

# Post-Classical Indian Traditions of Medical Debate and Argumentation

Dominik Wujastyk  
IIAS, Leiden

## **The *Rogārogavāda* of Vīreśvara**

The *Rogārogavāda*, “A Debate on Illness and Health,” of Vīreśvara is a polemical work on traditional Indian medicine, written in 1669. It is known from four manuscripts: one in the collection of the Bhandarkar Oriental Research Institute, Pune,<sup>1</sup> two on microfilm in the Indira Gandhi National Centre for the Arts in New Delhi,<sup>2</sup> and one in the Rajasthan Oriental Research Institute Library in Alwar, Rajasthan.<sup>3</sup>

In the *Rogārogavāda*, Vīreśvara sought to engage intellectually with the principal doctrines of classical Indian medicine ... and to overthrow them completely.<sup>4</sup> The author stated that he composed the work in 1669, and that he was a resident of the ancient provincial town of Kāyatha, near modern Udaipur



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All translations are my own unless otherwise stated. Abbreviations and editions used: Ah.: *Aṣṭāṅgahṛdayasaṃhitā* (Kumṭe *et al.* 1995); Ca.: *Carakasaṃhitā* (Trikamji Ācārya 1941); Su.: *Suśrutasaṃhitā* (Trikamji Ācārya 1992); sū.: sūtrasthāna; ni.: nidāna-; vi.: vimāna-; śā.: śārīra-; in.: indriya-; ci.: cikitsā-; ka.: kalpa-; si.: siddhi-; ut.: uttarasthāna; HIML: *A History of Indian Medical Literature* (Meulenbeld 1999–2002).

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<sup>1</sup> BORI MS 910 of 1887–91 (Sharma 1939: #233). A fifth manuscript, in Munich (Jolly 1912: #395), is an apograph of the Pune manuscript.

<sup>2</sup> IGNC, microfilm nos. SBL 45214 and SBL 45215, consulted in situ. These microfilms were made at the Sarasvati Bhavan Library in Varanasi, which did not respond to requests for scholarly assistance.

<sup>3</sup> Alwar MS 1674 (Peterson 1892: #1674).

<sup>4</sup> The present conference paper is a preliminary report from a research project that will

in Rajasthān.<sup>5</sup> He was brahmin and the pupil of a teacher called Vihārīlāla Mīśra, who came from Agra.<sup>6</sup> Vīreśvara was not shy about his talents: he told us that his teacher was surrounded by the very cream of brahmin students, but that of all of them there was just one who was superior to all the others: himself! And his work, he claimed, is such that experts in all the sciences must patiently accept the new marvel that he has produced.<sup>7</sup> For all his bluster and arrogance, Vīreśvara indeed produced an unusual and interesting work. He systematically took the principal theories of pathology in classical medicine, and refuted them one by one. Thus, he dealt with humoral imbalance, diseases caused by bad *karma*, accidents, secondary diseases, hereditary diseases, birth defects, contagion, and corruptions of the humours and the body tissues.

As examples of Vīreśvara's style, here are his own words, in translation, on three selected topics, the definition of disease, the causation of disease, and nosology.

### Vīreśvara on the definition of disease

In the following passage from the beginning of his treatise, Vīreśvara pointed out a fatal contradiction in the classical theory of humoral disease using the following reasoning. The greatest authorities defined disease as identical to

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be published in due course ([Wujastyk in preparation](#)). Bibliographical details of the manuscripts, the edited text and translation of the *Rogārogaṅgā*, and further introductory remarks are to be found there. Cf. [HIML](#): IIa, 328, 490.

<sup>5</sup> The facts are more complex than I suggest above. The text of the *Rogārogaṅgā* calls Vīreśvara's home "Iṣṭakāyatha". An emendation might allow us to consider "Iṣṭikapatha" which is mentioned as a Kashmiri toponym in the *Nīlamatapūrāṇa* ([Kumari 1968](#): v. 122). On the other hand, "Kāyatha" is an ancient town near Udaipur (David Pingree, personal communication, with reference to [Ansari and Dhavalikar \(1975\)](#)).

<sup>6</sup> The *Rogārogaṅgā* calls Vihārīlāl's home town "Argalāpura"; I am grateful to Prof. David Pingree for identifying this to me as Agra (personal communication), and to Prof. S. R. Sarma (personal communication) for drawing my attention to the fact that Vāṇārasīdāsa uses this place-name in his *Ardhakathānaka* ([Lath 2005](#): vv. 70, 375). Vāṇārasīdāsa's more common name for the city is *Āgare*.

<sup>7</sup> *vihārīlālamīśrasya argalāpuravāsinaḥ//  
gaudasya śiṣyatām yātāḥ bahavo brāhmaṇāḥ parāḥ  
tanmadhye śreṣṭhatām yāto ekam evāham adbhutam//  
kṣantavyam sarvaśāstrajñaiḥ matkṛtam kautukam navaṃ// 5//*

The full critical edition of the *Rogārogaṅgā* will appear in [Wujastyk \(in preparation\)](#). In the present paper, I cite excerpts only when they are particularly curious or illustrative. Note that I do not correct non-standard linguistic forms, including *sandhi*, against the manuscripts.

an inequality in the humours. And yet, in other places they said that the humours may naturally exist in different quantities, without causing illness, such as when phlegm naturally predominates at the start of the day, or after a meal. This is not to say that one is always ill after a meal. And so the central doctrine that humoral inequality is identical with disease must be wrong.

*A refutation of the ancient remarks concerning illness and health*

And so to the refutation of the ancient propositions concerning illness and health.

Professor Vāgbhaṭa is the jewel in the crown of ayurvedic authors. In book 1, chapter 1 of the Vāgbhaṭatantra which he himself composed, he held firmly to the definitions of disease and health propounded by the lineage going back to the creator Brahmā. Thus, it is written,

Disease is an inequality of the humours. Health is the equality of the humours.<sup>8</sup>

*An investigation concerning illness*

Here, out of illness and health, first will come an investigation concerning illness.

Illness is an inequality, i.e., a deficiency or excess, of the humours wind, bile and phlegm.<sup>9</sup>

If this definition of illness made by former experts in ayurveda is understood mentally, then it may be observed that healthy people always have a deficiency or excess of wind, bile and phlegm during the three divisions of day and night, but they have no illness. And everyone says,

At a particular time, they all start or grow each in its own way.<sup>10</sup>

So this is not a definition of disease. It appears to be like the prattling of mad people.

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<sup>8</sup> Ah. sū.1.20.

<sup>9</sup> Ah. sū.1.20.

<sup>10</sup> Ah. ni.2.23.

### Vīreśvara on aetiology

Having used artful arguments to refute each of the categories of disease causation in turn, Vīreśvara then presented his own theory of general pathology, which is that diseases come and go for no apparent reason, just like the rising and setting of the stars, or the turning of a needle of a compass. Disease, he said, is any pain of the mind, body, or sense organs, and it arises for no reason. It is essentially random.

#### *Origination according to the new doctrine*

Now origination according to the new theory. In that case, why ask a question about the origin of disease, since without the humours, it is a lot of work for nothing? And the origin of an omen is stated in the *Anatomy*:

A flower is a sign of coming fruit, smoke of fire, and rain clouds of a downpour. In the same way, an omen is a certain sign of death.<sup>11</sup>

Further, just as a compass, hot and cold rain, the bubbling of moving water, under-use, wrong use, excessive use, waking up several times because of what is brought forth at night,<sup>12</sup> the rising and setting of Ketu, the setting of the asterisms, etc., are aleatory, in just the same way all diseases happen for no reason.<sup>13</sup>

Here, destiny is the cause of the arising of all diseases. Without that, ordinary life in the world, and in all the sciences and the ancient texts, could not proceed. That is the final conclusion. Thus ends origination according to the new doctrine.

### Vīreśvara on nosology

As a final example, here is Vīreśvara's new nosology, or classification of diseases. Vīreśvara's ideas about nosology and aetiology departed completely from the classical system of ayurveda, which was most commonly based – from the eighth century onwards – on the scheme of the *Mādhavanidāna*.<sup>14</sup>

<sup>11</sup> *Ah. śā.*5.1.

<sup>12</sup> Possibly nocturnal emissions, as an example of random events?

<sup>13</sup> *punar yathā vātacakraśītoṣṇavarṣavidhujalabudbudahīnayogamithyāyogātiyog arāt ri-sutānekavāraprabodhaketūdayapatananakṣatrapatanā dyāḥ akasmād bhavanti tathaiva sarve rogāḥ akasmāt saṃbhavanti//*

<sup>14</sup> Cf. [HIML](#): IIa, 61 ff..

*The kinds of diseases*

And now the kinds of diseases. Those diseases are threefold: they arise from

1. a certain amount of pain in mind, body, and senses;
2. they arise from a lot of pain in the mind, body, and senses;
3. they arise from a huge amount of pain in the mind, body, and senses.

Furthermore, they are threefold:

1. that arising from a certain amount of pain in mind, body, and senses is treatable;
2. that arising from a lot of pain in mind, body, and senses is hard to treat;
3. that arising from a huge amount of pain in mind, body, and senses is impossible to treat.

Further, these diseases are threefold:

1. some are perpetual,
2. some are born of the seasons, and
3. some are born of the year-cycles.

In that connection, the perpetual diseases are ninefold: there are three according to whether they conform to the beginning, middle, or end of the day, or to phlegm, bile, and wind. Thus, there are three according to whether they arise at the beginning, middle, or end of the night. Thus, there are three according to whether they arise at the start, middle, or end of a meal. Thus, there are nine kinds of perpetual disease.

Furthermore, the diseases born of the seasons are also ninefold. Some arise on springtime, some in the rainy season, and some in autumn. These are the seasonal diseases.

Now, the diseases caused by the year-cycle are said to be twofold.<sup>15</sup> During the northern cycle they are characterised as draining one's strength. During the southern cycle they are characterised as building up one's strength. These are the diseases caused by the year-cycle.

Furthermore, all diseases are threefold:

1. perpetual,
2. sporadic, and
3. perpetual–sporadic.

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<sup>15</sup> On the concept of the year-cycles, or *ayanas*, see [Wujastyk 2003: 197 f.](#) and [Wujastyk 2004](#).

Furthermore, they are all threefold:

1. distressing,
2. non-distressing, and
3. distressing–non-distressing.

Examples of these will be stated in order.

Thus, those which occur during the day and night, with an appearance phlegm etc., and which are characterised by remaining for only a short time, are perpetual and non-distressing. Those which arise infrequently, such as fever etc., and are characterised by remaining for a long time, are sporadic and distressing. Those which are repeatedly characterised by arising, duration, and destruction, and have pain and trembling of the limbs etc., are permanent–sporadic and distressing as well as non-distressing. Furthermore, they are all twofold:

1. those produced internally and
2. those produced externally.

In that connection, sequentially, those which arise from the body etc., when it is in the womb, are internally produced. Those are produced in the body etc., immediately after birth, and so they arise in all people, young, old, and juvenile. Furthermore, they affect some people, they do not affect some people, they affect some people just a little, and they cause some people to die. That is enough longwindedness.

### **Vīreśvara's argumentation**

As the above passage demonstrates, Vīreśvara's arguments were not always perfectly clear, although this may sometimes be due to the poor transmission of the text in the manuscripts. Furthermore, some of Vīreśvara's arguments are already anticipated in the much older classical tradition, but he seemed unaware of this. For example, as we have seen, Vīreśvara opened his argument by stating that the usual definition of disease, namely an inequality of the humours, is incoherent because, as several texts assert, the humours are also said to be naturally unequal at different times of day and season without implying that the patient is therefore diseased. However, in the *Carakasamhitā* (vi.6.13), this very objection was anticipated and discussed:

On that point, some people state the following:

— Nobody who has equal wind, bile and phlegm exists, because people partake of foods that are unequal. And so it is the case that some are of

a windy constitution, some of a bilious constitution, and some again of a phlegmatic constitution.

— But that is not correct.

— Why not?

— Physicians maintain that a healthy person is someone having equal wind, bile and phlegm. And since the natural constitution is health, and physicians' efforts are directed towards health, that [constitution] is the desired type. Therefore people with equal wind, bile and phlegm do exist, and those with a windy constitution, a bilious constitution, or a phlegmatic constitution do not exist.

People are spoken of as having a humoral constitution according to the preponderance of this or that humour. But that does not mean that when the humours are corrupted, a proper constitutional condition comes into existence. So these are not constitutions. People who are windy, bilious or phlegmatic do exist,<sup>16</sup> but such people are considered to be in an unnatural constitutional condition.<sup>17</sup>

Vīreśvara seems to have been unaware of this argument from the *Carakasamhitā*, which reinforces the idea that in spite of his claim at the start of the *Rogārogavāda* to be a physician, he was first of all a student of *nyāya* and not a fully-trained scholar of physic.

### Jayanta Bhaṭṭa (fl. 870)

In his general approach and type of argumentation, Vīreśvara echoes the arguments against medical empiricism advanced by the ninth-century Kashmiri philosopher Jayanta Bhaṭṭa in his *Nyāyamañjarī*. Perhaps Vīreśvara's teacher,

<sup>16</sup> "... windy, bilious or phlegmatic," translates *vātalāḥ pittalāḥ kaphalās ca*; these are adjectival derivatives with the grammatical suffix *-la* specifically characterizing people having these humoral characteristics. Cf. Pāṇini 5.2.97 *sidhmādibhyaś ca*.

<sup>17</sup> Ca.vi.6.13 (Trikamji Ācārya 1941: 255): *tatra kecid āhuḥ – na samavātapittaśleṣmāṇo jantavaḥ santi, viṣamāhāropayogitvān manuṣyāṇām; tasmāc ca vātaprakṛtayaḥ kecit, kecit pittaprakṛtayaḥ, kecit punaḥ śleṣmaprakṛtayo bhavanti/ tac cānupapannam, kasmāt kāraṇāt? samavātapittaśleṣmāṇam hy arogam icchanti bhiṣajaḥ, yataḥ prakṛtiś cārogyam, ārogyārthā ca bheṣajapravṛttiḥ, sā ceṣṭarūpā, tasmāt santi samavātapittaśleṣmāṇaḥ; na khalu santi vātaprakṛtayaḥ pittaprakṛtayaḥ śleṣmaprakṛtayo vā/ tasya tasya kila doṣasyādhikyāt sā sā doṣaprakṛtir ucyate manuṣyāṇām, na ca vikṛteṣu doṣeṣu prakṛtisthatvam upapadyate, tasmān naitāḥ prakṛtayaḥ santi; santi tu khalu vātalāḥ pittalāḥ śleṣmalās ca, aprakṛtisthās tu te jāneyāḥ// 13 //*. I am grateful to Dagmar Wujastyk for drawing my attention to this passage.

Vihārīlāl Mīśra, steered him towards such forms of reasoning, as part of a rounded education in *nyāya*? The *Nyāyasūtra* itself, after all, raises the case of ayurveda as an example of a science that is apparently empirical but is in reality based on authoritative tradition.<sup>18</sup> Like Vīreśvara, Jayanta cited verses that propose that medical theory is incoherent and self-contradictory.

Humanity is infinite and the multitude of diseases is limitless. It is impossible to count the various combinations of the many qualities, savours, substances and conditions. And transformation is unpredictable. So how can a man cross to the far shore of medicine even in a hundred thousand yugas?

One and the same substance may pacify one bodily element, but in another combination it may then inflame that very same one. The effectiveness of a substance in one man may not be the same in another man. Even *harītakī* may not bring about a purge when someone has pallid skin disease due to increased wind.

In autumn, curds cause a fever in someone with increased bile. The same thing eaten during the rainy season destroys fever in someone in a different condition.<sup>19</sup>

To paraphrase Jayanta in Humean terms, he was asserting that inductive certainty was never possible because of the endless instances of medical efficacy that could never be verified in practice. In Hume's words, "even after the observation of the frequent constant conjunction of objects, we have no reason to draw any inference concerning any object beyond those of which we have had experience".<sup>20</sup>

<sup>18</sup> See note 22 below.

<sup>19</sup> *Nyāyamañjarī* āhnika 4 (Varadācārya 1969: 606 (cf. Gaurīnātha Śāstrī 1982–: v. 1, 348 f.)):  
*jano'nantas tāvan niravadhir iha vyādhinivahaḥ*  
*na saṃkhyātuṃ śakyā bahugūṇarasadravyagatayaḥ*  
*vicitrāḥ saṃyogāḥ pariṇatir apūrveti ca kutaḥ*  
*cikitsāyāḥ pāraṃ tarati yugalakṣair api naraḥ// 56 //*  
*yad eva dravyam ekasya dhātor bhavati śāntaye/*  
*yogāntarāt tad evāsya punaḥ kopāya kalpate// 57 //*  
*yā dravyaśaktir ekatra puṃsi nāsau narāntare/*  
*harītakyaṅpi nodbhūtavātakuṣṭhe virecyate// 58 //*  
*śarady udriktapittasya jvarāya dadhi kalpate/*  
*tad eva bhuktaṃ varṣāsu jvaraṃ hanti daśāntare// 59 //*

<sup>20</sup> Hume's classic statement on inductive knowledge is found at Hume 1739: sect. xii "Of the probability of causes", p. 187.



Jayanta Bhaṭṭa also entered into an interesting discussion of ayurveda of his own.<sup>21</sup> The context of Jayanta's discussion was the problem of the authoritativeness of the Veda.<sup>22</sup> Jayanta was contributing to a discussion with a long history within Nyāya thought going right back to *Nyāyasūtra* and Vācaspati's *bhāṣya*.<sup>23</sup> The *Nyāyasūtra* and Vācaspati asserted that the Vedas were valid because, like medicine, they were uttered by authoritative persons. The concept of authoritativeness or trust was explored, but the basic assumption that medical science is true because of the trustworthiness of its promulgators – rather than for empirical reasons – was not questioned. This is the issue that Jayanta interestingly picked up for further exploration.

Jayanta defended the standard Naiyāyika view that the Vedas are true because they were uttered by a trustworthy person, namely God. The Mīmāṃsakas, Jayanta said, object to this assertion on the grounds that there is no way to tell that this is the case. The Vedas are not accompanied by any corroborative facts that would allow us to infer the existence of a trustworthy author. Therefore, Mīmāṃsakas reject the “God's authorship” argument.

Jayanta then stated the Naiyāyika rejoinder. It is based on two proofs. First, he had previously established that sound is not eternal, and that every arrangement of letters presupposes an author. He had also proven, to his own satisfaction, that there is a God. And in a later passage he would set out arguments to show that the Vedas contain nothing that is contradicted by perception. Thus, the most direct inference is that the Vedas are true and uttered by God. Jayanta further asserted that his arguments were based not on inference, but on direct perception.<sup>24</sup> And this is where Jayanta used the example of ayurveda. The issue that exercised him was the means of cognition that lead to the knowledge of disease and medicine. Jayanta noted that the medical texts present themselves as essentially pragmatic and empirical works, and people generally think of

<sup>21</sup> *Nyāyamañjarī*, adhyāya 4 (Varadācārya 1969: 604 ff. (cf. Tailaṅga 1895: 247 ff., Gaurīnātha Śāstrī 1982–: v. 1, 347:11–)). Cf. Dasgupta 1969: v. 2, p.399, n. 1. This discussion was referred to by Halbfass (1992b: 200, fn. 173), who cited the same passages in Jayanta's *Nyāyamañjarī* (Sukla 1971: 226 ff.) in which Jayanta argued against the attempt to establish the authority of the medical tradition in a purely empirical manner, i.e., based upon the “concurrent testimony of sense-perception etc.” (*pratyakṣādisamvāda*) and to ascertain the causes and cures of diseases by means of “positive and negative concomitance” (*anvayavyatireka*) alone.

<sup>22</sup> Varadācārya 1969: 603 ff. (cf. Gaurīnātha Śāstrī 1982–: v. 1, 346:13–). Cf. Bhattacharyya 1978: 513 ff.

<sup>23</sup> NS 2.1.68 (Taranatha and Amarendramohan 1985: 565, cf. (Tailaṅga 1896: 98)): *mantrāyurvedaprāmāṇyavac ca tatprāmāṇyam āptaprāmāṇyāt*. Tr. Jha 1939: 191–4. See now the discussion of Freschi and Graheli 2005: 303–5.

<sup>24</sup> Varadācārya 1969: 604 (cf. Gaurīnātha Śāstrī 1982–: v. 1, 347:8–). Cf. Bhattacharyya 1978: 515.

them in that way. However, he wanted to prove that empirical observation is not their basis. He understood that his view was counter-intuitive, but he presented a strong argument for discarding the primacy of perception. Jayanta referred to the logical method of positive and negative concomitance, which in the medical context could be equated with empirical evaluation.<sup>25</sup> Jayanta pointed out that this empirical method was of necessity partial, given the virtually infinite number of medicines and diseases, and that it was therefore an inadequate basis for the establishment of a science.

Until today, we have been able to apply the method of positive and negative concomitance up to a certain extent. To that extent through those two [methods] there is progress there because of the hypothetical authoritative-ness that comes from confirmation of a portion. But to the extent they are applied, those two [methods] cannot constitute the basis of the science. Because of the possibility that we and everyone else might promulgate such sciences.<sup>26</sup>

This statement is very close to the argument against verifiability famously associated with the philosopher Karl Popper.<sup>27</sup> Jayanta appears to have recognised the limitation of the inductive method in science, that the prolonged accumulation of confirmatory data can provide only partial or contingent validity for any proposition, however convincing it appears. The proposition still only has the appearance of authoritativeness, *prāmāṇyakaḷpana*.

Instead, Jayanta argued that it was the omniscience of Caraka that made it possible for him to write the *Carakasaṃhitā*. Caraka did not discover the science from inductive methods, nor did he receive it from previous tradition.

<sup>25</sup> The term *anvayavyatireka*, positive and negative concomitance, was decisively clarified by Cardona (1967–1968) and Halbfass (1992a: 162–82). It is the method of systematically studying phenomena that always co-occur (medicine X always cures disease Y), and those that are always mutually exclusive (medicine X never cures disease Y). A weak comparison could be made with the method of “trial and error.”

<sup>26</sup> Varadācārya 1969: v. 1, 607 (cf. Gaurīnātha Śāstrī 1982–: v. 1, 349:17): *adyatve yāvantāv anvayavyatirekau vāyam upalabdhuṃ śaknumas tāvadbhyaṃ tābhyaṃ ekadeśasaṃvādāt prāmāṇyakaḷpanāt tatra pravarttanaṃ na tu tau tāvantau śāstrasya mūlaṃ bhavitum arhataḥ, sarvair asmadādibhis tāḍṛśaśāstraḷprāṇayanaprasaṅgāt/*. Cf. Bhattacharyya 1978: 519.

<sup>27</sup> Popper 1959: esp. ch. 1 and appendix \*vii.

### Other debate works

Amongst physicians, works specifically on logic, debate or polemics, or demonstrating the uses of these methods, were rare, though not unknown. In about AD 800, the Keralan author Nīlamegha wrote the *Tantrayuktivicāra*.<sup>28</sup> This treatise examined thirty-six *tantrayuktis* or technical rules that are intended to help with the interpretation of medical treatises. They are not debating terms as such, but nevertheless are related to solving hermeneutical difficulties. These interpretative rules are known from very early times, occurring in the *Carakasamhitā*, the *Suśrutasamhitā*, the *Arthaśāstra*, the *Viṣṇudharmottarapurāṇa* and the *Aṣṭāṅgasamgraha*. The last text does, in fact, relate the *tantrayuktis* directly to debate, asserting that they help one to refute the statements employed by those who have untrue arguments.<sup>29</sup>

A lost attack on the *Aṣṭāṅgahṛdayasamhitā* by one Sauravidyādhara is known to us only through the refutations of Naraharibhaṭṭa recorded in his *Vāgbhaṭakhaṇḍanamaṇḍana*.<sup>30</sup> Naraharibhaṭṭa lived some time after the mid-thirteenth century. Meulenbeld suggested that Narahari may in fact have been recording in writing a public verbal debate that he had with Sauravidyādhara.

### Physicians' self-perception regarding logic

In fairness to the older medical tradition, physicians did not necessarily see themselves as primarily concerned with the internal logic of their system. The commentator Cakrapāṇidatta (11th century, Bengal), for example, noted that ayurveda is not centrally concerned with consistency:

This discipline works cooperatively with all the others. Thus, a conflicting purport expressed according to the divisions of the philosophical systems such as Vaiśeṣika, Sāṃkhya and others that are not in conflict with ayurveda, does not bring about inconsistency. . . .<sup>31</sup>

Cakrapāṇidatta went on to point out that although Caraka had said there were five senses, Vaiśeṣika includes mind as a sixth, and in fact elsewhere Caraka

<sup>28</sup> HIML: IIa, 142–3.

<sup>29</sup> As.utt.50.156cd (*Āṭhāvale* 1980: 961): *asadvādiprayuktānām vākyānām pratiśedhakāḥ*.

<sup>30</sup> HIML: Ia, 676 f.. The author was sometimes called Nṛsiṃhakavi.

<sup>31</sup> Commentary on Ca.sū.8.3 (*Trikamji Ācārya* 1941: 55): *yataḥ sarvapāriṣadam [-pārṣadam?] idaṃ śāstram, tenāyurvedāviruddhavaiśeṣikasāṃkhyādidarśanabhedena viruddārtho 'bhidhīyamāno na pūrvāparavirodham āvahaṭīty arthaḥ/* Mentioned by *Stcherbatsky* (1930–32: 1.171).

himself also talked of six senses. It may appear that conflicting statements are made, Cakrapāṇidatta was saying, but nevertheless ayurveda is not fundamentally in conflict with systems like Vaiśeṣika and Sāṃkhya. Issues can be ironed out. Vīreśvara, however, was not content with such a relaxed view about consistency, and built his arguments on the basis of non-contradiction.

### Conclusion

The style and argumentation of the *Rogārogavāda* strike the reader as irascible and intemperate; it may even be that the work was a prank, although carried through with conviction. But “Intellectual life is first of all disagreement” (Collins 1998: 1) and Vīreśvara, disagreeing with almost every basic tenet of classical medicine, certainly offered an intellectual contribution to the history of medical thought in early modern India. Vīreśvara attempted to mount a serious challenge to the foundational doctrines of classical medicine. His challenge may appear quixotic, but it was nevertheless offered in a spirit of intellectual rigour and debate which speaks of an original if impulsive mind. We do not know Vīreśvara’s age at the time he composed his work, but the fact that he spoke of himself as first amongst the students of his teacher suggests that he may have been a young man. Indeed, he may have been an angry young man, since he is not content merely to refute the doctrines of his elders, including Vāgbhaṭa; he repeated calls their opinions “the babbling of lunatics”:<sup>32</sup>

Therefore, this is not a definition of disease; it looks like the babbling of lunatics.<sup>33</sup>

It is a noticeable feature of the *Rogārogavāda* that Vīreśvara almost exclusively cites from the beginnings of his ayurvedic sources, and usually from the first chapter. This suggests that he was in fact not very well-read in ayurveda, and that he drew his materials for this treatise from just the most easily-accessible and introductory statements of ayurvedic theory. Using the special debate-terminology of the *Carakasamhitā*, this impugning of Vīreśvara’s knowledge of ayurveda would be called a *saṃśayasama-ahetu*, that is “a challenge to basic reasons for his arguments on the grounds of doubting their basis.” The *Carakasamhitā* gives the following apt example of *saṃśayasama-ahetu*:

<sup>32</sup> Or even, “of drunkards”.

<sup>33</sup> *tasmād idam rogalakṣaṇam na bhavati, mattapralapitam ivāabhāsate//*

A certain person quotes a bit of ayurveda. Another person, being in doubt about whether he is a doctor or not, may say, “he claims to be a physician because he quotes a bit of ayurveda.” But he does not specify a reason for eliminating doubt. And this is a non-reason (*ahetu*), since something that is a reason for doubt cannot also be a reason for eliminating doubt.<sup>34</sup>

In short, physicians well-versed in the dialectical tradition of the *Carakasamhitā* might well consider that Vīreśvara was not himself a qualified physician or medical philosopher.

The importance of the *Rogārogavāda* lies in its polemical and dialectical nature, and in the date and motives of its composition. Why would an author in late seventeenth century Agra write a treatise that roundly insults the great *ācāryas* of the ayurvedic tradition, and attempts to demolish the fundamental tenets of scientific medicine and replace them with a doctrine of pure chance? These are questions that we cannot answer conclusively. What Vīreśvara’s polemical tract does demonstrate, however, is that lively debate on Sanskrit medical topics appears still to have been alive in seventeenth century India.

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<sup>34</sup> Ca.vi.8.57 (Trikamji Ācārya 1941:271): *ayam āyurvedaikadeśam āha, kiṃ nv ayam  
cikitsakaḥ syān na veti saṃśaye paro brūyāt – yasmād ayam āyurvedaikadeśam āha  
tasmāc cikitsako’yam iti, na ca saṃśayacchedahetuṃ viśeṣayati, eṣa cāhetuḥ; na hi ya  
eva saṃśayahetuḥ, sa eva saṃśayacchedahetur bhavati/*

Graheli (personal communication) notes that Caraka’s use of the term *saṃśayasama-ahetu* is reminiscent of the *Nyāyasūtra*’s terminology for the first two *hetvābhāsas*. Cf. further, the *Carakasamhitā*’s typology of three kinds of *ahetu* as *prakaraṇasama*, *saṃśayasama* and *varṇyasama* in Ca.vi.8.57.

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