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Gods, Buddhas, and Organs

Buddhist Physicians and Theories of Longevity in Early Medieval Japan

This article examines medical works aimed at nourishing life and promoting longevity composed or compiled by Buddhist priests in early medieval Japan, focusing on the *Chōseiryōyōhō* and the *Kissayōjōki*. These texts provide an especially useful aperture through which to explore the relationship of medical and religious knowledge in medieval Japan, since theories about the aging process were based on fundamental beliefs about both the structure of bodies and the nature of the forces thought to animate them. A comparison of the different types of practices these texts recommended to forestall physical degeneration and spiritual dissipation provides concrete examples of the ways in which Buddhist physicians, or “priest-doctors” (*sōi*), combined Chinese medical theories with knowledge gleaned from Buddhist scriptures, and sheds light on the various conceptualizations of the body that emerged in the intersection of these traditions.

KEYWORDS: priest-doctor (*sōi*)—longevity techniques (*yōjō*)—*Chōseiryōyōhō*—*Kissayōjōki*—Rengi—Myōan Eisai (var. Yōsai)

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THIS ARTICLE examines the ways in which continental medical and religious traditions concerned with nourishing life and promoting longevity (Ch. *yangsheng*; Jp. *yōjō* 養生) were appropriated in early medieval Japan, focusing on medical treatises composed or compiled by Buddhist priests in the twelfth and thirteenth centuries. These works shed light on multiple aspects of medieval Japanese religious life. First, they provide an especially useful aperture through which to explore the nexus of medical and religious knowledge in medieval Japan, since theories about longevity and the aging process were based on fundamental beliefs about both the structure of bodies and the nature of the spiritual forces thought to animate them. Second, a comparison of the different types of practices these texts promoted provides concrete examples of the ways in which Buddhist priests and physicians combined Chinese medical theories with knowledge gleaned from Buddhist scriptures, and sheds light on the various conceptualizations of the body that emerged in the intersection of these traditions. Finally, by examining the divergent religious and medical activities undertaken by priest physicians, as well as the changes their theories underwent over the centuries, we can gain a more nuanced and historicized understanding of the various styles of medical thought and practice in which Buddhist priests were engaged. It is worth noting at the outset that although this article deals with what might be referred to as “Buddhist” medical thought and practice, I do not mean to imply a monolithic institutional formation or a perfectly unified medical ideology. As will become clear in the pages that follow, Buddhist physicians varied widely in their medical and religious backgrounds and sampled from an eclectic range of theories and therapeutic techniques in their attempts to cure disease and extend the life span of their patients and patrons.¹

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1. Rengi and Myōan Eisai—the two authors whose work will be examined in detail below—exemplify this diversity.

The article will proceed in three sections. First, I will provide some background on the circumstances by which Buddhist priests became the preeminent theorists and practitioners of medicine in medieval Japan, and discuss the various traditions of continental medical knowledge that they imported and combined. Next, I will describe how the body was imagined in traditional Chinese *yangsheng* literature, works dedicated to nourishing and preserving life, and how these theories were represented in the *Ishinpō* 医心方 (984), Japan's earliest extant medical text. The third section will examine how *yangsheng* theories were adopted and adapted by Buddhist authors, focusing on two major longevity treatises, the *Chōseiryōyōhō* 長生療養方 (1184) of the priest Rengi 蓮基, and Myōan Eisai's 明菴栄西 *Kissayōjōki* 喫茶養生記 (1211). Before concluding, I will briefly discuss Kakuban's 覺鑊 *Gorinkuji myō himitsushaku* 五輪九字明秘密釈 (ca. 1142) and describe how the frameworks he provides for understanding the human body compare to those presented in the *Kissayōjōki*.

Historical Background on Buddhism and Healing in Japan

From the time Buddhism was first introduced to Japan up to the point at which the Meiji government instituted German style medical education in 1869, the majority of those involved in the healing arts were Buddhist priests.² The dominant role of Buddhist priests in the field of medicine was the result of several historical factors dating back to the introduction of both Buddhism and Chinese medicine to Japan. The first record of continental medicine reaching Japan appears in the *Kojiki* 古事記 (Records of ancient matters, 712 CE) and the *Nihon shoki* 日本書記 (Chronicles of Japan, 720 CE), which describe how a doctor from the kingdom of Silla was summoned to court in the year 414 CE (ASTON 1972 1: 315; PHILIPPI 1969, 332).³ This doctor was soon followed by a wave of physicians from the Korean peninsula, the majority of whom were members of the Buddhist clergy. Later, when Japan began sending envoys to the Sui and Tang courts, Japanese Buddhist priests played a prominent role in these missions, often tasked with studying medicine. From what we are able to determine based on extant sources, nearly four fifths of those sent on these missions were priests (MORI 1955, 122).

Moreover, Buddhism itself appears to have been associated with techniques for promoting health, healing and longevity when it was first officially introduced

2. In a recent article, Pamela WINFIELD (2005) notes that the role of Buddhism in the history of the healing arts in Japan has not received adequate scholarly attention. Winfield's study attempts to address this oversight by describing the prominent role of Buddhist faith cures in Japanese history, and in particular the purported medical efficacy of esoteric *kaji* rites 加持 (Sk. *adhiṣṭhāna*).

3. During the reign of Ingyō 允恭, third year, Spring 1st month. *Nihon shoki* (KST 1.1: 339). *Kojiki* (NKBT 1, ed. Kurano Kenji 倉野憲司 and Takeda Yūkichi 武田祐吉, 1958, 290–91). See also FUJIKAWA 1974, 1: 4.

to Japan in the sixth century CE. Nowhere is this clearer than in passages from the *Nihon shoki* recording the famous controversy among the leaders of Japan's ruling kinship groups over whether or not to venerate a gilded statue of Shakamuni that had arrived at court as a gift from the king of Paekche. Soon after installing the icon, an epidemic broke out, casting suspicion on this foreign cult and resulting in its temporary fall from imperial favor (KST 1.2: 78; ASTON 1972, 2: 67). Conversely, it was the continuation of these epidemics into the reign of Bidatsu 敏達 (r. 572–585) and Yōmei 用明 (r. 585–587) that helped restore the cult's status. Fearing that the illness spreading among both commoners and nobles alike was the result of the maltreatment of yet another Buddhist image and the destruction of a temple, Bidatsu is reported to have allowed Soga no Umako no Sukune 蘇我馬子宿禰 to resume his Buddhist devotions privately (KST 1.2: 115; ASTON 1972, 2: 104). By the reign of Suiko 推古 (r. 592–628) Buddhism was in a much less vulnerable position, and by the time of the composition of the *Kojiki* and *Nihon shoki* it had earned a place as an official religion of the state.

Although the historical accuracy of these earliest chronicles is highly suspect, they nonetheless represent attitudes from the period in which they were compiled, indicating that by the early eighth century Buddhism had secured its place in the imagination of the ruling elite not only as an institution that could promote the interests of the state, but also as a technology to secure the health of both the nobility and the general population. Literary and historical texts from the eighth century onward record countless examples of priests being employed to pray or perform incantations for the recovery of those suffering from severe illnesses, particularly members of the imperial family or nobility. The *Shoku Nihongi*, for example, indicates that a total of one hundred and twenty-six “healing meditation masters” (Jp. *kanbyō zenji* 看病禪師) had been recruited in attempts to restore the retired Emperor Shōmu to health.⁴ The edict rewarding them for their efforts singles out several priests by name, including Rōben 良弁 (689–773) and Ganjin 鑑真 (688–763). Perhaps the most noteworthy *kanbyō zenji* was the meditation master Dōkyō 道鏡 (d. 772), who was purportedly able to gain the favor of the retired Empress Kōken (who later re-ascended as Empress Shōtoku) through his services as a *kanbyō* when she was ill.⁵ Later sources indicate that, at times, priests would be brought into the sickroom to chant sutras, recite spells or

4. See *Shoku Nihongi*, Tenpyō Shōhō 8 (756) 5.24 (KST 2: 225). An edict issued on 29 April of the same year dispatching doctors (*ishi* 醫師), meditation masters (*zenji* 禪師), and officials (*kanjin* 官人) throughout the capital and the home provinces in order to treat illnesses associated with an epidemic demonstrates that the services of the *kanbyō zenji* were not always limited to the treatment of members of the imperial family (KST 2: 224).

5. Dōkyō's role as a healer (*kanbyō*) and, in particular, his role in treating the retired empress was noted in the official biography issued at the time of his death. See *Shoku Nihongi*, Tenpyō Hōki 3 (772) 4.7 (KST 2: 402).

dhāraṇī 陀羅尼 (Jp. *darani*), or perform esoteric Buddhist rites involving drums, fire, or images of fearsome beings from the Buddhist pantheon. Priests were also called upon to perform Buddhist ceremonies that were not in response to any particular illness, but were thought to be effective in ensuring the health and longevity of their aristocratic patrons and concomitantly the peace and prosperity of the realm. One example of these is the *Shijōkōhō* 熾盛光法, which promised long life, good fortune, and protection from calamity. The *Shijōkōhō* was performed sporadically in the Heian period (794–1185) by Tendai priests, at first exclusively for the longevity of members of the imperial family but later for other members of the nobility as well (GRONER 2002, 90–2 and 185; ADOLPHSON 2000, 196). Tendai priests were not the only ones providing these types of rituals. The Shingon priest Kakuzen 覺禪 (1143–1213), for instance, listed and described numerous sutras and esoteric rituals intended to prolong life in his monumental collection, the *Kakuzenshō* 覺禪鈔.⁶ Such ceremonies fit within an ideological framework that envisioned a cooperative relationship between Buddhism and the state. This ideological framework was famously rearticulated in the eleventh-century doctrine of *ōbō buppō sōi ron* 王法仏法相依論, which presented the Buddhist Dharma and the law of the sovereign as interdependent, characterized by reciprocity and mutual support (KURODA 1996, 275).

While prayers and rituals were indisputably a vital part of the therapeutic repertoire available to the people of ancient and medieval Japan, Buddhist priests were also utilizing other healing techniques involving complex etiological theories and sophisticated pharmacopoeia originating in continental Asia. Some time after Japan began actively importing continental learning, institutions were created that established Chinese medicine as the official medical system of the court. The *ritsuryō* system of administrative and penal codes, first introduced with the Taika reforms of 645 and refined over the centuries to follow, provided for the creation of medical bureaus. We find an early reference in the *Nihon shoki* to an Outer Pharmaceutical Office 外藥寮 (*Geyaku-ryō* or *Tono-kusuri-no-tsukasa*), which was presumably complemented by an Inner Pharmaceutical Office 内藥司 (*Naiyaku-shi* or *Uchi-no-kusuri-no-tsukasa*) dedicated to the care of the imperial family. Both were later supplanted by an Institute of Medicine (*Ten'yakuryō* 典藥寮), responsible for training doctors and providing medical services in the capital (MILLER 1978, 100 and 156; see also SUGIMOTO and SWAIN 1978, 12–16 and 31–40). The late seventh century also saw the creation of another institution dedicated to the implementation of continental knowl-

6. Kakuzen deals with a number of these rites in a section of the *Kakuzenshō* entitled “Enmeihō” 延命法 (DNBZ 48: 1368–1411). In another section he deals with rites centering around the figure of the Life-Prolonging Bodhisattva Fugen, Fugenenmeihō 普賢延命法 (DNBZ 48: 1471–1484).

edge, the Yin-Yang Bureau or *On'yōryō* 陰陽寮, which was tasked with practicing geomancy, making calendrical calculations, and engaging in prognostication to ensure tranquility in the realm and to enhance the authority of the ruler, who was at that point being framed according to Chinese religio-political ideologies as a heavenly sovereign or *tennō* 天皇. Imperial support for the *Ten'yakuryō* led to a brief period in which secular court physicians flourished. By the mid-Heian period the official medical system had come to be dominated by the Tanba 丹波 and Wake 和氣 families, who jealously guarded their medical texts and catered exclusively to high ranking courtiers and members of the imperial family. Although the official medical system declined toward the end of the Heian period along with other institutions established in the *ritsuryō* system, the Tanba and Wake families continued to trade on their prestige and the reputation of their secretly transmitted knowledge.

Just as Buddhist clerics had once been the primary gatekeepers of continental knowledge prior to the rise of the official medical system, they again became Japan's most dependable conduit of knowledge from abroad when diplomatic missions were discontinued in the ninth century. In the centuries that followed, monks who were given permission to travel to China brought back not just religious texts, but medical treatises as well. Medically minded priests, sometimes referred to as "priest-doctors" (*sōi* 僧醫, *isō* 醫僧, or *ishihōshi* 醫師法師), engaged in healing techniques that relied mainly on Chinese sources, but also incorporated medical knowledge extracted from Buddhist scriptures. From the late ninth through early fifteenth centuries, when official contact with China was cut off, members of the Buddhist clergy remained among the most consistently well informed about intellectual developments on the continent. They were thus able to maintain a position of authority in matters of higher learning, including medicine.⁷

Diaries of courtiers from the Heian through the medieval period reveal that even those who had access to elite physicians of the Tanba and Wake lineages availed themselves of Buddhist physicians as well. Fujiwara no Teika's diary, the *Meigetsuki* 明月記, for instance, records numerous treatments he received from priests in the years of its composition between 1180 and 1235. Early in the year 1227, for example, Teika noticed a swollen area on his face, perhaps a rash. On the twenty-first day of the first month of that year he was examined first by the court physician Wake no Sadamoto 和氣貞基 and then by the priest Shinjaku 心寂房. Shinjaku prepared a decoction of chrysanthemum, mulberry, and Chinese

7. Andrew GOBLE (1994, 340) discusses how Buddhist monks came to play an especially dominant role in Japanese medicine in the thirteenth through sixteenth centuries. SUGIMOTO and SWAIN (1978, 142) note that the most significant medical treatises from the fourteenth century up until the introduction of Western medicine were all the work of priests.

plantain (車前草 *plantago asiatica*) and advised him to bathe the area with salt. Although Sadamoto had attempted to treat Teika's condition with acupuncture, Shinjaku indicated that needles would not be effective (INAMURA 2002, 4: 443; IMAGAWA 1978, 4: 265). By the fifteenth of the following month, the area had still not cleared up.

In the morning, clear weather. The swelling has increased, not decreased. Sadamoto came again. Although he does not appear alarmed, every time he comes he changes my prescription. This is exceedingly suspicious. [...] At the hour of the sheep [between 1 and 3pm] I summoned Shinjaku and had him examine me. He said the swelling was Erysipelas (丹毒瘡).⁸ I asked if it was very serious and he essentially told me there was nothing to be done about it. He did, however, explain that I could try applying rhubarb (大黃; *Rhei Rhizoma*).

(INAMURA 2000, 4: 456; IMAGAWA 1978, 4: 272)

Although Sadamoto repeatedly assured him that his condition was not serious, Teika's diary reveals his growing distrust of the court physician. By this point the swelling had spread to his chest and he was becoming increasingly distraught. Shinjaku was made to spend the night at Teika's residence reciting spells 呪術. In the morning the swelling had improved dramatically and Shinjaku was dismissed.

This episode is instructive in a number of ways. Since Tanba and Wake physicians only attended to the medical needs of aristocrats, there is a common perception that Buddhist priests catered mainly to those less fortunate. There are many noteworthy examples of medieval priests providing medical services as acts of charity for the poor, for outcasts, or for those stigmatized by disease. But Teika's account of his dealings with Shinjaku shows that Buddhist physicians did not limit their practice to commoners, and instead served all echelons of society—including those who, like Teika, had access to Wake and Tanba doctors, presumably the most qualified in the land. It also demonstrates the wide range of therapeutic modalities available to medically trained priests at the time. Shinjaku and monks like him appearing in Heian and medieval sources were not just capable of reciting spells; they were also familiar with herbal remedies, acupuncture, and moxibustion (*shinkyū* 鍼灸), indicating detailed knowledge of traditional Chinese medicine.⁹

Before entering into a discussion of the ways in which medieval Buddhist priests combined traditional Chinese medical knowledge with other forms of knowledge for the purpose of fostering longevity, it would be useful to

8. A skin condition caused by a streptococcal infection.

9. For a discussion of the medical expertise of priest physicians, see SHINMURA 1983, 394.

begin with a brief overview of *yangsheng* traditions as they developed in China and Japan.

Yangsheng Traditions in China and Japan

Yangsheng refers to a broad array of practices aimed at nourishing and prolonging life, including breathing exercises, dietetics (especially abstention from grains), sexual practices, meditation and visualization exercises, pharmaceutical prescriptions, and methods of “guiding and pulling” 導引 vital pneuma or *qi* 氣 (Jp. *ki*). Although interest in nourishing life predates both the emergence of religious Daoism and the formalization of Chinese medical theory in the Han dynasty (202 BCE–220 CE), it became a major preoccupation of both traditions.¹⁰ Scholars are careful to differentiate between the medical quest for longevity and the religious quest for immortality, but as Ute Engelhardt has observed, “medical and Daoist concepts of the body can be described as complementary. Both outline bodily processes and express them in similar metaphors and in relation to the order of space and time” (ENGELHARDT 2000, 95).¹¹ This was in part because both Daoists and medical theorists relied on fundamental categories of Chinese naturalist thought to explain the body’s structure and the functions of its components. Chinese natural philosophy saw the human, natural, and spiritual worlds as nesting sets of systems which together formed an organic, integrated whole. By investigating perceived patterns of correspondence between these systems, one could, it was believed, discover and correct instances of systematic imbalance. The complex of theories comprising traditional Chinese medicine was based on this style of investigation and relied on discovering relationships between the human body and other larger, cosmic patterns, such as the cyclical progress of the seasons. Traditional Chinese medicine is thus commonly referred to today as the “medicine of systematic correspondences.”¹² The fundamental hermeneutic device it employed to determine correspondences between microcosm and macrocosm was the classificatory scheme of the “five phases” or “five agents” 五行 (Ch. *wuxing*; Jp. *gogyō*), which along with the concepts of *yin* and *yang* 陰陽 (Jp. *in’yō*) also derived from Chinese naturalist thought.

10. The earliest writings to deal with the attainment of longevity appear in Zhou-era bronze inscriptions (1046 to 256 BCE). The earliest reference to the term *yangsheng* appears in the fourth century BCE as a heading in the Zhuangzi (莊子 Jp. *Sōshi*). From around 300 BCE, when early medical literature began to develop, *yangsheng* formed an important part of the corpus (ENGELHARDT 2000, 95).

11. Daoists positioned themselves in opposition to traditional medicine, favoring apotropaic practices over techniques such as acupuncture or moxibustion (STRICKMANN 2002, 1–10). In Japan, Buddhist priests seem to have had no such qualms, freely employing both methods of treatment.

12. For a discussion of the development of this system of correspondences, see SIVIN 1995.

According to five-agent theory, elements of certain systems could be understood to act in relation to each other according to the interactions of five paradigmatic agents: wood, fire, earth, metal, and water. In Japan, these ideas also formed the basis of the divinatory and geomantic activities of the *In'yōryō*. Furthermore, as Hendrik van der Veere has noted, elements of Chinese naturalist thought, particularly the conceptual framework of the five phases, were incorporated—along with Daoist-style “protective rites” and rites for ensuring longevity—into the rituals of Japanese esoteric Buddhism (VAN DER VEERE 2000, 2).

In classical Chinese medicine the body was understood to be structured according to the same fivefold scheme, with the five major organs or viscera 藏 (later written 臟; Ch. *zang*; Jp. *zō*)—liver, heart, spleen, lung, and kidney—corresponding to the agents of wood, fire, earth, metal, and water, respectively. The original term for organ, *zang*, literally referred to a storehouse, for their importance was thought to lay not so much in their physical constitution, location, or individual function, but in what they contained (UNSCHULD 1985, 81). The *zang* were at once reservoirs for *qi* 氣 (the constituent material in living things), *jing* 精 (Jp. *sei*; *qi* in its most refined form), and the five animating forces 五神, which were themselves understood to be formed out of *qi* and *jing* (ROBINET 1993, 62). All human cognition and emotion were associated with these forces (sometimes translated as “spirits”) or the organs in which they resided. The heart *zang*, for instance, was the home of *shen* 神 (Jp. *shin*), the chief of the forces. Although *shen* was sometimes associated with noetic qualities such as intelligence, it was not necessarily regarded as the basis of personality or individual character, but simply as the most essential animating force in a person.¹³ As Shigehisa Kuriyama puts it, *shen* accounted for “the ineffable yet palpable difference between a stony cadaver and a breathing, responsive human being” (KURIYAMA 1999, 107).

Yangsheng traditions described the aging process in terms of a gradual depletion or drying up of vital pneumas and vital fluids or the dissipation of animating forces believed to reside within the body. Paradigmatic examples of such theories are found in the Chinese medical classic, the *Huangdi neijing* 黃帝內經 or “Yellow Emperor’s Inner Classic,” which exists in three recensions: the *Suwen* 素問 (Basic questions), the *Lingshu* 靈樞 (Numinous pivot), and the *Taisu* 太素 (Great simplicity).¹⁴ The first chapter of the *Suwen*, entitled “Treatise on the Heavenly Truths of High Antiquity” 上古天真論, begins with the question of why, in comparison to the ancients, our lifespan is relatively short.

13. Manfred PORKERT (1974, 181–85) translates *shen* as “configurative force.”

14. As Engelhardt notes, it is in this corpus that the “system of correspondences” or “correlative medicine”—the ideological foundations of Chinese medical knowledge—“reached its culmination. The work provides a view of the relationship between the cosmos, the environment, the human body and its emotions” (ENGELHARDT 2000, 89).

The Yellow Emperor inquired of the Celestial Master: “I have heard that in high antiquity although people lived through one-hundred springs and autumns they did not grow weak in their activities. However, people today grow weak and limit their activities at half that age. Is this due to the difference of the times in which we live, or is it that people have lost something?” Qibo answered: “In high antiquity there were people who knew the Way, modeled themselves on *yin* and *yang*, and harmonized with them by means of divinatory arts and calendrical calculations. They were moderate in their eating and drinking and regular in their waking and retiring. They did not exert themselves by engaging in unenlightened activities. Thus they could keep their form 形 (*xing*) and spirit 神 (*shen*) combined, living until their allotted time was fully spent, reaching the age of one hundred before passing away. (ISHIDA 1991, 28)

In the days of old, Qibo tells us, people practiced moderation. They lived in harmony with the *Dao*—the underlying principle of nature. They did not overindulge in food, drink, or sex. They kept mental and physical equilibrium and thereby kept spirit (*shen*) and body (here referred to as physical form or *xing*) integrated.

Although *shen* was known as the chief among the animating forces, each of the five organs was believed to house a different animating force. The “celestial spirit” 魂 (Ch. *hun*; Jp. *kon*), which rose to the heavens after death, resided in the liver *zang*. The “terrestrial spirit” 魄 (Ch. *po*; Jp. *haku*), which returned to the earth after death, was associated with the lung *zang*. The kidney *zang*, in addition to storing “essence” (Ch. *jing* 精), was believed to be the origin of the “will” 志 (Ch. *zhi*). The spleen *zang* was associated with “intention” 意 (Ch. *yi*) (ROBINET 1993, 62). While many of the prescriptions put forward in *yangsheng* sources were concerned with the preservation of *qi*, *jing*, and bodily fluids, they also commonly provided advice on how to keep these animating forces at rest within one’s body. Violent emotion, it was believed, could cause certain of these forces to flee the body. Similarly, grotesque sights or sounds—anything to excite lust or other unenlightened emotions—were believed to disturb these entities and lead one, in a manner of speaking, to “give up the ghost.”

In Japan, there is evidence that medical and religious ideologies and practices concerning longevity and immortality were of interest to pre-Nara period aristocrats and sovereigns (see, for example, COMO 2003 and BIALOCK 2007). The earliest extant medical text in Japan, the *Ishinpō* (Essential medical prescriptions), compiled by Tanba no Yasuyori 丹波康賴 in the tenth century, also devoted considerable space to techniques for attaining longevity. The twenty-sixth, twenty-seventh, and twenty-eighth fascicles dealt exclusively with longevity techniques: the twenty-sixth giving medical prescriptions, the twenty-seventh advice on how to regulate one’s behavior, and the twenty-eighth fascicle dealing with techniques for preserving one’s vital essences “within the chamber” 房内. This

referred to sexual practices—often involving the retention of semen—thought to be especially effective in strengthening *jing* and thus prolonging life.

While Tanba did quote passages from the Yellow Emperor corpus, the sections of the work dealing with longevity relied mainly on later Chinese texts such as the *Qianjin fang* 千金方 (Prescriptions worth a thousand gold pieces) and the fourth-century *Yangsheng yaoji* 養生要集 (Compendium of essentials on nourishing life) attributed to Zhang Zhan 張湛.¹⁵ Nonetheless, the basic ideology concerning the aging process and longevity was not appreciably different from that found in the Yellow Emperor literature. The practices detailed in the *Ishinpō*'s twenty-seventh fascicle, for instance, are in keeping with the standard somatic economy described in most *yangsheng* literature, purporting to prolong life by preserving one's supply of *qi* and forestalling the dissipation of one's animating forces. The second chapter of the twenty-seventh section begins by quoting a famous passage from the *Laozi* 老子, "the valley spirit does not die 谷神不死," but indicates that the character for "valley" 谷 should be read *yashin* 養, meaning "to nourish." Accordingly, the meaning of the phrase becomes: "the one who nourishes spirit does not die 養神不死." There follows a note:

The one who nourishes spirit does not die. "Spirit" means the animating forces of the five organs 五藏之神. The liver stores the celestial spirit 魂 (*kon*), the lung stores the terrestrial spirit 魄 (*haku*), the heart stores the *shin* 神 (Ch. *shen*), the kidney stores essence 精, the spleen stores the will 志. If the five organs are exhausted or injured, these five animating forces will flee the body.

(TANBA 1935, 7: 2485)

The chapter continues with passages reinforcing the notion that one must keep one's mind at peace in order to preserve these forces. Quoting from the *Yangsheng yaoji*, Tanba writes: "The eyes must not see strange colors. The ears must not hear ugly or unseemly sounds. The nose must not smell foul odors. The mouth must not taste poisonous or excessively spicy flavors. The mind must not contemplate disloyalty or falseness" (TANBA 1935, 7: 2486–87). Since each of the sensory organs was believed to be related to one of the five organs, this passage implies that the intrusion of disquieting sensory input could injure the animating force associated with each corresponding organ, or cause them to depart the body.¹⁶

15. No longer extant, but a work that "did not focus merely on bodily cultivation but was also concerned with spiritual perfection" (ENGELHARDT 2000, 90–1). The *Ishinpō* also referred to Buddhist medical texts, such as the *Qipo Fang* 耆婆方 and the *Yi Fang Ching* 医方经. According to Hsia, Veith, and Geertsma, the *Yi Fang Ching* was "another of several Indian medical classics which were imported to China along with Buddhist sutras" (HSIA, VEITH, and GEERTSMA 1986, 1: 138).

16. The notion that particular sense organs corresponded to particular viscera is articulated in the Yellow Emperor corpus; for example, the seventeenth section of the *Lingshu* (脈度第十七)

Although the *Ishinpō* is representative of the state of medical knowledge among court physicians of the tenth century, it was not widely disseminated. Medicine in late Heian and medieval Japan functioned as a type of esoteric knowledge. Since secrecy could enhance the perceived value of given remedies and therapeutic techniques it was in the interests of doctors—particularly doctors from the esteemed Wake and Tanba clans—to limit access to their texts to those within their lineages. However, in spite of these efforts, there is evidence that sections of the *Ishinpō* were occasionally being loaned out, especially sections concerned with longevity. Andrew Goble points out that in the dairy of Fujiwara no Kanezane 藤原兼実 (*Gyokuyō* 玉葉), Kanezane recorded asking Tanba no Norimoto 丹波憲基, a fifth-generation descendent of Yasuyori, to allow him to examine the twenty eighth section of the *Ishinpō* (dealing with sexual practices) (GOBLE 2001, 219). It seems that while texts composed by court physicians of the Tanba or Wake families were meant to be the exclusive intellectual property of those medical lineages, the fact that their patrons and patients hailed from the highest echelons of society made it difficult for physicians to completely avoid divulging the content of their texts or circulating them when called upon to do so.

The *Ishinpō* is a valuable window on the kinds of medical knowledge available to physicians of the official system in the tenth century. For the most part, Buddhist priests active in medicine during the medieval period departed little from the premises established in the Yellow Emperor corpus and reproduced in the *Ishinpō*. In the next section, we examine the ways in which certain Buddhist doctors, in their works on longevity, attempted to weave these traditions together with theories derived from Buddhist scriptural sources.

Buddhist Priests and Longevity Medicine in Medieval Japan

Interest in nourishing life does not appear to have waned in the medieval period. Many of the most important Buddhist medical texts of this time, such as Kajiwara Shōzen's 梶原性全 *Ton'ishō* 頓医抄 (1303) and Yūrin's 有林 *Fukudenhō* 福田方 (ca. 1362–7), included sections on *yangsheng* techniques. Other texts, such as Rengi's *Chōseiryōyōhō* (1184) and Myōan Eisai's *Kissayōjōki* (1211), were entirely dedicated to longevity; it is these texts that will be the focus of the discussion to follow.

states: “The *qi* of the lungs passes through the nose. If the lungs are in good order then the nose will be able to discern odors both objectionable and fragrant. The *qi* of the heart passes through the tongue. If the heart is in good order then the tongue will be able to discern the five flavors. The *qi* of the liver passes through the eyes. If the liver is in good order then the eyes can distinguish the five colors. The *qi* of the spleen passes through the mouth. If the spleen is in good order the mouth will be able to discern the five grains. The *qi* of the kidneys passes through the ears. If the kidneys are in good order the ears will be able to hear the five tones” (based on KOSOTO and HAMADA 1972, 11).

The identity of Rengi, the author of the *Chōseiryōyōhō*, is a mystery, but it has been suggested that Rengi was the Buddhist name taken by Tanba no Norimoto 丹波憲基, the court physician whom Kanezane pressured to share part of the *Ishinpō* (TANITA and NAGANO 1998, 11). Norimoto was the younger brother of Tanba no Shigemoto 丹波重基, who served for a time as Chief of the Institute of Medicine 典薬頭 (*Ten'yaku no kami*), the highest position in that bureau. The supposition that Rengi was a member of the Tanba clan is supported by the fact that the *Chōseiryōyōhō* includes substantial borrowings from the *Ishinpō*, particularly the twenty-sixth and twenty-seventh sections.¹⁷ Further assisting us in contextualizing Rengi and the *Chōseiryōyōhō* is a copy of the text with an inscription indicating that it was produced by order of Imperial Prince of the Law (*Hōshinnō*) Nihon 法親王二品, whom Tanita Nobuharu and Nagano Hitoshi identify as Cloistered Prince Shukaku 守覚法親王 (1150–1202), second son of Emperor Goshirakawa and abbot of Ninnaji 仁和寺 (TANITA and NAGANO 1998, 10). Ninnaji maintained a particularly close connection to the imperial family from 1099 when the custom of appointing imperial princes to serve as abbots was established (ABE 1999, 368–69). The fact that a copy of the *Chōseiryōyōhō* was made for one of these princely abbots suggests again that although medicine was being treated as a form of esoteric knowledge and transmitted accordingly with great discretion, networks of exchange existed that circulated medical texts and longevity treatises among high-ranking Buddhist prelates, members of the court and the imperial family, court physicians, and well-connected Buddhist priest doctors.¹⁸

The *Chōseiryōyōhō* originally comprised twelve fascicles, of which two remain. The first of these two extant fascicles deals with techniques for circulating *qi* (*dōin* 導引), chapter 2; only a fragment of this chapter remains), instructions on preserving bodily spirits by reciting their names (*shokushin* 畜神) (chapter 3), prescriptions for increasing intelligence and the acuity of the senses (chapter 4), methods of banishing the three “death-bringers” (*sanshi* 三尸) (chapter 7), instructions for perfuming one’s clothes and one’s person (chapter 9), and advice on how to properly arrange one’s living space (chapter 11). The second fascicle consists mainly of various instructions dealing with dietetics and medical prescriptions.¹⁹

17. SHINMURA Taku (1983, 269) also thinks it likely that Rengi was a member of the Tanba lineage.

18. Further highlighting the nexus of religious and medical activities at Ninnaji, TANAKA Fumio (1997, 166) observes that among the texts in Ninnaji’s treasure house is a copy of the *Huangdi neijing Taisu* in the hand of Tanba no Shigemoto, older brother of Norimoto—the suspected author of the *Chōseiryōyōhō*.

19. HATTORI Toshirō (1959, 152 and 214) notes that one of the major differences between the *Chōseiryōyōhō* and the *Ishinpō* is the expanded list of drugs found in the *Chōseiryōyōhō*. Rengi does, however, recommend moderation in prescribing drugs and devotes ample attention to the question of which medicines should be avoided on which days.

In the third chapter of the first fascicle, Rengi quotes from the “Red Writ on Extending Life” 延壽赤書 (Ch. *Yanshou chishu*; Jp. *Enjusekisho*), providing the names of various spiritual beings that reside in the body and advising one to intone their names at given times:

The *Yanshou chishu* states that the three celestial spirits (*kon* 魂) are named Bright Numen 爽靈, Womb Radiance 胎光, and Mysterious Essence 幽精; the seven [terrestrial (*haku*)] spirits [魄]神 are named Dog Corpse 尸苟, Drooping Arrow 伏[矢], Bird Genitals 雀陰, Gulping Bandit 吞賊, Negating Poison 非毒, Expelling Filth 除穢, and Stinking Lung 臭肺. Intone the names listed above twice, both at midnight and at the fifth watch [between 3:00 AM and 5:00 AM]. If you do so, celestial and terrestrial spirits will not depart your person 形神. The names of the spirits of the five organs are as follows: The spirit of the heart is named Red Child 赤子, style name Vermillion Numen 朱靈; the spirit of the lung is named Luminous Efflorescence [皓]華, style name Becoming Vacant 虛成; the spirit of the liver is named Dragon Smoke 龍煙, style name Cherished Brightness 含明; the spirit of the kidney is named Mysterious Darkness 玄冥, style name Nurturing Infant 育嬰; the spirit of the spleen is named Constant Presence 常在, style name Spirit Court 魂[停]. Intone the names of the spirits listed above every day 日別 and they will not leave your body.

(ZGR 31.1: 143b–144a)²⁰

Sakade Yoshinobu has determined that the “Red Writ on Extending Life” (*Yanshou chishu*) is, in fact, the *Shangxuan gaozhen Yanshou chishu* 上玄高真延壽赤書 (DZ 877). But the extant version of this text does not contain the passage quoted above by Rengi. Interestingly, the same passage is quoted in the *Ishinpō*, again attributed to the *Yanshou chishu*.²¹ Although it is possible that variants of the *Shangxuan gaozhen Yanshou chishu* that did include the passage in question were available to both Tanba no Yasuyori and Rengi, it seems more likely that Rengi never saw the *Yanshou chishu* but simply copied the quotation verbatim from the *Ishinpō*. The content of the passage is clearly of Daoist provenance. The *locus classicus* for the names of the spirits of the five organs employed in the *Yanshou chishu* is a Daoist scripture entitled the “Scripture of the Inner

20. This passage reveals several layers of copyist errors. First, the corresponding passage from the *Ishinpō* (section 27, chapter 2; TANBA 7: 2487–88) lists three celestial spirits (*kon* 魂) and the seven terrestrial spirits (*hakushin* 魄神), but all extant versions of the *Chōseiryōyōhō* replace *hakushin* 魄神 with *konshin* 魂神. For the second character of “Drooping Arrow” 矢, the typesetters of the *Zoku gunsho ruiju* edition of the *Chōseiryōyōhō* have substituted 失. For the first character of “Luminous Florescence,” 皓, the *Ishinpō* substituted 皓, for which the *Zoku gunsho ruiju* substituted 詰. Both the *Ishinpō* and the *Chōseiryōyōhō* substituted 庭 for 停.

21. Of the twelve instances that the *Ishinpō* refers to the *Yanshou chishu*, eleven correspond to nearly identical passages from the *Shangxuan gaozhen Yanshou chishu* 上玄高真延壽赤書 (DZ 877). See SAKADE 1994, 90.

Light of the Yellow Court” 黄庭内景经 (Ch. *Huangting nei jing jing*, DZ 1032: 11, 23a and b), a text intended for use in the visualization of bodily gods (ROBINET 1993, 56–58).²² These practices, particularly prominent in the Shangqing 上清 (Highest Clarity) movement, were accompanied by textual traditions providing the locations, names, and detailed descriptions of the divinities inhabiting the human form. These intricate visions of the inner world of the body developed until, as Isabelle Robinet writes, “[a]lmost every bodily point or location [was seen to be] inhabited and animated by a god” (ROBINET 1993, 100).

Whereas Rengi’s work displays the influence of both Heian-period official medicine and Daoist visualization techniques, Eisai’s *Kissayōjōki* is almost entirely reliant on Buddhist scriptures and what he presents as state-of-the-art therapeutic techniques gathered on his personal journeys to China in 1168 and 1187.²³ The work is in two sections. Although it is best known for its first section, which deals with the health benefits of tea, its second section is substantially longer and deals mainly with the medical efficacy of decoctions using other botanicals, most notably mulberry leaves and ginger. An incident recorded in the *Azuma kagami* 吾妻鏡 hints that the work was composed in direct response to the failing health of one of Eisai’s chief patrons, the shogun Minamoto no Sanetomo 源実朝. Sanetomo was known to be fond of alcohol and the *Azuma kagami* records that on the fourth day of the second month of 1214 (Kenpō 2), when Sanetomo was feeling the effects of several days of drinking, Eisai presented him with a newly composed essay dealing with the health benefits of tea, presumably the *Kissayōjōki* (KST 32.1, 709; FURUTA 1994, 74).

The main thrust of the first book of the *Kissayōjōki* is that tea is the most efficacious medicine for attaining longevity, for it nourishes the heart organ 心臟, which was believed to be the most important of the five organs and home to the chief animating force, *shin* 神 (Ch. *shen*). “Tea,” Eisai claims, is “the life-nourishing elixir of the immortals for this final age of the Dharma, [...] and possesses a miraculous efficacy for extending the human lifespan” (SKZ 2: 4; see also FURUTA 1994, 319, and 401). Employing the logic of *mappō* 末法 he notes

22. The complete text of the *Huangting nei jing jing* has also been published by Kristofer SCHIPPER (1975). In the text’s eighth stanza the names of the gods of the five viscera are listed together with the name and style name for the god of the gall bladder 膽. Interestingly, the textual tradition represented by the *Yanshou chishu* appears to have omitted reference to this sixth deity.

23. The first fascicle relies exclusively on esoteric scriptures. The second fascicle begins with a quotation from the *Daigensui taishō gikihishō* 天元帥大将儀軌秘抄 (presumed lost), and also describes in some detail Eisai’s personal experience in China (FURUTA 1994, 355, and 414) and knowledge he gained through oral transmission 口伝 from Song doctors (FURUTA 1994, 347 and 411). Out of the three instances, Eisai does quote from Chinese medical texts in the second fascicle, twice he fails to name the text in question, referring instead to “a new medical work I brought back from the Song” (FURUTA 1994, 346, 349–50, and 411).

that people of his day were more than two thousand years removed from the great physician of the Buddha's time, Jivaka 耆婆, and more than three thousand years removed from the mythical founder of Chinese medicine, Shennong 神農 (SKZ 2: 5). In this latter age, Eisai implies, our skill in the healing arts have greatly declined. Tea is thus especially appropriate because it is simple to prepare. Unlike moxibustion and acupuncture, which if done improperly could do more harm than good, tea is safe and effective. To explain tea's efficacy, Eisai begins by quoting from an esoteric sutra, entitled the "The Esoteric Manual on the Supreme Dhāraṇī and Hell-Conquering Rite" 尊勝陀羅尼破地獄儀軌秘鈔 (Jp. *Sonshō darani hajigoku giki hishō*). According to Eisai, this text states that the liver prefers sour flavors, the lung prefers spicy flavors, the heart prefers bitter flavors, the spleen prefers sweet flavors, and the kidney prefers salty flavors. When one eats foods of a given flavor it will strengthen the organ associated with it. According to five-phases thought, each of the five paradigmatic agents has the potential to both produce and "conquer" or inhibit other agents. Water, for instance, will promote and strengthen wood, but will inhibit fire. Thus, in any given five-fold system, if one component becomes too dominant, it will contribute to excessive production and suppression of other components, throwing the entire organism out of balance. In a similar fashion, Eisai indicates that if our diet relies too heavily on certain flavors, the organs strengthened by those flavors are likely to grow too dominant to the detriment of the other organs. In Japan, Eisai tells us, people rarely eat bitter foods. There is a tendency, therefore, for the heart organ to become weak, a condition that gives rise to any number of ailments. Since tea is bitter, it compensates for this deficiency. Furthermore, since the heart houses the *shin*, tea plays an important role not only in restoring balance to the body's organs, but in strengthening the most critical animating force and keeping it integrated with the body, thus ensuring longevity.

Eisai proceeds by mapping out sets of correspondence between the five organs and various other elements associated with the five phases.

The liver corresponds to the east, spring, the wood phase, the color blue, the celestial spirit 魂 and the eye.

The lung corresponds to the west, autumn, the metal phase, the color white, the terrestrial spirit 魄 and the nose.

The heart corresponds to the south, summer, the fire phase, the color red, the *shin* 神, and the tongue.

The spleen corresponds to the center, the inter-season, the earth phase, the color yellow, the will 志, and the mouth.

The kidney corresponds to the north, the winter, the water phase, the color black, thought 想, the marrow and the ears. (SKZ 2: 5-6)

For the most part, the correspondences mapped out above are in keeping with earlier medical texts. In the passage that follows, however, Eisai relies on another esoteric scripture, the “Manual on the Rite of the Five-Organ Mandala” *Gozō mandara gikishō* 五臟曼荼羅儀軌鈔, and draws out patterns of correspondence between the five viscera and aspects of Buddhist cosmology—specifically the five wisdom Buddhas, and the various Bodhisattvas, mudras, and mantric seed syllables 種子 (Jp. *shuji*) associated with them.

The liver corresponds to the east and the Buddha Ashuku 阿闍佛 (Sk. Akṣobhya). It also corresponds to the Buddha Yakushi and the Diamond section 金剛部 [of the Diamond Realm Mandala]. If one unites 加持 with them by forming the *dōko* mudra 獨古印 and intoning the seed syllable *a* 阿, then the liver will forever be without disease.

The heart corresponds to the south and the Buddha Hōshō 宝生佛 (Sk. Ratnasambhava). It also corresponds to the Bodhisattva Kyōkūzō 虚空藏 (Sk. Akāśagarba) and the Jewel section 宝部. If one unites with them by forming the *hōgyō* mudra 宝形印 and intoning the syllable *trāh* 怛羅 the heart will be without disease.

The lung corresponds to the west and the Buddha Muryōju 無量壽佛 (Amida, Sk. Amitāyus). It also corresponds to Kannon and the Lotus section 蓮華部. If one unites with them by forming the *hachiyō* mudra 八葉印 and intoning the syllable *hrīh* 乞里 the lung will be without disease.

The kidney corresponds to the north and the Buddha Shakamuni 釈迦牟尼. It also corresponds to the Bodhisattva Miroku and the Karma section 羯麻部. If one unites with them by forming the *katsuma* mudra 羯麻印 and intoning the syllable *ah* 惡 the kidney will be without disease.

The spleen corresponds to the center and Dainichi Nyorai 大日如来. It also corresponds to Hannya bosatsu 般若菩薩 and the Buddha section 佛部. If one unites with them by forming the *goko* mudra 五鈷印 and intoning the syllable *vam* 釁 the spleen will be without disease. (SKZ 2: 6–7 and 46–7)²⁴

Eisai notes that the act of engaging in *kaji* 加持—utilizing the three mysteries of the body, voice, and mind to realize one’s resonance, or one’s nondual relationship with various Buddhas and Bodhisattvas—comprises the “inner,” or superior art of healing. Conversely, Eisai describes the utilization of flavors to attain balance among one’s organs as the “outer” art of healing, indicating that it is a coarser and perhaps less effective form of therapy (SKZ 2: 7 and 47).

Nonetheless, it is clear from Eisai’s introduction that he believed tea to be the type of simple therapy appropriate to this degenerate age, when people’s ability

24. There are discrepancies among different versions of the text as to which syllable to employ for which Buddha. The second revised version 再治本 gives *trāh* for the liver and *hūm* for the heart (SKZ 2: 26). See also FURUTA 1982, 326, and 403.

to engage effectively in Buddhist practice was in question. And since this was a work geared toward lay people (Sanetomo, in particular), the use of tea, mulberry, and other decoctions would have been a more realistic form of therapy for those not versed in the intricacies of esoteric Buddhist doctrine or practice.

While both the *Chōseiryōyōhō* and the *Kissayōjōki* present maps of the body inspired by traditional Chinese medical thought and relying heavily on the theory of the five phases, Eisai's text is remarkable in that it relies almost exclusively on knowledge gathered from esoteric sutras rather than anything flowing directly out of the Yellow Emperor tradition. The *Sonshō darani hajigoku giki hishō* is presumed to be no longer extant, but it is understood to be related to at least three other esoteric manuals currently found in the Taishō Tripitaka, all attributed to Subhākārasimha (Jp. Zenmui 善無畏 637–735), who is best known as one of the Tang dynasty translators of the Mahāvairocana Tantra. The three extant texts, the *Sanju shiji hajigoku tengyōshō shutsusankai himitsu darani hō* 三種悉地破地獄轉業障出三界秘密陀羅尼法 (T no. 905), the *Butchō sonshō shin hajigoku tengyōshō shutsusankai himitsu sanshin bukka sanju shiji shingon giki* 佛頂尊勝心破地獄轉業障出三界秘密三身佛果三種悉地真言儀軌 (T no. 906), and the *Butchō sonshō shin hajigoku tengyōshō shutsusankai himitsu darani* 佛頂尊勝心破地獄轉業障出三界秘密陀羅尼 (T no. 907) are part of a family of texts known as Manuals on Escaping [the Torments of] Hell (skz 2: 76–7). These manuals described ways in which practitioners could, by employing mantras, seed syllables, and *dhārāni*, transform injurious karma and escape the three worlds 三界 of desire, form, and formlessness. They also promised to give one superhuman powers or *siddhis* (Jp. *shiji* 悉地), to help one avoid calamities and illness, and to promote longevity. Although these scriptures were said to have been brought to Japan by Saichō (767–822), founder of the Japanese Tendai 天台 sect, recent scholarship has cast doubt on this claim. Jinhua CHEN (1998 and 2009) asserts that they were, in fact, composed in Japan in order to bolster Saichō's tantric qualifications. In view of the clear imprint of Chinese thought these texts display, their attribution to Subhākārasimha is almost certainly false (RAMBELLI 2000, 361).²⁵ However, one of the three (T no. 905) relies heavily on a text that was translated by Subhākārasimha, the *Susiddhikara sūtra* (T no. 893), which later became one of a set of texts employed in initiation rites in Tendai Esoteric Buddhism (Taimitsu 台密).²⁶ Although today Eisai is best known

25. For further discussion of these texts, see GRONER 2000, 55–6; see also CHEN 2009 (reviewed in this issue). Chen's recent monograph on the provenance of these texts also includes a brief discussion of the *Kissayōjōki*. He hypothesizes that the *Sonshō darani hajigoku giki hishō* and the *Gozō mandara gikishō* were variants of T no. 905 (241–43).

26. See RAMBELLI 2000, 362. The Taimitsu contrasts with the dual (*ryōbu*) system of initiation adopted by the Shingon school, which was based on the *Mahāvairocana sūtra* (T no. 848; Jp. *Dainichikyō* 大日經) and the *Sarvatathāgatattva saṃgraha* (T no. 865 and 882; Jp. *Kongōchōkyō* 金剛頂經).

for having introduced the Rinzai Zen lineage to Japan, it is important to remember that he was ordained a Tendai monk, received numerous esoteric initiations over the course of his career and founded his own Taimitsu lineage, later known as the *Yōjō-ryū* 葉上流.²⁷ It is not surprising, therefore, that he was familiar with esoteric manuals such as the *Sonshō darani hajigoku giki hishō* or the *Gozō mandara gikishō*. While he certainly would not have been alone among Tendai priests in his knowledge of these texts, he was, as far as can be determined, unique in attempting to abstract them from their ritual context and apply their content to medical ends.

Eisai's *Kissayōjōki* was not the first Japanese text to describe the five organs of the body utilizing Tantric Buddhist systems of correlation. The most important prior example was the "Esoteric Commentary on the Wisdom Bearing Sounds of the Five Mandalas and the Nine Syllables" (Jp. *Gorinkuji myō himitsushaku* ca. 1142) of the Shingon priest Kakuban (1095–1143). Although the *Gorinkuji* predates both the *Chōseiryōyōhō* and the *Kissayōjōki*, it was not technically a medical treatise, and its influence, if any, on the medical activities of Buddhist priests is unclear. Some parallels between the *Gorinkuji* and the *Kissayōjōki* are to be expected since Kakuban indicates that much of his treatment of the correspondences associated with the five organs also stems from the textual lineage attributed to Subhākārasimha. In fact, Kakuban quotes extensively from one of the three Manuals on Escaping Hell related above (T no. 905), but not from the sources Eisai names, the *Sonshō darani hajigoku giki hishō* and the *Gozō mandara gikishō* (VAN DER VEERE 2000, 152, 163).²⁸ Kakuban lays out associations of viscera, Buddhas, sense organs, colors, directions, seasons, and phases that come very close to those found in the *Kissayōjōki*, but the order in which the elements are put forward is often inverted, and the syllables presented in the two texts fail to correspond.²⁹ Part of the complication stems from the fact that Kakuban is relying on several textual traditions, including that of Amoghavajra (Jp. Fukūkongō 不空金剛 705–774), as well as the Shingon *ryōbu* tradition (VAN DER VEERE 2000, 160). The *Gorinkuji* is thus a much more comprehensive and complex work, including associations with the five Buddhist Greats or elements 五大, the five sections of the *gorintō* 五輪塔 (the Esoteric Buddhist configuration of the *stūpa*), the five aspects of Dainichi's wisdom, and so on. Interestingly, the theory that the five flavors affect the function of the five organs is also partially present in Kakuban's account (in one of his discussions of the lung, heart, and

27. TAGA 1965, 26. For a list of Eisai's esoteric initiations, see FURUTA 1982, 417–22.

28. For a line by line comparison of the pertinent sections of the *Gorinkuji* and the *Sanju shijji hajigoku tengyōshō shutsusankai himitsu darani hō* (T no. 905), see YOSHIOKA 1964.

29. The lack of correspondence between the syllables presented in either version of the *Kissayōjōki* and those presented in any of the three apocryphal works attributed to Subhākārasimha is also noted in the *Sadō koten zenshū* (SKZ 2: 80–4).

kidney), and corresponds with the version presented by Eisai (VAN DER VEERE 2000, 167–69).

The most critical difference between the two texts is not necessarily their content, but their focus. Although Kakuban does indicate that intoning the appropriate syllable will strengthen the corresponding organ such that “[w]hen one syllable enters an organ, the ten thousand diseases will not arise,” it is clear that health is only his secondary goal (VAN DER VEERE 2000, 178). The primary objective of these practices is the realization of Buddhahood in this very body. As van der Veere notes, following Kūkai’s concept of *sokushin jōbutsu* 即身成佛 (“realizing Buddhahood in this very body” or “this very body realizes Buddhahood”), Kakuban was interested in how the practitioner could express enlightenment not only mentally, but somatically as well. By portraying the human body as a mandala and thus demonstrating its involvement in the enlightened and enlightening activities of the five Buddhas, who were themselves emanations of the cosmic Buddha Dainichi Nyorai, Kakuban was able to produce a satisfying vision of the “enlightened body” (VAN DER VEERE 2000, 158).

Conclusion

The *Chōseiryōyōhō*, *Kissayōjōki*, and *Gorinkuji* all attempt to uncover sets of correspondence between the five bodily organs and different sets of cosmic patterns. In this sense, they reveal the dominance in medieval Japan of correlative modes of thought, originating in both the Chinese naturalist tradition and Tantric Buddhism. However, in terms of their content, they differ in interesting ways—particularly with regard to the patterns they choose to highlight and their governing ideological concerns. The earliest examples of Chinese medical thought, which remained influential throughout the period under examination, posited rather abstract animating forces in the liver, heart, spleen, lungs, and kidneys. Forces such as *shin*, *kon*, and *haku* explained the difference between a living, animate human and a corpse, and also provided a limited explanation of functions related to the emotions, sensation, and cognition. The *Ishinpō* and the *Chōseiryōyōhō* overlaid this framework with Daoist traditions, which often imagined the inhabitants of the organs as deities who seemed to exist in relative independence from the body, and whose colorful names and style names implied a degree of individuality and personification. Texts such as the *Gorinkuji* and the *Kissayōjōki* promoted ever more detailed and sophisticated layers of associations. But these texts, inspired by Tantric Buddhist knowledge, display another important ideological shift. Instead of seeing the body as a vessel in which spirits or divinities were housed, the works of Kakuban and Eisai sought to describe how the human body was itself part of a larger cosmic order. Buddhas were not understood to dwell within human organs the way spirits were imagined to in the *Chōseiryōyōhō*.

Rather, the human body itself was imagined to be at once a microcosm of and a part of the enlightened and enlightening activity of Dainichi Nyorai. The practice of *kaji* was intended not to summon Buddhas or invite them to continue residing in one's body, but to reveal relationships between the body and these Buddhas and allow the practitioner to sense essential resonances with them.

Other important similarities and differences among these texts emerge when we reflect on their intended audiences and the circumstances surrounding their production. All of the examples examined above involve Buddhist priests attempting to put their knowledge "to work" for them and for their patrons. In each case, priests used the sources they had available. Eisai's case is particularly interesting in this regard in that he was able to extract medical knowledge from texts that were likely intended for ritual and initiatory, rather than medical, use. And in each case, value was attached to forms of knowledge that were understood to be off limits to average people. Buddhist medical works thus provide an example of how the culture of esotericism in medieval Japan functioned as an economy of knowledge that required strategic withholding of information, but also strategic disclosure. Rengi had access to secret traditions of Tanba medicine that he could trade on, and the *Chōseiryōyōhō* was likely also intended for an extremely exclusive audience. But his treatise was not something that could be kept completely private and, as noted above, it was released to at least one member of the royal family—Cloistered Prince Shūkaku. Eisai, on the other hand, had access to Tantric traditions that he could then employ in the service of his patrons. Eisai's text, the latest of the three, relied on esoteric knowledge, but also interestingly employed the rhetoric of *hōben* 方便—that just as the Buddha modulated his teachings to take into account the specific needs and abilities of his followers, tea was a cure suitable for anyone, regardless of his or her knowledge of mantras, mudras, and the like. In this regard it is significant that his audience was Sanetomo, scion of an elite clan of warriors who nonetheless stood at the periphery of established esoteric institutions and likely craved the cultural capital associated with access to such secret traditions. Eisai's text provided his warrior patron with a glimpse at the sublime practices of tantric Buddhism, but at the same time is filled with more accessible information in the spirit of *hōben*.

In the case of both Rengi and Eisai we see an attempt to make use of authoritative and esoteric knowledge for the benefit of both the state—in the form of high-ranking imperial clerics and shoguns—and, implicitly, the Buddhist community or *sangha*. Put another way, we see the continuation of the patterns established with the introduction of medicine to Japan as part of a larger ideological and technical package by Buddhist priests—the pattern of mutual support between Buddhist clerics and members of the ruling class.

On this note, another interesting point that emerges in our examination of the medical activities of priests in early medieval Japan is the apparent concen-

tration of interest in medical and longevity theories involving Chinese medical knowledge, Daoist practices, and Tantric Buddhist techniques centered around Ninnaji. I have described how one of Ninnaji's abbots, Shūkaku, displayed an interest in medicine. Kakuban, we should note, also had a connection with Ninnaji. His father was in charge of one of the temple's estates, and Kakuban himself began his Buddhist training at one of Ninnaji's sub-temples (VAN DER VEERE 2000, 21). Tanaka Fumio has suggested that Kakuban might have been exposed to Chinese medical works that were the property of Ninnaji. Owing to the number of Chinese medical texts found in Ninnaji's treasure house, Tanaka finds it likely that monks associated with that temple were active in the practice of medicine from at least the late Heian period, and that priests such as Kakuban would have had at their disposal not only Esoteric sutras, but Chinese medical classics and works on *materia medica* as well (TANAKA 1997, 167). What is particularly interesting about Ninnaji's apparent role as a hub of both Buddhist and medical learning is the set of connections the temple maintained with the imperial house. Dating back at least to the reign of Tenmu Tennō, attempts to secure longevity or even immortality for the ruler functioned as part of a suite of symbolic activities designed to legitimate the Tennō and frame him or her as a Chinese-style sage monarch. Thus, the fact that not just medical texts but texts dealing with longevity should have been in demand at Ninnaji underscores the fact that members of the imperial house—who had been among the first to pursue longevity practices in Japan—maintained their interest in these practices into the medieval period. In short, longevity medicine provided medieval priests with yet another means by which they could engage with sources of knowledge to which they had privileged access, and make themselves useful to the ruling class, thereby continuing the tradition of mutual support between the law of the sovereign and the law of the Dharma.

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- HJAS *Harvard Journal of Asiatic Studies*
- HR *History of Religions*
- JIABS *Journal of the International Association of Buddhist Studies*

- JJRS *Japanese Journal of Religious Studies*
- KST *Shintei zōho kokushi taikai* 新訂増補國史大系. 66 vols. Ed. Kuroita Katsumi 黑板勝美. Tokyo: Yoshikawa Kōbunkan, 1929–1967.
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- NKZ *Nihon koten zenshū* 日本古典全集. Ed. Masamune Atsuo 正宗敦夫. Tokyo: Nihon Koten Zenshū Kankōkai.
- SKZ *Sadō koten zenshū* 茶道古典全集. 12 vols. Ed. Sen Sōshitsu 千宗室. Kyoto: Tankō Shinsha, 1957–1962.
- T *Taishō shinshū daizōkyō* 大正新脩大藏經. 100 vols. Ed. Takakusu Junjirō 高楠順次郎 and Watanabe Kaikyoku 渡辺海旭. Tokyo: Issaikyō Kankōkai and Daizō Shuppan, 1924–1932.
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