

# Cakrapāṇi-Dāsa's *Abhinavacintāmaṇi*: early modern or post-classical Āyurveda?\*

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*In memory of Arion Roşu, 1924-2007,  
remarkable scholar of Āyurveda*

1.1 Among the knowledge systems that have been transmitted in lively traditions on the Indian subcontinent, Āyurveda, the 'science of longevity' or system of health and medicine, occupies a most prominent place.<sup>1</sup> Its preferred medium has been the high-standard variety of Indo-Aryan that was still called *bhāṣā* 'language' in the second century B.C. (in Paṭāñjali's grammatical commentary), and came to be called *sanskṛta* 'polished, refined (viz., speech)', i.e., 'Sanskrit', in the course of the first centuries Common Era. The cohesion and vitality of traditional Āyurveda (and of several other sanskritic knowledge systems) for over more than two millennia are testified by the careful transmission of a limited number of classical texts (a 'canon'), side by side with the creative production of new texts which acknowledge and confirm – occasionally confirm by

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<sup>1</sup> On the study of Āyurveda as a traditional system of knowledge see Meulenbeld (in Meulenbeld & Wujastyk 1987: 1): "The study of traditional systems of knowledge requires a fair description of each of these systems, i.e., a description that does not start from the demarcationist principle that Western science alone can be regarded as a system of knowledge based on rationality and directed at the structure of reality. Applied to *āyurveda*, this means that we need a description of this particular medical system that does not presuppose the universal validity of the methodological norms of Western medicine, thus degrading any system of medicine that differs from it."

challenging – the classical status of the canon. The available classical texts presuppose a largely lost earlier literature. They locate themselves in a partly legendary tradition of medical texts linked to ancient personalities of high status.<sup>2</sup> Later texts add details and modifications to this legendary background of the oldest available texts.<sup>3</sup> The three major classical texts, the latest of which, Vāgbhata's Aṣṭāṅga-hṛdaya, has been dated to the early seventh century,<sup>4</sup> have been preliminarily edited but so far not critically; translations and studies are therefore also only preliminary. Much work remains to be done here. In addition, the later phases of the knowledge systems require close study as well, in the first place because the classical canon is transmitted and even fashioned by processes taking place in later periods, and, second, because these relatively little studied later phases of the knowledge systems prepare the stage for the momentous transitions in cultural and intellectual life that set in when India<sup>5</sup> is overtaken by colonial powers, from end 18<sup>th</sup> till early 19<sup>th</sup> century onwards.

1.2 One of the texts representing the later phase of Āyurveda<sup>6</sup> in Eastern India is Cakrapāṇi-Dāsa's Abhinavacintāmaṇi (AC), the title of which highlights the work's claim both to (partial) originality (*abhinava*<sup>7</sup>) and to

<sup>2</sup> Randall Collins (1998: 212) estimates the competition in claiming archaic origins starts after the innovative periods of the Upaniṣads and early Buddhism: "Now sets in the contest of 'more ancient than thou', which displaced the prestige of doctrinal innovations found among the Upanishadic sages and in early Buddhism, and which henceforth distorted Indians' conceptions of their own histories."

<sup>3</sup> As for instance in the first prakaraṇa of Bhāvamiśra's Bhāvaprakāśa (sixteenth century), cf. Meulenbeld, HIML IIA: 240.

<sup>4</sup> Wujastyk 2001: 238: "As for Vāgbhata's date, the best current scholarship places his compositions at about AD 600"; less determined is Meulenbeld in HIML IA: 599ff, esp. 631f, 635, and finally 656: "The conclusion of this long exposition can but be that the problems connected with the development of Saṃgraha, Hṛdaya and the intermediate versions, as well as those concerning the authors involved, are far from even approaching a solution."

<sup>5</sup> I use India here in the old sense of Indian subcontinent, in geographical extension approximately corresponding with what is nowadays called "South Asia".

<sup>6</sup> For post-classical Āyurveda after the texts of the old or great "threesome" (*vrddha-trayī* or *bṛhat-trayī*, the Caraka-saṃhitā, Suśruta-saṃhitā and Aṣṭāṅga-hṛdaya), see especially the volumes IIA and IIB of Meulenbeld's HIML, which are full of details regarding hundreds of mostly little studied post-classical Āyurvedic texts next to the three well-known ones known as *laghu-trayī*, the Mādhava-nidāna, the Śārṅgadhara-saṃhitā and the Bhāva-prakāśa.

<sup>7</sup> From *abhinava* 'new, fresh, modern' one can infer a reference to an older, well-known *cintāmaṇi*. If we take this literally, the author of the Abhinava-cintāmaṇi had

being a compact and efficient storehouse of useful information (*cintāmaṇi*<sup>8</sup>). Apart from a passing reference to this text by P.V. Sharma in his 1975 work on the history of Āyurveda,<sup>9</sup> very little was known about it until P. Kishore, S. Dash and M.C. Nanda published their article on the “Abhinava Chintamani, an Āyurveda treatise from Orissa” (1990). The existence of rare earlier editions, such as the partly incomplete edition by A. Gangadhar Patra published in 1930, and apparently re-published with Oriya translation in 1962 or 1969-1971, has been reported.<sup>10</sup> The authors of the 1990 article point out, among other things, that the text is relatively well-known in Orissa and that several palm leaf manuscripts are preserved in Orissan libraries and are even “available with many ayurvedic physicians and lay people around Bhubaneswar” (Kishore et al. 1990: 64). This points to a more or less living tradition associated with the text, at least until the second half of the 20<sup>th</sup> century. The article further notes that the AC was “composed during the latter part of the 18<sup>th</sup> century” and gives 1721 Śakābda as the date of its completion, which would correspond to 1799/1800 CE depending on the month. This date makes the AC closely contemporaneous to an important development in medicine, namely the discovery of the technique of vaccination as a

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in mind an earlier medical work with *cintāmaṇi* in the title. Could this be the Camat-kāra-cintāmaṇi of Lolimbarāja (17th century, HIML IIA: 257f) ? Neither this nor another *cintāmaṇi* is mentioned by the author when he refers to a few works of importance at the beginning of chapter one. The differences between the Abhinavacintāmaṇi and the Camatkāra-cintāmaṇi are considerable, but both seem to address a larger audience than medical doctors, and both are in ornate metres.

<sup>8</sup> *cintāmaṇi* is a not uncommon element in titles of philosophical, scientific and literary works. Both Buddhist and Hindu traditions know the concept of the *cintāmaṇi* or “gem supposed to yield its possessor all desires” (MW), which has been compared with the “Stein der Weisen” or “philosopher’s stone” of the Western tradition (PW, DCD). PW and its followers don’t give examples, only ApteD refers to Mālatīmādhava 10.20 and a few other places.

<sup>9</sup> For his brief reference to *abhinavacintāmaṇi* - *cakrapāṇidāsa* under the heading *anyacikitsāgrantha / kuch anya grantha*, P.V. Sharma (1975: 307) refers to the Vanaushadhidarpaṇa of Kavirāj Virājacaraṇa Gupta (published in 1908-1909), according to Meulenbeld IIA: 410, “a useful work, describing the names, properties and actions of medicinal plants, arranged according to the sanskrit alphabet” (cf. also Sharma 1975: 406-407).

<sup>10</sup> P. Kishore, S. Dash and M.C. Nanda, 1990: 65 and Kishore 1999 refer to these editions, but seem to have access only to the latter. Meulenbeld (HIML IIB: 355) gives 1969-1972 as the publication date of Gangadhar Patra’s re-edition of the Abhinava Cintāmaṇi, and mentions, moreover, a third, equally rare edition by Śrī-Raghunāthaśāstrin in 1924 (ed. in Oriya script and with Oriya translation). So far I was not able to see these editions.

preventive measure against small-pox. This discovery was published in 1798 in the book *An inquiry into the effects of the Variolae Vaccinae* by Edward Jenner (1749-1823). After a few unsuccessful attempts to introduce the technique in India (which was at that time already familiar with inoculation against smallpox<sup>11</sup>), the first Indian vaccination was brought about on 14 June 1802 in Bombay (Wujastyk 1987: 150). The AC postdates the Bhāvaprakāśa (sixteenth century) which contains the earliest Indian description of syphilis (under the name *phiraṅga-roga*<sup>12</sup>) and the earliest Indian reference to sarsaparilla (*copacīnī*) as a drug to be used in its treatment. It also postdates, although apparently only by a few decades, the Hikmatprakāśa and Hikmatpradīpa by Mahādevadeva, dealing with Yūnānī medicine in Sanskrit (Meulenbeld, HIML IIA: 338).

In a recent article by Dominik Wujastyk (2005), attention has been drawn to a “strikingly creative era in Sanskrit intellectual history” including Āyurveda from around mid 16<sup>th</sup> century till the end of the eighteenth century. It has also been observed that “with the coming of the Pax Mughalana from the latter half of the sixteenth century, a new and dynamic era of intellectual inquiry was inaugurated in many parts of the continent” (Pollock 2004: 19; cf. Pollock 2001). Wujastyk (2005) selects three Āyurvedic texts which would characterise certain aspects of this new era, and discusses and contrasts these with the – rather devastating – account of medical science and practice in India by the European traveller John Fryer who was in India between 1672 and 1681. On the political side it is to be noted that when Cakrapāṇi-Dāsa finished his AC, the British, eager to recover in the East (India) what they had lost in the West (America), had just appointed Lord Wellesley governor general in India.<sup>13</sup> Puri and

<sup>11</sup> Smallpox inoculation, as Wujastyk remarks (1987: 131), “has a long and interesting history in the Orient, and was brought to England from Constantinople by Lady Mary Wortley Montague in 1717.” Moreover, at the introduction of vaccination in India, the “Brahmin inoculators” employed for this task had “for over a century made their living from smallpox inoculation” (Wujastyk 1987: 153), apparently according to an old pre-vaccine technique.

<sup>12</sup> This disease went under many names often derived from “foreigners” who were thought to cause or transmit the disease: thus in Germany and Italy it was known as the “French disease,” in France as the “disease of Napels” (*mal napolitain*), the Dutch called it the “Spanish disease,” etc.; it was also called greatpox and lues venerea. On syphilis in India and in Indian medicine see the numerous bibliographical references in HIML IIB: 272 note 198.

<sup>13</sup> In view of his interest in territorial acquisitions Wellesley has been called the “British Napoleon in India” (Kulke & Rothermund 1998: 231). 1799 is the year when, in South India, Tipu Sultan “died defending his capital, Seringapatam” against the British (Kulke & Rothermund 1998: 221).

the Khurda kingdom (currently in the state Orissa, eastern India) were still independent but would be under direct British rule within just a few years (1805).<sup>14</sup>

1.3 In view of the date of the AC and the historical phase that can be assumed for Āyurveda and medical knowledge and practice at that time, two questions present themselves: (1) whether, and, if yes, to what extent, this text participates in the new developments in India, and (2) to what extent it participates in the “post-classical” (post-Aṣṭāṅga-hṛdaya) tradition of Āyurveda of more than a millennium.

2.1 The AC, available in various palmleaf manuscripts in Oriya script as noted in the article of Kishore et al., has now been published in book-form by the Central Council for Research in Ayurveda and Siddha, Delhi, in 1999. The editors are the authors who wrote the 1990 article, Kishore, Dash and Nanda. On the title page, they refer to themselves not as editors but, more modestly, as *devanāgarī rūpāntara karttā* – as not more than transcribers of the text from Oriya to Devanāgarī. They apparently avoid to refer to themselves as editors, and from a philological point of view it might perhaps have been better if they would indeed have limited themselves to a diplomatic transcription of the single manuscript in their possession, as they were unable or unwilling to undertake the heavy task of a critical edition. Instead, however, as Kishore describes in his *bhūmikā* to the book, they have used two sources: (a) a single manuscript of the Abhinavacintāmaṇi, written in 1824; and (b) the partly incomplete 1930 edition of the Abhinavacintāmaṇi by A. Gangadhar Patra. According to the *bhūmikā* these sources have been used together, adding the extra passages of the one or the other source to the edition. If we then refer to the publication as an “edition” it is clear that it is by no means a critical one, and was neither intended as such.<sup>15</sup> Thus, for instance, the readings of the

<sup>14</sup> In preceding centuries the kings of Khurda had limited independence within, first (from the sixteenth century) the Mughal empire, and later (from the middle of the eighteenth century) the Maratha domain. Ganjam, in present day Orissa and ca. 80 km south-west of Puri, had briefly been french and formed, in the course of the second half of the eighteenth century, the extreme north-east of the Madras Presidency of the British who had built there a factory and a fort. In 1803 a British force would march from Ganjam to capture Puri and expel the Marathas. Cf. Pattanaik 1979, esp. p. 122ff, for more details on the political situation in this period.

<sup>15</sup> On the website of the Central Council for Research in Ayurveda and Siddha, Delhi, the book is nevertheless advertised as a “critical edition”: see [http://ccras.nic.in/lit\\_res1.htm](http://ccras.nic.in/lit_res1.htm) (as accessed on 17 March 2008).

two sources for problematic readings are nowhere distinctly indicated in the text. The main motivation of the editors is apparently their awareness of the value of the text, which in their eyes is not only historical but also concerns Āyurvedic practice. They especially highlight the presence of “novel formulae” in this text, of which they enumerate a large number (Kishore et al. 1990: 66-68). In his *bhūmikā* Kishore even recommends the Abhinavacintāmaṇi as a *hasta pustaka*<sup>16</sup> (‘hand book’) for Āyurvedic practitioners. In spite of the philologically not very satisfactory status of the 1999 publication it provides at least a preliminary basis for further study. I therefore propose to give here an updated synopsis with a few extracts and some additional observations, mainly text-historical, on Cakrapāṇi-Dāsa’s AC.

2.2 We have to start with a brief remark on the date of the text. In his *bhūmikā* (p. vii), Kishore writes that the book was finalized in 1721 Śaka or 1792 ī. (C.E.). Since the author himself co-authored the 1990 article in which the finalization of the text is dated at 1799, should we see this as a correction, on the basis of new evidence, to the date otherwise generally accepted (e.g. by P.V. Sharma, 1975)? The Śaka year 1721, however, would normally correspond to 1799 or 1800, depending on the month, so we wonder whether 1721 is an error or 1792. In the *bhūmikā* the exact basis for the attribution of the date is not mentioned, but it is found in the last verse of the work (chapter 66, verse no. 91 in the editor’s counting):

*śālivāhana-bhūpasya bhū-netra-muni-bhūmite /  
abde kārttika-rākāyām grantho’yaṁ pūrṇatām gataḥ //*

From this it is clear that the author of the work, Cakrapāṇi-bhagavad-dāsa, as he calls himself in the preceding verse, gives *bhū*-(1)-*netra*-(2)-*muni*-(7)-*bhūmite*-(1), i.e., 1721 as the year, and the era of the king Śālivāhana, i.e. Śaka as the era, which, at the full-moon of Kārttika, corresponds with 1799 C.E. The date of 1792 in Kishore’s *bhūmikā* must therefore simply be a printing error.<sup>17</sup>

<sup>16</sup> Classical sanskrit equivalents of this neologism in sanskritic hindi for ‘manual’ or ‘reference work’ (a calque from english ‘hand book’ or from german ‘Handbuch’) would be *paddhati*, *sāra-saṅgraha*, *saṁhitā*.

<sup>17</sup> The wrong date of composition 1792 A.D. from the *bhūmikā* is also given at [http://ccras.nic.in/lit\\_res1.htm](http://ccras.nic.in/lit_res1.htm) (as accessed on 17 March 2008).

2.3 The work consists of 66 chapters. This number was already mentioned in 1990 by Kishore et al., but in their list of chapters the authors actually enumerate 67 chapters (numbered from 1-67), and give titles which are not always clear (sanskrit words are given without diacritics) and sometimes apparently wrong. Let us first see how the chapters are referred to at the beginning of the work itself. Verse 8 of the first chapter, in the sophisticated Vasantatilakā metre (in 4x14 syllables) says:

*cintāmaṇeḥ prathamataḥ kiraṇaiś caturbhiḥ  
dravyasya mānam akhilasya rasasya śuddhiḥ /  
kāḷādi-tat[t]va-kathanam tv atha nāḍikādes  
tattvam tato 'nya-kiraṇair upacāraṇāya //*

First, in four chapters of the Cintāmaṇi there is (an exposition of) (1) the measures of substances, (and of) (2) the purification of all *rasa*, (3) the exposition of the elements time etc., and then (4) (the exposition of) the element of *nāḍī* etc.; then, in the other chapters (the exposition is) for medical attendance.

2.4 In order to give an overview of the content and extent of the AC which makes sense to a slightly larger circle than a handful of superspecialists, I will give here the titles of the chapters of the work as found in the edition, adding in each case (a) an english equivalent of the title which will be, for chapters 5-63, an english approximation of the disease or disorder that forms the subject of that chapter; and (b) (a) the number of verses of this chapter as given in this edition. Since, as pointed out by Meulenbeld (HIML IIA: 332f), the “arrangement of the diseases generally agrees with the order adopted in the *Mādhavanidāna*” of the 8<sup>th</sup> century author Mādhava or Mādhavakara with only minor deviations,<sup>18</sup> as is usual for a large part of the post-classical Āyurvedic texts involved with nosology,<sup>19</sup> though not those of the South,<sup>20</sup> the titles of chapters 5-63 amount

<sup>18</sup> Meulenbeld's observations on these deviations follow those of Kishore et al. 1990 to whom he refers, but the latter sows confusion by finally enumerating 67 chapters instead of the 66 of which it initially speaks.

<sup>19</sup> As already observed by Meulenbeld in 1974: 2: “Mādhava set the standard as to the order in which the diseases should be described. In this he definitely improved upon the earlier *samhitās*. ... The compendia written by subsequent authors ( ... ) faithfully reflect the scheme of the *Mādhavanidāna*.”

<sup>20</sup> Zimmermann 1989a: 252 note 18, points out that in South India – i.e., specifically in the Kerala Āyurvedic tradition studied by him – a different nosological model is followed, namely that established by Vāhaṭa (Vāgbhaṭa), the 7<sup>th</sup> century author of the *Aṣṭāṅgahrdayasamhitā*.

to a variant of Mādhava's list of diseases. For the english approximations of Āyurvedic names of diseases and disorders I have made use of observations of Meulenbeld (e.g. in HIML) and Zimmermann (e.g. 1989b) where the renderings suggested in dictionaries (esp. MW) seem too unsatisfactory. I normally left out a translation of the compound-member *-roga*, 'disease', 'disorder', to avoid redundancy.

- 1) *māna-paribhāṣā-kaṣāyādi*,<sup>21</sup> "general rules on measurements; potions and pastes, etc."<sup>22</sup> (140);
- 2) *rasādi-śuddhi*, "purification of quicksilver, etc." (149);
- 3) *dvādaśa-tat[t]va*, "the twelve principles" (197);
- 4) *nāḍyādi-trayodaśa-tat[t]va*, "the thirteen principles 'pulse' etc." (261);
- 5) *jvara-roga*, "fevers" (703);
- 6) *atisāra-roga*, "diarrhoea" (157);
- 7) *grahaṇī-roga*, "chronic diarrhoea, sprue" (94);
- 8) *arśa-roga*, "haemorrhoids" (53);
- 9) *ajīrṇa-visūcy-ālasaka - vilambikādy-agnimāndya-roga*, "indigestion, evacuation in both directions, lazy digestion, and delayed digestion and other disorders connected with sluggishness of the (transforming) fire" (159);
- 10) *kṛmī-roga*, "worms, parasites" (21);
- 11) *pāṇḍu-roga*, "morbid pallor" (39);
- 12) *kāmālā-halīmaka-roga*, "jaundice and chlorosis" (25);
- 13) *rakta-pitta-roga*, "blood-bile" (61);
- 14) *rāja-yakṣma - uraḥ-kṣata*, "kingly consumption and decline from (a lesion of) the chest" (104);
- 15) *kāsa-roga*, "cough" (80);
- 16) *hikkā-roga*, "hiccup" (33);
- 17) *śvāsa-roga*, "shortness of breath" (46);
- 18) *svāra-bheda*, "disorders of the voice" (21);
- 19) *aruci-roga*, "reduced appetite, anorexia" (31);

<sup>21</sup> The colophon to this chapter as given on p. 19, however, places *-ādi-* differently and has: *māna-paribhāṣādi-kaṣāya-*.

<sup>22</sup> As is clear from AC 1.81, the term *kaṣāya* is here used not in the specific sense of 'decoction' but in a general sense which covers various types of potions and pastes, pure or mixed: *athātaḥ svarasaḥ kalkaḥ kvāthaś ca hima-phāṇṭakau / kaṣāyaḥ pañcadhā proktas tadbhedau yūṣa-manthakau* "*kaṣāya* 'potion' is said to be fivefold: (1) the own juice (of the plant), (2) paste, (3) decoction, (4) cool drink, (5) filtered infusion; two forms (of this fivefold *kaṣāya*) are broth and mix."



- 20) *chardi-roga*, “vomiting” (26);
- 21) *tr̥ṣṇā-roga*, “excessive thirst, polydipsy” (22);
- 22) *mūrcchā-roga*, “fainting” (11);
- 23) *madātyaya-roga*, “excessive intoxication” (14);
- 24) *dāha-roga*, “burning sensation” (13);
- 25) *unmāda-roga*, “insanity, mental disorders” (65);
- 26) *apasmāra-roga*, “epilepsy” (29);
- 27) *vāta-roga*, “diseases related to (a morbid state of) *vāta*” (327);
- 28) *vāta-rakta*, “wind-blood, rheumatic conditions” (52);
- 29) *ūru*<sup>23</sup>-*stambha*, “paralysis of the thigh” (22);
- 30) *āma-vāta*, “undigested residues and *vāta*; rheumatoid arthritis, ” (76);
- 31) *śūla-roga*, “acute pain” (95);
- 32) *udāvartta* - *ānāha-roga*, “excretion disorders (caused by suppression of natural urges e.g. to pass faeces or urine) and obstruction (in bowels or excretion)” (42);
- 33) *gulma-roga*, “bloating, visceral swellings” (33);
- 34) *hṛd-roga*, “heart-disease” (23);
- 35) *mūtra-kṛcchra*, “painful discharge of urine, dysuria” (46);
- 36) *mūtrāghāta*, “retention of urine” (24);
- 37) *aśmarī-śarkarā-roga*, “bladder stones, gravel” (24);
- 38) *meha-roga*, “urinary diseases” (191);
- 39) *medo-roga*, “excessive fatness, obesity” (67);
- 40) *udara-roga*, “abdominal diseases” (79);
- 41) *śoṭha-roga*, “swellings” (46);
- 42) *vṛddhi* - *vradhna-roga*, “painful swelling of the scrotum, and swellings in the groins or iliac region<sup>24</sup>” (41);

<sup>23</sup> In the heading of this chapter on p. 358 the title appears as *urūstambha nirūpaṇo nāma unatrimśaḥ kiraṇaḥ* ; in the colophon on p. 362 the central term is *urustambha* ; in the table of content on p. XXIV it is *urustabha* ; in the chapter, for instance in verses 2 and in the concluding 22, the disorder appears as *urustambha*. I have corrected the word here to its classical form.

<sup>24</sup> The disorders or diseases referred to as *vṛddhi* and *vradhna* have not been identified with certainty ; my renderings take into account the sections *vṛddhi-roga-lakṣaṇam* (verses 42.1-2) and *vradhna-lakṣaṇam* (verse 42.31). The chapter colophon on p. 463 speaks of *antra-vṛddhi-bradhna-roga* ; in 42.2 *antra-vṛddhi* is one of seven kinds of *vṛddhi*. On *vṛddhi* and *vradhna/bradhna* or *vardhma* cf. HIML IIA: 80, IIB: 93 notes 95-97 ; HIML IB: 361 the commentator Cakrapāṇidatta on *Carakasamhitā Cikitsāsthāna* 12.94-95 considers *bradhna* identical with *vṛddhi* ; HIML IIA: 182: the *Pathyā-pathyavibodhaka* of Kaiyadeva (first half of 15th century) identifies *vardhma* and *antravṛddhi*.

- 43) *galagaṇḍa-gaṇḍamālā-apacī-granthy-arbuda-roga*, “(various swellings and tumors:) throat-cheek (goitre), cheek-garland, *apacī*-swelling, knotty swelling, *arbuda*-swelling” (33);
- 44) *ślīpada-roga*, “swollen leg, elephantiasis” (14);
- 45) *vidradhi-roga*, “abscesses” (19);
- 46) *vraṇa-śoṭha - vraṇa - bhagna-vraṇa - nāḍī-vraṇa-roga*, various types of *vraṇa* “(inflamed) wounds and ulcers<sup>25</sup>” (48);
- 47) *bhagandara-roga*, “ano-rectal fistula” (15);
- 48) *upadamśa-roga*, “swellings and sores of the penis” (30);
- 49) *śūka-doṣa*, “various injurious effect of the *śūka* insect” (7);
- 50) *kuṣṭha-roga*, “skin diseases, including leprosy” (116);
- 51) *śītapitta-udarda-koṭha*, “cold *pitta* or *udarda*, urticarial rash” (13);
- 52) *amla-pitta*, “sour *pitta*, acidity” (88);
- 53) *visarpa - snāyu-vṛddhi - visphoṭa-roga*, “erysipelas or cellulitis, Guinea worm disease or dracontiasis, blister” (41);
- 54) *māsurikā-roga*, “small pox, chicken pox, and other infectious, eruptive fevers”<sup>26</sup> (50 [32+18<sup>27</sup>]);
- 55) *kṣudra-roga*, “minor diseases” (88);
- 56) *mukha-roga*, “diseases of the oral cavity” (84);
- 57) *karna-roga*, “ear diseases” (48);
- 58) *nāsā-roga*, “diseases of the nose” (30);
- 59) *netra-roga*, “eye diseases” (98);
- 60) *śīro-roga*, “diseases of the head” (72);
- 61) *strī-roga*, “diseases of women” (177);
- 62) *bāla-roga*, “diseases of children” (141);
- 63) *viṣa-roga*, “poisonings” (48);
- 64) *rasāyana*, “elixirs” (165);
- 65) *vājīkaraṇa*, “strengtheners of virility, aphrodisiacs” (62);
- 66) *vamanādhikārādi - ṣaḍṛtucaryā*, “suitability to undergo vomiting (as purificatory procedure), etc.; proper conduct in the six seasons” (91).

2.5 If we add all the verses of the chapters we arrive at a total of 5341 verses, to which one verse at the beginning in praise of Kṛṣṇa, placed before chapter 1, can be added to give a total of 5342 verses. This number

<sup>25</sup> This is the characterisation of *vraṇa* in HIML IA:72; the distinctions between the different types of *vraṇa* are difficult and differ from text to text.

<sup>26</sup> This is the description of Meulenbeld at HIML IIA: 64.

<sup>27</sup> The editors have numbered the 50 verses in two series, 1-32, which give the characteristics, etc., of the diseases under this heading, and 1-18, which gives verses on the goddess Śītālā including a brief hymn in her praise (Śītālāṣṭakam).

is significantly lower than the number of verses indicated in *Science and Technology in Medieval India* (Rahman et al. 1982: 42), viz. 10.125, which is apparently a too rough guess, unless the authors had a quite different AC at their disposal.<sup>28</sup> Even the number of 5342 is too high because, as we will see below, the editors divide verses with large numbers of syllables for each pāda, for instance the relatively frequent Śārdūlavikrīḍita (4x19 syllables), into two, and number the two halves as separate verses.

3.1 Out of the first four chapters, the first deals not only with general rules for measurements (AC 1.22-33 on *māna-paribhāṣā*) and with the production of pastes and potions (AC 1.81-140 on *kaṣāya*), as the title *māna-paribhāṣā-kaṣāyādi* explicitly says, but also with various other general principles and rules, for instance the types of medical doctors and how to recognize them (AC 1.9-21); substitutes for substances (*abhāve dravya-graḥaṇam*, AC 1.53-54, starting with *madhvā[>a]bhāve jīrṇa-guḍaḥ ...*); which substances to take if they are not explicitly mentioned (*anukte dravya-graḥaṇam*, AC 1.55-61, starting with *drave'py anukte jalam atra deyaṁ ...*); the time for various substances to become too old for use (*jīrṇa-kāla-pramāṇam*, AC 1.74-78); the measure of food (*bhojana-pramāṇam*, AC 1.79-80), etc. Some of these verses have (almost) exact parallels in the Śārngadhara-saṁhitā (e.g., AC 1.45f ~ ŚŚ 1.44f). For the measurements AC gives *māgadha māna*, the system of measurements originally current in Māgadha. The opening verse of this section matches the one given at the beginning of the section Māgadha-paribhāṣā in the Śārngadhara-saṁhitā (ŚŚ 1.14), but there it is followed by the discussion of an alternative system of measures, called Kāliṅga, which remains unmentioned in the AC.<sup>29</sup> The content of the AC section on measurements overlaps with that in ŚŚ, but AC gives the matter in verses which mostly follow the ornate Śārdūlavikrīḍita metre, whereas ŚŚ discusses the system in the frequent and more simple and robust *śloka*-metre. The system of measures in AC differs from both the Māgadha and the Kāliṅga measures of ŚŚ, for instance, in referring to both black and white mustard grains as measures (6 trasareṇus are 1 rāja-sarṣapa or black mustard seed, 3 rāja-

<sup>28</sup> The number 10.125 might have been an estimate of the extent of the work measured in ślokas or chunks of 32 syllables, as sometimes found on the cover of a manuscript.

<sup>29</sup> The relevant section of ŚŚ is analysed and translated in Wujastyk 2001: 310 ff and is also represented in Appendix 13 in Renou and Filliozat's *L'Inde Classique*, vol. 2.

sarṣapa make 1 gaura-sarṣapa), but agrees with both, for instance, in equating one tulā with 100 palas, and a bhāra with 20 tulās.

The second is a chapter on alchemy and deals with the qualities and purification of quicksilver and with its calcination (*māraṇa*), and likewise with the characteristics and qualities of other metals, of gems, and of other substances.

The third chapter deals with twelve principles, of which eleven are enumerated in the first verse of the chapter, AC 3.1:

*kāla-deśa-vayo-vahniṁ sātmyaṁ prakṛti-bheṣajam [-au] /  
doṣa-sat[t]va-bala-vyādhīn dṛṣṭvā cātau parīkṣayet //*

Perhaps the diseased person is the twelfth principle, as the chapter contains a longish section entitled *rogī[sic]-parīkṣā* after previous passages devoted, one by one, to *kāla*, *deśa*, ... up to *vyādhī*.

After the circumstantial principles discussed in the third chapter, the fourth chapter deals with *nāḍyādi-trayodaśa-tat[t]va*, “the thirteen principles ‘pulse’ etc.” which concern first of all the examination of the patient or *rogī-parīkṣā*. The chapter starts with eight verses devoted, again, to *rogī-parīkṣā* immediately followed by a long section on *nāḍī* ‘pulse’. After this there are sections dealing with *netra-parīkṣā*, *mūtra-parīkṣā*, *purīṣa-parīkṣā*, *jihvā-parīkṣā*, etc. A section with prescriptions and prayers for a *jvara-bali* or “fever offering” follows, and one on a *nakṣatra-bali* “asterism offering.” At the end, a list of the eight “limbs” of Āyurveda is given, reflections on positive and negative prognostics (*sādhyāsādhya*), and finally there is a section on *karma-vipāka* the “ripening of actions” (4.249-260+), which turns out to be largely identical with a passage found at the beginning of the second chapter of the Madana-mahārṇava (MM) by Viśveśvara Bhaṭṭa. In the latter text the passage, except for a gloss-like statement in prose at the end, is preceded by a statement that attributes it to a work by Śātātapa on *karma-vipāka*.<sup>30</sup> The gloss-like statement at the end that is maintained in the AC-citation contains a reference to a future passage dealing with something lasting six years<sup>31</sup> (*śaḍvārṣikādikaṁ vakṣyati*), which seems out of context in the AC.

<sup>30</sup> On this Śātātapa and works attributed to him cf. Meulenbeld in HIML IA: 155 and Kane 1968: 294-296.

<sup>31</sup> Since the passage quoted from Śātātapa’s work deals with *prāyaścittas* in connection with *karmavipāka*, this “something” may be a *prāyaścitta* or atonement lasting six years.

Two verses at the beginning of the chapter, 4.6-7, enumerate thirteen items which correspond, in that order, with the topics of subsequent sections in chapter four: (1) *nāḍī* (2) *netraṃ ca* (3) *mūtraṃ ca* (4) *jihvā caiva* (5) *nidānakam*<sup>32</sup>, (6) *svasti* (7) *svapnaś ca* (8) *dūtaś ca* (9) *rogī ca* (10) *śakunaṃ tathā; balī* (11) *jvarasya* (12) *tārāyāś* (13) *cikitsāṣṭāṃga-saṃyutā*. The passage on *karma-vipāka* at the end is from this perspective too a not well integrated addition.

3.2 As for the list of diseases and disorders in chapters 5-63 and the minor deviations from Mādhava's list of diseases and disorders, some detailed observations have been made by Kishore et al. (1990: 65f) and Meulenbeld (HIML IIA: 332f). In the words of Meulenbeld:

Minor deviations from the arrangement of the diseases in the Mādhavanidāna are: a separate chapter on *kāmalā* and *halīmaka*; separate chapters on *śvāsa* and *hikkā*; *vraṇaśoṭha*, *śārīravraṇa*, *sadyovraṇa*, *bhagna* and *nāḍīvraṇa* are discussed in one chapter, as well as *visarpa* and *visphoṭa*; *pradara*, *yonivyāpad*, *mūḍhagarbha* and *sūtikāroga* are dealt with collectively in a chapter on *strīroga*. Special emphasis is laid on astrological and religious aspects of therapy. A new disorder described is *amlapittajvara*. (HIML IIA: 332f)

In light of the available edition of AC we can explain and slightly expand:

- “a separate chapter on *kāmalā* and *halīmaka*”: AC chapter 12 discusses *kāmalā* and *halīmaka*, which in the Mādhavanidāna (MN) are discussed together with *pāṇḍuroga* (the latter forming the subject of AC chapter 11).
- “separate chapters on *śvāsa* and *hikkā*”: in AC they are discussed in consecutive chapters on *hikkā* and *śvāsa* (16 and 17); in MN in a single chapter (11) on *hikkā* and *śvāsa*.
- “*vraṇaśoṭha*, *śārīravraṇa*, *sadyovraṇa*, *bhagna* and *nāḍīvraṇa* are discussed in one chapter,” viz., in AC chapter 46, which gives, however, separate definitions (*lakṣaṇa*) of: *vraṇa-śoṭha*, *vraṇa*, *bhagna-vraṇa* and *nāḍī-vraṇa* (a reference to the treatment of *śārīravraṇa* appears after the discussion of *bṛhajā-jātyādi-tailam*); in MN the mentioned five types are discussed in five consecutive chapters, 40-44.

<sup>32</sup> Here, *nidāna* ‘cause’ (but also ‘cessation’ according to a lexicographer consulted by Monier-Williams) apparently stands for *ariṣṭa* “unhurt; sign of approaching death” discussed in AC 4.85-110.

- “as well as visarpa and visphoṭa”: in AC they are discussed in chapter 53 together with *snāyu-vṛddhi*, in MN chapters 51 and 52 deal resp. with *visarpa* and *visphoṭa*; *snāyu-vṛddhi* or *snāyuka* does not appear in the MN proper, but in current editions we find a section devoted to it in a later appendix.
- “pradara, yonivyāpad, mūḍhagarbha and sūtikāroga are dealt with collectively in a chapter on strīroga” (viz. in AC chapter 61): in MN these are discussed in chapters 60-64.
- “a new disorder described is amlapittajvara”; this appears in the long chapter on fevers, AC chapter 1 (see further Kishore et al. 1990: 66).

To these observations can be added that the names of the diseases and disorders are sometimes different: MN *arocaka* ~ AC *aruci-roga*; MN *pānātyaya*, *paramada*, *pānājīrṇa*, *pānavibhrama* (ch. 17a-d) ~ AC brief chapter on *madātyaya* (ch. 23); AC *snāyu-vṛddhi*, discussed in chapter 53 on *visarpa* and *visphoṭa*, is added to the MN in a later appendix under the name *snāyuka*.

The extra chapter among the 67 chapters in the list given in Kishore 1990 derives from an erroneous splitting of chapter 53 into (a) a chapter 53 dealing with “Visparpasvaya Vridhi” (mutilated representation of *visarpa* - *snāyu-vṛddhi*) and (b) a chapter 54 dealing with “Visphota Roga Nirupana” (*visphoṭa-roga-nirūpaṇa*).

3.3 Of the last three chapters, chapter 64 deals with *rasāyana*, “elixers” or health-promoting preparations which it defines as follows (AC 64.1):

*svasthyasyaujaskaram kiṃ cid kiṃ cid ārttasya roga-nut /  
yaj jarā-vyādhi-vidhvaṃsi bheṣajam tad rasāyanam //*

The medicine which, somewhat strengthening health and somewhat removing the disease of the one who is afflicted, destroys the ailment called old age (or: the ailments of old age), is a *rasāyana* ‘elixir’.

In the remaining 164 verses of the chapter various preparations are discussed with names such as *sārasvatacūrṇa*, *brāhmīcūrṇa*, *sārasvataghṛta*, *bhṛṅgarājaraśāyana*, *śatāvarīmodaka* etc. At the end the importance of following general principles for health (*pathyāpathya*) even when using *rasāyanas* is emphasized: *rasāyana-sārūpyeṇāpi prayuktatvāt vakṣyamāṇa sarvakālīna-pathyāpathyam yojanīyam*. The statement at the end of 64 is apparently a reference to the “*pathyāpathya*-principles valid for all times (*sarvakālīna*)” which are discussed in a brief section in chapter 66, where

it immediately follows a discussion of the proper (healthy) behaviour according to the seasons (*ṣaḍṛtucarya*).

Chapter 65 deals (in 62 verses) with *vājīkaraṇa*, “strengtheners of virility, aphrodisiacs” for which it describes preparations with suggestive names such as *madana-sandīpana-cūrṇam*, *kāmeśvara-modakaḥ* and *kāmoddīpana-rasaḥ*. The last few preparations of the previous chapter, incidentally, would not be entirely out of place in this one either: the *ratna-kāmeśvara-rasaḥ*, for instance, discussed in 64.117-121ab is said to be, among other things, *rati-vṛddhi-hetuḥ* “the cause for an increase in amorous enjoyment”; and of two preparations called *mahā-madana-modakaḥ* one (discussed in 64.121cd-138) is said to be the best for those advanced in age (*vayo-vṛddhāḥ*) in acts of a potent man (*vāji-karmasu*), and the other (discussed in 64.139-157) is said to make the one who consumes it potent like a stallion (*vājīva vīryānvitaḥ*). In its concluding section chapter 65 contains, among other things, an enumeration of diseases, convulsions and other disorders (*rogās cākṣepakādayaḥ*) that result from excessive sexual activity (*ati-vyavāya*).

Chapter 66, finally, deals not only with *vamanādhikāra* “suitability to undergo vomiting or emesis (as purificatory procedure)” but it also discusses other purificatory procedures such as *virecana* ‘purgation’, *nasya* ‘nasal medication’ and *svedana* ‘sudation, causing to perspire’; and it not only deals with *ṣaḍṛtucarya* “proper conduct in the six seasons,” but it also discusses healthy principles for all times (*sarvakālīna-pathyam*) and proper times for meals (*bhojana-kāla-pramāṇam*).<sup>33</sup>

3.4 The close correspondence with Mādhava's list found in the sequence of the chapters 5-63 matches the indications given by the author himself on the background of his work. He also expresses, in the following *śloka*, that he takes the opinions of practicing doctors into account:

*dharmārtha-kāma-mokṣāṇām ārogyaṁ mūlam ucyate /  
ataḥ pravṛttir ucitā śāstre sad-vaidya-sammataiḥ // (AC 1.2)*

It is said that health (absence of disease) is the basis of righteousness, economic success and love. Hence, it is appropriate to proceed in the

<sup>33</sup> The brief section on the proper times for meals contains the observation that food undigested by day becomes poison in the night, and food undigested in the night becomes poison in the morning. Together with the preceding statements on *sarvakālīna-pathya* this therefore forms a suitable candidate for the passage on what is healthy and unhealthy at all times (*sarvakālīnapathyāpathya*) announced at the end of chapter 64.

manuals (of Āyurveda), together with what is accepted by good doctors.

Apart from the work of Mādhava, the author mentions a few other works that were important for him:

*m[>s]ādyantam suvicārya mādHAVakaram samyak cikitsārṇavam /  
pathyāpathyam atho vipākam akhilaṁ tāvan nṛṇām karmanah // (AC  
1.3)*

*sāṅgatvena mahārṇavādividitām tan niṣkriyām sāmpratam /  
bhūyastvādibhayena nūtanataraś cintāmaṇiḥ procyate // (AC 1.4)*

From these two verses (in the Gīti metre, with twice 18 + 12 mātrās) we understand that the author has well reflected on the work of Mādhavakara, on the Cikitsārṇava,<sup>34</sup> on what is healthy and unhealthy (and probably on a work dealing with this subject, for instance, the Pathyāpathya-viniścaya of Viśvanātha Sen), and on the entire domain of “maturation” arising from man’s acts (and probably on a work dealing with this subject, for instance, the Madana-mahārṇava of Viśveśvara Bhaṭṭa); finally, “the arrangement of all that known in the Mahārṇava and annexes is now proclaimed as the very modern Cintāmaṇi.”

3.5 As for the statement that in the AC “[s]pecial emphasis is laid on astrological and religious aspects of therapy” (see quotation above in section 3.2), it is to be noted that these aspects, and the related subject of *karma-vipāka*, are mainly discussed in a single chapter, namely the fourth. As we have seen, chapter four contains a section on a *jvara-bali* “fever offering,” and one on a *nakṣatra-bali* “asterism offering.” The *karma-vipāka* passage, as we have also seen, is a long citation from the Madana-mahārṇava (MM) which is not well integrated into the text. In the article of Kishore et al. we moreover find observations on peculiarities in the AC in the treatment of *jvara* or fevers. Here it is said that *bali* and *mantra cikitsā* of *jvara* “are discussed in detail” (1990: 66). On the basis of this statement one might expect that the chapter on *jvara*, i.e. chapter 5, contains substantial sections on these topics. In fact, however, this exceptionally long chapter of 703 verses limits itself almost exclusively to a discussion of observations on different types of fever, on therapeutic

<sup>34</sup> A work of this name authored by Viśvanātha Sen seems to have been well known in (what is now) Orissa, cf. Kishore 1999: vi.



measures and on recipes of preparations to be administered – and it is in this respect not different from the other chapters on diseases and disorders, namely 6 - 63, where we find an approach that is in rationality and pragmatism hardly different from that found in classical texts such as the Caraka-saṁhitā.

At one place, however, some verses are given for consecrating plants (*auṣadhābhimantraṇa* discussed in AC 5.190ff), and elsewhere, in the context of the various intensities of fire to be used when preparing oils, decoctions etc., it is recommended to adore the fire under five different names (AC 5.654). The exception in the other chapters is constituted by chapter 54 on *māsurikā-roga* (small pox and other diseases), which contains a hymn in praise of the goddess Śītalā. The hymn and the statements introducing it are very similar to a section in the Bhāva-prakāśa, an important 16<sup>th</sup> century medical text.<sup>35</sup>

3.6 Since the AC claims to be no more than an original compilation from well-known works, it is not surprising that it contains not explicitly acknowledged borrowings of which we have seen a few above: a verse in the *māna-paribhāṣā* section of chapter 1 is for ¾ identical with a verse in the Śārṅgadhara-saṁhitā (12<sup>th</sup> century), the hymn to Śītalā which is very similar to one given in the Bhāva-prakāśa (16<sup>th</sup> century). We don't know whether the author of the AC took these passages directly from these works or from intermediary works, for instance, the ones to which he refers in the beginning as important sources for his own work. In addition, the AC contains paragraphs with headings such as *agasti-smṛtau* (giving a partly different system of measures at the end of the *māna-paribhāṣā* section in chapter one), *carake*, *yad āha carakaḥ*, *granthāntare*, *vāgbhaṭṭe*, *suśrute* (all in chapter three), there is reference to a *svapnādhyāya* (in chapter four); there are even references to *yoga-śāstra* and the *mahābhārata* (both in chapter three). The problem with these references is that they can generally not be traced in that form in the text mentioned. They may have been reformulated by the author of the AC as he apparently did elsewhere (cf. discussion above of the *māna-paribhāṣā* section), or the author had a different version at his disposal. For instance, two verses under the heading *carake* AC 3.101-102 say:

<sup>35</sup> For a discussion and french translation of this section see P. Cordier (1901), reproduced in Roṣu 1989: 481-483. For an overview of “[a]uthors and works mentioning śītalā or related names” for small pox “and the goddess associated with it” see HIML IIB: 265 note 76. On Bhāva-prakāśa and its author Bhāva-miśra: HIML IIA: 239ff.

*sahajaṃ kālajaṃ yukti - jātāṃ dehabalaṃ tridhā /  
tatra sat[t]vaṃ śarīrottham prākṛtaṃ sahajaṃ balam //  
vayaḥkṛtaṃ ṛtu[>ū]tthaṃ ca kālajaṃ yuktijaṃ punaḥ /  
vihārāhāra-janitaṃ tatho[>au]jo[>a]s-kara-yogajam //*

This looks like a close reformulation of a prose passage in the Caraka-saṃhitā, Sūtrasthāna 11.36:

*trividhaṃ balam iti – sahajaṃ, kālajaṃ, yuktikṛtaṃ ca / sahajaṃ  
yac charīra-sattvayoḥ prākṛtaṃ, kāla-kṛtaṃ ṛtu-vibhāgajam vayaḥ-  
kṛtaṃ ca,  
yukti-kṛtaṃ punas tad yad āhāra-ceṣṭā-yogajam*<sup>36</sup>

In view of the number of extensive references (especially in chapters three and five) to the work of Caraka, Suśruta and Vāgbhaṭṭa, it can be said that the AC of end 18<sup>th</sup> century has a concrete relation with classical Āyurvedic texts from at least the fifth century onward.<sup>37</sup>

<sup>36</sup> P.V. Sharma translated this passage as follows: “Strength is of three types – congenital, time-effected and acquired. Congenital is that which is natural to the body and mind; time-effected is due to seasonal variations and age factor. Acquired one is produced by proper application of diet and exercise.”

<sup>37</sup> The fifth century is the time when in any case Caraka’s work had already acquired a solid, authoritative status, as is clear from a reference to and quotation from Caraka’s work in Bhartṛhari’s Mahābhāṣya-dīpikā. It is now generally agreed that Bhartṛhari the grammarian is not to be placed in the seventh century as was thought on the basis of a reference by the Chinese traveller Yī jīng. On the basis of quotations from Bhartṛhari’s Vākyapadīya by Dinnāga the date of Bhartṛhari has been set at ca. 450-510 by Frauwallner (Frauwallner 1959: 83ff, 1961: 125; cf. Houben 1995: 5 and note 7). The Mahābhāṣya-dīpikā, as an earlier work of Bhartṛhari, would then probably belong to the fifth century. In the Mahābhāṣya-dīpikā we not only find a full quotation of CS Sūtrasthāna 27.344 (*dīptāgnayaḥ ...*, referred to as *vaidyopadeśam*) but also the following: *vyavahārāśrayā nāgarātiviṣāmusta - kvāthaḥ syād āmapācana iti na carakavacanād eṣāṃ āmapācanatvam / kiṃ tarhi? svabhāvāt. evam ihāpi pāṇinīnānyena vā śabdāḥ [smṛtā] eva svato’rthapratyāyakaḥ iti* (MBhD I: 17.23-25). The half-śloka starting at *nāgarāti-* ... is exactly found in CS Cikitsāsthāna 15.98ab, and has been translated by P.V. Sharma as follows: “Decoction of śuṇṭhi, ativiṣā and mustā is digestive for āma”; the passage illustrates how it is not the author (Caraka, Pāṇini) of the scientific treatise (on medicine, on grammar) who creates the functions of things (the digestive function of śuṇṭhi etc., the semantic function of words), but they have these functions by their own nature. This early, explicit and datable reference deserves to be highlighted among other, usually more indirect indications for the date of Caraka and the reception of his work (Wujastyk 2001: 39ff; HIML IA: 105ff).

A passage allegedly quoted from the Mahābhārata deals with the origine and growth of a foetus, but I have not been able to locate the passage in the critical edition (main text or star-passages). It starts: *śukrasya pata-na-kāle jīvāṁsaṁ puruṣasya hi / antarviṣati tad garbhe puruṣaś ca kuruttamaḥ* [?>puruṣaḥ kurusattama] // *caitanyaṁ jīvarūpaṁ ca śukraṁ raktaṁ ca dhātubhiḥ / ekībhūtaṁ yathākāle tathākāle prarohati* (AC 3.139). The precise relationship between the AC and other texts needs to be investigated in more detail.

3.7 Further information regarding the author can be derived from the verses immediately preceding the above-cited concluding verse that gave us the date of the AC. The edition of Kishore et al., after a heading *grantha-prasāṁsā*, gives these verses as follows<sup>38</sup>:

66.87-88:

*rāmeṇaikyam itaṁ saṁlakṣmaṇatayā kleśād vimuktau guroḥ  
sabhyaṁ saṁsṛti-jīrṇapātaka-hṛtau dvitvaṁ ca nāmnā[m] hareḥ /  
pathyāpathya-vivecanaiḥ svajananī – dvairājya-dhaureyakam  
śasta-śāstram idaṁ jayaty atitarāṁ caikitsyanurvatile //*

66.89-90 //

*śrīmad-rāma-padāmbuja-stuti-kathā – mādhuṛya-dhaureyatā  
pūrṇaḥ śrīla-parāṁkuśābhidha-mahām – bhodher agādhātmanaḥ /  
kallolāyita-cakrapāṇi-bhagavad – dāsena līloddhṛtaḥ  
santaḥ santatam antaraṁga-karuṇaṁ cintāmaṇiṁ dhāryyatām //*

The text is in this form apparently partly corrupt. For instance, one would minimally expect *cintāmaṇi* (90d) in the nominative as it must be what is *līloddhṛtaḥ*, the thing lifted up in play (or in a playful way) by the author from some ocean – apparently from the ocean of learning of the person to whom he refers as Śrīla Parāṅkuśa. The author shows himself to be a Vaiṣṇava – as he refers to the repetition (*dvitva*) of the names of Hari or Viṣṇu (*nāmnā[m] hareḥ*) – and more specifically a devotee of Rāma, to whom he refers twice. From *saṁsṛti-jīrṇapātaka-hṛtau* one could infer that the author attributes a religious effectiveness to this repetition of the names of Hari in taking away “old sins” of a soul in its transmigration.

A remarkable expression in the first verse is *svajananī-dvairājya* “dual kingship or dual government in the own progenitrix.” Although

<sup>38</sup> I have grouped the four verses two by two as they apparently form two verses in the Śārdūlavikrīḍita.

*jananī* is not recorded in this meaning in Monier-Williams' and other dictionaries, it seems here, in the context of *dvairājya*, to refer to the country or home-country – as it does in a half verse cited from an unknown source in Bankimchandra Chatterjee's *Anandamath*: *jananī janma-bhūmiś ca svargād api garīyasī* (cf. van Bijlert 1996: 361). In the story of *Anandamath* this half verse is put in the mouth of Bhavānanda participating in the 1772 Saṁnyāsi rebellion directed especially against the British in Bengal. Bhavānanda explains to his rebel-companion Mahendra that the mother in the poem *vande mātaram* is the home country, and supports his identification with the mentioned half-verse (van Bijlert, ib.). If, at the end of the AC, *svajanānī* refers to Cakrapāṇi-Dāsa's own country, would *dvairājya* then refer to the dual rule by muslims and hindus which his area had witnessed for centuries? Or does it refer to the dual rule by the British and hindu/muslim Indians which would be another way to perceive the political situation for around a century preceding the time of the author? In its immediate context, *svajanānī-dvairājya-dhaureyakam śasta-śāstram idaṁ jayaty atitarām*,<sup>39</sup> would express the high status of "this praised discipline" (namely, medicine or Āyurveda), which occupies a "foremost place in the dual government of the home-country." At the end of the eighteenth century it can only be said of hindu and muslim rulers, or of rulers under the influence of the Mughals and those associated with Marathas, that they both have an interest in Āyurveda and attribute a high place to it. From the account of Fryer and other statements quoted by Wujastyk (2005) we understand that the British did not very much appreciate the "indigenous" medical system in the 17<sup>th</sup> and 18<sup>th</sup> century, and the self-esteem of Western medicine vis-à-vis "indigenous" medicine would only increase in the colonial context of the nineteenth century (Arnold 1993).

Although with hindsight we know that in 1799 Orissa and India were very close to complete dominance by the British and for instance the Ganjam district was already British there is no reflection of the presence of Europeans in the AC; they seem to have remained outside the perspective of our author. It is to be noted that in the verses the dual government is not presented as something negative, but rather, in its association in the

<sup>39</sup> The word which concludes this line, *caikitsyanurvatile*, is apparently corrupt at the end. In view of the context and the metre it can be surmised that a word such as *caikitsya-nṛpa-priyam* or *caikitsya-nārpya-priyam* – "of the nature of *cikitsā* 'medicine', and dear to kings or to royal people" – in concord with *śasta-śāstram*, was intended. (*-nārpya-* would give a metrically correct Śārdūlavikrīḍita pāda, as the other three pādas, but the form would be uncommon though grammatically defensible.)

verse with other positively evaluated “dualities” – Rāma and Lakṣmaṇa, *dvitva* or the repetition of Viṣṇu's name – as an appreciable situation.

More certainty we have with regard to the author's devotion to Rāma, which is confirmed with a verse at the beginning of the first chapter. This verse, in a faultless Āryā metre, is as follows:

*abhinava-jalada-śyāmaṁ pīta-duku[>ū]laṁ videhajā-rāmaṁ /  
vilasita-kaustubha-dāmaṁ maṅgala-mūrtiṁ bhaje rāmaṁ //*

Dark like a fresh rain cloud, with a fine yellow garment, charming to the one born in Videha (i.e., to Sītā), whose garland shines with the Kaustubha gem, that Rāma I adore, who incorporates what is auspicious.

Even preceding this verse the edition gives a verse in the Śārdūlavikrīḍita metre praising Kṛṣṇa:

*ambhodhiḥ sthalaatām sthalaṁ jaladhitām dhūler lavaṁ śailatām  
śailo mṛkaṇatām tṛṇaṁ dahanatām [> ? gaganatām] vajraṁ  
tṛṇakṣīṇatām /  
vahniḥ śītalatām himaṁ dahanatām āyāti yasyecchayā  
līlā-nātya-kṛte bhuvo bhagavate kṛṣṇāya tubhyaṁ namaḥ //*

The only problem in this verse is the double occurrence of the accusative of *dahanatā*, which does not suit the poetic scheme of words and concepts. The second occurrence, *dahanatām*, is appropriate as it forms a contrastive pair with *himaṁ*, and this pair is again complementary to the pair *vahniḥ śītalatām*. At the first place, *dahanatām* could be a contrastive pair together with *tṛṇaṁ*, but together this pair is not complementary with *vajraṁ tṛṇa-kṣīṇatām*. In view of the latter pair, we have to expect a word expressing something hard and unassailable, contrasting with a thing that is “weak like a straw”; taking into account the metre I propose that the intended word is *gaganatām* “the state of being the firmament” and that a scribe has miscopied the word of the next pāda, *dahanatām*, at this place (adapting the sandhi to the context). The firmament, just as the thunderbolt coming down from it, was considered to be hard and unassailable, also in occidental world views as is clear from the word *firm-amentum*. The whole verse can then be translated as:

By whose wish the ocean becomes solid land, solid land becomes ocean, a dust particle becomes rock, a rock becomes a clay particle, a

straw becomes (unassailable as) the firmament, the thunderbolt becomes weak like a straw ; fire becomes cold, snow becomes a fire, to him, the lord of the world who makes the plays and dances (with the Gopīs, as described in the Bhāgavata-purāṇa), to you, to Kṛṣṇa, my reverential salutation.

Whether this verse in veneration of Kṛṣṇa is originally given by the author of our work or whether it is a later insertion (and whether it occurs in the manuscript in possession of the editors or in the 1930 edition or in both) cannot be determined. We may accept the author's solid devotion to Rāma as primary, as attested in a verse at the beginning and in verses at the end, and can hence assume that a work with the title Rāmāyaṇīya and attributed to a Cakrapāṇi-Dāsa, of which a manuscript is referred to in the catalogue of the Orissa State Museum, is indeed by the author of the AC, Cakrapāṇi-Dāsa.

It is not clear on which sources it is based, but the statement in the *bhūmikā* to the edition (Kishore 1999) that the author of the AC was a vaiṣṇava Sant residing in a Math in Orissa's Ganjam district would harmonize with our findings, although this increases the contrast between the undeniable presence in Ganjam of the British and their absence in the AC.

4. On the basis of our overview we can now spell out some results with regard to the problematics referred to at the beginning. Unprecedented and apparently irreversible developments had already started to influence the political, social and cultural conditions in the subcontinent and in the area of the author. We do not know how large an area the author considered his own, or which area was referred to as *sva-janānī*, it may have been equivalent to Orissa or to one of its districts, or to the entire Indian subcontinent. Does the AC show any signs of the "early modern" times that should have started more than a century before our author? In fact, the AC seems remarkably "classical" in its approach, in spite of the exchanges with other systems and developments in medical knowledge contemporaneous with the author. In some respects the AC is perhaps more "classical" than some of its predecessors. For instance, a description of *phiraṅga-roga* (syphilis) which was a new element in the sixteenth century Bhāva-prakāśa is not found in the AC. It is to be expected that there is no reference to the technique of vaccination against smallpox which had just been invented in the U.K., but neither do we find a reference to inoculation which was already for several decades applied in India (Wujastyk 1987). To speak of a lively tradition seems appropriate with regard

to the AC, but this text does not suggest a “dynamic era of intellectual inquiry” within Āyurveda in this corner of the Indian subcontinent, nor is there a trace of a “creative reinvention of the world of South Asian thought in the late precolonial period” which has been felt to have taken place in other sanskritic disciplines and knowledge systems (Pollock 2004: 21).

The creativity within Āyurveda to which Wujastyk (2005) refers (from the sixteenth century onwards) has not been shown to set this period off very clearly from earlier periods, but it demarcates it from the colonial period that was to follow. Whereas momentous changes had taken place in political, social and cultural circumstances from the sixteenth to the eighteenth century, it seems that in Āyurveda the tradition remained, relatively, internally dynamic and self-sufficient. The AC fits into this picture. In it we see a living, vibrant and self-confident though somewhat myopic Āyurvedic tradition “at work,” in which Mādhava's almost 1000 years old list is still the nosological backbone, and in which the more than 1300 years old work of Caraka and other classical works are acknowledged and made use of.

Looking at the available texts, unprejudiced and without giving primary importance to the political and cultural developments that took place in subsequent periods, Meulenbeld did discover a remarkable transition in Āyurvedic texts, but this took place around the middle of the nineteenth century (in texts which were still largely sanskritic). It is only here that Meulenbeld proposes to speak of neo-Āyurveda:

The renaissance of āyurveda since about the middle of the nineteenth century ... in the competitive struggle with Western medicine ... led to the construction of a unitary and coherent model of Indian medicine, weaned from inconsistencies and untenable concepts, and, particularly, as free from magical and religious elements as possible. The ancient terms for physiological and pathophysiological processes, nosological entities, etc., were diligently re-interpreted to bring them into line with terms derived from Western medicine. These procedures resulted in the appearance of a type of āyurveda that can best be designated as navyāyurveda or neo-āyurveda. (HIML IA: 2)

If major transitions in Āyurvedic texts objectively justifying us to speak of “neo-āyurveda” took place only in the course of the nineteenth century, this implies that the Āyurveda that precedes these major transitions has a continuity and a strong momentum of its own. This would mean that the

Āyurveda of the last part of this relatively continuous tradition, up to the end of the eighteenth century, should give us a good impression of what Āyurveda was in considerably earlier times. Because the later phases are historically nearer and more data will normally be available, they have a better chance to be amenable to comprehensive study than earlier phases. The text discussed here, Cakrapāṇi-Dāsa's AC, would have the added value of representing a tradition that remained in vogue in Orissa, though marginally, even beyond the 18<sup>th</sup> century into the twentieth century. If some of this has continued a few more decades into the present century as well this would make this text and its use in practice a study object where Sanskrit philology can profitably cooperate with medical anthropology and ethnopharmacognosy. As for the text itself, it is to be considered post-classical with so far no trace of anything "early modern," even if the wider circumstances of its production were already early modern.

### Abbreviations

- AC *Abhinavacintāmaṇi* of Cakrapāṇi-dāsa, ed. by Kishore et al., Delhi 1999.
- AptED *The Practical Sanskrit-English Dictionary* by V.S. Apte, Revised and enlarged edition, Pune 1958.
- CS *Caraka-Saṁhitā*, ed. and tr. Priyavrat Sharma, vol. I-II, Varanasi 1981-1983.
- DCD John Dowson, *A Classical Dictionary of Hindu Mythology and Religion, Geography, History, and Literature*, London 1897 (12<sup>th</sup> ed. London 1972).
- HIML G.J. Meulenbeld, *History of Indian Medical Literature*, Vols. IA, IB, IIA, IIB, III. Groningen 1999-2000-2002
- MBhD I *Mahābhāṣya-dīpikā* fasc. I, ed. and tr. J. Bronkhorst, Pune 1987.
- MM *Madanamahārṇava of Śrī Viśveśvara Bhaṭṭa*, ed. by Embar Krishnamacharya and M.R. Nambiyar, Baroda 1953.
- MN *Mādhava-nidāna by Mādhavakara with the commentary Madhukośa by Vijaya-rakṣita and Śrīkaṇṭhadatta*, ed. Jādvajī Tricumjī Āchārya, Fifth ed. Bombay 1955.
- MW Monier-Williams, *Sanskrit-English Dictionary*, Oxford 1899.
- PW Otto Böhtlingk and Rudolph Roth, *Sanskrit Wörterbuch*, Vol. I-VII. (Kaiserliche Akademie der Wissenschaften.) St. Petersburg 1855-1875.
- ŚS *Śārṅgadharma-saṁhitā with the commentary Aḍhamalla's Dīpikā and Kāśirāma's Gūḍhārtha-dīpikā*, ed. Paraśurāma Śāstrī, Bombay 1931, Third ed. Varanasi 1983.

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