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Lilla Paula Luu

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**DREAMS, OMENS, AND PROGNOSIS IN THE INDRIYASTHĀNA
OF THE CARAKASAMHITĀ**

**APPROVED BY
SUPERVISING COMMITTEE:**

Supervisor:

Martha Selby

Joel Brereton

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OF THE CARAKASAṂHITĀ**

by

Lilla Paula Luu, B.A., M.S.T.

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Dedication

To the memory of my sister, Sanatani Aeden,
a.k.a. Pravrajika Buddhananda, who loved the stars.

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Abstract

DREAMS, OMENS, AND PROGNOSIS IN THE INDRIYASTHĀNA OF THE CARAKASAMĤITĀ

Lilla Paula Luu, M.A.

The University of Texas at Austin, 2013

Supervisor: Martha Selby

This study focuses on medical prognostication in the earliest Indian medical treatise known, the *Caraka Saṃhitā*. The first chapter gives an overview of the *Caraka Saṃhitā*, including its main doctrines and philosophy. The second chapter introduces the *Indriyasthāna*, the section in the *Caraka Saṃhitā* in which most of the omen literature is collected. The third chapter gives a survey and preliminary analysis of all twelve chapters in the *Indriyasthāna*. In the final chapter and conclusion, the topic of omen literature in the ancient world in general will be discussed, with a focus on the issue that invariably presents itself in omen literature, “rationality.”

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CHAPTER I: THE CARAKA SAMHITĀ

This study focuses on medical prognostication in the earliest Indian medical treatise known, the Caraka Samhitā. The first chapter gives an overview of the Caraka Samhitā, including its main doctrines and philosophy. The second chapter introduces the Indriyasthāna, the section in the Caraka Samhitā in which most of the omen literature is collected. The third chapter gives a survey and preliminary analysis of all twelve chapters in the Indriyasthāna. In the final chapter and conclusion, the topic of omen literature in the ancient world in general will be discussed, with a focus on the issue that invariably presents itself in omen literature, “rationality.”

DATE AND AUTHORSHIP OF THE CARAKA SAMHITĀ

The Caraka Samhitā is considered to be the oldest of the āyurvedic corpus and the beginning of classical medicine in India. Its dating and authorship, as with the other early Indian medical treatises, are troublesome. Among some of the evidence, there is a story in the Chinese Tripiṭaka which recounts a physician named Caraka attending to the wife of the Indo-Scythian King Kaṇiṣka. King Kaṇiṣka, according to Chinese Buddhist evidences, can be placed in either 100-126 C.E. or 120-46 C.E. Although this story is not concrete evidence for dating Caraka, it puts the possibility of the date of the Caraka Samhitā at approximately the second century C.E. However, after considering other

evidence, mainly Buddhist, the current consensus places the earliest version of the compendium tentatively around the third or second century B.C.¹

Regarding authorship, the Caraka Saṃhitā is professed to be not composed by Caraka, but rather revisions made by Caraka of the teachings of the sage Ātreya Punarvasu, as recorded by one of his disciples Agniveśa.² Unfortunately, historical records of either Ātreya Punarvasu or Agniveśa, if any, no longer exist.³ Not very well-known is the fact that the Caraka Saṃhitā also has a second major author, Dṛḍhabala, who lived around the 4th or 5th century C.E. He is responsible for ‘completing’ the compendium fragments by writing parts 7 and 8 of the compendium, including many chapters in part 6.⁴

There are still many unknowns regarding the date and authorship of this text which await further research. That this is a composite work is certain. Even part 6 itself, the Indriyasthāna, which is the focus of this study – appears to be a composite of at least two or three different works as well, as we will see as we go into its analysis further on.

COMMENTARIES AND COMMENTATORS OF THE CARAKA SAṂHITĀ

In this study occasional references to the commentaries of the Caraka Saṃhitā will be made, thus a brief overview is in order. The number of commentaries on the Caraka Saṃhitā alone is numerous. Jan Meulenbeld notes more than sixty commentaries

¹ Wujastyk, *The Roots of Āyurveda*, 4.

² Mazars, *A Concise Introduction to Indian Medicine*, 8.

³ Wujastyk, *The Roots of Āyurveda*, 4.

⁴ *Ibid.*, 5.

known so far.⁵ To date none of the commentaries are fully available in English. There are many difficulties associated with sorting out the commentaries; for one, they appear centuries or even millennia later than the treatise; second, the commentaries themselves not only contain too many variant readings from the manuscripts available in their day, they also make references to regional traditions and provide quotations from sources unknown to us.⁶

In this study only a few commentaries will be utilized, with Cakrapāṇidatta's commentary as the main one. Cakrapāṇidatta (ca.11th century C.E.), also known as Cakradatta, Cakrapāṇi or Cakra, was the son of a Nārāyaṇa who was the minister and Rasavatyadhikārin of King Nayapāla of Bengal. He is the author of the oldest extant commentary on the Caraka Saṃhitā, titled Āyurvedadīpikā, a.k.a. Carakatātparvyaṭikā.⁷

Other commentaries consulted for this study include Jejjaṭa's *Nirantarapadavyākhyā*, Gaṅgādhara Kavirāja's *Jalpakalpatāru*, and Yogīndranāthsena's *Carakopaskāra*.

⁵ Meulenbeld, *A History of Indian Medical Literature*, 180–200.

⁶ Wujastyk, *The Roots of Āyurveda*, xxxi.

⁷ Winternitz, *A History of Indian Literature*, Vol.3: 670.

CONTENT OF THE CARAKA SAMHITĀ

The Caraka Samhitā consists of 8 sthānas or parts, each part consisting of several chapters, with a total of 120 chapters. Following is a brief description of each part:⁸

1. Sūtrasthāna, ‘rules’: pharmacology, food, diet, some diseases and treatments, physicians and quacks, duties of a physician, physiology, philosophy, etc.
2. Nidānasthāna, ‘causes’: the causes of the 8 main diseases
3. Vimānasthāna, ‘arrangements’: tastes, food, nourishment, general pathology, medical studies
4. Śarīrasthāna, ‘relating to the body’: anatomy and embryology
5. Indriyasthāna, ‘relating to the senses’: diagnosis and prognosis
6. Cikitsāsthāna, ‘therapies’: therapy
7. Kalpasthāna, ‘pharmacy’: pharmacy
8. Siddhāntasthāna, ‘completion’: further general therapy

The details of part 5 on Indriyasthāna will be covered in the next chapter. Before we do so a brief overview of the basic doctrines and philosophy of āyurveda and of the Caraka Samhitā is necessary for a fuller understanding of the Indriyasthāna.

BASIC DOCTRINES

In āyurveda the body is seen as a complex mechanism involving: 1) the three doṣas or humors, 2) the seven dhātus or bodily constituents, 3) mala or bodily waste, and

⁸ Jolly, *Indian Medicine*, 14; Wujastyk, *The Roots of Āyurveda*, 5. For a full list, see Ray and Gupta (1980), Sharma (1981-94), Sharma and Dash (1976-2001). Also see Sharma (1992:186-88), Meulenbeld (1974: 410-13)

4) srotas (channel), sirā (vein), dhamanī (artery), etc.,⁹ in other words a network of several kinds of “tubes” or “pipes” that transport fluids, humors, sensations, wind, and even mind.¹⁰ Following is the breakdown of each:

1. tridoṣa-vidyā: the three doṣa-s or humors, consisting of vāta (wind), pitta (bile or choler), and kapha (phlegm) – these are the three “semifluid substances” in the body that regulate its state.¹¹
2. dhātu: the seven constituents in the body, consisting of chyle, blood, flesh, fat, bone, marrow, and semen. They also interact with the body’s waste products.¹²
3. mala: bodily waste products
4. srotas, sirā, dhamanī, etc.: “tubes” or “pipes,” channels, veins and arteries

It should be noted that controversy continues to exist over the real meanings of doṣa and dhātu. In brief, Harmut Scharfe puts forth the argument that in the earliest literature, the term dhātu designates the constituents of the body, including choler and phlegm. Only when these become inflamed, are they called doṣas, ‘flaw’ or fault’. Scharfe maintains that the term doṣa only comes to designate both these substances in their natural state as well as in their inflamed state beginning with the *Suśruta Saṃhitā*¹³ and subsequent writers.¹⁴ On this Dominik Wujastyk remarks that “These

⁹ For lack of knowledge of the exact designation in early medical meaning, we shall tentatively define these as channels, veins and arteries.

¹⁰ Wujastyk, *The Roots of Āyurveda*, xix.

¹¹ *Ibid.*, xxvii.

¹² *Ibid.*, xxviii.

¹³ The *Suśruta Saṃhitā*, considered the second oldest Indian medical compendium known so far, will not be discussed in this study due to topic constraint.

¹⁴ Harmut Scharfe, “The Doctrine of the Three Humors In Traditional Indian Medicine and the Alleged Antiquity of Tamil Siddha Medicine,” 609-29.

observations...show, among other things, how much fundamental research remains to be done in understanding even quite basic matters in the historical development of āyurveda.”¹⁵

Also, the fact that “semen” is mentioned but not a female counterpart is one of the factors indicative of the fact that the treatise was written from the male point of view and for male readers.¹⁶

ETIOLOGY OF DISEASE

In the first section of the treatise, the Vimānasthāna, Caraka explains the causes (hetu) of diseases of both mind and body to be threefold: the wrong utilization (mithyā yoga), non-utilization, and excessive utilization of time, mental faculties and objects of sense organs (Ca.Sū.I.54).¹⁷ According to Cakrapāṇidatta, time (kāla) is understood to be the seasons, i.e. the winter, summer, and rainy season (śītoṣṇavarṣalakṣaṇaḥ); mental faculties (buddhi) is taken to be prajñā;¹⁸ and sense organs (indriyārtha) designate sound, touch, vision, taste and smell along with the associated matter (dravya), quality (guṇa), and action (karman) used by the sense organs.¹⁹

¹⁵ Wujastyk, *The Roots of Āyurveda*, 33–34.

¹⁶ This trait is also found in early Mesopotamian medical treatises as well.

¹⁷ Sharma and Dash, *Agniveśa's Caraka Saṃhita*, 1976, 1:39. My brackets. In this study most translations are from or adapted from Sharma and Dash. Where not indicated, it is my translation.

¹⁸ “prajñā” is defined as wisdom, intelligence, knowledge, discrimination, judgment (Monier Williams);also, discernment (Apte).

¹⁹ *indriyārthāḥ śabdaspārśarūparasagandhāstatsahacaritāni dravyaguṇakarmāṇīndriyadvāropayujyamānāni* | P.V. Sharma, *Caraka-Saṃhitā: Critical Notes (Incorporating the Commentaries of Jejjata, Cakrapāṇi, Gaṅgādhara and Yogīndranātha)*, III:38.

On the bodily level, the etiology (nidāna) of diseases in āyurveda can be further divided into three categories: internal, external, and spiritual.²⁰

1. Internal Causes

Basically, blockages or misplacement of the three humors or doṣas (vāta, pitta, and kapha) and the seven bodily constituents or dhātus (chyle, blood, flesh, fat, bone, marrow, and semen) mentioned above, and of basically the network of srotas or channels gone awry. Diseases can also be generated internally by ingesting wrong food and the suppression of natural urges.

2. External Causes

These include ailments produced by external causes, from the very common changes in weather, to damage from external objects, falling and breaking bones, etc.

3. Spiritual Causes

These include inappropriate behavior, emotional agitation, karma or sins from a past life, angering the gods, “sins against wisdom,”²¹ spirit contagion (as opposed to disease contagion), demonic interference, and possession.²²

BASIC VIEW OF THE INDIVIDUAL, THE UNIVERSE, AND HUMAN LIFESPAN

Early Indian medical tradition holds two central views regarding the individual, the universe, and human lifespan: 1) the individual (puruṣa) is a microcosm reflecting

²⁰ Also see Ca.Śā. II.39-47 for more specific causes.

²¹ As mentioned in the *Caraka Saṃhita*, Wujastyk, *The Roots of Āyurveda*, xlii.

²² Wujastyk, “The Science of Medicine,” 43.

the macrocosm that is the universe (loka); 2) the individual's lifespan is the result of both fate (daiva) and action (puruṣakaraṇa). These two views are key to the understanding of the rationale behind dreams, omens, and divination in the practice of medical prognostication in the Indriyasthāna, as we shall see later.

In Chapter V of the Śārīrasthāna section, called “puruṣavicaya,”²³ discussion on the parallelism between the cosmos or universe (loka) and the individual (puruṣa) commences with the following:

An individual is an epitome of the universe as all the material and spiritual phenomena of the universe are present in the individual and all those present in the individual are also contained in the universe.” Thus said Punarvasu Ātreya...

Innumerable are the specific parts of the universe and so are innumerable the specific parts of an individual. I will now explain to you some of the gross phenomena common (to the universe as well as the individual). Listen to me attentively Agniveśa. Puruṣa is nothing but the combination of the six dhātus, viz. pṛthivī, jala, tejas, vāyu, ākāśa and Brahman the manifested one (Ca.Śā. V.3-4).²⁴

After pointing out above the fact that puruṣa and loka are constituted of the same materials, the parallelism is further elucidated in which the five elements (mahābhūtas) and Brahman are correlated point by point with puruṣa in the following manner:

Pṛthvī constitutes the form of man [mūrti], jala, moisture [kleda]; tejas, heat [abhisamṭāpa]; vāyu, elan vital [prāṇa]; ākāśa, all the porous parts [suṣiratva]; and Brahman the Internal Soul [antarātman]...(Ca.Śā. V.5)²⁵

²³ According to Cakrapāṇidatta (c.11C.E.), commentator of the *Caraka Saṃhitā*, “puruṣavicaya” is the “enumeration of the (parts of) *puruṣa* in respect of similarity with the outer world.” Sharma, *Caraka-Saṃhitā: Critical Notes*, Vol. III:368.

²⁴ Sharma and Dash, *Agniveśa's Caraka Saṃhitā*, 414.

²⁵ *Ibid.*, 415.

Verse five continues with more correlations and correspondences, some of which are listed below as an illustration:

Universe	Individual
Indra	ego (ahamkāra)
sun (Āditya) ²⁶	absorption (ādāna)
moon (Soma)	serenity (prasāda)
darkness (tamas)	ignorance (moha)
light (jyoti)	knowledge (jñāna)
beginning of creation (lokasya sarga)	impregnation (puruṣasya garbhādhāna)
Kṛta age	childhood (bālya)
Tretā age	youth (yauvana)
Dvāpara age	old age (sthāviryā)
Kāli age	sickness (āturya) ²⁷
end of the Yugas (yugāntara)	death (maraṇa)

Table 1: The Universe & The Individual

Here Agniveśa tells Lord Ātreya that although constituent by constituent the correlation between the individual and the cosmos seems quite clear, what about its relevance to medicine? (Ca.Śā.V.6). Lord Ātreya then replies:

Listen to me O Agniveśa! One who sees equally the entire universe in his own self, and his own self in the entire universe is in possession of true knowledge. ...Such a person experiencing the entire universe in his own self believes that none but his own self is responsible for happiness and miseries. ...As soon as he realizes his identity with the entire universe, he is in possession of true knowledge (satyā buddhiḥ) which stands him in good stead in getting salvation (Ca.Śā.V.7).

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²⁶ “Solar deity in this context,” according to Meulenbeld, and I would agree as well. (Meulenbeld, *A History of Indian Medical Literature*, Vol IB: 83).

²⁷ Sharma and Dash translate “Kāli age” as “old age” and “Dvāpara age” as “middle age” (Sharma & Dash, *Agniveśa’s Caraka Saṃhita*, 416). Meulenbeld’s translation is the same as mine.

²⁸ Sharma and Dash, *Agniveśa’s Caraka Saṃhita*, 416.

In a nutshell, only by knowing the self as identical with the universe, would the individual achieve the true knowledge (satyā buddhi) of things, the knowledge of which produces freedom from all sorts of attachments (pravṛtti) – the instigator of all afflictions (upaplava) – and leads to a state of wisdom and detachment, which keeps the individual from wrong action. As stated at the beginning of this study, one of the main causes of diseases is due to inappropriate behavior or wrong action, or “unrighteous deeds.”

These “unrighteous deeds” stem from such as ignorance (moha) and errors in judgment (prajñāparādha). Verse 47 of Śārīrasthāna chapter II sums up this idea neatly:

Diseases do not afflict an individual who is endowed with excellence of thoughts, speech and acts which are ultimately blissful, independent thinking, clear understanding, knowledge, observance of spiritual prescriptions and love for meditation.²⁹

This idea of righteous and unrighteous deeds is related to the second central view, the role of fate (daiva) and human action or effort (puruṣakaraṇa) in determining an individual’s lifespan. The question then arises, is one’s lifespan predetermined (niyata) or undetermined (aniyata), respectively? (Ca.Vi.III.28). If predetermined, then what would be the use of human effort? For no matter how enlightened an individual may be regarding his self and the universe, no matter how clear his mind or righteous his deeds, no matter how healthy or diseased, he would inevitably die at the predetermined time. There would then be no need for treatment. Conversely, if lifespan is undetermined – in

²⁹ Sharma and Dash, *Agniveśa’s Caraka Saṃhita*, 364.

other words, within an individual's power to change his "fate" – then his actions in this life would count.

On this Ātreya begins by explaining that lifespan is dependent on the relative strength (balābala) of both fate (daiva) and human effort (puruṣakāra), that is, one's deeds in the previous life and one's deeds in the present life, respectively (Ca.Vi.III.29-30).

Ātreya further elaborates: "A weak daiva (actions during the previous life) gets subdued by a strong puruṣakāra (action during the present life). Similarly a strong daiva subdues puruṣakāra" (Ca.Vi.III.33).

However, although daiva and puruṣakāra both affect an individual's life-span, for the sake of staying disease-free in the present life, and thus prolonging the life-span, self-effort – a wholesome lifestyle, physically, psychologically, and spiritually – is advised (Ca.Vi.III.36).³⁰ This is summed up towards the end of the second chapter of the Śārīrasthāna:

One who resorts to wholesome diet and regimens, who enters into action after proper observation, who is unattached to the pleasure drawn from the satisfaction of sensory objects, who is given to charity, impartiality, truthfulness and forgiveness and who is at service of learned people, seldom gets afflicted with diseases.

Diseases do not afflict an individual who is endowed with excellence of thoughts, speech and acts which are ultimately blissful, independent thinking, clear understanding, knowledge, observance of spiritual prescriptions and love for meditation.³¹

³⁰ See also Śārīrasthāna VI.28

³¹ Sharma and Dash, *Agniveśa's Caraka Saṃhita*, 1976, 1:364.

In this section we see how daiva and puruṣakāra tie in with the idea of “righteous deeds” discussed above:

The effect of what is done during the previous life is known as daiva. The effect of what is done in the present life is known as puruṣakāra. The unrighteous deeds of the previous life induce one to diseases; if however, they are righteous, then the individual remains free from diseases.³²

Righteous deeds, as mentioned above, trace back to the knowledge of the individual as identical with the universe.

Once again, these points – 1) the parallel between the micro-individual and macro-universe (and by extension righteous/unrighteous deeds), and 2) fate/past-life deeds (daiva), and present life effort (puruṣakāra) in the determination of an individual’s lifespan – are raised to illustrate their significant role in the rationale behind the chapter on omens. The Caraka Saṃhitā instructs very emphatically that the “wise” physician always tries to determine the lifespan of the patient before either embarking on treating or rejecting the patient.

Now that we have looked at the Caraka Saṃhitā and its contents, doctrines, and philosophy as whole, in the following chapter we will do the same with regard to the *Indriyasthāna*, the fifth section in the *Caraka Saṃhitā* that has prognostication as its central theme.

³² Ibid., 1:363.

CHAPTER II: PROGNOSTICATION IN THE INDRIYASTHĀNA

OBJECTIVE OF PROGNOSTICATION IN THE INDRIYASTHĀNA

The term “indriya” in Indriyasthāna does not refer to the senses, but rather defined as “belonging to Indra.” It follows that “Indra” denotes “prāṇa” or vital breath, thereby life, as Cakrapāṇidatta explains. And thus, as an abbreviation, “the sign indicating [vital breath’s] end is known as ‘indriya’ or ‘riṣṭa.’”³³

As the true meaning of “indriya” in the title “Indriyasthāna” just defined above indicates, this section on dreams and omens, although placed in a medical text, does not offer pointers on the probable outcome of a course of treatment (cikitsā), but rather elaborates solely on signs pointing towards death (ariṣṭa).

In his commentary, the Āyurveda Dīpikā, Cakrapāṇidatta remarks that the placement of the Indriyasthāna between the previous chapter, the Śārīrasthāna, and the following chapter, the Cikitsāsthāna, is significant. The Śārīrasthāna explains the bodily constituents that the physician must first know and examine closely in order to correctly decipher the signs and symptoms in the following chapter on omens. The correct reading of the signs would then lead him to an intelligent conclusion on whether the patient is curable or incurable. If curable, then he embarks upon the appropriate treatment outlined in the Cikitsāsthāna. If incurable, then the patient is “abandoned” or “rejected.”³⁴

³³ Sharma, *Caraka-Saṃhitā: Critical Notes*, III:387. “*indriyasya riṣṭarūpasya pratipādako ’dhyāyah indriyah*” Cakrapāṇidatta’s use of the term ‘riṣṭa’ here is rather general or imprecise in terms of the context of the chapter, in my opinion. In the Monier Williams dictionary, ‘*riṣṭa*’ is defined as ‘a bad omen,’ and ‘*ariṣṭa*’ as ‘a natural phenomenon boding approaching death,’ which is more in keeping with the main theme of the *Indriyasthāna*.

³⁴ Sharma and Dash, *Agniveśa’s Caraka Saṃhita*, 1976, 1:517. In terms of the patient, in addition to the two main considerations, 1) life expectancy (*āyus*), and 2) curability (*sādhya*) and incurability (*asādhya*) of the ailment, it is interesting to note other reasons for rejecting a patient: “The following kinds of sick people should not be treated with humoral drainage, or any other therapy, even if the time is right for it: someone who has taken no action against a denunciation; someone poor; someone with no servants; those

This may strike one as rather cruel, but the rationale behind the practice of reading omens is explained in no uncertain terms throughout the text: a physician's ability to determine a patient's curability (sādhya) or incurability (asādhya), along with his projected lifespan (āyus), is perhaps one of the foremost skills he will need in order to keep his career. It has everything to do with preserving the physician's reputation and status, and nothing to do with prophylaxis or bettering the patient's condition. In Chapter X of the Sūtrasthāna, it is stated:

A physician who can distinguish between curable and incurable diseases and initiates treatment in time with the full knowledge (about the various aspects of therapeutics) can certainly accomplish his object (of curing the disease).

On the other hand, a physician who undertakes the treatment of an incurable disease would undoubtedly subject himself to the loss of wealth, knowledge and fame and will also earn bad reputation and other royal sanctions or punishments (Ca.Sū. X.7 & 8).

“Thus,” Cakrapāṇidatta remarks, “such a situation can be avoided if the physician is fully aware of the signs and symptoms of imminent death which form part of discussion of this section.”³⁵

STRUCTURE AND CONTENT

The Indriyasthāna consists of twelve chapters, all listing signs and symptoms of “imminent death” (indriya) indicating varying degrees of residual life span. Each chapter averages about 25 verses each, with the exception of chapters three, five, and twelve,

who fancy themselves as doctors; a violent person; a slanderer; one who takes pleasure in blatant wrongdoing; one whose blood or flesh is greatly enfeebled; someone assailed by an incurable disease; someone who shows signs of being about to die.” (Wujastyk, *Roots*, 49)

³⁵ Ibid.

which contain 7, 47 and 90 verses respectively. We will address the anomaly later under the section on omen analysis. The twelve chapters are arranged in the following order:

1. Varṇa svarīya Indriya – Changes in Complexion and Voice
2. Puṣpitaka Indriya – Changes in Odor
3. Parimarśanīya Indriya – Tactile Changes
4. Indriyānika Indriya – Characteristic Features of Sense Organs
5. Pūrvarūpīya Indriya – Premonitory Symptoms of Diseases
6. Katamāni Śarīrīya Indriya – Physical Features of Patients
7. Pannarūpīya Indriya – Conditions of the Pupil
8. Avāk Śirasīya Indriya – Inverted Shadow
9. Yasya Śyāva Nimitīya Indriya – Coloration of Eyes
10. Sadyo Maraṇīya Indriya – Signs Indicative of Impending Sudden Death
11. Aṇu Jyotīya Indriya – Diminution of Bodily Heat
12. Gomaya Cūrṇīya Indriya – Appearance of a Substance Resembling Cowdung Powder

These titles are not comprehensive, but rather reflect the first topic(s) mentioned in each chapter, similar to verse Indices. In Verse 3 we find listed a total of 47 topics covered in this section. These constitute the factors to be examined by the physician to determine the patient's remaining span of life. It begins with the patient and his "complexion, voice, smell, taste, touch, eyes, ears, nose, tongue, skin, mind, desire, purity, conduct," etc. and ends with factors external to the patient, "messenger, bad omens [seen] by the physician on his way to the patient's house, bad omens at the residence of the patient, administration of proper medicine, [and] effect of medicine in disease" (Ca.In.I.3).

The general progression of this arrangement shows a well thought-out ordering, a systematic method of examination which starts with signs related to the patient, from the

most observable physical or tangible signs to the more subtle, and ends with signs not related or external to the patient. However, as we shall see a little further on, this systematized ordering does not always hold, and begins to noticeably fall apart somewhere beginning in the middle chapters. This is very indicative of the fact, I am quite certain, that the Indriyasthāna is not the work of one author. It seems most likely that the later chapters either contain separate works or are separate works in themselves which were appended later, or both.

Therefore, although some sort of logical, systematized ordering exists, nevertheless, it is quite easy to get lost in the multitude of omens. To maintain a certain coherence while following these signs and omens, it is helpful to keep in mind three main categorizations of omens:

- 1) patient-related & non-patient related
- 2) auspicious & inauspicious
- 3) remaining lifespan in the order of:
 - a. long-range imminent death (~up to one year)
 - b. short-range imminent death (~up to six months)
 - c. extremely short-range imminent death (~a few weeks to one month)
 - d. immediate or sudden death (~up to a few days)

Patient-related and non-patient related signs are put in table form below as an illustration:

PATIENT	NON-PATIENT	
Bodily Omens	Terrestrial omens	Celestial omens
complexion, voice	animals, things	planets
smell, taste, touch/feel (of the patient)	patient's residence	nakṣatras
vision, hearing, suprasensory perception	physician – activities when messenger arrives; state of mind; encounters on the way to the patient's house	dates
eyes, ears, tongue skin, hair	messenger – appearance, caste, demeanor, state of mind, vehicle	time of day
physical symptoms		
pupil, eye coloration		
mind, behavior		
shadow		
dreams		

Table 2: Patient-Related & Non-Patient Related Omens

Before going into an analysis of omen literature, it is important to mention the basic approach towards interpreting omens and signs outlined by the author at the beginning of Chapter One of the Indriyasthāna.

First of all, as has been stated above, some omens are patient-related, and some non patient-related. Different methods are accordingly outlined for each:

Those [factors] which do not relate to the patients are required to be ascertained from scriptural instructions (*upadeśa*) and inference (*yukti*).³⁶ Those which are

³⁶ Other translations of *upadeśa* and *yukti*: testimony and reasoning, respectively. Cakrapāṇidatta takes *yukti* as *anumāna* (inference) and Gaṅgādhara takes it as *tarka* (argument) – which basically has the same meaning (Sharma, *Caraka-Saṃhitā: Critical Notes*, III:388).

related to patients are required to be ascertained from their natural (prakṛti) and unnatural [or morbid] (vikṛti) dispositions (Ca.In.I.4).³⁷

Once again, non-patient related signs comprise terrestrial and celestial omens, the messenger, the physician, etc. Patient-related signs are what can be examined on or from the patient's body, such as his complexion, voice, fluids, dreams, etc. In the patient's context, "natural dispositions" (prakṛti) denote the patient's normal condition, numbering six: his caste (jāti), family lineage (kula), residence or locality (deśa), time period (kāla), biological age (vayas), and individual characteristics (pratyātma)(Ca.In.I.5). It is only through knowledge of the patient's normal condition (prakṛti) that a physician may be able to distinguish the unnatural or morbid conditions (vikṛti) that have beset him.

"Unnatural disposition" (vikṛti) basically indicates a morbid condition resulting from a change in the normal condition of the patient. "Change" is the keyword to interpreting signs on the patient; it is the change that the physician checks for when examining a sick patient.

Caraka explains there are three types of morbid condition/changes: 1) those caused by bodily marks³⁸ or physiognomy (lakṣaṇanimitta), 2) those caused by etiological factors (lakṣyanimitta), and 3) those caused by factors resembling etiological factors (nimittānurūpa) (Ca.In.I.6)

Jan Meulenbeld gives a compact summary translation below of the three types of morbid conditions:

The first type consists of changes, appearing at their appropriate time, which are the result of bodily marks, acquired by an individual due to fate (daiva);

³⁷ Sharma and Dash, *Agniveśa's Caraka Saṃhita*, 1977, 2:519.

³⁸ As Meulenbeld points out, according to Cakrapāṇidatta the "bodily marks" refers to those in the *Sāmudrikaśāstra* "the science dealing with the determination of good or bad fortune of the individual depending upon various marks in his body" (Ca.Sū VIII.9). (Meulenbeld, *A History of Indian Medical Literature*, V.IB: 94)(Sharma and Dash, *Ibid.*, 467)

the second type is caused by factors discussed under the nidāna of the various diseases;

the third type consists of changes which appear without any apparent cause (animitta) and are indicative of the remaining measure of the patient's life span (Ca.In. I.7-8).³⁹

Equipped with this information, now we proceed to Chapter III in which we will take a closer look at omens in the Indriyasthāna.

³⁹ Meulenbeld, *A History of Indian Medical Literature*, Vol IA: 48.

CHAPTER III: DEATH OMENS IN THE INDRIYASTHĀNA

CHAPTER I: VARṆA SVARĪYA INDRIYA – CHANGES IN COMPLEXION AND VOICE

Complexion

After preliminary general instructions on factors to be examined, the method, and the different kinds of natural and unnatural conditions, Verse 8 begins by enumerating the four normal and five abnormal complexions (Ca.In.I.1):

NATURAL COMPLEXION (prakṛtivarṇa)	MORBID COMPLEXION (vikṛtivarṇa)
black (kṛṣṇa)	blue (nīla)
brown (śyāma)	grey (śyāva)
bluish-white, fair (śyāmāvadāta)	coppery red (tāmra)
white, fair (avadāta)	yellowish-green (harita)
	abnormally white (śukla)

Table 3.1.1: Natural Complexion vs. Morbid Complexion

Commentator Cakrapāṇidatta reminds us that “The normal shades of complexion are mentioned first because the knowledge of the abnormality is based on that of normalcy.”⁴⁰ In addition, he notes, the colors stated are not to be taken as absolute, but only as “mostly”⁴¹ to account for variations in normal coloring.

Not only is change in color or complexion observed, but where on the body the color change appears is also taken into account. Verse 9 states that unnatural complexion may also appear in only half the body, or on the left or right sides of the body, the front or

⁴⁰ prakṛtijñānāntarīyakatvād vikṛtijñānasya prakṛtivarṇāneva tāvadāha | Sharma, *Caraka-Saṃhitā: Critical Notes*, III:388

⁴¹ Ibid., 389.

back, or even simultaneously on different parts (Ca.In.I.9). All these, if they appear without any apparent cause, indicate imminent death.

Thus, the appearance of abnormal color anywhere – face, eyes, lips, hands, nails, legs, urine, and stool⁴² – if accompanied by diminution of strength, complexion and sensory perception, is indicative of imminent death (Ca.In.I.12).

Besides color and complexion, other morbid signs on the face are noted: emaciation and plumpness, dryness and unctuousness (Ca.In.I.10); appearance of markings such as port-wine mark (piplu), freckles (vyaṅga), black mole (tilakālaka), and pimples (piḍakā). The sudden appearance of these also indicates imminent death (Ca.In.I.11).

Here some questions arise: sudden emaciation and plumpness, dryness and unctuousness of the face may be explained as having pathological origin; however, what would be the cause of the sudden appearance of marks on the face? Do they also have pathological origin, or should they be relegated to the field of physiognomy? Earlier we have discussed the types of morbid conditions, 1) those caused by bodily marks or physiognomy (lakṣaṇanimitta), 2) those caused by etiological factors (lakṣyanimitta), and 3) those caused by factors resembling etiological factors (nimittānurūpa) (Ca.In.I.6). These marks on the face could belong to any one of these.

⁴² My re-arrangement of body parts for some spatial order. The Sanskrit text lists them in the following order: nails, eyes, face, urine, stool, hands, legs, lips.

Voice

Next, sounds of the normal and abnormal voice are enumerated in Verse 14:

NORMAL VOICE (svarādhikāra)	ABNORMAL VOICE (svarā vaikārika)
swan (haṃsa)	sheep or wild goat (eḍaka)
crane (krauñca)	feeble (kala)
wheel (nemi)	inarticulate (grasta)
kettle-drum (duṇḍubhi)	indistinct (avyakta)
house sparrow (kalaviṅka)	stammering (gadgada)
crow (kāka)	hoarse (kṣāma)
dove (kapota)	choked (anukīrṇa)
drum (jharjhara)	painful (ātura)

Table 3.1.2: Normal Voice vs. Abnormal Voice

Just as change in color may appear on a single part of the body or on multiple parts, so also change in voice may manifest in a single abnormal voice or multiple abnormal voices (Ca.In.I.15)

The chapter then ends with a recapitulation of all the morbid changes that have been stated.

This then is the usual arrangement of each of the chapters in the Indriyasthāna:

CHAPTER II - PUṢPITAKA INDRIYA – CHANGES IN ODOR

Odor or Smell of the Patient

Caraka introduces the chapter with a simile, comparing the flower and its fruit to death signs (ariṣṭa) and death (Ca.In.II.3,4):

As the flower anticipates the production of a fruit, so [do] particular types of physical odor anticipate imminent death.

The flower may sometimes be devoid of fruition. Sometimes even fruits may be produced without any flower. But once an odor indicative of imminent death is manifested, it cannot disappear without resulting in death. Conversely there cannot be any death either without being preceded by premonitory symptoms.⁴³

Just as fully-bloomed flowers emit certain odors, Cakrapāṇidatta explains, a patient facing imminent death is also considered “fully-bloomed” and emits certain odors.

Therefore, such a patient is accordingly designated as “puṣpita.”⁴⁴

A puṣpita patient may emit the following types of odors, indicative of certain death within a year (Ca.In.II.8-12):

TYPES OF PUṢPITA	WHEN / HOW
emits the fragrance of several flowers	simultaneously
emits the fragrance of several flowers	one by one
emits a variety of unpleasant odors	simultaneously
emits unpleasant odor	even when anointed with fragrant unguents
emits pleasant odor	even when not anointed with fragrant unguents

Table 3.2.1: Types of Puṣpita & When and How They Occur

Pleasant and unpleasant odors are described as following (Ca.In.I.13-14):

PLEASANT ODORS	UNPLEASANT ODORS
sandalwood (candana)	urine (mūtra)
Costus (kuṣṭha) ⁴⁵	excrement (purīṣa)
valerian (tagara)	dead bodies, animal or human (mṛta & kuṇapa) ⁴⁶
agarwood (aguru)	other such similar odors
honey (madhu)	

Table 3.2.2: Pleasant Odors vs. Unpleasant Odors

⁴³ Sharma and Dash, *Agniveśa's Caraka Saṃhita*, 1977, 2:527.

⁴⁴ Ibid., 529.

⁴⁵ Sharma & Dash identifies *kuṣṭha* as *Saussurea lappa*, defined as “annual herb of the eastern Himalayas (Kashmir) having purple florets and a fragrant root that yields a volatile oil used in perfumery and for preserving furs” < <http://www.thefreedictionary.com/Saussurea+lappa>>

⁴⁶ Cakrapāṇidatta defines the difference between *mṛta* and *kuṇapa* as “animal carcass” and “human cadaver” respectively: *mṛtānīti mānuṣavyatiriktāni gavādīni mṛtāni, kuṇapāni tu mānuṣaśarīrāni* | (Sharma, *Caraka-Saṃhitā: Critical Notes*, III:391)

“Taste” of the Patient

Although the physician does not “taste” the patient directly; how the patient tastes may be inferred from the behavior of insects and such around the patient. Flies (makṣika), lice (yūka), gnats (daṃśa), and mosquitoes (maśaka) will stay away from a patient with abnormal taste – and conversely surround the dying patient having extremely sweet taste (rasika), even after he has taken a bath and has been anointed with unguents (Ca.In.II.21-22).

CHAPTER III – PARIMARŚANĪYA INDRIYA – TACTILE CHANGES

So far fatal signs connected to the patient’s complexion, color, voice, smell, and “taste” have been described. Next is examination by sense of touch. The physician should examine the patient’s whole body with his palm, checking for any abnormalities – in other words, the absence or existence of something which normally should or should not be there, respectively. These include: any change in pulsation, temperature, and hardness and softness of organs; any absence of organs, dislocation of joints, excessive loss of muscle tissue and blood, or excessive sweating or lack thereof (Ca.In.III.4).

Checking for pulse here refers to touching the organs or places on the body where there usually should be a pulse. At this time the method of examination by the wrist pulse (nāḍīparīkṣā) has not yet arrived in India, not until around the time Sārṅadhara introduced the method in his compendium, Sārṅadhara Saṃhitā ca.1300 C.E.

Chapter Three can be said to comprise three series of “hands on” examinations, beginning with Verse five, in which Caraka enumerates the body parts to be touched (Ca.In.III.5). Note the spatial order in which he lists the body parts, from feet to head:

Order of Examination 1: feet to forehead	Order of Examination 2: ankles to temples
feet	ankles
knees	knees
thighs	hips
buttocks	anus
abdomen	testicles
sides of the chest	penis
vertebral column	umbilicus
hands	shoulder
neck	breasts
palate	wrist joints
lips	ribs
forehead	jaws
	nose
	ears
	eyes
	eyebrows
	temples
Prognosis: imminent death if wet, cold, rigid, hard, devoid of flesh and blood	Prognosis: imminent death if found falling, scattering, displaced or dislocated

Table 3.3.1: Order of Examination of Body Parts 1 & 2

This methodical arrangement in Verse 5, however, is quickly broken in Verse 6. The “hands on” list for Examination 3 not only appears in random order, but also contains considerations other than by touch. Following is the order in which Examination 3 proceeds, with imminent death as the prognosis if:

BY TOUCH	BY SIGHT
1.breathing: too long or too short ⁴⁷	
2.pulse: none in the carotid region	
	3.teeth: caked, too white, covered with sugar-like particles ⁴⁸
	4. eyelashes: matted
	5. eyes: abnormalities in shape, color, movement; seeing hallucinations
6.hair on head & body: no pain when pulled	
	7.veins in the abdomen: visible, with abnormal colors
	8.nails: devoid of flesh and abnormal in color
9.finger joints: no cracking sound when pulled	

Table 3.3.2: Examination By Touch & By Sight

Thus here the question arises as to why Caraka, whose approach so far has been so methodical, suddenly becomes random. The symptoms in the “visual” column should logically belong in the previous chapter on color and complexion. Apparently Cakrapāṇidatta also noticed this randomness. He remarks, however, that “all these factors are directly or indirectly observable by tactual means” – for example, “whiteness of teeth is no doubt an object of visual perception but teeth as such are required to be observed by tactual means.”⁴⁹

⁴⁷ Sharma and Dash, *Agniveśa’s Caraka Saṃhita*, 1977, 2:536. Cakrapāṇidatta notes that breathing can be checked by holding the palm of the hand near the nostrils.

⁴⁸ Ibid., 535.

⁴⁹ Ibid., 536.

It is unclear as to why it would be necessary for the physician to touch the patient's teeth, or even eyes, eyelashes, abdominal veins, or nails, when visual inspection would have sufficed.

CHAPTER IV: INDRIYĀNIKA INDRIYA – CHARACTERISTIC FEATURES OF SENSE ORGANS

So far the examinations have focused on the directly observable – complexion, color, voice, smell, taste, touch. Now, with regard to the functioning of the sense organs, the physician relies on inference (anumāna) to deduce the condition of the patient, “For, the knowledge of sense organs is undoubtedly beyond the purview of perception (Ca.In. IV.4).⁵⁰

Once again, the physician should check for signs of change without any obvious cause: “If any morbidity develops out of healthy (svastha) sense organs without any visible cause (animitta), this is indicative of imminent death” (Ca.In.IV.5).⁵¹

The “morbidity” of sense organs according to this chapter basically refers to the hallucinations of the sense organs: seeing, hearing, smelling, or tasting things that do not exist or are usually imperceptible; or not seeing, hearing, smelling, or tasting things that do exist or are usually perceptible. Following are some examples of hallucinations experienced by the patient⁵²:

⁵⁰ Sharma and Dash, *Agniveśa's Caraka Saṃhita*, 1977, 2: 538.

⁵¹ Ibid.

⁵² Ibid., 539-542, with modifications by me.

Visual	
IV.7	sees sky as something solid, earth as something void, simultaneously
8	“sees” the wind, but cannot see the flames of a fire
10	sees ghosts (preta), demons (rākṣasa), or other supernatural things (adbhuta)
15	“sees” the sun at night, the moon during the day
Auditory	
IV.19	hearing normally inaudible sounds, and not hearing normally audible sounds
IV.20	not hearing internal sounds even after stopping ears with fingers
Olfactory	
IV.21	cannot distinguish between good and bad smells; or not responsive to any smells
Gustatory	
IV.22	has no gustatory sensation, or has wrong gustatory sensation [ruling out persons suffering from ailments such as stomatitis and glossitis (mukhapāka)]
Tactile	
IV.23	feels coldness in heat, smoothness in coarseness, softness in hardness, vice versa
Supra-sensory Perception	
IV.24	perceives things without having done yogic practices
IV.25	perceives things despite the impairment of the sensory organs

Table 3.4.1: Hallucinations Experienced by the Patient

Cakrapāṇidatta notes that these hallucinatory symptoms should not be mistaken for symptoms arising from the aggravation of doṣas. For example, a pitta-afflicted person “does not taste sweetness even in sweet eatables”⁵³ – therefore, the knowledgeable physician should discern this.

CHAPTER V: PŪRVARŪPIYA INDRIYA – PREMONITORY SYMPTOMS OF DISEASES

The title of this chapter is misleading. The entries related to premonitory symptoms, or prodromes (pūrvarūpa), are few; dream omens on the other hand dominate the chapter. The arrangement of prodrome and dream entries, however, does not deviate from Caraka’s usual methodical approach, which he has illustrated in previous chapters.

⁵³ Sharma and Dash, *Agniveśa’s Caraka Saṃhita*, 1977, 2: 542.

Rather than organized by “dream category” or “prodrome” category, the entries are listed according to disease. This may cause some confusion at first; however, the rationale behind the arrangement is solid.

Premonitory Symptoms (Prodromes)

It should be noted that premonitory symptoms of diseases, or prodromes, are already or will be listed along with their corresponding diseases in the sections on etiology (Nidānasthāna) and treatment (Cikitsāsthāna), respectively, in the Carakasamhitā. This chapter provides some additional symptoms not given in the other sections, with the main difference being related to the emphasis on imminent death. Here Caraka points out that prodromes that “manifest themselves excessively are sure signs of imminent death of the patient” (Ca.In.V.3-5).

The order of diseases addressed in this chapter is as follows:

Verses	Diseases
6-9	consumption, tuberculosis (śoṣa, yakṣman)
10-11	hemorrhage through body openings (raktapitta)
12-13	tumors (gulma)
14-15	dermatoses, leprosy (kuṣṭha)
16-17	urinary disorders, diabetes (prameha)
18-21	mental illnesses (unmāda)
22-23	epilepsy (apasmāra)
24	opisthotonus (bahirāyāma) ⁵⁴

Table 3.5.1: Prodromes – Order of Diseases

⁵⁴ Opisthotonus is defined as: A type of spasm in which the head and heels arch backward in extreme hyperextension and the body forms a reverse bow.

<http://medical-dictionary.thefreedictionary.com/opisthotonus>

Prodrome entries appear in Verses 7, 12, 14, 18, 19, 20, 22, and 24, totaling 8 verses among 46 verses in the whole chapter. Dreams comprise the rest.

For illustration, below are verses describing fatal signs of leprosy:

Prodrome: If even the slightest injury gives rise to excessive wound in the body and the wounds do not heal up, the patient dies of leprosy (Ca.In.V.14).

Dream: If in a dream, a person naked, anointed with ghee, offering oblations to the fire without flame has growth of lotus flower in his chest, he dies of leprosy (Ca.In. V.15).⁵⁵

Fatal Dream Omens

Dream Omens,⁵⁶ as has been stated above, comprise most of this chapter. Dream omens can be divided into two categories, auspicious and inauspicious. In this chapter, only inauspicious dream omens are described, as the focus is on fatal signs.

Caraka delineates seven types of dreams, based on Ca.In.V.43:⁵⁷

1. what is seen (dṛṣṭa)
2. what is heard (śruta)
3. what is experienced (anubhūta)
4. what is desired (prārthita)
5. what is imagined (kalpita)
6. as premonitions of the future (bhāvika)
7. as caused by the disturbance of the doṣas (doṣaja)

⁵⁵ Sharma and Dash, *Agniveśa's Caraka Saṃhita*, 1977, 2: 546.

⁵⁶ Dream omens are also found in other Indian medical compendia, in the *Questions of King Milinda*, and Jagaddeva's *Svapnacintāmaṇi*, the *Kāśyapasamhitā*, the *Svapnādhyāya* of the *Atharvavedapariśiṣṭa*, *Aitareyāranyaka* 3.2.4, *Brahmavaivartapurāṇa*, *Garuḍapurāṇa*, *Uttarakhaṇḍa* 11, *Mtasyapurāṇa* 108, Hemacandra's *Yogaśāstra*, and *Riṣṭasamuccaya* 107cd-130ab (Meulenbeld 95-96).

⁵⁷ Compare to the six types of dreams delineated in the *Questions of King Milinda*: dreams produced by 1) demons, 2) balanced *doṣas* (natural dreams), 3) imbalanced *doṣas*, 4) deities, 5) experiences, and 6) prophetic dreams. Only the last type is considered "true." (A. Wayman, "Significance of Dreams in India and Tibet," 4).

The first five dreams are said to have no premonitory value (aphala), along with dreams had during the day (divāsvapna), and dreams that are either too short (atihrasva) or too long (atidīrgha) (Ca.In.V.44).⁵⁸

In addition, dreams had during the first part of the night (prathamarātra) have little premonitory value (alpaphala). However, a dream has premonitory value if one does not fall back to sleep again after experiencing it (Ca.In.V.45). Likewise, an auspicious dream (saumya śubhākāra) which follows an inauspicious one (akalyāna) cancels the latter, and indicates auspicious results (śubha phala) (Ca.In.V.46).

Although the prodromes described in this compendium contain observable symptoms of pathological origin, for example, Verse 12 states that “colic pain, tympanites (meteorism), gurgling sound in the intestine, and excessive discoloration of nails, etc., results in tumor (gulma),”⁵⁹ there is no such observable pathological phenomenon regarding dream signs.

The closest connection to such phenomena is traced to the aggravation of the doṣas. Caraka explains in Verse 41: “When the manovahasrotas (“vessels” attached to the heart) are filled with the exceedingly aggravated three doṣas, one sees terrific dreams in ominous situations.”

⁵⁸ Meulenbeld notes that the *Kāśyapasamhitā* also mentions seven types of dreams; however, all seven are considered to have no premonitory value (Meulenbeld, *A History of Indian Medical Literature*, Vol. IA: 95.).

⁵⁹ Sharma and Dash, *Agniveśa's Caraka Saṃhita*, 1977, 2:546, with modifications made by me.

Following is a table of dream symbols in this chapter, in alphabetical order and by category⁶⁰:

Animals	Spirits	Humans	Activities
birds (vayas)	demons (rakṣas)	low-caste (cāṇḍāla)	dancing (nṛt)
camel (uṣṭra)	evil spirits (piśāca)	woman (nārī)	drinking (pā)
crows (kāka)	ghosts (preta)		drowning (majj)
dog (śvan)	gods (falling) (deva)		eating (khād)
monkey (kapi)			falling (prapat)
mule (khara)			naked (nagna)
owls (ulūka)			sinking (majj)
vultures (grdhra)			

Table 3.5.2: Dream Symbols – Animals, Spirits, Humans, Activities

Nature	Places	Directions	Colors
bamboo (vaṃśa)	cemetery (śmaśāna)	south (dakṣiṇa)	red (rakta)
cave (guha)	funeral pyre (citā)		black (kāla)
fire (agni)			
flower garlands (srag)			
lotus (padma)			
mud (paṅka)			
stream, river (srotas)			
sun, moon, stars (falling) (arka, candra, nakṣatra)			
water (ambhas)			

Table 3.5.3: Dream Symbols – Nature, Places, Directions, Colors

With perhaps the exception of obviously negative symbols such as demons, evil spirits, and drowning, etc., other symbols listed above are in themselves inherently neutral. The interpretation of these symbols depends on the action, the color and direction, and these all no doubt trace back to cultural origins.

⁶⁰ This is not an exhaustive list of symbols in this chapter. Symbols listed here are ones found most frequently mentioned, as will be seen in the additional omens given in Chapter 12.

Following are some examples of fatal or inauspicious dream omens.⁶¹ In the case of a sick person, these dreams augur a fatal result. In the case of a healthy person, he will fall seriously ill (Ca.In.V.40).

Verses	Inauspicious Dream Omens
V.28	growing of bamboo and vines in the head
29	being surrounded by vultures, owls, dogs, crows, demons, dead spirits, evil spirits, women, low-castes
30	falling down while walking
31	lying on the ground, on an ant-hill, ashes, or in a cemetery, ditch
32	drowning in dirty water, mud, dark well; being carried away by swift-moving stream
35	falling of teeth, moon, sun, stars, deities
11, 37	wearing red garlands, laughing loudly, being naked, going south

Table 3.5.4: Inauspicious Dream Omens

The interpretation of some dream symbols may apply universally; however, most others must necessarily refer to cultural sources. The following appear to be universal:

The growth of vegetation such as vines in the head or heart region may symbolize the fact that the patient has died and returned to dust. Being surrounded by demons, dead spirits, evil spirits (Ca.In.V.29), or consuming intoxicating drinks (madya) in the company of dead spirits (Ca.In.V.9) may signify that the patient has died and is in “hell.”⁶²

An example of symbols which must refer to cultural sources is found in Ca.In.V.39: A person who sees a woman who is black (kṛṣṇā), “sinful” (pāpā), delinquent of traditional rites (nirācārā), having long hair, nails and breasts (dīrghakeśanakhastanī),

⁶¹ Sharma and Dash, *Agniveśa’s Caraka Saṃhita*, 1977, 2: 549-550, with some modifications made by me.

⁶² Kutumbiah, *Ancient Indian Medicine*, 105–106.

with colorless garlands and apparel (virāgamālyavasanā), is regarded as seeing the goddess of death, Kālaniśā. Dreams in which the patient travels South (e.g. Ca.In.V.8 & 37) signify imminent death, for South represents “the region of death and malignant demons.”⁶³

For cultures without any knowledge of Kālaniśā, and which do not practice Indian traditional rites nor hold any particular significance regarding the South, the interpretation given in this chapter unquestionably makes no sense. Thus, a more in-depth study of these symbols would without a doubt yield more knowledge about the customs and practices of India in the time of Caraka.

The symbolic meanings of colors and directions may have their origin in Mesopotamian astral omens.⁶⁴ Mesopotamian astral and terrestrial omens are found in the compendia Enūma Anu Enlil and Šumma ālu, respectively. These compendia date back to the first millennium B.C. According to David Pingree’s hypothesis, Mesopotamian omens were transmitted to India ca. 500 B.C.⁶⁵ By examining Mesopotamian omen material, some symbols and their interpretation in Indian omen material might be explained. For example, in the Mesopotamian celestial omen tradition,

Jupiter was commonly called *MUL BABAR* ‘the white star’; Saturn...was referred to as the black star...and Mars was commonly called *MUL SA₅* ‘the red planet’, or *MUL ma-ak-ru-u* ‘the fiery star.’⁶⁶

⁶³ Ibid., 105.

⁶⁴ More on Mesopotamian omens will be covered in Chapter IV of this study.

⁶⁵ Pingree, “Mesopotamian Omens in Sanskrit.” All these details will be discussed in more detail in Chapter IV of this study.

⁶⁶ My italics. C.Williams, “Some Details on the Transmission of Astral Omens in Antiquity,” 298.

Jupiter (white) in astral literature is considered the “auspicious” planet, while Saturn (black) and Mars (red) are considered malignant. Is it a coincidence that auspicious and inauspicious dream color symbols in the Carakasamhitā and other Indian medical treatises parallel Mesopotamian omen materials?

Second, consider the direction South. In Mesopotamian omen literature, South is associated with the color black,⁶⁷ and as has been noted above, black is associated with Saturn, a malignant planet associated with misfortune, illness and death. Below then, is a summary of colors and directions, and their relationship to omens:⁶⁸

Planet	Color	Direction	Symbolism
Saturn	Black	South	inauspicious; e.g. black person, black cave
Mars	Red	East	inauspicious; e.g. red flowers, wearing red
Jupiter	White	North	auspicious; e.g. white flowers, wearing white

Table 3.5.5: Planets, Colors, Directions & Their Symbolism

So far we have not encountered the color white, since this chapter only cites inauspicious omens. We shall encounter more omens in chapter 12 in which colors and directions play a significant role in omen interpretation.

CHAPTER VI: KATAMĀNI ŚARĪRĪYA INDRIYA – PHYSICAL FEATURES OF PATIENTS

This chapter consists of 25 verses, enumerating the signs and symptoms which inform the physician that the patient is incurable. Recognizing these signs, the physician

⁶⁷ C. Williams, “Some Details on the Transmission of Astral Omens in Antiquity,” 300.

⁶⁸ These celestial omens and their accompanying symbolism only make sense for the Mesopotamian, Indian, or other cultures utilizing planets within similar cultural framework. For other cultures which do not employ the planets in the same context, e.g. Chinese or Vietnamese, these symbolisms hold no meaning whatsoever. Note, for example, Chinese and Vietnamese days of the week are not named after planets, but are rather designated as “first day (of the week),” “second day (of the week),” etc.

is reminded to not treat the patient. Before we begin discussion on this chapter, let us take a look at some verses:⁶⁹

If a weak patient is afflicted with painful conditions like ānāha (distention of abdomen) and diarrhea, his survival is impossible (Ca.In.VI.8).

If a patient suffering from dyspnea, abdominal disease, lack of power of digestion, [and] passes hard stool and urine in condensed form, he cannot survive. If the abdominal oedema of the patient spreads to hands and feet, he dies after a prolonged illness (Ca.In.VI.11-12).

A patient having pallor, excessive emaciation, excessive thirst, rigid and fixed vision, and difficult expiration, should be discarded by an enlightened physician (Ca.In.VI.19).

The chapter ends with the following instruction:

Ailing persons of these (above mentioned) types should be discarded. The wise physician should not anticipate success of his treatment in such cases (Ca.In.VI.25).⁷⁰

As can be seen from the above sample verses, these all – including the rest of the verses in this chapter – describe fatal physical symptoms. These symptoms are therefore technically not ariṣṭas, or prognostic signs of imminent death, but are actual symptoms which are sure signs of death. As has been discussed earlier in this study, ariṣṭas alone do not indicate certain death. Therefore, it would seem that the inclusion of this chapter in the Indriyasthāna is rather out of place.

Cakrapāṇidatta has taken note of this anomaly, and remarks that while it is true that technically these signs are not ariṣṭas, nevertheless, there is good reason for the

⁶⁹ Sharma and Dash, *Agniveśa's Caraka Saṃhita*, 1977, 2:554-556.

⁷⁰ *Ibid.*, 557.

placement of this chapter in this section on prognostics, for, “Though they are not, strictly speaking, *riṣṭa*[,] they may be taken as such because they are described in this context.”⁷¹

Whether it was Caraka himself who penned this chapter and placed it here, or whether it was inserted here at another time by another author, we may never know. However, if we were to follow Caraka’s line of reasoning in the arrangement of topics, then the contents of this chapter would have been more appropriately incorporated into the previous chapter, the *Pūrvarūpīya Indriya*. Such patients afflicted with the extreme prodromes described in the *Pūrvarūpīya Indriya* would have been dropped by a knowing physician as well, as they also point to fatal symptoms.

Moreover, if this chapter were removed, there would be more continuity with the chapter that follows, the *Pannarūpīya Indriya* on shadow omens. Shadow omens make a more logical continuation to dream omens, both being in the less tangible signs category.

Due to this break in organization of the material, I am of the opinion that it is quite possible that this chapter was inserted into the compendium later. However, it remains speculation for now.

CHAPTER VII: PANNARŪPĪYA INDRIYA – CONDITIONS OF THE PUPIL

Here, we come upon a chapter which contains an obvious breach in continuity. Containing 32 verses, it commences according to the title up to verse 17; however,

⁷¹ Sharma, *Caraka-Saṃhitā: Critical Notes*, III:397. (See also Sharma and Dash, *Agniveśa’s Caraka Saṃhitā*, 1977, 2: 553-554).

beginning with verse 18 to the end of the chapter, there is an abrupt change of topic, indicative of the latter material being possibly appended later.

Types of “Shadow” (chāya, praticchāya)

Pannarūpa literally means “whose outward appearance (rūpa) has been damaged (naṣṭa),”⁷² referring to the patient’s shadow (chāyā, praticchāyā) and luster (prabhā). Among Caraka’s commentaries, some disagreements arise regarding the definition of chāya and praticchāya. However, the consensus is with Cakrapānidatta, who takes shadow (chāyā) as being connected to color/complexion (varṇa) and luster (prabhā), and reflected image (praticchāyā) as being related to shape (samsthāna) and measurement (pramāṇa). He distinguishes between chāyā and praticchāyā in Verses 8 and 9:

Chāyā and praticchāyā are defined here. Image of the body similar in shape and size reflected in water, mirror etc. is known as praticchāyā (shadow). Chāyā is shade combining complexion and brilliance.⁷³

As an illustration, let us take a look at a few verses regarding praticchāya:⁷⁴

If any distortion is found in the shadow image [of the patient which is reflected as a shadow] in the pupil of [another person,] the physician should not treat such a case (Ca.In. VII.3)

Persons having shadows which are [cut], [split], hazy, devoid of [shadow or having more in number]... bifurcated, deformed and [headless]... without any visible cause, may be considered as moribund (Ca.In.VII.5-6).

Starting Verse 10, Caraka delineates the types of chāyā as related to the five elements (mahābhūtas). They are as follows:⁷⁵

⁷² Su.Sū.31, see Meulenbeld, *A History of Indian Medical Literature*, Vol. IB: 96.

⁷³ Sharma, *Caraka-Saṃhitā: Critical Notes*, III:399.

⁷⁴ Sharma and Dash, *Agniveśa’s Caraka Saṃhitā*, 1977: 558-560, with modifications by me.

Mahābhūta	Characteristics of Shadows
space (ākāśa)	clear, blue, unctuous, lustrous
wind (vāyu)	dry, brown, reddish-brown/red (aruṇa)
fire (agni)	pure red, brilliant, pleasing to the eyes
water (jala)	clear like cat's eye gem (vaidūrya), very unctuous
earth (pṛthvī)	black and white, unctuous, stable, compact, smooth

Table 3.7.1: Mahābhūta & Characteristics of Shadows

Of the five types, the wind type (vayavī) is inauspicious and indicative of death or destruction (vināśa) and miseries (kleśa), while the other four are auspicious and indicative of happiness (sukhodaya) (Ca.In.VII.10-13).

Types of “Luster” (prabhā)

Previous verses have described types of shadows (chāya, praticchāya), now Verses 14 and 15 outline the seven types of lusters (prabhā). Once again these properties are put in table form below for easy reference (Ca.In. VII.14-15):

Colors	Auspicious Qualities	Inauspicious Qualities
red (rakta)	expansive (vikāsin)	dry (rukṣa)
yellow (pita)	unctuous (snigdha)	dirty (malina)
white (sīta)	dense (vipula)	thin / contracted (samkṣipta)
brown (śyāva)		
green (harita)		
pale yellow (pāṇḍura)		
dark-colored / black (asita)		

Table 3.7.2: Luster (Prabhā): Colors, Auspicious and Inauspicious Qualities

⁷⁵ Ibid., 560, with modifications by me.

Here auspicious and inauspicious qualities related to color are not specified. Therefore, it is unclear which colors are considered auspicious or inauspicious.

Verses 16-17 give us a brief definition regarding shadow (chāyā, not praticchāya) and luster (prabhā):

The chāyā (shadow) [subdues] the complexion of the body whereas the prabhā (lustre) illuminates the complexion. The shadow can be observed from nearby whereas the lustre illuminates from a distance.⁷⁶

Neither shadow nor luster indicates any distinctive features of individuals. However, they mark the emergence of auspicious or inauspicious results at the time of death (Ca.In.VII.16-17).

K. K. Bhishagratna gives us some further clues regarding the nature of shadow and luster; he distinguishes chāyā as “shade of complexion,” prabhā as “healthful glow of the complexion,” and varṇa as “natural color of the complexion itself.”⁷⁷

More Fatal Symptoms – “Short-Range Imminent Death”

At this point the chapter abruptly changes topic. Verses 18-32 continue with more fatal symptoms similar to those described in the previous chapter, in which the physician is exhorted not to treat the patient. These I will term “short-range imminent death,” as the projected remaining lifespan is quite short: a week (Ca.In.VII.19), a fortnight (VII.20), or a month at most (VII.31); he is “incurable” or “should not be treated” (VII.18, 21, 28); he “will not survive” (VII.23, 24, 26, 27), or, he is considered

⁷⁶ Ibid., 561, with modification in bracket by me.

⁷⁷ K.K. Bhishagratna, *Suśruta Saṃhitā*, Su.Sū. XXXI.:273.

“already dead” (VII.22, 25, 29, 30). Following are a few verses for illustrative purposes:⁷⁸

Yellowness of the eyes, swelling in the face, temples devoid of flesh, terrifying appearance and high temperature of the body (are the symptoms of imminent death). Patients with such symptoms must not be treated (Ca.In.VII.18).

If a person who is weak, thirsty and having dryness of mouth suffers from rigid and upward look of the eyes and constant throbbing of the carotid region of the neck, he does not survive (Ca.In.VII.27).

If an emaciated person who has wasting of muscle and who is reduced to skin and bones does not take food, then his residual span of life is not more than one month (Ca.In.VII.31).

Whether or not this second section describing “short-range imminent death” originally belongs in this chapter on shadows, we see continuity in the following chapter, which describes what I will call “extremely short-range imminent death,” or, in the order of a few days.

CHAPTER VIII: AVĀK ŚĪRASĪYA INDRIYA – INVERTED SHADOW

Only the first verse after the usual introduction corresponds to the title. “If the shadow [praticchāya] of the individual is found to be inverted (head downwards and legs upwards), irregular or [headless], he must not be treated (Ca.In.VIII.3).⁷⁹

We would expect more verses on “shadow;” however, the rest of the chapter focuses on “extremely short-range imminent death” signs, in other words, a matter of a few days of life remaining.

⁷⁸Sharma and Dash, *Agniveśa’s Caraka Saṃhita*, 1977, 2: 561-564.

⁷⁹ Ibid., 564; modifications by me in brackets.

Extremely Short-Range Imminent Death

Caraka again follows a spatial order in listing the symptoms, this time from top down. The only body part slightly out of place is the head hair, which, if the top-to-bottom order is to be followed, should have been listed first. We see this clearly when put in table form.

Verses ⁸⁰	Body Parts	Symptoms/ Signs	Time Remaining
4	eyelashes	matted (and therefore can't see)	sick person: 3 days healthy person: 6 days
5	eyelids	swelling, burning sensation	
6	eyebrows	whirls (āvartaka)	
6	hair (head)	whirls (āvartaka), spontaneous hair-parting lines (sīmanta)	
8	hair (head)	no sensation when pulled by force	6 nights (sick or healthy person)
9	hair (head)	greasy (without oil applied)	very end of life
10	nose	depression, thickening of ridge, swollen	“must not be treated”
11	nose	excessively turned up (vivṛta) or bent down (saṃvṛta)	“will not survive”
12	face, ears, lips	abnormally white, brown, or excessively red, blue	“will not recover”
13	teeth	becoming white like bone, with white spots	“will not recover”
14	tongue	rigid, heavy, coated, brown, dry, swollen	“good as dead”
16	hands, legs	excessive coldness, roughness, softness	“end of life”

Table 3.8.1: Extremely Short-Range Imminent Death – Body Parts, Symptoms, and Lifespan Remaining

The fact that here the body parts are listed in reverse order – top to bottom – to the order listed in Chapter Three (Parimarśanīya Indriya) – bottom to top – shows that this

⁸⁰ Ibid., 564-566; based on Sharma & Dash.

chapter very likely has a different author. It is not impossible, considering the abrupt change in topics we have encountered in the previous two chapters.

It is interesting to note that the Tibetan medical compendium, the Four Tantras (rGyud bZhi), does not leave out any of these symptoms or signs in its translation.⁸¹ One explanation could be due to the lack of any cultural symbolism involved – here we see no symbolic colors, objects, animals, individuals, or gods, etc.

From Verse 13 to the end of the chapter (with the exception of a few verses), the “extremely short-range imminent death” signs describe the behavior of the dying person. Such behaviors include fainting, striking the knees, biting nails, gnashing teeth, laughing and shouting, etc. all in abnormal ways. Following are a few verses for example:⁸²

A person who strikes one knee with the other, throws down legs after lifting them up and frequently turns the face to one or the other side, does not survive (Ca.In.VIII.17).

The patient who gnashes teeth while awake, cries and laughs loudly and does not [feel] pain, does not recover from the disease (Ca.In.VIII.19).

If the person moves his head with difficulty by the help of the forearms and if there is sweating in the forehead and looseness of joints, he is moribund (Ca.In.VIII.26).

In the final verse, the physician is advised to examine these behaviors and signs closely and repeatedly, for “some of them disappear in a short moment after their manifestations” (Ca.In.VIII.27).

⁸¹ Although the *rGyud bZhi* is a translation of Vāgbhaṭa’s *Aṣṭāṅgahṛdaya*, the content in this section is the same as the *Carakasamhitā*’s.

⁸² Sharma and Dash, *Agniveśa’s Caraka Samhita*, 1977, 2:567-568.

CHAPTER IX: YASYA ŚYĀVA NIMITTĪYA INDRIYA – COLORATION OF EYES

This chapter contains 24 verses, all describing more fatal prodromes and signs leading to imminent death (ariṣṭas), very similar in content to chapter V (sans dream omens). The title corresponds to the first fatal sign given in Verse 3: If the eyes of the patient become dark-brown (śyāva), yellow-green (harita), and “devoid of vision, he is sure to die (Ca.In.IX.3).”⁸³

Diseases and symptoms associated with fatal prodromes and signs mentioned are: tuberculosis (yakṣma), consumption (śoṣin), epilepsy (apasmāra), skin diseases including leprosy (kuṣṭha), edema (śopha), abdominal diseases (udara), tumors (gulma), urinary disorders including diabetes (madhumeha), constipation with distension of stomach (ānāha), and others caused by aggravation of the diseases or vitiation of pitta and vāta in conjunction with symptoms. In short, in this chapter we are given more of similar content to previous chapters.

There are, however, two “new” points in this chapter worthy of mention: 1) the sudden disappearance of a disease and how to determine if it is an ariṣṭa (Ca.In.IX.15-17), and 2) a method which resembles lecanomancy as practiced by the Mesopotamians and Greeks (Ca.In.IX.18-19).

⁸³ Ibid., 570.

Sudden Relief from a Disease

Verses 15-17 state the following:

If a weak patient gets rid of a disease all of a sudden, according to Lord Ātreya his life should be considered as in danger. If his relatives approach the physician in all humility for help, he should prescribe food with meat-soup...If specific improvement in his health is not observed within one month in spite of the administration of various types of meat soup, the patient is sure to die (Ca.In.IX.15-17).⁸⁴

Here Carakapāṇidatta explains that sometimes sudden relief from a disease could be due to prolonged fasting. If the patient then takes meat soup, which is considered nourishing food, but the condition does not improve – assuming that the disease came back because of breaking the fast – then it is considered an ariṣṭa of imminent death.⁸⁵

Cakrapāṇidatta does not tell us the other result of eating meat soup, however: the patient eats meat soup, and the disease does not come back – thus confirming that he has really been freed spontaneously from the condition. If so, then that would prove that Lord Ātreya's assertion was not completely correct. However, that is exactly what Cakrapāṇidatta avoids admitting, for he insists that the words of Lord Ātreya regarding the danger of death for such a patient, are absolute.

⁸⁴ Ibid., 571.

⁸⁵ Ibid., 572.

“Lecanomancy”

What appears to be a type of lecanomancy reminiscent of the Mesopotamian and Greek practice of reading omens by placing oil, flour, or stone in water are seen in Verses 18-19 as following: ⁸⁶

If the sputum, stool and semen of a person sink when placed on water, he should be considered as moribund (Ca.In.IX.18).

If several colors appear in the sputum of a person and it sinks in water, he cannot survive (Ca.In.IX.19).

Here the amount of the sputum, stool, and semen is not specified, and thus how the test was carried out is uncertain.

In summary, I am of the opinion that once again this chapter was probably a later addition to the Indriyasthāna, for, if it had been all written at the same time, the contents of this chapter could have been placed alongside the contents in chapter V, for example.

CHAPTER X: SADYO MARAṆĪYA INDRIYA – SIGNS INDICATIVE OF IMPENDING SUDDEN DEATH

In previous chapters we have covered ariṣṭas indicating what I roughly designated as “long-range imminent death” (remaining lifespan up to one year), “short-range imminent death” (up to six months), and “extremely short-range imminent death” (up to one month). In this chapter we finally come to signs indicating “immediate or sudden death.”

⁸⁶ Ibid., 572.

This chapter contains 21 verses, describing prodromes which, just as the title indicates, portend that death is looming very close. Cakrapānidatta remarks that the word “sadyas” is taken as seven days by some, and three days by others.⁸⁷ However, I am of the opinion that it may mean the remaining time is much shorter than that, by reason of the natural progression of the chapters. And thus “sadyas” here in this chapter may signify “on the same day, in the very moment, at once, immediately.”⁸⁸

Signs specified in the chapter include: intense thirst, distention of carotid region, seizure of both the heart and anus, dyspnea, diarrhea and thirst, etc. Many of these are caused by vitiated vāyu, or vāta-related (vāta, vāyu, anila, māruta) – Verses 4, 5, 7, 8, 9, 10, 11, 12, 13, 14, 15, and 18, to be exact – and therefore twelve verses out of seventeen.

Thirst, in conjunction with a disease, is the other common fatal sign. Some examples:⁸⁹

Intense thirst in a patient suffering from a painful and fully manifested vātāṣṭhīlā (hard tumor caused by vitiated vāta) in the cardiac region (Ca.In.X.4);

Seizure of both heart and anus by strongly aggravated vāyu in a patient who is exceedingly weak (Ca.In.X.10)

Appearance of teeth as if adhered with mud, face as if covered with ashes and excessive perspiration (Ca.In.X.19).

⁸⁷ Sharma, *Caraka-Saṃhitā: Critical Notes*, III:403.

⁸⁸ Monier-Williams Sanskrit Dictionary.

⁸⁹ Sharma and Dash, *Agniveśa's Caraka Saṃhitā*, 1977, 2: 575-576.

This chapter is quite simple and straightforward. Its placement after the other chapters also appears very sound, if we consider the progression of increasingly shortened remaining lifespan of a patient as the rationale behind the arrangement.

CHAPTER XI: AṆU JYOTĪYA INDRIYA – DIMINUTION OF BODILY HEAT

This chapter, although not specifically stated as such, appears to be a summary chapter on what has been covered so far, the signs of imminent death related to the patient. This chapter recapitulates the signs in the order of diminishing lifespan, corresponding to what we have termed as “long-range imminent death,” “short-range imminent death,” “extremely short-range imminent death,” and “immediate or sudden death.” The entries are arranged as follows: death “within a year” (XI.3-6), “within six months” (XI.7-9), “within one month” (XI.10-12); and lastly, indicating the patient being “ripe for death,” “good as dead,” “in the noose of Death,” or will “die immediately” (XI.13-26).

As expected in a summary, it includes what has been covered so far, e.g. the patient’s complexion, voice, senses, bodily symptoms, and behavior. What we do not see are signs related to dreams, shadow (chāya, praticchāya) and luster (prabhā), which occur in Chapters VI and VII respectively. As has been noted, around Chapters VI and VII some discontinuity in logical arrangement emerges, and perhaps the fact that dreams, shadow, and luster omens are not present in this summary chapter, points all the more strongly toward the fact that they are truly later additions to the Indriyasthāna.

In this chapter we encounter some signs already mentioned in previous chapters, for example, “if semen, urine and feces sink when placed on water” (XI.11),⁹⁰ “if vision is fixed and directed upwards” (XI.18), “if unable to see things which exist and simultaneously seeing things which are non-existent” (XI.22). However, most signs given in this chapter are new, and some even rather unusual, including one omen which is partially not related to the patient, belonging to the category of “terrestrial omens” involving animals and birds:

Refusal of [creatures] to eat the bali (offering of a portion of the daily meal to all creatures) offered by an individual indicates his death within one year (XI.4).⁹¹

Some unusual omens include:⁹²

If a person is unable to see the star “Arundhatī”⁹³ which is situated adjacent to the constellation of Saptarṣi (The Great Bear), he succumbs to death one year thereafter (XI.5).

Appearance of exceedingly shining [atyarthaśobhana] network [jala] of vessels [dhamani] in the forehead of the individual indicates that he will not survive beyond six months (XI.8).

If eruptions of masūrikā (pox) having the appearance of coral beads [pravālaguṭikā] disappear immediately after their manifestation [on the body of an individual], he dies immediately (XI.14).

The chapter then ends with a definition of ariṣṭa, which basically states that ariṣṭas are signs produced by doṣas which have gone beyond (atikrānta) medical treatment (kriyāpatha) and which have pervaded (āpluta) the whole body (XI.29).

⁹⁰ A slight deviation from (Ca.In. IX.18) where “sputum” is mentioned instead of urine.

⁹¹ Sharma and Dash, *Agniveśa's Caraka Saṃhita*, 1977, 2: 577. My brackets.

⁹² Ibid., 578-579. My brackets.

⁹³ Arundhatī is the star Alcor in the constellation Ursa Major (the Big Dipper).

Here Cakrapāṇidatta points out that this is not an all-comprehensive definition of ariṣṭa, and that a more complete definition has already been given in Chapter I. He explains that doṣas are not the only cause of ariṣṭas, since earlier we have already encountered signs described as “causeless” (akasmāt, nirmimitta).⁹⁴

To say that ariṣṭas have no causative factors is also not correct, he continues, for “sometimes they are visible and some other times they are not;” in fact, it is the characteristic effect of impending death which causes the breakdown of the doṣas.⁹⁵

Thus this chapter wraps up imminent death signs related to the patient.

CHAPTER XII: GOMAYA CŪRṆĪYA INDRIYA – APPEARANCE OF A SUBSTANCE

RESEMBLING COWDUNG POWDER

This final chapter is long, containing 90 verses, as opposed to the usual average of 25 verses, and encompasses several topics:

1. more patient-related ariṣṭas (XII.3-8),
2. inauspicious omens related to the messenger and physician (XII.9-24),
3. inauspicious omens related to the physician on his way to the patient’s house (XII.25-31),
4. inauspicious omens related to the patient’s domestic surroundings (XII.32-39),
5. more characteristics of the dying patient (XII.43-61),
6. more instructions to the physician (XII.62-66),
7. auspicious omens related to the messenger on the way to the patient’s house (XII.67-88)
8. auspicious omens related to the patient (XII.81-86)

⁹⁴ Sharma, *Critical Notes*, 404-405; Sharma and Dash, *Agniveśa’s Caraka Saṃhita*, 1977, 2: 582; Meulenbeld Vol IB: 97.

⁹⁵ Sharma and Dash, , *Agniveśa’s Caraka Saṃhita*, 1977, 2: 582.

Due to its length, mix of topics, and slightly jumbled arrangement, I am inclined to regard this chapter as a separate work in itself, which has been appended later to the Indriyasthāna.

Patient-related ariṣṭas (XII.3-8)

The verse which represents the namesake of this chapter is rather interesting. It states: “If a greasy powder (cūrṇa sasneha) resembling cowdung (gomaya) appears on the head and slips down (from it), the patient lives for 1 month only” (XII.3).

Another verse of curious content worthy of mentioning is as follows: “If after bathing and applying anointments, the chest [of the patient] dries up while the rest of the body remains wet, he does not live for more than a fortnight” (XII.5).⁹⁶

These two verses do not readily speak to our everyday common sense, and yet they remain in later Indian medical texts. Interestingly enough they were also translated into Tibetan in the rGyud bZhi, considering that in the rGyud bZhi only a small number of select verses have been translated.

Inauspicious Omens – The Physician (XII.9-24)

It is considered inauspicious if at the time of the messenger’s (dūta) arrival, the physician himself is disheveled, naked, or unclean (XII.10), or his house possesses similar attributes to those of the patient’s disease (XII.15), or a fire is burning nearby his home and the patient suffers from raktapitta (XII.16).

⁹⁶ Sharma and Dash, *Agniveśa’s Caraka Saṃhita*, 1977, 2: 583. My brackets.

Thus here we find illustrated the view that there exists synchronicity and connectivity between all things, between the individual and the universe, as has been discussed earlier in this study.

Along the same vein, the physician's actions at the time of the arrival of the messenger, and during the time the messenger speaks, are also significant as omens, of which the following are inauspicious:

Physician's Actions When the Messenger Arrives	Physician's Actions When the Messenger Speaks
crying (XII.10)	sees bad omens (21)
asleep, cutting, splitting (something) (11)	sees a sorrowful person, a dead body, or adornments of the dead (22)
offering oblations to the manes (12)	sees or hears about something cut, burnt, destroyed (23-25)
speaking or thinking inauspicious things (13)	tastes something acute and pungent (23-25)
speaking or thinking of dead, burnt or destroyed things (14)	smells something exceedingly stinky like that of a corpse (23-25)
touching straw, chaff, flesh, bone, hair, nails, teeth, broom, grain pounding rod, winnowing tray, shoe leather, grass, wood pieces, husk, charcoal, earth clod, stone (19-20)	

Table 3.12.1: Inauspicious Omens – The Physician

Among the signs listed above, those enumerated in Verses 19-20 are most definitely connected to cultural beliefs.⁹⁷

⁹⁷ Meulenbeld mentions various works on omnia in Indian culture, including S.A. Dange (1989):1080-1086; W. Gampert (1939):183-187; B.R. Modak (1993): 329-380; R.C. Sharma (1981); E.Thurston (1912): 13-72, etc. (Meulenbeld, Vol IB: 97).

Inauspicious Omens – The Messenger (XII.16-18)

The outcome of a patient's condition may be foretold in a messenger's body, demeanor, dress, caste, mode of transportation, and even by the identity of the messenger. It is an inauspicious omen if the messenger is an unchaste woman, a eunuch (XII.16), an ascetic (XII.17), or has deformed organs (XII.16), or himself suffers from diseases (XII.17).

The physician is also instructed not to accompany the messenger to the patient's house if the messenger arrives in miserable condition, is unclean, frightened, or terrified (XII.16). The messenger arriving in a vehicle pulled by a monkey or camel (XII.18) also bodes death of the patient. Note that we have already encountered the monkey and camel in fatal dream omens in Chapter V.

Inauspicious Omens – On the Way to the Patient's House (XII.25-31)

The physician is advised not to proceed any further if he encounters or experiences any of the below on his way to the patient's house (XII.25-31): ⁹⁸

⁹⁸ Adapted from Sharma and Dash, *Agniveśa's Caraka Saṃhita*, 1977, 2: 587.

Things	Actions	Animals
(physician's) umbrella, shoes torn	(physician) sneezing, stumbling, falling	cat, dog, snake crossing the road in front of physician
(physician's) turban, garment caught in thorny plants	(seeing people) crying out of fear, disappointment	jackals, vultures crying from the south
seeing flags, pitchers, sacred fig tree falling	(physician) prevented from going	
seeing beds, seats, vessels turned upside down	(physician) polluted by ash or dust	
seeing dead persons or persons with deformed organs	hearing about death or other inauspicious things	

Table 3.12.2: Inauspicious Omens – On the Way to the Patient's House

Here once again, we have already encountered the dog and vulture, and the direction “south” in inauspicious dream omens from Chapter V.

Inauspicious Omens – At the Patient's House (XII.32-39)

If the following are encountered at the patient's house, then imminent death is certain: anything broken, cracked, burnt, split, crushed (XII.35); saucers, plates falling and breaking (XII.39); fires extinguished spontaneously without wind (XII.38); food exceedingly rotten (XII.38); patient's bed, clothes, vehicle prepared by relatives as though for a dead person (XII.37), etc. (XII.32-39).⁹⁹

That these signs are inauspicious seems quite self-evident.

⁹⁹ Ibid., 588-89.

More ariṣṭas (XII.43-61)

The next 19 verses are dedicated to yet another recapitulation of signs of imminent death related to the patient already described in the previous eleven chapters, this time in condensed form. The author begins by introducing the death process:

While approaching death, the process of destruction is initiated in the body, [the] functions of various limbs and organs of the body get dislocated. [The] soul desires to leave the body and life, which were liked by him earlier, and migrate to another body before it succumbs to final darkness (death) (Ca.In.XII.43-44).¹⁰⁰

Caraka (or the author of this chapter) claims that these signs are based on “scriptural authority” (yathāgama). Some of the topics he reviews are: morbid change in the smells of the body; appearance of a powdery substance like cowdung on the head; appearance of white spots in nails; etc.¹⁰¹

Instructions to the Physician (XII.62-66)

The physician is advised not to announce the patient’s impending death even as he recognizes bad prognostic signs, in order to avoid “the collapse of the patient or distress of others.”¹⁰² He should disclose the information only if requested (XII.62-63). On the other hand, if auspicious signs are present, then he should surely announce it (XI. 65-66).

¹⁰⁰ Ibid., 590-91.

¹⁰¹ Ibid., 591-92.

¹⁰² Ibid., 592.

At this point, the author transitions into sections on auspicious omens related to the messenger on the way to the patient's house (XII.67-88).

Auspicious Omens – The Messenger (XII.67-70)

Here we come upon some celestial omens for the first time. It is auspicious if the messenger has come:

- a) not at the time of sandhyā (morning/evening twilight) (XII.68)
- b) when the malignant planets are not in the inauspicious houses of the zodiac (68)
- c) at a time when the [following nakṣatras] Uttarāphālgunī, Uttaraśādhā, Uttarabhādrapadā, and Rohiṇī are auspicious (69)
- d) on an auspicious [lunar day] except the 4th, 9th, and 14th days of pakṣa (lunar fortnight) (69)
- e) at a time other than noon or midnight (70)
- f) when there is no earthquake and when there is no eclipse (70) (XII. 67-70)¹⁰³

Cakrapāṇidatta explains that the 4th, 9th, and 14th days of the lunar fortnight (pakṣa) are inauspicious for they are deemed “void” (rikta), meaning “any work done in these days does not yield any results.”¹⁰⁴

Some auspicious signs mentioned are merely the opposite of inauspicious signs described earlier: the messenger is pleasant and calm, has all his bodily organs intact, and has not come in a vehicle pulled by a donkey or camel. A messenger who is clad in white

¹⁰³ Ibid., 594, with some modifications by me.

¹⁰⁴ Ibid., 594. It is rather interesting that these “void” days are set by the date. In western astrology, “moon void” periods, having the same meaning as *rikta* (work yielding no results), depend entirely on when the moon makes no aspects or precise angles (30, 60, 90, or 120 degrees, for example) to any other planet – and these void periods may last anywhere from minutes to hours and days, but never longer than 2 days.

is auspicious; similarly one whose hair is not matted, and not completely shaved, who is similar in caste (to the patient) (XII. 67).

Auspicious Omens – On the Way To or At the Patient’s House (XII.71-79)

These verses comprise maṅgala or auspicious objects. For illustration, some of these are put in table form below:¹⁰⁵

Food	Animals	People	Things	Sounds
curd	bulls	king	kindled fire	sweet voices
fruits	white horse	brāhmaṇas	white flowers	sound of drums
barley	cow w/ calf	cart full of people	sandal paste	sound of conches
sweets	crane	woman w/ child	mirror	sounds of vedic recitations
delicious foods	peacock	boys and girls	Indra banners	
ghee	swan	white complexion	umbrellas	prayers

Table 3.12.3: Auspicious Omens – On the Way To or At the Patient’s House

Note that the color white – white horse, white flowers, white complexion, white clothes (messenger) – has been established earlier in this study as an auspicious color.

Now we come to the final verses of the Indriyasthāna, focusing on the auspicious signs of the patient, rather than signs of impending death.

Auspicious Omens and Dreams – The patient (XII.80-86)

Here the opening verses state the obvious: for the patient who is in good standing with his relatives, who has money, and who has easy access to medicine, and on whom the medicine works well, the success of his treatment is ensured (XII.80-81).

¹⁰⁵ Ibid., 595.

This is then followed by a list of auspicious dreams belonging to the patient.

These are listed below for illustration, to be read from left to the right (XII.82-86):

	Things	Animals	People
Climbing:	house roof, palace, hill	elephant, bull, horse	human being
Seeing:	sun, moon, fire white garments, white flowers, clean lake	cow	brāhmaṇa , man of repute
Swimming:	in the ocean		
Riding:	chariots	horses, bulls	
Subjugating:			enemies
Eating:	poison, unclean objects	meat, fish	
Speaking with:			pleased ancestors
Using:	umbrella, mirror		

Table 3.12.4: Auspicious Dreams – The Patient

It is not clear why consuming “poison” and “unclean objects” should fall in the auspicious category. More research on this rather counter-intuitive statement is yet to be done.

Finally, if in his dream the patient experiences improvement in his health or the end of his afflictions (XII.84), then that also bodes well. Here the last chapter of the Indriyasthāna ends, ironically with auspicious omens in favor of life.

CHAPTER IV: OMEN LITERATURE IN THE ANCIENT WORLD AND RATIONALITY

SUMMARY

In this study I have taken a preliminary survey through the twelve chapters of the *Indriyasthāna*, the fifth section of the *Carakasamhitā*. The structure and organization of the chapters and contents demonstrate logical progression in each section and subsection, i.e. 1) from patient-related signs to non-patient related; 2) temporally in diminishing increments of a year, six months, one month, a fortnight, a week, and days, to “immediate or sudden death;” 3) spatially from head-to-foot or conversely foot-to-head; 4) from the most tangible, perceivable signs, i.e., the patient’s complexion and color, to the less tangible such as the patient’s shadow, luster and dreams; and finally, 5) inauspicious signs to finally auspicious at the end. The slight breaks in this logical progression beginning with chapter V to the end, as has been noted, might have been due to the sections having been added later.

In addition, as has been point out in this study above, the approach towards the practice of prognostics in the *Indriyasthāna* is a combination of 1) philosophy, e.g. oneness of macrocosm and microcosm; lifespan is *nitya* or *anitya*, 2) pragmatism, e.g. preserving physician’s reputation, 3) observation, e.g. change in the smell of the patient; edema in the extremities after prolonged illness,¹⁰⁶ and 4) tradition and cultural/religious

¹⁰⁶ Even a dying patient’s confusing of day as night and vice versa (*Ca.In.* IV.15) as a sign of extremely near death – although it may not be in the textbooks – is probably not uncommon observational knowledge among modern-day nurses. This conclusion comes from my own experience with hospice nurses.

beliefs, e.g. going to the patient's house on an auspicious day (tithi); seeing red flowers in dreams.

Last but not least, in terms of form, there are two main approaches: 1) the male body is used as a model throughout the *Indriyasthāna* and in fact the entire compendium itself; the female body is mentioned only in passages specific to female conditions; and 2) the “If...then...” protasis and apodosis format; this format is understood whether literally stated or not.

MESOPOTAMIAN OMEN LITERATURE

At this point a scholar familiar with Mesopotamian omen literature will no doubt recognize the many, if not exact, parallels to Mesopotamian omens in the items I have just summarized above. The same underlying principle of the inter-relatedness between the microcosm and macrocosm is operative in Mesopotamian omens just as in Indian omens. As J. Bottéro points out, the Mesopotamian omen compendia encompass

almost the entire material universe: stars and meteorites; the weather and the calendar; ...the outlook of inanimate and vegetal elements; the birth and the conformation of animals and their behavior, especially of man himself – his physical aspects, his behavior, his conscious and sleeping life, and so on. In addition to these phenomena which present themselves to observation, a number of others were latent and had to be revealed, such as the internal anatomy of sacrificed animals. Or, they could be virtual and needed to be provoked, such as the shape taken by oil or flour thrown in water.¹⁰⁷

¹⁰⁷ Bottéro *Writing, Reasoning, and the Gods*. 127.

Similar to Indian omen literature, Babylonian omens follow the “If...then” protasis-apodosis format¹⁰⁸ and uses the male body as the standard model.¹⁰⁹ In addition, just as the Indian omen literature that we have covered in this study requires multiple categorizations, Amar Annus also observes that

The Mesopotamian omen compendia are highly complex phenomena that escape any precise and simple categorization. It can be said that from our contemporary perspective the Mesopotamian omen literature consist of a blend of observational sciences, common-sense attitudes, and religious beliefs.¹¹⁰

More specific parallels to the Indriyasthāna can be found in its Mesopotamian counterpart, the Babylonian Diagnostic Handbook. Edited by Esagil-kīn-apli from Borsippa, main scholar of the Babylonian king Adad-apla-iddina (1068-1047 B.C.), the Diagnostic Handbook is a systematically organized version of its original predecessor.¹¹¹

According to the Diagnostic Handbook the etiology of diseases are twofold: 1) those brought about by disgruntled gods, and 2) those brought about humans, by “known or unknown breaking of taboos, committed crimes or violation of moral standards by the sick himself or the machinations of an often unknown adversary – a witch or a sorcerer, for example.”¹¹² This is reminiscent of āyurveda’s “spiritual” causes of illness that has been brought up earlier in this study.¹¹³

¹⁰⁸ Annus, “On the Beginnings and Continuities of Omen Sciences in the Ancient World,” 7.

¹⁰⁹ Heeßel, “Diagnosis, Divination and Disease,” 103.

¹¹⁰ Annus, “On the Beginnings and Continuities of Omen Sciences in the Ancient World,” 13.

¹¹¹ Heeßel, “Diagnosis, Divination and Disease,” 101.

¹¹² *Ibid.*, 99.

¹¹³ Recall that in āyurveda the causes of diseases are threefold: internal (e.g. *doṣas*), external (e.g. splinters), and spiritual (e.g. demons).

Although one of its main emphases lies in the identification of the “divine sender” of the disease, The Diagnostic Handbook is similar to the Indriyasthāna in many ways, including the determination of whether the sick patient is curable or incurable through omens.

In addition, the structure and organization of the Diagnostic Handbook are in some places uncannily parallel to the Indriyasthāna. For example, the first series of tablets begins with the title, “when the [physician] goes to the house of a sick person,” followed by descriptions of terrestrial omens that he might encounter on the way. The second series of tablets is titled, “when you approach the sick man,” followed by a delineation of steps the physician should follow in examining the patient.¹¹⁴ Like the Indriyasthāna, the patient’s bodily symptoms are systematically listed, in this case from head to foot followed by a diagnosis and/or a prognosis.¹¹⁵

Likewise, color interpretation also parallels those in the Indriyasthāna, albeit in a slightly different way. Black indicates negative prognosis, while white is associated with a positive outcome.¹¹⁶

Tablet 9, line 49: ‘If his face is covered with black boils: Hand of the goddess Ištar, he will die.’¹¹⁷

Tablet 9, line 48: ‘If his face is covered with white boils: Hand of the sungod Šamaš, he will recover.’¹¹⁸

¹¹⁴ Heeßel, “Diagnosis, Divination and Disease,” 102.

¹¹⁵ *Ibid.*, 102-103. Recall that in Chapter III, Caraka describes the patient’s symptoms from foot to head, but then switches to head-to-foot in Chapter VIII.

¹¹⁶ *Ibid.*, 108.

¹¹⁷ Labat (1951) 74, line 49 and 138, line 56. (Quoted from Heeßel 108).

¹¹⁸ Labat (1951) 74, line 48 and 44, line 46. (Quoted from Heeßel 108).

The difference lies in the color red – where contrary to the astrological omen text, the Enūma Anu Enlil, which was mentioned earlier in this study – it is considered a good prognosis by its association with the god Sîn.¹¹⁹

The comparison we have just completed above serves to illustrate the fact that Indian omen literature was very likely influenced by, or has its provenance in, Mesopotamian omen literature. India did not exist in a vacuum before the time of Caraka, just as during the time of Caraka there must have been active traffic in that part of the world. This fact has been demonstrated in the Carakasamhitā, in which Dominik Wujastyk observes that

[at] least one of the ancient editors of the Caraka was familiar with the diets and habits of a wide range of peoples from foreign parts, including Persians, Chinese, perhaps Greek, and Scythians. Medical traditions from these people must have been known and discussed, but there is little evidence left in the text to enable us to know which recipes or descriptions of diseases might have been borrowed from abroad.¹²⁰

MESOPOTAMIAN OMEN LITERATURE IN INDIA

In the search for possible connections between Indian and other omen literature in the ancient world, perhaps David Pingree has made the most significant and extensive headway. Through his research, Pingree has found evidence that traces Indian omen literature back to Mesopotamia. His findings are extremely relevant to this study on omens and therefore the fruits of his research will be explored over the next few pages.

¹¹⁹ Heeßel, “Diagnosis, Divination and Disease,” 109.

¹²⁰ Wujastyk, *The Roots of Āyurveda*, 6. (See 6.30.316).

Pingree is of the opinion that Sanskrit terrestrial and celestial omen texts, which he terms the “saṃhitā-omen texts” – the Gargasamhitā (~100A.D.), the Bṛhatsamhitā (~500 A.D.), and the Bhadrabāhusamhitā (~600 or 700 A.D.) – all trace back to Babylonian origin. Greek provenance is not likely, he argues, for the saṃhitā-omens “antedate the Greek influence in India.”¹²¹

The two major Mesopotamian omen texts in Pingree’s study are Enūma Anu Enlil, containing “lunar, solar, meteorological, and stellar together with planetary omens,” and Šumma ālu, containing terrestrial omens.¹²² Both these date back to the last millennium B.C.¹²³ On the time period in which Babylonian omen literature arrived in India, Pingree states that it could not have been before the arrival of the Achaemenids in 500 B.C. :

My hypothesis, then, is that the Mesopotamian omen-literature was transmitted to India during the two centuries that the Achaemenid Empire controlled Gandhāra in Northwestern India and the Indus Valley – a period in which elements of Babylonian mathematical astronomy were also transmitted to India.¹²⁴

In fact, Pingree has found that the Brahmajālasutta in the Buddhist Dīghanikāya, “the Long Sermons of the Buddha,”¹²⁵ contains four sermons of the Buddha in which he denounces

immoral activities engaged in by Śramaṇas or mendicants and by Brāhmaṇas in return for food...[Among] these activities are various forms of sacrifices and of

¹²¹ However, Pingree acknowledges that Indian astrology and astronomy were “strongly influenced by Greek science” starting in the 2nd century A.D. (Pingree, “Mesopotamian Omens in Sanskrit,” 375)

¹²² These two texts have been mentioned earlier in this study.

¹²³ Pingree, “Mesopotamian Omens in Sanskrit,” 375.

¹²⁴ Ibid., 376.

¹²⁵ *Brahmajālasutta*: “the sūtra or sūkta of Brahma’s net.” *Dīghanikāya* (I 1.1-3.74)

expelling demons and other undesirable beings; but a large number are concerned with various forms of divination.¹²⁶

The first three of four sermons of the Buddha, Pingree states, contain “most of the contents of the Babylonian Šumma ālu” and these include terrestrial omens, military omens, and celestial omens.¹²⁷ What is even more striking is that the Buddha’s sermon enumerates the omens in the same order as the Babylonian Šumma ālu. The first sermon, for example, mentions ghosts, serpents, poisons, scorpions, mice, vultures, crows, and animals – in an order which, with one slight exception, corresponds exactly to the list on Tablet 19 of the Šumma ālu.

Similarly, the fourth section of the Buddha’s sermon also contains celestial omens found in the Babylonian Enūma Anu Enlil, and also raised in the same order as well. For clarity, these are listed below in table form:

CELESTIAL OMENS ¹²⁸	
lunar & solar eclipses	earthquakes
stars, Moon & Sun’s going on their courses	thunder
stars, Moon & Sun’s going off course	risings, settings of the Moon, Sun, stars
falling of meteors & shooting stars	brightness & dimness of the Moon, Sun, stars
burning of the directions	

Table 4.1: Celestial Omens

After comparing “specific omens in the Babylonian Enūma Anu Enlil with those in the Gargasamhitā and the Bṛhatsamhitā,” Pingree finds that the protasis (“If...”) and

¹²⁶ Pingree, “Mesopotamian Omens in Sanskrit,” 376

¹²⁷ Ibid., 378.

¹²⁸ Ibid., 378.

apodosis (“...then”) in Sanskrit omens tend to be more complex than in their Akkadian counterparts, even though they may be addressing the same or similar omen material.¹²⁹

Furthermore, Pingree notes that when Babylonian omens were transmitted to India and translated, they were modified to adapt to the Indian culture, beliefs, and flora and fauna.¹³⁰ This seems merely a matter of common sense – if anything, it would have been more surprising if the literature were not adapted to accommodate the culture.

Finally, Pingree makes it a point that

the comparison of the two traditions will reveal much not only about how their systems of divination worked, but also about how their societies functioned, and how influential on many aspects of Indian culture the Babylonians ultimately were.¹³¹

Some may raise the point that there’s no need to know “how their systems of divination worked,” for it would seem there is no “rationality” to divination, and that it is all a hodgepodge concoction of religious and superstitious beliefs by the primitive mind.

Many scholars in the Mesopotamian and Greek traditions have addressed this issue of “rationality” in ancient medicine and divination, and here we shall also explore this topic briefly.

¹²⁹ Ibid., 379.

¹³⁰ Ibid., 379. This point can also be seen very clearly, for example, in the Tibetan *rGyud bZhi* or *Four Medical Tantras*. Although for the most part a translation of the Indian medical compendium, the *Aṣṭāṅgahṛdaya Saṃhitā*, the Tibetan *rGyud bZhi* has been similarly adapted to make sense within the Tibetan cultural context. In the *rGyud bZhi*, for example, we do not find “meeting a *brāhmaṇa*” under auspicious omens; we find substituted instead the meeting of a “*ya mtshan can*” or “astonishing, extraordinary person.”

¹³¹ Ibid., 379.

THE RATIONALITY OF EARLY MEDICINE AND OMENS

In his study on the rationale behind “diagnosis, divination and disease” in the Babylonian Diagnostic Handbook, N. P. Heeßel urges us to keep in mind that

‘magic’ and ‘rationality’ are modern categories by which western scholarship often distinguishes scientific and non-scientific attitudes. Seeking rational and magical elements in Babylonian medicine imposes modern values on it, and blurs the view of the mechanisms inherent within the Babylonian medical system itself.”¹³²

Heeßel claims that the categorizing of the “human thought processes into opposing principles such as ‘magical’ vs. ‘scientific’, ‘rational’ vs. ‘irrational,’ and ‘primitive’ vs. ‘developed’” is essentially a structuralist approach. ¹³³ It is fine to categorize in our search to satisfy our curiosity, but it does not do justice to Babylonian medicine itself.

Conversely, on the Greek side, P. van der Eijk points out that what has often been termed “Greek rational medicine” is a misnomer, a fallacy, and a “positivist line of thinking” which assumes that

a) the medical ‘facts’ are there waiting to be discovered, b) that modern medicine, although it does not know or understand everything, possesses the best and most complete understanding of these facts currently available, and c) that the extent to which a different, earlier or non-Western medical system approximates these facts is a measure of its rationality. ¹³⁴

¹³² Heeßel, “Diagnosis, Divination and Disease,” 97.

¹³³ *Ibid.*, 98.

¹³⁴ Van der Eijk, “Introduction,” in *Magic and Rationality in Ancient Near Eastern and Graeco-Roman Medicine*, 5-6.

The reason being, Greek medicine itself integrates nature, gods, prayer, dreams and omens in its philosophy and practice – not dissimilar to what we have seen in the Caraka Saṃhitā. Van der Eijk maintains that “The distinction between ‘natural’ and ‘supernatural’ is not appropriate to the Greek’s understanding of the world. To the Greeks, gods, demons, spirits, rivers, trees, etc. were just as much part of nature as humours, pneuma, etc.”¹³⁵

Thus, similar to Heeßel’s position above, van der Eijk also states that although the “positivist” reasoning might be acceptable from the point of view of contemporary biomedicine, in the final analysis it is “not an appropriate tool for the study of the ways in which medical thinking and practice functioned in earlier or non-Western societies and it ignores the mechanisms by which in such societies beliefs about medicine, the body and the efficacy of therapeutic measures gained acceptance and authority.”¹³⁶

Similar to its Babylonian and Greek counterpart, the automatic categorization of ancient Indian medicine as either “magico-religious” or “rational-scientific” has also been questioned. R. P. Das notes that “...our classifications simply do not help us here, because they are, to use a modern term, ethnocentric, i.e. based only on our own society and culture and the values and modes of thought these implant...”¹³⁷.

Further criticism comes from S. Kuriyama, who remarks that there is a common tendency for the assumption that “the true structure and workings of the human body

¹³⁵ Ibid., 5.

¹³⁶ Ibid., 6.

¹³⁷ Das, "Review of G.U. Thite's Medicine," 234.

are....everywhere the same, a universal reality.”¹³⁸ The different perceptions of the body among different cultures, in fact, reflect very different “ways of thinking.”

In other words, different perceptions of reality.

To illustrate his point, Kuriyama raises the fact that there was no word for “muscle” in a 14th century Chinese physician’s vocabulary, while a contemporary physician in the West would have taken the knowledge of muscles for granted. At the same time, however, the western physician would not have had the slightest notion regarding “meridians and acupuncture points” in the body – the existence of which, conversely, was standard knowledge for his Chinese counterpart. To the first westerners who began to study Chinese medical writings, Kuriyama writes, “the descriptions of the body they encountered struck them as ‘phantastical’ and ‘absurd,’ like tales of an imaginary land.”¹³⁹

Thus, to return to the Carakasamhitā, before we relegate the dreams, omens, and prognoses in the Indriyasthāna to the realm of the ‘phantastical’ and ‘absurd,’ it is necessary to examine whether our own view towards this ancient medical practice is ‘rational’ or not. The root of the issue seems to lie in the misconception of the word ‘rational’ itself. Does ‘rational’ designate only what makes sense to us, living in the 21st century?

What exactly is “rationality”? If synonyms to ‘rational’ include terms such as ‘lucid,’ ‘cogent,’ ‘coherent,’ ‘logical,’ and ‘analytical,’ then from what we have learned

¹³⁸ Kuriyama, *The Expressiveness of the Body and the Divergence of Greek and Chinese Medicine*, 8.

¹³⁹ *Ibid.*, 8.

earlier about the structure and organization of the Indriyasthāna, it would seem that all these descriptions apply. We saw that there is a philosophy, methodology, and approach relating to the interpretation of death symptoms. We saw that there is a well-thought out, meticulous system applied to the organization of the chapters and topics. We saw that certain formulae are utilized in interpretation of symptoms and omens, even in dream omens.

In short, there exists quite distinctly a solid, well thought-out ‘rationale’ behind the Indriyasthāna and the entire compendium as a whole. That some of the contents challenge our mainstream 21st century sense of ‘rationality,’ is attached to our own perception of reality. Our view of the world, and what we term ‘rationality,’ is like beauty: it lies in the eyes of the beholder.

Kuriyama writes:

But there was an era when the body represented something quite different from the entity that we imagine now – a discrete given, an independent and isolated object. Once upon a time, all reflection on what we call the body was inseparable from inquiry into places and directions, seasons and winds. Once upon a time, human being was being embedded in a world.¹⁴⁰

¹⁴⁰ Kuriyama, *The Expressiveness of the Body and the Divergence of Greek and Chinese Medicine*, 262.

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