

Medicine and Dharma

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Abstract. The relationship between classical Indian medicine (*āyurveda*) and dharma is explored through a discussion of two examples in which a tension exists between their perspectives. In one case, the medical treatment of a sick person is in conflict with his ritual treatment. In another, meat-eating is in conflict with the concepts of friendliness (*maitrī*) and harmlessness (*ahiṃsā*).

1. Conflicting magisteria

Dharmaśāstra, the science of law and righteousness, provides frameworks within which society can be regulated and individuals can live their lives virtuously. To some extent, this goal overlaps with the objectives of traditional medicine, *ayurveda*, which also lays down rules and recommendations for living a long, healthy and good life. As the *Carakasamhitā* says,

Ayurveda is defined as the science wherein are explained the good and bad life, happy and painful, what is good or bad for it, its regulation and itself.¹

Whenever two magisteria (I borrow the term from Gould) overlap like this, one can expect conflict to arise sooner or later.² Examining such infringements and boundary conditions can clarify the essential qualities and values of each side. I shall present some cases of conflict between dharma and medicine in order to begin an exploration of the essential features of these two spheres of regulation and their relationship.

* Abbreviations used in this paper: Ah. = *Aṣṭāṅgahṛdayasaṃhitā* (Kuṃṭe et al., 1995), Ca. = *Carakasamhitā* (Ācārya, 1981), Su. = *Suśrutasamhitā* (Ācārya, 1992), HIML = Meulenbeld 2002. All translations are my own.

¹ Ca.1.1.41 (Ācārya, 1981, 8) *hitāhitam sukhaṃ duḥkham āyus tasya hitāhitam/mānaṃ ca tac ca yatroktam āyurvedaḥ sa ucyate//*. Ca.sū.30.23–26 provide a more detailed statement of similar concepts.

² Gould (2001) presents the idea that there are two ‘Magisteria’ or realms of debate and discussion, one for science and one for religion. These two Magisteria do not, and should not be made to, intersect. Religion and science, in Gould’s argument, address entirely different concerns, and there is no need, or strictly no possibility, for them to be in conflict.

1.1. K. V. MŪSSATŪ

K. V. Mūssatū (“KVM”) was born in 1888 near Guruvāyūr in Kerala, the son of an ayurvedic physician. He received a traditional *gurukula* education in Sanskrit under the famous scholar Punnaśśēri Nampi and later played a prominent role in the literary movements of his time, including the promotion of modern Sanskrit compositions and the translation of Sanskrit works into Malayalam. In his autobiography, published in 1966, he described his traditional education in detail. Once, during *Raghuvamśa* lessons, KVM had to sleep in a rice storehouse, which echoed frighteningly to the sound of birds in the early part of the night:

So I spent a couple of nights without much sleep, and after three days a slight fever started. The fever did not let up on the fourth day, and the teacher sent someone to take me home.

What happened when I arrived at home is matter for another story. My grandmother and aunt ruled, according to ritual principles, that having been in the public ferry boat I was ritually polluted, and hence I could not enter the house without a complete bath (hair included). My father (who was after all a doctor) ruled, according to medical principles, that in that case I had better stay in the rice storehouse, because a person who has fever cannot be made to bathe. So there was something of a tug of war between them. Finally the medical judgement won. It took seven or eight days for the fever to pass, and during that period any household member who touched me would have to take a bath.³

Several interesting points are raised by this short story. It is noteworthy that it is the women – KVM’s grandmother and aunt – who exercise the ritual authority, the application of dharma, in the family. Marjatta Parpola, for example, has cited personal narratives and interviews showing how a general picture of female social subjugation in Kerala is qualified in certain circumstances where the women of a household wield considerable power, for example over matters of food, and sometimes also the management of the economy of the household, and supervising the work connected with harvesting and handling of paddy.⁴ The present example is a case in point. It may also have been particularly the women of the household who would have borne the practical burden of frequent and bothersome ritual washing, since it would have been they who had to touch KVM in the course of feeding and nursing him.

³ Mūssatū (1966), translated by Wood (1985, 67 f.). The vaidyas T. C. Parameswaran Moosathu (fl. 1846–1918) and Pachu Moothathu (d. 1855?) described by Mooss (1938, 1949b and 1949a) are probably K. V. Mūssatū’s uncle and ancestor.

⁴ Parpola 2000, ch.9, esp. 211-4 “Women of the family: Respect and Subjugation”.

Then, in the ‘tug-of-war’ between dharma and medicine, it is medicine that wins. This may be influenced by the fact that the medical magisterium is applied by a senior male. On the other hand, there is an unexpressed logic to the choice: uncontrolled illness may lead to death, in which case ritual purity will be impossible. But if the illness is controlled, then the ritual purity may be re-established later through penances etc. Health is logically prior to ritual, and this is a point made explicitly within the medical tradition itself. As the *Carakasamhitā* has it, for example,

Health is the ultimate root of righteousness, wealth, happiness and liberation. Diseases carry it away as well as happiness and life.⁵

The erudite eleventh-century commentator Cakrapāṇi emphasises this dependency of dharma and the other life-goals on health:

Therefore health is the primary cause as far as the four goals of life are concerned. It is said that it is impossible for someone who has been caught by a disease to do anything at all about the aims of man. . . . The removal of health by diseases is one and the same thing as not achieving one’s goals.⁶

In this and several other passages, the *Carakasamhitā* and its commentators stress the fact that the purpose of medicine is to aid the achievement of the canonical goals of life. Both the *Carakasamhitā* and Cakrapāṇi refer in this passage to the *four* goals of life, i.e., they include *mokṣa* or liberation. This is a prominent passage in the medical literature, but it is also untypical, in fact unique. Elsewhere, the early medical authors always refer to the *trivarga* or three goals as the norm.⁷

1.2. MEAT AND MEDICINE

From the earliest period, Ayurveda used meat in its recipes and medicines as a matter of course. For example, when the ancient author Caraka recommends the appropriate regimen for autumn, he cites a whole list of bird and animal meats which may be eaten:

⁵ Ca.sū.1.15cd–16ab (Ācārya, 1981, 6): *dharmārthakāmamokṣāṅām ārogyam mūlam uttamam/ rogās tasyāpahartāraḥ śreyasaḥ jīvitasya ca/*.

⁶ Cakrapāṇi *ad* Ca.sū.1.15cd–18ab (Ācārya, 1981, 6): *... tenārogyam caturvarge pradhānam kāraṇam, rogagr̥hitasya kvacid api puruṣārthe ’samarthatvād ity uktam/ ... idam eva ca rogāṅām ārogyāpaharaṇam yad anarthalābhah;*

⁷ E.g., “*dharmārthakāma*”: Ca.sū.7.30, 11.46, 12.13, 30.29, Ca.śā.4.37(3), 4.37(6), Su.sū.2.8, 10.8 (plus *yaśās*), Su.śā.10.53 (plus *prajā*). “*Trivarga*”: Ca.sū.11.25, 11.47, 30.24, Ca.si.12.35; Ah.sū.2.30

The meats of the common quail, the grey partridge, the antelope, sheep, serow,⁸ deer, hare, rice, together with barley and wheat may be taken during this season [of autumn].⁹

This is just one of many such passages. In fact, there seems to be almost no limit to the animal products which can be used in medical and related conditions. When describing treatments for impotence, for example, Caraka recommends eating the meat of several cocks fried in the semen of a crocodile.¹⁰ Elsewhere, in a list of miscellaneous therapies recommended for a patient suffering from insanity, blood-letting is included, before which, “the patient may be fed to fullness with fat meat.”¹¹ And in yet another, more dramatic recommendation, the ancient author Suśruta recommends that if a patient does not stop bleeding after phlebotomy,

... one may make the patient drink the blood of Indian antelope, blackbuck, sheep, hare, buffalo, and boar.¹²

Even the most habitual meat-eater might flinch at being offered such a cocktail. Nevertheless, this therapy is recommended by one of the most authoritative texts of Ayurveda without explanation or apology, as if it were the most normal thing in the world. This is the standard position for medical authors up to the late first millennium CE.

Since the time of the earliest *dharmaśāstras*, we have evidence that meat has been legally allowed for brahmans and others as long as it was prepared and eaten according to the vedic rules referred to, for example, in chapter 5 of Manu’s laws.¹³ Manu’s rules about meat are rather tangled. The text begins by stating that meat may, indeed must, be eaten when consecrated by vedic rites. But it is a terrible sin to eat it in any non-religious context. But later verses mix contradictory views. At one place, meat-eating – apparently even in ritual contexts – produces the worst possible karma:

Wise people say that meat is ‘meat’ (*māṃsaḥ*) because ‘he’ (*saḥ*) whom I eat in this world will eat ‘me’ (*mām*) in the next world.¹⁴

⁸ See Prater 1993, plate 61, p. 262.

⁹ Ca.sū.6.43 (Ācārya, 1981, 48): *lāvān kapiñjalān eṇān urabhrāñ charabhān śāsān/ śālīn sayavagodhūmān sevyān āhur ghanātyaye//*.

¹⁰ Ca.ci.2.1.48 (Ācārya, 1981, 392): *na nā svapiti rātriṣu nityastabdhenā śephasā/ trptaḥ kukkuṭamāmsānām bhrṣṭānām nakraretasi//*.

¹¹ Ah.utt.6.46 (Kuṃṭe et al., 1995, 800): *vidhyec chirām yathoktām vā trptaṃ medy- āmiṣasya vā/ nivāte śāyayed evaṃ mucyate mativibhramāt//*.

¹² Su.sū.14.36 (Ācārya, 1992, 66): *athātipravṛtte. . . eṇahariṇorabhraśāsāmahīṣavarāhāṇām vā rudhiram, kṣīrayūśarasaiḥ susnigdhaiścāśnīyāt, upadravāṃśca yathāsvamupacaret.*

¹³ *Mānavadharmasāstra* 5.26–56 (Mandlik 1886, i.602–621, tr. Doniger and Smith 1991, 102–104).

¹⁴ *Mānavadharmasāstra* 5.55 (Mandlik, 1886, i.619): *mām sa bhakṣayitāmutra yasya māṃsam ihādmy aham/ etan māṃsasya māṃsatvaṃ pravādanti manīṣiṇaḥ//*.

In the very next verse, eating meat is said to be little more than the way of the world:

There is nothing wrong with eating meat, nor in wine, nor sex. This how creatures live an active life. But abstention brings great fruit.¹⁵

This may be confusing, until one looks past the translation, and sees that the last verse uses the words *pravṛtti* and *nivṛtti*: “This is the *pravṛtti* of creatures, but *nivṛtti* brings great fruit.” Manu’s attitude to eating meat is schizophrenic because it is a key example of an underlying tension that exists throughout *dharmaśāstra* between the pursuit of dharma, virtuous living, and the pursuit of *mokṣa*, liberation from (social) life altogether. *Pravṛtti* ‘outward activity’ is the ideology of worldly virtue and religion, leading to happiness in heaven after death. *Nivṛtti* ‘turning back’ is the ideology of ceasing to act intentionally in the world, thereby minimizing karma, and ultimately finding permanent blissful release from all future life, including the happy but finite heavenly life.¹⁶

As vegetarianism and the doctrine of *ahiṃsā* gained popularity in early India, the practice of using meat in medical recipes started to raise questions. In the early ninth century, the Jain author Ugrāditya, whose work survives in manuscripts in Mysore, wrote a special medical treatise in which the ayurvedic pharmacopoeia is stripped of all meat products in accordance with Jain doctrine.¹⁷ Ugrāditya also delivered a long and carefully-reasoned lecture on vegetarianism to an assembly of learned scholars at the court of king Nṛpatuṅgavallabha (i.e., the Rāṣṭrakūṭa Amoghavarṣa I, fl. ca. 814–880).¹⁸ If we can assume that Ugrāditya was not alone in his views, then we can say that by the ninth century Jain physicians were exerting their influence to persuade intellectuals and rulers that the use of meat in medicine was unnecessary and wrong.

¹⁵ *Mānavadharmasāstra* 5.56 (Mandlik, 1886, i.620): *na māṃsabhakṣaṇe doṣo na madye na ca maithune/ pravṛttir eṣā bhūtānāṃ nivṛttis tu mahāphalā//*.

¹⁶ This distinction has been discussed by Bailey (1985). Also cf. Zimmermann (1999, 190 f).

¹⁷ Edited by Pārśvanātha Śāstrī (1940). Cf. HIMAL, IIa.151–55.

¹⁸ This assembly may well have included one of the greatest Indian mathematicians, Mahāvīra. The lecture survives as the *Hitāhitādhyāya* chapter of his *Kalyāṇakāraka* (Pārśvanātha Śāstrī, 1940, 714–748). It ends: *itihāsa saṃdarbha/ khyātaḥ śrīNṛpatuṅgavallabhamahārājādhirājasthitaḥ/ prodyadbhūrisabhāmtare bahuvīdhaparakhyātavidvajjane// māṃsāsīprakareṃdratākḥilabhiṣagvidyāvidām agrato/ māṃse niṣphalatām nirūpya nitarāṃ jaineṃdravidyasthitam// ity aśeṣaviśeṣaviśiṣṭa-duṣṭāpīṣitāśivaidyaśāstreṣu māṃsanirākaraṇārtham ugrādityācāryair nṛpatuṅgavallabheṃdrasabhāyām udghoṣitaṃ prakaraṇam/*.

But it was not until the third quarter of the eleventh century that a response to this change emerged within the orthodox brahman community of medical practitioners and scholars. The Bengali author Cakrapāṇi Datta, whom we met above, was a scholar of towering ability. He was a member of a family of senior cooks and physicians. Cakrapāṇi's father, Nārāyaṇa, was a minister (*mantrin*) of king Nayapāla of Bengal (1038–1055), and superintendent of the king's kitchens, an important role for physicians.¹⁹ His brother, Bhānu, was also a court physician. Cakrapāṇi belonged to the Lodhravālī branch of the Datta lineage, one of the eight most distinguished Vaidya families of Bengal. Extraordinarily, Cakrapāṇi's family is not extinct, and descendants still exist among the inhabitants of Shillong in Meghālaya.²⁰

Cakrapāṇi's surviving commentaries on the medical classics are magisterial in breadth and detailed knowledge. And embedded unexpectedly in one of these, he has left us a short disquisition on the morality of the use of meat in ayurveda.

Cakrapāṇi is commenting on a statement in the *Carakasamhitā* that is part of a longer description of the behaviour that qualifies as good conduct (*sadvṛtta*), and which should be followed by anyone wishing to remain healthy. Amongst other things, one should adhere to a number of virtues, including kindness or compassion:

And finally, one should have a commitment to celibate studentship, knowledge, generosity, friendliness, compassion, joy, detachment, and calm.²¹

At first, one might think such a recommendation uncontroversial. But Cakrapāṇi grasps the opportunity to present a short but important argument about the therapeutic use of the flesh of animals in medicine. How can a physician remain dedicated to the ideals of universal compassion and yet recommend to the patient the consumption of meat? Cakrapāṇi says:

Compassion means not behaving antagonistically towards creatures, treating them as one does oneself.

But surely it must be contradictory to say that one should put compassion first? The author of this discipline himself rejects the meat of creatures that are soiled, pierced, or have died by themselves. He thereby teaches that the fresh meat of animals like deer in the prime

¹⁹ The king's physician traditionally played a critical role in supervising the kitchens and safeguarding the king's food from poisoners (cf. Wujastyk, 2003, 132).

²⁰ Cf. HIML, IIa, 92 f.

²¹ Ca.sū.8.29 (Ācārya, 1981, 61): *brahmacarya-jñāna-dāna-maitrī-kāruṇya-harṣopekṣā-prasāma-paraś ca syād iti*.

of their life should be used. So obviously he is teaching cruelty, which is the opposite of compassion.

This is not so. Out of passion, people eat the meat of living beings, which implies cruelty. This already being the case, the professor of medicine points out that for a certain ailment meat may be beneficial for one person but not for another. But he does not legislate for the eating of meat, or for cruelty.

Similarly, just because he points out the benefit of wine in the regimen of healthy and ill persons, it does not make him a proponent of wine-drinking.

And so, in the chapter on disease, on royal consumption etc., meat is taught. So also in passages like the regimen for the autumn season, which goes “quails, partridges . . .”²² The point of this verse is to indicate that the meat of quails etc. is beneficial. It is not legislating for cruelty.

Thus, both sick and healthy people do indeed reap the consequences of cruelty.

Similarly, scriptures say, “one performing magic should sacrifice an eagle”.²³ It declares the rule which is purely a way of achieving the goal of the magic, for those who want magic, because it requires an eagle. In performing the magic with that eagle, unrighteousness does indeed arise.

But here is the difference: If a man dies through not using meat which has been obtained through cruelty, then he is being cruel. Then, because the vedic statement that “one must always protect oneself” has been made a law, cruelty of that kind does not cause sin. But if there existed some alternative way of maintaining life, then that cruelty, being just for the sake of nourishment, would indeed be a cause of sin.

Moreover, this is how it is with the cruelty demanded by ayurveda. And that cruelty is said to be for the purpose of the humours. **For the rules of ayurveda do not teach the achievement of righteousness. Rather, they teach the achievement of health.** Because of the statement,

²² See footnote 9.

²³ Houben (1999) discusses the ethical issues surrounding the killing of animals in Vedic rituals, and provides a valuable survey of the existing literature on vegetarianism, *ahimsā* and related topics. Limiting his exploration to the consideration of particular philosophical schools of thought, he does not examine the arguments from the medical tradition. The book in which this study appears contains further important explorations of violence in the Indian tradition (Houben and van Kooij, 1999).

The purpose of this science is stated to be action that balances the bodily elements”.²⁴

First, we see that Cakrapāṇi argues somewhat sophistically that the masters of ayurveda do not actually recommend meat: they merely say that meat can be good for you in certain circumstances. In a society where meat is already part of the diet of some people, cruelty is already established. Even some traditional commentators on dharma agree that someone who eats meat as part of the application āyurveda is, like someone who is maintaining their physical wellbeing, following acceptable legal procedures.²⁵ But Cakrapāṇi goes further, arguing the more detailed point that the responsibility for eating meat, and thereby participating in the implied cruelty of butchery, is the patient’s, not the doctor’s. This argument, we may recall, arises out of a discussion of *maitrī*, “friendship” and *kāruṇya*, “kindness”, concepts particularly developed within Buddhism.²⁶ And Cakrapāṇi was writing, after all, as a member of a royal court known over many generations for its support of Buddhism. He may even have met the great Buddhist rector of Vikramaśīla monastery, Dīpāṅkara Śrījñāna, better known as Atīśa.²⁷

²⁴ Cakrapāṇi *ad* Ca.sū.8.29 (Ācārya, 1981, 61): *maitrī sarvabhūteṣvātmanivāpratīkūlā pravṛtīḥ/ nanu maitrīparaḥ syād iti viruddham etat, yena śāstrakāra evāyaṃ digdhavidhasvayaṃmṛtādīmāṃsaparityāgena vayashtatvādiguṇayuktānām mṛgādīnām sadyaskaṃ māṃsaṃ sevayatvenopadiśan sāksān maitrīvidurdhām himsām evāha; naivaṃ, rāgata eva prāṇinām himsāpūrvakamāṃsabhakṣaṇe prāpte ’yam āyurvedopadeṣṭā māṃsasya kvacidroge kasyacidhitatvaṃ kvaciccāhitatvam upadiśati, na tu māṃsabhakṣaṇa dm himsām vā vidadhāti; na hy ayaṃ madirāyā api svasthavṛtte rogiṃvṛtte vā hitatvam upadiśan madirāpānaṃ pratyupadeṣṭā bhavati; evaṃ ca rogādhikāre rājayakṣmādau māṃsopadeśas tathā śaradṛtucaryādau “lāvān kapiñjalān” (Ca.sū.6.43 (Ācārya, 1981, 48)) ity ādigrantho āvādīmāṃsahitatvopadeśārtho na himsāvidhāyakaḥ; tena rogiṇaḥ svasthāś ca himsāphalabhājo bhavanty eva; yathā “śyenenābhicāran yajeta” ity atrābhicārasya kāmata eva prāptatvācchyenasyābhicārasādhanatvamātram eva vidhir brūte, tena śyenenābhicārakarāṇe ’dharmo bhavaty eva; ayaṃ tv atra viśeṣaḥ – yadi himsopārjītamāṃsopayogaṃ vinā puruṣo na jīvati, ato himsām karoti, tadā “sarvatrātmānaṃ gopāyita” iti vedavacanavihitatvāt tathāvidhahimsā na pratyavāyahetur, jīvanopāyāntarasambhave tu puṣṭyādīprayojanā himsā pratyavāyahetur eva; kiṃ ca bhavatu vāyurvedavihitā himsā, tathā ’pi himsā doṣārtham ucyate; na hy āyurvedavidhāyo dharmasādhanam evopadiśanti, kiṃ tarhy ārogyasādhanam*

dhātusāmyakriyā coktā tantrasyāsya prayojanam// (Ca.sū.1.53 (Ācārya, 1981, 14)) ity ukteḥ // 29//.

The passage is also discussed by Zimmermann (1999, 192–4), although with a different emphasis.

²⁵ Medhātithi on *Mānavadharmasāstra* 5.56 (Mandlik 1886, i.620): *alpasvalpā pravṛttir eṣā śāstrīyā bhūtānām śarīrasthitihetvarthā pravṛtīḥ tathācāyurvedakṛt/.*

²⁶ See further the remarks on these terms in HIML, IIa.608.

²⁷ Atīśa negotiated a peace settlement between Cakrapāṇi’s patron Nayapāla and the Kalacuri king, Karṇa (Majumdar, 1957, 27). The extent and meaning of Buddhist

Whatever his motivations, Cakrapāṇi Datta has finally arrived at very much the same conclusion as Stephen Jay Gould. Using Gould's terms, dharma and ayurveda are non-intersecting magisteria. The goal of medicine, according to Cakrapāṇi, is to achieve health, not to achieve righteousness. Science and religion have different goals.

2. The purpose of medicine

What, finally, is the purpose of medicine? Vāgbhaṭa answers this question at the start of his classic seventh-century work, *The Heart of Medicine*, as follows:

A long life is the means of achieving righteousness, wealth, and happiness. Someone who wants this should pay the closest attention to the teachings of medical science.²⁸

This characterisation of the goal of medicine, coming as it does at the start of the first chapter of the most widely studied ayurvedic text, routinely memorised by medical students, entered profoundly into the consciousness of all traditional physicians. The verse was still being cited verbatim a thousand years after its composition,²⁹ and is known by heart by many ayurvedic physicians today. This, then, is the formal rationale given for the science of medicine: it enables one to live a long life, and a long life is necessary to achieve the three canonical goals of life, the *trivarga*, righteousness (*dharma*), wealth (*artha*), and happiness (*kāma*).³⁰

This idea was first formulated in the ayurvedic tradition in the *Carakasamhitā*, as we saw above.³¹ In another passage, after describing how the suppression of natural urges may lead to illness, the *Carakasamhitā* notes that a man whose word is good, because he has no sin of mind, speech or body, is happy and enjoys righteousness, wealth and happiness now and in the future.³² This is the standard view of the medical authors throughout the tradition. "Ayurveda

influence in classical Indian medicine is an important topic still in need of further research. See, e.g., HIML, IIa.110–11, 602–12.

²⁸ Ah.sū.2 (Kūṃṭe et al., 1995, 4): *āyuh kāmāyamānena dharmārthasukhasādhanam/ āyurvedopadeśeṣu vidheyah paramādarah.*

²⁹ It is cited at the start (v. 1.10) of the *Āyurvedasaukhya*, the sixteenth-century medical encyclopedia commissioned by Emperor Akbar's finance minister, Ṭoḍaramalla (Dash and Kashyap 1992, 2.53f.; cf. Wujastyk *ming*).

³⁰ Cf. Roṣu (1978).

³¹ See note 5.

³² Ca.sū.7.30 (Ācārya, 1981, 50): *puṇyaśabdo vipāpatvānmanovākkāyakarmaṇām// dharmārthakāmān puruṣah sukhī bhūṅkte cinoti ca.*

promotes dharma by counteracting the disease that afflicts one”, says the *Āyurvedasaukhya*.³³

But the *Carakasamhitā* is prepared to go even further, and promote the science of medicine over the Vedas themselves

Knowledge of that longevity [i.e., ayurveda] is of the greatest merit in the opinion of those who know the Vedas. It will be stated since it is good for humans in this world and the next.³⁴

This is a strong claim indeed. Medical science is being promoted above the other Vedas on the grounds of utility: while religious knowledge may help in the world to come, medical knowledge helps in that world and also in this. It is twice as useful.

Cakrapāṇi expands the discussion for us:

So why is the best knowledge that defined by ayurveda, and why is it respected by those who know the Vedas? . . . Because the others, i.e., the Rig Veda etc., mainly teach only what is good for the next world. So they have merit. But this ayurveda is the most meritorious since it will explain what is good for human beings both in this world and the next, i.e., the longevity that leads to health and to dharma. So it is of absolutely the highest merit, and is therefore respected by those who know the Veda. . . One must understand that ayurveda is of the highest merit because it delivers life. It is superior to all else because it delivers life, which is in actual fact the means for achieving the fourfold goals. And it is said, “There is no gift more special than the gift of life”.³⁵

Note that Cakrapāṇi has shifted his ground subtly. His claim that longevity “leads to health and to dharma” expands his previous statement in the discussion of cruelty, where he said that ayurveda led to health but not to dharma. Here, as elsewhere, the more common point is put: ayurveda leads to health and health leads to dharma.

Cakrapāṇi refers above to the gift of life. Elsewhere too, he is concerned to show that life is the highest value for living beings. Even in the face of terrible suffering, he says, people do not actually wish to end their lives, but only the suffering inherent in it:

³³ *āyurvedasyāpannarukpratikriyayā dharmasādhanatvam* (Vaidya, 1948, 11).

³⁴ Ca.sū.1.43 (Ācārya, 1981, 9): *tasyāyusaḥ puṇyatamo vedo vedavidāṃ mataḥ/ vaksyate yanmanusyāṇāṃ lokayor ubhayor hitam//*.

³⁵ Cakrapāṇi ad Ca.sū.1.43 (Ācārya, 1981, 9): *yad anye ṛgvedādayaḥ prāyaḥ paralokahitam evārthaṃ vadanti tena puṇyāḥ, puṇyatamaś cāyam āyurvedo yad yasmān manusyāṇāṃ ubhayor api lokayor yad dhitam āyur ārogyasādhanam dharmasādhanam ca tad vaksyate, tenātiśayena puṇyatamas tathā vedavidāṃ ca pūjita iti/ . . . jīvitapradātrtvād āyurvedasya puṇyatamatvaṃ boddhavyam, yataś caturvargasādhanābhūtajīvitapradam eva sarvottamaṃ bhavati/ ucyate ca “na hi jīvitadānād dhi dānam anyad viśiṣyate” (Ca.ci.1.4.61 (Ācārya, 1981, 390)) iti/*.

For all living beings, life is naturally something cherished unconditionally. . . . Someone afflicted by excessive suffering may want to give up their life. But in fact, their life is dear to them and they do not want to abandon it in itself, but because there is no other way to destroy the suffering which they so much want to get rid of.³⁶

And the *Carakasamhitā* too makes the point that without life, all other goals cannot be achieved. In articulating a uniquely medical threesome of goals, the will for life (*prāṇaiṣaṇā*), for prosperity (*dhanaiṣaṇā*), and for the world beyond (*paralokaiṣaṇā*), Caraka places the will for life first:

Of these three, he should first and foremost develop the will for life. Why? Because when life is lost, everything is lost. A healthy person can safeguard it by following a healthy regimen; a sick person by paying proper attention to relieving disorders. Both these measures have already been discussed, and will be discussed further. And so a person who behaves in the manner prescribed will live to a ripe old age because he has safeguarded his life. This concludes the explanation of the first ambition.³⁷

Cakrapāṇi points out that Caraka's whole discussion of these three goals of life – which differ from the *trivarga* – applies only to the person who is an engaged participant in the experience of life (*bhogārthipuruṣa*), not to someone seeking ultimate liberation (*mokṣārthipuruṣa*).³⁸

The physicians of pre-modern India, then, recognised a healthy life as being of fundamental, even primary importance, since without it no other goal of life would be possible. In various ways and with different arguments, they subordinated the quest for dharma to the quest

³⁶ Cakrapāṇi *ad* Ca.sū.1.15cd–18ab (Ācārya, 1981, 6): . . . *yato jīvitam svarūpeṇaiva sarvapraṇinām nirupādhyupādeyam; . . . yat tv atyantaduḥkhagrhitasya jīvitam jihāsitam, tatra duḥkhasyātyantajihāsitasānyathā hātam aśakyatvāt priyam api jīvitam tyaktum icchati na svarūpeṇa/.*

³⁷ Ca.sū.11.4 (Ācārya, 1981, 68): *āsām tu khalv eṣaṇānām prāṇaiṣaṇām tāvat pūrvataram āpadyeta kasmāt prāṇaparityāge hi sarvatyāgaḥ tasyānupālanaṃ–svasthasya svasthavṛttānuvṛttiḥ āturyasya vikāraprasāmane'pramādaḥ tadubhayam etaduktam vaksyate ca tad yathoktam anuvartamānaḥ prāṇānupālanaḥ dīrgham āyur avāpnotīti prathamaiṣaṇā vyākhyātā bhavati.* A full translation of the whole passage about these three goals is given in Wujastyk 2003, 22–8. Cf. the valuable discussions in Roṣu 1978, 259 f. and Dasgupta 1969, 2.415.

³⁸ Cakrapāṇi *ad* Ca.sū.11.3 (Ācārya, 1981, 67): *iheti bhogārthipuruṣādihikāre, yato mokṣārthipuruṣam prati dhanaiṣaṇā sarvathaivānupayuktā.* Tr.: 'By saying "here" [Caraka] means that this is applicable to the person whose goal is the enjoyment of experience, since a desire for wealth is completely inappropriate for someone whose goal is liberation'.

for health. This subordination was, at least sometimes, also carried through into actuality in social life.

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