Dialogue Between Islam and Buddhism in Medicine

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Introduction

ISLAM and Buddhism seem far apart at first glance. Closer analysis, however, reveals that there is much that they share in common. It is notable that in Southeast Asia and different parts of the world, Islamic-Buddhist dialogues have begun to emerge in various forms.

Examples of dialogues that have been published include the discussion between Chandra Muzaffar, a Malaysian Muslim scholar and activist, and Sulak Sivaraksa, a Thai Buddhist activist,[1] as well as the dialogue between the late Majid Tehranian, a Sufi Muslim and former director of the Toda Institute for Global Peace and Policy Research, and Daisaku Ikeda, president of the Buddhist group, Soka Gakkai International (SGI) and founder of the Institute of Oriental Philosophy.

The foreword to the Tehranian-Ikeda dialogue, written by David Chappell, himself a pioneer of Islamic-Buddhist dialogue, stresses that "what Buddhists and Muslims share in common is much more powerful than what divides them" and that "people of good will must work together and be enriched by their diversity, not fearful of it, if we are to build landscapes of peace."[2]

There is not much literature on Islamic-Buddhist interaction in medicine. In this presentation, I attempt to discuss what Muslims and Buddhists share in common in the field of medicine under four headings: the dignity of life, the doctor-patient relationship, the biopsychosocial concept of patient care and mind-body interaction.

The Dignity of Life

The dignity and preciousness of life is the fundamental starting point of all effort in medicine. Its protection is therefore an important priority in the practice of medicine. This commitment is shared by both Islam and Buddhism.

In Islam, human life is regarded as an 'invaluable gift from God', and

should therefore be respected and protected. The importance placed on protecting even a single human life is clearly shown in the following passage from the Qur'an:

> "If anyone slays a human being, unless it be [in punishment] for murder or spreading corruption on earth, it shall be as though he had slain all mankind; whereas, if anyone saves a life, it shall be as though he had saved the lives of all mankind."[3]

This verse from the Qur'an has stimulated interest in Islamic bioethics and led to the development of two basic Islamic principles which ensure that the dignity of human life is preserved:

1. Saving a life is mandatory as a matter of obligation.
2. Unjustified taking of a life is strictly prohibited and is defined as murder.

Health is regarded in Islam as something entrusted to human beings and therefore they bear the responsibility to take good care of it. Indeed, according to *Maqasid al-Shari'ah*, or the goals and objectives of Islamic law, to protect and dignify life is one of a human being's highest duties.

Such an emphasis on the preciousness of life is also found in the Buddhist writings. In particular, the Lotus Sutra extols the dignity and limitless potential of life.[4] The Buddhist priest, Nichiren (1222–82), expresses this concept of the Lotus Sutra succinctly in his writings: "Life is the most precious of all treasures. Even one extra day of life is worth more than ten million *ryō* of gold"[5] and "A single life is worth more than the major world system."[6]

Not only do the two traditions of Islam and Buddhism agree that life is most precious, they both go further to celebrate the diversity of life and the uniqueness of each individual.

The Persian Muslim poet Jalal-ud-din Rumi (1207–73) paid tribute to the beautiful interaction that can occur despite differences in religious beliefs and ethnic diversity in his famous collection of poems, *Masnawi* :

> "It often happens that a Turk and a Hindu speak the same language
> It also often happens that two Turks are strangers to each other
> The language of the heart is thus something unique
> The language of empathy is superior to language of the tongue."[7]

In the fifth chapter of the Lotus Sutra entitled *The Parable of the Medicinal Herbs*, the Buddhist concept of coexistence and harmony is

given expression through the idea of the harmonious coexistence of three kinds of medicinal herbs and two kinds of trees. These all differ in appearance, colour, height and structure, but when the rain falls, they will take what they need to grow, depending upon their own particular requirements. Absorbing the moisture differently, they grow to varying heights according to their individual natures.

The Doctor-Patient Relationship

As a consequence of the emphasis that both Islam and Buddhism place on protecting and nurturing life, the nature of the doctor-patient relationship naturally becomes an important issue in both religions. Recently, there has been much concern expressed about the deteriorating quality of doctor-patient relationships.

The late Dr. Norman Cousins, who taught at the School of Medicine, University of Medicine, University of California, once remarked that one of the biggest needs in medical education today is to "attract students who are well-rounded human beings; who will be interested in people and not just in microorganisms; who can comprehend the reality of suffering and not just its symptoms; whose prescription pads will not exclude the human touch……."[8]

Ideas about the doctor-patient relationship can be found in both the Islamic and Buddhist traditions. Here again, Islam and Buddhism are in agreement that the doctor-patient relationship must be a partnership based on trust and compassion.

The Islamic Golden Age spanned the 8th to the 15th Centuries and saw many great developments in science and medicine. Al-Razi (850–923), sometimes called the father of Islamic Medicine, was at the forefront of Islamic research into medicine. He wrote extensively on the important relationship between doctor and patient, emphasising that they should have a relationship built upon trust. He was convinced that a holistic approach to medicine was necessary where the background of the patient and any ailments suffered by close family were taken into consideration.

In his message to the first Soka Gakkai International (SGI) World Physician's Conference on October 14, 1987, SGI President Daisaku Ikeda comments that "in the Orient, it has since ancient days been said that 'medicine is the art of benevolence'. The character for 'benevolence' is a combination of the character for 'person' and the character for the number 'two', and indicates two people in a relation of friendship and trust. The character for benevolence also includes such

meanings as 'to comfort', 'intimacy', 'to feel compassion for' and 'kindness'. All of these are indispensable virtues in the world of medicine."[9]

The Biopsychosocial Concept of Patient Care

What do Islam and Buddhism have to say regarding the concept of patient-care?

A major flaw of modern civilization is the sense of isolation and fragmentation in all areas of life and society. People feel separated from one another and from nature. Even within the human being, there is disharmony leading to many new illnesses never before known.

The impact of fragmentation is acutely felt in the field of medicine. Although modern medical treatment is advanced, subspecialised and undoubtedly brings many benefits, people today long for the care of a truly holistic general physician.

In response to this, the traditional biomedical model of health, where disease is thought to be a result of abnormalities of measurable biological or somatic variables, explainable by chemistry and physics and independent of psychological functioning, is now gradually being replaced by an approach based on a biopsychosocial concept of patient care.

One of the modern proponents of this approach in the 1970's was the American psychiatrist, Dr George Engel.[10] In the biopsychosocial model, an interplay of multiple factors such as genetics, environment and socio-cultural issues affect patients at different stages of their lives and lead to the development of various illnesses and symptoms. Consideration of these factors is important in the diagnosis and management of illness.

The biopsychosocial approach is in complete accord with both the Islamic and Buddhist viewpoints. In both traditions, the concept of health is a holistic one that includes spiritual, physical, psychological, social and environmental components.

Interaction between Mind and Body: Islamic and Buddhist Perspectives

One of the important principles underlying the biopsychosocial approach is the concept of the interaction between mind and body.

Based on the supplications of the Muslim leader, Imam Sadjad, the Islamic idea of health is defined in an article entitled '*A New Definition*

of Health' by Ali Akbar Asadi-Pooya and Nasrin Shokrpour as "a steady and dynamic state of wellbeing characterized by thorough individualized physical, spiritual and social tranquility, while encompassing man's entity as a whole, and therefore results in prosperity of mind, soul and body."[11]

Islam recognises a strong interaction between character, behaviour and health. Diseases of the heart may present with physical symptoms. In Islam, physical, emotional, psychological, and spiritual health are considered together. According to Islamic thinking, a person who is spiritually sick will sooner or later also become physically sick. The reverse is also considered to be true.

Hence, in addition to general health-promoting factors like exercise and proper diet, Islam emphasises mental calmness, tranquility of family life and spiritual calmness as essential to health promotion.

In Buddhist philosophy, the principle of '*oneness of body and mind* (*shikishin-funi*)' means that the physical aspect and the mental or spiritual aspect are two facets of a single entity—literally 'two but not two'. Buddhism goes further to explain that as the body and spirit influence each other so extensively, the resultant effect is that positive sentiments such as joy and hope activate physiological mechanisms and strengthen the body's immune system, while negative emotions like pessimism and despair weaken them.

According to Buddhism, no human being can be totally free of the sufferings of birth, old age, sickness and death. Therefore the essential issue is whether we are able to activate the revitalising and healing power innate in our lives in the face of these sufferings.

The number of anecdotal cases that demonstrate the intimate interaction between mind and body continues to increase each day.

A 60-year-old patient I know was at the brink of death as a result of severe septicaemia following a ruptured gallbladder. The prognosis was extremely poor and doctors had asked the family to prepare for the worst. Even while he was fully ventilated in the intensive care unit, his wife and daughter together with many friends never ceased to give him words of encouragement.

Hearing these encouraging voices gave him courage, even though he was unable to respond verbally. The patient did indeed miraculously survive. Later, he said that the encouragement of his family and others revived in him the will to live on. This will was a crucial factor in his recovery.

With gratitude, he said, "I am deeply grateful to be alive. Although in the past, I had known about the treasure of life in theory, experiencing

and overcoming this illness enabled me to develop the conviction in the depths of my heart that even a single day of life is truly precious. I am determined to spend every single day for the rest of my life, sharing this conviction with others."

Conclusion

The remarkable range of common ground between Buddhist and Muslim worlds undoubtedly extends to also include the field of medicine. It is hoped that each of us will choose dialogue amongst ourselves as a powerful and reliable weapon in our joint battle to rise above and win over the sufferings of birth, old age, sickness and death.

A wonderful poem entitled 'A Gift of Friendship', written by Majid Tehranian and recited at the conclusion of the Tehranian-Ikeda dialogue, sums up the beautiful interactions that can take place between Islam and Buddhism.

We met as strangers,
but we became fast, feisty friends
across the time, space,
and speech that divide us.
We forged
a bond without bondage,
a link without chains,
a union without states,
in the kingdom of the spirit.
Our language of the heart
is sweeter than
the languages of the tongue
(that tear us apart),
bringing
a joy
that unites us,
in our yearnings
for transcendence,
beyond
the finitude and fragility
of our times, our spaces,
our speeches,
and our sufferings.[12]

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Notes

[1] Sivaraksa, Sulak, and Muzaffar, Chandra. *Alternative Politics for Asia: A Buddhist-Muslim Dialogue*. International Movement for a Just World, Malaysia. 1st ed. 1999.

[2] Ikeda, Daisaku, and Tehranian, Majid. *Global Civilization: A Buddhist-Islamic Dialogue*. 1st ed. London & New York: British Academic Press, 2003. vii.

[3] The Qur'an 5:32

[4] Watson, Burton. *The Lotus Sutra*. New York: Columbia University Press, 1993.

[5] *The Writings of Nichiren Daishonin*. Tokyo: Soka Gakkai, 1999. 955.

[6] *Ibid*.

[7] Ikeda and Tehranian, *op. cit*. 34

[8] Cousins, Norman. "The Barracuda Syndrome (1988 November)." *A Journal of the Art and Science of Medicine* 4, no. 2 (2004). EDITORIALS from http://www.humanehealthcare.com/Article.asp?art_id=216.

[9] Ikeda, Daisaku. "Carry Out a Compassionate Practice of Medicine." *Buddhism in Action*, VI. Tokyo: NSIC, 1992. 210.

[10] Engel, George. "The Need for a New Medical Model: A Challenge for Biomedicine." *Science*, 8 April 1977. 129–36.

[11] Asadi-Pooya, Ali Akbar, and Shokrpour, Nasrin. "A New Definition of Health." *Quran and Medicine*, 2014, 3(1): e11767. http://www.google.co.jp/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&ved=0CB0QFjAA&url=http://quranmed.com/34559.pdf&ei=BLhVVerOJsPf8AWL5YLYCQ&usg=AFQjCNEqrKiv_uRtlxYozV4oKIcgVNp0jg&sig2=WWE4VNGpXcJIfWbLRZ8Rag.

[12] Ikeda and Tehranian, *op. cit*. 177. The text alignment has been changed.

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