

Dealing with Illness

Based on Examples of Sick People in the Pāḷi Canon

Christina Garbe

Introduction

The subject of illness is one that accompanies us throughout our lives as human beings. At any moment, there is a risk that this body, which our consciousness perceives, will be afflicted by one illness or another, whether serious or minor. Accidents also represent a constant risk to which the body is exposed. There are certain protective measures, such as dwelling in wholesome states of mind, eating a healthy diet, and avoiding risks. But ultimately, there is no protection against illness. Nor can we plan when an illness will or will not occur. Illness can strike us at any moment in our lives, whether we are young or old.

In the following, we will look at some suttas from the Pāḷi canon on this topic. We find different people, ordained and non-ordained, awakened and not yet awakened, described in the Pāḷi canon. The Buddha or his disciples give different practical instructions.

The state of illness is described in the same way for all persons using three Pāḷi terms that convey different aspects of illness:

Ābādhiko: This word primarily expresses the oppressive nature of illness, in the sense that illness weighs someone down.

Dukkhito: A central concept in Buddha's teachings with different nuances of meaning; in this case of illness, the term is best translated as suffering, in the sense of something bad.

Bālhaḡilāno: The word *bālha* expresses something violent or severe, while the word *gilāno* expresses the consequence or accompanying circumstance of illness, namely exhaustion.

In addition, we find two terms for illness:

Ābādhā in the sense of oppression and *roga* derived from *rujati* in the sense of infirmity, injury, pain; generally, both words are translated as illness.

Examples

There is a sutta in the Khandha Saṃyutta where the Buddha is asked by a sick man, the bhikkhu Assaji, to come to him.¹ He went to him out of compassion (*anukampa*). The exact symptoms are not conveyed. The usual terms are used to describe the illness: *ābādhiko*, *dukkhito*, *bālhaḡilāno*. It is also described that the pain is not subsiding. The Buddha asked whether the sick bhikkhu felt remorse (*vippaṭisāro*) and restlessness (*kukkucca*) in any sense. These states of mind seem to him to be a cause of illness. The bhikkhu Assaji replied that he was experiencing these states of mind. The Buddha asked whether there had been any ethical transgressions. There had not been. He felt remorse and restlessness because he could not achieve concentration. Previously, he had been able to calm the bodily formations through concentration. Now, due to the severe pain, he was no longer able to concentrate. He was worried to lose concentration.

¹ Cf. SN 22. 88

The Buddha pointed out that there were ascetics and Brahmins who saw concentration as the essential and actual thing, and they then feared losing concentration.

The Buddha then asked him about the impermanence of the five aggregates: body, feeling, perception, formations and consciousness. He explained the unsatisfactoriness that follows from impermanence and the resulting selflessness. He pointed out that someone who sees things in this way is freed from the cycle of existence. He then went into more detail about feelings. When one understands that feelings, whether pleasant or unpleasant, are impermanent, one does no longer cling to them. One does not enjoy them. One is no longer bound by feelings. One understands feelings that end with the body as such, and also feelings that end with life as such. One understands that all feelings one does not enjoy will cool down with death.

It is not mentioned here whether the bhikkhu Asajji was cured of his illness. Asajji was also the name of one of the first five bhikkhus who attained arahantship upon hearing the Buddha's second teaching, the *Anattalakkhaṇasutta*. However, this cannot be the same person, because an arahant no longer has remorse or restlessness and does not commit ethical transgressions.

The Buddha's instructions are clear. It is important to practise *vipassanā* even in the case of serious illness and to make the corresponding feelings the object of contemplation. Through this practice, mental healing can occur, namely liberation from rebirth. Concentration meditation, on the other hand, only leads to rebirth in the divine realms. If the direct arising and passing away of the five aggregates cannot be seen due to a lack of concentration, it is still important to contemplate impermanence. This gives rise to awareness accompanied by wisdom, which can lead to the attainment of arahantship or to rebirth with access to the Dhamma. It is very important to be familiar with these contemplations of impermanence, unsatisfactoriness and selflessness of all phenomena in order to be able to apply them in difficult situations. If one is under the influence of anaesthetics or strong painkillers, as is often the case today, or if one is in severe pain, mental strength is weakened and the mind can only resort to familiar, well-established reactions.

Another seriously ill bhikkhu named Khemaka is mentioned in SN 22. 89. He also had severe pain that did not subside. Here, a conversation took place not with the Buddha, but with a group of other bhikkhus, mediated by the bhikkhu Dāsaka. The bhikkhu Khemaka said that he saw nothing in the five aggregates as self or as belonging to a self. However, he said that he was not an arahant, because he still had the idea of 'I am' in relation to the five aggregates as a whole.

He distinguished here that he did not see this with the wrong view of 'This is me' in relation to a single group. The bhikkhus asked whether he sees body, feeling, perception, formations or consciousness as self. This discussion seems to make Bhikkhu Khemaka forget his pain, for he took his stick and goes to the bhikkhus himself to discuss the matter with them personally. He explained that with the dissolution of the five lower fetters, which means the attainment of non-return, a remnant of conceit remains with the idea of 'I'. He then explained that with continued practice of contemplating impermanence in the five aggregates, even this remnant of self-perception disappears. At the end of the sutta, it is reported that through the conversation and explanation of Bhikkhu Khemaka, the sixty Bhikkhus as well as Bhikkhu Khemaka himself attained Arahantship. There is no report on the course of Bhikkhu Khemaka's physical illness. We see here that the differentiated teaching of the Dhamma, even in the case of serious illness, brought fundamental healing from birth.

In SN 35.74, there is a report of a new bhikkhu who was ill and he is described with the three attributes *ābādhiko*, *dukkhito*, *bālhaḡilāno*. The Buddha was asked to visit him out of compassion (*anukampa*). When the Buddha arrived at this bhikkhu's dwelling, he asked him whether the pain was decreasing, whether he felt restlessness and remorse, and whether there were any ethical transgressions for which he reproached himself. The bhikkhu said that his condition was not improving and that the pain was increasing.

When asked about ethical transgressions, the bhikkhu replied that he did not lead the life of a

bhikkhu under the Blessed One because of ethics, but in order to overcome desire through dispassion. The Buddha praised this motivation and explained the impermanence of the six sense bases (eye, ear, nose, tongue, body and mind), as well as the unsatisfactory nature that follows from impermanence and the resulting selflessness of these bases. He then went on to explain that a noble disciple educated in the Dhamma becomes disenchanted with these six sense bases. Disenchantment is followed by dispassion, and through dispassion he is liberated. When he is liberated, he understands that there is no more birth, that the holy life has been lived, that there is nothing more to be done, and that there will be no further state of existence.

The new bhikkhu rejoiced in the words of the Blessed One. The spotless Dhamma eye opened to him. He understood that everything that has the nature of arising also has the nature of ceasing. So, although he was seriously ill, he attained stream-entry. The course of his physical illness is not reported.

In the next sutta, SN 35.75, another bhikkhu is reported in the same way. However, this bhikkhu understood the Buddha's teaching in such a way that it should lead to final Nibbāna without remnants (*anupādāparinibbāna*). The Buddha gave him the same practical instructions according to the six sense bases as in the previous sutta, and this bhikkhu attained arahantship, the overcoming of all influxes, during the teaching.

In the Anuruddha Sutta², we find the account of the venerable Anuruddha, a highly developed disciple of the Buddha. He too was seriously ill. Many bhikkhus went to him. They could see that the painful feelings did not affect his mind, so they asked him:

"By what dwelling does the Venerable Anuruddha dwell in which arisen and existing painful feelings do not occupy the consciousness?"

The venerable Anuruddha described the four foundations of mindfulness in the usual way as explained by the Buddha. He practised them. Through this practice, unpleasant, painful feelings that have arisen cannot take over consciousness.

The venerable Anuruddha recommended in various places in the Pāḷi canon to practise the four foundations of mindfulness continuously. Only in this way are they present in the mind in difficult situations, such as strong unpleasant feelings, and the practice can be applied. By clearly observing painful feelings, pleasant or neutral feelings arise in the mind, accompanied by joy in the case of pleasant feelings. This makes it possible to endure serious illnesses in a wholesome way and to recognise the true nature of feelings. In this way, awakening can take place in difficult situations.

In the Bojjhaṅga Saṃyutta, we find two suttas about illnesses in highly developed disciples of the Buddha, the Venerable Mahāmoggallāna and the Venerable Mahākassapa. Both were seriously ill. Both were visited by the Buddha. Both reported that their ailments were not improving: "For me, this is unbearable, it is not getting better. The unpleasant feelings are increasing greatly for me, they are not abating. An increase can be seen, not a decrease."

The Buddha then did not dwell further on the physical ailments, but taught the seven factors of awakening. When developed and practised frequently, these lead to direct knowledge, to awakening, to Nibbāna.

He thus reminded an advanced disciple of the factors of awakening, which should be familiar to him. Both the Venerable Mahāmoggallāna and the Venerable Mahākassapa were happy and delighted with the Blessed One's teaching. And both rose from their illness. Thus, the illnesses of both disciples were cured by hearing the Dhamma and the joy that arose from it.

2 Cf. SN 52. 10

The Buddha himself was ill

In the next sutta of the Bojjhanga Saṃyutta, it is reported that the Buddha was also seriously ill. Here he asked the Venerable Mahācunda to repeat the seven factors of enlightenment for him. He too then rose from his illness and was cured.

In SN 47. 9 we find an account of the Buddha when he was ill in the last months of his life. He spent the rainy season in the village of Beluva near Vesālī. After the Blessed One had begun the rainy season, he was struck by a serious illness, accompanied by intense painful feelings leading to death. But the Blessed One endured this mindfully, clearly understanding and without being tormented. Then the Blessed One thought as follows: “It is not proper for me to attain final Nibbana without having addressed my attendants and taken leave of the Bhikkhu Sangha. Let me then suppress this illness by means of energy and live on, having resolved upon the life formation.” Then the Blessed One suppressed this illness with energy and resolved on the life formation.

The Blessed One recovered from the illness. Not long after recovering from the illness, he left the dwelling and sat down on a prepared seat in the shade of the dwelling. Then the venerable Ānanda approached the Blessed One and said: “It is visible to me, venerable sir, that the Blessed One is well; it is clear to me, venerable sir, that the Blessed One has recovered; it is clear to me, venerable sir, that the Blessed One has regained his health. But, venerable sir, my body was numb, even the directions were not clearly discernible to me, the teaching was not clear to me due to the Blessed One's illness. But, venerable sir, for me it was somehow a kind of relief: the Blessed One will not enter into Parinibbāna until he has organised something to say to the Bhikkhusaṅgha.” The Buddha replied that he had taught the doctrine without holding anything back. There was no bhikkhu in the Bhikkhusaṅgha whom he would appoint as his successor.

He said of himself: “But now I am old, mature, advanced in years, have gone far, have reached a ripe old age. My age is now eighty years. Suppose, Ānanda, a very old cart, repaired with straps, moves forward; in the same way, I suppose, the body of the one who has gone forth moves forward with the help of straps.

At the time when the one who has gone is not mindful of signs and, through the cessation of certain feelings, attains signless concentration of mind and dwells therein, at that time the body of the one who has gone is more pleasant.”

He recommended Ānanda to take refuge in the Dhamma. He explained this refuge as the four foundations of mindfulness.

Ten Contemplations

In the Anguttara Nikāya³ we find a well-known sutta addressed to the bhikkhu Girimānanda.

Like all the other bhikkhus mentioned, he is described as seriously ill. Ānanda reported Girimānanda's illness to the Buddha and asked him to visit the bhikkhu Girimānanda.

However, in this case, the Buddha did not go to the sick bhikkhu himself, but instructed Ānanda to teach the sick Bhikkhu Girimānanda ten perceptions (*saññā*). The Buddha already knew that upon hearing these ten perceptions, Girimānanda's illness would disappear.

These ten perceptions are:

- the perception of impermanence (*anicca-saññā*),
- the perception of selflessness (*anatta-saññā*),
- the perception of ugliness (*asubha-saññā*),
- the perception of disadvantage (*ādīnava-saññā*),
- the perception of overcoming (*pahāna-saññā*),
- the perception of dispassion (*virāga-saññā*),
- the perception of cessation (*nirodha-saññā*),

3 Cf. AN 10. 60

- the perception of the unpleasantness of the entire world (*sabbaloka-anabhirati-saññā*),
- the perception of desirelessness towards all formations (*sabbasaṅkhāresuanicchāsaññā*),
- mindfulness of in- and out-breath (*ānāpānasati*).

Impermanence should be contemplated in a secluded place alone with regard to the five aggregates.

Selflessness should also be practised alone in a secluded place, but with regard to the six internal and external bases.

The perception of non-beauty should be practised in relation to the 32 parts of the body. There is no explicit mention of seclusion here.

The perception of disadvantage is also a stage of insight in Vipassanā meditation. Through continued contemplation of impermanence, the disadvantages of the individual parts that make up existence are seen, and existence is increasingly seen as disadvantageous in general. However, this contemplation is not explained here by the Buddha. He recommends contemplating the disadvantages of the body in relation to various illnesses. This perception should also be practised in seclusion and alone.

The perception of overcoming refers to mindfulness of thoughts: sensual thoughts (*kāma vitakkaṃ*) that have arisen should be completely overcome, as should thoughts of ill will (*byāpāda vitakkaṃ*) and thoughts of cruelty (*vihiṃsā vitakkaṃ*). In addition, bad, unwholesome things should be completely overcome.

The perception of dispassion should be practised again in seclusion and alone. It is a contemplation of peace, of the sublime, of the calming of all formations, of letting go of all foundations, of decay of thirst, of dispassion and of Nibbāna.

The perception of cessation is to be practised in the same way.

The perception of the unpleasantness of the entire world involves overcoming all attachment to latent tendencies, inclinations and fixations regarding the world.

The perception of desirelessness towards all formations is a contemplation on the worrying, the shame, the disgust regarding all formations.

Mindfulness of breathing is mentioned last. It should again be practised in seclusion and alone and includes the 32 steps of mindfulness of breathing as described in MN 118, thus encompassing both concentration and vipassanā meditation.

Here we see that the Buddha outlined a comprehensive programme for Ānanda to convey to the sick Girimānanda. When explaining the ten meditations to Ānanda, the Buddha already knew that Girimānanda's illness might disappear immediately, and that is what happened.

Immediately after hearing about these ten meditations, his symptoms receded and he rose from his sickbed.

We find no other references to the Bhikkhu Girimānanda in the Pāli canon. It can be assumed that he was familiar with these meditations and contemplations and was able to grasp them very quickly while Ānanda was explaining them. These contemplations involve a complete letting go of the world through recognising the disadvantages and dangers of existence. Through this letting go, the illness was able to disappear.

Householders

In the Satipaṭṭhāna-Saṃyutta, we learn of two householders who were seriously ill and whose condition is described in the same way as in the suttas already mentioned.

The householder Sirivaḍḍha was seriously ill and asked the Venerable Ānanda to come to him. The Venerable Ānanda asked him if he was calm, able to endure the pain, and if it would subside. However, the sick householder reported that his condition was worsening and the pain was

increasing. Ānanda recommended that he should practise the four foundations of mindfulness. The sick householder replied that he was familiar with them and would practise them. He also let Ānanda know that the five lower fetters were no longer to be found in him. By this he meant that he was a non-returner. There is no report of the further course of the physical illness and the pain.⁴

The next sutta in the Satipaṭṭhāna Saṃyutta also tells of a householder who was seriously ill. The same background is presented. Here, too, Ānanda visited the sick man. This householder, named Mānadinna, also reported that he was familiar with the four foundations of mindfulness and that he practised them. He also informs Ānanda that he has attained non-return:

"No, I am not patient, and it is not going away. Strong painful feelings continue in me, they do not subside; their continuation is recognisable, not their decline. But, venerable sir, when I am touched by such strong painful physical feelings, I dwell with my mind in the body, contemplating the body, diligent, clearly understanding, mindful. In doing so, I overcome desire and mental discomfort towards the world. With feelings ..., with consciousness ... With regard to things, I remain contemplating things, diligent, clearly understanding, mindful. In doing so, I overcome desire and mental discomfort towards the world. And what is taught by the Blessed One as these five lower fetters, I do not see any of them in myself that have not been overcome."

Here, too, there is no report on the course of the physical ailments.⁵

In the Sotāpatti Saṃyutta, we find the account of the householder Dīghāvu, who was also seriously ill.⁶

This householder asked his father to go to the Buddha and ask him for help in the form of a visit to the seriously ill man. The Buddha visited him and, as in other places, asked about the patient's condition and whether the complaints were subsiding. The sick householder could not see any reduction in his ailments; they were increasing. Here, the Buddha recommended practising contemplation of

- the nine qualities of the Buddha,
- the six qualities of the Dhamma and
- the nine qualities of the Saṅgha, the community of the awakened ones,

in order to gain complete clarity about them.

He also recommended that he should develop

- ethics that are pleasing to the noble ones, unbroken, uncut, unblemished, unstained, liberating, praised by the wise, untouched and leading to concentration.

These four contemplations are called the factors of stream-entry and must be fully developed in one who has entered the stream.

The householder confirmed that all four factors of stream-entry were recognisable in him. He lived according to these things. The Buddha then explained a further practice to him: "When you, Dīghāvu, are established in these four factors of stream-entry, you should also develop six things that lead to knowledge. Here, Dīghāvu, you should dwell in contemplation of the impermanence of all formations, perceiving the unsatisfactory in impermanence, perceiving selflessness, perceiving overcoming, perceiving dispassion, perceiving the end. Thus, Dīghāvu, you should practise."

The householder Dīghāvu also said that he was familiar with this practice of Vipassanā meditation and was dwelling accordingly.

But he still had one problem, namely that his father might encounter difficulties after his passing away.

The Buddha replied: "My dear Dīghāvu, do not think like that. Come, dear Dīghāvu, consider carefully and attentively what the Blessed One has said to you."

4 See SN 47. 29

5 See SN 47. 30

6 See SN 55. 3

After the Blessed One had given this exhortation to the disciple Dīghāvu, he rose and departed. Then, not long after the Blessed One had departed, the disciple Dīghāvu died. Then a large number of bhikkhus approached the Blessed One. They paid homage to the Blessed One and sat down to one side. As they sat to one side, these bhikkhus said to the Blessed One: "This disciple named Dīghāvu, to whom the Blessed One recently gave an admonition, has died. What is his destination? Where has he gone?"

"Wise was the disciple Dīghāvu, he followed the teaching according to the teaching, he did not cause me any difficulties with discussions about the teaching. In the disciple Dīghāvu, the five lower fetters have completely disintegrated, he is spontaneously born and there he will attain final Nibbāna, and will not go anywhere from that world."

In the same Saṃyutta, we find an account of the householder Anāthapiṇḍika, who was also seriously ill.⁷ Anāthapiṇḍika was one of the great donors to the Buddha and the Saṅgha and had attained stream-entry on his first meeting with the Buddha, not long after the Buddha's awakening. He had built a large monastery in Sāvatti for the Saṅgha. The Buddha spent many rainy seasons there.

Anāthapiṇḍika asked one of his men to go to the venerable Sāriputta and ask him to come to him.

Here too, Anāthapiṇḍika could not see any improvement in response to Sāriputta's question.

Sāriputta reminded him of the advantages of entering the stream, which Anāthapiṇḍika had achieved. He reminded him that after death he could no longer stray from the path, no longer be born in a realm of suffering.

He advised him to remember his perfect clarity regarding the Buddha, Dhamma and Saṅgha, as well as his unbroken ethics. He assumed that this would cause the unpleasant feelings to disappear immediately. He also reminded him of the noble eightfold path that existed in Anāthapiṇḍika's stream of consciousness.

Indeed, upon hearing this teaching, Anāthapiṇḍika's unpleasant feelings immediately subsided, and he offered his meal to the Venerable Sāriputta and the Venerable Ānanda. When Ānanda told the Buddha about the visit to Anāthapiṇḍika, the Buddha praised Sāriputta. In the next sutta⁸, Anāthapiṇḍika, who had fallen seriously ill again, is mentioned once more. This time, Ānanda drew his attention to the four factors of stream-entry and explained to him that these would lead to fearlessness. Anāthapiṇḍika confirmed that he was following these four factors and that he was practising all the practices that the Buddha had recommended for householders. He had no fear or uncertainty.

Elsewhere in the Pāli canon, the last hours before the death of the householder Anāthapiṇḍika are reported.⁹ Here, too, Anāthapiṇḍika asked one of his people to go to the venerable Sāriputta and ask him to come to him.

Here too, Anāthapiṇḍika could not detect any improvement when asked by Sāriputta. He had severe headaches, stomach pains and fever, which he described with similes. It was as if a strong man had split his head open with a sharp sword, and violent winds were cutting through his head. It was as if a strong man had tied a tough leather strap around his forehead like a headband, like this was the violent pain in his head. As if a skilled butcher or his assistant were slitting the belly of an ox, violent winds slit his belly. As if two strong men were grabbing a weaker man and roasting him over a pit of hot coals, like this was a violent burning in his body. Sāriputta taught him not to cling to the six internal and external sense bases and not to develop consciousness based on them.

He should also practise not clinging to the corresponding types of consciousness (eye consciousness, ear consciousness, etc.), the corresponding contacts (phassa) and the corresponding feelings, and not developing the consciousness based on them.

He should practise not clinging to the six elements (earth, water, fire, air, space and

⁷ See SN 55. 26

⁸ cf. SN 55. 27

⁹ See MN 143

consciousness) and not developing consciousness based on them.

He should practise not clinging to the five aggregates (body, feeling, perception, formations, consciousness) and not developing consciousness based on them.

He should practise not clinging to the four non-material realms, and consciousness based on them would not develop.

He should practise not clinging to this world and the world beyond, and consciousness would not develop based on them.

He should practise not clinging to what is seen, heard, felt and experienced, what is sought after and investigated by the mind, and consciousness would not develop based on this.

So, on his deathbed, Sāriputta taught him a comprehensive practice aimed at letting go of all phenomena.

Anāthapiṇḍika wept after receiving these practice instructions. He said that in the many years he had venerated the Buddha and the Saṅgha, he had never heard such a discourse.

Sāriputta replied that the Dhamma was not actually taught in this way to white-robed followers, but only to those who had renounced the household life. Anāthapiṇḍika requested that such discourses should also be given to white-robed householders, for among them there were also some who had little dust on their eyes.

Shortly after Sāriputta and Ānanda had left, the householder Anāthapiṇḍika died and, upon the dissolution of the body, reappeared in the Tusita Heaven after death. Then the former Anāthapiṇḍika, now a young deva of beautiful appearance, went to the Blessed One. After paying homage to the Blessed One, he stood to one side and spoke in verse in praise of the Saṅgha and especially of Sāriputta.

Anāthapiṇḍika had previously been cured of a serious illness by reflecting on the benefits of the stream-entry he had attained. In this case, at the hour of death, Sāriputta tried to teach him the complete letting go of all conditioned phenomena, presumably to enable him to attain arahantship shortly before death. But Anāthapiṇḍika was reborn in a divine realm, as the Buddha confirmed, so he did not attain the highest goal of the teaching.

In the Aṅguttara Nikāya¹⁰, we find a report of an illness of a husband who was healed through an open conversation with his wife.

The householder Nakulapitā was seriously ill. His wife Nakulamātā tried to relieve him of all the worries that might accompany him before his death. She explained to him that there was no need to worry about feeding the children. She had the skills to earn a living.

Likewise, he should not worry that she would take another husband after his death. She pointed out to him that they had both lived in chastity for sixteen years and that she would continue to do so.

She also allayed his fears that Nakulamātā would no longer visit the Buddha and the Saṅgha.

She explained to him that she was firmly established in Sīla, that she had mastered concentration meditation, that she was firmly established in the Dhamma, and that there was no longer any doubt about this.

When the householder heard his wife's words, his illness suddenly disappeared. He rose from his sickbed and had overcome his illness. But no sooner had he risen from his sickbed and recovered than he went, leaning on a staff, to the Blessed One. The Blessed One praised Nakulamātā for her clear words and her spiritual care and confirmed everything she had said about herself regarding the Dhamma.

How to speak to a sick Upāsaka (non-ordained follower)

In the Sotāpatti Saṃyutta¹¹, the Buddha gave his cousin Mahānāma instructions on how to speak to a seriously ill wise follower. Mahānāma had asked for this.

The Buddha recommended talking about the attainment of stream entry and reminding the sick person of the four factors of stream entry.

¹⁰ AN 6. 16

¹¹ SN 55. 54

In addition, one should convey to the seriously ill person that he should give up his desire for his father and mother, his wife and children, and the five sense objects, since he must die and this desire is of no use to him at all.

One should direct the sick person's attention to the devas. If he can focus his attention on these realms, he should also direct it to the Brahma world. If he is capable of doing so, one should explain to him the impermanence of these Brahma worlds and the concept of identity associated with the Brahma world. When the sick person has raised his mind above the Brahma world and can focus on the end of personality, there is no longer any difference between a liberated bhikkhu and a liberated non-ordained disciple, for liberation is liberation.

Five things that lead to arahantship in a sick bhikkhu

At one time, the Buddha was staying in the forest near Vesālī. There was a hall for sick bhikkhus there. He looked at a sick bhikkhu there and explained to the bhikkhus that if five things do not disappear in a sick person, that person is capable of attaining arahantship as a sick person, the cessation of the influxes of defilements with liberation through wisdom after a short time.

These five things are:

- contemplation of the non-beauty of the body,
- contemplation of the repulsiveness of food,
- perception of the unpleasantness of the entire world,
- contemplation of the impermanence of all formations,
- perceiving death.¹²

Suicide

We find two cases of bhikkhus in the Pāli canon who committed suicide because of very severe pain. One is the bhikkhu Vakkali¹³ and the other is the bhikkhu Channa¹⁴. It should be remembered that at that time there was no medical diagnosis, no palliative medicine, no painkillers and no surgical procedures. A vague diagnosis was possible based solely on the pain and its location.

Bhikkhu Vakkali was seriously ill and asked the Buddha to visit him out of compassion. The Buddha went to him and asked how he was feeling. Vakkali could only report that his symptoms were increasing and not decreasing. The Buddha asked him if he felt remorse or anxiety and whether he had transgressed any ethical rules. Bhikkhu Vakkali replied that he felt remorse and anxiety not because of ethical transgressions, but because he was unable to see the Buddha due to a lack of strength. The Buddha said that there was no reason to feel remorse at seeing his decaying body. He explained that if someone saw the teaching, then they also saw him. The Buddha then taught him, in the form of questions and answers, about the impermanence, unsatisfactoriness, and selflessness of the five aggregates. He then left the sick man. During the night, two devas went to the Blessed One. Standing sideways, one deva said to the Blessed One, 'The bhikkhu Vakkali desires liberation.' The other deva said, 'He will certainly find liberation.' The Blessed One sent this message to the sick Vakkali, telling him that he had nothing to fear.

Vakkali had meanwhile been carried to Vulture Peak because he did not want to die in the house. The bhikkhu Vakkali explained to the bhikkhus that he had no doubt that the five aggregates were impermanent, unsatisfactory, and without self, and that he had no desire or craving for anything.

The bhikkhus left him and returned to the Buddha. The bhikkhu Vakkali killed himself with a knife.

The Buddha then confirmed to the other bhikkhus that the consciousness of Bhikkhu Vakkali had

¹² See AN 5. 121

¹³ See SN 22. 87

¹⁴ See MN 144

manifested nowhere else, which meant that he had attained arahantship.

Another case of suicide by a bhikkhu due to severe pain can be found in the case of the bhikkhu Channa.¹⁵ In this case, the Venerable Sāriputta and the Venerable Mahācunda visited the sick bhikkhu. They asked about his condition, and Bhikkhu Channa reported no improvement, but rather an increase in pain in his head and stomach. He also said that he no longer wanted to live and intended to end his own life with a knife. The Venerable Sāriputta tried to convince him otherwise and offered to help him by providing suitable food, medicine and care.

Sāriputta asked him whether he regarded the six internal and external bases with the corresponding consciousness as self and 'mine'. Bhikkhu Channa replied that he did not regard these things as 'mine' or self.

Sāriputta asked further what he had realised through direct knowledge in order to arrive at this insight. Channa replied that he had seen the end of these things.

Mahācunda then explained to him that one must constantly observe this teaching of the Blessed One. That one should no longer rely on anything, that then there would be stillness, that then there would be no inclination towards anything, that then there would be no more coming and going, and that then there would be no more dying and reappearing, that there would be no this world and no other world, and also no in-between. This is the end of dukkha.

Then the Venerable Sāriputta and the Venerable Mahācunda left the Venerable Channa. Shortly after they had left, the Venerable Channa took the knife and killed himself. The Buddha confirmed that the bhikkhu Channa was blameless and had attained arahantship.

Listening to the Teaching

The bhikkhu Phaggunā was seriously ill. The Buddha visited him and gave him a teaching. The content of the teaching is not mentioned. Shortly after the Buddha left him, this bhikkhu died. Ānanda told the Buddha about the death of the bhikkhu and that he had clear abilities.

The Buddha explained that this bhikkhu had not yet been freed from the five lower fetters, i.e. he had not yet attained non-return. However, by listening to the teaching, he was freed from the five lower fetters. This liberation brought about clear abilities. The Buddha then explained to Ānanda the advantages of listening to or remembering the teaching.¹⁶ If the disciple is not yet freed from the lower fetters, he can be freed from them by listening to the teaching from the Buddha himself or from one of his disciples at the hour of death.

If the disciple does not see the Buddha at the hour of death and does not hear the Dhamma from him, but can reflect on the Dhamma as he has heard it before, he can still be freed from the five lower fetters at the hour of death.

If the disciple has already overcome the five lower fetters and the Buddha or a disciple visits him and gives him a teaching, he can thereby attain arahantship.

If the disciple has already overcome the five lower fetters, but does not see the Buddha at the hour of death and does not hear the Dhamma from him, but can reflect on the Dhamma as he has heard it before, he can also attain Arahantship in this way.

Summary

The Buddha's teachings were less about healing an acute illness than about understanding the Dhamma and attaining a stage of awakening. The goal of his teachings was to free people from the cycle of suffering.

It must be remembered that during the Buddha's lifetime there were no painkillers, no emergency operations and no diagnosis with modern equipment. Only the degree of pain and the location of the pain could indicate a specific illness.

The Buddha often inquired about the mental causes of illness, whether the sick person felt remorse

¹⁵ See MN 144 and SN 35. 87

¹⁶ See AN 6. 56

(*vippaṭisāro*) and restlessness (*kukkucca*) in any sense, or whether there had been any ethical transgressions.

Vipassanā meditation based on the five aggregates or the six sense bases was the focus of his teachings to a sick person, because only through Vipassanā meditation can suffering be brought to a definitive end. This practice is suitable for both ordained bhikkhus and bhikkhunis as well as non-ordained people.

Vipassanā meditation takes priority over Samatha meditation because it leads to the final liberation from suffering, while Samatha meditation leads to birth in transitory divine realms and not to the understanding of existence.

Even immediately before death, the sick person should focus their mindfulness on feelings and recognise feelings that end with the body as such, as well as feelings that end with life as such. One should understand that all feelings that one does not enjoy will cool down with death. In order to arrive at Vipassanā meditation, the four foundations of mindfulness must be practised. One should be well acquainted with them in order to be able to apply them in case of illness. They lead both to the alleviation of physical ailments and to the attainment of the ultimate end of suffering, Nibbana. It is the way to deal with physical and mental ailments in a healing manner.

It is also important not to allow unwholesome states of mind to arise, such as regret, restlessness or worry. These states of mind are associated with aversion (*dosa*) and lead to rebirth in painful realms.

It is good to remind a sick person of their achievements in the Dhamma.

The seven factors of awakening (mindfulness, investigation of things, energy, joy, tranquillity, concentration, equanimity) are also mentioned in several suttas as mental medicine. Even if these are familiar to the sick person, it is good to remember them, develop them as far as possible and rejoice in them. They are the instruments for attaining awakening, the ultimate cure for all illnesses.

Hearing the teaching when seriously ill can lead to non-returning at the hour of death or, if this has already been achieved, to arahantship.

The Buddha supported people at the time of illness to let go of all attachments to existence through contemplation. He taught the sick

- to contemplate the non-beauty of the body,
- the repulsiveness of food,
- the unpleasantness of all existence, or
- the desirelessness towards all formations.

In order to be able to practise these contemplations in the case of illness, a certain familiarity with them should be present. In addition, the Vipassanā stages of disadvantage, dispassion and the desire for liberation should already have been passed through. For the untrained mind, such contemplations can otherwise lead to aversion. These contemplations are only meaningful if they are practised with wholesome awareness and then support the letting go of all formations, so that no desire for any form of existence can arise.

The essential aspect of illness for the Buddhist path of insight is actually that the first noble truth, the truth of suffering, can be directly experienced and thus understood in the case of illness with pain. If we are familiar with the teaching and practice, we can exclude the second noble truth, desire as the cause of suffering. This requires a well-developed, correct mindfulness practice. Through this, through the experience of a peak of suffering, complete letting go of the desire for existence can occur and one of the paths, up to the path of final awakening, can arise. Direct knowledge of existence can arise in a moment of direct experience. This insight cannot come about under the influence of narcotics, which are commonly administered today and which limit mental cognitive ability.

The Buddha was concerned solely with ultimate liberation from existence, since existence

itself is suffering. He was not concerned with medically overcoming physical suffering without insight. Physical healing and the use of medicine available at the time were not rejected, but served solely to create better opportunities for practice.