

Sacred Cures: Situating Medicine and Religion in Asia

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Pre-Modern

The Medical Body, Health, and Religion in the Han

Donald Harper (University of Chicago)

This paper takes as its point of departure Xun Yue's 荀悅 (148-209) discussion of *yangxing* 養性 “nurturing life” in the *Shenjian* 申鑒. While Xun criticizes the “nurturing life” techniques used by some and insists that drug use must be limited to treating ailments, he nevertheless describes with approval certain anatomical and physiological facts about *qi* and breathing, and the passage has the first occurrences of several terms in later Daoist meditation. Second century BCE medical manuscripts from Mawangdui 馬王堆 tomb 3, Hunan, Zhangjiashan 張家山 tomb 247, Hubei, and Laoguanshan 老官山 tomb 3, Sichuan, as well as the lacquer figurine of the human body from the latter tomb attest to already well-developed ideas about the body and health in texts produced for an elite concerned for their own health and longevity. Xun Yue seems to condone a health regimen of “nurturing life” along the lines of the manuscript texts, while criticizing the excesses current in his day. This paper explores the evidence of “nurturing life” ideas and practices during the Han, leading to the formation of religious long-life practices and meditation in Daoism.

Buddhism and Medicine in early Japan

Katja Triplett (Göttingen University, Germany)

Buddhist canonical literature contains numerous references to diseases and medical treatments, usually in connection to eligibility of receiving ordination as a monk or nun. In addition to these passages in the scriptures, we also find related themes in Buddhist legends. Some sūtra and especially tantric texts often provide instructions for the preparation and administration of medicine within the context of rituals. Whereas Buddhist texts with references to Indian medicine and surgery can be viewed as evidence of Indo-Sinitic scientific exchange, the use of Buddhist medical texts or motifs can also be interpreted as being strategic in the struggle for hegemony in a new cultural context in Japan. Reviewing selected texts and their reception in Asuka, Nara and Heian period Japan (6th-12th century) overall reveals that medical and ritual knowledge was actively produced and circulated by Buddhist monastics and powerful Buddhist lay patrons. They tell as much about medical history as about the history of Buddhism in early Japan.

Toward a Reorientation in the Study of Classical Indian Medicine (up to 1800)

Michael Slouber (Western Washington University)

Indian medical history is perhaps the most prolifically documented in the world. Jan Meulenbeld's 1999 *History of Indian Medical Literature* surveys well over 5,000 titles, and is primarily focused on those written in Sanskrit. The vast majority of these texts have been grossly understudied, in part because the vast majority remain unpublished. But even the growing body of scholarship on the most well-known medical tradition in India, Ayurveda, remains in its infancy due to the long-standing rhetorical divide between science and traditional medicine. The relatively empirical and rational system of Ayurveda has been the focus of most efforts because it garners more respect in our science-focused academy. Meanwhile, twentieth-century scholarship has quietly ignored or openly ridiculed Ayurveda's numerous religious elements. Other branches of knowledge that openly mix religion and medicine have been neglected entirely, such as this author's area of expertise, early Tantric medicine. This paper will survey the state of the field of the study of religion and medicine in South Asia, examining the habits of thought and academic climate that have imposed such limitations on its study. It will also call attention to the progress made in the past two decades, and the many potential areas ripe for further study. Essential for future progress will be a recognition of the potential value of religiously-oriented methods of healing.

Early Modern

Tuk-tak: Subaltern Therapeutics, Material Religion and Occult Cosmopolitanism in British Bengal

Projit Bihari Mukharji (University of Pennsylvania)

Religious reform and medical revivalism combined in 19th century South Asia to produce a curious alignment between medical traditions and religious denominations. Ayurveda thus became Hindu medicine, Unani Tibb became Muslim medicine, and so forth. Religious reform itself, however, had produced a distinctively new notion of ‘religion’ modeled on Protestantism and premised on doctrinal core, textual basis and belief. By contrast, the unreformed religiosity of the subaltern classes was engendered in what scholars have recently been calling ‘material religion’. Doctrine here counted for less, and practice and material objects held greater importance than belief. Subaltern therapeutics was intimately invested with this latter kind of religiosity. Religious medicine in this subaltern context hence meant something radically and dramatically different from what it signified for the polite classes. As a result, the impact of colonial modernity upon this particular mode of religious medicine too was quite distinctive. By focusing principally upon a therapeutic repertoire known as *tuk-tak*, and drawing upon both printed and manuscript sources, I want to unravel the autonomy and distinctiveness of the colonial career of subaltern religio-therapeutics.

Location and Terminology of Vulnerable Parts of the Body

Katharina Sabernig (MD/MA, Medical University of Vienna)

Bodily structures which should not be damaged are well described in the main classical text of Tibetan medicine, called *Four Treatises (rgyud bzhi)* and in far more detail in its respective commentaries. Although the origin of the list of more than 300 delicate spots remains unclear so far the information in most of the sixteenth and seventeenth century commentaries does not differ substantially aside from some orthographic varieties. Most of these anatomical locations are important in terms of surgical care and the management of wounds as a common result of military interventions. Organised in groups including lesions at the head, neck, trunk, extremities and generalised sores the commentating texts make precise distinctions between different forms of bodily tissues such as bones, ligaments, various forms of channels, fat, muscles or inner organs. A skilled surgeon and anatomist at the time *Dar-mo sman-rams-pa* BLO-BZANG-CHOS-GRAGS (1638-1710?), who was one of the personal physicians of the Fifth Dalai Lama, reorganised the existing knowledge of the vulnerable parts of the body and concluded the section on wound care in the by then uncompleted sixteenth century commentary *Mes povi zhal lung*. With the help of Thangka 14 and 15 of the accompanying illustrations to the seventeenth century *Blue Beryl* commentary (*Vaidūrya sngon po*) it is possible to identify the locations of the anatomical structures named in the list mentioned. Until the beginning of the twentieth century further texts follow mainly the orthodox way of classical descriptions but with the encounter of traditional medical knowledge with modern biomedicine in the twentieth century a revolution of the Tibetan medical terminology took place. Based on classical terms of vulnerable parts of the body this paper examines the changeability of classical anatomical terms from a more metaphorical language to a rather topographical style. The evaluation of this still ongoing development is part of my project supported by the Austrian Science Fund (P 26129-G21). Medical terms found in both classical texts and recent modern publications on Tibetan medicine are being documented with the help of a database hosted by the Berlin State Library (Staatsbibliothek zu Berlin). It is freely accessible under the address: <http://crossasia.org/en/service/lab/tibetanterms.html>.

Religion and Scholarly Medicine in China (and Vietnam), 1200-1800

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In this paper, I focus on the interactions between religion and scholarly medicine, and how they have been framed by historians of Chinese medicine and scholars of East Asian religions. With scholarly medicine I refer to medicine as practiced by literati doctors (*ruyi*, “Confucian doctors”), who were not only trained in medicine but also in the study of the Classics. The term *ruyi* dates back to the late Northern Song (960-1127), but became more commonly used during subsequent dynasties. Exploring themes related to ontology, epistemology, soteriology, ethics, and practices, I will primarily give an overview of how boundaries between religion and medicine are defined in scholarly medical texts, and how these boundaries are presented in the recent literature (mainly written in English and in Chinese). My investigation is not confined to “Confucian” (*ru*) ethics, worldview and practices. Whereas religious aspects of Neo-Confucianism are manifest in scholarly medical texts of the period 1200-1800, *ru* class physicians also relied on Daoism and Buddhism in their understandings of medicine, albeit not always in the same way. Although I mainly discuss scholarly medicine from the late Song to the early Qing period (1644-1911) in China, at the end of my paper I make detour to Vietnam. By taking a translocal perspective, I will reveal some distinct textures at the interface of religion and scholarly medicine which otherwise would remain invisible.

Modern/Contemporary

What if Buddhism was a (the?) medicine?

Bridging gaps between reality and discourses on healing practices in Theravada Buddhist context in Myanmar

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In contemporary Myanmar, Buddhist representations and practices play a crucial role in helping people dealing – conceptually and pragmatically - with sickness and other forms of suffering. Besides and sometimes in combination with them a rich panoply of practices belonging to herbal medicine, alchemy, astrology, divination, spirits cult are also used in the same aim. Although the use of buddhist practices for healing purposes and their interrelation to other practices are an evidence easily observable in people's daily life they are not recognised by all local actors and observers (scholars) and when they are, they are subject to different interpretations.

In my paper I ll examine these different conceptions by relying on my own ethnographic study and on a review of the main scholarly works (mainly Anglosaxon and French) which have treated the subject since the postcolonial period (1948) and up to the present. To put these conceptions into perspective and to show the particularity of the Myanmar case, I will also consider the works of some scholars working on other Theravada countries and will highlight which cultural social factors are likely to be responsible of these differences. Among the main aspects I intend to show there is the long lasting trend in Burmese studies scholarly debates of considering Buddhism as an otherworldly tradition solely oriented toward Liberation and not concerned with worldly matters (including healing) ; its relation with other practices is, according to this perspective, the result of a more recent degeneration. Differently from other countries, the option of considering the different traditions as part of a larger religious system dominated by buddhism or even as part of Buddhism itself has appeared very late the main reason being the strong legacy of Spiro's works and the absence of holistic works based on long term fieldwork (hindered by the protectionist attitude of the military junta). And yet most authors have limited their reflection to the relationship between Buddhism and spirit cult and neglected astrology, medicine, etc. through my PhD disertation I have tried to fill the gap. I have indeed considered all healing-related traditions and shown how they share a common grammar and form an unique hybrid system which comes to question the very boundaries between Buddhism and non Buddhism, wordly and otherworldly, religion and medical.

Through my presentation I intend to introduce the debate of who and why and how (on which basis) characterises a practice as belonging to Buddhism or to medicine and I invite to rethink the concepts of religion, healing and medicine.

History in the body: a technique-critical approach to some martial arts and meditative breathing practices of the *Yi jin jing*

Elisabeth Hsu (University of Oxford)

Movement flows, and is difficult to break down into discrete entities. Yet Chinese breathing techniques, which nowadays tend to be practised in the context of *qigong*, *taijiquan* and other meditative practices that straddle the boundary to the martial arts, have a long history of being recorded as different images/ schemas/ units of movement. Today, *taijiquan* and *qigong* is taught and learnt in terms of units of movement or drawn-out ‘gestures’, which each have a different name. The ‘technique-critical approach’ advocated in this presentation is inspired by text-critical approaches to the temporal layering of texts and so-called intertextuality.

Background: In my 1999 monograph I spoke of a secretly transmitted body technique that a *qigong* master taught me as ‘ten precious movements’, without aiming to further identify their history. At the time serendipity had me leaf through a booklet on the *Yi jin jing* in a library devoted to the history of East Asian science, technology and medicine, which struck me as depicting the almost identical movements I had learnt in a Kunming backstreet from this *qigong* healer, Qiu. More than twenty years have passed since, and Qiu is today one of the only ones who continues to practice *qigong* daily in a small private clinic. He has since become more aware of his own ‘tradition’ and its history, as a brief visit in summer 2009 revealed. He now names and explains the origin of his movements, and they are, as he claims, indeed those of the *Yi jin jing*. He clearly associates himself with the Daoist Wudang current, while scholars tend to view the *Yi jin jing* as a meditation technique practised mainly in Buddhist circles.

This presentation will first provide an overview of Western languages-based literatures on meditative breathing practices and the martial arts in China, briefly discuss which academic audiences each of these works aimed to reach and highlight how disciplinary boundaries can both clarify and obscure the reading of this secondary literature.

The presentation will not go into a discussion of the textual primary sources available today to historians who do archival research. Rather, it aims to draw attention to a historiographic method, developed within medical anthropology, that aims to extract from the current bodily routines themselves their history. The historiographic axiom of this ‘technique-centred’ approach is that it considers history to be ‘sedimented’ in the body (Merleau-Ponty 1945) and in intercorporeal interactions (Csordas 2008). It views habitual routines as ‘re-enacting the past in our present conduct’ (Connerton 1980). The aim of such a ‘technique-critical’ approach, not unlike text-critical research into texts and their intertextuality, is to identify temporally distinct layers of body techniques in the sequence of the ten movements learnt. In the case of the *Yi jin jing* routines I learnt in 1988, it is possible to demonstrate that they consist of an assemblage of techniques from at least two different milieus of engaging in meditative breathing practices.

By demonstrating how the person who learns these movements becomes a medium of transmission for them, and with its focus on the “Viewpoint of the Technique” (Argo-EMR workshop 2010) and research inspired by Actor-Network-Theory, the presentation will also contribute to the anthropology of ‘the new materialities’.

Tibetan Healing: Medicine, Science or Religion?

Geoffrey Samuel (Cardiff University, UK; University of Sydney, Australia)

Tibetan healing practices are various, and are deployed today in a range of contrasted situations: among culturally Tibetan populations in and outside Chinese-controlled Tibet, among urban Han Chinese and South Asians, among Europeans and Americans. At the intersection of these various and transforming cultural imaginaries, it is not surprising that Tibetan healing practices encompass, and are caught between, a multiplicity of the binary oppositions referred to in the conference description. Elsewhere I have surveyed the major components of the *field*: a syncretic variant of Asian medical traditions, with a large dose of Ayurveda, smaller components of Chinese and Greco-Arab medicine, reworked substantially through Tibetan ingenuity to create what we conventionally refer to as *sowa rigpa* or ‘Tibetan medicine’; the *rinchen rilbu* or ‘Precious Pills,’ mercury-based potions and pills deriving from mediaeval Tantric alchemy; sophisticated ritual procedures for well-being and longevity, such as the numerous Tantric longevity practices (*tsedrup, tsewang*); an assortment of folk rituals and dietary practices; all this interacting with an increasingly dominant presence of biomedicine, often also practised by Tibetans. In this paper I look at the contrasting imaginaries and material interests that structure the field, both producing and undermining categories of “medicine” and “religion”. I examine in particular two recent Western studies, the edited collection *Medicine, between Science and Religion* (ed. Vincanne Adams, Mona Schrempf and Sienna Craig, Berghahn 2010) and Janet Gyatso’s book *Being Human in a Buddhist World* (Columbia University Press, 2015), and ask how far the categories used in these works aid, and how far obscure, the object of their enquiries.