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Reexamining the Categories and Canons of Chinese Buddhist Healing

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Abstract

Texts related to healing are abundant in the Chinese Buddhist corpus, with hundreds of relevant treatises or chapters extant today from all periods of Chinese history. Generations of authors from the medieval period to the present day have ascribed a great degree of importance to codifying and anthologizing this particular area of Buddhist knowledge. This paper discusses the organizational categories and textual canons that have predominated in this exegetical tradition. I outline the emergence of the first syntheses in the medieval period, continuities in later authors' treatment of the topic, and the modification of those approaches to fit with modern scientific medicine. I then critique the reinscription of these exegetical approaches in Western scholarship, and identify several ways to move beyond these traditional categories and canons in future research.

Keywords:
Buddhist medicine, Categories, Encyclopedias, Daoxuan, Paul Demiéville

重新審視中國佛教醫療的類別與文獻

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摘要

在中國佛教的文獻中含有豐富的醫療資料，從古至今已有數以百計的文章與著作。已有數代作家將此特殊領域的佛教知識編纂成書與選編文集。本文探討在此釋義 傳統中早已成型的類別與文獻。首先描述在中世紀時期所出現的最初系統、後代承襲的情況與為適應現代醫學所做的改造。接著，評析現代西方學者對這些釋義方式的重述，並指出在未來的研究中超越這些傳統類別與文獻的一些方法。

關鍵詞：
佛醫、佛教醫學、病苦、贍病、道宣

Texts related to healing are abundant in the Chinese Buddhist corpus, with hundreds of relevant treatises or chapters extant today from all periods of Chinese history.[1] This body of literature includes both texts translated from Indic languages (mainly dating from between the second and eleventh centuries), as well as those that were composed domestically in China. Collectively, these texts deal with the structure and workings of the human body, the origins of disease, and the proper methods for providing medical and nursing care. They introduce a litany of therapeutic interventions running the gamut from rituals to meditations to pharmacological preparations, an equally diverse array of narratives and devotional texts about doctors and deities, and many other topics related to what we might loosely call "healing." In addition to texts that focus primarily or even exclusively on these arenas, there are countless others that mention such things in passing.[2] Taken as a whole, this corpus played a major role in introducing Indian medical concepts to medieval China. However, it is notably heterogeneous, reflective of the many disparate opinions, voices, and transregional historical contexts that informed Buddhist textual production throughout over two millennia of history.

Putting aside for the time being the question of whether these texts accurately represent the actual healing practices of Buddhist clerics and devotees at any point in time, I want to focus on the fact that generations of authors from the medieval period to the present day have ascribed a great degree of importance to codifying and anthologizing this particular area of Buddhist knowledge. This paper discusses the organizational categories and textual canons that have predominated in this exegetical tradition. I outline the emergence of the first syntheses in the medieval period, continuities in later authors' treatment of the topic, and the modification of those approaches to fit with modern scientific medicine. I then critique the reinscription of these

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1 For a sense of the vastness of this corpus, see the 101-volume collection by Shi and Li (2011). The medieval Chinese reception of Indian medicine is discussed in detail in Chen Ming (2013) and Salguero (2014a). For a "state of the field" of the study of Buddhist healing in East Asia, see Salguero (2014b). An annotated bibliography of selected primary and secondary sources is available in Salguero (2014c). Additional studies on the subject are listed in the bibliography.

2 In the Chinese section of the *Taishō-era Newly Revised Tripitaka* (Jp. *Taishō shinshū daizōkyō* 大正新脩大藏經), *bing* 病 (illness, disease) appears over 40,000 times; *yao* 藥 (medicine) over 26,000; and *yi* 醫 (physician, medicine) over 7,000. All textual citations and quotations marked with "T" below refer to the corrected, digitalized edition of vols. 1–55 and 85 of the *Taishō Tripitaka,* available at www.cbeta.org and through the JCBReader software.

exegetical approaches in Western scholarship, and identify several ways to move beyond these traditional categories and canons in future research.

Establishing the category

Many of the earliest Chinese efforts to explain Buddhism's positions on healing attempted to reconcile the Indian medical doctrines found in Buddhist texts with the central concepts underpinning indigenous Chinese medicine, self-cultivation, and cosmology. Such interpretations began with the very first known translator and explicator of Buddhist materials in Chinese history, the Parthian monk An Shigao 安世高 (fl. 148–70). In his *Sūtra on the Oral Explanation of the Twelve Causal Links in the Āgamas* (*Ahan koujie shier yinyuan jing* 阿含口解十二因緣經; T 1508), An explains that the Wind Element (one of the Great Elements, *mahābhūta* or *dhātu*, from Indo-European philosophy and medicine commonly found in Buddhist texts) is none other than *qi* 氣.[3] In later centuries, leading Buddhist scholars of their time, such as Paramārtha (Ch. Zhendi 眞諦, 499–569), Zhiyi 智顗 (538–597), Jizang 吉藏 (549–623), Huiyuan 慧遠 (523–592), and Huijing 慧淨 (fl. seventh century), among others, all wrote more detailed commentaries that explained Indian medical wisdom in terms of indigenous notions of *yinyang* 陰陽, the Five Phases (*wuxing* 五行), and the Chinese visceral systems (*zangfu* 臟腑).[4] Zhiyi also wrote several manuals on diagnosing and healing disease with meditation that synthesized and integrated techniques and concepts from Indian and Chinese medical thought.[5]

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3 T 1508, 54a06–07.

4 These comments appear at T 1785, 80b–82a; T 1787, 171b–172c; T 1793, 514c01–05; T 2780, 538b29–c04. See discussion of the first two texts in Salguero (2014a, 97–102).

5 See discussion in Salguero (2012; 2014a, 102–5). Zhiyi's compositions are included in the *Taishō Tripitaka* under the names *Essentials of Practicing Śamatha and Vipaśyanā Meditation* (*Xiuxi zhiguan zuochan fayao* 修習止觀坐禪法要, T 1915), *A Step-by-Step Teaching for Understanding Dhyāna-pāramitā* (*Shi chan poluomi cidi famen* 釋禪波羅蜜次第法門, T 1916), and the *Great [Treatise on] Śamatha and Vipaśyanā* (*Mohe zhiguan* 摩訶止觀, T 1911). Translation of the medical section of a text closely related to T 1915 is available in Salguero (2012); translation of the complete T 1915 in Dharmamitra (2008). English translations of both T 1911 and 1915 are currently being prepared by Paul Swanson.

In the seventh century, the founder of the Vinaya school, Daoxuan 道宣 (596–667 C.E.), began to depart from this syncretic approach, laying out a vision for monastic nursing and hospice care among the Chinese sangha that gave priority to Indian scriptural precedents.[6] In 626–630, he wrote an influential commentary on monastic discipline, the *Emended Commentary on Monastic Practices from the Dharmaguptaka Vinaya* (*Sifenlü shanfan buque xingshi chao* 四分律刪繁補闕行事鈔, T 1804).[7] The relevant sections of that text, titled "Properly procuring the four medicines" (*siyao shoujing* 四藥受淨) and "Nursing the sick and sending off the dying" (*zhanbing songzhong* 瞻病送終), consist largely of quoted passages from a range of monastic disciplinary texts, held together by interpretive comments and reminders that the sangha should adhere closely to Buddhist regulations.

Though influential, these early efforts at systematization only dealt with a limited range of topics. A much more ambitious project was undertaken by another leading Chinese Buddhist thinker of the seventh century, Daoshi 道世 (?–683). Best known as the author of two important collectanea (*leishu* 類書), Daoshi wrote on a wide range of historical and literary topics, contemporary politics, material culture, daily life, ritual practices, philosophical doctrines, and other matters of interest to monastics.[8] Completed in 668, his most influential work, the 100-fascicle *Forest of Pearls in the Garden of the Dharma* (*Fayuan zhulin* 法苑珠林, T 2122), attempted to summarize virtually all Buddhist knowledge. This work includes a chapter called "On the suffering of sickness" (*bingku pian* 病苦篇).[9] A contemporary and sometimes

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6 See overviews of Daoxuan's life, thought, and writings in Satō (1986) and Chen Huaiyu (2007). On his efforts to restrict the practice of indigenous medicine by monastics, see particularly pp. 159–62 of the latter.

7 T 1804's chapter on nursing and hospice is examined in detail in Shinohara (2007). On the commentary more generally, see Satō (1986, 229–98).

8 These texts are discussed and outlined in Teiser (1985). They are being analyzed more closely by Alexander O. Hsu in his dissertation research, and I wish to thank him for comments made on an earlier draft of this paper that greatly assisted me with the remainder of this section.

9 The title implies that Daoshi's chapter summarizes the range of Buddhist responses to one of the four traditional categories of human suffering (i.e., birth, old age, sickness, and death). Daoshi's second encyclopedia, *Collection of Essentials from the Scriptures* (*Zhujing yaoji* 諸經要集, T 2123), presents similar medical perspectives under a different title. See especially pp. 175a15–177b13, which parallels the organization and much of the contents of *Forest of Pearls*. In this paper I have chosen to discuss the latter because of its greater length and influence.

collaborator of Daoxuan, Daoshi in this chapter integrated some of Daoxuan's material and adopted similar citation practices, stylistic preferences, and general avoidance of overt syncretism. Despite his debt to Daoxuan, however, Daoshi aimed at achieving a significantly expanded goal over his predecessor: a comprehensive introduction to Buddhist knowledge related to health, disease, and care for the sick.

Daoshi's piece opens with a prefatory essay called "An exposition of the intention" (*shuyi* 述意) that introduces the Indian doctrines of the Four Elements, the contingent and impermanent nature of the physical body, and the inevitability of illness for all human beings. Most of the sections that follow this introduction begin with some brief opening lines, but they all primarily consist of quotations drawn from across the Tripitaka. These passages cover a panoply of Buddhist perspectives on health, disease, curing, nursing, and hospice that did not originally belong to the same historical or doctrinal context. However, in Daoshi's hands, these passages were unified as the defining characteristics of a patently Buddhist perspective on illness:

- **Quoted evidence (*yinzheng* 引證).** The author begins by quoting a passage from the *Sūtra on the Buddha as Physician* (*Foshuo foyi jing* 佛說佛醫經, T 793) that describes the fluctuations of the Four Elements, the connections between the seasons and the arising of disease, recommended dietary adjustments for each season, and the ten violations of proper regimen that cause disease.[10] This is followed by a passage from the *Great Treatise on the Perfection of Wisdom* (Sk. *Mahāprajñāpāramitā-śāstra*, Ch. *Da zhidu lun* 大智度論, T 1509) that includes a typical Buddhist etiological scheme recognizing 404 human diseases, 101 for each of the Four Elements.[11]
- **Nursing the sick (*zhanbing* 瞻病).** This section strongly echoes the nursing chapter in Daoxuan's commentary, after which it is named. Like his predecessor, Daoshi begins his discussion by invoking a story from the "Four-part Vinaya" (i.e., the *Dharmaguptaka Vinaya, Sifen lü* 四分律, T 1428) about a time that the Buddha nursed a monk who was sick with dysentery and exhorted the sangha to care for each other when they fell ill.[12] Next, Daoshi features a passage from the *Mahāsāṃghika*

10 T 2122, 984c04–28.

11 Ibid., 984c29–a05.

12 Ibid., 985a09–11, which is an abbreviated quote of T 1804, 143b02, which in turn is a quote of T 1428, 861b28. The narrative is translated in Shinohara (2007, 107–8). For a parallel story from the *Mūlasarvāstivāda Vinaya*, see Schopen

Vinaya (*Mohesengqi lü* 摩訶僧祇律, T 1425) delineating the proper steps to care for a sick monastic while traveling, and quotes the nine causes of premature death from the same source.[13] Following these come a passage from the *Ekottarāgama* (*Zengyi ahan jing* 增一阿含經, T 125) listing five errors of the sick-nurse that result in a lack of a timely cure[14] and a verse from a *jātaka* tale emphasizing the karmic merits earned by caring for the sick.[15] Then, a story from a sūtra text about Maitreya Bodhisattva highlighting several dramatic deeds of healing compassion committed by Śākyamuni Buddha in previous lives,[16] and a narrative from the *Dharmapāda* (*Fa juyu jing* 法句喻經, T 211) about the power of karma to determine one's health and illness.[17] The section closes with two short quotes from the disciplinary literature on the provisioning of supplies for the care of the sick, and finally a list of the five virtues of the effective nurse from the *Dharmaguptaka Vinaya*.[18]

- **Therapies (*yiyao* 醫藥).** In this section, Daoshi focuses on the means by which diseases are cured. He includes a passage from the *Ekottarāgama* outlining the Indian doctrine of *tridoṣa* (the so-called "humors," or pathological Wind, Bile, and Phlegm) and the medicinal foodstuffs that ameliorate those three poisons.[19] He then reproduces a section from the *Sūtra of Golden Light* (*Jin guangming jing* 金光明經, T 663) that explains the core principles of Indian medicine, focusing on the interactions between the *tridoṣa* and the seasons, and how to adjust the diet in order to prevent disease according to the Indian principle of medicinal Flavors (Skt. *rasa*).[20] A short passage quoted from the *Great Treatise on the Perfection of Wisdom* then introduces the "roots of

(2004, 8). For the Pāli version, see discussion in Zysk (1998, 41); translation in Horner (2000, 431–4).

13 Ibid., 985a11–21.

14 Ibid., 985a22–28.

15 Ibid., 985a28–b03.

16 Ibid., 985b04–985c05.

17 Ibid., 985c06–986a12.

18 Ibid., 986a13–a22.

19 Ibid., 986b03–14. For more details about the appearance of the *tridoṣa* in Chinese Buddhist texts, see Endo et al. (1993a, 1993b); Salguero (2010–11); Köhle (n.d.). For discussion of the Indian sources, including a critique of the English translation of *doṣa* as "humors," see Scharfe (1999).

20 Ibid., 986b15–c20. See translation in Salguero (2013a).

84,000 illnesses" (*bawan siqian bing genben* 八萬四千病根本, i.e., 21,000 each for greed, ignorance, anger, and the combination), as well as the use of specific meditations to eliminate these.[21]

- **Hospice (*anzhi* 安置).** This section again draws heavily from Daoxuan. It opens with a passage from the *Mahāsāṃghika Vinaya* on how to reverence a dying member of the sangha with incense, candles, and fragrance.[22] This is followed by an idealized description of the hospice facilities at the Jetavana monastery in India that is drawn from Daoxuan's writings.[23]
- **Collecting the thoughts (*liannian* 斂念).** This section focuses on the importance of the moment of death.[24] Several of the quotes given here are drawn from Daoxuan's commentary, including short passages from the *Sarvāstivāda Vinaya* (the "Vinaya in Ten Recitations," *Shi song lü* 十誦律, T 1435), the *Dharmaguptaka Vinaya,* other monastic disciplinary texts, the *Flower Adornment Sūtra* (*Huayan jing* 華嚴經), the *Great Treatise on the Perfection of Wisdom,* the *Vimalakīrti-nirdeśa-sūtra* (*Weimo jing* 維摩經), and a verse written by Daoxuan. In this section, Daoshi also presents several quotes from the sūtras and commentarial literature in addition to his own reflections on contemplative and ritual practices resulting in rebirth in the Pure Lands or other favorable destinations.[25]
- **Miracle tales (*ganying yuan* 感應緣).** This final section includes a selection of fourteen healing narratives.[26] Such stories were a subject of great fascination for both Daoshi and Daoxuan, who may in fact have

21 Ibid., 986c21–28.

22 Ibid., 987a07–09.

23 Ibid., 987a09–20. Jetavana is one of the most important locations associated with the life of the Buddha. Daoshi's text cites the *Illustrated [Sūtra] on the Jetavana Monastery in the Western Lands* (*Xiyu qiyuansi tu* 西域祇桓寺圖) as the source of this quotation. This is a reference to a fantastical description of the Indian monastery Daoxuan composed just before his death that was based upon a combination of scriptural sources and visionary experiences. A text with a similar title is found in the *Taishō Tripitaka* (T 1899); however, the passage quoted by Daoshi more closely resembles the description of Jetavana found in Daoxuan's commentary (T 1804, 144a13–27). See discussion of this connection in Shinohara (2007, 129–30n6). On T 1899 more generally, see Forte (1988, 51–2); Ho (1995); Tan (2002); McRae (2005).

24 Ibid., 987a28–b08 and 987c03–07.

25 Ibid., 987b09–c03.

26 Ibid., 987c08–989c01.

worked together to compile them.[27] Culled from medieval collections of miracle tales such as the *Signs from the Unseen Realm* (*Mingxiang ji* 冥祥記) and hagiographies such as the *Lives of Eminent Monks* (*Gaoseng zhuan* 高僧傳, T 2059), the narratives involve the spontaneous cure of monks and laypeople through the apparition of spirits and deities, the use of objects with magical significance, and the intercession of the sangha.[28] Though they have little connection with Indian medical doctrine, these stories, which Daoshi calls "proofs" (*yan* 驗), were clearly meant to inspire the reader with Buddhism's efficacy in overcoming disease and dispelling misfortune.

From the above summary of its contents, the breadth and ambition of Daoshi's chapter are obvious. His approach stands in contrast to his predecessors, whose writings had focused on systematizing a single topic—such as monastic nursing or curative meditations—or else on explicating the medical contents of one sūtra. Daoshi instead establishes "the suffering of sickness" as a collective name for a range of Buddhist understandings of the origins of disease, therapeutic techniques, means of caring for the sick and dying, miraculous cures, and other topics he perceived to be related. By dividing the chapter into subheadings and collecting together diverse scriptural passages illustrating each area, Daoshi outlined the contours of this new category of knowledge.[29] He also carved out from the breadth and diversity of texts available to him what we might think of as the first comprehensive anthology of Buddhist scriptural passages on illness.

From anthology to canon

Over the course of the many centuries since Daoshi, numerous other East Asian authors have written about one or another aspect of Buddhist healing.

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27 On this collaboration, see Shinohara (1991).

28 On Buddhist tales about miraculous healing in medieval China, see Salguero (2010; 2014a, 121–40). *Signs from the Unseen Realm* is no longer extant as a separate text, but has been reconstructed (largely from Daoshi's copious quotations) and translated in full in Campany (2012). On medieval Chinese Buddhist miracle tales more generally, see also Campany (1991, 1993, 1996); Kieschnick (1997).

29 It is interesting that Daoshi does not discuss the Master of Medicines Buddha or healing *dhāraṇī* in this section of the *Forest of Gems*, preferring to leave these topics for other chapters. The reasons for these decisions are not entirely clear to me, and are worthwhile topics for future research.

Some of these writings have been thoughtful treatises by Buddhist teachers that closely analyze a particular Buddhist practice or philosophical position, while others have been collections of recipes or practical advice written by medical experts that incorporate individual Buddhist solutions.[30] Periodically, however, authors will take on the task of outlining in broad terms the relevance of Buddhism for health, disease, and healing. When they have done so, they have rarely strayed far from the basic approach established in the seventh century. While they may have been more or less comprehensive than Daoshi's summary of "the suffering of sickness," these authors have tended to continue to define the category by collecting together a list of originally disconnected scriptural passages culled from across the Tripitaka. Though they may add new passages and their own exegesis, such authors have returned again and again to the same passages originally anthologized by Daoshi. By virtue of their continual reinstatement by many generations of writers, the doctrines and passages Daoshi collected together have come to exude an increasing aura of authority in defining Buddhist healing. The effect has been to transform this collection from an anthology into a canon of sorts.[31]

While there are a number of texts that could be presented here in order to illustrate these continuities over time, I will mention only two, from the medieval and modern periods respectively. The first is an encyclopedic glossary called *Essentials for Buddhists* (*Shishi yaolan* 釋氏要覽, T 2127) written by the monk Daocheng 道誠 in 1019. Compared to the seventh century work, this text's entries are significantly abbreviated. However, the continuing relevance of Daoshi's work is immediately apparent. Daocheng's section on caring for the sick is titled *zhanbing* 贍病, echoing both Daoshi and Daoxuan before him. Like its predecessors, this text quotes the narrative of the Buddha caring for the monk with dysentery,[32] the virtues of the good

30 See discussion of the few sources currently available in translation in Salguero (2014b). I am currently in the process of finalizing an edited collection of translations of East Asian Buddhist writings on healing, which will include many more such texts.

31 Miriam Levering uses the term "actual canon" to speak of selections from an official canon that are put to use in particular communities or for particular purposes (Levering 1989, 13; cited in Hammerstrom 2012, 3–18). On the formation of the broader Chinese Buddhist canon more generally, which I do not discuss here, see Hureau (2010); Lancaster (2012).

32 T 2127, 306a22–26.

nurse,[33] the faults of the ineffective nurse,[34] the ten causes of illness,[35] and the nine causes of untimely death.[36] Passages from the *Mahāsāṃghika Vinaya* allowing extra food and from a commentary on the *Ekottarāgama* allowing the consumption of alcohol by sick monastics are new additions, but they are drawn from familiar sources.[37] Daocheng also repeats the description of Jetavana and instructions on setting up a hospice, the passage from the *Flower Adornment Sūtra* on chanting scriptures for the sick, and a quote from the *Sarvāstivadā Vinaya* on preaching dharma to the dying that is explained with an explicit reference to Daoxuan's Vinaya commentary.[38]

Like Daoxuan and Daoshi, Daocheng too includes a series of quotes and comments illustrating the importance of the last moment of life and other beliefs and practices associated with death and dying.[39] Here, he incorporates material used by his predecessors as well as some newer literature that was unavailable in the seventh century. This part of the composition represents an effort on the part of the author to integrate a range of new philosophies and doctrinal perspectives into the groundwork laid by previous thinkers. These selections reveal that neither the categories nor the canon were rigidly fixed: they could be molded and expanded upon to suit the needs of individual compilers. Nevertheless, Daocheng clearly takes the doctrines and passages collected in the seventh century as his point of departure for these innovations, and the purpose of his piece is to maintain, while updating, the existing exegetical tradition.[40]

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33 Ibid., 306a28–b02.

34 Ibid., 306b03–05.

35 Ibid., 306b06–08.

36 Ibid., 306b09–12.

37 Ibid., 306b13–23.

38 Ibid., 306b24–c20.

39 Ibid., 306c21–307b26.

40 A close reading of this text suggests another important facet of the canonization process at play. Daoshi's work contains evidence that the author was directly consulting written textual sources. For example, an instance where Daoshi accidentally copied more than just the quote he was intending to include is found at T 2122, 985a04–06. Daocheng's work, on the other hand, contains errors that suggest the author was working at least in part from memory. For example, in the opening passages retelling the story of the Buddha caring for the sick monk, Daocheng cites the *Mahāsāṃghika Vinaya* as his source, but he mixes in particular details from the *Dharmaguptaka Vinaya*. (I thank Ven. Jianrong for pointing both of these errors out to me.) Another of Daocheng's oversights occurs in his list of faults of the ineffective nurse. Here he counts six items

Daocheng's glossary is one example of the process of canon formation and maintenance that has been ongoing over the centuries since Daoshi's lifetime. The second example I will mention is intended to demonstrate that—despite being produced in new media, translated into new languages, and disseminated via new technologies—modern exegesis on the subject of Buddhism and healing often reveals similar tendencies. At the time of this writing, the top-ranking Google result for the keyword phrases "Buddhism and health," "Buddhism and medicine," "Buddhist healing," and "Buddhist medicine" is an online essay called "Buddhism, Medicine, and Health."[41] This 7,000-word piece is an English translation of a treatise written by Dharma Master Hsing Yun 星雲 (b. 1927), the founder of the Foguang Shan 佛光山 Buddhist organization in Taiwan and one of the leading figures in twentieth-century Chinese Buddhism. This web page has been online since at least 2002 and has remained the top Google result for the relevant keywords for at least the past five years that this author has been keeping an eye on it—a likely indication of its influence in shaping current perceptions on this subject for English-language readers worldwide. A re-edited version of the essay is also appended to a translation of and commentary upon the *Sūtra on the Master of Medicines Buddha* (*Yaoshi jing* 藥師經; *Bhaiṣajyaguru-sūtra*) published in 2005 by a California-based press affiliated with Foguang Shan.[42] It also can be found as a stand-alone booklet that is distributed to visitors at Foguang Shan temples in the United States.

The treatise sounds a familiar refrain. It opens by justifying the Buddha's teachings on health and healing as an integral part of his compassionate mission to relieve mankind's suffering.[43] The particular medical doctrines attributed to the Buddha revolve around the Four Elements and the proper regulation of diet and regimen. The reader is told of the negative effects on one's health of greed, anger, and ignorance, and the positive influence of Buddhist practices such as meditation, repentance, recitation, and so forth. We are also reminded of the beneficial role of monks as healers throughout

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where the original source includes only five (see T 125, 680c4–10). Such errors suggest that by the eleventh century the canonical authority of these doctrines on healing may have developed sufficiently to the point that an author would have had the relevant scriptural citations committed to memory.

41 See www.blia.org/english/publications/booklet/pages/37.htm, which according to Google has been available online since at least 1 February 2002. The time of this writing is 4 March 2014.

42 Hsing Yun (2005, 155–82).

43 bid., 157.

history.[44] Hsing Yun mostly cites the same range of Vinayas, sūtras, commentaries, and narratives as his medieval predecessors. He similarly places these together under topical headings that imply connections between texts or ideas that were not related to one another historically.[45]

However, like Daocheng, Hsing Yun updates the category and canon in order to maintain their relevance. Part and parcel of his effort to propagate Foguang internationally, this essay reconfigures Buddhist healing to speak to contemporary concerns. Much of the language used employs the rhetoric of social engagement that is a hallmark of the modern Taiwanese movement of "humanistic Buddhism" (*renjian fojiao* 人間佛教).[46] Hsing Yun also argues that in "uniting spirituality and medicine," Buddhism is preferable to the "smaller framework" of "Western medicine" and "medical science."[47] Despite the fact that both the core doctrines it introduces as well as the sources it cites as authorities are firmly rooted in the commentarial tradition established many centuries ago, Hsing Yun's essay makes every effort to prove that Buddhist healing is relevant in the contemporary age.

While less overtly sectarian than Hsing Yun's treatise, modern scholarly works on Buddhism and healing published in East Asia have often been similar to the writings just described both in terms of their general approach and in the details of which texts they choose to cite and quote.[48] Virtually all center their exegesis on the same core doctrines and texts. Scholarly authors often additionally incorporate citations or quotes of recovered manuscripts from Dunhuang and Turfan or obscure texts from the Sino-Japanese tradition. If they are armed with linguistic competence, they may integrate Pāli, Sanskrit, or Tibetan references as well. In tracking down and compiling together such materials, these authors perform a valuable indexing service, and their

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44 On this latter point, it is important to note that Hsing Yun neglects to mention the miracles and magical feats eminent monks are usually credited with—no doubt due to his desire to appeal to a contemporary, more skeptical audience.

45 For example, in two paragraphs on "medical theories in Buddhism" (ibid., 163–4), he transitions seamlessly from the third-century translation of the *Sūtra on the Buddha as Physician* to the *Great [Treatise on] Śamatha and Vipaśyanā* composed in China in the sixth century, and then on to the *Mahāprajñāpāramitā-śāstra* and the Pāli *Visuddhimagga*.

46 On *renjian fojiao,* see Bingenheimer (2007); on modern Taiwanese Buddhism more generally, see Jones (1999)*;* on Foguang Shan in particular, see Chandler (2004).

47 Hsing Yun (2005, 158–9).

48 Notable exceptions to this generalization include Cheng Ming and Liu Shufen, some of whose work is cited in the bibliography.

publications often are extremely useful as reference works. However, they all too often share the assumptions of the medieval authors that a coherent Buddhist perspective on health exists and that this perspective can be adequately captured by a collection of textual citations. On the whole, there is too little attention paid to the discrepancies between Buddhist source texts, to the analysis of their historical development over time, or to the discussion of the sociocultural contexts in which Buddhist knowledge was produced or consumed.

From "the suffering of sickness" to "Buddhist medicine"

Continuities with the past notwithstanding, there is something that is radically new about many of the modern presentations of Buddhist healing, a trend that has equally impacted both exegetical and scholarly writings on the subject. I am speaking of the emergence of a new category name, "Buddhist medicine" (Ch. *foyi* 佛醫, 佛教醫學, or similar expressions; Jp. *bukkyō igaku* 仏教医学), that has largely replaced the traditional "suffering of sickness." This new term refers to the same body of doctrines and textual passages, but places them in an entirely new ideological context.

The phrase "Buddhist medicine" became common only in the mid-twentieth century, from which time it has increasingly appeared in Chinese and Japanese publications along with a number of structurally parallel terms such as "Chinese medicine" *(zhongyi* 中醫), "Western medicine" (*xiyi* 西醫), and eventually also "Daoist medicine" (*daojiao yixue* 道教醫學).[49] A rise in its prevalence in English publications lagged slightly behind those in East Asian languages, but by the 1980s the term came to predominate over any alternatives in this literature as well.[50] Today, the term is commonly used in

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49 Title searches in library catalogues and online databases reveal other uses of *foyi* predating the twentieth century. For example, the title of T 793, *Foshuo foyi jing* 佛說佛醫經, which was translated into Chinese in the third century, is sometimes rendered in English as the *Sūtra on Buddhist Medicine*, but this is a mistranslation of a phrase that means something more like "the Buddha as physician" (Salguero 2014a, 54n42). Another common use of *foyi* is to designate a Buddhist doctor. However, neither of these are concrete references to a doctrinal category or body of knowledge. For a critique of the category of "Daoist medicine" see Stanley-Baker (2008).

50 While the sample size is likely too small to be reliable in terms of raw numbers, a Google ngram chart (case insensitive search, conducted on 4 March 2014) suggests a strong preference for "Buddhist medicine" over "Buddhist healing" in

scholarly and trade books published in Chinese and Japanese, as well as in English-language publications from India and the West.[51] Significantly, "Buddhist medicine" is now a U.S. Library of Congress subject heading.[52] It is also found as a keyword across a wide range of Anglophone websites, indicating that the category has permeated vernacular as well as specialist discourses on Buddhist healing.[53]

The term "Buddhist medicine" is not in and of itself objectionable, and I myself have found it to have a certain amount of value in facilitating engagement with scholars from disciplines outside of Religious Studies (in bringing Buddhist healing to the attention of historians of medicine and medical anthropologists, for example). However, the use of the term has all too frequently been closely related to authors' efforts to disassociate Buddhism from the "magic" and "superstition" of the past and to rehabilitate its image as a "rational," "secular" tradition. Such efforts were well underway across the globe by the mid-twentieth century, and this is the context in which the new category name began to gain traction. Buddhism's compatibility with science is a principal ideological commitment of "Buddhist modernism," and medicine has been—and continues to be today—one of the principal arenas in which Buddhist sectarians and scholars alike have sought to demonstrate this compatibility.[54]

A particularly illustrative—but by no means unique—example of how these modernizing authors treat the subject of Buddhist doctrines about illness and healing is the *Encyclopedia of Buddhist Medicine* (*Bukkyō igaku jiten* 仏

American and English publications since the early 1980s. A WorldCat search (www.worldcat.org, also conducted on 4 March 2014) reveals 226 items containing the search term "Buddhist medicine" with only twenty-nine containing "Buddhist healing."

51 For English-language scholarly sources using this term in the title, see, inter alia, Clifford (1984); Kitagawa (1989); Josephson (2010); Naqvi (2011).

52 Although the Library of Congress catalog (www.loc.gov) only lists seventeen titles under that heading, the more comprehensive WorldCat lists 239 (www.worldcat.org, accessed 12 August 2014).

53 Although it is only a crude measure, Google searches (conducted on 12 August 2014) revealed 207,000 hits for the exact phrase "佛医," 24,000 for "仏教医学," and 26,000 for "Buddhist medicine." Results for the analogous French, German, Spanish, Italian, and Hindi terms were far less significant. Notably, the majority of the results in European languages, including English, seems to be related to Tibetan rather than East Asian Buddhism.

54 McMahan (2008, 89–116); Lopez (2009); Hammerstrom (2015). See also reflections in Triplett (2012).

教医学事典) by Fukunaga Katsumi 福永勝美.[55] The 1980 edition of this volume contains 320 pages of entries on various aspects of Buddhist thought and practice related to health and healing, plus a lengthy appendix on yoga. Throughout these pages, Fukunaga cites and discusses many of the medieval Chinese texts mentioned above, alongside a great number of South Asian Buddhist sources. While there are significant continuities with earlier works when it comes to the principles of Buddhist medicine it introduces and the choice of texts used to illustrate them, the internal categories and organizational structure of this encyclopedia are profoundly anachronistic. The chapters in this work (excluding the appendix on yoga) read like the directory of a modern research hospital:

1. History of medicine 医史学
2. Anatomy 解剖学
3. Teratology 奇形学
4. Physiology 生理学
5. Pathology 病理学
6. Parasitology and bacteriology 寄生虫細菌学
7. Pharmacology 薬物学
8. Nutrition 栄養学
9. Hygiene 衛生学
10. Internal medicine 内科学
11. Surgery 外科学
12. Obstetrics 產科学
13. Pediatrics 小児科学
14. Psychology 精神科学
15. Psychosomatic medicine 精神身体医学
16. Ophthalmology 眼科学
17. Otorhinolaryngology 耳鼻咽喉科学
18. Dermatology 皮膚科学
19. Dentistry 歯科学
20. Nursing 看護学
21. Reproductive medicine セックス医学

Like the medieval authors introduced above, this topical organization brings a sense of unity to the topic, smoothing out the inconsistencies inherent

55 Fukunaga (1980).

in the source base and combining together competing doctrinal positions and discourses that had little or no historical relationship with one another. The approach restates and reinforces the time-honored exegetical argument that Buddhism has cohesive positions on health and disease. In addition, unlike the medieval presentation of the material, this encyclopedia and others with similar structure also make the explicit argument that Buddhist knowledge is somehow compatible with scientific medical disciplines. Reformulating the category of "Buddhist medicine" to ensure it maps onto the contemporary health care system, of course, is more properly an act of theology than of scholarship. Its purpose is to update the categories and canons of Buddhist healing for the modern era, rather than to subject them to critical analysis.

Reinscribing the categories and canons in Western scholarship

How have Western scholars approached the subject? One of the earliest and most foundational academic writings concerning Chinese Buddhism and healing in any Western language is Paul Demiéville's 1937 article "Byō" (病, "sickness") from the Franco-Japanese encyclopedia of Buddhism *Hōbōgirin*. Both the original French version of the article and its 1985 English translation by Mark Tatz have loomed large, significantly influencing Western scholarly approaches to this topic for over 75 years. "Byō" is a seminal work: a monument to the erudition of one of the leading scholars of what was at the time known as "Buddhology," produced at the epicenter of the new field as it was emerging in Tokyo in the first half of the twentieth century. Founded in 1924 by a joint initiative of the Japanese industrial magnate Shibusawa Eiichi (1840–1931) and the poet-cum-ambassador Paul Claudel (1868–1955), the Maison Franco-Japonaise financed the publication of works by many of the leading Buddhologists of the era, including Sylvain Lévi (1863–1935), Takakusu Junjirō (1866–1945), and Paul Demiéville (1894–1979) himself.[56] The *Hōbōgirin* project, though never finished, brought together many of these scholars in an effort to produce the first comprehensive Western encyclopedia of Sino-Japanese Buddhism. As usual, a comprehensive overview of Buddhist doctrine was thought to necessarily include a section on healing.

Throughout "Byō," Demiéville's authorial voice is recognizably that of a historian of religions rather than a Buddhist apologist. As his headings and

56 Some historical information is provided online at the Maison's website, www.mfjtokyo.or.jp (accessed 16 March 2014).

subheadings make clear, his purpose in examining the subject is to produce scholarly rather than theological knowledge:

1. General overview (*Aperçu général*)
2. Analogies and parables (*Analogies et paraboles*)
3. Illness and sanctity (*Maladie et sainteté*)
4. Illness and medicine in the monastic discipline of the Lesser Vehicle (*Maladie et médecine dans la Discipline monastique* [*Petit Véhicule*])
5. Medicine and charity in the Greater Vehicle (*Médecine et charité* [*Grand Véhicule*])
    a. Medicine and religious propaganda (*Médecine et propagande religieuse*)
    b. Works of medical assistance such as hospitals, etc. (*Oeuvres d'assistance médicale* [*hôpitaux, etc*.])
6. Theories, practices, and medical influences (*Théories, pratiques et influences médicales*)
    a. Classification of illnesses (*Classification des maladies*)
    b. Buddhism and Indian medicine (*Le bouddhisme et la médecine indienne*)
    c. Buddhism and Sino-Japanese medicine (*Le bouddhisme et la médecine sino-japonaise*)

From his analysis of the rhetorical features of individual texts, his understanding of the historical layers of the corpus of sources, as well as his interest in Buddhism's relationship to secular medicine in South and East Asia, we can tell that Demiéville's article is permeated with a critical scholarly perspective. He is well aware of—and in fact draws attention to—discrepancies between the scriptural passages he cites. Rather than try to collapse the heterogeneity of Buddhist doctrines on health, disease, and healing into a handful of consistent doctrines, he dwells on the shades of difference in detail from text to text. Demiéville also takes pains to make distinctions between Āyurvedic and Buddhist strands of thought—a difference all too frequently elided by many scholars before and since—and he even invites his colleague Jean Filliozat, a historian of Indian medicine, to intersperse editorial comments within the article in order to further elucidate these points. The recognition of contradictions within and among Buddhist writings on medicine and the attempt to explain—or at least to speculate upon—what these may mean historically in relation to medical and doctrinal

history are the greatest distinctions between Demiéville's piece and the other writings discussed previously in this paper.

These strengths notwithstanding, most of Demiéville's article still is written in a canon-making mode. Though supplemented with cross-references to Pāli and Sanskrit literature, a few citations to relevant scholarly works, and some discussion of non-Buddhist historical and medical literature from early and medieval China, the bulk of the piece consists of quotes or paraphrases of passages from the Chinese Tripitaka. While it comprises many more examples than do the medieval treatises, Demiéville's encyclopedia entry reinscribes many of the choices made in the medieval period. Many of his citations are the same familiar fare we have already seen repeatedly above. He lists the appearance of the *tridoṣa* in the *Sūtra of Golden Light*,[57] the ten causes of illness from the *Sūtra on the Buddha as Physician*,[58] the mental roots of 84,000 diseases from the *Great Treatise on the Perfection of Wisdom*,[59] the description of Jetavana's hospice,[60] and Zhiyi's etiological categories and therapeutic approaches.[61] In a telltale sign that we are traversing the same old ground, his section on nursing once again opens with the story of the Buddha caring for the monk with dysentery before launching into the regulations on how to care for a sick monk while traveling, the five faults of the ineffective nurse, the five faults of the patient that is difficult to nurse, and a familiar series of passages from the different Vinayas discussing how medical care should be given.[62] As his analysis is primarily concerned with Buddhist doctrinal history, Demiéville rarely mentions the social contexts in which such diverse texts were produced, or what meaning or relevance they may have had for historical actors.

Writing before the mid-twentieth century prevalence of the term "Buddhist medicine," Demiéville refers to his material collectively with the more traditional category-label "sickness" (although at one point he does mention "non-Buddhist medicine"). Nor does he make any overt attempts to fit Buddhist doctrine into modern medical disciplines. Nonetheless, there are several other modernist convictions that inform Demiéville's approach—habits of thought that were common in the early twentieth-century but that are

57 Demiéville (1985, 72).
58 Ibid., 75–76.
59 Ibid., 78–79.
60 Ibid., 54–55.
61 Ibid., 80–82, 85.
62 Ibid., 31–35.

problematic from our vantage point today. For example, when he distinguishes between "religious," "magical," and "properly medical therapeutics" in the Buddhist repertoire, Demiéville employs categories that have been roundly critiqued to the point of being almost completely dismantled over recent decades.[63] His discussion of these "modes" leaves us with no doubt as to which he finds superior to the others. He notes with a hint of disdain that the Chinese did not realize the "scientific superiority of India," and consequently "did not know how to put to practical use" the many ideas that arrived embedded within Buddhist texts.[64] Overlooking the creative processes of adaptation that Buddhism underwent in China, he laments that Indian doctrines were "not well understood" and critiques Chinese Buddhist translators for being "clumsy" and "imprecise" in their translations.[65] These biases are products of Demiéville's time and might be readily forgiven by contemporary readers who are familiar with more recent scholarship; however, these are probably fatal flaws for the use of "Byō" in the classroom or by newcomers to the field.

Given its many strengths, is not surprising that "Byō" continues to be cited widely and to shape many readers' understandings of Buddhist healing in East Asia. What is more surprising, perhaps, is that until 2014 this article stood unchallenged as the last major scholarly attempt to discuss the corpus of Chinese Buddhist texts related to medicine in any comprehensive way in any Western language.[66] That is not to say that Western scholars have not published on the topic of Buddhism and healing in China. Indeed, there have been an increasing number of studies of certain subsets of the extant Buddhist literature published in the last 15 years.[67] More attention paid to individual genres, local contexts, recovered manuscripts, and material culture artifacts has led to an increasing recognition of the great diversity of Buddhist ideas and practices across time and space. These approaches have both avoided many of the pitfalls of category- and canon-formation described here and have

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63 Ibid., 82. See critique of these categories in, e.g., Tambiah (1990); Burchett (2008); Bumbacher (2012, 179–86); discussion in Triplett (2012).

64 Ibid., 98–9.

65 Ibid., 66–7. See discussion in Salguero (2010–11; 2014a: 55–60). For a more sophisticated approach to the adaptation of Buddhism in China, see, inter alia, Ch'en (1973); Buswell (1990); Mollier (2008).

66 I am referring to the publication of my book, Salguero (2014a).

67 See, e.g., Davis (2001); Strickmann (2002); Mollier (2008); Despeux (2010); Heirman and Torck (2012).

led to significant progress in our understanding of the relationship between Buddhism and medicine in specific historical contexts.

However, it is not any of these more recent works, but rather Demiéville's, that is most frequently cited whenever the topic of Buddhism and medicine is broached in scholarly conversations. Being paradoxically both succinct and exhaustive, it continues to be particularly valued by non-specialist readers looking for a concise overview of the subject. As the preferred entry-point to the topic of Buddhism and healing for nearly eight decades, "Byō" has consequently done more than any other piece of literature to shape perceptions of Chinese Buddhism and health for generations of Western scholars. What it has left us with, I argue, is a more heterogeneous, more historically-oriented, but still largely exegetical, picture of the relationship between Buddhism and health in China.

Beyond "Byō"

There is no doubt that "Byō" deserves to hold an important place in the English-language scholarship on Chinese Buddhism. I am not suggesting that we reject outright Demiéville's article or the contributions of any of the other authors mentioned above. Nor am I advocating that we disregard the extensive anthologies of quotes and citations these authors have collated for us. I am not even arguing for the abolishment of the category "Buddhist medicine." In my own publications I continue to use this term—despite its problems—as I continue to find it to be a convenient way of collectively referring to a broad range of diverse texts, ideas, and practices. Nonetheless, I am arguing that we must approach "Buddhist medicine" (or "the suffering of sickness" or whatever category name we wish to employ) self-reflexively if we are to break out of the canon-making mode and come to greater understanding of the history of Buddhism's relationship with healing. Recognizing that all categories are ultimately subjective, we cannot treat this one as a self-evident body of knowledge that can be adequately captured by means of a list of scriptural passages. Instead, we need to take a more socially- and historically-situated approach to the relevant sources, and to study them in context. In this concluding section, I offer what I think are fruitful directions for further research that will take us beyond canon-making, and some guidelines I believe we should keep at the forefront of our minds as we approach Buddhist healing historically.

In the first place, I will suggest that the heterogeneity of the extant Chinese Buddhist sources on healing makes it obvious that there was no single tradition of Buddhist medicine transmitted from India to China, and that this is a clear indication that there was no unitary model on the Indian subcontinent either. Chinese Buddhist texts were translated from any number of Indian, Central, and Southeast Asian languages and cultural contexts. There is, in fact, no reason for us to expect this diverse corpus to be univocal, or for individual texts to speak to one another. The products of centuries of Buddhist authorial activity over wide geographical expanses, these texts were often connected only tangentially—if at all—before the synthesizing efforts of Chinese compilers such as Zhiyi, Daoxuan, and Daoshi. Indeed, many of these texts represent competing strands of Buddhism that are still clearly mutually at odds despite centuries of exegetical attempts to reconcile them.

Rather than exemplifying a unitary category or tradition, Chinese Buddhist texts pertaining to health are, in my view, best understood as providing snapshots—and fragmentary ones at that—of the diversity of medical opinion and practice in circulation along the Silk Roads and maritime trade routes in the first millennium C.E. But it is precisely because they represent a sampling of this huge range of doctrines and practices that they are highly valuable, for many of these ideas are unattested in other types of literature. Recognizing this fact should inspire scholars to focus on precisely those discrepancies and differences between the extant sources that sectarian exegetes so frequently elide. Comparison of specific details in Chinese Buddhist translations with other religious and medical texts from around South, Central, and Southeast Asia is a research agenda that was hinted at by Demiéville, but which has yet to be undertaken in any comprehensive way by more than a handful of scholars ever since.[68] More comparative and collaborative research in this vein will no doubt provide important insights into the range of local or regional traditions of medicine across the Indian cultural sphere that are at present all but invisible to us, and bring to light the complex currents of cross-cultural exchange that connected them in the first millennium.

Secondly, upon closely reading the texts that comprise the traditional canon of Buddhist medicine discussed in this paper, it is evident that these writings—whatever their provenance—were originally produced by and intended for different interpretive communities. Hagiographies, philosophical

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68 See, for example, Nobel (1951); Endo et al. (1993a, 1993b); works by Chen Ming cited in the bibliography; Köhle (n.d.) and her dissertation research in progress.

texts, meditation guides, monastic disciplinary codes, commentaries, spell-texts, ritual manuals, and other types of literature ascribe different values and meanings to disease and healing.[69] Texts written in the service of asceticism, for example, are apt to emphasize the loathsomeness and misery of human embodiment. They often devalue the intervention of medicine in cases of illness—in many cases holding sickness to be the natural state of the human body—and tend to laud as a moral virtue the patient's stoicism in the face of suffering. On the other hand, texts dedicated to extolling the intercessory powers of deities—among the most important tools for proselytism among the laity—are more likely to characterize illness as a sign of moral deficiency, and to celebrate the spontaneous eradication of disease as one of the chief benefits offered to devotees by Buddhist practice. Despite their rhetorical positions on disease and healing being almost diametrically opposed, however, in both of these types of texts, discourses on medicine represent attempts to explain complex matters of soteriology and philosophy to a particular audience using the most intimate referent possible, the human body. Nuanced readings of the texts with emphasis on how their contents fit within specific social contexts could therefore make a significant contribution to the growing scholarship on Buddhist uses of the body as a heuristic device, teaching tool, and site for the production of ideology in a variety of historical settings.[70]

A third observation is that, specifically in China, Buddhist texts were translated and composed in an environment where the ability to explain, cure, and prevent disease was equated with power and influence over the cosmos—and, by extension, the social and political order.[71] Translators and authors writing about Buddhist medical topics readily modulated their vocabulary and positioned their arguments in order to navigate these political landscapes. In due time, they were successful: Buddhist healing rituals became important rallying points for elite and state patronage, while mass merit-making festivals for communal health and well-being came to be counted among the chief

69 Salguero (2014a, especially pp. 92–4).

70 Connections between medical knowledge and certain ideological positions in Chinese Buddhism have been explored in Cole (1998, 192–225); Faure (1998, 54–63). While I am aware of no comprehensive monograph-length treatment of such issues in the Chinese Buddhist context, published studies on early Indian and Tibetan Buddhist ideologies of the body have included Mrozik (2007); Garrett (2008); Powers (2009).

71 See, e.g., Sivin (1995); Lloyd and Sivin (2002).

services Buddhist clerics offered to patrons of all social classes.[72] As discourses linking physical illness, karmic retribution, and divine intervention came to be internalized in the social practices, ritual repertoires, and daily habits of elites and commoners alike, this reinforced the relevance and power of Buddhist monastic institutions at all levels of society. The prevalence of healing in the Chinese Tripitaka thus relates directly to the fact that this was one of the principal means of cementing Buddhism's relationship with secular powers and establishing the sangha as an institutional presence across China. Though it is of extreme importance for our understanding of the sociopolitical dimension of both religion and medicine in medieval Chinese society, there have to date been exceedingly few studies exploring this aspect of Buddhist writings about healing.[73]

Fourthly, the close reading of these texts also reveals the importance of the scholarly investigation of cultural and literary translation practices. As I have explored in detail in other writings, medieval Chinese authors, compilers, and translators creatively deployed a variety of strategies for resituating unfamiliar Indian medical ideas in the Chinese cultural and linguistic context.[74] Their approaches ranged from the use of translation terms or imagery that prioritized Indic source texts to the wholesale replacement of foreign ideas with native Chinese concepts. In practice, most translators blended or juxtaposed these foreignizing and domesticating translation tactics in an attempt to conform to Chinese cultural expectations while also showcasing Buddhism's exotic origins and novel contributions. In all cases, how they presented Indian medicine depended greatly on their social milieux, individual historical circumstances, and personal authorial goals. Comparison of the translation strategies across the range of source texts can thus provide windows onto the idiosyncrasies of individual historical thinkers, and reveal how they used religious and medical knowledge to negotiate for social and cultural capital in the specific environments in which they lived.

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72 On healing rituals, see, e.g., Birnbaum (1989, 77–112); Kuo (1994); Ning (2004, 20–37); and Orzech, Sørensen, and Payne (2011, especially pp. 208–15 but interspersed throughout other sections as well). On merit-making in medieval China, see Teiser (1988) and Gernet (1995), but neither of these works detail how Buddhist doctrines about health and disease intersect with these ritual practices. For a brief discussion of these connections, see Salguero (2013b).

73 For a study of the interactions between state and sangha that does focus on medicine, see Liu (2008).

74 Salguero (2009, 2010, 2014a).

Fifthly, while it is abundantly clear that medieval Buddhists in China and beyond wrote copiously and thought deeply about a whole gamut of subjects related to healing, it is not yet clear how we should situate the study of these activities within the contemporary academy. Perhaps because the study of this topic sits on the boundary between Religious Studies and History of Medicine, it has until recently been largely overlooked by both disciplines. For sure, the topic has in recent years undergone a renaissance, but this development has largely been limited to scholars in the field of Religious Studies.[75] This fact notwithstanding, I believe that the sheer volume of extant Buddhist writing on healing and medicine, as well as the ubiquity of the topic across virtually all genres of Buddhist literature, presents a direct challenge to some of the most basic assumptions and categories of both fields. For example, we might ask ourselves what implications the intensive Buddhist engagement with healing has for our labeling of it as a "religion." Do we need a more expansive definition of religion (either in China Studies specifically, or perhaps globally) that explicitly encompasses the management of disease and health, or do we need to start treating Buddhism as something more than a religion? Conversely, we should also ask why the most popular Buddhist therapeutic technologies that were commonly used across all levels of society in medieval China and elsewhere in Asia (such as *dhāraṇī* incantations, rituals, and talismans) rarely receive serious attention from Anglophone historians of medicine. If the discipline of the History of Medicine insists upon seeing such practices as lying outside of the purview of "medicine"—despite the fact that they were legitimate, mainstream therapies ubiquitously used by the people we are studying—does the category of "medicine" hold any real interpretive value for this period of history?

After some sustained reflection on these questions, I myself am convinced that it does not make sense to draw rigid distinctions between "religion" and "medicine" in the case of medieval China. Given that medieval authors continually positioned aspects of Buddhism against analogous aspects of Daoism, folk healing, and classical Chinese medicine alike, I have argued that "religion" and "medicine" should be seen as overlapping fields of competition in this time and place.[76] Following from this, I have proposed the model of the "religiomedical marketplace" as a more flexible unit of analysis that might allow for a greater understanding of this particular historical context. Reasonable people might disagree with these positions, but I believe that a

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75 See overviews of the literature in Salguero (2014b, 2014c).

76 Salguero (2014a, 60–66).

reevaluation of our basic categories is a discussion worth having that will be productive both for historians of Chinese religion and of Chinese medicine alike.

Finally, I will conclude this paper by reiterating that although there have been a number of insightful, critical publications on Buddhism and healing published in recent years, the general perception of the subject among non-specialists is still dominated by assumptions that have been inherited from the medieval exegetical tradition and its modernist water-bearers. There is currently a need for scholars to subject both the prevailing categories and the textual canons to more rigorous scrutiny and to grapple with some of the interpretive issues this deconstruction will present. Here, I have outlined five areas for further study that emerge from treating Buddhist texts as heterogeneous and multi-vocal writings with diverse points of origin, and from recognizing that these are ideologically-charged compositions produced and consumed in specific historical, social, and intellectual contexts. While this discussion is only a beginning, I hope that it might contribute in some way to encouraging further investigation of Buddhist medicine among historians of Chinese religion and medicine alike—or at least to inspiring among them a fuller appreciation of the historical value of these rich and complex sources.

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