Reviews

Gai Jianmin 蓋建民 2001, *Daojiao yixue* 道教醫學 (*Daoist Medicine*), Beijing: Zongjiao wenhua. Pp. 412. Chinese Language.

The complex transmission of ideas across Daoist and Chinese medical contexts has been acknowledged by scholars in both fields, but there have been few monographs devoted to examining the ways ideas and practices regarding health of the body have crossed these social and intellectual boundaries. While Daoism is most commonly studied from the perspective of comparative religions, thus bringing it most directly into conversation with Buddhism or common religion, it has also encompassed a variety of practices, features, beliefs, and practitioners that could be termed ‘medical’ in a broad sense. Yet students of Chinese medicine have frequently avoided bringing a discussion of the different medical practices developed within religious traditions into their work, preferring to excise or downplay religious elements. In *Daojiao yixue* 道教醫學 (*Daoist Medicine*), the published version of his dissertation (Sichuan University, 1998), Gai Jianmin provides a sustained study of the interactions between Daoism and canonical Chinese medicine over the last two millennia.

Daojiao yixue comprises five chapters, an introduction and concluding. In the introduction, Gai lays out a definition of what he refers to as ‘Daoist Medicine’ (道教醫學) and theoretical arguments concerning its relationship to traditional Chinese medicine (傳統醫學). Chapter one covers the beginning and spreading of Daoist Medicine through the Han and Six Dynasties (1st through 6th Centuries), chapter two covers the expansion of Daoist Medicine from the Sui to the Yuan (7th through 14th Centuries), and chapter three discusses the decline of Daoism and the assimilation of Daoist medicine into traditional medicine in the Ming and Qing (15th through 19th Centuries). The final two chapters are less historical and more theoretical in frame: chapter four wrestles with describing the “religious theology” (宗教神學 *sic.*) inherent in Daoist medicine, and chapter five describes the “interaction between religion and science;” the mutual exchange of ideas and practices between Daoist and medical circles.

Impressive in its breadth of scope and detailed command of numerous Daoist sources, Gai’s study is a march through Daoist history, with close analysis of the major developments of different sects and movements. While performing a chronological history of the development of Daoist Medicine, Gai also covers the variety of health practices he defines as Daoist: *Daoyin* 導引 or ‘Guiding and Pulling’ stretches and calisthenics; massage by hands and feet (*anqiao* 按蹻); breathing exercises and swallowing *qi* (*tugu fuqi* 吐納服氣); dietary cures (*shiliao* 食療); fasting (*usu* from grains) (*bigu* 避穀); transcendent herbs (*xianyao* 仙藥); external alchemy (*waidan* 外丹); sexual cultivation (*fangzhong shu* 房中術); meditation practices such as foetal breathing meditation (*taixi* 胎息), guarding the one (*shouyi* 守一) and interior visualisation (*cunsi* 存思); internal alchemy (*neidan* 內丹); talismans and incantations (*fuzhou* 符咒); and even large communal rites (*zhaijiao* 齋醮) are mentioned. Each of these is covered in detail in one or more of the historical sections, apart from the talismans and incantations which are discussed in chapter four. The book also discusses physiological models, such as body gods (*shenshen* 身神), channels and acupoints, the relationship between ghosts and parasitology, and some philosophical texts foundational to both Daoism and traditional medicine. A host of useful,

interesting information about different historical individuals, texts and sects is also included. In each of the three historical sections, Gai lists the major innovators of each period, providing a rich picture of the creative thought and areas of research at those times. These include doctors, priests, recluses and monks. This is a valuable resource to those wishing to track the developments of healing practices throughout Daoist history. He refers to lost texts and citations or descriptions of them as well as extant material in the received tradition. This material is woven into larger narratives about the characteristics of each of three major periods into which Gai divides the development of Daoist medicine. These are: the Six Dynasties (formation); the Sui through the Yuan (expansion); and the Ming and Qing (absorption into traditional medicine). Gai's identification of relevant practices, sects and Daoist doctors is extensive, and each chapter's arguments are backed by extensive citations from a broad range of texts in the Daoist Canon.

The book is thus an interesting resource of data about Daoist healing practices. It is successful insofar as it: points out detailed passages from important texts; covers a broad scope of practices; and charts the major developments of Daoist thought throughout imperial history. However, Gai also attempts to construct a narrative about a real, existing institution, Daoist Medicine, distinct from "traditional medicine" by virtue of its "theological characteristics." This is set in opposition to traditional Chinese medicine, which Gai leaves undefined, but the reader should understand that this refers to medical thought in the tradition of the *Huangdi neijing* 黃帝內經 (Yellow Emperor's Interior Classic). He asks fascinating questions: What is Daoist Medicine? How did it interact with traditional Chinese medicine? What influence did it have at different points in history? This focus of enquiry is important to the histories of Daoism and Chinese medicine, and makes the work a long-needed contribution.

However, Gai's theoretical work is less solid. In seeking answers to his larger questions, Daoism and Chinese Medicine are writ large as cultural institutions, and all periods of imperial Chinese history are wrapped into his unifying argument. It is here, in the overall framing, the interpretation of data, and the attempts to draw larger claims that the book is less successful. Gai tends to over-simplify specific historical data so that they feed into his larger aims. Investigation of primary sources alongside Gai's narrative reveals other factors which change his picture significantly. Gai's broader claims require point by point interrogation of both primary sources and his exegesis, which is provocative for specialists of Daoism, but requires caution for those unfamiliar with Daoist history.

For example, Gai offers a four-part definition of Daoist Medicine, summarised below. This definition shapes the entire narrative, so that the book ends up as a lengthy justification for Daoist medicine as a unified, coherent system, clearly distinguishable from traditional medicine. Daoist medicine:

- 1) is a religious medicine, derived from the interaction of science and religion under specific historical conditions.
- 2) has many varied characteristics which coincide with and differ from traditional medicine.
- 3) is a distinct school of Chinese medicine, containing scientific and mystical material. It contains an abundance of medical thought—religious phenomena such as talismans, incantations and fasting all have medical thought at their foundation.
- 4) is a fusion of physiological, psychological, social and faith healing founded on the pre-Qin philosophy of the unity of and reciprocity between heaven and man (*tianren xiangying* 天人相應).

As the book develops, it incorporates a further argument that the clinical applications of Daoist medicine deserve further research. It is implied that this research should be undertaken not only by historians, but also by the scientific community. Thus, articulating Daoist medicine as a partly scientific phenomenon serves to legitimate Daoism as a relevant part of the modern world. This assertion of relevance is a worthy goal in itself, and Gai includes interesting material. He mentions biomedical studies that demonstrate the medicinal properties of realgar (a popular alchem-

ical substance, and a primary source of arsenic), and the life-enhancing effects of fasting practices, and saliva enzymes (conservation and swallowing of saliva is an important *yangsheng* 養生 practice).¹ But he is less than careful when recommending cinnabar (mercurial sulphate) as a medicinal so long as it is taken in “appropriate amounts.” Here no studies are cited, nor is it clear what constitutes an “appropriate amount.”

Although science looms large in the book, Gai does not offer a working definition of science itself, except where he argues that the cornerstone of science is innovation. The more commonly invoked factors of science, such as empirical research, scientific method, hypothesis testing, repeatability of experiments and so on, are missing. In general, medicine and Daoism act as placeholders for science and religion, and we are to understand the relationship between science and religion by noting the historical interactions of medicine and Daoism.

Gai is more careful when defining what he means by medicine, citing Avicenna (p. 354) among other examples. I will discuss this definition below. For the present, it is sufficient to note that he makes an interesting categorical slide that stands at the core of his ideas about the relationship between Daoism and medicine. He argues that the primary goal of medicine is the preservation of health, and that Daoism shares the same goal, extending it to immortality. Both ritual and bodily cultivation are included in this overall rubric.

Daoism's religious goals, regardless of whether they are longevity (extending one's own longevity, which can be called medicine for the self) or salvation of others (saving lives, helping others, which can be called medicine for others), cannot be separated from medical arts and medical pharmaka. (p. 356)

Historical details also worry at the edges of Gai's theoretical schemes. Gai mentions in his definition that Daoist medicine is diverse, but the narrative downplays contradictions and controversies that are inherent between different aspects of Daoism. Missing are: the differences between various sects' approaches to medicine; points of distance between priests and doctors; and explanations for the wide difference in cosmological and physiological models. He also includes in his list of Daoist practices certain rituals and exercises, such as *daoyin* 導引| stretching and drawing of talismans (*fu* 符) which circulated well outside of Daoist contexts. *Daoyin* and talismans were also present before the beginning of the Daoist religion, leading some scholars to question whether they should be considered Daoist at all. Some examples follow which show areas that deserve more nuance than Gai allows.

Modes of interaction between Daoism and medicine: Using medicine to promulgate the Dao

In his discussion of the ways science and religion interact in different stages of history, Gai argues that this takes place in three ways. First, Daoists use medicine to proselytise their religion and benefit people on earth. Secondly, Daoists draw medicine into Daoism, and doctors draw on Daoism in medicine. Thirdly, Daoism becomes absorbed into traditional medicine. Here I will discuss one aspect of the first mode of interaction, where Gai argues that early Daoists drew on medical knowledge to proselytise the religion. Taiping 太平 and Celestial Master (*Tianshi* 天師) Daoists relied on healing rituals such as confessional rites, preceded by fasting and ritual seclusion, practices which Gai argues served to rest and purify the body, as well as being a limited form of quarantine. Daoists were much more successful at healing than their competitors, the

¹ *Yangsheng*, or ‘cultivating life’ is a broad category of health practices intended to develop and maintain health, and includes, among other things, breathing and stretching exercises, dietary guidelines, sexual cultivation and ethical moderation.

wu 巫, who practised trance, dance and spirit possession.² Gai argues that the heightened popularity of Daoism during its early stages (2nd–3rd Centuries CE) was due to its heightened medical successes over the *wu* during a time of widespread plagues.

This example is fascinating on the one hand. It brings out the practical concerns of priests for the health of the community, and makes a good case that Daoism from its early stages was wrapped up in a concern for physical well-being. This is a provocative claim. Similarly, it invites a nuanced understanding of a medicine which deals with a biospiritual body, rather than a purely physiological one.

However, Gai's argument is one from *effects*, that is, that the practices had healing power. Whether Daoists *understood* retreat and fasting as a medical practice is open to question. Early Celestial Master texts are clear that the primary cause of disease is ethical departure from the Dao, which only then results in a physio-cosmological imbalance that is similar to, but less sophisticated than, those described in the *Huangdi neijing*. The *Xiang'er zhu* 想爾注, for example, a Celestial Master text that Gai cites at length, describes disease arising from emotional disharmony which affects the internal organs. But it does not contain the classic *Neijing* aetiologies of excess, deficiency, blocked *qi* or flows against the channels. Moreover, although this idea of emotional harmony achieved through proper balancing of the organs is known in the *Neijing*, it is also suggested in earlier philosophical texts, such as the *Zhuangzi* 莊子.³ Although these ideas take a central role in traditional medicine, they may have been in broad circulation. It is unclear who is borrowing from whom.

Moreover, Celestial Masters emphasised departure from the Dao as the primary cause of disease, for which they prescribed specific ritual actions. This led them to proscribe 'traditional' *Neijing* medicine, which had a 'this-worldly' focus on internal organs, weather patterns and the rhythms of the seasons. Observe this typical Celestial Master passage:

治病不針灸湯藥,唯服符飲水,首罪改行,章奏而已。

In curing illness, do not use acupuncture, moxibustion or herbal decoctions, only ingest talismans and drink water, confess your guilt and change your behaviour, submit memorials alone.⁴

Moxibustion, acupuncture and decoctions are the primary methods of 'traditional' medicine, and are condemned. The frequency of these proscriptions implies a fierce competition leading Celestial Masters to constantly reiterate these injunctions. It is apparent that Celestial Masters held as much antipathy for medics (*yi* 醫) as for the ecstatic *wu*.

Looked at in this way, the socio-economic reality of the medical marketplace contributes important layers of nuance to Gai's picture of Daoists drawing on medicine in order to promulgate their faith. Not only did Daoists use medical therapy to promulgate the Dao, but they were in fierce competition with other forms of healing, including traditional medicine.

² *Wu* 巫 is controversially translated as 'shamanka', but it was used so loosely during this period that it is difficult, if not impossible, to identify a unified group attached to this label. It was commonly used as a pejorative term to indicate 'others'.

³ In the 'Discussion on Making Things Equal' (*Qiwulun* 齊物論), *Zhuangzi* 莊子 describes a relationship of control between different organs, and the possibility that different organs can be dominant. To this limited extent, the *Qiwulun* passage preposes the relationship of support and control between the organs in the *shengke* 生克 five phases cycle, and an ideal of shared, balanced power across the different emotional centres.

⁴ *Lu Xiansheng daomen kelue* 陸先生道門科略 (Master Lu's Abridged Codes for the Daoist Community) HY1119.8a and 9a.

Two other examples are worth mentioning because they touch on debates that have taken place in the history of Chinese medicine. The first concerns incantations and the second concerns statistical data on the proportion of Daoists among doctors in Chinese history.

Talismanic magic and incantations

It has been debated whether or not the enigmatic term *zhuyou* 祝由 (incanting the causes) in the *Huangdi neijing* refers to magical practices of incantations and/or writing of talismans—strange characters and mysterious shapes written in ritual circumstances on special paper. Gai includes a fascinating discussion of talismans and spells in Chapter 4, where he describes in detail the materia medica involved in the composition of talismans (*fu* 符)—mulberry or peach paper, cinnabar or ink for writing the inscription, turmeric to yellow the paper and so on. Song dynasty doctors prescribed talismans with different materia medica according to different aetiologies, accompanying them with corresponding herbal decoctions to chase the talisman down when swallowed. This section is largely based on the Song texts, the *Zhuyou yixue shisan ke* 祝由醫學十三科 (*Thirteen Divisions of Talismanic Medicine*) and *Zhuyou ke zhuofu mijuan* 祝由科著符秘卷 (*Secret Scrolls on Inscribing Talismans from the Spells and Talismans Department*), which was compiled by the 30th generation Celestial Master, Zhang Jixian 張繼先.

In places, Gai writes about talismans as if Zhang Jixian's explanations were representative of the entire tradition of talismanic magic, before and after the Song. As these texts appear at a time of increased medical attention to talismans, Zhang's analysis should be treated as a characteristic innovation of the Song dynasty, rather than as a lens through which to understand all talismans. It is not clear that prior to the Song, talismans were understood so explicitly in terms of their pharmacopoeic constituents.

Historical statistics

A final aspect of Gai's work worth noting is his statistical study of Daoist doctors in history. These figures make for an interesting development with respect to an ongoing discussion in Western literature about the relationship between Daoism and science between Needham, Sivin and Volkov over the last 30 years. Gai presents statistics which show that, in biographical literature throughout Chinese history, Daoists comprise, on average, 20% of all doctors up through the Five Dynasties, with the highest recorded proportion being 28% during the Six Dynasties. From the Song onwards, there is a steep fall, with a lowest proportion of 7% during the Ming Dynasty (p. 387).

These figures are surprisingly high, and appear to indicate an undeniable relationship between Daoism and medicine. On further investigation, however, the data are not as strong. A note to the chart states: 'The Daoist doctors recorded here in this book include doctors who arose from Daoist origins, and doctors who were deeply influenced by Daoism or who held Daoism in high regard.' (p. 388). His biographical sources include the *Taiping guangji* 太平廣記, a Daoist hagiographic collection (submitted 984), and the medical biographies in the *Gujin tushu jicheng* 古今圖書集成, a Qing encyclopaedia. In the descriptions of select Daoist doctors in each period, Gai includes individuals that are only controversially connected with Daoism, such as Sun Simiao 孫思邈, whom a number of scholars argue has no demonstrable affiliations with Daoist sects (p. 147). The famous *Suwen* 素問 commentator, Wang Bing 王冰, is also included, largely on the basis that his teacher went under the Daoist pseudonym of Xuanzhuzi 玄珠子 (Master of the Mystic Pearl).

Thus Gai's statistics may not satisfy those scholars with strong opinions on what criteria make one a Daoist. What would be useful instead would be a table listing all the doctors included, and the criteria for which they are considered, so that one may dialogue more concretely with his findings.

Legitimizing Daoism

The reader should bear in mind that Gai's narrative is driven by the larger goal of demonstrating the relevance of Daoism in today's modern scientific world, arguing that Daoism is an important cultural heritage worthy of continued study and indeed practice. In this regard, the book constitutes a functionalist apologetic for Daoism in the modern scientific world that legitimates traditional Chinese culture and thought by asserting its rationality and logic (a frequently appearing term). As such, Gai's aim is laudable—to demonstrate the validity of indigenous thought at a given period in history, and to quell accusations of primitiveness or superstition.

Western readers are sometimes critical of attempts in majority world scholarship to redefine indigenous practices in apologetic terms, because these attempts at self-legitimation often involve anachronism or less than careful reinterpretation of events in terms that did not bear at the time. This criticism is short-sighted, however, because Euro-American writers also engage in legitimating practices, albeit from a different perspective. Cultural Studies in the West has been critically engaging with terms of power like medicine, religion and science; reshaping these categories unpacking the hidden political agendas. The practice of critically engaging with these categories legitimates their subjects as valid enterprises within the academy. Majority world scholarship, in the aftermath of colonialism, has tended to engage in self-legitimation through adopting Western categorical paradigms, and articulating indigenous practices within those terms. These are both habits of distinct intellectual cultures, each with their own political histories, which are beyond the confines of this paper.

However, apologia which water down or homogenise cultural traditions for the modern palate risk losing sight of subtle, but important elements. Gai's reliance on the 1948 WHO definition of health to shape his definition of medicine allows aspects of Daoism to become silent. The WHO definition of health includes three parts: physiological, psychological and societal well-being. Gai uses this as the basis of his own definition of medicine as physiological, psychological, societal medicine and faith healing. This forms part of his argument for the viability of Daoist medicine in the modern era, yet there are aspects of Daoism which become left behind. The self-cultivation which equates internal ethics and harmony of *qi* with external perfection of society and nature is lost, along with the centrality of the practitioner in direct personal relationship with the Dao, or even the merging of one's own identity with the vast, cavernous *qi* of the primordium. These fade away into silence in the face of the utilitarian models of ideal functioning systems—biological, psychological, and societal—which mesh with the interests of a market economy, and have at root quite different cosmological assumptions. Thus, without criticizing the legitimization of Daoism in modern terms of power, caution is advisable lest the Daoist baby be thrown out with the pre-modern bathwater.

In sum, readers coming to this work should be aware that it functions within the intellectual tastes of the Chinese academy, where attempts to articulate traditional thought in modern terms are more commonly found. The goal in this review is not to criticize the attempt, but rather to assess how successful it is, and to suggest some small ways in which this can be improved.

Conclusion

Thus *Daojiao yixue* is a provocative survey of Daoist history, with detailed discussion of many healing and cultivation practices. Gai's historical presentation is thoughtful: he thinks deeply about the bodily elements of religious practice, and draws them out to demonstrate the broad spread of ideas about the body, and bodily practices, that occur in medical and religious contexts in China. It is a considered work, but one that also sometimes loses sight of important distinctions between Daoist sects, and between Daoism and medicine, in the process of emphasising their contiguities. Readers prepared to recognise that the seeming flaws in this work come from the large scale of the questions that Gai is addressing will gain much, despite the sometimes unfamiliar ways in which Gai portrays his subject. Recognising that this approach indicates intellectual styles in the Chinese academy should encourage readers to interrogate more deeply the assumptions held by reader and writer, across different cultural contexts of academic style.

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