THE BURDEN OF KARMAN:
DISEASE, HEALING, AND KARMIC THEORY IN JAINISM

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Abstract

This paper examines the Jain theory of *karman* in relation to the etiology and treatment of disease in premodern India. It first outlines the broader Indian context of karmic theory, then analyzes the distinctive Jain conception of *karman* as subtle material particles that bind to the soul and determine all aspects of existence, including bodily condition, lifespan, and suffering. The analysis focuses on the mechanisms of karmic influx, bondage, fruition, and annihilation, as well as the principal karmic varieties associated with illness, particularly *nāmakarman*, *vedanīyakarman*, and *āyuṣkarman*. Jain perspectives on disease are further explored through canonical and narrative literature, demonstrating that illness was primarily understood as the result of accumulated *karman*, even when secondary causes such as bodily humors, lifestyle, or aging were recognized. The study also examines whether karmically induced diseases could be cured, noting that Jain sources present differing views, from the complete incurability of karmic illness to the possibility of healing through austerities, ritual practices, or divine intervention. These narratives illuminate broader Jain reflections on suffering, personal responsibility, and liberation.

Introduction

The theory of *karman* has been present in the Indian subcontinent for more than two and a half millennia, playing a central role in Indian literary as well as philosophical tradition. The Jain understanding of *karman,* with its numerous varieties and intricate mechanisms, is distinctive and differs markedly from the Hindu conception of *karman*. In this essay, I will examine the Jain karmic theory in relation to the etiology of diseases in premodern India. I will begin by outlining the general background of karmic theory, then discuss the Jain view of *karman* as a subtle matter with eight principal varieties. Subsequently, I will describe the "life-cycle" of *karman*[2] and consider possible methods for preventing the binding of *karman* and for annihilating already-bound *karman*. I will then identify the different karmic varieties that serve as causative factors of illness. Finally, drawing on examples from Jain narrative literature, I will address whether it is possible to cure an illness induced by *karman*.

Karman in Hindu tradition

The Sanskrit term *karman* denotes "act, action, work, duty" (Monier-Williams 258) and is closely associated with the concepts of rebirth and transmigration in Indian tradition. Defined

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[2] I have used the term 'life-cycle' to describe the process by which *karman* forms for a particular soul, from the moment it is attracted to the soul until it departs.

as "an act performed under normal circumstances (with purposive intent and passion), [it] creates a karmic residue either meritorious or unmeritorious depending on the quality of the act" (Potter 243). While many scholars agree that neither *karman* nor rebirth appears in the earliest Vedic texts (Potter 243; Halbfass 268; Lipner), these concepts may be linked to *iṣṭapūrta*, which refers to merits accumulated through ritual sacrifices, the effects of which are believed to manifest after death in heaven.[3] Although the concepts of *karman* and rebirth are scarcely referenced in the Brāhmaṇas,[4] they become more prominent in Upaniṣadic texts such as the *Bṛhadāraṇyakopaniṣad* and *Chāndogyopaniṣad*, where they are regarded as secret knowledge accessible only to selected individuals (Lipner; Halbfass 269). It is plausible that these ideas entered the Vedic tradition from external *Śramaṇic* ascetic circles situated on the periphery of Vedic society. Over time, *karman* became fully established and widely recognized in later Hindu thought.[5] Nevertheless, the doctrine of *karman* and rebirth encompasses numerous variations, including ambiguities concerning the scope and limitations of karmic causality. As a result, the doctrine is complex and open to multiple interpretations (Halbfass 272; Leslie 32).

Julius Lipner identifies three types of *karman* that developed over time in Hindu thought: *prārabdhakarman,* which manifests in the present as a result of previous actions; *kriyamāṇakarman,* which refers to merits and demerits accumulating through current actions; and *saṁcitakarman,* which denotes accumulated karman not yet activated in the current life (Lipner). The combination of *kriyamāṇakarman* and *saṁcitakarman* eventually results in *prārabdhakarman* in a future existence. Methods for eradicating past *karman* and preventing further accumulation, thereby attaining liberation, are diverse and include mindfulness and purity (Leslie 32), awareness and right vision (*samyagdarśana*), enlightened action and devotion (*bhakti*), and discipline (*sādhana*) (Lipner).

Jain theory of *karman*

The theory of *karman* is a foundational doctrine in Jainism, playing a central role in the existence and potential liberation of all living beings. Comprising 148 distinct types, the doctrine is highly intricate and detailed. Unlike the Hindu interpretation of *karman* as "work" or "deed," Jainism conceptualizes *karman* as a form of extremely fine matter (*pudgala*) that attaches to each individual soul (*jīva*), in a constantly repeating cycle of rebirth. Over the centuries, numerous texts have addressed *karman*, examining its influx, bondage, duration, and fruition.

Key Śvetāmbara texts addressing *karman* include the *Prajñāpanā Sūtra*, *Karmaprakṛti* by Śivaśarmasūri (4th century CE), *Pañcasaṁgraha* by Candrarśi Mahattara (likely 9th or 10th century CE), and the *Karmagranthas* by Devendrasūri (13th century CE). In the Digambara tradition, significant works are the *Ṣaṭkhaṇḍāgama* by Puṣpadanta and Bhūtabali (2nd century

[3] However, *iṣṭapūrta* is a deliberate and prescribed action (Lipner).

[4] In *Śatapathabrāhmaṇa* rebirth is connected with failing to perform a ritual (Lipner).

[5] Nearly all Indian philosophical schools (Yoga, Vedānta, etc.) accepted the theory of *karman* and rebirth. Only materialists (Cārvākas) criticized it (Halbfass 270).

CE), the *Kaṣāyaprābhṛta* by Guṇabhadra and its commentaries by Vīrasena and Jinasena (9th century CE), and the *Gommaṭasāra* by Nemicandra (10th century CE) (Wiley 66-67). The *Tattvārthasūtra* by Umāsvāti (2nd or 4th century CE), acknowledged by both traditions, contains chapters 6, 8, and 9 devoted to *karman*.

The classical Jain theory of *karman* is conceptualized as a sequence of cause-and-effect events. Initially, activities of body, speech, and mind (*yoga*), when motivated by passions (*kaṣāyas*), result in an influx (*āsrava*) of karmic matter, which subsequently binds to the soul (*bandha*) for a specific duration (*sthiti*). *Karman* is then transformed into various types and subtypes, remaining dormant until it matures, rises, and produces effects with a particular intensity (*anubhāga*). Ultimately, the karmic matter dissociates from the soul. While the fruition and producing effects of *karman* typically occur within a predetermined timeframe, they may also manifest earlier due to external factors or intentional actions such as austerities. The types (*prakṛti*) and quantity (*pradeśa*) of karmic matter that bind are determined by *yoga*, whereas the duration and intensity of their fruition are governed by *kaṣāyas* (Wiley 67).[6] Jain tradition identifies eight principal varieties of *karman:* four destructive (*ghātīyā*), which affect the qualities of the soul, and four non-destructive (*aghātīyā*), which do not alter the soul (Wiley 68-69). Each of these categories includes numerous subvarieties and sub-subvarieties.

The four destructive *karmans* are:

1. *Jñānāvaraṇīyakarman* – it obscures knowledge – 5 subtypes
2. *Darśanāvaraṇīyakarman* – it obscures perception – 4 subtypes
3. *Mohanīyakarman* – it affects the bliss (*sukha*) quality of the soul – 2 subtypes
4. *Antarāyakarman* – it hinders or impedes the energy (*vīrya*) quality – 5 subtypes

The four non-destructive *karmans* are:

1. *Āyuṣkarman* – it determines the maximum life span (*āyuṣ*) in a given life. There are 5 subtypes, and one of them is bound just once in each life, and it determines life span and the state of existence in one's next birth. This *karman* cannot be destroyed before ripening.[7]
2. *Nāmakarman* – it determines the formation of the body and personality traits (93 subtypes).
3. *Gotrakarman* – it determines the status in the family (2 subtypes: low or high status).
4. *Vedanīyakarman* – it is responsible for feeling pleasure and feeling pain (2 subtypes).

The system includes "mechanisms for altering certain parameters of previously bound karmic matter" (Wiley 72). This is important for Jain theorization of disease.

In Jainism, regardless of whether an individual engages in meritorious or demeritorious actions, a continual influx of karmic particles is inevitable. This influx constitutes the primary obstacle

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[6] Glasenapp adds two more causes of bondage: *mithyātva* – unbelief, and *avirati* – lack of self-discipline (Glasenapp 91).

[7] Jaini indicates that *āyuṣkarman* is fixed or bound during the final third part of life, or immediately preceding death (Jaini 233).

to attaining liberation. Nevertheless, Jain doctrine outlines methods to minimize the accumulation of *karman*, either by preventing the binding of new *karman* or by annihilating existing *karman*. Prevention of *karmic* influx is achieved through practices prescribed for Jain mendicants, including control over actions, speech, and thoughts; careful avoidance of harm to any living being; adherence to monastic duties; contemplation of the twelve reflections; and the cultivation of patience and equanimity toward hunger, thirst, cold, heat, insects, nakedness, women, and illness. In contrast, the destruction of already bound *karman* is pursued through two categories of ascetic practices: external practices, such as fasting, renunciation, and bodily amortification; and internal practices, including modesty, study, meditation, and repentance (Glasenapp 94; Wiley 75).

Disease through the lenses of the karmic theory

According to historical tradition, the Jain community maintained a medical system known as *prāṇāvāya* (analysis of life force). The *prāṇāvāya* is reported to have been part of the *Dṛṣṭivāda*, the 12th section of the *Pūrvas*, which comprised the original Jain canonical scriptures but is now lost (J. P. Jain 128). The Jain medical system is distinguished by its strict adherence to non-violence. For example, Jains refrained from using meat, alcohol, and honey in medical treatments, instead utilizing plants and minerals as medicinal substances (Sharma 128). In terms of terminology, N. L. Jain notes that the term *prāṇāvāya* was used until approximately the 8th century CE, and thereafter the name Ayurveda was adopted. Consequently, these two terms should be regarded synonymous (530).

The Jain tradition does not present a single, unified medical theory. Multiple causes of illness are identified, including imbalances of the three bodily humors (wind, bile, phlegm), dietary influences on these humors, lifestyle factors, aging and physical decline, malicious ascetic powers, and curses. However, *karman* is regarded as the primary and direct cause of all ailments (Donaldson and Bajželj 78-81). The condition and form of the body, including various disabilities and dysfunctions, are considered results of previously accumulated *karmans*. Illness (*roga*), described as "a particular condition of embodied state" (Donaldson and Bajželj 76), is understood to affect only the gross physical body and its vitalities: longevity (a product of *āyuṣkarman*) and the vitalities of the five senses, respiration, and mind, body, and speech (products of *nāmakarman*).

Illness is closely linked to *vedanīyakarman*, particularly the *asātāvedanīyakarman* (unpleasant feeling-producing karma) variety, which determines the experience of pain and is associated with injury. Additionally, the subvariety of *nāmakarman* known as *upaghātanāmakarman* (subduing body-making karma) may result in self-annihilation according to Digambara interpretations, or at minimum, irregular body formation that causes pain and distress according to Śvetāmbara perspective. *Upaghātanāmakarman* also contributes to imbalances of the three humors and their related illnesses. Another *karman* variety, *asthiranāmakarman* (unstable body-making karma), is responsible for the improper functioning of bodily constituents, both primary (blood, flesh, fat, bone, marrow, semen, and chyme) and secondary (wind, bile, phlegm, blood vessels, muscle, skin, digestive fluid). Consequently, this results in a weakened body that is susceptible to illness (Donaldson and Bajželj 77).

Another group of *nāmakarmans* that may affect or induce illness is the *saṁhananananāmakarmans* (body-structure-making karma), which are responsible for joint formation. Within this group, certain types are associated with weak or very weak joints, specifically: *nārācasaṁhanana* (rigidly joined skeletal structure)-, *ardhanārācasaṁhanana* (semi skeletal structure)-, *kīlikāsaṁhanana* (peg-jointed skeletal structure), and *sevārtasaṁhanana-nāmakarmans* (loosely joined skeletal structure). Glasenapp notes that the last two, which result in particularly severe conditions, render meditation and sitting in a meditative posture entirely impossible. Additionally, there is a further subvariety of *nāmakarman*, *aparyāptanāmakarman*, which causes the organs and faculties of the body – including the body itself, senses, breathing, speech, and thought – to remain underdeveloped (Glasenapp 43-46). This *karman* can significantly contribute to the emergence of various disabilities, dysfunctions, and diseases. Furthermore, subtypes of *saṁsthānanāmakarman* may cause physical deformities, such as asymmetry or dwarfism (Glasenapp 14-15, 18).

According to Jain karmic theory, *karman* permeates every aspect of existence, including health and illness, both of which are considered products of *karman*. As discussed in previous sections, the various causes of illness are interconnected, with *karman* consistently identified as the primary cause from which secondary causes, such as imbalances of the three humors, originate. For instance, the imbalance of the humors is influenced by *upaghātanāmakarman* and *asthiranāmakarman*, while aging is closely associated with *āyuṣkarman* and the determination of lifespan.

This etiology is evident in the Jain canonical scriptures. For example, the *Bhagavatīsūtra* (*Bhagavaī* or *Viyāhapannatti*),[8] identifies *karman* as the explicit cause of illness:

> The actions of living beings always bring about accumulation [of particles of karman]. Particles indeed are transformed so (…) as to bring about disease (…)[9]

However, in addition to *karman* as the primary factor causing illness, the *Bhagavatīsūtra* also identifies the three humors as causes of disease in a separate passage, where Mahāvīra responds to questions posed by the brahman Somila:

> He assents to *avvābāha* in the sense of the suppressing of corporeal deficiencies, viz of various kinds of diseases caused by a complication in winds, bile and phlegm.[10]

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[8] Suzuko Ohira roughly dates the oldest parts of this text from the 1st century BCE to the 3rd century CE (Ohira 1).

[9] Translated from Prākrit by Jozef Deleu
jīvānam ceya-kadā kammā kajjanti no aceya. Tahātahā nam te poggalā parinamanti (...) āyanke (...) (Deleu BhS 16.2.701b).

[10] Translated from Prākrit by Jozef Deleu
jam me vāiya–pittiya–simbhiya–sannivāiyā vivihā rog'āyankā sarīra–gayā dosa uvasantā no udīrenti se ttam avvābāham (Deleu BhS 18.10.758a).

Jain conceptualization of healing karmic illness

Given that karmic matter is identified as the primary cause, the question arises: can diseases resulting from *karman* be cured? To address this question, it is worth examining examples from the extensive tradition of Jain narrative literature, which provides substantial insight into Jain religious thought. As previously noted, *karman* can be eradicated only through ascetic austerities; thus, austerity is presented as the sole means to remove or alter the varieties of *karman* responsible for diseases, and consequently, the diseases themselves. Neither conventional medical treatments nor religious healing are considered effective in this context. This message is clearly articulated in the *Vipākaśruta* (the *Vivagasuyam*), a canonical collection of stories illustrating the consequences of *karman* and the outcomes of virtuous and non-virtuous actions. For example, the narratives of the governor Ikkaī, afflicted by sixteen diseases simultaneously (Vipākaśruta 1.1.1–7), the physician Dhannantari, similarly affected by sixteen diseases (Vipākaśruta 1.7.28), and the fisherman Soriyadatta, who suffers from a fishbone lodged in his throat (Vipākaśruta 1.8.29), all exemplify the concept that incurable illness results from accumulated demeritorious *karman*, and no medical or religious healing can restore one's health. These stories collectively serve as cautionary tales and emphasize individual responsibility for one's own actions.

Later Jain narrative literature presents a wider range of solutions and outcomes for diseases attributed to *karman*. On the one hand, some texts assert that karmic diseases are incurable, as in the above-mentioned *Vipākaśruta*, or that they can be cured through the performance of austerities. On the other hand, other narratives describe cases where karmic disease is cured through religious healing, or suggest that while such diseases can be cured, the underlying *karman* must still be experienced, resulting in the disease's recurrence in a subsequent life (Granoff 218-55). The 15th-century commentary to the *Śatruñjaya Kalpa,* which recounts the story of a leper indicates that the *karman*-induced leprosy can be cured only through performing austerities such as pilgrimage and strict fasting, which bring the destruction of *karman* (Granoff 220). In the *Jñānapañcamīkathā,* an 11th-century collection of stories by Maheśvarasūri, the story of Vimala illustrates that an illness caused by *karman* ceases only upon the afflicted person's death and the exhaustion of accumulated *karman* (Nāṇapaṃcamīkahāo 48; Granoff 235). Yet, the same collection includes the account of Bhaddā, a young girl whose karmic disease is fully cured without future repercussions through the worship of sacred Jain texts (Nāṇapaṃcamīkahāo 24-30; Granoff 234). The *Purātanaprabandhasaṁgraha*, a 13th-century collection of biographies and anecdotes, recounts the case of a monk struck with karmic leprosy who is informed that deities can cure him, but the *karman* itself will persist and reappear in the next life. In the end, he decides not to seek healing, but instead to endure his leprosy and exhaust his accumulated *karman* (Purātanaprabandhasaṃgraha 114; Granoff 246). A similar perspective is found in the *Prabandhacintāmaṇi,* composed by Merutuṅga in 1305 CE, where the ascetic Kanthaḍi explains to a king that he refuses to cure his fever because it results from his *karman,* which he seeks to exhaust (Prabandhacintāmaṇi 18; Granoff 247):

> Let my diseases come upon me, whatever they may be, that were earned in previous lives, (…) As I know that action, the consequences of which have not been endured, is not exhausted, how can I dismiss this fever? (…) we must of necessity suffer the consequences of the deeds that we have done, whether they be good, or whether they be evil.[11]

The stories presented in this section demonstrate that diseases attributed to *karman* are either incurable or they may be cured through ritual, divine intervention, pilgrimage, or austerities. However, a distinct issue arises when individuals, particularly ascetics, refuse treatment, believing that accumulated *karman* must be experienced as a consequence of their actions. In doing so, they assume full responsibility for their previous deeds.

Summary

Jain tradition provides a distinctive theory of *karman*, conceptualizing it as a subtle substance that adheres to the soul as a result of passion-driven actions. With 148 identified varieties, *karman* is believed to influence all aspects of life, including bodily form, longevity, personality traits, and family status. Destructive forms of *karman* are thought to alter the soul itself. Due to its pervasive and adhesive nature, *karman* is regarded as a primary cause of illness, either directly or through secondary factors such as the three humors, lifestyle, and aging. This essay identified several illness-producing *karmans*, including *āyuṣkarman, asātāvedanīyakarman, mohanīyakarman*, and various types of *nāmakarmans*.

Moreover, examples from both canonical and later Jain narrative literature present divergent approaches to the curability of diseases associated with *karman*. The *Vipākaśruta* stories emphasize the total incurability of karmic illness, whereas later narratives propose alternative solutions for recovery, including divine intervention, austerities, and the veneration of sacred texts. Further research into Jain narrative literature is required to identify consistent patterns and to determine whether conventional medicine was regarded as effective in treating karmic disease. Additionally, a comprehensive analysis of extant Jain medical treatises is necessary to clarify how karmic theory interacts with secondary causes of disease and to assess the perceived likelihood of recovery.

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[11] Translated by C. H. Tawney

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