

CAUSES OF SUFFERING: UNRAVELLING SUŚRUTA AND SĀŅKHYA

Vitus Angermeier & Anja Vukadin
University of Vienna

A passage on suffering (*duḥkha*) in the first section of the *Suśrutasamhitā* (SS), one of the foundational compendia of Āyurveda, elaborates on three kinds of suffering. The very same scheme also occurs in the commentarial literature of Sāṅkhya, one of the oldest and most important philosophical systems of South Asia. In the SS, however, this account leads a solitary life, never being referred to in the whole work again, or in other contemporary medical literature. This article determines the actual position of this passage within the work and its relation to the Sāṅkhya parallels, and examines other approaches regarding the causation of suffering and disease in the SS. To this end, not only its representation in the vulgate edition of the SS but also the version appearing in three early Nepalese manuscripts is considered.

1. INTRODUCTION

A quite sophisticated scheme on the causation of diseases, elaborated in the twenty-fourth chapter of the first section of the *Suśrutasamhitā* (SS), one of the foundational compilations of early Āyurveda, has drawn the attention of several scholars in the last decades.¹ In search for evidence of an understanding of contagion in ancient Indian medicine, Kenneth Zysk paraphrased the scheme in his article “Does Ancient Indian Medicine Have a Theory of Contagion”.² More recently, Dominik Wujastyk referred to it in his “Models of Disease in Ayurvedic Medicine”.³ Earlier, in his 1997 study “The triple suffering. A note on the *Sāṅkhya-kārikā*”, Ferenc Ruzsa conjectured that the SS might be “the real source” of a concept that was later adopted in the commentarial tradition of Sāṅkhya to explain what is meant by the triad of suffering (*duḥkhatraya*), referred to at the very beginning of the *Sāṅkhyakārikā* (SK).⁴ This theory, however, was questioned by

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2 Zysk 2000: 85–87.

3 Wujastyk 2017.

4 See Ruzsa 1997; SK 1.

Roland Steiner in his 2007 reply “Das ‘dreifache Leiden’ in Sāṃkhyakārikā 1”. Steiner rightly argues that the scheme found in SS 1.24 is never applied for practical purposes in other contexts of the SS.⁵ While Ruzsa opines that “in a medical context, the identification of the pathologic state, *duḥkha*, based on its origin seems justifiable”, Steiner does not hold that this analysis of suffering particularly fits a medical context, not least because he sees no evidence that the scheme was used more widely in that domain.⁶

While Ruzsa and Steiner had their focus on the Sāṃkhya tradition and only touch on the medical tradition in a few sentences, in this article we undertake a more detailed analysis of how suffering is handled in the SS, as well as theories on its causation, topics not sufficiently addressed in the above-mentioned publications. Based on new evidence from Nepalese manuscripts made accessible by the Sushruta Project,⁷ we show that the representation of the triad of suffering in the SS has changed over the centuries and that it must have looked quite different when the first commentaries on the *Sāṃkhyakārikā* emerged. Furthermore, by examining the descriptions of disease causation in other parts of the SS, we reaffirm Steiner’s observation that this triad was not applied for practical purposes. This examination shows that, to categorize diseases, the SS generally relies on a simple toolbox of four termini that are employed in different compositions, depending on the context. Finally, on this basis we reevaluate the relation between the concepts of suffering proposed in the SS and in the Sāṃkhya tradition.

2. THE SOPHISTICATED SCHEME

Chapter 1.24 of the SS, whose title promises to “fully describe disease” (*vyādhisamuddeśīya*), initially distinguishes two kinds of diseases: “those to be cured by the knife and those to be cured by treatment with oils and similar substances”.⁸ This distinction is, of course, important for a work focusing on surgery; however, what interests us is the ensuing differentiation of suffering in general, according to its causation. In the vulgate edition by Jādavji Trikamji and Rām Nārāyaṇ (SS_A), the passage reads as follows:

Previously,⁹ it was stated that diseases are the conjunctions of this [individual]¹⁰ with suffering. And this suffering is of three kinds:

5 See Steiner 2007: 516.

6 See Ruzsa 1997: 4; Steiner 2007: 516: “Ich kann jedoch nicht sehen, daß diese Differenzierung für praktische medizinische Zwecke nutzbar gemacht wird, weshalb ich im Unterschied zu RUZSA auch nicht finde, daß diese Analyse des Leids nun besonders in einen medizinischen Kontext paßt.”

7 See <<https://sushrutaproject.org/>>.

8 Cf. SS_A 1.24.3: *dvividhās tu vyādhayaḥ śāstrasādhyāḥ snehādikriyāsādhyāś ca*. The passage further states that “in the case of those to be cured by the knife, the treatment with oils, etc. is not forbidden; in the case of those to be cured by treatment with oils, etc. the application of knives should not be done” (*tatra śāstrasādhyeṣu snehādikriyā na pratiśidhyate, snehādikriyāsādhyeṣu śāstrakarma na kriyate*).

9 This clearly refers to SS_A 1.1.23: “The conjunctions of this [individual] and suffering are called diseases” (*tadduḥkhasaṃyogā vyādhaya ucyaṭe*). We will discuss this passage in more detail at the beginning of Section 4.

10 According to Ḍalhana, the *tad* here refers to either body and self (*śarīraśarīrin*) or body and mind (*śarīramanas*). But, as mentioned in the previous footnote, *tadduḥkhasaṃyoga* is a quote from SS 1.1.23, and the preceding passage (1.1.22) makes clear that *tad* refers to *puruṣa* (person/individual).

1. related to that which belongs to the self (*ādhyātmika*),¹¹
2. related to that which belongs to living beings (*ādhibhautika*), and
3. related to that which belongs to the divine/supernatural (*ādhidaivika*).¹²

This is followed by a larger classification of seven kinds of disease, which is later aligned with the triad of suffering:

This [ternary suffering], however, comes about in the case of the sevenfold disease. These sevenfold diseases, in turn, are the following:

1. set in motion by the forces of descent,
2. set in motion by the forces of birth,
3. set in motion by the forces of the morbid factors,
4. set in motion by the forces of injury,
5. set in motion by the forces of time,
6. set in motion by the forces of the supernatural, and
7. set in motion by the forces of one's own nature.¹³

Table 1 Relation of types of suffering and kinds of disease according to Ḍalhaṇa and the printed editions.

suffering related to	diseases due to
the self	descent
	birth
	morbific factors
the beings	injury
	time
the supernatural	the supernatural
	one's own nature

The following passages explicate that these seven kinds of diseases belong to specific classes of suffering (cf. Table 1), and they provide examples and definitions for them.

11 If we understand the double vṛddhi form (*ādhi* and *ātmika*, and in the following two cases *ādhi* and *bhautika*, as well as *ādhi* and *daivika*) as two abstraction levels, we would have to translate the term *ādhyātmika* as “that which is related to something that belongs to the self”. However, as Dominik Haas has brought to our attention, in the Upaniṣads *adhyātma* is usually used as an adverb. Therefore, the addition of the suffix *-(i)ka*, which requires the vṛddhi form in the first syllable, very likely has the function to clearly mark the term as an adjective.

12 SS_A 1.24.4: [...] *pragabhihitam tadduḥkhasamyogā vyādhaya iti. tac ca duḥkham trividham – ādhyātmikam, ādhibhautikam, ādhidaivikam iti.* [...] The quotation marks show that this *tadduḥkhasamyogā* was mentioned before, in SS 1.1.23 (cf. fn. 9).

13 SS_A 1.24.4: [...] *tat tu saptavidhe vyādhāv upanipatati. te punaḥ saptavidhā vyādhayaḥ tadyathā ādibalapravṛttāḥ janmabalapravṛttāḥ doṣabalapravṛttāḥ saṃghātabalapravṛttāḥ kālabalapravṛttāḥ daivabalapravṛttāḥ svabhāvabalapravṛttāḥ iti.*

First:

Among these, those [diseases] **set in motion by the forces of descent** are skin diseases,¹⁴ haemorrhoids,¹⁵ etc., connected with defects of semen and [menstrual] blood; these are also of two kinds: arising through the mother and arising through the father.

Those **set in motion by the forces of birth**, which arise due to wrongdoings of the mother, are lameness, innate blindness, deafness, muteness, twang, dwarfism, etc.;¹⁶ these are also of two kinds: caused by tastes/nutritious fluid¹⁷ and caused by offences against pregnancy cravings.¹⁸

Those **set in motion by the forces of the morbid factors** are those which occur as maladies¹⁹ and are caused by wrong diet and activity; these are also of two kinds: arising in the stomach and arising in the intestines.²⁰

And, once more, they are of two kinds: corporeal and mental.²¹ These are the [diseases] **related to that which belongs to the self.**²²

Second:

Those **set in motion by the forces of an injury** are the exogenous [diseases happening] to a weak one due to a confrontation with a stronger one. These are again of two kinds: caused by weapons and caused by wild animals. These are those **related to that which belongs to living beings.**²³

14 In the chapter on the causation of skin disease (SS 2.5), *kuṣṭha* is presented as caused by improper diet and conduct, affecting all three morbid factors together (SS 2.5.3). Only near the end of the chapter is it mentioned that evil deeds are said to cause skin disease, either in this life or in the next (2.5.30–31ab). In this last case, it could be argued that the disease originates by means of descent; however, it instead falls in the category of *daiva*.

15 In the chapter on the causation of haemorrhoids, they are described as divided into six kinds (SS 2.2.3): by wind, bile, phlegm, or blood, by the confluence of the morbid factors, and as congenital (*sahaja*). Only the last kind fits here.

16 Cf. SS 3.2.51, where aggravation of wind and neglected desires during pregnancy (*dauhrde* 'vamānīte) are mentioned as causes of being humpbacked/crooked (*kubja*), having crooked arms (*kuṇi*), being lame (*paṅgu*), being mute (*mūka*), or having a twang (*minmina*).

17 It is not clear if *rasa* refers to taste or to the nutritious fluid here, but both play an important role in metabolism, which also includes the production of bile, wind, and phlegm. For more details on this process, see Angermeier 2020: 130–144; Kutumbiah 1969: 40–44.

18 Ḍalhaṇa's comment makes it very clear that the term *dauhrda* refers to pregnancy cravings: "and 'caused by offences against pregnancy cravings' means that, due to the power of the foetus, the mother has desires for [certain] sense objects from the fourth month onwards; these are called pregnancy cravings. An offence against it, however, is a disrespected pregnancy craving; 'disrespected' means unobtained or unfavourable for the foetus" (*dauhrdāpacārakṛtās ceti garbhānuhāvān mātuś caturthādīmāseṣv indriyārthaprārthanā, dauhrdam ity ācakṣate; tasyāpacāras tu dauhrdam evāpamānitam, apamānitam alabdham garbhasyāhitam vā*).

19 Or "which arise from sickness", but as we speak about diseases here such an interpretation would result in redundant information. Perhaps *ātāṅkasamutpannā* makes clear that we speak now of diseases in a narrower sense.

20 Such a concept that diseases arise either in the stomach or in the intestines is not encountered anywhere else in the SS. The common understanding is that the morbid factors have several specific seats (cf. SS 1.21.6–7) but can cause diseases anywhere in the body. A distinction based on the two mentioned organs is sometimes made regarding therapy: problems in the stomach should be treated with emetics, while those in the intestines require laxatives (see, for example, SS 4.2.52 on internal bleeding, or 4.4.3–6 on wind diseases). Furthermore, with the same therapeutic suggestions, poison is distinguished according to its location in the stomach or in the intestines (cf. SS 5.1.40–46, 5.2.27–28).

21 This second differentiation is not in line with the preceding one. Evidently, the previous sentences described only the corporeal morbid factors of bile, wind, and phlegm. Ḍalhaṇa simply accepts this little discrepancy: "The morbid factors are wind, etc., as well as agitation and darkness" (*doṣā vātādayo rajastamasī ca*).

22 SS_A 1.24.5: *tatrādībalapravṛttā ye śukraśoṇitadoṣānvayāḥ kuṣṭhārsāḥprabhṛtayah, te 'pi dvividhāḥ mātrjāḥ pītrjās ca. janmabalapravṛttā ye māturapacārāt paṅgujātyandhabadhīramūkamīnminavāmanāprabhṛtayo jāyante, te 'pi dvividhā rasakṛtāḥ dauhrdāpacārakṛtās ca. doṣabalapravṛttā ya ātāṅkasamutpannā mīthyāhārācārakṛtās ca te 'pi dvividhāḥ amāśayasamutthāḥ pakvāśayasamutthās ca. punaś ca dvividhāḥ śārīvā mānasās ca. ta ete ādhyātmikāḥ.*

23 SS_A 1.24.6: *saṅghātabalapravṛttā ya āgantavo durbalasya balavadvigrahāt, te 'pi dvividhāḥ śastrakṛtā vyālakṛtās ca. ete ādhibhautikāḥ.*

Third:

Those **set in motion by the forces of time** are the ones which are induced by cold, heat, wind, rain, etc. These are again of two kinds: caused by impaired seasons and caused by unimpaired seasons.

Those **set in motion by the forces of the supernatural** are the ones resulting from offences against the gods,²⁴ coming from one who has been insulted,²⁵ caused by black magic,²⁶ and originating due to infestation/ominous contact.²⁷ These are again of two kinds: caused by lightning and thunderbolts and caused by ghosts, etc.; and once more, they are of two kinds: by encounter²⁸ and by chance.

Those **set in motion by the forces of one's own nature** are hunger, thirst, aging, dying, sleep(iness), etc. These are also of two kinds: caused by time and not caused by time. Among these those caused by time are the ones caused by guarding oneself, and those not caused by time are the ones caused by not guarding oneself. These are those **related to that which belongs to the supernatural**.

And it concludes:

Here,²⁹ all diseases are included.³⁰

This is the form in which the passage is presented in the available printed editions and was received until now.

Dominik Wujastyk, who also describes this scheme in his article “Models of Disease in Ayurvedic Medicine”, is puzzled by the fact that the SS “placed humoral medicine, such an important part of medical explanation in Āyurveda in general, in a relatively minor location in its grand scheme of disease causation”. Since in other places the SS readily acknowledges the importance of the morbid factors, he concludes that the work “seems to have expressed a certain tension between its classificatory scheme of disease causation and the widespread dominance of the humoral theory”.³¹ It is more likely, however, that this grand scheme is simply not a well-integrated part of the medical system presented in the SS. Despite its comprehensiveness, it is never referred to in the whole compendium again. Although it boldly presents a whole range

24 In addition to gods, Ḍalhaṇa adds cows, teachers, and perfected ones here (*devagogurusiddhānā[m] drohāt*).
25 According to Ḍalhaṇa, “coming from an insulted one” means “originating from the insult of ṛṣis” (*abhiśastakā iti ṛṣiṇām ākrośajā*).

26 According to Ḍalhaṇa, “caused by black magic” refers to diseases of deadly nature caused by spells proclaimed in the Atharvaveda (*ātharvaṇakṛtā ātharvavedapraṇītābhicārikamantraī kṛtā māraṇātmakā vyādhayaḥ*).

27 According to Ḍalhaṇa, “*upasargaja* means connected/infested; thus, *upasargas* consist of fevers, etc., arising due to vicinity to afflicted people” (*upasargajā iti upasṛjyanta ity upasargāḥ pīḍitajanāsamīpoṭpannā jvarādayaḥ*). This could be understood as a description of contagion, but it is highly questionable if Ḍalhaṇa’s understanding can be projected back to the SS here (see Das 2000: 57–67; Zysk 2000: 86–88). In the SS and other sources from the same period, the term usually describes afflictions arising due to contact with supernatural phenomena like evil beings, curses, and sorcery. See Zysk 2000: 87–88.

28 According to Ḍalhaṇa, *samsargaja* means “originated by contact with mischievous beings like gods, etc.” (*samsargajā iti devādidrohakajanasamparkajā ityarthah*). However, *samsarga* can also denote a particular conjunction of celestial bodies, which would result in a better counterpart for *ākasmika* (by chance).

29 The term *atra* clearly refers to the whole scheme, and this short sentence thus concludes this classification, postulating that all diseases can be classified therein.

30 SS_A 1.24.7: *kālabalapravṛttā ye śītoṣṇavātavarṣāprabhṛtinimittāḥ, te 'pi dvividhāḥ vyāpannartukṛtā avyāpannartukṛtāś ca. daivabalapravṛttā ye devadrohād abhiśastakā atharvaṇakṛtā upasargajāś ca, te 'pi dvividhāḥ vidyudaśanikṛtāḥ piśācādikṛtāś ca, punaś ca dvividhāḥ samsargajā ākasmikāś ca. svabhāvabalapravṛttāḥ kṣut-pipāsājarāmṛtyunidrāprabhṛtayaḥ, te 'pi dvividhāḥ kālakṛtā akālakṛtāś ca, tatra parirakṣaṇakṛtāḥ kālakṛtāḥ aparirakṣaṇakṛtā akālakṛtāḥ. ete ādhidaivikāḥ. atra sarvavyādhyavarodhaḥ.*

31 Wujastyk 2017: 45. Regarding the roots and early development of this theory, see also Zysk 2021.

of definitions, the terms, as introduced here, are never applied in other contexts.³² However, we find the concept of ternary suffering, specified in the very same terms as in SS 1.24, repeatedly discussed in the commentarial literature of Sāṅkhya. This is rooted in the mention of a triad of suffering (*duḥkhatraya*) in the very first stanza of the *Sāṅkhyakārikā* (SK) by Īśvarakṛṣṇa.³³ There, the infliction by this triad (*duḥkhatrayābhigāta*), which is not explicated further, is presented as the reason for the desire to know its cause, leading to the necessity of Sāṅkhya, which thus functions as a means of liberation from worldly suffering. In later Sāṅkhya works, this triad of suffering is always understood to be *ādhyātmika*, *ādhibhautika*, and *ādhidāivika*.³⁴ This correspondence between the passage in SS 1.24.4–7 and the Sāṅkhya doctrine on suffering has led to various considerations among scholars regarding the relationship between the two.

Ferenc Ruzsa finds a distinction between – in his words – internal, external, and divine suffering “quite unjustified philosophically, functionally and also historically”.³⁵ He suspects that Īśvarakṛṣṇa thought of another triad and that the understanding proposed in the commentaries was established by the earliest commentator Gauḍapāda and never contested afterwards. Ruzsa’s solution consists of understanding our passage from SS 1.24 as the source of the commentarial understanding. In the case of Īśvarakṛṣṇa, he suggests a concept similar to that of the four noble truths in Buddhism. There, as in the SK, suffering is the starting point. In the Buddhist tradition, suffering is usually understood to be of four kinds – namely, birth, old age, illness, and death – of which Ruzsa emphasizes the last three. In an article that is basically a reaction to Ruzsa’s examinations, Roland Steiner justifiably criticizes these conclusions. He shows that the terms *adhyātma/ādhyātmika*, *adhibhūta/ādhibhautika*, and *adhidaivata/ādhidāivika* occur repeatedly in various Upaniṣads and also in the *Mahābhārata*, not always as a triad but rather as part of an inventory from which, depending on the purpose, specific terms were used.³⁶ Regarding the SS, he states correctly that there are no evident practical applications of this scheme for medical purposes. Therefore, according to him, it is more likely that a Sāṅkhya concept was included in the medical transmission rather than the other way round.³⁷

A closer look at the sophisticated concept presented in SS 1.24 supports Steiner’s conjecture. As already mentioned, neither the terms for the three kinds of suffering nor the seven types of diseases are mentioned anywhere else again in the SS with the same meaning.³⁸ Furthermore,

32 Linguistically related to the designations of the three kinds of suffering but in applications regarding a different topic, *adhibhūta*, *adhyātma*, and *adhidaivatā* are employed in the first chapter of the Śārīrasthāna (SS 3.1) presenting the Sāṅkhya theory of evolution. Of the terms describing the kinds of diseases, only *svabhāvalapravṛtta* is re-used once, to explain that foreign bodies can leave the body due to bodily reflexes “set in motion by the forces of one’s nature” (SS 1.27.5). Hellwig, who also noticed this passage, emphasized that both diseases set in motion by the forces of one’s own nature as well as the reflexes mentioned here are bodily processes that are difficult to control (Hellwig 2008: 41–42).

33 The SK can be dated to the second half of the fifth century CE; the commentarial literature starts from the sixth century (see Chakravarti 1951: 164–165; Frauwallner 1953: 186; Larson & Bhattacharya 1987: 209).

34 For a collection of passages from Sāṅkhya works understanding the triad of suffering in this way, see Vukadin 2023.

35 Ruzsa 1997: 3.

36 Regarding the function of terms like *adhidaivata*, *adhijyotiṣa*, *adhibhūta*, *adhijāñā*, and especially *adhyātma*, used to denote different discourse levels in epic literature, see Fitzgerald 2015: 127, note 11; on p. 101, Fitzgerald mentions a philosophical *ādhyātmika* tradition, which he understands as a predecessor of Sāṅkhya. For more details on this tradition, see Fitzgerald 2017: 670, note 3. Also in the Brāhmaṇas, *adhijāñā*, *adhidaiva*, and *adhyātma* denote discourse levels or layers of approach towards sacrificial rituals (see Bodewitz 1985: 12–13; Haas 2019: 1035).

37 Steiner 2007: 513–516.

38 See fn. 32.

the scheme is not only ignored in the rest of the work, its author(s) was/were also not particularly careful with medical aspects.

To begin with, the chosen examples for the first kind of disease, set in motion by the forces of descent, are skin disease (*kuṣṭha*) and haemorrhoids (*ārśa*). In the respective chapters dealing with these diseases, they are clearly described as usually caused by the morbidic factors due to improper diet and conduct. The chapter on the causation of haemorrhoids, after five more usual variants brought about by wind, bile, phlegm, blood, and a confluence of the morbidic factors, finally also mentions a congenital (*sahaja*) form.³⁹ In the chapter on the causation of skin disease *kuṣṭha* is presented as caused by improper diet and conduct, affecting all three morbidic factors together (SS 2.5.3). Only later it is stated that evil deeds allegedly also cause skin disease, either in this or in the next life.⁴⁰ Here, it could be argued that the disease originates by means of descent, but this case would fit much better in the category of *ādhidaivika*. Thus, of the two examples given for diseases caused by the force of descent, one is fitting but a rare special case while the other appears rather unsuitable. The diseases set in motion by birth are actually described in a similar way in the Śārīrasthāna of the SS (3.2.51), but apart from this mention they are rarely discussed. As Wujastyk already noted, the diseases set in motion by the forces of the morbidic factors hold a relatively minor position in the scheme, compared to their overall importance in āyurvedic medicine. Furthermore, their distinction into those arising in the stomach and those arising in the intestines is peculiar and not encountered anywhere else in the SS.⁴¹ In consequence, the second distinction into corporeal and mental diseases is irritating, because the preceding sentences clearly relied only on the bodily morbidic factors.⁴²

The next class of suffering, related to that which belongs to beings (*ādhibhautika*), simply refers to exogenous afflictions set in motion by the forces of injury (*saṃghāta*) and therefore is not in conflict with the depiction of exogenous suffering elsewhere in the SS.⁴³

However, the final class, which is related to that which belongs to the supernatural, is again problematic. It is conspicuous that the term *daiva* occurs both in the designation of the higher class of suffering – *ādhidaivika* –, as well as in the subordinate layer, in the name of the diseases “set in motion by the forces of the supernatural” – *daivabalapravṛtta*. This results in a logical problem. If they all belong to the class of suffering related to the supernatural, how can only certain diseases be caused by the supernatural, while others are caused by time (*kāla*) or by one’s own nature (*svabhāva*)? According to the SS chapter on seasonal conduct (SS 1.6), cold,

39 See SS 2.2.3, 2.2.15. As SS 2.2.15 explicitly mentions that this kind is caused by impaired menstrual blood and semen (*duṣṭaṣṇitaśukranimitāni*), this is probably the passage that led to the implementation of the *ādibalapravṛtta* category in SS 1.24.4–5.

40 See SS 2.5.30–31ab.

41 According to the common understanding, the morbidic factors have several specific seats (cf. SS 1.21.6–7) but can cause diseases anywhere in the body. A distinction according to the two mentioned organs is sometimes made regarding therapy: problems in the stomach should be treated with emetics, while those in the intestines require laxatives (see, for example, SS 4.2.52 on internal bleeding, or SS 4.4.3–6 on wind diseases). Furthermore, with the same therapeutic suggestions, poison is distinguished according to its location in the stomach or in the intestines (cf. SS 5.1.40–46, 5.2.27–28).

42 Mental factors would be agitation (*rajas*) and darkness (*tamas*), but these are usually induced by other factors than wrong diet or activity, and they are connected neither with the stomach nor with the intestines. It is noteworthy that according to the Sāṅkhya commentaries, all *ādhyātmika* suffering is either corporeal or mental, putting this distinction into a much more significant position (see Vukadin 2023: 61–69).

43 In the Uttarasthāna, in the description of exogenous fever (SS 6.39.75cd–82) supernatural causes (sorcery, curses, possession) are also enumerated, but generally, exogenous diseases are understood to be caused by more worldly phenomena, like injuries by humans, animals, fire or poison.

heat, wind, and rain are factors which characterize the seasons to varying degrees and thus influence different morbid factors throughout the year. This results in ever-changing risks of illness according to the seasons.⁴⁴ Thus, diseases caused by seasons are at the same time set in motion by the forces of the morbid factors. In SS 1.6.17, unimpaired seasons are traced back to abnormalities of cold, heat, wind, and rain, which again are credited to invisible causes (*adr̥ṣṭa*). It is not unlikely that the creator(s) of the sophisticated concept had this passage in mind and equated “invisible” with “divine/supernatural” to fit seasonal illness into the class of sufferings caused by supernatural phenomena.⁴⁵ The same could be true for those diseases set in motion by one’s own nature, also called natural (*svābhāvika*) diseases, but not associated with *daiva* elsewhere.⁴⁶ Actually, their description here is in conflict with the categorization. They are said to be of two kinds: caused by time and not caused by time.⁴⁷ Those caused by time are the ones caused by guarding oneself, and those not caused by time are the ones caused by not guarding oneself. Following this description, those caused by time fit much better in the category “set in motion by the forces of time”, while those not caused by time but by not guarding oneself can hardly be seen as caused by natural forces. Thus, on closer inspection, the entire subcategory becomes obsolete. The remaining class of diseases, those set in motion by the force of the supernatural, is the only one that fits well into the *ādhidaivika* category. It seems that the creator(s) of the sophisticated concept simply tried to collect similar phenomena like supernatural, invisible, or (inexplicable) natural disease causation under the encompassing rubric of *daiva* – without too much concern about consistency or practical applicability.

To summarize, the sophisticated scheme from SS 1.24 – as presented in the printed editions – is badly integrated, at certain points self-contradictory, at odds with concepts presented elsewhere, and never applied in other parts of the work. In particular, the layer describing the seven types of disease in several instances includes (and thus overemphasizes) very special cases that, in other places in the SS, only play a negligible role. Because the inclusion of these special cases in the corpus of the SS has to precede the composition of the passage on the seven kinds of disease, questions arise regarding the date of the scheme as a whole.

3. THE NEPALESE MANUSCRIPTS

Is it possible that the whole sophisticated concept presented in SS 1.24.4–7 was added at a later point in time? The SS is a medical compilation consisting of numerous layers, of which only a few are traceable today.⁴⁸ Like all the other editions, the standard vulgate published by Jādavji Trikamji and Rām Nārāyaṇ in 1938, which was used in this article up to this point, also basically presents the version of the SS that was commented upon by Ḍalhaṇa in the twelfth century CE.⁴⁹

Three manuscripts from Nepal, however, allow us to look beyond Ḍalhaṇa and, according to Kengo Harimoto, permit us “to recover a state of the text that it once was when it was

44 For more details on seasonal disease causation, see Angermeier 2022; Zimmermann 1987: 31–36; 1980.

45 Perhaps he also had in mind a passage from the *Carakasamhitā*, using the term *daiva* to designate the result of deeds done in a previous life (see CS 3.3.30–33; Angermeier 2007: 46–49, 76–77).

46 On *svabhāva*/*svābhāvika*, see Section 4.

47 As we shall see later, categorizing time-related suffering as supernatural is also common in the commentaries on the SK (see pp. 19–20 of this study).

48 See Meulenbeld 1999, IA: 336–342.

49 See Birch et al. 2021: 1.

more internally consistent and coherent⁵⁰. Unfortunately, in the oldest of these manuscripts (K),⁵¹ dated to 878 CE, the folio containing most of our passage is lost. Nevertheless, even though the other two manuscripts (N and H)⁵² are posterior to Ḍalhaṇa, they allow insight into a more archaic version of the SS. Despite the fact that K, N, and H do not directly derive from each other, they are quite close and clearly detached from the manuscripts following Ḍalhaṇa's reading. The line of transmission in Nepal remained generally uncontaminated by other versions until the sixteenth century.⁵³

Table 2 SS 1.24 in the Nepalese manuscripts and according to Ḍalhaṇa's reading, structural differences in **bold**.

Nepalese manuscripts (SS _N)	Ḍalhaṇa's version (SS _A)
1. Introduction (1–2)	1. Introduction (1–2)
2. Two kinds of disease (3) - to be treated by surgery - to be treated by oils, etc.	2. Two kinds of disease (3) - to be treated by surgery - to be treated by oils, etc.
3. Triad of suffering (4) - <i>ādhyātmika</i> - <i>ādhibhautika</i> - <i>ādhidāivika</i>	3. Sophisticated scheme (4–7) 3.1: Triad of suffering (4) - (a) <i>ādhyātmika</i> - (b) <i>ādhibhautika</i> - (d) <i>ādhidāivika</i>
4. Seven kinds of disease (4–7) - <i>ādibalapravṛtta</i> - <i>janma</i> ^o - <i>doṣa</i> ^o - <i>kāla</i> ^o - <i>saṃghāta</i> ^o = <i>ādhibhautika</i> - <i>daiva</i> ^o - <i>svabhāva</i> ^o	3.2: Seven kinds of disease (5–7) - <i>ādibalapravṛtta</i> → a - <i>janma</i> ^o → a - <i>doṣa</i> ^o → a - <i>saṃghāta</i>^o → b - <i>kāla</i>^o → d - <i>daiva</i> ^o → d - <i>svabhāva</i> ^o → d
5. Morbific factors as causes of all diseases (8)	4. Morbific factors as causes of all diseases (8)
6. Diseases according to the bodily constituents (9)	5. Diseases according to the bodily constituents (9)
7. Location of diseases (10)	6. Location of diseases (10)
8. Relation between morbid factor and disease (11)	7. Relation between morbid factor and disease (11)
9. Reference to the Uttarasthāna for more details (12)	8. Reference to the Uttarasthāna for more details (12)

Basically, the passage 1.24.4–7 is already present in all of the Nepalese manuscripts.⁵⁴ There are, however, two significant structural differences in the representation of the scheme. First, the short sentences *ta ete ādhyātmikāḥ* (at the end of 1.24.5), *ete ādhibhautikāḥ* (at the end of 1.24.6), and *ete ādhidāivikāḥ* (near the end of 1.24.7) are not there. These are the central connectors between the triad of suffering and the seven kinds of disease. Secondly, in the descriptions of the seven kinds of disease in 1.24.5–7, those set in motion by the force of

50 Harimoto 2011: 104. For more details on the three Nepalese manuscripts, see also Harimoto 2014. Klebanov 2021 provides the most comprehensive study of the three manuscripts, including a survey of previous research, descriptions of the manuscripts, and a section on the characteristics of the Nepalese version of the SS based on these manuscripts.

51 K is the siglum of the manuscript KL 699 in Klebanov 2021 and in the Sushruta Project.

52 H can be dated to the sixteenth century; N is younger than K but older than H, probably from the twelfth or thirteenth century. For more details on the dating, see Klebanov 2021: 18, 20–25.

53 See Harimoto 2014: 1089.

54 From the gap and the final words of 1.24.7 on the ensuing folio, we know that the passage was already included in K.

time (*kālabalapravr̥tta*) are dealt with before those enforced by injury (*saṃghātabalapravr̥tta*), while in Ḍalhaṇa and the printed editions they come afterwards.⁵⁵ Only through this reordering was it possible to easily put the time-induced diseases into the category of suffering related to the supernatural.⁵⁶ This means that, while the triad of suffering and the seven kinds of disease are already there in the Nepalese manuscripts, they are not as tightly connected there as in Ḍalhaṇa's version of the text. In the greater context of the whole chapter, they are simply two of several ways to categorize disease and suffering.

Beside these conspicuous structural differences, there are a few minor distinctions, mostly resulting from additions in Ḍalhaṇa's version of the text:

- The definition of *doṣabalapravr̥tta* is somewhat shorter in SS_N: “Called ‘set in motion by the force of the morbific factors’ are those produced by sickness and misconduct (*doṣabalapravr̥ttā nāma ya ātaṅkāpacāraḅṛtās*); and the first differentiation into those arising in the stomach and arising in the intestines is missing.
- The definition of *saṃghātabalapravr̥tta* is shorter in SS_N but contains a reference to the corresponding type of suffering: “Called ‘set in motion by the force of an injury’ are those which are exogenous, related to that which belongs to the living beings; these are of two kinds: (1) for a weak one due to a confrontation with a strong one, and (2) caused by weapons, etc. (*saṃghātabalapravr̥ttā nāma ya āgantava ādhibhautikās te dvividhāḅ, durbalasya balavadvighrahāc chastrādikṛtās ca*).
- The definition of *kālabalapravr̥tta*, apart from being listed earlier, also has some variations in SS_N: “Called ‘set in motion by the force of time’ are those which occur due to cold, heat, wind, rain and so forth; these are also of two kinds: [caused by] corrupted and uncorrupted [phenomena]” (*kālabalapravr̥ttā nāma ye śītoṣṇavātavarṣābr̥hṛtibhiḅ samutpannās te ‘pi dvividhā vyāpannā avyāpannās ca*).
- The *daivabalapravr̥tta* group is described similarly but with very different terms: “Called ‘set in motion by the force of the supernatural’ are those which are related to contact⁵⁷ [with supernatural forces], they are of two kinds: arising due to enchanting, cursing, and seizure” (*daivabalapravr̥ttā nāma ya aupasargikā dvividhā abhicārābhiṣāpābhiṣaṅgajāḅ*).⁵⁸
- Finally, in the case of *svabhāvabalapravr̥tta*, the description is the same but the differentiation is formulated the other way round (nevertheless with the same result): “these are again of two kinds: caused by guarding oneself and caused by not guarding oneself. Those caused by guarding oneself are caused by time; those

55 In the overview list of the kinds of disease in 1.24.4, N omits *kālabalapravr̥tta* while H also has it before *saṃghātabalapravr̥tta*.

56 See Table 2.

57 Later, in the works of Cakrapānidatta and Ḍalhaṇa, the term *upasarga* begins to denote disease transmission via contact with a diseased person (cf. fn. 27). In the SS and other sources from the same period, however, it usually describes afflictions arising due to contact with supernatural phenomena like evil beings, curses, and sorcery. See Zysk 2000: 87–88.

58 Other passages make clear that *abhiṣaṅga* consists of possession by supernatural beings, but it can also denote states of mental disturbance due to emotions and (according to the CS) even intoxication by poisonous wind. See SS 6.39.21 with Ḍalhaṇa's commentary, 6.39.265, and CS 6.3.114cd–118ab.

The contradiction between “of two kinds” (*dvividhā*, clearly legible in the manuscripts) and the following enumeration of three items indicates that something is wrong here. Since duality is a strong theme in this passage, *abhicārābhiṣāpābhiṣaṅga* was probably included here instead of an earlier pair of causes.

caused by not guarding oneself are not caused by time” (*te ‘pi dvividhā rakṣakṛtā arakṣakṛtāḥ, rakṣakṛtaḥ kālakṛtaḥ, arakṣakṛto ‘kālakṛtaḥ*).

Thus, we can see that quite a deal of editing was going on with this passage over the centuries. In the Nepalese version, the seed of the idea to combine the two schemes was formed in the description of the diseases “set in motion by the force of an injury”, which are described there as exogenous (*āgantū*). Also, while a short sentence in SS 1.24.4, bridging from the first to the second scheme, establishes a connection, a definitive allocation of certain kinds of suffering with specific types of diseases is not yet possible. For that aim, the diseases “set in motion by the forces of time” (*kālabalapravṛtta*) had to be shifted backwards, in order to form a meaningful group together with the last two items in the list.⁵⁹

The division into two basically independent schemes also makes sense in the wider scope of the whole chapter, which actually is a collection of various perspectives on disease.⁶⁰ Fitting the focus of the SS, it begins with a distinction between ailments to be treated through surgery and those to be treated by oils and similar remedies belonging to the domain of internal medicine (SS 1.24.3). After our two schemes (1.24.4–7), diseases are furthermore distinguished according to the morbidic factors of bile, wind, and phlegm (1.24.8), according to the bodily constituents they affect (9), and finally according to their location in the body (10). In the Nepalese version of the text, the two schemes are simply two among others, while in Dalhaṇa’s version the grand jointed scheme stands out and thus attracted the attention of the above-mentioned scholars. The concept was in all likelihood developed in early Sāṅkhya or its predecessors and then adopted for the SS by a redactor acquainted with Sāṅkhya theory but without much care for consistency with the medical tenets of the SS.⁶¹ In consequence, it was fused with the ensuing scheme of seven diseases in Dalhaṇa’s version, resulting in a complex model, which, though impressive at first sight, gained little relevance inside the medical tradition and was not considered in later works.

However, if this complex scheme had no practical impact on the SS, the question arises, what criteria did doctors then use to classify diseases instead? A detailed survey of the compilation reveals a more basic but highly flexible scheme employed in numerous contexts. This scheme comprises the topic of the next section of this study.

4. THE BASIC CONCEPT

In its very first chapter, the SS contains a simple classification of diseases according to their respective causation. This definition is embedded in a discussion of various basic concepts important for Āyurveda. After describing the human being as an aggregate of the five gross elements (water, fire, earth, wind, and ether) and the self (here *śarīrin*, a synonym of *ātman*), disease is defined in relation to it:

⁵⁹ See Table 2. This shift probably happened under the influence of Sāṅkhya sources, in which *ādhidaivika* suffering is usually described as caused by seasonal, time-related phenomena.

⁶⁰ Since collections of theories fit well into a work that sees itself as a compilation (*saṃhitā*), this kind of chapter could be a very early part of the SS.

⁶¹ One reason for Ruzsa to see the SS as a possible place of origin of the later Sāṅkhya concept of a ternary suffering was probably the early dates of composition often assigned to this compilation (see Meulenbeld 1999, IA: 342–344). However, due to the terminology, allusions to other passages, and the mentioned inconsistencies, it is reasonable to assume that this passage does not belong to its earliest layers. On the other hand, we can be sure that it was added before the ninth century, because, as shown by the Sushruta project, it is already there in the earliest surviving manuscript.

Association of suffering with this [human being] is referred to as diseases. These are of four kinds: **exogenous, corporeal, mental, and natural**.⁶²

At first glance, this distinction does not seem to be very well thought out. While the first and the last items through their names allude to the origins of the respective suffering, the second and the third refer to its location. The arbitrary terminology suggests that we are not dealing with a sophisticated theory here but rather with a simple categorization, primarily based on empirical experience. The ensuing passage provides more details regarding their causation and examples for some of the categories:

1. Among these the **exogenous** ones (*āgantū*) are caused by infliction.
2. The **corporeal** ones (*śārīra*), however, are rooted in food and drink and caused by wind, bile, phlegm, blood, their confluence, or their incompatibility.
3. The **mental** ones (*mānasa*), however, like anger, grief, fear, excitement, dejection, jealousy, discontent, wretchedness, envy, desire, greed, etc., develop through the breaking forth of likings and aversions.
4. The **natural** ones (*svābhāvika*), however, are hunger, thirst, ageing, dying, sleep, and natural [phenomena].⁶³

Let us have a closer look at the peculiarities of this list. In the *Carakasamhitā* (CS), the second foundational compilation of Āyurveda, as well as in later āyurvedic works, *āgantū* (exogenous) is usually contrasted with *nija* (endogenous) causation. While the SS never mentions *nija* but uses *śārīra* (corporeal) instead, it nevertheless refers to the very same idea. Furthermore, the list provides causes only for the first three kinds of diseases but not for the final, natural ones – probably because they were understood as causeless. Examples are provided only for mental and natural diseases. Thus, the information available here is slightly patchy, as visible in Table 3. Despite the incomplete depiction, this remains the only attempt to provide a general representation of this concept in the SS, which is applied on many occasions throughout the whole work.

Table 3 The basic concept of four kinds of disease (SS 1.1.24–25).

	exogenous (<i>āgantū</i>)	corporeal (<i>śārīra</i>)	mental (<i>mānasa</i>)	natural (<i>svābhāvika</i>)
causes	infliction	food/drinks, morbific factors	likings and aversions	–
examples	–	–	anger, grief, excitement, dejection, ...	hunger, thirst, aging, dying, ...

Usually, only a selection of the four kinds is adopted. For example, swellings/ulcers, wounds, foreign bodies, anal fistulas, and fever, according to the descriptions, can have either a corporeal

62 SS_A 1.1.23–24: *tadduḥkhasaṃyogā vyādhaya ucyante. te caturvidhā āgantavaḥ śārīrā mānasāḥ svābhāvikās ceti*. Variants in SS_N: *vyādhaya* → *vyādhaya ity*.

63 SS_A 1.1.25: *teṣāṃ āgantavo 'bhighātanimittāḥ. śārīrās tv annapānamūlā vātapittakaphaśoṇitasamṇipātava iṣamyanimittāḥ. mānasās tu krodhaśokabhayahaṣaviṣādersyābhyasūyādāinamātsaryakāmalobhaprabhṛtayaḥ icchādveṣabhedairbhavanti. svābhāvikās tu kṣutpipāsājarāmṛtyunidrāprakṛtayaḥ* (variant reading: *-prabhṛtayaḥ*). Variants in SS_N: *-pāna-* om.; *-samṇipāta-* om.; *-bhaya-* → *-dāinya-*; *-haṣaviṣādersyābhyasūyādāinya-* → *-haṣa-kāmaviṣādersyāsūyā-*; *-kāmalobhaprabhṛtayaḥ* → *-lobhādaya*; *bhedairbhavanti* → *nimittāḥ*.

For a detailed discussion of this passage and the commentary by Ḍalhaṇa on it, see Hellwig 2008: 36–39.

(endogenous) or an exogenous cause,⁶⁴ whereas miscarriage is traced back to exogenous and mental causes and insanity to corporeal and mental ones.⁶⁵ All kinds of milk as well as invigorating therapies (*rasāyanas*) are recommended against corporeal and mental disorders, and a good sick room is said to protect against exogenous, corporeal, and also mental diseases.⁶⁶ Thus, this basic concept serves as a toolbox from which only certain categories are used, depending on the intended application.⁶⁷

Table 4 Disease causes in the SS.

	exogenous	corporeal	mental	natural
1.1.4: general	•	•	•	
1.17.4 and 1.37.3–7: swelling/ulcers	•	•		
1.24.4–7: sophisticated concept	•	•	•	•
1.19.3–4: good sick room protects against	•	•	•	
1.23.13 and 4.1.3: wounds	•	•		
1.26.6 and 6.65.13: foreign bodies	•	•		
1.34.7: protection of the king from various threats	•	•		
1.45.49: milk during illness		•	•	
2.4.3: anal fistulas	•	•		
2.8.13: miscarriage	•		•	
4.27.5: <i>rasāyanas</i> are effective against various diseases		•	•	
4.29: <i>rasāyanas</i> against natural diseases				•
6.39.14: fever	•	•		
6.62.4: insanity		•	•	

In the lists in SS 1.1.23–25, the **exogenous** (*āgantū*) diseases are mentioned as the first item. This is fitting, of course, for a work focusing on surgery, because injuries often necessitate surgical procedures. However, even the SS repeatedly admits that the central āyurvedic concept is that of the three morbidic factors.⁶⁸ Therefore, it is not surprising that in most other contexts, endogenous, **corporeal** (*śārīra*) types of diseases are mentioned before their exogenous counterparts and that exogenous causation plays a subordinate role, even in the SS. Later in the same chapter, the exogenous ailments are distinguished in the following way:

However, the diseases that are **exogenous** occur, as is well known, in two ways: some in the **mind** and some in the **body**. Their treatment is again of two kinds: on the one hand, for those occurring in the body the treatment is like for the corporeal ones; for the mental ones, on the other hand, the comforting class beginning with sound⁶⁹ is cherished.⁷⁰

64 Cf. SS 1.17.4, 1.37.3–7 on swellings/ulcers (*śopha*), SS 1.23.13, 4.1.3 on wounds (*vraṇa*), SS 1.26.6, 6.65.13 on foreign bodies (*śalya*), SS 2.4.3 on anal fistulas (*bhagandara*), and SS 6.39.14 on fever.

65 Cf. SS 2.8.13 on miscarriage and SS 6.62.4 on insanity.

66 Cf. SS 1.45.49 on milk, SS 4.27.5 on *rasāyanas*, and SS 1.19.3–4 on sick rooms.

67 For an overview of the application of the basic concept, see Table 4.

68 See, for example, the beginning of SS 1.24.8: “And for all the diseases the root lies only in wind, bile and phlegm” (*sarveṣāṃ ca vyādhīnāṃ vātapittaśleṣmāṇa eva mūlam*).

69 This refers to pleasant sensory objects of all kinds.

70 SS_A 1.1.36–37: *āgantavas tu ye rogās te dvidhā nipatanti hi / manasy anye śārīre 'nye. teṣāṃ tu dvividhā kriyā // (36) śārīrapatitānāṃ tu śārīravat upakramah, / mānasānāṃ tu śabdādir iṣṭo vargaḥ sukhāvahaḥ. // (37)*

This means that the items of the list in 1.1.23–25 have to be understood as labels rather than categories and could be assigned to one and the same disease at once. It seems that two dichotomies could have been mixed into a triplet here: somatic and mental diseases, and endogenous and exogenous causation. Equating somatic diseases with endogenous ones, characterized by the agency of the morbidic factors, results in two leftover, incompatible counterparts: mental diseases and exogenous suffering. Of course, certain mental ailments could be explained by exogenous causes, but others are apparently induced by more internal factors. Likewise, injuries (which are, of course, exogenous) often cause bodily symptoms like fever or inflammation, which are best treated by measures elsewhere recommended to pacify the morbidic factors. Thus, it comes as no surprise that we find these three types of disease applied quite eclectically throughout the SS.

The two dichotomies, somatic and mental diseases, as well as endogenous and exogenous causation, are important and clearly described in later āyurvedic literature.⁷¹ However, we have to be careful not to presuppose their fully developed existence in earlier works like the CS and the SS. We mentioned before that the CS uses *nija* (endogenous) instead of *śārīra* (corporeal) to denote endogenous causation. This means that the term characterizing the more important mode of disease causation (via the morbidic factors) was less firmly established than the term for the minor mode consisting in exogenous causation. The whole dichotomy is problematic because the “endogenous” diseases caused by means of the morbidic factors are generally also traced back to external causes like wrong diet, conduct, or seasonal influences. On the other hand, many factors labelled as exogenous, like poisoning, injuries, or even enchanting and cursing, are said to affect the morbidic factors, such that the resulting diseases should be treated like their endogenous counterparts. This leads us to the following conjecture: at a certain early point in the formational phase of Āyurveda, the concept of a special exogenous causation, differing from unwholesome diet, conduct, and climate, entered the disciplines of a medicine which focused its theories around the agency of the morbidic factors of bile, wind, and phlegm.⁷² Though this medicine already accepted exogenous causation (as a root cause influencing the morbidic factors), it made room for this new category by positioning it in contrast to the own pre-existing concepts, which in consequence needed a separate designation. The authors of the SS simply placed the term *āgantū* beside *śārīra* and *mānasa*, leading to a conflation of endogenous causation and corporeal disease in many contexts. In the CS, the new term *nija* was introduced.⁷³

The fourth kind, the **natural** (*svābhāvika*) ways of suffering, is rarely discussed, probably because they either do not fall into the domain of therapy or because they are not understood as curable. If you are hungry, you simply have to eat; on the other hand, if death is imminent, there will be no remedy against it. Therefore, it is no wonder that the term *svābhāvika* never

71 See, e.g., AHS 1.1.20–21.

72 Further evidence for the conjecture that the *āgantū* class of diseases constitutes a later addition to the SS is provided by a stanza from a SS chapter on the physician accompanying the army: “The Atharvans consider hundred and one kinds of death: among these, one is connected with time; the rest are seen as exogenous (SS 1.34.6: *ekottaraṃ mṛtyuśatam atharvāṇaḥ pracakṣate / tatraikaḥ kālasamyuktaḥ śeṣā āgantavaḥ smṛtāḥ. ||*).”

73 See, e.g., CS 1.11.45: “The three [kinds of] diseases are innate, exogenous, and mental. Among these, the innate arises due to the bodily morbidic factors; the exogenous one arises due to supernatural beings, poisonous wind, fire, physical conflict, etc.; the mental one, however, arises due to obtaining what is desired and due to obtaining what is undesired” (*trayo rogā iti nijāgantūmānasāḥ. tatra nijaḥ śārīradoṣasamutthaḥ, āgantur bhūta viṣavāyavnisaṃprahārādisamutthaḥ, mānasaḥ punar iṣṭasya lābhāl lābhāc cāniṣṭasyopajāyate*).

occurs in the SS again. The more sophisticated concept of causes of suffering, as we have seen in Section 2, refers to such natural suffering as diseases “set in motion by the force of ones own nature” (*svabhāvabalapravṛtta*).⁷⁴ We know that this term in SS 1.24.4 and 7 refers to the same concept because it likewise mentions hunger, thirst, ageing, dying, and sleep(iness) as examples. There, they are further described as being of two kinds: “caused by time and not caused by time. Among these, those caused by time are the ones caused by guarding oneself, and those not caused by time are the ones caused by not guarding oneself”.⁷⁵ This differentiation suggests that, even if you take care of your health, such natural suffering will occur at a certain point (induced by time), but if you do not take care it will strike earlier. The formulation leaves space at least for preventive measures but also allows for therapies. While phenomena like hunger, thirst, ageing, and even death certainly constitute modes of human suffering, their definition as diseases results in certain difficulties. Though they can be grouped together as far as their (natural) causation is concerned,⁷⁶ they differ greatly regarding their effects and treatability. Hunger, thirst, and need for sleep occur regularly and are easy to counter but, if ignored, can severely damage one’s health, shorten the lifespan, or directly lead to death. Ageing is a gradual process that can be slowed by preventive measures. Dying could be simply understood as its final, irreversible phase. Usually, due to the definiteness of the event, there are no remedies against it. Āyurvedic treatises repeatedly urge physicians not to accept patients already marked by death.⁷⁷

Even though in consequence *svābhāvika* suffering is generally either incurable or easy to get rid of without the help of a physician, the SS contains a chapter titled “invigorating therapy to ward of natural diseases” (SS 4.29, *svabhāvavyādhipratishedhanīyaṃ rasāyanam*). This is the third of four *rasāyana*⁷⁸ lessons in the SS and dedicated to the use of soma, a mythical plant, as an invigorating medicine. Soma is described here as a unique immortality potion (*amṛta*) created by Brahmā. Then, however, the chapter describes 24 different soma plants, which in turn are only visible for especially virtuous persons. This esoteric description suggests that these plants were either not accessible anymore when this chapter was composed, or they were simply made up to impress the readers with fantastic knowledge. The latter is reinforced by the fact that the described therapy is quite fanciful, including a total decay of the patient, sparing only his bones, followed by the creation of a new perfected body. The therapy is said to have even more unbelievable benefits: a lifespan of ten thousand years, immunity to fire, water, poison, and weapons, extreme strength, beauty and intelligence, and the ability to reach certain mythical places. Overall, the descriptions in this chapter are so fantastical, even compared to the

74 Oliver Hellwig examined the case of the *svābhāvika* diseases, mainly relying on the commentary of Dalhaṇa. See Hellwig 2008: 35–46. He concludes that *svābhāvika* and *svabhāvabalapravṛtta* are likely to refer to the same set of diseases, that they are caused by linear lifetime, and that digestion and the morbidic factors (*doṣas*) play no role in their causation.

75 SS 1.24.7: [...] *kālakṛtā akālakṛtās ca, tatra parirakṣaṇakṛtāḥ kālakṛtāḥ aparirakṣaṇakṛtā akālakṛtāḥ*. In SS_N, the passage reads as follows: “[...] caused by protection and caused by non-protection; those caused by protection are caused by time; those caused by non-protection are not caused by time” ([...] *rakṣakṛtā arakṣakṛtāḥ, rakṣakṛtaḥ kālakṛtaḥ, arakṣakṛto ’kālakṛtaḥ*).

76 The term *svabhāva* is used not only in connection with modes of suffering but also with various other biological phenomena, like the eruption and falling out of teeth, the absence of hair on palms and soles (both SS 3.2.56), the completion of major and minor limbs during fetal growth (SS 3.3.36), or the growth of nails and hairs, even when the body is decaying towards the end of life (SS 3.4.61).

77 See, e.g., SS 1.33 on incurable diseases, or CS 3.3.45 and 3.8.13 on patients who should be rejected.

78 The term *rasāyana* denotes certain invigorating therapies and recipes and constitutes one of the eight disciplines of Āyurveda. For more details on this topic, see Hellwig 2008; Wujastyk 2015.

other *rasāyana* chapters, that it becomes clear that these therapies may never have been practically applied in the suggested form. The reason for linking them with the *svabhāva* diseases via the chapter title is provided right at the beginning, where it is said that the gods created soma to destroy ageing and death (*jarāmṛtyuvināśāya*). Thus, the inclusion of this therapy might simply have sprung from the wish to prove that Āyurveda actually derived from the gods⁷⁹ and that the work at hand actually contained divine medical knowledge, even if it was not applicable for humans anymore. This indecisive approach of defining natural diseases as incurable but in other contexts offering fanciful therapies against the most fatal ones resulted in contradictions, causing confusions among commentators like Ḍalhaṇa who tried to present the doctrines of Āyurveda as a consistent system.⁸⁰

Since this soma therapy is the only case in the whole SS where natural diseases are both mentioned by name and actually treated, it is likely that the inclusion of the *svābhāvika* category in the quadruple concept of disease causation mainly serves the purpose of firmly connecting this otherworldly treatment to the āyurvedic corpus. This applies not only to the basic concept that we encountered in SS 1.1.24–25 but also the scheme of the seven kinds of disease presented several chapters later in 1.24.5–7, including – as mentioned above – diseases “set in motion by the force of one’s own nature” (*svabhāvalapavrṛta*).

5. RELATIONS BETWEEN THE SCHEMES

The previous sections have shown that the sophisticated scheme in SS 1.24 is a fabrication first appearing in Ḍalhaṇa’s version of the text but never made use of in the rest of the work. Instead, the categories from the basic scheme (introduced in SS 1.1.24–25) are used – despite certain flaws – throughout the work in changing constellations. Despite this complex situation, there remains the question of how compatible these two schemes are. A certain degree of consistency would be fitting for a compilation that strives to present a coherent medical system. If we tried to reconcile the two schemes, we would follow the same approach as the editor who combined the triad of suffering with the seven kinds of disease. However, while he tried to construct a consistent theory, our goal is to examine how the two schemes match, whether their authors knew and acknowledged the existence of each other, and if one could have been developed out of the other.

Table 5 Relation between the sophisticated and the basic scheme.

Triad of suffering (1.24.4)	Kinds of diseases (1.24.4–7)	Basic scheme (1.1.23–25)
<i>ādhyātmika</i>	<i>ādibalapavrṛta</i>	
	<i>janma</i> [°]	
	<i>doṣa</i> [°]	<i>śārīra</i> <i>mānasa</i>
<i>ādhibhautika</i>	<i>saṃghāta</i> [°]	<i>āgantuka</i>
<i>ādhidāivika</i>	<i>kāla</i> [°]	
	<i>dāiva</i> [°]	
	<i>svabhāva</i> [°]	<i>svābhāvika</i>

79 This claim is made repeatedly in stories on the origin and transmission of Āyurveda. Cf. SS 1.1.1–7, 17, 20–21; CS 1.1.3–40, 6.1.4.3–6.

80 See Hellwig 2008: 36–42.

We shall begin by comparing the youngest version of both schemes, that is, the ones presented in Ḍalhaṇa's version of the text. As Table 5 shows, the categories from the basic scheme cover each of the items in the triad of suffering, but not all of the seven diseases have a counterpart there. Two of the categories – corporeal (*śārīra*) and mental (*mānasa*) illness – correspond to a single kind of disease set in motion by the force of the morbidic factors. This is due to the fact that the mental qualities' agitation (*rajas*) and darkness (*tamas*) are also understood as morbidic factors in Āyurveda. As all these schemes implicitly claim to include all kinds of disease, the diseases falling under the terms *ādibala-*, *janma-*, *kāla-*, and *daivabalapravr̥tta* should also fit into one of the categories of the basic theme:

1. The examples of *ādibalapravr̥tta* in SS 1.24.5 refer to special cases of skin diseases and haemorrhoids, of which the first would fit much better in the category of *daivabalapravr̥tta* and thus could be filed under *āgantuka*. Congenital haemorrhoids are actually described as caused by menstrual blood and semen, but they should be treated according to the morbidic factors⁸¹ and therefore fit in the category of *śārīra*.
2. The impairments due to *janmabalapravr̥tta* are said to be either caused by tastes/nutritious fluid (*rasa*)⁸² or by wrongdoings of the mother. This means that they either fall in the category of *śārīra* (because *rasa* affects the morbidic factors) or in the category of *āgantuka* (because the mother's wrongdoings are exogenous causes).
3. The seasonal phenomena mentioned under *kālabalapravr̥tta* in SS 1.24.7 again affect the morbidic factors rendering the resulting diseases as *śārīra*.⁸³
4. The effects of the factors summarized under *daivabalapravr̥tta* are usually described as *āgantuka* in other contexts.⁸⁴

In summary, this means that we can easily include all the facets of the sevenfold scheme into the quadruple basic scheme. Thus, the sevenfold differentiation, which is never mentioned anywhere else, becomes even more dubious. It remained an uninfluential concept that only survived in this passage and was never employed in other contexts. Probably this scheme simply represents a not very successful attempt to be more precise than the basic scheme by including certain special cases as separate categories.

If we consider the sevenfold concept as it is described in the Nepalese version of the SS instead of the representation documented by Ḍalhaṇa, we still come to the same conclusions. The transposition of the *saṃghāta-* and *kālabalapravr̥tta* sections has no impact on this issue, and neither do the other textual differences. Based on these findings, we are now in a position to reevaluate how the general depiction of disease causation and the different form of the “sophisticated” scheme in the Nepalese manuscripts affect the relations between the Sāṅkhya tradition and the SS.

81 See SS 2.2.15.

82 On the translation of *rasa*, see fn. 17.

83 On the relations between the seasons and the morbidic factors, see Angermeier 2022: 252–268; Zimmermann 1980.

84 See, e.g., the account on exogenous fever in SS_A 6.39.75cd–80.

6. THE SĀṆKHYA CONNECTION

In the commentarial tradition of Sāṅkhya, the triad of suffering mentioned (but not explicated) in SK 1 is generally described as consisting of *ādhyātmika*, *ādhibhautika*, and *ādhidaiivika*. As detailed before, Ruzsa suspected the origin of this idea in the medical tradition, while Steiner disapproved of this theory. With the new insights won from the Nepalese manuscripts, our knowledge about the triad of suffering changed considerably, because the connection with the seven kinds of disease is much weaker in this earlier version of the SS. As the seven kinds of disease are never mentioned in the Sāṅkhya commentaries, this change actually brings the triads of suffering in the SS and in Sāṅkhya closer together. Before, it would have been rather surprising not to see the seven kinds of disease included, in the case the commentators had borrowed this concept from Āyurveda. Still, the triad as presented in SS 1.24.4 is alien to the āyurvedic world, and it is very improbable that it was developed there. It is more likely that, as Steiner showed, these terms were floating around in earlier literature and then adopted, among other applications, to categorize suffering – initially not within Āyurveda but rather in early philosophical speculations, probably including early Sāṅkhya texts which are now lost. It is not implausible that the triad of suffering was dealt with in the *Śaṣṭitantra*, an authoritative compendium on Sāṅkhya philosophy from the early fourth century CE, which unfortunately has only survived in fragments.⁸⁵ This could explain why Īśvarakṛṣṇa did not consider it necessary to elaborate on the triad, as well as why all the later commentators unanimously understood it as consisting of *ādhyātmika*, *ādhibhautika*, and *ādhidaiivika*.

While it can therefore be ruled out that the triad of suffering known to the commentarial literature of Sāṅkhya originated in Āyurveda, the same must not be true for the characteristics ascribed to the three types in these commentaries. Here, especially the descriptions of the first type, *ādhyātmika*, are of interest because they promise the most “medical” content. All of the SK commentaries examined in Vukadin 2023⁸⁶ distinguish two kinds of suffering related to the self: corporeal and mental.⁸⁷

Table 6 Triad of suffering in the Sāṅkhya commentaries.

suffering related to	specifications
the self	corporeal mental
the beings	caused by living beings
the supernatural	from the gods or from heaven

The **corporeal kind of *ādhyātmika* suffering** is generally described as being caused by the morbid factors of wind, bile, and phlegm and consisting of various corporeal diseases. Fever and diarrhoea are the most common types of corporeal suffering mentioned in the commentaries. The *Sāṅkhyasaptativṛtti* (V1) and the *Sāṅkhyavṛtti* (V2) commentaries include more (and partly differing) diseases, such as epilepsy (*apasmāra*, only V1), intoxication (*mada*, only V1), head

85 On the mostly lost *Śaṣṭitantra*, see Steinkellner 2017, ix–x, xvi, 215; Larson & Bhattacharya 1987: 10–13, 125–128.

86 Vukadin includes seven commentaries on the SK in her examination: *Gauḍapādabhāṣya* (GP), *Māṭharavṛtti* (MV), *Sāṅkhyasaptativṛtti* (V1), *Sāṅkhyasaptatikāvṛttisahitā/Sāṅkhyavṛtti* (V2), *Yuktidīpikā* (YD), *Jayamaṅgalā* (JM), and *Sāṅkhyatattvakaumudī* (STK).

87 Cf. Table 6.

and eye diseases (*śiro-* and *akṣiroga*), coughs (*kāsa*), mouth diseases (*mukharoga*, only V2), etc.⁸⁸ Most of these diseases are well known in the compilations of early Āyurveda and are designated with the same terms. Clearly, the commentators have extensively drawn on these sources. Only *gudāvart(t)a* (constipation), included in V2, seems to be unknown in early Āyurveda.

Regarding **mental suffering**, the second type of *ādhyātmika* suffering, the Sāṅkhya commentaries suggest two types of categorization. The first contains three items: (1) disjunction from what is dear (*priyaviyoga*), (2) conjunction with what is not dear (*apriyasamyoga*), and (3) not obtaining something desired (*īpsitasyālābha*).⁸⁹ The second type of taxonomy includes an enumeration of various negative emotions like passion (*kāma*), anger (*krodha*), greed (*lobha*), delusion (*moha*), etc.⁹⁰ Both concepts are known in early āyurvedic literature. While the Sāṅkhya commentaries generally rely on only one of the two taxonomies, one SS passage mentioned above in Section 4 presents them in a combined form as a system of causation and resulting disturbances: the breaking forth of likings (*icchā*) and aversions (*dveṣa*) leads to emotional failures like anger, grief, fear, excitement, dejection, etc.⁹¹ The CS features a description with even more resemblance to the first kind of categorization: in a classification of different types of diseases, the third and final mental type is characterized as “originating from obtaining what is desired and from obtaining what is not desired”.⁹² While the second type neatly corresponds to *apriyasamyoga*, the first type is in contrast to both other items known from the Sāṅkhya sources. The second type of taxonomy, visible in the Sāṅkhya commentaries, is also repeatedly attested in the CS and employed in classifications regarding suffering.⁹³

In Sāṅkhya, the **suffering related to living beings** (*ādhibhautika*) is differentiated according to various kinds of creatures, such as humans (*manuṣya*), domestic animals (*paśu*), wild animals (*mṛga*), winged animals (*pakṣin*), creeping animals (*sarīsrpa*), and stationary living beings (*sthāvara*; i.e. plants).⁹⁴ In the sophisticated concept in SS 1.24.6, this kind of suffering is equated with exogenous afflictions via injury caused by weapons (which means humans) or wild animals (*vyāla*).⁹⁵ Thus, while basically consistent with the depiction in the Sāṅkhya commentaries, the account in the SS lacks the detailed lists of creatures. Other descriptions of exogenous suffering in early āyurvedic sources are also devoid of such lists and instead include poison, wind, fire, and supernatural beings.⁹⁶

88 For a list of more diseases mentioned in the commentaries and other related literature, see Vukadin 2023: 68.

89 This taxonomy is followed by GP, MV, V1, and V2. GP and MV enumerate only two among these three, namely, *priyaviyoga* and *apriyasamyoga*; see Vukadin 2023: 73.

90 This taxonomy is followed by YD, JM, and STK. For more details on these enumerations, see Vukadin 2023: 73.

91 SS 1.1.25.

92 CS 1.11.45: [...] *mānasaḥ punar iṣṭasya lābhāl lābhāc cāniṣṭasyopajāyate*. Cakrapānidatta explains that “from experiencing what is desired arise passion, excitement, etc., and from experiencing undesired separation, etc. from what one loves [arises] grief, etc.” (*iṣṭalābhāj jāyate kāmahaṣṭādīḥ, aniṣṭapriyaviyogādīlābhāc ca śokādayaḥ*).

93 Cf. CS 1.7.27, 1.7.52, 1.11.39, and 4.1.107, all translated in Angermeier *2024, Appendix 1. For a synopsis of similar lists of mental impulses in the CS, see Appendix 2 in the same publication.

94 While all commentators agree on this classification, the GP includes a few more species: gadfly (*daṃśa*), gnat (*maśaka*), louse (*yūkā*), bug (*matkuṇa*), fish (*matsya*), crocodile (*makara*), and shark (*grāha*); see Vukadin 2023: 77.

95 See p. 4 with fn. 23.

96 See, e.g., CS 1.11.45 or 1.7.51–55.

Finally, the **suffering related to the supernatural** (*ādhidaivika*) in Sāṅkhya usually involves four main categories: cold (*śīta*), heat (*uṣṇa*), wind (*vāta*), and rain (*varṣa*). In SS_A 1.24.7, the *ādhidaivika* category encompasses suffering due to time, supernatural factors, and – not mentioned in the Sāṅkhya commentaries – one’s own nature. However, taking into account the whole early Āyurvedic literature known to us, grouping seasonal and supernatural disease causation together seems inappropriate. Seasonal diseases are a frequent theme in early Āyurveda⁹⁷ but closely related to the morbific factors. In the Nepalese version of SS 1.24.5–7, diseases due to time are included directly after those due to the morbific factors and before those due to injury.⁹⁸ Thus, in this earlier version of the text they actually had no connection with the *ādhidaivika* class at all. Hence, it seems very likely that the person who shifted this disease category next to the diseases due to the supernatural was inspired by the conceptions visible in the Sāṅkhya commentaries. The *Sāṅkhyatattvakaumudī* (STK) instead refers to semi-divine beings like *yakṣas*, *rākṣasas*, and *vināyakas*, as well as *grahas*, a term which can refer to either planets or demons.⁹⁹ Here, it has to be noted that in the SS supernatural beings are repeatedly made responsible for various ailments but usually in connection with exogenous diseases.¹⁰⁰

Thus, in summary, the exemplifications in the Sāṅkhya commentarial literature were clearly inspired by Āyurveda in the case of corporeal diseases within the *ādhyātmika* category. Thereafter, the affinities gradually dwindle. Regarding mental diseases (belonging to the same category), both traditions had their own but related theories. In the cases of suffering related to living beings and the supernatural, the proposed models are not contradictory per se, but we cannot say for sure if the Sāṅkhya commentators were influenced by Āyurveda. On the one hand, this is due to the fact that they are categorized differently in Āyurvedic sources, while on the other hand the terminologies in both traditions show no significant concordance. This means that these commentators strongly relied on āyurvedic sources in the category most closely associated with medicine – namely, corporeal suffering – but had their own ideas or other sources for the ensuing categories.

In the case of seasonal, time-related diseases, the influence apparently went in the other direction, resulting in a re-ordering of the seven kinds of diseases in SS 1.24.5–7 to fit the Sāṅkhya equation of time-related and supernatural causation.

7. CONCLUSIONS

Our survey of the most important attempts to classify disease causation in the SS, along with the comparison of these attempts with those brought forward in the Sāṅkhya literature, yields various results. First of all, it can be shown that the concept of a triple suffering, as repeatedly depicted in the commentarial literature of Sāṅkhya, could not have originated from the SS. Rather, a scheme developed in early Sāṅkhya was used to complement a chapter collecting various models on the causation of diseases. The representation in the Nepalese manuscripts shows that there was no grand scheme of disease causation in SS 1.24.4–7 but rather two

97 See Angermeier 2022; Zimmermann 1980.

98 Cf. Table 2.

99 In JM, *graha* is mentioned as the only item of *ādhidaivika* suffering; V1 refers to *grahapīḍā*, which may denote either oppression caused by *grahas* or the eclipse of a planet (Vukadin 2023: 81).

100 See, in particular, the SS chapters 6.27–37 and 6.60.

disease classifications that are only loosely connected and fit well into their surroundings. For the most part, Chapter SS 1.24 is a simple collection of disease categorizations.

Instead of these rather theoretical approaches, another scheme (introduced in SS 1.1.23–25) including exogenous, corporeal, mental, and natural diseases is frequently adopted throughout the whole compendium. However, this concept was also flawed due to the amalgamation of two dichotomies, that of corporeal and mental diseases and that of exo- and endogenous causation. It became apparent that the conceptualization of the second of these two dichotomies only started at the time when the SS and the CS were compiled, and it was fully implemented only in later works and in revisions of the foundational āyurvedic compendia.

Thus, disease causation was a contested topic in the early phase of Āyurveda, and various concepts that we often understand as elements inherent to this medical system only slowly developed during this period. Though based only on three manuscripts, the emerging critical edition of the Nepalese version of the SS is increasingly becoming an indispensable tool to understand such processes, and it is to be hoped that this project will not only come to a conclusion in itself but will one day lead to a modern, digital critical edition of the entire SS.

While the triad of suffering in the commentarial literature of Sāṅkhya was not developed in Āyurveda, some of the exemplifications of the three types are clearly inspired by medical literature. This is especially true for bodily suffering due to various diseases; for the other categories, the commentators clearly had their own ideas or other sources. And in the case of seasonal, time-related diseases, Sāṅkhya evidently influenced the representation in Ḍalhaṇa's version of the SS, resulting in a re-ordering of the seven kinds of diseases in SS 1.24.5–7.

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- AHS *Aṣṭāṅgahrdayasamhitā* (see KUNTE & NAVRE 1935).
 CS *Carakasamhitā* (see JĀDAVAJI TRIKAMJI 1941).
 GP *Gauḍapādabhāṣya* (see: ESNOL 1964).
 H MS Kathmandu NAK 5/333 (SS, 1543 CE). Transcription: <https://saktumiva.org/wiki/wujastyk/susrutasamhita/01-su-su-1-31/nak_5-333_sutrasthana-1-31>; prosopographical information: <panditproject.org/entity/102310/manuscript>.
 JM *Jayamaṅgalā* (see ŚARMĀ 1970).
 K MS Kathmandu KL 699 (SS, 78 CE). Transcription: <https://saktumiva.org/wiki/wujastyk/susrutasamhita/01-su-su-1-31/kl_699_sutrasthana-1-31>; prosopographical information: <panditproject.org/entity/102306/manuscript>.
 MV *Mātharavṛtti* (see ŚARMĀ 1970).
 N MS Kathmandu NAK 1/1079 (SS, 12–13 cent.). Transcription: <https://saktumiva.org/wiki/wujastyk/susrutasamhita/01-su-su-1-31/nak_1-1079_sutrasthana-1-31>; prosopographical information: <panditproject.org/entity/104941/manuscript>.
 SS *Suśrutasamhitā*.
 SS_A *Suśrutasamhitā* according to Ḍalhaṇa's version (see JĀDAVAJI TRIKAMJI & RĀM NĀRĀYAṆ 1938).
 SS_N *Suśrutasamhitā* according to the Nepalese version: <<https://saktumiva.org/wiki/wujastyk/susrutasamhita/>>.
 SK *Sāṅkhyakārikā* (see ŚARMĀ 1970).
 STK *Sāṅkhyatattvakaumudī* (see SRINIVASAN 1967).

- V1 *Sāṅkhyasaptatīvr̥tti* (see SOLOMON 1973a).
 V2 *Sāṅkhyavṛtti* (see SOLOMON 1973b).
 YD *Yuktīdīpikā* (see WEZLER & MOTEGI 1998).

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