

Patience and Patients: Jain Rules for Tending the Sick¹

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I. Introduction

The Śvetāmbara *Bṛhatkalpasūtra* includes a section that instructs monks on how to take care of their fellow monks who have fallen ill (verses 1870–2014). The text has several commentaries; the *Niryukti* in Prakrit is attributed to Bhadrabāhu (first c. CE), and a Prakrit *Bhāṣya* on the *Niryukti* was composed by Saṅghadāsa in the sixth c. CE. Malayagiri wrote a Sanskrit commentary that was completed by his disciple Kṣemakīrti in the twelfth c. CE. The text at all levels of its interpretive history is very clear that it is the duty of every monk to rush to the aid of sick brethren. Indeed, the concern that Jain monks show for those of their community who are unwell is said to distinguish them from members of other ascetic communities, particularly, the Buddhists (verse 2011).² Many of the rules in this section deal with how the monks should approach a doctor and how they are to pay him for treating the patient. I have

¹The papers published in this issue of eJIM are guest-edited by Anthony Cerulli, Philipp A. Maas and Karin Preisendanz. They are part of a series of papers that were written in connection with a panel of the Classical Ayurveda Text Study Group on “Physicians and Patients: Textual Representations in Pre-Modern South Asia” organised by Karin Preisendanz as part of the science section at the 14th World Sanskrit Conference, University of Kyoto (September 1, 2009). The organisation of the panel was made possible through the generous support of the Austrian Science Funds (FWF) Project “Philosophy and Medicine in Early Classical India: Towards a Critical Edition of the Third Book of the Carakasamhitā II” (FWF Grant No. P19866-G15).

²*jai saṃjamo jai tavo daḍhamittattaṃ jahuttakārittaṃ | jai baṃbhaṃ jai soyaṃ eesu paraṃ na annesuṃ* || 2011 ||. “Whether it is the practice of restraint, whether it is austerities, whether it is firm friendship, whether it is obedience to commands, whether it is chastity, or whether it is purity, these things do not exist anywhere else.” The commentary explains that this is because other groups, such as the Śākya or Buddhists, do not care for their sick members as the Jains do (*nānyeṣu śākyādīparatīrthikeṣu teṣāṃ evaṃvidhasya glānapratīcarāṇavidher abhāvāt*).

dealt with these rules elsewhere (Granoff 2014). Here I turn to the rules that deal more specifically with the patient, who in this text and its commentaries is often an active, although not always helpful, participant in his own treatment. The picture that emerges from a reading of the text and its commentaries is that patients, then as now, often required patience of their caregivers. They could demand foods to eat that were wrong for them and could insist on the care of a specialist, when they distrusted the very adequate care that they were already getting. Dissatisfied with what their fellow monks were doing for them, they posed a considerable threat to the group as a whole. They might hightail it out of the monastic community and make for the nearest householder, whom they might pester for medicines. This ran the risk of alienating the householder, upon whom the monks all depended for their daily necessities. Disgruntled patients might even badmouth their fellow monks or in a final act of anger, they might even disrobe.

Taking good care of a patient thus included not only fetching a doctor and getting appropriate medicines; it also involved making certain that the patient felt that he was getting the best possible care. Patient care was thus two-fold; monks had to attend to the physical needs of the sick, while remaining sensitive to their mental state. The motives behind this two-fold approach were somewhat different. Compassion, a sense of responsibility, and obedience to the commands of the Jina, which were said to include tending the sick, might well have been the primary impetus behind attentive care of the physical illness. At the same time, in the descriptions of the behaviour of dissatisfied patients we can also see a desire to protect the Jain monastic community as a whole. A dissatisfied patient who disrobed would mean one less monk, but more importantly an angry patient could weaken the essential support of the laity. In the concern for protecting the monks from slander and maintaining the position of the monks among the lay community, the treatment of the sick is very much in line with the general tone of this text, which here and elsewhere even allows the monks to behave in very un-monk-like fashion, to tell white lies or use physical force, in order to protect the reputation and safety of the Jain monks as a group (Granoff forthcoming). In what follows I examine some of the rules that deal with Jain monks as patients and with their mental and physical wellbeing. What emerges is a rare glimpse of how some medieval Jains imagined the challenges of being both a patient and a caregiver.

II. Sick monks and their caregivers

One of the first things that we learn about sick Jain monks is that they do not always know or want what is best for them. The *Bhāṣya* verse 1901 tells us,

They might ask for something to eat that is not good for them. They should say: we'll ask for it; we cannot get it. They come back; this is the wrong time; wait for the right time. Never say, we refuse to give it to you.³

The Sanskrit commentary fills in the details to this cryptic verse:⁴

Should the patient ask for something that is not good for him, then the monks should say, "We'll ask for it." And then, they should report, "What can we do? We went everywhere and asked everywhere but no matter how hard we tried we couldn't get what you asked for." If they say these things, they will have taken proper care of the patient. Or here is another way that they can handle the situation. They can take their bowls and leave the lodging, return after going but a short distance and announce to the patient, "We went looking for what you asked for but couldn't get it." Or they can make sure that they go out at the wrong time, which will guarantee that they will not get whatever it is that the patient wants. And to a patient who asks for something at an inopportune time they should say, "Wait until it is the right time for us to go out. Then we will go and bring it for you." But whatever they do, they should never say, "No, we won't give you that."⁵

The verse and its commentary are clear: the monks should not tell the patient the truth, which is that they will not give him what he wants. They are instructed to practice subterfuge, either to fib and say that they tried to get whatever it is that the patient asked for and failed, or they are to go out at a time when no one gives alms and when they are guaranteed to fail to get what the patient wants. This passage also makes clear that being slightly dishonest is sometimes the correct way to look after the welfare of the patient.

In a similar vein, the monks are instructed to be less than entirely honest with an unduly anxious patient, who might demand to see a doctor when they

³ *jāyaṃte u apatthaṃ, bhaṇaṃti jāyāmo taṃ na labbhai ñe | viṇiyaṭṭaṇā akāle, jā vela na beṃti u na demo || 1901 ||.*

⁴ And I have filled in a few gaps to make the translation more readable.

⁵ *glāno yady apathyam dravyam yācate tataḥ sādhave bhaṇanti – vayaṃ yācāmaḥ paraṃ kiṃ kurmahe? tad bhavatāṃ abhīpretaṃ bhūyobhūyaḥ paryaṭadbhir api na labhyate "ñe" asmābhiḥ; itthaṃ bhaṇadbhir glāno 'nuvartito bhavati. yadvā glānasyāgrataḥ pātrāṇy udgrāhya pratiśrayān nirgatyaṅāntarālapathād "vinivarttanām" pratyāgamaṇam kurvanti, tasya purataś cetthaṃ bruvate – vayaṃ gatā abhūma paraṃ na labdham; akāle vā gatvā yācante yena na labhyate. akāle ca yācamānaṃ glānaṃ bruvate – yāvad velā bhavati tāvat pratīkṣasva, tato vayaṃ ānīya dāsyāma iti, na punar bruvate – na dadmo vayaṃ iti.*

feel that none is needed. In many cases monks are able to care for a sick fellow monk without the aid of a doctor. Some of the monks may have been doctors in their secular life before they renounced; others may have some medical knowledge. But some patients feel insecure in the hands of their fellow monks and doubt that they are receiving proper care if no doctor is involved in their case. Here is the scenario that the *Bhāṣya* constructs:

“Ask the doctor.” Knowledgeable themselves, they say, “This is what the doctor said.” Or in the case of things like bites and boils. If they do not know they ask a doctor.⁶

The patient might say, “You have not even asked the doctor. You’re just doing whatever comes into your head.” Now if the monks are knowledgeable, that is, if they are skilled in healing, they should say, “We already asked the doctor and this is what he told us to do.” Or here is another way they can handle the situation. They can exit the lodging and go a short distance and just stand around for a few minutes; then they can come back and say, “This is what the doctor has told us to do.” Bite means snakebite; boils means pustules. By the phrase “things like” are meant to be included such things as a disturbance of wind and chills. If the monks know how to treat these things, then they should do so themselves. If they do not know, then they should consult a doctor.⁷

Here, too, the monks must fool the patient into thinking that he is getting what he wishes, in this case a consultation with a doctor. The monks are to exercise their own judgment and if they feel confident to treat the patient without the assistance of a doctor, they should do so. But this only takes care of the physical problem. The psychological problem remains. The monks have to keep the patient content; they have to make sure that he is satisfied that they are doing what he has told them to do. And so they tell a fib; they either say that they have already consulted a doctor or they actually pretend to go out and consult

⁶ *vijjaṃ na ceva pucchaha, jāṇantaṃ biṃti tassa uvadeso | daṭṭha-pilagaṃiesu va, ajāṇagā pucchā vijjaṃ || 1907 ||.*

⁷ *glāno brūyāt – yūyaṃ vaidyaṃ naiva pṛcchatha, ātmacchandenaiva praticaraṇaṃ kurutha. tato yadi sādhabo jānantaḥ – cikitsāyāṃ kuśalās tato bruvate – asmābhir vaidyaḥ pṛg eva pṛṣṭas tasyaivāyam upadeśa iti. yadvā pratiśrayān nirgatya kiyantam api bhūbhāgaṃ gatvā muhūrtamātraṃ tatra sthītvā samāgatya bruvate – ayaṃ vaidyenopadeśo datta iti. tathā daṣṭaṃ sarpaḍankaḥ, pilagaṃ – gaṇḍaḥ, ādigrahaṇena śītalikā duṣṭavāto vetyādīparigrahaḥ, eteṣv api yadi jñās tataḥ svayam eva kurvanti. athājñās tato vaidyaṃ pṛcchanti.*

a doctor. Keeping the patient satisfied is more important than being absolutely truthful.

The facts are not the only thing that the monks might have to conceal from a patient. Monks are not allowed to store food; they must go out each day to beg for alms. As an exception to this general rule, food and medicine may be stored for the sick. Nonetheless, the monks are instructed to keep the stored food in a separate room or, if there is no separate room, at least to keep the stored food in a corner of the room that no one frequents and to conceal it under a cloth. They are not to let the patient know that his food is there; were he to see it, he might help himself to it whenever he felt like it.⁸

From these comments and the verses reviewed thus far there begins to emerge a perhaps less than flattering picture of the average patient. He can be demanding; he may be anxious, and in his fear he may not always be respectful of those who care for him. He often does not know what is good for him, and looking after his physical and mental wellbeing requires both vigilance and a measure of subterfuge.

Not all patients we meet in the text are troublesome because they are willful, however; some pose problems because they are physically unable to complete the cure for their sickness. This too requires patience and skill on the part of the caregivers. In verses 1908–1909 we learn that there are different causes of disease and that some of them can only be cured through a strict regimen of fasting. Not all patients, however, are able to fast for as long as the cure requires and many will break their fast too soon; those who do will not get well. In the case of diseases that are cured by fasting, and this includes diseases of the eye, fevers, and wounds, a patient must skip at least seven meals. In fact, the text tells us, patients are meant to continue fasting for one full day after all their symptoms have disappeared. The verses and commentary acknowledge that not all patients are able to do this. They suggest alternatives to a complete fast, in which the patients are given specially prepared mixtures as restoratives.

Although Jain monks have left their families and former social connections upon renouncing, there are many cases in the *Bṛhatkalpa* in which family members reappear in their lives. In verse 1931, which belongs to the discussion on how the monks should negotiate with a doctor, the possibility is raised that the sick monk might have a relative who is a physician and who offers to take him in and provide the medicines that he requires while supervising his care. This is potentially an attractive proposition, because many of the difficulties that the monks encounter in dealing with doctors stem from their inability to pay

⁸Verse 1905. As the commentary explains: *yadi glānas tat paśyati tadā sa yadā tadā tasyābhyavahāraṃ kuryāt.*

them. The *Bhāṣya* is not explicit about the identity of the generous layman who offers to undertake the care of the sick monk, but the commentary calls him a *sajñātaka* or relative. In texts on monastic rules and in story literature, relatives often try to reclaim their family member who has renounced. In the words of the *Bhāṣya* and then the commentary the situation develops as follows:

Someone might say, “I will undertake his treatment with my own medicaments.” Considering the strength of the person offering, his own strength and the intention, there is permission.⁹

About that sick person, “someone,” that is a doctor who is a relative, might say, “I will treat the patient with my own medicaments, send the patient to my house.” The elders consult the patient, who must consider the “strength,” that is, the ability of the householder and his own ability, in this way: “Is this doctor really capable of providing the proper medicaments? And do I have the necessary strength of conviction? Or do I lack the strength of conviction?” By “intention” is meant this: “Does he wish to take me into his home to provide me with medical care for the sake of the Dharma or does he intend to cause me to return to lay life?” If the householder in question is capable of providing the required medicaments and the patient is sufficiently strong in conviction, and if the relative is taking him in for the sake of the Dharma, then, knowing the strength and intention of the householder and his own strength and intention, the patient should take the permission of the elders and go there. He is not to do so under any other circumstances.¹⁰

The *Bṛhatkalpa* with its commentaries is often on guard against situations in which a monk might give up his vows and return to lay life. As we shall see, there are other occasions in the discussion of patients where this fear surfaces. This verse stresses that only the monk who is absolutely firm in his commitment to his vows is to be allowed to return to his former social context. What-

⁹ *niyāhehiṃ ośāhehiṃ, koi bhāṇejjā karema ’haṃ kiriyaṃ | tassa ’ppaṇo ya thāmaṃ, nāuṃ bhāvaṃ ca aṇumannā || 1931 ||.*

¹⁰ *tasya glānasya “ko ’pi” sajñātako vaidyo bhāṇet – nijakair auśadhair ahaṃ glānasya karomi kriyāṃ, preṣayata madīye gr̥he glānam iti. tato gurubhiḥ pr̥ṣṭena glānena tasyātmanaś ca “sthāma” vīryaṃ tolanīyam – kim eṣa vaidya auśadhāni pūrayitum samartha na vā? aham api kiṃ dhṛtyā balavān? āhościd abalavān? bhāvo nāma – kim eṣa dharmahetoś cikitsāṃ cikīṣuḥ svagr̥he mām ākārayati? utāho unniṣkrāma-ṇābhīprāyeṇa? iti. yady asau gr̥hastha auśadhapūraṇe samartha yadi ca svayaṃ dhṛtyā balavān yadi ca dharmahetoḥ sajñātakas tam ākārayati tata evaṃ tasyātmanaś ca vīryaṃ bhāvaṃ ca jñātvā gurūṇāṃ anujñāṃ gr̥hītvā tatra gantavyaṃ nānyatheti.*

ever the difficulties the monks will face in procuring the assistance of a doctor and paying for the medicine that he prescribes, their foremost concern must be to maintain the strength and stability of the monastic unit. The verse indicates that in some situations this required a balance between the authoritative voice of the community leaders and the desires of the individual. It is important to note that it is the patient who must weigh the various factors that go into making the decision about whether or not he is to shift to his relative's house. Throughout these discussions about patients, the patient never loses his agency.

Perhaps the most unusual problems arise for patient and caregivers once a decision to move the patient has been taken and in a context in which the patient remains in the care of the monks. The main reasons to move a sick monk are either to bring him to a doctor or because the required medicines are not available where he is. In the words of the text:

If he desires to be moved for the sake of a doctor or medicine, he is to be moved. The road is to be examined and the police notified.¹¹

If the patient wishes to go to another village either for the sake of a doctor or medicine, that is, medicaments, then he is to be moved, that is, he is to be shifted. If the journey must be made at night, then the road is to be carefully examined in advance, before they set out. And the police are to be notified in this way, "We are going to move a patient at night; do not mistake us for thieves and arrest us."¹²

This verse introduces a sub-section on the monks' moving the patient. Consistent with the emphasis on the active participation of the patient that we have already observed, the patient is described as being moved at his own wish. He is clearly depicted as an active agent in this important decision that is being made about his care, although as we shall see his reasons are not the same as those of his caregivers. From the earlier verses we might, I think, surmise that their readiness to comply with the patient's wishes is connected with the desire to insure that the patient is satisfied that everything is being done to treat his illness.

¹¹ *vijjassa va davvassa va, aṭṭhā icchaṃte hoi ukkhevo | paṃtho ya puvvadiṭṭho, ārakkhiṃ puvva bhaṇio u || 1973 ||.*

¹² *vaidyasya vā "dravyasya" auśadhādīlakṣaṇasya vārthāya yadi glāna icchati grāmāntaram gantuṃ tadā tasya "utkṣepaḥ" cālanā kartavyā. yadi rātrau gantavyaṃ bhavati tadā paṃthāḥ pūrvam eva dṛṣṭaḥ kartavyaḥ. ārakṣikaś ca pūrvam eva "vayaṃ rātrau glānaṃ gṛhitvā gamiṣyāmaḥ. bhavatā caurādīśaṅkayā na grahītavyāḥ" iti bhaṇitaḥ kartavya iti.*

The next verse tells us what is in the mind of the caregivers. Here we learn that they are to explain to the patient that there is no doctor nearby and they cannot get the right medicine for him; for these reasons, they are to tell him, they are willing to move him if he wishes to be moved. The patient's reply in the next verse is somewhat surprising and alerts us to the gap between the patient's understanding of his situation and the assessment of the caregivers.

“What can a doctor do for me? There is no healthy food for me here. You are wasting your efforts. Get me out of here right now.”¹³

“Noble ones! Even if there were a doctor here, what could he do for me?” (This is meant to imply as well the statement, “And even if there were medicines here what good could they do for me?”) “For,” the patient continues, “nothing here is healthy for me, not food, nor anything else. And if the food and all here are not good for me, then you are just wasting your efforts and I am nothing but a hopeless burden to you. As it is said,

Disease is cured without medicine, just from eating healthy food.
It cannot be cured even with hundreds of medicaments if there is no healthy food.

And so I say, take me at once to that village or town – ‘take me’ means transport me there, where the food and other things will be good for me.” If the patient says this, then he is to be taken to another village.¹⁴

In his reply the patient cites a popular verse that praises what is *pathya* or healthy. Things that may be healthy or unhealthy for a person include not only food but also more general environmental factors such as water, air, soil, and climate. The verses 1973–1975 may be read as setting up an opposition between the more “scientific” approach of the caregivers to the treatment of disease, which involves doctors and medicaments, on the one hand, and the understanding of the patient, on the other hand, that gives priority to the popular

¹³ *kiṃ kāhī me vijjo, bhattāi akārayaṃ ihaṃ majjhaṃ | tubbhe vi kilesemi ya, amugattha mahaṃ haraha khippaṃ || 1975 ||.*

¹⁴ *āryāḥ! yadi nāmātra vaidyo bhavati tataḥ kiṃ mamāsau kariṣyati? upalakṣaṇam idam, tena yady auśadhāny api bhavēyus tāny api me kiṃ kariṣyanti? yato bhaktādikam akārakaṃ mameha vidyate, tasmimś cākārake yuṣmān api mudhaiva parikleśayāmi. yata uktam – bheṣajena vinā vyādhiḥ, pathyād eva nivartate | na tu pathyavihīnasya, bheṣajānāṃ śatair api ||. tato mām amukatra grāme vā nagare vā kṣipram “harata” nayata, yena me tatra bhaktādi kārakaṃ syāt. evaṃbruvāṇo ‘sau grāmāntaram cālayitavyaḥ.*

conception that the only things needed to cure sickness are those that fall under the category of “healthful things.” In fact, the verse that the patient quotes specifically denies the efficacy of the standard medical treatments.¹⁵ The imagined dialogue between patient and caregivers that the Sanskrit commentary provides strengthens the overall impression of the patient that the other verses have given us: the patient really does not understand what is best for himself and is nonetheless quick to make demands, either for the wrong things or for the wrong reasons. In addition, verse 1975 hints at something we might have already suspected. The patient argues that if his demands are not met and his caregivers continue to try to cure his sickness, they would just be making useless trouble for themselves. Indeed, we shall see that for some monks caring for a sick member was a big nuisance. As we follow the journey of the patient to the new town or village this becomes clear.

Verse 1976 with its commentary further specifies the conditions that might make the caregivers decide to move the patient. It sets up a different opposition, this time between town and village. Monks in the city are most likely to receive alms at the end of the day, but a patient’s condition might worsen if he were made to wait that long for something to eat. By contrast, in the village the monks obtain alms at dawn. For this reason the caregivers might decide to move a sick monk from the city to the village, where they can get food for him at the break of day. Conversely, foods like milk may be difficult to obtain in the city, although they are easily available in a village. If the city caregivers find that the patient requires milk, they should move him to a village. Again, the opposite might be true: those who are caring for a sick monk in the village might determine that the milk and other dairy products they are giving him are making him even sicker, increasing his phlegm or causing a disturbance of his bile. They might decide they need to move him to the city where they will get other types of food that can calm down these humours that are in excess. There may be other reasons why the patient has to be moved. It can also happen that the medicine that the doctor prescribes is not available where they are (verse 1977). The caregivers are to confer and must be in agreement that the patient is to be moved; ideally they should set out with the patient in the morning (verse 1978).

By the next verse (1979) the monks have begun their journey with their patient. As chance would have it, some city monks are transporting a patient to a village at the very same time as some village monks are bringing their patient to the city. The two groups meet on the way. They greet each other with all due respect and exchange patients, with the understanding that they will care for

¹⁵Zimmermann (1987) discusses in detail Indian understandings of the role of environmental factors in health and disease.

the patient they have accepted as devotedly as they would have cared for their own. Here is what the monks say to each other:

“You will not get the medicines that you need without us.” And the others say the same. “In that case let us go back. Take this one who isn’t doing so well.”¹⁶

The city monks say to the village monks, “Without us you will not be able to get the kinds of medicines that you need for your patient, that is, bitter and astringent medicines and the like.” And the others, that means the village monks, say to the city monks, “You will not be able to get milk and the like without us.” And so the two groups say to each other, “In that case, let us each go back. You take this ‘one who isn’t doing so well’ means, you take this sick one, and we will take your sick one.”¹⁷

If this procedure seems practical but somewhat unusual, what follows is even more surprising. The Sanskrit commentary prefaces the next two verses (1981–1982) with this remark:

Having exchanged patients, they should take their sick charge to the village or town and diligently care for him. They should not in their rejection of the right path think or say anything like the following:¹⁸

“The gods have shown favour on us – we are rid of that ungrateful devil. Easy to anger, he was excessive in his demands; he made us do one thing after another for him. He’s finished us off. As for this one, who knows if he will live. And even if he recovers, he’s not one of us. And will they really take care of our fellow monk or not?”¹⁹

¹⁶ *jārisa davve icchaha, amhe muttūṇa te na labbhihiha | iyare vi bhaṇaṃtevaṃ, niyattimo neha ataraṃte* || 1980 ||.

¹⁷ *nāgarā grāmeyakān bruvate – “yādrśāni” tiktakaṭukādīni dravyāṇi glānārtham icchata “tāni” tādrśāny asmān “muktvā” vinā na lapsyadhve. “itare ’pi” grāmeyakā nāgarān evaṃ bhaṇanti – yūyam asmābhir vinā dughdādīni na lapsyadhve. tatas te dvaye ’pi parasparam abhidadhati – yady evaṃ tato vivarttāmahe, yūyam amum “atarantaṃ” glānaṃ nayata, vayaṃ yuṣmadīyaṃ nayāma iti.*

¹⁸ *evaṃ saṅkramaṇāṃ kṛtvā tatra ca grāme nagare vā nītvā sarvaprayatnena praticaraṇā vidheyā. na punar nirdharmatayethaṃ cintanīyaṃ bhaṇanīyaṃ vā.*

¹⁹ *deva hu ñe pasannā, jaṃ mukkā tassa ñe kayaṃtassa | so hu aitikkharoso, ahigaṃ vāvāraṇāsīlo* || 1981 || *teṇeva sāiyā mo, eyassa vi jīviyammi saṃdeho | pauṇo vi na esa ’mhaṃ, te vi karijā na va karijā* || 1982 ||.

The word “*hu*” expresses certainty. “*ne*” means us. The gods have certainly shown favour to us; we are rid of that ungrateful devil. In the verse the genitive case is used for the ablative. The word “ungrateful devil” is literally, “one who puts an end to things.” If we consider its etymology it means ingrate; it means someone who spoils whatever is done for him, no matter how much it is. Or “one who puts an end to things” could mean Yama, the King of the Dead, and the patient is called that because he is as horrible as Yama. That is why the verse next says that he was “easy to anger,” which means either that he was constantly getting angry or that he harboured a grudge for a long time. “Excessive” means too much; “made us do one thing after another” means that he constantly ordered us to do things, no matter whether we’d done them already or not. Or they might say, “He’s finished us off,” which means, “He’s tormented us; therefore we can’t do any more for him.” Further, “As for this other one, it is not even certain that he will live; why should we torture ourselves taking care of him for nothing? And even if he fully recovers, he doesn’t belong to us. Besides, who knows if those other monks will take care of our monk? So why should we take care of this one?” If those monks, fallen from the right path, should say things like these, the chief monk should teach them. He should not let this happen.²⁰

This dramatic scene is a vivid example of the honesty and generosity of spirit that pervade the *Bṛhatkalpa* and its commentaries. The *Bhāṣya* does not deny that caring for the sick can be difficult; we have seen in previous verses just how demanding and irrational the sick person can be. Now we are allowed to see, first-hand as it were, the toll that this can take on those who are supposed to care for him. The text allows the caregivers to speak and they tell us that they can be as angry at the patient as he is at them; they, too, have their limits and can become so exhausted that they are glad to be rid of their charge. What is more, they are depicted as unwilling to care for the stranger who has been en-

²⁰“*huḥ*” *avadhāraṇe, nūnaṃ “ne” asmākaṃ devāḥ prasannāḥ yad muktā vayaṃ tasmāt kṛtāntāt, gāthāyāṃ pañcamyarthe ṣaṣṭhī. iha kṛtāntāśabdena kṛtam – niṣpādītaṃ bahv api kāryam antam nayatīti vyutpattiyā kṛtaghna ucyate. yadvā kṛtāntaḥ – yamas tattulyatvād asāv api kṛtāntaḥ. ata evāha – sa hi “atitīkṣṇaroṣaḥ” punaḥ punā roṣaṇaśīlo dīrgharoṣī vety arthaḥ. “adhikam” atyartham “vyāpāraṇāśīlaḥ” kṛtākṛteṣu kāryeṣu bhūyo bhūyo niyunkte. yadvā tenaiva glānena “sādītāḥ” khedaṃ prāpitā vayam ato ’sya kartuṃ na śaknumaḥ. athavā etasyāpi jīvite sandehas tataḥ kiṃ nīrarthakam ātmānaṃ parikleśayāmaḥ? praguṇībhūto ’pi caiṣa nāsmākaṃ bhaviṣyati. te ’py asma-dītyasya kuryur vā na vā, ato vayam api na kurmahe. evamādīni bruvāṇānām teṣāṃ nirdharmāṇām ācāryeṇa śikṣā dātavyā na tūpekṣā vidheyā.*

trusted to them and from whom they can expect nothing in return. They seem to have forgotten completely that it is their duty to care for the sick and not something that one does in expectation of a reward. It is in this that they have “fallen from the right path,” for the text has made clear that to care for the sick is the Jina’s command. In vignettes such as this the monks emerge as fully human, with human frailties and emotions. At the same time the text reminds its audience that there is in place a structure that is designed to protect the weakest members of the community from harm. The rules, precisely because they openly acknowledge human failures, provide a context in which the sometimes unavoidable negative aspects of human behaviour can be transformed for the good of individuals and the group. This is the task of the *ācārya*, who must intervene and cannot look the other way when the caretaker monks give out.

The *Bhāṣya* is so serious about the responsibility of the *ācārya* to set these errant monks straight and see that the patient in question is cared for that the following verses describe the penalties for the *ācārya* who fails to step in and take charge. The penalty grows in severity as the harm done to the patient increases; the penalty is lightest if the patient is simply inconvenienced, greater according to the degree of suffering he endures, even more severe if he falls unconscious and greater still if he is in danger of his life. If the patient dies, the *ācārya* is to receive the severest penalty possible; he is to be expelled from the monastic community.²¹ In the succeeding verses, the monks who have failed to help their sick member are also subject to penalties.

The seriousness of failing properly to care for the sick is evident in the severity of the punishments. It is necessary to keep in mind that it is not only the sick individual who suffers from the caregivers’ lack of attention. A sick monk who is neglected in turn has the potential to put the entire community at risk. He might badmouth the monks to their lay supporters, with obvious consequences (verse 1985); he might even get sufficiently disgusted with his fellow monks that he quits and returns to lay life (verse 1988). And he might, still dressed as a Jain monk, seek from the lay supporters something that it is entirely inappropriate for a Jain monk to use, giving the lay community reason to doubt the sincerity of all the Jain monks (verse 1988).²² In each of these cases, an appropriate penalty is now assigned to those who had failed to tend the sick monk.

²¹ For a description of penalties see Caillat (1975).

²² The text repeatedly allows Jain monks to behave in forbidden ways when a dire situation demands, but it requires them to do so dressed in disguise, preferably as a Buddhist monk. See Granoff (forthcoming).

The penalties for abandoning the sick also differ depending on the person to whom the absconding monks entrust the care of a patient (verses 1989–1995), the best case being to leave his care to a learned and pious fellow monk and the worst case being to abandon the monk among unbelievers, specifically Buddhists. Penalties differ, too, depending upon the physical place where the monk is left, with the least punishment accruing if the patient is simply abandoned right there where the monks are lodging and the worst punishment assigned to the case in which the sick monk is summarily dumped outside the boundaries of the village (verse 1997).

The section on caring for the sick continues with a ruling about the length of time the monks are required to care for a sick member. The senior monk, the *ācārya* who had ordained the sick person, is required to care for him for six months. If at the end of that period the person is still sick and the *ācārya* is unable to continue caring for him, he is to entrust the patient to the *kula*, which is the small group of monks who have gathered around a particular *ācārya* (verse 1998).²³ The *kula* is required to care for the sick person for three years, providing him with food and medicines (verse 1999), after which time they are permitted to enlist the aid of the next larger unit, the *gaṇa*. The *gaṇa* is required to care for the patient for another year; it then falls upon the *saṅgha*, the entire community of Jain monks, to find a way to take care of the monk for the rest of his life (verse 2000). Verse 2001 clarifies that this is the case for a monk who is unable to undertake the fast to death that is recommended for those who can no longer carry out their religious duties because of illness.²⁴

There are special circumstances under which Jain monks are permitted to abandon a sick member of their group without penalty. Verse 2002 tells us that at times of unrest, during a plague or when the king has become hostile the monks can leave a sick member behind if they must flee. If they are under attack by brigands and fear for their lives they are allowed to abandon a sick monk, who might impede their progress. The Sanskrit commentary supplies details that are not in the *Bhāṣya* and that reflect an environment in which medieval Jain groups were engaged in intense rivalry, often for royal patronage. Thus the commentary tells us that if the king has become hostile to one particular *gaccha* or lineage of monks, they are to hand the patient over to another *gaccha*. If there is no other *gaccha* to whom they may entrust him, they may leave him with lay supporters. As a last resort they may leave him in a temple or in a place where Jains congregate. Medieval Jain monastic lineage accounts are replete with examples of sectarian rivalry between different line-

²³ For these terms see Caillat (1975: 27).

²⁴ On the fast to death see Caillat (1977) and Granoff (2007).

age groups, all of whom claim to have received the direct transmission of the teachings from the Jina. Often the debates between the groups are said to have taken place in the court of a king, who then banished the loser and extended his patronage to the winner. The Sanskrit commentary thus envisions such a scenario, in which an entire group would have to leave an area immediately at the command of the king.²⁵ It suggests that stories about sectarian conflicts and the dire consequences of being on the losing end of an argument may not be entirely fictitious.

Although these rules allow for the monks to leave behind one of their own if they are all in danger, it is clear from what follows that this is not considered to be a desirable practice. Verse 2003 advises that if the monks find themselves unable to carry the patient, they should first discard everything else that they have with them. In verse 2004 we hear the voice of the patient again. If the patient should say, “leave me, you go on,” the monks are really not supposed to agree. Should they do so, there is a penalty for the fleeing monks. Even when wild barbarians from the remotest corners of the earth attack, even when highway robbers fall upon the monks, when the kingdom is decimated and relatives are scattered, when so great is the disaster that mothers abandon their children and children abandon their parents, even then well-trained monks who follow the correct path would never abandon their sick member (verses 2005–2006). The patient speaks again in verse 2007:

“Blessed ones! Save yourselves! Why do you carry me, I’m already half-dead. For the sake of just one person, you must not all perish!”²⁶

A learned and pious *ācārya* responds with these true words of comfort:

“It is our Dharma never to abandon a righteous man who is devoted to the welfare of all living beings. If we were to abandon such a righteous soul, what good would it be to live such a life?”²⁷

And the text concludes the section on treating the sick with words of praise for the caregiver who brings the patient to safety even in the worst of times and under the gravest of threats (verses 2011–2013). Caring for the sick, especially

²⁵ On Jain sectarian rivalries see Granoff (1993) and Dundas (2007).

²⁶ *tāreha tāva bhaṃte!, appāṇaṃ kiṃ maellayaṃ vahaha | egālaṃbaṇadoseṇa mā hu savve viṇassihha* || 2007 ||.

²⁷ *savvajagaḷjīvahiyaṃ, sāhuṃ na jahāmo esa dhammo ñe | jati ya jahāmo sāhuṃ, jīviyamitteṇa kiṃ amhaṃ* || 2009 ||.

when it is most difficult, is the mark of the true monk. To rephrase the verse cited at the beginning of this essay,²⁸

If there is restraint, if there is austerity, if there is true friendship, if there is obedience to the teaching, if there is chastity, if there is purity, it is to be found only in those who care for the sick like this and do not abandon them; these virtues are to be found in no one else.

III. Conclusions

In this short section of a text on Jain monastic rules we have learned that patients demand patience and that to care for the sick, even at the risk of one's own health and life, is the true mark of the virtuous monk. There are in fact three groups of actors in this drama, the patients, the monks, and the doctors, whom I have treated elsewhere.²⁹ All of them emerge as remarkably human and potentially flawed in this text; patients are impatient, average monks get overwhelmed, doctors are often greedy and motivated by financial gain. At the same time as it acknowledges their imperfections, the text tells us in clear language that it is possible for exceptional individuals to be different. If we meet the patient who abuses his caregivers, we also meet one patient who cries out to be abandoned so that the senior monk and the other disciples can escape to safety. If we meet monks who grumble that they have had enough looking after their own and do not want to be bothered looking after a stranger, there is the noble *ācārya* who refuses to abandon a sick monk even if caring for him imperils his own life; he insists that a life saved at someone else's expense is a life that is not worth living. What emerges from this text is a description of human beings as they are and can be, and a universally applicable and admirable ideal standard of behaviour. It is an irony that texts like the *Bṛhatkalpa* despite all their humane wisdom were not meant to be studied by a wide audience; they were the exclusive preserve of monks of the greatest learning and experience. Dealing with exceptions to rules, the authors and guardians of these texts feared that the many exceptions proposed might confuse the novices or simply lead them to think that rules were not rules and were not really meant to be followed. With humour and generosity the section on caring for the sick, I think, reminds us of the contrary: that there are, after all, rules and obligations to the community.

²⁸ See above, n. 2.

²⁹ Granoff (2014).

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