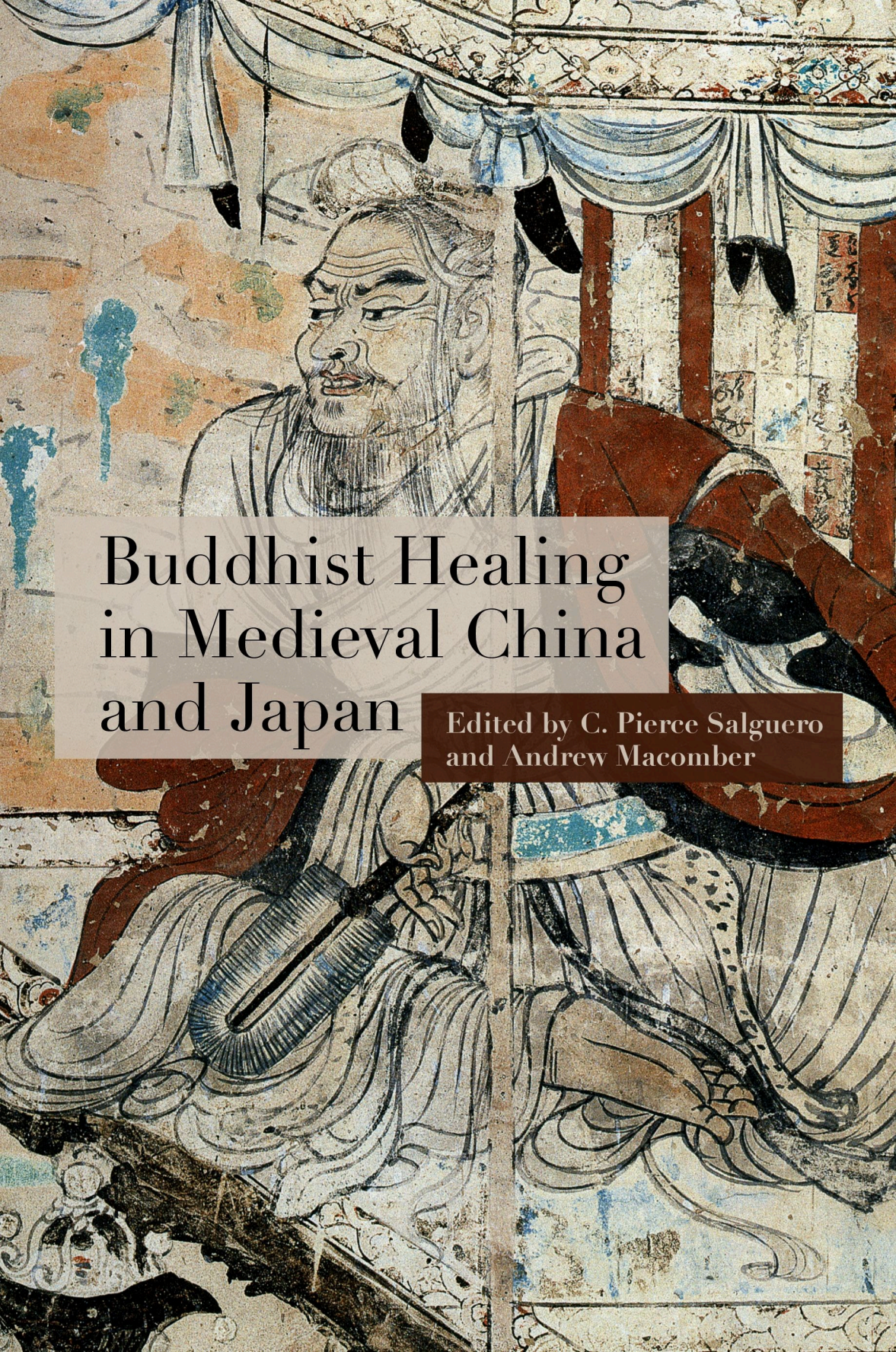

Buddhist Healing in Medieval China and Japan

Edited by C. Pierce Salguero and Andrew Macomber

Buddhist Healing in Medieval China and Japan

Edited by
C. Pierce Salguero
and
Andrew Macomber

University of Hawai'i Press
Honolulu

Printed in the United States of America

25 24 23 22 21 20 6 5 4 3 2 1

Library of Congress Control Number: 2019058783

ISBN 978-0-8248-8121-4

University of Hawai‘i Press books are printed on acid-free
paper and meet the guidelines for permanence and durability
of the Council on Library Resources.

Cover image: Vimalakīrti debating. Painting from the Dunhuang Caves,
Tang Dynasty. Source: Wikipedia (public domain)

Contents

Introduction

C. Pierce Salguero and Andrew Macomber

One of the most common ways that Buddhists the world over have tended to speak of their tradition is as a means of eliminating suffering.[1] As one of the inescapable forms of suffering all sentient beings must encounter in our lives, illness has normally been explicitly included within this purview.[2] Therefore, from its very inception in northeastern India in the last centuries BCE, the Buddhist tradition has advocated a range of ideas and a repertoire of practices that have been aimed at ensuring health and well-being.[3] Early Buddhism provided devotees with certain types of rituals to comfort the sick and dying, advocated ascetic contemplations on the structure and function of the body, and promulgated monastic regulations on the administration and storage of medicines. Early Buddhist texts frequently used metaphors and narrative tropes concerning disease, healing, and physicians in discourses explaining the most basic doctrinal positions of the Dharma. As Buddhism developed in subsequent centuries, its connections with healing became more pronounced.[4] A number of healing deities were added to the pantheon, monastic institutions became centers of medical learning, and healer-monks became famed for their mastery of ritual and medicinal therapeutics.

As Buddhism spread from India to other parts of Asia over the course of the first millennium CE, its texts and practices became important vehicles for the cross-cultural dissemination of Indian ideas about health and healing far and wide. In some parts of Southeast and Central Asia (such as Thailand, Sri Lanka, and Tibet), this Buddhist transmission laid the foundation for systems of traditional medicine that are

still widely in practice today.[5] In contrast, Indian influence in medieval China—though significant for several centuries—was tempered by a sophisticated system of indigenous medicine that in the long run retained its dominant position among the cultural and political elite.[6] Elsewhere in East Asia, both Chinese Buddhism and Chinese medicine were introduced simultaneously and were often practiced by the same individuals, who did not necessarily see them as being incompatible.

At the same time that Buddhism became a vehicle for the expansion of Indian medical ideas across much of the Asian continent in the premodern period, it was always also a site for intercultural negotiation and tension. In each recipient culture, imported ideas about disease and health were refracted through local cultural and social lenses. Buddhist clerics thus came to practice locally specific blends of Indian and indigenous therapies and came to occupy locally defined social positions as religious and medical specialists.[7] Though Buddhism consequently developed in a variety of ways, Buddhist healing has since its introduction remained a highly relevant part of the healthcare landscape in the region.

This volume focuses on the nexus of Buddhism and healing in medieval China and Japan.[8] It highlights the transnationally transmitted aspects of Buddhist healing traditions, ideas, and practices as they moved across geographic, cultural, and linguistic boundaries. Simultaneously, it also investigates the local instantiations of these elements, as they were reinvented, transformed, and re-embedded in specific social and institutional contexts. Investigating the interplay between the macro and the micro, the global and the local, these chapters demonstrate the richness of Buddhist healing as a site for exploring the history of cross-cultural exchange.

Buddhism and Healing in Medieval China

Before discussing the contents of the present volume, it may be useful to provide the historical background for the present studies in the form of separate capsule histories focusing on medieval China, Japan, and Korea.

From its introduction to China in the late Han dynasty (206 BCE–220 CE), Buddhism was closely associated with healing. Many of the earliest known Buddhist missionaries to travel to China were famed for their expertise in various healing specialties.[9] As Buddhism became increasingly influential in Chinese social and political life over the

course of the early medieval period, Buddhist therapeutics became increasingly important ingredients in the marketplace of medical ideas. Claims of mysterious and efficacious healing powers helped to position Buddhist clerics and institutions favorably against practitioners of Daoism, spirit mediumship, and secular Chinese medicine.[10] Numerous Buddhist texts promised lay and monastic followers karmic rewards of health and well-being for participating in merit making.[11] Many translated *sūtras* focused on ritual methods for invoking or calling upon the powers of a range of major and minor deities associated with healing—the most significant of which were the Master of Medicines Buddha (Skt. Bhaiṣajyaguru; Ch. Yaoshifo 藥師佛) and Avalokiteśvara (Ch. Guanshiyin 觀世音).[12] Other texts focused on the sick body as a location for perfecting Buddhist meditation practices.[13] Chinese Buddhist authors made a point of anthologizing and presenting Indian medical concepts and other key aspects of Buddhist healing in ways that were appealing and meaningful to Chinese audiences.[14] Still others focused on interpreting the monastic rules concerning health and hygiene for the East Asian context.[15] These efforts to promote Buddhist healing in Chinese society were by and large successful, and by the Sui (581–618) and Tang (618–907) dynasties, Buddhist therapeutics were valued by wide swaths of the medieval Chinese population.

Over the course of the medieval period, a great quantity of Indian medicinals and formulas were introduced to China via the Silk Roads and maritime routes.[16] While this influx inspired the expansion of the native Chinese pharmacological tradition, pharmacological acumen and wondrously powerful medicinal substances were often specifically associated with Buddhist healers and rituals. Even more often, however, the services provided by monastic healers in medieval China consisted of ritual interventions such as the recitation of *dhāraṇī* (incantations with magical potency) and the invocation of healing deities.[17] The popularity of the whole range of Buddhist therapies was not limited to the margins of society. Scholars have catalogued many examples where Buddhist ideas and practices exerted an impact on the writings associated with the imperial medical bureaus.[18] In particular fields, such as ophthalmology, Buddhism's influence was formative.[19] The famous Chinese physician Sun Simiao (581–682) has garnered particular attention from scholars, as his medical writings show he was profoundly influenced by a range of Indian therapies, medicinals, and ethical principles.[20]

In addition to received texts, our understanding of Buddhist healing in China has been significantly impacted by several caches of manuscripts recovered from Dunhuang, Turfan, and other Silk Road sites. Among these finds are numerous writings on pharmacology, diet, sexology, spells and charms, and other healing techniques dating from the fifth to early eleventh centuries that exhibit a liberal mixture of Buddhist, Daoist, and classical medical elements.[21] These demonstrate the importance of Buddhist healing in the syncretic medical world of the medieval period.

Only a handful of publications in Western languages have focused on any facet of Buddhist healing in China after the first millennium CE. By all accounts, it appears that Buddhist ritual healing continued to be enormously popular throughout the Song dynasty (960–1279).[22] In later periods, among women in particular, Buddhist medical services appear to have served as an important counterbalance to the male-dominated classical tradition in the Ming (1368–1644),[23] and Buddhist monasteries and clerics continued to play an important role in the medical marketplace for women's remedies in the Qing (1644–1912) as well.[24] Despite these facts, serious engagement with Indian medical doctrine among Chinese Buddhist authors seems to have fallen by the wayside by the Song.[25] Buddhist writings about medicine from the later periods tend to prioritize Chinese medical models over Indic ones, or to mention Indian medical concepts in passing within primarily Chinese literary and diagnostic frameworks.

Buddhism and Healing in Early and Medieval Japan

Healing was historically an even more important part of the practice of Buddhism in Japan than it was in China. The doyen of twentieth-century Sino-Japanese Buddhology, Paul Demiéville, once opined that "the religion was accepted in Japan essentially *because* of its therapeutic elements."[26] Many of the earliest representations of Buddhist monks in Japanese official chronicles and narrative literature depict them as skillful curers or protectors against disease.[27] Buddhist medical charities were operational at Nara by the eighth century, if not before, and were supported by members of the imperial family.[28] By the twelfth century, "monk-doctors" (*sōi* 僧医) were routinely treating patients across the social spectrum—many with significant elite and official patronage.[29]

As in China, the healing activities of Japanese monks centered predominantly on ritual practice, which was sometimes supplemented with therapeutic procedures or pharmaceutical preparations connected with Indian or Chinese medical doctrines. A particularly influential type of healing rite, *kaji* 加持 (Skt. *adhiṣṭhāna;* Ch. *jiachi*), which might be translated into English as "mutual empowerment," was introduced in the early ninth century by Kūkai (774–835), the founder of the Shingon school of esoteric Buddhism. These rituals became a common means of preventing and curing disease both at court and among the general populace, and also served as frameworks to bridge medical traditions.[30] For example, Eisai (1141–1215), long considered the founder of the Rinzai (Ch. Linji) school of Zen in Japan, used esoteric Buddhist ritual discourse as a platform to promote tea as medicine.[31]

Rituals specifically for the purpose of healing typically called upon the compassion of either Avalokiteśvara or the Master of Medicines Buddha. Though a number of temples, pilgrimage sites, and ritual institutions dedicated to the latter were established as early as the Nara period (710–784), this buddha's popularity increased dramatically in the Heian (794–1185).[32] In no small part, the growth of interest in the Master of Medicines—and in the curative power of deities more generally—was related to a series of devastating epidemics that washed over Japan during this period.[33] However, the particular forms the Master of Medicines cult took were shaped in large part by the precedents set by Saichō (767–822) and the promotional activities of his Tendai school.[34]

Healing deities were also associated with the founding of therapeutic hot springs and baths around Japan.[35] The construction or reconstruction of these sites began as early as the Nara and continued into the modern period. Various Buddhist organizations were involved in establishing these institutions, most particularly the Shingon school. Many such projects capitalized on popular Buddhist legends and hagiographies—as well as on pervasive popular associations between Buddhism, healing, and purification—in order to promote hot springs as locations for pilgrimage and recreation.

The history of the relationship between Buddhist therapies and other forms of medicine in Japan is complex. In the early and medieval eras, a range of therapeutic techniques associated with classical Chinese medicine were introduced to Japan simultaneously alongside Buddhism. Monks and other practitioners frequently combined these strands of

knowledge, both with each other and with indigenous Japanese notions about health and disease.[36] Japanese medical texts that we often associate principally with secular physicians, such as the tenth-century *Essentials of Medical Treatment* (*Ishinpō* 醫心方), are in fact replete with quotations from Buddhist sources.[37] Further complicating matters, from the thirteenth century onward, Japan was connected via China to what scholars have called a "Medical Silk Road" that linked East, Central, and South Asia as well as the Islamic world.[38] Medieval Japanese monks and physicians thus both engaged with the global intercultural currents of medical ideas and pharmaceuticals and sought to integrate and reconcile these streams with local knowledge.

A growing body of research highlights evidence of the continuation of such trends into the early modern period as medicine, longevity, self-cultivation, and the body continued to be sites for intercultural negotiation that were informed by Buddhist currents of the early modern period.[39] Zen institutions in particular competed in the arenas of ritual healing, purification, and pilgrimage sites in the Edo period (1600–1867). One of the most successful avenues for promoting and funding the growth of the Sōtō school was through marketing a patent medicine known as the "poison-dispelling pill" (Gedokuen 解毒円).[40] Legends were promulgated to legitimize the medicine, and temples used both direct marketing and imperial connections to sell it far and wide. Another Zen initiative in the Edo period was the promotion of a cult dedicated to the healing powers of Earth-Treasury Bodhisattva (J. Jizō; Ch. Dizang 地藏). Inspired by miracle tales about this bodhisattva's beneficent interventions, devotees were encouraged to print multiple copies of paper talismans in order to be healed of a variety of diseases, including smallpox.[41]

History of Buddhism and Healing in Korea

The history of Buddhist healing in Korea has not been a significant research area for Western scholars and unfortunately will not be treated in any detail in this volume. While lamentable, this state of affairs is not especially surprising, as Korean Buddhism itself remains only a minor subfield of Buddhist studies, and the historiography of Korean medicine is virtually nonexistent in Western-language scholarship. Nevertheless, it is hoped that a brief capsule history of Buddhism and medicine in Korea may provide a fruitful comparison with China and Japan.

The small amount of scholarship on the subject that has been published gives the impression that the significance of Buddhist healing varied considerably over the course of Korean history.[42] Although there are hints of Korean medical exchanges with Han dynasty China, the historical record provides scant evidence about healing in the Three Kingdoms period (57 BCE–668 CE) and before. The first reliable historical annals, the *History of the Three Kingdoms* (*Samguk sagi*), were not compiled until the twelfth century. This account tells us that, when the first medical bureau was established by Unified Silla (668–936) in the year 692, mainstream Chinese medical texts such as the *Inner Canon of the Yellow Emperor* (*Huangdi neijing* 黃帝內經), the *Canon of Difficulties* (*Nanjing* 難經), and the *Canon of Materia Medica* (*Bencao jing* 本草經) were officially selected as the basis for medical practice.

While classical Chinese medicine was important at the Silla court, an account compiled by a Buddhist monk in the thirteenth century called the *Historical Records of the Three Kingdoms* (*Samguk yusa*) suggests that one of the primary groups active in the health care of that period was Buddhist monks. The compiler of the text included wondrous tales of the healing powers of renowned early Korean monks such as Wongwang, Milbon, and Hyetong, who were celebrated for having healed members of the royal family and other elites.[43] Buddhist healing was not only a subject for miracle tales, however. Though they are now lost, several compilations of Buddhist remedies were also produced during the Silla period. These included works titled *Prescriptions of Silla Buddhist Priests* (*Silla pŏpsa pang*), *Secret Prescriptions of Silla Buddhist Priests* (*Silla pŏpsa pimilbag*), and *Secret Essential Prescriptions Transmitted by Silla Buddhist Priests* (*Silla pŏpsayugwan pimilyosulbang*).[44] Quotations of some of this material have survived by virtue of being preserved in the 984 Japanese medical compilation *Essentials of Medical Treatment,* and those indicate that Korean Buddhists were advocating a blend of Buddhist and classical Chinese remedies.

Early Korea also saw a marked enthusiasm across the social spectrum for the worship of the Master of Medicines Buddha. Dozens of statues of this renowned healer, controller of evil spirits, and bestower of this-worldly benefits are extant from the Silla period. In a sign of official support for the Master of Medicines cult, a colossal statue was even erected in a royal temple in the capital in 755.[45] The principal text dedicated to this deity, the *Sutra of the Master of*

Medicines, was available in multiple editions and was apparently quite influential.[46] In addition to this particular *sūtra,* Korean Buddhists in the Silla and Koryŏ (935–1392) periods had access to virtually the entire corpus of Chinese scriptural translations. The Korean Tripiṭaka, first carved into woodblocks for printing in the eleventh century and revised and recarved in the thirteenth, is today the oldest surviving complete Buddhist canon in East Asia.[47]

The compiling and printing of the Tripiṭaka notwithstanding, official support for Buddhism began to decline in the post-Silla era, as Korean political elites shifted away from Buddhism in favor of neo-Confucian orthodoxy. While medical writings from the Koryŏ and Chosŏn (1392–1910) periods continued to include occasional references to Indian physiological models and specific Indian therapies, references to Buddhist knowledge tapered off markedly in favor of classical Chinese models. By the Chosŏn period, Buddhist institutions seem no longer to have played a major role in the health-care system.

The one area of Buddhist healing that seems to have survived—and even to have thrived—in these later periods is the ritual reverence of the Master of Medicines Buddha. The construction of statues, erection of ritual halls, and performances of rites and pilgrimages associated with this deity are well documented in later periods of Korean history—and, indeed, continue even today.[48] There has over the centuries been some cross-pollination between Buddhist and popular shamanic healing practices as well, notably including the adoption of Buddhist deities into the shamanic pantheon of healing spirits that remain a part of popular religion in Korea.[49] Nonetheless, from all indications, such facets of Buddhist healing have been largely limited to private activities without official sanction, and the influence of Indian medical thought on the Korean healing landscape appears on the whole to have been quite minimal after the first millennium.

Contents of the Present Volume

Taken in the aggregate, the chapters that make up this book endeavor not only to introduce the reader to a range of global and local perspectives on Buddhism and healing, but also to introduce a range of scholarly approaches to this subject matter. The authors, a diverse group of international contributors, approach the topic at hand from different disciplinary and methodological perspectives, including

Buddhist studies, history of medicine, Silk Road studies, material culture studies, literary studies, and gender studies. The book thus is intended to provide a window not only onto the diversity of East Asian Buddhist engagements with medicine in the medieval period but also onto the diversity of scholarly approaches through which such engagements are studied today.

In the opening chapter, "'A Flock of Ghosts Bursting Forth and Scattering': Healing Narratives in a Sixth-Century Chinese Buddhist Hagiography," Pierce Salguero explores Huijiao's (497–554) widely influential hagiographic collection, *Lives of Eminent Monks* (*Gaoseng zhuan* 高僧傳). Among the diverse thaumaturgical feats described in the collection's idealized depictions of esteemed monks, healing surely ranked as one of the most captivating for medieval readers. Salguero draws special attention to the strategic uses of exoticism in these accounts, as monks known for therapeutic prowess were associated with India, Sogdiana, Parthia, and other distant lands and were depicted wielding unfamiliar magical objects. Through Salguero's close reading, the collection's twofold agenda becomes evident: First, the collection acts as a cultural translation of foreign medicine, whereby efficacy is reinscribed in indigenous cosmological language. Second, as Salguero shows in accounts staging the healing of local elites and rulers, the collection asserts the superiority of Buddhist healing against that of Daoists, physicians, and other popular healers with whom Buddhists were competing for patronage. By depicting awe-inspiring therapeutic feats in a narrative form conducive to proselytism, Salguero argues, the collection's focus on the healing powers of the Buddhist tradition served to facilitate its spread throughout medieval China.

Foundational Mahāyāna *sūtras* could also function to disseminate Buddhist medical ideas, if in different and sometimes surprising ways. This is the topic Antje Richter considers in chapter 2, "Teaching from the Sickbed: Ideas of Illness and Healing in the *Vimalakīrti Sūtra* and Their Reception in Medieval Chinese Literature." Although the *Vimalakīrti Sūtra* ranks among the most important Mahāyāna texts in East Asia, few scholars have closely attended to the setting in which the *sūtra*'s teaching unfolds: the sickbed of the wise householder Vimalakīrti. Richter shows that far from a passive stage for the expounding of doctrine, this frame, along with the *sūtra*'s abundant metaphors on the nature of the body, were profoundly consequential. Richter argues that the *sūtra*'s central motif authorized literati to

write from their own sickbeds—even if that space was imagined—and to make private infirmity the centerpiece of their poetry. New in the medieval period, this focus on sickness eventually emerged in the Tang period as a familiar subgenre. Linking Mahāyāna scripture to shifts in poetic focus through close readings of both, Richter opens up a broader discussion about the ways Buddhist medical discourse came to be embodied and expressed in literary genres often considered secular.

In chapter 3, "Lighting Lamps to Prolong Life: Ritual Healing and the Bhaiṣajyaguru Cult in Fifth- and Sixth-Century China," Shi Zhiru examines the Chinese reception of the core rite of the quintessential healing buddha. Calling attention to the materiality of the ritual, Zhiru highlights a lesser detail in the Indian scriptural source that in China became the rite's defining feature: the use of lamps to extend life or revive the unconscious. In the rite's performance, lamps served as beacons for souls caught in the liminal stage between this life and the next. While this usage drew upon the Buddhist imagination of transmigration, Zhiru argues that the paramount role lamps came to hold in the rite points to wider significance across the Chinese religious landscape. Surveying a wide array of textual and archeological evidence, Zhiru traces lamps and lighting as both metaphor and material through Buddhist discourse, philosophical speculation by literati, and Daoist astrological rites—all of which were spurred by the emergence of artificial lighting in the Six Dynasties period (220–589). Zhiru thus shows how the Master of Medicines Buddha rite participated in larger intellectual, religious, and technological currents in which luminosity was intricately tied to life span.

In chapter 4, "Buddhist Healing Practices at Dunhuang in the Medieval Period," Catherine Despeux shifts our focus to the periphery of the empire, to manuscripts preserved at the site of Dunhuang on the western frontier of China. As an important node on the Silk Roads and a cosmopolitan society whose rule shifted several times between Chinese and Tibetans over the Tang period, Dunhuang was characterized by an astonishingly diverse healing culture. In comparing manuscripts of most immediate relevance for Buddhist healing with better-known received sources, Despeux highlights considerable overlap as well as divergences with Buddhist scriptures, Indian Āyurvedic medicine, and classical Chinese medicine. The majority of the therapeutically oriented texts she discusses, however, are esoteric Buddhist in focus. These texts feature a large pantheon of gods,

commonly frame disease in terms of demons, and prescribe ritual forms of therapy, especially incantations and talismanic seals. The comprehensive picture that emerges from Despeux's analysis, reflecting both cosmopolitan and local traditions, allows us to better imagine what healing looked like on the ground for a larger swath of Dunhuang society.

Parallels to Buddhist healing recorded in Dunhuang manuscripts can be found in sources for medieval Japan as well, where esoteric Buddhist institutions held considerable political authority and ritual constituted the dominant therapeutic paradigm. In chapter 5, "Empowering the Pregnancy Sash in Medieval Japan," Anna Andreeva examines a rite of esoteric empowerment for ensuring safe childbirth and the health of the newborn. In the basic form of the practice, the ritualist invokes deities to ritually fortify a fabric sash to be wrapped around the expectant mother in the fifth month, an act that inscribes the official beginning of the pregnancy with Buddhist connotations. Centering her discussion on a critical manuscript preserved at the Kanazawa Bunko library, Andreeva's study traces memoranda surrounding the rite to temples such as Daigoji, a monastery with long-standing connections to imperial consorts. Turning to the historical record, Andreeva demonstrates that in actual instances of its performance, the rite was a complex orchestration of a network of religious and medical specialists and material procedures and was frequently staged for elite women in both the Heian and Kamakura capitals. Andreeva's chapter thus provides a wealth of insights into the ways esoteric rites were shaped by multiple epistemological paradigms operating between distant regions as well as sociopolitical stakes that intensified around securing an heir and protecting the body of the expectant mother.

Just as they were performed to impart sacred power to objects like the pregnancy sash, practices of empowerment in medieval Japan were also frequently used to assimilate therapeutic technologies and concepts from non-Buddhist medical traditions. In chapter 6, "Ritualizing Moxibustion in the Early Medieval Tendai-Jimon Lineage," Andrew Macomber examines the adoption of moxibustion, a healing modality more commonly associated with classical Chinese medicine, in a fire ritual for the treatment of "corpse-vector disease" (*denshibyō* 傳屍病). Although scholars previously thought this rite was of continental origin, Macomber situates its late-twelfth-century creation in the Jimon branch of the Tendai school, a community based at the temple

Onjōji. As his examination of the liturgy and oral transmission texts reveals, the moxibustion rite partakes of structures and images characteristic of the kinds of empowerment practices Jimon monks used throughout the Heian period to cure the illnesses of aristocrats and emperors. At the same time, in exploring the moxibustion points prescribed in the healing program, Macomber demonstrates that, beyond esoteric sources, the Jimon compilers of the rite also found inspiration in a wide range of Buddhist and medical sources, most prominently the writings of Tendai (Ch. Tiantai) patriarch Zhiyi (538–597) and acumoxa texts.

Among the many shared themes emerging from these chapters, three are perhaps most salient for the field of Buddhist studies as well as for scholars working on the intersections of religion and medicine in non-Buddhist contexts. First, many of the contributions underscore the pervasiveness of normativity across multiple genres of Buddhist writings. Pierce Salguero's study of a key subset of monastic exemplars allows us to better understand how healing played a central role in the ways Buddhist authors crafted images of the ideal monk. Antje Richter's chapter follows normativity in a different direction, showing that Buddhist writings offered not only models for healing but also templates for ailing: in the figure of Vimalakīrti, Buddhist *sūtras* effectively taught readers how to be sick. Between these two chapters, readers will discern a more general pattern that characterized the spread of Buddhism throughout East Asia: Even as Buddhist writings presented the means for eliminating sickness and suffering, they also shaped the language through which that suffering was articulated and experienced.

Many contributors focus on prescriptive sources for therapeutic practices, most notably ritual, a second prominent theme throughout this volume. In recent years, scholars of Buddhism in medieval China and Japan have increasingly drawn attention to the dynamic bridgework of ritual.[50] In various ways, rituals functioned as malleable frameworks for integrating Buddhist concepts and practices with those of other religious communities and specific social contexts. In a similar way, several chapters in this volume demonstrate that Buddhists used ritual programs to reconcile competing and often incongruent medical models, practices, and notions of efficacy. The ritual manuscripts described by Catherine Despeux, for example, display a staggering hybridity of influences, reflecting exchanges among diverse therapeutic cultures active at Dunhuang. In the medieval Japanese sources described

by Andrew Macomber, on the other hand, esoteric Buddhist rites served as the matrix for assimilating healing technologies and disease concepts from continental Chinese medicine.

Finally, a third theme recurring throughout this volume is an emphasis on material culture. The talismans, willow branches, lamps, pharmaceuticals, and manifold other objects that populate these chapters strikingly demonstrate that Buddhist healing in medieval East Asia was in practice never narrowly focused on the mind. The persistent materiality of Buddhist healing is addressed most explicitly in Shi Zhiru's chapter. Zhiru shows that lighting technologies figured prominently in practices for elongating life in China, but she also treats these objects in ways that will be familiar to other scholars working on religion and materiality, that is, as indexes of multiple meanings, mutual influence among traditions, and larger sociotechnical shifts. Anna Andreeva's chapter develops along similar lines in a compelling case study of the pregnancy sash. She reveals how, by ritually empowering the sash, esoteric Buddhist monks redefined the social life of this important ceremonial object.

The analysis provided in this book is meant primarily to shed light on the specific details of the local processes of reception and adaptation of Buddhist healing in medieval China and Japan: a sash, a motif, a narrative. However, it is also hoped that this volume's engagement with themes of normativity, ritual, and material culture—as well as numerous other themes encountered and explored throughout these pages—will offer potential points of connection for scholars working on the nexus between Buddhism and medicine in other times and places. We additionally hope that the discussion here is generalizable enough to be found relevant by scholars working on other crossings of religion and healing within diverse disciplinary, temporal, and geographic contexts.[51] We thus hope to simultaneously make a contribution to the scholarly understanding of Buddhist healing in medieval East Asia, while also placing these specific local ideas and practices in dialogue with larger currents in the global history of religion and medicine.

Notes

1. Portions of this introduction were previously published in Salguero 2014a.

2. See discussion in Skorupski 1999.

3. See discussion of early Buddhist connections with medicine in, e.g., Haldar 1977; Zysk 1998; Naqvi 2011; Granoff 2011; Anālayo 2016; selections from Salguero 2017.

4. Salguero 2018.

5. Salguero 2015a. For developments in Southeast Asia, see Liyanaratne 1999; selections from Salguero 2017. On Tibet, see esp. Wallace 2001; Schaeffer 2003; Garrett 2006; Gyatso 2015; selections from Salguero 2017.

6. Buddhist healing in medieval China is discussed in, e.g., Strickmann 2002; Despeux 2010; Chen Ming 2013. The term "medieval" is used in this volume not to draw parallels to European historiography, from which the term is derived, but rather to follow conventional use in scholarship on East Asian Buddhism to roughly delineate a historical period. For China, "medieval" will refer to the period from the fall of the Han dynasty in the early third century to the establishment of the Song dynasty in the late tenth century. For Japan, the medieval period will cover the period from the appearance of rule by retired emperors in the late eleventh century to approximately the fifteenth century. Despite the different periodization schemes for China and Japan, it is significant that Buddhists in medieval-era Japan continued to draw on medieval Chinese sources.

7. See discussion in Salguero 2014b.

8. The vast majority of recent publications on East Asian Buddhist medicine have concerned China and Japan. In contrast, very little attention has been paid to Korea or Vietnam (but see Baker 1994; Do 2001; selections from Salguero 2017). It is hoped that the field will continue to expand and that scholars will broaden their analysis in order to fill some of this lacuna.

9. See Salguero 2014b, 133–139. A compilation of biographical details and legends of numerous missionaries is available in Fu and Ni 1996.

10. See also Davis 2001; Strickmann 2002; Salguero 2009; Campany 2012.

11. See also Salguero 2013; Salguero 2017, 84–91.

12. See Birnbaum 1989a, 1989b; Yü 2001; selections from Salguero 2017.

13. See, e.g., Capitanio 2013.

14. See Salguero 2015b; selections from Salguero 2017.

15. See Salguero 2014b, 112–116; selections from Salguero 2017.

16. Chen Ming 2007, 2013.

17. See Birnbaum 1989a; Davis 2001; Strickmann 2002; McBride 2011.

18. Deshpande 2003–2004, 2008.

19. See Deshpande 1999, 2000; Deshpande and Fan 2012. On Indian influence on Chinese embryology, see Chen Ming 2005c.

20. See Sakade 1998; Zhu 1999; Deshpande 2003–2004, 2008; Chen Ming 2013, 224–277; Salguero 2017, 533–542.

21. See Kalinowski 2003; Lo and Cullen 2005; Chen Ming 2005a, 2005b; Despeux 2010.

22. Davis 2001; Liu 2008.

23. See, e.g., Chen Yunü 2008.

24. Wu 2000.

25. Salguero 2014b, 141–148.

26. Demiéville 1985, 52, emphasis added. For a recent overview of the history of Buddhist medicine in Japan covering topics mentioned in this introduction and later chapters, see Shinmura 2013.

27. Kleine 2012, 19–23; Shinmura 1985, 260–268.

28. Demiéville 1985, 60–63; Shinmura 1985, 1–5.

29. See Hattori 1964, 54–64; Shinmura 1985, 344–358; Goble 2011; Triplett 2012, 77–86; Kleine 2012.

30. Nihonyanagi 1997; Winfield 2005; Triplett 2010; Josephson 2010.

31. One edition of Eisai's *Record of Nourishing Life by Drinking Tea* (*Kissayōjōki* 喫茶養生記) has recently been translated and examined in Benn 2016, 145–171; see also Drott 2010; Yoneda 2015.

32. Nishio 2000; Okuda et al. 2005.

33. Yiengpruksawan 1996.

34. Suzuki 2012.

35. Williams 2004b; Miyazaki and Williams 2001; Moerman 2015; Salguero 2017, 219–221.

36. Triplett 2010; Drott 2010; Goble 2011; Salguero 2017, 514–530.

37. Triplett 2012; Salguero 2017, 533–552.

38. Goble 2009, 2011.

39. Juhn Ahn 2008, 2012; Groner 2012; Drott 2015.

40. Williams 2003; 2005, 86–116.

41. Williams 2004a; 2005, 104–116.

42. Much of the information in the next few paragraphs is drawn from Baker 1994, 2003.

43. Translated in Ha and Mintz 1972; Mohan 2007.

44. Ahn Kye-hyŏn 1991, 24.

45. Lim 2013.

46. Skt. *Bhaiṣajya-guru sūtra;* Ch. *Yaoshi jing;* Kor. *Yaksa kyŏng*. See discussion in Jeong 2013.

47. Now housed at the Haeinsa Temple, which has since 1995 been recognized as a United Nations Educational, Scientific and Cultural Organization (UNESCO) World Heritage Site. Almost all the texts making up the Korean Tripiṭaka were incorporated by the compilers of the Taishō Tripiṭaka in the early twentieth century. They are today widely available both as part of that collection and online in digitalized format from the Tripitaka Koreana Knowledgebase, http://kabc.dongguk.edu/Home/Contents.

48. Uhlmann 2007; Kim Jongmyung 2013.

49. Baker 1994.

50. Mollier 2008; Copp 2014; Lomi 2014; Stone 2016.

51. For an excellent volume engaging with similar themes of religion, the body, and medicine, see Andreeva and Steavu 2016.

References

Ahn, Juhn. 2008. "Zen and the Art of Nourishing Life: Labor, Exhaustion, and the Malady of Meditation." *Japanese Journal of Religious Studies* 35, no. 2:177–229.

———. 2012. "Worms, Germs, and Technologies of the Self—Religion, Sword Fighting, and Medicine in Early Modern Japan." *Japanese Religions* 37, nos. 1–2:93–114.

Ahn Kye-hyŏn. 1991. "Buddhism in the Unified Silla Period." In *Assimilation of Buddhism in Korea: Religious Maturity and Innovation in the Silla Dynasty,* edited by Lewis Lancaster and C. S. Yu, 1–46. Freemont, CA: Asian Humanities Press.

Anālayo. 2016. *Mindfully Facing Disease and Death: Compassionate Advice from Early Buddhist Texts*. Cambridge: Windhorse.

Andreeva, Anna, and Dominic Steavu, eds. 2016. *Transforming the Void: Embryological Discourse and Reproductive Imagery in East Asian Religions*. Leiden: Brill.

Baker, Donald. 1994. "Monks, Medicine, and Miracles: Health and Healing in the History of Korean Buddhism." *Korean Studies* 18:50–75.

———. 2003. "Oriental Medicine in Korea." In *Medicine Across Cultures: History and Practice of Medicine in Non-Western Cultures,* edited by Helaine Selin and Hugh Shapiro, 133–153. Dordrecht: Kluwer Academic Publishers.

Benn, James A. 2016. *Tea in China: A Religious and Cultural History*. Honolulu: University of Hawai'i Press.

Birnbaum, Raoul. 1989a. *The Healing Buddha*. Boulder, CO: Shambhala.

———. 1989b. "Chinese Buddhist Traditions of Healing and the Life Cycle." In *Healing and Restoring: Health and Medicine in the World's Religious Traditions,* edited by Lawrence E. Sullivan, 33–58. New York: Macmillan.

Campany, Robert. 2012. *Signs from the Unseen Realm: Buddhist Miracle Tales from Early Medieval China*. Honolulu: University of Hawai'i Press.

Capitanio, Josh. 2013. "Health, Illness, and the Body in Buddhist and Daoist Self-Cultivation." In *Brahman and Dao: Comparative Studies of Indian and Chinese Philosophy and Religion,* edited by Ithamar Theodor and Yao Zhihua, 181–194. Lanham, MD: Lexington Books.

Chen Ming 陈明. 2005a. "*Zhuan nü wei nan:* Turning Female to Male, an Indian Influence on Chinese Gynaecology?" *Asian Medicine* 1, no. 2:315–334.

———. 2005b. *Dunhuang chutu huyu yidian "Qipo shu" yanjiu* 敦煌出土胡語醫典《耆婆書》研究. Hong Kong: Xinwenfeng chuban 新文豐出版.

———. 2005c. *Shufang yiyao: chutu wenshu yu xiyu yixue* 殊方異藥：出土文書與西域醫學. Beijing: Peking University Press.

———. 2007. "The Transmission of Foreign Medicine via the Silk Roads in Medieval China: A Case Study of the *Haiyao bencao*." *Asian Medicine* 3, no. 2:241–264.

———. 2013. *Zhonggu yiliao yu wailai wenhua* 中古醫療與外來文化. Beijing: Peking University Press.

Chen Yunü. 2008. "Buddhism and the Medical Treatment of Women in the Ming Dynasty: A Research Note." *Nan Nü* 10:279–303.

Copp, Paul. 2014. *The Body Incantory: Spells and the Ritual Imagination in Medieval Chinese Buddhism*. New York: Columbia University Press.

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

Demiéville, Paul. 1985. *Buddhism and Healing: Demiéville's Article 'Byō' from Hōbōgirin,* translated by Mark Tatz. Lanham, MD: University Press of America.

Deshpande, Vijaya. 1999. "Indian Influences on Early Chinese Ophthalmology: Glaucoma as a Case Study." *Bulletin of the School of Oriental and African Studies* 62, no. 2:306–322.

———. 2000. "Ophthalmic Surgery: A Chapter in the History of Sino-Indian Medical Contacts." *Bulletin of the School of Oriental and African Studies* 63, no. 3:370–388.

———. 2003–2004. "Nāgārjuna and Chinese Medicine." *Studia Asiatica* 4–5:241–257.

———. 2008. "Glimpses of Āyurveda in Medieval Chinese Medicine." *Indian Journal of History of Science* 43, no. 2:137–161.

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

Despeux, Catherine, ed. 2010. *Médecine, religion, et société dans la Chine médiévale: Étude de manuscrits chinois de Dunhuang et de Turfan*. Paris: Collège de France, Institut des Hautes Études Chinoises.

Do, M. Thien. 2001. "Charity and Charisma, The Dual Path of a Popular Buddhist Group in Southern Vietnam: The *Tinh Do Cu Si*." In *Vietnamese Society in Transition: The Daily Politics of Reform and Change*, edited by John Kleinen, 159–182. Amsterdam: Het Spinhuis.

Drott, Edward R. 2010. "Gods, Buddhas, and Organs: Buddhist Physicians and Theories of Longevity in Early Medieval Japan." *Japanese Journal of Religious Studies* 37, no. 2:247–273.

———. 2015. *Bukkyō igaku to jukyō igaku no kiro de: Manase Dōsan no Rōjinmon* 「仏教医学」と「儒教医学」の 岐路で一曲直瀬道三の『老人門』. In *Manase Dōsan to kindai Nihon iryō shakai* 曲直瀬道三と近世日本医療社会, 272–293. Osaka: Takeda Kagaku Shinkō Zaidan.

Fu Fang 傅芳 and Ni Qing 倪青, eds. 1996. *Zhongguo foyi renwu xiaozhuan* 中国佛医人物小传 [Short biographies of Chinese Buddhist medical personages]. Xiamen: Lujiang chubanshe.

Garrett, Frances. 2006. "Buddhism and the Historicising of Medicine in Thirteenth-Century Tibet." *Asian Medicine* 2, no. 2:204–224.

Goble, Andrew E. 2009. "Kajiwara Shōzen (1265–1337) and the Medical Silk Road: Chinese and Arabic Influences on Early Medieval Japanese Medicine." In *Tools of Culture: Japan's Cultural, Intellectual, Medical, and Technological Contacts in East Asia, 1000–1500s,* edited by A. E. Goble, K. R. Robinson, and H. N. Wakabayashi, 231–257. Ann Arbor, MI: Association for Asian Studies.

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.

Granoff, Phyllis. 2011. "The Buddha as the Greatest Healer: The Complexities of a Comparison." *Journal Asiatique* 299, no. 1:5–22.

Groner, Paul. 2012. "Extreme Asceticism, Medicine, and Pure Land Faith in the Life of Shuichi Munō (1683–1719)." *Japanese Religions* 37, nos. 1–2:39–62.

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

Ha Tae-Hung and Grafton K. Mintz, trans. 1972. *Samguk yusa: Legends and History of the Three Kingdoms of Ancient Korea*. Seoul: Yonsei University Press.

Haldar, J. R. 1977. *Medical Science in Pali Literature*. Calcutta: Indian Museum.

Hattori Toshirō 服部敏良. 1964. *Kamakura jidai igakushi no kenkyū* 鎌倉時代医学史の研究. Tokyo: Yoshikawa kōbunkan 吉川弘文館.

Jeong Byeong-sam. 2013. "The Characteristics of the Cult of Bhaisajyaguru in Silla: On Its Doctrinal Interpretations and Cultic Practices." In *The Cult of the Healing Buddha in East Asia: Donghwasa Temple and Columbia Center for Buddhism, East Asian Religions (C-BEAR) International Conference (May 29–30, 2013)*. Daegu: Donghwasa Temple.

Josephson, Jason Ā. 2010. "An Empowered World: Buddhist Medicine and the Potency of Prayer in Meiji Japan." In *Deus in Machina: Religion, Technology, and the Things in Between,* edited by Jeremy Stolow, 117–141. New York: Fordham University Press.

Kalinowski, Marc, ed. 2003. *Divination et société dans la Chine médiévale: Étude des manuscrits de Dunhuang de la Bibliothèque Nationale de France et de la British Library*. Paris: Bibliothèque Nationale de France.

Kim Jongmyung. 2013. "Belief in the 'Healing Buddha' Katpawi in Contemporary Korea." In *The Cult of the Healing Buddha in East Asia: Donghwasa Temple and Columbia Center for Buddhism, East Asian Religions (C-BEAR) International Conference (May 29–30)*. Daegu: Donghwasa Temple.

Kleine, Christoph. 2012. "Buddhist Monks as Healers in Early and Medieval Japan." *Japanese Religions* 37, nos. 1–2:13–38.

Lim Nam-su. 2013. "The Iconography and the Tradition of the Bhaisajyaguru Image in the Ancient Period Korea." In *The Cult of the Healing Buddha in East Asia: Donghwasa Temple and Columbia Center for Buddhism, East Asian Religions (C-BEAR) International Conference (May 29–30, 2013)*. Daegu: Donghwasa Temple.

Liu Shufen 劉淑芬. 2008. "Tangsong shiqi sengren, guojia he yiliao de guanxi: cong yaofang dong dao huimin ju" 唐、宋時期僧人、國家和醫療的關係：從藥方洞到惠民局 [Connections between the sangha, state, and medicine in the Tang-Song era: From the Medical Prescriptions Cave to the Office of Public Welfare]. In *Cong yiliao kan zhongguo shi* 從醫療看中國史 [Chinese history from the perspective of medicine], edited by Li Jianmin 李建民, 145–202. Taipei: Lianjing chuban gongsi.

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

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

Lomi, Benedetta. 2014. "Dharanis, Talismans, and Straw-Dolls: Ritual Choreographies and Healing Strategies of the *Rokujikyōhō* in Medieval Japan." *Japanese Journal of Religious Studies* 41, no. 2:255–304.

McBride, Richard D. 2011. "Esoteric Buddhism and Its Relation to Healing and Demonology." In *Esoteric Buddhism and the Tantras in East Asia,* edited by Charles D. Orzech, Henrik H. Sørensen, and Richard K. Payne, 208–214. Leiden: Brill.

Miyazaki Fumiko and Duncan R. Williams. 2001. "The Intersection of the Local and the Translocal at a Sacred Site: The Case of Osorezan in Tokugawa Japan." *Japanese Journal of Religious Studies* 28, nos. 3–4:399–440.

Moerman, Max D. 2015. "The Buddha and the Bathwater: Defilement and Enlightenment in the *Onsenji engi*." *Japanese Journal of Religious Studies* 42, no. 1:71–87.

Mohan, Pankaj N. 2007. "Won'gwang and Chajang in the Formation of Early Silla Buddhism." In *Religions of Korea in Practice,* edited by Robert E. Buwell, 51–64. Princeton, NJ: Princeton University Press.

Mollier, Christine. 2008. *Buddhism and Taoism Face to Face: Scripture, Ritual, and Iconographic Exchange in Medieval China*. Honolulu: University of Hawai'i Press.

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

Nihonyanagi Kenji 二本柳賢司. 1997. "Nihon mikkyō igaku to yakubutsugaku" 日本密教医学と薬物学 [Japanese esoteric Buddhist medicine and pharmacology]. In *Rekishi no naka no yamai to igaku* 歴史の中の病と医学 [Disease and medicine in history], edited by Yamada Keiji 山田慶兒 and Kuriyama Shigehisa 栗山茂久, 545–566. Kyoto: Shibundō.

Nishio Masahito 西尾正仁. 2000. *Yakushi shinkō: gokoku no hotoke kara onsen no hotoke e* 薬師信仰—護国の仏から温泉の仏へ [The cult of Yakushi: From a buddha of state-protection to a buddha of hot springs]. Tokyo: Iwata shoin.

Okuda Jun, Noro Yukio, and Ito Shiro. 2005. "Les pots de médicament de Yakushi Bouddha (Bouddha de la guérison) au Japon." *Revue d'histoire de la pharmacie* 93, no. 345:7–32.

Sakade Yoshinobu. 1998. "Sun Simiao et le Bouddhisme." *Kansai daigaku bunka ronshū* 関西大学文化論集 42, no. 1:81–98.

Salguero, C. Pierce. 2009. "The Buddhist Medicine King in Literary Context: Reconsidering an Early Example of Indian Influence on Chinese Medicine and Surgery." *History of Religions* 48, no. 3:183–210.

———. 2013. "Fields of Merit, Harvests of Health: Some Notes on the Role of Medical Karma in the Popularization of Buddhism in Early Medieval China." *Asian Philosophy* 23, no. 4:341–349.

———. 2014a. "Buddhism and Medicine in East Asian History." *Religion Compass* 8, no. 8:239–250.

———. 2014b. *Translating Buddhist Medicine in Medieval China*. Philadelphia: University of Pennsylvania Press.

———. 2015a. "Toward a Global History of Buddhism and Medicine." *Buddhist Studies Review* 32, no. 1:35–61.

———. 2015b. "Reexamining the Categories and Canons of Chinese Buddhist Healing." *Journal of Chinese Buddhist Studies* 28:35–66.

———. 2017. *Buddhism and Medicine: An Anthology of Premodern Sources*. New York: Columbia University Press.

———. 2018. "Healing and/or Salvation? The Relationship Between Religion and Medicine in Medieval Chinese Buddhism." *Working Paper Series of the HCAS: Multiple Secularities—Beyond the West, Beyond Modernities* 4.

Schaeffer, Kurtis R. 2003. "Textual Scholarship, Medical Tradition, and Mahāyāna Buddhist Ideals in Tibet." *Journal of Indian Philosophy* 31, nos. 5–6:621–641.

Shinmura Taku 新村拓. 1985. *Nihon iryō shakaishi no kenkyū: kodai chūsei no minshū seikatsu to iryō* 日本医療社会史の研究—古代中世の民衆生活と医療. Tokyo: Hōsei Daigaku shuppankyoku 法政大学出版局.

———. 2013. *Nihon bukkyō no iryōshi* 日本仏教の医療史. Tokyo: Hōsei Daigaku shuppankyoku 法政大学出版局.

Skorupski, Tadeusz. 1999. "Health and Suffering in Buddhism: Doctrinal and Existential Considerations." In *Religion, Health and Suffering,* edited by John R. Hinnells and Roy Porter, 139–165. London: Kegan Paul International.

Stone, Jacqueline I. 2016. *Right Thoughts at the Last Moment: Buddhism and Deathbed Practices in Early Medieval Japan*. Honolulu: University of Hawai'i Press.

Strickmann, Michel. 2002. *Chinese Magical Medicine,* edited by Bernard Faure. Stanford, CA: Stanford University Press.

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

Triplett, Katja. 2010. "Esoteric Buddhist Eye-Healing Rituals in Japan and the Promotion of Benefits." In *Ritual Dynamics and the Science of Ritual,* vol. 1, *Grammars and Morphologies of Ritual Practices in Asia,* edited by A. Michaels, 485–500. Wiesbaden: Harrassowitz.

———. 2012. "Magical Medicine?—Japanese Buddhist Medical Knowledge and Ritual Instruction for Healing the Physical Body." *Japanese Religions* 37, nos. 1–2:63–92.

Uhlmann, Patrick R. 2007. "A Buddhist Rite of Exorcism." In *Religions of Korea in Practice,* edited by Robert E. Buwell, 112–129. Princeton, NJ: Princeton University Press.

Wallace, Vesna. 2001. *The Inner Kālacakratantra: A Buddhist Tantric View of the Individual.* Oxford: Oxford University Press.

Williams, Duncan R. 2003. "How Dōshō's Medicine Saved Dōgen: Medicine, Dōshōan and Edo-Period Dōgen Biographies." In *Chan Buddhism in Ritual Context,* edited by B. Faure, 266–287. London: RoutledgeCurzon.

———. 2004a. "Edo-Period Tales of the Healing Jizō Bodhisattva: A Translation of 'Enmei Jizōson Inkō Riyakuki.'" *Monumenta Nipponica* 59, no. 4:493–524.

———. 2004b. "Esoteric Waters: Meritorious Bathing, Kōbō Daishi, and Legends of Hot Spring Foundings." Special issue, *Bulletin of the Research Institute of Esoteric Buddhist Culture* 2:195–216.

———. 2005. *The Other Side of Zen: A Social History of Sōtō Zen Buddhism in Tokugawa Japan.* Princeton, NJ: Princeton University Press.

Winfield, Pamela D. 2005. "Curing with Kaji: Healing and Esoteric Empowerment in Japan." *Japanese Journal of Religious Studies* 32:107–130.

Wu, Yi-li. 2000. "The Bamboo Grove Monastery and Popular Gynecology in Qing China." *Late Imperial China* 21, no. 1:41–76.

Yiengpruksawan, Mimi. 1996. "The Visual Ideology of Buddhist Sculpture in the Late Heian Period as Configured by Epidemic and Disease." In *Iconography and Style: On Buddhist Art Historical Studies,* edited by Kokusai kōryū bijutsishi kenkyūkai, 69–79. Kyoto: Kokusai kōryū bijutsishi kenkyūkai.

Yoneda Mariko 米田真理子. 2015. " 'Kissayōjōki' saidoku: Yōsai ni yoru shuchō no dokusōsei to sono keishō" 『喫茶養生記』再読―栄西による主張の独創性とその継承―. In *Hikaku shisō kara mita Nihon bukkyō* 比較思想から見た日本仏教, edited by Sueki Fumihiko 末木文美士, 55–71. Tokyo: Sankibō Busshorinkan 山喜房佛書林.

Yü, Chün-fang. 2001. *Kuan-yin: The Chinese Transformation of Avalokitesvara.* New York: Columbia University Press.

Zhu Jianping 朱建平. 1999. "Sun Simiao *Qianjin Fang* zhong de Fojiao yingxiang" 孙思邈《千金方》中的佛教影响 [Buddhist influences on Sun Simiao's *Precious Prescriptions for Emergency*]. *Zhonghua yishi zazhi* 中华医史杂志 4:220–22.

Zysk, Kenneth G. 1998. *Asceticism and Healing in Ancient India: Medicine in the Buddhist Monastery.* Delhi: Motilal Banarsidass.