

Know Thy Body, Know Thyself: Decoding Knowledge of the Ātman in Sanskrit Medical Literature

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The *Caraka Saṃhitā* lists three general types of disease that may afflict humans: endogenetic (*nija*), exogenetic (*āgantū*), and mental (*mānasa*). Endogenetic diseases are generally attributable to things such as the morbidity of the body's humors and diet. These diseases are treated by pacifying the humors and the restoration of mental normalcy by supplementing the body's physiology with opposing dispositions (*bhāvas*) so as to create a state of vitality and energy (*sātvika*) for the mind of the patient. In the case of endogenetic "seizing afflictions" (*grahabādhas*), treatment may also involve recourse to divine assistance through offerings (e.g., *bali* and *pūjā*). Exogenetic diseases are generally attributable to influences from outside of the body, such as demons, gods, poisons, and war. Above all, the *Caraka Saṃhitā* stresses that a person's individual actions (that is, one's *karma*) give rise to diseases of the exogenetic 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 gave pause to *Caraka's* eleventh century C.E. commentator, Cakrapāṇidatta (hereafter "Cakrapāṇi"), to dwell on the nature of the self and being human. Cakrapāṇi's reflections offer a useful starting point from which to explore the conception of the self, *ātman*, and the association of the self and the body in classical Sanskrit medical literature.

With economical flair, the *Caraka Saṃhitā* states that mental distresses occur when a person “doesn’t get what is wanted and gets what is not wanted.”¹ Dominik Wujastyk has pointed out that there are variants of this verse that declare, “from getting what one wants, and not getting what one doesn’t want.” This reading, Wujastyk has noted, “scarcely seems a reason for derangement” (Wujastyk 2003, 31 n. 29). Yet, we submit that Cakrapāṇi’s commentary on the *Caraka Saṃhitā*, the *Āyurvedadīpikā*, suggests that the foundation of mental affliction in this passage in *Caraka* is neither getting nor not getting. Rather, the problem is desire, longing, or thirst. To wit, Cakrapāṇi observed:

When a person gets what is wanted, it generates desire, ecstasy, etc. When a person gets what is not wanted and is separated from pleasurable things, then grief, etc arises. Yet it was just read [in the *Caraka Saṃhitā* that mental illness arises] ‘from not getting what is wanted and from getting what is not wanted.’ On this reading, however, because of the particle ‘and’ (*ca*), even getting what is wanted should be known as the cause [of mental illness].²

This passage explains that both the attainment of what is wanted as well as what is unwanted will end in mental affliction of some sort. And while the wanted and the unwanted cause mental disease, the routes in which they produce disease are different. The acquisition of that which is wanted is initiated by desire (*kāma*), ecstasy (*harṣa*), etc., whereas the acquisition of that which is unwanted is initiated by grief (*śoka*), etc.³ Elsewhere in the *Caraka Saṃhitā* the emergence of mental diseases are linked to the *guṇas*: the attainment of what is wanted through an increase of *rajas* and the attainment of what is unwanted through an increase of *tamas*.⁴

Mental anguish that people experience when they do not get what they want and mental elation that people experience when they acquire

¹ CS Sūtrasthāna 11.45: punariṣṭasya lābhālābhāccāniṣṭasyopajāyate.

² *Āyurvedadīpikā* on CS Sūtrasthāna 11.45: iṣṭalābhājāyate kāmaharṣādih anīṣṭapriyavi-yogādilābhācca śokādayaḥ yadi vā iṣṭasyālābhālābhāccāniṣṭasya iti pāṭhaḥ atra tu pāṭhe cakārādiṣṭalābho ’pi heturboddhavyaḥ.

³ CS Sūtrasthāna 11.39 presents a list of similar mental characteristics (e.g., fear, grief, anger, greed, infatuation, etc) that are said to be unfavourable actions of the mind.

⁴ CS Sūtrasthāna 28.36-40. Vāgbhaṭa supports this *guṇa*-mental illness association: rajastamaśca manaso dvau ca doṣāvudāhṛtau (AHS Sūtrasthāna 1.21).

things that they do want similarly aggravate people's ability to think clearly. Both experiences, in other words, produce what Caraka and Cakrapāṇi refer to as "a violation of knowledge" (*prajñāparādha*).⁵ Cakrapāṇi's interpretation that mental illness arises in people for simply having wanted (*iṣṭa*) 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, for *Caraka*, is a matter of self-knowledge.

To get or not to get is not the question. To ferret out the root of mental distress, the absolute requisite task is to know oneself. Even when people get what they want, that is to say, if they do not know what is good for them, mental troubles will arise.

The *Caraka Saṃhitā* states several things that a person fraught with mental illness should do for therapy, such as discriminate between things that are good and bad and pursue the goals of *dharma*, *artha*, and *kāma*.⁶ The verse ends with the following counsel to the mentally ill: "One should properly strive after knowledge of *ātman*, *deśa*, *kula*, *kāla*, *bala*, and *śakti*, and serve people who are learned about that [knowledge]."⁷ Commenting on this, Cakrapāṇi clarifies: "'that knowledge' here is knowledge of medicine for mental illness."⁸ And he proposes that a person should enroot knowledge of *ātman*, *deśa*, *kula*, *kāla*, *bala*, and *śakti* by posing a series of self-reflexive questions, for which he also supplies terse and formulaic answers:

Who am I? What is good for me? Knowledge of *ātman*. What is *deśa*? What is appropriate in this [*deśa*]? Knowledge of *deśa*. In the same way, knowledge of *kāla*, et cetera should also be known.⁹

How are we to read the compound listing the different types of knowledge in *Caraka's* statement? Cakrapāṇi does not parse it. We shall sug-

⁵ CS Sūtrasthāna 11.41, 43 and the *Āyurvedadīpikā* at CS Sūtrasthāna 11.41. On proper knowledge (*viññāna*) as the best therapy for mental faults, see also AHS Sūtrasthāna 1.26.

⁶ Commonly called the *trivarga* in Sanskrit medical literature, these are the first three "valid aims of humankind" (*puruṣārthas*) in Hinduism.

⁷ CS Sūtrasthāna 11.46: tad vidyānām copasevane prayatitavyam ātmadeśakulakālaba-laśaktijñāne yathāvacceti.

⁸ *Āyurvedadīpikā* on CS Sūtrasthāna 11.46: tadvidya iha mānasavyādhibheṣajavedī.

⁹ *Āyurvedadīpikā* on CS Sūtrasthāna 11.46: ko 'haṃ kiṃ me hitamityātmajñānaṃ ko deśaḥ asmin kimucitamiti deśajñānam evaṃ kālādavapi jñānaṃ boddhavyam.

gest two possible readings. The first way is to read six independent categories, each of which stands in a genitive relation to the term “knowledge” (*jñāna*).¹⁰ In grammatical terms, this reading consists of one copulative compound within the overall genitive compound. Parsed this way, the translation reads: knowledge of self (*ātman*), knowledge of location (*deśa*), knowledge of family (*kula*), knowledge of time (*kāla*), knowledge of strength (*bala*), and knowledge of ability (*śakti*).

While this is an acceptable translation of the passage in terms of grammar, it is not, we propose, satisfactory for the context. Cakrapāṇi is interpreting a passage about mental illness. Extreme feelings, such as grief, envy, and lust, as well as euphoria and jubilation, underlie mental illness in the Sanskrit medical classics; these feelings have the power to disconnect people’s perceptions of themselves from reality, which is to say, from who they really are and how they relate to others and the world around them. Even if the categories of knowledge just listed are important to a person, which they no doubt are, if we interpret *Caraka* as recommending them as independent, non-interrelated categories of knowledge, then we must read this passage as inspiring people not to unify all areas of their self-knowledge, but rather to divide and isolate them. Such a reading belies *Caraka*’s plan, we suggest, which is to stabilize unsteady and troubled minds by encouraging a cohesive and structured self-image.

Another reading, better suited to a discussion of mental illness in the Sanskrit medical literature, would be to take Cakrapāṇi’s self-reflexive enquiry—“Who am I? And what is good for me?”—as a cue to read *Caraka*’s statement as a recommendation to physicians to encourage their patients to (re)establish their self-knowledge. To answer the question “What is good for me?,” Cakrapāṇi asserts, “knowledge of the *ātman*” (*ātmajñāna*). What is the *ātman* here? It is not the nominal transcendent self “within all bodies” that is often identified with *brahman*, the absolute ground of reality, which occurs in many genres of Sanskrit literature and elsewhere in the *Caraka Saṃhitā*.¹¹ The term *ātman* here is simply the reflexive pronoun, “oneself,” and it is meant to account for a person’s physical presence. So, to the question, “Who am I?,” Cakrapāṇi effectively answers: I am a breathing body right here, right now, and the knowledge of the *ātman* that is good for me in this particular medical

¹⁰ Offering a similar, though shorter list, Vāgbhaṭa uses *vijñāna* instead of *jñāna* for “knowledge” (AHS *Sūtrasthāna* 4.32).

¹¹ CS *Śārīrasthāna* 1.81. The *ātman* is said to exist “within all wombs” (*sarvayonigata*), i.e., the origin and initial place of development of the body.

context is knowledge of myself in relation to my physical capacities and surroundings. On this view, *Caraka's* proposal to cultivate knowledge of the *ātman* may be read as a suggestion not to ruminate on absolute reality but rather to become self-aware, to discern with certainty how and where one actually stands in the world. The grammatical configuration of the compound *ātma-deśa-kula-kāla-bala-śakti-jñāna*, then, consists of two copulative compounds, in a locative case relation, within the overall genitive compound. *Caraka's* list on this view reads like this: “knowledge of one’s (*ātma-*) strength (*bala*) and ability (*śakti*) with respect to one’s (*ātma-*) location (*deśa*), family (*kula*), and time (*kāla* – in the sense of astrological and seasonal timing as well as cycle of life timing).”

The organization of *Caraka's* assertion and Cakrapāṇi's commentary rests upon the nature of “knowledge,” *jñāna*. To make sense of *jñāna* in these medical sources it is useful to consider treatments prescribed for exogenous and mental diseases in the seventh chapter of the *Sūtrasthāna* of the *Caraka Saṃhitā*. In his commentary on this section, Cakrapāṇi explains the terms *deśajñāna*, *kārajñāna*, and *ātmajñāna*.¹² That he spends time discussing these terms here, and in particular the syntactical relationship of “knowledge” (*jñāna*) to the terms in the list, could explain why he does not spend more time ruminating on the nature of knowledge again when he takes it up in his *Āyurvedadīpikā* on *Caraka's* eleventh chapter of the *Sūtrasthāna*, which is our central concern in the present study. If we read both parts of Cakrapāṇi's commentary on *jñāna* together—that is, his discussions in the seventh and eleventh chapters—we see that the compound *deśajñānam* should be parsed as “knowledge of location” (*deśasya jñānam*) and also “knowledge of one's own location” (*ātmanaḥ deśasya jñānam*). The first gloss provides a general idea (i.e., the *sāmānya jñānam*) of the relationship between knowledge and place, and the second presents a more particular idea (i.e., the *viśeṣa jñānam*) about the relationship between knowledge, place, and oneself. The general understanding about location enables a person to develop an accurate and particular sense of how his or her own physical presence affects and is affected by the surrounding environment. The same logic applies to the other terms on the list, such as time (*kāla*), family (*kula*), ability (*śakti*), etc. It may be the case that Cakrapāṇi wanted to introduce the general and particular interpretations of knowledge one after the other, and therefore he dealt with them separately and without apparent connection in these separate chapters.

¹² *Āyurvedadīpikā* on CS *Sūtrasthāna* 7.53-54.

Alongside the notion of knowledge in *Caraka's* multipart compound, the conception of the “self,” *ātman*, is of central importance. The *ātman* of the foregoing passages of Cakrapāṇi's *Āyurvedadīpikā* designates not just the human body, but also the entirety of a person's physical existence. And yet the term *ātman* in the medical context also means much more than this, for in some cases it means the transcendent self, the correlate of *brahman*. The *Caraka Saṃhitā* devotes several verses to the *ātman* as the transcendent self, for example. It says that this self is independent of the material body, yet it is located in, and motivates, the body; it is all-pervasive and transmigrates the “hyper-mortality” of rebirth and redeath that is *saṃsāra*; and it represents the potential within every person to identify the individual *ātman* with *brahman*, the result of which is *mokṣa* (“release” from *saṃsāra*).¹³ The idea that *ātman* equals *brahman* is perhaps the most widely known understanding of *ātman* today, due in large part to the popularity of the eighth century C.E. Advaita Vedāntic philosopher, Śaṅkara, who espoused the monistic (or non-dualistic) equation that the *ātman* is identical to *brahman*. But as Matthew Kapstein (2003, 37-38, 55-59) and Patrick Olivelle (1996, xlix) have shown, the semantic range of the word “ātman” in Indian history has been far more multidimensional than Śaṅkara's rigid rendering of it. And the Sanskrit medical classics bear this out.

In the medical context, the term *ātman* in the phrase “knowledge of *ātman*” (*ātmajñāna*) carries two different layers of meaning. One is the self without qualities. In *Caraka's* phrasing this *ātman* is “unchanging...eternal, the seer that observes all actions.” The second one is the bodied *ātman*, or “one's physical self with consciousness, being, qualities, and sense organs.”¹⁴ The assorted uses of the term *ātman* in classical Sanskrit medical literature are often nuanced only slightly. In some in-

¹³ CS Śārīrasthāna 1.70-85; 5.11-12. We borrow the phrase “hyper-mortality” to describe *saṃsāra* from Kapstein 2003, 68.

¹⁴ CS Sūtrasthāna 1.56: nirvikāraḥ parastvātmā sattvabhūtaguṇendriyaiḥ / caitanye kāraṇaṃ nityo draṣṭā paśyati hi kriyāḥ. We might make sense of the interpretation of the words *ātman* and *ātmajñāna* as being dependent upon two kinds of people in the Hindu construction of society, specifically concerning the stages of life (*āśramas*) for twice-born Hindu men. For instance, we might recognize that that for a householder (*gṛhastha*) the interpretation of *ātman* as a “bodied self” is apt. Yet the other level of interpretation should also be borne in the back of his mind, as on a later date he might also take upon himself the next level of interpretation of *ātman* in the sense of the pursuit of “release” (*mokṣa*) from the cycle of rebirth and redeath as the ultimate goal in the life stage of *saṃnyāsa*.

stances *ātman* simply means “oneself” and strictly designates the physical body; in other instances the term *ātman* clearly signifies the non-material entity that transmigrates at the death of the body, later to become (em)bodied again.

Abbreviations

AHS *Aṣṭāṅgahr̥daya Saṃhitā*
CS *Caraka Saṃhitā*

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