

[特別寄稿]

Contributions of Buddhism to Ancient Medical Science in Ancient India and Sri Lanka

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The indigenous medical science present in Sri Lanka in ancient times was very similar to that of Northern India. Siddhāyurveda, which had been an offshoot of the Northern Āyurvedic tradition had also influenced the Sri Lankan medical system. Although archaeological evidence has shown that there were human settlements here before the arrival of the Āryans, there is little evidence of a medical system at that time. Some scholars argue for the existence of an ancient Rāvaṇa age in Sri Lanka, before the arrival of Āryans, and they also posit the existence of a *ṛṣi* named Pulasti who was versed in medical science.⁽¹⁾ However, there is no evidence to support this theory.

Later sources such as the *Rājāvaliya* written in the 17th century,⁽²⁾ the *Kurunāgala Vistaraya*, a minor literary work of 14th century, the *Kaḍaim Pot* or the Books of Boundaries in Sri Lanka written during 14th–17th centuries,⁽³⁾ and a few Ola leaves in the Colombo Museum⁽⁴⁾ mention a Sri Lankan king called Rāvaṇa, yet no source before this period provides any reference to him. The aforesaid references are allusions to the Lankāpura of Rāvaṇa mentioned in the famous Indian classic the *Rāmāyaṇa*. Senarat Paranavitana argued that the Lankāpura of the *Rāmāyaṇa*, according to context, had been a place in South India.⁽⁵⁾ H.A.P. Abeywardhana, who published a dissertation on *Kaḍaim Pot* (Books on Boundaries) in Sri Lanka, states that Lankāpura in the *Rāmāyaṇa* is an imaginary land and that there are no reasons to take it as Sri Lanka.⁽⁶⁾ A. B. Keith, who also

examined this problem, says that the Lankāpura of the *Rāmāyaṇa* is a place near Mahendragiri Mountain in South India and not a place in Sri Lanka.⁽⁷⁾ G. P. Malalasekara says that there is no satisfactory evidence to support the views that a *ṛṣi* named Pulasti from Sri Lanka participated in a medical conference held in India and that Pulasti's grandson Rāvaṇa studied medical science from Pulasti and wrote two books on medicine namely, the *Arka Prakāśa*, *Nāḍi Parīkṣāva* and the *Kumāra Tantra*.⁽⁸⁾ There is again a legend that Rūmassala mountain, which abounds in medicinal herbs, had been a part of the portion of Himalaya mountain that fell while Hanuman was flying with it. This myth might have originated through the belief in the Rāvaṇa stories noted above. When all of this evidence is taken together, stories about the existence of a pre-Aryan medical service in Sri Lanka cannot be maintained.

Whatever the case may be, we need to understand first what medical practices existed in Sri Lanka. Secondly, we need to know which individuals were instrumental in the development of medical science in India and in Sri Lanka. The oldest books on medicine found in Sri Lanka were written during the 13th century by the Chief Incumbent Thera of Mayūrapāda Pirivena. These books are the *Yōgārṇavaya* and the *Prayōgaratnāvaliya*. During the same period, the Chief Incumbent Thera of Pasmula Pirivena wrote the *Bhēsajja Mañjūsā* in the Pāli language. It is believed that the *Sārārtha Saṅgrahaya*, which is a medical treatise, was written by King Buddhadāsa (340–368 CE).⁽⁹⁾ C.E. Goḍakumbura says that the book was first written by King Buddhadāsa and it was later translated into Sanskrit.⁽¹⁰⁾ Paranavitana opines that although it is generally accepted that the *Sārārtha Saṅgrahaya* was composed by King Buddhadāsa, its language and context points to a later age of composition.⁽¹¹⁾ The 1903 edition of *Sārārtha Saṅgrahaya* mentions that it belonged to King Buddhadāsa, and this view was endorsed by Hikkadiwe Sri Sumangala Thera as well. Punchibandara Sannasgala says that as he had heard, the original book was taken to India by a Brahmin named Vaṅgasēna who published it.⁽¹²⁾ Malalasekara accepts

it as a work by King Buddhadāsa and that its commentators had included in it South Indian system of Agnikarma and Mahāyānic type of treatments.⁽¹³⁾ Wimala Wijesooriya, who was a specialist in oriental studies, opposes the view of Paranavitana and says that there is no reason to say that the Sanskrit language of the book is different from that at the time of King Buddhadāsa.⁽¹⁴⁾ Paranavitana answers the criticism saying that the word *trī ṣiṃhala* found in this book did not exist during the Anuradhapura period, and that it belongs to a later period. Secondly, the statement in the book that King Devānampiya Tissa belonged to the line of kings from King Vijaya⁽¹⁵⁾ was not an idea that existed during the Anuradhapura period. Kings of the Anuradhapura period claimed descent from the Okāvas line.⁽¹⁶⁾ The concept of the connection to the Vijayan line of kings first appeared in the 12th century in the inscriptions of King Nissaṅka Malla.⁽¹⁷⁾ The book begins with a salutation to the Buddha, which shows that King Buddhadāsa, the author of the book, was Buddhist.

Although there are several inscriptions that refer to the medical system of the Rajaraṭa period, there are no literary works written on the subject at that time. Above-mentioned works like the *Prayōgaratnāvaliya*, *Yōgārṇavaya*, and *Bhēsajja Mañjūsā* were composed by Buddhist monks. Even a commentary to the *Sārārtha Saṅgrahaya* was done by Vālivīṭa Saranaṅkara Thera in the 18th century. Several medical treatises are mentioned in it, and they were written by Buddhists. The *Bhēsajja Mañjūsā* mentions 74 books that were its sources, but only three of them are available today. Had these books been found today, the story of medical science in Sri Lanka would have been different. One of those books is called *Mahāyānaya*. This indicates the Mahāyānic influence on medical science.⁽¹⁸⁾ A medical treatise called *Yogaratanākaraṇya* had 4457 verses, and it was also composed by a Bhikkhu named Monaragammana during the Gampola period.

Early works on medicine found in Sri Lanka share a common basis of medical science followed in India. An example is the basic assumption

that the cause of disease is the loss of equilibrium in “*vā*” (air or wind), “*pit*” (bile), and “*sem*” (phlegm) of the body.⁽¹⁹⁾ Further, all of the aforesaid medical works commenced with a salutation to teachers like Suśruta, Caraka, and Vāgbhaṭa. For instance, the introduction to *Yōgārṇavaya* has the saying, “The medical science declared by the ṛṣis Caraka, Suśruta, and Vāgbhaṭa for the welfare of the world... etc.”⁽²⁰⁾ Similarly, *Prayōgaratnāvalīya* also begins with the statement, “This science was first declared by the sacred mouth of Hiranyagarbha to able Prajāpati. Prajāpati told it to Aśvinī, Aśvinī told it to Vajrapāṇī and Vajrapāṇī told it to Dhanvantarī. Dhanvantarī told it to Suśruta.”⁽²¹⁾ There is no doubt that the medical science that was practised in Sri Lanka was closely related to that found in India.

Brahmins in India had from the ancient period condemned and ridiculed physicians and their medical science so that no amount of encouragement was given to medical service in their literature. *Subhāṣita Ratna Bhāṇḍāgāra* condemns the doctor thus:

*vaidyarājanamastubhyam yamarājasahōdara,
yamastuharatiprāṇanam vaidyaprāṇātdhanānica.*

Salutations to the physician, the brother of Yama.

Yama carries away life. The physician carries away both life and wealth.⁽²²⁾

Such condemnation was not found in *Ṛg veda*. But it appears from the time of the *Yajur Veda*. The *Yajur Veda* says, “The two physicians who associate the people as Aśvinins are impure. The Brahmins should not study medical science. Why? The doctor is impure; not fit for Yāga and Homa.”⁽²³⁾ Brahmins treated the doctor as impure because many doctors treated all people alike irrespective of the patient’s caste. Among Hindus, people are either pure or impure, high or low, the higher castes are pure while the lower castes are impure. Impure ones are untouchables, but doctors used to touch them during medical practice. It is taboo to touch or associate with low-caste people. The Brahmins who aspire to reach mokṣa should not study

medical science, as told in their sacred literature. The *Atharva Veda*, which had a chapter on treatments of the sick, was excluded from Vedic literature during the Samhita period. For example, the *Taittiriya Saṃhitā* refers only to three out of four Vedas—they being the *R̥g*, *Yajur*, *Atharva* and *Sāma*. Even in Upaniṣadic literature, the physician who is so important to society is mentioned only once, and that is in the *Chāndogya Upaniṣad*.⁽²⁴⁾ Up to the time of the *Manusmṛti*, Brahmins continued to treat doctors as abominable and impure. For instance, the *Manusmṛti* says, “The food given by a doctor is as impure as pus. Food given by a doctor is the same as pus or impure blood.”⁽²⁵⁾ Taxila, which was a place where medical science was taught in ancient India, was considered an impure place that the Brahmins should abhor.⁽²⁶⁾ This was the message that the Brahmins gave; the people of upper castes should not study medical science. In the Brahmanic fold, only the people of the Ambaṣṭha caste were permitted to study medicine. The *Manusmṛti* says that the Ambaṣṭha caste was a low caste that originated when Brahmin men associated the women of the Vaiśya caste. The *Manusmṛti* also declares physicians to be the same as vendors of flesh and irrational merchants. One should neither give nor accept alms from them.⁽²⁷⁾ Jīvaka Kumārabhṛta, who studied medicine at Taxila for a period of seven years, was neither a Brahmin nor a Kṣatriya. He was born of a prostitute.⁽²⁸⁾

Although it seems that Brahmins generally detested doctors and medical science, the Buddha and the Buddhists in ancient India followed a different policy. The reason that the Brahmins and the Buddha followed contradictory policies was that the Brahmins upheld the caste system whereas the Buddha rejected it. Since the Buddhists rejected the efficacy of the caste system, they had no grounds for considering people of low caste as impure. Therefore, Buddhists had no reason to reject medical science nor any reason to abhor the physician. As stated in Buddhist literature, the great physician named Jīvaka Kumārabhṛta⁽²⁹⁾ had been a devout Buddhist. The Buddha is considered to be a physician sometimes, but he was a physician for the treatment of diseases in saṃsāra, not a doctor treating

physical ailments. The *Bhēsajja Mañjūsā*, written in the 13th century by the chief incumbent Thera of Pasmula Pirivena, states, “abhivādiya saththārāṇi manōrōga cikitsakāṇi-sabbrahmacārinō bhikkhu jātaveyyantiyāpamu” (The physician for the diseases of desire such as *lōbha* (lust), *dvēśa* (hatred or anger), and *mōha* (deceit) in the minds of the people). It has to be noted that whereas the Brahmins ridiculed the physician as impure as a vendor of flesh, the Buddhists eulogise the Buddha as a great physician to cure the spiritual diseases of saṃsāra.

There are instances recorded in Buddhist literature when the Buddha himself attended to sick bhikkhus and instances when he prescribed medicines to cure diseases. There is the Buddha’s saying, “yō gilānaṃ upaṭṭhānaṃ sō upaṭṭhānaṃ maṃ iti.” (He who ministers to the sick ministers to me). The Buddha treated Bhikkhu *Bēlaṭṭasīsa* afflicted with a scratching disease, prescribed the application of sandal in the eye for a bhikkhu who had an eye disease, and there are other instances of the Buddha’s medical practices.⁽³⁰⁾

Yet another instance is prescribing a medicine called *lōṇasōvīraka* to a patient suffering from a stomach disease.⁽³¹⁾ *Lōṇasōvīraka* is a medicine made of araḷu (*Terminalia parviflora*), bulu (*Terminalia belerica*), nelli (*Phyllanthus emblica*), grains like mung (*Phaeoious anreus*) and rice, fruits such as bananas, sprouts and fronds such as vāṭakē (*Pandanus rectorias*), pieces of meat and fish, different kinds of grapes and bees honey, Sindhu salts, and various spices. This is placed in a pot and sealed with mud paste and kept to ferment for a year or two or three, and then filtered for use.⁽³²⁾ Thus, *lōṇasōvīraka* was not an instantly prepared medicine; it was an *ariṣṭa* ready-made, for use whenever necessary. In the *Bhēsajja Khandhaka* of the *Mahāvaggapālīyā*, it is said that whenever a bhikkhu gets sick, such and such a treatment ought to be prescribed. The *Bhēsajja Mañjūsā* states, “kallahōtu rōgōsu annamanna cikitsakō.”⁽³³⁾ That means that whenever the bhikkhus get sick, they should minister to each other. This was a policy followed in the order of bhikkhus—the *Sāsana*. It appears from the above

that the Buddha as well as other educated persons were acquainted with a sound knowledge of medical practice.

There were in North India three great teachers of medicine, namely, Suśruta, Caraka and Vāgbhaṭa, who wrote, respectively, the *Suśruta Saṃhitā*, which deals with surgery, the *Caraka Saṃhitā*, which deals with general physical ailments, and the *Aṣṭāṅga Hṛdaya Saṃhitā*, which is a mixture of the above two aspects of medicine. These teachers established different schools of medicine that influenced medical practice across Asia. *Vṛddhataṛa* in Āyurveda means the above three schools of study. Caraka was the royal physician of the Buddhist Emperor Kaniṣka, who ruled western and northwestern India during the first century CE.⁽³⁴⁾ Bhagawat Ram Gupta, who completed a special study on North Indian medical systems, says that the name Caraka appears in the *Yājñavalkya*, which is a work of 3rd century CE. Therefore, it is presumed that the *Caraka Saṃhitā* was written before the 3rd century. Certain sections of the *Caraka Saṃhitā* were completed in the 4th century by a teacher named Druḍabala who was born in Kashmir.⁽³⁵⁾ The name Caraka means “walker,” and it is said that he walked about to find patients suffering from diseases. Therefore, the name would have been a pseudonym. Caraka was a bhikkhu of Mahāyāna denomination.⁽³⁶⁾ Kaniṣka was also a Mahāyāna Buddhist, and it was he who for the first time in history published a coin with the figure of the Buddha. It is the Kashmirian chronicle *Rājataranṅgaṇī* that directly says that Caraka was a Buddhist. (Ibid.)

Vāgbhaṭa, who wrote the *Aṣṭāṅga Hṛdaya Saṃhitā*, was a resident of Sindhu Desa and studied medicine from his family members.⁽³⁷⁾ His book states that he was a Buddhist. In its Sūtra Adhyāya 18, the following is found:

*namo bhagavate bhaiṣajyaguruve vaidyāyadarūya
prabrārajaya tatāgathāyarata samyaksambuddhāya.*⁽³⁸⁾

The term Bhaiṣajyaguru here refers to a Mahāyāna Buddha. Further, the section on Uttara Pañcama Adhyāya has a section on ghosts. It has

mantras to heal the sick, among which are eulogies to Avalokiteśvara and Mahāmāyūrī, which clearly illustrate Mahāyāna influence. Gupta has shown how Avalokiteśvara Bodhisattva and Mahāmāyūrī were treated with reverence.⁽³⁹⁾ As told in the *Yōgārṇavaya*, Jīvaka and Suśruta were physicians who lived in Taxila, which was a place abhorred by Brahmins.

The author of the *Pūjāvaliya* was the chief incumbent of Mayūrapāda Pirivena. In the *Pūjāvaliya*, the author aspires to be a Buddha, which indicates his Mahāyāna affiliations. The author of the *Bhēsajja Mañjūsā* was the chief incumbent of Pasmula Pirivena, and he too shows Mahāyānic affiliations. Asaṅga, who was a Mahāyāna teacher, wrote in the *Mahāyānasūtrālaṅkāra* that a bhikkhu should study medicine not for his personal gain but for the good of others.⁽⁴⁰⁾ Pasmula Pirivena, who wrote the *Bhēsajja Mañjūsā*, says at its beginning that a healthy mind lives only in a healthy body, and thus one can attain his goal only through achieving a healthy mind.

The *Saddharmapuṇḍarīka* states that until the appearance of Maitreya Buddha, the people and the world are protected by Bodhisattva Avalokiteśvara. Especially during the second part of the Anurādhapura period, Mahāyānism spread in Sri Lanka, having Abhayagiri as its centre. Avalokiteśvara images are seen holding a pot of ambrosia in the left hand, which depicts immortality.⁽⁴¹⁾ Such images were discovered due to being enshrined in the Abhayagiri Stūpa. There is a belief that Bodhisattva Avalokiteśvara had the power to heal. This power of healing is depicted in the Avalokiteśvara image at Vāligama Kuṣṭarājagala and in the image at Daēbēgoḍa, as pointed out by Nandana Chutiwongs.⁽⁴²⁾ The *Mahāvamsa* refers to a hospital built for the blind and for other patients by Agbo IV (667–683 CE) at a place called Kanagama. Kanagama has been identified as Daēbēgoḍa, where the Avalokiteśvara image stands.⁽⁴³⁾ Nepalese inscriptions from the 11th century mention that the Muni of Sri Lankan hospitals was Avalokiteśvara.⁽⁴⁴⁾

Accordingly, with the spread of Mahāyānism in Sri Lanka, the

bhikkhus began to study medical science and to practise it. As an instance it has already been shown that the incumbent Thera of Mayūrapāda Pirivena, who wrote the *Yōgārṇavaya* and *Prayōgaratnāvaliya* had been a Mahāyānist. It is important to note that the two pirivenas Mayūrapāda and Pasmula had been two out of the Eight Institutions (Aṣṭāyatana). Bhikkhus who studied in these pirivenas studied medical sciences, and the chiefs of the two pirivenas wrote books for the propagation of medical science. During the Sri Jayavardhanapura Koṭṭē period, the syllabus of Vijayabā Pirivena in Toṭagamuva included the teaching of medical science. This is referred to thus: “*Vedavaru veda satara uganiti ehi satosa*” (‘the medical practitioners (in that temple) are studying the traditional art of medicine as prescribed by the ancient sages’).⁽⁴⁵⁾

The *Aṅguttara Nikāya* has stated that ministering to the sick was a requisite of a bhikkhu.⁽⁴⁶⁾ However, certain works of Buddhist literature and the Katikavatas speak against bhikkhus practising medical service. The Daæbadeṇi Katikāvata, for instance, calls it a beastly science. These statements should not be interpreted to show that bhikkhus, like certain Brahmins, abhorred medical science along with physicians. It only means that the ones who entered the Sāsana after renouncing worldly life should not continue to perform former worldly duties done by the laity. It is harmful to ordained life. Because of this situation, bhikkhus were barred from practising medical service in the *Brahmajāla Sutta* of the *Dīghā Nikāya* and also in the *Samaññaphala Sutta*.⁽⁴⁷⁾ Theravāda Buddhism permitted bhikkhus to practise medicine at the early stages, on a limited scale. Thus, “When the mother of the teacher, being ill, comes to the Vihāra when the teacher is not present, a colleague should issue medicine that belongs to the teacher. Or else, one should give his own medicine as a donation to the teacher. This ought to be done even to the other teachers. The *Samantapāsādikā* says that “one should do similarly even to a stranger, a thief, to a rich person who is defeated in battle, a destitute person who is abandoned by relatives, or a traveller, without consideration for any

personal gain.”⁽⁴⁸⁾ The *Aṭṭhakathās* also show that bhikkhus knew about medical practice. A reference in the *Visuddhimagga* may be cited as an example. When the mother of Thera Mahamitta was afflicted with a disease having a poisonous boil, she called to her daughter and asked her to go to her brother Thera Mahāmitta to ask for medicine.⁽⁴⁹⁾ *Samantapāsādikā* has evidence to show that bhikkhus knew about medical practice, as shown here. “Sir, my mother is sick. Please give me medicine.” Once this is told, they should inquire, “Sir, when such and such a bhikkhu was afflicted with this kind of disease, what was the medicine issued?” They ought to discuss among themselves what the medicine issued had been.”⁽⁵⁰⁾ In this way, the permission was given to the bhikkhus to treat outsiders, starting from one’s own parents, then brothers and sisters, and their wives, etc.⁽⁵¹⁾ *Daḍbadeṇi Katikāvata* was written in accordance with the theory of the Vinaya, yet it must be considered that in practice, at the same time, the chief bhikkhus of the Pirivenas taught medical science, specialised in that field, and wrote books on medical subjects.

The *Caraka Saṃhitā* shows the entry into the system of diagnosing a disease critically with attention to actual facts, rather than believing that diseases are caused by mysterious powers such as that of gods or ghosts, and thereby resorting to prayers or chanting mantras or stotras to overcome them. The critical method of the *Caraka Saṃhitā* was called *yuktivyāpārasaya* through the Bhesajja method.⁽⁵²⁾ The *Caraka Saṃhitā* shows that the doctors should pay attention to actual reality in diagnosing a disease relying on the Buddhist theory of cause and effect, or causation as it is generally called. Further, it says that a disease is a disease and not a mysterious thing, and that the doctor should have confidence to heal the sick patients.⁽⁵³⁾ The basic concept of causation in diagnosing diseases found in Āyurveda is the same as causation in Buddhist philosophy. Since Caraka was a Buddhist, he applied Buddhist concepts for the development of medical science.

An examination of the above sources would reveal that the medical

system that existed in North India was closely related to that found in Sri Lanka. Although there are stories that the medical system in Sri Lanka came down from the time of the so-called “Rāvaṇa period”, there is hardly any substantial reason to support such a theory. It has been argued here that the concept of Varṇa Dharma- i.e. caste structure within the Brahmanic folded to condemnation of medical science, physicians, and even the places where medical science was taught. The Buddha and Buddhists adopted a contrary view of the subject. All three schools of medicine found in North India belonged to Buddhist teachers of medicine. The impact of Mahāyāna Buddhism on the development of medical schools is also evident. Sri Lanka too followed the teaching of medical science through Pirivenas, and bhikkhus themselves specialised in medical subjects. Consequently, it has to been argued that the development of Indian and Sri Lankan Āyurvedic medical systems was largely the work of Buddhists.

Notes

- (1) Ṇāṇavimala 1944, p. 1; Alavu-isi Sābihela 1985, pp. 265–267.
- (2) *Rājāvaliya* 1997, p. 172.
- (3) Abeyawardhana 1978, p. 189.
- (4) Nos. 22 J 15; 7 M10; 55 B 9.
- (5) Paranavitana 1985, pp. 207–212.
- (6) Abeyawardhana 1978, p. 133.
- (7) Keith 1915, p. 324.
- (8) Malalasekara 1985, pp. 70–71.
- (9) Ṇāṇavimala 1944, p. 1.
- (10) Goḍakumbura 1966, p. 332.
- (11) Paranavitana 1985, p. 208.
- (12) Sannasgala 1964, pp. 162–163.
- (13) Malalasekara 1994, p. 78.
- (14) Wijesooriya 1992, p. 52.
- (15) *Sārārtha Saṅgrahaya*, vv. 1180–1182.
- (16) *Epigraphia Zeylanica*, vol. I, p. 119.

- (17) *ibid.*, p. 63.
- (18) *Bhēsajja Mañjūsā*, p. 340.
- (19) *Caraka Saṃhitā*, Nidhāna, 1:30.
- (20) *Yōgārṇavaya*, p. 1.
- (21) *Prayōga Ratnāvaliya*, p. 2.
- (22) Sharma (ed.) 2009, p. 44.
- (23) *Yajur Veda*, pp. X. ii, X.i.
- (24) IV, 17. 8.
- (25) *Manusmṛti*, 4, 220.
- (26) Thapar 1986, p. 59.
- (27) *Manusmṛti* 3, 152, 182.
- (28) Malalasekara (1937–38) 2003, Vol. I, p. 957.
- (29) Pāli: Jīvaka Kōmārabhacca.
- (30) *Mahāvaggapāḷiyā*, Dutiyobhāgo, pp. 526–529.
- (31) *Ibid.*, pp. 542–543.
- (32) *Samantapāsādikā*, p. 342.
- (33) *Bhēsajja Mañjūsā*, p. 1.
- (34) *Caraka Saṃhitā*, p. 48.
- (35) Gupta 2003, pp. 275–277.
- (36) *Caraka Saṃhitā*, 1991, Introduction XVI.
- (37) *Aṣṭāṅga Hṛdaya Saṃhitā* - Uttara Tantra, 50.
- (38) Gupta 2003, p. 285.
- (39) *Ibid.*
- (40) *Mahāyānasūtrālaṅkāra*, p. 70.
- (41) Kulatunge 2014, pp. 287–315.
- (42) Chutiwongs 1990, pp. 133–141.
- (43) *Ibid.*
- (44) *Ibid.*
- (45) *Girā Sandēśaya*, v.225.
- (46) *Aṅguttara Nikāya*, Dutiyō Bhāgo, p. 464.
- (47) Rahula 1968, pp. 162–163.
- (48) *Samantapāsādikā* Vol. I, pp. 430–431.
- (49) *Visuddhimagga*, p. 62.
- (50) *Samantapāsādikā*, Vol. I, pp. 430–431.
- (51) *Ibid.*, p. 430.
- (52) *Caraka Saṃhitā*, 2, 28.

(53) *Caraka Saṃhitā*, 8, 37.

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