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

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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 Piṭaka. It recounts six healings performed by the physician Jīvaka Komārabhacca¹ 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,² Tibetan³ and in a sūtra in Chinese,⁴ reflecting the popularity of the story.

While there are several published articles drawing our attention to the medical importance of this tale,⁵ 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 Suśruta Samhitās.

I. A seven-year-old disease of the head (sīsābādha) suffered by a merchant's wife from Sāketa⁶

Then Jīvaka Komārabhacca 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 handful⁷ 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, Jīvaka Komārabhadaccā 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 (kṣaya),10 by sūryāvarta,11 by severe pain in the neck, eyes, eyebrows and temples (anantavātā), 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 (nastabhkarman),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 śṛṅgātakas17
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)."[^18]

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 (*sisābādha*) suffered by a merchant
from Rājagaha[^19]

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[^20] of the head [and] twisted
open a suture [of the skull],[^21] he extracted two living crea-
tures 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*).[^23] 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 purga-
tions of the head, in order to eradicate diseases of the head caused
by worms.[^24] Suśrūta 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 over-
joyed with the smell of blood, they congregate [in the nasal-
passages, etc.] from anywhere.[^25] Their eradication from there
[i.e. from the nasal-passages][^26] is to be accomplished by pur-
gations of the skull or by [a nasal-therapy consisting of] seeds
of the *hrasvaśriguka* plant mixed with *nili* (*Indigofera tinturia,*
Linn.).[^27] 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 vermilifuges and smoke-nasal-therapies combined with *pūtimatsya* (= *pūti-karaṇīja*; *Caesalpinia crista*, Linn. = *C. bonducella*, Flem.) as well as various types of foods, vermilifuges 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.

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**III. A rectal fistula (bhagandala) suffered by king Seniya Bimbisāra of Magadha, which stained his clothes with blood\(^ {29} \)**

Then Jīvaka 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 Bimbisāra of Magadha was; and having approached the king, he said: “Let us see your malady.” Now as the story goes, Jīvaka 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 Jīvaka, involved the application of a medicated salve to the fistula by means of a finger-nail.

In the āyurvedic tradition, Suśruta 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 (*piḍaka*), 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 Jīvaka’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 Suśruta calls an eṣaṇī, an application of caustic medicines for cauterisation should be made.32 Both commentators, Cakrapāṇidatta and Ćalhana, gloss eṣaṇī as śalākā. In the āyurvedic tradition there are numerous types of śalākā.33 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.34 In the Buddhist tradition, śalākā (Pāli: salākā) is considered to be a bamboo splinter with caustic medicines used in the treatment of boils and of wounds.35 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)36 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.37 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.38

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.39

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 antaganṭha, which in Sanskrit one would expect to be antragramantha 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.40 Vāgbhaṭa mentions the affliction, vranagraṇthi, "wound-knot", which, when located in the bowels, is said to be incurable.41

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 (paṇḍurogābādha) suffered by King Pajjota of Ujjēni42

The rather involved treatment follows:

The Jivaka Komārabhačca...having gone to Ujjēni, 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" 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.44 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 vom-
it. . . .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 be-
came 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, pânduroga 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 pânduroga and the Sanskrit pânduroga.51

Suśruta states that the principal cure for the condition of pânduroga 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 pânduroga (pânduroga), 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 (dosabhī-
sanna), suffered by the Lord Buddha54

The treatment, we are told, required the drinking of a purga-
tive.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 prop-
er that I should give the Lord a coarse purgative. Having mixed three handfuls of lotuses57 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 Komārabhacca. . . . 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 Komārabhacca said this to the Lord: “Until, O good one, your body becomes normal, alms-food of soup will be sufficient.” Then, as the story goes, the Lord’s body soon became normal.58

In this final account of Jivaka’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 dosābhīsanna, “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 āyurvedic 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 (snīgdha) and sweated (svīnna).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(?) (drṣṭaphala), 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 lukewarm 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 Taxila and who, in the Tibetan Vinaya, is said to be Ātreya, 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 Pakistan and perhaps others from the area of the north-west of India, 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 Jivaka, 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 Komārabhaṭṭa from the Sanskrit, kumārabhaṭṭa, 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.


6. MV 8.1.7: tena kho pana samayena Sākete setṭhiḥbhāriyāya sattavassiko sīsābādho hoti.


10. The Madhukosa to MN 60.1 explains this as “by the wasting away of blood, marrow (or fat), etc.” (kṣayeneti asṛgyasādānāṁ kṣayena).
11. According to Dalhana at SuUtt. 25.1—4, some consider sūryāvarta to be in pain in the head caused by bile and wind, which increases during daylight hours and becomes calm at night (... “tatra vātānugamā pittam citaṁ śirasi tiṣṭhati, madhyāhne tejasā ‘raksya tad vívṛddham śirorujaḥ. karoti paṭitikīṁ ghorāṁ saṃsāmyati dinakṣaye, astaṁ gate prabhāhine sūrye vāyuḥ vivardhate. pittāṁ śāntim avaṇṇoti tataḥ śāmyati vedanā, eṣa pittānālakṛtaḥ sūravartaviparyayah...”).
12. Utt. 25.2-4; see also AHUtt. 23, MN 60.1 and Jolly, Medicin, p. 118. On the latter four causes, cf. CaSiSth. 9.70-87.
15. SiSth. 9.98-99: “bhigaka sneham naśtaḥ kuryād vidhānavit, ... uttānasya sāyānasya śayāne svāstre sukham, pralambasirāsaṁ kicīṁ kicīṁ pādnanatasya ca.”
17. Dalhana to SuCiSth. 40.30 explains śṛigātaka as “being the combination of the vessels which soothe the apertures of the nose and ear as well as the eye and the tongue” (nāsākarnasrotokṣiḥśīvatārpaṇaṁ sāraṇaṁ saṃśātājāḥ śṛigātakāḥ). This definition seems to point to the sinuses.
19. MV 8.1.16: tēṇa kho pana samayena Rājagahaśaṭṭhissa sattavassika sīsā-bādho hoti.
25. Following Dalhana (to SuUtt. 26.27): “samaṇyanti samāguccchānti, yatassato nāsāroṭahpрабhṛtyibhiḥ tatra cāgatānāṁ krmīṇāṁ kārcakādhibhir nirharanāṁ kartavyaḥ (or from the 1915 edition: samāyānti itastato nāsāroṭahpрабhṛtyā, tatra...).”
26. This rendering is based on AHUtt. 24.15-16: kṛmijye sōṇitaṁ nasyaṁ tana mūrchechanti jantaṁ, mātāḥ sōṇīgandhena niroṣyanti ghṛṇavakravyah, suktisnānasyadhumābhyaṁ kuryān nirharanāṁ tataḥ... Dalhana (to SuUtt. 26.29), however, considers the vs. beginning with teṣaṁ to be a treatment for the eradication of those
worms which are inaccessible by the nasal-passages (idānīṁ kūrcakādibhir aga-
myānaṁ kṛmaṁ nirharanārtham cikitistam āha: teṣāṁ ity ādi). Cf. also K.L. Bhishag-

27. Following Dalhana. He also refers to Gayin, who offers the interpreta-
tion that the purgation of the skull is composed of the seeds of the hravasīgrukra-
plant, etc. (mūrdhavirecanaṁ. . . ; gayī tu vakṣyaṁānāṁ hravasīgrukrabhyāṁ
śīrōvirecanaudravasyāṁ manyate. hravasīgrukrabhyāṁ ity ādi. . .); see also SuUtt. 54.34-36

28. Utt. 26.26-30: kṛmibhir bhaksyāmantara vakṣyate śirasah kriyā. nasey hi śoṣi-
tam dadyāt tena mūrechanti jantavah, māttāḥ śoṣiṅgandhena samāyānti yatastataḥ. teṣāṁ
nirharanaṁ kāryaṁ tato mūrdhavirecanaṁ, hravasīgrukrabhyāṁ vā kāṃṣyantaṁśamāyātāṁ,
kṛmignaṁ avapādaś ca mūtrapiśṭāṁ upācāre, pūṭmaṭyayutāṁ dhūmāṁ kṛmignaṁ ca
prayojayet. bhōjanāṁ kṛmignaṁ pāṇāṁ vividhāṁ ca. Cf. also AUtt. 24.15-18.

29. MV 8.1.14: tena kho pana samayena raṇīṇo Māgadhassā Seniyassā Bimbisā-
assā bhagandalābādhā hoti, sātākā lohitena makkhiyanti (St.: makkhiyanti).

30. MV 8.1.15: evam devā 'ti kho Jīvako Komārabhacco Abhayassā rājakumāra-
patisūṇītvā nakhkha bhseajjāṁ ādāya yena rājā Māgadho Senyo Bimbisāro ten' upa-
śaṁkāmi, utpasmaṁkātvā rājāṇām Māgadhaṁ Seniyaṁ Bimbisāraṁ etad avoca: ābādhaṁ
te (N.) deva passāmā 'ti. atha kho Komārabhacco raṇīṇo Māgadhassā Seniyassā
Bimbisārassa bhagandalābādhām eken' eva ālepēna apaṇādhi.

31. NiSth. 4.3: vātiptīpāḷasmasaṁpañṭāgaṁ tuṇnimmattā sataponoṣṭragrīvapari-
srāviśambūkāvartonṁrāṅgo yathāsaṁkhyāṁ paṇca bhagandarā bhavanti, te tu bhagagu-
dabastipradasaṅdaṁca ca "bhagandarā" ity ucyante, abhinmāḥ piṭakāḥ, binnāś tu bhagand-
darāḥ. Caraka defines bhagandara more generally: "For the rectal fistula should be
[known as] putoses on the side of the rectum, which frequently ripen and suppu-
rate [and as being caused] by worms, slight injury to the [tail-] bone, copulation,
diarrhoea, etc., and excessive horse-back [riding] (CaCiSth.12.96: kriyāsthīsū-
kṣmakaṇanavyāvaprapāvaṁadya (not,āṇya) utkataḥśvapṛṣṭhaṁ, gudasya pārśve pi-
uḥ kṣaṅkhaṁ pavaprabhinnā tu bhagandarāḥ syāt). Cf also SuNiSth. 4.10-15.

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


34. AHSūSth. 25.38: astāṇgulā nimmamukhāṁ tisrah kārauṣadhakrame, kanin-
īmadhyāmāminakhaman asamair mukhaiṁ. Cf. also Mukhopādhyāya, Surgical In-
struments, vol. 1, p. 159.

35. For salākā, cf. MiIn IV.1.33(112) and IV. 2.13(149). See also PTS-PED,

36. Si., however, reads perhaps more clearly: antaṇāṇābhādho, "the affliction
of a swelling in the bowels."

37. On the exact meaning of this, see especially Vin. Texts, pt. 2, pp. 184-85
n.l; and cf. Horner, vol. 4, p. 389 n.2.

38. MV 8.1.21: tena kho pana samayena Bārāṇaseyyakassa setṭhiputtaṁ mokkhaci-
kāya kījantassa antagāṇṭhabhādho hoti yena (Si.: tena) yāgu pi piṭā na samāṁ pariṇāman-
gacchati bhuttam pi bhuttam na samāṁ pariṇāman gacchati uccāro pi passāvo pi na
paguno. so tena kiso hoti lākho dubbanṭo uppanḍuppanḍukajuto dhamasanarthatagato.

setṭhiputto ten' upasamkāmi, upasamkamitvā Bārāṇaseyyakassa setṭhiputtaṁ vikāraṁ sal-
lakkhetvā janaṃ ussāreto tirokariṇiyaṃ (S. and St.: tirokariṇam) parikkhipitvā (B.: parikkhipetvā) ihambhe ubbandhitvā (S. and St.: upanibandhitvā, “binding him on to”) bhariyam porato ṭhapetvā udaracchāviv maṃ sappim pāhāvetvā (R.: upphāvetvā, “cutting open”) antaganṭhāṃ niharitvā bhariyāya dassesi passa te sāmikassa abāḍham, . . . antaganṭhāṃ vivihehevāt antāni paṭipavesevā udaracchāviv sībbedvā (B.: sībhitvā) aḷepam adāsi. atha kho Bārāṇāseyako setṭhiputto na cirass‘ eva arogo ahosi.

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

Cf. NM 43.4
41. AHUtt. 29.12-14.

42. MV 8.1.23: tena kho samayena Ujjeniyaṃ(N.) raṇī no Pajjotassa pāṇudurogābāḍho 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 kirā raṇā vihehikassa jāto, vihehevāya sappi bhesaţjam hoti vihehikānaṃ paṭikkūlaṃ tasmā 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” (sappi ca paṭeytvā paricārikānaṃ ca āhāravidhiṃ acikkhitvā).


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 Dalhana, 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 halimaka. 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.
Hindus, beld, mcinaue, and for a very delicate man, it is mild and safe, the plant for a child, for one who is old, for one who is injured, for one who is emaciated, perhaps preferably:

Buddhagosa (p. 1118) comments: “Now, is the body of the lord coarse? It is not coarse! Therefore, he said thus: ‘Divine beings always place the divine-strength into the food of the lord; and now, the oily liquid moistens, everywhere, the dosas; it makes the vessels supple’” (p. 1118).

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 or removing the subtle dosa.”

MV 8.1.31-33; atha kho Jivakassa Komārabhaaccassa etad ahosi: na kho me taṃ patirupam (N.: patirūpam) yo 'ham bhagavato olārikaṃ virecanaṃ dadeyyan (Śi.: dadeyyam yan nānāham) ti. ānī uppalahathānī nānāhesajjhe pariḥhāvētā (Śi.: pariḥhāvetvā tathāgatassa upanāmeyam) yenā bhagavā ten' upasamkami, upasamkamitvā ekam uppalahattham bhagavato upanāmesi imam bhante bhagavā pāṭhamaṃ uppalahattham upaśinghatu, idam bhagavantaṃ dasakkhattam virecesatīti. dutiyam pri uppalahattham bhagavato upanāmesi . . . bhante bhagavā . . . upaśinghatu, idam bhagavantaṃ dasakkhattam virecesatīti. tatiyam pri uppalahattham bhagavato upanāmesi . . . idam bhagavantaṃ dasakkhattam virecesatīti, evam bhagavato samatimsāya (B.: samattimsāya) virecanaṃ bhavissatīti . . . atha kho Jivakassa Komārabhaaccassa . . . etad ahosi: mayā kho bhagavato samatimsāya virecanaṃ dinnam. dosābhissano tathāgatassa kāyo, na bhagavantaṃ samatimsakkhattum virecussati, ekūnatiṃsakkhattum bhagavantaṃ virecessati, apī ca bhagavā vinditī nahāyissati, nāhātaṃ bhagavantaṃ sakīṃ virecessati, evam bhagavato samatimsāya virecanaṃ bhavissatīti . . . atha kho Jivako Komārabhacca bhagavantaṃ etad avoca: yāva bhante bhagavato kāyo pakatatto hoti, alam yūsapīṇdappatena (S. reads perhaps preferably: yūsapīṇḍakena) ‘ti. atha kho bhagavato kāyo na cīrass’ eva pakatatto ahosi.

54. MV 8.1.30: tena kho pana samayena bhagavato kāyo dosābhissanno hoti. See also Horner, vol. 4, p. 394n.1.
55. MV 8.1.30: icchati tathāgato virecanaṃ pātum ti.
56. MV 8.1.30: tena hi bhante Ānanda bhagavato kāyam katipāham sinehethaṃ’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 or removing the subtle dosa.”

58. MV 8.1.31-33; atha kho Jivakassa Komārabhaaccassa etad ahosi: na kho me taṃ patirupam (N.: patirūpam) yo ‘ham bhagavato olārikaṃ virecanaṃ dadeyyan (Śi.: dadeyyam yan nānāham) ti. ānī uppalahathānī nānāhesajjhe pariḥhāvētā (Śi.: pariḥhāvetvā tathāgatassa upanāmeyam) yenā bhagavā ten’ upasamkami, upasamkamitvā ekam uppalahattham bhagavato upanāmesi imam bhante bhagavā pāṭhamaṃ uppalahattham upaśinghatu, idam bhagavantaṃ dasakkhattam virecesatīti. dutiyam pri uppalahattham bhagavato upanāmesi . . . bhante bhagavā . . . upaśinghatu, idam bhagavantaṃ dasakkhattam virecesatīti. tatiyam pri uppalahattham bhagavato upanāmesi . . . idam bhagavantaṃ dasakkhattam virecesatīti, evam bhagavato samatimsāya (B.: samattimsāya) virecanaṃ bhavissatīti . . . atha kho Jivakassa Komārabhaaccassa . . . etad ahosi: mayā kho bhagavato samatimsāya virecanaṃ dinnam. dosābhissano tathāgatassa kāyo, na bhagavantaṃ samatimsakkhattum virecessati, ekūnatiṃsakkhattum bhagavantaṃ virecessati, apī ca bhagavā vinditī nahāyissati, nāhātaṃ bhagavantaṃ sakīṃ virecessati, evam bhagavato samatimsāya virecanaṃ bhavissatīti . . . atha kho Jivako Komārabhacca bhagavantaṃ etad avoca: yāva bhante bhagavato kāyo pakatatto hoti, alam yūsapīṇdappatena (S. reads perhaps preferably: yūsapīṇḍakena) ‘ti. atha kho bhagavato kāyo na cīrass’ eva pakatatto ahosi.

60. SuCiSth. 33.4.
61. SuCiSth. 33.5.19.
62. SuCiSth. 33.44-45; cf. CaSuŚth. 15.17-25. Vāgbhāta 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 kṣate kṣiṇe suκumāre ca mānave, yoyjo mṛdvanapāyitvād viṣēṣāc caturāṅgulaḥ).
63. SuCiSth. 33.11.
64. Ibid. and SuCiSth. 33.26. peyā is defined as thin gruel (See G.J. Meulenburg, The Mādhavanidāna, 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. 93f.


**Selective Bibliography and Abbreviations**

B. Burmese edition of the Pāli Tipiṭaka.
CiSth. Cikitsāsthāna.
*JOIB* *Journal of the Oriental Institute*, Baroda.
KaSth. Kalpasthāna.
*MIO Mitteilungen des Institut fur Orientforschung*.
N. Nālandā-Devanāgarī edition of the Pāli Tipiṭaka.
NiSth. Nidānasthāna.
R. Romanised edition of the Pāli Tipiṭaka.
S. Sinhalese edition of the Pāli Tipiṭaka.
ŚāSth. Śārīrasthāna.
ŚīSth. Siddhasthāna.
Śī. Saimese(Thai) edition of the Pāli Tipiṭaka.
SūSth. Sūtrasthāna.
Utt. Uttaratantra.
ViSth. Vimanasthāna.

**Texts**


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