

BOOK REVIEW

Michael Stanley-Baker, ed., *Situating Religion and Medicine in Asia: Methodological Insights and Innovations* (Manchester: Manchester University Press, 2023), 390 pp.

James FLOWERS[†]

Scholars in the field of the history of medicine have, in recent decades, interrogated the question of the relationship between medicine and religion. Keen to eschew the presentism that had previously portrayed medicine as a secular field of knowledge, historians have shown that, at least until the nineteenth century, people understood medicine and religion as inseparable. This group of scholars aims to avoid the teleology of the claim of modern scientific medicine as superior to the religious healing that most people in history had practiced. The science-religion binary, and the idea of medicine as irreligious are indeed modern inventions. In the 1890s, Andrew Dickson White, a founder of Cornell University, espoused the theory of war between religion and science. However, no serious scholar in the history of science can now take seriously this idea of the incommensurability of religion and science.

Only in recent years has a substantial group of scholars in the field of Asian medicine sought to study medicine and religion together as a focused topic of inquiry. For example, although not included in this volume, Pierce Salguero stands out as a historian who has published numerous volumes on the topic of Buddhist healing. As an historian of Daoist medicine (for want of a better term), Stanley-Baker brings together nine of these scholars into this volume that fills an important lacuna in the field. The theme that runs as a thread through all the chapters is the idea of the convergence of religious practice with health, healing, and medicine. Or to put it another way, medicine is the field of human endeavor that most challenges the idea that religion and science are different things.

This volume, therefore, makes a very important contribution to the scholarly fields of the humanistic studies of medicine and of religion. As one of the authors, Nathan Sivin, points out, most healing in pre-modern China involved religious practice. The volume reminds us that many medical humanities scholars, whether historians or anthropologists, have not necessarily received training in understanding religion, meaning that the study of medicine becomes a narrow category bereft of contexts in

[†] Brain Pool Program Fellow, National Research Foundation (Korea); Climate-Body Institute, Kyung Hee University, jimflowers@khu.ac.kr

which people understand themselves and the world through a religious lens. Conversely, few scholars of religious studies receive training in medical humanities. Hopefully, through this book, the field shifts attention to a better awareness of the medico-religion nexus.

The book is organized in three parts of three chapters each. Part I deals with East Asia, Part II with South Asia, and Part III with Himalayas and South East Asia. The schematic structure of each chapter, Background, Literature, Sources, Analysis, and Conclusion, makes for consistency and clarity in editing. It also assists readers in comparative analysis between the authors' topics.

In the introduction, volume editor Michael Stanley-Baker makes the case for de-centering the West and the Christo-centric frameworks that still dominate the academy. He traces the separation of medicine and religion to the West and its associated scientific determinism. He then aims to contextualize this volume with his claim that the world is moving away from a U.S.-centric geopolitical formulation. Thus, in this new conceptualization, for example, he argues for decolonizing Chinese religion and for considering it from within. Most importantly for the field, though, Stanley-Baker articulates that this volume offers a tool kit for research, hoping to lay some conceptual groundwork for comparative work in the field.

In Chapter 1, "Religion and Health Care in Middle-Period China," Nathan Sivin focuses on religious curing in China from c. 600–1400. In particular, he is most interested in the ways that people drew on Buddhist and Daoist practices for healthcare. He posits that most healing was performed in the home and through religious means, since most people did not have access to physicians. Sivin's argument, therefore, is aimed at scholars in the field, who nearly always focus on physicians. Certainly, the problem of illiterate people not leaving written records of their healing practices has shaped directions in research, but Sivin argues for broadening the definition of medicine to include anything related to healthcare, most especially popular religions. Sivin further adapts the work of the anthropologist Daniel Moerman. In this argument, the meaning response refers to the curative power of knowledge, symbol, and meaning, as well as the importance of the physician-patient encounter. Rethinking the borders between religion and medicine, he is arguing that the cutting edge of religious organization in China was curing.

In Chapter 2, "Religion and Medicine in Premodern Japan," Katja Triplett shows how Buddhism and medicine have been deeply intertwined in Japan from the sixth century until the late nineteenth century. Ascetics, monks, and physicians alike used rituals for curing. Buddhist monks, however, acted as dominant figures in circulating medical knowledge. Triplett's study includes examination of Buddhist texts in Japan that discussed causes of disease. The cultural force of esoteric Buddhism included uttering *dharani*, to cure and prolong life. Buddhist texts also elucidated on the art of dying and palliative care. Buddhism rendered healing to be understood as a transcendent goal. As well as Buddhist practices, Daoist exorcisms were also popular in Japan.

In Chapter 3, “Female Alchemy in Late Imperial and Modern China,” Elena Valussi brings readers from Japan back to China, mostly in the seventeenth century, but also up until the twentieth century. Focusing on Daoist inner alchemy she corrects the secondary scholarship that has mostly focused on male literati *yangsheng* (nourishing life) practices. *Neidan*, or inner alchemy, entailed focusing on the body as the center of transformation, and centering the *Yijing* or Book of Changes as the theoretical foundation. Techniques include meditation. Thus, Valussi analyzes texts that combine medicine and religion to discuss self-cultivation for women. She shows how female alchemy framed the body as a site of religious expression, in which practitioners sought to transcend mortality.

In Chapter 4, “Religion and Medicine in Sanskrit Literature,” Anthony Cerulli begins the section on South Asia by discussing religion and medicine in the popular epic, the *Ramayana*. Through examining both the secondary and primary literature on the classical, as well as popular, Sanskrit texts, Cerulli demonstrates the intertwining of medicine and religion as important elements of the Sanskrit literature. While examining the Sanskrit tradition that most scholars have canonized, Cerulli also remains sensitive to the need to do more research on the non-Sanskritic literary traditions in India. In his analysis of the *Ramayana*, he reveals the medico-religious aspects of the text. For example, the monkey-warrior Hanuman embarks on an epic journey to retrieve a medicine. The text reveals pharmacy-botany, as well as key Hindu principles such as duty and devotion, as intricately tied together to form a comprehensive healing force. In essence, healing is much more than a medical matter in South Asia, but also social, political, and moral.

In Chapter 5, “From Medical Men to Local Health Traditions,” Helen Lambert traces the shift from religion in medicine to the secularization of medicine in portrayals of health care in India. By examining British and Indian archives, including district gazetteers and contemporary policy documents, as well as incorporating long-term ethnographic research in Rajasthan since 1984, Lambert focuses on the modern desire to label Ayurvedic and Unani medical systems medicine as scientific. The introduction of European medicine, reinforced in the British colonial period, saw the reasoning that Western medicine and Ayurveda belong in the category of scientific, distinct from non-scientific therapies such as cauterization, bloodletting, oil massage, mantras, tantric practices, exorcism, and charms. Lambert then examines the twentieth century Indian government official recognition of the secularized Ayurveda, Unani, and Siddha systems of medicine. In the twenty-first century, the government added secularized yoga, naturopathy, and homeopathy, and Sowa Rigpa, creating the government agency with the acronym of AYUSH, meaning long life in Sanskrit.

In Chapter 6, “Sound Medicine,” Projit Mukharji examines medical mantras in seventeenth to twentieth century Bengal. Arguing for the methodology of nomadology, a new approach to engaging the past, Mukharji shows that most people in Bengal have historically turned to mantric therapies for healthcare. Complicating the common claim of the problem of the absence of sources to research popular

healthcare outside the classical Sanskrit tradition, Mukharji introduces readers to what he calls a treasure trove of manuscripts ranging from the eighteenth to the twentieth centuries, that illustrate the popularity of mantra healing. These are mostly Bengali language works that include many mystic religious practices of humble folk, different to the erudite Sanskrit texts that most scholars work on. As another example, scholars rarely study the historical Perso-Arabic manuscripts. To demonstrate his argument, he examines the scholarship in which the accepted narrative revolves around the idea of an ancient Indian medical knowledge that was consistent with modern conceptions of science. In this model of scholarship people practiced medicine in a supposedly secular knowledge system. To correct this ahistorical perspective, Mukharji thus highlights mantras as his historicized example to show the largely religious nature of healing in Bengal, and by extension, India.

In Chapter 7, “Sowa Rigpa, Tibetan Medicine,” Geoffrey Samuel, examines a significant and lively debate within the field of the scholarship on Sowa Rigpa, or Tibetan Medicine. To set up his discussion, Samuel first provides a nice historical overview of Sowa Rigpa. For Samuel, medical practice closely involved Tibetan Buddhism and other spirit practices of various kinds. Most notably, even though biomedicine has been introduced into the Tibetan areas, its impact is less extensive than in many parts of Asia. Samuel primarily examines the Janet Gyatso monograph, *Being Human in a Buddhist World*, published in 2015. He emphasizes that Gyatso’s book stands as a fine and important historical analysis of medicine in Tibet. He is more cautious though, with Gyatso’s central argument. She challenges the prior scholarship by adding in her key argument that Tibetan medical scholars brought about an empirical turn, close to the empirical approach of Western medical science. She argues that they held a greater respect for the realities of the physical world than those of Buddhism. Gyatso challenges the accepted view in the scholarship exemplified by the 2010 publication, *Medicine Between Science and Religion*, edited by Vincanne Adams, Mona Schrempf, and Sienna Craig. Samuel himself contributed a chapter in this volume, thus associating himself with the argument of the book that treats medical and religious healing practices on the same level. Indeed, Adams et al celebrate the religious contribution to the Tibetan science of healing.

In Chapter 8, Constantin Canavas examines “Homeopathy and Islam in Malaysia.” He sets up the chapter by first providing an historical overview of modern Malaysia. Focusing on crossover phenomena, the meeting of Western and non-Western, he also traces the relations between alternative medicine and the official Malaysian administration. Although not an Islamic state, Islam has the status of official religion in Malaysia. Thus, even though the Malaysian population includes substantial non-Muslim minorities, mostly Chinese and Indian, Islam remains the majority religion, with most Malays following its precepts. In this sociopolitical context, Canavas’s case study focuses on the shifting shape of homeopathy in its new home. Homeopathy in British Malaya in the twentieth century veered from its German roots to lean-

ing more towards Ayurveda, or Indian Medicine. However, in the twenty-first century, homeopathy has been reimagined as an alternative healing treatment for Malay Muslims. Initially imported, homeopathy has very quickly been locally appropriated as a soft medicine for soft people, thus complying with Islamic tenets.

In the final Chapter 9, Celine Coderey examines Medicine and Religion in Contemporary Myanmar. Based on her fifteen years of ethnographic studies she applies a comprehensive approach to link the multiple therapies that people still use in Myanmar. These include indigenous medicine, exorcist knowledge, alchemy, remedies, mantras, esoteric diagrams, biomedicine, divination and astrology, spirit cults, and Buddhism. Readers will notice that biomedicine appears as one of the therapies on the list. That is the point. Although the official healthcare system recognizes biomedicine, in people's lives, it is only one of a number of therapies used on the ground. Coderey calls this assemblage the therapeutic field. She also examines the phenomenon of the Myanmar state, in the 1940s, of formally recognizing traditional medicine by integrating it into the official healthcare system. However, the state selected medical traditions from the Buddhist, mainly Burmese areas of Myanmar. Stripped of many parts of the kaleidoscope of therapies, traditional medicine has become appropriated at the official level as part of the desire to project to the world an idea of a modern Buddhist nation freed from backward superstitions. In sum, Coderey's chapter serves as an appropriate final chapter, with its emphasis on the popular usage of Buddhism and other therapies, rather than biomedicine. For most people, religion and medicine do not work as separate categories, but coexist in a dynamic and fluid relationship in which they overlap and often merge as one.

As a historian of medicine in East Asia, I thoroughly enjoyed reading this book, while also finding many aspects of it exciting. However, I also have some concerns. The questions I have of the volume involve the overall definition of religion. Scholars agree that the term religion began to be widely used in much of Asia only in the nineteenth and twentieth centuries. Within this definition, scholars differ on whether Confucianism should be included under the broad umbrella of religion. While scholars have acknowledged the role of Confucianism in medicine in East Asia, most frame it as a humanistic philosophical system married with a code of social behaviors and ethics. Paul Unschuld set the tone for this understanding, framing medicine in Han China as an expression of Confucian political thinking. This question is important with regards to East Asia, since Confucianism was never one thing. While Confucius, and subsequent scholars eschewed religious thinking in their writing, many of its practitioners believed their rituals to be directly relevant to health. For example, scholar-literati linked Confucian ritual ceremony and self-cultivation practices to health and healing.

This question links to my second slight quibble regarding the book. The authors do a good job of explaining the inseparability of medicine and religious practice. However, religion consists not only of a set of practices or actions, but also involves a state of mind at a deep level in which one's life has meaning only in relation to god

or a set of gods. As Judith Farquhar articulates, medicine in East Asia is best understood as a way of life. I would add that, for many people, religion is also a way of life, and a state of spiritual consciousness, rather than only a set of practices. Several of the authors write of religion and medicine in the sense that performing certain religious acts or reading certain religious texts constitute healing and/or prevention of disease. However, religion has always been the area that encapsulates the tension between performative acts such as prayer and ritual on the one hand, and a deep embodiment of the religious spirit in everything that one does twenty-four hours a day. In short, for many religious teachers, self-cultivation in a spiritual sense, such as a life of true compassion and even scholasticism, provide deeper paths to health since one is closer to sagehood. The authors do hint at this broader conceptualization of religion and health, but it somehow seems to hover in the background.

To make one more point, obviously, the volume reflects the state of the field, and word count always limits what we can do, but the field will look forward to the time when similar volumes include good studies of medicine and religion in Central and West Asia. As this review appears in a Korean journal, Korean readers may also reflect on why the book makes no mention of Korea, even in the introduction that purports to provide an overview of religion and medicine in Asia. The omission reflects the lack of writing in English on the topic, but it also reminds us of the conceptual blind spot among scholars of the importance of Korea in shaping medicine and religion in East Asia.

Despite my comments above, this volume is certainly a must-read for all scholars of the social studies of medicine, including historians and anthropologists. It is well beyond time that we better embed studies of medicine in their broader social and intellectual contexts. All graduate students and senior undergraduate students in the social studies of medicine also need to read this volume, as it lays down a marker with its positioning, going beyond merely material studies of medicine. It will also help clinical practitioners of all types of medicine to contextualize their diagnostic practice since many of their patients certainly incorporate religion and healing.