

Komatra Chuengsatiansup

Thailand, 1996

Buddhism, illness, and healing

A comparative review of textual and popular Buddhism

topics:

- *cultural concept of illness and healing*
- *miracle and healing*
- *popular religiosity*
- *Buddhism*

source: Intercultural Pastoral Care and Counselling No 1, 1996; pp. 31-34

The relationship between religion and medicine has long been the subject of academic inquiry. Both religion and medicine aim primarily at solving human suffering. Indeed, in religions around the world, illnesses are used metaphorically as the prototypical suffering experiences. In a very real sense, illness is the suffering experience par excellence in human existence. It imposes the immediacy of suffering upon us in the most palpable way.

In the Christian tradition, for instance, a great number of books have been written about Christianity and healing. But the relationship of Buddhism to healing has, by and large, been less thoroughly explored. In fact, Buddhism and healing have an intimate relation. Since its inception, the sight of a sick man was one of the events that awakened the young prince Sidhattha (the later Buddha) to the problem of human suffering and inspired him to begin his spiritual search. Also, illness is an important constitution of *Samsara*, the Circle of Rebirth which consists of birth, ageing, illness, and death. Furthermore, the Buddha's Four Noble Truths illustrate the fundamental significance of healing in Buddhism. They indicate that he who is not enlightened is by definition "ill".

In this paper I will discuss different aspects and different views regarding the relationship of Buddhism, illness, and healing. Particularly, I will compare the description of illness and healing in Buddhist texts and the observation of anthropologists regarding the relationship between Buddhism, illness, and healing. I will focus on Theravada societies, and particularly, on the ethnographies of Thailand.

Means of healing permitted in the monastery

According to some Buddhist texts, certain healing agents, surgical methods, and other physical means of curing, were permitted by the Buddha for use in the Bud-

dhist monastery. Also, certain behaviours were advocated by the Buddha for the purpose of health and healing. Birnbaum (1979, 4) reveals that the Buddha sanctioned five principal medicines to be used by monks. These were all common dietary elements including ghee (butterfat), fresh butter, oil, honey, and molasses. In addition to these basic medicines, several other substances were allowed. Note that in the illness situation certain substances normally forbidden for use by monks are permitted. Oil decoction mixed with strong alcoholic drink is allowed for wind afflictions. More interestingly, under the special circumstances of possession by a non-human spirit being, the *Vinaya-pitaka, Mahavagga*, permits the use of raw flesh and raw blood as medicine. Birnbaum (1979, 221) suggests that such substances are permitted presumably because the non-human being is the one who actually eats these substances.

In present-day Buddhist society, these Buddhist texts are not the major references for medical knowledge and practices. Anthropological studies show that medical practices within the monastery extend far beyond those described in these ancient religious texts. Tambiah (1970, 257) observes that Buddhist monastery functions, in a way, as the library of ancient Thai literati, and its monks as the copyists. Such a function isn't limited to religious knowledge but extends to other realms of indigenous knowledge systems.

Also, Louis Golomb (1985, 85) notes that in Thailand some of the highly popular traditional herbal medical texts were produced and distributed by various Buddhist temples - usually upon the deaths of famous monk-practitioners. These texts are far more extensive and sophisticated than medical practices advocated by earlier Buddhist texts. Nowadays, Buddhist religious texts are not so much the sources of medical knowledge and practices as they are the sources of verses to be recited to ward off evil affliction (Golomb 1985, 62-64).

Miracle and healing

Healing miracles by saints are more prominent in other religions, for instance, Christian and Islam. But there are several descriptions of the miraculous curing by the Buddha in Buddhist texts. Though the Buddha is said to have promulgated a rule prohibiting exhibition of miraculous power by monks, his miraculous performances were explicitly described in several texts and sutras.

Buddhist notion of supranormal powers, or the “*iddhi*”, as described in the *Visuddhimaga*, differs from the miraculous power of God in Christian religion. The *Visuddhimaga* suggests that *iddhi* are special powers available to Buddhist monks during the course of meditative practices. Tambiah (1987, 115) notes that Buddhist concept of *iddhi* cannot be simply associated with “miracle” as the term is understood in Christianity: “Miracles are a function of God’s sovereignty, providence, and omnipotence; in a miracle God suspends the normal physical laws that govern nature. Buddhist *iddhis*, by contrast, are special powers that become available to the adept who attains to higher meditative levels because he is able to transcend and therefore encompass the lower realms of materiality and causality.”

Note that Buddhist *iddhi* consists of six supranormal powers: *iddhi-vidha* (psychokinetic ability), *dibba sota* (divine ear), *ceto-pariya-nana* (ability to penetrate and discern the mind of other people), *pubbe-nivasanussati* (knowledge of one’s own previous existences), *dibba cakkhu* (divine eye), and the knowledge of the destruction of *asavas*. Thus, these Buddhist supranormal powers as described in

the text diverge from what is understood as miracle not only that they are available through achievement in meditation, but also that only certain kinds of supernatural powers are procured.

In ethnographic account, Tambiah's study of a Buddhist meditation cult examines the notion of Buddhist *iddhi* as the power of healing illness. The master of the cult claims that through the practice of meditation, he has access to the benefit of *iddhi*, to mystical power. Although illness and suffering are interpreted in this meditation cult as resulting from "karmic retribution", the master claims to provide relief for their dependents by employing mystical powers of *iddhi* (Tambiah 1977, 100 and 123).

Louis Golomb, in his work *An Anthropology of Curing in Multiethnic Thailand*, describes several Buddhist monk healers in Thailand. According to Golomb's observation, Thai Buddhist mystical power derives mainly from the use of verses from Buddhist texts and Buddhist symbols.

Another source of Buddhist healing power can be observed in a case of a Buddhist monk who devoted his career to the treatment of drug addicts in Thailand. The healing method doesn't evoke supernatural power. Rather Phra Chamroon's healing hermitage at Tam Krabawk emphasizes Buddhist vow and commitment in addition to the use of some sort of herbal medicine.

Thus, although the life of the Buddha is paradigmatic for contemporary Buddhist monk in many aspects, mystical healing power in Buddhist tradition doesn't derive strongly from the example of the Buddha. Rather, what is crucial for the understanding of the role of Buddhist monks in healing is the understanding of the charismatic characteristics of the healers.

The objectification of charisma

In this regard, Tambiah in his study of the cult of amulets (1984), reveals an important mean by which the charismatic power of the Buddhist monk can be transferred and deposited in object.

Buddhist amulets became popular late in the history of Buddhism. Amulets are treated with respect by Buddhist Thais. Amulets with the image of the Buddha or that of famous forest monks are usually hung on a necklace and are worn around the neck. The amulets are mainly for protection or good fortune. There is a variety of protective amulets with specific powers: some protect wearers from danger - for example, it makes the bullet, intended to harm the wearer, swerve away and not hit him; some guarantee good luck; some assure wealth and / or health; and others have the power to ward off evil affliction.

The making of amulets is worth noting. Amulets are sacralized by the transferring of supernatural power, or *iddhi*. It is believed that by the recitation of sacred verses and sitting in meditation, monks are able to concentrate power and transfer it to the amulets. However, the reason of why and how amulets are efficacious is a matter of personal belief: "Some people would say that the '*teja*' inherent in the image transmits itself to the wearer and makes him immune from harm; other might argue that by reminding the wearer of the Doctrine, and particularly that part of it that counsels constant alertness, it enables him to keep out of harm's way" (Coomaraswamy, quoted in Tambiah 1984, 204).

Charisma of sacred place

“Sacred place” also has a crucial role in healing in Buddhist society. As a matter of fact, the importance of “place” has its root in Buddhist text. Tambiah (1984, 200) notes that the *Mahaparinibbana Sutta* presents the norms the community of monks should observe. These include the “entrusting ... to laymen of the Buddha’s relics, which were enshrined in dagoba: the sanctioning of merit-making pilgrimages to these monuments.” The dagoba, accordingly, have become over time “field of merit”, in which devotees can reap certain harvests.

It is noteworthy that, in northeastern Thailand, there is a Buddhist shrine in Nakhon Panom Province where persons who are accused of being the originating hosts of “*phii phob*” seek exorcism (Suwanlert 1978). It is held that Phra Thad Panom, the famous stupa at that temple, has sacred power and can eliminate “*phii phob*” out from its host.

Healing power of “*paritta*”

A special method of curing disease, called “*paritta*”, is described in the *Milindapanha*, the dialogue between the Buddhist sage Nagasena and the Greek king Menander, ruler of a part of Northwest India (reigned 163-159 B.C.E.). Nagasena claims the method to have been permitted by the Buddha himself. *Paritta* magically dispels the disease through the recitations of various verses and texts. According to Nagasena the protective strength of these invocatory formulae is enormous: “And when, O king, the voice of those who are repeating *paritta* is heard, the tongue may be dried up, and the heart beat but faintly, and the throat be hoarse, but by that repetition all diseases are allayed, all calamities depart.” Nagasena further discussed the ability *paritta* has to repel calamities: “And when *paritta* has been said over a man, a snake ready to bite will not bite him but will close his jaws - the club which robber hold aloft to strike him with will never strike; they will let it drop and treat him kindly - ... the burning fiery conflagration surging towards him will die out - the malignant poison he has eaten will become harmless, and turn to food...” (transl. Davids 1963, 215-216).

In discussing how *paritta* can cure diseases, Nagasena touched an important principle in Buddhist medicine: though various means can be used to subdue disease, when the affliction is due to deeply-rooted karmic causes, it will take its determined toll: “There is no ceremony or artificial means, no medicine and no *paritta*, which can prolong the life of one whose allotted period has come to an end. All the medicines in the world are useless, O king, to such a one, but *paritta* is a protection and an assistance to those who have a period yet to live, who are full of life, and restrain themselves from the evil of Karma. And it is for that use that *paritta* was appointed by the Blessed One.” (op. cit. 217)

Also, one may note that there are several sutras that claim to be protective verses. An example of these sutras is *Atanatiya Sutra* which describes the protective verses suggested to the Buddha by King Vessavana. King Vessavana is the king of demons. He is concerned with the safety of the disciples of the Buddha who dwell in remote forest areas where the *yakkhas* (demons) are also dwelling. These *yakkhas* have no faith in the words of the Blessed Lord since the Buddha teaches a code of refraining from taking life, from taking what is not given, from sexual misconduct, etc., from which the majority of the *yakkhas* do not refrain. ” ‘In order to give these folk confidence, may the Blessed Lord learn the *Atanatiya* pro-

tective verses, by means of which monks and nuns, male and female lay-followers may dwell guarded, protected, unharmed and at their ease?’ And the Lord consented by silence” (transl. Walshe 1987, 471-472).

Tambiah points out that the sutra doesn’t contain words directly affecting misfortune or warding off evil affliction. For instance, the Atanatiya sutra describes the superiority of the Buddha over the *yakkhas* so that the *yakkhas*, although they could not be converted, were overpowered structurally.

Tambiah notes that the reality on the empirical ground is full of tension between the lay orientation and doctrinal position of virtuous monks in the use of mystical power by reciting the *paritta*. A virtuous monk doesn’t advocate such a mystical power of *paritta* as the mean of salvation. But the laymen regard such a method as an efficacious mean of protection. In viewing such a tension, Tambiah suggests that “from a sociological point of view our interest lies in the duality of orientation and the attempt of both laymen and monks to use their religion to state and solve existential problems” (Tambiah 1970, 211).

According to Spiro’s observations, in his work *Buddhism and Society* (1982), Burmese explain the efficacy of protection rituals in several ways. They claim that the protection rituals work because of power associated with the Buddha - His own power, the power of the physical objects (images and relics) which represent Him, the power of the words spoken by Him, or the psychic power which is created in those who recite them. Another explanation cited by Spiro is that when a Buddhist text - any word related to the Buddha, the Law, or the Order - is recited, the *samma deva*, or the Buddhist gods, the guardians of Buddhism, will watch over and protect those who recite them. Another explanation does not invoke notions of power, rather it is believed that since the ritual includes offering to the Buddha, or to the monks, they create merit which creates an immediate change in his/ her Karmic balance. This in turn has the effect of averting the impending danger, or (if it has already occurred) of bringing it to an end.

The role of the monk in healing

Buddhist canonical texts also discuss the role of monks in healing. Birnbaum (1979, 7) argues that some monk-healers employed their healing abilities as a means for spreading the *dharma* (the Buddhist teachings) and converting non-believers. In the Theravada tradition the habitual practice of medicine by monks in order to cure laymen is prohibited. Demieville points out that among the sutras, the early *Dirghagama* considers medicine to be a technical trade that other religions use to exploit believers, but which the Buddha forbids. This is interpreted as a warning against becoming a doctor rather than devoting time to the study of *dharma* (the Buddhist teaching) and spiritual pursuit. This strongly contrasts with the Mahayanist tradition. Mahayanist Buddhists claim that the Bodhisattva - who may be lay or monastic - should cultivate the perfections (*paramita*), one of which is the perfections of giving. He should vow unbiased compassion for all sentient beings. His obligation to heal the sick, whoever they may be, is expressly stipulated in the disciplinary codes. The *Dighanikaya* lists various occupations forbidden by the Buddha as unacceptable means of earning livelihood. Among these occupations are quite a few pertaining to healing. Zysk (1991, 27) argues that such condemnation was against accepting payment for performing any of the services.

Although it is prohibited both by the *Vinaya* and by the law, monks in Thailand, as in Buddhist societies elsewhere, still practice a variety of medical practices. Louis Golomb, in his studies of healers in Malaysia and Thailand (1978; 1985) shows that Buddhist monks employ various kinds of healing including animistic, love charm magic, astrology and herbal medicine to cure people. Gosling (1985) argues that the role of monk as healer is the rediscovery of the ancient role, and constitutes an example of Tambiah's "continuities and transformations" between the past and the present.

Buddhist ideology and the theory of illness

Samyutta Nikaya explains the cause of human suffering as eight-fold: bile (*pitta*), phlegm (*semha*), wind (*vata*), and their combination (*sannibata*), change of seasons (*utu*), stress of unusual activities (*visamaparihara*), external agency (*opakamika*), and the result of previous actions (*kamavipaka*) (Zysk 1991, 30). Note that the first four are the identical to the three humours in Ayurvedic medicine. Birnbaum (1979, 11) points out that these *tridosas* or "exterior poisons" - bile, phlegm, and wind - also relate to "the interior poisons", that is, lust, anger, and delusion. Lust generates too much wind (*vata*); anger produces excess bile (*pitta*); and delusion yields an overabundance of phlegm (*semha*). The *Ekottaragama* also metaphorically compares the corporeal affections of wind, phlegm, and bile to the three moral affections. The metonymic and metaphoric associations between physiological and spiritual causes of diseases can be viewed as an effort to create a totalizing Buddhist theory of illness. In this regard, the inclusion of past actions (karma) as a category of medical aetiology, deserves special attention. Zysk (1991, 31) notes that the incorporation of karma into medical theory occurred purely on the theoretical level.

The doctrine of karma has been an important debate in anthropology. Spiro argues, soteriological Buddhism is unable to satisfy completely the universal psychological need to cope with suffering. Under the press of this worldly need, various of the doctrines of normative Buddhism have been modified or reinterpreted, and a Buddhist technology for satisfying it has been developed. The result is a modified version of Buddhist doctrine: Apotopaic Buddhism. Thus, immediate concerns such as health and illness, drought and rain, calamity and tranquillity are the subjects of Apotopaic Buddhism. Tambiah, in his work on Buddhism and the Spirit Cult in Northeast Thailand (1970), notes that Spiro's argument overstates the dichotomy this world/other world, and associating Buddhism with the second. Other-worldly sacred values are by no means values of the beyond. "Psychologically considered, man in quest of salvation has been primarily occupied by attitudes of the here and now, for the devout the sacred value, first and above all, has been a psychological state in the here and now" (1970, 55).

A related point is the consideration that Buddhism is primarily fatalism; that lived and to be lived has already been predetermined by previous conducts in the former lives. This point is well discussed in Keyes' article on popular interpretations of Karmic theory (1983). He states that villagers evoke the karmic concepts for explaining the unfortunate events which they cannot do any thing to change the situation, but in the meantime, if there is any possible way to effect the undesired situation, villagers unquestionably employ such methods to resolve their life problems. Tambiah argues that one should see ritual and textual traditions not as belonging to different levels of reality but as coexisting and interdependent within a

single tradition. In this regard, further investigation regarding the implication of Karmic theory on the perception and behaviour toward illness and healing is of interest. It seems, particularly in the real situation of ailment, that the experiential reality of illness as suffering can serve as a mediator of the other worldly/this worldly; textual/ritual; and doctrinal/popular dichotomy.

Conclusion

Above, I have reviewed the relation of Buddhism to illness and healing and tried to compare the literary Buddhist tradition and the observations by anthropologists. Relatedly, there is a rapid spreading of the dreadful disease as AIDS in Thailand. One wonder how Buddhism contributes to such a situation. In fact, the main route of HIV infection in Thailand now is through hetero-sexual contract. Does Buddhist morality as opposition to adultery have any significant effect on this issue? How does the Buddhist view of suffering and salvation shape the local experience of AIDS? How does the *Sangha* adjust its role to the tremendous suffering of this AIDS situation? These questions not only have theoretical significance but are also crucial to the practical solution of the AIDS problem if one believes that religion and medicine both aim at solving the suffering of existential human experiences.

References quoted:

- Birnbaum, Raoul (1979). *The Healing Buddha*. Boulder: Shambhala.
- Davids, Rhys (transl.) (1963). *Vinaya: Mahavagga*.
- Demieville, Paul (1985). *Buddhism and Healing*, translated by Mark Tatz. Lanham / New York / London: University Press of America.
- Golomb, Louis (1978). *Brokers of Morality: Thai Ethnic Adaptation in a Rural Malaysian Setting*. Asian Studies at Hawaii, Monograph 23. Honolulu: University Press of Hawaii.
- Golomb, Louis (1985). *An Anthology of Curing in Multiethnic Thailand*. Illinois Studies in Anthropology, No. 15. Urbana and Chicago: University of Illinois Press.
- Gosling, David (1985). "Thailand's Bare-headed Doctors", in: *Modern Asian Studies*, Vol.19 No.2, p.357.
- Keyes, C.F. (1983). "The Study of Popular Ideas of Karma", in: Charles F. Keyes & E.V. Daniel (Eds.), *Karma: An Anthropological Inquiry*. Berkeley: University of California Press.
- Spiro, M. (1982). *Buddhism and Society: A Great Tradition and Its Burmese Vicissitudes*. 2nd expanded edition, Berkeley / Los Angeles / London: University of California Press.
- Suwanlert, Sangun (1978). "Psychiatric Treatment in Thai Spirit Possession", in: *Journal of the Medical Association of Thailand*, Vol. 61 No. 11 (September), p. 622.
- Tambiah, Stanley J. (1970). *Buddhism and the Spirit Culture in Northeastern Thailand*. Cambridge: Cambridge University Press.
- Tambiah, Stanley J. (1977). "Cosmological and Performative Significance of a Thai Cult of Healing through Meditation", in: *Culture, Medicine, and Psychiatry*, 1, p. 97-132
- Tambiah, Stanley J. (1984). *The Buddhist Saints of the Forest and the Cult of Amulets*. Cambridge: Cambridge University Press.
- Tambiah, Stanley J. (1987). "The Buddhist Arahant: Classical Paradigm and modern Thai Manifestations", in: John Stratton Hawley (Ed.), *Saints and Virtues*. Berkeley / Los Angeles / London: University of California Press.
- Walshe, Maurice (transl.) (1987). *Thus Have I Heard: The Long Discourses of the Buddha* (Digha Nikaya). London: Wisdom Publication.

Part 2, Chapter B: Theological and religious reflections

Zysk, Kenneth (1991). *Asceticism and Healing in Ancient India: Medicine in Buddhist Monastery*.
New York: Oxford University Press.