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Speak Up

MEDICINE AND JAINISM

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Jain tradition has existed in India for at least two and a half thousand years and it developed on the outside of Vedic culture in the heterodox and *śramaṇa* circles. For all those years, Jains have been a relatively small (compared to the entire society of the Indian subcontinent) but thriving community. Their contributions in many areas are indisputable, although not entirely researched and appreciated. As well, the entire medical domain of illness, treatment, and caring for patients among Jain mendicants is underrated.

“A detailed investigation of Jaina monastic sources is not undertaken because medicine generally played an insignificant role in Jaina monasticism.” This statement can be found in Kenneth Zysk’s book *Asceticism and Healing in Ancient India*. The author excluded *a priori* the Jain monastic texts as of little importance in the medical field. I believe that this view may be somewhat unjust.

It is understood that at the very beginning of Jain monasticism, bodily ailments were perceived as a result of accumulated *karman* which needed to come to fruition in order to be shed and destroyed. Sickness was a mere obstacle that ought to be overcome on the path to liberation. Hence, there was little effort made in order to seek medical help and actively cure the illness. However, this attitude has changed. In their recent publication *Insistent Life: Principles for Bioethics in the Jain Tradition*, Donaldson and Bajzelj show the gradual change and transformation of Jain attitudes towards medicine that took place over the centuries. Subsequently, the Jain precept of *ahimsā* and a strict vegetarian diet allowed for the creation/emergence of a different approach in medicine that was less violent, and which excluded the use of products of animal origin in the treatments. This evolution can also be



observed through the detailed analysis of Jain canonical and later post-canonical literature. On the one hand, early canonical texts discourage curing illnesses within the monastic environment, perceiving it as a violent act. But, on the other hand, they also list the causes of diseases, different illnesses, branches of *āyurveda*, and various treatments. This shows that among early Jain authors and commentators some interest and familiarity with Indian medical sciences, etiology of diseases, and types of treatments surely existed.

Just to draw on one example, *Bṛhatkalpasūtra* with its *niryukti* (first century CE) and *bhāṣya* (sixth century CE) has an entire section dedicated to taking care of sick fellow monks, and it analyzes different situations which include storage of the food and medications, uncooperating and difficult patients, contacts with the doctor and the conditions under which the sick monk must be moved to a different place. Moreover, it emphasizes that it is the duty of the monks to take care of sick individuals within their community. In fact, *Bṛhatkalpa-bhāṣya* is packed with etiology, diagnosis of diseases, and practical application of *āyurvedic* knowledge. As its author, Saṅghadāsa, says: “The religious life cannot be pursued without a body.”

In the later period, one important contribution to the field of Indian medicine is the *Kalyāṇakāraṅgam* – a Jain medical text that was written in Sanskrit in the ninth century by a Digambara monk, Ugrāditya. Drawing on the information given by Ugrāditya himself in his treatise (from the last parts of the chapters and colophons), we learn that he was a highly educated person who wrote his treatise by the order of his guru and teacher Śrīnandin. The author of the *Kalyāṇakāraṅgam* refers frequently to Jain doctrines and practices and also adheres to Jain food rules by removing meat, alcohol, and honey from all recipes included in the text. He also traces the origin of medicine to the twelfth *aṅga* of the Jain canon. The treatise is written in 8000 verses and some prose. It consists of twenty-five chapters and deals with many topics, viz. prognostics, embryology, anatomy, *doṣas*, therapies, and, of course, diseases. There are two additional chapters (on prognostic signs and the advantages of a vegetarian diet), which may have been added at a later date but were most probably originally included by the author himself. The second last chapter describes quite advanced



alchemy, pointing to a very early connection between medicine and alchemy in premodern India.

Another interesting text is a short treatise – *Tandulaveyāliya* (*Tandulavaicārika*), composed in verse and prose post-seventh century CE, which belongs to the collection of *Paiṅṅayas* (*Prakīrṇakas*) of the Śvetāmbara canon. In its first part, it examines the development of the embryo by enumerating four stages of the fetus growth, which is based on the teachings from *Bhagavaī* (*Bhagavatīsūtra*) and *Sūyagaḍaṅga* (*Sūtrakṛtāṅgasūtra*). Then it describes the nourishing of the fetus, the maternal and paternal parts of the child, and the conditions of the sex formation of the newborn. In its subsequent section, the text offers an overview of human anatomy and physiology which roughly agrees with classical medical Indian doctrines. The *Tandulaveyāliya* text is deeply embedded in the Jain tradition and complies with older texts from the canon (*Bhagavaī* and *Sūyagaḍaṅga*) but there are also some similarities with the treatises of classical Indian medicine such as *Caraka Samhitā* and *Suśruta Samhitā*.

Drawing only on a few above-mentioned examples, we can clearly see that medical concerns regarding the health and well-being of Jain monks and mendicants have played some role and were addressed by early Jain authors. I believe that more careful reading, analysis, and research on Jain literature ought to be conducted in order to establish the Jain contributions to the world of premodern Indian medicine. Subsequently, that could also contribute to enriching our knowledge about Jain tradition and history as a whole and its place in the wider premodern Indian milieu.
