

## Healing in Early Buddhism

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### ABSTRACT

In the present article I study passages from the early discourses preserved in the Nikāyas and Āgamas related to healing and bearing up in the face of pain. These show that the potential of psychological means of healing, in particular through mental qualities like mindfulness, were already recognized in ancient times, instead of being a purely modern phenomenon.

### Keywords

early Buddhism, healing, mindfulness, pain, stress-reduction

### Introduction

When studying the practice of healing in early Buddhism, a central source of information can be found in *Vinaya* narratives. In the Pāli *Vinaya*, the cures effected by the royal physician Jīvaka stand out as testimonies of an impressive medical ability, going even as far as the successful performance of cranial surgery.<sup>1</sup> Understandably such material has been somewhat at the forefront of studies of healing as reflected in early Buddhist texts. However, Jīvaka reportedly learnt his art in Takkasilā, so his abilities should be understood as reflecting general ancient medical knowledge and skills.<sup>2</sup> In other words, aside from the fact that he was a Buddhist lay follower and offered free medical service to Buddhist monastics, there is nothing particularly Buddhist about his cures.

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1. Vin I 274,16; a survey of the cures performed by Jīvaka and their relation to *āyurveda* can be found in Zysk 1982 (or Zysk 1991, 120–127) and Mitra 1985, 326–337; on ancient Buddhist medicine cf. also, e.g., Haldar 1977 and Talim 2009. For a survey of publications on Buddhist medical ethics cf. Hughes and Keown 1995.
  2. Vin II 270,1. On the assistance the ancient Brahminical sources can offer for interpreting descriptions of healing preserved in the Pāli canon cf. Zysk 1995.

In order to explore if there might be a more typically Buddhist approach to health, and what that could involve, in what follows I turn to a few selected passages that report how the Buddha or his eminent disciples dealt with a condition of sickness. My approach is based on translating the relevant passages from the Chinese *Āgamas* and comparing them to their parallels in the four Pāli *Nikāyas*, in other Chinese *Āgamas* and, whenever extant, also in Sanskrit fragments and Tibetan translation.<sup>3</sup> With the help of such comparative study of this particular genre of texts, the early stages in the development of Buddhist thought can be uncovered, in as much as these have left traces in literature.<sup>4</sup>

### The Buddha's overcoming of a disease (1)

The first case I take up is part of a prolonged narrative of the events that preceded the Buddha's demise, found in the *Mahāparinibbāna-sutta* and its parallels. The passage in question describes how the Buddha overcame what appears to have been a rather serious case of illness. In what follows I translate the *Dirgha-āgama* record of this event, followed by studying the means used by the Buddha to recover. The translated portion has its placing within the overall narrative after the Buddha had met the famous courtesan Ambapālī and accepted the gift of her grove.<sup>5</sup>

At that time in that region there was a famine and grain was expensive; it was difficult to get food by begging.<sup>6</sup> The Buddha said to Ānanda: 'Tell all the monks who are now within this region to gather in the assembly hall.' He replied: 'Yes, indeed.' Having received the instruction, he informed those far and near that they should all gather in the assembly hall. Then, when the great community of those within this region had gathered, Ānanda said to the Buddha: 'The great community has gathered, may the Noble One know the time has come [for instructing them].'

At that time the Blessed One rose from his seat and approached the assembly hall. He sat on a prepared seat and said to the monks: 'There is a famine in this region

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3. My choice of presenting a translation of Chinese *Āgama* passages as the departure point does not imply a value judgement, but is only meant to make these available for enabling a comparison with the corresponding Pāli discourses and their readily accessible English translations. In the extracts translated from the Chinese *Āgamas* I employ Pāli terminology for the sake of facilitating comparison with the better known Pāli parallels, without thereby intending to take a position regarding the original language of the text that was used for translation into Chinese.
  4. On the value of the Pāli discourses for reconstructing early Buddhist thought, cf. in more detail Anālayo 2012b.
  5. The translated text is DĀ 2 at T I 15a8 to 15b15. This has already been translated into German by Weller 1939, 74–78; for a comparative study of this part of the *Mahāparinirvāṇa-sūtra* cf. Waldschmidt 1944, 88–94.
  6. A reference to famine and its repercussions is not found in DN 16, which at DN II 98,<sup>26</sup> only reports the Buddha's injunction that the monks should spend the rains where they have friends. The same injunction forms the starting point for SN 47.9 at SN V 152,<sup>13</sup> whose compass corresponds to the section I have chosen from DĀ 2 for translation. The commentaries on DN 16 and SN 47.9, Sv II 546,<sup>19</sup> and Spk III 202,<sup>1</sup> explain that the Buddha had told the monks to go elsewhere since there were not enough dwelling places and he anticipated that food would not be easily obtainable. A famine is mentioned in the Sanskrit fragment parallel, Waldschmidt 1951, 190 (§13.5), and in the Chinese parallels, T 5 at T I 164b<sup>27</sup> and T 6 at T I 180a<sup>5</sup>.

and it is difficult to get food by begging. You should each divide into groups and go to Vesālī or the Vajjī country to spend the rains retreat, according to where you have friends, so that hopefully you will not experience want. I will spend the rains retreat here alone with Ānanda. Why is that? Lest there be deprivations.’ Then the monks received the instruction and carried it out. The Buddha and Ānanda remained alone.

Afterwards, during that summer’s rainy season, a disease arose in the Buddha’s body and his whole body was completely in pain.<sup>7</sup> The Buddha thought to himself: ‘Now a disease has arisen in me and the whole body is in much pain. None of my disciples is with me.’<sup>8</sup> It would not be appropriate for me to take up [entry into final] Nirvāṇa now. I shall energetically with my own strength keep on living.’<sup>9</sup>

Then the Blessed One came out of his hut and sat in a cool spot. Having seen him, Ānanda quickly approached him and said: ‘Now seeing the Venerable One’s face it seems [to me] that the disease has diminished.’

Ānanda further said: ‘When the Blessed One was ill, my mind was in fear and tied up with worry. I was lost and confused, no longer recognizing the directions. Yet I slightly recovered myself as your breath had not stopped,<sup>10</sup> thinking quietly [to myself]: “The Tathāgata has not yet attained Parinirvāṇa, the Eye of the World has not yet ceased, the great Dharma has not yet suffered a loss. Why has there up to now not been a [final] instruction to the community of disciples?”’

The Buddha said to Ānanda: ‘What does the community of monks expect from me? If someone were to say of himself: “I manage the community of monks, I control the community of monks”; such a person should give a [final] instruction to the community. The Tathāgata does not say: “I manage the community of monks, I control the community of monks.” Why should he give a [final] instruction to the community?’

Ānanda the Dharma I have taught is already complete, within and without. I never kept to myself what I have seen and realized. Indeed I am already old, having been eighty years for some time. My body is just like an old cart which by being expediently patched up and adjusted reaches the place to which it is going. By expedient strength I can maintain it alive a little [longer], through my own strength

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7. The Sarvāstivāda/Mūlasarvāstivāda and Theravāda parallels specify that the feelings were of the type bordering on death, Waldschmidt 1951, 192 (§14.2) and DN 16 at DN II 99,4 (= SN 47.9 at SN V 152,22). According to T 5 at T I 164c5, the Buddha’s body was in great pain and he wished to enter Nirvāṇa. DN 16 at DN II 99,5 (= SN 47.9 at SN V 152,23) notes that the Buddha endured the pain with mindfulness and clear comprehension, *sato sampajāno*.
  8. According to DN 16 at DN II 99,7 (= SN 47.9 at SN V 152,25) the Buddha reflected that it was not proper for him to pass away without having addressed his attendants and having taken leave from the community of monks. T 5 at T I 164c6 similarly reports the Buddha reflecting on his inability to instruct the monks. The Buddha then informed Ānanda of his wish to enter Nirvāṇa, at which point Ānanda begged him not to do so until the community of monks had been assembled. T 6 at T I 180a13 just records the Buddha’s reflection that the community should be assembled before he enters Nirvāṇa.
  9. The parallel versions differ in their description of how the Buddha kept alive; cf. the discussion below.
  10. DN 16 and SN 47.9 do not report Ānanda reflecting that the Buddha’s breath had not stopped; the corresponding section in Waldschmidt 1951, 194 (§14.9) has preserved (*ā*)*śvāsamātram*.

and energy,<sup>11</sup> putting up with these painful feelings. When I do not give attention to any signs and enter signless concentration,<sup>12</sup> then my body is at ease and there are no afflictions.

Therefore, Ānanda, you should be a light to yourself, a light in the Dharma, without another light;<sup>13</sup> you should be a refuge to yourself, a refuge in the Dharma, without another refuge. How can you be a light to yourself, a light in the Dharma, without another light, a refuge to yourself, a refuge in the Dharma, without another refuge?

Ānanda, a monk contemplates the body internally, diligently without laxity, with undistracted mindfulness, removing desire and discontent for the world. He contemplates the body externally ... contemplates the body internally and externally, diligently without laxity, with undistracted mindfulness, removing desire and discontent for the world.<sup>14</sup> He contemplates feeling ... mental states ... dharmas ... *also in this way.*

Ānanda, this is reckoned being a light to yourself, a light in the Dharma, without another light, being a refuge to yourself, a refuge in the Dharma, without another refuge.'

The Buddha said to Ānanda: 'After my Parinirvāṇa, those who are able to cultivate this teaching are truly my disciples and foremost in the training.'

In the above-translated extract the Buddha falls ill while being alone with Ānanda, and this then causes mental affliction to Ānanda. In response to being told of this mental affliction, the Buddha gives him a teaching on self-reliance through mindfulness practice. The way the Buddha overcame his own physical disease, however, was through making an effort. In addition, signless concentration receives a highlight as being particularly helpful for bringing about a sense of physical ease.

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11. During my presentation at the UKABS conference it became clear that my rendering of 精進, equivalent to Pāli *virīya*, as 'energy' can result in misunderstandings. The term does not refer to an equivalent to the concept of *qi* (氣), but to the mental quality of making an effort. In the course of the ensuing discussion, Peter Harvey aptly summarized the chief import of *virīya* to be the principle of 'get to it and keep at it' and thus a form of 'active engagement'.
  12. DĀ 2 at T I 15b4 actually reads 不念一切想, 入無想定, according to which the Buddha did 'not give attention to any perceptions and entered unconscious concentration.' My translation is based on emending this to: 不念一切相, 入無相定, i.e., emending 想到相, thereby following a suggestion made by Weller 1939, 77 note 292. The characters 想 and 相 are frequently confused with each other; cf. Anālayo 2011a, 274f note 54 for a survey of several instances. This makes it fairly probable that such confusion happened in the present case as well and that the Indic original used for translating DĀ 2 into Chinese referred to *animitta*, similar to what is found in the parallels preserved in Sanskrit and Pāli.
  13. The corresponding term in DN 16 at DN II 100,<sup>20</sup> (= SN 47.9 at SN V 154,5) is *attadīpā*, and in the Sanskrit fragment version, Waldschmidt 1951, 200 (§14.24), similarly *ātmadvīpo*. T 5 does not have a comparable instruction. T 6 at T I 180b2 speaks of taking the Dharma as one's 'lamp', 錠, by taking refuge in oneself. On this expression cf. the discussion in, e.g., Bapat 1957, Brough 1962/2001, 210, Schneider 1980/1992, 113 note 69, Norman 1990/1993, 87, Nakamura 2000, 95, and Wright 2000.
  14. A distinction between internal, external, and internal-and-external *satipaṭṭhāna* practice is not made in DN 16 and SN 47.9; nor does T 6 employ such a distinction. T 5 does not mention *satipaṭṭhāna* at all. The Sarvāstivāda/Mūlasarvāstivāda version, however, also refers to internal, external, and internal-and-external practice; cf. Waldschmidt 1951, 200 (§14.25).

The Buddha's actual overcoming of his disease in the Theravāda version in the *Dīgha-nikāya* is similar. The passage reads as follows: 'Then the Blessed One dwelled, having overcome this illness with energy, determined on the life force. Then the illness of the Blessed One abated.'<sup>15</sup> Later on, the Theravāda version also refers to the signless concentration as what helped the Buddha to dwell without pain.<sup>16</sup> In the Sarvāstivāda/Mūlasarvāstivāda version preserved in Sanskrit fragments, signlessness already features in the Buddha's overcoming of his actual disease, together with energy. Here is the relevant passage:

Then the Blessed One, having overcome certain feelings by means of energy and not giving attention to any signs, dwelled having accomplished the direct realization of the signless concentration of the mind. Thereby the Tathāgata was more at ease and in a better condition.<sup>17</sup>

One of the parallels preserved in Chinese translation reports that the Buddha used his supernormal power and did not give attention to the pain, whereby his condition improved.<sup>18</sup> The other individual Chinese translation describes him making an effort with his own strength and entering concentration without being aware of any signs.<sup>19</sup>

In this way the parallel versions can be seen to agree in referring in some way to the use of energy. In addition, signless concentration features either as what led to the actual overcoming of the disease,<sup>20</sup> or else as part of a description given by the Buddha of his aging condition, where with the help of this concentrative attainment he can dwell at ease.<sup>21</sup> What emerges from these descriptions is the Buddha's ability to influence the diseased condition of his body through his meditative power, in particular through the exercise of energy.

15. DN 16 at DN II 99,12: *atha kho bhagavā taṃ ābādhaṃ viriyena paṭṭippanāmetvā* (B<sup>c</sup>: *viriyena paṭṭippanāmetvā*) *jīvitasañkhāraṃ adhiṭṭhāya vihāsi. atha kho bhagavato so ābādhō paṭṭippassambhi*. Unlike DN 16, SN 47.9 at SN V 153,2 does not have the last indication that the Blessed One's disease abated. This difference in formulation does not affect the meaning, since SN 47.9 continues, in agreement with DN 16, by referring to 'the Blessed One who had recovered from the illness. Soon after he had recovered from the illness', *bhagavā gilānā vuṭṭhito aciravutṭhito gelaṇṇā*, followed by describing what happened next.

16. DN 16 at DN II 100,16 (= SN 47.9 at SN V 154,1).

17. Waldschmidt 1951, 194 (§14.6): (*atha bhagavān tata e*)*katyā vedanā viriyena pratiprasa*(*bhya*) *sarvanimittā(nāmanasikārād animittam cetahsamādhim kāyena sāksikṛtvopasampadya vyahārsi. tena tathāgatasya kṣemaṇi)yataṛaṇ cābhūḍ yāpaniyatara(ṇi ca)*.

18. T 5 at T I 164c13: 'Now my body is totally in pain. If I take hold of the power of a Buddha to control the disease and no longer give mental attention to the disease, my condition slightly recovers', 今我身皆痛, 我持佛威神治病, 不復持心思病, 如小差狀。

19. T 6 at T I 180a14: 'I should make an effort with my own strength in relation to this disease, entering concentration without being aware of the multitude of signs. By entering such kind of concentrative attainment, concentrating attentively without being aware of the multitude of signs, my mind will bear up with it', 宜為是疾自力精進, 以受不念眾想之定, 即如其像正受三昧思惟, 不念眾想之定, 以是忍意 (my rendering is based on emending both instances of 想 to read 相, i.e., reading 不念眾相之定)。

20. For a detailed study of signless forms of meditation cf. Harvey 1986.

21. Here it needs to be kept in mind that in the case of DĀ 2 and T 6 my renderings are based on emending 想, 'perception', to read 相, 'sign'.

## The Buddha's overcoming of a disease (2)

The use of energy comes up again in another passage that describes what appears to be a different occasion when the Buddha became sick. In what follows I translate an extract from the *Samyukta-āgama* report of this occasion, which begins by reporting that Ānanda prepared a place for the Buddha to rest. After lying down, the Buddha addresses Ānanda:<sup>22</sup>

[The Buddha] said to Ānanda: 'Proclaim the seven factors of awakening.'<sup>23</sup> Then the venerable Ānanda said to the Buddha: 'Blessed One, they are: the mindfulness awakening factor, which the Blessed One realized himself through full awakening and taught as being supported by seclusion, supported by dispassion, and supported by cessation, leading to letting go. The investigation-of-dharmas ... energy ... joy ... tranquillity ... concentration ... equanimity awakening factor, which the Blessed One realized himself through full awakening and taught as being supported by seclusion, supported by dispassion, and supported by cessation, leading to letting go.'

The Buddha said to Ānanda: 'Did you say: energy?' Ānanda said to the Buddha: 'I said energy, Blessed One, I said energy, Well-gone One.' The Buddha said to Ānanda: 'Energy indeed, which I cultivated, cultivated much, to reach supreme and full awakening.'<sup>24</sup> Having said this, he sat up with a straight body and mindfulness established.<sup>25</sup>

The *Samyukta-āgama* discourse continues by reporting that a monk, who apparently had witnessed what happened, composed a poem on the spot to commemorate the Buddha's recovery. Parts of his stanzas have also been preserved in Sanskrit and Uighur fragments. One of these stanzas explains in what way the recitation of the awakening factors led to the Buddha's cure. This stanza reads as follows:<sup>26</sup>

Hearing the seven awakening factors being proclaimed  
Thoroughly experiencing the flavour of full awakening,  
[Although] the body had been afflicted by great pain  
[The Buddha] endured the illness and sat up straight to listen.

The Sanskrit parallel indicates that 'having heard the exposition on the awakening factors and experienced the flavour of the awakening factors ... he thereby recovered from the disease.'<sup>27</sup> This clearly puts a spotlight on the awakening fac-

22. The translated portion is found in SĀ 727 at T II 195c7 to 195c16, already translated in Anālayo 2013d, 212f.

23. In SN 46.16 at SN V 81,8 the monk whom the Buddha requests to recite the awakening factors is Mahācunda.

24. SN 46.16 at SN V 81,21 does not single out energy in particular, but only reports that the Buddha confirmed that these are the factors of awakening.

25. SN 46.16 at SN V 81,23 indicates that the Buddha recovered from the disease, with which the discourse concludes.

26. The stanza occurs in SĀ 727 at T II 195c23 to 195c24, already translated in Anālayo 2013d, 214.

27. Waldschmidt 1967, 244 (§4): *bodhyaṅgakathāṃ śrutvā, bodhyaṅgānāṃ rasam sa vijñāya ... ābādhā vyutthitas tasmāt*. The Tibetan version of the *Mahāparinirvāna-sūtra* also explicitly states that the Buddha's recovery came about through savouring the taste of the awakening factors; cf. Waldschmidt 1951, 291,10 (§30.22): *byang chub yan lag ro ni nram mkhyen pas*.

tors as what brought about a betterment of the Buddha's physical condition.<sup>28</sup> Most versions specifically emphasize the awakening factor of energy, which is in line with the importance given to energy in the previously translated passage, where the Buddha used energy to overcome his disease. The *Samyukta-āgama* version makes it clear that this is not just any type of energy, but rather the energy that led the Buddha to full awakening. In other words, energy that functions as an awakening factor.

The *Samyutta-nikāya* reports two other such instances, where chief disciples recover their health on hearing the Buddha recite the awakening factors for them.<sup>29</sup> In these two discourses, as well as in the *Samyutta-nikāya* parallel to the above-translated *Samyukta-āgama* discourse, the whole set of the seven awakening factors brings about the cure, not just the third awakening factor of energy.

In fact energy as an awakening factor cultivated on its own would require at the very least a foundation in well-established mindfulness. Mindfulness in the form of *satipaṭṭhāna* functions as the starting point and foundation for the cultivation of the other awakening factors.<sup>30</sup> According to the sequential building up of the awakening factors described elsewhere, the awakening factor of energy arises when the first two awakening factors mindfulness and investigation-of-dharmas have been established.<sup>31</sup> So a reference to the awakening factor of energy would implicitly also be a reference to the first two awakening factors and thereby to mindfulness.

The early discourses present the awakening factors as a distinct Buddhist teaching, proclaiming that the manifestation of the awakening factors comes with the arising of a Tathāgata, comparable to the manifestation of seven treasures that were believed to come into being with the arising of a wheel-turning king.<sup>32</sup> This thus makes the use of the awakening factors of mindfulness and energy a distinctly Buddhist approach to handling a disease.

28. In relation to SN 46.16 (which has no stanzas explaining what happened), de Silva 1993, 33 reasons that 'when one is reminded of the spiritual qualities one has already cultivated ... great joy must be arising in the mind. Such joy is perhaps capable of altering the body's chemistry in a positive manner.' Regarding the power associated in the Theravāda tradition with the recitation of the awakening factors, Suvimalee 2012, 175f comments that nowadays 'the *Bojjhaṅgaparitta-sutta* is recited to the sick in the devout belief that merely listening to the recitation itself has a therapeutic effect in the way the words are put together and pronounced to produce a particular sound and vibration which is thereby invested with a certain magical power.' As Cathy Cantwell pointed out during the UKABS conference, the present discourse clearly shows a ritualization of the healing situation in support of the actual words spoken and the meaning conveyed, where the Buddha requests someone else to perform a recitation of what he must have been only too familiar with himself and what in principle he could also have just recited for himself.

29. SN 46.14 at SN V 79,17 and SN 46.15 at SN V 79,17. SN 46.14 has a parallel in Tibetan, D 40 ka 281b1 or Q 756 tsi 298a8, a discourse apparently translated from a Pāli original; cf. Skilling 1993.

30. As part of a presentation that shows which awakening factor should be cultivated at which time, SN 46.53 at SN V 115,6 and its parallels SĀ 714 at T II 192a22 and D 4094 nyu 53a6 or Q 5595 thu 94a5 indicate that mindfulness is the one out of the set of seven that is always required.

31. MN 118 at MN III 85,26 and its parallel SĀ 810 at T II 208b20.

32. SN 46.42 at SN V 99,8 and its parallels MĀ 58 at T I 493a16, T 38 at T I 822a29, SĀ 721 at T II 194a19, SĀ 722 at T II 195a6, EĀ 39.7 at T II 731b19; cf. also SHT VIII 1857, Bechert and Wille 2000, 50. Although this clearly does present the awakening factors as a distinctly Buddhist teaching, other passages show contemporaries of the Buddha also engaging in the cultivation of these

### The Buddha bears pain with mindfulness

Mindfulness comes up again in a discourse in the *Samyutta-nikāya* and its parallels in the two *Samyukta-āgama* collections in relation to the Buddha's ability to bear pain. Here is the first part of the discourse from a partially preserved *Samyukta-āgama*:<sup>33</sup>

Thus have I heard. At one time the Buddha was dwelling at Rājagaha in the Sattapaṇṇi Cave by the side of Mount Vebhāra. Then the Buddha's foot had been pierced by a [piece] of acacia wood,<sup>34</sup> and he was in extreme pain. The Tathāgata silently endured it. He required nothing even with recurrent strong pain.

At that time there were eight *devas* of beautiful complexion who approached the Buddha. One *deva* among them said: 'The recluse Gotama is truly a lion among brave men. Even experiencing strong pain he does not relinquish the awakening [factor] of mindfulness and his mind is not troubled or altered.'

The two parallel versions agree that the Buddha's ability to endure strong pains when his foot had been hurt was through his mindfulness, although they do not explicitly specify that this was the awakening factor of mindfulness.<sup>35</sup>

### Anuruddha bears pain with mindfulness

Mindfulness also features prominently in another passage, which shows that the ability to cure oneself in this way is not confined to the Buddha. The passage reports Anuruddha being visited by other monks, after he had recovered from being sick. In what follows I translate the *Samyukta-āgama* version:<sup>36</sup>

Thus have I heard. At one time the Buddha was staying at Sāvattthī in Jeta's Grove, Anāthapiṇḍika's Park. The venerable Anuruddha was then staying at Sāvattthī in a dwelling in a pine forest, having recently recovered from being sick.<sup>37</sup> Then a group of many monks approached Anuruddha. Having exchanged polite and friendly greetings, they sat to one side.

They asked the venerable Anuruddha: 'Are you happy and dwelling at peace?'<sup>38</sup> Anuruddha said: 'I am happy and dwelling at peace. All my bodily pains have

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qualities. As pointed out by Gethin 1992, 180 after a survey of such passages, these convey the message that 'the full potential inherent in this practice is not understood or fulfilled by' such non-Buddhist practitioners.

33. The translated text is SĀ<sup>2</sup> 287 at T II 473c<sub>27</sub> to 474a<sub>3</sub>.

34. According to SN 1.38 at SN I 27,<sup>14</sup> his feet had been pierced by a stone splinter, which the commentary explains to have been the result of an attempt by Devadatta to kill the Buddha; cf. Spk I 78,1. For detailed comparative studies of the Devadatta narrative cf. Mukherjee 1966 and Bareau 1991.

35. In SN 1.38 at SN I 28,<sup>8</sup> the *deva* compares the Buddha to a lion for his ability to endure the pain with mindfulness and clear comprehension, *sato sampajāno*, or right mindfulness and clear comprehension in SĀ 1289 at T II 355a<sub>21</sub> 正智正念; cf. also DN 16 at DN II 99,<sup>5</sup> (= SN 47.9 at SN V 152,<sup>23</sup>), quoted above in note 7, where the same two qualities of mindfulness and clear comprehension recur in relation to the Buddha's ability to endure pain.

36. The translated text is SĀ 541 at T II 140c<sub>13</sub> to c<sub>24</sub>.

37. According to SN 52.10 at SN V 302,<sup>12</sup> Anuruddha was staying in Blind Men's Grove (also located at Sāvattthī).

38. In SN 52.10 at SN V 302,<sup>15</sup> the visiting monks directly ask him about his [meditative] dwelling which enables him to dwell without his mind being afflicted by the pain, without any preceding inquiry about his present condition. In fact in SN 52.10 he appears to be still sick.



gradually calmed down.’ The monks asked the venerable Anuruddha: ‘Dwelling in what [meditative] dwelling did all the bodily pains become gradually appeased?’<sup>39</sup>

The venerable Anuruddha said: ‘Dwelling in the four establishments of mindfulness (*satipaṭṭhāna*), all my bodily pains have been gradually appeased.<sup>40</sup> What are the four? They are: the establishment of mindfulness by contemplating the body as a body internally ... up to ... the establishment of mindfulness by contemplating dharmas as dharmas.<sup>41</sup> These are called the four establishments of mindfulness. Because of dwelling in these four establishments of mindfulness, all my bodily pains have gradually calmed down.’

Then the worthy ones, having discussed this together, rejoiced in it and were delighted. They each rose from their seats and left.

This passage clearly points to the potential of mindfulness, practised by way of the four *satipaṭṭhānas*, to bring about a diminishing of bodily pains caused by a disease. When considered in conjunction with the other passages surveyed above, the mental qualities shown to be capable of healing in early Buddhist thought are the awakening factors, either the whole set or else the mental qualities of energy and mindfulness. In addition, engaging in signless concentration also has a potential to counter pain.<sup>42</sup>

Not only monastics, but lay people were also expected to use their mental abilities to handle the pain of disease. When an elderly layman reports his deteriorating health condition to the Buddha, he receives the succinct instruction that he should train himself so that, when the body is sick, his mind will not be sick.<sup>43</sup>

### Mindfulness and stress reduction

The above-surveyed passages show that early Buddhist texts give considerable room to psychological means of healing.<sup>44</sup> In recent times, the practice of mindfulness in particular has proven its value in the modern-day clinical setting.<sup>45</sup> Mindfulness, a term used by researchers with varying connotations,<sup>46</sup> has

39. Adopting a variant that adds 漸.

40. SN 52.10 SN V 302,<sup>18</sup> specifies that his way of dwelling in the four *satipaṭṭhānas* was with the ‘mind well established’ in them, *supatitṭhitacitta*.

41. SN 52.10 at SN V 302,<sup>21</sup> does not bring in the distinction between internal and external *satipaṭṭhāna* practice.

42. A set of ten meditation practices whose recitation was able to cure a monk of his diseased condition can be found in AN 10.60 at AN V 112,<sup>16</sup> and its Tibetan parallel, D 38 ka 279a<sub>1</sub> or Q 754 tsi 295b<sub>6</sub>, which in a similar manner to the Tibetan parallel to SN 46.14, mentioned above in note 29, appears to have been translated from a Pāli original; cf. Skilling 1993.

43. SN 22.1 at SN III 1,<sup>16</sup> and its parallels SĀ 107 at T II 33a<sub>15</sub> (cf. the discussion in Anālayo 2014, 27 note 58) and EĀ 13.4 at T II 573a<sub>9</sub>.

44. Skorupski 1999, 153 notes that ‘in addition to a wide range of proper medical remedies, Buddhism also offers a great variety of religious devices to prevent and heal diseases. Within this category we find meditation, moral conduct, recitations of Buddhist texts, rituals, exorcism, and amulets.’

45. Particularly well known is MBSR (Mindfulness Based Stress Reduction); cf. Kabat-Zinn *et al.* 1985.

46. Cf. in more detail Anālayo 2013c; for different conceptions of mindfulness cf. the articles in the special issue of the journal *Contemporary Buddhism* 12.1 (2011), later published as Williams and Kabat-Zinn 2013; for a recent survey of, and contribution to, the dialogue between traditional understandings of mindfulness and its clinical employment, cf. Monteiro *et al.* 2015.

been successfully used to treat chronic pain and anxiety, binge eating disorders, depression, and fibromyalgia, etc.<sup>47</sup>

Although such benefits are not the main aim of early Buddhist meditation practice, the passages surveyed above do show that the physical healing effect of awakening factors like mindfulness and energy were not lost on the early Buddhists. These were clearly recognized as benefits to be encouraged.

Good health and digestion feature as one out of five factors of striving, required for progress on the path.<sup>48</sup> Health and a good digestion are also among the benefits of walking meditation.<sup>49</sup> So physical health was clearly given consideration in early Buddhist thought.<sup>50</sup> Physical well-being then facilitates the cultivation of mental health, which the discourses consider to be considerably more difficult to encounter than physical health.<sup>51</sup>

The central aim of early Buddhist practice is of course such mental health. The proper approach to the gaining of mental health emerges as the theme of the first teaching delivered according to the traditional account by the recently awakened Buddha, disclosing the four noble truths.<sup>52</sup> Notably, this teaching appears to be based on a medical diagnosis scheme. Although we do not have certain proof that ancient Indian medicine had such a scheme,<sup>53</sup> the comparison of the four truths to medical diagnosis occurs explicitly in several early Buddhist texts, a comparison that suggests some such diagnostic scheme was known and in use in daily life.<sup>54</sup> So the most fundamental teaching of early Buddhist thought seems to be intentionally couched in ancient Indian medical terms.<sup>55</sup>

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47. Baer 2003, 139 concludes a detailed survey of research publications by summing up that 'the current literature suggests that mindfulness-based interventions may help to alleviate a variety of mental health problems.' Another detailed survey by Grossman *et al.* 2004, 35f and 39 on MBSR in particular notes that 'preliminary reports have suggested substantial benefits for individuals suffering from chronic pain, fibromyalgia, cancer, anxiety disorders, depression and the stresses of contexts as diverse as medical school and prison life'. Thus 'our findings suggest the usefulness of MBSR as an intervention for a broad range of chronic disorders and problems.'
48. MN 85 at MN II 95,20 and its Sanskrit fragment parallel 343 verso2f, Silverlock 2009, 80. Kitagawa 1989, 12 notes that 'Buddhism was concerned with physical health as an important condition for striving after spiritual health.'
49. AN 5.29 at AN III 30,1, with parallels in EĀ<sup>2</sup> 20 at T II 879a8 and T 212 at T IV 755a15.
50. Concern with health emerges also from descriptions of the Buddha repeatedly visiting the sick, on one occasion even personally washing a sick monk; cf. Vin I 302,4 and for a study of the parallels Demiéville 1974, 236f.
51. AN 4.157 at AN II 143,1 (of which no parallel seems to be known) distinguishes between physical and mental health, concluding that compared to the relative ease of encountering people who are physically well, it is much harder to find those who are healthy in the mind; cf. also Wichit 2002, 96f.
52. For a detailed study cf. Anālayo 2012a and 2013a.
53. Cf. Har Dayal 1932/1970, 159, Filliozat 1934, 301, and Wezler 1984, 312–324.
54. For a more detailed discussion cf. Anālayo 2011b.
55. Thus the assumption by Lopez 2012, 123 that the 'buddha had no interest in being compatible with science' is not correct. Not only this aspect of Lopez's presentation, but his entire study of 'the scientific Buddha' (so the title of his monograph) seems to me to suffer from a methodological problem that undermines the reliability of his presentation and conclusions. The study indiscriminately uses elements from various Buddhist traditions and historical periods as a contrast to modern western science. As far as the historical Buddha is concerned,

One who has successfully eradicated *dukkha* would also be beyond any form of anxiety, depression, mental agitation or fear, thereby being beyond major manifestations of stress. Not only the final goal, but even the path to this goal in the early Buddhist texts appears to involve the reduction of stress. In case one has unwholesome thoughts in the mind, for example, the *Vitakkasaṅṭhāna-sutta* and its *Madhyama-āgama* parallel recommend five different methods. Only the last of these five requires a forceful exercise of will to emerge out of the situation, as a last resort when all else has failed. Before resorting to such an emergency brake, however, the parallel versions describe how one can gradually reduce unwholesome thoughts in one's mind through meditative attention. Such deployment of mental attention finds illustration in a simile. Here is the *Madhyama-āgama* version of this simile, which is closely similar to its parallel in the *Vitakkasaṅṭhāna-sutta*.<sup>56</sup>

It is just like a man who walks on a path, hurrying along quickly. He reflects: "Why am I hurrying? Wouldn't I rather walk more slowly now?" and so he walks slowly. He reflects again: "Why am I walking slowly? Wouldn't I rather stand still?" and so he stands still. He reflects again: "Why am I standing? Wouldn't I rather sit down?" and so he sits down. He reflects again: "Why am I sitting? Wouldn't I rather lie down?" and so he lies down. In this way that man gradually quietens the body's gross activities.

This passage shows Buddhist meditation actively reducing stress, which forms part of an overall practice aimed at liberating the mind from all those qualities and factors that might cause the experience of stress.

In sum, the use of meditative qualities like mindfulness for healing purposes has a precedent in the passages surveyed above. This precedent clearly comes together with a substantially different outlook on the world, a different conception of health, and perhaps most importantly a radically different overall aim. When viewed from the perspective of the final goal of total freedom, the beneficial repercussions of meditation practice on one's physical health condition are clearly secondary. In fact the Buddha's role as the supreme 'physician' emerges fully with his teaching of the four noble truths.

Yet, alongside such differences there are noticeable similarities when compared to the modern-day clinical use of mindfulness for healing purposes. Although not constituting the final goal of practice, such healing purposes are certainly welcome aids for those engaging in the Buddhist path to liberation. As a stanza found in the different *Dharmapada* collections highlights, health is supreme among what one can gain, and supreme happiness is achieved with the attainment of Nirvāṇa.<sup>57</sup>

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an assessment of the degree to which his teaching could be reckoned scientific or otherwise needs be based on those sources that reflect the early Buddhist period, not on practices and notions that came into being many centuries later. Moreover, the scientific character of early Buddhist thought can only be adequately assessed based on a comparison with ancient Indian scientific thought and thus within its own historical and cultural context, instead of imposing modern Western definitions of science on a different culture; cf. also Anālayo 2013b, 18–20.

56. The translated text is MĀ 101 at T I 588b<sub>29</sub> to c<sub>6</sub>, parallel to MN 20 at MN I 120,22; for a comparison of the five methods described in the *Vitakkasaṅṭhāna-sutta* with modern psychology cf. de Silva 2001.

57. Dhṛ 204, with parallels in the Gāndhārī *Dharmapada* 162, Brough 1962/2001, 145, the Patna *Dharmapada* 76 Cone 1989, 123, the *Udāna(varga)* 26.6, Bernhard 1965, 319. Health as the

## Conclusion

A survey of passages in the early discourses that report how the Buddha or his disciples faced pain and disease shows that the awakening factors, in particular mindfulness and energy, were employed to handle pain and overcome disease. This in turn implies that the modern-day clinical use of mindfulness for similar purposes has a precedent in early Buddhist thought, even though this precedent is based on a substantially different value system and its conception of health goes far beyond the modern-day medical definition of health.

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## Abbreviations

AN	<i>Āṅguttara-nikāya</i>	MN	<i>Majjhima-nikāya</i>
B <sup>e</sup>	Burmese edition	Q	Peking edition
D	Derge edition	SĀ	<i>Samyukta-āgama</i> (T 99)
DĀ	<i>Dirgha-āgama</i> (T 1)	SĀ <sup>2</sup>	<i>Samyukta-āgama</i> (T 100)
Dhp	<i>Dhammapada</i>	SN	<i>Samyutta-nikāya</i>
DN	<i>Dīgha-nikāya</i>	Spk	<i>Sāratthappakāsinī</i>
E <sup>e</sup>	PTS edition	Sv	<i>Sumaṅgalavilāsinī</i>
EĀ	<i>Ekottarika-āgama</i> (T 125)	T	Taishō edition
EĀ <sup>2</sup>	<i>Ekottarika-āgama</i> (T 150A)	Vin	<i>Vinayaṭṭhaka</i>
MĀ	<i>Madhyama-āgama</i> (T 26)		

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supreme gain and Nirvāṇa as the supreme happiness recur in MN 75 at MN I 508,<sup>30</sup> and its parallel MĀ 153 at T I 672a<sub>28</sub>, in which case the context suggests the implications to be that, whereas non-Buddhists might mistake physical health as the final goal, from an early Buddhist viewpoint true health (especially in its mental dimension) will only be reached by realizing Nirvāṇa.

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