

DAOISM AND MEDICINE¹

Michael Stanley-Baker

A popular aphorism states, ‘Daoism and medicine emerged from the same source’ (*yidao tongyuan* 醫道同源). They both share a common ancestry in the Shang dynasty (ca. 1600–1046 BCE), when diviners (*wu* 巫) asked the gods and ancestors about the disease of the kings, recording them in the earliest Chinese writings (Keightley 2001). After that time emerged a broad variety of disparate popular medical practices (Cook 2013), including drug recipes, divination and exorcistic magic (Harper 1998). The aphorism also alludes to how the common scientific and cosmological principles, such as *yin–yang*, the five agents (*wuxing* 五行) and *qi*, which lie at the base of classical medicine (Chapters 1 and 2 in this volume) formalised in the Han dynasty (202 BCE–220 CE) were also the basis for Daoist ritual and physiology which emerged towards the end of this period.

Taken together, these common origins and expressions might lead one to imagine the Han medical community as intrinsically open to ‘spiritual’ health practices. However, medical practitioners and classical texts also demonstrate an antipathy towards spirit-based notions of disease, and towards spirit mediums. This can be seen in another aphorism attributed to the mythical physician Bianque 扁鵲 that one of the six obstacles to treatment is ‘believing in spirit mediums, and not in physicians’ (*xin wu bu xin yi* 信巫不信醫), a statement recorded and circulated in the early Han dynasty text, *Records of the Grand Historian* (*Shiji* 史記, 105.2794). The late Han dynasty ‘Yellow Emperor’s Inner Classic’ (*Huangdi neijing* 黃帝內經, hereafter *Inner Classic*) also criticised medical incantation (see *zhuyou* below) as an outdated practice from bygone times, when bodies were more subtle and diseases less penetrating, arguing that acupuncture was more suited to recent eras (Unschuld and Tessenow 2011: *Suwen* 13.219–22). Some scholars understand these and other passages to represent a rejection among physicians of their competitors who practised spirit medium medicine, the *wu* (巫) and the emergence of a medicine oriented towards natural, not spiritual laws (Unschuld 2010, 2016: 15–19). Others acknowledge that the situation was nuanced, and that anachronistic frameworks of rationality, empiricism or individualism do not reflect the epistemological admixture of early sources (Lloyd and Sivin 2002, 239–51; Cook 2013; Stanley-Baker 2014). Early competition amidst groups was not grounded on such terms. It should also be borne in mind that given the time period of these Han dynasty and earlier sources, opponents identified in these physicians’ texts were not ‘Daoists’ per se, as the religion was not created until 142 CE. Rather, they were spirit mediums, a term which by the Han dynasty

functioned as an epithet of exclusion much as the term ‘witch’ did in medieval Europe, marking off social or epistemological out-groups without consistency or any attempt to define those practitioners on their own terms. The Daoist Church itself was also antagonistic towards *wu*, but competed with them on different terms (Stein 1979), even as it also sought to distinguish itself from physicians, transcendents and other contemporary practitioners, even suppressing medical techniques such as acupuncture, herbs and moxibustion.

This chapter examines the current state of scholarship in order to discuss what classical Chinese medicine and practices used by Daoists for health, longevity and transcendence have in common. It argues, in addition, that conditions at the end of the Han dynasty influenced the Daoist religion, as it first emerged in an institutionalised form, to produce a distinctively medicalised imagination of the workings of the cosmos and individual destiny. With no single solutions to the complex problems of political and military chaos, famine and widespread epidemics of that time, Daoists produced composite ritual programmes that responded to the total situation. It was also from this period that religion and healing began to emerge as co-related, but increasingly distinct, domains of knowledge.

The state, epidemics and individual destiny: the complex problem of Ming 命

The Eastern Han dynasty (25–220 CE) was a watershed period which profoundly influenced the religious imagination of China. The same period saw the crystallisation of the medical classics (Chapter 7 in this volume); the *materia medica* tradition – the systematic identification and definition of individual medicinal products and their properties (Chapter 8 in this volume); the rise in popularity of transcendents (*xian* 仙) – practitioners whose self-cultivation exercises and ingestion of rare minerals and herbs were thought to bestow magical powers and supernatural longevity; as well as the birth of the Daoist religion – an organised body with ranks of ordained priests who performed communal and individual rites for healing and salvation. Taken together, these developments point to an inextricably entangled religious and medical imagination, with continuities between self-cultivation, morality and notions of bodily well-being, cure and disease. On the one hand, these continuities were the result of a sophisticated Han state coalescing its philosophical, technical and spiritual rationales about the body and disease. On the other, they were also produced by the collapse of the Han: internal political corruption, extensive military conflict and widespread epidemics led to a search for stable communities and systems of meaning and pragmatic responses that integrated various fields of activity.

This broader context is important for understanding the emergence of Daoism and its particularly medical imagination, and distinguishes the Daoist medical landscape from the two other major religions which spread medical knowledge at different times in China: Buddhism, which arrived in China during the first century CE, roughly at the same time that the Daoist religion was forming, and Christianity which came much later with the Jesuits during the seventeenth century (Chapters 16, 17 and 28 in this volume). All of them used medicine as a means to promote religious enterprise, as expressions of compassion, and conceived of their teachings as a kind of healing that solved the problem of worldly existence (Choa 1990; Salguero 2018). However, Christian and Buddhist teachings were based on disembodied concepts of salvation and disparaged the body as an obstacle to the realisation of religious goals. Daoist salvation, on the other hand, integrated a medical framework where the body is seen as the vehicle and locus of salvation, rather than an obstacle. To understand better how this came about, it is useful to understand the context within which it emerged.

The collapse at the end of the Han dynasty is commonly attributed to a series of weak child emperors, the rise of the empresses' families and corrupt eunuchs restricting access to power at court, resistance to which produced various outbreaks of military conflict and dissent in multiple regions across the country (Beck 1986). These skirmishes caused human migration as peasants fled war-torn areas, leaving crops untended and unprotected from raiding militias and armies, which, in turn, led to crop failure and famine. As these undernourished, stressed and exposed populations moved across the countryside in search of food and shelter, they brought disease with them, plagues which spread like wildfire across the land (Lin Fushi 2008a, 2008c). Plagues (*yibing* 疫病) covered the land with such speed they were considered to be ghost-borne, or ghost infestation (*guizhu* 鬼注), the result of the unquiet dead, improperly buried far from home, or bearing grudges against the living (Li Jianmin 2009; Nickerson 1997; Strickmann 2002). The constant impact and stress of epidemics should not be understated. These epidemics were so frequent that imperial histories record outbreaks on average every 7.6 years, with drastic mortality rates ranging between 45% and 85% of the local population (Li Wenbo 2004: 1; Chapters 16 and 17 in this volume).

To describe these interlinking catastrophes as simply problems of 'the state' would be to neglect the scale and complexity of the problem – the Han dynasties covered the largest land mass in Chinese recorded history by that time, a territory which was commonly referred to as 'all under Heaven' (*tianxia* 天下). This collapse constituted a 'complex problem', also known as a 'wicked' problem (Rittel and Webber 1973), that is, a situation which brooks no single causal explanation and no unitary solution. This confluence of problems unravelled the very fabric of the world as it was known, and could only be satisfactorily explained on a scale that was cosmic.

This complexity is perhaps best encapsulated as a problem of *ming* 命 (Stanley-Baker 2014), a multi-valent word that is usually translated as 'life' or 'destiny'. Its connotations, however, extended to the political, military, social, bodily and the cosmic (Lupke 2005: see especially chapters by Company and Bokenkamp; Verellen 2019). The concept of *ming* reflects the potential for creating a fundamental order within these different domains. *Mingling* 命令 can mean 'to command', as in to give orders to troops, while the divine authority of the monarch to rule, the heavenly mandate, is *tianming* (天命). *Ming* refers to one's individual lifespan, as well as one's individual destiny – that is, one's overall trajectory or career, as well as the vicissitudes and minor misfortunes of daily life. These are influenced by one's astrological designation or natal destiny (*benming* 本命), which is based on the day and time of birth, and for which there are rituals to adjust one's chances in life.

The collapse of the Han dynasty was a threat to all these forms of *ming*, and saw a proliferation of methods, institutions and ideologies which tackled this complex problem in various ways. Medical texts, such as the *Inner Classic*, specifically addressed physical disease in the language of political rebellion which had to be controlled (Chapter 7 in this volume). Transcendents were people who exercised a power not only over the length of their biophysical lives; they transcended the social boundaries of the human order, rising beyond to different orders of being. They are portrayed as being literally 'above' the rule of the emperor. The hagiography of the Sire who Dwells by the Riverside (*Heshang gong* 河上公), for example, who floats above the earth when the emperor comes to visit, demonstrating that he has risen above earthly rule (Company 2002: 91). Late Han self-cultivation texts, such as the commentary on the *Daode jing* 道德經 named after the aforesaid Sire, equated bodily self-mastery and spiritual self-governance with the mystical power to govern the country. Exercises lengthened life and staved off disease, while grain-fasting diets enabled one to live independently from an agricultural, settled economy. The Daoist ritual programmes initiated by the Celestial Master (*Tianshi* 天師) and Great Peace (*Taiping* 太平) movements conceived of disease as a manifestation of incorrect alignment with the moral order of the universe, while attempting to found an alternate state. In different ways, each responded to the complex problem of *ming*.

Overlapping goals: preventing disease, long life, delaying death, transcending mortality

Between the third and first centuries BCE, the cosmological principles of *yin* and *yang*, *qi* and the five agents coalesced into a coherent foundation for scientific practice, most fully expressed in the *Inner Classic*, while multiple styles of therapy remained in use (Harper 1999; Lo 2013; Chapter 1 in this volume). It has been argued that stages of this development may have taken place within a mixed current of ideas and technical practices that articulated a coherent, ethical universe governed by observable predictable laws, which the virtuous sage should learn through observation, and to which he should align himself to maintain personal and cosmic harmony. Some (Peerenboom 1993, among others) identify this as a movement named *Huanglao* 黃老, a term used by the father of the great Han historian Sima Qian 司馬遷 (ca. 145–ca. 86 BCE). The name is taken from the sagely figures of Laozi 老子 and the Yellow Emperor (Huangdi 黃帝), who are invoked in the titles of many related works, notably the *Inner Classic* itself. However, more recent scholarship argues that no social communities or ‘schools’ identified with the term, and that conceptual boundaries between philosophies such as Legalism and Daoism, reconstructed by later scholars, are inconsistent with the primary sources (Wang 2000, 182–83; Csikszentmihalyi and Nylan 2003). Such historiographic concerns aside, Han dynasty works such as the *Huainanzi* 淮南子 (139 BCE), which contains a plethora of chapters on astronomy, geography, philosophy and science in addition to embodied self-cultivation (Major *et al.* 2010), as well as manuscripts on silk and on bamboo strips excavated from an early Han dynasty tomb in Mawangdui, in Changsha, which was sealed in 168 BCE, exhibit common interests. These include legal culture, cosmogenesis and philosophies that came to be retroactively associated with ‘Legalism’ and ‘Daoism’, as well as in technical notions such as the five agents, and the emotional or spiritual aspects of the five organs (*wuzang* 五臟). In these ways, such texts were contiguous with the *Inner Classic*, which articulates disease and cure in political terms of rebellion (*ni* 逆) and chaos (*luan* 亂) vs control (*zhi* 治), emphasising a homology between individual bodily cultivation and managing the state.

是故聖人不治已病, 治未病; 不治已亂, 治未亂。

This is why the sage does not cure disease when already manifest, but cures it before it manifests; he does not control that which is already chaotic, but governs before chaos manifests.

(*Huangdi neijing: Suwen 2.12*)

The aspiration to anticipate disease, and regulate the body so as to avoid falling ill and to lengthen one’s years, took form in a vigorous culture of bodily cultivation aimed at ‘nourishing life’ (*yangsheng* 養生).² This broad set of exercises, diet, sexual cultivation, attention to daily rhythms and seasonal changes was an integral part of early medicine, and the textual works on the subject influenced the formation of the *Inner Classic* (Lo 2001). Attested to in texts dating as early as the fourth century BCE, such as the *Guanzi* 管子 and *Zhuangzi* 莊子, this culture flourished in the early Han dynasty, and is exemplified in multiple texts and images excavated from Mawangdui (Chapter 6 in this volume). The relationship to ‘Daoism’, that is to the philosophical and spiritual practices of quietude, inwardness and meditative breath practice, was differently marked in these texts and others, showing an ambivalence about their role in spiritual cultivation. Where the *Guanzi* affirmed the value of longevity practices and the closeness of spiritual self-cultivation to bodily cultivation, the *Zhuangzi* decried such unworthy huffings and puffings as beneath the attention of the true aspirant (Stanley-Baker 2019a).

It was those who aspired to become transcendents who made it their primary study to cultivate the body to become not only impervious to disease, but even death itself. Myths and hagiographies describe these figures as human beings possessed of knowledge of rare and exotic plant and mineral drugs, special fasting diets, and skills with talismans and spells which enabled them to ward off disease and death. Transcendent bodies acquired magical powers and spectacular longevity, being able to hear and see for thousands of miles, living from two to three hundred to thousands of years or even avoiding the tomb entirely. Myths and stories date back to 400 BCE, and texts on methods to achieve such powers can be found in the Western Han Mawangdui collection, but it was in the Eastern Han dynasty that they became dramatically more popular, during roughly the same period when the *Inner Classic* was compiled. Tales in works such as the ‘Arrayed Biographies of Transcendents’ (*Liexian zhuan* 列仙傳) att. to Liu Xiang 劉向 (77 BCE–6 CE), and the ‘Biographies of Divine Transcendents’ (*Shenxian zhuan* 神仙傳) by Ge Hong 葛洪 (283–343 CE), describe these individuals prominently displaying knowledge of drugs and curative arts in the marketplace (Ogata Toru 大形徹 2015), and transitioning from their careers as transcendents to those of doctors, and vice versa (Lin Fushi 2008b).³ While these narratives are not factual historical accounts, they are not entirely fictitious either, and accurately communicate a cultural understanding of medicine and transcendence as intimately related domains of knowledge.⁴

The continuity between transcendence and medicine is further attested to in two important historical records of medicine in the Han dynasty. The first is the catalogue of the imperial library, the *Hanshu yiwen zhi* 漢書藝文志, which includes one section on ‘Recipes and Techniques’ (*fangji* 方技) that lists four parallel sections: ‘Medical Classics’ (*yijing* 醫經); ‘Classic [drug] Recipes’ (*jingfang* 經方); ‘[Arts of the] Bedchamber’ (*fangzhong* 房中) and ‘Divine Transcendence’ (*shenxian* 神僊) (*Hanshu*, 30.1776–81). Although transcendence is listed last, indicating a lower hierarchy of importance (which is corroborated by the compiler’s annotations), there is clearly a perceived continuity between these types of technical expertise (Stanley–Baker 2019a).

Second, the organisation of the earliest layers of the *materia medica* literature is influenced by transcendent drug culture. The ‘Divine Farmer’s *Materia Medica*’ (*Shennong bencao jing* 神農本草經), produced in the first or second centuries CE, divides up known drugs into three hierarchical categories, where superior drugs benefit one’s lifespan (*yangming* 養命), and lighten the body and prevent ageing; middling ones nourish inner nature (*yangxing* 養性) and strengthen the body against disease; and the lowest merely cure disease (*zhibing* 治病).⁵ This triple-layered hierarchy was echoed in many transcendent texts from the period which distinguished transcendence, robust health and curing disease as three stages of spiritual cultivation, or classes of practice. The religious overtones of this ranking are unmistakable in this excerpt from the ‘Four Classics of the Divine Husbandman’ (*Shennong sijing* 神農四經).⁶ Here, superior drugs do not merely lighten the body and lengthen the lifespan; they have far more dramatic effects:

上藥令人身安命延，昇為天神，遨遊上下，使役萬靈，體生毛羽，行廚立至。中藥養性，下藥除病，能令毒蟲不加，猛獸不犯，惡氣不行，眾妖併辟。

Superior drugs put people’s bodies at ease and lengthen their lives; they ascend and become heavenly spirits, freely roaming above and below, and command myriad spirit minions. Their bodies grow feathers and wings, and they can immediately summon the travelling canteen. Middling drugs cultivate inner nature. Inferior drugs purge disease, and can cause poisonous insects not to multiply, wild animals not to offend, noxious *qi* not to circulate, and demon hordes to flee en masse.⁷

(*Baopuzi neipian* 11.196)

This family of related practices can be, and sometimes was, articulated in a graded scale of aspirations of health practices, which created a continuity between the goals in the *Inner Classic*, excavated recipe texts and transcendent literature. This scale ranged from curing manifest disease; to curing disease prior to manifestation; the use of drugs to strengthen the body and prevent disease; to gain miraculous command over bodily health and longevity; and to postpone death indefinitely, roam the heavens and earth, and gain dominion over spirits and the natural world.

This continuity was not merely one of common cosmology or shared health goals, but drew from a common repertoire of related techniques. Many of the same or similar cultivation practices used by transcendents to attain the heights of their spiritual goals were also used by mere mortals for the simple goals of preventing or curing disease, or extending a normal lifespan. The difference lay in the aspirations of the practitioner and claims made about the effects of the practice (Stanley-Baker 2006: 34–47).

Illness theodicy, disease transmission and the bureaucratic imagination: composite ritual solutions in the early Daoist Church

The rich medical imagination of Daoism, and its profusion of health-related practices is perhaps best understood by examining the emergence of the early church in the midst of the vicious cycle at the end of the Eastern Han dynasty, with power waning on the state's periphery and increasing epidemics, famine and military unrest all around. The Celestial Master movement began in roughly 142 CE, as some hagiographies relate the tale, when a spirit-medium healer Zhang Daoling 張道陵 (also Zhang Ling 張陵) had a vision of Laozi 老子 in the form of Taishang Laojun 太上老君 atop Crane-call Mountain (*Heming shan* 鶴鳴山) in the hills just west of the semi-independent border capital of Shu 蜀 (modern-day Chengdu). While accounts vary – some say he was given talismanic healing practices there, some say he went there to make alchemical drugs – the tradition agrees that during his revelation from the god, he established with him the Covenant of the Powers of the Orthodox Unity (*Zhengyi mengwei* 正一盟威). This contract, a bond based on righteous sacrifice, granted him healing powers and a new ritual of confession which, according to contemporary historical accounts, he then used to attract huge crowds of followers in the Sichuan basin (Kleeman 2016: 21–62). These settled into twenty-four small communities, or dioceses (*zhi* 治), which maintained their health through communal rites. Members re-established their covenant with the Dao through thrice-yearly communal gatherings, at which they tithed infrastructural support – the fixing of roads (a play on the words for 'the Way of Governance' *zhidao* 治道) and donating rice to travelling way stations or 'charity lodges' (*yishe* 義舍) in the region. In this way, the ritual programme functioned to some degree as a public health programme, responding to the issues of migration and famine. The healing rite of confession invited further health measures: tithing grain, a three-day period of fasting, purification and retreat in a chamber of silence, followed by a formal written confession of sin, submitted by a priest with prayers to the gods of the four directions (Strickmann 2002: 1–17). It is worth considering that these interventions would have functioned as rudimentary forms of quarantine, convalescence, dietary therapy and psychological counselling. The later Great Peace (*Taiping* 太平) movement sought to overturn the corrupt Han government, and conceptualised the plagues of the time as the result of a corrupt state, thus aligning political, spiritual, health and military goals. Like the Celestial Masters, they employed talismans and prayers, but also used needles and drugs to preserve health and stave off disease (Toshiaki 2008b).

Daoist illness theory resolved two important conceptual problems during this time of widespread epidemics, namely the problem of communicable illness, and the problem of evil. At the time, there was no theory of human-to-human disease transmission in classical Chinese medicine. Etiological theory in the *Inner Classics* focused on the body's own strength to resist external meteorological forces, such as wind, damp, dryness and so on (see the six *qi* in Chapters 1 and 2 in this volume), and internal emotions, including anger, joy, sadness worry and so on, but did not offer a theory for how disease was transmitted between humans. Terms for epidemics in imperial histories referred to their fast flowing nature (*yi* 疫), and described their suddenness and speed (*ji* 疾), but nothing about the means by which this occurred.

Daoist aetiological theory, however, considered that the fault for the sin which caused disease could be shared between people, across families, down generations, within communities: it was even meted out to members of a corrupt state. It was communicated by the ghosts of the wronged dead, who wreaked their vengeance on the living. Their fast movement across the land explained the rapid spread of disease, following vectors of military and famine migration. Furthermore, this theory also resolved the tacit connection between military conflict, mass migration and displacement of communities, and the rapid spread of disease. The disease that entered the body, even if it originated in one's own, or one's family's sins, was first processed and calculated by bureaucratic denizens of the afterlife, who then meted it out on living individuals via ghost infixation (*guizhu* 鬼注), that is the pouring of vengeful ghosts or their substance into the body, where it then manifested as disease. Disease thus formed an interlocking part of the breakdown of state, society and civil and military order.

Daoist disease theory resolved the problem of evil – why bad things happen to good people and vice versa (Lagerwey 2007). It provided what I term an 'illness theodicy', an explanation for why virtuous people without sin could be struck by disease that was the result of moral failure. Because punishment was meted out down the family line, on those who did not commit evil deeds, and who had no obvious, visible connection to them (Strickmann 2002: 1–59; Tsuchiya 2002; Toshiaki 2008a), disease could strike those who had not done anything observably wrong to merit it, offering a resolution to the unpredictability of epidemic disease transmission. In this way, Daoist disease notions had the potential to settle a sense of random threat and offered an outlet whereby the bereaved and the diseased could respond with proactive measures, such as ritual confession. This aetiology provided a way of comprehending the passing of loved ones, as can be seen in family records, which provide detailed descriptions of sepulchral lawsuits from deceased family members, as well as enemies, and the ritual prescriptions to ameliorate them (Nickerson 1997; Bokenkamp 2007: 130–57). It may by extension have also provided a means to cope with survivor's guilt amidst the random, wide spread of multiple pandemics. Read with close attention to the context and motivations for Daoist ritual, early sources show that many rituals were employed in the case of illnesses so conceived. In making these assertions, the Daoist religion maintained, like medical theory, that the universe operated on a series of predictable, regular, impersonal laws. Daoists distanced themselves, just as physicians did, from the mediumistic *wu*, whose deities were capricious and based their actions on personal favour and corrupt bargains rather than on a just and regular order (Kleeman 1994). Daoists theorised a moral universe in which the apparently random strike of disease was the result of explicable, but hidden, causes originating in human behaviour and foibles. The primary difference was that, for physicians, the relevant laws were purely natural laws of material forces, whereas Daoists modelled their spiritual world on an ideal spiritual bureaucracy which operated according to moral laws.

Despite these differences, both classical medicine and early Daoism shared a similar vision of a coherent, predictable world, which could be managed through regularised practices.

In this way, the unpredictable strike of epidemic disease could be explained, and ritual solutions offered to cure it in the present and prevent it in the future. Daoist aetiology did more than explain and produce observable order, i.e. biological or social continuity across generations – patterns discerned and produced by medical theory and Confucian norms. It resolved a fundamental problem of *disorder* that had become especially pertinent in the context of epidemics.

Blended practices

From the Han dynasty onwards, we find a profusion of health-related practices circulating across different communities and genres of writing, many of which have been claimed to be Daoist or related to Daoist aspirations. It must be recalled, however, that these practices were not exclusively or even intrinsically ‘Daoist’, even though they have come to be identified as such by some.

‘Guiding and pulling’ (*daoyin* 導引) is a genre of stretching and movement exercises mentioned as early as the fourth century BCE, and appearing in excavated Han dynasty practical manuals. During the Six Dynasties (220–589 CE), it became prominently adopted by Daoist and transcendent practitioners, but by the Sui and Tang dynasties (581–907 CE) was assimilated into court medicine (Despeux 1989; Engelhardt 1989). The *Treatise on the Causes and Symptoms of All Diseases* (*Zhubing yuanhou lun* 諸病源候論) lists over a hundred ‘methods to nurture life with guiding and pulling’ (*yangsheng fang daoyin fa* 養生方導引法) as cures for individually specified syndromes. These are usually some form of exercises to stretch the body or circulate *qi* (*xingqi* 行氣) to nourish health or draw the illness out. Such practices also formed a central element in the Imperial Medical Academy, where the majority of staff appointments were masters of such methods. Many of the practices and texts used were attributed to Daoist masters during the Six Dynasties, but were assimilated into court medicine in the Sui/Tang period (Stanley-Baker 2006; Kohn 2012; Yang 2018, Chapter 6 in this volume).

‘Arts of the Bedchamber’ (*fangzhongshu* 房中術), or sexual cultivation, was a variety of methods which stimulated the female partner and enabled the male partner to retain semen during sex, circulating its nourishing powers throughout the body. These practices were highly regarded for preventing old age. The literature circulated widely beyond Daoist contexts: they are found in the Mawangdui cache, and a huge quantity is listed in the Han dynasty imperial catalogue (Harper 1987; Wile 1992). It also became an important theme in Six Dynasties Daoist cultivation (Eskildsen 1998: 76–8; Kirkland 2008). Related to these were the sexual initiation rites of early Celestial Masters, for which they were harshly criticised, perhaps unfairly, by their contemporaries. While the Celestial Masters were keen to distinguish their practice from mundane bodily cultivation (Mollier 2008; Raz 2008), they deserve comparison as rites for self-preservation and transformation through sexual congress. By the late imperial period, the relation of sexual cultivation to inner alchemy was a subject of heated debate in male-oriented inner alchemy practice, while the newly emergent female alchemy advocated cognate, but novel, physiological claims in relation to sexual abstinence (Valussi 2009, Chapter 30 in this volume; Hudson 2008).

Diet (*fushi* 服食) more generally included a wider set of practices of which grain-fasting was only a part. In this period, it encompassed a broader range of substances than is normally considered ‘food’ today, including the ingestion of herbs, rare minerals, alchemical products,

talismans, different grades of *qi* 氣 and even not eating at all. These ‘cuisines’ were attributed physiological, social or spiritual hierarchies, the more refined products producing more refined bodies, sensibilities and miraculous ability (Campany 2005). Passages from numerous texts, such as the *Huainanzi* 淮南子, *Shennong jing* 神農經, *Dadai liji* 大戴禮記 and *Soushen ji* 搜神記, classify inhabitants of the natural world by their diet.⁸ Contents vary but the scale is generally of the same ilk: eaters of meat were vicious but powerful; eaters of vegetables, calm and docile; grains, intelligent; lithic potions (minerals) could prevent ageing; those who lived on *qi* could not die. The Supreme Clarity (*Shangqing* 上清) sect of Daoism in particular, but others as well, practised visualisations of stellar, solar and lunar *qi*, which entered the body and refined it to the extent that the practitioner could rise up to the heavens, whether in meditation or bodily form was a matter of skill and extent of practice.

‘Fasting from grains’ (*bigu* 辟穀) was nominally the avoidance of cultivated crop grains in preference for a reliance on wild-crafted herbs and plants, with various objectives: to achieve transcendence; as a staged practice among others on the path to become a Perfected (*zhenren* 真人), an adept even higher than a transcendent; and to purify the body from the Three Corpses and Nine Worms (*sanshi jiuchong* 三尸九蟲), demonic parasites which infested the body (Kohn 1995; Eskildsen 1998: 43–68; Campany 2002: 22–4; Despeux 2008a;

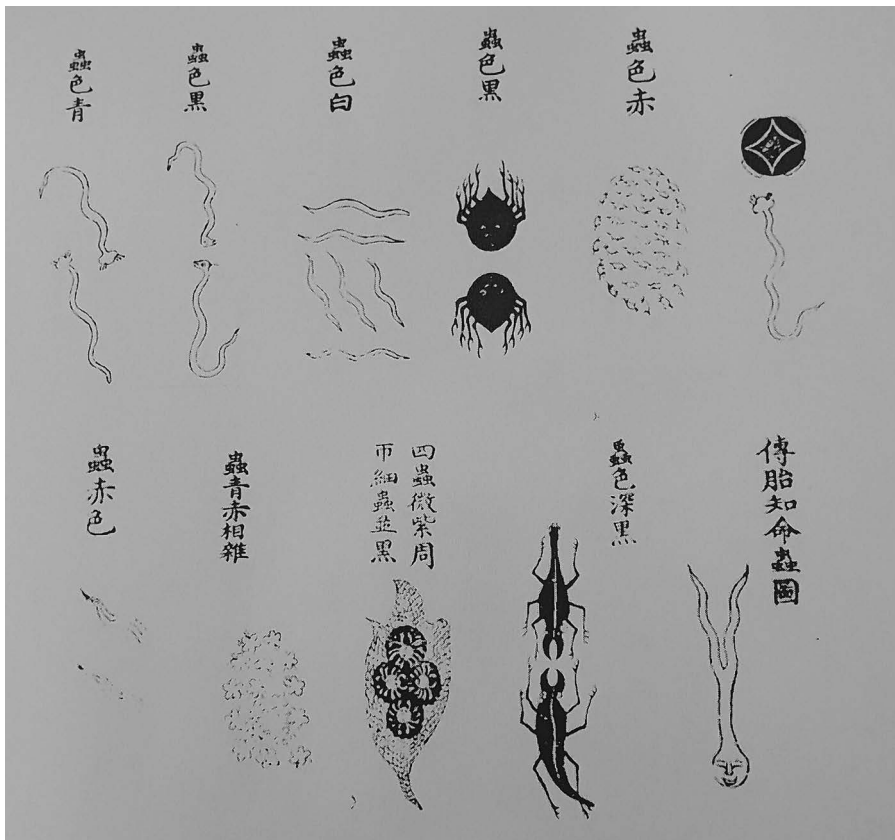


Figure 27.1 Parasites from *Taishang chu sanshi jiuchong baosheng jing* 太上除三尸九蟲保生經 (Most High Scripture on Conserving Life and Expelling the Three Corpses and Nine Worms) DZ 871 9b15a, Five Dynasties (907–960 CE)

Tadd 2012; Arthur 2013). Despite the phantasmagoric properties attributed to these parasitic beings, they were not purely figments of the imagination – many of their physiological effects were described in ways that evoke images of parasites and bugs recognised by modern public health authorities (Kohn 1993), and images in the Daoist canon, while mixed, are clearly partly derived from empirical experience (Figure 27.1).

Although earlier manuals are extant, the rise in popularity of grain-fasting after the Eastern Han gives the impression that the widespread famines at the end of the Han played a role in bolstering its appeal (Despeux 2008a). Living without cultivated food was not simply a low-carb fasting diet, but tantamount to an attempt to ‘get off the grid’ of agricultural life and out of civilised society, modes of life that could be starkly precarious during times of political and military strife (Campany 2005).

Talismans and Incantations (*fuzhou* 符咒) had the power to command beings from the spirit world (Bumbacher 2012). These magically scripted writs were a hallmark of emergent Han dynasty Daoist sects, such as the Celestial Masters (*Tianshi* 天師) and Great Peace (*Taiping* 太平) movements, and were often prepared, presented or ingested along with a spell or prayer. This means of addressing the spiritual causes of disease was similar to the practice of ‘**incantations to the origin [of the disease]**’ (*zhuyou* 祝由), and together these formed a broad category of practices (Lin Fushi 2012).⁹ While imperial medical texts distanced themselves from such practices, they never fully rejected the spirit realm – the Song dynasty (960–1279 CE) medical academy established *zhuyou* as the rubric for its thirteenth bureau, which focused on spells and charms in general, including talismans and incantations (Cho 2005). One Ming dynasty (1368–1644) doctor adopted *zhuyou* into his practice as a form of personalised ‘talking cure’, in which the doctor exhorts the patient, rather than the spiritual cause of the disease (Chapter 15 in this volume). Manuscripts on this practice circulated into the later twentieth century at least, and a good collection are fully scanned and can be downloaded from the Berlin State Library (Unschuld and Zheng Jinsheng 2012; Chapter 18 in this volume) (Figure 27.2).

Conclusion: on ‘Daoist Medicine’ as a historical term

The homology between Daoism and Medicine, their origins in a common, broad pool of technicians and knowledge has produced a great deal of ambiguity about the ways in which medicine and Daoism were related from then on (Figure 27.2). From the time of the Eastern Han dynasty (25–220 CE) onwards, the Daoist religion began to transform radically the religious landscape of China, and a range of bodily practices and attitudes to bodily well-being began to emerge and circulate in different communities, with various medical or religious aims. These ranged from disease treatment, to prevention of disease and old age, and to bodily self-cultivation; from ‘curing disease before it manifests’ to achieving immortality. Earlier scholarship tended to treat the Daoist religion as clearly distinct from the history of classical medicine and vice versa (Porkert 1974; Lu Gwei-Djen and Needham 1980; Maspero 1981; Unschuld 1985/2010), but more recently scholars have begun to explore their interrelation (Katz 1995; Davis 2001; Strickmann 2002; Hinrichs 2003; Stanley-Baker 2013; Sivin 2015). Scholars and practitioners in China have coined the term ‘Daoist medicine’ (*daojiao yixue* 道教醫學) to encapsulate a total phenomenon and distinctive historical current, and also to underscore the early scientific endeavours that emerged within Daoism (Hu Fuchen 1995; Gai Jianmin 2001; Xi Zezong *et al.* 2010; Shen Chen 2020).¹⁰ In using this term, these latter studies have produced very useful synoptic views of the broad variety of healing and self-cultivation practices used by Daoists, covering large swaths of material. However, they have not accounted for the fact that ‘Daoist medicine’ is itself a modern term and

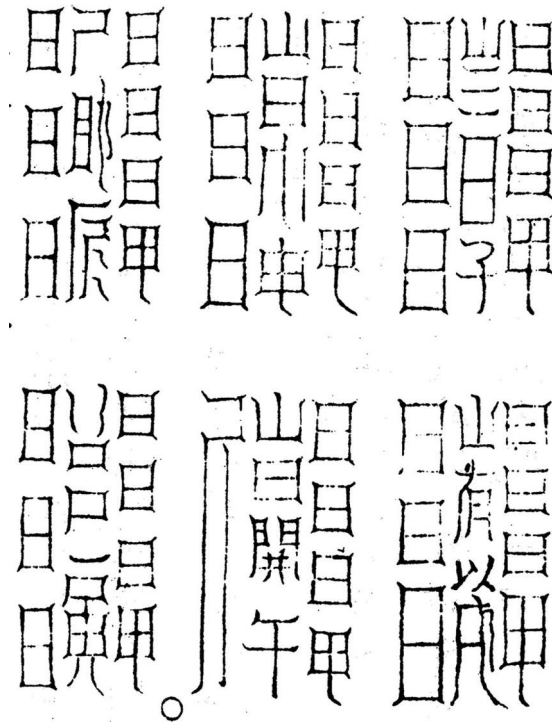


Figure 27.2 Talisman from *Taishang chu sanshi jiuchong baosheng jing* 太上除三尸九蟲保生經 (Most High Scripture on Conserving Life and Expelling the Three Corpses and Nine Corpse-worms) DZ 871 17a, Five Dynasties (907–960 CE)

that it introduces certain biases. This word (in Chinese), and its medieval Chinese analogue *daoyi* 道醫, is nowhere to be found in the Daoist canon itself, nor in other major historical collections (Stanley-Baker 2019b). This neologism privileges early ‘science’, a move expressly intended by Gai Jianmin 盖建民 (Gai 2001: 6–11), who argued that it could be used to promote more research and prove the relevance of Daoism in the modern scientific world. This is fine and laudable but has the unintended effect of tacitly separating out ritual as a discrete domain, in ways that do not account for how early practitioners organised knowledge. No historical figure or writer used this term before the twentieth century, and this fact alone indicates that it is a modern, academic, retrospective, analytical category, but not a term of art from the past. While it is useful for scholars and practitioners today to understand the interrelation of these different therapies and therapists, it has the effect of erasing complex relations between early sects of Daoism and how they thought about healing. Many of these studies leave unmentioned the Celestial Master programmes of ritual confession, considered the foundational core of liturgical Daoism, to say nothing of the fact that the early Church forbade the use of classical medical practices: acupuncture, herbs and moxibustion.

The object lesson here is that critical attention is necessary when applying organisational categories – we must pay attention to modern assumptions that they may contain. When approaching Daoist methods of healing, it is important to hold in abeyance familiar modern categories, like ‘medicine’, ‘religion’, ‘science’, ‘ritual’ and ‘politics’, in order to situate Daoists more accurately in their time and place, and understand how they organised and employed therapeutic knowledge.

Notes

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- 2 Although used earlier on to refer to other meanings, the term did not cover this general category of practice until the third century CE (Despeux 2008; Chapters 6 and 49 in this volume).
- 3 On these primary sources and the provenance of the versions which survive, see Kaltenmark (1953), Kubo Teruyuki 久保輝幸 (2011), Campany (2002). Campany contains a full translation of the *Shenxian zhuan*, including its variant editions.
- 4 See Campany (2009) on fictionality and the social roles of transcendence.
- 5 The dating of this text to the first or second century CE is agreed on by Schmidt (2006) and Harper (1998: 34) although Ma Jixing 馬繼興 (1990) argues that it dates as early as the third century BCE. Earlier *bencao* have been cited, but none survive. No singular, original, edition of this text survives either, but it has been reconstructed from multiple citations in later Tang and Song works. These, however, require some interpretation as the citations vary considerably. For an overview on the bibliographic history of this text, see Despeux (2015).
- 6 The *Sijing* no longer survives, but is cited in the famed alchemical work *Baopuzi neipian* 抱朴子內篇 (11.196). For a comparison of how the *Shennong sijing* and the *Shenong bencao* describe these categories, see Stanley-Baker (2013: 149–50, 273).
- 7 The travelling canteen, or mobile kitchen (*xingchu* 行廚), referred to here was a magical banquet summoned at will by ascetic masters who could produce exotic food and drink in resplendent table settings (Campany 2002: 29, 221–2; 2005: 46–7). This term also refers to large communal feasts which accompanied Celestial Masters feasting and fasting rituals (Mollier 2008; Stein 1979).
- 8 *Dadai liji* 大戴禮記, juan 81; *Huainan Honglie jie* 淮南鴻烈解 DZ 1176, 7.8b. An independent *Shennong sijing* does not survive with this passage intact, but it is cited in the fourth-century *Yangsheng yaoji*, which survives today as the *Yangxing yanming lu* 養性延命錄 DZ 838, 1.4b (Stanley-Baker 2006: 69–70, 130–1). For a translation of the *Soushen ji* passage, see DeWoskin and Crump (1996: 142).
- 9 On *zhuyou* across historical periods, see Cho (2005). For an example of a combined use of incantation with acupuncture, see Kleeman (2009).
- 10 These scholars, in particular Gai Jianmin and Xi Zezong *et al.*, refer to arguments by the historian of science in China, Joseph Needham, who regarded Daoism as a foundational philosophy for Chinese science. However, Needham's position has been roundly critiqued on the grounds that the term 'Daoism' is often unclearly defined and inconsistently used, and he privileges the earlier 'philosophy', but denigrates the religious tradition as a debasement of the 'purer' philosophical strands (Sivin 1968, 1978, 1995). Sivin called for more refined arguments, which attended specifically to the Daoist elements in any scientific endeavour. Xi Zezong 席澤宗, Jiang Sheng 姜生 and Tang Weixia 湯偉俠 (2010: 7–9, 469–594) acknowledge Sivin's call, and laudably attempt to isolate rationales for a particular brand of 'Daoist medicine', covering a wide range of useful material. However, their tacit, modern emphasis on 'science', as intrinsically distinct from religion, leads into simple but yawning categorical traps. For example, they arbitrarily separate out categories of literature as 'medical' and 'Daoist' when analysing imperial catalogues of technical literature (Ibid.: 478–9), despite the fact that the early catalogue itself makes no such distinction. It includes all four categories equally as subsets of technical literature, literally 'techniques and recipes' (*fangji* 方技). Furthermore, their study ignores the Celestial Masters (*tianshi* 天師), the founding sect of the Daoist religion and the basis of its enduring liturgical core.

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