

綠色生活、戒定慧 與 人間淨土

陳家寶醫生

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3月20世界歡樂日 世界環保日



憤怒鳥 聯合國榮譽大使，負責鼓勵年輕人過綠色生活，應對全球氣候變化

無肉日 始於1985年，由總部設在華盛頓、非贏利的公益性組織“農場動物改革運動”（FARM）發起



地球先生病了

空氣污染
海洋污染
泥土污染

北極冰川融化、海平面上升，或是風暴、洪水、乾旱與極端氣候，還有由此引發的糧食危機

氣候污染物增加全球健康風險

香港的人口僅佔全球的千份之一，但我們所排放的二氧化碳卻相等全球的千份之二

氣候污染





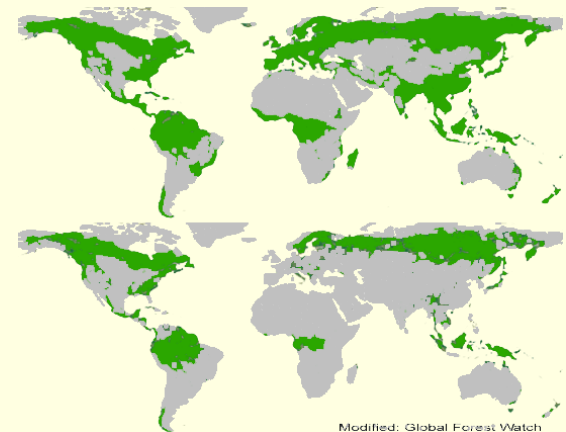
2016年1月3日 - 要了解這些垃圾為禍之烈，大家不妨到香港科學館參觀「海洋怒吼——塑膠垃圾關注 ... 海洋污染問題其實很嚴重，不單影響生物，人類也受影響。」（香港政府新聞網）

綠色生活：「**藍眼淚**」背後的海洋污染：（2015年3月）早前出現的藍眼淚，成為哄動一時的自然奇觀，背後真相是海洋受到污染。

海洋污染

保護原始森林，減少排放溫室氣體，確保珍貴的動植物得以安居
農業擴展、採礦、建造人工林、基礎設施建設、森林災、濫伐森林

森林危機



綠色生活



「聯合國人類環境宣言」：「人類既是環境的創造者（creator），又是環境的塑造者（moulder）。」

生態環保、生活環保、心靈環保

佛教環保觀



佛經裡記載，有一位元菩薩(睺子)，他每丟一張紙，深怕污染了大地；每講一句話，怕驚醒了大地；每走一步路，怕踩痛了大地。這其實就是一種環保的意識，值得全民學習。

紫柏大師・蓮池大師・憨山大師・蕩益大師



在這個世界裏，佛便是指釋迦牟尼，釋迦牟尼就是在二千五百年前，印度釋迦族的聖者，他成佛後便開創了佛教

佛教

佛教組織

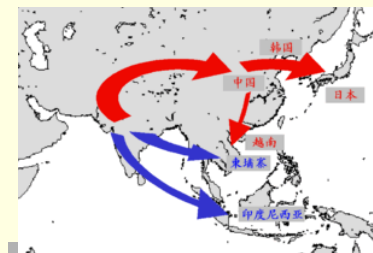
- 佛、法、僧 三寶
- 佛像
- 經、律、論 三藏
- 巴利文、漢文、藏文 三大系統
- 三皈依、佛教七眾



優婆塞、優婆夷、式叉摩那、沙彌、沙彌尼、比丘、比丘尼



佛教的宏傳



- 在印度，初六百年為部派佛教，中六百年為顯教大乘佛教，後六百年為密教
- 上座部分南、北二傳，南傳在阿育王時傳入斯里蘭卡、緬甸、泰國等，公元七世紀由緬甸傳入中國雲南傣族，形成中國巴利語系佛教
- 中期大乘佛教於公元二世紀傳入中國，公元七世紀又自漢地和印度傳入西藏
- 後期密教於十一世紀大量傳入西藏



擁抱生活，微笑放下：佛教生活的智慧
慈悲無量，轉迷開悟：佛教對生命的覺醒
生死自覺，念念無常：佛教的生死教育

佛教：生活、生命、生死

此有故彼有
此生故彼生
此無故彼無
此滅故彼滅



《維摩經·佛國品》：「深入緣起，斷諸邪見。」

佛教環保觀
緣起

獨存性

自
生
性

固
定
性

《瑜伽師地論》卷第三十八說：「已作不失，未作不得。」

《佛說無量壽經》卷下說：「天地之間，五道分明。恢廓窈冥，浩浩茫茫。善惡報應，禍福相承。」

佛教環保觀 因緣果報



十方叅世：時空觀
依正不二：正報依報 / 宇宙觀

佛教環保觀 依正不二



《法華經》：「十界皆成」

「一切眾生，皆有佛性，皆堪作佛。」

「眾生平等」「天地同根，萬物一體」

大乘本生心地觀經：「然諸眾生即是我身，眾生與我等無差別」

佛教環保觀

眾生平等

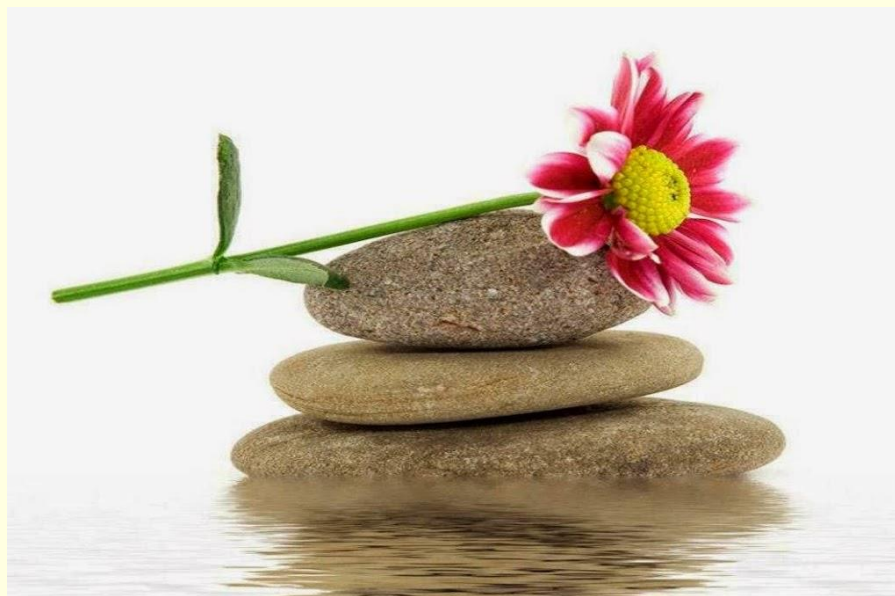


慈悲心

慈為與樂 悲為拔苦

無緣大慈 同體大悲

佛教環保觀 共生共榮



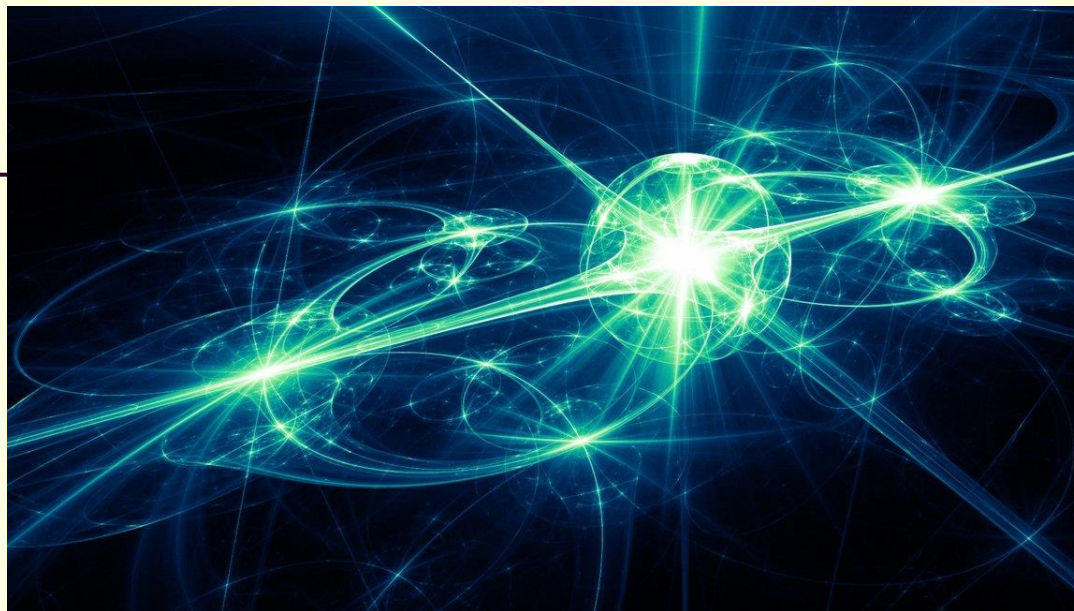


普朗克 (1858 – 1947) : 普朗克公式 $E = h\nu$

愛因斯坦 (Albert Einstein, 1879 - 1955) : 相對論 $E = mc^2$

量子世界 色空不異 阿賴耶緣起





朱清時

“科學家千辛萬苦爬到山頂時，佛學大師已經在
此等候多時了！”

物理學步入禪境：緣起性空 2009

佛教綠色生活



三無漏學

戒、定、慧

止觀雙運 定慧雙修

持戒



止惡行善

身 語 意

一不殺生戒，不殺生物也。
二不偷盜戒，不取不與也。
三不邪淫戒，不犯有看守者也。
四不妄語戒，不為無實之言也。
五不飲酒戒，不飲酒也。

五戒

大莊嚴經名為五大施



佛教四大菩薩



別解脫戒
攝善法戒
饒益有情戒
菩薩戒

梵網經菩薩戒本

桃泰三藏法師鳩摩羅什譯

大乘定香精舍
MAHAYANA DING XIANG VIBHAKA

菩薩戒本

出自：菩薩地持經戒品第十
北涼中印度三藏曇無讖於姑臧譯

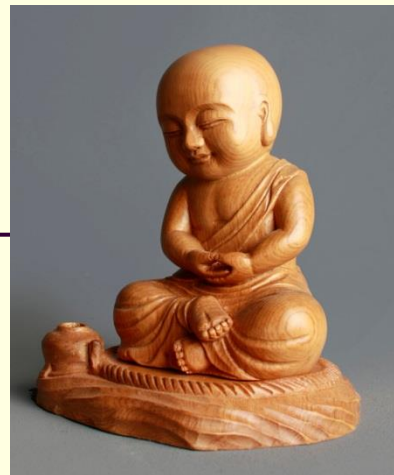
佛陀教育基金會印贈

修定



禪定
禪
禪宗

禪



- 「禪定」與「禪宗」
- 「禪那」：即禪定；意譯思維修，靜慮；收攝散心，繫於一境，不令動搖，進而達到三昧的境界（心意之自主與自由）
- 禪：從禪出教
- 止觀：「止」是「心一境性」，「觀」是「妙觀察慧」，；修止（奢摩他）可得定，修觀（毘鉢舍那）可以成慧

禪



- 內證與外證
- 說似一物即不中
- 言語道斷，心行處滅
- 乃至無有文字語言，是真入不二法門
- 唯佛與佛乃能相知

古仙人道

『爾時、世尊告諸比丘：「我憶宿命，未成正覺時，獨一靜處，專精禪思，作是念：何法有故老死？何法緣故老死有？即正思惟……我時作是念：我得古仙人道，古仙人逕，古仙人道跡… …我於此法，自知、自覺，成等正覺。為比丘、比丘尼、優婆塞、優婆夷，及餘外道，沙門，婆羅，在家，彼諸四眾，聞法正向！信樂知法善，梵行增廣，多所饒益，開示顯發」。』
《雜阿含二八七經》



現法樂：身輕安、心輕安

勝知見：光明想、淨想、五通（天眼、天耳、他心、宿命、神足）

分別慧：正知而住

漏永盡

禪定的功用



坐禪的效應

- 忍耐心的增強
- 意志力的堅固
- 思考力的增進
- 迅速地使頭腦府冷靜
- 情緒的安定
- 提高行動的興趣和效率
- 形成更圓滿的人格

節錄自佐藤幸治《禪的效應》

禪定的科學研究

- 影響生長因子、細胞因子、端粒 (Hoge et al., 2013; Schutte et al., 2014)
- 改善心臟機能 (Ankad et al., 2011; Krygier, et al., 2013; Welden, 2015)
- 增加疫苗抗體 (Fortney, 2010)
- 影響神經遞質(腦內啡、多巴胺、血清素、氨基丁酸等)和大腦功能(Arita et al., 2011; Dexter & Oropall, 2015; Ding et al., 2015; Gard et al., 2015; Jindal et al., 2013; Singh et al., 2015; Tang et al., 2015)
- 腦成像技術，例如 fMRI，PET，SPECT 証明通過禪坐可以改變大腦結構和功能 (Chen et al., 2015; Coghlan, 2013; Fox et al., 2014; Grant et al, 2013; Hasenkamp et al., 2012; Kemmer et al., 2015; Kozasa et al., 2012; Luders et al., 2012; Saatcioglu, 2013)

禪修療法的醫學成果

- 醫治高血壓，冠狀動脈疾病，頭痛、慢性腰痛、關節炎、慢性哮喘，尿失禁、失眠、癲癇、癌症 (Ando et al., 2011; Black et al., 2015; Blom et al., 2014; Cvendros et al., 2015; Goldstein et al., 2012; Jeitler et al., 2015; J Kabat-Zinn, 2013; Kim et al., 2013; Sherman, 2015; Song et al., 2015)
- 對多方面的身心病如恐慌症、焦慮、抑鬱、妊娠健康等都有幫助 (Chan, 2010; Foley et al., 2010; Hofmann et al., 2010; Kim et al., 2013; Klainin-Yobas et al., 2012; Liehr & Diaz, 2010; McHugh et al., 2010; Taljaard et al., 2015; Young, 2011; Zeller & Lamb, 2011)
- 改善藥物濫用(Wang et al., 2015)

坐禪對身心的好處

- 禪修的影響包括生理的反應、心理治療的效果和積極正面情緒的增長 (Morgan et al., 2015; Singh, 2015; Walsh & Shapiro, 2006)
- 食禪可以幫助糖尿病患者控制血糖 (Youngwanichsetha et al., 2014)
- 行禪有助改善情緒 (Kim & Ki, 2014)
- 正念禪修(Mindfulness meditation)可以改善人的性格和提升自我的形象 (Crescentini & Capurso, 2015)
- 慈心禪可以改善情緒，減少偏見，令人長壽 (Hofmann et al., 2011; Hoge et al., 2013; Kang et al., 2014; Shobitha & Kohli, 2015)
- 禪修可以增長同理心 (Harris, 2015; Telles et al., 2015)
- 禪修可以改善產婦身心健康，是胎教運動，優化幼嬰情緒 (Chan, 2014, 2015, 2016)

佛教的智慧



轉迷開悟 苦樂自在

轉貪為勤
化瞋為慈
轉痴成智

知足常樂
慈悲無量
正見正知

佛教生活的智慧



擁抱生活 微笑放下



自覺覺他 自利利他
佛教生命覺醒的智慧



生死自覺 念念無常
佛教生死的智慧



佛教綠色生活



生態環保
生活環保
心靈環保



不杀生
积善行德

这，
不是在拍照！

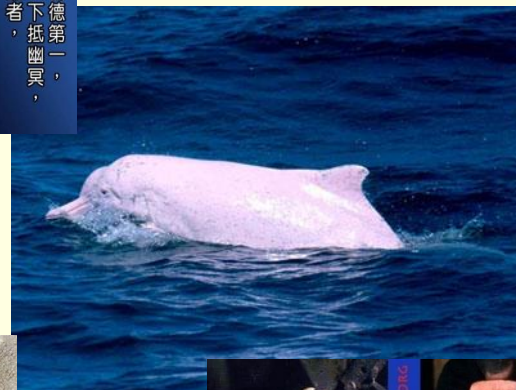


不殺生又能驅趕
螞蟥, 蚊子, 蟑螂



不殺生
戒殺護生，尊重生命，維護生態平衡
生態環保





素食 護生 戒殺 放生 生態環保



禁煙

水供

生態環保



一杯水供佛回向，可以超度八萬四千個餓鬼道



天葬
綠色環保喪禮
大體老師
生態環保



捐贈大體的資格限制

1. 遺體完整
2. 沒有開放性大傷口
3. 不可過度肥胖
4. 排除罹患法定傳染病、自殺身亡者
5. 需親屬同意，做決定排序為配偶、直系親屬、兄弟姐妹

諮詢：台北醫學大學醫學院解剖學暨
細胞生物學科主任張宏名
製表：陳瑄喻



知足常樂

丁亥年
金

www.Fo

隨緣自在

惜生命
愛惜生命
善待生命

(佛誕在二〇九年八月五日上午時前健康告示)

惜福 惜緣 惜物 惜生
生活環保



惜物·有計 約章
Waste Check Charter



環境噪音

普朗克定律

咒音：音聲振動與共振

Om Ah Hung

音樂治療

頌鉢療法

生活環保
聲音環保

$$E = h\nu$$

frequency of radiation, sometimes written as f
giving expression $E = hf$.
Quantum energy of a photon.
 $h = \text{Planck's constant} = 6.626 \times 10^{-34} \text{ Joule-sec} = 4.136 \times 10^{-15} \text{ eV} \cdot \text{s}$



《華嚴經》云：「心如工畫師，畫種種五陰，一切世界中，無法不造作。」

心靈環保



淨化貪瞋癡

明緣起而平等視物

興慈悲而博愛濟眾

無相欺而融合世界

勤修戒定慧

去我執而安寧心態

行報恩而恆順眾生

聚善緣而構建和諧



心靈環保 用心靈涵育環保意識

人間淨土



社會環保

從自己身心淨化中建設淨土，再把淨土落實在人間
美化環境，自然保育，創造人間淨土

自然環保
生活環保
心靈環保
淨土在人間



Stan Chang, New Zealand

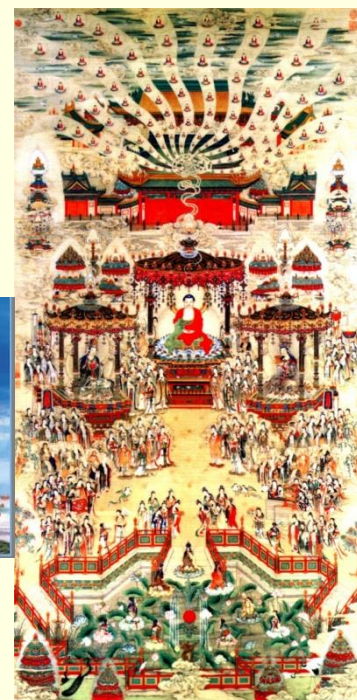


釋迦牟尼佛
人間淨土

淨土在人間

「鬱郁黃花無非般若，青青翠竹皆是法身」

西方三聖
九品淨土
西方極樂世界





產前健身健心運動

為你的胎兒過綠色生活
令胎兒生活在你的淨土中

Chan, K.P. (2010). Spirituality and psychoeducation of pregnant Chinese women in Hong Kong : An evaluation of the effect of an Eastern based meditative intervention on maternal and foetal health status. In *Doctoral dissertation*. Hong Kong: University of Hong Kong.



香港華裔產婦靈性健康與心理教育之研究 有關「產前健身健心運動」對妊娠健康和胎兒健康之影響

研究發現:

- (1) 「產前健身健心運動」對產婦的身體、心理、社會和靈性健康有正面的影響
- (2) 參與「產前健身健心運動」孕婦所生的嬰兒臍帶血皮質醇含量比不參與的為高¹
- (3) 這些幼兒在六個月時氣質評估顯示容易接受新事物，情緒本質為優質和時常歡笑 → 證明「產前健身健心運動」對胎教的重要

1. <http://authors.elsevier.com/sd/article/S0163638314000733>

Chan, K.P. (2014). Prenatal meditation influences infant behaviors. *Infant Behavior and Development*, 37, 556-561.





Full length article

Prenatal meditation influences infant behaviors

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Temperament

ABSTRACT

Meditation is important in facilitating health. Pregnancy health has been shown to have significant consequences for infant behaviors. In view of limited studies on meditation and infant temperament, this study aims to explore the effects of prenatal meditation on these aspects. The conceptual framework was based on the postulation of positive relationships between prenatal meditation and infant health. A randomized control quantitative study was carried out at Obstetric Unit, Queen Elizabeth Hospital in Hong Kong. 64 pregnant Chinese women were recruited for intervention and 59 were for control. Outcome measures were cord blood cortisol, infant salivary cortisol, and Carey Infant Temperament Questionnaire. Cord blood cortisol level of babies was higher in the intervention group ($p < 0.01$) indicates positive health status of the newborns verifies that prenatal meditation can influence fetal health. Carey Infant Temperament Questionnaire showed that the infants of intervention group have better temperament ($p < 0.05$) at fifth month reflects the importance of prenatal meditation in relation to child health. Present study concludes the positive effects of prenatal meditation on infant behaviors and recommends that pregnancy care providers should provide prenatal meditation to pregnant women.

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1. Introduction

Most doctors merely provide antenatal vitamins to pregnant women for the sake of maternal health and fetal health but not provide meditative intervention. Meditation is proven to be an excellent adjunctive treatment for many diseases (Mirams, Pollakoff, Brown, & Lloyd, 2013) but there is little information about prenatal meditative intervention on infant health. Recent research supports the effect of maternal and fetal programming in relation to child health (Dietro, 2012; Melchior et al., 2012). Cognitive functioning and behavioral problems in childhood have been shown to be inversely related to fetal health (Charil, Laplante, Vaillancourt, & King, 2010). Infants of depressed mothers have difficult temperament and attentional, emotional and behavioral problems later in life (Field, 2011). Prenatal maternal anxiety predicts reduced adaptive immunity in infants (O'Connor et al., 2013). Evidences confirmed the extension of the risk of psychiatric disorders associated with prematurity to the late preterm group, and suggest that maternal depression may play a key role in this risk trajectory (Rogers, Lenz, & Luby, 2013). Maternal life stress events in pregnancy linked to children's school achievement at age 10 years (Li et al., 2013). The aim of this study is to examine the effects of prenatal meditation in pregnant Chinese women in Hong Kong to infant behaviors. The conceptual framework is based on the hypothesis that meditation can enhance maternal health and improve fetal health and child health (McCoy et al., 2010). The author has developed an Eastern based meditative intervention (EBMI) for pregnant Chinese women in Hong Kong (Chan, 2010). The theoretical background of EBMI bases on the integration of

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0163-6383/© 2014 The Authors. Published by Elsevier Inc. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/3.0/>).

Chan, K.P. (2015). Effects of Perinatal Meditation among pregnant Chinese women in Hong Kong : a randomized controlled trial. *Journal of Nursing Education & Practice*, 5(1),1 - 18.



ORIGINAL RESEARCH

Effects of perinatal meditation among pregnant Chinese women in Hong Kong: A randomized controlled trial

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DOI: 10.5430/jnep.v5n1pXX URL: <http://dx.doi.org/10.5430/jnep.v5n1pXX>

Abstract

Objective: To assess the effects of Perinatal Meditation among pregnant Chinese women in Hong Kong.

Design: A prospective longitudinal randomized control quantitative study. Data were collected using the Prenatal Distress Questionnaire, Prenatal Coping Inventory, Edinburgh Postnatal Depression Scale, Body-Mind-Spirit Well-Being Inventory (BM-SWB) and salivary cortisol. Data were collected during first visit, 36th weeks pregnant, 5th weeks and 5th months after delivery.

Settings: Perinatal meditation program (Eastern Based Meditative Intervention, EBMI) for pregnant Chinese women in Hong Kong who were attending the hospital clinic for routine perinatal care.

Participants: 64 pregnant Chinese women were recruited for intervention and 59 were for control. 36 cases were classified as Frequent Practice (FP) in intervention group.

Results: Quantitative results showed statistically significant increase in positive appraisal ($p < .05$) at 36th weeks, difference in evening salivary cortisol ($p < .05$) and decreased in physical distress ($p < .05$) at 5th weeks postpartum in the Frequent Practice (FP) group.

Conclusions: Frequency of practice of meditation is directly related to its effects. Perinatal meditation can help pregnant women to reduce perinatal stress through its effect on coping mechanism and improves physical discomfort in postnatal period which are risk factors for maternal health, fetal health and child health. Perinatal meditation can be added into present perinatal counselling and perinatal program to promote maternal health, child health and family health.

Key Words: Coping, Meditation, Physical distress, Pregnancy stress, Maternal health, Fetal health, Child health, Prenatal care, Postnatal care, Program evaluation

1 Introduction

Transition to motherhood is a time of psychological stress together with physical discomforts that poses critical adaptation challenges.^[1,2] Estimates of the prevalence of antenatal psychological distress in pregnant women in industrialized countries are between 8% and 24%.^[3-5] Woods *et al.*^[6] reported that antenatal psychosocial stress is com-

mon, and high levels are associated with maternal factors known to contribute to poor pregnancy outcomes. Recent information has found that even minor ailments during pregnancy may have psychosocial factors.^[7-9] Perinatal stress is well known as an independent risk factor for adverse pregnancy outcomes and affects maternal health, infant health and child health.^[1,6,10-16]

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ORIGINAL RESEARCH

Perceptions and experiences of pregnant Chinese women in Hong Kong on prenatal meditation: A qualitative study

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ABSTRACT

Background and Objective: Quantitative research has evidences that prenatal meditation has positive effects on maternal health but lack of qualitative data in this area. This study explored the perceptions and experiences of pregnant Chinese women in Hong Kong on prenatal meditation.

Methods: A qualitative study. Data were collected using digitally recorded, face-to-face, semi-structured interviews. Data were analyzed using thematic analysis. Setting: Prenatal meditation program (Eastern Based Meditative Intervention, EBMI) for pregnant Chinese women in Hong Kong who were attending the hospital clinic for routine perinatal care. Participants: 43 participants were chosen from groups of pregnant Chinese women who attended the prenatal meditation program.

Results: Six themes were developed during 1st interview when the participants first attended the course, including self-introduction, changes during pregnancy and how to solve problems, self-reported difference in mental and social condition before and after pregnancy, acceptance of complications arise during pregnancy, beliefs about bio-psycho-socio-spiritual interaction in relation to pregnancy health and child health and reasons why they participate in the intervention. Three themes emerged from the data collected during 2nd interview at 36 weeks, including participants' opinion in practicing EBMI, effects of EBMI on bio-psycho-socio-spiritual aspects and suggestions on improvement of EBMI.

Conclusions: This research adds to the overall body of knowledge that prenatal meditation is important to facilitate pregnant women in coping with physical distress, better equipped in crisis management, strengthen social relationship and result in spiritual empowerment. Incorporation of meditation in prenatal care will be a necessity in future.

Key Words: Maternal health, Prenatal care, Mindfulness, Meditation, Qualitative

1. INTRODUCTION

Adverse maternal health is well known as an important factor for poor pregnancy outcomes and affects maternal health, infant health and child health.^[1-11] Evidences of positive effects on maternal health through perinatal interventions are convincing.^[12-34] Most of these researches are quantitative but qualitative studies are important for a broadened perspective on practice and research.^[3,11,28,35-43] The au-

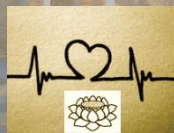
thor has developed an Eastern based meditative intervention (EBMI) for pregnant Chinese women in Hong Kong.^[15] The characteristic of EBMI is that through "self" meditative practice; pregnant women can have right awareness, change their mental process, train and transform their mind. EBMI improves the capacity for recognizing and solving problems,^[44] coping with stressful situation,^[45] increase positive thinking and pleasant activities, improving self-esteem, increasing

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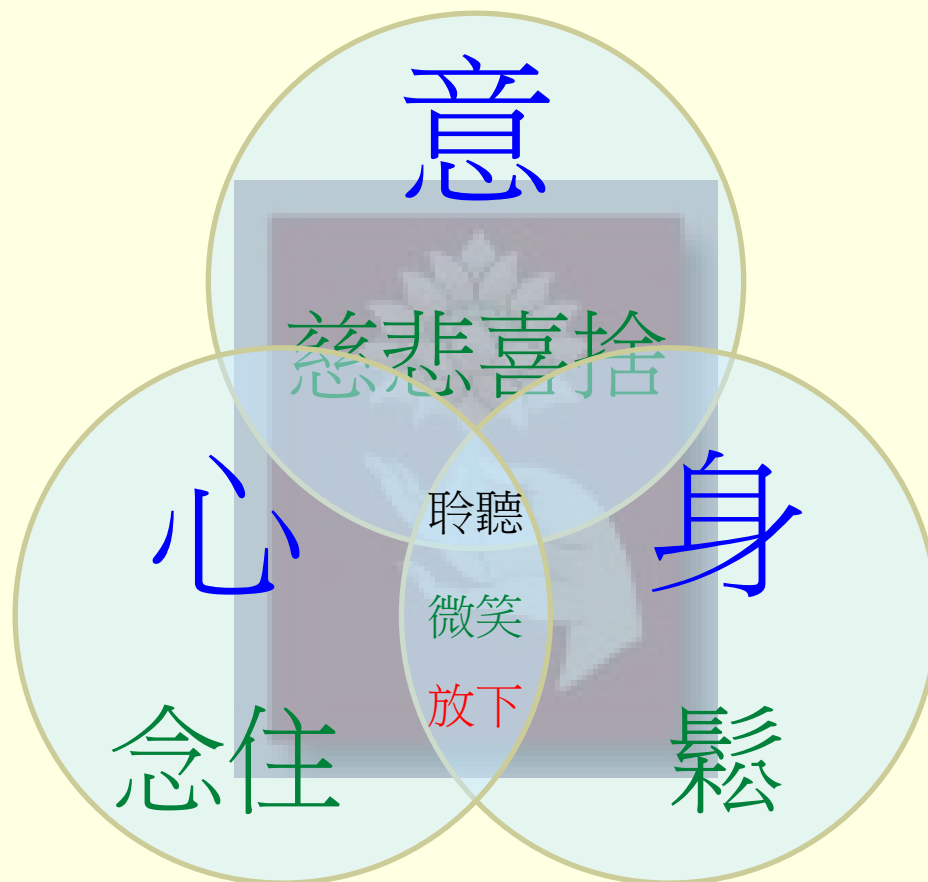
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現代科學研究結果顯示，二千年前流傳至今的佛教禪修訓練，可以作為醫學上的輔助療法，在促進身心健康方面，有顯著的效果。「身心禪」是為現代人設計的禪修運動(mind body meditation)，特點是把禪修融入日常生活中，令生活繁忙的人可以把握分秒的時間做身心運動。「身心禪」包括一系列的心理健康教育和靜修練習，可以促進身心健康，舒緩面對的壓力，優化情緒，提升生命價值和改善人際關係。

本工作坊由陳家寶醫生主講，內容主要介紹由實修經驗和科研結果所整合的禪修運動，以達致身心健康的目標。

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