CARE AND ACCESS IN EARLY HINDU BIOETHICS

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Introduction

Presently, both 'boom' and 'denial' largely characterize the health care services available in India. The April 12, 2010 issue of *India Today* in its cover story "The Healthcare Boom" reports on the phenomenal growth the nation experiences in this sector. Its affluent and middle classes can now afford to choose from a set of world class options available at a call away. However, the statistics alarm: "The private sector, up from Rs 85, 500 crore in 2006 to Rs 1, 48,050 crore now, accounts for 80 percent of the market – highest in the world. It also controls 60 percent of the 15, 393 hospitals in India…"[1] At the same time, millions in India, both the rural and urban poor, are denied access to basic health care services. With the exception of a few, the underfunded, corrupt and inefficient hospitals in public sector consistently fail the people entrusted to their care. Lifestyle diseases have been rapidly spreading, affecting more poor people than ever in the past, while India still battles to eradicate the many contagious diseases.[2]

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[1]Damayanti Datta , "The Healthcare Boom," *India Today*, April 12, 2010, 36.

[2]For details and statistics on Indian health care scenario, see L. Stanislaus, SVD and Jose Joseph, SVD, eds., *Healing as Mission*, Delhi: Ishvani Kendra / ISPCK, 2006. *Frontline*, a national fortnightly, and *Indian Journal of Medical Ethics* through their articles frequently bring to light the deplorable situations in which the India's poor live deprived of basic medical care.

Marginalization of the human person, ironically, marks the patient on both sides. The profit-driven private hospitals idolize infrastructure, technology and skills and both the healer and the healed are lost in concrete jungles. India's government/s and wider society ignore the poor and deny them a fair share of the resources –basic medical care-, raising important ethical issues. A relevant bioethical discourse in such a context would have to incorporate the principles of care and access and explore ways to recover the primacy of the human person. Interestingly, the early Indian medical tradition offers a glimpse of the struggles from within which – and against many odds – emerged the values of self care, care for the other, and making the medical care available to the marginalized, values that defined much of the ensuing ethical discourses. Even though the nature and scope of medical care has changed significantly, the values that characterized the health care services and the patient-doctor relationship are still relevant and they can enlighten our contexts and conversations. The paper aims to recover the values embedded in Indian tradition and foster interreligious learning among the Catholic and Hindu bioethicists. I shall describe the genesis of these principles and indicate ways in which we can respond to the contemporary challenges in light of them.

Medicine, magic and rituals in the Vedic world

In the Vedas, the earliest Hindu scriptural texts that date back to the second millennium B.C., we have the first discernible evidence of the medical practices and people's health care concerns in India.[3] Within the Vedic corpus, the *Ṛgveda* contains many "mythological stories

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[3]Archaeological studies suggest that the people of Indus Valley Civilization who lived along the banks of river Indus from about 2700 B.C. to 1500 B.C. did exhibit a sense of medical knowledge and health care. According to Kenneth G. Zysk "the general picture of Harappan medicine derived from the available data illustrates a definite concern for public health and suggests a tradition of medicine which involved the use of plants in a religious ceremony." (See, *Religious Medicine: The History and Evolution of Indian Medicine*, New Brunswick: Transaction Publishers, 1993, originally published in 1985, 4). These findings make it the first (pre-documented) Indian community to possess an elementary knowledge of medicine. Zysk's *Religious Medicine* serves as an excellent resource for medicine in the Vedic literature and has an extensive bibliography along with a bibliographical essay. Other recent works on the history of medicine in India include Debiprasad Chattopadhyaya, *Science and Society in Ancient India*, Amsterdam: B. R. Gruner B.V., 1978; G. Jan Meulenbeld and Dominik Wujastyk, ed., *Studies on Indian Medical History*, Delhi: Motilal Banarsidass, 1987, reprint 2001; Prakash N. Desai, *Health and Medicine in the Hindu Tradition: Continuity and Cohesion*, New York: Crossroad, 1989; Kenneth G. Zysk, *Asceticism and Healing in Ancient India*, New York and Oxford: Oxford University Press, 1991; Guy Mazars, *A Concise Introduction to Indian Medicine* (*La Medecine indienne*), trans. T. K. Gopalan, Delhi: Motilal Banarsidass, 2006.

illustrating the healings performed by various gods of the Vedic pantheon" and the *Atharvaveda* refers to what Kenneth G. Zysk calls the earliest Hindu 'medical doctrines.'[4] These works together display a fascinating knowledge of human anatomy, medicinal plants and their properties, toxicology and the details of various 'internal' and 'external' bodily diseases.[5] They reflect the earliest signs of people's concerns about health and of their attempts to find cures for different diseases.

The Vedic healers came from the agrarian communities and folk-traditions that arguably belonged to the third estate in the social structure.[6] Zysk holds that the "Vedic medicine's agrarian-oriented knowledge of the local flora tends to link it to an agrarian oriented group of people and its use of rituals, amulets, and incantations reflects fundamental folk beliefs."[7] In its initial stages medical knowledge was gathered, shared and preserved in the folklore. The healers not only administered the medicine but also modelled themselves after the sacrificial priests, who in their own realm had expertise to call on the cosmic forces and invoke the spirits. It was likely that a healer or a medical priest initially "enjoyed relative freedom in the social structure, serving the needs of all people regardless of their social standing."[8]

The Vedic healing ritual was an elaborate process and "always required the recitation of religious incantations and charms."[9] Sacred utterances frequently accompanied the preparation of medicine. Healers waved medicinal plants/leaves over the patient and oversaw the transfer of the disease-causing demons or evil spirits into birds or animals or to other locations. Talismans and amulets celebrated one's restoration to health or served as shields of defense from further attacks.[10] Abundant mythology, worshipping of medicinal plants and herbs as gods and goddesses and other rituals involved in the healing process reinforced

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[4]Zysk, *Religious Medicine*, 5.

[5]Zysk's *Religious Medicine* is a critical study of the Vedic texts on various diseases and medicines.

[6]For further details on the tripartite division of ancient Indo-European society (as proposed by Georg Dumézil) and its application to the present discussion, see Zysk, *Religious Medicine,* x.

[7]*Ibid.*

[8]*Ibid*, xi. Chattopadhyaya distinguishes between the *Ṛgvedic* and the *Atharvavedic* periods: in the first, medical progress was favourably seen, and in the absence of social hierarchy, healers were held in high esteem. In the latter, healers were seen with contempt and as a threat to the Brahmanic ideology. See Chattopadhyaya, *Science and Society*, 225-238.

[9]*Ibid*, 9.

[10]We can find similar features -gestures, moves, incantations, rituals, use of talismans- in some of the non-allopathic healing methods in India today.

the idea that the efficacy of therapeutic action is "inextricably connected with the magical or spiritual operation."[11]

One of the most remarkable features of the Vedic medicine that endured since then to the present times in some form or the other and had a profound influence on Hindu worldview with regard to health is the "belief in a multitude of benevolent and malevolent deities and spirits that populated the cosmos and caused good and bad effects in human realm."[12] The Vedic medical paradigm is built on the notion that the "causes of diseases are not attributed to physiological functions, but rather to external beings or forces of a demonic nature who enter the body of their victim and produce sickness."[13] In turn, rituals with "potent and efficacious words, actions and devices"[14] were required to remove these forces and heal a person. Health was described negatively as the "absence of particular disease-causing demons"[15] in a person or their influence over one's body.

This brief review of the Vedic medicine helps us to make the following observations. 1) The notions of self-care and care for the other began to emerge within the Vedic Hindu community with an accompanying interest to study and understand the diseases and to find cures. 2) Steps were taken to identify the illnesses by observing their symptoms as well as by classifying the medicinal plants and noting their properties. 3) Collective efforts were initiated to gather, share and preserve the medical knowledge, authorize and make it accessible to the community. 4) Healers came from the peasant and folk sections of Hindu society (not from the priestly class) and, unrestricted by the purity laws, they were able to reach out to the sick among all social classes. 5) Treatment invariably involved administration of medicine and performing the rituals which made the healing process complete and effective. 5) Finally, and most importantly, belief in the existence of good and evil spirits who mediated cures or caused illnesses came to be the crucial feature of the Vedic medicine.[16]

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[11]Zysk, *Religious Medicine,* 10.

[12]*Ibid*, p. xi. It matches well with the overall Vedic worldview which explained the occurrences of natural phenomena and events in human life in terms of the involvement of gods -representing elemental forces. People found 'order' (*ṛta*) in cosmic, social and individual lives, and concluded that gods punished those who disturbed the *ṛta* or offended them. See Mazars, *A Concise Introduction*, 5.

[13]Zysk, *Religious Medicine,* 8.

[14]*Ibid.*

[15]*Ibid.*, 8. Fractures, injuries and bites (where the causes were concretely known) were separately identified. Zysk, *Religious Medicine*, 8.

[16]The principle of causality mentioned here holds that the evil spirits somehow 'cause' illnesses and the good spirits 'restore' health. From the Vedic period to the present times this view continuously influenced the Indian/Hindu

In other words, here we obtain not only some basic information about illnesses, medical plants, healers and the healing methods during the Vedic period, but we also get a glimpse of religion's influence on people's understanding of health care concerns. As we saw, imitating the religious priests, the Vedic healers initially adapted the magical and ritual practices into healing processes but eventually these rituals turned out to be more harmful than beneficial. As the Vedic belief system gained importance and became the exclusive framework to explain health issues, it effectively blocked further progress in the medical field and the attempts to rationalize it. At this juncture, the healers had to make a decision whether to surrender to the ritual and the purity-centered-worldview or to keep promoting the advancement of medical practices, and make them available to all across the social classes. From a bioethical perspective, within the Hindu tradition it was a decisive moment, and the choice encouraged a rational approach to medicine and held on to the principle that medical services be made available to all people.

Ideological Clash in a Transitory Phase

Historians of Indian medicine refer to a 'complex' transition period between the age of Vedic medicine which was characterized by magico-ritual practices and the birth of Ayurveda i.e. "a system of medicine based on empirico-rational principles and practices."[17] Chattopadhyaya and Zysk differ in their explanations of what happened during that transition period and why it happened. Regarding its duration, Zysk notes that this period lasted from the ninth century B.C.E. to the beginning of Common Era. On the other hand, Chattopadhyaya ends it by the time of Buddha, effectively arguing that Buddhism had very little influence on it.[18] Both the authors agree that the social status accorded to the healer in the Vedic

mind (despite the fact that *Ayurveda* and other forms of medicine embraced rational, empirical approach). One should distinguish it from the theory of *karma*, a functional correlative to it. Both the Vedic understanding of the causes of illnesses and the notion of *karma* have ethical implications in the area of health care.

[17]Zysk, *Religious Medicine*, xi. In my view the phrases 'magico-ritual' and 'empirico-rational' describe this phenomenon aptly and I barrow them from Zysk.

[18]Zysk, *Religious Medicine*, xii. Chattopadhyaya, *Science and Society*, 320. Differing from Chattopadhyaya who does not see any influence of Buddhism on this transition, Zysk says that Buddhism and its monasteries played an important role in the evolution of Ayurveda. His findings "show that the Hindu śāstric tradition of medicine [*Ayurveda*] derived its major features from the work of heterodox ascetics rather than from brāhmanic intellectuals and that the significant growth of Indian medicine took place in early Buddhist monastic establishments." Zysk, *Asceticism and Healing*, quote is on the first page of the Preface.

period was the central issue. Zysk attributes the change to a social event:

> The denigration of medicine by the priestly order and the brāhmanic hierarchy resulted in the healers' exclusion from the orthodox ritual cults because of the defilement they incurred from contact with the impure people with whom they found fellowship. Important members of these marginal populations included the heterodox wandering ascetics who renounced the trappings of orthodox ideologies and practices, and abandoned society for wilderness in search of higher spiritual goals.[19]

Gradual stratification of Hindu society brought the healers into confrontation with the newly evolving rigid socio-religious structures. Presumably, the cultic priests began to exercise their power and insisted on maintaining ritual purity and on upholding a spirit-permeated worldview to understand and explain the causes of illness. However, guided by the rational/empirical approaches, the healers had to defy the cultic priests if they were to continue to keep learning and to make their medical knowledge and its benefits available to people on the margins. Learning methods required that not only they are to be committed to the art of healing but are also willing to observe and gather empirical data and learn from other's experiences in the field. Sebastian Pole explains the interactions: "Because of the requirements of their job, physicians touched people from every caste, performed surgery and came into contact with bodily fluids. The higher castes started to consider them to be extremely polluted. Physicians were finally excluded from the soma sacrifice….and not recognized in the social hierarchy."[20]

Additionally, because of their association with and learning from the ascetics, wanderers and the heterodox scholars, the healers posed a direct threat to the hierarchical authority of the priestly class and their worldview.[21] Zysk holds that this dynamic and creative rapport between the various groups brought about a renewal, a significant shift in the understanding of illnesses, healer and the healing

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[19]Zysk, *Religious Medicine*, xii.

[20]Sebastian Pole, *Ayurvedic Medicine: The Principles of Traditional Practice*, Philadelphia: Churchill Livingstone/Elsevier, 2007, 8.

[21]The principle of karma which sees the present occurrences in life – including illnesses – as the results of one's actions in this or previous lives began to surface towards the later Vedic period and eventually got established in the Law Codes. The medical approach of the transitional phase embodying the scientific and rational explanation of illnesses, according to Chattopadhyaya, directly posed a threat to the law of karma. For his presentation of these developments as an ideological clash between different Hindu religious traditions, see Chattopadhyaya, *Science and Society*, 191-192.

process.[22] In my view, this is also a critical stage in the evolution of medical ethics in India wherein we observe a Hindu medical system reform itself as it moved away – at least partially- from the magico-ritual paradigm to the empirico-rational paradigm, resulting in the emergence of *Ayurveda.* Seeing such a friction as an internal phenomenon to Hinduism, Pole asserts that "in India there has always been a competitive atmosphere between an orthodox religious tradition and the heterodox religious tradition."[23] Zysk explains the rapport between the healers and others and the resultant shift:

> Finding rapport with the communities of heterodox ascetics and renunciants who did not censure their philosophies, practices and associations, the healers, like the knowledge seeking ascetics, wandered the country side performing cures and acquiring ever new medicines, treatments and medical information, and eventually became practically indistinguishable from the mendicants with whom they were in close contact.[24]

So far we have seen how the Vedic medicine evolved (with notable strengths and inadequacies) and, how, their 'impure' and 'excluded' social status eventually enabled the Vedic healers to associate with the heterodox ascetics and monks and develop a medical system based on the empirico-rational approach. The medical findings and discoveries of the peasant and folk communities along with the contribution of the heterodox groups slowly gain acceptance as the community's medical resources. And, probably during the early centuries of the Common Era, such "a largely heterodox body of knowledge" goes through an "ingenious brāhmanization process" and gets embedded in the Vedic corpus, resulting in the birth of an 'orthodox' medical system –the Ayurveda.[25]

Not discounting the influence of Buddhist thought and the role their monasteries played,[26] I argue that the entire process demonstrates

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[22]Zysk, *Asceticism and Healing,* 3-8.

[23]Pole, *Ayurvedic Medicine,* 3. Defining who is orthodox and who is heterodox among the Hindus is not easy. In this context, I shall adapt Pole's views: the orthodox adhere to the Vedas (as do the Brahmins of priestly caste) and the heterodox do not adhere to the Vedas, the authority or the worldview they prescribe.

[24]Zysk, *Religious Medicine,* xii.

[25]Zysk, *Religious Medicine,* xiii. Both Zysk and Chattopadhyaya agree that healers and healing practices grounded on the magico-ritual paradigm never disappeared from Indian society. Not surprisingly, during the' brāhmanization' process some of these elements were 'introduced' into the *Caraka Samhita* but they do not radically alter the scientific and rational character of Ayurveda. See Chattopadhyaya, *Science and Medicine,* 314-320.

[26]As mentioned earlier, Zysk strongly argues in favor of this view in his *Asceticism and Healing.*

that some movements and traditions internal to Hinduism (heterodox, ascetical and monastic) spearheaded a reform movement in the field of medicine, prophetically critiquing the unhelpful and harmful practices and introducing new ethical thought patterns. Consequently, we can claim that those ethical principles that assisted Indian medicine to move away from the magico-ritual paradigm to the empirico-rational paradigm and those values that introduced considerable ethical outlook into Ayurveda are in fact Hindu ethical principles.[27] These values and ethical principles helped not only in the shaping of Ayurveda and its practice through the centuries but also continue to influence the Hindu mind as it negotiates health care concerns today.[28] The following survey of Ayurveda illustrates these principles.

Emergence of Ayurveda

Ayurveda is frequently translated as 'the knowledge of life' or 'the science of longevity' and it "focuses on preventing disease and optimizing vitality as much as on removing illness."[29] It emerged from the background of the Vedic medicine, and, characterized by "a theoretical and rational understanding of disease and cure,"[30] it established itself. Two Sanskrit works *Caraka Samhitā, Suśruta Samhitā* serve as the primary resources of Ayurvedic knowledge while other books exist.[31] The *Suśruta Samhitā* describes the skills about surgery

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[27]Hinduism defies easy definitions and given its complexity it can be safely considered as a body of religious and spiritual traditions both classical and subaltern. For a discussion on Hinduism, see the December 2000 issue of *Journal of American Academy of Religion* with articles and responses to "Who Speaks for Hinduism?" My point here is that those who protested against the emerging purity-based hierarchical social structures and ideologies -which wanted the healers to subscribe to purity laws, i.e. effectively asking them to deny medical services to the impure/marginalized, were Hindus in every respect. Hence, it is appropriate to call the bioethical principles of care and access they upheld, which eventually will define the Ayurveda Ethics, as Hindu principles.

[28]Besides Ayurveda, many other classical and folk schools of medicine exist in India. In 2003 the Government of India established a separate department under the title AYUSH to promote some of these alternative and holistic medical systems. For details, see http://india.gov.in/sectors/health_family/ayush.php, accessed on February 20, 2011. For details on different types of healing, see Sudhir Kakar, *Shamans, Mystics and Doctors: A Psychological Inquiry into India and its Healing Traditions*, Boston: Beacon Press, 1982. Here I propose that we can consider Ayurveda not as an exclusively Hindu but an Indian medical tradition and that we can integrate its ethical principles into the present day bioethical discourse.

[29]Pole, *Ayurvedic Medicine*, xix.

[30]Zysk, *Religious Medicine*, 1.

[31]Chattopadhyaya, *Science and Society*, p. 19. The author also refers to other works on Ayurveda and offers extensive comments on the contents of the *Caraka Samhitā*. Pole suggests that Caraka Samhita was composed between 150 BCE and 100 CE.

but "on the whole it shares the doctrinal content of the *Caraka Samhitā.*"[32]

Composed in the classical verse and prose, the *Caraka Samhitā* "is about three times in bulk of what survives as the medical literature of ancient Greece, the so-called Hippocratic corpus."[33] In eight books it discuss the theoretical principles, cause of diseases and their symptoms, methods of diagnosis and prognosis, anatomy and embryology, dietetics and pharmacology, codes of conduct of the medical practitioners, etc. The Ayurvedic physicians employed the humoural theory (much like the Greeks) to explain the diseases and to propose cures. When the three humours – wind, bile and phlegm – are in equilibrium a person enjoys health and when there is imbalance the physician intervenes precisely "to recognize which humour or humours were out of balance and to re-establish the equilibrium" through medication, diet, and if needed surgery.[34]

Pole sees the strength of Ayurveda in its approach that is both person-specific and universal. It takes into consideration people of diverse climates, places, ages when suggesting the ever adaptable methods of diagnosis and treatment. Simultaneously, the individual remains the focus of attention:

> It is a universal system applicable to every individual living thing/being in any part of the world, and at the root of Ayurveda is its focus on the uniqueness of each individual. In Ayurvedic practice no one has the same constitution or the disease (even if the 'names' are the same) and certainly no one gets the same medicine just because they have the same disease.[35]

According to Ayurveda, "successful medical treatment depends on four factors. These are: the physician, substances (drugs or diets), nurse and patient."[36] Naming and designating these four factors (thereby excluding mediatory role to the spirits, efficiency to the ritual performances) was a major advance in the Hindu view of medicine. The phase reflects a defense of the intrinsic efficacy of medicine and offers us a preliminary key to recognize the emergence of ethical perspectives and their influence on the process.

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[32]Chattopadhyaya, *Science and Society*, 20.

[33]*Ibid.* For a recent critical edition, see Priya Vrat Sharma, *Caraka Samhita: Agnivesa's treatise refined and annotated by Caraka and redacted by Drdhabala, Text with English Translation*, 2 Volumes, Varanasi: Chaukhambika Orientalia, 1981 & 1983.

[34]Zysk, *Religious Medicine*, 1.

[35]Pole, *Ayurvedic Medicine*, xx.

[36]Chattopadhyaya , *Science and Society*, 190.

The physician comes first among what I shall call the four pillars, which together lead to the therapeutic success of a patient.[37] Caraka lists four essential qualities of a physician: "1) clear grasp of the theoretical content of science, 2) a wide range of experience, 3) practical skill and 4) cleanliness."[38] The qualities the drugs should have according to Caraka include 'abundance,' 'applicability,' 'multiple use,' and 'richness in efficacy.' For the first time, the role of a nurse is acknowledged as very important and the four required qualities of the nursing attendant are the knowledge of 'nursing technique,' 'practical skill,' 'attachment for the patient' and 'cleanliness.' Finally, the patient should have 'courage,' possess 'good memory,' 'obey the instructions,' and be able to 'describe the symptoms.'[39]

Many people today might take these fours factors for granted and see nothing special in them but when *Caraka Samhitā* was composed, they set in motion a revolution -not so much for what was included as for what was excluded in the list. Each of these four pillars stands on its own inherent merit without relying on the power of the spirits. The epistemological shift is reflected in portraying the illness in physiological terms which can be diagnosed and treated and in defining the role of physicians from the perspective of training and competency, what they can and ought to do in treating the patients. We can argue that the text unambiguously frees the physician, the patient, the nurse and the medical substances from the influence of the magico-ritual worldview and fostered the expansion of medical research on rational and scientific lines.[40]

Description of a physician's role best illustrates this shift.[41] The physician is required to go through years of rigorous training under a

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[37]Ayurveda does recognize that there are incurable diseases and the Oath of Initiation of Caraka mentions the categories of people who should not be treated such as the haters of the king or people. For Prakash N. Desai's "Medical Ethics in India" and for Caraka's "Oath of Initiation: From the Caraka Samhita," trans. A. Menon and H.F. Habermann, see Robert M. Veatch, ed., *Cross-Cultural Perspectives in Medical Ethics*, Second Edition, Boston: Jones and Bartlett, 2000, 240-258, 258-260 respectively.

[38]Chattopadhyaya, *Science and Society*, 190.

[39]Chattopadhyaya, *Science and Society*, 190-191.

[40]While Ayurveda tried to introduce this perspective, we should note (as Caraka himself acknowledged in his work) that many other schools of medicine coexisted: "Medicine is of three kinds, viz. 'based on the supernatural,' 'based on rational application' 'and based on mental control.'" Chattopadhyaya, *Science and Society*, 315. Chattopadhyaya argues that the first and thirst type were able to survive because of the support they receive from the prevailing orthodox ideology.

[41]For an excellent survey of the physician's role, see Caraka's *Oath of Initiation*, mentioned above.

competent teacher to make a study of the given body of knowledge and to learn the practical skills. The task demanded professional skills and attention because "there is no limit at all to the Science of Life, Medicine. So thou shouldst apply thyself to it with diligence."[42] As a result, one should strive to learn and add to the medical knowledge. Among these instructions, no provision is made to invoke the spirits or perform any rituals. Similarly, Caraka insists that the properties and the efficacy of medical substances be analyzed and they be made available in abundance. He proposes that medicine be administered in person-specific and illness-specific proportions. We can argue that these developments reflect the emergence of the primacy of the person and how, as an ethical principle, it begins to guide and inform the healing process.

Caraka's description of the patient highlights the significance accorded to a person in the changing circumstances. The patient is not any longer portrayed as a victim of the unknown supernatural powers but an active subject, an agent who displays greater control and a constructive participant in the healing process. Hereafter, according to Caraka, the principle role of the patient will be to accurately describe the symptoms, accept the treatment, and cooperate with those who assist. In addition to that, Caraka also points out to crucial importance of the role of a nurse and the how it contributes to a patient's recovery. As they still do, presumably, families (of theirs or relatives) took care of most of the sick people in ancient India but by assigning a particular role to the attendant-nurse, Caraka makes a point: the primary duty of that person is to carefully look after the patient by providing medical care and comfort, and not worrying about appeasing the gods and spirits.

Two more aspects of Hindu healthcare that find explicit mention in the context of the emergence of Ayurveda – relevant for the study – are, 1) the origin and purpose of medical knowledge, and 2) the character and the responsibilities of a physician. As noted earlier, the Hindu tradition placed the medical knowledge in the Vedic corpus and attributed divine origins to it.[43] While such a move made it a privileged knowledge in the hands of a select few -depriving it popular access-, it did ensure the survival and promotion of Ayurveda.

The theory of its divine origins states that gods offered this knowledge for the benefit of humanity and as such Hindu society is morally obliged to use it for the intended purpose. In this way, distinguished from the knowledge of other trades and occupations, medical knowledge

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[42]Caraka, *Oath of Initiation*, 260.
[43]Desai, *Medical Ethics in India*, 245.

uniquely took on a new meaning and purpose -the welfare of all. Howsoever diverse are the concrete sources of Hindu medical knowledge and health care practices (peasant-folks of the Vedic period, heterodox ascetics, a pantheon of gods or all together), we can affirm that an inbuilt purpose i.e. restoration of people's health and wellbeing guided it.

Caraka's *Oath of Initiation* presents extraordinary details on the ethic of the physician. In it, Caraka places together the directives on a person's conduct and life, mandatory behaviour patterns and responsible ethical practices. If a physician is asked to remain a celibate, grow a beard, be modest in appearance, and carry no arms, he is ordered to "speak only the truth," and never cause "another's death."[44] The Oath represents Hinduism's early attempt to enunciate the principles of beneficence and non-maleficence.

The exhortation to the physician is direct and clear: "Day and night, however thou mayest be engaged, thou shalt endeavor for the relief of patients with all thy heart and soul. Thou shalt not desert or injure thy patient for the sake of thy life or thy living."[45] While visiting a patient, the physician should have an undivided attention: "thy speech, mind, intellect and senses, shall be entirely devoted to no other thought than that of being helpful to the patient and of things concerning only him."[46] In tone the Oath sounds paternalistic but within the Hindu Dharmic worldview it places crucial responsibilities on the shoulders of a physician. As religion began to intersect with medicine and influence it in a new way, Ayurvedic physician's life was portrayed as a vocation -to spend devotedly for a life of learning and service with a view "that he may become a life-giver to human beings."[47] Through the millennia, many people's expectations of a physician, at least partially, were shaped by and revolved around the portrayal Caraka offered here.[48]

Conclusion

This brief review of the early phase of medical developments in India offers us a glimpse of the struggles that marked the path and the context in which elementary forms of bioethical principles emerged.

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[44]Caraka, *Oath of Initiation*, 259.

[45]*Ibid.*

[46]*Ibid*, 260.

[47]Sharma, *Caraka Samhita*, Vol. I, 14.

[48]For example, both Kautilya's *Arthashastra* and the *Laws of Manu* suggest the ways the rulers were required to promote medical sciences, the healers, punish the quacks and reach out to the poor among the sick. The ethical horizon in which Caraka portrayed the role of a healer as well as the art of healing have informed many people's worldviews considerably and people continue to rely on it.

When confronted with illnesses, people exhibited a sense of self-care and care for the other and developed ways to share and preserve the available knowledge. They did not abandon themselves into the hands of fate or fear or spirits but found ways to regain health.

Extraordinary sense of care marked Caraka's work. The principle aim was to protect people from the magico-ritual understanding of illnesses and save them from becoming victims. Codification of medical knowledge, exhortations to the healers and nursing attendants reflect this concern. In spite of being discriminated and excluded from social life by a section of religious leaders, the healers displayed their commitment to make medical care available to those considered impure. Caraka also distinguished the medical knowledge and the healer's skills from others, indicating that they are destined for the wellbeing of all, and not a privileged few.

What insights can the elementary bioethical thought from an early period in Indian history offer for our times when the nature of healthcare has significantly changed and at a time when technology and profit-motive overwhelm the field? Certainly, ours is an age of unprecedented challenges in the area of health care. Extending care is crucial but it is not easy. Similarly, systematic denial of access to basic healthcare brought about by large scale privatization of medical services raises many critical questions. Ethical stances of the Vedic healers and Caraka underline the need to engage the issue of human dignity and of making basic health care accessible, especially to the poor. They invite us to strengthen people's voices so that they fight for their rights, including their right to health.

The emerging Hindu bioethical thought offers the Catholic bioethicists opportunities to search for the areas where the ethical perspectives of the Catholic and Hindu traditions on the principles of care and access overlap. It will enable them to grow in mutual appreciation and find a common ground to inter-religiously engage the heath care issues in light of the shared ethical principles. When religious voices join the secular voices, public discourse on bioethical concerns in the country will be richer. Healers from the past who upheld the principles of care and access show us a way.