

The initiation of the medical student in early classical Āyurveda: Caraka's treatment in context¹

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1.1 The two oldest medical Saṃhitās that have come down to us, namely, those of Caraka and Suśruta, contain sections of varying extent in which the initiation of the medical student, the required qualifications of student and preceptor alike, and details of medical study are dealt with. They occur in the Vimānasthāna (Vi), eighth chapter, and Sūtrasthāna (Sū), second to fourth chapters, respectively; for a better und fuller understanding of some points addressed in the initiatory speech of the medical teacher according to the *Carakasamhitā* (CS), selected passages of chapter ten of the *Suśrutasamhitā*'s (SS) Sūtrasthāna² have also to be considered. Perhaps on account of the diversity of the nevertheless quite coherently presented issues dealt with in the relevant "lesson" (*adhyāya*) of Caraka's Vimānasthāna, its well-attested title, *rogabhiṣagjī-tīya* ("dealing with the curing of diseases"),³ is not indicative of the above topics, in contradistinction to the three most relevant chapters of Suśruta's Sūtrasthāna which bear the titles *śiṣyopanayanīya* ("dealing with the initiation

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² Cf. SS Sū 10.3–4 and 9.

³ Cf. Appendix 1 on this chapter title.

of the student”), *adhyayanasaṃpradānīya* (“dealing with imparting the gift of study”) and *prabhāṣaṇīya* (“dealing with the explanation [of what has been learnt]”); *Suśrutasaṃhitā* Sūtrasthāna chapter ten is called *viśikhānupraveśanīya* (“dealing with entering onto the road”).⁴

1.2 Besides the evidence of the mentioned two sources, important information is found in the *Kāśyapaśaṃhitā* (KS), a compendium that was passed down from Kaśyapa to his student Vṛddhahjivaka and revised and completed by a certain Vātsya some time before the ninth century. As Meulenbeld states in his *History of Indian Medical Literature*, the resulting two strata of this work on *kaumārabhṛtya* cannot be separated any longer; on various grounds he tentatively assigns its composition to the seventh century.⁵ The *Vimānasthāna* of the *Kāśyapaśaṃhitā* is only partly preserved; the single fragmentary chapter of this Sthāna that has come down to us is entitled *śiṣyopakramaṇīya* and may have formed the last chapter of the Sthāna before the beginning of the Śārīrasthāna.⁶

1.3 Whether the *Bhelasāṃhitā* (BhS), preserved in a single fragmentary manuscript augmented by a stray folio of another manuscript discovered in Central Asia,⁷ may have contained a corresponding section on medical training in its *Vimānasthāna* is uncertain and must remain a matter of speculation. However, in spite of the different order and names of the chapters of this Sthāna in the *Bhelasāṃhitā*, the identity of some chapter titles⁸ and chapter topics⁹ suggests a special relationship with the *Carakasāṃhitā*.¹⁰ Especially the sections on the examination (*parīkṣā*) of the patient (*ātura*) and his basic constitution (*prakṛti*) in the preserved part of Bhela’s *Vimānasthāna*, in its fourth chapter called *rogaprakṛtivyavasthāna*, present us with a parallel not only to the sixth chapter of Caraka’s *Vimānasthāna*¹¹ but also – from the point of view of the terminology and method of exposition – to some sections of its eighth chapter.

⁴ Cf. Appendix 2 on this chapter title.

⁵ Cf. HIML IIA, pp. 39–41.

⁶ Cf. n. 122 below.

⁷ Cf. Yamashita 1997: 19–20.

⁸ BhS and CS Vi 1: *rasavimāna*; BhS Vi 5 and CS Vi 7: *vyādhitarūpīya*.

⁹ From the point of view of content, BhS Vi 6 (*ṛtuvimāna*) corresponds to CS Vi 6 (*tasyāśītīya*).

¹⁰ Cf. further HIML IIA, pp. 14–16 on the relationship between the two works and their common affiliation to the lineage of Ātreya.

¹¹ BhS Vi 4 (*rogaprakṛtivyavasthāna*) corresponds – together with the third chapter whose

The first part of Bhela's "lesson" treating the "ascertainment of the disease and the basic constitution" is rightly introduced by the editor with the sub-title "examination of the patient" (*āturaparīkṣā*). First, the patient should be examined; from that one knows the disease (*rogavijñāna*) and can proceed to cure it (*cikitsita*).¹² A large number of points or items to be examined, relating to what is original, normal or natural and thus healthy (*prākṛta*) and to what is changed, abnormal or unnatural and thus diseased (*vaikṛta*), are listed after this statement; the patient's basic constitution (*prakṛti*) to be treated in the remainder of the "lesson" is one of them.¹³ In the eighth "lesson" of Caraka's Vimānasthāna, on the other hand (cf. the analysis in Appendix 3), we find – following upon the conclusion of the treatment of colloquies with experts as one of three means to master the medical science,¹⁴ but still somehow related to the issue of debate¹⁵ – a brief section on the general diagnostic methodology to be adopted before proceeding towards any practical action.¹⁶ This methodology comprises ten thematic complexes (*prakaraṇa*)¹⁷ which are to be examined (*parīkṣya*) under various aspects and ascertained before any meaningful action can take place. Subsequently the methodology is applied to the case of medical practice; the individual items are specifically explained, sub-divided and exemplified accordingly, and the means of their examination (*parīkṣā*) identified and classified.¹⁸ The seventh among the ten items to be examined is the place or location, subdivided into the region (*bhūmi*), e.g., where the patient was born, lives and has fallen sick, and the patient (*ātura*), who is considered as the place or location where the intended effect of the action, i.e., the balance of the bodily con-

title is not preserved – to CS Vi 6 (*rogānīka*). Cf. also HIML IIA, p. 15.

¹² Cf. BhS Vi 4.1; cp. CS Vi 8.79 and, for a general statement, Vi 8.68. All sections of *Carakasamhitā* Vimānasthāna chapter eight referred to below are numbered according to the segmentation of the text in Trikamji's edition which is still enjoying the status of a standard edition, even though a more suitable segmentation has been adopted in the critical edition of this chapter which is in progress (cf. p. 634 below).

¹³ Cf. BhS Vi 4.5c.

¹⁴ Cf. CS Vi 8.5–6; 15–67. On the three means cf. also below, p. 641.

¹⁵ Cf. CS Vi 8.80–82.

¹⁶ CS Vi 8.68–79.

¹⁷ Namely, the cause (*kāraṇa*), the instrument (*kaṛaṇa*), the basis for what is to be effected (*kāryayoni*), what is to be effected (*kārya*), its effect (*kāryaphala*), its final consequence (*anubandha*), place or location (*deśa*), time (*kāla*), the activity or application (*pravṛtti*) and the means (*upāya*) (CS Vi 8.68).

¹⁸ Cf. CS Vi 8.83–151.

stituents, is desired to occur.¹⁹ He should be examined from ten points of view, the first of which is his basic constitution (*prakṛti*).²⁰ This section of the eighth “lesson” of Caraka’s *Vimānasthāna*²¹ is closely paralleled by the fourth “lesson” of Bhela’s *Vimānasthāna*.

Even though a hypothesis cannot be built upon this observation, it at least opens up the possibility that the topic of medical study, which provides the wider context and an occasion for the exposition of diagnostics in Caraka’s *Vimānasthāna*, was also touched upon in Bhela’s *Vimānasthāna*, in the remaining part of the chapter at its end which is lost due to the unfortunate lack of a leaf in the exemplar used by the scribe of the single manuscript of the *Bhela-saṃhitā* currently available.²²

1.4 Among later, less significant sources, the first chapter of the *Hārītasamhitā* (HS) has to be mentioned. It bears the title *vaidyaguṇadoṣaśāstrapāṭhanavidhi* (“good qualities and shortcomings of a doctor; the right manner of reciting the body of expert knowledge”) and addresses some of the topics treated in the three extant sources introduced above: it lists a group of persons to whom Āyurveda should not be imparted,²³ gives instructions on the correct recitation and reading of the *śāstra*,²⁴ and determines the occasions on which one should not study (*anadhyāya*)²⁵ (cf. also p. 645 below). However, the whole exposition

¹⁹ Cf. CS Vi 8.84 (*deśo bhūmir āturaś ca*) and 92 (*deśas tu bhūmir āturaś ca*). Unless otherwise stated, all quotations from Caraka’s *Vimānasthāna* chapter eight in this contribution follow the text of this chapter in its present critically established form (cf. p. 634). Uncertain readings are marked by a wavy underline.

²⁰ Cf. CS Vi 8.94.

²¹ CS Vi 8.95–100.

²² Cf. Yamashita 1997: 21, n. on v. 1ab. The lost leaf also contained the first *adhyāya* of Bhela’s *Śārīrasthāna*; the available space would therefore not have been sufficient for a hypothetical further chapter at the end of the *Vimānasthāna*.

²³ Cf. HS 1.20. Persons who are not devoted (*abhakta*) and not calm (*aśānta*), stupid and low are excluded.

²⁴ Cf. HS 1.26.

²⁵ Cf. HS 1.27–31. These occasions are: festivals (*utsava*), sacrifices (*yajñakarman*), times of birth (*jātaka*) and death (*mṛtaka*) (v. 27); the fourteenth (*caturdaśī*) and eighth day (*aṣṭamī*) of each half of the lunar month, the new moon day (*darśa*), the first day (*pratipad*) of each half of the lunar month and the full moon day (*purṇimā*) (v. 28); an untimely (*akāla*) thick darkness / cloudy day (*durdina*) (?) (cp. *Manusmṛti* [MS] 4. 104d: *anṛtau cābhradarśane*; cf., however, Raison: “dans un moment inopportune,

considerably differs in its structure, general flavour and vocabulary from the above-mentioned sources and thus testifies to its being part of a different tradition. Only the detailed section on *anadhyāya* has some resemblance with the corresponding passages in the classical sources (cf. again below, p. 645); however, this may be due to the fact that this topical complex is not specific to the study of medicine but part of the Brahminical (and Jain) concept of the proper conduct of study in general and that the lists of occasions of non-study found in medical works are largely dependent on the lists in the Brahminical Dharma literature.²⁶ Further, the *Aṣṭāṅgasan̄graha* (AS), in the second chapter of its *Sūtra-sthāna*, entitled *śiṣyopanayanīya*, contains some material which is partly reminiscent of the relevant sections of Caraka, Suśruta and Kaśyapa on the qualities and duties of a medical student.²⁷ It also has a few verses on the occasions when study should be interrupted and on the right way of recitation,²⁸ and names some qualifications of an ideal physician.²⁹ In this context, two verses on the importance of an equal emphasis on the theory and practice of medicine are taken over, with slight variations, from the *Suśrutasam̄hitā*.³⁰ Altogether,

dans un mauvais jour”), (untimely?) thunder (*garja*), a reddish sky (*digdāha*), an earthquake (*bhūkampa*), and solar and lunar eclipses (*grahaṇe candrasūryayoḥ*) (v. 29); the occurrence of an affliction of the preceptor (*gurupīḍā*) or the king (*nṛpe sampīḍite*) (v. 30), a battle (*āhava*) (Raison: “pendant la sacrifice”), an attack on life (thus Raison’s interpretation: “quand il y’a mort d’être”; or: “the coming together of living beings,” i.e., a crowd [?], cp. MS 4.108d: *samavāye janasya*) (*jīvasampāta*), twilight (*pradoṣa*) and the occurrence of an affliction of the state (*rāṣṭrapīḍā*) (v. 31). Cf. also Cordier 1902: 186 (= Roṣu 1989: 506) on these verses (for this paper, see also p. 636 below). Cordier refers to a parallel passage in a certain *Ātreyasam̄hitā* which may have been an unedited version of the *Hārītasam̄hitā* (cf. HIML IA, p. 123; see also Raison’s introduction to the *Hārītasam̄hitā* pp. vii–viii).

²⁶ Cf. again below, p. 645.

²⁷ Cf. AS Sū 2.2–3: *gurubhaktō ’bhiyukto ’tiyukto dhīsmṛtipātavaiḥ / ṛjvāsyanāsānayanān tanusnigdhanakhachaviḥ // brahmacārī jitadvandvo dhīraḥ sucaritaḥ sthiraḥ / ṣaṇmāsān uṣitaḥ śuklo lajjāśaucakulānvitaḥ // ...*

²⁸ Cf. AS Sū 2.4cd–5. The times of *anadhyāya* are the following: untimely lightning and thunder (*akālavidyutstanita*), earthquakes (*bhūkampa*), eclipses (*rāhudarśana*), the fifteenth (*pañcadaśī*) and the moonless day (i.e., the full and new moon day), and the absence of the preceptor (*guru*) (cf. further below, p. 645, for these occasions). Cf. also Cordier 1902: 186 (= Roṣu 1989: 506).

²⁹ Cf. AS Sū 2.7–8. The quality *priyadarśana* is the only specification which can be correlated with the attributes of an ideal master or preceptor mentioned in the classical sources.

³⁰ Cp. AS Sū 2.9–10 and SS Sū 4.48–49.

the exposition in the *Aṣṭāṅgasaṅgraha* is rather meagre and does not contribute to our understanding of the older sources or offer any new aspects.³¹

2.1 In the following, I will focus on the description of the initiation of the medical student and medical study as found in the eighth chapter of Caraka's *Vimānasthāna* because the critical edition, annotated translation and study of this chapter is the aim of a series of research projects conducted in Vienna.³² Owing to the orientation and emphasis of these projects, I will also address some selected text-critical and philological aspects of the relevant sections in my attempt to provide a first basic analysis of the chapter, with emphasis on its beginning. The two main goals of the analysis and the present contribution, however, are to discern the place of Caraka's exposition within the relevant chapter of the *Vimānasthāna* and to determine its general relationship to the expositions found in the *Suśrutasamhitā* and *Kāśyapasaṃhitā*; the place and function of the initiatory ritual properly speaking as described in the *Carakasamhitā* as well as in the other two classical sources, together with the *Carakasamhitā*'s peculiar relation to orthodox Brahminical rites of initiation and learning, are treated elsewhere.³³

2.2 The earliest reference to medical study according to the *Carakasamhitā* in modern scholarly literature is probably the paraphrase of CS Vi 8.4 in Thomas Wise's *Commentary on the Hindu System of Medicine*.³⁴ Thanks to Rudolph

³¹ Chapter 2 of the *Aṣṭāṅgasaṅgraha* is already briefly referred to by Liétard (1862: 31 [= Roṣu 1989: 94]).

³² FWF Project No. P17300-GO3 ("Philosophy and Medicine in Early Classical India"), preceded by the pilot project No. P14451-SPR ("Debate in the Context of the History of Indian Medicine"); a follow-up project aiming at the conclusion of the work on *Vimānasthāna* 8 and the critical edition of *Vimānasthāna* 1–7, thus bringing the work on this *Sthāna* to an end (No. P19866-G15), started in August 2007. For a sketch of the initial project, written immediately after its inception, cf. Prets 2005. The stemmatic hypothesis concerning the ms. transmission of the text of the *Carakasamhitā* that is referred to in the following was developed by the research associate Dr. Philipp Maas, on the basis of a preliminary analysis by Dr. Ernst Prets (the sole research associate in the pilot project), and further discussed, refined and revised during the numerous project meetings of the team of Project No. P17300-GO3 which was joined by Dr. Cristina Pecchia in June 2005.

³³ Cf. Preisendanz forthcoming.

³⁴ Cf. Wise 1845: 12.

Roth's translation of the beginning of the eighth chapter of the *Vimānasthāna*,³⁵ Caraka's complete exposition of the initiation of the medical student became known to a Western readership for the first time in 1872. Roth translated *Vimānasthāna* 8.1–26 and 67 on the basis of two manuscripts, one of them preserved at Cambridge (Trinity College) (Ca^b),³⁶ the other one obtained by him in 1871 through the good offices of Hoernle and still found among the mss. of the *Carakasamhitā* nowadays preserved in the Library of Tübingen University (T1^d).³⁷ Gustave Liétard, in his comparative treatment of the Hippocratic oath and what he calls “le serment des médecins hindous” in the title of a paper published in 1897, explicitly relies on Roth's translation when he discusses the injunctions relating to the conduct of a physician that are formulated by the medical teacher and solemnly acknowledged by his student in the context of initiation as described in the *Carakasamhitā*;³⁸ these injunctions form a substantial part of Caraka's exposition of the medical initiation. Obviously, only one complete edition of the text had come to Liétard's notice by the time he concluded writing this paper.³⁹ He further utilized passages from *Sūtrasthāna* chapter two of the *Suśrutasamhitā* for his comparison and also touched upon the topic of medical teaching in this context. Much earlier, already in 1858, he had addressed this topic and the topic of medical practice in ancient India in a chapter on medical study and practice in his doctoral thesis entitled *Essai sur l'histoire de la médecine chez les Indous*,⁴⁰ and more extensively in 1862 in his third “Lettre historique sur la médecine chez les Indous” which is wholly

³⁵ Cf. Roth 1872.

³⁶ Ms. No. R. 15. 85 (Aufrecht 1869: 21–24); 124 folios (from beginning of Sū to Vi 8.74), Bengali script, paper, date: AD 1780.

³⁷ Ms. M. a. I. 458, No. 141 in Garbe 1899: 62f.; 789 folios (complete), Devanagari, paper, date (according to catalogue): 18th c. Cf. Roth 1872: 442–443 (= Meisig 1994: 468–469). Hoernle bought the manuscript in 1871 in Varanasi, for around twenty-two rupees; a further five rupees were paid to a scribe for copying the missing parts. Postage and insurance amounted to five rupees.

³⁸ Cf. Liétard 1897: 571 (= Roşu 1989: 227).

³⁹ Cf. Liétard *loc. cit.* In fact, after the publication of the *editio princeps* by Shankar Shastri Pade (Mumbai: Nirnayasagar Press 1867) the complete text was edited by Jivanda Vidyasagara Bhattacharyya already in 1877 (Kolkata: Sarasvati Press) (with a second edition printed by the Narayan Press, Kolkata, in 1896), and Avinashchandra's Bengali translation of 1883 (cf. n. 48 below) as well as the first edition of Yashodanandan Sarkar's translation into this language (cf. again n. 48) also contained a complete text of the *Carakasamhitā*.

⁴⁰ Cf. Liétard 1858: 16–20 (= Roşu 1989: 21–25).

devoted to this topical complex.⁴¹ On both occasions, Liétard paraphrased and translated some – mostly not specifically referenced – passages on medical initiation and the method of teaching extracted from Suśruta’s Sūtrasthāna,⁴² similar to Wise who paraphrases, abbreviates, expands and rearranges numerous passages from Suśruta’s Sūtrasthāna chapters two to four and ten in the first Book (“History of Medicine”) of his *Commentary*.⁴³ The same materials, together with references to the eighth chapter of Caraka’s Vimānasthāna, are also utilized in an article of much wider scope written by Liétard’s French colleague Palmyr Cordier in 1902, who collected references to medical teaching in ancient India during what he calls the Vedic-Brahminical period.⁴⁴

2.3 Of later relevant secondary literature on the topic one has to mention Heinrich (“Henry”) Zimmer’s reflections on medical teaching – including the initiation ritual and the teacher’s initiatory speech – based on the *Suśruta-saṃhitā*.⁴⁵ In this connection Zimmer divided the teacher’s lengthy admonitory speech into three parts: (1) rules of the student’s conduct towards his preceptor;

⁴¹ Cf. Liétard 1862.

⁴² The following are the passages referred to by Liétard: Liétard 1858: 17 (= Roṣu 1989: 22) and 1862: 29 (= Roṣu 1989: 92): SS Sū 2.3–4; 1858: 18 and 1862: 29–30: Sū 2.6, abbreviated; 1858: 18, 1862: 38–39 and 1897: 571 (= Roṣu 1989: 227): Sū 2.8; 1858: 19–20 and 1862: 31: Sū 3.48–51; 1858: 19 and 1862: 30: Sū 3.54; 1862: 35: Sū 4.4; 1862: 30: Sū 4.6; 1858: 20 and 1862: 34: Sū 10.3; 1862: 35–36: Sū 10.4.

⁴³ Cf. especially Chapters III (“Character and duties of pupils”) and IV (“Duties of the Physician, of the attendants, and of the patient”). In the exposition on pp. 13–18, which most immediately bears upon the topic of the present contribution, one can discern paraphrases – rearranged, abbreviated and interspersed with comments and possibly details taken from other medical works known to Wise, or rather his informants – of SS Sū 2.3–10, 3.48–50 and 53–55, 4.3–4, 6 and 8, as well as 10.3 and 9. Wise does not indicate the source(s) upon which he draws. Caraka and Suśruta are quite generally referred to as the authors of “shastres” of Āyurveda (pp. 4, 7, 8, 10 and 27). Furthermore, Wise mentions Vāgbhaṭa’s *Aṣṭāṅgahṛdaya* (Babhata, Ostongo-reedoya) and Bhāvamiśra’s *Bhāvaprakāśa* (Baboprukasa) (p. 10), next to the *Manusmṛti* (pp. 12 and 16, obviously in a printed edition or translation).

⁴⁴ Cf. Cordier 1902: 189 (= Roṣu 1989: 509) on Sū 3.48–49 (as adopted in AS Sū 2.9–10); 1902: 186–187 (= Roṣu 1989: 506–507) on SS Sū 3.54; 1902: 187–188 (= Roṣu 1989: 507–508) on Sū 4.3; 1902: 188 (= Roṣu 1989: 508) on Sū 4.6.

⁴⁵ Cf. Zimmer 1948: 78–85. Initiation and study according to the *Suśrutasaṃhitā* are also briefly treated in Mookerji 1951: 345–348 (SS Sū 2 and 3.48–54) and some pertinent sections of Sūtrasthāna chapters two to four and nine to ten translated or referred to in Scharfe 2002: 259–262.

(2) pledge of the preceptor; (3) emphasis of the necessary dedication to the social aspects of the profession. According to Zimmer's careful judgment, only the last part of the teacher's speech may be compared to the ancient Greek medical oath.⁴⁶ Furthermore, Menon and Haberman jointly wrote a well-known paper on the so-called medical student's oath in ancient India based on Caraka's treatment.⁴⁷ Their presentation largely relies on the English translation of the *Carakasamhitā* into a Western language accompanied by a reasoned Sanskrit text;⁴⁸ in the Preface to this translation, medical study in ancient India with all its requirements and aspects is treated according to the classical and medieval sources and with much pride, idealism and enthusiasm sometimes involving anachronistic interpretations.⁴⁹ The chief merit of Menon and Haberman's paper lies in providing a classification of the components of the teacher's initiatory speech according to the *Carakasamhitā*. The two authors distinguish the following topics: (1) a religious oath, (2) asceticism in a

⁴⁶ Cf. Zimmer 1948: 80–81.

⁴⁷ Cf. Menon and Haberman 1970.

⁴⁸ Jamnagar 1949 (SGAS). The first translation into English, without accompanying text, was achieved by Kisari Mohan Ganguli, the well-known translator of the *Mahābhārata* into English (cf. Roṣu 1977: 173), and published in sixty-eight instalments by Avinash Chandra Kaviratna (Kolkata [1890]–1925) (cf. HIML IB, p. 6). A complete translation into Bengali, together with the Sanskrit text, by Avinash Chandra appeared already in 1883 (Kolkata: Vidyaratna Press). It was probably followed by another complete translation into Bengali by Yashodanandan Sarkar in 1894 (Kolkata). The date of the first edition of this translation is provided by Meulenbeld (HIML IB, p. 3, i¹) with reference to a copy kept in the British Library (BL14044.b.2); however, BL14044.b.2 is a copy of the second edition, published by the Vangavasi Electro Machine Press between 1910–1911. (The translators and editors of SGAS only had access the third edition, printed in 1930 [recte for ī. sa. 1330]; cf. no. 28 [p. 19] of the long list of printed editions available to the team which is provided in the first volume of SGAS on pp. 14–19.) On the other side of the Indian sub-continent, Shankara Daji Shastri Pade published a complete Marathi translation “with copious notes” in the form of a quarterly journal devoted to this task which was completed in fourteen fascicles within the years 1897–1898 (Mumbai: Yajñeshvar Gopal Dikshit, Bookseller). At practically the same time, the first translation into Hindi was published, also in Mumbai, by a certain Krishnalal of Mathura (Mumbaimitra Press 1898).

⁴⁹ Cf. especially pp. 138–140, 146, 150–151, 160–177, 184–186, 190–195, 198–199, 215, 236–238 and 240–244 of SGAS I for the presentation of passages in the foundational works considered in the present contribution (*Caraka-*, *Suśruta-* and *Kāśyapa-samhitā*, occasionally *Aṣṭāṅgasāṅgraha*).

student's life, (3) the student–teacher relationship, (4) the dedicated physician, (5) protocol of conduct, (6) the physician's right and obligation to deny his services, (7) postgraduate education, and (8) the successful physician.⁵⁰ Moreover, in a compilation of passages from both *Carakasamhitā* and *Suśrutasamhitā* in a recent small monograph by V.B. and K.V. Athavale entitled *The Ideal Physician*,⁵¹ a classification into (1) “Do's,” (2) “Don'ts,” (3) “relation with the Guru” and (4) “relation with patients” is presented.⁵²

3.1 In my own comparative analysis of the relevant passages of Caraka, Suśruta and Kaśyapa for which the treatment in the *Carakasamhitā* serves as the basis and starting point, I am suggesting a different structure than the one proposed by Menon and Haberman, the Athavales and others⁵³ (cf. Appendix 4). Furthermore, I think that it is important to include the immediate context in such an analysis and thus will first consider part of the larger context in which the student's initiation is addressed in the *Carakasamhitā*.

3.2 On the basis of my analysis of the larger context I want to propose that Caraka's *Vimānasthāna* chapter eight was originally conceived to address the issue of how to become a physician, starting with the treatment of the basic

⁵⁰ In a Ph.D. thesis on medical ethics in Āyurveda to be submitted to the University of Bonn, Dagmar Wujastyk (née Benner) is preparing *inter alia* a study of the so-called medical oath of the *Carakasamhitā*. For a treatment, with some translations, of important sections on medical initiation and study according to Caraka's *Vimānasthāna* chapter eight and a few supplementary passages of his *Sūtra*- and *Cikitsāsthāna*, cf. Scharfe 2002: 258–262. See also Roşu 1978: 86–88 on CS Vi 8.3–4 and 7–14.

⁵¹ Cf. Athavale and Athavale 2003. Cf. especially pp. 11–18 and 20–24 of their rather uncritical and unanalytical exposition.

⁵² Athavale and Athavale 2003: 14–17.

⁵³ Cf. also Ramachandra Rao 1985: 121–122, who isolates nineteen points of instruction in medical ethics in the master's speech. In V.B. Athavale's essayistic presentation of the relevant passages of Caraka's *Vimānasthāna* chapter eight, interspersed with isolated statements taken from Suśruta's relevant chapter, twelve points are abstracted from the master's initiatory speech, rearranged and erroneously characterized as “advice at convocation” (cf. Athavale 2004: 59–60, possibly following the Preface in SGAS I, pp. 234–236, on the alleged oath taken by the student after the completion of his studies, where we find the ambiguous statement that “this convocation ceremony was the remainder [?] of the vow which he had taken at the initiation ceremony”; cf. also the remark in Scharfe 2002: 261, n. 49). In the Preface of SGAS I, pp. 162–164, no attempt is made to structure the “oath of initiation.”

process of studying medicine (1.–2.2.3) and continuing, by way of an extensive excursus, with the exposition of some fundamental methods and techniques of successful medical practice (2.2.3.4a); this was obviously augmented by a number of additions within the original scope of the chapter (e.g., 2.2.3.3) (cf. Appendix 3). The chapter begins with a description of the preliminaries preceding a person's decision to take up the study of medicine. First the aspiring physician has to ascertain his suitability for this demanding task and reach clarity about the effect of his action, its further, final consequence and the relevant circumstances determined by place and time, with the aim to discern the relative weight of the task for himself, i.e., the degree of the challenge it will present to him. Only then he should proceed to critically examine various bodies of medical knowledge with the aim to choose one of them as the basis of his future study; the guidelines for this examination constitute a detailed description or typology of an ideal body of expert knowledge (*śāstra*) (Vi 8.3).⁵⁴ Next, a suitable master (*ācārya*) has to be found; again, the author lists the many qualities of an ideal master in medical studies (Vi 8.4).⁵⁵ After the student has been accepted by the chosen master and served him like the sacrificial Fire, like a God and a king, and like his father and supporter, the master becomes favourably disposed towards him and imparts the respective body of knowledge in its entirety. Subsequently, the process of actual studying begins; it aims at firm mastery of the *śāstra*,⁵⁶ excellent command over the specific

⁵⁴ *buddhimān ātmanah kāryagurulāghave karmaphalam anubandham deśakālau ca viditvā yuktidarśanād bhiṣagbubhūṣuḥ śāstram evāditaḥ parīkṣeta. vividhāni hi śāstrāṇi bhiṣajāṃ pracaranti loke. tatra yan manyeta mahadyaśasvi dhīrapuruṣāsevitaṃ arthabahulam āptajanasya pūjitaṃ trividhaśiṣyabuddhihitam apagatapunaruktadoṣaṃ āraṣaṃ supranītasūtrabhāṣyasaṅgrahakramaṃ svādhāram anavapatitaṃ akaṣṭaśabdaṃ puṣkalābhidhānaṃ kramāgatārtham arthatattvaniścayapradhānaṃ saṅgatārtham asaṅkula-prakaraṇaṃ āsuprabodhakaṃ lakṣaṇavac codāharaṇavac ca tad abhiprapadyeta śāstram. śāstraṃ hy evaṃvidham amala ivādityas tamo vidhūya prakāśayati sarvam.* On this section and parts of it, cf. *inter alia* Liétard 1897: 573 (= Roṣu 1987: 229); Cordier 1902: 188–189 (= Roṣu 1987: 508–509); Roṣu 1978: 87–88; Ramachandra Rao 1985: 122–123; Dash 1989: 185–186; Scharfe 2002: 258; Athavale 2004: 57.

⁵⁵ *tato 'nantaram ācāryaṃ parīkṣeta, tadyathā, paryavadātaśrūtaṃ paridṛṣṭakarmāṇaṃ dakṣaṃ dakṣiṇaṃ śuciṃ jītaḥastam upakaraṇavantaṃ sarvendriyopapannaṃ prakṛtījñāṃ pratipattijñāṃ anupaskṛtavidyaṃ anahaṅkṛtaṃ anasūyakam akopanaṃ kleśakṣamaṃ śiṣyavatsalam adhyāpakaṃ jñāpanāsamartham iti. evaṃguṇo hy ācāryaḥ sukṣetraṃ ārtavo megha iva suśiṣyam āśu śasyaguṇaiḥ sampādayati.* Cp. the early paraphrase in Wise 1845: 12; cf. also Roṣu 1978: 86, Dash 1989: 186, Scharfe 2002: 258 and Athavale 2004: 57 and 62.

⁵⁶ Literally: “the firmness of the body of expert knowledge [in his mind].”

terminology employed in it (*abhidhānasya sauṣṭhava*),⁵⁷ detailed and practical knowledge (*viññāna*) of the subject matter,⁵⁸ and rhetorical skills (*vacanasya śakti*),⁵⁹ all of which can only be achieved after striving intensely⁶⁰ in the right way (Vi 8.5).⁶¹

⁵⁷ Literally: “excellence of (i.e., in) [its] terminology.” This probably refers to familiarity with the special vocabulary of the *śāstra*, especially the medical terminology with uncommon words which may be difficult to remember and pronounce. Reference to the (objective) excellence of its terminology is made in the description of the ideal *śāstra* in CS Vi 8.3 (*puṣkalābhidhāna*). For the expression *sauṣṭhava* used in the present context, cf. also *vāksauṣṭhava* in SS Sū 3.56 (quoted in n. 72 below) which may correspond to *vacanasya śakti* here (cf. below). Cf. also *ṛttasya sauṣṭhava* in CS Vi 8.14, quoted in n. 80 below.

⁵⁸ This seems to refer to a rather advanced stage of training when the contents of the *śāstra* have already been learnt by heart and explained in detail. Cp. *arthaviññāne ... yateta* in SS Sū 3.56 (quoted in n. 72 below), referring to the student of Āyurveda after he has memorized the complete *śāstra*. *arthaviññāne ... ananyakarma* reappears as one of the qualities of an ideal student in CS Vi 8.8. Furthermore, *viññāna* in CS Vi 3.8.17 and 18, as one of the most important qualifications of a participant in debate, seems to be an abbreviated reference to *arthaviññāna*. In both passages, just like here, subsequent mention is made of the power of expression (*vacanaśakti* and *vacanaprativacanaśakti* respectively); cf. the same sequence in the description of one of the types of assembly at a debate in CS Vi 8.20 and 21 (cf. also *viññānavat* as the single attribute of an assembly mentioned in CS Vi 8.65). Under especially favourable circumstances one may enter into a debate even without possessing these two qualifications (cf. again Vi 8.20), and their lack in a disputant makes him an easy prey for a superior opponent (cf. Vi 8.21). In a completely different context, in the description of the various types of human character, we again encounter this sequence (cf. the description of the *brāhma*-type character in CS Śā 4.37[1]).

⁵⁹ The group of mss. constituting the Kashmir tradition (K) of the *Carakasamhitā*, consisting of Ch^d, J1^d, J3^d, P1^s and P2^d, does not read a compound here, i.e., *vacanasya śakti*. Ms. A^d, which also belongs to K, has been corrected to read the compound *vacanaśakti*. The latter form would correspond to the wording found in many places of the printed editions of the text where rhetorical skills are mentioned (cf., e.g., the previous note); it is also the reading known to Cakrapāṇidatta (*Āyurvedadīpikā* [ĀD] p. 623,18). From the stylistic point of view the uncompounded form seems to be the original reading in this context where the other aims are also expressed with uncompounded phrases. Power of expression is required for a trained physician to enable him to efficiently communicate with his patients, to successfully debate with other physicians (cf. CS Vi 8.17–18 and 20–21), which further enhances this capability (cf. Vi 8.15), and to expose charlatans (cf. CS Sū 30.73–81). Cp. also *vāksauṣṭhava ... yateta* in SS Sū 3.56, quoted below in n. 72.

At this point, the author introduces three means (*upāya*) towards this high goal: studying, teaching and colloquies or discourses with experts (Vi 8.6).⁶² As

⁶⁰ The reiteration (and intensification) of the adverb *bhūyas* is not found in the mss. forming the core group of K (i.e., the mss. mentioned above in n. 59, without J1^d and J3^d which are clearly contaminated by the Gauḍa tradition [G]), and in mss. Ca^b (cf. above, n. 36) and M^k, both of which may be members of a tradition of the text of the *Carakasamhitā* preliminarily called E that often preserves the more original readings and reads together with K. Even though one may also assume that the second word *bhūyas* was simply dropped, as obviously happened in two pairs of closely related, inferior mss. of the R and D traditions of the text (Jn1^d and Jn2^d, and A^b and B2^d respectively), the quality of the core mss. of K and their support by two mss. of E speak in favour of an original single *bhūyas*.

⁶¹ *tam upasṛtyārīrādhaṣur upacared agnivac ca devavac ca rājavac ca pitṛvac ca bhartrvac cāpramattah. tatas tatprasādāt kṛtsnam śāstram adhigamya śāstrasya dṛḍhatāyām abhidhānasya sauṣṭhave 'rthasya vijñāne vacanasya śaktau ca bhūyah prayateta samyak.* Cf. the paraphrase in Dash 1989: 186.

⁶² *tatropāyā vyākhyāsyante – adhyayanam adhyāpanam tadvidyasambhāsety upāyāḥ.* Cf., e.g., Ramachandra Rao 1985: 123 and Athavale 2004: 59. All three means are subsequently expounded. If one follows Trikamji's text which reads *tatropāyān anuvyākhyāsyāmaḥ*, this makes the following treatment appear as a very extensive afterthought to the previous statement in which the author had delineated the aims of the efforts to be made by the striving student. A very similar formulation, introducing the explanation of previously mentioned means, occurs in CS Sū 1.11.5 (*tatropakaraṇopāyān anuvyākhyāsyāmaḥ*). In fact, there are many other occurrences of *anuvyākhyāsyāmaḥ* in the *Carakasamhitā*, especially when the explanation of a sub-topic, albeit never such an extensive one as here, is introduced in a "lesson"; this usage has to be distinguished from the formula at the beginning of chapters, or – according to K – of the first chapter of each Sthāna, which has almost exclusively *vyākhyāsyāmaḥ*. K, however, joined by M^k (cf. n. 60 above), reads *tatropāyā vyākhyāsyante* here; in Trikamji's text of the *Carakasamhitā* only one further occurrence of such a passive future form is found, i.e., in Vi 8.85 (*yasya yo yo viśeṣo yathā yathā ca parīkṣitavyaḥ sa tathā tathā vyākhyāsyate*). There the majority of the mss. has the passive form as edited by Trikamji; only a single, not particularly important ms. belong to the D tradition (Jn3^d) and the unrelated ms. L2^d, probably belonging to the E tradition (cf. again n. 60 above), which is obviously contaminated by readings of some manuscript of the G tradition and shows frequent signs of a particular inventiveness of its scribe, ungrammatically read *anuvyākhyāsyāmaḥ*. The addition of the *upasarga anu* to the passive form, however, resulting in *anuvyākhyāsyate*, can be observed in the D tradition of the text (inclusive of Jn3^d, mentioned above, and exclusive of Km^d, where the lack of *anu* is clearly an individual mistake by the scribe) and in the R tradition, exclusive of its sub-branch R¹² (consisting of three mss.), which shows frequent contamination from

is obvious from the following two sections of the work, the terms “studying” (*adhyayana*) and “teaching” (*adhyāpana*) stand for the right way (*vidhi*) of studying (Vi 8.7)⁶³ (cf. below p. 649f.) and teaching; the exposition of the latter (Vi 8.8–14) contains the lengthy description of the initiation of the student (Vi 8.11–14).

3.3 After this glimpse into my analysis of the larger context I would like to present the results of my comparative analysis of the relevant passages as found in Caraka, Suśruta and Kaśyapa, which is also meant to serve as an overview of the issues which are addressed in connection with the initiation of the medical student (cf. Appendix 4).

It immediately becomes clear that the *Kāśyapasamhitā*, although it omits the preliminary considerations, is more related to the exposition in the *Carakasamhitā* and closer in overall structure to it than to the *Suśrutasamhitā*. At the same time, Kaśyapa’s treatment resembles the exposition in the *Suśrutasamhitā* inasmuch as the initial point of view is that of the teacher, and not of the student. In both sources, *Kāśyapasamhitā* and *Suśrutasamhitā*, the description of the initiation ritual is located at the beginning of the exposition,⁶⁴ and a passage on acceptable students appears adjacent to it;⁶⁵ in the *Suśrutasamhitā* the issue of who may be a suitable student even takes the primary position in the relevant chapter and is considered for a second time immediately after the description of the ritual,⁶⁶ whereas the required qualifications of the *preceptor* are not touched upon here or in the following chapters. In this latter respect, Kaśyapa again follows Caraka with a passage on the qualifications of the preceptor⁶⁷ which pre-

the direction of G. In the present case of Vi 8.6, I therefore prefer to follow the “irregular” reading of K and M^k, under the assumption that the other branches reflect a standardization and homogenization with the formula with the *upasarga anu* used to introduce shorter sub-topics within chapters as well as an adaptation to the very frequent active (and thus personalized) form *vyākhyāsyāmaḥ* used at the beginning of “lessons.” Of course, the issue can only be decided after all occurrences of this and similar forms in the *Carakasamhitā* have been critically edited.

⁶³ Quoted below in n. 107.

⁶⁴ Cf. KS Vi 1.3 and SS Sū 2.4 (cf. Liétard 1858: 17–18 [= Roşu 1989: 22–23]; Mookerji 1951: 345).

⁶⁵ Cf. KS Vi 1.4 (*śiṣyaguṇāḥ*) and SS Sū 2.3 (cf. Liétard 1858: 17 [= Roşu 1989: 22] and 1862: 29 [= Roşu 1989: 92]; Mookerji 1951: 345; cp. also Wise 1845: 13).

⁶⁶ Cf. SS Sū 2.5.

⁶⁷ Cf. KS Vi 1.5 (*guru*).

cedes the description of his initial instruction of the student.⁶⁸ Subsequently, the *Kāśyapasamhitā* addresses the right method of study;⁶⁹ in the *Carakasamhitā* this topic is treated more broadly and *before* the initiation, a fact that is indicative of its characteristic focus on the student. By contrast, the *Suśrutasaṃhitā* turns to the method of study only in the next chapter,⁷⁰ in an appendix to the presentation of the contents of study, specifically the *sthāna*-s and chapters of the work itself and the disciplines (*tantra*) contained in them;⁷¹ of the two verses quoted at the end, one contains an outline of the aims of study⁷² some of which are reminiscent of aims mentioned in the corresponding prose section in the *Carakasamhitā*.⁷³ Both Suśruta and Kāśyapa, on the other hand, when treating the method of study, concentrate on the specific method of learning the *śāstra* by heart and practising its recitation.

Matters are getting more complicated when one compares the core of the exposition of the medical initiation in the *Carakasamhitā*, namely, the initiatory speech of the master, with the other two sources. It has to be noted that in the *Kāśyapasamhitā* the treatment of the corresponding items does not occur exclusively within the context of the initial instruction of the student; most of the material is presented afterwards in a long section of injunctions which are not presented as part of a speech by the preceptor, but come from the mouth of the

⁶⁸ Cf. KS Vi 1.6 (*śiṣyānuśāsana*).

⁶⁹ Cf. KS Vi 1.7 (*adhyayanavidhi*).

⁷⁰ Cf. SS Sū 3.54, partially quoted in n. 100 below (cf. already Liétard 1858: 19 [= Roşu 1989: 24] and 1862: 30 [= Roşu 1989: 93]; see further Cordier 1902: 186–187 [= Roşu 1989: 506–507], Zimmer 1948: 83, Mookerji 1951: 347 and Scharfe 2002: 261; cp. also Wise 1845: 16).

⁷¹ Cf. SS Sū 3.3–46. The corresponding enumeration of *sthāna*-s of the *Carakasamhitā*, their contents and chapters in CS Sū 30.33–67 and the listing of the eight (bodily) parts (*aṅga*) or disciplines of Āyurveda in CS Sū 30.28 are situated in a different context. The former appears as the answer to questions three to five (about *sthāna*, *sthānārtha* and *adhyāya*) of eight testing questions concerning his *tantra* or authoritative body of expert knowledge (cf. CS Sū 30.31, quoted below in n. 111) which a physician should ask another physician right when they encounter (cf. CS Sū 30.30; see also Scharfe 2002: 262, n. 61), whereas the latter is the correct response to the sixth question in another set of eight questions concerning the science of the human life-span as such and designed to identify a true physician (cf. CS Sū 30.20 and also below, p. 651).

⁷² Cf. SS Sū 3.56: *vāksauṣṭhave 'rthavijñāne prāgalbhye karmanāipune / tadabhyāse ca siddhau ca yatetādhyayanāntagaḥ //*.

⁷³ Cf. CS Vi 8.5, quoted in n. 61 above, and nn. 57 and 58.

author.⁷⁴ Despite this formal and stylistic difference, the *Kāśyapasaṃhitā* is again more closely related to the *Carakasamhitā* than to the *Suśrutasamhitā*. Although in divergent order, it addresses a number of the themes treated by Caraka that concern the appropriate conduct of the student as a practitioner of medicine, namely, his general behaviour, the etiquette for house visits, keeping everything confidential, the sharing of knowledge with the patient, and the choice of patients; in addition, the *Kāśyapasaṃhitā* mentions some rules for the administration of drugs, the requirement of basic equipment and the cooperation with other physicians. In contradistinction, the *Suśrutasamhitā* only addresses the general behaviour of the student as a practitioner and his choice of patients⁷⁵ in the present context; a section on the etiquette for house visits occurs much later in the tenth chapter of the *Sūtrasthāna*.⁷⁶ What is common to all three sources is the order in which the conduct of the student is addressed: first, his behaviour as a student, which is the sole content of the initial instruction according to the *Kāśyapasaṃhitā*, and second, his behaviour as a practitioner. Quite in keeping with its focus on the preceptor's point of view, at least in the second chapter of the *Sūtrasthāna*, the *Suśrutasamhitā* inserts a small passage into the preceptor's speech, immediately after the outline of the expected conduct of the student as student, in which the preceptor expresses his obligation towards the student.⁷⁷ Conversely, the *Carakasamhitā*, with its clear focus on the student's point of view, has a brief section on the way in which the student expresses his obligation to follow the injunctions.⁷⁸

Two further themes of the initiatory speech according to Caraka remain to be addressed. The first one is the admonition to always behave properly towards the Gods and other figures worthy of respect;⁷⁹ a correspondence to this general advice concerning a socio-religious matter is not found in the other sources compared in the present contribution. The second theme concerns the

⁷⁴ Cf. KS Vi 1.8.

⁷⁵ Cf. SS Sū 2.8 (cf. already Liétard 1858: 18 [= Roşu 1989: 23], 1862: 39–40 [= Roşu 1989: 102–103] and 1897: 571 [= Roşu 1989: 227]; see also Scharfe 2002: 259).

⁷⁶ Cf. SS Sū 10.4, already treated in Liétard 1862: 35–36 (= Roşu 1989: 98–99), and Sū 10.9, obviously referred to in Wise 1845: 18.

⁷⁷ Cf. SS Sū 2.7: *aham vā tvayī samyag vartamāne yady anyathādarśī syām enobhāg bhaveyam aphalavidyāś ca* (cf. Scharfe 2002: 260 and Athavale 2004: 62).

⁷⁸ Cf. *evaṃ bruvati cācārye śiṣyas tatheti brūyāt* in CS Vi 8.14.

⁷⁹ CS Vi 8.14: ... *ataḥ param idaṃ brūyāt: "devatāgnidvijaguruvṛddhasiddhācāryeṣu te nityaṃ samyag varitavyam, teṣu te samyag vartamānasyāyam agniḥ sarvarasagandharatnabījāni yatheritāś ca devatāḥ śivāya syuḥ, ato 'nyathā vartamānasyāśivāya" iti. ...*

student's attitude towards acquiring supplementary knowledge and expertise.⁸⁰ None of the other sources has a corresponding section in the present context; the *Suśrutasamhitā* addresses the issue in a similar way only later on, in the fourth chapter of the *Sūtrasthāna*.⁸¹

Conversely, there is one theme that is curiously absent in the *Carakasamhitā* in the present context, but treated rather extensively by Suśruta and Kaśyapa, namely, the times and occasions when study has to be discontinued or should not be taken up at all (*anadhyāya*). As mentioned above (cf. p. 632), corresponding sections in the present context are also found in the *Hārītasamhitā* and the *Aṣṭāṅgasaṅgraha*. Caraka's *Sūtrasthāna* contains an enumeration of *anadhyāya*-s;⁸² however, it appears in the context of an extensive description, largely by way of prohibitions, of good conduct (*sadvṛtta*) in general⁸³ and is not specifically related to the medical student or his initiation. In both the *Suśrutasamhitā* and the *Kāśyapasamhitā*, the *anadhyāya*-s are addressed *after* the speech or initial instruction of the preceptor and do not form a part of it. Their enumerations more or less conform to the traditional enumerations of occasions when study is not allowed, such as the one in the *Manusmṛti*, and do not exhibit any characteristics which may be considered specific to the medical tradition.⁸⁴ According to the two relevant verses quoted in the *Suśrutasamhitā*,⁸⁵

⁸⁰ CS Vi 8.14: *na caiva hi sutaram āyurvedasya pāram. tasmād apramattaḥ śaśvad abhiyogam asmin gacchet. tad evaṃ kāryam, evaṃbhūyaś ca vṛttasya sauṣṭhavam anasūyatā parebhyo 'py āgamayitavyam. kṛtsno hi loko buddhimatām ācāryaḥ śatruś cābuddhimatām. etāc cābhisamīkṣya buddhimatāmītrasyāpi dhanyaṃ yaśasyam āyuṣyaṃ lokyaṃ ity upadiśato vacaḥ śrotavyam anuvidhātavyaṃ ceti. ...*

⁸¹ Cf. SS Sū 4.6–7. See Wise 1845: 15, Cordier 1902: 188 (= Roṣu 1989: 508) and Mookerji 1951: 347.

⁸² Cf. CS Sū 8.24.

⁸³ Cf. CS Sū 8.17–29. The good conduct defined by the numerous injunctions and prohibitions should be adopted by everyone who wishes to effect what is beneficial for himself (*ātmahita*) (CS Sū 8.17), because it achieves two things at the same time: freedom from disease, i.e., physical health, and victory over the senses, i.e., mental and psychological health (CS Sū 8.18). See also Roṣu 1978: 86 on the role of good conduct according to this section.

⁸⁴ Cf. especially MS 4.95–127 and YS 1.142–151. On the most important occasions for interruption of Vedic recitation/study according to the ritual literature, cf. Kane 1974: 393–402; cf. also, e.g., Mookerji 1951: 193–194 and Scharfe 2002: 219–220.

⁸⁵ SS Sū 2.9–10: *kṛṣṇe 'ṣṭamī tannidhane 'hanī dve śukle tathāpy evaṃ ahardvisandhyam / akālavidyutstanayitnughoṣe svatantrarāṣṭrakṣitipavyathāsu // śmaśānayanādyatanāhaveṣu mahotsavautpātikadarśaneṣu / nādhyeyam anyeṣu ca yeṣu viprā nādhī-*

the occasions are the eighth day of each lunar fortnight (*aṣṭamī*) and the two concluding days respectively, i.e., the fourteenth and the new and full moon days,⁸⁶ the two twilights of a day (*ahardvisandhya*),⁸⁷ the occurrence of untimely lightning and thunder (*akālavidyutstanayitnughoṣa*),⁸⁸ and times of agitation and disquietude (*vyathā*) for one's own people (*svatantra*) (??), state and king,⁸⁹ one should also not study on a cremation ground,⁹⁰ on or in vehicles (or conveyances in general),⁹¹ during present (*adyatana*) battles⁹² or sacrifices (*āhava*),⁹³ at the time of great festivals (*mahotsava*)⁹⁴ and when one observes portents (*utpātika*).⁹⁵ Besides, one should not study at any time when Brahmins

yate nāśucinā ca nityam //; cf. the paraphrase of these verses in Wise 1845: 15.

⁸⁶ Cf. KS Vi 1.7 (*na pakṣiṇīṣu, nāpy aṣṭakāsu*), and HS 1.28ab as well as AS Sū 2.5a (without the eighth and fourteenth days) referred to above (nn. 25 and 28). Cf. MS 4.113cd and YS 1.145ab. Cp. also CS Sū 8.24 (*na naṣṭacandrāyāṃ tithau*).

⁸⁷ Cf. KS Vi 1.7 and HS 1.31a; see also CS Sū 8.24. Cf. MS 4.113b; YS 1.144a and 1.149b.

⁸⁸ Cf. AS Sū 4c (*nākālavidyutstanite*) and HS 1.29ab (*akāle ... garje*). In the context of good conduct, CS Sū 8.24 only mentions untimely lightning (*na vidyutsv anārtaviṣu*). Cp. MS 4.103a (*vidyutstanitavarṣeṣu*) and especially 106b (*vidyutstanitaniḥsvane*), as well as YS 1.144a (*garjita*) and 148b (*vidyutstanitasamplave*). The reference to lightning in KS Vi 1.7 is unclear to me; if the transmitted text is correct, one would have to understand a phrase *vidyut...darśaneṣu* (cf. also n. 95 below).

⁸⁹ See *Nibandhasaṅgraha* (NS) p. 12b,2: *ātmīyalokadeśabhūmipapīḍāsu*. Cf. HS 1.30d and 31c; cp. also KS Vi 1.7 (*na gobrāhmaṇaguruparātmapīḍāyām*).

⁹⁰ Cf. MS 4.116a and YS 1.147d.

⁹¹ Cf. MS 4.120 and YS 1.150ab.

⁹² Literally: “during a present-day battle.” Ḍalhaṇa glosses *adyatana* with *vadhyasthāna* (NS p. 12b,4). However, this interpretation is rather problematic; the EDS does not report any such meaning. As an alternative understanding, one may consider a *bahuvrīhi* compound meaning “[in places] where there is a present-day battle,” i.e., in places where on the same day a battle is going on (cf. Hārāṇacandra's interpretation quoted in n. 2 on *vadhyasthānam* in the *Nibandhasaṅgraha*; on Hārāṇacandra cf. p. 655f. below). Cf. also HS 1.31a (*āhave*). Cp. MS 4.121b: *na saṅgare*.

⁹³ Cf. HS 1.27b (*yajñakarman*).

⁹⁴ Cf. KS Vi 1.7, HS 1.27b and CS Sū 8.24.

⁹⁵ Literally: “something portentous” or “ominous.” In the context of the *anadhyāya*-s, the falling of a meteor (*ulkāpāta*), which is mentioned in CS Sū 8.24, may be such a portent. Cp. MS 4.103b (*maholkānām ca samplave*) and YS 1.144b (*ulkānipatana*). The wording in KS Vi 1.7 concerning the meteor (*vidyudulkānabhavarṣāsūryadarśaneṣu*) remains unclear to me (“when one sees lightning, a meteor [and] rain without clouds,

do not study, and never in an impure state.⁹⁶ Kaśyapa⁹⁷ mentions some of these occasions⁹⁸ and adds further ones, such as offenses against the preceptor(s) or grave offenses (?) (*guruvyālīkeṣu*), the *parvan*-s and the time after one has eaten.⁹⁹ How one should, or rather should not recite is only addressed later in the Sūtrasthāna of the *Suśrutasamhitā*, after the treatment of the instruction by the master and the method of memorization,¹⁰⁰ just as in the *Kāśyapasamhitā*;¹⁰¹ in this context Suśruta also refers to the well-known requirement that no creature should pass between the teacher and his student while the latter is receiving instruction.¹⁰² A corresponding section on the mode of recitation follows the list of *anadhyāya*-s in Caraka's exposition of good conduct in the Sūtrasthāna.¹⁰³

[and does] not [see] the sun"[?]]. Cp. KS Vi 1.7 (*nādbhutadarśane*) and MS 4.118d (*sarvādbhuteṣu ca*).

⁹⁶ Cf. YS 1.148ab.

⁹⁷ Cf. KS Vi 1.7.

⁹⁸ Cf. the references given in the preceding notes.

⁹⁹ Cf. MS 4.121c.

¹⁰⁰ Cf. SS Sū 3.54, already referred to in n. 70 above: ... *adrutam avilambitam aviśaṅkitam ananunāsikaṃ suvyaktākṣaram apīḍitavarṇam akṣibruvauṣṭhahastair anabhinītaṃ susaṃskṛtaṃ nātyuccair nātinīcaiś ca svaraiḥ paṭhet*.

¹⁰¹ Cf. KS Vi 1.7. According to Kaśyapa, further undesired ways are: reciting with a too much protracted voice (*ati...pluta...svaraiḥ*), in a hesitating manner (*sandigdham*) (see *aviśaṅkitam* in SS Sū 3.54), directly from the mouth of the preceptor (*āmukhād guruḥ*) (?), and when one is hungry, thirsty, sick, depressed, etc. (*kṣutpipāsāvyādhivaimanasyādiyuktaḥ*).

¹⁰² Cf. SS Sū 3.54: *na cāntareṇa kaścid vrajet taylor adhīyānayoḥ*. Cp. MS 4.126 (*paśumaṇḍukamārjāraśvasarpanakulākhubhiḥ / antarāgame vidyād anadhyāyam aharniśam* //) and YS 1.146a–c (*paśumaṇḍukanakulaśvāhimārjārasūkaraiḥ / kṛte 'ntare tv ahorātram* [scil. *anadhyāyaḥ*]).

¹⁰³ Cf. again CS Sū 8.24. Similarly, the mode of recitation is addressed in connection with the *anadhyāya*-s in the *Aṣṭāṅgasangraha* (AS 2.5cd: *nāvicchinnaḥ padam nātimandam nātyuccanīcakaiḥ* //) and the *Hārītasamhitā* (1.26). Some specifications mentioned in CS Sū 8.24 correspond to the ones found in the *Suśrutasamhitā*, the *Kāśyapasamhitā* and the just mentioned two sources; cp. *nātidrutam* with *adrutam* in SS Sū 3.54, *na vilambitam* with *avilambitam* in SS Sū 3.54 and *nātimandam* in AS 2.5cd, *nātyuccair nātinīcaiḥ svaraiḥ* with *nātyuccair nātinīcaiś ca svaraiḥ* in SS Sū 3.54, *nātyuccanīca...svaraiḥ* in KS Vi 1.7, *nātyuccanīcakaiḥ* in AS 2.5cd and *nīcoccam* (scil. *varjayet*) in HS 1.26c, and possibly *nānavasthitapadam* with *nāvicchinnaḥ padam* in AS 2.5cd. Cf. also below, n. 105.

Why are the occasions when study has to be interrupted and the desired and undesired modes of recitation not mentioned or alluded to in the eighth chapter of Caraka's *Vimānasthāna*? One may assume that the author of the section on the initiation of the medical student in the *Carakasamhitā* considered it self-evident that the general rules concerning study – consisting in the prohibition of study at special occasions¹⁰⁴ as well as the prohibition of certain ways of recitation¹⁰⁵ – which are formulated in the context of good conduct and in obvious dependence on the rules for Vedic study also apply to medical study, whereas Suśruta and Kaśyapa thought it necessary to address the issue in the context of medical study and instruction in order to demonstrate or emphasize the orthodox nature of the medical tradition and its transmission; for the authors of the *Aṣṭāṅgasāṅgraha* and the *Hārītasamhitā*, however, the adjustment of medical study to characteristic features of the study of the Veda may have already become a matter of fact and the reference to the *anadhyāya*-s a quite natural component of their expositions of medical study. Alternatively, it

¹⁰⁴ Reference has already been made above to a number of occasions named here that are also listed in the other classical medical works under examination. In addition, according to CS Sū 8.24 one should not study on the following occasions: when the skies are blazing, i.e., on fire (*abhyuditāsu dikṣu*) (*abhyudita* = *abhyutthita*? cf. Apte s.v. *abhyutthita* 2, and ĀD p. 128,34: *abhyuditāsu dikṣu dāhavaṭīṣu dikṣu*) (cf. HS 1.29b: *digdāhe*, and MS 4.115a = YS 1.149a: *diśām dāhe*), when there is a conflagration (*agnisamplave*) (literally: “an inundation by / a great multitude of fire”; cf. *Vidyotinī* [V] p. 128,27–28: *saṁīp meṁ kahīm āg lag jāne*, similarly *Tantrārthadīpikā* [TD] p. 72,6, Sharma and Dash 1992: 178 and Sharma 1994: I, p. 60, *pace* EDS s.v. *agnisamplava*, referring to CS Sū 8.24: “destruction caused by fire,” and *Jalpakaḥṭṭaru* [JKT] p. 426,25: *grāmanagarādaḥ vahninā dagdhe*) (on the term *samplava* used for the profuse occurrence of heavenly phenomena such as lightning, thunder and meteors, cf. above, nn. 88 and 95; cp. also MS 4.118b: *sambhrame cāgnikārīte*), at the time of earthquakes (*bhūmikampa*) (cf. AS Sū 2.4d and HS 1.29b; cf. also MS 4.105a and YS 1.144b), when a meteor falls down (*ulkāpāta*) (cf. above, n. 95) and at the time of great eclipses (*mahāgrahopagamane*) (cf. AS Sū 2.4d: *rāhudarśane* and HS 1.29cd: *grahāṇe candrasūryayoḥ*; cp. MS 4.110d and YS 1.145b).

¹⁰⁵ Some of the ways one should not recite which are named in CS Sū 8.24 have already been pointed out above as parallels to some injunctions and prohibitions found in SS Sū 3.54, AS Sū 2.5cd and HS 1.26 (cf. n. 103). Furthermore, one should not recite in a vulgar way (cf. CS Vi 8.3, quoted in n. 54 above, where the adjective *anavapatita*, the preferred, but uncertain reading of the text as known to Cakra-pāṇidatta, refers to the ideal *śāstra*), a prohibition possibly expressed in positive terms with the adverb *susamśkr̥tam* in SS Sū 3.54 (partially quoted in n. 100 above), not excessively (*atimātram*), not languid (*tāntam*), not discordant / with an accent (?) (*vi-svaram*) and not too weak (*nātiklībam*) (cf. KS Vi 1.7: *nāti...klībasvaraiḥ*).

is conceivable that in spite of the clearly Brahmanized character of the medical initiation ritual as presented in the *Carakasamhitā*¹⁰⁶ the actual study of the medical *śāstra* was not yet influenced by rules and regulations specifically relating to the study of the Veda when the pertinent section of Vimānasthāna chapter eight was composed. Even though Caraka's description of the right way of study,¹⁰⁷ as the first means to master the science, contains a number of parallels to elements of the descriptions of Vedic study in the Dharmasūtras as well as in the *Manusmṛti* and *Yājñavalkyasmṛti*, these elements appear to be of a general cultural significance and study is described in such a way that it could be the study of any branch of knowledge; at first sight, one cannot even detect in the description any prominent features that may be specific to the study of Āyurveda: Ready ("fit") for study and eager to assume his task at the appointed time (*kṛtakṣaṇa*), the student should get up at sunrise or about dawn, follow the call of nature,¹⁰⁸ bathe and pay homage to the Gods, to cattle, to Brahmins, preceptors (*guru*), elders (*vrddha*) and perfected human beings (*siddha*), and finally to his master (*ācārya*).¹⁰⁹ Then he should sit down comfortably on an even and pure spot¹¹⁰ and, going through the foundational work (*sūtra*)¹¹¹ with mindful words,¹¹² repeat it again and again. After he has properly entered into the true nature of its contents with his intellect,¹¹³ he should continuously practise

¹⁰⁶ For details, cf. the forthcoming study mentioned above, p. 634.

¹⁰⁷ Cf. CS Vi 8.7: *tatrāyam adhyāyanavidhiḥ – kalyaṇ kṛtakṣaṇaḥ prātar utthāyopavyūṣaṃ vā kṛtvāśyakaṃ upasprśyodakaṃ devagobrāhmaṇaguruvṛddhasiddhācāryebhyo namaskṛtya same śucau deśe sukhopaviṣṭo manaḥpuraḥsarābhir vāgbhiḥ sūtram anukṛāman punaḥ punar āvartayet. buddhyā samyag anupraviśyārthatattvaṃ svadoṣaparihāraparadoṣapramāṇārtham evāparāhṇe rātrau ca śaśvad aparihāpayann adhyāyanam abhyasyed ity adhyāyanavidhiḥ*. Cp. KS Vi 1.7.

¹⁰⁸ Cf., e.g., MS 4.93ab (*āśyakaṃ kṛtvā*) and YS 1.16c on the evacuation of urine and feces in the early morning before the start of instruction.

¹⁰⁹ Mss. V2^b and V3^b, both copied from a ms. of the E group (cf. n. 60 above) which shows contamination from the G tradition of the text of the *Carakasamhitā*, insert "seers" (*ṛṣi*) between "Gods" and "cattle"; this reading is also found in Gangadhara Kaviraj's *Mṛtyuñjayasamhitā* (MrS), a rearrangement of the text of the *Carakasamhitā*.

¹¹⁰ Cf., e.g., YS 1.18a relating to the Vedic student: ... *śucau deśa upaviṣṭaḥ*

¹¹¹ Cf. CS Sū 30.31: *tatrāyurvedaḥ śākhā vidyā sūtram jñānaṃ śāstraṃ lakṣaṇaṃ tantraṃ ity anarthāntaram*.

¹¹² Literally: "with words preceded by [an activity of] the mind." The variant reading *purāḥsarābhiḥ* violates P 3.2.18 which prescribes the use of the *kṛt*-suffix *-a* with the feminine formation *-ī* (i.e., *ṭa*) after \sqrt{sr} when preceded by *purāḥ*.

¹¹³ For this phrase, cp. *buddhyā samyag anupraviśyārthatattvaṃ* ... in CS Sū 30.18. Cp.

this method of study in the afternoon and at night,¹¹⁴ constantly taking care not to let it wane, for the purpose of avoiding own mistakes and judging the mistakes of others.¹¹⁵

Finally, a further interesting feature linking Caraka and Kaśyapa in the present context has to be pointed out. Following upon the recommendation to put up patiently with another physician who may appear on the scene and to make

also CS Sū 8.17: ... *buddhyā samyag avekṣyāvekṣya* In CS Vi 8.7, Cakrapāṇidatta clearly reads *buddhvā* and construes a phrase *samyag buddhvārthatattvam* (cf. ĀD p. 624,10–11); his commentary does not attest *anupraviśya*. Perhaps Cakrapāṇidatta's exemplar of the basic text he commented upon was faulty at this point and lacked *anupraviśya*, which led to the easily understandable misreading/misinterpretation of *buddhyā* as *buddhvā*.

¹¹⁴ Two times of the day, afternoon and night, are mentioned in the majority of the mss.; in practically all of them, except the core mss. of the K group (cf. n. 59 above), a third time of the day, namely, noon, has been added, presumably to emphasize the required continuity of study and add another concrete specification of "continuously," although noon is generally not a very suitable time for study in the Indian climate.

¹¹⁵ The reference merely to the student's own mistakes according to the text of practically all mss. of groups K, G and R (with the exception of P3^d and T1^d) (cf. nn. 59–60 and 62) at first sight seems appropriate because at the described stage the student is still concentrating on basically mastering the text and meaning of the *śāstra*. Continuous practice will help him to avoid mistakes and measure them, i.e., get an idea of the kind of mistakes he is prone to commit. The insertion of a reference to the mistakes of *others* in the majority of the mss. of the E and D group as the object of the action of measuring (in some mss. with varying loss of text due to eye-skip, including *inter alia* the very reference to the mistakes of others) might be considered problematic because others' mistakes do not seem to be an issue at this stage. However, from the stemmatic point of view and with the absence of clear evidence of a specific contamination (at least for this part of Caraka's *Vimānasthāna*) an independent identical insertion in the two exemplars from which the sources mentioned above ultimately derive is difficult to imagine. It is very well conceivable that in the present context the author anticipated the situation of hostile colloquies into which the student may enter later on and in which an estimation of the mistakes of his opponent in quoting or paraphrasing the *śāstra* will serve him well; even in peaceful colloquies knowledge of the other's mistakes may be considered useful with a view to obtaining adequate knowledge of the subject matter. The loss of the reference to the mistakes of others may thus have happened independently in the three ultimate exemplars of the mss. of groups K, G and R due to an eye-skip, and the two words may subsequently have been added by way of contamination in P3^d (unless this ms. is a copy made from the still intact ancestor of the ms. from which the other G mss. ultimately derive) and T1^d.

him well-disposed by conciliatory conduct,¹¹⁶ Kaśyapa continues to offer advice how to act if the other physician repeatedly resorts to abuse or censure. In this case, one should enter into a fight, i.e., hostile colloquy, with him (*vigṛhya*), shower him right away with a concatenation of statements (*grantha*) (?) and not give him any opportunity to speak.¹¹⁷ From the structural point of view, Vimānasthāna chapter one of the *Kāśyapasamhitā* thus provides a further parallel to Vimānasthāna chapter eight of the *Carakasamhitā* where the treatment of peaceful or friendly (*sandhāya*) and hostile (*vigṛhya*) colloquies (*sambhāṣā*), as the third means to master the science of medicine, follows immediately upon the description of medical initiation, which is part of the second means, namely, instruction (*adhyāpana*) (cf. above, p. 642). Moreover, although Kaśyapa's description how one may vanquish one's opponent in such a hostile discourse is rather brief, it is strongly reminiscent in wording and flavour of some passages in Caraka's section on hostile discourse in the following *sambhāṣā*-section,¹¹⁸ as was already indicated in general by the learned editor and modern commentator of the *Kāśyapasamhitā*, Satyapal Bhishagacharya. In the present context, such closeness in wording is rather observed between the *Carakasamhitā* and the *Suśrutasamhitā*, which, however, is more remote from the former from the point of view of structure (cf. p. 642f. above). Furthermore, after the brief section on hostile discourse, Kaśyapa continues with a long section on the method of questioning other physicians, probably with continued reference to those who abuse or censure their colleagues. Of the sixteen or seventeen¹¹⁹ recommended questions, together with their correct or expected answers, seven are identical in content with seven of the eight questions that a physician must be prepared to answer according to the thirtieth chapter of Caraka's *Sūtrasthāna*.¹²⁰ The identical questions are, in the order and

¹¹⁶ Cf. KS Vi 1.9: *athānyo bhiṣag abhiṣadet tasmai kṣameta sāmṇā cānunayet*.

¹¹⁷ Cf. KS Vi 1.9: *punaḥ punaḥ kutsayantaṁ taṁ vigṛhyādito granthenāvakiren na cāsyā vākyaṁvakāśaṁ dadyāt*.

¹¹⁸ Cp. the remainder of KS Vi 1.9 (*bruvato 'pi proktaṁ ca brūyāt – naitad evaṁ iti. parihased apaśabdāṁś cāsyā vigṛhṇīyāt* (read *nigṛhṇīyāt*?), *arthe kṛcchre cainam avatārayet. na cainam avaśaḥ paruṣayet, stotragarbhair evainaṁ dharṣayed iti*) with CS Vi 8.20 (according to Trikamji's edition): ... *āviddhadīrghasūtrasaṅkulair vākyaḍaṇḍakaiḥ kathayitavyam atihṛṣṭaṁ muhur muhur upahasatā param ... bruvataś caivāsyā vākyaṁvakāśo na deyaḥ, kṣaṭśabdāṁ ca bruvatā vaktavyo nocyate ... iti*. For an annotated translation of the latter passage, cf. Kang 2003: 76 and 82–87.

¹¹⁹ Cf. the question *kena cādhyeyaḥ* which is answered in KS Vi 1.10 (p. 61b,21), but not found in the introductory list of questions (p. 61a,40–61b,4).

¹²⁰ Cf. CS Sū 30.20–29; cf. also n. 71 above.

formulation of the *Carakasamhitā*: Which of the four Vedas is being taught by those who know Āyurveda? What is *āyus*? Why is Āyurveda (called) Āyurveda? Is it eternal or non-eternal? How many parts are there to Āyurveda, and which are they? By whom is Āyurveda to be studied? And for what purpose?¹²¹ Unfortunately, the manuscript of the *Kāśyapasamhitā* breaks off at the beginning of the answer to the eleventh question.¹²² We therefore cannot know if after this section Kaśyapa further addressed the topic of debate which occupies much space in Caraka's Vimānasthāna chapter eight, even without the large inserted segment on *vāda*.¹²³

4. The above analysis of the eighth chapter of Caraka's Vimānasthāna has affirmed that the exposition of the initiation of the medical student is an integral part of this chapter which deals with the study of medicine within the broader issue how one becomes a successful physician. Furthermore, the mainly generally presented comparison of Caraka's treatment of medical initiation and study with the treatment in the *Suśrutasamhitā*, the other major classical source of Āyurveda available for research on this topic, and in the *Kāśyapasamhitā*, which has clearly preserved old strata of text in the present context, has shown that the three treatments are closely, sometimes very closely related, but also exhibit considerable differences from the points of view of structure, wording, content and orientation of the exposition when one examines individual components. This situation results in the perception of a criss-cross of resemblances, divergencies and changing affiliations among this triad of classical sources of Indian medicine, with Kaśyapa clearly attaching himself more closely to Caraka than to Suśruta. An in-depth comparison considering the details confirms this picture, but has to remain outside the scope of this contribution, as does the examination of the interrelatedness of Caraka's exposition of medical initiation and study with other parts of this Samhitā.

¹²¹ *caturṇām ṛksāmayajuratharvavedānām kaṃ vedam upadiśanty āyurvedavidāḥ? kim āyuh? kasmād āyurvedaḥ? ... śāśvato 'śāśvato vā? kati kāni cāsyāṅgāni kaiś cāyam adhyetavyaḥ? kimarthaṃ ca? iti.*

¹²² The end of this section and of the Vimānasthāna of the *Kāśyapasamhitā* is lost (folios 77 and 78). The text of the single extensive, but fragmentary and damaged ms. of the work continues with a chapter of the Śārīrasthāna (folio 79) whose name is unknown because the following folio (80) is also lost.

¹²³ Cf. CS Vi 8.27–66.

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Appendix 1

rogabhiṣagjitīya

According to Apte s.v., the etymologically unclear expression *bhiṣagjita* refers to a drug or medicine; this corresponds to the usual usage synonymous with *auśadha* (cf. HIML IIA, p. 128, with reference to the *Aṣṭāṅganighaṇṭu*). The title of the eighth chapter of Caraka's *Vimānasthāna* could thus be translated as “dealing with disease(s) and medicine(s),” or, less plausible because of the pleonasm, “dealing with medicines for [the healing of] diseases.” However, although various types of drugs used in the

fivefold therapy are listed and classified in the latter half of the chapter (2.2.3.4a.3.2.9), diseases do not form a topic of exposition in CS Vi 8. My interpretation and translation therefore follows the reference to this chapter in the summary of contents of the *Carakasamhitā* in CS Sū 30.49cd–50ab (... *rogāṇām ca bhiṣagjite || aṣṭau vimānāny uktāni mārthāni maharṣiṇā ||*), the reference to the chapter's name in the verses summarizing the content of the Vimānasthāna (cf. CS Vi 8.154cd: ... *bhiṣagjitīye rogāṇām vimāne samprakāśitah*) and Cakrapāṇidatta who glosses *rogabhiṣagjita* with *cikitsita* (ĀD p. 629,6–7 on CS Vi 8.1), suggesting a meaning “cure” which could also be understood in the sense of curing or healing. Similarly, as pointed out by Meulenbeld (*loc. cit.*), Mādhava Bhiṣaj explains *bhiṣagjita* as *cikitsā* in his medical dictionary *Paryāyaratnamālā*, probably written between 800 and 1000 (cf. Meulenbeld, *op. cit.*, p. 130). Even though the chapter title according to this interpretation would certainly not be very distinctive in itself, it would at least characterize in a general way the major topic of the chapter in the form it has come down to us, inclusive of its large excursus, namely, how to become a physician (1.–2.2.3.4) and how to perform a physician's task, i.e., the curing of diseases, successfully by resorting to a special scientific methodology (2.2.3.4a). Cf. also Sharma and Dash's characterization of the chapter, in their expanded free rendering of its title, as “on the ‘Determination of the Specific Requirements for the Treatment of Diseases’” (Sharma and Dash 1994: 214). P.V. Sharma's translation (1994: I, p. 350) of the adjective as “on the specific features of therapeutics of the diseases” does not convey such a meaning, and Gangadhara's interpretation that the meaning of the word “curing” is restricted here to the most important one among its four foundations (cf. below), namely, the physician, is not very convincing (cf. JKT p. 1540,7–9).

The special usage of the word *bhiṣagjita* in the sense of “curing” can also be observed in a summarizing verse quoted at the end of chapter nine of Caraka's Sūtrasthāna where curing or healing is stated to have four “legs” or foundations (*catuspāda*) (cf. CS Sū 9.27ab). In the chapter itself, which treats the four “legs” of healing, the word is not used; instead, we find the expressions *vikārayupaśānti* (9.3), *cikitsā* (9.5; 12) and *cikitsita* (9.25), and, at the beginning of the next chapter, where the topic is continued, *bheṣaja* (CS Sū 10.3) (cp. the parallel case of the name of the ninth chapter of Bhela's Sūtrasthāna, *catuspādabhiṣagjitīya*; SS Sū 34.15 enumerates four corresponding “legs” of healing [*cikitsā*]). Cf. also the concluding verse 24 of chapter ten of Caraka's Sūtrasthāna, the verse quoted as CS Vi 3.41, and CS Sū 28.25, which is part of a series of verses where *bhiṣagjita* is used synonymously not only with *cikitsita* and *bheṣaja*, but also with *auśadha* which clearly does not mean an herb or medicinal drug here. Interestingly, *bhiṣagjita* occurs rather frequently in Caraka's *Cikitsāsthāna* (Ci), in the meaning of “medicinal drug” (cf. CS Ci 3.216, 5.110, 7.135, 18.184, 23.227 and 26.200) on the one hand, and of “cure” (cf. Ci 5.40, relating to a surgical instrument [*śastra*]; cp. also Siddhisthāna [Si] 8.20, relating to a clyster [*basti*]; Ci 30.337 naming the triad of cause [*hetu*], symptom [*liṅga*] and cure [*bhiṣagjita*]) and “curing” on the other (cf. Ci 5.28, 5.32, 6.59 [concluding verse], 12.10, 17.10, 18.188, 28.218 and 30.307 [cf. *cikitsā* in 30.306]). The evidence thus suggests that *bhiṣagjita* in the sense of cure/curing or healing was not part of Ātreya Punarvasu's or Agniveśa's vocabulary,

or rather: that it was not used in the original or older strata of the *Carakasamhitā* but introduced when the work was edited by way of providing lesson/chapter names and concluding as well as summarizing verses, and by adding suitable verses from other sources or floating verses of the tradition, a process which may possibly have gone hand in hand with an editorial revision of the *Cikitsāsthāna* (of whose thirty chapters – as is well-known – altogether seventeen were supplied by Dṛdhabala; cf. CS Si 12.38–40ab). For a post-classical list of synonyms of *auśadha* that includes *bhiṣagjita* and words referring to “cure” and “curing,” cf. AS Ci.24.53: *cikitsitaṃ hitaṃ pathyaṃ prāyaścittaṃ bhiṣagjitaṃ / bheṣajaṃ śamanaṃ śastaṃ paryāyair smṛtaṃ auśadham ||*.

Appendix 2

viśikhānupraveśanīya

The word *viśikhā* occurring in the title of the tenth chapter of Suśruta’s *Sūtrasthāna* is not well attested; according to pw s.v., it refers to a street or alley. The few relevant passages adduced by Böhtlingk are mainly from the *Carakasamhitā* and the *Suśrutasaṃhitā*. In the single passage of the *Carakasamhitā* where the noun *viśikhā* occurs (in *Indriyasthāna* [Ind] 12.34 *viśikha* is clearly used as a *bahuvrīhi* adjective, possibly meaning “without a sharp edge / not pointed,” and thus this occurrence not of relevance here), the context is the identification of quacks: they can be distinguished *inter alia* by their wandering along the interior, i.e., along the middle of the street, excessively proud of their physician’s attire, out of greed for practice, i.e., to attract patients; cf. CS Sū 29.9: ... *atyartham vaidyaveśena ślāghamānā viśikhāntaram anucaranti karmalobhāt* Cakrapāṇidatta glosses *viśikhā* with *rathyā* (“main road”); however, he is not quite certain about this meaning because he offers as an alternative interpretation the gloss *karmamārga*, i.e., “path of [medical] practice” (cf. ĀD p. 440,33 on CS Sū 29.9 and Cakrapāṇi’s commentary on *viśikhānupraveśanīya* in SS Sū 10.1, quoted in SS p. 42b, n. 1). Sharma and Dash’s translation (1992: 590) follows the first alternative (“move about from one street to another”; cf. also JKT p. 1143,10: ... *viśikhāntaram rathyām rathyām gatvā rathyāntaram anucaranti* ...) and seems to be the basis for P.V. Sharma’s rendering (1994: I, p. 235: “move from place to place”), whereas Kashinath Shastri combines the two alternatives, with the addition of the element of entering – obviously in dependence on Suśruta’s chapter title under examination here (cf. V p. 440,12: *grām kī galiyoṃ meṃ yā cikitsā karm meṃ praveś kar bhramaṇ karte rahte haim*). In the *Suśrutasaṃhitā*, the word occurs only four times, once in the list of chapter titles in Sū 10.4–12 (cf. 5b), two more times in the same chapter, in its title (10.1) and immediately afterwards in its introductory section (10.3: ... *vaidyena viśikhānupraveṣṭavyā*), and in Śā 10.9. Commenting on the title, Ḍalhaṇa, in his *Nibandhasaṅgraha*, explains the word as *karmamārga*, preferring a metaphorical understanding and obviously following Cakrapāṇidatta’s second alternative. Hārāṇacandra, a modern

Sanskrit commentator on the *Suśrutasaṃhitā* (cf. HIML IA, pp. 383–384), takes the meaning “commended/excellent (i.e., main) street” as his starting point, but suggests a contextually restricted meaning “path into the dwelling of the patient,” probably to be understood quite literally (*praśastavartmāparaparyāyo ’pi viśikhāśabdo ’trāturāvāsavartmamātre pravartate gamakatvāt*, quoted in SS p. 42b, n. 1). The meaning “sick-room,” which is adduced without any references in Apte s.v., may well be based on such an interpretation of the unusual word arising from its appearance in the context of the commencement of medical practice and facilitated by the fact that *anupraveśa* may be understood literally as well as metaphorically. The basic meaning “street,” however, is confirmed by the second occurrence of the word in SS Śā 10.9, treating preliminaries to delivery) where *viśikhāntara* refers to the interior of the “road” or “path” through which a child is born (cf. Ḍaḷhaṇa’s *apatyamārga* and pw s.v. *viśikhāntara* “Scheide (des Weibes)”). If one considers the additional evidence of Kauṭilya’s *Arthaśāstra* (AŚ) (where quite a number of interesting parallels to the terminology of the early classical medical Saṃhitās can be found), namely, AŚ 2.13.2 which stipulates that the shop of a goldsmith is to be set up by the responsible official in the middle of the *viśikhā* (*viśikhāmadhye*), *viśikhā* may more precisely refer to a major street or the main street, which traditionally is the central market street of an Indian town (cf. Kangle’s translation as “market highway” [Kangle 1963: 126] and Scharfe’s paraphrase with “Basar” in Scharfe 1968: 286, following Breloer 1934: 440; see also TD on CS Sū 29.9 [p. 263a]: ... *galiyom vā bāḷārom meṃ ghumā karte haim*). *viśikhānupraveśa* would thus have to be understood literally as “entering onto the main street [to visit one’s patients],” metaphorically as “entering onto the commended/excellent road/path [of medical practice],” i.e., commencing (independent) praiseworthy and successful medical practice as such (cp. Kunjalal Bishagratna’s translation “should open his medical career” for *viśikhānupraveṣṭavyā* in SS Sū 10.3 [Kunjalal Bishagratna 1981: 74], Srikantha Murthy’s rendering as “should enter into the profession (of medicine)” [Srikantha Murthy 2004: 59] and pw s.v. *viśikhānupraveśana* “der Eintritt in die Praxis”) and – by specific extension – commencing practice in each individual case when one is called for. For a different interpretation of the term in a modern medical work entitled *Viśikhānupraveśavijñāna*, cf. HIML IIA, p. 411; for an implausible connection of the word *viśikhā* (in *viśikhānupraveśanīya*) with the removal of the tuft of hair on the head of the student after completion of his studies, cf. Srikantha Murthy *loc. cit.*

Appendix 3

Analysis of *Carakasaṃhitā* Vimānasthāna Chapter Eight ("How to Become a Physician")

1. Preliminaries

- 1.1 Self-examination and choice of the suitable body of expert knowledge (*śāstra*) (3)¹²⁴
- 1.2 Examination of a suitable master (*ācārya*) (4)
- 1.3 Choice of and acceptance by a master (5)

2. Becoming a physician

- 2.1 General statement on the obtainment of first instruction and the aims to be striven for (5)
- 2.2 Three means to attain these aims: studying, teaching, colloquies with experts (6)
 - 2.2.1 Studying (*adhyayana*)
 - 2.2.1.1 Recitation of the foundational work (*sūtra*) (7)
 - 2.2.1.2 Striving to understand its contents (7)
 - 2.2.2 Teaching (*adhyāpana*)
 - 2.2.2.1 Examination of a suitable student (*śiṣya*) (8)
 - 2.2.2.2 Choice of the student and instructing him how and when to come for initiation (9–10)
 - 2.2.2.3 Initiation**
 - 2.2.2.3.1 The ritual
 - 2.2.2.3.1.1 The initiatory ritual performed by the master (11)
 - 2.2.2.3.1.2 The ritual performed by the student (12)
 - 2.2.2.3.2 Initiatory speech of the master (13–14)
 - 2.2.2.3.3 Solemn acknowledgment of his obligations by the student, his acceptance by the master (14)
 - 2.2.2.4 General statement on the role and task of a master (14)
 - 2.2.3 Colloquies with experts (*tadvidyasambhāṣā*)
 - 2.2.3.1 Benefits of conducting colloquies with experts (15)
 - 2.2.3.2 Two types of colloquies (16)

¹²⁴ All sections of CS Vi 8 are numbered according to the segmentation of the text in Trikamji's edition.

- 2.2.3.2.1 The peaceful/friendly colloquy (*sandhāyasambhāṣā*) (17)
- 2.2.3.2.2 The confrontational/hostile colloquy (*vigṛhyasambhāṣā*) (18)
 - 2.2.3.2.2.1 Three types of opponents (19)
 - 2.2.3.2.2.2 Two types of assemblies (20)
 - 2.2.3.2.2.3 Practical advice how to deal with various opponents and audiences in the context of hostile colloquies (20–24)
 - 2.2.3.2.2.4 Previous manipulation of the audience (25)
 - 2.2.3.2.2.5 Setting the limits of the debate (*vāda*) (26)
- 2.2.3.3 Forty-four items of relevance to the conduct of a debate, with definitions, sub-divisions and exemplifications (27–66)
- 2.2.3.4 General advice how to conduct debates; their significance for success in medical practice (67)
- 2.2.3.4a Excursus: “How to act successfully”
 - 2.2.3.4a.1 Scientific methodology involving ten topical complexes (*prakaraṇa*) and leading to success in acting in general (68–78)
 - 2.2.3.4a.2 The methodology involving the ten topical complexes, as something to be examined (*parīkṣya*), recommended to physicians (79)
 - 2.2.3.4a.3 Nine questions (posed by a physician or lay-person to a physician) concerning this methodology when applied by a physician with regard to the fivefold therapy (*pañcakarma*) (80)
 - 2.2.3.4a.3.1 Evasive response to the questioner (81–82)
 - 2.2.3.4a.3.2 Answers to the nine questions with application to medical practice
 - 2.2.3.4a.3.2.1 Two/three types of means of examination (*parīkṣā*): perception, inference, instruction by trustworthy persons (83)
 - 2.2.3.4a.3.2.2 Ten types of items to be examined (*parīkṣya*) (84)
 - 2.2.3.4a.3.2.3. Explanation of their specifics (*viśeṣa*) (85)
 - 2.2.3.4a.3.2.3.1 The physician (= cause) (*kāraṇa*) (86)
 - 2.2.3.4a.3.2.3.2 The medicine (= “instrument”) (*karaṇa*) (87)
 - 2.2.3.4a.3.2.3.3 The imbalance of the bodily constituents (= basis for what is to be effected by the practitioner) (*kāryayoni*) (88)
 - 2.2.3.4a.3.2.3.4 The balance of the bodily constituents (= what is to be effected) (*kārya*) (89)
 - 2.2.3.4a.3.2.3.5 The obtainment of happiness (= effect of what is to be effected) (*kāryaphala*) (90)
 - 2.2.3.4a.3.2.3.6 The full life-span (= final consequence of what is to be effected) (*anubandha*) (91)
 - 2.2.3.4a.3.2.3.7 Place/location (*deśa*) (92)
 - 2.2.3.4a.3.2.3.7.1 The region (*bhūmi*)
 - 2.2.3.4a.3.2.3.7.1.1 Examination of the region in order to gain comprehensive knowledge of the patient (93)

- 2.2.3.4a.3.2.3.7.1.2 Reference to the Kalpasthāna for the examination of the region in order to gain comprehensive knowledge of the medicinal plants (*auṣadha*) (93)
- 2.2.3.4a.3.2.3.7.2 The patient (*ātura*) as the place/location of what is to be effected
 - 2.2.3.4a.3.2.3.7.2.1 Examination of the patient from ten points of view in order to gain knowledge of the extent of his strength (*bala*) and of the quantity of the humour in disorder (*doṣa*), with the aim to determine the appropriate dosage of medicine (94)
 - 2.2.3.4a.3.2.3.7.2.1.1 Natural constitution (*prakṛti*) (95–100)
 - 2.2.3.4a.3.2.3.7.2.1.2 Unnatural condition (*vikṛti*) (101)
 - 2.2.3.4a.3.2.3.7.2.1.3 Vigour (*sāra*) (102–115)
 - 2.2.3.4a.3.2.3.7.2.1.4 Compactness of the body (*saṃhanana*) (116)
 - 2.2.3.4a.3.2.3.7.2.1.5 Measure/size (*pramāṇa*) (117)
 - 2.2.3.4a.3.2.3.7.2.1.6 Affinity/habitude (*sātmya*) (118)
 - 2.2.3.4a.3.2.3.7.2.1.7 The mind (*sattva*) (119)
 - 2.2.3.4a.3.2.3.7.2.1.8 Capacity for intake of food (120)
 - 2.2.3.4a.3.2.3.7.2.1.9 Capacity for physical activity (121)
 - 2.2.3.4a.3.2.3.7.2.1.10 Age (122)
 - 2.2.3.4a.3.2.3.7.2.1.11 Concluding remarks (123)
 - 2.2.3.4a.3.2.3.7.2.2 Reference to the Indriyasthāna and to Śārīrasthāna, chapter eight, for the examination of the patient in order to gain knowledge of the extent of his life-span (*āyus*) (124)
- 2.2.3.4a.3.2.3.8 Time (*kāla*) (125)
 - 2.2.3.4a.3.2.3.8.1 The year (125–127)
 - 2.2.3.4a.3.2.3.8.2 The state and condition (*avasthā*) of the patient (128)
- 2.2.3.4a.3.2.3.9 Activity/application (*pravṛtti*) (129)
- 2.2.3.4a.3.2.3.10 Means (*upāya*) (130)
- 2.2.3.4a.3.2.4 How to examine the specifics (131)
- 2.2.3.4a.3.2.5 Purpose of the examination (132)
- 2.2.3.4a.3.2.6–7 Cases of application and non-application of the fivefold therapy (reference to the Siddhisthāna) (133)
- 2.2.3.4a.3.2.8 How to come to a decision about the suitability of the application or non-application of the fivefold therapy (134)
- 2.2.3.4a.3.2.9 Medical substances to be used in the fivefold therapy
 - 2.2.3.4a.3.2.9.1 Drugs used in emetic therapy (135)
 - 2.2.3.4a.3.2.9.2 Drugs used in purgative therapy (136)
 - 2.2.3.4a.3.2.9.3 Drugs used in therapy with non-oleaginous enemas (137–138)
 - 2.2.3.4a.3.2.9.3.1 Drugs having predominantly sweet taste (*rasa*) (139)
 - 2.2.3.4a.3.2.9.3.2 Drugs having predominantly sour taste (140)

- 2.2.3.4a.3.2.9.3.3 Drugs having predominantly salty taste (141)
- 2.2.3.4a.3.2.9.3.4 Drugs having predominantly bitter taste (142)
- 2.2.3.4a.3.2.9.3.5 Drugs having predominantly pungent taste (143)
- 2.2.3.4a.3.2.9.3.6 Drugs having predominantly astringent taste (144)
- 2.2.3.4a.3.2.9.3.7 Concluding remarks (145–148)
- 2.2.3.4a.3.2.9.3.7a Excursus: Freedom of the prudent physician to decide upon the drugs to be used in a specific therapy, following the authoritative tradition and his own reasoning (“combination”) (*yukti*) (149)
- 2.2.3.4a.3.2.9.4 Drugs used in therapy with oleaginous enema (150)
- 2.2.3.4a.3.2.9.5 Drugs used in head-evacuation therapy (151)

3. Conclusion

- 3.1 Contents of the chapter (152–154)
- 3.2 Praise of its study as leading to invincibility in debates with opponents (155–156)

4. Explanation of the name of the Sthāna (*vimāna*) (157)

Appendix 4

A Comparative Structural Analysis of CS Vi 8.3–67 (1.–2.2.3.4), With Special Emphasis on the Initiation of the Medical Student

<i>Carakasamhitā</i>	<i>Suśrutasamhitā</i>	<i>Kāśyapasamhitā</i>
self-examination and search for a <i>śāstra</i> (Vi 8.3) ¹²⁵		
(search for) and choice of the ideal master (Vi 8.4)		acceptable preceptors (Vi 1.5)
obtainment of first instruction, progress and aims of study (Vi 8.5)	process and aims of study (Sū 3.55–56)	
three means to be employed towards achieving the aims		

¹²⁵ On the numbering of the sections cf. n. 124 above.

<i>Carakasamhitā</i>	<i>Suśrutasamhitā</i>	<i>Kāśyapasmhitā</i>
of study (Vi 8.6)		
1. the right way of studying (Vi 8.7)	method of study (Sū 3.54)	the right way of studying (Vi 1.7)
2. the right way of teaching (Vi 8.8)		
2.1 (search for) the ideal student (Vi 8.8) [acceptable students (Sū 30.29)]	acceptable students (Sū 2.3; Sū 2.5) expected qualities of the student (Sū 3.55)	acceptable students (Vi 1.4)
2.2 acceptance of the student, instructions concerning initiation (Vi 8.9–10)		
2.3 the initiation ritual (Vi 8.11–12)	the initiation ritual (Sū 2.4)	the initiation ritual (Vi 1.3)
2.4 initiatory speech of the master (Vi 8.13–14)	initiatory speech of the preceptor (Sū 2.6)	initial instruction of the student (Vi 1.6)
2.4.1 student's behaviour as a student (Vi 8.13)	student's behaviour as a student (Sū 2.6)	student's behaviour as a student (Vi 1.6)
	obligation of the preceptor (Sū 2.7)	
2.4.2 student's behaviour as a practitioner (already during the period of apprenticeship?) (Vi 8.13)	student's behaviour as a practitioner (Sū 2.8)	student's behaviour as a practitioner (while a student and after completion of basic training) (Vi 1.8)
2.4.2.1 general conduct (Vi 8.13)	general conduct (Sū 10.3)	1. general conduct (Vi 1.8; Vi 1.9)
2.4.2.2 conduct towards patients and their family (Vi 8.13)		
2.4.2.3 morally impeccable, pleasing, mindful and professionally engaged conduct in general (Vi 8.13)		
2.4.2.4 choice of patients (Vi 8.13)	choice of patients (Sū 2.8)	5. choice of patients (Vi 1.8)

<i>Carakasamhitā</i>	<i>Suśrutasamhitā</i>	<i>Kāśyapasamhitā</i>
2.4.2.5 etiquette for house visits (Vi 8.13)	etiquette for house visits (Sū 10.4; Sū 10.9)	2. etiquette for house visits (Vi 1.8)
2.4.2.6 confidentiality (Vi 8.13)		3. confidentiality (Vi 1.8)
2.4.2.7 sharing of knowledge with the patient (Vi 8.13)		4. sharing of knowledge with the patient (Vi 1.8)
2.4.2.8 display of expertise (Vi 8.13)		
		6. administration of drugs (Vi 1.8)
		7. keeping basic equipment ready (Vi 1.8)
		8. friendly cooperation with other physicians (Vi 1.8; Vi 1.9)
2.4.3 supplementary study (Vi 8.14)	supplementary study (Sū 4.6–7)	
2.4.4 admonition regarding correct behaviour towards the Gods and other figures worthy of respect (Vi 8.14)		
2.5. assent of the student to act and behave as told (Vi 8.14)		
2.6. concluding praise of the right way of teaching (Vi 8.14)		
[occasions of non-study (Sū 8.24)]	occasions of non-study (Sū 2.9–10)	occasions of non-study (Vi 1.7)
[enumeration of <i>sthāna</i> -s of CS and their <i>adhyāya</i> -s (Sū 30.33–67) eight parts (<i>aṅga</i>) of Āyurveda (Sū 30.28)]	<i>sthāna</i> -s of SS to be studied, their <i>adhyāya</i> -s and the eight disciplines (<i>tantra</i>) included in them (Sū 3.3–46)	eight parts (<i>aṅga</i>) of Āyurveda (Vi 1.10)

<i>Carakasamhitā</i>	<i>Suśrutasamhitā</i>	<i>Kāśyapasamhitā</i>
	equal importance of theory and practice of medicine (Sū 3.47–53; Sū 4.8)	
	necessity of thorough understanding of what has been studied (Sū 4.3–5)	
3. colloquies with other physicians (Vi 8.15–67)		hostile discourse with other physicians (Vi 1.9)
[testing questions asked by a physician of other physicians (Sū 30.20ff.)]		hostile questioning of other physicians (Vi 1.10–?) ¹²⁶

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1. Manuscripts

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- Ab^d B.J. Institute of Learning and Research, Ahmedabad, Ayurveda Ms. No. 758 (750). folios 12–49 (Vi 3.23 to 8.117), folios 139–147 (Vi 8.117 to the end of Vi), Devanagari, paper, no date.
- B2^d Oriental Institute, Maharaja Sayajirao University, Baroda, Ayurveda Ms. No. 8–52, Acc. No. 25034. 66 folios (Vi), Devanagari, paper, no date.
- Ca^b Trinity College Library, Cambridge, Ms. No. R. 15. 85. 124 folios (from beginning of Sū up to Vi 8.74), Bengali, paper, date: copied around AD 1780 (according to catalogue).
- Ch^d DAV College, Chandigarh (Lalchand Research Library), Ms. No. 2315. 280 folios (Sū – Ci 3), Devanagari, paper, no date.
- J1^d Raghunatha Temple Library of His Highness The Maharaja of Jammu and Kashmir, Ms. Nos. 3266–3267. 302 folios (complete), Devanagari (according to catalogue: *navīnā kāśmīrikī lipi*), paper, no date.

¹²⁶ The end of this section and of the Vimānasthāna is not preserved; cf. n. 122 above.

- J3^d Raghunatha Temple Library of His Highness The Maharaja of Jammu and Kashmir, Ms. Nos. 3330–3331. 279 folios (up to Ci 18), Devanagari (according to catalogue: *navīnā kāśmīrikī lipi*), paper, no date.
- Jn1^d Gujarat Ayurved University Library, Jamnagar, Ms. No. GAS 103. 60 pages (Vi complete), Devanagari, paper, no date.
- Jn2^d Gujarat Ayurved University Library, Jamnagar, Ms. No. GAS 118. 95 pages (Vi), Devanagari, paper, no date.
- Jn3^d Gujarat Ayurved University Library, Jamnagar, Ms. No. GAS 96. 50 folios (Vi, first folio missing), Devanagari, paper, date: jyeṣṭha vadi 10, ravivāre saṃvat 1924, i.e., Sunday, May 17, 1868.
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- L2^d India Office Library, British Library, London, Sanskrit Ms. No. 881. 105 folios (Ni to Ind, fragments of Sū 1 and Ci 1), Devanagari, paper, date: AD 1806.
- M^k Oriental Research Institute, Mysore, Ms. No. A.902/1. 193 pages (Vi 8.1–135), Kannada, paper, no date.
- Mr̥S *Mṛtyuñjayasaṃhitā*, compiled and arranged by Gangadhara Kaviraj. Sanskrit College, Kolkata, Ms. No. 153. 233 folios (according to catalogue), Bengali, paper, no date.
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- T1^d Universitätsbibliothek Tübingen, Ms. M. a. I. 458. 789 folios (complete), Devanagari, paper, date: 18th c. (according to catalogue).
- V2^b Sarasvati Bhavan Library, Varanasi, Ms. No. 108824. 331 folios (complete, partly with commentary), Bengali, paper, date: śaka 1760, i.e., AD 1838/1839; scribe: Gaṅgādhara.
- V3^b Sarasvati Bhavan Library, Varanasi, Ms. No. 108685. 430 folios (complete, together with an unidentified commentary [*saṭīkā*]), Bengali, paper, date: śaka 1797, san 1282, i.e., AD 1875.

2. Abbreviations

- ĀD *Āyurvedadīpikā*, ed. in CS.
- Apte Vaman Shivaram Apte, *The Practical Sanskrit–English Dictionary*. Revised and enlarged edition. Poona 1957 (reprint Kyoto 1992).
- AŚ *Arthaśāstra*, cf. Kangle 1960.
- AS *Aṣṭāṅgasaṅgraha*. 1) For Sūtrasthāna: ed. with Hindi commentary *Arthaprakāśikā* by Govardhansharma Chhangane. 7th ed. Varanasi 1991 (Kashi Sanskrit Series 157); 2) for other Sthāna-s: ed. by Anant Damodar Athavale. Poona 1980.
- BhS *Bhelasamhitā*, ed. V.S. Venkatasubramania Sastri and C. Raja Rajeswara Sarma. New Delhi 1977.
- CS *Carakasamhitā*, with Cakrapāṇidatta's *Āyurvedadīpikā* and Kashinath Shastri's Hindi Commentary *Vidyotinī*, ed. Gangasahaya Pandey. 2 vols. 2nd ed. Varanasi 1983. (Kashi Sanskrit Series 194)
- EDS *An Encyclopaedic Dictionary of Sanskrit on Historical Principles*. Ed. A. M. Ghatage et al. Poona 1976–.
- HIML G. Jan Meulenbeld, *A History of Indian Medical Literature*. 3 vols. (in 5 parts). Groningen 1999–2002.
- HS *Hārītasamhitā*, cf. Raison 1974.
- JKT *Jalpakaḷpataru*, Sanskrit commentary on the *Carakasamhitā* by Gangadhara Kaviraj, ed. together with the basic text and the *Āyurvedadīpikā* by Narendranath Sengupta and Balaichandra Sengupta. Kolkata 1927, 1928, 1933 (2nd reprinted ed. Varanasi 2002; Kashi Ayurveda Series 1).
- KS *Kāśyapasamhitā*, ed. with Hemraj Sharma's Sanskrit introduction and Satyapal Bhishagacharya's Hindi commentary *Vidyotinī* (by Yadav Sharma, son of Trivikrama, and Somnath Sharma). 4th ed. Varanasi 1988.
- MS *Manusmṛti*, ed. with nine commentaries by Jayantakrishna Harikrishna Dave. Vol. 2 (Adhyāyas 3–4). Bombay 1975. (Bhāratīya Vidyā Series 33)
- NS *Nibandhasaṅgraha*, ed. in SS.
- P Pāṇini's *Aṣṭādhyāyī*, ed. and tr. Otto Böhtlingk. 2 vols. 2nd ed. Leipzig 1887 (reprint Kyoto 1977).
- pw Otto Böhtlingk, *Sanskrit-Wörterbuch in kürzerer Fassung*. 7 vols. St. Petersburg 1883–1886 (reprint Delhi 1991).
- SGAS *Carakasamhitā*, ed. and tr. (Hindi, Gujarati and English) by Shree Gulabkunverba Ayurvedic Society. 6 vols. Jamnagar 1949.
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