

BOOK REVIEW

## A Global History of Buddhism and Medicine

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Pierce Salguero has been diligently researching “Buddhist medicine” for over two decades now. As his inquiry has broadened and deepened, we have now reached new levels of sophistication in understanding this topic. His new book, *A Global History of Buddhism and Medicine*, takes an expansive view as Salguero casts a broad net over the interrelationships of Buddhism and medicine across the globe and through time. This volume draws upon Salguero’s considerable experience over the last ten years or so in editing his substantial anthology volumes on Buddhism and Medicine (*Buddhism and Medicine: An Anthology of Premodern Sources*, 2017 and *Buddhism and Medicine: An Anthology of Modern and Contemporary Sources*, 2019). The goal of *A Global History of Buddhism and Medicine* is to integrate the findings from those two anthologies which feature the research and translations of primary sources by 88 collaborators. Salguero himself is an active researcher in Buddhist medicine who has worked on materials from medieval China, Thailand, and contemporary Philadelphia. The insights from his own specialized research projects inform his writing here. Salguero intends the new book to be read in close conjunction with the two anthologies and refers to these sources (by volume, chapter, and subsection) throughout. Not all of this book is new: some sections are expanded from Salguero’s previous journal publications. His aim here is to show the depth and breadth of interconnections between Buddhism and medicine across time and space. The results of his investigation are thought-provoking for anyone who knows even a fraction of this story. *A Global History of Buddhism and Medicine* is thus not a comprehensive history of the subject but instead more of a scholars’ guide to the terrain. It offers a well-informed overview of the state of the field very effectively.

Although the titles of his three books separate the concepts of “Buddhism” and “medicine,” Salguero is confident that there is such a thing as “Buddhist medicine.” In his view, it has the following qualities: it is decentralized, transnational, and diffuse. It is influenced by and in conversation with other diffuse medical traditions such as Āyurveda, Chinese Medicine, and the primary medical tradition of the Islamic world, *yūnānī tibb* (literally “Greek medicine”). Distinct from other medical traditions, Buddhist medicine is explicitly religious in nature. This quality makes it difficult to distinguish or to abstract from the larger tradition in which it floats, and it also may account for the absence of Buddhist medicine from standard accounts of the history of medicine. Although Buddhist medicine is thus hard to define with precision, for Salguero it is “useful as a fuzzy term of convenience that facilitates a particular kind of scholarly analysis” (p. 4). He offers an extensive and thoughtful discussion of the term as well as the field of enquiry and various methodologies it encompasses. As he says, the scholarly literature on the topic is “largely fractured and unsynthesized” (p. 8). Salguero’s promotion of the term “Buddhist medicine” thus provides a framework for future scholarly inquiry. By acknowledging the decentralized and transnational nature of Buddhist medicine and its connections to other

medical traditions, scholars can begin to synthesize a more comprehensive understanding of this complex and multifaceted topic. *A Global History of Buddhism and Medicine* is a first step in that direction.

The book is divided into two parts: “Practices & Doctrinal Perspectives,” and “Historical Currents & Transformations.” Each part consists of four or five chapters that explore different aspects of Buddhist medicine in various regions, periods, and traditions. The first part follows a roughly chronological account of the Buddhist tradition, with chapters on Nikāya Buddhism, Mahāyāna Buddhism, Tantric Buddhism, and Common Questions. Specialists in Buddhist Studies may wince at the lack of nuance implied by this choice of how to delineate a complex and entangled tradition that has very fluid boundaries, but the general narrative does provide helpful signposts for those outside the field. The second part of the book contains thematic chapters, also roughly chronological, on Circulations, Translations, Localizations, Modernizations, and Contemporary Buddhist Medicine. After each chapter, Salguero provides a few recommended titles for readers seeking more information on the major topics covered. The book also includes an introduction and a conclusion that provide an overview and synthesis of the main themes and arguments.

Chapter 1 delves into the practices and doctrinal perspectives of Nikāya Buddhism. It covers fundamental information related to the study of medicine in a Buddhist context, examining medicine in the *Vinaya*, the role of the Buddha as a healer, the medical implications of the Four Noble Truths, and the teaching of karma. The *Nikāyas*, the earliest layers of Buddhist literature, describe various medical practices, such as the use of herbal remedies and the treatment of disease but it becomes apparent that early Buddhist views on health and healing, as represented in these sources, lack consistency and comprehensiveness. While some topics are well-developed in the early texts, such as nursing ethics, medicinal rules, elements of the body, protection against disease-causing demons, and the healing powers of the awakened, there are notable gaps, such as the absence of interest in diagnosis and therapeutics. The chapter suggests that early Buddhists did not consider themselves medical experts but rather spiritual seekers who occasionally interacted with worldly physicians. Salguero notes, “the corpus of early Buddhist materials discussed in this chapter are among the earliest sources of the history of medicine in ancient India. These texts are roughly contemporaneous with (and some may even predate) the extant Āyurvedic treatises and originate from areas dispersed across the Indian subcontinent” (p. 32).

Chapter 2 focuses on Mahāyāna Buddhism, the second major division of Buddhism that emerged around the first century CE. It describes how Mahāyāna Buddhists developed various forms of Buddhist medicine, such as the cults of healing buddhas and bodhisattvas, the application of the concepts of emptiness and skillful means, new techniques of meditation and visualization, and the integration of local medical traditions in China, Japan, and Korea. The chapter also highlights common themes and questions that characterize Mahāyāna Buddhist medicine, including the relationship between health and awakening, the role of compassion and altruism, and the ethics of healing. Some distinctive features of Mahāyāna Buddhist medicine include the use of *upāya* (expedient methods) to adapt to different contexts and needs, the role of buddhas and bodhisattvas as sources of healing power and inspiration, the cultivation of wisdom and compassion as therapeutic qualities, the practice of meditation and visualization as forms of mental and physical healing, the production and dissemination of *sūtras* (scriptures) containing medical teachings or stories, and the development of specialized medical treatises that integrate Buddhist and non-Buddhist knowledge. From the perspective of the development of Buddhist medicine, Mahāyāna literature provides a more comprehensive medical system than that found in the *Nikāyas*, including diagnostic practices, instructions on therapy administration, and a wide range of healers. Mahāyāna ideas of compassion and skillful means also provide guidelines for medical ethics, and healing is seen within the tradition as part of the core mission of Mahāyāna. New deities and healing rituals contribute to the repertoire of Buddhist ideas and practices related to health and disease.

Chapter 3 explores Tantric Buddhism (also known as Esoteric Buddhism or Vajrayāna), the third major tradition of Buddhism that emerged around the fifth century CE. The chapter thematically examines how Tantric Buddhists developed a sophisticated system of Buddhist medicine based on the manipulation of subtle energies and channels in the body–mind complex. Salguero also indicates

how Tantric Buddhism influenced the medical traditions of Tibet, Nepal, Bhutan, Mongolia, and Japan. The chapter discusses common features and issues of Tantric Buddhist medicine, such as the role of initiation and empowerment, the use of mantras and mandalas, the ethics of secrecy and transgression, and the relationship between health and bliss. It reveals how Tantric traditions built upon and expanded the Mahāyāna integration of healing with the Dharma, offering more diverse and powerful therapies. The chapter highlights the nondual philosophy of Tantra, which perceives physical healing and spiritual enlightenment as different aspects of the same reality.

Chapter 4, “Common Questions,” addresses common doctrinal questions that have characterized multiple strands of Buddhist medicine over the centuries. Buddhists have not reached a consensus on the answers to these questions. Salguero outlines how different Buddhist traditions have understood the causes and cures of illness, the nature of the human body, the role of karma and rebirth in health and illness, mental health and physical health, the ethics of healing, and the relationship between medicine and liberation. These questions have influenced Buddhist texts, practices, institutions, and social movements related to health and healing. They remain relevant and subject to debate among Buddhists from diverse backgrounds and perspectives.

Chapter 5, which marks the beginning of part 2 of the book, is titled “Circulations.” It investigates the spread of Buddhist medicine across Asia and beyond. The chapter offers an overview of the circulation of Buddhist medicine in Asia during the premodern period. Despite the limited attention given to medicine in general accounts of Buddhist history and the scarce mentions of Buddhism in general histories of medicine, the spread of Buddhism played a crucial role in the exchange of medical knowledge across a vast territory, ranging from Persia to Japan and from Mongolia to Java. This chapter describes the different networks, modes, and agents of transmission that facilitated the spread of Buddhist medical knowledge and practices across regions and cultures in the premodern period. It provides examples of how Buddhist medicine was adapted, transformed, and integrated into various local contexts in China, Japan, Tibet, Sri Lanka, and Southeast Asia.

Chapter 6, “Translations,” focuses on the role of translation in the circulation and transformation of Buddhist medical knowledge across Asia. It introduces the textual sources that provide information on the premodern history of Buddhist medicine and addresses some of the larger historical questions and concerns that arise from their cross-cultural circulation and translation. The chapter discusses how Buddhist medical texts were translated into different languages and how these translations influenced the spread of Buddhist medicine throughout Asia. It also explores how Buddhist medical knowledge was translated into other medical systems, such as Chinese medicine and Āyurveda. Salguero argues that translation was not merely a linguistic process but also a cultural and intellectual one that involved choices, adaptations, and innovations by translators and their patrons. Translation was influenced by various factors, including the availability of texts and manuscripts, the political and religious agendas of sponsors, the linguistic and conceptual challenges of rendering medical terms, and interactions with local medical traditions and practitioners. Translation resulted in both the preservation and creation of Buddhist medical texts, as well as the dissemination and diversification of Buddhist medical ideas and practices.

Chapter 7, “Localizations,” investigates how historical actors have adapted Buddhist medicine to local contexts and how local medical traditions have in turn influenced Buddhist medicine. Salguero identifies three patterns of localization that characterized the history of Buddhist medicine in different regions: displacement, domestication, and translocation. Displacement refers to the gradual marginalization or replacement of Buddhist medicine by other medical traditions, such as Āyurveda in India, Islamic medicine in Central Asia, and biomedicine in Sri Lanka. Domestication is observed when Buddhist medicine is integrated and assimilated into local medical cultures, such as Chinese medicine in East Asia or Tibetan medicine in the Himalayas. Translocation indicates the processes by which Buddhist medicine is transmitted and then adapted to new environments, such as Southeast Asia, Japan, Mongolia, and the West.

In chapter 8, “Modernizations,” we learn how Buddhist medicine underwent significant changes in the modern era. The chapter highlights the transformation of Buddhist medicine through the

processes of colonialism and the increasing hegemony of scientific biomedicine in the twentieth century. Buddhist medicine now coexists and competes with other medical systems, such as biomedicine, traditional medicine, and alternative medicine. Colonial powers and modernizing elites in various Asian countries challenged, marginalized, or appropriated Buddhist medicine, proponents of Buddhist medicine in turn both adapted to and resisted these forces. In the West, Buddhist medicine was disseminated and popularized through various channels, such as missionary activities, academic scholarship, countercultural movements, and global health initiatives. Buddhist meditation in particular emerged as a prominent therapeutic practice in the West, especially through the development of mindfulness-based interventions and the scientific study of their effects. At the same time, Buddhist medicine became a source of cultural identity, national pride, and global influence for many Asian Buddhists in the modern era.

Chapter 9, “Contemporary Buddhist Medicine,” focuses on the contemporary situation, in particular how globalization and the Information Age have continued to fundamentally transform the ways that Buddhists engage with health. Buddhist medicine has been influenced by new technologies, media, and modes of communication, such as the internet, social media, mobile apps, and online platforms. It has also been affected by new social and ethical issues, such as environmental degradation, biotechnology, human rights, and gender equality. Buddhist medicine has diversified and hybridized with other forms of healing, such as psychotherapy, integrative medicine, and mindfulness-based interventions. In the contemporary world, Salguero suggests that Buddhist medicine has become a global phenomenon that transcends sectarian, cultural, and geographical boundaries. It is a dynamic and diverse phenomenon that continues to evolve and transform influenced by globalization, digitalization, and consumerism. It is also a contested and negotiated phenomenon that reflects the tensions and challenges of living in a pluralistic and complex world and is entwined with issues of authenticity, authority, ethics, and identity.

In the conclusion of the book, the author reflects on how Buddhist medicine has played a role in the global response to the COVID-19 pandemic, highlighting the diversity and resilience of Buddhist healing practices and discourses. He suggests some directions for future research on Buddhist medicine, such as exploring the intersections of Buddhism and biotechnology, examining the impact of Buddhist medicine on environmental and social justice, and engaging with the voices and experiences of Buddhist patients and practitioners. The conclusion emphasizes the importance and relevance of studying Buddhist medicine as a global and historical phenomenon that reveals the complex and dynamic interactions between Buddhism and health.

This is an ambitious book in terms of its global scope, but it will be essential reading for scholars in Buddhist Studies and historians of medicine. All those with an interest in how ideas and practices move across time and space will find much to consider here. I am very impressed by the difficult work of intellectual synthesis that has gone into this volume and the confidence with which Salguero navigates the uneven terrain. The book could certainly be used in the classroom, and Salguero offers a plan for doing so (p. 3). While the language is somewhat technical in places, overall the book is quite reader friendly. Salguero writes with authority and enthusiasm for his topic. I teach an undergraduate course on “Health, Healing and Religion” and am already thinking about how I will be incorporating some of its ideas and themes. My graduate students can certainly expect to encounter it in my seminar “Religion and Medicine in Chinese Religions.”

The book is thoughtfully designed and its material is well integrated with ample cross references between chapters. Salguero has an eye for visual materials and has selected some fascinating and rare illustrations. Because it is based on the materials translated and studied for the anthologies, it is necessarily rather kaleidoscopic in nature and Salguero has to make rather sweeping generalizations in places to cover the ground. But the book goes far beyond the descriptive; it offers thoughtful and original analytical models for understanding the complex formation and circulation of Buddhist medicine.

## References

- Salguero C.P.** (ed.) (2017). *Buddhism and Medicine: An Anthology of Premodern Sources*. New York: Columbia University Press.
- Salguero C.P.** (ed.) (2019). *Buddhism and Medicine: An Anthology of Modern and Contemporary Sources*. New York: Columbia University Press.