

**Color, Complexion, and Prognosis in an Early Sanskrit Medical Manual**  
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Medical and cultural practices associated with what we might call “prognosis” are a part of daily existence in contemporary India. In the part of the country that I know best, Tamilnadu, people listen for death in a house lizard’s chirp, in a dog’s howl in the middle of the night, or they see it coming in an unusual celestial event, such as the giant meteor many reported seeing on the night that the spiritual leader Ramana Maharshi died at his ashram in the hills at Annamalai. There are also practitioners who read visible marks on the body, such as moles, to determine one’s life span, and invisible marks, as well, such as the *talai-y-eluttu*, literally “head writing,” that is said to be inscribed across the foreheads of all individuals at birth, a sort of “text” that spells out an individual’s ineluctable fate or destiny, including the hour of one’s death.

Prognosis as a medical discipline is first delineated in an elaborate way in the *Indriya-sthānam*, which constitutes the fifth book of the *Caraka-saṃhitā*, the earliest medical manual in Sanskrit, composed at some point during the first or second century C.E. The *Indriya-sthānam* is called such for two possible reasons. First, the *indriyas* are the six organs of sense – sight, hearing, smell, taste, touch, and mind – and this part of the text brings all six senses into account in the prognostic process. The physician must rely on his sensory perceptions in arriving at a prognosis, and must also calculate his patients’ prognoses by evaluating *their own* sensory faculties, as well. Second, Sanskrit commentators explain that the word *indriya* is derived from *indra*, an old synonym for *prāṇa*, or “vital breath.” So, according to them, the title of this section indicates a

concern for determining the presence or absence of the life force in its varying degrees in a dying patient.

In the *Indriya-sthānam*, we find detailed lists of what physicians should look for when they suspect their patients to be very near death. Cakrapāṇidatta, the medieval Buddhist scholar who wrote a phenomenally lucid commentary on the *Caraka-saṃhitā*, reminds us of a verse that occurs in the opening pages of the first book of the text, the *Sūtra-sthānam*, which I like to translate as “The Book on Fundamentals.” The verse emphasizes the pragmatic value of learning the prognostic arts in a society in which it was of the utmost importance for a doctor to procure and maintain royal patronage. He quotes, “A physician who knows the arts of prognosis need not waste his time in the treatment of patients who cannot be cured. If he were to do so, he would lose money, wisdom, and fame, and would lose the confidence of his patients.”

The *Indriya-sthānam* itself is divided into twelve chapters. All twelve chapters enumerate signs that indicate imminent or sudden death. These signs are termed *ariṣṭas* in Sanskrit – “omens,” according to colonial-period lexica, but more medically meaningful than that in a precise prognostic context. The enumerated signs can be either corporeal or extracorporeal, beginning with a discussion of changes in complexion and voice, followed by changes in odors emanating from the sick person along with how he tastes, paired elegantly with the patient’s own abilities at judging odors and tastes. This, by the way, is a pairing that we find throughout the text. All of the sensory organs are paired in a way that is nearly grammatical in that they are considered as intransitive, then as transitive. The sense of touch is then followed by vision, then by a fascinating list of premonitory dreams that indicate death. Dreams in which the patient falls down while

walking, drowns in filthy water, loses both shoes, or sprouts spiky creepers or lotuses in his head or heart are in particular danger. A chapter on general physical symptoms follows. The remaining chapters discuss fascinating methods of interpretation that involve reading the degree of distortion of images reflected in the pupil of the patient's eye, the distortion of the shadow cast by the patient, and how to interpret the appearance of a brownish-gray dust on the patient's scalp. At the end of the *Indriya-sthānam*, physicians are advised never to divulge impending death to their patients to avoid deepening their distress and that of their families and attendants.

The *Indriya-sthānam* significantly begins with the appearance of the patient's head, and more specifically, with his face: the color of his skin, its texture, and whether there is balance and symmetry in the appearance of the face in both these respects, followed by the quality of his voice. The conditions of the teeth, eyes, and lips are also taken into account. Cakrapāṇidatta tells us that the subjects in this particular book are arranged in the order of their conspicuousness, and the fact that the complexion – literally, one's *varṇa* or "color" – is the most conspicuous is the factor that gives it its importance and hence its priority. That is why it is discussed first. A modern Hindi commentator notes that "complexion and voice are the better of the indicators."

*Indriya-sthānam* I.8 lists four types of *prakṛti-varṇas*, or "natural complexions." They are "black, dark blue, dark bluish-white, and white" (*kṛṣṇa*, *śyāma*, *śyāmāvadāta*, and *avadāta*). There are five *vikṛti-varṇas* or "unnatural complexions" listed at I.9. These are "blue, dark brown, coppery, tawny yellow, and white (here meaning not just 'pale,' but devoid of color)" (*nila*, *śyāva*, *tāmra*, *harita*, and *śukla*). As a part of the nationalist project to modernize *Āyurvedic* practices, our Hindi commentator suggests

here that we might interpret these colors as indicators of emotions and moods. Although this is an interesting suggestion, it is probably incorrect within this particular textual context, where the project is very clearly one of describing signs of physical morbidity.

The color of one's face becomes medically problematic when it exhibits one of the *vikṛti-varṇas*, but especially troubling and indicative of approaching death when the face exhibits its natural color on one side, and an unnatural color on the other, particularly when there is a clear and visible line of demarcation directly down the center of the face. The text develops this idea even further by considering all the possible planes and surfaces of the anatomy, telling us that “half of the entire body may be one color, the other half another; split in two by an even line of demarcation on the face but in other parts of the body, as well: right and left, front and back, upper and lower, or inner and outer.” Cakrapāṇidatta helpfully mentions that in order to determine an unnatural complexion for the inner body, “the inner surfaces of the mouth, nose, and ear must be checked.” Situations in which the face, and by extension, the entire body exhibits emaciation on one side and plumpness on the other, or dryness on one side and oiliness on the other – again, in cases wherein the line of demarcation becomes definite – are also indices of imminent death. Other indicators of death include “flower-like signs in the nails or teeth, a muddy coating on the teeth,...abnormal color in the lips and extremities,...or black moles, freckles, and streaks that appear suddenly on the patient's face.”

When considering the Sanskrit *Āyurvedic* corpus as a whole, symmetry emerges as an indicator of trouble. The definition of health in the classical *Āyurvedic* context rides entirely on notions of relative balance, and this balance is never a binary matter; one

most always think in terms of “threes.” The triplet of the three *doṣas* – “humors” or “faults” – is the most important principle of health in this medical system. One’s *kapha*, *pitta*, and *vāta* – one’s phlegm, bile, and wind – must be maintained in an ideal state of equilibrium. When one, two, or all three *doṣas* are in various states of aggravation or depletion, illness arises, and treatment is entirely driven by bringing the *doṣas* back into balance. So, problems tend to be described and solved in terms of “threes,” not in terms of “twos.” Therefore, when thinking in terms of “twos,” or doublets and pairs, problems emerge without the third element to round it out and stabilize it. In other words, treatment and health must be thought of through utilizing the tensions and dynamics inherent in the perfect triangle. Pairs in this system are unstable in nature. Any sort of symmetry, therefore, is a problem, and one which usually indicates disaster.

The human body, of course, exhibits varying degrees of natural symmetry, but in the Sanskrit medical corpus, problems arise when there are conditions in the body that draw attention to planar bifurcation. When there is a distinct line evident, in the face, most markedly, but also elsewhere, there is reason for alarm. In other contexts, for instance, dangerous symmetries in substance can lead to suspicious symmetries in the outer surfaces of the body, which is why these “lines of demarcation” are deemed so significant in the prognostic context. In the narratives of conception and pregnancy, for instance, equal amounts of semen and menstrual blood in the womb at conception cause hermaphroditism, and couples who wish to have a child of one sex or the other (the choice, however, is always male) undergo treatments to ensure that there will be an superabundance of semen at conception to ensure male progeny. An imbalance of substances, therefore, is desired, and never one in which sexual substances are in balance.

Physicians are also trained to “read” the pregnant body for undesirable signs of symmetry: a woman whose breasts are of equal size and who favors both her right and left sides equally during her pregnancy is suspected to be carrying a hermaphrodite.

As far as the voice (or *svāra*) is concerned in prognosis, the important thing to note is that it is not the *content* of what the patient is saying that is of medical consequence, but it is the very *quality* of his voice that is of prognostic importance to the physician. A healthy voice “resembles that of a goose, a *krauñca* bird, the felly of a wheel, a kettle drum, a sparrow, a crow, a pigeon, or a *jharjhara* drum.” The abnormal voice “resembles that of a sheep, and is feeble, subdued, indistinct, choked, faint, poor, and stammering.” The text goes on to explain that a sudden onset of an abnormal type of voice, a presence of various types of one voice, or a multiplicity of voice-types is highly suspect and inauspicious. Again, there is nothing in this section of the text that addresses the issue of content (content is addressed in later chapters), of what the patient has to say about his condition, but the focus is instead on what is observable to clinically trained eyes and ears. Indian medical texts in general seldom remark on the pain of the patient; rather, the authors have found it more expeditious, perhaps, to frame everything in terms of learning how to read the outer surfaces and emanations of the body in terms of signs, symbols, and omens as the patient approaches his dying moment. In terms of medical pragmatics, then, especially in dramatic situations of imminent death, we can see the logic inherent in the priority given to complexion and voice.

There are also illuminating moments in the *Indriya-sthānam* where there are fascinating scenarios described that do indeed suggest the context of a “clinical interview” at the deathbed. This material also suggests the profound danger of

bifurcation, but in pairings of a very different sort – in the senses of reversals and inversions. Death, after all, is a profound inversion and reversal of life, and this is probably where the danger of the “pair” as opposed to the “triplet” is found at its most obvious and frightening moment.

The following *sūtras* enumerate a plethora of reversals and inversions which, when read as a whole, create a dying world, a world in which all known things are reversed and stood on their heads, and also where we might imagine the emergence of the voices of actual patients. I have culled these lines from the *Indriya-sthānam* IV.7-26.

We must take note of the importance given to the functions of all of the sense organs:

7. He who sees the sky as solid as earth, and the earth as empty as the sky is sure to die.
9. If one stands in clean water and doesn't have a net but sees one, his life will be snatched from him.
10. If one is awake and sees ghosts, assorted demons, or other astonishing things, he will be unable to live.
12. If one sees rays of light without clouds, or clouds and lightning when there are no clouds in the sky, he is sure to die.
13. If one sees the sun or the moon as if they are clay plates overstretched with black cloth though they are clear and pure, he will not live.
14. If one is sick or not and sees a solar or lunar eclipse when there is none, it is a sure sign of death.
15. If one sees the sun at night, the moon in the daytime, sees smoke in the absence of fire or fire without spark at night, he is sure to die soon.

20. One who hears sound when there is none or hears no sound when there is should be regarded as nearly dead.

23. If one reverses hot and cold, rough and smooth, and soft and hard, he is about to die.

25. If one perceives an object correctly with an organ of sense that is no longer functioning, it is a sign of death.

Again, these are all indicators of confounded perception. What is interesting about all the materials that I have presented thus far is its regularity as a semiotic system; as a formal “poetics,” as it were, of reading the dying body. The first “texts” are the face and the sound of the human voice as being the “first things” of prognosis, followed by things that require establishing a clinical “dialogue” with the patient himself. One cannot help but to think of the ranges of physical and emotional agony that are textually represented here. To paraphrase Elaine Scarry somewhat, these textual materials represent the “forcing of pain itself into avenues of objectification” by inventing and imagining linguistic and poetic structures that will accommodate its expression. I have discussed this phenomenon of objectification in which pain and fatal disease are externalized and made material in readable signs. What we cannot forget is that the “medical” always seems to resort, in the end, to the “metaphorical”: the dying body, in its processes of reversal and inversion, exhibits its own poetics that serves to dissolve its healthy triangles of “threes” into dangerous, unstable parallel lines of “twos”; it provides the physician with a spectacle, in a sense. In the second chapter of the *Indriya-sthānam*, for instance, the dying body is a “flowering” one that ripens to fruit and rots – its odor is sweet, and its taste either drives off flies and other insects or attracts them in droves, yet

another interesting bifurcation that places the human process of dying squarely within the natural world surrounding it. Death is forced outwards for all to see, as it must be before a prognostic language can be forged for it. When placed in a broader context of other early texts in Sanskrit that describe the disruptive effects of death – the funeral hymns of the *Rg Veda*, for instance, present the human corpse as a horrifying object that must be bleached clean by fire to rid the surviving community of the chaos and pollution that it unleashes in their lives – the authors of the early Sanskrit medical encyclopedias seek to understand the process of death in semiotic terms; in a language of diagnostic and prognostic signs and symbols that, when viewed as a whole, create not an image of chaos, pollution, and disruption but one of objectification, in rich and meaningful inversions that describe the dying body's slide into other realms of fracture and continuity.