

Bulletin of Tibetology

ASPECTS OF CLASSICAL TIBETAN MEDICINE

Special Volume of 1993

**SIKKIM RESEARCH INSTITUTE OF TIBETOLOGY
GANGTOK, SIKKIM**

INDIA

Bulletin of Tibetology

ASPECTS OF CLASSICAL TIBETAN MEDICINE

Special Volume of 1993

**SIKKIM RESEARCH INSTITUTE OF TIBETOLOGY
GANGTOK, SIKKIM
INDIA**

© Copyright 1993
Sikkim Research Institute of Tibetology

Price per copy Rs. 245/-

Published by :
THE DIRECTOR
SIKKIM RESEARCH INSTITUTE OF TIBETOLOGY
GANGTOK-737 101, SIKKIM, INDIA

Printed at :
The Radiant Process Private Limited, Calcutta-700 013



Bhaisajya-guru-vaidurya-Prabharaja
Eight Medicine Buddhas

Preface

It is a privilege for me to have become associated with the publication of this commemorative volume on Aspects of Tibetan Medicine dedicated in honour of the late Dr. Terry Clifford who was well-known for her works on the subject. Contributors to the issue include a galaxy of distinguished scholars who had originally presented these papers in course of a symposium held at the Wellcome Institute for the History of Medicine on 18th April, 1986. The whole project of compilation of these papers and bringing them out in a book form is the result of keen interest and active cooperation on the part of Miss Marianne Winder, Ex-Keeper of the Oriental Manuscripts in the celebrated Wellcome Institute in London.

We of the Sikkim Research Institute of Tibetology, Gangtok, Sikkim, on our part have taken it up as an unique opportunity to present this subject before the general viewers, especially to those of the west, through the very eyes of some western scholars who have assiduously put in their efforts towards understanding its intricacies and to make others develop interest and understanding in it as well.

The concept of Tibetan Medicine as propounded by the system concerns itself not merely with the "Science of Healing" through observation of physiological processes of ailments but rather, takes recourse to esoteric principles believed to be in control of those processes. Having been originated as part of a deeper spiritual quest of the Tibetan people, the system is more closely related to their religion namely, Buddhism and Buddhist view of life and death together with the causes of sufferings inherent in the life of sentient beings. Its basic premises are therefore, emanated from the believer's standpoint as characterised by the deep-seated spiritual culture of the Tibetans themselves.

According to Tibetan Mahayanic Buddhism, the human body is the best medium for the attainment of enlightenment and, therefore, in lengthening the precious human life, Tibetan Medicine plays a fundamental role. Although the opinion differs about

the origin of rGyud-bzhi (the tract in four parts) most of the scholars on Tibetan Medical science, however, subscribe to the view that rGyud-bzhi was preached by the Buddha Himself. The Buddha Sakya Muni, having transformed into "Medicinal Buddha", taught rGyud-bzhi to a congregation of gods, human beings and others.

I hope that this compilation of articles by eminent scholars will help in creating interest and better understanding of the Tibetan medical system and its practices among interested readers other than the Tibetans.

Lastly, I am greatly indebted to Miss Marianne Winder for her active involvement and collaboration in implementing the project to its successful completion. I express once again my gratitude and thanks to her.

24th November, 1993
Sikkim Research Institute
of Tibetology, Gangtok
Sikkim : India

Rechung Rinpoche Jampal Kunzang

CONTENTS

	Page
Rechung Rinpoche : Preface	
Marianne Winder : General Introduction	I
Dr. Terry Clifford : Tibetan psychiatry and mental health	3
Dr. Elisabeth Finckh : Diagnosis and therapy according to the rGyud-bzi	17
Ven. Dr. Trogawa Rinpoche : The past, present and future life in Tibetan medicine	40
Professor E. R. Emmerick : Some Tibetan medical tankas	56
Dr. Nawang Dakpa : Certain problems of embryology according to the Tibetan medical tradition	82
Professor Charles R. Bawden : Written and printed sources for the study of Mongolian Medicine	100

ILLUSTRATIONS

Twelve medical thankas from Lhasa

Aspects of Classical Tibetan Medicine as Reflected in
(Central Asian Literature). Proceedings of a Symposium
held at the Wellcome Institute for the History of Medicine,
London, on April the 18th, 1986 published in honour of the
Late Terry Clifford.

	ENGLISH	FRENCH	GERMAN
church	c	é	c
church hall	ch	éh	ch
rats	ts	c	é
cats home	tsh	ch	éh
jungle	j	j	j
lads	dz	j	j
leisure	z	ž	z
shade	s	ç	š

MARIANNE WINDER

GENERAL INTRODUCTION

GENERAL INTRODUCTION

After a few biographical notes and a short appreciation of the life work of Terry Clifford by Arthur Mandelbaum, the scene is set by her own paper on Tibetan psychiatry. Dr. Elisabeth Finckh explains the chief tenets and divisions of the fundamental Tibetan medical work, the *Rgyud-bzi*, the Four Treatises, Four Tantras or Four Roots as it is called in Mongolian. This is usually described as dating from 750 CE with additions made during the 11th century when it was discovered in a pillar of Samye Monastery in Tibet. Possibly further additions may have been made during the 17th century when it was first printed. She illustrated diagnosis, therapy and the taste and action (potency) of medicines by means of the symbol of the tree of medicine depicted on *thankas* used by Tibetans as teaching material. The questions of origin and dating of the *Rgyud-bzi* are treated by Dr. Trogawa and Dr. Dakpa. Dr. Trogawa describes the medical aspect of death and after-death experiences and the birth following upon them. Professor Emmerick compares medical *thankas*, including those of the tree of medicine, he has photographed in the Medical School in Lhasa with *thankas* on the same subject elsewhere. Dr. Dakpa concentrates on the *thanka* which deals with the subject of embryology spanning the time from the end of the death experience to the beginning of a new life at birth. Professor Bawden describes—1. the Library holdings of Mongolian traditional medical works in the Mongolian People's Republic, China, Japan, the United States, Britain, Germany, Denmark and Sweden. He then—2. deals with monographs and handbooks summarising Mongolian classical works, ultimately derived from Tibetan works, on practice and plant and animal remedies. They are of special interest because most of the material remains untranslated into western languages and presents a challenge for the future. His—3. subject is concerned with popular handbooks on folk remedies consisting of either natural substances or, on the other hand, divination for diagnostic purposes and subsequent recitations, substitution rituals, and the propitiation and expelling of demons for cures. And finally—4. the use of classical Tibetan

medicine by Mongols today and the revision and re-editing of classical works for this purpose. At the end a few biographical details of the contributors are given.

I should like to express my gratitude to Dr. Nigel Allan, my successor as Curator of Oriental Books and Manuscripts at the Wellcome Institute for the History of Medicine, for many useful suggestions, and to Dr. Gyurme Dorje for editing Arthur Mandelbaum's notes on Terry Clifford.

The transliteration of Tibetan words has been preserved in the convention followed by each contributor. In front of The transliteration of Tibetan words has been preserved in the convention followed by each contributor. In front of Dr. Clifford's contribution a list of the Anglo-American divergent transliterations is appended which also applies to the papers by Dr. Trogawa and Professor Bawden. In front of Dr. Finckh's contribution the German divergencies which also apply to Professor Emmerick's paper, and in front of Dr. Dakpa's contribution the French transliterations are appended. Finally the reader will find a comparative table of English, French and German transliterations of those letters which differ from each other, with the Tibetan original letters on the left-hand side.

DR. TERRY CLIFFORD

**TIBETAN PSYCHIATRY AND
MENTAL HEALTH**

TIBETAN PSYCHIATRY AND MENTAL HEALTH

Dr. Terry Clifford, *Ph. D.*

Good morning, ladies and gentlemen, all of you who are friends and scholars, students and practitioners, of the Tibetan tradition of healing. I feel very privileged to be here today at this Wellcome Symposium on Tibetan Medicine. I think it is very important and significant that this event is taking place, for, as most of you know, the ancient tradition of Tibetan medicine, so rich in healing knowledge, scope and depth, is presently in grave danger of being lost to humanity. This is due, of course, to the fact that Tibetan culture has been destroyed in Tibet itself during the last few decades. Tibetan medicine is now a medical system in exile, a healing tradition struggling for survival*. Therefore, whatever can be done to promote its study, documentation and preservation, while there is still time to do so is of tremendous importance.

And therefore, here at the start, I would like to thank Miss Marianne Winder, Consultant in Oriental Medicine at the Wellcome Institute, for her wonderful dedication and efforts in putting this conference together. She not only created this symposium, but she was among the first contemporary Western scholars to recognise the precarious situation Tibetan medicine was in and to set about doing her part to save it, by producing with Rechung Rinpoche and the sponsorship of the Wellcome Institute, the first English language book on Tibetan medicine. That book was a major breakthrough and has been very important. So, thank you very much, Miss Winder.

Now the topic for my talk this morning is Tibetan psychiatry and mental health. I must tell you that when I first started to research this subject, I really had no idea that a *bona fide* psychiatric tradition really existed within Tibetan medicine. I just

* In the meantime, the Chinese Academy of Medicine in Beijing has made attempts to improve the situation. (Ed.)

thought it would be interesting to see what, if anything, the medical system had to offer for the treatment of psychotic and schizophrenic patients in mental hospitals where I was then practising meditation and yoga therapy. That was ten years ago, and in those days the only book in English on the subject was that written by Rechung Rinpoche. In the selections from the *rGyud-bzhi* presented there, the *rGyud-bzhi* being, of course, the ancient and most important book of Tibetan medical literature, I found reference to some herbal compounds said to be good for depression and similar conditions, but no reference was made to any real psychiatric system as such.

I went to India to research the subject further, and the first person I had the good fortune to meet was Mr. Gene Smith, whom many of you may know as one of the greatest scholars of Tibetan literature. He immediately told me that there were actually three whole chapters of the *rGyud-bzhi* exclusively devoted to the subject of psychiatry. I was very excited by this information and went off to the Tibetan Medical Centre in Dharamsala for further study. To cut a long story short, what happened was that at every turn of my adventure I uncovered more and more. Not only were there those three chapters of the *rGyud-bzhi*, but there was also a whole body of teaching, both oral and written, related to psychiatry and mental illness. Moreover, there were numerous psychiatric treatments and medicines, many of which had been in use for a thousand* years. The Tibetans had developed an entire psychopharmacopoeia. And there were doctors and Lamas who were masters of the medical psychiatric tradition. I was truly astonished.

What I came to realise about the Tibetan psychiatric tradition was basically four things. First, it is a complete tradition of aetiology, diagnosis and treatment. These aspects are mainly elaborated in terms of Ayurvedic humoral theory, which was brought to Tibet from India in the eighth century and forms the basis of Tibetan medicine. Additionally, it includes elements of Chinese, Persian and Tibetan medicine which were added to the system

* See Dr. Trogawa's paper on the subject of the age of the tradition.

over the years. That is to say, Tibetan psychiatry is not only complete, it is also very complex.

Second, Tibetan psychiatry is a holistic or integral system. It integrates all levels of life in its approach to mental illness. The physical, the psychological, the environmental and the spiritual all come into play in aetiology, diagnosis and treatment, although to what extent differs according to the individual case. So one unique element of Tibetan psychiatry is that, unlike the situation with most contemporary Western approaches to mental illness where one approach tends to be pitted against another, for example the biochemical against the psychological, the Tibetan system integrates all these levels without the slightest conflict.

Third, in Tibetan psychiatry the interactive role of the healer or doctor is greatly emphasized. The physician's capacity for kindness, compassion and wisdom, his level of ethics and morality, and his ability to extend those qualities to the patient is thought to play a major role in the recovery of the patient. Since Tibetan physicians were very often Lamas, they were usually in a position to communicate the fruits of their religious training, their highly developed powers of mind and love, to their patients.

Fourth, Tibetan psychiatry combines the medical tradition itself with Buddhist theory and practice or with what might be called the medicine of *Dharma*. This means that the whole range of Buddhist practices for spiritual development – prayer, meditation, visualization, rituals, etc., – are used as a path to mental health and as specific psychiatric treatments.

While physical and mental diseases are attended to in their own terms in Tibetan medicine, the ultimate goal of complete mental health, enlightenment, is never really out of the picture. In fact, the philosophical and psychological underpinnings of all Tibetan medicine come from Buddhism. The fundamental principle at work here is that, as the Buddha said, "Mind precedes all things and is their chief". Mind creates illness and mind creates wellness. This is the basic psychosomatic assumption of Tibetan medicine and Tibetan psychiatry.

Of course it would be impossible, not to mention tedious, to try to summarize the whole psychiatric system here. But I would like to mention what the Tibetans consider to be the five causes of insanity and to go into a couple of them in some detail. These five causes are stated in both, Tibetan medical literature and in the religious scriptures of the *Abhidharma*. The five groups of causes of insanity are as follows : *karma*; psychological stress; poison; humoral imbalances; and demonic forces.

Of the first, *karma*, it can be briefly said that negative actions of body and mind done in previous lives reap their reward in the present life as disturbed mental states that have no obvious or explainable cause. For example, a sudden state of sadness or depression may have been caused, according to the Tibetans, by harming others in a past life. For karmic illness no actual medical treatment will be prescribed. Instead, religious practices designed to clear the past negative *karma* should be performed. Since the cause is spiritual, the medicine must be spiritual. It goes without saying that this idea of karmic mental disease is not to be found in Western medicine.

The second group is what the Tibetans call grief-worry. It corresponds very closely to what we know in the West as psychological stress. The factors at work here are such things as loss of a loved one, loss of a job, loss of status, overwork, strain, worry, isolation, breaking of promises, going against religious and cultural taboos, and the inability to integrate, because of their painfulness, deeper insights into the nature of one's life and reality. Treatments for psychiatric disorders in this category include environmental and life adjustments, *Dharma* practice to promote relaxation and self-understanding, and a whole range of herbal medicines and medical therapies.

The third group is poison. This means a toxic substance which, when taken into the body, produces an extreme state of psychopathology. Also included in this category are nutritional imbalances and wrong combinations of foods which may adversely affect consciousness. Again, in Western psychiatry, nutritional disorders and poisons are known causes of mental illness.

The fourth group is humoral imbalances. In brief, for many of you who may be unfamiliar with humoral theory, there are three humours – bile, phlegm and wind. When the three humours function in a balanced way in the body, they promote physical and mental health; when imbalanced they promote disease. Each humour is associated with negative psychological states – bile with anger, phlegm with bewilderment, and wind with desire – that can inflame the humour and contribute to disease. Physical factors also affect disease.

Here I would say, in a very wide way, this category corresponds to the biochemical approach to mental illness. Of course in the West we do not speak of the three humours*, but the correspondence lies in the fact that whether you call it biochemical or humoral imbalance, the cause is an internal malfunction of basic metabolic processes that adversely affect consciousness.

In any case, all humoral theory comes into play here in its psychiatric aspect. For the humour bile, which is related to anger and aggression, a violent psychosis results. A patient with a psychiatric bile disease is so full of hatred and anger that he may be harmful to himself or others, and therefore he may have to be forcibly restrained. Treatment will include dietary and environmental adjustments that counteract bile, therapies such as cool medicinal baths, and herbal compounds specifically for psychiatric bile disorders.

And briefly for the humour phlegm, which is related to the state of bewilderment and confusion, a more or less catatonic condition results. The patient is what you might call pathologically phlegmatic – typically sullen, withdrawn, inactive, silent and closed-minded. Treatment will include a whole integrated regimen tailored to counteract psychiatric disorders of phlegm.

And now comes the humour wind, which I would like to go into some detail about. The term ‘wind’ is a rather poor translation for the Tibetan word *rlung* (pronounced ‘lung’). *rlung* can

* We did use the concept during the Middle Ages, but in a much narrower sense.

also be called air, energy, psychic energy, vital force, pressure or energy current.

Wind or *rlung* is the most important humour connected with mental illness; it is almost always involved in psychiatric disease. This is because the wind is the humour that mediates between the mind and the body. In the embodied psycho-physical organism, intangible mind takes the support of wind. As it is said in the tradition, "Mind rides the wind". Mind affects the wind, and wind affects the body. Conversely, the body can affect the wind and thus the mind.

Symptoms of a psychiatric wind disorder are that a person exhibits cycles of extreme excitability alternating with extreme sadness, or what we would call a manic-depressive cycle. The patient is said to be restless, tense, anxious, overly talkative, dizzy, often accident-prone, and subject to insomnia and quickened heart beat.

Psychological causes of this disease are much the same as those mentioned before under the heading of stress – grief, shock, fright, fear, loss, overwork, etc. These stressful states cause further behavioural errors, such as going without sleep and going without eating, that simply intensify the wind disorder. Actually this wind or *rlung* is a very complicated and even mysterious subject. The *rGyud-bzhi* describes five divisions of wind in the body controlling such diverse functions as breathing, talking, spitting, motor and nerve function, elimination and reproduction. These five winds circulate in the body through a system of channels including the blood vessels, nerves and more invisible pathways similar to the acupuncture meridians. At the heart centre where many of these channels meet there is a subtle aspect of the so-called 'life-wind' that is said to control consciousness. Psychiatric wind disease is a disturbance of this wind in the heart.

Strong emotions and agitated thought disturb or inflame the wind at the heart centre, but so do physical factors. For example, high blood pressure is considered to be a disorder of wind in the heart. It can be caused by psychological factors or by dietary

factors that affect the condition of the channels. So this Tibetan theory of wind is a model that unites physical and mental stress.

This *rlung* disorder comes to cover a wide range of anxiety states and their attendant ills. Almost everybody is subject to it to some degree. In fact, meditators get it quite often when they strain their meditation. Even advanced yogis are known to have it, especially if they make mistakes in their yogic practices for holding the breath.

The Tibetans have a tremendous amount of medicines for these wind disorders. They are quite famous for it, and these medicines are widely used among the Tibetan community. The main ingredient in the herbal compounds for wind is black aloeswood or eagle-wood (*Aquillaria agallocha*), which is in Tibetan called *agaru*. It is their most favoured minor tranquillizer, much as Valium and Librium are ours in the West. According to the Tibetans, however, their medicine is harmless and without debilitating side effects. It would be wonderful if these Tibetan medicines for *rlung* could be studied scientifically. They might really make a very great contribution towards the treatment of mental illness, which is reaching epidemic proportions in modern times.

Other treatments for psychiatric wind disorders include moxibustion — there are a few specific points for this; medicated ointment massage; and dietary and environmental adjustments. Since the humour wind is associated with the psychological state of desire and attachment, unfulfilled romantic and sexual longings are often a contributing cause of psychiatric wind disease, and therefore sexual relations are sometimes prescribed. Wine or beer is said to be good for *rlung*, and so is meat eating. Finally, a person with a mental illness of wind should, it is said, be kept in warm and soothing surroundings, be given whatever books and amusements he or she enjoys, and be attended to by kind and loving doctors and friends who speak very sweetly and who are very supportive. You can see how therapy for wind madness might be quite pleasant.

Lastly, we come to the fifth group of causes of mental illness, unseen negative forces or demons. Certainly there is no obvious parallel for this in the West. No self-respecting psychiatrist will tell you that the cause of your psychiatric disturbance is a demon. And I must admit that when I first came upon the idea of demons causing mental illness, I was a little dismayed. I had looked forward to discovering some deep psychological truths in the psychiatric chapters of the *rGyud-bzi* but when I finally deciphered them, I found they were all about demons ! But actually, on further examination, these demons turned out to have profound psychological dimensions.

We have to understand that the term 'demon' has vast symbolic significance to the Tibetans. To get some idea of this we can refer to a work called "How to become Victorious Over Demons by Checking their signs and Knowing their Origins" written by the great 19th century Lama Patrul Rinpoche. Among the demons he mentions in that work are lust, laziness, attachment to wealth, hyper-sensitivity, bad companions, dualistic thinking, spiritual pride, and sectarianism, none of which we would term 'demonic'.

Of course, the levels of interpretations of demons vary widely. An uneducated Tibetan might actually believe in them as malevolent embodied hobgoblins; a yogi might think of them as negative energies or fields of force that exist in the universe; and yet more sophisticated Lamas and doctors and laymen might perceive them as unconscious tendencies deep within the psyche that have the power to overwhelm normal consciousness. Basically, I would say that the term 'demon' refers to any unseen force that obstructs a psychological or spiritual development.

One classical term of demonic diseases in *kun-brtags gdon-nad*. Those of you familiar with Buddhist philosophy will recognize the term *kun-brtags*. It means artificial labelling. *gDon* means demon, and *nad* means disease, so literally it is 'Disease caused by the demon of artificial labelling'. In short, this means psychological projection. It is the old story of mis-

perceiving the rope as a snake, and feeling very fearful or aggressive because of that.

Thus, in terms of psychosis, the demons could be explained as unconscious tendencies built up in the mental continuum over a series of lives, or if you do not believe in past lives, which of course the Tibetans do, from infant or childhood traumas, which are projected, unawares, on to normal reality, and which thus provoke inappropriate, irrational and insane behaviour.

Chapter 77 of the Third tantra of the *rGyud-bzhi* is solely about demons who cause abrupt and severe psychosis. There are eighteen demons listed there, and each one is said to produce distinct and alien character changes in the person afflicted by the demonic force. The symptomatic behaviour associated with each of the eighteen demons provides the Tibetans with a unique eighteen-fold classification of psychoses and schizophrenia. What is more, this system of classification has remarkable parallels with the contemporary scientific classification of mental disorders, both the Western and Tibetan systems being mainly descriptive.

For example, to compare just one, there is a demon called 'Pervasive Holiness'. According to the *rGyud-bzhi*, whoever gets possessed by that demon "cries out the name of his tutelary god, expounds religious scriptures, beats himself, abuses others, and likes to laugh". This is similar to what the *Diagnostic Statistical Manual*, which is a modern medical work that classifies mental illness by name and number (at least as mysterious as demons) and gives brief descriptive sentences about each type, for instance, calls 'schizophrenia paranoid type, 295,3'. Whoever has that illness exhibits "persecutory or grandiose delusions, often associated with hallucinations. Excessive religiosity is sometimes seen. The patient is frequently hostile and aggressive". Here the three main points are the same in both descriptions : psychic inflation, religious fixation, and aggression.

One last thing should be said about demons, and that is : when they operate alone without other supporting causes, as do the demons of schizophrenia, then they may have unusual reme-

dies prescribed to cure them. These are sometimes quite occult, like the blood from a knife that has murdered somebody. There are also standard herbal medications. Finally, religious rituals of various types are prescribed to counter demonic influences.

That takes care of the five categories of causes of mental illness. I have mentioned their parallels in modern medicine in order to show that, in a very broad way, the Tibetan psychiatric tradition contains many of the basic approaches of Western psychiatry.

There is one last aspect of the Tibetan tradition of mental health I would like to touch on briefly here, and that is the tradition of meditation and spiritual practice for mental development. This is, of course, a very big subject, but just to put it in context, it goes back to the basic premise of Tibetan medicine – that real mental health is the enlightened condition.

Why is one subject to emotional disease, destructive mental states, and so-called demonic forces? According to the Tibetan Buddhists, it is because one suffers from inborn or ingrained ignorance, which is basically selfishness. This is the fundamental psychological obscuration that holds oneself to be a separate, permanent, independent ego-unit, instead of knowing true reality or one's true nature as the Buddha-nature. Put in wider terms of other religious traditions, this basic ignorance could be said to be the state of being out of union with God, the absolute, however that may be named and however it may be experienced.

And so, as long as we are subject to the human condition of ignorance, we are subject to illness. As it says in the *rGyud-bzhi*: "There is but one cause for all illness, and this is ignorance due to not understanding the meaning of no-self. For example, even when a bird soars in the sky, it does not part from its shadow. Likewise, even when all creatures live and act with joy, because they have ignorance it is impossible for them to be free from sickness".

Meditation is the primary means used to transform the mind into its healthy condition, to lift the veil of inborn ignorance. Meditation is now being studied scientifically and has been

shown to reduce stress, lower blood pressure, etc. While these things are important, I do not think they are the main point. What meditation really provides is a way of overcoming the neurotic and destructive thoughts and habits that limit us all so greatly.

In meditation, the repressive strictures of normal consciousness and the super-ego are relaxed so that all kinds of sensations, emotional material and discursive thoughts surface. One becomes aware of one's inner mental processes in a whole new way. With consistent practice, one can develop the ability to integrate, tame, transmute and even liberate one's feelings and thoughts. Through meditative stabilization, one can reach a state of natural peace and wisdom.

There is an infinite number of meditation techniques – the Tibetan tradition is replete with them. There are meditations for generating love and compassion, for stabilizing the mind in concentration, for analyzing the nature of reality, for abiding in the nature of emptiness, for purification and for healing – for example, the meditation on the Medicine Buddha. In the psychiatric and medical traditions these meditative techniques are integrated with therapy as a way to harness the developmental and healing powers of mind.

I would like to read you a short selection from the writings of Jamgon Kongtrul Rinpoche, a great 19th century Tibetan Lama and doctor. Kongtrul Rinpoche was a meditator and religious personage of such eminence that he was a teacher to one of the Karmapas*. He was also an accomplished physician who wrote a medical manual that is still in use among contemporary Tibetan doctors. Kongtrul Rinpoche held both the spiritual and medical lineages of healing as does Trogawa Rinpoche who will speak to us later this morning.

This selection comes from Kongtrul Rinpoche's commentary on the Tibetan text called *Lam Rim Yeshe Nyingpo*, and I am indebted to the Tibetan Lama Tulku Pema Wangyal for his oral translation of it. In it, Kongtrul Rinpoche is giving advice to

* Heads of the Karmapa School of Tibetan Buddhism.

meditators on how to dissolve obstacles, in this case the obstacles of disease. This particular advice, he says, is only for the very best meditators capable of the highest type of meditation. It is a remarkable example of an extraordinary and radical approach to healing produced by the Tibetan meditative tradition.

Kongtrul Rinpoche says : “Innumerable thoughts related to the three emotional poisons arise; they disturb the *rlung*, and the *rlung* disturbs the different elements, and this leads to various internal conflicts and the experience of painful sensations.

“If a practitioner has a strong view he will not be carried away by the different sensations of suffering. The strong practitioner does not need divination about what doctor to call or what ritual to carry out for medical help. The important thing is to cut the root of illness, self-clinging.

“You should cure the illness by remaining in the natural state, without indulging the sensation of illness and without encouraging the grasping mind by thinking, ‘Oh, I’m sick; I’m weak; I’m old’.

“The different perceptions of illness come from inside. When you realize the nature of mind, when you let go, when you cut the duality of hope and fear, then the resultant illness which you conceptualized will fall apart by itself.”

So we may aspire to such meditative power, but few have developed it as Kongtrul Rinpoche did.

In conclusion I would like to say that the Tibetan tradition of psychiatry and mental health is immensely deep and worthy of preservation, research and scientific study. It may contribute actual treatments and medications that could help in curing of mental illness. It can certainly contribute theoretical and integral models which can enrich the contemporary approach to mental health. The reason I told you the story, at the beginning of this talk, of how my research on this topic unfolded was to encourage any of you who might be interested to pursue further researches in Tibetan medicine. There are so many avenues of study that have not yet been even touched upon. Who knows what jewels of learning, what treasure of healing knowledge, await discovery.

ELISABETH FINCKH

**DIAGNOSIS AND THERAPY
ACCORDING TO THE RGYUD-B'ZI**

DIAGNOSIS AND THERAPY ACCORDING TO THE RGYUD-BZI

Elisabeth Finckh

	Page
Transliteration	18
System of Tibetan Medicine.....	19
 Introduction	 20
Diagnosis	22
Therapy.....	27
Summary	33
Notes.....	34

GERMAN transliteration of TIBETAN

ñ as in 'onions'

ṇ as in 'ring'

c as in 'church'

č as in 'cats'

čh as in 'cats' home'

ch as in 'church hall'

j as in 'jungle'

ǰ as in 'lads'

z as in 'rose' but often as in 'sun'

ž as in 'leisure' but often as in 'shade'

š as in 'shade'

II

The System of Tibetan Medicine :

3 Roots	9 Trunks	47 Branches	224 Leaves
	9 parts of medical science	47 general details	224 specific details
Root A	I Healthy organism	3	25
		12	88
Arrangement	II Diseased organism	9	63

Described in the book rGyud bzi, Part I, Chapter 3.

Root B	III Observation	2	6
Diagnosis	IV Palpation (feeling the pulse)	3	3
		8	38
	V Questioning	3	29
Described in the book rGyud bzi, Part I, Chapter 4			
Root C	VI Nutrition	6	35
Therapy	VII Behaviour	3	6
	VIII Medicines	15	50
	IX Methods of treatment (external)	3	7
Described in the book rGyud bzi, Part I, Chapter 5			

In :

Foundations of Tibetan Medicine (Vol. 1)

Elisabeth Finckh

Watkins Publishing, Dulverton & London, 1978

INTRODUCTION

Tibetan medicine, greatly influenced by Indian and Chinese medicine, has, however, most definitely developed a distinctive character of its own. The system described in this paper is without doubt of Tibetan origin. At the start of research into Tibetan medicine, it is vital to determine the medical terminology which has to be taken from the sources. The starting point is the standard work of Tibetan doctors, the *rGyud-bḥi*. From the texts of this book we learn that the basic principle of Tibetan medicine is the three-part division. The three "humours" are wind (*rlun*), bile (*mkris pa*) and phlegm (*bad kan*). Some of the important characteristics of these three "humours" are to be found in part 1 of the *rGyud-bḥi*, the Root Tantra, in which the system is described as a tree with : 3 roots, 9 trunks, 47 branches and 224 leaves.* The intention of this paper is to present the terms of the roots "diagnosis" and "therapy" — (Roots B and C) — derived from the texts of the *rGyud-bḥi* (180 terms = 2 roots, 7 trunks, 35 branches and 136 leaves). It follows that the three "humours" are recognised through diagnostic methods as types to which specific kinds of treatments are assigned, so that one can speak of a doctrine of constitution. The description of the types is not an integral part of the subject of this paper : only in order to add more colour to the description of the three "humours", mention is made of characteristics which are found in the second part of the *rGyud-bḥi*, the Explanatory Tantra, a commentary on the statements made in part one. The following typology is drawn from Chapter 6 (Nature and temper) and Chapter 9 (Conditions which give rise to diseases) of the Explanatory Tantra. Perhaps you can observe very carefully all the characteristics to find out your type and to see if Tibetan types correspond to the Western ones.

* See preceding diagram

I. Nature and temper

rGyud-bži, part 2, chapter 6.

Wind : small, graceful, dark-skinned, sensitive to cold, talkative, lively, communicative, likes to laugh and sing, bad sleeper. Sleep during the day is useful. *Bile* : medium-sized, yellowish colour of the skin, cannot endure hunger and thirst well, sweats easily and a great deal, talented and proud, sleeping during the day is very bad. *Phlegm* : plump and tall, pale-skinned, can endure hunger and thirst well, deep sleeper, pleasant and friendly disposition.

II. Conditions which give rise to diseases

rGyud-bži, part 2, chapter 9.

Wind : dissolute life, lack of sleep, sleepless nights, hard work, long conversations when hungry, worry and sorrow. *Bile* : sleeping during the afternoon, excessive strain when lifting heavy objects, too much movement in every respect — especially when the weather is warm, irritability. *Phlegm* : sleeping during the day, rest after meals, staying in damp regions, bathing for too long, too light clothing, eating too much and too quickly.

Diagnosis

The *rGyud-bži* (Four Tantras) consists of four parts. Root B (Diagnosis) of the tree of medicine is described in part 1, chapter 4

SYSTEM

Root B *Diagnosis* (Trunks III, IV and V). 38 leaves

Trunk III	Observation	2 branches	6 leaves
Branch 1)	<i>Tongue</i>	3 leaves (during wind, bile, phlegm diseases)	
Branch 2)	<i>Urine</i>	3 leaves (during wind, bile, phlegm diseases)	
Trunk IV	Feeling the pulse	3 branches	3 leaves
Branch 1)	<i>During wind diseases</i>	1 leaf	

Branch 2)	<i>During bile diseases</i>	1 leaf
Branch 3)	<i>During phlegm diseases</i>	1 leaf

Trunk V Questioning	3 branches	29 leaves
Branch 1)	<i>Productive causes</i>	3 leaves (during wind, bile, phlegm diseases)
Branch 2)	<i>Conditions of illness</i>	9 leaves (during wind diseases) 5 leaves (during bile diseases) 9 leaves (during phlegm diseases)
Branch 3)	<i>Congenial food</i>	3 leaves (during wind, bile, phlegm diseases)

Root B = 38 leaves

ROOT B

Diagnosis (*nos hjiṅ rtags*)
rGyud-bḥi part 1, chapter 4
 3 trunks, 8 branches, 38 leaves

The numbers in double brackets on the left refer to the sequence of the verses in the *rGyud-bḥi*. The numbers followed by a single bracket refer to items discussed in the verses.

TRUNK III Observation (*blta*) (*lta ba*)

(8-13) 2 branches, 6 leaves

(8) *rluṅ gi lce ni dmar ḥiṅ skam la rēub //*

(9) *mkhris lce bad kan skya sar mthug pos g-yogs //*

(10) *bad kan skya gleg mdaṅs med hjam la rlon //*

(11) *rluṅ gi chu ni chu ḥdra lbu ba che //*

(12) *mkhris chu dmar ser rlaṅs che dri ma dugs //*

(13) *bad kan chu ni dkar la dri rlaṅs chuṅ //*

branches :

- 1) tongue (*lce*)
 red (*dmar*), dry (*skam*), rough (*rēub*) : wind

covered with thick, tawny phlegm (*bad kan*
skya sar mthug pos g-yogs) : bile

grey (*skya*), thick (*gleg*), lustreless
(*mdans med*), smooth (*hjam*), moist (*rlon*) : phlegm

2) Urine (*chu*)

like water (*chu hdra*), big bubbles (*lbu ba che*) : wind

reddish-yellow (*dmar ser*), much vapour
(*rlans che*), hot smell (*dri ma dugs*) : bile

white (*dkar*), little odour (*dri chun*),
little vapour (*rlans chun*) : phlegm

6 leaves

TRUNK IV Feeling the pulse of the vein (*reg pa*)

(14-16) 3 branches, 3 leaves

(14) *rlun gi rca ni rkyal ston skabs su sdod //*

(15) *mkhris pahi rca ni mgyogs rgyas grims par*
hphar //

(16) *bad kan rca ni byin rgud dal baho //*

branches :

1) swimming (*rkyal*), empty (*ston*),
stopping at times (*skabs su sdod*) : wind

2) beats quickly, spreads (and beats)
subtly (*mgyogs rgyas grims par hphar*) : bile

3) sinking (*byin*), weak (*rgud*), slow (*dal*) : phlegm

3 leaves

TRUNK V Questioning (*dri ba*)

(17-30) 3 branches, 29 leaves

(17) *dri ba yan la rcub pahi zas spyod kyi //*

- (18) *rkyen gyis g-yal hdar bya rmyan gran 'sum byed //*
 (19) *dpyi dan rked pa rus chigs ma lus na //*
 (20) *gzer ba nes med hpho zin ston skyugs byed //*
 (21) *dban po mi gsal ses pa hchub pa dan //*
 (22) *bkres dus na zin snum bcud phan par nes //*
 (23) *rno zin cha bahi zas dan spyod lam gyis //*
 (24) *kha kha mgo na sa drod cha ba dan //*
 (25) *stod gzer zu rjes na zin bsil ba phan //*
 (26) *lci la snum pahi zas dan spyod lam gyis //*
 (27) *dan ga mi bde kha zas hju ba dkah //*
 (28) *skyug cin kha mnal pho ba chin ste sgreg //*
 (29) *lus sems lci la phyi nan gnis ka gran //*
 (30) *zos rjes mi bde zas spyod dro na hphrod //*

branches

- 1) productive causes (*ston rkyen*)
 light (*yan*), rough (*rcub*) : wind
 shrap (*rno*), hot (*cha*) : bile
 heavy (*lci*), oily (*snun*) : phlegm
3 leaves

- 2) conditions of illness (*na lugs*)
 gaping, shuddering (*g-yal hdar*) stretching
 (*bya rmyan*) shivering with cold (*gran 'sum byed*), pain in all bone-joints of the thigh and
 hip (*dpyi rked pa rus chigs ma lus na*),
 indefinite aches that change (*gzer ba nes med hpho*), making vomit (on an) empty (stomach)
 (*ston skyugs byed*), the sense-organs are not
 bright (*dban po mi gsal*), knowledge is stifled

(*śes pa hčhub pa*), pains at the time of hunger
(*bkres dus na*) (9 leaves) : wind

bitter taste (*kha kha*), headaches (*mgo na*),
hot flesh (fever) (*śa drod čha ba*),
aches in the upper part (of the body)
(*stod gzer*), pains after digestion
(*žu rjes na*) (5 leaves) : bile

uncomfortable appetite (*dañ ga mi bde*),
difficulty in digesting food (*kha zas hju ba*
dkah), vomiting (*skyug*), (bad taste in) the
hollow of the mouth (*kha mñal*), distended
stomach (*pho ba čhiñ*), eructation (*sgreg*),
body and mind being heavy (together)
(*lus sems lci*), being cold both outside and
inside (*phyi nañ gñis ka grañ*), discomfort
after eating (*zos rjes mi bde*) (9 leaves) : phlegm

3) food (*zas*) (and behaviour) (*spyod*)

oily (*snum*) food, if patient feels better
after eating : wind

cool (*bsil*) food, if patient feels better after
eating : bile

warm (*dro*) food, if patient feels better after
eating : phlegm

29 leaves

Summary :

Root B concerned with Diagnosis

3 trunks, 8 branches and 38 leaves

These terms are derived from the text of
Root B of the *rGyud-bži*, part 1, chapter 4.

Therapy

Root C (Therapy) is described in part 1, chapter 5.

Root C *Therapy* (Trunks VI, VII, VIII, IX) 98 leaves

Trunk VI Nutrition 6 branches 35 leaves

Branch 1) food (wind) 10 leaves

Branch 2) drink (wind) 4 leaves

Branch 3) food (bile) 9 leaves

Branch 4) drink (bile) 3 leaves

Branch 5) food (phlegm) 6 leaves

Branch 6) drink (phlegm) 3 leaves

Trunk VII Behaviour 3 branches 6 leaves

Branch 1) wind 2 leaves

Branch 2) bile 2 leaves

Branch 3) phlegm 2 leaves

Trunk VIII Medicaments 15 branches 50 leaves

Branch 1) taste wind 3 leaves

Branch 2) taste bile 3 leaves

Branch 3) taste phlegm 3 leaves

Branch 4) potency wind 3 leaves

Branch 5) potency bile 3 leaves

Branch 6) potency phlegm 3 leaves

Branch 7) soups 3 leaves

Branch 8) oils 5 leaves

Branch 9) syrups 4 leaves

Branch 10) powders	4 leaves
Branch 11) pills	2 leaves
Branch 12) pastes	5 leaves
Branch 13) enemas	3 leaves
Branch 14) laxatives	4 leaves
Branch 15) emetics	2 leaves
<hr/>	
<i>Trunk IX</i> Treatments 3 branches	7 leaves
Branch 1) wind	2 leaves
Branch 2) bile	3 leaves
Branch 3) phlegm	2 leaves
<hr/>	

ROOT C

Therapy (*gso thabs*)

rGyud-bzi part 1, chapter 5

4 trunks, 27 branches, 98 leaves

<i>TRUNK VI</i>	Nutrition (<i>zas</i>)
(3-13)	6 branches, 35 leaves
(3)	<i>rta bon̄ h̄phyi ba lō šā šā chen dan̄ //</i>
(4)	<i>h̄bru mar lō mar bu ram sgog skya b̄cōn̄ //</i>
(5)	<i>h̄o ma lca ba ra m̄ñe zan chan̄ dan̄ //</i>
(6)	<i>bur chan̄ rus chan̄ rluñ nad can gyi zas //</i>
(7)	<i>ba raḥī zo dar mar gsar ri dvags ša //</i>
(8)	<i>ra ša skom ša gsar pa chag éhe dan̄ //</i>
(9)	<i>skyabs dan̄ khur éhod chab éha chu bsil dan̄ //</i>
(10)	<i>bskol grans mkhris paḥī nad kyī zas su b̄sad //</i>
(11)	<i>lug dan̄ g-yag rgod gcan gzan ña yi ša //</i>
(12)	<i>sbrañ r̄ci skam saḥī h̄bru r̄ñin zan dron dan̄ //</i>

(13) *hbri yi zo dar gar chan chu skol ni //*

branches :

- 1) food (*zas*)
horse (*ria*), donkey (*bon*), marmot (*hphyi ba*),
flesh that is a year old (*lo sa*), "great flesh"
(*sa chen*) [According to : a) the doctors at
Dharamsala : flesh of a hero that died in a
battle (communicated in writing).
b) Geshe Gedün Lodroe (late of
Hamburg University) : flesh that normally
would not be eaten, e.g. : flesh of dogs.
c) R. E. Emmerick : human flesh (TTC :
mihi sa). d) B. B. Badaraev, Ulan-Ude :
human flesh (communicated orally)],
sesame oil (*hbru mar*), oil that is a year old
(*lo mar*), crude sugar (*bu ram*), garlic (*sgog
skya*), onions (*bcon*) : wind
- 2) drink (*skom*)
milk (*ho ma*), carrot and onion soup
(*lca ba ra mñe zan chan*) liquid (extract of)
crude sugar (*bur chan*), bone soup (*rus chan*) : wind
- 3) food (*zas*)
curds of cow and goat (*ba rahi zo*),
buttermilk (*dar*), fresh butter (*mar gsar*),
game flesh (*ri dvags sa*), goat flesh (*ra sa*),
fresh flesh of animals of mixed breed (*skom
sa gsar pa*), young barley (*cag che*), "skyabs"
[a sort of dandelion, according to the
doctors at Dharamsala (communicated in
writing)], dandelions (*khur chod*) : bile
- 4) drink (*skom*)
hot water (*chab cha*), cool water (*chu bsil*),
boiled and cooled water (*chu bskol grañs*) : bile

5) food (*zas*)
 sheep (*lug*), wild yak (*g-yag rgod*), beasts of
 prey (*gcan gzan*), fish-flesh (*ñā yi śa*), honey
 (*sbran rēi*), hot pap of old grain from dry land
 (*ska sahi hbru rñin zan dron*) : phlegm

6) drink (*skom*)
 curds and buttermilk of the yak
 (*hbri yi zo dar*), strong beer (*gar chan*),
 boiled water (*chu skol*) : phlegm

35 leaves

TRUNK VII Behaviour (*spyod*)

(15-17) 3 branches, 6 leaves.

(15) *rlun la dro sar yid hon grogs bsten zin //*

(16) *mkhris pahi nad la bsil sar dal bar bsdad //*

(17) *bad kan nad la rcol bcag dro sa bsten //*

branches :

1) keep agreeable company
 (*yid hon grogs bsten*), warm place (*dro sa*) : wind

2) sit calmly (*dal bar bsdad*), cool place
 (*bsil sa*) : bile

3) make an energetic walk (*rcol bcag*),
 warm place (*dro sa*) : phlegm

6 leaves

TRUNK VIII Medicaments (*sman*)

(18-37) 15 branches, 50 leaves

(18) *rlun la minar skyur lan cha snum lci hjam //*

- (19) *mīnar kha b̄ska b̄sil sla rtul mkhris paḥi sman //*
 (20) *ḥha skyur b̄ska rno r̄tub yañ bad kan no //*
 (25) *khu ba rus khu bcud b̄zi mgo khrol te //*
 (26) *sman mar fā ti sgog skya ḥbras bu gsum //*
 (27) *r̄ḥa ba l̄na dan sman chen dag la sbyar //*
 (28) *ma nu sle tres tig ta ḥbras buḥi than //*
 (29) *ga bur ḥan dan gur gum cu gañ phye //*
 (30) *b̄ḥan dug ḥva sna mams kyi ril bu dan //*
 (31) *tres sam se ḥbru da lis rgod ma kha //*
 (32) *ḥva dan coñ ḥi bsregs paḥi thal sman no //*
 (35) *ḥjam r̄ḥi sle ḥjam bkru ḥjam bkru ma slen //*
 (36) *b̄sal la spyi b̄sal sgos b̄sal drag dan ḥjam //*
 (37) *skyugs la drag skyugs ḥjam skyugs gñis su sbyar //*

branches :

Testes (1) and potencies (2) (powers, actions) necessary for remedies to cure excess of humours

- | | |
|--|--------|
| (1) taste (<i>ro</i>) | : wind |
| sweet (<i>mīnar</i>), sour (<i>skyur</i>), saline (<i>lan ḥha</i>) | : " |
| 2) potency (<i>nus pa</i>) | : " |
| oily (<i>snum</i>), heavy (<i>lci</i>), smooth (<i>ḥjam</i>) | : " |
| 3) taste (<i>ro</i>) | : bile |
| sweet (<i>mīnar</i>), bitter (<i>kha</i>), astringent (<i>b̄ska</i>) | : " |
| 4) potency (<i>nus pa</i>) | : " |
| cool (<i>b̄sil</i>), thin (<i>sla</i>), dull (<i>rtul</i>) | : " |

- 5) taste (*ro*) : phlegm
 pungent (*cha*), sour (*skyur*), astringent (*bska*) : "
 6) potency (*nus pa*) : phlegm
 sharp (*rno*), rough (*rcub*), light (*yan*) : "

Medicaments to treat excess of humours

- 7) soups (*khu ba*) — making calm (*zi byed*)
 soup from bones (*rus khu*), the four juices
 (*bcud bzī*), "mgo khrol" [According to the
 doctors at Dharamsala : old and ground
 sheep's head. (communicated in writing)] : wind
- 8) medicinal oils (*smān mar*) — making calm
 (*zi byed*) nard (*ḡā tī*), garlic (*sgog skya*), the
 three fruits (*hbras bu gsum*) [the three
 myrobalans : 1. *a ru ra* (chebulic myrobalan =
Terminalia Chebula) 2. *ba ru ra* (beleric myro-
 balan = *Terminalia Bellerica*). 3. *skyu ru ra*
 (emblic myrobalan = *Phyllanthus Emblica*)],
 the five roots (*rcā ba līa*), aconites (*smān
 chen*) : wind
- 9) syrups (*than*) — making calm (*zi byed*)
 orrisroot (*ma nu*), guduch (*sle tres*),
 chirata (*tig ta*), the three fruits (*hbras bu gsum*) : bile
- 10) powders (*cur nī*) — making calm (*zi byed*)
 camphor (*ga bur*), sandal (*can dan*), saffron
 (*gur gum*) bamboo manna (*cu gan*) : bile
- 11) pills (*ril bu*) — making calm (*zi byed*)
 aconite (*bcān dug*), various kinds of salt
 (*chva sna mams*) : phlegm
- 12) pastes (*tres sam*) — making calm (*zi byed*)
 pomegranates (*se hbru*), rhododendrons (*da lī*),
 "mare face". (*rgod ma kha*) [a preparation of

- sharp substances, (communicated orally : R. E. Emmerick)], alkaline medicaments (made from burnt salt (*chva bsregs pahi thal sman*), white stone (*con' zi*) : phlegm
- 13) oily enemas (*hjam r'ci*) - making clean (*sbyon' byed*), mild (*sle hjam*), purgative (*bkru hjam*), purgative-not mild (*bkru ma slen*) : wind
- 14) laxatives (*bsal sman*) - making clean (*sbyon' byed*), general (*spyi*), particular (*sgos*), severe (*drag*), mild (*hjam*) : bile
- 15) emetics (*skyugs sman*) - making clean (*sbyon' byed*), severe (*drag*), mild (*hjam*) : phlegm
- 50 leaves

TRUNK IX Treatments (external) (*dpyad*)

- (38-40) 3 branches, 7 leaves
- (38) *dpyad du bsku mñe hor gyi me bc'ah dan //*
- (39) *rnul dbyun' gtar ga chu yi hphrul h'khor dan //*
- (40) *dugs dan me bc'ah rim bzin dpyad kyis bcos //*

branches :

- 1) use of ointment with massage (*bsku mñe*)
Mongolian type cauterisation (*hor gyi me bc'ah*) : wind
- 2) production of sweat (*rnul dbyun'*),
bloodletting (*gtar ga*), the magic
water-wheel (*chu yi hphrul h'khor*) : bile
- 3) heat treatments (*dugs*),
cauterisation (*me bc'ah*) : phlegm
- 7 leaves

Summary :

Root C concerned with Therapy
4 trunks, 27 branches and 98 leaves

These terms are derived from the text of the *rGyud-bzi* part 1, chapter 5

Summary

This systematic summary of the characteristics — in the *rGyud bzi* many more are mentioned — does, however, show just how clearly the three types are set out. Nevertheless, in practice the three types do not always occur in such an unadulterated form; more often one finds mixed types. Western medicine is also aware of a large number of divisions into constitutional types, and there are very many mixed types. The Tibetans categorize their mixed types according to a very simple method; a distinction is made between 7 kinds : 1) the pure wind-, bile-, and phlegm-types = 3 kinds. 2) one type displaying the characteristics of all three types = 1 kind. 3) the types with pairs of characteristics : wind + bile, wind + phlegm, bile + phlegm = 3 kinds.

The purpose of this paper is not only to present the terms of the roots diagnosis and therapy — derived from the texts of the *rGyud bzi*, but also it is only by means of the precisely — defined diagnostic methods that the respective types with their symptoms of illness can be recognized and successful treatment is only possible if the method of treatment assigned to this type is applied.

Notes

1. Concerning taste (No)

The tastes are : sweet (mñar) (1); sour (skyur) (2); saline (lan éha) (3); bitter (kha) (4), pungent (éha) (5); astringent (bska) (6).

rGyud bñi part 2, chapter 19 :

- (67) *mñar skyur lan éha bas 'rluñ hjoms 'sün //*
sweet, sour, saline, *pungent* overcome wind.
- (68) *kha dan mñar dan bska bas mkhris pa sel //*
bitter and sweet and astringent remove bile
- (69) *éha skyur lan éhas bad kan sel bar byed //*
pungent, sour, *saline* remove phlegm. [astringent]

Discrepancies between rGyud bñi. Part 1, ch. 5 and Part 2, ch. 19 regarding the tastes of remedies for excessive humours

2. Concerning potency (nus pa)

rGyud bñi part 2 chapter 20

- (4) *nus pa lci snum bsil dan rtul ba dan //*
- (5) *yan rtub éha dan rno ba rnam pa brgyad //*
heavy, oily, cool and dull and light, rough,
hot and sharp are the eight kinds of potency.
= 1 heavy (*lci*), 2 oily (*snun*), 3 cool (*bsil*),
4 dull (*rtul*), 5 light (*yan*),
6 rough (*rtub*), 7 hot (*éha*), 8 sharp (*rno*)
- (6) *dan po bñi pos rluñ dan mkhris pa sel //*
the first four of them remove wind and bile.
- (7) *hog ma bñi yis bad kan sel bar byed //*
the last four of them remove phlegm.
- (8) *yan rtub bsil ba gsum gyis rluñ skyed cin //*
light, rough, cool . these three produce wind.
- (9) *éha rno snun pa gsum gyis mkhris pa skyed //*
hot, sharp, oily : these three produce bile.
- (10) *lci snun bsil rtul bñi yis bad kan skyed //*
heavy, oily, cool, dull : these four produce phlegm.

Better to understand in pairs (vis-a-vis) :

<i>Removing diseases</i>	<i>Producing diseases</i>
<i>wind</i>	<i>wind</i>
<i>lci</i> heavy	<i>yan</i> light

<i>snum</i> oily	<i>réub</i> rough
	<i>bsil</i> cool
<i>bile</i>	<i>bile</i>
<i>bsil</i> cool	<i>écha</i> hot
<i>rtul</i> dull	<i>rno</i> sharp
	<i>snum</i> oily
<i>phlegm</i>	<i>phlegm</i>
<i>yañ</i> light	<i>lci</i> heavy
<i>réub</i> rough	<i>snum</i> oily
<i>écha</i> hot	<i>bsil</i> cool
<i>rno</i> sharp	<i>rtul</i> dull

According to ch. 5, there are 9 potencies, three to remove each humour. According to ch. 20, there are 8 symmetrical potencies.

VENERABLE DR. TROGAWA RINPOCHE

**PAST, PRESENT AND FUTURE LIFE IN
TIBETAN MEDICINE**

ENGLISH TRANSLITERATION OF TIBETAN

ñ as in 'onions'

h as in 'ring'

c as in 'church'

ts as in 'rats'

tsh as in 'cats' home'

ch as in 'church hall'

j as in 'jungle'

dz as in 'lads'

z as in 'rose' but often as in 'sun'

ʒ as in 'leisure' but often as in 'shade'

ʃ as in 'shade'

PAST, PRESENT AND FUTURE LIFE IN TIBETAN MEDICINE

Venerable Dr. Trogawa Rinpoche

On behalf of all members of the fraternity of Tibetan physicians I convey my greetings to the members and organisation of the Wellcome Institute who have been so kind to invite me here today, and to all of you who are taking such an interest in our science.

I live in India, I will greet you in the Indian way.

In our time, in our era, Tibetan medicine is intimately linked to the Tibetan spiritual tradition. The first influence of Buddhism on Tibet occurs in the fourth and fifth centuries. However, the Tibetan medical tradition precedes that time. A system of medicine indigenous to the regions of Tibet has been practised by Tibetans for certainly more than two thousand years, perhaps as long as three thousand years, according to oral tradition and Shangshung⁽¹⁾ Bonpo sources. You are all familiar with the general features of the geography of Tibet. It is an isolated country entirely surrounded by mountains, so that, in early times the Tibetans were isolated from the rest of the world. Starting from the fourth and fifth centuries, Tibet began to build a relationship with India. After establishing contact with India, Tibet gradually formed relationships with most parts of China, and this interrelationship served to help build and develop the culture and the sciences of Tibet. With regard to Buddhism, Indian influence on China precedes Indian influence on Tibet. Starting from about the seventh century Tibet had an increasing relationship with China. Certain texts were translated from Chinese into Tibetan, particularly, for example, *The Waterfall of Golden Light Sutra*.⁽²⁾ However, the main corpus of literature translated from Chinese is of Indian origin. *The Waterfall of Golden Light Sutra* is, of course, the teaching of the Buddha and hence Indian in origin. Another text, *Soma Radza*⁽³⁾ a title by which it is known in every language, is a commentary on medicine by Ācārya Nāgārjuna,

translated first from Indian languages into Chinese, and then into Tibetan. Now, we consider our science to be an interrelated combination of philosophy and practice.

Our medical philosophy is quite closely related to the philosophy of the teaching of the Buddha. Our practice of medicine, on the other hand, which is based on this philosophy, does not have one single origin. Rather, it has developed on that basis by bringing together elements of many different parts of Asia.

The whole basis of the philosophy and practice of Tibetan medicine, as we practise it now is the *Gyushi*⁽⁴⁾, The Four Tantras. This text, in the version we have today, dates from the eleventh or twelfth century, from a version co-ordinated by Yuto Yonten Gombo⁽⁵⁾ the Younger, not to be confused with his ancestor Yuto Yonten Gombo the Elder.

The actual character of this text is of great importance. Did Yuto Yonten Gombo Create this text or did it exist before ? There was some sort of Four Tantras prior to Yuto Yonten Gombo. It is mentioned that his ancestor Yuto Yonten Gombo the Elder knew of it and that it was translated from an Indian language by the great translator Berozana.⁽⁶⁾ However, this was a basic root text that existed before and not the entire Four Tantras we have now. The text was compiled and developed into its present form in the eleventh and twelfth centuries.

So, now for what I wish to discuss today, the Four Tantras are evidently divided into four sections. The first section is the Root Tantra. The second Section is the Explanatory Tantra. I wish today to discuss the second and seventh chapters of the Second Tantra, which deal with birth and with death.

This is, of course, a subject which is closely linked to Dharma, a spirituality, so I will bring in points from other sources about the same subject.

All of our experiential world, the outer physical phenomena and our inner subjective being, are compounded events. Everybody has their own personal subjective experience, whether they are a person of very high quality, or a person of very low quality

or just an ordinary individual. In dealing with birth and with death, as I am going to do today, we have to consider the individual from his own subjective point of view chiefly. In our own ordinary state of mentation, alive as we are now, we have different types of mental impulse; virtuous mental impulses, unvirtuous mental impulses and ordinary uncharacterizable impulses. Now these are results in terms of Karma. So a virtuous impulse leads to a happy experience and similarly an unvirtuous impulse leads to suffering. Uncharacterized impulses which are neither virtuous nor unvirtuous have little results at all.

So, these are types of events we experience during our lifetime, and then, at one point, the individual dies. The moment when we die is always a question of uncertainty for an individual. Individuals die in two different ways. They die naturally by the exhaustion of their life or they die suddenly, for instance, with accidents. I want to deal here with natural death.

So, prior to the person's death, a variety of particular events occur to an individual, which presage his on-coming death. Now, in accordance with our medical tradition there are three levels of sign or presaging of death which occur. The first is a level of sign which occurs some distance from the death. There are further signs which indicate that death is approaching, is coming close. And there are the immediate signs.

There are three types of signs at a distance. First omens, dreams second, and the aspect of the person which is a kind of transformation. Now I am going to explain a little about these.

I will explain briefly the signs at some distance. The first sign is that of the omen. In omens we use the message received from the patient if a messenger comes. Bringing a message from the patient, we see how the messenger arrives. These are considered omens of whether the patient is in a condition from which he will recover, or whether he is in a condition which is leading him to his death.

The dreams are particular dreams which occur to the patient, which indicate that he is in the process of dying. These may

normally occur during the disease, but in some cases may occur before he falls ill. There are six types or categories of dream in this context.

The third presage of dying is the change in the aspect. This is actually a change in his character, and one sees a sudden rather pronounced change in the person's habitual character. These are the types of signs which occur indicating on-coming death at some remove.

Then, the second level of sign are signs which indicate that death is fairly close. The first of these is the examination of the shadow and what we say are the effects of the sun, the water, the mirror and so forth. These are therefore seen in the reflections of the person, either in shadows or in a mirror or even in a photograph, which appear in the world. They are things, such as a photograph of the casting of a shadow, which are incomplete, so there is no arm, for instance. This is a very detailed topic. There are a large number of sub-divisions of this kind of sign. Another sign can be examined by the individual himself, by placing his middle finger on the crown of his head and looking up as high as he can see. Normally you should see your arm in an unbroken line in front of you. However, a person who is close to death will see a break as if there was a space in his arm. This is explained by saying that as one is approaching death the faculty of vision is declining. This subject can be further pursued by examining chapter seven of the Explanatory Tantra.

Then there are the immediate signs of death. This has to do with the absorption or reabsorption of the elements. Our body is composed of elements, and so at death the elements are reabsorbed into each other again. First earth dissolves into water. The individual's vision declines, he can no longer see clearly. This the person will experience himself. Then they will have a particular feeling as if they were sinking. This is easier for nurses or doctors to observe. The patient will have a continuous impulse to pull himself up because he keeps feeling as if he was sinking. Then water dissolves into fire. The mouth and the nose become dry as do all of the pores. Then fire dissolves into wind. The

heat normally diffused throughout the body begins to concentrate in the centre progressively receding from the extremities. The wind dissolves into space. There is more to know about this than would seem at first glance, because space in the context does not mean the ordinary sense of physical space, rather there is a sort of equation here between space and consciousness, which is to be understood. These are the elements, and there follows the absorption of the senses. The power of the eye dissolves into the ear. First the power of the eye declines, then the power of hearing. The power of the ear dissolves into the nose. The power of the nose, the power of the sense of smell thus dissolves into the tongue and the sense of taste. The power of taste dissolves into the sense of touch. As the dissolutions go on, starting with the elements and then following through the senses, the sense perception declines and then disappears. Now, concerning this there are three stages which are of great importance : they are called appearance or phenomena, the break and the attainment.

So, when one has the dissolution of the elements, the decline of the sense perception and the disappearance of the sense objects altogether, after that one has three stages. Physically the person is just at the point of ceasing to breathe and has lost the will to live. So the first stage is appearance or apperception. Now this is actually an internal faculty. Normally we perceive as if things were outside. At this stage, of course, on the first level, you can see that external perception as such has disappeared but there is still a kind of clarity as if there were an apperception which is, however, entirely internal. It seems like moonlight.

The second level should be called 'expanding' rather than 'break'. It is also a kind of experience like sunlight which is radiant and seems to be going out and radiating. The third level is attainment. This word is difficult to define exactly. It is called 'attainment' because this feeling of luminosity reaches a limit and then exhaustion. The individual has attained to the luminosity that is going to express itself and so it exhausts itself and the person falls into a feeling of complete blankness, darkness. What happens then is that as the spreading light radiates and then begins to decline it leaves the individual with a feeling of space,

of just clear space, and then this space becomes duller as there is no more light until the person falls into a complete darkness. And then the person falls unconscious.

Now, in the Tibetan spiritual tradition we practise a practice called 'Powa'⁽⁷⁾ or 'the great transference'. This practice is designed to lead one to a good future life. There is a particular moment when this practice is most efficacious. After the dissolution of the elements and the senses and the sense objects, there is a space of time, just as the three last stages are about to begin. This space is the most efficacious moment to practise the practice of 'Powa' or transference. The individual goes into the post-death stage which we call '*Bardo*'. The understanding of *Bardo* is itself a very large topic. Basically there is a threefold division. The *Bardo* of dying, the *Bardo* of the being of the *Bardo Choenyid*⁽⁸⁾ and the *Bardo* of finding a place of rebirth. When an individual dies he falls unconscious, but he is not totally extinguished as a fire is extinguished so that it completely disappears, rather his basic propensities are still a potential in the essence of mind or basic consciousness. Though there is a potential the individual is totally unconscious. Now, the duration of time it will take for each of these stages can vary widely from one individual to another, and particularly the exact duration of each stage during the meditative or spiritual development of an individual may change significantly. The general rule is that after about a day of total unconsciousness the individual will wake up. That is, there will occur to his consciousness new experience.

Perhaps we should not really call this new because for an ordinary individual what he experiences will be nothing new at all. It will be the re-iteration of his own habit patterns and thought patterns and basic impulses which he has become used to throughout his life. So whatever ordinary actions, virtuous actions and unvirtuous actions this person was accustomed to, he will see himself going through again as a mental experience. The person is in a kind of delusory state and as in any delusory state the person experiences subjectively like in other states. So they have pain and pleasure in this state. Now that is for an ordinary person.

For an ordinary person and even for a person of some meditative and spiritual development which is only perhaps of a minor or ordinary level but not of a very high level, they will begin to experience these hallucinations, these delusory experiences and they will begin to go through a more experiential event. Now for an ordinary person of no spiritual development this will go on for about forty-nine days, through a variety of stages. A person of some meditative development may begin to understand this state as it goes on and thus escape from this delusory experience in the first two weeks. For persons who are basically ordinary without real spiritual development but who perhaps have a degree of faith in relationship to spirituality, who have a little spiritual sense nonetheless, should a ritual be performed for them, then by relating to this ritual which is being performed for them they may begin to understand this state in which they find themselves and thus be better able to deal with it. Hence the reason for our custom of performing important rituals for the dead. Here we are not concerned with a real physical object. We consider there are two types of wind which control beings. For an enlightened being such as a Buddha, he is brought into an event by the power of his own wisdom, which is called the wind of wisdom. For an ordinary being, such as ourselves, we are brought into the event by the force of our *Karma*. This we call the wind of our *Karma*.

Consciousness is supported by the wind of our *Karma*. We have mentioned so far two distinct types of wind. One is the elemental wind which is part of the series of elements. Another is the wind of *Karma* and, although the word is the same, different things are meant by each. So, this wind of *Karma* pushes us on, as it does in life, in the state of *Bardo* into new circumstances, and these new circumstances are coloured by the character of the *Karma* that has created that wind, unvirtuous or virtuous, the character of actions having created that wind, the character of actions having resulted in a wind that produces suffering or produces pleasure. In the case of the *Bardo* it produces the continuum of delusory experience for a period of about seven weeks at the end of which the individual is propelled towards a new conception in physicality. This process of moving into a new

conception of physicality is called the *Bardo* of the birth place. The end of the period of the *Bardo* at the end of the seven weeks of hallucination we consider to be the boundary between one life and the next. Sentient beings are born in one of four ways, the four birth places. These are, miraculous birth without physical condition, birth through humidity, birth through eggs and birth through the womb. This is meant to be a medical discourse and we are all here humans, so let us confine our remarks to womb birth. And let us stick to the human condition, otherwise we might try to deal with other types of womb birth.

We are born to a particular set of parents in particular physical and environmental circumstances. We are born into such circumstances because of the general force of our *Karma*, insofar as our *Karma* is either virtuous or unvirtuous or will have one particular character or another. So we find ourselves in a particular parental or environmental circumstance. For an ordinary person it is very difficult to have any control over this situation, over exactly where one is going to take rebirth. The *Karma* which we have created is very powerful and it governs us basically. Let us give an example. Let us say, there are two countries, the country of the south and the country of the north. The people or person of the country of the south attacks and causes damage to the country of the north. But in the future the person dies, and it is not certain where he will be re-borne. He may be born into the bad circumstances in the country of the north which he himself has created. This brings in the condition of conception. In the *Bardo* the individual exists as consciousness driven on by the force of *Karma*, that is, driven on by the wind of *Karma*. Thus the conception concerns the union of the father and the mother and its being met by the consciousness driven by the wind of *Karma*. Phenomena occur due to preceding conditions, and this happens with everything in our personal experience. The character of events is determined by preceding circumstances. So, for instance, when you have a seed you plant the seed and it gradually grows into a particular plant, with particular leaves and flowers and fruit. Just as with a plant the preceding circumstances determining the character of the following event, so with the

subjective experience for an individual is the life process following a particular mode of development, which is what we call the twelve links of dependent arising. The prime cause of dependent arising and hence ordinary circumstance is ignorance. Because of ignorance we have acted in response to the basic impulse, virtuous impulses, unvirtuous impulses, impulses of different types. Because of them we have created a force of *Karma*. This is compounding creation. This brings us, because of the aspect of creation, to a moment of consciousness, and in this context what is meant is the entering into physicality of the individual, of the consciousness driven by the wind of *Karma*, meeting, uniting with the union of the semen and ovum of the male and female. Then the individual exists, both subjectively and physically, and from the moment of entering the womb we speak of the fourth stage of dependent arising, the stage of name and form. The nourishment consumed by the mother serves to feed the foetus and develop it through precise stages.

The next stage is called 'development'. This is the fifth stage of dependent arising, so, in the second month, the channel centre in the navel develops. There then develops the long channel. This channel passes from the head or what is developing into the crown of the head. This is the basis of earth and water in the body. The crown of the head, in terms of diseases, is the ground of phlegm. And the long channel is the basic passage from which phlegm develops.

The second channel develops upwards towards the liver. This is the basis of fire in the body. In terms of diseases, this is the basis from which bile develops and grows.

The third channel grows downwards towards the genitals, and this is the ground of wind in the body.

Now, from the moment of conception, the individual has some physical sense of pleasure and pain, but it is pretty subtle. As the process of the development of the foetus goes on, it becomes more and more physically precise. The Buddha has taught the development and experience of the foetus in the *Sutra of entering the womb*⁽⁹⁾ and there are also a good number of commentaries

in Tibet on the experience in the womb, and they are found in every tradition, the Sakya, Kaju, Nyingma, and Gelug⁽¹⁰⁾, of Tibetan spirituality.

When there is development, there is contact with the world. This is what leads to feeling. Feeling can basically be classified as either pleasure or pain, and because we have this basic division of feeling, we have a relationship to this feeling which we call craving. There are two fundamental kinds of craving : the craving of desire or attachment, and the craving of fear. The first, the craving of desire, is our reaction to pleasure. An experience of pleasure leads to a reaction of wishing to perpetuate it, to hold on to it, to not allow it to disappear. The other kind of craving is a craving of fear. This is standard reaction to pain, to suffering. We wish to avoid it even when it does not occur. At its occurrence we wish to escape from it. There is not much real pleasure felt in the experience of the womb. Most of it is painful. So, in the womb, experience is mostly the craving of fear, the craving to escape which is predominant. Craving leads to grasping, to grasp at a circumstance. Because the craving is a craving to escape, we grasp at the idea of escape. Hence, the foetus has the impulse to leave the womb. The grasping leads to becoming or existence and then to birth. The impulse leads us to birth in the world. This connection between grasping and birth is sometimes called becoming and sometimes existence. The world (*srid-pa*) actually means a continuum, a continuous unceasing flow of events.

The individual has been going through a process where his experiences are becoming more solid and physical, more gross. And after the birth this process goes on and his experiences become more solid and gross. And as they do, so his mentation reflects that and becomes more and more disturbed and hence the standard event which happens to all children, they become more and more active and disturbed. In Tibetan medicine, we feel that the active principles of the body which, if you like, are using the physical circumstance of the body, are of three types, the three humours, wind, bile and phlegm.

There are five humours of each type, five winds, five biles and five phlegms. Wind has certain particular characteristics, wind is basically light and rough — cold, fine, solid or hard and mobile.

Bile is sharp, oily, light and odorous. It leads to diarrhoea and it goes down, it is descending. It is humid. Now, lightness is not something that is easy to understand. The lightness of bile works like magnetism. It will pick up other influences. In the case of bile, that is what is meant by lightness. If you rub a piece of amber against a cloth and pass it over a table you will find it will pick up smaller pieces of dust quite easily. That is the classical example of what bile is like. It picks up other light influences from around us.

Phlegm is oily, heavy and blunt, soft and sticky.

There are fifteen humours — five winds, five biles, five phlegms. Each of these are particular functions or sets of functions within the body. What is to be understood is that these basic characteristics of each category of humour which I have described are the force which is making these particular humours carry out their functions. The fifteen particular humours carry out those functions because they belong to the particular categories, have the particular characteristics. So, the characteristics of each humour are the ground force of that humour. What perpetuates the life of the individual is the three types of humour and the seven stages of the body and the three types of waste product, this latter category being very easy to understand. All this is clear in the Domtrim⁽¹¹⁾ or tree diagrams which have been explained by Dr. Finckh. So, with regard to the diagrams, the first trunk is considered to be the basic condition, that is, what the body should be like in a condition of health. A body in health must still be cared for by appropriate food and behaviour. And when we say 'behaviour' in our tradition, we mean behaviour in the three categories of being — physical behaviour, verbal behaviour, and mental behaviour. Of these, dealing with our own mind, our mental behaviour is very important. I feel that for every individual a capacity to deal with his own mind is something of

prime importance. In every religious tradition, the importance of tranquillity of mind is considered very great. So, it is very important for us to be able to perpetuate a basic tranquillity of mind. It is important for us to develop a sense of acceptance and non-aggressiveness and what is called in Tibetan *shoshe*, contentment, concerning our wealth, circumstance and quality.

So, the first thing we need is a capacity to accept and live with the circumstances and abilities we find ourselves with. And the second thing we need is to perpetuate a sense of peace and mental tranquillity — a freedom from anger, a capacity not to become quickly aggressive with unpleasant circumstances. If we can maintain a tranquillity of mind, then we benefit ourselves, we benefit other people around us, we benefit both ourselves and others in this lifetime and we create benefit for future lifetimes. When we find ourselves in a teaching position, in a position of communicating something of value to other people, we ought to remember the basic purpose — doing this is for other people, to try to benefit other people. Now, it is not just enough in communicating knowledge to concentrate on the aspect of communication and transmitting what one understands. One also has to deal with the aspect of utilization of knowledge and understanding of the capacity to deal with what one knows and what one can do for the benefit of others and for the general benefit. And to deal with it in a way which is not harmful to others. The more we can increase our tranquillity and calm in general, the more we can create benefit for everyone. The situation is very similar to farming. The communication of knowledge from the teacher to the student is like sowing seeds. There are many different kinds of seeds. If one sows seeds which are only beneficial and have no harmful qualities, that is the best. This development of peace is a very important aim in our lives.

So, this is my talk to you today. Once one has been born, then the more one can feel the impulse to benefit others, the better one can develop one's relationship with the world, and the more one will create benefit and peace for everyone. All religions teach the importance of mental peace. So Dharma is a medicine for the mind.

I have been very happy to have been invited here today by the Wellcome Institute, to be able to talk to you all, and I am very happy especially to see the great interest that all of you are taking in our culture and in our science.

Thank you very much.

REFERENCES

1. spelled Zan-zun.
2. mDo-sde gser-'od chu-'beb
3. Sanskrit somarāja
4. spelled rGyud-bži
5. spelled gYu-thog Yon-tan mGon-po
6. spelled Vairocana
7. spelled 'pho-ba
8. spelled chos-ñid
9. dGa'-bo mñal-'jug-gi mdo 'Sutra on how to obtain a good rebirth'
10. spelled Sa-skya, bKa'-rgyud, rÑin-ma, dGe-lugs
11. spelled sdon-'grim
12. spelled chog-śes

R. E. EMMERICK

SOME TIBETAN MEDICAL TANKAS

GERMAN transliteration of TIBETAN

ñ as in 'onions'

ñ as in 'ring'

c as in 'church'

ć as in 'cats'

ćh as in 'cats' home'

ch as in 'church hall'

j as in 'jungle'

ĵ as in 'lads'

z as in 'rose' but often as in 'sun'

ž as in 'leisure' but often as in 'shade'

š as in 'shade'

SOME TIBETAN MEDICAL TANKAS¹

R. E. Emmerick

On 3 August 1983 Professor D. Schuh (Bonn) and I went on an official visit to the Sman-réis-khañ² in Lhasa. The present building is situated on the edge of the old city centre just a stone's throw away from the Jo-khañ. Although it was completed only

¹ This paper is a revised version of that entitled 'Preliminary remarks on the medical tankas in the Sman-réis-khañ, in Lhasa', which formed the basis of a lecture held on 18 September 1983 in Višegrad, Hungary, on the occasion of the Bicentenary Csoma de Kőrös Symposium. I am grateful to Miss Marianne Winder for drawing my attention to Christophe Massin's book, *La médecine tibétaine*. Zara Fleming also provided me with new material, which has been incorporated here with due acknowledgement. On the occasion of the XXII International Congress for Asian and North African Studies that took place in Hamburg from 25-30 August 1986 Professor Cai Jingfeng, Director of the China Institute for the History of Medicine and Medical Literature in Peking, kindly presented me with a copy of his important article on Tibetan medical tankas, which was previously unknown to me. I am grateful to Duan Qing for assisting me with the translation of his article. To Dr. Elisabeth Finckh I am grateful for drawing my attention to the publication *Bod-kyi thañ-ga*.

This paper was originally written before the publication in facsimile of a complete set of the medical tankas in Lhasa, but due to adverse circumstances publication was delayed for several years. I have however tried to take account of relevant material that has been published in the meantime.

In his foreword to the English edition of the facsimile volume dated July 1987 Cai Jingfeng refers to a lecture I held concerning the medical tankas at the Wellcome Institute for the History of Medicine in London on 18 April 1986. Cai Jingfeng was not present on that occasion and assumed that that lecture was limited to a discussion of the tankas seen by Schuh and myself. It was however rather a summary of what had up till then come to light concerning the Tibetan medical tankas. I concluded that lecture with the remark that 'A great service to the study of Tibetan medicine could be rendered by making available to scholars the complete collection of the medical tankas illustrating the Vaidūrya sñon-po'. I am delighted that the whole series has meanwhile been made available in the form of such excellent photographs. It is my fervent hope that those few Chinese scholars who appreciate Tibetan culture will, before it is too late, do much more to preserve for posterity whatever has been left after the rampages of their countrymen.

² The visit was made possible by the generous support of the Deutsche Forschungsgemeinschaft.

in 1978 it was already in 1983 inadequate for the growing demand for medical treatment. We saw in another part of Lhasa the construction work in progress on a much larger new hospital designed to accommodate 150 to 200 beds. For this project the Chinese government claimed to have budgeted six million yüan.

In accordance with its name and with Tibetan tradition, the Sman-réis-khañ even today includes a department of astronomy, one of whose main functions is to prepare for publication each year the current Tibetan calendar, of which circulation in 1983 was 180,000. The hospital has a library of medical and astronomical works, and books on those subjects are actually printed, published, and sold in the hospital. We were no doubt among the best customers they had ever had. At any rate they had considerable difficulty in handling the large sum of money we had to pay.

The director of the hospital, Byams-pa hphrin-las, informed us that the hospital possesses a complete set of the seventy-nine medical scrolls illustrating the Rgyud-bži. As pointed out by Cai Jingfeng and Zhao Pushan the tankas illustrate the Rgyud-bži as follows :

Rgyud-bži	Number of tankas
Book 1	4
Book 2	35
Book 3	16
Book 4	24

Sixteen such tankas were on display in the library and we were allowed to photograph them. A somewhat rickety ladder was produced, and Schuh made use of it to photograph the tankas from suitable positions. Our request to see more of the tankas was firmly refused despite the agreement made with the Deutsche Forschungsgemeinschaft that resulted in our visit. The number of tankas on display seems to be slowly increasing. When Massin visited the Sman-réis-khañ in May 1980 he has able to see and

photograph only twelve tankas, and he appears to have been led to believe that this was the complete set.

A survey of all the medical tankas in Tibet was made by two Chinese scholars, Cai Jingfeng and Zhao Pushan, who published an important article on the subject in 1980. According to them there were at that time 103 medical tankas in Tibetan hospitals. These they classify as follows :

Period	Number of tankas
before AD 1617	1
1617-1688	1
1688-1875	96
1875-	32

Almost all the medical tankas known to exist in 1980 were accordingly made during or after the time of Sde-srid saṅs-rgyas rgya-mcho (AD 1653-1705), the famous commentator on the Rgyud-bzi. There appears to be no longer any means of determining how many tankas may have existed before the Chinese began their devastation of Tibetan culture. Complete sets of the 79 tankas illustrating the Rgyud-bzi are said to be found in the Sman-réis-khañ and in the Nor-bu gliñ-ka. Jingfeng and Zhao do not indicate however how many of these are old. It is known that a number of medical tankas were made in the present century : Vañ-Le expressly mentions the production of three complete sets for teaching purposes in the years 1918, 1923 and 1933. Schuh and I saw work in progress during an unofficial visit to the Sman-réis-khañ. This may account for the quite different information provided by Vañ-Le in the most recent facsimile edition of the tankas. According to him there are 130 tankas in the Tibetan hospital and 164 in the Commission for Cultural Relics, but many are duplicates and only two complete sets can be made. Close comparison of the facsimile volume with the photographs taken by Schuh reveals that none of the tankas on display in the hospital when we were there was used for the facsimile volume. The editors of the facsimile volume give no

indication of the source or age of the tankas reproduced, and it may accordingly still be useful to survey here the data concerning the medical tankas as a whole.

L. A. Waddell³ visited Lhasa in 1904 and brought back four copies he had had made of a medical tanka. One of these is now kept in the library of the Wellcome Institute for the History of Medicine as MS Tib. 119⁴. Another of the copies is supposed to have been deposited in the India Office Library, but my inquiries concerning its whereabouts have as yet produced no results. A study of the tanka based on one of the copies was published by E. H. Walsh in *JRAS* 1910, 1215-1245. Zara Fleming kindly informs me (letter of 1/10/1986) that Walsh's copy is now in the Royal Scottish Museum under the inventory number 1950.258. It is clear from some of Walsh's remarks (e.g. p. 1234 ad 15.) that the copies were not absolutely identical. However, the tanka he described is identical with the corresponding one seen on our visit (here referred to as 'Lhasa ES 3'), which is in turn essentially the same as 'Bildrolle III' published by I. Veith.

On 20 July 1983 Schuh and I were taken to visit the Yonghegong, a large Lamaist temple in Peking, where we were received by two monks who showed us around. The temple was made famous in the west by F. D. Lessing's work, *Yung-ho-kung*. An iconography of the Lamaist Cathedral in Peking, vol. 1, Stockholm 1942. We were able to see but not photograph some of the medical tankas in the fourth hall that Lessing had in 1947 had copied in their original size 75 cm × 58 cm. The copies are now in a Library at the University of California, Berkeley. Photographs of the copies were published by I. Veith, *Medizin in Tibet*, Leverkusen 1960, and according to F. Meyer (p. 97), by P. Huard at a later date in Paris.

Before Lessing, B. Laufer appears to have acquired copies of four of them. K. Sudhoff published illustrations of two of the

3 See L. A. Waddell, *Lhasa and its mysteries*, London 1905, 376-378: 'Ancient anatomical drawings preserved in Tibet', *The Imperial and Asiatic Quarterly Review*, XXX, 1910, 336-340; *JRAS*, 1911, 207-208.

4 See Body and Mind in *Tibetan Medicine, an Exhibition at the Wellcome Institute for the History of Medicine*, London 1986, 25.

figures from Peking 3 and 5. Laufer's copies were in the Field Museum in Chicago according to Sudhoff⁵.

For convenience I shall refer to the tankas published by Veith as the 'Peking' tankas. The tankas seen by Schuh and myself will be referred to as the 'Lhasa ES' tankas, those published by Massin as the 'Lhasa M' tankas, and those seen by Zara Fleming as the 'Lhasa F' tankas. The sixteen Lhasa ES tankas do not correspond to the twelve Peking tankas. In fact, only four of the tankas correspond, four of the so-called anatomical charts. The first seven of the Peking tankas belong to this category. Of those the first six are known to me also from excellent photographs of copies sent to me by R. H. Poelmeijer (Leiden). According to Poelmeijer the photographs are of tankas painted by Che-rin dbaṅ-phyug at Leh in 1981 under the supervision of Hgyur-med rnam-rgyal of the Tibetan Medical Research Institute at Leh. These can be called 'Leh 1-6'. Poelmeijer subsequently (23/1/85) informed me that Hgyur-med rnam-rgyal 'conceived' the paintings after studying Veith's book.

It may be of interest to observe that most of the plates in Rechung Rinpoche, *Tibetan medicine*, London 1973, pages 105-131 are evidently based on a source similar to that of the seven Peking tankas.

As far as I have been able to ascertain, no collection of the 79 medical diagrams is extant outside Ulan Ude and Lhasa. C. Cüppers, who was at the time in-charge of Tibetan studies in the Nepal-German Manuscript Preservation Project informed me (letter of 11/4/85) that only three anatomical charts have turned up in Nepal. Two of these may well have an origin similar to that of the Leh diagrams.

A complete collection of the medical diagrams is preserved in the Ethnographical Museum of Ulan Ude. The following information was made available about it by Lydia Khundanova in her article 'A medical thesaurus from the roof of the world' on p. 20 of *The Unesco Courier*, July 1979 : 'The commentaries

5 K. Sudhoff, 'Die anatomischen Ganzfiguren in tibetanischer Überlieferung', *Sudhoffs Archiv für die Geschichte der Medizin*, 8, 1914-1915, 143-145.

contained in the Vaidouriaonbo were illustrated by the Atlas of Indo-Tibetan Medicine. This consisted of seventy-seven stylized colour plates containing a total of over ten thousand individual illustrations.'

'Compiled at the monastery of Serkog-Manba in northeastern Tibet, the Atlas was acquired by a Buryat doctor who had gone there to study medicine; it is now preserved in the Ethnographical Museum of Ulan Ude in the Autonomous Soviet Socialist Republic of Buryat.'

Further information concerning the material in Ulan Ude is made known by El'bert Bazaron in *Ocherki tibetskoi mediciny*, Ulan Ude 1984. I learned of this work merely by chance from a booksellers' catalogue and was not able to examine it until 11 September 1986. Information concerning the Atlas is to be found on pp. 34 and 40-41. There we are informed that the plates are 81.5 x 66.5 cm and that plate 62 is missing. The book contains also ten unnumbered plates, which I shall refer to according to their sequence as Bazaron 1-10. Bazaron's reproductions are in colour but of extremely poor quality so that the captions cannot be read. Only in one case (Bazaron 5) is the Tibetan inscription at the foot published, but it is so blurred that it is not possible to read it. However, it evidently conforms to the usual formulation.

The Bazaron Plates

Plate No.	Other sources	LT
1	= Lhasa M 1	1
2	= Lhasa ES 13	4
3	= Lhasa ES 15	22
4		63
5		62
6	= Lhasa ES 14	8
7	= <i>The Unesco Courier</i> p. 24	27
8	= Lhasa M 6	25
9	= Peking 12	23
10		74

Three of the above items (4,5,10) were made known for the first time by Bazaron in this publication, but the photographs are of such poor quality that nothing can be read and that the Tibetan descriptions were not published. Bazaron's own descriptions were most inadequate. Thus, Bazaron 4 concerning pulse diagnostics is described by him as follows : 'Evil spirits — supernatural powers, inflicting diseases on people. They are depicted in the guise of demons that are the causes of acute incurable and mental diseases. Illustrations from the Atlas of Tibetan medicine (from chapter 4).'⁶

Of the twelve tankas seen by Massin only three were on display in the library when Schuh and I visited it. Caroline Blunden and Zara Fleming visited the library after us in November 1984 and were able to photograph twelve tankas, of which eight are the same as those seen by Schuh and myself. Of the remaining four, three are the same as those seen by Massin and the fourth is known from the Peking copies.

Unfortunately the reproductions published by Massin are of extremely poor quality. He expressly apologises for the bad quality of three of them, but even the others are so poor that their inscriptions cannot be read and plate 19 is even printed the wrong way round ('seitenverkehrt' as one says in German). However, it is possible to read the inscription below tanka 9 on plate 25 and part of that below tanka 6 on plate 16.

Massin's tankas were of particular interest because two of massin's tankas had not previously been published elsewhere.

The Massin tankas

Plate	Massin	LT	Other sources	Description
*1	1	1	= Bazaron 1	Le Paradis de médecine
8	2	5	= Lhasa ES 16	L'embryologie
12	3	17	= Lhasa ES 8	Anatomie

6 Translated from the Russian original

Plate	Massin	LT	Other sources	Description
11	4	51=	Meyer p. 165	Anatomie
13	5	14=	Lhasa ES F 7	Physiologie tantrique
*16	6	25=	Bazaron 8	Produits médicaux
14	7	34		Végétaux et minéraux
15	8	36=	Peking 8	Les instruments chirurgicaux
*25	9	27=	Peking 9 = Lhasa F	Matière médicale
18	10	29=	Lhasa F	Plantes médicinales
17	11	26=	<i>Unesco Courier</i> p. 22 = Lhasa F	Produits médicaux
19	12	28		Plantes médicinales

(* Plates 1, 16 and 25 are colour reproductions.)

As far as quality of reproduction is concerned, the nine plates reproducing medical tankas in *Bod-kyi than-ga* [Tibetan tankas], The Preparatory Committee for the Autonomous Region of Tibet, Peking 1985, leave nothing to be desired. This publication was of interest in providing us with the inscription on the tanka depicting medical instruments so that its *bris-cha* number was now known and also in making known two further medical tankas that had not hitherto been published (*bris-cha* 33 and *bris-cha* 37).

Apart from the four anatomical tankas that are in the Peking collection, four more of the sixteen Lhasa tankas were already known from published sources. Lhasa ES F 13 is similar to a tanka published as the cover page of *The Unesco Courier*, July 1979 and again as Bazaron 2 and = *Bod-kyi than-ga* 130. Lhasa ES 14 corresponds to Bazaron 6 and Lhasa ES 15 to Bazaron 3. Lhasa ES 16 is similar to the tanka reproduced as plate 95 on p. 124 of Ngapo Ngawang Jigmei et al., *Tibet*, New York 1981 and again in *Bod-kyi than-ga* 131.

The sixteen Lhasa ES tankas can be classified thematically as follows :

- | | |
|---------|-----------------------------|
| [10] | Famous Physicians |
| [1-9] | Anatomical |
| [11-13] | Trees of medicine |
| [14] | Similes concerning the body |
| [15] | Daily and seasonal conduct |
| [16] | Embryology. |

All sixteen tankas bear inscriptions at the foot and all are legible except that below [10]. In many cases the inscriptions begin : *sman-blahi dgoñs-rgyan rgyud-bžihi gsal-byed bai-ḡur snon-po-las* 'From the Blue Beryl that sheds light on the Four Tantras, the adornment of the reflexions of the Lord of Medicine', that is, the tanka illustrates the well-known Vaidūrya snon-po, a commentary on the Rgyud-bži by Sde-srid sañs-rgyas rgya-mcho (AD 1653-1705). The following eleven Lhasa ES tankas have inscriptions beginning in that way : [1 2 4 5 7 11 12 13 14 15 16]. Half of the Peking tankas also have inscriptions beginning with this formula : [12 6 7 9 12]. In this way begin also Lhasa M 4 and the tanka published on p. 24 of *The Unesco Courier*, July 1979. The four Lhasa F materia medica tankas all begin with the above formula. In the case of the facsimile volume the formula is found on all tankas except the second of paired tankas. It is course not found on LT 80.

The well-known tanka depicting numerous medical instruments also bears an inscription beginning with the formula mentioned. The Peking copy (= Peking 8) bears no inscription and the large format black and white reproduction published in New Delhi in 1971 by Lokesh Chandra also bears no inscription, but the corresponding Lhasa tanka made known by Massin's photograph does carry an inscription although it is unfortunately illegible. This tanka was not on display in the library when Schuh and I visited it. The expected inscription is however found on the reproduction on p. 138 of *Bod-kyi than-ga*.

All the tankas whose inscriptions begin with the formula *sman-blahi dgoñs-rgyan rgyud-bžihi gsal-byed bai-dūr sñon-polas* are numbered towards the end of the inscription. However, in the case of one of the Lhasa F materia medica tankas the number is not visible on the available photograph. In three instances the tankas are assigned two consecutive numbers. In each of these cases the tankas show the front view of the human figure and are to be combined with an unnumbered tanka showing the back view. Thus, all the Lhasa ES tankas apart from [10] belong to a single series based on the *Vaiḍūrya sñon-po*.

Sometimes rough copies many times removed from the original come to light. One such copy that was recently acquired on the market in Hungary was published in an article by G. Šomlai, 'Preliminary investigation of a Tibetan medical chart', pp. 313-319 in *Tibetan and Buddhist Studies commemorating the 200th anniversary of the birth of Alexander Csoma de Kőrös*, ed. L. Ligeti, Budapest 1984. It illustrates V ed. 3T85 on the treatment of the upper and lower parts of the trunk. It was drawn on a piece of white silk and bears an extensive inscription that Šomlai was unable to translate. It can now be successfully identified as *bris-cha* 51.

The items made known prior to the first complete publication are the following :

<i>bris-cha</i> 1	= Lhasa M = Bazarón 1.
<i>bris-cha</i> 2	= Lhasa ES F 11.
<i>bris-cha</i> 3	= Lhasa ES F 12.
<i>bris-cha</i> 4	= Lhasa ES F 13 (= <i>The Unesco Courier</i> cover page) = <i>Bod-kyi than-ga</i> 130.
<i>bris-cha</i> 5	= Lhasa ES 16 = Lhasa M 2 = <i>Tibet</i> p. 124 = <i>Bod-kyi than-ga</i> 131.
<i>bris-cha</i> 6	= Lhasa ES 5.
<i>bris-cha</i> 7	= Lhasa ES 6.
<i>bris-cha</i> 8	= Lhasa ES 14 = Bazarón 6.
<i>bris-cha</i> 9	= Lhasa ES 2 = Peking 2 = Leh 2.
<i>bris-cha</i> 10	= Lhasa ES 9.

<i>bris-cha</i> 11	= Lhasa ES 4 = Peking 6 = Leh 6.
<i>bris-cha</i> 12	= Lhasa ES 3 = Peking 3 = Leh 3.
<i>bris-cha</i> 13	= Lhasa ES 1 = Peking 1 = <i>Bod-kyi than-ga</i> 133 = Leh 1.
<i>bris-cha</i> 14	= Lhasa ES F 7 = Lhasa M 5.
<i>bris-cha</i> 17	= Lhasa ES 8 = Lhasa M 3.
<i>bris-cha</i> 22	= Lhasa ES 15 = Bazarón 3.
<i>bris-cha</i> 23	= Peking 12 = Bazarón 9.
<i>bris-cha</i> 24	= Lhasa M 11 = <i>The Unesco Courier</i> pp. 22-23 = Peking 11.
<i>bris-cha</i> 25	= Lhasa M 6 = Bazarón 8 = <i>Bod-kyi than-ga</i> 136.
<i>bris-cha</i> 26	= Lhasa F 2 = Lhasa M 11 = Meyer fig. 35. p. 165 = <i>The Unesco Courier</i> p. 22.
<i>bris-cha</i> 27	= Lhasa F 3 = Lhasa M 9 = <i>The Unesco Courier</i> p. 24 = Peking 9.
<i>bris-cha</i> 28	= Lhasa M 12 = <i>Bod-kyi than-ga</i> 135.
<i>bris-cha</i> 29	= Lhasa F 4 = Lhasa M 10.
<i>bris-cha</i> 30	= <i>The Unesco Courier</i> p. 23 (two sections).
<i>bris-cha</i> 31	= Lhasa F 1 = Peking 10.
<i>bris-cha</i> 33	= <i>Bod-kyi than-ga</i> 137.
<i>bris-cha</i> 34	= Lhasa M 7.
<i>bris-cha</i> 36	= <i>Bod-kyi than-ga</i> 138 = Lhasa M 8 = Peking 8. = Separate reproduction by Lokesh Chandra, New Delhi 1971.
<i>bris-cha</i> 37	= <i>Bod-kyi than-ga</i> 132.
<i>bris-cha</i> 40	= Peking 7.
<i>bris-cha</i> 49	= Peking 5 = Leh 5.
<i>bris-cha</i> 50	= Peking 4 = Leh 4.
<i>bris-cha</i> 51	= Lhasa M 4 = Meyer p. 165 = Šomlai p. 315.
<i>bris-cha</i> 75	= <i>Bod-kyi than-ga</i> 134.
<i>bris-cha</i> 80	= Lhasa ES 10.

Note that the tanka reproduced on p. 22 of *The Unesco Courier* is said on p. 20 to be 'plate 24 from the *Atlas*', but the reproduction does not include the inscription at the bottom.

Seven tankas are paired : LT 6/7 9/10 11/12 16/17 40/41 49/50 74/75. Only the paired tankas contain inscriptions referring specifically to the fact that front or back views of the figures are illustrated. The formulas are as follows : *kha-byañ klog lugs dan don thams-cad mdun goñ-ma dan sprod (dgos)*⁷ 'The way of reading the labels and all their meanings must be combined with the (illustration of the) front (view of the figure)' and *kha-byañ klog lugs dan don thams-cad rgyab rjes-ma dan sprod (dgos)* 'The way of reading the labels and all their meanings must be combined with the (illustration of the) back (view of the figure).' These formulas have been appended to the inscriptions usually in red ink. However, the formula is in black ink on LT 49 and appears to have been forgotten in the case of LT 12 and 74 although it is possible that it is merely not visible on the otherwise excellent photographs. In the case of LT 12 it is found on the corresponding Lhasa ES 3 added below in red dbu-med. The formula is written in this way in the facsimile volume only in the case of LT 75. *mdun goñ-ma* in this formula occurs on tankas depicting what we would term the back view (e.g. Lhasa ES 3, 6, 8, 9) and *rgyab rjes-ma* on those depicting what we would term the front view (e.g. Lhasa ES 2, 4, 5).

The paired tankas were intended to be hung side by side and for that reason the lines of their inscriptions must be read across from one tanka to the other. This was not realised by the editors of the facsimile volume at the time of the Tibetan-Chinese edition but was to some extent corrected in the Tibetan-English edition. It should be noted however that in the case of the Tibetan-English edition the editors have added material not present on the tankas. Thus after the formula *sman-blahi dgoñs-rgyan rgyud bžihi gsal-byed bai-ḍur snon-po-las* / the tanka continues with *lehu bži-pahi*

7 This formula was seriously misread and misinterpreted by E. H. C. Walsh in *JRAS*, 1910, 1232 despite 'the assistance of ... Am-chhi Champa Thin-le from the lChags-po-ri Monastery' (p. 1216).

as in the Tibetan-Chinese edition and not with *bśad-rgyud lehu bži-pahi* as in the Tibetan-English edition.

It is clear that not only did the editors of the facsimile volumes not at first realise how the paired tankas were to be read but also some of the copyists themselves were unaware of the problem. In the case of LT 12 for example the three lines of the text of the inscription are continuous although the text begins in the middle of the inscription and ends in the middle of a sentence. The whole of the third line is in fact duplicated within the third line of LT 11.

Moreover, examination of the paired tankas makes it clear that *the set of tankas reproduced in the facsimile volume is not an original set but made up from different sets*. In some cases this means that inscriptions on the paired tankas cannot in fact be read line by line from one tanka to another. In order to reconstruct the correct wording of the inscriptions it is accordingly necessary to compare several versions. Thus according to the Tibetan-English edition the inscription belonging to LT 11/12 contains a sentence that reads *bdu-ma-las gyes-pa bži-po-las ñer-lña re dan phran lña-brgya res skor-bahi čhul sgo lñahi mnam-śes čhogs drug bskyed-pahi rca yid bzän-ma sogs-kyi bkod-pa zur-du hbrel-bahi rca srog rca nag-po dbu-ma dan hdres-pahi mdun dan dkar-po rgyab-tu gnas-pahi čhul /*. This is reconstructed from LT 12 (line 1) *dbu-ma-las gyes-pa bži-po-las ñer-lña re dan phran lña-brgya res bskor-bahi čhul sgo lñahi mnam-śes čhogs drug bskyed-pahi rca* and LT 11 (line 2) *ro gsum bskyed-pahi rca yid bzän-ma sogs-kyi bkod-pa zur-du hbrel-bahi rca srog rca nag-po dbu-ma dan hdres-pahi mdun dan dkar-po rgyab-tu gnas-pahi čhul /*. The *ro gsum* at the beginning of line 2 was presumably ignored by the editors as duplicating *ro gsum* at the end of LT 11 (line 1). However, Lhasa ES 3 (line 1) reads *dbu-ma-las gyes-pa bži-po-las ñer-lña re dan phran lña-brgya res bskor-bahi čhul / sgo lñahi mnam-śes čhogs drug bskyed-pahi rca yid bzän-ma sogs-kyi méchal-'an /* and Peking 3, which contains a continuous two-line inscription, has exactly the same reading continuing from line one to line two. Lhasa ES 4 (line 2) continues with *yid bzän-ma sogs-kyi bkod-pa zur-du hbrel-bahi rca srog rca nag-*

*po dbu-ma dan hdres-pahi mdun dan dkar-po rgyab-tu gnas-pahi
 chul* /. Much confusion has been created that can be dissipated
 only by patient collation.

Comments on the Lhasa ES tankas

LHASA ES 1

This tanka is explicitly based on V ad 2T4 and is numbered *bris-cha* 13. Although the Lhasa ES, LT, and Peking tankas are clearly intended to be the same there are evident differences of detail. Thus, there are slight variants in the inscriptions below them. The Lhasa ES and LT tankas have the three labels near each of the three figures in *dbu-med* whereas the corresponding labels on the Peking tanka are in *dbu-can* as they are on the *Bod-kyi than-ga* plate and on Leh 1. The Lhasa ES and LT and *Bod-kyi than-ga* tankas have more numbers on it than the other two. Only the Lhasa ES and *Bod-kyi than-ga* tankas have the label *blo-bu* [abbreviated for *glo-ba bu* 'minor (lobe of the) lung'] four times beside the lungs of the figures. The LT tanka is not sufficiently clear, but it appears to have the label only twice. There are also slight differences in the drawing of the figures. Thus, only on the Lhasa ES and LT tankas is the big toe of the left foot of the figure on the right at a marked angle from the other toes.

Lhasa ES 1 illustrates the *rca*, variously translated 'vein', 'channel', etc. The twenty-four principal *rca* divide into 360 minor *rca*, which in turn divide into 700 minor *rca*. The 360 minor *rca*, are shown in black and the 700 minor *rca* in red. The top left figure shows the connection of the minor *rca*, with the outer skin (*phyi sa lpags*), the figure on the right the connection of the minor *rca*, with the bones and marrow in the intermediate layer of the body (*bar rus rkañ*), and the figure below the connection of the minor *rca* with the internal organs (*nan don-snod*).

LHASA ES 2

This tanka is explicitly based on V ad 2T4 and is numbered *bris-cha* 9+10. The reverse is Lhasa ES 9. Here again the inscription at the bottom is in both cases in *dbu-can* but the labels

on the Lhasa ES and LT tankas only are in *dbu-med*. Note the presence of a grid over the upper part of the main figure. However, Leh 2 does not have the grid. Here there are quite a few variants in the inscriptions. The formula found on paired tankas (*kha-byañ klog lugs dañ don thams-cad rgyab rjes-ma dañ sprod dgos*) is not found on the Peking tanka.

The text of the inscription concerns the bones and the hair pores. The labels under the arms refer to the 3,500,000 hair pores on each arm.

Another variant of this tanka is kept in the National Library of Ulan Bator. It was described in detail by K. Lange, 'Eine anatomische Tafel zur lamaistischen Heilkunde', *Annals of the Náprstek Museum*, 3, Prague 1964, 65-84.

LHASA ES 3

This tanka is the reverse of Lhasa ES 4 as pointed out above. It is the unnumbered tanka of a pair. The formula *kha-byañ klog lugs dañ don thams-cad mdun gon-ma dañ sprod* was evidently forgotten at first in the case of the Lhasa tanka and was subsequently added small below in *dbu-med*. Note that only the Lhasa ES and LT tankas have the grid. Meyer does not give the source of his photograph, but it is evidently based on a source different from Lhasa ES 3, Peking 3, and Leh 3. Only the Lhasa and LT tankas have some of the labels in *dbu-med*.

The main figure shows the *rca*, in connection with the spine, the limbs, and one on each of the feet. The figure on the left shows the *rca*, in connection with the internal organs (*don-snod nañ hbrel*). The figure on the right shows the connection of the *rca*, with the heart represented here as a wheel (*chos-kyi hkhoro*).

The label at the foot of the main figure reads : *rkañ-pahi mthil-gyi bzag hdra mthil-hphrog gñis*, which was wrongly translated by Walsh P. 1240 as 'The two wheels resembling a coil of rope on the soles of the feet'. *mthil-hphrog* does not mean 'wheel' but is the name of an artery. It is explained by Dbaiñ-hdus, *Gso-ba*

rig-pahi čhig-mjod g-yu-thog dgoñs-rgyan, Lhasa 1982, 226 as *rkañ-mthil guñ mjub thad-na gnas-pahi hphar-rčahi min* 'the name of the artery situated on the sole of the foot opposite the middle toe'. Walsh's explanation of *bžag* as standing for *žags-pa* 'leash' is probably also incorrect. It no doubt refers to the large intestine as indicated by Jäschke. These *rča*, are included in the V list at V 165.4 as : *rkañ-pahi mthil-gyi bžag hdra mthil-hphrog-gi rča, gñis* 'the two *mthil-hphrog rča* on the sole of the feet that resemble the large intestine'.

LHASA ES 4

Lhasa ES 4 is explicitly based on V ad 2T4 and numbered *bris-cha* 11+12. Here again only the Lhasa ES and LT tankas have a grid over the central figure. Meyer's fig. 27 p. 119 appears to be identical with Peking 6. The minor items are distributed alike on Lhasa ES 4 and LT 11, but differently on Peking 6 and Leh 6. Only the Lhasa ES and LT tankas are labelled in *dbu-med*.

Like its reverse, Lhasa ES 3, Lhasa ES 4 illustrates the *rča*. The five wheels (*hkhor-lo*, Sanskrit *cakra*), so conspicuous on the central figure, are not specifically mentioned by the labels or the inscription. They are described in the V ad 2T2. The relevant passage is translated by Meyer p. 113.

LHASA ES 5

This tanka bears the numbers *bris-cha* 6+7. It is paired with Lhasa ES 6. Specific reference is made to the V. Lhasa ES 5 and 6 are also concerned with the *rča*. The labels bear the names of blood-letting *rča* (*gtar-rča*) listed in 4T20, to which reference is made in the inscription below Lhasa ES 6. The labelling is entirely in *dbu-can*. Lhasa ES 5 and 6 resemble LT 6 and 7 most closely. The differences between these ES tankas and their LT counterparts are much slighter than in the case of any of the other tankas.

LHASA ES 6 : see on Lhasa 5.

LHASA ES 7

Lhasa ES 7 is numbered *bris-cha* 14. It is explicitly based on V ad 2T4. All labels are in *dbu-med*. The tanka illustrates the three 'life veins' (*chehi rca*).

LHASA ES 8

This tanka (*bris-cha* 17) is the unnumbered reverse of *bris-cha* 16. According to the inscription the tanka illustrates the *gnad* 'vital spots' since several verses of 2T4 concerning them are quoted and the colours used to represent them are specified. The labels on my photograph are hardly legible but there are noticeably few of them. They are mostly in *dbu-med* but a few are in *dbu-can*. The labels just below the ears appear to read : *phrag gon chu-ba*, the name given to two of the fourteen *rgyus gnad* 'vital spots of (the sinews and) fibres' in V 177.4.

LHASA ES 9

This tanka (*bris-cha* 10) is the unnumbered reverse of *bris-cha* 9. The inscription quotes several verses of 2T4 concerning the number of various items, bones, joints, etc., in the body. The labels, all in *dbu-med* as on LT 10, agree with these. Note the labels under the arms : *lag g-yon (g-yas)-la rgyus-pa don-līa* '75 fibres in the left (right) arm' as in V 149.3-4. Below the label under the left arm we find : *lus-dbyīns-la rgyus-pa sum-brgya* '300 fibres in the hidden (parts of) the body' as in V 149.4. To the right of the neck we read : *rgyus-pa nam-choñ hdi yan-la sum-brgya* '300 fibres in this upper part of the base of the neck (= Sanskrit *ūrdhva-jatru*)'. Beside the legs occurs : *rkañ g-yon (g-yas)-la rgyus don-līa* '75 fibres in the left (right) leg'. Thus the total number of *rgyus* is 900 as stated in 2T4.23 and as analysed in V 149.

LHASA ES 10

This tanka does not belong to the traditional series. According to Byams-pa hphrin-las and Vañ-Le it was drawn under the auspices of the late director of the Sman-réis-khañ and depicts twelve famous physicians surrounding the central figure of Ņa-

dban blo-bzan rgya-mcho. The physician illustrated below the central figure is said to be Mkhyen-rab nor-bu (1879-1962), the head of the Sman-réis-khan.

LHASA ES 11

This tanka, numbered *bris-cha* 2 and labelled in *dbu-med*, is explicitly based on V ad 1T3. It is the first of the three well-known trees of medicine. They have been studied in detail in E. Finckh, *Grundlagen tibetischer Heilkunde*, Band 1, Uelzen 1975 (= *Foundations of Tibetan medicine*, London 1978) and Band 2, Uelzen 1985 (= *Foundations of Tibetan medicine*, London 1985). Her trees were taken from the work of the nineteenth century Mongol physician Hjam-dpal rdo-rje published in facsimile by Lokesh Chandra, *An illustrated Tibeto-Mongolian materia medica of Ayurveda of 'Jam-dpal-rdo-rje of Mongolia*, New Delhi 1971 (16-17, 20-21, 26-27). The three trees are also found in Meyer's book (figs. 21-23 on pp. 106-108). Meyer does not indicate the source of his plates, but they are probably photographs the author made of diagrams in use in Nepal.

Lhasa ES 11 is labelled *gnas-lugs nad-gzhi rca-ba* 'the root of the arrangement (of the parts of the body and) of the bases of disease' and refers to 1T3 *gnas-lugs nad-gzhi lehu* 'the chapter on the arrangement (of the parts of the body and) of the bases of disease'. The root divides into two trunks, the left being that of the healthy organism, the right that of the diseased organism. The left trunk has three, the right nine branches. The left trunk has twenty-five leaves and two flowers, the right trunk sixty-three leaves.

The Lhasa tree tankas are more elaborate than the other tree diagrams mentioned. Note the amusing battle scene at the base of the tree. The supporters of the healthy and diseased organisms are depicted as firing arrows at each other.

LHASA ES 12

This tanka, numbered *bris-cha* 3 and labelled in *dbu-med*, is explicitly based on V ad 1T4. This tanka depicts *ños-hjin rtags-kyi rca-ba* 'the root of diagnostic signs', which divides into three

trunks, the trunk of observation (*blta-bahi sdon-po*), the trunk of palpation (*reg-pahi sdon-po*), and the trunk of questioning (*dri-bahi sdon-po*). The trunk of observation divides into two branches and six leaves, that of palpation into three branches and three leaves, and that of questioning into three branches and twenty-nine leaves. Only Meyer's tree has flowers. They are not mentioned in the text.

LHASA ES 13

This tanka, numbered *bris-cha* 4 and labelled in *dbu-med*, is explicitly based on V ad 1T5. *gso-hyed thabs-kyi rca-ba* 'the root of the method(s) of healing' divides into four trunks, the trunk of food (*zas-kyi sdon-po*), the trunk of behaviour (*spyod-lam-gyi sdon-po*), the trunk of medicines (*sman-gyi sdon-po*), and the trunk of therapy (*dpyad-kyi sdon-po*). The trunk of food has six branches and thirty-five leaves, that of behaviour three branches and six leaves, that of medicines fifteen branches and fifty leaves, and that of therapy three branches and seven leaves.

Note at the bottom right the picture of Vidyājñāna (*rig-pahi ye-ses*), the seer (*drañ-sron*) who emanated from the heart (*thugs-sprul*) of the Medicine Buddha and related the Rgyud-bži.

A similar tree tanka was reproduced without an accompanying inscription in *The Unesco Courier*, July 1979, cover page. Its labels are in *dbu-can*. The tanka is reproduced also in Bazarov 2. A similar tree tanka is reproduced in *Bod-kyi than-ga* 130.

LHASA ES 14

This tanka, numbered *bris-cha* 8 and labelled in *dbu-med*, is explicitly based on V ad 2T3 and the first part of 2T4. The two parts are clearly indicated. Part 1 begins at the left of the first column below the physicians and is headed : *bśad-rgyud lehu gsum-pahi hdra-dpe* 'the similes of the third chapter of the Explanatory Tantra'. Part 2 begins at the right of the third column above the inscription at the bottom and is headed : *bśad-rgyud lehu bži-pa gnas-lungs-kyi ldan-čhad sogs* 'the quantities, etc.,

of the arrangement (of the body as given in) the fourth chapter of the Explanatory Tantra'.

It is interesting that the chapter on the similes for the body (2T3) is thought worth illustrating. This chapter is not translated in Yeshe Dönden and Jhampa Kelsang, *The ambrosia heart Tantra*, vol. 1, Dharamsala 1977. They remark on p. 56 'since this chapter is not of great importance, it will not be translated here'. The chapter has been translated in part by Meyer p. 116.

The section on the similes begins with the first item of 2T3 : *dpyi-rus rēig gram*, referring to 2T3.2 : *dpyi-rus gñis ni rēig-pahi hgram-gži hdra* 'The two thigh bones resemble the foundation wall of a building'. The next item is labelled *rgal-čhigs gser-gyi don-rce*, which refers to 2T3.3 : *sgal-čhigs gser-gyi don-če brcegs-pa hdra* 'The vertebrae are like a pile of gold coins'.

The section on the quantities begins with the first item of 2T4. The label is identical with 2T4.6 : *rluñ-gi ldan-čhad lgañ-phug gañ* 'The quantity of wind (in a normal person is enough to make) the urinary bladder full'.

LHASA ES 15

This tanka, numbered *bris-cha* 22 and labelled in *dbu-med*, is explicitly based on V ad 2T13-15. Chapter 13 begins at the top left of the first column, chapter 14 in the middle of column 8, and chapter 15 near the end of the second last column. The beginnings are labelled with reference to the chapter concerned. Chapter 13 is about the proper way to behave each day, chapter 14 about the way to behave according to the season, and chapter 15 about the way to behave appropriate to a particular occasion. Among the ways to behave are shown in column 4 massaging (*dril-phyis*) and bathing (*khrus-byed-pa*). Ways not to behave in column 6 are sleeping by day (*ñin-la spyod-pa*) and sleeping with someone other than one's wife (*rañ-gi chuñ-ma-las gžan-du spyod-pa*). In the third column from below we see depicted the well-known cool and fragrant house for avoiding the summer heat (*bsil-khañ dri bzañ bsten-pa*) labelled as 2T14.47. Chapter 15 is concerned mainly with the recommendation that

one should not suppress the natural urges. It begins with a man suppressing hunger (*bkres bkag*) and ends with one suppressing semen (*khu-ba bkag-pa*).

LHASA ES 16

This tanka, numbered *bris-cha* 5, is explicitly based on V ad 2T2. Its labels like those on LT 5 are all in *dbu-med* except in the top left square. This tanka is similar to one of which a photograph was published by Ngapo Ngawang Jigmei et al., *Tibet*, New York 1981, plate 95 on p. 124. In fact the two are almost identical. However, there are slight differences in the spacing and positioning of the labelling. Yet a third variant is represented by *Bod-kyi than-ga* 131, on which all the labelling is in *dbu-can*. As far as I can see, the tanka reproduced by Ngapo Ngawang Jigmei is identical to LT 5. Note that only Lhasa ES 16 depicts a table supporting the bowl in the bottom left corner.

In the first two columns nine kinds of defects of the blood and semen that prevent conception are illustrated. They run from *kha* to *tha*. The week to week development of the embryo begins in the middle of the fourth column and proceeds as far as *yo* in the third column from below, which is labelled twenty-seventh to thirtieth week and is followed by *ri*, thirty-first to thirty-fifth week. The first item (*lu*) at the beginning of the second last column is not numbered but bears the label *mñon-par mi-dgah skyo-bahi hdu-śes hbyuñ*, which is from 2T2.124 'being evidently not contented (with its dark abode) there arises (in it) the feeling of aversion'. This is said in 2T2.123 to apply from the thirty-sixth week on. The final two items are based on 2T2. 125-126 :

so-bdun-pa-la log-pahi hdu-śes skye
so brgyad mgo mjug log-ste mñal-nas hbyin

'In the thirty-seventh (week) the feeling of revolt grows. (In) the thirty-eighth (week, the child) turns upside down (and) is expelled from the womb.' Here the formulation is slightly different :

so-bdun-[pa-la] log-pahi hdu-śes hbyuñ
bdun-phrag so-brgyad-pa mgo-mjug log éhul.

The last column illustrates the last two verses of 2T2. The parturient is to be surrounded by experienced people, the navel cord must be cut, and the mother must be given nutritious food to restore her (*b'eah myoñ-gis bskor b'eah-ziñ lte-ba gcod-pahi chul* and *éhas-kyis gso-bahi éhul*).

Not mentioned in the Rgyud-b'zi are the three stages of development represented by the fish (*ñahi gnas-skabs*) shown after the ninth week (V 132.2), the tortoise (*rus-sbal-gyi skabs*) shown after the seventeenth week (V 133.2), and the pig (*phag-pahi skabs*) shown after the thirty-fifth week (V 135.2).

BIBLIOGRAPHY

- Этьберт Базарон. Очерки тибетской медицины, Ulan Ude 1984.
- Byams-pa 'Phrin-las [byams-pa hphrin-las] and Wang Lei [vañ le], *Bod-lugs gso-rig rgyud-b'zihi nan-don bris-cha no-méhar mthoñ-ba don-lan*, Bod-ljoñs mi-dmañs dpe-skrun-khañ 1986. See next item.
- Byams-pa 'Phrin-las [byams-pa hphrin-las], Wang Lei [vañ le] (translator and compiler of the original edition), and Cai Jingfeng [éhehi cin hphun] (English translator and annotator, *Tibetan medical thangka of the four medical tantras*, People's Publishing House of Tibet 1988.
- The Preparatory Committee for the Autonomous Region of Tibet, *Bod-kyi thang-ga [Tibetan tankas]*, Peking 1985.
- Cai Jingfeng and Zhao Pushan, 'Zang yi caise guatu de chubu jieshao [Preliminary survey of the Tibetan medical coloured tankas]', *Jiangsu zhong yi zazhi* [Jiangsu Journal of Chinese medicine], Nanking 1980, 47-49.
- C. Massin, *La Médecine tibétaine*, Paris 1982.
- F. Meyer, *Gso-ba rig-pa, Le système médical tibétain*, Paris 1981.
- I. Veith, *Medizin in Tibet*, Leverkusen 1960.

ABBREVIATIONS

Bazaron 1-10	Ten tankas published in facsimile by Bazaron in 1984.
Leh 1-6	Tankas painted by <i>Che-rin dbaṅ-phyug</i> at Leh in 1981.
Lhasa ES	Tankas seen and photographed by Emmerick and Schuh in Lhasa in 1983.
Lhasa F	Tankas seen and photographed in Lhasa by Zara Fleming.
Lhasa M	Tankas published in facsimile by Massin in 1982.
LT	refers to the Tibetan-Chinese and the Tibetan-English facsimile editions published by Byams-pa hphrin-las (see above). The number following LT is the tanka number established on the basis of the inscriptions on the tankas.
Peking 1-12	Tankas published in facsimile by Veith in 1960.
T	= Tantra. (The four books of the Rgyud-bzi are referred to as 1T, 2T, 3T, 4T.).
V	= <i>Vaidūrya śhōn-po</i> . (The edition referred to is : <i>Bai Dūr śhōn po</i> , ed. T. Y. Tashigangpa, vols 1-4, Leh 1973 = <i>Smanrtsis Shesrig Spenzod</i> vols 51-54.).

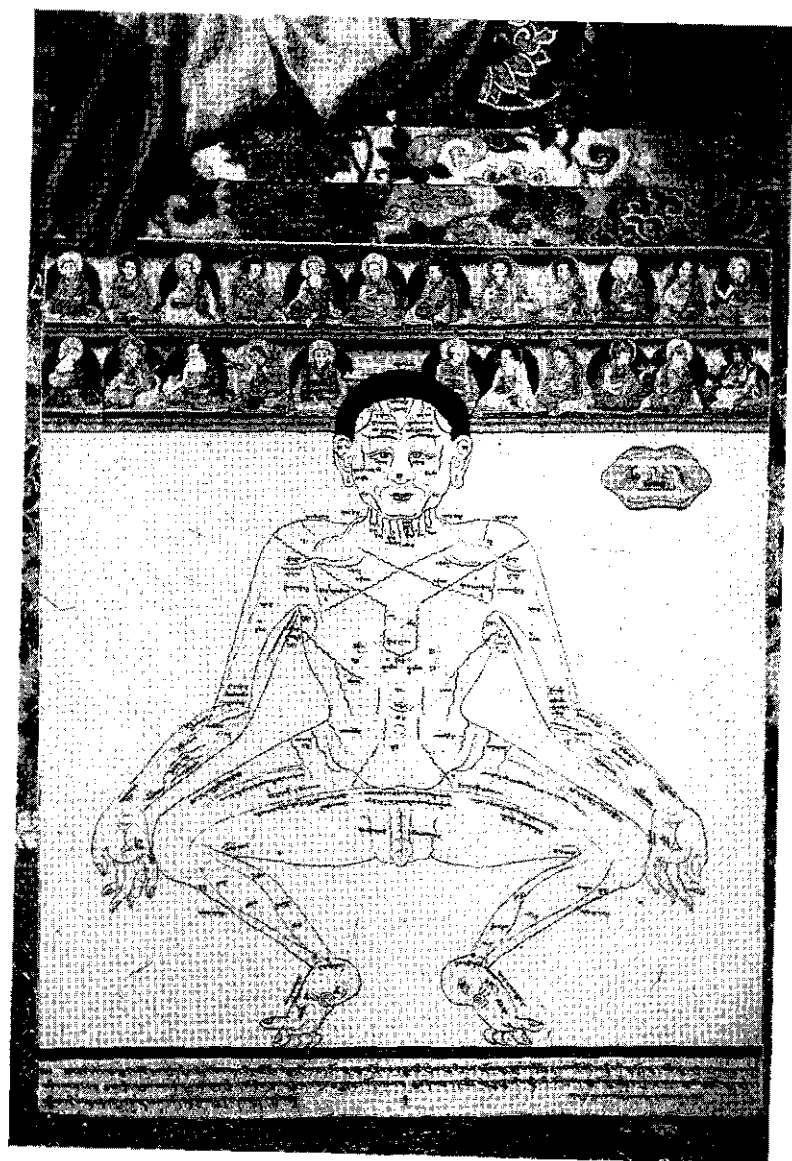


Plate : ES 5

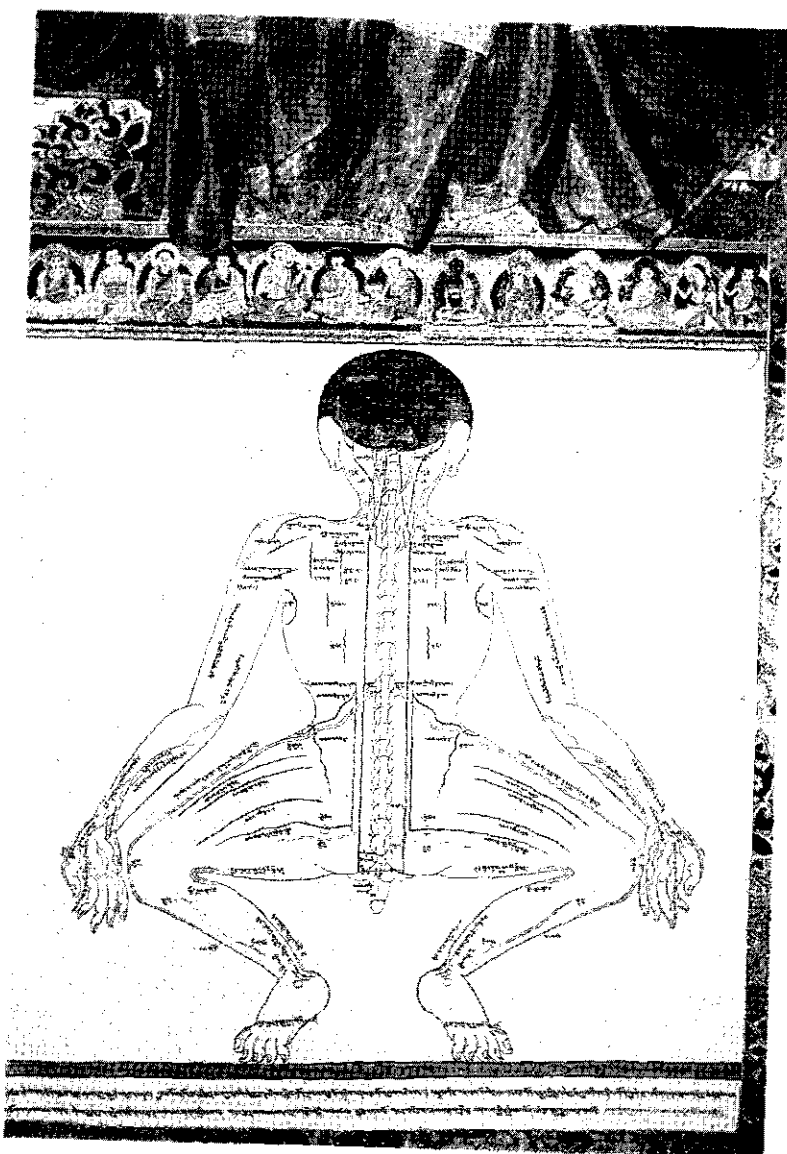


Plate : ES 6

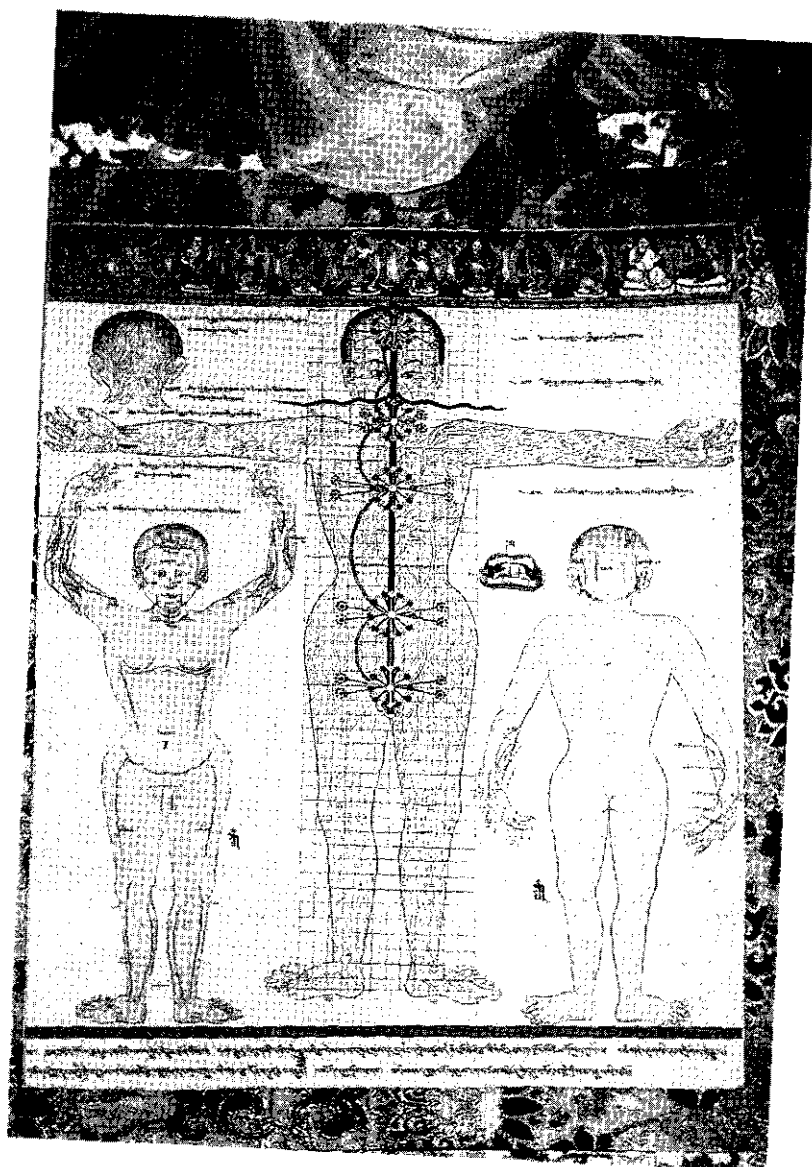


Plate : ES 7

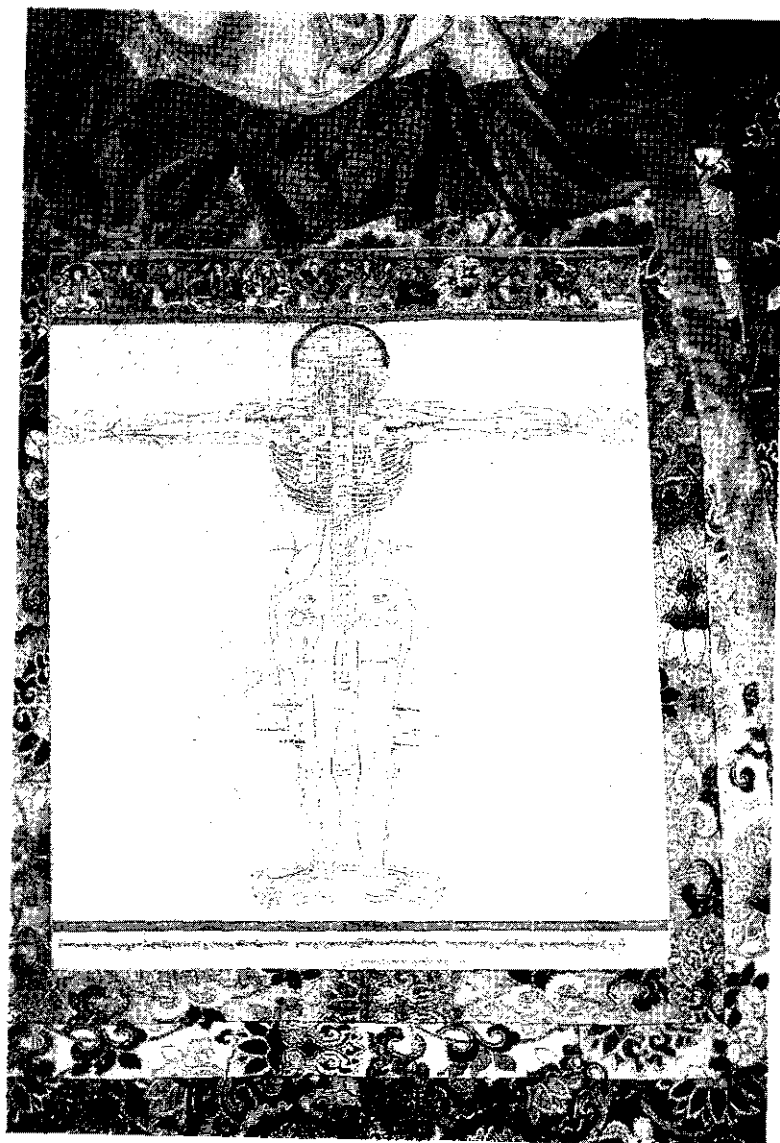


Plate : ES 8

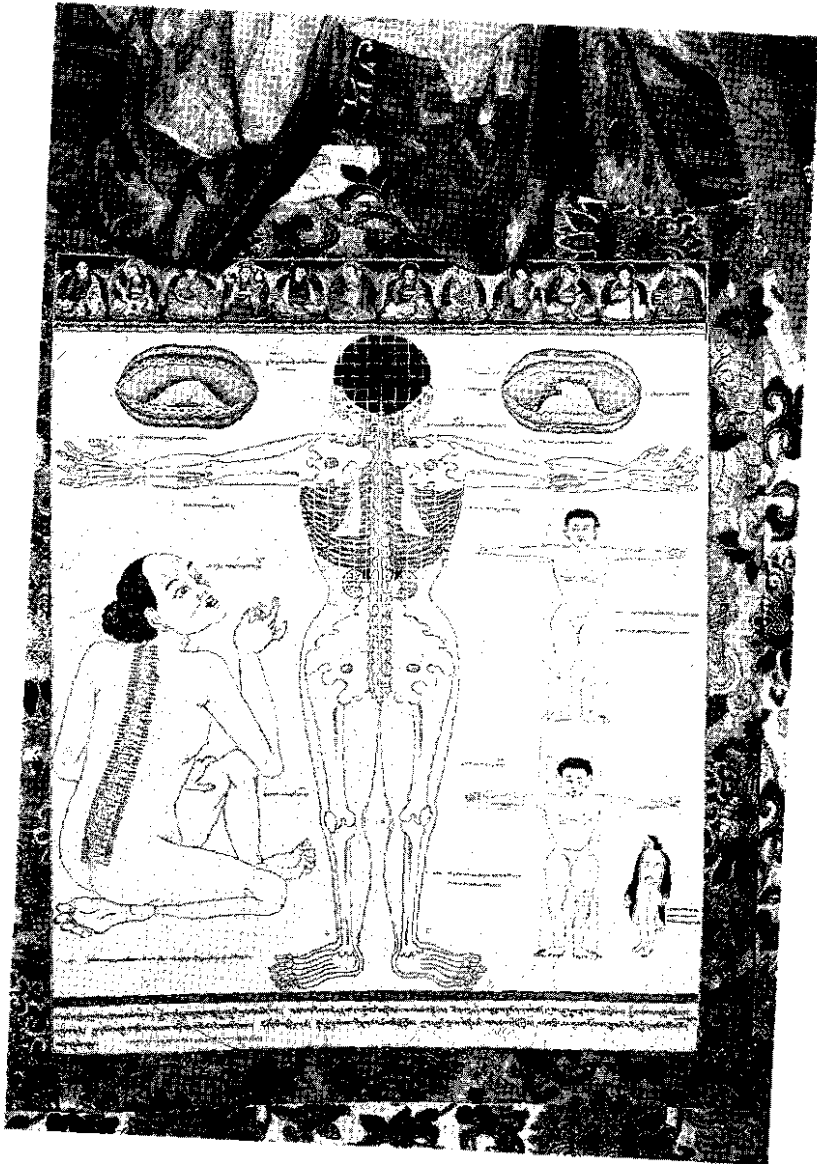


Plate : ES 9



Plate : ES 11

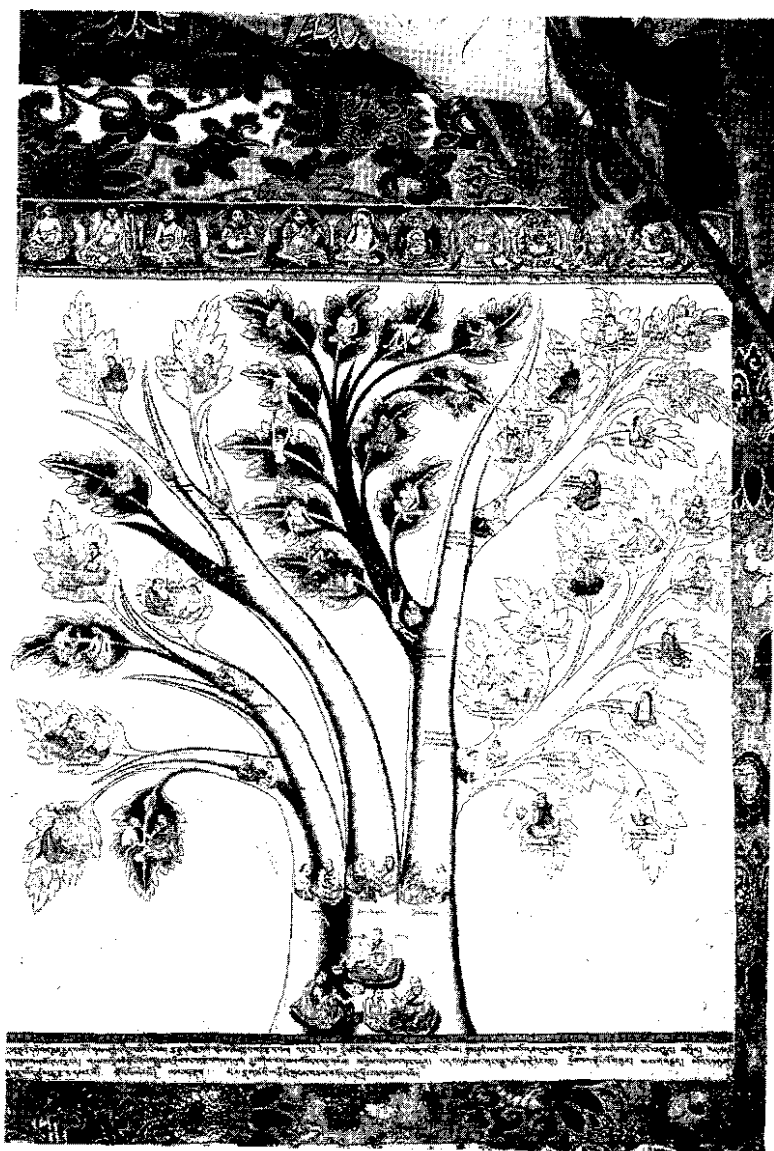


Plate : ES 12

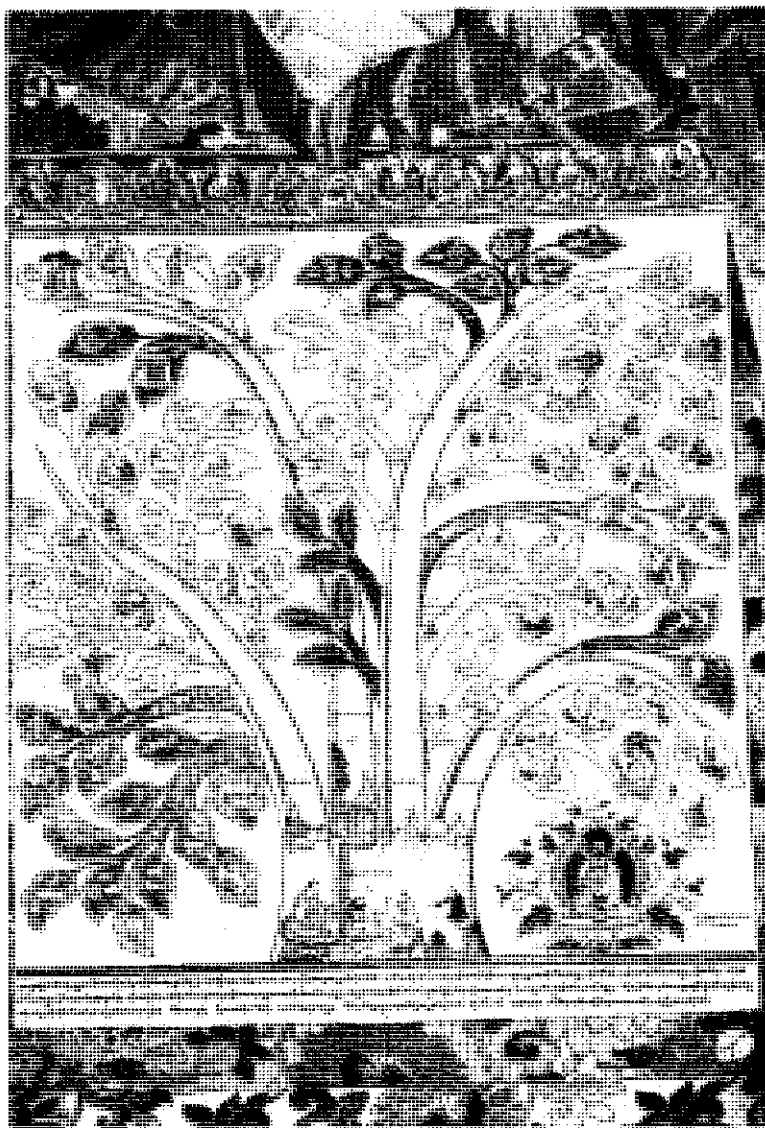


Plate : ES 13

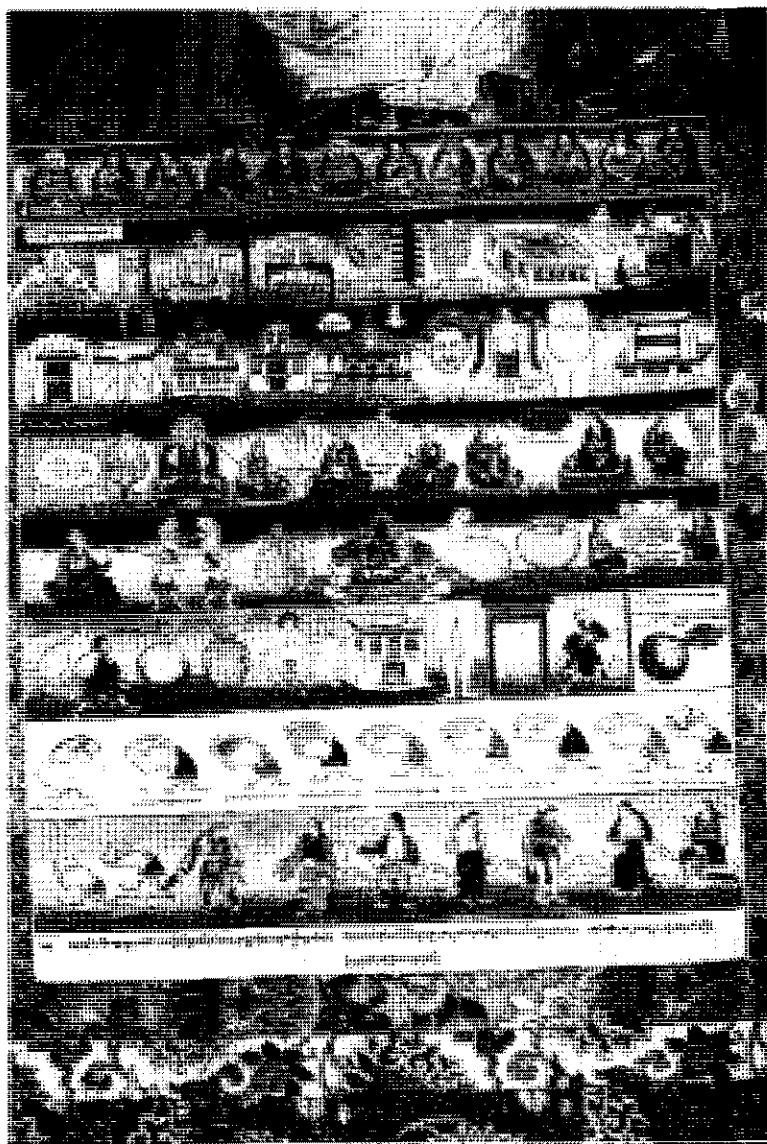


Plate : ES 14



Plate : ES 15

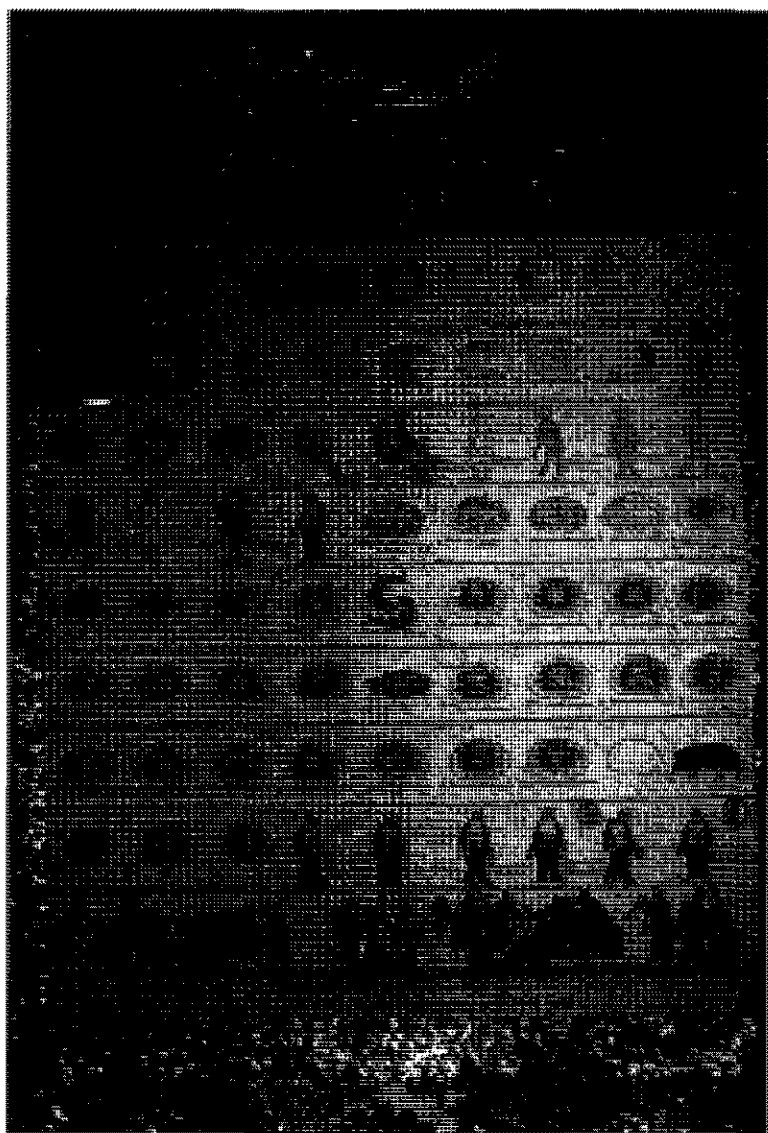


Plate : ES 16

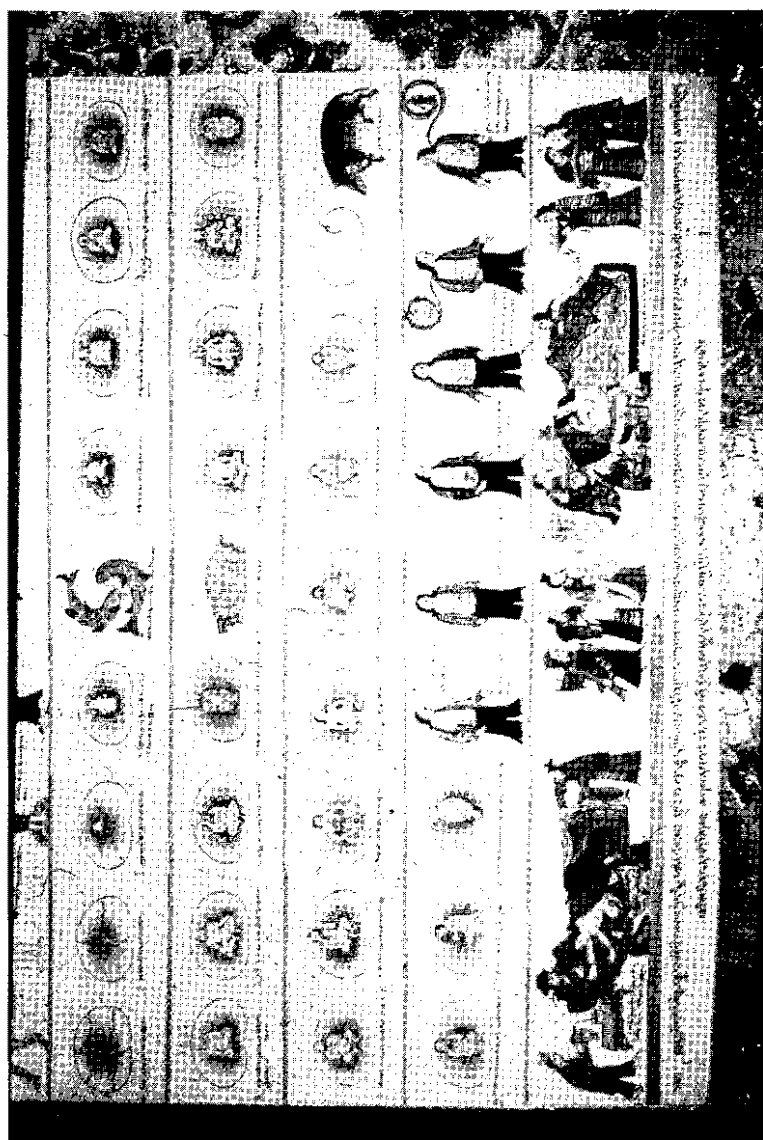


Plate : ES 16

Nawang Dakpa

**CERTAIN PROBLEMS OF EMBRYOLOGY
ACCORDING TO THE TIBETAN MEDICAL
TRADITION**

FRENCH TRANSLITERATION OF TIBETAN

ñ as in “onions”

ṇ as in “ring”

c as in “rats”

ch as in “cats home”

č as in “church”

čh as in “church hall”

j as in “lads”

ṣ as in “jungle”

z as in “rose” but often pronounced as in “sun”

ž as in “leisure” but often pronounced as in “shade”

ç as in “shade”

CERTAIN PROBLEMS OF EMBRYOLOGY ACCORDING TO THE TIBETAN MEDICAL TRADITION

Nawang Dakpa

1. A brief historical observation concerning the *Rgyud-bži*

The complexity of the problem of the origin of the *Rgyud-bži*, its authorship, and the exact date of its compilation is well known to specialists. The full title of the *Rgyud-bži* is *bdud-rci-sñin-po-yan-lag-brgyad-pa-sgañ-ba-man-hag-gi-rgyud* which corresponds to its Sanskrit title *amṛtaḥṛdayāṅga-aṣṭaguhyā-upadeśatantranāma*. There are different versions concerning the origin of the *Rgyud-bži* even in the Tibetan medical tradition itself. But one can sum them up mainly into two different versions concerning the composition of the *Rgyud-bži*. The first favours the idea of a translation from the Sanskrit and the second a local compilation.

2. Translation from the Sanskrit

In the first case most known versions are about the great translator Vairocana who lived in the eight century during the reign of the great Tibetan king Khri-sroñ-lde-btsan. The translation of this famous work from Sanskrit into Tibetan has been attributed to this *Lo-ca-ba*. He was one of the sixteen most famous disciples, of the great Tantric master Padmasambhava who had obtained *siddhi*, the power to work miracles. The number of the chief disciples of Padmasambhava in this respect varies from one source to another, and according to certain sources Vairocana was among the twenty five disciples who followed (*rjes-'bañs*) Guru Rinpoche and he was also among nine *Siddhas* (*grub-thob*) who were in the entourage of the tantric Master (1). He studied a number of medical treatises with the Indian *Ācārya* Candranandana Zla-ba-mñon-dga' in Tibetan and he has also composed two commentaries which are called respectively *Ti-ka-mun-sel-sgron-me* and *Mñ-don-brda-sprod-rnam-lha*. On his return to his home-

land Vairocana presented the *Rgyud-bži* to king Khri-sroṅ-lde-btsan and Padmasambhava who found the text most precious and secret. As the right time for diffusing this secret teaching had not yet come Padmasambhava hid this text with special prayers (*smon-lam*) in the pillar (*ka-ba*) situated at the middle storey (*bar-khañ*) of the monastery of Samye (*bsam-yas*), the most ancient monastery in Tibet (2). This tradition belongs to the tradition of hidden texts (*gter-ma*) well known in Tibet, particularly to the Rñiñ-ma School, the oldest Buddhist School in Tibet.

In fact, the teaching of the *Rgyud-bži* has two traditions of transmission : by *gter-ma* through hidden text transmission and by *bka'-ma* through oral transmission. In the case of hidden text transmission the *Rgyud-bži* was discovered by one of the greatest discoverers of hidden texts, Grva-pa-mñon-ces in the late 11th century in accordance with the secret indications given by Žaṅ-blon-rdo-rje-bdud-'dul, the chief guardian of the *Rgyud-bži*, who had been appointed by Padmasambhava as guardian deity of the hidden text (*gter-bdag*) along with Čin-bya-čan and Ča-na-pa, etc., when the *Rgyud-bži* was hidden in Samye monastery. Grva-pa-mñon-ces then passed the teachings of the *Rgyud-bži* on to his disciple Dbus-pa-dar-grags who passed it on to other disciples. (3)

According to the tradition of oral transmission (*bka'-ma*) of the *Rgyud-bži*, Padmasambhava has given the secret teachings to Mu-ni-btsan-po at his request with an autotranslation (*rañ-'gyur*) of the *Rgyud-bži* by Guru Rinpoche himself. Padmasambhava said : "I have not given this teaching to Khri-sroṅ-lde-bcan but I will give it to the prince for the benefit of sentient beings and for the propagation of Buddhism".

(*slob-dpon-gyis-khri-sroṅ-lde-bcan-la-nas-phul-bu-min / 'on-kyañ-rgyal-bu-khyod-la-sems-čan-dañ-bstan-pa-la-phan-pa' i-phyir-bčad-do-gsuñs-nas-rañ-'gyur-mjad /*). (4)

3. Local compilation

This second version concerns a local compilation taken from different medical traditions like Indian, Chinese and Žaṅ-žun, at

the same time bearing in mind the importance of the Tibetan environment. This deals with the activities of Gyu-thog-yon-tan-mgon-po the Younger of the 11th century who has modified the *Rgyud-bṣi* from its ancient form into the actual presentation of the text. According to certain sources, Gyu-thog-yon-tan-mgon-po has even modified the language of the *Rgyud-bṣi* and put it into the new style of language (*skad-gsar-bṣad-kyi-gtan-la-phab*) (5).

It is quite well known that different commentaries on this work have been written at different periods like the *Ḥa-lag-bṣo-brgyad* by Gyu-thog-pa (11th century), the *Legs-bṣad-nor-bu* by Byañ-pa (14th century), the *Vaidūrya-sñon-po* and the *Lhan-thabs* attributed to Sde-srid-saṅs-rgyas-rgya-mcho (1653-1705), regent of the great 5th Dalai Lama Ngag-dbañ-blo-bzan-rgya-mcho (1617-1682), and other commentaries (6). Besides, it is true that without the help of these commentaries an accurate comprehension of the *Rgyud-bṣi* would be very difficult. Meanwhile certain specialists wonder how the sDe-srid could write such a clear commentary without the help of a previous clear commentary. It might be conceivable, but one should not forget the importance and rigidity of the Tibetan oral transmission, whether in the field of Buddhist teachings, medical, astrological or any other traditional science.

4. *Observations on certain points of embryology according to the Vaidūrya-sñon-po*

As mentioned above, I am not going to give a systematic description of embryology as those are found already in recent works. Rather, I shall limit myself to certain points that need clarification.

The teaching of embryology is divided into three parts, the causes (*rgyu*), secondary causes of development (*rkyen*) and the signs of birth (*bca'-ba'i-rtags*). The main causes are the semen (*khu-ba*) and menstrual blood [the rôle of the ovum was not yet known] without defect of wind (*rlun*), bile (*mkhris*) and phlegm (*bad-kan*). The consciousness of the intermediate state (*bar-do'i-rnam-ces*) which is projected by the force of Karma (*las*) with

the help of the force of one's prayer (*smoṇ-lam*) during the preceding life-time accompanied by the assemblage of the five elements. (7).

As the commentary says, the consciousness of the intermediate state which is the main ingredient of conception is one of the many examples of relationship between the Tibetan medical tradition and Buddhist philosophy. For that reason a thorough knowledge of Buddhism, specially Tantric, is necessary in order to understand the Tibetan medical treatises fully and unmistakably. The question of the consciousness of the intermediate state (*bar-do'i-rnam-ṅes*) is the basic element of Buddhist philosophy on rebirth conjointly with the law of Karma (*las*).

In order to understand clearly the process of transfer of consciousness from one life-time to another it is necessary to look at the philosophy of interdependent causation (Sanskrit *prāṇītyasamutpāda* and Tibetan *rtēn-ṅcīn-'brel-ba-'byuñ-ba*). In fact, the twelve links of *prāṇītyasamutpāda* which are rendered in Tibetan as *rtēn-'brel-yan-lag-bḥu-gñis* were illustrated in a wheel at the time of Lord Buddha himself. (8) This is known as *bhavaḥakra* in Sanskrit and *srid-pa-'khor-lo* in Tibetan, and is the most important teaching of Lord Buddha for humanity. The first of the twelve interdependent causes is ignorance (Sanskrit *avidyā*, Tibetan *ma-rig-pa*) which is the very source of *Samsāra* (*'khor-ba*). From ignorance comes action of all kinds, and the second link may be called 'creation of action or creative impulse' (Skt. *saṃskāra*, Tib. *'du-byed-kyi-las*).

After that creative impulse has taken place, positive or negative actions leave their imprints (*bag-ḥhags*) on the consciousness (Skt. *vijñāna*, Tib. *rnam-ṅes*) which is the third link of the twelve interdependent causes. Once the positive or negative actions have been imprinted on that consciousness it takes their imprints from one life to another. This is the explanation from the technical point of view how the course of the law of Karma passes through countless rebirths.

This consciousness corresponds to that subtle consciousness which is the very essence of life according to the Tantric tradi-

tions and it is called *gñug-ma-lhan-čig-skyes-pa'i-sems* or *rlun-sems-phra-mo*. This very subtle consciousness accompanying the individuality through all its existence plays an important rôle at the time of death and birth of sentient beings. It is located in the central channel called *avadhūtī* or *suṣumnā* in Sanskrit and *rca-bdu-ma* in Tibetan and is the last mental component to leave the body of a dying creature. This consciousness is the same as that of the intermediate state which precedes conception.

Another point that we may clarify concerns the assemblage of five elements : earth (Tib. *sa*), water (*čhu*), fire (*me*), wind (*rlun*) and space (*nam-mkha'*).

In recent studies on Tibetan medicine in English or in French I have not seen a satisfactory rendering on the nature of that assemblage or union of the elements with the *Vaiḍūrya-sñon-po* distinguishes so clearly :

'di-i-skabs-kyi-' byuñ-lña-žes-pa-ni-spyir-khu-khags-sems-gsum-rañ-rañ-gi-čha-la-gnas-pa'i-' byuñ-lña'i-čha-čas-rnams-lazer-ba -yin-kyañ / khyad-par-du-bar-do'i-rnam-par-čes-pa-dañ-lhan-čig-tu-gnas-pa'i-'byuñ-ba- lña-čin-tu-phra-ba'i-čha-žig-yod-pa-de-la-bya-žin / de-yañ-gžan-rnams-dañ-mñam-du-chogs-par-run-ba-žig-gi-don-yin-te (9).

'Concerning the five elements in this passage, though in general it means the five elements accompanying the semen (*khu*), menstrual blood (*khrag*) and mind (*sems*), here assemblage of five elements means assemblage of five elements in their very subtle form accompanying the consciousness of the intermediate state (*bar-do'i-rnam-čes*) and the five elements accompanying other factors (menstrual blood and semen). So the union of these subtle (*phra-ba*) elements which accompany the semen, menstrual blood and consciousness or mind should also be understood as union of elements.'

The commentary adds that without the element earth there will be no solidification of the body. Without water (*čhu*) there will be no aggregation or holding together. Without fire (*me*) there will be no maturation (*smin*). Without the element wind

there will be no development (*'phel*) of the body. Without the element space (*nam-mkha'*) there can be no place (*go*) of development. (10).

About menstruation the commentary says, except in pregnant and sterile women, the red element (*khams-dmar-po*) develops from the 16th day to the end of the month, because the solar energy (*ñi-ma'i-stobs*) develops during this period in the organ of generation (*sam-se'u*). From the first of the month the period which corresponds to the beginning of the waxing of the moon, the red element (*khams-dmar-po*) passes through two major channels which link with the generative organ (*sam-se'u*) and the womb from the right and left side and penetrates to the fundus of the uterus. This penetration provokes the opening of the uterus and the menstruation starts to flow. Most of the time menstruation takes place between the first and fifteenth of the month because during this period lunar energy develops and solar energy diminishes. (11). If there is a sexual relation of the 1st, 3rd, 5th, 7th or 9th day after menstruation there will be a boy. On the other hand, on the 2nd, 4th, 6th or 8th day there will be a girl (*bu-mo*). After the 12th day from the menstruation there will be no fecundation as the uterus closes its opening like the lotus which closes when the sun sets (*ñi-ma-nub*). There is also the question of the proportion of semen and menstrual blood in order to give birth to a boy or a girl. (12).

The consciousness of the intermediate state (*bar-do'i-rnam-ces*) in search of rebirth is in a state of delusion and comprises all sorts of feelings of fear, like storm and rain, etc. It enters the womb for protection. This applies, of course, to ordinary beings.

According to the Tantric teachings, in the case of a *Nirmāṇakāya* (*skye-ba-sprul-sku*) the consciousness enters by the mouth (*kha*) of the father and passes down to the womb along with semen.

The consciousness of the intermediate state can be either awake or not during the process of conception, and the development of the embryo depends on the degree of an individuality's spiritual awareness. For example, Buddhas and Bodhisattvas who

have obtained a pure state of mind are absolutely awake through all the process. In fact, there are four degrees of sentient beings whose consciousness is more or less awake :

- 1) Ordinary sentient beings (*so-skye-tha-mal-pa*) go through the whole process of conception, development of embryo and birth in total ignorance (*mi-dran-mi-ces*).
- 2) Cakravartins (*'khor-los-sgyur-ba*) and those who have started on the path (*rgyun-du-žugs-pa*) enter into conception with awareness but attend the development of the embryo and the birth in ignorance.
- 3) Bodhisattva beginners (*byañ-čhub-sems-dpa'-las-dañ-po-ba*) and the Pratyekas (*rañ-rgyal*) enter into conception and birth with total awareness (*dran-ces*) but attend the development of the embryo in ignorance.
- 4) Bodhisattvas who have reached the pure and perfect state (*dag-pa'i-sa*) attend the development right from conception till birth with total awareness. (13).

5. Illustrations.

What follows, are the explanations of the development of the embryo according to a medical thanka preserved at the Tibetan Medical and Astrology Centre at Lhasa. This painting gives the illustrations of each state of development of the embryo provided with inscriptions in Tibetan in cursive script underneath, and each illustration has been assigned a letter of the Tibetan alphabet.

1. Ka las-dañ-ñon-moñs-kyis-bskul-ba'i-ñal-po-la-brten-mñal
-du-čhags-pa /
2. Kha khu-khrag-rluñ-skyon-čan /
3. Ga khu-khrag-mkhris-skyon-čan /
4. Na khu-khrag-bad-skyon-čan /
5. Ča khu-khrag-khrag-skyon-čan /
6. Čha khu-khrag-bad-rluñ-skyon-čan /

7. Ĵa khu-khrag-khrag-mkhris-skyon-čan /
8. Ňa khu-khrag-bad-mkhris-skyon-čan /
9. Ta khu-khrag-rluñ-mkhris-skyon-čan /
10. Tha khu-khrag-'dus-pa'i-skyon-čan /
11. Da sa-dañ-nam-mkha'-sog-ma-med-sogs-yodpa'i-don /
12. Na khu-khrag-skyon-med-pa'i-mñal-čhags-rgyu /
13. Pa Chuñ-gis-mñal-sgor-'byin-žag-gsum-'jag-chul /
14. Pha bu-phor-'gyur-ba-mchon-pa /
15. Ba bu-mor-'gyur-ba-mchon-pa /
16. Ma ñi-ma-nub-pas-kha-zum-mchon-pa /
17. Cha thig-le-btañ-ba-mchon-byed /
18. Ja ma-yi-zla-mchan-nas-ča-khrag-don-snod-skyed-chul /
19. Va rañ-gi-sems-las-rnam-čes-byuñ-chul /
20. Ža sa-las-ča-dañ-rus-pa-sna-dri-byuñ-chul /
21. Za chu-la-khrag-dañ-lče-ro-glan-pa-skyed-chul /
22. 'a me-las-drod-dañ-mdog-skyed-chul /
23. Ya mgul-ba?rluñ-las-dbugs-sogs-skyad
24. Ra mkha '-las-bu-ga-rna-ba-sgra-skyed-chul /
25. La rgyu-rkyen-rtē-'brel-'joms-pa'i-lus-su-grub-chul /
26. ča mñal-čhags-'phel-rgyu-bu-snod-gyas-gyon-rca-dañ-lte
-ba-'brel-chul /
27. Sa dbun-phrag-dañ-po-khu-khrag-'dres-pa /
28. Ha bdun-phrag-gñis-pa-nur-nur-po /
29. A bdun-phrag-gsum-pa-žo-chags-lta-bu /
30. Ki bži-pa-gor-gor-mer-mer-sogs /

31. Khu zla-ba-gñis-pa-bdun-phrag-lña-pa-lte-ba-čhags-chul /
32. Ge drug-pa-srog-dbañ-čhags-chul /
33. Ņo bdun-pa-mig-dbañ-dod-chul /
34. Či brgyad-pa-mgo-dbyibs-čhags-pa /
35. Čhu dgu-pa-lus-dbyibs-khog-pa-stod-smad-čhags-chul /
36. O ña'i-skabs-yin-pa-mchon-byed /
37. Ĵi bču-pa-dpuñ-pa-đpyi-tsur-dod-pa /
38. Ņa bču-gčig-dbañ-po-dgu-ỳi-dbyibs-dod-pa /
39. Ti bču-gñis-pa-don-lña'i-dbyibs-dod-pa /
40. Thu bču-gsum-pa-snod-drug-dod-lugs /
41. De bču-bži-pa-dpuñ-rkañ-brla-dbyibs-dod-pa /
42. No bčo-lña-pa-rkañ-lag-rje-ñar-dod-lugs /
43. Pi bču-drug-pa-sor-mo-dod-lugs /
44. Phu bču-bdun-pa-phyi-nañ-'brel-ba'i-rca-čhags-chul /
45. O rus-sbal-gyi-skabs /
46. Be bčo-brgyad-pa-ča-chil-čhags-chul /
47. No bču-dgu-pa—rgyus-pa-čhags-chul /
48. Ci ñi-çu-pa-rus-dañ-rkañ-ñar-čhags-chul /
49. Chu rča-gčig-pa-phy'i-pags-pa-gyogs /
50. Je rca-gñis-pa-dbañ-po-dgu'i-bu-ga-phye-ba /
51. Vo rca-gsum-skra-dañ-ba-spu-sen-mo-skye /
52. Ži rca-bži-pa-don-snod-smin-chul /
53. Zu rca-lña-pa-rluñ-gi-rgyu-chul /
54. 'e rca-drug-pa-sems-kyi-dran-pa-gsal /
55. Yo rca-bdun-nas-sum-ču-bar-gyi-gsal-rjogs /

56. Ri so-gcig-nas-so-lña-bar-thams-čad-'phel /
57. O phag-pa'i-skabs /
58. Lu mñon-par-mi-dga'-skyo-ba'i-'du-čes-'byuñ /
59. Če so-bdun-log-pa'i-'du-čes-'byuñ /
60. So bdun-phrag-so-brgyad-pa-'go-'jug-log-chul /
61. He pho-gyas-su-cog-bur-'dug-chul /
62. O mo-rcibs-log-gyon-phyogs-na-'dug /
63. Ge' de-dañ-'dres-mar-ma-niñ-'byuñ-ba /
64. Do' mtha'-gñis-mtho-ba-mche-mar-skye-ba /
65. Ki' gyas-log-la-brten-pa-bu-ni-gyas-sñar-byuñ-khyi'u-yin-pa'i-rtags /
66. Khu' goñ-las-ldog-pa-gyon-logs-la-brten-bu-mor-skye-ba'i-rtags /
67. Či' bca'-myoñ-gis-bskor-bca'-žin-lte-ba-gčod-pa'i-chul /
68. Čhu' chas-kyis-gso-ba'i-chul /

1. Conception impelled by the law of Karma and ignorance as a result of sexual union
2. Semen and blood damaged by wind
3. Semen and blood damaged by bile
4. Semen and blood damaged by phlegm
5. Semen and blood damaged by blood
6. Semen and blood damaged by phlegm and wind
7. Semen and blood damaged by blood and bile
8. Semen and blood damaged by phlegm and bile
9. Semen and blood damaged by wind and bile

10. Semen and blood damaged by the three humours (*doṣa*) combined
11. Symbol of the five elements : (earth, water, fire, wind and space)
12. Semen and menstrual blood with no defect likely to lead to conception
13. Impelled by wind through the opening in the womb the menstrual blood trickles down for three days
14. Symbol of becoming male
15. Symbol of becoming female
16. Symbol of menstruation ending
17. Semen
18. Way in which from the mother's menses flesh and blood (i.e. the body) with hollow and solid organs are formed
19. Consciousness taking root in the mind
20. From earth come the flesh, the bones and the sense of smell
21. From water come the blood, the body fluids and the sense of taste
22. From fire come heat and colour
23. From wind come breath and movement
24. From space come the body openings and the sense of hearing
25. The union of these interdependent causes forms the body
26. Representation of the right and left channels linking the uterus to the navel while the embryo develops
27. First week — mixing of the menstrual blood with the semen
28. During the second week the embryo is called *nur-nur-po*
29. Third week a curd-like form

30. Fourth week a round or oval form according to its sex
31. 5th week the formation of the navel (and the central channel and the navel plexus)
32. 6th week the formation of the organ of life (the heart and heart plexus)
33. 7th week the formation of the organ of the eyes (and plexus between the eyes)
34. 8th week the formation of the head
35. 9th week formation of body, upper and lower part
36. Symbolised as the period of the fish
37. 10th week the shoulders and the hips emerge
38. 11th week formation of nine organs (that will develop orifices)
39. 12th week formation of the five solid internal organs (heart, lungs, spleen, liver, kidneys)
40. 13th week formation of six hollow internal organs (stomach, gall bladder, kidney bladder, large intestine, small intestine, generative organ)
41. 14th week formation of upper arms, legs and thighs
42. 15th week formation of feet, hands, fore-arms and shins
43. 16th week formation of fingers
44. 17th week formation of external and internal connective channels
45. Period of tortoise
46. 18th week formation of flesh and fat
47. 19th week formation of sinews and fibres
48. 20th week formation of bones and marrow
49. During the 21st week the body is covered by the outer skin

50. 22nd week opening the orifices of nine organs
51. 23rd week coming forth of hairs, down and nails
52. 24th week solid and hollow organs maturing
53. 25th week functioning of wind energy
54. 26th week the memory is getting very clear
55. From the 27th to the 30th week completion of gradual clearing of the mind
56. From the 31st to the 35th week further development of everything
57. Period of pig
58. During the 36th week a strong feeling of sadness and unhappiness arises
59. 37th week feeling the impulse to turn upside down
60. 38th week : the foetus turns a somersault
61. Boy squatting on the mother's right side
62. Girl on the left side of the ribcage
63. A bisexual child in the middle of the ribcage
64. Twins if both sides are high
65. Leaning towards the right is a sign that the child appearing in due time on the right-hand side is a boy
66. On the other hand, if it is a girl, there is leaning towards the left-hand side
67. Experienced women assist the birth and cut the umbilical cord
68. The right way of giving food to restore (the mother)

Foot-notes

1. Sde-srid-saṅs-rgyas-rgya-mcho : Dpal-ldan-gso-ba-rig-pa'i-khog-'bugs-legs-bḥad-vaidūrya'i-me-loṅ-draṅ-sroṅ-dgyes-pa'i-dga'-ston, Kansu Mirigs-dpe-skrun-khaṅ, 1982, pp. 161-166
Rechung Rinpoche, Tibetan Medicine, Wellcome Institute of the History of Medicine, London, 1973, p. 17
Grub-mtha'-ḥel-gyi-me-loṅ, edition Chos-rze-bla-ma, Sarnath, 1963, p. 38
2. rGyud-bḥi, phyi-rgyud, edition Lhun-grub-stein, sDe-dge, folio 62a and b
3. Gso-rig-khog-'bugs, pp. 167-8
4. Gso-rig-khog-'bugs, pp. 168-9
5. Bod-rgya-chig-mjod-ḥen-mo, s. 1., Mi-rigs-dpe-skrun-khaṅ, 1985, p. 2622
6. Rechung Rinpoche, Tibetan Medicine, Wellcome Institute of the History of Medicine, London, 1973, pp. 21-22
F. Meyer, Gso-ba-rig-pa, Paris, C. N. R. S., 1983, p. 88 Gso-rig-khog-'bugs, pp. 306-329
7. Rgyud-bḥi, bḥad-rgyud, Dharamsala, Tibetan Medical Centre, 1971, p. 54; Vaidūrya-sṅon-po, stod-ḥa, Bod-ljoṅs-mi-maṅs-dpe-skrun-khaṅ, 1982, p. 58.
8. 'Phags-pa-sa-lu-ljaṅ-pa-ḥes-bya-ba'i-theḡ-pa-ḥen-po'i-mdo, bka'-'gyur, Kyoto, Japan, Otani University, mdo, vol. 34, Chu, No. 876
Phu-khaṅ-dge-bḥes-blo-bzaṅ-rgya-mcho,
Rten-'byuṅ-srid-pa-'khor-lo'i-'grel-bḥad, Dharamsala, Tibetan Cultural Printing Press, 1976.
9. Sde-srid-saṅs-rgyas-rgya-mcho, :
Gso-ba-rig-pa'i-bstan-bḥos-sman-bla'i-dgoṅs-rgyan-rgyud-bḥi'i-gsal-byed-vaidūr-sṅon-po'i-phren-ba-dum-po-gṅis-pa-bḥad-pa'i-rgyud-kyi-mam-bḥad, Sde-dge, Lhun-grub-stein, fol. 37a
10. Rgyud-bḥi, bḥad-rgyud, Dharamsala, Tibetan Medical Centre, 1971, p. 55
11. Rgyud-bḥi, bḥad-rgyud, Dharamsala, Tibetan Medical Centre, 1971, pp. 56-7
12. Rgyud-bḥi, bḥad-rgyud, Dharamsala, Tibetan Medical Centre, 1971, p. 57
13. Sde-srid-saṅs-rgyas-rgya-mcho :
Gso-ba-rig-pa'i-bstan-bḥos-sman-bla'i-dgoṅs-rgyan-rgyud-bḥi'i-gsal-byed-vaidūr-sṅon-po'i-phren-ba-dum-po-gṅis-pa-bḥad-pa'i-rgyud-kyi-mam-bḥad, Sde-dge, Lhun-grub-stein, folios 44-45

CHARLES BAWDEN

**WRITTEN AND PRINTED SOURCES
FOR THE STUDY OF
MONGOLIAN MEDICINE**

CONTENTS

1.	Library holdings of Mongolian traditional medical works.	100
2.	Monographs and handbooks summarising Mongolian classical works on practice and plant and animal remedies.	103
3.	Popular handbooks on folk remedies	108
4.	Use of classical Tibetan medicine by Mongols today	115

Written and Printed Sources for the Study of Mongolian Medicine

Charles R. Bawden

The present paper must begin with a disclaimer. The author has no particular knowledge either of Mongolian medicine or of the Tibetan system upon which it relies so heavily. What will be said will of necessity be incomplete and subject to correction and will be literary rather than scientific in its nature.

A survey of sources can most conveniently begin with a survey of library holdings, so as to establish the number of items held in different collections, and, as far as possible, the type of book concerned. For this purpose, ten libraries or groups of libraries have been selected, on the mechanical basis of the accessibility of their catalogues, and they have been arranged in diminishing order of the size of the holdings. The figures themselves are not entirely accurate. Reasonable accuracy is attainable with a classified catalogue, assuming the accuracy of the catalogue itself, but cannot be guaranteed with an unclassified catalogue, though the discrepancies are likely to be small, and should not affect the general picture. The catalogue statistics selected are as follows :

1. All-China, 75 titles.
2. Ulan Bator, State Library, Mongolian People's Republic :
 - (i) as listed by Jambaa, 1959, 46 items, all said to be manuscript.
 - (ii) as listed in the 1937 catalogue of the library, 40 items of all types. There must be a considerable overlap, which has not been checked.
3. Copenhagen, Royal Library, 26 items.
4. Stockholm, Hedin Collection, 8 or 9 items.
5. Tokyo, Toyo Bunko, 8 items.

6. All-Germany, 7 items.
7. Chicago, Laufer Collections, 6 items.
8. Washington, Library of Congress, 5 items.
9. London, Bible Society, 1 item.
10. Dublin, Chester Beatty Library, nil.¹

These figures are not strictly comparable. Firstly, it is obvious that some catalogues, the Chinese and German ones, cover national holdings, while the other lists refer to individual collections. Secondly, the Chinese catalogue is a list of titles, indicating those libraries in which the item concerned is to be found, while other catalogues count each item individually. Hence, the total number of books in the Chinese catalogue is a good deal higher than 75. The section on medicine in the Copenhagen catalogue, too, contains one or two items which might better have been entered in the sections on divination or astrology. These discrepancies, though, do not detract from the overall impressions which can be gained from the figures. Firstly, the number of works on traditional medicine said to be preserved in public collections everywhere seems surprisingly small. Seventy-five titles for the whole of China, or at least for the 60 major collections taken into account, look rather a low total.

The same may be said of the 40 or 46 titles listed for the State Library of Mongolia. Against this, though, we know from other publications that there are many more items extant, for example in Mongolia, than are listed for the State Library. Secondly, and with more certainty, one can see that the holdings in China and Mongolia far outweigh those in western libraries. Only the Royal Library, Copenhagen, reaches double figures, and it would not have done so if the books had been numbered on the same principle as is used in the Chinese catalogue. Something will be said in the present paper about divination and astrology as applied to medical matters, but no attempt has been made to give figures for holdings in these categories, partly because what will be termed here "magic" processes are not concerned exclusively with medicine, but can be applied to all sorts of situations,

of which sickness is only one. Hence sections on medicine may lurk unrecognized in handbooks whose titles do not fully disclose their contents.

The actual contents of the libraries display a similar contrast. Western libraries are, on the whole, less rich and varied in their range than the oriental ones. Their holdings tend to include a disproportionate number of copies or parts — less often of the whole — of such works as the Mongolian versions of the Tibetan classic of medicine, known usually in Tibetan as the *rGyud-bṣi*, and in Mongolian as the *Dörben Ündüsün*, the “Four Tantras”, and of its sequel, the book generally known, even in Mongolian, as the *lHan-t’abs*, the addition or appendix. For example, all five items counted in the Library of Congress belong to this category, as does the single work owned by the Bible Society, a manuscript copy of the *lHan-t’abs* made in Siberia early in the nineteenth century for the English missionary, Edward Stallybrass. The one exception to this general impression is the Royal Library. The late Professor Kaare Gronbech, who collected the bulk of the books concerned, made a deliberate effort to collect less well known books in all subjects, not only medicine, in order to avoid duplicating existing western collections, in which blockprints of a religious nature tended to predominate. As a result, the Copenhagen collection is richer in such categories as medicine, divination and astrology than it might otherwise have been.

Without the advantage of personal inspection, one can get only a very superficial impression of the nature and quality of the oriental holdings. The Chinese catalogue is terse. A typical entry for a medical work will consist of the Mongolian title, a Chinese translation of the same, followed by an indication of the physical nature of the book, whether manuscript or blockprint, etc., and of the libraries where copies are to be found. It is usually silent on such basic matters as the date of composition or edition, size of paper, number of pages, and whether or not a translation and is so from what language. The Ulan Bator catalogues are less reticent, but are still not so informative as to contents as is the Copenhagen catalogue.

In recent years, few publications from either Inner Mongolia or the Mongolian People's Republic on the subject of the history of medicine have been seen, though the subject is by no means neglected. It appears from the annual publication plan issued by the authorities in the MPR that monographs are planned from time to time, and possibly actually published. The difficulty is to get hold of them. The publication plan for 1984, for example, announced a book entitled "Some problems of the theory and practice of eastern medicine"² which might prove of interest, since it is said to deal with the writings of Indian, Tibetan and Mongolian doctors amongst other themes. It should contain also the names of some 2000 drugs of plant, animal and mineral origin in Tibetan, Mongolian and Russian. It is, in fact, in the field of herbals that more publications have reached the west. Handbooks known to me include :

1. "Terminology of some medicinal plants used in Mongolian medicine"³
2. "Some medicinal plants of Mongolia"⁴
3. "Let us make wide use of local medicinal plants in veterinary practice"⁵

Handbooks of poisonous plants perhaps form a complement to herbals. The two following titles have been seen :

1. "Poisonous plants of Mongolia"⁶
2. "Poisonous plants"⁷

Not seen so far is an illustrated herbal entitled "Medicinal plants of Mongolia".⁸ Finally, an interesting semi-popular handbook containing much traditional lore is "medicines of animal origin used in popular medicine".⁹

One brief sketch of the history of Mongolian medicine which is accessible is a paper presented by Xaidav and Tserenchimed to the UNESCO symposium held in Ulan Bator on the subject of the role of the nomadic peoples in the civilisation of Central Asia, and published, in Russian, in the proceedings of the symposium.¹⁰ Amongst the novel facts presented in this paper is the

information that as a result of research carried out over the ten years up to 1974 by the Institute of Biology of the Mongolian Academy of Sciences, some 200 treatises relating to the history of medicine in Mongolia had become known to the authors, the majority of them, some 130, being handbooks of prescriptions.

Xaidav and Tserenchimed divide the history of Mongolian medicine into the four following periods :

1. Period of folk medicine
2. Period of penetration of oriental medicine
3. Period of laying the foundations of Mongolian medicine
4. Period of development of modern scientific medicine.

This is a fairly rough and ready periodization, since progress does not go in a straight line, but if it is acceptable for the purposes of this paper, then the third period is of particular interest. This period begins around the end of the 16th century, though Mongols had become acquainted with the Tibetan and other systems of medicine much earlier, during the time of the Mongol empire. It was, though, after the penetration of Buddhism into Mongolia, which began in the last quarter of the 16th century, that Tibetan medicine really took hold, and became the basis of Mongolian theory and practice.

The fundamental text was the "Four Tantras". It is not certain when this book was translated into Mongolian. W.A. Unkrig, in his preface to Fr. Korvin-Krasinski's monograph on Tibetan medicine, states that it was translated at the beginning of the 14th century by the scholar Choiji-Odser.¹¹ His authority for this may have been his Lama-doctor teacher Badmayev.

Unkrig's suggestion has been repeated subsequently, and has been taken up by the two Mongolian authors, but the standard life of Choiji-Odser by D. Tserensodnom, does not find the evidence for it wholly convincing.¹² However, it is certain that the book was translated more than once in and after the 17th century, and it appeared in both Mongol and West Mongol or Oirat, and circulated in both manuscript and printed form. Individual chap-

ters, especially that on the pulse, seem to have circulated separately.¹³

It is rather unrewarding at present to try to piece together the written evidence for the development, and, perhaps, the subsequent decline of classical medicine in Mongolia during the Manchu dynasty, since the available material is so scanty. References to doctor-authors and books can be found in Mongolian publications, though the books themselves are not easily accessible, if at all. However, it is a fact that the years following about 1600 saw a great deal of translation of books of all sorts from Tibetan into Mongolian, including works on medicine, and the compilation of works in both languages by Mongolian doctors. Medical schools grew up in lamaseries. Xaidav and Tserenchimed report that the first lamaist medical school in Outer Mongolia was founded in present-day Bayanxongor province by a lama named Luvsandanzan Jantsan, but they do not give a date. The founder himself wrote a number of medical works which, to judge by the quoted titles, were probably in Tibetan. The lamasery had a small printery which produced, amongst other items, an edition of the "Four Tantras" — again, it is not clear in which language. The two authors go on to mention other medical schools in Outer Mongolian lamaseries, and other celebrated lama-doctors of the 18th and 19th centuries. These include the 18th century polymath Ishbaljir, known as Sumpa khanpo. Ishbaljir happens also to have been the author of a little handbook of scapulimancy, or divination from the observation of the scorched shoulder blade of a sheep. Scapulimancy was practised in Mongolia in pre-Buddhist times, and Ishbaljir adapted this superstitious rite to accord with Buddhist thinking. His booklet had a wide circulation. There is a copy in Copenhagen, which was probably in use in Inner Mongolia as late as the 1930's. This is in Mongol only. Another copy, seen in private possession in Ulan Bator, is bilingual.¹⁴

Forecasts from scapulimancy relate to a range of predicaments, not only to sickness, and though they do embrace sickness, there is no medical content as such. One finds mainly such pronouncements as, 'If a figure appears from the location of the

Nose meeting this figure, there will be help from medicine. Good.' 'If the Crupper is straight, you will find a doctor should you look for one, and he will be of assistance.' 'Though there may be spells and evil influences from others, there will be assistance from *gürüm* (religious rites) and medicine, and so fear will be absent' and so on. That Sumpa khanpo should have entertained such ideas as there is an interesting comment on the lamaist approach to both medicine and the latent opposition from surviving folk-religious beliefs at the time. When editing part of this text some years ago, I found it difficult to make out what he meant by his apology for compiling a book which might appear to confer validity upon a doubtful practice. As far as I could understand him, his attitude was that, while scapulimancy was illusory as to its relation to absolute truth, it only shared thereby in the illusoriness of all conditional truth.

The two authors mention other doctor-authors. One of the more celebrated seems to have been a certain Dandar, active around 1900, and the author of several major works. Another name of importance is that of the Inner Mongolian Lama Ishidanzanwangjil, who is best known to Mongolists as a satirical poet, but who was also a doctor of note during the second half of the last century. He is credited with the composition of four treatises. Some of his works survive, in both Inner Mongolia and the MPR.

These scraps of knowledge could be supplemented, but they suggest how incomplete the accessible documentation is in the western world, and to what an extent we are dependent upon the publications of colleagues in Mongolia and China. To my own knowledge, only one more or less comprehensive handbook dealing with the treatment of sickness, and ascribed to a named author, is to be found in a western European library. This book is in Copenhagen and is entitled, in English translation: "The method of producing vigour, from the instructions and sealed pronouncements of the Doctor Darmo."¹⁶ It is probably the same as a work mentioned in the preface to Korvin Krasinski's book.¹⁷ The book comprises a number of chapters devoted to different

conditions and groups of conditions, and remains unedited. The combination of linguistic and technical skills which would be requisite to analyse the book present a considerable obstacle.

In theory, Mongolian doctors were the heirs to the best which the Tibetan tradition could offer, reinforced by ideas, practices and drugs imported from China. The China drug trade was in fact very important to the Mongols during the Manchu dynasty. Amongst the books in Ulan Bator are lists of the medicines held by certain drug shops in Peking. These lists are so far unpublished, and we have only the relevant catalogue entires.¹⁸ Again, amongst the books in Copenhagen is a list of drugs, printed in Tibetan and Chinese with the Chinese names figured in Mongolian script, composed in the 18th century and intended, partly, to help Mongolian purchasers to avoid being cheated.¹⁹ In practice, though, these high standards of training and practice were not always attained, but evidence for decline, if such was the case, is to be found, as far as western readers are concerned, mainly in missionary reports rather than in native sources, and will not be dealt with further here.²⁰

At a level below the directions for diagnosis, treatment and prognosis of the "Four Tantras", we find popular handbooks of remedies in small numbers in western libraries and in private hands. Oriental holdings are much larger. It would be instructive to be able to compare these with the classical system, and try to see whether they represent a decline from that system, or a different scheme of things altogether. Those such books which I have seen are rather carelessly written, which complicates the understanding of what are already difficult texts. A recent example has been presented by Dr. Caroline Humphrey in an article entitled "A Fragmentary Text of Curative Magic".²¹ The Mongol original is entitled *Dom-un bičig*, and it is interesting to observe, in view of what has just been said about the standard of copying, that the writer even got the title wrong and had to correct it. Not every problem in this text could be solved, but enough of it is clear enough to give a good idea of what such books contain. Another example, probably typical, which I shall quote at some

length is a short manuscript which I saw in the Bibliothèque Nationale, Paris, many years ago, and which I copied out as best I could. This book is entitled *Dom kemegdekü orusiba*, a title which one might perhaps translate as 'Herein is Leechcraft'. The Mongolian term *dom* has a range of meanings, from popular medicine or popular cure to magic ritual to effect a cure. Thus, in the Paris manuscript, as in Dr. Humphrey's book, the recommended *dom* are what I see as the application of natural substances, but one can find the word used also in handbooks of magic, which I shall look at, to describe substitute rituals and other practises of a supernatural nature. In fact, vocabulary in handbooks of this sort is inexact. *Dom* can be replaced by *tusa* meaning 'help' and even by the word *nom*, which normally means a Buddhist religious book, but can also, by extension, refer to a substitute ritual.

The Paris manuscript is not, then, a handbook of magic, but contains everyday, folk-remedies for common-place conditions. It is short, comprising only five sheets, and it seems as if it might have been the vade-mecum of a rough and ready quack. There is nothing in the way of diagnosis. What is treated is, in each case, a single symptom, which is stated in bald terms, and for which an equally simple remedy is prescribed. There is no observable order in the entires, though women's complaints tend to form a group. One entry is repeated. The remedies may or may not have proved effective, though some, I think, may have been actually harmful. What their appeal was one can only guess at. The disgusting nature of some may have been an element, and occasionally one may perhaps glimpse sympathetic magic at work. The following extracts are typical :

If the throat is swollen and the voice hoarse, boil down some large (lit. ox) beans and drink, and it will get better.

If one cannot pass water, boil down corn stalks and drink, and it will get better.

In case of continuing bloody diarrhoea, boil down red bean-flour and drink, and it will get better.

If a woman's periods flow excessively, burn the nest of a wren and drink down the ashes with three drams of spirits, and it will get better.

If the sight of the eyes is dulled, drip human milk on to them each morning, and the sight will return.

If someone's eyes go dark, and he loses his sight, pick out the eyes of a crow and prick these with a needle above that person's eyes, and drip it in, and the sight will be restored.

If anthrax breaks out, burn the bones of a cat and smear this on, and it will get better. (The point here may be that sympathetic magic may be intended. The Mongol term which I translate anthrax means, literally, mouse ulcers.²² The connection is partly strengthened by comparison with Dr. Humphrey's text, where the instruction is to cut upon a mouse and apply it to the patient while still warm. Unfortunately the hypothesis is weakened by the alternative suggestion that fox guts will do just as well.)

If one wishes the eyes to be bright, burn the gall of a pig in fire, make pills the size of a millet seed, and rub these into the eyes. Do this three times, lying down, for as long as it takes an incense stick to burn, and the eyes will become as bright as the sun.

If one cannot pass water at all, pound up rock crystal and salt and drink, and it will get better. (There are some startling continuations if this does not work.)

In case of a burn, burn fish bones in fire, pound them up with fat and smear this on, and it will get better.

If the teeth hurt badly, rinse them with the urine of a black ox, and it will get better.

If someone has a nose-bleed, pound up wheat flour in cold water and if they drink it, it will be stanchd. And so on.

Considerable attention is paid to female disorders, though the outcome of the treatments suggested appears questionable. Thus,

should a woman wish to get pregnant (which is how I interpret the Mongol) the roots, stalks and leaves of nettles should be pounded up, dried in the shade, and powdered. She should drink this down with warmed spirits, and conception will ensue. Should her periods dribble, on and off, she should drink a cup of human milk and they will be stanchd. If a woman is about to give birth, but the child will not emerge, then one should burn what I take to be snake-spittle with human hair, divide this into two, and get her to drink it down with spirits, and the child will emerge without fail. But if the child threatens to be born feet first, then one should prick its feet with a needle and smear on a little salt, and it will emerge without delay. It is encouraging to know that an unconscious drunk can be brought round by scraping the hooves of a donkey, boiling down the scrapings in water, and getting him to drink the lot.

I have gone into this much detail in order to bring out what I think characterises these remedies, that is, a haphazard, individual approach to illnesses, lacking diagnosis and prognosis, though relying on the application, internally or externally, of remedies of substance. The remedies may even have proved harmful. It might not matter if one were to plaster one's flesh with one's own hair dirt to remove a thorn, but the same remedy applied in the case of an ulcer on the face might not prove innocuous. But such considerations do not affect my main point, which is that what is prescribed is, in every case, something tangible. There is no element of magic or appeal to the supernatural involved, a distinct difference from the books in the next group I propose to look at, those whose ethos is a religious one. Structurally, too, there is a contrast. The popular remedies may be presented unsystematically, but the handbooks of "magic" are characterised by their internal schematization. The systems, of classification, though, are mechanical and have nothing to do with sickness. Indeed, the same systems are regularly applied to other situations as well as to sickness. Again, some of the magic handbooks are specific about the reasons why an illness has occurred, but these reasonings, too, are non-medical, partaking of the superstitious.

The terminology, though, recalls that of classical medicine. A typical section of the *lHan-t'abs*, for example, will describe the origins and treatment of a particular disease under a number of set headings, sometimes more, sometimes fewer. These headings include the word *siltayan*, 'main reason' and *ĵasaqu arya*, "method of treatment". It is these two terms, the second often varied to *ĵasal*, "treatment", which figure most prominently in the magic handbooks. There appears to be a superficial association of magical with classical medicine, then, if we simply examine the terminology, but this association is a very limited one. Once we get beyond the level of arrangement and vocabulary, we find ourselves in a very different world. Whereas the *lHan-t'abs* proposes natural causes for a named disease and prescribes, generally speaking, natural remedies, the magic handbooks see sickness in terms of breaking taboos, incurring the malice of demons, and so on, while the remedies are intended to correct such imbalances in the order of things.

The processes involved in the recognition of the source and nature of the disease and in the choice of a suitable remedy are perhaps of secondary interest, but they cannot be ignored. We can divide them roughly into two groups, that is, normally occurring phenomena and artificially produced omens. Characteristic of the first group is a handbook belonging to the Scheut missionaries in Louvain, entitled, in English translation : "Book for enquiring into the horse ridden by one going to make enquiries for a sick person."²³ The first section deals with the behaviour of the horse itself. Thus, if the horse yawns, it will be chronic; if it snorts, recovery will be swift; if it coughs, the illness will be acute; if it stretches, death will occur within 24 hours. If saddle cloth and saddle lie crooked there will be trouble — don't go; if it neighs, the illness will be serious; if it tries to get loose, the patient will recover. The next section concerns the demeanour of the man who has come to summon the practitioner, whether he speaks from outside the tent, how he sits down when he comes in, and so on. So, if he comes in and sits down with legs crossed, the sickness will not be dangerous. As for the reason — *siltayan* — it came from a grey-haired man. This man should be modelled

in flour, on a horse, and exposed. The patient's body should be washed while reciting the *Siditen*, and he will get better. If the man comes in and sits down with one leg bent, then the patient has been going from tent to tent, or else he has eaten carrion taken by an animal, and the demons are active on that account. He will vomit and have sharp pains. The sickness will be acute. One should recite the *Altan Gerel*, make incense offerings, expel a substitute of the body with clothes and boots. If the man calls out before coming in, the sickness will be severe. The reason — *siltayān* — is that the harm has come from having killed birds or beasts. One should recite *Čaγan Sikūrtei* a thousand times, and expel weapons, saddle, bowcase, bow and arrows, and clothes and the illness will be relieved and he will get better.

Our texts provide several different methods of deliberately consulting oracles, with variations on some. Scapulimancy we have mentioned. Dice may be thrown, either one die, usually inscribed with the six syllables of the mani prayer, or three dice, giving a series of combinations. Coins may be tossed, using groups of 5, 6, 9, 10 or 12. Here it seems likely that some processes, especially that using six coins, which are associated with the hexagrams of the *I Ching*, are to be identified as of Chinese origin, while nine coin divination may be of Tibetan origin. I suggest that this may be so because there is a handbook for this process in Tibetan in the Chester Beatty library, while in Copenhagen we have parallel handbooks in Mongol. But of course it may only be the case that Tibetan was used because it was, so to speak, a sacred language. The process is simple but interesting. Each of the nine coins has a name — stupa, mountain, boat, lion, wolf, sun, crow, moon, vase. One of them is marked. They are held between the palms of the hands while prayers are pronounced, and then moved about on the palm of the left hand by means of the right hand. The moment when the marked coin falls is the operative one, and the handbook will provide advice under the name concerned. This advice is not limited to cases of wickedness, but covers a general prognostication, sickness, search for lost beasts, and travelling. As with the other handbooks we have looked at, diagnosis and treatment are tersely expressed.

For example, if no. 5, wolf, is applicable, the illness will have come from a bad smell, or from scorching. Under 7 it will have come from red-coloured goods, and so on. The remedies recommended are the recitation of certain scriptures.

To give an idea of the possibilities inherent in these artificial methods of classification, I quote now from an incomplete manuscript in Copenhagen.²⁴ Successive sections offer the following categories :

1. Relationship between the day when the sickness occurs and the sickness itself. For example, if someone falls ill on a mouse day, the intestines will be heavy, there will be trembling, and the tongue, heart, hands, feet and sides will be affected. The harm has come from a ghost which died in blue water, from a black tent, and from black-coloured goods. Or else the harm has come from a traveller. Remedy — undergo consecration (*abhisheka*).
2. Relationship between the day of the month and the sickness. If someone falls ill on the first day of the month, it is because he has gone towards the west, and so on.
3. Relationship between the 8 trigrams and the sickness. The text here has a nine-squared diagram with the names of the trigrams written in the outer 8 squares. The method is not explained, but from another text kept in Louvain we can see that one system was as follows : for a man one counted sunwise from a certain trigram, for a woman, backwards from a different one. The counting was done with 7 white stones and one black one, or with similarly coloured barley corns, and where the black counter fell was the operative lot. The process was to be carried out 7 times, so as to provide advice on what disease was involved, how it was caused, what demon was responsible, what dreams would be dreamed, how the sickness should be treated, whether it would be acute or chronic, and whether it would be easy to cure.

4. Relationship between the birth year of the patient and the proper day for examining the sickness or for avoiding examination.
5. The influence of particular evil spirits upon people born in particular years, in association with particular days of the month. Thus : On the 8th day of the first month of spring, the *mangyus* or orge-snare will be cast on people born in the dog, horse and tiger years. If they fall sick on that day they will die. If they do not die, the ogre will never let them go, like a bird caught in a net. If you know about this snare, make an ogre-sword and cut the snare, and you will get better.
6. Prohibitions connected with illness in each month of the year. For example, if you fall ill in the 7th month, do not admit anyone born in a snake year.
7. Actions to be taken in connection with illness occurring on certain days.
8. Prognostications in case of illness occurring on certain days of certain months.

The purpose of engaging in divination, as far as illness was concerned, was to establish the nature of the illness and the reason for its occurrence — that is, its possible connection with the patient's astrological data, with his actions, which might have aroused a demon, perhaps through breaking some sort of tabu, and so on — and to discover an apt remedy. There is an extraordinary range of curious analysis and advice in the handbooks I have seen, and in a short paper one cannot do justice to the subject, of which I made a fairly full analysis several years ago.²⁵ But one thing seems to be common to all handbooks — disease is not attributable to effective physical causes. There may be dogmatic statements as to the connection between an action and a sickness, but this connection is a supernatural, not a natural, one. Even when the eating of impure food is established as the reason, the impurity resides not in physical decay or infection, but in the origin of the food. Thus, one should not accept food from a

widow, or a woman who has lost her children. Food coming from a particular compass direction may turn out to be dangerous. All sorts of actions on the part of the patient may have been responsible for his condition — accepting old clothes, crossing water, having contact with the rider of a camel, going into a ruined city, accepting red-coloured things, accepting a sharp knife, and so on. These and other actions seem to become effective because they attract the attention of a range of malevolent influences, or it may be that the subject has simply met with these influences. Thus, if someone falls ill on a snake day, it may be that an *ada*-demon, which has been following a woman, was responsible.

Remedies are many and various. The term generally used in *Jasal*, the word favoured also in classical medicine, though in our handbooks it denotes any type of magic or ritual performed in order to combat a sickness. *Jasal* include the making and expulsion of substitute figures — a ritual known from pre-Buddhist times in Mongolia. There is a description in the 13th century Secret History of the Mongols, for example, of how this method was resorted to when the emperor Ögedei, the successor of Genghis Khan, fell seriously ill. Buddhist scriptures may be recited, gifts made, apparently to the responsible demons, and so on. The subject is inexhaustible.

We may leave magic here, and go on to the last part of the paper, which concerns the use made by Mongols today of the principles of classical Tibetan medicine. Here I can only proceed very cautiously, as I have little reliable information, and what I do have has been fortuitously acquired, and is very incomplete and unsystematic. In the Mongolian People's Republic, to my knowledge, modern medical practice is based on what we may call western practice. Education, training and procedures, provision of medicines and equipment, and so on, are all linked with the Soviet world and with technical specifications current in eastern Europe and the USSR. However, older practices, which while discouraged and forcibly repressed, were never entirely extirpated, have surfaced once more, in the wake of the political liberalization which is affecting the Mongolian People's Republic together with the rest of the former Soviet world. This revival

has been encouraged by the establishment of an Institute for Popular Medicine (Ardyn Emnelgiin Xüreelen). These older practices are discussed in the press and are the subject of recently published books, and are apparently acquiring the status of an alternative medicine, though without the benefit of personal observation it is impossible to gauge the practical extent of the revival. An unwelcome feature of this revival is the emergence of charlatans, who exploit the new freedom in order to engage in more quackery.²⁶ In Inner Mongolia, a part of China, the older traditions of medicine have been fostered for some time past alongside modern theory and practice. I cannot speak with any particular knowledge of what has been happening in Inner Mongolia in the last several decades, but must limit myself to looking at a few books which happen to have come my way.

First of all, the *Dörben Ündüsün*, in "Four Tantras". This book was re-translated in the 1950's and published in 1959 in two volumes in an edition of 7000 copies.²⁷ On the title page, editing and translating are ascribed to the Chinese and Mongol Medical Research Institute of the Inner Mongolian Autonomous Region. Besides the "Four Tantras" itself, the book contains a number of selected chapters from the *IHan-t'abs*. The book has an interesting preface. In this, the "Four Tantras" as a book is traced back to Indian origins via Tibet. It is said to have reached the Mongols originally during the Yüan Dynasty, since when it has continued to be studied by Mongol doctors and to have enriched Mongol medicine. It was translated into Mongol during the Manchu Dynasty, and also printed. Other Tibetan works, whose names are given in Mongol transcription, also helped to form the basis of Mongol medicine, as did Chinese medical science, together with that of other countries, with the result that Mongol medicine has now developed into a particular system. After analysing the contents of the book, the preface goes on to extol it as a work which should be studied by all Mongol doctors, since it would have an important effect on the emergence of what is called 'new medicine' in China. It was in order to implement a call by the Communist Party to enhance the heritage of national medicine, that Mongol doctors were mobilised under the leader-

ship of the Chinese and Mongol Medical Research Institute and the Office of Health of Inner Mongolia to re-edit and re-translate the "Four Tantras" with the aim of promoting Mongolian medical science. Re-editing was considered necessary in order to eliminate what were thought to be unscientific and religious elements in the book, and also to simplify passages which were hard to understand, taking certain other medical treatises into account. For example, the editors cut out the legend concerning the origin of the 'Four Roots' which occurs at the beginning of the book, though interestingly enough they proceeded to summarise the legend they had excised, and they also removed passages referring to such practices as the use of dharanis. I do not know what, if anything, happened to the 'Four Roots' during the cultural revolution, but the book was re-edited and published once again at the end of the 1970's, appearing in one volume in 1978 in an edition of 11,540 copies.²⁸ No extracts from the *lHan-t'abs* were included in this second edition. The 1978 preface describes the process of revision as it affected the first edition in much the same words as the 1959 preface, and then goes on to explain the further revisions which were made subsequent to that edition, whose intention was to make the book even more accessible to contemporary readers. Surviving religious or superstitious elements were removed, errors corrected, difficult or obsolete expressions replaced, and terminology reviewed and brought into line with common usage. There can, it seems, be no doubt as to the significance which the 'Four Roots' has in the development of medicine in present-day Inner Mongolia, though one lacks evidence as to the details of practice.

Secondly, in 1982, there appeared a Tibetan-Mongolian medical dictionary, compiled by an author named Galsang, in an edition of 6,300 copies and just under 800 pages.²⁹ The book has a preface by the Silingol Medical Research Institute. It contains some 15,000 Tibetan headwords. One stated aim is to standardise the terminology of modern Mongolian medicine. The headwords have been taken from the "Four Tantras" and from a number of other works, including not only classical texts from Tibet, but also native Mongolian works. These include the *Saran-u geral*

kemekü toli, 'Dictionary called Light of the Moon' by Agwang-dandar, a doctor from Alashan, *Töbed Mongγol dokiyan-u bičig nere üge udqa γurba-yi tododqayči toli* 'Tibetan-Mongolian Terminological Dictionary, explaining Names, Words and Meanings' by the Buryat Lubsangdorji, and others.

The third book to be mentioned is a handbook entitled *Tabun Ĵasal*, 'The Five Treatments', by one Mingγanbayar, which was published in 1982 in what seems to be rather a small edition of 1700 copies. This book appears to be an exposition of certain of the procedures explained in the Four Roots, refined and brought up to date, and expanded by reference to Chinese theory and practice, and forming part of what is termed Mongol medicine.

This Mongol medicine³⁰ — a term met with already in the preface to the Four Roots — is said to have several advantages. The equipment is simple, the exercise of the methods is easy, the expense is small, the scope for application is wide, and the effectiveness is rapid, and for these reasons, it is said, it is widely welcomed among the mass of the herdsmen.

The book consists of three parts, entitled respectively : *Tabun Ĵasal* 'Five Treatments'; *Dotor Ĵasal*, 'Internal Treatments' and *Emčilegen-ü Sine Ĵasal*, 'New medical treatments.'

The "five treatments" of the first part are in fact six in number, and correspond to the so-called Rough and Gentle Treatments³¹ which are the subject of the final section of the Four Roots in its modern Mongolian editions. These are the chapters listed under the heading 'External treatments' by Dr. Finckh.³² These treatments comprise bleeding, moxibustion, use of compresses and similar applications, massage, bathing and acupuncture. Of these, bleeding, moxibustion and acupuncture are classified as rough treatments, the other three being gentle. There appears to be a third category, named hard treatment, which embraces actual surgery, but this is merely mentioned along with the other two, and does not seem to be dealt with further. The first section, on bleeding, begins with a general statement, describing its purpose, which is to extract so-called "bad blood" from the veins. The next section describes the equipment, with reference to the cor-

responding text in the "Four Tantras". The following section is of especial interest, as it deals with cleanliness, stressing the absolute necessity for a clean environment, either a proper surgery or a clean tent, for the sterilisation and hygienic storage of equipment, using either a special boiler or 95 p.c. pure spirit, for absolute cleanliness on the part of the operator, who must sterilise his hands thoroughly and refrain from operating if there is any lesion on them, and for sterilisation of the area of the patient's skin surrounding the chosen site for the operation. This area is to be thoroughly cleaned from the centre outwards with cotton wool soaked in iodine, followed by a similar cleansing with spirit. The next section deals with what conditions may be treated by bleeding, and those where it is not indicated. This section is literally almost identical in naming the permissible and the forbidden conditions with the corresponding passage in the "Four Tantras". Next comes a section on the procedure, divided into preparations and actual operation. The latter is subdivided into the following headings : ligatures, method of bleeding, veins for bleeding, examination of the blood (visual inspection), as in the "Four *Tantras*", amount of blood to be taken, correction of anomalies. The most extensive part of this section is that which lists the appropriate spots for bleeding, which are identified by their Tibetan names, and illustrated in diagrams.

The following sections follow a similar pattern. The section on moxibustion describes the preparation of pellets from a particular plant, *ula ebesü*.³³ These pellets may be supplied directly to the skin, or some substance, usually ginger or garlic, may be interposed. Moxibustion may also be performed by means of heated needles. The pellets themselves are prepared in a wooden mould which allows for the production of pellets of different sizes and hence of graded severity.

I do not possess similarly extensive evidence concerning the use of such practices as bleeding, moxibustion, application of compresses, and so on, in the Mongolian People's Republic, but chance references suggest that such old practices may survive, and that modern versions of them may be current. One such reference came in a popular booklet on cancer, where the importance

of marks left by cupping, hot compresses and mustard applications on the back of the patient in connection with the investigation of possible metastases of breast cancer is alluded to.³⁴ A second significant hint comes in the announcement of the planned publication in 1986 of a book on needle-cauterisation. The advertising matter shows that this method of treating internal and nervous conditions, women in childbirth, and some diseases of children, has been developed in the Republic over the last 20 years. What relation, if any, this has to classical Tibetan medicine is not stated.³⁵

The second part of the book, dealing with internal treatments, is dependent upon the seven chapters in the "Four Tantras" which precede the once just mentioned. In Dr. Finckh's analysis of the "Four Tantras" these are the chapters headed "Radically effective treatments". The handbook, again following the usage of the "Four Tantras", gives these procedures the general name of *Tabun Üile*, "Five actions". These are :

1. Treatment with oils, applied externally for example by rubbing or dripping into the eyes, or internally as liquid medicine,
2. Purges,
3. Emetics,
4. Nasal treatment,
5. Gentle enemas,
6. Clysters,
7. Cleansing of the veins.

The third part of the book, dealing with what it calls new or modern treatments, describes ways of employing needle-like instruments which involve both acupuncture and the drawing of blood. Thus we find :

1. Use of needles with triangular points, to draw blood,
2. Syringes, used to inject fluids,

3. Electrical needle treatment,
4. Acupuncture applied to the hand.

Finally, there is a section on acupuncture to be carried out by local doctors, followed by one on linked acupoints.

The above is a mechanical and superficial attempt to analyse a fascinating handbook, which represents a mingling of old and modern theory and practice, in the Mongolian, Tibetan and Chinese traditions, and which demands more expert appraisal. One would also welcome some indications from our Mongolian colleagues as to the extent to which the methods expounded in the book are put into practice, and to what effect. This information may indeed be available in Inner Mongolia, though not in this part of the world.³⁶

Notes :

1. Bibliographical references are as follows :
 1. *Büki Ulu-un Monᠭol Qaᠷuᠴin Non-un Yarcay*; *Quanguo Mengwen Gu-jiu Tushu Ziliao Lianhe Mulu*, 1979.
 2. Jambaa : "Ulsyn Niitiin Nomyn Sangyn Anagaax Uxaany Mongol Bichmeliin Garchig", *Studia Mongolica*, I, 9, Ulaanbaatar, 1959 *Ulu-un Nom-un Sang-un Azi-yin Anggi-dur Bükui Monᠭol Anggi-yin Bičimel ba Darumal Nom bičig-ün Būridkel*, Ulan Bator, 1937.
 3. Walther Heissig assisted by Charles Bawden : *Catalogue of Mongol Books, Manuscripts and Xylographs*, The Royal Library, Copenhagen, 1971.
 4. Pentti Aalto : *A Catalogue of the Hedin Collection of Mongolian Literature*, Statens Etnografiska Museum, Stockholm, 1953.
 5. Nicholas Poppe, Leon Hurvitz, Hidehiro Okada : *Catalogue of the Manchu-Mongol Section of the Toyo Bunko*, Toyo Bunko and University of Washington Press, 1964.
 6. Walther Heissig : *Mongolische Handschriften, Blockdrucke, Landkarten*, Franz Steiner Verlag, Wiesbaden, 1961.
 7. John R. Krueger : 'Catalogue of the Laufer Mongolian Collections in Chicago', *Journal of the American Oriental Society*, 86, 2, 1966.
 8. David M. Farquhar : 'A Description of the Mongolian Manuscripts and Xylographs in Washington, D.C.', *Central Asiatic Journal*, I, 3.
 9. M. Rosaria Falivene and Alan F. Jesson : *Historical Catalogue of the Manuscripts of Bible House Library*, Bible Society, London, 1982.
 10. C.R. Bawden : *The Chester Beatty Library : A Catalogue of the Mongolian Collection*, Dublin, 1969.
2. Ch. Baavgai : *Dorno Daxiny Anagaax Uxaany Onal Praktikiin Zarim Asuudal*, announced in *Nomyn Sedevchilsen Tölvölgөө*, 1984, 2.
3. Ts. Xaidav and others : *Mongolyn Anagaax Uxaand Xereglegddeg Emiin Zarim Ürgamlyn Ner Tom'yoo*, no. 61 of the Reports (*Medee*) of the State Terminological Commission. The book lists 429 items under their Russian name, with Latin, Mongolian and Tibetan equivalents, and with indices in the latter languages.
4. Ts. Xaidav : *Mongol Orny Emiin Zarim Asuudal*, 1962 describing some 42 items, classified under their Mongol names, and quoting the Latin equivalents. Botanical descriptions are followed by remarks on the medicinal usefulness of each plant.

5. U. Ligaa : *Oron Nutgiin Emiin Urgamlyg Mal Emmelgiin Praktiki Örgön Xeregl'ye*, 1964, similar in make-up to the preceding item.
6. D. Dagdaa : *Mongol Orny Xort Urgamluud*, 1965.
7. S. Shatar : *Xor Xönöölt Urgamal*, 1967.
8. Ts. Lamjav : *Mongol Orny Emiin urgamal*, announced in *Shine Nom*, 1971, no. 4.
9. Ts. Xaidav : *Arдын Emnelegt Xereglej Baisan Am'ny Garaltai Em*, 1982.
10. Rol' Kochevyx *Narodov v Tsivilizatsii Tsentral'noi Azii*, Ulan Bator, 1974. See pp. 289-293 : *O Staroi Mongol'skoi Meditsinskoi Literature*.
11. *Die tibetische Medizinphilosophie*, Zürich, 1953, xx.
12. D. Tserensodnom : *XIV Zuuny Üeün Yaruu Nairagch Choiji-Odser*, Ulaanbaatar, 1969, 45-46.
13. For example, Copenhagen, Mong 293 and 295.
14. C.R. Bawden : "On the Practice of Scapulimancy among the Mongols", *Central Asiatic Journal*, IV, 1, 1958, 1-31, and "A Tibetan-Mongol Bilingual Text of Popular Religion" in R. Kaschewsky, K. Sagaster, M. Weiers : *Serta Tibeto-Mongolica*, Otto Harrassowitz, Wiesbaden, 1973, 15-32.
15. See W. Heissig : *Geschichte der Mongolischen Literatur*, Harrassowitz, 1972, vol. 2, chapter 11. For his activities as a doctor sunan article in Chinese, "Jiechude Mengguzu Yixuejia Yixidanjinwangjila", in *Chinese Journal of Medical History*, 1983, no. 13, 4, 255-258.
16. Mong 439.
17. op. cit. xxii.
18. Jambaa, 9-15.
19. Mong 68.
20. Relevant books are : James Gilmour, *Among the Mongols*, 1882, John Hedley, *Tramps in Dark Mongolia*, 1910, 1912, and my *Shamans, Lamas and Evangelicals : The English Missionaries in Siberia*, London, RKP, 1985.
21. *Journal of the Anglo-Mongolian Society*, IX, 1 and 2, 1984, 27-42.
22. Mo. *quluyana yara*. The equivalence is by no means certain, and dictionary-hunting leads one in a circular chase with no reliable solution. The best modern Mongolian-Russian dictionary, that of Luvsandendev, translates *sibirskaya yazba (u skota)*, i.e. *anthrax (in cattle)*. However, the Report of the State Terminological Commission, no. 71, on human medicine, gives *boom* as the Mongol equivalent of *sibirskaya yazba*, and *boom* is defined by Luvsandendev also as *sibirskaya yazba*. The two Mongol words might of course be used for the one condition, except that a manual of veterinary practice, A. Pürevjamts : *Zoo-mal Emmelgiin Ün-*

- des Sudlagchdad Tuslamj*, Ulaanbaatar, 1963 describes *two* conditions under these names. In this work, *boom*, though not translated, is evidently anthrax, whereas *quluḡana yara* (modern form *xulḡana yar*) is not, though what it is I do not know. Reference to other dictionaries leads one further afield. Kowalewski has Russian and French equivalents corresponding to English mumps, and Tibetan equivalents *mdze* and *mdze-nad*. The recently published Tibetan-Mongolian medical dictionary to be described below gives as equivalents *uyaman ebedčhin*, which the Commission's Report explains as leprosy; *quluḡana yara*, which does not help further; and *nebterkei yara*, "penetrating ulcers" which I have not traced. The equivalents for *quluḡana yara* in the standard Mongol-Chinese dictionary published in Huhhot in 1976 *shu-chuang* and *luo-li*, both defined elsewhere as scrofula. Scrofula can be traced, e.g., in Vietze's German-Mongol dictionary, as *bulag övchin*, leading in yet another direction.
23. MS. no title. See no. 37 in W. Heissig : "The Mongol Manuscripts and Xylographs of the Belgian Scheut-Mission", *Central Asiatic Journal*, III, 3, 161-189.
 24. Mong 301.
 25. "The Supernatural Element in Sickness and Death according to Mongol Tradition", *Asia Major*, 1961, New Series VIII, 2, 215-257 and 1962, IX, 2, 153-178.
 26. In particular, a whole-page article in the newspaper *Utga Zoxiol* no. 4, 25 January 1991, signed by P. Yansan, a research worker at the Institute of Medicine (Anagaax Uxaany Xüreelen) outlined the history of traditional medicine, expressing regret at the damage done to the tradition during the Choibalsang and Tsedenbal years, in particular through the destruction of lamaseries and their medical faculties and the wholesale persecution of lama doctors. The article concluded with a seven-point plan for the rehabilitation of Mongolian traditional medicine. As long ago as 1970 the publishing plan for that year announced a book by D. Dorjjantsan entitled *Ardyn emchilgee*, "Popular medicine" which was described as dealing with popular remedies for conditions including concussion and fractures. The 1974 plan announced a book by D. Doljin-Ochir entitled *Fizik ba emiin bus emchilgee*, "Physical and Drug-free Treatment" which was to deal with blood-letting, massage, cupping and so on. A book-list circulated in June 1991 lists the following titles : *Mongol emiin jor*, "Mongol prescriptions"; *Dorno daxiny anagaaax uxaany onoshlogoo*, "Diagnosis in Oriental Medicine"; *Ardyn emchilgeenii arga zasaḷ*, "Popular medical treatments"; *Züü töönüürün zaslyn uxaan*, "The Science of Acupuncture". These books are said to be in print.
 27. *Anaḡaqu Uḡaḡan-u Dörben Ündüsü*, Peking, 1959
 28. Title as in note 26.

29. *Bod-sog gso-rim brda-yig, Töbed Mongᠭol Emneige-yin Toli.*
30. On Mongolian folk-medicine see Klaus Sagaster : "M.M. Haltods Notizen über die mongolische Volksmedizin" in H. Franke and W. Heissig (eds.) : *Heilen und Schenken*, Harrassowitz, 1980, 77-96.
31. *Jögelen sirügün Jasal-un tobči.*
32. Elisabeth Finckh : *Foundations of Tibetan medicine*, vol. I, Watkins, London and Dulverton, 1978, 39.
33. The identity of this material is discussed by Sagaster, 85-88.
34. P. Sagaraajav : *Ömön Üü Övchniig Tanin Medexed Tuslamj*, Ulaanbaatar, 1964, 31.
35. D. Badarchin, Ts. Lxamsüren, B. Tsolmonpürev : *Züü Töönüür Zaslyn Uxaan*. In passing we may note that bleeding and needle-cauterisation are practised as part of veterinary medicine in the MPR. See, for example, a handbook on the subject by D. Shaariibuu : *Matyn Xanuur Züü Töönöl-giin Zasal*, published in 1965 under the auspices of the Ministry of Rural Economy. Bleeding for animals is also described in M. Dash's handbook of animal husbandry, *Mongol Orny Bilcheerün Mal Mallagaany Arga Tusshlaga*, 1966.
36. Since this paper was prepared a large Handbook of Mongolian Medicine (*Mongᠭol em-ün oyillaᠷa*, 1336 pp., 144 coloured plates, 1981) has come into the writer's hands. The shorter first section of the text discusses general matters concerning the collection, preparation and application of medical material, and the much longer second section deals individually with medicinal substances of vegetable and, to a smaller extent, animal origin.

Biographical Notes

BAWDEN, Charles Roskelly (1924—)

FBA, Professor of Mongolian 1970-84, now Emeritus Professor, School of Oriental and African Studies, University of London. Educated at Weymouth Grammar School and Peterhouse Cambridge MA, PhD, Diploma in Oriental Languages. War Service RNVR (Royal Naval Volunteer Reserve) 1943-46. Assistant Principal, German Section, Foreign Office 1948-9, Lecturer in Mongolian SOAS 1955, Reader in Mongolian 1962. Head of Dept. Far East SOAS 1970-84, Pro-Director 1982-84. Publications : *The Mongol Chronicle Altan Tobči* 1955; *The Jebtsundamba Khutukhtus of Urga* 1961; *The Modern History of Mongolia*, 1968, reprinted in 1989, *The Chester Beatty Library : a Catalogue of the Mongolian Collection* 1969; *Shamans, Lamas and Evangelicals, the English Missionaries in Siberia* 1985. Articles and reviews in SOAS Bulletin, Central Asiatic Journal, Zentralasiatische Studien and other periodicals. At the moment he is working on a Mongolian English Dictionary.

DAKPA, Nawang

Head of Paris Tibetan Community. Wrote "La folie d'après un commentaire du rGyud-bži, les Quatre Tantra." *Scientia Orientalis*, 1979, 16, 31-39 and "La sphymologie tibétaine." *Les Médecines Traditionnelles de l'Asie, actes du colloque de Paris 11-12 juin 1979*. Edition préparée par G. Mazars. (Publication du séminaire sur les sciences et les techniques en Asie). Université Louis Pasteur, Strasbourg, 1981, 23-29.

EMMERICK, Ronald E. (1937—)

Born Sydney, Australia. BA Cambridge 1961, Ph.D. Cambridge 1965, University Lecturer, London 1964-71. Visiting Associate Professor Chicago 1967-8, ordentlicher Professor Hamburg 1971. Corresponding member of the Istituto per il medio ed estremo Oriente (Rome) and Fellow of the British Academy. Edited and translated : *Tibetan texts concerning Khotan* 1967; *The Book of Zambasta* 1968; *The Śūraṅgamasamādhisūtra* 1970; *The Siddhasāra of Ravigupta* 1980-82; translated : *The Sūtra of golden light* 1970, 1979; second (revised) edition 1990; wrote : *Saka grammatical studies* 1968; *A guide to the literature of Khotan* 1979; *The Tunshuqese Karmavācānā Text* (Abhandlungen der geistesund sozialwissenschaftlichen Klasse, Jahrgang 1985, Nr. 2), Akademie der Wissenschaften und Literatur, Mainz, 1985; *Studies in the vocabulary of Khotanese*, I, II (Veröffentlichungen der iranischen Kommission, Band 12, Band 17) Vienna, 1982, 1987 (with P.O. Skjærvø).

FINCKH, Elisabeth, Dr. med., née Drescher (23.8.1912—20.1.1993)

Specialist in naturopathy for internal diseases, she trained also in neurology, psychiatry, tropical medicine and homeopathy. Born in Germany, resident in Hamburg. In 1962 she studied in the Tibetan Medical School in Dharamsala under the expert guidance of Tibetan doctors, and she returned there and to the

Himalayan valleys in later years where she observed the work of itinerant doctors. Besides a great number of articles in journals and papers read at conferences, she is the author of the following books : *Foundations of Tibetan Medicine*, 3 vols. (Watkins and Element Books, 1978-88, volume 3 in preparation, originally in German), *Studies in Tibetan Medicine* (Ithaca, Snow Lion, 1988) *Der tibetische Medizinbaum* (Uelzen, Medizinisch-literarische Verlagsgesellschaft, 1990). She also wrote a foreword to the new edition of Heinrich Laufer, *Tibetische Medizin*, Fabri Verlag, 1991.

MANDELBAUM, Arthur

Senior Editor of *Yeshe Melong*, the publishing arm of Yeshe Nyingpo, the centre of the *Nyingmapa* School of Tibetan Buddhism presided over by the late Dudjom Rinpoche and his successors in New York City. *Yeshe Melong* published Terry Clifford's last work which was an edition of *The lamp of liberation* consisting of Dudjom Rinpoche's *Inner Yoga prayer* and his *Heart nectar of the Saints* the whole of which was later translated into English. Arthur Mandelbaum spent six years in India from 1965 to 1971, studying Hindi, Sanskrit and Tibetan at the Sanskrit University of Varanasi, and teaching English in Rewalwar, Himachal Pradesh, and in Kathmandu. He met Terry Clifford during that period, and they remained close friends ever since. He has continued his study and practice of the *Vajrayāna* with Tibetan Lamas in the United States. For the last sixteen years he has been teaching English in the New York City high school system. He is going to Nepal in 1991 on a sabbatical where he hopes to complete a translation project.

TROGAWA (i.e. 'Khro-dga'-ba), Doctor, Rinpoche

Born in Lhasa in 1931 as the son of Tsipon Trogawa, a highranking officer in the Finance Ministry. Realised as a child that in his previous life he had been Lama Mengom Rinpoche at the Gyantse Monastic complex. Sent there at the age of 12 where his own monastery was Mindrol Rabten Ling. He stayed there for three years. At the age of 14 he memorised few short medical writings. At 16 he went to Lhasa where he was apprenticed to Doctor Nang-nong-shag in a private practice, a family man, with whom he spent nine years. This doctor had been for twenty years the pupil of Khenpo Jampa Thubwang, a nobleman and famous physician, at the Norbulingka summer palace. During the last four years of his apprenticeship he began to practise in Lhasa and the surrounding villages, asking for the advice of his teacher when there was a difficult case. At the age of 25 in 1954 he went on a pilgrimage to India, and since that time he has been practising in India, Nepal, Sikkim and Bhutan, also teaching at the Tibetan Medical School at Dharamsala. Since 1981 he has also been practising and teaching in Western countries.

WINDER, Marianne (1918—)

Born in Prague (Czechoslovakia), escaped to England in 1939. Graduate of London and Nottingham Universities. Member of library staff at Institute of Germanic Studies, University of London, 1953-1964 and at Wellcome Institute

for the History of Medicine 1964-1978 (Curator of Oriental Manuscripts and Books 1972-1978), after which Consultant on Tibetan Medicine. Editor of the Buddhist Journal *The Middle Way* 1962-1965. Published translation of Edward Conze's *Buddhist texts through the ages* into German as *Im Zeichen Buddhas*, Frankfurt, Fischerbücherei 1957, and introduction to Rechung Rinpoche, *Tibetan medicine in original texts*, Wellcome Institute, London and California University Press 1973 and 1976, and *Catalogue of Tibetan manuscripts and xylographs and catalogue of thankas, banners and other paintings and drawings in the Library of the Wellcome Institute for the History of Medicine*, London, Wellcome Institute, 1989, besides numerous articles on Tibetan and Renaissance medicine.

