





Katja TRIPLETT*

Magical Medicine? – Japanese Buddhist Medical Knowledge and Ritual Instruction for Healing the Physical Body¹



This article surveys textual sources that pertain to ‘medicine’ as a set of ideas produced and maintained as a social and cultural system of knowledge in early and medieval Japanese Buddhism. Terminological problems faced in working on this material such as ‘religious’ or ‘magical healing’ as opposed to ‘secular, scientific and evidence-based medicine,’ are assessed. The sources under investigation in this article treat both ritual and medical knowledge in a combined way: Japanese medical works that are usually thought to be secular such as the court physician’s *Ishinpō* actually quote numerous Buddhist sources. Buddhist monastics and powerful lay patrons actively engaged in obtaining medico-religious knowledge as shown in the case of the *materia medica* compiled by the Shingon monk Ken’i in the 12th century. In addition to aristocratic members of the elite, semi-ordained “miracle working” healers seem to have had a significant impact on the production of knowledge as well. The article concludes with a reconsideration of basic categories derived from the “Western” intellectual tradition and suggests focusing more on the syncretistic and pluralistic nature of the Japanese healing system as encountered in the primary sources.



Keywords: Japanese Buddhism – medicine – ritual – *Ishinpō* – Daigo-ji – knowledge

It may seem difficult to think of East Asian Buddhism as being linked to the realm of medical practices since the domain of religious healing is usually thought to be restricted to prayers for divine intervention and faith healing. In conventional medical circles, faith healing is even often seen to be an obstacle to the development of proper and effective medicine. How could prayers and rituals arising purely from a religious belief in divine intervention and designed to evoke a divine presence possibly have an effect in correcting disease and disability?

* Professor for the Study of East Asian Religions, University of Göttingen, Germany

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When Buddhism – with its new belief systems, rituals and philosophy – entered East Asia, Indian and Central Asian ideas of healing and medicine were transferred along with it and adapted into the local cultural and societal streams. Scholarly studies vary greatly as to the determination of the actual processes and the extent of the adaptation because of basic theoretical and methodological problems in assessing these processes: The first problem is the definition of illness and disease, health and well-being and also of religion and science. These are all culturally determined. A study of these concepts in the complex history of East Asia with its different cultures and religious traditions, therefore, brings with it a discussion of the terminology and research categories. In this article, I would like to examine various textual and visual sources in regard to Buddhist medical activities in Japan that encompass both fields of medicine and ritual – often because the authors of the sources combine medical and ritual instruction –, addressing also problems of an inadequate terminology. When analyzing sources that draw on reference material from modern scholarship, the use of terms such as ‘science,’ ‘faith or miracle healing,’ ‘medicine,’ ‘scientific medicine,’ ‘ritual’ and ‘magic’ in describing central themes in the original sources seems inevitable. I am faced with the dilemma of being forced to operate with terminology developed during a long and complex process in ‘Western’ scholarship for the description and interpretation of non-Western phenomena. The danger of not being able to perceive important themes and indigenous concepts as well as prevalent categories is great. Surely, human beings everywhere and during any time period have striven to lead a long and healthy life. But what constitutes ‘health’ can be so vastly diverse that individuals from different cultures – even from the same culture – and different time periods would not even perceive the efforts of the ‘others’ as being “good for you.” Looking at ‘medicine’ as a set of ideas – I will use the term ‘knowledge’ – produced and maintained as a social and cultural system, my hope is to be able to look at the material without judging whether the efforts are indeed helpful or ‘actually effective.’ If the term ‘science’ is defined as reliable and rationally explainable knowledge (*scientia*) in opposition to ‘religion’ anything connected to ‘religion,’ or worse, ‘magic’ is cast into an area of the unreliable and irrational. I do not regard it as my scholarly task to ask the truth question or to deny the existence of cat demons although I personally may not believe in them. Methodological agnosticism also means, however, to refrain from articulating enthusiastic statements on expressions of 12th century Japanese medical knowledge that seem akin to modern evidence-based biomedicine and thus could be termed ‘proto-scientific.’ ‘Science’ is here used in a narrower sense as the disciplined study of the empirical world. ‘Magic’ is a form of knowledge that provides explanations of the universe that are alternative or unknown to ‘science.’ These terms as well as ‘knowledge’ are used for heuristic purposes.

In this article, I am going to look at medical knowledge produced, developed and circulated in the framework of 'medical scientific' and 'Buddhist' institutions. My aim is to uncover how individual agents and interest groups involved in the production, development and circulation of such knowledge may have interacted and to grasp the combinatory nature of 'medico-religious' sources, not least to perhaps allow comparative studies with similar cases in other pre-modern societies.

After a short introduction I will briefly assess the present state of research on the subject and introduce source material that seems not to have come under close scrutiny yet by (Western) scholars in the history of Buddhism. I will conclude with a short assessment of the terminological problems faced in working on the material.

1. Early Sources for the Study of Buddhist Medicine in East Asia

Buddhist canonical literature contains numerous references to diseases and medical treatments, usually in connection to eligibility of receiving ordination as a monk or nun.² In addition to these passages in the scriptures, we also find related themes in Buddhist legends. Some sūtras and especially tantric texts provide – in addition to the liturgy – detailed instructions for the preparation and administration of medicine within the context of rituals. In numerous Buddhist sūtras, therefore, ritual instruction goes hand in hand with medical instruction.³ This connection can be fairly weak as for example in the *Sūtra on Relieving Sores*.⁴ This sūtra has been widely known in East Asia since its translation from the Sanskrit by Yijing 義淨 in Tang China, in the late 7th century. It is very short and consists of a dialogue between the Buddha and his disciple Ānanda. The large retinue of monks suffers from terrible sores, and Ānanda asks how they can be healed. The Buddha then preaches that listening to this sūtra will do away with the sores and allow the monks and all practitioners to attain super-knowledge and obtain super-natural powers. He then enumerates a list of the kinds of sores that the sūtra along with two mantras will heal:

... wind sores, heat sores, depression sores, triple sores, blood sores, abdominal sores, nasal sores, dental sores, tongue sores, eye sores, ear sores, head sores, limb sores, back sores, anus sores, and sores that grow on joints all over the body, all such festering boils would dry up, fall off, perish, and undoubtedly be cured. (T 21: 490c; author's translation)

2. See Demiéville's (1937 and 1985) encyclopedia entry and classic study of Buddhism and medicine; cf. also Hattori (1968) on aspects of Indian Buddhist medicine found in the Vinaya texts.
3. For an exhaustive list of medical material in the Chinese Buddhist canon see the recent study of Buddhist medicine in medieval China by Pierce Salguero (2010).
4. *Ryōji byō kyō* 療痔病經, Skt. *Arśaprasāmana-sūtra*, T 1325.

In the *Sūtra on Relieving Sores* medical knowledge consists only of this relatively unspecific list of various sores and is therefore negligible, and the ritual instruction is the uttering of the sūtra itself, including two mantras, following a pattern very widely found in Buddhist Mahāyāna sūtras and the healing of a bodily ailment is one of the many worldly benefits that the sincere observance of specific Buddhist rituals make possible to obtain.

Other texts are much more explicit and reveal specific medical knowledge. They also include ritual instruction and detailed instructions for the preparation and administration of medicine. This is very clear in the following example, a passage from one of the versions of the *Dhāraṇī of the Bodhisattva With a Thousand Hands and Eyes*.⁵ The “Bodhisattva With a Thousand Hands and Eyes” refers to the Thousand-armed, thousand-eyed Avalokiteśvara,⁶ a central figure in East Asian Buddhist worship. There are 13 versions of this *dhāraṇī*, all of them also translated into Chinese during the Tang dynasty. The version translated by Bhagavaddharma around 650 CE can be said to be the most authoritative text among this group, and could even be considered the “most important of all the esoteric scriptures in China.” (Yü 2001: 59) The text was brought to Japan in the 8th century.

This *dhāraṇī sūtra* is structured as follows: The text appears to be spoken by the Buddha in the palace of the bodhisattva Avalokiteśvara located on the island of Potalaka, the bodhisattva’s realm. Suddenly there is a great illumination and when asked the cause, the Buddha answers that it is because Avalokiteśvara is going to reveal a *dhāraṇī* or spell. Avalokiteśvara then takes over center stage and explains the origin and the efficacy of the *dhāraṇī*. He urges everyone to follow him in making ten vows of compassion. The reciting of the *dhāraṇī* will result in fifteen types of good rebirth and the avoidance of fifteen types of unfortunate death. These are then enumerated in the sūtra before the *dhāraṇī*, consisting of 84 phrases, is revealed. Instructions on constructing a sacred space are also provided in detail. The text explains further, as is quite usual with such sūtras, that the correct reciting of the *dhāraṇī* leads to spiritual and worldly benefits. The sūtra also offers numerous instructions about handling certain materials to perform “supernatural” deeds, and it lists several recipes to deal with various problems or to attain specific goals including gaining good physical health. For example:

If one suffers from diseases of the eye, such as having a blind pupil (blindness) or darkened eyes (cataracts), or when the white of the eye is covered or red or has a lusterless membrane, take from the three fruits *hārītakī*, *amalā*, and *vibhītaka* one

5. *Senju sengen darani-kyō* 千手千眼陀羅尼經, T 1060; the full title of the sūtra is: 千手千眼觀世音菩薩廣大圓滿無礙大悲心陀羅尼經 which can be rendered as “*Dhāraṇī* of the Bodhisattva With a Thousand Hands and Eyes Who Regards the World’s Sounds and Feels Vast, Complete, Unimpeded Great Compassion.”

6. In Japanese rendered usually as Kanzeon 觀世音 or Kannon 觀音.

piece each and pulverize them finely in a mortar. While doing this, one has to pay strict attention to purity and avoid the presence of women who have just given birth, dogs and pigs. One then calls out the name of the Buddha and covers the eye with a mixture of white honey and mother's milk. The milk that one uses on the person must be the milk of a boy's mother. Milk from a girl's mother has no effect. When the medicine is ready, recite the *dhāraṇī* 1008 times in front of a statue of the Thousand-eyed. After the medicine has covered the eye for seven full days in a dark room protected from the wind, the eye comes back to life. The blind pupil and the previously covered white of the eye will shine with a marvelous luster.⁷

This is a good example for researchers analyzing Buddhist texts with references to Indian medicine and surgery looking for evidence of Indo-Sinitic scientific exchange. The three fruits *hārītakī*, *amalā*, and *vibhītaka* e.g. are mentioned with their Sanskrit names and are all from plants grown in India. Not only the knowledge of these medicinal fruit was transferred to Japan but portions of these plants were found in the Shōsō-in treasure house in Nara, as part of a bequest from the 8th century Empress Kōmyō 光明 (659-760) to the temple Tōdai-ji 東大寺. We know that there were originally large quantities of these substances that were nearly used up in medical treatments, rituals and ordinary consumption (e.g. the cane sugar) by the 10th century.⁸

We can clearly see from the example of the *dhāraṇī sūtra* that medicine, healing and ritual form an interlinking system, and researching this system from a historian of religions' point of view, we have to consider academic studies that look at Buddhist medicine from their different perspectives. Studies in the history of medicine, usually conducted by scholars trained in biomedicine, mostly put forth an evolutionary model of the development of medicine from "demonic medicine" practiced by people still caught in a magico-holistic world-view to the modern Western biomedicine.⁹ This view hinders the interpretation of the sources that treat both ritual and medical knowledge – such as the above-mentioned *dhāraṇī* – not as two separate categories but as one field of knowledge. It also disregards the internal cultural development in a given time period and moreover contains truth claims that can or should be questioned. Another problem is an often essentialist view of "Buddhism" as a religion that preaches disengagement from the world, especially found among scholars of the history of medicine. The well-known specialist on the history of Chinese medicine, Paul Unschuld (1985: 152-153), says that only the purely religious elements of the Indian art of healing became important factors

7. T 1060, see footnote 4 above; author's translation. (Triplett 2010b: 490) For a German translation of the entire sūtra see Reis-Habito (1993), and for a translation of a similar passage from a related sūtra see Unschuld (1985: 315-316).

8. Kunai-chō Shōsō-in jimusho (2000).

9. Cf. Fujikawa's (1978) summary of Japanese medical history in English; Ishihara (1959 and 1999); Rosner (1989); Huard et al. (1974).

in medical care in China whereas the underlying ideas of the Indian system were too strange and ultimately incompatible with the corresponding Chinese ideas. Unschuld continues in saying that an important aspect immanent to Buddhism should be seen as another cause for the lack of a fundamental impact of the Indian ideas in China, and that is that the Buddhists were too tolerant towards the known medical systems. According to Unschuld, some world-views support a particular medical system because the level of individual health corresponds to central social values. In contrast, Buddhists did not care which methods and which medical system healed the human body as long as it was successful; the relief from suffering was the central point and not the proclamation of healing methods and therapies of a particular medical system.

Pierce Salguero (2010: 318-319) clearly shows in his dissertation on Chinese Buddhist medicine in the 2nd to 8th centuries, however, that the decline of Buddhist medicine in China was less connected with the incompatibility of the (Indian) medical content with Chinese medical practices than with Buddhist exegetes becoming increasingly concerned with various types of formal equivalence in Indian and Chinese texts in Tang China. Since these texts are extremely technical the resulting treatises were understood only by a highly specialized group of practitioners. Therefore, the actual content and the direct instructions for therapies and treatments became increasingly less accessible. Moreover, as Salguero points out, geopolitical changes led to a sharp decrease in the introduction of texts from the Indian cultural sphere, Buddhist institutions such as hospitals and charities were closed or their administration and control moved to governmental offices, all culminating in the severe persecution of Buddhism starting in 843 CE. Consequently, the decline in Buddhist medicinal practices had apparently nothing to do with a lack of acceptance of Indian medical models in China, but with changing modes of translation and with religio-political power struggles for important resources such as land-holdings. The lasting impact of Buddhist medicine in China may not have been the result Chinese Buddhists being too tolerant concerning the choice of a healing system in line with central social values, as Unschuld claims, but rather the fear of a Buddhist State based on 'foreign' ideas because, as Salguero (2010: 4) puts it, "Buddhist discourses on medicine (...) were never simply about the individual body, but had the potential to become treatises of the highest social and political significance."

Salguero's lucidly written study also shows that Indian (Buddhist) medical doctrines that appeared before the codification of Ayurvedic texts must have varied much more widely than previously thought. The process of "translation" of Indian medical texts and concepts was not only highly dynamic but also a major concern, especially during the Tang period in China, the period when the exchange of ideas, concepts and materials included the domains of the Korean peninsula and the Japanese archipelago.

2. The study of Japanese Buddhist medicine

Some works on Japanese Buddhist medicine reveal apologetic tendencies when the author is both a physician and a Buddhist teacher as in the case of Kawada Yōichi (1976). Such studies in Buddhist ethics focus on the ideals of compassion, caring for suffering beings and the social dimension of medical practice in Buddhism from a normative standpoint. An exception is the work of Nihonyanagi Kenji (1994; 1997). Other Japanese works look at healing and therapies from ethnographical and folkloristic perspectives, which often focus on *materia medica* and the production of healing remedies in Japanese culture. (Miura 1980) Studies on early ideas of healing and medicine base their findings on Buddhist legends (*setsuwa* 説話), especially those that report miracle healings, and examples from Heian court literature. Unique sources are picture scrolls (*emakimono* 絵巻物) which usually display quite drastic images of the sick. (Cf. Rosner 1989: 32) Legends are equally fascinating to those scholars who research early descriptions of physical disorders and their treatment in the context of religious ideas and rituals. Views on disability and bodily deficiency are also researched by using Buddhist legends as the main sources. Looking at religious sources such as the myths and legends in “Shintō” and Buddhist texts in search of early ‘scientific’ models of medicine and the art of healing, researchers have carefully sifted through “religious” texts in order to find scientific or proto-scientific explanations and disease names and medicine ingredients.

There are several studies on Buddhism and the history of medicine, but there is a surprising lack of scholarship regarding medicinal practices in Mahāyāna and East Asian Buddhism, and that which do exist are specialized studies on particular texts or individual figures. Sylvain Mazars (2008), for example, recently published a volume on Buddhism and traditional Indian medicine in which he writes mainly about Indian and Pali Buddhism with occasional reference to Chinese pilgrim monks that traveled to India and their reports on medical practices they observed.

When studying the early history of Japanese Buddhism, research of Chinese sources often tend to become the main focus. The same appears to happen in the study of the history of medicine in Japan: the influence of Chinese paradigms and practices seems so overpowering that Japanese medical history emerges as a mere extension of Chinese medicine, possibly in a degenerated form due to the many pitfalls found in cultural and literary translations. Writing on Japanese Buddhist medicine, therefore, could easily become a study of Chinese Buddhist medicine with some annotations on its adaptations within Japanese culture and society. Since numerous classical Chinese texts have survived (in fragments) in Japanese compilations the study of medical history in Japan is very closely connected to a study of Chinese medicine. Moreover, Japan has recently seen a rise in the popularity of treatments and medications in the “Chinese method,” *kanpō* 漢方,

the efficacy of which has been contested for decades.¹⁰ Chinese medicine seems juxtaposed in Japan to Buddhist healing because Chinese medical texts are viewed as being “secular” or at least “non-religious” and not ultimately aimed at leading humanity to a final goal of being relieved of suffering altogether. A closer look at the sources reveals that this categorization oversimplifies the matter, as will be shown below. Still, early Buddhist legends on karmic retribution were clearly used in proselytizing the populace: Acute as well as chronic diseases would be healed miraculously by adhering to pious practice and worship of Avalokiteśvara and other Buddhist deities. Miraculous cures could be expected for all whose past deeds have resulted in physical suffering and pain if they follow the Dharma. Those born with bodies viewed in the sources to be clearly deficient – such as female bodies – can still attain buddhahood thus showing the superiority of the Dharma. To have the power to ensure or bestow a fulfilling and successful life cycle gives, of course, tremendous authority in a society. It is no wonder that the knowledge connected to this power was guarded and contested throughout the history of Japan (and elsewhere). In the following I will sketch some characterizations of this contested knowledge.

3. Quotations from Buddhist sources in the *Ishin-pō*

The oldest Japanese medical work, the *Ishin-pō* 医心方 of the late tenth century, a work written by a physician for physicians, seems at the first glance to prove that Japanese medicine at that time was predominantly based on Chinese classical, non-religious sources. Altogether, the *Ishin-pō* is comprised of medical writings originating in China, Korea and India as well as Japanese prescription manuals. In 984, a court physician called Tanba (no) Yasuyori 丹波康頼, purportedly of noble Chinese or Korean origin (cf. Hsia et al. 1986: 10), selected passages mainly from pre-Tang period Chinese literature and compiled the thirty-fascicle *Ishin-pō* and presented it to the Imperial Court when he was at an already advanced age. Quotations from the classical sources he used are numerous, but perhaps not as well known is that we also find frequent use of Buddhist sources in the *Ishin-pō*.

Tanba (no) Yasuyori’s work is still extant today albeit only in a few relatively late versions. Over the centuries, copies were occasionally made although editors and translators complain about their quality. Only recently has there been a complete Japanese translation and critical text edition of the entire thirty-fascicle work by Maki Sachiko (1993), the foremost specialist on the *Ishin-pō* in Japan. Previously, only particular fascicles were selected and transmitted separately, as in China, especially fascicle 28 on “Health Principles and Chamber Exercises”.¹¹

10. See Rosner (1989); on the rise of *kampō* see Oberländer (1995).

11. The English translation by Hsia et al. (1986) contains this fascicle as well as fascicles 1, 2, 26 and 27. An English translation of fascicle 28 was published as “The Tao of Sex” by Ishihara and Levy (1968).

The best-preserved copy is the Nakarai-bon 半井本 (1532), a Japanese national treasure that had rarely been seen until it was copied, printed and published by the Government Institute of Medicine in 1860. After publication though, it was kept in a closed archive until the Imperial Household Agency purchased it in 1982. In his article on a survey of quotations from previous medical works in the *Ishin-pō* Ma Jixing 馬繼興 (1986) counted 204 different sources and 10,881 quotations in all. Of special interest is the list of explicitly Buddhist sources that Ma compiled and that Tada Iori (2010) has recently described in some detail. Passages from these Buddhist sources include the following:

- *Konkōmyō saishō-kyō* 金光明最勝王經, *Suvarṇa-prabhāsaṅgama-sūtra*, “Sūtra of Golden Light” (T 663, Sui period: 664, Tang period: 665)
- *Daishū darani kyō shinju* 大集陀羅尼經神呪, “Great Collection of Dhāraṇī Sūtra Spells” (unidentified)
- *Senju sengen kanzeon bosatsu jibyō gōyaku-kyō* 千手千眼觀世音菩薩治病合藥經, “Sūtra on the Use of Medicinal Herbs for Healing by the Thousand-eyed, Thousand-hands Avalokiteśvara” (T 1059)
- *Ryōji byō-kyō* 療痔病經, “Sūtra on Relieving Sores” (T 1325)
- *Nankai kiki naihō-den* 南海寄歸內法傳, “A Record of Buddhist Practices Sent Home from the Southern Sea” (T 2125, by Yijing)

Related to (legendary and historical) Buddhist authors we find:

- *Giba myakuketsubyō-kyō* 耆婆脈決病經, “Sūtra on Jīvaka [’s Methods on] Vascular Diseases” (unidentified)
- *Giba-hō* 耆婆方, “Methods of Jīvaka” (unidentified)
- *Ryūj-uhō* 龍樹方, “Methods of Nāgārjuna” (unidentified)
- *E’nichiji yaku-hō* 慧日寺藥方, “Temple Hui-ri-si¹² Methods of Medicinal Herbs” (unidentified)
- *Shiragi hōshi mikkyō-hō* 新羅法師密教方, “Secret Methods of Buddhist Masters from Silla” (unidentified)
- *Kyōshin-hō* 鑑真方, “Reflections on the True Methods” (?) (unidentified)
- *Sōshin-pō*¹³ 僧深方, “Methods of Sengshen” (unidentified)

12. Hui-ri-si was a temple in Chang’an and center of the “Three Stages Teaching” (*sanjie jiao* 三階教) movement of the 6th to 8th centuries.

13. The reading of this title is unclear.

- *Gosō-shi-hō* 吳爽師方, “Methods of Master Wushuang” (unidentified)
- *Shaku Egi kanshoku kaizatsu-ron* 釈慧義寒食解雜論, “Various Theories on Cold Foods by Shi Huiyi¹⁴” (T 2059)

Tada Iori mentions that not only is the *Sōshin-pō* (*Sengshen-fang*) 僧深方, a lost Tang period medical work compiled by the Song or Southern Qi monastic Shaku Sōshin (Shi Sengshen) 釈僧深,¹⁵ quoted widely in the *Ishin-pō*, but quotes from the *Gaidai hiyō* 外台秘要, another Tang period work are to be found as well. When these are all added up we can see that there is a strong focus on Tang period works. According to Ma there are 206 direct quotes from the *Sōshin-hō* and 13 passages indirectly cited, making altogether 219 quotations. Although there are many repetitions, there is the possibility that these fragments found in the *Ishin-pō* make up a large portion of literature which would have been otherwise lost. According to Fujiwara Sukeyo’s 藤原佐世 (847-897) catalogue of literary works kept in Japanese libraries¹⁶ of his time, the *Sōshin-pō* was clearly known and transmitted within Japan as a separate book.

Tanba no Yasuyori also included many spells from ancient China in the *Ishin-pō*. However, we learn from his expositions that the spells healed only when combined with medicinal herbs. For example, if a talismanic character, e. g. the character for fish 魚, is written with vermillion (*shu* 朱) on the afflicted part of the body or on paper, and the powder or ashes of the burned paper is then taken internally, it will have the desired effect. The vermillion used for paint was actually natural mercuric sulfide. Mercury was used in healing potions for boils and other afflictions until early modern times. (Maki 1993 Vol. 21: ii) The *Ishin-pō* also contains talismanic texts with red and black characters provided originally by Yasuyori (Maki 1993 Vol. 23: iv), especially in fascicle 23 on Obstetrics. Maki points out that the vital issues surrounding birth (and death) had the largest volume of rituals and prohibitions in antiquity. Fascicle 23 deals with the thought and imagery connected with birth in ancient China and provides instructions for various rituals and regulations to be observed (Maki 1993 Vol. 23: i), including spells and talismanic texts. Spells ensuring a safe birth are *dhāraṇī* quoted from the *Daishū darani-kyō shinju*. (Maki 1993 Vol. 23: iii) The *dhāraṇī* in the *Ishin-pō* seem not to be “real” *dhāraṇī* (of Indian origin) but were probably written in China. The *sowaka* (Sk. *swahā*) at the end of the

14. Huiyi was active at the temple Qiyuan-si 祇洎寺 (jap. Gion-ji), a monastery in Yangzhou that was the home of the translator Gunavarman in the Song dynasty.

15. This monk was therefore active approximately between 420 and 502 CE under the Southern Dynasties. (Tada 2010: 412)

16. Interestingly, works from temple libraries were not included. (Rosner 1989: 23)

spells indicates a Sanskrit *dhāraṇī* but since no Bhrāhmī syllables are given in the *Ishin-pō* it is impossible to find out the meaning of the *dhāraṇī*, or whether they are authentic or were invented in China¹⁷, or even Japan.

Usually the *Ishin-pō* is looked at as a great vehicle of transferring Chinese (secular) medical knowledge to Japan where it was firmly implanted and adapted. Does the frequent quoting of Buddhist sources and the *dhāraṇī* mean that the influence of Buddhist thought was great on the *Ishin-pō* and subsequently on the practice of medicine in Japan? The Buddhist influence on Chinese medical practice in early Japan (perhaps also in China) should be examined in more detail to answer this question.

4. Medico-ritual Knowledge in the Early and Medieval Buddhist World

Analysis of the *Ishin-pō* clearly shows that Tanba Yasuyori frequently referred to Buddhist spells and sūtras and religio-medical works written by Buddhist authors. Buddhist monastic physicians¹⁸ were seen as competitors of the court physicians – who were perhaps anti-Buddhist but not un-Buddhist as we have seen above – and could be expected to only use medical knowledge contained in Buddhist canonical texts and commentaries. However, the fact that Chinese classical sources played an eminent role in the history of Buddhist medicine will be shown below.

An investigation of selected texts and their reception in early Buddhist Japan reveals that medico-ritual knowledge was actively produced and circulated by Buddhist monastics and powerful Buddhist lay patrons in various localities in Japan. This trend changed over time mainly because of the establishment of a state medical system headed by the Office of Medical Authority, the Ten'yaku-ryō 典藥寮, but continued between the late ninth through early fifteenth centuries due to an irregular but constant influx of knowledge from the mainland and the lively exchange in the transnational Buddhist monastic networks. According to Pamela Winfield's (2005) article "Curing with kaji," Kūkai 空海 (Kōbō Daishi 弘法大師, 773-835) introduced a new "hands-on healing technique" to Japan where it was combined with, or used as supplement to, existing methods of treatment. She distinguishes between the esoteric Buddhist doctrine of kaji 加持 (Skt. adhiṣṭhāna), or the "mutual empowerment between the self and Buddha that characterizes tantric deity yoga," and the bestowment of kaji "when a trained master concentrates and extends Buddha's universal energy to a receptive subject for healing purposes."

17. Maki (1993 Vol. 23: iv) tried to identify the *darani-kyō* in standard reference works but could not find them, therefore she rendered them in her edition as they were and without Japanese readings.

18. The term *sōi* 僧医 applies to the Buddhist physicians of the Heian and Kamakura periods.

(Winfield 2005: 108) According to Winfield (2005: 117), as the students of Kūkai's Shingon Mikkyō 真言密教 (esoteric teaching) could gain official acceptance because the Office of Medical Authority had allowed 'incantation masters'¹⁹ to practice alongside doctors since 718, these Buddhist incantationists could practice their art of *kaji* healing filling this "niche." For example, Shinzei (Shinsei) 真濟 (800-860), one of the ten disciples of Kūkai, was reported to have conducted rituals (*shuhō* 修法) for preserving the health of his patron Emperor Montoku 文徳, though in vain. This shows that the religio-medical assistance of Buddhist Shingon monks was accepted by the authorities. Does this mean, however, that Buddhist monks²⁰ were barred – as incantation experts – from "proper" medical practice such as the administration of medicines or pharmacopeic activities? The establishment of numerous care facilities (hospitals) and apothecaries in the Buddhist temples of Nara suggests that this was not the case.

Rather than this particular niche, concurrently occupied with Kūkai's disciples, an already existing group of (Daoistic) incantation masters was granted a place in the official ranking system, thus placing them under tight governmental control. This situation continued until 780 CE when incantation practices were discouraged as being 'unorthodox,' leading ultimately to the dissolution of the official master of incantations rank. (Rosner 1989: 17) Beside these two groups (or perhaps converging with them), Asuka and Nara period 'miracle working ascetics' (*shugen-ja* 修験者) or 'holy men' (*hijiri* 聖), 'self-ordained monks and nuns' (*shido no shami* 私度の沙彌) or just 'novices' (*shami* 沙彌), also played a role in the circulation of medical knowledge. These "free" monks and nuns were instrumental in establishing Buddhist centers in Japan outside – or in combination with – the state Buddhist institutions in early Japan and continued to exert considerable social and cultural influence.

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19. These engage in *zugon* or *jugon* 呪言, 'incantations, spells', which is often translated as 'exorcism' or 'sorcery.' This office had disappeared by the 10th century. (Rosner 1989: 17)
20. The question of women as practioners of Buddhist medicine is still to be explicitly addressed. I only mention three points: The Taihō and Yōrō codifications allowed men and women to practice medicine, although occupations were gendered. Since there was no prohibition on women chanting *kaji* prayers or using them for healing, nuns must have conducted healing rituals and medical applications widely. Empress Kōmyō is credited with establishing medical facilities and saw personally to the care of the sick; she is said to have bathed those afflicted with leprosy and sucked the pus from their wounds.

5. Witnessing the Cure: Early Records of Buddhist Miracle Healers

Hören 法蓮, an 8th century Dao-Buddhist ascetic active on Kyūshū celebrated for his skill in healing with spells (jui 呪医) is one of the few Buddhist miracle healers remembered today. Textual sources are scarce and in examining documents such as early collections of Buddhist tales we learn more about strategies of propagation than historical developments of early Japanese Buddhism. Buddhist tales reveal prevailing concerns of the general populace, often by presenting the perspective of an eyewitness and testimonials to elucidate miracles of healing or other noteworthy events. The compilers of the tales intended to show that the ‘foreign’ and ‘strange’ Buddhist deities from India and China respond efficiently and promptly to devotional acts in Japan, and not only to acts in foreign lands. Often the tales are combined with a moral indicating its clearly normative character, as we can see unmistakably in the *Nihon ryōi-ki* 日本靈異記, the best known and earliest collection of Buddhist tales (setsuwa 説話) in Japan, compiled by Kyōkai [Keikai] 景戒 in the 9th century.

As an example of these important sources, I would like to present an episode about a healing ritual from another 9th century setsuwa collection, the *Nihon kanrei-roku* 日本感靈録, a collection that I consider to be equally as important in regard to its role in Japanese Buddhist history. Unfortunately, the *Nihon kanrei-roku* is very fragmented in comparison to the *Nihon ryōi-ki* that has survived the centuries fairly well. The *Nihon kanrei-roku* fragments are also found in relatively late copies, of which some are rather heavily damaged making research of this important collection even more problematic.²¹ The episode²² quoted in the *Minami hokkeji korō-den* 南法華寺古老伝 written in 1211 survives as a 15th century copy.²³

21. Kawase (1958); Tsuji (1981); Nagai (1985); Triplett (2010a).

22. It is cited as being number 15 of the *setsuwa* collection; possibly this was originally in the first fascicle of the 9th century collection.

23. This copy, dated 1496, has the title *Tsubosaka-dera korō-den*. Tsubosaka-dera is the popular name of this temple, officially it is called *Minami hokke-ji* 南法華寺. The temple was founded in 703 – only 150 years after the official introduction of Buddhism in Japan – by a monk from one of the earliest Japanese Buddhist temples, the Moto-Gangō-ji 本元興寺. The chronicler Jōkei may have transcribed his master's words. Jōkei's master was Kakken 覚憲 (1131-1213), his Fujiwara uncle, who had been in charge of the consecration (eye-opening) ceremony of the Great Buddha at Tōdaiji 東大寺 and who had retired to Tsubosaka temple in his old age. The chronicle was compiled just after a devastating fire destroyed Tsubosaka-dera killing many, so it may be surmised that it had been Kakken's wish to record its history and the miracles surrounding the site before passing away. The original is kept in the temple archive and a facsimile can be found in the Nara Prefectural Library. For an edition of the chronicle see Nagai (1985). For a discussion of the foundation narratives of Tsubosaka-dera see Triplett (2010a).

In reference to the miraculous Eleven-faced, Thousand-armed Avalokiteśvara (Kannon) it states:²⁴

A blind, self-ordained novice²⁵ named Chōnin²⁶ used to be a beggar boy <...>. It is unclear whether he had had a home or a family. Approaching his tenth year, he became suddenly blind in both eyes <...>, without any apparent reason, and could see absolutely nothing anymore. Therefore Chōnin went to the Thousand-armed [Senju, i.e. Kanjizai or Kannon] of the temple Tsubosaka-san some time during the Kōnin era [810-823] and intoned the incantations²⁷ to the Thousand-armed full of devotion and praised his name with “Hail bodhisattva Kanjizai, the Great Compassionate One who makes blind eyes see with the Hand of the Jewel of the Sun Essence.”²⁸ He continued in this way, day and night, through all six periods of the day, without becoming tired or weary. People invented a new name for him and started calling him “Senju shami”, the novice devoted to the Thousand-armed. Many years past but he persevered and did not give up. In the end he regained his eyesight. As a result of this he later proclaimed Yin-Yang [oracles] and all ordained and non-ordained came to rely on him <...>. He did not lack any of the necessary things, nor was he stricken with poverty <...This I was directly told by [Chōnin] himself>.

Praise: [Kanjizai] replied to the sincere devotion of the novice, so that he saw the white light of the sun in the end <...>. If you ask for the miraculous medicine, your wish will become true. Therefore, we transmit the extraordinary sound of the miraculous benefit into far regions and for ten thousand generations. As it were, the secret power of his blessings²⁹ radiate into the ten directions. Truly he is the great consoler of ordinary men. He is also the Great Medicine King³⁰ over [all] roots of disease.³¹ (*Tsubosaka-dera korō-den* 4才-5才)³²

24. The original text has glosses by the chronicler (or the copyist) that I omit with one exception in my translation but indicate with <...>. For a short treatment of the episode see Triplett (2010b: 487).
25. “Self-ordained novice” is here the translation of shido no shami 私度の沙彌, denoting monks and nuns in ancient Japan who ordained „themselves“ but were not part of a particular Buddhist institution and therefore not officially, fully ordained. Shido can be also written 自度, often read jido.
26. The name of this novice, Chōnin 長仁, is apparently found only in this document.
27. Incantations or spells: jinju 神呪, a synonym for darani 陀羅尼 (Skt. dhāraṇī)
28. Nōmaku nisshō mani ju myō gen an Daihi[shō]ja Kanjizai bosatsu 曇謨日精摩尼手明眼暗大悲者觀自在菩薩.
29. Power of blessings, *rei`i* 靈威, could be translated literally as ‘show of numinous authority’
30. Great Medicine King (Dai`iō 大医王, Skt. Vaidyārāja) is an epithet of a Buddha or bodhisattva, in this case of Kanjizai. The Buddhist deity does not only heal physical illness, but eradicates its (karmic) causes.
31. Root, or cause, of disease (byōen 病緣).
32. For a translation of this episode into German, see Triplett (2010a: 158-159).

The gloss in the text (“This I was directly told by Chōnin himself”) clearly emphasises the testimonial character of the story. As readers we are supposed to witness a miraculous eye-healing by the power of the bodhisattva Kanjizai (Kannon) and are told that the happy novice became a recognized healer himself in the Sino-Japanese ‘Yin-Yang’ tradition. (Cf. Rosner 1989: 29) Chōnin appears to have been a ‘self-ordained’ novice, possibly an orphan and forced to beg for food. He is described as having belonged to the lowest social caste, and then rising from ‘rags to riches’ by his devotion and the beneficial resonance of the Thousand-armed Kannon. He uninterruptedly intones the *dhāraṇī* – the short episode even mentions the actual words – for many years at the temple. He is known to the people as a devotee of the principal deity of the temple and they may have provided him with food and clothes. Chōnin is a typical representation of someone becoming a religious expert not necessarily of his own choice or following the decision of his family (as with aristocratic boys or girls) but through his unfortunate social circumstances partially caused by physical impairment.

The incantation Chōnin recited is from the *Senju sengen darani-kyō*³³ and is directly linked with one of the many benefits of Avalokiteśvara: the healing of physical (and spiritual) ills with spells thought to be extremely powerful and apparently available to all, not only to fully ordained monastics.

6. Medical Knowledge in Aristocratic Buddhist Circles: Ken’i’s Compendia on Various Substances

In the late Heian and Kamakura periods (twelfth and thirteenth centuries) ordained monastic physicians, *sōi* 僧医, are reported to have not only treated members of the elite but apparently anyone who needed physical or spiritual healing.³⁴ Episodes in contemporary diaries such as the *Meigek-ki* 明月記 (1180-1235) compiled by poet Fujiwara no Teika 藤原定家 (1162–1241) illustrate that court physicians from the state system were in direct competition with monastic physicians in the medical care of aristocrats. In a passage analyzed by Edward

33. T 1060; the full title of the sūtra is: 千手千眼觀世音菩薩廣大圓滿無礙大悲心陀羅尼經 *Qianshou qianyan Guanshiyin pusa guangda yuanman wuai dabeixin tuoluoni-jing*. This long title can be rendered as “Dhāraṇī of the Bodhisattva With a Thousand Hands and Eyes Who Regards the World’s Sounds and Feels Vast, Complete, Unimpeded Great Compassion”. The text in the Taishō edition includes a preface by the Emperor of China, Yung-lo, dated 1411. The sūtra is fully translated into German by Reis-Habito (1993) in chapter III of her study.

34. Drott (2010: 253). The *sōi* cared for the wider populace in addition to the physicians of the Seyaku-in 施藥院, established for the medical care of the public in 825 CE; see Rosner (1989: 30).

Drott, court physician Sadamoto 貞基, belonging to the powerful Wake 和氣 clan, struggled to heal Teika who was also treated by the – finally more successful – priest Shinjaku-bō 心寂房 for a skin condition. (Drott 2010: 252-253) Both the Wake clan and a second influential clan of court physicians, the Tanba 丹波, vied for imperial support and tried to keep their writings secret, especially from each other. Nevertheless, secret knowledge was at times revealed as shown by the Buddhist treatise Chōsei ryōyō-hō 長生療養方 (1184) on medical prescriptions for longevity. Not only does this treatise include numerous passages from the Ishinpō, compiled and jealously guarded by the Tanba clan for generations, but it also appears that Rengi 蓮基 (dates unknown), the author of the Chōsei ryōyō-hō, belonged to the Tanba clan and was the younger brother of the head of the Ten'yakuryō. The extant version of the treatise was copied on the order of an imperial prince who served as abbot of Ninna-ji 仁和寺, established in 888 by Imperial decree. This further indicates that the official state medical, imperial and Buddhist monastic networks were closely interwoven in the Heian period centering in a Buddhist institution. (Drott 2010: 259) Drott (2010: 267) argues that this and other cases show that Buddhist priests such as Rengi and Eisai [Yōsai] 榮西 (1141-1215) with his *Kissa yōjō-ki* 喫茶養生記 (1211) on the benefits of consuming green tea, attempted “to make use of authoritative and esoteric knowledge for the benefit of both the state – in the form of high-ranking imperial clerics and shoguns – and, implicitly, the Buddhist community.” By providing healing rituals and prescriptions for longevity and well-being to the ruling class, elite Buddhists acted in the traditional ideological framework of an envisioned seamless cooperation between Buddhism and the state.

A group of illustrated manuscripts authored by a 12th century Ninna-ji temple monk in Kyoto shows that Buddhist monks not only authored works on longevity medicine and rituals but were also productive in preserving, studying and passing on knowledge of pharmaceutical drugs and *materia medica* (*honzō* 本草). Ninna-ji, a Shingon temple that enjoyed Imperial support as mentioned above, was at that time one of the most important centers of Shingon Esoteric Buddhism in Japan. The Ninna-ji monk, Fujiwara Ken'i (or Kenni) 藤原兼意 (1072 – ca. 1169), spent most of his life on Kōya-san, the secluded mountain sanctuary and center of Shingon Buddhism, starting in 1101. His father, Fujiwara Sadakane 藤原定兼 (n. d.), was a vice minister at the Empress' court.³⁵ Ken'i is usually referred to as Ryō-ajari Ken'i 亮阿闍梨兼意 stressing that he was an enlightened master or *ajari* (also read *azari*, Skt. *ācārya*) in the Shingon hierarchy, with the addition of *ryō* which refers to his father's courtly office. Ken'i received his consecration (*abiṣeka*) from Kan'i 寬意 (1062-1101) and in turn bestowed *abiṣeka* on sixteen disciples. Among them was Shinkaku 心覚 (1117–1180) who is well known for his major work on esoteric ritual and iconography, the *Besson zakki* 別尊雜記 – 57 beautifully illustrated

35. Mori (1977: 4) also mentions another biography that relates him to Michinaga 道長.

fascicles that combined Tendai and Shingon doctrinal considerations.³⁶ Ken'i wrote important Buddhist commentaries, an instruction manual for creating mandala paintings and compendia on materia medica. (Mori 1977: 4) The compendia derive from Chinese (and Sino-Korean) classical works. The relatively large number of copies of the compendia, created over a period of several hundred years, indicates that they were quite popular works.³⁷

The compendia by Ken'i are called:

1. Hōyō-shō 宝要抄, "Compendium of Essentials on Precious Substances"
2. Kōyō-shō 香要抄, "Compendium of Essentials on Incense"
3. Yakushu-shō 薬種抄, "Compendium of Drugs"
4. Kokurui-shō 穀類抄, "Compendium of Varieties of Cereals"

Facsimiles of early copies of the Kōyō-shō and the Yakushu-shō from the temple Ishiyama-dera 石山寺 in present-day Shiga Prefecture 滋賀県 were included in the extensive Taishō edition of Buddhist texts in Japan (Vol. 11 of the supplements) which gives some evidence of its importance in the East Asian Buddhist world. The two illustrated manuscripts were copied by Kanyū 觀祐 (n. d.)³⁸ who was one of the four dharma heirs of Nenpan 念範 (1088-?) and worked as a scribe at Ishiyama-dera approximately from 1163 to 1167. (Mori 1977: 18)

All four kinds of *materia medica* listed – precious substances, incense, drugs and cereals – were used in Esoteric Buddhist rituals according to specific systems and teachings, and they are widely mentioned in Buddhist canonical texts. Precise knowledge about these materials was indispensable to the Shingon practitioner: In order to conduct the rituals properly, knowledge such as the name and image of the plant or substance, its availability, preparation and administration were basic requirements of the ritualist. (Cf. Nihonyanagi 1997) One difficulty incurred by the Japanese monks and nuns was that many of the plants had to be imported or introduced from India or the Near East.

36. Taishō edition supplement no. 3007.

37. Two compendia copies, both classified as important national cultural treasure (*jūyō bunkazai* 重要文化財), are now housed in Tenri Library but were originally kept at Ishiyama-dera 石山寺. A set of twelfth century copies are kept in the Kyōu Library (Kyōu-shō'oku 杏雨書屋) of the Takeda Science Foundation in Osaka; see Mori (1999).

38. In his monumental work *Science and Civilisation in China* (Volume 5, Part II on Spagyric Discovery and Invention: Magisteries of Gold and Immortality), Needham (1974: fig. 1339-1341 and captions; see also: 1974: 330) mentions the Kōyō-shō. He lists Ken'i's work as Hsiang Yao Chhao [sic!] (Memoirs on Aromatic Plants and Incense), as a Chinese work "preserved in Japan," and contributes it erroneously to a Chinese called "Kuan-yu" 觀祐, most probably because the colophon says Kanyū-bon 觀祐本. Mori (1977: 19) has noted this error. Needham praises the indeed stunning illustrations as woodcut drawings but they are carefully executed ink drawings.

The necessary ritual knowledge in the Shingon world also included the correct Sanskrit name for the plant or substance. So, Ken'i must have felt the need to compile these handbooks. According to the early 13th century collection of Buddhist legends called *Koji-dan* 古事談³⁹ Ken'i was famous for his erudition and knowledge of Sanskrit. (Mori 1977: 13) Since it is difficult to determine the correct Sanskrit name from the Chinese sources Ken'i often lists a variety of Sanskrit terms in Sino-Japanese transcription in his compendia.⁴⁰ Ken'i provided pharmacopedic compendia that could be used not only by ritualists in the Buddhist world but also by others outside of this closely guarded circle. Possibly this kind of pharmaceutical knowledge developed within the framework of ritual knowledge and became accessible at a much later period. In the early 19th century members of the Taki clan 多紀家, official physicians (cf. Rosner 1989: 67-68; 101-102) of the bakufu government, began copying, e.g., the Kōyō-shō version that was originally transmitted by Daigo-ji and then stored in the Taki clan's archives. (Mori 1977: 5) The then owner of the Daigo-ji version of Kōyō-shō entered in his diary in 1840 the name of the monk Jōgen 成賢 (1162-1232). (Mori 1997: 5) Jōgen was a Fujiwara who held the highest clerical rank of sōjō 僧正 at the Henchi-in 遍智院 near Tateyama, and who was also a Daigo-ji abbot. The entry also mentions that he was the grandson of Shinzei 信西 (1106-1160),⁴¹ a contemporary and relative of Ken'i. It can be surmised from the diary entry that Jōgen was actually the author of the Kōyō-shō but as the Daigo-ji copy by a member of the Kiyohara clan 清原 dates from Hōgen 保元 1 (1156), it predates Jōgen's by several years. (Mori 1977: 6) This monk can be said to be an important figure in the history of Shingon because of his parentage and office; hence sources about his life were clearly available to a diary keeper of the 19th century and it comes as no surprise that his name was attached to the work. Jōgen became the 25th abbot of Daigo-ji in 1203, and his splendid residence in Kyōto was later converted into a place of Buddhist worship (by one of his nephews),⁴² as was usual in this period. Eventually, the Taki transferred the precious Daigo-ji scrolls to the Takeda 武田 family in Osaka. This family started a pharmaceutical company in 1781 that rapidly developed and became an international business, still

39. This collection was compiled by Minamoto Akikane 源顯兼 (1160-1215) between 1212 and his death.

40. This important linguistic aspect of knowledge transfer has been often neglected in modern Buddhist studies.

41. Not the disciple of Kūkai. This Shinzei 信西 was born as Fujiwara no Michinori 藤原通憲; he was Buddhist advisor to Emperor Go-Shirakawa but is mainly known for his alliance with Taira no Kiyomori. Shinzei was captured after escaping from an attack on his house and then executed.

42. This temple, Hōon-in 報恩院, was presided over by one of five aristocratic Daigo-ji abbots. The building is found today in the lower part of the Daigo-ji precincts.

dominating the current market today. So it comes as little surprise that the Takedas naturally professed an interest in these ancient pharmaceutical works. The scrolls are presently kept in the Kyōu Library (Kyōusho'oku 杏雨書屋) of the Takeda Science Foundation in Osaka.

Daigo-ji, as one of the Buddhist temples heavily supported by imperial and later shogunal representatives, may have been in some competition with Ninna-ji, therefore the exchange of this usually well guarded material may or may not have been completely voluntary. Mori surmises that since Ken's disciple Shinkaku stood in friendly contact with Shōgen 勝賢 (1138-1196), the abbot of Daigo-ji and Fujiwara no Michinori's (Shinzei) son and uncle to Jōgen, it is very likely that Shinkaku released versions of his master's work to Shōgen's nephew (Mori 1977: 6) at some point for erudition (and copying). The colophon of the *Kōyaku-shō* 香藥抄, an abbreviated compilation of both Ken's *Kōyō-shō* and *Yakushu-shō* by Shōgen (dated Eiman 永万 1; 1165) gives good evidence of this process in that it mentions the circumstances of its genesis.⁴³

On becoming the 18th abbot of Daigo-ji in 1160, Shōgen had to escape from the turmoil caused by a sectarian conflict at Daigo-ji to Kōya-san. Before his escape he had received secret teachings about the Buddhist deities from Shinkaku and was sure to have had further dealings with him during his stay in the mountain sanctuary, resulting in the compilation work on the *Kōyaku-shō* in 1165. Moreover, the place where Shōgen resided was a hermitage (*sōan* 草庵) erected by Kan'i, who was – as mentioned earlier – our author Ken's master. Since we know the content of the *Kōyaku-shō* from Ken's two compendia on incense and drugs and that Shōgen copied passages at the hermitage on Kōya-san from the colophon that Shinkaku compiled, it does not seem far-fetched to conclude that he took the opportunity to study the original four compendia with his friend Shinkaku, who surely received these directly from Ken. (Mori 1977: 7) This seems especially meaningful because of the rich and detailed drawings and list-like nature of the works – a major challenge for any copyist. Since the Daigo-ji scrolls had already been reproduced in 1156, quite some time before the beginning of Shōgen's forced stay on Kōya-san, Mori (1977: 7) suggests that Shinkaku did not copy the scrolls from Shinkan's library, nor was he given Shinkan's scrolls to use during his stay on Kōya-san. After Shōgen's return in 1178 from his nearly twenty-year long exile in Kyoto upon the death of his principal opponent Jōkai 乗海 (1116-1178), and his reinstatement as Daigo-ji abbot, he bestowed authority on his nephew Jōgen

43. It is found in the *Zoku gunsho ruijū* 続群書類従, a comprehensive edition of historical Japanese manuscripts and prints, started by Hanawa Hokiichi 塙保己一 (1756-1821) and continued by his students in the Meiji period; see the prevalent quote from this extensive work in Mori (1977: 6).

and passed his Kōyaku-shō to him as is evidenced by a second colophon entry mentioning this fact. At this time, Shōgen may very well have officially presented the four full-length compendia from 1156 to Jōgen as well.

Shōgen was the dharma master of Imperial Prince Shukaku (Shukaku Hōshinnō 守覚法親王) (1150-1202), a son of Emperor Go-Shirakawa and a Fujiwara mother. This prince became ordained when he was 10 years old and later presided over Ninna-ji as its imperial abbot (*monzeki* 門跡). His father Go-Shirakawa was the main supporter of Daigo-ji and entertained a close relationship to Shinzei, Shōgen's father, through the Fujiwara family connection.

In summary, we can see here a good example of an intricate, interwoven web of Buddhist and family lineages, both through the male and female line, involving two, nearly autonomous Shingon temples in the capital at that time. The time period addressed included both the Hōgen (1156) and Heiji 平治 (1159) disturbances that preceded decades of civil instability and eventually the coming of great structural change in the religious setting.

Ninna-ji and Daigo-ji owning, or having owned, numerous medical texts were most certainly important centers of learning and circulation of medico-ritual knowledge in the Japanese medieval world. Drott (2010: 268) argues that since Ninna-ji was an institution intimately connected to the imperial house, members of the (imperial) elite maintained a strong interest in medical and longevity practices conducted by the monks they supported, the relationship being thus beneficial for the (non-clerical) elite. From the Buddhist perspective, healing the bodies of worldly leaders and their families will ensure that the Dharma prospers in that land. Altogether, this seems to be a very elitist standpoint in that the powerful keep to themselves and assist each other in staying healthy in order to hold on to power; staying healthy "for the greater good." As a reaction to these elitist Buddhist activities focusing only on the welfare of a few and disregarding the majority of the populace, several reformist, even radically anti-elitist ideas emerged as is portrayed in many standard works on the new religious movements and groups of the Kamakura period. These ideas and the activities of certain charismatic individuals, especially the celebrated monk Kajiwara Shōzen 梶原性全 (1266-1337),⁴⁴ are interpreted as bringing about a massive change in the religious landscape in that they succeeded in popularizing Buddhism amongst the masses. Richard Payne and others have pointed out that this historical drama has more to do with the perspective and foundation mythology of representatives of Buddhist schools that

44. Kajiwara Shōzen (or Jōkan 淨觀) is celebrated as a father of Japanese medicine because he made medical knowledge available to the wider population through his writings and activities. See e. g. Goble 2009.

trace their institution back to founding figures of that time period.⁴⁵ Still, Buddhist teachings and certain hitherto guarded practices were made accessible to a wider portion of the Japanese population in the late Heian and Kamakura periods.

Even though this was the case, there appears to be an apparent lack of charitable endeavors such as hospital building and care for the sick and needy by Buddhist (and other religious) institutions unlike in Europe in the medieval period and later, where traditionally Christian organizations have been deeply involved in providing health care by building and staffing hospitals and hospices.

The fact that Japanese Buddhism has never been as socially engaged as European Christianity is a controversial topic. A closer look at primary sources and historical documents of particular temples such as Ninna-ji reveals that social engagement in terms of healing the sick and caring for the ill by Buddhists is much more complex than it appears at first glance. Especially the Vinaya restoration movement instigated by the monk Eison (Eizon) 叡尊 (1201-1260) is well known for the establishment of care facilities in this context.⁴⁶ Buddhist rituals for healing and medical treatments from China and Japanese folk medicine seem to indeed have been closely linked from the time Buddhism was introduced to Japan with numerous religious institutions having centered their cults on a deity known for the healing of a specific ailment, a practice which carries through to the present day. Secretly kept documents by medical clans from the early modern period indicate that religious sanctuaries were connected locally if not organizationally with medical offices.

To mention one example from my present research: the tiny Biwa Lake island of Chikubu-shima 竹生島 has been a sacred site since prehistoric times, and the shrine there is to this day dedicated to a water deity. After the arrival of Buddhism this sanctuary was of course thought to be an ideal site for the veneration of Benzaiten 弁財天 (Sk. Sarasvatī), a female deity associated with water who is usually enshrined on small islands in artificial lakes in Japanese temple compounds. Chikubu-shima Benzaiten is revered as a syncretic goddess combined with Uga-jin 宇賀神, a theriomorphic male Shintō deity worshipped for good harvest. Benzaiten's function is not directly connected to the harvest, she is venerated as the goddess of music and wealth. The combination with a snake deity makes sense in that Benzaiten herself can manifest as a (white) snake.

The statues dedicated to Hōgon-ji 寶嚴寺 at least since the beginning of the sixteenth century show Uga-Benzaiten 宇賀弁財天, the six-armed, warrior-like, esoteric form of Benzaiten with a small torii 鳥居 shrine gate and Uga-jin as a coiled

45. See e. g. Payne (1998).

46. See Groner (2005) on Eison; more on the revival movement and the female monastic order see Meeks (2010).

snake with the head of a bearded man. Despite the remoteness of the island in the northern part of the lake – or perhaps because of its secluded location – pilgrims also came to worship Kannon at Hōgon-ji.⁴⁷

The widely received late medieval and early modern narrative *Chikubu-shima* found in numerous versions tells the story of a young girl who sells her body to pay for her father's memorial service only to be sacrificed to a monstrous, man-eating snake, but she is saved by her devotion to the Lotus sūtra. In the end, she returns home to her blind mother, restores her mother's sight with a magic jewel and manifests herself as Chikubu-shima Benzaiten. Since Benzaiten, as the goddess of music and sound, was the protective deity of blind musicians active in medieval and early modern and (in some regions) modern Japan, it can be surmised that this Buddhist narrative may have been partially shaped by blind minstrels, especially as the second deity to appear at the end of the narrative is Tsubosaka Kannon 壺阪観音, who was also revered as an eye-healing deity as mentioned above. Chikubu-shima is basically an island sanctuary covered with buildings belonging to the Shinto-Buddhist religious complex⁴⁸ with service facilities for the pilgrims. At the same time, Hōgon-ji was the seat of a school of ophthalmologists as evidenced by secret records from the Shinkyō-ryū 神教流 school of eye-healing doctors – at least during the Keichō 慶長 era (1596-1614). (Okusawa 1997: 210)

Further research is necessary to determine whether these doctors maintained an office or hospital on the island or whether they associated with Hōgon-ji and Chikubu-shima because of the miracles of healing sight-related diseases associated with them. Of interest would be also to learn whether the activities of these doctors go back in history. Overall, further research is necessary on the actual nature of the connection between religious and medical centers in Japan. One lead may be the healing activities of the traveling mountain ascetics (usually male) belonging to the shugen-dō 修験道 tradition.⁴⁹ Daigo-ji has been the celebrated headquarters of the shugen-dō branch allegedly established by Daigo-ji's founder Shōbō 聖室 (Rigen Daishi 理源大師, 832-909). Practitioners of a syncretistic, Shugendō based Shingon at Daigo-ji were engaged in obtaining superhuman powers to benefit the community, and it is not unreasonable to suggest that they also administered

47. After the forced separation of Buddhism and Shintō in late 19th century, the “Shintō part” on Chikubu-shima has offered services to Azaihime no Mikoto 浅井比売命, the Shinto manifestation of Benzaiten. However a recent visit to the shrine revealed a new wooden statue of Benzaiten visible to visitors in the altar hall, indicating perhaps a return to a more syncretistic style of worship. For aspects of contemporary religious culture on the island see Pye (1996).

48. For a lavish and insightful study of the island's Momoyama period art and architecture see Watsky (2004).

49. See also Winfield (2005: 119) on this aspect.

medicinal herbs and other remedies to the sick. All in all, Buddhist medical applications did not stay behind cloister or palace walls. The religio-medical experts were trained in conducting *kaji* and received consecration and initiations into secret teachings and rituals, so the circulation of knowledge seems to have been kept guarded according to the guidelines set by Kūkai and other authority figures within the group. In the context of esoteric ritual, *kaji* equals the moment when the universal power of the deity and the power of the ritualist merge. Therefore, we often find the translation as ‘empowerment.’ The effect of the ritual is thought to be highly beneficial and often is equated with ‘healing’ and protection from disease.⁵⁰ Through *kaji*, objects can be turned into medicine or protective objects, such as talismans that are thought to have potent healing properties.

Winfield argues that this ‘technique’ not only prevailed since its inception and the popularization by Kūkai and others in the early medieval period but has continued to play an important role throughout the following centuries up to this day. She points out that this technique has not received the attention it deserves in scholarly literature due the strong focus on Chinese methods and the hegemonic discourses on Neo-Confucian ideas of science and the body, and the dominant view of a fundamental change of the prevalent medical paradigms after the introduction of European biomedicine. (Winfield 2005: 122-123)

If *kaji* was the prevalent paradigm of Buddhist healing in the Heian period because of the success of Kūkai’s new technique, fostered by the immensely influential temple complexes Daigo-ji, Ninna-ji and others, then the emergence of new Buddhist doctrinal paradigms and social changes in the Kamakura period could have brought about a paradigm shift. However, the esoteric doctrine and practice of *kaji* did not vanish and was there to stay, as Winfield shows by quoting Statler and his observation of a present-day *kaji* ritual at a pilgrimage on Shikoku, a site intimately connected to Kūkai by the pilgrims and the healing activities of two modern Buddhist Shingon masters.⁵¹ Still, we cannot skip the late medieval and early modern periods and presume that the existence of *kaji* rituals in modern Japan proves an unbroken continuity from Heian Japan. It is intriguing, however, to question the story-line that ‘rationalistic’ Neo-Confucianist models of thought and the advent of evidence-based Western medicine rang in the period of decline of Buddhist medicine. If Buddhist medicine is thought to be ‘magical’ and therefore superstitious, and effective only by chance and in consequence of the ‘placebo effect’

50. In modern language use *kaji* is understood to mean ‘faith healing.’

51. E. g. Winfield (2005: 122); quote from Statler (1983); for examples of Buddhist healers see Winfield (2005: 123).

it can serve as a counterpoint to 'science.' The evolutionistic story-line suggests that 'magic' was abandoned in favor of science and technology after observing that science and technology were more effective than magic.⁵²

7. Decline of Magic – Decline of Buddhist Medicine?

There is not enough space here to discuss the development of Buddhist medicine from the Kamakura period onwards. We can observe, however, that medical knowledge, developed in the framework of Buddhist worldviews and in connection with the engagement of individuals who were ordained or who practiced Buddhist rituals, continued to be circulated and embellished. The underlying assumption in terming a medical system 'magical' is that it is essentially ineffective, even harmful. 'Medicine' in contrast is empirical and evidence-based, and every healing system before the advent of this scientific medicine is thought of as rather a type of healing art. I am not following this dichotomy: 'medicine' in this article is understood in the sense of ideas, practices, institutions relating to health, illness, well-being and feelings of *dis*-ease. Effectiveness of a remedy or therapeutic treatment cannot and should not be taken as our yardstick in the exploration of these ideas. If Buddhist medicine is 'magical medicine' because of the use of spells, incantations and charms and so on, then it can get caught easily in the trap of this 'primitive–advanced' dichotomy, with Buddhist medicine being identified with the primitive and pre-scientific. If 'magic' is defined as a set of ideas and practices that aim at invoking powerful entities to bring about a desired change, *kaji* healing could be termed 'magical,' although in the esoteric Buddhist worldview divine response is not necessarily seen as being automatic and available 'at the push of a button.' Also, the universal Buddha is not seen as being 'forced' or 'manipulated' as popular definitions of 'magic' imply.⁵³ The terms found in the sources such as *ju* or *noroi* 呪, "uttering a spell, conjure up, curse," the use of charms and talismans (*gofu* 護符) and divination (*uranai* 占) indicates further that these practices are akin to what in European history was understood to be magic, which in European culture existed side-by-side with science. Keith Thomas (1971), in his seminal study of popular beliefs in 16th and 17th century England, sees that magic even brought about modern science: "(...) magic and science had originally advanced side by side. The magical desire for power had created an intellectual environment favorable to experiment and induction; it marked a break with the characteristic medieval attitude of contemplative

52. See e. g. Evans-Pritchard (1970 [1965]: 113) in his *Theories of Primitive Religion*: "the advances of science and technology have rendered magic redundant."

53. See e. g. Malinowski's approach in his influential study "Magic, science and religion," in Needham 1955 (1925). For a refutation of Malinowski's thesis see Thomas (1980: 647-648).

resignation.” (Thomas 1980: 643) My idea is not to conclude this article with a comparison with the history of European medical culture, but Thomas’ conclusions on the causes of the decline of magic in early modern England are stimulating for the present discussion. According to Thomas magic declined because of the strengthening of ‘religion’ that taught self-help before invoking the supernatural, not because of the appropriate technical solutions took the place of magic, as Malinowski had suggested, breaking with Church magic of the past.⁵⁴ He writes:

It was the abandonment of magic which made possible the upsurge of technology, not the other way round. (...) In the later seventeenth century the more general rejection of magic was still unaccompanied by the discovery of new remedies to fill the gap. It is often said that witch-beliefs are a consequence of inadequate medical technique. But in England such beliefs declined before medical therapy had made much of an advance. It is true that the seventeenth century witnessed notable contributions to the study of physiology, anatomy and botany. (...) But so far as actual therapy was concerned, progress was negligible. Harvey’s great discovery [of the circulation of the blood] had no immediate practical consequences. (...) The difference between the eighteenth and sixteenth centuries lies not in achievement but in aspiration. For the intervening period had seen the beginning of positive efforts to improve the level of medical therapy. (...) In medicine, as elsewhere, therefore, supernatural theories went out before effective techniques came in. (...) The change which occurred in the seventeenth century was thus not so much technological as mental. In many different spheres of life the period saw the emergence of a new faith in the potentialities of human initiative.⁵⁵

In order to tackle these great questions of paradigm change and modernization in regard to Japan, one would have to analyze Japanese polemic discourses on healing in detail and interpret them in view of changes in worldview(s). As every medical system is syncretistic and those that pass on knowledge share a contested space, it will be necessary to reconsider categorical boundaries such as ‘magic’ and ‘science’ and ‘religion’ unless they are used in the polemic discourses becoming clear expressions of worldview and can in turn be the object of study.

54. Thomas (1980: 657) totally agrees with Max Weber who said that the conception of a rationally ordered universe was a consequence of the blending of ancient rationalist theory with the Protestant doctrine of providence resulting in the famous “disenchantment of the world.”

55. Thomas 1980: 657. Tambiah (1990: 23) expresses his suspicion that Thomas may have “employed the polemical categories of certain theological circles that spearheaded the Reformation as actually valid categories that explain the historical process.” Therefore, Tambiah (and others) see Thomas as a participator in the social and cultural process Thomas tries to investigate; Thomas’ conclusions may seem thus more ideological than possibly intended.

Abbreviation

- T *Taishō shinshū daizōkyō*, ed. by Takakusu and Watanabe (1924-1934).

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