

Paul U. Unschuld (1985) **Medicine in China, a history of ideas**. University of California Press.

6. Buddhism and Indian Medicine (pp. 132-153)

6.1. EARLY BUDDHISM IN CHINA

The Yellow Turban Revolt and the state of Chang Lu, as well as numerous less spectacular uprisings during the second century, signalled the approaching demise of the Later Han dynasty. Although these disturbances had no single underlying cause, the steady disintegration of internal administration played a significant role, culminating in the dissolution of the united empire in A.D. 220. The shadowy existence of the central government, reinforced by an under-age ruler, undoubtedly provided the victorious generals with sufficient incentive to seize power for themselves. General Ts'ao Ts'ao, whose son Ts'ao P'ei administered the final blow to the Han dynasty, emerged triumphant from the civil wars, founding his own Wei dynasty (220-265) in the important regions of the north. Shortly thereafter, the Shu dynasty (221-265), centered in Szuchuan, was established in the southwestern portion, and the Wu dynasty (222-280) in the southeastern portion, of the former empire. This period, known as the Three Kingdoms, was succeeded by a brief interlude of unity under the shortlived Chin dynasty (280-316), which crumbled after only a few decades, primarily because of continuing conflicts with foreign invaders from the north and northeast. Some members of the ruling family were able to escape to the south and established there the Eastern Chin dynasty, which survived until 420. The so-called epoch of the Northern and Southern dynasties (Nan pei ch'ao), which continued from the beginning of the fourth century until the reunification of the empire under the Sui in 589, was distinguished, especially in the north, by unrest resembling that of the waning Chou period in the fourth and third centuries B.C. During the course of 170 years, twenty states—ruled primarily by non-Chinese families of widely differing ethnic backgrounds—rose and fell in the north. During the same period, however, the south experienced only six dynasties and remained under Chinese control.¹

Just as the two Han dynasties, following centuries of unrest, had established a totally new culture in China, the chaos that erupted following this period of "classical Chinese antiquity" also gave birth to a unified country, the cosmopolitan culture of which, though, was remarkably different from that of the largely independent and self-contained Han civilization. The unrest and social uncertainty of the transitional period once again shaped the intellectual outlook of all segments of the population. During the final century of the Late Han, the rural population had experienced increasing misery, as the formation of large estates and quasi-feudal conditions forced them from their lands and into a nomadic existence. These masses constituted a willing source of converts to religious Taoism, whose influence had by no means ended with the destruction of the state of Chang Lu; in the following centuries, Taoism provided the ideological basis not only for more or less secret movements but also for certain smaller states. Even the upper strata of Chinese society were affected by the intellectual consequences of the decline of the Han order. In the north, where Chinese officials were forced to administrate the governments of foreign rulers, the Confucian system of values lost almost all of its binding force. In

the south, the inability of the system to protect China from barbarian invasion and the partition of the united empire may have raised doubts about the value of Confucianism as a social philosophy; here, too, non-Confucian currents, especially Buddhism and the strain of macrobiotic Taoism propounded by Ko Hung during the early fourth century, attracted great attention and a large following. As Franke and Trauzettel have pointed out, these trends were accompanied by an increased emphasis on the individual; there are numerous instances of pronounced social non-conformism. "State and Family were no longer the primary concern, but rather the autonomous 'I'."²

Historical conditions proved particularly favorable to Buddhist doctrine, which greatly influenced the further development of the above-mentioned tendencies. Buddhism had entered China through Central Asia in the first century. The earliest reliable indication of the existence of a Buddhist community dates from A.D. 65. It appears that the upper stratum of society was the first attracted to the new teaching. But by the fourth century at the latest, Buddhism had infiltrated all segments of the population. It was inevitable that such fundamental ideological upheavals also brought a new dimension to the treatment of illness, expanding the already existing spectrum of distinctly conceptualized therapy systems in China. The system of healing introduced by Buddhism differed, as we shall see, from purely Chinese systems in that, almost from its very arrival in China, it proved to be conceptually far more intricate. The integral tradition of Indian medicine, which combined secular elemental doctrine with aspects of demonology, mythology, and moral-macrocosmic concepts, entered China with travelling monks and the texts they brought with them. But like the medicine of systematic correspondences, for instance, Buddhist medicine also combined a primarily non-normative science, that is, the doctrine of Four Elements—which, at least superficially, resembled the Chinese doctrine of the Five Phases—with ideas that derived directly from the normative moral system of Buddhist religion. An understanding of Buddhist medical writings in China is impossible without a knowledge of the basic concepts of Buddhist religion.

The origins of Buddhism are traditionally associated with an Indian prince named Gautama Sakyamuni, who lived during the sixth and fifth centuries B.C. Raised in luxury and with all earthly benefits as the son of the ruler of a small kingdom at the foot of the Himalayas, the young prince nevertheless decided to leave his carefree existence to search for religious enlightenment. At the age of thirty-five he had a vision; for the rest of his life Gautama was known as Buddha and preached his insights to great numbers of disciples. Like Taoism (although not nearly so restricted geographically), the doctrine of Buddhism that developed from these beginnings, and which later spread throughout Asia, is a philosophy fragmented into numerous individual movements and frequently contradictory interpretations. These sects were (and still are) related only by their belief in karma and rebirth, two concepts adopted from previous Indian thought. Karma can be translated roughly as "deed" or "action." Every human action has an effect that produces happiness or suffering during a later existence. The accumulation and assessment of positive or negative karma proceeds under its own autonomous law; supervision by identifiable, personified metaphysical authorities is not required. Similar concepts are already present in the Upanishads. The new dimension introduced by Buddha to the karma concept is the moral foundation on which the evaluation of human action is carried out. Buddha taught that the performance of certain ritual (and frequently severely ascetic) measures was,

in itself, neither appropriate nor necessary for the accumulation of positive karma; consequently, not only did human conduct have to follow ethical laws, but the actual performance of a good deed could be recognized only if it had been carried out with good intentions. It was thus possible to amass positive karma solely through good intentions, even if one had been unable to carry out the action itself.

Depending on the karma accumulated in the past, each individual must endure an endless cycle of innumerable reincarnations at various levels of existence. Two positive forms—god and man—are contrasted with three negative possibilities of existence—reincarnation as an animal, as a demon, and as the inhabitant of one of the numerous hells. One of Buddha's fundamental insights is the recognition that all life consists primarily of suffering. Birth, growing old, death, separation from loved ones, unfulfilled desires—all this is suffering and characterizes human existence from beginning to end. Only one who is able to escape the endless cycle of rebirth and death and enter an indescribable state or condition, in which there is no existence as we know it and consequently no pain, can achieve salvation. Mortals lack the words to describe this condition, nirvana, for man can only comprehend in categories of good and evil; any such dualism is absent in nirvana. Buddha therefore declined to communicate any further details about nirvana.

The long path that leads to enlightenment and, ultimately, salvation begins with an understanding of the Four Noble Truths, which Buddha revealed in his first sermon: (1) life is composed of suffering; (2) this suffering is caused by the urge to live and the craving for sensual pleasure; (3) a possibility exists to end this pain; (4) this possibility lies in the Eight-fold Way—correct views, correct intentions, correct speech, correct behavior, correct living, correct effort, correct attitude, and correct concentration. Buddha summarized this ethos in the following imperative: "Do no evil; perform good deeds and purify the spirit!" Every action is evil, he explained, that harms others, harms oneself, or harms both others and oneself. Correct speech is the avoidance of lies, slander, and insults. Correct behavior is exemplified by one who does not kill, steal, and who lives a chaste life.

Gautama's teachings led first to the establishment of monastic communities, in which each member sought individual salvation. In Theravada or Hinayana Buddhism, as this early sect is called, the immediate goal is to become an Arhat, a "holy man" who has successfully discarded all passions and thus has achieved full control over his life. The Arhat can therefore look forward to an early transition to nirvana. The Theravada version of Buddhism is basically an antisocial philosophy. Only the monk (or nun), member of a monastic order, can attain salvation. The figure of the Arhat appears as a cold, passionless ideal who has eliminated all appetites and who, outside of human society, dedicates himself to a private religious life organized solely for personal benefit.³ The prerequisite, then, was the renunciation of all ties to family and state. The accumulation of meritorious karma was restricted to those who had performed the appropriate good deeds; the possibility of a transferral of positive karma to less fortunate persons was not present in early Buddhism.

Even before these teachings reached China, a second sect, the Mahayana version, arose in Indian Buddhism. According to this new view, everyone, both monks and laymen, could seek and attain salvation. The religious ideal of this doctrine, a doctrine based on belief in and devotion to Buddha and love and compassion for all mankind, was the bodhisattva. The bodhisattva, a being already

destined for salvation because of his inexhaustible wealth of positive karma, nevertheless postpones his transition to nirvana in order to assist those unfortunate souls unable to accumulate any positive karma for themselves. The bodhisattva has the power to allow the needy to share his karma. Of the numerous individuals from antiquity who were subsequently active as bodhisattvas, Avalokitesvara probably has the most significance for medical care. Avalokitesvara—known in Chinese Buddhism since the seventh century as the Goddess of Mercy, Kuan-yin—is constantly searching with a thousand eyes for sufferers, whose misery he is able to alleviate with a thousand hands. He reduces the pain of those individuals in the numerous hells, and on earth he protects man whenever possible from the dangers of water, fire, demons, and other enemies, as well as from illness. These notions of the activities of the bodhisattva were reflected in religious practice: during periods of extreme misery and indigence, the faithful prayed to these benefactors, seeking their assistance.

For centuries, educated Chinese considered the new doctrine, which had been brought to China over southern trade routes by Central Asian and Indian monks, to be only a new variant of religious Taoism. According to legend, Lao Tzu had disappeared in the west near the end of his life, giving credence to the notion that he subsequently reappeared there as Buddha. Chinese Taoists soon were assisting in the selection and translation of Buddhist texts, a process that had significant influence on the terminology of early Chinese Buddhist literature.

By about A.D. 100, there were already several regional strongholds of the new doctrine in China. In Lo-yang foreign monks organized the first center devoted to intensive translation. Foreigners active in Lo-yang included Parthians, Scythians, Sogdians, Indians, and other, unspecified Central Asians. Soon after the beginning of missionary activity, and still during the Han period, Buddhism in China experienced a first conceptual expansion. The original Indian concept of an endless chain of rebirths, occurring without a soul to provide successive existences with the appearance of individual continuity, was revised in China by the idea of an eternally indissoluble soul, which each time during the ongoing process of reincarnation was provided with a different mortal shell. Additional diverging interpretations of the original doctrine soon followed, each accompanied by the establishment of corresponding movements and sects and literary genres. Further details are available in the special literature on the subject and need not concern us here, since these developments are of minor significance for an understanding of Buddhist healing.

The political division of China into a northern half ruled by barbarians, on the one hand, and into various southern, Chinese-dominated dynasties, on the other hand, also split Buddhism. In some of the northern regions Buddhism took a form resembling state religion, characterized by chauvinistic attitudes that required action for the benefit of the state; in the south, the religion of Buddhism had a more fundamentally educational nature. Despite these diverse developments, it is important to remember that during this century, prior to the reunification of the empire near the end of the sixth century, Buddhism—to an even greater extent than religious Taoism—became an integral part of Chinese culture, affecting nearly all social strata.

6.2. INDIAN MEDICINE AND THE BUDDHIST LITERATURE OF CHINA

I have already pointed out that Buddhist healing, like the medicine of systematic correspondences, combined primarily non-normative insights of natural philosophy with normative conceptions generated by the moral prescripts of Buddhist religion. A comparison of the norms of the medicine of systematic correspondences with those reflected in Buddhist medical literature reveals an obvious parallel to the well-known saying of Hsiao Tzu-hsien (489-537) in his history of the Southern Ch'i dynasty: "Confucius and Lao-tzu were mainly concerned with the order of this world; for Shakyamuni, the most important goal is to depart from this world!"⁴

The norms reflected by Buddhist medicine are directed exclusively toward the elimination of individual suffering; unlike the medicine of systematic correspondences, they contain no indications of an ideal earthly existence or harmonious society. This situation was not changed by the so-called altruism of Mahayana Buddhism, with its advocacy of compassion toward all mankind, or by the proscriptions against killing, theft, and other injurious actions that were derived from Hinayana doctrine. Each individual was simply confronted with a list of ethical commandments; compliance would eventually lead to release from the cycle of suffering caused by birth and death. Wolfgang Bauer has summarized these basic tenets in Buddhism:

It is obvious that this intellectual climate was not propitious to the creation of models for an ideal social order. It was not worth the effort to construct emergency solutions for a world doomed to inevitable suffering, for they could not have the eternal validity indispensable to any ideal. What was the use of an exemplary political system or of a happy life in a setting where it was commonly held that the monk who had freed himself from the obligations and pleasures state and family might offer was closest to ultimate salvation? It was a world where, as stubborn Confucians often complained, fanaticism did not stop short of self-mutilation if this would ensure salvation. Thus hope turned from this calamitous vale of tears to the beyond.⁵

The strenuous efforts for deliverance from individual suffering, efforts which even encompassed tangible physical pain—in the case of illness—as well as the lack of normative structures that could have supported a specific social system, may have contributed to the ease with which Buddhist literature fused various secular and pre-Buddhist nonsecular systems of Indian medicine into a conglomerate of differing concepts. Numerous non-Buddhist texts in China, at least since the T'ang period (618-906), combine regulations and arguments adopted from many systems of ideas. It was not unusual for the same author to recommend several remedies for a specific ailment, some borrowed from pragmatic drug therapy, some from demonology, and some from the medicine of systematic correspondences, or even Buddhism. But authors of such compilations were practitioners concerned solely with providing a spectrum of possibly efficacious prescriptions. I have emphasized conceptual diversity in Buddhist literature because it is Buddha himself, the creator of the dogma, who is credited with therapeutic eclecticism. We know of nothing similar in any other advanced religion or philosophy. Christianity provides an instructive comparison. Jesus of Nazareth is portrayed in the New Testament as a proponent of a strict, narrowly conceived system of healing that assigns God the Father sole power over well-being and illness and allows not the slightest doubt that the future dominion of God on earth is both complete and unlimited. There was no place for a secular science that could have challenged this primacy; it was only much later, in part against fierce opposition by dogmatists, that such thoughts became part of the Christian world view.⁶

The ultimate goal of Buddhism—the termination of existential suffering for every individual—invites comparisons with the objectives of medicine. Buddha is frequently termed the "King of Physicians," the only possessor of the true remedy for the eternal cure of illness:

The worldly medical man knows of no true remedies, those that can cure him from birth, growing old, illness, and death. He knows only the four elements that comprise the body, while Buddha—that supreme physician—incorporates six elements⁷ and eighteen levels⁸ into his deliberations and takes into account the passions; Buddha is therefore concerned with the entire phenomenon of suffering and liberates man-kind from birth and death.⁹

The above-mentioned Four Noble Truths are often formulated in medical terminology reminiscent of the cycle of diagnosis, etiology, remedy, and therapy. The following passage from the Samyuktagama, for example, attributed to the Hinayana school, was recorded in a Chinese version at the beginning of the fifth century:

A sutra spoken by Buddha: He is a great king of physicians who is able to realize the following principles; first, to understand the illness well, which means [to be able to differentiate] the various illnesses; second, to understand the origin of illness, whether it be caused by wind, phlegm, saliva, or various types of colds, whether the illness is acute or due to the season; third, to understand the antidotes, these are salves, cough remedies or emetics, laxatives, nose drops or aromatic medications; fourth, to be skilled in treating illnesses without fear of a relapse.¹⁰

In this connection, only nirvana is described as the attainment of absolute health; a Chinese formulation defines nirvana as wu-ping, that is, "the condition free from illness."¹¹

The Hinayana and Mahayana doctrines differed greatly in their attitude toward medical practice. In older Hinayana writings, medicine had been considered a worldly science that monks were forbidden to learn. Members of the monastic community were expressly prohibited from earning their livelihood by the medical treatment of laymen. Buddha, however, upon finding a sick monk who had been ignored and neglected by fellow brothers striving for their own personal salvation, had admonished the latter to assist one another in such circumstances. Thus it became the duty of monks to preach to brothers who had fallen ill, to recite to them the precepts of ancient sages, and, if necessary, to summon Buddha himself to the sickbed for assistance. Only a monk, it was claimed, is competent to provide the necessary spiritual assistance—the recitations from doctrine, the encouragement of indifference and patience—the specific "remedies" an ill monk requires above all else. Attendance by anyone other than a monk can only be a temporary measure, for religious support not only possesses moral value but also leads to physical recovery from illness. A sutra of the Ekottaragama records the five characteristics that indicate an incompetent monastic attendance: first, ignorance of effective remedies; second, signs of unwillingness and a lack of dedication; third, indulgence in expressions of disgust and insensitivity; fourth, attendance of the patient solely with the intention of being compensated for the care; and fifth, failure to preach to the patient or converse with him. The patients, too, were reminded of the five types of faulty behavior that impede recovery: first, indiscriminate eating and drinking; second, refusal to take nourishment at the prescribed times; third, refusal to take medications; fourth, indulgence in excessive grief, joy, or disgust; and fifth, insufficient compassion and attention from the other monks. Hinayana writings repeatedly emphasize that the treatment of

monks and nuns must be carried out in complete secrecy; any contact with the public must be strictly avoided. Violations of this rule were viewed as sins and entailed the appropriate consequences.¹²

The principle of universal sympathy and compassion toward all fellow men, developed by the Mahayana school, had a completely different effect on medical practice. Each person was reminded of his duty to care for and treat all who are sick, whether monk or layman. Medicine is one of the five secular sciences whose study is mandatory even for the bodhisattvas, and active medical treatment is expressly required. A short anecdote from the Gandavyuha, translated into Chinese toward the end of the seventh century and again at the end of the eighth century, illustrates the bodhisattva principle that only a sound body possesses the healthy spirit that enables the free pursuit of knowledge and enlightenment. The passage relates how the young Sudhana, in search of religious instruction, meets his friend Samantanetra. Samantanetra, an apothecary initiated into medical science by the bodhisattva Manjusri, advises Sudhana to study medicine. Astonished, Sudhana answers that he has come to discover which skills are required of a bodhisattva and asks why he should learn medicine. To this, the apothecary replies:

Behold! What an eminent man! For a bodhisattva attempting to achieve enlightenment there is no greater obstacle than illness! When living beings are burdened with an ailing body, the spirit cannot be at peace. How can perfection be achieved under such circumstances? The bodhisattva who strives for enlightenment must therefore first heal the afflictions of the body.¹³

This explicit sanction of medical treatment was based on intricate conceptions of body structure, the causes of illness, and the measures required for the treatment of illness. According to the dominant natural-philosophical theory in Chinese Buddhist literature, the body was composed of four elements—earth, water, fire, and wind.¹⁴ The Ratnakuta, translated into Chinese in the second century, offers the following commentary:

1. Earth comprises all that is solid in the human body. This includes hair, nails, teeth, skin, flesh, muscles, bones, spleen, kidneys, liver, lungs, intestines, feces, bladder, membranes, brain, etc.
2. Water comprises all that is fluid in the human body. This includes tears, perspiration, nasal mucus, saliva, pus, blood, marrow, milk, urine, etc.
3. Fire comprises all that is fiery or warm in the human body. This includes the entire digestive system.
4. Wind comprises all that is in motion in the human body. This includes the winds in the four limbs, in the five parts of the body, inhalation and exhalation, etc.¹⁵

Illness arises when one or more of these four elements is increased or decreased excessively. The resulting imbalance can cause 101 afflictions associated with each element, making a total of 404 possible illnesses.

The tri-dosa theory of Ayurveda medicine was also introduced to China from India, but it never achieved there the influence and respect it commands to this day in its native land. While the terms earth, fire, water, and wind were easily translated into Chinese, the three dosa apparently posed significant difficulties. No single definition exists in the Chinese Buddhist canon for the concepts wind, mucus, and bile, which had been equated with various terms in various Chinese texts.¹⁶ The term dosa itself was translated by the Chinese to "poison," which only vaguely conveys the original meaning of "deficiency, defect." The concept of the four "elements," which later was usually rendered as ta ("large") or chung ("seed, kind") for the Sanskrit mahabhuta, also underwent a shift in

meaning when it was translated as ping ("illness") in a Chinese text from A.D. 230. It is possible that the notion of the four-part elementary composition of the body was so foreign to the Chinese, who—and here it is necessary to recall the initial inter-connection of Buddhism and Taoism—adhered to the conception of finest matter ching, that the choice of ping was an attempt to establish a relationship with more familiar ideas of the causes of illness. The imprecision resulting from such terminology is evident in the following passage of the sutra "Ch'i-ch'u san-kuan ching," which was translated into Chinese as early as A.D. 151 by the Parthian An Shih-kaio:

I learned the following. Once, while staying in Sravasti, Buddha went for a walk in Jetavana Park. There he spoke to the monks: Shih-chien yu san ta ping. Jen-shen chung ko tzu yu. Ho teng wei san. I wei feng. Erh wei je. San wei han. Shih san ta ping.

Here the Chinese terms ta and ping are combined. Buddha's remarks could be translated as follows, in the manner that would certainly have been most obvious to an impartial Chinese reader:

In this world there are three grave illnesses. All appear independently in the human body. What are they? The first is [caused by] wind; the second is [caused by] heat; the third is [caused by] cold.

If however, we recall that "mucus" in the tri-dosa doctrine was occasionally translated with leng ("cold") and "bile" with je ("heat"), it is possible to view this text as an erroneous interpretation of a tri-dosa statement that utilizes terminology from the four-elements doctrine. The passage could then be translated as follows:

In this world there are three elements [= deficiencies, dosa]. All are present in the human body from the very beginning. What are they? The first is wind; the second is bile; the third is mucus.

The text then continues:

Monks are familiar with three remedies for these three "grave illnesses" [or dosa]. If a monk is stricken with the "grave illness" of wind, hemp-oil or hemp-oil-like [medications] are essential remedies (ta-yao). If he has been stricken with the "grave illness" of heat, butter cheese or butter cheese-like [medicines] are important remedies. If he has been stricken with the "grave illness" of cold, honey or honey-like [medications] are important remedies. These are the three "grave illnesses" and the three essential remedies of the monks.

Human beings suffer from three more afflictions, with which they grow up and live and which are detected by ethical measures. What are they? The first is desire; the second is anger; the third is ignorance. Monks are familiar with three important remedies for these three "grave illnesses."

When a monk has been stricken by the "grave illness" of desire, the only significant medication is [the consumption of] his own excrement and meditation. He who is stricken by the "grave illness" of anger must practice universal compassion. Reflection on the ultimate origin and causality of all things is the essential medicine for one who has been stricken by the "grave illness" of ignorance. These are the three remedies for the three "grave illnesses" of monks. Thus spoke Buddha!¹⁷

Toward the end of the sixth century, one author combined these and other concepts into a six-part etiology, which differentiated among:

1. illnesses caused by disharmony among the four elements;
2. illnesses caused by imbalanced nutrition
3. illnesses caused by excessive meditation
4. illnesses caused by demons
5. illnesses brought about by evil gods (Mara)

6. illnesses caused by improper conduct during a previous existence.

Accordingly, there were various types of appropriate therapy. These were, for illnesses from categories one and two: medicinal and dietetic measures; for illnesses from category three: an improvement of ascetic and meditative routine, as well as close regulation of breathing; for illnesses from categories four and five: amulets, incantations, introspection; and for illnesses from category six: introspection, confession, contrition, and penitence.¹⁸

The incantations (dharanis) recommended to combat demons, which continually attack the viscera, and evil gods, which confound the senses, appear in Chinese translation beginning in A.D. 230.

Demonological concepts and belief in gods that cause or cure illness have their origin in ancient Indian cultural elements. Buddhism integrated these features to a certain extent (gods and demons were also subject to the law of karma), just as Hinduism had incorporated them. These ideas experienced a late renaissance in tantric literature, which appeared in India in the sixth century, reaching China during the eighth century.

6.3. INDIAN CATARACT SURGERY IN CHINA

Aside from the already-mentioned etiological concepts and their related therapeutic practices, some pragmatic therapeutic techniques appear to have entered China from India during the first millennium A.D. Most conspicuous in Chinese medical literature is cataract surgery, which may have been introduced to China at some time between the seventh and the ninth century.

Cataract surgery could be called a "mechanical" therapeutic intervention based on the "mechanical" idea that a specific kind of impaired vision is the result of the movement of a certain substance into the eyes (with the movement of this substance having been stimulated by some external pathological influence). Such an idea differs from the understanding characterizing the medicine of systematic correspondence. The latter, in general, focuses on functions; it sees illnesses mainly as evidence of a malfunctioning of one or more of the recognized functional units constituting the organism. Hence the medicine of systematic correspondence seeks to alleviate illness by manipulating the functions of those basic units in the organism that are associated, through the chains of correspondence defined by the yinyang and Five Phases paradigms, with those sections of the body where an illness has become manifest. This approach to therapy did not stimulate the development of surgery; on the contrary, by adding needed influences from outside (for instance, by means of drugs or food) or by affecting the internal course and generation of influences through certain external stimuli (such as needles), the medicine of systematic correspondence sought to redirect all the functional units of the organism to their normal, or ideal, level of activity.

Ophthalmology may serve as an example. Chinese medical texts based on the concepts of systematic correspondence saw vision and the eyes as intimately tied to the functioning of the liver. An impaired functioning of the liver, then, may lead to impaired vision. Hence one must treat the liver in order to cure the eye. To apply surgery (which, in this understanding, could be directed against nothing but a secondary symptom) at the eyes lay beyond the imagination of the adherents of the medicine of systematic correspondence. As becomes apparent from a survey of Chinese ophthalmological literature, the idea of treating certain ailments of the eyes surgically was introduced to China solely

through Indian mediation. It remains unclear, though, whether a conceptual bridge existed that reached from the earliest references to cataract surgery in Greek sources of the second century B.C. via such references in the Indian medical classic Susruta (first half of the first millennium A.D.) to the first known references to cataract surgery in China only a few centuries later.

In chapter 21 of his voluminous collection of prescriptions *Wai-t'ai pi-yao* (compiled A.D. 752), Wang Tao introduced a Taoist named Hsieh who allegedly had received ophthalmological instructions from a foreigner from a Western country, which was identified as T'ien-chu, India. This Taoist Hsieh explains in a number of essays the nature and the structure of the eyes, basing his arguments partially on the Buddhist four-elements theory as it was introduced to China about six centuries ago through the *Ratnakuta-sutra* (see above p. 141). Here, possibly for the first time, references may be found to cataract surgery in Chinese literature. Hsieh describes the "screen" to be

of greenish-white color. One cannot distinguish [individual] items, but one knows whether it is light or dark and whether any of the three sources of light are present. One knows day and night. In such cases a downflow of brain causes the green-blindness of the eyes. Before one suffers from this affliction, he suddenly has a feeling as if he saw black spots such as flying flies in front of his eyes. [Once the screen has formed,] it is appropriate to apply the metal-comb to resolve [this problem]. Once [the eyes] have been needled, they are clear again, as if the clouds had opened and the bright sun appeared.¹⁹

In a subsequent paragraph, Hsieh points out that the screen, which is believed to be caused by the joint influence of heat and wind into a situation of deficiency, can be "removed through cutting [the eye] with a sickle" (*kou-ko ch'u chih*).²⁰ Details of the actual operation are not given. All the many suggestions, added by Wang Tao to these introductory remarks, for the procedure to cure "screen-ailments" of the eyes, belong to conventional treatment by means of drugs directed at the basic functional units of the organism.

The term comb, though, appears again in the context of ophthalmological surgery in a poem composed by Liu Yü-hsi (772-842), obviously expressing his own or somebody else's gratitude and surprise about a successful operation. The poem, entitled "The Brahman-Priest Physician Who Bestowed Eyes" reads:

Three autumns [ago] injury harmed my vision.
I wept all day; my journey had come to an end.
With both my eyes dark henceforth,
I was an old man in the middle of my life.
I gazed at vermillion, gradually it turned to jade-green.
I was afraid of the sun; no longer could I endure the wind.
This master knows an art to comb it out entirely!
How did he lift the covering?²¹

Which specific ailment was cured here cannot be determined with certainty. However, the use of the term "to comb" to illustrate the removal of a "covering" may refer to cataract surgery. This interpretation receives some justification by the fact that no other form of eye surgery has ever been documented in traditional Chinese medical literature. Perhaps we may conclude from the question in the final line of Liu Yü-hsi's poem that ophthalmological surgery—probably cataract surgery—was practiced in China in the ninth century but had not yet become integrated into Chinese medical knowledge and skills: it remained a domain of Indian priest-physicians.

The *Ishimpo*, a collection of medical lore practiced in China compiled by the Japanese Tamba Yasuyori in 984, refers to a specific text as a source offering instructions on cataract surgery.²² It quotes a *Yen-lun*, believed to be the *Lung-shu yen-lun*. *Lung-shu* is the Chinese adaptation of the Indian name *Nagarjuna*. *Nagarjuna* (fl. second century A.D.) was the founder of a specific Mahayana school, and legend has identified him as a great healer.²³ The bibliography of the Sui dynasty, among its eleven titles referring to Indian medical lore, lists three texts ascribed to *Nagarjuna*, but the *Lung-shu yen-lun* is not included. A book of this title appears only in Sung bibliographies and seems to have been lost in China afterward. It is not clear whether a printed copy discovered in Korea and a Japanese manuscript of the same title and extant today are identical with the original.²⁴

Quoting the (*Lung-shu*) *yen-lun*, the *Ishimpo* discusses various pathological states of the eyes to be treated with different needle- or sickle-shaped instruments employed to incise the eyes. The text provides some details on the operations to be performed but does not describe the entire process. Another text to be considered here is the *Sheng-chi tsung-lu* of 1117, a comprehensive collection of prescriptions compiled on order of Emperor Hui-tsung (ruled 1101-1126). In chapter 111 it is stated again that the "screen" is formed by brain fat flowing downward.²⁵ In a subsequent paragraph, the reader is referred to a work named *Lung-mu lun* for details of cataract surgery. The *Lung-mu lun*, whose title once more refers to the *Nagarjuna-Bodhisattva*, was mentioned in a Ming bibliography in the ophthalmological section; it may not have been compiled prior to the Sung or Yüan dynasty.²⁶ Finally, I wish to quote a few paragraphs from the *Yen-k'o ta-ch'üan*, an ophthalmological compendium published by Fu Jen-yü in 1644, a late source presenting cataract surgery in a Buddhist context. Fu Jen-yü spoke of "poking" (po) when he referred to the pushing downward of the cataract with a needle:

Prior to the poking one asks the patient to wash his eyes with icy water until the passage of blood and influences is interrupted. [Then] both [of the patient's] hands grasp a paper ball. [The patient] should sit upright on a chair. One employs two men to firmly hold the [patient's] head. The physician uses first the thumb and the index finger of his left hand to open the skin of eyes, and he firmly presses down the black pupil so that it cannot move. Then he takes with his right hand a metal needle. If the right eye is to be poked, the patient is asked to look to the right. This is of advantage for the insertion of the needle because the bridge of the nose will not obstruct the [physician's] hand. In the middle between the black pupil on the one side and the large corner of the eye on the other side the needle is slowly inserted. After that the needle is tilted toward its head until [its end] reaches the place of the affliction. There the brain-fat is poked downward. Again [the needle] is moved upward and another time [the brain-fat] is poked downward. Now the patient is asked whether he can see the movement of a finger or a greenish or white color and he will distinguish these clearly. Following this the brain-fat is brought to the large corner of the eye while a hole is opened to let the fat flow into the water until the entire place is free of it. Subsequently the needle is slowly removed. It should not be removed [too] early because there is a risk that the brain-fat returns to its original position. If the left eye is to be poked, [the patient] looks toward the left pointed corner of the eye.²⁷

Whenever one applies the needle [in cataract surgery], he faces the spirits and offers a sacrifice to the Buddha on new moon or full moon. He declares his native village and his name, then he speaks the incantation [see below] with reverence. The use of the needle should also happen on new moon or full moon. The incantation should be spoken seven times. One talisman should be written, to be attached to the needle. Prior to using [the needle] one must fast. Also, incense and candles are to be offered. Then another talisman has to be written to take hold of the divine light of the sun and to join it with the eyesight [of the patient]. In addition, the following incantation has to be spoken: "Save from bitterness; save from distress! I trust in you²⁸ *Kuan-yin Bodhisattva*." Then the needle will turn by itself and he who uses the needle will have both his heart and his gall²⁹ opened widely and he will be free of any fear. After the "three sources of light" talisman has been written one

inserts the needle. It should be a clear day. Wait for a k'ai, ch'eng, ch'u, or shou day; avoid a tzu day.³⁰

The incantation reads:

Clear, pure eyes, purple gold lanterns.

Wine, wine, water.

Leave the yellow sand, fill depots and channels.

The Dragon King [Nagaraja] has
a thousand hands and a thousand eyes.

[to his left] Manjusri [the guardian of wisdom] the great officer rides on a lion;

[to his right] Samantabhadra Bodhisattva [the guardian of law] rides on an elephant.

The King says: Divine night conceals clouds and membranes.

The screen dissolves entirely and vanishes.

Strength over strength; happiness over happiness!

On high the assembly of bala [strength]

exerts the very best benefits;

in the eyes, everywhere is light obtained, and brilliance.³¹

The text continues with instructions on how to bandage the eye after surgery and how to treat postoperative pain. Illustrations of the two talismans to be written are also provided.

6.4. THE CHINESE RECEPTION OF INDIAN BUDDHIST MEDICINE

Buddhist monks offered medical treatment to the inhabitants of their host country for a great variety of reasons. In addition to the ethical obligation to provide assistance to all men, the missionary value of such action was recognized early and is mentioned as a reason for therapeutic activity. Fo-t'u-teng (fl. 310-349), for instance, realized that the tenets of his religion were too profound for the rulers in the small state of Shih Lo (later Chao) to appreciate fully. He therefore repeatedly demonstrated his knowledge and the value of his teaching through various magical and clairvoyant activities, including raising of the dead, rain spells, and divination.³²

At the institutional level, Buddhists participated in various charitable actions and organizations. As a result of their influence, the alien dynasty of the Northern Wei, which had converted to Buddhism, established grain reserves to relieve the suffering of the population. It was not unusual for convents and monasteries to incorporate dispensaries for the treatment of lay patients. At the instigation of the empress Wu, a supporter of Buddhism at the time, these "hospitals" were even assigned to a special department during the governmental period ch'ang-an (701-705). Although frightened civil servants—citing Confucius who had criticized his pupil Tzu-lu for wanting to use his possessions for the benefit of the poor in the Wei state—attempted to rescind such official protection, the hospitals even survived for a time the extensive wave of secularization in A.D.845. None of these activities, however, left a lasting impression on the Chinese public health system. The same is true for the "charitable apothecaries" (hui-min yao-chü) established by the state during the Sung (960-1279), a scandal-ridden and limited program that never achieved more than a brief significance. With the decline of Buddhism to a folk religion during subsequent centuries, official interest in such charitable organizations also seems to have died out. Not until the widespread appearance of Christianity during the nineteenth century did the integration of missionary and medical activities by a foreign religion re-emerge in China, accompanied once again by the establishment of significant numbers of hospitals.

Medical concepts introduced to China by Buddhist literature followed a similar course. T'ao Hung-ching (452-536), the renowned Taoist and author of medical works, wrote a supplement to the prescription collection Chou-hou fang of Ko Hung (281-341) entitled Chou-hou-pai-i fang (Prescription Handbook Enlarged by 101 Prescriptions). In a preface dated 500—the only portion of the work that has survived—the author acknowledges Buddhist influence.³³ Additional evidence is provided by the "Indian" titles in the bibliography of the Sui dynasty (589-618), compiled in 636. Some of the therapeutic works listed contain the character Po-lo-men in their title, which most likely stands for "Brahman." Among the texts, for instance, is one entitled Po-lo-men yao-fang (Medicinal Prescriptions of the Brahmans). But as little survives from this work as from another long-lost title that indicates a knowledge of "Western," that is, Indian medical men: Hsi-yü ming-i so-chi yao-fang (Important Prescriptions Collected by Renowned Physicians of Western Lands).³⁴ Only purely religious elements of Indian healing gained a foothold in China, developing into an important component of the total spectrum of available medical care. Even today, Buddhists continue to pray for release from bodily suffering to the goddess Kuan-yin, the Chinese form adapted from the originally male bodhisattva Avalokitesvara. Buddhist oracular medicine is still prevalent wherever Buddhist doctrine is able to develop unimpeded. Receptacles in the temples contain numbered wooden slips, which the faithful draw out after an appropriate prayer. The number drawn refers to a prescription—kept in the temple—that is to be followed as a direction of the bodhisattva.

Of the six-part etiology reproduced above, only illnesses caused by disharmony among the four elements, excessive meditation, and improper conduct during a previous existence were completely new. While it is not difficult to understand that meditation- and karma-etiology remained restricted almost exclusively to Buddhist writings, it may at first seem surprising that even the doctrine of the four elements did not play a significant role in the medico-theoretical discussion in China. The only author influenced by such concepts was Sun Ssu-miao. He is repeatedly cited in Western secondary sources as an example of the purported Buddhist influence on Chinese medicine. But no mention is made of the fact that Sun Ssu-miao had no followers in this respect. Wang Tao simply quoted an obscure Taoist when he presented the four-elements theory. In subsequent centuries, Buddhist concepts of retribution appear only in discussions of medical-ethical problems;³⁵ occasionally, an author added a Buddhist incantation to his collection of prescriptions. The four-element theory—from my point of view the most significant—had, as far as can be determined from available sources, only a negligible impact on the secular-medical literature of China. We can only guess as to why this completely unknown doctrine, which claimed that the body was composed of different material elements, met with such a lack of interest in China. Perhaps the cultural gap was simply too great, or the attempts to bridge that gap too cursory, for genuine reception to have taken place. Sun Ssu-miao's text, reproduced below, tends to support this conclusion. In the first sentence the concept of the four elements is introduced with desirable clarity, indicating that a faithful presentation of the doctrine is to follow. But Sun Ssu-miao immediately incorporates the foreign concepts into Chinese notions of the influences to which all men are subject, thereby removing any attraction these ideas may have had as an alternative. Moreover, the author also included the five phases in his short presentation:

As it is written in the commentaries of the Buddhist sutras, man is composed of earth, water, fire, and wind. Whenever the influence of fire in man is not in perfect harmony [with the other influences], vapor and heat arise in the body. Whenever the influence of wind is out of balance, the entire body is extended and all pores are blocked. Whenever the influence of water is out of balance, the body swells up and breathing becomes heavy, gasping and raw. Whenever the influence of earth is out of balance, the four limbs are immobile; the voice is silent. When fire disappears, the body becomes cold. When the wind subsides, the [flow of] influences is interrupted. When the water dries up, so too does the blood. When earth is dispersed, the body bursts. Yet ignorant physicians do not take into account the pulse and treat illnesses in a completely incorrect manner. Thus, they cause the five phases to destroy one another in the depots and interrupt [the circulation of the influences]. This is the same as pouring oil on a burning fire [that one wishes to extinguish]! Great care must be taken! When all four influences are in balance, then all four spirits are also in harmony. If one influence is out of balance [with the others], 101 illnesses are caused. If all four spirits are disturbed, 404 illnesses arise at the same time. It is also said that there are 101 illnesses that disappear without treatment, 101 illnesses that require treatment to be cured, 101 illnesses that are difficult to cure even with treatment, and, finally, 101 illnesses that are fatal and are not treated.³⁶

In a later chapter Sun Ssu-miao returned to the existence of 404 afflictions. In his efforts to reconcile this concept with the Chinese cycle of five, he does not hesitate to incorporate a mathematical inaccuracy:

There are four types of illness. These are: first, paralysis caused by cold; second, illness caused by [malignant or unbalanced] influences; third, malignant winds; fourth, poisoning by heat or hot poisons. When the patient has calmed down and has returned the influences to a state of harmony through the methods described here, none of the illnesses will remain uncured. All possible illnesses are connected with one of the five depots. In each depot, 81 kinds of illness are caused by cold, heat, wind, and influences. This makes a total of 404 illnesses. He who wishes to be knowledgeable must understand these relationships.³⁷

Sun Ssu-miao's interest in the four-element doctrine remained an insignificant footnote in the history of Chinese medicine. The same is true for the possibly legendary figure of Hua T'o (110-207), whose successes in surgical practice are reminiscent of similar reports of achievements by the Indian physician Jivaka.³⁸ He, too, had no successor to carry on his art; the frequent references in Chinese and Western secondary literature to Hua T'o as an early example of surgery and anesthesiology present a distorted picture of the actual significance of such practices in China.

A careful survey of the vast body of Chinese medical literature not yet sufficiently scrutinized may, of course, bring to light further individual initiatives to develop surgery; petty surgery was prescribed in the Ma-wang-tui texts of the second century B.C. already, and throughout the centuries of the imperial era castration of eunuchs was a common practice. The question to be asked, in any comparative history of science that goes beyond pointing out such incidents, is why such initiatives remained without cultural success, why such isolated traditions did not develop into full-scale surgical medicine. It is too simple to blame some Confucian dogma concerning the invulnerability of the human body as a reason for an apparent cultural lack of interest in such practices.

The Christian doctrine in the early Middle Ages opposed surgery as fiercely as Confucianism did; Christian dogmatists may even have been more violent in their attempts to oppress this branch of science. And yet in Europe some social groups pursued their interests consequently, withstanding and overcoming all adverse pressures in the long run. China had an equally heterogeneous society since the Chou dynasty, and it had a number of social groups unaffected by the Confucian teachings. But

the seeds of surgery, sown by some individuals or necessitated through certain social practices, did not fall on fertile grounds. The history of cataract surgery is a vivid example. A tradition of cataract surgery was indicated in the preceding paragraph; it could be further substantiated by quotations from other sources. This tradition, though, remained an isolated event. It stimulated the development of neither general nor ophthalmological surgery in theory or practice. It would be difficult to deny a need. When Peter Parker opened his clinic in Canton early in the nineteenth century, cataract patients flocked to him by the thousands. Why then, one might ask again, did Chinese cataract surgery, introduced from abroad more than a thousand years ago, not become a common practice in China, available everywhere, improved over the centuries through continuous research, and practiced by skillful physicians? An answer has yet to be found.

To summarize, the arrival of Buddhism offered China, through certain concepts of Indian medicine, an opportunity to become familiar with the analytic views of the body and the world that ultimately, in the Occident, led to modern science. But for various reasons, conditions were unfavorable for the reception of these ideas. Attempts in China to awaken an understanding for the Indian doctrine of the elementary structure of the organism were evidently much too superficial, and, consequently, the analytical beginnings remained unshakably rooted in categories of correspondence and wholeness. An important aspect inherent to Buddhism should not be overlooked as a possible cause for the failure of Indian concepts in China, namely its therapeutic tolerance. In contrast to numerous other world views that supported a specific medical system because it manifested the same socio-political values proclaimed for the social sphere, the Buddhists were completely unconcerned about which medical practices relieved their physical suffering. Success—the release from suffering—was the decisive criterion and not, as in other systems, the specific methods that led to this success.

Unschuld's Footnotes (from Unschuld, 1985, p. 376-377).

1. Franke and Trauzettel 1968, pp. 115-128.
2. Ibid., p. 133.
3. Ch'en 1964, pp. 3-11.
4. Nan-Ch'i shu, n.d., p. 933.
5. Bauer 1976, p. 158.
6. P. Unschuld 1978a pp. 503-510; see section 9.2.1.
7. These include Earth, Water, Fire, Wind, Mind, Perception.
8. These include the six sense organs (eyes, ears, nose, tongue, body, and mind), the six sense dimensions (sight, sound, smell, taste, touch, and thought), and finally the six levels of consciousness.
9. Hobogirin, 1929, p. 225.
10. Ibid., p. 228.
11. Ibid., p. 229.
12. Ibid., p. 236-239.
13. Ibid., p. 241.

14. As far as we know Buddhism only related its own "four-elements doctrine" to China; the "five-elements doctrine" of the Upanishads, generally identified as underlying Indian (ayurvedic) medical conceptions, does not appear in Buddhist texts translated into Chinese.
15. Hobogirin, 1929, p. 251.
16. Ibid., p. 250.
17. Taisho Tripitaka, 1914-1932, chap. 150, p. 882.
18. Hobogirin, 1929, p. 257.
19. Wai-t'ai pi-yao, 1964, pp. 562-563.
20. Ibid., p. 563.
21. (Ch'in-ting) ch'üan T'ang-shih, 1887, chap. 13, p. 47b.
22. Ishimpo, 1955, p. 126.
23. Filliozat 1979.
24. Okanishi Tameto 1969, pp. 1150-1151.
25. Sheng-chi tsung-lu, 1978, chap. 111, p. 6b.
26. Okanishi Tameto 1969, pp. 1151-1153.
27. Yen-k'o ta-ch'üan, n.d., chap. 5, pp. 54b-55a.
28. Literally the text states "South-sea Kuan-yin Bodhisattva"; nan-hai may be a mistake for nan-wu.
29. According to the Huang-ti nei-ching (see section 3.3.5), the gall was considered to be responsible for judgment and decisions; it was also seen as the seat of bravery.
30. Yen-k'o ta-ch'üan, n.d., chap. 5, p. 55a.
31. Ibid., p. 55b.
32. Wright 1948.
33. Okanishi Tameto 1969, pp. 528-531.
34. Ibid., pp. 567-568.
35. P. Unschuld 1978a, pp. 43-53.
36. Pei-chi ch'ien-chin yao-fang, 1965, p. 3.
37. Ibid., p. 483.
38. Hobogirin, 1929, p. 264.