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Healing and/or Salvation?

The Relationship Between Religion and Medicine
in Medieval Chinese Buddhism

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A wide variety of Buddhist writings originating on the Indian subcontinent and elsewhere in South and Southeast Asia were translated into Chinese between the mid-second and the early eleventh centuries C.E. As this material was read, digested, commented upon, and integrated into daily life, Chinese audiences came to be familiar with Buddhism's basic teaching that overcoming all forms of suffering (Ch. *ku* 苦; Skt. *duḥkha*) is its core function. As one of the most obvious forms of suffering encountered in everyday human life, illness was a frequent topic of concern in these discourses. Of particular concern was the question of the relationship between the alleviation of the suffering of illness and the total, final salvation from suffering of all kinds (commonly referred to as Ch. *niepan* 涅槃; Skt. *nirvāṇa*; among other terms). This question appears and reappears across the genres of the Buddhist canon. From *sūtras* (loosely meaning "scriptures"), to disciplinary texts, ritual manuals, narratives, parables, philosophical treatises, and poetry, illness and healing are everywhere in Buddhist literature.²

In the past, I have written extensively about the role of medicine in competitions for prestige and patronage between Buddhists monastics, physicians, and representatives of other groups that were active in what I have called the medieval Chinese "religiomedical marketplace."³ A number

1 This paper is a contribution to the "Multiple Secularities" project at Leipzig University (<https://www.multiple-secularities.de>). It was presented in colloquium in Leipzig on 23 August 2017 and as part of an associated roundtable at the *American Academy of Religion* annual meeting in Boston on 18 November 2017. I want to sincerely thank Christoph Kleine and Monika Wohlrab-Sahr for including me in the project, and both them and the other participants in these panels for their comments and feedback. The paper was also presented at the *Philadelphia Area Buddhist Studies Workshop* on 19 September 2017, and I wish to express my gratitude to that group, as well as to Jeffrey Kotyk, for comments on earlier drafts.

2 For a wide selection of translations from the Chinese canon (and other Buddhist collections) relating to healing, see C. Pierce Salguero, ed. (2017), *Buddhism and Medicine: An Anthology of Premodern Sources* (New York: Columbia University Press).

3 See C. Pierce Salguero (2014), *Translating Buddhist Medicine in Medieval China* (Philadelphia: University of Pennsylvania Press), especially pp. 60–6. The "medieval" period commonly refers to the third to tenth centuries C.E.

of scholars and I have attempted to reconstruct a picture of the involvement of Buddhist monks in healing in a variety of medieval Chinese institutional and social settings.⁴ This current paper proceeds in a decidedly different direction. I will have nothing to say here about institutions or social practices. I am not looking to flesh out the realities on the ground in historical settings, but rather to investigate how the boundaries between healing and salvation are discursively constructed and defended in Buddhist discourses. Rather than their authorship, translation, reception, or implementation by historical actors, my analysis below focuses on the language, categories, and logics internal to the Buddhist texts themselves.

As I will show below, how authoritative Buddhist literature characterizes the relationship between healing and salvation is complex. As these sacred writings were translated en masse in the early medieval period, Chinese audiences found themselves on the receiving end of many centuries of Indian literary and doctrinal development.⁵ They were simultaneously exposed to varied, even conflicting, versions of Buddhist doctrines that were associated with many different sects or schools. These were composed over wide spans of time and in different parts of the Indian subcontinent, and consequently often present quite distinct worldviews and soteriological goals. And, they present divergent positions on the role of healing in the

4 Such medieval Chinese Buddhist engagements with medicine are discussed in detail in many of my previous publications, as well as in Paul Demiéville (1985 [1937]), *Buddhism and Healing: Demiéville's Article 'Byō' from Hōbōgirin*. Trans. Mark Tatz (Lanham, MD and London: University Press of America); Michel Strickmann (2002), *Chinese Magical Medicine* (Stanford: Stanford University Press); Catherine Despeux, ed. (2010), *Médecine, religion et société dans la Chine médiévale: Étude de manuscrits chinois de Dunhuang et de Turfan* (Paris: Collège de France, Institut des Hautes Études Chinoises); Chen Ming 陳明 (2013), *Zhonggu yiliao yu wailai wenhua 中古醫療與外來文化 [Medieval healing and foreign culture]* (Beijing: Peking University Press). For the Indian case, see, e.g., Kenneth G. Zysk (1998), *Asceticism and Healing in Ancient India: Medicine in the Buddhist Monastery* (New Delhi: Motilal Banarsidass); Phyllis Granoff (1998), "Cures and Karma II: Some Miraculous Healings in the Indian Buddhist Story Tradition," *Bulletin de l'Ecole française d'Extrême-Orient* 85: 285–304; Gregory Schopen (2004), "The Good Monk and His Money in a Buddhist Monasticism of 'the Mahāyāna Period'," in *Buddhist Monks and Business Matters: Still More Papers on Monastic Buddhism in India*. Ed. Gregory Schopen (Honolulu: University of Hawai'i Press), 7–11; Nasim H. Naqvi (2011), *A Study of Buddhist Medicine and Surgery in Gandhara* (Delhi: Motilal Banarsidass).

5 On the formation of the Chinese canon, see Sylvie Hureau (2010), "Translations, Apocrypha, and the Emergence of the Buddhist Canon," in *Early Chinese Religion, Part Two: The Period of Division (220–589 AD)*. Ed. John Lagerwey and Lü Pengzhi (Leiden: Brill), 741–74; Jiang Wu, and Lucille Chia, eds. (2015), *Spreading Buddha's Word in East Asia: The Formation and Transformation of the Chinese Buddhist Canon* (New York: Columbia University Press).

quest for salvation. As these perspectives arrived somewhat haphazardly in China, for the purposes of this paper, I will discuss them synchronically and thematically, as options arranged on a spectrum rather than as doctrines that developed in a linear progression.

Below, I survey this range or spectrum in two separate sections. I start in the first section with texts that represent what is often referred to as the “Hīnayāna” or “Śrāvakayāna” tradition.⁶ Quite aside from their date of translation into Chinese, the texts under consideration here are thought to contain doctrines that are traceable to the earliest layers of Indian Buddhist tradition dating to before the Common Era. Although they were translated into Chinese and were widely held to be foundational, these positions were never as influential in China as those of the Mahāyāna tradition discussed in the second section. The Mahāyāna was a doctrinal and textual movement that emerged in India in the early centuries C.E.⁷ This movement significantly shaped the East Asian reception of Buddhism, as it was by far the predominant doctrinal framework in that part of the world. As we will see in the second section below, a radically different understanding of the relationship between Buddhism and medicine emerged in mature Mahāyāna literature. Whereas the texts discussed in the first section generally argue for a stricter separation between these two domains, those in the second strove to integrate medicine into the very heart of Buddhism.



Texts from the *vinaya* and *āgama* genres (i.e., the monastic disciplinary codes and early scriptures that routinely are characterized as “Hīnayāna” or “Śrāvakayāna”) are clear that the Buddhist order, with few exceptions,

6 The early Buddhist schools are often problematically labelled Hīnayāna (“Lesser Vehicle”) or Śrāvakayāna (“Vehicle of the Hearers”), both of which are polemical slurs levied against them by Mahāyānists, and thus are not used here. Another common term, “Mainstream Buddhism,” makes sense in India, but not in East Asia where it was precisely Mahāyāna that was the mainstream. In this paper, I have occasionally referred to “early Buddhist literature”; however, that should not be read as indicating that the pre-Mahāyānic traditions did not continue to be important after the emergence of Mahāyāna. Indeed, self-consciously non-Mahāyānic forms of Buddhism continue flourishing today in Theravāda, which was historically prevalent in Southeast Asia and now is practiced around the world.

7 For an introduction to Mahāyāna Buddhist thought, see Paul Williams (2009), *Mahayana Buddhism: The Doctrinal Foundations* (New York: Routledge). See overview of historiography in David Drewes (2010a), “Early Indian Mahāyāna Buddhism I: Recent Scholarship,” *Religion Compass* 4/2: 55–65 and (2010b), “Early Indian Mahāyāna Buddhism II: New Perspectives,” *Religion Compass* 4/2: 66–74.

was forbidden to practice healing on the laity.⁸ A passage from the *Longer Āgama Sūtra* (Ch. *Zhang ahan jing* 長阿含經; Skt. *Dīrghāgama*), extant in an early fifth century Chinese translation but reflecting an early Indian Buddhist tradition, suggests that the observation of this particular disciplinary rule was an important point of distinction between the sangha (i.e., the ordained Buddhist monastics) and other competing groups. In it, the Buddha denounces the practice of medicine thus:

Whereas other renunciates (Ch. *shamen* 沙門; Sk. *śramaṇa*) and brahmins, while eating the almsfood given by others, practice contrary to the Dharma by sustaining themselves with a deviant livelihood—such as [treating] people with incantations against illnesses,⁹ or with evil incantatory arts, or with beneficial spells, or with physicians’ methods (*yifang* 醫方)¹⁰ such as acumoxa or pharmacology,¹¹

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- 8 Some Chinese sources are discussed in Demiéville (1985), *Buddhism and Healing*, 35–41 (on exceptions, which mostly involve close family members and monastic lay assistants, see pp. 38–39). See discussion of parallel Pāli language sources in David Fiordalis (2014), “On Buddhism, Divination and the Worldly Arts: Textual Evidence from the Theravāda Tradition,” *Indian International Journal of Buddhist Studies* 15: 79–108 and (2017), “Medical Practice as Wrong Livelihood: Selections from the Pāli Discourses, Vinaya, and Commentaries,” in *Buddhism and Medicine*. Ed. Salguero, 103–12. On the whole, the regulations for nuns were even more stringent on these restrictions than those for monks (see Demiéville (1985), *Buddhism and Healing*, 36–37; Amy Paris Langenberg (2014), “Female Monastic Healing and Midwifery: A View from the Vinaya Tradition,” *Journal of Buddhist Ethics* 21: 152–87 and (2017), “Nuns, Laywomen, and Healing: Three Rules from a Sanskrit Nuns’ Disciplinary Code,” in *Buddhism and Medicine*. Ed. Salguero, 113–7).
- 9 On Chinese Buddhist healing spells and incantations, see Strickmann (2002), *Chinese Magical Medicine*; Salguero (2017), *Buddhism and Medicine*, 292–303. An introduction to the genre more generally is available in Paul Copp (2011), “Dhāraṇī Scriptures,” in *Esoteric Buddhism and the Tantras in East Asia*. Ed. Charles D. Orzech, Henrik H. Sørensen, and Richard K. Payne (Leiden: Brill), 176–80.
- 10 In medieval Buddhist texts, the term *yi* 醫 is typically a social rather than epistemological category. That is to say, *yi* refers not to “medicine” per se as a particular category of knowledge or approach to health and disease, but rather as the name of a particular occupational group — “physicians” — that enjoy a certain association with the bureaucratic class and a body of texts with antique pedigree. The Chinese term is also used to translate Sanskrit words designating lay physicians (*vaidya*, *bhīṣaj*, etc.). On the Sanskrit terminology itself, see Patrick Olivelle (2017), “The Medical Profession in Ancient India: Its Social, Religions, and Legal Status,” *Electronic Journal of Indian Medicine* 9/1: 1–21.
- 11 Literally, “needles and moxibustion” (*zhenjiu* 鍼灸) and “medicinals and minerals” (*yaoshi* 藥石). It is notable that acupuncture and moxibustion have no parallels in ancient India. The translator here has broadly interpreted the original Sanskrit text,

[thereby] curing diseases—those who enter into my Dharma do not do these kinds of things.¹²

The specific fault the non-Buddhist renunciates and brahmins commit in the passage quoted here and in other similar diatribes is not healing per se, but rather pursuing a “deviant” or “wrong livelihood” (Ch. *xieming* 邪命; Skt. *mithyājīva*).

This is not a question of “religious” texts forbidding “secular” practices. The list of other “deviant livelihoods” in the text (most of which are not quoted here) include a number of common trades that were carried out in exchange for remuneration. These include animal husbandry and martial skills, but also various types of divination, ghost lore, and incantation practices that do not easily fit into the modern notion of secularity. Rather, the distinction being made here seems primarily to hinge on a fundamental Buddhist doctrine separating the “worldly” or “mundane” (Skt. *laukika*) activities of ordinary unenlightened society from the “otherworldly” or “supramundane” (Skt. *lokottara*) activities concerned with liberation.¹³ (This *laukika/lokottara* dichotomy is generally represented in Chinese translations as “of the world” [*shi* 世 or *shijian* 世間] versus “transcending the world” [*chushijian* 出世間, *lishi* 離世, *dushi* 度世, etc.])

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- using common Chinese terminology for the practice of medicine. See Salguero (2014), *Translating Buddhist Medicine*, 55–60 on such “domesticating” translation strategies.
- 12 如餘沙門、婆羅門食他信施，行遮道法，邪命自活，為人呪病，或誦惡術，或為善呪，或為醫方、鍼灸、藥石，療治眾病；入我法者，無如是事。T. 1: 84b24-28. (Except where otherwise noted, all quotes come from the corrected online version of the *Taishō Tripitaka* at www.CBETA.org, and were translated by the author.) See near verbatim passage at T. 1: 89c1-5, and a similar line translated from the Pāli Buddhist canon in Fiordalis (2017), “Medical Practice as Wrong Livelihood,” 109. A comprehensive comparison of multiple extant parallels in various languages is available in Jin Kyoung Choi (2015), *Three Sūtras from the Gilgit Dīrghāgama Manuscript: A Synoptic Critical Edition, Translation, and Textual Analysis* (PhD Thesis, München: Ludwig-Maximilians-Universität), 78–79.
- 13 See discussion of this distinction in David Seyfort Ruegg (2008), *The Symbiosis of Buddhism with Brahmanism/Hinduism in South Asia and of Buddhism with “Local Cults” in Tibet and the Himalayan Region* (Vienna: Verlag der Österreichischen Akademie der Wissenschaften), 131–4; T.H. Barrett (2009), “The Advent of the Buddhist Conception of Religion in China and its Consequences for the Analysis of Daoism,” *Sungkyun Journal of East Asian Studies* 9/2: 149–65; Christoph Kleine (2013), “Religion and the Secular in Premodern Japan from the Viewpoint of Systems Theory,” *Journal of Religion in Japan* 2: 1–34; Fiordalis (2014), “On Buddhism, Divination and the Worldly Arts,” 98–101. On other livelihoods, see Fiordalis (2014), “On Buddhism, Divination and the Worldly Arts” on divination and Jeffrey Kotyk (2017), “Can Monks Practice Astrology?: Astrology and the Vinaya in China,” in *Rules of Engagement: Medieval Traditions of Buddhist Monastic Regulation*. Ed. Susan Andrews, Jinhua Chen, and Cuilan Liu (Bochum and Freiburg: Projekt Verlag), 503–17 on astrology.

According to conventional Buddhist ways of speaking, it is the laity who should concern themselves with “worldly” practices and conduct their mundane lives according to conventional social norms. Such a life requires learning useful skills in order to earn a living. The sangha, on the other hand, are supposed to be characterized by their renunciation of conventional society and their single-minded dedication to the pursuit of nirvana. The practitioners being admonished by the Buddha in the passage above are contravening his teachings (i.e., the Dharma)¹⁴ by not committing themselves entirely to liberatory practices and living strictly off of the donations of the faithful. Although they receive alms and other material supports, they continue to also support themselves through practicing healing. That is, what is deviant is not healing per se, but having any worldly livelihood whatsoever.

It is important to note that these designations of “worldly” and “supramundane” were not hard and fast categories, but rather are socially and situationally contextual.¹⁵ Monastic discipline allowed for the practice of endeavors that might be considered worldly in one context if there were good practical reasons for doing so that contributed to liberation in another. For example, many of the same texts that explicitly prohibit the practice of medicine as a “deviant livelihood” in one place elsewhere encourage monastics to care for one another when they fall sick.

The Buddha himself sets an example for how the sangha should care for one another in a particularly influential narrative that appears in multiple *vinayas*, and in a range of other texts as well. One version of this episode appears in the monastic code of the Dharmaguptaka school (the *Four Part Vinaya*; *Sifen lü* 四分律, T. 1428). Translated into Chinese between 408 and 413 by Buddhayaśas and Zhu Fonian 竺佛念, this would become the official *vinaya* of the Chinese sangha after the seventh century.¹⁶ This rendition of the story begins when the Buddha comes across a sick monk

14 In the passage above, first written *daofa* 道法 (i.e., “the Way of the Law”) and then *wofa* 我法 (i.e., “my Law”).

15 It is also important to underscore here that I am not taking these normative texts as descriptive of practice on the ground. In fact, the more a particular practice is denigrated or proscribed in the *vinaya*, the more likely it is that it was widespread among contemporary monastics.

16 Ann Heirman (2007), “Vinaya: From India to China,” in *The Spread of Buddhism*. Ed. Ann Heirman and Stephan Peter Bumbacher (Leiden: Brill), 194–5. On the contents and history of the Chinese *vinayas* more generally, see Erich Frauwallner (1956), *The Earliest Vinaya and the Beginnings of Buddhist Literature* (Rome: Istituto italiano per il Medio ed Estremo Oriente); Charles Prebish (1994), *A Survey of Vinaya Literature* (Taipei: Jin Luen).

lying in his own feces and urine. When the Buddha asks who is attending to him, the monk responds that no one is caring for him because he did not care for the others when they themselves were sick. The Buddha then helps the monk by washing him, his clothes, and his bedding, and arranges his dwelling and his mattress. Later, when the monks are assembled, he addresses them with the following admonition:

You monks from now on should look after sick monks and not neglect to do so. You should nurse the sick person, and not neglect to do so. If you would care for me, then you should care for the sick.¹⁷

This particular line came to be quoted by Chinese commentators as one of the principal doctrinal justifications for providing medical and nursing care within the monastic setting.¹⁸

Such mutual care among members of the sangha was fully sanctioned by the monastic disciplines of all the Indian schools. The various recensions of the *vinaya* each contain a section on medicine that outlines in detail the procedures and medicinal substances that were allowable for the sangha to administer to one another, as well as methods for preparing and storing them.¹⁹ In addition to monastics helping one another, the *vinayas* usually also permit them to seek medical assistance from doctors when they fall ill.

As non-renunciate laypeople, there seems to have been no objection to the worldliness of the physicians' practice. In fact, the *vinayas* and *āgama* texts express a surprisingly positive opinion of lay physicians, and often vocally celebrate their professional achievements.²⁰ The most highly regarded

17 汝曹比丘自今已去，應看病比丘，不應不看。應作瞻病人，不應不作瞻病人。若有欲供養我者，當供養病人。T. 1428: 861c7–10. The story is translated in Koichi Shinohara (2007), “The Moment of Death in Daoxuan’s Vinaya Commentary,” in *Going Forth: Visions of Buddhist Vinaya*. Ed. Stanley Weinstein and William M. Bodiford (Honolulu: University of Hawai’i Press), 107–8.

18 See discussion in Salguero (2014), *Translating Buddhist Medicine*, 124–5, and (2015), “Reexamining the Categories and Canons of Chinese Buddhist Healing,” *Journal of Chinese Buddhist Studies* 28: 35–66.

19 See translation of the medical section of the *Mahīśāsaka Vinaya* (*Mishasaibu hexi wufen lü* 彌沙塞部和醯五分律; T. 1421) in Salguero (2017), *Buddhism and Medicine*, 125–9. Compare with Pāli in I.B. Horner (2000), *The Book of the Discipline* (*Vinaya Piṭaka*), vol. IV: *Mahavagga* (Oxford: Pali Text Society), 269–350; discussed in Zysk (1998), *Asceticism and Healing in Ancient India*, 73–119. Note that the specific medical advice differs between the *vinayas*, often significantly.

20 This positive assessment of physicians seems unique to Buddhism, and contrasts no-

lay physician in early Buddhist literature is Jivaka Kumārabhṛta (Ch. transliterated as Qipo 耆婆, Qiyu 耆域, Qiyu 祇域, Shifujia 侍縛迦 etc.).²¹ His complete biography, which was embedded in the *vinaya*, is related in several different Chinese translations and seems to have circulated as a separate *sūtra* in the early medieval period as well.²² Jivaka is understood to have studied with a famous north Indian physician (in some versions this teacher is specifically identified as Ātreya, the supposed author of a major Sanskrit medical text).²³

Across the many different texts that talk about him, Jivaka is unfailingly represented as a heroic figure. He is called the “Great Physician” (Skt. *mahā-vaidyā*; Ch. *dayi* 大醫) and the “King of Physicians” (Skt. *vaidyārāja*; Ch. *yiwang* 醫王).²⁴ He is clearly meant to be understood as the ideal doctor and a model layperson. The adopted son of the royal family, he is an ardent supporter of the Buddha, who donates his medical services as well as significant material wealth to the sangha. In some tellings of the story of Jivaka’s life, he even heals the illness of the Buddha himself by administering purgatives.²⁵

tably with the perspectives of other contemporary groups (Granoff (1998), “Cures and Karma II,” 287–8).

- 21 On this figure in Chinese texts, see Chen Ming 陳明 (2005), *Dunhuang chutu huhua qipo shu yanjiu* 敦煌出土胡話《老婆書》研究 [A Study on Sanskrit Text of Jivaka-Pustaka from Dunhuang] (Hong Kong: Xinwen feng chuban gongsi); C. Pierce Salguero (2009), “The Buddhist Medicine King in Literary Context: Reconsidering an Early Example of Indian Influence on Chinese Medicine and Surgery,” *History of Religions* 48/3: 183–210. In the Buddhist world more generally, see Zysk (1998), *Asceticism and Healing in Ancient India*, 52–61.
- 22 See discussion in Salguero (2009), “The Buddhist Medicine King in Literary Context,” 186–87.
- 23 Transliterated in Chinese as “Atili Binjialuo” (姓阿提梨。字賓迦羅。T. 553: 898a04–05; T. 1428: 851b01). On the identification of this name as Ātreya, the supposed author of the *Caraka-saṃhitā*, one of the foundational texts of Indian classical medicine or Āyurveda, see Zysk (1998), *Asceticism and Healing in Ancient India*, 55.)
- 24 Gregory Schopen (2017), “The Training and Treatments of an Indian Doctor in a Buddhist Text: A Sanskrit Biography of Jivaka,” in *Buddhism and Medicine*. Ed. Salguero, 202n36, translates *vidyā-rāja* as meaning that Jivaka is the “royal physician.” However, the grammar of the Chinese term *yiwang* unambiguously reads “King of Physicians,” and parallels the common honorific “King of Medicine” (*yaowang* 藥王) used for Buddhist figures such as Bhaiṣajyaguru as well as notable physicians such as Sun Simiao (see Sakade Yoshinobu (1998), “Sun Simiao et le Bouddhisme,” *Kansai daigaku bunka ronshū* 関西大学文化論集 42/1: 81–98). While Schopen is no doubt correct about the Sanskrit usage, it is unlikely that Chinese readers would have understood this designation as referring to a specific official position.
- 25 See T. 1435: 194b–c.

Jivaka is never said to have acquired great attainments as a practitioner of the Dharma, and it remains clear that his healing abilities—however noteworthy—are of the worldly type.²⁶ Nevertheless, his livelihood as a physician is clearly meant to be seen as a wholesome one. The texts repeatedly emphasize that his skill in healing is a source of great karmic merit for him. One text declares that the merits accumulated by the “Great King of Physicians” were “so profound they cannot be described.”²⁷

Not only can physicians represent model laypeople engaged in meritorious livelihoods, but they also are the subject of countless analogies, similes, and metaphors that are intended to point to the positive attributes of the Buddha and the Dharma. Across the Buddhist corpus, it is common for texts to refer to the Buddha as the “Great Physician” or the “King of Physicians” (the same epithets that are used for Jivaka), and to the Dharma as the “Great Medicine” or panacea (*dayao* 大藥, etc.).²⁸

There are many examples that may be noted of the use of such medical metaphors in Chinese Buddhist writings. However, the formulation that appears in the *Alternate Translation of the Grouped Āgama Sūtra* (*Bieyi za ahan jing* 別譯雜阿含經, T. 100; Skt. *Samyuktāgama*), translated into Chinese around the turn of the fourth century, is perhaps the best developed.²⁹ Here, the Buddha compares himself to a good physician, who he says should possess in-depth knowledge of disease, its cause, its cure, and how to prevent it. His own teaching of the Dharma, he says, is analogously

26 As one late sixth century Mahāyāna commentator bluntly puts it: “Jivaka was a worldly physician (*shiyi* 世醫), marvelously skillful but not a savior” (耆婆是世醫。妙術不救者。T. 1800: 971b22). Such worldly skills cannot compare to the the knowledge of the great celestial bodhisattva Avalokiteśvara, says the commentator, as he could not cure the true roots of humanity’s illnesses, attachment and clinging to views. This passage is found in a commentary on a text devoted to Avalokiteśvara, *Qing guanshiyin pusa xiaofu duhai tuoluoni zhou jing* (請觀世音菩薩消伏毒害陀羅尼呪經, T. 1043).

27 From T. 701, translated in Salguero (2017), *Buddhism and Medicine*, 86. This text, the *Sūtra on Bathing the Sangha in the Bathhouse* (Foshuo wenshi xiyu zongseng jing 佛說溫室洗浴眾僧經, T. 701), relates the story of how Jivaka donated the use of his bathhouse to the sangha and the immense merits he gained by this action.

28 These metaphors, and their power to structure Buddhist discussions of healing in China, are discussed in Salguero (2014), *Translating Buddhist Medicine*, 67–95. See also Phyllis Granoff (2011), “The Buddha as the Greatest Healer: The Complexities of a Comparison,” *Journal Asiatique* 299/1: 5–22; Demiéville (1985), *Buddhism and Healing*, 14–8.

29 On this text and its relationship with parallels in Pāli, see Marcus Bingenheimer (2006), “The Shorter Chinese *Samyukta Āgama*: Preliminary Findings and Translation of Fascicle 1 of the *Bieyi za ahan jing* 別譯雜阿含經 (T 100),” *Buddhist Studies Review* 23/1: 21–60; Mun-Keat Choon (2007), “A Comparison of the Pāli and Chinese Versions of the *Vaṅṅīsa-thera Samyutta*, a Collection of Early Buddhist Discourse on the Venerable Vaṅṅīsa,” *Buddhist Studies Review* 24/1: 35–45.

structured into a fourfold sequence: he thoroughly understands suffering, how it accumulates, how it comes to be eliminated, and the path that leads to the end of suffering.

The fact that such metaphors are widespread in the Buddhist literature—and can even be used in reference to doctrines as fundamental as the Four Noble Truths—makes it clear that medicine, though worldly, had an overall positive association that Buddhist authors wanted to tap into. The comparison no doubt was meant to bolster the image of the Buddha’s teachings by emphasizing their methodical, efficacious, and salubrious nature—and perhaps also their universality.³⁰ At the same time as they establish structural parallels between medicine and key aspects of the Dharma, the texts do not shy away from making clear that one side of the equation is superior to the other. In the words of this particular *āgama*:

A worldly physician (*shijian yi* 世間醫) does not know the causes and conditions for the arising of suffering, or how its arising can be ended. He does not know the causes and conditions for old age, illness and death, grief and lamentation, physical and mental suffering, and how to end these. Only the Tathāgata,³¹ the Arhat, the Fully-Awakened One, the Supreme Physician (*wushanglang yi* 無上良醫) knows the causes and conditions for the arising of suffering, and how to end suffering. Moreover, he knows the causes and conditions for old age, illness and death, grief and lamentation, physical and mental suffering, and how to end these. The Tathāgata is skillful in pulling out the fourfold arrow of suffering; he is therefore called the Supreme Physician.³²

30 There is some discussion of how medical doctrines might support Buddhist claims of universal efficacy in C. Pierce Salguero (2010–11), “Mixing Metaphors: Translating the Indian Medical Doctrine Tridoṣa in Chinese Buddhist Sources,” *Asian Medicine: Tradition and Modernity* 6/1: 67–70.

31 This sentence contains several common epithets for the Buddha that point to his enlightened status.

32 From T. 100, translated in Marcus Bingenheimer (2017), “Two Sūtras on Healing and Healers from the Chinese Canon,” in *Buddhism and Medicine*. Ed. Salguero, 165 with minor edits. The metaphor of an arrow is a common way of referring to the mental afflictions that are the ultimate sources of suffering. A similar text, the *Sūtra on the Analogy of the Physician* (*Foshuo yiyu jing* 佛說醫喻經, T. 219), which was translated about six centuries later by Dānapāla 施護 (?–1017) differentiates between the “good worldly physician” (*shi langyi* 世良醫) and the four “Supreme Dharma-Medicines” (*wushang fayao* 無上法藥) taught by the Buddha (see Bingenheimer (2017), “Two Sūtras on Healing and Healers,” 166–7).

To summarize, despite medicine being worldly knowledge that would be inappropriate or unseemly for a monk to practice, early Buddhist literature generally forwards a positive portrayal of physicians and their skills. The knowledge of the physician is in some ways structurally similar to the supramundane teachings of the Dharma, and it is a laudable and meritorious livelihood. Medical or nursing care can and should be performed within the confines of the sangha, but with few exceptions it should not be practiced by monastics on the laity. As far as it enables monastics to get back to their work, medicine serves a useful purpose, but it is a distraction from the quest for the supramundane and should be left to the lay professionals.



The Mahāyāna inherited all of the elements discussed in the previous section: the monastic disciplinary regulations, the *laukika/lokottara* distinction, the idea that medical practice is a highly meritorious activity for lay physicians, and the complex of medical metaphors. Over time, newly composed Mahāyāna *sūtras* both reinscribed and built upon these doctrines. They also introduced altogether new perspectives that eventually culminated in the reconfiguration of the relationship between medicine and the Dharma. One of the most relevant Mahāyāna innovations was how the ideal Buddhist practitioner was reconceptualized. The ideal pre-Mahāyānist practitioner was the *arhat* (Ch. *aluohan* 阿羅漢), epitomized by the monk who renounced the world, absorbed himself wholeheartedly in solitary meditation, and realized nirvana.³³ Ideal Mahāyānist devotees, on the other hand, were bodhisattvas (Ch. *pusa* 菩薩): people, whether monastic or lay, who forewent their own liberation in order to spend an unimaginably large number of lifetimes in compassionate service of all beings, eventually culminating in nothing short of full buddhahood.

While narratives about the Buddha's own previous lives as a bodhisattva had existed previously (these are called *jātaka* tales; Ch. *benshen* 本生) and had also previously involved healing, when written by Mahāyāna authors, these became opportunities to model how a Mahāyāna practitioner should work for the salvation of all beings.³⁴ Both the beneficial karma the Buddha earned and the compassion he displayed by practicing heal-

33 See discussion in Nathan Katz (2010), *Buddhist Images of Human Perfection: The Arahant of the Sutta Pitaka Compared with the Bodhisattva and the Mahasiddha* (Delhi: Motilal Banarsidass).

34 See Granoff (1998), "Cures and Karma II."

ing in previous lifetimes became topics of considerable interest in these discourses.

For example, an influential narrative dramatizing the Buddha's previous life as a healer appears in the *Sūtra of Golden Light* (Skt. *Suvarṇabhāṣottamasūtra*; Ch. *Jin guangming jing* 金光明經), a tremendously influential text translated several times between the early fifth and the early eighth centuries.³⁵ One chapter of this *sūtra*, called "On Eliminating Disease" (*Chubing pin* 除病品), speaks of the Buddha's incarnation as Jalavāhana ("Flowing Water"), the son of a physician. The boy is said to have been particularly intelligent and gifted in many arts and skills. When a virulent epidemic afflicts the land, he is inspired by "a feeling of great compassion" for all beings.³⁶

Deciding that his frail father does not have the strength or stamina to see to the wellbeing of so many who are suffering, Jalavāhana decides to take over his father's medical practice. He receives instruction in his father's knowledge, which the text calls "the physicians' methods" (again, *yifang*). These methods consist of techniques for diagnosis and treatment according to the conventional Indian medical concepts of the Elements, *tridoṣa*, flavors (Skt. *rasa*), and the seasons (Skt. *ṛtu*).³⁷ Equipped with these

35 There are three extant versions of the text: a translation produced in 414–421 by Indian monk Dharmakṣema 曇無讖 (385–433), a composite text created in 597 that was created by stitching together sections from several translations of the text that had been done up to that point, and a full retranslation completed by Yijing 義淨 (635–713) in 703 (these are T. 663, 664, and 665 respectively). The extant Chinese versions of the chapter under consideration here are translated and introduced in Salguero (2017), *Buddhism and Medicine*, 30–40; see also Johannes Nobel (1951), "Ein alter medizinischer Sanskrit-Text und seine Deutung," *Journal of the American Oriental Society*, Supplement 11; Prods Oktor Skjaervø (2004), *This Most Excellent Shine of Gold, King of Kings of Sūtras: The Khotanese Suvarṇabhāṣottamasūtra* (Cambridge, MA: Harvard University Department of Near Eastern Languages and Civilizations); Eun Hino (2015a), "The Suvarṇaprabhāṣottamasūtra's 'Vyadhiprasamana-parivarta' and Ayurveda: Similar in Form but Different in Theory 大乘仏典に見えるインド医学の一例: 『金光明経』「除病品」を中心として," *Journal of Indian and Buddhist Studies* 印度学仏教学研究 63/3: 1271–5 and (2015b), "A Study on the Enlarged Part in Yijing's Chinese Translation of Suvarṇaprabhāṣottamasūtra 義淨訳『金光明最勝王経』について: 第24章「除病品」付加部分を中心として," *Studies in Indian Philosophy and Buddhism* インド哲学仏教学研究 23: 39–56.

36 Salguero (2017), *Buddhism and Medicine*, 33.

37 See translation in Salguero (2017), *Buddhism and Medicine*, 30–40 and more detailed discussion in Nobel (1951), "Ein alter medizinischer Sanskrit Text." The theory of the Four Elements refers to the Earth, Water, Fire and Wind that make up the material body and the physical world; the *tridoṣa* are the pernicious poisons of Bile, Phlegm, and Wind; and the flavors are the categories of medicines (sweet, sour, salty, etc.) by which the Indian pharmacopoeia is divided. The system as a whole is referred to as

new methods, Jalavāhana then proceeds out into the kingdom and single-handedly saves “incalculable hundreds of thousands of beings.”³⁸ This unflinchingly positive depiction of the motivations and efficacy behind the practice of medicine can be only read as an endorsement of it as fully compatible with the bodhisattva vows of compassion and selfless service.

In certain texts, healing the sick was not only recommended for all aspiring bodhisattvas, but was also considered an indispensable or even required practice. One important fifth-century guide to the bodhisattva path composed in China and passed off as a legitimate Indian disciplinary code, the *Brahmā's Net Sūtra* (*Fanwang jing* 梵網經, T. 1484), made healing the sick a basic requirement for all disciples, whether monastic or lay. Echoing the admonition given by the Buddha on the occasion of discovering the monk with dysentery, the text declares that “if one is a disciple of the Buddha, then when seeing any and all sick people one should care for them no different than as if they were the Buddha.”³⁹ The text also asserts that healing the sick is the highest among the “fields of merit” (Ch. *futian* 福田; Skt. *punya-kṣetra*), over and above even giving donations to the sangha. Caring for the sick, that is to say, is the best opportunity one has in this life for accumulating good karma. But, the *sūtra* warns, if one sees a sick person and does not help them due to evil thoughts, greed, or aversion, this constitutes a formal offense against the discipline.

Far from being a worldly practice best left to the unordained, healing the sick masses now became something that devout Mahāyāna monastics were expected to engage in. Over the course of the medieval period, countless narratives emerged in China (and elsewhere in East Asia) that told about wondrous healer-monks caring for the sick members of the laity.⁴⁰ While many of the idealized protagonists of these stories utilize Buddhist ritual interventions, some use the conventional medical therapies of

yifang 醫方 in both versions of the chapter, but in the later translation by Yijing, it is also called the “wisdom of the physicians” (Ch. *yiming* 醫明; Skt. *cikitsā-vidyā*) and “the Eight Arts” (Ch. *bashu* 八術; Skt. *aṣṭāṅgāyām*).

38 From T. 663, translated in Salguero (2017), *Buddhism and Medicine*, 38. It is notable that Jalavāhana heals the multitudes both by giving them medicines and by inspiring them to be happy.

39 若佛子。見一切疾病人。常應供養如佛無異。T. 1484: 1005c08–09; my translation, but see also Martine Batchelor (2004), *Path of Compassion: The Bodhisattva Precepts* (Oxford: Altamira Press), 65.

40 I have written at length about these in C. Pierce Salguero (2010), “‘A Flock of Ghosts Bursting Forth and Scattering’: Healing Narratives in a Sixth-Century Chinese Buddhist Hagiography,” *East Asian Science Technology & Medicine* 32: 89–120; (2014), *Translating Buddhist Medicine*, 121–40, and (2017), *Buddhism and Medicine*, 205–18.

the time. For example, Yu Fakai 于法開 (ca. 310–370), became especially famed for his proficiency using acupuncture to treat a difficult birth and pulse diagnosis to diagnose the emperor.⁴¹ Since the Mahāyāna valued the compassionate service to all beings over and above the pursuit of individual liberation, these kinds of healing activities were invariably considered to be wholesome and karmically meritorious activities that contribute directly to buddhahood. Yu Fakai’s biography in the *Biographies of Eminent Monks* (*Gaoseng zhuan* 高僧傳; T. 2059) quotes him as saying:

I elucidate the Six Perfections in order to eliminate the illnesses of the four evils, and investigate the Nine Indicators in order to treat illnesses of wind and cold. I benefit both myself and others; how would that not be permissible?⁴²

That is to say, he teaches Buddhist virtues to overcome mental and existential suffering, and uses medical techniques to overcome physical suffering. This synthesis of Buddhism and medicine is an ideal means of simultaneously benefiting other beings while advancing on his own bodhisattva path.

This recharacterization of healing as an important, even required, activity for Buddhist followers of all kinds was made possible by the Mahāyāna reframing of certain worldly activities as “skillful” or “expedient means” (Ch. *fangbian* 方便; Skt. *upāya-kausālya*). A term that appears only rarely in non-Mahāyānic Buddhist discourses, skillful means is one of the definitive doctrines of the Mahāyāna.⁴³ In texts such as the *Lotus Sūtra*, which contains the most well-known exposition of the concept, skillful means generally refers to the strategic deployment of “conventional truths” (Ch. *sudi* 俗諦; Skt. *sacvṛti-satya*), or even outright fabrications, in the service of pursuing the “ultimate truth” (Ch. *zhendi* 真諦; Skt. *paramārtha-satya*). In Mahāyāna discourses, skillful means explains why the Buddha taught the “lesser” or “inferior” teachings of the so-called Hinayāna to audiences

41 Salguero (2010), “A Flock of Ghosts Bursting Forth and Scattering,” 98–9.

42 明六度以除四魔之病。調九候以療風寒之疾。自利利人不亦可乎。T. 2059: 350b9-11. My translation is adapted from Erik Zürcher (2007), *The Buddhist Conquest of China: The Spread and Adaptation of Buddhism in Early Medieval China*, 3rd edition (Leiden: Brill), 141. According to Zürcher, the “four evils” here are the *kleśas*, the *skandhas*, death, and Māra.

43 See Michael Pye (1978), *Skillful Means: A Concept in Mahāyāna Buddhism* (London: Duckworth). A careful unpacking of the etymology and meaning of the term in various Buddhist languages is presented on pp. 8–12; its relative absence from early Buddhist literature on pp. 117–33; and its centrality to Mahāyāna thought throughout the remainder of the book.

who were not ready for the full sublime truth of the Mahāyāna. The term often also refers to the worldly activities a buddha or bodhisattva engages in that may eventually, though indirectly, help to lead suffering beings toward the higher goal of liberation.

This usage of the concept of skillful means authorized engagements with worldly knowledge (often referred to with the character *fang* 方, as in both *fangbian* and *yifang* above) that was previously considered separate from, or even at odds with Buddhist doctrine.⁴⁴ It redirected or reoriented these practices toward Mahāyāna soteriological ends. Healing the sick is in many ways the paradigmatic expedient of this type. By mastering a body of conventional healing knowledge (i.e., *yifang*), the aspiring bodhisattva can help to elongate the lives of suffering beings, which gives them more time and motivation to learn the ultimate truth of the Dharma.

One of the most important Mahāyāna texts, the *Flower Ornament Sūtra* (Ch. *Huayan jing* 華嚴經; Skt. *Avataṃsaka Sūtra*), provides an illustrative example of how medical practice came to be reframed in this way.⁴⁵ One section of this composite scripture, independently named the *Scripture of the Entry into the Realm of Reality* (Ch. *Ru fajie pin* 入法界品; Skt. *Gaṇḍavyūha Sūtra*), contains a narrative depiction of the encounter between an aspiring young bodhisattva, Sudhana, and fifty-two spiritual guides he meets during his epic quest for teachings. These guides include gods and humans, monastics and laypeople, royalty and commoners, men and women, adults and children. They notably include lay teachers who are practitioners of worldly professions: several householders, a grammarian, a perfumer, a sailor, a goldsmith, even a prostitute. Through this chain of encounters, the reader learns that for the Mahāyāna practitioner, there are no practices, no matter how worldly, that cannot be used as skillful means by an accomplished bodhisattva.⁴⁶

44 See also Pye (1978), *Skillful Means*: 12.

45 This text is found in Chinese in three separate versions, including translations by Buddhadhara 佛陀跋陀羅 (359–429) done ca. 420, by Śikṣānanda 實叉難陀 (652–710) undertaken at the end of the seventh century, and by Prajñā 般若 (n.d.) completed around 800 (these are T. 278, 279, and 293 respectively). Samantabhadra's teaching from T. 279 is translated in Thomas F. Cleary (1993), *The Flower Ornament Scripture* (Boston: Shambhala), 1240–42, and the more detailed version from T. 293, which is the version discussed here, is translated in William J. Giddings (2017), "Liberating the Whole World: Sudhana's Meeting with Samantabhadra from the Sūtra of the Entry Into the Realm of Reality," in *Buddhism and Medicine*. Ed. Salguero, 92–102.

46 Other texts that encourage bodhisattvas to engage in worldly domains of knowledge—including the *Yogācāra-bhūmi* 瑜伽師地論 (T. 1579: 517b8–17), which authorizes even murder if done with compassionate intentions—are discussed in Kotyk (2017), "Can Monks Practice Astrology?," 513–5.

Among the many lay teachers Sudhana meets is a seller of incense and aromatic medicines named Samantanetra, who affirms the importance of healing for the bodhisattva path and instructs the young seeker in his trade. As told in the translation of the *sūtra* completed around 800, the enlightened merchant explains to the aspiring young bodhisattva that, in the first place, medicine is important to learn because he needs to be able to heal himself from any illnesses that he may experience, if there is to be any hope of his making progress on the path in this lifetime.⁴⁷ Once having healed himself, he then must turn his attention to caring for other beings, helping them to thrive and be happy, so that they may be open to receiving the higher teachings of the Dharma. He should begin, Samantanetra counsels, with healing the king of the country, and then proceed to all of the beings living within the kingdom. Only once they are healed physically should he proceed to teach them contemplative or meditative methods.⁴⁸

Specifically, how should Sudhana go about healing himself and others? Here, Samantanetra gives an extensive discourse on the nature of the physical body, the internal and external causes of illness, the Four Elements, the *tridoṣa*, and the healing effects of various medicinals. Of course, these are the very same “physicians’ methods” (*yifang*) that we have seen several times above and that the *vinayas* explicitly characterize as worldly knowledge in conflict with the Dharma. However, in Samantanetra’s hands, these become essential tools for the spiritual development of one’s self and others.⁴⁹ Far from being a “deviant means of livelihood” to be forbidden, in this text, using medical knowledge to heal the sick—even operating a stall selling medicines and aromatics in the marketplace—is precisely how a bodhisattva compassionately works toward the salvation of the world.

Aside from Samantanetra, the Mahāyāna universe teems with countless other benevolent, compassionate, powerful divine and semi-divine saviors who are waiting to help the sick in their direst time of need. Across a large corpus of East Asian scriptures, the Master of Medicines Buddha (Ch. Yaoshifo 藥師佛; Skt. Bhaiṣajyaguru), the Buddha of Infinite Life (Ch. Amitufo 阿彌陀佛; Skt. Amitāyus or Amitābha), the bodhisattva Medi-

47 Giddings (2017), “Liberating the Whole World,” 95.

48 Ibid.

49 A similar position on the necessity of medical knowledge for the serious practitioner is introduced in the *Yogācāra-bhūmi*. See discussion in Dan Lusthaus (2011), “Philosophy, Medicine, Science and Boundaries,” in *After Appropriation: Intercultural Explorations in Philosophy and Religion*. Ed. Morny Joy (Calgary: University of Calgary Press), 159–92; translation in Dan Lusthaus (2017), “Health and Sickness of Body and Mind: Selections from the *Yogācāra-bhūmi*,” in *Buddhism and Medicine*. Ed. Salguero, 49–60.

cine King (Ch. Yaowang 藥王; Skt. Bhaiṣajyaraja), the bodhisattva Hearer of the World's Cries (Ch. Guanshiyin 觀世音; Skt. Avalokiteśvara), and others are celebrated for their protective powers and health interventions.⁵⁰ These deities were the focus of ritual liturgies, commentaries, popular miracle tales, and other genres both translated and domestically produced in the medieval period. They were popularly propitiated with rituals such as *sūtra* chanting, prayer, invocation, offerings, and confession. In addition to such ordinary means of worship that were widespread in medieval society, these same deities were also focal points in the development of “esoteric” (*mi* 密) ritual repertoires: spells, enchanted objects, visualizations, and tantric rites that circulated among the initiated. In medieval China, healing rituals ranged from major state affairs with thousands of monks chanting for hundreds of days, to a group of lay devotees pooling their money to finance construction of a shrine for a particular deity, to an individual itinerant monk who was healing the residents of his village with a secret healing spell.

When called upon, these compassionate deities sometimes would intervene in the form of medical practitioners: the bodhisattva Avalokiteśvara, for example, was known to perform abdominal surgery on a supplicant in a dream while he or she slept.⁵¹ Alternatively, if a meditator engaged in visualization practices, a deity might appear in a vision and perform other medical procedures such as trephination, acupuncture, medicated enema, or massage.⁵² Most of the time, however, the healing was more immedi-

50 These deities and the healing rituals associated with them are discussed in Raoul Birnbaum (1989a), *The Healing Buddha* (Boulder: Shambhala) and (1989b), “Chinese Buddhist Traditions of Healing and the Life Cycle,” in *Healing and Restoring: Health and Medicine in the World's Religious Traditions*. Ed. Lawrence E. Sullivan (New York and London: Macmillan), 33–57; Michel Strickmann (1996), *Mantras et Mandarins: Le Bouddhisme Tantrique en Chine* (Paris: Gallimard) and (2002), *Chinese Magical Medicine*; Despeux (2010), *Médecine, religion et société*; Richard D., II. McBride (2011), “Esoteric Buddhism and its Relation to Healing and Demonology,” in *Esoteric Buddhism and the Tantras in East Asia*. Ed. Charles D. Orzech, Henrik H. Sørensen, and Richard K. Payne (Leiden: Brill), 208–14; Salguero (2014), *Translating Buddhist Medicine*, 82–6, and (2017), *Buddhism and Medicine*, 233–370; Schopen (2017), “The Training and Treatments of an Indian Doctor.”

51 T. 2122: 988b9–12; discussed and translated in Salguero (2010), “A Flock of Ghosts Bursting Forth and Scattering,” 101; and (2014), *Translating Buddhist Medicine*: 131–2.

52 Salguero (2014), *Translating Buddhist Medicine*: 85–6; translated in Eric Greene (2017), “Healing Sicknesses Caused by Meditation: ‘The Enveloping Butter Contemplation’ from the *Secret Essential Methods for Curing Meditation Sickness*,” in *Buddhism and Medicine*. Ed. Salguero, 373–81.

ate, a moment of divine blessing or empowerment (Ch. *jiachi* 加持; Skt. *adhiṣṭhāna*) in which a seemingly miraculous healing took place.

According to conventional Mahāyāna theology, not only could the deities intervene in the health of their devotees in these ways, but doing so was their very *raison d'être*. This is illustrated in one of the Chinese versions of the *Dharmapāda* (Ch. *Faju piyu jing* 法句譬喻經, literally “Sūtra of Dharmic Phrases and Metaphors,” T. 211) that was translated around the turn of the third century. Here, the story of the Buddha nursing the monk with dysentery is retold yet again—but this time with a Mahāyānic twist. In this version, the Buddha is said to have washed the sick monk’s body with his “adamantine” (*jin’gang* 金剛) hands, emphasizing the ethereal nature of the Enlightened One’s body, and his inability to be polluted by contact with illness.⁵³ Witnesses to this act (who are both human and spiritual beings) raise doubts that the Buddha would demean himself by touching a monk covered in diarrhea.⁵⁴ The Buddha’s answer is emblematic of Mahāyāna conceptions about compassion, skillful means, and the role deities play in the world:

Innumerable kings, ministers, people, *devas*, *nāgas*, demons, and spirits went to where the Buddha was and bowed in reverence. They asked the Buddha, “The Buddha is the World-Honored One, unparalleled in the cosmos (*sanjie* 三界) and replete in virtues. Why would he stoop to wash a sick monk?” The Buddha said to the kings and the assembly, “The reason the Thus-Come-One has manifested in the world is precisely for the poor, the misfortunate, and those lacking protection. By helping sick and emaciated renunciates and monastics, and all those who are poor, orphaned, and elderly, his merits have become innumerable, he has achieved all of his aims, and has become enlightened.”⁵⁵

53 On the docetic and indestructible body of the Buddha, see discussion in Robert H. Sharf (2002), *Coming to Terms with Chinese Buddhism: A Reading of the Treasure Store Treatise* (Honolulu: University of Hawai’i Press), 100–11, 119–24; Michael Radich (2007), *The Somatics of Liberation: Ideas about Embodiment in Buddhism from its Origins to the Fifth Century C.E.* (Unpublished Ph.D. thesis, Harvard University); Daniel Boucher (2008), *Bodhisattvas of the Forest and the Formation of the Mahāyāna: A Study and Translation of the Rāṣṭrapālāparipṛcchā-sūtra* (Honolulu: University of Hawai’i Press), 3–19.

54 Some versions of the story avoid this controversy by having the Buddha instruct Ānanda to actually carry out the actions.

55 國王臣民天龍鬼神無央數人。往到佛所稽首作禮。白佛言。佛為世尊。三界無比。道德已備。云何屈意。洗病比丘。佛告國王及眾會者言。如來所以出現於世。正為此窮厄無護者耳。供養病瘦沙門道人。及諸貧窮孤獨老人。其福無量所願如意。會當得道。T.

This passage underscores the familiar notion that there is immense karmic merit that arises from helping the needy, and that engaging in this activity will propel one along the path to buddhahood. However, equally prominent here is the Mahāyāna insight that bringing compassionate relief and protection to the suffering is the core mission of buddhas and bodhisattvas in the world.

This theme is picked up again and again across the Mahāyāna literature, including in some of the most influential texts of the East Asian Buddhist corpus (such as, for example, the *Lotus Sūtra*, *Mahāparinirvāṇa Sūtra*, *Vimalakīrti-nirdeśa Sūtra*, and many others). As a group, Mahāyāna texts, whether mentioned here or not, present us with a vision about the relationship between Buddhism and medicine that is radically different than the *āgamas* and *vinayas* introduced in the previous section. Here, Buddhas and advanced bodhisattvas are not simply metaphorical physicians or physicians in previous lives; they literally have the ability to bring devotees relief from all illnesses in this one. Far from being proscribed on account of being too worldly, the practice of healing is central to how bodhisattvas of all levels advance the Dharma in the world, and how they fulfill their role as a vanquishers of suffering on behalf of all sentient beings.



This paper has mapped out a range of views about the relationship between religion and medicine that are found in Buddhist texts from medieval China. The first section introduced what might be thought of as a more dualistic position. While overcoming suffering was always a perennial Buddhist concern, the earliest Buddhist texts carve out separate domains for “worldly” versus “supramundane” knowledge, and associate these in turn with the distinct social roles of the physician and the monastic renunciate. While the *vinayas* and *āgamas* frequently connect Buddhism and medicine through analogies, similes, and metaphors—and generally hold physicians and the practice of medicine in high regard—medicine is typically characterized as a worldly pursuit inappropriate for the ordained. The sangha can and should offer one another medical or nursing care within the confines of the monastery, but on the whole they should concentrate on supramundane pursuits that lead directly to liberation.

211: 591b14–21, quoted in T. 2122: 985c12–18; translated in Charles Willemen (2009), *The Scriptural Text: Verses of the Doctrine, with Parables* (Berkeley: Numata Center for Buddhist Translation and Research), 109–10 (my translation differs slightly).

The second section introduced what we might call a more integrated position that emerged with the development of Mahāyāna Buddhism. In line with the Mahāyāna teaching of non-duality (Ch. *buer* 不二; Skt. *advaita*) more generally, the worldly/supramundane dichotomy comes to be resolved by absorbing the former into the latter under the rubric of skillful means.⁵⁶ The worldly knowledge of the physicians is to be learned by bodhisattvas and put into practice in fulfillment of their mission to save all beings by any means necessary. Advanced bodhisattvas and enlightened buddhas are to be celebrated as universal healers with lifetimes of experience providing medical care to the suffering. As an expedient that alleviates suffering, medicine comes to be reconciled with and integrated closely into the practice of the Dharma.

What have we learned from this excursion into Buddhist literature? Most fundamentally, we have realized that there is no single unitary Buddhist viewpoint on the relationship between healing and salvation. The *vinayas*, *āgamas*, and *sūtras* being translated in medieval China were the products of a wide range of time and geography, and reflected different, even mutually incompatible, priorities. While it is beyond the scope of the current paper, I have written elsewhere about how individual Chinese commentators and exegetes over the medieval period built from these inherited Indian models individual syntheses that were tailored specifically toward local Chinese concerns, and that helped to position Buddhism in the contemporary social, political, and therapeutic landscape. For example, the contemporaries Zhiyi 智顓 (538–597), Daoxuan 道宣 (596–667), and Daoshi 道世 (?–683) all wrote about the role of medicine in the practice of Buddhism, though from the divergent standpoints of a meditation teacher, a *vinaya* reformer, and an anthologizer of scripture and popular narratives.⁵⁷

56 See comments in Ruegg (2008), *The Symbiosis of Buddhism*, 83–4 and n122.

57 Zhiyi's meditation manuals are translated and discussed in Paul L. Swanson (2017), *Clear Serenity, Quiet Insight: T'ien-tai Chih-i's Mo-ho chih-kuan* (Honolulu: University of Hawai'i Press); Salguero (2014), *Translating Buddhist Medicine*, 102–5, and (2017), *Buddhism and Medicine*, 382–9. Daoxuan's viewpoints are described in Shinohara (2005), "The Moment of Death in Daoxuan's Vinaya Commentary;" Huaiyu Chen (2007), *The Revival of Buddhist Monasticism in Medieval China* (New York: Peter Lang), 159–62; Salguero (2014), *Translating Buddhist Medicine*, 105–9; J.E.E. Pettit (2017), "Food and Medicine in the Chinese Vinayas: Daoxuan's *Emended Commentary on Monastic Practices from the Dharmaguptaka Vinaya*," in *Buddhism and Medicine*. Ed. Salguero, 130–6. Daoshi's project is discussed in Salguero (2014), *Translating Buddhist Medicine*, 109–12, and (2015), "Reexamining the Categories and Canons of Chinese Buddhist Healing," *Journal of Chinese Buddhist Studies* 28: 39–43; and Alexander O. Hsu (2017), "Curing/Curating Illness: Selections from the Chapter on the 'Sufferings

Not all of the perspectives reviewed in this paper were equally valued by such authors, but they provided a range of understandings that could be marshaled, examined, and incorporated into such projects. What made Buddhist canonical writings useful for such exegetical projects was precisely the diversity and complexity of their exposition. Buddhist texts were good to think with because they do not offer a rigid or simplistic categorical distinction between religion and medicine, or even between “the religious” and “the secular.” Rather, they represent a complex spectrum of doctrines distinguishing the role of worldly activities from the pursuit of salvation, and theorizing how one should ideally respond to the suffering of illness as a committed practitioner of the Dharma.

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