

Introduction

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Since its first emergence in northeastern India in about 400 BCE, Buddhism has provided billions of individuals with vital tools to understand health and deal with illness.¹ Throughout all periods and locations to which it has subsequently spread, Buddhism has played a role in shaping adherents' health-seeking behaviors in conscious and unconscious ways. A range of therapies intended to cure or prevent illness has developed within the context of all major branches of the religion. Textual traditions, material culture, and institutional structures have likewise evolved to deliver those therapies to monastics and the laity alike. Over the past two millennia, Buddhist ideas and practices related to health and healing have often played a major role in the popularization of the religion in new recipient cultures.

Contemporary scholars and practitioners often call these various Buddhist inventions and adaptations of healing "Buddhist medicine." Though it is a modern term coined only in the twentieth century,² this concept can be useful for certain types of analysis. It draws attention to the important role Buddhism has played historically as a vehicle or catalyst for cross-cultural exchange, and it reminds us that there have been some commonalities in how Buddhists have approached health and illness across time and space.³ However, there is also a danger that the use of this term may lead some to believe that there is a single Buddhist system that persisted across these diverse geographic and cultural terrains. While there are indeed some widespread beliefs and

practices throughout the Buddhist world, “Buddhist medicine” (if we choose to use that term) is in no way a monolithic, unitary, or unchanging tradition. Whatever shared orientations there are have continually been adapted and transformed across time and geography as they have intersected with the prevailing cultures, intellectual traditions, and social realities of different corners of the Buddhist world.⁴

It is true that Buddhists have tended to believe that there is a strong connection between the condition of the mind and the well-being of the physical body. They have tended to hold the belief that powerful enlightened beings (human or otherwise) can be ritually called upon to provide healing powers, energies, or interventions. They have tended to blame certain illnesses and physical conditions either directly or indirectly on the influence of karma. However, the ways that even such basic ideas as these have been articulated have diverged widely among different Buddhist cultures.

Rather than approach Buddhist medicine as a single coherent system that can be explained succinctly, it is better if we understand it as a complex and varied topic calling for our sustained investigation. It is a vast field of inquiry to explore. It is the sum total of the countless, ever-changing points of articulation between Buddhist and medical knowledge. It is the nexus at which the boundaries between “Buddhism” and “medicine” are bridged, blurred, or obliterated. And, at times, it is also the processes by which the two are cleaved apart and walls built between them.⁵

For many (perhaps most) readers of this book, the most familiar example of Buddhist engagements with health and well-being will be one particular intervention that has become increasingly popular in the West, and indeed globally, in recent decades. I speak, of course, of “mindfulness” meditation. The study of the health benefits of mindfulness has increasingly become a cause célèbre in international scientific circles, where debates continue over whether and how the practice benefits a range of health indicators, including stress hormones, telomeres, longevity, brain matter, and more. Meanwhile, the mainstream popular media trumpets the arrival of the so-called mindfulness revolution with breathless coverage. At the time of this writing, mindfulness has featured on the cover of multiple issues of *Time* magazine, is included in the titles of over ten thousand books for sale on Amazon.com, and results in 188 million hits on Google.⁶ The ubiquity of the topic, particularly on the English-language internet, has ensured that, for many people today around the world, Buddhism is very closely associated with health and well-being (not to mention practically synonymous with meditation). At the same time that mindfulness has gone mainstream, there has also been much hand-wringing among scientists and psychologists who are proponents of mindfulness concerning the degree to which the practice should be considered Buddhist and, if not, where exactly the boundaries lie.⁷

As a point of articulation, mutual influence, and negotiation between Buddhism and medicine, mindfulness is a contemporary example par excellence

of the concerns of this book. However, this is but one example out of many. In its typically myopic way, the popular media in focusing on mindfulness has tended to obscure the fact that there are countless connections between Buddhism and well-being going far beyond meditation, and that this has been true since the very beginnings of the tradition.

This book, and the three-volume series of which it is a part, investigates many aspects of this centuries-long interplay between Buddhism and medicine, from ancient times to today (from Sarnath to Silicon Valley, I like to say). By placing our contemporary interests in the health benefits of mindfulness within this wider context, it is my hope that this series will help us to better appreciate the rich spectrum of therapeutic repertoires and resources that Buddhism has created and makes available to its devotees beyond the buzzwords of the present moment. Guided through the material by eighty-five leading historians, anthropologists, religious studies scholars, researchers from other disciplines, and practitioners of both Buddhism and various branches of Asian medicine, I also hope that these books encourage us to approach developments such as mindfulness from a perspective that does not privilege an exclusively biomedical, Western, or even contemporary vantage point.

To those ends, the first volume of this series, *Buddhism and Medicine: An Anthology of Premodern Sources* (referenced throughout as “*Anthology*, vol. 1”), focuses on providing a wide-ranging overview of the diversity of Buddhist engagements with medicine in the premodern period. It covers developments in Buddhist thought and practice from the Pāli and Sanskrit sources of ancient India to the Tripiṭakas (Buddhist canons) and manuscript traditions of medieval China, Japan, Korea, Mongolia, Southeast Asia, and Tibet. The earliest texts included in that volume are thought to originate in Indian oral traditions during or shortly after the lifetime of the Buddha in about the fourth century BCE. The latest text was written in 1977 in Myanmar and is based on an early nineteenth-century lineage. In between, the volume showcases the diversity and innovation of centuries of historical intersections between Buddhism and medicine across Asia.

This second volume is intended to extend those themes of diversity and innovation through to the present day. However, the present volume introduces an additional emphasis on how Buddhist individuals and institutions have navigated the major disruptions, discontinuities, and disjunctures introduced by modernity. In particular, it explores how the relationship between Buddhism and medicine has evolved, transformed, persisted, or deteriorated in the face of encounters with Western colonialism, the challenges to traditional authority brought by science and modern political structures, and the opportunities and pitfalls of globalization.

The third volume in the series, which will be published shortly after this one, presents my overarching synthesis that weaves together the materials in the two anthologies into a global historical narrative.

CONTENTS OF THE VOLUME

The current volume includes English translations of historical and contemporary texts, as well as ethnographic interviews with living practitioners of various forms of Buddhist and Buddhist-inspired or -influenced medicine. It follows the same format as that of the first anthology. A short introduction leads off each chapter, giving the reader an overview of the historical and cultural context for the source texts included therein. These introductions point out some of the texts' unique features and provide reading lists for further exploration. Also like its predecessor, this volume includes a comprehensive list of references for all chapters at the end of the book, as well as a glossary to assist nonspecialists in understanding the key terms that appear frequently across chapters. The reader will also find a geographical appendix at the end of the volume to facilitate navigating the contents in that manner. However, like the first volume, this one is organized thematically with the assumption that it will be read cover to cover as an integrated whole.

The thematic sections, and a brief overview of the chapters contained within each, are as follows. The first section, "Early Modernity," consists of chapters that are in various ways emblematic of how Buddhists struggled in the transition to the modern era. Scholars have long debated the term "modernity" and what it might mean to call something "modern," "early modern," or "premodern." The current volume does not engage explicitly in these theoretical discussions but instead uses "early modern" in a general way, as a term of convenience to refer to materials from the sixteenth to the nineteenth centuries. The chapters in this section deal with how Buddhists weathered the major historical ruptures that took place in various parts of Asia during that time period. These include the challenges Buddhist healers faced when interacting with Christian missionaries, when falling under the gaze of colonizers and cultural imperialists, and when impacted by the increasingly global flows of medical knowledge.

Chapter 1 begins explosively, with a showdown between Buddhists and Christians in the sixteenth and seventeenth centuries in Japan. Using sources both in the Portuguese and Japanese languages, the author discusses how Buddhist healers were wrapped up in the confrontation between Jesuit missionizing and Japanese resistance. Also focused on Japan, chapter 2 analyzes part of a sermon by a seventeenth-century female Japanese Buddhist leader whose arguments about meditation and health seem to articulate a vision that presages modern developments in Japanese Buddhism. Chapter 3, which moves to China and focuses on the medical writings of a seventeenth-century doctor there, challenges our conventional wisdom that a shift toward modernity necessarily involved turning away from religion by demonstrating how Buddhism lies at the foundation of the most influential trends in early modern Chinese medical thought. (See *Anthology*, vol. 1, ch. 62, for a discussion of roughly contemporaneous transitions in Tibet). Chapter 4 moves forward to the eighteenth century and shifts to Mongolia,

which was then part of the great Qing Empire. The authors translate a treatise on smallpox inoculation and unpack what this short text reveals about the Qing colonial context. Chapter 5 explores a complex text by a Meiji-era Japanese author trying to integrate newly introduced Western medical knowledge into a Buddhist framework. The sixth and seventh chapters present diatribes against Asian Buddhist medicine from the high colonial period of the nineteenth and early twentieth century. Chapter 6 translates a poem that mocks Sri Lankan popular customs associated with the *yakṣa* demons, while chapter 7 translates three treatises by Western authors that are highly critical of Siamese religion and medicine. Both chapters demonstrate how poorly European and American observers thought of Buddhist healing interventions.

The second section, “Ruptures and Reconciliations,” highlights Buddhist attempts to mend the ruptures with tradition experienced in the modern period through various types of apologetics, accommodations, and reinterpretations. Significantly, this section includes several chapters focusing on Buddhists’ engagements with, and attempts to integrate, scientific or biomedical concepts, institutions, and practices. All of these presented challenges to traditional Buddhist ideas and authorities that needed to be navigated and negotiated.

Chapter 8 translates three Tibetan Buddhist texts about the dangers of using tobacco. These range in date from the nineteenth to the twenty-first century, but they all call upon traditional Buddhist imagery, fears of karmic retribution, and concepts of pollution to condemn the modern habit of smoking. Chapter 9 explores two different approaches to reconciling Buddhism with science taken by Chinese modernizers in the print-rich culture of 1920s Shanghai. Chapter 10 jumps forward a few decades to the 1950s and looks at the writings of an influential Tibetan physician on the compatibility between modern surgery and Tibetan medicine. Chapter 11 introduces a portion of the oeuvre of a Japanese scientist who took up painting late in life. His artwork touched upon some of the most pressing issues in contemporary bioethics—including DNA, heredity, and abortion—but does so through Buddhist imagery and reverence of the *Heart Sūtra*. The last two chapters in this section take us back to the Tibetan context, though this time to Tibetan diasporic communities. Both provide a glimpse into the ongoing challenge of interpreting Tibetan Buddhist and medical practice in light of science and biomedicine. Chapter 12 focuses on mantras and chapter 13 on the features of the human body, both outlining attempts by Tibetan authors to bolster the legitimacy and relevance of traditional Buddhist knowledge in the eyes of a contemporary global audience. Chapter 14 presents the writings of a Taiwanese monk on vegetarianism and healthy eating. Grounded in traditional notions of karmic merit as well as modern discourses of Humanistic Buddhism, his writings argue that eating well is necessary for the well-being of the individual, the nation, and the world.

The third section of this volume is titled “Hybridities and Innovations.” While the previous section focuses on discourses preserving and legitimizing traditional Buddhist practices, this section emphasizes novel approaches to health

and medicine. These new practices developed in the modern period, emerging directly from dialogues and intersections between Buddhism and secularism, globalization, new media, and other facets of contemporary global culture.

Chapter 15, for example, begins this exploration with a discussion of the impact of globalization on the resurrection of Esoteric Buddhist healing in Taiwan. The author introduces a charismatic guru whose writings in the 1960s combined an interest in Esoteric practices with Daoism, Indian yoga, Japanese martial arts, and other therapies that had begun circulating internationally. Chapter 16 takes us to Thailand, where Jīvaka Komārabhacca (a venerable doctor from the Pāli scriptures discussed in *Anthology*, vol. 1, ch. 1, 20) was reinvented as a popular medical deity. This reinvention, occasioned by a monk at a Vietnamese temple in Bangkok, involved a spirit revelation that allowed for Jīvaka's facial features to be rendered in an ethnically accurate and lifelike way. Chapter 17 then takes us to the Himalayan kingdom of Bhutan, where the government began developing the notion of evaluating a country's "Gross National Happiness" in the 1970s. When the GNH index finally began to be implemented in Bhutan in 2010, both it and the government's health policy came to be articulated in terms resonant with Buddhist values. Chapter 18 looks at the creation of new categories of health care practitioners in Japan after the catastrophic tsunami and nuclear disaster of March 11, 2011. The chapter introduces the writings of an influential innovator who outlines how Buddhist-trained "Vihāra priests" and interfaith chaplains offered "spiritual care" in a largely secular context. In chapter 19, the last in this section, the innovation in question is the use of new media to publicly promote and discuss what were once the secretive ritual practices of the "medicine wizards." This chapter analyzes four recent Facebook posts for what they tell us about both the practice of Buddhist healing in contemporary Myanmar and changing patterns of textual authority and information circulation in the age of social media.

The next section, "Meditation and Mental Health," turns to the subject of the health benefits of meditation, including, but not limited to, the practice of mindfulness. This section introduces various modern reformulations of Buddhist meditation in light of twentieth-century psychology, psychiatry, and mental health movements. They also discuss the institutionalization of Buddhist or Buddhist-inspired meditation practices in various government, corporate, university, and clinical settings.

Chapter 20 discusses a secularized therapeutic meditation developed in Japan in 1941, decades prior to the development of mindfulness protocols in the 1970s in the United States. Naikan ("introspection"), a practice extracted from Pure Land Buddhism, has since been used in prisons, hospitals, clinics, training centers, and other secular spaces, particularly for the treatment of alcoholism. Chapter 21 discusses how a Shingon Buddhist priest employs various meditations in hospitals and other clinical settings in Japan. This chapter translates excerpts from books written by a leading innovator in the contemporary Japanese practice of "spiritual care." Chapter 22 takes leave of Japan—and of Asia

altogether—bringing us into the chambers of the British Parliament in the Palace of Westminster. Providing an excerpt of a recent parliamentary report on the benefits of mindfulness, this chapter also gives an outline of the history of mindfulness as it has evolved from a manifestly Buddhist practice into a secular therapy mandated by in the UK National Health Service. Chapter 23 includes the first transcript of an ethnographic interview included in the book. This interview with a Korean Sōn (Jp. Zen) monk reveals a feedback loop whereby Korean Buddhist practices are influencing the study and practice of meditation in the West at the same time that the mindfulness protocols and mediation science originating in Western countries are influencing the meditation programs and trainings being taught by Buddhist monastics in Asia. Finally, chapter 24 rounds out our tour of meditation and mental health with an influential critique of “McMindfulness”—that is, the overly commercialized, overly hyped appropriations of mindfulness in corporate, clinical, and governmental settings—that appeared in a widely read popular media outlet.

In the fifth and penultimate section of the book, “Crossing Boundaries,” contributors interrogate the category of “Buddhist medicine” by introducing healers and practices that lie on the margins, where it becomes increasingly unclear whether the label “Buddhism” fits any longer. The main point in this section is that, as already discussed above, Buddhist medicine is not a clearly bounded entity but rather a field of inquiry, a thicket of articulations that calls to be explored and described in all of its diversity. This section explores various syncretic assemblages in which aspects of Buddhism are combined with different kinds of non-Buddhist healing. Some call the resulting amalgam “Buddhist,” whereas others refuse to, and still others do not know or simply do not care.

Chapter 25 discusses the remnants of Buddhist mantra healing discovered in Bengal by an Indian folklorist in the 1970s. With the Buddhist roots of this area of India long forgotten, these healing traditions had been absorbed into local Hindu, Muslim, and animist practices. Nevertheless, their ultimate origins in Buddhist mantra practice can still be discerned. While chapter 25 is a translation of a published work, the remainder of the chapters in the volume present transcripts of interviews with healers of various types. In chapter 26, interviews with two Chinese folk healers reveal that the boundary between Buddhist and non-Buddhist ritual healing is irrelevant to their practice. One states that he is not sure whether they are “Buddhist-style Daoists, or maybe Daoist-style Buddhists” and is not in the slightest bothered by the contradiction. In chapter 27, sectarian lines are blurred again by a Chinese American healer in New York City who has created his own blend of Buddhism, Daoism, Chinese medicine, Reiki, qigong, feng shui, and other eclectic practices from reading books, watching YouTube videos, and what he describes as “automatic movement.” Likewise, in chapter 28, a Korean shaman reports how she has incorporated the bodhisattva Avalokiteśvara into a pantheon of spirits and ancestors that she uses to heal clients. Initially torn between Buddhism and shamanism, the practitioner describes the *détente* her spirit guides eventually reached with one another and the role

Avalokiteśvara plays in keeping the peace among her spirit allies. A somewhat parallel scenario is presented in chapter 29, which provides an interview with a New Age spiritual channel from northern California. The interviewee describes how Avalokiteśvara first appeared to her, her ongoing personal relationship with the bodhisattva, and how the deity empowers her healing sessions. Like the shaman, the spirit channel refuses to specifically call herself or her practice Buddhist, although she freely draws inspiration, imagery, and elements of practice from Buddhism.

The final section of the volume, “Buddhist Healing in Practice,” continues to focus on transcripts of ethnographic interviews. Whereas the earlier sections of the book tend to focus on didactic arguments, the last two sections offer more intimate views into the personal biographical details, subjective experiences, and emotional lives of individual practitioners and patients. In this last section, individuals describe their experiences of Buddhist medicine, offering a geographically diverse sampling from around the contemporary world.

Chapter 30 begins in Thailand with an unlicensed folk healer whose description of the practice of medicine without a license is couched in the language and imagery of northern Thai Buddhist political resistance. Chapter 31, which focuses on a healer in Myanmar, similarly concerns how the practice of alchemy becomes an act of resistance against authorities who would standardize traditional medicine nationally. Chapter 32 takes us to a Tibetan diasporic community in Northern India. In this interview, a doctor of Sowa Rigpa (traditional Tibetan medicine) discusses the causes, symptoms, and treatments of mental illness among both Tibetan and Western patients. Chapter 33 introduces a Bhutanese practitioner of “edible letters,” a Vajrayāna Buddhist form of talismanic healing. It includes a translation of an interview with him concerning details of his training and practice, as well as a translation of a short mantra text he carries with him describing the origins and efficacy of his therapies. Chapter 34 is a study of the “Way of Healing” of a group of Japanese women. It discusses specific Buddhist practices used by the women to heal or protect from illness, with an eye toward an overall Buddhist “orientation to living” that allows the women to deal with the suffering and pain they have experienced throughout various stages of life. Finally, chapter 35 presents a series of short excerpts from interviews with a diverse range of practitioners and patients of Buddhist medicine from a major metropolitan area in the United States. Taken together, these conversations showcase the diversity of articulations between Buddhism and medicine in different ethnic, linguistic, and sectarian contexts in this diverse city.

SCOPE AND LIMITATIONS OF THE VOLUME

Together, the chapters in this book illustrate many of the ways that Buddhism and medicine have intersected in the past few centuries and how these

intersections continue to be relevant today. The chapters deal primarily with Asia but also suggest something of the larger global context. Notwithstanding the fact that a wide selection of practices, perspectives, and voices are presented here, there are some limitations to the present volume that must be stated explicitly.

First, a general reminder about the limitations of sources is in order. Since historians' work is based solely on written texts—and, what's more, on only that subset of texts that have survived the ravages of time—we can only ever glean an extremely partial view of the history of the human experience. It is like trying to study a vast and deep ocean of practice by examining the flecks of froth that collect on top of the waves. Ethnographic interviews, such as those presented toward the end of this volume, offer more intimate glimpses into the actual practices of actual people than is possible for any historical era. But even these are still mediated documents. Authors and interviewees present a certain face to the outside world and a certain interpretation of practice. Thus, this book should be understood as presenting a number of different viewpoints about Buddhist medicine, as expressed by certain individuals in different times and places. It cannot speak for, define, explain, or capture the practice of Buddhist medicine as a whole.

Another limitation of the present volume is that, with a total number of contributions numbering less than three dozen, its geographical and temporal coverage cannot be comprehensive. As editor, my intention was not to commission a range of more general pieces with the goal of comprehensive coverage. Instead, I have invited scholars currently working on various aspects of Buddhism and medicine to contribute focused snapshots from their own research projects. Thus, the scope of both volumes in this anthology is inherently limited by the interests of scholars working in particular subfields.

Happily, the geographic scope here has been expanded in comparison with the previous volume. In addition to materials from Bhutan, China, India, Japan, Korea, Mongolia, Myanmar, Sri Lanka, Taiwan, Thailand, and Tibet (as well as diasporic communities), the present volume also includes accounts by missionaries, colonial authorities, practitioners, and commentators from Europe and the United States. Many of these contexts were underrepresented or even completely lacking in the premodern volume. However, the current volume still does not include perspectives from modern Cambodia, Laos, or Vietnam—which have significant traditions of Buddhist medicine, both historically and today—or from other parts of the world, such as Australia, Latin America, or Africa—where various aspects of Buddhism, mindfulness, and Buddhist-inspired healing have been enjoying enthusiastic support recently. It is not for lack of trying that geographic and temporal gaps persist within this volume. But, alas, so long as there are exceedingly few Anglophone scholars who research Buddhist healing practices in these regions, a project such as this one will necessarily remain incomplete.

Turning to a third related issue, another regrettable lacuna in this volume is the very small proportion of chapters that focus on women: no more than about

one-fifth of the total. In some ways, this imbalance can be traced to the gender hierarchies inherent in the Buddhist tradition itself. Men have historically enjoyed—and, in most Buddhist societies today, continue to enjoy—a markedly superior position within monastic and lay power structures and a much more authoritative voice as authors. At the same time, the gender imbalance in this book surely also reflects the imbalanced interests of scholars. If only because they gravitate toward the more influential or celebrated figures within the historical and contemporary Buddhist world, scholars for the most part continue to be predominantly interested in the thoughts and activities of Buddhist men. The contributors to this volume can attest that I continually pressed for greater inclusion of female voices in these pages, and two of them (Arai and Triplett) even obliged me by submitting at the last minute additional chapters focusing on women, for which I am very grateful. Still, we in the nascent field of “Buddhist medicine studies” need to do more as a group to broaden our inclusivity.

Finally, in discussing the scope and limitations of the present work, it is also worth mentioning that, although the chapters included here approach their materials from many different methodological and disciplinary angles, by no means are all scholarly disciplines represented. Chapters have been contributed by specialists in Buddhist studies, religious studies, history, linguistics, gender studies, medical anthropology, and history of medicine. These authors have invariably focused on the particular aspects of their source texts or ethnographic works that are of most interest to them as scholars in particular fields, and have thus made choices regarding what to highlight or omit based on their own scholarly expertise and training. A number of the contributors are themselves practitioners of Buddhism, meditation, chaplaincy, Asian medical traditions, or allied practices. They therefore approach their chapters with both a scholar’s rigor as well as a practitioner’s sensibility toward the details of embodied practice. As editor, I have made suggestions here and there, but I have not attempted to force these contributors to conform to a common approach, perspective, or style. Rather, at the same time that I appreciate the broad selection of contributions collected here for what they say about many different aspects of the historical and contemporary practice of Buddhist medicine, I also appreciate the broad sampling the authors have provided us of the diversity of methods in the academic study of those practices.

ABOUT THE TRANSLATIONS

Not all of the chapters presented here are translations, but the great majority are. As with the previous volume, our primary concern while producing and compiling these translations in the current anthology has been to ensure their accessibility for the widest possible readership. Our goal has been to produce a collection that will be helpful and interesting for diverse audiences, with minimum barriers to understanding. We expect our readers to include specialist and

nonspecialist scholars from across the disciplinary spectrum, students at both the graduate and undergraduate levels, as well as general readers without any particular scholarly background. We assume that some readers will be very knowledgeable about Asian medicine but know nothing about Buddhism, and vice versa, and that some readers will be new to both. To these ends, the translations included here are rigorous but readable. They accurately capture the meaning of the original texts while remaining devoid of the stilted style that has been called “Buddhist Hybrid English,” which sacrifices fluency in order to preserve the original syntax and sentence structure as much as possible.⁸ Instead, we have used natural English grammar and phrasing in all cases, as well as English equivalents for even the most technical Buddhist and medical terminology.

An important exception to this general policy has been made for a handful of key Buddhist and medical terms that are rendered here in the original (e.g., *dhāraṇī*, *qi*, *tridoṣa*, *yin-yang*). Influential concepts such as these are consistently given in the language from which they derive in order to explicitly demonstrate connections between the key doctrines discussed across multiple chapters. The general definitions of these common terms are given in the glossary, but where there are unique instances of local usage or shades of meaning in other languages, brief explanations have always been included in the endnotes.

Speaking of the endnotes, in the interest of accessibility for a wide audience, contributors were asked not to include extensive annotations or notes about Buddhist doctrinal concerns, details about their translation decisions, local terminological variations, or other points of specialized interest. Everyone who has contributed to the current project has either published, or is in the process of publishing, scholarly works that touch upon these aspects, and those already published have been cited in the Further Readings sections and endnotes in each chapter.

FURTHER READING

Each chapter in this volume includes a list of further readings on specific aspects of Buddhism, medicine, and their intersections in various historical contexts. These have been compiled by the chapter authors with the intention of introducing the reader to the most accessible literature related to each chapter’s contents. Readers should be aware that these lists include only English-language publications, though scholarship that has been published in other languages is cited in the endnotes accompanying each chapter. Readers should also note that these lists of further readings exclude theses, conference papers, forthcoming works, and other unpublished materials—although all of these are cited in the endnotes as well.

The further readings listed in this introduction represent published works that are particularly focused on modern Buddhist medicine and that therefore can situate the reader within this field more generally. Leaving aside the scientific

literature on mindfulness—which, as suggested above, has become a cottage industry of considerable size⁹—there is far less scholarly material published on Buddhism and medicine in the modern and contemporary period than there is for the premodern period. Works concerning Buddhism and medicine in the premodern period are listed in the introduction to the first volume of this anthology.¹⁰ For further reading on the topic of Buddhism and medicine specifically concerning the modern and contemporary period, the reader should consult the major publications listed below. Note that this list focuses entirely on descriptive works by humanities and social science scholars (e.g., anthropology, history, philosophy, and religious studies) and does not include prescriptive works by scientists, clinicians, or practitioners.

EAST ASIA

- Arai, Paula. 2011. *Bringing Zen Home: The Healing Heart of Japanese Women's Rituals*. Honolulu: University of Hawai'i Press.
- Johnston, William D. 2016. "Buddhism Contra Cholera: How the Meiji State Recruited Religion Against Epidemic Disease." In *Science, Technology, and Medicine in the Modern Japanese Empire*, edited by David G. Wittner and Philip C. Brown. Abingdon, Oxon: Routledge, 62–78.
- Josephson, Jason Ānanda. 2013. "An Empowered World: Buddhist Medicine and the Potency of Prayer in Japan." In *Deus in Machina: Religion, Technology, and the Things in Between*, edited by Jeremy Stolow, 117–41. New York: Fordham University Press.
- Traphagan, John. 2004. *The Practice of Concern: Ritual, Well-Being, and Aging in Rural Japan*. Durham, N.C.: Caroline Academic Press.
- Uhlmann, Patrick R. 2007. "A Buddhist Rite of Exorcism." In *Religions of Korea in Practice*, edited by Robert E. Buswell, 112–29. Princeton Readings in Religions. Princeton, N.J.: Princeton University Press.
- Winfield, Pamela D. 2005. "Curing with Kaji: Healing and Esoteric Empowerment in Japan." *Japanese Journal of Religious Studies* 32 (1): 107–30.

HIMALAYAN REGION

- Adams, Vincanne, Mona Schrempf, and Sienna R. Craig, eds. 2011. *Medicine Between Science and Religion: Explorations on Tibetan Grounds*. New York: Berghahn.
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- Yoeli-Tlalim, Ronit. 2010. "Tibetan 'Wind' and 'Wind' Illnesses: Towards a Multicultural Approach to Health and Illness." *Studies in History and Philosophy of Biological and Biomedical Sciences* 41: 318–24.

SOUTHEAST ASIA

- Gosling, David. 1985. "Thailand's Bare-Headed Doctors." *Modern Asian Studies* 19 (4): 761–96.
- Kapferer, Bruce. 1983. *A Celebration of Demons: Exorcism and the Aesthetics of Healing in Sri Lanka*. Bloomington: Indiana University Press.
- Patton, Thomas Nathan. 2018. *The Buddha's Wizards: Magic, Healing and Protection in Burmese Buddhism*. New York: Columbia University Press.
- Ratanakul, Pinit. 1999. "Buddhism, Health, Disease, and Thai Culture." In *A Crosscultural Dialogue on Health Care Ethics*, edited by Harold G. Coward and Pinit Ratanakul. Waterloo, Ont.: Wilfrid Laurier University Press, 17–33.
- Salguero, C. Pierce. 2016. *Traditional Thai Medicine: Buddhism, Animism, Yoga, Ayurveda*. Rev. ed. Bangkok: White Lotus.
- Salguero, C. Pierce. 2017. "Honoring the Teachers, Constructing the Lineage: A *Wai Khru* Ritual Among Healers in Chiang Mai, Thailand." In *Translating the Body: Medical Education in Southeast Asia*, edited by Hans Pols, C. Michele Thompson, and John Harley Warner. Singapore: NUS Press, 295–318.
- Tambiah, Stanley Jeyaraja. 1977. "The Cosmological and Performative Significance of a Thai Cult of Healing through Meditation." *Culture, Medicine and Psychiatry* 1 (1): 97–132.

THE WEST

- Numrich, P. D. 2005. "Complementary and Alternative Medicine in America's 'Two Buddhisms.'" In *Religion and Healing in America*, edited by Linda L. Barnes and Susan S. Sered, 343–58. Oxford: Oxford University Press.
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NOTES

1. For introductory overviews of the relationship between Buddhism and medicine, see (briefly) Kitagawa 1989, (more in-depth) Anālayo 2016, as well as the third volume in the current series. For works concerning the practice of Buddhist medicine in various specific cultures across the globe, see the Further Reading sections in the introductions to either volume of the current anthology and Salguero 2014a.
2. Salguero 2015a: 48.
3. This is a major theme in the third volume in this series, and see also Salguero 2015b.
4. For one example of how these processes of transmission and translation have worked in history, see Salguero 2014b on medieval China.
5. Whether certain medical ideas or practices qualify as “Buddhist” has been a source of consternation and negotiation in certain circles both historically and today. See, for example, the debates in early modern Tibet discussed in J. Gyatso 2015 and in *Anthology*, vol. 1, ch. 62. For contemporary debates in the field of psychology among practitioners who incorporate mindfulness into their practice, see Helderman 2016; Sharf 2015.
6. All searches were conducted on on April 29, 2019. The *Time* magazine covers featuring mindfulness or similar meditation practices include the August 4, 2003, and February 2, 2014, issues, as well as a special issue dedicated to mindfulness published in 2017. According to a Google search (“mindfulness site:time.com”), the word “mindfulness” currently appears over 3,100 times on the *Time* website alone. An overview of the meteoric rise of mindfulness is provided in J. Wilson 2014.
7. Helderman 2016; cf. Sharf 2015.
8. I borrow the term “Buddhist Hybrid English” from Griffiths 1981.
9. A recent search of PubMed, a database maintained by the U.S. National Library of Medicine, resulted in more than 5,200 articles with the word *mindfulness* in their titles or abstracts. This search, conducted on July 22, 2018, represents an increase of more than 1,100 titles since the author’s last recorded search on February 28, 2017. For a recent meta-study providing an overview of the fast-moving research area of meditation studies, see Goyal et al. 2014. For a range of critiques and discussions of mindfulness from the perspectives of the humanities and social sciences, see also J. Williams and Kabat-Zinn 2011; Purser, Forbes, and Burke 2016.
10. For a more comprehensive list of highlights, see Salguero 2014a (updated 2018).