

Abe no Seimei (921-1005) and illness: Physicians, Masters of the Way of the Yin and Yang, and Monks in ancient-medieval narratives (11th-13th centuries)

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The mid-Heian era (10-11th century), compared to former and later periods of Japanese History, was supposedly calm and peaceful, without many natural disasters, epidemics, or social upheaval. This image, however, should be revised a little, especially in regard to diseases. Phenomena such as the appearance of beliefs in vengeful spirits (*goryō shinkō*) that many believed were responsible for the spread of epidemics, or the expansion of rituals like the *tsuina* for expelling illness-bringing demons, allow no doubt about the importance of sanitary problems, both at the court and among the common people. As early as the end of the 11th century, *setsuwa* narratives also reflect this reality.

Japanese medical historians have been studying Heian therapeutics for years, and various scholars have described ancient Japanese medical conditions. According to these works, it seems that, aside from Chinese medicine that centered on pharmaceuticals and acupuncture, social actors of the Heian era who fell ill also relied on two other types of specialist: Masters of the way of Yin and Yang, and Buddhist monks. This fact raises questions about the division of roles among these three kinds of specialists and of the range of their activities. One could ask how the *setsuwa* can be of help in such a matter. Indeed, this kind of narrative, sometimes created two hundred years after the time it describes, should not be used as historical material. Nonetheless *setsuwa* are not mere legends with a purely symbolic meaning. In their attempt to edify their readers, or exemplify Buddhist doctrine, the narratives' compilers did tend to exaggerate and deform stories already present in court nobles' diaries, or even to create some anachronistic tales. Nonetheless, they still offer a "zoomed in" view of the society at that time, and shed light on both the described period (the 10-11th centuries), and the era of compilation (the 12-13th centuries). There is unfortunately no place to discuss further the characteristics of such a peculiar type of literature, or the problems related to its audience or the stance of its compilers. But, it should be noted that most of the collections were assembled during troubled times and under the influence of the Buddhist conception of the "End of the Law" (*mappō*)

When trying to read these stories for elements that shed some light on the places of the various specialists facing the diseases, one eventually encounters Abe no Seimei who actually lived as a doctor of astronomy of the Bureau of Yin and Yang Divination. Since this paper focuses rather on the picture of the famous diviner than on the details of his real life, I shall introduce him as the archetypal representation of a Yin and Yang master as shown in the *setsuwa* literature. The stories depict him in action against illness, sometimes in collaboration with other types of specialists.

Naturally, in order to take a full view of how these specialists are pictured, the study should not be bound solely

to the stories about Seimei. Therefore, I will present the results based on the analysis of not only several *setsuwa* accounts of Abe no Seimei, but also of every tale of the *Konjaku monogatari-shū* (*Tales of Times Now Past*) and the *Kokon-chomon-jū* (*Anecdotes heard from writers ancient and modern*) containing any of following terms: *kusushi*(physician), *onmyō* (Yin Yang divination) *onmyōji* (Yin Yang master) *kaji* (prayer asking for Buddhas' blessing). As to get maximal information from such a study, the synthesis of the representations given of the various specialists should be correlated to the so-called historical reality of both described time and the compilation one.

Without going deeper into the details of these stories, I will nonetheless try to give kind of a synthetic overview of them. In the *Nihon-Ryōi-ki* (*Chronicle of Japan strange events*) and the part of the *Konjaku* about Japan, a total of ninety-five tales discuss diseases. Only twenty-three of them are about illnesses caused by infections, injuries etc (SHINMURA 1990). The other causes are as in **Table 1**, and the details on ways of “healing” are in **Table 2**.

Table 1

Causes of illness	Nihon ryōi-ki	Konjaku	Total
Destiny/karma (<i>sukugō</i>)	2	3	5
Despising of the Law and the monks (<i>buppōshōhibō</i>)	8	7	15
Deity bringing epidemic (<i>gyōyakujin</i>)	1	3	4
Demons/Living spirits (<i>kishin ikiryō</i>)	7	19	26
Fox spirits (<i>kitsune no rei</i>)	1	3	4
Maledictions (<i>susō</i>)	0	4	4
Mean spirits (<i>mono no ke</i>)	0	12	12
Divinities' ire (<i>kami no tatar</i>)	0	2	2
Total	19	53	72

Table 2

Cures	Nihon Ryōi-ki	Konjaku	Total
The Reading of Sutra/ <i>kaji</i> (<i>dokkyōkaji kitō</i>)	10	40	50
Setting animals free/purification etc (<i>hōjō saikai zenkō</i>)	2	2	4
<i>Onmyōdō</i> ceremony(<i>onmyōdōsa</i>)	2	13	15
Ceremony for the deities causing epidemics (<i>yakujinsa</i>)	1	1	2
Ceremony to put the vengeful spirits at peace (<i>goryō-e</i>)	0	1	1
Total	15	57	72

Source : Shinmura Taku. *Nihon iryō shaikaishi no kenkyū* . Hōseidaigaku

The tales describing diseases of “natural” causes depict more than a number of amazing physicians, such as Tanba no Masatada who was the head of the Office of remedies. Their medical knowledge allows them to cure their patients, but not to overcome the flaw of destiny (thus, a young girl raped by a snake was cured once, only to eventually pass away after meeting her fate a second time [note 1]). The monks pray and perform rites called *kaji*, meaning that they put all their faith in asking the Buddhas to intercede, or read sutras said to be efficient, which is why they are sometime called *genja* (efficient persons) or *jikyōsha* (holders of sutras). Even if they have some kind of medicinal lore, this is not what their “patients” are demanding [note 2]. Finally, masters of the way of Yin and Yang are mainly asked to perform divinations in order to determine the cause of the illness.

We can distinguish two case types here: the cause is solvable directly, and thus the practitioner may suggest an appropriate solution; or the cause is deep: karma, fate, divine wrath, or even all at once. In such cases, Seimei still offers a solution by performing a ceremony of substitution, the Taizanfukunsai (ceremony to the Head Administrator of Mt. Taishan) [note 3], which consists of replacing the ill individual with someone willing to be substitute for him in the registry of the deity who resides on Mt. Taishan in China. This figure is frequently depicted as Enma-Ō, the prosecutor of hell. It should also be noted that in several cases of resolution by Seimei or any other *onmyōji*, medical treatments and/or prayers had been tried without any success. The same goes for the cases of cures by the “sutra holding” monks who succeed when medicines or rites by other *genja* failed. At least in the *Konjaku*, physicians are never called for a diagnostic after the intervention of either Yin Yang masters or monks. Of course, it also happens that a disease cannot be cured no matter what, and that the sick person meets an ineluctable end. Finally, I should stress that physicians often declare they are unable to cure a patient, and recommend having a monk read a sutra.

One peculiar tale is worth detailing, which may not directly be related to illness, but it nevertheless clearly illustrates the division of roles between the specialists. The *Senjūsho*, attributed to Saigyō, presents this tale with two other about Gyōson, the superior monk of Byōdō-in. Melons are brought to the imperial palace from the Yamato district. Tanba no Masatada, who is visiting the place, looks at them and declares them poisonous. Seimei is called to perform a divination and declares the presence of an evil spirit. Gyōson is then called to exorcise the melons, and he finally reveals a huge dead snake [note 4]. This story shows us some from of synergy between the various actors. On the other hand, the *Kokon-chomon-jū*, compiled in 1254, almost a hundred years after the *Konjaku*, gives a quite different picture of the responses to illness. As it can be seen in **Tables 3 and 4**, demons and evil spirits do not appear as frequently as a cause of disease, nor do the ceremonies of the *onmyōdō* offer a solution, and depression is given as a cause. Moreover, the *Kokon-chomon-jū* offers a new version of the melon tale: Seimei alone remains among the former protagonists; there is a bigger role for the physician, who is turned into an acupuncturist; the addition of a warrior from the Minamoto family to deliver the last blow to the snake. To put it briefly, we can say that the patterns appearing in older compilations seem to be totally revised in this newer one. Either way, *setsuwa*, in their exaggerated manner, picture a separation of the roles between the various specialists fighting the diseases. These distinctions are in response to the causes of said diseases, but they also offer some kind of hierarchy of treatments based on the specific nature and the objective of the practices performed by each specialist.

Table 3

Causes of illness	<i>Kokon-chomon</i>
	<i>jū</i>
Unknown	7
Disease name only	6
Deities causing epidemics/demon	1
Evil spirit	2
Deities' ire	5
Snake/Drake	2
Depression	2
Injuries etc.	1
Total	26

Table 4

Cures	<i>Kokon-chomon-jū</i>
Unknown	8
<i>Kaji</i>	2
Visit to sanctuary/deities' magnanimity	3
Poem	2
Defeat of the evil/demon	1
Sutra reading	1
Medicine	4
Total	21

What were the historical realities of the medical practices at the described time? Based on the available documents about this subject, and studies by historians of medicine, it is clear that even if Chinese medicine was indeed in use at the Court, esoteric monks' *kaji* or, divinations to determine the causes of diseases by members of the Bureau of Yin and Yang, were also well attended. Still, should the monks and *onmyōji* be considered as being part of the "healing staff" during the Heian era? A rather dry approach would be to firmly deny them such a position, judging these practices inefficient and non-rational, which would be nothing but a subjective stance of a historian who tries to balance modern science and beliefs from the past

We rather should try to consider the expectations of the actors at that time toward these practices. Such an approach would spread light on a quite interesting reality. If the Chinese therapeutic is the first and most obvious solution when ill, its failure leads to the conclusion (spontaneously or after a divination by an *onmyōji*) that the origin of the disease overlaps with the degree of competence of the physician. Monks known for their efficient liturgical and/or theurgical abilities should then be called to perform rites, (*kaji*), or a Yin and Yang master may be asked to do a ceremony (*sai*). Therefore, these practices seem to be sometimes understood as healing ones. What-is-more, one could ask for both *kaji* and *sai* while taking medicines so as to guarantee their efficacy. In such a context, the role and importance of these practitioners in cases of illness can clearly not be denied.

In the Kamakura era, during which many of these *setsuwa* narratives were written, the situation seems to have been a bit different. According to sources like the *Azuma kagami* (Mirror of the East), while conditions at the first half of the era do not differ that much from before in terms of the role of physicians, monks, and *onmyōji* against diseases, due the implosion of the bureaucratic state and the rise of the warriors, physicians were increasingly forced to look for patrons, and to increase their role in health matters (MORITA 2003). On the other hand, some monks with Buddhist (Indian) medical knowledge who had left monastic life in response to the

troubled social climate of the period were more expected to heal by using therapeutics rather than by performing rites (HATTORI 1964).

What are the results from the comparison between the representations of physicians, monks, and Yin and Yang masters, and the historical realities behind the events depicted in 10-11th centuries, and the lives of the 12-13th century compilers? There are more correlations than one might suppose. Concerning the cures/causes correlation, a direct relation between the origin of the illness and the type of the cure is clear. Thus, diseases caused by evil spirits or demons (*mono no ke, kijin*) are mainly cured by *kaji* rites and sutra reading, while illnesses of divine origin, either from deities' ire or divine spirit (*tatari, kami no ke*) are resolved through *onmyōji* intervention (SHIGETA 2004). The weight given to the causes of diseases, and the relation between the causes and the solutions they require, makes the role of Yin and Yang masters to appear essential. As a matter of fact, by his divinatory science, he is able to determine the cause, and therefore the appropriate "cure". Hence, while the historical facts give only a fuzzy picture of the correlation of certain cures with specific causes, ancient-medieval narratives that stress the origins of diseases reveal a separation of the tasks as having an optimal efficiency. On one hand, the physician, with a technical if not scientific knowledge applies a clinical analysis to an already known pathology to offer an appropriate remedy, and in doing so gives a rather "human" solution to a problem of the same order. On the other hand, the monk, facing a problem caused by an extra-human source responds with a solution based on faith in efficacious extra-human "powers". What about the Yin and Yang master, Abe no Seimei? He is facing no more natural causes than the monk. However, like the physician, he gives an answer not based on faith, belief, or an almost magical efficiency [note 5], but rather on a system of knowledge, originating in China, which, besides its fundamental postulates, is organized in some kind of mathematical way [note 6]. It is a coherent human knowledge, constituted in order to explain, understand and foresee phenomena beyond the visible. This might well be what was expected of him in regards to diseases: a middle solution appropriate to a peculiar kind of problem exceeding medicine's area of competency, but which could neither be taken in charge by esoteric monks.

Notes:

- 1 Konjaku *monogatari-shū*, book 24, n°9.
- 2 *Konjaku monogatari shū*, book 12, n°35: a *jikyōsha* asked to cure a disease takes time to explain the usual medicine before accepting to read a sutra.
- 3 *Konjaku monogatari shū*, book 19, n°24, *Shiju hyakuinmen shū* (*A hundred deep causalities methodically compiled*), book 9, n°25.
- 4 *Senjūshō* (*Selected narratives*), book 8, n°29.
- 5 In the narratives, *onmyōji* are not directly bearing an efficacy. More over, rather than a special power, it is always their great competency in the Way that is stressed out.
- 6 The organisation of the *Canon of Mutations* (*Yi jing*), resulting of a succession of combinatory calculations would make a good example of this systemic coherency.

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