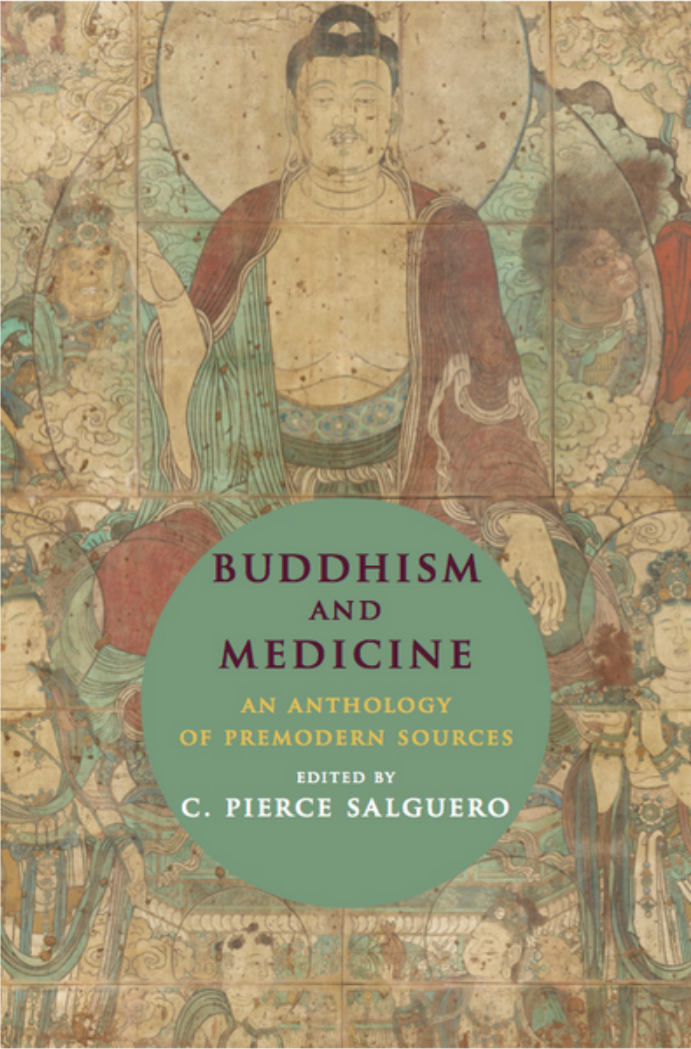
BUDDHISM
AND
MEDICINE
AN ANTHOLOGY
OF PREMODERN SOURCES
EDITED BY
C. PIERCE SALGUERO

Buddhism and Medicine

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AN ANTHOLOGY OF PREMODERN SOURCES

C. Pierce Salguero

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For Marcie

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ABBREVIATIONS

AN	*Aṅguttara-Nikāya*
BZA	*Alternate Translation of the Grouped Āgama Sūtras*
Ch.	Chinese
Cv	*Cullavagga*
Dhp	*Dhammapada*
DN	*Dīgha-Nikāya*
DZ	*Daozang* (see Zhang, Shao, and Zhang 1974)
HPC	*Han'guk pulgyo chonso* (see Han'guk pulgyo chonso p'yonch'an wiwonhoe 1979–2001)
Jp.	Japanese
Kr.	Korean
KS	*Kagaku Shoin*
MKDI	*Moon King* Degé Input
MKMsA	*Moon King* Manuscript A
MKMsB	*Moon King* Manuscript B
MN	*Majjhima-Nikāya*
Mong.	Mongolian
Mv	*Mahāvagga*
P	Pelliot chinois Dunhuang manuscript collection
S	Stein Dunhuang manuscript collection
SĀ	*Saṃyukta-āgama*

SKQS	*Siku quanshu* (see Shangwu yinshuguan Siku quanshu chuban gongzuo weiyuan hui 2005)
Skt.	Sanskrit
SN	*Saṁyutta-Nikāya*
T	*Taishō shinshū daizōkyō* (see Takakusu and Watanabe 1924–1932)
TBRC	Tibetan Buddhist Resource Center (www.tbrc.org)
Tib.	Tibetan
TZ	*Taishō shinshū daizōkyō zuzo* (see Takakusu and Ono 1924–1935)
X	*Xu zang jing* (see Nakano 1905–1912; Maeda and Nakano 1923)
ZA	*Grouped Āgama Sūtras*
ZGR	*Zoku gunsho ruijū* (see Hanawa et al. 1928–1937)

Introduction

C. PIERCE SALGUERO

Texts from across the Buddhist world list illness along with birth, aging, and death as the four great torments that inevitably accompany life in a human body. Since Buddhist doctrine at its very core is focused on the relief of all forms of suffering (Skt. *duḥkha*), Buddhist writings and practices frequently address the question of how to cope with this particular tribulation. Mainstream Buddhist doctrine seeks to mitigate the suffering of illness by stressing the illusory nature of the physical body, the nonexistence of the separate self, and the possibility of radical transcendence through Buddhist practice. Contrary to popular belief, however, Buddhists have never limited themselves to passive or fatalistic approaches to dealing with corporeal disease. For well over two millennia, the sick and those who care for them have found practical, this-worldly advice for preventing and curing maladies within the context of the religion.

Like Buddhism itself, the repertoire of Buddhist approaches to disease, healing, and health maintenance began to coalesce in India in the second half of the first millennium B.C.E.[1] Embedded in Buddhist writings, rituals, and material culture, these Indian ideas and practices were spread by merchants, missionaries, and healer-monks along the Silk Roads and maritime routes to the rest of the Asian continent during the first millennium of the Common Era. Invariably, healing played a central role in Buddhist proselytism in new lands, and it was often among the chief benefits that was held out to new converts. Whether they were individual patients being treated by itinerant ascetics or kings organizing

massive protection rituals, devotees across the Buddhist world were encouraged to turn to Buddhist tradition, institutions, and functionaries for methods to cure and prevent the suffering of illness.

Buddhist ideas and practices related to healing eventually crossed significant cultural and political boundaries, becoming influential across South, East, Central, and Southeast Asia. Today, many Buddhist healing doctrines and therapies continue to transcend association with any specific geographic region or culture. Certain Buddhist frameworks became the basis of traditional medicine in Thailand, Burma, Sri Lanka, and Tibet, among other places, and continue to be practiced both locally and internationally today. Other facets of Buddhism have been studied within biomedical and scientific institutions in many parts of the world, and are now contributing to the latest global health fads under the rubric of "mindfulness."

In the modern era, it has become common for devotees and scholars alike to refer to Buddhist approaches to health as "Buddhist medicine."[2] This term is convenient shorthand and we will borrow it here, but the reader must bear in mind that this is not a unitary category. At the same time that Buddhists have returned again and again to a core set of ancient Indian medical ideas and practices, Buddhist medicine is neither a timeless nor a static tradition. Wherever it has been adopted, Buddhism has been retranslated, reinterpreted, and reframed to suit local cultural and social expectations, and Buddhist medicine has undergone similar transformations.

This volume makes available for the first time a wide range of translations of primary sources from across premodern Asia that exemplify this very multifaceted nature of the historical relationship between Buddhism and healing. (Modern and contemporary sources will be taken up in a future volume.) It includes full translations and excerpts from scores of Buddhist texts that provide a broad sample of sources and a wealth of different perspectives. The book includes such literary genres as monastic disciplinary texts, ritual manuals, meditation guides, popular narratives, inscriptions, commentaries, and other types of texts. We have also included writings from outside of the Buddhist canonical literature that demonstrate Buddhism's relevance in medical traditions beyond the specifically monastic or religious context (hence, "Buddhism and medicine" in the title of the volume rather than "Buddhist medicine"). The topics covered range from nursing, hospice care, dietary regimen, and the compounding of medicines, to curative meditations, ritual healing, cultivation of magic powers, and the intervention of deities.

The common thread revealed by these texts is the sustained engagement Buddhists historically have had with a multiplicity of healing doctrines, practices, and orientations. Rather than present a unified grand narrative about Buddhist medicine, the purpose of the current volume is to showcase the diversity of Buddhist engagement with healing across this spectrum of historical, geographic, and literary contexts. Collectively, the contributors focus on the richness and heterogeneity of the source base, the complexity of the interplay between the transregional tradition and its local reception, and the many colorful local manifestations of Buddhist medical thought and practice in premodern Asia.

Contents of the Volume

Whereas there are many ways that the contents of this book could have been arranged, its sixty-two chapters have been divided into thematic sections. These sections are not further arranged chronologically, but rather follow a sequence chosen by the editor to progressively lead the reader through the material. These decisions were made in consideration of the reader who wishes to work through the entire volume sequentially, such as one might do in a college course. Those who are interested in a specific historical context might find the separate table of contents in the appendix helpful, where the chapters are listed by geographic area and language.

The contents of each thematic section are as follows:

Doctrinal Considerations. Taken together, the chapters in this section introduce basic Buddhist doctrines concerning disease, healing, and the well-being of the physical body that inform all the other chapters in the book. We begin with two chapters about healing that are translated from early texts written in Pāli, Chinese, and Tibetan, and a third containing excerpts of early Buddhist texts that were collected in an eighth-century Chinese Buddhist encyclopedia. Together, these first three chapters introduce the causes of disease, the power of the Dharma as a comprehensive therapy for human suffering, the rationale for Buddhist healing and nursing activities, and some of the basic parameters of how that care should be given. They also introduce the reader to two model Buddhist healers, the Buddha himself and the physician Jīvaka, who will be further developed in the third section below. Building on the basic notions introduced in the first three chapters, chapters 4 and 5 present more detailed examinations of particular medical doctrines as they appear in Buddhist *sūtras* (a Sanskrit term that can be loosely glossed as "scriptures"). These concepts include how to understand and manage the *tridoṣa* (i.e., the so-called "faults" or "peccant humors" of Wind, Bile, and Phlegm that are major causes of disease according to Indian medical thought); how the human body undergoes discrete stages of growth and development while in utero; and the inherent misery of human embodiment, among other topics. Next come two chapters (numbers 6 and 7) on the relationship between mind and body, and how this relates to the nature and experience of illness. Chapter 8 outlines how contributing to the health of members of the Sangha (i.e., the Buddhist monastic community) earns a devotee untold measures of karmic merit, including good health. Finally, the text translated in chapter 9 argues that healing is an indispensable part of the individual aspirant's progress along the bodhisattva path.

Healing and Monastic Discipline. Collectively, the texts in this section shed light on the disciplinary regulations of distinct monastic communities, with a specific focus on those related to medicine and bodily care. It begins with two chapters (10 and 11) translated from the Pāli and Sanskrit *vinayas* (i.e., monastic disciplinary codes) that discourage members of the Sangha, particularly nuns, from practicing certain types of healing on the grounds that they are "worldly arts." While healing was usually frowned upon when practiced by monastics for personal gain or when done in ways that offended contemporary mores, we have already established in chapters 1 and 3

that providing care for one another within the monastic community was often encouraged, or even required. Chapters 12 through 16 present excerpts from a number of different disciplinary texts from various monastic traditions. These elaborate the rules, expectations, and norms concerning how monks and nuns were to go about nursing one another, administering and storing medicines, performing other therapeutic interventions, and caring for their own bodies.

Buddhist Healers. This section includes various accounts of notable Buddhist healers. Some enjoyed fame across Asia, others only in limited local settings, but all were held up by authors as models to be emulated and to inspire faith in the power of Buddhism. The section begins with a chapter (17) featuring two texts comparing the Buddha to a physician. Next come two chapters (18 and 19) presenting legends about the Buddha's acts of healing over the course of his many lifetimes. Following this, two chapters present accounts of other model Buddhist healers. These include the lengthy Sanskrit biography of the aforementioned Jīvaka (chapter 20) as well as a series of much shorter narratives about various healers and miraculous events from across East Asia (chapters 21 and 22). The final two chapters in this section present translations of documents concerning the patronage of Buddhist healing by historical rulers. These include a short but surprisingly rich letter (chapter 23) from the Buddhist monk Kūkai (774–835) to his patron and patient, the Japanese emperor Kōnin (r. 810–823), and an inscription (chapter 24) concerning the construction of Buddhist hospitals by King Jayavarman VII (ca. 1140–1218) of the Khmer Empire.

Healing Rites. The fourth section explores ritual interventions intended to cure the sick, ranging from simple spells to complex multipart ceremonies. The section begins with translations of two important *sūtra* texts (chapters 25 and 26), which are dedicated to the Buddhist deities Bhaiṣajyaguru (the so-called Medicine Buddha) and Avalokiteśvara, respectively. The remainder of the chapters in this section are organized geographically and present a wide range of interventions calling on different deities for assistance in healing. Chapter 27 introduces a tantric healing rite from India that focuses on the bodhisattva Mañjuśrī; chapters 28 through 30 discuss healing rites from China involving a host of buddhas, bodhisattvas, and minor deities; chapter 31 offers translations of two healing liturgies recovered from the Silk Road oasis of Dunhuang;[3] and chapters 32 and 33 introduce rituals for safety in childbirth from medieval Japan. The last two chapters in this section (34 and 35) offer translations of Buddhist protection rituals from Southeast Asia and Mongolia.

Meditation as Cure and Illness. The fifth section introduces both the healing possibilities afforded by Buddhist meditation practice and its potential dangers to one's health. The first two chapters (36 and 37), which concern China, and the next (38), which deal with Korea and Japan, share the concern that meditation done improperly may cause "meditation sickness." These three chapters offer both warnings against improper meditation and a range of remedies, such as visualizations, breathing exercises, and so forth, in case one falls ill. Chapter 39 has a more sanguine opinion, and an almost whimsical tone. Modeled after the Chinese *materia*

medica genre, this text speaks of meditation and other Buddhist practices as if they were medicinal drugs, and outlines their curative properties, dosages, and contraindications. The remainder of the chapters in this section are concerned with therapeutic meditation outside of East Asia. Chapter 40 introduces a Tibetan deity visualization practice for health and longevity; chapters 41 and 42 are concerned with Tibetan meditations to cure illnesses of Wind; and chapter 43 introduces a set of long-overlooked Southeast Asian meditations for the same purpose.

Hybridity in Buddhist Healing. This section explores the complex intersections between transregional Buddhist traditions and local forms of popular healing in various recipient cultures. The healing knowledge presented in this section is nominally Buddhist—that is to say, it is found in Buddhist texts or at Buddhist sacred sites, or is ascribed to Buddhist deities. However, these chapters emphasize the porous nature of the boundary between Buddhist and local practices. Chapter 44, an "apocryphal" *sūtra* (i.e., one composed in China and falsely attributed to India) places native Chinese terminology such as *qi*, yin-yang, and so forth into the mouth of the Buddha. Chapter 45 describes a range of ritual techniques that share many distinctly Chinese features with contemporaneous Daoist practices. Chapter 46, on the other hand, translates a list of medical prescriptions inscribed in the Buddhist Longmen grottoes that also circulated widely in a variety of East Asian medical and religious contexts.[4] Chapters 47 and 48, both also from China, present approaches to healing and medical divination that crossed over between Buddhist, Daoist, and medical circles. Stepping outside of China, chapter 49 contains several excerpts of Buddhist medical wisdom from Korea, which conspicuously feature native East Asian religious and medical concepts. The penultimate chapter in this section (50) represents a hybrid Sino-Tibetan system of pulse diagnosis, which the text characterizes as a teaching emanating from the bodhisattva Mañjuśrī. Meanwhile, the final chapter (51) is a translation of a complex multilayered Japanese text that integrates the Chinese medical practice of moxibustion into its repertoire of Buddhist and Daoist rituals to subdue illness-causing demons.

Buddhism in the Medical Traditions. Although there are a few traces here and there, the impact of Buddhism on classical medical thought in India—that is, on the tradition known as Āyurveda—is difficult to see clearly in the extant texts. In other cultures, however, the case is much more clear-cut. The last section of this volume focuses on the influence of Buddhism on the predominant institutionalized medical traditions of premodern Asia. The translations provided in chapters 52 and 53, for example, highlight the Buddhist influences on a medical compendium by the renowned Chinese court physician Sun Simiao (581–682). Chapters 54 and 55 likewise discuss the appearance of Buddhist doctrines and therapies in important medical treatises from Japan and Korea. Chapters 56 through 58 translate sections of notable medical treatises written by monks from Japan and Vietnam. Chapter 59 is a text by a Burmese physician that bases its understanding of disease on the Pāli Abidhamma literature. The remaining three chapters concern Tibetan medicine. Two of these (chapters 60 and 61) are translations of sections

of the seminal twelfth-century Tibetan medical treatise known as the *Four Tantras*, while the final chapter in the book (62) presents a critical analysis by a sixteenth-century author disputing the claim that that text was spoken by the Buddha.

In addition to these chapters, at the end of the book the reader will find the appendix with the alternative table of contents, a glossary with short definitions of common terms, and a comprehensive list of references for the entire volume.

Scope of the Volume

It is anticipated that this collection will be of most immediate interest to scholars in Buddhist studies and the history of medicine, who may find within these pages countless instances of overlap and intersections between their respective disciplines. In addition to these two fields, however, the chapters that comprise this volume were also contributed by specialists in Chinese religions, Asian languages and cultures, philosophy, and other academic fields. Some of them also have experience as practitioners of Asian medicine. This group represents a range of interests, styles, and approaches to the materials, which I, as editor, have not attempted to reconcile or mold into conformity. During the editing process, I have encouraged authors to highlight unique or particularly interesting aspects of the texts they are translating, and to clarify their approaches for a wider audience. However, on the whole I have allowed the chapters to speak to not only the diversity of the Buddhist sources on healing, but also to the diversity in scholarly approaches to this material. By doing so, it is hoped that readers from multiple backgrounds will be able to connect these materials with their own disciplinary (or even clinical) concerns, and to utilize this volume in ways unforeseen by the editor or contributors.

That such a large number of scholars with varied expertise were eager to participate in this volume speaks to the fact that Buddhist medicine has recently become something of a fashionable topic in academic circles. Although scholars have been interested in examining Buddhist doctrines and practices concerning health, disease, and the makeup of the human body since at least the mid-twentieth century,[5] interest in this subject has risen sharply in just the last few years.[6] This trend no doubt is part of the more general turn toward analysis of cultural representations of the body in the humanities and social sciences over the last decades. However, one of the principal reasons this subfield is currently booming is almost certainly the emergence of Buddhism as a major factor in medical and health-related discourse on a global scale in the late twentieth and early twenty-first centuries. Far from being relegated to the proverbial dustbin of history, certain Buddhist therapies—particularly meditation for reducing ailments associated with stress—are now being enthusiastically embraced by neuroscientists, psychiatrists, public health officials, government bodies, and the general public across the world.[7] On a more local scale, Buddhist rituals, meditations, and

other healing practices have continued to play a role in popular health care in many modern Asian societies.[8]

While such developments have stimulated interest in the topic among scholars of the humanities and social sciences, the scholarship produced to date has tended to cluster around particular geographic areas and time periods, resulting in notably uneven coverage. The vast majority of published research on premodern Asian Buddhist healing has concerned China, with Japan and Tibet following closely behind. In contrast, very little attention has been paid to Korea, Mongolia, or anywhere in Southeast Asia. Scholarship on India itself falls somewhere in the middle. The geographical and temporal coverage of the current volume reflects some of the limitations of the current state of the field. Despite my efforts as editor to ensure the broadest possible coverage, there are large and obvious gaps that were simply impossible to fill due to the unavailability of scholarly expertise. It is hoped that the topic of Buddhism and healing will continue to attract attention, and that future scholars will broaden our vistas and fill some of these lacunae.

Another notable aspect of this volume's coverage is the wide variety of different types of sources it includes. A number of contributors have translated excavated manuscripts—long lost handwritten documents that have been rediscovered by archaeologists in relatively recent times. More often, contributors have utilized "received texts," or versions of historical writings that have been passed down to the present through the processes of recopying and reprinting. Many of these derive from the so-called Buddhist canons (Skt. Tripiṭaka; literally meaning "Three Baskets") that were eventually compiled into printed editions, and which now are also increasingly available online in digitized form. It is important to remember that while devotees treat these texts as authoritative scriptures, historians recognize that received texts have undergone constant change and editing while being passed down over generations of copyists and editors to the present day. In certain cases, the contributors to this volume have taken a comparative approach to the sources, reconciling texts from different collections (sometimes written in different languages) against one another or against available manuscript copies. In all cases, the individual contributors have specified any peculiarities of their sources in the introduction to their chapter, and have provided references to the source texts used and to existing scholarship for those who are interested in learning more.

Given all of these variations, the reader should keep in mind that while the authors in this volume are exploring various facets of Buddhist medicine, they are describing only the ideas or practices of particular historical groups as presented in specific texts; they are not making sweeping generalizations about "Buddhism" writ large. Given the heterogenous nature of the extant materials, written over many centuries by numerous people in multiple languages and now available in many different types of media, it should come as no surprise that the translations presented in this volume do not present a unitary perspective. Rather, these texts are best thought of as constituting a series of snapshots from various cultural and

historical contexts. Some contain fairly straightforward explanations of Buddhist medical thought that seem to share much common ground with Indian religious and medical culture. On the other hand, some draw most predominantly on local precedents, refracting Buddhist healing knowledge received from abroad through local cultural and social lenses. Still others are patchworks of cross-cultural syncretism, amalgams of local and transregional perspectives. All of the above give us equally important insights into how Buddhist healing was practiced locally in diverse times and places, while also contributing to our overall understanding of its spread and development across premodern Asia.

About the Translations

In most cases, the contributions to this volume represent the first attempt to translate these texts into English—or, for that matter, into any European language. The reader should bear in mind that the process of translating specialized Buddhist literature from one language to another and from one historical epoch to another is an enormously complex task, and that there are many ways to approach it. The contributors to this volume have collectively striven to provide translations that will be accessible to a wide audience that is not necessarily accustomed to reading either Buddhist scriptures or Asian medical treatises. This has meant that, wherever possible, we have opted to use common English vocabulary and to prioritize readability over the preservation of the original syntax. We have attempted to avoid what is sometimes called "Buddhist Hybrid English"—that is to say, translations laden with Sanskrit and other Buddhist jargon that is inscrutable to the nonspecialist.[9] Authors translating texts from East Asia have also attempted to avoid what might similarly be called "Chinese Medical Hybrid English," an equally specialized dialect that is often used among sinologists and practitioners of East Asian medicine when writing for one another.

That being said, we have chosen to keep a handful of key Buddhist doctrines as well as a few major Indian and Chinese medical terms in the original language. Sometimes we have even back-translated from Tibetan into Sanskrit, for example, or from Korean into Chinese, to explicitly demonstrate connections between the various contributions in the volume, as well as between Buddhist texts and the secular Asian medical traditions. Recurrent foreign terms are defined in the glossary, but the reader should be aware that there are many variations in the local understandings of these words and should in all cases consult the explanatory notes provided by individual authors.

One problematic question that arises in the translation of historical medicine is the issue of how to handle the premodern disease concepts found in our texts. Professional historians of medicine virtually never explain premodern ideas using contemporary biomedical language. Thus, for example, we do not approach a Chinese disease term such as *shiqi* (see chapter 28§1) by trying to determine whether it "really means" seasonal allergies, the common cold, or influenza.

Rather, we recognize that historical disease concepts had different referents than modern ones, and were embedded in different epistemological contexts and conceptual systems. Consequently, in most cases, we have simply translated disease concepts literally (e.g., rendering *shiqi* as "Seasonal Qi"), and have allowed them to stand on their own.[10] We have left such instances capitalized or in quotes to flag for the reader that these are translated terms with special culturally specific meanings, and to differentiate them from standard English words.

The question of plant identification is also a potential quandary for medical translators. In a pre-Linnaean world, where classification by genus, species, and subspecies was unknown, plants that today we would perceive as belonging to different categories were often lumped together under the same name, and those that we would see as belonging to the same category were often perceived as utterly unrelated. Also, names were often applied inconsistently, and exactly which plant was meant by a particular name often changed over the centuries or over geographic distance. The contributors to this volume have relied on historical dictionaries and other resources to identify the plants mentioned in our texts, and have provided whatever information has been possible to determine. In many cases, this information is fragmentary. In all cases, the translation of plant names in these chapters should be approached as tentative.[11]

Because we have tried to make this book accessible to the widest possible audience, we have not taken up pages with laborious explanations about particularities of translation problems such as these, or other considerations that will primarily interest specialists. Where further scholarship on a particular textual problem or historical episode exists, it has been cited. Readers should also be aware that many of the contributors to this volume currently have publications in various stages of preparation that will deal with the texts translated here in more detail, and that will no doubt engage at length with these very issues.

FURTHER READING

There are many scholarly articles that should be consulted for further reading on specific aspects of Buddhist medicine in various cultural and historical contexts. Each chapter of this book includes a brief selection of further readings compiled by the chapter author that will facilitate the reader's entry into that literature. Note that, while the most significant scholarship has often been published in other languages (Japanese, Chinese, and French are especially common), our lists of further readings include only English language publications. With few exceptions, we also have chosen to exclude unpublished theses, conference papers, and forthcoming works, though all of these, in addition to scholarship in foreign languages, are frequently cited in the endnotes.

For general introductions to the topic of Buddhist medicine, the reader should consult the following basic overviews of history and doctrine:

Kitagawa, Joseph Mitsuo. 1989. "Buddhist Medical History." In *Healing and Restoring: Health and Medicine in the World's Religious Traditions*, ed. Lawrence E. Sullivan, 9–32. New York: Macmillan.

Salguero, C. Pierce. 2015. "Toward a Global History of Buddhism and Medicine." *Buddhist Studies Review* 32 (1): 35–61.

Skorupski, Tadeusz. 1999. "Health and Suffering in Buddhism: Doctrinal and Existential Considerations." In *Religion, Health and Suffering*, ed. John R. Hinnells and Roy Porter, 139–65. London: Kegan Paul International.

A number of monographs and edited volumes have appeared in English that provide more in-depth book-length analyses of Buddhist medicine in various parts of Asia:[12]

Clifford, Terry. 1984. *Tibetan Buddhist Medicine and Psychiatry: The Diamond Healing*. York Beach, Maine: Samuel Weiser.

Cullen, Christopher, and Vivienne Lo, eds. 2005. *Medieval Chinese Medicine: The Dunhuang Medical Manuscripts*. London: RoutledgeCurzon.

Dash, Vaidya Bhagwan. 1985. *Tibetan Medicine: With Special Reference to Yoga Śataka*. Dharamsala: Library of Tibetan Works and Archives.

Davis, Edward L. 2001. *Society and the Supernatural in Song China*. Honolulu: University of Hawai'i Press.

Garrett, Frances. 2008. *Religion, Medicine and the Human Embryo in Tibet*. London: Routledge.

Goble, Andrew Edmund. 2011. *Confluences of Medicine in Medieval Japan: Buddhist Healing, Chinese Knowledge, Islamic Formulas, and Wounds of War*. Honolulu: University of Hawai'i Press.

Gyatso, Janet. 2015. *Being Human in a Buddhist World: An Intellectual History of Medicine in Early Modern Tibet*. New York: Columbia University Press.

Heirman, Ann, and Mathieu Torck. 2012. *A Pure Mind in a Clean Body: Bodily Care in the Buddhist Monasteries of Ancient India and China*. Ghent, Belgium: Academia.

Hofer, Theresia, ed. 2014. *Bodies in Balance: The Art of Tibetan Medicine*. Seattle: University of Washington Press.

Kleine, Christoph, and Katja Triplett, eds. 2012. "Religion and Healing in Japan." Special Issue, *Japanese Religions* 37 (1–2).

Liyanaratne, Jindasa. 1999. *Buddhism and Traditional Medicine in Sri Lanka*. Kelaniya, Sri Lanka: University of Kelaniya.

Naqvi, Nasim H. 2011. *A Study of Buddhist Medicine and Surgery in Gandhara*. Delhi: Motilal Banarsidass.

Salguero, C. Pierce. 2014. *Translating Buddhist Medicine in Medieval China*. Philadelphia: University of Pennsylvania Press.

Strickmann, Michel. 2002. *Chinese Magical Medicine*. Ed. Bernard Faure. Stanford, Calif.: Stanford University Press.

Suzuki, Yui. 2012. *Medicine Master Buddha: The Iconic Worship of Yakushi in Heian Japan*. Leiden: Brill.

Zysk, Kenneth. 1998 [1991]. *Asceticism and Healing in Ancient India: Medicine in the Buddhist Monastery*. Corrected edition. Delhi: Motilal Banarsidass.

Although until now there has not been a systematic effort to translate a range of Buddhist texts concerning healing for English-language readers, several important sources have already been published individually and are therefore not included in this collection. Most significant among these are the sections of major scriptures that contain core Buddhist perspectives on disease, healing, and the body:

Birnbaum, Raoul. 1989. *The Healing Buddha*. Rev. ed. Boulder, CO: Shambhala. Pp. 113–217.

Emmerick, R. E., trans. 2004 [1970]. *The Sūtra of Golden Light* (*Suvarṇabhāsottamasūtra*). 3rd ed. Oxford: Pali Text Society. Chaps. 7, 16.

Horner, I. B., trans. 2000 [1951]. *The Book of the Discipline* (*Vinaya-Piṭaka*). Vol. 4. Oxford: Pali Text Society. Pp. 269–350, 379–97, 431–34.

Wallace, Vesna, trans. 2004. *The Kālacakratantra: The Chapter on the Individual Together with the Vimalaprabhā*. New York: Columbia University Press. Chaps. 3, 4, 6.

Watson, Burton, trans. 1993. *The Lotus Sutra*. New York: Columbia University Press. Chaps. 5, 23.

——. 1997. *The Vimalakirti Sutra*. New York: Columbia University Press. Chap. 5.

In addition to those major scriptures, a number of relatively minor Buddhist texts that deal with topics related to medicine are also currently available in English translation.[13] These include a variety of writings on dietary regimen, ritual healing, incantations, and medicinal preparations (texts that have been retranslated in this volume are not listed):

Bagchi, Prabodh Chandra. 1941. "New Materials for the Study of the Kumāratantra of Rāvaṇa." *Indian Culture* 7: 269–86.

——. 2011. "A Fragment of the Kāśyapa-saṁhitā in Chinese." In *India and China: A Collection of Essays by Professor Prabodh Chandra Bagchi*, ed. Bangwei Wang and Tansen Sen. London: Anthem.

Ohnuma, Reiko. 2004. "Why the Buddha Had Good Digestion." In *Buddhist Scriptures*, ed. Donald S. Lopez, Jr. London: Penguin Classics.

Rambelli, Fabio. 2000. "Tantric Buddhism and Chinese Thought in East Asia." In *Tantra in Practice*, ed. David G. White. Princeton, N.J.: Princeton University Press.

Sen, Satiranjan. 1945. "Two Medical Texts in Chinese Translation." *Visva-Bharati Annals* 1: 70–95. Translations reproduced in Paul U. Unschuld, *Medicine in China: A History of Ideas*. Berkeley: University of California Press, 2010, appendix 6.

Williams, Duncan Ryuken. 2005. *The Other Side of Zen: A Social History of Soto Zen Buddhism in Tokugawa Japan*. Princeton, N.J.: Princeton University Press. Chap. 5 and appendix B.

Several English translations of medical treatises with strong connections to Buddhism are also available:[14]

Clark, Bary. 1995. *The Quintessence Tantras of Tibetan Medicine*. Ithaca, N.Y.: Snow Lion.

Deshpande, Vijaya, and Fan Ka-wai. 2012. *Restoring the Dragon's Vision: Nāgārjuna and Medieval Chinese Ophthalmology*. Hong Kong: City University of Hong Kong.

Emmerick, R. E. 1980–1982. *The Siddhasāra of Ravigupta*. Weisbaden, Germany: Franz Steiner Verlag.

Gyatso, Desi Sangyé. 2010. *A Mirror of Beryl: A Historical Introduction to Tibetan Medicine.* Trans. Gavin Kilty. Boston: Wisdom.

Hoernle, A. F. Rudolph. 1987. *The Bower Manuscript*. New Delhi: Aditya Prakashan.

Liyanaratne, Jindasa, trans. 2002. *The Casket of Medicine* (*Bhesajjamañjūsā*). Vol. 1. Oxford: Pali Text Society.

Parfionovitch, Yuri, Gyurme Dorje, and Fernand Meyer. 1992. *Tibetan Medical Paintings: Illustrations to the Blue Beryl Treatise of Sangye Gyamtso (1653–1705).* New York: Harry N. Abrams.

Finally, for conducting research related to this topic, I recommend the following reference works in English:[15]

Annotated Bibliography of Indian Medicine. http://indianmedicine.eldoc.ub.rug.nl. Last accessed 4 Jan. 2016.

Demiéville, Paul. 1985. *Buddhism and Healing: Demiéville's Article "Byo" from Hobogirin*. Trans. Mark Tatz. Lanham, Md.: University Press of America.

Mitra, Jyotir. 1985. *A Critical Appraisal of Ayurvedic Material in Buddhist Literature with Special Reference to Tripitaka*. Varanasi, India: Jyotiralok Prakashan.

Salguero, C. Pierce. 2014. "Medicine." In *Oxford Bibliographies Online: Buddhism*, ed. Richard Payne. http://www.oxfordbibliographies.com/view/document/obo-9780195393521/obo-9780195393521-0140.xml. Last updated 26 Oct. 2015; last accessed 21 Oct. 2016.

Many more recommended readings covering specific topics have been suggested throughout the book's chapters.

NOTES

1. See further reading suggestions at the end of the chapter for more information on the topics introduced here.
2. See discussion of the emergence of this category in East Asia in Salguero 2015a.
3. For general information on the Mogao caves at Dunhuang (40°02'32.8"N 94°48'32.9"E), see the UNESCO website, http://whc.unesco.org/en/list/440. On the textual and artistic treasures discovered there and in nearby sites, see the British Library's International Dunhuang Project website, http://idp.bl.uk. Both last accessed 22 Jan. 2016. Recent scholarly work on these sites and artifacts includes Rong 2001; Hansen 2012: 167–97, 2016.
4. For general information on the Longmen Grottoes (34°33'38.5"N 112°28'04.5"E), see the UNESCO website, http://whc.unesco.org/en/list/1003, last accessed 22 Jan. 2016. Scholarly work includes Ch'en 1964: 170–77; Zhang Ruixian 1999; Liu Shufen 2005; McNair 2007.
5. Early studies include, inter alia, Demiéville 1937; Bagchi 1941, 2011; Nobel 1951; Obinata 1965.
6. This increased interest is indicated by a significant uptick in the number of scholarly publications on the topic, as well as a recent series of high-profile international conferences. The latter include meetings held in 2009 in Tangshan, China (organized by the University of British Columbia and People's University of China); in 2012 at Berkeley (organized by the Center for Buddhist Studies at the University of California, Berkeley); in 2013 at the Dongh-

wasa Temple in Daegu, Korea (organized by Columbia University); in 2014 at the University of Leeds (organized by the United Kingdom Association of Buddhist Studies); and in 2015 at the University of British Columbia.

7. For a study of the "mindfulness" phenomenon in the contemporary United States, see Wilson 2014. See recent summaries of the clinical research in de Vibe et al. 2012; Goyal et al. 2014.
8. See, e.g., Gosling 1985; Dietrich 1996; Ratanakul 1999; Numrich 2005; Josephson 2010.
9. Griffiths 1981.
10. See further discussion in Cunningham 2002; see Smith 2008; Nappi 2010a.
11. While we have tried to render our translations in ways that open up premodern texts to English-speaking practitioners of Asian medicine in addition to scholars, we in no way endorse the use of the therapies described herein.
12. In French, see also Despeux 2010. In Chinese, see Chen Ming 2013; 2015b.
13. In German, see also Huebotter 1932; Noble 1951.
14. In French, see also Filliozat 1979.
15. In French, see also Demiéville 1937; Mazars 2008. In Chinese, see Fu and Ni 1996. In Japanese, see Obinata 1965; Michihata 1985; Fukunaga 1990; Nihonyanagi 1994.