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Curing with *Kaji*

Healing and Esoteric Empowerment in Japan

The Shingon practice of *kaji* is generally understood to be a mutual empowerment of self and Buddha that occurs in esoteric interpenetration visualizations. This doctrinal definition however, neglects the important role that *kaji* has historically played as a hands-on healing technique. This paper examines some of the theoretical, practical, and historical dimensions of *kaji*, while also considering some of the modern-day claims of *kaji* practitioners and patients in contemporary Japan. Such an investigation not only expands our understanding of Japan's religio-medical history, but also prompts our re-evaluation of the dominant discourses related to Chinese *kanpō*, Neo-Confucian, and Western European medicine.

KEYWORDS: *kaji* – Mikkyō – Esoteric Buddhism – medicine – Oda Ryūkō – Ikeguchi Ekan

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THIS PAPER focuses on the esoteric Japanese Buddhist healing technique of *kaji* 加持 (Skt. *adhiṣṭhāna*). Doctrinally speaking, *kaji* refers to the mutual empowerment between self and Buddha that characterizes tantric deity yoga. Practically applied, however, *kaji* is said to occur when a trained master concentrates and extends Buddha's universal energy to a receptive subject for healing purposes.

First brought to Japan from China in the ninth century by the esoteric master Kōbō Daishi Kūkai 弘法大師空海 (773–835), this hands-on healing technique supplemented the prevailing Chinese medical models of the day. It continued to be performed through the early modern period, and it continues to complement Western medicine in contemporary Japan. However, one rarely if ever sees it mentioned in the mainstream scholarly literature focusing on the history of medicine in Japan. Scholars such as HATTORI Toshirō (1959, 1964, 1971) and Margaret LOCK (1980) tend to focus on the history of traditional Chinese medicine (*kanpō* 漢方) in Japan and tend to present this history as one continuous narrative spanning the Asuka through Momoyama periods (roughly the sixth through sixteenth centuries). This view, however, completely neglects Kūkai's ninth-century Mikkyō 密教 contributions, as if these so-called secret teachings of Vajrayāna's middle-period had not helped to shape medical care both at court and throughout the countryside. Moreover, professional medical literature in contemporary Japan only occasionally mentions complementary (*hokan* 補完) and alternative (*daitai* 代替) medicine, yet disparagingly analyzes all such modalities in light of the placebo effect. In contrast to these dominant medical models, the Buddhist literature of the esoteric Shingon sect claims that Buddha's universal energy can heal everything from nearsightedness to terminal cancer. Shingon Master Oda Ryūkō, for example, claims that

In my own practice, *kaji* has cured leukemia, thyroid gland tumors, malignant tumors of the various organs—including the throat, esophagus, stomach, intestines, rectum, liver, lungs, brain, nasal cavity, uterus, ovary, prostate, and bladder. The effectiveness of *kaji* is by no means limited to tumors. *Kaji* has also greatly benefited conditions such as diabetes, renal disease, gastro-intestinal

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ulcers, epilepsy, asthma, and (the) Kawasaki syndrome.¹ In many cases, when *kaji* was administered to patients awaiting surgical operations, their conditions improved, eliminating the need for surgery. *Kaji* cured a heart condition that otherwise required surgery, as well as the complaints of a woman who long suffered from a gynecological disorder. Polio too, has been cured in its early state. For external injuries, the sooner that *kaji* is performed, the more effective it is. (ODA 1992, p. 92)

This paper makes no attempt to substantiate the medical validity of such claims. Nor does it strive to provide an in-depth introduction to Japan's medical history or to explain fully the intricacies of Shingon ritual. Rather, it simply aims to shed some light onto the relatively neglected topic of *kaji* ritual healing, especially as it appears in classic and contemporary accounts of faith cures. With this in mind, this paper will be organized into three main sections:

- 1 The theoretical or doctrinal definition of *kaji* as well as its practical applications;
- 2 the historical context of its introduction to Japan and its popular propagation within Japanese religious circles;
- 3 its contemporary relationship with prevailing medical models in Japan. This latter section will juxtapose the writings of Revs. Oda Ryūkō and Ikeguchi Ekan who were and are respectively two major *kaji* practitioners and Mikkyō medical theorists.

Definitions: Doctrine and Practice

DOCTRINE

The original Sankrit word for *kaji* is *adhiṣṭhāna*, which has a wide range of meanings. In the secular sense, *adhiṣṭhāna* can indicate any position or site of authority and power (EIDSON 2004, p. 96). By extension, its sacred esoteric sense also indicates a powerful benediction or blessing that energizes its recipient with the enlightening power of universal Buddhahood. Yamasaki therefore has defined *kaji* as the “mutual empowerment” or universal energy exchange between self and Mahāvairocana Buddha (YAMASAKI 1988, p. 110). In Japanese, this universal Dharma body of Buddhahood is called Dainichi Nyorai 大日如来 (Skt. Mahāvairocana), literally the Great Sun Buddha. Therefore, the Mikkyō patriarch Kūkai himself uses solar imagery to help explain the etymology of *ka* 加 and *ji* 持—the two Sino-Japanese characters used to translate *adhiṣṭhāna*. In his fascicle on “Becoming a Buddha in this Very Body” (*Sokushin jōbutsugi* 即身成仏義) Kūkai says:

1. See National Center for Infectious Diseases (NCID) for more information on Kawasaki syndrome.

The sun of the Buddha reflected in the water of the mind of all beings is called *ka* (adding or increasing). The water of the practitioner's mind experiencing the sun of the Buddha is called *ji* (holding or grasping).

(YAMASAKI 1988, p. 111)

The first character *ka* 加 therefore means to add, as in the Great Sun Buddha adding his powerful sun-lightenment to one's own. This expresses a typical Mahāyāna *hongaku* 本覚 sentiment, since it presupposes the inherent existence of one's original Buddha-nature. According to Mahāyāna Buddhist doctrine that predominates in Japan, all sentient beings already are enlightened, they just have not realized it yet.² Thus when Dainichi adds his illumination to one's own original enlightenment, one's spiritual potential is fully augmented and actualized. For this reason, Buddha's "grace" is another term that is often associated with the definition of *kaji*. The second character *ji* 持 means to hold, as in the practitioner's embrace of Dainichi's universal light. This embrace by extension indicates an oceanic self-expansion and self-identification with universal Buddhahood. Thus in the ubiquitous field of the Dharma realm, *kaji* describes the state in which "Buddha enters me, I enter Buddha" (*nyūga ganyū* 入我我入).

The divine union between practitioner and deity is further expressed in Kūkai's Diamond World *nyūga ganyū* contemplation :

Assume the meditation *mūdra*. Contemplate as follows: Facing the principal deity I have now become the body of Tathāgata Mahāvairocana. The principal deity enters my body empowering me. I enter the body of the principal deity taking refuge in him. We are of one body, not two. Because [this rite] manifests the meaning of both the root and the traces [*honjaku*] 本迹, it constitutes a contemplation of empowerment and refuge.

(SHARF and SHARF 2001, pp. 183–84)

Thus doctrinally speaking, *kaji* is said to actualize the reciprocal feedback loop between the root source and the practitioner's trace of Buddha's original grace. It describes the state of *nyūga ganyū* in which Buddha's empowerment meets the practitioner's refuge, and where they mutually exchange their perfect and potential enlightenment. *Kaji*'s power thus lies in the enlightened and enlightening transference of power from Dainichi to the individual and vice versa.³

2. For more on *hongaku* thought, see Jacqueline STONE's seminal work (1999) on the wide range of medieval Japanese thought and practice surrounding the doctrine of original enlightenment, especially within the mainstream Tendai sect and its offshoots (notably Nichirenshū).

3. This identification of the self and deity is similar to other tantric deity yogas. Bhattacharya, for example, describes the Indian esoteric practice of *ahamkāra*, in which one visualizes "I am the goddess and the goddess is in me" (BHATTACHARYA 1963, p. 100). This method of identifying the "worshipper with the worshipped" entails the practitioner envisioning himself "with the same complexion, forms and limbs as described in the *sādhana*...he should instead of worshipping an external object, worship himself" (BHATTACHARYA 1963, p. 100).

Kaji carries other doctrinal connotations in the Shingon tradition as well. The eminent monk Kōgyō Daishi Kakuban 興教大師覺鑒 (1095–1143), for example, uses the term *kaji* in several ways. First he discerns two levels of activity for the Dharmakāya. He distinguishes between the original ground of the Dharma body (*honji shin* 本地身 or *honji mon* 本地門) as opposed to its aspect in communication with sentient beings (*kaji shin* 加持身 or *kaji mon* 加持門) (VAN DER VEERE 2000, p. 92). In short, “the *honji mon* was considered the originally existing state of the *kaji mon*, the state of identification with the Absolute” (p. 93). In his *Uchigikishū* 打開集, Kakuban then uses the term *kaji* in two senses: to denote the activity of the Dharmakāya (*nō kaji shin* 能加持身), and to denote the location of the Dharmakāya (*sho kaji shin* 所加持身) in and as the world (p. 93). He also uses the term *kaji* analogously to describe the mind’s unity with a teacher (*sōō* 相應), which indicates an early form of esoteric guru yoga in which one’s teacher is recognized as a manifestation of Dainichi’s enlightened body, speech, and mind (p. 127). Kakuban believed that if one were properly initiated and had the religious capacity to fully trust in the efficacy of mantra and the *kaji* process, then even just one of the three secrets of body, speech or mind was sufficient for realizing immediate results (p. 102).

A century after Kakuban, the term *kaji-shin* continued to figure in major doctrinal disputes between the so-called new (*shingi* 新義) and old (*kogi* 古義) schools of Shingon doctrine. Raiyū 賴瑜 (1226–1304), for example, opposed Dōhan 道範 (1178–1252) over the preaching of the Dharmakāya. Raiyū maintained that the Dharmakāya preaches in and as the realm of phenomena whereas Dōhan maintained the primacy of the Dharmakāya preaching in the realm of the absolute (FOREIGN DEPARTMENT 1937, p. 21). Raiyū’s strict interpretation of *kaji shin* eventually splintered the new Shingon sect into two subsects, namely the Chizanha and the Buzanha (MATSUNAGA and MATSUNAGA 1993, p. 338).

At first these scholastic definitions of *kaji* appear to have little direct bearing on the topic of healing in Japan. However, they all indirectly do indicate an underlying belief in the power of *kaji* to channel Dainichi’s universal energy into concrete phenomenal forms for beneficial effect. These effects can range from enlightenment itself to the prevention of harm and even exorcism of malignant spirits. Let us now turn to the precise ritual contexts in which *kaji* is said to occur.

PRACTICE

In ritual practice, the power of *kaji* is believed to be converted and channeled into any number of practical applications. When combined with an initiated priest’s prayer (*kitō* 祈禱), the energy of deity yoga accessed in *kaji* is said to have the ability to extend to almost any physical or mental object. *Kaji* can be performed for example, to consecrate a newly sculpted main image (*honzon kaji*

本尊加持), the altar (*kaji dan* 加持壇), perfumed water (*kaji kōzui* 加持香水), incense and other ritual offerings (*kaji kumotsu* 加持供物), or one's own rosary of one-hundred and eight *mala* beads (*nenju kaji* 念珠加持). The latter *nenju kaji* in particular is believed to heighten the power of the priest's recitation of healing mantras and dharanis, since each rosary bead helps keep track of the prescribed number of incantations.

The priest's prayers and chants are thus integral to the *kaji* cure. The *Secret Great Compendium of Kaji Prayers* (*Kaji kitō himitsu taizen* 加持祈祷秘密大全) and the *Inner Transmission of Secret Shingon Kaji Prayers* (*Shingon himitsu kaji kitō okuden* 真言秘密加持祈祷奥伝) for example, list over forty different protective or preventative rituals with titles such as "Warding off Harmful Vermin," "Secret Rite for Forecasting Disaster for Self and Other," and "Prayer for the Recovery from Misfortune" (KUSAKA 1980, ONO 1993). Many of these prayers often involve swallowing paper talismans with *kaji*-empowered water. One prayer said to cure eye disease involves two *reifu* 靈符 paper talismans inscribed with the hiragana syllable *me* め, the Japanese word for eye. They are both dissolved in *kaji*-empowered water for the patient to ingest. Alternately, Kōbō Dai-shi's seal may be printed on talismans, the Mantra of Light recited, and the water and the paper imbibed together for curative effect. In such treatments involving the Mantra of Light, Kūkai's original solar imagery is further formulated to cure illness. Such recipes for the mantra's incantation draw upon the belief that the light of the Buddha can destroy all evil karma and hence can destroy a major retributive cause for disease (STATLER 1983, p. 158).⁴

Empowering water is in fact a major element of *kaji* practice during the Eighteenfold (*jūhachidō* 十八道) rites. During this ritual sequence, the Shingon practitioner empowers water offerings that symbolically wash away delusion (YAMASAKI 1988, pp. 167, 170). For example, according to Miyata's translation of the *jūhachidō* ritual instruction manual, the *dōjō* sanctuary should be purified with water that has been consecrated with a *sanjō* 散杖 stick, a ubiquitous esoteric ritual implement. This rite not only empowers the perfumed water, but it also automatically empowers the space in which such *kaji* is performed. The manual instructs:

Make the *shō sanko no in* 小三股印⁵...then consecrate the water by reciting the mantra of Kuṇḍali⁶ twenty-one times. Holding the rosary in the left hand,

4. For more on the Mantra of Light, see UNNO 2004. For more on the power of talismans and Shingon curatives in early modern Japan, see WILLIAMS 2004. The work of Williams on the Sōto Zen pharmacopoeia raises fascinating questions regarding the production and distribution of Kōyasan's herbal remedies, but this is a topic for future research.

5. This refers to the eighth purifying small three-pronged *vajra mūdra* in which thumb and ring finger touch. It is typically used for consecrating and purifying offerings, water, rice, and fruits, as well as the air and space of the *dōjō* altar (MIYATA 1984, p. 29).

6. One of the five wisdom kings in the Shingon system.

count the number of mantras *Om Amrite hūm phat* [*Om* the deathless one *hūm phat!*].... Imagine that the consecrated water changes and becomes milky water. Visualize that the nature of water is pure, that the nature of all Dharma is likewise pure, that the water sprinkles your body and both the inner and outer offerings on the *dan* (altar).⁷ Next take the *sanjō* stick in your right hand and consecrate the water with the stick, reciting the syllable *Ram* twenty-one times, while imagining that the water washes away all impurities and stirring the stick counter-clockwise twenty-one times. Now, stir it clockwise twenty-one times for the syllable *Varṃ*, imagining that the water has become white and pure in nature...then swing (the stick) slowly, describing three circles in the air. Then, [wave it] up and down once. Do this three times, sprinkling the water upon the center of the *dōjō* altar. (MIYATA 1984, p. 29)

Once the *dōjō* has been purified with this consecrated water, the altar itself is also empowered. As the twelfth century Kōzen 興然 (1121–1203) explains, after making the *samādhi mūdra* and performing the *nyūga ganyū* interpenetration visualization,

the deity dwells in the altar and the self dwells in the altar. Reciting the mantra together, the result is like Indra's net. (YAMASAKI 1988, p. 165)

The Hua-yen rhetoric of non-obstruction amongst dharmas⁸ is further present when one empowers the merit of one's own bodhisattva vows. In order to perform this *kaji*, one invokes the three powers (*sanriki* 三力) of "self, deity and universe" (YAMASAKI 1988, p. 111). One affirms that:

(Self):	The power of my meritorious action
(Deity):	The power of Buddha- <i>kaji</i>
(Universe):	And the power of the universal Dharma Realm
(Summary):	Dwell in all-pervading mutual homage.

(YAMASAKI 1988, p. 170)⁹

7. There is a separate ritual sequence for actually consecrating the offerings (*kaji kumotsu*). "Fold the *juzu* into two coils with the left hand, taking it to the left waist and forming the *vajra* first. Make the...*shō sanko no in* with the right hand. The right thumb touches the ring finger on its nail, while the other three fingers are upright. Move this *mūdra* counterclockwise over the offerings three times and say "Om padākṣyavajra hūm!" three times. Now clockwise three times recite the above mantra. Imagine by virtue of this consecration the offerings become pure, marvelous offerings" (MIYATA 1984, p. 127).

8. *Jōjimuge* 情事無礙 refers to the non-obstruction among all manifest phenomena. Hua-yen's *Avataṃsaka-sūtra* describes this enlightened vision of dharmas in terms of a vast latticework of interconnected jewels at every node. Every facet of every jewel reflects every other facet of every other jewel in the infinite netscape of being. This visual metaphor for describing the unobstructed interpenetration of holographic dharmas is known as Indra's Net.

9. Charles MULLER translates the verse of the three powers differently: "以我功德力 [*iga kudoku riki*] In the power of my virtue, 如來加持力 [*nyorai kaji riki*] And the aiding power of the

This all-pervading mutual interpenetration of the three powers is further extended in the *Dainichi-kyō* 大日經 (Skt. *Mahāvairocana-sūtra*) whose descriptive namesake indicates that it “freely heals sentient beings, to aid their enlightenment.”¹⁰ In this key text, the powers of self, Buddha, and universe are likened to three kinds of medical vision:

First, the mastery of diagnosis and the administration of treatment, is called “the power of the healing eye,” in Japanese *e(i)gen-riki* [慧眼力]. Second, the ability to diagnose the causal sources of disease and the difficulties involved in healing, is called “the power of the dharmic eye,” *hōgen-riki* [法眼力]. Third, the ability to administer the proper and effective treatment according to each disease and patient, is called “the power to guide and transform,” *kedō-riki* [化導力].

Of these three forces, *e(i)gen-riki*, the power of the healing eye, promotes the inherent life force of the human body, so that the natural strength of human physiology itself acts as medicine. [Once the healer’s *hōgen-riki* or power of the dharmic eye discerns the illness’ etiology and prognosis, then his] *kedō-riki*, or the power to guide and transform, allows (him) to know the patient’s particular illness and mental suffering by identification. (ODA 1992, p. 41)

Thus when the master, the Buddha, and the world meet in *kaji*, the master stimulates the patient’s own defenses, is aided by the Buddha’s causal insight, and intimately knows how each patient feels and how best to help. When the *ajari* 阿闍利 (Skt. *ācāryā*) master works to end suffering in the world in this way, he is said to embody the highest “manifest attainment” level of enlightenment (*kentoku jōbustu* 顯得成仏) (ODA 1992, p. 76).¹¹ Conversely, when the patient is cured of his/her disease, then it is called *gense riyaku* 現世利益 or “receiving (this-)worldly benefits from the Buddha” (ODA 1992, p. 30).

Therefore, these doctrinal and ritual contexts of *kaji* involve the transference

Tathāgata, 及與法界力 [*gyūyohōkai riki*] And the power of the spiritual realm, 周遍衆生界 [*shūhen shujōkai*] I can go anywhere in the land of the living” (see [www.acmuller.net/cgi-bin/xpr-ddb.pl?e.xml+id\('b4e09-529b-5058'\)](http://www.acmuller.net/cgi-bin/xpr-ddb.pl?e.xml+id('b4e09-529b-5058'))). It is further interesting to note that this body=Buddha=universe sentiment reflects Mahāyāna’s basic *trikāya* paradigm, but adds a typical fourth Mikkyō summation of the previous three.

10. Its full Sanskrit name, *mahā-vairocanaḥ bodhi-vikurvītādhiṣṭhāna-vaipulya-sūtrēndra-vāja-nāma-dharma-paryāya*, means “when the light of Great Enlightenment shone upon the darkness of ignorance, freely healing sentient beings, to aid their enlightenment, it did so through a great sutra, which was named the King of sutras” (ODA 1992, p. 69).

11. In the esoteric scheme there are three levels of enlightenment: (1) *rigu-jōbutsu* (理具成仏) intrinsic embodiment, which refers to the unity of the self and Buddha as well as to the unity of mind and matter via the six elements; (2) *kaji-jōbutsu* (加持成仏), transference of power and response, which refers to *kaji*’s experiential realization of self-Buddha identity and its healing effects; (3) *kentoku-jōbutsu* (顯得成仏), manifest attainment, which refers to one’s enlightened attempt to remove the obstacles, errors, and causes of suffering in society at large (ODA 1992, p. 44–45).

of Dainichi's universal energy into the practitioner's body. By extension, they can be channeled into any physical or mental object to which he turns his attention. In principle there is no obstruction amongst any of these entities since they all participate in the same universal Dharma body. The energy exchanged in this state is said to enable the practitioner to diagnose illness and intuit proper treatment, thereby acting as an agent for worldly benefits.

History

The notion of Buddha bestowing this-worldly benefits has a long history in Japan. In times of epidemic, famine, flood, and natural disaster, Buddha was regularly invoked to make rain, avert misfortune, and protect the state. Buddha's ability to cure illness was particularly paramount in this regard, since healthy bodies were a prerequisite to maintaining a healthy body politic. Thus when Kūkai brought Mikkyō and the technique of *kaji* back with him from China in 806, it may have been viewed as the latest, new and improved medical technology of its day.

Ancient Japanese etiological notions had attributed illness to *eki-akudoku* 疫悪毒, literally "having a spirit polluted by bad poison" (LOCK 1980, p. 25). Alternately, evil spirits called *magatsuhi* 禍霊 could also cause disease, but these could be flushed out of the body through regular ritual purification, hot spring immersion or herbal infusion (LOCK 1980, pp. 24–25).¹² It appears that ritual specialists such as the Nakatomi and Imbe clans monopolized this early preventative and purgative therapy.

In the sixth century however, a new influx of Chinese medical technology accompanied Buddhism from the mainland. These new imports updated the old purification rituals without ever fully replacing them. Specifically, Chinese principles of *yin* and *yang*, the five phases of earth, water, fire, metal, and wood and what Needham has called correlative thinking between macro and microcosmic bodies predominated.¹³ Moreover, in 561, over a hundred medical treatises were introduced into the Japanese archipelago. The *kanpō* Chinese method described in these texts included techniques such as acupuncture (*hari* 針), moxibustion (*okyū* 灸), massage therapy (*amma* 按摩), and an entire pharmacopoeia of herbal remedies. The *Kojiki*, compiled in 712, mentions numerous indigenous plants that could be used for healing, and the *Izumo Fudoki* compiled in 719 mentions the shamanistic cult which used wine for healing purposes, cattail pollen for wounds, and ground seashells for burns (LOCK 1980, p. 24).

Concurrent with these Chinese pharmacological approaches to healing,

12. According to Motoori Norinaga's perhaps overly balanced exegesis of the *Kojiki*, the forces for disease were personified as Yaso or Oho magatsuhi no kami 大禍日神, while the deities Kamu or Oho nahobi no kami 大直日神 could redress the ills that the *magatsuhi* caused (F. MACÉ 1994, p. 49).

13. For more on this topic, see UNSCHULD 1985, especially chapter 3, pp. 51–100.

Buddhist faith in miracle cures dominated religious healing. Devotions to the popular Medicine Buddha Yakushi Nyorai 藥師如來 (Skt. Baiśajyaguru) usually constituted the main focus of the healing arts during the Hakuho and Nara periods. This fact is substantiated by the measures taken in the (unsuccessful) attempt to cure Emperor Tenmu in 686. According to François Macé's study of the *Nihonshoki* (c. 720), a commentary lecture on the sutra of Yakushi Nyorai headlined all the other remedial procedures for the Emperor's recovery (F. MACÉ 1994, p. 46).¹⁴ The construction of Yakushiji and Shin Yakushiji temples in the capitals of the late seventh and early eighth centuries further attest to the Medicine Buddha's popularity at the time.¹⁵

During this period, moreover, eminent Buddhist monks such as Rōben 良弁 (689–773), Genbō 玄昉 (?–746) and Dōkyō 道鏡 (?–771) were known for their abilities to heal. They often combined the Chinese *kanpō* methods with faith cures that they attributed to the Medicine Buddha. Ganjin 鑑真 (687–763), for example, is not only credited with discovering the counter-febrile qualities of lycium (*kuko* 枸杞) but also performing prayers to Yakushi Nyorai at Tōshōdaiji (BRIOT 1994, p. 13). It is said that the Yakushi statue he commissioned here is framed by a full-body aureole in the shape of a medicine jar, Yakushi's characteristic attribute. It is also said that the homonyms *yaku* 藥 (medicine) and *yaku* 厄 (misfortune) were a popular indication that Yakushi could cure physical as well as spiritual ills (MIYATA 1996, p. 67).

Kūkai's newly imported Chinese Buddhist medicine of the ninth century, however, ostensibly updated all these treatments. NAKAJIMA Yōichiro states, "after studying in China, Kūkai introduced Mikkyō to Japan and transmitted the power of Chinese medicine to Japan at the same time" (NAKAJIMA 1995, p. 314–15). Kūkai imported sūtras with dharanis for exorcising *gaki* hungry ghosts (*se-en ku gaki darani kyō* 施焰口餓鬼陀羅尼經), dharanis for pure, whole vision (*nōjō issai gen darani kyō* 能淨一切眼陀羅尼經), and even ritual manuals that provided "great medicine" for accomplishing joy and delight between mothers and loving children (*dai yaku shanyo kangī mo hei aishi jōju hō* 大藥又女歡喜母

14. Other measures included: a palace retreat, the thorough cleaning of pagodas and monastery pavilions, the granting of general amnesty to prisoners, prayers offered at Asuka temple by Prince Ise, lighting of lanterns at Kahara monastery as an offering and as a ceremony of expiation, great purification of all provinces, the halving of taxes, the reading of the *Konkō myō kyō* 金光明經 (Skt. *Suvarna prabhāsa sūtra*), the forgiving of private and public debts, the recruitment of seventy, then eighty, then one hundred new renunciates, the production of Kannon statues and the exhibition of the *Kannon Sutra* at Daikandaiji, the installation of one hundred bodhisattvas in the palace, the reading of two-hundred *Kannon Sutra* scrolls, and prayers offered for the Emperor's health addressed to the deities of heaven and earth. It was finally determined by "divine sanction" (*tatari* 崇^り) that the Emperor's illness was an expression of disorder and disfavor with the gods. Apparently the Kusanagi sword—one of the three imperial regalia—wished to be returned to Atsuta sanctuary after Dōkyō had stolen and housed it in the imperial palace (F. MACÉ 1994, pp. 45–47).

15. Yakushiji was first built c. 680–697 in Fujiwara-kyō and later transferred to Nara c. 718–730; Shin Yakushiji in Nara dates from the Tenpyō period (c. 729–749).

并愛子成就法) (KDKZS 1983, pp. 537–40). Along with several other versions of the *Dainichi-kyō*, one text outlines how to become Mahāvairocana Buddha and change into a god through *kaji*, in seven easy-to-remember recitations no less (*Daibirushana jōbutsu jinben kaji gyō ryakuji shichiji nenshōzui gyōhō* 大毘盧遮那成仏神變加持經略示七支念誦隨行法) (KDKZS 1983, p. 540).

It is not clear to what extent Kūkai may have promoted Mikkyō as a new form of medical technology. It was a time, however, when the government favored newcomers as they passed antri-trust regulations against hereditary *kusuribe* 藥家 medical clans. To open up the latter's monopoly on specialized intellectual property, the Taihō Code of 701 broadened the recruitment and training of national health care workers. Intelligent teenage boys from age thirteen to sixteen as well as doctors' and *kusuribe* sons could be trained to work in the hospices (*yaku-in* 藥院), free dispensaries (*seyaku-in* 施藥院), and hospitals of compassion (*hiden-in* 悲田院). According to Mieko MACÉ, about forty medical students, twenty acupuncture students, ten massage students, six incantation students, and six botany/pharmacology students could be trained at the Imperial Palace's *tenyaku ryō* 典藥寮 or Office of Remedies (M. MACÉ 1994, p. 64). The Yōrō code of 718 further regulated the ranks of the medical establishment by differentiating between doctors and masters of incantation (M. MACÉ 1994, pp. 59–60). Kūkai's True Word Shingon Mantrayāna students would naturally fill this latter niche. Thus in an age in which the newly established Heian court sought new *matsurigoto* 政 with superior ability to insure rain, protect the state, prevent illness, and avert misfortune, it is not unsurprising that Kūkai's new Mikkyō Buddhism also penetrated into the traditional medical establishment of Japan.

How did Kūkai articulate this confluence of old and new Buddhist healing in his writing? Specifically, how did he acknowledge the potency of the old Nara exoteric cures even as he advanced his new all-powerful esoteric ones? Briefly put, Kūkai skillfully posited Dainichi's healing power as prior to that of Yakushi's. He versifies in *The Precious Key to the Secret Treasury* (*Hizō hōyaku* 秘藏宝鑰):

The healing power of exoteric doctrine has wiped away all dust.
Now opens the store of the True Word (*Shingon*)
In which all hidden treasures are brought to light
And there embodied are all virtues and power. (ANESAKI 1931, p. 34)

Thus in Kūkai's view, the "healing power" of Nara's old exoteric Buddhist methods cures well, but the "virtues and power" of Shingon's new esoteric methods can cure even better. By claiming to open Shingon's heretofore hidden treasurehouse of healing mantras (*shingon*) and dharanis, Kūkai thus successfully is able to market his new brand of Buddhism to the Heian court. Kūkai furthers his argument by rhetorically asking in his *Secret Key to the Heart Sutra* (*Hannya*

shingyō hiken 般若心經秘鍵), “If they do not go seeking for the remedies of the King of Medicine, when will they ever be able to see the Light of the Great Sun?” (HAKEDA 1972, p. 263). Stated in more affirmative terms, Kūkai subtly proposes that seeking remedies through Yakushi Medicine Buddha will eventually lead one to the light of Dainichi. He thus strategically locates Dainichi as the ultimate source of Yakushi’s derivative healing power.

The presence of Yakushi *honrons* at Kōyasan (c. 817) and the Golden Hall at Tōji (c. 823) further attests to this confluence of old Nara and new Mikkyō forms.¹⁶ Nara period temples such as the Kokubunji “National Buddhist Temple” in Osaka literally installed painted esoteric mandalas behind their old Yakushi statues, as if to further empower them with Dainichi’s universal energy. Kūkai’s doctrinal treatises moreover employ the common analogy of Buddhism to medicine in order to substantiate the efficacy of his new brand of Buddhism. Kūkai writes in his *Hannya shingyō hiken*,

As is necessary in counteracting poisons, the medicines provided differ from individual to individual (p. 263)... As a physician prescribes different kinds of medicine according to the nature of the disease, so the Sage gives teachings suitable to the aptitude of the recipients (p. 265)... [And in his *Hizō hōyaku*] As a certain medicine cures a certain type of illness, so various teachings of the Buddhas cure those who are in delusion because of certain types of defilement. (HAKEDA 1972, p. 216)

Kūkai thus marketed Dainichi’s new Mikkyō spiritual-physical medicine as an advanced technology upgrade that pinpointed people’s ills and pumped up the healing power of the old Nara period modalities.

After Kūkai’s death (or rather his entrance into perpetual *samādhi*) in 835, Kūkai became the subject of intense popular devotion. Hagiographic accounts credit Kūkai with finding many wells and hot springs, which testify to his role in preventative and purgative cures. For example, along Shikoku’s pilgrimage route of eighty-eight temples, there are numerous temples crediting Kūkai with discovering or miraculously creating a well or hot spring. Not unsurprisingly, these have The Medicine Buddha Yakushi Nyorai as their *honron* or main image. For example, Idoji “Temple of the Well” in Tokushima prefecture is named after the fact that Kūkai supposedly dug a well here in one night with his staff. Its seven Yakushis claim to represent the avoidance of seven calamities and the creation of seven felicities (MIYATA 1996, p. 60). Byōdōji, “The Temple of Equality,” also located in Tokushima prefecture is so-called because Yakushi is believed to cure all the afflicted, regardless of age, sex, or rank. It is also called White Water Mountain (*Hakusuisan* 白水山) because of the milky white water that suppos-

16. For more on Kūkai’s ability to incorporate esoteric doctrines into exoteric Nara Buddhist discourse, see ABE 1999. For more on Kūkai’s sculptural programme at Tōji, see BOGEL 1995.

edly sprang up when Kūkai dug a well during its consecration. This water is said to be particularly effective for eye disease (MIYATA 1996, p. 65). Kyōchi'in Kiyotakiji, "The Temple of the Mirror-like, Clear Waterfall," in Kōchi prefecture is said to have been founded by Gyōki 行基 (668–749) in the early eighth century, when he reputedly also carved its main Yakushi image. It was renamed a century later when Kūkai apparently "caused a clear stream of water to spring forth from the altar ground and form a mirror-like pond" (MIYATA 1996, p. 81).¹⁷ Yakushi is actually the most popular *honzon* of the entire Shikoku pilgrimage route, second only to all the combined forms of Kannon.¹⁸ *In toto*, twenty-three Shingon temples along the route in Shikoku are dedicated to Yakushi's ability to cure physical as well as spiritual ills.

In addition, Kūkai himself came from a long line of *hijiri* 聖, wandering ascetic self-ordained monks with intimate knowledge of mountain herbs and their healing properties. Mountaineering Shugendō monks adopted Kūkai's Mikkyō medical theory as their own, and treated the aristocracy and peasantry alike with their herbal cures. When the authority of the government reforms began to wane in the late ninth and early tenth centuries, these esoteric healers came into their own, especially in the countryside. The Yōrō Code of 718 had assigned one doctor to each province for life, but this was reduced to only six years starting in 779. Moreover in 830 the government began allowing unlicensed doctors to practice in certain provinces for four years, notably in Kinai, Sado and five other small provinces (M. MACÉ 1994, p. 65). It seems however, that the number of these unlicensed doctors steadily increased despite their questionable reputations. In short, the progressive loss of state control meant the gradual increase in *hijiri* activity in the provinces, and in the exponential number of tales of their miraculous cures.

Accounts of the extraordinary measures of these *hijiri* doctors are occasionally mentioned in Heian period literature. The *Tale of Genji* for example, makes reference to the punishing cures and extreme treatments undertaken by Murasaki Shikibu's contemporary religious healers. In Arthur Waley's translation of the classic, chapter five opens with Genji seeking a cure for a recurrent fever. He hears of a wise and holy healer in the northern hills of Heian, but the hermit is too old to make house calls. When Genji arrives before him, the recluse claims to have forgotten his cures. Nevertheless the old man is able to chant numerous

17. Other temples such as Yasakaji, Jōdoji, and Ishiteji in Ehime prefecture are located near *onsen* hot springs, and Sairinji temple has a pond that never goes dry thanks to Kūkai's consecration (MIYATA 1996, p. 99).

18. Among the pilgrimage temples with Kannon *honzens*, there are twelve *Senju-kannons* (with one-thousand arms), twelve *Jūchimen-kannons* (with eleven faces), four *Shō-kannons* (with a lotus) and one *Batō-kannon* (with a horse head), making a total of twenty-nine forms of Kannon. After the twenty-three temples dedicated to Yakushi, there are then nine Amidas, six Dainichis, five Jizōs, five Shakas, four Fudōs, three Kokūzōs, and one statue each of Miroku, Bishamon-ten, Monju, and Daitō Chishō-butsu (the Lord who preaches the *Lotus Sutra*) (MIYATA 1996, pp. 20–21).

spells and write out and administer talismans all night long to the weary Genji (MURASAKI 2000, pp. 81–82). Much later in the narrative, Genji's pregnant wife, Princess Aoi, grows ill as well. Priests and other mountain healers are summoned to the palace to rid her of spirit possession. Murasaki Shikibu recounts:

Constant rituals of exorcism and divination were performed under [Genji's] direction.... [Nevertheless,] the greatest healers of the day were powerless to eject it and it became apparent that this was no ordinary case of possession: some tremendous accumulation of malice was discharging itself upon her.

(MURASAKI 2000, p. 167)

Murasaki does not detail what rough physical rigors these healers may have forcefully administered in order to exorcise the offending spirit. She does however indicate that they were extremely frustrated, and willing to try just about anything:

She was in great distress, but though the healers recited prayer upon prayer, their utmost efforts could not shift by one jolt the spiteful power which possessed her. All the greatest miracle workers of the land were there; the utter failure of their ministrations irritated and perplexed them.

(MURASAKI 2000, p. 171)

In their exasperated attempts at prayer (*kitō*), it seems that in ancient times as in contemporary treatments, sometimes the cure was worse than the condition. The fact that Princess Aoi pleads with them to “give me a little respite” from “the potency of their incantations” may indicate a certain physical violence on their part (MURASAKI 2000, p. 171). When Genji tries to cheer her up moments later, furthermore, she suddenly interrupts him saying, “No no. That is not it. But stop these prayers a while. They do me great harm” (MURASAKI 2000, p. 171).

Other Heian-period courtiers by contrast, were more impressed with their esoteric doctor-monks. One Prime Minister's diary notes:

During the hour of the monkey, the Kōya Holy Man Gyosho came. I spent several hours in discussion with him. He has undergone many strange and wonderful experiences. In the spring of last year he demonstrated his powers as a healer; I and my wife, together with our son—the Commander of the Imperial Guards—and our daughters, all received the benefit of his incantation to protect our bodies from illness caused by evil spirits. The Commander came especially to meet him. This saint has practiced abstinence from cereals on Mount Kōya and is said to have done so with great efficacy.

(STATLER 1983, p. 129)¹⁹

Thus it appears that curing with *kaji* co-existed alongside the Chinese medi-

19. For this passage, Statler relies upon the scholarship of GORAI Shigeru 1965.

cal models both in the countryside and at court. This symbiotic co-existence between *kanpō* and Mikkyō cures seems to have persisted in varying degrees for centuries. A major shift occurred however, in the sixteenth century when Western European medicine began to compete with Japan's medical establishment. During this period, Taimitsu and Tōmitsu monks²⁰ occasionally left the priesthood, since many were interested in acquiring the surgical techniques for gunshot wounds inflicted by the newly imported Portuguese firearms. The Tendai monk Dōsan 道三 (1507–1557) for example, took the cue and disrobed, renaming himself medical doctor Manase 曲直瀬. However, despite his new secular status and a nascent Western European sense of distinguishing religion from science, Manase still insightfully acknowledged: “For a patient who believes in sorcerers and not in doctors, your [Western] treatment will not be successful” (BRIOT 1994, p. 17). Other figures such as Gotō Konzan 後藤良山 (1659–1733) were less subtle. He signaled the distinct separation of Buddhism from medicine when he let his hair grow long. This deliberately ran contrary to the age-old custom of doctors shaving their heads like monks (BRIOT 1994, p. 18).

Despite these new challenges to Shingon's medical base, accounts of *kaji* cures continue through the Edo period. Especially along Shikoku's pilgrimage route of eighty-eight Shingon temples dedicated to its founder Kūkai, there are innumerable crutches and customary dedications of gratitude to the “grace” (*kaji*) of the Buddha. In particular, innumerable temples show centuries of evidence of women's health concerns, either to prevent venereal disease for those who work in the pleasure-quarters, or to assist the supplicant in getting pregnant, having an easy childbirth, or recovering from the rigors of labor.²¹ Given Japan's Neo-Confucian emphasis on childbirth during the Edo period in particular, individual temples dating to this period are renowned for being particularly efficacious for woman's anatomy “from the waist down” (STATLER 1983, p. 194). By contrast, at least one other unnumbered *bangai* 番外 temple off the main route is famous for remedying illness from the waist up. Replica breasts hang on the wall of this temple, attesting to the many supplications for help with breast disease (STATLER 1983, p. 194).

One may easily speculate that the daily walking, if not the rigorous hiking, clean air, and simple diet of *henro* 遍路 pilgrims is therapeutic in itself, but others attribute their restored health and well-being to the *kaji* healing sessions that Shingon priests regularly offered—and continue to offer—to pilgrims for a donation. Statler gives his own descriptive account of one such session observed during his own pilgrimage along Shikoku's eighty-eight temple route. The Shingon priest first insures ritual purity by confirming that none of the women are

20. Taimitsu 台密 refers to the Tendai 天台 strain of Mikkyō, which was first transmitted by Kūkai but later supplemented by Ennin 円仁 (794–864). Taimitsu is usually distinguished from Tōmitsu 東密, which refers to the strain of Mikkyō based at Shingon's main temple in the capital, Tōji 東寺.

21. Many of these items and heretofore hidden temple treasures are published in TMMP, 2002.

menstruating. He then intones the names of the individual patrons and performs a *goma* 護摩 fire ceremony dedicated to making their wishes come true. Then, assuming the multiple roles of chiropractor, exorcist, ritual fire specialist, and masseur, he performs the *kaji* rite.

He summons the daughter. With his three-pronged ritual instrument—heavy with brass and symbolism—he thumps her back and shoulders, then massages them forcefully. From a foot-high stack of tissues he grabs a few, moistens them with his mouth, holds them over the fire, and with those hot and smoky papers rubs her brusquely; throwing the tissues aside he seizes more; he rubs her hair and shoulders, her back and chest, her knee and head. Once, the papers catch fire; he does not notice, rubs her head, and her hair flames. I start to cry out but he sees, beats out the flame. With hot papers he massages her neck, then grasping her head he snaps it to the right, to the left, forward and backward; each time we hear the crack of her spine. He seizes her on the thigh and the neck, picks her up bodily, thrusts her at arms length face-down over the fire; reversing his grip, he flips her over, face up. He sets her on her feet, kneads her again with his hands, thumps her with the three-prongs of brass, propels her back among us.... It has been a violent, almost fearful performance—it would have been fearful but for his strength and his assurance.

(STATLER 1983, p. 202)

Modern accounts such as this in many ways recall the Heian-period complaints of Genji and Princess Aoi, who protested against the duration and brute force of the *kaji kitō* healing prayers.

The continued existence of *kaji* cures throughout history nevertheless seems to belie an important and widespread belief in its efficacy. This in turn calls for a re-evaluation of the dominant Neo-Confucian medical discourse of early modern Japan and the Western European medical discourse of today. This prevailing discourse is governed by key highlights in Japan's literary history of medicine, which can be summarized in admittedly cursory form as follows: During the Edo period, Neo-Confucian popular journals emphasized nutrition, hygiene, and birthing advice. In addition, Neo-Confucian treatises such as the *Yōjōkun* 養生訓 (The Principles for Nurturing Life) by Kaibara Ekiken 貝原益軒 (1630–1714) focused on health cultivation and the importance of moderation and self-mastery.²² The craze for so-called Dutch Learning (*rangaku* 蘭学) in the eighteenth century triggered a break in the *bakufu*'s official isolationist policy, so that when anatomical treatises like the *Kaitai shinsho* 解体新書 were translated into Japanese in 1774, they occasioned a radical shift in conceptual models of the body and disease (KURIYAMA 1992, pp. 21–22). When Commodore Perry “opened” Japan in 1853, Western scientific knowledge soon flooded in once more, thereafter

22. This in itself is extremely interesting, as it marks a shift from external to internal causes of disease. For more on this topic, see KABAYAMA 1976.

elevating Japan's medical establishment to remain more or less on a par with Western European standards into the modern period.

This dominant medical discourse changes however when the significance of religio-medical practices such as *kaji* are acknowledged to a greater degree. With this sentiment in mind, let us now examine how *kaji* is being practiced and promoted in Japan today.

Kaji Today: Oda and Ikeguchi

This last section presents the medical philosophies and healing claims of two modern Shingon masters in Japan, Ven. Oda Ryūkō and Ven. Ikeguchi Ekan. Both have received the rank of *Dentō daiajari* 伝灯大阿闍利, Grand Masters of the Dharma Transmission in the Shingon esoteric lineage. Oda passed away in his nineties (b. 1914), so Ikeguchi at age sixty-eight (b. 1936) is now the highest ranking priest in the Shingon sect.

Both masters defend the value, usefulness, and efficacy of this traditional Buddhist healing technique, but they differ significantly on the compatibility of what they themselves locate as ancient Eastern and modern Western approaches to curing illness.²³ They also differ in relating *kaji* to other Asian healing techniques such as *reiki* and *qi gong*. When interviewed, Ikeguchi did allow that one could in fact liken the Chinese notion of *qi* to Dainichi's universal energy.²⁴ He also writes "*kaji kitō* occurs when the practitioner concentrates universal *reiki* energy and in one breath infuses (*chūnyū* 注入) it into the other person" (IKEGUCHI 1990, p. 121).

Oda however, distinguishes between *qi* energy and Dainichi's universal light-energy. He writes, "this power [*kaji*] is unrelated to electromagnetism emanating from the palms of the hands...and it has nothing to do with psychokinesis" (ODA 1992, p. 26). Whereas the emission of *qi* energy is said to only be effective within five to ten feet of the master, *kaji* empowerment for Oda can "not only cure illness in several hundred people at once but can even cure disease at great distances in other countries" (ODA 1992, p. 47).²⁵ In order to accomplish this feat and effectively administer *kaji*, Oda maintains that one has to be an enlightened Buddhist practitioner. He writes, "this power is held by those who realize a state of enlightenment realized by Shakyamuni Buddha, as well as by those who strive in their lifestyle to understand and know the truth he discov-

23. In this paper I do not wish to take on the entire Orientalist history that has constructed our ideas of the Holistic East vs. the Cartesian West. Oda and Ikeguchi however, do understand their work within these general categories and locate themselves within the holistic body-mind scheme of Shingon Buddhism.

24. Personal interview with Dentō-dai-ajari Ekan Ikeguchi, June 2002, Enoshima, Japan.

25. The parapsychologist Motoyama Hiroshi has made a similar claim, but explains his efficacy to working on the causal *karana* level (as opposed to the astral-*qi* or coarse physical levels). See my translation (with Shigenori Nagatomo) of Motoyama's "Awakening the Cakras and Emancipation" (n.d., unpublished manuscript).

ered” (ODA 1992, p. 26). For this reason, he distinguishes *kaji* priests from other non-Buddhist psychic healers in Japan, whose ability to heal wanes as their vital energies diminish with old age. For him, long-time Buddhist *kaji* practitioners have kept the precepts and developed “peace of mind and purity” so they actually increase their healing abilities with old age (ODA 1992, pp. 46–47). This seems to echo our previous Heian-period prime minister whose diary notes,

The Holy Man Gyosho is now eighty-one years old and practices abstinence from the six kinds of cereals. His spiritual energy seems to be at a very high level. Has he attained Buddhahood in his own body? (STATLER 1983, p. 129)

In terms of his general medical philosophy, Oda believes that modern education in Japan over-emphasizes scientific thinking and he bemoans the rejection of thousands of years of collected wisdom (ODA 1992, p. 94). He critiques Western-trained doctors’ Cartesian materialism, their conservative closed nature, their suspicion of superstition, their refusal to acknowledge the power of the mind or *kaji*’s demonstrable effect on terminal cases (ODA 1992, p. 90–91). In a chapter on the “Effect of *Kaji* on Incurable Disease,” Oda writes:

That Esoteric Buddhist practice influences incurable diseases for the better is readily observable, and can be authenticated by medical specialists. Unfortunately, the Japanese medical establishment neglects to verify this phenomenon.... While some doctors have studied with me in seminars that I have given on *kaji*, and have understood the power of esoteric Buddhist principles, they remain under pressure from the medical world to remain silent about what they know. (ODA 1992, pp. 90–92)

In spite of this damning portrayal, Oda nevertheless does manage to provide three testimonials by Western-trained Japanese doctors attesting to the healing power of *kaji*.

- Dr. Tabara Kazushige credits *kaji* with eliminating his own pain after having surgery in 1985 for advanced cancer of the large intestine. He believes that the “gentle grace” of Dainichi’s “great power” can envelop rogue cancer cells and return them to normal. He likens this to skillfully reining in a rampaging bull, calming and restoring it to its normally docile nature. He maintains that Dainichi’s power administered from Tokyo can reach Kyūshū, tells his patients cancer cannot be cured by medication alone, and often recounts his “invaluable experience” to them. (ODA 1992, p. 93–95)
- Dr. Yoshida Hiroyasu attributes his son’s rapid recovery in 1986 from a rare shoulder tumor²⁶ and chronic pulmonary problems to *kaji* alone. The son had refused the doctor’s recommendation for disfiguring surgery

26. Rhabdomyoma is a rare form of malignant tumor affecting the striated muscle (ODA 1992, p. 96).

and a brutal chemotherapy regimen. Noticing his son's elevated temperature from the very first *kaji* session onwards, Dr. Yoshida believes that *kaji* "increases life force itself, heightening the body's natural healing power." He too believes that *kaji* treatment transcends geographical location, and says "To be honest, I half doubted *kaji* at first, but like a drowning man who grasps at straws, I went ahead and asked for *kaji*. Now, I look back on that time with deep gratitude." (ODA 1992, pp. 96–98)

- Finally, Dr. Hanada Tsugunori recounts the anecdote of "An Unforgettable Patient" in 1950 whose sizeable stomach tumor was inoperable. The man received no treatment and it was assumed he would not live long. Nevertheless he recovered and was actually mistaken for a ghost a year later when a nurse saw him in a darkened waiting room. Dr. Hanada is completely baffled and calls the man's restored health and vitality "a miracle." (Oda provides an explanation for this "miracle:" the patient's mother and daughter had apparently visited Oda's temple during the time of the exploratory operation. They asked Oda to perform *kaji* on the man's behalf, and fulfilled their promise to go to the temple for twenty-one days. Oda further recalls that this was indeed an unforgettable patient for him too, since it was the first time he apparently cured cancer through *kaji*.) (ODA 1992, pp. 99–101)

As an outsider then, the older Oda tended to adopt an adversarial relationship to the medical establishment in Japan. The younger Ikeguchi, by contrast, is an insider. He is a visiting lecturer in the medical departments of several national universities in Japan and abroad. This actually may indicate that the Western-trained medical establishment is more open to religious healing than Oda originally believed. Regardless, given their ideological standpoints, it is not surprising that Oda's explanations for "miracle cures" are based more in Buddhist philosophy than upon medical theories, while Ikeguchi's medical background emphasizes remedies over religion.

Ikeguchi adopts a far more complementary, even symbiotic approach to healing in the modern era. He reasons that the patient today is far better informed than in the past, so a spirit of cooperation and trust has developed not only between physician and patient, but also between old science and new (IKEGUCHI 2000, pp. 13–14). Ikeguchi's approach to healing thus is focused on bringing humanistic caring back to health care. In the conclusion to his 1976 medical doctoral thesis on organ transplant and bioethics in Japan, he writes,

At the end, I would like to conclude with two words that I always mention when I finish my teachings in the classes of the medical schools; they are "empathy" and "loving words." "Empathy" means to feel the sufferings of others as if it were one's own.²⁷ By doing so, one naturally utters words with loving kindness.... While the patients come to hospitals, they experience great pain

27. This echoes the previous discussion of *kedō-riki*.

and misery; at this time, if the physicians can comfort them with loving words, the heart of the physician is connected to that of the patients. *At this moment, transformation into Buddhahood on both sides takes place.* This is what healing medicine is all about.

Therefore empathy and loving words are my suggestions to the twenty-first century's bioethics and also serve as the point of convergence of religion and medicine. (IKEGUCHI 2000, p. 14, italics mine)

Ikeguchi reiterates and elaborates on these themes in a lecture on "Religion and Medical Treatment" at the Russian Medical College of Khabarovsk. He explains that there are three meanings to the word for empathy (*fuse* 布施):

- 1) making an offering; the conventional meaning of the word
- 2) recollecting or remembering someone and
- 3) "service through use of your own body." (IKEGUCHI 1996, p. 521)

This latter sense of the term, he explains, can involve physical acts such as keeping the street clean or quietly picking things up in the hallways, or it can be his practice of expressing loving words.

For IKEGUCHI, such acts connect all humanity together in what he calls "reciprocity" or "mutual dependence" (*sōgo izon* 相互依存) (1996, pp. 496–97). For him, it is important to have a *kaji*-like heart-to-heart connection between doctor and patient, priest and petitioner, Christian and Buddhist, Western and Eastern healer. As Luis Gomez remarks, this heart-to-heart connection is refreshingly significant today as it mutually empowers humanity in the face of an increasingly inhuman managed health care system.²⁸ The one requirement is generosity and receptivity on the part of both agents. IKEGUCHI concludes his talk on healing with the rhetorical question:

How then, should we connect with one another? When opening a door, you have to use a key that fits. To mutually understand (*sotsū* 疎通) each other's intentions well, you need a key. The key to grasp is the heart (*kokoro* 心). (IKEGUCHI 1996, p. 519)

On the surface, this may not sound like a particularly Buddhist ethos, yet Ikeguchi's actual healing practice is decidedly in line with Shingon *kaji* techniques. Oda's style seems to emphasize translocative cures, but Ikeguchi prefers the hands-on approach. In the *kaji* sessions witnessed for the purpose of this essay, nothing as violent as those depicted by Murasaki Shikibu or Statler occurred. Ikeguchi simply sits in lotus position behind the seated patient. He then recites a series of healing dharanis and/or the *Heart Sūtra* as he lays his hands successively on the patient's head, neck, shoulders, arms, spine, and kidney region. In his right hand, he grasps a consecrated *vajra*, which it was explained, insulates

28. AAR Panel comments by Luis Gomez, 21 November 2004, San Antonio, TX.

him against the patient's illness. The other hand holds his rosary which has been consecrated in *goma* smoke earlier. The entire *kaji* session involving his—and ostensibly Dainichi's—body, speech, and mind, lasts between ten and fifteen minutes altogether.

Conclusion

Taken together therefore, Oda and Ikeguchi provide a contemporary snapshot of how Buddhist medicine is being constructed by its practitioners, and how *kaji* is being cast within the context of Western medicine's efforts to cure. This relatively neglected topic of religious healing in pre-modern and modern Japan deserves wider attention, especially in light of Buddhism's rich literary tradition of miracle cures. This longstanding tradition has typically been overshadowed by dominant medical discourses of Chinese *kanpō*, Neo-Confucian, or Western European medical models, as if the religious approach to healing in Japan was insignificant or no longer relevant in light of ever new medical advancements. On the contrary, this paper demonstrates that faith cures such as *kaji* have persisted throughout history and continue into the present in rich and vibrant ways, whether they are cast in terms of mutual empowerments, brusque physical treatments, miracle cures, or heart-to-heart connections.

An investigation such as this, furthermore, deserves attention because it opens up the field to even more probing questions. It prompts us re-evaluate the presuppositions of religious scholars and historians of medicine alike, who have traditionally ignored the significant role that *kaji* has played and continues to play in the medical history of Japan. It also compels us re-think the claims of many Japanese who self-identify as “non-religious,” yet who do seek out miracle cures when they are “grasping at straws,” as Dr. Yoshida Hiroyasu states. This paper makes no attempt to validate or invalidate the truth claims of those *kaji* practitioners or patients who were presented. It does however, argue that reassessing the importance and continued relevance of undercurrents such as *kaji* can enrich and expand our understanding of Japan's past and present attempts at finding a cure for life's perennial ills.

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