

Mendicants and Medicine: Āyurveda in Jain Monastic Texts

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Article abstract

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Mendicants and Medicine Āyurveda in Jain Monastic Texts

Mari Jyväsjarvi Stuart

For my parents

1. INTRODUCTION

The idea of the monastery as a place not only for the healing or perfecting of the spirit, but also for the healing of the body, is evident in so many cultural-historical contexts that this interlinking of monastic and medical practice can hardly be accidental. In late ancient Christianity, Christian monasteries played a significant role in the preservation and development of medical knowledge.¹ This tradition continued into the European Middle Ages, when infirmaries were a standard feature of monasteries and convents, and medical care an important source of revenue for monastic institutions.² Similarly, in pre-modern South Asia, medical practice seems to have developed primarily among the non-brāhmaṇical ascetic and monastic communities. The orthodox brāhmaṇical ritual specialists were supposed to avoid all contact with diseased bodies and their bodily substances because these were considered polluting, and therefore a threat to their state of ritual purity. The primary method of gaining anatomical knowledge at the time – examining decomposing corpses – would have been even more objectionable to Brāhmaṇas. As a result, they considered physicians in general as impure and polluting, and treated them with contempt.³ It was,

¹Crislip, 2013.

²Knowles, 1949; Furniss, 1968; Kealey, 1981; Sweet, 1999.

³Zysk, 2000: 22–3. For example, *Taittirīya Saṃhitā* (6.4.9. 1–3) declares the mythical Aśvins to be impure because they roam among the humans as physicians. The text concludes: “Therefore, a Brāhmaṇa should not practice medicine, for one who is a physician is impure, unfit for the sacrifice.” (6.4.9.2.2) A similar notion is voiced in *Śatapatha Brāhmaṇa* 4.1.5.14. Later, the Dharmaśāstras proscribe contact with corpses for Brāhmaṇa males because it causes them to lose their ritual purity (e.g., Manu 5.85). For the same reason, they should avoid physicians at sacrifices and not consume their food (Manu 3: 152; 2: 212, 220). Of course, some Buddhist and Jain monks were originally Brāhmaṇas, and their caste identity did not necessarily dissolve after ordination. How this affected their engagement in practices such as meditating on decomposing corpses is an intriguing question, but remains outside the scope of the present article.

therefore, among the heterodox religious movements that medical knowledge was pursued and advanced, for ritual purity was less of a concern for them. As Kenneth Zysk has argued, Buddhist monastic communities seem to have played a particularly important role in the development of the classical Indian medical system, Āyurveda.⁴ Both canonical and post-canonical Buddhist texts provide evidence for Buddhist monks' involvement in healing practices and their medical knowledge.⁵ The canonical Buddhist monastic codes, the Vinayas, contain special sections dedicated to specifications about the food and medicine of Buddhist monks; and classic Buddhist descriptions of meditation on the body, with their lists of body parts and bodily impurities, attest to a fairly developed understanding of the makeup of the human body.⁶ According to Gregory Schopen, Indian Buddhist monasteries were well suited to have infirmaries and provide medical services for the lay community.⁷

In contrast, little is known about medical knowledge and practice among the Jains, the other major non-theistic renunciant community in ancient India. In fact, many have assumed that the Jain tradition did not permit either giving or receiving medical treatment – aimed as it was at relieving and healing bodily suffering – because the Jain notion of spiritual progress is predicated on the eradication of karma through ascetic practice, even bodily discomfort. As Zysk puts it,

Jainas obviously knew medical theories and practices, but because of the severity of their ascetic discipline, the cultivation and practice of techniques to remove and ease suffering operated essentially as a hindrance to spiritual progress. Hence Jainas did not codify medicine in their monastic tradition.⁸

This assessment is justified on many counts. First of all, it is true that Jain canonical monastic literature does not contain such extensive discussions on medicine as we find in Buddhist monastic texts. Perhaps more important is the doctrinal reason Zysk alludes to: the Jain spiritual goal is to eradicate karma that the soul accrues, preventing it from liberation. Bodily suffering, when calmly endured,

⁴Ibid.

⁵Birnbaum, 1989.

⁶For example, the *Bhaiṣajyavastu* of the Mūlasarvāstivāda Vinaya and the *Bhesajjakkhanda* of the Pāli Vinaya describe in detail the medications allowed for Buddhist monks and nuns. Possibly the most famous list of body parts used in Buddhist body-centered meditation appears in the *Satipaṭṭhāna sutta* (*Majjhima Nikāya* I.57) and the *Mahāsatipaṭṭhāna sutta* (*Dīgha Nikāya* II.293); for some of their many parallels, see *Majjhima Nikāya* III.90, *Dīgha Nikāya* III.104, *Samyutta Nikāya* IV.111.

⁷Schopen, 2004: 7–12.

⁸Zysk, 2000: 38.

is thought to burn away the karmas that keep the soul trapped in the worldly existence. This principle of physical inconvenience for spiritual gains is evident in Jain ascetic practices, which range from various kinds of fasts to periods of temporary solitude and the performance of bodily mortifications – the plucking of the hair by hand being perhaps the most iconic example. When it comes to sickness, too, it would appear to be consistent with this principle that Jain mendicants should calmly tolerate bodily suffering, rather than seek to alleviate it. In other words, since suffering and bodily discomfort are soteriologically efficacious, they ought to be utilized for spiritual perfection rather than cured, healed, or alleviated.

It is this ethos that is usually underlined in studies on Jainism. To take the example of S. B. Deo's monumental 1954 work on Jain monasticism: after acknowledging that the ancient Jain texts mention medical cures, such as a monk of royal birth taking wine as medication, Deo remarks: "[S]uch cases were exceptions rather than the rule. The normal course was to put up bravely with the pangs of disease."⁹ And yet, when turning to later, post-canonical Jain texts, he finds that treating the sick in the mendicant order is not only allowed, but in fact required: "It was expected of every monk that he should wait upon the ill."¹⁰ This leaves the reader somewhat puzzled. Either the Jain texts are mutually contradictory, or there was an actual historical shift in Jain monastic attitudes towards medicine. Deo himself does not comment on this puzzle, and virtually none of the few other scholars who have addressed the topic of Jainism and medicine do so. General surveys on the topic are usually limited to references to illnesses and medicine in Jain canonical texts, and do not consider later layers of Jain literature.¹¹ Madhu Sen's study of the monastic commentary *Niśītha-cūrṇi* does shed light on Jain medical knowledge in this later commentarial period, but draws on only one text.¹² Phyllis Granoff is one of the few to remark on the historical change in Jain attitudes to medicine: in a 1998 article, after mentioning the prohibitions of medical treatment in early canonical texts, she remarks: "The situation would seem to have changed at some point."¹³ However, as the focus of her article is on medieval Jain story literature, rather than canonical monastic texts, she too refrains from exploring the nature of this historical change.

I believe that the issue deserves further examination. While early canonical Jain literature may well justify the assessment that both Zysk and Deo have made about the Jains' stoic resistance to medical aid, later post-canonical Śvetāmbara Jain texts reveal in fact a much more complex relationship to practices of heal-

⁹Deo, 1954–55: 201.

¹⁰*Ibid.*: 437.

¹¹See, for example, N. L. Jain, 1996: 527–59; Sharma, 1992: 117–35.

¹²Sen, 1975.

¹³Granoff, 1998a: 222.

ing. They make frequent references to medical practice and the alleviation of sickness, describing various medical procedures and instruments and devoting long sections to the interaction between doctors and monastics as issues that a monastic community would have to negotiate as a matter of course. The amount of medical knowledge – indeed fascination with healing human ailments – evident in these later texts invites us to pause before concluding that pre-modern Jain monastic traditions were disinterested in alleviating physical distress. It seems that, on the contrary, the question of when and how to treat the sick within the community emerged as a central concern that preoccupied the monastic authorities and commentators and left its mark on the texts they compiled. Moreover, from the early medieval period onwards, Jains enter the history of Indian medical literature as authors and compilers of actual medical treatises. A comprehensive medical treatise, the *Kalyāṇakāraka*, is attributed to the ninth-century Digambara Jain author Ugrāditya, along with other minor medical works.¹⁴ A number of lesser-known Āyurvedic treatises betray some Jain influences, and Jain scholars also wrote commentaries on Āyurvedic texts.¹⁵ It is sometimes even stated that Jains had their own indigenous medical system, called *Prāṇāvāya* (*Prāṇāyu*). This was presumably an eight-fold system, like Āyurveda, but it is not clear whether it was synonymous with Āyurveda, and in fact Jain canonical texts have little to say on this subject.¹⁶

In what follows, I try to trace this historical shift in Śvetāmbara Jain attitudes to medicine and healing, from the early canonical texts¹⁷ to post-canonical commentaries on the mendicants' rules. Specifically, I focus on the treatment of medicine in three monastic commentaries composed around the sixth and seventh centuries CE: the *Niśītha-bhāṣya*, the *Vyavahāra-bhāṣya* and the *Bṛhatkalpa-bhāṣya*. These texts – though somewhat varying in their general attitudes to the question of healing – all reveal a clear concern with sickness as a matter that

¹⁴Meulenbeld, 1999–2002: IIa, 151–55.

¹⁵Meulenbeld has noted that certain Āyurvedic works, such as the *Kāśyapasaṃhitā* (before 900 CE), use many peculiarly Jain terms. Samantabhadra, a medical author who may or may not be identical to the Jain author Samantabhadra (variously dated to 2nd–8th century CE), composed a partially preserved medical text, the *Siddhāntarasāyanakalpa*, which also shows the influence of a Jain *koṣa* on plants (*ibid.*: IIa, 31, 471; IIb, 35). According to Rekha Jain, between twenty-three and twenty-five treatises on Āyurveda can be attributed to Jain *ācāryas* (R. Jain, 1991: 91–108).

¹⁶N. L. Jain, 1996: 527–30.

¹⁷Providing even approximate dates for Jain canonical texts is notoriously difficult. According to tradition, the Śvetāmbara canon went through its final redaction at the Council of Valabhī in the mid-fifth century CE, but this tells us nothing about when the individual texts included in it were composed. Moreover, many of them have quite likely gone through some editorial process since the Valabhī redaction. The oldest layers of the canon certainly date from the pre-BCE era, while the newest ones may be as late as fourth–fifth century CE. The dates given for these canonical texts are tentative and based on the chronological analysis of Ohira (1994: 1–39). See also Dundas, 1992: 22–4.

Jain monastics had to address. They not only indicate their authors' familiarity with classic Āyurvedic terms and treatments, but suggest that treating an illness within the community takes priority over other concerns of mendicant life, even justifying the breaking of some of the most fundamental monastic rules, such as the vows of truthfulness and non-possession. Moreover, the texts contain some evidence for the existence of Jain mendicants who themselves had medical knowledge. I also explore the issue of how the Jains interacted with doctors, since the question of paying the doctor's fees and keeping him happy is yet another point of tension that reveals how far the Jains were willing to go in order to secure medical aid.

Even as the commentaries seem to accommodate medical care within the mendicant community, it is an issue that continues to trouble the monastic authors, and they engage in somewhat apologetic language to justify their departure from the stricter spirit of the canonical texts. Based on my reading of these sources, I argue that the transition to more accommodating attitudes to medicine was motivated in part by the Jains' concerns about community survival, in part by their sense of group loyalty and solicitude, and in part by the conviction that a relatively healthy body was necessary for proper ascetic restraint and the scrupulous observation of the mendicant rules.

I conclude with a brief analysis of the treatment of mental illness in one of the commentaries, the *Bṛhatkalpa-bhāṣya*, because that is where āyurvedic influences on Jain procedures are perhaps most obvious. The *Bṛhatkalpa-bhāṣya*'s discussion of mental illness and possession presents numerous parallels with discussions of these problems in the classic treatises on Āyurveda – the early compendia, *Caraka-saṃhitā* and *Suśruta-saṃhitā*, as well as Vāgbhaṭa's synthesizing work, the *Aṣṭāṅga-hṛdaya*, which may date from roughly the same period as the Jain commentaries.¹⁸ These parallels may indicate that the commentator of the *Bṛhatkalpa-bhāṣya* was familiar with, if not the exact material compiled in the Āyurvedic treatises, at least a code of treatment known to physicians of the time that was in agreement with these medical compendia. If I am right in proposing this, we would have evidence of Jain monastic authors engaging in dialogue with Āyurvedic experts and practitioners of the period. At the same time, as I will go on to show, they depart from some of these treatises' prescriptions, giving them a

¹⁸Both the *Caraka-saṃhitā* and the *Suśruta-saṃhitā* consist of multiple historical layers and are therefore difficult to date. The *Caraka-saṃhitā* was likely compiled between 100 BCE and 200 CE, while the *Suśruta-saṃhitā*'s final compilation would have taken place before 500 CE (Meulenbeld, 1999–2002: Ia, 114; Dominik Wujastyk, 2003: 63–64). As for the vexed question of the dates and authorship of the *Aṣṭāṅga-hṛdaya* and the *Aṣṭāṅga-saṃgraha*, and the texts' relationship to one another, I refer the reader to Meulenbeld's fairly exhaustive discussion of the matter (Meulenbeld, 1999–2002: Ia, 597–645). Meulenbeld finds evidence for assigning the date of the *Aṣṭāṅga-hṛdaya* to about 600 CE, and the scholarly consensus is that the *Aṣṭāṅga-saṃgraha* is later, based on the *Aṣṭāṅga-hṛdaya*.

uniquely Jain twist.

In sum, the question of medical treatment and its appropriateness for mendicants intrigued and troubled pre-modern Indian Jains, provoking much more contention and debate among them than earlier scholars have allowed. The ambivalence with which many Jain texts treat this issue indicates that it presented a problem that was actively being worked out, negotiated, and disputed.

2. ATTITUDES TO MEDICINE AND HEALING IN JAIN CANONICAL TEXTS

The ideal Jain body is an ascetic body, a site of karmic eradication through a range of bodily mortifications, withdrawals, and other ascetic disciplines. Its unflinching steadfastness in the face of even the most extreme discomforts is made clear in canonical descriptions of the twenty-fourth and last Tīrthaṅkara, Mahāvīra. He is said to have engaged in heroic efforts to eradicate his remaining karmas in order to attain the spiritual state of omniscience – a pursuit that was ultimately successful – and is described as enduring, with perfect equanimity, all the pleasant and unpleasant physical experiences he came across. Fully circumspect in all his actions, he “neglected his body and abandoned the care of it.”¹⁹ The canonical text, *Ācārāṅga-sūtra* (fourth–third century BCE), states that Mahāvīra did not take medicine when ill.²⁰

Nevertheless, both artistic and textual depictions of Mahāvīra portray him as having a sleek, symmetrical body whose proportions conform to the classical Indian notions of ideal male physique. His body is always healthy, beautiful, and serene, marked with auspicious marks. In other words, while neglecting his body and subjecting it to the harshest ascetic mortifications, he nevertheless manages to remain in a state of perfect health and beauty. Indeed, Jain texts attribute illness to excess and lack of self-control. The nine causes of illness, according to the canonical *Sthānāṅga-sūtra* (ca. third–fourth century CE), include overeating, eating the wrong kinds of food, staying up too late, sleeping too much, suppressing calls of nature, and sensual excitement.²¹ Ideally, then, through perfect control of one’s mind and body, one can avert illness, or at least make it less likely.

The ideals of indifference to the body and tolerance of any discomfort are also inscribed into the monastic discipline of the monks and nuns who became Mahāvīra’s followers. Not only are bodily decorations prohibited, but the rules also specify that monks and nuns should not even bathe or clean their teeth, for

¹⁹Jacobi, 1964: *Kalpa-sūtra* 117.

²⁰*Āyāraṅgasuttaṃ* 9.4.1, ed. Jambūvijaya (1977). However, *Bhagavatī-sūtra* 15.393–94 does state that Mahāvīra took medicine (Granoff, 1998a: 222).

²¹*Śrī Sthānāṅgasūtram* 9.667, ed. Jambūvijaya (2002–2003).

this would perpetuate vanity and worldly attachment to one's physical body.²² The *Niśītha-sūtra* (ca. third-first century BCE), for example, decrees that mendicants must not wash their bodies or rub them with oils, soap, unguents, and so on (NiśS 3.22–27; 15.100 ff.). To further foster detachment from the body and indifference to its needs, they are expected to tolerate and eventually conquer the so-called twenty-two “troubles” or “things to be endured” (*pariṣaha*, the physical and mental challenges of an extremely austere ascetic life: hunger, thirst, cold, heat, mosquitoes, nudity, dissatisfaction, and so on).²³ The texts celebrate those exemplary monks and nuns who, even though weakened by fasts and other ascetic austerities, nevertheless heroically withstand the agitation caused by these troubles.

Given this emphasis on tolerating rather than alleviating bodily discomfort, it is perhaps not surprising that early Jain texts reflect some ambivalence about the medical sciences. As Granoff notes, “the earliest texts seem to agree that monks ought not to seek out nor to accept medical treatment.”²⁴ For example, the *Sthānāṅga-sūtra* lists *tegicchaya* or *āyuvveya* – “medicine” or *āyurveda* in Prākṛit, the scriptural language of the Jains – among the nine false types of learning (*pāvasuya*).²⁵ The *Daśavaikālika-sūtra* (ca. fourth century BCE) includes medicine (*tegiccha*) among the fifty-two things that are not worthy of being practiced by disciplined Jain monks, along with perfumes and flower-garlands, improper alms-food, and doing service for laypeople.²⁶ The *Uttarādhyāyana* (ca. fourth century BCE) explicitly proscribes medical treatment for Jain mendicants:

When noticing an arising pain through a sensation, afflicted by pain, undisturbed, he makes his wisdom firm; thriving, he bears it. He should not seek medicine. He examines and seeks his own self. This indeed is his renunciation: that he neither gives nor receives [medical treatment].²⁷

However, this ascetic ideal of conquering bodily discomfort is not the only reason for early Jain antipathy towards medicine. The *Ācārāṅga-sūtra* suggests that Jain communities perceived medical practice itself to inherently involve acts of violence, and therefore go against the highest Jain principle of not violating forms of life:

²²NiśS 2.21; 15.100–152, ed. Mahattara (1982).

²³*Uttarādhyāyana* 2.41, in *Āgama-Suttāni* 28, ed. Dīparatnasāgara (2000b).

²⁴Granoff, 1998a: 222.

²⁵*Śrī Sthānāṅgasūtram*, 9.678, ed. Jambūvijaya (2002–2003).

²⁶*Dasaveyāliyasuttaṃ* 3.20, ed. Puṇyavijaya (1977).

²⁷नच्चा उपैयं दुक्खं, वेदनाए दुहट्टिए। अदीर्णा ठावए पन्नं, पुट्ठो तत्थ ऽहियासए॥
तेगिच्छं नाभिनन्दिज्जा, संचिक्खऽ त्तगवेसए। एयं सु तस्स सामन्नं जं न कुज्जा न कारवे॥ *Uttarādhyāyana* 2.32–33.

Understand what I say. Declaring himself to be a master of medicine, he [the doctor] kills, pierces, divides, injures, extinguishes, violates, thinking, “I will do what has not been done before.” This applies also to the one whom he treats.

What’s the point of keeping company with ignorant people? He who receives [such cure] is also ignorant. An ascetic does not [go for such cure]. Thus I say.²⁸

Ironically, instead of a healer and a protector of life, the doctor is in fact seen as violent, as he engages in procedures such as surgery and the eradication of small micro-organisms that cause disease. Moreover, let us remember that early Indian medical prescriptions often included meat, honey and alcohol, substances whose production or extraction inevitably involved harming life-forms.²⁹ While Jains could still make use of medications based on herbal and mineral substances, the Āyurvedic use of these prohibited “violent” ingredients likely contributed to their misgivings about medicine.

The *Niśītha-sūtra* contains a long list of prohibited bodily treatments for Jain mendicants, which include various ways of treating a bodily wound:

Whichever monk, for the sake of beautification, cleanses or washes out a wound on his body...massages or rubs it...smears or massages it with oil, ghee, fat, or butter...wipes or rubs it with clay or grass...cleanses or washes it with cold or hot water...blows on it or paints it...is [guilty of] enjoying himself.³⁰

A monk also transgresses the rules if he punctures or cuts a goiter, a boil, a fistula, or other swelling with a sharp object – in other words, performs a simple surgery on himself (NiśS 15.118–123). Here, then, a canonical Jain text appears to explicitly prohibit any kind of self-treatment, at least when it comes to external wounds and boils. It is not entirely clear, however, how much weight the expression “for the sake of beautification” (*vibhūsāvaḍiyāe*) carries in all of these prohibitions, and whether the actions are permitted if not done for the sake of external appearance.

A range of Śvetāmbara Jain texts also discuss illnesses and practices of healing in a more neutral tone, indicating that the communities that composed and

²⁸से तं जाणह जम् अहं वेमि। तेइच्छं पण्डिअ पवयमाणे से हन्ता छेत्ता भेत्ता लुम्पित्ता विलुम्पित्ता उद्द्वैत्ता ‘अकडं करिस्सामि’ त्ति मण्णमाणे, जस्स वि य णं करेइ। अलं बालस्स सङ्गमे, जे वा से कारेति बले। ण एवं अणगारस्स जायति त्ति वेमि। *Āyāraṅga-suttam* 1.94

²⁹N. L. Jain, 1996: 529.

³⁰जे भिक्खू विभूसावडियाए अप्पणो कायंसि वणं आमजेज्ज वा पमजेज्ज वा...संवाहेज्ज वा पलिमहेज्ज वा...तेल्लेण वा घण्ण वा वसाए वा णवणीएण वा मक्खेज्ज वा भिल्लिङ्गेज्ज वा...लोद्वेण वा कक्खेण वा उल्लोलेज्ज वा उव्वट्ठेज्ज वा...सीओदगवियडेण वा उसिणोदगवियडेण वा उच्छोलेज्ज वा पधोएज्ज वा...फुमेज्ज वा रएज्ज वा...सातिज्जति ॥ NiśS 15.112–117.

redacted these texts were, in the very least, familiar with the Indian medical sciences. For example, the *Sthānāṅga* lists the eight branches of *āyurveda* (*āyurveda*),³¹ and the four causes of disease: disturbance of the three humors – wind (*vātite*), bile (*pittite*), phlegm (*simbhite*) – and their combination (*saṃnivātite*). The lists of diseases in canonical texts indicate an interest in categorization and diagnosis. The *Ācārāṅga-sūtra* provides a list of sixteen illnesses and diseases: boils, leprosy, consumption, epilepsy, blindness, inertness of limbs, lameness, hunchback, dropsy, dumbness, swelling, excessive appetite, trembling, immobility, elephantiasis, and diabetes.³² The *Vipākāśrutāṅga* (fourth century CE) gives a different list of sixteen: difficulty breathing, cough, fever, inflammation, intestinal pain, fistula, piles, indigestion, blindness, mental illness, loss of appetite, eye-pain, earache, itches, dropsy, and leprosy.³³ The *Jñātādharma-kathāḥ* (ca. fourth century CE), a collection of narratives, relates the story of the jeweler Nanda who commissions the building of a hospital (*tegicchayasāla*), staffed with senior and junior āyurvedic doctors and other staff. Later, when the jeweler himself becomes afflicted with sixteen diseases – comprising a list that is virtually identical to that of the *Vipākāśruta* – all the doctors of Rājagṛha are described flocking to his house with their bags of instruments, herbs, medicines and drugs to treat him.³⁴

The fact that the *Sthānāṅga* also catalogues the nine causes of illness indicates an interest in etiology, and therefore perhaps in preventing illness. According to this text, illness is caused by sitting too much, sitting on an uncomfortable seat, sleeping too much, staying awake too much, suppressing nature's urges and coughing, long travels, improper food, and giving into sensual passions.³⁵ The regime of moderation and simplicity that Jain mendicants are expected to follow represents the polar opposite of these deleterious habits. It is not unimaginable that this list may have provided a basis for a rudimentary conception of health maintenance among Jain mendicants.

Yet other texts indicate Jain authors' familiarity with a range of medical treatments. The *Vipākāśrutāṅga* lists treatments that comprise the classic *āyurvedic* methods of healing:

Oil massages, massages using powders, oily drinks, inducing vomiting, purgatives, burning, medicated baths, enemas, head treatments,

³¹ *Śrī Sthānāṅgasūtram*, 8.611, 4.342.

³² गण्डी अदुवा कोढी रायंसी अवमारियं। काणियं झिमियं चैव कुणितं खुजितं तहा ॥ उदरि च पास मुइं च सुणियं च गिलासिणि। वेवै पीढसपिं च सिलिवयं मधुमेहणिं। सोलस एते रोगा अक्खाया अणुपुव्वसो। अहं णं फुसन्ति आन्तका फासा य असमंजसा ॥ *Āyāraṅgasuttam* 6.179 vss. 13–15, p. 58–59.

³³ सासे कासे जरे दाहे कुच्छिसूले भगन्दरे । अरिसा अजीरए दिट्ठी मुद्धसूले अकारए ॥ अच्छिवेयणा कन्नवेयणा कण्डू उदरे कोढे। *Vipākāśruta* 1.1. in *Āgama-suttāni* vol. 8, ed. Dīparatnasāgara (2000c).

³⁴ *Nāyadhammakahā* 13.13–15, ed. Jambūvijaya (1989).

³⁵ णवहिं थाणेहिं रोगुप्पत्ती सिया, तं जहा -- अच्चासणाते, अहितासणाते, अतिणिहाए, अतिजागरितेणं, उच्चारनिरोधेणं, पासवणनिरोधेणं, अद्धाणगमणेणं, भोयणपडिकूलताते, इन्दियत्थविक्खोवणताते। *Śrī Sthānāṅgasūtram* 9.667.

dressing, opening of veins, scraping, piercing, oil-baths for the head, oblations, medical herbs cooked in a special way, bark, roots, bulbs, leaves, flowers, fruits, seeds, bitters, pills, drugs, and medications.³⁶

However, apart from brief references to exceptions such as a sick monk being allowed to take ghee as treatment, these early texts do not elaborate on the question of whether monastics could, in principle, benefit from medical care and knowledge. On the basis of the canonical texts alone, then, it is not possible to conclusively determine to what degree early Jain mendicant communities resorted to the medical treatments of which they were clearly aware. However, the fact that exceptions to monastic rules for the sick are recorded even in these early texts suggests that Mahāvīra's example of perfect tolerance of discomfort very quickly turned out to be a difficult one for his followers to emulate.

3. ATTITUDES TO MEDICINE AND HEALING IN POST-CANONICAL JAIN COMMENTARIES

Whereas the canonical Śvetāmbara Jain texts maintain a suspicion towards the medical sciences – even as they indicate some familiarity with medical diagnoses and treatments – the tone soon changes when one turns to the post-canonical texts. In particular, the commentaries on the texts explaining Jain monastic discipline, the Chedasūtras, reveal not only an interest in, but an urgent insistence on, practices of healing and how they might apply to Jain monks and nuns. These texts acknowledge that the ascetic body, weakened by years of arduous penances and fasts, can be subject to illness, and that this is a matter of collective concern for the monastic community.

This section aims to map the kinds of medical knowledge that Jain monastic communities had during the period when the commentaries were produced. It also discusses their attitudes to medical care, and how they reasoned when and why medical care was allowed – especially since, in permitting it, they depart from the prescriptions of many canonical texts. I focus my analysis on three commentaries roughly dateable to the sixth and seventh centuries CE: the *Niśītha-bhāṣya*, the *Vyavahāra-bhāṣya*, and the *Brhatkalpa-bhāṣya*, commentaries on the canonical *Niśītha-sūtra*, *Vyavahāra-sūtra*, and *Kalpa-sūtra*, respectively.³⁷

³⁶अब्बङ्गेहि य उब्बट्टणाहि य सिणेहपाणेहि य वमणेहि य विरेयणेहि य अवहहणाहि य अवण्हाणेहि यय अ अणुवासणाहि य वत्थिकम्मेहि य निरुहेहि य सिरावेहेहि य तच्छणेहि य पच्छणेहि य सिरिवत्थीहि य तप्पणाहि य पुडपाणेहि य छल्लीहि य मूलेहि य कन्देहि य पत्तेहि य पुप्फेहि य फलेहि य बीएहि य सिलियाहि य गुलियाहि य ओसहेहि य भेसजेहि य॥ *Vipākaśruta* 1.1.9, in *Āgama-suttāni* vol. 8, ed. Dīparatnasāgara (2000c).

³⁷For BKBh, references are to Bollée, 1998. For its *ṭīkā* (henceforth abbreviated as BKṭ), I have relied on Caturvijaya and Puṇyavijaya, 2002 [1936]. In citing the VavBh, I follow the verse numbering of Kusumaprajñā, 1996. Its *ṭīkā* (henceforth Vavṭ) edition is found in Dīparatnasāgara, 2000d. The NiśS, along with the NiśBh, is edited in Mahattara, 1982.

These commentaries are connected to one another through a complex set of intertextual relationships: the *Niśītha-bhāṣya* borrows a great deal of material from the *Brhatkalpa-bhāṣya*. On the other hand, the *Vyavahāra-bhāṣya* and the *Brhatkalpa-bhāṣya* frequently refer to each other as though authored or redacted by the same person.³⁸ The authorship of *Vyavahāra-bhāṣya* is not certain, but the *Brhatkalpa-bhāṣya* is attributed to a late sixth- or early seventh-century scholar-monk Saṅghadāsa. The *Niśītha-bhāṣya* is attributed to Jinadāsa, and was dated by Walter Schubring to 677 CE.³⁹

NISĪTHA-BHĀṢYA

Even though only a few passages in the canonical *Niśītha-sūtra* directly address medical care, the *Niśītha-bhāṣya* commentary on it is packed full with references to different kinds of illnesses, treatments, and the Āyurvedic theory of the three humors. This fact alone shows that, by the period of the commentaries' composition, the question of medical care among Jain mendicants had become such a relevant matter that commentators felt the need to address it, even if the root text did not invite such discussion.

The *Niśītha-bhāṣya* echoes the canonical texts' list of the sixteen types of illness (NiśBh 3646), but also goes into greater detail about illnesses such as hemorrhoids (932), fistulas and boils (1505), and dyspepsia (174). In a number of instances, it resorts to Āyurvedic terminology in attributing a given disease to a disturbance of a certain humor in the body, as when it states that typhoid fever (*dāho*) is due to *pitta* imbalance (1733). As is often stated, the Āyurvedic system analyzes diseases in terms of imbalances of three bodily elements or humors (*doṣa*): wind (*vāta*, *vāyu*), bile (*pitta*), and phlegm (*kapha*, *śleṣma*). Treatment (*cikitsā*) consists of restoring or correcting such imbalance through therapeutic techniques such as plant- or mineral-based medicines, massage, dietary changes, enema, nasal catharsis, and blood-letting.⁴⁰ The *Niśītha-bhāṣya* is similarly familiar with many such medicinal plants and therapies, such as medicated baths, nasal therapies, and enemas. It also makes reference to sick-rooms or hospitals (3649), and sanctions the monks' use of certain sharp instruments for removing splinters, thorns, or the venom of a snake (NiśBh 3437). Madhu Sen's rather exhaustive discussion of these treatments in the slightly later *Niśītha-cūrṇi* also applies to the *Niśītha-bhāṣya*, and since the two commentaries are so thoroughly interwoven, it is not necessary for me to go into further detail here.⁴¹

³⁸Jyväskylä, 2011: 17–18.

³⁹Schubring (1905: 8, 10) dated the *Niśītha-bhāṣya* to 677 CE, and estimated that the BKBh is about a century earlier. Vijayaśrī Āryā (2007: v 1, 53) assigns Saṅghadāsa the date of c. 609 CE, but does not cite any sources in support of that dating.

⁴⁰Dominik Wujastyk, 2004: 1311.

⁴¹Sen, 1975: 182–87, 331–37.

But apart from this evidence for Āyurvedic knowledge and interest in medical care, what does the *Niśītha-bhāṣya* have to say about the permissibility of medical treatment for Jain mendicants, specifically? One place to examine this is its section on the canonical root-text's decree that a monk should not clean a wound on his body, rub it, massage it with oils or ointments, wipe it with pastes, wash it with cool or hot water, and so on (*Niśītha-sūtra* 3.28–33). Initially, when commenting on these rules, Jinadāsa appears to underwrite the ideal of perfect tolerance of discomfort: "Having experienced a pain that has arisen, one is overcome by a sharp sensation. Not afflicted, not tormented, he tolerates that suffering with equanimity."⁴² However, in the very next verse he specifies that, for a good reason, a monk may wash and treat his wound: "For the sake of the continuity [of Jain scriptural learning]; for the sake of living beings; or so that he may die in *samādhi*, a monk conducts himself properly when washing etc., vigilantly."⁴³

"The continuity" is the Jain commentary authors' code word for the preservation of Jain learning and of the Jain monastic lineage in general. One concern that overrides the principle of heroic tolerance of pain, then, is the need to ensure the continuity and survival of the Jain tradition. A monk may also attend to his health because his practice protects living beings, or because he wishes to die in a more spiritually heroic manner, namely, in a state of mental equipoise (*samādhi*) rather than aggravation.

Later, Jinadāsa elaborates on the canonical rule that monks should not consume "undivided" medicine (*kaṣiṇāo oṣaḥī*; NiśS 4.16), perhaps meaning pills that have not been broken into pieces. After affirming the rule and describing the various expiations that will result from violating it, Jinadāsa makes the commentarial move that is extremely common in early medieval Śvetāmbara commentaries: he explains the exceptional circumstances in which the rule does not apply. "Exceptionally – in case of illness, for the sake of [gaining] devotees, or in adversity – one may accept undivided medicine, vigilantly."⁴⁴ The bottom line, then, is that a monastic who is ill may ingest medicine to treat the illness. Elsewhere, too, Jinadāsa names illness as an exceptional situation in which monastic rules can be relaxed (e.g., NiśBh 2968, 3352, 3355, 3420, 3461). This suggests that in practice, at least by the period of the commentaries, Jain monastic authorities had come to consider illness as something around which they had to negotiate.

Let us look at one last case, which initially seems to suggest a negative attitude towards medicine, but on closer inspection turns out to address a different concern entirely. The canonical root-text explains that Jain nuns are not allowed

⁴² णचुप्पत्तितं दुक्खं, अभिभूतो वेयणाए तिव्वाए । अदीणो अब्बहितो, तं दुक्खं ऽहियासए सम्मं ॥ NiśBh 1503. Cf. *Uttarādhyaṇa* 2.32.

⁴³ अव्वोच्छित्तिणिमित्तं, जीयट्ठी वा समाहिहेउं वा । पमज्जणमादी तु पदे, जयणाए समायरे भिक्खु ॥ NiśBh 1504.

⁴⁴ वितियपदं गेलण्णे, अद्धाने चेव तह य ओमम्मि । कसिणोसहीण गहण, जतणाए पकप्पती काउं । NiśBh 1591.

to assign heretics or householders to wash, rub, massage, or anoint Jain monks' feet, bodies, or bodily wounds, have them treat or cut or wash the monks' boils and abscesses, or have them remove worms, or perform any other kinds of bodily care for them (NiśS 17.15–67). A later set of near-identical rules specifies that monks are also not allowed to employ others in such care of nuns (17.68–120). However, in his commentary, Jinadāsa makes clear that the concern here is not medical care itself, but simply the potential for association and physical intimacy with members of the opposite sex – or monastics' association with heretics and householders. Having female householders or heretics perform such bodily services for monks, for example, would raise public suspicions about the Jain monastics' observance of their vows of celibacy, compromise the Jains' reputation, or lead weak monks and nuns astray from the proper path (NiśBh 1920). In fact, monks are allowed to perform these kinds of bodily care and treatment for each other, as are nuns. In the absence of a skilled monastic of the same sex, monks can also have their mothers, sisters or daughters perform these tasks (NiśBh 1927, 1928–30). In other words, the cleaning of wounds, cutting of boils and abscesses, removing of worms and so on among Jain monastics is not in and of itself prohibited. Indeed, a long section of the *Niśītha-bhāṣya* that is likely borrowed from the *Bṛhatkalpa-bhāṣya* permits, and in fact commands, Jain monks to care for and serve their sick brethren.⁴⁵ It explains the procedure of finding a doctor, interpreting his advice and fulfilling his requests, paying his fees, transporting the patient and reassuring him. Monks who do not fulfill this duty towards their fellow monastics must perform heavy expiations.

These examples from the *Niśītha-bhāṣya*, then, already reveal that the Jain monastic tradition's approach to medical treatment is more complex than a cursory look would suggest. Even though many of the canonical rules prohibit care of the body, and even though the commentary, too, at times resorts to the ideal of heroic perseverance in the face of physical affliction, a remarkable range of medical treatments and preventative care are in fact permitted and encouraged.

VYAVAHĀRA-BHĀṢYA

The *Vyavahāra-bhāṣya* similarly reflects some ambivalence about whether Jain monastics should resort to using medicine when ill. Like the *Niśītha-bhāṣya*, it takes up the question of whether monastics of the opposite sex can treat and care for each other in cases of illness. The root-text decrees that monks and nuns are not allowed to do service to each other – “service” meaning attending to a person's daily needs and, in cases of sickness, caring for him or her (VavS 146). However, once again exceptional circumstances are introduced. For example, if

⁴⁵NiśBh 2996–3104, corresponding to BKBh 1900–2002, with some changes in the order of verses. I describe the contents of the corresponding BKBh passage below, pp. 83–87.

monks have all been incapacitated by spoiled food, a nun may watch beside a sick monk provided that she is spiritually mature, serious and, preferably, a relative of the monk in question (VavBh 2386–91). In other words, the canonical root text appears to be stricter, the commentary more permissive.

As for whether Jain mendicants are allowed to store medications, the commentary addresses the issue through an imaginary dialogue between a Jain teacher and his student. The student suggests that storing medicine is a wise and necessary precaution that allows Jain monks to focus more fully on their religious practices. He compares Jain monks who are self-sufficient in this way to a king who is wise enough to bring skilled doctors to the battlefield to treat his army:

A king whose wounded troops have many doctors, and their wounds are sutured, is the master of an army, and his opponents are conquered.

In the same way, [teachers] who are self-reliant in terms of food, drink, solid and liquid foods, or medicine, can penetrate *samādhi*. [...]

One who lacks military strength, vehicles and wealth, and is also devoid of intelligence, cannot protect a kingdom. Nor can those who lack [an understanding of] the meaning of *sūtras* and are without medicines [protect] a monastic group.⁴⁶

However, the teacher reprimands the student for this suggestion. After all, on the basis of such an analogy, someone might argue that it is acceptable for Jain monks to possess other things that kings possess, such as treasuries, houses, wives, foot-soldiers and so on (VavBh 2414). Again, the problem is not the use of medicine in and of itself, but rather the accumulation of material goods and the mental quality of possessiveness it implies.⁴⁷ In fact, the text goes on to insist, a Jain monastic teacher “must master the sciences and the two kinds of substances, being someone who is conversant with the various kinds of combinations [of substances] through observation.”⁴⁸ The combination of substances here refers to making herbal or mineral medicinal concoctions. If the teacher does not possess or keep up such learning, he must atone for it with a heavy expiation, for

⁴⁶ भग्गसिञ्चित संसित्ता, वणो वेज्जेहि जस्स उ। सो पारगो उ संगामे, पडिवक्खो विवज्जेते॥

एमेवासणपेज्जाइ, खज्जलेज्झाणि जेसि उ। भेसज्जाइ सहीणाइ, पारगा ते समाहिण्॥

[...]

वलवाहणत्थहीणो बुद्धीहीणो न रक्खते रज्जं। इय सुत्तत्थविहीणो, ओसहहीणो उ गच्छं तु॥ VavBh 2406–07, 2410, ed.

Kusumaprajñā (1996).

⁴⁷ The *ṭīkā* on VavBh 2419 reveals that it is the norm for laypeople to give medications to monks, out of kindness, since they're not supposed to have their own.

⁴⁸ ...विजागहणं कायव्वं होति दुविधद्वं तु। संजोगदिट्ठपाढी (VavBh 2424).

he must be able to care for his disciples (VavBh 2427–28). The conclusion of the dialogue, then, is that Jain monastics can and should acquire medical learning and apply it in practice; however, they must not accumulate provisions of medications. As with the *Niśītha-bhāṣya*, the *Vyavahāra-bhāṣya* also leads us to conclude that for Jain commentators of the sixth and seventh centuries CE, medicine could be resorted to when necessary.

BRĤATKALPA-BHĀṢYA

By far the richest and lengthiest discussions on medicine in Jain mendicant life can be found in the late sixth- or early seventh-century *Br̥hatkalpa-bhāṣya* attributed to Saṅghadāsa.⁴⁹ Like the two commentaries discussed above, the *Br̥hatkalpa-bhāṣya* routinely makes concessions to the monastic rules if a monk or a nun is ill (e.g., BKBh 2380, 2421–22, 2784, 6337–40). However, it shows a stronger interest in etiology, diagnostics, and therapeutics than the other two commentaries. For example, it explains how to determine the difference between a severe disease – which warrants an exception to the rules – and a minor sickness:

Inflammation of glands, leprosy, consumption and so on are diseases. Cough and so on are sicknesses. Or any long-lasting discomfort is ‘disease,’ while that which strikes quickly is sickness. Illness can also be divided into these two: intense (*āgāḍha*) and not intense (*an-āgāḍha*).⁵⁰

In case of intense illness, the text explains, a Jain monastic is permitted to consume whatever food or medicine is necessary, whether it is pure according to Jain food rules or not.⁵¹

The *Br̥hatkalpa-bhāṣya* also reveals its author’s evident familiarity with certain central Āyurvedic concepts and terms, such as the three humors, and his interest in the practical application of such knowledge in Jain monastic life. He takes for granted that individual monks and nuns have their distinctive predominant humors, and that these qualities should be taken into account in the day-to-day arrangements of mendicant life. For example, he describes how, when assigning places to sleep in a lodging, various complaints may arise among monks who are disturbed by aching sides and predominant *kapha*, *pitta* and *vāta* humors respectively:

⁴⁹As mentioned above, the *Vyavahāra-bhāṣya* may have been produced by the same author or redactor (see n. 37).

⁵⁰गण्डी-कोढ-खयाई, रोगो कासाइगो उ आयन्को। दीह-रुया वा रोगो, आयन्को आसु-घाई उ॥
गेलन्नं पि य दु-विहं, आगाढं चेव नो य आगाढं। BKBh 1024–25a, ed. Bollée (1998).

⁵¹BKBh 1024–26l; cf. BKBh 1902, 1906.

“My sleeping-place is uneven; in this place, my sides are severely aching. Who would give me an even spot?” Thus the young monks speak up on their own accord. [...]

[*Kapha*-afflicted monk:] “I got a place in the middle, but my phlegm keeps irritating me. There’s no room for a spittoon here. May I not spread mucus on those who are sleeping.”

[*Pitta*-afflicted monk:] “I can’t sleep due to the heat in this place. Who would give me a place that has a breeze?” Someone else [a *vāta*-afflicted monk:] says: “Due to the cold and the wind, I can’t even digest my food if I sleep outside.”⁵²

The commentator concludes that the particular needs of such monks should be accommodated. Mendicants who suffer from an excess of phlegm are assigned a place to sleep in a separate area, those with disturbed *pitta* a spot with a cooling breeze, and those afflicted by *vāta*, in contrast, a place protected from wind (BKBh 4405).

Similar diagnostic and therapeutic knowledge – and the assumption that some Jain mendicants would be in possession of such knowledge – is evident in a number of other passages. Consider, for example, the discussion on animal skins. Jain mendicants are normally not allowed to rest on animal pelts because they are likely to contain small insects and other invisible beings that would be crushed, resulting in an unintended act of violence (BKBh 3809). However, in certain circumstances they can be permitted: “If a nun experiences pressure due to the wind-humor, or has the ‘bow-bearer’ wind, or has piles or acute pain or has dislocated her limb; or if the wind-humor has arisen in one limb or all her limbs, then she can stay on an untanned skin and be massaged.”⁵³ In prescribing such a procedure, the commentator reveals his expectation that at least some among the mendicants would have the requisite knowledge to diagnose illnesses and know when they are due to a specific cause, such as the aggravation of the wind-humor (*vāta-doṣa*) in a nun’s body. Similar examples abound. If the wind-humor increases when a person sits in one place for too long, suppressing digestion, he should walk around, for walking gives the body lightness, improves digestion, and helps with fatigue (BKBh 4456). If excessive *vāta* causes imbalance of the mind, the monk in question should be sheltered

⁵² विसमो मे संथारो, गाढं पासा मि एत्थ भज्जन्ति। को देज्ज मज्झ ठाणं, समं ति तरुणा सयं वेन्ति ॥ [...]

मज्झिम्मि ठाओ मम एस जाओ, पासन्दए निच्च ममं च खेलो। ठाओ सरावस्स य नत्थि एत्थं, सिन्धिच्च खेलेण य मा हु सुत्तेए ॥
निदं न विन्दिमिह उव्वरेणं, को मे पवायम्मि दएज्ज भूमिं। सीएण वाएण य मज्झ वाहिं, न पच्चए अन्नमहउन्न आह ॥

BKBh 4406, 4408–09.

⁵³ उड्ढम्मि वायम्मि धणु-ग्गहे वा, अरिसासु सूले व विमोइये वा। एगङ्ग-सव्वङ्ग-गहे व वाए, अब्भन्गिया चिट्ठे चम्मउलोमे ॥

BKBh 3816. The reference to the “bow-bearer wind” is obscure to me. The *ṭikā* suggests that it is a particular type of *vāta* humor: “*dhanurgraho’pi*” *vātaviśeṣo* (BKṭ vol. 4, 1053).

from the wind (BKBh 6264, 6268). If a nun's *vāta* is aggravated, "she should be served oily, sweet food and have a bed made of dry cow-dung."⁵⁴ Again, if an elderly nun suffers from rheumatism, a condition attributed to excess *vāta*, she is prescribed massage and "her hips – or whichever body-part the *vāta* is in – are wrapped in wolf-skin."⁵⁵

In fact, these treatments correspond to many of the prescriptions found in Indian Āyurvedic texts. For *vāta* imbalance, the *Aṣṭāṅgaḥṛdaya* of Vāgbhaṭa prescribes consuming oils or sweet, sour, and salty foods, warm oil-bath; body massage, and wrapping the body with cloth (AHR 1.13.1–3). Oily, sweet foods, warmth or protection from a draft, massage, and warm wraps are precisely what Saṅghadāsa, too, recommends for excessive *vāta*. For *pitta* disturbance, on the other hand, the *Aṣṭāṅgaḥṛdaya* prescribes intake of foods and drugs that are sweet, bitter or astringent in taste (AHR 1.13. 4–5), while Saṅghadāsa advises that disturbed *pitta* can be alleviated by giving the person candied sugar and other sweets (BKBh 6264).

Above and beyond the theory of the humors, our Jain commentator is also familiar with particular conditions and the appropriate medications and cures to treat them. For example, he lists pain in the hips, the garland-disease, inflammation of the intestines, hemorrhoids, a fistula in the anus, piles or gravel as conditions in which the patient will find it unbearable to remain in one place, and will want to move (BKBh 6336). Elsewhere, he prescribes "blue lotus medicine, citrus tree, castor-oil plant leaves, and neem leaves for the arising of *pitta*, the disturbance of the three humors, the excess of *vāta*, and for phlegm [respectively]."⁵⁶

Caring for a sick fellow monastic is not only permitted; it is obligatory, as it is even in canonical texts.⁵⁷ Ignoring illness – one's own or others' – is subject to punishment, as is tardiness and hesitation when it causes the patient's condition to exacerbate, or even brings about his demise (BKBh 1897). If monks or nuns abandon or neglect a fellow monastic who is ill, they are assigned severe expiations (BKBh 1983–2003). Even if the patient begs the others to abandon him, fearing that he will become a burden for the entire community, they must not agree: "It is our dharma that we do not forsake a monk who does good for the beings of the whole world. If we forsake that monk, what's the use of our mere life?"⁵⁸ In fact, even in the case of extreme danger such as invading barbarians laying waste to the land, the monks should carry their sick brethren with

⁵⁴निद्ध महुरं च भत्तं, करीस-सेजा य। BKBh 6216

⁵⁵तरच्छ-चम्मं अणिलामइस्स, कडिं व वेढेन्ति जहिं व वाओ। BKBh 3816–17

⁵⁶पौमुप्पले मौ-लिङ्गे, एरण्ढे चेव निम्ब-पत्थे य।

पित्तुदय संनिवाए, वाय-क्कोवे य सिम्भे य॥ BKBh 1029; cf. NiśBh 1942.

⁵⁷NiśS 10.36ff; *Kalpa-sūtra* 4.31/, ed. Bollée (1998).

⁵⁸सब्ब-जगज्-जीव-हियं, साहुं न जहामो एस धम्मो णे। जै य जहामो साहुं, जीविय-मित्तेण किं अम्हं॥ BKBh 2009.

them (BKBh 2006).

All the more so, then, should one care for the sick when circumstances are peaceful. The *Brhatkalpa-bhāṣya* describes the eagerness with which a monk should drop everything else, and rush to the patient:

Hearing about someone being sick, one comes immediately, hurrying. “Tell me! What shall I do? For what purpose can I be employed?

I will stay by the patient’s side, or provide [help] for those who are busying themselves with the patient. In this way, I will follow the religion and express my devotion.”⁵⁹

The obligation to care for the sick is so fundamental that monks are even assigned to care for nuns and vice versa, even though – as we already saw with *Niśītha-bhāṣya* – this poses a threat to the vow of celibacy on both sides. After all, nursing the sick of the opposite sex inevitably involves touching their bodies, possibly even seeing their private parts, and spending long periods of time together. The Jain monastic authorities are fully aware of the dangerous potential of such close interaction between celibate men and celibate women, and in normal circumstances it would be out of the question: monks and nuns are not even supposed to approach each others’ lodgings without special authorization.⁶⁰ Yet, if a monk hears that a nun is sick, he is obligated to rush to attend to her right away. In fact, if he does not go, he must undergo a severe fast called “four *guru* months” (BKBh 3769). This, too, shows that by the time of the commentators, the monastic rules were interpreted so that healing an illness took priority over all other monastic rules. In the words of Saṅghadāsa, “The religious life cannot be pursued without a body.”⁶¹ Even with its frailties, imperfections, and innate impurities, the physical body constitutes the vehicle in which the soul can strive for spiritual perfection.

The *Brhatkalpa-bhāṣya*, then, goes even further than the other two *bhāṣyas* in affirming the legitimacy of medical treatment in the monastic context. It reveals its author’s familiarity with diagnosing particular medical conditions, and the prescription of appropriate treatments, frequently resorting to the *tridoṣa* doctrine to explain its rationale. Lastly, it insists that the task of helping a sick monastic overrides many other central concerns of Jain mendicant life, such as the segregation of the sexes and the safety of the monastic group as a whole in a time of political conflict.

⁵⁹सोऊण ऊ गिलाणं, तूरन्तो आगओ दव-दवस्स। संदिसह किं करेमी, कम्मि व अट्ठे निउज्जामि॥
पडिचरिहामि गिलाणं, गेलन्ने वावडाण वा काहं। तित्थाणुसज्जा खलु, भत्ती य कया हवै एवं॥ BKBh 1877–78.

⁶⁰Jyväskylä, 2011: 208–13.

⁶¹न ह्य अ-सरीरो भवै धम्मो। BKBh 2900

4. THE DOCTOR OF THE DISEASE OF KARMA: WERE THERE JAIN MONASTIC DOCTORS?

Should the reader still not be convinced that the author of the *Bṛhatkalpa-bhāṣya* was both fascinated by and familiar with the world of medicine, consider his numerous examples and analogies that specifically draw on the imagery of doctors and illnesses, even when the topic under discussion has nothing to do with medical matters, but rather with spiritual or doctrinal issues. For example, to describe a spiritually clumsy mendicant who is ignorant of proper conduct, he uses the analogy of a large-footed elephantiasis patient: “As much as an elephantiasis patient weeds [a field], he crushes [grains] into the ground with his feet. So also an ignorant one crushes the grains of proper conduct into the mud of non-restraint.”⁶² Elsewhere, he compares the expulsion of arrogant monks to the pain that a king suffering from an eye-disease has to endure when a doctor applies ointment on his eyes; in both cases, the trauma and pain of the remedy is a necessary evil that ultimately improves the overall situation (BKBh 1277–78). Yet another story about a son of a doctor is used to illustrate the dangers of inadequate learning. A doctor’s son goes to study medicine abroad after his father’s death because he never mastered the skill while his father was alive. He learns only one verse from a medical treatise, returns, and is appointed by a king whose son is ill. Equipped with only one verse’s worth of learning, he is incapable of curing the king’s son, and the boy dies. (BKBh 3259–60)

These and many other examples show that the processes of sickness and healing, and the interactions that characterize the medical profession, intrigue the commentator of the *Bṛhatkalpa-bhāṣya*, or perhaps are so familiar to him, that they simply spring to his mind as examples, even when the apparent topic under discussion has nothing to do with doctors or medicine. However, he goes even further in comparing Jain monks and teachers themselves to skilled doctors:

If one is even-minded, [considering] place and time and condition, whatever he practices as an agent, he cannot be made angry – like a *yogī*, like a great doctor.⁶³

[A student] says: “Just like a person suffering from a disease does not [himself] study the [medical] corpus but asks a doctor, so also I will conduct myself after asking you, the doctor of the disease of karma.”

[The teacher] replies: “It is true that a sick person cannot perform the task without asking [the doctor]. But he becomes competent in what needs to be known. You also will know and then act accordingly.”⁶⁴

⁶² जं सिलिपई निदायै, तं लाण्ड चलणेहि भूमीए। एवम् अ-संजम-पन्के, चरण-सैं लाइ अ-मुणित्तो ॥ BKBh 1148.

⁶³ ओय-भूयो खित्ते, काले भावे य जं समायरै। कत्ता उ सो अ-कोप्पो, जोगीव जहा महा-वेज्जो ॥ BKBh 959.

⁶⁴ भणै जहा-रोगत्तो, पुच्छै वेज्जं न संधियं पढै। इय कम्मामय-वेज्जे, पुच्छिय तुज्जे करिस्सामि ॥

Such analogies suggest that Saṅghadāsa held a generally positive view of doctors, for it is unlikely that he would otherwise have paired skillful, self-controlled Jain monks or learned Jain monk-teachers with them. Nor was he the only Jain authority to make the comparison between Jain leaders and doctors. The famous eighth-century Śvetāmbara scholar Haribhadra, for example, offers such an analogy in his *Anekāntajayapatākā*: “Just as a doctor might prescribe fasting and medicine to cure a malady, so the spiritual doctors, the form-makers, have prescribed austerity to cure the illness of transmigration.”⁶⁵

But above and beyond such similes, do the Jain commentaries give any indication that there might have been monk-doctors in the ranks of Jain mendicants? Is there evidence that some mendicants, at least, are thought to be capable of more specialized care – beyond simply watching over the sick, feeding them and meeting their other needs?

A few passages suggest that the answer is yes. First of all, recall the *Vyavahāra-bhāṣya*’s remark that a qualified Jain teacher would also have to possess some medical learning and have experience in mixing substances such as medicinal herbs (VavBh 2424–28). In the *Bṛhatkalpa-bhāṣya*’s list of the eight kinds of doctors, two out of eight are Jain mendicants: those who are spiritually mature and those who are not (BKBh 1911). Elsewhere, the text grants that a monk is allowed to assume the primary care for another mendicant if he “has gone through the readings on mixing [medicinal herbs], or has learned the mixing of materials, or has studied the treatises, or was previously a doctor” (BKBh 1879). Such a learned monk is instructed to assign his student-monks study to keep them busy while he is treating the patient, and appoint other people who are skilled in mixing medicines to help him. Similarly, when discussing the duties of a monk who cares for a sick nun, the text permits him to treat her “if he himself has studied the treatises”; otherwise, he should send for a doctor (BKBh 3780).

In spite of the canonical rule that Jain monastics must not store medications, the *Bṛhatkalpa-bhāṣya* paints a picture of Jain monastics who are fairly self-sufficient in terms of their supply of herbal drugs and medical instruments. Among their permitted requisites, they are allowed to carry a box of cutting instruments for removing a splinter, a thorn, or a part of the body bitten by a snake. They may also carry medicines made of a many ingredients (BKBh 2889). Mendicants who embark on a journey are also permitted to carry with them “medicine for the three kinds of illness and, as medicine for wounds, leaves with ghee or honey” – the three kinds of illness being those that arise due to *vāta*, *pitta*, and *śleṣma/kapha* (BKBh 3095). If appropriate medications are not available in a given region, they are even allowed to make medicine themselves (BKBh

भण्णै न सो सयं चिय, करेइ किरियं अ-पुच्छिउं रोगी। नायव्वो अहिगारो, तुमं पि नाउं तहा कुणसु॥ BKBh 1149–50.

⁶⁵*Anekāntajayapatākā* 218, paraphrased in Dundas, 1992: 165.

1904). The text describes the monks drying medicinal plants in the sun and expresses the concern that stray dogs might be attracted to them, in which case the monks have to chase them away by throwing clods of clay at them (BKBh 4909).

Perhaps the strongest indication that Saṅghadāsa considers it important to have a medical expert among the mendicants is his statement that Jain monks can even give monk-ordination to a *paṇḍaka* if the *paṇḍaka* happens to be a doctor (BKBh 5173). A *paṇḍaka* is a person of indeterminate or non-normative gender, an identity usually carrying connotations of homosexuality or sexual deviance. They are typically characters whose sexual desire is excessive and unstable and whose very anatomy is shifting and unpredictable. In normal circumstances, *paṇḍakas* are not allowed ordination due to the perceived social stigma and the perceived threat that the *paṇḍaka* might try to seduce Jain monks. It is therefore significant that the *Bṛhatkalpa-bhāṣya* is willing to make an exception if the *paṇḍaka* is trained as a doctor. Once again, the ability of the Jain monastic order to be self-reliant in case of illness, and to alleviate serious illness and physical discomfort, seems to override all other concerns in the eyes of Jain mendicant authorities.

5. HOW MONEYLESS MONKS GET MEDICAL HELP

However, when a monk with medical expertise was not to be found, or the illness was very serious, the Jains had to find a doctor. The lengthy discussions on finding a doctor and meeting his needs, found in all three of the commentaries discussed here, highlight the problems that such a situation causes for Jain monks and nuns. For example, Jain mendicants are not supposed to possess or handle money; how will they pay the doctor? Jain mendicants cannot cook and have no household luxuries; how will the doctor be fed and made comfortable while he is treating the patient? The discussion of such challenges is illuminating in its own right, but also supports the point I have made earlier: namely, that for the Jain monastic community, illness presents an exceptional situation in which the normal monastic rules can be temporarily laid aside. In other words, medical treatment is a priority that justifies the bending, or even breaking, of other rules. This fact complicates the commonly stated idea that Jain monks and nuns were not interested in medical treatment for their fellow mendicants.

Both the *Niśītha-bhāṣya* and the *Bṛhatkalpa-bhāṣya* prescribe in detail how a doctor should be approached when his services are needed.⁶⁶ Acting as a messenger to the doctor is an art not to be taken lightly. Only monks who know the appropriate time and place and are “perceptive and good at retaining informa-

⁶⁶NiśBh 3011–3073; BKBh 1914–72. These segments of the two texts are virtually parallel, with some variations. In the discussion that follows, I cite the BKBh verse numbers.

tion, clever, mature, and pious” are fit to fulfill this task (BKBh 1919). First of all, it is critical that the encounter with the doctor take place under good omens.

Dirt, one wearing tattered clothes, one smeared with oil, dog, hunchback and dwarf – these are bad omens when one is departing from an area.

An instrument played at joyous occasions, seeing a full water pot, the sound of the conch or the kettledrum, golden pitchers, parasols, cowrie shells, mounts and vehicles are auspicious [omens].

If one goes in spite of [bad omens] such as something falling, he gets [the expiation called] four *guru* months. This applies to one’s departure. These are the faults once one has reached [the doctor’s house]:

[If the doctor is] wearing only one strip of cloth, getting a massage, being rubbed with unguents or getting a waxing, is near ashes or a rubbish heap, or is cutting or splitting something, [one should not approach him]. If he is comfortably seated, [studying] the medical treatises or giving prescriptions, he may come to him.⁶⁷

What is perhaps most remarkable about this passage is that it evidences parallels with the courses of action specified in classic Āyurvedic medical treatises. For example, just like the above passage, the *Aṣṭāṅgahrdaya* lists sounds of instruments, vessels that are full, umbrella, white conch, elephants and chariots among auspicious omens for the messenger’s journey (AHR 2.6.30–39). Conversely, the lists of inauspicious times for approaching a doctor are similar in both texts. Compare the last verse of the above passage to the following from the *Aṣṭāṅgahrdaya*:

If the messenger comes when the doctor is thinking or speaking hatefully, is naked, cutting or splitting something, offering sacrifices into the fire, or oblations to the ancestors, sleeping, with his hair undone, anointing himself, weeping or not prepared, such a man is the messenger of someone who is going to die.⁶⁸

Both texts mention the doctor not being fully clothed, getting a massage or being rubbed with unguents, sitting near ashes or fire, or cutting or splitting something. Such parallels can hardly be accidental. They indicate that the Jain author

⁶⁷मैल कु-चेले अब्भन्गियल्लए साण खुज्ज वडभे य। कासाय-वत्थ उद्धूलिया य कज्जं न साहन्ति ॥

नन्दी-तूरं पुण्णस्स दंसणं संख-पडह-सद्दो य। भिङ्गार-छत्त-चामर, एवामाई पसत्थाई ॥

आवडणमाइएस्सुं, चौसो मासा हवन्तऽणुग्घाया। एवं ता वच्चन्ते, पत्ते य इमे भवे दोसा ॥

साडऽब्भङ्गन-उव्वलन-लोय-छारुक्कुरुडे य भिन्दन्तो। सुह-आसण रोग-विहिं, उवएसो वा वि आगमणं ॥ BKBh 1922–25.

⁶⁸अशस्तचिन्तावचने नग्गे छिन्दति भिन्दति ॥ जुह्वाने पावकं पिण्डान्पितृभ्यो निर्वप्यपि।

सुप्ते मुक्तकचेऽभ्यक्ते रुदत्यप्रयते तथा ॥ वैद्यो दूता मनुष्याणामागच्छति मुमूर्षताम्। AHR 2.6. 5b-7a, ed. Srikantha Murthy (1991–95).

and the medical author are drawing on some kind of shared body of knowledge, whether popular lore about approaching doctors, or possibly more specialized medical knowledge.⁶⁹

However, one concern is distinctive in the Jain text. If the doctor agrees to come to treat the patient, he may demand services, comforts and remuneration that he is normally accustomed to, but that the world-renouncing mendicants will be ill-equipped to provide. For example, if the word spreads that the Jain monks have agreed to pay a doctor's fee, the surrounding lay community may suspect them of stealing money or other property – for how else would money-less mendicants be able to pay the fee (BKBh 1942)? Yet, the text insists that the doctor's needs must be met. If he asks for facilities for bathing, for example, the monks must hasten to respond: "We will give you whatever you desire."⁷⁰

But how, in practice, will mendicants who are supposed to have no possessions or indulgences, and who must limit their physical contact with outsiders such as the doctor, manage to fulfill this promise? Consider the doctor's wish to bathe as an example. Jain mendicants themselves are not supposed to bathe, and in general refrain from using water except for drinking purposes. Even then, the water must be boiled and filtered to remove any minute life forms in it. Giving or receiving massages for bodily enjoyment are obviously out of the question. Yet, the *Brhatkalpa-bhāṣya* sanctions that the monks may arrange a bath for the doctor, even give him oil massages, in addition to providing him with food and a place to sleep:

[They bathe him] with warm water or water mixed with milk. [He sleeps] on the ground, on boards. [He eats] alms food from a gourd-bowl etc. [...] Novices massage him with oil and bathe him. If they cannot, then bull-monks⁷¹ disguised as someone else. Two covers on the ground [for sleeping]. If he doesn't want that, [a wooden board or] cotton or a bed.⁷²

If the doctor refuses to eat alms-food collected by the monks, the monks may ask a householder to prepare a special kind of meal. If they cannot recruit anyone to do this, however, they may cook the grains themselves "with dry, dense [firewood] without holes and not eaten by worms" (BKBh 1956). They may even split firewood themselves if they cannot find any that has already been chopped

⁶⁹This material has been discussed by Dagmar Wujastyk, 2012: 38, 112.

⁷⁰जं इच्छसि अम्हे तं सर्वं। BKBh 1939. In its commentary on this verse, the *ṭīkā* claims that former monks take care of these things for the doctor; only if former monks are not available, the monks do it (BKṭ vol. 5 p. 565).

⁷¹Bull-monks = reliable, physically robust monks.

⁷²उसिणे संसदे वा, भूमि-फलगाइ भिक्ख चड्ढे। [...] तेल्लुडवत्तण ण्हावण, खुड्डा-सै वसभ अन्न-लिङ्गेणं। पट्ट-दुगाई भूमी, अणिच्छि जा तूलि-पल्लन्के॥ BKBh 1951–52.

and, if necessary, they will wash the doctor's plate after he is finished with his meal. To say that all of this is unusual for Jain mendicants is a serious understatement. Chopping wood and making a fire, cooking food, and washing dishes – not to mention seeking money, running a bath, or giving a massage – all constitute explicit violations of Jain monastic rules. To justify these extraordinary actions, Saṅghadāsa again resorts to a simile comparing Jain monks to doctors:

Just as a doctor who desires sensual pleasure cleans out the patient's pus and so on, so also the bull-like monks who desire liberation arrange the bath for the doctor."⁷³

Perhaps most significantly, even though Jain mendicants are supposed to remain without possessions and not handle money, they must nevertheless find the means to give the doctor his payment. There are a few strategies for doing so. If the doctor asks for his fee, the monks should first try to persuade him to provide his services for free by explaining: "Recluses don't own gold" or "Our commerce is dharma."⁷⁴ However, if he does not agree, the monks have a few alternative means to acquire the sum needed. They may draw on the possessions that have been discarded by a monk who was wealthy in his lay life (BKBh 1943). Alternatively, monks may offer instruction, dharmic discourses, the practice of esoteric sciences, mantras or foretelling to raise the funds (BKBh 1949). If there is a clairvoyant among the monks, he may be able to find a buried treasure "at some palace or well or at the rubbish heap of a house." Or, a group of monks will go begging for cloth, cowrie-shells, coins of copper, silver or gold, which will serve as the doctor's payment (BKBh 1969).

The *Vyavahāra-bhāṣya* similarly discusses the difficulties involved in paying the doctor's fee. It also suggests that monks might provide the required sum from savings they had accumulated before becoming monks.⁷⁵ Lastly, the text makes an obscure reference to swans: "In severe cases, [one may resort to] swans etc." (VavBh 2393). The medieval *ṭikā* on this passage provides little illumination: "If one is unable to obtain [money] by resorting to the outfit of those who are honored, one should make mechanical swans and so on, and acquire it in that way."⁷⁶ While the purpose of the artificial swans is far from clear, my best

⁷³पूयाईणि वि मग्गै, जह विज्जो आउरस्स भोगत्थि। तह विज्जे पडिकम्मं, करिन्ति वसभा वि मुक्खवट्ठा ॥ BKBh 1960.

⁷⁴अ-हिरण्यगा समणा (BKBh 1970); *dharmāvaṇa* (BKBh 1965). As the *ṭikā* on the latter passage elucidates, "धर्मापणः" धर्मव्यवहरणहट्टोऽयमस्माकम्; "In this market of ours, we deal only with the commerce of dharma." (BKṭ vol. 2 p. 572)

⁷⁵This raises interesting questions about Jain monks' access to personal property, not unlike parallel cases in Indian Buddhism to which Gregory Schopen has drawn attention. See, for example, Schopen (2004, 2008).

⁷⁶अर्चितलिङ्गेन तेन अप्यनुत्पादनाशक्तौ हंसादि वा यन्त्रमयं कृत्वा तेनोत्पादयेत्। Vavṭ p. 145, in *Āgama-suttāni* vol. 22, ed. Dīparatnasāgara (2000d).

guess is that the text is referring to toys or puppets in the form of swans and other animals, with moving parts that could somehow be manipulated, perhaps with strings – hence *yantramayam*, “mechanical” or “artificial.” It is possible that such objects could have either been sold as toys, or used as puppets by traveling storyteller-puppeteers. If this is the case, the picture that the text gives us is of Jain monks manufacturing and selling toys or puppets in order to raise the funds to pay for a doctor so that a member of their community may receive the care he needs. Once again, such business would be an explicit violation of the Jain mendicants’ presumably simple, non-worldly existence, just as much as begging for money, finding hidden treasures, or resorting to one’s previous wealth would be. Once again, we have entered a thought-world in which the canonical texts’ ambivalent or explicitly negative attitudes towards medicine and healing have radically changed. These later commentarial texts actively promote finding cures for illness among the mendicant community – at any cost.

6. THERAPIES FOR MENTAL ILLNESS: PARALLELS WITH ĀYURVEDIC TREATISES

We have already seen some similarities between the Jain commentaries on the one hand, and Āyurvedic treatises, such as the *Aṣṭāṅgahṛdaya* of Vāgbhaṭa, on the other, in their treatment of the imbalances of the humors and the procedures for sending a messenger to a doctor. However, when it comes to the issue of imbalances of the mind – which the *Bṛhatkalpa-bhāṣya* discusses when explaining how to treat nuns who are possessed or have gone out of their minds – the similarities are downright striking.

In ancient India, mental illness or madness (*unmāda*) was often understood as possession by a spirit, or *bhūta*. *Bhūtavidyā*, the science of *bhūtas* or spirits, is mentioned already in Vedic literature. Insanity, in this early layer of texts, meant that a person’s mind had left the body; the treatment involved trying to return it to the body by appeasing the gods or preparing medicines.⁷⁷ Āyurvedic texts proper generally recognize two main categories of insanity: endogenous (*nija*) that is brought on by pathological factors such as the imbalance of the humors, and exogenous (*āgantū*). The latter kind is brought about by some kind of an invading entity, such as a *yakṣa* or a *bhūta*. This basic dichotomy underlies all the seemingly more elaborate categorizations of the classical Āyurvedic treatises. The oldest and most authoritative of them, the *Caraka-saṃhitā*, explains that there are actually five types of mental disturbance (*unmāda*): those caused by wind, bile, phlegm, a combination of the three, or by external forces.⁷⁸ The first four

⁷⁷Smith, 2006: 474–78.

⁷⁸इह खलु पञ्चोन्मादा भवन्ति तद्यथा वातपित्तकफसन्निपातागन्तुनिमित्तः ॥ Car 2.7.3, ed. Sharma (1981–1994).

are endogenous causes, the last exogenous. *Suśruta-saṃhitā* elaborates on this classification somewhat by adding another exogenous sub-category of “divine” (*ādhidaivika*) disease. Vāgbhaṭa’s *Aṣṭāṅgahrdaya*, on the other hand, speaks of six subtypes: one each for each of the humors, a combination of the three, anxiety, and poison. However, the basic dichotomy of illness arising from within the body and illness caused by something external remains.⁷⁹

The *Bṛhatkalpa-bhāṣya* also makes a distinction between two types of mental disturbance (*ummāya*, Skt. *unmāda*): “Insanity, surely, is of two kinds: due to being possessed by a *yakṣa*, and due to the arising of deluding karmas.”⁸⁰ Whereas the Āyurvedic authorities phrase the endogenous type of insanity in terms of a disturbance of the *doṣas*, then, the Jain commentator speaks rather of karmas that cause delusion. However, this karmic affliction does correspond to a bodily affliction: when the cause of madness is the arising of deluding karmas, “the inauspicious matter arises in one’s own body. In case of being possessed by a *yakṣa*, it is necessarily coming from outside one’s body” (BKBh 6256). One might say that the deluding karmas are a particularly Jain way of understanding disturbed bodily *doṣas* – or perhaps more accurately, what the Jains perceive as their underlying cause.

The *Bṛhatkalpa-bhāṣya* discusses rather briefly how to treat mental illness that is due to possession: the healer must use esoteric knowledge, such as mantras, to counteract the power of the entity that has taken possession of the person’s body (BKBh 6270–73). Saṅghadāsa is clearly much more interested in the kind of insanity that is brought on by delusion, and devotes the greater portion of his discussion to the question of how to treat such a condition. Delusionary mental imbalance, according to the Jain view, is essentially caused by the weakness of one’s mind and moral integrity, so that one gives into negative emotional states such as fear, passion, or arrogance. If a Jain nun is “beside herself” (*khittacitta*), for example, it is said to be due to fear or passion, or due to being treated with disrespect (BKBh 6194–97). If a nun has become “arrogant” (*dittacitta*) – a form of mental imbalance caused by deluding karmas – it is said to be due to receiving excessive honor and praise (BKBh 6241–43).

It is here, when the commentator of the *Bṛhatkalpa-bhāṣya* turns to discuss how to treat such mental imbalances, that we witness a close correspondence between its prescriptions and those of Āyurvedic treatises. Both the Jain commentary and the medical texts recommend a two-pronged approach: first, a gentler method of trying to evoke in the patient the emotion or state that is the opposite of what she is experiencing; and secondly – if this proves ineffective – resorting to a kind of shock therapy.

⁷⁹Weiss, 1977.

⁸⁰उम्माओ खलु दु-विहो, जक्खा(व)एस्सो य मोहणिज्जो य। BKBh 6263

The gentler method is based on the understanding that negative emotions that cause mental disturbance each have their antidotes in contrasting emotions. If the healer is successful in evoking these opposing emotions in the patient, the mind's balance will be restored. As both the *Caraka-saṃhitā* and the *Aṣṭāṅgahr̥daya-saṃhitā* prescribe, "[A disturbed mind] caused by desire, grief, fear, anger, thrill, envy, and greed can be pacified by these emotions' respective opposites."⁸¹ For example, excessive desire is pacified through disgust towards the object of desire, fear through being reassured, shame through boosting one's confidence, and arrogance through humiliation.

This is precisely the approach that our Jain commentator also adopts. For example, if a nun is devastated because she has lost in a philosophical debate, her opponent who won the debate is asked to deny her victory within the earshot of the disturbed nun, cursing and acting ashamed: "I was defeated by *her*, but it was not recognized." As a result, Saṅghadāsa promises, the devastated nun will regain the balance of her mind. (BKBh 6204–05, 6208) Conversely, if some nun is arrogant, the way to treat her is to convince her that her high opinion of herself is unwarranted: someone else is in fact more capable, more worthy of praise, or the recipient of more valuable offerings than she is. The goal is to humble, indeed humiliate her:

[Some nun] might become arrogant [having acquired] great learning or food or milk or a blanket or a bowl or a cloth or a palatial lodging or a [beautiful, wise, royal] disciple, or having won a debate.

[She is told:] "This nun has studied as much as you have studied in a day or during one quarter of the day, but in half that time. Yet she is not proud. So why should you, who is less intelligent, be?"

They despise her material requisites, or give examples [of others who have received similar things], effected through dissimilarity ["Hers is one hundred or one thousand times better than yours."]. If she is arrogant due to winning [a debate, a representative of other views is invited and] arranged to debate with some junior nun.

In a region where material substances are difficult to obtain, or prohibited, or have not been obtained previously, [one might become arrogant if she obtains superior] food, requisites, lodgings, or the virgin daughter [of an eminent person as her disciple].

[A lay-devotee] is instructed to give most excellent things. Using esoteric knowledge or even witchcraft, these many kinds of things are

⁸¹ कामशोकभयक्रोधहर्षेर्घ्यालोभसंभवान्। परस्परप्रतिद्वन्द्वैरेभिरेव शमं नयेत्॥ Car. 6.9.86; cf. AHr 6.6.54.

brought to some junior nun. When she does not receive special regard, [the arrogant nun] will get better. They have to expiate [for using such methods].

A lay-devotee whom she has not seen before is instructed. They enter: "A new mansion [is being built by the request of a junior nun]." Newly married daughters of former monks and so on are falsely [brought to that junior nun for ordination].⁸²

Alternatively, if the mental imbalance can be attributed to an imbalance of the humors, medical treatments can be applied. If, for example, the nun's condition is due to an aggravated *vāta*, she is served oily, sweet food (BKBh 6216) As pointed out earlier, Āyurvedic texts similarly prescribe taking oil internally if the insanity is caused by excessive *vāta* (e.g., AHR 6.6.18).

However, cases in which a person has literally lost her mind (*khittacitta*) require a series of harsher therapies that can best be described as shock therapy. Again, the *Bṛhatkalpa-bhāṣya*'s prescriptions bear a striking resemblance to treatments recommended in the most famous Āyurvedic treatises. The prescription of shock therapy is introduced already in the *Caraka-saṃhitā* (6.9.79–84) and repeated almost verbatim in the *Aṣṭāṅgahṛdaya-saṃhitā* (6.6.47–52) and the somewhat later *Aṣṭāṅga-saṃgraha* (6.9.53–58). To quote the *Aṣṭāṅgahṛdaya-saṃhitā*'s version:

The patient should be thrown into a dry well or caused to starve, or be comforted with words about dharma and profit; or one may talk to him about the loss of something that's cherished, or show him startling things. Or one may tie him up, smeared with mustard oil, or make him lie down, stretched out, in the heat of the sun; or touch him with cowitch [which causes severe irritation to the skin] or with heated metal, oil, or water. Or, having beaten him up, throw him bound up into a pit or into a dark room that has no weapons, stones, or people in it. Or he should be frightened with a snake whose fangs have been removed, or with tame lions and elephants, or with persons carrying weapons or by tribespeople, bandits or robbers. Or the king's men drag him outside, well restrained, and intimidate him, threatening him with execution by the order of the king. For the fear

⁸²महझयण भत्त खीरे, कम्बलग पडिग्गहे य फलए य। पासाए कप्पट्ठी, वायं काऊण वा दित्ता ॥
दिवसेण पोरिसीए, तुमए पडियं इमाए अद्धेणं। एईए नत्थि गव्वो, दुम्मेहतरीए को तुज्झं ॥
तहव्वस्स दुग्गुच्छण, दिट्ठन्तो भावणा अ-सरिसेणं। काऊण होइ दित्ता, वाय-करणे तत्थ जा ओमा ॥
दुल्लभ-दव्वे देसे, पडिसेहियगं अ-लद्ध-पुव्वं वा। आहारोवहि वसही, अ-क्खय-जोणी व धूया वि ॥
पगयम्मि पण्णवेत्ता, विज्जाइ विसोहि कम्ममाई वा। खुड्डिय बहु-विहे आणियम्मि ओभावणा पौणा ॥
अ-दिट्ठ-सङ्ग कहणं, आउट्ठा अभिणवो य पासाओ। कय-मित्ते य विवाहे, सिद्धाइ-सुया कैयवेणं ॥ BKBh 6250–55.

of death is said to be more powerful than any fears about physical suffering. Therefore, [through these methods] a person's disturbed mind becomes completely stilled.⁸³

The reference to throwing the patient into a dry well is absent from the *Caraka-saṃhitā*, although it is mentioned, with a slightly different turn of phrase, in *Suśruta-saṃhitā* 6.62.20: "Or keeping him in an old, covered well" (*sapidhāne jar-atkūpe satataṃ vā nivāsayet*).

Although rather uncomfortable to our modern sensibilities, such a shock therapy approach is based on the assumption that the imbalanced state of mind is a temporary condition, and that the patient can be shaken out of it by having her undergo a shocking or otherwise powerful experience. As the *Caraka-saṃhitā* explains, "Threats, frightening, gifts, thrilling, comfort, fear, and surprises restore the mind to its normal state because they cause forgetfulness."⁸⁴

The majority of the elements on this list of therapies are also introduced in *Bṛhatkalpa-bhāṣya*'s discussion of how to heal a nun who has lost the balance of her mind; only the order in which they are presented is slightly different. Just as the *Aṣṭāṅga-hṛdaya* prescribed that the person should be comforted with dharmic talk, or discussion about the loss of something dear to her, the *Bṛhatkalpa-bhāṣya* proposes that a nun who has lost the balance of her mind due to some loss such as death should first be given a dharma talk that is at once consoling and sobering:

"Tirthaṅkaras, who are honored by the gods of the three worlds, became freed from the dust [of karma] and attained perfection. Some elders have also attained it – those who are prominent in the virtues of their conduct and who are firm.

Brāhmī, Sundarī, and other elder-nuns of the world have also passed away, so why wouldn't the rest of the nuns?

८३प्रक्षिप्यासलिले कूपे शोषयेद्वा बुभुक्षया। आश्रासयेत्वा वाक्चौर्धर्मार्थसंहितैः॥
ब्रूयादिष्टविनाशं वा दर्शयेद्द्रुतानि वा। बद्धं सर्षपतैलाक्तं न्यसेद्वोक्तानम् आतपे॥
कपिकच्छ्वा 'थवा तसैर्लोहतैलजलैः स्मृशेत्। कशाभिस्ताडयित्वा वा बद्धं श्वश्रे विनिःक्षिपेत्॥
अथवा वीतशास्त्राश्मजने सन्तमसे गृहे। सर्पेणोद्धृतदंष्ट्रेण दान्तैः सिंहैर्गजैश्च तम्॥
(त्रासयेच्छस्त्रहस्तैर्वा किरातारातितस्करैः।)

अथवा राजपुरुषा बहिर्नीत्वा सुसम्यतम्। मापयेयुर्वधेनैनं तर्जयन्तो नृपाज्ञया॥

देहदुःखभयेभ्यो हि परं प्राणभयं मतम्। तेन याति शमं तस्य सर्वतो विलुप्तं मनः॥ AHr 6.6.47–52. Also discussed and translated by Dominik Wujastyk (2003: 202 ff., 250). While Car and AS contain almost the exact same verses, Su departs from the phrasing while conveying many of the same therapeutics in 6.62.17–21: showing the patient surprising thing, telling him of the death of a loved one, frightening him with sights such as a snake whose fangs have been removed, restraining him or placing him in an old well. Reference to a dark room cleared of iron objects, sticks etc. appears also in Car 6.9.30.

८४तर्जनं त्रासनं दानं हर्षणं सान्त्वनं भयम्। विस्मयो विस्मृतेर् हेतोर् नयन्ति प्रकृतिं मनः॥ Car. 6.9.31.

These [monastics] who die while firm in their conduct are surely not to be grieved. Those who are weak in their restraint are to be grieved.”⁸⁵

This is essentially a sermon on impermanence and the ultimate value of monastic restraint. As such, it is perhaps a characteristically Jain take on how the patient should “be comforted with words about dharma and profit; or one may talk to him about the loss of something that’s cherished.” (AHR 6.6.54)

Next, just as the Āyurvedic texts suggest the use of wild animals to change the mentally disturbed person’s state of mind, the *Bṛhatkalpa-bhāṣya* also does so. However, its exact prescribed methods differ somewhat from those of the Āyurvedic treatises, offering a gentler approach. Instead of trying to frighten the patient with harmless snakes, lions, or elephants, the Jain treatment seems to aim at making her realize that she had no reason to fear them in the first place. For example, if a nun has lost the balance of her mind because of being frightened by a lion or an elephant, the Jain monastics approach the guardians of tame lions and elephants, asking to borrow the animals. Then a nun who is more junior than the afflicted nun “takes hold of the lion, or the elephant, by the ear and leads it around: ‘Look, even this nun who is younger than you dares to do this!’” (BKBh 6206) Ideally, then, the afflicted nun comes out of her frightened state. If, on the other hand, she has been frightened by weapons or fire, those precise frightening objects are propped up in front of her and she is shown how to stomp them down with her feet or with her wet hands in case of fire, literally overcoming them. Again, if a nun is scared of wild animals and happens to hear a roar, she should be reassured: “It is just the elder nun tearing leather.” (BKBh 6207) In other words, for the purpose of re-stabilizing the mental state of their fellow nun, Jain mendicants are allowed to speak white lies. The goal is to soothe the distressed person and comfort her by showing the opposite of the thing she is afraid of – a harmless beast, fire or a weapon that cannot harm her, a frightening noise that is caused only by a mundane domestic task of a nun-elder nearby. While the exact methods vary somewhat from those of the Āyurvedic texts, the principle of reversing a disturbed mental state through creating a contrasting emotion is the same.

However, if none of these treatments work, the Jain mendicant community must resort to restraining or isolating the mentally disturbed nun:

She is tied up with soft ties so that she can still get up on her own.
That inner chamber should not have any sharp objects. [The door]
should be bolted from the outside. The place should not be empty.

⁸⁵तेल्लोक्क-देव-महिया, तिथगरा नीरया गया सिद्धिं। थेरा वि गया केई, चरण-गुण-पभावगा धीरा॥
बम्भी य सुन्दरी या, अन्ना वि य जाउ लोग-जेठ्ठाओ। ताओ वि य काल-गया, किं पुण सेसाउ अज्जाओ॥
न हु होइ सोइयव्वो, जो काल-गओ दढो चरित्तम्मि। सो सोइ सोइयव्वो, जो संजम-दुब्बलो विहरे॥ BKBh 6200–02.

If there is no such inner chamber, [she is thrown into] a previously dug [well]. In its absence, a hole is dug on the ground. A wheel is placed on top of it so that, even if she jumps up, she cannot reach it.⁸⁶

Once again, the Jain text echoes the Āyurvedic prescriptions of shock therapy. As we saw above, the *Aṣṭāṅga-hṛdaya* prescribes that the patient should be thrown down into a dry well (*asalile kūpe*) or a pit or hole in the ground (*śvabhre*), while the *Suśruta-saṃhitā* speaks of “an old, covered well” (*sapīdhāne jaratkūpe*). The *Bṛhatkalpa-bhāṣya*, using the shorthand characteristic of Jain *bhāṣyas*, mentions simply “previously dug” (*puvvakata*), for which the later subcommentary supplies “into a previously dug well without water in it” (*pūrvakhāte kūpe nirjale*).⁸⁷ Otherwise, a new hole (*agaḍo*) is dug. The basic idea in all of the texts is restraining the patient by keeping her in a pit from which she cannot escape, but in which she will not be harmed either.

Similarly, both the Jain and the medical authors prescribe restraining the patient with ties. The Jain approach again appears to be somewhat gentler: while the Āyurvedic passages suggest stretching the tied-up person on the ground in the heat of the sun, or touching him with a skin-irritant plant, or even beating him up, the Jain text omits any mention of such infliction of discomfort, and instead specifies that the ties should be soft so that the nun can still get up on her own.

Lastly, all texts except for the *Suśruta-saṃhitā* suggest putting the patient into a room that does not have any weapons or sharp objects, lest she harm herself. As the subcommentary on the *Bṛhatkalpa-bhāṣya* explicitly explains, “since, whether she is in a state of being out of her mind or not, not being cognizant, if she sees a weapon, she might stab herself with it.”⁸⁸ The Āyurvedic treatises advise to keep the room dark, which is likely what it would have been according to the Jain approach as well, given that the door was bolted shut and Jain mendicants were not allowed to make use of fire or lamps. However, the Jain text further specifies that the room should not be empty, but someone should be there to watch over the mentally disturbed nun.

Table 1 summarizes the parallels between the Jain commentary on the one hand, and the prescriptions of the four classic Āyurvedic treatises – *Caraka*, *Suśruta*, *Aṣṭāṅga-hṛdaya* and *Aṣṭāṅga-saṃgraha* – on the other.

In conclusion, then, the *Bṛhatkalpa-bhāṣya*’s discussion of treating a mentally imbalanced nun has a number of striking parallels with discussions of mental illness in the most famous treatises on Āyurveda. It is difficult to imagine that such

⁸⁶मिउ-बन्धेही तहा णं, जमेन्ति जह सा सयं तु उट्टेइ। उव्वरग सत्थ-रहिए, बाहि कुडण्डे अ-सुत्तं च॥
उव्वरगस्स उ अ-सई, पुव्व-कयऽसईए खम्मए अगडो। तस्सोवरि च चक्कं, न छिवै जह उप्फिडन्ती वि॥ BKBh 6214–15.

⁸⁷BKṭ vol. 6 p. 1641.

⁸⁸यतः सा क्षिप्तचित्तया युक्तमयुक्तं वाऽजानती शस्त्रं दृष्ट्वा तेनात्मानं व्यापादयेत् / BKṭ vol. 6 p. 1641.

	<i>Caraka</i>	<i>Suśruta</i>	<i>Hṛdaya</i>	<i>Saṅgraha</i>	<i>Bṛhatkalpa- bhāṣya</i>
Restraining the patient with ties	6.9.80	6.62.18	6.6.48–49	6.9.34–55	6214
Throwing her into a pit or a dry well		6.62.20	6.6.47	6.9.53	6215
Keeping her in an (empty, dark) room that has no weapons	6.9.30		6.6.50	6.9.56	6214
Comforting with words of dharma	6.9.79		6.6.47	6.9.53	6200–03
Talking about the loss of something cherished	6.9.79	6.62.17	6.6.48	6.9.54	6200–03
Showing startling things	6.9.79	6.62.17	6.6.48	6.9.54	6204–08
Causing a jarring experience by lions/elephants	6.9.82		6.6.50	6.9.56	6206

Table 1: Therapies: parallels across āyurveda texts and the *Bṛhatkalpa-bhāṣya*.

parallels would be entirely accidental. Rather, it seems that the Jain commentary is drawing on, if not these Āyurvedic treatises themselves, a code of treatment that is derived from them. While not overstating the possibility, it is worth noting that Vāgbhaṭa, the author of the *Aṣṭāṅga-hṛdaya*, may have been roughly contemporaneous with Saṅghadāsa, and even geographically not that distant from him. The *Bṛhatkalpa-bhāṣya* is dated to the late sixth or early seventh century CE, and may have originated in Western India, possibly in the region of Lāṭa and Saurāṣṭra (around the modern state of Gujarāt).⁸⁹ While the dates of Vāgbhaṭa and the works ascribed to him have been hotly disputed, as Dominik Wujastyk puts it, “The best current scholarship dates Vāgbhaṭa’s compositions at around AD 600.”⁹⁰ He is also believed to have been from Sindh, by the Sindhu (Indus) River, and therefore geographically close to the Lāṭa and Saurāṣṭra region.⁹¹ All of this information is too tentative to definitively conclude that Saṅghadāsa and Vāgbhaṭa were contemporaries or that their works were composed in the same general region of South Asia, but the possibility of some textual or cultural influence cannot be ruled out either.

7. CONCLUSION

The foregoing discussion suggests four final conclusions. First of all, it points to a remarkable historical shift in Jain monastic attitudes towards medical treatment from the period of the compilation of Śvetāmbara canonical texts to the period

⁸⁹Jyväsjarvi, 2011: 20.

⁹⁰Dominik Wujastyk, 2003: 193. See also Meulenbeld, 1999–2002: 1a, 597–656.

⁹¹Dominik Wujastyk, 2003: 194.

of commentarial composition in the sixth and seventh centuries CE. While the earlier canonical texts affirm the stoic ideal of the mendicant who bravely withstands physical discomforts and ailments without seeking relief through medicine, the later texts indicate a desire to accommodate medical care and alleviate cases of illness among Jain mendicants.

Secondly, by the time of these later texts' composition, treating the sick among the Jain mendicants had emerged as such an important concern that it took priority over other concerns in the community. Monastic rules that were normally non-negotiable – such as avoiding interactions with members of the opposite sex, or refraining from handling money or actions such as cooking or arranging baths or massages – could be relaxed if the illness of a monk or a nun necessitated it. Medical prescriptions came to override monastic prescriptions.

Thirdly, there were reasons for this apparent shift towards accommodating medical practice within the mendicant community. While we may speculate about its causes, to me the most promising explanation is indicated by *Niśītha-bhāṣya*'s comment that treating a medical problem is allowed “for the sake of the continuity” (NiśBh 1504) – namely, the continuity of Jain scriptural learning and of the Jain monastic lineage in general. The Jain communities as reflected in the commentaries perceived themselves as belonging to a religious minority whose very existence and survival was constantly under potential threat from rival religious sects, a persecuting ruler, war, famine, or displeased lay communities. Their numbers were already small and their existence precarious, yet they were appointed with the sacred task of maintaining the Jina's teaching and practice of non-violence in the world. If Jain monks and nuns are not treated when ill, and become physically or mentally compromised or die, the Jain tradition too is weakened and its teaching lost.

But in addition to keeping the Jain tradition alive by keeping its members alive, treating the sick was also prescribed because of other concerns. As Saṅghadāsa explains, “Helping the sick is also necessary because not doing so would be objectionable to worldly people. Moreover, Jain monks are linked to one another through spiritual connections, and in fact, ‘helping one another is the command of the Jinas.’”⁹² Medical care is thus also partly motivated by concerns about worldly conventions and Jainism's public image, as well as the benefits of solicitude and loyalty within the community. Lastly, in spite of the doctrinal idea that physical suffering and discomfort burns off karma and therefore serves a salvific purpose, both pre-modern and contemporary Jain mendicants express the view that relative health and well-being of the body is a prerequisite for proper ascetic practice. In Saṅghadāsa's words, “The religious life cannot be

⁹²लोग-विरुद्धं दुष्परिचओ उ कय-पडिक्किं जिणाणा य। अ-तरन्त-कारणे ते, तद्-अट्ट ते च्छएव विज्जम्मि॥ BKBh 1962.

pursued without a body.”⁹³ Similarly, the *Ogha-niryukti* declares that the maintenance of the body is necessary for practising Jain ascetic restraint: “The body is maintained for the sake of restraint. How can there be restraint in the absence of that [body]? Protecting the body is approved for the purpose of increasing restraint.”⁹⁴

Interestingly, this attitude is echoed by contemporary Jain renunciants as well. In the summer of 2013, I met with Sādhvī Śrutyāśā, a Terapanthī Jain nun with whom I worked closely during my dissertation research. When I asked her about the permissibility of medical care for Jain monks and nuns, her response – which reflects the official line of her community – was that one cannot practice the other virtues of being a Jain monastic if one is not physically well. How can a person practice ascetic austerities (*tapas*), or be vigilant in her observation of non-violence, if she is physically too compromised to do so? Therefore, intervening in the case of an illness is a priority. She added that minor illnesses are to be tolerated, but a serious illness must be addressed.

Fourthly, and finally, the Jain monastic commentaries of the sixth and seventh centuries CE reflect not only a general familiarity with key principles of Āyurveda, but in the case of the *Brhatkalpa-bhāṣya*’s discussion on mental illness in particular, even display parallels with specific passages from the most important Āyurvedic treatises. While we do not have enough evidence to argue for direct borrowing from one body of texts to another, such a possibility cannot be ruled out either. More likely, in my opinion, is the scenario in which doctors or folk-healers in the region where the Jain commentaries were composed were familiar with the medical doctrines and practices prescribed in the Āyurvedic texts, and that the Jain commentators in turn knew about these doctrines and practices.

Be that as it may, in the very least I hope to have shown that the Jain commentators of the post-Gupta period were anything but indifferent to the questions of healing illness, prolonging life, and alleviating discomfort. Whether adamant about the overriding importance of medical care, or ambivalent about it, they certainly took it seriously. Even in their most apologetic moments, they reveal a curiosity about the processes of the physical body and what animates or ails it. They saw themselves as spiritual doctors engaged in the work of undoing the human entrapment in karma; but if the needs of the community required it, could be called to relieve sufferings of the body as well.

⁹³न ह्य अ-सरीरो भवै धम्मो। BKBh 2900

⁹⁴संजमहेउ देहो धारिज्जै सो कओ उ तदभावे। संजमफाडनिमित्तं देहपरिपालणा इट्ठा॥ *Ogha-niryukti* 47, in *Āgama-suttāni* vol. 26 p. 35, ed. Dīparatnasāgara (2000a).

ABBREVIATIONS

AHr	<i>Aṣṭāṅga-hṛdaya</i>	Srikantha Murthy (1991–95)
AS	<i>Aṣṭāṅga-saṃgraha</i>	Srikantha Murthy (1995–97)
BKBh	<i>Bṛhatkalpa-bhāṣya</i>	Bollée (1998)
BKṭ	<i>Bṛhatkalpa-ṭīkā</i>	Caturvijaya and Puṇyavijaya (2002 [1936])
Car	<i>Caraka-saṃhitā</i>	Sharma (1981–1994)
NiśBh	<i>Niśītha-bhāṣya</i>	Mahattara (1982)
NiśS	<i>Niśītha-sūtra</i>	Mahattara (1982)
Su	<i>Suśruta-saṃhitā</i>	Ācārya (1931)
VavBh	<i>Vyavahāra-bhāṣya</i>	Kusumaprajñā (1996)
VavS	<i>Vyavahāra-sūtra</i>	Dīparatnasāgara (2000)

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