



A COMPARATIVE ANALYSIS OF THE SOCIAL STATUS AND ROLES OF HEALERS IN ANCIENT GREECE AND AYURVEDA IN ANCIENT INDIA

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ABSTRACT

This study focuses on the comparison between the social status and the functions of the healers in Ancient Greece and Ayurveda in Ancient India, particularly concentrating on their training, social status, and professional conduct. Both traditions required a detailed understanding of medicine and medicine-related ethics, though Greek medicine practitioners were bound by philosophical contemplation alongside civic duties, whereas Ayurvedic medicine practitioners worked within a religious and hereditary system. This research is based on the analysis of primary sources like the Hippocratic Corpus and the Charaka Samhita together with other historical documents in order to assess the influence of these traditions on modern medicine. The results showed that irrespective of the differing socio-religious context, both healing traditions supported efforts to systematize medicine within their respective cultures.

Keywords: Ancient Greece, Ayurveda, Healers, Medical Traditions, Social Status

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1. Introduction

In every epoch, medical professionals have had an immense impact on how societies perceive health and disease. In ancient times, the position and functions of a healer were equally relevant to a culture or philosophy and religion. Greek medicine is one of the two most developed medical traditions, and Ayurveda is the other one. Both had their systems of healing which was appropriate to the values of their societies.

Religion along with rational philosophies influenced the development of healing practices in Ancient Greece. Asclepius, the divine healer, was simultaneously with the empirical approaches, which were introduced by Hippocratic physicians (Lloyd, 1979). Greek healers worked as priests in temples and as itinerant physicians. There were schools of medicine from which there was knowledge, and the Greek healers had a wide array of knowledge. With civic integration, they embraced ethical codes, and the Hippocratic Oath was one of those which defines their professional obligations (Zysk, 1991).

On the contrary, in Ancient India 'Ayurveda' was a medical system containing all aspects of healing merged into one concerning religion and society at that time period. The Ayurvedic practitioners, the Vaidyas, also happened to be of the Brahmin and Kshatriya caste and received education through the Gurukula system, which was based on the model of apprenticeship. Not like their Greek counterparts, Ayurvedic medicine practitioners were Hindus, and their works were bounded to the Charaka Samhita and Sushruta Samhita (Wujastyk, 2003). This comparative study seeks to explore how these healers were trained, perceived, and integrated into their respective societies. By analyzing primary historical texts and secondary scholarly interpretations, this paper aims to elucidate the broader implications of these traditions on the professionalization of medicine.

2. Research Problem

Healers in ancient civilizations were influenced by socio-cultural factors as well as religion and philosophy. While Ancient Greece and Ancient India both developed elaborate systems of medicine, the social status and the roles of the healers in their respective societies were different. The extent of impact of this difference on the development of medical ethics, medicine, education, and professional identity remains an open question that is worthy of exploring. Thus,

this study seeks to fill these gaps by looking at the social status and roles of healers in these two traditions and attempt to understand whether this role was universal or socio- culturally affected.

3. Research Questions

1. How were healers perceived and positioned within the social hierarchies of Ancient Greece and Ancient India?
2. What were the similarities and differences in the education and training of healers in these traditions?
3. How did religious and philosophical beliefs shape the roles of healers in these societies?
4. What ethical frameworks governed the practice of medicine in Ancient Greece and Ayurveda?

4. Objectives

1. To investigate the social rank of the healers in Ancient Greece and Ayurveda.
2. To analyze the training curricula and education systems of the healers in these traditions.
3. To determine the role of religion and philosophy regarding medical practice.
4. To investigate the ethical obligations and the professional role of the healers in these societies.

5. Literature Review

The history of the traditional medical systems has been analyzed in a number of different works which within themselves offer social and intellectual insights about the healers. However, there is an enormous body of literature where either Greek or Indian medicine is the sole focus, with no comparative studies on the social role of the healers in their medicine. This highlights the main works that are of importance in relation to this particular issue.

When we concentrate on Greek medicine, there are varied and numerous ethical and civic aspects of Hippocratic medicine. The professional identity of physicians in the Greek world, from the Asclepian cultic temple healers, was counterfeited by the Hippocratic Oath as a religious distinct definition (Jouanna, 2012). Then there

are both the rational and empirically verifiable components of Greek healing in comparison to earlier mystical systems. The Greek medicine became increasingly less temple based, evolving to observational practices in line with broader shifts within Greek intellectual society (Lloyd, 1979). Nonetheless, majority of the extent scholarship are concerned with the theories of medicine and not so much with the sociocultural position of a healer in the daily life of a Greek.

Likewise, the ancient Ayurveda literature which precedes the compilation of the Ayurveda texts, and they discuss the vow of *Amahika* with its deep roots within religion and philosophy. He comments on the responses of the vaidyas and captures their placement in the traditional Indian caste system, where the practice of medicine was layered in a complex Brahmin and Kshatriya stratum (Wujastyk, 2003). Moreover, there is an apparent presence of Buddhist monastic shadow with Ayurveda medicine and the ascetic-ritualistic side of the Ayurvedic healing system (Zysk (1991). Although the works cited above provide a lot of context, they fail to integrate with Greek medical frameworks which in turn offers possibilities for more scrutiny.

There is scarce literature that directly attempts a comparison between the Greek and Ayurvedic healing traditions. There are studies that attempt to cover the worldwide course of development of early medicine but has only very few references to Indian traditions (Nutton (2004). Moreover, some studies focus on the ethical aspects of the Hippocratic and Ayurvedic traditions and balances the similarities of professional propriety with striking differences in their metaphysics Salazar (2018). Thus, this is the main focus of the current research which seeks to fill in the gaps of literature by focusing on comparative study of social role and status of healers in both Greek and Ayurveda medicine traditions.

6. Methodology

For this study, a comparative-historical approach is taken with the use of both primary and secondary sources. Ancient medical manuscripts and ethical treatises like the Hippocratic Corpus, Charaka Samhita, and Sushruta Samhita serve as primary texts owing to their direct relevance. Secondary sources rely on Scholarly interpretation and other historical works. The analysis of the primary source includes textual analysis, thematic comparison, and study within historical context which helps reveal the significance of the healer in the two traditions. These texts will be analyzed using close reading techniques to interrogate important text fragments within the healer's persona, duties, and social role. Cross-cultural comparison will then be applied to both Indian and Greek

traditions to determine similarities and differences concerning the concepts of ‘the healer’. The last method brings all texts into their social, cultural, philosophical, scientific environments explaining the tremendous importance concerning the healer in each tradition as well as how their functions were influenced by history.

The other type of sources interprets history through secondary sources which combine scholarly works with other historical writings, associations contextual frameworks, critical insights, and essential theories would be invaluable. Selecting and sampling these secondary materials for this study will utilize a desk research design without leaving any gaps or inconsistencies.

7. Results and Discussion

1. Social positioning and perception

The social status of physicians in Greek medicine, for example, is partly addressed in the treatise ‘*On the Art*’ which argues for medicine as a genuine art worthy of teaching, as opposed to mere chance or skill. This illustrates an attempt to justify professional status against more unsystematic forms of healing that existed alongside. The very fact that there was such a defense denotes that the physician’s role was not appreciated or well understood within the social hierarchy. Moreover, ‘*The Law*’ is another important Hippocratic corpus which provides a description of a physician’s conduct explaining that it includes devotion, mastery, and service towards the patient. This clarification is therefore sought to elevate and differentiate physicians from those who would lack such commitment, even if such social respect and acknowledgment did not come to the fore. This also attempts to provide the physician with an elevated position in the society.

Then on the other hand, Charaka Samhita describes the true physician (Bhishak) as one who possesses the attributes of knowledge, practical skill, deftness, purity, and ethical alignment. This long list of virtues suggests that Vaidyas were expected to head the social well-being, which implies a respected social standing. Moreover, in the chapter IX "Sutra Sthana," there is an explanation about a physician’s connection with the learned and scholarly and the avoidance of the ignorant and the ethically questionable individuals. Sutra Sthana also explains the importance of social standing alongside Vaidya's professionalism, hence showing

his ethics, which is clearly held to a high importance as seen through his education.

2. Education and training:

Although the Hippocratic Corpus does not specify a formal syllabus on teaching medicine, the treatise “*On Ancient Medicine*” recounts an observation based on experience that was accumulated over time. This implies some form of instruction involving direct interaction with patients and the natural progression of diseases, mostly through an apprenticeship model. The focus on specific methods of diagnosis and treatment in the various works. For instance, prognosis in “Prognostic”, regimen in “On Regimen in Acute Diseases” suggests that there was a body of knowledge and skills that was taught and learned, most likely from the practitioners to the learners who were apprentices.

Moreover, Sutra Sthana, Chapter XXX of the Charaka Samhita provides specific instructions on how to learn Ayurveda from a competent teacher and stresses the importance of formulating the theory and applying it practically. This illustrates a stepwise system in the training of medical specialists. The Charaka Samhita mentions diseases and their causative factors, symptoms, and treatment methodologies in detail in “Chikitsa Sthana” (Therapeutics) indicating the knowledge base at which a Vaidya was expected to have mastery over after enduring meticulous training.

3. Influence of religious and philosophical beliefs:

Treatises which have naturalistic explanations for diseases, for example, “On the Sacred Disease”, are directly disputing supernatural and divine accounts of illnesses like epilepsy. This demonstrates the impact of early Greek's natural philosophy on Hippocratic medicine where naturalism emphasizes the physician as a reasoning explorer of natural phenomena rather than a conduit of religious dogmas.

The guiding principles of Ayurveda as formulated in the “Sutra Sthana” of the Charaka Samhita is inseparably linked with the Samkhya and Vaisheshika schools of Indian philosophy, especially regarding the understanding of Panchamahabhutas (five great elements) and Tridoshas (three bio-energies). Such understanding was empowering to the Ayurvedic physician who began to regard health as a form of balance within a cosmos governed by these laws.

4. Ethical frameworks:

The Hippocratic Oath (which is present in many forms within the Corpus and considered the earliest foundational ethnic literature) attempts to describe the primary principles of surgical art and medicine, which involve the physician's obligation of aiding, prohibition of causing harm, privacy of patient information, professional ethics, and professional etiquette.

Chapter IX, Verses 26-31 of the Charaka Samhita entitled "Sutra Sthana" describes an extensive conduct for a physician and speaks to being honest, not doing harmful acts, keeping confidences, not being jealous over what others have, and working for the good of all. These ethics shaped the duties of a Vaidya.

Moreover, the Ancient Greek medicine system was composed of a variety of healers; Asclepiads, traveling doctors, Hippocratic physicians, and more. Asclepiads were a hereditary clan of healers, claiming Asclepius, the god of medicine, as their ancestor. Asclepiads practiced their healing in temple sanctuaries dedicated to divine healing. Itinerant physicians, in contrast, moved from city to city, practicing wherever their services were needed. They were often accompanied by Hippocratic physicians who followed organized medical philosophy that stressed careful observation and rational diagnosis.

Greek healers had varying forms of training. While some were taught through family and apprenticeship, others received formal training from schools in Kos or Knidos. The Hippocratic Corpus, essentially a collection of ethical treaties in medicine, set boundaries in medical practice to principles like non-maleficence and patient confidentiality. Greek physicians had social prestige of varying degrees, mostly depending on their relationship with political powers, philosophical circles, and other leading figures. At times, physicians of high social standing were summoned by kings and military leaders who required their medical expertise, which in turn highlighted their recognition in social circles.

Ayurvedic medicine, in contrast, was integrally linked to religion as well as caste systems. The Charaka Samhita and Sushruta Samhita captured the essence of Vaidya as an educated practitioner who not only dealt with bodily injuries, but also with healing of the soul. In Ayurveda, the Gurukula system of education was employed, wherein students resided with their teacher and learned at close quarters. Differently from Greek physicians whose training was more diverse, varied branches of Ayurveda were learned exclusively among Brahmin and Kshatriya families, accentuating further social stratification.

Indian medicine was, if anything, profoundly influenced by religion. As with most Ayurvedic practices, it was viewed as a divine science bestowed upon sages and accompanied with rituals, prayers, or incantations. Unlike Greek medicine, which progressively shifted toward secularism, Ayurveda retained a strong attachment to Hindu, Buddhist, and Jain philosophies. Additionally, Vaidyas, like the rest of society, were sometimes considered to serve as some sort of religious guide, which helped further distinguish them from Greek counterparts.

Thus, as apparent, with these two systems, both similarities and differences can be observed. Greek and Ayurvedic doctors practiced medicine with ethics, although within different scopes. An early attempt at professional ethics was articulated in the Hippocratic Oath, whereas Charaka Samhita highlighted the moral obligation of the physician toward the patient's welfare, that is, the Vaidya's duty to society. Healers, unlike their Ayurvedic counterparts, had multiple educational avenues available to them, while Ayurveda's methods of passing on knowledge were strictly rigid and familial in nature.

In Greece, physicians earned prominence through public service, military service, and philosophy, thus distinguishing them from other healers. Greek and Indian healers were distinct from one another in social stratum. In India, healers occupied a defined role within the caste hierarchy, where the Brahmins and Kshatriyas held supremacy over the medical sciences. Religious belonging was also distinct Greek difference—temple-based healing was slowly abandoned by Greek physicians, while Ayurveda stayed philosophically rooted. Greek physicians participated in intellectual debates together with philosophers, while Indian Vaidyas were forced to submit to religious doctrines and caste rules.

Conclusion

The status heaped upon them as practitioners of healing was common to both societies, but their social standing and the role philosophy gave to them differed quite a bit. Their social standing depended largely on civic and military participation along with philosophical activities. The secularization of Greek medicine, especially during the Hippocratic period, gave rise to a rational, empirical approach to medicine separated from healing. The Hippocratic tradition shaped the medical oath, which laid the first ethical guidelines that steered devotion to the medical profession in the Western world.

Unlike the Greeks, the Ayurvedic practitioners in Ancient India needed to base their practices in deep religion and philosophy. Along with an embedded deep

caste system, the Brahmin and Kshatriya Vaidyas, who were physicians, placed a clear-cut social order. The Ayurvedic healer, unlike the Greek counterpart, was bound to perform medicine with spirituality as well as moral undertones. This was largely a reflection of the Indian perspective on health that saw it as a balance, harmonious integration of body, mind, and soul. Irrespective of these gaps, both traditions stressed the moral obligations of healers, emphasized the ethical training, and highlighted the contribution of medicine in serving society's needs. Greek and Ayurvedic doctors were equally required to have character, to render services with sympathy, and to enhance their skills through learning and practical work.

Moreover, this comparison provides an example of the sociocultural and religious influences on the development of medical care specialists. It also shows the persistent impact of these primary practices on modern medicine's ethics, professionalism, and education. Understanding the evolution helps today's medical debates and discussions appreciate the ethical and sociopolitical aspects of medicine and healthcare while underscoring the impact of ancient healing wisdom on medicine's development around the world.

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