

TRANSLATING  
BUDDHIST MEDICINE  
IN MEDIEVAL CHINA

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PENN

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## Introduction

With translation there is transmission; without translation there is  
but obscurity.

—Sengyou (445–518)<sup>1</sup>

The transmission of Buddhism from India to China in the first millennium of the Common Era ranks among the most significant and most well documented examples of cross-cultural exchange in the premodern world. Although the study of the global spread of Buddhism is most commonly undertaken by scholars of religion, this cross-cultural encounter involved much more than simply the transmission of religious or philosophical knowledge. Buddhism influenced many other aspects of Chinese life, including contributing to the economy, inspiring changes in the sociopolitical order, and spurring the adoption of foreign material culture. This book is a study of one, often-overlooked facet of this Indo-Sinitic exchange: the introduction of Indian medicine to China.<sup>2</sup>

Knowledge about health and illness held a central place within Buddhist thought from the earliest times.<sup>3</sup> Anatomical and physiological terminology was frequently invoked in early Indian Buddhist texts, particularly in descriptions of meditation practices and other ascetic discourses. Medical similes and metaphors were utilized in order to make accessible many aspects of the Dharma, including the most abstruse philosophical positions. Narratives of the healing exploits of deities, monks, and other heroes were a feature of the Buddhist hagiographic literature of all periods. Rites to dispel disease were central to the ritual repertoires of Buddhist clerics across Asia. Many Buddhist scriptures even go so far as to suggest that fully understanding the

body is the very essence of the Buddha's teachings. Taken collectively, such Buddhist perspectives on health, illness, healers, patients, therapies, and bodies are today often spoken of by East Asian scholars and devotees as "Buddhist medicine" (Ch. *foyi* or *fojiao yixue*; Jp. *bukkyō igaku*).

Buddhist medicine, if I may employ that term here for purposes of convenience, is a moving target. It represents a loose collection of ideas and practices that originated in the Indo-European context in the latter centuries B.C.E., but that was modified and expanded as a result of cross-cultural interactions during the vigorous geographical expansion of Buddhism. Transmitted along the networks of land and sea trade routes, the core doctrines and perspectives of Buddhist medicine came to exert a powerful influence on medical thought and practice across a large swath of Eurasia. To this day, they continue to form the basis of traditional medicine in Sri Lanka, Thailand, and Tibet, among other places. However, the history of how the tradition was locally received, understood, and transformed differed greatly from place to place.

The Chinese reception of Buddhist medicine was complex and multifaceted. Medieval China was culturally diverse and politically fractured, and therefore it—like virtually all other facets of Buddhism—was subject to multiple interpretations in different contexts.<sup>4</sup> Importantly, China had long-standing and prestigious traditions of learned medicine that were objects of official patronage and that looked to a corpus of ancient classics for authority.<sup>5</sup> China also had long-established repertoires of ritual healing, bodily self-cultivation, and alchemical experimentation that claimed to be able to heal, to prevent illness, and even to confer immortality. Over the long term, the impact of some aspects of Buddhist medicine on the Chinese medical world was profound: Indian-inspired healing deities, rituals, occult practices, and hagiography, for example, all proved to be enormously popular and permanent contributions to Chinese culture. At the same time, some doctrines that lay at the very center of Buddhist medical thought and practice were perceived as conflicting with indigenous precedents. In the long run, these failed to catch on and were ultimately either ignored or actively replaced by homegrown models within Buddhist discourses.

I am planning future publications that will provide in-depth analysis of the medical content of Chinese Buddhist texts, the relationship between this medical system and others throughout Eurasia, and the historical development of Buddhist medicine in a global context. The present book focuses on understanding the local reception of Buddhist medical ideas in China. While it starts with an overview of the transmission of Buddhist medical knowledge

to China, the majority of its pages are dedicated to exploring the processes of translation involved in this historic episode of cross-cultural exchange. The many Chinese Buddhist writings under consideration in this book demonstrate that foreign medical ideas introduced along with Buddhism were voluminously translated, enthusiastically commented upon, and widely disseminated in China. At the same time, however, they show that translators went to great lengths to adapt Indian ideas and practices to domestic cultural and social contexts. Far from passively being influenced by transmitted knowledge from abroad, they actively retooled these imports to fit with Chinese intellectual concerns, to mesh with preexisting literary and cultural conventions, and to forward their own political and economic interests.

The examination of these dynamics of cross-cultural transmission and reception will bring into sharper focus several important facets of religious and medical history that are worth highlighting from the outset. In the first place, Chinese Buddhist texts dealing with medicine throw into question some of the basic assumptions about the history of Indian medicine, not least of which is the tendency to label all ancient Indian medical knowledge as "Āyurveda." Clearly, there were significant currents of medical thought outside of the Āyurvedic context. Second, and from a more global standpoint, these texts showcase the centrality of healing as one of the most important mechanisms by which Buddhism gained prominence outside of India. They demonstrate how the body and its processes of health and illness could be used as effective tools for translating Buddhist doctrines across geographic, ethnic, and linguistic divides, and how engaging with medical knowledge helped Buddhists position themselves as cross-cultural mediators.

At the same time, the study of these texts also greatly enhances our understanding of the local religious and medical context in medieval China. That is the main focus of the current book. Focusing on the Chinese reception of Buddhist medicine underscores how the history of Chinese medicine is inseparable from that of Chinese religion, and vice versa. It helps us to understand the medieval Chinese religious and medical landscape, and the roles of Buddhist ideas, practices, and practitioners in that world. It sheds light on the multivalence of healing knowledge in medieval society and its significance as a site of political and social contestation. It highlights the importance of clerics as health-care practitioners, the tensions between them and other groups of healing specialists, and the role of religion in their processes of differentiation. And, at a more fundamental level, this study strongly urges us to think of historical processes of cross-cultural exchange as creative

moments that hinged on the translational activities of individual historical actors.

### Cultural Exchange and Translation Theory

While it is familiar territory for scholars of religion, medieval China has received far less attention from historians of medicine. Those who have studied the period have shown that healing was a major facet of contemporary religion, and their findings have suggested that the Indian contributions to Chinese medicine should be analyzed in much more detail than thus far has been the case. To date, however, only a handful of scholarly books have been published in Western languages that concentrate on the interaction between religion and medicine in the period.<sup>6</sup> Moreover, much of this scholarship has focused on a single cache of documents from the remote Silk Road oasis town of Dunhuang (in present-day Gansu Province), on the far periphery of Chinese civilization.

The scholarly assessment of Buddhism's contributions to medieval Chinese medicine has not been unanimous. The majority has focused on those medical ideas from the Indian context that were influential in China and has enumerated many concrete references to foreign doctrines in the writings of medieval Chinese physicians.<sup>7</sup> A vocal minority has instead emphasized that the core doctrines of Indian medicine were misunderstood, misconstrued, and mistranslated in China.<sup>8</sup> Whatever side they have taken in this debate, however, scholars have tended to focus on the similarities (or lack thereof) between the writings of Chinese physicians and the extant Indian texts from the Āyurvedic tradition, rather than systematically examining the corpus of Chinese Buddhist literature on its own terms.

In my view, this interest in charting the correlations between Indian and Chinese medical traditions parallels the overriding concern in twentieth-century religious studies scholarship with measuring the "influence" versus the "sinicization" of Buddhism in China more generally. The prevailing approach to Chinese Buddhism until the past quarter century or so, this model emphasized identifying which Indian ideas and practices were transmitted to China, how these exerted an impact on native thought and social structures, and how they were absorbed, transformed, and eventually assimilated into the Chinese culture.<sup>9</sup> In this type of scholarship, comparing Indian and Chinese writings to find similarities is understandably a common theme.

As criticisms of this “influence versus sinicization” approach began to take root in the 1990s and 2000s, however, scholars increasingly tended not to treat Indian and Chinese cultures as reified entities that came into contact with one another, but rather began to understand cross-cultural exchange at a more granular level. Explicitly or implicitly drawing on the theory of cultural systems as developed in the field of cultural anthropology, a significant body of scholarship has emerged in the past twenty years that emphasizes the complexity of the processes whereby foreign and indigenous practices, beliefs, and symbols interacted and intermixed.<sup>10</sup> This approach has led to an increasingly nuanced appreciation of Chinese Buddhism as a syncretic composite of both Indian and Chinese cultural elements, as well as to a reevaluation of the many subtle Buddhist influences on medieval Daoism. Such a way of approaching the topic has led to seismic shifts in the study of Chinese religion. Rather than Indian influence and Chinese sinicization, many scholars now prefer to think in terms of “Buddho-Daoism,” and almost all emphasize the syncretism of Chinese religions.<sup>11</sup>

Though syncretism remains a valuable tool for thinking about cross-cultural exchange, a radically different approach to the problem has also gained currency since the turn of the twenty-first century. Inspired by the cross-disciplinary “linguistic turn” prioritizing discourse analysis, many prominent North American scholars have abandoned thinking of culture as a “thing” or collection of “things” with the ability to influence or intermix. Drawing on models of culture as performance developed in the social sciences, many scholars have now begun to speak about Buddhism (or, often, “Buddhisms”) as a multiplicity of rhetorical categories that were continually and situationally negotiated by individual historical actors. They have spoken of Buddhism as a collection of “repertoires” or “strategies,” and have promoted the investigation of religious discourse as a site for the social and literary performance of identity.<sup>12</sup> Robert Sharf perhaps articulated this position as clearly as anyone when he wrote the following lines:

The problem is that the category of syncretism presupposes the existence of distinct religious entities that predate the syncretic amalgam, precisely what is absent, or at least unrecoverable, in the case of Buddhism. . . . In the final analysis, pure or unadulterated Buddhism is little more than an analytic abstraction posited by Buddhist polemicists, apologists, reformers, and now scholars. . . . The authority

of the word “Buddhism” lies not in its normative signification(s) so much as in its rhetorical deployments.<sup>13</sup>

Although some scholars, including Sharf, have vocally rejected the idea of syncretism, it is important to emphasize that both modes of current scholarship outlined above—what I call the “cultural-systems approach” on the one hand, and the “discourse-centered approach” on the other—have now developed in dialogue and in mutual interaction over the past decade or more.<sup>14</sup> What is more, while approaches emphasizing influence, sinicization, hybridity, and syncretism may now be considered unfashionable in certain circles, acclaimed works unapologetically touting the “impact” of Indian culture on China continue to appear, and older studies in this mold continue to be counted among the most engaging and worthwhile contributions to the field.<sup>15</sup> In short, multiple approaches now coexist side by side as distinct methodological orientations available to scholars interested in the Indo-Sinitic cross-cultural encounter.

In a sign that old dichotomies are moving toward a new synthesis, in the past few years a number of innovative scholars have begun to explore ways of bridging the gap between the cultural-systems and discourse-centered approaches. For example, several recent studies have provided methodologically rich analyses of how cross-culturally exchanged Buddhist iconographic elements were self-consciously and strategically deployed in order to negotiate site-specific political circumstances.<sup>16</sup> Rather than collapse their analyses into any single framework, these scholars have explored the dialectic between transregional traditions and local reception, and have explicitly focused on the unstable and symbiotic nature of this relationship.

Like those other studies, my approach to Buddhist medicine is also interested in forging a “Middle Path” between the local and the translocal. Rather than focus on iconography, however, this book focuses squarely on the cross-cultural transmission and reception of ideas. The underlying theoretical model I employ is to approach this process primarily through the lens of translation.<sup>17</sup> I am attracted to translation theory as a conceptual tool for bridging the gap between the cultural-systems and discourse-centered approaches because even the most basic analysis of translation necessitates integrating both.

Translation, of course, lies at the very heart of the Indo-Sinitic cross-cultural encounter given that it was primarily through translated texts (both written and oral) that Buddhist knowledge was imported into China. While

a good portion of this book is about “translation proper” (i.e., the reencoding of foreign language texts in Chinese), however, I am following the common practice in translation studies of using “translation” as a heuristic device or organizing metaphor to talk about a wide spectrum of processes of intercultural communication. Here, I use the term to refer to any and all practices of mediating, negotiating, or explaining cultural differences through literature.<sup>18</sup> I explicitly intend to include both interlingual translations (i.e., texts transferred between languages) as well as the wide range of intralingual translations of Indian knowledge (i.e., writings that further explained and interpreted interlingual translations for Chinese audiences).<sup>19</sup>

One of the most basic premises of translation studies is that acts of translation are much more complex than simply the transfer of a text encoded in one language (the “source text”) to an equivalent text in a second language (the “target text”). Figure 1 presents a simplified version of a widely known model of translation introduced in the 1960s by one of the godfathers of translation studies, Eugene Nida. Nida’s model is by no means the final word on translation, and it has been expanded, refined, and rejected by many scholars since. Be that as it may, precisely because of its simplicity, this diagram serves as a useful starting point to discuss some of the central concerns of this book.

In the first place, the diagram draws attention to the intermittent steps in translation in between the source and target texts, in which the translator analyzes the meaning of the text in its original cultural and linguistic milieu,

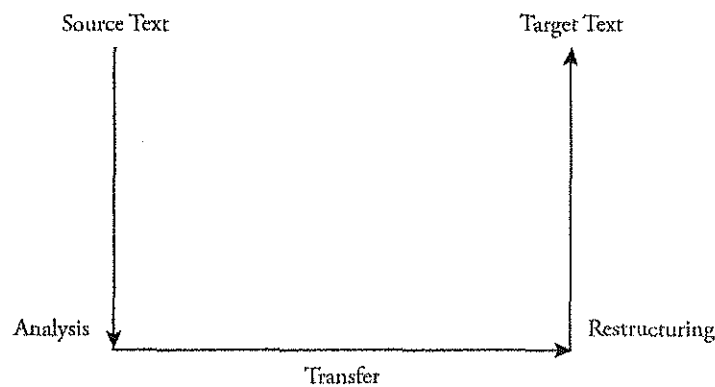


Figure 1. A simple model of a translational act. Adapted from Nida and Taber 2003 [1969]: 33.

mentally transfers this meaning from the source language to the target language, and restructures his<sup>20</sup> understanding of the text in this new context. Following the diagram's flow from left to right, one way to think of Indo-Sinitic cross-cultural exchange is as the movement of a constellation of words, concepts, metaphors, symbols, ideas, tropes, and other structures horizontally across the diagram from the Indian cultural-linguistic system to the Chinese. From this perspective, Buddhist translators can be thought of as occupying an intercultural space: through each act of transfer, they imagined and built conceptual bridges between two distinct semantic worlds. They adapted foreign ideas to fit into new linguistic structures and cultural categories, and expanded domestic systems to accommodate fresh inputs. That is to say, one way to look at the practice of translation is to see the translator as an active mediator between cultural-linguistic systems.<sup>21</sup>

An important issue that arises in this way of thinking about translation is the problem of equivalence. Can a text or passage or word mean the same in its source and target contexts? How do meanings shift in the process of transfer? Are there certain ideas that simply cannot be translated? There is a long tradition of asking these sorts of questions in European translation theory, and of making distinctions such as "word-for-word" versus "sense-for-sense" equivalence, going back as far as Cicero (106–43 B.C.E.) and St. Jerome (ca. 347–420 C.E.).<sup>22</sup> Nida himself differentiated between what he called "formal" and "dynamic" equivalence—the former referring to the literal translation of terminology that prioritizes the semantics of the source text, and the latter referring to looser translations that recreate the source text's social or cultural function in the new setting.<sup>23</sup> As we will see in Chapter 2, similar distinctions were made by medieval Chinese translators.

While not necessarily couching their work in translation studies terminology, it is precisely on questions of equivalence that most of the existing scholarship on Buddhist translation and cultural exchange has concentrated. The "influence versus sinicization" approach mentioned above, for example, is in large part a debate over to what extent Buddhist ideas were expressed in formal versus dynamic terms in Chinese texts.<sup>24</sup> I will discuss the translation of Buddhist medicine from this perspective in more detail below. However, scholars of translation have long argued that a fuller understanding of translation necessitates shifting focus from the movement of cultural-linguistic elements horizontally across Nida's diagram to also examining in as much detail as possible the processes taking place at the bottom of the chart.

One of the thorniest problems in the study of translation is that while the structural aspects of the translation process—the textual inputs and outputs, as well as the larger systems texts are embedded within—can in most cases be studied extensively, the interpretive acts performed during the transfer take place within the black box of an individual human mind. While scholars of translation have interrogated living translators, tracked their eye-balls while they worked, and subjected them to neurological study in order to gain a sense of their understandings and procedures, this is obviously impossible with historical translators.<sup>25</sup> Specifically in the case of medieval China, we are even further constrained by a paucity of records written by translators reflecting on their craft. The limitations of the sources prevent us from gaining anything near a complete picture of medieval translation practice. Despite the obvious challenges, however, the field of translation studies provides a wide range of tools to think about the myriad factors that inform the decisions of translators, and I argue that we can use some of these approaches to think more deeply about the medieval materials.<sup>26</sup>

For example, rather than concentrating only on the equivalence or lack thereof between source and target cultural-linguistic structures, we might gain an even better appreciation for translation as an active and creative process if we borrow from translation theorists the ideas of “foreignizing” versus “domesticating” translation strategies.<sup>27</sup> Though perhaps seemingly similar to the formal-dynamic distinction, this approach does not hold up the source text as the authoritative point of reference by which the target text is measured. Rather than focus on how much of the original is transferred and how well, the latter approach is concerned with the translators’ strategic crafting of their target texts. The questions that now draw our attention include: How do translators actively mold translations in order to fit with certain expectations, achieve certain rhetorical goals, or elicit certain responses in their intended audience? When and why does a translator invoke the source context through the use of unfamiliar “foreignizing” words, grammatical structures, or imagery? When and why does he deploy “domesticating” terms with indigenous resonances that might signal to his readers that a foreign text is compatible with the target cultural-linguistic system? Of course, “foreignizing” and “domesticating” are themselves not fixed entities, but ever-evolving registers of expression. They are the products of the norms (including the assumptions, imaginations, and rhetorical practices) of the recipient culture, which also must be explored.<sup>28</sup>

The study of historical instances of translation thus requires understanding not only the source and target texts and cultural-linguistic systems, but also as much of the local social situation as possible, including the translator's intended audience and interpretive communities, the prevailing conventions and expectations of these groups, the sociopolitical and ideological environment, the intellectual and economic stakes, and so on. I need not belabor this excursus into translation studies any further than I already have. The long and short of it is that, taking Nida's simple schematic of an act of translation as our point of departure, we rapidly arrive at the conclusion that an adequate account of the reception of Buddhist medicine in China involves a number of factors beyond simply an evaluation of how accurate Chinese translators were in capturing Indian ideas.

This study integrates the various aspects of translation introduced above, concentrating on the following:

1. The texts: an exploration of the range of literature by which Buddhist medicine was explained and introduced to Chinese audiences, and how Buddhist medicine was presented in different genres.
2. Influence and syncretism: an account of the foreign ideas transmitted, as well as to the short- and long-term changes in the target cultural and linguistic repertoires brought about by their introduction.
3. Equivalence: a discussion of the relevant cultural and linguistic systems prevailing prior to the introduction of Buddhism, and how translators used these to construct equivalents.
4. Norms: an analysis of why certain types of equivalence were employed in certain ideological or social settings, and the force of translation norms in guiding translation decisions.
5. Performative value: an accounting for the status of "the foreign" and "the domestic" as rhetorical categories, as well as how and why knowledge was marked as one or the other.
6. Translation strategies: an analysis of the broader goals and historical contexts of the individuals and groups involved in this project of cross-cultural medical exchange, including biographical data, contemporary translation institutions, and prevailing patterns of patronage.

7. Translation tactics: an examination of how translators pursued their broader strategic aims through particular choices of words and phrases.

With this list, we find ourselves in the midst of a massive undertaking that extends well beyond the confines of translation proper. Nevertheless, stitching together these manifold facets seems to be critical for our understanding of medieval Chinese Buddhist medicine. Of course, it would be folly to think that one could say everything there is to say about all of the above points in one book, or even in one scholar's career. My goal here is to survey this territory, to outline some of its major contours, and to stake out some ground for future research. I have already mentioned that future publications will more closely concentrate on the texts themselves, their contents, and their global contexts, all of which will receive short shrift here. In this book, I am most interested in examining what translational choices were made in the introduction of Buddhist medicine to China, and what these decisions tell us about the cultural and social worlds in which these translators lived and worked.

Let me acknowledge clearly here that we cannot ever gain complete access to the black box and definitively determine what our medieval translators and authors were thinking when they took up their ink and brushes. However, I will argue in the chapters to come that we can indeed peek inside and come to some reasonably solid conclusions about translators' intentions, concerns, and thought processes. As I will show, an analysis of the above factors, read against the social and cultural contexts in which translation took place, can tell us much about the multivalent meanings of religion and medicine for medieval Chinese people.

### Contents of This Book

The body of this book is divided into seven thematic units. The introduction you are currently reading sets up the basic frameworks for my analysis and contains a few preliminary notes about the sources, terminology, and translation conventions I employ. This is followed by Chapter 1, which opens by describing the religious and medical vocabularies that prevailed in China prior to the introduction of Buddhism. These cultural-linguistic elements represent

the raw materials available to translators from which they could construct equivalence, as well as important interpretive lenses through which translated Buddhist medical knowledge could be understood and explained. However, the bulk of the chapter is concerned with broadly introducing the range of Indian medical ideas, practices, and institutions imported from abroad and the texts that introduced these to China. I also summarize the widespread influence of Indian medical ideas on medieval Chinese medical texts, ranging from the writings of medical officials to Silk Road manuscripts.

Chapter 2 shifts from a focus on the transmission to one on translation practice. It opens with a discussion of the translators and the environment in which they worked. I then provide an overview of how translators used foreignizing and domesticating terminology in order to both draw their readers into a foreign world and fit their target texts into the Chinese context. I also introduce in this chapter what I call the “religiomedical marketplace,” or the competitive social environment in which healing specialists contended for patronage and cultural capital. I show that choices about how to translate Buddhist medical ideas helped to position Buddhist clerics vis-à-vis their competition, and that seemingly small translation decisions could carry an inordinate amount of weight in how well they could negotiate the medieval Chinese social and political landscape.

Next, Chapter 3 outlines in broad strokes the norms that emerged in the Chinese translation of the medical content contained in Buddhist scriptures. I discuss a large corpus of extant scriptures, focusing on how they translate five core medical metaphors that are found in Buddhist literature across multiple languages worldwide. In China, I argue, these metaphors were translated in different ways in order to appeal to different domestic audiences. Translators writing texts for the internal consumption of the monastic community, the sangha (Skt. *saṃgha*; Ch. *seng* or *sengjia*), utilized more formally equivalent or foreignizing language, while those writing for wider audiences relied heavily on dynamic equivalents that tapped into domestic vocabularies. I suggest that such differences are not accidental but relate to the strategic purposes of the translators, which I examine in some detail.

Following this discussion of the broader corpus of translated scriptures, Chapter 4 moves to consider how individual authors reinterpreted translated Buddhist knowledge in indigenous Chinese compositions. Though examples of intralingual translation rather than translation proper, these authors played just as important a role in the Chinese reception of Buddhist medicine. Throughout this chapter, I focus on the relationship between an author’s so-

cial and intellectual context and his translation decisions, demonstrating that even the same individual might modulate his strategies when writing for different audiences. I also identify a series of historical shifts in strategy that took place between the sixth and ninth centuries. As contact with India deepened and China became more familiar with Buddhist ideas, interpreters of Buddhist medicine began to utilize more foreignizing vocabularies that marked Buddhist medical knowledge as authentic, unique, and even incompatible with Chinese knowledge.

Chapter 5 switches gears and tells a diametrically opposed story about another genre of Buddhist literature. This chapter explores how Buddhist medical ideas and ideals were incorporated into popular narratives. In these tales, rather than emphasize the source context, authors worked to resituate Buddhist healers within the domestic Chinese literary world. In the hands of these intralingual translators, foreign healers were recreated as familiar characters from indigenous genres. Monks offering healing services to the laity were represented as important actors in contemporary society, and their therapies were molded to appear highly compatible with indigenous Chinese cultural expectations. Such narratives circulated widely and ultimately played a larger role than any other form of literature in introducing the Chinese populace to Buddhist healing. These stories contributed to making certain aspects of Buddhist medicine universally known and enduring parts of the Chinese religiomedical landscape.

Finally, a short conclusion briefly discusses the decline of Buddhist medicine as a vital doctrinal system in China. I identify shifts in the reception environment as a principal reason why Buddhist medical knowledge became less important for elite physicians outside of Buddhist circles in the ninth to twelfth centuries and beyond. This section also wraps up with a summary of the basic arguments forwarded here. At the back of the book, I have provided a list of Chinese and Japanese characters, bibliographies of historical sources and references, and an index.

From the above synopsis, it should be apparent that this book is not a social history of healing in medieval China, an exegesis of Buddhist medical thought, or a word-by-word analysis of translation technique—although it does a little of each. Rather, it represents an initial foray into a broad range of Chinese Buddhist texts on medicine, the language and rhetorical strategies employed in their translation and authorship, the goals of the people who produced them, and the contexts in which such writing was undertaken. I will probably spend less time discussing the translation of specific passages or

specific words than the reader might expect, preferring to pay attention to a wider spectrum of translation practices. Because my analysis and conclusions are framed broadly, many individual stones have been left unturned, and I intend to return to a number of these in future publications. For now, my chief goal is to reconstruct something of the vibrant medical world of medieval China and of the place of translated Buddhist knowledge within that milieu.

### Sources for This Book

Historical sources consulted in the preparation of this book include both canonical and extracanonical Buddhist literature, as well as a number of Indian and Chinese medical texts that lie outside the Buddhist sphere altogether. My focus, however, is the *Taishō-Era Newly Revised Tripitaka* (Jp. *Taishō shīnshū daizōkyō*), a one-hundred-volume compilation well known to all scholars of East Asian Buddhism.<sup>29</sup> My analysis includes primarily those texts that were composed or translated in China between the second and the mid-ninth centuries C.E.—which constitutes the main period of translation activity that introduced Buddhist medicine to East Asia.

My choice to focus on the *Taishō Tripitaka* perhaps requires some explanation. Assembled by scholars in Japan in the 1920s and 1930s, this compilation of texts includes a selection of historical sources that were gathered from all over East Asia. Though it has the word “Tripitaka” in its title, which is most commonly translated into English as “canon,” it does not constitute a proper historical canon as it was never recognized as an authoritative compilation by any premodern group of Buddhists. In recent years, many scholars have turned away from this heterogeneous collection as they have become increasingly excited about recovered manuscripts, local temple gazetteers, stone inscriptions, and other newly excavated or rediscovered sources. Scholarly excursions into this virgin territory have had a reinvigorating effect on the field of Buddhist studies, and in many cases have overturned long-held assumptions. At the same time that these new directions are being explored, however, the *Taishō Tripitaka* still remains an invaluable source for certain types of research. For a study of the history of Chinese translation strategies across a wide expanse of geography and time, for example, this collection is the natural starting point. Not only does it contain a broad sample of premodern Chinese Buddhist literature, but it is fully digitized, allowing for accessible

corpus-level analysis. Ranging from major sutras and commentaries to relatively obscure texts, the *Taishō Tripitaka* includes virtually all of the most historically influential writings of the Chinese Buddhist tradition that are extant today as well as a cross-section of other less influential pieces. While there is much work to be done on the history of Buddhist healing in any number of local contexts across China, a study of the medical knowledge in this particular collection is a necessary undertaking in order to provide both a baseline and point of departure for any such scholarship.

Received Buddhist texts do raise some potential sticking points that are worth contemplating, however. For one, this study must proceed under different assumptions about how texts work than studies of contemporary translation might. We must recognize that Chinese Buddhist texts belong to a world in which notions of authorship operated differently than they do in the modern West. Persistent borrowing and adaptation of material among writers (whether from the same or from rival groups) without attribution was the norm. In addition, our received texts come down to us via generations of copyists and editors who thought nothing of adjusting texts to suit the prevailing ideologies of their times. While some scholars have decried such activities as “plagiarism” and “censorship,” it is simply how authorship worked in pre-modern China.<sup>30</sup> Consequently, in this book, I use the term “author” *cum grano salis*, intending to refer to the name attached to a particular version of a text. I do not mean to infer that this individual was the sole person who contributed to its composition, or that the text we have today is necessarily a fully faithful copy of his original.

The idea of “the translator” of these sources is just as problematic. An unknown but significant percentage of Chinese Buddhist translations were anonymously done, although these texts were often backdated and given false attributions retroactively for polemical purposes.<sup>31</sup> Even when we are confident about the name and date, we must bear in mind that most texts were not translated by a single individual. Rather, as I will discuss in more detail in Chapter 2, Buddhist texts were most frequently the output of a committee: symbolically headed by that individual, but in actuality composed of numerous individuals with varying linguistic and literary expertise. When I talk about the “translator” of a text in this book, I do not mean to exclude all of the other individuals involved in the translation, reinterpreting, and rewriting of a text. While I ascribe certain motives to Chinese Buddhist translators, I am fully aware that we cannot reconstruct the deliberations of translation assemblies or separate out the intentions of the individuals who constituted them.

Another issue that confronts us is the one-sidedness of the corpus available to us in the present day. The vast majority of Chinese Buddhist scriptures are today available only as target texts, the source texts having been lost long ago. Even when there are recensions of these texts still extant in Indian languages, these represent different, usually much later, editions rather than source texts in the strict sense. In only extremely rare cases were the Indic texts from which Chinese translators worked preserved to the present day.<sup>32</sup> While this lacuna might on its face seem to present an insurmountable obstacle for a project such as this one, in actuality, a focus on a monolingual corpus is not that unusual in translation studies. While it would be nice to have our translators' sources, enough comparable Buddhist and medical literature exists from the Indian sphere that we often can make informed estimates of what missing source texts may have said when appropriate. In my research, I have most frequently used for these sorts of comparisons the Pāli Buddhist Canon<sup>33</sup> and the three most influential classics from the Āyurvedic tradition.<sup>34</sup> In fact, however, this book does not spend any time comparing source and target texts. I am most interested in examining Chinese translations as examples of Chinese literature written in the Chinese target context. That is to say, the lack of Indic source texts sharpens our focus on the reception end of the translation process and underscores our commitment to treating translations as "facts of target cultures."<sup>35</sup>

One final consideration worth mentioning is that, due to the lack of source texts, what does and does not constitute "translation" is not always clear from our historical remove. Many of the writings associated with Chinese Buddhism are known or suspected to be pseudotranslations (often called "apocrypha"), texts that were newly composed in China but were passed off as translations from Indian languages.<sup>36</sup> As I will discuss in detail below, it is impossible to make clear categorical distinctions between texts or parts thereof that adhere closely to the source texts, those that represent creative reinterpretation, and those that are all-out fabrications. Most Chinese Buddhist texts combine the whole gamut of approaches, and, because we have no source texts to compare them against, we are often unsure what portions of a text are examples of what kind of approaches.

In fact, however, the issue of what does and does not constitute translation is easily settled when we think of translation in broader terms. Once we include both inter- and intralingual translation in our definition, then all medieval Chinese Buddhist texts count as translations. Even if they are not translations proper, all are the product of authors' attempts to explain, eluci-

date, and engage with foreign knowledge. All Chinese Buddhist exegetes and thinkers grappled with how to understand, explain, and mobilize foreign ideas in ways that were meaningful to their readers. Anthologizers, catalogers, collectors, and other “rewriters” of preexisting material were no less involved in translational activity.<sup>37</sup> Far from mindlessly compiling they selected from existing sources, extracting texts from one context and recasting them to fit another. Even cases of outright appropriation—for example, when a Daoist author lifts passages or entire texts from Buddhist scriptures—can similarly be understood as a type of translation. By adapting existing material or re-deploying it in new compositions, all of these authors infused borrowed materials with new meaning and resituated them in new frameworks, in effect translating them into new social, ideological, and intellectual contexts.

All of these translational acts—whether translation proper, pseudotranslation, rewriting, adaptation, or a mix of all—involved similar processes of extracting an idea from a source context and restructuring it in a new target context. But how translators derived meaning from the sources available to them and how they chose to express those ideas in new linguistic, cultural, and ideological frameworks varied greatly. While Chinese Buddhist target texts invariably are intricate mosaics of Indian and Chinese cultural-linguistic elements, as we will see below, there are important patterns that emerge upon closer inspection. It is precisely on reading these patterns to see what they reveal that we will focus in the pages to come.

### Some Notes on Terminology and Translations

The anthropologist Joseph Alter has written that the broad categories commonly used by scholars to compare different cultures, such as “religion,” “economics,” “philosophy,” and “science,” reflect reality only partially. Their usage, he argues, “produces frameworks of analysis . . . that are completely at odds with histories of contact and sustained cultural communication.”<sup>38</sup> This mismatch between scholarly categories and historical realities is especially problematic in a study of the history of Buddhist medicine.

In the first place, we must ask ourselves, just what do we mean by the term “medicine” in the context of medieval China? Historians of Chinese medicine have given the lion’s share of their attention to the learned strands of healing historically associated with the members of a particular social group called in Chinese *yi* (conventionally translated into English as “physicians”).

This focus is perhaps understandable given that the healing system advocated by physicians—itsself also called *yi* (in this context conventionally translated as “medicine”) or *yifang* (“medical techniques”)—enjoyed increasing official favor and eventually became the dominant learned medical discourse from the eleventh century onward. The doctrines and practices associated with the word *yi* also constitute the basis of Traditional Chinese Medicine (TCM), a modern hybrid therapeutic system that is increasingly popular across the globe today.<sup>39</sup> Nevertheless, it is a mistake to assume that the *yi* were the only practitioners in the long history of China that were taken seriously by patients or that produced sophisticated treatises on health, illness, and the body. If we aim to gain a more comprehensive picture of the Chinese medical world, it is imperative to investigate the history of other groups of healers—despite the fact that they may not fit neatly into the modern understanding of the word “medicine.”<sup>40</sup>

In the medieval period, one obvious area needing further research is the activities of religious healers. In China prior to the eleventh century, “religion” was not a thoroughly separate category from “medicine.” (I use the word “religiomedical” when I want to explicitly flag this overlap for the reader.) The origin of the medical system of the *yi*, it might be noted, was commonly attributed to the deified culture hero known as the Yellow Emperor (*Huangdi*), who was a figure of widespread philosophical and religious importance in early China. It centered on understanding the intricacies of the ethereal cosmic vapor called “qi” and the resonances of yin and yang, which were the same concerns that undergirded multiple Chinese religious, divinatory, and cosmological traditions.

If “religion” thus lay at the heart of “medicine,” then, conversely, every school of thought we might want to identify as “religious” in early China forwarded its own systematic model of how the body worked, what one needed to do to keep it functioning optimally, and how to respond when it broke down. Healing fell well within the realm of expertise that the clerics, priests, religious leaders, and ritual specialists of all persuasions arrogated to themselves. Moreover, judging by the huge volume of popular medieval literature about healing and healers, it was also one of the chief social functions that was expected of them by the laity.

If it is not the case that there was a systematic and secular “medicine” opposed to doctrinally unsophisticated traditions of “religious” healing in the medieval period, it is also not a question of “elite” versus “folk” therapies. As I will discuss below in detail, Buddhist monks actively competed against

physicians, Daoists, spirit healers, and other religiomedical practitioners for patients of all social classes. Their competitions played out on a field that was largely unified by shared expectations, conventions, and assumptions. There are many indications in the historical record that healers of all of these types were taken seriously across all levels of society, and that their therapies were recognized as legitimate and prestigious even by emperors.

Given these facts, I am of the opinion that historians of the medieval period lose more than they gain if they reserve the category of "medicine" for the *yi*, and relegate other groups to the residual category of "healing." This bifurcation seems anachronistic in that it grants physicians more authority than they probably enjoyed in the medieval era and sets them off too distinctly from their contemporaries. In this book, I would rather use the English word "medicine" in an intentionally broad and fuzzy way in order to encompass the whole range of practitioners and to draw attention to the fluidity and interactions between them. When I want to refer to the *yi* in particular, I will use the term "physicians," and I will refer to their ideas and practices as "classical Chinese medicine."<sup>41</sup>

Since this volume is primarily a study of translation practices, there are many aspects of medicine I will not have the opportunity to discuss here, no matter how expansively I use that term. I will not have much to say about medical institutions, material culture, or artistic representations, for example, which I will leave to future publications. Out of necessity, I am also limiting the scope of this book to medicine associated with the physical body. Though there is an argument to be made that mental health should be included as well, if I were to attempt to do so, I would have to consider virtually every Buddhist text, as the vast majority of them claim to be intervening precisely in that arena. Other realms of Buddhist knowledge that connect closely or overlap with medicine but have also been omitted from this discussion include pharmacology, astrology, divination, calendrical sciences, alchemy, martial arts, hygiene, and longevity practices. Each of these constitutes a distinct field of study with its own large body of literature, and in my opinion they are best taken up in separate projects.

Building on this discussion of the scope of the term "medicine," my use of the term "Buddhist medicine" requires additional clarification. I am aware of only one example where medieval Chinese writers use a term that might be translated as "Buddhist medicine" (*foyi*)—and it is unlikely that that is what is meant in this particular case.<sup>42</sup> There is no equivalent term in Indian Buddhist texts, suggesting that this was not thought of as a distinct field of

knowledge in the original cultural context. Not all Indian medical knowledge transmitted to China was associated with Buddhism, either. As I will discuss in the next chapter, texts about “Brahmanical” medicine (presumably meaning *Ayurveda*, but this is not certain) were also introduced into the Middle Kingdom. When I use the term “Buddhist medicine” here, I do not mean to clump all transmitted Indian medicine together nor to suggest that the ideas under discussion here were exclusively Buddhist. Rather, I use the term as a convenient label for discourses about medicine that were introduced to China via Buddhist translations and that were elaborated upon in Chinese Buddhist compositions. As will become clear below, I am not interested in retrospectively reifying the category of Buddhist medicine, but rather in exploring its construction and continual renegotiation in medieval China.

That being said, though the use of the term *foyi* did not come into common currency until the middle of the twentieth century, it is clear that Chinese authors in the medieval period did think of the medical knowledge contained in Buddhist scriptures and commentaries and practiced among the sangha as patently Buddhist. Most often, Buddhist writers discussed medical knowledge under generic headings such as “treating illness” (*zhibing*), “the suffering of illness” (*bingku*), and “nursing the sick” (*zhanbing*), but they make abundantly clear that the knowledge contained within is meant to be understood as Buddhist through both the context and the paratext of their compositions. In fact, as I will examine rather closely in the remainder of this book, over the course of the medieval period, authors were increasingly concerned with marking out what constituted Buddhist medical knowledge, with presenting it as superior to contemporary alternatives, and with policing these boundaries against unorthodox intrusions.

The examination of such writings reveals the changing contemporary understandings of what medical ideas counted as “Buddhist.” Frequently, medieval Chinese Buddhist writings on medicine are characterized by their engagement with doctrines and practices that originated in the Indo-European cultural sphere and that were introduced into China as part of the transregional transmission of Buddhism. This was not a unified or homogeneous body of knowledge, however, since Buddhist texts entered China from any number of South, Central, and Southeast Asian territories over the span of centuries. At the same time, Buddhist authors also frequently worked indigenous Chinese vocabularies, ideas, and practices into their compositions. This book will not dedicate any significant amount of space to explicating the doctrines and practices that make up medieval Buddhist medicine, as

this will be done in future publications. Rather, it is those processes of negotiation, inclusion, and exclusion that are our central concern here.

Moving now to a discussion of the translation conventions employed in this book, I am acutely aware of the ironies of writing about cross-cultural translation while simultaneously engaging in it. I will be the first to admit that I am, by the very nature of this project, translating the medieval Chinese historical experience in order to bring it under the gaze of the Euro-American academy.<sup>43</sup> In order to write as contextualized an account as possible, throughout the book I have made an effort to try to describe the medieval Chinese cultural and social world in my own words rather than by performing a series of acts of translation proper. On the occasions that I do engage in translation proper, I have often defaulted to the translation terms listed in the *Digital Dictionary of Buddhism* (below, *DDB*), a collaborative scholarly work that is now beginning to set translation norms in the field of Buddhist studies. However, though I have striven for a certain level of consistency with my colleagues, like most translators, in the end I present the reader with an idiosyncratic mishmash of equivalents of various types.

For the most part, I have tried to use English whenever possible so that this book will be accessible to nonspecialists. The first time I bring up a technical term, I give the most commonly occurring Chinese and Sanskrit equivalents, leading with the language that is most pertinent to the context I am speaking about. In discussions of the Chinese context, I only provide the Sanskrit if a Chinese term is clearly to be understood as a translation of a specific Indian word. Where such connections are not immediately apparent, I do not provide speculative back-translations that privilege the source over the target context.

Some sinologists object to the use of Sanskrit in discussions of Chinese Buddhism altogether, and I think there is much to commend that position. For example, I agree in principle with the argument that the word “Tripiṭaka” (Skt. *tripiṭaka*; Ch. *sanzang*; lit. “three storehouses” or “three treasuries”) is not literally applicable to the Chinese canon, as the Sanskrit implies a collection that is divisible into three parts but such divisions never were strictly adhered to in China.<sup>44</sup> Likewise, I agree that the word “sutra” (Skt. *sūtra*) is not interchangeable with the common Chinese translation *jing*, as the first refers to a specific subcategory of Indian Buddhist literature and the latter is a catchall word for a variety of genres of scripture and secular classics. Nevertheless, for the purposes of clarity and dialogue with scholars of Buddhism across Asia, I have used the Sanskrit in these and similar cases.

Throughout this book, I have normally translated medical terminology, whether Indian or Chinese, into English. When doing so, I have capitalized technical terms to distinguish them from their everyday English usage (e.g., Great Elements, Wind, Liver). However, I have left important keywords such as *tridoṣa* untranslated because of the lack of concrete translation equivalents in English. In all cases, I have briefly defined these terms when they are first mentioned. When using Sanskrit and Chinese words that have entered common English usage (e.g., qi, yin-yang, sutra), I leave them unitalicized and without diacriticals.

Like most scholars today, I use Hanyu pinyin to romanize Chinese characters. This transcription system reflects the modern Mandarin Chinese pronunciation, which has strayed far from the prevailing modes of speech in the medieval period. The historical drift in the pronunciation of characters becomes an issue in this study when speaking of the Chinese transliteration of Sanskrit. For example, when I give the Chinese transliteration of the name of the legendary Buddhist physician Jīvaka as “Qiyu” or “Qipo,” the reader must keep in mind that the Early Middle Chinese pronunciation would have been much closer to the Sanskrit than the pinyin suggests.<sup>45</sup>

Finally, I have been flexible on whether individual people should be identified by Chinese or Sanskrit names, deciding on a case-by-case basis and defaulting to their most commonly known appellations. I have applied this same logic to names of deities, using English, Chinese, or Sanskrit terms as the case may be.

I hope by making the above choices I have made this book more readable and more accessible for a general audience. Of course I recognize that, like in all instances of translation discussed throughout this book (and, indeed, in all translations anywhere), there are both gains and losses that result from my decisions.