

RAVIGUPTA'S PLACE IN INDIAN MEDICAL TRADITION

The importance of Indian medicine in the history of Indian culture in general and of Indian and world medicine in particular has long been recognised in European scholarly circles. One of the most useful surveys of Indian medicine, especially of Indian medical literature was Julius Jolly's contribution *Medicin* to the *Grundriss der indo-arischen Philologie und Altertumskunde*. This work was published in Strassburg in 1901, but it has in many respects not been replaced and is still constantly quoted. A volume on the history of Indian medicine that may be expected to replace Jolly's work has been announced for publication in the *Handbuch der Orientalistik*. This contribution is being prepared by a practising psychiatrist in Holland, who has only recently set before the public his first work on Indian medicine. I am, of course, referring to G. J. Meulenbeld's book published in Leiden in 1974 as vol. XIX of the series « *Orientalia Rheno-Traiectina* » entitled *The Mādhavanidāna and its chief commentary, chapters 1-10, Introduction, translation and notes*.

Another European medical practitioner who turned to the study of Indian medicine is the well-known French Indologist Jean Filliozat, whose most widely known work in this field in his *La doctrine classique de la médecine indienne* (Paris, 1949). This book has been unobtainable for very many years and is now mainly referred to in the form of Dev Raj Chanana's English translation *The classical doctrine of Indian medicine* (Delhi, 1964). One of Filliozat's interests for many years has been the *Hārītasamhitā*, on which his pupil Alix Raison has also been working. Her edition and translation of the first section of the *Hārītasamhitā* was published in Pondicherry in 1974: *La Hārītasamhitā, texte médical sanskrit avec un index de nomenclature āyurvédique*.

It is not my intention to survey here the entire European literature on the subject of Indian medicine, and one could hardly begin to enumerate the vast body of literature produced on the subject in India. The above remarks are intended merely to indicate that the subject is

still being pursued in Europe, although it has always been regarded, and still is, as on the fringes of Indology.

Of more interest, perhaps, is the question of what the most outstanding desiderata are. In my opinion, there can be no doubt that the most urgently required item is the detailed critical edition of the major texts. In Europe nothing at all has been done in this respect in the last sixty odd years, indeed since A. F. R. Hoernle's famous edition of *The Bower manuscript* (Calcutta, 1908). Alix Raison's edition of the *Hārī-tasamhitā* is in fact only a collation of Indian editions with occasional reference to two modern copies of the text found in the Cordier collection of the Bibliothèque Nationale.

In India the situation is rather different. A very considerable number of medical texts has been edited and published, often together with valuable commentaries. Nevertheless, even so the process of textual transmission has not received adequate attention. Before a proper critical edition can be produced, it is necessary that all known MSS. of a given text be listed, described, and as far as possible dated. Where possible it should be established which MSS were copied from which, but even so the readings of the copies should still be collated since the copyist may have had other materials at his disposal that enabled him to improve upon the text before him. When the readings of all the MSS have been collated carefully, the choice has to be made as to which reading is to be placed in the text and which readings are to be relegated to the critical apparatus. Additional readings may be deducible from translations of early date, for example, into Tibetan or Khotanese. But it is possible that the correct text has not been transmitted in any extant MS. There are various criteria for determining whether the MS tradition is corrupt. The grammar, the metre, and the sense provided by the MS readings can all be used to this end.

The last of these items, the sense provided, is particularly important in the case of editing medical texts and that not only from the point of view of practical medical treatment. Indian medical tradition is relatively uniform. The basic principles were established at an early date that is not exactly determinable and the main line of development over the centuries lay in reorganising the material and adding details especially recipes.

The reorganisation of the traditional material took two main forms. In some cases it was merely a matter of expressing in verse what was elsewhere known in prose form, in other cases, of transferring the material from one metre to another. Thematic reorganisation also played an important role. It is well known that the later Indian medical writers arranged their material in a number of chapters each dealing with a specific topic such as fever, whereas the earlier authors Caraka, Suśruta, and Vāgbhaṭa arranged their material according to different principles. The order according to which the diseases were to be described seems to have been standardised by Mādhava.

One consequence of this basic uniformity of Indian medical tradition is that the correct interpretation and reading of a passage in one medical author can in many cases be determined only after consideration of parallel passages in other medical works. This proposition I have demonstrated in some detail in my article « On Ravigupta's *gaṇas* » in BSOAS, XXXIV.3, 1971, 363-375. In that article I attempted to show, among other things, how the groups of medicaments (Sanskrit *gaṇa-* or *varga-*), as traditionally handed down in Suśruta, Vāgbhaṭa, and Ravigupta, consist basically of the same medicaments although referred to by various synonyms for metrical or stylistic reasons. The correct rendering of an ambiguous plant name in such cases can be determined only by reference to the corresponding term in another source.

Thus it would be impossible to know how to translate Skt. *śyāmā-* correctly in Siddhasāra 2.16 if one did not consult the parallels in Suśruta and Vāgbhaṭa. A glance at the index (p. 144) to the *Dhanvantarinighaṇṭu* edited by V. G. Āpṭe shows that *śyāmā-* has at least nineteen equivalents. When the *gaṇa-* is compared with the corresponding ones in Suśruta (Sū. 38.20) and Vāgbhaṭa (Sū. 15.14), by a process of elimination *śyāmā-* can be equated with Suśruta's *priyaṅgu-* and Vāgbhaṭa's *phalinī-*. The latter is correctly glossed *priyaṅgu-* by the commentator Arunadatta. *śyāmā-* is listed as one of the synonyms of *priyaṅgu-* in the *Dhanvantarinighaṇṭu* (*varga* 3.4). As pointed out by me in the above-mentioned article (pp. 370-1), the Tibetan translator of Ravigupta merely transcribed *śyāmā-* as *śyama* adding mechanically the word *rca* (grass) in front of it, whereas the Khotanese translator correctly rendered *priyaṅgū*.

The revised third edition of the *Suśrutasaṃhitā* with Dalhaṇa's commentary published by the Nirṇaya Sāgar Press, Bombay, 1938, gives for the *vacādi-gaṇa* (Sū. 38.26) the following reading without variants:

vacā-mustātiviśābhayā-bhadra-dārūṇi nāga-keśaraṇi ceti.

When this *gaṇa-* is compared with the corresponding statements in Ravigupta (2.17) and Vāgbhaṭa (Sū. 15.35), it is apparent that *nāga-keśaraṇi* here is represented by *nāgara-* in Ravigupta and Vāgbhaṭa and this *nāgara-* is required by the metre in those two authors. But *nāga-keśara-* and *nāgara-* cannot be equated.

In an edition of the *Suśrutasaṃhitā* without Dalhaṇa's commentary, prepared by the same editor and published by the same press in 1945, the same text is provided for this *gaṇa-* but the variant reading *nāgaraṇi* is found in the apparatus. The variant was ignored by K. K. Bhishagratna in his translation of *The Sushruta Samhita*, vol. 1, p. 347. He renders the word in question by « Nāgakeshara » without comment. But the evidence of Ravigupta and Vāgbhaṭa shows clearly that the discrepancy in the text of Suśruta should be ascribed merely to the inadequately critical editions of Suśruta.

Even from the above scanty remarks it will be clear that the study of Indian medical literature has not yet proceeded, despite the remarkably extensive secondary literature, beyond a rather elementary philological level. It will not be easy to achieve better results since the necessary critical editions cannot yet be adequately prepared because they can only be made satisfactorily by making full use of parallels in other medical texts and those other texts are also in the same state. A beginning can only be made by collecting and describing all the MSS of each text and carefully collating all the significant readings contained in those MSS.

Because of the so-called « floating traditions » whereby verses were current in various parts of India at various times among various schools, many verses conveying medical lore are found to be common to more than one medical author. In addition, we have to reckon in later times with the technique of compilation, which in the case of a practically orientated subject like medicine may date from a very early period. The compilation may take several forms. In the case of Mādhava's *Mādhavanidāna*, the author seems to have decided upon a framework according to which the corpus of medical knowledge was to be described in thirty-two chapters each dealing with a separate topic. Such an arrangement, in thirty-one chapters, had already been introduced by Ravigupta, but the order adopted by Mādhava prevailed among subsequent writers. Within this framework, Mādhava selected verses from earlier writers that he thought best suited to the particular topic.

Another method of compilation can be seen in MS A of the *Siddhasāra*. There the copyist, while copying the text of the *Siddhasāra*, added from other sources, as yet not always identifiable, in between verses of the *Siddhasāra* other verses relevant to the subject being discussed.

Yet another method of compilation is anthological in type. This type is represented, for example, by what I have called « The Paris Siddhasāra » (see (BSOAS, XXXVII.3, 1974, 636). The original of this type of anthology was probably the jottings of a practising physician who from time to time noted down verses or prose passages that he considered it worth collecting. This differs from a compilatory work such as Mādhava's inasmuch as Mādhava's verses are not selected at random but deliberately to accord with his framework.

It has, of course, long been known that identical verses occur in more than one medical work and in some cases, such as Sudarśanaśāstrī's edition of the *Mādhavanidāna* (Kāśī Sanskrit Series 158, ed. 2, Benares 1960), the attempt has been made systematically to track down the sources of all the verses.

The question of identical verses leads on to what I consider to be an important desideratum for the philological advance of Indian medical literature. That is a *pratīka* index to the whole of medical literature along the lines of the splendid index to the whole of the *Mahābhārata* edited by P. L. Vaidya, of which I have five volumes published in Poona

from 1967 to 1971. Vaidya's exemplary index is to verse quarters, which is, of course, ideal, but in the case of the medical literature it would be adequate to have an alphabetical index to each line. In this way various metres could be accommodated and even the beginnings of prose sections. The task of preparing such an index is not as formidable as might at first appear. The index I made to the *Siddhasāra* was the work of two days. Nearly a thousand of the 2, 636 verse-lines of that text recur in other medical texts and the total number of *different* verses in Cakrapānidatta, Vaṅgasena, and Vṛnda cannot be all that large. Such an index could no doubt most easily be made in India since it is difficult to get access to many medical texts in Europe, and there is no centre here with a significant collection of medical texts.

At first sight, it might seem unnecessary to have such an index because the later texts are arranged by topics into chapters. But a little time spent in systematically tracking down identical verses shows that they are not infrequently to be found in different chapters in different medical works.

A verse that has been taken by a compiler from another work may not be so readily translatable as when the verse is in its fuller context. Thus, the verse:

deṣaṃ kālaṃ vayo vahninī sātmya-prakṛti-bheṣajam
dehaṃ sattvaṃ balaṃ vyādher dṛṣṭvā karma samācaret

occurs in *Hārītasamhitā* 1.3.3 and is translated by Alix Raison: « Ayant vu la région, le temps, l'âge, le feu, le médicament de nature idoïne, le corps, l'être psychique, la force de la maladie, il doit agir ».

The variant reading *sātmyaṃ prakṛti-bheṣaje*, listed by her on p. 216, is in itself an indication that three separate items are involved here rather than the improbable compound *sātmya-prakṛti-bheṣaja*- meaning « le médicament de nature idoïne » (« medicine of suitable nature »).

In fact, this verse¹ has been taken from Ravigupta's *Siddhasāra* (1.33) and should be read:

deṣa-kāla-vayo-vahni-sātmya-prakṛti-bhaiṣajyam
deha-sattva-bala-vyādhīn dṛṣṭvā karma samārabhet.

« (In making use of the administration of drugs) one should begin the treatment having had regard (to these): region, time, age, digestive fire, habit, character, drug, body, courage, strength, and illness ».

The translation given follows the Tibetan rendering, the accuracy of which is apparent from the subsequent verses, which expound in more detail the eleven items (not eight as in Alix Raison's translation) listed in this verse. Thus, *prakṛti*- does not refer to the nature of the drug but to the character of the patient, in particular whether he has a

1. First published by H. W. BAILEY, *Khotanese texts I*, Cambridge, 1945, p. 107.

character dominated by wind (*vāta-prakṛtiko naraḥ* 1.44), bile (*pitta-prakṛtir* 1.45), or phlegm (*śleṣma-prakṛtiko naraḥ* 1.46) or by various combinations of those humours (1.47). Similarly, *bala-* does not refer to the strength of the disease but to the strength of the patient, who must be examined to see whether he is capable of endurance (*sthairya-*), enjoys exercise (*vyāyāma-*), and is hardy² (*sāratva-*) (1.41).

The use of a line-index would make it relatively easy to compile a list of the sources of a work such as Mādhava's *Mādhavanidāna*. For this work we have in the case of the first ten chapters the exemplary concordance provided by Meulenbeld (op. cit. 351-4). It can readily be seen from such a concordance that most chapters of Mādhava consist in selected verses from Caraka, Suśruta, and Vāgbhaṭa plus the occasional unidentified verse. Such a chapter is chapter five on haemorrhoids. Of the total of 44 verses Meulenbeld has traced to Caraka, Suśruta, and Vāgbhaṭa all except 5.1 and 5.24ab. These verses occur in Ravigupta's chapter on haemorrhoids (*Siddhasāra* 13.1 and 13.5).

It is true that the verses in question occur also in Bhāvamiśra (*Ci.* 5.1 and 5.34) and Vaṅgasena (*Arsās* 1 and 29), but both these authors are later in date than Mādhava and like Mādhava are compilers with many verses taken from the classical medical writers. In their case the source is likely to have been Mādhava. In Ravigupta, on the other hand, the situation is quite different since the verses in question belong to a chapter containing no verses at all from the classical medical writers. In fact, the only places where I have been able to find any of these verses again are the works of later writers: Bhāvamiśra, Cakrapānidatta, Vṛnda, and Vaṅgasena. What is true of this chapter is almost universally true of the *Siddhasāra*. Scarcely any of its verses can be traced in Caraka, Suśruta, or Vāgbhaṭa, although some verses are so similar that it is hard to believe that they are entirely independent.

Thus, consider a verse such as 5.68:

*doṣasyaikasya saṃvṛddhyā śamanenocchritasya vā
śleṣma-sthānānupūrvyā vā jvaraṃ hanyāt tri-doṣa-jam.*

« By increase of a single humour or by pacification of a dominant one or by successively treating the spheres of phlegm (bile, and wind, in that order) one would remove fever that has arisen due to the three humours (combined) ».

It is difficult to believe that this verse arose independently of Caraka, *Ci.* 3.286-7:

*vardhanenaika-doṣasya kṣapaṇenocchritasya vā
kapha-sthānānupūrvyā sannipatā-jvaraṃ jayet.*

2. Tib. *sra-ba* but *sāra* refers more to strength of character according to Suśruta, *Sū.* 35.16.

« By: increase of a single humour or by diminution of a dominant one or by (treating in) succession the spheres of phlegm (etc.), one would overcome fever due to tridiscordance ». This *śloka* is found also in Vāgbhaṭa, *Ci.* 1.148, with a stylistic variation in the final *pāda*: *tulya-kakṣān jayen malān* « would overcome humours of equal strength ».

Yet the relationship is not clear apart from the underlying uniformity of the medical tradition involved. The reading *anupūrvyā* is assumed by the commentators, Ḍalhaṇa in the case of Caraka, and Aruṇadatta and Hemādri in the case of Vāgbhaṭa. Whether *anupūrvī-* in the sense of *anukrama-* as explained by Ḍalhaṇa is an ad hoc explanation for a corrupt reading or whether *anupūrvī-* is in fact an attested technical term that has not yet found its way into the dictionaries cannot at present be decided. At any rate, the reading *anuvṛṭtyā* provided by the Nepalese MSS for the Siddhasāra is worth serious consideration.

Meulenbeld examines the evidence concerning the date of Mādhava (pp. 16-21) and decides in favour of about AD 700. The *Mādhavanidāna* is referred to by Vṛnda in his *Siddhayoga* and Vṛnda lived about AD 800-900. In addition, it is probable that the *Mādhavanidāna* is referred to in the *Firdaws al-ḥikma* of the Arabic writer ʿAlī b. Sahl al-Ṭabarī. This work was written in AD 849-850, and some time must have elapsed after the composition of the *Mādhavanidāna* for it to have become famous enough to be used as an important source by an Arabic author in Persia.

Ravigupta's *Siddhasāra* was translated into Tibetan early in the ninth century and into Khotanese in the ninth or tenth century. The Tibetan translators append their names to the Tibetan version: Ādityavarman, Candra, and Jinamitra. This Jinamitra must certainly be the Jinamitra who took part in the compilation of the *Mahāvvyutpatti* in the first quarter of the ninth century. He is mentioned in the Chronicles of Ladakh as having been invited to Tibet as a translator by the Tibetan king Ral-pa-can³. That he was a pundit living under Ral-pa-can is attested also by the Chang-so chih-lun⁴. Ral-pa-can's reign has been given as AD 841-836 by Roerich⁵.

At the beginning of the ninth century, the *Siddhasāra* was sufficiently famous for it to have been translated into Tibetan and admitted to the Tibetan canon. At the same time or later it was extensively quoted by Vṛnda. But it is clearly likely to have been written considerably earlier and if Mādhava is correctly assigned to AD 700, a date of about AD 600 seems likely for Ravigupta. This would make Ravigupta contemporary with Vāgbhaṭa and may well account for the absence of identical verses in Ravigupta and Vāgbhaṭa.

3. A. H. FRANCKE and F. W. THOMAS, *Antiquities of Indian Tibet*, Part II, *The Chronicles of Ladakh and minor chronicles*, Calcutta, 1926, p. 89.

4. See E. HAARH, *The Yar-lun dynasty*, København, 1969, pp. 81-2.

5. G. N. ROERICH, *The Blue Annals*, part I, Calcutta, 1949, p. XIX.

A further point of contact between Vāgbhaṭa and Ravigupta may be mentioned in passing although it is difficult to see what, if anything may be inferred from it: Vāgbhaṭa was the son of Siṃhagupta as mentioned at the end of the *Aṣṭāṅgahrdayasaṃhitā*.

A further link between Vāgbhaṭa and Ravigupta is the fact that they are placed side by side in a list of medical authorities cited by Niścāla probably in chronological order⁶. Here Vāgbhaṭa precedes, but he belongs on stylistic grounds in any case to the writers of *saṃhitās* on the model of Suśruta and Caraka whereas Ravigupta is the earliest author from whom we have a compendium in the later style, in which the material is arranged in 31 chapters⁷ each treating a different topic. It is possible that Ravigupta introduced this new arrangement and that that is the reason why Mādhava quotes him as an authority equal to that of the three classical authors. The new arrangement clearly had great practical advantages and became an accepted feature of later medical literature. Although the new arrangement was adopted by Mādhava, his order of chapters differs from that of Ravigupta and it was Mādhava's order that became standard.

Ravigupta's *Siddhasāra* has still to be edited. The Khotanese version insofar as it is extant has been published in an excellent facsimile edition⁸ and in transcription⁹. Bailey's *Khotanese texts I* contains also provisional transcriptions¹⁰ of those parts of the Sanskrit text and its Tibetan version that correspond to the Khotanese remains. Some of the problems involved in editing the Sanskrit text have been discussed in a series of articles by myself¹¹. My edition of the Sanskrit text should have acquired publishable form within about eighteen months.

In my article called *New light on the Siddhasāra* published in *BSOAS*, XXXVII. 3, 1974, 628-654, I pointed out there are five MSS of Ravigupta's *Siddhasāra* contained on the microfilms belonging to the library of the Deutsche Morgenländische Gesellschaft and forming part of the Nepal-German Manuscript Preservation Project. These MSS I have assigned the sigla ABCDE, retaining A and B for the two MSS long known from the collection of photographs in Oxford. Of these MSS, the first four are complete or virtually complete. MS E survives only in incomplete form. There are 17 folios representing seven sequences of the text of the *Siddhasāra* and two folios forming a single sequence of the *Siddhasāra-nighaṇṭu*. The latter short text is an extremely useful guide to the plant names occurring in the *Siddhasāra*. The

6. See D. N. BHATTACHARYYA, *New light on Vaidyaka Literature*, in *IHQ*, 1947, p. 139.

7. Listed by me in *BSOAS*, XXXIV.1, 1971, pp. 637-643.

8. H. W. BAILEY, *Codices khotanenses*, Copenhagen, 1938.

9. H. W. BAILEY, *Khotanese texts I*, Cambridge, 1945 (2nd ed., Cambridge, 1969).

10. See my review in *Asia Major*, XV.1, 1969, pp. 115-7.

11. *TPS*, 1970, pp. 115-20; *BSOAS*, XXXIV.1, 1971, pp. 91-112; XXXIV.2, 1971, pp. 363-75; XXXVII.3, 1974, pp. 628-654.

Siddhasāra-nighaṇṭu contains 193 verses in *śloka* metre. It is found complete, though with some broken folio edges, in MSS B and C. Verses 3-7 are missing in the case of MS D because of the loss of folios 71-2. These folios may, of course, not actually be lost: possibly the photographer has simply overlooked them. MS E contains verses 90-192 of the *Siddhasāra-nighaṇṭu*.

In addition to the above palm-leaf MSS of the *Siddhasāra*, a MS in *devanāgarī* characters entitled *Siddhasārasaṃhitā* is known to be in the Palmyr Cordier Collection at the Bibliothèque Nationale. I have called it « The Paris Siddhasāra ». It is in fact a medley of verses from the *Siddhasāra* and other medical texts, arranged seemingly at random. It is a modern copy bearing the siglum « Madras no. 123 » and was copied by K. Sampath Kumarachakravarthi between 15.11.1901 and 10.7.1902 at the « G.O.M.S.S. Library, Madras ». It is, of course, quite probable that the original MS from which this copy was made is still in existence and may turn up in Madras at any time.

Even if this « Madras Siddhasāra » should be found, it is unlikely that the history of the textual transmission of the *Siddhasāra* would prove traceable as far back in time as the Nepalese MSS. The most securely dateable of the five known Nepalese MSS of the *Siddhasāra* is MS C. Its colophon states that it was written at Patan on Wednesday, September 9th, AD 1114. MS A may date to AD 1374 and MS B to AD 1443. I have found no indication of date in the case of MSS D and E.

Complete evaluation of the relationship between the known MSS must await the completion of a study of their variant readings. Nevertheless, the broad lines can already be sketched. The close relationship between B and C is the first feature that strikes one. Their readings agree very closely and they agree in inserting here and there additional verses that are not found in the other MSS and are not reflected in the Khotanese and Tibetan versions. Additional verses are also numerous in MS A but these tend not to be found in the other MSS. MS E has not yet received sufficient attention to be considered in this connection. The insertion of additional verses is rarer in D.

The close relationship generally observable between B and C is simply to be ascribed to the fact that B was copied from C. This can be established from the following consideration. After 3.22.2 seven verses are inserted by B and C that are not found in AD and are not reflected in the Khotanese or Tibetan. Between 3.22.2 + 2 and 3, B inserts 3.24.4 — 5, which, like 3.22.2 + 1 — 2, having at first been forgotten and omitted by C, was added at the bottom of folio 7r. Evidently B overlooked the caret marking the correct position of 3.24.4 — 5. Moreover, when B repeats 3.24.4 — 5 at B 11 v 3 — 4, it is still not in the correct position between 3.24.3 and 6 but between 3.22.14 — 5 and 3.23.1. C has carets in both positions, having apparently first inserted the caret in the wrong place between 3.22.14 — 5 and 3.23.1 but not erased it.

The importance of D's independent tradition can be seen from the fact that D sometimes preserves the correct reading where ABC do not. Thus, at 3.21.12 the parallels from Suśruta and Vaṅgasena confirm D's reading *sāmitā*, whereas the readings of ABC indicate *sāmiṣā*, which is also implied by the Tibetan. Similarly, at 23.26 where ABC have *kṛcchraṃ*, I proposed reading *kṛtsnaṃ* on the strength of the Khotanese and Tibetan and this reading is now attested by D.

It is not uncommon that both A and D have the correct reading against BC. Thus, at 3.26.3 — 4 AD indicate the reading *śoṣa-* as do the Khotanese and Tibetan, while BC have *śvāsa-*. Similarly, at 3.32.6 AD indicate *bhāśyoṣṇa-* in agreement with the Tibetan while BC have *kārśyoṣṇa-*.

Finally, there are indications that E is related to A. Thus, at 5.14 AE have *kṣaya-* while BCD have *kṣata-*. At 5.65 AE indicate *śoṣa-* as do the Tibetan and Cakrapāṇidatta, whereas BC have *śvāsa-* like Vaṅgasena and D indicates *śopha-*. At 26.42 AE have *stimirāṇi* and BC *stimitāni* while D has the correct reading *timirāṇi*.

APPENDIX

The name Ravigupta is known apart from the *Siddhasāra*. J. Naudou¹ is inclined to the view that there were three Raviguptas, of whose works we have translations in the Tibetan canon. Several works he ascribes to the Ravigupta who is said to have founded a cult of Tārā in Kashmir. These works pertain to that cult. This Ravigupta he dates (op. cit. pp. 65, 68) to the eighth century on the strength of a statement by Tāranātha. The *Siddhasāra* he attributes to « un Ravigupta indéterminé qui n'est peut-être ni le logicien, ni l'adorateur de la Tārā ». The third Ravigupta is the logician, dated by Naudou to the tenth century (op. cit. p. 105).

*The Blue Annals*² give an account of the transmission of Ravigupta's teachings down to Dānaśīla, who was probably the Dānaśīla who collaborated with Jinamitra, one of the translators of the *Siddhasāra* into Tibetan at the beginning of the ninth century. At any rate, Dānaśīla transmitted the doctrine to Mal-gyo, who preached it to Sa-chen, whom Roerich dated to AD 1092-1158. There may, of course, be gaps in these lists and the *Blue Annals* do not mention among Ravigupta's pupils Sarvajñamtira, yet according to Tāranātha³ Sarvajñamitra was a pupil of Ravigupta. This Sarvajñamitra worked with Jinamitra and others on the translation of the *Vinaya* into Tibetan at the beginning of the ninth century, and it is for this reason that Naudou dates his teacher Ravigupta to the eighth century. This reasoning is not convincing. Sarvajñamitra is no more likely to have been a direct

1. J. NAUDOU, *Les bouddhistes kasmériens au moyen âge*, Paris, 1968, p. 66 n. 2.

2. English translation by G. ROERICH, *The Blue Annals*, Part Two Calcutta: 1953, p. 1051. Tibetan text ed. LOKESH CHANDRA, *The Blue Annals*, New Delhi, 1974 (Sata-piṭaka Series Indo-Asian Literatures, vol. 212), pp. 932-3.

3. German translation by A. SCHIEFNER, *Tāranātha's Geschichte des Buddhismus in Indien*, St Petersburg, 1869, p. 170. Tibetan text ed. A. SCHIEFNER, *Tāranāthae de doctrinae buddhicae in India propagatione narratio*, St Petersburg, 1868, p. 130 (last line): *hdi ñi-mā sbas-pahi slob-ma yin-no*.

pupil of Ravigupta than is Dānaśīla, and if the account of the Blue Annals proves anything, it proves that according to tradition there was a long line of succession between Ravigupta and the translators of the Tibetan canon. There is no reason therefore to assume for the Ravigupta associated with the cult of Tārā a date later than the seventh century.

Since this Ravigupta may well have lived at the same time as the Ravigupta who composed the *Siddhasāra*, the question arises whether we have to do with one and the same person or not. The author of the *Siddhasāra* tells⁴ us that he was the « son of the veterinary doctor Durgagupta from the West » and that he composed this work « on the insistence of his elder brother Devagupta, having regard to his (brother's) yellow disease (*pāṇḍu-nāgaṃ*) ». Now this sparse piece of information is particularly interesting in the light of the story found in the *Blue Annals*, according to which Ravigupta received the *sādhana* (*sgrub-thabs*) from Tārā when he had been cured by Tārā of leprosy (*kluhi gnod-pa*) after praying for three months in a hut he had built west of the *vihāra* of Tārā in Kashmir.

According to Naudou (op. cit. p. 65 n. 5) *kluhi gnod-pa* is not leprosy but *visarpa*, a kind of erysipelas, but he gives no evidence for this interpretation and the regular rendering of Sanskrit *visarpa* in medical texts is *me-dbal*. *kluhi gnod-pa* « *nāga*-disease » is not a term I have met with in medical texts providing a Sanskrit equivalent, but Chos-kyi grags-pa's *Tibetan dictionary* explains *klu-gnod* (= *klu-nad*) by *mje-nad*, which is the usual equivalent for Sanskrit *kuṣṭha*-, a kind of skin disease traditionally rendered by « leprosy ». This would tend to confirm Roerich's rendering against Naudou's « improvement ». *pāṇḍu-nāga*- in the last verse of the *Siddhasāra* was understood — and perhaps read — by the translators into Tibetan as meaning the same as *pāṇḍu-roga*- since it was rendered *skya-rbab-kyi nad*. The text is known, however, from three MSS, all of which have here quite clearly the reading *pāṇḍu-nāgaṃ* (B 82 v 4, C 48 r 5, D 70 v 4).

Whatever the correct reading may be and whatever the precise disease involved, it is clear that we are dealing here with varieties of skin diseases. It is not inconceivable that the legend recorded in the *Blue Annals* concerning Ravigupta's being healed of a skin disease reflects an imperfect recollection of the healing of his elder brother Devagupta likewise of a skin disease.

A further argument in favour of the identity of the *Siddhasāra* Ravigupta and the Tārā Ravigupta is the fact that one of the translators

4. On the colophon and concluding verses of the *Siddhasāra* see my article in BSOAS, XXXVII.3, 1974, p. 635.

of the *Siddhasāra* into Tibetan, Jinamitra, is known to have collaborated in such translation work with Dānaśīla, who is mentioned as in the line of succession of Ravigupta's Tārā doctrine. If Ravigupta's *Siddhasāra* were associated with the Kashmirian Tārā cult, we would have an explanation for the decision taken by the Kashmirian translators to translate the *Siddhasāra* rather than, for example, Suśruta.

If one identifies these two Raviguptas, a provisional chronology may be suggested as a working hypothesis: Vāgbhaṭa ca. AD 600, Ravigupta ca. AD 650, and Mādhava ca. AD 700.