carries the pregnancy to full term. In gestational surrogacy, the surrogate mother is not the biological mother of the child as she does not provide egg for fertilization. In it fertilized egg is implanted in surrogate's womb through artificial insemination and she carries the foetus up to the full term of pregnancy. The surrogate mother or gestational mother implies that refers to a female whose uterus is used for implantation and development of embryo and who gave birth to the baby on other's behalf.<sup>133</sup>This process has some benefits and harms.

Benefits are desire and need of infertile couples are fulfilled, material gain to the surrogate, altruistic feeling to the surrogate etc.<sup>134</sup>

Harms could be the physical pain, complications of pregnancy and a threat to the life of surrogate mother and psychological burden to the surrogate mother as well as to the couple hiring surrogates. Surrogacy has taken the shape of industry to make money and there are chances of invalidation of surrogate contract as in the case of Mary Beth Whitehead and William Stern.<sup>135</sup>The ethical debate is about the rights of surrogate mother. Surrogacy is like exploitation of women's circumstances for one's own benefit. It is using someone as means to some end. Feminists have different viewpoints about the issue of surrogacy. Some believes that it gives freedom of choice to surrogate mothers but for others it is the exploitation of women. Surrogacy also faces cultural and theological

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<sup>133</sup> Retrieved from <https://medical-dictionary.thefreedictionary.com/social+mother> on 2019/05/12.

<sup>134</sup> Crawford, 2003: 122.

<sup>135</sup> <https://plato.stanford.edu/entries/feminism-family/> Accessed on 2019/0/05

dilemmas and is not accepted as it has the societal risks and the loss of basic values as the institution of marriage.<sup>136</sup>

## V. Ethical Dilemmas in Palliative Care

Palliative care or end of life care refers to comprehensive treatment of pain, discomfort, anxiety and provide moral support in order to improve the overall quality of life of patient suffering from life-threatening disease, his attendant or other family members.<sup>137</sup> It is not the replacement of primary treatment but is provided along with it. *Carakasamhitā* has dedicated three chapters (9-12) of *indriyasthānam*, to discuss the signs and symptoms of the dying person and the approach of physician towards such patients. The ethical dilemmas, which arise in palliative care are when to disclose to the patient, truth-telling, maintaining confidentiality, withholding or withdrawing of treatment etc. Treatments done for extending the life of the patient should not increase the suffering of the patient. Palliative care is an effort to relieve the suffering of dying patient. Fear of death is universal but cultural difference make for difference in attitude and coping up the stress of dying.<sup>138</sup> Principles of biomedical ethics come in conflict with each other on cultural or theological grounds. Physician must understand on how to apply these principles in different perspectives.

There is no end in ethical dilemmas in medical ethics. Physician-patient relationship is one of the important aspects of medical ethics. A good physician-patient relationship is key to provide quality and effective healthcare. Most of the ethical dilemmas are embedded in between physician or healthcare provider and the patient itself. A physician has a relationship with patient, attendant, society, healthcare providers and healthcare industry. Every case comes up with new arguments in favour and against of that ethical dilemma. The nature of

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<sup>136</sup> Crawford, 2003: 121.

<sup>137</sup> Retrieved from <https://www.ninr.nih.gov/sites/files/docs/palliative-care-brochure.pdf> on 2019/04/14

<sup>138</sup> Crawford, 2003: 188.

ethical dilemmas varies from patient to patient and case to case. The principles of medical ethics are not absolute. They are prima facie only. Situational analysis is must before the application of the principles and moral rules in analysing ethical dilemmas. “Being a good doctor requires competencies in ethics as every encounter in physician and patient has moral dimensions.”<sup>139</sup>

Let me bring the chapter to close. After going through different parts of the chapter, I tried to find the answer of the problematic, which is as follows -

Culture, theology, feminism plays important role in shaping the belief system of a person. These beliefs hold a great significance for the members of the culture, though may appear to be meaningless to others.<sup>140</sup> These believes influence the decision making of a person. Physicians should not disregard these perspectives in analysing ethical dilemmas. Though sometimes it becomes difficult for physicians to move on with these perspectives. But they cannot be ignored. Wisdom is required to do the situational analysis. Beauchamp and Childress accept that a patient can voluntarily choose to be guided by norms and values of the culture and the religion. While it is difficult to negotiate different values and beliefs for providing necessary information for decision-making, this does not excuse a failure to respect a patient’s voluntary decision or right to choose: “respect for autonomy is not a mere ideal in health care; it is a professional obligation. Autonomous choice is a right, not a duty of patients”<sup>141</sup>

Though all the principles are an obligation for physicians, but some balancing is required. They only guide physicians to certain forms of conduct. Physicians need to understand and should have respect for the moral traditions of cultures. Responsibility also lies on the cultural and theological traditions that the cultural or theological norms do not pose a threat to the mankind. Although, physicians need to be tolerant of cultural diversity and should respect cultural believes but excessive tolerance can harm the patients.<sup>142</sup> Physicians need to analyse cultural

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<sup>139</sup> Carrese, et al., 2011: 712.

<sup>140</sup> Webb, 2013: 4.

<sup>141</sup> Beauchamp & Childress 2013:110.

<sup>142</sup> Ruth, 1998: 1.

values, which are based on principles of medical ethics.<sup>143</sup> Some religious and cultural norms like involving traditions of female genital mutilation and Islamic tradition of male circumcision seem to be horrific and are threat to lives of the children. Such practices can be challenged and should be stopped, but some cultural and theological believes should be given due consideration in analysing ethical dilemmas. Physicians need a great discriminating power and wisdom, in identifying these cultural and theological values.

The concept of *Sadvrutta-Sadacāra* (Good conduct), *Hitāyu* (favourable life), virtues of kindness, compassion, affection and equanimity guides physicians to work in the welfare of the patients and help them in analysing ethical dilemmas and application of the principles of medical ethics in particular situation. Truthful, skilful, dutiful, pure, full of wisdom and quick in decision making are some of the essential qualities of physician. No principle can override the other and no one principle is important than the other. I agree that all the principles of medical ethics discussed above are *prima facie* and not absolute.<sup>144</sup> But specific norms are absolute like strict rules against murder or sexual harassment.

Concept of *Puruṣārtha* helps in identifying these norms. It also helps to understand, that which principle should be given due consideration under the given circumstances, without ignoring or compromising the other principles. It could be of great help in identifying the physician's roles and duties towards the profession. It helps to understand one's worldly and otherworldly aspirations. Healthcare profession is believed to be one of the noble professions and *Puruṣārtha* helps to maintain the magnificence of this profession.

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<sup>143</sup> Ibid., 1.

<sup>144</sup> Beauchamp & Childress, 2013:15.



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## CHAPTER - 2

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### *ĀYURVEDA: PRINCIPLES AND PERSPECTIVES ON SVĀSTHYA*

In this chapter, I will discuss *Āyurvedic* principles and perspectives on *Svāsthya* (Health). It is holistic because it includes the normative i.e. *puruṣārtha*, the social i.e. *āśramas* and the epistemological, i.e. *Pramāṇa* and *Pramāṇa vyavasthā*. *Puruṣārtha* is the accomplishment of certain goals during the advancement of one through the different stages of human life. *Āyurveda* has divided the human life into three major periods i.e. *Bālyāvasthā* 0-16, *Madhyāvasthā* 17-60/70 and *Jirnāvasthā* 60/70- 100.<sup>145</sup> There is dominance of specific *doṣa* in particular period of life. Like in *Bālyāvasthā* there is dominance of *kapha doṣa*, in *madhyāvasthā* there is dominance of *pitta doṣa* and in *jīrnāvasthā* there is dominance of *vāta doṣa*. Therefore, *kapha* disorders are quicker to manifest in first period of life, *pitta* in second and *vāta* related disorders in last period of life. In *Āyurveda*, *pramāṇas* are used to diagnose the disease. In fact, *Āyurveda* believes in the same number of *pramāṇas* as are considered in Nyāya philosophy. Naiyāyikas said that valid knowledge is of four types –*pratyakṣa*, *anumiti*, *upamiti* and *śabda* and the sources of valid knowledge are also of four types-*pratyakṣa*, *anumāna*, *upamāna* and *śabda*. But there is significant difference regarding *pramāṇa-vyavasthā*. In *Āyurveda*, the term *parikṣa* has been used for *pramāna*. *Suśrutasamhitā* has used the term *vigyanopaya* instead of *parikṣa*.<sup>146</sup> *Carakasamhitā* has mentioned 4 types of *pramāṇas* i.e. *pratyakṣa*, *anumāna*, *āptopdeśa* and *yukti*.<sup>147</sup> In *Suśrutasamhitā* they are mentioned as *pratyakṣa*, *anumāna*, *upmāna* and *āptopdeśa/ āgama*.<sup>148</sup> The questions to be addressed are: What are *Āyurvedic* principles for different *āśramas*? What kind of *Āyurvedic* perspective could be prescribed for *Puruṣārthas*, which determine the human values and guide human actions, the means as well as the end including our duties as well as our goal of self-realization? Besides normative and social dimensions, how could the *pramāṇas* be used for the description of diagnostic method besides oral evidence and written communication? What is the role of the experts like teachers, *vaidyas*, *nādividwāns*? How far can the well – wishers be required at the times of

<sup>145</sup> *Carakasamhitā*, Vimānsthānam, 8.122

<sup>146</sup> *Suśrutasamhitā*, Sūtrasthānam, 10.4

<sup>147</sup> *Carakasamhitā*, Sūtrasthānam, 11.17

<sup>148</sup> *Suśrutasamhitā*, Sūtrasthānam, 1.24



distress? In order to furnish a substantive answer to these questions, we have to go into the details of *puruṣārtha*, *āśramas* and *pramāṇas* in *Āyurveda*. In order to make clarity and precision, I have divided this chapter into three parts-

2.1 *Puruṣārthas*

2.2 *Āśramas*

2.3 *Pramāṇas*

## 2.1 *Puruṣārthas*

*Āyurveda* texts delineate correlation between *Puruṣārtha* (objective of human life) and *Svāsthya* (*ārogya*, health, well-being and longevity). *Puruṣārtha* is the reason behind the birth of human being on this earth. But in the absence of health and longevity, it is difficult to accomplish the very reason of one's existence.

*dharmārtha-kāma-mokṣāṇām-ārogyam mūlamutamam*

- *Carakasamhitā, Sūtrasthānam, 1.15*

Health is the supreme determinant of *dharma* (righteousness), *artha* (desires/wealth), *kāma* (fulfilment of desires/ pleasure) and *mokṣa* (self-realization/ liberation). *Puruṣārtha*, the four fold objective of human life. *Puruṣārtha* is a key concept in all the schools of Indian philosophy. It is a Sanskrit word made up by the combination of two words *puruṣa* and *artha*. The word *puruṣa* means “human being” and *artha* means “meaning or objective” hence, the word *puruṣārtha* refers to “the object of human pursuit.” It has been described as the objective/ meaning of human life, the ultimate goal/aim of human existence, fundamental aspirations of human being etc. The four *puruṣārthas* are *dharma* (righteousness), *artha* (desires), *kāma* (fulfilment of desires/ pleasure) and *mokṣa* (self-realization/ liberation).<sup>149</sup> They are meant to

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<sup>149</sup>Hiriyanna, 1952: 81 & 101.

attain prosperity (*Abhyudaya*) and to attain self-realization (*Nihsreyasa*). These four *puruṣārthas* describe the Indian view of morality.

Originally *puruṣārtha* was comprised of only *trivarga* i.e. *dharma*, *artha* and *kāma*. In *Mahabharata* also, significance of *trivarga* is discussed. Vātsayāyan in *Kāmasūtra* has mentioned that in the beginning, men and women were created and in the form of commandments, rules of their existence were written in the form of *trivarga* i.e. *dharma*, *artha* and *kāma*.<sup>150</sup> Concept of *Mokṣa* came very late. We find treatises on *trivarga* but difficult to find treatise dedicated to the concept of *Mokṣa*. But it does not make it any less than all the *trivargas*. *Mokṣa* is the *summum bonum* i.e. the ultimate or supreme end of human life. Except Cārvāka, all the orthodox schools of Indian philosophy consider all the four *puruṣārthas*. Indian philosophy is basically concerned with *dharma* and *mokṣa* (spiritual values), *kāma* and *artha* (material values) are only instrumental to *dharma* and *mokṣa* (spiritual values).<sup>151</sup> Some philosophers have considered *sādhana* (*artha* and *kāma*) and *sādhya* (*dharma* and *mokṣa*) relation in between these *puruṣārthas*.<sup>152</sup> It is a controversial issue as some believe *kāma* and *mokṣa* to be the *sādhya* and *dharma* and *artha* to be *sādhana*.<sup>153</sup> *Mokṣa* is appraised as *parama-puruṣārtha* and there is complete agreement about the primacy of it over all other *puruṣārthas*. It is the end to all the miseries or sufferings of human beings. To remove the human suffering is the main objective of *Āyurveda* as well as of all the systems of Indian philosophy.

According to Sāṃkhya philosophy, *Ādhyātmika duḥkha* (psychosomatic), *Ādhibhautika duḥkha* (due to some other living creature) and *Ādhidaivika duḥkha* (due to abnormal seasons or supernatural powers) are three kinds of *duḥkha* (pain or miseries), which constitute *duḥkha-traya*.

*Taca duḥkham trividham-Ādhyātmikam Ādhibhautikam  
Ādhidaivikamiti*

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<sup>150</sup>Vatsayāyana, 1883: 6.

<sup>151</sup>Hiriyanna, 1952: 50.

<sup>152</sup>Sharma, 1999: 228.

<sup>153</sup>Ibid., p. 229.

*Suśrutasamhitā* has also discussed about these three types of miseries under the concept of *trividha-duḥkha* (three types of miseries). These three types of miseries further, appear in seven forms of diseases in human being i.e. *Ādhyātmika duḥkha* (physical in nature), *Ādhibhautika duḥka* (traumatic) and *Ādhidaivika duḥka* (natural due to abnormal seasons, natural disasters or supernatural powers) which will be discussed in later section under the heading of diseases and their types.

Now, the question arises that how to achieve the ultimate aim of human life, when one is suffering from *duḥkha-traya*. These miseries are an obstruction in accomplish of the very reason of one's existence. The traditional texts of *Āyurveda* mention that accomplishment of *Puruṣārtha Catuṣṭaya* is the primary objective of human life. But without health and longevity, it becomes impossible to attain this. Health is the supreme determinant of *Puruṣārtha Catuṣṭaya*. Health is needed to enjoy wealth or to fulfil one's desires (*artha*), to fulfil your duty (*dharma*), to enjoy sensual pleasures (*kāma*) and to achieve *mokṣa* (liberation/ self-realization). *Dharma* has been placed at the first place in the value scheme in the Vedic tradition<sup>154</sup> and similar schema of values is observed in traditional texts of *Āyurveda*, as is observed in expression *-dharmārtha-kāma-mokṣāṇām-ārogyam -mūlam-uttamam*<sup>155</sup> and at other places.

Our actions determine happiness (health) or miseries (disease) in life. Therefore, in order to be happy and healthy one needs to focus on *Puruṣārtha*. The life span of human beings depends on two things: *Daiva* (actions done in previous life) and *Puruṣārtha* (actions done in this life). The strength of *Daiva* and *Puruṣārtha* depends on our actions. Based on our actions sometimes *Daiva* becomes more powerful and sometimes *Puruṣārtha* becomes more powerful. A person enjoys a healthy and long life when both of them are powerful together. But weak *Daiva*

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<sup>154</sup> Balasubramanian, 2009: 329.

<sup>155</sup> *Carakasamhitā, Sūtrasthānam, 1. 15*

can be nullified with strong *Puruṣārtha* and vice-versa. The actions done in the past are beyond our reach. One has to reap the fruits of our actions done in the past. The one who has controlled his senses, does not get sick until or unless his *daiva* is stronger than his *puruṣārtha*.<sup>156</sup> But with strong *Puruṣārtha*, the consequences or effects of past actions can be nullified or reduced. Therefore, *Puruṣārtha* plays a significant role in living long and healthy life. Wrong eating habits, wrong lifestyle, unethical conduct is the main cause of disease. But if one follows the moral precepts of *Āyurveda* one can enjoy holistic health. The significance of *Puruṣārtha* and *Āyurveda* in preventing diseases, promoting health (*Svāsthya*) and in improving the overall quality of life cannot be underestimated. All the four *puruṣārthas* i.e. *dharma* (righteousness), *artha* (desires/wealth), *kāma* (fulfilment of desires/ pleasure) and *mokṣa* (self-realization/ liberation) and their significance in *Āyurveda* is as follows;

### 2.1.1 *Dharma*

*Dharma* is one of the main concepts of Indian philosophy and Indian tradition of medicine, *Āyurveda*. According to Annie Besant, *dharma* is the word given by God to India and India gave this to the world further and this word summed up the whole in one.<sup>157</sup> According to P.K. Mahapatra, the meaning and implications of the word *dharma* is so much variegated that the entire civilization of India lies in the in depth meaning of this single word.<sup>158</sup> The word *dharma* is multifaceted and has a wide connotation. This word has so much in depth meaning that it is difficult to find any particular corresponding word to this. The term ethics is nearest in the meaning to the term *dharma*.<sup>159</sup> At the highest level it is called as *ṛta* or cosmic law. It is the fundamental law of nature, which maintains the order of the whole universe. It is considered to be the foundational value for the pursuit of other values.<sup>160</sup> The word *dharma* is not used or applied in single sense. The different senses, in which the word *dharma* is used are as follows –

<sup>156</sup> *Carakasamhitā*, Śārīrasthānam, 2. 43-44

<sup>157</sup> Besant, 2018:1.

<sup>158</sup> Mahapatra, 2009: 16.

<sup>159</sup> Datta, 2009: 147.

<sup>160</sup> Balasubramanian, 2009: 329.

- *Dharma* uplifts the human beings and ensures their welfare.<sup>161</sup>
- It sustains the society and maintains its social order.<sup>162</sup>
- *Dharma* refers to the imperceptible channel of motion of matter and souls.<sup>163</sup>
- It regulates the social and moral conduct and determines the human values and guides human actions.
- It is the law that governs the norms and practices of religion.<sup>164</sup>
- *Dharma* is the elementary nature of all the things, including *ṛta*.<sup>165</sup>
- It is the path of righteousness and acts as the guiding principle, which delineates the right physical, mental and verbal behaviour.

In Vedas also it is considered as upholder; the one who sustain others; rules of conduct; the whole body of religious obligations etc.<sup>166</sup> Here, the word *dharma* is taken into the sense of ethical and moral duties of an individual.

*Dharma* is a Sanskrit word and is derived from the verb root *dhṛ* which means to hold or to maintain the custom or law. It explains the individual's social, moral and other basic duties necessary for sustenance of life well and to live in harmony with all the things in the world. It guides and helps to internalize positive human values and create an enabling environment for right conduct or actions for attaining holistic health. This approach of leading disciplined life helps to live healthy and quality life. It is considered to be the most important of all the *trivarga's* as *artha* and *kāma* are considered to be *puruṣārtha* when they are guided by *dharma*.

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<sup>161</sup> Shanthi parva, 109-9-11.

<sup>162</sup> Karna parva, 69.58 Retrieved from <http://veda.wikidot.com/dharma> on 2019/02/12

<sup>163</sup> Sinha, 2002: 143.

<sup>164</sup> Mahapatra, 2009: 16.

<sup>165</sup> Singh, 2009: 57.

<sup>166</sup> Mahapatra, 2009: 18.

### 2.1.1.1 Classification of *Dharma*

*Dharma* is classified into various obligations as follows -

#### I. *Āśrama-dharma*

*These are* specific duties or obligations based on the four different stages of life. The discussion about *Āśrama-dharma* is done in the next section of this chapter.

#### II. *Sādhāraṇa dharma*

These are universal duties are the duties that need to be performed by everyone irresēpective of age or class of an individual. Some of these duties are steadfastness, forgiveness, cleanliness, non-injury to others, purity, self-control, being truthful, to avoid anger etc.<sup>167</sup>

#### III. *Varṇa-dharma*

These are specific duties or obligations based on the division of society in four classes. These four classes are *Kṣatriya* (first class, which belongs to fighters), *Brāhmaṇa* (second class, which belongs to priests and teachers), *Vaiśya* (third class, which belongs to businessmen), and *Śūdra* (fourth class, which belongs to labourers or servants). Only first three classes were allowed to study Vedas or other scriptures, class of *Śūdra* was forbidden from reading or studying Vedas. *Suśrutasaṃhitā* has also discussed about this class distinction. According to it, *upnayana saṃskāra* i.e. ceremony to start education should be done for first three classes of students. And the students from *Śūdra* class were allowed to study *Āyurveda* only, if they were born in good family and had good

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<sup>167</sup> Datta, 2009: 149.

qualities, good character and conduct. But their teaching was started without *upanayana saṃskāra* and hymn chanting.<sup>168</sup>

*Carakasamhitā* has mentioned two opinions regarding this class distinction. In *Sūtrasthānam*, it has been mentioned that the people of all the three classes except *Śūdra* should study *Āyurveda*. *Kṣatriya* should study *Āyurveda* to protect human being; *Brāhmaṇa* should study *Āyurveda* to have compassion on the mankind; and *Vaiśya* should study it to earn livelihood. Or in general sense it can be said that *Kṣatriya*, *Brāhmaṇa* and *Vaiśya* should study *Āyurveda* for the accomplishment of *dharma*, *artha* and *kāma*.<sup>169</sup> In *Carakasamhitā*, *Vimānasthānam*, it has been mentioned that a student should be preferably from the family of physicians.<sup>170</sup> Here none of the class has been mentioned, may be it was inexplicit that only the members from the first three classes are physicians, therefore they are allowed to study.

#### 2.1.1.2 *Dharma* (duty/obligation) in *Āyurveda*

According to *Carakasamhitā*, the greatest *dharma* (duty/obligation) of the students of *Āyurveda* and physicians/practitioners of *Āyurveda* is to put an effort to remove the diseases and suffering of all the people in the society and to guide or help them in maintaining their health.<sup>171</sup> The duty of physicians and students of *Āyurveda* is to read the authentic texts and act accordingly. After completion of their studies, they should also teach the texts to others and help them understand it. Anyone, who studies *Āyurveda*, should do it for the accomplishment of *trivarga* i.e. *dharma*, *artha* and *kāma*. To keep in mind the spiritual aspect of *Āyurveda*, and practice accordingly, that is the *dharma* of the knower of *Āyurveda*. The *Carakasamhitā* described that, *adharma* (unrighteousness) to be the main cause behind diseases/ miseries/ sufferings

<sup>168</sup> *Suśrutasamhitā*, *Sūtrasthānam*, 2. 5

<sup>169</sup> *Carakasamhitā*, *Sūtrasthānam*, 30. 29

<sup>170</sup> *Carakasamhitā*, *Vimānasthānam*, 8. 8

<sup>171</sup> *Carakasamhitā*, *Sūtrasthānam*, 30. 29

(*duḥkha*) and *dharma* (righteousness) to be the reason behind the health (*suḥkha*).<sup>172</sup> Actions determine *dharma* (righteousness) and *adharma* (unrighteousness). Therefore, health and disease are in one's hand. We need to own the responsibility of our *karmas* (actions) and henceforth, health and diseases. Health is one of the greatest happiness and *dharma* is the determinant of *Suḥkha* (happiness)

*Suḥkhārtha sarvabhutānām matah sarvāh pravartyeh/  
Suḥkham ca nā vinā dharmātsmā dharmaparobhavet//*

- *Aṣṭāṅgahṛdyam, Sūtrasthānam, 2.20*

All living beings act in order to achieve happiness in life. Happiness cannot be achieved without following *dharma*. Therefore, one must follow *dharma* in order to be happy. In *Āyurveda*, *dharma* has been described as the actions done for the well-being of oneself and others. In this context, *Sadvṛtta -sadācāra* (good character and good conduct), *svasthvṛtta* (personal hygiene), *dinacaryā* (daily regimen), *ṛtucaryā* (seasonal routine) etc. are considered as *dharma*. To follow them helps in well-being of oneself as well as of others.

Vṛddha Jīvaka the author of *Kaśyapsamhita* has mentioned that *Āyurveda* has eight limbs. Limbs belong to a body. Therefore, one should enquire about the body of these eight limbs of *Āyurveda*. He explicates that *dharma* is the body of all the eight limbs of the *Āyurveda*. By mentioning *dharma* as body, he has made it clear that whatever is discussed in *Āyurveda* traditional texts is *dharma*.<sup>173</sup> *Āyurveda* is made up of two words. *Āyur* refers to life and *Veda* refers to knowledge. The word *Veda* is derived from the verb root *vid*, which means to get knowledge (*vidjñāne*), which benefits (*vidlābhe*).<sup>174</sup> It was communicated by the sages to the mankind with a purpose of benefitting the human beings and to protect their *puruṣārtha* i.e. *dharma*, *artha*, *kāma* and

<sup>172</sup> *Carakasamhitā, Śārīrasthānam, 2. 49*

<sup>173</sup> Vṛddha Jīvaka, *Vimānasthāna*, 2000: 62.

<sup>174</sup> I Archana, 2013: 199.



*mokṣa*.<sup>175</sup> Every human being has three basic instincts: *Prānaeṣaṇā* (pursuit of life), *Dhaneśnā* (pursuit of wealth) and *Parlokeṣaṇā* (pursuit of the otherworld).

*Āsāmatu Khalveśānām Pranaeśnām Tāvaturvatarmāpadyet.*

- *Carakasamhitā, Sūtrasthānam, 11.4*

Among all the three basic instincts discussed above, *Prānaeṣaṇā* is the foremost because in the lack of *prāna* or life, there is lack of everything. Therefore, people should follow the regimens discussed in *Āyurveda* texts to maintain the health and live long life. On the other hand, physicians should do efforts to save the health and life of those suffering from diseases. Those who are healthy should take care of their health and those who are sick should get the treatment. This is the objective of *Āyurveda* also. *Āyurveda* guides to help maintaining this primary pursuit (*prānaeṣṇā*) of every human being.<sup>176</sup> *Carakasamhitā* has mentioned that *Āyurveda* is the Veda (knowledge) of life and is honoured by the wise. It is meant to benefit human being in this world and other world.<sup>177</sup> One who follows *dharma* in his life time will attain the ultimate goal of life. *Puruṣārtha* helps to maintain health and treat psychosomatic disorders.

*Mānasam prati bhaiśjyam trivarga sayanvavekṣaṇam/*

- *Carakasamhitā, Sūtrasthānam, 11. 47*

One should focus on *trivarga* (*dharma, artha and kāma*) on suffering from psychological diseases. *Trivarga* acts as the *bheśaja* to control the mind and keep it in healthy state. It is important to know what is *bheśaja*? In *Kaśyapsamhitā*, there is description of *auśadha* and *bheśaja*. *Auśadha* refers to the medicines recommended to cure the disease and *bheśaja* means the

<sup>175</sup> Vṛddha Jīvaka, Vimānasthāna, 2000: 62.

<sup>176</sup> *Carakasamhitā, Sūtrasthānam, 11. 3*

<sup>177</sup> *Carakasamhitā, Sūtrasthānam, 1. 43*

techniques adapted to maintain the health.<sup>178</sup> Therefore, *trivarga* as *bheśaja* refers to the techniques adopted to follow the path of righteousness and pursuit of values is necessary to maintain health and to prevent diseases. *Prakṛti* is *ārogya* (health) and one needs to follow *bheśaja* and other suggested techniques to maintain it.<sup>179</sup>

While discussing the concept of an epidemic, *Agniveśa* describes *adharma* to be the main cause of vitiation of *doṣas*, causing disease and shortness of life.<sup>180</sup> With reference to socio political duties of leaders he mentioned that, when leaders in society or persons of authority in public sector do not follow their *dharma* and ignore their responsibilities, their followers or other people also do not stick to their *dharma*. This results in either gross apathy towards the adversities faced by the common man or framing and implementation of ineffective, impractical and wrong policies that further leads to chaos. In spite of the many policies and regulations in healthcare, unethical conduct remains unchecked. It must be “stressed that *dharma* is not another principle to handle ethical dilemmas - albeit, it is a lifecourse approach that promotes an ethical attitude.”<sup>181</sup>

### 2.1.2 *Artha*

*Artha* is the second important *puruṣārtha*. The word *artha* expresses “meaning” or “which one seeks/desires.” It refers to all those things, which one seeks or desires to live with dignity or to have a meaningful life. In this sense wealth, health, family, name, fame, desire to live healthy life, desire to achieve liberation and many other things can be considered as *artha*. But to qualify as *puruṣārtha*, *artha* must be steered by *dharma*.

“*Artha* is the acquisition of arts, land, gold, cattle, wealth, equipage and further friends. It is protection of what is acquired and to increase what is protected.”<sup>182</sup>

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<sup>178</sup> *Kaśyapsaṃhita*, Cikitsāsthānam, 2000: 89.

<sup>179</sup> *Kaśyapsaṃhita*, Sūtrasthānam, 2000: 3.

<sup>180</sup> *Carakasamhitā*, Sūtrasthānam, 3.20

<sup>181</sup> Seetharam, 2013: 229-231.

<sup>182</sup> Vātsayāyana, 1883: 8.

One should earn livelihood only by the means, which are compatible with *dharma*.<sup>183</sup> In *Āyurveda*, the reward given by king or other patients as a return of their health is the *artha* (wealth) of the physician.<sup>184</sup> *Dhaneśnā* (desire for wealth) is one of the natural instincts of every human being, as wealth is required to fulfil the basic needs of human life. Therefore, its significance in life cannot be ignored. According to Aristotle, the humans make money under compulsion and wealth is good for something else.<sup>185</sup>

*Ath dvitīyam dhaneśnāpadyetaḥ/  
Prānebhyohyanantaramdhanmevparyeśtavyam bhavti//*

- *Carakasamhitā, Sūtrasthānam, 11.5*

The second natural desire after *praneśnā* is to be wealthy and prosperous i.e. *dhaneśnā* (pursuit of wealth). To live a happy life and to fulfil the basic needs of life one needs money. To live without money is the nasty fruit of some vice. So, one must do hard work to earn the money.

*Ath tritīyāṃ parlokeśnāpadyetaḥ*

- *Carakasamhitā, Sūtrasthānam, 11. 6*

*Parlokeśnā* (pursuit of the other world) is the third desire. When a person is healthy and he has all the materials to enjoy then the desire for self-realization takes place. In *Aśrama* theory (four stages of human life) it has mentioned that after fulfilling one's duties towards first two stages of life, the human being should retire to the forest and renunciate all the worldly objects. This discussion implies that *artha* is important in terms of material security, happiness and well-being of human life. But to qualify to be a *puruśartha*, it must be steered by *dharma*. Fulfilling desires by immoral means should be avoided.

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<sup>183</sup> *Carakasamhitā, Sūtrasthānam, 6. 104.*

<sup>184</sup> *Carakasamhitā, Sūtrasthānam, 30. 29.*

<sup>185</sup> Ross, p.7.

### 2.1.3 *Kāma*

It is a Sanskrit word, which means fulfilment of desires. It is fulfilment of biological needs of a person and to have sensual pleasure. It is not limited to having pleasure in sexual indulgence only. The other forms of it could be having pleasure in aesthetics, art, music, literature etc.

“*Kāma* is the enjoyment of appropriate objects by the five senses of hearing, feeling, seeing, tasting, and smelling, assisted by the mind together with the soul. The ingredient in this is a peculiar contact between sense organ and its objects and the consciousness of pleasure, which arises is *Kāma*.”<sup>186</sup>

It refers to fulfilling one’s desires or instincts to get pleasure in life. The get the respect, name, and fame in return to their services to mankind is the *kāma* of the physician.<sup>187</sup> Some people argue that pleasures are obstacle in the pursuit of morality (*dharma*), pursuit of wealth (*artha*) and henceforth to liberation (*mokṣa*). Therefore, one should refrain from these pleasures.<sup>188</sup> They bring man under distressful conditions and force him to do immoral acts. They are the cause of diseases. They make the person careless and unconcerned for the future.<sup>189</sup> Example of *Rāvana* is best to understand that how he ruined his kingdom and got punished in attempt to gain over *Sitā*. This is just one example. History is full of such examples. Vātsayāyana has mentioned that pleasure could ruin the life only when self-discipline is not followed in its pursuit. Pleasure should always be followed with moderation and caution.<sup>190</sup> Those, who surrender themselves to pleasure only they ruin themselves but those who fulfil their desires under their *dharma* they enjoy worldly happiness and lead to the path of *mokṣa*. *Kāma* is referred as *puruṣārtha*, when it is within the limits of *dharma* only. It is necessary for the human existence and should be followed under thought and care. Those, who remain cautious in sensual pleasures, they enjoy good memory power, wisdom, longevity, health, physical and mental

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<sup>186</sup> Vātsayāyana, 1883: 8.

<sup>187</sup> *Carakasamhitā*, Sūtrasthānam, 30. 29.

<sup>188</sup> Vātsayāyana, 1883: 10.

<sup>189</sup> Ibid., p. 11.

<sup>190</sup> Ibid., p. 11.

strength, name and fame in life. Those who walk on the path of *pravṛtti*, feel delighted by the connection of sense organs with their sense objects such as fascinating words of some good book or any scripture like *Bhāgwata Gīta* (*śrotaindriya* i.e. sense of listening), to charming beauty of a flower (*rūpindriya* i.e. sense of vision), palatable taste of food (*rasaindriya* i.e. sense of taste), smoothness of some object (*sparsaindriya* i.e. sense of touch) and aroma of perfume (*ghrāṇaindriya* i.e. sense of smell).<sup>191</sup> Therefore, *Kāma* is considered as *puruṣārtha*, when steered under *dharma*.

#### 2.1.4 Mokṣa

It is one of the central concepts of Indian philosophy and religion. It is derived from Sanskrit verb root ‘*mu(n)c*’ which means to free or to release. In it one gets total emancipation/ liberation. It is the transcendental stage. When all the desires of human beings are satisfied and attachment to worldly or materialistic objects starts diminishing. This freedom from worldly attachments leads towards the path of *Mokṣa*, which is the supreme and final goal of human life. It is freedom of a person from sufferings in life. It is freedom from the bondage of *karmas* and from the cycle of birth and death. *Carakasamhitā* exhibits that, when there is presence of *satvaguṇa*, and absence of *rajoguṇa* and *tamoguṇa* in the mind, there is waning of *karmas*, then human being gets free from the shackles of *karmas* (fruit of actions). This is defined as *mokṣa* or *apunarbhava* i.e. freedom from the cycle of birth and death.<sup>192</sup>

The suffering in life is because of the ignorance about the reality of this world and human being’s inclination towards the material world. This *pravṛtimārga* is the path of suffering and sorrow. The inclination to *pravṛtimārga* are the actions based on attachment, desire and jealousy etc. It gives arise to ego, doubt, false knowledge and is the reason of bondage of human being towards life. *Nivṛti* is detachment from these worldly affairs. To attain *Mokṣa* one must get renunciation from these worldly objects. *Mokṣa* can be attained while living in the body i.e. *jīvanamukti* or after the death i.e. *videhamukti*. It is a state of bliss.

<sup>191</sup> *Aṣṭāṅgahṛdyam*, Utartanta, 40.37.

<sup>192</sup> *Carakasamhitā*, Śārīrsthānam, 1.142.

It is freedom of a person from the cycle of birth and death. Techniques of Yoga help in attaining *mokṣa*.<sup>193</sup>

*Carakasamhitā* has mentioned *parlokeṣaṇā* to be the third natural instinct of human beings. Some philosophers consider *dharmaeṣaṇā* instead of *parlokeṣaṇā* but in *Āyurveda*, *dharmaeṣaṇā* has been included in *parlokeṣaṇā*. The reason of including *dharmaeṣaṇā* into *parlokeṣaṇā* is that the path of righteousness (*dharma*) leads to the path of other world (*parloka*). *Mokṣa* is the state of self-realization. It is the realization of similarity between the human being and the universe. It is a realization that “I am the universe” and there is identity between individual self and Supreme Being.

The combination of *Prithvī*, *jala*, *agni*, *vāyu*, *ākāśa* and *avyakta brahma* is called as *puruṣa*.<sup>194</sup> The similarity in this *puruṣa* (human being) and the *loka/jagata* (universe) can be realized by comparing different aspects of universe with the human being, which are as follows -<sup>195</sup>

	Elements of universe	Elements of man
1.	<i>Prithvi</i>	<i>murti</i> (body)
2.	<i>Āpa</i>	<i>kleda</i> (liquid part in the body)
3.	<i>Teja</i>	<i>abhisantāpa</i> (body warmth)

<sup>193</sup>Ibid., 1. 137

<sup>194</sup>Ibid., 5. 4

<sup>195</sup>Ibid., 5. 5

4.	<i>Vāyu</i>	<i>prāṇa</i> (breath)
5.	<i>Brahma</i>	<i>antarātmā</i> (inner self)
6.	<i>Prajāpati</i>	<i>mana</i> (mind)
7.	<i>Indra</i>	<i>ahaṅkāra</i> (ego)
8.	<i>Āditya</i>	<i>ādāna</i>
9.	<i>Rudra</i>	<i>roṣa</i> (anger)
10.	<i>Soma</i>	<i>prasāda</i>
11.	<i>Vasu</i>	<i>suḥkha</i> (happiness)
12.	<i>Aśwanikumāra</i>	<i>kānti</i> (grace)
13.	<i>Maruta</i>	<i>utsāha</i> (excitement)
14.	<i>Viśvedeva</i>	sense organs and their objects
15.	<i>Tama</i>	<i>moha</i> (illusion)
16.	<i>Jyoti</i>	<i>jñāna</i> (wisdom)
17.	<i>Sriṣṭi</i>	<i>garbhādhāna</i> (conception of the foetus)
18.	<i>Kṛtayuga</i>	<i>bālyāvasthā</i> (childhood)
19.	<i>Tretā</i>	<i>yuvāvasthā</i> (young)
20.	<i>Dvāpara</i>	<i>vṛddhavasthā</i> (old age)
21.	<i>Kaliyuga</i>	to get sick
22.	<i>Yugānta</i>	death

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According to sage Ātreya Punarvasu, the purpose of this comparison in *Āyurveda*, is to derive the wisdom, needed to move on the path of liberation. Wisdom is required to understand that the man himself is the creator of happiness (*suḥkha*) and sorrow (*duḥkha*).<sup>196</sup>

*Pravṛtirduḥkham, nivṛtti suḥkhamiti yajñānamupadyate tat satyam/*

- *Carakasamhitā, Śārīrasthānam, 5. 8*

Wisdom is to understand the difference in *pravṛti mārga* and *nivṛti mārga*. *Pravṛti mārga* is full of *duḥkha* (sorrow/misery) and *nivṛti mārga* is the path of

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<sup>196</sup> Ibid., 5. 7.

*suḥkha* (happiness). *Nivṛti mārga* is *brahmasvarūpa* and is the best of everything. *Jīvanmukta* (realization of self, while alive) person, who observes the similarity in universe and human body, do not get affected by the feeling of *suḥkha* (happiness) and *duḥkha* (misery).

The similar concept i.e. human being is identical with the reality is discussed in Upaniṣadas also. *Aham Brahmāsmi* (*Bṛhadāraṇyaka Upaniṣada* 1-1V-10- Yajur Veda)<sup>197</sup> i.e. I am *Brahma* and *Ayam Ātma Brahman* (*Māndukya Upaniṣada* 2-Atharva Veda)<sup>198</sup> i.e. this *Ātmā* is *brahman*, these two *mahāvākyas*, refer that individual self is identical with the supreme soul or absolute or *Brahman*.

According to *Āyurveda*, man himself is the doer of all the happiness and misery. *Trṣṇā* (thirst which incline human beings to worldly objects) is the cause of all miseries and happiness.<sup>199</sup> This is the path of *pravṛtti*. Connection of *rajoguṇa* (action, desire, attachment) and *tamoguṇa* (governs inertia, negligence, laziness)<sup>200</sup> with mind and self is called as the state of *Trṣṇā* or *upadha*.<sup>201</sup> When *rajo* and *tamoguṇa* are removed from the mind and mind stabilises in *satvaguna* then one attains *mokṣa*. Misery is destroyed with *mokṣa*. Therefore, one must follow the path of liberation (*Nivṛttimarg* or *Apvarga*). It is appraised as *parampuruṣhārta* i.e. *summumbomum*. It is the transcendental stage. *Āyurveda* texts comprehends the way to end all the miseries and achieve liberation (*mokṣa*). It suggests that one should follow the instructions of seers or teachers, offer the sacrifices to fire, to follow the path of righteousness suggested in scriptures, should follow Yogic techniques to stabilize the mind, should company the good people and stay away from the company of bad people, speak the truth, eat *sātvika* food (fruits and vegetables), practice *āsanas* (different postures suggested in Yoga), should not attach with the sense objects, should not get affected by ego, doubt, greed, anger, jealous etc. To accumulate firmness,

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<sup>197</sup> Prasad, 2010: 33.

<sup>198</sup> Ibid., p. 33.

<sup>199</sup> *Carakasamhitā*, Śārīrsthānam, 1. 134

<sup>200</sup> Bharati & Rai, 2018: 385.

<sup>201</sup> *Carakasamhitā*, Śārīrsthānam, 1.15-16



intellect and the power of memory in mind, to control the senses and mind, to meditate and to understand the real nature of this world.

In *Sāṃkhya Kārikā*, Īśvara Kṛṣṇa has mentioned that, people desire to listen to the exposition of that doctrine which helps them to find the supreme aim of human life.<sup>202</sup> And all the orthodox schools of Indian philosophy (except Cārvāka) as well as *Āyurveda* traditional texts discuss the concept of *Mokṣa*.

*Nivṛtiparvargah tat param praśāntam taddakśaram tadbrahma sa mokṣah*

- *Carakaśaṃhitā, Śārīrsthānam, 5. 11*

*Nivṛitt mārga* is the best among all, imperishable and give peace of mind. It is the path of bliss. One must realize the meaning and purpose of his life and should act in order to fulfil the ultimate aim of human life. Both the *Puruṣārtha* and *Svāsthya* (*ārogya*, health, well-being, long life, etc) are correlated with each other. As *Puruṣārtha* is required to achieve the holistic health in the same way without holistic health, *Puruṣārtha* cannot be achieved.

*dharmārtha-kāma-mokṣāṇām-ārogyam -mūlam-uttamam*

- *Carakaśaṃhitā, Sūtrasthānam, 1.15*

Health is the supreme determinant of *dharma* (righteousness), *artha* (desires), *kāma* (fulfilment of desires) and *mokṣa* (liberation).

*Āyuh kāmyamānena dharmārthasuḥkhsādhanam/  
Āyurvedopadeśeśu vidheyah paramādarah//*

- *Aṣṭāṅgahṛdyam, Sūtrasthānam, 1.2*

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<sup>202</sup> Krishna, 1995: 1.

*Āyuh (life)* is the means of accomplishment of *dharma* (righteousness), *artha* (desires), *kāma* (fulfilment of desires). Therefore, the one who desire for life should respect and follow *Āyurveda*.

There is a mutual relationship between *puruṣārtha*, health and life. *Puruṣārtha* is one of the main concepts in Indian philosophy. Inclusion of wisdom and an approach towards attaining the ultimate goal of life contemplate Indian philosophy as a way of life.<sup>203</sup> Indian philosophy is not merely an intellectual inquisitiveness but it is a pursuit for the elimination of physical, mental and moral suffering.<sup>204</sup> To accomplish the four goals of human life, the life of human being was divided into four stages. These stages of life were called as four *āśrams* or stages of human life. The description of these four stages of life is done in the next section of the chapter.

## 2.2 *Āśramas*

*Āyurveda* is deeply rooted in Vedas. In the Vedic texts human life has been divided into four stages or *āśramas* i.e. *Brahmacarya* (disciplined life of student), *Grahastha* (life of house-holder), *Vānprastha* (retiring into forest) and *Sanyāsa* (asceticism/ renunciation). *Puruṣārtha* and *āśrama* are closely linked with each other. One must follow *āśrama dharma* to accomplish *Puruṣārtha*. *Puruṣārtha*, are goals of human life, which one need to accomplish during the advancement of one through these four stages of life. Following the instructions and leading the life as per *āśrama* are the ways to attain *dharma*, *artha*, *kāma* and *mokṣa*. The classification of life in four different stages is to make clear view about the different duties or obligations of each stage of life. Vedas have divided different stages of life very systematically and different duties are assigned as per the stage of life. The description of these four stages of life is as follows;

### 2.2.1 *Brahmacarya* (student life)

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<sup>203</sup> Crawford, 2003: 43.

<sup>204</sup> Ibid., p. 43.

*Brahmacarya* (0-25 years) refers to the first stage of life. This is a stage of constant engagement of a student in the acquisition of knowledge under the supervision of a teacher. In ancient times, students used to go to *gurukula*, where they were imparted all kinds of knowledge under *guru- śiṣya paramparā* (teacher- disciple system). Students were used to reside near their *guru* (teacher). They used to beg food (*bhikṣā*) for maintaining themselves. They lead a simple life with full dedication to their teacher. A student was taught science, calculations, philosophy, management, politics, knowledge of all kind of arms and methods to use them, dealing with emergency situations, music, art etc. Students enter into this stage after their *upnayan saṃskāra*, a ceremony to mark the initiation of education of the student. They were supposed to do service to their teacher and follow his instructions. They were supposed to do the study of the Vedas and other scriptures. They had to practice celibacy in this period of life.<sup>205</sup>

Now a days, school system has been implemented instead of *gurukula* system. Students don't need to go to *gurukula* for getting necessary education or to beg (*bhikṣā*) for their maintenance. But the basic practices have not changed. The practice of *brahmacarya* teaches the student to live in discipline, develop an understanding of responsibility, to engage in learning and acquisition of knowledge and to have self- control. Students need to focus on their studies as small diversion from the path can be harmful for them as well as for others, to whom they will serve in future. The *brahmacarya* is very significant being the first or the foundational stage of life.

Significance of *Brahmacarya* in *Āyurveda*

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<sup>205</sup>*Carakasamhitā*, Sūtrasthānam, 11.33

*Brahmacarya* is one of the supportive pillars of health and life. The traditional texts of *Āyurveda* elucidate on the three supportive pillars (*traya-upastambha*) i.e. *āhāra* (food), *nidrā* (sleep) and *brahmacarya* (discipline in sensual pleasures) of life. They help in preventing disharmony and fostering healthy, happy, peaceful life. *Carakasamhitā* has mentioned that as a house stands stable on the pillars, in the same way human body stands stable on these three supportive pillars. Negligence towards any of these supportive/ sub-pillars may harm the physical or mental health.

In Sanskrit, *Brahmacarya* means being in *Brahman* or realizing your true self. It also means preservation of *Śukra* (semen) abstinence or regulated relationship.<sup>206</sup> *Śukra* is the seventh *dhātu* considered in *Āyurveda*. Its preservation brings health and vigour. It helps to protect from many life-threatening diseases. It is the quintessence of body and food. Therefore, one needs to protect it in order to protect the body. In the *Vedic* texts, human life is believed to comprise of four stages i.e. *Brahmacarya*, *Grahstha*, *Vānprastha* and *Sanyāsa*. According to *Āyurvedic* scriptures one should indulge in sexual relationship only in *grahstha āśrama* and only for the purpose of having a progeny. One should follow celibacy in rest of the three stages of life. According to *Aṣṭāṅgahṛdyam* one should not indulge in sexual activity before the age of 16 and after the age of 70 years.<sup>207</sup> And this age in *Āyurveda* is mentioned as *Madhyāvasthā*, which ranges from 17-60/70 years. The sexual indulgence with patience and within the limits of *dharma* (righteousness) blesses one with good intellect, memory, longevity, health, physical and mental strength. The sexual indulgence is not to have pleasure but to fulfil the *puruṣāhartha catuṣṭaya*. One, who has discipline in sensual pleasures leads a life full of contentment and do not develop any sleep disorders or other related physical or mental disorders, which are an obstacle in the growth and success of a student.<sup>208</sup> So, to avoid such disorders a student must follow instructions of *brahmacarya* in student life.

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<sup>206</sup>Ibid., 11.35

<sup>207</sup>*Aṣṭāṅgahṛdyam*, Sūtrasthānam, 7.52.

<sup>208</sup>*Aṣṭāṅgahṛdyam*, Sūtrasthānam, 7.39-41.

### 2.2.2 *Grahastha* (house-holder's life)

The second stage of life is dedicated to the duties toward a married life. It is called as *Grahastha* (house-holder's life). After finishing education, the students enter into second phase of life. This is the phase of fulfilling personal, social, religious and professional responsibilities. The education and instructions of teacher help to walk smoothly through this phase of life. Vedas describe three types of *ṛṇa* (debts). The three *Ṛṇa* (debts/obligation) are, *Deva ṛṇa*, *Pitr ṛṇa*, *Ṛṣi ṛṇa*, under which every human being is born with and to pay them is an obligation on human beings. *Deva ṛṇa* is referred as indebt towards deity or gods, *pitru ṛṇa* is referred as indebt towards ancestors and *Ṛṣi ṛṇa* is considered as the indebt towards the sages. *Ṛṇa* (debts/obligation) connects the human being with the entire world past, present and future, therefore, it plays significant role in shaping and regulating the role of the people in society.<sup>209</sup> One should perform five great sacrifices (*pañca-mahā-yajña*)<sup>210</sup> to be from these indebts. These five great sacrifices (*pañca-mahā-yajña*) are as follows –

- I. *Pitr- yajña* i.e. to remember and worship of forefathers or ancestors.
- II. *Bhūta-yajña* i.e. offering food to living organisms like birds, animals etc. It is taking care of all living beings.
- III. *Deva- yajña* i.e. sacrifices towards god or worship of almighty.
- IV. *Brahma- yajña* i.e. Taking care of old traditional texts and study of Veda or other scriptures.
- V. *Manuṣya- yajña* i.e. Honouring of guests and doing service to mankind.

These five sacrifices points the need to admit human being's obligation to the "five-fold heritage i.e. biological, ecological, cultural, spiritual and social."<sup>211</sup>

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<sup>209</sup> Balasubramanian, 2009: 313-314.

<sup>210</sup> Veezhinathan, 2009: 247.

<sup>211</sup> Balasubramanian, 2009: 314.

These sacrifices guide householder in understanding his obligations and fulfilling his responsibilities.

The duties of house holder are to take care of one's family, to get married and to have progeny, to earn money, to take care of servants, to respect the guests, to donate as per one's capacity, not to take other's money or other things which do not belong to one etc.<sup>212</sup> In *Āyurveda*, it is important with respect to fulfilling duties of physician towards patients. This stage is important as, the pursuit of all the *trivarga* i.e. *dharma*, *artha* and *kāma* is allowed in this stage of life only. This is essential to lead healthy and long life. In this stage of life, one should have desires (*artha*) and should focus on fulfilling those desires (*kāma*) and these should be regulated by the *dharma*, the path of righteousness. Otherwise, they will become a hinderance in the accomplishment of ultimate goal of human life.

### 2.2.3 *Vānaprastha* (stage of forest life)

The third stage of life called as *Vānaprastha* (retiring into forest) should be dedicated to penance. The duties of a *vānaprastha* are to follow celibacy, to worship the deity, to respect guests and to eat naturally grown raw food. To have natural and light food is important to enjoy healthy and live long life. Therefore, one should follow a healthy life style to avoid getting sick. He should give up all his belongings. It is the handing over the responsibilities to next generation and a stage of preparation for the realization of real meaning of this life. It is to detach oneself from *pravṛtti-mārga* (worldly objects) and to move towards *nivṛtti-mārga* (path of self-realisation).

In contemporary world, it refers to living a simple life with focus on inner development (self-realization) rather than retiring into forests. One can move to a calm place for meditation or to perform other spiritual development practices. At this stage of life, one should stay away from blaming others or to find faults in others and should not perform actions, which may cause physical or mental

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<sup>212</sup>*Carakasamhitā*, Sūtrasthānam, 11.33

pain to him as well as to others. In today's context, it could be said that at this stage of life, one should be free from personal and professional responsibilities and should stay away from such conditions, which may cause stress and consequently, disease. One should dedicate his life in trying to find the real meaning of his life rather than focusing on momentary pleasures.

#### 2.2.4 *Sanyāsa* (asceticism/ renunciation)

In the fourth stage of life i.e. *Sanyāsa* (asceticism/ renunciation) one should meditate. According to *Carakasamhitā*, renunciation in everything (*sarva sanyāsa*) is the real happiness (*yathārthasaca*), which one looks for.<sup>213</sup> It is a state of self-discipline and austerity. Renunciation of worldly objects is necessary to weaken the bondage of this life and to move on to the path of liberation. *Sanyasis* should lead a simple life with bare minimum needs and dedicate it to their spiritual growth. They should avoid staying for long at one place, if feasible. The objective is to achieve the real purpose of life. The real *sanyasis* are free from any bondage. They are free from any material desires and they do not hate anyone.

This is how human life has been divided into four stages of life (*āśrama*). This division is made to harmonize in life and to be able to achieve the ultimate goal of human life. The *āśrama vyavasthā* is the way to be free from the debts, one is born with and to acquire the ultimate goal of life. *Āśrama vyavasthā* can be described as an age specific schema to fulfil right human needs and achieve *puruṣārtha catuṣṭaya*. With an average life of 100 years, the first stage (*brahmacarya*) lasts from birth to 25 years of age, *gṛahastha* from 25-50 years of age, *vānprastha* from 50-75 years of age and the last one *sanyāsi* from 76-100 years of age.

*Carakasamhitā*, instructs to follow dutiful living (*dharma*), and for that one need to follow *Āśrama dharma*. One should indulge in service of teacher, should study Veda or scriptures and should follow celibacy (*brahmacarya*). After that

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<sup>213</sup>*Carakasamhitā*, Śārīrsthānam, 5.12

one should get married, should have children, should give food and other things to servants for their sustenance and maintenance, should serve the guests, should do donations and should not take other's belongings. Then, one should do penance and should avoid physical, mental or verbal abuse. And, lastly one should meditate and should focus to acquire self-knowledge. All these aspects of *dharma* are indicative of four stages or *āśramas* i.e. *Brahmacarya* (disciplined life of student), *Grahastha* (life of house-holder), *Vānprastha* (retiring into forest) and *Sanyāsa* (asceticism/ renunciation). Besides discussing about these *āśramas*, the traditional texts of *Āyurveda* has divided the human life into three major periods i.e. *Bālyāvasthā* (childhood) 0-16 years, *Madhyāvasthā* (middle age) 17-60/70 years and *Jīrnāvasthā* (old age) 60/70- 100 years based on the dominance of specific *doṣa*.<sup>214</sup> The age schema is very important to understand the cause of diseases and to prescribe the medicines. Like in *Bālyāvasthā* there is dominance of *kapha doṣa*, in *madhyāvasthā* there is dominance of *pitta doṣa* and in *jīrnāvasthā* there is dominance of *vāta doṣa*. Therefore, *kapha* disorders are quicker to manifest in first period of life, *pitta* in second and *vāta* related disorders in last period of life. Some *Āyurvedic* techniques like; *Agnikarma*, *ksārkarma*, *virecana* are prohibited in childhood and in old age. The dosage of medicine increases in middle age and it should be decreased in childhood and old age. *Pramāṇa* work as methods of investigation the dominance of particular *doṣa*, disease and to set dosage of medicine.

### 2.3 *Pramāṇas*

*Āyurveda* is a compendium of therapeutic science and philosophy.<sup>215</sup> *Āyurveda* is not only a therapeutic science but has philosophical basis too. There are six orthodox schools of Indian philosophy viz. Nyāya, Vaiśeṣika, Sāṃkhya, Yoga, Mīmāṃsā and Vedānta. The evolution theory of man discussed in *Āyurveda* is identical with the *Puruṣa* and *Prakṛti* principle of Sāṃkhya philosophy. The concept of *mokṣa* discussed in Yoga philosophy is also described in *Āyurveda*.

<sup>214</sup> *Carakasamhitā*, Vimānsthānam, 8.122

<sup>215</sup> Tripathi, 1991: 33.



Its close alliance is with Advaita Vedānta philosophy of *Brahma*. *Āyurveda* believes that the end of all the miseries is self-realization.<sup>216</sup> Mīmāṃsā philosophy of Jaimini gives importance to rituals and to the verbal testimony of Vedas. The concept of *Daivavyapāśrya-Cikitsā* and authoritative testimony is similar to Mīmāṃsā philosophy. In it fasting, hymn chanting, *yagya*, *havana* etc. are suggested. *Āyurveda* accepts four sources of valid knowledge (*pramāṇa*), which is similar to the thought of Nyāya philosophy. So, *Āyurveda* can be called as “philosophy of life.” It also makes a point that the knowledge of Indian philosophy helps to understand *Āyurveda* well. In this section, the concept of *pramāṇa* in *Āyurveda* would be discussed.

In Indian philosophy valid knowledge is called as *pramā* and the source of valid knowledge is called as *pramāṇa*. All the schools of Indian philosophy, accept *pramāṇas* as valid source of knowledge, but the accepted number of these *pramāṇas* vary from one school to another. The total number of *pramāṇas* identified by the Indian schools of philosophy are six. These *pramāṇas* are- *Pratyakṣa* (perception), *Anumāṇa* (Logical inference), *Śabda* (word, testimony of past or present reliable experts), *Upamāṇa* (comparison and analogy), *Arthāpatti* (postulation) and *Anupalabdhi* (non-perception). The Nyāya philosophy founded by great sage Gotama, is a system of Indian logic and is specialized in the description of methodology of philosophical inquiry into nature and objects of knowledge. It is also known as school of logical realism. It accepts only four valid sources of knowledge. These are *Pratyakṣa* (perception), *Anumiti* (inference), *Upamiti* (comparison and analogy) and *Śabda* (word/ authoritative testimony). The *Āyurvedic* philosophical discussion of concept of *Pramāṇa* is similar to Naiyāyikas concept of *Pramāṇa*. They accept the same sources of valid knowledge as accepted by Nyāya philosophy. In the traditional books of *Āyurveda*, the Nyāya’s philosophical concept of *Pramāṇa* has been extensively applied wherever its need is felt for.<sup>217</sup> Some of the areas in which *Pramāṇa* concept is applied in *Āyurveda* are; *Dravyaguṇa* (knowledge of

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<sup>216</sup> Gopinath, 2008: 172.

<sup>217</sup> Ibid., p. 15.

medicinal plants) and *rogi* and *rogaparīkṣā* (examination of the patient and diagnosing a disease) and *punarjanma* (understanding the theory of rebirth).<sup>218</sup> In *Āyurveda*, *parikṣa* term is used to denote valid sources of knowledge, instead of the term *pramāṇa*. *Parikṣā* is defined as that method which gives accurate knowledge of things.

### 2.3.1 Concept of *Pramāṇa* in *Āyurveda*

*Dwividhमेव-khalusarvam-sancacancaha/*

*Tasyacaturvidhāparikṣā- āptopadeśah, pratyakṣam, anumānam, yuktiśeśceti//*

- *Carakasamhitā, Sūtrasthānam, 11.17*

In the traditional scriptures of *Āyurveda*, all the things of the universe are divided into two parts- 1) *Sat* (existent) and 2) *Asat* (non-existent). *Sat* or *bhāva padārth* are defined as those substances, whose existence is evident in this world and they can be felt. There are six *bhāvapadārthas* accepted by *Āyurveda*. These are *dravya*, *guṇa*, *karma*, *sāmānya*, *viśeśa* and *samvāya*. *Asat* or *abhāva padārtha* are those substances, whose existence is not evident in this world and they cannot be perceived by sense organs. *Pramāṇa* are the sources to examine both of them. The four methods of investigation are; *āptopdeśa* (authoritative testimony), *pratyakṣa* (direct observation / perception), *anumāna* (logical inference) and *yukti* (rationale- logical reasoning).

*Carakasamhitā* is divided into eight sections. We find the description of these *pramāṇa* in two sections- *Sūtrasthānam* (fundamental principles) and *Vimānasthānam* (dedicated to methods of diagnosing a disease, epidemics, dietetics). Different number of *Pramāṇas* are considered in these two sections.

*Trividham khalu rogāviśeśvijñānam bhavatih/*

*Tadyatha- Āptopadeśah, Pratyakṣam, Anumānam ceti//*

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<sup>218</sup> *Carakasamhitā, Sūtrasthānam, 11. 27-33.*

In *Vimānsthānam* of *Carakasamhitā* three *pramāṇas* are considered, which are *Āptopdeśa* (authoritative testimony), *pratyakṣa* (direct observation / perception), *anumāna* (logical inference) but, *yuktipramāṇa* (rationale- logical reasoning) is not considered separately, as it is included in inference in it. In the eight chapter of *Vimānsthānam*, *upamāna pramāṇa* is considered as the fourth *pramāṇa*. Sage Suśruta has considered *Āgama* (authoritative testimony), *pratyakṣa* (direct Observation / perception), *anumāna* (logical inference) and *upmāna* (comparison / analogy) as four *pramāṇas* of valid sources of knowledge.<sup>219</sup>

### 2.3.1.1 *Āptopdeśa Pramāṇa* (Authoritative Testimony)

It is the first *pramāṇa* discussed in *Āyurveda*. Mahārṣi Suśruta has called it *Āgampramāṇa*. It is also called as *Śabdapramāṇa*. *Carakasamhitā* has also called it *aetihyapramāṇa*.<sup>220</sup> It can be written, oral or verbal testimony by experts. Authoritative assertions cannot be challenged and they are one of the important sources of knowing and understanding the basic principles of *Āyurveda*. The question is that what is considered under authoritative statements and what role does they play in understanding the concept of *Svāsthya* (Health). *Āptopdeśa* is comprised of two words- *Āpta* (enlightened persons) and *Updeśa* (teaching/ instructions).

*Rajastombhayām nirmuktastapojñānablen ye/  
Yaśām trikālammalam jñānamvyāhatamsdā//  
Āptah śiṣṭavibudhāste teśām vākyam sanśyam/*

<sup>219</sup> *Suśrutasaṃhitā*, Sūtrasthānam, 1.24

<sup>220</sup> *Carakasamhitā*, Vimānsthānam, 8.33

*Āpta* refers to the great seers, learned or enlightened persons who are *sātvika* (divine) in nature and have liberated themselves from *rajoguna* and *tamoguna*. They have the knowledge of past, present and future. Their words are beyond any doubt. They always speak the truth. They are away from any affection and hatred.

In *Saṅkhya kārika* also it has been mentioned that those people, who are always indulged in their own work, away from any *rajsika* or *tamsika guna*, worshiped by gentleman and do not hate others are called as enlightened persons.<sup>221</sup> No other testimony is required to check the authenticity of their words. All the teachings of Vedas, Smṛtis, Purāṇas, traditional scriptures and communication of sages are considered as authoritative testimonies. Even the experienced and learned people of their field can be considered as authority in their branch of specialization. The statements of learned persons illuminate the world in the same way as Sun does.<sup>222</sup> The knowledge of the sayings of authoritative persons and to follow their instructions saves the people from diseases and help to cure the diseases. There can be two forms of these authoritative testimonies.<sup>223</sup>

## I. Scriptures

The texts written by the persons, who have mastery or authority in their field. This text can be modern or traditional. In the 8<sup>th</sup> chapter of *Carakasamhitā, Vimānasthānam*, there is clear description of features of authentic text. To study these texts and clear the written and practical exam in respective subject is a prerequisite to become a physician.<sup>224</sup>

## II. Oral Evidence

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<sup>221</sup>Krishna, 1995: 5.

<sup>222</sup>*Carakasamhitā, Vimānsthānam*, 8.34

<sup>223</sup>Srikantamurthy, 1996: 29.

<sup>224</sup>*Ibid.*, p. 29.

During their training period students go to various hospitals and clinics. The expert lectures and teachings of senior doctors to their juniors are considered as oral evidence. Students rely on them and follow those teachings. The verbal teachings of experts and teachers are considered as oral evidence.<sup>225</sup>

*Carakasamhitā* has discussed four types of *Śabda*, which is as follows - *Driṣṭārtha*, *Adriṣṭārtha*, *Satya* and *Anrta*.<sup>226</sup>

i. *Driṣṭārtha*

The things, which can be perceived by the senses or which are directly observed are called as *driṣṭārtha*. Such as observing the normal or abnormal posture of the patient or observing the yellowish colour of eyes in the patient of Jaundice.

ii. *Adriṣṭārtha*

The things, which cannot be perceived by senses are called as *adriṣṭārtha*. These are considered to be true, based on the testimony of scriptures. Such as the theory of rebirth or liberation is not perceived by senses but their validity is proven with reference to scriptures.

iii. *Satya*

Facts or principles, which are already established are called as *satya* or true. The principles of *Āyurveda* are considered as *satya*. The statements of the patient and his well-wisher are recorded under the history of the

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<sup>225</sup> Ibid., p. 29.

<sup>226</sup> *Carakasamhitā*, *Vimānasthānam*, 8.38

patient and disease. And these statements are considered to be true, as in the distress they won't tell a lie but speak truth only. By questioning, patient's past history, occupation, family history and history of the present illness is collected. This information is useful in diagnosing a disease.

iv. *Anrta*

This is the opposite of truth or which is not consistent with the principles or facts are called as *anrta*.

### Importance of Authoritative Testimony in Diagnosing a Disease

The things, which come under the scope of authoritative testimony are information related to diseases such as cause of diseases, their types, their location, their complications, their nature, their prognosis, prescribed medicine and prohibitions in the treatment etc. The information related to drugs, such as name of the medicine, combination, its action, its properties, time of collection of raw material for the medicine, its dosage etc. This information cannot be doubted. Following the instructions and teachings of these authoritative testimony guides human beings in prevention of diseases and to cure the diseases. This is the theoretical knowledge of the subject. Next comes its application in the clinical setting. In diagnosing a disease, the second source of valid knowledge is direct observation or perception.

#### 2.3.1.2 *Prtyakṣa Pramāṇa* (Direct observation/ perception)

This is the second source of valid knowledge and is very important in having accurate knowledge. This is also considered to be very important in modern medicine, which is evident from this quote by Sir William Osler (1849-1919), "The whole art of medicine is in observation."<sup>227</sup> It is similar to the clinical examination of a patient. In *Āyurveda*, it is considered to be one of the important

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<sup>227</sup> Osler, 1910: 332.

methods to investigate or to diagnose a disease but, to consider it as the only method of investigation or have true knowledge is inappropriate. To consider it as the only method of investigation is not correct as all natural and living phenomena are not accessible to the human senses.<sup>228</sup> Therefore, in *Āyurveda*, other *pramāṇas* are considered important along with *pratyakṣa pramāṇa* as methods of right knowledge.

*Ātmendriyamanoarthānām saṃnikarṣāt pravartate/  
Vyaktā tadātave yā buddhi pratyakṣam sā nirucayate//*

- *Carakasamhitā, Sūtrasthānam, 11. 20*

*Pratyakṣa* (Direct observation/ perception) is the definite and immediate knowledge, which comes with the connection of *ātma* (self), *indriya* (sense organs), *manas* (mind) and *artha* (object of sense organs). *Ātma* (self) connects with the *manas* (mind) and mind with the *indriya* (senses) and senses with their *artha* (sense objects) and then direct observation or perception occurs. *Ātma* (self) is always *jñā* (knower) and it never stays without *manas* (mind) as knowledge occurs with the mind.<sup>229</sup> Mind establishes connection with the senses and senses with their sense objects and *Ātma* (self) acquires the knowledge of actions of doer. Self-knowledge is acquired by controlling the mind, removing it from the sense objects and then by concentrating and meditating.<sup>230</sup> Mind has two qualities i.e. *aṇu* (small) and *eka* (one).<sup>231</sup> That is why it cannot connect with all the sense organs every time. It gives knowledge of only that connection of sense organ and object, with whom it comes in contact with. The subject matter of mind is to reflect upon, to think, to infer, to ponder over, determination etc.<sup>232</sup>

Direct observation is helpful in examining the patient, diagnosing a disease and in the identification of medicine and its ingredients. All the senses except the

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<sup>228</sup> Nayak, 2012: 18-19.

<sup>229</sup> *Carakasamhitā, Śārīrasthānam, 3. 18-19.*

<sup>230</sup> *Ibid.*, 3. 21.

<sup>231</sup> *Ibid.*, 1. 19

<sup>232</sup> *Ibid.*, 1. 20.

sense of taste, are helpful in investigating a disease. Hearing sense helps to investigate the percussion and auscultation sounds, hoarseness of voice, wheezing sound in respiratory disorders etc. Vision sense helps to inspect the normal and abnormal posture and appearance of body and organs, colour such as yellow colour of eyes in jaundice, movements of chest, abdomen, any tremors, inflammation etc. Sense of smell helps to identify the normal and abnormal smell coming from the body of the patient. Sense of touch helps to palpate and know the normal and abnormal body temperature of the patient, nodule, enlargement of body organs. There are some limitations in the direct perception, which makes it essential to apply the other three valid sources of knowledge, in order to make accurate diagnosis. Limitations in direct observation could be due to faulty connection of senses with their sense objects or any obstruction in the connection of senses with their objects etc.

#### 2.3.1.3 *Anumāna pramāṇa* (Logical inference)

*Anumāna pramāṇa* (logical inference) is the third valid source of knowledge. Due to the limitation of *pratyakṣa pramāṇa* (perception/ direct observation), it is essential to apply it in the due course of diagnosing a disease.

*Anumānam khalu tarko yuktopekṣah*

- *Carakasamhitā, Vimānasthāna, 4. 4*

To infer one must have the knowledge of perception. It is based on the logical reasoning. Inference give the knowledge of all the three periods of time i.e. past, present and future. If a patient asks his doctor that it is the same pain, he had last week or same type of cough he had suffered last year. It helps to infer the problem with reference to any disease in the past. And to plan the right course of action to prevent the disorder in future is related to futuristic approach of inference. It is a means to get information of healthy and unhealthy status of a person. It is a method to establish the relation between cause and effect in relation to health and disease. It reflects that *Āyurveda* believes in the theory of cause and effect. A physician can infer the digestive power of patient through his food habits. The dosage of medicine and the type and quantity of food is



suggested to the patient as his capacity. The patient's capacity of doing exercise helps to know his strength, fear by apprehension, joy by happiness, courage by mind's strength, mental status (dominance of *rajo* or *tamoguna*), anger by revengeful behaviour, stability of mind from the avoidance of any mistake, firmness by calmness and steadiness, age by questioning and observing, memory from the power of recollecting things and events etc. There correct application is necessary to know the balance of *tridoṣas* (health) and of vitiation of *doṣas* (disease). Inference is of three types. *Pūrvavat* i.e. inferring the effect (disease) from the cause (causative factor), *Śeṣavat* i.e. inferring the cause (causative factor) from the effect (disease) and *Sāmānyodr̥ṣṭa* i.e. to infer the disease from general observation.

#### 2.3.1.4 *Upamāna Pramāṇa* (Comparison/ Analogy)

*Suśrutasamhitā* has considered it as a method of investigation. *Carakasamhitā* has discussed about it only in *Vimānsthānam*. All these three are adapted as methods of investigation or diagnosing a disease in *Āyurveda*. It is also recommended to investigate a disease with other three methods of investigation to get the right diagnosis and also to get the knowledge of herbs. It is the knowledge obtained by doing comparison of known things to unknown things on the basis of similarity between the two. *Carakasamhitā* has named it as *upmāna* or *aupamya*. Such as *Opisthotonus* (*dhanustambha*), in which patient's head and back come into arching position. His body comes in the position of a bow. *Carakasamhitā* has given the analogy of *danda* (stiff like a stick) to explain the disease *dandak*. In this disease body becomes stiff like a stick.<sup>233</sup>

#### 2.3.1.5 *Yukti Pramāṇa* (reason/ rationally planned)

It is another source of inquiry. At few places in *Carakasamhitā*, it has been considered as a separate *pramāṇa* and at some another place, it has been included in *Anumāna pramāṇa*. Maharṣi Suśruta has not considered it as separate but included it in other methods of investigation. In general, *Yukti* is

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<sup>233</sup>Ibid., p. 754.

mentioned as plan or strategy. *Yukti* is derived from verb root *yujir* and *pratyayaktin*, which means to experiment.<sup>234</sup> The intellectual power is known as *yukti*. It is defined as the knowledge of something, which arises by operating many things together.<sup>235</sup> It can be understood by taking the example of sweet music of *Vinā* (a musical instrument). As music from this instrument is the result of combined actions of finger nails, string and the instrument's body.<sup>236</sup> In the same way in *yukti* many things operate together. It helps in accomplishment of *trivarga* i.e. *dharma, artha and kāma*. The application of medicated wet paste on suspected region of internal abscess to find the correct diagnosis is an example of *yukti pramāṇa*.<sup>237</sup> Just like inference, *yukti pramāṇa* also gives knowledge of all the three periods i.e. past, present and future.

What is the methodology of treatment of *Āyurveda* in past, present and future with *yuktipramāṇa*?

To answer this question, sage Ātreya Punarvasu mentioned that the treatment cannot be offered before manifestation of any disease but preventive techniques should be adopted. Just like constructed dam save the farms, similarly preventive techniques save the individual from manifestation of any disease.<sup>238</sup> The *Yuktipramāṇa* has practical significance in guiding the patient to be cautious of those factors, which cause imbalance of *tridoṣa* leading to diseased condition. *Yukti* is to follow right discipline for daily activities and taking *rasāyanas* regularly to prevent diseases in the future and stay healthy. So, to take care is *Yukti* for future.

The application of *Yuktipramāṇa* in disorders at present time is defined as *suḥkhetu-upcāra*, which states that to treat in order to det rid of diseases and to be happy. To take care of health is one of the objectives of *Āyurveda* and the techniques adapted for this are the *yukti* at present. To avoid all those things,

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<sup>234</sup> Gopinath, 2008: 31.

<sup>235</sup> Srikanthamurthy, 1996: 51.

<sup>236</sup> Ibid., p. 51.

<sup>237</sup> Gopinath, 2008: 32.

<sup>238</sup> *Carakasamhitā, Śārīrsthānam*, 1.90-91.

which cause aggravation of the *doṣas* is *yukti* at present.<sup>239</sup> So, to cure the diseases is the *yukti* at present.

The application of *Yukti* in the treatment of disorders in past is done by taking precautions against some particular diseases, from which the person had suffered previously. When a patient complains that he has the same fever as he had previously or same cough or vomiting which happened previously, then such words show the arrival of same disease, which happened in the past. Or it can be said that again the time of past sufferings has arrived and one need to take preventive measures or suggested medicine to stop the manifestation of that particular suffering.<sup>240</sup>

### 2.3.2 Importance of *Pramāṇa* in *Āyurveda*

*Pramāṇa* are the methods adopted by the practitioners of *Āyurveda* to know the status of health and disease and to give the right medicine to the patients. *Āyurvedic* concept of *pañcanidāna* (five levels of diagnosing a disease), *daśvidha parikṣa* (ten steps to diagnose a disease) etc. all require the application of these *pramāṇas* in diagnosing a disease. Physicians need to make a case sheet on the basis of this examination and maintain a record of the patient for any future reference.

*Rogaparijñāna* (diagnosing a disease) is important in *Āyurveda*. The whole *Āyurveda* is described in the form of *trisūtra* (three threads), i.e. *hetu* (know the cause/ aetiology of the disease), *liṅga* (identify the signs and symptoms of the disease) and *auśadha* (medication or preventive techniques). *Pramāṇas* as method of investigation helps to identify the cause of disease. It indicates that *parikṣā* is important before preceding to the treatment.<sup>241</sup> *Pramāṇas* are the epistemological tools to identify the real nature of the disease. They are the base of intellect, memory, theoretical knowledge, skill, mental peace, purity in

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<sup>239</sup>Ibid., 1.92-94.

<sup>240</sup>Ibid., 1. 88-89.

<sup>241</sup>Bajpai & Malik, 2016: 46.

mental, physical and verbal actions and boldness, which are present only in good physicians and not in quacks. Many advancements occur with the time, but the supremacy of these valid sources of knowledge can never be denied. They will always guide in knowing the true nature of disease and the right mode of treatment. Accurate diagnosis is essential to effective treatment. Inaccurate diagnosis will lead to further aggravation of the problem. In the practice of medicine physician's witness many such cases in which wrong diagnosis complicated the problem. It increases the burden on the patient and the family and also pose a risk to the life of the patient.

John Hopkins researchers have found out that diagnostic errors accounted the largest fraction of claims, penalty pay-outs and severe patient harm.<sup>242</sup> It mentioned that diagnostic error is one of the main concerns. They can lead to terrible consequences such as death or other disability issues. Diagnostic error also leads to violation of principles of biomedical ethics. It violates the principle of beneficence by not able to provide accurate treatment because of the faulty diagnosis. It also violates the principle of non-maleficence as faulty diagnostic may lead to the treatment, which may cause harm to the patient or is of no use in the present problem. It will also violate the principle of respect for autonomy. As patient's decision, informed consent will be affected by wrong diagnosis. These erroneous actions are preventable with right diagnosis. Diagnostic error increases healthcare expenditure, which is of no use rather harming the patient. Diagnostic errors may vary from delayed diagnosis, missed diagnosis and wrong diagnosis. History taking and physical examination improve right diagnosis and a better and early chance of patient's improvement. It is less expensive and very simple way to diagnose a disease. So, the right diagnosis is most important in the practice of medicine.

*Āyurveda* suggests authoritative testimony to be the primary source of valid knowledge. It is the basic information of the principles of *Āyurveda* medicine. After having a thorough knowledge direct perception and then inference should be applied in afterwards examinations. Diseases should be diagnosed by

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<sup>242</sup> Retrieved from [https://www.hopkinsmedicine.org/news/media/releases/diagnostic\\_errors\\_more\\_common\\_costly\\_and\\_harmful\\_than\\_treatment\\_mistakes](https://www.hopkinsmedicine.org/news/media/releases/diagnostic_errors_more_common_costly_and_harmful_than_treatment_mistakes) on 2018/06/12

application of all the valid sources of knowledge discussed in *Āyurveda*. To investigate a disease with only one *pramāṇa* gives a half knowledge of the disease, which can be dangerous.<sup>243</sup> Another important point is that in *Āyurveda*, *pramāṇa* are not applied to know only the disease but to have the knowledge of the strength of the patient also.

*Carakasamhitā* has discussed two types of patients. One, who are suffering from major problem but because of their strong physical and mental nature appear to be affected by some small disorder. And another, who suffered from some small disorder but appear to be suffering from major ailment due to their weak body and mind. Only direct perception in such patients may lead to wrong decisions.<sup>244</sup> Therefore, proper use of all the methods of investigations is essential in diagnosing a disease. Patients can also identify between a quack and a knowledgeable and experienced physician based on his application of tools of diagnosing a disease. Just listening to the symptoms and inferring the disease and providing treatment could harm the patient. Therefore, practitioners of *Āyurveda* medicine should be careful in using all the methods of investigation i.e. authoritative testimony, direct observation, inference and analogy. These tools of investigation are also important in contemporary times. The cost of medical treatment has increased a lot. History taking, questioning and direct observation are important tools in diagnosing a disease correctly and timely or early. It reduces the financial burden on the patient, saves their time and health. For this, physicians should have a thorough understanding to use these methods of investigation correctly. Theoretical and practical knowledge helps them to get a mastery over these tools and their application. These methods of investigation help the physician to benefit the patient and to protect them from the harm of diagnostic errors. The *pramāṇas* are critical to the diagnosing a disease and provide enough information needed to treat the patient. They are a part of good clinical practice. They not only help in diagnosing but developing the faith in one's patients and consequently good doctor- patient relationship.

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<sup>243</sup>*Carakasamhitā*, Vimānsthānam, 7.4.

<sup>244</sup>*Ibid.*, 7.3.

Direct observation, physical examination and inference are an important part of medicine. Sir William Osler, a Canadian physician, taking medical teaching from classrooms to patient's bedside to his credit, advised to his students that listen to your patient, he is telling you the diagnosis.<sup>245</sup> In this statement he elucidated on the central role of questioning and physical examination in diagnosing a disease. He emphasized on the importance of questioning and history taking, close observation, library and laboratory, knowledge expansion by correlating autopsy findings with clinical observation and to treat the patients with love and care.<sup>246</sup> He also demonstrated the importance of thorough physical examination and emphasized on early bedside training of his students. It shows that not only traditional medicine but Modern medicine also gives importance to clinical examination. Direct observation, analogy, inference, authoritative testimony are important tools of investigation in world wide. Not in ancient times but in contemporary times also their central role in clinical practice cannot be negated.

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<sup>245</sup>Retrieved from <https://www.revolvy.com/main/index.php?s=William+Osler> on 2018/05/02.

<sup>246</sup> Becker, 2014: 2260.

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## CHAPTER - 3

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### CLINICAL ETHICS: PREVENTIVE AND CURATIVE TECHNIQUES IN *ĀYURVEDA*

In this chapter, I will discuss the Clinical Ethics- Preventive and Curative Medication in *Āyurveda*. *Āyurveda* has unique philosophical approach of delineating the concept of *Svāsthya* (Health). It apprehends each person having

unique body constitution and therefore believes in individualized healthcare practice. It is a science of perfect living in tune with nature. It is holistic in its approach. Therefore, it lays emphasis on treating the individual as a whole and not only the disease/ symptom. It is a system of mind body health i.e. physical health is not considered separate from mental health. To maintain health, it focuses on life style, diet, seasonal regimen, moral virtue, meditation etc. It does not merely focus on personal health but it looks health from a wider point of view. *Svasthvr̥tta* and *Sadvr̥tta* parts of *Āyurveda* regimen provide knowledge about aim and practices of social and preventive medicine at individual and community level. They are concerned with promotion of health, prevention and control of communicable and non-communicable diseases. Concept of *Hitāyu* highlights the importance of favourable life in society. It gives comparable status to social medicine as to the preventive and curative aspects of medicine for ‘just health care’ and ‘health care as public good’. *Āyurveda* is concerned with the clinical ethics which includes preventive and curative medication. The advancements in medical sciences and technology, Human rights, consumerist about health care services i.e. individual awareness about health and legal enforcement on medical practice have created new challenges for medical fraternity which precipitated the need for more emphasis on ethics in medicine. The questions arise: What are the components and practices in clinical ethics including diagnosis, prevention and substances on the one hand and *Pañcakarma* on the other? How to distinguish and elaborate Individual Health Care or *Sukhāyu* and Health as a Public Good or *Hitāyu*? How can *Tridoṣa* (*vāta*, *pitta* and *kapha*) come to their equilibrium or balanced state in order to bring health and get rid of diseases? I’ll discuss different treatment methods which are applied to bring back vitiated *doṣa* into equilibrium state based on the prognosis of the disease. In order to make clarity and precision, I have divided this chapter into following parts-

- 3.1 Components and Practices: Diagnosis, Preventive and Curative Techniques.
- 3.2 Individual Health Care or *Suḥkhāyu* and Health as a Public Good or *Hitāyu*

### **3.1 Components and Practices: Diagnosis, Preventive and Curative Techniques**

#### 3.1.1 Diagnosis (*Nidāna*)

Diagnosis is a process of determining the nature of the disease, its causative factors, identifying the prognosis and ascertaining the right course of action in order to treat the patient. Clinical decision making cannot be separated from diagnosis, management, problem solving, doctor- patient relationship.<sup>247</sup> Clinical diagnosis is the most critical part of the whole health care system. A comprehensive theoretical and practical knowledge is required on the part of physician, to reach the right diagnosis that is why *Śāstrajñāna* (knowledge of the text) and *Dr̥ṣṭakarmatā* (good practical knowledge) have been mentioned as one of the essential qualities of a physician in *Āyurveda* texts. Delayed diagnosis, wrong diagnosis or misdiagnosis are most common and major errors in clinical practice. As they may lead to delayed treatment or wrong treatment and can harm the patient badly. These errors are a violation of the principles of medical ethics as they harm the patient rather than benefitting him. Right diagnosis made at right time helps to initiate the right procedure timely and may save the life of the patient.

*Mithyādr̥ṣṭā vikārā hi durakhyātastatheva ca/  
Tatha duṣparidr̥ṣṭāṣca mohyeyucikitskāna//*

- *Suśrutasaṃhitā, Sūtrasthānam, 10.6*

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<sup>247</sup> Mc-Whinney, Retrieved from [https://link.springer.com/chapter/10.1007/978-1-349-07159-3\\_4](https://link.springer.com/chapter/10.1007/978-1-349-07159-3_4) on 2019/03/14

Diseases, which are examined falsely or which are not explained clearly by the patient, create confusion in the mind of the physician and lead to the wrong treatment or no treatment at all. Therefore, as physicians need to be well verse with the diagnostic techniques, patients also need to be clear and specific in explaining their problem and give correct information.

Diagnosis is an act of identifying the nature and course of disease through patient's history, physical examination and laboratory tests. In *Āyurveda* texts various diagnostic techniques are discussed thoroughly, which are unique and specific. They involve comprehensive clinical examination, which are used to examine the disease (*roga parīkṣā* i.e. to investigate the nature and due course of the disease) and as well as the patient (*rogī parīkṣa* i.e. to examine the strength and immunity of the patient) both. Different diagnostic methods discussed in *Āyurveda* are as follows;

*Trividha parīkṣā* (Three- fold examination), *Pañcavidha parīkṣā* (Five- fold examination), *Aṣṭavidha Parīkṣā* (Eight-fold examination), *daśavidha parīkṣā* (Ten- fold examination). These techniques are applied for diagnosing the disease as well as in deciding the right medicine and its dosage by understanding the patient's body constitution. *Pramānas* i.e. *Āptopdeṣa* (Authoritative Testimony), *pratyakṣa* (Direct Observation / Perception), *anumāna* (Logical inference), *yuktipramāṇa* (rationale) and *upmāna* (comparison / analogy) are applied to use these diagnostic techniques and to reach to infallible diagnosis.<sup>248</sup> A brief description of these techniques is given below –

#### I. *Trividha parīkṣā* (Three- fold examination)

The three ways to examine a patient are as follows:

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<sup>248</sup> Gopinath, 2008: 15.

- i. *Darśana*: Diagnosing a disease through observation. This is first step of examination. Patient's general body build, behaviour, skin and eye coloration etc. are observed.
- ii. *Sparsana*: Diagnosing a disease through physical examination, percussion or palpitation.
- iii. *Praśana*: Diagnosing a disease by asking questions to the patient and taking history related to the disease.

The *ṣadavidha parīkṣā* (six-fold examination) discussed by sage Suśruta can be included in three-fold examination. Six-fold examination include diagnosis of a disease by *śrotraindriya* (sense of hearing), *netraindriya* (sense of vision), *nāsikaindriya* (sense of smell), *jihvindriya* (sense of taste), *tvacāindriya* (sense of touch) and *praśna* (question).<sup>249</sup>

## II. *Pañcavidha parikṣā*

The five steps of *Pañcavidha parikṣā* are *Nidāna*, *purvarūpa*, *liṅga*, *upśaya*, *samprāpti*.<sup>250</sup> are as follows -

- i. *Nidāna/ hetu* (cause)

It refers to the aetiology of the disease. The disease-causing factors could be undisciplined lifestyle, unhealthy diet, environmental factors, injuries etc. They cause vitiation of *tridoṣa*, and consequently disease. All these factors are discussed under three *nidānās* (causative factors) i.e. *asātmendriyārtha saṃyoga* (inappropriate contact of senses with their sense objects), *pragyāparādha* (verbal, physical and mental abuse), and *parināma* (bad effect due to disturbance in seasons). *Nidāna* is the *kāraṇa* (cause) and *vyādhi* is the *kārya* (action). These factors cause imbalance to the particular *doṣa* and cause the disease. *Nidāna* gives

<sup>249</sup> *Suśrutasaṃhitā*, Sūtrasthānam, 10.5.

<sup>250</sup> *Carakasamhitā*, Nidānasthānam, 1.24.

information (*vyādhibodhak*) about the disease. *Nidāna parivarjan* that is avoiding causative factors is the first and foremost line of treatment suggested in *Āyurveda*.<sup>251</sup>

ii. *Pūrvārūpa* (premonitory symptoms)

It represents the initial symptoms produced in the body, before the onset of the disease. They represent the accumulation of imbalanced *doṣa* in the body. It refers to *pūrvavat anumāna* (inference of effect from the cause) of a disease. Some of the *pūrvārūpa* of fever before the signs of the diseases arise could be burning sensation in eyes, anorexia, yawning excessively etc. At this stage, diseases can be prevented by following the right approach advised in *Āyurveda* texts.

iii. *Rūpa* (confirmatory signs)

It represents the distinct signs and symptoms of a disease. It is important in diagnosing the curable or incurable nature of the diseases.<sup>252</sup> If the *nidāna* (cause), *purvarūpa*, (premonitory symptoms), *rūpa* (confirmatory signs) are of medium strength and *kāla* (time/seasons), *prakṛtiḥ* (body constitution at the time of birth) and *duṣya* (the affected bodily tissue) are similar to the vitiated *doṣa* then it is difficult to cure such diseases and if, the *nidāna* (cause), *purvarūpa*, (premonitory symptoms), *rūpa* (confirmatory signs) are weak in strength and *kāla* (time), *prakṛtiḥ* (body constitution at the time of birth) and *duṣya* (the affected bodily tissue) are not similar to the disease causing *doṣa*, disease is without any complications, then it is easily curable.<sup>253</sup>

iv. *Upśaya*

It is the investigative stage. It is the differential diagnosis of a diseases.

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<sup>251</sup> *Carakasamhitā*, Vimānasthānam, 8.27.

<sup>252</sup> Madhavakara, 1996: 11.

<sup>253</sup> *Carakasamhitā*, Sūtrasthānam, 10. 11-13.

v. *Samprāpati*

It reflects the pathway of the disease manifestation. Physician can have knowledge of different stages of disease development. It gives proper knowledge of the imbalance of particular *doṣa* and its effect on particular *dūṣya* (bodily tissues).

III. *Aṣṭavidha Parikṣā* (Eight-fold examination)

Diagnosis is done after eight- fold examination, which is as follows –

- i. Pulse diagnosis (*nādi parkiṣā*)
- ii. Urine examination
- iii. Faecal matter examination
- iv. Tongue examination
- v. Speech examination
- vi. Skin examination
- vii. Eye examination
- viii. By observing general body build

IV. *Daśavidha parikṣā* (ten-fold examination)

To reach at right diagnosis tenfold examination is done. This examination is done to investigate the patient's physical and mental strength, his age, his body constitution etc. The ten-fold examination is discussed below -

- i. Patient's body constitution (*Prakṛti*)

It refers to the constitution of the individual at the time of birth. Every individual has his own *Prakṛti*, which is determined by many factors like *śukraśoṇita prakṛti* (nature of sperm and ovum of parents), 2. *kālagarbhāṣaya prakṛti* (nature of season and condition of uterus), 3. *māturāhārvihāra prakṛti* (food and daily routine of mother) and 4.

*mahābhūtavikāra prakṛti* (nature of five gross elements comprising of foetus).<sup>254</sup> The *doṣa*, which has predominance over the other at the time of the development of the foetus, determines the *Prakṛti* of the person. It represents the morphological, physiological and psychological traits in human beings.<sup>255</sup> There are mainly 7 types of *prakṛti*.

- *Ekdoṣaja prakṛti* (predominance of one *doṣa* only): These are three in numbers and are named as: *vāta*; *pitta*; *kapha*;
- *Dwandwaja prakṛti* (predominance of two *doṣas*): These are three in numbers and are named as: *vāta-pitta*; *pitta-kapha* and *kapha-vāta*;
- *Samaprakṛti/Saṃnipātaja prakṛti*: *vāta-pitta-kapha*.

*Prakṛti* remains unchanged, once determined at birth. Persons with *samaprakṛti* (equilibrium of all the three *doṣas*) are healthy and those with the predominance of one and two *doṣas* are ailing.<sup>256</sup> Any change in *prakṛti* is considered as *vikṛti* or disease. Clinically, *prakṛti* recognition is essential in diagnosing a disease and ascertaining the correct line of treatment. The physicians should determine the body constitution of the patient; the imbalanced *doṣa*; the cause of its imbalance and then should plan the treatment accordingly. The physician who knows all these things correctly do not get confused in treating his patients. *Prakṛti* of the individual helps us to understand the differences in characteristics of human beings in their body structure and strength, mental strength, digestive capacity, immunity etc.

ii. Disease (*vikṛti*)

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<sup>254</sup> *Carakasamhitā*, Vimānsthānam, 8.95.

<sup>255</sup> Amin, 2013: 606.

<sup>256</sup> *Ṛddha Jīvaka, Sūtrasthānam*, 18. 9-11.



*Doṣas, dhātus, malas, srotas* and *agni* are the key determinants of the disease development and manifestation.<sup>257</sup> Each one of these has a definite role in the disease process but vitiated *tridoṣas* are the main cause of disease.<sup>258</sup> Therefore, *vikṛti* refers to imbalance of *doṣa*, which is examined by investigating the *doṣa, duṣaya* (seven bodily tissues), *deśa* (environmental conditions), *kāla* (seasons) and *bala* (physical and mental strength) of the patient.

iii. Investigation to judge the strength of body system (*Sāra*)

There are eight parameters to judge the strength of the body; skin (*tvacā-sāra*), blood (*raktasāra*), muscle (*māṃsa-sāra*), body fat (*meda-sāra*), bones (*asthi-sāra*), bone marrow (*majjā-sāra*), reproductive system (*śukra-sāra*), mental ability (*satva-sāra*). The detailed investigation of all the bodily tissues is essential to know the strength of the body and mind. It helps to know the functioning of each *dhātu*. Individual body constitution depends upon the quality and quantity of each *dhātu*.<sup>259</sup> Physician can judge the strength, functioning and immunity of the patient by looking at the body only.

iv. Investigation to judge the body framework or compactness of the body (*saṃhanana*)

It is to examine the strength and firmly united nature of bones, joints and muscle. Patients are divided into three categories named as *pravara saṃhanana* (well-built body with symmetrical bones and strong joints), *madhyam saṃhanana* (moderate body built, bones and joints), and *avar saṃhanana* (weak body built, bones and joints).

v. Investigation for the proportionate relation of the different organs (*Pramāṇa parīkṣā*)

<sup>257</sup>Srikantamurthy, 1996: 8.

<sup>258</sup>*Suśrutasaṃhitā*, Sūtrasthanam, 21.3.

<sup>259</sup>Shashirekha & Bargale, 2014: 28.

It is to take the measurement of different body organs by finger breadth. By taking measurements organs are judged to be of standard, moderate or less height, breadth and length.

vi. Investigation for the tolerance (*Sātmaya parīkṣā*)

It is the adaptability of body to certain food products and their quantity used regularly like clarified butter, milk etc.

vii. Investigation for mental status (*satva parīkṣā*)

It is also judged on three parameters; *pravara satva* (good mental state), *madhyama satva* (moderate mental state), *avara satva* (weak mental state). *Āyurveda* is a science of body and mind. One affects the functioning of other. Therefore, in *Āyurveda* treatment is not focused to treat the body only or mind only but it is done holistically.

viii. Investigation for the type of food intake and digestive capacity (*āhāra parīkṣā*) of the patient.

ix. Investigation for the capacity of the body to exercise (*vyāyām parīkṣā*)

x. Age of the patient (*vaya parīkṣā*)

Age is categorised as *bālya* 0-16, *madhya* 17-60/70 and *jīrṇa* 60/70-100.<sup>260</sup> Age consideration is important in terms of diagnosing a disease and advising medicines or purification procedures.

All above methods are applied to diagnose a disease. *Āyurveda* has two objectives, first one is to maintain the health and the second is to cure the diseases. Many preventive techniques are advised to fulfil the first objective i.e.

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<sup>260</sup> *Carakasamhitā*, Vimānasthānam, 8.122.

to maintain the health and to prevent the diseases. Herbal medicines, purification techniques and surgical procedures are advised to fulfil the second objective i.e. to cure the diseases. The various preventive and curative techniques described in *Āyurveda* texts are discussed below;

### 3.1.2 The Preventive Techniques

The preventive aspect of *Āyurveda* is of greater importance as overcoming of disease is secondary to the preservation of good health. Prevention of diseases help to live healthy life and also save the individual from paying hefty amounts on medical investigation, medicines and treatment procedures. Preventive techniques promote and protect the health of individuals as well as the people in society.

According to the World Health Organisation (WHO) statistics of 2018, 41 million global deaths per year (71% of total deaths) are caused by Non-communicable diseases (NCDs).<sup>261</sup> They are the major cause of mortality and put burden on health care system and consequently pose threat to the economic security of many developing countries like India. The major factors responsible for these NCDs are idle and undisciplined life style, unhealthy diet, drug abuse, environmental factors and hereditary factors. The most prevalent NCDs or life style disorders are cardiovascular diseases, diabetes, hypertension, osteoporosis, chronic respiratory diseases, obesity and many other. These diseases have a chronic course of illness and a complete cure is difficult. NCDs can be prevented to a greater extent by adapting healthy life style, healthy diet and right conduct. Many natural disasters like flood and drought are caused by many human activities like deforestation. These also can be controlled, if every individual understands his *dharma* (duty) for society and environment. One needs to adopt and follow healthy habits to protect the society and environment. Implementation of preventive methods to protect from these diseases and to adapt curative techniques to treat these diseases is necessary to reduce morbidity,

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<sup>261</sup> Retrived from <http://www.who.int/news-room/fact-sheets/detail/noncommunicable-diseases> on 2018/11/18

increase productivity and improve quality of life. Health care system has a responsibility to spread the awareness among the people about the risk factors and the way to overcome these problems by adopting proper life style and good habits.

*Āyurveda* has two main objectives. The first one is to maintain the health by adapting preventive techniques called as life course approach and the other one is to give treatment to those who are sick. The first one can be called as “care approach” and other is “cure approach.” Application of preventive techniques controls risk factors and protects the individual from these life-threatening diseases.

*Āyurveda* describes various preventive techniques, which are essential to follow to save the person and society from these diseases. It describes about *Āhāra* (discipline in diet), *Svapna/Nidrā* (adequate and sound sleep), *Brahmacarya* (abstinence or regulated sexual relationship), which are called as three sub-supportive pillars (*up-stambha*) of life and health.<sup>262</sup> One needs to have right food, adequate sleep and self-restraint in sensual pleasures to maintain balance of *tridoṣas* and thus health and harmony in life. The potential of preventive techniques discussed in *Āyurveda* need to be realized and should be pursued as a life course approach to health and longevity. A brief discussion about this life course approach follows -

#### I. Food (*Āhāra*)

Food is important for human survival. It plays important role in maintenance of health and prevents from many diseases. However, food requirement is not same for all the individuals. It varies from person to person based on their body constitution, age, quantity of food and seasonal needs. Healthy food cares the health and cures the disease and vice-versa. To prevent undernutrition, overweight, obesity and to promote individual and public

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<sup>262</sup> *Carakasamhitā*, Sūtrasthānam, 11.35.

health is challenge to the physicians.<sup>263</sup> Physicians need to guide individuals to make healthy and right food choices and to persuade them to follow regulations of food intake.<sup>264</sup> Food can be a medicine as well as poison also. *Āyurveda* elucidate on the role of food in care as well as cure with respect to health and disease. Food should be taken in proper quantity. It should be easy to digest. How much food one should take depends upon the body constitution, gastric fire (*agni*) and digestive capacity of a person.

*mātrāvadhyāśnam-śītanamanupahratya prakṛtim  
balavarṇa-sukhāyusā yojayatyupayoktāramavaśyamiti/*

- *Carakasamhitā, Sūtrasthānam, 5. 8*

Eating in proper quantity brings health, strength, complexion, and happy long life. Food is the first important sub-supportive pillar. It nourishes the body and is one of the important factors for all the body functions. It provides energy to the body and repairs the body tissues. It plays major role in prevention and management of many diseases. In *Carakasamhitā* eight methods (*aṣṭāharvidhiāyatan*) are suggested to follow before and during the consumption of food.<sup>265</sup> These are as follows -

- i. *Prakṛti* (natural quality): It refers to the natural quality of different food substances and medicinal plants. It manifests the predominance of particular *pañcamahābhūta* in the food substance and reflects its effect on the particular body constitution.
- ii. *Karāṇa* (property enhancement): It represents the enhancement in the food properties or imparting new properties to the food substances by processing it with water; cooking at a particular temperature; maintaining proper hygienic conditions; consideration of time and place; using different types of utensils for cooking and storing the food.

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<sup>263</sup> Fanzo, 2018.

<sup>264</sup> Connolly, 2018.

<sup>265</sup> *Carakasamhitā, Vimānasthānam, 1.21.*

- iii. *Samyoga* (adding): Two or more substances to enhance the properties of food substances in order to make them more effective like adding honey with clarified butter in unequal proportion.
- iv. *Rāsi* (quantity): It is to decide the right quantity of food substances
- v. *Deśa* (habitat)
- vi. *Kāla* (season): It refers to the type of food, which should be taken in particular season and at particular time.
- vii. & viii. *Upyoga samsthā* and *upyoktā* (rules to follow before, during and after the intake of food): It reflects the important things to be kept in mind at the time of taking food. Some of them are to eat in proper quantity; not to eat the food with food incompatibilities like do not take salt with milk or fish with milk etc.; one must eat only when the previously taken food has been digested and the person feels hungry; food should be taken at proper place and in particular position which does not interfere in the food digestion; not to talk or laugh while eating; eat food with full concentration; do not eat food quickly or very slowly etc.<sup>266</sup>

Food prepared and consumed in the light of all the eight factors become wholesome food (*hitāhāra*). Wholesome food (*hitāhāra*) taken in moderation blesses one with physical and mental health and unwholesome (*ahitāhāra*) causes vitiation of *doṣas* and hence disease.<sup>267</sup> The seasonal variation, body constitution, food incompatibilities (*viruddhāhāra*), wholesome and unwholesome food are key considerations in diet planning. The factors for food incompatibilities vary due to climatic conditions, season, quantity, digestive power, adaptability, body constitution, patient's state, order of taking particular rasa etc.

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<sup>266</sup>Ibid., 1. 1-22.

<sup>267</sup>*Carakasamhitā*, Sūtrasthānam, 27.4.

The principle behind the intake of food substances is that one should take that food substance regularly, which helps to maintain the health and do not cause any disease.<sup>268</sup> Food substances could be heavy (*guru*) and light (*laghu*) in nature. Heavy food substances have mainly ether (*prithvi*) and water (*jala*) *mahābhūta*. Light food substances have mainly air (*vāyu*) and fire (*agni*) *mahābhūta*.<sup>269</sup> Therefore, to avoid imbalance of *doṣa*, quantity (*mātrā*) of the food should be taken as per the body constitution.

One should be moderate in taking food. Food taken in moderation supports the body and protects it from any harm. Besides the quantity, taking unhealthy food is also major cause of diseases. It is important to know that which food items are to be considered healthy and which are to be considered unhealthy. Healthy food can become unhealthy based on the quantity and food preparation techniques. Definition of healthy and unhealthy food given by Ācārya Punarsavu is that those food substances, which do not vitiate the *doṣas* and *dhātus* and bring back the imbalanced *dhātus* into balanced state is healthy food.<sup>270</sup> And contrary to it is unhealthy food.

Types of food based on the different parameters are as follows –

- i. *Sthāvar* (immovable) and *Jaṅgama* (movable) are two types of food based on their origin.
- ii. *Hitkar* (healthy) and *ahitkar* (unhealthy) are two types of food based on their result after digestion.

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<sup>268</sup> Ibid., 5.6-8.

<sup>269</sup> Ibid., 5.6.

<sup>270</sup> Ibid., 25.33.

iii. *Madhura* (Sweet), *amala* (acidic), *lavaṇa* (salty), *kaṭu* (sour), *tikt* (bitter), *kaṣāya* (astringent) are six types of food based on the taste.<sup>271</sup> Healthy food should contain all the six *rasas*. All the *rasas* have predominance of different *mahābhūta* and cause of vitiation and pacification of different *doṣa*, which is as follows;

- *Madhura rasa* – *jala*+ *pr̥thvi mahābhūta* -It vitiates *kapha doṣa* and pacifies *vāta-pitta doṣa*.
- *Amala rasa*- *pr̥thvī*+ *agni* (Caraka & Vagbhaṭa), *jala*+ *agni* (Suśruta) - It vitiates *pitta-kapha doṣa* and pacifies *vāta doṣa*.
- *Lavaṇa rasa*- *jala*+ *agni* (Caraka & Vagbhaṭa), *pr̥thvī*+ *agni* (Suśruta)- It vitiates *pitta-kapha doṣa* and pacifies *vāta doṣa*
- *Katu rasa*- *vāyu*+ *agni mahābhūta*- It vitiates *pitta- vāta doṣa* and pacifies *kapha doṣa*.
- *Tikat rasa*- *vāyu*+ *ākāśa mahābhūta*- It vitiates *vāta doṣa* and pacifies *pitta-kapha doṣa*.
- *Kaṣāya*- *vāyu*+ *pr̥thvī mahābhūta* - It vitiates *vāta doṣa* and pacifies *pitta-kapha doṣa*.

iv. *Guru- laghu* (heavy-light), *śīta- uṣaṇa* (cold-hot), *snigdha- rūkṣa* (oily-dry), *manda- tīkṣṇa*, *sthira- sara*, *mridu-kaṭhin* (soft- hard), *viśada- picchala*, *śalakṣana- khara*, *sūkṣama- sthūla* (tiny-bulky), *sāndra- drava* (concentrated- liquid) are twenty types of food, which are based on the twenty qualities of them.<sup>272</sup>

One should not take food at night until does not feel hungry. Not to feel hungry is a sign that the food taken in the morning or afternoon has not

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<sup>271</sup> Ibid., 26.40.

<sup>272</sup> Ibid., 25.36.



digested and if one takes food without hunger, then it may cause damage to the digestive fire and the food taken will not be digested properly.

Some of the healthy food substances suggested in *Āyurveda* texts are red rice, green gram, rock salt, clarified butter made from cow's milk, sesame oil, ginger, raisin etc. Some of the unhealthy food substances are black gram, potato, sheep's milk, clarified butter made up of sheep's milk etc. Food maintains (*yāpan*) the body. Water satisfies the body. Milk is the best amongst life giving (*jīvanīya dravya*) substances. Honey helps to bring vitiated *kapha-pitta dośas* into balanced state. Clarified butter balances the vitiated *vāta-pitta dośas*. Oil helps to bring vitiated *vāta- kapha dośa* into balanced state. In *pañcakarma* treatment emetic procedures(*vaman*) is best to treat disorders related to *kapha dośa*, purgative procedures (*virecana*) for *pitta dośa* and enema (*vasti*) for *vāta* disorders are recommended. Exercise brings stability in the body and the list goes on. A skilled and knowledgeable physician has detailed knowledge about the healthy and unhealthy food substances. The second sub-supportive pillar of life suggested in *Āyurveda* texts is sleep.

## II. *Svapna/ Nidrā* (Sleep)

Adequate and quality sleep is the second sub-supportive pillar of life and plays important role in maintaining health and longevity. Right amount of sleep taken at proper time relaxes both the body and the mind. Insomnia or lack of adequate sleep or excess of sleep both relates to negative health outcomes in the form of obesity; diabetes; physical and mental stress; lack of concentration; hypertension; cardio-vascular diseases etc.<sup>273</sup> Lack of disease causes weakness and may shorten the life. Good sleep depends on many factors like healthy status of body and mind, age, body constitution like people with *kaphaj* body constitution have good sleep compared to people with *vātaj* body constitution, nature of work etc. Sleep evolves when mind

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<sup>273</sup> Retrieved from <https://www.dhushara.com/psyconcs/meds/meds.pdf> on 2018/11/19

feels exhausted and the senses start averting from their sense objects.<sup>274</sup> *Suśrutasaṃhitā* has mentioned that heart is the seat of consciousness. Sleep happens, when consciousness is covered by *tāmsika bhāva*. *Tamo guṇa* is the cause of sleep and *satva guṇa* is the cause of waking state.<sup>275</sup> In *Carakasamhitā* sleep at day time is not recommended except during summer season. But in *Suśrutasaṃhitā* day time sleep is not recommended in any of the season.

Only children, old ages people, tired and weak or sick people can sleep at day time. Sleep can be divided in to two main types i.e. *swābhāvika* (natural) and *aswābhāvika* (unnatural).<sup>276</sup> *Carakasamhitā* describe about six types of sleep,<sup>277</sup> which are as follows;

- i. *Tamobhāva nidrā* (sleep due to predominance of *tamo guna*), this kind of sleep is indicator of some serious health disorder and death.
- ii. *Śleśmasamudbhvā nidrā* (sleep due to excess of *kapha doṣa*)
- iii. *Manahśarirśramasambhva nidrā* (sleep due to mind and body fatigue)
- iv. *Āgantuki nidrā* (sleep without any cause is indicator of death)
- v. *Vyādhynuvartini nidrā* (sleep due to some sickness)
- vi. *Rātrisvabhava-prabhāvanidrā* (natural sleep, which healthy persons take at night). It helps to promote health. Rest of the five kinds indicate sleep related problems.

*Suśrutasaṃhitā* has described three types of sleep, which is as follows;<sup>278</sup>

<sup>274</sup> *Carakasamhitā*, Sūtrsthānam, 21. 35.

<sup>275</sup> *Suśrutasaṃhitā*, Śārīrsthānam, 4. 34.

<sup>276</sup> Bhati, Bhalsing & Shukla, 2015: 10.

<sup>277</sup> *Carakasamhitā*, Sūtrsthānam, 22.58-59.

<sup>278</sup> *Suśrutasaṃhitā*, Śārīrsthānam, 4.32.

- i. *Vaiṣṇavī* (natural sleep): It depends on the body constitution and may occur any time in day and night.
- ii. *Tāmasī*: It is the sleep, which comes due to the predominance of *tamo guṇa* and comes at the end of life.
- iii. *Vaikārikī*: The sleep due to various psychosomatic disorders is *Vaikārikī nidrā*. It happens due to increase in *vātaj doṣa* and decrease in *kaphaj doṣa*.

Right Sleep promotes health, nourishes the body, refreshes the mind, gives strength and energy, gives knowledge and intellect and increases life span. Untimely sleep, excess sleep, very less sleep destroys the health and consequently life.<sup>279</sup> Not taking proper sleep or to suppress the sleep leads to body ache, fatigue, laziness, head ache, heaviness in eye etc.<sup>280</sup> The third supportive pillar of life is *brahmacarya*.

### III. *Brahmacarya* (Celibacy)

It is the third important supportive pillar of life. *Brahmacarya* means meditating about the Supreme Being and realizing your true self. In *Āyurveda*, it means preservation of *śukra* (semen/ bodily energy) by following celibacy or regulated sexual relationship.<sup>281</sup> *Śukra* is the seventh *dhātu*. Its preservation brings health. It helps to protect from many life-threatening diseases. It is the quintessence of body and food; therefore, needs to be protected in order to protect the body. In the *Vedic* texts, human life is believed to comprise of four stages i.e. *Brahmacarya*, *Grahstha*, *Vānprastha* and *Sanyāsa*. According to *Āyurvedic* scriptures one should indulge in

<sup>279</sup> *Aṣṭāṅgahṛdyam*, Sūtrasthānam, 7.56-67.

<sup>280</sup> *Carakasamhitā*, Sūtrasthānam, 7. 23.

<sup>281</sup> *Carakasamhitā*, Sūtrasthānam, 11.35.

sexual relationship only in *grahstha āśrama* and only for the purpose of having a progeny.

Besides these three supportive pillars other measures suggested to keep the body healthy are discussed as below;

#### IV. *Sadvṛtta* (Good conduct)

It reflects on the good conduct, which everyone must follow in order to remain healthy and enjoy longevity. It emphasizes on the importance of good character and on the right conduct for benefit to both individual and society. It promotes physical, mental and social health at individual as well as social level.<sup>282</sup> Good conduct is structured as personal, social, emotional, religious and occupational. It also expounds on right behaviour towards women. The detail description of it is done in the next chapter.

#### V. *Rasāyana* and *Vājikaraṇa* (Rejuvenation techniques)

It helps in boosting the immunity, helps in staying active, healthy and young. It delays the ageing by reversing the degenerative changes. It can be used as a preventive medicine and also can be used to cure the diseases. They nourish all the seven *dhātus* (bodily tissues) of the body. Massage and fomentation are also practised to rejuvenate the body. One should get purification treatment (*pañcakarma*) before taking *rasāyanas*. *Āmalki*, *vibhitak*, *bhallātaka*, *haritakī*, *śankhapūśapī* are some of the *rasāyanas*.

#### VI. *Dincaryā* (Daily regimen)

Following right daily schedule is important to stay healthy. One should wake up early (*brahma muhurta*) before the sun rise. One should take proper measures to maintain personal hygiene. The importance of massage, oral hygiene, putting nasal drops regularly, general body cleanliness, routine

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<sup>282</sup>*Aṣṭāṅghṛdyam*, Sūtrasthānam 2. 21- 44.

exercise, to be careful in behaviour regarding *dhārṇīya vega* (suppressible urges like anger, greed, jealous, grief, lust, arrogance, grief, anxiety etc.) and *adhārṇīya vega* (non-suppressible urges of sleep, hunger, thirst, tears, belching, yawning, vomiting etc.) cannot be denied in maintaining health.<sup>283</sup>

## VII. *Ṛtucaryā* (Seasonal regimen)

In *Āyurveda*, six types of seasons are mentioned. Seasons play a great role in individual's health. Although one has followed right –food- schedule and has maintained personal hygiene thoroughly but if seasonal regimen is not kept in mind, it will cause vitiation of *doṣas* and hence will cause a disease.<sup>284</sup> With the change in season all the environmental conditions change. Therefore, it is important to take food and follow lifestyle according to the season.<sup>285</sup> This way, one can prevent oneself from diseases and remain healthy. *Āyurveda* divides seasons into two main periods called as *Ādana kāla* or *uttarāyana* and *Visarga kāla* or *dakṣiṇāyana*.

- i. *Ādana kāla*: It is also called as *āgneya kāla* as atmosphere is hot like fire. In this season strength of all the creatures decreases. In this period sun is on maximum heat and dries the watery part of the earth. *Ādana kāla* is comprised of three seasons i.e. *Śīśir* (winter), *Vasant* (spring) and *Gṛiṣama* (summer).
- ii. *Visarga kāla*: It is also called as *saumya kāla* as atmosphere is cool like moon. In this period all the living beings are full of strength and energy and the water part of earth increases. *Visarga kāla* is

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<sup>283</sup> *Aṣṭāṅgahṛdyam*, *Sūtrasthānam*, 2. 2-17.

<sup>284</sup> *Ibid.*, 3.55-58.

<sup>285</sup> Note: The 6<sup>th</sup> chapter of *Carakasamhitā*, *Sūtrasthānam* named *Tasyāśītīyādhyāya*; 3<sup>rd</sup> chapter of *Aṣṭāṅgahṛdyam*, *Sūtrasthānam*, named *ṛtucaryā* and the 6<sup>th</sup> chapter of *Suśrutasaṃhitā*, *Sūtrasthānam*, named *ṛtucaryamdhyāyam* dedicated to description of discipline of food and routine one must follow in particular season in order to avoid diseases and to stay healthy.

comprised of three seasons i.e. *Varṣā* (rainy), *Śarada* (autumn) and *Hemant* (late autumn).

Different seasons have different effect on the *doṣa*, *dhatu* and *agni* of human beings. *Doṣa* accumulates and aggravates in different seasons. Therefore, food, daily routine should be as per the season. Any food substance, which is good in one season may cause harm in another. Therefore, the knowledge of all the six seasons and right food and right schedule is essential to stay healthy.

### 3.1.3 The Curative Techniques in *Āyurveda*

The objective of treatment is to cure the disease of the patient. *Āyurveda* apprehends each person having unique body constitution and therefore believes in individualized healthcare practice. It is a science of perfect living in tune with nature. It is holistic in its approach. Therefore, it lays emphasis on treating the individual as a whole and not only the disease/ symptom. The different classifications of treatment methods advised in *Āyurveda* text is as follows;<sup>286</sup>

#### I. *Ekvidha Cikitsā* (one procedure treatment)

It refers to avoid the aggravating or causative factors i.e. *nidānaparivarjana*, which cause imbalance in *tridoṣa* and cause diseases and to eat healthy diet.

#### II. *Dwi-vidha Cikitsā* (Two procedures of treatment)

It mentions two types of treatment methods, which are as follows -

- i. *Santarpaṇa Cikitsā* (nourishment): It is also called as *bṛhaṇa cikitsā*. Treatment is done to increase the body mass and to nourish the body.

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<sup>286</sup> *Aṣṭāṅgahr̥dyam*, Sūtrasthānam, 14. 1-15.

ii. *Aptarpana Cikitsā* (depleting): It is also called as *langhana cikitsā*. It makes body thin and light weight. It is further of two types i.e.

a. *Śhodhana* (purification): *Śodhana cikitsā* is done to eliminate vitiated *doṣas* from the body by different procedures called as *pañcakarma*. They are used to detoxify the body. It has five main procedures, which help in balancing the vitiated *tridoṣas*. These procedures are *Vamana* (Emesis), *Virecana* (Purgation), *Nirūhvasti* (decoction enema), *Anuvāsan vasti* (Oil enema), and *Nasya* (Installation of medicine through nostrils). *Snehan* (massage) and *swedan* (fomentation) are *pūrvakarmas* which are necessary to follow before starting *pañcakarma* treatment. These purification techniques can be applied in prevention of disease and in curing of disease also.

b. *Śamana* (pacifying): It neither removes the imbalanced *doṣa* from the body nor does it increase them but it brings imbalanced *doṣa* into balanced state. It can be done by seven methods, the names of which are as follows –

- *Pācana* refers to digestion of *Āma* (undigested food and food toxins)
- *Dīpana* refers to increase of digestive fire.
- *Kṣudhā* means to do fasting.
- *Trṣā* refers to remain thirsty.
- *Vyāyām* means to do exercise.
- *Ātapat* means to take sunbath.
- *Māruta* means to get fresh air

### III. *Trividha Cikitsā*

This refers to three types of treatments, which are as follows -

#### i. *Daivavyapāsrya Cikitsā*

According to *Carakasamhitā*, this form of therapy includes chanting of holy hymns, wearing of gems/stones, doing sacrifices, going to pilgrimage, fast etc. It also includes practice of *Śauca* (purification of mind, body and speech), *Santośa* (contentment), *Tapas*(austerity), *Svādhyāya* (self-reflection), *Īśvarapranidhāna*(devotion to supreme being).<sup>287</sup>

#### ii. *Yuktivyapāsrya Cikitsā*

It refers to thinking rationally and planning the right line of treatment. It is practiced to bring vitiated *doṣas* into equilibrium state. The consideration of right food, right schedule and medicines are advised in it.<sup>288</sup>

#### iii. *Satvāvajaya Cikitsā*

This method is advised to treat the diseases related to mind. It is advised to control mental afflictions. *Jñāna* (wisdom), *vijñāna* (scientific knowledge), *dhairya* (patience), *samṛti* (memory), *samādhi* (meditation) techniques are suggested to control the mind. It advises counselling and various Yoga practices to control the mind from indulging into harmful activities.

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<sup>287</sup> *Carakasamhitā*, Sūtrashānam, 11.54.

<sup>288</sup> *Ibid.*, 11.54.



To sum up, *Āyurveda* texts have details about the importance of preventive techniques to be followed in one's life span divided into four *āśramas*. The texts also have elaborated on various curative procedures.

It is pertinent to mention here that life is not an accidental phenomenon and it has to be lived meaningfully. Our seers and sages have explained the fourfold objectives of life (*puruṣāhartha*) and living. To accomplish these fourfold objectives, the importance of attaining holistic health through preventive techniques needs special mention here.<sup>289</sup> *Āyurveda* texts have even discussed about the four types of life reflective of the status of one's health and disease. Henceforth, the second part of the chapter describes about these different types of life.

### **3.2 Individual Health Care or *Suḥkhāyu* and Health as a Public Good or *Hitāyu***

According to the traditional texts of *Āyurveda*, *Āyuh* (life) is the combination of body (*śarīra*), senses (*indriya*), mind (*manas*) and self (*ātmā*).<sup>290</sup> Life indicates the total life span. In *Carakasaṃhitā* four types of life is described: *Hitāyu* (wholesome life), *Ahitāyu* (unwholesome life), *Suḥkhāyu* (happy life), *Duḥkhāyu* (miserable life).<sup>291</sup> The characteristics of these different types of lives are mentioned below –

#### **I. *Hitāyu* (Wholesome/benevolent life)**

*Hita* means favour, concern, beneficial or advantage and the word *āyu* stands for life. Together they mean beneficial or favourable life. Life of those people, who aspire to be beneficial for others and think for the well-being of others; speaks the truth; remains calm; works with deliberation; refrains from stealing; is cautious about own actions; focus

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<sup>289</sup>Satyavati, 1991:72.

<sup>290</sup>*Carakasamhitā*, Sūtrasthānam, 1.41.

<sup>291</sup>Ibid., 1.41.

on *trivarga* (*dharma, artha, kāma*); respect others; knowledgeable; have good character; serves the old; has control over suppressible urges of anger, ego, jealous etc.; offers donations to others, continuously involved in asceticism, is moving towards transcendental knowledge is called wholesome or favourable life or *hitāyu*. All the actions mentioned are of virtuous person. So, *Hitāyu* (benevolent life) can be called as virtuous life.

## II. *Ahitāyu* (Unwholesome life):

*Ahit* means disadvantage, non-beneficial and unwholesome and *āyu* means life. *Ahitāyu* refers to unwholesome lifestyle, which is neither beneficial for the self or for others. The life of people, who harm others and have all the opposite features of *hitāyu* is called *Ahitāyu*. This kind of lifestyle is responsible for diseases, and henceforth becomes an obstruction in the accomplishment of *puruṣāhartha*. Therefore, one should avoid leading unwholesome life.

## III. *Suḥkhāyu* (happy life)

It means happy, healthy and joyful life. People, who are not suffered from physical and mental diseases; are young, able to do any kind of work; has physical and mental strength; are courageous; has a focus on all the four objectives of human life (*puruṣāhartha*); are intellectual; have strong senses and a good control over the senses and their sense objects; are prosperous lead *suḥkhāyu* (happy life). This concept of happy life (*suḥkhāyu*) delineates over the importance of individual healthcare. *The concept of Svāsthya* (Health) discussed in *Āyurveda* texts is as follows -

The word *svāsthya* is derived from Sanskrit word *Svá-stha*, which refers to being in one's self or in natural state. This term "svá" shows the

individuality and makes relevance of *Āyurvedic* concept of individualized therapy.<sup>292</sup>

*Vikāro dhātuvaiṣamyam sāmīyam prakṛtiruṅcyate/  
Suḥkhsamjñkmārojñyam vikārodukhkhmev ca//*

- *CarakaSaṁhitā, Sūtrasthānam, 9.4*

*Prakṛti* is referred to as health and *vikāra* is referred as disease here. Health is described as the balance of the *dhātus* and disease as imbalance of them. Health (*svāsthya/ ārogya*) is happiness (*suḥkha*) and disease (*vikāra*) is misery (*duḥkha*). Here, from the word *dhātu*, *CarakaSaṁhitā* explicates about the *doṣas*, seven *dhātus* (body tissues) and three types of *malas* (product of excretion). In *Suśrutasamhitā* also similar kind of definition of health is given, which is as follows-

*-Samadoṣaḥ-samāgnishca-samadhātu-mala-kriyah/  
prasanna-ātmendriyamanāh-svāsthaiti-abhidhīyate//*

-*Suśrutasamhitā, Sūtrasthānam, 15.48*

Health is defined as the -equilibrium or balanced state of *doṣa*; *agni* (thirteen kinds of bodily fire, which helps in digestion and metabolism); and *dhātu* (seven types of bodily tissues). There is proper removal of all the body wastes from the body i.e. sweating, urination and defecation. There is coordination among mind, soul and senses and they are in harmony with each other. This implies that a person can attain health (*svāsthya*) and experience good quality of life subject to having a harmony between body, mind, senses and soul. Health as per *Āyurveda*, is a state of complete physical, mental, social and spiritual well-being and not merely the absence of disease or infirmity.

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<sup>292</sup> Mishra, 2017: 280.

One can lead a happy life, if he is healthy and is able to perform all duties. Prosperity is important to maintain health and to fulfil all the basic needs of human being. Economic status or income is one of the social determinants of health. The only difference in *Suḥkhāyu* (happy life) and in *Hitāyu* (benevolent life) is that the former focus on individual's health only and the latter focus on individual as well as realizes its role for society also.

#### IV. *Duḥkhāyu* (miserable life)

*Duḥkha* can be understood as physical or mental discomfort unpleasant, pain, misery and suffering and *āyuh* refers to life. *Duḥkhāyu* refers to the life full of miseries. In *Āyurveda*, *duḥkha* (misery/ suffering) is compared with disease. Henceforth, it stands for life suffering from diseases and is not in harmony with mind and self. Diseases diminish the physical and mental strength, inhibit activities, and obstruct fulfilment of desires.<sup>293</sup> It has all the opposite features of *Suḥkhāyu* (happy life). The person suffering from disease would not be able to fulfil his duties, which makes his life miserable.

#### A) *Roga* (Disease)

*Tada-duḥkḥa-asamyogā-vyādhyaucyante/*

- *Suśrutasamhitā, Sūtrasthānam, 1.31*

Disease is coalition of misery or suffering (*duḥkh-samyoga*) with human body or mind. Disease is defined as a state of imbalance of *tridoṣas*.<sup>294</sup> This imbalance could be in the aggravated (*Vṛddhi*) or reduced (*Kṣaya*) form. *Doṣa*, *dhātu* (seven types of body tissues discussed in *Āyurveda*), *mala* (bodily excretions), *agni* (bodily fire) etc. are many components of

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<sup>293</sup> Murthy, 2011: 6.

<sup>294</sup> Note: *Tridoṣa* has been translated as blemishes, humors, prototypes or bio-energies in different articles. To avoid ambiguity due to translations the original term has been used as such.

the disease process but imbalanced *doṣa* play an important role in causing a disease.<sup>295</sup>

*Rogās-tasyāpahartāraḥ-śreyasoḥjīvitasyaca/  
Prādurbhūtomanuṣyāṇām-antarāyomahānāyam//*

- *Carakasamhitā, Sūtrasthānam, 1.16*

Diseases are detrimental to health and life of human beings and they manifest as an obstacle in achieving the four-fold purpose of life. They are considered to be dreadful.

#### B) Classification of *Roga* (disease)

Diseases are classified in various types based on their causative factors or aetiology, their location in the body, involvement of *doṣas* and treatment options. The classification might differ as per description in various *Āyurvedic* texts ranging from two types to seven types. A brief description is given as follows -

##### a. Two types of diseases

- Parameter - *Vitiation of doṣa (Carakasamhitā)*<sup>296</sup>

*i. Nānātmaja roga* are diseases, which are caused by vitiation of only one *doṣa* i.e. either *vāta* or *pitta* or *kapha* only.

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<sup>295</sup>Srikantamurthy, 1996: 8.

<sup>296</sup> *Carakasamhitā, Sūtrasthānam, 20.10.*

ii. *Sāmānyaja roga* can be caused by vitiation of only one or two *doṣas* (*vāta, pitta or kaphaja*) or by any injury.

- Parameter - Nature of causative factor (*Carakasamhitā*<sup>297</sup> and *Aṣṭāṅgahṛdyam*<sup>298</sup>)

i. *Nija* (Endogenous): Due to vitiation of *doṣa*

ii. *Āgantuja* (Exogenous): Due to some injury.

- Parameter – Location in body/mind (*Carakasamhitā, Aṣṭāṅgahṛdyam* and *Suśrutasamhitā*<sup>299</sup>)

i. *Śarīra* (physical i.e. which affect the body)

ii. *Mana* (psychological i.e. which affect the mind).

- Parameter – Prognosis<sup>300</sup>

i. *Sādhya roga* (curable diseases)

They are further divided into two types i.e. *mṛdu* or *suhkhasādhya* (easily curable) and *dāruṇa* or *kṛchasādhya* i.e. curable with difficulty (curable with right treatment done in right time). Ulcers of young, physically and mentally strong people are easily curable<sup>301</sup> but in few easily curable diseases also become difficult to cure. These persons are as follows<sup>302</sup> -

- *Vedapāthi* (the one, who is involved in the profession of reading the hymns or spiritual scriptures). It is difficult to cure their diseases as

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<sup>297</sup> Ibid., 20. 3.

<sup>298</sup> *Aṣṭāṅgahṛdyam*, Sūtrasthānam, 1. 20-21.

<sup>299</sup> *Suśrutasamhitā*, Sūtrasthānam, 1. 34.

<sup>300</sup> *Carakasamhitā*, Sūtrasthānam, 18. 38-41.

<sup>301</sup> *Suśrutasamhitā*, Sūtrasthānam, 23.3.

<sup>302</sup> Ibid., 10.8.

they take bath regularly or follow their routine ignoring the instructions of physician.

- Women, because they are not independent to decide on their own and because of their shy nature etc.
- Children and old age people.
- The one, who is fearful; weak; poor; stringy or tight-fisted; aggressive; values his own will ignoring physician's instructions; swindler; hide the truth about the disease from the physician; orphan; king and his servant.

ii. *Asādhya roga* (incurable diseases)

They are further divided into two types i.e. *yāpya* and *anupakrama*. In *yāpya roga* patient gets temporary relief. Once the treatment is stopped, disease occurs again e.g. *Tamaka śwasa* (bronchial asthma). *Anupakrama* are incurable diseases.

b. Three types of diseases:

- i. *Nija* (physical/ somatic diseases) caused due to vitiation of *tridoṣas*.
- ii. *Manas* (psychological diseases, caused due to vitiation of *triguṇa*).
- iii. *Āgantuka* (accidental) caused due to some external factor (exogenous in nature).

c. Four types of diseases<sup>303</sup>

- i. *Āgantuka* (exogenous),
- ii. *Śārīrika* (physical),

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<sup>303</sup> *Suśrutasamhitā*, Sūtrasthānam, 1. 32.

- iii. *Mānsika* (psychological) and
- iv. *Svābhāvika* (natural).

d. Seven types of diseases<sup>304</sup>

- Parameter – *trividha duḥkha* (three types of miseries/sufferings) as follows-
  - i. *Ādhyātmika duḥkha* (psychosomatic in nature): It discusses three types of diseases i.e. *ādibalapravṛtta* (hereditary diseases), *janmabalapravṛtta* (congenital diseases) and *doṣabalapravṛtta* (diseases due to vitiation of *doṣa*).
  - ii. *Ādhibhautika duḥkha* (traumatic) discusses only one type of disease i.e. *Saṅghatabalapravṛtta* (Traumatic diseases). It occurs due to some trauma or injury.
  - iii. *Ādhidaivika duḥkha* (natural due to abnormal seasons, natural disasters or supernatural powers) discusses three types of diseases i.e. *kālabalapravṛtta* (ecological factors causing diseases), *daivabalapravṛtta* (diseases due to supernatural powers), *svabhāvabalapravṛtta* (natural diseases).

C) Causes of *Roga* (disease)

*The etiology of the disease relates to Heena-yoga* (inadequate exposure), *ati-yoga* (over exposure) and *mithyā-yoga* (inappropriate exposure) of –

- *Kāla/ parināma* (disturbed seasons): *Parināma* refers to less rain in rainy season, excess rain in rainy season and no rain in rainy season is one of the examples of cause of vitiation of *doṣas*. This disturbance applies to all the seasons.

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<sup>304</sup> Ibid., 24. 4-8.



- *Artha/ asātmendriyārthasanyoga* (inappropriate contact of senses with their sense objects): To see the things from improper distance, to eat in excess or less, doing excess fasting, to eat improper food etc.
- *Karma/ pragyāparādha* (verbal, physical and mental abuse) are the major reasons for vitiation of *tridoṣas* and *triguṇa*.<sup>305</sup> *Pragyāparādha* refers to vicious or evil acts due to loss of intellect or memory.<sup>306</sup> The cause of epidemic is defection in the *vāyu* (air), *jala* (water), *deśa* (space) and *kāla* (time).<sup>307</sup>

The main objective of human life is to fulfil the objective of life i.e. *puruṣārtha*, and health is the determinant to fulfil it. The diseases are an obstacle in the path of fulfilment of *puruṣārtha*, henceforth people should make efforts to prevent diseases and stay healthy. Health is influenced by person's lifestyle and good and bad choices, and extends to social, economic and environmental conditions. The quality of individual choice depends on education, society in which one lives and one's cultural values in which one is born and brought up. The concept of *suḥkhāyu* and *hitāyu* is all about person's right behaviour, right choices and value system, which leads to live healthy, happy and benevolent life.

*Āyurveda* has holistic health approach. Health is defined as physical, mental, social and spiritual health. As per *Āyurveda* every wholesome life (*hitāyu*) is happy life (*suḥkhāyu*). *Hitāyu* is considered the ideal life, one should aspire for. *Suḥkhāyu* is achieved by fulfilling duties towards one's health but *hitāyu* indicates duties towards oneself as well as others with respect to society and environment. *Hitāyu* focuses on individual as well as community health. *Hitāyu* is to create such conditions in which everyone can stay healthy. The lifestyles of people having *Hitāyu* (wholesome life) and *Suḥkhāyu* (happy life) are at the root of what makes them healthy. When individual takes care of his health and behaves in a manner that do not pose any threat to others, then his life can be

<sup>305</sup> *Carakasamhitā*, Sūtrasthānam, 11.37-38.

<sup>306</sup> *Carakasamhitā*, Śārīrasthānam, 1. 102.

<sup>307</sup> *Carakasamhitā*, Vimānasthānam, 3. 6.

called as benevolent life. A good physician should lead a *Hitāyu* or benevolent life, which should be beneficial for him, his patients and society.

### 3.3. *Tridoṣas- Vāta, Pitta and Kapha*

*Tridoṣas* (*Tri* means three and *doṣas* refers to *vāta*, *pitta* and *kapha*). They are called as *tristhūna* or three poles of human body. Human body balances on them in the similar way as the three poles are needed to balance a house. They play an important role in maintaining the health and in prevention of diseases. Body cannot exist without these *doṣa*. Although these *doṣa* are spread in to the whole body but they have specific areas in the body based on their specific action. The area below the naval is the place of *Vāta doṣa*. The area in between naval and heart is the area of *Pitta doṣa* and the area above the heart is the area of *kapha doṣa*.<sup>308</sup> *Vāta doṣa* is active mainly in the old age, therefore diseases related to *Vāta* diseases like degenerative changes, body pains are prevalent in old age. *Pitta doṣa* is mainly active in the young age, therefore diseases related to *pitta doṣa* like skin problems, digestion problems, heart and blood related problems are prevalent in middle age. *Kapha doṣa* is mainly active in the first part of life, therefore, diseases related to *kapha doṣa* like respiratory disorders, obesity are prevalent in childhood. Besides age, *Kapha doṣa* is active in the first part of the day, *pitta* in the second part of the day and *vāta* in the third part of the day.<sup>309</sup> Faulty food habits and undisciplined daily schedule is the main cause of the vitiation of these *doṣa*. To be healthy and to be sick depends on our choice of food and living style. Control on our sense organs is mandatory to be healthy. To have the knowledge about *tridoṣa* and their role in health and disease, a basic understanding of the principles of *Āyurveda* is required. A brief discussion about these principles is given below;

#### 3.3.1 Basic principles of *Āyurveda*

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<sup>308</sup> *Aṣṭāṅgahṛdyam*, Sūtrasthānam, 1.7.

<sup>309</sup> *Ibid.*, p. 4.

To understand the *Āyurvedic* view about the concept of diagnosis, health and disease it is prudent to understand the following basic principles, which are considered to be the cornerstone in *Āyurveda*.

I. *Pañca-mahābhūtas- Ākāśa, Vāyu, Agni, Jala, Prithvi*;

II. *Tri-doṣa -Vāta, Pitta and Kapha*,<sup>310</sup>

III. *Tri-guṇa -Sattvagūṇa, Rajogūṇa and Tamogūṇa*;

IV. *Sapta-dhātu [Rasa (plasma), Rakta (blood), Mānsa (muscle), Meda (Fatty tissue), asthi (bones), majjā (marrow) and śukra (reproductive tissue)],*

V. *Mala* (Excretory products like sweat, urine and stool).

VI. *Agni* (thirteen types of biological fire), which helps in food digestion and transfers from one *dhātu* to other.

VII. *Srotas*: There are 13 channels of circulation in the body. Their names are; *Prānavaha, Udakavaha, Annavaha, Rasavaha, Rudhivaha, Māṃsavaha, Medovaha, Asthivaha, Majjavaha, Śukravaha, Mūtravaha, Purīṣavaha and swedavaha*. Vitiated *tridoṣa*, first affect one *srota* (channel) and then through these channels *dhātu* (bodily tissues) get affected, they move from one place to another and affect other *dhātu* and *srota* and cause disease.<sup>311</sup>

*Tri-doṣa* are the cause of any disease. It can be understood with a basic understanding of the the theory of evolution developed based on *tattvajñāna* (knowledge of truth) by the seers.

### 3.3.2 The theory of evolution

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<sup>310</sup> Note: In 21<sup>st</sup> chapter of *Suśrutasaṃhitā, Sūtrasthānam*, there is description of *rakta* (blood) as the fourth *doṣa*.

<sup>311</sup> *Carakasamhitā, Vimānasthānam*, 5. 6-9.

According to *Āyurvedic* texts, *Avyakta/Mūlaprakṛti* (primordial matter) is the cause of this world but it itself is uncaused. *Triguṇa* named *sattva*, *rajas* and *tamas* are present in balanced or equilibrium state in it. All human beings originate from *avyakta* and merge into it. In the evolution of the world the first *tatva* to be produced from *avyakta* is *mahat or buddhi tatva*. The second element to be produced from *mahat* is *ahaṅkāra* (ego). *Ahaṅkāra* is of three types- *Sātvika/ vaikārika*, *rajas/tejas* and *tamas/bhūtādika*. *Vaikārika* and *tejas ahaṅkāra* produce eleven sense organs (*manas*, *Jñānendriya* and *karmendriya*). *Bhūtādika* and *tejas ahaṅkāra* produce *pañcatanmātras* (five subtle elements) and these further are the cause of *pañcamāhabhūta* (five gross elements). This evolution results in the formation of twenty- four elements. *Puruṣa/jīvātma* is the twenty-fifth element. It is conscious, eternal, inactive, unchanged and unaffected in nature.<sup>312</sup> All the 24 elements are unconscious and become conscious only when come in contact with the 25<sup>th</sup> element i.e. *jīvātma*. *Suśrutasaṃhitā* believes in 25 elements and *Carakasamhitā* believes in 24 elements, as it accepts *avyakta* (*puruṣa*) instead of *prakṛti* to be the primordial cause. These all are the cause of the physical world. The concept of *Suśrutasaṃhitā* is similar to the evolution theory of Sāṃkhya philosophy.<sup>313</sup> The eminence of Sāṃkhya philosophy in *Āyurveda*, is evident from the comparison of its assertions with the light of sun in *Carakasamhitā*.

*Yathā Ādityah Prakāśakstthā Saṃkhyajñānam Prakāśak Mitti*

- *Carakasamhitā, Vimānasthānam, 8.34*

It mentions that the words of *Sāṅkhya Sūtras* are authentic testimony and they illuminate the world as the sun illuminates to the universe.

<sup>312</sup> *Carakasamhitā, Śāristhānam, 1. 16.17.*

<sup>313</sup> Note: *Carakasamhitā* discuss about *caturviṃśati tatvas* i.e. 24 elements but *Suśrutasaṃhitā* describe *pañcaviṃśati tattvas*.

According to *Āyurveda* texts, *Pañcamahābhūta* or five gross elements are present in the whole physical world; living and non-living both. *Triguṇa* are present in these gross elements. These elements further combine in particular manner to form the *tridoṣa* i.e. *vāta*, *pitta* and *kapha*.<sup>314</sup> It shows that *tridoṣa* are connected with the *triguṇa*. *Tridoṣa* are called as the three pillars/base of the living body. Every individual is born with their own balance of *doṣa*, which is known as their *prakṛti* or body constitution. Health is also presented by term *prakṛti* and diseases by *vikāra*.<sup>315</sup> The equilibrium of *doṣa* is considered as health and imbalance is considered as disease. Attributes of *tridoṣa* are as follow;

### 3.3.3 Attributes of *Tridoṣa*

#### I. *Vāta doṣa*

*Pañcamahābhūta* composition of *Vāta doṣa* is *Vāyu mahābhūta* (air element) and *Ākāśa mahābhūta* (space element). This *doṣa* is the cause of all the movements in the body like breathing, physiological movements, transportation of food material to different organs of the body, excretion, movements in nerve impulses etc. It is the most important among all the three *doṣa* as they depend upon it for their movement and functioning in the body.

Its attributes are *rukṣa* (dry); *shīta* (cold); *laghu* (light); *dāruṇa* (intense); *khar* (rough); *viśāda*.<sup>316</sup> *Suśrutasamhitā* has mentioned that, *Vāta doṣa* is *avyakta* (unmanifested) itself and is manifested in its actions only. It is always in moving state.<sup>317</sup> The people with *Vātaj* constitution are short staturered, have dry skin, have harsh voice, are talkative, are in hurry to start and finish a work, become tense frequently, are prone to diseases, physically and mentally weak, suffer from bones and joints weakness. They have less memory, courage, confidence and tolerance.

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<sup>314</sup>Tripathi, 1991: 45.

<sup>315</sup>*Carakasamhitā*, Nidānasthānam, 8. 41.

<sup>316</sup>*Carakasamhitā*, Sūtrasthānam, 12.4.

<sup>317</sup>*Suśrutasamhitā*, Nidānasthānam, 1.5-10.

The functions of *vāta* in body are to control the mind, to help the sense organs to connect with their objects, to help in speech, hearing and sense of touch. It unites all the joints and muscles. It helps in the growth of the foetus. It is the reason for pleasure and excitement in the body. It helps in the excretion of body wastes.<sup>318</sup> The person with predominance of *Vāta doṣa* is quick in action and decision making, creative, flexible, impatient, fickle minded, has dry skin, slim, has liking for cold food and gets tired easily. With the help of this *doṣa*, the sense organs connect with their sense objects and mind.<sup>319</sup>

Factors for the vitiation of *vāta doṣa* are wrong food habits and undisciplined lifestyle, excess of exercise, excess study, to fall from height, excess copulation, running, injury, jumping, excess swimming, awakening at night, excess walking, fasting, intake of dry or cold food, intake of pulses like green gram, red lentils, pigeon pea, peas and by controlling non-suppressible urges of urine, stool, vomit, sneezing etc.<sup>320</sup>

The vitiated *vāta doṣa* makes the body and mind sick. It destroys the strength, complexion, happiness and ultimately life. It may cause defects in the embryo or may destroy it. It develops fear, sadness, rage etc. Therefore, a good physician understands the importance and dominance of *vāta doṣa* over all the other two *doṣas* and tries to balance vitiated *vāta doṣa* first. It also regulates the functioning of other two *doṣas* i.e. *pitta* and *kapha*.

Intake of those substances, which have the same attributes as of *Vāta doṣa* are the cause of imbalance of it. In the same way activities like running increases this *doṣa*. The substances and daily activities, with the opposite qualities of *Vāta* help to balance *vāta doṣa*. According to *Āyurveda* texts *sāmānya* (common) is the cause of increase and *viśeṣa*

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<sup>318</sup> *Carakasamhitā*, Sūtrasthānam, 12.8.

<sup>319</sup> *Suśrutasamhitā*, Nidānsthānam, 1.10.

<sup>320</sup> *Suśrutasamhitā*, Sūtrasthānam, 21. 19.

(different) is the cause of decrease.<sup>321</sup> *Sāmānya* refers to those substances or activities, which have similar attributes of that particular *doṣa*. And, *viśeṣa* refers to those substances or activities, which have the opposite attributes of that particular *doṣa*. This principle is applied to treat the ailments and to keep the body fit. For example, if, *Vāta doṣa* has increased, then those substances and activities would be suggested, which have different attributes as of that of *vāta doṣa*. Same principle is applied to bring all the other vitiated *doṣas* into balanced state.

*Vāta dosa* is divided into five types based on its presence and functioning in the body. These divisions are as follows; *prāna vayāu*, *udāna vāyu*, *samāna vāyu*, *vyāna vāyu* and *apāna vāyu*.

Types of *Vāta Dosa*:

- i. *Prāna Vāyu*: Heart, chest, mouth, nose, ear, throat, head are the places of *prāna vāyu*. It helps in the proper functioning of these organs and its imbalance causes diseases of these organs. While staying at the crown of head (*murdha*), it controls the mind and is called as the life force.
- ii. *Udāna Vāyu*: It is situated in the throat and governs the speech. Imbalance in this causes problems of throat, ear, nose and speech.
- iii. *Samāna Vāyu*: It is situated in between stomach and intestine. It governs the digestion. Imbalance in this causes digestive problems.
- iv. *Vyāna Vāyu*: It is situated in whole body and moves from one place to other.
- v. *Apāna Vāyu*: It is situated in the large intestine. It helps in the excretion of body wastes. Imbalance in this causes diseases related with excretory system.

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<sup>321</sup> *Carakasamhitā*, Sūtrasthānam, 1. 44.

## II. *Pitta Doṣa*

*Pañcamahābhūta* composition of *pitta doṣa* is *agni mahābhūta* (fire element) and *jala mahābhūta* (water element). Its qualities are hot, fluidity, pungent, mobile, sour after digestion, unctuous, and light in weight. The people with *pittaj* constitution cannot tolerate heat and are prone to sunstroke. They suffer from acne, blemishes and moles, wrinkles appear early, greying of hair is early and more chances of baldness at an early age. They eat frequently and eat more. They have more sweating and bad smell from their body. In brief they have moderate money, moderate intellect, moderate age, moderate physical and mental strength.<sup>322</sup> They have moderate memory, courage, confidence and tolerance. The person with the predominance of *pitta doṣa* has good appetite and strong digestive power. They are intelligent.

The functions of the balanced *pitta doṣa* in the body are to help digestion, to maintain good vision, to maintain the normal body temperature, to maintain the white/ black skin complexion. It also governs the courage, fear, anger, pleasure etc.<sup>323</sup>

The cause of vitiation of *pitta doṣa* is anger, grief, fear, fast, excess intake of oily or spicy or salty or hot or sour food, mustard oil or flax seed oil, green vegetables, fish, curd, goat, buttermilk, sour fruits etc.

*Pitta doṣa* is divided into five types based on its presence and functioning in the body like providing glory (*teja*), digestion (*pakti*), heat (*uṣma*), energy and intellect (*medhā*) and red colour (*rāga*) to the body. These divisions are as follows; *Ālocaka pitta*, *Pācaka pitta*, *Bhrājaka pitta*, *Sādhaka pitta* and *Raṅjaka pitta*.

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<sup>322</sup> Ibid., 8.17.

<sup>323</sup> Ibid., 12. 11.



- i. *Ālocka pitta*: It is situated in the eyes. It maintains the normal vision. Its imbalance may cause eye related problems and it may affect the vision.
- ii. *Pācaka pitta*: It is present in the stomach and helps in digestion.
- iii. *Bhrājaka pitta*: It is located in the skin. It regulates the normal body temperature and maintains the complexion of the skin. It is responsible for skin pigmentation and diseases of the skin.
- iv. *Sādhaka pitta*: It is located in the brain. It is responsible for the proper functioning of the brain, helps in maintaining intellect and good memory.
- v. *Ranjaka pitta*: It is located in the liver and spleen. It helps in the proper functioning of liver and spleen. It gives colour to the blood and body wastes. Imbalance in this creates diseases related to liver and spleen.

### III. *Kapha Doṣa*

It is the third *doṣa* and the *pañcamahābhūta* composition of this *doṣa* is *prithvī mahābhūta* and *jala mahābhūta*. The qualities of *kapha doṣa* are heaviness, whiteness, unctuous, slippery, cold etc. It brings strength, flexibility, vigour, intelligence etc. People with *Kaphaj* constitution have more mental strength than other. They are nice looking and have white complexion. They sleep more and usually remain idle. Slow at work. They eat less and are determined and dedicated in their work. Their bones and joints are strong. They have a good eyesight and remain happy and calm. They have good memory, are confident, are courageous and tolerant. They have moderate appetite. They suffer from respiratory diseases. In summary the individuals with *kaphaj* body constitution have

good physical and mental strength and stability, they are intelligent, calm, rich and enjoy long life. This is the best constitution.<sup>324</sup>

The cause of vitiation of *kapha doṣa* are sleeping in the day time; lack of exercise; laziness; intake of sweet, cold, oily and heavy food like black gram, sesame seed, milk, curd, jaggery, sugar etc. Its vitiation causes laziness, leanness, infertility, feebleness, ignorance etc.

The five types of *kapha doṣa*<sup>325</sup> are as follows;

- i. *Kledaka Kapha*: It resides in stomach. It moistens the food and help in digestion.
- ii. *Avalambaka Kapha*: It is situated in the chest and does the lubrication. It gives strength to the heart.
- iii. *Bodhaka Kapha*: It resides in the tongue and throat. It helps to perceive the sense of taste.
- iv. *Tarpaka Kapha*: It is situated in the head.
- v. *Śleṣaka Kapha*: It is situated in all big and small joints. It lubricates them and provide strength to them.

A physician should have in depth knowledge of these *tridoṣa*, their types, cause of their vitiation and the right course of treatment to bring them back in balanced state.

*Āyurveda* has a vast knowledge. To make it convenient and to give effective treatment, *Āyurveda* has been divided into different specialised

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<sup>324</sup> Caraka, *Vimānsthānam*, 8.96.

<sup>325</sup> Murthy, 2011: 35.

areas. It has eight branches; therefore, it is called as *Aṣṭāṅga Āyurveda*. All the branches deal with their own specialised areas. The name and areas of these branches are as follows –

- i. *Kāya cikitsā* (Internal Medicine): It deals with general medicine and the main text of it is *Carakasamhitā*, which is around 4<sup>th</sup>-2<sup>nd</sup> century B.C. It is a fundamental, comprehensive and authoritative text on *Āyurvedic* internal medicine. It was originally written by Agniveśa, one of the six students of Ātreya Punarvasu and compiled by Caraka. It is one of the primary texts and is followed by the students, research scholars, educators and physicians of *Āyurveda*.
- ii. *Shalyatantra* (Surgery): It deals with surgical procedures mainly. *Suśrutasamhita* written by Mahārṣi Suśruta is another main text of *Āyurveda* on surgery.
- iii. *Kaumārabhṛtya* (Paediatrics): It deals with the problems of children and the text dedicated to it is *Kāśayapa Samhitā* written by Mahārṣi Kāśyapa.
- iv. *Shālākya tantra* (Ophthalmology & E.N.T.): It deals with the problems of eye and E.N.T (ear, nose and throat).
- v. *Agadatantra* (Jurisprudence & Toxicology): It describes different types of poisons, their effect on the body and their antidotes.
- vi. *Bhūtavidyā* (Psychology): It describes diseases that affect the mind.
- vii. *Rasāyana* (Rejuvenation): It describes different medicines and techniques, which help in rejuvenating the body and mind.
- viii. *Vājikaraṇa* (Revitalization): It describes different aphrodisiac medicines.

*Āyurveda* is a well organised rational and scientific system of Indian medicine. It is best understood in a broader perspective as “a philosophy of life”<sup>326</sup> and is meant to achieve health and longevity. *Āyurvedic* treatment is prescribed based on the individual constitution. Therapy without investigating the body constitution, physical and mental strength, age etc. would not be able to cure the disease and some-times it may harm the patient also. Such practices are a gross violation of the ethical code of conduct of physicians and violate the principles of ethics like beneficence, non-maleficence etc.

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<sup>326</sup>Satyavati, 1991:71.

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## CHAPTER - 4

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### MORAL DIMENSIONS OF *ĀYURVEDA*

In this chapter, I will discuss the moral dimensions of *Āyurveda* which are comparable with *dharma*. The objective of *Āyurveda* is to benefit the individual and society. It is similar to the principle of beneficence. The question arises – how to evaluate a physician’s skill and sound moral character? The essence of ethics is described in the form of *Sadvṛtta*, *Catuṣpāda* (four limbs of treatment), *Āchāra Rasāyana* etc. In *Āyurveda*; physician, patient, attendant/ care-giver and medicine are considered to be the four limbs of healthcare management. More emphasis is on ethical conduct for physician, care-giver and patient fostering better understanding and positive health related outcomes. Physician should be accessible to one and all in need without any discrimination and conducts eightfold examination (*Aṣṭavidha parikṣā*) to assess the prognosis of any disease. The physician should have the feeling of *Maitrī* (benevolence), *Karunā* (compassion), *Śākyaprīti* (affection) and *Upekṣā* (equanimity). The patient is assessed to be fit or unfit for receiving a particular treatment just to avoid the harmful effects of a particular treatment for a particular patient and suffering from a particular disease. It helps to promote an ethical attitude in physician,



promoting good doctor- patient compliance and improving health care practices and outcomes.

In light of the aforementioned problematic themes and related research questions, it is prudent to ponder over the role of ethical behavior in preventing diseases and promoting health (*Svāsthya*) and in improving the overall quality of life, to assess the efficacy and application of the doctrine of *Puruṣārtha* and *Āyurveda* in the development of the ethical attitude and managing ethical dilemmas, in routine medical practice and contribution of these ethical codes and behaviours in improving health.

4.1 *Sadvṛtta and Ācāra Rasāyana in Svāsthya* (Holistic Health)

4.2 Quality Improvement through *Cikitsā Catuspāda*

4.3 *Maitrī* (benevolence), *Karuṇā* (compassion), *Śākyaprīti* (affection) and *Upekṣā* (equanimity)

#### 4.1 *Sadvṛtta and Ācāra Rasāyana in Svāsthya*

*Sadvṛtta* and *Ācāra Rasāyana* are the codes of conduct mentioned in *Āyurveda*. One must follow them in order to maintain health and live long life. In *Āyurveda Heena, ati* and *mithyā-yoga* (inadequate, over and inappropriate exposure), of *kāla* (time, mentioned in the form of seasons here), *artha* (contact of sense organs with their sense objects) and *karma* (actions) are considered to be the main cause of vitiation of *tridoṣa*, resulting in manifestation of diseases.<sup>327</sup> When all the sense organs and their objects come in contact with the mind in their natural form then human being enjoys health and vice-versa. Therefore, one need to have control over senses and actions to avoid any disease. In *Āyurveda* texts, good conduct of *sadvṛtta* and *ācāra rasāyana* have been mentioned to have control over the senses and actions in order to prevent diseases and

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<sup>327</sup> *Carakasamhitā, Sūtrasthānam, 11.37.*

promote health. Their significance in promoting health and preventing diseases is discussed below;

#### 4.1.1 *Sadvṛtta* (good conduct)

*Sadvṛtta* refers to noble code of conduct. One must abide by it in order to have control over senses and to stay healthy. Their importance has been discussed in *Bṛhat-trayi* (The great triad) i.e. *Carakasamhitā*,<sup>328</sup> *Suśrutasamhitā*<sup>329</sup> and *Aṣṭāṅgahr̥dyam*.<sup>330</sup> This concept elucidates that health of human being's depends on their good and bad actions. People do not need to depend solely on healthcare providers or physicians to protect them from diseases and to acquire health. But, individual's life style, their behaviour, fulfilling their duties or obligations towards self and others as well as following the virtues all play important role in maintain health and protecting from diseases. In one sentence, following the path of *dharma* (righteousness) is the way to enjoy healthy long life.

*Tyāgaha Pragyāparādhānāmindriyopaśamah Samṛṭi/  
Deśakālātmvijñānam Sadvṛttasyānuvartanam//  
Āgantunāmanutpatāveṣa Mārgo Nīdarṣītah/*

- *Carakasamhitā, Sūtrasthānam, 7. 53-54*

Refraining from intellectual errors, having control over the sense organs, good memory, knowledge of the place (*deśa*), time/seasons (*kāla*) and following *sadvṛtta* (good conduct), protects one from exogenous diseases. The *sadvṛtta* (good conduct) suggests the way to lead a healthy life. It gives a detailed description of professional (following rules and principles of business or profession with integrity and ethics), social (maintaining healthy relationship in the society), physical (maintaining physical hygiene), mental (to have control over feelings of ego, anger, jealous etc.), spiritual (right behaviour towards religious practices) code of conduct.

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<sup>328</sup> Ibid., 8. 17-29

<sup>329</sup> *Suśrutasamhitā*, *Cikitsāsthānam*, 24.63-96.

<sup>330</sup> *Aṣṭāṅgahr̥dyam*, *Sūtrasthānam*, 2. 21-44.

*Āyurveda* has a holistic approach towards health. Health is physical, mental, social and spiritual well-being. Adherence to good conduct and disciplined lifestyle is condition for enjoying long and healthy life. The importance of *sadvṛtta* in maintaining holistic health is as follows;

#### I. Importance of *Sadvṛtta* (good conduct) for Physical Health

Maintaining hygiene is the first step to prevent diseases and to promote health. Health and hygiene go hand in hand. Without maintaining hygiene, one cannot even think of good health. *Sadvṛtta* discuss the importance of maintaining hygiene. It insists on taking bath regularly, washing hands and feet, cleaning teeth and tongue, cutting of hair and nails, wearing clean clothes, combing hair, putting oil in ear, nose and massaging feet and head with oil etc. They are necessary to preserve health. According to the World Health Organization (WHO), "Hygiene refers to conditions and practices that help to maintain health and prevent the spread of diseases."<sup>331</sup> The importance of personal hygiene (*svasthavṛtta*) in health, is realized from the fact that detailed discussion about how to maintain personal hygiene has been done in *Carakasamhitā*,<sup>332</sup> *Suśrutasamhitā*<sup>333</sup> and *Aṣṭāṅgahr̥dyam*.<sup>334</sup> Physical health refers to balanced state of *vata*, *pitta* and *kapha doṣa*. One should follow a disciplined life style to maintain the balanced state of *doṣa*. Cleanliness helps to keep one physically active and mentally alert.

#### II. Importance of following *Sadvṛtta* (good conduct) for Mental Health

Besides physical purity one also needs to maintain purity of mind. Mental health is not just the absence of mental disorders but it refers to the state of well-being. In this state person is able to identify his abilities, can do productive work, can

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<sup>331</sup> Retrieved from [http://astec.gov.in/ncsc/agb\\_2\\_heath.pdf](http://astec.gov.in/ncsc/agb_2_heath.pdf) on 2019/02/12

<sup>332</sup> *Carakasamhitā*, Sūtrasthānam, 5. 14.

<sup>333</sup> *Suśrutasamhitā*, Cikitsāsthānam, 24.1-2.

<sup>334</sup> *Aṣṭāṅgahr̥dyam*, 2. 1-18.

handle the normal life stress and can positively contribute in the development of the society.<sup>335</sup>

*Sadvṛtta* describes the necessary steps, one should take in order to enjoy mental health. It is to abstain from sinful living, to be soft spoken, respectful and truthful, to have right views and thoughts. One must follow them to live harmonious and peaceful life. One should be particular about the suppressible and non-suppressible urges. One should refrain from satisfying suppressible urges of greed, grief, fear, ego, anger, brazen, jealousy, affection and malice and should not try to stop the non-suppressible urges of hunger, thirst, sneezing, vomiting etc.<sup>336</sup>

According to WHO, 450 million people suffer from mental problems worldwide. The leading causes of these are depression, drug abuse, alcohol etc.<sup>337</sup> The burden of the problem can be reduced by following *sadvṛtta*. The cause of mental disorders is dominance of *rajas* and *tamo guna* over the *satva guna*. Practicing the good conduct mentioned in *sadvṛtta* helps to control *rajas* and *tamas guṇa* and henceforth, in preventing mental diseases and promoting health.

### III. Importance of following *Sadvṛtta* (good conduct) for Social Health

Social health signifies one's behaviour, attitude or relation with the other persons in the society. *Sadvṛtta* delineates how one should behave in the society. One should not tell a lie; should not take other's property/wealth/belongings; avoid sexual misconduct or adultery; avoid vicious acts; should not tell the secrets of others; should avoid the bad company of unrighteous people; should not speak ill about others. One should console the frightened; avoid gossip; avoid going to dangerous or at insecure places, avoid taking alcohol or drugs; to have control over senses. One should perform duties diligently; avoid jealous; to be

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<sup>335</sup>National Mental Health Policy of India, Retrieved from <https://nhp.gov.in/sites/default/files/pdf/national%20mental%20health%20policy%20of%20india%202014.pdf> on 2019/01/28

<sup>336</sup> *Carakasamhitā*, Sūtrasthānam, 7.27-28.

<sup>337</sup> Retrieved from [https://www.who.int/mental\\_health/media/investing\\_mnh.pdf](https://www.who.int/mental_health/media/investing_mnh.pdf) on 2019/03/20.

courageous and should feel content, should forgive others, should have patience, should respect the elders or persons with divine powers, religious teachers and guests. One should not hurt the animals. One should follow the good cultural and moral values. One should follow non-violence.

These values not only help for individual well fare but for community also. Social health is related to person's interactions and relationship in the society. It relates to the individual's action (physical, mental and verbal) and their positive and negative impact on individual as well as on the society in relation to health. Dignified, respectful and responsible behaviour towards the other members of the society helps to spread harmony and peace. Therefore, one must follow the conduct mentioned in *sadvrta* to make the world better place to live.

Individual and the physical environment in which one lives, are interrelated. If we do not care for one, it will put bad effect on the other. Positive relationship among individuals is a sign of healthy community as they rely on each- other for their health, safety and survival.<sup>338</sup> An unhealthy surrounding, damaged or unbalanced natural environment or poorly constructed artificial environment put adverse effects on the health of community.<sup>339</sup> People have a duty towards their environment and towards the other people, who live in the society. Moral values teach us the importance of right conduct in maintain social health.

#### IV. Importance of following *Sadvrta* (good conduct) for Spiritual Health

Spiritual health refers to realizing the real purpose, value or meaning of life. It is a feeling of union of self with others or with his world or with nature, a search for harmony and peace, a belief in a higher or supreme being.<sup>340</sup> It can be attained by self-realization. It can be understood as performing daily activities without being attached to them. It is showing the values of love, care, compassion, equanimity and replacing anger, fear, ego and hatred etc.<sup>341</sup>

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<sup>338</sup> Jira, 2004: 20.

<sup>339</sup> Ibid., p. 20-21.

<sup>340</sup> Cornah, 6.

<sup>341</sup> Dhar et al., 2013: 3.

Spiritual health also plays an important role in *Āyurveda*. According to *Āyurveda*, accomplishment of four ultimate goals (*puruṣārtha catuṣṭaya*) is the reason behind the birth of human being on this earth. One must realize the meaning and purpose of his life and should act in order to fulfil the ultimate aim of human life. A person can attain holistic health and can experience good quality of life subject to having a harmony between body, mind, senses and soul. *Sadvṛtta* describes that one should perform *yagya* or *havana*, offer prayers and recite hymns, should read good books. One should respect the saints, should make donations, should respect herbs and medicines and should honour the air, fire, water etc.

The concept of holistic health was clear to our ancestor's. They did not lead the life meaninglessly but lead it with a definite fourfold objective and focused on physical, mental, social and spiritual health.<sup>342</sup> Physical, mental and social health are interrelated. Disturbance in one damage the other.

*Suśrutasaṃhitā* and *Carakasamhitā* have also discussed the importance of *Ācāra Rasāyana* in Health.

#### 4.1.2 Importance of *Ācāra Rasāyana* (Good Conduct) in *Svāsthya*

*Nivṛttsaṃtāpiyam Rasāyanam/ ...*

- *Suśruta Cikitsasthānam, 30: 1*

*Rasāyana* removes the suffering or disease. As deities enjoy a life free of suffering in heaven, similarly, those who take *rasāyana* spend happy life on earth. *Rasāyana* is a branch of *Āyurveda*, which describes about the rejuvenating treatment and its significance in health and longevity. The word *Rasāyana* is made up of two words 'Rasa' and 'Āyana', which stands for

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<sup>342</sup>Satyavati, 1991:72.

nourishment and circulation of nutrients in the body.<sup>343</sup> *Rasāyana* enriches the nourishment of the first *dhātu* i.e. ‘*Rasa dhātu*’ and it further nourishes all other *dhātus*. *Rasāyana* has role in prevention, promotion and rejuvenation. According to *Suśrutasamhitā*, *rasāyana* endows human being with youth, strength and power; beauty, good memory and longevity.<sup>344</sup> It brings vigour and vitality in the body. *Carakasamhitā* also discusses the similar effects of *rasāyana* therapy. According to Charaka, *rasāyana* replenish the human being with longevity, good memory, intellectual power, health, rejuvenation, body radiance, sweetness of voice, complexion, strength, modesty and grace etc.<sup>345</sup> The *Rasāyanas* are compared with the nectar (*soma*). They remove laziness, fatigue, idleness, weakness and helps in balancing of *tridoṣas*.<sup>346</sup> *Ācāra Rasāyana* is one of the methods of using *Rasāyana*. As per *Āyurvedic* traditional texts, good conduct also leads to rejuvenation.

*Rasāyana*. are classified on the basis of methods of their use and the consequent benefits they provide. *Rasāyana* therapy can be provided in three ways as follows -

- i. *Kutiprāveśika Rasāyana* (Indoor treatment is required)
- ii. *Vātātapika Rasāyana* (outdoor regimen, no admission to the hospital is required)
- iii. *Ācāra Rasāyana* (Good conduct as rejuvenescence).

*Ācāra Rasāyana* implies moral conduct and its importance in maintaining health.<sup>347</sup> It is considered as *rasāyana*, because, it gives the equal results of that of *rasāyana* therapy. It suggests that person should be truthful, should avoid anger, abstain from alcohol or drugs, should follow celibacy,

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<sup>343</sup>Crawford, 2003: 80.

<sup>344</sup>*Suśrutasamhitā*, Cikitsāsthānam, 30.6-7.

<sup>345</sup>*Carakasamhitā*, Cikitsāsthānam, 1.7-8.

<sup>346</sup>*Ibid.*,2.1-2.

<sup>347</sup>Good conduct, moral conduct, moral behaviour is synonymous to each-other.

should be non-violent, should take milk and clarified butter regularly, should offer prayers to almighty, should make donations, should have the values of love and care, should have control over senses etc. Conduct puts effect on internal and external environment of the human being. It shows that to some extent; health of human being relies on right conduct or moral behaviour. According to *Carakasamhitā*, the practice of *ahimsā* (non-violence) increases the life, education is important for growth and development, *tattvajñāna* (knowledge of truth) is essential to make the mind happy, path of *brahmacarya* is the best, win over sense organs gives prosperity and joy.<sup>348</sup> Good conduct helps to live a moral life, which is constructive and beneficial for the self and for the society also. Plato has said that individual must be trained from his youth to get pleasure in right things, which help to develop moral behaviour. One can learn moral behaviour by training and a habit or custom. Habitual performance of them results into moral excellence.

#### 4.1.3 *Sadvṛtta* and *Acāra Rasāyana* leads to Moral Excellence

*Sadvṛtta* and *acāra rasāyana* discuss about the importance of good conduct, and insist individuals to make a habit to practice them regularly, so that one can achieve the moral excellence. “Good conduct is not the reflection of etiquettes or social behaviour only, but is part of metaphysics, which comprehends behaviour of the human with far reaching outcomes for individual, society and environment.”<sup>349</sup> Good conduct helps to live moral life, which is constructive and beneficial for the self and for the society also.

According to Aristotle, moral excellence is related with pleasure and pain, as the pleasure and pain accompanied by the act, should be taken as the criteria to judge the habit or character.<sup>350</sup> The noble/ beautiful, the advantageous, the pleasant and the hurtful, the ugly, the painful are the kinds of things that move a

<sup>348</sup> *Carakasamhitā*, Sūtrasthānam, 30. 15.

<sup>349</sup> Wyujastyk, 2012: 139.

<sup>350</sup> Aristotle, 1999: 37-39.



right person to choose right and bad to choose bad.<sup>351</sup> Moral excellence or virtues are the habits or trained faculties of choice that makes a man good and makes him perform his function well.<sup>352</sup>

According to Aristotle *Eudaimonia* is the objective of human existence. Many philosophers have translated it as happiness. Happiness can be superficial and momentary but *Eudaimonia* is something deep and remains forever. It can be translated as bringing the best or excellence in one's character.<sup>353</sup> *Sadvṛtta* and *Ācāra Rasāyana* also try to bring the best or excellence in one's character.

Aristotle said, "We are what we repeatedly do. Excellence, therefore, is not an act but a habit."<sup>354</sup> The moral virtues are not present from birth or by nature. They can be acquired by bringing them into routine practice. There is unity in virtues, if you possess the one that means you possess others also.<sup>355</sup> There is relationship of part and whole in different virtues. Part are the different virtues and whole is the wisdom.<sup>356</sup> But not all vice is related to excess and deficiency. There are some acts or emotions in which there is no excess or deficiency or moderation is considered to qualify them as good. Such acts are always considered to be bad and one should refrain from them. These acts are murder, theft, malevolence and envy etc.

Morality in Sanskrit is compared with *dharma* and moral excellence means habit of following the path of *dharma* (righteousness).<sup>357</sup> *Dharma* is described as the righteousness of actions, which are necessary for the well-being of oneself and for others. *Dharma* refers to that, which uphold customs, sustains society, maintains law or moral order, guides in being virtuous, ensures well-being of the individual and society. *Dharma* is the way of living life that promotes and

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<sup>351</sup> Ibid., p. 38-40.

<sup>352</sup> Ibid., pp. 43-44.

<sup>353</sup> Huta, 2013.

<sup>354</sup> Aristotle, 1999: 28.

<sup>355</sup> Brickhouse Thomas C. & Smith Nicholas D., 1997, p.312.

<sup>356</sup> Ibid., p. 312.

<sup>357</sup> Crawford, 2003: 11.

sustains an ethical attitude.<sup>358</sup>The *Āyurveda* texts discuss about the importance of *Sadvṛtta and Ācāra Rasāyana* to maintain health. *Sadvṛtta* and *Ācāra Rasāyana* show the path of *dharma*, which one must follow to acquire health and longevity.

Morality should help people flourish and live well. A virtuous person acts in a manner as his actions are right and best and are for the good of self and others. Being virtuous refers to leading a life of right conduct and character. According to Socrates, life worth living is the one that is examined.<sup>359</sup> *Sadvṛtta* and *Ācāra rasāyana* insist to examine the life and follow the path of righteousness. The good conduct discussed in *Āyurveda* has a similarity to the path of eradication of suffering in Buddhism and in *Pañca Mahāvṛtta* of Jainism.

Ethics of Jain philosophy is aimed at the liberation of human beings. The five vows (*Pañca-Vrata*) are described to be followed, to acquire the *triratnas* (three jewels) i.e., right faith (*samyaga-darśana*), right knowledge (*samya- jñāna*) and right conduct (*samyak-caritra*), which are required for liberation. These five great vows are; practice of non-violence (*ahiṃsa*), following truth (*satya*), non-stealing (*asteya*), following celibacy (*brahmacarya*), non-possession (*aparigraha*). These vows are referred as *Maha-Vrata*, which are rigorous and are meant for ascetics and *anuvrata* or lesser vows, which are meant for people.

The ultimate goal of Buddhism is *Nibbāna* i.e. cessation of suffering. It can be achieved by moving on the path of righteousness.<sup>360</sup> Mahatma Buddha has told his disciples that if someone wishes to be good, he needs to follow moral conduct, which is discussed by him under “The Path of Purity.”<sup>361</sup> It mentions that do not injure or kill or hurt someone, do not steal or take the things which are not offered to you or which do not belong to you, do not tell a lie or manipulate the things, do not indulge in lust and do not intoxicate. These principles promote personal and social good and are standard to judge the

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<sup>358</sup> Seetharam, 2013: 229-231.

<sup>359</sup> Retrieved from <http://www.philosophypages.com/hy/2d.htm> on 2019/02/11

<sup>360</sup> Ambedkar, p. 139.

<sup>361</sup> Ibid., p. 81.

actions and regulate man's life.<sup>362</sup> Therefore, they should be followed by every man.

The noble eightfold path of Buddha shows the path to cease sufferings and promote virtue and happiness in life. It can be divided into three groups<sup>363</sup>. These three groups represent the various stages of training of mind and body and to cease the path of suffering. These three groups are as follows -

- I. Moral Discipline group (*Śīlākkhandha*): Comprises of three components of eightfold path i.e.
  - i. Right Speech (*Sammā Vāka*): It teaches of abandoning false, ill and abusive language and should speak truth, kind and respectable language.
  - ii. Right action (*Sammā Kammantā*): It teaches of right conduct towards others.
  - iii. Right livelihood (*Sammā Ājivā*): It teaches of earning livelihood by using right and just means.
- II. The Concentration Group (*Samādhikkhandha*): Comprises of three components, which are
  - i. Right Concentration (*Sammā Samādhi*): To meditate in right way.
  - ii. Right effort (*Sammā Vyāyāma*): It teaches of having right endeavours in life.
  - iii. Right Mindfulness (*Sammā Sati*): One should be aware of happenings of inner and outer world.

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<sup>362</sup> Ibid., p. 81.

<sup>363</sup> Bodhi, 2006: 24.

III. The wisdom group (*Paññākkhandha*): It has two components, which are as follows –

- i. Right View (*Sammā Diṭṭhi*): refers to having right perspective or right understanding of life, nature and the world.<sup>364</sup>
- ii. Right Intention (*Sammā Saṅkappa*): It teaches that one should follow the path of morality. One should have noble aspirations in life and should avoid disgraceful things and acts.

Mahātma Buddha says that “health is the greatest gift.” This eightfold path of Buddhism and five great vows of Jainism are similar to the code of conduct mentioned in *Āyurveda*. They are the paths of righteousness. The path of morality suggested in *Āyurveda* is to cease suffering, which is considered as disease and promote happiness, which is considered as health, in order to help human being, accomplish the four-fold objective of human life. The right conduct brings the good in human being and help to lead healthy and long life. *Āyurveda* texts mention that no doubt that person has followed the disciplined life style and good conduct, still there are chances of him suffering from diseases and he needs cure for those sufferings. Therefore, four limbs of treatment (*Cikitsā Catuṣapāda*) has been discussed in *Bṛhat-trayi* (The great triad).

#### **4.2 Quality Improvement through *Cikitsā Catuṣapāda***

The term *Catuṣapāda* is made up with the combination of two words as *Catuṣa* means four and the term *pāda* stands for feet or parts, henceforth understood as four parts of treatment. The term *cikitsā catuṣapāda* is generally translated as four pillars or four limbs of treatment. The description of all these four pillars is found in *Bṛhat-trayi* (The great triad). All the four pillars play important role to provide quality, responsive and effective outcome healthcare services. They are the guidelines for developing good physician patient relationship and discuss the

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<sup>364</sup> Retrieved from [https://www.cosmic-om.com/images/the\\_noble\\_eightfold\\_path.pdf](https://www.cosmic-om.com/images/the_noble_eightfold_path.pdf)  
2019/01/12

characteristics required to become a good physician, good patient and good attendant. *Vaidya/Bhishaka* (physician), *bhaisajya* (medicine), *upasthāta/upcāraka* (attendant) and *rogi* (patient) are considered to be the four limbs of treatment. They are the reason for perfection in actions related to health (*svāsthya/ ārogya*).<sup>365</sup> Each limb possesses the four qualities, which are essential for getting the benefit to the fullest.

The coordination among all the four limbs/factors is essential to get the desired outcome. Quality and effective healthcare services, demand the close collaboration of physician, patient and his attendant. The physician enquires about the nature of the disease and enters into a conversation with the patient and his attendant. It indicates a sense of sharing to get desired results. As physicians have obligations towards their patient, similarly some particular characteristics are also required on the parts of the patient and his attendant for the success of the healthcare services. I will analyse the role of four limbs of treatment in quality improvement.

#### 4.2.1 *Vaidya / Bhishaka* (physician)

##### 4.2.1.1 The qualities of a *Vaidya* (physician)

The term *vaidya* or *bhishaka* has been used for physician in *Āyurveda* texts. Physician is referred as *dwija*, which means twice born. After the completion of study, he is blessed with wisdom. His mind becomes like that of *brahma* and great sages.<sup>366</sup> To earn the designation of *Vaidya* or *dwija*, require individual's complete transformation in terms of knowledge and character. The four qualities of physician mention in traditional *Āyurveda* texts are as follows –

- I. *Śastrajñāna* refers to physician having a thorough knowledge of the text; *Śāstra* are the source of knowledge. Therefore, selection of right

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<sup>365</sup> *Suśrutasaṃhitā*, Sūtrasthānam, 34.16.

<sup>366</sup> *Carakasamhitā*, Cikitsāsthānam, 4. 53.

text is very important aspect discussed in *Caraka Sṃhitā*. In the 8<sup>th</sup> chapter of *Carakasamhitā*, *Vimānasthānam* important points to consider regarding selection of right text are mentioned.<sup>367</sup>

*Śāstram Jyotih prakārsārtha, darśanam buddhiratmanah/  
Tābhyam bhiṣakam suyuktābhyām, cikitsṇāprābhyati//*

- *Carakasamhitā, Sūtrasthānam, 9.24*

The knowledge one acquires from *Śāstras* (recommended literature and texts) is compared with light and the wisdom, which helps in providing quality, effective treatment and without any medical negligence.

II. *Drṣṭakarmatā* refers to physician with good practical knowledge. According to *Suśrutasamhitā* having theoretical knowledge without practical exposure or practical knowledge without theoretical knowledge leads to fear among physicians in dealing patients or treatment procedures.<sup>368</sup> It shows that practical training for physicians were necessary in *Āyurveda*. But in modern medicine, the importance of practical training was realized by Canadian physician Sir William Osler (1849-1919), who established the bedside teaching in medical education. Bedside teaching refers to teaching or giving lessons to medical students in the presence of patient. According to Sir William Osler “To study the phenomena of disease without books is to sail an uncharted sea, whilst to study books without patients is not to go to sea at all.”

i. *Dakṣa* means dexterous or skillful.

ii. *Śuchi* refers to purity at the level of mind, body and speech.

<sup>367</sup> *Carakasamhitā*, *Vimānasthānam*, 8. 3.

<sup>368</sup> *Suśrutasamhitā*, *Sūtrasthānam*, 3. 48-49.

The other characteristics to become a finest physician are to possess the qualities of *vitarka* (power of reasoning), *vijñāna* (scientific knowledge), *vidyā and samṛti* (theoretical knowledge and good memory). A good physician is quick in taking decision and performing procedures. He is skilled enough to remove the diseases of the patient.

*Suśrutasamhitā* has mentioned that a good theoretical and practical knowledge both are necessary to be good physician. To be good in theory and lacking practical knowledge or vice-versa are like two birds having one feather only. Such physicians are not capable of giving treatment and remain unsuccessful, if they try so.<sup>369</sup> Along with these above-mentioned qualities, some other qualities described in *Suśrutasamhitā* are that a physician should be *Śuravīra* (brave and courageous), well equipped with all the required material for treatment, should have swiftness. He should be intelligent enough to make prompt decisions, and should be truthful, dutiful and moral.<sup>370</sup> The physician, who has control over emotions of hatred, ignorance, confusion, attachment, greed, jealous, anger etc. is the best physician.<sup>371</sup> To be compassionate, friendly, attentive to patient's concerns, should diagnose the problem by observation or by using diagnostic methods are qualities of a physician discussed in *Āyurveda* texts.

#### 4.2.1.2 Duties of *Vaidya* (physician)

A physician, should treat the patients like his own son. A physician's *dharma* is to make an effort to remove the diseases of his patients. A good physician always follow his *dharma*, of freeing the people from

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<sup>369</sup> Ibid., 3. 48-50.

<sup>370</sup> Ibid., 34.19-20.

<sup>371</sup> Vaidya, 1990: 1-2.

diseases and promoting their health.<sup>372</sup> *Suśrutasaṃhitā* has mentioned that a physician should treat patients as his own family.<sup>373</sup> A patient trust his physician more than his family, therefore it is the duty of the physician to keep that trust and should treat and save him as his own son.<sup>374</sup> It is the way to accomplish *puruṣārtha*, the ultimate goal of human life.

Highest ideal of *Āyurveda*, the service of mankind and therefore, the physician should not practice it to earn money or earn his livelihood, albeit, to cease the miseries or diseases of human being should be the main motive of treatment. The physicians, who sell their skill for money are compared with those people, who instead of collecting the gold collect the sand.<sup>375</sup> A wise physician should be able to diagnose even very minute vitiation of *doṣa*, it gives him *chatusreya* (four benefits).<sup>376</sup> Here, the word *chatusreya* has been used in the place of *puruṣhārtha catuṣṭaya*, Here, Money should not be the main goal of treatment. According to famous Canadian physician Sir William Osler “the practice of medicine is an art; not a trade; a calling; not a business.”<sup>377</sup> A well-trained physician is the most precious asset for the community.<sup>378</sup>

Physician’s good behaviour and qualities of embracing patients with love, care, stability, comforting calmness, paying attention etc. work as the antidote to panic minds of the patient or their families.<sup>379</sup> These are few qualities, which are incomparable to other professions and makes this profession noble.

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<sup>372</sup> *Carakasamhitā*, Cikitsāsthānam, 1.55-56.

<sup>373</sup> *Suśrutasaṃhitā* Sūtrasthānam, 2.8.

<sup>374</sup> *Ibid.*, 26.43-44.

<sup>375</sup> *Carakasamhitā*, Cikitsāsthānam, 1.59.

<sup>376</sup> *Carakasamhitā*, Nidānasthānam, 8. 36-37.

<sup>377</sup> Retrieved from [http://thinkexist.com/quotation/the\\_practice\\_of\\_medicine\\_is\\_an\\_art-not\\_a\\_trade-a/331698.html](http://thinkexist.com/quotation/the_practice_of_medicine_is_an_art-not_a_trade-a/331698.html) on 2019/03/02

<sup>378</sup> Osler, 1910: 297.

<sup>379</sup> Retrieved from <https://www.hindustantimes.com/columns/a-simple-conclusion-medicine-is-a-truly-noble-profession/story-kTstwtwZSQoc3kts9apJ2M.html> published on March 28, 2019. on 2019/03/28



#### 4.2.1.3 Different types of Vaidyas (physicians)

Traditional *Āyurvedic* texts discuss different types of Vaidyas (physicians) based on their conduct, knowledge and skill etc. These types are discussed below;<sup>380</sup>

##### I. *Rogābhisara Vaidyas*

*They* are the kind of physicians, who have all the opposite qualities of good physician. They are the votary of disease. They lack theoretical and practical knowledge. They are greedy in nature and wander from one place to another in search of patients. Once, they here about patient and his suffering, they surround him and start blowing their own trumpet. They try to find the fault in other attending physician (if any) and praise themselves. They try to win the heart of the relatives or attendant of the patient. When they do not succeed in the treatment, then they find the fault in patient or his relative. They blame the patient for not having enough resources required or that patient has undisciplined life style or his attendants are non-cooperative and not taking care of the patient etc.<sup>381</sup> Such physicians refer the patient to some other physician, when they find out that the patient is going to die very soon. The quacks who earn money from the patients are criticised.<sup>382</sup>

Mahaṛṣī Suśruta has called such physicians as *kuvaidya* (bad physicians).<sup>383</sup> One must avoid taking treatment from such physicians, who treat their patients or perform surgeries on patients out of greed, ignorance or lack theoretical as well as practical knowledge, are fearful

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<sup>380</sup> *Carakasamhitā*, Sūtrasthānam, 11.52.

<sup>381</sup> *Ibid.*, 29.8.

<sup>382</sup> *Ibid.*, 1. 32-33.

<sup>383</sup> *Suśrutasamhitā*, Sūtrasthānam, 3.52.

or have some other hidden self- interest rather than beneficence of the patient. Surgeries done by such surgeons are full of complications.<sup>384</sup>

*Suśrutasamhitā* described that quacks or bad physicians grow because of the bad policies of the ruler or king. Ruler (Government) should make strict policies and should take strict actions against such physicians.<sup>385</sup> The two types of physicians, discussed under the category of *Rogābhisara Vaidya* are as follows –

- i. *Chadagacara Vaidya* are the quacks, who lack the knowledge required to treat the patient effectively.
- ii. *Siddhasādhita Vaidya* are Imposter physicians:<sup>386</sup> They are not qualified but are associated with physicians or persons who are successful in their field, are full of wisdom and have name and fame in their field. Such physicians lack all the qualities of true physician but try to encash the success of those, with whom they are associated. The both above types of physicians come under *Rogābhisara Vaidyas*.
- iii. *Vaidyagunayukta Vaidya/ Jivītābhisara Vaidya* (True physician)

They are the genuine physicians, whose motive of life is to remove the suffering, provide happiness, prevent illness, promote health and increase the life expectancy of the patient. They acquire all the qualities of good physician mentioned above. Such physician can be categorised as; *Prānabhisara Vaidya*: Physician, who is excellent in his work, has excellent theoretical and practical knowledge and is keen to learn. Such physicians are called as the *Prānabhisara Vaidya* or the saviour of the lives of the patients.<sup>387</sup>

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<sup>384</sup> Ibid., 25. 31-32.

<sup>385</sup> Ibid., 3.52.

<sup>386</sup> Bagde et al., 2014: 10.

<sup>387</sup> *Carakasamhitā*, Sūtrasthānam, 9.18.

#### 4.2.2 *Bheṣaja* (medicine)

This is the second limb of treatment. *The four Guṇa* (Qualities) of *Bheṣaja* (Medicine) mentioned in *Carakasamhitā* are as follows –

- i. *Bahutā* (Abundant): It should be abundant and should be available at every place, so that patient can arrange it and continue it easily.
- ii. *Yogyatam* (Potentiality): It should have the potential to work against the ailment and should be effective in maintaining health.
- iii. *Aanekvidha Kalpanā*: It should have the capacity to use in many ways or forms like decoction, powder, juice, tablet etc.
- iv. *Sampat*: It should be excellent in potency.

#### 4.2.3 *Upcāraka* (Attendant)

This is the third limb of treatment. The attendant can be any family member, some close relative or some hired expert.

##### 4.2.3.1 Qualities of *Upcāraka* (Attendant)

The four qualities of attendant mentioned in *Carakasamhitā* are as follows –

- i. *Buddhimāna* refers to intellectual competency of the attendant. An intelligent and competent attendant is able to give correct information to the physician, is able to understand physician's concerns, is able to understand

physician's instructions regarding health and disease and is able to act accordingly.

- ii. *Dakṣa*: He should be cautious, active, alert and dexterous. It helps in making patient safe and secure. He should have knowledge of how to serve the patient.
- iii. *Anurakta or Snigdho*: It refers to affection or attachment. Attendant should be affectionate towards the patient. He should be compassionate towards the patient. He should not feel yuck, insult or mishandle the patient for vomiting or other excretions.
- iv. *Śuacama*: He should be physically and mentally pure.

Some other qualities of attendant mentioned in *Suśrutasamhitā* are that he should be strong, should have stable mind, vigorous, always being concerned for safety of the patient, has pleasant behaviour, serving the patient according to physician's instructions, healthy, active and do not feel tired etc.<sup>388</sup>

#### 4.2.3.2 Importance of Family Member or Relative as Attendant

Their presence makes patient feel more comfortable. Attendant is the one, who is well aware about the patient's will power, perception for pain and the one who knows the patient best. Therefore, his presence gives emotional support to the patient and reassures him/her at the time of anxiety.<sup>389</sup> Attendant can give information about patient's history, routine, habits which may prove to be important in providing effective care. He participates in patient's care like maintaining hygiene, to be particular about patient's meal, arranging medicines or other necessary

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<sup>388</sup> *Suśrutasamhitā*, Sūtrasthānam, 34. 24.

<sup>389</sup> Retrieved from <https://safetyandquality.gov.au/wp-content/uploads/2012/01/PCCC-DiscussPaper.pdf> on 2019/04/02.

things required. He makes sure that the patient is being provided the quality and effective care in time, gives hope to the patient etc.<sup>390</sup> Attendant's support increases desired outcome.<sup>391</sup> Their similar cultural background, value system, having information about the patient's history and habits, continuous motivation to patient in performing tasks for self-management, his affection towards the patient etc. are few of the points, which make attendant an effective support in providing quality health care.<sup>392</sup>

#### 4.2.4 *Rogi* (patient)

Patient is the last limb of the four limbs of the treatment.

##### 4.2.4.1 Qualities of a *Rogi* (patient)

The qualities of patient mentioned in *Carakasamhitā* are as follows -<sup>393</sup>

- i. *Smarna Śakti*: Patient should have good memory, so that he can remember the instructions of physician. Memory also help him to recall the causative factor of the disease. It helps him to avoid such factors in future.
- ii. *Jñāpaka*: He should be able to explain clearly the disease or its complications.
- iii. *Nirdesikā*: Patient should follow the instructions of the physician and should listen to the advice of the attendant.
- iv. *Nirbhayata*: He should be strong enough to cope with surgical procedures. He should not be afraid of them.

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<sup>390</sup> Bellou & Gerogianni, p.4

<sup>391</sup> Rosland, 2009: 6.

<sup>392</sup> Ibid., p. 7-8.

<sup>393</sup> *Carakasamhitā*, Sūtrasthānam, 9.9.

According to *Suśrutasamhitā* patient should be truthful, obedient and should have the enough money to arrange the required things needed for the treatment or surgical procedure. He should have long life and should be suffered from curable disease and not from incurable one.<sup>394</sup>

#### 4.2.4.2 Duties of a *Rogī* (patient)

He should not think of taking his physician's money. He should not say wrong and insulting words to his physician. He should not think of any bad actions towards his physician. Patient should respect the physician and should not think of harming him in any ways.<sup>395</sup> A patient must acknowledge the efforts of his physician and should pay money and respect. Not paying whatever is due makes him vicious.<sup>396</sup> It is like give and take relationship.

### 4.3 Importance of Physician among all the other Three Factors

*Āturādyāstatha siddhou pādāh kāraṇa saṅgītāh/  
Vaidasyatshcikitsāyāma pradhānam kāraṇam bhiṣakā//*

- *Carakasamhitā, Sūtrasthānam, 9.12*

The collaboration of the patient, attendant and medicine are the reason of success in the treatment. But physician has got the foremost position amongst all the other limbs because in the absence of physician treatment would not be possible. With reference to the foremost position of physician among the four limbs of treatment, the examples of *anvaya* (health benefit in the presence of good physician) and *vyatireka* (lack of health in the absence of good physician) are mentioned. These examples prove the importance of physician in the practice

<sup>394</sup> *Suśrutasamhitā, Sūtrasthānam, 34. 21.*

<sup>395</sup> *Carakasamhitā, Cikitsāsthānam, 1.54.*

<sup>396</sup> *Ibid., 1.54.*

of medicine. Paternalism is the idea that physician knows the best about his patient.

The importance of a physician cannot be overlooked when you or someone close is suffering. Even sometimes we give the status of God to physician, when there is a struggle between life and death of the patient. In the absence of *Vaidya* (physician), other three limbs become meaningless. As the success of *yagya* cannot be possible in the absence of *upādhyāya* (preacher), even though all the other factors present, similarly treatment cannot be successful without physician, even though all the other factors are present.<sup>397</sup> Physician is the one who is responsible for quality and effective treatment, as the other three limbs of *cikitsā catuṣpāda* are dependent on him.

#### 4.4 Quality Improvement through *Catuṣpāda*

In *Āyurveda*, the coordination among all the four limbs of the treatment is necessary for the best outcome. Physician trust his patient that the patient will follow the physician's instructions and patient trust the physician that treatment is in his best interest. It improves the physician- patient relationship. Good physician- patient relationship give rise to patient empowerment.<sup>398</sup> Patient empowerment is referred as the concept of self- care i.e. to be selective in bringing changes related to health and disease like food, physical activity etc.<sup>399</sup> Physician- patient relationship is one of the most important aspects of medical ethics and is a key stone to provide quality and effective healthcare services.<sup>400</sup>

The quality and effective relationship is based on the values of trust, honesty, integrity, communication skills, compassion and responsiveness towards individual values and requirements.<sup>401</sup> The physician and patient have different information, which is essential for the success of the treatment. Physician has the

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<sup>397</sup> *Suśrutasaṃhitā*, Sūtrasthānam, 34. 17-18.

<sup>398</sup> Maizes, Rakel & Niemiec, Feb 2009: 11.

<sup>399</sup> Anderson & Funnell, 2009: 277.

<sup>400</sup> Goold & Lipkin, 1999

<sup>401</sup> Sarsina, Alivia & Guadagni. 2012: 2.

expertise to understand the nature of ailment, management, prognosis and preventive techniques to be followed in future.<sup>402</sup> But this only cannot lead to patient satisfaction and positive outcome. For that patient's partnership is essential as he has his own personal preferences and cultural background. The patient involvement in treatment gives more efficiency of care, greater patient satisfaction, less diagnostic tests and better health outcomes. It indicates a sense of sharing to get desired results.<sup>403</sup>

*Āyurveda* is a system of individualized care. Treatment and preventive techniques are recommended according to the constitution of the individual. "Traditional, Complementary and other Alternative Medical Systems (TCAM) contribute to the foundation of Person-Centred Medicine (PCM)."<sup>404</sup> In it the individual is the centre of healthcare services and is considered as a physical, psychological and spiritual entity.<sup>405</sup> Person Centered Care (PCC) empower the patients to take control of their own health. It has objective to individualize the design of care, which is prescribed to fit the need of single patients.<sup>406</sup> The basic idea behind the PCC is to value the person, treat him as an individual, to recognize and fulfil his needs.<sup>407</sup> This approach is in contrast with illness-oriented approach.<sup>408</sup> In the PCC approach, the physician examines and treats his patient holistically but in lateral approach, localized or functional fault is diagnosed and treated.<sup>409</sup> In person-centred approach the focus of physician is on the patient as a unique human being, who does not have common but different wants, needs or requirements.<sup>410</sup> The treatment plans, diet plans and ethical decisions etc. are made with reference to particular patient. In book of *Laws* by Ancient Greek philosopher Plato, there is discussion about two classes of patients and practitioners i.e. class of slaves and class of freemen. Slave practitioner treats the slaves and freeman treats the freemen. The second class of

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<sup>402</sup> Fineberg, 2012.

<sup>403</sup> Stewart et al., 2000: 8.

<sup>404</sup> Sarsina, Alivia & Guadagni. 2012:1-2.

<sup>405</sup> Ibid., p.1-2.

<sup>406</sup> Alti, Sandman Lars & Munthe, 2019: 46.

<sup>407</sup> Ibid., p. 47.

<sup>408</sup> Balian, p.269.

<sup>409</sup> Ibid., p..269.

<sup>410</sup> Stewart, 2001: 444.



patients and practitioners is the best. In this class of freemen, practitioner enquires the nature of the disorder, enter into discourse with the patient and his family, instructs him and gives prescription after consulting and convincing the patient.<sup>411</sup> This class of freemen physicians and freemen patients describes many features similar to the *Āyurveda* concept of *cikitsā catuṣpāda*.

Natural and Holistic medicine has focus on the patient rather than on physician.<sup>412</sup> *Āyurveda* is traditional Indian system of holistic medicine. Therefore, this approach respects patient's values, preferences and cultural background, importance to the value of trust, interpersonal relationship, involves patient's well-wishers or family in care services.<sup>413</sup> It gives better understanding to physician about the patient's preferences and on the other hand patient can better understand the disease and method for its prevention and health promotion. This approach aims to provide healthcare services which are affordable, safe, ethical, holistic, effective and accessible to all.

A summary of quality improvement in *Āyurveda* is as follows –

- i. It considers every person as unique, therefore individualized therapy is advised. It is in contradiction to “One Drug Fits All”<sup>414</sup> gives individualized advice regarding food and lifestyle based on the constitution of the body.
- ii. It is holistic in approach. It treats the whole person, not the disease or symptom only. Tries to understand the patient holistically i.e. understanding of patient's world- the whole person, his emotional needs and other life issues.<sup>415</sup>

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<sup>411</sup> Plato, Laws. Book IV: 171-172. Retrived from <http://www.freeclassicebooks.com/Plato/Laws.pdf> on 2018/08/08.

<sup>412</sup> McWhinney, 1985.

<sup>413</sup> Lambert, p.3

<sup>414</sup> Chatterjee & Pancholi, 2011: 141.

<sup>415</sup> Stewart, 2001. 444.

- iii. It gives importance to patient's culture, belief, values, his requirements, his circumstances, his habits, his lifestyle and his perceptions.
- iv. Educate the patient and family about the disease and preventive techniques.
- v. Increased level of patient satisfaction.
- vi. Mutual commitment for positive result.
- vii. Coordination among physician, patient and his attendant leads to better understanding and high outcome. It strengthens the patient-physician relationship.
- viii. Values of respect, compassion, equanimity and trust are given importance.
- ix. Patient is the primary beneficiary. Focus is to provide quality and effective care.
- x. Works on prevention of disease and promotion of health. Hence, the focus is from cure to care perspective. The vision behind this care approach is that "the individuals, families and communities are served by and are able to take part in trusted healthcare systems that responds to their need in humane and holistic way."<sup>416</sup>

It involves respect (for patient's values, beliefs and dignity), compassion, relationship (trust), communication (considering patient's values to form the basis of decision making) individualized holistic focus, coordinated care etc.<sup>417</sup>

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<sup>416</sup>Retrived from

[http://www.wpro.who.int/health\\_services/people\\_at\\_the\\_centre\\_of\\_care/documents/ENG-PCIPolicyFramework.pdf](http://www.wpro.who.int/health_services/people_at_the_centre_of_care/documents/ENG-PCIPolicyFramework.pdf) 2019/03/17.

<sup>417</sup> Eklund et. al., 2019: 4.

### 4.3 *Maitrī* (benevolence), *Karuṇā* (compassion), *Śākyaprīti* (affection) and *Upekṣā* (equanimity).

*Maitrī* (benevolence), *Karuṇā* (compassion), *Śākyaprīti* (affection) and *Upekṣā* (equanimity) are the virtues of highest order and represents professional conduct of physician in *Āyurveda*. They have an important place in medical ethics as they tell about physician's conduct towards his patients. These four are identified as *Brahma Viharas* in Buddhist teachings. They come naturally by embracing *dharma* and incorporating its essential teachings.<sup>418</sup> *Āyurveda* comprehends them as an important mark of good conduct of physician in the practice of medicine. A physician must practice them to maintain good doctor- patient relationship and to achieve the desired result of therapy.

*Maitrī Kārūṇāyamātreṣū Śākye Prītirūpekṣaṇam/  
Prakratistheṣū Bhūteṣū Vaidyavṛttiṣcaturviddhā//*

- *Carakasamhitā, Sūtrasthānam, 9. 26*

*Maitrī* (benevolence), *Karuṇā* (compassion) *Śākyaprīti* (affection) and *Upekṣā* (equanimity) refers to moral conduct of a physician. These are discussed below -

- I. Feeling of *Maitrī*, which refers to benevolence towards the living beings. Punarvasu Ātreya, out of benevolence for the mankind, gave the knowledge of *Āyurveda* to his students.<sup>419</sup> Benevolence is referred as the quality of being generous, friendliness and considerate towards the sufferer. It is an act of helping others when they are in need. Being benevolent increases the trust of patient on physician.<sup>420</sup> According to Sir William Osler, friendliness is an essential element of the healthcare profession as it helps to bring dignity and

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<sup>418</sup> Dale & Verkulin, 2.

<sup>419</sup> *Carakasamhitā, Sūtrasthānam, 1. 30.*

<sup>420</sup> Hexmoor & Poli, 2003: 808

usefulness in it.<sup>421</sup> *Maitrī* is love for all living beings. It should always be there and should be considered as sacred obligation to keep the mind firm as that of earth (which remains unhurt on human actions), clean air and as of deep Ganges (which always keep on flowing without feeling any disturbance from any action against it). This feeling of *maitrī* should be boundless as that of world is.<sup>422</sup>

- II. *Ātreṣū Kārūṇayam*, which refers to feeling of compassion towards the sick people or patients.

*Karuṇāśuddhasantāno yatnatastamupācareta/*

- *Aṣṭāṅgahr̥dyam, Śārīrsthānam, 6.29*

A physician should make effort to treat his patient compassionately and with pure mind. Compassion is a virtue and is an important component to provide quality health services. It plays an important role in rendering good and quality health services. Lack of compassion in care services give rise to patient dissatisfaction and hence poor outcome. Practice of medicine changes with time but because of the unchanged human nature, the art of medicine remains the same.<sup>423</sup> It is the responsibility of the physician to calm down the fearful and anxious patient with love, compassionate and supportive nature. These are referred as bedside manners of accomplished physicians.<sup>424</sup>

“Compassion is the basis of all morality”

- Arthur Schopenhauer<sup>425</sup>

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<sup>421</sup> Osler, 1910: 346.

<sup>422</sup> Ambedkar, 1957: 170.

<sup>423</sup> Silverman, 2012: 58.

<sup>424</sup> Ibid., p.158.

<sup>425</sup> Retrived from <http://cultureofempathy.com/References/Quotes/Compassion.htm> on 2019/03/16

According to Arthur Schopenhauer every action has some motivating force. Altruism, egoism and malice are the three types of motivating forces distinguished by him. Egoism refers to striving for one's own well-being, malice refers to ill-will and altruistic has the true moral value and in it there is absence of ill-will as well as egoistic motivating force.<sup>426</sup> An action can be moral, when it is in relation to the well-being of others. The concern for other's well-being or not their ill-being- as it were my own is called as compassion.<sup>427</sup> Compassion enables healthcare providers to dispense high quality responsive care.<sup>428</sup> It is an idea of benevolent care. Compassion is derived from Latin word *compati*, which refers "to suffer with."<sup>429</sup> Compassion is not being overwhelmed in other's suffering or pain but to understand the nature and source of suffering and to act to relieve it and to rejoice in to the possibility of relieving suffering for all.<sup>430</sup> Compassionate physician or other healthcare provider is committed to understand suffering and indulges into relieving it. The importance of it is evident from the first principle of the code of medical ethics of the American Medical Association i.e. "A physician shall be dedicated to providing competent medical care, with compassion and respect for human dignity and rights."<sup>431</sup>

*Karunā* (love for human beings) is one of the pillars of Buddhist philosophy. It is fundamentally and essentially social.<sup>432</sup> Society cannot live without *dhamma*. Two cornerstones of *Dhamma* are, *prajñā* (understanding) and *karuṇā* (love).<sup>433</sup> As per Buddhist philosophy, morality is *dhamma* and without morality, *dhamma* is undoable.<sup>434</sup> Morality is a sacred thing and one should not violate things, which are sacred. Here, sacred is not in concern to God, but something which need to be revered. The things, which made morality sacred are; "social

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<sup>426</sup> Wolf, 2015: 45.

<sup>427</sup> Ibid., p. 45.

<sup>428</sup> Fotaki, 2015: 199.

<sup>429</sup> Gilbert & Choden, 2013:1-6.

<sup>430</sup> Ibid., pp. 1-6.

<sup>431</sup> Retrieved from <https://www.ama-assn.org/about/publications-newsletters/ama-principles-medical-ethics> on 2019/01/11

<sup>432</sup> Ambedkar, 1979: 169.

<sup>433</sup> Ibid., p.179.

<sup>434</sup> Ibid., p. 182.

need for protecting the best”<sup>435</sup> To love mankind is the necessity of human being as it is for the good of oneself. Therefore, *karuṇā* is very important in man’s life. *Dhamma* is righteousness that is right relations between all the individuals in every sphere of life.

How a physician treats his patients is partly a matter of his character and partly, the way he has been trained for.<sup>436</sup> Moral behaviour in health care services is defined as the right behaviour which is beneficial for the patient, healthcare profession, to the society and contrary to it is defined as immoral behaviour.<sup>437</sup>

- III. *Śakye Prīti*, which refers to treat curable disorders with affection. In Buddhist philosophy term *Mudita* (happiness) has been used instead of *Śakye Prīti*. A physician should be affectionate, kind and generous towards his patients. Kindness implies that one should cooperate others, to treat others as their own family member and to be generous.<sup>438</sup> Physician should treat his patients with love and care.
- IV. *Prakratistheṣū Bhūteṣū upekṣā*<sup>439,440</sup>, which refers to have a feeling of equanimity in the difficult situations or in the diseases, which physician finds out to be incurable. *Upekṣā* is one of the very important character to be a good physician. Art of detachment is regarded as a rare and precious quality of the profession.<sup>441</sup> High level intellectual detachment is required to have a

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<sup>435</sup> Ibid., p. 183.

<sup>436</sup> Osler, 1910: 303.

<sup>437</sup> Cheu, Chan & Hsu,

<sup>438</sup> Campling, Penelope, 2015: 3-5.

<sup>439</sup> The word *upekṣā* here refers to ‘feeling of equanimity’, which is a much less popularly understood and most plausible interpretation in the context of Medical Ethics, although in the Sanskrit literature this word has been translated in English in many other forms such as ‘disregard’ ‘neglect’, ‘overlook’, ‘trick’, ‘endurance’, ‘patience’, ‘contempt’, ‘abandonment’, ‘indifference’ etc. Use of other meanings except equanimity, indifference or patience may lead to altogether different or wrong interpretation, therefore should be avoided in the context of Medical Ethics.

<sup>440</sup> Retrieved from

[http://spokensanskrit.org/index.php?mode=3&script=ia&tran\\_input=upekSA&direct=se](http://spokensanskrit.org/index.php?mode=3&script=ia&tran_input=upekSA&direct=se) on 2018/12/21.

<sup>441</sup> Osler, 1910: 305.

wisdom of self and of his relations with others.<sup>442</sup> Once this is attained, the deeds of self and others will stand out in true light, which will develop the value of compassion, love and care.<sup>443</sup>

All these four moral conducts develop trust. Trust is important to foster good physician and patient relationship. *Brahma viharas* are an expression of person-centred care.

*Brahmacarya-jñana-dāna-maitrī-kārunya-harṣo-pekṣā-praśmaparaśca syāditi*

- *Caraka Sūtrasthānam*, 8. 29

Celibacy, wisdom, donation, friendliness, compassion, happiness, equanimity and peace are the components of right conduct.

According to Sir William Osler, the sailor, the soldier, the physician etc. are some men and classes of men that stand above the herd.<sup>444</sup> The reason for this is that physician exhibits the virtues, which are beneficial to his patients and the society. They try to allay the suffering of the patient. The importance of moral behaviour is shown in the words of Sir Osler. According to him medicine follows the “high moral ideals expressed in most memorable documents.” He expressed that “medicine is the profession of a cultivated gentleman,” for the reason of following unbroken and continuous ideals by the healthcare professionals.<sup>445</sup> All these expressions show the nobility and magnanimity of the healthcare profession. The work of healthcare professionals is to prevent or cure the diseases and to allay the suffering. According to him this is a profession of brotherhood. Its feature of beneficence distinguishes it from all other professions.

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<sup>442</sup> Ibid., p. 305.

<sup>443</sup> Ibid., p.305.

<sup>444</sup> Ibid., p. 14.

<sup>445</sup> Ibid., p. 280.

Practice of right behaviour and to be virtuous is the first lesson by Buddha to the man. The path of virtue includes *śīla* (fear of doing wrong and disposition to do good), *dāna* (giving one's possessions for benefit of others), *upekha* (detachment or equanimity), *nekkhama* (renunciation in worldly pleasures), *vīrya* (right endeavour), *khanti* (having patience or being tolerant), *saucā* (speaking truth), *adhiṭṭhāna* (determination), *karuṇā* (love and kindness) and *maitrī* (benevolence), the ten *pāramitāsa* (state of perfection).<sup>446</sup> All these virtues help to bring the good character in a person. Virtues must be followed by intellect, so that individuals can differentiate between right and wrong conduct. They should be tested by wisdom to avoid evil effects of them.<sup>447</sup> According to Buddha, the moral order of the universe rests on the good and bad actions of human beings.<sup>448</sup> In Buddhist philosophy morality is very important and it is given the place of God.<sup>449</sup>

A parallel discussion is found in *Yogasūtra* of Maharishi Patañjali-

*maitrī karuṇā muditā upekṣānāma suḥkha duḥkha puṇya apuṇya*  
*viṣayānāma bhāvanātaḥ citta prasādanam*

- Patañjali, 1.33

It mentions that attitude of friendship towards the happy (*maitrī*), compassion towards suffering (*karuṇā*), affectionate towards virtuous (*muditā*), equanimity towards evil (*upekṣā*) help in developing right psychological attitudes towards the happy, suffering, good and evil mindset people.<sup>450</sup> One must do good actions for the benefit of himself and for the society. According to him heaven is nothing but the kingdom of righteousness on earth. The people should have

<sup>446</sup> Ambedkar, 1979: 84.

<sup>447</sup> Ibid., p. 85.

<sup>448</sup> Ibid., p. 142.

<sup>449</sup> Ibid., p.143.

<sup>450</sup> Bhavanani, 2014, p.10.



righteous conduct in relation to others and that is the way to cease suffering and make this earth heaven.<sup>451</sup>

*"Medicine arose out of the primal sympathy of man with man,  
out of the desire to help those in sorrow, need, and sickness.  
Therefore, the basis of medicine is sympathy and the desire  
to help others, and whatever is done with this end  
must be called medicine."*

- William Osler

To follow professional code of conduct is an indispensable part of any profession with regard to professing expertise including healthcare profession globally.

To summarize this chapter, *dharma* is the moral dimension of *Āyurveda*. Although, it is very difficult to define the term *dharma* but it can be understood as something significant for human upliftment and well-being. *Dharma* is described as the righteousness or actions done for the well-being of oneself and for others. It is the guiding principle to fulfil the main objective of *Āyurveda* i.e. to enhance the quality of life by maintaining the health of healthy and by curing the sick. According to World Health Organization (WHO) health is central to happiness and according to *Āyurveda*, *dharma* is the key to happiness.

Morality in Sanskrit is compared with *dharma* and moral excellence means habit of following *dharma*. Moral actions or good character helps to lead healthy life. The idea of moral excellence is to live up to that standards, which help in flourishing your as well as others life. Every human being wants to lead a happy life and wants to avoid any pain. The basic question is that how to live happy life. According to *Āyurveda* happiness is compared with health. *Sadvṛtta* and *acāra rasāyana* discuss about the importance of good conduct or moral behaviour and insist individuals to make a habit to practice them regularly, so

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<sup>451</sup> Ambedkar, 1979: 162.

that one can achieve the moral excellence. They insist to examine the life and follow the path of righteousness. *Sadvṛtta* and *ācāra rasāyana* are the ways to live happy and healthy life. The concept of Right conduct and character (*Sadvṛtta* and *Ācāra rasāyana*) guide a person to develop idealistic behaviour and character. The good conduct discussed in *Āyurveda* has a similarity to the eightfold path of eradication of suffering in *Buddhism*. It is not only concerned with individual only but to help the others and to the society also. A healthy person can be helpful for the development and growth of the society.

It also discusses the importance of *cikitsā catuṣpāda* in developing good physician-patient relationship. *Āyurveda* has person-centred approach. In person-centred approach the focus of physician is on the patient as a unique human being, who does not have common but different wants, needs or requirements. Physician- patient relationship is one of the most important aspects of medical ethics and is a key stone to provide quality, effective and affordable healthcare services. The quality and effective relationship is based on the values of trust, honesty, integrity, communication skills, compassion and responsiveness towards individual values and requirements.

Besides these qualities, the four brahma viharas i.e. *Maitrī* (benevolence), *Karuṇā* (compassion), *Śākyaprīti* (affection) and *Upekṣā* (equanimity) are considered to be the virtues of highest order and represent professional conduct of physician in *Āyurveda*. They have an important place in medical ethics as they tell about physician's conduct towards his patients. All these qualities are discussed with a view to provide high quality care with patient safety to the patients, which are aligned with the person-centred approach. In this approach patient is the prime beneficiary. The ethics in *Āyurveda* is person centric. Focus is on developing the character and developing right ethical approach to live happy and healthy life. They come naturally by embracing *dharma* and incorporating its essential teachings.<sup>452</sup> *Āyurveda* comprehends them as an important mark of good conduct of physician. One must do good actions for the benefit of himself and for the society. Heaven is nothing but the kingdom of

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<sup>452</sup> Dale & Verkulin, 2.

righteousness on earth. The righteous conduct in relation to others is the way to cease suffering and make this earth heaven

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## CONCLUSION

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Medical ethics deals with moral issues in medical practice. In modern medicine ethical theories and principles are applied mainly to answer the challenges faced by physicians in the practice of medicine. Kant's Deontological theory, Mill's Consequentialist theory and Aristotle's Virtue theory give some guidance but have some limitations and therefore, it is difficult to find sufficient support from them, in handling ethical dilemmas or in decision making process in medical ethics. Ethical dilemmas in medical science refers to the discussion about: The choices and values of physician and patient in medical practice, the obligations of healthcare professionals, the rights of the patients, to develop understanding about what you ought to do and what you ought not to do.

Beauchamp & Childress developed a set of four principles of biomedical ethics, to analyse ethical dilemmas. Respect for autonomy, beneficence, non-

maleficence and justice are considered as the four principles of biomedical ethics. These principles come in conflict with each other on account of cultural, theological, ecological and feministic perspective. The common problems faced in routine medical practice pertains to the decision regarding disclosure to the patient about life threatening disease, being truthful, respectful, acknowledging privacy, maintaining confidentiality, taking informed consent and withholding or withdrawing the treatment etc. The onus on the physician by the virtue of principle of autonomy lies in disclosing the facts to the patient exactly and clearly pertaining to his status of health, prognosis and treatment options available, enabling him to decide independently about his healthcare choices. These are the physician's obligations to patient, which comes under the preview of the principle of autonomy. In some cultures, disclosure about life threatening diseases directly to patients is unacceptable. People believe that it would harm the patient more than benefitting him. Based on different perspectives, patients have varied opinion about taking part or not in decision making related to their healthcare services.

The cultural, theological, ecological and feministic perspectives make us clearly understand that in spite of the best intentions of the physician towards the patient, there is a probability of a patient being benefitted or harmed without disclosure or with disclosure also. Thus, these principles may come in conflict in each other. Acknowledgement of these principles and the justifiable application of these principles in the given context poses the challenge and ultimately makes a difference in routine practice.

These perspectives play important role in medical ethics as some values and principles are of greater importance than others in different cultures. These beliefs hold a great significance for the members of a particular community, though they may be undermined by others. One's belief system does influence the thought process and shapes the perspectives of one's life and living. Physicians, as far as possible should not disregard or undermine their patient's perspective in analysing ethical dilemmas in routine clinical practice, in spite of facing situations wherein they find it difficult to arrive at the most plausible decision. Thus, wisdom is required to do the situational analysis and to take

decisions accordingly. It has been argued that the principles of biomedical ethics are influenced by western world and are developed from common American moral sense, where principle of autonomy often overrides the others and for this reason non-transferable to other societies.

Besides modern medicine, many other traditional systems of medicine are practised worldwide, which have their own ethical approach. *Āyurveda*, the traditional system of Indian medicine is one of them. *Āyurveda* emphasizes on high ethical standards, to be followed by the medical professionals. There is no separate traditional book on ethics in *Āyurveda*, but the precepts related to ethics does find a place in standard *Āyurvedic* texts explicitly and inexplicitly both.

A physician is supposed to follow high moral ideals and dutiful living. This is categorically mentioned in *Āyurveda* that a physician while exercising his obligation to the patient should have the feeling of *Maitrī* (benevolence), *Karuṇāyam* (compassion), *Śakyaṃprīti* (affection) and *Upekṣānāma* (equanimity). These are the virtues of highest order and are necessary to be followed to maintain the professional conduct of physician. They come naturally by embracing *dharma* and incorporating its essential teachings in life. To work for the patient's well-being is the main objective of *Āyurveda*. In *Āyurveda*, *dharma* has been described as the actions done for the well-being of oneself and for others. *Dharma*, is the guiding principle, which delineates the right physical, mental and verbal behaviour. It explains the individual's social and moral duties. The traditional texts of *Āyurveda* mention, *adharmā* to be the main cause behind diseases or miseries or sufferings (*duḥkha*) and *dharma* to be the reason behind the health (*sukha*).

To have the compassion on the living beings is the greatest *dharma* of the physician. It is natural that a physician with the intrinsic values of love, care, compassion and friendship cannot harm the patients. The primary objective of *Āyurveda* is to maintain the health of the healthy and to cure the diseases of the unhealthy. The primary objective of *Āyurveda* is to maintain the health of the

healthy (care approach) and to cure the diseases of the unhealthy (cure approach).

### Care Approach

Maintaining the health of healthy people is the first objective of *Āyurveda* and for that purpose it delineates on the importance of healthy and disciplined lifestyle. It describes about the importance of three sub-supportive pillars (*up-stambha*) i.e. *Āhāra* (discipline in diet), *Svapna/ Nidrā* (adequate and sound sleep), *Brahmacarya* (abstinence or regulated sexual relationship) of life and health. It also expresses the importance of *Dincaryā* (daily regimen), *Ṛtucaryā* (seasonal regimen), *Sadvṛtta* and *Ācāra Rasāyana* (good conduct) in *Svāsthya* (Health). The potential of preventive techniques discussed in *Āyurveda* need to be realized and should be pursued as a life course approach to health and longevity.

*Āyurveda* was communicated by the sages to the mankind with a purpose of achieving health and facilitating *Puruṣārtha* i.e. *Dharma*, *Artha*, *Kāma* and *Mokṣa*. Health is the supreme determinant of *Puruṣārtha*. The practice of *dharma* (righteousness) serves as a guide to internalize positive human values and create an enabling environment for right conduct or actions for attaining holistic health. This approach of leading life in discipline may not only help in lifestyle modification with positive health outcomes (preventive health care) but also may contribute to spiritual health eventually creating an impact in terms of improving the quality of life and sense of fulfilment in life. In *Āyurveda*, ethics is comparable with *dharma*. Actions determine *dharma* and *adhrama*. Therefore, health and disease are in individual's own hand. One need to take the responsibility of one's own actions and henceforth, health and disease. Health as per *Āyurveda*, is a state of complete physical, mental, social and spiritual well-being and not merely the absence of disease or infirmity. Health is one of the greatest happiness and *dharma* is the determinant of *Suḥkha* (happiness). *Dharma* is not yet another ethical principle that can be applied to resolve ethical

dilemmas - instead, it represents a way of life that promotes and sustains an ethical conduct.

Health is understood as a state of equilibrium or harmony and disease is a state of vitiation of *tridoṣas*. The violation of moral codes of conduct and intellectual errors (*Prajñāprādha*) is enlisted as one of the causes of vitiation of *tridoṣas*. Following *sadvṛtta*, *ācāra rasāyana* insists on following good conduct. It helps in having control over the senses and also to avoid *Prajñāprādha*.

### Cure Approach

The second objective of *Āyurveda* is to treat the diseases. Diseases are detrimental to health and life of human beings and they manifest as an obstacle in achieving *Puruṣārtha*, the four-fold objective of human life. The first step to cure the diseases of the sick requires right diagnosis as wrong diagnosis may lead to delayed treatment, wrong treatment or no treatment at all. This is violation of the principles of medical ethics as wrong diagnosis harm the patient rather than benefitting him.

*Āyurveda* describes *Pramāṇa* as investigatory tools to diagnose a disease. *Pramāṇa* are the methods to know the status of health and disease and to give the right medicine to the patients. *Āyurvedic* concept of *pañcanidāna* (five levels of diagnosing a disease), *daśvidha parikṣa* (ten steps to diagnose a disease) etc. all require the application of these *pramāṇas* in diagnosing a disease. *Āptopdeṣa* (Authoritative Testimony), *pratyakṣa* (direct observation / perception), *anumāna* (logical inference) and *upmāna* (comparison / analogy) and *yukti* (rationale) are applied to investigate the patient and disease. They are the bases of intellect, memory, theoretical knowledge, skill, purity in mental, physical and verbal actions, which are present only in good physicians and not in quacks.

*Āyurveda* has a concept of holistic and individualized healthcare, which is a person-centric approach. It acknowledges seven unique body constitutions (*prakṛti*) and therefore, individualized regimens and care are the hallmark of clinical practice in *Āyurveda*. This concept of individualized healthcare in

*Āyurveda* should be realized in the application of ethical principles in medical ethics.

Every case is unique. Every patient may have different circumstances and different cultural, theological, ecological or feministic perspectives. Every patient has different levels of physical, mental, social and spiritual strength. Differences in bodily and mental constitution affects patient's sensitivity to the disease, pain and other associated conditions or circumstances. It is imperative for every physician to understand this unique framework of every individual rather than focusing on illness centric symptomatic approach before analysing ethical dilemmas to arrive at most plausible ethical decision. It is the physician's own wisdom and character, which largely helps in identifying the right course of action and decision making. Though all the principles are an obligation for physicians, but in routine practice decisions are framed based on the precedence given to particular principle over others, without ignoring other principles. These principles are meant to guide physicians to act in a certain way in order to deliver for the greater good. They only guide physicians to certain forms of conduct. While acting for the larger good a trade-off is made by the physician while acknowledging the moral traditions of cultural, theological, feministic and ecological perspectives of the patient and at the same time ensuring that these perspectives do not pose a threat to the mankind. While practicing tolerance for cultural diversity or other perspectives an excessive tolerance leading to harm should also be avoided in this context. Thus, physicians need a great discriminatory power and wisdom in identifying in these cultural and theological values.

Physician-patient relationship is one of the important aspects of medical ethics. A good physician-patient relationship is key to provide quality and effective healthcare. Most of the ethical dilemmas are embedded in between physician or healthcare provider and the patient itself. In fact, most of the times, physician patient encounter has some moral dimension, which leads to development of myriad forms of ethical dilemmas that varies from patient to patient and case to case. The principles of medical ethics are prima facie but not absolute. While availing healthcare services, and due to inadequate understanding of the

interventions accessible to him/her, a patient may argue in favour or against the services made available leading to an unwarranted ethical dilemma. It is the duty of the physician to manage the patient well including explaining him about the situational analysis made in light of the circumstances and the application of these ethical principles and moral rules that lead to the provisioning of the services given to him. The patient needs to be explained well that the physician has not disregarded the patient's perspective in healthcare decision making. Thus, the quality and effective healthcare services, demand the close collaboration and good communication of physician, patient and his attendant.

*Āyurveda* focuses more on the development of good physician-patient relationship. The quality and effective physician-patient relationship is based on the values of trust, honesty, integrity, communication skills, compassion and responsiveness towards each other's obligations and rights. The values of mutual trust, benevolence, compassion, friendliness, and equanimity are delineated in the concept of *Cikitsā Catuspāda* (four limbs of treatment) for quality improvement in healthcare services. Each limb of *Cikitsā Catuspāda* needs to possess four qualities that are essential for maximizing the intended positive outcome.

The mutual communication between physician and patient in the process of decision making for optimal healthcare hones physician-patient relationship, which is one of the important aspects of medical ethics. The manifestation of diseases and associated moral dilemmas presents an opportunity to ponder over our thoughts at a much deeper level in order to act appropriately. In this context, the theory of *Puruṣārtha* could be of greater help in identifying physicians' role and duties as a professional.

*Āyurveda*, should be practiced for the accomplishment of *trivarga* i.e. *dharma*, *artha* and *kāma*. To practice *Āyurveda* or to sell this skill for money is like collecting the sand instead of collecting gold. The precepts of *Āyurveda* were given by sages to mankind for *dharma* and not to earn money or fulfil the desires of those practicing *Āyurveda*. One should earn livelihood only by the means, which are incompatible with *dharma*. *Suśrutasamhitā* has referred that patient



trust his physician more than his own parents, brothers and sons. Therefore, a physician should protect him like his own son and to protect them from the impediment of diseases is the best of his *dharma*.

*Āyurveda* has discussed the ethical issues of withholding treatment, disclosure, maintain confidentiality and being truthful. *Carakasamhitā* has discussed that a physician should not disclose the information of imminent death of the patient, to avoid potential harm to the patient or any other family member of the patient. But, if the physician wants to disclose such information, then he should do it after interacting with the family members of the patient and then should decide about the disclosure or non-disclosure especially in life-threatening diseases. A good communication skill is required on the part of the physician. To withhold disclosure without the knowledge of the patient and his family member can be harmful for the patient. Situational analysis is must before the application of the principles and moral rules in analysing ethical dilemmas. Physician must understand on how to apply these principles in different perspectives. Being a good doctor requires competencies in ethics as every encounter in physician and patient has moral dimensions.

*To sum up, Puruṣārtha* is a primary concept of the schools of Indian philosophy and delineates the Indian perspective of morality. This philosophical construct helps us to understand our worldly and otherworldly aspirations. The significance of *Puruṣārtha* and *Āyurveda* in preventing diseases, promoting health (*Svāsthya*) and in improving the overall quality of life cannot be underestimated. Thus, the traditional, holistic and individualized approach of *Āyurveda* delineates a correlation between *Puruṣārtha* (the fourfold objectives of human life) and *Svāsthya / Ārogya* (health, well-being, long life).

Healthcare profession is believed to be one of the noble professions and *Puruṣārtha* help us to maintain the magnificence of this profession. The practice of *Puruṣārtha* may serve as an enabling factor for self-control resulting in positive lifestyle modification through creation of a sense of purpose in life. In *Carakasa ṃhitā* four types of life is described: *Hitāyu* (benevolent life), *Ahitāyu* (non-benevolent life), *Suḥkhāyu* (happy life), *Duḥkhāyu* (miserable life). Every

beneficial life (*hitāyu*) is happy life (*suhkhāyu*). *Hitāyu* is considered the ideal life, one should aspire for. *Suhkhāyu* is achieved by fulfilling duties towards one's health but *hitāyu* or benevolent life indicates duties towards oneself as well as towards others. A good physician should lead a *hitāyu* or benevolent life, which should be beneficial for him, his patients and society.

As per *Āyurveda* texts, human life may be divided into four consecutive developmental stages namely *Brahmacarya* (disciplined life of student), *Grahashta* (disciplined married life), *Vānprastha* (retiring into forest) and *Sanyāsa* (asceticism/ renunciation) respectively. The attainment of *Puruṣārtha* is possible by leading a disciplined life as per *Āśrama dharma*.

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