Research Note

A Missing Link in the History of Chinese Medicine: Research Note on the Medical Contents of the Taishō Tripitaka

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Abstract: Numerous texts were produced roughly between 150 and 1100 CE that introduced Indian medicine to East Asia. These have historically represented a relatively discrete corpus of health-related knowledge, relatively unintegrated into Chinese medicine and often ignored in mainstream Chinese medical historiography. Buddhist texts do not provide straightforward evidence of a unitary tradition of healing that was transplanted from India to China. However, these sources are critical to understanding the history of medicine in medieval China. In addition, it is not an exaggeration to say that this corpus offers one of the most voluminous sources of textual evidence for the transregional communication and reception of medical ideas in first millennium CE Asia that is available anywhere. Despite the fact that over the long term they were not nearly as significant in Chinese medical history as classical medical models, Buddhist ideas and practices deserve more attention than they have received thus far from our field. This brief research note is meant to introduce historians of Chinese medicine to one easily accessible collection of texts that can be used to begin to fill in this ‘missing link.’
Today, East Asian scholars and devotees alike routinely use the term ‘Buddhist medicine’ (Ch. foyi 佛醫, fojiao yiyao 佛教醫藥, Jp. bukkōō igaku 仏教医学, and similar constructions) to refer to the foreign medical knowledge that came hand in hand with the transmission of Buddhism to that region. While the term itself is modern, the texts that introduced East Asia to Indian medicine were produced roughly between 150 and 1100 CE, and have historically represented a relatively discrete corpus of health-related knowledge.\(^1\) Including both Chinese translations from Sanskrit and other Buddhist languages as well as indigenous compositions, this corpus has been only partially integrated into mainstream Chinese medical thought.

The same might be said of its integration into the historiography of Chinese medicine—at least as far as scholarship in English is concerned. Chinese Buddhist sources have been studied extensively by scholars of Religious Studies for what they reveal about local and transregional histories of religion, social organization, and cultural production. However, with only a few exceptions, historians of science and medicine have tended to overlook Buddhism, sometimes even going out of their way to dismiss the religion as having had little relevance for their topic.\(^2\) This blind-spot is understandable, given that the analysis of Buddhist texts necessitates vastly different background knowledge and linguistic skills than those typically possessed by classically-trained Sinologists.\(^3\) The difficulties of the sources notwithstanding, the Chinese Buddhist corpus presents both exciting opportunities for research in the history of Chinese healing traditions, and of how those relate to the global history of medicine in the pre-modern period.

To take up the second of these first: Buddhist texts do not provide straightforward evidence of a unitary tradition of healing that was transplanted from India to China. Rather, because of their diverse provenance and authorship, these sources offer us a cacophony of overlapping and sometimes contradictory voices from various times and

\(^1\) On the origins of this term and the category of knowledge it points to, see Salguero (2015a). A more complete state of the field of Buddhist medicine in China and Japan is available in Salguero (forthcoming). An annotated bibliography on Buddhist medicine outside of the East Asian context is available in Salguero (2015b).

\(^2\) Such viewpoints were influentially expressed in Joseph Needham (1956), on which see discussion in Salguero (2018a). Exceptions to the general paucity of studies in English by historians of science and medicine include works by Vijaya Deshpande cited in the references; Chen Ming (2005a); Köhle (2016); Sivin (2016), pp. 136-146; and my own published work on this topic.

\(^3\) An introduction to understanding Chinese Buddhist language in relation to medicine is provided in Salguero (2014a), pp. 51-60.
places—often layered on top of one another within the same text. Upon investigation, however, these writings often exhibit intriguing parallels with medical treatises from China, India, Central Asia, Tibet, and Southeast Asia. They sometimes bridge the gaps between ancient Indian texts and living traditions elsewhere in Asia. They also often present us with peculiar formulations of Indian medical knowledge unattested in other sources. Keeping in mind that Chinese Buddhist texts often (though by no means always) contain reliable meta-data about their provenance and authorship, they also can begin to fill in significant lacunae in our understanding of the spread and development of medical thought and practice across the region in the first millennium. Indeed, it is not an exaggeration to say that this corpus offers one of the most voluminous sources of textual evidence for the transregional communication and reception of medical ideas in first millennium CE Asia that is available anywhere.

Aside from their importance for crosscultural or global history, these sources are also critical to understanding the history of medicine in medieval China. Scholars who have explored Buddhism’s place in the history of Chinese religions have shown these sources to contain important evidence of the pluralistic and socially-complex nature of healing in the medieval period. It is clear that Buddhist-inspired healing played a major role in the healthcare landscape in medieval China—in certain contexts integrating with, or even eclipsing altogether, the classical medical tradition. Wielded by Buddhist healer-monks, who were often foreigners from India or other parts of Asia, or else their students, Indian ideas and practices were represented as exotic and novel solutions for the familiar problems of preventing and curing illness. By the sixth and seventh centuries, Buddhist medicine in one form or another came to be patronized by the imperial families, to be fashionable among the elite, and to be popularized across all levels of medieval society. Predictably given its foreign origin, however, Buddhist medicine eventually became the target of increased opprobrium when the intellectual climate became more xenophobic and classicist in the late Tang dynasty. Many of Buddhism’s more overtly foreign contributions were overlooked when medical education was standardized by the Song government. Nevertheless, certain

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4 Some of the issues mentioned in this paragraph have been discussed in work by Johannes Nobel, Endo Jiro, Chen Ming, and Catherine Despeux, cited in the references.

5 See, e.g., Birnbaum (1989b); Davis (2001); Strickmann (2002); Mollier (2008); Chen Yunü (2008); and, in French, Despeux (2010). For discussion of the relationship between religion and medicine, or more properly between salvation and healing, in Chinese Buddhism, see Salguero (2018b). On the overall historical trajectory described in this paragraph, see Salguero 2014a.
features that had by that time been domesticated through processes of cultural translation and synthesis continued to remain part of the fabric of Chinese healthcare culture.

All of the above suggests that, despite the fact that over the long term it was not nearly as significant in Chinese medical history as classical medical models, Buddhist ideas and practices deserve more attention than they have received thus far from our field. This brief research note is meant to introduce historians of Chinese medicine to one easily accessible collection of texts that can be used to begin to fill in this ‘missing link.’ It offers a survey of texts related to multiple aspects of medicine and healing that are found in the medieval Chinese portions of the *Taishō Tripitaka* (Jp. *Taishō shinshū daizōkyō* 大正新修大藏經; below abbreviated T). Compiled in early twentieth century Japan, this 100-volume collection contains a diverse and comprehensive sampling of historical texts from across East Asia. It is the most well-known and often-cited of the major Buddhist collections among scholars of East Asian Buddhist Studies, and now has the additional advantage of being fully digitized and keyword searchable.

My review below of the relevant materials in this collection concentrates on whole texts or chapters thereof that were composed or translated in medieval China, and includes only those writings that are dedicated primarily to ideas and practices concerning disease, curing, healers, nursing, and the overall health of the physical body. The sample is broad but by no means exhaustive, as there are countless places where such topics are mentioned briefly or alluded to in passing that I have not included below. Nor have I mentioned other collections of received sources aside from the *Taishō Tripitaka* – of which there exist multiple. In addition,

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6 The *Taishō Tripitaka*, compiled in the early twentieth century, is found in print in Takakusu & Wanabe (1924-1935). My citations to this collection use the abbreviation ‘T.,’ followed by the text number with optional chapter number demarcated by a decimal point, and a page and register range following the colon.

7 Separate digitization efforts are represented by the SAT Daizōkyō Text Database and the Chinese Buddhist Electronic Texts Association. The latter has an English online interface with robust search capabilities (at http://cbetaonline.dila.edu.tw/en). I also wish to point out the extremely useful *Digital Dictionary of Buddhism*, an ongoing collaborative effort among Buddhist Studies scholars that is edited by A. C. Muller (main website at http://www.buddhism-dict.net/ddb), as well as their convenient index of *Taishō Tripitaka* titles (at http://www.buddhism-dict.net/ddb/indexes/taisho-ddb.html).

8 Texts concerning Buddhism and medicine from Dunhuang are briefly described in Wang (2005a, 2005b). A more complete collection of relevant primary sources is compiled in the 101-volume Shi & Li (2011)—although, see review and critique of this compilation in Burton-Rose (2017).
this overview does not include many other relevant texts that survive in manuscript form (found at Dunhuang, Turfan, and Japanese temple libraries, for example), which belong to different cultural and institutional contexts than the authoritative scriptural compilations, and thus offer divergent vantage points onto the circulation of medical knowledge in local Buddhist communities. (A small portion of such manuscript finds have been incorporated into the Taishō Tripiṭaka, and these will be mentioned below). The medical contents of such texts have not been analyzed in depth by English-speaking scholars, although they have been systematically studied in Chinese, and to a lesser extent in French.9

Despite these and other limitations, the brief topical outline below is intended to reveal the heterogeneity and pervasiveness of Chinese Buddhist discourses on medicine, as well as some of the major themes of the source materials. I hope it will be useful as a guide or launching-off point for historians of East Asian medicine who may be interested in discovering what these sources have to offer.

1. Basic doctrine

The most influential presentation of the Mahāyāna Buddhist philosophical perspective on health and disease in the East Asian corpus is probably the chapter entitled ‘Mañjuśrī Inquires About Illness’ in the Vimalakīrti-nirdeśa Sūtra (Weimo jing 维摩經; T. 474.5; T. 475.5; T. 476.5).10 This chapter features a dialogue between the bodhisattvas Mañjuśrī and Vimalakīrti on the empty and illusory nature of the physical body and its diseases. These passages are widely cited in historical and contemporary Chinese Buddhist writings on the illusory nature of sickness, and the power of the enlightened mind to see through corporeal suffering.11 A similar perspective is found in a chapter in the Mahāparinirvāṇa-sūtra (Da banniepan jing 大般涅槃經; T. 374.6; T. 375.18), here concerning the illness of the Buddha himself, which he, like Vimalakīrti, has purposefully ‘manifested’ for the benefit of teaching others the Mahāyāna doctrine.

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9 Chen Ming’s work, some of which is cited in the references, has been especially illustrative in this regard; see also Li & Shi (2006); Yuan & Pan (2015); Wang & Duan (2016). In French, see Despeux (2010). See also numerous chapters discussing and translating Dunhuang texts in Salguero (2017), as well as Stephen F. Teiser’s forthcoming book, currently in preparation.


11 The broad impact of this scripture on Chinese poetry is discussed by Antje Richter in Salguero (forthcoming).
While the *Vimalakīrti* and *Mahāparinirvāṇa* sūtras concentrate on connecting health and illness with larger themes in Buddhist philosophy rather than on explaining medical doctrine per se, the latter is the main subject of an often-cited chapter in the *Sūtra of Golden Light* (*Jin guangming jìng* 金光明經; T. 663.15; T. 664.20; T. 665.24).\(^{12}\) This chapter, which is extant in two different Chinese translations completed in the early fifth and early eighth centuries, relates an aspiring doctor’s conversation with his wise father in which the basic principles of Indian medical thought—such as the Four Elements (*mahābhūta*), the so-called humors (*tridoṣa*), the therapeutic flavor categories (*rasa*), and connections between the seasons and illness—are all explained. More practical health advice aimed toward the individual practitioner is given in the third century *Sūtra on the Buddha as Physician* (*Foshuo foyi jìng* 佛說佛醫經; T. 793).\(^{13}\) This text, ostensibly a segment of a longer sūtra that is now lost, presents guidelines for a healthful diet and regimen that emphasize moderation, restraint, and seasonal modification. Personal hygiene is the subject of the third to early fourth century *Sūtra on Bathing the Sangha in the Bathhouse* (*Foshuo wenshi xiyu zōngsēng jìng* 佛說溫室洗浴眾僧經; T. 701; commentaries at T. 1793; T. 2780), which explains the procedures as well as the healthful benefits of bathing, and lists specific diseases that thereby can be alleviated.\(^{14}\)

A series of texts that might collectively be called ‘embryological narratives’ discuss conception, fetal development, and the birth process (T. 310.13; T. 310.14; T. 317; T. 1451: 251a-262a).\(^{15}\) Dating from the third or fourth to the eighth century, these texts are most concerned with inspiring revulsion for the processes that accompany rebirth, but they contain a great deal of anatomical and physiological information. They describe the steps

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\(^{12}\) Note that T. 664 is a composite text that reproduces the medicine chapter from T. 663, and is not a separate translation effort. English translations of the medicine chapter from T. 663 and 665 are available by the current author in Salguero (2017), pp. 30-40; German translation and comparison with Āyurvedic texts in Nobel (1951); English translation of the Sanskrit recension in Emmerick (2004); of the Khotanese (with reference to parallels in other languages) in Skjaervø (2004), pp. 286-301; see also Hino (2015a, 2015b).

\(^{13}\) Translated in Sen (1945); Unschuld (2010), pp. 309-314.


in the embryo’s development week by week, and emphasize the effects of karma on the formation of the fetal body.\(^\text{16}\)

A number of other texts of varying length and significance mention a wide range of medical doctrines, but do not necessarily solely focus on medicine. For example, the *Yogācāra-bhūmi* (*Yuqie shidilun* 瑜伽師地論; T. 1579; T. 606; T. 607) incorporates a great deal of medical knowledge when explaining the connections between the body and consciousness.\(^\text{17}\) A long passage in one translation of the *Flower Adornment Sūtra* (*Dafangguangfo huayan jing* 大方廣佛華嚴經; T. 293: 710-712), completed ca. 800, details the doctrines of the Elements, the classification of illnesses, and other basic medical principles.\(^\text{18}\) Many other texts also contain discussions of physiological theory (e.g., T. 26.30; T. 310.16.25; T. 1508), and meditations on body parts and processes (e.g., T. 26.98; T. 1648.8).\(^\text{19}\)

### 2. Healing deities

The Master of Medicines Buddha (Ch. *Yaoshi fo* 藥師佛; Skt. *Bhaishajyaguru*) is certainly the most highly-positioned Buddhist deity associated with healing. The text known popularly as the *Sūtra on the Master of Medicines Buddha* (*Yaoshi jing* 藥師經), extant in Chinese in four translations and widely venerated in East Asian Buddhism, thus surely ranks among the most relevant scriptures for the study of Buddhist medicine.\(^\text{20}\) Three early versions of the sūtra (T. 1331.12; T. 449; T. 450) translated between the fourth and seventh centuries introduce the previous lives of the Master

\(^{16}\) Discussion of other facets of the relationship between karma and health are discussed in Strickmann (2002), pp. 39-50; Salguero (2013).

\(^{17}\) See translation of relevant excerpts by Dan Lusthaus in Salguero (2017), pp. 49-60; discussion in Lusthaus (2013); Demiéville (1954).

\(^{18}\) See full translation of this chapter by William J. Giddings in Salguero (2017), pp. 92-102. The comparable section of T. 279, an earlier version of the same text translated in Cleary (1993), pp. 1240-1242, contains an abbreviated version of this section that lacks much of the medical detail.

\(^{19}\) English translation of T. 1648 is found in Ebara et al. (1961); see numerous additional citations in Demiéville (1985). Some of the texts on body parts are discussed in detail in Salguero (2018a).

of Medicines Buddha and outline the rituals one may perform to invoke him. These healing rituals include incantations, worship of images of the Buddha, and veneration of the sūtra text itself. The last of the Chinese translations of the text (Yaoshi liuliguang qifō benyuan gongde jing 藥師琉璃光七佛本願功德經; T. 451), completed in 707 by Yijing 義淨 (635-713), is similar but introduces Bhaiṣajyaguru as the leader of seven Buddhas of medicine, each one responsible for a different aspect of healing.

Other texts devoted to the Master of Medicines Buddha (T. 922-928) outline further ritual practices associated with him. Elaborating upon passages in the abovementioned sūtras, these ritual texts include various additional incantations, as well as instructions for setting up ritual spaces, constructing mandalas, installing devotional lamps, performing offerings, reciting texts, using ritualized gestures (i.e., mudrā), and setting up ceremonial rope or thread as a conduit for the Buddha’s healing powers.\(^{21}\)

A variety of additional deities associated with healing are presented in other texts. Bodhisattva Medicine King (Ch. Yaowang pusa 藥王菩薩; Skt. Bhaiṣajyarāja) has his own chapter in the Lotus Sūtra (Fahua jing 法華經; T. 262.23; T. 263.10; T. 264.22), which ranks among the most influential Buddhist scriptures in East Asia.\(^{22}\) This chapter does not dwell on the bodhisattva’s healing powers, but rather extolls his self-immolating acts of devotion and self-sacrifice in previous lives. The same bodhisattva, alongside his younger brother, Bodhisattva Supreme Healer (Ch. Yaoshang pusa 藥上菩薩; Skt. Bhaiṣajyasamudgata), is the focus of the Sūtra on the Contemplation of the Two Bodhisattvas, King of Medicine and Supreme Medicine (Foshuo guan yaowang yaoshang erpusa jing 佛說觀藥王藥上二菩薩經; T. 1161), which teaches a number of dūrāṇī and visualization meditations that can be used for healing disease and eradicating other misfortunes.\(^{23}\)

Other bodhisattvas widely celebrated for their ability to intervene in cases of illness are Guanyin 観音 (also Guanshiyin 観世音; Skt. Avalokiteśvara) and Puxian 普賢 (Skt. Samantabhadra). The rites appealing to the latter for extending the lifespan and to the former for curing disease are detailed in a number of texts in the esoteric scriptures section of the Taishō Tripitaka (see especially T. 1043; T. 1059; T. 1060; 1074).

\(^{21}\) See discussion and translation of excerpts from T. 922 and 924A in Birnbaum (1989a), pp. 87-90. A full translation of T. 924A by the current author is available in Salguero (2017), pp. 299-301. The material culture of these rites is discussed by Zhiru Ng in Salguero (forthcoming).


\(^{23}\) Discussion and translation in Birnbaum (1989a); see also Fujita (1990).
A number of esoteric rituals discussed in the next section call upon assorted minor deities for their healing powers.

### 3. Esoteric healing

Though there is some overlap with the previous section, this one focuses on esoteric or tantric ritual healing texts, which became extremely prevalent by the seventh century. Healing is frequently presented as one of the chief benefits of the practice of esoteric ritual more generally, and from a certain perspective a list of rituals that were good for one’s health might legitimately include virtually the entire esoteric repertoire. Here, I concentrate only on those that overtly announce their health-bestowing benefits in their titles, or that have significant and obvious relevance to such topics. These are extant both as independent compositions and as parts of larger anthologies compiled in the medieval period.

One major feature of esoteric Buddhist healing is the use of dhāranī (zhou or shenzhou), incantations that concentrate the power of Buddhist deities and scriptures into short strings of words or syllables. Alongside dhāranī for all manners of practical concerns, medieval Chinese Buddhist texts include a great number for use in healing (see sections of T. 901; T. 945; T. 1028A-B; T. 1323-1332; T. 1336.5-6; T. 1691; T. 2122.60). These spells are

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25 This is not the place to repeat the many arguments among scholars over the meaning and applicability of the term ‘esoteric.’ I am using the category here as a blunt but convenient tool, and refer the reader to the discussion in Orzech et al. (2011), pp. 3-18 for a more nuanced treatment of the subject. For discussions of the esoteric scriptures listed in this section, see Strickmann (1990, 2002); Mollier (2003, 2008); Chen Ming (2006a, 2015, 2016); Robson (2008); Copp (2008a, 2008b, 2011, 2012, 2014); Despeux (2010); Orzech et al. (2011), especially pp. 208-214, but also elsewhere in the volume; Salguero (2014a), pp. 86-92.

taught by Buddhas, bodhisattvas, devas (minor gods) such as Brahmā, or more marginal figures such as demons and sorcerers, and frequently include instructions for how many times to repeat the incantation as well as for ritual actions to accompany it. Healing dhāraṇī can be panaceas that cure ‘all diseases’ (or, more colloquially, ‘the 404 diseases’), or they can be intended for the alleviation of specific named conditions. The latter range from malaria to ghost-attack, childhood diseases, seasonal ailments, malodorous armpits, and a litany of other common medieval health concerns.

A major subset of esoteric Buddhist healing involves the use of talismanic objects (T. 1229; T. 1238; T. 1265; T. 1307; T. 1420). Chinese-style charms known as ‘spell-seals’ (zhouyin 周印) were made to ward off illnesses and other evil influences. Written dhāraṇī, the names of deities, passages of sūtra texts, or other magically potent words often were consumed or placed on the body for purification or protection. Other talismanic objects with apotropaic effects included icons or other images (in two or three dimensions), as well as ritually consecrated materials such as water, oil, whisks, and string. Ritualized gestures with the hands or other parts of the body were prescribed for healing and protection (e.g., T. 924A, T. 1264B, T. 1351: 516c29-517b27, T. 1265: 295b). Some texts seem to advocate fumigation or bathing with medicinal plants and other substances principally on the basis of their magical powers or associations with deities, rather than their effects on the physiology (see, e.g., T. 665.15; T. 1070). A final area of esoteric healing practice involves the use of spirit-possession for diagnostic and therapeutic purposes (e.g., T. 867; T. 895; T. 1097; T. 1199; T. 1201; T. 1248; T. 1277), a practice that became widespread in the late medieval period.

Additionally, T. 905, a related esoteric text suspected to be a Japanese apocryphon but attributed to medieval China, is translated in Rambelli (2000).


28 Translation of T. 924A is available by the current author in Salguero (2017), pp. 299-301; see discussion in Birnbaum (1989a), pp. 87-90. On other types of healing knowledge associated with the hands, see Marta E. Hanson’s contribution to Salguero (2017), pp. 478-485.

29 See translation of the Sanskrit version of this section of T. 665 in Emmerick (2004), pp. 44-49.

30 Discussion and partial translations in Davis (2001); Strickmann (2002), pp. 204-238; Orzech (2011); Orzech et al. (2011), pp. 213-214, 251-254.
4. Healing meditations

Section 2 above included several meditation texts describing visualizations that evoked the healing powers of buddhas and bodhisattvas. In addition, the Taishō Tripitaka also includes a handful of texts that detail specific meditations for the cure of particular diseases—especially for ailments acquired through the practice of meditation itself. One such text is the Secret Essential Methods for Curing Meditation Illnesses (Zhi chānbing mìyào fǎ 治禪病祕要法; T. 620), which presents a series of visualizations to cure maladies resulting from improper meditation technique.31 These include imbalances of the Four Elements and a variety of other physical conditions, in addition to mental disturbances and distractions. Another set of practices is presented in Zhiyi’s 智顗 (538-597) three treatises on meditation (T. 1911.7.3; T. 1915.9; T. 1916.6.4). All three include significant sections on healing that introduce Indian and Chinese meditations and breathing practices for the eradication of specific symptoms.32 A number of texts additionally advocate the contemplation of Buddhist virtues such as the Factors of Awakening (sāpta-bodhyaṅga) for their healing powers (see, e.g., T. 99.2: 195b29-196a11).33

5. Hagiographies of healers

In addition to the sūtras introducing major buddhas and bodhisattvas of healing already mentioned above, Buddhists writings also offer idealized representations of a range of human and semi-human healers. One such person is Jalavāhana (actually Śākyamuni Buddha in a previous life), who learned the art of medicine from his father and became a celebrated doctor in the abovementioned chapter on illness in the Sūtra of Golden Light. Perhaps the most significant lay physician in the Buddhist tradition, however, is Jīvaka Kumārabhṛta (Qiyu 齊域, Qipo 藥婆, etc.). Routinely called the ‘King of Physicians’ (jīwàng 僧王) in Chinese sources, Jīvaka is said to have been a devotee of Śākyamuni Buddha who was destined from birth to attain extraordinary diagnostic and therapeutic abilities. His

31 See discussion and full translation in Greene (2012); excerpted and revised in his contribution to Salguero (2017), pp. 373-381. See also Birnbaum (1989b); Strickmann (2002), pp. 119-122.
33 Translated by Anālayo in Salguero (2017), pp. 16-17.
biography is extant in several Chinese recensions, some of which underwent significant modification in order to fit with Chinese literary tropes and cultural expectations (T. 553; T. 554; T. 1428: 851-854; T. 2121: 166-170).\textsuperscript{34}

The \textit{Taishō Tripitaka} also contains several medieval Chinese compilations of biographies of eminent members of the sangha (i.e., the monastic order) who were famed for their healing powers (T. 2059; T. 2060; T. 2063).\textsuperscript{35} By presenting monks as conduits for powerful transformative forces, such stories sought to illustrate the sangha’s superiority to Daoist priests, folk healers, and physicians. Narratives involving intervention by monks or by Buddhist deities to cure the illnesses of the faithful are also a mainstay of collections of ‘anomaly tales’ (zhiguai \textit{志怪}) and other miscellanea, suggesting that Buddhism’s healing powers played a large role in the popularization of the religion in China among all layers of society.\textsuperscript{36} Such narratives might also involve any number of Buddhist heroes, including the Master of Medicines Buddha, Amitābha/Amitāyus, and other bodhisattvas, as well as a range of deities, devas, spirits, and members of the sangha; however, the most pervasive presence is Guanyin.\textsuperscript{37}

6. Care-taking within the monastery

The \textit{Taishō Tripitaka} preserves a great deal of historical information relevant for historians who wish to reconstruct the medical, nursing, and hygienic practices of the sangha. The most significant sources on these topics are monastic disciplinary texts. There are five Indian Vinayas extant in Chinese translation: those of the Mahāśāsaka (T. 1421.3.7), Mahāśāmghika (T. 1425: 455a-457b), Dharmaguptaka (T. 1428.3.4), Sarvāstivāda (T. 1435.4.9.6), and Mūlasarvāstivāda (T. 1448) schools, each including a section on the ‘rules about medicine’ that detail the procedures for the collection, storage, and


\textsuperscript{36} Robert Campany (2012) has reconstructed a long-lost collection of miracle tales from extensive quotations found throughout the \textit{Taishō Tripitaka} – many pertaining to the topic of healing. Anomaly tales are also discussed in works by Salguero cited in the previous note.

\textsuperscript{37} Some discussion of Guanyin healing narratives is found in Yū (2001); Campany (1993, 1996); Salguero (2014a), pp. 128-133.
use of medicinal substances, and list the allowable and prohibited medical procedures for the different monastic communities in India. All of these Vinayas contain additional materials on nursing, hospice, and miscellaneous rules concerning sick monks distributed throughout the rest of the text. Although the Pāli Vinaya is not extant in Chinese, a commentary upon it contains some medical material dispersed throughout the text as well (T. 1462).

Crediting his knowledge to both study of the Vinayas and divine revelation, the monastic reformer Daoxuan 道宣 (596-667) presented an idealized image of the health practices of an Indian monastery in the Sūtra of the Map of the Jetavana Monastery in Śrāvastī, Central India (Zhong tiænæu shæwægæo qiuæansi tæjæng 中天竺舍衛國祇洹寺圖經; T. 1899: 893-894; accompanying image at T. 1892: 812-813). One section of this text outlines the imaginary monastery’s medical, hygienic, and hospice facilities in fantastical terms. A more reliable report on Indian monastic medical and hygienic practices was written by the Chinese pilgrim Yijing, who spent considerable amount of time abroad and studied at the Indian monastic center of Nālandā (T. 2125, especially chapters 4-8, 18, 20, 23, and 27-29).

Translations of Indian monastic disciplinary texts and accounts of Indian monasteries (whether visionary or otherwise) are unlikely to be reliable evidence of the actual practices of the sangha in China. For a more accurate picture of domestic monastic customs, it is more useful to consult the disciplinary tracts produced by the Chinese sangha. The earliest relevant example of these is the Emended Commentary on Monastic Practices from the Dharmaguptaka Vinaya (Sifen lü shanfan buqè xingshi chao 四分律删繁補闕行事鈔; T. 1804.18, 26), also compiled by Daoxuan in 626-630. This text contains a chapter that presents guidelines for nursing practice among the sangha, which despite the text’s title synthesizes a number of quotations from across the Indian Vinayas as well as other related

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materials. Other domestic texts contain additional rules concerning hygiene, nursing, and medicine (T. 1470; T. 1484; T. 1897).

7. Metaphors and parables

When Buddhist texts state that the Buddha is the ‘Great Physician’ or that the Dharma is the ‘Great Medicine,’ such metaphorical statements were often meant to be taken literally. As mentioned above, deities of all kinds are routinely invoked for their healing powers, and Buddhist texts (in the form of incantations or worship of the actual book itself) are routinely employed as agents of healing. However, the use of similes and parables connecting Buddhist ideas with medicine is also a common Buddhist pedagogical method. There are too many examples of the use of medical metaphors and parables to adequately cite here. Perhaps the most well-known example from Buddhist scripture is a passage of the *Mahāparinirvāṇa-sūtra* (T. 374: 378-379; T. 375.3) that compares the Buddha to an all-knowing physician, and his use of expedient means in teaching the Dharma to the physician’s acumen in the administration of medicines. Notable, too, is the late tenth century *Śūtra on the Medical Simile* (*Foshuo yiyu jing*); a short composition that is entirely devoted to making the connection between the logic of the Four Noble Truths and a good physician’s understanding of particular illnesses, their causes, their treatments, and their eradication. Another comparison that appears frequently is the equation between the physician’s ability to eradicate the *tridōsa* (i.e., ‘three defects’ of Wind, Bile, and Phlegm) and the Buddha’s ability to eradicate the three worldly sufferings of greed, hatred, and delusion (see, e.g., T. 150A).}

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43 See discussion and translations of specific monastic guidelines in Heirman & Torck (2012); also their contribution to Salguero (2017), pp. 137-144.
46 For discussion of *tridōsa* and partial translation of T. 150A, see Salguero (2010-2011). On *tridōsa*, see also Demiéville (1985), pp. 69-71; Endo (1993a); Endo (1993b); Chen Ming (2006b); Köhle (2016).
8. Reference works

In addition to compilations or collections already mentioned above, at least three reference works are extant from the medieval period that gather together quotations of scriptural passages concerning healing from across the canonical Buddhist literature. These works are by no means comprehensive, but they do give us an indication of what their authors thought were relevant Buddhist writings on health, illness, and therapy. Two encyclopedias (leishu 類書) by Daoshi 道世 (?-683) (T. 2122.95; T. 2123.29) contain very similar chapters called “On the suffering of sickness” (bingku pian 病苦篇) that introduce a range of materials from basic medical doctrines to disciplinary rules, sections of major and minor sūtras, and miracle tales. Aside from these encyclopedias, an early eleventh century glossary (T. 2127) contains a short section on nursing (zhanbing 養病) that seems to be based on Daoshi’s works, though it introduces a few additional sources. In addition to covering most of the medical topics mentioned throughout this paper, these sources also emphasize the importance of hospice care among the monastic community.

9. Recovered manuscripts

As mentioned above, some of the most interesting windows into Chinese Buddhist healing practice are manuscripts recovered from places such as the Mogao grottoes at Dunhuang. While certainly not all Dunhuang manuscripts related to healing have been incorporated into the Taishō Tripitaka, many have (T. 2766; T. 2767; T. 2780; T. 2865; T. 2866; T. 2878; T. 2881; T. 2904; T. 2906; T. 2916). Although I might have integrated these texts into the various subheadings above instead of saving them for the end, they give us an unprecedented look at Buddhist healing ‘on the ground’ in a specific time and location, and thus are useful to consider as a discrete cluster or subset. Some of these texts are distillations or commentaries on the medical content in well-known scriptures. Others present a range of highly syncretic healing practices that combine elements from classical medicine, Daoism, popular religious and medical traditions, and other local knowledge. The Dunhuang manuscripts related to medicine have

49 A full translation of T. 2865 is available in Lowe (2014); of T. 2878 and T. 2917 in Goble (2017).
recently begun to receive attention from scholars, though they—like most of the texts introduced throughout this paper—remain a rich collection of sources for scholarly research.\textsuperscript{50}

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\textsuperscript{50}See Lo and Cullen (2005); Despeux (2010); works by Chen Ming.
References


——— (2012), Signs from the Unseen Realm: Buddhist Miracle Tales from Early Medieval China, Honolulu: University of Hawai‘i Press.


Chen Ming 陈明 (2003a), ‘‘Bashu’ yu ‘sanju’: Dunhuang Tulufan Wenshu zhong de Yindu ‘Shengming feituo’ yixue lilun” ‘八術與‘三俱’：敦煌


—— (2005b), *Dunhuang chutu huyu yidian ‘Qipo shu’ yanjiu* 敦煌出土胡語醫典《耆婆書》研究, Hong Kong: Xinwenfeng chuban 新文豊出版.


Hurvitz, Leon (2009), Scripture of the Lotus Blossom of the Fine Dharma (The Lotus Sūtra), New York: Columbia University Press.


Li Rongxi (2000), Buddhist Monastic Traditions of Southern Asia: A Record of the Inner Law Sent Home from the South Seas, Berkeley: Numata Center for Buddhist Translation and Research.

Li Yingcun 李應存 and Shi Zhenggang 史正刚 (2006), Dunhuang fo-ru-dao xiangguan yishu shiyao 敦煌佛儒道相关医书释要, Beijing: Minzhu chubanshe.


——— (2008), Buddhism and Taoism Face to Face: Scripture, Ritual, and Iconographic Exchange in Medieval China, Honolulu: University of Hawai’i Press.


Ning Qiang (2004), Art, Religion and Politics in Medieval China: The Dunhuang Cave of the Zhai Family, Honolulu: University of Hawai’i Press.


SAT Daizōkyō Text Database Committee (2018), SAT Daizōkyō Text Database, URL: http://21dzk.l.u-tokyo.ac.jp/SAT/.


Sivin, Nathan (2015), Health Care in Eleventh Century China, Cham: Springer.

Skjaervø, Prods Oktor (2004), This Most Excellent Shine of Gold, King of Kings of Sūtras: The Khotanese Suvarṇabhūṣottamasya, Cambridge, Mass.: Harvard University Department of Near Eastern Languages and Civilizations.


Swanson, Paul (2017), Clear Serenity, Quiet Insight: T’ien-t’ai Chih-i’s Mo-ho chih-kuan, 3 vols., Honolulu: University of Hawai’i Press.


