

## CHAPTER 2

# Theravada Buddhism and Medicine in Thailand

### *Buddhism and Medicine*

Thai legend says that the medical system of the *mo boran* was handed down in an unbroken lineage from a handful of sages (Th. *ruesri*, Sk. *rishi*) to modern times via Buddhist texts and oral tradition. The date for the transmission of Buddhism to Southeast Asia from India is given traditionally as the third century B.C.E. At that time the Mauryan king Ashoka is said to have sent two missionaries, Sona and Uttara, from India to Suvvnnabhumi (the “Golden Land,” thought to be the modern Burma), where they converted 65,000 people and spread the Buddhist doctrine.<sup>1</sup> The notion that Ashoka ever in fact sent emissaries to Burma has been contested by scholars for many years. G. Coedès states that there is no evidence of Indian culture in Burma before 500 A.D., the date given to fragments of the Pali canon found at Mozaan Mangun.<sup>2</sup> It will be evident from the discussion in the coming chapters that even this time frame is impossible for the introduction of large parts of the Thai medical system. Nevertheless, the arrival of Theravada Buddhism in Southeast Asia brought with it important scriptural traditions of medical knowledge that have had significant impact on medicine. Traditional Thai medicine is usually understood by its practitioners to date from the historical

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1 Lamotte (1988), p. 293.

2 Coedès (1968), p. 17.

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Buddha's lifetime,<sup>3</sup> and this mythology plays a crucial role in unifying the practitioners of Thai medicine today.

Religion has always been one of the major exports of India, and various forms of Buddhism and Hinduism were transmitted from India throughout Asia. The earliest extant form of Buddhism, Theravada ("Teachings of the Elders"), traveled to modern Sri Lanka and Burma, which became Theravada enclaves and remain so to this day. Central Asia, China, and Japan followed a later form of Buddhism, Mahayana ("The Great Vehicle"), while the Khmer regions (modern Cambodia) and the Indonesian islands converted first to Mahayana and then to Hinduism. These areas in some cases adopted India's Brahmanical social system, based on Vedic conceptions of castes and priests, but these institutions were adapted both to suit local conditions as well as to incorporate other influences. Certain areas like Nepal developed a hybrid Buddhist-Hindu tradition centered around Tantric Buddhism (also called Vajrayana, the "Diamond Vehicle"). Other areas, such as the Tibetan kingdoms, seemed to embrace parts of Indian and Chinese culture in a unique synthesis.

The kingdoms in modern-day Thailand were uniquely situated to be on the receiving end of many of these diverse ideas. On the West, they were bordered by the Mon Burmese, a people who had embraced Theravada. On the East, their territory butted against the Khmer Empire, with its unique blend of Hindu and Mahayana influences. Siamese cities also sat along Chinese and Muslim trading routes, and we have already seen Christian missionaries practicing medicine at the Ayutthayan court. It is important to recognize that its strategic geographical location had much influence on the events in Thai history.

Different traditions of Indian religion and medicine arrived in Siam at different times from different sources. Theravada

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<sup>3</sup> As all dates in Indian history are difficult to pin down, the Buddha's lifetime has been the subject of controversy. Scholars had tentatively agreed on the date 486 B.C.E. as a plausible estimate of his death, but recent scholarship has suggested that it may have been even a century later.

Buddhism became the dominant religion in Siam, and Theravada stories would be important narratives for Thai physicians. However, yogic theories originating in Tantric Buddhism and Hinduism (such as vessels, subtle energies, and *bhatha-yoga* postures) are also prevalent in Thai medicine. Ayurvedic medicine—related both to Theravada Buddhism as well as yogic practices, but separate from both<sup>4</sup>—also entered Siam at some unknown time.

Ideas coming from different parts of Asia were integrated in Siam, and were blended together with other cultural influences. However, Buddhism and medicine seem to have belonged to different spheres of knowledge and cultural diffusion in Siam, even though these were institutionally related in the elite literate court tradition. Yogic and Ayurvedic knowledge are usually not found among healers outside of the elite literate tradition. In the remoter villages studied by Brun and Schumacher, for example, non-Ayurvedic indigenous T'ai medical ideas predominate.<sup>5</sup> These same villagers, on the other hand, practice Theravada Buddhism, which indicates that Buddhism and medicine did not penetrate all layers of Siamese society hand in hand.

In the Siamese capital, on the other hand, a synthesis developed which tied together T'ai beliefs, Theravada, Ayurveda, and yoga, as well as Chinese and other influences, forming a medical system that became what we know as TTM. Though highly integrated, it is helpful to separate the different influences within this colorful collection of practices, as it assists us greatly in understanding the complexity of TTM. The following chapters therefore will discuss material from the Theravada, Ayurvedic, Yogic, T'ai, Khmer, Chinese, and Western contexts separately, building toward a picture of the integration of these diverse influences.

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4 Zysk (1993b, 1998) and Wujastyk (2003), p. 260, present detailed arguments for considering these as separate spheres of knowledge.

5 See Brun and Schumacher (1994).

## *The Buddha's Physician*

The principal figure in Thai medical lore is Jivaka Komarabhacca (Th. Shivagakomarpaj or Shivago Komaraphat), claimed by Thai doctors as the founder of their healing tradition. Despite the distinguished place he holds in Thailand, Jivaka is a minor figure in the Pali texts. There are many mentions of him in the canon, including two texts actually named after Jivaka,<sup>6</sup> but even in these, he takes a definitively secondary role to the Buddha and the order of monks. Jivaka is also mentioned as being the owner of a mango grove in Rajagaha, Jivakarama, which he offered for the use of the *sangha* (the community of monks) during their annual rainy-season retreat. Jivaka's skill as a physician and his donation of service to the monastic community is presented in the *Vinaya* as one of the reasons for increasing numbers of ordinations. According to legend, the Buddha has to limit ordination to the healthy in order to prevent abuse of Jivaka's services by the many ill who flocked to the *sangha* to avail of his services.<sup>7</sup>

From virtually all sources, Jivaka seems to have been considered a model healer from the very earliest days of Buddhism.<sup>8</sup> Explicitly medical information in the Pali canon is mostly limited to isolated references to what must have been by then well-known concepts of the body and healing. (There is, for example, mention of the theory of four elements and three *doshas*, philosophical conceptions of the body we will discuss in Part II of this book.<sup>9</sup>) There is one important exception to this generalization, a text in which medical knowledge figures

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6 These are two texts called *Jivaka Sutta: Anguttara Nikaya* viii.26, in which Jivaka is given instruction on what it means to be a devoted lay follower, and *Majjhima Nikaya* 55, in which he asks the Buddha about vegetarianism.

7 Demiéville (1985), p. 36.

8 Zysk (1998), p. 147 note 35.

9 See Demiéville (1985) and Zysk (1998) for references to specific passages in the Pali canon discussing these medical ideas.

prominently. The *Mahavagga* section (Chapter 8 of the Pali *Vinaya*), which may be dated to the fourth century B.C.E., presents Jivaka's biography and encounters with patients, providing a wealth of information on contemporary views of healing.<sup>10</sup>

The *Vinaya* is the monastic code, detailing the rules by which the monks must live. The purpose of the Jivaka story in the *Vinaya*, appearing in a section dealing with the types of donations allowable to monastics, is ostensibly to recount the origins of the Buddha's decision to allow the laity to make donations of cloth. Embedded within this seemingly unrelated narrative are several important medical episodes which give us a glimpse of the medical ideal in India in the fourth century B.C.E. That these Jivaka stories became particularly popular among lay Buddhists is indicated by the fact that by the time Buddhism had traveled to China in the first centuries C.E., these passages had been extracted from the *Vinaya*—which was prohibited to the laity—and set out as a separate text to be accessible to all.<sup>11</sup> Two Chinese versions of this text exist today, the *Nainü Qipo Jing* and the *Nainü Qiyu Yinyuan Jing*, in which the protagonist is born with acupuncture needles in his hands. He also uses a magical bough from the "Medicine King" tree to see inside his patients' bodies. In the Tibetan version, he uses a magical gem for this same purpose. I will not refer to the Chinese or Tibetan versions of the Jivaka myths here as it is the Pali text which is canonical in Thailand.

In the Pali, Jivaka's biography begins when the urban council of Rajagaha, inspired by the charms of a courtesan in Vesali, petitions King Bimbisara to install a courtesan of their own. They hire Salavati, with her "utmost beauty of complexion" and "clever dancing, singing and lute playing."<sup>12</sup> This courtesan soon becomes pregnant, however. She delivers in secret, and discards

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10 See Zysk (1982 and 1998) for details not provided here.

11 Zysk (1998), p. 151 note 9 provides references for the Pali, Chinese and Tibetan sources.

12 *Mahavagga* viii.1.2, trans. Horner (2000), p. 380.

her son in an old winnowing basket on a trash heap, where he lies at the mercy of a flock of crows. The king's son, Prince Abhaya, comes across the baby, and moved by compassion, takes him into his home and names him Jivaka (from *jivati*, or alive) Komarabhacca (apparently from *kaumarabhrtya* meaning "master of the medical science of the treatment of infants").<sup>13</sup>

When Jivaka grows up, he runs away to Taxila, an important town in the Northwest, where he studies with an unnamed medical master for seven years. At the end of this period, he is tested by his teacher, who asks him to find something within a *yojana* (about nine miles) radius that is not medicinal. Jivaka searches the area and proclaims that everything he sees is medicine, and thus passes the test and is given the blessing of his mentor. Jivaka then sets out homeward, but along his way, he stops to heal a merchant's wife, whose family rewards him with 16,000 in cash, two slaves, and a chariot, all of which he presents to his benefactor, Prince Abhaya, upon his return.

Back in Rajagaha and living in the royal palace, Jivaka's fame increases with each client he takes. The *Mahavagga* lists six patients in all. His first is the merchant's wife, whose seven-year-old "incurable disease of the head" is eliminated by one treatment of ghee administered through the nose. The anal fistula of King Bimbisara is then treated successfully with an ointment. Next, in the most dramatic passage of the biography, a merchant of Rajagaha is treated for a fatal disease of the head by trepanation:

Then Jivaka Komarabhacca, having made the householder, the merchant lie down on a couch, having strapped him to the couch, having cut open the skin of his head, having opened a suture in the skull, having drawn out two living creatures, showed them to the people.<sup>14</sup>

13 Horner (2000), p. 381 note 3. In Thailand his role is principally as the patron saint of children's medicine.

14 *Mahavagga* viii.1.17, trans. Horner (2000), p. 387.

The son of a merchant of Benares is also dramatically cured of a “twist in the bowels” (caused by “playing at turning somersaults”) by slicing his abdomen open, smoothing out the knots, sewing it back up, and applying an ointment. Additionally, King Pajjota of Avanti is cured of a jaundice which “many very great, world-famed doctors had not been able to cure” by a concoction of medicinal ghee surreptitiously administered to the unsuspecting patient. Upon discovering he has been tricked into taking ghee—which he despises—the king flies into a fury and Jivaka flees for his life, only to be later thanked when the king fully recovers.

However, the climax of the biography of Jivaka is the sixth and final episode, a cure administered to the Buddha himself. Jivaka is approached by the Buddha’s attendant, Ananda, who tells him that the Buddha has an affliction of the *doshas* of his body (*doshabhisanna*), and that he desires a purgative. Jivaka first tells Ananda to “lubricate” the Buddha’s body for several days (probably meaning to ingest oils), after which a mild purgative of medicines mixed with lotuses is administered nasally, causing the Buddha to purge twenty-nine times. After purgation, the patient bathes in hot water, purges a final thirtieth time, and is prescribed a liquid diet of juices until his body returns to normal.

### *Jivaka in Present-day Thailand*

Although the cures attributed to Jivaka do not have much in common with Thai medicine, in Thailand today Jivaka is propitiated as the “Father Doctor” of medicine. The worship of Jivaka involves aspects of orthodox Buddhist and popular religious practice and comprises a major part of the devotional life and identity of the traditional Thai healer. Without exception, every healer I have visited in Thailand has possessed a statue or image of Jivaka, usually seated or standing on an altar



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alongside an icon of the Buddha, in recognition of his position as the practitioner's primary *khru* (teacher or guru). This has equally been the case for the unlicensed practitioners of non-orthodox forms of healing and for formally-trained physicians and teachers at the authoritative traditional medical schools.

At most Chiang Mai and Bangkok traditional medicine hospitals, schools, and massage clinics, the teachers, students, and patients gather together once or twice a day to recite a prayer to Jivaka in a ceremony of *wai khru*, or "homage to the teacher." Outside the context of medicine, the *wai khru* is a common feature of many Thai arts, and is practiced by shamans, tattoo artists, kick-boxers, and many others who feel that giving the proper thanks to their teachers and lineage is a requirement for success and good luck in their chosen profession. Although more recent teachers may also play a role in the *wai khru* of healers, Jivaka is always an important figure (see Fig. 3).



**FIG. 3.** ALTAR WITH JIVAKA (RIGHT), BUDDHA (CENTER), LUSI (LEFT), AND OTHER MEDICAL AND POPULAR RELIGIOUS FIGURES. SHIVAGAKOMARPAJ TRADITIONAL MEDICINE HOSPITAL, CHIANG MAI.



The *wai khru* ceremony at the Shivagakomarpaj Traditional Medicine Hospital in Chiang Mai takes place in a small pagoda which houses Buddhist icons, statues of Jivaka and other *ruesri*, and ritual paraphernalia typical of Thai temples such as fortune-telling sticks, sacralized water (*nam mon*), and banana leaves folded into elaborate pagoda-like structures (*bai si*). The *wai khru* itself, performed morning and evening at the beginning and end of the workday, is recited in Pali as are all formal Buddhist prayers. It opens with two common Buddhist chants heard at some point during virtually all formal Theravada ceremonies in Thailand. These phrases, chanted in the monotone voice of the Theravada monastic tradition, are the “Homage to the Triple Gem”:

*araham samma sambuddho bhagava, buddham bhagavanta abivademi. svakkhato bhagavata dhammo, dhammam namassami. supatipanno bhagavato savakasangho, sangham namami:* “The Lord, the Perfectly Enlightened and Blessed One—I render homage to the Buddha, the Blessed One. The Teaching so completely explained by him—I bow to the Dhamma. The Blessed One’s disciples who have practised well—I bow to the Sangha.”<sup>15</sup>

And the “Homage to the Buddha”:

*namo tassa bhagavato arabato samma sambuddhassa:* “Homage to the Blessed, Noble and Perfectly Enlightened One.”<sup>16</sup>

These Buddhist phrases are followed by a chant paying homage to Jivaka, which is unknown to the orthodox Theravada tradition outside of the medical field, but draws upon Buddhist language, imagery, and stock phrases. This chant is found in

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15 Translation by Saddhatissa and Walshe (1994), p. 3.

16 Translation by Saddhatissa and Walshe (1994), p. 3.

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various forms throughout Chiang Mai and Bangkok, but invariably lauds Jivaka as a moral follower of the precepts, and is replete with praise of the Buddha. The following stanza appears at the beginning of every version of this recitation I have seen:

*om namo shivago sirasa abang karuniko sapatatanang osata tipamantang papaso suriyajantang komarapato pagasesi wantami bandito sumetaso aloka sumanhomi.*<sup>17</sup> “Homage to you Jivaka, I bow down. You are kind to all beings and bring to all beings divine medicine, and shine light like the sun and moon. I worship he who releases sickness, wise and enlightened Komarabaccha. May I be healthy and happy.”<sup>18</sup>

The *wai khru* at the Shivagakomarpaj Hospital continues:

*piyo-tewa manusanang piyo-proma namutammo piyo-naka supananang pinisriyong namamihang namoputaya navonavean nasatit-nasatean a-himama navean-nave napitangvean naveanmahako a-himama piyongmama namoputaya na-a nava loka payati winasanti:* “He is beneficent to gods and human beings, beneficent to Brahma. I pay homage to the great one. He is beneficent to *naga* and *supanna*.... I pay homage. Homage to the Buddha.... Honor to the Buddha. May all diseases be released.”<sup>19</sup>

The *wai khru* ceremony thus uses formal Buddhist rites and Theravada imagery to honor a figure from the Pali canon, reaffirming the central role of Buddhist faith and lore in the

17 Source: Chaichakan (1997), frontispiece.

18 Based on translation by W.Y. Bandara, personal communication.

19 Based on translation by W.Y. Bandara, personal communication. Ellipses indicate words that remain untranslated. Brahma, in Theravada mythology, though not an eternal god, is the highest *thewada*, or celestial reincarnation, and *nagas* and *supanna* are mythical earth-beings. The implication here is that Jivaka is beneficent to all levels of beings, high and low, throughout the universe.

practice of Thai medicine. The *wai khru* is not the only example of the integration of Jivaka into everyday life. A Jivaka icon is often placed in prominent locations for temple-goers to worship, for example presiding over the main entrance to the national temple, Wat Phra Kaew (see Fig. 4). When visiting a traditional hospital such as Shivagakomarpaj, it is customary to visit the pagoda housing the Jivaka statues and pay homage upon entering and leaving the facility before an altar that contains statues of Buddhas as well as famous *ruesri* or medical sages (the altar in Fig. 3 is from Shivagakomarpaj's main shrine).



**FIG. 4.** JIVAKA PRESIDING OVER THE ENTRANCE TO THE NATIONAL TEMPLE, WAT PHRA KAEW, BANGKOK.

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Jivaka, then, is an important figure for not only doctors, but patients as well. In fact, one of the main teachings of the traditional medical school at the Shivagakomarpaj Hospital is that religious practice (Th. *chittanamai*)—and by this it is invariably meant Theravada Buddhist meditation and ritual—is one of the major disciplines of Thai medicine, alongside herbalism/dietary regimen and massage/acupressure. The “three branches of Thai medicine,” as they are called at Shivagakomarpaj, are represented in the architecture of the facility itself, which houses a medical school in the north wing, an herbal dispensary and massage clinic to the south, and a pagoda containing the main shrine to the Buddha and Jivaka centrally located on the premises. The very placement of the shrine at the midpoint of the complex points to a self-consciousness about the centrality of Buddhist religion and the “Father Doctor” Jivaka in the practice of traditional medicine.<sup>20</sup>

### *Buddhist Philosophy and TTM*

Theravada Buddhism had been the dominant religious tradition in Siam since the founding of Sukothai, and it is therefore no surprise that efforts would be made by physicians to legitimize traditional medical practice through association with Jivaka, the Buddha’s physician in the Pali scriptures. So, it is not unexpected to find practitioners of the medical arts propitiating the “Father Doctor” or including Buddhist ritual in their healing practices.

In fact, however, Buddhism is not only a legitimizing force in theory, but a relevant part of the practice of TTM. Even today, Buddhism continues to play a central role in the delivery of traditional medicine. It has already been noted that the most important medical artifacts of the Bangkok era are housed

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<sup>20</sup> This was the layout of the hospital when I left in 2001. I understand it has been renovated since that time and that the layout has changed.

in Wat Pho, a prominent temple which continues to be the spiritual center for TTM nationwide. Likewise, on a regional level, many temples are known for medical libraries and monks often serve as community medical practitioners. Monks have for some time now been co-opted into the national plan for healthcare, and trained to deliver primary care, particularly in poorer areas.<sup>21</sup> For the most part, monks have had a positive view toward their role as curers, this despite the fact that the monastic code (the *Vinaya*) explicitly prohibits monks from administering medicine to laypeople, and some texts even label medicine a “base and wrong means of livelihood.”<sup>22</sup>

Another example of the contemporary integration of Buddhism and medicine is seen in the inclusion into the TTM framework of “the application of Buddhism or rites and rituals for mental health care.”<sup>23</sup> The practice of *dhammanamai*, or the “holistic care of the body, the mind, the society, and the environment,” forwards a platform of health based on Buddhist relaxation techniques and morality.<sup>24</sup> For the most part, these practices draw from popular religion and not from canonical texts, allowing a greater amount of flexibility in incorporating non-Buddhist techniques such as proper diet and *ruesri dat ton* (the traditional stretching exercises outlined in Chapter 1). This fusion of healing with Buddhist philosophy serves as a unifying force to legitimize diverse practices from many sources, and also places medical knowledge under the umbrella of a common religious tradition. One of the themes of the last chapter of this book will be the ways in which Thai practitioners use Buddhism to unify a range of practices imported from a diversity of sources in order to construct modern TTM.

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21 See Gosling (1985) for information in this paragraph.

22 *Digha Nikaya* i.11. Cited in Demiéville (1995), p. 36.

23 Chokevivat (2005), p. 4.

24 Chokevivat and Chithapatti (2005), p. 16-18.