Chapter 1

Introduction

Narrativizing the Body

Everyone gets sick. Physical and mental fluctuations between wellness and illness are par for the course of being human. Types of illness are too numerous to count, yet the ways that people ail usually happen in three ways: psychologically, somatically, and psychosomatically. This book is about what happens in the course of becoming ill. In the following chapters I ask: In which ways are people different before and after the arrival of disease? What are the processes by which people experience the shift from health into illness? In so doing, I also untangle the thorny matter of patienthood: What are some of the characteristics that mark people as so-called patients? These are the significant, framing questions of this book. They invite particular answers insofar as this book is about illness and patienthood in India, Indian medical history, and Sanskrit literature. These areas, too, are quite expansive, so in the chapters that follow I concentrate on a specific type of literary account in Indian history and Sanskrit medical literature to explain why people get sick—namely, narrative discourse. In the literature of India's classical medical tradition, Āyurveda, the ways in which, and the reasons why, people become sick are sometimes explained through stories. The stories of Āyurveda tend to explain more than just the "hows" of bodily disorders (e.g., how does contaminated water cause diarrhea?). They also address the "whys" of illness (e.g., why me and not someone else? Why now and not the day before?). They are thus valuable lenses through which to study perceived moral and social causes of health and illness in certain cultural domains of Indian history, including of course the medical field, but also religious and political institutions. The medical narratives that I present and analzye here are for the most part mythological, with gods, goddesses, and demons as the central characters. Yet as myths are wont to do, the

stories of the gods serve as models or guides for humankind. Indeed, in a Sanskrit medical narrative the activities of heavenly, nonhuman characters invariably exemplify poor decisions that create unhealthy social relations, which eventually lead to the creation of sickness and disease in the world of human beings.

Although this book is primarily about the history of Indian medical literature and religion, the ways the authors of classical ayurvedic literature explain and propose to treat illness offer fresh perspectives on notions of wellness and illness to biomedical ethics and the nascent field of narrative medical studies, both of which are largely restricted to the doctor–patient exchange, questions of warrant and moral principles in medical research, and, in the case of narrative medicine, personal testimonies of illness of patients of American health care. The Sanskrit stories I discuss and analyze in this book speak to theoretical questions about the ethics of illness and what it means to be a patient in South Asia specifically, but they also have cross-cultural relevance. My analysis of the narrative portrayal of somatic change from wellness to illness in Indian medical literature reveals overlooked moral codes and religious knowledge in Indian history by probing heretofore unobserved associations between cultural institutions and actors in the formation of medical discourse. This hermeneutic approach draws on multiple disciplines in the human sciences, including medical anthropology, the history of medicine, literary criticism, and the history of religions. Procedurally, the methodology I present here, not to mention the questions about disease pathology and patienthood asked in the Sanskrit narratives themselves, may be useful to scholars working in narrative medical studies and medical ethics in regions of the world apart from South Asia. At bottom, the present study attempts to elucidate the ways in which people make use of language in the production of literature. This includes authorial awareness of past and contemporary knowledge systems and their corpora, which usually manifests in the Indian context through both subtle and overt intertextual referencing. It also includes language figuration and suggestion, in which case narrative discourse is an especially effective means to convey multiple layers of meaning. When the discursive shift from clinical to narrative discourse occurs in the Sanskrit medical sources, and stories from religious and philosophical texts are adapted to the medical framework—a shift that is apparent because of changes in literary style and subject matter—the topography of the human body ceases to be an organic montage of biophysical items and becomes a medium with which to encode symbols that reflect social mores, assumptions, and fears. As readers of this literature, we follow patients—called *rogin*s in Sanskrit,

literally "diseased ones"—along paths of apparent moral indiscretion. Our understanding of the ethical attitude of the medical compilers, as B. K. Matilal once wrote about the philosophical opponent in Sanskrit literature, "deepens by our understanding of not so much what it says as what it rejects."[1] In my reading, the Sanskrit medical narrative ultimately denounces the patient's choices and actions, his or her *life as lived*. This reading marks a noteworthy difference between the work I am doing on illness narratives in the Sanskrit medical idiom and the work on stories of illness in biomedicine over the past two decades by scholars like Rita Charon, Arthur Kleinman, Cheryl Mattingly, Martha Montello, and others. For these scholars, as Charon and Montello once put it, "the patients are the true ethicists."[2] In Sanskrit medical narratives, the compilers of the texts are the ethicists: they aim to generate social (in)action, while the so-called patients are literary contrivances, promoters of straw-man arguments about social, religious, and political behavior. The dramatic changes in the life of the patient in the illness narratives express an ideological conversion that any human being may experience. I argue that the compilers of the Sanskrit medical literature portray the patient in the tradition's narratives as someone who must be transformed from one among the infirm, whose behavior and intentions are flawed, to a healthy person, whose behavior and intentions exhibit social and religious integrity. Āyurveda's medical narratives have a normative thrust, in other words, that attempts to be not only therapeutically effectual but also socially and religiously determinative.

Narrative discourse is a distinctive mode of argumentation in Āyurveda. While there are many narratives in the Sanskrit medical compendia, the majority of these tend to be formulaic mythologies, typically brief honorific and invocatory paeans, rather than full-fledged stories with beginnings, middles, and ends. I am concerned with the protracted narratives, which contribute to our understanding of how and why sickness and disease affect humans and which humans are likely to become ill. The stories I discuss also provide us with insight into how the compilers of India's classical medical tradition understood health in general (*svāsthya*), the state of being free from disease (*ārogya*), and possible ways for regaining this state after becoming ill. These stories describe a kind of bioexistential arc of the patient, a life trajectory that accommodates bodily ailment and disease. Disease and bodily dysfunction in these stories are not presented as merely somatic facts to accept and treat. They are portrayed as products of poor decisions, foolhardy actions, and blatant violations of knowledge, knowledge usually pertaining to the Hindu concept of

dharma (which fundamentally means "duty," although many scholars have translated the term as law, justice, religion, and righteousness).

What is special about the narrativization of a patient's body in the literature of Āyurveda? And what makes this literary process of linking a human life with disease important? For the most part, the literature of Āyurveda presupposes, rather than explicitly describes, changes from wellness to illness. In the ayurvedic sources available to us today, it is clear that the compilers of the tradition sought to present the nature of health and disease in a concise and matter-of-fact manner. The language of this literature demonstrates a kind of detached, pragmatic rationality useful to clinical reasoning. Even today in ayurvedic clinics, hospitals, and colleges in India this type of discourse serves as the basis for establishing the causes, courses, and treatments of disease and the writing of medical reports. Of course, it is a mode of discourse that is unique neither to Āyurveda nor to India, for it is also common throughout the world wherever medicine is practiced. In a pioneering publication in 1998, "In Search of the Good: Narrative Reasoning in Clinical Practice," Cheryl Mattingly labeled this kind of discourse in occupational therapy "chart talk." She described chart talk in contrast to storytelling, which she also identified as a prominent, if informal, vehicle of clinical reasoning. I contend throughout this book that the standard mode of ayurvedic discourse in the Sanskrit literature resembles what Mattingly had in mind when she coined the phrase "chart talk." For Mattingly, chart talk entails a strict impersonal rationality, or at least the presumption of a removed and objective diagnostic point of view that emphasizes pathology, symptomatology, therapy, pharmacology, and the like.[3] Most of ayurvedic discourse involves explicative and diagnostic reasoning rooted in observation, which seeks first to discover and subsequently to explain the underlying causes of disease. Akin to Mattingly's observation of chart talk in contemporary biomedical discourse, the body in Āyurveda is generally treated as a purely anatomical mechanism, isolable from the person to whom it belongs. The body in other words is separate from what we might call the intangible character and qualities that constitute and contribute to the lived experiences of that body. The life the body leads, the very embodiment of the ayurvedic patient, and the ways in which a person actually becomes sick often are not described in the Sanskrit medical sources. But explanations of how people become ill—the processes that lead people from states of presumed wellness into states of patienthood—occasionally do crop up in the classical medical literature of India. When the medical authors speak of the transformation from wellness to illness as a lived experience, a discursive shift occurs in

the texts when, following Mattingly, the clinical logic of chart talk gives way to the narrative logic of storytelling.

As I treat them here, both types of discourse, chart talk and narrative discourse, are found in the Sanskrit medical compendia, which themselves belong to the genre of textbook or perhaps manual. On the whole, the Sanskrit sources of Āyurveda as we have them today are, in the customary meaning of textbook, discursive volumes that conform to a standard or type widely held by theorists. But I also regard the Sanskrit sources, such as the compendia of Caraka, Suśruta, and Vāgbhaṭa, not as static descriptions or even hard-and-fast instructional manuals for botanical preparations, illness diagnosis, and therapy. Rather, they are generative, meaning-making sources of knowledge. They are meant for training physicians, of course, and accordingly they are knowledge to be taught, consumed and, importantly, re-presented again and again. The ayurvedic "textbooks" we have today, in other words, were composed to shape chart talk in the doctor–patient encounter. The medical narratives in the present study are decidedly different in structure, language, and history; they too are meant to affect the doctor–patient encounter, but in so doing, unlike chart talk, these discourses make room for the integration of other cultural domains in the medical context, such as religion, politics, ethics, and the like. Both forms of medical discourse taken up in this book—chart talk and narrative—are equally vital parts of classical Āyurveda.

A short narrative about the origin of garlic (*laśuna*) in the *Kāśyapasaṃhitā*, a medical "compendium," *saṃhitā*, attributed to the celebrated medical preceptor Kaśyapa, is illustrative of the difference between the two types of medical discourse I discuss here. In a chapter devoted entirely to the healing properties of garlic, following a perfunctory benediction to Prajāpati, Lord of Creatures, we find an origination myth for garlic, which I have summarized here:

> The god Indra gave his wife, Indrāṇī, some divine nectar to drink because she had been unable to conceive a child for one hundred years. Upon drinking the nectar, the delicate Indrāṇī promptly belched, and some of the nectar fell out of her mouth and onto the unclean ground. Thereupon Indra declared that Indrāṇī would have many sons. The nectar that fell to the earth became a rejuvenating substance (*rasāyana*) for humankind. Yet because of its inauspicious discharge in the form of a burp, and eventual setting on the ground, the nectar will have a foul smell and twice-borns shall not go near it. On earth its name will be garlic.[4]

The text then swiftly moves on to the medical uses of garlic for the treatment of ailing human bodies. The shift in discourse is evident in subject—from divine bodies to human bodies—as well as discursive style, from narrative prose to aphorism. The origin myth of garlic in the *Kāśyapasaṃhitā* occurs in two other medical treatises, the *Aṣṭāṅgahṛdayasaṃhitā* and the *Aṣṭāṅgasaṃgrahasaṃhitā*. What does this story have to do with a discussion of botanical properties for healing? The story's narration of the divine origin of garlic, its rejuvenating benefits, foul smell, and taboo for twice-born Hindus is a fine example of how narratives in the Sanskrit medical literature relate what Dominik Wujastyk has called the vertical and horizontal dimensions of human existence. The divine origin represents the vertical dimension, which, according to Wujastyk, "measures closeness to God: the history of this dimension is the account of how the present manifest situation evolved, or descended, from an original, pristine world of absolute unity."[5] The vertical dimension of the story explains how the knowledge in the text is revered as having descended from a faultless source, only to be consumed, digested (or interpreted), and disseminated by us, fallible human beings on earth who live day-to-day mostly along the horizontal dimension. Each of the medical narratives presented in this book combines these two dimensions to some extent. What is more, each narrative encapsulates what Wujastyk nicely describes as "a kind of *apologia*, and explanation of how something which was (past tense!) perfect, is now presented, brought into the present, in the blemished, mundane form of a textbook. It is an account of how knowledge which was once privileged is now commonly accessible."[6] The degree to which the medical narratives of Āyurveda were "commonly accessible" throughout Indian history until perhaps the decades just prior to British colonialism is often difficult to determine. Wujastyk's suggestion that these stories lay privilege on the origins and sources of knowledge of these texts—however mythic they may be—is useful to my investigation of the interplay between medicine and religion in Indian history. I would slightly nuance Wujastyk's reading to suggest that the information of these medical stories was always common knowledge and widely known. Such ubiquity of knowledge is what sets apart the narrative portions of the Sanskrit medical literature from the tradition's chart talk. Narrative medical explanations hence attend to the medically untrained community of patients, while at the same time they add social and moral weight to the medical compilers' rationalizations of disease and health. Without fail, the medical narratives of Āyurveda assign substantial weight to the actions of the gods and goddesses and demons that generally "give birth" to the diseases I discuss in the following chap-

ters. That these figures are of a more pristine nature than humanity, and these stories shift back and forth across the vertical and horizontal dimensions of existence quite fluidly, suggests a tacit recognition by the medical compilers that disease and patienthood are endemic to the human condition (and after all, the stain of illness cannot stay in the heavens). But the process of becoming a patient, of acquiring disease, is one in which certain choices and social behaviors necessarily play a part.

This book is about medical storytelling and the socioreligious implications of particular illnesses that the compilers of India's Sanskrit medical literature saw fit to present narratively as unfolding over time, as opposed to depicting a body already infected, manifesting a certain disorder in need of treatment. By examining the beginnings, middles, and ends of narrative explanations for well- and ill-being in the classical literature of Āyurveda, I demonstrate that the compilers of this tradition meant to illustrate their decisions about the causes and effects of disease, as Rita Charon has put it, by "imposing plots on otherwise chaotic events."[7] The plots of the medical narratives that occur in the Indian medical literature tackle and systematize various strands of cultural discourse—social, ethical, and political—into coherent stories of patients' implicit health, falls into infirmity, and returns to health. Through the use of narratives, the compilers of the medical literature tackle both practical and ethical issues inherent to the human condition in the manner of Aristotle's "practical rationality," which seeks to establish the proper ends of human agency and the appropriate means for reaching them.[8] Practical rationality in the Aristotelian sense benefits humankind by effecting *eudaimonia*, the state of being well or human flourishing. In Cheryl Mattingly's ethnography of occupational therapists, Aristotelian practical rationality is at the heart of medical storytelling. Aristotle, she wrote, "associated the expert practical actor with a virtuous actor, one who is able to correctly see how to act in a given situation. Even apparently simple actions require an expertise that is more like acquired wisdom (what Aristotle called 'intelligence') than mere competence, because they require the actor to ascertain what the right action should be in a given case."[9] Mattingly discovered that storytelling in the biomedical setting serves the purpose of processing lived human experience and understanding practical activity in one's environment. Fully developed narratives about the body in Āyurveda similarly establish definitions and programs for attaining equally grand and oftentimes ethical goals: health (*ārogya*, *svāsthya*), long life (*āyus*), and good conduct (*sadvṛtti*). In addition to physiologic and mental health matters,

they therefore address issues such as social relationships, sexual politics, and religion. The basic difference between the clinical reasoning of ayurvedic chart talk and narrative reasoning is this: whereas clinical reasoning provides the "is" of disease—for example, illness X is this and it can be cured in such and such a manner—narrative reasoning tends to attribute an agentive "ought" to the origins of disease—for example, illness X affects this person and not that person, because this person ought to have acted in a certain way but chose not to. With an "ought" ascribed to illness, Sanskrit medical narratives foreground social relations that the tradition's compilers perceived to produce disease and bodily dysfunction. Consequently, medical maladies may be understood and cured only by addressing the synthesis of social, moral, and physical agency in the life of a patient.

The Sanskrit medical stories constitute a specific tradition within Āyurevda that posits connections between gestures-actions-thoughts and health-illness and explains how and why people become patients in ways that are considered neither in biomedical pedagogy nor (with few exceptions) in recent scholarship on biomedical practice. The stories discussed in this book, which foreground the social forces underlying disease, as well as the hermeneutical methods I apply to them, can extend and enrich the methodological scope of scholarship in the medical humanities in America over the last few decades, which has tended to see social relations as having a "phantom objectivity," as Michael Taussig put it, following György Lukács, that obfuscates the social forces undergirding disease.[10] The stories of Āyurveda warrant careful inquiry into their function and placement within the tradition. Yet, they are often blatantly disregarded by practitioners and scholars of Āyurveda. During periods of fieldwork in South India in 2003–05, 2008, and 2011 at Government Ayurvedic Colleges, I frequently met students and practitioners of Āyurveda who dismissed the narrative tradition in the Sanskrit texts out of hand as useless to their work. There is no question, as I demonstrate in the chapters on fever, miscarriage, and the king's disease, that the stories in the ayurvedic sources have long and complex lives in religious literature (*Atharvaveda*, *Mahābhārata*, Purāṇas), moral-political-legal science (*dharmaśāstra*), and the science of statecraft (*arthśāstra*) that well exceed the medical context. The stories are there, however, and their removal or disavowal by modern practitioners has the same result of discounting the social factors that contribute to the causes and cures of disease that Taussig observed in studies of biomedicine among medical anthropologists in the United States in the early and mid-twentieth century.

People who read the medical literature of India in Sanskrit and in translation, such as medical practitioners, scholars, and those casually interested in alternative medicine, generally do not know that the medical literature of Āyurveda played an important role in the production of knowledge about religion, philosophy, and literature in Indian history. However small the physical size of the contribution of the medical narrative texts may be in comparison to the standard (i.e., non-narrative) medical discourse, without a study of these stories we are deprived of a valuable body of literature that rounds out our understanding of the history of both medicine and religions in India. And while the sheer number of medical stories in the medical literature may be small, the actual breadth of the medical literature covered by the primary narrative cycles (not to mention the magnum opus of Ānandarāyamakhin, the *Jīvānandanam*, which I cover in Chapter 6) that I introduce in this book is great. No less than eight Sanskrit medical compendia, and numerous non-medical sources, enter my discussion about the forms and functions of narrative in Indian medical history and literature. Much of the medical material, moreover, has never been presented in English.

At a metalevel, the medical narratives presented in this book can add substantially to cross-cultural and cross-disciplinary conversations about the ethics of illness in general, that is, the costs of being sick for oneself and society; medical representation and management of the human body; and the consequences of this management for the recipients of health care, the patients. In the Sanskrit literature of classical Āyurveda, representing and managing the body through storytelling is a highly pedagogical enterprise about how to use and not to use the body. The morals of these stories are in effect somatic lessons for patients, the tradition's designated "diseased ones" (*rogin*s). The central aim of each medical narrative in classical Āyurveda is to assign responsibility for the condition of a body, to make a certain type of person perceived negatively—the sexual deviant, the ritual shirker, the egocentric, and so on—accountable for the health or illness of a body under discussion in the text. My contributions to this conversation in the South Asian context are novel. At present there is a dearth of scholarship on the medical patient in the South Asian context. Analyses of ayurvedic physicians and their regimens in premodern India are available, such as P. V. Sharma's *Rogī-parīkṣa-vidhi*, Kenneth Zysk's *Asceticism and Healing in Ancient India*, and Dagmar Wujastyk's *Well-Mannered Medicine*. While they add to our understanding of the doctor-patient relationship in the history of Āyurveda, they tend to emphasize the physician and

the medical cohort more than the ayurvedic patient and patienthood. Excellent theoretical and ethnographic work has been done on patienthood in the biomedical contexts of the United States and Europe in recent decades, and I draw on this scholarship at times in this book to elucidate the figure of the patient in premodern South Asia. To discover the challenges and advantages of understanding the patient in the Indian medical literature for audiences working outside the small field of Indian medical history, my treatment of scholarship on patienthood and illness narratives outside of South Asia in Chapter 7 will be useful.

The patient in Āyurveda's narratives, who is portrayed either as human or, by mythic analogy, as divine, gets typecast as the good seed gone bad: the patient's material health suffers on account of his or her reprehensible social and religious actions. This image contrasts dramatically with the standard image of the patient in the non-narrative parts of Āyurveda, who is almost invariably a human being reducible to his or her diseased body. In the medical narratives, the patient's body is not passive and without experience but relational and active. In this way, Āyurveda's narratives effectively trace the onset of biophysical infirmity to the moral actions and social associations of patients. They mix medical data with normative points of view on social and religious agency so that morality and physiology become indivisible. The moral component of medical discourse connects personal motivation, social expectations, and religious practice to the determination of well-being. The links developed between socioreligious behavior and biophysical deterioration create an elaborate ontological pathology that the compilers of the ayurvedic tradition explored and supported through theoretical articulations of the self (*ātman*) and its relation to the material body (*śarīra*).

Intended Audience

In what follows, I examine the nature of medical discourse in classical Indian medicine primarily through three elaborate narrative traditions in ayurvedic literature—on fever, on miscarriage, and on the so-called king's disease—and one extensive allegory—*The Joy of Life* (*Jīvānandanam*). Medical narratives surrounding these conditions consistently relate the message that religious practice, self-knowledge, and patterns of social relationships one way or another produce and influence the development of certain diseases and biophysical dysfunctions in the human body. Narrative in Āyurveda is therefore an

important heuristic device for explaining the social sources of illness, positing a specific account of reality, and depicting visions of how people ought to live as social actors in that posited reality. Āyurveda's narratives are a distinctively medical type of socioreligious, or dharmic, discourse, that is concurrently descriptive and normative. Their very occurrence suggests that medicine in classical India was used sometimes as an instrument for socioreligious instruction and control.

The substance and issues taken up in this book are aimed at three general audiences: people interested in Indian medicine, people interested in the history of Indian religions, and people interested in religious forms of healing and the intersection of medicine, morality, and religion. The central contribution of this project is its examination of Sanskrit illness narratives as lenses through which to view the role of religion in the historical development and practice of Indian medicine. This research makes a vital contribution to this important cultural history. I offer an original hermeneutical method for reading ayurvedic renderings of the body as clinical topography and the patient as social agent. My theoretical approach to reading medical narratives complements current work in the discipline of medical anthropology, particularly concerning the association of medical discourse and socioreligious ethics and relationships of power among cultural institutions. I also present and analyze important and understudied texts that add depth to current trends in the history of religions and the history of medicine in India.

For readers interested in religious forms of healing and the intersection of medicine, morality, and religion, I have attempted to bring together and analyze several ways that narrative logic in South Asian religions has been adapted in the classical medical context to explain health and illness. In so doing, it is my hope that this study will bring attention to uniquely South Asian narrative forms that are used to structure contemporary clinical practice and to create experiences for patients within and outside the doctor–patient encounter.

Plan of the Book

The next chapter, Chapter 2, contains the histories, both factual and mythic, and contents of the Sanskrit sources I use most often in the book, the *Carakasaṃhitā* and the *Suśrutasaṃhitā*. Much of the medical information I introduce is not available in a single, concise, and unified narrative, but instead is treated in introductions to individual editions of the Sanskrit medical sources, which often are not in English. Or, of

course, one may consult Meulenbeld's massive five-volume *A History of Indian Medical Literature* (hereafter *HIML*), which is unexcelled by any other single source published in the past half century, "not only for medical history, but for Indology as a whole."[11] So, for the sake of convenience I offer basic yet crucial information about the history of Āyurveda that will be useful to contextualize the production and contemporary use of the sources I employ here. I end Chapter 2 with a discussion of the various renderings of human anatomy in the classical ayurvedic sources and explain the general schemata the sources use to classify diseases, prognoses, and therapies.

In Chapters 3 and 4, I focus on the narrative cycles of fever and miscarriage, respectively; in Chapter 5, I examine medical narratives about the king's disease, and, in Chapter 6, I discuss Ānandarāyamakhin's allegory about King Life and King Disease, *The Joy of Life*. In each of these chapters I have three overarching aims. The first aim is largely philological. Looking at the sociolinguistic bases of the major terms used in the narratives of each disease, and tracing the histories of each disease and the literary traditions from which the medical narratives about them derive, I illustrate the ways in which the tradition's compilers adapted the stories and disease etiologies, all of which have variants in non-medical sources, to the medical context. The second aim of the these four chapters is to explain the relationship between disease and medical patient in each narrative, while highlighting the associations drawn in the stories between society, religion, and the origin and development of disease. My third aim is to probe the contextualization of the patient in the narratives of fever, miscarriage, and the king's disease to gather information about the potential consequences of the stories' somatic lessons to be gleaned about physical comportment and living in the world as a healthy person.

In the conclusion, Chapter 7, I discuss the nature and function of narrative discourse in Āyurveda in particular and, more generally, in the medical context of the doctor–patient exchange in South Asia. To this end, I examine the ways in which narratives can function as vehicles for religious and social instruction in the medical context, and I conclude by focusing on the ideation and representation of the patient in Āyurveda. In view of the medical narratives and seven-act allegory I consider in Chapters 3 through 6, I mark out some of the general features of the ayurvedic patient in both the narrative and non-narrative medical discourse of the Sanskrit sources, and I query the theoretical and practical functions of the patient in Āyurveda and South Asia.