

## DEATH AND DYING IN THE UPANISADS, BHAGAVAD-GITA AND CARAKA SAMHITA

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### Introduction

Death, dying and immortality appear at the interface of medical, cultural and religious teaching in many cultures and over thousands of years. Chinese medicine advocated *yangsheng* (life nurturing), and the desire for immortality was documented during the Han dynasty (206 BCE – 220 CE).<sup>1</sup> Galen (129-c216CE) wrote on both medical aspects of long life and philosophical ideas of creation and soul,<sup>2</sup> whilst medical ethics today in western cultures not infrequently links to religious beliefs of Christianity and Judaism originating over two millennia ago. This essay explores death and dying in ancient Sanskrit religious and medical texts.

### The texts

The Upaniṣads are part of the divinely inspired Vedic Sanskrit scriptures. The earliest have been dated to around the eighth century BCE. The spiritual content largely focuses on Brahma – the divine source of the universe, *ātman* – the soul which never dies, *karma* – action influencing life and reincarnation (rebirth), and *mokṣa* – the path to ultimate salvation and liberation from the reincarnation cycle. There are various canons of Upaniṣads. The oldest ten are often referred to as the principal Upaniṣads, whilst the *Muktika Upaniṣad Canon* lists 108. The <http://www.astrojyoti.com/Upaniṣadspage.htm> translation of the *Muktika Canon*<sup>3</sup> has been used in this essay, along with Juan Mascará's<sup>4</sup> translations, checking both whenever possible.

<sup>1</sup>Paul Unschuld *Medicine in China: A history of ideas* (Berkeley: University of California Press, 1985) p 109-112

<sup>2</sup>PN Singer *Galen: selected works* (Oxford: Oxford University Press, 1997)

<sup>3</sup><http://www.astrojyoti.com/Upaniṣadspage.htm> *Muktika Upaniṣad Canon* accessed 16 Jan.07

<sup>4</sup>Juan Mascará (tr.) *The Upaniṣads: translations from the Sanskrit with an introduction* (London: Penguin Classics, 1965) p 7

The *Bhagavad-Gita*<sup>5</sup> (*Song of the Lord*), a conversation between the god Krishna and the warrior Arjuna on the eve of the Kurukṣetra war, is the sixth book of the epic Sanskrit poem the *Mahābhārata*. It is a philosophical and ethical work expressing many new ideas discussed in the context of Arjuna's reservations about the forthcoming battle. The date of composition has not been clearly ascertained, although it is likely to have been between 200BCE and 200CE, with some revisions later.<sup>6</sup>

The *Caraka Saṃhitā*<sup>7</sup> (*Caraka's Compendium*) is the earliest specific ayurvedic medical text. Some evidence points to Caraka having been a physician to King Kaniṣka (second century CE). Caraka states that he is recording the teaching of Ātreya to his pupil Agniveśa, physicians now lost in legend. The text was further edited and added to by Dṛḍhabala probably around the fifth century CE.<sup>8</sup> Like classical Greek medical authors, Caraka included theological and philosophical discussion alongside medical advice.

There were strong traditions of oral transmission for both medicine and religious teachings in India.<sup>9</sup> Medicine was said to have originated with Brahma, the creator, indicating both its divine nature and ancient roots.<sup>10</sup> Although the Upaniṣad and *Bhagavad-Gita* texts appear chronologically before the *Caraka Saṃhitā*, because of oral transmission it should not be deduced that medical practices are based on these earlier philosophical texts.

The *Caraka Saṃhitā* mentions various concepts relating to life and death, whilst referring to the collections of prayers and hymns in the four Vedas as the 'authoritative scriptures' for information on spiritual well-being.<sup>11</sup> It would not

<sup>5</sup>Juan Mascará (tr.) *The Bhagavad Gita; translated from the Sanskrit with an introduction* (London: Penguin Classics, 1962)

<sup>6</sup>Anna L Dallapiccola, *Dictionary of Hindu Lore and Legend* (London: Thames and Hudson, 2002) p 37

<sup>7</sup>The text of the *Caraka Saṃhitā* used in this essay is *Caraka-Saṃhitā* tr. Priya Vrat Sharma (Varanasi: Chaukhambha Orientalia, 2000-2001), unless stated otherwise.

<sup>8</sup>Dominik Wujastyk *The Roots of Ayurveda* (London: Penguin Classics, 2003) p 3-4

<sup>9</sup>Wujastyk *Roots of Ayurveda* p 8-9

<sup>10</sup>*Caraka Saṃhitā, Sūtrasthāna* Ch I v 4-5

<sup>11</sup>*Caraka Saṃhitā, Sūtrasthāna* Ch XI v 27

be expected that scriptural and medical texts would have identical objectives. Caraka states that the objectives of medicine are to encourage long life, reasonable wealth and a good rebirth,<sup>12</sup> whereas the goals of religious teaching are to ensure *mokṣa*. However, various themes relating to death and dying emerge from the texts, in particular, longevity, spiritual preparation for death, and the role of the physician (*vaidya*) in the care of the dying.

## Longevity

Attitudes to death can not be entirely divorced from expectations of longevity, although clearly many people did not live until old age. Early Sanskrit texts such as the *Atharvaveda* contain hymns or prayers to achieve longevity.<sup>13</sup> The term ayurveda itself means ‘knowledge of life’, not in the metaphysical sense but medically as enhancing length of life.<sup>14</sup> Caraka explores longevity medically, whilst acknowledging psychological and spiritual aspects, and the potential impediments caused by disease to the performance of religious observances.<sup>15</sup> In *Śārīrasthāna* (relating to the body), Caraka describes the examination of the newborn for appearances and behaviours which are associated with longevity. Thus longevity rituals begin in infancy.<sup>16</sup> Although for Caraka, moderation is the key to longevity,<sup>17</sup> specific age-sustaining drugs are also listed in his pharmacopoeia.<sup>18</sup> This contrasts with religious texts. For example, the *Athavaśiras Upaniṣad* refers to a magical *soma* drink to achieve a state of deathlessness<sup>19</sup> <sup>20</sup> and the *Mahānārāyaṇa Upaniṣad* requests divine protection, asking Death

Do not cut off my life. Do not injure my interest. Do not cripple my strength....Do not hurt my progeny and life.<sup>21</sup>

It also asks the divine Ashvin physicians to ‘chase away death from us by virtue of the power of religious work’,<sup>22</sup> introducing at least in medico-religious terms, the concept of physicians intervening to prolong life. The *Bhagavad-Gīta* says little on longevity except for encouraging nutritious foods.<sup>23</sup>

Longevity is also related to deeds done in the present life (*purusakāra*) and in previous lives, Caraka using the terms *karma* and *daiva* (fate) interchangeably.<sup>24</sup> Sufficient positive aspects of both are associated with a long and happy lifespan.<sup>25</sup> However, if lifespan was completely predetermined, there would be no need for ritual practices such as mantras, expiation and fasting to enhance it, nor would one need to take precautions such as avoiding poisonous reptiles, enemies or fierce animals.<sup>26</sup> Caraka makes an analogy with the axle of a vehicle: if properly used the vehicle gradually wears out, but if driven inappropriately, as one may misuse the body (*prajñā-aparādha*, culpable insight or violations of good sense),<sup>27</sup> the axle may break in an untimely manner.<sup>28</sup> Medicine may be of benefit, although the effects of very bad karma may not be averted.

Caraka states that old age starts at sixty years and goes on to a possible 100 years.<sup>29</sup> One hundred is also referred to as an ideal in the *Īśā Upaniṣad*<sup>30</sup> in

<sup>12</sup> Caraka *Samhitā*, *Sūtrasthāna* Ch XI v 3

<sup>13</sup> A L Basham ‘The practice of medicine in ancient and mediaeval India’ p 18-43 In *Asian medical Systems: a comparative study* ed. Charles Leslie (Berkeley: University of California Press, 1977) p 19

<sup>14</sup> Wujastyk *Roots of Ayurveda* p xvii

<sup>15</sup> Caraka *Samhitā*, *Sūtrasthāna* Ch I v 6-7

<sup>16</sup> Caraka *Samhitā*, *Śārīrasthāna* Ch VIII v 51

<sup>17</sup> Caraka *Samhitā*, *Sūtrasthāna* Ch XI v 37

<sup>18</sup> Caraka *Samhitā*, *Cikitsāsthāna* Ch I v 13-26

<sup>19</sup> *Athavaśiras Upaniṣad* tr. PR Ramachander [www.astrojyoti.com](http://www.astrojyoti.com)

<sup>20</sup> Caraka appears to mention *soma* only briefly (*Cikitsāsthāna* Ch I v 5, Ch IV v 15-21), although *Suśruta* includes it ‘to prevent senility and death’ *Suśruta Samhitā* tr. Priya Vrat Sharma (Varanasi:

Chaukhambha Visvabharati, 2000) Vol 2 *Cikitsāsthāna* XXIX p 539

<sup>21</sup> *Mahānārāyaṇa Upaniṣad* tr. Swami Vimalananda [www.astrojyoti.com](http://www.astrojyoti.com) 51 v 1

<sup>22</sup> *Mahānārāyaṇa Upaniṣad* tr. Swami Vimalananda [www.astrojyoti.com](http://www.astrojyoti.com) 48 v 1

<sup>23</sup> *Bhagavad-Gīta* tr. Mascaró 17. 8

<sup>24</sup> Caraka *Samhitā* *Śārīrasthāna* Ch I v 116.

Mitchell Weiss ‘Caraka *Samhitā* on the doctrine of karma’ p 90-115 In *Karma and rebirth in classical Indian traditions* ed. Wendy Doniger Flaherty (Berkeley: University of California Press, 1980) p 90

<sup>25</sup> Caraka *Samhitā*, *Vimānasthāna* Ch III v 36

<sup>26</sup> Caraka *Samhitā*, *Śārīrasthāna* Ch VI v 28

<sup>27</sup> Weiss ‘Doctrine of karma’ p 90-115

<sup>28</sup> Caraka *Samhitā*, *Vimānasthāna* Ch III v 38

<sup>29</sup> Caraka *Samhitā*, *Vimānasthāna* Ch VIII v

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<sup>30</sup> *Īśā Upaniṣad* tr. Mascaró p 49

Naciketas's discussion with Yama god of death in the *Kaṭha Upaniṣad*,<sup>31</sup> and also in Chinese culture.<sup>32</sup> During old age, Caraka states that body tissues (*dhātu*), sense organs, strength, energy, virility and other bodily functions decline gradually.<sup>33</sup> Old age is also conceived as one of the six infirmities and is aligned with hunger, thirst, grief, sorrow and death.<sup>34</sup> Naciketas in his discussion with Yama comments 'There is no fear in heaven: old age and death are not there'.<sup>35</sup> Thus, although seeking an honourable long life was regarded as an ideal<sup>36</sup> with old age being associated with good previous actions and a potential for spiritual growth, old age was aligned with death and appears to have been viewed negatively.

### Spiritual preparation for death

Caraka debates issues of uncertainty relating to rebirth after departing from this world,<sup>37</sup> but rebirth is discussed more in the scriptural texts. Even so, the *Kaṭha Upaniṣad* reflects the uncertainties: human beings can not know all the 'secrets of death'.<sup>38</sup> However, understanding concepts around death would have been important for medical practice in a religious society as potentially influencing attitudes to medical treatment, death and dying.

The rebirth cycle is explained in the *Bhagavad-Gita*. The *ātman* is described as eternal, whilst the physical body is transient.<sup>39</sup> The soul can not therefore be slain,<sup>40</sup> a belief also reflected in the *Kaṭha Upaniṣad*.<sup>41</sup> Krishna explains to Arjuna in metaphor what happen to the *atma*

As a man leaves an old garment and puts on one that is new, the Spirit leaves this mortal body and then puts on one that is new.<sup>42</sup>

Although the *Bhagavad-Gita* states that with the promise of rebirth, there is no need for sorrow,<sup>43</sup> it also compares the relative miseries of rebirth into various human or non-human forms in the physical world with achieving *mokṣa* (immortality).<sup>44</sup> Even in heaven (*svargaloka*), when the store of karma has been used up, rebirth occurs.<sup>45</sup> Heaven is not synonymous with immortality in Sanskrit teaching.

As Naciketas learnt from Yama When all desires that cling to the heart are surrendered, then a mortal becomes immortal, and even in this world he is one with Brahman<sup>46</sup> The same thoughts, desires, hopes and actions determine both the journey through life and that after death.<sup>47 48</sup> Immortality may be achieved by the soul leaving the body whilst the senses are well controlled, focussing the mind on God, engaging in yogic practice, and uttering 'OM'.<sup>49</sup> It is achievable by all those who have sought God with intensity, even though their understanding may be limited. The route is described as a luminous path, darkness symbolising death and light immortality. This may link to the somewhat controversial statement in the *Bhagavad-Gita* that death in the spring or summer, times of increasing light, is more auspicious in achieving *mokṣa* than in the months of increasing darkness.<sup>50 51</sup>

There are also negative images of life after death, 'demon haunted worlds, regions of utter darkness'.<sup>52</sup> Other religious teachings relating to

<sup>31</sup> *Kaṭha Upaniṣad* tr. Mascaró p 57

<sup>32</sup> *Unschuld Medicine in China* p 109

<sup>33</sup> *Caraka Saṃhitā, Vimānasthāna* Ch VIII v 122

<sup>34</sup> *Vārāha Upaniṣad* tr. K Narayanasvami Aiyar [www.astrojyoti.com](http://www.astrojyoti.com) Ch 1 v9

<sup>35</sup> *Kaṭha Upaniṣad* tr. Mascaró p 56

<sup>36</sup> *Caraka Saṃhitā, Sūtrasthāna* Ch XI v 5

<sup>37</sup> *Caraka Saṃhitā, Sūtrasthāna* Ch X1 v 6

<sup>38</sup> *Kaṭha Upaniṣad* Part 1 tr. Mascaró p 57

<sup>39</sup> *Bhagavad-Gita* tr. Mascaró 2.14-16

<sup>40</sup> *Bhagavad-Gita* tr. Mascaró 2.19

<sup>41</sup> *Kaṭha Upaniṣad* Part 2 tr. Mascaró p 59

<sup>42</sup> *Bhagavad-Gita* tr. Mascaró 2.22

<sup>43</sup> *Bhagavad-Gita* tr. Mascaró 2.26-28

<sup>44</sup> *Bhagavad-Gita* tr. Mascaró 8.12, 15, 16

<sup>45</sup> Anantanand Rambachan, 'The Hindu way of death' p 640-648 In *Handbook of Death and Dying* ed. Clifton D Bryant (London: Sage Publications, 2003) Vol. 2 p 642

<sup>46</sup> *Kaṭha Upaniṣad* Part 6 tr. Mascaró p 66

<sup>47</sup> Rambachan 'Hindu way of death' p 642

<sup>48</sup> *Bhagavad-Gita* tr. Mascaró 8. 5-6

<sup>49</sup> *Bhagavad-Gita* tr. Mascaró 8. 12-14

<sup>50</sup> *Bhagavad-Gita* tr. Mascaró 8. 24-26

<sup>51</sup> *Bṛhadāraṇyaka Upaniṣad* tr. Swami Madhavananda [www.astrojyoti.com](http://www.astrojyoti.com) Ch 1 iii-28

<sup>52</sup> *Īśā Upaniṣad* tr. Mascaró p 49

death appear harder to comprehend, such as a discussion on the spiritual merits of Varanasi

The most corrupt man or woman will attain moksha, if he or she dies at Banares [Varanasi]. Other sinners will be fried in burning pits of live coals after death.<sup>53</sup>

In summary, the scriptural texts imply that a successful death requires knowledge of the impending event, with preparation to allow a peaceful and tranquil death, and the appropriate rituals to ensure best passage of the transmigrating soul.<sup>54-55</sup> We need to see if the medical approach is compatible with this.

### The physician's role

The  *vaidya*  is advised on an extensive physical examination for signs suggesting death in the foreseeable future. This examination would include complexion, voice, palpation, sense organs, shadow, lustre, together with psychological symptoms such as the patient talking feebly about his own death, suffering hallucinations<sup>56</sup> or other signs of delirium,<sup>57</sup> or changes in the environment such as in the patient's residence.<sup>58</sup> The list of bodily signs to be examined to determine prognosis amounts to many pages which can not all be listed here. However, they are often very precise and specific such as lips being 'blue like jamun fruits',<sup>59</sup> or changes in the tone of voice appearing for the first time to resemble that of a sheep or goat, 'feeble, subdued, indistinct, choked, faint, poor and stammering'.<sup>60</sup> The specific duration between observing the sign until the occurrence of death varies between signs, some predicting death within a year,<sup>61</sup> others predicting imminent death.<sup>62</sup> The ability of the  *vaidya*  to observe and

analyse the meaning of such signs implies considerable knowledge and skill. The image of imminent death of the emaciated, wasted, cyanotic (blue), feeble dependent person, possibly delirious, with changes in pattern of respiration is also clearly conveyed in various parts of  *Indriyasthāna* . In a moribund patient, Caraka talks of the physical changes in the body at the time of the departure of the  *ātman* ,<sup>63</sup> overlapping with the understanding of the  *atma*  in scriptural texts. Similarly, spiritual texts such as the Upaniṣads do not shy away from a physical description of dying, although this is far less detailed than in the medical text.<sup>64</sup> The medical-spiritual interface is again reflected here.

In the  *Caraka Saṃhitā*  the dying person is referred to as flowered, explained in the relationship and inevitable cycle of flower to fruit and seed, but also flowered in the context of a change in bodily smell.<sup>65</sup> A similar metaphor is found in the Upaniṣads: as a fruit 'is loosened from its stem, so the spirit of man is loosened from the human body and returns by the same way to life, wherefrom he came'.<sup>66</sup>

Caraka looks for auspicious signs, especially when the messenger is sent to him – the time of day, the date, the constellation, earthquakes, solar or lunar eclipses. Auspicious signs are also sought by the physician on his way to assess the patient and in the patient's home: talk with pleased gods, a clean tank, unclean objects, subduing enemies and many more.<sup>67</sup> Perhaps this reflects the earlier origins of medical practices in the  *Atharvaveda*  where supernatural causes and magical treatments for disease were evident.<sup>68-69</sup> In addition it appears that many of the inauspicious features especially related to the messenger sent to the physician may reflect on the

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<sup>53</sup>  *Bhasma-Jābāla Upaniṣad*  (translator not stated)

[www.astrojyoti.com](http://www.astrojyoti.com)

<sup>54</sup>  *Kaṭha Upaniṣad*  Part 3 tr. Mascaró p 61

<sup>55</sup>  *Brhadrāṇyaka Upaniṣad*  tr. Swami Madhavananda  
[www.astajyoti.com](http://www.astajyoti.com) Ch 1 v. 17

<sup>56</sup>  *Caraka Saṃhitā, Indriyasthāna*  Ch X v 14-17

<sup>57</sup>  *Caraka Saṃhitā, Indriyasthāna*  Ch X1 v 20-21

<sup>58</sup>  *Caraka Saṃhitā, Indriyasthāna*  Ch 1 v 3

<sup>59</sup>  *Caraka Saṃhitā, Indriyasthāna*  Ch 1 v 18-26

<sup>60</sup>  *Caraka Saṃhitā, Indriyasthāna*  Ch 1 v 15

<sup>61</sup>  *Caraka Saṃhitā, Indriyasthāna*  Ch II v 8-16

<sup>62</sup>  *Caraka Saṃhitā, Indriyasthāna*  Ch X v 1

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<sup>63</sup>  *Caraka Saṃhitā, Indriyasthāna*  Ch XII v 43-61

<sup>64</sup> 'The supreme teaching' in  *Upaniṣads*  tr. Mascaró p 139

<sup>65</sup>  *Caraka Saṃhitā, Indriyasthāna*  Ch II v 8-16

<sup>66</sup> 'The supreme teaching' in  *Upaniṣads*  tr. Mascaró p 138 and Rambachan 'Hindu way of death' p 640

<sup>67</sup>  *Caraka Saṃhitā, Indriyasthāna*  Ch X11 v 67-88

<sup>68</sup> Basham 'Practice of medicine' p 19

<sup>69</sup> Dominik Wujastyk 'Medicine in India' p 19-37 In  *Oriental Medicine: an illustrated guide to the Asian arts of healing*  ed. Jan Van Alpen and Anthony Aris (London: Serindia Publications, 1995) p 20

degree of distress shown by the messenger,<sup>70</sup> and possibly therefore the gravity of the situation.

The need for spiritual preparation for a good death does not appear to fit precisely with the practices recommended by Caraka. An example concerns giving information on the likelihood of death

The physician, though observing the signs of death, should not disclose the approaching death without having been requested for. Even on request, he should not express it if it is liable to cause the patient's death or affliction to somebody else.<sup>71</sup>

This may conflict with the *vaidya's* oath of initiation in which he agrees always to tell the truth,<sup>72</sup> although the concept of *dharma* (responsibility) is such that certain apparent obligations may have varying implications in differing circumstances (Personal communication, Dominik Wujastyk, 2007) Telling less than the full truth for the patient's benefit appears in other ayurvedic teaching, such as the instruction to therapeutically give owl meat, generally considered unpalatable, but telling the patient that it is peacock.<sup>73</sup> There is clearly an implication to do no harm, as in Hippocratic teaching. However, in the society in which these texts were written, not knowing of impending death may have impaired a person's preparation for achieving moksha, therefore causing spiritual harm.

Within Caraka's *Indriyasthāna* (diagnosis and prognosis) text, specific groups of symptoms are mentioned indicating that the physician should withdraw from treating the patient, such as the combination of 'vomiting after a meal, indigestion, galloping debility, excessive thirst and cardiac pain'.<sup>74</sup> It is made very explicit that

The experienced physician.....should not be inclined to treat him after observing the fatal signs.<sup>75</sup>

How much was for the physical or spiritual well being of the patient and how much for the material well being of the physician is unclear. In practicing medicine, Caraka stated that the *vaidya* may achieve all three aims of the ethical doctrine of life, spiritual wellbeing, life satisfaction and material gain,<sup>76</sup> and

Treating an incurable disease certainly he suffers from loss of wealth, learning and reputation and from censure and unpopularity.<sup>77</sup>

There were also other groups of patients he should not treat including slanderers, violent people and the poor (who could not afford treatment),<sup>78</sup> who may have jeopardised his reputation. The concluding remarks of *Indriyasthāna* reinforce the physician's obligation to assess the indicators of unavoidable death, for his own success and reputation,<sup>79</sup> suggesting no further treatment would be available.

However, patients were also divided into curable (*sādhyā*) and incurable (*asādhyā*) which included a group where symptoms could be suppressed (*yāpyā*).<sup>80</sup> This palliation of symptoms was permitted by means of diet and skilled nursing.<sup>81</sup> The physician may have continued to have been involved. Caraka states that if the relatives of the patient were 'begging for his life' the *vaidya* could prescribe 'the diet with meat soup'.<sup>82</sup> This suggests that some palliative support was practiced, even for dying patients, thus making the statements about withdrawing from treatment even less clear, but possibly more compassionate.

Alternatively, it may just have been widely culturally understood that withdrawing care by the *vaidya* implied the fatality of the medical condition. This in itself, when based on thorough

<sup>70</sup>Caraka Saṃhitā, Indriyasthāna Ch X11 v 9-24

<sup>71</sup>Caraka Saṃhitā, Indriyasthāna Ch XII v 62-64

<sup>72</sup>Caraka Saṃhitā, Vimānasthāna Ch VIII v 13

<sup>73</sup>Caraka Saṃhitā, Cikitsasthāna Ch VIII v 147  
Caraka Saṃhitā tr. A Chandra Kaviratna and P Sharma  
2<sup>nd</sup> revised and enlarged edition (Delhi: SRI Satguru  
Publications, 1996)

<sup>74</sup>Caraka Saṃhitā, Indriyasthāna Ch VI v 3-6 one  
suspects this may be synonymous with a 'heart attack'  
in modern terminology.

<sup>75</sup>Caraka Saṃhitā, Indriyasthāna Ch XII v 62-64

<sup>76</sup>Basham 'Practice of medicine' p 23

<sup>77</sup>Caraka Saṃhitā, Sūtrasthāna Ch X v 7-8

<sup>78</sup>Caraka Saṃhitā, Vimānasthāna Ch VIII v 13

<sup>79</sup>Caraka Saṃhitā, Indriyasthāna Ch XII v 89-90

<sup>80</sup>Caraka Saṃhitā, Sūtrasthāna tr. Kaviratna and  
Sharma. Ch X v 1-16

<sup>81</sup>Caraka Saṃhitā, Sūtrasthāna tr. Kaviratna and  
Sharma. Ch X v 8-11

<sup>82</sup>Caraka Saṃhitā, Indriyasthāna Ch XII v 14-17



physical examination, may have been sufficient to allow religious and spiritual preparations for death, and thus for the patient's spiritual benefit in a society with strong religious beliefs in rebirth and immortality. With the association between old age and suffering amongst the six infirmities, one also wonders if attention from a physician would have been considered appropriate for frail elderly people in any circumstances.

## Conclusions

This essay has explored some of the ancient Sanskrit sources on death and dying from a historical perspective. There are limitations, mainly relating to the use of English translations, and the extensiveness of the Upaniṣads, so that any fully comprehensive study would be of considerable extra length. In addition, religious believers may question the whole exercise of treating religious texts historically: there is no intent to cause any offence by the methodology employed here. The emphasis on health and healing in ayurvedic medicine may account for a lack of secondary sources on death and dying from a medical history perspective, most secondary sources being religious or anthropological and emphasising contemporary practice.<sup>83 84</sup>

There are various other aspects of death and dying. Demons and death,<sup>85</sup> the soma elixir of immortality,<sup>86</sup> *satī* (a widow's self immolation on her husband's funeral pyre), *santhāra* (the Jain ritual of voluntary death by fasting), suicide,<sup>87</sup> rituals after death to ensure safe passage of the atma, or the unclean status of the dead body with implications both for religious ritual and the study of anatomy<sup>88</sup> could each be subjects for further research.

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<sup>83</sup>Rambachan, 'The Hindu way of death'

<sup>84</sup>Sylvia Vatuk 'The art of Dying in Hindu India' Chapter 13 p 121-128 In *Facing death: where culture, religion and medicine meet* ed. Howard M Spiro, Mary G MaCrea Curnen, Lee Palmer Wandel (Newhaven: Yale University Press, 1996)

<sup>85</sup>*Kāśyapa's Compendium* quoted in Wujastyk *Roots of Ayurveda* p 163-189

<sup>86</sup>*Suśruta Saṃhitā, Cikitsāsthāna* Ch XXIX p 539

<sup>87</sup>Upendra Thakur *The History of Suicide in India: An introduction* (Delhi: Munshi Ram Manohar Lal 1963)

<sup>88</sup>Kenneth Zysk, 'The evolution of anatomical knowledge in ancient India, with special reference to

In the context of a religious society, it is difficult to fully comprehend the medical aspects of dying without an understanding of ideas on longevity and preparation for death. Both medical and religious texts overlap in their content relating to death and dying, although they place different emphasis on the various elements of the process. Medicine is in essence a physical healing process, and this may not always be in concordance with the spiritual needs of the dying. However, Caraka detailed extensively how the *vaidya* should identify the dying person in order that mistakes were not made. Despite this identification, although generally having to tell the truth, the *vaidya* did not have to tell of impending death, and he was advised to withdraw from treating the dying, leaving unclear the position of the physician in providing palliative care. The *vaidya's* responsibilities did not appear to entirely concur with the scriptural texts emphasising preparation for death, although withdrawal from the patient's care may have been enough to convey the prognosis. Withdrawal of the *vaidya* from treating the dying suggests that after medically ascertaining that his patient was near death, death was largely a cultural and religious event.

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## Acknowledgements

I am very grateful to Dr Dominik Wujastyk for his enthusiastic discussions in the preparation of this essay.

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