In most accounts of Chinese medical history, one reads of the transmission of Indian medicine to China in the early medieval period via Buddhism.\(^1\) In the vast number of Chinese Buddhist texts pertaining to healing from the period, no human figure is more celebrated than the “Medicine King” (\(yi\) \(wang\) 醫王), known in Sanskrit sources as Jivaka Kumārabhṛta (Pāli: Komārabhacca).\(^2\) Historical studies of Indo-Sinitic medical exchange in

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\(^1\) For convenience, I use the terms “early medieval” and “Six Dynasties” interchangeably throughout. I intend both terms to refer to the era of disunion between the fall of the Han dynasty (206 BCE–220 CE) and reunification of the empire in 589 CE by the Sui (581–618 CE). While many more than six dynasties came and went over these centuries, the period is named for the six successive dynasties with capitals at Nanjing.

\(^2\) The honorific \(yi\) \(wang\), translatable as either “Medicine King” or “King of Physicians,” is also used to refer to Bian Que and other famous Chinese physicians and is a title assumed by some Chinese emperors to underscore their beneficence. A similar term, \(yao\) \(wang\) 藥王, also translatable as “Medicine King” or as “King of Medicines,” is most often used as an honorific for the Tang physician Sun Simiao 孫思邈 (581–682 CE) but may also refer to the emperor Shen Nong 神農, the divine discoverer of herbal medicine. At least two Sanskrit terms may
English, French, and Chinese long have pointed to similarities between the biographies of Jivaka and the legendary Chinese physicians Bian Que and Hua Tuo. Such correlations have led historians to believe that Jivaka’s biography is an important early example of the influence of Indian medical and surgical knowledge in China. This article, however, reappraises the Jivaka biography and its relationship to these medical figures and attempts to move the discussion in a new methodological direction. This text may in fact include the earliest examples in Chinese literature of several Indian medical and surgical procedures, but that will not be my focus here. Rather than look at Jivaka’s biography as an example of the transmission of Indian medical doctrines or therapies to China, I instead intend to focus on the literary context of the text in Chinese translation and to show how the Chinese version of the Jivaka biography participated in and contributed to established Chinese genre conventions.

In emphasizing the Chinese reception of the Jivaka biography, I join a by now well-established trend in Buddhist studies of prioritizing the local in the process of intercultural exchange. Recently, historians of Buddhism have focused on a range of topics—including Buddhist doctrine, material culture, and iconography—and in each instance have investigated the tension and the interplay between indigenous and foreign knowledge.

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3 See, e.g., Chen Yinke, "San Guo Zhi Cao Chong Hua Tuo zhuan yu fojiao gushi" [Biographies of Cao Chong and Hua Tuo in the Record of the Three Kingdoms and Buddhist stories], in Hanliu tang ji (1930; repr., Shanghai: Shanghai guji chubanshe, 1980); Demiéville, 97–98; Kenneth Ch’en, Buddhism in China: A Historical Survey (Princeton, NJ: Princeton University Press, 1964), 483 n. 10; Liu Mingshu, “Bian Que yu Yindu gudai mingyi Qipo” [Bian Que and the famous ancient Indian physician Jivaka], Zhengzhou daxue xuebao 郑州大学学报 5 (1996): 100–101. Chen Yinke also makes a similar suggestion concerning a connection between Jivaka and Qi Bo, the interlocutor of the Yellow Emperor in the Inner Canon of the Yellow Emperor (Huangdi nei jing), the first-century BCE acupuncture classic. I will be unable to respond to this suggestion here, as it would involve a lengthy digression into the classical medical literature.

this article, I wish to extend this sort of analysis to the Chinese reception of
Indian medicine by focusing on the translation of a text called the Jivaka Sūtra. It is clear
that at the same time that it introduced novel medical practices and ideas, the Jivaka
biography gives us ample evidence that a foreign narrative was modified to fit Chinese expectations and was transformed substantially by indigenous knowledge. Through these acts of translation, Jivaka came to be recreated as a model physician and a potent worker of medical wonders in the Chinese mold. These same translation strategies also situated the biography within the context of popular Chinese literature, specifically within a homegrown genre of medical hagiography. I argue that this indigenous genre, centering on miracles wrought by enigmatic healers, offers us the best lens through which to understand the Jivaka story and to appreciate its meaning for Chinese readers.

The translator/author of the Jivaka biography imposed his own choices and preferences upon the text during the process of rendering it into a new language. While not always providing an accurate literal translation, the rewriting of the hagiography of Jivaka was evidently a successful cultural translation: generations of readers over the ensuing centuries found the text persuasive enough to include it as part of the Chinese Buddhist canon (the Tripitaka), to quote it at length, and to adopt Jivaka as a source of legitimacy for a wide range of Buddhist medical activities. Ultimately, since healing activity was so closely tied to proselytism, claims for Jivaka’s superiority in medicine were meant to lend luster to Buddhism itself. The biography therefore is also an illustration that healing—at least narrative accounts of healers—had an important role to play in the legitimization of Buddhism in China.

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5 Scholars have debated the applicability of the word “miracle” to the Buddhist context. While the term typically is used for a happening that is quite unexpected and out of the ordinary, Robert L. Brown argues that such occurrences are not outside of natural laws for Buddhist believers; they thus are not surprising and therefore should not be called miracles (see Robert L. Brown, “Expected Miracles: The Unsurprisingly Miraculous Nature of Buddhist Images and Relics,” in Images, Miracles, and Authority in Asian Religious Traditions, ed. Koichi Shinohara [Boulder, CO: Westview, 1998]). Other scholars have not seen the terms “miracle” or “miraculous” as inappropriate to the Buddhist context. Most scholarship on Buddhist narrative in fact has emphasized that the powers of monks and deities (and to these I would add wondrous healers) were seen as out of the ordinary and that these tales evoked surprise, wonder, and awe. While I agree with Brown that such happenings are part of the natural world as understood by Buddhists, and therefore avoid the word “supernatural,” I follow other scholars in referring to these events as miracles to underscore their surprising and unusual nature.

6 In this article I use the term “translator” loosely, acknowledging that texts were most often translated by committees. For a description of the procedures of a Buddhist translation team in the early medieval period, see Daniel Boucher, “Buddhist Translation Procedures in Third-Century China: A Study of Dharmaraksa and His Translation Idiom” (PhD diss., University of Pennsylvania, 1996). Most often in the discussion below, however, I will use the term “author” rather than “translator” in order to underscore my understanding of translation as an act of recreation and rewriting.
THE JIVAKA SUTRA’S DATES AND AUTHORSHIP

Before getting to the content of the text and its relationship to famous legendary Chinese physicians, in this section I first reevaluate the dates and authorship of the Jivaka Sutra. As will become evident below, even the basic details of the provenance of the text are a mystery that needs to be unraveled. The Jivaka biography exists today in multiple recensions in Pali, Sanskrit, Tibetan, and Chinese. The historian of Indian religion and medicine Kenneth Zysk has analyzed various versions of the biography and has outlined the plots and the important differences between them in a comprehensive and revealing comparison I have relied upon heavily but need not repeat here. Zysk demonstrates that both the frame story and the medical episodes in the Jivaka biography were variously adapted to fit local traditions during the spread of Buddhism throughout Asia. He also suggests that none of the extant versions are the original text from which the others derive and that therefore we cannot know the origin of the core narrative.

In the Indic and Tibetan languages, the biography of Jivaka is found in the section on clothing in the monastic code of discipline (the Vinaya). In the Chinese, two separate translations of the biography are found, one within the Dharmaguptaka Vinaya (translated in 410–12 CE) and one enjoying a life of its own as a separate sutra text. The focus of this article is the latter, which appears today in two received versions found back-to-back in the Taisho Tripitaka. These are the Âmrapâli and Jivaka Avadâna Sutra (Fo shuo Nainü Qiyu yinyuan jing 佛説奈女祇域因緣經, T. 553) and the Âmrapâli and Jivaka Sutra (Fo shuo Nainü Qipo jing 佛説奈女耆婆經, T. 554).

These two texts, each one fascicle (juan 卷) long, are exceedingly similar. Both are named after Jivaka and his mother, the divine virgin Âmrapâli (Ch. Nainü 奈女 or 奈女, “Woman of the Mango”), who was said to have been born of a mango tree. Both present a similar biographical sketch of Jivaka’s life. Both call Jivaka the “Medicine King”

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8 It is found in the fifth chapter of the Mahiśāsaka Vinaya, the sixth of the Dharmaguptaka, the seventh of the Sarvāstivāda and Mālasarvāstivāda, and the eighth of the Theravāda Vinaya (Zysk, Asceticism and Healing, 53, 151 n. 9).
9 The Taisho Shinshû Daizokyo 大正新修大藏經 [The Taishô era new compilation of the Tripitaka], vols. 1–85 (Tokyo: Issaikyô kankôkai, 1924–34). References to texts from this collection are indicated by the standard abbreviation T. followed by the text, page, and line number.
and recount his various healing exploits. However, T. 553 is considerably longer than T. 554, as it contains interpolations from the Dharmaguptaka Vinaya. Other than the missing sections, the two texts differ only in minor details such as the occasional divergence of individual characters or phrasing probably due to scribal error or correction. As they clearly represent two editions of a single translation, I will refer to these two texts collectively as the Jivaka Sūtra and differentiate between them when necessary by calling T. 553 the “unabridged version” and T. 554 the “abridged version.”

AUTHORSHIP

Tradition attributes to An Shigao 安世高 (d. 170 CE) the translation into Chinese of the Jivaka Sūtra from an unknown Sanskrit or Central Asian source text. An, alternatively known as An Qing 安清, An Xing 安行, or An Hou 安侯, was a Parthian monk who arrived in Luoyang, the capital of the Eastern Han dynasty (25–220 CE) in the year 148. Legend holds An to have been the first significant translator of Buddhist texts in China, and he is especially noted for his translation of non-Mahāyāna texts focused on meditation techniques, such as the Mindfulness of Breathing Sūtra (T. 602).

Questions have been raised, however, regarding both An’s biographical details and the translations attributed to him. A monograph by Antonio Forte has called into question the basic elements of the Parthian’s life, proposing that the historical An was not a monk after all but a political hostage sent in tribute from the Central Asian kingdom of Anxi to the Chinese capital. Furthermore, Erik Zürcher has rendered doubtful the validity of An’s many textual attributions. Zürcher points out that the number of texts attributed to him in the earliest Buddhist sources totals thirty-four works, whereas this number had swelled to 176 by the Tang dynasty (618–907 CE). Through a methodology combining bibliographic and philological research, Zürcher has devised a definitive list of only sixteen extant texts that can be considered genuine products of An Shigao’s translation efforts—a list that does not include the Jivaka Sūtra. Following Zürcher’s advice, we cannot accept the traditional attribution of the Jivaka Sūtra to An Shigao and must investigate the matter further.

As far as I have been able to determine, there is no evidence that this text existed in the Eastern Han when An Shigao flourished at Luoyang.

11 Antonio Forte, The Hostage An Shigao and His Offspring: An Iranian Family in China (Kyoto: Instituto Italiano di Cultura, Scuola di Studi sull’Asia Orientale, 1995).
The first references to the full title Āmrapāli and Jivaka Avadāna Sūtra, in fact, do not appear until the Tang. However, the shorter Jivaka Sūtra is reproduced in a Liang Dynasty (502–57 CE) Buddhist encyclopedia, giving us a reliable terminus ante quem for this text. In addition, a firmly datable bibliographic citation of a text called Āmrapāli and Jivaka Sūtra appears in the Compilation of Notices on the Translation of the Tripiṭaka (Chu san zang ji ji 出三藏記集, T. 2145), the first extant Buddhist scriptural catalog composed around 515 CE. Notably, this catalog does not list the title within the texts translated by An Shigao. Citing the now lost 374 CE catalog by Dao’an 道安 (314–85 CE), Sengyou attributes the translation of the Āmrapāli and Jivaka Sūtra to a monk named Zhu Fahu 竹法護 (Sanskrit: Dharmarakṣa, fl. 266–317 CE). This attribution persists until the Tang dynasty (618–907 CE). Attributions to An Shigao, however, also become commonplace by the Tang. This attribution became the accepted position, and it dominates in the present, being repeated in all reference books in Chinese or European languages I have consulted in preparing this article.

The attribution to An Shigao was most likely fabricated as part of a broader attempt to push back the dates of many texts to the earliest translation activity in the Eastern Han in an effort to legitimize Chinese Buddhism as it struggled to compete with the perceived antiquity of Daoism and other indigenous Chinese traditions. Since the authority and

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13 See, e.g., T. 2154 (615c06, 693a05), 2155 (739b27), 2157 (948c24). For my research, citations, and quotes, I have relied on the digital edition of the Taishō Tripitaka provided by www.CBETA.org and its automated search capabilities.

14 Citation occurs at T. 2145 (8b01). This is the first extant catalog of the Chinese Buddhist Tripitaka and includes biographical notes on translators. Compiled in the Liang dynasty (502–57 CE), the fifteen-fascicle composition provides the earliest available information on the structure of the Chinese Tripitaka and the chronology of translation of foreign texts. Bibliographic information and translation of the first fascicles are available in Arthur E. Link, “The Earliest Chinese Account of the Compilation of the Tripitaka (I),” Journal of the American Oriental Society 81, no. 2 (1961): 87–103, and “The Earliest Chinese Account of the Compilation of the Tripitaka (II),” Journal of the American Oriental Society 81, no. 3 (1961): 281–99. See discussion of the catalog’s contents and classification scheme, as well as historical development of Chinese Buddhist catalogs more generally, in Tanya Storch, “Chinese Buddhist Bibliography” (PhD diss., University of Pennsylvania, 1995). Citations also occur in numerous commentaries and catalogs, all dating to the Tang period or earlier. These give a variety of alternative titles for the text, including Āmrapāli and Jivaka Sūtra (奈女耆婆經 · 奈女耆婆毘舍利經 or 奈女祇婆經), Jivaka Sūtra (耆婆經), and Āmrapāli Sūtra (奈女臘), suggesting that a Jivaka text with various names was widely available by the Tang. These citations also use a variety of characters for both Jivaka and Āmrapāli’s names. Āmrapāli can appear as 奈女 or 奈女, both pronounced Nai Nü and meaning “Mango-Woman” or “Woman of the Mango(s).” On the variants for Jivaka’s name, see discussion below.

15 Citations to Zhu Fahu continue, e.g., in T. 2034 (63c07), 2148 (186c15), and 2149 (323a01).

16 See, e.g., T. 2034 (52a5), 2153 (417b28–29), 2154 (615c06–07), and 2157 (948c24–25), all dating to the Tang.
legitimacy of Chinese Buddhist texts were dependent on reliable data about the translator—including name, place, and date—certain texts deemed important by compilers were given false attributions in order to establish or maintain canonical status or to increase their putative value. Why the Jivaka Sūtra would have been deemed important enough to elevate in this way will become clear by the conclusion of this article.

Why choose An Shigao? Surely, if backdating was the goal, the Parthian was a good candidate given the early date of his supposed mission. It is also likely that he seemed a logical person to associate with the translation because he himself was said to have possessed medical knowledge. Biographies of An Shigao are found in both Sengyou’s catalog and the Lives of Eminent Monks (Gao seng zhuan 高僧傳, T. 2059), a collection of hagiographies the monk Huijiao 慧皎 (497–554 CE) composed in 530 CE. According to these texts, An was fully proficient in all the “sundry arts”: he had mastered the foreign classics, the speech of birds and animals, different forms of divination, and medicine. The more detailed of the two biographies, found in Sengyou’s catalog, claims he had “both a penetrating understanding of the medical arts and an ingenious ability in acupuncture. He could observe the [patient’s] form (or hue) and know the disease, and whatever medicine he sent after it was surely beneficial.” As we will see, these are some of the very same skills attributed to Jivaka, the Medicine King.

GENRE OF THE JIVAKA SUTRA

Zhu Fahu cannot have been the sole author of the Jivaka Sūtra as it has come down to us, however. In Pāli, Sanskrit, and Tibetan the hagiography appears within the Vinaya, the monastic code traditionally read only by the ordained (the saṃgha). In that setting, as already mentioned, the text appears within a section on the rules pertaining to the donation of clothing by the laity and its handling by the Buddhist order. As previously stated,


18 外國真籍。及七曜五行醫方異術。乃至鳥獸之聲。無不該遍。, T. 2059 (323a25–26).

19 及調養醫術妙善靈脈。顯色知病投藥必濟。, T. 2145 (95a12). Note that the character se 色 means “form” in a Buddhist context but is a technical term for the hue or complexion of the face in classical Chinese medicine. Either would make sense here.

20 The Buddha offers Jivaka a boon after the physician cured him of a mild disease, at which point Jivaka seeks and is granted permission to make a donation of cloth to the monastic community, thus initiating this particular merit-making practice. See translation of the Pāli in I. B. Horner, The Book of the Discipline (Vinaya-Piṭaka) (Oxford: Pali Text Society, 2000), 4:396–97.
a version of the Jivaka biography is also found in this rather obscure setting within the Dharmaguptaka Vinaya in the Chinese Tripiṭaka, a text which dates to the early fifth century. This version of the biography contains several sections that are identical to the unabridged Jivaka Sūtra, indicating that our received text cannot be exactly the same as that attributed to Zhu Fahu by Dao’an in 374 CE. However, the majority of the Dharmaguptaka text differs significantly and it appears to be a separate translation effort.

Curiously, only fragments of the Jivaka biography appear in the Chinese translations of the Sarvāstivadā Vinaya (translated in 404–9 CE) and the Mahiśāsaka Vinaya (translated 422–23 CE). In the place where one would expect it to appear, we find the entire Jivaka narrative has been removed with the exception of a single healing episode. Zysk speculates that in China the Jivaka story was excised from this original location due to its popularity (or, I would add, its potential for popularization). Set aside as an independent sūtra in its own right, the Jivaka hagiography was able to take on an independent life and reach an audience wider than simply the saṃgha. The change in location also necessarily implies a change in genre: now no longer part of the Vinaya, the title of the unabridged Jivaka Sūtra was able to proclaim itself an avadāna, a widely popular class of texts that focus on tales about famous devotees, that include many stories about anomalous and wondrous events, and that are primarily meant to inspire the faithful. Beyond being a textual curiosity, then, this change in the story’s location is an important clue about shifts in its readership.

Appealing to a lay audience necessitated modifying the text. Certain passages, for example, had to be omitted. In the remaining fragments of the story in the Sarvāstivadā and Mahiśāsaka Vinayas, Śākyamuni Buddha’s physical body has “contracted a minor illness” or has become “cold and moist,” a condition that Jivaka proceeds to treat with a purgative. This encounter is missing from both editions of the Chinese Jivaka Sūtra but is present in both the Pāli and Sanskrit-Tibetan versions of the hagiography as well as in the Chinese Dharmaguptaka Vinaya, giving us the impression that it was purposefully left behind. It remains a matter of speculation why this one episode did not accompany the rest of the text when it was extracted, but most likely it was considered inappropriate for laypeople, who were accustomed to a deified and idealized Buddha with

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21 T. 1428 (851–54).
22 Zysk, Asceticism and Healing, 151 n. 9.
23 世尊身小有患, T. 1421 (134a17).
24 我身冷湿, T. 1435 (194b13).
25 Zysk states that the Sanskrit and Tibetan versions are practically identical and refers to them collectively with this hyphenation (Zysk, Asceticism and Healing, 53).
a miraculous Mahāyānic body, to hear a story in which he becomes ill and seeks a laxative from a lay physician.

THE NAMES OF JIVAKA

Taken together, the above facts suggest that by the time the Vinayas were being translated in the early fifth century in China, what initially was an origin story legitimizing a particular point of monastic discipline was becoming a popular hagiography meant to be read in a very different way by a lay audience. References to Jivaka in numerous early medieval Buddhist texts confirm that he was widely known and revered by that time. In addition to the frequently used title “prince” (tongzi 童子), Jivaka’s name appears alongside the title “Medicine King” in a number of texts from the third to the fifth century. The Sarvāstivāda Vinaya (404–9 CE) calls Jivaka “Master of Medicines” (yao shi 藥師). A Former Song (420–79 CE) text calls him “Supreme Medicine” (shang yao 上藥). One Sui text speaks of the “Great Physician” (da yi 大醫), while another calls him “the World’s Doctor” (shi yi 世醫). All of these phrases refer to Jivaka in the same language used for buddhas and bodhisattvas of healing, suggesting that in certain circles he may already have been in the process of being deified.

Looking at the wide variety of sources mentioned above, we find the Medicine King’s personal name written with three different combinations of characters, all of which are transliterations of the Sanskrit “Jivaka.” Some sources use the characters 時川 or, as in the unabridged Jivaka Sūtra, 時川, both written as Qiyu in modern Chinese pinyin. Thanks to the work of historical linguists, reconstruction of the pronunciation of these characters in the language of the early medieval period (Early Middle Chinese) is possible. Edwin Pulleyblank gives us for either set of characters the name gjiwik, pronounced something like “gyeeewee.” A third option for Jivaka’s name, appearing in the abridged Jivaka Sūtra and in

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26 He is mentioned, e.g., in T. 22, 199, 202, 270, 345, 701, and 1509, all attributed to the Eastern Han or Six Dynasties.
27 For example, T. 199 (199a13), 324 (33a07), and 345 (164b08).
28 Presumably a translation of the Sanskrit bhaisajyaratā. T. 1435 (152b09, 194b14).
30 T. 1764 (772c06).
31 T. 1800 (971b22). For further discussion of the various honorifics by which Jivaka is addressed in Buddhist literature, see Chen Ming 陳明, Dunhuang chatu bahuva Qipo Shu yanjiu 歌頌出土胡話《老子書》研究 (A Study on Sanskrit Text of Jivaka-Pustaka from Dunhuang [sic]) (Hong Kong: Xin Wen Feng Chuban Gongsi, 2005), 117–29.
32 See Edwin G. Pulleyblank, Lexicon of Reconstructed Pronunciation in Early Middle Chinese, Late Middle Chinese, and Early Mandarin (Vancouver: University of British Columbia Press, 1991), 245, 246, 385, and see the introduction for a guide to pronunciation. His methodology is detailed in Pulleyblank, Middle Chinese: A Study in Historical Phonology (Vancouver: University of British Columbia Press, 1984).

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most later sources, is Qipo 穢婆. Pulleyblank’s reconstruction for these characters gives us gjiba, pronounced like “gyeeba,” which demonstrates a closer similarity with the Sanskrit pronunciation of the first two syllables in Jivaka.33 The character qi 穢 is joined with po 婆 in a number of other instances in which the Sanskrit word jīva (meaning “life”) is transliterated. Such examples include qipo niao 穢婆鳥, the two-headed jīva bird, and Qipo Tian 穢婆天, an Indian God of Longevity (Sanskrit Jīva).

Looking at the various early medieval texts that mention the Medicine King, the appellation Qiyu 江域 appears in many texts dating from the Six Dynasties. Qipo, the name used in the abridged Jivaka Sūtra and the Dharmaguptaka Vinaya, is also quite common. However, Qiyu 江域 is extremely rare, aside from commentarial literature and catalogs, appearing only in the Jivaka Sūtra and in one other composition from the Northern Wei Dynasty (306–534 CE). This may provide a clue as to the provenance of the Jivaka Sūtra, suggesting a temporal and possibly even geographic range for the production of the extant texts.

DATES AND PRIORITY REVISITED

A watertight argument for the dating of the received versions of the Jivaka Sūtra remains impossible, and closer philological analysis may reveal additional clues as to its origins. While pinpointing the provenance more narrowly must remain speculative, I believe the evidence outlined above suggests that the shorter Jivaka Sūtra is a composite text made up of selections of the Medicine King’s hagiography from a number of sources translated in the early medieval period (including a fourth-century text by Zhu Fahu, and possibly other versions of the tale excised from the Vinayas), brought together with the addition of apocryphal material in the fifth century. I take the longer version of the Jivaka Sūtra to be a later, re-edited version of this same text that incorporated the passages from the Dharmaguptaka Vinaya, which was possibly compiled in the Northern Wei, and which was available by the Tang.

Even with this reassessment of the dating of the text, however, it is still not possible to determine the temporal relationship between the Jivaka Sūtra and the biographies of the physicians Bian Que and Hua Tuo, with which it undeniably shares some features. The biography of Bian Que appears in three main sources. The first is the Records of the Grand Historian (Shi ji 史記), by Sima Qian 司馬遷 (d. 110 BCE).34 The second

33 Pulleyblank, Lexicon, 241, 245.
34 This is the first of the twenty-four “standard dynastic histories” and served as the model for those that followed both in terms of structure as well as historiographic and biographical conventions. The author compiled a wide variety of sources to write the history of Chinese civilization from its mythological inception up to his contemporary time. Fascicle 105 includes
is the *Book of Master Lie* (*Lie zì 列子*), traditionally attributed to Lie Yûkou 列禕寇 (c. 400 BCE). Much of this text dates from the fourth to the first century BCE, but some passages are from as late as the fourth century CE. The third source is the *Book of Master Han Fei* (*Han Feizi* 韓非子), attributed to Han Fei (ca. 280–ca. 233 BCE), but which includes interpolations from the fifth to sixth century CE. The biographies of Hua Tuo, on the other hand, date to the late third-century CE *Records of the Three Kingdoms* (*San guo zhi 三國志*) by Chen Shou 陳壽 (233–97 CE), and the fifth-century CE *Book of the Later Han* (*Hou Han shu 後漢書*) by Fan Ye 范曄 (398–446 CE).


Clearly, given the interpolations that permeate all of these texts, we cannot be on firm ground when claiming the priority of one story over the other. In my opinion, however, the search for priority among these texts is a red herring: given the wide range of dates, the continual redaction, and the later interpolations, it is certain that these biographies were written and rewritten in dialogue with and in reaction to each other over the course of many centuries throughout the early medieval period. Rather than emphasize the independence of these texts, in the remainder of this article, I will instead consider them collectively as representative of a Six Dynasties genre I call the “medical hagiography of numinous physicians” (shen yi 神醫) and demonstrate how the Jivaka story was reformulated and reworked through the act of translation to fit into this context.  

**Jivaka as exemplary Chinese physician**

The Pāli, Sanskrit-Tibetan, and Chinese versions of the Jivaka hagiography begin with the events leading up to Jivaka’s birth and continue chronologically through his upbringing, training, and healing exploits. Differences occur from text to text in the frame story. For example, the legend of his mother, Āmapāli, may precede Jivaka’s biography or Jivaka may meet the Buddha on multiple occasions. However, the differences between the medical episodes are most significant for our purposes. In terms of their medical content, Zysk notes that the different recensions of the Jivaka Sūtra reflect “regional peculiarities, indigenous influences, and doctrinal oddities.” For example, he points out that the Sanskrit-Tibetan version places particular emphasis on trephination (the opening of the cranial cavity), a Northern Indian and Tibetan medical practice with local magico-religious significance, and that the Chinese translation includes references to acupuncture, a technique unknown to Indian medicine at the time but characteristic of Chinese medicine since at least the first century BCE.

Zysk is clearly correct, and the Chinese Jivaka Sūtra is replete with interpolations of unmistakable Chinese origin beyond just acupuncture. In this section, I will examine other aspects of classical Chinese medical knowledge that accreted to the Jivaka Sūtra. I will also address the differences between the extant Chinese editions of the legend. Both the differences between the Chinese and other recensions of the sūtra and

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38 Shen is also translatable as “spirit-like,” “god-like,” “divine,” “magical,” or “mystical.”
39 Zysk, Asceticism and Healing, 60.
the discrepancies among the Chinese versions themselves tell us much about the appropriation and adaptation of the foreign narrative for Chinese audiences. While we cannot know for certain in all cases where and when such changes were made, these are suggestive of a process of cultural translation or rewriting by which Chinese authors, translators, and compilers of this text transformed the Medicine King into a model physician authenticated and legitimized by Chinese standards.

SINIFICATION OF THE BIOGRAPHICAL DETAILS

In both editions of the Jivaka Śūtra, Jivaka is the product of the consumption of the secret marriage of King Bimbisāra and the nymph Āmpālī. The baby is born with a bag of acupuncture needles and herbs clutched in his hand. As he is the son of a king, and holds the implements of the physician, a Brahmīn prophesizes Jivaka’s destiny to become the Medicine King. In the unabridged Jivaka Śūtra, however, the son is unwanted and is left in the road by the order of his mother. Prince Abhaya, the legitimate son of King Bimbisāra, soon discovers him and takes him to the palace to raise him.

Aside from the addition of acupuncture needles in his hand at birth, the Chinese Jivaka Śūtra also has improved considerably on Jivaka’s pedigree in comparison to the other extant versions. In the Pāli version, Jivaka is the unwanted son of the courtesan of the city of Rājagaha, his father is unnamed, and he is abandoned on a trash heap. In the Sanskrit-Tibetan version, he is the product of the adulterous union of King Bimbisāra and the promiscuous wife of a merchant, who upon the child’s birth sends him to his father’s palace in a chest. The union of Āmpālī and Bimbisāra does appear in the Sanskrit-Tibetan story, but only to explain the birth of Abhaya. Even in the Chinese Dharmaguptaka Vinaya, Jivaka is the child of Prince Abhaya and the courtesan, and he is raised by a wet nurse.

42 A full discussion of the term “sinification” and the various arguments that have been forwarded for and against its use is beyond the scope of this article. Here I am using the term in a limited way to suggest the process by which the author of this text intentionally interpolated elements of Chinese medical culture in order to increase its palatability and its authority for Chinese audiences.

43 T. 553 (897b), 554 (902c).

44 Literally, “This is the son of a king, and he holds a physician’s implements. He must be the Medicine King.” 此國王之子。而執醫器。必醫王也。, T. 553 (897b19); 必是醫王。, T. 554 (902c24).

45 Horner, Book of the Discipline, 380.


48 T. 1428 (851a22–23).
As we do not know the source text of our Jivaka Sūtra, we cannot say definitively when the plot was rearranged so that Jivaka became the son of Āmrapāli and Bimbisāra, but certainly the combination of divine and royal parentage would have been more acceptable to Chinese audiences than any of the other extant versions. The omission of the abandonment story in the abridged Jivaka Sūtra indicates a further elevation of his pedigree, as it is no doubt due to a reluctance to characterize Jivaka as an abandoned orphan.

In all versions of the hagiography, Jivaka gives up claim to the throne in order to study medicine. In the Chinese Jivaka Sūtra, however, he finds the king’s physicians to be inadequate teachers and demonstrates their inferiority by asking them questions from “the classics of materia medica, medical formulary, and acupuncture.” By the choice of terms used in this passage—including familiar words from classical Chinese medical terminology such as ben cao 本草, yao fang 藥方, and zhen mai 針脈, but none from an Indian milieu—we can see a clear attempt on the part of the author not only to elevate Jivaka over all contemporary physicians but also to associate his knowledge specifically with learned Chinese medicine.

In a passage shared by the unabridged Jivaka Sūtra and the Dharmaguptaka Vinaya, dissatisfaction with his teachers leads Jivaka to travel to Taxila to study medicine with the renowned physician Ātreya Punarvasu, the purported author of one of the oldest and most revered works in the Indian medical corpus. Jivaka receives seven years of training from this


50 This would have been a stigmatized background in a society organized on the basis of clan affiliation. A prohibition against adopting sons from outside of the clan was instituted as early as the Han and was continually reinforced in legal and ritual codes throughout the imperial period, perhaps explaining why it was necessary in the Chinese translation for both Jivaka and Abhaya to be sons of Bimbisāra (see Ann Waltner, Getting an Heir: Adoption and the Construction of Kinship in Late Imperial China [Honolulu: University of Hawai‘i Press, 1990], 48).

51 本草藥方針脈諸屬, T. 553 (897c25), and 554 (903a23).

52 有关阿提利·位莊伽霹少, T. 553 (898a05), 1428 (851b01). On the identification of the Chinese “Atti Binjialuo” as Ātreya, see Zysk, Asceticism and Healing, 55. While the Sanskrit-Tibetan version of the text also names Jivaka’s teacher as Ātreya, the Pāli does not name his master, stating only that he studies with a “world-famed doctor” (see Horner, Book of the Discipline, 4:381). Ātreya is the supposed author of the Carakasamhitā. This text seems to have been available in some form in the third to second centuries BCE. For detailed bibliographic information and translations, see Dominik Wujastyk, The Roots of Ayurveda (London: Penguin, 2003), 3ff.; G. Jan Meulenbeld, A History of Indian Medical Literature (Groningen: Egbert Forsten, 1999–2001).
master and then undergoes examination to demonstrate his proficiency in pharmacological knowledge. Having passed this test, his teacher at once recognizes Jivaka as his successor: “Within Jambudvīpa [i.e., the known human world], I am the foremost; once I should die, my successor will be you.” This part of the narrative, though also present in the Pāli and therefore not a Chinese accretion, nonetheless would have had resonance with Chinese expectations.

While the ritual by which Jivaka becomes a physician is simply a matter of the master administering a test and verbally confirming the student’s new status, it is apparent that this is to be understood as an initiation rite and a transfer of lineage. Nathan Sivin has shown the centrality of initiation rituals such as blood oaths and the transmission of texts among physicians in early China. A named teacher (and a famous name at that), the explicit transfer of lineage, and the proclamation of his place as the foremost physician in the world certainly situate Jivaka in a position of authority by the standards of classical Chinese physicians. That being the case, the absence of this section from the abridged Jivaka Sūtra is curious. Perhaps this passage was overlooked in an attempt to distance Jivaka from an Indian source of medical knowledge or to disassociate him from any one specific lineage or tradition. In the abridged Jivaka Sūtra, his source of training is simply his familiarity with (presumably Chinese) medical texts, which may have seemed more palatable to the compiler of this version.

In both Chinese editions of the Jivaka Sūtra, once he becomes a practicing physician, Jivaka comes across a boy in the road carrying firewood and finds he can see inside the boy’s body. He realizes that the wood the boy carries must be from the “Medicine King Tree” (yao wang shu 藥王樹) mentioned in the Ben cao jing 本草經 (which may be translated in the singular or the plural—i.e., as the “Canon of Materia Medica” or the “canons of materia medica”). The Medicine King Tree is mentioned in a range of Buddhist sources, including the Avatamsaka Sūtra and the Mahāparinirvāṇa Sūtra, for example, which state that the tree is like “the body of a bodhisattva impregnated with great compassion” and that its...
root, trunk, branches, and leaves can heal any patients who touch them.\textsuperscript{57} I have not been able to find mention of the “Medicine King Tree” in the classical Chinese pharmacopoeia and conclude that it is a distinctly Buddhist term. Regardless, the reference to the Ben cao jing rather than Indian sources as Jivaka’s source of knowledge of plants certainly represents another instance of the borrowing of terminology from classical Chinese medical tradition and another attempt to link Jivaka to specifically Chinese textual learning.

SINIFICATION OF THE MEDICAL EPISODES

Having discussed his biographical details, we now turn to the texts’ accounts of Jivaka’s medical practice and find a similar pattern of sinification. The story continues as the protagonist takes leave of his master and goes on to diagnose and treat a series of patients. At first glance, these episodes seem to draw heavily from an Indian therapeutic repertoire. In episodes appearing in the unabridged Jivaka Śūtra, Jivaka treats a reluctant noblewoman’s disease of the head by administering medicinal ghee (clarified butter) via the nasal passages and clears a blockage of a nobleman’s bowels by performing abdominal surgery.\textsuperscript{58} In passages shared by both editions of the Jivaka Śūtra, Jivaka revives a girl from death by trephining her skull with a golden knife and removing worms (chong \textsuperscript{61}) that were eating her brain;\textsuperscript{59} brings a dead boy back to life by opening the abdominal cavity and manually manipulating his liver;\textsuperscript{60} and surreptitiously administers ghee to a king suffering from a disease that caused him to fly into fits of rage.\textsuperscript{61}

As mentioned previously, these medical narratives seem to have been culled selectively from more than one place. The stories of nasal irrigation and abdominal surgery in the unabridged Jivaka Śūtra are taken nearly verbatim from the Dharmaguptaka Vinaya. That same text also includes a trephination and the treatment of the wrathful king by secret administration of ghee. However, these cases differ significantly in detail, suggesting that the author of the Jivaka Śūtra either significantly rewrote the episodes or is quoting a different source text. The Dharmaguptaka Vinaya also includes an episode that does not appear in either edition of the Jivaka Śūtra. In this passage, King Bimbisāra lies in an iron tank of water and has an anal fistula surgically relieved under the anesthesia of a sleeping spell.\textsuperscript{62} Perhaps this episode was left out because of the degrading implica-

\textsuperscript{57} See these and other citations in Demiéville, Byō, 47–48.
\textsuperscript{58} T. 553 (898b–c).
\textsuperscript{59} T. 553 (899a), 554 (903b).
\textsuperscript{60} T. 553 (899b), 554 (903c).
\textsuperscript{61} T. 553 (899c), 554 (904a).
\textsuperscript{62} T. 1428 (852b09–c16).
tions for kings. Of his condition, the text says that “blood emitted from his rectum,” causing his maidservants to laugh, saying he was bleeding “like us women”—an obvious affront to the king’s manhood and authority and therefore unacceptable material for the Jivaka Sūtra. The final healing in the Dharmaguptaka Vinaya, also missing from both versions of the Jivaka Sūtra, is the case mentioned above in which the Buddha comes down with an illness.

All of these stories in all of these sources are broadly drawn from Indian prototypes. While these cases do not necessarily conform to procedures prescribed in the extant Indian medical literature in all details, the main types of therapies employed—that is, medicinal ghee and surgery—are interventions that were well known on the Indian subcontinent. Similar therapies are described in the classical medical texts of the ayurvedic tradition, including the aforementioned Carakasamhitā as well as the Suśrutasaṃhitā, a text devoted in large part to surgical procedures. These narratives therefore have been interpreted as examples of the transmission of Indian medical and surgical knowledge to China.

Comparison between the extant Chinese versions of the medical episodes, however, reveals different approaches to translation. On the whole, the Dharmaguptaka Vinaya (intended for the saṃgha) contains little evidence of Chinese medical interpolations. Chinese medical terminology is missing, there are no references to Chinese medical texts or procedures, and Jivaka is not called the Medicine King. On the other hand, analysis of the Jivaka Sūtra (intended for the laity) reveals that the author was familiar with Chinese medical concepts and that these indigenous theories heavily influenced the resulting text. For example, the hidden realities revealed to Jivaka by use of his magic wood usually do not conform to Indian views of the body but draw instead from Chinese models. At the end of the Jivaka Sūtra, the text says that Jivaka can see the diseases of the four elements (si da zhi bing 四大之病), an unambiguous reference to Indian

63 便道中血出，諸侍女見皆共笑言。王今所患如我女人。, T. 1428 (852a08–9).
64 T. 1428 (853b24–854c02).
65 The Suśrutasaṃhitā seems to have been available in the latter centuries BCE as a surgical text, but did not reach its current form until around the fifth century CE, when additional material was added. For detailed bibliographic information and translations, see Wujastyk, Roots of Ayurveda, 63ff.; Meulenbeld, A History of Indian Medical Literature.
66 The author’s familiarity with medical concepts contrasts with that of biographers of physicians in the standard histories. Kenneth DeWoskin writes that, in the Records of the Grand Historian, “technical detail is exclusively confined to what are presumably quotations from the physician” and notes “the absence of any critical discussion of the medicine by the historian” (DeWoskin, Doctors, Diviners and Magicians, 20). In contrast, the author of the Jivaka Sūtra was familiar enough with medical theories to insert such references convincingly into the story.
Buddhist medical theory. However, in the body of the text, he uses the Medicine King Tree most often to see the five viscera (wu zang 五臟) and the vessels (mai 脉), i.e., the conduits for qi, the physiological structures fundamental to Chinese medical diagnosis. Even in the cases of surgical intervention, a mainstay of Indian medicine, Jivaka explicitly employs Chinese diagnostic principles. For example, coming across the dead boy, Jivaka sees that his liver was “turned unnaturally backwards,” but what took the patient’s life was not this condition itself but the fact that his “qi was blocked and could not circulate.” It is also notable that, once he completes the surgical procedure to correct the liver, Jivaka applies three types of “numinous ointments,” one of which is to “benefit the qi and breath.”

The story of the king who suffers from fits of rage is another example in which Chinese medical concepts prevail. The Jivaka Sūtra tells of a King Pradyota, who frequently flies into fits of rage and violence. When Jivaka uses his magical wood to see inside the king’s “five viscera and one hundred vessels,” he realizes that the king’s blood and qi are disturbed by the presence of the toxins of serpents all throughout the body. In a dream, he learns that the king is the son of a serpent and that the remedy for his ailment is ghee—a substance the king loathes. Jivaka administers the ghee disguised in a preparation and flees in fear before the king can realize he has been tricked. Not only is it important to note that the Chinese concepts of the five viscera, qi, and blood guide Jivaka’s diagnosis in this example, it is equally significant that the toxins lead to psychological excesses not directly, but by causing a disturbance in qi. This connection between states of qi and states of mind, a theory discussed in the Inner Canon of the Yellow Emperor (Huang Di nei jing 黃帝內經, ca. first century BCE), is a common theme in classical Chinese medicine.

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67 T. 553 (902a04), 554 (906b09). On the four elements in Buddhist sources, see Demiéville, B15, 73–76.
68 On the word qi, see T. 553 (899b11), 554 (903c20). Following an increasing number of scholars, I leave the word qi untranslated. It has variously been translated as “vapor,” “energy,” and “vital force” and is perhaps the most fundamental substance in Chinese physiology.
69 見王五藏及百脈之中, 血氣燻蒸悉是蛇蟒之毒。臣臣身體。= T. 553 (899c14–15), 554 (904a22–23). The term I am glossing as “serpents” (she mang 蛇蟒) includes the character for snake (she 蛇) and a character that means either a python or a snake-like mahoraga demon (mang 蛇娜). I read these characters as referring to snakes and serpentine creatures more generally, although the compound formed by reversing these characters (mangshe 蛇蟒) today refers specifically to the Burmese python (Python molurus bivitatus), a native of the south of China. The comparable passage in T. 1428 says that the king “comes from a scorpion” (xie 蝎). Chapter 5 of the Basic Questions (Su wen 素問) recension (see Nathan Sivin, “Emotional Counter-Therapy,” in Medicine, Philosophy and Religion in Ancient China: Researches and Reflections, ed. Nathan Sivin [Aldershot, UK: Variorum, 1995], 5–6). On theories of mind and body in the Inner Canon, see Martha Li Chiu, “Mind, Body, and Illness in a Chinese Medical Tradition” (PhD diss., Harvard University, 1986).
To summarize, the *Jivaka Sūtra* bears witness to the process of adaptation and domestication of a Buddhist tale to the local Chinese context. Lacking the source texts, we do not always know with certainty which passages were added in China and which were already present in the originals. However, analysis of the received versions of the biography suggests that decisions were made when compiling the *Jivaka Sūtra* to introduce aspects of Chinese medical theory and vocabulary into the text, and either to introduce or to emphasize parts of the story that associated Jivaka with the qualities of an authoritative Chinese physician. These passages highlight Jivaka’s royal and divine pedigree, his destiny to become the Medicine King by virtue of being born with the Chinese physicians’ tools in his hands, his learned textual knowledge, the transmission of medical lineage by his teacher through ritual examination, and his complete competence in classical Chinese medical physiology and diagnostics. We can see, therefore, that while the Jivaka hagiography may have introduced several Indian therapies to Chinese readers, at the same time, in the rewriting of the *Jivaka Sūtra*, the Medicine King was recreated as a respectable role model for Chinese physicians by Chinese standards.  

**JIVAKA AS CHINESE WONDER-WORKER**

In addition to classical Chinese medical theories and scripts of authority, the *Jivaka Sūtra* also shares certain elements with popular Chinese literature. These elements are not necessarily medical in nature but, rather, are revealed in the biography’s tropes and plot twists. For example, the fearful physician who must diagnose and treat an unpredictable ruler, as we see in Jivaka’s encounter with the wrathful king, is a recurring character in stories about classical Chinese doctors since at least the third century BCE. Likewise, Jivaka’s use of the Medicine King Tree to peer inside his patients’ bodies and easily diagnose disease parallels the biography of Bian Que, in which the physician takes a drug that allows him to see “the five viscera and the obstructions and knots of the abdomen” of his patients. Using this x-ray vision, Bian Que “achieves fame for his extraordinary abilities in vessel diagnosis.” Jivaka is also able to see the five viscera and the condition of the vessels with his magic wood. In this section, I will argue that the use of such conventions by the *Jivaka Sūtra*’s author served to recreate Jivaka as a familiar figure from medieval Chinese literature: the wonder-working healer.

72 While not emphasized in this article, the *Jivaka Sūtra* also models ideal patient behavior, such as when it stresses the need to compensate a good doctor generously for his services or to listen to and accept his diagnoses and prescriptions.

73 Sivin, “Emotional Counter-Therapy,” 7–8. (Of course this plot line is not unique to China.)

74 許見五藏微結。特以診脈為名耳。, Records of the Grand Historian, 105.
Stories about surgery in Six Dynasties literature may echo in some indirect way indigenous practices of forensic anatomy. Although it was seldom recorded, we know that corpses were anatomized as early as the Han dynasty, as the measurements of the human viscera resulting from such procedures appear in classical medical texts, including the *Inner Canon of the Yellow Emperor*. Thus, we know that the abdominal and cranial cavities were not entirely terra incognita. Medical treatises also describe minor surgical procedures on live patients. For example, *Master Liu Juan’s Prescriptions Bequeathed by Ghosts* (Liu Juanyu guyi fang 刘涓子鬼遗方), written in 496–99 CE by Gong Qingxuan 龚庆宣 (fl. late fifth century CE) contains descriptions of military procedures such as the treatment of wounds caused by weapons. Scholars have also suggested the possibility that the practice of minor surgery by low-status practitioners persisted throughout Chinese history without being systematically recorded.

Treatises describing ophthalmologic and other surgical procedures of definite Indian extraction became available in the Tang dynasty. However, while Six Dynasties surgical practice may have included such technologies as local anesthesia, cautery, lancing, suturing, extraction of foreign materials, as well as the treatment of cataracts and glaucoma, there is no evidence whatsoever for the practice of radical abdominal and cranial surgeries such as those depicted in the legends of Jivaka.

While references to such procedures on living patients do not occur in technical medical literature, on the other hand, stories about radical surgeries seem to have circulated in no short supply in medical hagiographies. The *Records of the Grand Historian*’s biography of Bian Que, for example, mentions the surgical abilities of the ancient doctor Yu Fu (俞附). In one episode, the Prince of Guo falls comatose and appears “in a corpse-like state.” Bian Que offers to revive him, but the royal tutor scoffs, remarking that Bian Que should not make such idle boasts unless his techniques are as good as those of Yu Fu: “At once, [Yu Fu] saw what was appropriate for a disease and what caused the five viscera to fail. Then he cut the skin, divided the flesh, parted the vessels and the knotted muscles, took hold of the marrow and the brain, sorted out the waste, scraped away the interior, washed and rinsed the stomach and intestines, washed and

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rinsed the five viscera, and practiced with such perfection that it transformed the physical form.”79 Yu Fu could bring the dead back to life, the tutor says, not with the standard therapies of decoctions, medicinal wines, acupuncture, moxibustion, and gymnastics, but with his numinous, transformative surgical techniques.

In another example, a passage from the Book of Master Lie, Bian Que performs a double heart transplant. Having diagnosed one patient as deficient in qi and the other as deficient in willpower (zhi 志), Bian Que suggests exchanging the hearts of the two to attain balance. Upon hearing his opinion, the patients agree to the procedure. Bian Que then gives the men an intoxicating wine that makes them “feign death” for three days. While they are under the anesthetic effects of this concoction, Bian Que “cut open their breasts, removed their hearts, exchanged and replaced them, and applied a numinous medicine, and when they awoke they were as good as new.”80

Although uncertainty surrounding the exact dating of specific passages remains, these episodes may represent medieval interpolations inspired by Indian tales. Other stories are even more likely to be indebted to Indian therapies and may even draw directly or indirectly from the Jivaka Sūtra. Reference to brain surgery echoing Jivaka’s trephination, for example, appears in the Book of the Master Who Embraces Simplicity (Bao Puzi 抱朴子). Written by the physician-alchemist Ge Hong 葛洪 (ca. 283–343/363), the text mentions a Han physician who “used to cut open skulls of patients and arrange their brains in order.”81 An abdominal surgery similar to Jivaka’s appears in the biography of the physician Hua Tuo: “He would have his patients drink a solution of morphean powder whereupon they would immediately become intoxicated as though dead and completely insensate. Then he could make an incision and remove the diseased tissues. If the disease were in the intestines, he would sever them and wash them out, after which he would stitch the abdomen together and rub on an ointment.”82 Other procedures with probable Indian precedents include a cesarean section recorded in the Book of Wei (Wei shu 魏書, compiled 551–54 CE), and a cleft-lip surgery recorded in the Book of Jin (Jin shu 晉書, compiled in 644 CE).83

79 求名不以湯液醴醯。穀石秕引。案扛毒賊。一發見病之應。因無從之輸。乃削皮解肌。去脈結筋。搖腦髓。撓荒爪鬚。溢流腸胃。漉漉五藏。練精易形。ibid.
80 射鯨多飲二人毒酒。迷死三日。剖胸探心。易而置之。投以神藥。既悟如初。, Book of Master Lie, 5.
81 Lisowski, “Prehistoric and Early Historic Trepanation,” 655.
82 See Victor H. Mair, “The Biography of Hua-T’o,” 689 n. 4, for discussion of this anesthetic concoction. Although he does not mention Jivaka specifically, Mair is unambiguous in his suggestion of Indian influence on the Hua Tuo biography.
Nevertheless, even if they drew from Indian prototypes, to see such stories as evidence of Indian medical influence is a methodological error. Partisan accounts of Chinese medical history all too frequently have mustered such tales as evidence of the advanced technology of early Chinese therapeutics. But, procedures such as switching hearts and righting backwards livers with the bare hands stretch credulity even by modern medical standards. It is highly unlikely, to say the least, that double heart transplants (or anything remotely similar) were actually performed in ancient or early medieval China. Medical legends simply cannot be considered evidence of medical practice.

But if they cannot be taken as evidence of practice, how should these narratives be interpreted in a historical context? Perhaps such stories might be read as a form of early medieval science fiction, tales of medical procedures imaginable but beyond the range of the currently possible. As any fan of science fiction knows, the impossible can be imagined quite elaborately, and the literature of the impossible can be employed for purposes of entertainment, political commentary, and other agendas. As in science fiction, it is often hagiography’s depictions of the impossible that give these stories their desired impact and relevance.

Upon closer inspection, however, it becomes clear that the opening of the body is not actually the primary concern of these passages. Our modern eyes may fixate immediately on the surgery, but this surely is an anachronism. These narratives do not emphasize the surgeries themselves, so much as the ease with which the protagonists produce marvelous outcomes. These tales are not told in the precise language of the medical practitioner, in the technical words of the surgical craftsman, or even in the realistic diction of the butcher. They are idealized stories of exemplary physicians told in a just-so style. Bian Que just exchanges his patient’s hearts, applies some medicine, and they are “good as new.” Yu Fu simply plunges his hands into his patient and manipulates the viscera with such skill that he “transforms the body.” Jivaka merely “slices open the abdomen with his golden knife, explores around and fixes it up with his hands, returns the liver to face forward,” applies three “numinous ointments,” and his patient revives from death.

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85 There is evidence that some premodern readers also found such stories difficult to believe. For a twelfth-century critique of Hua Tuo’s biography as being mythological, see Mair, “Biography of Hua-T’o,” 697–98.

86 For a discussion of the stylistic differences between the hagiography of the mythical Bian Que and a series of case studies by the historical physician Chunyu Yi, see Hsu, “Pulse Diagnostics in the Western Han,” 52–55.

87 萬以金刀破腹。手探料理。還肝向前。以三種神膏塗之。, T. 553 (899b11–13), 554 (903c20–22).
mental point of these narratives was most likely not the procedure at all, but the profoundly transformative purification brought about by the protagonist’s miraculous control over the natural world.

STORIES OF THE ANOMALOUS

Such miraculous stories about Jivaka and other numinous physicians drew on literary conventions that were well established by the early medieval period. Wandering masters of magical healing, exorcism, divination, astrology, and other esoteric arts called fang shi (方士, lit. “masters of method” or “masters of recipes”) were frequent subjects for biographers as early as the Han dynasty.88 Colorful narratives emphasizing the esoteric knowledge of these wonder-workers appear in dynastic histories from the Han onward and form a subset of the early medieval genre of “anomaly accounts” (志怪). By the Six Dynasties period, such narratives included a motley assembly of folk tales, ghost stories, travelogues, local histories, and biographies, as well as hagiographies from Buddhism and Daoism.89 This literature, centering on the miraculous, bizarre, and fantastic, was compiled from far and wide and written down by scholars, religious clerics, officials, and other elites. While written in classical Chinese (i.e., Literary Sinitic), these texts tend to be short, grammatically simple, and therefore quite accessible, which suggests that they were intended for a wide readership. Historians of Chinese literature have shown an important role for such tales in the rise of a written vernacular language in China90 and in the origins of Chinese fiction.91 Moreover, these stories incorporate a wealth of vernacular knowledge—much of this from oral tradition—leading historians to approach these stories as useful windows onto the popular culture and “religious mentality” of early medieval China.92

In constructing their tales, authors of the anomalous drew on an amorphous and widely diffused constellation of images, tropes, and plot

88 DeWoskin, Doctors, Diviners and Magicians, 4.
91 Kenneth J. DeWoskin, “The Six Dynasties Chih-Kuai and the Birth of Fiction,” in Chinese Narrative: Critical and Theoretical Essays, ed. Andrew H. Plaks (Princeton, NJ: Princeton University Press, 1997), but see the critique in Campany, Strange Writing, 163–64. Campany disagrees with those who would assume that the authors of anomaly tales did not believe the veracity of these stories or saw these exploits as fictional in the modern sense of the word.
elements that appear again and again as variations on a theme. There are in this literature no hard and fast lines between religious, medical, or any other anomalies: the attributes and exploits of the numinous physicians are drawn from the same wellspring as are stories of the workers of other wonders and miracles.\textsuperscript{93} Just as other wonder-workers bear exotic secrets, numinous physicians in these stories collect knowledge from outside of the Chinese medical texts, from secret classics, or from foreign or divine origin. Just as other wonder-workers possess special abilities, numinous physicians perform surgical interventions, apply miraculous medicines, and administer wondrous elixirs. Just as other wonder-workers routinely manipulate and demonstrate mastery over the natural world, numinous physicians possess x-ray vision, predict the future flawlessly for their patients, and even overcome death.

It is apparent that the Jivaka biography, upon arrival in China, was deemed to fit with this type of literature, and—once set aside as a separate avadāna text—actively participated in this genre. There is no doubt that the Jivaka Sūtra emphasizes all of the elements that make for a good anomaly tale. Jivaka’s superhuman pedigree, the presence of signs at his birth, and his wondrous medical command over life and death are not new plot lines; supernatural beings, prophesies, auguries, and revival from death are all themes that play out again and again in the literature of the anomalous. The Jivaka episodes contributed new specifics; his conception by an Indian king’s secret marriage to a virgin nymph, the auspiciousness of his being born with acupuncture needles and herbs in his hand, and his prophesied destiny to become the Medicine King all added new twists. The story’s foreign trappings would have added further to its exotic flavor, an essential ingredient in an anomaly tale.\textsuperscript{94}

The Jivaka Sūtra may indeed include the first Chinese references to abdominal surgery, trephination, or nasal irrigation with medicinal ghee. However, situated against this literary backdrop, we must see these passages not as the introduction of foreign medical technologies, but as new and exciting anomalies. Such details now were added to the stock images and tropes of the anomalous, to be picked up, modified, and repeated in their turn by other stories in this genre. Thus, as stories were told and retold, written and rewritten, copied and recopied over the centuries, elements of Bian Que’s biography may have made their way into the Jivaka

\textsuperscript{93} This fact has led historians such as DeWoskin to include the biographies of physicians in collections of masters of method literature (see DeWoskin, Doctors, Diviners and Magicians, 74–75, 140–53).
\textsuperscript{94} Indeed, scholars have argued that exoticism was one of the important factors in the appeal of Buddhist miracle tales more generally and even of Buddhism itself. See Zürcher, “A New Look,” 291; John Kieschnick, The Eminent Monk: Buddhist Ideals in Medieval Chinese Hagiography (Honolulu: University of Hawai’i Press, 1997), 110.
Suṭra and vice versa, and elements from both accounts may have made their way into the Hua Tuo biographies and vice versa. If so, we cannot call this “medical influence.” The overlap among the narratives of Jivaka, Bian Que, and Hua Tuo are not due to the transmission of Indian medical practices or ideas but to a shared context of oral and written hagiography. Rather than comb over the stories of Bian Que, Hua Tuo, and Jivaka in an effort to determine which said what first, such stories should instead be seen as participating in a collective endeavor. The biographies of physicians took up and repeated Indian plot lines about surgical interventions, miraculous drugs, and other medical anomalies not because China was domesticating aspects of Indian medicine, but for precisely the opposite reason: because such things were bizarre, anomalous, and wondrous, they therefore aided in the construction of the ideal numinous physician.

CONCLUSION: THE CONSTRUCTION OF MEDICAL LEGITIMACY

If, as I have suggested, it is not evidence of Indian influence on Chinese medicine, then what are historians of Indo-Sinitic cross-cultural interaction to make of the Jivaka Suṭra? The consensus in the historiography of Chinese medicine is that Chinese Buddhists—as cultural mediators in the exchange of medical knowledge—were eclectic in their use of both Indian and indigenous doctrines, and due to their otherworldly outlook were largely “unconcerned” about which practices they employed to heal the body.95 The Jivaka Suṭra, itself incorporating both Indian and Chinese medicine, might be presented as an example of such syncretism. My reading of the text, however, leads me to a different conclusion. Chinese interpreters of Buddhism indeed drew liberally on a variety of medical sources, and we find references to a diversity of both Chinese and Indian therapies in many medieval Buddhist texts. However, in reading such texts more closely, I most often have found that, far from being unconcerned, Buddhist writers resituated appropriated medical knowledge within religious frames of legitimacy in an effort both to defend the orthodoxy of the medical treatments they borrowed and to promote Buddhism’s efficacy and superiority over other religions by claiming dominion over healing powers and abilities. This work is performed in different ways in different texts through countless individual acts of translation, but taken as a whole these efforts unmistakably demonstrate the importance of healing claims to Buddhist proselytism in China.

In this article, I have investigated one text and argued that its author recreated the Indian Medicine King for Chinese audiences both as a model

physician and as a potent wonder-worker. The goal was not medical education, but persuasion. Both of these representations placed the Medicine King in direct competition with other numinous Chinese physicians. For contemporaries familiar with the medical hagiography literature, Jivaka’s therapies time and again would have demonstrated his superiority to those non-Buddhist healers. For example, Jivaka betters Bian Que—who raises the Prince of Guo from a coma that only appears to be death—by reviving patients who actually have died. In successfully treating and avoiding capture by the enraged king, he likewise betters Hua Tuo, who is imprisoned and executed by his capricious ruler for insubordination. Unlike either of these counterparts, who allow patients to die under their watch, Jivaka infallibly heals every patient he encounters. Moreover, Jivaka puts the royal physicians to shame with his superior knowledge and even inherits the title of the world’s foremost physician from the author of the greatest Indian medical treatise—a claim no other physician could match. Moreover, the Jivaka Sūtra claims repeatedly that Jivaka was born with a bag of acupuncture needles and herbs in his hand, proof that he—and not any other physicians who may be known by the same name—simply must be the Medicine King.\footnote{必醫王也*, T. 553 (897b19); 必是醫王*, T. 554 (902c24). For further discussion of miracle tales as constituting proof, see Fransiscus Verellen, "Evidence of Miracles in Support of Taoism": The Inversion of a Buddhist Apologetic Tradition in Late Tang China," To’ung Pao 78 (1992): 217–63.}

Perhaps most striking, however, is the personal confirmation of Jivaka’s dominion over health and medicine proclaimed by Śākyamuni Buddha himself. When Jivaka meets the Buddha, the World-Honored One declares, “I treat internal diseases; you treat external diseases.”\footnote{我治內病*·治治外病*, T. 553 (899c09), 554 (904a18). See similar equation at T. 553 (901a21) and 554 (905b27).} Keeping in mind that the Chinese character zhi 治 can mean both “to treat” and “to govern,” this equation should be read as saying that just as the Buddha reigns over all the spiritual and mental ills, Jivaka reigns over the physical ills. On the one hand, this passage invites comparison between the Medicine King and the Dharma King himself, while elevating both above ordinary secular rulers. On the other, language such as this at least partially explains the appropriation of the title “Medicine King” by medieval rulers when underscoring their benevolence and potency. That this proclamation comes from no less an authority than the Buddha is an unambiguous sanction for Jivaka’s medical authority and the canonical status of the sūtra text could only mean the confirmation of the truth of these words.

Claims that Jivaka was the supreme physician were by extension claims for the authority of Buddhist healers who invoked his name. And invoke
his name they did. For example, the sixth-century *Lives of Eminent Monks* presents the biography of a healer-monk, Yu Fakai 于法開. The text tells of his practice of the classical Chinese therapies of acupuncture, decoction, and pulse reading, but these skills are not attributed to the classical medical tradition associated with the Yellow Emperor. Instead, it claims that Yu Fakai followed the “wonderful and powerful medical methods of Jivaka.”98 The invocation of Jivaka in this passage and Yu Fakai’s claims to medical knowledge through him are indicative of an attempt to establish an alternative Buddhist medical lineage. Such claims at once set Buddhist healers apart from and above those who practiced the medicine of the Yellow Emperor, even while appropriating classical medical knowledge for sectarian purposes. While details of this Buddhist lineage remain unspecified in the text, the characterization of Yu Fakai’s knowledge as a “medical method” (*yi fa 醫法*)—terminology well known from classical Chinese medicine—places it on equal footing. The message of the passage is that Yu Fakai’s practice is a similarly efficacious, comparably ancient, but quite separate chain of transmission of specifically Buddhist origin.

Buddhists throughout the early medieval period and afterward continued to use the Medicine King to legitimize many different medical practices. But exactly what the phrase “medical methods of Jivaka” might mean continually changes from text to text. While the *Jivaka Sūtra* itself focuses on Indian therapies and Yu Fakai’s biography emphasizes classical Chinese practices, in a passage in the *Vinaya* of the Mahiśāsaka school, Jivaka is said to be the only one who can cure a list of diseases that includes “demon-contact” (*gui zhuo 鬼著*).99 In several texts, he is said to have built female automatons to cure patients through sexual therapy.100 In another, he is said to know thoroughly the *Five Classics*, astronomy, and geomancy, thus expanding beyond medical knowledge into complete mastery over the triple realm of man, heaven, and earth.101 Jivaka eventually was transformed from a human doctor into a deity: texts from Dunhuang and Turfan show the ritual worship of Jivaka being practiced along the Silk Road in the Tang period, particularly with regard to the well-being of children.102

Jivaka even became a symbol outside Buddhist circles, infiltrating the literary canon of classical Chinese medicine.103 Medical treatises by the

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98 祖述善妙通醫法*, T. 2059 (350a15).
99 T. 1421 (116a05).
100 Demiéville, *Byō*, 49.
101 智覺五經* 天文地理*, T. 701 (802c11). This is another text that is problematically attributed to An Shigao.
103 Chen Ming, *A Study*, discusses the texts attributed to Jivaka by later Chinese tradition in detail (see chaps. 5–6). Although it is beyond the scope of this article, medieval Central
Tang physician Sun Simiao 孫思邈 (581–682)—himself an example of Indo-Sinitic medical syncretism—include formulas named for Jivaka (Qipo fang 菩婆方) that treat a wide range of syndromes and disorders. Such formulas also appear in the tenth-century Recipes at the Heart of Medicine (Chinese: Yi xin fang; Japanese: Ishinpō 薬心方). Several classical medical treatises associated with Jivaka were composed by the time of the Song dynasty (960–1279 CE), including Jivaka’s Treatise on the Five Viscera (Qipo wu zang lun, 菩婆五臟論), Jivaka’s Canon of the Vessels (Qipo mai jing 菩婆脈經), Jivaka’s Sixty-Four Questions (Qipo liushisi wen 菩婆六十四問), and Jivaka’s Essential Formulae (Qipo yao yong fang 菩婆要用方). These examples demonstrate Jivaka’s symbolic appeal to classical medical writers as a source of authority and efficacy, particularly useful for legitimizing the appropriation of Indian knowledge into mainstream classical medicine.

With all of these diverse texts and practitioners calling on the Medicine King as a source of legitimacy, it is evident that Jivaka—in Chinese reception, translation, composition, and allusion—was never associated strictly with a particular Indian medical doctrine. Nor is Jivaka associated with a specific Indian contribution to Chinese medical practice. Rather, he is best understood as an example of how a foreign hero could be appropriated and recreated as a powerful new symbol for authority, legitimacy, and efficacy. He was a name that could be invoked whenever and wherever Chinese healers mobilized Buddhist medical knowledge. He is an illustration of the central role of healing claims in Buddhist proselytism in medieval China, and of the strategies translators employed in making such claims. And he is an example of the recasting of foreign knowledge to work in indigenous contexts—but not at all in the way that conventional wisdom has led us to believe.

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Asian texts such as the Jivakapustaka (a manuscript composed prior to the eleventh century in Sanskrit and Khotanese and discovered at Dunhuang) indicate the importance of Jivaka’s name for the āyurvedic tradition as well.

104 See the discussion in Chen Ming, A Study, 213ff.