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Studies in Traditional Indian Medicine in the Pāli Canon: Jīvaka and Āyurveda

by Kenneth G. Zysk

The canonical and post canonical Buddhist literature preserved in Pāli and other Buddhist languages contains many references to diseases and to medical treatments. We will investigate one rather nicely compact episode found in the eighth chapter of the Mahāvagga of the Vinaya Pitaka. It recounts six healings performed by the physician Jīvaka Komārabhaḍḍa and is told in order to establish the circumstances for the propounding of the rules pertaining to the use and distribution of the robes worn by Buddhist monks. Versions, often with significant variants, are also found in the Vinaya portions of Buddhist works in Sinhalese, Ṭibetan and in a sūtra in Chinese, reflecting the popularity of the story.

While there are several published articles drawing our attention to the medical importance of this tale, an intensive and thorough investigation of it in light of āyurveda is still wanting. Our purpose, therefore, will be to make a detailed examination of the purely medical sections of each of the healings, comparing them to the classical āyurvedic tradition of the Caraka and Sūrata Samhitās.

1. A seven-year-old disease of the head (sīsābāḍha) suffered by a merchant's wife from Sāketa

Then Jīvaka Komārabhaḍḍa approached to where the merchant's wife was; having approached her [and] having observed her abnormality, he said this to her: "O lady, I have need of a handful of ghee." Then the merchant's wife ordered a handful of ghee to be given to Jīvaka. Jīvaka, then, decocting that handful of ghee with various medicines [and]
making the wife lie down on [her] back on a bed, administered [the decoction] through the nose. The ghee, administered through the nose, then, issued from the mouth [and] was spat out into a receptacle . . . . Now, as the story goes, Jivaka Komārabhacca eradicated the seven-year-old disease of the head with just one nasal-treatment.8

Although the cause of this persistent disease of the head is not specified, the treatment which was administered quite clearly involved nasal-therapy (natthukamma), by which ghee decocted with a number of undefined medicines was poured into the nose of a patient lying supine on a bed. The liquid, we are told, was not swallowed, but spat out.

In classical āyurvedic medicine, there are either five or eleven types of diseases of the head, defined according to their special causes. Caraka mentions five, caused by wind, bile, phlegm, a combination of these and worms.9 Suśruta lists eleven: the five mentioned by Caraka in addition to those caused respectively by the wasting of the elements of the body (ksāya),10 by sūryāvarta,11 by severe pain in the neck, eyes, eyebrows and temples (anantavāta), by a splitting pain in the head (ardhāvabhedaka) and by extreme pain in the temples, leading to death (śaṅkhaka).12

Caraka states that the principal means of treating these diseases of the head is nasal-therapy (nastahkarman),13 which is said by Suśruta to be of two types, head-purgation (śirovirecana) and lubrication (snehana), involving the use of medicines or oil cooked with medicines and administered through both nostrils.14 Caraka prescribes the following technique for the application of this medicated oil:

The physician who knows the correct medical prescription should administer the nasal-oil . . . . to the patient who is lying down comfortably in a supine position on a well-covered couch and who has his head hanging down slightly and his feet a little elevated;15 . . . . and after having pushed the nose up with the thumb of the left hand, he should then properly apply the nasal oil to both nostrils equally with the right hand, by means of a hollow tube or by means of cotton. . . .16

Suśruta includes another important point, not mentioned by Caraka: “The wise patient should never at any time swallow down the nasal-oil. The oil should be made to flow to the śringātakas17
and should come forth from the mouth; and on account of the danger of disorder to the kapha, the patient should spit it out without suppressing the urge (to do so)."  

The method of treatment of diseases of the head outlined in the āyurvedic texts reflects rather closely that preserved in this Pāli episode.

II. A seven-year-old disease of the head (sīsābādha) suffered by a merchant from Rājagaha

Now as the story goes, Jīvaka Komārabhacca made the householder-merchant lie down on the bed [and] bound him to it. Having cut away the skin of the head [and] twisted open a suture [of the skull], he extracted two living creatures and showed them to the crowd of people, [saying:] "Do you see these living creatures, one small and one large...?" Then, he closed the suture, sewed back the skin of the head and applied ointment.

In the previous case, no cause was mentioned; but here two creatures living inside the skull are specified as causing the head-disease. Likewise, the treatment administered by Jīvaka is, rather, a surgical operation similar to that which is known as trepanation.

Among the causes of maladies of the head, the medical texts, as we have already noted, mention worms (kṛmi). The treatment of such a morbid condition of the head, however, is quite different from that performed by Jīvaka.

Caraka prescribes the use of nasal-therapy, involving purgations of the head, in order to eradicate diseases of the head caused by worms. Suśruta also specifies purgations of the head for such maladies and details the technique, as follows:

The [medical] treatment of a head being devoured by worms will now be mentioned: Indeed one should give blood in the nose. The creatures become stupified by that, and overjoyed with the smell of blood, they congregate [in the nasal-passages, etc.] from anywhere. Their eradication from there [i.e. from the nasal-passages] is to be accomplished by purgations of the skull or by [a nasal-therapy consisting of] seeds of the hrasvaśriguška plant mixed with nilī (Indigofera tinturia, Linn.). One should treat [the patient] by means of vermi-
fuges and by avapīḍa nasal-therapies (i.e. nasal-drops) prepared with urine. [Likewise.] one should employ vermifuges and smoke-nasal-therapies combined with pūtimatsya (= pūtikaaraṇīja; Caesalpinia crista, Linn. = C. bonducella, Flem.) as well as various types of foods, vermifuges and drinks. 28

The treatment by a type of trepanation, therefore, represents a significant variant, not found in the earliest texts of the āyurvedic medical tradition.

III. A rectal fistula (bhagandala) suffered by king Seniya Bimbīṣāra of Magadha, which stained his clothes with blood 29

Then Jivaka Komārabhacca, promising the king's son, Abhaya, [that he would treat the king,] took up the medicine with the finger-nail [and] approached to where Seniya Bimbīṣāra of Magadha was; and having approached the king, he said: "Let us see your malady." Now as the story goes, Jivaka removed the king's rectal fistula with just one application of ointment. 30

The affliction from which the king suffered is quite clearly a suppurating rectal fistula. The treatment, performed by Jivaka, involved the application of a medicated salve to the fistula by means of a finger-nail.

In the āyurvedic tradition, Śuṣrūta begins by enumerating five types of rectal fistula (bhagandara), caused respectively by wind, bile, phlegm, a combination (of the three) or external factors. He then proceeds to identify its locations as the perinaeum, the rectum or the bladder and concludes by delineating the difference between a rectal fistula (bhagandara) and a rectal pustule or boil (pīḍaka), saying that the former has an opening while the latter does not. 31 It seems likely, therefore, that the description offered in the Pāli passage fits well the definition given by the āyurvedic authorities.

Although the account of Jivaka's treatment of the fistula does not parallel exactly the prescribed course of action outlined in the medical texts, there may be some subtle similarities.

Caraka states that the fistula should be treated initially by purgation, probing and lancing; and, after the tract has been
cleansed with what Susruta calls an ēṣaṇī, an application of caustic medicines for cauterisation should be made. Both commentators, Cakrapānidatta and Dalhaṇa, gloss ēṣaṇī as āsalākā. In the āyurvedic tradition there are numerous types of āsalākā. It is interesting to note, however, that Vāgbhata refers to three types, used for the application of caustic medicines, whose ends resemble the nails of the small, ring and middle fingers. In the Buddhist tradition, āsalākā (Pāli: salākā) is considered to be a bamboo splinter with caustic medicines used in the treatment of boils and of wounds. It seems possible, therefore, that in this account, Jīvaka’s finger-nail could have aptly functioned as such an instrument used to apply medicines in the treatment of a rectal fistula.

IV. A knot in the bowels (antagaṇṭhābādha) suffered by a merchant’s son from Vārāṇasī

The knot is said to have been caused by the man’s sporting activities, in the form of turning somersaults with a stick. It hindered the proper digestion of the rice-milk he drank and the food he ate and disrupted the normal evacuation of faeces and urine, leaving him emaciated, wretched looking, ugly and pale, with his body covered with veins.

Jīvaka’s treatment of this condition follows:

[Then,] making the people move back, [Jīvaka] encircled [the patient] with a curtain, bound [him] up to a post [and] situated his wife in front of [him]; splitting the outer skin of the abdomen, he extracted the knot in the bowels [and] showed it to the wife, [saying:] “Look at your husband’s affliction”. After having disentangled the knot in the bowels, replaced the bowels [and] sewn up the outer skin of the abdomen, he applied a medicated salve. Then as the story goes, shortly after that, the merchant’s son from Vārāṇasī became well.

We learn that the merchant’s son’s affliction was the result of acrobatic activities with a stick, suggesting that he may have suffered a wound to the abdominal wall, from which a part of the bowels protruded. The treatment administered by Jīvaka was a form of laparotomy by which the abdominal wall was cut, the knot
removed and repaired, the incision sewn up and a salve applied.

In the classical āyurvedic treatises, there is no exact equivalent of the Pāli *anataganṭha*, which in Sanskrit one would expect to be *antragrantha* or *antragranthi*. Suśruta, however, describes a type of wound to the abdomen wall from which the unbroken small intestines have protruded. The treatment of such a condition is as follows: The intestines should be washed with milk, lubricated with ghee and gently placed back into their original position. Where the re-introduction of the intestines is made difficult because the wound is too large or too small, a small incision should be made according to the prescribed method; and the intestines should be replaced in their correct position. In all cases, the wound or incision should be sutured and a medicated oil, prepared with various vegetal products, should be applied to the skin to promote its healing.\(^4\) Vāgbhaṭa mentions the affliction, *vṛañga-granthi*, "wound-knot", which, when located in the bowels, is said to be incurable.\(^3\)

It may be suggested, therefore, that the description and course of treatment of the affliction *anataganṭha*, offered in the Pāli, resembles the āyurvedic definition and cure of an abdominal wound or lesion, where a part of the small intestines has protruded from the perforated abdominal wall.

\>V. Morbid pallor (*pandurogābādha*) suffered by King Pajjota of Ujjeni\(^4\)\>  

The rather involved treatment follows:

The Jivaka Komārabhacca . . . having gone to Ujjeni, approached to where King Pajjota was; [and] having approached him, he observed his abnormality [and] said this: 'Give me some ghee! I will boil the ghee which the king shall drink.' [The king replied:] "Indeed, good Jivaka, you must do what you can in order to make me healthy without ghee. Ghee is loathsome to me\(^4\) [and] disagreeable." It then occurred to Jivaka: To be sure, the disease of this king is of such a kind that he cannot be made healthy without ghee. Let me boil the ghee so that it has the (reddish-yellow) colour, the smell and the taste of an astringent decoction.\(^4\) Jivaka, then, boiled the ghee with various medicines [so that it] had the colour, the smell and the taste of an astringent decoction. Now, it occurred to Jivaka: Indeed, when the ghee has been
drunk and digested by the king, he will be given to vomit. . . . 45 He made the king drink the ghee. . . . 46 Then, indeed, when King Pajjota had drunk and digested the ghee, he was given to vomit. . . . Then as the story goes, King Pajjota became well. 47

Although no symptoms are mentioned, it is clear that the king suffered from morbid pallor. His condition was eradicated by a rather surreptitious application of ghee, which Jivaka knew to be the essential cure for the disease.

In the medical tradition, pāṇḍuropa is considered to be a generic term for diseases which turn the skin a pale colour. 48 There are either four, five or eight types, 49 of which kāmalā or jaundice, as we know it, is said to be a part. 50 For this reason, therefore, morbid pallor is perhaps the best translation of the Pāli pāṇḍuropa and the Sanskrit pāṇḍuropa. 51

Śrūtra states that the principal cure for the condition of pāṇḍuropa is ghee; 52 and he and Caraka prescribe many remedies containing ghee, none of which, however, appear to be of the astringent variety. 53

Jivaka's knowledge of the treatment of the disease pāṇḍuropa (pāṇḍuropa), therefore, seems to reflect, with very little variation, that which is presented in the āyurvedic treatises.

VI. A condition where the body is filled with the bodily dosas (dosabhīsanna), suffered by the Lord Buddha 54

The treatment, we are told, required the drinking of a purgative. 55 The prescription that Jivaka gave for it included: (1) The lubrication of the Buddha's body for a few days; 56 and (2) the use of a weak purgative:

It then occurred to Jivaka Komārabhacca: It is not proper that I should give the Lord a coarse purgative. Having mixed three handfuls of lotuses 37 with various medicines, he approached to where the Lord was; and having approached him, he presented to him a handful of lotuses, [saying:] "O good one, may the Lord snuff up this first handful of lotuses. It will purge the Lord ten times." And a second time, he presented to the Lord a handful of lotuses, [saying:] "O good
one, may the Lord snuff up. . . . It will purge the Lord ten times.” And a third time, he presented to the Lord a handful of lotuses. [...] “. . . It will purge the Lord ten times; therefore, the Lord will be purged a total of thirty times: . . .” It then occurred to Jivaka Komārabhaṭca. . . : Indeed, I administered a purgative to the Lord with a total of thirty times. [Since] the Tathāgata’s body is filled with the dosas, it will not be purged a total of thirty times; it will be purged [only] a total of twenty-nine times. Yet, the Lord, after having been purged, will perform ablutions; and when he has bathed, he will purge one time. Thus, the Lord will be purged a total of thirty times. . . . Then, Jīvaka Komārabhaṭca said this to the Lord: “Until, O good one, your body becomes normal, almsfood of soup will be sufficient.” Then, as the story goes, the Lord’s body soon became normal.58

In this final account of Jīvaka’s healings, the Buddha is afflicted with the bodily dosas (Skt. doṣa), the treatment of which required that a purgative be taken in order to eliminate them. Since the Buddha may be considered to be a type of person with a delicate constitution, a mild purgative was administered. It involved lubrication, the inhalation of the fragrance of three individual handfuls of lotuses mixed with various medicines, and a bath, resulting in a purgation of thirty times. After that, the patient was instructed to eat only light food, until the body returned to its normal state.

Although the term dosābhisaṃna, “filled with the dosas,” does not allow us to determine the specific disease from which the Buddha suffered, we can broach a connection with the ayurvedic medical tradition through its prescribed treatment.

In his chapter on “the treatment of supervenient diseases cured by emetics and purgatives,”59 Suśruta states that these are the principal remedies used to cleanse the system of all doṣas60 and prescribes that when a purgative is administered the patient’s body should first be lubricated (snigdhā) and sweated (svinnā).61 In the case of kings or ones who have never been purged, he advises the use of mild purgatives, which he describes as being pleasant, with noticeable results(?) (dṛṣṭaphala), savoury, small in quantity but great in potency and presenting little risk of creating disorders.62 After the application of the emetic or purgative, the patient should be washed with tepid water;63 and when he feels weak or thirsty, he should be given in small doses a diet of light or luke-warm peyā.64

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Jivaka’s course of treatment of a condition where the body is diagnosed as being filled with the morbid humours (doṣas), therefore, seems to follow that outlined in the Suśruta Samhitā. The use of lotuses mixed with medicines certainly fits Suśruta’s definition of a mild purgative. Nowhere in the classical āyurvedic treatises, however, are lotuses mentioned in cases requiring mild purgation. Likewise, the mention of a total of thirty (3 times 10) purgations with a mild purgative is not expressed in the medical texts.

Conclusions

The results of our investigation allow us to observe certain trends with respect to the āyurvedic medical ideas in the Buddhist tradition.

In general, the account of the cures preserved in the legend of the physician Jivaka Komārabhacca reflects a basic āyurvedic foundation. This is supported to some extent in versions of the legend itself: Jivaka’s teacher is said to be a world-renowned physician who lived in Taxila66 and who, in the Tibetan Vinaya, is said to be Ātreya,67 whose words are actually supposed to be the Caraka Samhitā. Rather than adhering to the tradition of Ātreya, however, the evidence points to a closer connection with the Suśruta Samhitā, as most of the medical details in the comparative passages quoted have been derived from that text.

There is one treatment which simply is not found in the āyurvedic works: the cure of a disease of the head caused by creatures living in the skull by means of a type of trepanation does not occur in the classical medical literature. There is, however, evidence for such a surgical practice offered from archaeological remains: in at least one skull discovered at Timargarha in west Pakistan68 and perhaps others from the area of the north-west of India,69 there are definite signs of trepanation, suggesting that the practice was used, but was not included in the classical āyurvedic treatises.

Other differences, such as the use of lotuses as a mild purgative, indicate only minor variations from the medical tradition of āyurveda and may merely be fanciful. The case of a knot in the bowels suffered by a merchant’s son poses a problem because there is no exact equivalent in Sanskrit for the Pāli antagantha. The underlying current of ideas, however, supports an āyurvedic basis.
The Pāli account of the physician Jīvaka, therefore, illustrates a well-established āyurvedic medical tradition and preserves at least one practice not found in classical āyurveda. If the fourth century B.C. date of the Vinaya, suggested by Frauwallner, is correct, we can safely conclude that the crystallisation of the classical system of Indian medicine was already well under way by that time. Further research into the medical principles found in the Buddhist texts in Pāli and other languages would, however, allow us to draw more concrete conclusions concerning the evolution of āyurvedic medicine and the role that the Buddhists played in it.

NOTES

1. On the possible derivation of the name Komārabhacca from the Sanskrit, kumārabhṛtya, the medical science of paediatrics as well as the care of women during pregnancy, parturition, the puerperal period and lactation, see Vin. Texts, pt. 2, p. 174 n., Horner, vol. 4, p. 381 n.2 and Malalasekera, Dictionary, vol. 1., p. 957 n.2.


4. "Sūtra prononcé par le Buddha au sujet de l’Avadāna concernant ‘Fille-de-Manguier’ (Āmrapāli) et ‘K’il Yu’ (Jīvaka),” No. 499 (Trip. XIV, 6, pp. 48r.-52v.) in Cinq cents Contes et Apologies extraits du Tripitaka Chinois et traduits en Français par Édouard Chavannes, Tome III, pp. 325-261 (also Tome IV, p. 246).


6. MV 8.1.7: tena kho pana samayena Sākete setṭhībhariyāya sattavassiko sīsābādhho hoti.


10. The Madhukotha to MN 60.1 explains this as “by the wasting away of blood, marrow (or fat), etc.” (ksuyeneti asrygasādhanām ksayena).
11. According to Dalhana at SuUtt. 25.1—4, some consider sūryāvarta to be pain in the head caused by bile and wind, which increases during daylight hours and becomes calm at night (... “tatra vātānaṃ pittam evaṃ śīrāsā śīrṣāti, madhyāhne tejasā ‘rkasā tad vīryuddham śīroraṃ. karoti paitikīṁ ghorām saṃsāmyati dinakṣaye, astaṃ gatē prabhāhine sūrye vayur vivardhate. pittam śāntim avaphutti tataḥ śāmyati vedanā, esa pītānālakṛtāḥ sūryāvartavāparyayah”. ...).
12. Utt. 25.2-4; see also AHUtt. 23, MN 60.1 and Jolly, Medicine, p. 118. On the latter four causes, cf. CaSiSth. 9.70–87.
15. SiSth. 9.98–99: ... bhiṣak śeṣaḥ nastaḥ kuryād vidhānāvīt, ... uttānasya śayānasya śayāne svāśātre sakham, pralambhasīrasah kīcet kīcet ādavātanaya ca.
16. SiSth. 9.102–103: ... nāśāmanamāya vāmenaṅguṣṭhāparvanā, hastena daśīṛṇenāṣa kuryād udbhayaṅaḥ samam. pravādyā pīcāna vā ‘pi nastaṅšenaḥ yathāvīdhī, ... Cf. also SuCiSth. 40.25–27.
17. Dalhana to SuCiSth. 40.30 explains sṛṣigāṭaka as “being the combination of the vessels which soothe the apertures of the nose and ear as well as the eye and the tongue” (nāśākarmasrotokṣyaśārpanāṁ śrīnām saṃpītāḥ sṛṣigāṭakaḥ). This definition seems to point to the sinuses.
19. MV 8.1.16: tena kho pana samayena Rājagahakassa setṭhissa sattavāsika sūsā-bāḍhaḥ hoti.
25. Following Dalhana (to SuUtt. 26.27): ... samāyānti samāgacchanti. yatas-tato nāsāsrotahprabhritybhiḥ latra rāgatānaṁ kṛmiṇaṁ kārakādibhir nirharayaṁ kartavyam (or from the 1915 edition: samāyānti itastato nāsāsrotahprabhrityṣu, tatra). ...
26. This rendering is based on AHUtt. 24.15-16: kṛmiṁ sōṇitam nāṣyaṃ tena mārccchati jantaṁ, māttah sōṇitaganḍhena sūrtyāṁ ghrāvaṅkārtyāḥ. sūkṣṣānasāya-dhūmābhāyam kuryān nirharayaṁ tataḥ. ... Dalhana (to SuUtt. 26.29), however, considers the vs. beginning with teṣām to be a treatment for the eradication of those
worms which are inaccessible by the nasal-passages (idānīṁ kūr̥cakād dibhir aga-myāṇuṁ kṛmīṇāṁ nirvarāṇāṁ cikīṣṭatāṁ āha: teṣāṁ ity ādi). Cf. also K.L. Bhishagr natu, vol. 3, p. 137. See also H.K., p. 633.

27. Following Dalhāṇa. He also refers to Gayiṁ, who offers the interpretation that the purgation of the skull is composed of the seeds of the hrasvaśīgukra plant, etc. (mūḍhāvirecauṇaḥ . . . ; gaiy tu vṛksamayāṁ hrasvaśīgukrabhājīṁ śīrvaśīgukrabhājīṁ maṇyaṁ, hrasvaśīgukrabhājīṁ ity ādi: . . ); see also SuUtt. 54.34-36 and cf. K.L. Bhishagr natu, vol. 3, p. 137.


29. MV 8.1.14: ūṇa kha pana samayena rāṇiṁ Māgadhassya Senyassya Bimbisārassa bhagandalābdhāḥ hoti, sātākā lohitena makkhyayanti (Sī.: makkhyayanti).


31. NiŚṭh. 4.3: viśāpyatāślasanamanaṁ pāṭāgānam tuśamītahatapakaśyakṣāryapuṭa-sūtraṁbhākavartamārmīyā kṛṣṭaṁ kāviya bhagundarāḥ bhavantī, te tu bhagudābabādipradaśādāraṇār ca “bhagundarā” ity ucyante, abhināṁ pyākāhaḥ, bhavnās tu bhagundarāḥ. Caraka defines bhagundara more generally: “For the rectal fistula should be [known as] pustules on the side of the rectum, which frequently ripen and suppurate [and as being caused] by worms, slight injury to the [tail-] bone, copulation, diarrhoea, etc., and excessive horse-back [riding] (CaCiŚth.12.96: kṛyāyatāśūkṣmānaramavavādāna vimādādy[N .:] utkatakāśapṛṣṭhāṁ, gudasya pārśve pyākāḥ bhṛṣārthāḥ pākavprahātinā tu bhagundarāḥ yāyā). Cf. also SuNiŚṭh. 4.10-13.

32. See CaCiŚth. 12.97 and SuCiŚth. 8.4. Cf. also AHUtt. 28.25-26, where Vāgbhaṭa merely prescribes the use of a surgical instrument (śastra).


34. AHSUtt. 25.38: aṣṭāṅgulāṁ nimmānuṁ tīsraṁ kārṇaadhaḥkrame, kaṇiṁiśamānumanahkamanam asanair mukhaṁ. Cf. also Mukhopādhyāya. Surgical Instruments, vol. 1, p. 159.


36. Sī., however, reads perhaps more clearly: antagandādbādhu, “the affliction of a swelling in the bowels.”


38. MV 8.1.21: ūṇa kha pana samayena Bārṇāṣayakassassā setṭhiputtaṁ mokhārī-kāya kilantassā antagandādbādhu hoti yena (Sī.: tena) yāguḥ pi pāṭa na samāṁ pariṇāmaṁ gacchati bhūtāṁ pi bhūtata na samāṁ pariṇāmaṁ gacchati uccāro pi pāṭāma pi na paguroν, so tena kiso hoti lākṣaṁ dūrbhāvaṁ upaṇḍavyakajāya dhamanavahitātātu.

39. MV 8.1.22: evaṁ . . Jivaṁ Kāṇṇorāhhaccavo . . gatvā yena Bārṇāṣayako setṭhiputto ten’ upasamkami, upasamkamitva Bārṇāṣayakassassā setṭhiputtaṁ vikāraṁ sa-

40. SuCiSth. 2.56-66; Caraka does not mention such a disease or treatment.

41. AHUtt. 29.12-14.
42. MV 8.1.23: tena kho samayena Ujjeyaya(N.) raśio Pajjotassa pāṇḍurogābāḍho hoti.
43. Buddhagosa (p. 1117) explains rather fancifully: “Surely this king is born of a scorpion; and ghee is medicine for the sake of warding off the poison of a scorpion. Therefore, it is loathsome to a scorpion” (ayaṃ kira rājā viccikassā jātu, viccikavasāpatighāṭya ca sappi bhāsajjāṃ hoti viccikānaṃ paṭṭik ballo tumā evam āha).
45. Buddhagosa (p. 1117) glosses uddekaṃ as uggāraṃ.
46. Buddhagosa (p. 1117) elaborates: “Both making him drink the ghee and explaining the action of the food to the maidservants” (sappiṃ ca päyeṭtvā paricārkīṇānaṃ ca abāḍhvādhiṃ ācīkhiṇtvā).

48. See in particular SuUtt. 44.3-4; cf. also AHNiSth. 13.1-4 and MN 8.2.
49. The older edition(1913) of SuUtt. 44.4 mentions four types of morbid pallor, the newer, following Dalhaṇa, eight: those caused by the three dosas plus the combination of those caused by the three dosas, by their combination, by the consumption of earth, by the two kinds of jaundice, kāmalā and kumbhakāmalā, and by hallmaka. CaSuSth. 19.4(CiSth.16.3). AHNiSth. 13.7 and MN 8.1 list five kinds: those being caused by the three dosas, their combination and the consumption of earth.

50. See CaCiSth. 16.35-36, SuUtt. 44.5-6, AHNiSth. 13.15-16 and MN 8.16-23.
52. Utt. 44.14; cf. also AHCiSth. 16.1.
53. CaCiSth. 16.47-55; 134-135; SuUtt. 44.15-20; cf. also AHCiSth. 16.
54. MV 8.1.30: tena kho pana samayena bhagavato kāyo dosābhisaṁno hoti. See also Horner, vol. 4, p. 394n.1.

55. MV 8.1.30: icchantathāgato vīreçānaṁ pātun ti. See also Horner, vol. 4, p. 394n.1.

56. MV 8.1.30: icchantathāgato vīreçānaṁ paduvī ti.

57. Buddhagosa (p. 1118) explains: “One handful of lotuses is for the sake of removing the coarse dosa; one is for the sake of removing the middle dosa; and one is for the sake of removing the subtle dosa.” (ekam uppalahattham olārika-saharanattham ekam majjhima dosa-saharanattham).

58. MV 8.1.31-33; atha kho Jivakassa Komārabhaccassa etat ahosi: na kho me tam paṭirāpan (N.: paṭirāpan) yo ‘ham bhagavato olārika-vīreçānaṁ dudaya (Si.: dudeyya yam nānādham) ti. thi uppalahatthānī nānābhesajjhe paṭibhāvetvā (Si.: paṭibhāvetvā tathāgatassa upānāmeyaṁ) yena bhagavā teni upavākāmi, upavākāmāṁti ekam uppalahattham bhagavato upavanāni imam bhante bhagavā paṭivaññam uppalahattham upasūnguha, idam bhagavanto dasakkhattam vīreçaatthi, datiyam pi uppalahattham bhagavato upānāmi . . . bhante bhagavā . . . upasūnguha, idam bhagavanto dasakkhattam vīreçaatthi, tatiyam pi uppalahattham bhagavato upavanāmi . . . idam bhagavanto dasakkhattam vīreçaatthi, evam bhagavato samatimsāya (B.: samatimsāya) vīreçānaṁ bhavissatthi . . . atha kho Jivakassa Komārabhaccassa . . . etat ahosi: mayā kho bhagavato samatimsāya vīreçānaṁ dinnam, dosābhisaṁno tathāgatassa kāyo, na bhagavanto samatimsakkhattam vīreçaatthi, ekinaṁsakkhattam bhagavantam vīreçaatthi, api ca bhagavā virito nāhāyissati, nāhātam bhagavanto sakam vīreçaatthi, evam bhagavato samatimsāya vīreçānaṁ bhavissatthi . . . atha kho Jivako Komārabhacca bhagavanto etat avaca: vāya bhante bhagavato kāyo pakatatto hoti, alam yūsapindapātenā (S. reads perhaps preferably: yūsapindakenā) ’t. atha kho bhagavato kāyo na cirass' eva pakatatto ahosi.


60. SuCiSth. 33.4.

61. SuCiSth. 33.5.19.

62. SuCiSth. 33.44-45; cf. CaSuSth. 15.17-25. Vāgbhaṭa states that because it is mild and safe, the plant caturāṅgula especially should be used as a purgative for a child, for one who is old, for one who is injured, for one who is emaciated and for a very delicate man (AHKaSth. 2.31: bāle vṛddhe ksate kṣīre sukumāre ca mānave, yojo mṛdavapāṣṭivād vīsēdī caturāṅgulaḥ).

63. SuCiSth. 33.11.

64. Ibid. and SuCiSth. 33.26. prēya is defined as thin gruel (See G.J. Meulenburg, The Mādhavanīdāna, pp. 476-477; cf. also U.C. Dutt, Materia Medica of the Hindus, p. 269).

65. See ibid., pp. 110-112 and CaKaSth. 1.4-7.

66. MV 8.1.5-7.

67. See Ralston, trans., Tibetan Tales, pp. 95f.


70. Erick Frauwallner, The Earliest Vinaya and the Beginnings of Buddhist Literature, p. 67.

Selective Bibliography and Abbreviations

B. Burmese edition of the Pāli Tipiṭaka.
CiSth. Cikitsāsthāṇa.
JOIB Journal of the Oriental Institute, Baroda.
KaSth. Kalpāsthāṇa.
MIO Mitteilungen des Instituts für Orientforschung.
N. Nālandā-Devanāgarī edition of the Pāli Tipiṭaka.
NiSth. Nidānasthāṇa.
R. Romanised edition of the Pāli Tipiṭaka.
S. Sinhalese edition of the Pāli Tipiṭaka.
ŚaSth. Śārīrasthāṇa.
ŚiSth. Siddhāsthāṇa.
Si. Saimese(Thai) edition of the Pāli Tipiṭaka.
SūSth. Sūtrakrānta.
Utt. Uttaratantra.
ViSth. Vīmanasthāṇa.

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