Chapter 4

The Doctor, the Patient, and Their Interaction: Reading the *Carakasaṃhitā*[*]

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1. Introduction

It was at the 14th World Sanskrit Conference in Kyoto, in 2009, that I first attended a paper by Dominik Wujastyk and listened to him sharing his vast knowledge on different aspects of Ayurveda during the questions-and-answers sessions of the conference panel, which was on "Physicians and Patients: Textual Representations in Pre-Modern South Asia." In honor of Professor Dominik Wujastyk and his life-long engagement with the study of Ayurveda, I present a study on the interaction between doctor and patient as it emerges from the *Carakasaṃhitā*.[1] In this foundational work of Ayurveda, the modes and goals of such an interaction are mostly a matter of inference. Information can be gathered from passages about values, obligations, and expectations of the doctor and the patient, as well as from discussions of topics concerning not only diseases but also situations that may lead somebody to suffer from a disease. These passages and discussions suggest that communication has an important role in the interaction between doctor and patient. But first and foremost, they show that the preventive and therapeutic framework of Ayurveda values the interaction between doctor and patient, and that the doctor's agency is also dependent upon a set of emotional-relational skills. These skills are not seen in isolation from ethical values, which are sometimes specific to Ayurveda and motivated by its primary aims of maintaining and restoring health. The paternalistic model that characterizes the relationship between the ayurvedic doctor and the patient seems to be, in fact, quite nuanced, especially in consideration of a doctor's caring attitude to address patients as agents of their own health.

2. Doctor and patient: two factors in the "quartet" for the cure of diseases

2.1. The doctor, the main factor

All major ayurvedic classics devote a specific section to the essential factors required for the cure of diseases, which are identified as the "quartet" formed by doctor, remedies, attendant,

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1 At the above-mentioned panel I first presented some of the ideas elaborated in this study.

and patient.[2] In the *Carakasaṃhitā*, the "quartet" is illustrated in chapter 9 of the Sūtrasthāna. Here, a set of sixteen fundamental qualities characterizes the four factors,[3] each of them being described by four qualities in four distinct stanzas (Sūtrasthāna 9.6–9). The doctor's four main qualities are (1) being impeccable in medical knowledge, (2) having extensive practical training, (3) skill, and (4) purity.[4] Other stanzas in the same chapter emphasize that the doctor is the chief factor of the quartet because a successful medical treatment depends on his action[5] relating to the knowledge of remedies, the direction of attendants, and the prescriptions to the patient.[6] As remarked by the commentator Cakrapāṇidatta (ca. 11th cent.), all four factors are described as causes (*kāraṇa*) of successful treatment, but, while remedies, assistant, and patient are auxiliary causes (*upakāraṇam*), the doctor is the independent agent (*svatantra*).[7] On the whole, Sūtrasthāna 9 is mostly devoted to the doctor, whose competence is illustrated by more than twenty properties and also described in contrast to the charlatan.[8] Most of the doctor's properties belong to two main categories, namely knowledge and practical skills. This is confirmed by passages of the *Carakasaṃhitā*, such as Sūtrasthāna 1.123, where it is said that the best physician (*bhiṣag uttamaḥ*) knows the principles of the correct application of drugs according to place, time, and individual variation.[9] Or by Sūtrasthāna 29.7 and Vimānasthāna 8.4, which explain the characteristics of the ayurvedic teacher and begin with qualities that are almost identical with the four essential qualities ascribed to the doctor in Sūtrasthāna 9.6.[10]

2.2. Another set of skills

However, the range of qualities that characterize a doctor's attitude as well as a doctor-teacher's attitude also comprises another set of skills consisting of emotional-relational qual-

2 Sūtrasthāna 9.3: *bhiṣag dravyāṇy upasthātā rogī pādacatuṣṭayam* (p. 61b). A paraphrase of Sūtrasthāna 9 and comments on it are offered in Dagmar Wujastyk 2012: 27–31 and Cerulli 2022: 175–79. Some of the studies mentioned in Dagmar Wujastyk 2012: 7–15 include translations or summaries of this chapter as well as remarks on it.

3 On number sixteen in South Asian culture see Gonda 1965: 115–130.

4 Sūtrasthāna 9.6: *śrute paryavadātatvaṃ bahuśo dṛṣṭakarmatā | dākṣyaṃ śaucam iti jñeyaṃ vaidye guṇacatuṣṭayam ||* (p. 63a).

5 Sūtrasthāna 9.10: *kāraṇaṃ … siddhau … pradhānaṃ bhiṣag atra tu* (p. 63a).

6 Sūtrasthāna 9.10c: *vijñātā*, *śāsitā*, and *yoktā* (p. 63a).

7 *Āyurvedadīpikā* on Sūtrasthāna 9.10: *vaidyas tu svatantraḥ* (p. 63a).

8 See Dagmar Wujastyk 2012: 29f. To this list, the three properties in Sūtrasthāna 9.10c can be added (see note 6 above).

9 Sūtrasthāna 1.123: *yogam āsāṃ tu yo vidyād deśakālopapāditam | puruṣaṃ puruṣaṃ vīkṣya sa jñeyo bhiṣag uttamaḥ ||* (p. 22b).

10 Vimānasthāna 8.4: *paryavadātaśrutaṃ paridṛṣṭakarmāṇaṃ dakṣaṃ dakṣiṇaṃ śuciṃ* (p. 262a). The list in Sūtrasthāna 29.7 (p. 182a, ll. 8–9) is in the nominative case and does not have a term correspondent to *dakṣiṇam*.

ities. One such quality is being fully engaged in curing diseases (*tatparatā*, "engagement"; Sūtrasthāna 9.21).[11] This is explained by the commentator Cakrapāṇidatta as striving for the best of one's own possibilities to cure diseases.[12] Together with the five properties of knowledge, reasoning, discernment, memory, and accomplishment (which amount to a compact description of the doctor's intellectual and practical skills), engagement contributes to make the doctor one who does not fail with what can be cured.[13] It is neither a knowledge nor a practical skill, though. Rather, it is a mode that makes the doctor assiduous in applying knowledge and skills to perform one's activity optimally and obtain the best results from it, which in the case of medical science correspond to the cure of diseases.

Another emotional-relational quality appears in Vimānasthāna 4.12, where it is explained that,

> one who, being a knower of the matter, does not enter the inner nature of the patient through the light of knowledge and intelligence does not cure diseases.[14]

11 P. V. Sharma (p. 64) translates *tatparatā* with "devotion", while Sharma & Dash (p. 190) have "promptness."

12 *Āyurvedadīpikā* on Sūtrasthāna 9.21: *vyādhicikitsāyāṃ prayatnātiśayatvam* (p. 64a).

13 Sūtrasthāna 9.21: *vidyā vitarko vijñānaṃ smṛtis tatparatā kriyā | yasyaite ṣaḍ guṇās tasya na sādhyam ativartate* || (p. 64a) – "Knowledge, reasoning, discernment, memory, engagement, and accomplishment: The one [i.e., the doctor] who has these six qualities does not fail with what can be cured." As regards *tasya na sādhyam ativartate*, my translation "one does not fail with what can be cured" is close to the translations by P. V. Sharma (p. 64) and Sharma & Dash (p. 190), who respectively have "nothing remains unachievable for him" and "he can never miss the target, that is the cure of diseases." Cerulli instead translates *tasya na sādhyam ativartate* as "they do 'not turn away from anything that is curable' " (2022: 175), which suggests the specific attitude of the doctor of not neglecting (*na … ativartate*) any kind of curable disease, with the six qualities making him not disregarding what can be cured. In this way, the sentence also seems to allude to the opposite action of turning away from what is not curable, which doctors are advised to do, for example, in Sūtrasthāna 10.8 and 21–22 (on this topic see Dagmar Wujastyk 2012, chapter 4). This is a viable and even attractive interpretation of *tasya na sādhyam ativartate*; nevertheless, it seems more plausible to me that that the six qualities mentioned in the same stanza characterize a doctor who has the ability of not passing by (*na …ativartate*) anything curable because his competence and attitude enable him to do so. In other words, *tasya na sādhyam ativartate* indicates the result of the entire set of qualities that characterize the doctor who accomplishes the aim of medical practice, which is curing the curable, rather than not neglecting what is curable. It can also be noted that the general meaning of the word *sādhya* is "what can be accomplished." Therefore, in general terms, *na sādhyam ativartate in* Sūtrasthāna 9.21 expresses the non-failing in anything that can be accomplished, provided that one has certain qualities. A similar idea is conveyed by Nidānasthāna 2.22: *sādhyatvaṃ kaścid rogo 'tivartate* – "some diseases fail to be curable" – which is preceded by a list of ablatives indicating the causes for such cases.

14 Vimānasthāna 4.12: *jñānabuddhipradīpena yo nāviśati *tattvavit | āturasyāntarātmānaṃ na sa rogāṃś cikitsati* || (p. 249a). **tattvavit* is the reading in Trikamji's edition, which records the variant *yogavit*. The latter is attested in Gangadhar Ray Kaviraj's edition of the *Carakasaṃhitā* (see *Jalpakalpataru*, Part 3, p. 1486).

The contents of Vimānasthāna 4.12 are close to Sūtrasthāna 9.24, one of the concluding stanzas in the chapter. Here it is said that a doctor endowed with both the light provided by the body of knowledge in the present treatise and the eye of one's own intelligence (which resembles "through the light of knowledge and intelligence," *jñānabuddhipradīpena*, in the stanza from the Vimānasthāna) does not err in curing a patient.[15] The main difference between the two stanzas is that Vimānasthāna 4.12 mentions the inner nature (*antarātmānam*) of the patient, or in P. V. Sharma's translation, the patient's "inner self,"[16] as what the doctor should enter in order to make his knowledge of diseases effective in terms of cure. It should be noted that Cakrapāṇidatta explains *antarātmānam* by saying that in the case of the doctor it means *antaḥśarīram*, by which I understand that the patient's inner nature (in the sense of P. V. Sharma's inner self) is to be treated as if it were a physical body.[17] So, considering that the preceding verses are about the doctor's knowledge and practical skills, Vimānasthāna 4.12 may describe another factor that contributes to the doctor's success in curing the patient's disease, namely emotional-relational skills that enable the doctor to enter the inner nature of the patient and understand the sick conditions not only through the eye-based observation of the physical body. It should be noted that the compound *antaḥśarīra* elsewhere refers to the physical inside of the body. In Sūtrasthāna 11.55, for example, the internal body is mentioned in connection with internal cleansing therapies used as remedies against disorders related to diet. Accordingly, Vimānasthāna 4.12 may instead describe the doctor's ability to understand the conditions of what cannot be directly seen through eye-sight and, therefore, emphasize the importance of the doctor's competence in interpreting various types of signs, which are not limited to the visible physical data.

Sūtrasthāna 9 closes with the mention of a set of emotional-relational skills: kindness, empathy, joy, and detachment (*maitrī*, *kāruṇya*, *prīti*, *upekṣaṇa*), which are presented as having distinct scopes: kindness and empathy (or compassion, which is the most common translation of Sanskrit words such as *karuṇā*, *kṛpā*, or *dayā*) are directed towards all sick persons; joy towards the one whose illness can be cured; and detachment towards those beings who are going to die.[18] Their mention in the chapter on the quartet of therapeutics is quite significant as it forms a statement on the emotional qualities that (ideally) characterize the doctors' approach towards the patients, and thus their interaction with them.

Both the fact that the set of kindness, empathy, joy, and detachment are prominent in Buddhist literature[19] and the fact that the stanza devoted to them appears towards the end of

15 Sūtrasthāna 9.24: *śāstraṃ jyotiḥ prakāśārthaṃ darśanaṃ buddhir ātmanaḥ | tābhyāṃ bhiṣak suyuktābhyāṃ cikitsan nāparādhyati* || (p. 64a).

16 Sharma, *Carakasaṃhitā*: 328.

17 *Āyurvedadīpikā* on Vimānasthāna 4.12: *antarātmānam iti vaidyapakṣe antaḥśarīram* (p. 249b).

18 Sūtrasthāna 9.26: *maitrī kāruṇyam ārteṣu śakye prītir upekṣaṇam | prakṛtistheṣu bhūteṣu vaidyavṛttiś caturvidheti* || (p. 64b).

19 See Maithrimurthi 1999 for a comprehensive study on the topic.

Sūtrasthāna 9 do not make these feelings somehow spurious and less important contents of the Ayurvedic tradition.[20] In fact, as is well-known, kindness, empathy, joy, and detachment are not only the object of important meditative practices in Buddhism,[21] but later also appear in Brahmanical texts such as the *Yogasūtra*,[22] where, under the label of the four divine or immeasurable states, they indicate feelings with partially different nuances and scope. Thus, describing through these terms the domain of the doctor's emotional and relational competence, the authors of the *Carakasaṃhitā* adopt a set of feelings that – despite the slightly different ways of interpreting them – are part of a shared ethical view linked to ascetic practices of various traditions. This domain of competence is an integral part of medical activity as it guides the doctor in approaching different types of patients and developing a constructive relationship with them. Another reason for considering the text on kindness, empathy, joy, and detachment genuinely part of the Ayurvedic tradition is connected to the history of the composition of the *Carakasaṃhitā*, which at the end of each chapter is said to be a work composed by Agniveśa and revised by Caraka. This phrasing confirms that, on the whole, the present shape of the text goes back to Caraka's revision (and for some parts to Dṛḍhabala's restoration of missing sections), whose version, with some variations, circulated for approximately the last two millennia. So, unless a critical edition of the *Carakasaṃhitā* shows that the verses on kindness, empathy, etc. are missing in early witnesses of the text, we can safely assume that, since Caraka's edition of the text, those who practised Ayurveda knew the verses regarding the doctor's emotional and relational competence.

This entails that the doctor's skills should include a competence to some extent similar to that of modern psychologists, and not of yogins (as it has been recently suggested).[23] Since the yogins' practices are concerned with cognitive habits as well as personal mental and emotional qualities in connection with the attainment of a liberated state, it is quite unlikely that the training of an ayurvedic doctor should include yogic practices, *stricto sensu*, and the consequent development of yogic abilities, again *stricto sensu*. In fact, a doctor-to-be and a doctor-in-action should embrace an ethical approach to the patient that includes the adoption of a set of virtuous emotional qualities, rather than meditative practices based on such qualities.

Joy towards the patient whose illness is curable is plausibly due to the possibility of the patient's recovery. It can be considered a special feeling of the doctor who, possessing the six required qualities, is said not to fail in anything that is curable.[24] However, compassion seems

20 In fact, this is the interpretation given in Dagmar Wujastyk 2012: 31.

21 As explained by Maithrimurthi (1999: 39), a few places of early Buddhist literature relate the meditative practices on kindness etc. to pre-Buddhist and non-Buddhist ascetics, too. I thank Philipp Maas for drawing my attention to Maithrimurthi's remarks.

22 Relevant references are provided in Dagmar Wujastyk 2012: 31 and related footnotes.

23 See Robertson 2023.

24 See n. 13.

to be the most desired emotional quality of a doctor. It is explicitly mentioned in different parts of the *Carakasaṃhitā* as a virtuous feeling possessed by the doctor and it appears to be a special component of his competence. In Vimānasthāna 3.15, compassion (*dayā*) appears in the list of therapies that can be adopted to save the life of human beings during epidemics. In Cikitsāsthāna 1.4.58, compassion for living beings, rather than wealth or pleasures, is what makes the Ayurvedic doctor able to excel in his medical practice.[25] Further, in Cikitsāsthāna 1.4.62 compassion for living beings is said to be the highest *dharma* and the fundamental ethical standard for the doctor who is successful in his medical practice.[26] Cikitsāsthāna 1.4.56 precedes these verses with a statement on *dharma* as the motivating factor in the doctor's practice: "Yet the doctor should strive to rescue from adversities all the patients as if they were his sons, he who aspires to the supreme *dharma*,"[27] which shows the broader ethical framework of the medical activity as well as of the doctor's individual engagement (*tatparatā*) in saving the sick from pain.

I find interesting to compare the ideal in Cikitsāsthāna 1.4.56 with the property of "seeking the benefit of all living beings" (*jagaddhitaiṣin*) that the Buddhist philosophers Dignāga and Dharmakīrti (5th to 7th century) ascribe to the Buddha, with Dharmakīrti explaining at length this property in relation with compassion.[28] The universal scope (*jagad*) of the Buddha's aspiration (*eṣin*) to do what is beneficial (*hita*) can be compared with the totality of the patients (*āturān sarvān*) that is the scope of the doctor's striving (*yatnavān*) to protect them from adversities (*ābādhebhyo hi saṃrakṣet*), namely any kind of disease. Furthermore, this striving relates to the scope of the supreme *dharma*, which is the object of the doctor's aspiration (*icchan dharmam anuttamam*). In drawing this comparison, I see a way to interpret the ideal of perfection concerning the doctor as an ideal that possibly circulated within South Asian culture across religious and cultural boundaries. I am not suggesting that the *Carakasaṃhitā* proposes the ideal of a Buddha-like doctor (or that, later, Dignāga and Dharmakīrti propose the ideal of a doctor-like Buddha), but, rather, that it outlines an ideal characterized by a morally good implication with a universal scope, namely protecting from adversities all beings. Precisely because of its ethical weight, this ideal is likely connected with ideals typical of environments that specialized in technologies of the mind and heart, which are part of religious traditions.

25 Cikitsāsthāna 1.4.58: *nārthārthaṃ nāpi kāmārtham atha bhūtadayāṃ prati | vartate yaś cikitsāyāṃ sa sarvam ativartate* || (p. 389b).

26 Cikitsāsthāna 1.4.62: *paro bhūtadayā dharma iti matvā cikitsayā | vartate yaḥ sa siddhārthaḥ sukham atyantam aśnute* || (p. 390a).

27 Cikitsāsthāna 1.4.56: *bhiṣag apy āturān sarvān svasutān iva yatnavān | ābādhebhyo hi saṃrakṣed icchan dharmam anuttamam* || (p. 389b). On this and the previously mentioned stanzas see Cerulli 2022: 121f.

28 For references, see Pecchia 2015: 53–56.

As we have seen, the doctor's *dharma* and his approach to the patient are explicitly connected with compassion, which is indicated as the motivation for curing patients and the rationale behind medical practice as an action that may not correspond to a material compensation.[29] Furthermore, different terms indicate compassion as the motivating factor in the transmission of Ayurveda to humankind: *anukrośa* and *anukampā* are mentioned in connection with the sages,[30] while *dayā* is used in the case of Agniveśa.[31] So, the narration of the history of Ayurveda offers the doctor an ideal model of perfection that importantly includes compassion. As an ideal, no "real" doctor can perfectly embody it. But the implication is that each should strive to approximate to it, with compassion as motivation in the treatment of a patient and as the feeling tone that ideally informs the encounter with the patient.

Various places of Sūtrasthāna further characterize the ideal doctor as a savior of life (*prāṇābhisara*) and one who ensures the well-being of living beings (*prāṇisukhaprada*),[32] and even an impersonal ayurvedic knowledge is said to give happiness to living beings (*lokasukhaprada*).[33] In a longer passage (Sūtrasthāna 29.7), Ātreya explains to Agniveśa the qualities that characterize good doctors, who are saviors of lives and destroyers of diseases: they have knowledge on a variety of medical subjects, they know how to apply their knowledge, and they are benevolent with all living beings, just like mother, father, brother and relatives are.[34] It is interesting to note that, in the Buddhist context, great compassion is also described as typical of those great beings whose love is without cause,[35] where *vatsala*, the word for "love," has the connotation of being loving towards a child or offspring and, thus, suggests a kind of love similar to the love of a mother, a father, or other close family members.

2.3. The patient, or how to cooperate with the doctor

Returning to the factors of the quartet of therapeutics in Sūtrasthāna 9, the patient is here described as (1) having recollection (*smṛti*), (2) following prescriptions (*nirdeśakāritva*), (3) being fearless (*abhīrutva*), and (4) being informative about one's own disease (*jñāpakatva*).[36]

29 On this topic and its complex implications, see Dagmar Wujastyk 2012, Chapter 5, and Cerulli 2022: 120–126.

30 See, respectively, Sūtrasthāna 1.7 and 35; and Sūtrasthāna 1.30. See Dagmar Wujastyk 2012: 110 with n. 354.

31 Sūtrasthāna 1.39.

32 Sūtrasthāna 9.18 and 23; Sūtrasthāna 11.53; and Sūtrasthāna 29.4.

33 Śārīrasthāna 6.19.

34 Sūtrasthāna 29.7: … *sarvaprāṇiṣu cetaso maitrasya mātāpitṛbhrātṛbandhuvad evaṃyuktā bhavanty agniveśa prāṇānām abhisarā hantāro rogāṇām iti* (p. 182b, ll. 20–22).

35 Reference is made to Devendrabuddhi's (7th cent.) and Manorathanandin's (11th–12th cent.) commentary on Dharmakīrti's *Pramāṇavārttika* II.198; see Pecchia 2015: 140, l. 10, for Manorathanandin's text and note c-c in the second level of the apparatus for the text of Devendrabuddhi.

36 Sūtrasthāna 9.9: *smṛtir nirdeśakāritvam abhīrutvam athāpi ca | jñāpakatvaṃ ca rogāṇām āturasya guṇāḥ smṛtāḥ ||* (p. 63a).

These qualities show how the patients can contribute to the cure of their diseases and are expected to assume an active role in the steps to be taken for restoring their good health. The quality of *smṛti* indicates the patients' reflexive ability to recollect and recognize their own condition, what happened and is happening in their mind and body. This kind of knowledge is a prerequisite for the patients' ability to make their own disease known to the doctor (*jñāpakatva*) by describing effectively how it manifests itself. This involves translating the results of self-reflection for the doctor, who is there to receive such results in the form of a narrative which tells him the patient's conditions and his/her representation of those conditions. The two abilities concerning knowledge[37] address the inner world and the outer world of the patient, and are accompanied by the qualities of not being fearful (*abhīrutva*) and following the doctor's prescriptions (*nirdeśakāritva*), which respectively concern the patient's inner world and outer world. Both qualities support a successful application of the therapy, the one avoiding anything from inside that might prevent or negatively affect the cure itself and the other one linking the patient to the doctor and the means that he provides from outside to make the curative process happen.

This description of the patient shows how the qualities of observing and controlling oneself as well as being in a constructive relation with the doctor enable the sick person to cooperate towards re-establishing and maintaining his/her good health. Additionally, the patient's quality of effectively describing one's own disease implies that a doctor is there to listen to the patient's narrative and must be able to transform it into useful information. This implied quality of the doctor corresponds to what Michel Foucault called the "speaking eye."[38] After observing the patient and listening to him, the speaking eye of the ayurvedic doctor enables him to translate into a medical narrative the visual and verbal information that he received through and from the patient. Although Foucault mentions the aspect of listening to the patient,[39] this seems to be secondary if compared with the act of seeing. For the ayurvedic doctor, the speaking eye is instead importantly complemented by a "speaking ear." It is through his speaking eye-and-ear that the doctor is able to render the patient's natural language into the medical language and retell the patient his/her own narrative by naming a pathology, articulating a diagnosis, and adding the therapy to be adopted. The patient ideally responds by following the doctor's indications and not panicking, which correspond to the second and third quality of the patient mentioned above.

37 It is to be noted that *jñāpakatva* derives from the causative form of the verb *jñā*, "to know."

38 Foucault 1973: 111–113.

39 Foucault 1973: 112.

3. Interaction between doctor and patient

3.1. Communication as part of a therapeutic process

The interaction between patient and doctor described so far is based on an unspoken underlying act of communication. The importance of communication is confirmed by the study of a case of ayurvedic practice in Kerala conducted by Anthony Cerulli, who says that,

> [t]o the onlooker, the only thing that appears to move between the physician and patient is information, and their confab and re-presentation of facts and perceptions move in relaxed yet semi-formulaic ways.[40]

Since the *Carakasaṃhitā* hardly depicts the everyday reality of medical practice, we might look in vain for representations of acts of communication in the text itself (or, for that matter, in other foundational works of Ayurveda). However, some topics are explained in such a way that they seem to also serve the purpose of illustrating how the doctor should address certain issues and communicate about them with the patient. This is especially the case with explanations concerning well-being and healthcare, rather than specific diseases. The section on good conduct (*sadvṛtta*) in Sūtrasthāna 8 is a case in point. Its contents are about how to maintain good health and say more than informing about what needs to be done to modify unhealthy behavior. They are evidence of a type of knowledge that the doctor can and, to some extent, should share with patients in general, be they patients who recovered from disease or individuals whose unhealthy lifestyles will potentially lead to disease. The text does not explicitly thematize the importance of the doctor's skill in communication regarding preventive or curative therapies and, more in general, the modification of unhealthy habits. However, it can be assumed that in such cases the language of the doctor will not be merely referential, but it will also have an emotive and conative function,[41] aiming to persuade the patient to act at least temporarily according to the doctor's indications. The doctor's capacity to skilfully communicate and, thus, appeal to the patient's emotional and imaginative world will largely determine the effectiveness of the interaction between doctor and patient. The doctor will not simply transmit to the patient information that comes from medical knowledge, but he will adopt appropriate rhetorical strategies and refer to social and cultural models that provide a rationale for individual and social behaviors. In doing so, the doctor will present some diseases in a complex, multi-layered way – a way that he presumably learned during his study of Ayurveda and is to some extent reflected in the texts of Ayurveda.

3.2. The case of drinking alcohol

Cikitsāsthāna 24, the chapter on the treatment of alcoholic intoxication (*madātyaya-cikitsita*), is arguably an example of a text that presents its general topic, namely drinking intoxicant

40 Cerulli 2022: 105.

41 Here, I refer to Roman Jakobson's functions of language (1960).

beverages, in a multi-layered way.[42] Although Sūtrasthāna 8.25 condemns alcohol (*madya*) together with gambling and intercourse with prostitutes as something in which one should not indulge,[43] Cikitsāsthāna 24 is not disapproving of the consumption of intoxicant beverages. On the contrary, the text presents the topic discussing its different layers, from medical knowledge on alcoholic excess, alcoholism, and the related therapies (stanzas 88 to the end) to a description of how to drink alcoholic beverages and what their effects are (stanzas 1–87).[44]

The first ten stanzas of Cikitsāsthāna 24 are about *surā*, described as an intoxicating divine drink that has the power to eliminate grief, depression, fear, and agitation,[45] and that should be consumed according to prescriptions.[46] The mention of *soma* and the *sautrāmaṇī* rite makes clear that *surā* here indicates the drink used during a ritual of Vedic origin in which the Aśvins and Sarasvatī, by means of *surā*, save Indra from the consequences of drinking *soma*.[47] With this description, the text presents drinking alcoholic beverages squarely as ritual drinking, also assigning the term *surā* to this kind of drinking, and using *madya* and *mada* as general terms for intoxicant beverages in the chapter.[48] Cikitsāsthāna 24.11–20 delineates an etiquette for drinking alcoholic beverages: purity of the body and mind is the first requirement. The setting for consuming alcohol forms the second set of requirements, which refer to the place, the way of sitting, the company, and the food that should accompany alcohol. The third requirement is to be wealthy, as can be inferred by the fact that the rules for drinking are for wealthy people or those who will become rich. For these people drinking alcohol in an appropriate manner is even beneficial.[49] This resembles the connection between richness and *surā* that appears in the *Ṛgveda*[50] and arguably mirrors what Patrick Olivelle has observed in relation to technologies of immortality, namely that

42 McHugh 2021 provides a comprehensive overview of alcoholic beverages in ancient South Asia. The older Mitra 1873 and Aalto 1963 still offer important remarks on the topic.

43 Sūtrasthāna 8.25: *na madyadyūtaveśyāprasaṅgaruciḥ syāt* (p. 60b).

44 An extremely succinct version of this description of drinking alcohol is presented in Sūtrasthāna 27.194–195ab, which is the end of the section (*varga*) on alcoholic beverages (*madya*). In these three verses, alcohol is again compared with *amṛta* and, among other characteristics, is said to remove fear, sorrow, and fatigue (*bhayaśokaśramāpaham*, Sūtrasthāna 27.194b [p. 163a] and Cikitsāsthāna 24.62d [p. 585b]).

45 Cikitsāsthāna 24.9ab: *śokāratibhayodveganāśinī yā mahābalā* (p. 583a).

46 Cikitsāsthāna 24.10d: *tāṃ surāṃ vidhinā pibet* (p. 583a).

47 On *surā* and the *sautrāmaṇī* rite see Malamoud 1991: 21–31 and references therein. *Surā* is the main oblation in the *sautrāmaṇī* rite, which is devoted to Indra as *sutrāman*, "the one who protects well." As observed by Malamoud, the *sautrāmaṇī* is an anomaly because the brahmans who celebrate the rite are confronted with drinking alcohol, which is prohibited for members of their class (*ibid*., p. 21f.).

48 McHugh 2021: 150–161.

49 Cikitsāsthāna 24.24: *vidhir vasumatām eṣa bhaviṣyadvibhavāś ca ye | yathopapatti tair madyaṃ pātavyaṃ mātrayā hitam ||* (p. 583b).

50 This connection is pointed out in Sannino Pellegrini 1997: 437f.

> the possession of wealth was regarded as a prerequisite for performing any rite, many of which were quite expensive to conduct.[51]

The serene scene of wealthy people drinking alcohol together with the right friends, with good manners and in a nice environment presumably corresponds to the first stage of intoxication, when alcohol gives one pleasure (Cikitsāsthāna 24.42–43). This is in stark contrast with the subsequent horrifying depictions of the effects of alcohol in the second and third stages of intoxication (Cikitsāsthāna 24.44–57). No wise person would like to reach the second stage, "just as no pedestrian would like to walk on a path that leads to an unhappy destination and with many drawbacks."[52] The third stage makes one unable to act, just like a piece of wood.[53] Another simile compares the strong agitation of the mind caused by alcohol with that of a tree on the river bank caused by the impetus of a strong wind.[54] However, the text emphasizes that drinking alcohol, in principle, does not generate bad effects; in fact, alcohol is also beneficial (Cikitsāsthāna 24.61–67). If taken appropriately, it is like ambrosia (*amṛta*), whose special property is giving vitality (rather than immortality, as explained by Paul Thieme).[55] But if not taken according to the rules, alcohol causes sickness; just like food, which is life for living beings, but if taken inappropriately destroys life.[56] It stimulates and shows the nature of all living beings, just as rain stimulates the growth of crops and fire shows the pure nature of gold.[57] The fact that alcohol can turn into poison depends on several variables, from the quantity of alcohol to the situation and personal conditions in which alcohol is drunk, namely, whether it is consumed in the appropriate quantity and manner, at the right time, together with wholesome food, according to one's own strength, with a cheerful mind, and with the right company.[58] Furthermore, drinking alcohol has different effects according to the *doṣa*-based type to which one belongs.[59]

51 Olivelle 1997: 437; see p. 447, n. 29, where Olivelle quotes *Mānavadharmaśāstra* 11.7–8 saying, "A man who possesses a supply of food sufficient to maintain his dependents for three years or more is entitled to drink Soma [i.e., to perform a Soma sacrifice]. If a twice-born man possessing less wealth drinks Soma, he derives no benefit from it, even though he has drunk Soma."

52 Cikitsāsthāna 24.47cd: *gacched adhvānam asvantaṃ bahudoṣam ivādhvagaḥ* (p. 584b).

53 Cikitsāsthāna 24.48b: *bhagnadārv iva niṣkriyaḥ* (p. 584b).

54 Cikitsāsthāna 24.53: *madyena manasaś cāsya saṃkṣobhaḥ kriyate mahān | mahāmārutavegena taṭasthasyeva śākhinaḥ* (p. 585a).

55 Thieme 1952: 15–34. Especially at p. 24–27, *amṛta* is explained in relation to ancient Greek *ámbrotos* as "immortal" ("unsterblich") and "that gives vitality" ("Lebenskraft spendend").

56 Cikitsāsthāna 24.59–60ab: *kiṃtu madyaṃ svabhāvena yathaivānnaṃ tathā smṛtam | ayuktiyuktaṃ rogāya yuktiyuktaṃ yathāmṛtam || prāṇāḥ prāṇabhṛtām annaṃ tadayuktyā nihanty asūn |* (p. 585a).

57 Cikitsāsthāna 24.72: *sasyasaṃbodhakaṃ varṣaṃ hemaprakṛtidarśakaḥ | hutāśaḥ sarvasattvānāṃ madyaṃ tūbhayakārakam* (p. 586a).

58 Cikitsāsthāna 24.27, 68, and 79–85.

59 Cikitsāsthāna 24.21–25, and 74–78.

In describing ritual and social aspects of drinking alcohol as well as healthy modes of drinking, the narrative that covers the first part of Cikitsāsthāna 24 informs the specialist of Ayurveda about the possible effects of drinking alcohol, the variables that determine such effects, and how to prevent disorders related to alcohol. In other words, the text is about "situations that are not emergencies,"[60] in which somebody consumes alcohol but is not in a state of "patient." So, there is not a specific treatment to be prescribed and the doctor's knowledge on the topic is useless unless effectively communicated to the person. This presupposes considering the patient an agent in the sense of "someone who is capable of action and activity," "who makes choices, behaves in a certain way, and thereby contributes to, but is also able to change, conditions that lead to the susceptibility."[61] As shown by Cikitsāsthāna 24, in the case of alcohol consumption, individual behavior happens in a social context, which increases the complexity of the conditions that determine the agent's choices. Now, the text offers the doctor a model for "properly behaving" that he can communicate to an agent/patient who consumes alcohol. Moreover, the text displays a narrative model for speaking about specific contents. Especially the similes that we have seen above provide the doctor with a useful tool for summarizing his explanations and strengthening the efficacy of his dialogue with the agent/patient. They are the "pills" that the individual can resort to when confronted with drinking alcohol.

3.3. Communication and ethical concerns

Communication about drinking alcohol may not be as neutral as it appears to be in Cikitsāsthāna 24 (or the final section on the types of alcoholic drinks in Sūtrasthāna 27). Precisely the general absence of polemical tones or judgmental statements on the consumption of alcohol puts the text in flagrant contrast to the negative connotation that alcohol has in different pre-modern traditions of South Asia, from the Brahmanical tradition to the Buddhist and Jaina ones.[62]

The *Mānavadharmaśāstra*, for example, clearly prohibits the consumption of alcohol and expounds on the negative consequences of drinking alcohol, especially for Brahmans.[63] Abstention from alcoholic beverages is typical of Buddhist monastic rules. The Theravāda tradition indeed developed a detailed classification of the prohibition of alcoholic drinks.[64] The

60 I take the phrase from Walach & Loughlin 2018: 1–2, where smoking and drinking too much alcohol are examples of "situations that are not emergencies" and typically require a new narrative that can complement the dominant story of the patient as someone in a state of emergency or acute disease.

61 Walach & Loughlin 2018: 2.

62 For a useful overview, see McHugh 2021: 198–213, 213–228, and 228–233, respectively.

63 *Mānavadharmaśāstra* 11.54 and 93–98, 147, 151. Only *surā*, however, is prohibited to all *dvija* castes.

64 See Kieffer-Pülz 2005.

transgression of such a prohibition is largely attested in various types of sources, though. In the *Āgamaḍambara*, for example, Jayanta Bhaṭṭa (9th–10th cent. CE) depicts a meal at a Buddhist monastery saying that, "some drink is being served in a spotless jar" and "[t]here is wine here masquerading as 'fruit juice'."[65] According to the *Abhidharmakośabhāṣya*, lay practitioners, too, should abstain from alcoholic drinks, which is one of the five vows lay practitioners take.[66] Abstention from alcohol is in their case due to the fact that alcoholic drinks make people inattentive and non-vigilant, and therefore prone to break the other observances.[67]

The ban on drinking alcohol raised by the major traditions of South Asia poses the question of the origin of a different approach in classical Ayurveda and how such an approach (or even the textual presentation of it) could remain unaltered over the centuries, overcoming ethical concerns of those traditions.[68] An answer to this question entails investigating, among other aspects, historical developments of ritual drinking in connection with deep transformations in society – which is beyond the scope of this study. Here, I only reflect on another order of questions, namely how, in the interaction with the patient, the doctor would handle the tension between *dharma*-based constraints (be they Brahmanic, Buddhist or Jaina) against alcohol and the positive framing of controlled drinking in Ayurveda. It can be assumed that the doctor would advise or treat patients who are not subjected to strict *dharma*-injunctions against drinking alcohol. But he might find himself in the situation of treating Brahmans or Buddhist and Jaina practitioners who, in fact, are subjected to such injunctions. The absence of any pertinent indication in the *Carakasaṃhitā* (or, to my knowledge, elsewhere in classical ayurvedic literature) suggests that the doctor would explain to all types of patients how to deal with alcohol in a "healthy" way, which is a way that does not turn it into poison. In doing so, he is in a moral dilemma because (borrowing from B. K. Matilal, who speaks in general terms) he "cannot do everything that is obligatory for him to do in that situation" from the viewpoint of the *dharma*.[69] The doctor will act as a moral agent who gives priority to the specific paradigm of Ayurveda, where, as confirmed by several passages of the *Carakasaṃhitā*, the first place is given to maintaining and restoring healthy conditions of life. To this end, the doctor will temporarily put aside concerns related to the *dharma* and "cooperate" to the perpetuation of behaviors whose acceptability, within a *dharma*-based view, ranges from a low degree to the total negation. Indeed, the doctor seems to be called to order priorities in consideration

65 Dezső 2005: 58f.

66 *Abhidharmakośabhāṣya*, p. 206, l. 25 – p. 207, l. 2 (on *Abhidharmakośa* 4.15): *viratisamādānād upāsakasaṃvarastho bhavati | … surāmaireyamadyapānāc ca |*.

67 See *Abhidharmakośa* 4.34c as well as the relevant discussions in the *Abhidharmakośabhāṣya* and the *Tattvārthā Abhidharmakośaṭīkā* (for the latter, see Kano & Kramer 2020: 119–127).

68 A partially similar question is posed by ayurvedic prescriptions to eat meat, and more in particular beef. For some reflections on the problematic use of meat in Ayurveda, see Dagmar Wujastyk 2012: 133–137 and 148f.

69 Matilal 2002: 6; see also p. 23–27.

of the natural inclinations of human beings[70] and act in the name of a practical approach to them, which, by the way, the *Mānavadharmaśāstra* too, takes into account.[71] Although the doctor's act will not rigidly comply with the paradigm of a *dharma* based on Dharmaśāstras or other religious traditions, it will be morally good as it will reach "a pragmatic ad hoc resolution" that results from "a disposition to act and react appropriately with moral concerns."[72] So, rather than pointing at the ban on alcohol, the doctor would speak with the patient (even the one for whom alcohol is forbidden) about controlled drinking, the effects of alcohol, and healthy ways of drinking.

4. Conclusion: The doctor with a caring attitude

Looking at a selection of passages from the *Carakasaṃhitā*, the attempt here has been to investigate the interaction between doctor and patient as it emerges from the outline of their qualities and how both contribute to preventing and curing diseases. Sūtrasthāna 9, the chapter on the quartet of therapeutics, shows that the Ayurvedic doctor is expected to be in dialogue with the patient at different levels. While the patient describes his/her symptoms and conditions, the doctor gives advice and instructions whose implementation also depends on his persuasive capacity. Therefore, a good doctor should possess not only solid medical knowledge and the ability to apply such knowledge but also another set of skills, which enable him to adequately interact with the patient. Explicit mention is made of kindness, empathy, joy, and detachment, which closely remind of the Buddhist tradition, but may also derive from non-Buddhist trends, such as those later represented in the *Yogasūtra*. Moreover, a few places describe the doctor's attitude towards the patient by comparing it with the care devoted to one's own children. In view of all this, a doctor in the ayurvedic tradition should cultivate not only knowledge and practical abilities concerning the more specific, technical aspects of Ayurveda, but also a set of emotional and relational abilities that can be conceptualized as a " 'way of being' in relation to others."[73] They determine the doctor's caring attitude in the interaction with the patient and his ability to carefully listening to the patient's narrative about his or her conditions, which is a task of the patient in the therapeutic process.

Although there is hardly any description of doctor and patient in dialogue in the entire *Carakasaṃhitā*, the first part of Cikitsāsthāna 24 arguably presupposes a substantial interaction between them. In dealing with ritual and social aspects of the consumption of alcohol as well as its effects, the text presents a situation that invites the intervention of a doctor who aims to modify the course of unhealthy habits or prevent their development, although in the

70 Here, I borrow again from Matilal's reflections on the topic of ethics, as articulated in "*Dharma* and Rationality" (2002, Ch. 5, in particular, p. 60–69).

71 *Mānavadharmaśāstra* 5.56 (quoted in Matilal 2002: 64).

72 Matilal 2002: 8 and 33.

73 I adopt here the terminology used in Zoppi & Epstein 2002.

absence of any state of emergency or severe illness. On the practical ground that communication is the doctor's only tool, it is his interaction with an agent of alcohol consumption who is not (yet) a patient that should persuade the agent to modify his habits and make drinking alcohol a pleasant rather than poisoning event. In this connection, the emotional–relational skills of the doctor enhance the quality of his caring attitude, which will be especially important towards an effective communication with the patient.

Cikitsāsthāna 24 shows another aspect of the interaction between doctor and patient. Since, unlike major traditions of South Asia (Hinduism, Jainism, and Buddhism), it does not present alcohol consumption with a negative connotation, it poses the question of how the doctor, in interacting with the patient, could/should relate to the shared moral order of the society. A practical approach to behaviors and natural inclinations of human beings arguably helps the doctor order priorities around maintaining and restoring health, and deal with possible moral concerns. In doing so, the doctor embodies the specificity of the ayurvedic paradigm and his behavior is morally good because it adheres to that paradigm.

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