

THEORETICAL FOUNDATIONS OF ANCIENT INDIAN MEDICINE
PART II
(with special reference to Caraka Samhita)

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ABSTRACT: *In the second part of the study the author highlights the merits and demerits of the ancient Indian medicine and establishes that the system is more than a physical medicine because of (1) its monumental theoretical generalization reflect a serious preoccupation with life as a process involved in a ceaseless change and; (2) its underlying ideas have permeated both religion and philosophy and created potentials for the later natural sciences.*

Now, chronological accounts being only conjectural and historical evidences not providing enough to substantiate or settle the questions of borrowing, what we are left with is the context within which the ideas could have originated and taken a rudimentary form. It is remarkable that such a fact is not taken cognizance of, in all those attempts which trace the medical categories from those contexts which are far removed from the ever-changing processes of life, so authentically understood in the ancient Indian medicine. It will not be out of place to note that these life processes are explained on the model of time (kala), the essence of which is ceaseless change. Keeping this essential transistorizes in mind, the physicians have tried to provide us with the right knowledge and right application of the substances which can sustain the phenomena of life.

Now, going on to the category of action, the text elaborates that substances are not exclusively active by virtue of their qualities alone.⁴⁸ We are told that “whatever substances do (the manner in which they function) whether by virtue of their nature as substances, or by virtue of their qualities, or by virtue of both their substantive and qualitative natures in any given time, at any given place, having been administered in a given mode, with a given result in view—all that is their action. Whereby they act is the potency, wherein they act is the place, when they act is the time. How they act is the mode. And what they achieve is the result”.⁴⁹

What is the important here to note is that this insight was extended to the acts of thought and matter as well as human action in general. We will elaborate on it as we go further.

In *Caraka Samhita* we are given a scheme of life in which all our actions spring from the three primary desires (1) Desire of life preservation (2) Desire of acquiring wealth and riches for enjoyment and (3) finally, desire for the self realization in the transcendental sense. The last two are given only a secondary place as compared to the foundational instinct of life preservation. This is a uniquely difference approach in Indian thought to explain the point of origin of all our actions.

Action, in *Caraka*, is dealt from two standpoints. Actions which are intentional, dependent on the will of the actor's and actions which are determined by the laws of nature. Intentional actions comprise of the activity of speech, mind and the body⁵⁰. What is medically relevant to know here is that these activities (of speech, mind and the body) when performed to an excessive degree, or not performed at all or performed in undesirable ways can become causative factors of diseases. As the text says that the three fold activity (pertaining either to speech, mind or body) falling under the three heads of overuse, disuse and misuse should be regarded as volitional transgression (prajnapadha). Prajnaparadha is to be taken in the widest context of 'error of judgement'⁵¹ (dhi-dhrti-smrti-vibhrasta) which is the inducer of all pathological conditions (sarva dosa prakopana)⁵². Examples of which are premature expulsion of excreta, the suppression of natural urges, procrastination of treatment, indulgence in things which one knows to be harmful, adoption of unhygienic courses, envy, pride, anger, greed etc.⁵³ These actions, however are to be seen relation to the other causative factors like misuse, overuse or disuse of sense objects and season (Time)⁵⁴.

Actions, in other sense, are of the substances and these actions are determined by inherent nature of the substance itself. These are to be viewed as the inseparable functions of the substance which can be no more detachable from it than its qualities. These functions have two forms, conjunction and disjunction, that is, it conjoins (samyoga) when it increases some particular form of body-matter. It disjoins when it diminishes some specific form of body matter. And in relation to these functions alone that the categories of samanya (similar) and visesa (dissimilar) acquire their meaning. Hence before elaborating one 'action' a closer look at these categories becomes necessary.

A substance which causes conjunction, that is which adds to a specific form of body matter is samanya in relation to this body matter, and a substance which causes disjunction, which diminishes a specific form of body matter is visesa in relation to this body matter. The text elaborates that which causes the increase of everything (of the same nature) at all time is samanya while visesa is that which causes the decrease. Hence samanya is that which combines and visesa is that which disunites. Samanya becomes that which is similar and visesa, is its opposite.⁵⁵ The therapeutic importance of these categories is to be seen in the light of the dictum that health as a phenomena is the state of equilibrium of body-matter and at the advent of some diseases when the equilibrium is lost, the task of the physician is to increase that which has diminished and to decrease that which has diminished and to decrease that which has increased (than the normal) among the body elements.⁵⁶ This is not possible without the physician's knowledge of samanya and visesa because to compensate for the deceased dhatus he has to administer that substance as drug or diet having the same function in order to restore the body balance. Similarly in the reverse case too. This is established in the text again and again.

As is evident, samanya and visesa are used in a different sense than they are used in vaishesika philosophy. Dasgupta goes on to acknowledge this in a very lucid manner. "*Caraka* seems to add a new sense to the words. In the vaishesika system the word samanya means a class concept; but here it means the concrete things which have similar constituents or characteristics, and visesa, which means in Vaishesika philosophy ultimate specific properties differentiating one atom from another means in *Caraka* concrete things which have dissimilar and opposite

constituents. The principle of samanya and visesa is the main support of Ayurveda; for it is that principle which underlies the application of medicines and the courses of diets.... Instead of having only a conceptual value, (they) are seen to discharge a pragmatic work of supreme value for Ayurveds.”⁵⁷.

We have seen in *Caraka Samhita*, samanya and visesa are used in the sense of being similar or dissimilar. In Vaisesika sutras there are more or less clear evidences to suggest that samanya was originally synonym for ‘*Sadharmua*’ meaning resemblance or similarity and did not have the fixed meaning of universal. In the sutras, it is found used sometimes as category universal and some times as mere similarity.⁵⁸ Similarly the word used in the sense of category differential and at other times as particularity or similarity.⁵⁹ These facts suggest that samanya and visesa acquired their formalized categorical meaning as a later development from the original notions of similarity and dissimilarity.

In the early Vaisesika philosophy, there is little room for any doubt that Kanada in the first instance included only the first three categories, i.e. substance, quality and action under the term ‘*artha*’. *Artha* is *dravyaguna-karmasu*⁶⁰. The other three categories are treated differently and that too at a relatively later stage. The sutra⁶¹ which enlists all the six categories under the common name ‘*padartha*’ has conclusively been proved to be a later, probably a post *Prasastapada* interpolation⁶². Whereas Kanada devotes a sutra to enlist the common characteristics of the first three categories, no such attempt is made in the case of other three categories. Existence as an attribute is assigned only to the first three categories, their other characteristics being noneternity (*anitya*), having a substance (*dravyavat*) being an effect (*Karya*), being cause (*Karana*) and having a universal particular (*samanya visesavat*)⁶³. By implication, the sutra did not accord the same status to the other three as being objectively real. In fact it declares samanya and visesa as relative to reflection (*Buddhi-aoeksa*)⁶⁴. What is interesting to note here is that in vaisesika philosophy samanya and visesa are different because their cognitions are distinct but in *Caraka* the substance is samanya or visesa because of the functions it performs in relation to the body matter. Moreover in VS substance hood universal is different from substances which possess it⁶⁵ in common whereas in *Caraka* substances themselves through their acts become samanya or visesa in relation to other substances. These considerations show how rudimentary ideas which are solely context-dependant later acquired a crystallized abstraction.

One thing that emerges very clearly in the text is the centrality of action. This foundational inclination towards ‘action’ in *Caraka* can be seen from a successive unfoldment of actions into ten medically relevant relations among the physicians, substance, qualities etc. The text elaborately explains all the various factors needed for the accomplishment of the therapeutic action. *Caraka* says ‘That which acts, which causes (*Hetu*) and which is the reason of a thing (*Karan*), it is the doer (*Karta*)⁶⁶. We are told that in any given therapeutic action. The doer is the physician who is well adept in the knowledge of the science, experience of practical work and promptness of application⁶⁷. “That endeavour (*Pravrti*) which is directed towards an end is the action”. It is synonymous with performance (*krya*) effort (*yatna*), the beginning of the work (*karya samarambha*) and karma⁶⁸. Therapeutics itself becomes the actions, as it marks the beginning of treatment⁶⁹. That which helps the doer or the ‘means’ or ‘methods’ the doer ascribe to when he performs the action is *karan*⁷⁰. Medication is the *karan* since it is prepared by the

physicians for restoring the equilibrium of body elements. Any other thing which sub serves the same purpose is also medication⁷¹. “That which after passing through the various stages attain the state of action becomes the source of action⁷². (karyayoni) Dhatu Vaisamya or the discordance of the body-elements is the Karyoyoni,⁷³ since it is only at the advent of some disease that the therapeutics can attain the status of an action. The region or place of action becomes adhistan or *adhikaran*⁷⁴. In the therapeutic action the place can be taken to mean the country or habitat of the drugs as well as patient himself⁷⁵. Time in relation to therapeutic action can be taken to mean either the season of the year or the stage of the disease. The indications of the proper time or otherwise for administering the drug is dependent on the stage of the disease⁷⁶. Karya or effect is that which the physician strives to bring into being (dhatusamaya)⁷⁷. That which remains related to the doer, be it of a happy or unhappy nature resulted from the previous actions is *Anubandha (life)*⁷⁸. The purpose for whose accomplishment the action is taking place becomes ‘fruit of action’ (karyaphala), *Arogya prapti* or state of health is the fruit of the therapeutic actions⁷⁹.

Very significant in this scheme of ‘action’ is an insight that the prestige of ‘cause’ and causal explanations did not make the physicians rush past the ascriptions of purpose involved in the act of therapeutics. For an essential part of the description of ‘action’ involves a recognition of purpose which however is not totally isolated from that principle of causation which is so essential for the understanding of matter and the laws of its transformation, so absolutely binding on all schools of medicine (sarvatantra – siddhanta)⁸⁰.

From this general findings a case in point could be to trace some semblance of the unfoldment of action in the medical text with the semantic analysis of ‘expression of actions’ in Panini’s grammar which recognizes the seven fold relations which unfold the accomplishment of action. This theory is called Karaka theory⁸¹. “Anything that helps toward the accomplishment of an action is a Karaka. All the various causes and occasions (nimitta) that are required to complete an action will be Karakas⁸². These karakas are *Karta, Karma, Karan, Hetu, Sampradan, Apadan* and *Adhikaran*. What is interesting to note here is that Panini accepted Hetu⁸³ as one of the Karaka, but the later grammarians in a free interpretation subsumed it under Karta or Karan. An elaboration of these karakas will make the position clear.

In *Astadhyayi* we across Paniniau formulation of these karakas. To begin with “That which is the mover there of i.e. of the independent source of action is called Hetu or cause, as well as Karta or agent⁸⁴.” Any pada (word unit) can become a Karta in the sentence, only if it has a free and independent nature in the performance of the action. “That which is intended should be most affected by the act of the agent is called the Karma or object⁸⁵.” “That which is especially auxiliary in the accomplishment of the action is called the instrument or Karna Karak⁸⁶.” “That person one who wishes to connect with the object of giving is called sampradan or recipeient⁸⁷.” “A noun whose relation to an action is that of a fixed point from which departure takes place is called apadana⁸⁸.” It is further stated that in case of word implying fear and protection from danger-that from which the danger or fear proceeds is called apadan Karaka. “That which is related to the action as the sight where the action is performed by reason of the agent or the object being in that place is called adhikarana⁸⁹.”

In any action, the relation of all those factors which had gone in to the process of its accomplishment cannot be that of the doer or Karta to the action. Hence those factors, in relation to the action, acquire different positions, to be known differently. This precisely was the insight which underlies the early grammarians as well as early physicians attempt to postulate the centrality of action in their respective traditions.

To our knowledge, only one half hearted attempt has been made to explain the origin of Karaka theory from the socio cultural context of Yajna act. Where a homology is posited between seven fold Karaka relations with the relations of sacrificer, sacrificed, sacrificial, instruments sacrificial location and sacrificial purpose to the act of yajna⁹⁰, we suggest that there is a strong possibility of the Karaka theory taking its origin from the ten fold relations posited in the medical text. Keeping in view its concern with how diseases originated, how they were known and how they can be cured, these tenfold relations (Karta, Karma, Karna, Karan, Karyayoni; Karyaphala, anubandha, desa, kala, pravrti) become a practical necessity in ayurveda, These were considered so important that we are told, “all these ten categories of action should be investigated and only afterwards in an undertaking of the action is desirable. Hence the physicians who is desirous of action must commence his work after thoroughly investigating the nature of these factors that deserve to be investigated⁹¹. These relations of action are so inextricably linked with medical practices and medicines that their being grafted into the work seems only a very distinct possibility. However, a deeper comparative analysis of the two traditions i.e. linguistics and ancient Indian medicine is needed to explore the possibilities of the relation.

To understand substance through its acts differentiates *Caraka* from the philosophical positions of rest of the Indian thought. To take up our old comparison again, *Caraka* cannot be holding a realist position as held by Nyaya Vaisesika philosophy. For one, these six categories are not posited as infallible universals, but they are only means to grasp the real without inheriting it, and secondly an epistemological gap is realized between what is known and what is there. Let us elaborate it a bit further. As we have said earlier, that the entire therapeutics depends on the understating of substances, their composition of matter and how they act upon the human body. The ancient physicians in their sincere attempt to understand the actions of substances on our bodies and the effects produced by them, acknowledge certain difficult situations. Their theory of *prabhava* is an evidence of that. The text says “when, in spite of the similarity between taste (rasa), potency (virya) and postdigestive change (vipaka), two substances are actually observed to differ in their actions – such difference is to be accounted for by the prabhava. It goes on to give examples of such cases and admits *prabhava* to be inexplicable; “*prabhavah achintyah ucyate*⁹²”. The text goes at length to admit that when taste and the rest are evenly balanced in their strength, the following is the normal order of their relative influence. Post-digestive effects are stronger and more powerful than those of tastes, the influence of potency is more powerful than the preceding two, while *prabhava*, the exceptional action is the most powerful of all. This last line reminds us of Panini’s passionate pursuit of exception as he declared the exceptions to be stronger than the general rule.

Limitations apart, the ancient medicine in its committed pursuit to understand Nature as a whole created in its on way, great potentials for the other natural sciences. “Put in modern terminology it means that physiology is inseparable from other branches of natural sciences like physics and chemistry, botany and zoology, mineralogy and climatology and son on⁹³”. To take a case in

point, the physician who has to administer the drugs, does so by taking into account the time and place factors of the substances to be prescribed as drugs. This makes it necessary for him to have direct knowledge of these substances, for which he has to have knowledge of the soil science since the qualities of herbs are determined to a large extent by the nature of the soil on which they grow⁹⁴. Along with this there is an elaborate analysis of medicinal plants which can be of great significance for the contemporary pharmacology. But why a medical system which continued to flourish over ten centuries and was sufficiently efficacious too is increasingly becoming riddled with dogmas and decadence is a different question altogether. What we have today is only a trickle down effect of the promises, the ancient Indian medicine once held in its creative period, which inspite of all the limitations of an evolving system, did provide us with a sound epistemological structure and rich empirical content.

Annotations, References and Bibliography

1. For an historical analysis of the notion of Pancabhuta see A. Khanna's "The Notion of five elements and its impetus to the traditional science in ancient India" in Rahman (ed) pp. 107 – 117 (1984).
2. A free translation instead of a stringent transliteration of the text will be carried out, however an exact textual meaning will be adhered to.
3. *Caraka Samhita* iv. 4. 12, 13 Henceforth referred as CS
4. CS I – 9.4
5. Ibid i. 1.53
6. Ibid i. 1. 28-29
7. Ibid i. 30.23 (1), (2)
8. Ibid 1. 30.27 (2), 27(5)
9. 'Padartha' so naturally occurring in N.V. Philosophy to denote these categories is conspicuously absent in *Caraka Samhita*. The term seems to have definite origin in linguistic tradition.
10. Only Vaisesika system is mentioned because doctrine of categories is the characteristic mark of that system. However no school of Indian Philosophical thought remained oblivious to the classification of categories, only the interpretation varied from one school to the other.
11. For a different position on the issue see Chattopadhyaya (1977) and Dasgupta (1975).
12. A similar kind of pattern of mythicohistorical origin is also followed in early linguistic tradition where a sage Bhardwaj received his knowledge from Indra and gave the thesis of centrality of verb *Satyakam Verma* p. 70 (1971).

13. CS i. 1. 50.1
14. Ibid i. 1.51
15. Ibid i. 1.50
16. In CS Samvaya is not called relation but is taken as Aprthakbhav to denote an inseparableness of substance and qualities to emphasize that one cannot conceive of either without any one of them.
17. CS I – 1.52
18. Ibid 1-1 44 – 45
19. *H. ui* makes a strong case for tracing the origin of Vaisesika system to the Jainhetodoxy. *H. ui* pp. 19 – 33 (1962).
20. *Sankritayana*. R. pp. 582 – 583 (1947)
21. *Dasgupta (1975), Kutumbiah (1962), Shastri (1964), Narain (1976)*.
22. *Frauwallner* p. 230 (1973).
23. Ibid p. 83
24. *H. ui* p.224 (1962).
25. CS i – 1 -67
26. Ibid i – 30. 26
27. Ibid i-1-67 (1)
28. Ibid i.26.12
29. *Singh and Chunekar* Pref. pix (1972)
30. CS i. 1.73
31. *Ray and Gupta* p 79 (1965)
32. CS i.4. 19,26
33. Ibid i.30. 36; i. 4.23; i. 4.3

34. Ibid i. 28.3, 4 (1)
35. Ibid i. 28.4 (5), 4
36. Ibid i. 1.123
37. Ibid iv. 7.16
38. Ibid i. 25.36
39. *Chattopadhyaya* p 146 (1977)
40. *Caraka Samhita* (1.26. 74-9) and *Susruta Samhita* (i.40.10) go at lengths to explain how to determine the taste qualities of substances. The taste qualities are also correlated with the *Caraka Samhita* (i.26. 53-6)
41. *CS* vi. 15. 3-4; vi. 15, 39-40
42. Ibid vi. 15.8.13
43. Ibid i. 28. 4 – 5
44. Ibid i. 26. 29 - 35
45. Ibid i. 11. 23 – 25
46. Qualities which are specific to the substances can never be changed like liquidity of water etc. but there are qualities which can be changed by Sanskara. *CS* (i. 27.259, 341)
47. *VS* 1.1.6
48. *CS* i. 26.13(1)
49. Ibid i. 26.13
50. Ibid i. 11.39(i)
51. *Dasgupta* p 417 (1975)
52. *CS* iv. 1.102
53. Ibid iv. 1. 103 – 108
54. Ibid i. 11.37 (1-3), 37-43
55. Ibid i. 1.44-5

56. Ibid i. 10.6

57. *Dasgupta* p 371 vol. ii (1975)

58. VS 1.1.17, 22, 29; 2.1.6, 7, 16; 2.2.19, 43; 1.1.4.7; 1.2.11, 13, 15; 8.56

59. VS 1.1.7; 1.2.11, 13, 15, 17; 8.5.6; 1.2. 18; 2.1.16; 2.2.19; 3.2.26; 2.2.18

60. VS viii. 11.3

61. VS 1.14

62. See *Faddegon* (1918) *Bodas* (1930) *Harish Narain* (1976) *D.N. Shastri* (1964)

63. VS 1.1.8

64. VS 1.2.3

65. VS 1.2.12

66. CS iii. 8.69

67. CS iii 8.84 (2) – 86

68. Ibid iii. 8.77

69. Ibid iii. 8.84(2)

70. Ibid iii. 8.70

71. Ibid iii. 8.87 (1)

72. Ibid iii. 8.71

73. Ibid iii. 8.88

74. Ibid iii. 8.75

75. Ibid iii. 8.92

76. Ibid iii. 8. 125, 127

77. Ibid iii. 8.84

78. Ibid iii. 8.74, 91

79. Ibid iii. 8.73
80. Ibid iii. 8.37 (2), (3)
81. *Astadhyayi of Panini* 1.4.23 – 1. 4.55 (Hence forth referred as *Panini*)
82. *Panini* p 177
83. Ibid 1.4.55
84. Ibid 1.4.54, 55
85. Ibid 1.4.49
86. Ibid 1.4.42
87. Ibid 1.4.32
88. Ibid 1.4.24, 25
89. Ibid 1.4.45
90. *Narula* p. 30 (1979)
91. *CS* i. 26. 67 – 69
92. *CS* i. 26. 67 – 69
93. *Chattopadhyaya* p 62 (1977)
94. In *Susruta Samhita* 1.37.2 – 11 is devoted to the features of ground, recommended for the cultivation of medicinal plants or herbs.

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