

## Introductory Reflections on Buddhism and Healing

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### ABSTRACT

This introduction reflects on some key passages on illness in the Pāli *suttas*, especially as regards the relationship of illness and karma, and whether Buddhist meditative qualities might be seen to *alleviate* or *cure* physical illnesses.

### Keywords

illness, karma, *virīya*

In July 2014, the UKABS conference, at the University of Leeds, was on the topic of ‘Buddhism and Healing’. Some of the papers given at this were submitted to *BSR*, and three of these form the first articles in this issue of the journal: by Anālayo Bhikkhu, Pierce Salguero and Ira Helderman. We also have Helderman’s review of a book on the topic by Salguero, and Chris Jones review of a book containing a chapter by Geoffrey Samuel on Tibetan medicine. Issue 31.2 also contained the article by Steven Collins on ‘Madness and Possession in Pāli Texts’ (pp. 195–214).

Anālayo’s article explores the role of mindfulness and *virīya* in the *Nikāyas* and *Āgamas* in overcoming pain and illness, Salguero’s article analyses the spread and reception of healing practices associated with Buddhism, and Helderman’s article looks at how Western psychotherapists have made use of qualities such as mindfulness and likened their adaptations of Buddhist approaches to adaptations of Buddhism in Chinese culture. Together, the articles cover Buddhist approaches to illnesses of both body and mind. Here it is worth noting a key passage cited in Collins’s article:

Monks, there are two kinds of illness. Which two? Bodily illness and mental illness (*kāyiko ca rogo cetasiko ca rogo*). People are found who can claim to enjoy bodily health for one, two, three, four, and five years; for ten, twenty, thirty, forty, and fifty years; and even for a hundred years or more. But apart from those whose intoxicating inclinations have been destroyed (*khīṇāsavehi*) it is hard to find people in the world who can claim to enjoy mental health even for a moment. (A II 142–143)

At the end of the day, of course, a key condition for any physical illness are the mental states that drive rebirth, for as the last links of Conditioned Co-arising make clear, ageing, sickness and death depend on birth.

Now contemplation of the *dukkha* of illnesses etc. can aid liberation — it helped spur the Buddha's renunciation, so in this sense the presence of illness can be indirectly beneficial. This may be why it is said that in the mythical northern continent Uttarakuru, although the people there are possessionless and have no need to grow food (D III 199) — perhaps implying they are free from illness — they lack mindfulness and are unable to practise the holy life (A IV 396). That said, the *suttas* also say that when the next Buddha, Metteyya, comes — and helps people attain liberation — humans will be living for 80,000 years and the only kinds of illness will be desire (*icchā*), fasting or perhaps hunger (*anasana*) and old age *jarā* (D III 75). Contemplation of just *these* illnesses may be sufficient for liberation. In any case, severe illness can make it difficult to attain the concentration needed for liberating insight, and Gotama's post-ascetic emaciation and physical weakness had to be overcome in order to attain *jhāna* (M I 247). Similarly, it is said that health and a good digestion are among the qualities that enable a person to make speedy progress towards enlightenment (M I 95).

In terms of *sutta* passages that are explicitly on physical illness, a key one is at A V 109-110, this being a reflection on the illnesses that are a danger that the body is prone to:

'This body is the source of much pain and danger; for all sorts of afflictions arise in this body, that is: eye-disease, disease of the inner ear, nose-disease, tongue-disease, body-disease, head-disease, disease of the external ear, mouth-disease, tooth-disease, cough, asthma, catarrh, pyrexia, fever, stomach ache, fainting, dysentery, gripes, cholera, leprosy, boils, eczema, tuberculosis, epilepsy, ringwork, itch, scab, chickenpox, scabies, haemorrhage, diabetes, haemorrhoids, cancer, fistula; illnesses (*ābādhā*) originating from bile (*pitta*-),<sup>1</sup> phlegm (*semha*-), wind (*vāta*), or a combination of these (*sannipātikā*); illnesses produced by seasonal change (*utu-pariṇāma-jā*); illnesses produced by careless behaviour (*visama-parihāra-jā*); illnesses produced by exertion<sup>2</sup> (*opakkamikā*); or illnesses produced as a result of karma (*kamma-vipākāni-jā*); and cold, heat, hunger, thirst, defecation and urination.' Thus he dwells contemplating the danger in this body.

This is one of ten contemplations recited to the gravely ill monk Girimānanda, in the hope that, hearing of them, his illness would subside, as they then did. The ten contemplations are the perceptions of impermanence, of non-Self, of the unattractiveness of the parts of the body, of the dangers of the body, of the abandoning of unwholesome thoughts, of Nirvanic dispassion, of Nirvanic cessation, of non-delight in the whole world, of the impermanence of all that is conditioned, and mindfulness of breathing. The *sutta*, which has come to be used as a *paritta* pro-

1. Collins's article, p.204, discusses disturbance of bile as one of the causes of madness in Pali texts.
2. While *opakkamikā* might mean an 'assault' by another person, the commentarial view, it probably here means 'exertion', as this is a possible cause of illness or unpleasant feelings. Indeed at M II 218, the closely related word *upakkamo*, in the sense of exertion, is used by the Buddha in arguing with Jains that, as some of their painful feelings are due to this, it is wrong to hold that, 'Whatever feeling this person experiences, whether pleasant, unpleasant or neither unpleasant nor pleasant, all that is due to what was done in the past'.

tective text, implies that the development of certain mental states can lead to the overcoming of physical illness. It is not just said that the monk's illness subsided, but that he was cured: 'his illness was abandoned (*pahīno ... so ābādhō ahoṣī ti*)'.

At A II 88, the Buddha says that he is not often ill, listing illnesses as in the last part of the above quote, though alluding to them through the feelings that they help bring about:

(Unpleasant) feelings (*vedayitāni*) originating from bile, phlegm, wind, or a combination of these;<sup>3</sup> feelings produced by seasonal change; feelings produced by careless behaviour; feelings produced by exertion; or feelings produced as a result of karma — these do not often arise in me. I am seldom ill.

At S IV 230–231, these same kinds of unpleasant feelings (*vedayitāni*) are listed by the Buddha in reply to being asked by Moliya-sivaka what he thinks of the view, 'Whatever a person experiences (*paṭisaṃvedeti*), whether pleasant, unpleasant or neither unpleasant nor pleasant, all that is on account of what was done in the past (*pubbe kata-hetūti*).' He says:

Sivaka, here certain feelings arise originating in bile. It should be understood by oneself that certain feelings arise originating in bile. It is also commonly agreed by people of the world that some feelings arise originating in bile. Sivaka, the renunciants and brahmins, who declare this theory and hold this view, 'Whatever feeling this person experiences, whether pleasant, unpleasant or neither unpleasant nor pleasant, all that is due to what was done in the past', miss what they themselves have known, and they miss what people of the world commonly accept as the truth. Therefore, I say this is a wrong view of those renunciants and brahmins.

Sivaka, certain feelings arise originating in phlegm ... originating in phlegm ... originating in a combination of these ... produced by seasonal change ... produced by careless behaviour ... produced by exertion ... or produced as a result of karma ...

The natural way of reading this passage is to see it as saying that past karma is only *one* of several possible causes of illnesses and associated unpleasant feelings. This implies that one should not passively accept an illness, but seek a cure; nor should one blame oneself as somehow at fault due to having karmically brought an illness on oneself, though one *may* have done so.

That said, something said by Pierce Salguero, in his *Translating Buddhist Medicine in Medieval China*, is interesting. Ira Helderman review of this, in this issue of *BSR*, says that in chapter 3,

Salguero locates five conceptual metaphors (e.g., 'Health and Disease are Rewards and Retributions', 'The Dharma is Medicine', etc.) he believes are nearly essential to all forms of Buddhist medicine. ... Salguero says 'these metaphors represent enduring cultural-linguistic structures at the very heart of the pan-Asian Buddhist tradition. These conceptual metaphors are evidenced in the earliest Indian Buddhist texts known to us, and they maintained their explanatory power as they were translated into other languages throughout the first millennium ...

3. Bhikkhu Bodhi's *Aṅguttara* translation has a note (p.1696) saying that the sub-commentary on 'combination of these' says 'produced by a combination of the three — bile and so forth — which are out of balance (*visāmanam*)'. S-a III 81 on S IV 230, below, says 'originating through a disturbance (*kopena*) of the three, bile and so forth'.

In Indian Buddhist terms, it is inappropriate to talk of karmic results as ‘rewards’ or ‘retribution’, as they are seen as natural results, but this quote implies that Asian Buddhists *have* typically seen illnesses as karmic results.

Relevant here is that Bhikkhu Bodhi’s *Samyutta* translation (pp.1435–1436), in two notes to S IV 230–31, says:

252. ... Bile (*pitta*), phlegm (*semha*) and wind (*vāta*) are the three bodily humours (*dosa*) of Indian Ayurveda medicine. It should be noted that the Buddha’s appeal to personal experience and common sense as the two criteria for rejecting the view that all feeling is caused by past kamma implies that the view against which he is arguing is the claim that past kamma is the *sole and sufficient cause* of all present feeling. However, the Buddha’s line of argument also implies that he is not denying that kamma may induce the illnesses, etc., that serve as the immediate causes of the painful feelings; for this level of causality is not immediately perceptible to those who lack supernormal cognitive faculties. The kamma can still be an indirect cause for the painful feelings directly induced by the first seven causes. It is the sufficient cause only in the eighth case, though even then it must operate in conjunction with various other conditions.

253. ... On *kammavipākajāni*, Spk says these are produced solely (*kevalam*) as a result of kamma. Feelings arisen directly from the other seven causes are not ‘feelings produced by kamma,’ even though kamma may function as an underlying cause of the illnesses, etc., responsible for the painful feelings. According to the Abhidhamma, all bodily painful feeling is the result of kamma (*kamma-vipāka*), but it is not necessarily produced exclusively by kamma; kamma usually operates through more tangible networks of causality to yield its result.

Spk says that this sutta is spoken from the standpoint of worldly convention (*lokavohāra*), on which Spk-pt<sup>4</sup> comments: ‘Because it is generally accepted in the world that (feelings) originate from bile and so forth. Granted, feelings based on the physical body are actually produced by kamma, but this worldly convention is arrived at by way of the present condition (*paccuppannapaccaya-vasena*). Accepting what is said, the opponent’s doctrine is refuted.’

I find some of this problematic. Clearly, to suffer from a human disease, one needs the karma that leads to a human rebirth, but is one to see all illnesses and the pains they bring, and indeed all feeling, as due, directly or indirectly, to more specific past karma? This would seem to be a fatalistic view, as it would imply that everything that happens to one and does is due to one’s past karma, as all these bring bodily feelings. In any case, given that feelings arise condition by a range of *dhammas*, including *attention*, the cited Abhidhamma view can be read as meaning that past bad karma affects how one *experiences* the world, including the extent to which a physical illness, which may have no (specific) karmic condition, is experienced as painful. If one focuses on a painful sensation, or have a karmically-shaped character that means one tends to dwell on it, it can worsen and last longer; and certain kinds of attention help one to not experience pain when one otherwise might have.

If all illnesses were seen as caused by karma, one might wrongly think that Buddhists would therefore not seek medical help. Besides medical help, Buddhists

4. *Sāratthappakāsini-purāṇa-ṭīkā*, Burmese script edition.

of course also look to ‘Buddhist’ forms of aid, such as *paritta* chanting. These are seen to be limits to their power, though. The *Milindapañha* says on them:

*parittas* were appointed by the Blessed One for the sake of him who a *paritta* protects and guards because he (still) has some term of life remaining, is in his prime, and rid of obstructions due to karma. (Miln.151)

... a *paritta* protects some, some it does not protect. There are three reasons, sire, why a *paritta* does not protect: because of an obstruction due to karma (*kammāvaraṇena*), because of an obstruction due to the defilements, because of lack of faith. (Miln.153–54)

That is, *parittas* work only for a virtuous person with a remaining life-span, with confidence in the three refuges, and cannot cure a person of an illness if it is due to his or her past karma. This would seem to imply that other illnesses are *not* due to karma. That said, Buddhists *could* still say that if a *paritta* chant or medical help cures an illness, the pains experienced before it was cured were due to past karma, and if an illness is incurable, then it is due to strong bad karma.

Anālayo Bhikkhu’s paper in this issue focusses on how mindfulness and *virīya* are seen as having a curative affect in the *suttas*. A question that remains, though, is whether:

- a) *virīya* just helps a person psychologically deal with the physical pain — it being the effort to be strong in the face of it, so as to undermine any mental pain that might come from it;
- b) or is it that it also helps the physical pain to actually subside,
- c) and can this also entail a cure of a physical illness?

The above passage on Girimānanda implies c): that certain contemplations can actually effect a cure. But they sometimes just help an illness abate, b), or help endurance of pain, a). In the *Mahāparinibbāna Sutta*, the aged Buddha experiences the sharp pains of a severe illness:

But he endured all this mindfully, clearly aware and without complaining. He thought: ‘It is not fitting that I should attain final Nirvana without addressing my followers and taking leave of the order of monks. I must bend back this illness with *virīya* (*ābādhaṃ virīyena paṭippanāmetvā*) and dwell resolved on the life force (*jīvita-saṃkhāraṃ adhiṭṭhāya vihāreyyan’ti*)’. He did so, and the illness abated (*ābādho paṭippassambhi*). (D II 99)

We know that later he dies of the illness, so it is not cured, here, though Anālayo, in his translation of this passage in this issue of *BSR* (p. 23) translates *paṭippanāmetvā* as ‘overcome’, which could be read as implying a cure. Later in the same text, the Buddha can only transcend the pain of his illness by entering the signless (*animitta*) *samādhi* (D II 100), in which the mind attends to the signless, Nirvana.

Girimānanda’s mindfulness of certain key perceptions would naturally lead to *investigation* of what they are about, and on from this to the third of the seven factors of awakening, *virīya*. The translation of this as ‘energy’ leaves unclear why this might have a curative effect, but using the translations ‘vigour’ or ‘mental strength’ are respectively suggestive of an *enlivening* energy and strength of will. Of course, one of Girimānanda’s curative contemplations is mindfulness of breathing, which certainly can induce an enlivening energy.

In the list of five faculties, *virīya* comes after *saddhā*, faith, and it is interesting that the *Milindapañha* sees this as needed for a *paritta* to help cure an illness. Elsewhere faith is seen as playing a role in effecting a cure. At *Udāna* 15–16, Suppavāsā puts up with the pain of a long and difficult pregnancy due to her faith, and then successfully gives birth after the Buddha wishes this; and at *Vin I* 216–18, Suppiyā, having cut off her own flesh to feed a sick monk (implying great faith on her part), is cured of her wound by the Buddha’s psychic power. In any case, several of the contemplations recommended to Girimānanda concern *dukkha*, and the *Upanisā Sutta* (S II 29–32) says that ‘(contemplation of) *dukkha* is the supporting condition for *saddhā*’, leading on to joy (*pīti*), which has an uplifting energising quality to it. In the *Milindapañha* (p.43), the five faculties are metaphorically compared to five medicines, which cure the ‘illnesses’ that are the defilements.

The attainment of stream-entry, at which the faculties will be strong, can also have an enlivening effect. When Sāriputta has just attained the Dhamma-eye, Moggallāna sees him and says, ‘Your features are so serene, dear friend, and your complexion is so bright and clear’ (*Vin I* 41).

Of course the *Vinaya* refers to many medical treatments used by monks (especially *Vin I* 199–252), in line with the need for members of the *Saṅgha* to look after their sick fellows:

Monks, you have no mother, you have no father, who might tend to you. If you do not tend to one another, who then will tend to you? Monks, whoever would tend to me should tend to the sick. (*Vin I* 302)

A final issue of interest is touched on in note 20 of Helderman’s article: ‘Here clinicians persevere on what they see as the incompatibility of a therapeutic focus on healing a whole healthy self and a Buddhist enlightenment defined by waking up to the reality of non-self.’ Of course the kind of ‘self’ that can be ‘healthy’ can also be unhealthy, such that it is clearly conditioned and changing, and hence in Buddhist terms ‘non-Self’: empty of a permanent Self or what might belong to such a thing. So developing an empirical self, i.e. mind, that is psychologically healthy is not at all incompatible with the non-Self teaching. Indeed, a healthy — stable, centred, alert, calm — mind is needed to be able to develop clear insight into all as non-Self. That said, Buddhists and non-Buddhist clinicians may sometimes differ over what it is to be psychologically healthy.