

Buddhism and Traditional Medicine in Sri Lanka

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Introduction

The two themes discussed in this paper, Buddhism and traditional medicine in Sri Lanka, form two prime factors of the island's civilization, one relating to religion and philosophy, the other to science and technology. The former, and the major part of the latter, are legacies from India which later developed in the new soil. In fact, in the case of early or Theravāda Buddhism, Sri Lanka became its custodian and center of diffusion whereas it faded away in the country of its origin! In the following pages, the cross-cultural influences which had a bearing on the subject under discussion will be outlined, with special reference to north Indian (Aryan) as well as south Indian (Dravidian) roles. First, Buddhism and traditional medicine in Sri Lanka will be discussed separately by way of introduction, and then, their interconnection will be shown.

Geographical and Historical Background of Sri Lankan Buddhism

Sri Lanka is known as the home of Theravāda Buddhism. However, later Mahāyanist and Tantric developments have found their way there, primarily from the Indian subcontinent, as is borne out by literary, historical and archaeological evidence. This is quite understand-

able in view of the geographical situation of Sri Lanka in close proximity to the Indian peninsula and the constant contacts that existed between the Buddhist communities of the two countries.

Although Buddhism is the religion of the majority Sinhala population of Sri Lanka today, there is reason to believe that in the past it had followers among the principal minority Tamil population as well. One factor which favors such an inference is the spread of Buddhism in South India, populated by Dravidian peoples of the same ethnic stock as the Tamils of Sri Lanka. Buddhism flourished in the South Indian Andhra country in the early centuries of the current era, and in the northwestern part of the Deccan (also in south India) in the ninth century.² One of the celebrated commentators of the Pali Canon, Ācariya Dhammapāla, who is said to have lived a little later than the famous Buddhist commentator Buddhaghosa (fifth century C.E.), came from Badaratittha, a short distance south of Madras. Religious links existed between Buddhists on either side of the Palk Straits. One of many examples is the Buddhist prelate Dhammakitti (fourteenth century C.E.), descendant of the Gaṇavāsi family which accompanied the Bo sapling from Bodh Gaya (India) to Anuradhapura (Sri Lanka). Dhammakitti was the founder of the Gadaladeniya temple in Sri Lanka, and had previously been instrumental in building or restoring an image house in Dhānyakaṭaka in India (identified as the city of Amarāvati in the Andhra country). The Gadaladeniya temple was built in the Dravidian style and the chief architect's name, Gaṇeśvrācari, points to his South Indian origin.³

Religious contacts between Sri Lanka, Burma (Myanmar) and Thailand also had an impact on the development of the Buddhist monastic order (saṅgha), doctrine and ritual in the three countries. Georges Coedès points out that Sinhala Buddhism, renewed in the island by King Parākramabahu I in the twelfth century, was introduced to Burma, where it formed a nucleus which later spread in the Indo-Chinese peninsula.⁴ The Buddhist higher ordination (*upasampadā*) was taken from Sri Lanka to Burma and Thailand in the fifteenth century. Then, in the eighteenth century, it was re-introduced to Sri Lanka from those countries. According to the Sinhala scholar-monk Koṭagama Vācissara, certain Mahāyāna religious practices and texts (*parittas* = protective psalms) were introduced to Sri Lanka by those Burmese monks who brought the *upasampadā* back to Sri Lanka from their country, which was under Hindu and Mahāyāna Buddhist influence at that time.⁵ The relevance of *parittas* to traditional medicine in Sri Lanka will be discussed below.

The Nature of Traditional Medicine in Sri Lanka

The traditional medicine of Sri Lanka consists of Āyurveda or North Indian traditional medicine, Siddha or South Indian traditional medicine, Unani medicine of Arabic origin, and indigenous medicine, based on medicinal recipes handed down in certain families. All these four categories are designated Ayurveda in the Ayurveda Act No. 31 of 1961, Section 89.⁶ A well-known Sri Lankan ayurvedic physician, D.M. Jayasinghe, observes that although the indigenous system of medicine in Sri Lanka does not differ much from the Āyurveda of India in respect of principles and doctrines, it has certain peculiarities of its own with regard to therapeutics, medical compositions, medicinal plants, etc?⁷

The spread of Indian medical systems (both northern and southern) to Sri Lanka is confirmed by the presence of South Indian physicians (*vaidyas*) there since the fifteenth century. One such *vaidya*, Śelendrasimha, was the Royal Physician to King Śrī Viraparākrama Narendrasimha (1707–1739). He translated into Sinhala the Tamil medical work, the *Vaidyacinṭamani* (The Wish-fulfilling Gem of Medicine), which in turn, was apparently based on one or several Sanskrit texts.⁸

The Gopala Moors were another family of physicians of South Indian origin who settled in Sri Lanka. According to the data collected by the distinguished archaeologist H.C.P. Bell,⁹ the Gopala Moors came to Sri Lanka from Goa in the fifteenth century. One of them was appointed by the king of Kandy to the office of Chief Physician to the King (*Bētḡē Muhandiram*). That the Gopala physicians were attached to the Royal medical service is evident from the titles they bore such as *Bētḡē Udayare* and *Bētḡē Nilamē*. (*"Bētḡē"* means literally "the pharmacy or dispensary.") In addition to their knowledge of medicine, they possessed some veterinary skill, and treated elephants and horses. They professed Islam and could read and write both the Sinhala and the Tamil languages. Two Gopala Moors were appointed physicians (*vedarala*) by the British government of Sri Lanka in 1828 and 1853.

A large number of palm-leaf manuscripts of medicinal formularies show Tamil influence. They were written either by Tamils or by Sinhala proficients in the Tamil language. The first hypothesis is more probable, especially in view of the frequent occurrence in some of these manuscripts of Sinhala words written with a Tamil accent. In most of these medical formularies written in the Sinhala language, Tamil words, both loan words and derivatives, are abundant. One such manuscript, written in Sinhala characters and containing some purely Tamil words, is preserved in the Library of the School of Oriental and African Studies in London. A Sinhala medical manuscript preserved in the Bibliothèque nationale in Paris has the folios numbered in Tamil fig-

ures.¹⁰ Tamil, along with Pali and Sanskrit, held a place of honour in the medieval period, as attested by literary evidence. For instance, a gnomic poem of the sixteenth century C.E. was written "for the sake of ignorant people who have not studied Tamil, Sanskrit and Pali."¹¹

The Role of the Saṅgha in the Spread of Medical Knowledge

The Buddhist clergy in Sri Lanka formed the leisured and educated class of the society and consequently the Buddhist monastery played the role of a cultural center. The first century B.C.E. saw an important development in the saṅgha when learning (*pariyatti*) was given pre-eminence over religious practice (*paṭipatti*), thus marking a departure from the early ascetic ideal of the Theravādins and involving the Buddhist monks in more secular and social activities. The same development is attested by the division (c. fifth century C.E.) of the tasks of the Buddhist monks into learning (*gantha-dhura*) and meditation (*vipassanā-dhura*).¹² This trend was accentuated with the later division (c. 6th century C.E.) of the saṅgha into the forest-dwelling (*araññavāsī*) and village-dwelling (*gāmaavāsī*) sects, the former bent on religious practice proper and the latter on learning and pastoral work.¹³ However, these divisions did not separate Buddhist monks into watertight compartments, for according to some royal injunctions (*katikavat*),¹⁴ monks specialising in the *gantha-dhura* were enjoined to devote some time to the *vipassanā-dhura* and vice versa, and both *araññavāsī* and *gāmaavāsī* monks were to be entrusted to particular preceptors by the chief monk of a monastery.¹⁵

In this context, the imparting of knowledge became one of the functions of Buddhist monks and the monastery became a seat of learning. The monastic educational institutions (*pirivenas*) had a wide curriculum, priority naturally being given to Buddhism. Although several subjects were added at different times, the core of the curriculum consisted of grammar, logic, poetics, medicine, astrology, language and literature, primarily in Pali, Sinhala and Sanskrit.

As Paranavitana points out, bodhisattvas of the Mahāyāna had to study five subjects, one of which was medical science (the other four being grammar, logic, crafts and philosophy). It may be presumed that this scheme was followed in the Abhayagiri monastery (founded in the first century B.C.E.), which was the foremost center of non-Theravādin doctrines in Sri Lanka from about the first century C.E.¹⁶ The study of Sanskrit, which was not only the vehicle of the non-Theravādin doctrines but also the key to a rich secular literature, was important in the teaching of medicine in the Pirivenas.¹⁷

Buddhist Monks as Teachers of Āyurvedic Physicians

Most of the senior āyurvedic physicians of contemporary Sri Lanka received their education from distinguished scholar-monks in reputed monastic colleges. To cite two cases, Vaidya J.S. Rajasundara Arachchi, editor and translator of several āyurvedic texts, and Pandit G.P. Wickramarachchi, the founder of the Siddhāyurveda College in Gampaha which bears his name, were both pupils of the famous Buddhist hierarch, Ven. Hikkaduwe Sri Sumangala. Ven. Sumangala was the head of the Vidyodaya Pirivena and the chief prelate of the Buddhist monks of the Low Country. Pandit Wikramarachchi was responsible for the spread of Āyurveda in contemporary Sri Lanka through his pupils who set up āyurvedic dispensaries in most parts of the country. The vaidyas who graduated from the Siddhāyurveda College in Gampaha pursued their studies in the Aṣṭāṅga Āyurveda Vidyālaya in Calcutta, where Pandit Wickramarachchi himself completed his medical education.

Buddhist Monks as Authors of Medical Works

Bhesajjamañjūsā

Buddhist monks not only taught and trained āyurvedic physicians but also wrote books on traditional medicine. For example, in the thirteenth century C.E., the head of the Fraternity of the Five Colleges (*pañca-parivena-samūha-nātha*), of Brahmin lineage, wrote the *Bhesajjamañjūsā* (Casket of Medicaments) in Pāli stanzas. Another Buddhist monk of the eighteenth century, Vālivīṭa Saraṇamkara, with the help of his teacher Palkumburē Atthadassi Thera and his own pupils, made a fresh recension of that work and translated it into Sinhala, with commentary.¹⁸ This work was rendered into Sinhala verse by two Buddhist monks, Waradiwela Dhammarama and Dumbara Dhammadhaja, in 1934.

The first eighteen chapters of the *Bhesajjamañjūsā* contain general information on drugs, healthy conduct, food and drinks, major and minor treatments, unfavourable signs relating to prognosis, and general causes of diseases. The remaining forty-two chapters are devoted to different diseases, their aetiology, prodromes, signs and symptoms, and remedies for their cure. The Sinhala translation with commentary (*sanne*) cites from more than seventy medical treatises, some of them not extant today.

The author of the *Bhesajjamañjūsā* explains at the outset that his aim was to help people to be in good health so that they may tread the path indicated by the Buddha and attain nirvana, eternal bliss, which

is the purpose of life. The work is intended for the monks in particular and also as a "treasure" to physicians in general. He further states that diseases are twofold: mental and physical; remedies for mental diseases such as greed, hatred, etc., are laid down in the religion (Buddhism, according to the commentary) and that in his work remedies are given for physical diseases such as fever, skin diseases, etc. (A summary of the ayurvedic concepts covered in this text is given in the Appendix.)

The first eighteen chapters draw heavily from Vagbhaṭa's *Aṣṭāṅgahṛdaya-saṃhitā* (c. seventh century C.E.), which forms part of the major triad of Indian Āyurveda, along with the preceding *Suśruta-* and *Caraka-saṃhitās*. The *Aṣṭāṅgahṛdaya* verses of Buddhist inspiration, some of which are reproduced in the *Bhesajjamañjūsā*, indicate that Vagbhaṭa himself was a Buddhist.

The Buddhist ethos manifests itself occasionally in the *Bhesajjamañjūsā*. Thus, the author advises physicians to recite three magical formulas (mantras) when procuring drugs, visiting patients and treating them. The three mantras mean: (1) In this world, the Buddha, the dhamma (Buddhist doctrine) and the saṅgha are the supreme refuge. Due to this true statement, may my treatment be successful. (2) Always, ignorant people bring evil, intelligent people bring good. Due to this true statement.... (3) Always, vigilance brings good, indolence brings evil. Due to this true statement.... (2.96-98).

With regard to healing, the *Bhesajjamañjūsā* lays stress on the practice of several Buddhist ideals. It states that people whose food habits and conduct are always wholesome, who are prudent, not attached to worldly pleasures, generous, calm, truthful, patient, and who associate with teachers, will be free from illness. People who refrain from doing anything unbecoming, who are always fond of sinless gains, who have control over their senses, will not be overpowered by diseases (4.18-19). Contentment is extolled in the following striking image: "The one who is happy even with a little will have all riches, for when the feet are covered with shoes, isn't it as if the entire earth is covered with leather?" (3.33).

Further, the ten meritorious deeds (*dasapuñña*)¹⁹ are mentioned as factors conducive to the smooth healing of diseases (2.102). The importance of constant adherence to the dhamma is repeated thus: "The actions of all beings should have happiness as their aim. Happiness cannot be achieved without righteousness (dhamma). Therefore actions should have dhamma as their basis" (3.36).²⁰

In the colophon, the author prays that as a result of the merit accrued in writing the book, he will be able to render people happy in all his future births till he attains nibbana.

Yogārṇavaya and *Prayogaratnāvaliya*

Another Buddhist monk who authored medical works was the chief of the Mayūrapāda Pirivena (thirteenth century). He wrote two medical works, the *Yogārṇavaya*²¹ (The Ocean of Medical Compositions) and the *Prayogaratnāvaliya*²² (The Garland of Jewels of Medical Treatment), both in Sinhala prose.

The *Yogārṇavaya*, in forty-eight chapters, deals with diseases related to pregnancy, paediatrics, diseases of the head, eyes, ears, nose, mouth, etc. The first three chapters are devoted to the exposition of the fundamentals of medical science, groups of drugs, food and drinks, and the last chapters to toxicology, tonics and viriligenics. This method of presentation in which chapters devoted to pregnancy and paediatrics are at the beginning, followed by diseases from head to foot, and ending with womens' diseases and toxicology, is peculiar to South Indian medical texts.²³

When describing methods of treatment this text mentions emetics, purgation, nasal administration of medicinal substances, oleaginous enema and decoctional enema, which are collectively called the five-fold therapy (*pañcakarma*), in addition to sudation and bloodletting using leeches. The following surgical operations are also briefly enumerated: cutting and rubbing, opening, bloodletting by chopping, extraction and puncturing. Twenty surgical instruments used in these operations are also named. Most of these instruments are mentioned in the *Suśrutasaṃhitā* and the *Aṣṭāṅgahṛdaya*. One chapter is devoted to the exposition of one hundred and seven vulnerable points in the human body. It is advised to avoid an area of about one inch around those spots when performing surgical acts such as cutting, opening, cauterisation, and applying caustics or leeches.

The *Prayogaratnāvaliya* is the earliest known Sinhala medical text which contains a fair amount of alchemical preparations. One whole chapter is devoted to the purification of drugs such as arsenic, aconitum, mercury, copperas, green vitriol, vermilion, loadstone, copper, gold, silver, iron, lead, coral, pearl, sulphur, and so forth.

That the monk who authored these two works held Mahāyānist beliefs is borne out by his very first work, which is an eulogy of the Buddha entitled *Pūjāvaliya* (The Garland of Offerings). This Sinhala prose work is infused with devotion (*bhakti*). It was motivated, he says, by the desire to lead the king (Parākramabāhu II) towards the goal of becoming a bodhisatta, and to attain his own aim of becoming a buddha.

In the introduction to the *Prayogaratnāvaliya*, it is stated that people who suffer from various diseases cannot enjoy the threefold wealth (righteousness, material prosperity and worldly pleasures) and that his intention is to give them medical prescriptions which will enable them

to regain good health and thus do good deeds leading to the attainment of liberation (*mokṣa*).

Yogaratnākara

The *Yogaratnākara*²⁴ (The Ocean of Medicinal Compositions) was written by another Buddhist monk (c. fourteenth century) from Monaragammana or Modaragama, a city in the Gulf of Mannar which is close to the southern extremity of the Indian sub-continent. According to some manuscripts, Monaragammana Thera wrote this text with the aim of attaining nibbāna in the future.²⁵ It contains fifty-six chapters in more than four thousand verses.

After the traditional salutation to the Buddha, dhamma and saṅgha, the divinities Brahma, Śakra (Buddhist counterpart of the Hindu god Indra), Viṣṇu, Skanda, Nātha (considered to be the Mahāyāna Bodhisattva Avalokiteśvara), Bṛhaspati and Gaṇeśa, as well as the planets, the sun and the moon are invoked to protect the world.

The subjects treated and the order of chapters are similar to those of the *Yogāṇḍavāya*. Like in the *Prayogaratnāvaliya*, a chapter is devoted to the purification of drugs. However, this text covers some drugs which are not found in the *Prayogaratnāvaliya*, such as graphite, borax and lac. The pulse (*nāḍī*) is dealt with in another chapter. This was a branch of medicine developed in the Siddha medicine. Several Tamil names occur in the description of *nāḍīs*.

Vanavāsanighaṇḍuva

The Buddhist monk, Stippukulamē Dīpaṅkara (c.18th – 19th centuries), is the author of a glossary of synonyms of medicinal plants, the *Vanavāsanighaṇḍuva*,²⁶ consisting of one hundred and four Sinhala verses. A considerable number of synonyms are from Dravidian languages, mostly Tamil.

Buddhist Monks as Medical Practitioners

The hospitals attached to Buddhist monasteries in ancient Lanka (in Mihintale, Anuradhapura, Medirigiriya and Polonnaruwa) are an indication of the involvement of Buddhist monks in health care, although not necessarily in the capacity of medical practitioners.²⁷

The practice of medicine has been quite common among Buddhist monks. As recent examples may be cited Galahitiye Sumanatissa (1922–) and Alutnuwara Anomadassi (1910–87), popularly known as Denagama Veda-hānuduruvō and Keraminiyē Veda-hānuduruvō respectively.²⁸ Veda-hānuduruvō means physician-monk; Denagama (located in the south) and Keraminiya (located in the central region, close to the town of Mawanella) are the names of the villages where their religious preceptors headed two monasteries.

Ven. Sumanatissa's father was a specialist in the traditional treatment of snake poison; his uncle was a specialist in puncturing and cauterisation. Ven. Sumanatissa received his education at the Maha Mantinda Pirivena in Matara (located in the south). He has travelled in China, Japan, Malaysia, Singapore and Thailand, familiarising himself with the traditional medicines of those countries. He has dispensaries in Denagama, Maradana (part of the capital, Colombo) and Nugegoda (outskirts of Colombo). Among the patients who were successfully treated by Ven. Sumanatissa are some British nationals and an American medical doctor.

Ven. Anomadassi perpetuated the traditional system of medicine taught him by Ven. Vetteve Sumana, chief monk of the ancient monastery of Keraminiya. In recognition of the medical competence of Ven. Anomadassi, the Aṣṭāṅga Āyurveda Vidyālaya of Calcutta awarded him the title of Vaidya Cakravarti (physician of the highest order). The physician-monk built a hospital and a dispensary in Keraminiya in 1946. The most outstanding work of Ven. Anomadassi was the foundation of the College of All-Ceylon Traditional Medicine in Mawanella in 1965. The college was equipped with an indoor hospital, an out-patient department, a pharmacy and a rich collection of Sinhala and Sanskrit books as well as palm-leaf manuscripts on traditional medicine. Ven. Anomadassi assumed the functions of the principal of the college and the chief physician in charge of the hospital. All the medicines used for treating the patients were prepared at the pharmacy under the direct supervision of Ven. Anomadassi himself. Hostel accommodation was provided to both male and female students. All these works were financed by Ven. Anomadassi's own funds.²⁹ No fees are charged from the students. In recognition of the service rendered by the College, the government has paid it an annual grant since 1975. That grant "however is only a fraction of the total annual expenditure of this institution."³⁰ Ven. Anomadassi was also well-known for his social work.

Canonical Position Regarding Healing by Buddhist Monks

An important question arises here as to the legitimacy of the practice of medicine by Buddhist monks in the context of Theravāda Buddhism. The prime importance given to health by the Buddha is evidenced by the oft-quoted *Dhammapada* verse (15.204) which states:

Health is the highest gain,
Contentment the highest wealth,
The trustworthy the kinsmen supreme,
Nibbāna the bliss supreme.

Again, in the *Atthassadvāra Jātaka*,³¹ it is said:

Seek Health, the supreme good; be virtuous;
Hearken to elders; from the scriptures learn;
Conform to Truth; and burst Attachment's bonds.
— For chiefly these six Paths to Welfare lead.³²

The Buddha Gotama also admonished his disciples: "Whosoever, O Bhikkhus, would wait upon me, he should wait upon the sick" (*Mahāvagga*, VIII 26.1–6).³³ He himself set the example by personally attending to the sick. The admonition just quoted was given in connection with a monk who was suffering from a stomach upset (*kucchivikāra*) and was lying in his own excrement and urine, abandoned by his fellow-monks. The Buddha, with the help of Ānanda, bathed the sick monk and placed him on a bed. On another occasion, the Buddha attended on the Elder Pūtigatta Tissa, who was suffering from a putrid skin disease and was abandoned by his brethren.³⁴ The motivation was love and compassion for one's fellow-beings, a quality which the Buddha stressed as a prerequisite for those who wait upon the sick.³⁵

Respect for healing finds expression in the canonical text, *Itivuttaka*, which refers to the Buddha as a physician (*bhisakko*) and a surgeon (*sallakatto*).³⁶ The commentary to that text (*Paramatthadīpanī*³⁷), gives the two epithets a spiritual dimension by explaining that the Buddha remedied the "ill" of the suffering of transmigration, difficult to be cured, and removed the arrows of attachment, etc., which could not be cut off by others. It is in this same spirit that in the opening verse of the *Bhesajjamañjūsā* the Buddha is described as "the healer of mental diseases." In the case of the Mahāyanists, among their multitude of buddhas considered as manifestations of different aspects of buddha-nature, the Master Physician Buddha (Bhaiṣajyaguru) received wide acceptance as the manifestation of the healing aspect. "He was worshipped as the dispenser of spiritual medicine, capable of healing spiritual, psychological and physical illnesses."³⁸

A text (*Suttavibhaṅga-vannana*) in the *Samantapāsādikā*, (Commentary to the Rules of Monastic Discipline, fifth century C.E.)³⁹ gives important information regarding the orthodox attitude to healing by Buddhist monks. According to that text, the monks were allowed to give medical treatment to the following categories of persons, among the saṅgha and the laity: (1) five groups of co-religionists (*sahādhammika*): monks, nuns, female trainees for nun-hood, and male and female novices; (2) group of five among the laity: mother, father, their attendants, employees of the monastery (who fetched wood from the forest and attended to other such duties for wages), and those who live

in the monastery expecting to enter the order; (3) group of ten, members of a monk's family: elder brother, younger brother, elder sister, younger sister, mother's younger sister, mother's elder sister, father's younger brother, father's elder brother, father's sister, mother's brother; the children of these relatives extending to the seventh family circle; (4) monks' preceptors' parents who come to the monastery when they are ill; (5) group of five: a stranger, a robber, a nobleman defeated in battle, a poor man or a villager abandoned by his family, who comes to the monastery after falling ill.

Three expressions used in the *Samantapāsādikā* text are significant: nursing (*gilānupaṭṭhāna*), medical treatment (*bhesajjāṃ kātabbāṃ*) and giving medicine (*bhesajjāṃ dātabbāṃ*). Here, the monks are enjoined to "give medicine to those who request it; for those who do not know how to compound medicine, the monks should compound the medicine and give." This shows that the monks had a basic knowledge of medicine and dispensing it, a deduction further supported by the fact that medicine was one of the four requisites of a monk (along with clothing, food as alms and a dwelling place). Moreover, among the five qualities required of one who waits upon the sick (see above) is the capability of preparing medicines.

The care taken to prevent the monks from falling back to the worldly life through the practice of medicine is attested both by a rule and by the story of Mahāpaduma Thera, both given in the same *Samantapāsādikā* text. The rule states that if the wife of a brother or the husband of a sister falls ill, and if he or she is a blood relation, the monk may give medicine to him or her directly. If they are not blood relations, the medicine should be given through the monk's brother or sister or through the children of the sick person.

In the story of Mahāpaduma Thera, a woman comes and asks the Thera a remedy for an illness of King Vasabha's queen. The Thera, without giving a negative reply, discusses with the monks as to how such a disease could be cured. The woman listens to the conversation and treats the queen accordingly. When the queen was cured, the woman brings a set of three robes and three kahāpaṇa coins along with a basket full of medicaments, places them at the feet of the Thera, saying, "Venerable Sir, please make an offering of flowers (with this)." The Thera accepts it as the teacher's fee and makes the offering of flowers.

Spiritual Versus Material Considerations

A distinction has been made between the practice of medicine purely through love for one's fellow-beings and as a means of material gain. The practice of medicine (*Pāli vejjakamma*) and astrology (*Pāli*

nakkhattavijja) have been deplored as two of the twenty-one wrongful means of livelihood (*Pali anesana, micchajiva*) for monks in both canonical and post-canonical texts (e.g. the *Satadhamma Jataka*⁴⁰ and the *Milindapañha*⁴¹). In pursuance of that principle, the injunction promulgated by King Rajadhi Rajasimha (eighteenth century) forbids Buddhist monks to practise medicine or astrology.⁴² The very fact that those rules were laid down is proof that monks were practising those professions at the time. The different categories of people whom the monks were authorised to heal as well as the story of Mahāpaduma Thera mentioned in the *Samantapāsādikā* text imply that the laity had recourse to the Buddhist monks in case of sickness.

The adverse Theravāda attitude toward monks practising medicine as a profession is revealed in the *Brahmajāla* and *Samaññaphala suttas* of the Dīghanikāya.⁴³ The two texts in identical passages enumerate twenty-five "bestly sciences" (*tiracchāna-vijja*) of "wrongful livelihood" (*micchajiva*) shunned by Gotama Buddha. Among them are included practices relevant to traditional medicine: propitiatory ceremonies, causing virility, gargles, bathing, emetics, purgation, purgation from the upper part of the body, purgation from the lower part of the body, purgation from the head (through errhines), filling the ears with oil (for curing ear ailments), soothing the eyes (by filling them with oil), administering drugs through the nose, applying collyrium (to the eyes), applying salves (to the eyes), treatment of diseases over the clavicle such as those of the ear, nose and throat, surgery, pediatrics, general medicine, the application of alkali and cauterisation.⁴⁴

This rigorous attitude of Theravāda Buddhism to the practice of medicine by Buddhist monks as a means of livelihood has been contravened in the course of time. The exigencies of daily life have prevailed over the spiritual goal of a future life, with the connivance of both the saṅgha and the laity. In fact, it is to justify that position that the author-monks of the *Bhesajjamañjūsā* and the *Prayogaratnāvaliya* make it a point to say that their aim was to help people remain in good health for the purpose of doing good deeds to attain liberation.

Buddhism and Folk Medicine

Before concluding, attention may be drawn to the impact of Buddhism on folk medicine, although it is seldom resorted to today. In this connection, reference may be made to the ancient practice of invoking the Buddha, planetary deities and other divinities for purposes of healing. That form of therapy was called *bali* (sacrifice or offering), where divinities were propitiated with food and floral offerings to the accompaniment of versified invocatory psalms (*S. bali kavī*). As an example

may be reproduced here the meaning of a verse of Buddhist inspiration occurring in a palm-leaf manuscript of *bali kavi* preserved in the Bodleian Library, Oxford:

The Vasavarti Māra who came happily with a host, ten *bimbara* (a huge number) strong, was vanquished by means of the ten perfections (*pāramitā*). Thus, may the present mishap be dispelled through [the power of] the head relic. May the flames of fever in the head [of this patient] be dispelled through the power of that sage (i.e., the Buddha).⁴⁵

Charms invoking the Buddha are found not only in folk medicine but also in learned works like the *Yogārṇavaya* and the *Prayogarātṇāvaliya*. The following examples are interesting:

(1) *tē Vajranāthāya aṣṭa-mahā-bodhi-sambhāranubhava hoṃ huṃ kaṇṭhāriyē svāhā (Yogārṇavaya, p. 270).*

(2) *Om namo Bhagavato Buddhāya hili hili cili cili bili bili sarva-Buddhānāṃ satyena sarva-roḡā nasyantu svāha (Prayogarātṇāvaliya, p. 209).*

The power of the “eight great requisites for the attainment of buddhahood” and that of all the buddhas is invoked respectively in the two examples, the former to remove snake poison and the latter to heal “all diseases,” with the particular mention of several of them.

Magical charms and diagrams have been used mainly to facilitate childbirth and to remove snake poison. Amarasiri Ponnampereuma points out that it is a worthy practice in traditional medicine to recite protective Buddhist texts (*paritta*) near the fireplace in order to ward off evil influences when distilling medicinal oils. That practice had been observed in the preparation of oils at the dispensary of Ven. Galahitiye Sumanatissa.⁴⁶ The three mantras of the *Bhesajjamañjūsā* cited above also fall within this scope.

The “acts of truth” (*saccakiriya*) recommended in the *Bhesajjamañjūsā* can be traced to the *Āṅgulimāla Sutta* of the canonical text *Majjhimanikāya*,⁴⁷ where *Āṅgulimāla*,⁴⁸ on the advice of the Buddha, brought comfort to a woman suffering from severe labor pains and eased her delivery by performing the following “act of truth”: “Sister, since I entered the Order, I do not remember to have taken the life of anyone purposefully. Due to that truth, may you be well, may you have an easy delivery.” That “act of truth” was transformed into a *paritta*, recommended to ease delivery. The chanting of *parittas* for healing purposes is an ancient custom in Buddhist lore. The Buddha is said to have

preached the Ratana Sutta at Vesali to free the city from a plague and from the dangers of evil spirits.⁴⁹ King Upatissa II (fourth century C.E.) is credited with relieving the country of the ravages of a famine and a plague by getting monks to chant that sutta.⁵⁰ The *Samantapasādika* text referred to above also explains the etiquette to be respected with regard to the ritual of the chanting of *parittas*. Chanting *parittas* to ward off evil and epidemics is a custom that has survived up to the present.

Conclusion

In conclusion it may be stated that Buddhism and traditional medicine in Sri Lanka were closely interconnected. On the one hand, traditional medicine was greatly fostered by the Buddhist clergy and by the laymen they trained. On the other hand, folk medicine had recourse to the Buddhist faith to effect healing.

The Buddhist attitude towards healing was inspired by love and compassion for one's fellow-beings, in keeping with the principle of right livelihood (*sammā ajīva*) of the Noble Eightfold Path. The texts examined above show that Buddhist monks possessed a knowledge of medicine and they were solicited by the laity in case of sickness. Only the monks' practice of medicine as a profession for personal gain has been disdained. Hence the interdiction in the *Kāṭikāvatas*. However, in contemporary society, the stigma attached to the monks' practice of medicine has disappeared. The government's recognition of Ven. Anomadassi's services in the field of medicine is a clear proof of the change in attitude. In fact, in the case of Ven. Anomadassi, it was a selfless service quite in conformity with the Buddha's teaching as expressed in the *Mahāvagga* passage quoted above and the principle of *sammā ajīva*.

Appendix

Some of the ayurvedic concepts which are described in the *Bhesajjamañjūsā* are given below. These concepts are also found in the *Aṣṭāṅghrdaya* and other treatises.⁵¹

Disease is the imbalance of the three humours (*dosa: vāta, pitta and kapha*) and health is the balance among these three (2.92; 18.2).

Diseases are of three kinds: (1) those having a cause, *dosas*: misconduct in this life (such as unwholesome practices which excite the humours, explains the commentary); (2) those which arise due to sinful deeds committed in previous births (karma); (3) those caused by the combined effect of causal and karmic factors (18.3–4).

The three humours, elements of the body (*dhatu*: nutrient fluid, blood, flesh, fat, bone, marrow and semen), and impurities (*mala*: phlegm, mucus, etc., explains the commentary) are the primary factors responsible for the upkeep of the body and the origin of diseases (1.19).

In brief, medicaments are of two kinds: purificatory and pacificatory (1.99). They are again classified into two: drugs and non-drugs. Drugs are threefold: terrestrial, vegetal and mobile. Terrestrial drugs, starting with gold and ending with salts, originate in the earth. Vegetal drugs are fourfold: (i) those consisting of flowers and fruits; (ii) those without flowers but having fruits; (iii) creepers and plants; (iv) trees like the banana and palmyra which die once the fruits are ripe. Mobile drugs are products of moving creatures such as cattle and bees (e.g., clarified butter, honey).

Non-drugs are: sleep, keeping awake, shade, discussion, wind, sun, fear, happiness, massage, excitement, etc. (10.2-6).

Drugs have their origin in the five elements of water, fire, wind, earth and space and are born of the earth as a combination of those five elements (2.2).

The special methods of treatment are dealt with under two heads: major and minor. The former consists of treatment with oils, sudation, emetics, purgation, nasal administration of medicinal substances, treatment with caustics, and cauterisation. The latter consists of the inhalation of smoke, gargles, pouring of oil on the head, treating with eye-drops, soothing eyes by filling them with liquid drugs, vulnerable points of the body to be avoided in surgical treatment, and the use of leeches for bloodletting. These are therapeutics found in classical Indian ayurvedic texts, dating from about the early centuries of the current era and have developed into the standard fivefold therapy (*pañcakarma*) of emetics, purgation, nasal administration of medicinal drugs, enema using oil and enema using decoctions.⁵² It is important to note that most of these therapies occur in a list of "low trades" appearing in the *Brahmajāla-* and *Sāmaññaphala-suttas* referred to above.

Notes

My thanks are due to the Pali Text Society, Oxford, for the grant of a fellowship which has enabled me to pursue this research.

¹ Senarath Paranavitana states that Sri Lankan Buddhist monks of both orthodox and heterodox views engaged themselves in propagating the faith in the neighbouring lands, in South India as well as the Malay Peninsula and the Indonesian Islands. The presence of the Sri Lankan bhikkhus in the Andhra country is attested by inscriptions found at Nagarjunikoṇḍa. The Chinese pilgrims to the Holy Land of

- Buddhism who took the sea route passed through Ceylon, where they sometimes made a prolonged stay. The pilgrims of Ceylon who visited Buddha Gaya and other holy places in India must have met other Buddhists from lands as distant as Central Asia, thus having the opportunity to exchange views on doctrinal and other matters. — Senarath Paranavitana, "The Mahāvihāra and other ancient seats of learning," *Education in Ceylon (from the 6th century B.C. to the present day), A Centenary Volume* (Colombo: Ministry of Education and Cultural Affairs, 1996), Part 1, p. 56.
- ² K.A. Nilakanta Sastri, *A History of South India from Prehistoric Times to the Fall of Vijayanagar* (London: Oxford University Press, 1955), pp. 418–419.
 - ³ See Gadaladeniya Rock Inscription, *Epigraphia Zeylanica*, Vol. IV, Part 2, 1935, pp. 90–110.
 - ⁴ *Les Etats hindouisés d'Indochine et d'Indonésie*, (Paris: Editions E. de Boccard, 1964), p. 323.
 - ⁵ *Saranankara Saṅgharājasamaya*, (Colombo: Y. Don Edwin & Co., 1964, 2nd reprint), p. 139.
 - ⁶ The Āyurveda Act, No. 31 of 1961, is an important landmark in the revival of indigenous medicine in Sri Lanka after a period of neglect due to Western rule. On its significance, see P.B. Wanninayaka, *Ayurveda in Sri Lanka* (Colombo: Ministry of Health, 1982), p. 12 ff.
 - ⁷ "Āyurvada," *Wickramarachchi Felicitation Volume* (Kelaniya: Vidyalankara University Press, 1968), p.85f. The article is in Sinhala.
 - ⁸ See *Vaidyacintāmaṇi Bhaisadyasaṅgrahava*, ed. B. Jayasinghe, (Kelaniya: Sastradhara Press, 1909).
 - ⁹ Report of the Kegalla District of the province of Sabaragamuwa (Colombo: 1892), pp. 99–101.
 - ¹⁰ See my paper, "Sinhalese medical manuscripts in Paris," *Medical Literature from India, Sri Lanka and Tibet*, G. Jan Meulenbeld ed. (Leiden: E.J. Brill, 1991), pp.73–90.
 - ¹¹ *Suhhāsitaya*, Kumaratunga Munidasa, ed. (Colombo: M.D. Gunasena & Co., 1950), p. 3.
 - ¹² See Walpola Rahula, *History of Buddhism in Ceylon: The Anuradhapura Period: 3rd century B.C. – 10th century A.D.* (Colombo: M.D. Gunasena & Co., 1956 reprint), pp. 158–162.
 - ¹³ *Ibid.*, pp.196–197.
 - ¹⁴ Such injunctions were promulgated at the initiative of the ruling monarchs at times when the Buddhist order was on the decline. The injunctions were formulated by a synod of Buddhist monks headed by a senior monk reputed for his scholarship and piety.
 - ¹⁵ D.B. Jayatilaka, *Katikāvat saṅgāra*, (Kelaniya: Vidyalankara Press, 1955), pp. 2 (Injunction of Parakramabahu the Great), pp. 9, 13–14

(Injunction of Dambadeniya). See also Nandasena Ratnapala, *The Katikavatas: Laws of the Buddhist Order from the 12th Century to the 18th Century* (München, 1971).

- ¹⁶ Senarath Paranavitana, op. cit., p. 57.
- ¹⁷ Till recent times, the Pirivenas rendered a valuable service in the field of education. The Department of Public Instruction was set up in 1869 and "the State assumed full responsibility for almost all schools of the island" (assisted denominational schools and government schools) in 1960. The Pirivenas continued their educational activities even after this time. The granting of university status in 1959 to the two outstanding Pirivenas, Vidyodaya and Vidyalankara (founded in 1873 and 1875 respectively) has, however, proved to be prejudicial to the classical oriental scholarship of the country.
- ¹⁸ References to this work given below are from the edition of K.D. Kulatilaka (Nugegoda: Modern Book Co., 1962).
- ¹⁹ *dasapunyakriyā*: giving, observing moral precepts, cultivation of meditation, honoring, rendering service, transferring to others that which has been attained, reflecting delightfully on the attainment of merit, hearing the dhamma, preaching the dhamma, and setting one's views straight.
- ²⁰ See, for example, the ethical qualities indicated as promoting happiness and long life in the *Aṣṭāṅgasāgraha* of Vagbhāṭa Senior: giving, morality, compassion, truthfulness, chastity, gratitude and loving kindness. (*Śarīrasthāna* 8.36)
- ²¹ Kiriālle Nāṇavimala, ed. (Colombo: M.D. Gunasena & Co., n.d.).
- ²² Kiriālle Nāṇavimala, ed. (Colombo: M.D. Gunasena & Co., 1948).
- ²³ Aryadasa Kumarasinghe, ed., *Vaidyaka Sarāthasāgrahaya* (Colombo: Department of National Museums, 1987), p. 190.
- ²⁴ D.G.S. Randunu, ed. (Colombo: Ratnakara Press, 1958).
- ²⁵ See additional verses given in Randunu, ed., p. 3.
- ²⁶ Colombo: Ratnakara Press, 1968.
- ²⁷ See C.G. Uragoda, *A History of Medicine in Sri Lanka from the Earliest Times to 1948* (Colombo: Sri Lanka Medical Association, 1987), pp. 23–39; and Leelananda Prematilleke and Arjuna Aluwihare, "Ancient hospitals of Sri Lanka: built-environment and surgical systems," *Ancient Ceylon: Journal of the Archaeological Survey of Sri Lanka*: 10 Vol. 4, (1990), pp. 281–289.
- ²⁸ The biographical data of these two physician-monks are drawn from Amarasiri Ponnampereuma, *Apē jīvaka vatagota* (Colombo: Department of Ayurveda, n.d.), pp. 55–62 & 97–102.
- ²⁹ This may baffle foreign scholars of Buddhism, conversant only with Buddhist texts, according to which monks are not supposed to have money. This is yet another point of interest concerning the theory and practice of Buddhism.

- ³⁰ See P.B. Wanninayaka, *Ayurveda in Sri Lanka* (Colombo: Ministry of Health, 1982), pp. 28–30.
- ³¹ V. Fausbøll, ed., *The Jātaka Together with its Commentary*, Vol. I (London: Trübner, 1877), pp. 366–367.
- ³² *The Jātaka or stories of the Buddha's former births*, ed. E.B. Cowell, (London: Pali Text Society, 1957), p. 211.
- ³³ *The Vinaya Piṭakam*, Vol. 1, *The Mahāvagga*, ed. H. Oldenberg, (London: Williams & Norgate, 1879), pp. 301–303.
- ³⁴ *The Commentary on the Dhammapada* (Dhammapadaṭṭhakatha), ed. H.C. Norman, (London: Pali Text Society, 1906), Vol. I, pp. 319–320.
- ³⁵ In the *Mahāvagga* passage quoted here (VIII.26.8), the Buddha enunciates five qualities required to be an attendant on the sick: (1) the ability to prepare medicines, (2) discernment of what is and is not suitable for the sick person, (3) attending on the sick with loving thoughts and not for material gain, (4) freedom from aversion to removing excrement, urine, saliva and vomit, (5) the ability to instruct the sick with religious discourses from time to time.
- ³⁶ Ernst Windisch ed., (London: Pali Text Society, 1889), p. 101.
- ³⁷ M.M. Bose ed., (London: Pali Text Society, 1977), Vol. II, p. 143.
- ³⁸ Terry Clifford, *La médecine tibétaine bouddhique et sa psychiatrie - La thérapie de diamant*, (Croissy-Beaubourg: Dervy-Livres, 1986), p. 52. The original American title of this publication is: *Tibetan Buddhist Medicine and Psychiatry, The Diamond Healing* (York Beach, Maine: Samuel Weiser, 1984).
- ³⁹ J. Takakusu and M. Nagai, eds., Vol. II (London: Pali Text Society, 1969), pp. 469–472.
- ⁴⁰ V. Fausbøll, op. cit., Vol. II, pp. 82–85.
- ⁴¹ V. Trenckner ed., (London: Pali Text Society, 1962), pp. 369–370.
- ⁴² D.B. Jayatilaka, *Katikāvat sangarā*, (Kelaniya: Vidyalankara Press, 1955), pp. 29–30. English readers may profitably refer to Nandasena Ratnapala, *The Katikāvata: Laws of the Buddhist Order of Ceylon from the 12th century to the 18th century* (München: R. Kitzinger, 1971).
- ⁴³ T.W. Rhys Davids and J. Estlin Carpenter eds., Vol. I (London: Pali Text Society, 1890), pp. 12 & 69.
- ⁴⁴ This list sheds light on the history of Indian medicine, for it shows that the eightfold division (*aṣṭāṅga*) of Āyurveda was in the making in the Buddhist period. As the *Brahmajāla-* and the *Samaññaphala-suttas* were among the earliest texts accepted by the first Buddhist Council held not long after the death of the historical Buddha (sixth or fifth century B.C.E.), the medical practices referred to in those two texts would date to that period at the latest. See my paper, "A Pali Canonical Passage of Importance for the History of Indian medicine,"

Journal of the Pali Text Society 22 (1996): 59–72.

⁴⁵ See my paper, "Sri Lankan medical manuscripts in the Bodleian Library, Oxford," *Journal of the European Āyurvedic Society*: 2 (1992), pp. 36–40.

⁴⁶ Amarasiri Ponnampereuma, p. 58.

⁴⁷ Robert Chalmers, ed., (London: Pali Text Society, 1896), Vol. II, Part 1, pp. 97–105.

⁴⁸ Angulimāla, son of the Brahmin chaplain to the king of Kosala, was born under the thieves' constellation. He was, however, named Ahimsaka (the Innocent).

Ahimsaka became the favourite of his teacher during his schooling at the latter's home. His fellow-students, jealous of this, poisoned the teacher's mind so successfully that the teacher maliciously asked Ahimsaka to give him a thousand human fingers as his honorarium. To fulfil that obligation, Ahimsaka waylaid travellers in a forest, killed them and cut one finger from each victim. He wore the fingers thus collected round his neck; hence the name Angulimāla (the garland of fingers).

The king, hearing the protestations of the people, ordered his men to seize the unidentified robber. Ahimsaka's mother, guessing that the criminal might be her son, went to warn him of the danger. Ahimsaka prepared to kill her, for he needed just one more finger to complete the thousand that was required. At that moment, the Buddha, seeing Ahimsaka's propensity to become an arahant, appeared on the scene, converted him and admitted him to the Order. - G.P. Malalasekera, *Dictionary of Pali Proper Names* (London: Pali Text Society, 1960), vol. I, pp. 22–23.

⁴⁹ *Paramatthajotikā* I, 157, quoted in E.W. Adikaram, *Early History of Buddhism in Ceylon*, (Colombo: M.D. Gunasena & Co., 1953, 2nd impr.), p.143.

⁵⁰ *Culavaṃsa*, Part 1, tr. Wilhelm Geiger (Colombo: Ceylon Government Information Department, 1953), p. 18–19.

⁵¹ The Sanskrit parallels of most of the stanzas of the first eighteen chapters of the *Bhesajjamañjūsā* are given in the critical edition of that part of the work to be published in 1996 by the Pali Text Society.

⁵² This is the explanation of the two types of enemias given in the *Yogaratanākaya*, ed. D.G.S. Randunu (Colombo: Ratnakara Press Ltd., 1958), p. 427.