Health and Religious Rituals in South Asia
Disease, possession and healing

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5 Health and Religious Rituals in South Asia
   Disease, possession and healing
   Edited by Fabrizio M. Ferrari
For my brother, Luca:

The more [the yogi] practices, the more visible everything becomes.
(वेदन्यासा on योगस्वरा 3.26)

If the doors of perception were cleansed every thing would appear to man as it is, infinite.
(William Blake, The Marriage of Heaven and Hell)
8 Calculating fecundity in the *Kāśyapa Saṃhitā*

*Anthony Cerulli*

...in this chapter I explore the role of narrative in the development of knowledge about, and rationalization for, conditioning the human body in the classical Indian medical system of Āyurveda. In particular, I look at the *Kāśyapa Saṃhitā*, a Sanskrit text composed around the seventh century CE, and a narrative in the text about demonic possession that leads to the event of miscarriage. The *Kāśyapa Saṃhitā*’s account of miscarriage is one of several “medical narratives” in the Sanskrit literature of Āyurveda. These narratives operate on a number of levels, not the least of which is the medical or therapeutic level. But what is more, as I discuss in what follows, narrative discourse in the Sanskrit medical literature of South Asia frequently addresses social and religious issues as well. Before looking at the miscarriage narrative and the socioethical implications of this story, I first offer a brief history of the text.

The *Kāśyapa Saṃhitā* in context

The principal subjects of the *Kāśyapa Saṃhitā* are gynecology, obstetrics, and pediatrics, all of which collectively fall within the Āyurvedic field of *kaumārabhṛtya*. The *Kāśyapa Saṃhitā* is the only currently available Sanskrit medical compendium that specializes entirely in *kaumārabhṛtya* (Muelenbeld 1999–2002: IIA: 25). While this branch of Āyurvedic medicine deals with women’s health, *kaumārabhṛtya* literally means “support of the young,” with the “young” here referring both to children (hence the specialization also includes pediatrics) and primiparas, or first time and soon-to-be mothers. Of all the Sanskrit medical compendia, *Kāśyapa*’s compendium most closely resembles the works of Caraka and Bhela. Like the *Caraka Saṃhitā* and the Bhela *Saṃhitā*, the arrangement of the *Kāśyapa Saṃhitā* originally contained 120 chapters spread out over eight sections. *Kāśyapa* has a supplementary section, the Khilasthāna (not found in Caraka or Bhela), which consists of eighty chapters, bringing *Kāśyapa*’s total number of chapters to 200. Today, only seventy-eight chapters are available, and almost half of them have been only partially preserved (Muelenbeld 1999–2002: IIA: 27). In terms of style, the *Kāśyapa Saṃhitā* appears very old. Both G. Jan Muelenbeld and Dominik Wujastyk have commented on the incidence of some very old phraseology in the text (Muelenbeld 1999–2002: IIA: 39–41; Wujastyk 2003: 164). Its reference to certain deities (e.g., Prajapati, Agni, and Soma), Vedic rituals (e.g., *mārutiṣṭi*), and mantras (e.g., the Soma Pavana and Sāvitr mantras), among other things, reflect the stylings of the Vedas and Brāhmaṇas (Varier 2005: 131; Wujastyk 2003: 164). Nevertheless, these observations account for just small segments of the text, and it is likely that the Sanskrit compendium available to us today underwent its final redaction around the same time as Vāgbhata’s *Āstāṅgahṛdaya Saṃhitā*, which places it around the seventh century CE.

The text did not have a wide readership in modern South Asia and the West until the late nineteenth century when, in 1898, Haraprasad Shastri discovered one of the two existing *Kāśyapa* manuscripts in Nepal. Although Shastri subsequently lost the manuscript, it became known in Europe thanks to the French Indologist Palmyr Cordier, who reportedly made a copy of Shastri’s manuscript and donated a reprographed version of his copy to the Bibliothèque National in Paris (Wujastyk 2003: 163). In 1938, Pandit Hemaraj Sharma acquired in India the second surviving manuscript of the *Kāśyapa Saṃhitā*. This manuscript is an incomplete set of palm leaves, totaling around 236 leaves (starting at page twenty-nine and ending at page 265) and marred throughout by missing lines and words (Sharma 2003: 153–154; Tewari 1997: 6).

The entire *Kāśyapa Saṃhitā* is arranged in the form of a protracted dialog between a teacher, Kāśyapa, and his pupil, Vṛddhajīvaka, “Old Reviver.” The text is also sometimes called the *Vṛddhajīvaka Tantra*, alluding to the importance of Kāśyapa’s pupil in the assembly and dissemination of the work (Sharma 2003: 152–153). The adjective *vṛddha* (“old” and “full-grown” “experienced” and “wise”) affixed to the name of Kāśyapa’s pupil, Jivaka (“reviver”), sets him apart from other important physicians bearing the name Jivaka in the long course of Sanskrit literary history. It also suggests that the medical knowledge of this specific Jivaka is in some way superior to the medical knowledge of the other Jivakas in the literature, such as, to name the two most famous of the bunch, Jivaka the pediatrician in the Bower Manuscript and Jivaka Komārababbaca, the legendary Buddhist physician (Sharma 2003: 164–169; Muelenbeld 1999–2002: IIA: 26; Tewari 1996: xiii–xiv; Mukhopadhyaya 1994: III: 681–744; Zysk 1991: 52–60).

According to the mythic history of the *Kāśyapa Saṃhitā*, during the fourth and most deleterious epoch of the Hindu cosmic calendar, the Kali Yaga, Jivaka’s rendering of Kāśyapa’s medical teachings, were temporarily lost. They were eventually recovered and preserved by a charitable yakṣa named Anāśyā. A sage in the same lineage as Jivaka, Vātśya, procured the medical teaching from Anāśyā, and upon obtaining it, he promptly undertook a rigorous study of the Rg, Yajur, and Śāma Vedas and their auxiliary disciplines. He also undertook severe religious austerities and sacrificed regularly to Śiva, Kāśyapa, and the yakṣas. Vātśya then revised Jivaka’s work to support the future of humankind (*Kāśyapa Saṃhitā* Kalpāsthāna 9.18–29). The *Kāśyapa Saṃhitā* that we have today is Vātśya’s putative revision of Jivaka’s rendition of the legendary sage Kāśyapa’s original composition.
The miscarriage narrative

*Kāśyapa*'s narrative of miscarriage occurs in a chapter entitled, “The Ritual Precepts of Revatī” (revatikalpa). Revatī is an important goddess in the story, as is her avatāra Jātahārīṇī, “Seizer of the Born.” The following is an abridged translation of Kāśyapa’s miscarriage narrative.4

“Now we will explain the ritual precepts of Revatī,” said venerable Kāśyapa. The Lord of Creatures, Prajāpāti, was all alone and this is all there was. In the beginning he created Time. Then he made the gods and demons, the fathers, humans, seven domestic and wild animals, medicinal plants, and the trees. Prajāpāti looked on, and thereupon Hunger was born. That Hunger entered Prajāpāti just then, and Prajāpāti languished. For that reason a hungry creature grows weak. Prajāpāti saw that the medicinal plants warded off Hunger. So he ate them. After digesting the medicinal plants,5 he was released from Hunger. Prajāpāti then placed Hunger in Time. And so Time became hungry, and he began to feast on the gods and demons. The gods and the demons, being eaten by Time, sought Prajāpāti’s protection. He told them about the elixir of immortality. They churned [the cosmic ocean] and the elixir of immortality emerged [from it].6 “But who will gulp it down first?” [Vṛddhajīvaka asked Kāśyapa.] The gods alone consumed it, and they became forever young and immortal … Then the demons converged upon the gods, and the two groups fought one another. A young demoness named Dīrghajīvī7 then began to lay waste to the army of the gods. The gods called out to Skanda [their military leader]: “Dīrghajīvī attacks us mightily. Control her!”

(Kāśyapa Sanhitā Kalpaṭhāna 6.1–6)

After a short digression on the magnificence of the god Skanda, Kāśyapa narrates the events that led to the occurrence of miscarriage:

Skanda then sent the goddess Revatī to battle Dīrghajīvī. Taking the form of a she-jackal, Revatī approached the army of demons and straightaway she devoured Dīrghajīvī. After killing the young demoness, Revatī turned into a vulture. With meteors, lightning, and a rain of stones, Revatī … conquered the demons. Because they were being annihilated by Many-Formed One, the demons fled to the wombs of human and nonhuman animals. But Revatī saw where the demons went … and promptly she became Jātahārīṇī (“Seizer of the Born”), and she killed them.

(Kāśyapa Sanhitā Kalpaṭhāna 7)

Heaven and earth: a goddess and her avatāra

Jātahārīṇī’s act of eradicating the demons from the wombs of human and nonhuman creatures is Kāśvana’s etiology of miscarriage. In this medical narrative, the female womb is something of a battlefield in a primeval quarrel in which the production of offspring seemingly lies in the balance. The narrative follows a rather formulaic pattern in Hindu mythology: a god or goddess is called upon to kill a demon, but the demon flees and takes refuge in the body of a human or animal. And while the demons inhabit the wombs of female human and nonhuman beings, so does the goddess Revatī’s avatāra, Jātahārīṇī (“Seizer of the Born”).8 In the form of her avatāra, Jātahārīṇī, the goddess follows the demons to earth and possesses the very same bodies that the demons possess.

It is of course the nature of an avatāra to move from the heavens to the world of humans. That is the “descent” (avatāra) of a deity that commonly characterizes the interaction of gods and humans in Hindu mythology (such as, for example, the ten avatāras of Viṣṇu). The dual character of Revatī-Jātahārīṇī, because she intersects both the divine and human realms, offers two particular perspectives that are useful for making sense of the perception of miscarriage recounted in the text. On the one hand, with respect to the world of the heavens, Jātahārīṇī’s womb-jumping, demon-slaying activity may be read as a recapitulation of the earthly and heavenly realms within the overall universal order. Demons belong opposite the gods in heaven, not gestating in the wombs of human women. Jātahārīṇī’s elimination of the demons from their unnatural abode is thus helpful to restore the existential balance in the heavens and on earth. On this view, Jātahārīṇī’s role in the narrative is something of a divine physician who re-establishes a cosmos gone awry. On the other hand, looking specifically at the world of humans, the transformation of Revatī into Jātahārīṇī appears to be a necessary act to prevent the proliferation of demons among humanity. This is a rather counterintuitive reading, for it suggests that there might be an upside to Jātahārīṇī’s occupation of a woman’s womb: namely, she decisively occludes the possibility that a woman will carry to term and give birth to a demonic child. All the same, this perspective is disconcerting given the physical trouble and emotional suffering that often accompany a miscarriage.

From what we have seen of the miscarriage narrative thus far, the occupation of a woman’s womb by a demon appears to be completely random and in no way the fault of the expecting mother. But the text’s evident position that the woman is an unsuspecting victim swiftly changes. After Revatī becomes Jātahārīṇī, the logic of the story links the biophysical event of miscarriage to socioreligious agency, especially dharma. What is more, as we see in the next passage of Kāśyapa’s story, Revatī’s motivations for generating miscarriage in the human world would seem to reflect the anxieties of the text’s authors regarding women’s bodies and social behaviors. The text’s authors voice themselves through the sage Kāśyapa’s assertion to Old Reviver in the following passage:

In particular, Jātahārīṇī kills the one who is demonic, the offspring of people without dharma, and the one infected with non-dharma. Vṛddhajīvaka, that is her, Revatī! … She is the one who, at the command of Skanda’s wish, has come into being among all creatures to stupefy those who act against dharma and to remove untruths … [Vṛddhajīvaka then asks:] Why is it that
good people too are killed when the evil demons get inside them? That is because when Jñáthārini gets inside them, only someone with a divine eye can see that she is there [i.e., inside an apparently good person, and therefore it appears that a good person is being killed]. And so it is said that only by following dharma can a woman stop Jñáthārini [from getting inside her].

(Káśyapa Samhitá Kalpastháná 6.7)

Revati’s avatāra, Jñáthārini, is distinctly cast as a messenger of moral judgment, for she alights only on women who are morally wayward. The text further states:

Jñáthārini attaches to any woman who has abandoned dharma, auspicious behavior, cleanliness, and sacrifice to the gods; any woman who hates the gods, cows, Brahmins, teachers, elders, and good people; any woman who is fickle, egoistic, and dissolute; any woman who loves hostility, discord, meat, violence, sleep, and sex; any woman who is cruel, causes torment, is caustic, chatty, or unjust.

(Káśyapa Samhitá Kalpastháná 6.8)

Káśyapa continues to explain that Jñáthārini also afflicts women who do not obey their husbands or love their children, who despise their in-laws, cast an evil eye at their co-wives, strike babies on the head, or do not offer oblations to the ancestors. The list is long. Because of one or a combination of these misdeeds, a woman is said to create openings (literally “doors” – dvārā) in her body through which Jñáthārini enters and then attaches herself inside the woman’s womb. What is more, Káśyapa presents the occurrence of miscarriage as a kind of punishment for a woman’s immorality. Not only does the text assign responsibility to women for the incidence of miscarriage but, at times, the text also seems to suggest that Jñáthārini takes up residence in the wombs of women whether they are currently pregnant or not. The point presumably is that they can become pregnant. The demons that fled to the wombs of women in the creation portion of Káśyapa’s narrative are metaphors for the latent socioreligious deviancy that morally errant women could reproduce among the human population.

It is worth pointing out that the authors of the Káśyapa Samhitá ultimately chose what should be considered socially and religiously acceptable. Thus, a woman’s actions will attract or not attract Jñáthārini depending on the degree to which she abides by the views of Káśyapa’s authors. This point is noteworthy because it suggests that there is more at stake in the telling of this story than just the health of the childbearing (aged) patient. An uneasiness about the production of offspring underlies this narrative. Its composition demonstrates that for the authors, who were surely men, the potential gains and losses of reproduction should not only frame, but also command, discussions of embryology and parturition. As I discuss below, when we question who wins and loses in these discussions, it becomes clear that the female patient functions primarily as a conduit for social construction. Her health appears not to be important for its own sake. But rather upon her generative power hangs the social and religious opportun-

ities for the text’s male authors. The feminine power to create life, as Káśyapa’s miscarriage narrative reveals, was seen to require inexorable oversight and delimitation. The story of Revati’s avatāra is a symbolic tale about the numerous individual and social components that were perceived both to generate and sustain human society.

The name “Jñáthārini” (“Seizer of the Born”) stands as a master metonym for any type of “miscarriage” in the English idiom – e.g., the sudden expulsion of an embryo from the womb or the general failure to bring about some desired end in one’s social or religious engagements. In the idiom of the Sanskrit narrative, the Jñáthārini character exploits the twin meanings of “seizing” (hārini) things that have been “brought into being” (jaṭa): she is equally the embodiment of the substantive event of embryonic ruin and the interruption of a woman’s delinquent behavior and socioreligious faults. As in the preceding passages, dharma, or more precisely a violation of dharma, is the baseline of the evaluation of women in the text. In narrative terms, the concept of dharma is the central motivating factor in Jñáthārini’s attack:

Jñáthārini does not enter a woman who obeys her dharma. She is driven by the absence of dharma . . . whereupon she causes the destruction of the offspring of mothers. Because of a woman’s own actions, she makes the lives of [her] children come to an end.

(Káśyapa Samhitá Kalpastháná 6.65–66)

Since the Káśyapa Samhitá only provides details about the women whom Jñáthārini assails, not about the women whom she ignores, the text presents a feminine personality that presumably stands opposed to a more upright feminine temperament. Lists of socio-physical attributes that define the feminine nature, or a woman’s disposition in relation to others, are not uncommon in Ayurveda. Though not always, frequently in the narrative discourses of the Sanskrit medical classics positive feminine qualities are known via negativa – that is, the reader must determine indirectly what are the qualities and actions that will not invite Jñáthārini. This is the case in the Káśyapa Samhitá, where women to whom Jñáthārini pays no attention might be socially and religiously virtuous, dharmically vigilant, altruistic, agreeable, sexually modest, and the like.

**Narrative medicine, medical texts**

In the remainder of this chapter, I would like to offer a few remarks about the form and function of narrative medicine. What does the Káśyapa Samhitá’s use of storytelling illustrate about the nature of narrative medicine in general? More specifically, what does the miscarriage narrative reveal about the function of narrative in Sanskrit medical literature?

The gist of Káśyapa’s narrative embryology is that miscarriages are products of certain social and religious failings. Here the presentation of a medical explanation in narrative form becomes a heuristic means for Káśyapa’s authors to
routinize ethical and religious principles into their medical program. The miscarriage narrative presents a “plurality of codes,” as Lévi-Strauss once described the layers of meaning in myths, which amounts to a systematic arrangement of rules and regulations concerning cultural norms on matters such as religion, medicine, gender roles, and so on (1988: 172). The central cultural norm in question here is a “woman’s duty,” **strīdhārma**. The codes in a myth permeate the narrative’s settings and characters. And the episodic logic of the narrative involves a process of linking a set of relations – gods and demons – to an otherwise unrelated situation – human miscarriage – to address issues that the authors ostensibly wanted to emphasize. For this literary venture to work, the narrative must progress seamlessly across its various codes of meaning. Gods and demons and women and miscarriage all must fit together in such a way that the shifting settings and temporal frames in the narrative – heaven and earth – appear to exist in a kind of fluid course of associations. Accordingly, **Kāśyapa**’s story renders the character and conduct of pregnant women understandable in view of the dual character of **Revati–Jātahārini**, whose narrative function is to translate one realm, the heavenly, into another realm, the human. While **Revati** upholds cosmic order by reorganizing the association of gods and demons in the heavens, **Jātahārini** cultivates the social order on earth by refereeing the lives and wombs of women. In this sense **Kāśyapa**’s narrative of miscarriage delivers a very literal message about demonic possession, and its underlining message is gender-specific, for it applies only to women in whom a detectable force has taken control. The narrative also carries a weighty ethical prescription for the childbearing patient. It attempts to square female biology with psychology and behavior. Perceived incongruities of these spheres of human being come forward in the text’s lists of feminine qualities likely to attract **Jātahārini**, and hence produce miscarriage. Qualities that do not attract **Jātahārini**, as I stated above, we may infer **via negativa**. These would reflect different, or more ethically normative, physical and mental activity on the part of the so-called patient.

Although embryological matters are naturally significant to miscarriage, as we see in the **Kāśyapa Samhitā** and other Sanskrit medical texts, the narratives of **Āyurveda** are at bottom discourses on the lives of patients (Cerulli 2007). They reflect on important social and religious dimensions of human life that require people to be productive, responsible, and active members of society. In general, the patients of **Āyurveda**'s narratives exemplify life not just as it is lived but also as it should be lived. Through the use of narratives, **Āyurvedic** literature attends to typical human issues, such as social relationships, sexual politics, and religion in ways that the non-narrative, standard clinical discourse of the tradition does not. The basic difference between the non-narrative medical reasoning and the narrative medical reasoning of the Sanskrit medical classics is this: whereas non-narrative reasoning provides the “is” of disease – e.g., illness X is this or that and it can be cured in such and such a manner – narrative reasoning tends to attribute an agentive “ought” to the origins of disease – e.g., illness X affects this person, and not that person, because this person ought to have acted in a certain way but she or he chose not to. With an “ought” ascribed to illness, medical narratives underscore social relations that the traditions’ compilers perceived to produce disease and bodily dysfunction. Consequently, medical maladies may be understood and cured only by addressing the synthesis of social, moral, and physical agency in the life of a patient. This accentuation of the social and religious dimensions of biological well-being runs counter to what Michael Taussig observed about biomedicine in America and Europe where social relations are at best ascribed a “phantom objectivity” (1980: 3), which has the effect of obfuscating the social nature undergirding disease.

In the medical sources of **Āyurveda**, when the discursive shift from clinical to narrative discourse occurs, and stories from religious contexts are adapted to the medical framework, the topography of the human body ceases to be simply an anatomical montage of biophysical items and becomes a medium with which to encode symbols that reflect social mores, assumptions, and fears. The personal agency and character of the patient (in this case, childbearing women) become both a reflection and a source of disease, and the patient comes to embody socially engendered notions of improper activity and disposition. The introduction of narrative time in the discussion of miscarriage provides a kind of homological logic. The origin of miscarriage rests in a primordial struggle between forces of good and evil, which foregrounds the contingency of human being and reproduction, while the eventual management of the terrestrially wayfaring cohort of demons connects misbehavior with sickness and ethical adjustment with health.

I have suggested that a function of the medical narrative is to press an “ought” into service among people, in effect to move the discourse into the domain of normative ethics. This begs the question: Do we know the extent to which the information of the **Kāśyapa Samhitā** or the medical literature of the period was disseminated? And to whom was the narrative knowledge of the medical sources specifically directed? Like other Sanskrit medical compendia, such as the **samhitās** of **Caraka** and **Suśruta**, the **Kāśyapa Samhitā** is structured as a manual primarily by and for physicians (vaidyas). In **Kāśyapa**’s case, its particular audience consisted of physicians trained in the field of **kaumūrabhrtya**. Beyond this group, it is difficult to know who might have been privy to the information in the text. Yet it is likely that the audience of **kaumūrabhrtya** trained physicians in premodern India included women, if not directly then the information in the text was conveyed to them by men, midwives, parents, etc. Yet the ways in which, as well as the extent to which, physicians made the material in the text available to their patients is difficult to know with absolute certainty. This is not to say, however, that we cannot reach (or should not attempt to reach) some reasonable conclusions about the nature of “texts” and their uses in the premodern world.

What is a text? In the basic lexical sense, a text is a linguistic mode of operation. On one hand, texts are perduring products of cultural processes. On the other hand, texts can also be productive, and they can extend beyond mere description to exert various kinds of influence. Not just reflections of the cultures in which they were produced, then, texts are also cultural devices capable of mediating social practices and patterning societies. I understand texts to be
objects of intentionality,” as Sheldon Pollock has argued, “with a structure of meaning intersubjectively shared between author or performer and reader or listener” (2003: 20). A language text may be oral (between speaker and hearer), written (between writer and reader), pictographic (between image maker and image consumer), and gestural (between actor and audience). Each of these examples is a text in the conventional lexical sense inasmuch as they are linguistic modes of operation. The intentionality of a text furthermore makes it a productive, or generative form of influence. I understand the narratives of Ayurveda to work in both ways: (1) they reflect the sociopolitical and religious contexts in which they were produced, taking into account such things as geography, regional sociolinguistic associations and tensions, economics, and so on; (2) they classify aspects of society and define cultural categories so as to organize and delimit socioreligious practice. In my analysis of the Kāśyapa Samhiti’s narrative account of miscarriage I have emphasized the latter operation of the text. The Sanskrit medical texts in general, and the particular discourses of myth and allegory, are products of the space and time in which they were created. But they also operate as generative forces in that they aim to delimit social practice for the tradition’s so-called patients.

Ayurvedic narratives are clearly textual. They have “textuality,” which is to say they inspire dispositions and practices in bodies through diagnoses, prognoses, and prescriptive suggestions for everyday life. As an influential text, the narrative of miscarriage in the Kāśyapa Samhiti expands the representational act of displaying facts about the body to include verisimilar rhetoric about matters of living in society and in the world. In this way, following Oswald Ducrot and Tzvetan Todorov, I propose that texts have the unique capacity to make use of language:

[A text] opens a gap between, on the one hand, the “natural” language of everyday usage, destined for representation and comprehension, a structured surface that we expect to reflect the structures of an outside and to express a subjectivity (individual or collective), and, on the other hand, the underlying volume of signifying practices, “where the meaning and its subject sprout” at every moment, where significations germinate “from within the language and in its very materiality,” according to models and in play of combinations (those of a practice within the signifier) that are radically “foreign” to the language of communication.

(Ducrot and Todorov 1979: 357–358)

few things are merely what they seem, in other words. In the homological communication of Sanskrit medical narratives, words that comprise Ducrot and Todorov’s “representational act” are capable of producing meaning about the body and yet, as I have shown, they also demonstrate that the similitude of physicality – such as a womb possessed by a demon fleeing Jātaharini – may also be understood as an empty mise-en-scène in which germinate “other significations” meant to influence opinion or action, such as a childbearing woman’s estimations of well-being and healthy means of living.

Ultimately, it is important to acknowledge that when we read premodern texts and mine them for information, often we do not have access to anthropological and sociological studies of the ways in which these texts were used. When we query a premodern text, therefore, we need to remember that we are asking our own, contemporarily oriented questions. Any value that we find in them may or may not have been important issues to the authors in the context in which they lived. Even so, as Wendy Doniger has observed,

only by asking our own questions, which the author may not have considered at all, can we see that his text does contain many answers to them, fortuitously embedded in other questions and answers that were more meaningful to him.

(Doniger and Kakar 2002: xxiii)

Generally speaking, that the medical narratives of Ayurveda are filled with popular cultural stories and concepts suggests that they might have been intended for an audience larger than just the professional medical community. The lessons that reside within a narrative etiology of biophysical malfunction, such as Kāśyapa’s story of miscarriage, may be used gainfully (if used judiciously) to defend or repudiate contemporary discourses about the associations of morality and physical health and illness.

At the end of the day, the miscarriage narrative of Revati-Jātaharini in the Kāśyapa Samhiti reflects a desire to take control of, and hence look after, human reproduction. An obvious reason for this is that procreation is an enormously important issue in the history of premodern South Asia, and within the history of Hinduism in particular. So, for example, in the Dharma Sūtra literature women are eulogized as goddesses for their power to produce human life (e.g., Manusmṛti 9.26). More germane to the present case, however, in several Brāhmaṇas and in the Mahābhārata embryological matters and reproduction are as vital to men, if not demonstrably more so, than to women. In these sources men are said to be “debtors” (pravāna) at birth by virtue of their gender. In the Brāhmaṇas a man is born with three debts: a debt of Vedic study to the rishi, a debt of sacrifice to the gods, and a debt of offspring to the ancestors; in the Mahābhārata (1.111.10–17), an additional fourth debt of benevolence to all mankind is added. To be free of the debt to the ancestors, which is the debt endangered in Kāśyapa’s medical narrative, a man needed to have offspring, specifically sons, to perform his funeral rites (śrāddha) and to ensure his immortality after death.

The fundamental somatic lesson of the Kāśyapa Samhiti’s narrative of miscarriage is that becoming pregnant itself is important, but bringing pregnancies to term, that is, not to incur a visit from Jātaharini, is the grand goal. Yet certain women are depicted as less fit to reproduce than others on account of their nonconformity to the text’s understanding of social and religious decorum. The medical narrative of miscarriage in the Kāśyapa Samhiti underscores not only the desirability of children in classical India, but it also draws our attention to the ways in which medical discourse has contributed to gender politics and the
history of religious conceptions about possession and the causes of life and death in South Asia.

Notes
1 Other names are used in the Sanskrit medical literature in addition to kaumārābhṛtya, such as bālacchitā, “the treatment of children,” and kaumārātana, “treatise on children.”
2 Wujastyk has noted that the Bhela Samhitā covers a lot of the same material as, and likely dates from a period close in time to, the Caraka Samhitā; it survives today, he says, “in a single problematic manuscript” (2003: xxx, footnote 16). For more on the context and history of the Bhela Samhitā, see Yamashita 1997; Sharma 1982: 223–225; and Krishnamurthy’s Introduction in his edited edition of the Sanskrit text (2003).
3 The name Vṛddhajīvaka, Old Reviver, derives from a myth that explains this celebrated physician’s mastery of Ayurvedic knowledge. The story goes like this: Jivaka was the son of the sage Rikita. When he was five years old, to the disbelieve and ridicule of the older sages and learned men in his village, Jivaka began publicly expounding Kaśyapa’s medical teachings. One day, while Jivaka bathed in the Ganges River at Kanakhal, near Haridwar, he plunged into the river and emerged on the riverbank with weathered skin, a wizened brow, and a full head of gray hair. A crowd of Jivaka’s naysayers witnessed the transformation of the young boy and, immediately, they accepted his medical teachings without issue, referring to him thereafter by the name Vṛddha-Jivaka, Old Reviver (“old” here signifying the experiential wisdom that comes with age, specifically with respect to the capacity to revivify ailing bodies – Meulenbeld 1999–2002: II A: 25; Sharma 2003: 153; Varier 2005: 119). Among the possible interpretations of this myth, I would like to suggest that it speaks to the nature and perception of medical knowledge and authority in the classical period. The fact that the wise men did not believe Jivaka when he initially expounded Kaśyapa’s teachings, that they took him seriously only after he bathed in the Ganges River and, presumably, only after he appeared as they appeared – old, wrinkly, and gray-haired – points to the great importance placed on ritual purification (bathing in the Ganges) and many years of education (emergence from the river appearing older years) in ancient India before a person was considered a reliable or authoritative person (a bona fide ṛtaḥ).
4 All translations are of the author, unless otherwise noted.
5 Wujastyk (2003: 169) emends the text here from the gerund uṣṭāvā to uṣṭāvī, “having eaten” (vāś). He uses the Śarmaṇa 1988 edition (2003: 164); I use the Trikāmī and Sāṃśa 1938 edition. As I read it, the text here need not be altered. It is entirely keeping with Ayurvedic parlance to use the term uṣṭāvī, “having burned” (from vāś), to indicate the process of digestion (vāpika, “ripe; ripening, cooking”), which is regularly conceived of in Ayurveda as a process of cooking (pācana or dipana) food in the body’s digestive fire (pācākṣaṇa and jāhārāṇa – see, for example, Wujastyk 2003: xviii). This is a reference to the myth of the churning of the Ocean of Milk, out of which the nectar of immortality (amṛta) emerged, along with many other things, such as the divine physician Dhanvantari and the system of Āyurveda itself (Mahābhārata 11.15.5–13, 1.16.1–40, 1.17.1–30; Viṣṇu Purāṇa 1.9.2–116; see also O’Flaherty 1975: 273ff.; Dimmitt and van Buiten 1978: 94–98).

References

9 See, for instance, Caraka Samhitā, Vīmānāsthāna 8.94.
10 On this issue not all Brāhmaṇas agree. Charles Malamoud pointed out that the Taittirīya Brāhmaṇa says only Brāhma men are born with these three debts. The Satapatha Brāhmaṇa, however, claims that every man is born with these three debts, plus a fourth, to his fellow men. The Satapatha Brāhmaṇa consequently presents a problem for many men: if all men are born debtors, only some of them are capable of settling their life-accounts, for only twice-born men can study the Vedas; and only those men who have studied the Vedas and received the twice-born upanayana thread are allowed to perform the sacrifice (Malamoud 1996: 96–97).
11 The meaning of immortality in respect of the śrāddha rites seems to have included two different connotations from the time of the Vedas, a tension “built in from the very beginning, a simple tension between the desire to prevent rebirth and the desire to assure rebirth” (O’Flaherty 1983: 4). The prevention of rebirth meant that one’s father would not suffer “repeated death” (punārnatya) from life to life in samsāra.
Part IV
Possession from the East