KARMA AND AYURVEDA*

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ABSTRACT: Belief in the role of Karma explains a variety of Phenomena in India. For a traditional medical system such as Ayurveda, the conflict between simultaneously held beliefs in fatalism and the efficacy of medical interventions poses an interesting dilemma that the tradition has taken pains to consider. Caraka Samhita discusses the role of karma as a determinant of the qualities and personality of the individual, lifespan, etiology of illness, and otherwise personality of the individual, lifespan, etiology of illness, and otherwise incomprehensible epidemics. Such speculations produce practical solutions to the dilemma, and these solutions in turn enhance the medical doctrine.

The formulation of the karma doctrine according to Ayurveda responded to an inherent conflict between a belief in fatalism and faith in the efficacy of therapeutic interventions: that is, if etiologic forces by themselves are the sole determinants of the course and outcome of one’s illness, then it follows that interventions are useless, and medical treatment loses its viability. The medical system never been challenged as an integral part of the culture; but deeply rooted ideas about the immutability of the influence of karma survive, providing a rationale for incurable or otherwise unexplainable illnesses. The Classical treatises of Ayurveda also consider the influence of karma in chapters concerned with development of the embryo during gestations and the process of its becoming a person with a distinct personality. One finds a degree of tension between the influence of actions in previous incarnations of the person whom the fetus will become and actions of the expectant parents that may influence the sex, character and health of their child.

As in the Puranas and elsewhere in Sanskrit literature, Karma and fate (daiva) are equated and used interchangeably. These are contrasted with actions in the present life (Purusakara) (Caraka Samhita [Car] 3.3.30). Proceedence by one or the other depends upon their relative strength. According to Atreya Punarvasu, the sage who articulates the oldest strata of the medical doctrine in Caraka Samhita, there are three kinds of karma: the weak from hina is overcome by individual action, the strong form (uttama) overcomes individual action, and there is also a middle form (Madhya) (Car 3.3.31, 33 – 34).
Antecedents to the Birth of a Person and Personality

In the Ayurvedic texts, two factors determine the sex, character, and health of a child at birth: the influence of the (yet unborn) child. Karma may be a critical determinant in the latter case. Because of its interest in issues with practical implications, Caraka considers the influence of the parents in some detail. The text offers elaborate instructions intended to help a couple achieve pregnancy and impede obstacles to it (Car. 4.4.41). To produce a son Caraka (4.8.5) advises that a couple should copulate only on even days following the onset of menstruation, and for a daughter they should copulate on odd days (Car 4.8.5). A woman should not lie prone or on either side during intercourse, because phlegm (Slesman) might obstruct the passage of semen to the womb, or the semen might be burned by pile (pitta) in that position (Car 4.8. 6ff). Reciting mantras will help a woman achieve pregnancy and bear a child with desirable qualities. She should eat special preparations of rice and barely and gaze upon a white stallion or bull. Caraka recommends various other rituals and procedures reminiscent of Dharmasastra (Car. 4. 8. 8 – 9ff).

The pregnant woman should avoid certain activities or suffer specific consequences. For example, one who sleeps without a cover or goes about in the nude will bear insane offspring; a shrewish quarrelsome woman will give birth to an epileptic; the child of an alcoholic becomes a drunk, will a bad memory or become insane; a woman who eats the meat of a lizard will bear offspring with kidney stones or other urinary disorder; a woman who eats too much fish will bear a child with a fixed gaze who rarely blinks; addition to sweets will result in a child with a urinary disorder and so forth (Car 4.8.21).

Among the factors determining the child's character (sattva), Ayurveda refers to karma. Other determinants include activities of the expectant mother, as we have indicated, personalities of both parents, what is heard by the woman at the moment of conception and several other factors (Car 4.8.16). Actions of the father prior to conception influence the offspring through their effects on the father’s semen. According to the theory of conception articulated in the (sarirasthana) section of the Ayurvedic texts, a viable embryo (garbha) results from the successful union of semen (sukra) and menstrual blood (artava) etc. When blood predominates a girl is formed, when semen a boy. Karma also explains the birth of twins. It may cause the semen – blood complex to split and a multiple birth will occur (Car 4.2.12 – 16). The texts refer to karma to explain eight sexual abnormalities, developmental and functional, including hermaphroditism, abnormality situated (ectopic) testes, importance, infertility, and several others (Car 4.2.21).

Caraka advises that one can predict an infant’s life expectancy at birth from various signs such as the quality of skin and scalp hair, size of the head, facial features and various anatomical relationships (Car 4. 8. 51). Other signs might indicate particular medical problems that would develop in due course, and these are attributed to fate (daiva), which is equivalent to karma (Car 5.1.7). Some of these signs are not necessarily present at birth but could be latent and might appear at any time.

A viable embryo must have five constituents, without which the development of the fetus cannot proceed. Contributions from the mother (matrja) and father (pitrja)
nutrients individual self (atman) through which the influence of karma is manifest, and a constitutional integrity (satmya) binding these together, which is responsible for health, clarity and virility (Car 4.3.11). Blood, fat, heart, lungs and other vital organs derive from maternal contributions; from the father come hair, beard, nails, teeth and muscle. The fact of arising in a particular womb, life span, intellect, instinct, emotion and a sense of self are each governed by the atman. Nourishment is responsible for the formation and growth of the body, maintaining life, satiety and strength (Car 4.3.12), and nourishment is essential for both pregnant mother and foetus of fetus. Sattva specifies an individual’s intellectual and emotional character, and it arises spontaneously from atman in a given birth and departs at death; it also influences the manifestations of atman in the next birth. When pure it admits memory of past incarnations, and Caraka identifies sattva as the essential determinant of an individual’s particular personality traits. Karma is primarily a property of atman, but it also mediates other manifestations of atman and is associated with sattva (Car 4.3.17).

Caraka Samhita (4. 4. 37 – 39) discusses three classes of sattva: pure (sudha), impassioned (rajasa) and foolish (tamasa), and from these three proceed a variety of personality types. They are also associated with specific types of body build, but the text provides no further details. Character types under the sudha class are named after deities. Brahma personality is pure, truthful, wise and free of passions. Rsi (sage) type is devoted to sacrifices, study, vows and similar concerns. The Indra personality is powerful, acquisitive, virile and concerned with his possessions and pleasures. Yama type is more conservative: he does what he is supposed to and what is proper; he doesn’t fight and he doesn’t forget. Varuna type seems to indicate a certain strength of character. He is resolute, clean, intolerant of fifth, fastidious in the performance of sacrifices, and in control of his anger and tranquility. Kubera type commands honor and attendants. He is emotional and enjoys his leisure and pleasures. Gandharva traits indicate a man who is fond of laughter, dancing, music and stories; he is well-versed in Itihasa and Purana, and he likes garlands, women and sport.

There are six categories in the rajasa class, each identified with stereotyped classes of demons, manifesting some degree of antisocial and otherwise undesirable behaviour. The Asura is fierce, contemptuous of others, lordly, deceitful and easily enraged. He is self-serving and lacks compassion. Raksasa type is even worse, highly tolerant and not just easily enraged, but always enraged. He is faultfinding, cruel, fond of meat, glutinous, jealous and lazy. Pisaca type is also glutinous and effeminate. He is filthy, cowardly and a bully. The Sarpa (snake) personality is powerful when angry but otherwise cowardly and often lazy. He may frighten others in the area and considers his own food and pleasure above all else. The preta (ghost) type has a morbid character. He likes food and is jealous and selfish. Sakuna (bird) type refers to a hedonist, forever preoccupied with pleasure. For him food and sport come first; he is unstable and impatient, living from moment to moment, without concern for the past or future.

Among the three tamasa categories of sattva are the Pasu (animal), Matsya (fish) and Vanaspati (tree) types. Pasu personality is obstructive and stupid. His diet and behaviour are considered rather disgusting, and he holds sleep and sex foremost. The
Matsya type is cowardly and dull, and he covets food. He is fond of water and unstable, satisfied one moment and angry the next. The Vanaspati type is idle, solitary, intent on food, and bereft of any praiseworthy mental faculties.

**Determinism, Death and Medical Efficacy**

In a chapter on the medical schools Dasgupta recognized the uniqueness of the formulation of karma advocated by the early medical tradition. [Nowhere else] do we find the sort of common-sense eclecticism that we find in Caraka. For here it is only the fruits of extremely bad actions that cannot be arrested by the normal efforts of good conduct. The fruits of all ordinary actions can be arrested by normal physical ways of well-balanced conduct, the administration of proper medicines and the like. This implies that our ordinary non-moral actions in the proper care of health, taking proper tonics, medicines and the like, can modify or arrest the ordinary course of fruition of our karma… According to the other theories the laws of karma are immutable (Dasgupta 1932 : 403).

By shifting the emphasis from actions in previous incarnations to the present life, Ayurveda effectively renders the immutable theory manageable.

*Caraka Samhita* confronts the issue directly in a chapter on catastrophe and epidemics (Car 3.3), in which Atreya is questioned by his principal student, Agnivesa, about where life expectancy is necessarily predetermined. His response weighs the implications of a cosmological theory of karma and implications for the medical doctrine.

If all life spans were fixed, then in search of good healthy none would employ efficacious remedies or verses, herbs, stones and amulets… There would be no disturbed, ferocious of ill-mannered cattle, elephants or camels… and nothing such as polluted winds to be avoided. No anxiety about falling from mountains or rough impassable waters….no enemies, no raging fires, and none of the various poisonous creepers and snakes; no violent acts, no actions out of place or untimely, no kingly wrath. For the occurrence of these and the like would not cause death if the term of all life were fixed and predetermined. Also, the feat of ultimately death would not be set those who did not practice the means for fending off fear of untimely death…. Even Indra with his thunderbold could not stay an enemy whose life span was fixed; the Asvins, even with their medicines, could not comfort one who suffers; the great seers could not attain their desired life span by means of austerities….(Car 3.3.36).

Atreya also refers to common experience to illustrate his point:

Furthermore….. we perceive that over the course of a great many battles, the life span of the thousands of men who fight compared with those who don’t is not the same, similarly for those who treat every medical conditions that may arise versus those who don’t…Duration of life is based on salutary practices…we perceive that proper regard for these will bring about freedom from disease. On the one hand we observe it and on the other we teach it (Car 3.3.36).

In the response to further questioning, Atreya elaborates on his diatribe against determinism by comparing a man’s life span to the axle of a cart. An axle will function properly in a carriage until it wears out, and the health of mans body remains until his
original measure of strength expires in due course and he dies. That is a timely death (mrtyuh kale) (Car 3. 3. 38). But if the load in the wagon is excessive, the roads poor, drivers and animals clumsy etc., the axle wears out prematurely. Thus there is also untimely (akale) death. The enumeration of factors that may bring this about includes overexertion, bad food, excessive sexual activity, spirits, drugs and avoiding medical treatment. He recognizes the adverse effects of medical malpractice.

We also observe untimely death among those who are improperly treated for an illness such as fever (Car. 3.3.38).

**Illness and Karma in Ayurveda**

According to Caraka, all illnesses can be attributed either to endogenous factors (nija) (i.e. an imbalance of the three humors (dosa) or exogenous factors (agantu). The latter group ultimately refers to violations of good sense (prajnaparadha). Ayurveda infers that karma also plays a critical role from the special features of an atypical illness or the course of an illness that is resistant to treatment (Car 4.1.1.98, 116 – 117). By invoking karma, the medical system preserves the integrity of its theory and the validity of a revealed doctrine even in the face of admitted failure to heal certain patients. This device is useful, for it enables Ayurveda to draw upon those philosophical and spiritual modes of solace that are available from the resources of the culture at large. Consider a Western analogue: Although Christian Science and Western medicine regard one another as incompatible, physicians nonetheless refer to the “Will of God” with impunity upon reaching the periphery of their clinical competence. Even the most academic hospitals, temples of biomedical technology, commonly include a chapel, in defence to beliefs in healing power derived from non-biomedical interpretations of illness.

With the emphasis on obeying the dictates of sensible behaviour (prajnaparadha) Caraka adds force to its advocacy of salutary habits. This text indicates more of willingness to reinterpret traditional ideas about karma to serve the needs of the medical doctrine than the later texts of Ayurveda. Caraka argues against an external locus of control or supernatural etiology. Even where the text considers these factors, there is an emphasis on the present life and the individual’s ability to exert a significant degree of influences on his own well-being.

In case of disease born of his own deeds (karman), the result of prajnaparadha, The wise man does not blame the Devas, Pitrs, or Raksasas.

He should regard only himself as the cause of his unhappiness and misery;

Therefore, he should keep to a salutary path and not falter (Car 2.7.21 – 22).

**Epidemics and Castrophe**

In the chapter on epidemics and catastrophe (Janapadaddavamsana (Car 3.3)), Atreya notes that indiscriminate and high rates of morbidity may sometimes frustrate the attempts of medical theory to explain them (Car 3.3.5). Even in epidemics, however, specific cases respond well to treatment, and herbal remedies are especially useful. He refers to karma to explain cases that do not respond and end in fatality (Car 3.3.13). In the 11th Century, Cakrapanidatta commented on this passage, explaining that only some karma will produce deadly illness when it matures, deeds like burning a village or murder in a previous life. He surmises that because such events are rare, so are the
fatalities. Without engaging in that sort of speculation, Atreya attributes epidemics and catastrophe to the immorality (adharma) of corrupt leaders, the effects of which spiral down the social order. He also refers to bad karma (asat-karman), implying an effect of group karma (Car 3.3.20 – 23). Both adharama and asat-karman are rooted in prajnaparadha (Car 3.3.19).

Prescribing certain behaviours that are considered bad judgement (prajnaparadha) tends to preserve the integrity of cultural values. Caraka warns against violating social customs and insulting venerable men, indulging in unhealthy activities, indiscriminate use of drugs, roaming about at improper times in improper places and forth – all of which are undesirable practices stemming from impaired judgement (Car 4.1.103 – 109). This formulation of prajnaparadha, unique in Ayurveda, facilitated Atreyas’s unparallel emphasis on clinical empiricism over dogmatism and his reliance on rational theory. Village burning and murder committed in a prior life readily came to mind for Cakrapanidatta as he sought to understand the relationship between karma and epidemics specified in Car 3.3.13. This focus on a previous incarnations, however, belies Atreyas’s predilection for addressing more mundane activities in the world of the present over obtuse speculations on karma rooted in the distant past.

Discussion

Although a concept of karma had been incorporated into Ayurveda from its earliest stages to explain the cause of otherwise incomprehensible illnesses, therapeutic failure and striking differences between parents and children, the zenith in the rising impact on the classical medical system of more traditional ideas in he extra – medical culture about karma is best represented in an obscure monograph surviving from the later middle ages. Though unrepresentative in the extreme to which its position is taken – and so interesting for the same reason – Jnanabhaskara is a text consisting of a dialogue between Surya and his charioteer on the evils of human existence and a host of diseases, all attributed to karma.

Indian culture encompasses many inconsistent, yet coexisting beliefs and practices. The dichotomy of fatalism and a belief in the efficacy of medical interventions, however, leads to speculation about a rational solution to a characteristic dilemma. From this speculation emerges a practical solution that enhances the medical doctrine of Ayurveda.

REFERENCES

