



Therapeutic elements of music in ancient India: a brief review in *Bṛhatṭrayī*

Abirlal Gangopadhyay¹ · J. S. R. Prasad²

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Abstract

The non-medical Sanskrit texts have indirect references to music as a therapy in ancient India. The vaidyas used it as an alternative therapeutic technique in addition to conventional treatment methods for coma and post-coma complications, tuberculosis, *pitta* aggravation, protective measures for newborns and in cases of mental distress to regain homeostasis. They also used soothing, pleasant music and employed efficient musicians to execute it. Caraka was the first physician who suggested employing musicians as supporting staff in public hospitals. In spite of such valuable references, music therapy did not become a separate branch of research in ancient India. Strikingly, there are similarities and differences in modern music therapy vis-à-vis therapeutic elements of music mentioned in *Bṛhatṭrayī* and some other important texts. This paper tries to review all such issues to demonstrate the contemporary relevance of the therapeutic effects of music in ancient India.

Keywords Ayurveda · *Gīta* · *Vāditra* · *Vīṇā* · Music therapy · *Saṅgīta-Cikitsā*

1 Introduction

Both in civilized and uncivilized societies, a few cultural underpinnings are inherently common to each other and the music is one among them, unhesitatingly. It is inherent in nature and is reflected in various forms. The ancient sages of India found the seven musical notes in nature by observing inspirational similarities from various animal sounds and singing of birds. Music has strongly influenced Indian civilization over ages. Sages delved deep into the nuances of musical notes and developed a more sophisticated *śruti* system, as seen from some of the important Sanskrit works. They meticulously studied the psychological impact that musical notes could generate in one's mind. Any genre of music has an inherent capacity to evoke emotions, not only in the human minds but in animals too. The following verse affirms this statement:

वनेचरस्तृणाहारश्चित्रं मृगशिशुः पशुः।
लुब्धो लुब्धकसंगीते गीते यच्छति जीवितम्॥

*vanecaras-trṇāhāraś-citraṃ mṛga-śiśuḥ paśuḥ |
lubdho lubdhakasaṅgīte gīte yacchati jīvitam ||*¹

Even a fawn, an animal feeding on grass and moving in the forest, attracted by the song of a hunter, is ready to sacrifice its life.

(Śārṅgadeva trans. 1978).

This is an excellent example of how music attracts even the animals, only to be trapped later by the hunter. Peacock beautifully dances to the natural rain music. Recent research showed that cows yield more milk listening to good music (Lemcke et al., 2021; Sweet Music for Milking, 2001; Uetake et al., 1997). Undoubtedly, these instances establish the influence of music on animals and birds. Evoking emotion is not necessarily dependent on the literary part of a song. An infant

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✉ Abirlal Gangopadhyay
abirlalgangopadhyay@gmail.com

¹ Department of Sanskrit Studies, University of Hyderabad, Hyderabad, Telangana 500046, India

² Department of Sanskrit Studies, University of Hyderabad, Hyderabad, Telangana 500436, India

¹ See 1.1.39 of *Saṅgītaratnākara*.

does not know the depth of musical renditions, still responds positively while listening to lullabies by demonstrating different emotions like smiling, joy, excitement etc.

अज्ञात-विषयास्वादो बालः पर्यङ्किकागतः।
रुदन् गीतामृतं पीत्वा हर्षोत्कर्षं प्रपद्यते॥

*ajñāta-viṣayāsvādo bālah paryāṅkikāgataḥ |
rudan gītāmṛtaṃ pītvā harṣotkarṣaṃ prapadyate* ||²

An infant, crying in cradle, unaware of the enjoyment of objects, on tasting the nectar of a song, knows no bounds of joy.

(Śārṅgadeva trans. 1978).

The observations from the above references have the potential to make a precise analysis and an in-depth understanding of the power of music. At a fundamental level, it is to be noted that the power of music and its characterization as a therapeutic technique are quite different from each other. *Saṅgītamakaranda* (hereafter *SM*)³ offers a piece of information on the therapeutic potential of music. Some of the verses mentioned below reveal the therapeutic potential of some forms of *rāgas* in the Indian context:

आयुर्धर्म-यशो-बुद्धि-धन-धान्य-फलं लभेत्।
रागाभिवृद्धि-सन्तानं पूर्ण-रागाःप्रगीयते (?)॥

सङ्ग्राम-रूप-लावण्य-विरहं गुण-कीर्तनम्।
षाडवेन प्रगातव्यं लक्षणं गदितं यथा॥

व्याधि-नाशी शत्रु-नाशी भय-शोक-विनाशने।
व्याधि-दारिद्र्य-सन्तापे विषम-ग्रह-मोचने॥

काम-डम्बर-नाशे च मङ्गलं विष-संहते।
औडवेन प्रगातव्यं ग्राम-शान्त्यर्थ-कर्मणि॥

*āyur-dharma-yaśo-
buddhi-dhana-dhānya-phalaṃ labhet |
rāgābhivṛddhi-santānaṃ
pūrṇa-rāgāḥ pragīyate* (?) ||

*saṅgrāma-rūpa-lāvaṇya-
virahaṃ guṇa-kīrtanam |
ṣaḍavena pragātavyaṃ
lakṣaṇaṃ gaditaṃ yathā* ||

*vyādhi-nāśī śatru-nāśī
bhaya-śoka-vināśane* |

*vyādhi-dāridrya-santāpe
viṣama-graha-mocane* ||

² Ibid, 40th verse.

³ A work belongs to the early medieval times. Because medieval times onwards a distinction was made between main *rāga* and dependent *rāga* like in a husband-wife relation. For example, *gundakriyā*, *ghūrjarī* (*gurjarī?*), and *gauḍī rāgiṇīs* are the dependent wives of *mālava rāga*.

*kāma-ḍambara-nāśe ca
maṅgalaṃ viṣa-saṃhr̥te |
auḍavena pragātavyaṃ
grāma-śāntyartha-karmaṇi*||⁴

Rāgas of heptatonic scales (*pūrṇa*)⁵ should be sung to achieve longevity (a benefit like wealth, reputation etc.) ... *Rāgas*, which are of pentatonic scales (*auḍava*),⁶ are capable of curing diseases (they derive other benefits like destroying enemies, fear etc.) ...

The highlighted words above are important. The verses at the end of a prayer or praise etc. are called *phalaśruti*. They say that wishes are fulfilled by the recitation. They are like *arthavāda* (white lies) in Indian philosophy. So, the above reference may not reveal substantial evidence to music as a therapeutic technique.

Jyoti Sinha (2015, p. 89) mentions *Śabda-kutūhala* and claims that the book has references to sound used as a medical tool. Unfortunately, this book could not be traced. Cook and Cook (1997) claimed to establish sacred music therapy in North Indian villages based on vedic faith. Some superficial textual evidence (Sanivarapu, 2015; Sundar, 2007) of the ancient Indian approach to music therapy is neither useful to demonstrate music as a therapeutic technique nor this helped us to show the therapeutic effects of music linked to vedic faith, since it is just a belief.

E. Thayer Gaston (1901–1970) has been called the father of music therapy and he popularized the same in the western world. Since 1789, though there are early historical shreds of evidence of therapeutic value of music in the western world, it took a long time, for more than a hundred years to evolve it as an individual research area (*History of Music Therapy*, n.d.). Now, the music therapists are being recruited in hospitals. Such therapists try to interact with patients under coma afflicted with traumatic brain injuries (Mondanaro & Loewy, 2016), cancer patients (Reid, 2016) and patients with significant mental health issues (Shoemark & Dearn, 2016) etc.

Therefore, as far as modern research is concerned, music as a therapy essentially originates from the west. Any effort to trace the concepts of music therapy comes much later in the Indian context as compared to the west. The scattered references to music as a therapy in Sanskrit texts could unveil the therapeutic value of music from a medical point of view.

The original Sanskrit works of medieval times have considerable references that support the idea of music to be considered as a therapy. The music has tremendous healing power, as implicitly studied from such references. In terms of

⁴ See 3.80–83 of *SM* (1920, p. 20).

⁵ *Rāgas* which are sung with seven notes both in ascending and descending order.

⁶ *Rāgas* which are sung with five notes both in ascending and descending order are *auḍava*.



modern music therapy, there are two fundamental methods: (i) the receptive method, and (ii) the active method (Gué-tin et al., 2009). The former is a listening-based approach, wherein a therapist would make an individual or a group to listen to music. On the other hand, the latter is concerned with an individual or group actively involving themselves, under the guidance of a therapist, in terms of instrument playing or singing etc. However, Reid (2016) talks about the five different methods, and others (Edwards, 2016) elaborate on various other methods too. Still, we can include all these primarily falling into the two methods, as mentioned above. In this paper, we have tried to discuss that which of the above methods were seemingly adopted by ancient vaidyas.

There were some initial sporadic efforts to trace out the direct evidence of therapeutic application of music in the Indian context, especially from Ayurvedic scriptures. But no such efforts yielded desired results that could dug deep into the texts (Katz, 2016). Horden (2016, p. 47), made an interesting comment “In the Hindu traditions expounded by Katz, theory seems more abundant than evidence of practice, as it was in the time of Plato ... the central texts of classical Ayurvedic medicine are interrogated, they yield only some general comment on the way in which music can be part of a beneficial environment, comments vaguely akin to the European theory of the non-naturals. Beyond that, nothing.” This paper is aimed at responding to such comments and bridging research gaps to address the unique and specific instances of therapeutic approach to music.

Bṛhatrayī refers to three seminal texts in Ayurveda. The entire Indian medical wisdom is stored in these phenomenal works and they are: ‘*Caraka saṃhitā*’ (*CS*) authored by Caraka (ca. 1000–800 BCE/first century CE), ‘*Suśruta saṃhitā*’ (*SS*) by Suśruta (ca. 600 BCE) and ‘*Aṣṭāṅgahṛdaya*’ (*AH*) by Vāgbhaṭa (200–300 CE). We took the help of two textual databases to trace out the original text references alongside the therapeutic references to music from *Bṛhatrayī*.

2 Search strategy

To search in *CS*⁷ and *SS*,⁸ e-books of these compendiums, created by the National Institute of Indian Medical Heritage (NIIMH), Hyderabad, India, were consulted. The Thesaurus Indogermanischer Text- und Sprachmaterialien (TITUS) text database, Universität Frankfurt, Frankfurt, Germany, was accessed to trace the related components of *AH*.⁹ ‘*Gīta*’,

‘*vīṇā*’, ‘*gāndharva*’ and ‘*veṇu*’, were the four keywords that we explored in these databases.

From *CS* to *AH*, these three compendiums are within the time period of *Nāṭyaśāstra* (henceforth *NS*, see in Kavi et al. 2006), the most ancient and authentic treatise dealing with music. Therefore, general terms denoting music in the *NS* are chosen to trace the music elements for therapeutic purposes. Most interestingly, a typical technique to play *vīṇā* is found in *CS* (4.1.34ab), similar to the descriptions in the *NS* (29.64cd), which is not in practice nowadays. Hence, the *NS* has become the only authentic source to find out the intended exploration of therapeutic techniques.

In the *NS*, the form of the music is called *gāndharva*, which consists of *svaras* (musical notes), *tālas* (rhythms), and *padas* (words?). However, there is a difference between *gāna* and *gāndharva*, as confirmed by Abhinavagupta (ca. 940–1015 CE). The former is only meant for pleasure purposes, and the latter is to delight the deities.¹⁰ Unfortunately, the term *gāna* is not to be traced in the said compendiums.

It is to be noted that, according to Abhinavagupta, *svara* is the primary element in *gāndharva*. *Tāla* is five in numbers and is the soul of *gāndharva* (Tarlekar, 1991). After the *tāla* and *svara*, *pada* is considered secondary.¹¹ This way, Abhinavagupta’s references offer a rough outline of the nature of the *gāndharva* form. There are usages of the term ‘*gīta*’ in the *NS* as an alternative to ‘*gāndharva*’.¹² However, Abhinavagupta accepts ‘*gīta*’ as a general term for classical and folk music (*deśī*). For instance, in his commentary on 28.108–109 of the *NS*, he explains ‘*gīta*’ as a form of music named after geographical regions with multiple types (*deśī rāgas*).

Interestingly, there is no mention of the term ‘*rāga*’, which is abundantly found in the later text *Bṛhaddeśī* (ca. eighth century CE). Though at 32.428 of the *NS*, *madhyamagrāma*, *sādhārīta* etc., are identified as ‘*grāmarāgas*’ by Abhinavagupta, and later musicologist Śārṅgadeva considered the same. However, in our present discussion, there are no references to *rāga* or *grāma*, hence we do not elaborate further on these terms.

‘*Vīṇā*’ is an important term in ancient Indian musicology. This is the fundamental instrument on which musicologists

¹⁰ See *Abhinavabhāratī* on 28.9 of *NS*; also see Tarlekar (1991)

¹¹ स्वराः प्रधानं, तालो नाम आत्मा तत्साम्येन उपकारकः, तल प्रतिष्ठाकरणे इति ताल एव एतदाह। ततोऽपि दूरं पदं पदशब्देनैव तस्याधारतालाभः। [svarāḥ pradhānaṃ, tālo nāma ātmā tatsāmyena upakāraḥ, tāla pratiṣṭhākarāṇe iti tāla eva etadāha| tato’pi dūraṃ padaṃ padaśabdenaiva tasyādhāratālābhah|].

¹² See *NS*, 29.76; 33.11 (with *Abhinavabhāratī*, अथ गीते स्वराणां प्राधान्यमिति दर्शयितुमेतावन्तो गुणा अवश्यादरणीयाः [atha gīte svarāṇāṃ prādhānyamiti darśayitumetāvanto guṇā avashyādarāṇīyāḥ]).

⁷ *CS* e-book: <https://niimh.nic.in/ebooks/ecaraka/>.

⁸ *SS* e-book: <https://niimh.nic.in/ebooks/esushruta/>.

⁹ *AH* in TITUS database: <https://titus.fkidg1.uni-frankfurt.de/texte/etcs/ind/aind/klskt/vagbhata/vagbhahs/vagbh.htm>.



explained the theory from the time of the *NS*. Coomaraswamy (1930) first identified that the ancient Indian primary *vīṇā* was a kind of Asian arched harps. Later on, Becker (1967) investigated the possible evidence-based sources on a historical journey of the Indian arched harp to Burma between tenth–twelfth centuries CE. Abhinavagupta explicitly mentions at 29.112 of the *NS* that the *Mattakokilā*, a 21-stringed arched harp (*vakrā vīṇā*), is the primary one of all *vīṇās*.¹³ Hence, in these compendiums, recognition of *vīṇā* is to be taken for arched harp at the primary level. Also, there are mentions of lute and zither in the *NS* (29.118; 34.14), but they are categorized under secondary instruments.

Despite references to flute (*venu/suṣira*) in the *NS* (chap. 30), it merely remained as an accompaniment only. As far as our study is concerned, the term ‘*venu*’ is always used in the context of some of the other musical terms. Otherwise, the word simply means ‘bamboo’ or related object.

There is a great possibility that our present review could cover all possible evidences, regarding music as a therapeutic tool, culled out from *Bṛhatrayī*.

3 *Bṛhatrayī*– *Caraka saṃhitā*

Caraka mentions considerable number of references in regard to the therapeutic effects of music. Authors other than Caraka mostly repeated what has been mentioned by him, though there are some useful references with possible insights. The medical implications and therapeutic effects of music in *CS* are found in five sections (*sthānas*): (i) *Sūtrasthāna* (section I), (ii) *Vimānasthāna* (section III), (iii) *Śārīrasthāna* (section IV), (iv) *Cikitsāsthāna* (section VI) and (v) *Siddhisthāna* (section VIII). Gradually they are reviewed as follows.

3.1 *Sūtrasthāna* (section I)

3.1.1 Musician as supporting staff

Caraka suggests in the 15th chapter that well-versed musicians, both singers and instrumentalists, could be employed among the other supporting staff.

तथा गीत-वादित्रोल्लापक-श्लोक-गाथाख्यायिकेतिहास-पुराण-कुशलान् अभिप्रायज्ञान् अनुमतान् च देशकालविदः पारिषद्यान् च ... उपकल्पयेत्

tathā gīta-vādītrōllāpaka-śloka-gāthākhyāyiketihāsa-purāṇa-kuśalān abhiprāyajñān anumatān ca deśakālavidaḥ pāriṣadyān ca ... upakalpayet (1.15.7)

¹³ तत्र मत्तकोकिला प्रधानभूता। एकविंशतितन्त्रीकत्वेनान्यूनाधिकं त्रिस्थानस्वरसारणाजातिगीतिवीणाशरीरमुच्यते [tatra mattakokilā pradhānabhūtā | ekaviṃśatitantrikatvenānyūnādhiḥkaṃ trīsthānasvarasārāṇājātīgītīvīṇāśarīramucyate].

[In the hospital along with supporting staff] People well-versed with vocal, instrumental music, panegyrics, recitation of verses, ancient lores, short stories, *itihāsa* (the *Mahābhārata*, etc.), *purāṇa* (mythology), those who can grasp the inner desires, who are obedient, and who have, knowledge of time and place should also be arranged.

(Caraka trans. 2016, Vol. I p. 290).

3.1.2 Coma patients and music therapy

In the 24th chapter, it is said that in the case of a coma (*sannyāsa*) patient, who regained consciousness, he/she should be entertained in various ways, including music:

... प्रिय-श्रुतिभिरेव च।
पटुभिर्गीत-वादित्र-शब्दैश्चित्रैश्च दर्शनैः॥...
प्रबुद्ध-सञ्ज्ञं मतिमान् अनुबन्धमुपक्रमेत्।
तस्य संरक्षितव्यं हि मनः प्रलय-हेतुतः॥

... *priya-śrutibhir-eva ca* |
paṭubhir-gīta-vādītra-
śabdaiś-citraiś-ca darśanaiḥ ||...
prabuddha-sañjñam matimān
anubandham upakramet |
tasya saṃrakṣitavyam hi
manaḥ pralaya-hetutaḥ || (1.24.51–53)

...the patient regains consciousness. Thereafter, his consciousness should be maintained by various psychological and physical devices and his mind should be diverted from the aetiological factors of unconsciousness. He should be made to remember some surprising event, hear pleasing fine songs, music and other sounds and see wonderful sights.

(Caraka trans. 2016, Vol. I p. 412).

3.2 *Vimānasthāna* (section III)

Ayurveda speaks of three bodily humours and *pitta* (bile) is one of them. In the sixth chapter, Caraka describes possible remedies in cases of *pitta* aggravation. Among the sixteen types of therapies that correct the imbalance in *pitta*, listening to soothing music is one of the effective methods suggested:

तस्य अवजयनं ... श्रुतिसुख-मृदु-मधुर-मनोऽनुगानां च गीत-वादित्राणां श्रवणम् ...

tasya avajayanam ... śrutisukha-mṛdu-madhura-
mano'nugānām ca gīta-vādītrāṇām śravaṇam ...
(3.6.17)

The following therapies alleviate this *doṣa* ... Hearing of songs and music which are pleasing to ears, mild, sweet and agreeable.

(Caraka trans. 2016, Vol. II p. 194)



3.3 Śārīrasthāna (section IV)

In the eighth chapter of this section, Caraka strictly advises to protect the newborn. Here, Caraka prescribes various measures. While describing the set up for the labor room, Caraka includes music besides presence of noble people, encouraging blessings by elders and others:

अथास्य रक्षां विदध्यात् ... अनुपरतप्रदानमङ्गलाशीःस्तुतिगी
तवादित्रम् अन्नपानविशदम् अनुरक्तप्रहृष्टजनसम्पूर्णं च तद्वेश्म
कार्यम्

*athāsya rakṣām vidadhyāt ... anuparatapradāna-
maṅgalāśīḥstutigītavāditram annapānaviśadam
anuraktaprahṛṣṭajanasampūrṇam ca tadveśma kāryam*
(4.8.47)

Thereafter measures should be taken for the protection of the child ... The whole house should be kept crowded with people who are pious, affectionate and happy, and engaged constantly in gifts, propitious blessings, praise, song, music, food and drinks.

(Caraka trans. 2016, Vol. II p. 501).

3.4 Cikitsāsthāna (section VI)

In the third *pāda* of the second chapter, while describing the psychological stimuli, based on different seasons which influence the virility, Caraka prescribes music for the spring season with others:

गान्धर्वशब्दाश्च सुगन्धयोगाः सत्त्वं विशालं निरुपद्रवं च ॥
... हर्षस्य योनिः परमा नराणाम् ॥

*gāndharvaśabdāśca sugandhayogāḥ
sattvaṃ viśālaṃ nirupadravaṃ ca ॥
... harṣasya yoniḥ paramā narāṇām ॥*
(6.2/3.29cd,30d)

... sound of the music, mind which is broad and free from afflictions... — these are excellent erotic factor for men.

(Caraka trans. 2016, Vol. III p. 94).

Cakrapāṇidatta (ca. eleventh century) in his commentary suggests that “the factors described for spring season, are also effective as sexual stimulants in other seasons (Caraka trans. 2016, Vol. III p. 94).”¹⁴

In the eighth chapter, the treatment procedure of tuberculosis (*rājayakṣman*) is discussed. A patient with tuberculosis is advised to be psychologically fit in order to maintain overall health. Accordingly, a patient should accept favorable and pleasant articles that pleases his/her mind, such as good

fragrance, good bath, healthy and desirable foods etc. CS includes music in the above list:

गीतवादित्रशब्दैः ... रोगराजो निवर्तते ॥
gītavāditraśabdaiḥ ... rogarājo nivartate ॥
(6.8.186–188)

[Along with many other regimes] Tuberculosis, the king of diseases, gets cured by... hearing vocal and instrumental music...

(Caraka trans. 2016, Vol. III p. 406)

In the context of management of alcoholism (*madātyaya*), Caraka suggests music to be one of the ten types of treatments for *Sannipātaja* alcoholism:

गान्धर्वशब्दाः ... नाशयन्ति मदात्ययम् ॥
gāndharvaśabdāḥ ... nāśayanti madātyayam ॥
(6.24.192–193)

The following factors help a person to overcome alcoholism: ... Musical performances...

(Caraka trans. 2016, Vol. IV p. 427).

Sannipāta is the cause of the aggravation of all three somatic humours at once.

3.5 Siddhisthāna (section VIII)

In the sixth chapter, CS describes the management protocol for improper therapeutic emesis (*vamana*) and purgation (*virecana*) related complications. In the therapeutic purgation, if a patient is suffering from rectum prolapse (*guda-bhramśa*) and becomes unconscious, he/she should be comforted with good words and treated with suitable music.

गुदं भ्रष्टं कषायैश्च स्तम्भयित्वा प्रवेशयेत् ॥
साम गान्धर्व-शब्दांश्च संज्ञानाशेऽस्य कारयेत् ॥

*gudaṃ bhraṣṭaṃ kaṣāyaiśca
stambhayitvā praveśayet ॥*

*sāma gāndharva-śabdāmśca
samjñānāśe'sya kārayet ॥*

(8.6.85)

If there is prolapse of the rectum (*guda-bhramśa*), it should be made stiff by applying astringent drugs, and pushed into its own location. If there is less of consciousness (*sañjñā-bhramśa*), then the patient should be consoled and he should be entertained with soothing music.

(Caraka trans. 2016, Vol. VI, p. 288).

4 Bhattrayī– Suśruta saṃhitā

SS (Ācārya ed., 2014) has cursory references to music, with an exception that could be considered a therapeutic technique. Along with Caraka, Suśruta also mentions music as

¹⁴ वसन्ताभिप्रायविहितम् अन्यत्रापि अविरोद्धम् [vasantābhīprāyavihitam anyatrāpi aviroddham].



one of the psychological stimuli for virility in the twenty-sixth chapter of the fourth section:

गीतं श्रोत्रमनोहारि ताम्बूलं मदिराः स्रजः ... वाजीकुर्वन्ति मानवम्॥

gītaṃ śrotramanoahāri tāmbūlaṃ madirāḥ srajah ... vājīkurvanti mānavam || (4.26.8cd–10d)

... dulcet songs that charm the soul and captivate the mind, use of betel leaves, wine and wreaths of (sweet-scented) flowers, ... these are the best aphrodisiacs in life.

(Suśruta trans. Bhishagratna 1911, Vol. II, pp. 510–511).

In this same section of *SS*, music as a therapeutic technique was prescribed in complications of therapeutic emesis and purgation:

तस्मिन् एव वमनातियोगे प्रवृद्धे शोणितं ष्ठीवति छर्दयति वा... विसञ्जे वेणु-वीणा-गीत-स्वनं श्रावयेत्

tasmīn eva vamanātiyoge pravṛddhe śoṇitaṃ ṣṭhīvati chardayati vā... visañjñe veṇu-vīṇā-gīta-svanam śrāvayet (4.34.12)

In the process of therapeutic emesis, (sometimes) the patient vomits excessively and may also spit or vomit blood... (in such case) if the patient becomes unconscious, one should make him listen to the flute sound, any string instrument or song.

Also, there are other complications of therapeutic emesis such as losing consciousness (*vaiśamjñya*), locking of the jaw (*hanu-samhanana*), excessive thirst (*trṣṇā*), hiccups (*hikkā*), among others. Listening to music is suggested exclusively for an unconscious patient.

The same applies to therapeutic purgation. If the patient becomes unconscious, a therapist should play music as a therapeutic remedy:

विरेचनातियोगे च ... जिह्वानिःसरणादिषु उक्तः प्रतीकारः

virecanātiyoge ca ... jihvāniḥsaraṇādiṣu uktaḥ pratīkāraḥ (4.34.13)

Dalhaṇa (1200 CE), the famous commentator on *SS* (viz. *Nibandha-saṅgraha*), interprets ‘*jihvāniḥsaraṇādiṣu*’ as ‘*gudaniḥsaraṇādiṣu*’ (lit. in the cases of prolapsus ani, etc.) since this is a case of purgation. The same has been suggested as the remedy in the case of rectum prolapsus in purgation (*guda-bhramśa*). *SS* mentions music therapy along with purgation, as discussed in the *CS*.

In the last section, *SS* supports the application of music in the case of coma patients. Still, unlike Caraka, Suśruta

suggests music with other therapies to break the unconsciousness, as follows:

... चिकित्सेत् त्वरया भिषक् तम् ... वादित्रगीतानुनयैः ...

... *cikīṭset tvarayā bhiṣak tam*

... *vāditragītānunayaiḥ*... (6.46.22ab–23ab)

... a physician should immediately treat the patient ... with music and musical instruments, kind words (along with others) ...

5 *Bṛhatrayī–Aṣṭāṅghṛdaya*

Vāgbhaṭa was in total agreement with the views of Caraka on the therapeutic effects of music. Some of the references mentioned in *Aṣṭāṅghṛdaya* are *pitta* aggravation (1.13.6), tuberculosis (4.5.83), treatment of patients under coma (4.7.113), therapeutic emesis and purgation (5.3.39) and a stimulus of virility (6.40.46). In the first chapter of the third section, Vāgbhaṭa (Bhiṣagācārya ed. 2010) says:

हेतु-व्याधि-विपर्यस्त-विपर्यस्तार्थ-कारिणाम्।
औषधान्न-विहारणाम् उपयोगं सुखावहम्॥
विद्याद् उपशयं व्याधेः स हि सात्म्यम् इति स्मृतः।
विपरीतोऽनुपशयो व्याध्यसात्म्याभिसंज्ञितः॥

hetu-vyādhi-viparyasta-viparyastārtha-kāriṇām | auśadhāna-vihārāṇām upayogaṃ sukhāvaham || vidyād upaśayaṃ vyādheḥ sa hi sātmyaṃ iti smṛtaḥ | viparīto ’nupaśayo vyādhyasātmyaḥbhisamjñitaḥ || (3.1.6-7)

Administration of either medicine, food or activity which is the *viparīta* (opposite) of either the cause, the disease or of both, or though not actually opposite (but of identical nature) yet produces the effect of the opposite (*viparītārthakāri*)—that of giving comfort to the patient is known as *upaśaya*. It is also called *sātmya* (suitable to the disease and the patient). The opposite of *upaśaya* is *anupaśaya* and *asātmya* (unsuitable) to the disease.

(Vāgbhaṭa trans. 2012, p. 5).

Sarvāṅga sundarī (*SaS*) is a famous commentary on *AH* by Aruṇadatta (ca. 1200)–1300 CE. He interprets the word *vihāra* (activity) as follows:

विहारो वाग्-देह-मनो-निर्वर्तितः चेष्टविशेषः व्यायाम-व्यवाय-जागरणाध्ययन-गीत-भाषण-ध्यान-धारणादिरूपः

vihāro vāg-deha-mano-nirvartitaḥ ceṣṭāviśeṣaḥ vyāyāma-vyavāya-jāgaraṇādhyayana-gīta-bhāṣaṇa-dhyāna-dhāraṇādirūpaḥ



Table 1 References of music as a therapeutic technique in *Bṛhatrayā*.

Name of work/ commentary	Section, chapter/(<i>Pāda</i>), verse/prose no.	Context	Correlated with modern method
CS	1.15.7	Musicians as the hospital staff	Receptive
	1.24.51	Coma	Receptive
	3.6.17	Pitta Aggravation	Receptive
	4.8.47	Labour Room	Receptive
	6.2/3.29	Virility	Receptive
	6.8.186	Tuberculosis	Receptive
	6.24.192	Alcoholism	Receptive
	8.6.85	Unconsciousness during therapeutic purgation	Receptive
SS	4.26.8	Virility	Receptive
	4.34.12	Unconsciousness during therapeutic emesis	Receptive
	4.34.13	Unconsciousness during therapeutic purgation	Receptive
	6.46.23	Coma	Receptive
AH	1.13.6	Pitta Aggravation	Receptive
	4.5.83	Tuberculosis	Receptive
	4.7.113	Coma	Receptive
	5.3.39	Unconsciousness during therapeutic emesis and purgation	Receptive
	6.40.46	Virility	Receptive
SaS	3.1.6	As an alternative treatment	Receptive & Active

Routine activities (*vihāra*) are those which are performed through speech, body, and mind in the form of exercise, coitus, awakened state, study, music, talking, meditation, concentration, etc.

It is to be noted that proper implementation of *vihāra* comprises music.

Like this, in the *Bṛhatrayā*, we could find eighteen instances of music which are suggested as a therapeutic tool (see Table 1).

6 Discussion

According to Ayurveda, *pitta* is the representative of the fire element in the human body.¹⁵ The fire can be extinguished by pouring water. Similarly, by increasing the *kapha*, which is the representative of the water element,¹⁶ *pitta* aggravation could be controlled. Pleasant, mild, and sweet music is one of the sixteen therapies suggested in the CS (3.6.17), which puts *pitta* in check. Furthermore, this therapeutic suggestion of Caraka has a vast area of application. Diseases related to *pitta* and their corresponding disease in modern medicine could be included under the current therapeutic approach. It needs a further critical investigation to explore potentials in this area.

From the textual evidences, it is observed that the terms '*gīta*' and '*vāditra*' imply the aspects of music in *Bṛhatrayā*; and these

are commonly used as a compound (*dvanda-samāsa*) as seen in the usage '*gītavāditra*'. Abhinavagupta, in his commentary on 29.50 of the NS, defines the term '*vāditra*' either to denote some tools or body parts like fingers, described as follows:

वाद्यतेऽनेनेति वादित्रम् अङ्गुलीकोणादि

vādyate 'neneti vāditraṃ aṅgulīkoṇādi

Equipment by which musical instruments is played is called *vāditra*, like fingers, plectrum (*koṇa*) etc.

Amarasimha (ca. fourth century CE), in his tripartite lexicon (*Amarakoṣa*, 1.7.4–5), mentions that *vāditra* is a synonym of *vādyā* along with *ātodya* which indicates four kinds: (i) *tata* (stringed instruments–*vīṇā* etc.), (ii) *ānaddha* (drum-like instruments), (iii) *śuṣira* (blow instruments, flute etc.) and (iv) *ghana* (metallic percussion instruments). However, we could not find the terms '*vādyā*' and '*ātodya*' in *Bṛhatrayā*.¹⁷ Wherever the term '*gītavāditra*' occurs, it simply denotes a general sense of music, but not anything specific. Nevertheless, music should be pleasant and soothing for the auditory organ so that adjectives like '*śrutisukha*', '*śrotramanohāri*', '*priyaśruti*' are used. Alongside this notion, the term '*gāndharva*' indicates that this is also a

¹⁵ See 1.12.11 of CS.

¹⁶ See 1.12.12 of CS.

¹⁷ The *īkākāra* Sarvānanda Vandyaghaṭṭya (ancient and mediaval use of Bengali title Bandyopadhyay or Banerjee) in his *Ṭikāsarvasva* (1159 AD.) clarifies that these four types are called by three names, where the *vāditra* is made of a *uṇādi* suffix *nitra*, etymologically (1914, p. 137). It makes a clear deference with the sense that Abhinavagupta delivers.



classical form of music and has a greater potential of therapeutic implication. Whether the music is classical or folk, it should be soothing for the auditory organ and pleasant to the soul, and efficient musicians should play it, referred to as ‘*paṭu*’ (fine) at 1.24.51 of *CS*, implying that both the *gītavāditra* should have the same effect. So, an excellent and well-versed musician could only produce such a perfect rendition, as mentioned. Subsequently, such kind of music would generate therapeutic effects in a patient to bring back his/her homeostasis.

Most exceptionally, 6.40.46 of *AH* provides an instance regarding the name of *vīṇā*. Despite using only ‘*vīṇā*’, Vāgbhaṭa used a term ‘*parivādīnī*’ and this word could be traced in the *Amarakośa* (1.7.3), defined as a seven-stringed *vīṇā*.¹⁸ *Citrā vīṇā*, mentioned in the *NS* (29.118), was also a seven-stringed instrument and within the primary (*aṅga*) *vīṇās*. Still, *citrā* was not similar to *parivādīnī*. In the commentary on 29.112 of the *NS*, Abhinavagupta clarified by quoting some verses that both *citrā* and *parivādīnī* were under the *vakrā* (arched) category of *vīṇā* (harp).

Of late, it has become a trend to see modern private hospitals employing nutritionists to take care of the diet pattern of each and every patient admitted. But, none of the hospitals talk about musicians employed as supporting staff. Recruiting musicians as the supporting staff in hospitals, indeed, is a revolutionary concept as we see it in Caraka (1.15.7). So, it could be postulated that in order to regain health, listening to music was considered as one of the best treatment protocols. Indeed, medicines help a patient to regain health only to some extent and 80% of health is maintained through self-caring mechanisms.

In the recruitment process of defence forces, there is a striking parallel to the use of musicians similar to hospitals. The religious teachers perform psychological counselling and give discourses to provide mental comfort to people in distress. Their presence is effectively observed in the speedy recovery of injured soldiers and families who have lost their near and dear ones.

In addition to the above, the presence of music in the labour room is another strong point advocated by Caraka, which is undoubtedly praiseworthy and a considerable measure towards bringing in music therapy in hospitals.

Modern physicians’ approach to music therapy in coma patients, as argued by Aldridge et al. (1990), differs from what is described in the *CS*.¹⁹ They apply music as a therapy to help a patient regain consciousness in cases of coma, as opposed to applying music as a therapy to protect the confused mind which have come out of coma. This protects the patient from any further distress. Definitely, this warrants a

further thorough study and critical analysis. Nevertheless, *SS* (6.46.23) and the later compendium of *CS*, prescribed the implication of music to break the unconsciousness, similar to the modern approach.

*Kāśyapasaṃhitā*²⁰ suggests playing music in the sleeping room of a pregnant woman. This facilitates her to feel better and brings peace till her labour. Likewise, *Ānandakanda*, a medieval Sanskrit text on ancient Indian alchemy, points out useful references that could form a part of music therapy.²¹ Likewise, there could be many more insights in this direction using music as a therapy to maintain a perfect health. The present survey could be extended further to unearth possible interpretations of music therapy, either to show it as an alternative therapeutic technique or to try to prove it to be an effective tool to maintain a healthy lifestyle.

7 Conclusion

By examining all the above textual references from *Bṛhatrayī*, it appears that they would undoubtedly reveal new dimensions of the therapeutic value of music to maintain a healthy lifestyle. Caraka’s suggestion to employ musicians at hospitals is a revolutionary concept. The textual references in *Bṛhatrayī* have much in common with the receptive method of music therapy as popular in modern times. Aruṇadatta’s reference to music as an integral part of *vihāra* not only connotes to its preventive aspects of the disease but also applies in the active and receptive methods of modern music therapy in daily life.

Ayurveda has cursory references to specify the therapeutic value of music therapy. This is because in any ancient Sanskrit text, the information is cryptic, and one needs to decrypt the same to affiliate such knowledge to the appropriate branch of a knowledge base. We think that all the above textual references do not necessarily try to establish music as a separate branch of therapy, unlike how it is considered in modern research. But, the comment in haste made by Horden (“Beyond that, nothing”) is academically not viable as theoretical concepts of music therapy could be traced back to Sanskrit texts belonging to the ancient and early mediaeval era.

In conformity with modern research, many new branches of ancient Indian knowledge like psychology, research methodology, science and technology etc., are emerging as part of interdisciplinary research. In similar lines, music therapy from an Indian perspective could be explored further. This would not only help one to understand and appreciate the unseen contributions of ancient Indians but also contribute

¹⁸ सा तु तन्त्रीभिः सप्तभिः परिवादिनी [sā tu tantrībhīḥ sapṭabhīḥ parivādīnī].

¹⁹ Also see Yengkhom (2018).

²⁰ In *Śārīrasthāna*, Chap. *Jātisūtrīyaśārīra* (p. 20).

²¹ See also in Sastri ed. 1952, 1.6.91 of *Ānandakanda*; see S. Bhiṣagācārya trans. 1953, 8.5.55 of *Kāśyapasaṃhitā*; etc.



to offer concrete solutions to many unattended problems in the context of mental health. We feel that this would certainly open up new vistas in mental health research.

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