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).¹ Galen (129-c216CE) wrote on both medical aspects of long life and philosophical ideas of creation and soul,² 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 translation of the Muktika Āṇḍapad pages accessed 16 Jan.07

The Bhagavad-Gita³ (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.⁴

The Caraka Samhīṭā (Caraka’s Compendium) is the earliest specific ayurvedic medical text. Some evidence points to Caraka having been a physician to King Kaniṣṭha (second century CE). Caraka states that he is recording the teaching of Ātreya to his pupil Agnivesa, physicians now lost in legend. The text was further edited and added to by Dr̥dbabala probably around the fifth century CE.⁵ 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.⁶ Medicine was said to have originated with Brahma, the creator, indicating both its divine nature and ancient roots.⁷ Although the Upaniṣad and Bhagavad-Gita texts appear chronologically before the Caraka Samhīṭā, because of oral transmission it should not be deduced that medical practices are based on these earlier philosophical texts.

The Caraka Samhīṭā 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.⁸ It would not

²PN Singer Galen: selected works (Oxford: Oxford University Press, 1997)
³http://www.astrojyoti.com/Upanishadspage.htm
⁴Juan Mascaró (tr.) The Upaniṣads: translations from the Sanskrit with an introduction (London: Penguin Classics, 1965) p 7
⁷The text of the Caraka Samhīṭā used in this essay is Caraka-Samhīṭā tr. Priya Vrat Sharma (Varanasi: Chaukhambha Orientalia, 2000-2001), unless stated otherwise.
⁹Wujastyk Roots of Ayurveda p 8-9
¹⁰Caraka Samhīṭā, Śārāvahān Ch 1 v 4-5
¹¹Caraka Samhīṭā, Śārāvahān 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, whereas the goals of religious teaching are to ensure mokaṣa. 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 (vādiya) 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. The term ayurveda itself means 'knowledge of life', not in a physical sense but medically as the performance of religious observances. 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. Although for Caraka, moderation is the key to longevity, specific age-sustaining drugs are also listed in his pharmacopoeia. This contrasts with religious texts. For example, the Athavaśiras Upaniṣad refers to a magical somapāna drink to achieve a state of deathlessness and the Mahānārāyanā Upaniṣad requests divine protection, asking Death not to cut off my life. Do not injure my interest. Do not cripple my strength….Do not hurt my progeny and life.

It also asks the divine Ashvin physicians to ‘chase away death from us by virtue of the power of religious work’, 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.

Longevity is also related to deeds done in the present life (purusaḥkāra) and in previous lives, Caraka using the terms karma and daiva (fate) interchangeably. Sufficient positive aspects of both are associated with a long and happy lifespan. 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. Caraka makes an analogy with the axe of a vehicle: if properly used the vehicle gradually wears out, but if driven inappropriately, as one may misuse the body (prajaṭa-aparādha, culpable insight or violations of good sense), the axe may break in an untimely manner. 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. One hundred is also referred to as an ideal in the Īśa Upaniṣad in

12 Caraka Saṃhitā, Śārīrasthāna Ch X I v 3
13 Caraka Saṃhitā, Śārīrasthāna Ch I v 6-7
14 Athavaśiras Upaniṣad tr. PR Ramachander
15 Caraka Saṃhitā, Śārīrasthāna Ch VIII v 51
16 Caraka Saṃhitā, Śārīrasthāna Ch XI v 37
17 Caraka Saṃhitā, Cikitsāsthaṇa Ch I v 13-26
18 Caraka Saṃhitā, Cikitsāsthaṇa Ch I v 5, Ch IV v 15-21
19 Caraka Saṃhitā, Cikitsāsthaṇa Ch I v 13-26
20 Caraka Saṃhitā, Cikitsāsthaṇa Ch I v 5, Ch IV v 15-21
21 Caraka Saṃhitā, Śārīrasthāna Ch I v 116.
22 Mitchel Weiss ‘Caraka Saṃhitā on the doctrine of karma’ p 90-115 In Karma and rebirth in classical Indian traditions ed. Wendy Doniger Flaherty
23 Caraka Saṃhitā, Śārīrasthāna Ch I v 116.
25 Caraka Saṃhitā, Śārīrasthāna Ch I v 116.
26 Caraka Saṃhitā, Śārīrasthāna Ch I v 116.
27 Weiss ‘Doctrine of karma’ p 90-115
28 Weiss ‘Doctrine of karma’ p 90-115
29 Weiss ‘Doctrine of karma’ p 90-115
30 Weiss ‘Doctrine of karma’ p 90-115
Naciketas’s discussion with Yama god of death in the *Kaṭha Upaniṣad*, and also in Chinese culture. During old age, Caraka states that body tissues (*dhātu*), sense organs, strength, energy, virility and other bodily functions decline gradually. Old age is also conceived as one of the six infirmities and is aligned with hunger, thirst, grief, sorrow and death. Naciketas in his discussion with Yama comments ‘There is no fear in heaven: old age and death are not there’. Thus, although seeking an honourable long life was regarded as an ideal 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, 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. 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. The soul can not therefore be slain, a belief also reflected in the *Kaṭha Upaniṣad*. 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.

Although the *Bhagavad-Gita* states that with the promise of rebirth, there is no need for sorrow, it also compares the relative miseries of rebirth into various human or non-human forms in the physical world with achieving mokṣa (immortality). Even in heaven (svargaloka), when the store of karma has been used up, rebirth occurs. 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 Brahmā. The same thoughts, desires, hopes and actions determine both the journey through life and that after death. 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’. 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.

There are also negative images of life after death, ‘demon haunted worlds, regions of utter darkness’. Other religious teachings relating to
within a year, observing the sign until the occurrence of death stammering'.

However, they are often very precise and specific such as lips being ‘blue like jamun fruits’ or other signs of delirium, 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, or delirious, with changes in pattern of respiration is also clearly conveyed in various parts of Indriyāsthāṇa. In a moribund patient, Caraka talks of the physical changes in the body at the time of the departure of the ātman, 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. The medical-spiritual interface is again reflected here.

In the Caraka Saṁhitā 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. 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’.

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. Perhaps this reflects the earlier origins of medical practices in the Atharvaveda where supernatural causes and magical treatments for disease were evident. 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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53 Caraka Saṁhitā, Indriyāsthāṇa Ch XII v 43-61
54 ‘The supreme teaching’ in Upaniṣads tr. Mascaro p 139
55 Caraka Saṁhitā, Indriyāsthāṇa Ch II v 8-16
56 ‘The supreme teaching’ in Upaniṣads tr. Mascaro p 138 and Rambachan ‘Hindu way of death’ p 640
57 Caraka Saṁhitā, Indriyāsthāṇa Ch XI1 v 67-88
58 Basham ‘Practice of medicine’ p 19
degree of distress shown by the messenger, 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.

This may conflict with the vaidya’s oath of initiation in which he agrees always to tell the truth, 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. 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. It is made very explicit that

The experienced physician…..should not be inclined to treat him after observing the fatal signs.

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, and

Treating an incurable disease certainly he suffers from loss of wealth, learning and reputation and from censure and unpopularity.

There were also other groups of patients he should not treat including slanderers, violent people and the poor (who could not afford treatment), 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, 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 (yāpya). This palliation of symptoms was permitted by means of diet and skilled nursing. 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’. 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

70Caraka Samhitā, Indriyasthāna Ch X11 v 9-24
71Caraka Samhitā, Indriyasthāna Ch XII v 62-64
72Caraka Samhitā, Vimānaṃstha Ch VIII v 1
73Caraka Samhitā, Cikitsitasthāna Ch VIII v 147
74Caraka Samhitā, Indriyasthāna Ch VI v 3-6 one suspects this may be synonymous with a ‘heart attack’ in modern terminology.
75Caraka Samhitā, Indriyasthāna Ch XII v 62-64
76Basham ‘Practise of medicine’ p 23
77Caraka Samhitā, Sūstrasthāna Ch X v 7-8
78Caraka Samhitā, Vimānaṃstha Ch VIII v 13
79Caraka Samhitā, Indriyasthāna Ch XII v 89-90
80Caraka Samhitā, Sūstrasthāna tr. Kaviratna and Sharma. Ch X v 1-16
81Caraka Samhitā, Sūstrasthāna tr. Kaviratna and Sharma. Ch X v 8-11
82Caraka Samhitā, 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. There are various other aspects of death and dying. Demons and death, the soma elixir of immortality, satī (a widow’s self immolation on her husband’s funeral pyre), sāṃtāra (the Jain ritual of voluntary death by fasting), suicide, 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 could each be subjects for further research.

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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