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THE BUDDHIST
MEDICINE KING IN
LITERARY CONTEXT:
RECONSIDERING AN
EARLY MEDIEVAL
EXAMPLE OF INDIAN
INFLUENCE ON
CHINESE MEDICINE
AND SURGERY

In most accounts of Chinese medical history, one reads of the transmission of Indian medicine to China in the early medieval period via Buddhism.¹ In the vast number of Chinese Buddhist texts pertaining to healing from the period, no human figure is more celebrated than the “Medicine King” (*yi wang* 醫王), known in Sanskrit sources as Jivaka Kumārabhṛta (Pāli: Komārabhacca).² Historical studies of Indo-Sinitic medical exchange in

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¹ For convenience, I use the terms “early medieval” and “Six Dynasties” interchangeably throughout. I intend both terms to refer to the era of disunion between the fall of the Han dynasty (206 BCE–220 CE) and reunification of the empire in 589 CE by the Sui (581–618 CE). While many more than six dynasties came and went over these centuries, the period is named for the six successive dynasties with capitals at Nanjing.

² The honorific *yi wang*, translatable as either “Medicine King” or “King of Physicians,” is also used to refer to Bian Que and other famous Chinese physicians and is a title assumed by some Chinese emperors to underscore their beneficence. A similar term, *yao wang* 藥王, also translatable as “Medicine King” or as “King of Medicines,” is most often used as an honorific for the Tang physician Sun Simiao 孫思邈 (581–682 CE) but may also refer to the emperor Shen Nong 神農, the divine discoverer of herbal medicine. At least two Sanskrit terms may

English, French, and Chinese long have pointed to similarities between the biographies of Jīvaka and the legendary Chinese physicians Bian Que 扁鵲 and Hua Tuo 華佗. Such correlations have led historians to believe that Jīvaka's biography is an important early example of the influence of Indian medical and surgical knowledge in China.³ This article, however, reappraises the Jīvaka biography and its relationship to these medical figures and attempts to move the discussion in a new methodological direction. This text may in fact include the earliest examples in Chinese literature of several Indian medical and surgical procedures, but that will not be my focus here. Rather than look at Jīvaka's biography as an example of the transmission of Indian medical doctrines or therapies to China, I instead intend to focus on the literary context of the text in Chinese translation and to show how the Chinese version of the Jīvaka biography participated in and contributed to established Chinese genre conventions.

In emphasizing the Chinese reception of the Jīvaka biography, I join a by now well-established trend in Buddhist studies of prioritizing the local in the process of intercultural exchange. Recently, historians of Buddhism have focused on a range of topics—including Buddhist doctrine, material culture, and iconography—and in each instance have investigated the tension and the interplay between indigenous and foreign knowledge.⁴ In

be translated by either of these Chinese phrases. The first is *bhaiṣajyarāja*, which can be the name of a bodhisattva, a therapeutic panacea mentioned later in this article, or a metaphorical reference to the dharma itself. The second is *vaidyarāja*, an honorific of the Buddha. A third related Sanskrit term, *bhaiṣajyaguru*, most often refers to the Medicine Buddha and is typically rendered in Chinese as *yaoshi* 藥師, or “Master of Medicines.” For usage of these terms, see Raoul Birnbaum, *The Healing Buddha* (Boulder, CO: Shambhala, 1979), 24–25; Paul Demiéville, *Buddhism and Healing: Demiéville's Article “Byō” from Hōbōgirin*, trans. Mark Tatz (Lanham, MD: University Press of America, 1985 [1937, in French]), 14.

³ See, e.g., Chen Yinke 陳寅恪, “*San Guo Zhi Cao Chong Hua Tuo zhuan yu fojiao gushi*” 三国志曹冲华佗转与佛教故事 [Biographies of Cao Chong and Hua Tuo in the *Record of the Three Kingdoms* and Buddhist stories], in *Hanliu tang ji* 寒柳堂集 (1930; repr., Shanghai: Shanghai guji chubanshe, 1980); Demiéville, *Byō*, 97–98; Kenneth Ch'en, *Buddhism in China: A Historical Survey* (Princeton, NJ: Princeton University Press, 1964), 483 n. 10; Liu Mingshu 刘铭恕, “Bian Que yu Yindu gudai mingyi Qipo” 扁鵲与印度古代名医耆婆 [Bian Que and the famous ancient Indian physician Jivaka], *Zhengzhou daxue xuebao* 郑州大学学报 5 (1996): 100–101. Chen Yinke also makes a similar suggestion concerning a connection between Jivaka and Qi Bo, the interlocutor of the Yellow Emperor in the *Inner Canon of the Yellow Emperor* (*Huangdi nei jing* 黄帝内经), the first-century BCE acupuncture classic. I will be unable to respond to this suggestion here, as it would involve a lengthy digression into the classical medical literature.

⁴ See, e.g., Robert H. Sharf, *Coming to Terms with Chinese Buddhism: A Reading of the Treasure Store Treatise* (Honolulu: University of Hawai'i Press, 2002); John Kieschnick, *The Impact of Buddhism on Chinese Material Culture* (Princeton, NJ: Princeton University Press, 2003); Stephen F. Teiser, *Reinventing the Wheel: Paintings of Rebirth in Medieval Buddhist Temples* (Seattle: University of Washington Press, 2006); Christine Mollier, *Buddhism and Taoism Face to Face: Scripture, Ritual, and Iconographic Exchange in Medieval China* (Honolulu: University of Hawai'i Press, 2008).

this article, I wish to extend this sort of analysis to the Chinese reception of Indian medicine by focusing on the translation of a text called the *Jivaka Sūtra*. It is clear that at the same time that it introduced novel medical practices and ideas, the *Jivaka* biography gives us ample evidence that a foreign narrative was modified to fit Chinese expectations and was transformed substantially by indigenous knowledge. Through these acts of translation, *Jivaka* came to be recreated as a model physician and a potent worker of medical wonders in the Chinese mold. These same translation strategies also situated the biography within the context of popular Chinese literature, specifically within a homegrown genre of medical hagiography. I argue that this indigenous genre, centering on miracles wrought by enigmatic healers, offers us the best lens through which to understand the *Jivaka* story and to appreciate its meaning for Chinese readers.⁵

The translator/author of the *Jivaka* biography imposed his own choices and preferences upon the text during the process of rendering it into a new language.⁶ While not always providing an accurate literal translation, the rewriting of the hagiography of *Jivaka* was evidently a successful cultural translation: generations of readers over the ensuing centuries found the text persuasive enough to include it as part of the Chinese Buddhist canon (the *Tripitaka*), to quote it at length, and to adopt *Jivaka* as a source of legitimacy for a wide range of Buddhist medical activities. Ultimately, since healing activity was so closely tied to proselytism, claims for *Jivaka*'s superiority in medicine were meant to lend luster to Buddhism itself. The biography therefore is also an illustration that healing—at least narrative accounts of healers—had an important role to play in the legitimization of Buddhism in China.

⁵ Scholars have debated the applicability of the word “miracle” to the Buddhist context. While the term typically is used for a happening that is quite unexpected and out of the ordinary, Robert L. Brown argues that such occurrences are not outside of natural laws for Buddhist believers; they thus are not surprising and therefore should not be called miracles (see Robert L. Brown, “Expected Miracles: The Unsurprisingly Miraculous Nature of Buddhist Images and Relics,” in *Images, Miracles, and Authority in Asian Religious Traditions*, ed. Koichi Shinohara [Boulder, CO: Westview, 1998]). Other scholars have not seen the terms “miracle” or “miraculous” as inappropriate to the Buddhist context. Most scholarship on Buddhist narrative in fact has emphasized that the powers of monks and deities (and to these I would add wondrous healers) were seen as out of the ordinary and that these tales evoked surprise, wonder, and awe. While I agree with Brown that such happenings are part of the natural world as understood by Buddhists, and therefore avoid the word “supernatural,” I follow other scholars in referring to these events as miracles to underscore their surprising and unusual nature.

⁶ In this article I use the term “translator” loosely, acknowledging that texts were most often translated by committees. For a description of the procedures of a Buddhist translation team in the early medieval period, see Daniel Boucher, “Buddhist Translation Procedures in Third-Century China: A Study of Dharmarakṣa and His Translation Idiom” (PhD diss., University of Pennsylvania, 1996). Most often in the discussion below, however, I will use the term “author” rather than “translator” in order to underscore my understanding of translation as an act of recreation and rewriting.

THE JĪVAKA SŪTRA'S DATES AND AUTHORSHIP

Before getting to the content of the text and its relationship to famous legendary Chinese physicians, in this section I first reevaluate the dates and authorship of the *Jivaka Sūtra*. As will become evident below, even the basic details of the provenance of the text are a mystery that needs to be unraveled. The Jivaka biography exists today in multiple recensions in Pāli, Sanskrit, Tibetan, and Chinese. The historian of Indian religion and medicine Kenneth Zysk has analyzed various versions of the biography and has outlined the plots and the important differences between them in a comprehensive and revealing comparison I have relied upon heavily but need not repeat here.⁷ Zysk demonstrates that both the frame story and the medical episodes in the Jivaka biography were variously adapted to fit local traditions during the spread of Buddhism throughout Asia. He also suggests that none of the extant versions are the original text from which the others derive and that therefore we cannot know the origin of the core narrative.

In the Indic and Tibetan languages, the biography of Jivaka is found in the section on clothing in the monastic code of discipline (the *Vinaya*).⁸ In the Chinese, two separate translations of the biography are found, one within the Dharmaguptaka *Vinaya* (translated in 410–12 CE) and one enjoying a life of its own as a separate *sūtra* text. The focus of this article is the latter, which appears today in two received versions found back-to-back in the *Taishō Tripiṭaka*.⁹ These are the *Āmrāpāli and Jivaka Avadāna Sūtra* (*Fo shuo Nainü Qiyu yinyuan jing* 佛說奈女祇域因緣經, T. 553) and the *Āmrāpāli and Jivaka Sūtra* (*Fo shuo Nainü Qipo jing* 佛說奈女耆婆經, T. 554).

These two texts, each one fascicle (*juan* 卷) long, are exceedingly similar. Both are named after Jivaka and his mother, the divine virgin Āmrāpāli (Ch. *Nainü* 奈女 or 奈女, “Woman of the Mango”), who was said to have been born of a mango tree.¹⁰ Both present a similar biographical sketch of Jivaka’s life. Both call Jivaka the “Medicine King”

⁷ See Kenneth G. Zysk, *Asceticism and Healing in Ancient India: Medicine in the Buddhist Monastery* (1991; repr., New Delhi: Motilal Banarsidass, 1998), 52–61.

⁸ It is found in the fifth chapter of the Mahīśāsaka *Vinaya*, the sixth of the Dharmaguptaka, the seventh of the Sarvāstivāda and Mūlasarvāstivāda, and the eighth of the Theravāda *Vinaya* (Zysk, *Asceticism and Healing*, 53, 151 n. 9).

⁹ The *Taishō Shinshū Daizōkyō* is the most frequently referenced modern edition of the Sino-Japanese Buddhist canon: Junjirō Takakusu and Watanabe Kaikyoku, eds., *Taishō Shinshū Daizōkyō* 大正新修大藏經 [The Taishō era new compilation of the Tripiṭaka], vols. 1–85 (Tokyo: Issaikyō kankōkai, 1924–34). References to texts from this collection are indicated by the standard abbreviation T. followed by the text, page, and line number.

¹⁰ For a summary of the contents of the *Jivaka Sūtra*, see Zysk, *Asceticism and Healing*, 52–61. For a French translation, see Edouard Chavannes, *Cinq cents contes et apologues: Extraits du Tripiṭaka chinois et traduits en français* (Paris: Librairie D’Amerique et D’Orient, 1962), 3:325–61.

and recount his various healing exploits. However, T. 553 is considerably longer than T. 554, as it contains interpolations from the Dharmaguptaka *Vinaya*. Other than the missing sections, the two texts differ only in minor details such as the occasional divergence of individual characters or phrasing probably due to scribal error or correction. As they clearly represent two editions of a single translation, I will refer to these two texts collectively as the *Jivaka Sūtra* and differentiate between them when necessary by calling T. 553 the “unabridged version” and T. 554 the “abridged version.”

AUTHORSHIP

Tradition attributes to An Shigao 安世高 (d. 170 CE) the translation into Chinese of the *Jivaka Sūtra* from an unknown Sanskrit or Central Asian source text. An, alternatively known as An Qing 安清, An Xing 安行, or An Hou 安侯, was a Parthian monk who arrived in Luoyang, the capital of the Eastern Han dynasty (25–220 CE) in the year 148. Legend holds An to have been the first significant translator of Buddhist texts in China, and he is especially noted for his translation of non-Mahāyānic texts focused on meditation techniques, such as the *Mindfulness of Breathing Sūtra* (T. 602).

Questions have been raised, however, regarding both An’s biographical details and the translations attributed to him. A monograph by Antonio Forte has called into question the basic elements of the Parthian’s life, proposing that the historical An was not a monk after all but a political hostage sent in tribute from the Central Asian kingdom of Anxi to the Chinese capital.¹¹ Furthermore, Erik Zürcher has rendered doubtful the validity of An’s many textual attributions. Zürcher points out that the number of texts attributed to him in the earliest Buddhist sources totals thirty-four works, whereas this number had swelled to 176 by the Tang dynasty (618–907 CE). Through a methodology combining bibliographic and philological research, Zürcher has devised a definitive list of only sixteen extant texts that can be considered genuine products of An Shigao’s translation efforts—a list that does not include the *Jivaka Sūtra*.¹² Following Zürcher’s advice, we cannot accept the traditional attribution of the *Jivaka Sūtra* to An Shigao and must investigate the matter further.

As far as I have been able to determine, there is no evidence that this text existed in the Eastern Han when An Shigao flourished at Luoyang.

¹¹ Antonio Forte, *The Hostage An Shigao and His Offspring: An Iranian Family in China* (Kyoto: Istituto Italiano di Cultura, Scuola di Studi sull’Asia Orientale, 1995).

¹² Erik Zürcher, “A New Look at the Earliest Chinese Buddhist Texts,” in *From Benares to Beijing: Essays on Buddhism and Chinese Religion*, ed. Koichi Shinohara and Gregory Schopen (New York: Mosaic, 1992), 297–98. See also Erik Zürcher, “Vernacular Elements in Early Buddhist Texts: An Attempt to Define the Optimal Source Materials,” *Sino-Platonic Papers* 14 (1996): 1–31.

The first references to the full title *Āmrāpāli and Jivaka Avadāna Sūtra*, in fact, do not appear until the Tang.¹³ However, the shorter *Jivaka Sūtra* is reproduced in a Liang Dynasty (502–57 CE) Buddhist encyclopedia, giving us a reliable *terminus ante quem* for this text. In addition, a firmly datable bibliographic citation of a text called *Āmrāpāli and Jivaka Sūtra* appears in the *Compilation of Notices on the Translation of the Tripitaka* (*Chu san zang ji ji* 出三藏記集, T. 2145), the first extant Buddhist scriptural catalog composed around 515 CE.¹⁴ Notably, this catalog does not list the title within the texts translated by An Shigao. Citing the now lost 374 CE catalog by Dao'an 道安 (314–85 CE), Sengyou attributes the translation of the *Āmrāpāli and Jivaka Sūtra* to a monk named Zhu Fahu 竺法護 (Sanskrit: Dharmarakṣa, fl. 266–317 CE). This attribution persists until the Tang dynasty (618–907 CE).¹⁵ Attributions to An Shigao, however, also become commonplace by the Tang.¹⁶ This attribution became the accepted position, and it dominates in the present, being repeated in all reference books in Chinese or European languages I have consulted in preparing this article.

The attribution to An Shigao was most likely fabricated as part of a broader attempt to push back the dates of many texts to the earliest translation activity in the Eastern Han in an effort to legitimize Chinese Buddhism as it struggled to compete with the perceived antiquity of Daoism and other indigenous Chinese traditions. Since the authority and

¹³ See, e.g., T. 2154 (615c06, 693a05), 2155 (739b27), 2157 (948c24). For my research, citations, and quotes, I have relied on the digital edition of the *Taishō Tripitaka* provided by www.CBETA.org and its automated search capabilities.

¹⁴ Citation occurs at T. 2145 (8b01). This is the first extant catalog of the Chinese Buddhist *Tripitaka* and includes biographical notes on translators. Compiled in the Liang dynasty (502–57 CE), the fifteen-fascicle composition provides the earliest available information on the structure of the Chinese *Tripitaka* and the chronology of translation of foreign texts. Bibliographic information and translation of the first fascicles are available in Arthur E. Link, “The Earliest Chinese Account of the Compilation of the Tripitaka (I),” *Journal of the American Oriental Society* 81, no. 2 (1961): 87–103, and “The Earliest Chinese Account of the Compilation of the Tripitaka (II),” *Journal of the American Oriental Society* 81, no. 3 (1961): 281–99. See discussion of the catalog’s contents and classification scheme, as well as historical development of Chinese Buddhist catalogs more generally, in Tanya Storch, “Chinese Buddhist Bibliography” (PhD diss., University of Pennsylvania, 1995). Citations also occur in numerous commentaries and catalogs, all dating to the Tang period or earlier. These give a variety of alternative titles for the text, including *Āmrāpāli and Jivaka Sūtra* (奈女耆域經·奈女耆域經 or 奈女祇域經), *Jivaka Sūtra* (耆婆經), and *Āmrāpāli Sūtra* (奈女經), suggesting that a *Jivaka* text with various names was widely available by the Tang. These citations also use a variety of characters for both *Jivaka* and *Āmrāpāli*’s names. *Āmrāpāli* can appear as 奈女 or 奈女, both pronounced Nai Nü and meaning “Mango-Woman” or “Woman of the Mango(s).” On the variants for *Jivaka*’s name, see discussion below.

¹⁵ Attributions to Zhu Fahu continue, e.g., in T. 2034 (63c07), 2148 (186c15), and 2149 (323a01).

¹⁶ See, e.g., T. 2034 (52a5), 2153 (417b28–29), 2154 (615c06–07), and 2157 (948c24–25), all dating to the Tang.

legitimacy of Chinese Buddhist texts were dependent on reliable data about the translator—including name, place, and date—certain texts deemed important by compilers were given false attributions in order to establish or maintain canonical status or to increase their putative value.¹⁷ Why the *Jivaka Sūtra* would have been deemed important enough to elevate in this way will become clear by the conclusion of this article.

Why choose An Shigao? Surely, if backdating was the goal, the Parthian was a good candidate given the early date of his supposed mission. It is also likely that he seemed a logical person to associate with the translation because he himself was said to have possessed medical knowledge. Biographies of An Shigao are found in both Sengyou's catalog and the *Lives of Eminent Monks* (*Gao seng zhuan* 高僧傳, T. 2059), a collection of hagiographies the monk Huijiao 慧皎 (497–554 CE) composed in 530 CE. According to these texts, An was fully proficient in all the “sundry arts”: he had mastered the foreign classics, the speech of birds and animals, different forms of divination, and medicine.¹⁸ The more detailed of the two biographies, found in Sengyou's catalog, claims he had “both a penetrating understanding of the medical arts and an ingenious ability in acupuncture. He could observe the [patient's] form (or hue) and know the disease, and whatever medicine he sent after it was surely beneficial.”¹⁹ As we will see, these are some of the very same skills attributed to Jivaka, the Medicine King.

GENRE OF THE *JĪVAKA SŪTRA*

Zhu Fahu cannot have been the sole author of the *Jivaka Sūtra* as it has come down to us, however. In Pāli, Sanskrit, and Tibetan the hagiography appears within the *Vinaya*, the monastic code traditionally read only by the ordained (the *saṃgha*). In that setting, as already mentioned, the text appears within a section on the rules pertaining to the donation of clothing by the laity and its handling by the Buddhist order.²⁰ As previously stated,

¹⁷ See Storch, “Chinese Buddhist Bibliography,” 63, 105. On the vicissitudes of citations in Buddhist catalogs and the power of catalogers to control the content of the canon via bibliography, see Kyoko Tokuno, “The Evaluation of Indigenous Scriptures in Chinese Buddhist Bibliographical Catalogues,” in *Chinese Buddhist Apocrypha*, ed. Robert E. Buswell Jr. (Honolulu: University of Hawai'i Press, 1990).

¹⁸ 外國典籍。及七曜五行醫方異術。乃至鳥獸之聲。無不綜達。 , T. 2059 (323a25–26).

¹⁹ 兼洞曉醫術妙善鍼脈。睹色知病投藥必濟。 , T. 2145 (95a12). Note that the character 色 means “form” in a Buddhist context but is a technical term for the hue or complexion of the face in classical Chinese medicine. Either would make sense here.

²⁰ The Buddha offers Jivaka a boon after the physician cured him of a mild disease, at which point Jivaka seeks and is granted permission to make a donation of cloth to the monastic community, thus initiating this particular merit-making practice. See translation of the Pāli in I. B. Horner, *The Book of the Discipline (Vinaya-Piṭaka)* (Oxford: Pali Text Society, 2000), 4:396–97.

a version of the Jivaka biography is also found in this rather obscure setting within the Dharmaguptaka *Vinaya* in the Chinese *Tripitaka*, a text which dates to the early fifth century.²¹ This version of the biography contains several sections that are identical to the unabridged *Jivaka Sūtra*, indicating that our received text cannot be exactly the same as that attributed to Zhu Fahu by Dao'an in 374 CE. However, the majority of the Dharmaguptaka text differs significantly and it appears to be a separate translation effort.

Curiously, only fragments of the Jivaka biography appear in the Chinese translations of the Sarvāstivādā *Vinaya* (translated in 404–9 CE) and the Mahīśāsaka *Vinaya* (translated 422–23 CE). In the place where one would expect it to appear, we find the entire Jivaka narrative has been removed with the exception of a single healing episode. Zysk speculates that in China the Jivaka story was excised from this original location due to its popularity (or, I would add, its potential for popularization).²² Set aside as an independent *sūtra* in its own right, the Jivaka hagiography was able to take on an independent life and reach an audience wider than simply the *saṃgha*. The change in location also necessarily implies a change in genre: now no longer part of the *Vinaya*, the title of the unabridged *Jivaka Sūtra* was able to proclaim itself an *avadāna*, a widely popular class of texts that focus on tales about famous devotees, that include many stories about anomalous and wondrous events, and that are primarily meant to inspire the faithful. Beyond being a textual curiosity, then, this change in the story's location is an important clue about shifts in its readership.

Appealing to a lay audience necessitated modifying the text. Certain passages, for example, had to be omitted. In the remaining fragments of the story in the Sarvāstivādā and Mahīśāsaka *Vinayas*, Śākyamuni Buddha's physical body has "contracted a minor illness"²³ or has become "cold and moist,"²⁴ a condition that Jivaka proceeds to treat with a purgative. This encounter is missing from both editions of the Chinese *Jivaka Sūtra* but is present in both the Pāli and Sanskrit-Tibetan²⁵ versions of the hagiography as well as in the Chinese Dharmaguptaka *Vinaya*, giving us the impression that it was purposefully left behind. It remains a matter of speculation why this one episode did not accompany the rest of the text when it was extracted, but most likely it was considered inappropriate for laypeople, who were accustomed to a deified and idealized Buddha with

²¹ T. 1428 (851–54).

²² Zysk, *Asceticism and Healing*, 151 n. 9.

²³ 世尊身小有患, T. 1421 (134a17).

²⁴ 我身冷濕, T. 1435 (194b13).

²⁵ Zysk states that the Sanskrit and Tibetan versions are practically identical and refers to them collectively with this hyphenation (Zysk, *Asceticism and Healing*, 53).

a miraculous Mahāyānic body, to hear a story in which he becomes ill and seeks a laxative from a lay physician.

THE NAMES OF JĪVAKA

Taken together, the above facts suggest that by the time the *Vinayas* were being translated in the early fifth century in China, what initially was an origin story legitimizing a particular point of monastic discipline was becoming a popular hagiography meant to be read in a very different way by a lay audience. References to Jīvaka in numerous early medieval Buddhist texts confirm that he was widely known and revered by that time.²⁶ In addition to the frequently used title “prince” (*tongzi* 童子), Jīvaka’s name appears alongside the title “Medicine King” in a number of texts from the third to the fifth century.²⁷ The Sarvāstivādā *Vinaya* (404–9 CE) calls Jīvaka “Master of Medicines” (*yao shi* 藥師).²⁸ A Former Song (420–79 CE) text calls him “Supreme Medicine” (*shang yao* 上藥).²⁹ One Sui text speaks of the “Great Physician” (*da yi* 大醫),³⁰ while another calls him “the World’s Doctor” (*shi yi* 世醫).³¹ All of these phrases refer to Jīvaka in the same language used for buddhas and bodhisattvas of healing, suggesting that in certain circles he may already have been in the process of being deified.

Looking at the wide variety of sources mentioned above, we find the Medicine King’s personal name written with three different combinations of characters, all of which are transliterations of the Sanskrit “Jīvaka.” Some sources use the characters 耆域 or, as in the unabridged *Jivaka Sūtra*, 祇域, both written as Qiyu in modern Chinese *pinyin*. Thanks to the work of historical linguists, reconstruction of the pronunciation of these characters in the language of the early medieval period (Early Middle Chinese) is possible. Edwin Pulleyblank gives us for either set of characters the name *gjiwik*, pronounced something like “gyeewee.”³² A third option for Jīvaka’s name, appearing in the abridged *Jivaka Sūtra* and in

²⁶ He is mentioned, e.g., in T. 22, 199, 202, 270, 345, 701, and 1509, all attributed to the Eastern Han or Six Dynasties.

²⁷ For example, T. 199 (199a13), 324 (33a07), and 345 (164b08).

²⁸ Presumably a translation of the Sanskrit *bhaiṣajyarāja*. T. 1435 (152b09, 194b14).

²⁹ Presumably a translation of the Sanskrit *bhaiṣajyasamugdata*. T. 270 (292a27–28).

³⁰ T. 1764 (772c06).

³¹ T. 1800 (971b22). For further discussion of the various honorifics by which Jivaka is addressed in Buddhist literature, see Chen Ming 陳明, *Dunhuang chutu huhua* Qipo Shu yanjiu 敦煌出土胡話《老婆書》研究 (*A Study on Sanskrit Text of Jivaka-Pustaka from Dunhuang [sic]*) (Hong Kong: Xin Wen Feng Chuban Gongsi, 2005), 117–29.

³² See Edwin G. Pulleyblank, *Lexicon of Reconstructed Pronunciation in Early Middle Chinese, Late Middle Chinese, and Early Mandarin* (Vancouver: University of British Columbia Press, 1991), 245, 246, 385, and see the introduction for a guide to pronunciation. His methodology is detailed in Pulleyblank, *Middle Chinese: A Study in Historical Phonology* (Vancouver: University of British Columbia Press, 1984).

most later sources, is Qipo 耆婆. Pulleyblank's reconstruction for these characters gives us *gjiba*, pronounced like “gyeeba,” which demonstrates a closer similarity with the Sanskrit pronunciation of the first two syllables in *Jivaka*.³³ The character *qi* 耆 is joined with *po* 婆 in a number of other instances in which the Sanskrit word *jīva* (meaning “life”) is transliterated. Such examples include *qipo niao* 耆婆鳥, the two-headed *jīva* bird, and Qipo Tian 耆婆天, an Indian God of Longevity (Sanskrit *Jīva*).

Looking at the various early medieval texts that mention the Medicine King, the appellation Qiyu 耆域 appears in many texts dating from the Six Dynasties. Qipo, the name used in the abridged *Jivaka Sūtra* and the Dharmaguptaka *Vinaya*, is also quite common. However, Qiyu 耆域 is extremely rare, aside from commentarial literature and catalogs, appearing only in the *Jivaka Sūtra* and in one other composition from the Northern Wei Dynasty (306–534 CE). This may provide a clue as to the provenance of the *Jivaka Sūtra*, suggesting a temporal and possibly even geographic range for the production of the extant texts.

DATES AND PRIORITY REVISITED

A watertight argument for the dating of the received versions of the *Jivaka Sūtra* remains impossible, and closer philological analysis may reveal additional clues as to its origins. While pinpointing the provenance more narrowly must remain speculative, I believe the evidence outlined above suggests that the shorter *Jivaka Sūtra* is a composite text made up of selections of the Medicine King's hagiography from a number of sources translated in the early medieval period (including a fourth-century text by Zhu Fahu, and possibly other versions of the tale excised from the *Vinayas*), brought together with the addition of apocryphal material in the fifth century. I take the longer version of the *Jivaka Sūtra* to be a later, re-edited version of this same text that incorporated the passages from the Dharmaguptaka *Vinaya*, which was possibly compiled in the Northern Wei, and which was available by the Tang.

Even with this reassessment of the dating of the text, however, it is still not possible to determine the temporal relationship between the *Jivaka Sūtra* and the biographies of the physicians Bian Que and Hua Tuo, with which it undeniably shares some features. The biography of Bian Que appears in three main sources. The first is the *Records of the Grand Historian* (*Shi ji* 史記), by Sima Qian 司馬遷 (d. 110 BCE).³⁴ The second

³³ Pulleyblank, *Lexicon*, 241, 245.

³⁴ This is the first of the twenty-four “standard dynastic histories” and served as the model for those that followed both in terms of structure as well as historiographic and biographical conventions. The author compiled a wide variety of sources to write the history of Chinese civilization from its mythological inception up to his contemporary time. Fascicle 105 includes

is the *Book of Master Lie* (*Lie zi* 列子), traditionally attributed to Lie Yūkou 列禦寇 (c. 400 BCE). Much of this text dates from the fourth to the first century BCE, but some passages are from as late as the fourth century CE.³⁵ The third source is the *Book of Master Han Fei* (*Han Feizi* 韓非子), attributed to Han Fei (ca. 280–ca. 233 BCE), but which includes interpolations from the fifth to sixth century CE.³⁶ The biographies of Hua Tuo, on the other hand, date to the late third-century CE *Records of the Three Kingdoms* (*San guo zhi* 三國志) by Chen Shou 陳壽 (233–97 CE), and the fifth-century CE *Book of the Later Han* (*Hou Han shu* 後漢書) by Fan Ye 范曄 (398–446 CE).³⁷

the biography of both the physicians Bian Que and Chunyu Yi 淳於意. See bibliographic information in William H. Nienhauser, *The Indiana Companion to Traditional Chinese Literature*, vol. 1 (Bloomington: Indiana University Press, 1986), 689–92; A. F. P. Hulsewé, “Shih Chi,” in *Early Chinese Texts: A Bibliographical Guide*, ed. Michael Loewe (Berkeley: Society for the Study of Early China and the Institute of East Asian Studies, University of California, 1993), 405–14. Complete translation and discussion of fascicle 105 will appear in the appendix of Elisabeth Hsu, *Pulse Diagnosis in Early Chinese Medicine: The Telling Touch* (Cambridge: Cambridge University Press, forthcoming). Meanwhile, see the discussion and partial English translations in Wong Chimin and Wu Lien-Teh, *History of Chinese Medicine: Being a Chronicle of Medical Happenings in China from Ancient Times to the Present Period* (Taipei: Southern Materials Center, 1936), 1:24–27; Gwei-Djen Lu and Joseph Needham, *Celestial Lancets: A History and Rationale of Acupuncture and Moxa* (1980; repr., London: RoutledgeCurzon, 2002), 79–88; Dominique Hoizey and Marie-Joseph Hoizey, *A History of Chinese Medicine* (Edinburgh: Edinburgh University Press, 1988), 30; Elisabeth Hsu, “Pulse Diagnostics in the Western Han: How *Mai* and *Qi* Determine *Bing*,” in *Innovation in Chinese Medicine*, ed. Elisabeth Hsu (Cambridge: Cambridge University Press, 2001), 52–55; and a full French translation in R. F. Bridgman, “La medecine dans la Chine antique,” *Mélanges chinois et bouddhiques* 10 (1955). For a discussion of Chinese medical case histories more generally, see Charlotte Furth, “Producing Medical Knowledge through Cases: History, Evidence, and Action,” in *Thinking with Cases: Specialist Knowledge in Chinese Cultural History*, ed. Charlotte Furth, Judith T. Zeitlin, and Ping-chen Hsiung (Honolulu: University of Hawai‘i Press, 2007).

³⁵ For bibliographic information, see T. H. Barrett, “Lieh Tzu,” in *Early Chinese Texts: A Bibliographical Guide*, ed. Michael Loewe (Berkeley: Society for the Study of Early China and the Institute of East Asian Studies, University of California, 1993). A translation of the text is available in A. C. Graham, *The Book of the Lieh-Tzu* (London: John Murray, 1960). See also Wong and Wu, *History of Chinese Medicine*, 1:26.

³⁶ Bibliographic information in Jean Levi, “Han Fei Zi,” in *Early Chinese Texts: A Bibliographical Guide*, ed. Michael Loewe (Berkeley: Society for the Study of Early China and the Institute of East Asian Studies, University of California, 1993), 115–24. Translation in W. K. Liao, *The Complete Works of Han Fei-Tzu* (London: Arthur Probsthain, 1939 and 1959), vols. 1–2.

³⁷ See bibliographic information in William H. Nienhauser, *The Indiana Companion to Traditional Chinese Literature*, vol. 2 (Bloomington: Indiana University Press, 1998), 134–38; and 1:38–42, respectively. Translations of the Hua Tuo biography are found in Kenneth J. DeWoskin, *Doctors, Diviners and Magicians of Ancient China: Biographies of Fang-Shih* (New York: Columbia University Press, 1983), 140–53; Victor H. Mair, “The Biography of Hua-T’o from *History of the Three Kingdoms*,” in *The Columbia Anthology of Traditional Chinese Literature*, ed. Victor H. Mair (New York: Columbia University Press, 1994). Also see the overview and discussion in Christopher Cullen, “Yi’an (Case Statements): The Origins of a Genre of Chinese Medical Literature,” in Hsu, *Innovation in Chinese Medicine*, 297–323.

Clearly, given the interpolations that permeate all of these texts, we cannot be on firm ground when claiming the priority of one story over the other. In my opinion, however, the search for priority among these texts is a red herring: given the wide range of dates, the continual redaction, and the later interpolations, it is certain that these biographies were written and rewritten in dialogue with and in reaction to each other over the course of many centuries throughout the early medieval period. Rather than emphasize the independence of these texts, in the remainder of this article, I will instead consider them collectively as representative of a Six Dynasties genre I call the “medical hagiography of numinous physicians” (*shen yi* 神醫) and demonstrate how the Jivaka story was reformulated and reworked through the act of translation to fit into this context.³⁸

JĪVAKA AS EXEMPLARY CHINESE PHYSICIAN

The Pāli, Sanskrit-Tibetan, and Chinese versions of the Jivaka hagiography begin with the events leading up to Jivaka’s birth and continue chronologically through his upbringing, training, and healing exploits. Differences occur from text to text in the frame story. For example, the legend of his mother, Āmrāpāli, may precede Jivaka’s biography or Jivaka may meet the Buddha on multiple occasions. However, the differences between the medical episodes are most significant for our purposes. In terms of their medical content, Zysk notes that the different recensions of the *Jivaka Sūtra* reflect “regional peculiarities, indigenous influences, and doctrinal oddities.”³⁹ For example, he points out that the Sanskrit-Tibetan version places particular emphasis on trephination (the opening of the cranial cavity), a Northern Indian and Tibetan medical practice with local magico-religious significance,⁴⁰ and that the Chinese translation includes references to acupuncture, a technique unknown to Indian medicine at the time but characteristic of Chinese medicine since at least the first century BCE.⁴¹

Zysk is clearly correct, and the Chinese *Jivaka Sūtra* is replete with interpolations of unmistakable Chinese origin beyond just acupuncture. In this section, I will examine other aspects of classical Chinese medical knowledge that accreted to the *Jivaka Sūtra*. I will also address the differences between the extant Chinese editions of the legend. Both the differences between the Chinese and other recensions of the *sūtra* and

³⁸ *Shen* is also translatable as “spirit-like,” “god-like,” “divine,” “magical,” or “mystical.”

³⁹ Zysk, *Asceticism and Healing*, 60.

⁴⁰ Kenneth G. Zysk, *Religious Medicine: The History and Evolution of Indian Medicine* (1985; repr., New Brunswick, NJ: Transaction, 1993), 67–68, cites archaeological evidence of trephination in this region. For an overview of the practice of trephination globally, see F. P. Lisowski, “Prehistoric and Early Historic Trepanation,” in *Diseases in Antiquity*, ed. Don Brothwell and A. T. Sandison (Springfield, IL: Charles C. Thomas, 1967), 654.

⁴¹ For a concise history of acupuncture, see Yamada Keiji, *The Origins of Acupuncture, Moxibustion, and Decoction* (Kyoto: Nichibunken, International Research Centre for Japanese Studies, 1998).

the discrepancies among the Chinese versions themselves tell us much about the appropriation and adaptation of the foreign narrative for Chinese audiences. While we cannot know for certain in all cases where and when such changes were made, these are suggestive of a process of cultural translation or rewriting by which Chinese authors, translators, and compilers of this text transformed the Medicine King into a model physician authenticated and legitimized by Chinese standards.

SINIFICATION OF THE BIOGRAPHICAL DETAILS⁴²

In both editions of the *Jivaka Sūtra*, Jivaka is the product of the consummation of the secret marriage of King Bimbisāra and the nymph Āmrāpāli.⁴³ The baby is born with a bag of acupuncture needles and herbs clutched in his hand. As he is the son of a king, and holds the implements of the physician, a Brahmin prophesizes Jivaka's destiny to become the Medicine King.⁴⁴ In the unabridged *Jivaka Sūtra*, however, the son is unwanted and is left in the road by the order of his mother. Prince Abhaya, the legitimate son of King Bimbisāra, soon discovers him and takes him to the palace to raise him.

Aside from the addition of acupuncture needles in his hand at birth, the Chinese *Jivaka Sūtra* also has improved considerably on Jivaka's pedigree in comparison to the other extant versions. In the Pāli version, Jivaka is the unwanted son of the courtesan of the city of Rājagaha, his father is unnamed, and he is abandoned on a trash heap.⁴⁵ In the Sanskrit-Tibetan version, he is the product of the adulterous union of King Bimbisāra and the promiscuous wife of a merchant, who upon the child's birth sends him to his father's palace in a chest.⁴⁶ The union of Āmrāpāli and Bimbisāra does appear in the Sanskrit-Tibetan story, but only to explain the birth of Abhaya.⁴⁷ Even in the Chinese Dharmaguptaka *Vinaya*, Jivaka is the child of Prince Abhaya and the courtesan, and he is raised by a wet nurse.⁴⁸

⁴² A full discussion of the term "sinification" and the various arguments that have been forwarded for and against its use is beyond the scope of this article. Here I am using the term in a limited way to suggest the process by which the author of this text intentionally interpolated elements of Chinese medical culture in order to increase its palatability and its authority for Chinese audiences.

⁴³ T. 553 (897b), 554 (902c).

⁴⁴ Literally, "This is the son of a king, and he holds a physician's implements. He must be the Medicine King." 此國王之子。而執醫器。必醫王也。 T. 553 (897b19); 必是醫王。 T. 554 (902c24).

⁴⁵ Horner, *Book of the Discipline*, 380.

⁴⁶ F. Anton von Schiefner, *Tibetan Tales Derived from Indian Sources: Translated from the Tibetan of the Kah-Gyur* (London: Kegan Paul, Trench, Trübner & Co, 1906), 92.

⁴⁷ *Ibid.*, 89–90. For discussion of the relationship between Āmrāpāli, Bimbisāra, and Abhaya in other texts, see Étienne Lamotte, *Le traité de la grande vertu de sagesse de Nāgārjuna (Mahāprajñāpāramitāśāstra)* (1949; repr., Louvain: Institut orientaliste, 1967), 2:990–91 n. 1.

⁴⁸ T. 1428 (851a22–23).

As we do not know the source text of our *Jivaka Sūtra*, we cannot say definitively when the plot was rearranged so that Jivaka became the son of Āmrpāli and Bimbisāra, but certainly the combination of divine and royal parentage would have been more acceptable to Chinese audiences than any of the other extant versions.⁴⁹ The omission of the abandonment story in the abridged *Jivaka Sūtra* indicates a further elevation of his pedigree, as it is no doubt due to a reluctance to characterize Jivaka as an abandoned orphan.⁵⁰

In all versions of the hagiography, Jivaka gives up claim to the throne in order to study medicine. In the Chinese *Jivaka Sūtra*, however, he finds the king's physicians to be inadequate teachers and demonstrates their inferiority by asking them questions from “the classics of *materia medica*, medical formulary, and acupuncture.”⁵¹ By the choice of terms used in this passage—including familiar words from classical Chinese medical terminology such as *ben cao* 本草, *yao fang* 藥方, and *zhen mai* 針脈, but none from an Indian milieu—we can see a clear attempt on the part of the author not only to elevate Jivaka over all contemporary physicians but also to associate his knowledge specifically with learned Chinese medicine.

In a passage shared by the unabridged *Jivaka Sūtra* and the Dharmaguptaka *Vinaya*, dissatisfaction with his teachers leads Jivaka to travel to Taxila to study medicine with the renowned physician Ātreya Punarvasu, the purported author of one of the oldest and most revered works in the Indian medical corpus.⁵² Jivaka receives seven years of training from this

⁴⁹ Nakamura points out a similar case in which an Indian text concerning courtesans was modified in its Chinese translation. Hajime Nakamura, “The Influence of Confucian Ethics on the Chinese Translations of Buddhist Sutras,” *Sino-Indian Studies* 5 (1957): 161–62.

⁵⁰ This would have been a stigmatized background in a society organized on the basis of clan affiliation. A prohibition against adopting sons from outside of the clan was instituted as early as the Han and was continually reinforced in legal and ritual codes throughout the imperial period, perhaps explaining why it was necessary in the Chinese translation for both Jivaka and Abhaya to be sons of Bimbisāra (see Ann Waltner, *Getting an Heir: Adoption and the Construction of Kinship in Late Imperial China* [Honolulu: University of Hawai'i Press, 1990], 48).

⁵¹ 本草藥方針脈諸經, T. 553 (897c25), and 554 (903a23).

⁵² 有醫姓阿提梨。字賓迦羅。T. 553 (898a05), 1428 (851b01). On the identification of the Chinese “Atili Binjialuo” as Ātreya, see Zysk, *Asceticism and Healing*, 55. While the Sanskrit-Tibetan version of the text also names Jivaka's teacher as Ātreya, the Pāli does not name his master, stating only that he studies with a “world-famed doctor” (see Horner, *Book of the Discipline*, 4:381). Ātreya is the supposed author of the *Carakasamhitā*. This text seems to have been available in some form in the third to second centuries BCE. While it may have been known in Buddhist circles previously, however, it was not quoted widely in Sanskrit literature until the fourth and fifth centuries CE. For detailed bibliographic information and translations, see Dominik Wujastyk, *The Roots of Ayurveda* (London: Penguin, 2003), 3ff.; G. Jan Meulenbeld, *A History of Indian Medical Literature* (Groningen: Egbert Forsten, 1999–2001).

master and then undergoes examination to demonstrate his proficiency in pharmacological knowledge. Having passed this test, his teacher at once recognizes Jīvaka as his successor: “Within Jambudvīpa [i.e., the known human world], I am the foremost; once I should die, my successor will be you.”⁵³ This part of the narrative, though also present in the Pāli and therefore not a Chinese accretion, nonetheless would have had resonance with Chinese expectations.

While the ritual by which Jīvaka becomes a physician is simply a matter of the master administering a test and verbally confirming the student’s new status, it is apparent that this is to be understood as an initiation rite and a transfer of lineage. Nathan Sivin has shown the centrality of initiation rituals such as blood oaths and the transmission of texts among physicians in early China.⁵⁴ A named teacher (and a famous name at that), the explicit transfer of lineage, and the proclamation of his place as the foremost physician in the world certainly situate Jīvaka in a position of authority by the standards of classical Chinese physicians. That being the case, the absence of this section from the abridged *Jīvaka Sūtra* is curious. Perhaps this passage was overlooked in an attempt to distance Jīvaka from an Indian source of medical knowledge or to disassociate him from any one specific lineage or tradition. In the abridged *Jīvaka Sūtra*, his source of training is simply his familiarity with (presumably Chinese) medical texts, which may have seemed more palatable to the compiler of this version.

In both Chinese editions of the *Jīvaka Sūtra*, once he becomes a practicing physician, Jīvaka comes across a boy in the road carrying firewood and finds he can see inside the boy’s body.⁵⁵ He realizes that the wood the boy carries must be from the “Medicine King Tree” (*yao wang shu* 藥王樹) mentioned in the *Ben cao jing* 本草經 (which may be translated in the singular or the plural—i.e., as the “*Canon of Materia Medica*” or the “canons of materia medica”).⁵⁶ The Medicine King Tree is mentioned in a range of Buddhist sources, including the *Avataṃsaka Sūtra* and the *Mahāparinirvāṇa Sūtra*, for example, which state that the tree is like “the body of a bodhisattva impregnated with great compassion” and that its

⁵³ 我於閻浮提中。最為第一。我若死後。次復有汝。 , T. 553 (898a18–20), 1428 (851b16–17).

⁵⁴ Nathan Sivin, “Text and Experience in Classical Chinese Medicine,” in *Knowledge and the Scholarly Medical Traditions*, ed. Donald Bates (Cambridge: Cambridge University Press, 1995).

⁵⁵ T. 553 (898a23), 554 (903b02).

⁵⁶ 本草經說有藥王樹, T. 553 (898a24), 554 (903b03). If this is indeed a reference to a book title, it is among the earliest references to the work. While the first *Ben cao jing* was supposedly authored in the Han, no bibliographic reference appears until the *Book of Sui*, written 605–18 CE (see Paul U. Unschuld, “Ma-Wang-Tui Materia Medica: A Comparative Analysis of Early Chinese Pharmaceutical Knowledge,” *Zinbun* 18 [1982]: 11).

root, trunk, branches, and leaves can heal any patients who touch them.⁵⁷ I have not been able to find mention of the “Medicine King Tree” in the classical Chinese pharmacopoeia and conclude that it is a distinctly Buddhist term. Regardless, the reference to the *Ben cao jing* rather than Indian sources as Jīvaka’s source of knowledge of plants certainly represents another instance of the borrowing of terminology from classical Chinese medical tradition and another attempt to link Jīvaka to specifically Chinese textual learning.

SINIFICATION OF THE MEDICAL EPISODES

Having discussed his biographical details, we now turn to the texts’ accounts of Jīvaka’s medical practice and find a similar pattern of sinification. The story continues as the protagonist takes leave of his master and goes on to diagnose and treat a series of patients. At first glance, these episodes seem to draw heavily from an Indian therapeutic repertoire. In episodes appearing in the unabridged *Jīvaka Sūtra*, Jīvaka treats a reluctant noblewoman’s disease of the head by administering medicinal ghee (clarified butter) via the nasal passages and clears a blockage of a nobleman’s bowels by performing abdominal surgery.⁵⁸ In passages shared by both editions of the *Jīvaka Sūtra*, Jīvaka revives a girl from death by trephining her skull with a golden knife and removing worms (*chong* 蟲) that were eating her brain;⁵⁹ brings a dead boy back to life by opening the abdominal cavity and manually manipulating his liver;⁶⁰ and surreptitiously administers ghee to a king suffering from a disease that caused him to fly into fits of rage.⁶¹

As mentioned previously, these medical narratives seem to have been culled selectively from more than one place. The stories of nasal irrigation and abdominal surgery in the unabridged *Jīvaka Sūtra* are taken nearly verbatim from the Dharmaguptaka *Vinaya*. That same text also includes a trephination and the treatment of the wrathful king by secret administration of ghee. However, these cases differ significantly in detail, suggesting that the author of the *Jīvaka Sūtra* either significantly rewrote the episodes or is quoting a different source text. The Dharmaguptaka *Vinaya* also includes an episode that does not appear in either edition of the *Jīvaka Sūtra*. In this passage, King Bimbisāra lies in an iron tank of water and has an anal fistula surgically relieved under the anesthesia of a sleeping-spell.⁶² Perhaps this episode was left out because of the degrading implica-

⁵⁷ See these and other citations in Demiéville, *Byō*, 47–48.

⁵⁸ T. 553 (898b–c).

⁵⁹ T. 553 (899a), 554 (903b).

⁶⁰ T. 553 (899b), 554 (903c).

⁶¹ T. 553 (899c), 554 (904a).

⁶² T. 1428 (852b09–c16).

tions for kings. Of his condition, the text says that “blood emitted from his rectum,” causing his maidservants to laugh, saying he was bleeding “like us women”—an obvious affront to the king’s manhood and authority and therefore unacceptable material for the *Jivaka Sūtra*.⁶³ The final healing in the Dharmaguptaka *Vinaya*, also missing from both versions of the *Jivaka Sūtra*, is the case mentioned above in which the Buddha comes down with an illness.⁶⁴

All of these stories in all of these sources are broadly drawn from Indian prototypes. While these cases do not necessarily conform to procedures prescribed in the extant Indian medical literature in all details, the main types of therapies employed—that is, medicinal ghee and surgery—are interventions that were well known on the Indian subcontinent. Similar therapies are described in the classical medical texts of the *āyurvedic* tradition, including the aforementioned *Carakasamhitā* as well as the *Suśrutasaṃhitā*, a text devoted in large part to surgical procedures.⁶⁵ These narratives therefore have been interpreted as examples of the transmission of Indian medical and surgical knowledge to China.

Comparison between the extant Chinese versions of the medical episodes, however, reveals different approaches to translation. On the whole, the Dharmaguptaka *Vinaya* (intended for the *saṃgha*) contains little evidence of Chinese medical interpolations. Chinese medical terminology is missing, there are no references to Chinese medical texts or procedures, and Jivaka is not called the Medicine King. On the other hand, analysis of the *Jivaka Sūtra* (intended for the laity) reveals that the author was familiar with Chinese medical concepts and that these indigenous theories heavily influenced the resulting text.⁶⁶ For example, the hidden realities revealed to Jivaka by use of his magic wood usually do not conform to Indian views of the body but draw instead from Chinese models. At the end of the *Jivaka Sūtra*, the text says that Jivaka can see the diseases of the four elements (*si da zhi bing* 四大之病), an unambiguous reference to Indian

⁶³ 便道中血出。諸侍女見皆共笑言。王今所患如我女人。°, T. 1428 (852a08–9).

⁶⁴ T. 1428 (853b24–854c02).

⁶⁵ The *Suśrutasaṃhitā* seems to have been available in the latter centuries BCE as a surgical text, but did not reach its current form until around the fifth century CE, when additional material was added. For detailed bibliographic information and translations, see Wujastyk, *Roots of Ayurveda*, 63ff.; Meulenbeld, *A History of Indian Medical Literature*.

⁶⁶ The author’s familiarity with medical concepts contrasts with that of biographers of physicians in the standard histories. Kenneth DeWoskin writes that, in the *Records of the Grand Historian*, “technical detail is exclusively confined to what are presumably quotations from the physician” and notes “the absence of any critical discussion of the medicine by the historian” (DeWoskin, *Doctors, Diviners and Magicians*, 20). In contrast, the author of the *Jivaka Sūtra* was familiar enough with medical theories to insert such references convincingly into the story.

Buddhist medical theory.⁶⁷ However, in the body of the text, he uses the Medicine King Tree most often to see the five viscera (*wu zang* 五臟) and the vessels (*mai* 脈, i.e., the conduits for *qi*), the physiological structures fundamental to Chinese medical diagnosis. Even in the cases of surgical intervention, a mainstay of Indian medicine, Jīvaka explicitly employs Chinese diagnostic principles. For example, coming across the dead boy, Jīvaka sees that his liver was “turned unnaturally backwards,” but what took the patient’s life was not this condition itself but the fact that his “*qi* was blocked and could not circulate.”⁶⁸ It is also notable that, once he completes the surgical procedure to correct the liver, Jīvaka applies three types of “numinous ointments,” one of which is to “benefit the *qi* and breath.”⁶⁹

The story of the king who suffers from fits of rage is another example in which Chinese medical concepts prevail. The *Jīvaka Sūtra* tells of a King Pradyota, who frequently flies into fits of rage and violence. When Jīvaka uses his magical wood to see inside the king’s “five viscera and one hundred vessels,” he realizes that the king’s blood and *qi* are disturbed by the presence of the toxins of serpents all throughout the body.⁷⁰ In a dream, he learns that the king is the son of a serpent and that the remedy for his ailment is ghee—a substance the king loathes. Jīvaka administers the ghee disguised in a preparation and flees in fear before the king can realize he has been tricked. Not only is it important to note that the Chinese concepts of the five viscera, *qi*, and blood guide Jīvaka’s diagnosis in this example, it is equally significant that the toxins lead to psychological excesses not directly, but by causing a disturbance in *qi*. This connection between states of *qi* and states of mind, a theory discussed in the *Inner Canon of the Yellow Emperor* (*Huang Di nei jing* 黃帝內經, ca. first century BCE), is a common theme in classical Chinese medicine.⁷¹

⁶⁷ T. 553 (902a04), 554 (906b09). On the four elements in Buddhist sources, see Demiéville, *Byō*, 73–76.

⁶⁸ 反戾向後。氣結不通故死。T. 553 (899b11), 554 (903c20). Following an increasing number of scholars, I leave the word *qi* 氣 untranslated. It has variously been translated as “vapor,” “energy,” and “vital force” and is perhaps the most fundamental substance in Chinese physiology.

⁶⁹ 以三種神膏塗之。... 一種通利氣息。T. 553 (899b12–13), 554 (903c21–22).

⁷⁰ 見王五藏及百脈之中。血氣擾擾悉是蛇鱗之毒。周匝身體。T. 553 (899c14–15), 554 (904a22–23). The term I am glossing as “serpents” (*she mang* 蛇鱗) includes the character for snake (*she* 蛇) and a character that means either a python or a snake-like *mahoraga* demon (*mang* 鱗). I read these characters as referring to snakes and serpentine creatures more generally, although the compound formed by reversing these characters (*mangshe* 鱗蛇) today refers specifically to the Burmese python (*Python molurus bivittatus*), a native of the south of China. The comparable passage in T. 1428 says that the king “comes from a scorpion” (*xie* 蠍).

⁷¹ Chapter 5 of the *Basic Questions* (*Su wen* 素問) recension (see Nathan Sivin, “Emotional Counter-Therapy,” in *Medicine, Philosophy and Religion in Ancient China: Researches and Reflections*, ed. Nathan Sivin [Aldershot, UK: Variorum, 1995], 5–6). On theories of mind and body in the *Inner Canon*, see Martha Li Chiu, “Mind, Body, and Illness in a Chinese Medical Tradition” (PhD diss., Harvard University, 1986).

To summarize, the *Jivaka Sūtra* bears witness to the process of adaptation and domestication of a Buddhist tale to the local Chinese context. Lacking the source texts, we do not always know with certainty which passages were added in China and which were already present in the originals. However, analysis of the received versions of the biography suggests that decisions were made when compiling the *Jivaka Sūtra* to introduce aspects of Chinese medical theory and vocabulary into the text, and either to introduce or to emphasize parts of the story that associated Jivaka with the qualities of an authoritative Chinese physician. These passages highlight Jivaka's royal and divine pedigree, his destiny to become the Medicine King by virtue of being born with the Chinese physicians' tools in his hands, his learned textual knowledge, the transmission of medical lineage by his teacher through ritual examination, and his complete competence in classical Chinese medical physiology and diagnostics. We can see, therefore, that while the Jivaka hagiography may have introduced several Indian therapies to Chinese readers, at the same time, in the rewriting of the *Jivaka Sūtra*, the Medicine King was recreated as a respectable role model for Chinese physicians by Chinese standards.⁷²

JĪVAKA AS CHINESE WONDER-WORKER

In addition to classical Chinese medical theories and scripts of authority, the *Jivaka Sūtra* also shares certain elements with popular Chinese literature. These elements are not necessarily medical in nature but, rather, are revealed in the biography's tropes and plot twists. For example, the fearful physician who must diagnose and treat an unpredictable ruler, as we see in Jivaka's encounter with the wrathful king, is a recurring character in stories about classical Chinese doctors since at least the third century BCE.⁷³ Likewise, Jivaka's use of the Medicine King Tree to peer inside his patients' bodies and easily diagnose disease parallels the biography of Bian Que, in which the physician takes a drug that allows him to see "the five viscera and the obstructions and knots of the abdomen" of his patients. Using this x-ray vision, Bian Que "achieves fame for his extraordinary abilities in vessel diagnosis."⁷⁴ Jivaka is also able to see the five viscera and the condition of the vessels with his magic wood. In this section, I will argue that the use of such conventions by the *Jivaka Sūtra*'s author served to recreate Jivaka as a familiar figure from medieval Chinese literature: the wonder-working healer.

⁷² While not emphasized in this article, the *Jivaka Sūtra* also models ideal patient behavior, such as when it stresses the need to compensate a good doctor generously for his services or to listen to and accept his diagnoses and prescriptions.

⁷³ Sivin, "Emotional Counter-Therapy," 7–8. (Of course this plot line is not unique to China.)

⁷⁴ 盡見五藏癥結。特以診脈為名耳。, *Records of the Grand Historian*, 105.

SURGERY IN CHINESE MEDICAL HAGIOGRAPHY

Stories about surgery in Six Dynasties literature may echo in some indirect way indigenous practices of forensic anatomy. Although it was seldom recorded, we know that corpses were anatomized as early as the Han dynasty, as the measurements of the human viscera resulting from such procedures appear in classical medical texts, including the *Inner Canon of the Yellow Emperor*.⁷⁵ Thus, we know that the abdominal and cranial cavities were not entirely terra incognita. Medical treatises also describe minor surgical procedures on live patients. For example, *Master Liu Juan's Prescriptions Bequeathed by Ghosts* (*Liu Juanzi gui yi fang* 劉涓子鬼遺方), written in 496–99 CE by Gong Qingxuan 龔慶宣 (fl. late fifth century CE) contains descriptions of military procedures such as the treatment of wounds caused by weapons. Scholars have also suggested the possibility that the practice of minor surgery by low-status practitioners persisted throughout Chinese history without being systematically recorded.⁷⁶ Treatises describing ophthalmologic and other surgical procedures of definite Indian extraction became available in the Tang dynasty.⁷⁷ However, while Six Dynasties surgical practice may have included such technologies as local anesthesia, cautery, lancing, suturing, extraction of foreign materials, as well as the treatment of cataracts and glaucoma, there is no evidence whatsoever for the practice of radical abdominal and cranial surgeries such as those depicted in the legends of Jivaka.

While references to such procedures on living patients do not occur in technical medical literature, on the other hand, stories about radical surgeries seem to have circulated in no short supply in medical hagiographies. The *Records of the Grand Historian's* biography of Bian Que, for example, mentions the surgical abilities of the ancient doctor Yu Fu (俞跗). In one episode, the Prince of Guo falls comatose and appears “in a corpse-like state.”⁷⁸ Bian Que offers to revive him, but the royal tutor scoffs, remarking that Bian Que should not make such idle boasts unless his techniques are as good as those of Yu Fu: “At once, [Yu Fu] saw what was appropriate for a disease and what caused the five viscera to fail. Then he cut the skin, divided the flesh, parted the vessels and the knotted muscles, took hold of the marrow and the brain, sorted out the waste, scraped away the interior, washed and rinsed the stomach and intestines, washed and

⁷⁵ Yamada Keiji, “Anatomics in Ancient China,” *Chinese Science* 10 (1991): 39–52, 40.

⁷⁶ Bridie Jane Andrews, “The Making of Modern Chinese Medicine, 1895–1937” (PhD diss., University of Cambridge, 1996), 22–30.

⁷⁷ On ophthalmology, see Vijaya Deshpande, “Indian Influences in Early Chinese Ophthalmology: Glaucoma as a Case Study,” *Bulletin of the School of Oriental and African Studies* 62, no. 2 (1999): 306–22, and “Ophthalmic Surgery: A Chapter in the History of Sino-Indian Medical Contacts,” *Bulletin of the School of Oriental and African Studies* 63, no. 3 (2000): 370–88. See also treatises by the Tang physician Sun Simiao.

⁷⁸ 如死狀, *Records of the Grand Historian*, 105.

rinsed the five viscera, and practiced with such perfection that it transformed the physical form.”⁷⁹ Yu Fu could bring the dead back to life, the tutor says, not with the standard therapies of decoctions, medicinal wines, acupuncture, moxibustion, and gymnastics, but with his numinous, transformative surgical techniques.

In another example, a passage from the *Book of Master Lie*, Bian Que performs a double heart transplant. Having diagnosed one patient as deficient in *qi* and the other as deficient in willpower (*zhi* 志), Bian Que suggests exchanging the hearts of the two to attain balance. Upon hearing his opinion, the patients agree to the procedure. Bian Que then gives the men an intoxicating wine that makes them “feign death” for three days. While they are under the anesthetic effects of this concoction, Bian Que “cut open their breasts, removed their hearts, exchanged and replaced them, and applied a numinous medicine, and when they awoke they were as good as new.”⁸⁰

Although uncertainty surrounding the exact dating of specific passages remains, these episodes may represent medieval interpolations inspired by Indian tales. Other stories are even more likely to be indebted to Indian therapies and may even draw directly or indirectly from the *Jivaka Sūtra*. Reference to brain surgery echoing Jivaka’s trephination, for example, appears in the *Book of the Master Who Embraces Simplicity* (*Bao Puzi* 抱朴子). Written by the physician-chemist Ge Hong 葛洪 (ca. 283–343/363), the text mentions a Han physician who “used to cut open skulls of patients and arrange their brains in order.”⁸¹ An abdominal surgery similar to Jivaka’s appears in the biography of the physician Hua Tuo: “He would have his patients drink a solution of morphean powder whereupon they would immediately become intoxicated as though dead and completely insensate. Then he could make an incision and remove the diseased tissues. If the disease were in the intestines, he would sever them and wash them out, after which he would stitch the abdomen together and rub on an ointment.”⁸² Other procedures with probable Indian precedents include a cesarean section recorded in the *Book of Wei* (*Wei shu* 魏書, compiled 551–54 CE), and a cleft-lip surgery recorded in the *Book of Jin* (*Jin shu* 晉書, compiled in 644 CE).⁸³

⁷⁹ 治病不以湯液醴灑。櫟石橋引。案抓毒熨。一撥見病之應。因五藏之輸。乃割皮解肌。訣脈結筋。搦髓腦。揲荒爪幕。滌洗腸胃。漱滌五藏。練精易形。ibid.

⁸⁰ 扁鵲遂飲二人毒酒。迷死三日。剖胸探心。易而置之。投以神藥。既悟如初。, *Book of Master Lie*, 5.

⁸¹ Lisowski, “Prehistoric and Early Historic Trepanation,” 655.

⁸² See Victor H. Mair, “The Biography of Hua-T’o,” 689 n. 4, for discussion of this anesthetic concoction. Although he does not mention Jivaka specifically, Mair is unambiguous in his suggestion of Indian influence on the Hua Tuo biography.

⁸³ Wong and Wu, *History of Chinese Medicine*, 232–33. On cleft-lip surgery, see also Ma Kanwen, “Hare-Lip Surgery in the History of Traditional Chinese Medicine,” *Medical History* 44 (2000): 489–512. Such procedures are described in the *Suśrutasaṃhitā*.

Nevertheless, even if they drew from Indian prototypes, to see such stories as evidence of Indian medical influence is a methodological error. Partisan accounts of Chinese medical history all too frequently have mustered such tales as evidence of the advanced technology of early Chinese therapeutics.⁸⁴ But, procedures such as switching hearts and righting backwards livers with the bare hands stretch credulity even by modern medical standards.⁸⁵ It is highly unlikely, to say the least, that double heart transplants (or anything remotely similar) were actually performed in ancient or early medieval China. Medical legends simply cannot be considered evidence of medical practice.

But if they cannot be taken as evidence of practice, how should these narratives be interpreted in a historical context? Perhaps such stories might be read as a form of early medieval science fiction, tales of medical procedures imaginable but beyond the range of the currently possible. As any fan of science fiction knows, the impossible can be imagined quite elaborately, and the literature of the impossible can be employed for purposes of entertainment, political commentary, and other agendas. As in science fiction, it is often hagiography's depictions of the impossible that give these stories their desired impact and relevance.

Upon closer inspection, however, it becomes clear that the opening of the body is not actually the primary concern of these passages. Our modern eyes may fixate immediately on the surgery, but this surely is an anachronism. These narratives do not emphasize the surgeries themselves, so much as the ease with which the protagonists produce marvelous outcomes. These tales are not told in the precise language of the medical practitioner, in the technical words of the surgical craftsman, or even in the realistic diction of the butcher. They are idealized stories of exemplary physicians told in a just-so style.⁸⁶ Bian Que just exchanges his patient's hearts, applies some medicine, and they are "good as new." Yu Fu simply plunges his hands into his patient and manipulates the viscera with such skill that he "transforms the body." Jivaka merely "slices open the abdomen with his golden knife, explores around and fixes it up with his hands, returns the liver to face forward," applies three "numinous ointments," and his patient revives from death.⁸⁷ For the Six Dynasties reader, the funda-

⁸⁴ For good examples of this sort of historiography, see Wong and Wu, *History of Chinese Medicine*, 35–38; Zheng Bocheng, "Hua Tuo, the 'Miracle-Working' Doctor," *Journal of Traditional Chinese Medicine* 5, no. 4 (1985): 311–12.

⁸⁵ There is evidence that some premodern readers also found such stories difficult to believe. For a twelfth-century critique of Hua Tuo's biography as being mythological, see Mair, "Biography of Hua-T'o," 697–98.

⁸⁶ For a discussion of the stylistic differences between the hagiography of the mythical Bian Que and a series of case studies by the historical physician Chunyu Yi, see Hsu, "Pulse Diagnostics in the Western Han," 52–55.

⁸⁷ 復以金刀破腹。手探料理。還肝向前畢。以三種神膏塗之。T. 553 (899b11–13), 554 (903c20–22).

mental point of these narratives was most likely not the procedure at all, but the profoundly transformative purification brought about by the protagonist's miraculous control over the natural world.

STORIES OF THE ANOMALOUS

Such miraculous stories about Jīvaka and other numinous physicians drew on literary conventions that were well established by the early medieval period. Wandering masters of magical healing, exorcism, divination, astrology, and other esoteric arts called *fang shi* (方士, lit. “masters of method” or “masters of recipes”) were frequent subjects for biographers as early as the Han dynasty.⁸⁸ Colorful narratives emphasizing the esoteric knowledge of these wonder-workers appear in dynastic histories from the Han onward and form a subset of the early medieval genre of “anomaly accounts” (*zhi guai* 志怪). By the Six Dynasties period, such narratives included a motley assembly of folk tales, ghost stories, travelogues, local histories, and biographies, as well as hagiographies from Buddhism and Daoism.⁸⁹ This literature, centering on the miraculous, bizarre, and fantastic, was compiled from far and wide and written down by scholars, religious clerics, officials, and other elites. While written in classical Chinese (i.e., Literary Sinitic), these texts tend to be short, grammatically simple, and therefore quite accessible, which suggests that they were intended for a wide readership. Historians of Chinese literature have shown an important role for such tales in the rise of a written vernacular language in China⁹⁰ and in the origins of Chinese fiction.⁹¹ Moreover, these stories incorporate a wealth of vernacular knowledge—much of this from oral tradition—leading historians to approach these stories as useful windows onto the popular culture and “religious mentality” of early medieval China.⁹²

In constructing their tales, authors of the anomalous drew on an amorphous and widely diffused constellation of images, tropes, and plot

⁸⁸ DeWoskin, *Doctors, Diviners and Magicians*, 4.

⁸⁹ See a comprehensive list of anomaly accounts in Robert F. Campany, *Strange Writing: Anomaly Accounts in Early Medieval China* (Albany: State University of New York Press, 1996), 21–100.

⁹⁰ Victor H. Mair, “Buddhism and the Rise of the Written Vernacular in East Asia: The Making of National Languages,” *Journal of Asian Studies* 53, no. 3 (1994): 707–51.

⁹¹ Kenneth J. DeWoskin, “The Six Dynasties Chih-Kuai and the Birth of Fiction,” in *Chinese Narrative: Critical and Theoretical Essays*, ed. Andrew H. Plaks (Princeton, NJ: Princeton University Press, 1997), but see the critique in Campany, *Strange Writing*, 163–64. Campany disagrees with those who would assume that the authors of anomaly tales did not believe the veracity of these stories or saw these exploits as fictional in the modern sense of the word.

⁹² Mu-chou Poo, “The Images of Immortals and Eminent Monks: Religious Mentality in Early Medieval China (4–6 C. A.D.),” *NUMEN* 42 (1995): 172–96. On my use of vernacular knowledge, see Mary Fissell, *Vernacular Bodies: The Politics of Reproduction in Early Modern England* (Oxford: Oxford University Press, 2004), 6. The term is meant to suggest a widely diffused cultural context shared by large portions of society across socioeconomic lines.

elements that appear again and again as variations on a theme. There are in this literature no hard and fast lines between religious, medical, or any other anomalies: the attributes and exploits of the numinous physicians are drawn from the same wellspring as are stories of the workers of other wonders and miracles.⁹³ Just as other wonder-workers bear exotic secrets, numinous physicians in these stories collect knowledge from outside of the Chinese medical texts, from secret classics, or from foreign or divine origin. Just as other wonder-workers possess special abilities, numinous physicians perform surgical interventions, apply miraculous medicines, and administer wondrous elixirs. Just as other wonder-workers routinely manipulate and demonstrate mastery over the natural world, numinous physicians possess x-ray vision, predict the future flawlessly for their patients, and even overcome death.

It is apparent that the Jivaka biography, upon arrival in China, was deemed to fit with this type of literature, and—once set aside as a separate *avadāna* text—actively participated in this genre. There is no doubt that the *Jivaka Sūtra* emphasizes all of the elements that make for a good anomaly tale. Jivaka's superhuman pedigree, the presence of signs at his birth, and his wondrous medical command over life and death are not new plot lines; supernatural beings, prophecies, auguries, and revival from death are all themes that play out again and again in the literature of the anomalous. The Jivaka episodes contributed new specifics; his conception by an Indian king's secret marriage to a virgin nymph, the auspiciousness of his being born with acupuncture needles and herbs in his hand, and his prophesied destiny to become the Medicine King all added new twists. The story's foreign trappings would have added further to its exotic flavor, an essential ingredient in an anomaly tale.⁹⁴

The *Jivaka Sūtra* may indeed include the first Chinese references to abdominal surgery, trephination, or nasal irrigation with medicinal ghee. However, situated against this literary backdrop, we must see these passages not as the introduction of foreign medical technologies, but as new and exciting anomalies. Such details now were added to the stock images and tropes of the anomalous, to be picked up, modified, and repeated in their turn by other stories in this genre. Thus, as stories were told and retold, written and rewritten, copied and recopied over the centuries, elements of Bian Que's biography may have made their way into the *Jivaka*

⁹³ This fact has led historians such as DeWoskin to include the biographies of physicians in collections of masters of method literature (see DeWoskin, *Doctors, Diviners and Magicians*, 74–75, 140–53).

⁹⁴ Indeed, scholars have argued that exoticism was one of the important factors in the appeal of Buddhist miracle tales more generally and even of Buddhism itself. See Zürcher, "A New Look," 291; John Kieschnick, *The Eminent Monk: Buddhist Ideals in Medieval Chinese Hagiography* (Honolulu: University of Hawai'i Press, 1997), 110.

Sūtra and vice versa, and elements from both accounts may have made their way into the Hua Tuo biographies and vice versa. If so, we cannot call this “medical influence.” The overlap among the narratives of Jīvaka, Bian Que, and Hua Tuo are not due to the transmission of Indian medical practices or ideas but to a shared context of oral and written hagiography. Rather than comb over the stories of Bian Que, Hua Tuo, and Jīvaka in an effort to determine which said what first, such stories should instead be seen as participating in a collective endeavor. The biographies of physicians took up and repeated Indian plot lines about surgical interventions, miraculous drugs, and other medical anomalies not because China was domesticating aspects of Indian medicine, but for precisely the opposite reason: because such things were bizarre, anomalous, and wondrous, they therefore aided in the construction of the ideal numinous physician.

CONCLUSION: THE CONSTRUCTION OF MEDICAL LEGITIMACY

If, as I have suggested, it is not evidence of Indian influence on Chinese medicine, then what are historians of Indo-Sinitic cross-cultural interaction to make of the *Jivaka Sūtra*? The consensus in the historiography of Chinese medicine is that Chinese Buddhists—as cultural mediators in the exchange of medical knowledge—were eclectic in their use of both Indian and indigenous doctrines, and due to their otherworldly outlook were largely “unconcerned” about which practices they employed to heal the body.⁹⁵ The *Jivaka Sūtra*, itself incorporating both Indian and Chinese medicine, might be presented as an example of such syncretism. My reading of the text, however, leads me to a different conclusion. Chinese interpreters of Buddhism indeed drew liberally on a variety of medical sources, and we find references to a diversity of both Chinese and Indian therapies in many medieval Buddhist texts. However, in reading such texts more closely, I most often have found that, far from being unconcerned, Buddhist writers resituated appropriated medical knowledge within religious frames of legitimacy in an effort both to defend the orthodoxy of the medical treatments they borrowed and to promote Buddhism’s efficacy and superiority over other religions by claiming dominion over healing powers and abilities. This work is performed in different ways in different texts through countless individual acts of translation, but taken as a whole these efforts unmistakably demonstrate the importance of healing claims to Buddhist proselytism in China.

In this article, I have investigated one text and argued that its author recreated the Indian Medicine King for Chinese audiences both as a model

⁹⁵ Paul U. Unschuld, *Medicine in China: A History of Ideas* (Berkeley and Los Angeles: University of California Press, 1985), 152–53, remains the most influential statement of this position.

physician and as a potent wonder-worker. The goal was not medical education, but persuasion. Both of these representations placed the Medicine King in direct competition with other numinous Chinese physicians. For contemporaries familiar with the medical hagiography literature, Jīvaka's therapies time and again would have demonstrated his superiority to those non-Buddhist healers. For example, Jīvaka betters Bian Que—who raises the Prince of Guo from a coma that only appears to be death—by reviving patients who actually have died. In successfully treating and avoiding capture by the enraged king, he likewise betters Hua Tuo, who is imprisoned and executed by his capricious ruler for insubordination. Unlike either of these counterparts, who allow patients to die under their watch, Jīvaka infallibly heals every patient he encounters. Moreover, Jīvaka puts the royal physicians to shame with his superior knowledge and even inherits the title of the world's foremost physician from the author of the greatest Indian medical treatise—a claim no other physician could match. Moreover, the *Jivaka Sūtra* claims repeatedly that Jīvaka was born with a bag of acupuncture needles and herbs in his hand, proof that he—and not any other physicians who may be known by the same name—simply must be the Medicine King.⁹⁶

Perhaps most striking, however, is the personal confirmation of Jīvaka's dominion over health and medicine proclaimed by Śākyamuni Buddha himself. When Jīvaka meets the Buddha, the World-Honored One declares, "I treat internal diseases; you treat external diseases."⁹⁷ Keeping in mind that the Chinese character *zhi* 治 can mean both "to treat" and "to govern," this equation should be read as saying that just as the Buddha reigns over all the spiritual and mental ills, Jīvaka reigns over the physical ills. On the one hand, this passage invites comparison between the Medicine King and the Dharma King himself, while elevating both above ordinary secular rulers. On the other, language such as this at least partially explains the appropriation of the title "Medicine King" by medieval rulers when underscoring their benevolence and potency. That this proclamation comes from no less an authority than the Buddha is an unambiguous sanction for Jīvaka's medical authority and the canonical status of the *sūtra* text could only mean the confirmation of the truth of these words.

Claims that Jīvaka was the supreme physician were by extension claims for the authority of Buddhist healers who invoked his name. And invoke

⁹⁶ 必醫王也。 , T. 553 (897b19); 必是醫王。 , T. 554 (902c24). For further discussion of miracle tales as constituting proof, see Fransiscus Verellen, "'Evidential Miracles in Support of Taoism': The Inversion of a Buddhist Apologetic Tradition in Late Tang China," *To'ung Pao* 78 (1992): 217–63.

⁹⁷ 我治內病。汝治外病。 , T. 553 (899c09), 554 (904a18). See similar equation at T. 553 (901a21) and 554 (905b27).

his name they did. For example, the sixth-century *Lives of Eminent Monks* presents the biography of a healer-monk, Yu Fakai 于法開. The text tells of his practice of the classical Chinese therapies of acupuncture, decoction, and pulse reading, but these skills are not attributed to the classical medical tradition associated with the Yellow Emperor. Instead, it claims that Yu Fakai followed the “wonderful and powerful medical methods of Jivaka.”⁹⁸ The invocation of Jivaka in this passage and Yu Fakai’s claims to medical knowledge through him are indicative of an attempt to establish an alternative Buddhist medical lineage. Such claims at once set Buddhist healers apart from and above those who practiced the medicine of the Yellow Emperor, even while appropriating classical medical knowledge for sectarian purposes. While details of this Buddhist lineage remain unspecified in the text, the characterization of Yu Fakai’s knowledge as a “medical method” (*yi fa* 醫法)—terminology well known from classical Chinese medicine—places it on equal footing. The message of the passage is that Yu Fakai’s practice is a similarly efficacious, comparably ancient, but quite separate chain of transmission of specifically Buddhist origin.

Buddhists throughout the early medieval period and afterward continued to use the Medicine King to legitimize many different medical practices. But exactly what the phrase “medical methods of Jivaka” might mean continually changes from text to text. While the *Jivaka Sūtra* itself focuses on Indian therapies and Yu Fakai’s biography emphasizes classical Chinese practices, in a passage in the *Vinaya* of the Mahīśāsaka school, Jivaka is said to be the only one who can cure a list of diseases that includes “demon-contact” (*gui zhuo* 鬼著).⁹⁹ In several texts, he is said to have built female automatons to cure patients through sexual therapy.¹⁰⁰ In another, he is said to know thoroughly the *Five Classics*, astronomy, and geomancy, thus expanding beyond medical knowledge into complete mastery over the triple realm of man, heaven, and earth.¹⁰¹ Jivaka eventually was transformed from a human doctor into a deity: texts from Dunhuang and Turfan show the ritual worship of Jivaka being practiced along the Silk Road in the Tang period, particularly with regard to the well-being of children.¹⁰²

Jivaka even became a symbol outside Buddhist circles, infiltrating the literary canon of classical Chinese medicine.¹⁰³ Medical treatises by the

⁹⁸ 祖述耆婆妙通醫法。 , T. 2059 (350a15).

⁹⁹ T. 1421 (116a05).

¹⁰⁰ Demiéville, *Byō*, 49.

¹⁰¹ 智達五經。天文地理。 , T. 701 (802c11). This is another text that is problematically attributed to An Shigao.

¹⁰² Chen Ming, *A Study*, 117–29, 148–65.

¹⁰³ Chen Ming, *A Study*, discusses the texts attributed to Jivaka by later Chinese tradition in detail (see chaps. 5–6). Although it is beyond the scope of this article, medieval Central

Tang physician Sun Simiao 孫思邈 (581–682)—himself an example of Indo-Sinitic medical syncretism—include formulas named for Jivaka (*Qipo fang* 耆婆方) that treat a wide range of syndromes and disorders.¹⁰⁴ Such formulas also appear in the tenth-century *Recipes at the Heart of Medicine* (Chinese: *Yi xin fang*; Japanese: *Ishinpō* 醫心方). Several classical medical treatises associated with Jivaka were composed by the time of the Song dynasty (960–1279 CE), including *Jivaka's Treatise on the Five Viscera* (*Qipo wu zang lun*, 耆婆五臟論), *Jivaka's Canon of the Vessels* (*Qipo mai jing* 耆婆脈經), *Jivaka's Sixty-Four Questions* (*Qipo liushisi wen* 耆婆六十四問), and *Jivaka's Essential Formulae* (*Qipo yao yong fang* 耆婆要用方). These examples demonstrate Jivaka's symbolic appeal to classical medical writers as a source of authority and efficacy, particularly useful for legitimizing the appropriation of Indian knowledge into mainstream classical medicine.

With all of these diverse texts and practitioners calling on the Medicine King as a source of legitimacy, it is evident that Jivaka—in Chinese reception, translation, composition, and allusion—was never associated strictly with a particular Indian medical doctrine. Nor is Jivaka associated with a specific Indian contribution to Chinese medical practice. Rather, he is best understood as an example of how a foreign hero could be appropriated and recreated as a powerful new symbol for authority, legitimacy, and efficacy. He was a name that could be invoked whenever and wherever Chinese healers mobilized Buddhist medical knowledge. He is an illustration of the central role of healing claims in Buddhist proselytism in medieval China, and of the strategies translators employed in making such claims. And he is an example of the recasting of foreign knowledge to work in indigenous contexts—but not at all in the way that conventional wisdom has led us to believe.

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Asian texts such as the *Jivakapustaka* (a manuscript composed prior to the eleventh century in Sanskrit and Khotanese and discovered at Dunhuang) indicate the importance of Jivaka's name for the *āyurvedic* tradition as well.

¹⁰⁴ See the discussion in Chen Ming, *A Study*, 213ff.