

Taking the Enemy as Medicine: Dialectic and Therapy in the Work of Two Early Indian Doxographers

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This article discusses the function of dialectic in religious history, focusing on the works of two major sixth century Indian intellectuals and doxographers Bhāviveka and Haribhadra Sūri, who belonged to the competing Madhyamaka Buddhist and Jaina traditions respectively. The article studies how these two figures used medical metaphors for their dialectic purposes.

Keywords: doxography, dialectic, Bhāviveka, Haribhadra Sūri.

Introduction

It is common knowledge that, throughout history, most religious traditions and philosophical schools have encouraged the study of their own canon of literature, oral or written, at least for a certain elite amongst their fold, if not for everyone. What appears to be more exceptional is to find intellectual developments within these movements which, for various motives, have encouraged the study of views foreign to their own sectarian position. But a careful examination of ancient religio-philosophical literature suggests that serious inquiries into competing ideological systems, sustaining various forms of dialogue and doctrinal developments, are nothing new. In India for example, a land known for its cultural diversity, we even find doctrinal developments wherein the dialectical study of competing views seems to have played a significant soteriological function, suggesting a therapeutic use of dialectic.

The function of dialectic is a central topic informing my ongoing doctoral research in Indian doxography. The present paper, limited in

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scope, aims at examining a single aspect of that theme, based on the work of two major sixth century Indian intellectual figures belonging to competing traditions: Bhāviveka, a proponent of Madhyamaka Buddhism, and Haribhadra Sūri, a Jaina scholar. I will briefly examine how both authors used medical metaphors in their dealings with opposite views. Let's clarify at the outset what *doxography* is. In brief, it is either a whole text, or a part of a text where competing views of philosophers or philosophical schools are presented following a division of topics. Examining such literature, I asked myself why would religious philosophers fully dedicated to their own religious commitment spend time studying and writing about the views of others. It is to be noted here that the term "view" translates the Sanskrit word "*darśana*," which became the most common term in Sanskrit to designate the various philosophical systems or sects. It is often present in the titles given to works of a doxographical nature, like the *Ṣaḍ-darśana-samuccaya* (the Collection of Six Views) of Haribhadra. Again, what could be the point of acquainting oneself with the views of others? How would such knowledge contribute to one's own "path" (Sk: *mārga*), or "religious journey"?

So far, the doxographical genre of ancient Indian philosophical literature has attracted little scholarly attention, although respectable pioneering work has been undertaken in the last decades.¹ However, to bridge the gap, one can find substantial research done in the field of logic and dialectic, a domain intimately related to doxography, as argued by Classicists like Mansfeld and Runia,² working on Greco-Roman doxography. Indologists interested in dialectic tend to inquire either about its forms and structure or about its application in debate, as witnessed for example within the rigorous argumentative structure of the philosophical treaties known as *śāstra*, a literary genre exploited by most Indian philosophical traditions, dedicated to the systematic exposition of particular doctrines, where a refutation of opposing views is a common feature, not unlike Thomas Aquinas' *Summa Theologiae*. Research on the forms and structure of Indian dialectic have allowed for a deeper understanding of the argumentative apparatus developed by Indian thinkers and opened the door to a rich stream of comparative philosophy. Regarding the practice of debate in ancient India, much research is still needed in order to draw a better picture of its social and religious significance. As our sources indicate so far, it appears that debate was not only essential to a successful scholarly career, but that,

1. One thinks here of three main authors: Wilhem Halbfass (1988), Olle Qvarnström (1999), and A. J. Nicholson (2010).

2. The two scholars' revisionary project on doxography was initiated in Mansfeld and Runia (1997). Further volumes are now available. In the same vein, it is worth mentioning the work of André Laks and Han Baltussen, for example in Laks (2007) and Baltussen (2005).

as an important social phenomenon, it involved actors from various strata of society. At the time of our two doxographers, we hear reports of such public debates sponsored by prominent figures, if not by kings themselves, in the reports of the famous Chinese Buddhist monk and pilgrim, Xuanzang (602-664). On the subject, Eckel notes,

An effective debater had to be familiar not just with different Buddhist traditions, but also with non-Buddhist rivals, including the Lokāyatas, Jains, Śaivas, Sāṃkhyas, and Vaiśeṣikas. Scholars moved around the country, studying with experts in other traditions and debating with their opponents. Preparation was important. (Eckel 2008, 15)

A thousand years before Xuanzang, in the Buddha's days, engaging in debate with opponents was already an important activity mobilizing the time and energies of Indian thinkers, a tradition likely inherited from, or at least attested in, learned disputations on the means and meaning of Vedic rituals and liturgy, rudimentary traces of which can be found in the Upaniṣads or within the commentarial literature on the Vedas. The socio-political dimensions of debate in ancient Indian society is certainly a fascinating field of inquiry from which we still have much to learn. For the moment, however, I will focus my attention on the relevance of dialectic, the practice of critical inquiry and disputation, within the work of Bhāviveka and Haribhadra Sūri, two authors who have given much attention to the views of others within their own writings. Although I do not reject what has been said about the socio-political dimensions of debate, I am interested in exploring the possibility that a function of dialectic closer to the religious practices and aspirations of the two authors can be found. Indeed, it is my feeling that the soteriological relevance of dialectic as a debate within oneself, thus as a privileged means on the path to liberation, has not yet been fully acknowledged and examined.

It is well known that the followers of the Buddha and the Jina oriented their practices towards the achievement of a certain end, called either *nirvāṇa* or *mokṣa*, a state said to be free from pain, liberated from the bondage of karma, and breaking away from the chain of continuous rebirth known as *samsāra*. Within this context, the production and use of philosophical arguments, structuring a way of life oriented towards the release of pain, could be said to be therapeutic. Martha C. Nussbaum has given a substantial account of the notions of "therapeutic arguments" and "medical philosophy" in the context of Hellenistic philosophy. She observed that "[t]he diseases this philosophy brings to light are, above all, diseases of belief and judgment" (Nussbaum 1994, 34). In other words, medical philosophy deals with rational or cognitive "diseases." The therapeutic virtues professed by some Hellenistic philosophies reveal an acute concern for mental health, or hygiene, directly linked with a mode of conduct aiming at being in tune with

reality, where truth, or at least the various perceptions of it, is understood as shaping one's behavior. Thus, in this therapeutic perspective, misinformed judgement eventually leads to harmful behavior and poor health, affecting both the mental and physical equilibrium, an imbalanced state which needs to be redressed through philosophical practice—in other words, through dialectical reasoning. This therapeutic dimension of philosophy, where the cultivation of valid cognition is said to neutralize pain at its very source, a pain understood in the subtler context of mental impairment but not necessarily excluding grosser bodily ailments, might be one of the most fascinating features shared by Hellenistic and Indian thought systems.

The medical analogy is indeed a trope common to both Bhāviveka's and Haribhadra's traditions. In fact, it might very well be said to be Pan-Indian, if we agree that most religio-philosophical systems of India are articulating a palliative response to what is commonly perceived as the nature of transitory existence, the alleged fact that "everything is suffering" (Sk.: *sarvaṃ duḥkham*). This intuition into the nature of existence led the Buddha to profess his four Noble Truths, crowned by a diagnosis insisting on the all-pervasiveness of suffering (*duḥkha*). It motivated a similar fourfold etiology in Gautama's *Nyāya Sūtras*, the foundation of a realistic system of thought dedicated essentially to the art of dialectic. It also informs the famous Jaina commitment to *ahiṃsā*, or non-violence, and in general all endeavours towards final liberation, or *mokṣa*. A general overview of the topic in both Buddhism and Jainism would require far more time and space than what is allowed here. What I am interested in examining at the moment is much humbler, a few pebbles in the vast ocean of literature produced by both traditions, a short selection of passages from Bhāviveka and Haribhadra which suggests that they were also concerned about "diseases of belief and judgment," and aspired for their cure.

Compared to other Indian thinkers, Bhāviveka's life can be fairly well situated in time, around 490-570 CE or 500-570 CE. His origins are more debatable, varying between South India and Magadha. He is known for having written three treatises, two of which will be referred to in the next few pages. His magnum opus, the *Madhyamakahr̥daya* was written in verses and is accompanied by an auto-commentary in prose, the *Tarkajvālā*. The commentary is lost in Sanskrit but preserved in Tibetan. The text covers a wide range of doctrinal topics and includes a substantial doxographical section. It is thus far the first Indian texts that we know to present a systematic overview of competing views, right before Haribhadra's *Ṣaḍ-darśana-samuccaya*. This doxographical scheme possibly inspired the later tradition of philosophical compendia. Another source to be mentioned here is the *Karatalaratna* (*Zhangzhen lun*), preserved only in Chinese. Bhāviveka was a staunch proponent of a new stream of Mahāyāna Buddhism masterfully established by

Nāgārjuna in the second century CE. This Madhyamaka philosophy purportedly sets forth a middle way between the extreme of eternalism and the extreme of annihilationism and is known for its insistence on debate, challenging different scholars or schools in both Buddhism and beyond to defend their doctrinal claims while having itself no particular position to assert, focusing instead on a kind of *reductio ad absurdum* debunking their opponent's statements one by one. It therefore comes as no surprise if Bhāviveka attributed a special virtue to the practice of critical inquiry, or dialectic.

In both the *Mahāyāna Karatalaratna (The Great-Vehicle's Jewel in the Palm of the Hand)* and the *Madhyamakahr̥daya (The Heart of the Middle-Way)*, Bhāviveka makes use of medical metaphors and analogies when referring either to views or to the process by which truth is revealed. This soteriological process, in Bhāviveka, can be divided into three stages, where wisdom is gained from hearing (*śruta-mayī-prajñā*), reflecting (*cintā-mayī-prajñā*), and meditating (*bhāvanā-mayī-prajñā*) on the teachings of the Buddha, a scheme that he did not invent but borrowed from the well-known *Yogācārabhūmi*, the first Buddhist *śāstra* that associated logical argumentation with the wisdom gained from hearing the teachings. This wisdom is the cornerstone on which rest the other two and, together with the second, "reflecting," it involves assiduous scrutiny, evaluation, and familiarization with the doctrine of the Buddha, testing the Buddha's words like a goldsmith with the hammer and flame of critical inquiry and logical reasoning. Thus, although the Buddha's words are the actual medicine, in Bhāviveka's view, the dialectical process involved in assimilating their meaning is part and parcel of the therapeutic process leading to *nirvāṇa*. And, like a good doctor confident in his means, yet ever looking for new cures adapted to different diseases, Bhāviveka puts the "medicine" of others, their various views, to test. Is it medicine or is it poison? This paradoxical nature of philosophical arguments and medicinal drugs, known to Plato and well captured in the Greek term "*pharmakon*" (φάρμακον), did not escape Indian thinkers, at least not Bhāviveka. In evaluating the toxicity of the various substances composing the mixtures of opposing views, he engages these doctrines in the same dialectical process with which he tested the Buddha's words. While he obviously finds no competing views superseding his own Buddhist convictions, as is to be expected of any seasoned *vādin*—a Sanskrit term which can interestingly refer both to a disputant or to an alchemist (a person dedicated to the production of medicinal elixirs)—yet their involvement in the dialectical process of scrutiny seems nonetheless to serve as a potent therapy, as a kind of "vaccination" against the "symptoms" that Bhāviveka identifies in each defective view. In this way, a defective "view," a philosophical position that does not withstand scrutiny, is dealt with and considered as a kind of disease, a

doṣa, which requires a proportionate remedy, a counter argument. This Sanskrit term, “*doṣa*,” carries the connotation of both fault and disease and is exactly what Bhāviveka sets himself at task to expose and cure, wherever he encounters it. In fact, as will be seen, Bhāviveka evocatively suggests that this healing task is the leitmotiv of the Buddhist saint career, where the would-be Bodhisattvas are called upon to go around the world and cure the endless sufferings of sentient beings, renouncing everything for the cause, even final liberation, after having been duly initiated in the craft of the cosmic physician, the perfectly enlightened Buddha.

Let’s now have a brief look at Bhāviveka’s writing, through a selection of verses where medical similes are clearly visible. Both his *Mahāyāna Karatalaratna* and *Madhyamakahrdaya* open with obvious medical overtones. His introductory verses to the *Karatalaratna*, for example, says:

In order to generally benefit all sentient beings, one should aspire after a great vow for awakening. To commonly observe the mortal world, [those mortals] are disturbed by various false thoughts and thus, the mental disorders and windstorms continue. They are netted by the net of false views, caged by the cage of the cycle of life and death, shot by the poison arrows of immense sorrows. Hence, whatever they do is separated from wisdom.¹

Loyal to the Mahāyāna tradition, Bhāviveka states that one should take on the Bodhisattva vow to obtain great awakening in order to benefit all beings. This motivation is sustained by a sharp view on the world of mortals, a world where people are “mentally disturbed” by false cognition, a contagious disease which binds them in an endless pattern of misery. This “mental sickness” is clearly linked to “false views” which appear to be legions, all different traps and nets, inviting the arrows of pain. Misguided by such erroneous cognition, whatever mortals do is devoid of wisdom. To escape such a state and get a healthier view, one needs a special and potent medicine. This is what Bhāviveka explains a few verses later:

However, to directly realize super-mundane non-conceptual wisdom, one has to constantly apply the eye medicine of the unmistakable view of emptiness which is able to completely remove the eye-disease of false views. In order to accumulate the eye medicine of unmistakable view of emptiness, one should rely on the wisdom obtained from hearing (*śrutamayī*) remove the self-nature of all perceived objects which is able to remove the self-nature of all perceived objects. (Hsu 2013, 168)

1. The KTR was translated into Chinese by Xuanzang around 647 or 649 CE, eighty years after Bhāviveka’s death. This translation from Chinese, and the information provided on the text, was recently put together by Chien Y. Hsu, in her doctoral thesis; see Hsu (2013, 166).

Here, the therapeutic remedy to be applied is said to be the “unmistaken view of emptiness,” which alone leads to full recovery from sickness and pain, a state of health known as “super-mundane non-conceptual wisdom.” The “eye medicine” is a brew obtained from macerating the teachings of the Buddha in a thorough critical analysis, as we explained before. It is not enough to only hear and repeat the teachings, one must engage with them in a kind of dialectical joust. This process uncovers hidden assumptions and beliefs in oneself, exposes them to scrutiny, and reveals their true nature. They are empty, explains Bhāviveka:

When the eye-disease passes away, one whose eye become completely clean and pure does not see the hair (keśa), mosquito (maśaka), two moons (dvicandra) and the eye in a peacock’s plumage (śikhicandraka). ||251|| Likewise, when the eye-disease of darkness which envelopes what is to be known and defilement passes away, a wise man whose eye has become pure by means of proper knowledge does not see anything ||252|| (Watanabe 1994, 85)

Interestingly, it appears that once the eye disease is completely cleansed, there remain no views at all—thus, nothing to be seen. Hence, in this perspective, reality is not a thing to be seen, a mark to be indicated somehow. Clearly, in Bhāviveka’s understanding, any view of any “thing” is a mental defect of some sort, preventing reality from being seen as what it is, in its naked and pure radiance. Erroneous views act as infections or imperfections in the eyes. They continuously project false values on the world, values on which an infected mind clings, ignoring that he is craving after mirages, like the eye in a peacock’s plumage, illusory projections which can only torment the mind endlessly. Empty dreams can never be fulfilled and are thus bound to be unsatisfactory. As Paul Fuller explained about the notion of *ditṭhi* (view) in early Pāli Buddhism, what essentially constitute a wrong view is not only a wrong proposition, but it is also a form of craving: “It combines both what is untrue and harmful” (Fuller 2005, 11). Clearly, Bhāviveka perpetuates this understanding. But one might object that Bhāviveka’s view is also a mere view, like the opponents objecting to Nāgārjuna, his leading predecessor and inspiration, that his emptiness (*sūnyatā*) doctrine has to be empty as well, if everything is to be empty. And so it is, and has to be, as long as it remains mere words or intellectual perspective. For reality cannot be reduced to a view, to a single perspective.

Just as, one sees inexistent demons (bhūta) in the darkness at night. As one whose eyes are open when the sun rises, he does not see [those demons]. ||255|| Likewise, one whose inclinations (*vāsanā*) of all ignorance (*samastajñāna*) are destroyed by the sun (*ravi*) of the proper knowledge does not see the object-sphere of the mind and the function of mind (*citta-caitasa-gocara*). (Watanabe 1994, 86)

Once the sun of knowledge arises in the wise one, no shadow of ignorance remains, the mind does not project any subject-object dualism nor is there anything distinct happening, known as the mind. There is nothing to be seen, no sight, no seer, in Madhyamaka’s ultimate reality. Views, any of them, can only be conventional, hence empty as Nāgārjuna himself noted: “Since all phenomena are empty (*śūnyatva*), about what and out of whom could such views (*dr̥ṣṭi*) come to be?”¹ Thus, the “unmistaken view of emptiness,” though pointing out the ultimate, is both the realization of the conventional for what it is and a view resting on conventional means of exposition, logic, and dialectic. This dialectical inquiry into views, using the levers of ultimate and conventional realities, as if two truths mutually coexisted side by side, is the therapeutic process to which Bhāviveka is conveying suffering mortals. The “red-pill,” hard to swallow, by which one can empty oneself from all cognitive diseases.

In his opening chapter to the *Madhyamakahr̥daya*, Bhāviveka makes it clear that it is the duty of the Bodhisattva, the Buddhist saint, to distribute this medicine and to heal the sick. After a few words of praise to the Buddha, Bhāviveka begins:

A little should be said, as far as one can, concerning the descent of the immortal nectar of truth in the intellect made perfect in great wisdom through dedicatedly cultivating the benefit of others. (4)²

This “immortal nectar of truth” (*tattva-amṛta*) or ambrosia revealing the true nature of things, the “that-ness” (*tat-tva*) of reality, is the medicine brewed by the Bodhisattvas, ever caring after others. Just as in the *Karatalaratna*, Bhāviveka explains how the noble one is moved by the misery of the world:

The learned one of profound goodness, cannot endure the suffering of others. This mighty being, imbued with a heroism verging towards perfection, (7) as he observes that the world entirely conceals the eye of wisdom, voluntarily crosses it through, to save it from the polluted subterranean hell of the continuous flow of existence (*samsāra*). (8)³

1. *Mūlamadhyamakakārikā*, chapter 27, verse 29:

atha vā sarva-bhāvānām śūnyatvāc-chāśvata-ādayaḥ |
kva kasya katamāḥ kasmāt-sambhaviṣyanti dr̥ṣṭayaḥ ||

2. All following translations from the *Madhyamakahr̥daya* are my own. I will give all Sanskrit verses in the footnotes. Here: Mahābodhau kṛta-dhiyām para-artha-udaya-dīkṣayā |

Tattva-amṛta-avatārāya śaktiḥ kiṃ-cid-ucyate || 4 ||

3. Dhīmatā sattva-mahatā paradukhe’sahiṣṇunā |

Samyag-ārabdha-vīreṇa yuktam śaktimatā satā ||7||

Lokam-ālokyā sakalam prajñā-āloka-tiraskṛtam |

Samsārā-amedhya-pātālāt tīrtvā tārayitum svayam ||8||

Here again, Bhāviveka takes on the metaphor of the obstructed eye. It is the world (*loka*) itself, by its very illusory nature, that “conceals the eye of wisdom” (*prajñā-āloka-tiraskṛtam*), binding beings to suffering. In these melodious Sanskrit verses, one is reminded of the compassionate Bodhisattva Avalokiteśvara, the “Lord who looks down” at the world with compassion, said to have taken the vow to never rest till all sentient beings are freed from the cycle of existence, one of the most revered Bodhisattva of Mahāyāna Buddhism. Bhāviveka conveys the learned to emulate the great Bodhisattva, and to dwell in hell among the sick and destitute, like a self-sacrificing doctor able to heal those in need. But, he warns, this precious medicine, this immortal nectar, is not easy to obtain:

Again, what could be more difficult to obtain, even for a world-emperor, for Indra or for a Brahmin, than the universal mean to quench endless thirst? (13)

Which overcomes suffering and so on, completely quelling quarrels; the nectar from which truth is obtained, completely soothing pain. (14) ¹

Even a king who manages to become the emperor of the world, or the king of gods, Indra, or one of privileged birth, like a Brahmin, god among men, must strive to obtain this “hard-to-get” (*durlabha*) ambrosia—let alone the common mortal who seeks liberation. Here, Bhāviveka plays a duplicitous trick on Indian mythology, as he will do often again, throughout the text. Indeed, in ancient Indian cosmology, the gods (*deva*), at the head of which sits Indra, obtain the nectar (*amṛta*) of immortality after churning the cosmic ocean using mount Mandara as a rode, a godlike effort requiring even the cooperation of their archenemies, the demonic *Asuras*. But even this divine nectar pales in comparison to the one possessed by the great Bodhisattvas, able to quench endless thirst (*atyanta-tṛṣṇā-vicchedi*). This thirst (*tṛṣṇā*) is the subject of the second Noble Truth of the Buddha. It is the cause of all suffering. It is “craving,” the effect and defect of “erroneous views,” as mentioned by Fuller. The medicine of Bhāviveka, by quelling thirst, quells suffering and strife. Here, the quelling of “quarrel” or “dispute” (*vigraha*) refers to debate, where a proper medicinal argument “heals” or “rectifies” logical fallacies (*doṣa*). Thus, the immortal nectar of truth pacifies everything and even allows one to silence debaters.

And this treatment is like a down pouring of medicinal salt on the wounds of those pained by sorrow, a pain previously caused by an arrogant perseverance in afflictions. (15) ²

1. kiṃ punas-cakravartī-indra-brahmaṇām-api durlabham |
atyanta-tṛṣṇā-vicchedi sādharmaṇam-upāyataḥ ||13||
Vigraha-kṣaya-paryanta-duḥkha-ādy-anabhibhāvitam |
Niḥśeṣa-duḥkha-samanaṃ tattva-artha-adhigama-amṛtam ||14||
2. kiṃ ca kleśa-graha-āveśād duḥkhaṃ duḥkhātūreṣv-api
kṛtam yeṣu mayā pūrvam kṣata-kṣāra-upahāravat ||15||

The medicinal or therapeutic analogy could not be more explicit here: the nectar of the Bodhisattva is to be applied directly on the wounds of the afflicted, a wound that they created by themselves, by stubbornly persevering in afflicted views. In order to do so, the Bodhisattva must be able to identify the proper remedy, to avoid employing a disproportionate one. The therapy must fit the disease; thus, the Bodhisattva must know its very cause. He must know the views of others if he is to successfully perform his therapeutic craft. This might explain the need for doxographical endeavors. But, most of all, the Bodhisattva must rid himself of any possible afflicted views by purifying his own vision of reality:

By training in the view of the void, afflicted dispositions are destroyed, along with wicked deeds, the bondage of which is the doorway to all miseries. (18)¹

This verse has the severity and authority of an unamused physician, facing a recalcitrant drug addict. One must train in being sober, not cultivating any views on reality. This is the only way to put an end to craving and to get rid of the cohort of misery pathetically following any addiction.

And, while not becoming nor ceasing, explaining diseases out of compassion, they remain firm in existence, dedicated to the service of others. (20)²

Somewhat like modern-day Doctors without Borders, Bhāviveka stresses that the career of a Bodhisattva is to remain in the world to “explain” the diseases (*doṣa*) or cognitive mistakes afflicting the people. For, like therapists, they cannot remove the wounds of others by themselves; they can only explain how to engage in the therapeutic process by teaching how to dialectically engage with one’s own mental afflictions.

Before concluding this brief exploration of the therapeutic theme in Indian dialectic, I now suggest to turn to Haribhadra Sūri, one of the finest literary figures of early medieval times. Living about two centuries after Bhāviveka, probably from 725 to 825 CE (Shukla 1989), or slightly earlier, the tradition attributes to him an exaggerated number of 1444 literary works, though about twenty-six of them are almost unanimously accepted as his. He was recognized as an authority on logic, and he also composed several treatises on yoga, one of which will be quoted here, the *Yoga-drṣṭi-samuccaya*, doxographical in nature. The Jaina attitude towards the views of others is guided by their moral precept of “non-violence” (*ahiṃsā*). The Jaina monk should be very cautious about his

1. Dauṣṭīyā-kriyayā sarva-durgati-dvāra-bandhanāt |
Śūnyatā-darśana-abhyāsāt kleśa-vṛṭty-upaghātataḥ ||18||

2. Na bhave doṣa-darśitvāt kṛpālutvān-na nirvṛtau |
Sthitās-tiṣṭhanti ca bhave parārtha-udaya-dīkṣitāḥ ||20||

use of speech, as is mentioned in the *Sūtra-kṛtāṅga*: “A wise man should not joke, nor should he explain without resort to conditional expressions.”¹ This non-violent approach to critical inquiry, where one is extremely cautious not to make absolute claims, thus the use of conditional expressions, came to be known as the *non-absolutist* (*anekānta-vāda*) or the *quodammodo* (*syād-vāda*) doctrine of the Jaina followers. This captures the Jaina’s understanding that views can only reflect a certain perspective on reality. It may have something relevant to highlight, but it cannot in itself be absolute truth. To believe any view to be otherwise, for a Jaina, would amount to a kind of intellectual hubris, disrespectful to opposing views and disregarding the utter sanctity and non-mundane character of truth.

In his *Yoga-dṛṣṭi-samuccaya*, Haribhadra also uses various medical similes to refer to dialectical practice. As we shall see, in a similar way as with Bhāviveka, the dialectical therapy promoted by Haribhadra can only be successful when it is supported by careful examination of the teachings, in this case of the Jina. But there is no doubt that a therapy is needed, for existence itself is qualified by the master logician as a disease:

Existence, indeed, is a great illness, comprised of birth, death, and disease. It produces various forms of delusion and causes the sensation of excessive desire and so forth. (188)

This is the chief (ailment) of the soul: giving birth without beginning to the cause of various karmas. All living beings understand this experience. (189)²

Haribhadra insists that desires—in other words, “grasping” at phenomena—are a side effect of various “delusions,” producing karma and thus binding one to the mundane cycle of rebirth. This unhealthy cooperation of wrong cognition and grasping can be compared to the meaning of “wrong view” in Buddhism discussed by Fuller. Earlier in the text, Haribhadra made it clear that fallacious arguments, the support of false views, are a disease of the mind:

Fallacious argument produces in the mind sickness of intellect, destruction of equanimity, disturbance of faith and cultivation of pride. In many ways, it is the enemy of existence. (87)³

1. *Sūtra-kṛtāṅga* I.14.19 :

Na yā’vi panne parihāsa kujjā na yā’siyāvāya viyāgarejjā |

2. All translations of the *Yoga-dṛṣṭi-samuccaya* are taken from Chapple (2003).

bhava eva mahāvvyādir janmamṛtyuvikāravān|

vicitramohajananas tūvraṅgādivedanah ||188||

mukhyo’yam ātmano’nādicitrakarmanidānajaḥ|

tathānubhavasiddhatvāt sarvaprāṇabhṛtām iti ||189||

3. bodharogaḥ śamāpayah śraddhābhaṅgo’bhimānakṛt |

kutarkaś cetaso vyaktaṃ bhāvaśatrur anekadhā ||87||

This verse singles out erroneous reasoning, not only an illogical claim but also one not directed by any scriptures, for polluting the mind. It is not that reasoning in itself is an obstacle, but like any medicine, it has the potential to be poisonous if not duly used. Then, how is one to engage in dialectic according to Haribhadra, if one seeks the ultimate end suffering, lasting health?

Through scriptures, inferences, and the essence of yoga practice, they succeed at the threefold wisdom and obtain the highest reality (*tattva*). (101)¹

This method of approach looks like a posology: one needs to hear the scriptures (*āgama*), then to reflect upon them through inferences (*anumāna*), and finally to engage in yogic contemplation (*yoga-abhyāsa*) based upon them—a threefold component of a therapy carefully balanced, highly reminiscent of Bhāviveka’s wisdom gained from hearing (*śruta-mayī-prajñā*), reflecting (*cintā-mayī-prajñā*), and meditating (*bhāvanā-mayī-prajñā*) on the teachings of the Buddha. Like Bhāviveka and his medicinal immortal nectar of truth (*tattva-amṛta*), the threefold wisdom of Haribhadra brings about the universal panacea, truth (*tattva*). But, as a physician interested in every possible cure for any disease, Haribhadra goes further than Bhāviveka:

The variety of teaching is suited according to who is being taught. These great souls are the best healers of the sickness known as “worldly existence.” (134)²

Not only should one inquire about the cures professed by other doctors, “these great souls” which are “the best healers,” says Haribhadra, legitimating his doxographical endeavours, but one should recognize the healing properties in all of them, adapted to the numerous diseases afflicting worldly beings. Like Bhāviveka, Haribhadra strongly believes the teaching of his guru, the Jina, to be the most powerful medicine, else he would not defend his path. But unlike Bhāviveka, he does not make any absolute claim regarding his medicine. In fact, the dialectical therapy that he professes (*anekānta-vāda*) prohibits him from such excess, cultivating sobriety and kindness even in matters of debate.

In both Bhāviveka and Haribhadra, views are qualified as “mental diseases” posing a radical challenge to peace. Views do not only affect outer peace, but the inner one as well. Bhāviveka suggested the adoption of a posture of “no-view,” where any view is cured and dispelled by a dialectical therapy resting on the teachings of the Buddha. Haribhadra

1. āgamenānumānena yogābhyāsarasena ca |
tridhā prakalpyam prajñām labhate tattvam uttamam ||101||
2. citrā tu deśanaitēṣām syād vineyānugūnyataḥ |
yasmād ete mahātmāno bhavyādhibhiṣagvarāḥ ||134||

promoted the approach of “no-single-view,” where every view is perceived as a one-sided limited perspective, unable to capture the whole of reality. Both therapeutic approaches aimed at cutting through any form of grasping. Grasping at anything, in a Pan-Asian philosophical context, came to be seen as the root of all misery, a product of ignorance. As these few selected verses have suggested, and as history showed us, grasping at a view can be a particularly virulent form of contagious disease. There is no paradox in the fact that both authors insisted on the need for a proper dialectical therapy to be guided by valid scriptures. Every medical treatise rests on some authority supposed to have experimented the cure first handedly. But, there are different ways to look at scriptures. The attitude towards a medical treatise, for example, a practical guide compiled for a well-defined purpose, differs from the one towards a set of “sacred” scriptures said to be above reasoning. One not only allows for investigation, but invites it as essential, whereas the other one calls for subservience and, in the wrong hands, becomes liable to every kind of abuse and misery. The attitude of a doctor engaged in healing others, devoting his life to developing new cures is also very different from that of a theologian going around preaching obedience and fear. A doctor must respect his trade, and even if he is invested in fighting diseases, he spends time in their company, learning their tricks and lifestyle. As far as it is possible to respect a viral infection, one must at least come to understand that it has a cause and that only once this cause has been well understood can any medicinal process be undertaken to stop its contagion. In the end, the aim is recovery, and one would see no benefit in bluntly slaying the victim of a contagion as a means to cure its disease. More often than not, the enemy, the viral element, has to be involved in the process of his own removal, at least in a diminished form. This seems to be what doxographical writings, a literary genre introduced in India by our two philosophers, are aiming at, by immunizing a “mental host” against potential “viral” infections, by familiarizing it with various arguments and counter-arguments. Hence, doxographical writings can be seen as a form of dialectical therapy, inoculating abridged versions of “defective” views in their audience, as in a vaccination campaign. In any case, such medical metaphors, though recovered from ancient days, where science and medicine were far less advanced, evoke a lofty ideal of civilization far remove from the fanatical events of daily news.

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