

Some remarks on literary sources of Indian traditional medicine - translatological problems and new avenues of research on ethnomedicine in Kerala

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Abstract

The paper attempts to shed some light on textual sources of Indian medical traditions and discuss the translatological problems of the scriptures with special reference to names of diseases and medicinal plants. Philological investigation is supported with data from field research on traditional knowledge systems of India conducted by the author in Kerala in the years 2010-2012. The investigation herein is centered on data drawn from selected textual passages of medical treatises that are reread in modern contexts and translated in the light of learned commentaries. As acknowledged by Wujastyk, text has always been at the heart of Āyurvedic medicine. Moreover, Āyurvedic physicians and pharmacologists use the high textuality of Āyurvedic knowledge as a reference point and a badge of validity. Another objective of the present study is to propose new avenues of research in Āyurveda and present authoritative scriptures of Indian ethnomedicine.

key words: Āyurveda, Kerala, medicinal plants, ethnomedicine

1 Introduction

Āyurveda is a complex system of traditional medicine developed in ancient India. The term itself is a compound composed out of two Sanskrit words: *āyur* (health) and *veda* (knowledge). One of the most authoritative handbooks of ancient Indian medicine, Carakasamhita, explains that the medical knowledge is known as Āyurveda because it instructs (*vedayati*) about medicaments and therapies that are health-enhancing[1]. India has been praised by scholars as a rich source of traditional knowledge domains. Yet, the Āyurvedic traditions, with their voluminous scriptural data, still remain fairly unexplored by modern researchers. The study here tries to identify the textual sources of Āyurvedic medicine. According to historians, various streams of Āyurveda intermingled consequently forming complex system of medical doctrines and practices. The Āyurvedic texts transcend the boundaries of technical literary genre. Symbolic expressions and cryptic styles were frequently employed by the authors; metaphors and allusions to philosophical doctrines were combined with literary styles known from classical Sanskrit scriptures. Therefore, only those well-versed in local literary traditions could study the preparation of drugs and various therapies. Āyurveda is considered

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by scholars as naturalistic system of medical knowledge concerned with organically based symptoms and various methods of treatment. Its value is rediscovered in modern times as Āyurveda did manifest standard criteria of "science" (e.g. empirical observation, experimentation or quantification). According to Indian traditions, Āyurvedic medicine was discovered in ancient times and revealed to mankind by enlightened sages. The revelation was then codified in Sanskrit texts composed between the second and seventh centuries[2]. The scriptures claim that human body consists of five elements: earth, water, fire, air and ether. To diagnose disease one should investigate the physiological expressions of these elements i.e. chyle, blood, flesh, fat, bone, marrow and semen. Moreover, as far as treatment is concerned, Āyurvedic doctors employed herbal remedies to balance the three humours of human body : air, bile and phlegm [3]. Through Portuguese physicians and travellers of the 16th and 17th centuries, many items of Āyurveda's pharmacopoeia entered European medical knowledge. Some researchers draw attention to the fact that Linnaeus's systematization of the natural world was based on Indian sources, resulting in the representation of Āyurveda's medicinal legacy in binomial plant taxonomy [4]. There is also a controversial theory saying that Hippocrates got much of his doctrine from Āyurveda [5]. Many researchers praise Āyurveda's empiricism and deep insight into natural science. According to those scholars, the tradition is marked by revolutionary secularism subsequently impregnated with esoteric symbolism and terminology [6]. This folk medicine has long been relegated to subordinate status and not considered as a source of new disciplinary perspectives therefore the paper here attempts to highlight possible ways in which studies in Āyurveda can contribute to contemporary medical debates.

2 Materials and methods

The paper discusses ambiguous language of Āyurveda and emphasizes the need of rereading of ancient medical texts in the light of modern medical knowledge. Philological analysis is supported with data from field research on traditional knowledge systems of India conducted by the author under Indian Government Scholarship. The investigation herein is centered on data drawn from selected textual passages of medical treatises.

It is widely acknowledged that Suśrutasaṃhitā, "The Compendium of Suśruta," is a classic study of the traditional Indian medicine and an authoritative manual for Āyurvedic doctors. It was written in the Sanskrit language, and its earliest content may date from as early as 250 BCE. However, It was reedited several times until about 500 CE when the text achieved the general form in which it is known today. We must however remember that the medical terminology used by ancient Indians need to be studied further as the meanings of some terms used in ancient medical handbooks are still ambiguous. Āyurvedic texts are often written in most succinct style:the authors of the books assumed the reader knew the nature of the subject-matter. Therefore, the language used was profoundly anaphoric : passages would often allude to ideas and arguments known only to

elite literati. Moreover, polysemic terms are frequently employed in idiomatic ways. The idiosyncratic style of many treatises and Sanskrit *hapax legomena* may bewilder uninitiated readers and there is a need of rereading of the texts and deciphering many terms used by ancient medics. One is reminded of a curious Sanskrit term *takman* which was translated by Grohmann as malaria. However, recent research conducted by Karambelkar suggested that *takman* was indeed a general term for fever which could have been classified into malaria, influenza and typhoid fever [7]. It is interesting however to note that, the mosquito theory of the origin of malaria was indeed mentioned in *Suśrutasaṃhitā* [8]. Another term that can be cited here, *jvara*, also appears in many medical treatises and has similar meaning (i.e. fever) but is labelled in *Suśrutasaṃhitā* as 'the leader of diseases'. Therefore, we may put forward a hypothesis that the term *jvara* was used also to describe the most serious condition. Similarly, term *yakṣman* is usually translated as pulmonary consumption, but it is sometimes used to indicate tuberculosis and in other contexts it may even have generic meaning of a disease[9].

Another curious term used in *Āyurveda* is *paramāṇu*. The texts proclaim that human body consists of innumerable, minute units called *paramāṇus*. Thus, one may be tempted to translate this term as a cell. However, in Sanskrit we may find another word - *āṇu* which has very similar meaning. In Sanskrit language *āṇu* is a masculine noun that can mean an atom or a minute structure. Sometimes it is compounded with *srotas*. The term *srotas* is usually rendered as stream or torrent. Therefore, the commentaries explain that *āṇusrota* is a group of structurally and functionally similar cells [10]. Let us give some other examples of terminological ambiguities. As observed by Wujastyk, *Suśrutasaṃhitā* enumerates various substances used for bandaging wounds. Not all of them are obvious for modern readers. For instance, *Suśrutasaṃhitā* speaks about *pattorṇa*. This term can mean silk or cotton. However, the same chapter mentions also *karpāsa*, common Sanskrit term for cotton and *kaūśeya* generally translated as silk. The text teaches that one can use also "Chinese-cloth" (*cīna-patta*) as a bandage. The term may indeed refer to Chinese silk [11]. In fact, the language of the treatise was difficult to understand even by some scholars of ancient times. The ambiguity of several stanzas prompted writers to compose commentaries and the text itself was emended by Candrata. Moreover, the scribes and commentators like Gayadāsa (ca. 1000) or Dalhana (ca. 12th century) note many alternative readings of *Suśrutasaṃhitā*[12]. Nevertheless, *Suśrutasaṃhitā* was popular among physicians in India and Arabian countries. According to historical research, The *Kitab Sasard*, translated into Arabic by order of Yahya Ibn Khalid and referred to by Arabic scholars, was indeed *Suśrutasaṃhitā* [13]. Hopkins states:

We know indeed that the Hindu authorities (the chief are Caraka and Suśruta of the first and fourth centuries, A.D., respectively) are repeatedly mentioned in the Latin translations of the Arab writers[14].

Perhaps a Sanskrit word *jambudvīpa* is the term that embodies the ambiguities of *Āyurvedic* parlance. *Jambudvīpa* is one of the common names for India found in ancient literature. We may not find this word used by the Vedic seers but it was frequently employed by later court poets and men of letters. The name itself is

usually rendered as The Island (*dvīpa*) of Apple Tree (*jambu*). However, although Monier-Williams Dictionary translates it as "Rose Apple Tree", other researchers, claim that *jambu* is a kind of plum (*syzygium cumini*) which became a symbol of Indian culture[15].

3 Results and discussion

The aforementioned ambiguity of terms and prescriptions can be overcome by rereading of treatises in the light of modern medical knowledge and ancient learned commentaries. However we shall discuss one more aspect of Indian medicine i.e. Āyurvedic understanding of mental and physical health. It seems that deeper understanding of the idea of health, as discussed in Indian scriptures, may facilitate further research on Āyurveda.

Carakasamhitā, as explained above, is another authoritative treatise translated into Latin by Hessler (1844-50) and rendered for the first time into English by Avinash Chandra Kaviratna[16]. Being the most comprehensive manuals for Āyurvedic doctors, Suśrutasaṃhitā and Carakasamhitā deal with human anatomy[17], physical and mental health. Suśrutasaṃhitā is known for its lengthy chapters on surgery (also plastic surgery), usage of enemas and aetiology. Two important *cikitsās* (treatments) relating to the problem of mental illness (*apasmāra cikitsā* and *unmāda cikitsā*) are also explained. *Apasmāra* has been rendered by Western scholars as epilepsy although Indian sources give also alternative translations like: confusion of mind or "falling disease". It is also explained in Natyaśāstra (Indian treatise on dramaturgy) as a condition of brain that causes a person to fall down and tremble in violent and uncontrolled way as if possessed by evil spirits[18]. The texts teach that the immediate cause of *apasmāra* is due to mental states or the excitation of the humors. Suśrutasaṃhitā says that the excited humors overwhelm the channels of the body, causing amnesia, unconsciousness, writhing in agony and even convulsive jerks. *Unmāda* (madness), is considered as a mental disease that can be identified by symptoms like: delirium, uneasiness, rolling of eyes or irrelevant speech. Having discussed the symptoms the text attempts to interpret them in terms of its humoral theory [19]. Some scholars argue however that the distinction between physical and mental illness is entirely based on Western theory of medicine and such distinctions cannot be found in Āyurvedic philosophy of holistic treatment. Āyurvedic texts agree that many diseases are indeed psychosomatic. According to Danielou, in traditional Indian conception of life human body is considered sacred as it is believed that the whole cosmic order of creation is reflected in the individual self [20]. Thus, human body is a microcosm that can be cured with medicinal herbs and proper diet. In the Āyurvedic texts the herbal remedies are used for various purposes and one potion can have more than few applications. Some can cure both mental and physical diseases. For instance, a herb known by Sanskrit name *bhadra* (auspicious) and identified with *Aerva Lanata* is discussed in aforementioned texts. As stated by the Āyurvedic practitioners in Kerala, this antidiarrhoeal herb can be used for several other purposes - in treatment of headache or skin diseases. Similarly, a decoction from *Cynodon dactylon* prescribed by the texts for dysentery is, according to the Āyurvedic doctors, also a remedy for

hysteria. To give just another example, *Evolvulus alsinoides* is considered in India as antidysenteric and antifungal herb but drugs prepared from it are given also to those suffering from loss of memory and mental imbalance.

It is important to mention here that food itself was declared as the most important medicine by the earliest philosophical texts of India, i.e. the Upanishads[21]. Āyurveda teaches that food is "cooked" (i.e. digested) in the body and reduced to a component that nourishes the seven tissue elements and a waste component that nourishes the impurities of the body, the *malas*. The *malas* include bodily emissions and, most importantly, the three humours: *vata*, *pitta* and *kapha*. As long as the humours remain in proper balance a person is not affected by any disease [22].

4 Conclusions

The study here attempts to shed light on textual sources of Indian medical traditions and discuss the translational problems of the scriptures. One of the aims of this paper was to draw readers attention to the need of rereading of Āyurvedic texts. Philological studies may open up new perspectives of medical research and new translations of lesser-known works may expand our understanding of traditional medicine and its nomenclature. In modern India, we may notice general interest in Āyurveda not only as medical system but also a source of positive folk-values attached to the nature and the preservation of biodiversity [23]. Moreover, there is much information to be gleaned from numerous manuscripts preserved by families of Āyurvedic doctors in India. Even a hasty survey of Āyurvedic literature will suffice to show that South Indian state of Kerala is a treasure-trove for students of traditional medicine. The healers of Kerala use herbal drugs (prepared according to ancient treatises) to treat snakebites, tropical diseases and various other conditions. Thus, in conclusion, we shall introduce an important South Indian treatise that is still referred to and studied by modern practitioners of Āyurveda in Kerala.

Īśānagurudevapaddhati (ĪŚGD)

This ancient compendium of Kerala was published for the first time in 1920 in Trivandrum Sanskrit Series with introduction by N.P.Unni. Then, in 1990 the text was reprinted by Bharatiya Vidya Prakashan. Since then it has been republished many times with new introductions and commentaries. ĪŚGD was most probably composed in 12th c. [24]. The date of the text can be established on the basis of works quoted in ĪŚGD – the author borrows stanzas and examples from well-known South Indian treatise Somaśambhupaddhati that belongs to this period. The text deals with natural medicine but explains also many aspects of architecture, yoga and allied subjects. The erudite author of the work, Īśānaśivagurudeva, divided his opus into 4 parts (*pādas*): *sāmānyapāda*, *mantrapāda*, *kriyāpāda* and *yogapāda*. The whole text has nearly 18.000 stanzas written on 119 palm-leaves. The text covers several subjects related to general medicine. ĪŚGD is also a fine study of toxicology with a strong emphasis on treatment of snakebites. It teaches also how to use herbs like

piper-betel and *Andrographis paniculata* to treat minor wounds. It is vital to note that even in modern times traditional healers administer Āyurvedic potions prepared according to prescriptions found in this ancient treatise. Moreover, later South Indian texts on toxicology and medicine frequently quote or paraphrase stanzas from ĪŚGD. One is reminded of Tantrasārasamgraha, a treatise on traditional Indian knowledge systems prepared by Nārāyana in 16th c. The author was a Brahmin from Kerala and most probably lived in Śivapura on the banks of the river Nilā where he studied ancient lore and texts like ĪŚGD. The text (i.e. Tantrasārasamgraha) consists of thirty-two chapters. Many of prescriptions found in Tantrasārasamgraha teach about formulas and potions prepared to cure contagious diseases and counter the effects of poisons. Tantrasārasamgraha is quoted in several sources and has intertextual relations with various Indian scriptures (it is even cited in a commentary on Śaradatilaka titled Padārthādarśa). One may say that works like ĪŚGD contributed to the constitution of the Sanskrit intellectual network of Āyurvedic scholars in South India.

References

- [1] Sharma P. Caraka-Samhitā: Agniveśa's Treatise Refined and Annotated by Caraka and Redacted by Drdhabala, Choukambha, Varanasi, 1981-1994, 1.30.23.
- [2] Maas P. On the Position of Classical Āyurveda in South Asian Intellectual History According to Global Ayurveda and Modern Research, *Horizons: Seoul Journal of Humanities* 2011, (2)1: 1-14.
- [3] Filliozat J. The Classical Doctrine of Indian Medicine, Delhi, 1964, 89-90.
- [4] Wujastyk D. The Science of Medicine, Oxford, 1999, 393-409.
- [5] Wright J. The Origin of Hippocratic Theory in Some of the Science of the Nature Philosophers, *The Scientific Monthly*, 1990 (11) 2: 127-140.
- [6] Zimmermann F. The Jungle and the Aroma of Meats. University of California Press, 1987, 212.
- [7] Karambelkar VM. The Atharva- Veda and the Ayur- Veda, Nagpur, 1961, 289.
- [8] Fielding H. Athanasius Kircher and the Germ Theory of Disease, *Science, New Series*, 1910 (31) 796: 502.
- [9] Obeyesekere G. Ayurveda and Mental Illness, *Comparative Studies in Society and History*, 1970 (12) 3: 295.
- [10] Patwardhan K. Concepts of Human Physiology in Ayurveda, Varanasi, 2008, 53-73.
- [11] Ācārya, Y. T. (ed.), Suśrutasaṃhitā, Mumbai 1915, 18.16.
- [12] Meulenbeld J. A History of Indian Medical Literature, Groningen, 1999-2002, 123.
- [13] Wilson H, Cureton W. Extract from the Work Entitled *أبطلاناتا قبطية ابن الانوبيع* or, Fountains of Information Respecting the Classes of Physicians, by Muwaffik-Uddīn Abū-'labbās Ahmad Ibn Abū Usaibiāh, *Journal of the Royal Asiatic Society of Great Britain and Ireland*, 1841 (6) 1:105-119.
- [14] Hopkins E. The Fountain of Youth, *Journal of the American Oriental Society*, 1905, (26):32.
- [15] Wujastyk D. Jambudvīpa - apples or plums?, *Studies in the History of Exact Sciences in Honor of David Pingree*, Leiden 2004, 288.
- [16] Bloomfield M. Charaka-Samhita by Avinash Chandra Kaviratna (review), *The American Journal of Philology*, 1894, 15(2): 235-236.
- [17] Moodie R. The Sources of Anatomical Literature, *The American Naturalist*, 1917 (51) 604: 99.
- [18] Joshi K (ed.). Nāṭyaśāstra of Bharatamuni, Varanasi 2009, 7.73-7.74.
- [19] Obeyesekere G. Ayurveda and Mental Illness, *Comparative Studies in Society and History*, 1970, (12) 3: 292-296.
- [20] Danielou A. Hindu Polytheism, New York, 1964, 375.
- [21] Narayana M. Taittirya Upanishad, Delhi, D.K. Printworld, 1998, II.II.1.
- [22] Filliozat J. The Classical Doctrine of Indian Medicine, Delhi, 1964, 89-90.
- [23] Freeman R. Gods, Groves and Nature in Kerala, *Modern Asian Studies*, 1999, (33) 2: 273.
- [24] Rajarajavarma, Keralīyasamskrtaśāhityacaritram, Kalady 1996, 462-463.