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A

GLOBAL HISTORY
of BUDDHISM *and*
MEDICINE



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Acknowledgments

It may be a cliché to say that scholarship is a collaborative endeavor, but this book, and the project of which it is a part, literally could not exist if it were not for my colleagues. The purpose of this project has been to forge a new subfield of study that is collaborative and interdisciplinary from the ground up. The two anthology volumes that preceded this book included works by eighty-eight contributors, who have taught me much about various aspects of Buddhist medicine as the project came together over the course of seven years. The present volume, the final one in this series, represents my attempt to synthesize those contributions and conversations. It is a vision of how these various pieces fit together and speak to one another. My intention here is to introduce an overarching narrative that connects my colleagues' contributions to the anthologies with their specialized publications elsewhere, and with as much of the academic work on Buddhist medicine that has been produced by other scholars as possible. Of course, I have also integrated into this story my own scholarship, which primarily concerns Buddhist medicine in medieval China, modern Thailand, and contemporary United States. However, the primary purpose is to highlight the connections between all of our work. I am extremely grateful to all of the participants in this endeavor for their collaboration. And also to Wendy Lochner at Columbia University Press for believing in the project and supporting it all along.

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Introduction

The health benefits of Buddhism are being talked about everywhere. Thanks to the meteoric rise in the global popularity of mindfulness meditation as a stress-reduction technique, it now seems entirely normal to associate Buddhism with better mental health. The English-language popular media report breathlessly on how it helps you to navigate the anxieties of modern life. Regular attendance at classes, workshops, and retreats is now de rigueur among the high-powered economic and cultural global elite.¹ Bolstered by brain scans and other modern medical evidence of efficacy, authoritative voices all over the world now are promoting these activities as necessary to optimize one's potential and well-being.²

It is not just meditation, however: a whole spectrum of Buddhist therapies are ubiquitous parts of primary health care in traditionally Buddhist cultures in Asia. These include the therapeutic herbs prescribed by a Buddhist healer in a mountain village in Bhutan, for example, the prayers for health and longevity offered by a group of devotees in a temple in downtown Tokyo, and the protective talisman worn by an expectant mother in Thailand. Countless other healing and health-seeking behaviors such as these are being performed by many of the estimated 400 to 600 million Buddhists alive today around the world.³ Many non-Buddhists have also been touched by Buddhist approaches and ideas, including both through exposure to Buddhism as well as via hybrid practices such as Christian mindfulness, Japanese New Religious movements, Falun Gong, New Age healing, Reiki, Tibetan singing bowl therapy, and a cacophony of self-help books, podcasts, workshops, and other wares that have flooded the global health and wellness marketplace.⁴ Even as I write these words in mid-2020, Buddhist institutions and spokespeople around the world are calling for meditation,

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charity, prayer, ritual, vegetarianism, and compassion in response to the novel coronavirus (COVID-19) pandemic, finding solace and solutions in the Dharma for this global catastrophe. If we look at the history of Buddhist engagements with health and healing, we will discover even more practices, ideas, and connections with health over the past twenty-four centuries or so that Buddhism has been on the planet.

The primary motivation of this book is to situate our contemporary fascination with therapeutic meditation within this larger global and historical context. I will show that the interconnections between Buddhism and medicine have a fascinating history as old as Buddhism itself. As we will see, Buddhism and medicine have been closely intertwined since the very beginning of the tradition and have continued to develop together over the course of nearly two and a half millennia leading up to the present moment. But, as we will also learn, this relationship has undergone considerable change over that time.

Owing to the constraints of space, it is not possible to tell every detail of the entire history here. (Indeed, that story is so immense that it would actually be impossible to portray in a book of any length.) Rather, the idea here is to make a useful, if reductive, summary of the larger patterns, major themes, and broad strokes of the study of Buddhist engagements with medicine. Because it is a very general map of the territory, this book is not intended to be read in isolation. Rather, it is intended to provide an entry point for the rich, more detailed materials in its two companion volumes: *Buddhism and Medicine: An Anthology of Premodern Sources* and *Buddhism and Medicine: An Anthology of Modern and Contemporary Sources*, published by Columbia University Press in 2017 and 2019, respectively.

The current book refers to those two volumes on a frequent basis (abbreviated as {1} or {2}, followed by a chapter number and optional subsection number). It does so particularly when a translation of a text or an interview with a practitioner is illustrative, adds depth, or brings nuance to the general overview provided here. The anthologies also provide essential context from the history of Buddhism, the history of medicine, and the many cultures and traditions mentioned in passing in this volume. Even more detail is provided in reading recommendations and endnotes appearing after each chapter throughout the three-volume series. All of these materials are intended to work together to provide readers with a comprehensive understanding of the subject matter.

If one were to design a course around these materials, whether for a college or graduate class or just for one's own edification, I would suggest reading a chapter in this book in tandem with the *Anthology* chapters it cites, following up with the further readings and endnotes where more detail and deeper context is desirable. Of course, I will not give here anything resembling a complete history of Buddhism, or of Asian medicine more generally, so readers should consider branching out into these adjacent fields as well.

“BUDDHIST MEDICINE”

Perhaps the most central assertion of this book, and of the larger project of which it is a part, is that there is a discrete historical phenomenon that we can loosely refer to as “Buddhist medicine.” I have written about my use of this term in the introductions to both volumes of the *Anthology*, among other places, but it is worth taking up the question again here in more detail.

Is there such a thing as Buddhist medicine? Whether or not you agree may in the end come down to a question of taste. Certainly, some valid reasons exist for resisting the term.⁵ Some scholars prefer not to use it on the grounds that it is almost never used in Buddhist sources. Although equivalent terms have been used in distinct times and places—“insider medicine” (*nangpé men*) in Bhutan, for example—the specific phrase “Buddhist medicine” seems to have become widespread only in the middle of the twentieth century, and only in particular places.⁶ So, if we choose to use it to discuss broader concepts, we have to be clear that this is a second-order scholarly category, not a term native to the traditions we are studying.

Further, in an expansive project like this one, there is danger in using any single overarching term as it may mislead readers into overlooking the complexities of the relationship between Buddhism and medicine in different times and places.⁷ In the discussion throughout this book, it will become clear that there has never been a fixed or monolithic Buddhist approach to health and healing. On the contrary, the most dominant theme in this three-volume project is the diversity of local variations of Buddhist engagements with medicine across time and space. Buddhist notions of health and illness have always depended on a combination of ancient tradition and new innovations. They have always been products of both external stimuli from cross-cultural exchanges and local and idiosyncratic factors that emerge in specific times and places. My aim here is

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not to boil all of this down into a cohesive unitary tradition called “Buddhist medicine.” It is precisely the tension and interplay between the ancient and the contemporary, the global and the local, that is my primary focus.

While acknowledging these concerns, I find that “Buddhist medicine” nevertheless is useful as a fuzzy term of convenience that facilitates a particular kind of scholarly analysis. I use the term similarly to how scholars use “Buddhist art.” That term, which also is not an actor’s category and has the danger of being treated reductively, is nevertheless generally acknowledged to be quite useful. It can bring together objects as disparate as a monumental stupa from ancient India, a sculpture from an oasis town on the Silk Road, a poem written in brush-painted calligraphy in early modern Korea, and a contemporary Vietnamese graphic novel about a group of Buddhist superheroes. At first glance, these items appear to have little in common. Given that they differ from one another aesthetically and technologically, they can and should be studied and contextualized within the separate currents of Indian, Central Asian, Korean, and Vietnamese art respectively. Each can and should be understood and examined alongside other architectural, sculptural, calligraphic, and print arts of the eras in which they were produced. Of course, much of those contexts have nothing to do with Buddhism.

However, at the same time that these art forms clearly are the products of local customs, practices, and material cultures, they just as assuredly are also related to one another via their connections with Buddhism, and ignoring the opportunity to compare and contrast them on that basis would be a mistake. That is to say, while focusing on these artworks in relation to their specific local contexts reveals what is unique about them, grouping them together using an invented category like “Buddhist art” allows us to see how they all are shaped by shared Buddhist motifs, the similarity in the practices involved in their production, and the convergences in the social contexts or intellectual milieux of the artists.⁸

As with “Buddhist art,” we also have to weigh the advantages of lumping versus splitting in our use of “Buddhist architecture,” “Buddhist poetry,” “Buddhist aesthetics,” and all kinds of other similar fuzzy categories. None of these is native to the Buddhist tradition, but all are used widely by scholars as terms of convenience. None of these is an actual “thing” with the power to influence history in its own right. However, when used loosely, these terms can be helpful in focusing our attention on particular traditions, currents, streams, or approaches that were influential and placing these in transnational and transhistorical perspective.

Examining these as examples of a broader category makes visible the cross-cultural exchange of shared elements across geographic distances, as well as the development and transformation of those shared elements over time. It allows us to better understand how they form a whole larger than the sum of its parts.

If we are going to use the term “Buddhist medicine,” it is essential to cast a wide net. While the term draws our attention to similarities across time and space, it also attunes us to sites of disagreement and negotiation. As I have written elsewhere, “Buddhist medicine” refers to the totality of the different intersections and relations between Buddhism and medicine, in whatever shape those may have taken. Indeed, to study this topic means not only to study how bridges have been built to connect Buddhism and medicine in some times or places but also how lines have been drawn to separate them into two distinct fields of knowledge in others.⁹

Furthermore, we must resist defining Buddhist medicine on the basis of our preconceived notions or any particular tradition of therapeutic practice. The English word “medicine” has a wide range of meanings. When used on its own, these days, it often refers to modern scientific medicine, and some readers may immediately equate the word with that. However, it is quite acceptable to combine the word with an adjective—as in the case of “folk medicine,” “alternative medicine,” “traditional medicine,” or “domestic medicine”—to refer to therapeutic practices from radically different contexts, which operate on completely different social and cultural logics. In this book, I intend my use of “Buddhist medicine” to be as inclusive as possible, employing it to refer to just about any form of therapy as long as it was understood by practitioners to be an expression of Buddhist values, commitments, or traditions. Drawing firm distinctions between “medicine,” “healing,” “folk practice,” and other categories—relevant as they may be for other projects—is not our concern here.

All of that is to say that my job here is not to police the boundaries of what counts as “Buddhist medicine” but rather to use the category to orient readers to the richness of the human experience it is pointing to. Again, my position is clarified by making a parallel with art: If, say, a graffiti artist understood her work to be an expression of her Buddha Nature, a scholar would be wrong to exclude her oeuvre from the category of Buddhist art on the basis that it is not the “right kind” of artistic practice, as predetermined by us. Similarly, whether they be monastics, yogis, shamans, spirit mediums, physicians, neurosurgeons, psychiatrists, or anyone else, a certain subset of practitioners of all kinds of medical systems across the millennia has understood their practice of healing to fit

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into their practice of Buddhism. They may feel their therapies are empowered by a Buddhist deity, or they may consider their medical career as an integral part of their personal Buddhist path. Even if there is nothing special or different about the therapeutic technique these practitioners employ in contrast to their non-Buddhist contemporaries—and even if no other Buddhist in history has practiced that technique—we still will want to consider their practice to be an example of Buddhist medicine.

With such a broad remit, can we say anything concrete about Buddhist medicine? Just as it would be difficult to come up with a definitive list of the characteristics of Buddhist art, it is difficult to do so for this new category. There is a huge amount of variability in how Buddhist ideas and practices of health and healing have been expressed in different times, places, languages, and cultural contexts. A cavernous gulf separates ancient Indian scriptural depictions of the Buddha nursing a sick monk (chapter 1), a group of medieval Tibetan yogis doing subtle body manipulations (chapter 3), and a neurological scan of a meditator's brain taken as part of a clinical trial (chapter 9). We do not have a checklist of epistemological, ontological, or metaphysical considerations that must be satisfied before something is considered Buddhist medicine.

Nevertheless, we can see some common orientations, perspectives, concerns, and approaches emerge from the diverse examples presented throughout this book. These shared sensibilities allow us to place items side by side in order to investigate them as connected and intertwined phenomena. For example, regardless of the specifics of their practice, practitioners who have understood themselves to be participating in a specifically Buddhist tradition of healing have often named Buddhist figures (such as Jīvaka, Bhaiṣajyaguru, Yutok,¹⁰ the Buddha himself, and others who are discussed in the chapters to come) as the sources of particularly efficacious medical insights or techniques. Practitioners have often considered these heroes to be exemplary and their methods to be distinct from and superior to other therapies. Such practitioners have also often identified themselves as members of formal lineages or schools of medicine founded by these figures and frequently differentiate themselves as a special class of healers on those grounds.

In many Buddhist societies, these lineages have also been closely connected with Buddhist institutions and power structures. Practitioners may proffer their medical arts within an institution that is explicitly Buddhist, such as a monastic hospital, temple clinic, or charitable organization. As we will see, monastic



INT.1 Statue of Bhaiṣajyaguru from the Unified Silla kingdom, ninth century.

Photo by the author, with permission from the National Museum of Korea, Seoul, and the National Research Foundation of Korea.

communities have historically played a major role in documenting, promulgating, systematizing, and preserving Buddhist medical knowledge.

The category “Buddhist medicine” helps bring into focus general patterns such as these and gives us the opportunity to compare and contrast how they have manifested in local historical contexts. By collecting so many disparate examples into a common field of study, this book brings together scholarship on radically different medical theories, practices, social contexts, and understandings into the dialogue of a shared project. This book shows that when we do this, “Buddhist medicine” opens up previously hidden vistas that change the way we understand the history of medicine and the history of Buddhism alike.

AN EMERGENT FIELD

The clinical study of meditation has been a prolific area of scientific research, and research on mindfulness in particular has exploded in the twenty-first century. I

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will summarize the history of therapeutic meditation, and how this came to be seen as a legitimate object of scientific inquiry, in chapter 8. However, this book will neither take up the specifically scientific questions of how meditation affects the brain or the physiology of the body, nor discuss specific mental or physical health outcomes. Readers interested in the medical efficacy of meditation should consult published meta-studies, which represent the most accessible starting points for the scientific literature.¹¹ Several edited volumes discussing various aspects of these practices from the clinician's perspective have also recently been published.¹²

In contrast, this book will focus on bringing together historical and anthropological scholarship. Despite having been initiated by Buddhologists in the early twentieth century (Paul Demiéville's 1937 essay "Byō" was the birth of this field in the West), the academic study of Buddhist medicine by humanists and social scientists has garnered nowhere near the same amount of attention as the scientific research.¹³ Because scholars from these fields have not yet seen themselves as part of a common field of inquiry, the currently existing work on disparate traditions of Buddhist medicine is grounded in a variety of conflicting literatures that have not yet gelled into a coherent research agenda.

Nevertheless, by examining the various publications on the topic, several "centers of gravity" can be detected. One is the ethnographic investigation of the nexus of Buddhism, medicine, modern biomedical power structures, and globalization in Tibetan communities. Studies in this arena have tended to focus on how both practitioners and patients understand, navigate, and balance these competing forces.¹⁴ Another growing area of research concerns the overlap of Buddhist medicine and gender studies. Scholars working in this area have examined the historical development and circulation of Buddhist models of embryology, obstetrics, and women's medicine, as well as the role of women as healers in various forms of Buddhism.¹⁵ Finally, a third cluster of articles and books has concentrated on the history of Buddhist medicine in medieval East Asia. These works have prioritized the transmission and translation of Indian knowledge in China and Japan, as well as local social and political contexts affecting how Buddhist medicine was adapted to fit with East Asian cultural norms.¹⁶

As the discussion so far suggests, the existing literature on Buddhist medicine is largely fractured and unsynthesized. Most scientists studying the health benefits of Buddhist-influenced meditation, for example, lack the linguistic or disciplinary training to seriously investigate the Asian cultural contexts that

gave rise to these practices. Anthropologists studying Asia, on the other hand, approach contemporary practice by deeply analyzing one location, without necessarily having an awareness of the connected history of that practice in different cultures or historical periods. Scholars trained in the history of Buddhism likewise tend to relate aspects of Buddhist medicine to a limited range of historical issues within their own field, perhaps totally unaware that the same practices are highly relevant in many parts of the world today. Meanwhile, historians of science, medicine, and technology have only rarely paid attention to Buddhism at all, often overlooking altogether the importance of the religion as a catalyst for global medical exchange.

In the past decade or so, several academic conferences have raised the profile of research on Buddhist medicine and encouraged communication across disciplinary divides.¹⁷ In addition, several recently published edited volumes and special journal issues have aimed to unite scholars from across the spectrum to foster a more comparative and collaborative investigation of Buddhist medicine.¹⁸ With all of this activity, it might be fair to say that Buddhist medicine is now emerging as a cohesive field of research. Part of the purpose of the current book, and the series of which it is a part, is to encourage this emergence. By drawing the various existing pieces of scholarship into conversation, these works intend to provide a framework for the future interdisciplinary study of this topic.

Moving forward, I hope that the newly forming field outlined here will continue to attract interest and receive support from an increasingly diverse scholarly community. I also hope that in the near future some of the glaring omissions that so far have marked this nascent field will begin to be addressed. While a lot of research has been done on South Asia, East Asia, and Tibet, numerous Buddhist communities remain vastly underrepresented in the literature, including most notably Korea, Laos, Nepal, and Vietnam, as well as contemporary Asian diasporic communities around the world. Another purpose of the current volume is to show where the holes are and provide the impetus for further research in these areas.

Even with the gaps and omissions in the new field of Buddhist medicine, however, it is already clear that it is making important contributions to scholars' understanding of history. One of the goals of this book is to draw out these contributions and make them more explicit. Many of these new insights have great relevance for scholars of Buddhism. In particular, scholars have definitively demonstrated that health and medicine were central topics of concern in virtually all forms of Buddhism throughout history. Buddhist studies scholars may

previously have thought of health as a “worldly” matter tangential to the larger Buddhist project of liberation or that medicine is simply a metaphor that sometimes has been useful for illustrating Buddhist doctrine. Although medicine was never Buddhism’s main concern, the emerging research has conclusively shown that, from its inception, the Dharma usually has been understood quite literally to be a vital source of healing knowledge.

This emergent field also has begun making an important intervention into the history of medicine. All too often, Buddhism has been written out of the history of medicine because scholars in that field have considered it to be a religion and therefore outside their purview. Buddhism’s importance has even been overlooked by many scholars who study the history of medicine in China, Japan, and India—some of the places where historical records on Buddhist medicine are voluminous. This book and the scholarship it cites definitively overturn the assumption that the history of religion is divorced from the history of medicine. On the contrary, it reveals that Buddhism has been one of the most important global contexts for cross-cultural medical exchange in human history and that historians of medicine must start taking this fact into account in their scholarship.

Even among the minority of scholars who have appreciated Buddhism’s influence on Asian medical traditions, its role in stimulating cross-cultural exchange has all too frequently been overlooked. Owing to hyper-specialization, scholars of Chinese medicine tend to look at sources written only in Chinese, scholars of Indian medicine solely at Indic languages, scholars of Tibetan medicine only at Tibetan, and so forth, and it is relatively rare for anyone to seriously integrate more than one region.¹⁹ This book and its related anthologies, in contrast, focus on global interconnectivity. They place different traditions of Asian religion and medicine usually studied in separate silos within a single cross-cultural framework. In so doing, they seek to break down the walls that have kept scholars from interacting and engaging with one other’s work.

Aside from these major interventions in history and anthropology, I hope that this project also will stimulate some important conversations among readers in the health sciences. As mentioned, a large number of researchers are now interested in the effectiveness of Buddhist interventions. These individuals come from a variety of fields, including but not limited to cognitive science, medicine, neuroscience, psychiatry, and psychology. For readers from these disciplines, the way that this project decenters Western scientific research on meditation in the story of Buddhism’s intersections with health is particularly salient. They may gain an

appreciation for how much Buddhist traditions historically have had to say about health and medicine, going far beyond the narrow scope of the current clinical research. I hope that such readers find that this book hints at possibilities for new lines of research into previously uninvestigated Buddhist healing practices. I also imagine they will find that many Buddhist ideas discussed here do not fit so well with current scientific models or methodologies and hope this realization may inspire new research agendas and methodologies that challenge the status quo.²⁰

Finally, another goal of this book is to digest and introduce a wide array of scholarly work to students and nonspecialist readers curious about Buddhism, Asian medicine, meditation, and other Buddhist-influenced and Buddhist-inspired therapies. I anticipate that the majority of readers who pick up this book will come from the Anglosphere (i.e., the English-speaking world) and will already be familiar with the current discourse on meditation in the popular media. For such readers, I hope that this book will open up a much wider world beyond the buzzwords of the current day. By amplifying diverse voices, both historical and contemporary, in an accessible way, I hope to help readers gain an appreciation for the wide range of perspectives that have been prevalent in the global conversation about Buddhism and health and the rich multicultural roots of that millennia-old dialogue.

CONTENTS OF THIS BOOK

This book is organized into two parts. Part 1 mainly focuses on outlining the repertoire of Buddhist ideas, practices, and texts related to health and medicine. Chapters 1 to 3, which comprise the bulk of this section, give an overview of Buddhist medicine according to the three traditional divisions of Buddhism, here called *Nikāya*, *Mahāyāna*, and *Tantric Buddhism*. Each chapter provides a thematic introduction to Buddhist healing practices, organized under topical subheadings. These chapters presume that readers may not have much prior knowledge of Buddhism or Asian medicine and thus lay the groundwork for the second half of the book. Chapter 4 concludes the section by providing a summary of some common doctrinal questions that have characterized multiple strands of Buddhist medicine over the centuries.

In part 2, our attention shifts from the thematic to the historical, tracing the development and transformation of Buddhist medicine as it spread across Asia

and eventually globally. Unlike part 1, this part gives a chronological account of specific historical actors, events, and contexts. Chapter 5 discusses how Buddhist medicine spread through Asia in the first millennium CE. Instead of trying to comprehensively catalog every example of cross-cultural exchange in history, it outlines the networks, nodes, and patterns of movement that shaped this exchange overall. In chapter 6, I focus on the circulation of texts, with emphasis on how Buddhist knowledge from India was refracted through indigenous knowledge systems when translated into new cultures. Chapter 7 turns to a discussion of three divergent long-term trajectories that characterized the history of Buddhist medicine in different parts of Asia, drawing attention to patterns of “displacement,” “domestication,” and “translocation.” Picking up the story in the early modern period, chapter 8 highlights the transformation of Buddhist medicine through the processes of colonialism and the increasing hegemony of scientific biomedicine in the twentieth century. Chapter 9 focuses on the contemporary situation, in particular how globalization and the Information Age have continued to fundamentally transform the way that Buddhists engage with health. Finally, a brief conclusion provides an update on how Buddhist medicine is playing a role in the global response to the COVID-19 pandemic.

Following each chapter, I provide a few recommended titles for readers looking for more information pertaining to the major topics covered. The readings recommended at the end of this introduction, for example, represent general reference materials for learning more about Buddhism, as well as the two anthology volumes that accompany this text. With few exceptions, these further reading lists are limited to English-language books. Because they omit many valuable articles, chapters, dissertations, and non-English publications, these suggestions should be thought of as accessible starting points rather than comprehensive bibliographies. Readers are highly encouraged to consult the endnotes for more information than can be provided in the lists of further readings.

FURTHER READING

- Buswell, Robert E, ed. 2004. *Encyclopedia of Buddhism*. 2 vols. New York: MacMillan. A general reference for all matters pertaining to Buddhism.
- Jackson, Mark, ed. 2018. *A Global History of Medicine*. New York: Oxford University Press. A collection of essays introducing the history of medicine on a global scale.
- Powers, John. 2016. *The Buddhist World*. Abingdon: Routledge. A collection of essays presenting a wide-ranging introduction to Buddhist history, philosophy, social formations, and individuals.

- Salguero, C. Pierce. 2014 (last updated 2018). "Medicine." *Oxford Bibliographies*. <https://doi.org/10.1093/obo/9780195393521-0140>. A continually updated bibliography of major academic writing and translation efforts related to Buddhist medicine.
- Salguero, C. Pierce, ed. 2017. *Buddhism and Medicine: An Anthology of Premodern Sources*. New York: Columbia University Press. A collection of sixty-two chapters by fifty-seven contributors introducing translations of texts about Buddhism and medicine covering much of premodern Asia. Abbreviated throughout this book as {1}.
- Salguero, C. Pierce, ed. 2019. *Buddhism and Medicine: An Anthology of Modern and Contemporary Sources*. New York: Columbia University Press. A collection of thirty-five chapters by thirty-one contributors introducing translations of texts and ethnographic transcripts about Buddhist healing in the modern era. Abbreviated throughout this book as {2}.