

Article

Techniques of the Supramundane: Physician-Monks' Medical Skills during the Early Medieval China (220–589) in China

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Abstract: Hagiographical tales tell us that some Buddhist monks who lived during the Early Medieval China (220–589) possessed considerable medical skills. Some were proficient in foreign medicine, while others had mastery over traditional Chinese medicine. The outstanding medical practitioners among these monks included Yu Fakai 于法開, Zhi Facun 支法存, Sengshen 僧深, and Shi Daohong 釋道洪. In addition to having a background in traditional Chinese medicine, these individuals are said to have had access to foreign medical knowledge due to their status as monks. However, the literature on these physician-monks' medical skills is limited, which is why the present paper aims to explore this matter further, especially by introducing and elaborating upon some modern Chinese research which has generally gone unnoticed in international scholarship. To this end, this paper critically analyzes various historical records detailing these monks' lives. It shows that, in addition to having extraordinary medical skills, some of these physician-monks mastered methods to cure specific diseases (such as beriberi [*jiaoqi bing* 腳氣病]) (This is the name of the disease in traditional Chinese Medicine. It refers to a disease characterized by numbness, soreness, weakness, contracture, swelling, or muscle withering in the legs and feet.)). It also shows that they were usually more accurate in syndrome differentiation, while the treatments they prescribed were unique. However, given the lack of information, further research is required to clarify how these physician-monks learned methods as well as the impact of their foreign medicine knowledge on their methods.

Keywords: Early Medieval China (220–589); physician-monks; medical skill



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1. Introduction

In his famous essay, “Hufang kao” 胡方考 [An Examination of Foreign Prescriptions], Fan Xingzhun 范行准 (1906–1998), a prestigious expert of medical history in modern China, states the following:

Culture is inherently fluid. Anything that is not fluid will never advance. Concerning Chinese medicine, if not for the flow and contact between the ancient Chinese and Western cultures, I am afraid that *Shennong's Herbal Classic* (*Shennong bencao jing* 神農本草經), which documented 365 kinds of medicaments, and the *Treatise on Cold Pathogenic Diseases* (*Shanghan lun* 傷寒論) which has 113 recipes would not have been published around the period of the Han dynasty. 文化本屬富有移動性之物，凡事無移動即無進步，中國醫學，若非古代中西文化之移動解除，吾恐三百六十五種本草之《神農本草經》，一百一十三方之《傷寒論》，在漢季尚難出世也。(Fan 1936, p. 1235)

Fan posited that the development and dissemination of Chinese medicine were influenced by its contact with foreign cultures. In the latter part of his essay, he mentioned that “the Wei, Jin, and Northern and Southern dynasties, during China's Three period, were the peak of the spread of Brahmanical [Indic] medicine into the country, as it was during this time that Brahmin monks and Buddhists were most active in China.” 當我國兩晉南北朝三方鼎峙，正印度婆羅門醫術傳入極盛時代，因其時婆羅門僧與佛教徒在中國最為活躍也 (Ibid., p. 1242). The “Treatise on the Classics and Other Writings” (“Jingji zhi” 經籍志) of

the *Book of Sui* (*Suishu* 隋書) (hereafter *Suishu's* Treatise on the Classics and Other Writings) documented 12 medical books introduced from India and the Western Regions. There are as follows:

- (1) *Mohe chu huguo fang* 摩訶出胡國方 [Foreign Prescriptions by Mahā] in 10 *juan*.
- (2) *Xiyu zhuxian suoshuo yaofang* 西域諸仙所說藥方 [Prescriptions Taught by the Sages of the Western Regions] in 23 *juan*.
- (3) *Xiyu boluoxianren fang* 西域波羅仙人方 [Prescriptions of the *Para Sages of the Western Regions] in 3 *juan*.
- (4) *Xiyu mingyi suoji yaofang* 西域名醫所集要方 [Important Prescriptions Collected by Famous Physicians in the Western Regions] in 4 *juan*.
- (5) *Longshu pusa yaofang* 龍樹菩薩要方 [Nāgārjuna Bodhisattva's Important Prescriptions] in 4 *juan*.
- (6) *Longshu pusa hexiang fa* 龍樹菩薩和香法 [Nāgārjuna Bodhisattva's Incense Blend Recipes] in 2 *juan*.
- (7) *Longshu pusa yangxing fang* 龍樹菩薩養性方 [Nāgārjuna Bodhisattva's Spiritual Cultivation Methods] in 1 *juan*.
- (8) *Qipo suoshu xianren minglun fang* 耆婆所述仙人命論方 [Sagely Knowledge of Life Conveyed by Jivaka] in 2 *juan*.
- (9) *Qiantuoli zhigui fang* 乾陀利治鬼方 [Methods of Exorcism in Kantoli] in 10 *juan*.
- (10) *Xinlu Qiantuoli zhigui fang* 新錄乾陀利治鬼方 [Newly Documented Methods of Exorcism in Kantoli] in 4 *juan*.
- (11) *Poluomen zhuxian yaofang* 婆羅門諸仙藥方 [Prescriptions of Brahmin Sages] in 20 *juan*.
- (12) *Poluomen yaofang* 婆羅門藥方 [Brahmin Prescriptions] in 5 *juan*.

These foreign medical documents included in the *Suishu* had probably already existed since the period of division (220–589). Among the monks who travelled between the south and north were also physicians who practiced what was originally foreign medicine. On the one hand, they spread Buddhism by practicing the medicine which they had mastered, while on the other hand, they introduced foreign medical knowledge into China. Simultaneously, many of the physician-monks at that time were Han Chinese who possessed consummate skills in traditional Chinese medicine. In addition to having extraordinary medical skills, some of them also mastered various methods to cure specific diseases such as beriberi. These *sui generis* physician-monks add vivid color to the history of monks and medicine in early imperial China.

Some developments in Chinese scholarship have been made in research on the group of Buddhist monastic physicians (*sheyi sengren* 涉醫僧人)¹. In Li Hong's 李紅 *Review of Ancient Buddhist Doctors in China* (中國古代僧醫綜述) (Li 2008), the activities carried out by ancient physician-monks in China were discussed, and the perspectives were extended to fields such as the medical education of Tibetan Buddhism. The research perspective of this paper is history and there is no discussion about traditional Chinese medicine. In Fu Shuang's 付爽 "Overview of the Researches on Buddhist Doctors in the Wei, Jin, Northern, Southern, Sui, and Tang Dynasties" (魏晉南北朝隋唐時期佛教醫僧研究概述) (Fu 2015), the research results of physician-doctors across several dynasties were summarized. The scholarship of this study is relatively solid and it has value for reference. In "Distribution of Places of Birth and Preaching Places of Buddhist Doctors Coming from the Surrounding Areas to China in the Tang Dynasty" (唐代周邊區域來華醫僧的籍生地與駐錫地分佈) (Gou and Fu 2013), by Gou Lijun 勾利軍 and Fu Shuang, from the perspective of historical geography they discuss the source and distribution of physician-monks from other places. In Li Xican's 李熙燦 "History of Buddhism: Buddhist Doctors in the Poetry of the Tang Dynasty" (佛教史話: 唐詩中的醫僧) (Li 2015), Li starts from the poems in the Tang Dynasty and discusses the treatment methods and social intercourse of doctors in the Tang Dynasty. This research is quite meaningful and provides new material for us to study the medical skills of monks. Among works about physician-monks, *Biographies of Figures of Buddhist Doctors* (佛醫人物小傳) (Fu and Ni 1996), edited by Fu Fang 傅芳 and Ni Qing 倪青, is an early work in which medical figures in Buddhism are discussed, which provides a

foundation for future research. In addition, in *Biography of Buddhist Doctors* (佛醫人物傳略) (Tao and Liao 2014), edited by Tao Xiaohua 陶曉華 and Liao Guo 廖果, a large number of stories of ancient Buddhist Monk doctors in China are discussed. It has made contributions to data collection, but there are a few other studies. Liu Shufen's 劉淑芬 "The Relationship between Monks, the State, and Healthcare in the Tang and Song Dynasties: From the Prescription Hole to the People Benefiting Bureau" (唐宋時期僧人、國家和醫療的關係——從藥方洞到惠民局) is included in *Chinese History from Healthcare* (從醫療看中國史) (Liu 2012), edited by Li Jianmin 李建民. She provides a detailed discussion on official healthcare and monastic healthcare in the Tang and Song Dynasties. It is a valuable reference. In Cao Shibang's 曹仕邦 *Research on External Studies of Buddhist Monks in China: from the Late Han Dynasty to the Five Dynasties* (中國沙門外學的研究：漢末至五代), the medical knowledge and achievements of Buddhist monks are summarized. He believed that the troubled times in the Wei, Jin, Southern, and Northern Dynasties were the direct driving force for monks acquiring medical knowledge and writing medical treatises. When the state was more unified, it was not necessary for the monks to participate in such activities (Cao 1994, p. 404). In Shang Yongqi's 尚永琪 *Study of Social Groups in the North under the Background of the Spread of Buddhism from the 3rd to 6th Century* (3~6世紀佛教傳播背景下的北方社會群體研究) (Shang 2008), one chapter discusses the groups of monastic-physicians in the society of the north, and folk healthcare in the Northern and Southern Dynasties. The study of Shang Yongqi proposes some unique ideas and is a solid work.

Hong Pimo's 洪丕謨 "Medical Career Record of Buddhist Monks in History" (歷史上醫僧行醫生涯散錄) (Hong 1993) was adapted into a popular text from historical data. It has a certain instructive significance. In "Discussion About the Influence of Buddhism on the Development of Medicine in the Sui and Tang Dynasties" (試論隋唐時期佛學對醫藥發展的影響) by Liang Lingjun 梁玲君 and Li Liangsong 李良松 (Liang and Li 2016), they discuss in some contexts the Buddhist monks in the Sui and Tang Dynasties, and the works of physician-monks from that time. In "Discussion about the Influence of Sinicized Buddhism on the Academic Study of Traditional Chinese Medicine (Part 2)" (試論漢化佛教對中醫藥學術的影響 (下)) by Hu Shilin 胡世林, Tang Xiaojun 唐曉軍, and Wang Qianzhi 王謙之 (Hu et al. 1996), they summarize the ancient physician-monks of China. It is argued that more than one hundred Buddhist monks can be found in the literature. In Zheng Junyi's 鄭俊一 "Buddhist Doctors of Han Nationality in Medical Exchanges between Tang and Tubo" 唐與吐蕃醫學交流中的漢族僧醫 (Zheng 2017), the influence of physician-monks of Han ethnicity on Tibetan medicine is discussed from the perspective of exchanges between the Han Chinese and Tibetans. In Han Guozheng's 韓國正 *Study of "Sengshen's Prescriptions" in Chinese and Japanese Medical Literature* (中日醫學文獻中的《僧深方》研究) (Han 2012), literatures on Sengshen's prescriptions in the mediaeval times were summarized and studied alongside a comparison of Chinese and Japanese literatures. The article focuses on Sengshen's understanding and treatment of diseases. It is written from the perspective of traditional Chinese medicine. In Xue Keqiao's 薛克翹 "Indian Buddhism and Ancient Chinese Medicine in the Han Region" (印度佛教與中國古代漢地醫藥學) (Xue 1997), the relationship between Indian Buddhism and traditional Chinese medicine is systematically summarized. Two parts separately discuss physician-monks from the Western Regions and China. At the same time, the author systematically summarizes medical books and skills introduced into China from other regions, as well as the contributions of important medical figures. In Dang Xinling's 黨新玲 "Zhai Farong, the Medicine King of Dunhuang in the Tang Dynasty" (唐代敦煌醫王翟法榮) (Dang 1993), there is a special study on Zhai Farong, a physician-monk of Dunhuang. In this article, it is argued that he could serve as Chief Monk in Dunhuang mainly due to his excellent medical skills. In Zhou Hua's 周華 *Study of the Development History of Medicine in Shaolin* (少林醫藥發展史研究) (Zhou 2016), the physician-monks in Shaolin in different periods are described, but its depth of research is limited. In "Medical Achievements of Buddhist Doctors in the Wei, Jin, Southern, and Northern Dynasties" (魏晉南北朝僧醫的醫學成就) by Li Qing 李清, et al. (Li et al. 2009), the practice of Buddhist Monk doctors from this period are investigated from the perspective

of their medical practices. In Ding Jiashuo's 丁嘉燦 "Medical Activities of Monks in the Tang Dynasty- Monks in Chang'an in the Period of Emperor Taizong in the Tang Dynasty as an Example" (唐代僧人的醫療活動——以唐太宗時期長安僧人為例) (Ding 2017), the social activities of monks are discussed based on their medical practices. Gao Xiang's 高祥 *Study of Healthcare of Monks in the Wei, Jin, Southern, and Northern Dynasties* (魏晉南北朝僧人醫療保健研究) (Gao 2019) clearly summarizes the medical practices and healthcare of monks in the Wei, Jin, and Southern and Northern Dynasties.

Relevant scholarship in English includes Paul U. Unschuld's *Medicine in China: A History of Ideas*, in which the impact of Indian medicine on Chinese medicine is discussed. Buddhism became the media for medical exchanges, and monks became the core group spreading and receiving medicine from foreign countries (Unschuld 1985, pp. 132–53). C. Pierce Salguero's *Translating Buddhist Medicine in Medieval China* discusses the exchange of medical culture between China and India in the mediaeval period. This monograph offers a good historical discussion on the relationship between Buddhism and healthcare during the period in question. Chapter Five looks at Buddhist physicians (Salguero 2014, pp. 237–70). His other important paper is "A Flock of Ghosts Bursting Forth and Scattering": *Healing Narratives in a Sixth Century Chinese Buddhist Hagiography* (Salguero 2010). This paper is an important contribution to the research of medical monks. Compared with this article, my research pays more attention to how these monks use specific traditional Chinese medicine techniques and prescriptions. The focus of my article is not on the interpretation of literature. Smith, Hilary A.'s *Forgotten Disease: Illnesses Transformed in Chinese Medicine* (Smith 2017), the author talks about a distortion of Asian traditional disease concept after the introduction of western vitamin concept and discussed the complex situation of *jiaoqi* 腳氣 in Medieval China, which is not just beriberi. Liu Yan's *Healing with Poison: Potent Medicines in Medieval China* (Liu 2021), also talked about the use of the poisonous drug *hanshi san* 寒食散 by Buddhist monks.

Having outlined the past research on the topic at hand, we should further clarify what we are addressing in this study. In my opinion, "Buddhist medicine" is a concept involving formal medical techniques and technologies. We should not simply believe that all the medical practices of Buddhism or its mystical methods for disease treatment, such as those relying on meditation, ought to be regarded as "medicine" because Buddhism applies labels such as "Great Lord of Healing" (*Dayi wang* 大醫王) and "Healing the Mind" (*yi xin* 醫心). Medicine should treat very specific diseases of the human body and some monks in Buddhism really did master some practical medical techniques. This would be a real example of "Buddhist medicine" in practice. My research approach in this paper, therefore, will focus on the "theory, method, prescription, and medicine"² (*lifa fangyao* 理法方藥) used by these monks of antiquity in the process of practicing medicine. Buddhist physician-monks in the real world, I argue, should have had specific practices and medical records or prescriptions which we can analyze. This is one of the core indicators with which to judge whether a monk was a real physician. Therefore, in this paper, I want to pay special attention to the prescriptions given by some monks in detail.³ This requires reference to a point of view rooted in Traditional Chinese Medicine. It is in this way that we can objectively and critically discuss the physician-monks under investigation.

2. Physician-Monks Recorded in the *Gaoseng zhuan* 高僧傳 [Biographies of Eminent Monks]

According to the *Gaoseng zhuan* 高僧傳 [Biographies of Eminent Monks], the first documented monk in the text who is credited with possessing medical skills was An Shigao 安世高, an eminent monk who translated Buddhist scriptures:

An Qing, known by the courtesy name "Shigao" 世高, was the crown prince born to the king and queen of Parthia. He was known for his filial piety since he was a child. He was diligent in his work, intelligent, and studious. He had extensive knowledge of the foreign classics, the seven shining stars and the five elements [i.e., astronomy and related sciences], medical treatments, special techniques, and

even the sounds of birds and other animals. 安清，字世高，安息國王正後之太子也。幼以孝行見稱，加又志業聰敏，克意好學。外國典籍及七曜五行醫方異術，乃至鳥獸之聲，無不綜達。(Hui 1992, vol. 1, p. 4)

However, the text does not specify which kind of medical skills An Shigao used to treat people. Assuming this account is historically true, what he had learned was likely similar to the knowledge possessed by Indian Brahmins. According to the *Biographies of Eminent Monks*, Yu Daosui 于道邃, another monk of the Northern and Southern dynasties, “became a monk at the age of 16, and served Mr. Lan 蘭公 as a disciple. He was academically brilliant, and read extensively both domestic and foreign literature. He was proficient in medicine and writing, had a deep understanding of different customs, and was eloquent.”⁴ The Mr. Lan mentioned here was the eminent monk Yu Falan 于法蘭 of the Eastern Jin dynasty (317–420).

Yu Fakai, another disciple of Falan, became known for curing people while spreading the Buddhist Dharma alongside his medical skills. He was the first monk whose practice of medicine was documented in detail in the *Biographies of Eminent Monks*. Yu Fakai, whose life details remain relatively unknown, had deep thoughts but seldom expressed himself, while his views were considered unique. He was familiar with the scriptures of the *Fangguang bore jing* 放光般若經 and *Zhengfa hua jing* 正法華經, followed the path of Jīvaka 耆婆, and had considerable medical skills. One time he begged for food and stayed temporarily at a host’s house. Later, when one of the women in the household went into labor, complications put her life at risk. Many physicians tried to treat her without success, and her whole family was in distress. Upon seeing this, Yu Fakai said, “This is easy to cure.” As the host began slaughtering a sheep to perform an illicit ritual, Yu Fakai ordered people to take some of the mutton to cook soup instead. After the woman in labor drank the soup, he applied acupuncture based on her *qi* 氣 (i.e., the vital energy within her body). Shortly after, the baby was born with the amnion covering its body.

On another occasion, in the fifth year of Shengping 昇平 era (361), Xiaozong 孝宗 (Emperor Mu of Jin) had fallen ill. “The emperor suffers from a small illness and [Empress Kangxian 康獻] asked Mr. Yu to take his pulse. He came to the door but refused to enter, giving many excuses. He should be thrown in jail.” Shortly after, the emperor passed away and Kai was pardoned. Subsequently, he returned to Shicheng temple 石城寺 on Mount Shan 剡山. Someone asked him: “Master, you are highly intelligent, unbending and simple. Why do you let the medical arts cross your heart?” He answered: “When we understand the six *pāramitās* 六度, we can eliminate the illnesses caused by the four devils. When we adjust the nine pulse-taking conditions⁵ (*jiuhou* 九候), we can cure cold-wind illnesses. This benefits not only oneself but others, and nothing is more delightful than this.” Yu Fakai died at a hill temple at the age of sixty *sui*. Sun Chuo 孫綽 described him as “an intelligent man and an eloquent speaker who “made use of the mantic arts to spread the teaching (i.e., Buddhism); this is the person Mr. Kai was.”⁶

Yu Fakai’s native place is unknown. It is also possible that he adopted his last name to honor his master, Yu Falang. As the records mention that Yu Fakai “followed the path of Jīvaka,” it can be assumed that people would have imagined that his medical knowledge came from Indian sources and perhaps he knew Indian medicine in reality.⁷ Some scholars believe that Yu Fakai treated labor dystocia. In the system of Indian medical practice that had spread to Khotan, knowledge of obstetrics, gynecology, and pediatrics was included in the “Prescriptions for Children” branch, which was one the “eight branches of medicine” (*yifang bazhi* 醫方八支). Jīvaka was also considered the king of doctors for children, and was surely familiar with obstetrics. Thus, it has been suggested that the skills used by Yu Fakai to treat dystocia were related to the knowledge passed on by Jīvaka to his followers (Chen 2008, pp. 21–22).

Helping women in labor by using acupuncture was a common practice among Chinese physicians in premodern times. Almost all of the acupuncture classics from all dynasties discussed similar topics. Some examples include: “When a woman encounters difficulties in giving birth and if the fetus does not come out, Kunlun 昆侖 is the major acupuncture

point for treatment (女子子難，若胞不出，昆侖主之)。” (Zhang and Xu 1996). Further, “When a woman gives birth to a fetus with its feet coming out first, penetrate the Foot-Taiyin 足太陰 with one-third of the needle under the skin, and take out the needle when the feet retract inside. The acupuncture point is located at the concave part between bones under the white skin behind the medial malleolus.”⁸ Additionally, “If the fetus’s hand comes out first, penetrate the Taichong 太沖 point with one-third of the needle under the skin, and urgently stimulate the Baixi point, which is located one *cun* 寸 [a unit of length] away from the hallux. If the placenta is not expelled, penetrate the Foot-Taiyang four *cuns* under the skin, with the acupuncture point at the concave point one *cun* under and behind the lateral malleolus [...]. Additionally, penetrate the Sanyinjiao 三陰交 point for dystocia, non-stop menstruation, malposition, and excessive fetal movement.”⁹ In the author’s opinion, it is almost certain that foreign medicine comprised a part of Yu Fakai’s medical skills. However, as acupuncture is also used in traditional Chinese medicine to deal with dystocia, whether Yu Fakai used foreign medicine to treat the woman with labor dystocia is an issue that remains to be discussed. However, based on the fact that someone asked him (“Master, you are highly intelligent, with a strong and assertive personality. Why are you also highly skilled in medicine?”), it can be inferred that many people were aware of Yu Fakai’s medical skills, and it is likely that he was a famous doctor during his time.

Both Yu Daosui and Yu Fakai were disciples of Yu Falan, and both of them had medical backgrounds. However, Chen Ming 陳明 pointed out that no records show that Yu Falan practiced medicine; therefore, it is conceivable that the two disciples had learned their medical skills from someone other than their master. Moreover, Chen Ming speculated that Yu Daosui learned his medical skills from Yu Fakai and that the skills were passed on from one fellow disciple to another (Chen 2008, p. 21). As records are limited, these are merely reasonable inferences. Regardless of where the two learned their medical skills, it is noteworthy that two of the three individuals hitherto mentioned (i.e., the master and his two disciples) practiced medicine.

The *Biographies of Eminent Monks* also recorded the deeds of Zhu Fotiao 竺佛調. Although the records do not explicitly mention that he possessed advanced medical skills, they reveal additional information:

Zhu Fotiao, from an unknown clan, was said by some people to be from Tianzhu 天竺 [India]. With Fotucheng as his master, he lived at Changshan Temple 常山寺 for many years. He lived a pure and simple life and did not make displays of ornate language, for which many people of that time praised him. Two brothers who were devoted believers in Changshan lived a hundred *li* [unit of length] from the temple. The wife of the elder brother had fallen seriously ill and was moved near the temple so that she could be treated. The elder brother had Tiao as his teacher. During the daytime, he was always in the temple to be taught Dharma. One day, Tiao suddenly visited his home. The younger brother asked about his sister-in-law’s illness and his brother’s situation, to which Tiao answered: “The sick person is fine, and your brother is as usual.” After Tiao had gone, the younger brother rode a horse and headed to the temple. When he talked about how Tiao had visited in the morning, his elder brother was stunned, and said, “The monk has not left the temple all morning. How could you see him?” The elder brother asked Tiao about this, and Tiao smiled in silence. Many people heard of this and were also astounded. 竺佛調者，未詳氏族，或云天竺人。事佛圖澄為師，住常山寺積年。業尚純樸，不表飾言，時咸以此高之。常山有奉法者，兄弟二人，居去寺百里。兄婦疾篤，載至寺側，以近醫藥。兄既奉調為師，朝晝常在寺中諮詢行道。異日調忽往其家，弟具問嫂所苦，並審兄安否。調曰：“病者粗可，卿兄如常。”調去後，弟亦策馬繼往。言及調旦來，兄驚曰：“和上旦初不出寺，汝何容見？”兄弟爭以問調，調笑而不答，咸共異焉。 (Hui 1992, vol. 9, p. 363)

What is particularly noteworthy in this passage is that the elder brother’s wife had been moved near the temple so she could be treated. This shows that the temple in which Zhu Fotiao stayed had adequate medical resources to treat sick people. In ancient times,

having adequate medical resources meant that good physicians lived in a given place. This implies that Zhu Fotiao's medical skills were highly regarded among the Buddhist households in the vicinity. Moreover, judging from the apparent miracle he performed, his behavior resembled that of his master Fotucheng 佛圖澄, who was also a foreign eminent monk whose medical skills were also documented in the *Biographies of Eminent Monks*. As mentioned in his biography: "Fotucheng treated sick people that no one else had been able to cure and the illness would subside gradually. He subtly treated people and countless people benefited from his skills."¹⁰ We can assume that the methods Fotucheng used did not originate from local Chinese medicine.

Another event recorded in the *Biographies of Eminent Monks* can further illustrate the special characteristics of Fotucheng's medical skills: "At that time, two sons of the crown prince Shi Sui 石邃 stayed in Xianggou 襄國. Fotucheng said to Shi Sui: 'Your younger son is sick; you should go and bring him back.' Thus, Shi Sui instructed his trusted aide to ride a horse and visit his younger son, who was indeed ill. The imperial physician Yin Teng 殷騰 and some foreign monks claimed that they could cure him. Fotucheng said to his disciple Faya: 'Even if the saint were here, he would not be able to cure this kind of illness, let alone these people.' Three days later, the sick man died, as Fotucheng had expected."¹¹ We can look at this passage from two perspectives. First, Fotucheng conformed to the precepts of Buddhism and refused to tell lies; therefore, he did not support the other doctors' opinions that the man could be cured. Second, based on the medical skills that he had learned, Fotucheng judged that there was no way to cure the patient. This diagnosis was a conclusion that he had reached on his own, as a direct result from the foreign medical knowledge that he had mastered. Moreover, this reminds us that the foreign medical knowledge that these monks had mastered might have been unique in China in terms of its methods of identifying symptoms and diseases.

3. Zhi Facun 支法存, the Monk Yang (仰道人) and Sengshen, and Beriberi

The following three monks became widely known in the Wen and Jin dynasties for curing beriberi and became the archetype of physician-monks at the time.

3.1. Zhi Facun

Zhi Facun was a reputable physician-monk who lived during the Wei and Jin dynasties period. He was a member of the Hu 胡 people. He grew up in Guangzhou 廣州 and became proficient at practicing medicine. According to the literature, he was proficient at curing beriberi, a disease that struck many people during the Eastern Jin dynasty period. Zhi Facun amassed considerable wealth through his medical skills. It was said that he owned two treasures: an eight-*chi* (unit of length) blanket with bright and shining colors that could change into a hundred different images, as well as an eight-*chi* bed made from agarwood, so that a pleasant smell always filled his house.

Wang Yan 王琰 (some sources cite his first name as Tan 談) from Tayuan 太原 was the regional inspector of Guangzhou at that time. His eldest son, Shaozhi 邵之, asked for the aforementioned two treasures owned by Facun, but the latter refused multiple times. Subsequently, Wang Yan reported Facun for being an unruly man of wealth; later, he had him executed and his assets confiscated. Following Facun's death, a spirit that looked like him appeared in the regional court. The spirit frequently beat a drum outside the building, seemingly to protest the injustice that had befallen Facun. Sometime later, Wang Yan fell ill and began to see Facun by his side. Shortly after, Wang Yan died. Shaozhi died shortly after he had arrived at Yangdu 揚都.¹²

According to the *Suishu Treatise on the Classics and Other Writings*, Zhi Facun penned the *Shensu Prescriptions* (*Shensu fang* 申蘇方 in 5 *juan*) (Feng 1993). Further, people from the Song dynasty provided additional information on his life:

Zhi Facun was a monk in the Lingnan 嶺南 area. He longed for the life of a monk since he was a child and hoped to pursue ultimate wisdom. He was an honest and sincere man, never tired of searching for new treatments, and was

highly respected during his time. Following the wave of migration to the south during the Yongjia 永嘉 era (i.e., when upper-class individuals of the Jin dynasty fled from the Central Plains to southern China after the Disaster of Yongjia), the scholar-officials had been unable to adapt to their new environment, and many of them suffered from weakness in the legs. Only Facun could save them. 支法存者，嶺表僧人也，幼慕空門，心希至道，而性敦方藥。尋覓無厭，當代知其盛名。自永嘉南渡，晉朝士夫不習水土，所患皆腳弱，惟法存能拯濟之。¹³

When the Song writers recorded Zhi Facun's story, he had long since passed; therefore, said information can only serve as a tentative reference. The two treasures of Zhi Facun, the eight-*chi* blanket and the eight-*chi* bed are believed to be rare objects from distant regions of the Wei and Jin dynasties period. The former is believed to be a high-quality woven blanket of exquisite craftsmanship with gorgeous patterns and colors. It is likely that Zhi Facun obtained both treasures because he was a member of the Hu people and because of the wealth he had amassed by practicing medicine. The illness that he was an expert at treating was a so-called "weakness in the legs," also known as beriberi, which is considered to be a thiamine (Vitamin B1) deficiency by modern medicine.

Beriberi is a nutritional deficiency disease characterized by impaired glucose metabolism, caused by a long-term lack of vitamin B1 in the individual's diet; people with beriberi usually lack other types of vitamin B as well. Its early symptoms include fatigue, a feeling of heaviness in the lower extremities, scaling skin, numbness in the calves or feet, muscle soreness (especially in calves), headaches, insomnia, and loss of appetite. Following this initial stage, the following typical symptoms appear: (1) Nervous system: Peripheral polyneuritis. (2) Circulatory system: Palpitations and shortness of breath, especially during movements. In severe cases, cyanosis, dyspnea, and hepatomegaly, which are symptoms of heart failure, may appear. (3) Sufferers may develop different levels of edema, initially in the ankles. (4) Digestive system: Flatulency, loss of appetite, and constipation may appear, although less commonly than the other three types of symptoms. The illness can be divided into five types, including the dry type, with peripheral polyneuritis as the main symptom; the wet type, with anasarca as the main symptom; the fulminant type, with acute heart failure as the main symptom; the cerebral type, with central nervous system disorder as the main symptom; and the mixed types, with various symptoms (Zhang 1989).

Chinese medical historians were well aware of this disease. Liao Wenren 廖温仁 summarized traditional Chinese medicine's historical understanding of the pathogenesis of the disease as follows: "Those who believed it to be an exopathy split into several groups, who attributed the cause of the disease to wind toxicity, miasma, dampness, or a contagion. Those who believed it to be an endopathy also split into several groups, attributing the cause of the disease to kidney deficiency, epilepsy, internal dampness (a kind of water intoxication), malnutrition, inherited pathogenic toxins (pathogenic toxins passed from mother to fetus), a down-flow of dampness, or stagnation of the spleen's *qi*. Apart from these causes, other exopathic factors include the land (local conditions), climate (season), age, gender, status, and occupation." (Liao 1929). However, many medical historians have accepted the view that this illness is the same as what the modern medicine practitioners identify as a thiamine deficiency. For example, Chen Bangxian 陳邦賢 posited, "It was only recently discovered that [beriberi] is caused by the lack of vitamin B in rice." (Chen 2011, p. 332). However, this theory has been refuted by certain historians of medicine. For example, Liao Yuqun 廖育群 writes, "The prevalence of the disease only happened during certain periods, living environments, and among specific groups of people. In certain environments where white rice is the staple food, the prevalence of the disease has not been observed." (Liao 2000). Concerning the prevalence of the disease in the eastern Jin dynasty, Liao Yuqun pointed out that the historical curve of drug poisoning due to the intake of mineral substances (e.g., mercury, lead, and arsenic) and that of the incidence of beriberi are identical; this idea is further reinforced by the fact that, during this time, the use of "medicinal pellets" was popular.

Judging from physicians' historical understanding of beriberi, it seems that the scope of diseases considered by traditional Chinese medicine doctors to be beriberi is not limited to thiamine deficiency. This is directly related to the difference between traditional Chinese and Modern physicians' methodology, namely, "syndrome differentiation" (*bian zheng* 辯證) vs. "disease differentiation" (*bian bing* 辯病). For physicians of traditional Chinese medicine, who follow the principle of "treatment based on syndrome differentiation," understanding diseases' syndromes is of direct and critical significance to curing the disease.¹⁴ Therefore, any disease that involves weakness in the legs is considered to be related to beriberi. According to the *Prescriptions Worth a Thousand Pieces of Gold* (*Qianjin fang* 千金方), physicians including Zhi Facun, Monk Yang, and Sengshen of the Wei and Jin dynasties were experts in treating diseases related to leg weakness. Sun Simiao (孫思邈; 541–682) writes the following:

Combing through the classical prescriptions, several theories for leg weakness can be found, but the symptom appears rare during the period under investigation. However, following the Yongjia migration to the south, many officials' relatives suffered from the disease. In Jiangdong, Lingnan, people like Zhi Facun and Monk Yang studied the classical prescriptions and became exceptionally good at curing leg weakness. Almost all of the officials and people from prominent families were cured thanks to treatments offered by the aforementioned physicians. Afterward, during the Liu Song (420–479) and Qi (479–502) dynasties, the monk Shenshi had collected the old prescriptions from physicians such as Zhi Facun and compiled the records into 30 volumes of medical books. In these books, there are nearly 100 pieces of prescriptions for leg weakness. . . . The disease begins with symptoms in the legs, such as swelling in the calves; therefore, the disease was called "qi in the legs" (i.e., *jiaoqi* 脚气, or beriberi in modern medicine) by people at that time, which is the same as the leg weakness mentioned by Shenshi. Shenshi compiled more than 80 pieces of prescriptions used by Zhi Facun, including Fu Shilian (lived Yongping mountain), Fan Zuyao, and Huang Su, which were all distinguished. 論曰：考諸經方，往往有腳弱之論，而古人少有此疾。自永嘉南渡，衣纓士人多有遭者。嶺表江東有支法存、仰道人等，並留意經方，偏善斯術，晉朝仕望，多獲全濟，莫不由此二公。又宋齊之間，有釋門深師道人述法存等諸家舊方為三十卷，其腳弱一方近百餘首。 . . . 然此病發，初得先從腳起，因即脛腫，時人號為腳氣，深師雲腳弱者即其義也。深師述支法存所用永平山敷施連、範祖耀、黃素等諸腳弱方，凡八十餘條，皆是精要。(Sun 1998, vol. 7, pp. 162–63)

The records mention that Zhi Facun and Monk Yang paid attention to classical prescriptions. If this description is true, it shows that the treatment methods used were mainly from traditional Chinese medicine, probably without many foreign elements or techniques. In *Prescriptions Worth A Thousand Pieces of Gold*, Sun Simiao documented a type of *fangfeng* (i.e., radix ledebouriella, a root) decoction (*fangfeng tang* 防風湯). According to the records, it was a prescription used by Zhi Facun. Sun Simiao spoke highly of the prescription:

A *fangfeng* decoction is a treatment for weakness and mild wind-type convulsions in the limbs, uncontrollable movements of the joints, disorientation, and nonsense speech. The symptoms come and go at any time, and the sufferers are usually unable to tell the passage of time. The treatments used by Zhi Facun of the south are usually effective, with a mild nature, and do not hurt the body. Those treatments are better than other medicines such as *xuming* decoctions, decoction for relieving edema, and *fengyin* decoctions. A group of people in Guangzhou and some scholars in the south usually prescribe this treatment, which is also effective for leg weakness: Two taels [mass unit] each of radix ledebouriellae, ephedra, large leaf gentian, double-teeth pubescent angelica root, fresh ginger and pinellia tuber; one tael each of Chinese angelica, thinleaf milkwort root, licorice, four stamen stephania root, ginseng, baikal skullcap root, large trifolious bugbane rhizome, and white peony root; half tael of gypsum; and six *zhu* [mass unit] of musk. One

of the prescriptions calls for one additional tael of largehead atractylodes rhizome. Next, it requires the physician to finely chop the 16 ingredients and boil them in 13 *shengs* [mass unit] of water down to a decoction of four *shengs*. The prescription requires the sufferer to take one *sheng* of the decoction at a time. For the first time the sufferer drinks the decoction, the treatment calls for them to be covered with a heavy blanket until they break out in a light sweat. Afterward, two or three doses of the decoction should be taken again, over intervals equivalent to the time it takes a person to walk 10 *li*. 防風湯，治肢體虛風微痙，發熱，肢節不隨，恍惚狂言，來去無時，不自覺悟。南方支法存所用多得力，溫和不損人，為勝於續命、越婢、風引等湯。羅廣州一門南州士人常用，亦治腳弱甚良方。防風、麻黃、秦艽、獨活、生薑、半夏各二兩；當歸、遠志、甘草、防己、人參、黃芩、升麻、芍藥各一兩；石膏半兩；麝香六銖，一方用白術一兩。右十六味咬咀，以水一鬥三升煮取四升，一服一升，初服厚覆取微汗，亦當兩三行下，其間相去如人行十裏久，更服。(Ibid., vol. 7, p. 173)

The Essential Prescriptions from the Golden Cabinet (Jinkui yaolüe 金匱要略) also details a decoction for relieving edema, which includes the following ingredients: gypsum, ephedra, fresh ginger, jujube (*da zao* 大棗), and licorice. Decoctions for relieving edema were commonly prescribed for wind edema syndrome (*fengshui zhi zheng* 風水之證). Accordingly, Zhang Zhongjing¹⁵ 張仲景 stated: “For wind edema, aversion to wind, full-body edema, floating pulse, absence of thirst, and non-stop sweating without reason and without severe fever, use a decoction for relieving edema as the main treatment” (風水惡風，一身悉腫，脈浮不渴，續自汗出，無大熱，越婢湯主之) (Zhang 2013, p. 129). Further, the Xuming decoction proposed by Zhang Zhongjing is also included in the prescription.¹⁶ *The Records of Ancient and Modern Effective Recipes (Gujin luyan 古今錄驗)* mentioned the following:

A *xuming* decoction can cure stroke sufferers who cannot control their bodies, cannot speak, are in pain (typically with unclear sore spots), experience spasms, and are unable to turn their body [...] Three taels each of ephedra, cassia twig, Chinese angelica, ginseng, gypsum, dried ginger, licorice, and zechwan lovage; almonds (40 pieces). 《古今錄驗》〔續命湯〕治中風痙，身體不能自收，口不能言，昧不知痛處或拘急不得轉側.....麻黃、桂枝、當歸、人參、石膏、幹薑、甘草各三兩；芎藭(川芎)；杏仁(四十枚). (Zhang 1963, p. 17)

In fact, the *xuming* decoction recipe also details a decoction for relieving edema, among other supplements. Both decoctions are treatments designed by Zhang Zhongjing. Therefore, if the ledebouiriellae decoction is really a treatment passed on by Zhi Facun, we can essentially confirm that classical treatments were a part of his medical repertoire. By examining Zhi Facun's recipe for the ledebouiriellae decoction, we can find that its main purpose is to dispel pathogenic winds and remove dampness, clear heat toxins, tranquilize, strengthen the sufferer's vital *qi*, and relieve pain. The purpose of including the ingredients of the edema-relief decoction in the ledebouiriellae decoction is to mitigate edema and fever in the sufferer, while the *xuming* decoction is used to cure symptoms similar to those of a stroke, including spasms and impaired movement in the limbs and aphasia. The purpose of combining these two prescriptions is to eliminate dampness and clear heat toxins, as well as to relieve the sufferer's limb spasms. For mental symptoms such as disorientation and aphasia, the treatment's aim is to tranquilize the sufferer with thinleaf milkwort root and remove phlegm with pinellia tuber. It is believed that musk is used to prevent severe pain and fainting, that is, to keep the sufferer conscious. Thus, the treatment fully takes into account the sufferer's possible ailments; it is a well-articulated treatment combining various high-quality ingredients.

In addition, according to the *Prescriptions Worth a Thousand Pieces of Gold*, Zhi Facun also used acupuncture to treat beriberi:

It is also performed using the old methods of Zhi Facun: A total of 18 acupuncture points, including *liangqiu*, *dubi*, *sanli*, *shanglian*, *xialian*, *jiexi*, *taichong*, *yanglingquan*, *juegu*, *kunlun*, *yinlingquan*, *sanyinjiao*, *zutaiyin*, *fuliu*, *rangu*, *yongquan*, *chengshan*

and *shugu*. 亦依支法存舊法：梁丘、犢鼻、三里、上廉、下廉、解谿、太沖、陽陵泉、絕骨、崑崙、陰陵泉、三陰交、足太陰、伏溜、然穀、湧泉、承山、束骨等凡一十八穴。(Sun 1998, vol. 7, p. 167)

Hence, we can see that Zhi Facun used external methods when treating leg weakness. However, due to a lack of information, we are unable to see the full picture regarding his external methods of treatment.

3.2. Monk Yang and Sengshen

There are relatively few records about Monk Yang and Sengshen in the literature, and we can only understand them from the scattered records related to the physician-monks:

Yang was a monk in Lingnan 嶺南. Although he began studying Buddhism because he was intelligent, he also practiced medicine. After the migration of the Jin dynasty to the south, many people from the families of officials could not adapt to the new environment, and suffered from leg weakness. No sufferers could survive, before the monk became one of the rare ones who could cure the disease. He became famous as a result of this. Sengshen (also known as Shenshi 深師), who was a Buddhist monk who lived in the Liu Song and Qi dynasties, was good at curing leg weakness. He compiled prescriptions (which were mostly effective) from many physicians, including Zhi Facun, into a 30-volume book. The book was named the *Shenshi Prescriptions* (*Shenshi fang* 深師方 [publication date unknown]). 又曰仰道人，嶺表僧也，雖以聰慧入道，長以醫術開懷。因晉朝南移，衣纓士族不襲水土，皆患軟腳之疾，染者無不斃路，而此僧獨能療之，天下知名焉；又曰僧深，齊宋間道人，善療腳弱氣之疾，撰錄法存等諸家醫方三十餘卷經，用多效，時人號曰《深師方》焉。¹⁷

This is one of the few extant records of Monk Yang in the literature. The only thing we know about him is that he was a well-known physician-monk who could cure beriberi.

Compared with the monk Yang, there is more information on Sengshen. Various other sources mention Sengshen in the literature. *The Yin-Yang Properties of Stalactite, 17 Recipes of Herbs and their Preparation* 乳石陰陽體性並草藥觸動形候等論並法一十七首, Volume 37 of the *Secret Essentials of An Official* [Waitaimiyao 外臺秘要方]¹⁸) states the following:

Shennong and Tongjun had a deep understanding of medicine; thus, they recorded the mutual interactions and contraindications of medicines in classic herbal recipes. However, Shenshi was a student of Daohong. What was the basis of the knowledge taught by Daohong? 舊論曰：神農、桐君，深達藥性，所以相反畏惡，備於本草，但深師祖學道洪，道洪所傳何所依據云？(Wang 2011, p. 749)

This text reveals that Sengshen's teacher was Shi Daohong. There is a volume named *Treatment of Cold Food Powder* (*Hanshi sandui liao* 寒食散對療) written by Shi Daohong, and a volume on Shi Daohong in the *Treatise on the Classics and Other Writings, Book of Sui*, which show that Shi Daohong's medical skills were widely recognized during his time. Sengshen's prescriptions were compiled into various medical books, such as the *Prescriptions Worth a Thousand Pieces of Gold*, the *Secret Essentials of An Official* and the *Ishinpō*; therefore, we can still get a glimpse of Sengshen's medical achievements. The "Treatise on the Classics and Other Writings" in the *Book of Sui* and its counterpart in the *Old Book of Tang* (*Jiu Tang shu* 舊唐書), and the "Record of Arts and Literature" 藝文志 in the *New Book of Tang* (*Xin Tang shu* 新唐書) all mention that Sengshen penned a medical book with 30 *juan*, entitled *Prescriptions of Monk Shen* (*Seng Shen yaofang* 僧深藥方) or the *Collection of the Prescriptions of Sengshen* (*Sengshen jifang* 僧深集方). Later generations (including modern researchers) named the work *Shenshi Prescriptions*.

According to some scholars, "There are 344 recipes in the *Shenshi Prescriptions* [...] to categorize the method of preparation, there are 164 decoctions, 64 pills, and 43 types of powder. There is a large variety of syndrome names in the *Shenshi Prescriptions*, altogether being 1151 in total." (Wang 2004). Although Sengshen was well-known for curing beriberi, few of the treatments he left behind have been clearly described as potential cures for beriberi. Among Sengshen's treatments, only the "adjusted decoction for kidney dripping" (*Zengsun shen li tang* 增損腎瀝湯) was explicitly recorded to be a cure for leg weakness:

Sengshen's adjusted decoction for kidney dripping was used to treat the following symptoms: toxicity brought by wind-type weakness and strain; pain, numbness, weakness, or difficulty when moving the legs; asthenia cold at the lower burner; mild heat invasion in the chest; heart deficiency and palpitation due to fright; insomnia; loss of appetite and loss of smell or taste; persistent anxiety; inability to lie down; urinary hesitancy; and irregular excretion. The prince of Xiangdong 湘東王 visited Jiangzhou 江州 and exhibited such symptoms, later falling into critical condition. I made this decoction and asked him to take it, and he quickly recovered. All individuals with these symptoms recover [with this treatment]. The appropriately adjusted recipe is as follows:

One tael each of milkvetch root, licorice, white peony root, dwarf lilyturf, ginseng, desert living cistanche, dried rehmannia root, red halloysite, Indian bread, Chinese wolfberry root-bark, Chinese angelica, thinleaf milkwort root, magnetite, trifoliate orange, radix ledebouriellae and fossil bone; two taels each of cinnamomi centralis cortex and Szechwan lovage rhizome; four taels of fresh ginger; three ge [mass unit] of Chinese magnoliavine fruit; one sheng of pinellia tuber; 30 pieces of jujube; and a white sheep kidney. Next, "Finely chop the 23 ingredients, use 20 shengs of water to cook the sheep kidney. Take 12 shengs of the soup to boil all other ingredients. Boil the decoction down to four shengs, and divide into five doses." 道人深師增損腎瀝湯，治風虛勞損挾毒，腳弱疼痺或不隨，下焦虛冷，胸中微有客熱，心虛驚悸，不得眠，食少失氣味，日夜數過心煩，迫不得臥，小便不利，又時複下。湘東王至江州，王在嶺南病悉如此，極困篤，餘作此湯令服，即得力。病似此者服無不瘥，隨宜增損之方：黃芪、甘草、芍藥、麥門冬、人參、肉蓯蓉、幹地黃、赤石脂、茯神、地骨白皮、當歸、遠志、磁石、枳實、防風、龍骨各一兩；桂心、芎藭各二兩；生薑四兩；五味子三合；半夏一升；大棗三十枚；白羊腎一具。右二十三味咬咀，以水二鬥煮羊腎，取汁一鬥二升，內諸藥煮取四升，分為五服。(Sun 1998, vol. 7, p. 172)

Five men in history were invested with the title of Prince of Xiangdong, namely, Liu Yu 劉彧 (439–472) of the Liu Song, Xiao Zijian 蕭子建 (486–498) and Xiao Baozhi 蕭寶暉 (?–502) of the Southern Qi, Xiao Yi 蕭繹 (508–555) of the Southern Liang (502–557), and Chen Shuping 陳叔平 (572–?) of the Chen (557–589). All princes of Xiangdong were from the southern dynasties. This indicates that the record is probably the content of *Shenshi Prescriptions* as directly quoted by Sun Simiao; in other words, it is an entry of Sengshen's personal medical diary. If this assumption is true, it indicates that Sengshen was very confident in his ability to cure beriberi and was also proficient at it. The symptoms recorded in the text show that the sufferer was weak and exhausted, had been struck by wind toxicity, felt numbness and pain in the legs, and suffered from urinary hesitancy. Additionally, the text mentions the presence of asthenia cold in the lower burner (下焦虛冷), a categorization of human organs in traditional Chinese medicine, which meant that the sufferer had insufficient kidney *yang* 腎陽 and may have had symptoms of water excess due to *yang* deficiency. Further, the term "heat invasion" 客熱 refers to the exogenous heat, meaning that there was exogenous evil or heat stagnation in the upper burner of the sufferer, which usually leads to irritability and restlessness. Additionally, a deficiency of healthy *qi* (*zheng qi* 正氣) and exogenous led to palpitations due to fright and insomnia. Moreover, in the middle burner, there was a deficiency in the spleen and stomach, as well as loss of appetite.

In terms of the combination of different ingredients, the main purposes of the prescription include strengthening vital *qi*, warming *yang*, invigorating the kidneys, and alleviating the sufferer. The prescribed treatment includes a cinnamon twig decoction (*guizhi tang* 桂枝湯), consisting of cassia twig, licorice, fresh ginger, jujube and white peony root; a minor pinellia decoction (*xiaoban xia tang* 小半夏湯), consisting of fresh ginger and pinellia tuber; a pulse-engendering powder (*sheng mai san* 生脈散), consisting of ginseng, dwarf lilyturf tuber and Chinese magnoliavine fruit; a peach blossom decoction (*taohua tang* 桃花湯), consisting of red halloysite, dried ginger and Japonica rice—in this treatment, fresh

ginger is used instead of dried ginger, while Japonica rice is omitted; and a four-agent decoction (*si wu tang* 四物湯), consisting of rehmannia root, Chinese angelica, Szechwan lovage rhizome, and white peony root. As for commonly-used medicines, the prescription includes the well-known combination of milkvetch root, licorice, and ginseng, which is used for benefiting the sufferer's *qi* and strengthening their vital *qi*; additionally, milkvetch root and radix ledebouriellae are combined to cure diseases related to apoplexy.

This prescription takes fully into account the two major characteristics of the disease, that is, a “deficiency cold” (*xu han* 虛寒) and “wind pathogens” (*feng xie* 風邪). For example, the cinnamon twig decoction has the effects of dispelling pathogenic wind from the muscles, harmonizing *rong*[*qi*] 榮[氣] (circulation of blood) and *wei*[*qi*] 衛[氣] (circulation of *qi*), and coordinating *yin* and *yang* as well as the spleen and stomach. It is widely used in clinical practice. The minor pinellia decoction, a common prescription for thoracic fluid retention, originates from the *Essential Prescriptions from the Golden Cabinet*. When fluid is retained in the chest, the sufferer will suffer a cough, be short of breath, pant, have difficulty lying down, and also have edema. However, there was no record of a “pulse-engendering powder” until the Jin (1115–1234) and Yuan (1271–1368) dynasties;¹⁹ however, it is believed that the powder was used earlier, during the Wei and Jin dynasties. For example, the adjusted decoction for “kidney dripping” includes a pulse-engendering powder, which can benefit *qi* for promoting the production of fluid, strengthening the heart, and as an emergency treatment for fainting. Sengshen used a peach blossom decoction in his prescription, probably because he identified the symptoms of urinary hesitancy and irregular excretion. According to the *Treatise on Cold Pathogenic Diseases* (*Shanghan lun* 傷寒論), the peach blossom decoction was used to cure deficiency-cold dysentery. It explicitly documented that the symptoms included “urinary hesitancy and non-stop urination 小便不利, 下利不止,” while “urinary hesitancy and irregular excretion,” as mentioned by Sengshen, are believed to be symptoms similar to diarrhea. The peach blossom decoction used by Sengshen included fresh ginger instead of dried ginger. On the one hand, a large amount of fresh ginger can balance the toxicity of pinellia tuber, while on the other hand, a large amount of fresh ginger has similar effects to dried ginger, therefore, it serves two purposes simultaneously.

The prescription also includes a four-agent decoction, which can be found in the *Prescriptions of the Bureau of Taiping People's Welfare Pharmacy* (*Taiping huimin heji ju fang* 太平惠民和劑局方). This is an adjusted decoction based on the content of angelica root, donkey-hide gelatin, and an argy wormwood leaf decoction (*qionggui jiao'ai tang* 芎歸膠艾湯), which consists of Szechwan lovage rhizome, donkey-hide gelatin (*ajiao* 阿膠), licorice, argy wormwood leaf (*ai ye* 艾葉), Chinese angelica, white peony root, and dried rehmannia root), and is a basic prescription for nourishing the individual's blood. The adjusted decoction for kidney dripping used here includes desert-living cistanche and dried rehmannia root to warmly invigorate kidney *qi*; Chinese wolfberry root-bark to remove the exogenous heat of the upper burner; thinleaf milkwort root, Indian bread, magnetite, and fossil bones to calm the sufferer and restore the normal coordination between the upper and lower burners; and trifoliate orange to relieve chest congestion and reduce mass, activating the *qi* to induce diuresis.

Another point to be noted is that a sheep kidney is used in the recipe; it is cooked, and its soup is combined with other ingredients. This is a special method used when the sufferer exhibits deficiency-cold of the kidney's *qi*. According to Li Shizhen 李時珍 (1518–1593), “for kidney deficiency and strain, as well as diabetes and beriberi, a kidney-dripping decoction is a common remedy used in the recipes found in the *Prescriptions Worth A Thousand Pieces of Gold*, and the *Secret Essentials of An Official* and the *Shenshi Prescriptions*. All recipes involve using a kidney soup to boil the ingredients. The prescription is used as a guiding drug and each of the recipes has its own usage.”²⁰

Therefore, if this prescription was the one used by Sengshen, this indicates that he was a physician-monk who was distinctly familiar with Zhang Zhongjing's classical prescriptions. He also had a deep understanding of the sufferers' symptoms and pathogenesis.

Therefore, he could combine different treatments and ingredients with synergistic effects. Thus, his treatments were rigorous and harmonious, giving him the confidence to assert that “every sufferer with these symptoms will recover.” Judging from the relationship between Zhi Facun and the Monk Yang and Sengshen, they shared a common lineage. However, it is estimated that this common lineage only involved the latter learning medical skills from the former. Moreover, it is particularly likely that the latter learned through books, rather than a master-disciple relationship. The fact that these three monks were influential in the medical field demonstrates that their medical skills were widely recognized during their time. Moreover, the scattered medical records left by Zhi Facun and Sengshen show that they were excellent practitioners of Chinese medicine who could accurately differentiate syndromes, and were familiar with classical prescriptions.

4. Shi Huiyi's 釋慧義 Discussion on the Intake of Cold-Food Powder (*hanshi san* 寒食散)

The *Suishu* Treatise on the Classics and Other Writings mentioned that the seventh volume of the *Discussions on Cold-Food Powder* (*Hanshi jie zalun* 寒食解雜論), written by Shi Huiyi, had been lost (Wei 1973, vol. 34, p. 1041). However, the *Ishinpō* had documented a few pieces of Shi Huiyi's discussions on prescriptions, and most of them are about cold-food powder. Regarding the background of Shi Huiyi, the *Biographies of Eminent Monks* introduced a man with the same name: “Shi Huiyi, whose original last name was Liang, grew up in the north and became a monk at a young age. He was handsome and gentle, a man of integrity who was diligent in his work. In his youth, he traveled between the city of Peng 彭城 and Liu Song and learned along the way, and knew the elements of the Buddhist scriptures by heart.”²¹ However, the *Biographies of Eminent Monks* did not document Shi Huiyi practicing medicine. Therefore, more information is required before we can determine whether the two were the same person. According to Yao Zhenzong 姚振宗 (1842–1906), “... the *Biographies of Eminent Monks* did not mention that there was such a book; therefore, it is not clear if this is the same Shi Huiyi. However, although the biography of Huijiao listed out the books about foreign knowledge written by monks, many books were omitted. Therefore, the record of Shi Huiyi might have been omitted as well.”²² Shi Huiyi's commentary on the prescriptions documented by the *Ishinpō* 醫心方 can be found in the following passages, quoting the so-called “Shi Huiyi lun” 釋慧義論 [Discussions of Shi Huiyi]:

Cold-food powder is a high-quality medicine. [It] can extend the lifespan as well as harmonize the temper and qualities of a person, so [its] effect is not limited to curing disease. It nourishes health and cures disease if used correctly, and causes harm if used incorrectly, so we must be careful. Thus, the user is responsible for the effect, not the medicine itself. Further, the abovementioned prescriptions may come in different versions. Huangfu [Mi] [謚] (215–282; scholars, medical scientists and historians in the Three Kingdoms 三國 and Jin Dynasties 晉朝) advocated for it to be taken cold, while Duke Linqiu²³ advocated for it to be taken warm. In most cases, it is acceptable for it to be cold. Therefore, Shi'an's (士安 Huangfu Mi's style name) theory remains popular everywhere. 《釋慧義論》云：五石散者，上藥之流也。良可以延期養命，調和性理，豈直治病而已哉。將得其和，則養命瘳疾；禦失其道，則天性。可不慎哉？此是服者之過，非藥石之發也。且前出諸方，或有不同。皇甫唯欲將冷，廩丘欲得將石藥性熱，多以將冷為宜。故士安所撰，遍行於世。²⁴

The Bathing and Compress Methods of Shi Huiyi and Vice Minister Xue 薛侍郎 mentioned the following:

Bathing can relieve the side effects of cold-food powder. Regarding the methods for bathing: For sufferers who feel chilly at an early stage, use cold water first and use a raw-boiled decoction (i.e., a bai boiling decoction mixed with freshwater) next. For sufferers who had fever at an early stage, use warm water first and use cold water next. When bathing, be careful not to wash the hair first. To wash

the hair, use two to three shengs of water. The symptoms of urinary hesitancy, constipation, dribbling urination, hematuria, or vaginal pain are caused by heat and can be cured by using compresses. Regarding the methods for making compresses: First, apply cold materials as a compress on the lower abdomen. After that, apply warm materials as a compress. Apply the cold compress again after the warm compress. For frequent urination, also use cold compresses and warm compresses alternatively, and the sickness will be cured. 《釋慧義、薛侍郎浴熨救解法》云：凡藥石發宜浴，浴便得解。浴法：若初寒，先用冷水，後用生熟湯。若初熱，先用暖湯，後用冷水。浴時慎不可先洗頭，欲沐可用二三升灌矣。若大小便秘塞不通，或淋瀝尿血，陰中疼，此是熱氣所致，熨之即愈。熨法：前以冷物熨少腹，冷熨已又以熱物熨前；熱熨之以後復冷熨。又小便數，此亦是取冷過，為將暖自愈。(Ibid., vol. 19, pp. 404–5)

Additionally, Tamba provides us with a wider picture of Shi Huiyi's treatments, as detailed in the following excerpts:

The side effects of taking stalactite include headaches. Drinking hot wine can relieve this. 釋慧義云：鐘乳發令人頭痛，飲熱酒即解。(Ibid., vol. 19, p. 411)

The recipe for the Ophiopogon (dwarf lilyturf tuber) decoction is as follows: dwarf lilyturf tuber (one sheng), fermented soybean (two shengs), common gardenia fruit (14 pieces), and fistular onion stalk (half a kati [unit of mass]). Use six shengs of water to boil the four ingredients. Boil down the decoction to two shengs and divide it into several doses. 釋慧義云：解散麥門冬湯方：麥門冬 (一升)、鼓 (二升)、梔子 (十四枚)、蔥白 (半斤)。凡四物，以水六升，煮取二升，分再服。(Ibid., vol. 20, pp. 415–16)

Shi Huiyi said: The relieving recipe for eye pain and headache: szechwan lovage rhizome (three taels), kudzu root (two taels), Manchurian wildginger root (two taels), Radix ledebouriellae (three taels), Chinese magnoliavine fruit (three taels), largehead atractylodes rhizome (four taels), Wolfiporia extensa (four taels), baikal skullcap root (two taels), and ginseng (two taels). Use 13 shengs of water to boil the nine ingredients. Boil down the decoction to three shengs and divide it into three doses. 釋慧義云：解散治目疼頭痛方：芎藭 (三兩)、葛根 (二兩)、細辛 (二兩)、防風 (三兩)、五味子 (三兩)、術 (四兩)、茯苓 (四兩)、黃芩 (二兩)、人參 (二兩)。凡九物，以水一鬥三升，煮取三升，分三服。(Ibid., vol. 20, p. 417)

When side effects occur, the heat rushes to the eyes, and the vision is impaired. In this case, prepare the following: golden thread (hair removed), dried ginger, Manchurian wildginger root, and prinsepia uniflora. Take the four ingredients in equal amounts, finely chop them and wrap them in cotton. Place the ingredients into five shengs of pure wine and boil in a copper vessel. Boil the decoction down to two shengs and a half and slowly pour through the eyes to rinse them. Repeat it the next day. 釋慧義云：散發，熱氣沖目，漠漠無所見方：黃連 (去毛)、幹薑、細辛、薤核。凡四物，等分，咬咀，綿裹，淳酒五升，以藥納中，於銅器中煮，取二升半，綿注洗目，使入中，日再。(Ibid.)

This is a treatment for the following symptoms: shivering, being seemingly attacked by pestilent factors, cold clammy extremities, opisthotonus, stroke-like symptoms, or experiencing chills following a fever. If the sufferer feels chills first, wash the feet with two to three shengs of cold water. If the sufferer has fever first, wash the feet with four to five shengs of a raw-boiled decoction. If the central part of the body is stiff, then the effects of the medicine have begun to dissipate. Take the following decoction immediately: snakegourd fruit (three taels), common gardenia fruit (21 pieces, smashed), ginseng (one tael), licorice (one tael, roasted), fermented soybean (one sheng), gypsum (three taels, in powder), and green onion leaf (3 taels). Finely chop the seven ingredients. Use eight shengs of water to boil the ingredients; boil the decoction down to two shengs, and divide into

three doses. 釋慧義云：治寒噤似中惡，手腳逆冷，角弓反張，其狀如風，或先熱後寒，不可名字。若先寒者，用冷水二三升洗腳，使人將之。先熱者，以生熟湯四五升許洗之，若體中覺直者，是散，急服此湯方：栝蒌根（三兩）、梔子（二十一枚，擘）、人參（一兩）、甘草（一兩，炙）、香豉（一升）、石膏（三兩，末）、蔥葉（三兩）。凡七物，細切之，以水八升，煮取二升半，分三服。（Ibid., vol. 20, p. 422）

Shi Huiyi's discussions on medicinal prescriptions show that he was influenced by the trend which promoted the intake of cold-food powder. His interest in medicine focused on treating the side effects from taking cold-food powder. In fact, Volumes 19 and 20 of the *Ishinpō* detail various prescriptions for treating cold-food powder's side effects. This indicates that Shi Huiyi had some experience in treating the effects of cold-food powder. *Pang's Theory*²⁵ (*Pangshi lun* 龐氏論), documented in the *Ishinpō*, describes the symptoms relating to cold-food powder's effects as follows:

When the effects of the medicine are about to occur, the sufferer will first want to yawn and stretch, or may feel a headache and pain in the eyes, and may begin to convulse. Alternatively, they may develop palpitations due to fright, with a stiffness over the whole body. Or they may feel air filling their ears, hearing various sounds, or may feel an intense heat all over their body. Or they may feel pins and needles, shivers due to aversion to cold, and may become anxious or fall unconscious, not knowing which part of the body is unwell. Or they may feel heat in the abdomen, like carrying a white-hot iron in their arms. When the situation gets worse, the abdomen of the sufferer will feel hard like stone. The skin surrounding the mouth will become blue and black, blood will appear in the urine and stool, while the pulse will weaken. Such effects can be cured via large pouring, and the sufferer will be cured after a while. 凡藥欲發之候，先欲頻伸或苦頭目疼，身體癱瘓；或驚恐悸動，周身而強；或耳中氣滿，如絃車之聲，或體熱劇於火燒；或如針刺，噤燥惡寒，昧昧憤憤，不知病處；或腹中燠熱，如燒燉缺懷之也。其發甚者，腹滿堅於材石，繞口青黑，大小便血，而多無脈也。如此之病，歸於大澆，以瘥為期也。（Ibid., vol. 20, p. 414）

Here, a “large pouring” (*da jiao* 大澆) means to wash the body with a large amount of cold water, so as to lower the body's surface temperature. It shows that taking cold-food powder will cause the body to develop symptoms of fire-toxicity and stasis. Therefore, the major purpose of the prescription for the effects of cold-food powder is to mitigate such fire-toxicity. In terms of the composition of the prescriptions, both the “ophiopogon decoction for resolving the effects of cold-food powder” and the last decoction prescription contain a gardenia fruit and fermented soybean decoction (*zhizi shi tang* 梔子豉湯), which originates from the *Treatise on Cold Pathogenic Diseases*. This decoction can clear heat and relieve restlessness, and is designed to treat the heat stagnation and irritancy caused by taking cold-food powder. Furthermore, in both prescriptions, green onion is used, which also helps mitigate heat stagnation. Moreover, in the last prescription, snakegourd fruit is used to promote fluid production, a large amount of gypsum is used to clear heat, ginseng and licorice are used to benefit *qi* (it is believed that when such symptoms appear, the syndrome of “strong fire reduces *qi*”²⁶ [*zhuanghuo shi qi* 壯火食氣] has also occurred). Apart from this, the “prescription for resolving pain in the eyes and headaches caused by cold-food powder” also resembles Zhang Zhongjing's *xuming* decoction. From a holistic point of view, Shi Huiyi's formulas were developed following the principles of Chinese medicine, and their curative effect was probably influential at that time, otherwise they would not have been included in the *Suishu's* Treatise on the Classics and Other Writings.

5. Reflections on the Books Discussing the Prescriptions to Treat the Effects of Cold-Food Powder, Penned by Monks in Medieval China

Besides Shi Huiyi, there were other experts in treating the effects of cold-food powder. Two books discussing such prescriptions, which were authored by monks, were included in *Suishu's* Treatise on the Classics and Other Writings, namely, one volume of the *Treatments*

for Cold-Food Powder, written by Shi Daohong, and two volumes of *Resolving the Effects of Cold-Food Powder* (*Jie hanshi san fang* 解寒食散方), written by Shi Zhibin 釋智斌 (Wei 1973, vol. 34, p. 1041). However, we are currently unable to verify the backgrounds of these monks due to a lack of information. Some content from Daohong's *Methods of Resolving the Effects of Cold-Food Powder* (*Daohong jiesan fa* 道弘解散法) appears in the *Ishinpō*, and it is believed to have been copied from *Shi Daohong's Treatments for Cold-Food Powder*, by the author of the *Ishinpō*. *Daohong's Methods for Resolving the Effects of Cold-Food Powder* states the following:

For problems caused by eating dirty rice, carrion, leftover soup, and vegetables, take the gardenia fruit decoction. For problems caused by eating undercooked rice and unsterilized wine, take roasted barley powder with five *he* [a volumetric measure] as one dose. If the sufferer is not cured after taking three doses, take one *sheng* of rice-grain sprout. For problems caused by eating too much meat, use the prescription as described above. If the sufferer is not cured after taking fired barley powder, take ground rice-grain sprouts. If the intake of ground rice-grain sprout does not work, take the gardenia fruit and fermented soybean decoction. For problems caused by eating raw vegetables, take the licorice decoction. For problems caused by eating coarse rice, take the licorice decoction [coarse rice refers to rice that is not properly chewed]. For problems caused by being too full, take the licorice decoction as mentioned above. For problems caused by hunger, take the fistular onion stalk and fermented soybean decoction. For problems caused by drinking, take the fistular onion stalk and fermented soybean decoction. If not cured, take the *lizhong* decoction. For problems caused by angry emotions, take the ginseng decoction. For problems caused by cold, the sufferer will usually have fever. Wash the body with seven to eight *sheng* of cold water and feed the sufferer five to six *shi* (volume unit) of a raw-boiled decoction. After feeding, let the sufferer eat some warm food and drink some hot wine, walk, and move their body, so that they will be cured. If not cured, take the gardenia fruit decoction. For problems caused by heat, the sufferer will usually feel pressure in the chest; in that case, take the baikal skullcap decoction. 《道弘解散法》云：食穢飯、臭肉、陳羹、宿菜發，服梔子湯。飯未熟生酒發，服大麥麴，一服五合，至三服不解，服孽米一升。食肉多發，如上法服。服麴不解，又服孽末，孽末不解，又服梔子豉湯。食生菜發，服甘草湯。食粗米發，服甘草湯。(粗米謂咀嚼不精也。)大飽食發，如上服甘草湯。失食饑發，服蔥白豉湯。醉發，服蔥白豉湯；若不解，服理中湯。瞋怒太過發，服人參湯。將冷太過發，則多壯熱，先以冷水七八升洗浴，然後用生熟湯五六石灌之。灌已，食少暖食、飲少熱酒、行步自勞，則解。若不解，複服梔子湯。將熱太過發，則多心悶，服黃芩湯。(Ibid., vol. 19, p. 405)

The records focus on remedies for the effects of cold-food powder under different circumstances. It is worth noting that the gardenia fruit, gardenia fruit and fermented soybean, licorice, and ginseng decoctions are relatively simple recipes with few ingredients. This is characteristic of Chinese medicine during the Early Medieval China. Accordingly, Shi Daohong is believed to have been a practitioner of Chinese medicine. The *Prescriptions Worth a Thousand Pieces of Gold* show similar prescriptions, which are believed to have been copied from Daohong's prescriptions:

For problems caused by eating dirty rice or leftover carrion, soup, and vegetables, take the gardenia fruit decoction: 21 pieces of common gardenia fruits, three *sheng* of fermented soybeans and three taels of licorice. Finely chop the three ingredients and boil with eight *sheng* of water. Boil the decoction down to three *sheng* and divide it into three doses. Ginseng and fistular onion stalks can also be added. For problems caused by hunger, take the fistular onion stalk and fermented soybean decoction. For problems caused by excessive drinking, also take the fistular onion stalk and fermented soybean decoction: one kati of fistular onion stalk, two *sheng* of fermented soybeans, five taels of dried ginger, and two

taels of licorice. Finely chop the four ingredients and boil with seven *sheng* of water. Boil down the decoction to three *sheng*, and divide it into three doses. If the sufferer is not cured after taking this soup, use the *lizhong* decoction: three taels each of ginseng, licorice, and largehead atractylodes rhizome; two taels of dried ginger. Finely chop the four ingredients and boil with six *sheng* of water. Boil down the decoction to two and a half *sheng* and divide it into three doses. For problems caused by angry emotions, take the ginseng decoction: nine candareen each of ginseng, trifoliate orange, and licorice; six candareen each of snakegourd fruit, dried ginger, and largehead atractylodes rhizome. Finely chop the six ingredients and boil with nine shengs of water. Boil down the decoction to three shengs, and divide it into three doses. For sufferers of shortness of breath, drink it slowly. 治食宿飯、陳臭肉及羹、宿菜發者，宜服梔子豉湯方：梔子三七枚、香豉三升、甘草三兩。右三味，㕮咀，以水八升，煮取三升，分三服。亦可加人參、蔥白。失食發，宜服蔥白豉湯；飲酒過醉發，亦宜服蔥白豉湯方：蔥白一斤、豉二升、幹薑五兩、甘草二兩，右四味，㕮咀，以水七升，煮取三升，分三服。服湯不解，宜服理中湯方：人參、甘草、白術各三兩；幹薑二兩，右四味，㕮咀，以水六升，煮取二升半，分三服。嗔怒太過發，宜服人參湯方：人參、枳實、甘草各九分；桔蘘根、幹薑、白術各六分，右六味，㕮咀，以水九升，煮取三升，分三服。若氣短者，稍稍數飲。 (Sun 1998, vol. 24, p. 747)

This indicates that the prescriptions used by Shi Daohong were relatively simple and followed the methods described by Zhang Zhongjing. The *Treatise on the Classics and Other Writings, Book of Sui* mentioned the three monks' prescriptions to treat the effects of cold-food powder. Thus, it is natural for us to ask why the monk paid so much attention to the side effects of cold-food powder. We know that the intake of cold-food powder was popular among scholars in the Wei and Jin. Further, cold-food powder is in its own separate category in the medical field: "The taking of the powder, the requirements of its use and new information regarding its dosage and the methods used to treat its side effects had been combined to form a relatively independent category. [Addressing its effects] was an important issue in the history of medicine which originated in the Wei and Jin dynasties and continued until the Sui and Tang dynasties." (Liao et al. 2016, p. 204) Against this social background, the monks conformed to the status quo. According to the materials passed on by monks during that period, some monks also consumed cold-food powder. For example, the eminent monk Huiyuan 慧遠 (334–416) died after taking cold-food powder:

Since Huiyuan moved into Mount Lu, he lived in seclusion for more than 30 years, never leaving the mountain and never appearing in the secular world. Every time he took visitors on a trip, he stopped when he reached the Tiger River. In the 8th month of the 12th year of Yixi era (416), Jin dynasty, he began to feel ill after taking the powder. Six days later, he had fallen gravely ill. Elderly men of virtue bowed on the floor and urged him to drink some fermented soybean wine, but he refused. Again, people urged him to drink some rice wine, but he refused again. They later asked him to drink a mixture of honey and water. Experts in the Buddhist precepts were ordered to go through a book and confirm whether he could drink this. However, before the experts finished reading half the book, Huiyuan died at the age of 83. 自遠卜居廬阜三十餘年，影不出山，跡不入俗。每送客遊履，常以虎溪為界焉。以晉義熙十二年八月初動散，至六日困篤，大德耆年，皆稽顙請飲豉酒，不許，又請飲米汁，不許，又請以蜜和水為漿。乃命律師，令披卷尋文，得飲與不，卷未半而終，春秋八十三矣。 (Hui 1992, vol. 6, p. 221)

The text mentioned that Huiyuan suffered from the side effects of cold-food powder. Considering that Huiyuan had talked about his illness to Emperor An of Jin 晉安帝 (382–419) before this, the reason for him to take cold-food powder might have been his old age and serious illness. However, it seemed that cold-food powder did not cure his illness; on the contrary, he died as a result of its side effects. The *Biographies of Eminent Monks* mentioned that "elderly men of virtue bowed on the floor and urged him to drink

fermented soybean wine” (大德耆年，皆稽顙請飲豉酒) (Ibid.). These elderly men of virtue are believed to be people who strictly follow the Buddhist precepts, but they asked Huiyuan to drink some fermented soybean wine. It shows that his ailment had to be treated using fermented soybean wine. Similar prescriptions were mentioned in the *Ishinpō*; for instance, the Liu Song (劉宋 420–479) physician Qin Chengzu 秦承祖 (d.u.) stated:

Fermented soybean wine to treat the effects of taking cold-food powder; it is a cure for the effects that do not fade away such as shivering, heartache, and red and purple lips. Fermented soybean of good quality (two shengs, with no salt added) is used in the prescription. Boil the ingredient until it is fragrant. Take three *sheng* of pure wine and pour it in until boiled. Filter the decoction and take three *sheng* of the warm wine. The sufferer will feel warm and begin to sweat. For sufferers who have a fever and are unable to sweat, they can still drink the wine, but sweating is not necessary. 秦承祖云：療散豉酒方：散發不解或噤寒，或心痛心噤，皆宜服之方。方用：美豉 (二升，勿令有鹽)。凡一物，熬令香，以三升清酒，投之一沸，濾取，溫服一升，小自溫暖，令有汗意。若患熱不可取汗者，但服之，不必期令汗也。 (Tamba 2011, vol. 19, pp. 418–19)

As early as the period in which the Treatise on Cold Pathogenic Diseases was written, fermented soybean (*dan douchi* 淡豆豉) has been used as a medicine. Accordingly, in a commentary to the *Prescriptions Worth A Thousand Pieces of Gold* it was described as follows:

Bitter, cold, and non-toxic. A cure for cold pathogenic diseases, headache, chills or fever, miasma, irritability, sensation of fullness in the abdomen, asthenic diseases and shortness of breath, as well as pain and coldness in the feet. It can also clear various toxins naturally borne by the six domestic animals. 味苦，寒，無毒。主傷寒，頭痛寒熱，瘴氣惡毒，煩躁滿悶，虛勞喘吸，兩腳疼冷。又殺六畜胎子諸毒。 (Sun 2016, vol. 4, p. 96)

This description shows that the effect of the fermented soybean is to clear toxins and relieve restlessness. The wine is used to warm up the body to facilitate the diffusion of toxins. As such, fermented soybean wine was probably a common treatment used to treat the effects of cold-food powder, which is likely why the monks possessed this knowledge. Yu Jiaxi 余嘉錫 is believed to have been the first to research what happened in the latter stages of Huiyuan's life. Yu pointed out the following:

Although he was an eminent monk who lived in seclusion, he could not avoid the fear of death or escape from the limitations of flesh and blood, which is why took such a poisonous treatment and died. This shows that cold-food powder was so popular that most people at the time regarded it as a common treatment, to the point that even the respected men of virtue and morality could not see its dangers. 遠以出世高僧，豈尚不能了生死，外形骸，乃競服此至毒之藥以喪其身，足見寒食散之盛行，舉世以為常餌，雖古德高賢有所不悟者矣。 (Yu 1997, p. 177)

Even if Huiyuan was one of the most prominent monks of his generation, he fell into the trap of this dangerous substance, not to mention other monks. Similarly, volume eight of the *Biographies of Eminent Monks* explicitly mentions that Shi Fadu took cold-food powder:

Shi Fadu was from Huanglong. He became a monk at a young age. He traveled in the north and learned during these travels. He had a comprehensive understanding of Buddhist scriptures and relied on his perseverance to achieve his aspirations. At the end of the Southern Song dynasty, he traveled to the capital. The hermit Ming Sengshao of Qi county, who lived in seclusion in a mountain in the Langya Commandery. Ming Sengshao respected the pure mind and integrity of Du, and treated him like a teacher and a friend. Ming Sengshao renovated his house and built the Qixia Temple for Du to reside in. The same place was once inhabited by some Daoists who hoped to build a Daoist temple there. However, anyone who lived in the place died. Even if the place was renovated into a Buddhist temple, paranormal events continued to happen. Since Du moved into the temple, all demons ceased to make trouble. After living there for more than one

year, Du suddenly heard the sounds of people, horses, drums, and horns. After a short while, a person named Jin Shang sent a card to introduce himself to Du [...] One time, Du took cold-food powder and laid on the floor. He saw Shang coming in from the outside, rubbed his head and feet with his hands, and left afterward. Later, he took a glass to Du, and let him drink the water in the glass. The water was sweet and cold, and the pain of Du disappeared immediately. 釋法度，黃龍人。少出家，遊學北土，備綜衆經，而專以苦節成務。宋末遊於京師，高士齊郡明僧紹，抗跡人外，隱居琅之山。挹度清微，待以師友之敬。及亡，舍所居山為棲霞精舍，請度居之。先有道士欲以寺地為館，住者輒死，及後為寺，猶多恐動。自度居之，群妖皆息。住經歲許，忽聞人馬鼓角之聲，俄見一人持名紙通度曰靳尚。……度嘗動散寢於地，見尚從外而來，以手摩頭足而去。頃之複來，持一琉璃甌，甌中如水以奉度，味甘而冷，度所苦即間，其征感若此。 (Hui 1992, vol. 8, p. 331)

Shi Fadu felt hot when the effects of the cold-food powder began to appear, and had to mitigate these symptoms by laying on the floor. After Jin Shang helped him, the pain disappeared temporarily, and the “water” he drank was “sweet and cold.” This description is consistent with treatments for the effects of cold-food powder, and also serves to highlight Shi Fadu’s religious sanctity. Shi Fadu’s behavior indicates that he was a monk who took cold-food powder. There were similar cases, including Shi Fahu 釋法護, a monk of the Tang dynasty (618–907):

Shi Fahu, whose original last name was Zhao, was a native of Zhao County [...]. Hu had a deep understanding of books other than Buddhist scriptures and was fond of Daoist sorcery. He was thrifty and abstemious, and had a habit of removing his own clothes and donating them to the poor. He wore simple clothes throughout the whole year, and paid little attention to his appearance. He was respected by noble and powerful people, and knew many excellent treatments. He took cold-food powder and felt uncomfortable and anxious for a few days. His followers were worried and lied to feed him breadcrumbs, telling him that they were only giving him more medicine. Afterward, Hu learned about the truth, and spoke solemnly: “I was deceived, and it was my own fault, but you tricked me into doing something that is against the Dharma. What is your reason for doing this?” He refused to talk to them afterward. This is an example of how headstrong he was. Furthermore, he never ceased to be generous. He only had a bed and a stool in his room. 釋法護，姓趙，本趙郡人。……護善外書，好道術，約己薄食，解衣贍寒，結帶終歲，不飾容貌，而貴勝所重，通方鹹萃。先服石散大發，數日悶亂。門人憊惶，夜投餅渣，詭言他藥。後聞，正色曰：“吾之見欺，當自責耳。然陷師於非道，是何理耶？”遂不與言。其確固例如此也。然好施忘倦，房無圭勺之儲，但一床一蹬而已。 (Dao 2014, vol. 13, p. 467)

After taking cold-food powder, Hu was uncomfortable and anxious due to the cold-food powder’s effects. He had become bewildered and irritated, while also feeling hot. Judging from the behavior of these monks, several monks in medieval China took cold-food powder. However, records about this matter are scarce. If this inference is true, it is easier to understand why monks such as Shi Huiyi, Shi Daohong, and Shi Zhibin discussed various ways to treat the effects of cold-food powder. It was very likely that they had witnessed some monks suffering due to the effects of cold-food powder. Therefore, they researched various treatments for such effects. It is also possible that these monks took cold-food powder themselves and had to deal with its effects, which is why they focused on exploring the matter further. Various sources support this inference. For instance, Huangfu Mi, a prominent doctor in the Wei and Jin dynasties, also suffered from the effects of cold-food powder:

He had been seriously ill for a long time. Half of his body was numb, his right foot was smaller than normal, and he had been in this state for nineteen years. Over the past seven years, he has been taking cold-food powder, but in incorrect doses, so he was poisoned and had suffered considerably. In the depths of winter,

he strips naked and eats ice. In the summer, he coughs, feels irritated, and uncomfortable. The symptoms seem identical to warm malaria or some other old pathogenic disease. Additionally, he has developed edema and feels soreness and heaviness in the limbs. 久嬰篤疾，軀半不仁，右腳偏小，十有九載。又服寒食藥，違錯節度，辛苦荼毒，於今七年。隆冬裸袒食冰，當暑煩悶，加以咳逆，或若溫瘡，或類傷寒，浮氣流腫，四肢酸重。(Fang 1974, vol. 51, p. 1415)

Suffering from these symptoms was an important motivation for Huangfu Mi to develop considerable medical skills. It can also be inferred that the abovementioned monks themselves suffered from the side effects of cold-food powder, and this why they were keen on treating the condition.

6. Conclusions

This research revealed that there were many physician-monks in the Early Medieval China, some of whom were especially prominent. However, due to the lack of information, the medical experience of most of these physician-monks is unclear to us. Our knowledge of how these monks practiced medicine comes from scattered records. This paper's analysis shows that Zhi Facun and Sengshen were known to possess a profound understanding of Chinese medicine, as evidenced by their medical skills, at least in the recorded histories. The author speculates that they might have been considerably more proficient than other physicians in syndrome differentiation, otherwise their skills in curing beriberi would not have been so widely recognized during their time. If this inference is true, where did they learn such methods? Was such knowledge related to their status as monks? Were their skills owed to their understanding of foreign medicine? These questions seem to be difficult to investigate now, but reviewing their findings provides us with valuable insights. Throughout the history of Imperial China, when foreign culture flooded the region, monks might have been in close contact with foreign cultures and probably integrated foreign medical skills into their own knowledge of Chinese medicine; in this way, they may have become more precise in syndrome differentiation, which allowed them to develop more effective treatments. In addition, some well-known physician-monks (such as Sengshen and Monk Yang) recorded in medical literature are generally introduced with minimal details. This shows that for the medical documentaries in antiquity and the early medieval period, they were more concerned about the medical practices of physicians, but less interested in their own experience or identity. Therefore, I would surmise that physician-monks could only have been recognized by the wider medical community based on their proficiencies in the medical arts.

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Notes

- ¹ *shenji sengren* refer to those monks who have mastered medical technology. In the Early Medieval China, they may be the Indian or Western Regions monks, or Chinese monks. The *shenji sengren* referred to in this paper are those who have exact medical behaviors, or left medical prescriptions and specific medical practices.
- ² This is a conceptual approach in which theories, diagnosis methods, and treatment methods in traditional Chinese medicine are used to connect to the clinical practice, including four basic contents in the whole process of diagnosis and treatment. Theory specifically refers to the theory of traditional Chinese medicine, while method refers to diagnosis and treatment methods.
- ³ Even in the Early Medieval China, there were many monks who were very familiar with traditional Chinese medicine. They left behind many effective prescriptions for later generations. From some medical literature, we can see their specific medical practice.
- ⁴ Ibid., vol. 4, p. 169: 至年十六出家，事蘭公為弟子。學業高明，內外該覽。善方藥，美書筭，洞諳殊俗，尤巧談論。
- ⁵ *Jiuhou* is the method of pulse diagnosis in traditional Chinese medicine. The head, upper limbs and lower limbs are divided into three parts, namely, Tian 天, Di 地 and Ren 人, which are combined into nine periods; the cunkou pulse method is divided into Cun 寸, Guan 關 and Chi 尺.

- ⁶ Ibid., vol. 4, pp. 167–68: 于法開，不知何許人。事蘭公為弟子，深思孤發，獨見言表。善《放光》及《法華》，又祖述耆婆，妙通醫法。嘗乞食投主人家，值婦人在草危急，衆治不驗，舉家遑擾。開曰：“此易治耳。”主人正宰羊，欲為淫祀，開令先取少肉為羹，進竟，因氣針之，須臾羊膜裹兒而出。升平五年孝宗有疾，開視脈，知不起，不肯複入，康獻後令曰：“帝小不佳，昨呼於公視脈，互到門不前，種種辭憚，宜收付廷尉。”俄而帝崩，獲免。還剡石城……或問：“法師高明剛簡，何以醫術經懷？”答曰：“明六度以除四魔之病，調九候以療風寒之疾，自利利人，不亦可乎。”年六十卒於山寺。孫綽為之目曰：“才辯縱橫，以數術弘教，其在開公乎。”
- ⁷ Jivaka was a famous doctor considered to be divine in ancient India. Plenty of studies have been conducted to study his character, including (Chen 2005); *idem*, (Chen 2013; Wang 2016; Huang 2003).
- ⁸ (Sun 1998, vol. 26, p. 410): 女子逆產足出，針足太陰入三分，足入乃出針，穴在內踝後白肉際陷骨宛宛中。
- ⁹ Ibid.: 橫產手出，針太沖入三分，急補百息，去足大指奇一寸。胞衣不出，針足太陽入四寸，在外踝下後一寸宛宛中……產難、月水不禁、橫生胎動，皆針三陰交。
- ¹⁰ Ibid., vol. 9, p. 364: 時有痼疾世莫能治者，澄為醫療，應時瘳損。陰施默益者，不可勝記。
- ¹¹ Ibid., vol. 9, p. 349: 時太子石邃有二子在襄國，澄語邃曰：“小阿彌比當得疾，可往迎之。”邃即馳信往視，果已得病。大醫殷騰及外國道士自言能治，澄告弟子法雅曰：“正使聖人複出，不愈此病，況此等乎？”後三日果死。
- ¹² Liu Jingshu 劉敬叔, *Yiyuan* 異苑 [Garden of Extraordinary Things], *juan 6* (edition of Wenyuange Shiku quanshu 文淵閣《四庫全書》 [Complete Library of the Four Treasuries of the Belvedere of Literary Profundity; hereafter SKQS] (Liu): 沙門有支法存者，本自胡人，生長廣州，妙善醫術，遂成巨富。有八尺髡，光彩耀目，作百種形象；又有沈香八尺板牀，居常香馥。太原王琰（一作談）為廣州刺史，大兒邵之屢求二物，法存不與，王因狀法存豪縱，乃殺而藉沒家財焉。法存死後，形見於府內，輒打閣下鼓，似若稱冤，如此經日，王尋得病，恒見法存守之，少時遂亡。邵之比至揚都，亦喪。*Yiyuan* was written in Liu Song Dynasty of the Southern Dynasty. It is a collection of fantastic stories.
- ¹³ Zhang Gao 張皋, *Yishuo* 醫說 [About Medicine], *juan 1* (SKQS edition) (Zhang 1224). It is noted that this was from the preface 序 to the *Prescriptions Worth a Thousand Pieces of Gold* (*Qianjin fang* 千金方).
- ¹⁴ syndrome differentiation (*bian zheng* 辯證) is a comprehensive analysis of the symptoms and signs of patients through the basic theory of traditional Chinese medicine, such as four diagnostic methods, eight principles, viscera, etiology and pathogenesis, to identify what kind of disease and syndrome.
- ¹⁵ Zhang Zhongjing (about 150~154—about 215~219), a famous medical scientist, was born in Nanyang 南陽 (Henan 河南 Province) at the end of the Eastern Han Dynasty. He was honored as “Medical Saints” (*yisheng* 醫聖) by later generations. Zhang Zhongjing extensively collected medical prescriptions and wrote the masterpiece *Treatise on Febrile Diseases and Miscellaneous Diseases* (*shanghanzabinglun* 傷寒雜病論) handed down from ancient times. The principle of “treatment based on syndrome differentiation” (*bianzhenglunzhi* 辯證論治) established by it is the basic clinical principle of Traditional Chinese Medicine.
- ¹⁶ Zhong Jingzhi’s Xuming decoction is recorded in the *Jinkui yaolüe fang lun* 金匱要略方論 [Commentary on the Essential Prescriptions from the Golden Cabinet] edited by Lin Yi 林憶 of the Northern Song Dynasty (960–1127). The decoction is documented in the book as a supplemental prescription. Based on the investigation in modern times, this is confirmed to be a decoction designed by Zhang Zhongjing. For the relevant investigation, refer to (Mi 2004, p. 3).
- ¹⁷ Li, Fangl 李昉, *Taiping Yulan* 太平御覽 [Readings of the Taiping Era], *juan 724* (SKQS edition) (Li).
- ¹⁸ Forty volumes of *Waitaimiyao* were written by Wang Tao 王勣 (670–755), a famous medical scientist in the Tang Dynasty. The recorded materials, from the Pre-Qin Dynasty to the Tang Dynasty, collected a wide range of medical prescriptions that could be seen at that time. In particular, other documents are quoted to note the source in detail, and many lost documents are preserved. It not only has clinical practical value comparable to *Qianjin Fang* 千金方, but also has high philological value, which is a famous clinical reference book in the history of traditional Chinese medicine.
- ¹⁹ Modern scholars of Traditional Chinese Medicine formulae generally believe that this prescription originates from *Neiwai shang bianhuo lun* 內外傷辨惑論 [Clarifying Doubts about Damage from Internal and External Causes] penned by Li Dongyuan 李東垣 (1180–1251) of the Jin dynasty. See (Chen 2013, p. 614). According to Li Dongyuan, this prescription “uses the sweetness of ginseng to benefit *qi*; uses the bitterness and cold of *Ophiopogon japonicus* to purge heat and boost the source of water; uses the sourness of Chinese magnoliavine fruit to eliminate dry metal” (Li Dongyuan, *Neiwai shang bianhuo lun*, *juan 2*, SKQS edition, (Li 1247)).
- ²⁰ (Li 2011, vol. 50, p. 1797): [時珍曰] 千金、外臺、深師諸方，治腎虛勞損，消渴腳氣，有腎瀝湯方甚多，皆用羊腎煮湯煎藥。蓋用為引導，各從其類也。
- ²¹ (Hui 1992, vol. 7, p. 266): 釋慧義，姓梁，北地人，少出家。風格秀舉，志業強正。初遊學於彭、宋之間，備通經義。
- ²² (Yao 1937, vol. 37, p. 603): 《高僧傳》不言有是書，不知是否即此慧義。然慧皎傳，例於諸僧所撰外學之書，多從其略，或為其略而不載焉。
- ²³ Cao Xi 曹翕 was a medical scientist in the Cao Wei and Western Jin Dynasty. Unknown date of birth and death. A native of Qiaoxian 譙縣 (now Bozhou 亳州, Anhui 安徽 Province), he was the son of Cao Hui 曹徽, the Dongpingwang 東平王, Cao Wei. In the third year of Zhengshi 正始 (242), Cao Hui died and succeeded his heirs. Enter the Western Jin Dynasty, seal Lin Qiu Gong 廩丘公. He once wrote “*Jie Hanshisang Fang* 解寒食散方” and “*Huangdi Mingtang Yan'cerentu* 黃帝明堂偃側人圖”, all of which were lost.
- ²⁴ (Tamba 2011, vol. 19, p. 395). *Ishinpō*, Medical Heart Prescription, a comprehensive medical literature. Thirty volumes. Japan. Tamba Yasuyori (912–995) wrote it in 982. This book is compiled and sorted out a variety of medical books before Tang Dynasty

in China. The contents include medical theory and clinical practice of various departments. The source of each document in the book is recorded so that readers can verify it, so the value of the document is very high. There are many ancient books that have disappeared before Tang Dynasty, but they can be compiled from *Ishinpō*. The whole book is rich in cited materials, and it is an important work to study Chinese medical literature before Tang Dynasty.

- 25 There are five quotations from *Pangshi lun* in *Ishinpō*, which can be found in the special volume of “*Fu Shi* 服石” in Volume 19 and Volume 20. Pangshi 龐氏’s name is unknown, and we do not know which documents are published in these five lost essays. However, from the content analysis of the lost essays, it comes from Pangshi’s monograph “*Fu Shi*”. 《醫心方》引用《龐氏論》有五處，見於卷十九、卷二十“服石”專卷中。按龐氏其名無考，此五處佚文亦不知所出何書，但從佚文內容分析，當出自龐氏的“服石”專著中。(Ibid., appendix, p. 718).
- 26 According to the theory of traditional Chinese medicine, it is considered that the *yangqi* 陽氣 of nourishing viscera inside and filling skin outside is physiological fire (*huo* 火), which is called “less fire (*shaohuo* 少火)”; If *yangqi* is too hyperactive and fiery is endogenous, it will become a pathological “fire”, which is called “strong fire (*zhuanghuo* 壯火)”. This kind of excessive fire can increase the consumption of substances, so that it hurts *yin* 陰 and consumes *qi*, which is called “strong fire reduces *qi*”.

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