অভিসরণ / ABHISARON
A Multilingual International Peer-Reviewed Research Journal
Volume 1, Issue II, July 2026, PP. 291-297
www.abhisaron.com
ISSN-3139-4027(Online)
DOI - https://dx.doi.org/10.67757/abhisaron.2026.v1i2.039

Sambhāṣā as a Means of Knowledge - A Critical Study of Communication Theory in the Carakasaṃhitā

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Accepted: 07.07.2026
Published: 20.07.2026

Keywords:

Āyurveda, Carakasaṃhitā, Dialogical knowledge, Epistemology, Medical communication, Pramāṇa theory, Sambhāṣā, Vāda

Abstract:

The *Carakasaṃhitā* one of the foundational texts of the Āyurvedic canon, presents a remarkably sophisticated theory of discourse in its celebrated *Vimānasthāna*, the eighth chapter of which, the *Rogabhiṣagjitīya*, outlines the epistemic conditions and normative structures governing dialogue. Central to this framework is the concept of *sambhāṣā*, a term conventionally translated as conversation or discussion, but which carries within the ayurvedic context a deeply epistemological weight. This article discusses that *sambhāṣā* in the *Carakasaṃhitā* is not merely a communicative act but constitutes a formal epistemological category, a structured mode of inquiry by which truth, therapeutic knowledge, and clinical authority are produced, validated, and transmitted. Drawing on close readings of the Sanskrit text alongside its principal commentarial traditions, notably *Cakrapāṇidatta's Āyurvedadīpikā*, this article examines the taxonomic distinctions *Caraka* draws between *anulomā sambhāṣā* (concordant discourse) and *vigṛhītā sambhāṣā* (adversarial debate). It situates these within broader frameworks of Indian pramāṇa theory. The study further evaluates the extent to which the *Carakasaṃhitā*'s communication theory anticipates contemporary insights in epistemology, philosophy of science, and dialogical ethics.

In this *sambhāṣā*, the *Carakasaṃhitā* systematically describes the principles of communication, including how, when, and with whom communication should take place. The findings suggest that *sambhāṣā* functions as an irreducible site of knowledge-production in classical Indian medicine, one that simultaneously governs epistemic standards, professional ethics, and the conditions of rational persuasion. The present article has attempted to present the wide array of communication concepts available in *Carakasaṃhitā*.

Discussion:

1

The traditional knowledge of India has a wide range of areas. The history of epistemology in the Indian intellectual tradition is largely a history of debate structured adversarially and governed by meticulous procedural norms. From the *Nyāya* school's elaboration of *vāda*[1] (principled discussion) and *vitaṇḍā*[2] (sophistic refutation) to the Buddhist logician Dignāga's formal theory of inference, Indian philosophy has consistently recognised that truth is not a solitary possession but a communal achievement, produced and tested through organised discursive encounter[3]. Yet within the medical tradition, the epistemology of dialogue has received comparatively little scholarly attention. The *Carakasaṃhitā*, compiled in its extant form sometime between the first and 3rd century CE and attributed to the physician-sage *Caraka*, contains in its *Vimānasthāna* an extended and formally rigorous account of how medical knowledge is to be communicated, tested, and refined through structured discourse. The key term governing this account is *sambhāṣā*, a word whose semantic range encompasses conversation, symposium, disputation, and professional deliberation[4]. This article undertakes a critical analysis of *sambhāṣā* as an epistemological category in the *Carakasaṃhitā*. This research paper argues that the concept of *Caraka* discourse is not merely an additional element in a medical treatise. Rather it forms a very core component of the epistemological framework of the *Carakasaṃhitā*, and also shaping how knowledge is acquired, tested, and transmitted through *sambhāṣā.* The framework of *sambhāṣā* establishes that who is qualified to discuss in medical dialogue, the standards for evaluating evidence, the proper way to address disagreements, and the circumstances in which reasoned arguments or communication should be accepted. In this sense, *sambhāṣā* plays a role similar to the modern peer review process. It provides a structured method for examining medical claims before they are accepted as reliable knowledge.

The article is structured in a systematic manner. It begins with an outline of the research methodology. This is followed by a detailed textual analysis of the relevant passages from the *Carakasaṃhitā*, with particular attention to the commentary of *Cakrapāṇidatta*. Subsequently, the study situates these findings within the broader framework of Indian *pramāṇa* theory and the *vāda* traditions of the *Nyāya* school. The discussion then engages with contemporary communication theory and the philosophy of science. Thereafter, it addresses potential objections and methodological limitations. The article concludes with a set of reflective observations.

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[1] प्रमाणतर्कसाधनोपालम्भसिद्धान्तविरुद्धः पञ्चावयवोपपन्नः पक्षप्रतिपक्षपरिग्रहो वादः ।। (न्यायसूत्रम् १।२।१)

[2] स्वप्रतिपक्षस्थापनाहीनो वितण्डा ।। (न्यायसूत्रम् १।२। ३)

[3] Bimal Krishna Matilal, The Character of Logic in India (Albany: SUNY Press, 1998), 33–57.

[4] P.V. Sharma, Caraka Saṃhitā: Agniveśa's Treatise Refined and Annotated by Caraka and Redacted by Dṛḍhabala, 4 vols. (Varanasi: Chaukhamba Orientalia, 1981–1994), vol. 2, 201–215.

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2

Research Methodology

This study applies a philological-philosophical methodology, combining close textual analysis of Sanskrit primary sources with interpretive engagement with secondary scholarship in Indology, philosophy of medicine, and communication theory.

Primary Sources

The primary source is the *Carakasaṃhitā*, specifically the *Vimānasthāna*, Chapter 8 (*Rogabhiṣagjitīya Vimānam*). The edition used is Trikamji Ācārya's critical edition (1941, reprinted 2011), which incorporates the commentary of Cakrapāṇidatta (eleventh century CE), designated the *Āyurvedadīpikā*. Where relevant, Gayadāsa's commentary on the *Suśrutasaṃhitā* is consulted for comparative purposes[5]. All Sanskrit passages are cited in IAST (International Alphabet of Sanskrit Transliteration) and are accompanied by original translations made by the author(s) unless otherwise indicated. Translation decisions are explained in footnotes where the Sanskrit admits of significant interpretive ambiguity.

Secondary Sources and Theoretical Framework

The secondary literature consulted spans four domains like –

(i) classical Indological scholarship on Āyurvedic epistemology, including the foundational works of Dasgupta, Sharma, and Meulenbeld.

(ii) studies in Indian philosophy of language and debate theory, including the work of Ganeri, Matilal, and Potter.

(iii) Philosophy of medicine and biomedical epistemology, including contributions by Wulff, Feinstein, and Montgomery.

(iv) communication theory and dialogical epistemology, including the work of Habermas, Walton, and Rescher.[6]

The interpretive framework is hermeneutical in the tradition established by Gadamer; the aim is to bring the historical horizon of the *Carakasaṃhitā*'s discourse theory into a productive encounter with contemporary epistemological concerns, without either reducing one to the other or claiming anachronistic equivalence. The analysis acknowledges the risk of eisegesis and attempts at all points to allow the text to resist as well as confirm the theoretical categories applied to it.

3

Scope and Limitations

The study focuses exclusively on *Vimānasthāna*. While the *Carakasaṃhitā* as a whole contains numerous passages relevant to epistemology and pedagogy, including discussions of *āptopadeśa* (testimony), *pratyakṣa* (perception), and *anumāna* (inference) in the *Sūtrasthāna*, the present analysis restricts its scope to the formal treatment of discourse structure. A broader synthesis of Caraka's epistemology remains a desideratum for future research.

Anulomā and Vigṛhītā, The Two Modes of Discourse

The central distinction of *Caraka*'s discourse theory is the differentiation between *anulomā sambhāṣā* and *vigṛhītā sambhāṣā*. The former, literally 'with-the-grain discourse,' denotes a cooperative, concordant mode of inquiry in which interlocutors share a commitment to truth

[5] Ācārya Jadavji Trikamji, ed., Carakasaṃhitā with the Āyurvedadīpikā Commentary of Cakrapāṇidatta (Varanasi: Chaukhamba Sanskrit Sansthan, 2011 [1941]).

[6] Surendranath Dasgupta, A History of Indian Philosophy, vol. 2 (Cambridge: Cambridge University Press, 1932); G.J. Meulenbeld, A History of Indian Medical Literature, 5 vols. (Groningen: Egbert Forsten, 1999–2002); Bimal Matilal and Arindam Chakrabarti, eds., Knowing from Words (Dordrecht: Kluwer, 1994); Henrik Wulff, Stig Andur Pedersen, and Raben Rosenberg, Philosophy of Medicine: An Introduction (Oxford: Blackwell, 1986); Jürgen Habermas, The Theory of Communicative Action, trans. T. McCarthy, 2 vols. (Boston: Beacon Press, 1984).

and jointly pursue knowledge through examination of evidence and argument. The latter, grasping-against discourse or adversarial debate, is structured by the competitive aim of defeating an opponent.[7] *Vimānasthāna* 8.15 reads that - *dvividhā khalu sambhāṣā anulomā vigṛhītā ca.*

tatra anulomā jñānaprasādajanī, vigṛhītā jayāpajayaphalā.

Discourse is indeed of two kinds, concordant and adversarial. Of these, concordant discourse produces the clarification of knowledge; adversarial discourse produces the fruit of victory or defeat.[8] This distinction carries profound epistemological implications. *Caraka*'s framing makes it explicit that the epistemic outcome of discourse depends on the interlocutors' intentional structure. *Anulomā sambhāṣā* is productive of *jñānaprasāda*, literally, the clarification or brightening of knowledge, a term with both cognitive and soteriological resonances in Sanskrit. The adversarial form, by contrast, produces only the social fact of victory or defeat, not the epistemic fact of truth or falsity. *Caraka* here anticipates, in strikingly modern terms, the distinction between 'epistemic' and 'eristic' discourse drawn by contemporary argumentation theorists such as Douglas Walton and Erik Krabbe.[9]

4

The Twelve Characteristics of the Competent Interlocutor

Caraka proceeds to enumerate twelve characteristics (*guṇa*) that distinguish the *sabhya*, the competent participant in discourse, from the incompetent one. These include depth of learning (*bahushruta*), memory (*dhāraṇā*), discrimination (*vijñāna*), intellectual agility (*pratibhāna*), freedom from passion (*vītarāga*), absence of timidity (*anadhīra*), capacity for elaboration (*vistāravādin*), capacity for compression (*saṃkṣepavādin*), skill in responding (*pratibhānavādin*), skill in argumentation (*hetu*), and finally, ability to withstand the refutations of others (*paravākyakṣamī*).[10] What is striking about this list is its blending of intellectual, ethical, and psychological criteria. Knowledge is not sufficient for participation in *sambhāṣā*; the interlocutor must also possess what we might describe as epistemic virtues, freedom from desire and fear, psychological stability under challenge, and the discipline to present claims neither more nor less elaborately than the evidence warrants. This integration of virtue epistemology into a theory of discourse is one of the most philosophically interesting features of the *Carakasaṃhitā*'s communication theory.

***Cakrapāṇidatta*'s Commentary and the Expansion of the Framework**

Cakrapāṇidatta's eleventh-century commentary, the *Āyurvedadīpikā*, substantially enriches our understanding of *Caraka*'s discourse theory. Glossing the term *sambhāṣā*, *Cakrapāṇi* aligns it explicitly with the *Nyāya* concept of *vāda*, the principled discussion aimed at truth, and distinguishes it from both *jalpa* (debate aimed at victory through any means) and *vitaṇḍā* (mere refutation without a thesis of one's own). This commentary situates *Caraka*'s discourse theory squarely within the mainstream of Indian debate epistemology. Of particular importance is *Cakrapāṇi*'s gloss on *jñānaprasāda*: he interprets this not merely as individual cognitive clarification but as a social achievement, the production of a shared epistemic state in a community of inquirers. This reading reinforces the view that *sambhāṣā* is not simply a pedagogical device but an institution for the collective production and authentication of medical knowledge.

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[7] On the etymology of vigṛhītā, see Monier-Williams, A Sanskrit-english Dictionary (Oxford: Clarendon Press, 1899), s.v. vi-grah, 959.

[8] Carakasaṃhitā, Vimānasthāna 8.15. Translation the author's own.

[9] Douglas Walton and Erik C.W. Krabbe, Commitment in Dialogue: Basic Concepts of Interpersonal Reasoning (Albany: SUNY Press, 1995), 66–69; cf. also Walton, The New Dialectic: Conversational Contexts of Argument (Toronto: University of Toronto Press, 1998), ch. 4.

[10] Carakasaṃhitā, Vimānasthāna 8.17–8.29; the list is variously enumerated in manuscript traditions; the edition of Trikamji (2011) is followed here.

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5

Situating *Sambhāṣā* within Indian *Pramāṇa* Theory

Pramāṇa and the Grounds of Medical Knowledge

Classical Indian epistemology is organised around the concept of *pramāṇa*, the valid means of knowledge. The *Carakasaṃhitā* recognises four principal *pramāṇas* - *āptopadeśa* (authoritative testimony), *pratyakṣa* (direct perception), *anumāna* (inference), and *yukti* (rational deliberation applied to the complex causality of disease and therapy).[11] Within this framework, *sambhāṣā* occupies an intriguing position. It is not itself a *pramāṇa*, it does not directly yield knowledge in the way that perception or inference does. Rather, it functions as what we might call a *pramāṇa-prakāśana*, a procedure for the illumination, testing, and adjudication of claims generated by the primary *pramāṇas*. In this sense, *sambhāṣā* stands to the primary *pramāṇas* as argument and evidence evaluation stand to observation and inference in contemporary scientific practice.

The *Vāda* Tradition and the Normative Structure of Debate

The Indian *vāda* tradition, most systematically developed in the *Nyāya* school's *Nyāyasūtra* and its commentaries, provides the closest philosophical parallel to *Caraka*'s *sambhāṣā*. *Akṣapāda* Gautama defines *vāda* as a form of discussion in which both parties accept the authority of the sources (*āgama*) and reasoning (*tarka*), and aim at the determination of truth (*tattvanirṇaya*).[12] The structural parallels between *Nyāya vāda* and Caraka's *anulomā sambhāṣā* are striking both require competent interlocutors, shared epistemic standards, and a commitment to truth over victory. However, significant differences emerge in the specific institutional context. The *Carakasaṃhitā*'s discourse theory is embedded within the practice of medicine, thereby introducing a further dimension not prominent in *Nyāya*. In medical *sambhāṣā*, knowledge has practical importance because it directly affects patient care. An incorrect conclusion is not simply an intellectual mistake. It can lead to improper treatment and may even threaten a patient's life. This adds an urgency and a moral weight to the epistemological norms that are distinctive to the Āyurvedic context.

Sambhāṣā and the Social Epistemology of Medicine

Contemporary social epistemology, the study of the epistemic properties of groups, communities, and institutions, has devoted increasing attention to the communicative structures that govern knowledge production in scientific communities. Steve Fuller's sociology of knowledge, Philip Kitcher's account of the division of cognitive labour, and Miriam Solomon's social empiricism all converge on the view that the organisation of discourse within scientific communities is not merely a sociological curiosity but an epistemologically constitutive factor: the epistemic output of a scientific community depends in part on the norms governing communication among its members. From this perspective, Caraka's account of *sambhāṣā* appears as a remarkably prescient contribution to what we would today recognise as social epistemology. By specifying the criteria for competent participation, the distinction between truth-directed and victory-directed discourse, and the norms of evidence presentation and refutation, the *Carakasaṃhitā* constitutes nothing less than an institutional epistemology of medical knowledge, a set of norms designed to ensure that the discourse structures of the medical community reliably produce and transmit true and useful knowledge.

Dialogical Ethics and the Virtue of the Medical Interlocutor

The *Carakasaṃhitā*'s integration of epistemic and ethical criteria in its portrait of the ideal

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[11] Carakasaṃhitā, Sūtrasthāna 11.17–11.25; cf. Rama Kanta Rai, Pramāṇa in Caraka Saṃhitā (Varanasi: Chaukhamba Sanskrit Pratishthan, 1985), 45–89.

[12] Nyāyasūtra 1.2.1

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interlocutor deserves particular attention. The requirement of *vītarāga*, freedom from passion, desire, and partisan attachment, is not merely a psychological desideratum, it is presented as an epistemic requirement. The interlocutor driven by the desire to win, to impress, or to protect an existing reputation is, on Caraka's analysis, epistemically compromised, their discourse will systematically distort evidence in the direction of pre-established conclusions. This analysis prefigures contemporary discussions of 'motivated reasoning' in cognitive psychology and the 'bias blindspot' identified by Pronin, Lin, and Ross, the well-documented tendency of individuals to identify bias in others while remaining oblivious to their own. Caraka's prescription of *vītarāga* as an epistemic virtue can be read as a sophisticated anticipation of the insight that epistemic defects are frequently rooted in affective and motivational states rather than purely cognitive failures.

Sambhāṣā and Informed Consent, A Contemporary Application

A final dimension of the contemporary relevance of Caraka's discourse theory concerns the ethics of physician-patient communication. While the *Carakasaṃhitā*'s account of *sambhāṣā* is primarily concerned with discourse between medical peers, physicians arguing about diagnosis, prognosis, and therapy, its epistemological principles can be extended to the physician-patient relationship. The requirement that interlocutors be free from motivated distortion, that they present evidence fully and accurately, and that they be responsive to the arguments and evidence of the other party all have clear analogues in contemporary bioethical accounts of informed consent and shared decision-making. Scholars have argued that genuine informed consent requires not merely the provision of information but the creation of communicative conditions under which patients can rationally evaluate that information and act on it. Caraka's norms of *sambhāṣā*, particularly the requirements of *vistāravādin* (fullness of presentation) and *saṃkṣepavādin* (appropriate compression), encode, in culturally specific form, a structurally similar insight.

6

Conclusion

This article has argued that *sambhāṣā* in the *Carakasaṃhitā* is not a peripheral topic in an essentially clinical text but one of its most philosophically significant contributions. By articulating the conditions under which discourse produces genuine knowledge, as opposed to merely social outcomes such as victory or consensus, *Caraka* develops a theory of communicative epistemology that anticipates in significant respects the concerns of contemporary social epistemology, virtue epistemology, and the philosophy of communicative action. The distinction between *anulomā* and *vigṛhītā sambhāṣā* establishes that the epistemic value of discourse is not intrinsic to its form but depends upon the intentional orientation of its participants. The twelve virtues of the competent interlocutor integrate intellectual, psychological, and ethical criteria in a way that anticipates contemporary discussions of epistemic virtue. And the embedding of these norms within a clinical context gives them a moral weight and urgency that distinguishes Āyurvedic epistemology from purely theoretical accounts of knowledge. The broader significance of these findings lies in what they imply for our understanding of the Indian intellectual tradition and of *Āyurveda* in particular. The *Carakasaṃhitā* has too often been read primarily as a practical clinical manual, and its theoretical dimensions, including its contributions to epistemology, philosophy of language, and normative theory of discourse, have been correspondingly undervalued. This study suggests that those theoretical dimensions are not merely decorative but are constitutive of the text's deepest aims: to establish medicine not merely as a body of techniques but as a disciplined form of knowledge, governed by epistemological norms as rigorous as those of any philosophical school.Future research might fruitfully extend this analysis in several directions, such as a comprehensive account of Caraka's epistemology across the full range of the text, or

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a comparative study of *sambhāṣā* theory in *Āyurveda* and the *vāda* traditions of the *Nyāya*, *Mīmāṃsā*, and Buddhist schools, and an application of Caraka's normative framework to contemporary debates about evidence-based medicine, clinical communication, and the ethics of medical testimony. These inquiries would both enrich our understanding of classical Indian thought and contribute to ongoing conversations in contemporary epistemology and bioethics.

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