

**The constraints of theory in the evolution of nosological  
classifications: A study on the position of blood in Indian medicine  
(Āyurveda)**

The tridoṣavāda, the doctrine of the three doṣas called vāta, pitta and kapha, is in general regarded as the core of the nosological theory of āyurveda, and even as the pivotal principle of the whole of this medical system.<sup>1</sup>

The central position of this theory in the classical form of āyurveda cannot be questioned, but the view that the tridoṣavāda is and has always been the fundamental basis of all āyurvedic nosology<sup>2</sup> is open to doubt, and in my opinion, this interpretation should be placed in its historical context, and not be regarded as the formulation of an ultimate truth.

It is my conviction that the nosological theory of āyurveda has gradually developed and should not be viewed as static and unchanging from the beginning.

In the course of time, the position of the tridoṣavāda has grown so strong that a hoary age is attributed to it. It is frequently claimed that it is already referred to in Vedic literature,<sup>3</sup> but this assertion cannot be substantiated, since all the quotations adduced in its support are, to say the least, inconclusive.

In my opinion the doctrine of the three doṣas is of post-Vedic origin. At the time when the saṃhitās of Caraka and Suśruta assumed their present shape, it had definitely begun to dominate āyurvedic theory, but the evidence presented in this study may convince you that this process was then still in flux and had not yet come to a stand-still. The predominance of the tridoṣavāda continued to increase in later ages, which becomes evident when one reads post-classical medical treatises and the commentarial literature. I am even convinced that this process is still going on and that the contemporary emphasis on the tridoṣavāda as the core doctrine of āyurveda can be interpreted as its continuation, embedded within the same historical current.

The subject of my investigation is the constraint imposed by the tridoṣavāda on early nosological classifications which have been preserved in the saṃhitās of Caraka and Suśruta. The evidence I collected shows that these treatises contain references to trains of thought from a period in which the tridoṣavāda did not yet dominate the whole field of nosology.

The *saṃhitās* going under the names of Caraka and Suśruta give numerous descriptions of diseases considered to be nosological units with a specific pathogenesis. These units are usually divided into several types, the exact number of which is an important part of the āyurvedic tradition. The strength of the concept of number (*saṃkhyā*) resulted in the preservation of early classifications which are valuable tools in retracing developments in nosological theory. A striking feature of these classifications is that only part of the varieties is called after the *doṣa* or combination of *doṣas* thought to be prevalent in them. Another, not inconsiderable, part is designated in some other way.

Although it is beyond the scope of the present study to discuss the various ways of naming disorders, it may be useful to refer to a general principle laid down in the classical *saṃhitās* and their commentaries. According to this general rule, as expressed in the *Carakasamhitā* (Ca.Sū. 19.5), diseases, although always fundamentally caused by the *doṣas*, may be named after (*vyapadiṣṭa*) their seat (*sthāna*), or the shape (*saṃsthāna*) of the local affection resulting from a particular disturbance of the *doṣas*, etc. The *Suśrutasaṃhitā* states in a similar way (Su.Sū.24.8) that diseases may be denominated after the element of the body that is mainly corrupted by the *doṣas*.<sup>4</sup>

The occurrence of disease types named after one of the seven elements of the body is a rather frequent phenomenon. This series of seven constituents consists of the nutrient fluid (*rasa*), blood (*rakta*, *śoṇita*, *asrj*), muscular tissue (*māṃsa*), fatty tissue (*medas*), osseous and cartilaginous tissue (*asthi*), bone-marrow (*majjan*), and semen (*śukra*). These elements, called *dhātu* when in their normal state, are labelled *dūṣya* when subject to corruption (*duṣṭi*) by the *doṣas*.<sup>5</sup>

According to the classical doctrine of āyurveda, most diseases result from a type of interaction between *doṣa* and *dūṣya* which is called *saṃmūrchana* or *saṃsarga*.<sup>6</sup> The *dūṣya* most frequently involved in the production of diseases appears to be blood. Some nosological units bear names which show its importance in the causation of these diseases (*raktapitta*; *vātarakta*); moreover, numerous varieties of diseases are said to be *raktaja*, i.e. originating from blood.

Before going deeper into the problem of the position of blood in Indian nosological theory, I want to discuss a more general subject, relevant to the position of blood, namely the influence exerted on the symptomatology of a disease by the element of the body corrupted by the *doṣas*. The commentators on the *Caraka-* and *Suśrutasaṃhitā* do not deal with this subject in any systematic way, but they employ some extremely interesting technical terms that have to do with it.

The first term I want to discuss is *āśrayaprabhāva*, a word used by Cakrapāṇidatta in his comment on verses of the *Carakasamhitā* which are concerned with diseases arising from blood. This *saṃhitā* calls them *śoṇitāśraya*, i.e. located in (the element) blood, and adds the statement that they cannot be cured by merely having recourse to therapeutic measures counteracting the *doṣas* involved in their causation. Cakrapāṇidatta remarks that the term *śoṇitāśraya* is adopted with the aim of discarding the view that blood can bring about diseases independently, as if it were a *doṣa*. It follows that the theory of blood being an agent able to cause diseases independently of the *doṣas* had its adherents in medical circles. In agreement with the *Carakasamhitā*, Cakrapāṇidatta adds that, an account of the *āśrayaprabhāva*, disorders with their seat in the blood have to be treated by specific measures directed at the disorder of the blood itself. The term *āśrayaprabhāva*, absent from the text of the *Carakasamhitā*, points to some inexplicable specific power of the substratum of a disease.

The same term occurs again in Cakrapāṇi's comment on a prose passage of the *Carakasamhitā* (Ca.Sū.28.8), which introduces verses on disorders which come about when the excited *doṣas* have become lodged in one of the seven elements and other constituents of the body. In this case the word serves to explain that each *dhātu*, etc., when affected by one or more of the *doṣas*, gives rise to particular symptoms or disorders.<sup>7</sup> It is used in exactly the same sense by Śrīkaṇṭhadatta in his comment on the description of *śleṣmopanāha*, an eye-disease, in Mādhava's *Rugviṇīścaya* (59.70cd). This commentator remarks that the ruddy (*aruṇa*) colour of the nodule (*granthi*) which, according to Videha, appears in this disease is due to the *āśrayaprabhāva*. Śrīkaṇṭhadatta has recourse to this explanation because the ruddy colour conflicts with the *doṣas* involved in *śleṣmopanāha*, these being *vāta* and *śleṣman* according to Videha who is quoted by Śrīkaṇṭha.<sup>8</sup>

The sense in which *āśrayaprabhāva* is used in the second and third example relates it to *adhiṣṭhānaprabhāva*,<sup>9</sup> *sthānaprabhāva* and *ādhāraprabhāva*. The first term is employed by Gayadāsa,<sup>10</sup> Śrīkaṇṭhadatta<sup>11</sup> and Śivadāsasena,<sup>12</sup> the second one by Gayadāsa,<sup>13</sup> Śrīkaṇṭhadatta<sup>14</sup> and Vācaspati,<sup>15</sup> the third one by Śrīkaṇṭhadatta.<sup>16</sup> An exact parallel of *āśrayaprabhāva* as used in the first example is the term *dūṣyaprabhāva*, found in Śrīkaṇṭhadatta's part of the *Madhukośa* (on Mādhavanidāna 49.37-39 and 54.14-23).

At this point we can conclude that with regard to the symptomatology of a particular disorder, not only the *doṣas* involved but also the affected element of the body and other factors have to be taken into account in order to take the most adequate therapeutic measures. It may be useful to

state clearly that in principle all the seven elements of the body may contribute to the make-up of a particular syndrome.<sup>17</sup>

The next point I want to draw your attention to is that in some diseases the corrupted element of the body is thought to be more important than the doṣas which cause this corruption. This is unambiguously expressed by Ḍalhaṇa in his comment on a verse of the Suśrutasaṃhitā (Su.Ni.7.4) which enumerates the eight types of abdominal swelling called udara. Suśruta distinguishes four doṣaja types (vāta-, pitta-, kapha-, saṃnipātaja) and a second set of four types called plīhodara,<sup>18</sup> baddhaguda, āgantuka,<sup>19</sup> and dakodara.

According to Ḍalhaṇa's comment, the first set of four types is doṣapradhāna, and the second set dūṣyapradhāna. I am not aware of other occurrences of this very remarkable term in the same commentary or elsewhere. The increasing predominance of the tridoṣavāda may have led to the near-suppression of the view that dūṣyapradhāna diseases did exist, though many disorders described in the classical saṃhitās can be regarded as belonging to this category. It remains very striking that Ḍalhaṇa accepted the concept, despite the fact that Gayadāsa, his chief authority, is silent about it. Ḍalhaṇa must have taken it from some other source, which he left unmentioned.

In this context it may be worthwhile to analyse which factors were thought to contribute to the production of the second set of four types of udara. Which doṣas, and in particular which dūṣyas, are responsible for their symptoms? Trying to find an answer to this question proves to be no easy task at all.

The Suśrutasaṃhitā states that in a general way udara is brought about by the doṣas (Su.Ni.7.5-6ab). Information from this saṃhitā itself on the doṣa or combination of doṣas in the second series of four types is available only with regard to plīhodara, in which kapha and pitta are said to be implicated as doṣas, with blood as their dūṣya (Su.Ni.7.14cd-16ab). As to the remaining three varieties, the commentator Gayadāsa declares (on Su.Ni.7. 17-19a and 19b-21a), basing himself on statements taken from the Carakasāṃhitā, that the signs of all the three doṣas are present in them.

The Carakasāṃhitā gives a more complicated and in some respects different picture. In a general way, all the three doṣas are again said to be disturbed in udara (Ca.Ci.13.95cd). The baddhaguda and kṣatodara (the same as Suśruta's āgantuka) types are called tridoṣaja (Ca.Ci.13.39-41 and 42-44), but udakodara (the same as Suśruta's dakodara) is said to be brought about by vāta and kapha as long as no ascites is present (ajātodaka; Ca.Ci.13.45-49), while it is tridoṣaja after the accumulation of a watery fluid in the abdominal cavity (jātodaka; Ca.Ci.13.175cd). The

Carakasamhitā differs considerably from the Suśrutasaṃhitā in its description of plīhodara (splenomegaly; Ca.Ci.13.35-38). Two kinds of plīhodara are distinguished, one by displacement (cyuti) of the spleen and another by increase of blood. In his commentary Cakrapāṇidatta mentions four doṣic types belonging to the first kind, to which he adds the kind which arises from blood as a fifth item. In so doing he confirms the statement found in one of the chapters of the Sūtrasthāna of the Carakasamhitā (Ca.Sū.19.3), that five types of plīhadoṣa can be distinguished. Plīhan as a disorder arising from blood is also an item on one of the two lists of these disorders which form part of the Carakasamhitā (Ca.Sū.28.11b-13c; it is absent from the list in Ca.Sū.24.11-16).<sup>20</sup>

Five types of plīhan are also acknowledged in the Kāśyapaśamhitā (Sū.27.53-54ab), but details are not available due to the fragmentary state of this text.

The five types of plīhodara are not mentioned in the Suśrutasaṃhitā, nor in the commentaries on this treatise by Gayadāsa and Ḍalhaṇa. The Aṣṭāṅgahṛdayasaṃhitā and Aṣṭāṅgasamgraha follow Caraka in describing a plīhodara due to a displacement of the spleen and one due to increase of blood (A.h.Ni.12.22cd-26; A.s.Ni.12.24-29). Indu refers in his commentaries on these texts to three, not four, doṣic varieties, namely those with predominance of vāta, pitta or kapha. In his notes on a prose passage of the chapter on the therapy of udara in the Aṣṭāṅgasamgraha (A.s.Ci.17.36), he also mentions one dvandvaja type, with a predominance of vāta and kapha.

Noteworthy in the context of plīhodara is Vaṅgasena's Cikitsāsārasamgraha, which may be the only medical treatise describing separately the symptoms of each of the five varieties of plīhodara (40.121-127).

That plīhodara has a special position among the varieties of udara is finally also apparent from the many instances in which udara and plīhan are mentioned as separate diseases<sup>21</sup> and from the tendency, in part of the medical literature, to devote separate chapters to the treatment of udara and plīhan.<sup>22</sup>

What can be gleaned from the texts is the recognition of a raktaja type of plīhodara. The acceptance of this plīhodara arising from blood supports Ḍalhaṇa's statement that some types of udara are dūṣyapradhāna. It remains to be investigated which dūṣyas Ḍalhaṇa had in mind with regard to the other three varieties of udara, which he also calls dūṣyapradhāna. As a provisional hypothesis, I want to put forward that the dūṣya may be the watery element (udaka)<sup>23</sup> in dakodara; both baddhaguda and āgantuka are classified as āgantū disorders by Gayadāsa (on Su.Ni.7.4) and therefore the predominant dūṣya in them cannot be but blood.<sup>24</sup>

This digression on udara, especially on plīhodara, illustrates that the theory of the three doṣas did not always dominate the whole field of pathology and that it is necessary to accept the existence of dūṣyapradhāna diseases, especially diseases governed by blood as an aetiological agent.

The position of blood in Indian medical theory is essentially different from that of the doṣas and dūṣyas, in being ambiguous, and occupying an intermediate space. I shall try to demonstrate that it oscillates between two extremes and thus provides a link between the group of doṣas and the series of the elements.

In the space between the doṣas at the one extreme and the dūṣyas at the other, blood is found to prefer certain points. These are: 1) blood is a dūṣya or is relegated to that position; 2) blood has a special position among the elements of the body; 3) blood is in some respects similar to a doṣa; 4) blood is similar to pitta; 5) blood is a doṣa or at least very close to it.

I shall give examples of each of these five positions of blood.

1) Blood is a dūṣya or is relegated to that position.

The number of diseases said to be raktaja is so large that it is impracticable to discuss them all. The importance of blood as an aetiological agent is, for example, obvious from the fact that among the seventy-six eye-diseases described by Suśruta ten arise from vāta, ten from pitta, thirteen from kapha and no less than sixteen from blood (Su.U.1.28-29ab) and from the fact that among the eighteen types of sūkadoṣa of the Suśrutasaṃhitā, blood is an aetiological factor in at least seven types (Su.Ni.14).

Nevertheless the classical saṃhitās and their commentaries usually regard diseases arising from blood or from a doṣa accompanied by blood as essentially caused by the doṣas, together with blood made corrupted by these. The commentators on the classical saṃhitās, when coming across passages where blood has a position resembling that of the doṣas, repeatedly stress that this is only apparently so, not essentially.<sup>25</sup> A simile is employed in order to explain that blood, when mentioned as a causative agent in a disease, is not to be regarded as a doṣa. This frequently made comparison is expressed in the formula gḥṛtatailadagdhavat or variants of it. This means that, as a burn said to be caused by hot ghee or oil is not caused by the ghee or oil itself, but by its heat, i.e. by fire, a disease said to be brought about by blood is not caused by that blood itself, but by the doṣa that corrupted it. From the many examples<sup>26</sup> of this type of explanation, two may suffice as illustrations. The first is from the Aṣṭāṅgasamgraha (Sū.1.30):

rasādīstheṣu doṣeṣu vyādhayaḥ sambhavanti ye  
tājjan ity upacāreṇa tān āhur gḥṛtadāhavat.

"The diseases which arise when the doṣas stay in the rasa and the other (elements of the body) are metonymically said to arise from these (elements), in the same way as a burn by ghee".

The second example is from Śrīkaṇṭhadatta's part of the Vyākhyāma-dhukośa. With regard to the raktaja type of arbuda (Mādhavanidāna 38.22cd-24a = Su.Ni.11.17cd-19a) he states that, although blood is said to be the cause (hetu) of this disease, yet pitta is the agent setting it in motion (ārambhaka), as in the gḥṛtadagdhanyāya.

2) Blood has a special position among the elements of the body.

The special position of blood appears from many passages where it is said to accompany one or more of the doṣas or where it is mentioned, together with one or more of the doṣas, as an additional member of the same series.

Examples are:

a) Su.Ni.2.4: haemorrhoids (arśāṃsi) are brought about by one, two, or three doṣas, accompanied by blood or otherwise.<sup>27</sup> In this type of statement, blood is differentiated from the doṣas, without explicitly making it an element corrupted by them.

b) Su.Sū.21.3: blood is, as a fourth item, added to the series consisting of the three doṣas; the group of four is then said to be essential for the maintenance of the human body.

c) Su.Sū.21.4: the body cannot exist without kapha, pitta, vāta and blood, being maintained by these.

d) Commentators repeatedly point out that blood is the only element that is mentioned together with one or more of the doṣas, because of its predominance (prādhānya): Gayadāsa on Su.Ni.2.4; Gayadāsa and Ḍalhaṇa on Su.Ni.16.38; Śrīkaṇṭhadatta on Mādhavanidāna 56.31 (= Su.Ni.16.38).

e) Hemādri quotes (on A.h.Sū.2.1) a verse from the Aṣṭāṅgasamgraha (Sū.36.4) in which the unique position of blood among the dūṣyas is stated unambiguously.<sup>28</sup>

f) The Aṣṭāṅgasamgraha states (Sū.38.8) that there can be no piercing pain (śūla) without vāta, no burning sensation (dāha) without pitta, no oedema (śopha) without kapha, and no redness (rāga) without blood; an inflammatory reaction (pāka) is therefore brought about by the doṣas, together with blood.

g) The disease called vātarakta is caused by the mutually independent excitation of vāta and blood (Cakrapāṇidatta on Ca.Ci.29.3-11; Su.Ni.1.40-44; A.h.Ni.16.1-4).

h) In some later medical treatises, for example in the Śārṅgadharasam-

hitā (1.7.125cd-127ab), a list of diseases caused by blood is added to the list of those caused by vāta, pitta and kapha.<sup>29</sup>

3. Blood is in some respects similar to a doṣa.

The terms doṣa and dhātu are used in both a wide and restricted sense, which may make it hard to establish the exact meaning of these words in a particular context.

The wider sense in which the term doṣa may be employed is referred to by Ḍalhaṇa (on Su.U.66.6cd-7ab), who says that the dhātus and malas (i.e. the impurities) are called doṣa when they coalesce with one or more of the doṣas.<sup>30</sup> Gayadāsa says (on Su.Ni.2.4) that the term dhātu embraces doṣas, dhātus and malas,<sup>31</sup> and that dhātus are doṣas when subject to increase (vṛddhi) or decline (kṣaya).

The essential characteristics distinguishing a doṣa in the restricted sense from a dhātu or mala are its ability a) to corrupt (dūṣaṇa) the dūṣyas, b) to set in motion (ārambhakatva) a process leading to the appearance of a disease, and c) to dominate a constitution (prakṛtyārambhakatva). In most other respects the boundaries between doṣa and dhātu are far from sharp.

The concepts of caya or vṛddhi and (pra)kopa are applied to blood in exactly the same way as to the doṣas. The Aṣṭāṅgasamgraha (Sū.36.5) states that caya and prakopa of blood are the same as those of pitta. Both caya and prakopa of blood are referred to by Suśruta in his description of nasal catarrh (pratiśyāya; Su.U.24.4). The causes of prakopa of blood are dealt with separately from those of the doṣas in the Suśrutasaṃhitā (Sū.21.25). An independent (svātantryeṇa) kopa of blood,<sup>32</sup> by its own causes (svahetubhiḥ), is mentioned by Śrīkaṇṭhadatta (on Mādhavanidāna 36.1-3ab). As has already been said, the independent kopa of blood is also an important factor in the aetiology of the disease called vātarakta. The diseases said to arise from blood are called raktaprakopaja by Vāgbhaṭa (A.h.Sū.27.2d-5ab; A.s.Sū.36.6).<sup>33</sup>

The Suśrutasaṃhitā even deals with the prasara of blood in the same way as with that of the doṣas. This prasara is an important pathogenetic process which, when applied to blood, makes it resemble a doṣa, the more so since prasara of the other elements is unknown in āyurvedic theory. The Suśrutasaṃhitā enumerates fifteen types of prasara (Sū.21.28),<sup>34</sup> which means that vāta, pitta, kapha and blood, either singly or in any of the possible combinations, can be engaged in this process. Ḍalhaṇa has no comments of any consequence on the subject, unlike Cakrapāṇidatta, who remarks that blood should be called a doṣa in this case on account of the power of its effects (kāryavaśa).

Blood does not have the same importance in the other parts of the same chapter of the Suśrutasaṃhitā, but the same fifteen varieties, based



on a group of four, not three, pathogenic agents, are known in other contexts as well. The *Aṣṭāṅgahr̥dayasaṃhitā* (U.25.5cd) and *Aṣṭāṅgasamgraha* (U.29.6), for example, mention fifteen types of *vraṇa*. Indu comments on these passages that blood is of equal importance (*samakakṣyatā*) as the *doṣas*, although it is corrupted by them, because it brings about disease (*rogakartṛtva*); he adds that in spite of this it should not be called a *doṣa*. Combinations of the four agents *vāta*, *pitta*, *kapha* and blood are moreover mentioned on the subject of *vātarakta* (Aruṇadatta on A.h.Ni. 16.6) and *masūra* (Indu on A.s.U.36.8).<sup>35</sup>

The term *saṃnipāta*, almost always designating the group of three excited *doṣas*, is at least once employed for the triad consisting of *kapha*, *pitta* and blood (Ḍalhaṇa on Su.U.3.19; Śrīkaṇṭhadatta on Mādhavanidāna 59.86 = Su.U.3.19).

The *doṣas*, usually said to corrupt the elements of the body, can be corrupted under the influence of blood. This reverse process is alluded to by Bhoja, quoted by Gayadāsa on the subject of *dūṣyudara* (on Su.Ni. 7.11cd-14a). In this disease, identical with *tridoṣaja udara*, *dūṣiṣa*, a kind of poison, excites the blood, which in its turn excites the three *doṣas*. This demonstrates that the action called *dūṣaṇa* is not restricted to the *doṣas*.<sup>36</sup>

#### 4. Blood is similar to *pitta*.

The three *doṣas* and the seven *dhātus* should not be regarded as two series of constituents of the human body which are unrelated to each other. In *āyurvedic* pathology it is of importance to know whether the interaction between a *doṣa* and a *dhātu* is homologous or otherwise. Homology (*tulyatva*, *samakriyatva*) of *doṣa* and *dhātu* makes the resulting disorder amenable to treatment, even easy to cure, whereas heterology (*atulyatva*, *viṣamakriyatva*) leads to disorders which are more difficult to treat, due to contradictory elements in their structure (*viruddhopakramatva*).<sup>37</sup>

In a general way, *pitta* and blood are homologous, as are *kapha* and fatty tissue (*medas*).<sup>38</sup> Yet the relationship between *pitta* and blood is particularly close, much more so than that between *kapha* and *medas*. A large number of statements on this close relationship points to blood being *doṣa*-like in its similarity to *pitta*, while on the other hand it is also a *dūṣya*.

Some examples help to clarify this issue:

a) Su.Sū.21.25: *prakopa* of blood is said to be brought about partly by the same causes as *prakopa* of *pitta*, and partly by specific ones (*viśiṣṭahetu*). Ḍalhaṇa remarks that blood is in some respects equal to *pitta*, whereas Cakrapāṇidatta says that corrupted blood, although similar to *pitta*, is essentially (*paramārthatas*) corrupted by the *doṣas*. The above

statement from the *Suśrutasaṃhitā* illustrates the equivocal position of blood, being partly almost identical with pitta and therefore doṣa-like, and partly different from it and dūṣya-like.<sup>39</sup>

The varieties of diseases which are said to arise from blood are usually described as having the same characteristics as those arising from pitta, with the addition of some symptoms specifically connected with blood. Examples abound. Some of these are:

a) Su.Sū.17.4: oedema (śopha) by blood; its signs are like those in oedema by pitta; in addition it presents a very black colour.

b) Su.Ni.2.13: haemorrhoids arising from blood show their own characteristics besides those caused by pitta; Gayadāsa states that the signs of pitta are present because blood and pitta are one (aikatva) with respect to their fiery nature (āgneyatva).

c) Su.Ni.9.13cd-14ab: the raktaja type of vidradhi presents, apart from the same symptoms as those found in the pittaja type, a series of extra symptoms; Gayadāsa comments that, although blood is a dūṣya, the symptoms belonging to a doṣa are mentioned by means of analogy (atideśa).

d) Su.U.25.8cd: the raktaja type of śīroroga shows the same signs as those of the pittaja type, with the addition of one extra sign.

Quite often the commentators dutifully record that the types of disease arising from blood present additional signs when compared with the pittaja ones. However, they rarely draw the conclusion that the therapy of the raktaja type cannot be completely identical with that of the pittaja type.<sup>40</sup> They usually solve the problem of the raktaja types by regarding them as being included in those arising from pitta, thereby disregarding the differences.<sup>41</sup> This strengthens the impression that blood is rather more like a doṣa than a dūṣya. Otherwise the commentators would have stressed that pitta had become lodged in the blood, which is one of its natural seats.<sup>42</sup>

5. Blood is a doṣa or at least very close to it.

Cakrapāṇidatta, who more than once sternly refuses to accept blood as a doṣa,<sup>43</sup> says in a passage of his commentary on the *Sūtrasthāna* of the *Suśrutasaṃhitā* (Sū.1.23<sup>2</sup>) that blood, being like a doṣa (doṣavat), is metonymically (upacārāt) called a doṣa. Ḍalhaṇa, however, concedes that blood is a doṣa in pūtināsa (Su.U.22.7cd-8ab), a disease characterized by an offensive breath emanating from nose and mouth. Suśruta's verse describing this disorder was incorporated in Mādhava's *Rugviniścaya* (58.2) and Śrīkaṇṭhadatta remarks in his comment on this verse that blood is also a doṣa because its signs are comparable to those of a doṣa (doṣatulyarūpatvāt).

The Suśrutasaṃhitā describes the effects of vāta, pitta, kapha and blood on a patient with an ulcer (vraṇita) who indulges in sleeping by day (Su.Sū.19.10). Ḍalhaṇa comments that here the complete group of doṣas is given the status of karṭṛ (akhiladoṣakarṭṛtva). Crucial in this comment is the use of the word karṭṛ, a term applied to the doṣas in āyurvedic theory,<sup>44</sup> as appears from Aruṇadatta's notes on a verse of the Aṣṭāṅgahṛdayasaṃhitā (Sū.1.13) which enumerates the seven dūṣyas. This commentator says that vāta, pitta and kapha are doṣas because they are endowed with the ability of corrupting (dūṣaṇasvabhāvatva); therefore they require a dūṣya. He concludes that the dūṣyas cannot do without the doṣas because an action (karman) cannot come about without an agent (karṭṛ).

Ḍalhaṇa remarks on Suśruta's description of karṇaśūla, a painful disease of the ears (Su.U.20.6), that the doṣas referred to in the plural by Suśruta are kapha, pitta and blood. Śrīkaṇṭhadatta comments on the same verse, incorporated in the Mādhavanidāna (57.1), that blood is a doṣa because it is similar to a doṣa, in being an agent causing pain (rujākartṛtvāt).

Cakrapāṇidatta comments on a passage of the Suśrutasaṃhitā (Sū.21.3) concerned with the doṣas in oedema (śopha), that he does not agree with the view that blood is a doṣa on account of its predominance (prādhānya); he adds that the opinion referred to is accepted in the Suśrutasaṃhitā.

Ḍalhaṇa states on the subject of the eye-disease called vartmakardama (Su.U.3.19) that it arises from saṃnipāta, being set in motion (ārabdha) by kapha, pitta and blood. The term ārabdha is essential in this context, since a characteristic ascribed exclusively to the doṣas in the restricted sense is their ārambhakatva with respect to diseases, i.e., their ability to start a pathogenetic process leading to the establishment of a particular disease.<sup>45</sup> Ḍalhaṇa's statement can therefore be regarded as conclusive evidence that in this case blood definitely has the status of a doṣa. A problem arises, however, on reading attentively the complete text of Ḍalhaṇa's notes on vartmakardama, for he also says that this disorder is caused by blood corrupted by kapha and attended by pitta, which contradicts the ārambhakatva of blood. This problem is clarified by Śrīkaṇṭhadatta's comment on the same verse which is part of the Mādhavanidāna (59.86). Śrīkaṇṭhadatta states very explicitly that blood, accompanied by pitta, has the status of karṭṛ; he adds that the saṃnipātakatva of vartmakardama, mentioned by Suśruta, should be regarded as a saṃnipāta of kapha, pitta and blood, since vāta is not referred to in this disease. The problem of Ḍalhaṇa's contradictory notes can be solved by duly taking into account that Śrīkaṇṭhadatta acquaints us with the

source of his statement. This source is Kārttikakuṇḍa, an early commentator on the Suśrutasaṃhitā with a remarkably independent mind. In this way it becomes clear that the contradictions in Ḍalhaṇa's comment find their origin in his quoting mutually irreconcilable points of view without referring them to their sources. This illustrates that Ḍalhaṇa's commentary on the Suśrutasaṃhitā is indeed a Nibandhasaṃgraha, in agreement with its title.

The fact that blood is endowed with ārambhakatva is also referred to in Vijayarakṣita's notes on the disease called vātarakta as described in the Mādhavanidāna (23.8-12).<sup>46</sup>

A term probably equivalent to ārambhakatva, janakatva, is employed with regard to blood by Indu in his commentary on the Aṣṭāṅgasamgraha (Sū.36.5).<sup>47</sup>

The Aṣṭāṅgasamgraha (Sū.36.5) declares that blood is considered to be a doṣa whereas others regard it as a dūṣya, and again others as having the nature of both a doṣa and a dūṣya. Indu remarks in his comments on these statements that the Dhanvantariyas<sup>48</sup> are of the opinion that blood is a doṣa because it brings about particular diseases in the same way as the doṣas do; Caraka and others regard it as a dūṣya because of its being subject to corruption by the doṣas; others again consider it to have the nature of both, since one part of it, when corrupted, can corrupt another part.<sup>49</sup>

The Hārītasamhitā is a medical treatise which unequivocally credits blood with the characteristics of a doṣa. A noteworthy statement found in this text is that a fever connected with vāta, pitta and kapha is called tridoṣaja, but, when blood is excited as well, sāṃnipātika (III.2.153-154ab). That the Hārītasamhitā accepts blood as a doṣa is conclusively proven by its description of raktaja constitutions (VI.1.31-33). Apart from the constitutions dominated by vāta, pitta and kapha, it mentions those by vātarakta, pittarakta and kapharakta. The existence of these constitutions is the ultimate criterion for blood having the full status of a doṣa, as declared emphatically by Cakrapāṇidatta (on Ča.Sū.1.57; Su.Sū.1.23; Su.Sū. 21.3).

Summarizing, it can be said that the evidence concerning the elements of the body in Indian medical theory demonstrates that these elements are of greater importance for an adequate nosography than suggested by the tridoṣa-doctrine as generally presented. The saṃhitās of Caraka and Suśruta and their commentaries contain descriptions of disorders that are best understood as mainly brought about by a diseased condition of one of the elements. The classical form of the nosological theory of āyurveda tend to disregard this state of affairs and to re-interpret these disorders as caused by one or more of the doṣas.

This applies in particular to the element blood, which obviously has an exceptional position in providing a link between the system of the doṣas and that of the elements. Blood occupies an intermediate space between the two systems, moving within this range from the one extreme to the other, and preferably located at particular points. This behaviour of blood gives the commentators ample scope to interpret the texts in agreement with the later forms of the theory, which give much more weight to the doṣas than to the elements, thereby reducing blood to a mere dūṣya instead of recognizing its ambiguous nature.

## Notes

1. See e.g. Shiv Sharma, *Realms of Ayurveda*, 15; by the same author, *The system of Ayurveda*, 162.
2. See e.g. Shiv Sharma, *The system of Ayurveda*, 162.
3. See e.g. Shiv Sharma, *The system of Ayurveda*, 163; P.V. Sharma, *Āyurved kā vajñānik itihās*, 13-14.
4. See also Aruṇadatta on A.h.Ni.11.23; A.s.Sū.1.30.
5. Not only the seven dhātus but also the secondary elements (upadhātu), as well as the excretory products (mala) and ojas, tvac, etc., when subject to corruption, are called dūṣya. See e.g. Ca.Ni.4.7; Ca.Ci.21.15; Gayadāsa on Su.Ni.5.3 and 6.6.
6. Exceptions do exist, e.g. gulma, sometimes caused by the doṣas without any interaction with one or more of the seven elements of the body; see Su.Ni.9.28cd-33; Su.Ci.42.6cd-7ab; Madhukośa on Mādhanidāna 28.17-20.
7. The Carakasamhitā does not make any distinction among the doṣas here. The symptoms arising when one of the doṣas reaches the seven elements in succession are described in other texts. The signs of vāta when lodged in these elements are found in the Suśrutasaṃhitā (Ni.1.25-29; tvac, i.e. the layers of the skin, occupies the place of rasa in the series), while those of pitta and kapha are described by Vāgbhaṭa (A.s.Sū.19.16-24; these verses are quoted by Ḍalhaṇa on Su.U.66.12cd-24; tvac occupies the place of rasa again).
8. Śrīkaṇṭhadatta's need to find an explanation for the ruddy colour is not at all self-evident; a ruddy colour is usually thought to be brought about by vāta (see Su.Sū.17.4; Su.Ni.2.10; Su.Ni.9.6).
- The āśraya of upanāha, left unmentioned by Śrīkaṇṭha, consists of one of the junctional areas of the eye, namely the dr̥ṣṭisaṃdhi, according to Ḍalhaṇa (on Su.U.2.1).
9. āśraya is a synonym of adhiṣṭhāna according to Indu on A.s.Sū.22.11.
10. Gayadāsa remarks (on Su.Ni.13.12) that the symptom dāha (a burning sensation), mentioned in Bhoja's description of the disease called panasikā, results either from vikṛtviṣamasamavāya or adhiṣṭhānaprabhāva.
11. Śrīkaṇṭhadatta says (on Mādhanidāna 55.11) that dāha in panasikā must be understood as brought about by vikṛtviṣamasamavāya or adhiṣṭhānaprabhāva; the latter compound implies that rakta is the adhiṣṭhāna in panasikā.
12. Śivadāsa (on A.h.U.31.4cd-5a) gives the same explanation of dāha in panasikā as Śrīkaṇṭhadatta does.
13. Gayadāsa says (on Su.Ni.16.12) that kapha and rakta are involved in the kṣataja (traumatic) type of disease of the lips (oṣṭharoga) on account of the sthānaprabhāva. The same commentator remarks elsewhere (on Su.Ni.16.59) that an abscess of the throat (galavidradhi) is always saṃnipātaja (i.e. caused by the three doṣas together) by reason of the sthānaprabhāva. Gayadāsa also says (on Su.Ni.16.53) that valaya, another throat disease, is incurable on account of its sthānaprabhāva or ātmaprabhāva (i.e. vyādhiprabhāva).
14. Śrīkaṇṭhadatta repeats (on Mādhanidāna 56.50 = Su.Ni.16.59) Gayadāsa's remark on the saṃnipātaja character of galavidradhi.
15. Vācaspati says (on Mādhanidāna 56.44) that valaya is incurable by reason of its sthānaprabhāva and svabhāva (compare note 13).
16. On Mādhanidāna 57.13cd.
17. Śrīkaṇṭhadatta (on Mādhanidāna 38.15) employs the term dhātusvabhāva in his explanation of the influence of the dūṣya on the symptomatology of a disease.
18. I.e. enlargement of the spleen; this disease is often simply called plīhan; it includes the type of udara caused by enlargement of the liver (see Gayadāsa and Ḍalhaṇa on Su.Ni.7.4 and 14b-16).
19. This type is the same as kṣatāntra or kṣataja udara (Gayadāsa on Su.Ni.7.4); it is also called parisrāvyudara (Gayadāsa on Su.Ni.7.19b-21a).
20. plīhan as one of the diseases caused by blood is also found in Suśruta's list of rakta-doṣajā vikārāḥ (Su.Sū.24.9) and in Vāgbhaṭa's lists of diseases which are raktaprapajaja (A.h.Sū.27.2d-5ab; A.s.Sū.36.6).
21. See e.g. Ca.Sū.19.3; Ci.13.82, 85-86, 135 and 161; Bhelasamhitā Ci.2.13cd-15; Ci.9.9; Ci.13.32; Ci.17.43; Vaṅgasena 40.47, 105-107 and 131.

22. See e.g. *Bhelasamhitā* Ci.13 (udara) and 25 (pliha-halimaka); Cakrapāṇidatta's *Cikitsāsamgraha*.
23. udaka is said to differ from the element rasa; see Śrīkaṇṭhadatta on *Mādhavanidāna* 49.25cd-30.
24. See Su.Sū.17.4; Śrīkaṇṭhadatta on *Mādhavanidāna* 57.13cd.
25. See e.g. Cakrapāṇidatta on Su.Sū.21.25.
26. See e.g. *Ḍalhaṇa* on Su.Sū.24.8; Gayadāsa on Su.Ni.11.21; Cakrapāṇidatta on Ca.Sū.1.57.
27. doṣā ekaśo dviśaḥ samastā śoṇitasahitā vā.
28. yathā raktam adhiṣṭhānam vikārāṇām vikāriṇām/anyan na hi tathā dūṣyam.
29. These diseases by vāta, pitta and kapha are called nānātmaja and have to be distinguished from those called sāmānyaja in which more than one doṣa has become excited (see Cakrapāṇidatta on Ca.Sū.20.10).
30. ucyate dhātūnām malānām ca doṣasamsarge doṣavyapadeśa iti.
31. Compare Cakrapāṇidatta on Ca.Sū.9.4.
32. The dūṣyas can be corrupted, independently of the doṣas, by a specific power inherent in certain substances, as stated by *Ḍalhaṇa* (on Su.Sū.20.20). An example of a substance causing corruption of the blood is dadhi (Su.Sū.45.66); siddhārthaka is said to excite the blood (Su.Sū.46.59).
33. See Cakrapāṇidatta on Su.Sū.1.35 on the uses of the word prakopa.
34. These fifteen types of prasara are also referred to by Śrīkaṇṭhadatta on *Mādhavanidāna* 42.5.
35. A group of more than three doṣas is referred to by *Ḍalhaṇa* in his explanation of the compound doṣasamghāta (Su.Sū.17.3).
36. Śrīkaṇṭhadatta observes (on *Mādhavanidāna* 56.6) that blood is dūṣaṇa with respect to the lips in the raktaja type of oṣṭharoga.
37. See e.g. Cakrapāṇidatta on Ca.Ni.4.27-35; Aruṇadatta and Hemādri on A.h.Sū.1.30-31.
38. See e.g. Ca.Ni.4.8; Cakrapāṇidatta on Ca.Ni.4.27-35; Gayadāsa on Su.Ni.11.13-14ab and 21.
- The element rasa is also homologous with kapha (A.s.Sū.11.8), as well as māṃsa (Hemādri on A.h.Sū.11.8); māṃsa has a relation of homology with vāyu according to Śrīkaṇṭhadatta (on *Mādhavanidāna* 38.22cd-24ab).
39. Compare A.s.Sū.36.5: caya, prakopa and praśama of blood are the same as those of pitta.
40. An exception is found in Gayadāsa's comment on the raktaja type of the disease called rohiṇī (on Su.Ni.16.50).
41. Examples are: Cakrapāṇidatta on Ca.Ci.12.94-95; *Ḍalhaṇa* on Su.U.42.7cd-8ab; Vijayarakṣita on *Mādhavanidāna* 28.3; Śrīkaṇṭhadatta on *Mādhavanidāna* 56.55; 57.13cd; 59.44cd-45ab; 60.5cd.
42. See Śrīkaṇṭhadatta on *Mādhavanidāna* 56.32: pitta is said to be raktayoni.
43. See e.g. his comments on Ca.Sū.1.57.
44. The use of the word kartṛ does not always prove that a doṣa in the restricted sense is referred to, as appears from a passage of Indu's commentary on the *Aṣṭāṅgasamgraha* (U.29.6). Indu says there that blood, since it gives rise to disease (rogakartṛtvāt), has the same position (samakakṣyatā) as a doṣa, without being one.
45. ārambhakatva is ascribed to medas by Gayadāsa (on Su.Ni.13.42).
46. Gayadāsa (on Su.Ni.1.40-44) is of the opinion that blood is not a doṣa in this disease. Śrīkaṇṭhadatta (on *Mādhavanidāna* 38.26) endows pitta and rakta with ārambhakatva in the disease called apacī.
47. Indu says that blood is, in the same way as the doṣas, endowed with the ability of generating (janakatva) particular diseases.
48. I.e. those who adhere to the teachings of the *Suśrutasaṃhitā*.
49. See on this subject Vijayarakṣita on *Mādhavanidāna* 23.8-12.

#### Abbreviations

A.h.	- Aṣṭāṅgahrdayasaṃhitā
A.s.	- Aṣṭāṅgasamgraha
Ca.	- Carakasamhitā
Ci.	- Cikitsāsthāna

Ni.	- Nidānasthāna
Su.	- Suśrutasaṃhitā
Sū.	- Sūtrasthāna
U.	- Uttaratāntra

### Bibliography

- Aṣṭāṅgahṛdayasaṃhitā, with the commentaries of Aruṇadatta and Hemādri, ed. by Kuṅṭe and Navre, 6th ed., Bombay 1939.
- Aṣṭāṅgahṛdayasaṃhitā, with the Śaśilekhā commentary of Indu, ed. by Vayaskara N.S. Mooss, Parts 1-5, Kottayam 1956-1978.
- Aṣṭāṅgahṛdayasaṃhitā, Uttaratāntra, with the Tattvabodha commentary of Śivadāsasena, ed. by Jyotiṣacandra Devaśarman, Śrīsvāmi Lakṣmīrāma Nidhi Granthamālā 2, Calcutta 1942.
- Aṣṭāṅgasamgraha, with the commentary of Indu, ed. by A.D. Āṭhavale, Poona 1980.
- Bhelasamhitā, ed. by V.S. Venkatasubramania Sastri and C. Raja Rajeswara Sarma, New Delhi 1977.
- Cakrapāṇidatta, Cikitsāsamgraha, with the Tattvacandrikā commentary of Śivadāsasena, ed. by Jayadeva Vidyālaṅkāra, Lahore 1928.
- Carakasamhitā, with the commentary of Cakrapāṇidatta, ed. by Vaidya Jādavaji Trikamji Āchārya, 3rd ed., Bombay 1941.
- Hāritasaṃhitā, with a Hindī commentary by Ravidattaśāstrin, Bombay 1927/28.
- Kāśyapaśamhitā, with Sanskrit Introduction by Hemarāja Śarmā and a Hindī translation by Śrī Satyapāla Bhiṣagācārya, Kāśī-Saṃskṛta-Granthamālā 154, Banāras 1953.
- Mādhavanidāna, with the commentary Madhukośa and with extracts from Ātaṅkadarpaṇa, ed. by Vaidya Jādavaji Tricumji Āchārya, 5th ed., Bombay 1955.
- Sharma, P.V., Āyurved kā vaijñānik itihās, Jayakṛṣṇadāsa Āyurveda Granthamālā 1, Vārāṇasī 1975.
- Sharma, Shiv (Ed.), Realms of Ayurveda, New Delhi 1979.
- Sharma, Shiv, The sytem of Ayurveda, Bombay 1929.
- Śārṅgadharasaṃhitā, with the commentaries of Āḍhamalla and Kāśīrāma, ed. by Paraśurāma Śāstrī, 2nd ed., Bombay 1931.
- Suśrutasaṃhitā, with the commentaries of Ḍalhaṇa and Gayadāsa, ed. by Vaidya Jādavaji Trikamji Āchārya, revised 3rd ed., Bombay 1938.
- Suśrutasaṃhitā, Sūtrasthāna, with the Bhānumatī commentary of Cakrapāṇidatta, ed. by Vaidya Jādavaji Trikamaji Āchārya and Nandkishor Sharmā, Śrīsvāmi Lakṣmīrāma Nidhi Granthamālā 1, Agra 1939.
- Vaṅgasena, ed. by Lālāśāligrāma, Bombay 1924/25.