

TIBETAN MEDICINE

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1. Buddhist medicine - three humours - three fires

The chief characteristic of Tibetan Medicine is that it is Buddhist medicine. This can be seen immediately in its important principle of the three humours: bile, phlegm and wind according to which all diseases are classified because Tibetan Medicine links them up with the three 'fires' burning to some degree in each human being: greed, hatred and delusion. People in whose make-up wind is the chief ingredient are plagued by greed, avarice and lust. 'Wind' does, of course, not just mean air in the body but currents of energy running in certain directions. Those who are characterised by a preponderance of bile feel a lot of negative emotions such as hatred, envy, jealousy and so on. Those whose body contains a lot of phlegm or mucus are given to delusions about the nature of existence and their own role in it. Greedier the people become the more wind is produced in them. Whenever a person with a bile problem gets angry he or she produces more bile. People with too much phlegm are indolent and sleepy, and through their laziness more phlegm will accumulate in their body.

2. Humours and temperaments

Here you will recognise the 'phlegmatic' person of western psychology. As some of you will know from Chaucer and Shakespeare the West also used to divide mankind by so-called humours, but into four types: the phlegmatic, the choleric, melancholic and the sanguine type. We see that early European medicine distinguished between a yellow and a black bile while in the East there was only one bile, and instead of blood, wind was the

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third humour. Though these descriptions survive as psychological distinctions in the temperaments, originally they referred to people with too much of one humour or another. The choleric type had too much yellow bile, the melancholic had too much black bile, and the sanguine type was too fullblooded. The word 'humour' itself which in modern times has acquired a very specialised meaning, originally meant 'a fluid' as in the word 'humid'. In the West, too, it became less and less of a physical entity, and developed more and more of a psychological significance.

3. Ayurveda - not humidity but 'faults'

Here we are further removed from the idea of humidity, and this started already in Indian medicine, the *Āyurveda*, from which the Tibetan concept of humours was derived. The *Āyurveda* also has three humours but not connected to the Buddhist three 'fires of greed, hatred and delusion.' The Sanskrit word for 'humour' is *dvesha*, Pali *dosa*, Tibetan *nyes pa* which means 'fault' with no connotation of humidity.

4. Priority problem

There is the much debated question which idea existed earlier and influenced the other: the three Indian 'faults' or the four European 'humours'. Though Indian medicine is, of course, much older, the connection with Ancient Greece was Alexander the Great conquering Persia and setting foot on Indian soil. The surgeons in his army could well have brought Hippocratic ideas to India, and it is difficult to see how Indian ideas could have reached the Greece of the 5th century BC in which Hippocrates lived.

5. Beginnings of Tibetan medicine

However that may be, Tibetan medicine took off during the 8th century AD when Dr. Yuthok went to India three times to get instruction. They were strenuous journeys on horseback and on foot over the Himalayas. Before

that a primitive type of medicine existed, and there is a story of a male and a female doctor coming to Tibet from India during the 2nd century A.D. and seeing a girl exposing her sick mother to the elements, and the doctors teaching her to take her back into the house and look after her until she was well again. Exposing old people to die had been practised in Siberia and in Persia as well. So the medicine coming from India was a civilising influence.

6. Causes of diseases

The causes of diseases are regarded as four: either 1. wrong diet or 2. unsuitable behaviour or 3. season such as a very cold winter or humid spring, or 4. demons.

7. Division of diseases by humours

I have told you of the division of diseases into those with one of the three humours excessive. There are also diseases in which two humours are stronger than the third one. The ideal is that all the humours should be balanced and there should not be too much or too little of any of them. When the Indians called them 'faults', that is not quite a happy appellation because a certain amount of wind, bile and phlegm is necessary in the body. It is the balance that is important. Transfer this to the three fires, and it is clear that only a Buddha can live entirely without greed, aggression and delusion.

8. Hot and cold

A further division of diseases is that into hot and cold diseases. There are hot wind diseases, and cold wind diseases and so on. The hot diseases are usually accompanied by a temperature but the term can also refer to local heat in various organs. The cold diseases can be accompanied by a cold or refer to organs feeling cold to the doctor's hand but in other cases the reason why a disease is called cold may not be so clear. While

in Tibetan Medicine the stress is on diseases being hot or cold, in mediaeval western medicine the plant remedies were also classified into four degrees of heat, and diseases were cured with what was contrary to them: hot with cold and cold with hot.

9. Seven constituents

The body is divided into seven principal constituents: saliva, blood, bone, marrow, flesh, fat, generative fluid. In Tibetan embryology some of the saliva or chyle becomes blood, blood becomes flesh, flesh becomes bone and so on. This sequence is met with also in Western mediaeval authors. The source of the Western authors is Plato's 'Timaeus', a work read in Europe throughout the Middle Ages. Strangely enough, in the 'Timaeus' three humours are posited, not the four of Hippocrates and Galen: his three humours are bile, phlegm and *pneuma* instead of wind. Plato may have picked up these Eastern ideas in Cyrene or Egypt, or else have learned them from Pythagorean sources, and Pythagoras is believed by some writers to have travelled in India.

10. Remedies

Tibetan remedies can be animal, mineral or vegetable. The animal remedies include the flesh of snakes and lizards and of bears and tigers. Dr. Lobsang Dolma who used to be a lady doctor at Dharamsala has developed from a prescription in old medical books a contraceptive pill made from five ingredients mixed with particles of the connective tissue of the seminal duct from the male sterile offspring of crossing a yak with a cow. If the instructions for taking the pill for seven days are followed this should keep a woman safe from becoming pregnant for a year. Dr. Dolma made trials on 400 women of whom during 4 years only four became pregnant but more clinical trials are necessary. The mineral remedies include the use of calcite, sulphur and mercury, suitably prepared by burning to ashes to diminish their toxicity. The greater part of the remedies are herbal remedies. It is always specified which part of the plant is used, whether it is stem, leaves, bark and so on. Most remedies are not prescribed in isolation but there is one

chief ingredient and many other ingredients. Each serves a purpose: one plant may improve the taste and make the medicine less bitter. Another plant or mineral or animal component may counteract certain side effects, a third one may make the medicine look more pleasing, a fourth one improve its consistency making it thicker when suspended in a fluid. The use of many ingredients for each remedy is called polypharmacy and was practised in the mediaeval West as well. That is what makes it sometimes difficult to say where the active principle is. It may be something in the chief ingredient together with something in one other ingredient of a medicine. In the West we like to isolate active principles but in traditional medicine it is important when and where a plant is gathered. The identification and recognition of plants is an important part of a Tibetan doctor's training. Therefore students used to go every year on plant gathering expeditions into the mountains, and at the subsequent examinations those who recognised and identified the greatest number of plants were awarded prizes.

11. Medical Schools

While monks in the *Hīnayāna* or Southern Buddhist School are not supposed to practise medicine except for giving first aid to their brethren, in the *Mahāyāna* with its emphasis on compassion, Medicine was taught at the Tibetan monastic colleges, and most doctors used to be monks. The learning of each medical text was preceded by a consecration. Each district had a chief physician, and when he died or became too old to practise, a student who had taken his exams at one of the two medical monastic colleges in Lhasa was sent to that district. The number of students accepted at the colleges corresponded to the needs in the districts. There were also families where medical knowledge was transmitted from father to son and from country doctor to apprentice. The whole course at the medical colleges took up thirteen years, the earlier years being devoted to the study of theology, dialectics, grammar etc. The exams were oral exams and in the more advanced classes expected a thorough knowledge of the Tibetan medical classics, the first one dating from around 750 A.D. There is an unbroken tradition in Tibetan medicine since its inception, with new insights simply added onto the old ones. Sometimes a

little adaptation to modern scientific knowledge takes place without too much fuss, for instance, when the medical classic says in its embryology section that the foetus is formed from male semen and female menstrual blood this is interpreted in the light of modern knowledge as the *ovum*. One should not forget that in the West the human *ovum* was only discovered in 1829 by Karl von Baer. In present-day Chinese occupied Lhasa the older of the two medical schools, called Chakpori, built in the 17th century, has been reduced to rubble, and the later one has been rehoused in a more modern building and modern equipment added to that which had been left from an English hospital existing there during the thirties. While the Chinese had been under Maodse-dung to send so-called barefoot doctors into the country districts and outlying parts of China who practise traditional Chinese medicine partly because of lack of resources and of trained physicians, they did not favour the practice of Tibetan traditional medicine and send Chinese auxiliaries to Tibet to introduce Chinese medicine. This was, of course, not welcomed by the population, and the Chinese government began to realise the value of preserving Tibetan medicine. They started republishing old texts and sold short medical treatises in the main square at Lhasa. A set of over seventy *thankas* illustrating medical themes has been photographed, and their written part is being translated into English. The Russians are doing the same with a similar set from the Buryat part of Russia which is Buddhist, near Lake Baikal. In present-day Tibet medicine has been completely separated from its monastic background, and that is a great pity for the following reasons.

12. Religion and medicine

Tibetan medicine has always been closely connected with Buddhism. As I showed earlier, according to this system the three fires produce excesses in the three humours. In fact, no disease is regarded as unconnected with the mind. Every time a doctor gives a medicine he does it with a prayer or silent meditation, and the patient receives it in the same spirit. Rituals along with medicines act effectively as psychotherapy. Medical ethics were based on the *Bodhisattva* virtues as the ideal doctor was a *Bodhisattva*. Hence no fees were as-

ked for by the doctor, and the patient gave what he could to show his gratitude. Perhaps the most important influence of Buddhism was the psychosomatic view of man's constitution. According to the *Dhammapada* which also exists in the Tibetan *Udānavarga* everything we are is the result of what we have thought. This general principle underlies all Buddhist philosophy, the difference between the schools coming when trying to determine how much reality is to be apportioned to the mind. No Buddhist would doubt that all things are mindmade but the *Theravādin* might say that *Samsāra* is created and continued by *Karma*, while of the two chief *Mahāyāna* Schools, the *the Yogācārin* would say that Mind Only exists this side of *Nirvāna*, and the *Mādhyamika* might say all form is emptiness. The Tibetan *Vajrayāna* is based on the *Mahāyāna* teachings, with a greater emphasis on ritual. If all things are in the last resort mind, naturally the human body is, and if all forms are emptiness, naturally the human body is. But in both cases it is the instrument by which the empirical self can reach Enlightenment, through everyday action and through meditation exercises which involve the body as well as the mind. Therefore it is everybody's duty to look after the health of a body which affords this opportunity. Tibetan doctors know that the state of mind of a patient is often the key to what is wrong with his body. Mental diseases are regarded as of two kinds: those caused by physical conditions such as the wrong diet, lack of exercise, lack of congenial company etc. and, secondly those caused by demons. Which demon has attacked or is possessing a patient is diagnosed by the patient's behaviour. Some demons are loud and boastful, some are shy and hide in corners etc. Children are often regarded as the victims of demons, and to Tibetans it is essential that no child should ever be shouted at or bullied because a child's nervous system is much more sensitive than that of a grown-up person.

13. Diagnosis

A diagnosis is made in three ways: by examining the pulse, examining the urine, and by questioning the patient. The pulse is taken in three places on the patient's right and left wrist by the doctor's three finger tips on each hand. The right-hand side of the finger tip and

the left-hand side of the finger tip detect the diseases of different organs in the patient. This means that the three places near the patient's wrist must be connected to different organs in his or her body, and that the different sides of the doctor's finger tips can distinguish between the streams of energy coming from them.

14. Treatments

Apart from giving medicines, change of diet and change of behaviour are the most prescribed treatments. Besides those there is also massage, cold and hot water treatment such as standing under waterfalls or hot springs of which there are many in Tibet, or baths in special oils and herbs, enemas, emetics, snuff, incense, *moxa*, bloodletting and cupping. Acupuncture is said to have been given in early times, but nowadays golden needle treatment usually refers to *moxa*.

15. Moxibustion

Moxa means the application of heat to certain spots on the body in order to stimulate the circulation of energy which would from there go to the affected place and relieve its pain, or cure its complaint. The West had cautery in the Middle Ages, chiefly in order to create wounds through which the so-called laudable pus would expel harmful fluids and substances from the body. At the most the effect of this direct burning of the skin was counter-irritation diminishing the pain in the place of the actual complaint. Tibetan *moxa* is different in that the skin itself is never being burned. Usually a small twig of the plant called *Artemisia* is used as tinder with fire being applied to it at one end and the other end put near the place with the *moxa* point. The burning *Artemisia* gets nearer and nearer the point but is removed before it actually reaches the skin. Another method uses two metal instruments: a ring with a hole in the centre and a handle, and a disk the same size as the ring with a handle. The disk is heated but the ring is applied to the aching place and the hot disk laid on top of the ring so that the heat of the disk reaches the skin from a distance.

16. Bloodletting

Bloodletting is also used. There are 77 points where blood can be drawn from without causing an injury to a vital organ. Scalpels were used to cause a small opening. The whole treatment is controversial because it is something Western medicine was using before the circulation of the blood had become known when it was thought that constantly new blood was produced in the liver, so that frequent bleeding would not do any harm, while we now know that the same quantity of blood is constantly circulating round the body. It is true that in some countries bloodletting lingered on right down to the 18th century from the sheer force of habit, and in France to the 19th century.

17. Cupping

Cupping is another treatment used in the past in the mediaeval West and still used by the Tibetans. In places like Ladakh where there is a considerable Tibetan population it is chiefly used for pleurisy and wind diseases such as rheumatism. The skin is usually opened by applying one or two heated copper bowls clapped down on the spot which needs treatment usually on the patient's back after holding a lighted piece of paper four fingers away from it. This would heat the spot up in the first place. The bowls or bowl are kept on the spot for about an hour. When the skin is open blood can be drawn from there. Apart from bloodletting and cupping or lancing abscesses, opening the skin is not encouraged. Surgery is avoided wherever other means are available.

18. Spreading abroad

The medical system which first arose in Tibet gradually spread along the Himalayas and North India to Bhutan, Sikkim, Nepal, Ladakh and Zangskar. It also spread to Outer Mongolia where it is still practised by the Buryats. Indeed, the colloquial Tibetan word for 'doctor' is *Emchi* or *Amchi*, a word which has been borrowed from the Mongolian. This word also appears in 13th century Turkish, and it has not yet been clarified which way the word has travelled in mediaeval Ce-

ntral Asia. The word used in the written scriptures in classical Tibetan is '*sman pa*' from '*sman*' medicine. Now Tibetan medicine is also practised by exiles and their Western students in Holland and the United States, and a Course in Tibetan Medicine has been offered by visiting Tibetan doctors at the Imperial College, London, at various dates between March and November, 1989, and will be repeated during the following years.

19. Modern application

The mediaeval practices of cupping and bloodletting seem rather barbarous for the modern age. Nevertheless, herbal treatment and polypharmacy, though superseded by other methods in the West, have their own value in Tibetan medicine. And though humoral pathology, if understood in its narrow sense, cannot, of course, be supported in the West, if the word 'humours' is understood as referring to certain types of constitution and behaviour, like the greed, hatred and delusion types, the terminology can be found useful in Tibetan medicine today because each type requires different psychological treatment. They do say that bloodletting sometimes helps in cancer cases but, for instance, Lobsang Rappagay, a young doctor in Dharamsala who speaks excellent English and has been all over the world, is in favour of dropping this part of Tibetan medicine as outmoded. His Holiness the Dalai Lama himself who is the Patron of the Medical School in Dharamsala, the headquarters in India of Tibetans in exile, advised to preserve for diagnosis and treatment today that which is found useful and to discard the rest.

BOOKS RECOMMENDED

Raoul BIRNBAUM, *The healing Buddha*, London, Rider, 1979.

Terry CLIFFORD, *Tibetan Buddhist medicine and psychiatry*, York Beach, Maine, Samuel Weiser, distributed, in England by Thorsons, 1983.

Bhagwan DASH, *Tibetan medicine with special reference to Yoga Sataka*, Dharamsala, Library of Tibetan Works and Archives, 1976.

Lobsang DOLMA Khangkar, Lectures on Tibetan medicine, Dharamsala, Library of Tibetan Works and Archives, 1986.

Yeshi DONDEN, Health through balance, an introduction to Tibetan medicine, Ithaca, New York, Snow Lion, 1986.

Tom DUMMER, Tibetan medicine and other holistic health care systems, London and New York, Routledge, 1988, London, Penguin Arkana, 1989.

Elisabeth FINCKH, Foundations of Tibetan medicine, Element Books, London, Watkins, Robinson, 1978-85, 2 vols. Vol.3 to be published by Element Books in 1989.

Elisabeth FINCKH, Studies in Tibetan medicine, Ithaca, New York, Snow Lion, 1988.

Christophe MASSIN, La médecine tibétaine, Paris, Guy Trédaniel, 1982.

Fernand MEYER, gso-ba rig-pa, le système médical tibétain, Paris, Editions du Centre National de la Recherche Scientifique, 1981.

Dawa NORBU, ed., An introduction to Tibetan medicine, Delhi, Tibetan Review, 1976.

Namkhai NORBU, On birth and life, a treatise on Tibetan medicine, Venezia, Topografia commerciale, 1983.

RECHUNG Rinpoche, Tibetan medicine illustrated in original texts, London, Wellcome Institute for the History of Medicine and Berkeley, University of California Press, 1973. Paperback edition Berkeley, 1976.

RECHUNG Rinpoche, Histoire de la médecine tibétaine. La vie de gYu-thog-pa l'Ancien. Paris, Le Chardon, 1989.

T.J. TSARONG, Fundamentals of Tibetan medicine, Dharamsala, Tibetan Medical Centre, 1981.



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