

Religion and Medicine in Japan

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Dominant forms of religion and medicine first started to appear in Japan during the Asuka period (538–710) when Buddhism was officially introduced from the Korean peninsular kingdom of Baekje. This process continued in the Nara period (710–794) when power was centralised in the Yamato Plain and ended in the long Heian period (794–1185) when imperial power was consolidated in the capital, Kyoto. In Japan, medicine as a body of knowledge is referred to as “learning in regard to medicine”, *igaku* 醫學.

Chinese medicine and its incorporation into the medical system of early Japan were closely connected with the incorporation of Buddhism and Chinese-style ceremonies and decorum into Japanese culture. The institutional framework was created by incorporating legal codes, establishing offices, introducing certification guidelines and other bureaucratic measures. The codification of medical, pharmaceutical and calendrical practices led to the establishment of new training institutions and the standardisation, at least in theory, of knowledge. The *Yōrō Code* (*Yōrō-ryō* 養老令) serves as a rich textual source for imagining Nara-period medical and religious institutions and features dominantly in pioneering studies of the history of medicine in Japan. The use of foreign regulations, *materia medica* and formulae was by no means unopposed in the decades following the Nara period. However, adverse positions did not have an enduring influence, and Buddhism and Chinese-style medicine in Japan eventually became incorporation regimes in their own right.

In pre-modern China, medical activities were intimately associated with the Daoist tradition while in Japan, there was a conscious decision to exclude formally institutionalised Daoism when incorporating continental forms of religion. The Yamato rulers did this to prevent power struggles as witnessed in China at the time. Because of the lack of Daoist institutions in Japan, deities from the Daoist pantheon

Official introduction of Buddhism to Japan

Centralisation of hegemonic power

Introduction and incorporation of Chinese medicine into Japanese culture

Buddhism and Chinese-style medicine dominant forms

Relation between religion and medicine in China differs from Japan

arrived, in Como's words, as "stowaways" in Japan and added only indirectly to religious plurality¹ and curative techniques.

In addition to influences from Indian and Chinese medicine, medicine in the Nara period was also influenced by ideas from Confucianism (*jukyō* 儒教), including the notion that a virtuous ruler brings well-being to those under his rule. It may also have been influenced by Nestorian Christianity (*kirishitankyō* 基督教) as there are records of a missionary at the Japanese imperial dispensary.² Court doctors (醫者 *isha*, 'medical practitioners', *kan'i* 官醫, 'governmental physician'), trained in Chinese-style medicine, but benefitting also from medical texts with a Buddhist background, were responsible for caring for members of the ruling and educated elite, while Buddhist monastics (*sōi* 僧醫, 'monk doctors', *kanbyō-sō* 看病僧, 'care-giving monks') and pious lay people also treated commoners. Healing services were also provided by a heterogeneous group of miracle workers that gradually entered the Buddhist world over the centuries. These included *hijiri* 聖, 'holy men', who were itinerant ascetics, and *shugenja* 修驗者, 'practitioners of *Shugendō* 修驗道', a form of mountain asceticism.

One potent motivation for incorporating Buddhism – initially felt to be 'foreign' by the ruling elite and not adaptable to Japan – was its image as being powerful in healing all ills and ultimately eradicating suffering from old age, sickness and death. In this view, all of Buddhism is therapeutics. Buddhist monastics were actively engaged in medical healing, especially in the Heian period. Monastic doctors trained in temples connected to particular Buddhist medical lineages. These temples often specialised in the veneration of the Medicine Buddha (*Yakushi nyorai* 藥師如来, 'Master of Medicines Buddha') but also venerated other Buddhist deities. In early Japan, and in later centuries, charismatic monks worked as care-givers (*kanbyō*) using spells (Sk. *dhāraṇī*, Jp. *darani* 陀羅尼, or *ju* 呪) and incantations contained in Buddhist texts. As part of the incorporation of Buddhism into Japanese culture, nuns and Buddhist laywomen from the ruling

1 Michael Como, "Daoist Deities in Ancient Japan: Household Deities, Jade Women and Popular Religious Practice," In *Daoism in Japan: Chinese Traditions and their Influence on Japanese Religious Culture*, ed. Jeffrey L. Richey (London, New York: Routledge, 2015), 26.

2 Toshiyoshi Hattori 服部敏良, *Nara jidai igaku no kenkyū* 奈良時代醫學の研究 (Tokyo: Tokyo-do, 1945), 71–74.

Coexistence of court or governmental doctors and Buddhist monastic physicians

Itinerant ritual experts provide healing services

Doctrine of Buddhism as therapeutics, healing as salvation

Lineages of monastic physicians emerge

elite cared for the sick, especially lepers, in bathhouses erected for the purpose at temples that were part of the Hoke-ji temple network. This network was established in early Japan for the protection of the state and for the benefit of all. Empress Kōmyō 光明 (701–760) is known for founding dispensaries that distributed medicines (*iyaku* 醫藥). She did this as an act of piety. In general, lay Buddhists were encouraged to support the monastic community not only with clothing, food and shelter but also by providing for their physical health with medical drugs.

Lay Buddhists of the elite engage in charity

As an expression of his belief in the power of the bodhisattva Mañjuśrī, the charismatic monk Eison (or Eizon 叡尊, 1201–1290) established bathhouses and other medical facilities at temples in his network to provide care especially for the underprivileged, the so-called ‘non-humans’ (*hinin* 非人), and outcasts such as lepers. Apart from ritual healing activities such as the recitation of spells and mantras, Eison and the members of his reformed order conferred Buddhist lay precepts (*ritsu* 律) on the outcasts to save them (*kyūsai* 救済).³

Reformed Buddhist order engages in welfare

Eison was a Buddhist reformer of the *vinaya* rules; he was not one of the medieval monastic doctors who treated those afflicted with illness. Monastic doctors caring for members of the lay community contravened early Buddhist ordination rules (Sk. *vinaya*). The *vinaya* rules strictly banned members of the monastic community from engaging in healing householders. These rules were supposed to prevent physical contact with the worldly that may have led to monastics breaking their vows of sexual abstention or displaying unfitting behaviour as (worldly) healers. In Japan, the ideal of the bodhisattva acting in this world for the benefit of all took precedence over strict adherence to the prohibition on treating the wounds or diseases of the lay householders.

The ‘Rules for Monks and Nuns’ (*Sōni-ryō* 僧尼令) section of the eighth-century *Yōrō Code* includes a clause on divination (*boku*, *uranai* 卜) and exorcism with amulets as “magical techniques” (*fujutsu*, *mujutsu* 巫術). It prohibits Buddhist monks and nuns from curing sickness through Daoist divination or with Daoist amulets (*shōdō* 小道, ‘small way’).⁴ Such practices are said to result in laicisation unless the monastic

Regulations of healing services

3 David Quinter, *From Outcasts to Emperors: Shingon Ritsu and the Mañjusri Cult in Medieval Japan* (Leiden, Boston: Brill, 2015), 105.

4 Paul Demiéville, “Byō,” in *Hobogirin: dictionnaire encyclopédique du bouddhisme d’après les sources chinoises et japonaises* (Tokyo: Maison franco-japonaise, 1937),

uses exorcist healing spells (*jiju* 持呪) that form part of Buddhist teachings (*buppō* 仏法). It is not clear, however, whether Buddhist monks and nuns were only allowed to heal members of the monastic community in line with the *vinaya*, or whether they were also permitted to treat the lay community.

A ninth-century legal commentator describes the term *shōdō* 小道 – an exorcism by means of amulets in the form of paper strips – as a “technique of the Way, Daoism” (*dōjutsu fu* 道術符). This was indeed typical for Chinese Daoism. He also says that when Buddhist monks and nuns engage in such Daoist healing and divination methods, they practise the “left way” (*sadō* 左道), the wrong way or heresy, and, as a consequence, will be returned to lay status. The fact that Daoist practices are referred to as worldly – or secular – in early legal sources reflects the existence of a separate system of Buddhist law (*buppō*).

As recent research on the Heian period has revealed, however, combined Buddho-Daoist exorcisms were very popular.⁵ While a state office of exorcism no longer existed, exorcisms were practised widely. Just as Buddhist monastics were not permitted to use Daoistic exorcism spells in the Nara period, some forms of Buddhist Tantric ritual and thought were deemed heterodox and “evil” (*jagi* 邪義) by inner-Buddhist authorities in the late medieval period. As for heterodoxies in medicine, we find a significant passage in a well-known twelfth-century source, *The Scroll of Diseases and Deformities* (*Yamai no sōshi* 病草紙), in which a surgeon is depicted as a quack.

In the early seventeenth century, new views of nature, cosmos and man – which developed independently but not without influences from European thinking – gradually replaced older worldviews. This replacement of worldviews can be seen as increasing rationalisation and secularisation. However, mystical concepts also abounded in this period. In early Tokugawa Japan, a group of unconventional thinkers engaged creatively with Neo-Confucian models of thought and practice. Some of them searched for salvation in Japan’s mythical past and formed the tradition of Confucian Shintō, which followed

260; Herman Ooms, “Framing Daoist Fragments, 670–750,” in *Daoism in Japan: Chinese Traditions and their Influence on Japanese Religious Culture*, ed. Jeffrey L. Richey (London, New York: Routledge, 2015), 52.

5 Benedetta Lomi, “Dharanis, Talismans, and Straw-Dolls Ritual Choreographies and Healing: Strategies of the Rokujikyo hō in Medieval Japan,” *Japanese Journal of Religious Studies* 41 (2014): 255–304.

Disregard of prohibitions of certain healing services, widespread practice of exorcisms

Changes in worldview, rationalisation and secularisation

Confucian models but simultaneously attempted to avoid any obvious references to China. Many of these scholars, a large number of them doctors, were highly critical of Buddhism although the majority were trained or raised in a Buddhist environment.

The military government's suppression and strict control of the once exceedingly influential educational institutions associated with Buddhist temples had a decisive influence on the training of medical doctors and scholars in the 'sciences'.⁶ Ultimately, the monopoly on (higher) education held by Buddhist institutions in Japan was ceded to Neo-Confucian establishments in a process that was not without violent conflict and strife.

Due to politics of 'seclusion' in a phase of consolidation on the domestic front and a strategy to fend off colonialism in the Edo period (1600–1868), the military government officially also ended diplomatic contact with China. Until the Sino-Japanese war of 1894–95 that ended with China's defeat, the Japanese, however, still looked up to China as a respected, and to some extent highly idealised, model. Because the import of medical books from China remained restricted during the period of 'seclusion' in the Edo period, the influence of the medical tradition practiced in China on Japanese medical practice was also limited. This state of relative isolation led to the development of a distinct medical tradition in Japan with the development of different schools of medical thought with numerous branches. While the Japanese regarded the Chinese classic texts and commentaries on them by Chinese doctors still as authoritative, distinctly different medical theories were developed in Japan. In addition, medical and pharmaceutical knowledge from Europe was also increasingly adapted and processed, leading to a great diversity in the healing arts in Japan in this time of 'seclusion'.

The profession of the medical doctor underwent a radical change in the early Edo period because of the radical modification of the social structure. The social position of doctors now strictly depended upon the social class they were born into. The classes comprised numerous ranks and sub-ranks that were either hereditary or awarded accord-

Role of Buddhist temples in training physicians, Buddhism loses influence on medical training

Social positions of doctors changed

6 Frederico Marcon, *The Knowledge of Nature and the Nature of Knowledge in Early Modern Japan* (Chicago, London: University of Chicago Press, 2015); Shigeru Nakayama, *Academic and Scientific Traditions in China, Japan, and the West* (Tokyo: University of Tokyo Press, 1984); Shigeru Nakayama 中山茂, *Paradaimu to kagaku kakumei no rekishi* パラダイムと科学革命の歴史 (Tokyo: Kodansha, 2013).

Medical pluralism, increasing secularisation of medical training and practice

Legal distinction between medicine and Buddhism

New religions engage in healing services

ing to merit and good service to the authoritative powers. Medical teachings were passed on within the family profession. While court doctors, and doctors for the elite in general, had a status that can be described as secular, the majority of doctors still belonged to a Buddhist order, i.e. they held a position in the Buddhist clerical hierarchy – a position that doctors became more and more resentful of and that was eventually given up over the course of time.

From the Meiji period (1868–1912) onward, Buddhist priests only provided pastoral care and raised funds for hospitals. Medical care was provided by medical experts. In 1874, a legal distinction between medicine and Buddhism was established. After this, monastics either left their orders in order to continue practising medicine or gave up medicine altogether. Medicine in modern Japan was subjected to a new state licensing system that excluded the practice of traditional forms in favour of Western medicine.

Pre-Buddhist medicine never enjoyed any kind of significant renaissance after the incorporation of Buddhist and Chinese-style medicine into Japanese culture. An exception is the eighteenth-century attempt to divorce Japanese from Chinese ideas in the wake of nativist endeavours. To speak of a revitalisation of Japanese pre-Buddhist, pre-Chinese-style medicine would however be an exaggeration. The incorporation of Buddhism and Chinese-style medicine into Japanese culture was so complete that there is no evidence of Shintō medicine in Japan today.

Another field of study of religion and medicine (healing) in Japan encompasses emerging or new religions, including those from the late Edo period such as Tenrikyō, and groups in contemporary Japan who claim that medical psychotherapy is akin to Buddhist teachings on the mind and publish or consume Buddhist self-help books.

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