Received: 18 August 2021 | Accepted: 4 October 2021

DOI: 10.1111/rec3.12423

ARTICLE

WILEY

Disease: Discourse and interpretation in premodern South Asia

Anthony Cerulli

Department of Asian Languages and Cultures, University of Wisconsin–Madison, Madison, Wisconsin, USA

Correspondence
Anthony Cerulli, University of Wisconsin–Madison, 1220 Linden Dr., 1232 Van Hise Hall, Madison, WI 53706, USA.
Email: acerulli@wisc.edu

1 | INTRODUCTION

"Everyone gets sick." That was the opening somber sentence of a book I wrote a decade ago about disease, illness, and patienthood in premodern South Asia.[1] The Sanskrit texts I studied in the book tell us that all people endure disease; they classify each disease according to origin, symptoms, and probability of cure; and they propose remedies for treatment. There is little discussion in the literature about the *experience* of disease, however. That is, we do not get a thoroughgoing account of the knotty bio-social-moral-economic-legal *processes* of disease, or what's often labeled "illness" in medical humanities scholarship, to remind us that a disease is not a static thing isolable from the body and person who bears it. The human condition of patienthood—what it means and feels like to be a Sanskrit *rogin*, "diseased one"—is usually absent, at best unformulated, in the Sanskrit medical literature, even if a generic body is an ever-present canvas upon which disease is described as coursing, interrupting health, and sometimes causing death.

The existential breadth of illness is rarely captured in medical texts and clinical jargon, since both are pitched by and for physicians and scientists. Cheryl Mattingly coined the phrase "chart talk" to highlight the ways that biomedical discourse frequently omits or minimizes the lived experiences of people saddled with disease.[2] South Asia's premodern (mostly Sanskrit) medical literature by and large looks like chart talk. It offers few insights into the nature of illness and patienthood. But if the Sanskrit medical texts depict diseases as morbid physical conditions, shorn of the multilayered experience of illness, students and scholars of South Asian literatures know well that concerns of dis-ease as personal and social unrest, inconvenience, longing, and grievance extend across literary cultures other than medicine. In South Asian devotional poetry, comedic and tragic drama, and philosophy, for example, expressions of the breadth of dis-ease as confrontations, struggles, and adjustments to mental, emotional, and physical impediments, letdowns, and pains in everyday life are commonplace. Reading across all these literatures helps us understand what it means to be *diseased/dis-eased*, to realize that everyone gets sick, that patienthood is common. To experience disease/dis-ease is not extraordinary, even if it feels that way sometimes because of the intensely individual nature of illness. Many premodern literatures from South Asia explain this basic feature of the human condition, each in its own genre-specific way, with sublimely lilting poetry, intricately complex verse and, as in some of the medical literature, painstaking prose. With such an array of presentations, to what extent are we able to know the nature of disease as a *real thing* that people have and endure when we read these timeworn writings from South Asia?

While I have been writing this essay, nearly every person everywhere in the world has been experiencing and responding to a daily reality saturated by a lethal disease and discussions about it. The encounter with disease generally

and certainly right now during the coronavirus pandemic—directly via the SARS-CoV-2 virus that leads to the COVID-19 disease[3] and indirectly by reading and hearing about COVID-19 for more than a year and half—is a Janus-faced experience. It is individual. No two people have, anticipate, or fear disease in the same way. Yet, a pandemic necessarily makes disease social, and across the globe since March 2020 people have been collectively putting distance between themselves and putting faith in others to follow safety and vaccination protocols that scientists and politicians implore us to abide.

As a teacher of the history of medicine in South Asia, since the initial lockdown, I have urged my students to consider the utility of medical history in the current moment, helping them discover examples of ways that global histories of medicine and healing might educate us and policymakers about our present conditions. It did not take long after in-person classes went virtual that popular and scholarly sources started to appear and reinforce the message that global medical histories, from premodern times to the recent past, have the potential to explain and help us navigate these unprecedented and uncertain times.

Websites and peer-reviewed publications materialized quickly, and they continue to roll out new information every day with research articles and stories about the pandemic around the world that show how people have leaned into shared histories, literature, religion, and ritual to understand disease and cope with the social implications of COVID-19.[4] To mention a few South Asia-focused examples, Projit Bihari Mukharji's Bangla essay in *Anandabazar Patrika*, "Ghosts of Epidemics" ("Mahāmārīra bhūta") draws on Maurice Halbwachs' idea of collective memory to argue that generations of Bengalis have learned how and what to remember about the past through stories about people who died in 19th century cholera and malaria epidemics. He shows that these "ghost stories" about disease also communicated and fixed public ideas and social practices about caste hierarchies and gender that are operative today.[5] Sheetal Chhabria's essay in *The India Forum*, "Manufacturing Epidemics: Pathogens, Poverty, and Public Health Crises in India," sketches out reasons why pathogenic opportunism prevails in impoverished areas in India, and she draws on South Asia's colonial history to illustrate the structural roots of India's stressed public health infrastructure in the face of the coronavirus.[6] Similarly, in a special issue of the *Journal of Asian Studies* about epidemics in Asian history, David Arnold's article, "Pandemic India: Coronavirus and the Uses of History," explores colonial-era epidemics in India and British responses to them.[7]

If historians were quick to point out the value of studying the past to improve the present, social scientists, humanities scholars, and artists have also seen the current global crisis as a valuable teaching moment. Scientists might have identified COVID-19 and developed vaccines to manage and possibly overcome it, but as Hetan Shah argued in *Nature*, global health problems are as deeply social as they are biological, and big data and hard science need insights from the fine arts, human and social sciences to deal with them.[8] South Asia's biggest country, India, initially seemed to fend off the scourge of the pandemic better than most large countries. And while some analysts in North America and Europe suspected a dramatic undercounting of Covid numbers in India, others were baffled by how such a massive population managed as well as it did, speculating that high temperatures across most of country and its relatively young population were potential factors for the slow rise of infections. But infection rates rose steadily during India's first wave (June–September 2020) and then sharply during its second wave (February–April 2021), and as the socio-cultural impacts of the pandemic grew overpoweringly evident, critical studies of the Government of India's (mis) handlings of Covid emerged. Banu Subramaniam's essay in this journal, for example, "Viral Fundamentals: Riding the Corona Waves in India," tackles the parallel rise of Hindu nationalism and the intensification of pandemic distresses for non-Hindu communities under the Modi government.[9] Likewise, Amit Prakash's eight-article special issue of *India Review*, "The First Wave of COVID-19 in India in 2020," draws our attention to the complicated and entwined political, economic, media-consumer, and religious facets of Covid in view of India's many regional particularities and disparities.[10]

Studies in academic and popular outlets about the pandemic in South Asia and elsewhere continue to come out every day. But this essay is not a lit review about Covid in South Asia. Instead, I would like to hitch the ever-present awareness of disease in my personal life and our shared world today to a pointed and academic reflection on the ways we consume and re-present information about disease from premodern South Asia that's contained in texts. Notions

of disease and the roomier idea of dis-ease in premodern literatures of South Asia serve as scaffolding for a general meditation on how modern scholarship re-presents premodern sources *as if* they are reflections of *past realities*. I consider the possibility that many premodern sources we study and later re-present in articles, books, and classrooms are assemblages of perspectives of composers/compilers/editors whom we generally do not know in meaningful ways as people with personal, professional, and political lives and commitments. My main focus is disease in premodern Sanskrit medical texts, though I allude to disease/dis-ease in other literatures, too, probing the limits of philological and text-historical inquiry. I conclude by discussing an interdisciplinary approach to studying premodern disease that pays attention to the "lives" and "practices" of old texts in the present day in order to see, contextualize, and write about histories of disease as histories of interpretation.

2 | WHAT WE HAVE AND WHAT WE SAY ABOUT IT

To suss out information about the human condition in premodern South Asia, we are largely consigned to the study of inscriptions, archaeological discoveries, art, and texts. I am interested in the last group, texts, from the first century BCE through the seventh century CE—the timeframe I take here as "premodern." In classical languages like Sanskrit and Pali, today we have access to texts in multiple genres that offer a range of views about emotional, psychological, and physical human experiences. They portray life's essential moments, from birth to death and times in between, by describing extreme and subtle feelings, existential quandaries like impermanence, and exhilarations like love. Technical matters of health and disease are the main concerns, more than anywhere else, in the literary culture of medicine. Mainly works in Sanskrit, premodern medical texts advance mental and physical restorative processes vis-à-vis the elimination of disease, repair of personal and communal security, and promotion of bodily and spiritual well-being. They address disease and healing in an expansive or holistic way, nearly always with an economy of words and practicability as a lodestar.

Other literary cultures in South Asia address states of dis-ease that are connected to but also extend beyond the physical body. They use aesthetic techniques like allegory, juxtaposition, tragicomedy, and suspense. The legendary founder of Indian aesthetics and composer of the *Nāṭyaśāstra* (*Treatise on Drama*), Bharata (ca. 300 CE), set the stage for centuries of theorists to adumbrate the idea that *rasa*s—aesthetic "tastes" or "flavors" of eroticism, comedy, violence, tragedy, fear, the macabre, heroism, and fantasy (plus peace, added later)—arise through the suggestive power of literary texts, dramatic performances, visual artforms, and music and induce emotional states of wellness and illness in connoisseurs and spectators of art.[11]

Religious and philosophical thinkers also attend to disease and dis-ease by probing things like bodily refinement, removal of mental faults, and alignment of mind-body-spirit, as demonstrated, for example, in Iśvarakṛṣṇa's *Sāṃkhyakārikā*, the Jain *Rāmāyaṇa*s of Vimalasūri and Guṇabhadra, and Nāgārjuna's commentary on the *Guhyasamāja Tantra*. Hinduism (Brahmanism), Jainism, and Buddhism are the three religions from premodern South Asia that we know best today. In the texts of these traditions, central aspirations are often concerned simultaneously with the body and states of disease/dis-ease. The Buddha's classic post-awakening assertion of "The Four Noble Truths" captured this connection succinctly. The principal fact of life, he said, is *dukkha*, a wide-ranging Pali term for "suffering." It is a truth that encompasses psychological grief, everyday dissatisfactoriness, and physical distresses and needs. It is physical and mental suffering, and Gautama underlined the dual nature of *dukkha* by explaining that its cause is "thirst" (Pali *taṇhā*). Humans suffer thirst physically and emotionally, and they attend to thirst on multiple levels every day to survive, maintain the body, and quench desires. The struggle to understand suffering as disease/dis-ease is a chronic condition that spans not only days or months, but years and multiple lifetimes for most people, as it did for the Buddha. The idea of suffering in Buddhism is just one, well-known example of attention to healing and disease in a premodern South Asian religion, and I will point out another, lesser-known example from Buddhism below. Similar associations can be seen in premodern Jain and Hindu texts, too.

Which is to say that religious thinkers in South Asia in the first millennium, perhaps like many of us today in the time of Covid, thought about and frequently addressed questions and concerns about disease/dis-ease. When these reflections come from a cultural institution like religion, they often carry the force of an authoritative discourse (sometimes considered sacred and/or transcendent), and this discourse often directs distinctive practices among people—about cultivating the body-mind-spirit nexus, for example. Those who perform these practices frequently form and join communities of like-minded people, whose observances and understandings of an authoritative discourse are routinely informed and regulated by specially recognized experts in institutional orders.[12] It is tempting to ask here, in the spirit of Horace Miner's classic study of ritual among the fictitious Nacirema and David Chidester's study of the "Church of Baseball," whether pronouncements about the nature of disease/dis-ease from religious authorities generate social morphologies similar to those born from popular media sources, sports teams, politicians, and the institutions they represent.[13] While I cannot pursue that line of inquiry in this essay, for lack of space, it suffices to say that there is a lot of excellent scholarship about the confluence of religion and medicine in the medical humanities generally and in the study of South Asia in particular, as many of the articles in a special issue of *Asian Medicine* that I recently co-edited with Lisa Brooks and Victoria Sheldon illustrate.[14]

Returning to premodern South Asia, it is clear that dramatic, poetic, philosophical, and religious expressions of disease and dis-ease deploy tropes and terminologies that depict the full spectrum of the human experience more colorfully than Sanskrit medical texts usually do, where practical set-ups of lifeless bodies, symptomatic categorizations, and lists (e.g., of anatomy, nosology, and pharmacology) tend to rule the day. Our understanding and appreciation of struggles that accompany the embodied experience of disease, especially for those of us who are not immersed in medical or medical-adjacent professions, is thus frequently enriched by discussions in nonmedical literatures.

The range of ways premodern composers and thinkers conceived disease/dis-ease in South Asia underlines Lawrie Reznek's argument 25 years ago that nowhere at any time in human history has disease constituted a natural kind. For something to be a natural kind it must refer to a class of objects whose members share a deep underlying structure, something like color, texture, or atomic organization that is discernible by a group of properties.[15] The occurrence of disease in Sanskrit medical literature is, in brief, usually an indicator of something awry with a body's three humors (*tri-doṣa*); a body's disaffinity (*asātmya*) with its environment; a congenital cause (*nija*); an external cause (*āgantuka*); or an error in judgment (*prajñāparādha*). The humoral explanation is the most extensively developed and ubiquitous disease etiology, and apart from external causes that are observably linked to identifiable events (e.g., snakebite or the ingestion of toxic substances), the other explanations are based largely on physician interpretation. Most scholars today agree that the composers, compilers, and editors of the premodern medical literature were skilled physicians, and the information in the texts they produced is based on experience, systematic, and carefully presented. Yet, even if a critical theory like *tri-doṣa* underlines multiple texts, we must be careful not to mistake subjective evaluation as scientific consensus. That is, where contemporaneous unanimity exists in more than one source, we have no way of knowing how many voices contributed to the agreement. If we add coeval ideas about dis-ease in nonmedical literary cultures, the possibility of countering Reznek's view that disease can ever amount to a natural kind seems evermore unlikely.

The procedural implication of this is simple but crucial. It is a methodological point that is underdiscussed in the study of premodern South Asian medicines, and it merits reflection. Namely, our knowledge *today* about disease *back then* is drawn from literary collections that reproduce observations, words, and arguments that belong to composers, compilers, and editors of those collections about whom we know very little (and sometimes nothing). To frame readings of the past, researchers often acknowledge the alternate historicities of past authors, while simultaneously placing them within linear models that conform to their own present realities.[16] Walter Benjamin called this the historicist's "stream of becoming." He decried this method for presuming to order past events as things actually happened, when really the scholar toggles back and forth across time, producing "anachronistic assemblages" of "restoration and reestablishment" that are always "imperfect and incomplete" but packaged as scholarship.[17] This research tends to fall along a continuum that, at one pole, has scholars claiming to know the real meanings of texts and the historical circumstances of their composition, supposing that past composers, compilers, and editors were unaware of the historical and cultural consequences of their work. At the other pole, scholars approach texts with the belief that the people who

composed them intended to convey history, "that they not only understood constructions of the past and how people situated contemporary reality in relation to it, but also that they deployed and may even have modified conventional narrative modes for representing historical events to give new interpretive frameworks for their present moments."[18] In the latter approach, scholars search for words, ideas, and models of history ostensibly fixed in texts by composers, compilers, and editors, believing that premodern local (aka emic) theories and categories reflect original intentions and circumstances, opposed to totalizing historiographic ideologies that scholars of the former approach impose on texts. Scholars sometimes combine both strategies, using terminologies in texts to justify and elaborate what's seen as the central line of thought driving a text's construction and circulation.

At one end of the historicist's methodology, scholars posit understanding by conceiving anachronistic theories (about psychology, economics, religion, etc.) that are meant to explain a text or collection of texts, while at the other end they argue for certain understandings by parsing and explaining words that belong to people we do not (and often cannot) know. In similar ways, both modern scholarship and the premodern texts about which scholars today write *perpetuate perspectives*, and these perspectives all belong to the people who created them, even if current scholarship and those old texts claim to be about "things" like diseases and bodies. This raises questions about what we can know about disease in the premodern South Asian world at all when we rely on texts. Instead of writing about bodily realities *we think we see* in the literature, it might be more precise to speak about texts that discuss disease and bodies as collections of imagination. Following David Shulman's lead, we might say that the generative power of these texts rests on perceptual acts of negotiation "between internal visionary projection and whatever external reality attaches itself to or is informed by that vision."[19] *The extent to which compilers, composers, and editors in premodern South Asia imagined disease and the body, in other words, that is the frame within which today we can see and know disease and its impact on the body back then*. Yet, even if "imagination" helps us describe the extension of reality that gives us access to disease in premodern South Asia, the term is also misleadingly broad, since we can hardly say that conceptualizations of disease or diseased lives in these sources are indicative of sizeable collective visions.

3 | DISCOURSE ABOUT DISEASE

Certainly there was disease in premodern South Asia, and as I explained above, disease appears to have been an issue, like now, that spans most facets of the human condition. But what is the nature of the information about disease that we have in South Asia's premodern literary cultures? Can we know disease in these literatures as a thing that afflicts bodies? Or is disease (and any one of the numerous terms for it) rather the name of a perceived outcome of something else, such as the humors, congenital factors, or poor judgment? For readers of a premodern medical text, perhaps the best that we can say about a disease identified by a composer, compiler, or editor is not that *rājayakṣma* or *daṇḍāpatānaka* (which modern English language lexicographers sometimes translated as "consumption" and "tetanus," respectively) are real things that afflicted bodies, but rather that those names are verbal expressions of physician-composers' perspectives about the bodies of their patients. Disease in the premodern medical literature of South Asia thus comes to us today as interpretive judgment. But this is not to say that the physician-composers were right or wrong in their assessments. It is merely to say that this is the nature of the information in their texts: they are professional perceptions, and we can know about these perceptions only, not about disease itself as a reality that we can know concretely. Although we do not have them in the premodern literature, patient illness narratives could augment physician-composers' accounts of disease, offering different and more intimate views. From there, we could reasonably talk about what disease looks like from these two, almost polar opposite perspectives. But even then, we still would not know disease as such, as a thing that exists in and on bodies. We would know what disease *was like*, perhaps where it came from, and perhaps how it felt for certain people.

What does discourse about disease look like in premodern South Asian literatures? It appears in some of the earliest texts we have, well before the crystallization of the region's classical medicine, Ayurveda. In myths in the Vedas and classical Sanskrit works like the *Mahābhārata* and Purāṇas, the divine horse-headed twins, the Aśvins, are physicians

who bring relief to suffering humans and gods. The late-Vedic *Atharvaveda* has some of South Asia's earliest articulations of healing, including names of specific diseases and methods for curing them with talismans, spells, and rituals.[20] The cultural institutions of medicine and religion disaggregated slightly, though never entirely, as the Vedic Era gave way to the Classical Era, when the first Sanskrit medical collection in the form we have today, the *Carakasaṃhitā*, was compiled (ca. 100 BCE–100 CE). This work inspired other collections, and it is widely recognized as the foundation of the unofficial canon of Sanskrit medical classics, along with the *Suśrutasaṃhitā* (ca. 200 CE) and the *Aṣṭāṅgahṛdaya* (ca. 700 CE), jointly known as the "Big Trio" (*bṛhattrayī*) upon which the tradition of Ayurveda is based.

Names of authors are attached to the Big Trio: Caraka, Suśruta, and Vāgbhaṭa. Yet, Caraka's collection and likely also Suśruta's are iterations of older works. Both were created and edited by committee, and many hands were involved in their production over vast tracts of time. The *Aṣṭāṅgahṛdaya* is more concise than the other two, internalizing and synthesizing key parts from both earlier collections, and even if it was composed by a person named Vāgbhaṭa, scholars are not certain who he was, where he was from, his religion, and his connection to other works attributed to someone named Vāgbhaṭa around the same time. The Big Trio texts are basically professional manuals that were arranged by and for physicians (known by the titles *vaidya*, *bhiṣaj*, and *citkitsaka*[21]), all of whom were invariably men.

Diseases in premodern South Asia are normally described as bio-physiological phenomena. Occasionally, behavior (*karma*) is also implicated as an index of disease, and entire societies sometimes collectively experience a common disease, an epidemic (*janamaraka*, *uddhvaṃsa*), that befalls communities of actors who do not or cannot uphold their social-legal-religious commitments (*dharma*).[22] Taking a narrow lexical view, among the numerous terms meaning "disease" in Sanskrit literature, there are broadly conceived terms like *roga*, *vyādhi*, and *yakṣma*, as well as *āmaya* and *gada* that have corresponding opposites signaling a freedom from disease or health, viz., *anāmaya* and *agada*. Numerous refences to diseases of particular parts of the body (some with multiple synonyms not included here) include: diseases of the eyes (*cakṣūroga*), ears (*karṇaroga*), nose (*ghrāṇapāka*), throat (*kaphagaṇḍa*), tongue (*jihvāmaya*), lips (*khaṇḍoṣṭha*), mouth (*mukhāmaya*), genitals (*puṣkarikā*), urinary tract (*prameha*), stomach (*jaṭharāmaya*), heart (*hṛdayaroga*), skin (*pāṇḍuroga*), and feet (*vipādikā*). Some diseases pertain to mental health (*unmāda*), while others are connected to moral transgressions (*anārjava*). Entire sub-branches of Ayurveda are dedicated to diseases of women (*strīroga*), children (*bālaroga*), and the ineffectual potency of men (*klībatā*). This list could go on and on, referring to other bodily parts and diseases that compilers, composers, and editors of medical and nonmedical literatures observed in premodern South Asia.

If the most thoroughgoing and involved discourses about disease are in the Sanskrit corpus of Ayurveda, the earliest attested nosological record of disease in South Asia is in the *Sīvakasutta* of the *Saṃyutta Nikāya* in the Pali Canon. There the Buddha addresses an inquisitive monk named Moḷiyasīvaka, who had been told by some unnamed brahmins and ascetics that all human feelings or sensations—whether pleasant or painful or indifferent (Pali: *sukhaṃ vā dukkhaṃ vā adukkhamasukham vā*)—occur due to the ripening of past deeds (*kammavipākajāni*). When Moḷiyasīvaka asked Gautama to confirm or rebut the claim, the Buddha swiftly disabused him. The view is too limited, he said, and even though some feelings do arise from *karma*, others appear because of a host of reasons, including the bodily humors (*doṣas*) of bile, phlegm, and wind; a combination of all three humors; inconsistent climate; poor self-care; and external attacks.[23] The Buddha's reference to the three humors is the first systematic record of *doṣa* pathology that is later developed in Ayurveda's Big Trio, and the categories contributing to the experience of feeling ill the Buddha offers also become important bases of disease classification in classical Ayurveda.[24]

4 | IN THE END: PERSPECTIVES AND THINGS

Scrutiny of research on premodern medicine in South Asia shows that scholars commonly coast past the ambiguity of socio-historical information and general inaccessibility of authorial data, acknowledging *likely* authorships and sometimes speculating about *potential* implications of, for example, uses of premodern treatises about women's health that were written by men and class and caste conflicts in the physician-patient encounter. While the acknowledgment is

important, for it reveals the limits of our understanding, many studies stop there and fail to query further the possibility that the perspectives of composers/compilers/editors are the actual objects of the texts we read, not the things the texts describe. It is easy to mistake diseases and the bodies of the people beset by them as the objects of premodern ayurvedic literature. Yet when our present-day ideas and conclusions are wholly reliant on texts and we have little or no substantive contextual data about them and their composers, we operate "in a world of meaning alone," as Annemarie Mol put it, where "words are related to the places from where they are spoken [and whatever] it is they are spoken about fades away."[25] These things—disease, bodies, and patients—recede behind the interpretations of the medical men who discussed them. We have precious few resources to know the places where the words of these texts were expressed and the owners of those words, their families, their intellectual and spiritual motivations, and the professional obligations that drove them to compose/compile/edit the works in the first place.

The advance of the medical humanities in North America in the second half of the 20th century ushered in the study of illness narratives among patients of biomedicine. Patient ethnographies personalize and narrate people's unmediated encounters with disease. They remind us that even well-known diseases with common symptoms strike people in entirely unique ways. This is starkly apparent in the time of Covid, when the "bereavement effect" on people who have lost loved ones lays bare the ongoing and processual nature of disease after death. "For every Covid death, nine close family members are left to grieve," Jesse Miller reported in a July 2020 online edition of the *Press Room*, and in the U.S. it's also abundantly clear that brown and Black Americans are disproportionately affected by the disease.[26] While most people do not possess vocabularies to adequately articulate the bio-pathology of SARS-CoV-2 and COVID-19, most people can see that this disease does more than make individual people sick and (sometimes) die. It distresses entire communities, and it does so differently in each. At the time of writing, the total number of Covid deaths in the U.S. alone was 685,000. Multiply that number by nine, and one finds 6,165,000 grieving people. At least. It's surely more. The number is staggering. And part of me would like to end this essay with this truth, to let this number linger as the tragic and emphatic final stop that it is.

But I am also writing about disease in premodern South Asia, and I would like to close with two thoughts and one personal reflection on my own research that arise from thinking about disease in these times. First, it is critical that when we study texts that discuss disease in premodern South Asia, we ask ourselves what we learn about disease itself. If in fact we consume perspectives of physician-composers about diseases and the bodies they upset, then we would benefit from asking ourselves how our engagements with the texts of these people open up larger questions about methodology and even the ontology of disease itself.

Second, at the same time that access to more perspectives on the nature and experience of illness illuminates the vastness of disease, it also simultaneously makes disease harder to define and central to more areas of life. Granted, as in premodern South Asia, we do not always have access to patients' illness narratives. But where we do, by listening to and learning about people impacted directly and indirectly by disease, we equip ourselves with lenses through which to see and sharpen our awareness of more than just the bio-pathological pathways of specific diseases. We can also critically observe social and economic injustices, divisive politics, and personal and public behaviors that get accentuated and amplified by disease writ large. These social-political-economic matters will not vanish when (or if) a disease like Covid is eliminated, and to be sure new coronaviruses will emerge in the future. With more perspectives, we can see clearly that the personal and social impacts of diseases are real and as vital as bio-pathology to understand diseases and manage them optimally, equitably, and with compassion. These are important things to keep in mind for those of us working in the human and social sciences in the current moment. For centuries from now, when scholars will historicize how politicians and scientists have handled COVID-19, they will also surely examine the care we have taken in discussing and writing about the pandemic's social and cultural effects.

Third, in my own work I have tried to bring more perspectives to the study of premodern medicines in South Asia, including those of patients, by recognizing the textual data that's available to us today are assemblages of viewpoints and by implementing a practice-based approach to philological-historical research that looks at the words, sections, and entireties of texts as well as the "lives" of those works in contemporary society. I recently finished writing a book about uses of premodern medical texts in contemporary south India that, in part, wrestles with the elusiveness of

medical realities in premodern texts.[27] The project combines philology and fieldwork, textual analysis and ethnography, to probe how traditionally trained physicians and their students parse premodern perspectives and realities in the Big Trio (and other Sanskrit and Malayalam texts) to teach and cure patients in their everyday clinical work. Doing fieldwork across two decades with physicians whose livelihoods and careers rest on interpretations of the *Aṣṭāṅgahṛdaya* reveals another layer of perspective of medical men and (now also) women that extends and expands the commentarial history of this ayurvedic classic. By studying the contemporary "practice of texts" of ayurvedic physicians, I believe we can more fully contextualize the meaning and utility of premodern ideas about disease than by relying solely on the texts themselves to provide that information. This approach also allows the bodies and lives of the patients implicated in the modern physicians' textual practices to contribute to the ongoing conceptualization of disease. Finally, the combination of philological and text-historical research with ethnography forces researchers to acknowledge and problematize their own roles in the production of history, à la Benjamin's stream of becoming, and the generative power of their own perspectives in the discursive and interpretive extension of premodern conceptions of disease.

ACKNOWLEDGMENTS

I would like to thank Lisa Brooks for her thoughtful comments and characteristically spot-on suggestions for improvement on an early draft of this essay. Thank you to the two anonymous reviewers, whose comments and suggestions helped me to clarify and strengthen my arguments. And many thanks to Bart Scott for inviting me to write this essay, for his encouragement, and for his insightful remarks and recommendations.

CONFLICT OF INTEREST

The author declares that there is no conflict of interest.

ORCID

Anthony Cerulli https://orcid.org/0000-0001-7512-0208

PEER REVIEW

The peer review history for this article is available at https://publons.com/publon/10.1111/rec3.12423.

ENDNOTES

[1] Cerulli (2012, p. 1).

[2] Mattingly (1998). Mattingly and others who work in medical anthropology and the medical humanities have been influenced by Arthur Kleinman's pioneering work on "illness narratives" of patients (1988), which Rita Charon later made central to what is now known as "narrative medicine" (2006).

[3] The name SARS-CoV-2 was officially designated as a novel virus on February 11, 2020 by the International Committee on Taxonomy of Viruses, and the name COVID-19 was officially designated as a novel disease on February 11, 2020 by the World Health Organization.

[4] Online resources for academic and popular audiences about COVID-19 and the socio-cultural impacts of the pandemic are innumerable. Three sites I have found useful since March 2020 are the Law and Religion in Multicultural Societies website (www.diresom.net), based in Italy; *CoronAsur* (https://ari.nus.edu.sg/coronasur-home/) from the National University of Singapore, self-labeled as a "new research blog grounded in Asia, with a global and comparative outlook"; and the medical anthropology and medical humanities website Somatosphere (www.somatosphere.net), edited by Eugene Raikhel. All three sites have been consistently up-to-date and, in different ways, globally comprehensive and informative. Somatosphere in particular is an excellent resource for illuminating ethnographic studies of the pandemic and its impact, and it offers a weekly compilation of COVID-19-related materials across text, audio, and video formats.

[5] Mukharji (2021).

[6] Chhabria (2020).

[7] Arnold (2020).

[8] Shah (2020, 2021).

[9] Subramaniam (2021).

[10] Prakash (2021).

[11] Pollock (2016, p. 51); Sathaye (2010, pp. 361–362). English translations of *śṛṅgāra*, *hāsya*, *raudra*, *kāruṇya*, *bībhatsa*, *bhayānaka*, *vīra*, *adbhuta*, and *śānta* are based on Pollock's translations in *The Rasa Reader* (2016).

[12] The four domains comprising religion here—discourse, practice, community, and institution—are drawn from Lincoln (2004, pp. 5–7).

[13] Miner (1956) and Chidester (1996).

[14] Brooks et al. (2020).

[15] Reznek (1995, p. 571).

[16] Cerulli (2021, p. 214).

[17] Benjamin (1963/2009, p. 45). The phrase "anachronistic assemblages" is from Jonathan Gil Harris (2007).

[18] Cerulli (2021, p. 213).

[19] Shulman (2012, pp. 268–269).

[20] Kenneth G. Zysk's 35-year-old work (1985) on this topic remains unexcelled today.

[21] See Olivelle (2017), for a discussion of these titles.

[22] Bronkhorst (2021).

[23] This paraphrased conversation is drawn from the Pali text edited by M. Léon Feer (1894, pp. 230–231). Bhikkho Sujato's online English translation of the *Saṃyutta Nikāya* (*Linked Discourses* 36.3.21: "The Explanation of the Hundred and Eight, with Sīvaka") can be found at Sutta Central: https://suttacentral.net/sn36.21/en/sujato (last accessed September 23, 2021).

[24] On the early expression of these categories in the Pali Canon, see the oft-cited study of the humors in Scharfe (1999), especially page 613 where he analyzes the Sīvaka story.

[25] Mol (2002, p. 12).

[26] Miller (2020), https://pressroom.usc.edu/for-every-covid-death-nine-close-family-members-are-left-to-grieve/ (last accessed September 23, 2021).

[27] Cerulli (forthcoming February 2022).

REFERENCES

Arnold, D. (2020) Pandemic India: coronavirus and the uses of history. *Journal of Asian Studies*, *79*(3), 569–577.

Benjamin, W. (2009) *The origin of the German tragic drama*. New York: Verso. (Original work published 1963).

Bronkhorst, J. (2021) Plagues and Brahmins: did a combination of epidemics and ideology empty India's cities? In: Knudsen, T. L., Schmidt-Madsen, J. & Speyer, S. (Eds.) *Body and cosmos: studies in early Indian medical and astral sciences in honor of Kenneth G. Zysk*, pp. 184–208. Leiden and Boston: Brill.

Brooks, L., Cerulli, A. & Sheldon, V. (2020) Time, continuity, and rupture: medicines and memories in South Asia. *Asian Medicine*, *15*(1).

Cerulli, A. (2012) *Somatic lessons: patienthood and illness in Indian medical literature*. Albany: State University Press.

Cerulli, A. (2021) Allegory and history, life and embodiment. In: Knudsen, T. L., Schmidt-Madsen, J. & Speyer, S. (Eds.) *Body and cosmos: studies in early Indian medical and astral sciences in honor of Kenneth G. Zysk*. Leiden: Brill, pp. 209–232.

Cerulli, A. (2022) *The practice of texts: Education and healing in South India*. Oakland: University of California Press.

Charon, R. (2006) *Narrative medicine: honoring the stories of illness*. New York: Oxford University Press.

Chhabria, S. (2020) Manufacturing epidemics: pathogens, poverty, and public health in India. *The India Forum*, 5 June. https://www.theindiaforum.in/article/manufacturing-epidemics

Chidester, D. (1996) The church of baseball, the fetish of Coca-Cola, and the potlatch of Rock "n" Roll: theoretical models for the study of religion in American popular culture. *Journal of the American Academy of Religion*, *64*(4), 743–765.

Feer, M. L. (Ed.). (1894) *Saṃyutta-nikāya, Part IV: Salāyatana-vagga*. London: Pali Text Society and Oxford University Press.

Harris, J. G. (2007) Untimely meditations. *Early Modern Culture*, *6* (no pagination). Available from: https://emceserver.org/1-6/issue6.html [Accessed 23rd September 2021].

Kleinman, A. (1988) *The illness narratives: suffering, healing, and the human condition*. New York: Basic Books.

Lincoln, B. (2004) *Holy terrors: thinking about religion after September 11*. Chicago: University of Chicago Press.

Mattingly, C. (1998) In search of the good: narrative reasoning in clinical practice. *Medical Anthropology Quarterly*, *12*(3), 273–297.

Miller, J. (2020) For every covid death, nine close family members are left to grieve, USC study finds. *Press Room*, July 13. Available from: https://pressroom.usc.edu/for-every-covid-death-nine-close-family-member-are-left-to-grieve/ [Accessed 27th September 2021].
Miner, H. (1956) Body ritual among the Nacirema. *American Anthropologist*, *58*(3), 503–507.
Mol, A. (2002) *The body multiple: ontology in medical practice*. Durham: Duke University Press.
Mukharji, P. B. (2021) Mahāmārira bhūta (ghosts of epidemics). *Anandabazar Patrika*, 13 June. https://www.anandabazar.com/rabibashoriyo/ghosts-of-pandemic/cid/1286684
Olivelle, P. (2017) The medical profession in ancient India: its social, religious, and legal status. *eJournal of Indian Medicine*, *9*, 1–21.
Pollock, S. (2016) *A rasa reader: classical Indian aesthetics*. New York: Columbia University Press.
Prakash, A. (Ed.) (2021) The first wave of covid-19 in India in 2020. *Special Issue of India Review*, *20*(2).
Reznek, L. (1995) Disease about kinds: reply to D'Amico. *The Journal of Medicine and Philosophy*, *20*(5), 571–584.
Sathaye, A. (2010) The production of unpleasurable *rasas* in the Sanskrit dramas of Ārya Kṣemīśvara. *Journal of the American Oriental Society*, *103*(3), 361–384.
Scharfe, H. (1999) The doctrine of the three humors in traditional Indian medicine and the alleged antiquity of Tamil Siddha medicine. *Journal of the American Oriental Society*, *119*(4), 609–629.
Shah, H. (2020) Global problems need social science. *Nature*, *577*(295). https://www.nature.com/articles/d41586-020-00064-x
Shah, H. (2021) COVID-19 recovery: science isn't enough to save us. *Nature*, *591*(503). https://www.nature.com/articles/d41586-021-00731-7
Shulman, D. (2012) *More than real: a history of the imagination in South India*. Cambridge: Harvard University Press.
Subramaniam, B. (2021) Viral fundamentals: riding the corona waves in India. *Religion Compass*, *15*(2), 1–9.
Zysk, K. G. (1985) *Religious healing in the Veda*. Philadelphia: American Philosophical Society.

AUTHOR BIOGRAPHY

Anthony Cerulli is Professor of South Asian Studies in the Department of Asian Languages and Cultures and Director of the Center for South Asia at the University of Wisconsin–Madison. He teaches courses on the histories of religions and medicines in South Asia, and his research combines ethnography and philology to explore the intersections of premodern and modern literary cultures at sites of ritual healing and in institutions of medical education in south India. He is the author of *The Practice of Texts: Education and Healing in South India* (California, 2022) and *Somatic Lessons: Narrating Patienthood and Illness in Indian Medical Literature* (SUNY, 2012), and co-editor of *Time, Continuity, and Rupture: Medicines and Memories in South Asia* (ASME, 2020), *The Gift in India in Theory in Practice* (IJHS, 2018), and *Medical Texts and Manuscripts in Indian Cultural History* (Manohar, 2013).

How to cite this article: Cerulli, A. (2021) Disease: Discourse and interpretation in premodern South Asia. *Religion Compass*, e12423. Available from: https://doi.org/10.1111/rec3.12423