

SHORT COMMUNICATION

Ayurvedic Ethics: Traditional Foundations and Contemporary Relevance

Abstract

Ayurveda is a widely practised traditional medical system in India in which clinical practice and moral philosophy are intrinsically linked. Classical concepts, such as *Sadvrta* (good conduct) and *Chikitsā* Chatuspāda (four pillars of treatment), define physician duties, patient care, and community responsibility, reflecting a holistic approach to health. This short communication examines how these frameworks, rooted in historical and cultural contexts, can inform contemporary debates on medical ethics. It explores their continuing relevance in strengthening patient–physician trust, promoting equitable access to care, and shaping the moral responsibilities of healthcare providers in an era of increasing commercialisation. Drawing on these enduring principles, the paper argues that Ayurvedic ethics can offer culturally grounded yet adaptable guidance for modern medical practice. By integrating these insights into present-day discourse, Ayurvedic ethics contribute to inclusive, context-sensitive, and ethically robust approaches to healthcare ethics that address both local traditions and the universal principles of compassionate, ethical medical care.

Key words: Holistic Health, Bioethics, Traditional Ethics, Medical, Ayurvedic Ethics, Patient Care

Received: 25 Jan 2025; Accepted: 2 Nov 2025; Online published: 25 Feb 2026
Research on History of Medicine/ 2026 Feb; 15(1): 71-76.

Copyright: © Journal of Research on History of Medicine. This is an Open Access article distributed under the terms of the Creative Commons Attribution-NonCommercial 4.0 Unported License, (<http://creativecommons.org/licenses/by-nc/4.0/>) which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited non-commercially.

Radhika Hegde (Ph.D. Candidate)¹

Vagishwari Saligame Parvathaiah (Ph.D.)²

1- Department of International Studies, Political Science and History, Christ (Deemed to be University), Bangalore, Karnataka, India

2- Department of History, Christ (Deemed to be University), Bangalore, Karnataka, India

Correspondence:

FirstName LastName

Department of International Studies, Political Science and History, Christ (Deemed to be University), Bangalore, Karnataka, India

e-mail: hradhika@gmail.com

Citation:

Hegde, R., Saligame Parvathaiah, V., 2026. Ayurvedic Ethics: Traditional Foundations and Contemporary Relevance. *Res Hist Med*, 15(1), pp. 71-76, doi: 10.30476/rhm.2025.105672.1280.



Introduction

Ayurveda, translated as the science of longevity, is a widely practised medical system in India. This ancient system is deeply rooted in classical texts, coexisting with formal biomedical practice in hospitals. This coexistence further evolves through its global commercial applications, raising critical questions of its alignment with traditional values. In their paper 'Bioethical concerns are global, bioethics is Western' (Chattopadhyay, and De Vries, 2008, p. 106), the authors make a similar observation on the need to include diverse moral traditions in bioethical discussions and move beyond the modern Western framework. However, how can we possibly think in these terms if we think, theorise, structure and practice only in ideas that are deeply embedded in Western philosophy? This is especially relevant when we examine Ayurvedic medical ethics in a globalised context where the system in itself is deeply embedded in India's cultural and philosophical traditions. This communication engages with some classical sources and contemporary scholarship, using Dagmar Wujastyk's 'Well-Mannered Medicine: Medical Ethics and Etiquette in Classical Ayurveda' as a starting point of reflection, to explore the cultural, philosophical, and present-day dimensions of Ayurvedic ethics, offering a nuanced perspective on ethics that resonates beyond the confines of Western bioethics.

Classical Ayurvedic literature contains explicit and well-defined discussions of medical ethics and physician conduct, articulated in concepts such as *Sadvṛtta*, *Chikitsā Chatuspāda*, *Yogya*, *Vaidyavṛtti*, and *Ācāra Rasāyana* as described in texts like the *Charaka Saṁhitā* (Wajpeyi, 2019, p. S107). In recent years, renewed interest in these traditional medical systems has been accompanied by calls to integrate robust ethical standards into traditional and complementary medicine practice. Beyond aligning with regulatory standards, these principles offer a lens for re-examining contemporary debates on patient–physician trust, equitable access to care, and the moral responsibilities of healthcare providers in increasingly commercialised systems. The WHO Traditional Medicine Strategy (Patwardhan, 2023, p. 102) and the 2023 Gujarat Declaration (Steel, et al., 2025, p. 390) highlight that integrating traditional medicine into modern healthcare systems requires not only safety and quality controls but also robust ethical and professional standards. This convergence demonstrates how classical Ayurvedic ethics can inform contemporary efforts to ensure culturally grounded yet universally accountable healthcare practices.

Ayurvedic Ethics: Trust and the Doctor-Patient Relationship

The four principles of bioethics- autonomy, beneficence, non-maleficence, and justice are known as "*principlism*" (Beauchamp, and Childress, 2019, p. 10). In Ayurveda, where health is viewed holistically, a parallel framework exists known as the *Chatuspāda*, the four pillars of treatment: the physician (*bhishak*), the patient (*rogī*), the attendant (*upasthātr*), and the medicine (*dravya*) (Wujastyk, 2012, p. 26). Classical texts stress that each pillar plays a distinct but interdependent role in the healing process. The physician's responsibilities include thorough diagnosis using the *Daśavidha Parīkṣā* (tenfold examination), which combines observation, questioning of the patient and family, and physical assessment (Wajpeyi, 2019, p. S107). The interplay among these pillars extends beyond clinical considerations to encompass ethical and social dimensions, each exerting a reciprocal and supportive influence on the others. This interdependence reflects



Ayurveda's holistic approach to care, in which the patient's well-being remains the central focus—a principle consistently emphasized in the classical literature.

Mutual trust has long been considered the cornerstone of the doctor-patient relationship in Ayurveda. Classical sources even frame this bond in familial terms: healers were expected to treat patients “*as if family*,” ignoring social divisions like caste in the interest of compassionate care (Prabakar, 2022, p. 2). *Caraka Samhitā* extols altruistic duty, declaring that “*he who practices medicine out of compassion for all creatures, rather than for gain... surpasses all*” (Prabakar, 2022, p. 2). This trust reinforces the physician's authority and legitimises a paternalistic approach rooted in the duty (dharma) to prioritise the patient's well-being. The physician is often portrayed as a guardian or parental figure (“*putravat*”—treating the patient like one's own child), taking responsibility for the patient's well-being (Kumar, et al., 2024, p. 156). Within this, the focus remains on safeguarding the patient's health, not on enforcing personal moral codes, illustrating how Ayurveda seeks to integrate compassionate care with professional authority.

This trust is cultivated through the patient's belief in the physician's knowledge, integrity, and commitment to not harm. It fosters compliance and mutual respect, establishing a dynamic where the physician's authority is exercised with moral responsibility. Ayurvedic texts also address moral dilemmas, such as withholding the truth or employing deception when it is deemed necessary to prioritise the patient's welfare. These discussions reveal the complexity of ethical decision-making and the balance between responsibilities to patients and that to the community.

Studentship and Oath of Initiation of Charaka

The initiation process of students into Ayurvedic learning, as expounded in the Ayurvedic medical texts, is very detailed. The emphasis is on critical evaluation, skill acquisition, self-reflection, and the judicious use of knowledge. This oath has been adapted in many Indian medical colleges to address contemporary ethical concerns while retaining its foundational emphasis on moral discipline and professional ethics (Timms, and Vaz, 2020, p. 2). Such continuity highlights the timeless relevance of ethical frameworks in fostering patient-centred care and lifelong learning.

The rigorous training prescribed for the Ayurvedic physician reflects a holistic preparation for medical practice and an awareness of the broader social and environmental context in which care is delivered. This aligns with the Brahmanical literature, which links moral discipline and professional ethics to *brahmacharya*, the second stage of the Ashrama system. This framework combined medical training with a broader ethical and philosophical education and, in its original form, was intended exclusively for male students. When placed within the wider literary and cultural context of the period, these texts reveal that ancient Indian medical education was deeply embedded in ethical imperatives, philosophical traditions, and societal values while also reflecting a structural gender bias that excluded women from formal physician training.

Continuous Learning and Ethical Decision Making: Knowledge and Judgement in Ayurvedic Practice

In Ayurvedic practice, the physician is encouraged to have aspects of knowledge that should be continually updated by the physicians through discussions that can make them



better and efficient. This is similar to the Vedic tradition of fostering critical discussions. There are instances when the Physician, as described in texts, has the ability and the knowledge to make informed decisions because of the rigorous training one has gone through. In such a context, after carefully assessing the situation, he can reject cases or withdraw care when he thinks a cure is not possible. This reflects a balance between professional judgment and acceptance of medical limits.

Charity, Patronage, and Ethical Obligations

Charitable trusts and patronage have historically played a central role in shaping healthcare provision in India. Classical Ayurvedic treatises address the economic dimensions of practice, emphasising the physician's ethical duty to treat patients regardless of their ability to pay (Wujastyk, 2012, pp. 58–59). This obligation is framed not simply as charity, but as an extension of the healer's dharma and professional integrity. Literary and archaeological evidence—from temple inscriptions to royal edicts—shows that kings, guilds, and wealthy patrons funded hospitals, dispensaries, and physicians' salaries. This underscores the historical view of medicine as a moral calling rather than a commercial enterprise.

In the present day, the rising costs of healthcare and the corporatisation of traditional medicine have sparked public debate on accessibility and affordability. Recent analyses warn that commercial pressures risk undermining Ayurveda's service-oriented ethos, replacing it with profit-driven priorities (Zhen, and Rasaily, 2022). Revisiting historical models of patronage and ethical obligation offers valuable perspectives for designing more equitable systems of healthcare delivery that are both culturally rooted and socially responsible.

Ethical Silences and the Adaptability of Ayurvedic Principles in Modern Debates

Classical Ayurveda addresses many aspects of ethical practice, yet remains largely silent on certain issues, including violence, abortion, contraception, euthanasia, and medical error (Wujastyk, 2012, p. 142). These omissions reflect the socio-historical contexts in which the texts were composed, but they also invite reflection on how foundational principles such as compassion, moral discipline, and *sadvṛtta* (good conduct) might guide modern thinking on these topics. Emphasising discipline, ethics, and compassion, these frameworks offer a moral foundation that can be applied to contemporary dilemmas, including patient autonomy and economic equity. The question remains: can these ancient ethical systems evolve to meet the complexities of modern medical practice while remaining culturally grounded?

Conclusion

Exploring Ayurvedic ethics reframes the system as a holistic approach to healthcare where clinical practice and moral philosophy are intrinsically linked. Engaging with classical texts bridges historical and contemporary knowledge, offering insights for ethical reflection. Can contemporary bioethics in India critically adapt the frameworks highlighted in these classical texts to address some of the current bioethical dilemmas? Rather than confining these texts to their historical contexts or disregarding them entirely, a more dynamic approach could be taken, engaging in ongoing dialogue and reinterpretations of



some foundational principles. Ayurvedic ethics, alongside other traditional systems with strong philosophical foundations, can be critically examined to expand their relevance for modern challenges, promoting an evolving and inclusive bioethical discourse.

With the growing corporatisation of healthcare in India, where large private hospitals are taking over the medium and charitable hospitals, revisiting the ethical frameworks in these traditional texts on the doctor-patient relationship is very relevant. In many ways, these texts invite reflection on how these ancient frameworks can open nuanced debates on patient care. Such frameworks challenge two key aspects: universalising the tendencies of modern bioethics, and prompting us to further engage with the ethical questions in a traditional system of medicine. Additionally, these frameworks serve two other purposes. First, they provide a scholarly foundation that should be read for its own purpose, beyond current bioethical discussions. Second, they serve to introspect on the evolution of ethics from a regional perspective.

Centring Ayurvedic ethics within the textual production is valuable. Yet, incorporating epigraphical evidence and the sociopolitical contexts in which these ethics were practised would add important depth. How were these ethics adapted in society, particularly to caste hierarchies? How did the elite understand the concept of dharma, especially in supporting healthcare initiatives?

Exploring Ayurvedic ethics reframes this ancient system as not just a set of medical practices but a holistic approach to healthcare. It invites further reflection and debates on patient autonomy and inclusivity in healthcare. Can these frameworks from the traditional systems of medicine adapt to contemporary debates on clinical ethics as well as social justice in healthcare?

Authors' Contribution

Radhika Hegde contributed to the conception and design of the work and was responsible for drafting the manuscript. Vagishwari Saligame Parvathaiah contributed to the study design, provided critical revisions, and assisted with aspects of data interpretation. All authors read and approved the final version of the work.

Funding

None.

Conflict of Interest

None.

References

- Beauchamp, T. and Childress, J., 2019. Principles of biomedical ethics: marking its fortieth anniversary. *American Journal of Bioethics*, 19(11), pp.9–12. <https://doi.org/10.1080/15265161.2019.1665402>.
- Chattopadhyay, S. and De Vries, R., 2008. Bioethical concerns are global, bioethics is Western. *Eubios Journal of Asian and International Bioethics*, 18(4), p. 106.
- Kumar, B.P., Paudel, P., Panja, A.K. and Sharma, S., 2024. Balancing paternalism and autonomy in healthcare: insights from Ayurveda. *International Journal of Ayurveda Research*, 5(3), pp.154–162.



Patwardhan, B., Wieland, L.S., Aginam, O., et al., 2023. Evidence-based traditional medicine for transforming global health and wellbeing. *Indian Journal of Medical Research*, 158(2), pp.101–105. https://doi.org/10.4103/ijmr.ijmr_1574_23.

Prabakar, A., 2022. The History of Medical Ethics in India: Looking at the Past as We Try to Change the Future. *Voices in Bioethics*, 8. <https://doi.org/10.52214/vib.v8i.10117>.

Steel, A., Gallego-Perez, D.F., Ijaz, N., et al., 2025. Integration of Traditional, Complementary, and Integrative Medicine in the Institutionalisation of Evidence-Informed Decision-Making: The World Health Organization Meeting Report. *Journal of Integrative and Complementary Medicine*, 31(4), pp. 388–394. <https://doi.org/10.1089/jicm.2024.0837>

Timms, O. and Vaz, M., 2020. The Student's Pledge-an oath of initiation for modern times. *Indian Journal of Medical Ethics*, 5(2), pp. 1-3.

Wajpeyi, S.D.M., 2019. Concept of bioethics in Ayurveda. *Journal of Datta Meghe Institute of Medical Sciences University*, 14(Suppl 2), pp. S107–S109.

Wujastyk, D., 2012. *Well-Mannered Medicine: Medical Ethics and Etiquette in Classical Ayurveda*. Oxford: Oxford University Press.

Zhen, S., and Rasaily, L., 2022. Conserving Traditional Wisdom in a Commodified Landscape: Unpacking Brand Ayurveda. *International Journal of Health Policy and Management*, 11(9), pp. 1845–1852.

