Bulletin of Tibetology

ASPECTS OF CLASSICAL TIBETAN MEDICINE

Special Volume of 1993

SIKKIM RESEARCH INSTITUTE OF TIBETOLOGY
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INDIA
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 these 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, emulated from the believer's standpoint as characterised by the deep-seated spiritual culture of the Tibetans themselves.

According to Tibetan Mahayana 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 Sakyamuni 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 Wunder 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 Kunsang
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ILLUSTRATIONS

Twelve medical thankas from Lhasa
Aspects of Classical Tibetan Medicine as Reflected in
(Central Asian Literature). Proceedings of a Symposium
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GENERAL INTRODUCTION

After a few biographical notes and a short appreciation of the life work of Terry Clifford by Arthur M. Manell in the first section, the scene is set by her own paper on Tibetan psychology. Dr. Elisabeth Fischer explains the chief tenets and divisions of the fundamental Tibetan medical work, the Kyuwd-ghi, the Four Treatises, Four Tantras or Four Root 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 their labels used by Tibetans as teaching material. The questions of origin and dating of the Kyuwd-ghi are treated by Dr. Togawa and Dr. Dalpa. Dr. Togawa 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. Dalpa 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 Rüden 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, summarizing Mongolian classical works, ultimately derived from Tibetan works, on practice and plait 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. This—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 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. Gyrme Doerge for editing Arthur Man-
delbaum's notes on Terry Clifford.

The transliteration of Tibetan words has been preserved in the
convention followed by each contributor. In front of The trans-
literation of Tibetan words has been preserved in the convention
followed by each contributor, in front of Dr. Clifford's contribu-
tion a list of the Anglo-American divergent transliterations is ap-
pended which also applies to the papers by Dr. Togawa and
Professor Bawden. In front of Dr. Flieich's contribution the Ger-
man divergencies which also apply to Professor Ermestuck's pa-
per, and in front of Dr. Dakpa's contribution the French
transliterations are appended. Finally the reader will find a com-
parative table of English, French and German transliterations of
those letters which differ from each other, with the Tibetan origi-
nal letters on the left-hand side.

II
DR. TERRY CLIFFORD

TIBETAN PSYCHIATRY AND
MENTAL HEALTH
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 precious 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-btsi presented there, the rGyud-btsi 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-btsi 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 these three chapters of the rGyud-btsi, 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 realize about the Tibetan psychiatric tradition was basically four things. First, it is a complete tradition of astrology, 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. Togawa'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 etiology, 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 causal 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 a terror 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 cataleptic 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 get into some detail about. The term 'wind' is a rather poor translation for the Tibetan word 'rang' (pronounced 'lung'). xLe'ang 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 ruang 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, "Wind 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-provoking, 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 ruang is a very complicated and even mysterious subject. The rGyud-btsi describes five divisions of wind in the body controlling such diverse functions as breathing, walking, spitting, motion and nerve function, elimination and reproduction. These five winds circulate in the body through a system of channels including the blood vessels, nerves, and other 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 thoughts 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 (_Aquilaria agallocha_), which is in Tibetan called _agar_. It is their most favoured minor tranquilizer, 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 Red Book 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 15th century Lama Patrul Rinpoche. Among the demons he mentions in that work are lust, laziness, attachment to wealth, hyperventilation, 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 undisciplined Tibetan might actually believe in them as malevolent embodied taboos; 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 is kun-brugs gdon-nad. Those of you familiar with Buddhist philosophy will recognize the term kun-brugs. 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 agressive 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 Gyad-btsi 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 Gyad-btsi, whoever gets possessed by that demon "curses 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 obscurantism 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 Oxel, 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-bshi:

“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 regressive strictures of normal consciousness and the superego 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 Togywa Rinpoche who will speak to us later this morning.

This selection comes from Kongtrul Rinpoche’s commentary on the Tibetan text called Lam Rim Teche Nyegpo, and I am indebted to the Tibetan Lama Tulku Penna Wangyal for his oral translation of it. In it, Kongtrul Rinpoche is giving advice to

* Head 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.
GERMAN TRANSLITERATION OF TIBETAN

ñ as in 'onions'
ð as in 'ring'
c as in 'church'
č as in 'cats'
ch 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'
s as in 'shade'
### The System of Tibetan Medicine:

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<th>9 Trunks</th>
<th>47 Branches</th>
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<td>9 pairs of medical science</td>
<td>97 general details</td>
<td>224 specific details</td>
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#### Root A
- Healthy organism
  - 3
  - 12
  - 25
  - 68

#### Arrangement
- Diseased organism
  - 9
  - 63

Described in the book *rGyud btsi*, Part I, Chapter 3.

#### Root B
- Observation
  - 3
  - 8
  - 29

- Palpation (feeling the pulse)
  - 3
  - 8
  - 38

- Questioning
  - 3
  - 29

Described in the book *rGyud btsi*, Part I, Chapter 4.

#### Root C
- Nutrition
  - 6
  - 35

- Behaviour
  - 3
  - 6

- Medicine
  - 15
  - 27
  - 50
  - 95

- Methods of treatment (externally)
  - 3
  - 7


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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-bzhi. 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 (riam), bile (mktis pa) and phlegm (bad kan). Some of the important characteristics of these three "humours" are to be found in part i of the rGyud-bzhi, 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-bzhi (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-bzhi, 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 Explanator/ 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-bti, 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 color 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-bti, part 2, chapter 9.

Wind: dissolve 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-bti (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

<table>
<thead>
<tr>
<th>Trunk III</th>
<th>Observation</th>
<th>2 branches</th>
<th>6 leaves</th>
</tr>
</thead>
<tbody>
<tr>
<td>Branch 1)</td>
<td>Tongue</td>
<td>3 leaves</td>
<td>(during wind, bile, phlegm diseases)</td>
</tr>
<tr>
<td>Branch 2)</td>
<td>Urine</td>
<td>3 leaves</td>
<td>(during wind, bile, phlegm diseases)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Trunk IV</th>
<th>Feeling the pulse</th>
<th>3 branches</th>
<th>3 leaves</th>
</tr>
</thead>
<tbody>
<tr>
<td>Branch 1)</td>
<td>During wind diseases</td>
<td>1 leaf</td>
<td></td>
</tr>
</tbody>
</table>


**Trunk V**  Questioning
Branch 1)  **Productive causes**
Branch 2)  **Conditions of illness**
Branch 3)  **Congenital food**

---

**Root B = 38 leaves**

**ROOT B**

Diagnosis (not shown tags)

_rGyud-bti_ 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-bti_. The numbers followed by a single bracket refer to items discussed in the verses.

**TWUNK III**  Observation (bila) (la ba)

(8-13)  2 branches, 6 leaves

(8)  _rten gi lec ni dmar tin skam la riub_ //

(9)  _mchkris lec bad kan skya sar mtug pos g-yogs_ //

(10)  _bad kan skya gleg mdans med hjam la riom_ //

(11)  _rten gi chu ni chu dba dra bu ba che_ //

(12)  _mchkris chu dmar del riins che dri ma dugs_ //

(13)  _bad kan chu ni dkar la dri riins chuun_ //

branches:

1)  tongue (lec)

red (dmar), dry (skam), rough (riub) : wind

---

22
couvered with thick, watery phlegm (bad kan skie sar mthug par g-yogs) : bile

grey (skyu), thick (glegs), lustreless (mdaams med), smooth (gjam), moist (lron) : phlegm

2) Urine (chu)
like water (chu lha), big bubbles (lu bu che) : wind
reddish-yellow (dmar ser), much vapour (drogs che), hot smell (tri ma duggs) : bile
white (dkar), little odour (tri chus), little vapour (plants chus) : phlegm

TRUNK IV
Peeling the pulse of the vein (reg pa)

(14-16) 3 branches, 3 leaves
(14) rlung gi rea ni rgyal sogs skabs su skad]
(15) mchris po'i rea ni rgyogs rgyas grims par byahr]
(16) bad kan rea ni byin rgyud dat baabo]

branches:
1) swimming (rhyat), empty (ston), stopping at times (skabs su skad) : wind

2) beats quickly, spreads (and beats) subtly (rgyogs rgyas grims par byahr) : bile

3) sinking (byin), weak (rgud), slow (dai) : phlegm

TRUNK V
Questioning (tri ba)

(17-30) 3 branches, 29 leaves
(17) tri ba yas iu ree po'i paz spyod kyi]
ryen gyis g-yol lhad byu rnyan gruam sum byed //

dpyi dsn rked pa ras thigs na las na //
gzer ba hes med lhpo rsn ston skyugs byed //
dbsin po mi grel les pa stshub pa dan //
bkres das na tsin sum nevdu phan mar hes //
rno rsn cha bahu zas dan spyod lam gyis //
khav kha mgo na la drod cha ba dan //
ssod gzer tu rjes na tsin bisl ba phan //
li la sum pahi zas das spyod lam gyis //
dan ga mi bde kha zas lhu ba dba //
skyug cin khun mna pho ba chun ste stseg //
las sms li la phyi naan giis ka graun //
zos rjes mi bde zas spyod dro na lhnyod //

brasches

1) productive causer (slo-r ryen)
   light (yun), rough (tshub)
   shup (mrn), hot (tha)
   heavy (lci), oily (sum)
   : wind
   : bile
   : phlegm
   3 leaves

2) conditions of illness (na bsgt)
gaping, shivering (g-yol baar) stretching (byu rnyan) shivering with cold (gruam sum byed), pain in all bones/joints of the thigh and
   hip (dpyi rked pa ras thigs ma las na),
   indefinite aches that change (gzer ba hes med lhpo), making vomit (st an) empty (stomach)
   (ston skyugs byed), the sense-organs are tot
   height (dbsin po mi pod), knowledge is stifled

24
(ves pa kchub pa), pains at the time of hunger (bhrdes shes nu) (9 leaves)

bitter taste (khu tsha), headaches (ngog nu),
hot flesh (fever) (su shre cha ho),
aches in the upper part of the body (shred gzer), pains after digestion (zu rjes nu) (5 leaves)

uncomfortable appetite (dat ga mi bde),
difficulty in digesting food (kha zas bya ba dkyo),
vomiting (shugs), (bad taste in) the
hollow of the throat (tha mtna), diseased stomach (pho ba cha),
eructation (streg),
body and mind being heavy (together)
(las svene lei), being cold both outside and
inside (phyi nu shi la ba gnas), discomfort
after eating (zu rjes mi bde) (9 leaves)

3) food (zas) (and behaviour) (sphre)

oily (rang) food, if patient feels better
after eating

cool (srl) food, if patient feels better after
eating

warm (dmu) food, if patient feels better after
eating

: wind

: bile

: phlegm

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 rGya-o-lbs, 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

<table>
<thead>
<tr>
<th>Trunk V Nutrition 6 branches</th>
<th>35 leaves</th>
</tr>
</thead>
<tbody>
<tr>
<td>Branch 1) food (wind)</td>
<td>10 leaves</td>
</tr>
<tr>
<td>Branch 2) drink (wind)</td>
<td>4 leaves</td>
</tr>
<tr>
<td>Branch 3) food (bile)</td>
<td>9 leaves</td>
</tr>
<tr>
<td>Branch 4) drink (bile)</td>
<td>3 leaves</td>
</tr>
<tr>
<td>Branch 5) food (phlegm)</td>
<td>6 leaves</td>
</tr>
<tr>
<td>Branch 6) drink (phlegm)</td>
<td>3 leaves</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Trunk VII Behaviour 3 branches</th>
<th>6 leaves</th>
</tr>
</thead>
<tbody>
<tr>
<td>Branch 1) wind</td>
<td>2 leaves</td>
</tr>
<tr>
<td>Branch 2) bile</td>
<td>2 leaves</td>
</tr>
<tr>
<td>Branch 3) phlegm</td>
<td>2 leaves</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Trunk VIII Medicaments 15 branches</th>
<th>50 leaves</th>
</tr>
</thead>
<tbody>
<tr>
<td>Branch 1) taste wind</td>
<td>3 leaves</td>
</tr>
<tr>
<td>Branch 2) taste bile</td>
<td>3 leaves</td>
</tr>
<tr>
<td>Branch 3) taste phlegm</td>
<td>3 leaves</td>
</tr>
<tr>
<td>Branch 4) potency wind</td>
<td>3 leaves</td>
</tr>
<tr>
<td>Branch 5) potency bile</td>
<td>3 leaves</td>
</tr>
<tr>
<td>Branch 6) potency phlegm</td>
<td>3 leaves</td>
</tr>
<tr>
<td>Branch 7) soups</td>
<td>3 leaves</td>
</tr>
<tr>
<td>Branch 8) oils</td>
<td>5 leaves</td>
</tr>
<tr>
<td>Branch 9) syrups</td>
<td>4 leaves</td>
</tr>
<tr>
<td>Branch 10) powders</td>
<td>4 leaves</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>----------</td>
</tr>
<tr>
<td>Branch 11) pills</td>
<td>2 leaves</td>
</tr>
<tr>
<td>Branch 12) pastes</td>
<td>5 leaves</td>
</tr>
<tr>
<td>Branch 13) enemas</td>
<td>3 leaves</td>
</tr>
<tr>
<td>Branch 14) laxatives</td>
<td>4 leaves</td>
</tr>
<tr>
<td>Branch 15) emetics</td>
<td>2 leaves</td>
</tr>
<tr>
<td>Trunk IX ?Treatments 3 branches</td>
<td>7 leaves</td>
</tr>
<tr>
<td>Branch 1) wind</td>
<td>2 leaves</td>
</tr>
<tr>
<td>Branch 2) bile</td>
<td>3 leaves</td>
</tr>
<tr>
<td>Branch 3) phlegis</td>
<td>2 leaves</td>
</tr>
</tbody>
</table>

**ROOT C**

Therapy (gso thabs)

*Gyud-bri* part 1, chapter 5

4 trunks, 27 branches, 98 leaves

**TRUNK VI**

Nutrition (zas)

<table>
<thead>
<tr>
<th>(3-13)</th>
<th>6 branches, 35 leaves</th>
</tr>
</thead>
<tbody>
<tr>
<td>(3)</td>
<td><em>rta boh phyi ba lo Ra sa sa chen dan II</em></td>
</tr>
<tr>
<td>(4)</td>
<td><em>hbru mar lo mar ba ram xog skya bloo II</em></td>
</tr>
<tr>
<td>(5)</td>
<td><em>so ma lea ba ra ma he zan chuk dan II</em></td>
</tr>
<tr>
<td>(6)</td>
<td><em>bur chen ras chen ral na gur can gyi zas II</em></td>
</tr>
<tr>
<td>(7)</td>
<td><em>ba rahi zo dar mar gsar ni dargs sa II</em></td>
</tr>
<tr>
<td>(8)</td>
<td><em>ra sa skun sa gsar pa chag che dan II</em></td>
</tr>
<tr>
<td>(9)</td>
<td><em>skyabs dan khur chod chab cha chu tsoi dan II</em></td>
</tr>
<tr>
<td>(10)</td>
<td><em>bski graus mkbris pahi na gyi zo su hiad II</em></td>
</tr>
<tr>
<td>(11)</td>
<td><em>lug dan g-sog rgyud gcan гzan fa yi la II</em></td>
</tr>
<tr>
<td>(12)</td>
<td><em>sbran rci skun sah bo hbru rlin son drom dan II</em></td>
</tr>
</tbody>
</table>
bhri yi zo dar gar chau chu skel ni II

branches:

1) food (zas)
   horse (ra), donkey (boh), marmot (hpithi ba),
   flesh that is a year old (lo la), "great flesh"
   (zu chen) [According to: a) the doctors at
   Dharamsala: flesh of a hero that died in a
   battle (communicated in writing).
   b) Geshe Gedun Lodro (late of
   Harvard University): flesh that normally
   would not be eaten; e.g.: flesh of dogs.
   c) R. E. Emmerick: human flesh (TTC:
   rui fa); d) B. B. Badarnev, Ulas-Ude:
   human flesh (communicated orally).
   sesame oil (hpulu ma), oil that is a year old
   (lo ma), crude sugar (bu rum), garlic (zgyor
   skya), onions (bcon):

2) drink (skorm)
   milk (be ma), carrot and onion soup
   (lo ba ro mahe zuo chau) liquid (extract of)
   crude sugar (bu chau), boae soup (raa chau):

3) food (zas)
   curds of cow and goat (la ruhpü tsy),
   buttermilk (daa), fresh butter (mar gsar),
   ganu flesh (ri dvags la), goat flesh (ra la),
   fresh flesh of animals of mixed breed (skorm
   la gtsar pa), young barley (cag che), "skyabs"
   [a sort of dandelion, according to the
   doctors at Dharamsala (communicated in
   writing)], dandelions (khur chod):

4) drink (skorm)
   hot water (chab chu), cool water (chu syl),
   boiled and cooled water (chu bskel gruks):

bile
5) food (sowa)
  sheep (rug), wild yak (y-yog good), beasts of
  prey (gcon gyas), fish/flesh (da yi sa), honey
  (draun rici), hot pop of old grain from dry land
  (ska yshu hbro rnis zon shon)

6) drink (skom)
  curds and buttermilk of the yak
  (ghbro yi bo das), strong beer (gar chha),
  boiled water (chu sko)

TRUNK VII
  Behaviour (sypod)
  (15-17)
  3 branches, 6 leaves.
  (15) rhun la dro sar yis kon gyogs basun zin ii
  (16) mkhris payi nad la bsil sar dal ba bar bshad ii
  (17) ba¢ kan nad la r¡¢¢ l¢ag dro sa basun ii

branches :
  1) keep agreeable company
     (yid kon gyogs basun), warm place (dro sa)
     : wind
  2) sit calmly (dal bar bshad), cool place
     (bsil sa)
     : bke
  3) make an energetic walk (r¡¢¢ l¢ag),
     warm place (dro sa)
     : phlegm
     6 leaves

TRUNK VIII
  Medicaments (sman)
  (18-37)
  15 branches, 56 leaves
  (18) rhun le m¡£¡u skyar lun cha sman lei hjam ii

29
(19)  mniar kha bska bsil sla rai mkhris pahi sman //
(20)  cha skyar bska mo rihb yan boad kan no //
(25)  khu ba ras kha bsud bsi mgo khoel te //
(26)  sman mar ja ti sgog skyas hbras ba gsum //
(27)  rea ba lisa dan sman chen dag la styar //
(28)  ma nu sie tig ta hbras buhi shan //
(29)  ga bur can dan gur gum cu gan phye //
(30;)  blee dag chwa sna mamos kyi ri bu dan //
(31)  tres sam se hbru da lis rgod ma kha //
(32)  chwa dan com bi berghs pahi thal sman no //
(35)  hjam rei sie hjam bku hjam bku ma sten //
(36)  bhal la spyi bhal tsgos bhal drag dan hjam //
(37)  skyugs la drag skyugs hjam skyugs ghis su skyar //

branches :
Testes (1) and potencies (2) (powers, actions) necessary for reme-
dies to cure excess of humours

<table>
<thead>
<tr>
<th>taste (mo)</th>
<th>: wind</th>
</tr>
</thead>
<tbody>
<tr>
<td>sweet (maar), sour (skyur), saline (lak cha)</td>
<td>&quot;</td>
</tr>
<tr>
<td>potency (nuz pa)</td>
<td>: &quot;</td>
</tr>
<tr>
<td>oily (snam), heavy (lei), smooth (hjam)</td>
<td>: &quot;</td>
</tr>
<tr>
<td>taste (mo)</td>
<td>: bile</td>
</tr>
<tr>
<td>sweet (maar), bitter (khu), astrigent (bska)</td>
<td>: &quot;</td>
</tr>
<tr>
<td>potency (nuz pa)</td>
<td>: &quot;</td>
</tr>
<tr>
<td>cool (bsil), thin (sla), dull (rtul)</td>
<td>: &quot;</td>
</tr>
</tbody>
</table>
5) taste (ro)                        : phlegm
  pungent (cho), sour (skyur), astringent (baka) : "
6) potency (nus pa)                  : phlegm
  sharp (ro), rough (cik), light (yin) : "

Medicaments to treat excess of humours

7) soups (khu ba) — making calm (ti byed)
    soup from bones (ras khu), the four juices
    (brad biu), "rno khyur." [According to the
    doctors at Dhamma 111: old and ground
    sheep’s head. (communicated in writing)] : wind

8) medicinal oils (sman mar) — making calm
    (ti byed) nard (ja ti), garlic (zog skyur), the
    three fruits (grbras bu gsum) [the three
    myrobolan: 1. ra ra (chebulic myrobalan =
    Terminalia chebula) 2. ra ra (beleric myro-
    balan = Terminalia belerica). 3. skyur ra ra
    (emblic myrobalan = Phyllanthus emblica)]
    the five roots (riu ba laa), aconites (sman
    chen) : wind

9) syrups (phar) — making calm (ti byed)
    cedrus (ma nas), gudach (ele cee),
    chirata (rig ta), the three fruits (grbras bu gsum) : bile

10) powders (sur ra) — making calm (ti byed)
    caphloe (ga bur), sandal (can dan), saffron
    (sur gum) bamboo manna (cu guu) : bile

11) pills (ril bu) — making calm (ti byed)
    aconite (can darg), various kinds of salt
    (chua saa mamii) : phlegm

12) pastes (tes sam) — making calm (ti byed)
    pomegranates (zer brus), rhododendrons (da li),
    "mare face" (roed ma khu) [a preparation of
sharp substances, (communicated orally : R. E. Emmerick)], alkaline medicaments (male) from burnt salt (chwe bsegt pagri thal sman), white stone (von tı) : phlegm

13) oily emollients (hljam rći) - making clean (shyon byed), mild (sle hljam), purgative (bkršl hljam), purgative-nit mild (bkršl ma sles) : wind

14) laxatives (brial sman) - making clean (shyon byed), general (spyl), particular (spöd), severe (drug), mild (hljam) : bile

15) emetics (shyugs sman) - making clean (shyon byed), severe (drug), mild (hljam) : phlegm

50 leaves

TRUNK IX Treatments (external) (dpjad)

(38-40) 3 branches, 7 leaves

(38) dpjad du boku mše hor gyi me bčah dın //

(39) rial dhyun gur ga chu yi hybrul bčhor dın //

(40) dugs dın me bčah rim bın dpjad kyis beos //

branches :

1) use of ointment with massage (boku mše) : Mongolian type cauterisation (hor gyi me bčah) : wind

2) production of sweat (rial dhyun), bloodletting (gur ga), the magic water-wheel (chu yi hybrul bčhor) : bile

3) heat treatments (dugs), cauterisation (me bčah) : phlegm

7 leaves

32
Summary

Rose C concerned with Therapy
4 trunks, 27 branches and 96 leaves

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

Summary

This systematic summary of the characteristics — in the rGyud btsi 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 undiluted 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 btsi, 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.
1. Concerning taste (Na)

The tastes are: sweet (miac) (1); sour (skyur) (2); saline (lam čha) (3); bitter (kha) (4); pungent (chha) (5); astringent (bka) (6).

- Gyuél btsis part 2, chapter 19:

(67) mnar skyur lam čha ba 'phu' bams rgyun lai if
swen, sour, saline, pungent, overcome wind.

(68) kha dañ mmar dam bka ba ma nhri pa sel la
bitter and sweet and astringent remove bile

(69) cha skyur lam čha ba bu dam pa sel bar byes la
pungent, sour, saline remove phlegm. [astringent]

Discrepancies between Gyuél btsis Part 1, ch. 5 and Part 2, ct. 19 regarding the tastes of remedies for excessive humours

2. Concerning potency (maw pa)

- Gyuél btsis part 2 chapter 20

(4) maw pa kyi smam btsal dam rul ba dar la

(5) yam rna gnyis mwa bsem pa byed la
heavy, oily, cool and dull and light, rough, hot and sharp are the eight kinds of potency.

= 1 heavy (cu), 2 oily (smam), 3 cool (ku),
4 dull (nor), 5 light (yon),
6 rough (vshed), 7 hot (kha), 8 sharp (rwa)

(6) dam po btsis rnyi dam mhañ pa sel la
the first four of them remove wind and bile.

(7) bgyo ma btsis yu ba dam sel bar byes la
the last four of them remove phlegm.

(8) yam rna gnyis mwa gnyis rnyi skyed cu la
light, rough, cool; these three produce wind.

(9) cha mwa smam pa gnyis mhañ pa skyed la
hot, sharp, oily; these three produce bile.

(10) le smam btsal rgyi sgrub ba byes ab la
heavy, oily, cool; dull; these two produce phlegm.

Better to understand in pairs (yang-vi): :

<table>
<thead>
<tr>
<th>Removing diseases</th>
<th>Producing diseases</th>
</tr>
</thead>
<tbody>
<tr>
<td>wind</td>
<td>wind</td>
</tr>
<tr>
<td>kyi light</td>
<td>yang light</td>
</tr>
</tbody>
</table>

34
<table>
<thead>
<tr>
<th>Phlegm</th>
<th>Phlegm</th>
</tr>
</thead>
<tbody>
<tr>
<td>sail cool</td>
<td>sail cool</td>
</tr>
<tr>
<td>sail rough</td>
<td>sail rough</td>
</tr>
<tr>
<td>phlegm</td>
<td>phlegm</td>
</tr>
<tr>
<td>phlegm</td>
<td>phlegm</td>
</tr>
<tr>
<td>phlegm</td>
<td>phlegm</td>
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<td>phlegm</td>
<td>phlegm</td>
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<tr>
<td>phlegm</td>
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</tbody>
</table>

According to ch. 3, there are 9 potencies, three to remove each tumour. According to ch. 20, there are 8 symmetrical potencies.
VENERABLE DR. TROGAWA RINPOCHE

PAST, PRESENT AND FUTURE LIFE IN TIBETAN MEDICINE
n as in 'onions'
M as in "ring"
c as in 'church'
s as in 'tells'
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'
l as in 'league' but often as in 'shade'
s as in 'shade'
PAST, PRESENT AND FUTURE LIFE IN TIBETAN MEDICINE

Venerable Ex. Trogwa 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 Tri-raspo 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. 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 Rueda, a title by which it is known in every language, is a commentary on medicine by Akṣara Nāgārjuna.
translated first from Indian languages into Chinese, and then into
Tibetan. Now, we consider our science to be an interrelated com-
bination of philosophy and practice.

Our medical philosophy is quite closely related to the phi-
losophy 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 Gyawu, 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 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 Beroranu. 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 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 Dhara,
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. Every-
body 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 mentality, 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 process 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 oncoming 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 uninterrupted 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. Then 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, that dissolves into the tongue and the sense of taste. The power of taste dissolves into the sense of touch. As the dissolution 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 object; 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 apprehension. 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 apprehension 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 reached 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’ 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 ‘Barlo’. The understanding of Barlo is itself a very large topic. Basically there is a threefold division: The Barlo of dying, the Barlo of the being of the Barlo Chod (a) and the Barlo 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 one 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 reborn. 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, various 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 physically 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 dhatu channel. This channel passes from the head or what is developing into the crown of the head. This is the basic of earth and water in the body. The crown of the head, in terms of disease, 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 disease, this is the basis from which bile develops and grows.

The third channel grows downwards towards the genitalia, 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 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 \(\text{shrid-pa}\) 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 meditation 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 bile 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 bile, 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 these 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 Dotwrm or tree diagrams which have been explained by Dr. Fincin. 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 tranquility of mind is considered very great. So, it is very important for us to be able to perpetuate a basic tranquility of mind. It is important for us to develop a sense of acceptance and non-aggressiveness and what is called in Tibetan shashe, consentment, 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 tranquility — a freedom from anger, a capacity not to become quickly aggressive with unpleasant circumstances. If we can maintain a tranquility 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 tranquility 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.

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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-zan.
2. mDo-sde guR-od chu-beb
3. Sanskrit somarija
4. spelled rGyud-bri
5. spelled gYu-thog Yon-pan mGon-po
6. spelled Vairocana
7. spelled 'pho-ba
8. spelled chos-fi'
9. dGa'-bo min-i'jag-gi mdo 'Sutra on how to obtain a good rebirth'
10. spelled Bu-skya, brA'-rgyud, rNin-ra, dGa-lugs
11. spelled sdom-'grum
12. spelled chos-fes
R. E. EMMEKICK

SOME TIBETAN MEDICAL TANKAS
GERMAN TRANSLITERATION OF TIBETAN

Languages of Tibetan

h as in 'onions'
I 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'
j 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 TANKAS

R. E. Emmerick

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

1 This paper is a revised version of that entitled "Preliminary remarks on the medical tankas in the Sman-ris-khar in Lhasa", which formed the basis of a lecture held on 18 September 1983 in Veszprém, Hungary, on the occasion of the Bi-centenary Csoma-de-Körös Symposium. I am grateful to Miss Monique Weider for drawing my attention to Christine Massi's book, Le médecin Tibétain. Zara Flemming 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 African Studies that took place in Hamburg from 27-30 August 1986 Professor Cai Jingfeng, Director of the China Institute for the History of Medicine and Medical Literature in Beijing, 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 Finisch I am grateful for drawing my attention to the publication Red-kyi shun-po.

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 1997 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 Schäfer 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 Vajrayoga shon-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.

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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 yuan.

In accordance with its name and with Tibetan tradition, the Sman-ris-khan 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-btsi. As pointed out by Cai Jingfeng and Zhuo Puzhan the tankas illustrate the Rgyud-btsi as follows:

<table>
<thead>
<tr>
<th>Rgyud-btsi</th>
<th>Number of tankas</th>
</tr>
</thead>
<tbody>
<tr>
<td>Book 1</td>
<td>4</td>
</tr>
<tr>
<td>Book 2</td>
<td>35</td>
</tr>
<tr>
<td>Book 3</td>
<td>16</td>
</tr>
<tr>
<td>Book 4</td>
<td>24</td>
</tr>
</tbody>
</table>

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 Mastin visited the Sman-ris-khan 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 Puhai, 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:

<table>
<thead>
<tr>
<th>Period</th>
<th>Number of tankas</th>
</tr>
</thead>
<tbody>
<tr>
<td>before AD 1617</td>
<td>1</td>
</tr>
<tr>
<td>1617-1688</td>
<td>1</td>
</tr>
<tr>
<td>1688-1875</td>
<td>96</td>
</tr>
<tr>
<td>1875-</td>
<td>32</td>
</tr>
</tbody>
</table>

Almost all the medical tankas known to exist in 1980 were accordingly made during or after the time of Sse-srid sain-rgyas rgya-mchis (AD 1653-1705), the famous commentator on the Rgyud-lri. 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-lri are said to be found in the Sman-rtse-khant and in the Nor-bu gling 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: Van-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-rtse-khan. This may account for the quite different information provided by Van-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 were 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. Waddell\(^3\) 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. 119\(^4\). 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 J.R.A.S. 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. Veit.

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, Jong-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. Veit, 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

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4 See Body and Mind in Tibetan Medicine, an Exhibition at the Wellcome Institute for the History of Medicine, London 1992, 23.
figures from Peking 3 and 5. Laufer’s copies were in the Field Museum in Chicago according to Sudhoff.

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, these 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. Poelman (Leiden). According to Poelman the photographs are of tankas painted by Che-ri dbang-dgyug at Leh in 1981 under the supervision of Nyce-med ram-rgyal of the Tibetan Medical Research Institute at Leh. These can be called ‘Leh I-6’. Poelman subsequently (23/1/85) informed me that Nyce-med ram-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 Ulam Ude and Lhasa. C. Clippes, 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 Ulam Ude. The following information was made available about it by Lydia Kowalskova in her article ‘A medical thzaurus from the roof of the world’ on p. 20 of The Unesco Courier, July 1979: The commentaries


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contained in the Vaidoariasombo 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-Manbi 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 Buryatia.'

Further information concerning the material is 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 out of extremely poor quality so that the captions cannot be read. Only in one case (Bazaron 3) 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.

<table>
<thead>
<tr>
<th>Plate No.</th>
<th>Other sources</th>
<th>LT</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>= Lhasa M 1</td>
<td>1</td>
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<tr>
<td>2</td>
<td>= Lhasa ES 13</td>
<td>4</td>
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<td>3</td>
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<tr>
<td>4</td>
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<td>5</td>
<td></td>
<td>62</td>
</tr>
<tr>
<td>6</td>
<td>= Lhasa ES 14</td>
<td>8</td>
</tr>
<tr>
<td>7</td>
<td>= The Unesco Courier p. 24</td>
<td>27</td>
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<td>8</td>
<td>= Lhasa M 6</td>
<td>25</td>
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<tr>
<td>9</td>
<td>= Peking 12</td>
<td>23</td>
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<tr>
<td>10</td>
<td></td>
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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).'

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

<table>
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<tr>
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<th>Description</th>
</tr>
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<tr>
<td>1</td>
<td>1</td>
<td>1</td>
<td>= Bazaron 1</td>
<td>Le Paradis de médecine</td>
</tr>
<tr>
<td>8</td>
<td>2</td>
<td>5</td>
<td>= Lhasa ES 16</td>
<td>L'embryologie</td>
</tr>
<tr>
<td>12</td>
<td>3</td>
<td>17</td>
<td>= Lhasa ES 8</td>
<td>Anatomie</td>
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</tbody>
</table>

6 Translated from the Russian original
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<tr>
<th>Plate</th>
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<th>LT</th>
<th>Other sources</th>
<th>Description</th>
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<td>4</td>
<td>51</td>
<td>Meyer p. 165</td>
<td>Anatomie</td>
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<tr>
<td>13</td>
<td>5</td>
<td>14</td>
<td>Lhasa ES F 7</td>
<td>Physiologie tantrique</td>
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<tr>
<td>16</td>
<td>6</td>
<td>25</td>
<td>Bazarov 8</td>
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<td>7</td>
<td>34</td>
<td>Végétaux</td>
<td>Les instruments chirurgicaux</td>
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<tr>
<td>15</td>
<td>8</td>
<td>36</td>
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<td>27</td>
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<tr>
<td>17</td>
<td>11</td>
<td>26</td>
<td>UNESCO Courier p. 22 = Lhasa F</td>
<td>Produits médicaux</td>
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<td>19</td>
<td>12</td>
<td>28</td>
<td></td>
<td>Plantes médicinales</td>
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</tbody>
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(* 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 Bazarov 2 and = Bod-kyi than-ga 130. Lhasa ES 14 corresponds to Bazarov 6 and Lhasa ES 15 to Bazarov 3. Lhasa ES 16 is similar to the tanka reproduced as plate 95 on p. 124 of Ngapo Ngawang Jigme et al., Tibet, New York 1981 and again in Bod-kyi than-ga 131.

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

- [10] Famous Physicians
- [1-9] Anatomical
- [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-bhāthi degrva-rgyun rgyud-bzhī bshad-byed bai-rde scon-po-ga. "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 scon-po, a commentary on the Rgyud-bzhī by Śde-saṅs rnying rgya-mchö (AD 1653-1708). 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 Schah and I visited it. The expected inscription is however found on the reproduction on p. 138 of Bod-kyi tham-ga.
All the tankas whose inscriptions begin with the formula sman-bla-ba rgyas-rgyan rgyud-bla-ba gsal-bi-yed bai-glur sron-po-las 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 Vaidūya sron-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. Szondai, 'Preliminary investigation of a Tibetan medical chart', pp. 313-319 in Tibetan and Buddhist Studies commemorating the 20th anniversary of the birth of Alexander Csoma de Koris, 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 Szondai 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:

bris-cha 1 = Lhasa M = Bazaron 1.
bris-cha 2 = Lhasa ES F 11.
bris-cha 3 = Lhasa ES F 12.
bris-cha 4 = Lhasa ES F 13.

(= The Unesco Courier cover page)
= Bod-kyi than-ga 130.
bris-cha 5 = Lhasa ES 16 = Lhasa M 2 = Tibet p. 124 = Bod-kyi than-ga 131.
bras-cha 6 = Lhasa ES 5.
bris-cha 7 = Lhasa ES 6.
bris-cha 8 = Lhasa ES 14 = Bazarin 6.
bris-cha 9 = Lhasa ES 2 = Peking 2 = Leh 2.

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bris-cha 12 = Lhasa ES 3 = Peking 3 = Leh 3.
bris-cha 13 = Lhasa ES 1 = Peking 1 = Bod-kyi tshug-ga 133 = Leh 1.
bris-cha 14 = Lhasa ES F 7 = Lhasa M 5.
bris-cha 17 = Lhasa ES 8 = Lhasa M 3.
bris-cha 22 = Lhasa ES 15 = Bazaron 3.
bris-cha 23 = Peking 12 = Bazaron 9.
bris-cha 24 = Lhasa M 1 = The Unesco Courier pp. 23-23 = Peking 11.
bris-cha 25 = Lhasa M 5 = Bazaron 8 = Bod-kyi tshug-ga 136.
bris-cha 26 = Lhasa F 2 = Lhasa M 11 = Meyer fig. 35. p. 165 = The Unesco Courier p. 22.
bris-cha 27 = Lhasa F 3 = Lhasa M 9 = The Unesco Courier p. 24 = Peking 9.
bris-cha 28 = Lhasa M 12 = Bod-kyi tshug-ga 135.
bris-cha 29 = Lhasa F 4 = Lhasa M 10.
bris-cha 30 = The Unesco Courier p. 23 (two sections).
bris-cha 31 = Lhasa F 1 = Peking 10.
bris-cha 33 = Bod-kyi tshug-ga 137.
bris-cha 34 = Lhasa M 7.
bris-cha 36 = Bod-kyi tshug-ga 138 = Lhasa M 8 = Peking 8.
bris-cha 37 = Separate reproduction by Lokesh Chandra, New Delhi 1971.
bris-cha 39 = Peking 7.
bris-cha 49 = Peking 5 = Leh 5.
bris-cha 50 = Peking 4 = Leh 4.
bris-cha 51 = Lhasa M 4 = Meyer p. 165 = Šontali p. 313.
bris-cha 75 = Bod-kyi tshug-ga 134.
bris-cha 80 = Lhasa ES 10.
Note that the tanka reproduced on p. 22 of The Uneasc 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 6/79/10 11/12 (4/17 4041 4950) 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: khra-hyan klong legs dan den thams-cad mdun gon-ma dan spod (dgos) "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-hyan klong legs dan den thams-cad rgyud rje-ma dan spod (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 Lhassa 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 gon-ma in this formula occurs on tankas depicting what we would term the back view (e.g. Lhassa ES 3, 6, 8, 9) and rgyud rje-ma on those depicting what we would term the front view (e.g. Lhassa 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-bład dgegs-rgyan rgyud bshi gsal-bved bai-dar sman-po-las i the tanka continues with thwa bzi-pa-thi

7 This formula was erroneously missed and misinterpreted by E. H. C. Welch in 1933, 1930, 1232 despite the assistance of ... Champa Thams-ri from the Champa-po-ni Monastery" (p. 116).
as in the Tibetan-Chinese edition and not with *bisad-ryug**u lehu bzi-pa**i as in the Tibetan-English edition.

It is clear that not only did the editors of the facsimile volumes not at first realize 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 *bta**a ma-las gyes-pa bzi-po-las ter-lus re dan phren laa-bergyas reds skor-bahi chal sgo sna- thugs drug bskyed-pahi rie yid bsam-ma sogs-kyi bkod-pa zur-du hdel-bahi rie srog rie nag-po dbua ma dan hders-pahi mdun dan dba**a-po ryug-tu gnas-pahi chal / This is reconstructed from LT 12 (line 1) dbua ma-las gyes-pa bzi-po-las ter-lus re dan phren laa-bergyas reds skor-bahi chal sgo sna-mes thugs drug bskyed-pahi rie and LT 11 (line 2) ro gsam bskyed-pahi rie yid bsam-ma sogs-kyi bkod-pa zur-du hdel-bahi rie srog rie nag-po dbua ma dan hders-pahi mdun dan dba**a-po ryug-tu gnas-pahi chal / The ro gsam at the beginning of line 2 was presumably ignored by the editors as duplicating ro gsam at the end of LT 11 (line 1). However, Lhasa ES 3 (line 1) reads dbua ma-las gyes-pa bzi-po-las ter-lus re dan phren laa-bergyas reds skor-bahi chal / sgo sna-mes thugs drug bskyed-pahi rie yid bsam-ma sogs-kyi mchul-‘jan / 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 bsam-ma sogs-kyi bkod-pa zur-da hdel-bahi rie srog rie nag.
po dbu-med dain hders-pa'i mla-n dan gkar-po rgyab-tu gnas-pa'i chad la. Much confusion has been created (but 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 thun-go plate and on Lok I. The Lhasa ES and LT and Bod-kyi thun-go tankas have more numbers on it than the other two. Only the Lhasa ES and Bod-kyi thun-go tankas have the label *bla-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 lpa'i), the figure on the right the connection of the minor rca, with the bones and marrow in the intermediate layer of the body (bar ras rgyan), and the figure below the connection of the minor rca with the internal organs (ma'g don snad).

LHASA ES 2

This tanka is explicitly based on V ad 2T4 and is numbered bris-cha 9+0. 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-byas klong lugs dan don thams-cad rgyab rjes-ma dan sprod dge-ga) 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 3,600,000 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. Langle, ‘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-byas klong lugs dan don thams-cad rgyan gon-ma dan 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-mood nag brol). The figure on the right shows the connection of the rca, with the heart represented here as a wheel (chör-gyur bskor-lo).

The label at the feet of the main figure reads: rka-pa'i mtha'-gyi btsag lha-rges mtha'-gyur gis, which was wrongly translated by Walsh P. 1240 as ‘The two wheels resembling a coil of rope on the soles of the feet’. mtha'-gyur does not mean ‘wheel’ but is the name of an artery. It is explained by Dbu-mdus, Gso-ba
rig-pa'i chig-mi'i g-yu-shes dge-gons-rgya-mtshan, Lhasa 1982, 226 as skien-meid gu bu tdud-rin ngsos-pa'i khyar-phri-ski mni 'the name of the artery situated on the sole of the foot opposite the middle toe'. Walsh's explanation of bkra as standing for legs-pi 'feet' is probably also incorrect. It no doubt refers to the large intestine as indicated by lászhie. These ria, are included in the V list it V 165.4 as : skien-pa'i mthug-pa'i bkra stü na mthug-khyar-pi ria, plus 'the two mthug-khyar ria on the sole of the foot that resemble the large intestine'.

LHASA ES 4

Lhasa ES 4 is explicitly based on V ad 2T4 and numbered briv-chu 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 Leb 6. Only the Lhasa ES and LT tankas are labelled in drbu-med.

Like its reverse, Lhasa ES 5. Lhasa ES 4 illustrates the ria. The four wheels (bzhud-la, Sanskrit caktra, 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 briv-chu 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 ria. The labels bear the names of blood-letting ria (gtsun-rig) listed in 4T20, to which reference is made in the inscription below Lhasa ES 6. The labelling is entirely in drbu-czin. 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.

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LHASA ES 7

Lhasa ES 7 is numbered bris-cha 14. It is explicitly based on V ad 274. All labels are in dhu-med. The tanka illustrates the three 'life veins' (chetsu rnu).

LHASA ES 8

This tanka (bris-cha 17) is the unnumbered verse of bris-cha 16. According to the inscription the tanka illustrates the gndam 'vital spots' since several verses of 274 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 dhu-med but a few are in dhu-can. The labels just below the ears appear to read: phrag sion chu-ba, the name given to two of the fourteen rgyas gndam 'vital spots of (the nerves and)fibres' in V 177.4.

LHASA ES 9

This tanka (bris-cha 19) is the unnumbered reverse of bris-cha 9. The inscription quotes several verses of 274 concerning the number of various terms, bones, joints, etc., in the body. The labels, all in dhu-med as on LT 10, agree with these. Note the labels under the arms: leg g-yon (gyas-la) rgyas-pa don-cha '75 fibres in the left (right) arm' as in V 149,3,4. Below the label under the left arm we find: lus-bshis-la rgyas-pa saṃ-bro-pa '300 fibres in the hidden (parts of) the body' as in V 149.4. To the right of the neck we read: rgyas-pa na-m-chon ldi yam-la sau-bshis '500 fibres in this upper part of the base of the neck (= Sanskrit vedhas-jatna). Beside the legs occurs: rgyas g-yon (gyas-la) rgyas don-cha '75 fibres in the left (right) leg'. Thus the total number of rgyas is 900 as stated in 274.23 and as analysed in V 149.

LHASA ES 10

This tanka does not belong to the traditional arisins. According to Byams-pa phrin-las and Van-Le it was drawn under the auspices of the lama director of the Snam-res-khan and depicts twelve famous physicians surrounding the central figure of Na-
dbañ 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-rtis-khan.

LHASA ES 11

This tanka, numbered bris-cha 2 and labelled in dbu-med, is explicitly based on V ad IT3. It is the first of the three well-known trees of medicine. They have been studied in detail in E. Fischh, 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. 21-22) 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-gzhis rtsa-ba ‘the root of the arrangement (of the parts of the body) and of the bases of disease’ and refers to IT3 gnas-lugs nad-gzhis leha ‘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 IT4. This tanka depicts nos-hfin rtags-kyi rtsa-ba ‘the root of diagnostic signs’, which divides into three
trunks, the trunk of observation (bla-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 bri-scha 4 and labelled in dbu-med, is explicitly based on V ad 175. gen-bred-thabs-kyi röc-ba (the root of the method) of healing divides into four trunks, the trunk of food (zas-gyi sdon-po), the trunk of behaviour (spyes-lang-gyi sdon-po), the trunk of medicines (sman-gyi sdon-po), and the trunk of therapy (dpyad-gyi 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 (dran-mten) who emanated from the heart ( thugs-spyin) of the Medicine Buddha and related the Kyöd-ba.

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 Bazarun 2. A similar tree tanka is reproduced in Red-kyi thar-ga 130.

LHASA ES 14

This tanka, numbered bri-scha 8 and labelled in dbu-me, is explicitly based on V ad 273 and the first part of 274. The two parts are clearly indicated. Part 1 begins at the left of the first column below the physician, and is headed: bia-stegs ldha giom-pahi lha-bras-sde '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: bia-stegs ldha bri-pa 'the quantities, etc.,

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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 Dorden and Jhangpa Kelsang, The ambrosia heart Tan-
tra. 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 :
dpys-rus 'rigs grum, referring to 2T3.2 dpys-rus gnis ni rje-pa'i
byams-gi blra 'The two thigh bones resemble the foundation
wall of a building'. The next item is labelled rgyal-chigs gser-gyi
don-rje, which refers to 2T3.3 rgyal-chigs gser-gyi don-rje
bri-gs-pa blra '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 rgyi ldan-chad lgon-
phug gan 'The quantity of wind (in a normal person is enough
to make) the urinary bladder full'.

LHASA ES 15

This tanka, numbered kris-cha 22 and labelled in dbu-med,
is explicitly based on ad 2T1.3-15. 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 be-
ginnings 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 (drid-phyis) and bathing (khrus-byed-pa). Ways not to
behave in column 6 are sleeping by day (rin-la spyod-pa) and
sleeping with someone other than one's wife (run-ye chun-ma las
gsum-du spyod-pa). In the third column from below we see de-
picted the well-known cool and fragrant house for avoiding the
summer heat (bsil-khun dri bsan bsten-pa) labelled as 2T14.41.
Chapter 15 is concerned mainly with the recommendation that
one should not suppress the natural urges. It begins with a man suppressing hunger (bkri phyag) and ends with one suppressing semen (dkha-ba phyag-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-khyi shar-ge 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 khna to nha. 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 (la) at the beginning of the second last column is not numbered but bears the label minon-par mi-dgah skyo-bahi dbu-ies bhyin, which is from 2T2 124 'being evidently not contented (with its dark abode). Here 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-bdan-pa-la log-pahi dbu-ies skyey
so-bryan-pa-la log-pahi dbu-ies bhyin

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-bdan-pa-la log-pahi dbu-ies bhyin
bdan-phrag so-bryan-pa mgo-mjig log-čut.

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The last column illustrates the last two verses of 2T2. The parsiuent is to be surrounded by experienced people, the navel cord must be cut, and the mother must be given nutritious food to restore her (phurphur gyi). bcod bcas thabs du ba geug-pa’i chul and chas kyi geu-ba’i chul.

Not mentioned in the Egyud-bzhi are the three stages of development represented by the fish (bahi geug-skabs) shown after the ninth week (V 132.2), the tortoise (nas-skul-gyi skabs) shown after the seventeenth week (V 133.2), and the pig (phug-pa’i skabs) shown after the thirty-fifth week (V 135.2).

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ABBREVIATIONS


Lh. 1-6 Ten tankas painted by Che-rin drub-phyug at Lh. in 1981.

Lh. ES Tankas seen and photographed by Emmerick and Schuh in Lh. in 1981.

Lh. F Tankas seen and photographed in Lh. by Zara Fleming.


LT Refers to the Tibetan-Chinese and the Tibetan-English facsimile editions published by Byzantsu hya-ten-las (see above). The number following LT is the tanka number established on the basis of the inscriptions on the tankas.


T = Tatra

(The four books of the Rigbul-btsi are referred to as T, JT, JT, JT, T4).

V = Vajrayana 'dum-po

Nawang Daöpa

CERTAIN PROBLEMS OF EMBRYOLOGY
ACCORDING TO THE TIBETAN MEDICAL
TRADITION
\[ \text{as in "onions"} \]
\[ \text{n as in "ring"} \]
\[ \text{c as in "rats"} \]
\[ \text{ch as in "cute, horse"} \]
\[ \text{ê as in "ouch"} \]
\[ \text{ø as in "church hall"} \]
\[ \text{j as in "lado"} \]
\[ \text{ʒ as in "jungle"} \]
\[ \text{z as in "rose" but often pronounced as in "sen"} \]
\[ \text{ʒ as in "heure" but often pronounced as in "shade"} \]
\[ \text{ʒ as in "shade"} \]
CERTAIN PROBLEMS OF EMBRYOLOGY
ACCORDING TO THE TIBETAN MEDICAL TRADITION

Nawang Dakpa

1. A brief historical observation concerning the Rgyud-btsi

The complexity of the problem of the origin of the Rgyud-btsi, its authorship, and the exact date of its compilation is well known to specialists. The full title of the Rgyud-btsi is bshad-rtsi-rin-pa-yang-khyung-bzhug-ba-rgal-ming-po-rgyud, which corresponds to its Sanskrit title amrta-abhayagupta-udaya-yogita-namam. There are different versions concerning the origin of the Rgyud-btsi even in the Tibetan medical tradition itself. But one can sum them up mainly into two different versions concerning the composition of the Rgyud-btsi. 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 eighth century during the reign of the great Tibetan king Khri-sro-btsan-brtan. The translation of this famous work from Sanskrit into Tibetan has been attributed to this Lo-nga. 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; according to certain sources Vairocana was among the twenty-five disciples who followed (rges brtan) Guru Rinpoche and he was also among nine Siddhas (sgrub-thobs) who were in the entourage of the tantric Master (1). He studied a number of medical treatises with the Indian Acarya Candrananda (zla-ba-mit-dga') in Tibetan and he has also composed two commentaries which are called respectively Ti-ka-man-sel-sgron-mchog and Mis-don-blka-srid-sgrub-mam-brtan. On his return to his home
land Vairocana presented the Rgyud-btsi to king Khri-srong-lde-btsan and Padmasambhava who found the text most precious and secret. As the right time for divulging this secret teaching had not yet come Padmasambhava hid this text with special prayers (smon-lan) in the pillar (ka-ba) situated at the middle storey (ba-khan) of the monastery of Samye (bsmon-yas), the most ancient monastery in Tibet (2). This tradition belongs to the tradition of hidden texts (gser-ma) well known in Tibet, particularly to the RinChen School, the oldest Buddhist School in Tibet.

In fact, the teaching of the Rgyud-btsi has two traditions of transmission: by gser-ma through hidden text transmission and by bka'-ma through oral transmission. In the case of hidden text transmission the Rgyud-btsi was discovered by one of the greatest discoverers of hidden texts, Grwa-pa-mnon-rje in the late 11th century in accordance with the secret indications given by Zambön-rdo-rje-bud-dul, the chief guardian of the Rgyud-btsi, who had been appointed by Padmasambhava as guardian deity of the hidden text (gser-bdag) along with Chos-sbyin-lan and Ca-na-pa, etc., when the Rgyud-btsi was hidden in Samye monastery. Grwa-pa-mnon-rje then passed the teachings of the Rgyud-btsi on to his disciple Dbus-pa-aar-grags who passed it on to other disciples. (3)

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


3. Local compilation

This second version concerns a local compilation taken from different medical traditions: like Indian, Chinese and Zan-btsan, 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-bzhi 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-bzhi and put it into the new style of language (skar-sgrub-bzad-khyim-rgan-las-phae) (5). It is quite well known that different commentaries on this work have been written at different periods like the Chad-lag-blo-bkyud by Gyu-thog-pa (11th century), the Legs-bcads-nor-bu by Byas-pa (14th century), the Vaidyupa-snom-po and the Lhan-dbang attributed to Sde-srid-sa-bzang-rgya-mchog (1653-1705), regent of the great 5th Dalai Lama Nag-dbang-blo-bzas-rgya-mchog (1617-1682), and other commentaries (6). Besides, it is true that without the help of these commentaries an accurate comprehension of the Rgyud-bzhi 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 Vaidyupa-snom-po

As mentioned above, I am not going to give a systematic description of embryology as these 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 (rgyud), secondary causes of development (rkyen) and the signs of birth (bo'i-rings). The main causes are the semen (thu-bu) and menstrual blood (the fluid of the ovum was not yet known) without defect of wind (rnam), bile ( mkhri) and phlegm (bshad-kun). The consciousness of the intermediate state (bar-dor- rim-skyi) which is projected by the force of Karma (las) with
the help of the force of one’s prayer (smon-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-zer) is the basic element of Buddhist philosophy on rebirth conjointly with the law of Karma (lha).

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 pratiyāyamapāda and Tibetan rten-brigs-bshad-ba-byun-ba). In fact, the twelve links of pratiyāyamapāda which are rendered in Tibetan as rten-brigs-yon-lag-bsu-glims were illustrated in a wheel at the time of Lord Buddha himself. (8) This is known as bhavačakra 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. samkāra, Tib. ‘du-byed-kyi-las).

After that creative impulse has taken place, positive or negative actions leave their imprints (bag-sbyigs) on the consciousness (Skt. viññāna, Tib. rnam-zer) 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 gyug-ma rhan-dje skyes-pa'i sems or rlan-sem-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 avadhāri or suṣumma in Sanskrit and rka-bdus-mi 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 (du), fire (me), wind (lham) 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 Vaidyārya shon-po distinguishes so clearly:


‘Concerning the five elements in this passage, though in general it means the five elements accompanying the semen (khun), menstrual blood (khrug) and mind (soms), 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-ges) and the five elements accompanying other factors (menstrual blood and semen). So the union of these subtle (phra-chen) 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 (du) there will be no aggregation or holding together. Without fire (me) there will be no maturation (soms). Without the element wind
there will be no development ('phel) of the body. Without the element space (nam-nakha) there can be no place (go) of development. (10).

About menstruation the commentary says, except in pregnant and sterile women, the red element (kha-mdar-po) develops from the 15th day to the end of the month, because the solar energy (ki-ma’i-stobs) develops during this period in the organ of generation (sam-se’a). From the first of the month the period which corresponds to the beginning of the waxing of the moon, the red element (kha-mdar-po) passes through two major channels which link with the generative organ (sam-se’a) 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 moon 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 foundation as the uterus closes its opening like the lotus which closes when the sun sets (ki-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 (kur-da’i-nam-chen) 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 Nirmalāsya (nirma-ba-sprul-skha) 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-bus-sna-mi-pa) go through the whole process of conception, development of embryo and birth in total ignorance (mi-dran-mi-chen).

2) Cakravartins ('khor-las-sgyur-ba) and those who have started on the path (rgyan-du-btags) enter into conception with awareness but attend the development of the embryo and the birth in ignorance.

3) Bodhisattva beginners (byin-'chub-semb-dpe'-las-dan-po-ba) and the Pratyekas (ran-rgyud) enter into conception and birth with total awareness (dram-chen) but attend the development of the embryo in ignorance.

4) Bodhisattvas who have reached the pure and perfect state (dag-pa'i-so) 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.

2. Kha klu-khrag-du-lu-skyon-'can /
3. Gu klu-khrag-mkhris-skyon-'can /
4. Na klu-khrag-bad-skyon-'can /
5. Cha klu-khrag-khrag-skyon-'can /
6. Cha klu-khrag-bad-rlun-skyon-'can /
7. འཇā kha-skagr-khrag-mkhris-skyon-čan
8. ཉā kha-skagr-bad-mkhris-skyon-čan
9. ཡā kha-skagr-rlni-mkhris-skyon-čan
10. དā thu-skagr-'dus-pa'i-skyon-čan
11. ད་ sa-dan-nam-mhak-sog-ma-mrd-sogs-yod-pa'i-lon
12. ཐā kha-skagr-skyon-med-pa'i-emal-tshags-nyu
13. ཐā Chun-gis-mtal-sgor-'byin-lag-gsum-'zlag-chul
14. བā bzhugs-gyur-ba-nychon-pa
15. དā bzhugs-gyur-ba-nychon-pa
16. འམā ril-ma-nub-par-kha-zum-nychon-pa
17. རā thig-le-bta-ba-mchod-byed
18. ཥā ma-yi-zla-mchan-nas-qā-kha-skagr-don-snog-skyed-chul
19. ཻā ral-ba-gi-ber-ma-mam-čen-byam-chul
21. ཝā chu-la-kha-skagr-dan-ba-ro-glun-pa-skyed-chul
22. འā me-las-dro-ba-nychog-skyed-chul
23. ཡā chug-bzhul-las-khugs-sogs-skyad
24. རā mkhris-'las-bu-ga-ma-ba-sgra-skyed-chul
25. ཐā rgya-rgya-nen-'brul-'dons-pa'i-lon-sa-grub-chul
26. ཤā mkhris-tshags-'phel-rgyur-bu-snog-gras-gyon-rca-dan-łhe-'as-'brul-chul
27. ཡā dbon-skagr-dan-pa-kha-skagr-'dres-pa
28. ཤā dbon-skagr-rgyis-pa-nur-tser-pa
29. ཤā dbon-skagr-gsum-pa-'lo-tshugs-lha-bu
30. མā bzhugs-gor-mchog-mor-togs

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31. ḷa-ba-glu-s-pa bdom-phyag-ṅa-pa-lte-ba-čaṅgs-chul
32. Ge drug-pa-srog-dbus-čaṅgs-chul
33. No bdom-pa-mig-dbyar-dod-chul
34. 芰 bgya-ad-pa-mgo-dbyigs-čaṅgs-pa
35. ḷu dgu-pa-lus-dbyibs-khang-pa-stod-smad-čaṅgs-chul
36. O ba'i-skabs-yin-pa-mchen-myed
37. Ji bcu-pa-'očun-pa-'dpyi-tus-dod-pa
38. =cut bcu-glec-dkyen-po-dkyi-dbyibs-dod-pa
39. Ti bcu-glu-gna-pa-lta-ba-dbyigs-dod-pa
40. Thu bcu-gsum-pa-mod-drug-dod-legs
41. De bku-bzi-pa-dpon-rkab-bral-dbyibs-dod-pa
42. No bco-'lha-pa-rkai-lug-rje-nar-dod-legs
43. Pi bcu-drug-pa-sor-mo-dod-legs
44. Phu bcu-sdon-pa-phye-nai-'brel-ba'i-rca-čaṅgs-chul
45. O rus-skul-gyi-skabs
46. Be bdo-bgya-gna-pa-sa-chel-čaṅgs-chul
47. No bcu-dgu-pa-sryun-pa-čaṅgs-chul
48. Gs rū-yi-pa-rus-dan-rka-nar-čaṅgs-chul
49. Chu rla-glec-pa-pyis-pag-pa-gyes
50. Je rca-glu-pa-bdan-po-dgu'-ba-bzhe-phye-ba
51. Vo rca-gsum-skra-dai-ba-bspa-sem-mo-skye
52. ZI rca-bzi-pa-don-stod-smad-chul
53. Zu rca-'ba-pa-chin-bi-rgyis-chul
54. Ye rca-drug-pa-srō-khyer-dgang-pa-gsal
55. Yo rca-bdu-nas-sum-ču-ba-gyi-gsal-rjogs
36. Ri so-geig-nas-so-lha-bar-chams-čad-'phel /
37. O phag-pa' i-skabs /
38. Lx mizion-par-mi-dga'-skyrid-bri-i-'du-čes-'byun /
39. Çe so-bdu-n-log-pa' i-du-čes-'byun /
40. So bdun-phrag-so-bgyud-pa' i-go-jug-log-chul /
41. He pho-gyas-su-tog-buc-'dug-chul /
42. O ngo-ribs-log-gyas-phye-ga-na-'dog /
43. Ge' de-dan 'dret-mar-ma-nu-'byung-ba /
44. Do' rmu' glical-tha-ba-mchey-mar-skje-ba /
45. Ki' gyas-log-de-bten-pa bu-ni-gyas-stor-byun-shi'gyi-nyi- pa' i-rtags /
46. Khu' goni-la-log-pa gyon-log-la-bten-bu-moe-skje-ba'i-r tags /
47. Čè bce'-snyor-ga-bskor-bca' sin-he-bcodd-pa' i-chul /
48. Čhu' chas-khyi-gso-ba' i-chul /

1. Concepcion impelled by the law of Karma and ignorance as a result of sexual union
2. Semes and blood damaged by wind
3. Semes 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 (dāpas) 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 cord-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 organs 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 pan
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


5. 'Gung-rig-khang 'bugs, pp. 167-8.


10. 'Rgyad-bshad, bsdud-rgyud, Dharmanla, Tibetan Medical Centre, 1971, p. 54.


12. Phags-pa-sde-lha-brtse-ba'i-dbyung-pa-then-po'i-ma'i, 'dbyar-mo, 'dzogs-kyi-'gyur, Kyoto, Japan, Otsu University, mdo, vol. 34, Chi, No. 496.


15. 'Rgyad-bshad, bsdud-rgyud, Dharmanla, Tibetan Medical Centre, 1971, p. 55.


17. 'Rgyad-bshad, bsdud-rgyud, Dharmanla, Tibetan Medical Centre, 1971, p. 57.

CHARLES BAWDEN

WRITTEN AND PRINTED SOURCES
FOR THE STUDY OF
MONGOLIAN MEDICINE
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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 Jamba, 1959, 46 items, all said to be manuscript.
   (ii) as listed in the 1937 catalogue of the library, 46 items of all types. There must be a considerable overlap, which has not been checked.
3. Copenhagen, Royal Library, 26 items.
4. Stockholm, Hedvig Collection, 8 or 9 items.
5. Tokyo, Toyo Bunko, 8 items.
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 version of the Tibetan classic of medicine, known usually in Tibetan as the Gyud-mtis, and in Mongolian as the Dörben Undasüün, the "Four Tantras", and of its sequel, the book generally known, even in Mongolian, as the Ulan-tubs, 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 Ulan-tubs 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 Groebach, 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" 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 herbales that more publications have reached the west. Handbooks known to me include:

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

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

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

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

One brief sketch of the history of Mongolian medicine which is accessible is a paper presented by Xizilav and Tiezerchimed 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. 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 texts relating to the history
of medicine in Mongolia had become known to the authors, the
majority of them, some 130, being handbooks of prescriptions.

Naidav and Tierreichsen divided 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 pur-
poses 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 sys-
tems 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. Unkriž, in
his preface to Fr. Kovine-Krasnov’s monograph on Tibetan
medicine, states that it was translated at the beginning of the
14th century by the scholar Choij-i-Oder.11 His authority for this
may have been the Lama-doctor teacher Badmuyev.

Unkriž’s suggestion has been repeated subsequently, and has
been taken up by the two Mongolian authors, but the standard
life of Choij-i-Oder by D. Tserendodnom, does not find the evi-
dence 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 Qirat, and
circulated in both manuscript and printed form. Individual chap-
ters, especially that on the pulse, seem to have circulated sepa-

It is rather unrewarding at present to try to piece together the
written evidence for the development, and, perhaps, the sub-
sequent decline of classical medicine in Mongolia during the
Mongol dynasty, since the available material is so scanty. Ref-
ences to doctor-authors and books can be found in Mongolian
publications, though the books themselves are not easily acces-
sible, 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. Xiada and Hyshengchim report that the first lamaist medical school in Outer Mongolia
was founded in present-day Bayanxorin 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 lama-
sery had a small granary 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 Ishbaljiir, known as Sumpa khangpo. Ish-
baljiir 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 Ishbaljiir adapted this su-
perstition 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 predic-
ments, not only to sickness, and though they do embrace sickness,
there is no medical content as such. One finds mainly such pro-
nouncements as, "If a figure appears from the location of the

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Nosc meeting this figure, there will be help from medicine. Good. 'If the Cuniper 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 gārāṃ (religious rites) and medicine, and so fear will be absent' and so on. That Sampa khanpo should have entertained such ideas as there is an interesting comment on the tantrist 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 so conform 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 doctors-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 Ihia-
damarawangjil, who is best known to Mongolists as a satirical poet, but who was also a doctor of note in 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 Davone." It is probably the same as a work mentioned in the preface to Korvin Krasinski's book. 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 presents 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 Chinese drug trade was in fact very important to the Mongols during the Mongol 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 entries. 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, compiled 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 Taungs", we find popular handbooks of remedies in small members 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. These 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 Don-um hilgi, and it is interesting to observe, in view of what has just been said about the stulted 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 at best I could. This book is entitled *Dom kemegiški oručari*, a title which one might perhaps translate as ‘sorcerer’s handbook’. The Mongol 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 practices of a supernatural nature. In fact, vocabulary in handbooks of this sort is vast. *Dom* can be replaced by *torz*, meaning ‘help’ and even by the word *torz*, 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 entries, although 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) brains 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.

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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, drop human milk on to them each morning, and the sight will return.

If someone's eyes go dark, and he loses his sight, prick out the eyes of a crow and prick those with a needle above that person's eyes, and drop 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. The connection is partly strengthened by comparison with Dr. Humphrey's text, where the instruction is to cut open 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, 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 staunched. 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 nettle should be pounded up, dried in the shade, and powdered. She should drink this down with warm hot spirits, and conception will ensue. Should her periods dribble, on and off, she should drink a cup of human milk and they will be stanch. 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 give 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. If 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 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 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 Ḥan-tāḥs, for example, will describe the origins and treatment of a particular disease under a number of subheadings, sometimes more, sometimes fewer. These headings include the word šārayn, 'main reason' and ḥaṣṣaṣa 'arsa, 'method of treatment'. It is these two terms, the second often varied to ḥatās, '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 Ḥan-tāḥs 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 ones. 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." The first section deals with the behaviour of the horse itself. Thus, if the horse yawns, it will be chronic; if it smuts, 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 down, 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 — šārayn — 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 Sutras, 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 Alan Gevel, 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 — sitjar — is that the harm has come from having killed birds or beasts. One should recite Carun Sikiarrei a thousand times, and expel weapons, saidie, 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 bang 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 coins 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, vast. 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 prognosis, 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. 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. Keeping — undergo consecration (abhishekha).

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 the system was as follows: for a man one counted sunrise 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 bunny cores, and when 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 ngucu or ogre-snake 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. 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 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 stroke day, it may be that an ade-demon, which has been following a woman, was responsible.

Remedies are many and various. The term generally used in Jastal, 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. Jastal 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 exterminated, 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 (Adyn Emmegiin Xarileen). 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.** 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 *Dorben Undulcan*, 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.** 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 *HAna-sulba*. 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 Yuan 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 elimi-
nate 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 leg-
end they had excised, and they also removed passages referring
to such practices as the use of dharms. I do not know what, if
anything, happened to the 'Four Roots' during the cultural revo-
lution, 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. No extracts from the Han-shu 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
temporary readers. Surviving religious or superstitious ele-
ments were removed, errors corrected, difficult or obscure ex-
pressions 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 medi-
cal dictionary, compiled by an author named Galung, in an edi-
tion of 6,300 copies and just under 800 pages. 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 Moot' by Agwangdondar, a doctor from Aksabü, Tibet. Mongol by dobüse, a hagbe mongol tsungnutü toli 'Tibetan-Mongolian Terminological Dictionary, explaining Names, Words and Meanings' by the Buryat Lubsangdorj and others.

The third book to be mentioned is a handbook entitled Tibet Jasad, 'The Five Treatments', by one Mingmyinbyar, 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 medicine — 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 masses of the herdmen.

The book consists of three parts, entitled respectively: Tibet Jasad 'Five Treatments'; Dotur Jasad, 'Internal Treatments' and Emülenen üi Situ Jasad, '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 Treatments, 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. Finck. 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 ebea. 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 twice 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, but compresses and mustard applications on the back of the patient in connection with the investigation of possible metastases of breast cancer is alluded to. A second significant hint comes in the announcement of the planned publication in 1936 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.  

The second part of the book, dealing with internal treatments, is dependent upon the seven chapters in the "Four Tantras" which precede the one just mentioned. In Dr. Finch'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.
1. Bibliographical reference:  


3. Ts. Tsaidav and others: Mongol Amaany Uusalt Xerqelqimlip Emti Zairin Urgupan Nor Toow (vol. 6) of the Epidemi (Medics) of the State Terminological Commission. The book lists 420 items under their Russian name, with Latin, Mongolian and Tibetan equivalents, and with indices in the latter language.  

4. Ts. Tsaidav: Mongol Oom Enilm Zairin Aandal, 1986, describing some 420 items, classified under their Mongol names, and quoting the Latin equivalents. Botanical descriptions are followed by remarks on the medical usefulness of each plant.
5. U. Ligza: Onen Natoqin 8-cin Urgangylg Mad Emmelqin Baktvik 8-cin Urgangylg." 1994, similar in make-up to the preceding text.

11. Die abtische Medizinphilosophie, Zürich, 1953, xx
13. For example, Copenhagen, Mong 293 and 295.
16. Mong 476.
17. op. cit. xxi.
18. Jambaa, 9-15
19. Mong 68.
22. Ma oshin g执勤. The equivalence is by no means certain, and dictionary-hunting leads one into a circular chase with no reliable solution. The best modern Mongolian-Russian dictionary, that of Lvaevanderev, translates oshidkhan yedeh (u rotni), i.e. ambara (an castle). However, the Report of the State Terminological Commission, no. 71, on human medicine, gives boom as the Mongol equivalent of oshidkhan yedeh, and joom is defined by Lvaevanderev also as abchevoo yedeh. The two Mongol words might of course be used for the one condition, except that a manual of veterinary practice, A Purevjamts: Zoo-med Emmelqin On.


26. In particular, a one-page article in the newspaper Ega Zasaid no. 4, 25 January 1991, signed by P. Yatsan, a research worker at the Institute of Medicine (Azgais Usury Xineeled) outlined the history of traditional medicine, expressing regret at the damage done to the traditions during the Chohalsang and Temporal years, in particular through the destruction of laboratories and their medical facilities 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. Dorjsanaik entitled Amdin embelge, “Popular medicine” which was described as dealing with popular remedies for conditions including concussion and fractures. The 1974 plan announced a book by D. Dorj-Ochir entitled Fich be emin lint embelge, “Physical and Drug-free Treatment” which was to deal with blood-lancing, massage, cupping and so on. A book list circulated in June 1994 lists the following titles: Mongol emen pro, “Mongol prescriptions”; Doros daacim usury usury usury embelge; “Diagnoses in Original Medicine”; Amdin embelge usury usury usury usury usury “The Science of Acupuncture”. These books are said to be in print.


Since this paper was prepared a large Handbook of Mongolian Medicine (Mongol em-an ovlagap, 1336 pp., 144 coloured plates 1981) has come into the writer's hands. The shorter first section of the text discusses several matters concerning the collection, preparation and application of medicinal materials, and the much longer second section deals individually with medicinal substances of vegetable and, to a smaller extent, animal origin.
Biographical Notes

BAWDEN, Charles Rockwell (1924—)


DAKIN, Newang


EMMERICK, Ronald E. (1917—)


FINCKH, Elisabeth, Dr. med., née Brecht (21.8.1912—20.1.1993)

Socialist in veterinary for internal diseases, she trained also in neurology, psychiatry, tropical medicine and homoeopathy. Born in Germany; resident in Hamburg. In 1962 she studied in the Tibetan Medical School in Dharmsala where the expert assistance of Tibetan doctors, and she returned there and in the

MANZELBAUM, Arthur
Senior Editor of *Yeshe Meleng*, the publishing arm of Yeshe Nyinmapa, the centre of the Nyingmapa School of Tibetan Buddhism presided over by the late Dodjon Rinpoche and his successor in New York City, Yeshe Meleng published Terry Clifford's last work which was an edition of The Lamp of Liberation, consisting of Dodjon Rinpoche's Inner Sign prayer and his Heart Nectar of the Stages 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 Dehradun, Himachal Pradesh, and in Kathmandu. He met Terry Cliford during that period, and they remained close friends ever since. He has continued his study and practice of the Mahayana with Tibetan Lama 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.

TROIWA (i.e. *Klo-wa*), Doctor, Rinpoche
Born in Lhasa in 1931 as the son of Tuppen Troiwa, a high-ranking officer in the Finance Ministry. Reared 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 Mindal Rabten Ling. He stayed there for three years. At the age of 14 he memorized few short medical writings. At 16 he went to Lhasa where he was apprenticed to Doctor Nang-mong-shag in a private practice, a family man, with whom he spent nine years. This doctor had been for twenty years the pupil of Kempo Lampa Tshulrwang, a substudent and famous physician, at the Norbulingka Institute Institute. During the last four years of his apprenticeship he began to practice 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 practicing in India, Nepal, Sikkim and Bhutan, also teaching at the Tibetan Medical School at Dharamsala. Since 1981 he has also been practicing and teaching in Western countries.

WINDEL, 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, 1955-1964. and at Welbeck Institute
for the History of Medicine 1964-1972 (Curator of Oriental Manuscripts and Books 1972-1978), after which Cronau left the Tibet Society. He was also the former 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 Buddha, Frankfurt, Fischerbuchhandlung 1975; and introduction to Rerching Rinpocche, Tibetan medicine in original texts. Wellcome Institute, London and California University Press 1975 and 1976, and Catalogue of Tibetan manuscripts and epigraphic and catalogues of the Wellcome Institute for the History of Medicine, London, Wellcome Institute, 1989, besides numerous articles on Tibetan and Renaissance medicine.