


# Tantric Constraints in the Tibetan Medical Tradition: Theocratic Dynamics in Medical Practice

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he practice of medicine saves lives. Nonetheless, if a medical practice is poorly performed, lives will be in jeopardy. In the Tibetan medical tradition, certain deterrents are established within the tradition so that to prevent non-professional practice which leads to devastating results for patients and to ensure that medical knowledge is transmitted properly. Since the institutionalization of Tibetan medicine in the 17<sup>th</sup> century, the practice of medicine has been considered part of the tantric Buddhist practice. Retribution, in the spiritual sense, results from unauthorized malpractice in the context of tantric practice. On the one hand, this ensures that medicine is exercised in a proper way with high standards and safety measures, since the tantric means are involved. On the other hand, it means that medicine is kept as an elite knowledge restricted to tantric adepts. This paper examines the constraints embedded within the medical texts written at the time of the 5<sup>th</sup> Dalai Lama. These constraints, which are typical of those associated with tantric teachings, represented a vital component in the ability of the authorities of the Lcags po ri Medical School to control the medical practice under the 5<sup>th</sup> Dalai Lama's theocratic regime.

## *1. Tantric Coloring of Medical Practice Imposed by the Dga' ldan pho brang*

The 5<sup>th</sup> Dalai Lama, Ngag dbang blo bzang rgya mtsho (1617–1682), effectively established both political and spiritual power over Tibet during his reign. Benefitting sentient beings in both spiritual and material senses was the primary agenda of his government, the Dga' ldan pho brang. The control over the practice of medicine soon became one of his foremost preoccupations. The renowned institution of medicine and astrology known as the “Iron Mountain Monastic Institution for the Benefit of Sentient Beings” (Lcags po ri rig byed 'gro phan gling), named after the Iron Mountain (Lcags po ri), situated near

the Potala Palace in Lhasa,<sup>1</sup> was established to promote this agenda. With such an institutional arrangement in place, the Tibetan medical tradition came to be systematized and institutionalized,<sup>2</sup> and the Lcags po ri School endured as the authority for medical education from the late 17<sup>th</sup> century until the 1950s.<sup>3</sup> Within the scholastic circle of the Lcags po ri, not only new therapeutics but also the morality of medical practice were promulgated. A set of ideals was revived and improved for medical practitioners to be followed strictly. These ideals were based heavily on tantric Buddhist practice, as the 5<sup>th</sup> Dalai Lama based his sovereignty on a tantric Buddhist worldview.<sup>4</sup>

In earlier sources, from the *King of the Moon* (*Sman dpyad zla ba'i rgyal po*), the earliest known treatise on Tibetan medicine, to the *Four Tantras* (*Rgyud bzhi*), the discussions of medical morality, as well as tantric frameworks, were kept to a minimum or otherwise not noted at all. Nonetheless, at the time of the 5<sup>th</sup> Dalai Lama, an emphasis on medical professionalism imputed to medical works became a notable feature of the medical classics that were revised, and the corresponding commentaries were composed during that period: e.g., an excellent physician is not only competent because of the skillful prescription of drugs but also because of his morality and spirituality. This ideal can be observed in important Tibetan medical works that remain influential today: the *Blue Beryl* (*Baiḍūrya sngon po*), the *Extended Commentary* (*Man ngag lhan thabs*), and the *Mirror of Beryl* (*Baiḍūrya me long*) written by Sde srid Sangs rgyas rgya mtsho (1653–1705), the regent of the 5<sup>th</sup> Dalai Lama, who raised Tibetan medicine, and specifically Lcags po ri medicine, to new standards of scholarly, spiritual, and even tantric characteristics.

The *Blue Beryl* is one of the most renowned works in the Tibetan medical tradition and has maintained its authority up to the present day. The *Blue Beryl* is a commentary on the legendary Tibetan foundation text the *Four Tantras*, the authorship of which is ascribed to G.yu thog yon tan dgon po the Younger (1126–1202).<sup>5</sup> Particular discussions regarding the physician's morality and spirituality are present in this commentary. Chapter 27 of the *Subsequent Tantra to the Four Tantras* in the *Blue Beryl*, entitled "Entrustment of the Tantras" (*Rgyud yongs su gtad pa*),<sup>6</sup> discusses the significance of a legitimate

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<sup>1</sup> Gyatso 2015: 115.

<sup>2</sup> Schaeffer 2003: 622.

<sup>3</sup> Meyer 2003: 117.

<sup>4</sup> Gyatso 2015: 4.

<sup>5</sup> G.yu thog the Younger was a great medical practitioner and a spiritual master. The *Four Tantras* represents a compilation of the exoteric medical knowledge aspect of the tradition of his ancestor G.yu thog the Elder (708–833).

<sup>6</sup> Sangs rgyas rgya mtsho 2005a: 1816–1833.

medical lineage and the appropriate virtues of a physician. This chapter notes metaphorically that knowledge of the *Four Tantras* is like the pure nectar from the ocean depths. This nectar should be kept in a proper and sacred vessel, *viz.* a brilliant practitioner, instead of a defiled container, which is an inept practitioner. Further, it explains:

Since giving these teachings to an unworthy recipient is like keeping lion's milk in a container of poor quality which would crack and spill its contents, the teaching should not be given to those who keep secret the identity of their master and instead promote their own greatness, or to those who steal the medical instructions or speak deviously by whatever means. Nor, indeed, should it be given to those who lack gratitude and extort wealth, or to those who are bound by pride and arrogance, devoid of compassion, clinging with attachment to this life, and employing soft words and seductive techniques. The teaching should be withheld from such persons, just as a gemstone is held fast in the throat of a sea-monster.<sup>7</sup>

Here, the *Blue Beryl* clearly states that both lineage and the quality of the physician are far more important than simply the skill of prescribing treatments, as a non-virtuous person can ruin the entire medical tradition. Similar opinions were voiced in the introduction to the *Extended Commentary* by Sangs rgyas rgya mtsho.<sup>8</sup>

One element that distinguishes these commentaries from earlier medical texts is the notion of the embodiment of the bodhisattva ideal in physicians. It is believed that through compassion, a bodhisattva can benefit all sentient beings. Healing is seen as a mutual relationship between the medical practitioner and the patient: while the patient is healed, the practitioner gains spiritual attainment by serving the sick. Medicine itself is considered a form of Buddhist practice inspired by the Mahāyāna idea of compassion, and the medical practitioner is to be considered an emanation of the Medicine Buddha. Thus, the healer-patient relationship plays a crucial role in constructing, modulating, and fortifying a healing system based on the Buddhist concepts which suggest that the healer holds the divine healing power of the Medicine Buddha. In this way, the 5<sup>th</sup> Dalai Lama's interest in benefiting sentient beings both physically and spiritually can be accomplished.

In order to consolidate the Buddhist ideals via medical practice, the scholastic works—the commentaries on the *Four Tantras* especially—

<sup>7</sup> The translation is taken from Parfionovitch *et al.* 1992: 169. These discussions were also written down on the medical paintings promoted by Sangs rgyas rgya mtsho, an important pedagogical tool in Tibetan medical education used until nowadays.

<sup>8</sup> The *Extended Commentary* (Sangs rgyas rgya mtsho 2005b) is a supplement to the *Instructional Tantra to the Four Tantras*, where magico-religious therapeutics are recorded.

condemn “inferior” practitioners and promote the Lcags po ri ideals, which are aligned with the 5<sup>th</sup> Dalai lama’s vision. In the introduction to the *Extended Commentary*, it was highlighted that the work of G.yu thog yon tan dgon po,<sup>9</sup> that is his knowledge contained in the *Four Tantras*,

is precious like saffron, [while] the commentaries written by foolish practitioners are like tainting his works with black ink. They are also like meat contaminated by a dog’s bite. These are the works of short-lived and foolish practitioners.<sup>10</sup>

Here, Sangs rgyas rgya mtsho insinuates that there may be many other commentaries on the *Four Tantras*, but this *Extended Commentary* is to be considered the most orthodox one. Furthermore, regarding the lineage, Sangs rgyas rgya mtsho expresses specific preferences in his *Blue Beryl*:

The unsurpassed superior practitioners are Byang rnam rgyal grags bzang, Zur mnyam nyid rdo rje, Gong sman dkon cog phan dar, and Mtsho smad mkhan chen. Like the Sage Agastya, they were the greatest scholars who transformed medical knowledge into life-saving nectar, clarified confusing theory, and composed an easily portable medical compendium.<sup>11</sup>

In his *Mirror of Beryl*, in conjunction with a comprehensive account of the history of Tibetan medicine, Sangs rgyas rgya mtsho further explained what was meant by “spiritually competent”, thus setting out the standard approach to learning and practicing medicine. Kurtis Schaeffer noted<sup>12</sup> that both the *Blue Beryl* and the *Mirror of Beryl* stressed the importance of medical scholarship and the Mahāyāna ideal of being a virtuous medical practitioner. In these two major medical works, Sangs rgyas rgya mtsho enforced medical professionalism upon Tibetan medical practitioners and prescribed for every competent practitioner to uphold moral and behavioral values. These values are tied to tantric practice, or even regarded as the tantric practice itself.

<sup>9</sup> In his writing, Sangs rgyas rgya mtsho did not distinguish between G.yu thog the Elder and the Younger.

<sup>10</sup> *smad pa'i cha dang bsdus pa'i gzugs can bsres pa yon tan mgon po'i dgongs don kung ku ma// blun pos snag tsha bsres pa'i nyams bcos kyi// lag len yig cha nor srung bsad pa'i sha// tshe zad blun rgan tshogs kyi spyod yul yin//* (Sangs rgyas rgya mtsho 2005a: 3).

<sup>11</sup> *mi mnyam pa'i gzugs can byang rnam rgyal grags bzang zur mnyam nyid rdo rje gong sman dkon cog phan dar mtsho smad mkhan chen sogs// sngon byon mkhas pa drang srong a gastyas// tshe rig bdud rtsir bsgyur kyang rtogs dka' ba'i// rnyogs rnams bgrungs pa'i go sla 'khyer bde 'di//* (Ibid).

<sup>12</sup> Schaeffer 2003.

## 2. *Tantric Commitments as Part of the Oath of Medical Practitioners*

During the reign of the 5<sup>th</sup> Dalai Lama, the tantric notion of the human body was enlarged and integrated into the practice of healing. The tantric practice has therefore been incorporated into physical medicinal practices, while medical practice was not only made to fit into Buddhist teachings but also specifically into tantric teachings. In order to justify this scheme, it is noted that the 5<sup>th</sup> Dalai Lama categorized the *Four Tantras* as a tantric text (*rgyud*).<sup>13</sup> From the healing power of the Medicine Buddha up to the karmic causes of illness, tantric Buddhist elements play an important role not only in the Tibetan concept of health but also for the power and authority involved in healing. Tantric Buddhism and medicine interplay synergistically, reinforcing each other and consolidating the 5<sup>th</sup> Dalai Lama's campaign. As noted by Janet Gyatso:

Buddhist ideology and tantric truths were as basic to the medical writers' worldviews, as was their interest in saving patients from death. We can even note cases where the dynamic went in the other direction, whereby something like tantric thinking could also serve to legitimize the medical. As one example, tantric theorizations of subtle matter sometimes helped medical theory to talk about imperceptible functions in the body.<sup>14</sup>

The tantric worldview reached its heyday during the time of the 5<sup>th</sup> Dalai Lama. To further mix medicine with tantric practice, many concepts in the medical tradition were drawn from tantric texts such as the *Profound Inner Principles* (*Zab mo nang don*) by the 3<sup>rd</sup> Karmapa Rang 'byung rdo rje (1284–1339),<sup>15</sup> which is the standard text describing sophisticated tantric mechanisms. Thus, medical practice during this period was portrayed as a form of tantric Buddhist practice interwoven with magico-religious elements. As a result, diagnosis and healing also involved tantric methods, to such an extent that the tantric method became an indispensable element in the medical tradition. This included the transmission within lineage, initiation, vows and pledges, secrecy, dharma protectors, and tantric punishment if commitments were broken by medical practitioners. This has also much shaped the practice of Tibetan medicine to this day, since the new authority on Tibetan medicine, the Sman rtsis khang, also known as the Tibetan College of Medicine and Astrology, traces its lineage

<sup>13</sup> Van Vleet 2016: 269. It is noted that the *Four Tantras* were not regarded as a tantric text before the 5<sup>th</sup> Dalai Lama. The *Four Tantras* itself do not mention any tantric practice.

<sup>14</sup> Gyatso 2015: 379.

<sup>15</sup> Ibid: 214–215.

directly to Lcags po ri medical practice, and it, in turn, shapes modern understandings of Tibetan medicine.

As noted by Pierce Salguero, the whole Tibetan medical tradition is a healing system both religious and magical in nature; healing deities are actually involved in healing through supernatural powers.<sup>16</sup> These supernatural powers can be traced back to the Lcags po ri College lineage. One example of this approach is the teaching that medicinal substances do not reach their full potency unless they are properly empowered, which was mentioned in the *Heart Essence of Yuthok (G.yu thog snying thig)*, by G.yu thog yon tan dgon po the Younger, who, as it was mentioned, edited the present version of the *Four Tantras*. His *Heart Essence of Yuthok* contains the esoteric and tantric aspects of the practice of medicine, providing information on what is absent in the *Four Tantras*. This text was highly valued and was integrated into the Lcags po ri curriculum from the time of the 5<sup>th</sup> Dalai Lama onwards. This empowerment of medicine of tantric nature can be traced to the Rnying ma tradition via tantric practice of the *Eight Means of Accomplishment (Bdud rtsi sman grub)*.<sup>17</sup> Regarding its role in medical practice, as opined by Sienna Craig, this “empowering” ritual is:

[a]n extremely powerful type of Buddhist practice aiming at, by turns, empowering medicines and medicinal ingredients, accomplishing yogic and contemplative exercises, bestowing a multitude of benefits on ritual practitioners, and imparting blessings on laypeople.<sup>18</sup>

Also, as noted by Francis Garrett, through this tantric ritual, not only did the medicine achieve full potency but also the whole healing process was involved:

[T]he transmutation of the practitioner is alchemical on various levels: the coarse material objects of ritual practice are transformed into purified elixirs (and so the medicinal pills are “empowered”), and also the coarse physical body of the ritual practitioner is similarly purified, and his or her coarse technical abilities are also transformed into supernormal powers. In this “medicine sādhana (*sman sgrub*)”, the doctor practitioner accomplishes all of these aims, him- or herself becoming medicine itself, capable of transmitting the Medicine Buddha’s healing power directly into patients’ bodies.<sup>19</sup>

Thus, even in modern times, the healing process is a tantric one, involving the invocation of the Medicine Buddha that plays the main

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<sup>16</sup> Salguero 2014: 87.

<sup>17</sup> Garrett 2009: 214–215.

<sup>18</sup> Craig 2011: 217.

<sup>19</sup> Garrett 2009: 224.

role in the healing process. Together with the “alchemical” process working on “material” medicine, the tantric and ritual components play an important part in the process of healing. According to a modern Tibetan medicine practitioner Yeshe Dönden, “medicine” employs three levels of potency: the physical medical ingredients, the power of mantra, and the power of meditative stabilization. In order to achieve full potency, physical medicines are usually empowered by rituals involving recitation of mantras and meditation is performed by physicians or lamas.<sup>20</sup> In other words, only medicine blessed in a “legitimate” ritual will carry its full potency. Thus, competent practitioners of medicine were not only experts at drug prescription but were also tantric adepts.

In this worldview, with tantric Buddhism in mind, a strict practice has been followed by medical practitioners. This knowledge should be reserved and guarded against unwholesome practitioners for the benefit of sentient beings. In order to convey the most accurate medical knowledge, which is regarded as tantric, proprietary medical teachings have to be carried out privately and secretly in the tantric fashion.<sup>21</sup> Important commitments taken at moments of initiation and empowerment, such as vows and pledges, are part of the *samaya* (*dam tshig*), or the obligation formed between the teachers and their disciples, which have to be followed strictly when practicing medicine, as the tantric practice is a vital part of healing. Violation of the commitments or breaking the *samaya*, will result in tantric retribution.

### 3. The Tantric Punishment

So, if medical knowledge exists for the sake of all sentient beings, why would it not be transmitted openly but only restricted to competent practitioners of the same lineage, as discussed above?

First, medical practice conducted as a tantric practice could be damaging or harmful to both the healer and the patient if performed by incompetent hands. Secondly, it is done to prevent medical knowledge from being contaminated: unqualified teachers may cause the misinterpretation of tantric teachings, leading to deviations in the knowledge. Without precise transmission of this precious knowledge, a cumulative error can arise as a result of the unreliability of human recollection. Thirdly, introducing a note of modern skepticism, it was done to subsume medicine into the 5<sup>th</sup> Dalai Lama’s theocratic regime, and punishment can be seen as one of the tactics of intimidation of

<sup>20</sup> Dönden and Hopkins 1986: 215.

<sup>21</sup> Secrecy in the form of “Secret medicine” (*gsang sman*) has been discussed in Chui 2019a.

individuals outside the lineage. Punishment also has to be applied to deter non-virtuous outsiders from practicing and transmitting this knowledge with flawed intentions.<sup>22</sup>

Retribution is often noted in the 17<sup>th</sup>-century medical works, but it seldom appears in the earlier texts such as the *King of the Moon Treatise* or the *Four Tantras*. Again, in Chapter 27 of the *Subsequent Tantra to the Four Tantras* in the *Blue Beryl*, it is mentioned that knowledge should not be transmitted to non-virtuous individuals:

This medical science should not be given in exchange to those who engage in ritual murder, who invoke the protectors who bring hailstones, who practice exorcism, who compound poisons, who teach the doctrines of political enemies such as the Drukpa, and who are female prophets and so forth, practicing the Bon doctrines of Shenrap. Similarly, it should not be given to those who solely perform alchemical transmutation into gold, who engage in mundane disputations, and who engage in conventional sophistry.<sup>23</sup>

Otherwise:

By propagating these medical teachings among such unworthy recipients, the commitments will themselves degenerate, so that they and others who follow them will fall into evil existences in their subsequent lives.<sup>24</sup>

In contrast, if the medical knowledge is transmitted and practiced by a competent physician, and the person will,

in due course, become powerful in speech and accumulate wealth and property. They will be respected by living beings, obtaining glory and high reputation. Eventually, they will be surrounded by gods and goddesses holding parasols and silken banners, and their own physical bodies will dissolve into the light body, whereby in a subsequent life, they will accomplish the level of enlightenment and attain Buddhahood in the buddha field of Bhaiṣajyaguru.<sup>25</sup>

From the above examples, we can see that punishment and reward are

<sup>22</sup> A point to note in this paper is that I am not going to discuss the physical penalty such as that mentioned by Van Vleet (2016: 217), for example, students should "speak openly and purely, without wandering or idle chatter, which is distracting. If this happens, one hundred prostrations should be imposed." I am discussing here a wider retribution, mostly in the form of unfavorable karmic consequences, which will make sense only for a Buddhist for whom specific Buddhist acculturation has taken place.

<sup>23</sup> Translation taken from Parfionovitch *et al.* 1992: 169.

<sup>24</sup> Parfionovitch *et al.* 1992: 169.

<sup>25</sup> *Ibid.*



framed more in a spiritual sense deeply rooted in the Tibetan culture under Buddhist tantric influence, especially regarding the accomplishment of the light body, which is a desideratum of tantric adepts.

Further severe forms of retribution can be found elsewhere in texts related to Sangs rgyas rgya mtsho's "secret medicine" (*gsang sman*). The so-called "secret" medicine can be found across the writings of the Tibetan medical tradition, especially in Sangs rgyas rgya mtsho's *Extended Commentary*, and it has flourished in medical works composed since the time of the 5<sup>th</sup> Dalai Lama. Often, encoded terms were used to represent special tantric medicinal substances, which should be taught secretly within the lineage. This marked an important era when tantric substances were key components of medical formulae, an interface where tantric practice interacts with ordinary medical substances. These substances are also the exclusive possession of authorized dispensers within the same medical lineage.

Solutions to these secrets are recorded by practitioners related to Sangs rgyas rgya mtsho. According to Sangs rgyas rgya mtsho's student Ngag dbang sangs rgyas dpal bzang,<sup>26</sup> in his *Single Lineage of Secret Medicine*,<sup>27</sup> the knowledge of secret medicine is considered a precious skill. In the introduction to his text, Ngag dbang sangs rgyas dpal bzang emphasizes the importance of receiving direct oral transmission of the esoteric aspects of the medical tradition, from a teacher to whom the student pays due homage. Without this, access to these esoteric elements cannot be granted. In accordance with the ideals in the *Blue Beryl*, he also warns that since these secret medicines are pivotal in the treatment, practitioners should receive the authentic teachings and blessings from their teacher before prescribing them.

The practice of the transmission of secret medicine within the *Extended Commentary* is linked to tantric practice and reserved for elite practitioners. In his *Single Lineage of Secret Medicine*, Ngag dbang sangs rgyas dpal bzang emphasizes that this secret knowledge should be held within the lineage. The following excerpt presents his position regarding secret medicine and tantric consequences of infringement:

Homage to the *ḍākinī* Dpal ldan phreng ba, the Medicine Buddha, bodhisattvas, lamas, *yidam*, dharma protectors and *gter ma* protectors!  
I now expound the knowledge of secret medicine, the precious text of instruction, which is entrusted by the *ḍākinī* Dpal ldan phreng ba. In

<sup>26</sup> According to Meyer (2003: 111), Sangs rgyas rgya mtsho appointed Ngag dbang sangs rgyas dpal bzang as one of his students in charge of medical teaching at the Lcags po ri.

<sup>27</sup> Full title is *Single Lineage of Secret Medicine: The Golden Key for Decoding the Knot of the Extended Commentary on the Instructional Tantra* (*Gsang sman chig brgyud/ Lhan thabs kyi rgya mdud bkrol ba'i rin chen gser gyi lde mig*).

order to disclose and receive this secret, one should first be committed to Dharma practice.

To begin with, the teaching of this secret knowledge must be requested by the student who wishes to learn from a qualified teacher. Although the *ḍākinī* does not need offerings, this knowledge cannot be taught without offerings being made. This was the instruction of the *ḍākinī*: if no offerings are made but the knowledge is taught, both our present and next life will not be fortunate.

Although the teacher of this secret knowledge has no concern about profiting from teaching, he cannot teach this knowledge to the one who does not offer him five golden coins. If he disobeys this command, he will be punished by the dharma protectors.

Although the deities are not in need of mandala offerings, the smoke-offering ritual to Zhang blon should be performed. If the ritual has not been done, the teacher will be punished by internal bleeding.

Although there are many forms of syllable-letters [mantra], the *ḍākinī*'s secret mantra should not be taught in public. If someone preaches it openly, he will be punished.

Although many people want to obtain the secret teachings, they will be taught only to those who will keep the secrets and not disclose them, since this is the command of the *ḍākinī*. It should not be shown to others, even if they have good intentions.

If the person does not have extraordinary compassion and merely seeks fortune and fame, the entrustment will be broken. This knowledge cannot be transmitted.

If someone is sharp and intelligent, even if he is a qualified teacher, arrogance and a lack of compassion can ruin the practice. Even if all the best and most powerful substances are available, the essence of secret medicine will lose its power and will not be effective.

Thus, if this instruction is observed, the teacher will be happy, and blessings will be received. If teachers are satisfied, the secret may be transmitted. If the *ḍākinī* is pleased, the absolute knowledge of the truth will be revealed. If the protectors are satisfied, all obstacles will be eliminated.

If this knowledge is taught with permission and commitment, it will benefit sentient beings and will be good for all future generations.<sup>28</sup>

<sup>28</sup> *mkha' 'gro'i gtso mo dpal ldan phreng ba la phyag 'tshal lo// sman bla byang sems brgyud bcas pa'i// bla ma yi dam mkha' 'gro dang// chos skyong gter srung bka' rgya'i bdag// ma lus kun la phyag byas nas// man ngag yon tan nor bu yil// rgyud kyi lhan thabs gsang ba'i bka'// rgya las bkrol dang sdom pa'i tshul// mkha' 'gro'i gtad rgya'i gsang yig 'dri// dang po gdams pa chig brgyud rgya// 'di la dgos pa'i chos dam tshig// sngon bar mtha' ma'i rim pa yang// mtshan ldan slob dpon 'di shes la// snod ldan slob mas man ngag zhu// mkha'i 'gro tshogs kyis mi dbul yang// tshogs 'khor mchod pas mi zhu na// mi 'chad mkha' 'gro'i bka' rgya yod// 'das na 'di phyi gnyis kar 'phung// slob dpon yon la mi blta yang// gser zho lnga yi phyag rten gyis// mandala mi 'bul nyan 'dod la// bka' rgya bkrol na bka' chad 'byung// chos srung gtor mas mi 'phong yang// bsangs dang gsol khas zhang blon sde// bskangs nas 'chad nyan mi byed na// khong khrag 'byin par bka' gtad yod// yi ge'i rnam grangs mtha'i yas kyang// mkha' 'gro'i gsang tshig ma lags pa'i// kun grags dkyus su 'di 'dri na// byin yal bka'i 'gal bar chad yong// man ngag 'dod pa mang na yang// dam tshig*

In these introductory paragraphs, Ngag dbang sangs rgyas dpal bzang stresses the importance of keeping secrets in various ways. First, from a religious perspective, secret medicine is viewed as a tantric practice where knowledge ought not to be discussed or taught openly in public. The knowledge of secret medicine is the property of the *ḍākinī* Dpal ldan phreng ba and is well protected by dharma protectors. Dpal ldan phreng ba is also known as the wisdom *ḍākinī*. She is believed to be the teacher of G.yu thog yon tan dgon po and the source of medical teachings, including secret medicinal knowledge in the tantric fashion. This conceptualization of a deity, rather than a human, as the source of the medical knowledge could have been envisioned by the 5<sup>th</sup> Dalai Lama to give a Buddhist origin to Tibetan medical practice.<sup>29</sup> The mundane medical knowledge of G.yu thog yon tan dgon po was superseded by celestial revelation, shifting medical practice from empiricism to theology.

In rendering medicine with a tantric feature, secret medicinal knowledge is conveyed as if it was a tantric practice that requires preliminary dharma practice and initiation. A point to note is that, in addition to the notion of proprietary knowledge, traditionally, tantric substances used in rituals are assumed to exhibit full potency when applied only in a quiet and hidden manner. This view is not restricted to the past but is still continued today. As suggested by recent Tibetan Buddhist master Jigme Phuntsok ('Jigs med phun tshogs, 1933–2004), the practice of Vajrayāna had to be concealed for its effects to take place. According to him, this notion of secrecy extends to the practice of Tibetan medicine; some medicinal substances need to be kept secret for the sake of their potency:

In the past, Desi Sangye Gyatso was a well-known medical expert throughout Tibet. He recorded a superb collection of “secret medicines” in one medical text and used secret codes to represent the uses of some types of Tibetan medicine.<sup>30</sup>

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*thub nges nyung shas las// kun la mi ston mkha' 'gro'i rgya// bstan na bka' srung gsang tshig 'chor// gzhan don byed pa mang mod kyang// lhag bsam sems bskyed mi ldan na// grags snyan lto phyir rnyed 'tshol la// gtad na nyams pa can du gyur// shes rig bkra ba mang mchis rung// tshad ldan slob dpon mi bsten par// pho tshod rang bzo'i nyams len gyis// rang gar byas na 'khrul bar gol// nus ldan sman mchog kun tshogs kyang// sbyor sde de yi snying po'i gtsol// gsang sman chad na ro nus 'chor// nus pa dman pas phan mi 'gyur// de phyir bshad tshul ldan gyur na// bla ma mnyes pas byin rlabs 'jug/ slob dpon dgyes pas man ngag lon// mkha' 'gro mnyes nas dngos grub thob// chos srung mgu bas bar chad srung// bka' rgya khrol bas 'gro don ran// dam tshig kun tshang gzhan phan 'grub// bshad bzhin mdzod cig phyi rabs kun// (Ngag dbang sangs rgyas dpal bzang 2005: 460–461).*

<sup>29</sup> Van Vleet 2016: 279–282.

<sup>30</sup> Jigme Phuntsok 2015: 90–91.

Although further research has to be done to confirm which text Jigme Phuntsok was referring to, it is probably the *Extended Commentary* that is being discussed here. This is because Sangs rgyas rgya mtsho detailed mentioning of secret medicine can be mostly found in the *Extended Commentary*.

Reinforcing the practice of medicine in the tantric view, Sangs rgyas rgya mtsho dedicated a whole section in the *Mirror of Beryl* to the “tantrification” of medical practice. There he equates medicine with tantric practice:

Therefore, the value of the science of medicine is that it accomplishes the welfare of self and others. Therefore, whether they wish to become doctors and practice the science of healing or practitioners of the sacred Dharma of sutra and tantra, the essential inner science, students, and practitioners of all sciences should seek out both a teacher and a master.<sup>31</sup>

After that, Sangs rgyas rgya mtsho further elaborates on how medicine should be a form of tantric practice. Devotion to the master is the key to practice, and different forms of vows and pledges should be taken by the practitioner. Drawing attention to the severity of this act, in his *Mirror of Beryl* Sangs rgyas rgya mtsho includes the following excerpt on broken pledges from the *Tantra of the Self-Appearing Mind* (*Rig pa rang shar gyi rgyud*) and describes the resulting punishment as:

experiencing various misfortunes, plagues, and other infectious diseases, being murdered by demons and spirits and sent to hell, going blind, becoming deaf, never succeeding in whatever is attempted, your skin erupts in sores and leprosy, being punished by the king and robbed by bandits, getting infectious illness not caught by others, and seeing your wife and children die. Everyone becomes an enemy; all efforts are for naught.<sup>32</sup>

Despite the fact that secret medicine is closely tied to tantric practice, not only is this knowledge precious in the religious sense but also in a worldly sense: he compares it to the five golden coins which were considered a very substantial amount of wealth at the time. One possible explanation is that the *Extended Commentary* was used as exclusive knowledge owned by the Lcags po ri School and as a strategy to dominate medical education.<sup>33</sup>

Medical knowledge was portrayed as both spiritual and material treasure, which Lcags po ri holds, and access to this secret knowledge

<sup>31</sup> Desi Sangye Gyatso 2010: 353. Translated by Gavin Kilty.

<sup>32</sup> Ibid: 415–416.

<sup>33</sup> Chui 2019b: 15.

was restricted to the monastics-related practitioners. It was knowledge only for the elite class. In the colophon of the *Extended Commentary*, Sangs rgyas rgya mtsho further warns that the knowledge within the commentary is not for those of low social status and that it is protected by another dharma protector which is an essential deity in all tantric practices:

People of low social status, without training in the sutra and practical experience who read this book, will be punished by the dharma protector. Zhang blon and his retinue of eight protectors will take their heart blood.<sup>34</sup>

Meanwhile, dharma protectors are taken seriously in the tantric tradition. It is believed that although dharma protectors protect Buddhists and the dharma faithfully, extreme care should be taken not to offend them, otherwise misfortune will result. Under the medical lineage protector Zhang blon, the practice of medicine is restricted to selected practitioners. Zhang blon occupies a prominent position in the Tibetan medical tradition, especially in the lineage of Lcags po ri medicine. This tradition has been fully integrated into the medical system taught at Lcags po ri from the time of the 5<sup>th</sup> Dalai Lama until today. Zhang blon and his retinue protect every medical practitioner from worldly and spiritual obstacles. According to René de Nebesky-Wojkowitz, Zhang blon is also called Rdo rje bdud 'dul.<sup>35</sup> He is worshipped as a "god of medicine" (*sman gyi lha*) and is closely related to the Medicine Buddha. According to mythology, Zhang blon is the "chief of the nine attendants of the Medicine Buddha" (*bka' sdod srung ma zhang blon dam can sde dgu*), and is described in the following way:

He is dark-blue and has one three-eyed face. His hair stands on end, a diadem of five skulls adorns his head, he bares his teeth, and a garland of human heads hangs around his neck. With the right hand, he brandishes a chopper decorated with a gem, his left hand lifts a skull-cup full of hearts. A cloak of black silk is his dress, a club made of sandalwood is stuck into his girdle, and his mount is a black horse with white heels, which stands amidst a vehemently burning fire.<sup>36</sup>

The protection practice of Zhang blon is often exclusive to the practitioner of Lcags po ri medicine, and "low status" practitioners are warned off from utilizing it. Thus, the knowledge of secret medicine, according to Sangs rgyas rgya mtsho and Ngag dbang sangs rgyas

<sup>34</sup> 'di'i rigs chad chung la yang lung dang lag len med par longs spyad nas zhang blon sogs sde dgus snying khrag rol zhes kha shas mchis pal/ (Sangs rgyas rgya mtsho 2005a: 428).

<sup>35</sup> Nebesky-Wojkowitz 1993: 79.

<sup>36</sup> Ibid.

dpal bzang, is only for monastics and related practitioners with their lineage of initiation and blessing. Ordinary people are excluded from practicing the *Extended Commentary* because the result of preparing the tantric medicinal recipes is devastating both to the unauthorized practitioner and the patient.

#### 4. *A Contemporary Note on Medicine in Theocracy*

An important objective of the present article is to examine how this deterrent system of tantric retribution takes effect, since this social conformity on the practice of Tibetan medicine is not just a historical artifact but it is still active today. Theoretical perspectives on the deterrence effect of religion in discouraging deviance and delinquency have been observed in many cultural systems. One of the best-known models is the hellfire hypothesis put forward by Travis Hirschi and Rodney Stark (1969). This hypothesis assesses the role of religiosity as a deterrent in criminology and penology. Basically, their hypothesis posits that religious beliefs deter individuals from wrongdoing by means of supernatural sanctions, while worthy behaviors earn supernatural rewards. This hellfire hypothesis seems to contain contradictions and inconsistencies,<sup>37</sup> however, as it was later proposed by Stark, it is especially workable in cultures with a strong and uniform belief.<sup>38</sup>

In our case, Buddhism in the Tibetan medical context creates a strong moral community deeply underpinned by religiosity. Stark notes that religion is “a group property” instead of “an individual trait.”<sup>39</sup> Thus, according to him, in order for religion to offer a successful deterrent to crime and deviance, religiosity has to be practiced at the communal level, where it is strong enough to produce social conformity. This is what the 5<sup>th</sup> Dalai Lama strove to establish during his reign, and it was upheld effectively until the 1950s by the Tibetan government Dga’ ldan pho brang.

While the role that the religious doctrine has played for the control of Tibetan medical practice is yet to be explored in-depth, preliminary observations may be established via the application of modern

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<sup>37</sup> The empirical support of this theory is still in debate, where Groves *et al.* 1987, Heaton 2006, and ironically Hirschi and Stark 1969 cannot draw any definitive conclusion as to whether religiosity is related to crime and deviance. Nonetheless, studies by Benda 2002, Cochran and Akers 1989, Johnson 1987, Johnson *et al.* 2000, Johnson and Jang 2011, Marsiglia *et al.* 2005, and Olson 1990, have shown that religiosity is related to reduced levels of crime and social deviance.

<sup>38</sup> Stark 1996 and Stark *et al.* 1982.

<sup>39</sup> Stark 1996: 164.

sociological perspectives, including functionalist and conflict theories. In the functionalist perspective, during the time of the 5<sup>th</sup> Dalai Lama, social order is upheld through devotion to collectively shared Buddhist values and beliefs. Compliance is ensured as individuals internalize these values as moral norms. Guilt, moral repugnance, and fear limit deviance. For conflict theorists such as Karl Marx and Friedrich Engels, religion is a device encouraged by those in power to bolster their authority, and the 5<sup>th</sup> Dalai Lama's position could be viewed in this light. Further, the Buddhist teaching of merit operative in the present and future lives, as well as the fear of punishment for breaking the tantric *samaya*, may serve well to enforce and legitimize the power of Lcags po ri and its authority over the physical and spiritual welfare of the Tibetans.

In any case, all suggestions given above are just some initial explanatory models based on the materialist assumptions. Further research has to be done on the spiritual aspect of this tantric constraints from the Tibetan point of view.

### 5. Concluding Remarks

Although some accounts are suggesting that Buddhism existed in Tibet before the 7<sup>th</sup> century CE, it is believed to have been formally introduced to the Tibetan Plateau from the 7<sup>th</sup> to 9<sup>th</sup> centuries CE during the period of the Tibetan Empire. Nonetheless, the infusion of medical practice with tantric Buddhist ideals did not become prominent until the time of the 5<sup>th</sup> Dalai Lama in the 17<sup>th</sup> century. The strengthening of the tantric worldview was successfully established at the time of the 5<sup>th</sup> Dalai Lama and has continued up to the present day. This is best exemplified by the medical paintings presented in the *Blue Beryl* commissioned by Sangs rgyas rgya mtsho. This set of 79 medical paintings has been uninterruptedly used as a pedagogical tool in Tibetan medical education since that time. Such heavy Buddhist influences have ensured that the Tibetan medical tradition has become a very particular Tibetan "Buddhist" medicine.

The 5<sup>th</sup> Dalai Lama's campaign to combine healing and tantric practice amplified the orthodoxy and authority of medical practice alongside Lcags po ri's establishment. Healing was thus a privileged and exclusive body of knowledge handed down in the Lcags po ri medical lineage. Although different medical lineages were based on the *Four Tantras*, the *Extended Commentary* is portrayed as containing the most accurate materials when compared to other commentaries on the *Four Tantras*. This endorsed not only the reputation of the Lcags po ri College but also that of their graduates since they were perceived as

competent practitioners.

Sangs rgyas rgya mtsho effectively asserted dominance not only over Tibet's medical knowledge but also over its religious and intellectual life in general.<sup>40</sup> Under his supervision, the school at Lcags po ri came to occupy a position as the single most influential institution in Tibetan medicine. The 5<sup>th</sup> Dalai Lama's agenda successfully standardized, homogenized, and dominated the practice of medicine. The blending of religious practice with medicinal preparations safeguarded the practice of medicine in the religious context. Since ritual practices are pivotal to the efficacy of medicinal substances, they should be performed according to the established monastic traditions. Moreover, the conceptualization of diseases and their treatment methods are much theorized via the Buddhist worldview, to the extent that rituals favored by the Lcags po ri tradition and medicinal materials exclusive to them became incorporated as a widespread medical practice. This system successfully promoted the Lcags po ri School as the leading and dominant medical school. This continues up until present time in the form of the Sman rtsis khang, which is the reestablishment of the Lcags po ri College in exile.

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<sup>40</sup> Schaeffer 2006: 187.



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