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 Theravada 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 Theravada Buddhism. However, later Mahayananist 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. One of the celebrated commentators of the Pali Canon, Ācariya Dhammapala, who is said to have lived a little later than the famous Buddhist commentator Buddhaghosa (fifth century C.E.), came from Badarátittha, 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 Ganavāsi family which accompanied the Bo sapling from Bodh Gaya (India) to Anuradhapura (Sri Lanka). Dhammakitti was the founder of the Gadalaññiya temple in Sri Lanka, and had previously been instrumental in building or restoring an image house in Dhāñyakaṭaka in India (identified as the city of Amaravati in the Andhra country). The Gadalaññiya temple was built in the Dravidian style and the chief architect’s name, Ganeśvṛacari, points to his South Indian origin.

Religious contacts between Sri Lanka, Burma (Myanmar) and Thailand also had an impact on the development of the Buddhist monastic order (sāṅgha), 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. The Buddhist higher ordination (upasaṃpada) 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 Kotagama Vācissara, certain Mahāyāna religious practices and texts (parītta = protective psalms) were introduced to Sri Lanka by those Burmese monks who brought the upasaṃpada back to Sri Lanka from their country, which was under Hindu and Mahāyāna Buddhist influence at that time. The relevance of parītta 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 Ayurveda 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. 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 Ayurveda of India in respect of principles and doctrines, it has certain peculiarities of its own with regard to therapeutics, medical compositions, medicinal plants, etc.

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 Śri Viraparākrama Narendrasimha (1707–1739). He translated into Sinhala the Tamil medical work, the Vaidyacintāmāṇī (The Wish-fulfilling Gem of Medicine), which in turn, was apparently based on one or several Sanskrit texts.

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, 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 (Bēţgē Muhandiram). That the Gopala physicians were attached to the Royal medical service is evident from the titles they bore such as Bēţgē Udayare and Bēţgē Nilamē. ("Bēţgē" 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 (vedarāla) by the British government of Sri Lanka in 1828 and 1833.

A large number of palm-leaf manuscripts of medicinal formularies show Tamil influence. They were written either by Tamils or by Sinhalas proficient 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-
Tamil, along with Pali and Sanskrit, held a place of honour in the medieval period, as attested by literary evidence. For instance, a gnostic poem of the sixteenth century C.E. was written “for the sake of ignorant people who have not studied Tamil, Sanskrit and Pali.”

The Role of the Sangha 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 sangha when learning (pariyatti) was given pre-eminence over religious practice (patipatti), 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 (vipassana-dhura). This trend was accentuated with the later division (c. 6th century C.E.) of the sangha into the forest-dwelling (araññavāsī) and village-dwelling (gāmavāsī) sects, the former bent on religious practice proper and the latter on learning and pastoral work. However, these divisions did not separate Buddhist monks into watertight compartments, for according to some royal injunctions (katikavat), monks specialising in the gantha-dhura were enjoined to devote some time to the vipassana-dhura and vice versa, and both araññavāsī and gāmavāsī monks were to be entrusted to particular preceptors by the chief monk of a monastery.

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. 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.
Buddhist Monks as Teachers of Ayurvedic Physicians

Most of the senior ayurvedic 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 ayurvedic texts, and Pandit G.P. Wickramaratne, the founder of the Siddhārṇyurveda 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 Wickramaratne was responsible for the spread of Ayurveda in contemporary Sri Lanka through his pupils who set up ayurvedic dispensaries in most parts of the country. The vaidyas who graduated from the Siddhārṇyurveda College in Gampaha pursued their studies in the Āstāṅga Ayurveda Vidyalaya in Calcutta, where Pandit Wickramaratne himself completed his medical education.

Buddhist Monks as Authors of Medical Works

Bhesajjāmāṇjūsā

Buddhist monks not only taught and trained ayurvedic 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-samāha-nātha), of Brahmin lineage, wrote the Bhesajjāmāṇjūsā (Casket of Medicaments) in Pali stanzas. Another Buddhist monk of the eighteenth century, Vāliviṭa Saranāmkara, with the help of his teacher Palkumbure Atthassari Thera and his own pupils, made a fresh recension of that work and translated it into Sinhala, with commentary. This work was rendered into Sinhala verse by two Buddhist monks, Waradiwela Dhammarama and Dumbara Dhammadhaja, in 1934.

The first eighteen chapters of the Bhesajjāmāṇjūsā 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 Bhesajjāmāṇjūsā 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 Vāgbhaṭa’s Aṣṭāṅgaḥṛdaya-saṃhitā (c. seventh century C.E.), which forms part of the major triad of Indian Āyurveda, along with the preceding Suṣruta- and Caraka-saṃhitās. The Aṣṭāṅgaḥṛdaya verses of Buddhist inspiration, some of which are reproduced in the Bhesajamañjūsa, indicate that Vāgbhaṭa himself was a Buddhist.

The Buddhist ethos manifests itself occasionally in the Bhesajamañjūsa. 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 Bhesajamañjūsa 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 (dasapaṇñā) 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).

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 nibbāna.
Yogarṇavaya and Prayogaratnavaliya

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

The Yogarṇavaya, 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 women's 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 Suśrutasaṁhitā and the Aṣṭāṅgaḥṛdaya. 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 Prayogaratnavaliya 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, vermillion, 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 Pañjaviya (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 (Parakrama Bahu II) towards the goal of becoming a bodhisatta, and to attain his own aim of becoming a buddha.

In the introduction to the Prayogaratnavaliya, 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).

**Yogaratnakaraya**

The *Yogaratnakaraya*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 Mahāyana Bodhisattva Avalokiteśvara), Brhaspati and Ganeśa, 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 *Yogārnava*. Like in the *Prayogaratnakāvya*, a chapter is devoted to the purification of drugs. However, this text covers some drugs which are not found in the *Prayogaratnakāvya*, such as graphite, borax and lac. The pulse (*nādi*) 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 *nādis*.

**Vanavāsanighanduva**

The Buddhist monk, Sippukulamē Dīpamkara (c. 18th – 19th centuries), is the author of a glossary of synonyms of medicinal plants, the *Vanavāsanighanduva*,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-hāmuduruvō and Keraminiyē Veda-hāmuduruvō respectively.28 Veda-hāmuduruvō 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 Mahā 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 Ayurveda Vidyalaya 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. 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.”

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,
Nibbana the bliss supreme.
Again, in the *Atthassadvāra Jātaka*, 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.

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). 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 Pūtrigatta Tissa, who was suffering from a putrid skin disease and was abandoned by his brethren. 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.

Respect for healing finds expression in the canonical text, *Itivuttaka*, which refers to the Buddha as a physician (*bhisaakko*) and a surgeon (*sallakatto*). The commentary to that text (*Paramatthadīpanī*), 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 *Bhesajjamañjas* the Buddha is described as “the healer of mental diseases.” In the case of the Mahāyānists, 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.

A text (*Suttavibhanga-vāṇnana*) in the *Samantapasadikas*, (Commentary to the Rules of Monastic Discipline, fifth century C.E.) 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 sangha and the laity: (1) five groups of co-religionists (*sahadhammika*): 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 Samantapasadikā text are significant: nursing (gilanupatthana), medical treatment (bhesajjam katabham) and giving medicine (bhesajjam databham). 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 Mahapaduma Thera, both given in the same Samantapasadikā 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 Mahapaduma 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 kahāpama 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 (Pali vejjakamma) and astrology (Pali
nakkhattavijja) have been deplored as two of the twenty-one wrongful means of livelihood (Pāli anesana, micchājīva) for monks in both canonical and post-canonical texts (e.g. the Satadhama Jātaka and the Milindapañha). In pursuance of that principle, the injunction promulgated by King Rajadhī Rajasimha (eighteenth century) forbids Buddhist monks to practise medicine or astrology. 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 Mahapaduma Thera mentioned in the Samantapassādika 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 Dighanikāya. The two texts in identical passages enumerate twenty-five “beastly sciences” (tiracchāna-vijja) of “wrongful livelihood” (micchājīva) 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.

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-monsks of the Bhesajjamañjūsa and the Prayogaratnavaliya 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 kavi). As an example
may be reproduced here the meaning of a verse of Buddhist inspiration occurring in a palm-leaf manuscript of balí 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 (paramītā). 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).

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

(1) tē Vajranāthāya aṣṭa-maha-bodhi-sambhārānubhava hom hūṃ kanṭhāryē svāhā (Yogārnavaya, p. 270).
(2) Om namo Bhagavato Buddhāya hili hili cili bili bili sarva-Buddhanām satyena sarva-roga nasyantu svāhā (Prayogaratnāvaliya, 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 Ponnamperuma points out that it is a worthy practice in traditional medicine to recite protective Buddhist texts (parittā) 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. The three mantras of the Bhesajjamañjūsa cited above also fall within this scope.

The “acts of truth” (sacca-kiriyā) recommended in the Bhesajjamañjūsa can be traced to the Āṅgulimāla Sutta of the canonical text Majjhimanikāya, where Āṅgulimāla, 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 parittā, 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. 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. The Samantapassadika 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 (samma 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 Katikāvatās. 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 samma ajīva.

Appendix

Some of the ayurvedic concepts which are described in the Bhesajjamañjūsa are given below. These concepts are also found in the Astāṅgahrdaya and other treatises.

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 (dhātu: 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. 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 Nagarjuṇikonda. 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 Mahavihara and other ancient seats of learning,” Education in Ceylon (from the 6th century B.C. to the present day), A Centenary Volume (Columbo: Ministry of Education and Cultural Affairs, 1996), Part 1, p. 56.


6 The Ṭīyurveda 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, Ṭīyurveda in Sri Lanka (Colombo: Ministry of Health, 1982), p. 12 ff.


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.


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. Kultilaka (Nugegoda: Modern Book Co., 1962).

19 dasapunyaakriyā: 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 *Aṣṭāṅgasāṅgrahā* of Vāgbhaṭa Senior: giving, morality, compassion, truthfulness, chastity, gratitude and loving kindness. (*Śārīrasthāna* 8.36)


25 See additional verses given in Randunu, ed., p. 3.


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.


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.


This list sheds light on the history of Indian medicine, for it shows that the eightfold division (*aṣṭāṅga*) of Ayurveda was in the making in the Buddhist period. As the *Brahmajāla- and the Sāmaiñaphala-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,”
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 Aṅgulimāla (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.