

# Memoirs of Vaidyas

## Special Edition\*

TSUTOMU YAMASHITA\*\*  
Kyoto Gakuen University, Kyoto, Japan

P. RAM MANOHAR  
Amrita Centre for Advanced Research in Ayurveda,  
Amritapuri, India

### Abstract

This article presents an interview with a scholar of traditional Indian medicine (*Āyurveda*) and psychiatrist, Gerrit Jan Meulenbeld (1928-2017) on 24th August 2002. The contents of the interview: 1. The study of *Āyurveda*, 2. Theories of *Āyurveda*, 3. *Āyurveda* and Modern Science, 4. The study plans.

### Key words

Ayurveda, Traditional Indian Medicine

### Introduction

We would like to introduce here one of our interviews. The interviewee, Gerrit Jan Meulenbeld (1928-2017) is a scholar of traditional Indian medicine (*Āyurveda*) and psychiatrist in the Netherlands. We have organized the interview by topic and gave some explanations in the footnotes. This interview was conducted as one of the activities of the Indo-Japanese research project,

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\*\* Author for correspondence. Address: Kyoto Gakuen University, 18 Yamanouchigotanda-chou, Ukyo-ku, Kyoto-shi, Kyoto-fu, 615-8577 Japan. E-mail: atriclub@gmail.com.

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### Data of the interview

Date: 24th August 2002

Place: Halle, Germany (at the occasion of the International Conference on Traditional Asian Medicine (ICTAM) 5th)

Interviewee: Gerrit Jan Meulenbeld, a scholar of traditional Indian medicine (Āyurveda) and psychiatrist in Bedum, the Netherlands (28th May 1928 - 26th March 2017)

Interviewer: P. Ram Manohar

Video-record: PADAM VT, G023, for 26 minutes

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### Editor's note

[ ] : Supplementary explanation by the authors

( ) : Paraphrase of the previous word by the authors

### Abbreviations

Ci: *Cikitsāsthāna* or *Cikitsasthāna*

CS: *Carakasamhitā*

Ni: *Nidānasthāna*

SS or Su: *Suśrutasamhitā*

## Interview with Gerrit Jan Meulenbeld

### 1. The Study of Āyurveda

The background of my interest in *Āyurveda* is simple, I think. I began studying [modern Western] medicine. I chose medicine because it is a very interesting and useful profession, but, besides medicine, I had many other interests. So, I found, in my early years, I was much interested in languages, and especially in non-European languages.

So, when I began studying medicine in Utrecht University, the Netherlands, I was very lucky there. I found, together with friends, a professor who was not

only acquainted with ancient European languages. He had studied Greek and Latin first, but later he became a Sanskritist. And he was the one who taught comparative Indo-European linguistics. That was a topic I was much interested in. So, I first went to him to listen to his lectures on comparative Indo-European linguistics together with friends studying Greek and Latin. And because of his personality and his inspiration, I began thinking that I have to learn Sanskrit, that is the solution; and then, if I begin to learn Sanskrit, I can learn many other things [and] understand many languages better.

And I was much attracted to India too, from the beginning without knowing the country, of course. Only much later, after finishing my medical studies and during my specialization as a psychiatrist, it was one of my duties to bring patients from the mental hospital, where I was working, back to their own country. I was working at the mental hospital in the city of Rotterdam which has a very big harbour. So, many people from many countries all over the world came by ship to Rotterdam and often during the first journey, they had difficulties and were brought to our mental hospital.

So, I saw many patients from several countries. And once, there, an Indian came to the mental hospital where I was working with problems during [his] journey. He came to the department where I was working and I had to treat him. And after some time, when he had quieted down, it was my duty to bring him back to India. So I went with him by [air] plane to Madras and cared for him until he found there the treatment that was necessary. And then, I stayed in the southern part of India and travelled around. I know, [during] the first few days in India, I was so much impressed. I will never forget. That was a decisive impression that stubbornized in my interest in India.

— And then, you also got interested in *Āyurveda*?

Ahem, of course, it was rather self-evident. I studied [modern Western] medicine. I specialized as a psychiatrist and I studied Sanskrit at the same time. So later, when I had to choose a subject for my thesis, I chose a [Sanskrit] medical text. It is a natural choice when you are a psychiatrist, medical doctor and Sanskritist.

— Then, *Āyurveda* was a natural choice?

And then, you came to [Sanskrit] medical literature and I became interested. Once, involved in the subject, it grasps you. Yes, and then, you cannot stop. And you go on and on, and try to understand.

So, after writing my thesis, the one, with whom I worked for my thesis,

Professor Gonda<sup>1</sup> is his name, he asked me to write a survey, a short survey of Sanskrit medical literature. There was no good survey and there existed only a small, short survey, may be ten or twenty pages, in German for the whole of Sanskrit medical literature.<sup>2</sup> That was all. No other books [on Sanskrit medical literature] existed in Western languages and [there were such books] only in Hindi. So, he asked me to write a new survey of Sanskrit medical literature.

I began writing, but in the course of writing, it grew and grew. It was no longer suitable as a short volume of Indian medical literature. So, it became an independent work and, in the course of the years, it became longer and longer. And so, I had to try to find a publisher and that has not been easy. After many years, I succeeded in finding a publisher in Holland and the funds to publish, because it is very expensive to publish a set of volumes. So I have been fortunate in finding the Dutch organizations willing to provide the funds. There is a Dutch Institute, (...) for publishing of scientific works and there is also (...) Academy for Science.<sup>3</sup> Both have been willing to help me. And, after many, many years, I had been working for more than twenty years, the whole set would be published.<sup>4</sup>

## 2. Theories of *Āyurveda*

—— I would be very much interested to know the insights you have gained through the course of your study of āyurvedic texts, basically on the theoretical framework of *Āyurveda* such as *tridoṣasiddhānta* (the theory of the three *doṣas*). You have very unique views on them, how the *tridoṣasiddhānta* evolved.

Yes, it is not yet very clear when the beginning of the *tridoṣavāda* (the doctrine of the three *doṣas*)<sup>5</sup> can be fixed which period, we do not know it. But I think

<sup>1</sup> Professor Jan Gonda (1905-1991).

<sup>2</sup> The interviewee might suggest Julius Jolly's work. See Julius Jolly, *Medicin. Grundriss der Indo-Arischen Philologie und Altertumskunde*, Bd. III, Heft 10. Strassburg: Karl J. Trübner, 1901. English translation by C. G. Kashikar, *Indian Medicine*. Poona, 1951. 2nd ed.: Delhi: Munshiram Manoharlal, 1977.

<sup>3</sup> There are some difficult points to hear the interviewee's voice in the video record in this sentence. However, according to the acknowledgement in Meulenbeld [1999-2002] all vols., p. ii, the name of the foundation is "J. Gonda Foundation" and the name of the organization is "Royal Netherlands Academy of Arts and Sciences".

<sup>4</sup> Meulenbeld [1999-2002].

<sup>5</sup> Translated in Meulenbeld [1991b] p. 91; Meulenbeld [1999-2002] IB p. 9, fn. 52.

I am certain that it did not exist in Vedic times and it is something which developed later and we do not know precisely how, because our earliest [Sanskrit medical] texts [already] have a complete *tridoṣavāda*.

But when you read many [Sanskrit medical] texts attentively, you can find that there are many references to other systems. I glanced that there are so many references to *rakta* [or] blood as a *doṣa* (morbific agent)<sup>6</sup> and I think it is possible that there has been a time in which the four *doṣas* were recognized.

And that only later, *rakta* was abolished and only three [*doṣas*] remained. Your “three” is a better number to work with anyway in India. Three is better than “four”. And also the close relationship between *pitta* and *rakta* was a problem. So, *pitta* remained; and *rakta* disappeared [among the *doṣas*].

But what is interesting is to see that especially in *śālākya* (the branch dealing with diseases of the supraclavicular region)<sup>7</sup> and *śalya* (the branch involving surgical procedures), *rakta* (blood) is more important than in *kāyacikitsā* (the branch of internal medicine)<sup>8</sup>. That is evident, I think.

And in the periphery of *Āyurveda*, and with periphery, I mean *Hastyāyurveda* (veterinary *Āyurveda* for elephants) and *Aśvāyurveda* (veterinary *Āyurveda* for horses), there, *rakta* (blood) is much more important than in human *Āyurveda*. So I think this is a subject that is not sufficiently recognized. There have been all kinds of developments in history before finally the *tridoṣa* doctrine became dominant and fully established as it is still now.<sup>9</sup>

And something else which may have been a problem, in early times, is I think that the seven *dhātus* (constituent elements of the body)<sup>10</sup> were more important than later [times]. *Dhātus* were not only *dūṣyas* (corruptible bodily elements),<sup>11</sup> but also [*doṣas*, and] had some power to originate diseases [in] earlier [times]. I think so. Yes, that only later, it was always stressed that *dhātus* are only *dūṣyas*, and not *doṣas*, but they may have been different in earlier times.<sup>12</sup>

<sup>6</sup>Translated in Meulenbeld [2011a] p. 36; “morbific entity” in Meulenbeld [1974] pp. 469-470.

<sup>7</sup>Translated in Meulenbeld [1999-2002] IA p. 26; “eye diseases and ophthalmic surgery, diseases of the ears, nose and mouth” in Meulenbeld [1974] p. 432.

<sup>8</sup>Translated in Meulenbeld [1999-2002] IA p. 26; Meulenbeld [1974] p. 389.

<sup>9</sup>See Meulenbeld [1990a] and [1991b].

<sup>10</sup>Translated in Meulenbeld [1999-2002] IA p. 11; “element (of the body)” in Meulenbeld [1974] p. 470-471.

<sup>11</sup>Translated in Meulenbeld [1999-2002] IA p. 67; “the constituents of the body” in Meulenbeld [1999-2002] IA p. 28.

<sup>12</sup>See, for example, Meulenbeld [2011a].

And something more, I think there is also a problem is *anna* (solid food).<sup>13</sup> *Anna* may also have been a *doṣa*,<sup>14</sup> I think, because there were also schools of medicine in India which always stressed the importance of *anna*. They see the very importance of *āma* in everything, [that is] *sāma* or *nirāma*,<sup>15</sup> but there are only a few texts where this [*āma*] is central element. But they do exist. So, in my opinion, the history of *Āyurveda* is much more diverse and much more interesting also than one usually thinks.

— There have been developments of theories. It is much more dynamic ...

Yes, and only gradually, the coherent system became than generally acknowledged.

— And you know, referring to the interesting reference to Ḍalhaṇa,<sup>16</sup> the classification of *udara* (abdominal swelling)<sup>17</sup> into *doṣapradhāna* ([the disease] having *doṣa* as the main [causal factor]), and *dūṣyapradhāna* ([the disease] having *dūṣya* as the main [causal factor]).<sup>18</sup>

Yes, also there are *dūṣyapradhāna* diseases.<sup>19</sup> That is very interesting, I think.

<sup>13</sup>Translated in Meulenbeld [1999-2002] IA p. 443.

<sup>14</sup>Meulenbeld writes in Meulenbeld [1999-2002] IB p. 501, fn. 212: “Gadādhara regarded *anna* and *āma* under particular conditions as *doṣas* (*Madhukośa* ad *Mādhavanidāna* 16.1-2) ...”

<sup>15</sup>*Āma* means “immature matter”, “unripe substance” or “undigested food” in the body. Meulenbeld translates *āma* as “undigested matter” in Meulenbeld [1999-2002] IA p. 75. *Sāma* means “a form together with *āma*”. *Nirāma* means “a form devoid of *āma*”. See Meulenbeld [1999-2002] IA pp. 55, 67, 424.

<sup>16</sup>Ḍalhaṇa wrote a commentary called *Nibandhasaṃgraha* on the *Suśrutasamhitā*. See Meulenbeld [1999-2002] IA pp. 376-379; Meulenbeld [1974] pp. 408-409.

<sup>17</sup>Translated in Meulenbeld [1999-2002] IA p. 237.

<sup>18</sup>See Meulenbeld [1991b] pp. 94-96.

<sup>19</sup>Meulenbeld writes in Meulenbeld [1991b] p. 94: “The next point I want to draw your attention to is that in some diseases the corrupted element of the body is thought to be more important than the *doṣas* which cause this corruption. This is unambiguously expressed by Ḍalhaṇa in his comment on a verse of the *Suśrutasamhitā* (Su.Ni.7.4) which enumerates the eight types of abdominal swelling called *udara*. Suśruta distinguishes four *doṣaja* types (*vāta-*, *pitta-*, *kapha-*, *saṃnipātaja*) and a second set of four types called *plīhodara*, *baddhaguda*, *āgantuka*, and *dakodara*. According to Ḍalhaṇa’s comment, the first set of four types is *doṣapradhāna*, and the second set *dūṣyapradhāna* ...”

—— So, it is also pointed out that the *dhātus* have been more important in the classification of diseases.

Yes.

—— I would like to ask you another thing. You have mentioned that the *tridoṣa* theory actually failed to explain all diseases and perhaps to create a comprehensive nosology. What is your opinion on that? The later authors [of the Sanskrit medical works] have been struggling to accommodate the nosological classifications within the *tridoṣasiddhānta* and they did not succeed in doing so.

I do not know whether I understood you (your question) well. Something I noticed that in the course of time, many medical authors tried to explain, more and more, diseases by only *doṣa*-centric [theory] and to recognize [the diseases] only [by] *doṣa* types. While, in early [Sanskrit medical] texts, [for example,] *raktaja* types, *annaaja* types [of diseases];<sup>20</sup> all kinds of non-*doṣic* types [of diseases were recognized]. Yes, and later, everything becomes *doṣa*-centric, [namely,] *vātaja*, *pittaja*, *kaphaja*, and nothing else. That is later period. That is later, more systematized, more and more. That begins in [the works of] Vāgbhaṭa.<sup>21</sup> Vāgbhaṭa is beginning to systematize everything by *doṣa*, *dhātu*, and *mala* (waste products).<sup>22</sup> [That is] the classical system. And after that, it (*doṣa*) is going to be more and more important.

### 3. *Āyurveda* and Modern Science

—— The *tridoṣasiddhānta* of *Āyurveda*, do you think it can contribute something to the modern understanding of health and disease? Does it only have a historical importance?

It is a difficult question. I think it does not have any sense to translate the Indian medical concepts into Western ones. They are quite different. And I think

<sup>20</sup> *-ja* means “produced by -” or “caused by -”.

<sup>21</sup> Meulenbeld states in Meulenbeld [1999-2002] IA p. 597: “The two most important medical treatises ascribed to a Vāgbhaṭa are the *Aṣṭāṅgasamgraha* and *Aṣṭāṅgahrdayasaṃhitā*.” See “Vāgbhaṭa” in Meulenbeld [1999- 2002] IA pp. 595-685 and “Appendix Two, Vāgbhaṭa” in Meulenbeld [1974] pp. 423-425.

<sup>22</sup> Translated in Meulenbeld [1999-2002] IA p. 43; “impurity” in Meulenbeld [1974] pp. 488-490.

it is better to keep them different and not to interpret the āyurvedic concepts as if they were cognate concepts of Western medical system, because they are not [cognate]. They are different. And I think it is better that the Indian medicine remains Indian medicine. And sometimes, I am afraid that what many āyurvedic physicians are now trying to adapt to the Western system, to equate all the diseases of *Āyurveda* with Western concepts and that means adapting more and more to Western medicine and to lose *Āyurveda*. I think that it would be the end of *Āyurveda*. That is what Aschof (a presenter) told this morning [at the meeting of ICTAM] about Tibetan medicine.<sup>23</sup> They should be kept apart. And do not try to assimilate *Āyurveda* with Western medicine. That would be the end [of *Āyurveda*].

—— But do you think that there is still scope for the development of āyurvedic theory?

*Āyurveda* has always developed. It has changed and changed. If you read the texts systematically [you would understand this]. So, why not change more?

—— And still it continues to?

Yes. Still it continues to.

—— Is it really possible to totally isolate *Āyurveda* from the modern scientific knowledge? It is because today, modern science is permeating every aspect of human life at a practical level. Do you think it is really possible to do this kind of separation of *Āyurveda* and [modern science]?

I don't know. I am not very optimistic, for example, about exporting *Āyurveda* to Western countries. I think it will remain strength within Western civilizations, but things in India are different. And many concepts belong to a common culture and the ways of thinking [are different]. I think *Āyurveda* will remain useful in India.

—— Is it not necessary outside [of India]?

No. Maybe not. Only [in] small circles, but it will remain something within the stream of Western civilization.

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<sup>23</sup> See Meulenbeld [2003b].

—— And, vice versa, will the modern scientific knowledge help in the enriching and enhancing āyurvedic theoretical knowledge?

Mmm, I am not sure whether it would be necessary. You can go a long way in thinking along āyurvedic streams, but more difficult is, of course, doing without Western techniques. That would be almost unavoidable.

—— So, you feel a level of integration is possible. Where can we take modern techniques, modern diagnostic tools, for example? And can we use them in interpreting āyurvedic concepts more objectively?

I think you have to use modern techniques in order to determine whether a particular effective is or not; whether a particular identification is correct or not. You cannot do without [modern techniques]. And then, you need bio-chemistry and, of course, botanical knowledge, that is unavoidable. You need them.

—— The area [of botanical knowledge] is weak [in *Āyurveda*]. And that also brings us to another interesting aspect. You have worked a lot in the area on the identification of drugs in āyurvedic literature.

Yes, that is an interesting subject, because already in early times, when you think the commentaries of *Caraka[samhitā]* and *Suśruta[samhitā]*, it is very clear the commentators did not know the identity of many plants. They guessed or gave a number of alternatives and probably they did not see the plants themselves. They are often literary people, not practicing physicians.

—— So, the confusion on the identification [of drugs] has an ancient origin, not modern?

In early times, there is already confusion. And that, of course, is because India is a very big country. Many plants are growing in the North, [and] in the South, and of the same name. There are, of course, many Sanskrit names [of plants]. When you take one plant with [its] synonyms, and then, you find that a different source plant is used in North India than in South India. That is unavoidable in such a big country. And that need not be a difficulty. May be there are many plants having the same effect [and the] same properties.

—— I think, in your work on the translation of the first ten chapters of the

*Mādhavanidāna*,<sup>24</sup> you have also referred to the erratic zoological knowledge of the commentators of the basic texts when they referred to certain types of insects and so on. This is one point you have raised about the lack of scientific knowledge [in the āyurvedic texts] on the zoology.<sup>25</sup> Do you think there are many similar kinds of errors in the āyurvedic texts? And when we compare *Āyurveda* with modern science, there are many areas where the āyurvedic texts contradict the basis of modern scientific information. So, do you think they will affect the āyurvedic thinking and the prospects of its evolving further?

I do not understand your question. About these worms?

—— Yes, I mean there are certain areas where the interaction between *Āyurveda* and modern science has been inevitable. And modern science has proved that many of our [āyurvedic] observations have been really wrong.

Yes, of course.

—— I mean one example is ...

The example is all these worms [or] *kṛmis* (or *krimis*). Of course, in all of the older medical texts, Indian, Chinese, or European [medical texts], there are many fantasies where people did not know how a particular disease developed. They try to find an origin and so they developed all these systems of worms that do not exist, they are only fantasies, but of course, for those people, for those times, maybe satisfactory. It is better to have a name than to have nothing.

—— So, do you think this kind of observations, how would they affect the further evolution of āyurvedic theory? You said that there was still scope for *Āyurveda* to change.

Yes, there is scope for change, but there are also things that have to be rejected, of course, which no longer can be maintained.

—— So, in that way, you mean interaction with modern science would actually make this, I mean this kind of change.

Yes.

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<sup>24</sup>Meulenbeld [1974].

<sup>25</sup>See “Appendix Five, Medical annotations, Chapter 7” in Meulenbeld [1974] pp. 622-625.

—— Will you suggest which areas where specifically changes are necessary? Specific areas, do you suggest any areas where we have to reject? In the light of modern science, where we shouldn't be holding on to certain concepts anymore?

It's quite, I think ... (pause) ... because *Āyurveda* has some concepts that are very broad. What to do about? Of course, for example, *raktapitta* (blood-bile).<sup>26</sup> *Raktapitta* is a very large group of disorders. And, in *Āyurveda*, it's one disease. Are āyurvedic physicians nowadays willing to go on regarding it as one entity or to split it up? I do not know. It's up to them. It happened probably also without the influence of Western medicine, thinking and thinking for many centuries, for example, how [about] *jvara* (fever)?<sup>27</sup> [*Jvara*] must be split up. Of course, *pittajvara* is very different from *kāmajvara* or *śokajvara*.<sup>28</sup> It's evident. I think it must also have been evident to āyurvedic physicians. And that would have happened.

—— Without even interaction...

And going on now probably.

#### 4. The Study Plans

—— So, your latest work is on the history of Indian medical literature.<sup>29</sup>

Yes. What had to be done first in my opinion is to write a survey of what there is.

—— Of what, there is?

<sup>26</sup>Translated in Meulenbeld [1974] p. 314. See “Chapter Nine, Blood-bile (*Raktapitta*)” in Meulenbeld [1974] pp. 314-327 and “Appendix five, Medical annotations, Chapter 9” in Meulenbeld [1974] pp. 627-628.

<sup>27</sup>Translated in Meulenbeld [1974] p. 85. See Meulenbeld “Chapter Two, Fever (*Jvara*)” in Meulenbeld [1974] pp. 85-193 and “Appendix five, Medical annotations, Chapter 2” in Meulenbeld [1974] pp. 613-617.

<sup>28</sup>See the footnote 20 and CS Ci 3.122cd-123ab; Meulenbeld [1999-2002] IB p. 104, fn. 115.

<sup>29</sup>Meulenbeld [1999-2002].

Yes, after writing this survey, we can begin to try to trace the developmental lines. That is the second stage. And what I would like to do later, not very much later, but I hope soon, is to write more about the concepts of āyurvedic medical theory and whether or not they are coherent.<sup>30</sup>

It's possible, for example, that some concepts have been introduced into the framework of *Āyurveda*, but do not fit fairly well. There were tensions probably between, for example, *sattva*, *rajas* and *tamas*; and *tridoṣa*. Some texts try to make connections. And that I think is rather unfortunate and so there are many other things that could be worked out.

—— At the third stage?

Yes, for example, the *pañcamahābhūta* is also some difficult to reconcile with *tridoṣa*.<sup>31</sup> And so, there are many things which have to be worked out and thought about. I would like to think about these things and to write about them.

—— Hope you will do that. Thank you Sir, Thanks a lot.

That is okay?<sup>32</sup>

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<sup>30</sup> See, for example, Meulenbeld [2008b], and [2009b].

<sup>31</sup> In this context, the interviewee seems to state that it is difficult to realize the exact relationship between *pañcamahābhūta* and *tridoṣa*. *Mahābhūta* is translated as “gross element” in Meulenbeld [1974] p. 490. For the five *mahābhūta* (*pañcamahābhūta*), see Meulenbeld [1999-2002] IB p. 8, fn. 38.

<sup>32</sup> According to Dr. Gerrit Jan Meulenbeld's family member, the majority of his book collection of *Āyurveda* will be donated to the Wellcome Collection in London by his will.

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<sup>33</sup>The name is written as Gerrit Jan Meulenbeld, G. Jan Meulenbeld, G. J. Meulenbeld or Jan Meulenbeld in the titles. Cf. “Publications by Gerrit Jan Meulenbeld” *Studies in Honour of Gerrit Jan Meulenbeld Presented by Friends and Colleagues on the Occasion of His 65th Birthday on 28 May 1993 ed. by Ronald Eric Emmerick and Rahul Peter Das. Journal of the European Āyurvedic Society* 3 (1993), pp. 12-14; “Bibliography” for Meulenbeld, G. J., in Meulenbeld [1999-2002] IIB pp. 907-908; *An Annotated Bibliography of Indian Medicine (ABIM) for Meulenbeld* (<http://www.indianmedicine.nl/>). The authors could not confirm Meulenbeld [1957] and [1960] in this list.

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