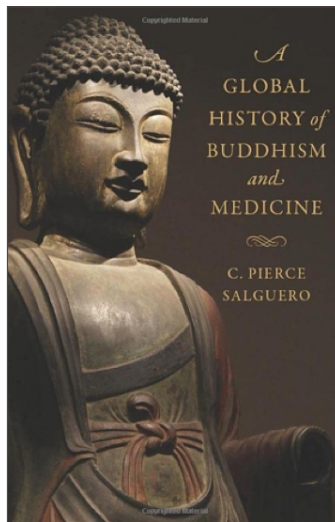


Book Review

C. Pierce Salguero. 2022. *A Global History of Buddhism and Medicine*. New York: Columbia University Press. Pp. x + 258. \$140.00 Hardback, ISBN 9780231185264; \$35.00 Paperback, ISBN 9780231185271; \$34.99 E-book, ISBN 9780231546072.



Pierce Salguero's *Global History of Buddhism and Medicine* is an overarching narrative of healing in Buddhist traditions based on his analysis of Buddhist texts and networks of medical practice. Like its two companion volumes also edited by Salguero,¹ this monograph explicitly concerns 'Buddhism and medicine'. Despite the conjunction splitting the two subjects of the title, however, after decades of effort and over twenty separate publications on the subject (234–35), Salguero has integrated historical, anthropological, and clinical studies into a unified field of 'Buddhist medicine'.

What is Buddhist medicine? "Buddhist medicine" refers to the totality of the different intersections and relations between Buddhism and medicine', Salguero writes. 'Indeed, to study this topic means not only to study how bridges have been built to connect Buddhism and medicine in some times or places but also how lines have been drawn to separate them into two distinct fields of knowledge in others' (5). Like 'Buddhist art', Salguero frames Buddhist medicine as a second-

¹ Salguero, ed., *Buddhism and Medicine*; and *idem*, *Buddhism and Medicine*.

order term that is not ‘native’ to Buddhist traditions. Salguero also argues that we need not distinguish ‘medicine’ from ‘healing’, because ‘any approach to human health whose doctrines and practices are articulated, codified, and institutionalized is worthy of being spoke about as “medicine”’ (183, note 7). The result is a decentralized medical tradition with unclear boundaries that developed in conversation with and in contradistinction from other, equally nebulous traditions like Āyurveda, Chinese medicine, and ‘Greek medicine’ (*yūnānī tibb*, 126). Unlike the specific national origins and extra-religious nature sometimes attributed to these other traditions, however, Buddhist medicine is transnational and fundamentally religious, which may help explain its absence from histories of medicine and its status as a contested category in Buddhist Studies.

In part one of the book (‘Practices and Doctrinal Perspectives’, 17–85), Salguero constructs a Buddhist medicine based on canonical sources. He opens with the life story of the Buddha, Siddhārtha Gautama, and his momentous recognition of illness as suffering. This shared narrative is followed by sometimes contradictory theories and instructions for healing found in Nikāya Buddhism, Mahāyāna Buddhism, and Tantric Buddhism (chs. 1–3). These chapters trace Buddhist medicine from its early anxieties about integrating worldly (Skt. *laukika*) and otherworldly (*lokottara*) practices (19), for example, to an emphasis on skillful means and compassion in the healing of others (34), and finally on to the transcendence of bifurcated categories in Tantric Buddhism (66). Concluding part one, a chapter on ‘Common Questions’ elaborates upon themes like suffering, bodies, healing powers, karma, and medical ethics. Like the above discussion of medicine as a worldly practice, in some contexts the Buddhist body is a worldly burden, ‘riddled with illness and filth’ (70), while in others it can be made ‘clean and pure’ (72) or even realized to be ‘perfect just the way it is’ (73). This discussion of thematic questions separate from the central ideas and practices of the three Buddhist vehicles presents Buddhist medicine as a disjointed but potentially integrable tradition.

Whereas the first part of the book is an exploration of medical theories and instructions in the Buddhist canons, the latter part of the book is a history of Buddhist medical practice (‘Historical Currents and Transformations’, 89–175). But what can a translated and

canonized Buddhist scripture ('received'), or even an archeologically recovered set of instructions ('excavated', 107), tell us about the practice of Buddhist medicine? To address this issue, Salguero adopts a metaphor of networks and nodes (91), culminating in the 'ocean of practice' that suffuses the second half of the book. 'The historian's viewpoint is always limited', he writes, 'as it can be based only on whatever small amount of information floats up from the depth of the ocean of practice into the textual record. As such, the historian's process can be likened to inspecting the seafoam on the surface of the ocean to try to understand what is going on below' (105). Examples that Salguero uses to assess this oceanic network of Buddhist medical practice include medicinal substances, people, and institutions (ch. 5); and Buddhist medical texts that have been translated, adapted, and anthologized (ch. 6). Unlike twentieth-century theories that seek to unite diverse traditions using assumptions of primitive origins and rational progress—from Frazer and Malinowski's magic-religion-science triad to van der Loon's 'shamanic substrate'—Salguero prescribes agnosticism and humility. We may be able to infer networks of activity based on historically verifiable instances of production and circulation but, in the end, such instances are mere seafoam floating atop the surface of the vast and ultimately unknowable ocean of practice.

Just as Salguero allows the details and examples of Buddhist medicine to manifest across the different chapters of his study, his methodological assumptions and approaches to global history also remain understated. He explicitly engages with few other theorists, and even leaves uncited his own reflections on metadisciplinarity and meta-approaches to Asian medicine.² Instead, he adopts 'metaphors' like displacement, domestication, and translocation (ch. 7); modernization, secularization, and popularization (ch. 8); and the globalization and hybridization of Buddhist medicine with biomedicine and other traditions (ch. 9). Although each of these models serves as a potential contribution to the increasingly popular enterprise of global history,

² Salguero, 'The Role of Buddhist Studies'; *idem*, 'Meta Approaches to Asian Medicine'.

more elaborate reflections on the subject of global history itself could have helped others also engaging in this type of scholarship. Instead, Salguero's tone of humility continues in this section, stating that he is merely 'interested in identifying macro-level patterns—while periodically zooming in to examine particular examples—to provide the scaffolding for future scholars to do precisely this work of refinement' (124). These final chapters situate the history of Buddhist medicine in the contexts of time, space, and intellectual history by elaborating upon the texts, people, and themes introduced throughout the earlier chapters of the book.

In the final paragraphs of chapter nine and in the conclusion, Salguero connects the lessons drawn from his history of Buddhist medicine to the ongoing realities of the 2020s. He first reminds us that we readers are not 'neutral observers' of this ocean of practice. Life also imitates art, and 'by virtue of being published and distributed by a major university press, this project will inevitably participate in the dissemination of the construct of "Buddhist medicine" around the world' (175). By returning to the very idea of 'Buddhist medicine' in the conclusion, Salguero demonstrates its simultaneous interdependence and importance; Buddhist medicine depends upon human agency and social circumstance but also has a capacity to affect the way that people live and behave in the world. For some, medicine and Buddhism should remain split according to their mutually exclusive qualities: worldly and otherworldly, modern and superstitious, scientific and religious. Others have found therapeutic value in lumping together these categories, however, and this is the 'ongoing, millennia-long cross-cultural conversation [... that] we have been exploring in this book' (179). By including the splitters with the lumpers, Salguero reinforces the notion that 'Buddhist medicine' is an ongoing dialogue between two distinct, but potentially overlapping magisteria.

Along with this answer to the question of what Buddhist medicine is, Salguero concludes with reflections on its value. He reaches beyond the confines of Eurasia to describe the global charity work of Tzu Chi, and the 'Stay Home, Stay Mindful' program offered by the governor of Michigan and Headspace during the COVID-19 pandemic (179). Across these and other examples, Buddhist medicine 'offers tools for thinking about health care in radically

different ways from the individualism, secularism, and scientism of mainstream biomedical and public health discourses' (181). It invites us to reconsider the relationships between mind, body, and spirit, as well as those between individuals, humanity, non-human beings, and the environment. Along with the historical contexts and ethical prescriptions for therapeutic interventions, in *A Global History* one also finds in a recurrent critique of the commercialization of meditation ('McMindfulness'), and warnings about meditation sickness (80–81, 165). Casual readers, mindfulness practitioners, and specialists interested in the clinical study of meditation will surely find value in this historical reappraisal of therapeutic meditation.

A Global History of Buddhism and Medicine is an accessible introduction to the history of Buddhist medicine in South, East, Southeast, and Central Eurasia. While part one synthesizes themes of medicine in the Buddhist canons for ease of understanding and discussion, part two constructs a general narrative that provides analytical categories for future studies of Buddhist medicine. Specialists in the history of medicine and Buddhist Studies might find the superficial nature of the overarching narrative frustrating at times, but even they will undoubtedly learn from Salguero's detailed explorations of specific texts and themes. The more compelling of these vignettes represent the fruits of Salguero's specialized research projects, including the biographies of Jīvaka (22),³ healing in the *Sūtra of Golden Light* (37),⁴ *Translating Buddhist Medicine in Medieval China* (ch. 6),⁵ *Traditional Thai Medicine* (142),⁶ and the 'Varieties of Buddhist Healing in Multiethnic Philadelphia' (171).⁷ Although the pan-Asian purview of *A Global History* derives from the group effort represented in the translated anthologies mentioned above, Salguero's careful philology and ethnographic experience give depth to his historical narrative.

³ Salguero, 'The Buddhist Medicine King in Literary Context'.

⁴ Salguero, 'Mixing Metaphors'; *idem*, 'Understanding the *Doṣa*'.

⁵ Salguero, *Translating Buddhist Medicine in Medieval China*.

⁶ Salguero, *Traditional Thai Medicine*.

⁷ Salguero, 'Varieties of Buddhist Healing in Multiethnic Philadelphia'.

To those who wish to address the acknowledged gaps in this history of Buddhist medicine, I offer some humble advice based on Salguero's model. Engage with medical instructions of the Buddhist canons, but do not end your study there. The Buddhist scholars of thirteenth- and fourteenth-century Tibet chose to include the demonstrably Indian, but not necessarily Buddhist, *Compendium of the Essence of the Eight Branches* (Skt. *Aṣṭāṅgahr̥daya saṃhitā*) in the Canon of Translated Treatises (Bstan 'gyur), for example, but chose to exclude from the canons the emphatically Buddhist, but not necessarily Indian, Four Tantras (Rgyud bzhi; 120–21). Considering these details, the thesis that Buddhist medicine was 'translocated' from India to Tibet (135: 'cross-culturally transmitted knowledge introduced from India planted seeds here that would grow into culture-specific, Buddhist-inflected medical traditions') requires refinement. The medical instructions found in the *Sūtra of Golden Light* were translated into Tibetan in eighth and ninth centuries, for example, but even these contain Yijing's original, Chinese-language elaborations.⁸ Nor were the early Tibetan-language medical instructions found at Dunhuang simply 'introduced from India' (not before some major 'domestication', at least), and Tibetan pulse diagnosis and uroscopy also originated outside of Indian scriptures and treatises (127, 136). Such refinement is in line with the spirit of *A Global History*, of course, and hopefully future scholars will adopt and adapt Salguero's models of translocation, domestication, and hybridization in their own histories of medicine.

To Pierce Salguero, I extend heartfelt thanks and congratulations. Before his work, scholars of Buddhist medicine had 'not yet seen themselves as part of a common field of inquiry', drawing from 'a variety of conflicting literatures that [had] not yet gelled into a coherent research agenda' (8). Now, with *A Global History of Buddhism and Medicine*, specialists of diverse disciplines can confidently engage with an expanding and increasingly coherent field of Buddhist medicine. Citing and organizing nearly one hundred chapters of recently translated material on Buddhist medicine from the anthologies, as

⁸ Salguero, 'Understanding the *Doṣa*'.

well as thousands of other sources across a forty-page bibliography (205–44), Salguero has successfully synthesized over a century of scholarship and several millennia of diverse intellectual developments into a coherent narrative. In *A Global History*, anthropologists and clinical researchers will find compelling models for contextualizing their findings, and historians of medicine and specialists in Buddhist Studies can now build upon Salguero's scaffolding to further refine the history of Buddhist medicine.

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