Refiguring the Body
Embodiment in South Asian Religions

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Chapter 2

Body, Self, and Embodiment in the Sanskrit Classics of Ayurveda

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The body is the lodestar for deliberations on health and illness in the Sanskrit sources of Ayurveda, one of India’s classical medical systems, whose literary tradition crystallized around the turn of the Common Era. Over the course of about seven centuries the “big three” (brihat-traya) Sanskrit medical classics were redacted in the form of the Caraka Samhitā, Suśruta Samhitā, and Aṣṭāṅga-hṛdaya Samhitā that are extant today. A number of terms in these sources designate the material human body, among which śarīra, deha, tanu, kāya, and tāmap are the most common. Occasionally the terms gāтра and aṅga, meaning “component” or “part” (frequently translated as “limb” by nineteenth-century Sanskrit lexicographers), synecdochically signify the entire physical body as well. The term ātmā, usually understood as the nonmaterial self in popular and scholarly writings on Hindu traditions and Indian philosophy, also at times denotes the physical body in Ayurvedic sources.

In this essay I will examine representations of the body in the Sanskrit classics of Ayurveda and will focus in particular on the body’s role as an instrument that is crucial not only for achieving long life (āyus), the grand goal of classical Ayurveda, but also for gaining knowledge of the self and fulfilling one’s dharma, “duty” in a broad social and ethical sense. It is important to note in this context that expositions of the body and the self in the Ayurvedic classics are not always consistent; the body is not conceived in a standardized way in the Sanskrit sources. Anatomical
minutiae, such as the number of bones, tendons, ligaments, and layers of skin, often differ from source to source.\textsuperscript{1} There are many possible reasons for these differences. One reason stems from the expansive period of time over which the Sanskrit medical sources were compiled and composed, sometimes spanning centuries. People from different generations with different knowledge of, and access to, the human body rephrased, emended, and added to these works. This diversity of authorship, even within an individual “school” (such as the Ātreya school or the Dhanvantari school), may account for many of the anatomical inconsistencies we find in the sources. Another reason may have to do with the fact that—apart from physicians trained according to the Suśruta Saṃhitā (ca. second century CE), which specializes in surgery and contains the most elaborate anatomical accounts among the Āyurvedic classics—from the classical era onward, most physicians appear to have had little experience in the practice of dissection, which is central to anatomical explanation.\textsuperscript{2} Prevalent concerns about ritual purity and pollution in Hindu societies in classical India suggest a third possible reason, for anxiety over ritual purity could have deterred physicians from engaging in dissection since the practice naturally involves contact with polluting substances.

Moreover, the very genre adopted by the compilers of the Sanskrit medical sources—the sanhitā, which is a Sanskrit word meaning “union” or “connection” and, by extension, any systematically arranged collection of treatises or verses—misleadingly advertises a coherence that is not always present in the Sanskrit medical classics. As Francis Zimmermann has noted, the medical sanhitā routinely “enfolds a multiplicity of alternative doctrines that are added or withdrawn at different periods, and it refers to various levels of medical practice.”\textsuperscript{3} To parse the shifting layers of somatic detail in these works, pictographic representations of the medical body would be useful. Āyurveda’s classics contain no illustrations, however. It is not until well after the classical era, around the late eighteenth century, that we find medical manuscripts in South Asia with anatomical illustrations.\textsuperscript{4} Illustrations are not utterly indispensable for us, as contemporary scholars, to ascertain the classical Āyurvedic understanding of human anatomy. Yet without these visual aids we are forced to imagine the body according to the descriptive skills of the sources’ authors. We must try to be, like the classical compilers of Āyurveda, morphologically articulate about the human body.

Excavating material across the Āyurvedic classics that addresses the general parameters of the body brings to light a dynamic notion of embodiment in the tradition. Embodiment in this context is an articulation of the principle of well-being actualized in lived experience. The notion of embodiment highlights a distinctive body typology in Āyurveda that emphasizes an “embodied self”: a nonmaterial self, ātman, in relation to a physical somatic structure. The embodied self stands apart from the tradition’s other body typology, the “material body,” which is the cadaver-like body most often portrayed in the literature. This material body may be treated in isolation, as an independent object to be studied and manipulated as such. The embodied self typology, in contrast, presents a modal case of being-in-the-world; it presents a portrait of an active patient whose experience of health or illness cannot be fully knowable apart from her or his relationships with other people and the natural world.

To make sense of these two body typologies in the literature, I will consider uses of the Sanskrit term ātman and the matrix of practices with which ātman is associated in the earliest and most voluminous of the big three classics, the Caraka Saṃhitā (ca. first century BCE to first century CE), while occasionally commenting on other sources and their commentaries. Regular associations in the Caraka Saṃhitā between the material body and the ātman point to a uniquely medical directive concerning the notion of self-cultivation, which I take to be a loose translation of ātma-niśtha (literally, “self-good”). I will reflect on the Āyurvedic notion of self-cultivation as a therapeutic process that situates the human body within the broad expanse of nature—what I call the “cosmic physiology”—and is vital to ensure the successful achievement of an individual’s dharma, or social, legal, and ethical responsibilities as defined in classical Dharmasāstra literature. The ability to cultivate oneself, I suggest, is entwined in a process of learning how to know oneself. For one commentator on the Sanskrit medical classics, Cakrapāṇidatta, self-knowledge is the single most important requirement for identifying and cultivating the things that are good for the self. I will examine in particular an idea that motivates the entire classical “Āyurvedic enterprise” and that sets Āyurveda’s knowledge and treatment of the body apart from (as uniquely therapeutic) and simultaneously makes it vital to (as indispensable) other classical Indian knowledge systems: the Sanskrit medical classics promote the idea that the body is the foundational dharma instrument for human flourishing. Self-cultivation produces health in the body, and bodily health is the unequivocal precondition needed to uphold one’s dharma duties throughout one’s life. A person’s obligation to his or her body—what I call the “body dharma” of Āyurveda—is the foundational dharma to which all people must attend before everything else in their lives to ensure optimal performance of the complex array of all other dharmas in the social and religious arenas.
Self and Somatic Well-being

Information about the nature of the ātman, self, is interspersed throughout Ayurveda’s classical literature. The compilers and redactors of this literature rarely addressed the topic with direct and sustained comments. It is nevertheless possible to distinguish a coherent, if multipart, vision of the self in the Ayurvedic corpus. Four articulations of the ātman are especially significant to the classical accounts of the body and the embodiment of well-being in Ayurveda:

(1) ātman is the material body
(2) ātman is the transcendent self
(3) ātman and the material body together constitute the “person” (purusā)
(4) ātman and the material body are vital complements in the production of somatic fitness (sātmya) and happiness (sukha)

These four formulations are linked to classical Ayurvedic nosology, the system’s arrangement and classification of diseases. For example, the Caraka Samhitā lists three types of disease that may afflict human bodies: endogenous diseases, which are produced internally; exogenous diseases, which are produced externally; and mental diseases, which are produced in the mind. Endogenous diseases are generally attributable to the morbidity of the body’s humors (dosas) and inadequate diet. Exogenous diseases are attributable to influences external to the body, such as demons, gods, poisons, and combat. The Caraka Samhitā explains that a person’s actions (karmans) also may create diseases of the exogenous type. Mental diseases arise from a combination of desires and acquisitions, especially the incongruity between a person’s desires and acquisitions. Of these three types of disease, the mental type in particular is a useful starting point from which to begin exploring the nature of the self in classical Ayurveda. It is useful because it signals the ways in which Ayurvedic views of the self as both a nonmaterial principle and a physical, flesh-and-bones entity influence the tradition’s thoughts about the body and the lived experience of well-being or embodiment.

The Caraka Samhitā succinctly states that mental diseases arise when a person “does not get what is wanted and gets what is not wanted.” There are variants of this verse that say “from getting what one wants, and not getting what one doesn’t want,” which, as Dominik Wujastyk has noted, “scarcely seems a reason for derangement.” Brahmadathan U.M.T. and I have argued elsewhere that Cakrapāṇidatta, in the Ayurvedadīpikā (eleventh century CE), his commentary on the Caraka Samhitā, suggests in his comments on this passage (in the standard edition as well as in the variant readings to which Wujastyk refers) that the basis of mental affliction is neither getting nor not getting, but simply desire, thirst, or craving. About this Cakrapāṇidatta has the following to say:

When a person gets what is desired, this generates satisfaction, happiness, and so on. When a person gets what is not desired and is separated from pleasurable things, then grief and so on arise. However, it was just read [in the Caraka Samhitā that mental illness arises] “from not getting what is wanted and from getting what is not wanted.” But on this reading, because of the particle “and” (ca), even getting what is wanted should be known as the cause [of mental illness].

According to Cakrapāṇidatta, both the attainment of things that are wanted and the attainment of things that are not wanted result in mental afflictions. Even though the wanted and the unwanted both cause mental disease, the paths they take to produce disease are different. Feelings such as grief introduce mental afflictions when one acquires things that are unwanted. Feelings of satisfaction, ecstasy, and so on are generated from the procurement of things that are wanted, and this, too, Cakrapāṇidatta asserts, results in mental afflictions. Why would getting something that is wanted cause mental illness? Cakrapāṇidatta’s interpretation that mental illness may arise in people for simply having wanted something and then getting that thing “suggests that people want things without knowing whether or not they are suited for the objects of their desire.” Mental illness, according to the Caraka Samhitā, is a matter of self-understanding. Thus the central question in mental illness cases is not about getting and not getting things that are wanted and not wanted. Rather, the task that the compilers of the Caraka Samhitā set for their students when attempting to discern the causes of mental distress—a task that Cakrapāṇidatta emphasizes in his commentary—involves a mode of questioning and knowledge acquisition that amounts to the discovery of the self of the patient.

After declaring that mental diseases arise because a person does not get what is wanted and gets what is not wanted, the Caraka Samhitā’s
The next verse states several things that a person burdened with mental illness ought to do for treatment. These things include commonsense discriminations between actions and social associations that are good and bad and the pursuit of the three aims of human existence (trīṣṭhaga) that are often advocated in Ayurveda and in classical Hindu traditions: kāma, sexual pleasure; artha, prosperity; and dharma. Moving beyond the external actions and objects that the mentally ill should bring into or separate from their lives, the Caraka Saṃhitā quickly gets to the crux of the issue, which is knowledge: “One should properly strive after knowledge of ātman, dēśa, kūla, kāla, bāla, and sākṣi and serve people who are learned about that [knowledge].” In his commentary Cakrapāṇidatta explains this statement in this way: “That knowledge [referred to] here is knowledge of medicine for mental illness.” The way to know ātman, dēśa, kūla, kāla, bāla, and sākṣi, he further proposes, involves a process of detailed self-reflection and interrogation, which he models in his commentary with a series of questions and answers: “Who am I? What is good for me? Knowledge of ātman. What is dēśa? What is appropriate in this [dēśa]? Knowledge of dēśa. In the same way, knowledge of kāla and so on should also be known.” The way that one chooses to read the compound listing the different types of knowledge in the Caraka Saṃhitā’s statement (ātman, dēśa, kūla, and so on) is important to determine exactly what the text intends by using the term ātman here. Commentators often parse such strings of words and suggest optimal ways to understand the syntax and word meanings in the root text, thereby aiding the modern reception and translation of these classical texts. Unfortunately, Cakrapāṇidatta does not analyze this compound. I therefore propose two possible readings here, following an earlier study by Brahmadathan and I published on Cakrapāṇidatta’s Ayurvedadīpiṇī.

One reading is to take the six terms as autonomous categories, each of which stands in a genitive relation to the term knowledge (jñāna).Parsed in this way the compound reads: knowledge of the self (ātman), knowledge of location (dēśa), knowledge of family (kūla), knowledge of time (kāla), knowledge of strength (bāla), and knowledge of ability (sākṣi). Grammatically this is an acceptable translation of the compound. However, this reading is unsuitable within the context of the text. Cakrapāṇidatta is interpreting a passage in the Caraka Saṃhitā about mental illness. Extreme feelings such as grief, envy, lust, euphoria, and jubilation underlie mental illness in this Ayurvedic discussion. These feelings have the power to disconnect people’s perceptions of themselves from reality, to cloud their ability to think clearly about themselves and how they relate to others. About this passage in Cakrapāṇidatta’s...
physically conveyed by the same term in the text’s treatment of mental illness. However, variable usage of the term ātman is not unique to classical Ayurvedic sources. The Ayurvedic understanding of ātman as both the body and the transcendent self resembles the semantic range of the term in Upanisads such as the Chāndogya Upanisad, in which the ātman is identified in turn with the physical body, dream consciousness, the bliss of deep sleep, and Brahman.20

While in the Sanskrit medical classics ātman may at times designate the physical body, the term is most widely used in the medical literature to designate the nonmaterial, transcendent self. As the nonmaterial self, standing apart from but always in relation to the material body, the characteristics of ātman help us make sense of the contours of the Ayurvedic tradition’s notions of health, happiness, and dharma. To describe these important elements of the human condition, the classical Ayurvedic sources and their commentators typically use three distinct and occasionally overlapping concepts, which I will unpack in turn: person (purusa), fitness (sāmya), and happiness (sukha).

In the Sanskrit literature of Ayurveda, the individual person, purusa, is usually a kind of empirical homologue of the transcendent self.21 The person is said to be unaffected by disease and detached from the material body. Even so, in the Caraka Samhita the person is on occasion tantamount to the physical body (made up of the five gross elements that constitute all matter), while at other times it is clearly just the empirical self.22 Further complicating the issue, the person is at times equated with consciousness, and in this capacity it acts as a kind of demi-ātman, a mediator between the body and the ātman, the transcendent self. In the Caraka Samhita’s terminology, the person qua consciousness is the intermediary between the “field” (kṣetra) and the “knower of the field” (kṣetra-jīva).23 The field and the knower of the field are here, as they are in other genres of Sanskrit literature, common metaphors for the material body and the nonmaterial self.

In the fragmentary remnants of the Bhūnavati, his eleventh-century commentary on the Ayurvedic classic the Susruta Samhita (ca. second century CE), Cakrapāṇidatta deals with the complicated relationship between the body and the self by identifying the self with a person’s somatic fitness (sāmya), or well-being. Fitness of a body, he says, is homologous with the self:

Well-being, which constitutes health, can be obtained in a person who is well by preventing disorders which have not yet occurred, and in a person who is ill by the sāmya which cures the illness. And when one defines sāmya as that which is homologous with the nature of the ātman, that is the strict truth since, if there is conformity with the ātman, there is, on that very account, an absence of disorder.24

Here the notion of fitness (translated as “appropriateness” by Zimmermann25) evokes states of harmony and conformity. When there is fitness in the body, there is conformity between the body and the ātman, self. And when the body conforms with the self, there is “an absence of disorder,” which in this case means physiological and mental well-being. Fitness must be sustained in healthy people to prevent the onset of disease, and in ailing patients it must be developed to establish well-being. Accord between the body and the self is an ontological state that results in fitness, which is a condition either to be sustained or established. Well-being, in this view, is an ever-changing and developing modal experience. It is the experience of a state of being-in-the-world in which the body and the self merge in the service of (to repair or to establish anew) complete “self-dependence,” or svābhāva, which is the Sanskrit term most commonly translated in English as “health.”

In the Nibandhasangraha, Dālhana’s widely cited twelfth-century commentary on the Susruta Samhita, health is a condition that must be developed and sustained through activities of the human organism in an ever-changing environment, rather than merely an internal physiological state of the physical body. Dālhana claims that “the term fitness (sāmya) means that which makes happiness (sukha).”26 The term sukha is used here to designate “happiness.” Following Monier-Williams’s etymology, in classical Sanskrit literature sukha usually refers to a good or sound (su) aperture (kha), such as one of the nine openings in the human body (the mouth, the two eyes, the two ears, the two nostrils, the genitals, and the anus). Monier-Williams also suggests that in the older literature of Vedic Sanskrit, sukha is a quality of the axle hole of a chariot that enables the smooth rotational functioning of the chariot’s wheels (“having a good axle hole”).27 Following these historical usages, Ayurvedic literature presents an example of rich semantic layering in which sukha qua happiness is interpreted in terms of sound bodily functioning. Following the rhetorical rule (tantrayuktiti) of hetvārtha, “the thing [implied] by its cause” (or simply “implication”), the notion of happiness in Ayurveda may be read as a metaphor for the smooth (su) movement of fluids and air through the body’s many openings and spaces (kha): blood coursing unobstructed through the veins, air moving freely through the mouth and nostrils, excretion leaving the body on a regular schedule,
and so on. In this way so-called “good openings” certify happiness, which comes from being well, or health.\textsuperscript{28} It may not be obvious how health, if understood only in terms of the physical body, leads to happiness, since the physical body does not express the modal aspect of health that is contingent on a person’s actions and behavior in relation to other humans, animals, and nature. Predating Ćalhana’s commentary on the Sūruta Samhitā, the compilers of the Kāśyapa Samhitā, a seventh-century Sanskrit text on women’s and children’s medicine, similarly characterize sukha, happiness, as agreement of one’s physical body and embodied self, while also adding that this agreement is a human being’s natural state (prakṛti): “sameness of body and self is happiness, and that is the natural state.”\textsuperscript{29}

The Kāśyapa Samhitā’s assertion that harmony between the body and the self is the human organism’s natural state evokes a notion of microcosmic-macrocosmic homologues in classical Āyurveda, in which, as I will discuss later, the relationship between the self and the body parallels the relationship between the cosmic principles of puruṣa and prakṛti, pure consciousness and the ever-changing realm of nature or matter, in the Śāmkhya philosophical system.\textsuperscript{30} Health in Āyurveda is measured not only by a person’s biophysiology but also by his or her social activity and relationship to the immediate environment and to the material world as a whole. Examples of this logic can be seen in Āyurvedic narrative etiologies of disease. In these stories the relative health of the physical body is a direct result of a person’s knowledge of, and ability and willingness to uphold the demands of, his or her multifaceted dharma—the complicated set of social, legal, and ethical obligations with which he or she is confronted in life. These obligations range from private and public ritual activity to domestic and community relations.\textsuperscript{31} When they are not adequately met, the result is an ailing body that does not function in the ways in which a person would like it to function, which often leads in turn to unhealthful and possibly indecorous behaviors and disrupts a person’s effectiveness in the grander physiology of the environment and the cosmos as a whole. To this end, the Caraka Samhitā stresses that health undergirds not only the three aims mentioned earlier—dharma, artha, and kāma—but also the fourth and ultimate aim of human existence, mokṣa: “Health is the very root of dharma, prosperity, sexual pleasure, and liberation (mokṣa) from the cycle of birth and death.”\textsuperscript{32} Knowledge of what constitutes health is a pathway to bodily well-being, and the state of bodily well-being is in turn the sine qua non for the pursuit of the four puruṣārthas, the four aims of human existence.

Wujastyk has recently observed that Āyurvedic physicians in premodern India at times “subordinated the quest for dharma to the quest for health.”\textsuperscript{33} I would modify this assertion and suggest that the quest for physical health in the Sanskrit medical classics does not involve a demotion of dharma, but rather dharma is fundamental to the quest for health in premodern Āyurveda. Āyurvedic literature adds to the quest for dharma a comprehensive obligation to take care of one’s body. When this duty is not upheld, everything else in one’s life is liable to come undone. This, I submit, is Āyurveda’s unique articulation of the Indian cultural principle of dharma, or what I call “body dharma.” Elaborated in such a comprehensive manner, across a diverse corpus of literature, an Āyurvedic body dharma may be understood as undergirding all other notions of dharma pertaining to a person’s social, legal, and religious obligations and activities. In eight technical genres—internal medicine, ear-nose-throat medicine, surgery, toxicology, demonology, obstetrics and pediatrics, rejuvenation therapies, and sexual therapies—the Sanskrit medical classics establish the breadth and depth of āyur-veda, “knowledge for long life.” (A Sanskrit grammatical rule regarding euphonic combination, sandhi, of final and initial letters turns āyus + veda into āyur-veda.) This āyur-veda establishes a framework both for knowing the self and for understanding one’s somatic capacities in lived experience. Āyurveda is thus a type of knowledge that enables a person to experience life optimally. This includes resources necessary to cultivate, nourish, correct, and palliate the basic instrumental means—the body proper—with which any and all duties (dharma) and actions (karma) must begin and end.\textsuperscript{34}

The Material Body and the Embodied Self

The relationship of the body to the classical Indian principle of dharma, especially as it is expressed in Hindu traditions, is articulated through the two body typologies in the medical classics that I mentioned earlier: the material body and the embodied self. These typologies are heuristic devices that address, respectively, biophysical aspects and dharmaic aspects of the human condition. Attention to these two typologies—cultivation of the body and cultivation of the self—equally contribute to the fulfillment of a person’s dharma, or the nexus of social, religious, and legal obligations that a person is expected to uphold. In proposing a twofold commitment to the body and the self, Āyurveda provides a unique somatic variation on the dharma principle. A person’s ability to
uphold an array of commitments (dharmas), including the performance of religious rituals, maintenance or avoidance of certain social relationships, and adherence to certain legal injunctions—all of which in the Dharmaśāstra literature are determined for each person according to multiple variables such as sex, age, class, caste, and profession—is contingent on a basic dharmic commitment to bodily upkeep. The classical sources posit the production of health in the body as a dharma as such. Ayurveda’s body dharma is an obligation that befalls anyone who is able to implement the knowledge (veda) that leads to long life (āyus) that undergirds the classical tradition as we find it in the sources.

There are other ways to characterize these two body typologies in classical Ayurveda. For example, Steven Engler has identified two body types in the tradition, material and nonmaterial, which he reads, as do others, as reflective of a tension in the classical sources between medical science and brahmanical religion. I opt not to join or perpetuate this debate about classical Indian science versus religion here, for I think it unnecessarily pulls apart a singular knowledge system that, despite its diversity of interests and specializations, is unified by an exhaustive pursuit to know, elaborate, and promote longevity of human life, the basis of which is the body. This pursuit covers a great deal of ground, and topics taken up in Ayurveda are also regularly taken up in nonmedical inquiries and debates in classical India. Questions about which came first in the classical Ayurvedic sources, the so-called scientific or the religious, do little to facilitate our understanding of Ayurvedic conceptions of the body and of human life, which is what I am after here. English-language categories like “religion” and “science” are part of the problem when it comes to grasping classical Ayurveda’s expansive view of health, the body, and embodiment. Instead of attempting to separate out layers of science vis-à-vis layers of religion in the sources, we must learn how to read statements made by the premodern Indian authors as “facts of a special kind,” as Shigehisa Kuriyama puts it, that “invite us to develop our sensibility in such a way as to discern the realities described.” The Sanskrit literature of Ayurveda is filled with expressions about the body, bodily well-being, and bodily dysfunction. Statements such as the assertion that one’s social decisions and actions are critical to the upkeep of one’s body present us with a “view”—what the Sanskrit pandits called dṛṣṭi—to be learned and cultivated so as to shape our experience and ways of knowing. The texts offer a structure for creating a somatic sensibility that enables us to see the body as a topography that is coterminous with, contingent upon, and formative in society and nature. This sensibility might run counter to a modern biomedical text-

book’s “anatomical body.” Yet these contending perspectives need not result in the determination that one body vis-à-vis the other is false. In learning to read the Indian texts in context and with self-awareness of our intellectual predispositions and aims, we may come to appreciate the meaning of a text’s assertions as “facts of a special kind” that need not be explained away, in an English-language idiom, as too religious to be medical or, conversely, as so strictly anatomical that they must be devoid of moral or social import.

As I conceive them here, the material body and the embodied self both entail a particular pathology pertaining to the origin, structure, and effects of disease in the body and a particular ontology pertaining to the internal (physiological) functioning and external (social) capacities and effects of the body. Of the two, the material body typology is more commonly represented in classical Ayurvedic literature. Discussions of the material body tend toward physiological reductionism in that the classical authors presuppose a discrete material body with an internally coherent composition that is entirely isolable from its exterior environment. The type of discourse used to describe this body is characteristic of Ayurveda’s so-called internal medicine (kāya-cikitsā). Surface symptoms, afflictions, and social disabilities resulting from sickness and disease are generally considered epiphenomenal. Disease morphologies and pathologies are predominantly endogenous. Nosological discussions present the material body as an enclosed, stationary, and dissectible space. Treatment of the material body therefore follows an objective and idealized view that similar symptoms in different bodies are treatable by similar therapies. Technical methods and medicines are designed to maintain congruence among the body’s fluid and material components, including the humors (doṣas), tissues, sinews, organs, and waste products.

Nearly any discussion of the material body in the Sanskrit classics, most notably in discussions of internal medicine, to some extent touches upon what is perhaps the most well-known aspect of Ayurveda today: trīdosha-viđyā, the theory of the three doṣas, or bodily humors, known as vāta (wind), pitta ( bile), and kapha (phlegm). While the precise source of Ayurveda’s doctrine of the doṣas is uncertain, Hartmut Scharfe has argued that the classical Ayurvedic humoral theory of Caraka, Suśruta, and Vāgbhaṭa developed on the basis of Buddhist canonical sources. The Sanskrit word doṣa literally means “fault” or “taint.” In Ayurvedic sources the doṣas are not merely conceptual entities or indexical measures for speculation on diseases and their origins. They are real, semi-fluid substances that circulate throughout the body. But unlike other substances that fill the material body, the doṣas are pathogenic arbiters
that constantly interact with the body’s fluids, organs, tissues, and other substances. As they circulate their abundance and/or deficiency in any area can generate somatic dysfunctions and diseases of varying kinds and degrees. A *doṣa* is literally a “taint” or “fault” when it settles outside of its appropriate abode in the body, which in the case of *vata* is the pelvic region; *pitta*, the stomach; and *kapha*, the head and chest.

The physiology of Āyurveda’s internal medicine gives the impression that the body is a closed working unit. However, the tradition also articulates a number of notions that implicate social activity in the health and welfare of the human body. Another body typology emerges in those passages in the literature that emphasize how the operations of a person’s body affect, while also being affected by, other people’s bodies and the natural environment. This agentic social body illustrates the embodied self typology. Always changing and constantly engaged in social interactions, the embodied self typology asserts the primacy of the body in the state of being human. Beyond its substantial makeup as flesh and bones and fluids, the Āyurvedic embodied self underscores the ways in which—through social practices, religious activities, sexual engagements, and so on—the body actively participates in and is a product of the swarm of intersecting “modal states” that occupy our lives. Following Geoffrey Samuel’s notion of the multimodal framework, by modal states I mean nonsubstantive conditions and patterns of relationships that exist among humans and between humans and their environments. Humans may be conscious or unconscious of their conditions and relationship patterns, including moods, feelings, thoughts, and tastes; these conditions and patterns change from moment to moment and continuously affect human behavior and perception. Modal states of an individual person and of human communities are neither reducible to one another nor entirely distinct from one another. They are interconnected derivatives of an ever-changing ecosystem. The material body is part and parcel of the activity of the embodied self in this ecosystem, as a means for the embodied self to express itself and negotiate experience. Directing the material body through differing circumstances of human life, the embodied self exemplifies what Gerald Larson has identified as the sociobiological aspect of Āyurvedic medicine. In the embodied self typology there is thus a personal facet of human life that motivates the body to act. In addition to the self, the body of course houses a mind (*manas*). But the mind in Āyurveda accounts only for how a person acts and thinks; it does not explain why a person acts or thinks in certain ways. The purposive element of human life is the nonmaterial self, *ātman*. It is the conscious agent that motivates the mind to impel the material body to act. The mind has motional capacities, for it controls the sense organs and acts as the instrument of reasoning and analysis. The mind does not act of its own accord, however. It must be “endowed with action,” as the *Caraka Samhitā* explains, by the agentic self, the *ātman*.

A person’s self-expressions and interactions with other human and nonhuman beings and the environment impact the health of the material body. Diseases resulting from such activity are typically attributable to either mental or exogenous sources. Diseases of the mind, body, and sense organs do not impair the self, even though the self, the “ruler” (*rājan*) of the material body aggregate, motivates the material body to act. The ways in which the Sanskrit medical sources address health and illness ensuing from dharmic infringements are not as fixed or as clear-cut as biophysical treatments designed for the material body, such as those designed to recalibrate the three *doṣas*. To care for ailments of a dharmic nature, the *Caraka Samhitā* lays out a process of self-cultivation (*atma-hita*). The Āyurvedic notion of self-cultivation underlies the logic connecting morality and illness in Āyurveda, in which a person’s failure to uphold his or her dharmic obligations initiates the movement from a state of healthfulness to patienthood.

**Self-cultivation**

Time and again in the Sanskrit medical classics we are reminded that the material body is the foundational support of human life. An instructive passage in the *Caraka Samhitā* reiterates this position while at the same time emphasizing the body’s fundamental role as a sustaining mechanism for something grander than its own structural frame. “At the cost of all other things,” the *Caraka Samhitā* asserts, “the body should be preserved. Because in the death of that [body] there is total failure of the coming-to-be of humans.” The use of the term *bhava*, “coming-to-be” or “becoming,” suggests that something arises in the lives of people who achieve sound physical health of the body. Without a properly preserved body, that something does not emerge.

But what does *bhava* mean here in the *Caraka Samhitā*? What does it mean to “come to be” in the world? Useful to this discussion is Matthew Kapstein’s description of the dialectical program in a classical Buddhist text, Sāntarākṣita’s *Tattvasamgraha* (eighth century CE). He interprets the
work as a way of “bringing into being” or “coming-to-be” (bhāvāna, feminine derivative of the same verbal root, bha, from which bhava is derived). He suggests that Śāntarakṣita’s critical assessment of Indian philosophical schools that deliberated “thatness” (tattvā), the real nature of things, was not designed simply as a cognitive exercise in the apprehension of thought objects. Śāntarakṣita’s Tattvasamgraha is a kind of “therapy,” Kapstein explains,

whereby one must challenge one’s own self-understandings so as to disclose and finally uproot the misunderstandings that are concealed therein. This process involves equally the positive construction of a conceptual model of the Buddha’s teaching and of the Buddha himself, a conceptual model that is to be progressively assimilated until, in the end, concept and being have merged. This is a self-transcending project, oriented toward that omniscient being who, as the very self of compassion, is oriented to benefit all beings.67

Self-cultivation in Ayurveda entails a process of coming-to-be akin to Śāntarakṣita’s therapeutic program of self-transcendence in the Tattvasamgraha. In the Caraka Saṃhitā, for example, coming-to-be in the world concerns the preservation of the body, and by extension the promotion of health, by cultivating in one’s life things that are “good for oneself,” ātma-hita. This involves a comprehensive process of sustaining or reestablishing health by crafting a sound material body that is aligned with the self. This may be done, as we saw in Cakrapanidatta’s reflection on mental disease, by learning the limits and potentialities of one’s physicality in relation to one’s social, religious, and legal responsibilities (dharma), to the environment, and to other goals in life. Somatic health and long life are essentially synonymous in this personal coming-to-be in the sense that freedom from disease and health of the body, barring any unforeseen accidents, produce long life, and long life in turn indicates bodily health.

Unlike Śāntarakṣita’s program, in which the life and teachings of the Buddha provide a unified model that every person aspires to emulate, Ayurveda offers multiple ways to realize and preserve a healthy body. But the dharmic life of social, religious, and legal responsibilities that is to be forged in the process is comparatively less defined than in Śāntarakṣita’s program and is arguably fluid from one classical medical source to the next. This has to do with the fact that the Ayurvedic classics are not concerned with a single sustained topic or paradigmatic

life. While one work might deal specifically with embryology, obstetrics, and related issues of women’s health (for example, Kātyāya Saṃhitā), another might largely eschew discussions of embodiment and the place of dharma in the production of bodily health in favor of clinical questions of surgery and dissection (for example, Śūrauta Saṃhitā). Other works, such as the Caraka Saṃhitā and its commentaries, frequently include psychological questions in their considerations of health, while still others promote lifestyle paradigms of a Buddhist character, evoking fundamental teachings such as the “middle way” as a means to achieve health (for example, Asvaghosha Saṃhitā).68 Whichever type of life is under inspection in the classical sources, there are generally clear authorial positions and expectations concerning the human agents who fall ill, especially concerning the principles of dharma and karma. Typically, we learn about the social, religious, and legal foundations of somatic well-being, about the effects of dharma and karma on the production of health, through examples of what not to do—a kind of via negativa. Through the lives and activities of diseased patients (roga) as represented in the classical sources, we can discern the medical authors’ views about how not to act in the world. Ill patients epitomize a lack of self-knowledge and a failure to cultivate certain dharmic qualities in their lives, which has the effect of bringing ruin to the physical body.

Surendranath Dasgupta has argued that the Caraka Saṃhitā’s notion of self-cultivation, ātma-hita, which he translates as “self-good,” constitutates the classical medical tradition’s basic therapy for acquiring self-knowledge so as to be able to act in the world with supreme conformity between the body and the self. His summary of ātma-hita brings together several of the concepts treated in the foregoing analysis—namely, happiness, well-being, and fitness of body and self:

[Self-cultivation] is described as not only that which gives us pleasure and supplies the material for our comfort, ease of mind and long life, but also that which will be beneficial to us in our future life. Right conduct (sad-vrta) leads to the health and well-being of body and mind and secures sense-control (indriya-vijaya).69

Self-cultivation involves rigorous ethical weighing of consequences resulting from one’s actions and a clearly defined concept of correct attention and conduct. Cakrapanidatta emphasizes that the Caraka Saṃhitā encourages people to avoid harmful acts and to perform advantageous ones.69 This is basic consequentialism, or teleological ethics. The authors
of the Caraka Saṃhitā advise people to start with goals rather than moral rules so that in every situation they judge the goodness or badness of their actions with respect to whether their actions will or will not further their goals. Self-cultivation also involves management of the sense organs so that they meet with their proper phenomenal objects. Self-cultivation ultimately requires that people reassess their self-understanding. The purpose of such a reassessment is to help people to eventually recognize that in the past they might have overestimated or undervalued—that is, generally misunderstood—their own capabilities and responsibilities. To wit, atma-hita is achieved, the Caraka Saṃhitā declares,

by effecting right actions after properly understanding what is to be perceived and not perceived through the connection of the sense organs with their appropriate objects and by admitting to acting wrongly with respect to qualities of place, time, and the body (ātman). Therefore, one absolutely wishing to make what is good for oneself should always observe good behavior in accordance with tradition (smṛti).

My translation of the term ātman here as “body” follows Cakrapāṇidatta’s commentary on this verse: “The word ātman refers to the understanding of physical constitution and bodily sickness.” Neither the Caraka Saṃhitā’s compilers nor Cakrapāṇidatta elaborate on the nod to tradition (smṛti) in this verse. Cakrapāṇidatta does say, however, that good behavior accords with dharmic activities like pacification and purification rites and the pursuit of the three aims of human life (dharma, artha, and kāma).

Dasgupta likens the Caraka Saṃhitā’s notion of self-cultivation to “the old principle of the golden mean.” He thus recalls Aristotle’s famous discourse on “the mean” in the Ethics, which suggests that the best path to take in any situation is the one in which extremes are avoided. Dasgupta could just as well have cited Vāgbhaṭa’s prescription in the Āṣṭāṅgahṛdaya Saṃhitā to “follow the middle way at every step in all dharmic endeavors.” In fact, Vāgbhaṭa’s daily and seasonal regimens not only advance the ideals of self-control and temperance, they also provide a comprehensive ethic for attaining and sustaining the so-called good life. For Dasgupta it seems that self-cultivation in classical Āyurveda is concerned with maintaining a sense of balance or harmony between one’s body and one’s environment. In particular, he calls attention to a basic impulse that undergirds the human pursuit of what is good for oneself. It is a motivation that, to borrow Wujastyk’s phrasing, underlies “a uniquely medical threesome of goals” found in Āyurveda: the desire for life; the desire for wealth; and the desire for the other world or pleasant future lives. In the Caraka Saṃhitā the desire for life is a desire to preserve oneself for as long as possible, and this desire is primary among its “uniquely medical threesome of goals”: “Of these desires, a person should above all secure the desire for life. Why? Because when life is abandoned, everything is gone. It can be preserved by following the healthy behavior of a healthy person and through attention to the healing of a patient’s sickness.” According to Āyurveda in general, and the Caraka Saṃhitā in particular, one of the biggest obstacles to right conduct and thus the achievement of a long and healthy life is a misuse or violation of knowledge (prajñāparādha). The outright misapplication of knowledge in one’s life—generally doing the opposite of what one knows to be conducive to somatic well-being—is a workable explanation in Āyurveda for why people become ill.

The successful practice of self-cultivation requires more than theoretical knowledge of the body and its place in the universe. The realization of what is good for oneself is a lifelong process, and it entails continual attention to one’s embodied living. In his commentary on the Caraka Saṃhitā’s discussion of the three desires, Cakrapāṇidatta recognizes that the desire for enjoyment is implicit in the desire to live. This is so, Wujastyk explains, because only “the person who is an engaged participant in the experience of life (bhogārthāpuruṣa), not someone seeking ultimate liberation (mokṣārthāpuruṣa),” would have a desire for life.

The Cosmic Physiology

A person desirous of life, in the classical Āyurvedic view, manages to attain bodily health in large part because of his or her propensity to integrate with—or disconnect from where appropriate—the “cosmic physiology” of which the human physiology is a part. Before looking at the classical Āyurvedic conception of what I am calling here the “cosmic physiology,” a word of warning is in order: any discussion of microcosmic and macrocosmic correspondences, or body-cosmos homologies, in Āyurveda must not lead us to mistake Āyurveda for astronomy or forget that Āyurveda’s central focus is the human body. Āyurveda is by and large a clinically oriented knowledge system, alongside which we find a meaningful “rhetoric of cosmic harmonies,” to borrow Kurdamana’s expression. Homologies of somatic and cosmic physiology are there to
be sure, but this knowledge tends more toward the metaphorical and theoretical than the literal. In actual practice it is probable that notions of body-cosmos harmonies received little more than symbolic appreciation from practicing physicians in classical India.

The Caraka Samhitā leaves no stone unturned and states that every human being has a body. This body is an autonomous organism with a regular structure and standard working apparatuses that are at once a part of, and independent from, a far bigger cosmological body. The medical sage Punarvasu Ātreya comments on the relationship between these two bodies in this way:

The individual is of the same measure as the universe. As much as there is elemental diversity in the universe, in equal measure there is elemental diversity in the individual. As much as there is elemental diversity in the individual, in equal measure there is elemental diversity in the universe.62

A person’s body is a cosmos in miniature, the microcosmic counterpart of the macrocosmos. Classical Ayurvedic cosmologies are for the most part analogous to cosmologies in Sāmkhya philosophy, although considerable parallels with Vaiśesika philosophy are also evident.63 Ayurveda identifies associations among all worldly objects, including the human body, at the level of the five gross elements (pātīcā-mahabhūtās: earth, water, fire, wind, and space), the basic constituents of material things, the qualities that inhere in objects, and the all-pervading self (ātman). On the subject of the five gross elements that constitute the universe and the human body, for example, the Caraka Samhitā's authors envision macro-micro correspondences in this way: “Earth constitutes the solid form of the human being. Water makes up the moisture. Fire is the heat. Wind constitutes the breath. Space constitutes the hollow parts. Brahmān is the interior self.”64 This view of the body’s five primary elements and assorted basic constituents may be traced back to the Garbha Upaniṣad of Pippālada, which is associated with the Atharva-Veda tradition and outlines the formation of the embryo from conception to full bodily development.65 This short Upaniṣad offers a miniature view of a grander vision in the Sanskrit medical classics in which the internal milieu of a person’s body is understood to interact with, and to be influenced by, environments external to it such as the biosphere, the family, and the larger society. The linkages of homologous elements across inner somatic and outer social fields are furthermore said to be critical determinants in the well-being of both the individual body and the body’s external environments.

According to Sāmkhya philosophy, everything in the universe is made up of two ontologically distinct principles: puruṣa, which is nonchanging pure consciousness, and prakṛti, which is ever-changing, nonconscious materiality.66 The Sanskrit word prakṛti literally means “nature” or “matter,” and Īśvarakṛṣṇa’s Sāmkhyakarikā uses the term prakṛti primarily to refer to the material world.67 As mentioned earlier, the relationship between prakṛti and puruṣa in Sāmkhya closely resembles the relationship between the material body and the ātman in the embodied self-typology of Ayurveda.68 Just as the transcendent self, ātman, is housed in and motivates the material body while in its essential nature it is eternally independent of the body, in the Sāmkhya system the puruṣa appears to be connected to and motivate the material world of prakṛti while in reality it is eternally distinct from prakṛti. The two principles, although ontologically distinct, are interdependent in that each serves to define the contours of the other. Hence Tracy Finkelman notes that puruṣa’s “presence is nevertheless a vital component [of the material world], for it is only in the presence of puruṣa, the principle of pure consciousness, that prakṛti can evolve.”69 All material phenomena come into existence on account of prakṛti, which is made up of three constituents termed guṇas: sattva (purity), rajas (energy), and tamas (inertia). When the equilibrium of the guṇas is broken, prakṛti unfolds in a series of twenty-three lattvās, elementary principles, that together constitute the stuff of material existence: intellect, ego, mind, five sense capacities, five action capacities, five subtle elements, and five gross elements. As long as a person is deluded by ignorance and is unaware of his or her true nature as puruṣa, which is eternally separate from the material realm of prakṛti, he or she falsely identifies with the material psychophysical organism that is constituted by the lattvās of prakṛti. Only by awakening to one’s true identity as the nonchanging self, puruṣa, can a person be liberated from the fetters of prakṛti and its endless cycles of birth and death.70

The classical texts of Ayurveda invoke at times the Sāmkhya notion of the three guṇas, while at the same time they formulate a second triad in the form of the three dosas—vāta, pitta, and kapha—that mirrors the guṇa triad in certain ways while at the same time retaining its distinctive identity as a uniquely medical model. Just as the disruption of the equilibrium of the guṇas of prakṛti causes the lattvās to unfold as the evolutes of primordial matter, in a similar way when the dosas are irritated (prakupita) or in a state of irregularity (vaiśamya), disease
materializes in the body. Each *doṣa* has specific properties that determine its influence on the seven *dhatu*s, bodily tissues (chyle, blood, flesh, fat, bone, marrow, and semen). So, for example, *vāta* is dry, cool, light, and mobile; *pitta* is slightly oily, hot, light, and prickly; *kapha* is cold, slimy, heavy, and soft. While every phenomenon in the material world can be classified in *Sāṃkhya* philosophy according to the predominance of one or more of the *gunas*, in a similar way specific bodily disorders and illnesses can be classified in *Āyurveda* according to the predominance of one or more of the *doṣas* in particular locations in a patient’s body.

Each *doṣa* conveys one of the five gross elements as it circulates throughout the body—for example, *vāta* conveys air, *pitta* conveys fire, and *kapha* conveys water. Thus the stuff of the ground we walk upon and the air we breathe is the very same stuff as that which flows throughout our bodies. Zimmermann emphasizes that the same humors that are circulating in our bodies are also “circulating underground, in the water, in the air... everywhere around us and within us.” However, he continues, “they are also forces, powers which foment disorders, pathogenic principles between which the doctor must establish justice.” The disorders and pathogenic principles that Zimmermann mentions constitute a kind of ontological pathology in *Āyurveda*, which incorporates the sociobiological dimensions of *Āyurveda* by taking into account ethical factors in a patient’s life along with a diagnosis of any imbalances in the *doṣas*. To establish “justice” in the patient, the *Āyurvedic* physician uses knowledge of the Sanskrit sources to calculate a regimen that cultivates both the nonmaterial self and the material body of the patient. What is good for the patient not only rectifies imbalances in his or her *doṣas*, but it also harmonizes the patient’s somatic physiology with the “flow of relatedness” between the individual body, humans and nonhumans, and the ecosystem.

Every person in *Āyurveda* has permeable boundaries that are penetrated by a multitude of forces in a way that calls to mind McKim Marriott’s proposal that the classical Indian perception of the human being is “dividual” rather than individual. Every person is understood to be continually engaged with other people and the natural world through the transference of what Marriott calls “substance-codes,” which flow through food and water, alms, air, and the like in a web of interconnectedness. Zimmermann suggests something very similar to Marriott’s notion of “dividuality” in his characterization of the cosmic breadth of *Āyurveda*: “Through his food, habitat, and bodily techniques, the living being is influenced, penetrated, immersed in the system of the humors, flavors, and qualities that make up the atmosphere, the climate, the landscape in which he takes root.” The critical idea that Zimmermann illuminates is that bodies in poor health, for one reason or another, are environmentally and cosmically crooked. In such cases the microcosmic physiology of the body is not compatible with the macrocosmic physiology of the immediate environment and of the universe as a whole. When a *Āyurvedic* physician treats a patient, he or she must therefore attempt to reestablish the lost balance between the somatic microcosmos of the patient and the macrocosmos.

### Dharma and Body

To bring the body and its environment into a state of efficacious balance, the compilers of the Sanskrit medical classics fashion a distinctively medical type of *dharma*, a body *dharma*. As I stated in the introduction, this *dharma* is foundational to all other *dharmas* in India’s religious traditions. Despite its perceived importance to the compilers of *Āyurvedic* literature, body *dharma* is a category that often goes unnoticed in the secondary literature on religious and social *dharma* in Indian history. It is a type of *dharma* designed specifically for the body, and it is an essential element in the achievement of other types of *dharma* commonly found in the Dharmaśāstra literature, such as *svadhārma* (one’s own *dharma*) and *sādhārana dharma* (universal norms of *dharma*).

The body *dharma* of *Āyurveda* is a kind of *svadharma* insofar as it applies to specific behaviors more than outlooks and dispositions, which tend to fall under the purview of *dharma* that is common to everyone. The classics of *Āyurveda* lay out a comprehensive system for each person to follow to care for his or her body, which includes pharmaceutical remedies along with social, religious, and legal aids, so that every single body may function at its optimal capacity in carrying out the demands that are incumbent upon it. The baseline for *Āyurveda*’s body *dharma* is the outlook expressed in the classical sources that, in Wujastyk’s words, “*āyurveda* leads to health and health leads to *dharma*.”

Discourses on health and disease in *Āyurveda* attempt to bring to the conscious level a knowledge of *dharma* as a course of action, or more fundamentally a mode of being, through which people experience the world and attempt to achieve certain goals in life. In this way the prescriptions and proscriptions of *Āyurveda* constitute a foundational *dharma* of the body that must be attended to before all other obligations. This body *dharma* is meant to regulate everything a person does. As we have seen, there are striking instances in *Āyurveda*’s classical literature...
that move beyond the inner workings of the material body and suggest that a breakdown in self-cultivation (ātman-hita) and lack of attention to what is good for oneself may lead to a breakdown of body dharma. This may result in the onset of sickness and bodily dysfunction, which in turn may compromise a person’s ability to be a productive member of society and an active member of a religion or social community. While the disruption of body dharma leads to bodily illness, the fulfillment of body dharma leads to bodily health, and bodily health in turn sustains human existence and makes possible the achievement of the host of aims to which human beings aspire throughout their lives.

Notes

1. For example, the Caraka Samhita, Bhela Samhita, and Kāśyapa Samhita each count the number of bones (asthi) in the human body (including teeth and nails) to be 360, while the Suśruta Samhita lists just 300 (Caraka Samhita Śārārathā 7.6; Suśruta Samhita Śārārathā 5.18; Bhela Samhita Śārārathā 7.2; Kāśyapa Samhita Śārārathā 2). The Caraka Samhita and Bhela Samhita identify six layers of skin (tvac), while the Suśruta Samhita identifies seven (Caraka Samhita Śārārathā 7.1–4; Suśruta Samhita Śārārathā 4.4; 5.6; Bhela Samhita Śārārathā 7.1).

2. Mazurs 2006: 84–85. While the surgical skills of the physicians who compiled the Suśruta Samhita were clearly far more advanced than the compilers of the other classical compendia, the accuracy of their conceptions of the human body should be viewed with the knowledge that they, like their contemporaries in classical India, had limited access to human bodies for dissection. Even physicians associated with the Suśruta Samhita, the text explains, trained on nonhuman objects and bodies, such as animal carcasses, gourds, and the hollow trunks of plants, to prepare for surgery on humans.

5. Caraka Samhita Śūrārathā 11.45. All translations of Sanskrit passages are my own, unless otherwise indicated.
8. Āyurvedadīpikā on Caraka Samhita Śūrārathā 11.45.
10. The trīṣṇārgya are the first three of the four puruṣārthas, aims of human-kind, in classical Hindu traditions. As I will discuss later, the fourth aim is mokṣa, liberation from the cycle of birth and death.
11. Caraka Samhita Śūrārathā 11.46.
12. Āyurvedadīpikā on Caraka Samhita Śūrārathā 11.46.
13. Āyurvedadīpikā on Caraka Samhita Śūrārathā 11.46.
15. In grammatical terms this reading consists of one copulative compound (dvandva samāsā) within the overall genitive compound (saṃghī tatpuruṣa samāsā).
17. Caraka Samhita Śārārathā 1.8. The ātman is said to exist “within all wombs” (saran-oneya-gata)—that is, within the origin and initial place of development of the body.
18. In this reading the grammatical configuration of the compound ātmana-deśa-kula-kala-bala-sāk-kīk-jiśna consists of two copulative compounds (dvandva samāsās) syntactically related as a locative compound (saptamī tatpuruṣa samāsā) within the overall genitive compound. See also Cerulli and Brahmadeathath 2009: 105.
19. Caraka Samhita Śārārathā 1.70–85; 5.11–12. The idea that ātman is identical with Brahman is perhaps the most widely known view of ātman today, due in large part to the popularity of Saṃkara, the eighth-century philosopher of Advaita Vedānta, who espoused a monistic, or nondualist, philosophy founded on the assertion that the ātman is nondifferent from Brahman.
21. Caraka Samhita Śārārathā 1.1–19; Suśruta Samhita Śūrārathā 1.22.
23. Caraka Samhita Śūrārathā 1.8–9; 1.63–65.
24. Bhātanātā on Suśruta Samhita Śūrārathā 35.39; cited in Zimmermann 1999: 23. The Bhātanātā is for all intents and purposes unavailable today. Meulenbeld (1999: vol. I.A, 374–375) states that the only portions of Çakrapañjatā’s commentary on the Suśruta Samhita that have been preserved pertain to the work’s Śūrārathā. Otherwise, we know about the Bhātanātā through references to this work by later authors.
27. Monier-Williams 1997, s.v. sukha.
29. Kāśyapa Samhita Śūrārathā 27.6.
31. Cerulli 2012. For a general introduction to the roles of narrative in the Sanskrit medical classics, see esp. chapter 1 and chapter 7.
32. Caraka Samhita Śūrārathā 1.15.
34. Here again there appears to be a parallel with the ātman of the Upanisads, where the ātman, interpreted by the commentators as “body,” is called “the origin of all actions, for hence arise all actions” (Bṛhadāraṇyaka Upaniṣad 3.9.28; cited in Kapstein 2003: 55).
37. See, for example, Caraka Samhita Sutrasthana 11.45; Astangahridaya Samhitā Sutrasthana 1.20–21.
41. Samuel (1990) uses the term “social manifold” for what I am calling the “ever-changing ecosystem” in which the modal states of individuals and society interrelate.
42. Larson 1987: 256.
43. Caraka Samhītā Śārīrasthānā 1.75–76; cf. Caraka Samhītā Śārīrasthānā 1.54–57.
44. Āyurvedadīpikā on Caraka Samhītā Śūtrasthānā 11.13.
45. Caraka Samhītā Śūtrasthānā 1.78.
46. Caraka Samhītā Nidānasthānā 6.7.
48. Of all the classical medical authors, Vāgībhaṭa, to whom both the Ṩṣaṭnghrdaya Samhitā and the Aṣṭaṅgasangraha Samhitā are often ascribed (although both sources are in all likelihood not written by the same person), is traditionally thought to have been the most influenced by Buddhist traditions. For instance, Vāgībhaṭa mentions the “middle way” in the Aṣṭaṅghrdaya Samhitā (Aṣṭaṅghrdaya Śūtrasthānā 2.30), and he refers to several names known in Buddhist literature and tradition, including his teacher Avalokītēśvara (Aṣṭaṅgasangraha Śūtrasthānā 28.34; Āyurvedaśīla 2.144; Uttarasthānā 8.57; Aṣṭaṅghrdaya Uttarasthānā 5.50); Bhaisajyaguru (Aṣṭaṅgasangraha Śūtrasthānā 27.12–13; Aṣṭaṅghrdaya Śūtrasthānā 18.17–18); Avalokītēśvara (Aṣṭaṅgasangraha Śūtrasthānā 8.59); Ratnaketa (Aṣṭaṅgasangraha Uttarasthānā 1.19); and others. Other indications that the works ascribed to Vāgībhaṭa are indebted to Buddhism include the use of the title arhat for Bhaisajyaguru in both the Aṣṭaṅgasangraha and the Aṣṭaṅghrdaya; references to a healing figure (dhārini) who prepares a collyrium paste meant to purify the three eyes (of prājah, jītān, and viṣṇā) and who is also called a tathāgata and samyak-sambuddha (Aṣṭaṅgasangraha Śūtrasthānā 58–61); and references to the Buddhist deity Tārā in both the Aṣṭaṅgasangraha and the Aṣṭaṅghrdaya (Aṣṭaṅgasangraha Āyurvedaśīla 21.135; Aṣṭaṅghrdaya Āyurvedaśīla 19.98).
50. Āyurvedadīpikā on Caraka Samhītā Śūtrasthānā 8.17.
51. Caraka Samhītā Śūtrasthānā 8.17.
52. Āyurvedadīpikā on Caraka Samhītā Śūtrasthānā 8.17.
53. Āyurvedadīpikā on Caraka Samhītā Śūtrasthānā 8.17.
55. This discussion occurs in book 2 of the Nicomachean Ethics (Ostwald 1962).
56. Aṣṭaṅghrdaya Samhitā Śūtrasthānā 2.30. See also n. 48.
58. Caraka Samhitā Sutrasthānā 11.4.
59. Āyurvedadīpikā on Caraka Samhitā Sutrasthānā 11.3.
62. Caraka Samhitā Śūtrasthānā 5.3.
64. Caraka Samhītā Śūtrasthānā 5.5.
66. The following discussion of Āyurveda and Sāṃkhya also occurs, with some elaborations and expanded discussions, in Cerulli 2012: 27–29.
67. Larson 2005: 256 n. 3. For the Sanskrit text along with a translation of Īsvarakṛṣṇa’s Sāṃkhya-kārikā, see Larson 2005: appendix B.
68. A lot of ink has been spilled concerning which knowledge system, Āyurveda or Sāṃkhya, influenced the other on the subjects of cosmogony, cosmology, and the relationship between matter and the self. It is likely that the two systems were relatively coeval in Indian history, and as far as I can determine, there is no conclusive evidence to suggest which of the two systems had a greater influence on the other.
74. Zimmermann 1980: 101. Marriott was a co-translator of this article into English from its original rendering in French. Zimmermann has also dealt with Āyurvedic cosmology and the openness and boundedness of the body in Āyurveda elsewhere. See, for example, Zimmermann 1999: 218–223; 2004: 7–11.

References


Chapter 3

Bodily Gestures and Embodied Awareness

_Mudrā_ as the Bodily Seal of Being in the Trika Śaivism of Kashmir

KERRY MARTIN SKORA

This essay is a study of _mudrā_ in the life-world of the Hindu tantric visionary Abhinavagupta (ca. 975–1025 CE), who lived in the vale of Kashmir approximately one thousand years ago. Abhinavagupta uses the term _mudrā_ in two different senses: (1) _mudrā_ as the bodily gestures that spontaneously manifest in the realized tantric master as the physical counterpart of his perfected state of nondual consciousness; and (2) the practice of _mudrā_ as the formation of specific bodily gestures with the hands or other parts of the body in order to catalyze the realization of higher states of awareness. To evoke this intertwining of external gesture and internal states of awareness, I interpret _mudrā_ as “bodily gesture that embodies awareness.” Abhinavagupta’s understanding of these bodily gestures shows that for him there is not a dualistic dichotomy between external bodily forms and internal states of awareness. The implication is that changes in awareness and processes of self-liberation are manifested in and through the body.

In this essay I will engage in a hermeneutical phenomenology in which I bring Abhinavagupta’s understanding of _mudrā_ into conversation with the phenomenology of the body articulated by the contemporary philosopher David Michael Levin in his notion of the “body’s recollection of Being,” which in turn builds on Maurice Merleau-Ponty’s notion of the “lived body.” In the Trika Śaivism of Abhinavagupta, the Being that the body recollects in the highest state of realization is Śiva.