A Pragmatic Approach to Practices of Ethics in Ayurveda

Devanand Upadhyay[1], Brij Kumar Dwibedy[2]

[1*,2]Department of Siddhant Darshan, Faculty of Ayurveda, IMS, BHU

Corresponding author: Devanand Upadhyay
*dev.asdbhu10@bhu.ac.in https://orcid.org/0000-0003-3623-0388

Abstract

Introduction: Ayurveda conceptualizes health as a multidimensional state integrating bodily balance, mental clarity, social well-being, and spiritual stability; consequently, ethics is embedded as an indispensable component of medical practice and community life. Classical Ayurvedic literature articulates ethical conduct across physician formation, clinical care, and social conduct, yet a consolidated, practice-ready synthesis remains limited.
Methods: A narrative and conceptual synthesis was undertaken through critical analysis of classical Ayurvedic texts and contemporary bioethical literature. Ethical constructs were systematically organized into professional, clinical, and social domains and comparatively mapped onto contemporary bioethical principlism.
Results: Three interlinked ethical domains were identified: (i) physician formation and professional identity, including oath, ideal qualities, and condemnation of quackery; (ii) bedside practice, encompassing individualized assessment, judicious therapeutics, prognosis-based decision making, informed consent, and confidentiality; and (iii) social well being, incorporating restraint of harmful urges, Sadvritta, and Achara Rasayana. These domains were integrated into a unifying framework the Ayurvedic Pragmatic Ethics Triad (APET) linking virtue competence, safety centered clinical action, and social flourishing.
Discussion: Mapping Ayurvedic ethics onto principlism (beneficence, non-maleficence, autonomy, and justice) demonstrates conceptual convergence while preserving Ayurveda's dharma centric moral psychology. APET provides a pragmatic pathway for operationalizing ethics in contemporary Ayurveda through competency-based training (Yogya), risk aware therapeutics, transparent consent practices, anti quackery safeguards, and preventive conduct programs.

Keywords: Ethics; Bioethics; Principlism; Ayurveda; Charaka; Sushruta; Sadvritta; Achara Rasayana; Yogya; Informed consent.

1. Introduction
Ayurveda is described as a comprehensive science of life with philosophical, clinical, and experiential foundations and a personalized approach to health.[1] Its classical aim emphasizes both maintenance of health and alleviation of disease, [2] achieved through the coordinated functioning of four pillars—physician (Bhishak), drug (Dravya), attendant (Upasthata), and patient (Rogi) where the physician is accorded a central role.[3] Physician is expected to integrate textual mastery with practical experience, technical skill, and purity of mind and conduct. Compassion toward living beings (bhutadaya) and restraint from greed are repeatedly emphasized as safeguards against exploitation and therapeutic misuse.[4] Ayurvedic ethics is not an external "add-on" to clinical practice; it is embedded in how Ayurveda conceptualizes life, health, suffering, and human responsibility.
Ayurveda derives life knowledge (ayus + veda) and distinguishes forms of life as beneficial or harmful to self and others (hitayu/ahitayu) and pleasurable/miserable (sukhayu/dukhayu), thereby foregrounding moral accountability in lived health. [5] Contemporary healthcare systems similarly emphasize professional integrity and ethical standards. Yet ethical uncertainty persists regarding the universality of oaths and codes across jurisdictions and disciplines. Against this backdrop, Ayurveda offers a mature ethical corpus that spans training, bedside practice, procedural competence, and preventive social conduct. However, this guidance remains distributed across genres (oaths, physician typologies, therapeutic cautions, codes of conduct, and rejuvenative ethics) and is seldom presented as a coherent, operational framework for contemporary practice and training. Despite extensive ethical instruction in classical Ayurveda, a consolidated, practice-ready framework that links physician formation, clinical decision-making, and social conduct to contemporary bioethics remains underdeveloped.
The present review addresses this gap by synthesizing classical Ayurvedic ethics into a pragmatic practice framework and by mapping it to principlism without reducing Ayurveda's moral reasoning to a purely rule based model.

2. Conceptual Foundations
Ethics in Ayurveda is not presented as a separate moral code imposed upon medical practice; rather, it is woven into the understanding of health, disease, professional responsibility, and social conduct. To clarify how ethical reasoning operates

within Ayurveda and how it can be meaningfully related to contemporary bioethics, this section outlines three connected foundations: (i) ethics and bioethics as ways of managing competing duties in healthcare, (ii) health (swastha), sukha, and dharma as intrinsic ethical drivers in Ayurveda, and (iii) principlism as a comparative framework that helps articulate classical ethical reasoning in modern terms.

2.1 Ethics, Bioethics, and Prima Facie Duties

Ethics broadly concerns how one ought to act when faced with moral choices, particularly in situations involving competing duties and responsibilities. The word "ethics" is derived from the Greek word, ethos, which means custom or character. It an understanding of the nature of conflicts arising from moral imperatives and how best we may deal with them. In healthcare, such situations are common, as physicians must continuously balance patient welfare, professional integrity, and broader social obligations. WD Ross established the concept of prima facie duties, acts that are morally obligatory unless overridden by another. These includes fidelity, reparation, gratitude, justice, beneficence, non-maleficence, and self-improvement [6]

Bioethics applies this ethical reasoning specifically to health professions, focusing on how benefits, harms, rights, and responsibilities should be balanced in clinical and public health practice. [7] Classical Ayurvedic literature reflects similar concerns through well-defined constructs such as Sadvritta (codes of conduct), Chatushpada (four pillars of treatment), Yogya (competency before intervention), Vaidyavritti (professional conduct of the physician), Achara Rasayana (ethical rejuvenative conduct), Nidanaparivarjana (avoidance of causative factors), and Pathyapathya (wholesome and unwholesome regimens). Together, these frameworks indicate that ethical reasoning in Ayurveda is embedded within clinical judgment, training, and prevention.

2.2 Health, Sukha, and Dharma as Ethical Drivers

Ayurveda defines health (swastha) as a state of balance within the body and mind, characterized by equilibrium of dosha, dhatu, mala, and agni, along with a stable and contented state of atma, indriya, and manas. [8] This conception naturally integrates physical, mental, and social dimensions of well-being and extends beyond the individual to include harmony within one's environment and community.

Within this framework, ethical conduct is understood as a determinant of health rather than merely a moral ideal. Classical Ayurvedic thought repeatedly emphasizes that unethical patterns of living are a fundamental cause of suffering (dukh), whereas conduct aligned with dharma supports sukha (well-being) and enables the pursuit of the four aims of life (chaturvidha purushartha—dharma, artha, kama, and moksha). Health thus emerges as both a consequence of ethical living and a necessary condition for meaningful personal and social engagement. Ethics, therefore, functions in Ayurveda as a practical guide to sustaining health and preventing suffering. [5][8]

2.3 Principlism in a Classical Mirror

In contemporary bioethics, ethical reasoning is often articulated through the four principles of beneficence, non-maleficence, autonomy, and justice, commonly referred to as principlism. [9] These principles serve as shared reference points in modern clinical ethics, particularly within pluralistic healthcare systems. Ayurveda does not frame ethics using this terminology; however, its classical texts express closely related ethical concerns through practical, context sensitive guidance.

The Ayurvedic doctrine of Vaidyanimitta Vyapada (harm resulting from physician error or negligence) directly corresponds to non-maleficence, while individualized assessment, rational therapeutics, prognosis-based restraint, informed consent, and equitable care embody beneficence, respect for persons, and justice.

3. Aim and scope

This article aims to:
1. To Systematize scattered ethical guidance into a coherent practice framework
2. Translate classical categories into pragmatic steps for contemporary practice and training
3. Map Ayurvedic ethics to principlism

4. Methods

A structured review was undertaken to synthesize ethical principles in Ayurveda and translate them into a practice oriented framework. Literature published between 2000 and 2019 was searched across Scopus, PubMed/MEDLINE, Web of Science, and Google Scholar, supplemented by focused examination of the Charaka Samhita and Sushruta Samhita. Searches employed root terms including ethics, bioethics, Vaidya, Vaidyavritti, physician conduct, prognosis, judicious drug use, informed consent, Yogya, Sadvritta, and Achara Rasayana, applied singly and in combination. Retrieved material addressing ethical dimensions of Ayurvedic practice was analyzed and synthesized into professional, clinical, and social domains, which were subsequently aligned with contemporary bioethical principles.

5. Results:
5.1 Professional formation and moral identity
5.1.1 Oath and conduct under all circumstances
All those being trained to practice Ayurveda either Medicine or Surgery used to take oath administered by the preceptor in a sacred ceremony addressing duties to teacher, patients, relatives, learning, and virtuous living. [10] [11]
5.1.2 Ideal physician qualities
Classical Ayurveda presents the ideal physician (vaidya) as a moral intellectual agent in whom ethical character and clinical competence are inseparable. Charaka samhita states that nothing is unattainable for a physician endowed with learning (vidya), rational thinking (vitarka), scientific understanding (vigyana), memory (smriti), commitment (tatparata), and decisive clinical action (kriya). Qualification as a vaidya rests on learning, wisdom, experiential insight, sustained practice, and guidance, while possession of all these virtues elevates the physician as a true promoter of wellbeing. Proficiency in theory, extensive experience, dexterity, and purity define the best physician, whereas higher ethical grades pranabhisara and rajarha bhishak are marked by mastery of causation, therapeutics, and prevention. Crucially, the physician's ideal attitude emphasizes friendliness, compassion, discernment, and restraint, aligning ethical judgment with humane clinical care.[12] The most salient traits consistently emphasized were honesty, a humane and compassionate approach to patients, professional responsibility, sound knowledge and clinical skill, and the capacity to discern essential clinical and ethical issues from peripheral concerns. [13]

5.1.3 Types of physicians and explicit condemnation of quackery
The classical categorization of physicians into impostors (Chhadmachara Bhishag), pretenders (Siddhasadhit), and genuine life-saving physicians (Vaidyagunayukta / Jivitabhisara), along with their defining ethical and clinical characteristics, is systematically summarized in Table 1.

Table 1: Ethical Typologies of Physicians in Classical Ayurveda [14]

Category of Physician	Characteristics
Chhadmachara Bhishag (Pseudo physician / impostor)	Those who carry instruments, medicines, books, and external symbols of practice but lack true knowledge of Ayurveda; mislead patients and practice deceitfully; equated with quacks
Siddhasadhit (Feigning / pretender physician)	Individuals who project fame, wealth, and expertise without genuine competence; pose as siddha physicians but lack clinical and ethical substance
Vaidyagunayukta / Jivitabhisara (True physician / saviour of life)	Possesses deep theoretical knowledge, practical expertise, ethical conduct, insight, success in treatment, and ability to promote patient well-being; regarded as the ideal physician

Only the vaidyagunayukta or jivitabhisara physician, endowed with both ethical integrity and clinical competence, is considered fit to undertake diagnostic reasoning, therapeutic decision-making, and patient care. These ethical expectations are operationalized through core clinical competencies

5.2 Clinical action ethics (Bedside and procedural ethics)
5.2.1 Relationship centered care: trust, continuity, and consent
The physician is expected to be cordial and sympathetic, with trust as central to adherence and outcomes. Informed consent is framed as an expression of autonomy; the text also notes Sushruta's guidance to discuss doubtful-success, life-threatening situations with family and obtain written consent.

5.2.2 Core Clinical Competencies as Ethical Duties: The Ideal Ayurvedic Physician
In Ayurveda, clinical competence is not merely a technical requirement but an ethical obligation (dharma) intrinsic to the identity of the physician (bhishak). The concept of the "best physician" (uttama vaidya) is grounded in the physician's ability to translate knowledge into ethically sound clinical action, ensuring beneficence, non-maleficence, rationality, and patient welfare. The classical texts consistently emphasize that excellence in medical practice arises from the integration of ethical conduct, diagnostic precision, rational therapeutics, and compassionate care. The step-wise clinical framework elucidated below illustrates how core clinical competencies themselves function as ethical duties.

5.2.2.1: Patient Encounter (Darshana) and Moral Engagement

The ethical clinical process begins with Darshana, the initial patient encounter. This stage requires attentive observation, respectful reception, and non-prejudicial engagement.[15] Classical Ayurvedic literature places great emphasis on the physician's demeanor, communication, and comportment, recognizing that trust is foundational to effective healing. [16] By establishing a relationship grounded in empathy and respect, the physician fulfills the ethical duty of bhutadaya (compassion toward living beings) and lays the moral foundation of the physician patient relationship. [17]

5.2.2.2: Individualized Assessment through Rogi Roga Pariksha
Individualized assessment constitutes a central ethical responsibility of the physician, as generalized or formulaic treatment is explicitly discouraged in Ayurveda. Ethical individualization is achieved through a multi-layered examination framework (Pariksha), which ensures comprehensive understanding of both the patient (rogi) and the disease (roga).[18] The Dwividha Pariksha (direct perception and inference) trains the physician to balance observation with analytical reasoning. [19] Trividha Pariksha refines bedside skills through inspection, palpation, and history taking. [20] Chaturvidha Pariksha integrates authoritative testimony (aptopadesha) and rational experimentation (yukti), highlighting that ethical practice must be evidence-informed and logically sound. [21] Shadvidha Pariksha, attributed to Sushruta, extends ethical responsibility to the physician's sensory discipline, ensuring accuracy of perception. [22] Ashtavidha Pariksha introduces systematic clinical examination, [23] while Dashavidha Pariksha enables holistic appraisal of constitution, strength, adaptability, and age.[24] Dwadasha Pariksha, described by Acharya Sushruta, provides a comprehensive framework assessing life expectancy, disease, season, digestion, age, body constitution, strength, mental status, adaptability, constitution, drug suitability, and habitat. [25]

These examination modalities operationalize the ethical principle of justice and nonmaleficence by preventing misdiagnosis, overtreatment, and irrational therapy. Ethical clinical competence thus demands mastery of Pariksha as a moral duty, not merely a diagnostic skill.

5.2.2.3: Diagnosis through Pancha Nidana
Diagnosis in Ayurveda is causality centered and prognosis oriented. The physician's ethical responsibility lies in correctly identifying nidana (etiology), purvarupa (prodromal signs), rupa (clinical manifestations), upashaya (therapeutic response), and samprapti (pathogenesis). This structured approach ensures transparency, prognostic clarity, and avoidance of therapeutic arrogance. Undertaking treatment without adequate diagnostic certainty is considered ethically unsound, as it risks harm to the patient and professional disrepute.[26]

5.2.2.4: Rational Therapeutic Planning (Yukti Pradhana Chikitsa)
Therapeutic planning represents the physician's ethical intelligence in action. Ayurveda mandates yuktipradhana chikitsa, [27] wherein treatment is rationally designed using Paradi Guna. These principles guide ethical selection (para and apara), logical integration (yukti), quantification (sankhya), combination (samyoga), separation (vibhaga), and individualization (prithaktva), with due consideration of priority (paratva and aparatva). [28]

This competence ensures judicious drug selection, appropriate dosage, and formulation integrity, thereby preventing irrational prescribing and therapeutic misuse. The ethical physician is thus one who exercises restraint, precision, and discernment in therapeutic decisions.

5.2.2.5: Consent and Communication (Anumati)
Transparent communication and informed consent are explicitly emphasized in Ayurvedic surgical and medical ethics, particularly by Sushruta. The physician bears an ethical obligation to discuss risks, benefits, and prognostic uncertainty in high-risk or invasive interventions. Obtaining informed and preferably written consent reflects respect for patient autonomy and accountability, aligning classical Ayurvedic ethics with contemporary bioethical standards.[29]

5.2.3 Judicious medicine use as patient-safety ethics
The text repeatedly stresses that poorly understood or wrongly administered drugs can act like poison and that one should avoid prescriptions from ignorant physicians. [30]

5.2.4 Prognosis ethics to avoid reckless treatment of incurable disease
Curable/incurable conditions are categorized, and physicians are advised to treat curable diseases while recognizing reputational, economic, and social consequences of undertaking incurable cases without discernment.

Table 2. Knowledge of Prognosis as an Ethical Determinant of Clinical Decision Making in Ayurveda [30],[31]

Domain	Classical Description	Ethical Significance	Clinical Consequences

Types of Curable Diseases (Sadhya Vyadhi)	Curable diseases are of two kinds: (i) easily curable (Sukhasadhya) and (ii) curable with difficulty (Krichchrasadhya)	Requires accurate assessment, timely intervention, and proportional therapeutic effort	Ethical treatment leads to successful outcomes (siddhi) and professional credibility
Types of Incurable Diseases (Asadhya Vyadhi)	Incurable diseases are of two kinds: (i) palliable (Yapya) and (ii) absolutely irreversible (Asadhya)	Demands restraint, honesty, and avoidance of futile or harmful interventions	Ethical restraint preserves patient dignity; unethical treatment causes harm and deception
Prognosis Based Treatment Decision	Treatment should be initiated only after clearly distinguishing curable from incurable conditions	Prognosis acts as a moral filter before therapeutic action	Prevents irrational therapy, exploitation, and false claims
Ethical Outcome of Correct Prognostic Judgment	A physician who correctly identifies curability and initiates timely, appropriate treatment achieves the objective of cure	Aligns beneficence with professional competence	Gain of success, reputation, and trust
Consequences of Treating Incurable Diseases as Curable	Treating incurable diseases leads to loss of wealth, knowledge, fame, and invites social or royal sanctions	Establishes accountability and social responsibility	Loss of reputation, penalties, and ethical blame
Distinction from Pseudo Physicians	Wise physicians do not claim universal curability, unlike pseudo-physicians (e.g., Maitreya)	Separates ethical physicians from charlatans	Protects society from deception and unethical practice
Importance of Prognostic Discernment	A physician must first examine distinctive disease features and treat only curable conditions	Prognosis safeguards ethical integrity of practice	Upholds non-maleficence and justice

Knowledge of prognosis functions as a moral and clinical gatekeeper in Ayurveda, determining not only therapeutic feasibility but also ethical legitimacy of intervention (Table 2)

5.2.5 Surgical ethics and Yogya to create competency before intervention
Sushruta emphasizes practical training (Yogya) using simulations (e.g., pumpkin/cucumber for excision practice; leather for scraping; stalks/veins for puncturing; cloth for suturing; models for bandaging), demonstrating a clear competency based surgical ethics model.Contemporary era has enhanced simulators for training purposes to improve skills and competency. [32]

Table 3. Ethics in Clinical Practice: Classical Benchmarks of the Ideal Ayurvedic Physician [30], [33]

Ethical Domain	Classical Description / Qualities	Ethical–Clinical Significance
Qualities of the Best Physician	Knowledge of drug administration with due consideration of desha (region) and kala (season); individualized examination before treatment; mastery of medicinal plant identity, morphology, and application (tattvavida); good listening and comprehension (shrute paryavadatatvam);	Establishes clinical competence as a moral duty; prevents irrational, generalized, or unsafe treatment

	extensive practical experience (bahusha drishtakarmata); dexterity and alertness (dakshya); purity of body and mind (shaucham); emphasis on history taking, diagnosis, curability, prognosis, and signs of impending death; complete textual knowledge, skill, equipment readiness, awareness of natural manifestations, and presence of mind	
Pranabhisara (Life-Saver) Physician	Physician endowed with scientific knowledge, clear understanding, right application, and practical experience; intelligent, benevolent, self-controlled, clean, skilled in therapeutic maneuvers, equipped with instruments, sound sense faculties, and ability to act according to situation	Represents the ethical apex of beneficence and nonmaleficence; competence directly linked to preservation of life
Royal Physician	Possession of complete knowledge of etiology, symptomatology, therapeutics, and prevention of diseases	Social recognition of ethical and professional excellence; trustworthiness at highest level of responsibility
Ideal Attitude Toward Patients	Friendliness, compassion toward the diseased, commitment to the remediable, and detachment toward those approaching death	Codifies relational ethics and emotional discipline in clinical care
Qualities of the Ideal Vaidya	Learning, rational and innovative thinking, specific scientific knowledge, good memory, devotion to timely duties and clinical action	Supports Yukti-based reasoning and ethical decision-making
Judicious Use of Medicine	Properly understood medicine acts as ambrosia; improperly understood or wrongly administered medicine acts as poison; even poison can become medicine when correctly processed and administered; patients should avoid prescriptions by ignorant physicians	Core principle of non-maleficence and patient safety; foundation of rational pharmacology
Denunciation of Quacks	Quack physicians who deceive and treat helpless patients are sinful, wicked, and likened to death incarnate	Establishes ethical boundary of practice; protects patients and society
Condemnation of Patient Exploitation	Exploiting patients for food, drink, or money is more sinful than consuming poison or molten metal	Introduces moral accountability and restraint from greed
Quest for Lifelong Learning	Aspiring physicians should continuously strive to acquire the best qualities to become true givers of life	Emphasizes lifelong ethical self-cultivation
Qualities of Best Drug and Best Physician	Right medicine restores health; best physician relieves disease; ideal drug qualities include availability (bahuta), efficacy (yogyatwam), multiple formulations (anekavidha kalpana), and stability (sampat); physicians likened to gods for reviving life	Links therapeutic success (siddhi) with ethical and clinical excellence
Correct Application of Therapeutic Measures	Success in treatment (siddhi) reflects possession of all qualities of the best physician	Outcome-based ethical validation of practice

The classical benchmarks defining ethical excellence in clinical practice are summarized in Table 3. Collectively, the above domains translate classical Ayurvedic ethical categories into concrete clinical actions i.e. competency based training (Yogya), individualized assessment (Pariksha), rational prescribing (Yukti Paradi Guna), prognosis guided restraint, structured consent, and antiquackery safeguards thereby operationalizing ethical practice in contemporary Ayurveda.

5.3 Ethics for social well-being (Conduct, restraint, rejuvenation)
5.3.1 Suppression of harmful urges
Instructions as restraint of psychological (greed, grief, fear, anger, jealousy, etc.), verbal (harshness, lying, untimely speech), and physical urges (violence, stealing, excessive indulgence), linking this to well-being in this life and beyond. [34]
5.3.2 Behavioral determinants of health
Positive health is associated with brahmacharya, knowledge, charity, friendship, compassion, happiness, detachment, and peace. [35]
5.3.3 Sadvritta and Achara Rasayana as preventive ethics
Sadvritta is presented as codes of conduct across ethical, social, mental, moral, and physical domains. [36] Achara Rasayana lists truthfulness, anger-control, non-violence, calm speech, charity, worship, respect to elders and teachers, spiritual orientation, avoidance of intoxicants, etc., and is linked with reduced emotional disturbances and improved stress resilience. [37]

6. The Ayurvedic Pragmatic Ethics Triad (APET)
Based on the above results, we propose APET, a pragmatic model that integrates classical Ayurveda with modern clinical bioethics:
1. Virtue Competence (Physician Formation): oath-bound learning, moral identity, anti quackery safeguards, and competency expectations (knowledge, skill, purity, readiness).
2. Safety Trust (Clinical Action): individualized care, judicious therapeutics, prognosis guided decision making, consent and confidentiality, and procedural competence (Yogya).
3. Social Flourishing (Conduct and Prevention): suppression of harmful urges, Sadvritta, Achara Rasayana, and behavioral cultivation for positive health.

Table 4: Mapping Ayurvedic Ethics to Principlism

Category of Ayurvedic ethical conduct	Principlism mapping	Justification	Operational indicator
Oath / professional vows (Shishyopanayana; oath of conduct)	Beneficence, Non maleficence, Justice	Commits the physician to welfare, restraint, and right conduct	Written pledge; institutional code; duty to teacher/patient/community
Ideal physician qualities (Vaidya-guna; Pranabhisara; Rajarha Bhishak)	Beneficence, Nonmaleficence	Competence + purity + skill prevent harm and enable cure	Competency assessment; skills audit; minimum standards for practice
Physician typology + anti-quackery (Impostor/pretender vs genuine)	Justice, Nonmaleficence	Protects public from deception and unsafe care	Licensing, antiquackery enforcement, patient awareness
Relationship-centered care (cordiality, sympathy, trust)	Autonomy, Beneficence	Trust improves disclosure, adherence, and shared decisions	Communication checklist; respectful reception; continuity of care
Patient encounter (Patient encounter Darshana)	Autonomy, Beneficence	Non prejudicial engagement supports dignity and disclosure	Respectful intake; unbiased listening; privacy
Individualized assessment (Rogi Roga Pariksha)	Justice, Non maleficence, Beneficence	Personalization prevents wrong treatment and ensures fair care	Standardized proforma; constitution + strength + context assessment
Diagnosis framework (Pancha Nidana)	Non maleficence, Beneficence	Correct causality-based diagnosis prevents irrational therapy	Documented nidana–samprapti; diagnostic justification

Rational therapeutics (Yukti pradhana chikitsa; Paradi Guna)	Beneficence, Nonmaleficence, Justice	Right drug, dose, time, patient matching maximizes benefit and minimizes risk	"Judicious medicine" checklist (indication-dose-form-followup)
Judicious medicine caution (drug vs poison)	Nonmaleficence	Wrongly used medicine is framed as preventable harm	Safe prescribing protocol; adverse event vigilance
Prognostic discernment (Sadhya Asadhya; Yapya; restraint)	Nonmaleficence, Justice, Autonomy	Avoids futile harm, prevents exploitation, enables honest communication	Prognosis documentation; referral/palliation plan; truth-telling
Consent (Anumati; written consent in high-risk/doubtful cases)	Autonomy, Justice	Patient/family informed choice + accountability in high risk care	Standard consent form; risk explanation; documentation
Competency before procedures (Yogya simulation training)	Non maleficence, Beneficence	Skill certification prevents iatrogenic harm	Simulation labs; logbook; OSCE/skills sign-off
Confidentiality (implied under bedside ethics)	Autonomy, Justice	Protects dignity and trust; prevents social harm	Confidential records; privacy during consultation
Suppression of harmful urges (Dharaniya vegas)	Non maleficence	Self-restraint reduces harm to self/others	Counseling modules; behavior regulation guidance
Sadvritta (codes of conduct)	Justice, Non maleficence	Promotes ethical social behavior and reduces harm	Lifestyle ethics counseling; community education
Achara Rasayana (ethical rejuvenation)	Beneficence, Justice	Preventive ethical conduct supports wellbeing and social harmony	OPD/community modules; preventive ethics prescriptions

8. Discussion

This synthesis supports the argument that Ayurveda contains "ethical contents in abundance" at professional, clinical, and societal levels. It explicitly prioritizes competence, character, and compassion in physicians; warns against quackery; emphasizes prognosis-aware decision-making; and situates mental and social conduct (Sadvritta/Achara Rasayana) as preventive ethics.

The paper also highlights Sushruta's advanced ethical orientation in surgery through Yogya, a structured competency pathway using simulation-like training before human intervention aligning with modern patient safety logic and skills certification. A contemporary challenge is practical translation. Ayurveda faces pressure from dominance of biomedicine, gaps in economic and regulatory support, and deviations from conventional rational ethical practice. The presence of ethical committees and governance structures (curriculum/research norms) is acknowledged, yet implementation quality remains the decisive factor.

The pragmatic relevance of the Ayurvedic Pragmatic Ethics Triad (APET) lies in translating classical ethical principles into tangible reforms in education, clinical practice, and public health. APET supports formalizing Yogya as a mandatory competency checkpoint, with skills logbooks and simulation-based training prior to procedural responsibility. Ethical care delivery is strengthened through standardized "judicious medicine" checklists addressing indication, dosage, formulation, patient factors, and follow-up. Standardized informed consent for high-risk or uncertain-prognosis situations reinforces autonomy and accountability. Public protection is enhanced by actively identifying and discouraging pseudo-physicians, while integrating Sadvritta and Achara Rasayana into outpatient and community counseling operationalizes preventive ethics and social well-being.

9. Conclusion

Ayurvedic ethics operates as a practical system of moral clinical governance rather than abstract moralizing. It prescribes how physicians should be trained, how patients should be treated safely and respectfully, and how society can be shaped toward well being through conduct regulation and rejuvenative ethics. Its alignment with principlism becomes clearer when classical anchors judicious therapeutics, consent, competence (Yogya), prognosis ethics, and anti-quackery warnings are expressed as operational protocols. Sushruta's Yogya stands out as an advanced model of ethical skill formation, reinforcing patient safety and professional accountability.

Declarations

References

1. Sharma H. Ayurveda: Science of life, genetics, and epigenetics. AYU (An international quarterly journal of research in Ayurveda). 2016 Apr 1;37(2):87-91.
2. Ali A, Katz DL. Disease prevention and health promotion: how integrative medicine fits. American journal of preventive medicine. 2015 Nov 1;49(5):S230-40.
3. Baghel MS. Ethical prescription writing in Ayurveda. AYU (An International Quarterly Journal of Research in Ayurveda). 2012 Jan 1;33(1):3-4.
4. Bhusnar MM. Evolution of Module towards Ancient and Modern Teaching Medical Ethics India. Evolution. 2018 Feb.
5. Upadhyay D. ROLE OF ADHYATMA GYANA (SPIRITUALITY) IN HEALTH EDUCATION AS PER AYURVEDA WSR TO CHARAKA SAMHITA.
6. Meyers C. Re appreciating WD Ross: Naturalizing prima facie duties and a proposed method. Journal of Mass Media Ethics. 2011 Oct 19;26(4):316-31.
7. Chan S. A bioethics for all seasons. J Med Ethics. 2015;41(1):17-21. doi:10.1136/medethics-2014-102306
8. Singh MM, Bhatnagar S, Bhatnagar V, Verma S. Fundamental concept of health in ayurveda. Int J Health Sci Res. 2019;9(8):455-9.
9. Tangwa GB. Ethical principles in health research and review process. Acta tropica. 2009 Nov 1;112:S2-7.
10. Chattopadhyay S, De Vries R. Bioethical concerns are global, bioethics is Western. Eubios journal of Asian and international bioethics: EJAIB. 2008 Jul 1;18(4):106.
11. Singh B, Saradananda S. Ethics and surgical training in ancient India-a cue for current practice: history of medicine. South African Medical Journal. 2008 Mar 1;98(3):218-21.
12. Tomar G.S., Kumar N.. "Khuddakachatushpada Adhyaya". Charak Samhita New Edition, edited by Dixit U., Deole Y.S., Basisht G., eds., 1st edition, CSRTSDC, 2020, pp. 11, Doi:10.47468/CSNE.2020.e01.s01.011
13. Notzer N, Soffer S, Aronson M. Traits of the ideal physician as perceived by medical students and faculty, Medical teacher . 1988;10(2):181–189. doi:10.3109/01421598809010541.
14. Tiwari P.. "Tistraishaniya Adhyaya". Charak Samhita New Edition, edited by Dixit U., Deole Y.S., Basisht G., eds., 1st edition, CSRTSDC, 2020, pp. 13, Doi:10.47468/CSNE.2020.e01.s01.013
15. Rathi B, Rathi R. Principals of ethical ayurveda prescription writing in clinical practice: A literature review. Journal of Datta Meghe Institute of Medical Sciences University. 2019 Sep 1;14(Suppl 2):S97-102.
16. Ward P. Trust and communication in a doctor-patient relationship: a literature review. Arch Med. 2018;3(3):36.
17. Hazarika N. Ethics and Human Values in Medical Sciences. Concept Publishing Company; 2016.
18. Kulkarni P, Vaidya S. Conceptual Study. Journal of Ayurveda. 2015 Oct;9(4):1958.
19. Dadu V. Textbook of Padartha Vijnana and history of Ayurveda. Scientific Publishers; 2018.
20. Sreelekshmi VS, Prashasth MJ. A Comprehensive Review on Trividha Pareeksha in current scenario. Journal of Ayurveda and Integrated Medical Sciences. 2018 Oct 31;3(05):178-83.
21. Patil SC, Baghel A, Dwivedi RR. Methods of Examination and Investigation in Ayurveda: A review in reference to Pramana Vijnana (Epistemology). Ann Ayurvedic Med. 2014 Oct 12;3:42.
22. Uikey R, Kar AC. A review on Purisha Pariksha in Ayurveda. AYU (An International Quarterly Journal of Research in Ayurveda). 2015 Apr 1;36(2):125-9.
23. Sangu PK, Kumar VM, Shekhar MS, Chagam MK, Goli PP, Tirupati PK. A study on Tailabindu pariksha–An ancient Ayurvedic method of urine examination as a diagnostic and prognostic tool. AYU (An International Quarterly Journal of Research in Ayurveda). 2011 Jan 1;32(1):76-81.
24. Pawar VA. Dashavidha Parikshya Bhava (tenfold of investigation) according to Acharya Charaka–An ancient method of research. AYU (An international quarterly journal of research in Ayurveda). 2019 Jan 1;40(1):3-7.
25. Agrawal M, Byadgi PS, Dwibedy BK. Importance of Ayu Pareeksha for the management of diseases. Journal of Clinical and Diagnostic Research: JCDR. 2017 Jan 1;11(1):OE01.
26. Sawant V, Parida A, Prasad NA. Nidana Panchaka-A tool of diagnosis in Ayurveda. Journal of Ayurveda and Integrated Medical Sciences. 2019 Feb 28;4(01):61-5.
27. Joshi AH. To access the efficacy of Daivavyapashraya chikitsa chanting of Saura-Sukta on the symptoms of Hypertension. Sch Int J Tradit Complement Med. 2019;2:128-32.

28. Bagali S, Baragi U, Sajjanshetti MR. A view on Practical Utility of Paradi Gunas. Journal of Ayurveda and Integrated Medical Sciences. 2017 Apr 30;2(02):147-59.

29. Agarwal RP, Sastry VK. Global Bioethical Guidelines: Hindu Perspective on Bioethics. Ethics in Biology, Engineering and Medicine: An International Journal. 2019;10(1).

30. Singh R.H., Singh G., Sodhi J.S., Dixit U., Deerghanjiviteeya Adhyaya, In Charak Samhita New Edition, ed.by Dixit U., Deole Y.S., Basisht G., 1st edition (Ind:Jamnagar,2020), pp.3. CSRTSDC ebook Doi: 10.47 468/CSNE.2020.e01.s01.003

31. Chandola H.M., Kajaria D., Mahachatushpada Adhyaya, In Charak Samhita New Edition, ed.by Dixit U., Deole Y.S., Basisht G., 1st edition (Ind:Jamnagar,2020), pp.12. CSRTSDC ebook Doi:10.47468/CSNE.2020.e01.s01.012

32. Dubhashi SP, Avnish A. Sushruta: Foundation for Surgical Practice. Journal of Krishna Institute of Medical Sciences (JKIMSU). 2016 Apr 1;5(2).

33. Patil V, Sapra UK. Clinical diagnosis in Ayurveda: Concepts, current practice and prospects. Journal of Ayurveda and holistic medicine (JAHM). 2013 May 18;1(2):1-7.

34. KOTEKAR AS, Anjana MK, Anand S. AN APPRAISAL ON DHARANIYA VEGAS IN CHARAKA SAMHITA. Asian Journal of Pharmaceutical Research and Development. 2018 Aug 23;6(4):86-91.

35. Sharma R. Social Well-Being: An Indian Perspective. Social Psychology of Health: The Issues and Concerns in India. 2014:243.

36. Bagde AB, Ramteke AT, Godbole MM, Jadhav KK, Swami NB. Sadvritta (code of right conducts) in Ayurveda. World Journal of Pharmacy and Pharmaceutical Sciences. 2017 May 8.

37. Kumawat S, Verma A, Yadav S, Meena KL. Achara rasayana-a behavioral therapy in ayurveda to promote health and happiness. International Journal of Ayurveda and Pharma Research. 2018 Feb 19.