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BUDDHIST MEDICINE

Overview of concepts, practices, texts, and translations

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‘Buddhist medicine’ (Ch. 佛醫 or fōjiao yīxué 佛教醫學, Jp. 仏教医学) is a modern term commonly used by East Asian scholars and devotees alike to refer to a body of medical knowledge that was introduced to East Asia via the transmission of Buddhist texts (Salguero 2015). These texts were translated and composed in China between the second and the eleventh centuries CE, based on source materials imported from many parts of South, Southeast, and Central Asia. Despite the ongoing efforts of historical and contemporary East Asian exegetes to present Buddhist medicine as a coherent system of medical knowledge, the perspectives preserved in these diverse texts do not represent a single point of view. They are best thought of as a series of snapshots indicative of many local variations on a central theme. For historians, the very heterogeneity of the source base makes it invaluable as evidence of the development of medical thought in India, the reception of foreign medicine in China, and the cross-cultural exchange of medicine across first-millennium Eurasia.

Many of the main concepts underpinning Buddhist medicine ultimately derive from the Indo-European intellectual context, and for this reason some of its central doctrines bear some similarities with Indian, Greco-Roman, Islamic, and other Eurasian medical traditions. For example, the human body is generally said to be composed of the Great Elements (Sk. mahābhūta; Ch. sīda 四大), Earth, Water, Fire, and Wind (to which are frequently added Space and Consciousness). Among the most important causes or symptoms of disease are the so-called Three Humours or Three Defects (Sk. trīḍoṣa; Ch. sandu 三毒 or sanbing 三病), Wind, Bile, and Phlegm. While reminiscent of Greco-Roman humoral medicine, these concepts are even more closely related to the principal doctrines of Āyurveda, a form of Indian medicine whose foundational texts are datable to between the third century BCE and about 600 CE (see Wujastyk 2003). However, since Buddhist texts often present variant formulations of even the most basic Āyurvedic doctrines, it is probable that they reflect separate streams of medical thought current among distinct interpretive communities (Zysk 1998; Mazars 2008).

Similarities with other traditions notwithstanding, the medical ideas presented in Buddhist texts are usually framed in ways that are uniquely Buddhist and that feed into Buddhist religious and philosophical discourses. The Great Elements, for example, are introduced as objects of meditation and are connected with the Buddhist virtues of impermanence and non-attachment (Salguero 2014: 71–3, 2018b). The Three Defects are commonly used as metaphors for the mental poisons of Greed, Aversion, and Delusion (Demièville 1985: 69–71).
Ideas about foetal development are introduced within narratives that focus on karmic retribution and the need to escape the cycle of rebirth (Kritzer 2014; Salguero 2014: 74–6). Bathing and personal hygiene are explicitly and implicitly related to moral virtue and spiritual purity (Heirman and Torck 2012; Salguero 2014: 76–8, 112–16). Always, healing activities of any kind were in Mahāyāna Buddhism considered integral parts of the practice of compassion and skilful means that should be exhibited by a devotee (Salguero 2018a).

In addition to new doctrines, Buddhism also introduced China to a pantheon of Indian deities and semi-divine heroes who were reputed to have potent healing powers (Birnbaum 1989a). One of the most widely venerated Buddhist figures in East Asia, the bodhisattva Guanyin 觀音 (Sk. Avalokiteśvara), began to appear in popular Chinese tales about miraculous cures as early as the fourth century (Campany 1993, 1996, 2012a: 49–51; Kieschnick 1997: 103–5; Yü 2001: 58–84). The Buddha of Infinite Light or Infinite Life (Sk. Amitābha or Amitāyus, Ch. Wuliangguang 佛 or Wulianshou 佛) was also credited with performing medical miracles in Buddhist writings from the early medieval period. By the middle of the Tang dynasty (618–907), the Master of Medicines Buddha (Ch. Yaoshifo 藥師佛; Sk. Bhaishajyaguru) had become a major focal point of Buddhist worship in many segments of society (Birnbaum 1989b; Ning 2004; Shi 2020). In the Song dynasty (960–1279), the deities Ucchusma (Ch. Wushusemo 烏芻瑟摩 or Wuchushamo 烏芻沙摩) and Nāgarjuna (Longshu 龍樹) became objects of cultic devotion among certain groups of Buddhist ritual healers (Davis 2001). Buddhists throughout history recognized numerous other divine figures who could be called upon to heal, to protect against disease, or to ensure the safety of the state from epidemics and other calamities.

Rituals calling upon the power of these deities for healing and protection ranged in size and complexity from merit-making by individual devotees to massive imperially sponsored ceremonies involving thousands of monks (see Zhiru 2020, trans. Salguero et al. 2017: 286–89). Such measures consisted of exoteric practices – for example, giving offerings (Ch. gongyang 供養; Sk. pūjā), praying to deities, reciting scriptures, performing repentance rituals, patronizing Buddhist monks known as capable healers, or donating bathhouses to local monasteries – which could be engaged in by devotees of all types in order to purify their karma and positively affect their health (Birnbaum 1989a, 1989b; Salguero 2013, 2014: 76–86; Lowe 2014; trans. Salguero 2017: ch. 25, 26, 31). Buddhist therapeutics also included the occult rites of Tantric or Esoteric Buddhism (mijiao 密教) – such as reciting healing incantations (Sk. dhāranī; Ch. zhou 咒), invoking or channelling deities, creating protective seals or talismans; consecrating water, medicines, or healing implements, and constructing mandalas to purify the body and mind – which almost always required specialized knowledge and initiation, and which were thought to have profoundly transformative effects (Satirajan Sen 1945: 85–95; Davis 2001; Strickmann 2002; Mollier 2008; Despeux 2010; McBride 2011; Salguero 2014: 86–92; trans. Salguero 2017: ch. 28, 29, 30, 45).

In addition to rituals, Buddhist texts describe a wide variety of other types of healing practices. Some provide advice on maintaining a healthy diet or making seasonal adjustments to one’s regimen (e.g. trans. Satirajan Sen 1945: 76–84; trans. Salguero 2017: ch. 4). Others introduce meditations to maintain health or alleviate disease (trans. Greene 2021: 249–300; trans. Salguero 2017: ch. 36, 37). Examples of the latter include concentration exercises, breathing techniques, absorption meditations intended to manipulate the balance of the Great Elements, and the visualization of deities performing procedures such as massage or surgery on one’s body. Simply reflecting on the ultimate wisdom that the physical body is an illusory mental construct is also said to eradicate spontaneously all diseases (Salguero 2017: 387).
While there are a few extant Chinese Buddhist texts that explain how to perform ophthalmological surgical procedures (Deshpande 1999, 2000; trans. Salguero 2017: ch. 54), abdominal and cranial surgeries are more frequently described in narratives about Buddhist deities and semi-divine healers. These became objects of considerable fascination for devotees. Tales about Buddhist healers with all sorts of wondrous healing powers began to appear in copious numbers in the fifth to sixth centuries (Wright 1948; Fu and Ni 1996; Kieschnick 1997; Salguero 2009, 2014: 121–40, 2020a; trans. Campany 2012a; Salguero 2017: ch. 21). Such narratives often centre around foreign masters who are said to have studied medicine as part of their monastic training before arriving in China. Whatever their origins, these heroes are depicted performing miraculous feats of healing for important individuals and the general population by means of a wide range of Indian and Chinese therapeutic techniques. By the Tang period, the mysterious and potent ‘eminent monk’ (gaoseng 高僧) had become something of a stock character in the Chinese literary landscape. In many of these tales, Buddhist monks are compared favourably to rival Daoist adepts, doctors, spirit mediums, and other healers. Such stories reflect the real-world competition for patronage among religious and medical sectarians in medieval China, and the importance of healing in their contests for cultural capital (Campany 2012b; Salguero 2014: 59–65, 2020a).

While healing narratives are reflections of the medieval Chinese literary imagination, we also have more reliable historical evidence about certain Chinese monastics who studied, practised, or wrote about Buddhist medicine. The most important among these figures, in terms of the quantity of information he left behind, is the pilgrim Yijing 義 淨 (635–713). A native of China, Yijing travelled to northeastern India to learn at the monastic university Nālandā, and while doing so acquired some knowledge about Indian Buddhist medical traditions. Among Yijing’s copious writings is a travelogue that reports upon many facets of life in the Indian monastery, giving historians a unique window onto the medical and hygienic practices of the residents (T. 2125; Heirman & Torck 2012; Salguero 2014: 112–16; trans. Li 2000; Salguero 2017: ch. 16). Apart from Yijing’s writings, there are few other accounts of Buddhist monastic healing practices in the medieval period which are both reliable and detailed. However, what materials are available in the historical records attest that Tang rulers sought out Indian medical knowledge, that Buddhist monks were commonly employed as ritual healing specialists, and that Buddhist medicine became fashionable in Tang China (Tansen Sen 2001; Chen Ming 2013; Despeux 2017). We also know that monastic complexes in the Sui-Tang period often included not only bathhouses but also infirmaries, medical dispensaries, and hospice facilities (Despeux 2010, 2020). These institutions were important resources for the laity as well as for the resident monastics, a social function that intensified as Buddhist charities were increasingly absorbed into the nascent public health apparatus of the state (Liu 2008).

Though the bulk of the translation into Chinese of texts related to Buddhist medicine took place between the fifth and eighth centuries, discourses about healing can be found in virtually all Buddhist genres from every period of translation activity (see, e.g., trans. Salguero 2017). Relevant materials are found in even the most revered Buddhist scriptures. The Vimalakīrti Sūtra, for example, presents an extended argument about the illusory nature of the body and disease in a chapter entitled ‘Inquiring about illness’ (T. 475; trans. Watson 1997: 64–74; Richter 2020). The Lotus Sūtra, one of the most celebrated Buddhist scriptures in East Asia, dedicates a chapter to extolling the Medicine King Bodhisattva (Ch. Yiwang pusa 醫王菩薩) (T. 262; trans. Watson 1993: 280–9). The Sūtra of Golden Light, a text primarily concerned with Buddhist models of kingship, contains a chapter that outlines Indian medical theory (T. 665.24; trans. Salguero 2017: ch. 4) as well as a chapter that describes
ritual bathing in medicated water for strength and protection (T. 665.15; trans. Skjaervø 2004: 172–181). The various monastic disciplinary codes translated into Chinese over the early medieval period contain sections on medicine in which they outline the allowable and non-allowable therapeutic procedures, rules on the storage of medicines and protocols for interacting with the sick (T. 1421, 1425, 1428, 1435, 1448; trans. Salguero 2017: ch. 13, Salguero et al. 2017: 281–83). There are even two Indian medical treatises embedded within the Chinese Buddhist Tripitaka, texts which have clear connections with Ayurvedic medicine and demonology (T. 1330, 1691; trans. Bagchi 1941, 2011). The most well-known translated scripture pertaining to healing in the corpus, however, is the Sutra of the Master of Medicines Buddha, the core text devoted to the principal deity of healing (Birnbaum 1989b). This text exists in multiple Chinese translations (T. 449–51, T. 1331.12) and is accompanied by a series of ritual manuals (T. 922–8; trans. Salguero 2017: 299–301), leaving us in no doubt about its centrality in Buddhist healing practice in medieval China.

Medical topics are well-represented in domestic Chinese Buddhist writings such as commentaries, compilations, reference works, and ‘apocryphal sutras’ (i.e. pseudotranslations composed anew in China that purport to be authentic translations of Indic texts). Among the more important examples available in English translation are admonishments to preserve morality in promise of divine protection (Lowe 2014; Goble 2017), as well as ritual instructions that synthesize Buddhist and indigenous Chinese methods (Salguero 2017: ch. 45). Additionally, a set of sixth-century meditation manuals by Zhiyi 智顗 (538–597), the founder of the Tiantai School 天台宗, describes both Chinese and Indian models of diagnosis and meditative therapies (T. 1911, 1915, 1916; trans. Salguero 2017: ch. 37). The travelogue by Yijing (T. 2125) has already been mentioned. Also of interest are multiple Chinese versions of the biography of Jīvaka, the Buddhist physician par excellence, in which the hero is depicted performing a number of Indian therapies, including abdominal and cranial surgeries (T. 553, T. 1428: 851–4, T. 2121: 166–170; Salguero 2009). Finally, an influential pair of encyclopaedias compiled by Daoshi 道世 (?–683) collected together scriptural passages from across a wide range of Buddhist sutras, disciplinary texts, commentaries, and miracle tales, offering a more comprehensive picture of Chinese Buddhist medical knowledge (T. 2122.95, 2123.29; Salguero 2014: 109–12; Hsu 2018).

While hard and fast distinctions between these many categories of sources cannot be made, broadly speaking, Buddhist discourses on healing across the vast Chinese corpus tend to be presented differently in genres intended mainly for monastics versus those intended for wider lay audiences (Salguero 2014: 67–95). The former – including philosophical treatises, meditation manuals, and monastic disciplinary treatises, among other genres – tend to connect Buddhist medicine with ascetic Buddhist doctrines such as emptiness and non-self (Salguero 2018b). The latter types of texts, however, tend to celebrate the healing powers of Buddhas and bodhisattvas, the ability of lay devotees to rectify their karma, and the efficacy of Buddhist rituals in vanquishing disease (Salguero 2020a). The more complex composite texts with varied histories of circulation among different communities, of course, intermix both registers in complicated ways.

Another way to analyse the sprawling corpus of Chinese texts on Buddhist medicine is to distinguish on the basis of translation strategies. Buddhist writings on medicine are often infused with foreign metaphors and translation tactics such as transliteration and neologisms, and thus stand in stark contrast to mainstream Chinese medical discourses about qi, yin-yang, and the Five Agents. At the same time, other Buddhist translators and commentators often attempted to restitute foreign medical knowledge in domestic cultural and social contexts, explaining Indian medical doctrines using Chinese medical vocabularies. The use of these
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approaches was influenced by the authors’ sociopolitical contexts, intended audiences, and individual biographical circumstances (Salguero 2014).

Efforts to build conceptual and linguistic bridges between Indian and Chinese medical thought peaked in the period from the Sui to the mid-Tang, when creative cross-cultural mediation allowed for the absorption of many aspects of Indian medical doctrine in China and Chinese medical doctrine into Buddhist texts. The received Buddhist literature from this period, the extant writings of Sui-Tang physicians; the competing writings of Daoist sectarians, and the recovered manuscripts from medieval sites such as Dunhuang and Turfan collectively leave us with little doubt that Buddhist practitioners played a major role in the contemporary medical marketplace or that Indian ideas and practices were important features of the Chinese medical landscape (Zhu 1999; Lo and Cullen 2005; Chen Ming 2005a, 2005b, 2013; Li and Shi 2006; Mollier 2008; Despeux 2010, 2020; trans. Salguero et al. 2017: 290–93).

Why, then, did Buddhist medicine not play a larger role in later Chinese medical history? One significant reason is the classicist movement that began to gather steam in the late eighth to ninth centuries. Rising nativist and xenophobic sentiments culminated in the violent repression of Buddhist institutions and clerics in 842–845. While Buddhism's cultural and social significance eventually recovered from this blow, interest in the Indo-Sinitic medical syncretism of the early medieval period began to decline. In the Song, the government-led reformation of medicine elevated texts from the pre-Buddhist era (Goldschmidt 2009). By that time, certain elements of Indian religion and medicine had been inseparably integrated into Chinese thought and practice. Certain fields of medicine – such as pharmacology, ophthalmology, and embryology – exhibited many traces of Indian medical influence (Unschuld 1998; Deshpande 1999, 2000, 2003, 2008; Xue 2002; Chen Ming 2005c, 2007; Li and Shi 2006; Deshpande and Fan 2012; Salguero 2017: ch. 52, 53, 54). However, in the Song, knowledge expressed in Indian medical vocabularies was sidelined from official Chinese medical discourses, increasingly replaced by a neo-classical orthodoxy.

While Indian medical doctrines receded in importance in official circles, however, other aspects of Buddhist medicine continued to be widely practised across all layers of East Asian society in the post-medieval period and eventually became durable features of the East Asian medical landscape. Throughout Chinese history, monks continued to be celebrated as healers, monasteries continued to offer health services to their communities, the devout continued to organize medical charities, and Buddhist deities continued to receive the prayers of the sick (Wu 2000; Chen 2008; Liu 2008; Huang 2009). Today, Buddhist ritual, literature, and lore persist as important fonts of popular healing knowledge in Chinese communities worldwide (Salguero 2020b: ch. 9, 14, 15, 26, 27). Although in the long run Buddhist medicine was not to become as formative in China as it was in Southeast Asia or Tibet, it remains a significant minor theme without which our picture of the history of Chinese medicine cannot be complete (e.g. trans. Salguero 2020b: ch. 3).

List of Chinese texts on Buddhist medicine

As mentioned above, there are many references to medical topics scattered throughout the Chinese Buddhist corpus. As it is impossible to list every relevant text in the allotted space, this section includes only the most important and it is by no means comprehensive (see also Salguero 2018c). For convenience, the received texts below are subdivided by the traditional designations of exoteric/esoteric scripture, monastic discipline, and commentary, followed by a list of archaeologically recovered manuscripts. They are listed in order of their reference

**Exoteric scriptures**


T. 219, *Foshuo yiyu jing* 佛說醫喻經 (*Sutra on the Medical Simile*). Translated by Dānapāla, late tenth century.


T. 293, *Da fangguang fo huayan jing* 大方廣佛華嚴經 (*Flower Ornament Sutra*), pp. 710–12. Translated by Pratāpa, ca. 800.


T. 374, *Da banniepan jing* 大般涅槃經 (*Mahāparinirvāṇa-sūtra*), pp. 378–79. Translated by Dharmakṣema, ca. 421. [Alternate translation T. 375.3.]


**Esoteric scriptures and ritual manuals**

T. 922, *Yao shi liuli guang qifo benyuan gongde jing* 藥師瑠璃光七佛本願功德經 (*Sutra of the Dhāranī Spell to Ask Guanyin Bodhisattva to Absorb Poisons*). Translated by Zhu Nanti (fl. ca. 419).
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T. 1059, *Qianshou qianyan Guanshiyin pusa zhibing heyao jing* 千手千眼觀世音菩薩治病合藥經 (Sutra on the Use of Medicinal Herbs for Healing Illness by the Thousand-eyes, Thousand-hands Avalokiteśvara). Translated by Bhagavatdharma, Tang dynasty. [Related texts T. 1060, T. 1070.]

T. 1161, *Foshuo guan Yaowang Yaoshang er pusa jing* 佛說觀藥王藥上二菩薩經 (Sutra on the Contemplation of the Two Bodhisattvas King of Medicine and Supreme Medicine). Translated by Amoghavajra (fl. 424–42).

T. 1323, *Chu yiqie jibing tuoluoni jing* 除一切疾病陀羅尼經 (Sutra on the Dhāraṇī to Eliminate All Illnesses). Translated by Yijing (635–713).


T. 1325, *Foshuo liao zhibing jing* 佛說療痔病經 (Sutra on the Treatment of Sores). Translated by Yijing (635–713).


T. 1330, *Luomona shuo jiuliao xiaoer jibing jing* 唱詠說救療小兒疾病經 (Sutra on the Cure of Childhood Diseases Spoken by Rāvana). Translated by Faxian (d. 1001).

T. 1691, *Jiaye xianren shuo yi nüren jing* 歸葉仙人說醫女人經 (Sutra on Women’s Medicine Spoken by the Sagely Kāśyapa). Translated by Faxian (d. 1001).

Monastic disciplinary texts

T. 1421, *Mishasaibu hexi wufen lü* 彌沙塞部和醯五分律 (Five-part Vinaya of the Mahīśāsaka School), Section 3.7. Translated by Buddhadīva and Daosheng, 423–24.


Commentaries and reference works


T. 2122, Fayuan zhulin 法苑珠林 (Forest of Pearls in the Garden of the Dharma), Chapters 60, 95. Compiled by Daoshi, 668. [Related text T. 2123.]

T. 2125, Nanhai jingui neifa zhuan 南海寄歸內法傳 (Record of Buddhist Practices Sent Home from the Southern Seas), Chapters 4–8, 18, 20, 23, and 27–29. By Yijing, 691.

Recovered manuscripts incorporated into Taishō Tripitaka

T. 2766 Yaoshi jing shu 藥師經疏 (Commentary on the Master of Medicines Sutra). Unknown authorship. [Related text T. 2767]

T. 2780, Wenshi jing shu 温室經疏 (Commentary on the Bathhouse Sutra). By Huijing, seventh century.

T. 2865, Hu shenming jing 護身命經 (Scripture on Saving and Protecting Body and Life). Unknown authorship, likely sixth century. [Related text T. 2866.]

T. 2878, Foshuo jiujing 佛說救疾經 (Sutra on Deliverance from Disease). Unknown authorship. [Related text T. 2885.]

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