An Eye-disease Called *Timira*

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0. Introduction

In Buddhist tradition, *timira* is well known as an eye-disease which brings about erroneous cognition of non-existence, such as strands of hair or two moons. The first detailed study in Japan focusing on the *timira* eye-disease was Kanazawa 1987 which has been widely quoted and well accepted.

However, as to his study, two questions can be raised: First, in his conclusion, Kanazawa (1987: 49) pointed out that in Indian tradition, sky-flowers are adduced only as an example to show the non-existent, not as a symptom of the *timira* eye-disease, and proposed that it may be Chinese translators who regard the optical illusion of sky-flowers as a symptom of the *timira* eye-disease. However, is it true that there are no source materials in Indian tradition for the optical illusion of sky-flowers as a symptom of the *timira* eye-disease?

Secondly, Kanazawa (1987: 52–53) remarked on Ōjihara’s Japanese translation (1971) of the *Suśrutasamhitā* (SS) 6.7.15cd–16ab which deals with *timira* as an “obvious mistranslation.” However, at the first glance, it seems that Ōjihara provided a better understanding than that of Kanazawa. Is it possible to say Ōjihara’s rendering as a mistranslation?

Thus the purpose of this paper is to find Indian sources for the optical illusion of sky-flowers as a symptom of the *timira* eye-disease and to make clear how the *timira* eye-disease is dealt with in the SS.

1. Sky-flower and *Timira*

Let us start with the first question. In his *Aṣṭāṅgahrdayasamhitā* (AHS), known as one of the three most important works on Indian medicine, the rest of which are the *Caraka-samhitā* (CS) and the SS, Vāgbhaṭa ¹) says the following:

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AHS 6.12.16cd–17ab (= AS 6.15.16):

\[
\text{kaphena timire prāyah snigdham śvetam ca paśyati} / \]
\[
\text{śaṅkhendukundakusumaih kumudair iva cācitam} //
\]

"Generally, in the case of *timira* due to *khapa*, a person sees an object as oleaginous and white. It is as if it is covered with a conch shell (*śaṅkha*), the moon (*indu*), jasmine flowers (*kundakusuma*), and water-lilies (*kumuda*)."²

What is important here is that Vāgbhaṭa clearly mentions that a person who suffers from *timira* due to *khapa* sees an object as if it is covered with flowers such as jasmine or water-lilies. What is mentioned in the above passage is not the "sky-flowers," to be sure, but if the person in that condition looks up at the sky, he will definitely see something like flowers in the sky. Thus it is not the case that there are not at all any Indian source materials for the sky-flowers as being related to the *timira* eye-disease.

It is interesting to note that similar passages can be seen in the SS, which is considered as a source of the above passage in the AHS.

SS 6.7.20cd (= MN 59.43cd; BhP 63.32ab):

\[
\text{kaphena paśyed rūpāni snigdhāni ca sitāni ca} //
\]

"[In the case of *timira*] due to *khapa*, a person would see visual objects (*rūpa*) as oleaginous and white."

SS 6.7.30cd–31ab (= MN 59.52cd–53ab; BhP 63.40cd–41ab):

\[
\text{slesmanā bahalam snigdham śaṅkhakundendupāṇḍuram} // \]
\[
\text{calatpadmapalāśasthah suklo bindur ivāmbhasah} //
\]

"[In the case of *linganāśa*, an advanced case of *timira*] due to *ślesman* (= *khapa*), a large part [of the pupil] is oleaginous and as white as a conch shell, jasmine flowers, and the moon. It is like a white drop of water on the moving lotus leaf."

It is to be noticed that two completely different standpoints are taken in these passages: the former describes what a *timira* patient sees from a patient's standpoint, while the latter describes what a doctor sees inside the pupil of the *timira* patient from a doctor's standpoint. Moreover, it is highly possible that, in the latter passage, jasmine flowers, and so forth, are mentioned just as instances to show whiteness of the pupil.

Nevertheless, in the AHS, Vāgbhaṭa, putting them together, takes away the standpoint of a doctor. Probably, as the result of this modification, what is said in the SS as an affected part inside the pupil as white as jasmine flowers may turn into the flower-like thing which a *timira* patient sees in the AHS.
Judging from the above, it is reasonable to suppose that we have at least one Indian source which proves that the flower-illusion is not irrelevant to the timira eye-disease, though this may be a “by-product” of Vāgbhaṭa’s alteration from the SS.

2. Interpretations of Timira: Two Possibilities

Let us turn to the second question. In the SS, timira is explained as follows:

SS 6.7.15cd–16ab (Cf, MN 59.38cd–39cd):

\[\text{timirākhyāḥ sa vai doṣāḥ caturtham pāṭalām gataḥ //}\
\[\text{runaddhi sarvato dṛṣṭim liṅganāśaḥ sa ucyate //}\

On the above passage, various interpretations are possible. Let us examine two interpretations put by Japanese scholars, Ōjihara and Kanazawa.

Interpretation 1 (Ōjihara 1971):

“If the doṣa (morbific entity or disorder itself) affects the fourth layer (pāṭala) [of the pupil], then it is called timira. When the pupil is completely obstructed, [what is called timira] becomes called liṅganāśa (loss of vision).”

Interpretation 2 (Kanazawa 1987):

“The same doṣa called timira affects the fourth layer (pāṭala) [of the pupil] and becomes called liṅganāśa (loss of vision) when it completely obstructs the pupil.”

(Both this author’s translations.)

It is said in the SS that the pupil has four layers of which the outermost is the fourth layer mentioned above. The problem is when the doṣa should be called timira, Ōjihara interprets timira as the doṣa of the fourth layer; while Kanazawa, who criticizes Ōjihara’s view, is of the opinion that the doṣas, which are located in all the four layers, are collectively called timira.

2.1. Timira as a Disorder of the Fourth Layer

Of these two, let us examine the first interpretation more closely. First of all, it is necessary to keep in mind that the word timira originally means ‘darkness.’ The SS describes that the doṣa, which affects the layers of the pupil, leads to a gradual loss of vision which results in total blindness. That is to say, in the final stage, it results in ‘darkness.’ Taking this into consideration, the first interpretation, according to which timira is regarded as a disorder of the fourth layer, seems quite reasonable.

Moreover, this interpretation is supported by Bhāvamiśra in his Bhāvaprakāśa (BhP).
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BhP 63.24:

\[\text{timirākhyaḥ sa yo doṣaḥ caturtham pātalam gataḥ /}
\text{ruṇḍdhi sarvato drṣṭim linganāśa iti kvacit //}

"What is called timira (‘darkness’) is the doṣa (disorder) which affects the fourth layer [of the pupil]. [In this timira,] the pupil is completely obstructed. In some tradition, [it is called] liṅganāśa."

As was underlined, Bhāvamīśra slightly modified the expression of the SS quoted above. It is obvious from the first modification that Bhāvamīśra considers timira as a disorder of the fourth layer.

This is strong evidence that the first interpretation of the SS, which is given by Ōjihara, is accepted in Indian medical tradition also. Thus, it is difficult to remark, as Kanazawa did, the translation of the SS provided by Ōjihara as an "obvious mistranslation."

2.2. Timira as a Disorder of Each Layer

Now let us turn to the second interpretation, according to which timira is regarded as a disorder of all the four layers of the pupil. Although Kanazawa did not mention clearly, the best source of this interpretation would be the following passage of the SS.

SS 6.17.53:

\[\text{arāgi timiram sādhyam ādhyam pātalam āśrītam //}
\text{kṛcchram dvitiye rāgī syāt trīye yāpyam ucyate //}

"Timira is curable (sādhyā) when it is located in the first layer and has not yet acquired a particular color (arāgin); [when located] in the second layer and possessing a color (rāgin), it would be curable with difficulty (kṛcchra); [when located] in the third layer, it is said to be only amenable to palliative treatment (yāpya)."

In the passage above timira is clearly treated as a disorder of each layer. Thus there is no doubt that the second interpretation is also possible.

Moreover, this passage of the SS is identical with the fragment from the Sātyakitantra, a lost work on Indian medicine, preserved in the Madhukoṣa (MK), a commentary on the Mādhavanidāna (MN). This means that there is an older tradition than the SS, which describes timira as a disorder of each layer.

To sum up, from the viewpoint of the original meaning of the word timira, that is, ‘darkness,’ the first interpretation can be reasonable. This view is supported by Bhāvamīśra. However, from the viewpoint of Indian medical history, it is likely that the second interpretation would be more standard.
3. Some Other Views

As has been seen above, in the SS, *timira* is called *liṅganāśa* when the pupil is completely obstructed in the fourth layer. Added to this, according to the SS, this *liṅganāśa* is also called *nīlikā* and *kāca*.\(^9\) That is to say, in the SS, *timira* (especially of the fourth layer), *liṅganāśa*, *nīlikā*, and *kāca* are considered as not separate from each other.

However, it is to be noted that Vāgbhaṭa puts an entirely different interpretation. According to him, *timira* is a disorder of the first and second layers; *kāca* is of the third layer; and *liṅganāśa* is of the fourth layer.\(^10\)

It is probable that Vāgbhaṭa’s view has its source in the *Nimitantra*,\(^11\) the fragment of which is found in the MK:

MK on MN 59.41ab:

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yad āha nimiḥ —
kāca ity eṣa viṇēyo yāpyaḥ tripaṭaḥalottihāḥ /
caturtha-paṭaḥaprāpto liṅganāśah sa ucya-te //
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“Nimi says the following:

It is to be known that this [disease] called *kāca* which occurred in the third layer [of the pupil] is only amenable to palliative treatment (*yāpya*); when it reached the fourth layer, it is called *liṅganāśa*.”

In the fragment above, Nimi clearly mentions that *kāca* and *liṅganāśa* are disorders of the third and fourth layers respectively. There is a possibility that Vāgbhaṭa simply calls a disorder of the first and second layers ‘*timira,*’ accepting Nimi’s tradition with respect to the third and fourth layers. As a result of this, it can be said that the word *timira* has deviated from its original meaning, ‘darkness.’

This is as opposed to the attitude of the author of the SS who takes the trouble to use the term *timira* in the explanation of the symptom of the fourth layer, that is, the final stage of this disease. In keeping with the original meaning of the word *timira* as ‘darkness,’ he may have in mind that *timira* is a serious disease which results in total blindness.

4. Conclusion

1. As to the Indian source for the optical illusion of sky-flowers as a symptom of the *timira* eye-disease, we can find a passage of the AHS, in which it is explained as a symptom of the *timira* due to *khapa*, a person sees a thing as if it is covered
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with flowers, such as jasmine, though this may be a "by-product" of Vāgbhaṭa's alteration from the SS.

2. On the *timira* in the SS 6.7.15cd–16ab, two interpretations are possible: one is as a disorder of the fourth layer of the pupil and the other is of all the four layers. The former is supported by Bhāvamīśra and thus it is difficult to remark, as Kanazawa did, the translation of the SS provided by Ōjihara as an "obvious mis-translation." The latter is based on the Sātyakītantra and is likely regarded as standard in Indian medical tradition.

3. The AHS describes *timira* as a disorder of the first and second layers under the influence of the *Nimitantra*. Accordingly, the word *timira*, in the AHS, has deviated from its original meaning 'darkness.' This implies, in my view, that the author of the SS has an intention to keep with the original meaning of the word *timira* as 'darkness.'

Notes:

1) For the details of Vāgbhaṭa, see Meulenbeld 1999: 597–656.
2) See SAS 817 on AHS 6.12.16cd–17ab: *kaphena timire sati praṇāḥ snigdhaṃ suklaṃ cālokate, tathā śaṅkhādibhir ivācitam paśyati*; PCP (D145a3–4; P169a1–2) on AHS 6.12.16cd–17ab: *bad kan las gyur pa'i mig nad rab rib can phal cher de mang du ni gzugs snum pa dang / dkar por mthong ba dang / de bzhin du gzugs dud dang zla ba la sog pa lta bus khyab cing g.yogs pa lta bur mthong ba yin te l*
4) See also MK on MN 59.38cd–39cd: *ānhyotpādakatayā timirasādharyyāt timirākhyaḥ.
5) In his auto commentary (620, 3–5) on BhP 63.24, Bhāvamīśra says: *yo doṣaḥ, doṣo 'ra rogah, caturṭham pātalāṃ bāhyam pātalāṃ, gataḥ. sa timirākhyaḥ timiradarṣanena, timiram asyāstīti timirah, arṣa āditvād ac, tasya laksanam āha—runaddhītyādi, sarvataḥ sarvatra, līṅgaṇāśa iti kacit tantrāntare līṅganāśasampāṇāḥ.
6) For the categories of disease, sāḍhya, kṛcchra, yāpya, etc., see CS 1.10.9: sukhasādhyaṃ matam sāḍhyaṃ kṛcchrasādhyaṃ athāpi ca / dvividham cāpy asāḍhyam syād yāpyaṃ vac cānupakramam //
7) For the details of Sātyaki, see Meulenbeld 1999: 697–698.
8) See MK on MN 59.41ab: *tathā hi sātyakih—"tritiyaṃ pātalāṃ prāptam timiram rāgi jāyate / arāgi timiram sāḍhyaṃ ādyam pātalāṃ āśritam / kṛcchram dūtiye rāgi syāt tritiye yāpyam ucyaite //" iti.
9) See SS 6.7.18 (= MN 59.41ab; BhP 63.26cd): *sa eva līṅgaṇāśa tu nīlikākācasamāṇītah // Śrikanṭhadatta puts another interpretation on the compound nīlikāka, that is, 'kāca characterized by nīlikā,' See MK on MN 59.41ab.
10) See AHS 6.12.1–8ab (= AS 6.15.2–8).

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Abbreviations:


MK = Madhukosa (Vijayarakṣita and Śrikanṭhadatta). See MN.


NS = Nibhandhasamgraha (Ḍāhana). See SS.

PCP = Padārthacandrikāprabhāśa-nāma-aṣṭāṅgahṛdayavivṛti (Candranandananda): D4312; P5800.

SAS = Sarvāṅgasundara (Arunadatta). See AHS.


Vogel, Claus (1965) = *Vāgbhaṭa’s Aṣṭāṅgahṛdayasamhitā, the First Five Chapters of Its Tibetan Version*. Wiesbaden: Kommissionsverlag Franz Steiner.

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