AN INTRODUCTION TO TIBETAN MEDICINE

Edited by DAWA NORBU

A TIBETAN REVIEW PUBLICATION

Front Cover : The Bowl contains one of the most commonly used ingredients in Tibetan Medicine, Terminala Chebula Retz. Terminala is often described as the King of Medicines. The flowers symbolise long life and good health.

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This book is dedicated to His Holiness the 14th Dalai Lama on the 'critical' occasion of his 41st birthday at the express wish of Tibetans living in Switzerland, who made this publication possible.

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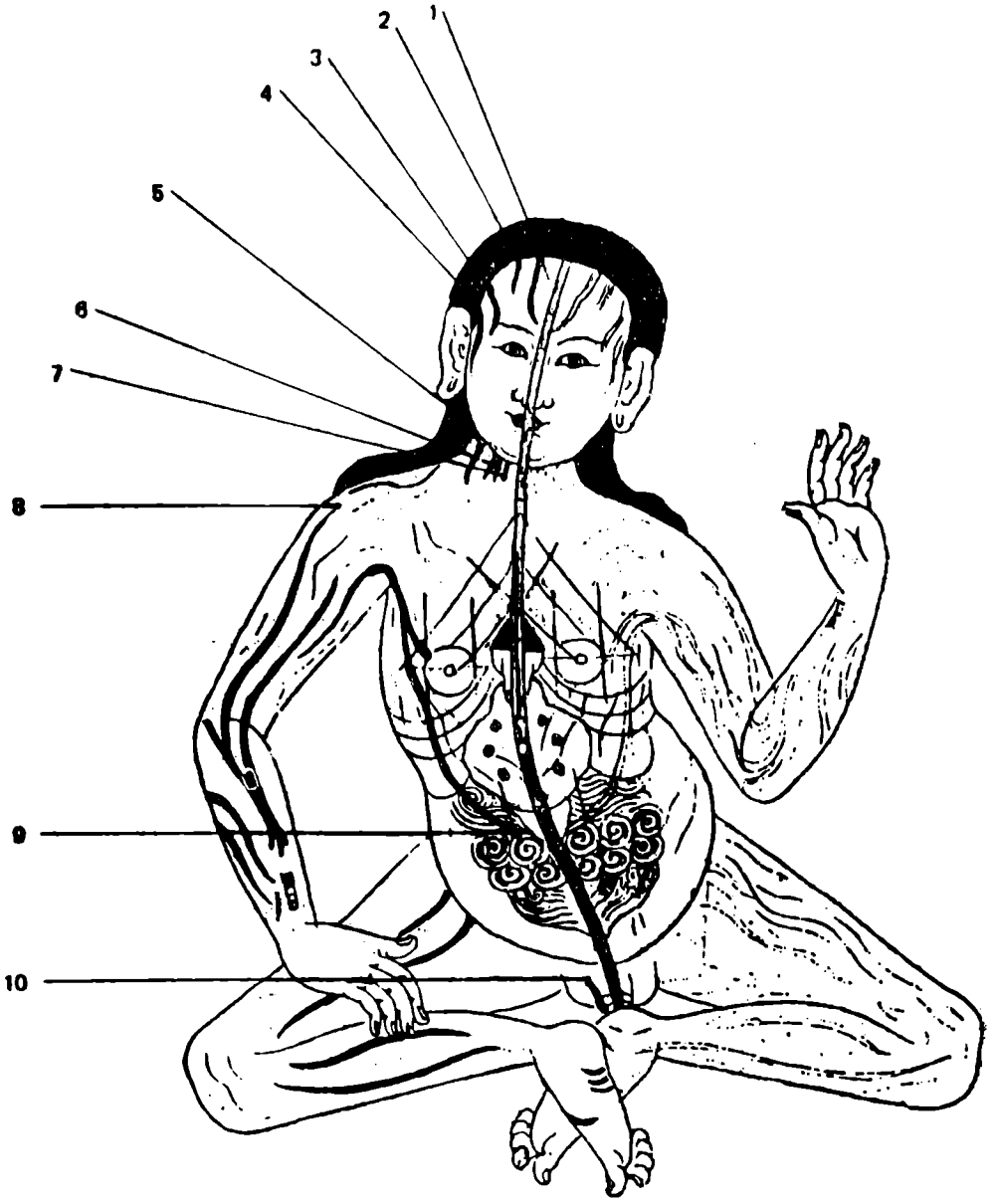

Inside Cover : A Tibetan Anatomy diagram showing the vein connected with the organs of the body :

1. Mingwu, mature centre
2. Serdung, golden spear
3. Minjug, mature entrance
4. Natsa, ear vein
5. Ratna, jewell
6. Tsenag point vein
7. Tsedra, point like vein
8. Pungtsa, shoulder vein
9. Phoway ratsa, stomach vein
10. Photsen hramtsa, male organ vein

Editor's Note

While editing *Tibetan Review* for the past few years, I have taken a particular interest in Tibetan Medicine. This resulted in a special issue (*Tibetan Review*, May-June 1974) focusing on what we ambitiously called "Tibetan Medical System and Practice". We continued to publish more feature articles and news about Tibetan Medicine, and the response has been most encouraging.

An integral part of the Tibetan civilisation, Tibetan Medicine was the sole medical science in traditional Central Asia, highly respected and practised with considerable success. Its "remarkable record of success in healing" suggests that there is some sound basis for Tibetan Medicine. There is, therefore, at present a need to sort out what is scientific and beneficial to mankind from what is not.

The Chinese authorities in Tibet, despite their claim that "traditional Tibetan medicine is part of China's medical heritage" seem to be encouraging scientific researches into Tibetan medical literature, eliminating what they called "idealist, superstitious material and keeping the rational, proved sections for development". Tibetan Medicine indeed deserves more attention by serious scholars and students than it has received in the past.

The aim of this booklet is nothing more than to provide an introduction to a vastly neglected subject, a sort of appetiser. We hope that it will create some interest in Tibetan Medicine and lead to scientific researches and investigation, which might contribute to the knowledge of medical sciences and benefit the sick.

The present booklet forms a collection of articles which have appeared in *Tibetan Review* in the past. An exception, however, is Dr. Bhagwan Dash's article which appeared in *Tibet Journal*, and we are grateful to Dr. Dash for his permission to include it here. The editor gratefully acknowledges Kesang Tenzin's invaluable assistance in bringing out this booklet; he did all the running about, including typing, proof-reading, making notes etc.

Finally, had it not been for Thubten Choeden's enduring help and consideration for me at the *Review*, it would not have been possible for me to devote much time to writing and editing.

This publication has been financed by some Tibetans living in Switzerland, and we are grateful to them.

New Delhi. Dawa Norbu

Vows of a Tibetan Doctor

1 A person undergoing medical training must have great regard for his Teacher, considering him like God.
2 He must believe in whatever his Teacher teaches him and have no doubt whatsoever in his teachings.
3 He must have great respect for the books on medicine.
4 He must keep good, friendly relations with classmates, having regard and respect for each other.
5 He must have sympathy towards patients.
6 Secretions of patients he should not regard as filth.
7 He must regard the Medicine Buddha and other medical experts as the guardians of medicine.
8 He must regard medical instruments as holy objects and keep them properly.
9 He must regard medicine as something very precious, something that fulfils all wishes.
10 He must regard medicine as deathless nectar.
11 He must regard medicine as an offering to the Medicine Buddha and all other medicine deities.

—*Tibetan Medicine*, Rechung Rinpoche

CHAPTER ONE

The Art of Healing in Ancient Tibet

B. C. Olschak

TIBET, 'Land of the Glaciers' is sometimes known as the 'Land of Medicinal Herbs' or the 'Land of the Healing Art'. This reputation reaches back into the pre-Buddhist era, which saw the foundation of the so-called "Palace of Herbal Remedies", amidst the royal castles and tombs of the Yarlung valley. This palace is also known as the 'Palace of the Hundred Thousand Remedies'. The story goes that herbs were dried, carefully sorted, and preserved here as long ago as the beginning of the VIIth century A.D. during the reign of Tibet's 29th King.

The 30th King, Srongtsen Gampo, who ruled from 629 to 650 A.D. was the founder of the Empire of Greater Tibet. It was he who introduced Buddhism into the country and who, in 639, founded the city of Lha-ldan, which later became Lhasa, and built there the original palace, on top of which, in the middle of XVIIth century, was added the famous four-storey edifice which was to remain the seat of the Dalai Lama until modern times. From this palace, a path leads over a chain of rocks to the 'Iron Mountain', the site of the old 'Medical School' of Lhasa, which formed the spiritual centre of the healing art in ancient Tibet. The works composed and translated there were later to form the basis of Central Asian medicine. Many scholars from Mongolia used to make pilgrimage to Lhasa in order to become adept in the 'science of healing', which demand not only a true sense of

vocation but also long years of study. In order to gauge the extent of the influence exercised at one time by the Tibetan school of healing, one must remember that, from the VIIth to the IXth centuries A.D., the Tibetan Empire extended south wards to the plain of the Ganges, northwards as far as Samarkand, Turfan, and Tun-Huang—where ancient Tibetan manuscripts were later discovered in the 'Cave of the Thousand Buddhas' and eastwards into China itself. It was from this powerful Central Asian Empire that the peaceful monastic state of Tibet later emerged. In the XIIIth century, Lama kings began to introduce Buddhism among the Mongols; and it was in gratitude for their ultimate conversion that the ruling priest-prince of Tibet in 1578 received the Mongolian title of 'Dalai Lama', signifying 'ocean priest' or 'sea of wisdom'. The Mongols, eager to learn, were among the most assiduous inmates of the monastic schools of Drepung, Sera, and Ganden, and proved themselves highly talented followers of the Tibetan school of medicine, which they later introduced even into parts of Russia.

As far back as the Vth century, we find mention of a famous Tibetan physician. His name was Dunggi-thor-cag-can, and he was physician to the court. His son followed in his footsteps, becoming Royal physician in his turn. In the second half of the VIIth century, we find mention of another eminent doctor, hDre-rje-badsra by name. Towards the end of the VIIIth century came the so-called 'Turquoise Physician', who wrote important manuscripts in Tibetan, and who is said to have visited India on three occasions, in order to study medical works in Magadha, in the Buddhist school of Nalanda. The account of his life, later discovered in Lhasa, records that he lived to the ripe old age of 125 years; gods and demons had rewarded him with vast quantities of turquoise and other precious stones which were piled up on the roof of his home. For this reason, he was also given the name of gYu-thog-pa, literally 'the Turquoise-Roof One', which was subsequently handed down in his family. One of his descendants—the founder and leader of a medical school in the XIth century is credited with the authorship of a new version of the Tibetan medical canon, known as the Four Roots. He is reported to have travelled to Persia when only eighteen years old, in order to study medicine there. He is also said to be the author of some twenty different medical works, the most important of

which is an exhaustive commentary to the Four Roots, entitled The Eighteen Auxiliary Aids, the introduction to which may be regarded as a sort of history of medicine. The periods covered by two gYu-thog-pa's are generally regarded as representing the the golden age of Tibetan medicine.

Some idea of the high regard in which the art of healing stood ancient Tibet may be gathered from the titles conferred upon its leading practitioners. The most outstanding physician of all was known as 'King of the Gods'; another title was that of the 'All-Knowing One', an epithet otherwise reserved only for the Buddha himself and the highest class of Bodhisattvas.

Buddha himself is sometimes referred to as sMai-bla, meaning 'Chief among Physicians'. In this capacity, he is depicted holding a myrobalan fruit, or a spring from the myrobalan tree, in his hand. In Tibetan, this fruit is known as dugbcom, meaning 'which renders posoin inactive', or when referred to as a symbol of the healing art—as dug-sel ('which expels poison'); finally it is sometimes known as the bDud-rtsi, or food of the god, a term applied to remedies generally.

In dealing with poison, one must bear in mind that for the Tibetans the term always includes a spiritual connotation. Thus, ignorance, hate, and greed regarded as the three basic earthly evils, are known simply as dug-gsum, or 'three poisons'. Material poisons are divided into various categories: natural poisons of animal or vegetable origin, and substances which may become poisons. A distinction is further made between 'visible poisons', whose toxic properties are self-evident, and poisons produced by admixture. As a point of interest, the Tibetan verb 'to mix' is the equivalent of 'to produce remedies'.

Much of the medical knowledge of the ancient Tibetans, originally the prerogative of a trained elite, later came to the ken of the people generally, in the process of which its general principles of health and hygiene found support in religious tenets. The consumption of alcohol and tobacco, for instance, came to be regarded not only as dangerous but even as contemptible. Ancient Buddhist law forbade the intake of any substance which might harm the body or the soul: "The first degree of drunkenness robs the victim of his senses and renders him shameless; in the second degree, the drunkard behaves like a raging elephant: in the last stage, he resembles a corpse."

With the introduction of Buddhism, the Tibetans inherited from India both religious and scientific teachings, the latter included medical texts, e.g. the Hundred Prescriptions of the Buddhist philosopher Nagarjuna (IInd century A.D.) and the Heart of life of the Indian sage, Atisha, who was invited to Tibet in 1042 to teach the Buddhist religion and science there.

The most famous of all the legendary healers of India is almost certainly Prince Jivaka, the 'Three fold King of Physicians', whose life story is also recorded in Tibetan sacred scriptures, where he is referred to as the 'Young Physician'. He grew up at the court of King Bimbisar (approx 538 to 486 B.C.), who had his residence in Rajagriha, the capital of Magadha. King Bimbisara was allegedly afriend of the Buddha and Protector of the first Buddhist community. A half-brother of the Crown Prince, Jivaka was anxious to avoid any dispute over the succession, and so made himself independent as a physician. In order to learn the art of cranial trepanation, he journeyed to Takshashila, in the Punjab (the Taxila of the ancient Greeks), where he studied for seven years under the great Atreya. The story goes that he became personal physician to the Buddha, that he performed skilful operations upon his own father, King Bimbisara, his Queen, and their successor, and that he was for this reason three times proclaimed 'King of Physicians'. Stories of his medical and surgical skill, particularly his cranial, ear and abdominal operations, have been handed down in many a colourful legend in which, for example, a painful swelling becomes an evil reptile and the pus from it a centipede, which the surgeon extracts with the aid of red-hot forceps.

These brief examples cannot hope to do more than call attention to the existence and the importance of medicine in ancient Tibet—a field which is essential still remains unexplored to-day. In the main, this school of healing was devoted to the relationship between things physical and things spiritual. As such it is easy to see why it was held in such high esteem, and why it came to occupy a position of central importance in the religious and socio-political life of the country.

CHAPTER TWO

What is Tibetan Medicine ?

Yeshe Dhonden & Gyatsho Tshering

THE primary aim of Tibetan medicine, as of all systems of medicine, is to relieve human beings of physical suffering, i.e., to restore to equilibrium an imbalance in the normal functioning of the wind, bile, and phlegm elements in the body. It is true that one's mental disposition influences and determines, to a vast degree, the bodily functions, stresses and strains, and all other activities associated with the body. Mind is superior to the body. Mind is the architect of all our suffering and happiness. Mind is the master; body and speech are its attendants. While the cultivation of the art and science of medicine is predominantly intended to cure the physical ailments of a being, Tibetan physicians place an equal degree of stress on the cultivation and development of mental power and the observance of moral laws. For us Tibetans, the psychology, ethics, and philosophy of Buddhism have provided abundant and effective means for controlling consciousness and preventing it from becoming wild or disarrayed. No wonder then that Tibet, throughout its history, has produced an exclusive lineage of physicians who were not only skilled in medicine but also learned in religious studies. These adept physicians, who were commissioned to serve as personal physicians to the kings, and who later served the line of the Dalai Lamas, were known as *bla-menpa*. The lama physicians occupied a very high place in the social strata of Tibet.

For the elimination of bodily suffering, the healing art of medicine is prescribed. For the modification of consciousness (mind), Dharma, i.e., moral laws, are prescribed. The two are closely related. Psychology, parapsychology, ethics, and philosophy, as enunciated in the Dharma, are all conducive to and directed toward controlling the consciousness in order to obtain mental and bodily peace.

As noted before, Tibetan physicians regard the practice of moral laws as of utmost importance in the elimination of both physical and mental afflictions. Buddhism is the religion, the way of life, adopted and practised by the Tibetans. It teaches us to gain unshakeable freedom of mind by exerting our human energy and striving until the goal is reached. The admixture of pleasure and pain which constitutes the life of each being is the result of his thoughts, actions, and speech in a past life. An undisciplined mind expresses evil thoughts by evil actions which leave evil imprints on the mind. As soon as external stimulation occurs, the mind suffers the consequences of its past actions. Thus, when we suffer, our miseries have their remote causes in the past. All pleasure and pain has mental origins; consequently, religion is required because without it the mind cannot be controlled.

The Buddha is said to be the originator of the Tibetan system of medicine. He was no doubt the Great Healer of spiritual maladies but history does not provide sufficient evidence to prove that he was also the healer of physical ailments. Whatever the case may be, the Tibetan scholars probably followed the traditional Indian practice of ascribing the authorship of their own works to their gods or preceptors. For example, in the basic treatises on Tibetan medicine, the Buddha is described as the source of all knowledge pertaining to medicine, and it was he who pronounced this s cience through his devoted disciples.

The science and art of Tibetan medicine took a strong hold in Tibet, acquired shape and structure peculiarly Tibetan, in accordance with the orderly systematic Tibetan mind which delights in deep analysis, elaborate classification, and full enumeration of all aspects of a thing or an event. Tibetan medicine, firmly rooted in religion and philosophy, takes man as if a whole, in the empirical and transcendental aspects, as a

physical entity and metaphysical potentiality. As a body, man is a microcosmic but faithful reflection of the macrocosmic reality in which he is imbedded and which preserves and nourishes him every second of his life; as a mind, he is a ripple on the surface of the great ocean of consciousness.

Health is the proper relationship between the microcosm which is man and the macrocosm which is the Universe. Disease is a disruption of this relationship. Unimpeded reaction of the macrocosm to such a disruption results in a cure, unless the disruption is irreversible, when death becomes the cure. Certain elements, things and factors are of help in certain kinds of disease and become specifics for such diseases. The science of medicine is both descriptive and curative. The descriptive enumerates and describes the body and mind, their relationship, their normal and abnormal functioning, their diseases, their symptoms and varieties, the remedial factors in nature-elements and minerals, plants and animals, and their preparation and combination.

The basic philosophy of Tibetan medicine can be stated as follows: Tibetan medicine does not limit man to sensory perception. Within and beyond the visible man there is the vast area of invisible forces, currents, and vibratory structures, inaccessible to the senses, but nevertheless entirely real, concrete, and essential for the proper functioning of the body and the mind. Their study and description requiring aptitudes of a less common order forms a special branch of Tibetan medicine.

Recorded history tells us that during the reign of Nyatri tsenpo, the first king of Tibet (5th Century), two renowned physicians, Vigjay and Gahjay, found their way to Tibet. Both came from Central India. Vigjay and Gahjay stayed in Tibet for nearly a decade, imparting knowledge of the healing art to the Tibetan people. Pleased with the services rendered to the King and his subjects without expectation of any reward or remuneration, the King gave one of his queens in marriage to Gahjay. A son by the name of Dungyi Thorchog, who later became an outstanding physician of Tibet, was born to Gahjay and his wife. His outstanding skill secured Dungyi Thorchog an appointment as the first physician to the King.

It can be said that the science and art of healing in Tibet began with the coming of Vigjay and Gahjay.

The hierarchy of Dungyi Thorchog's generation extends to the family lineage of Youthok Gonpo Sarpa in the 18th Century. Tibetan historians trace the lineage of Dungyi Thorchog's descendants to the time of King Srong-tsan-Gampo (629-649), a renowned figure in the history of Tibet, and regard this period as the first chapter in the development of Tibetan medicine. During this time, the method of imparting and continuing medical knowledge consisted solely of oral transmission through the medium of the teacher-student relationship. The second chapter is said to commence with the emergence of Lodroe Sinyen during the latter half of King Srong-tsan-Gampo's reign, although, historically, Lodroe Sinyen belongs to the same ancestral family as Dungyi Thorchog. With the coming of Lodroe Sinyen, who was later appointed personal physician to King Srong-tsan-Gampo, the age-old tradition of oral transmission was superseded by the medium of writing, although the former continues to enjoy its original importance.

Lodroe Sinyen's son, Yuthok Drechi Becha, was equally famous. He had the opportunity of serving under King Gonsum Gonchen and King Mosrung Machen respectively. By the time of Drechi Becha, numerous medical treatises and commentaries had made their appearance in manuscript and xylograph form. He visited India on three different occasions to collect material and do research in other untouched aspects of medicine. During Drechi Becha's time, the four basic treatises outlining the fundamentals of medicine were translated into Tibetan from Sanskrit. These are: 1. *Sey-Gyud;* 2. *Cha-Gyud;* 3. *Men-ngag Gyud;* and 4. *Tsimey*-Gyud. Yuthok Drechi Becha was succeeded by Yuthok Khyongpo.

Yuthok Khyongpo, who was the personal physician of King rJe Lungyi Namtrul, was succeeded by his son, Yuthok Yonten Gonpo, a brilliant figure in the history of Tibetan medicine. Under his personal initiative, dedication, and untiring efforts, a number of authoritative texts, treatises and documents on the diagnosis, treatment, knowledge and technique of Tibetan medicine were compiled for the first time. He was also an accomplished Siddha, who had attained the highest peak of psychic developments and power by which he could perform supra-

human functions. He lived to the ripe old age of 125 years. Like Yuthok Drechi Becha, he also visited India on three different occasions to do research and compare the Tibetan system of medicine with that of the systems prevailing at that time in India. Among the books produced by Yuthok Gonpo Nyingma, we may cite Tsya-lag-chobgyad (general Collectanea), *Dekhor chobgyad* (a resume), *Rotra-tru-gyi-dimeg* (a text on surgery), and *Shog-drilkorsum* (details of his own research and discoveries).

Tibetan physicians were not inimical to the practice of surgery. Operations were resorted to only in cases where the most authoritative physicians considered it serious and unavoidable for the cure of particular disease or injury. Surgery was popular with Tibetan physicians and practised very widely during the ninth and tenth centuries. The practice of surgery continued through the centuries, although with somewhat less vigour, because Tibetan physicians laid greater stress on treatment and cure by natural means, and on resisting physical and mental disease by developing the powers of the mind. They knew that surgery was fraught with a number of disadvantages. It is also possible that during the process of surgical operation it might be necessary to remove or destory some veins or nerves. In such a case, when the patient is cured, he will not be in a position to perform the particular samadhi (meditation) which controls nerve channels and blood circulation. About 250 years after the reign of King Trisong Detsen (755-97) the practice of surgery was formally abandoned. The factor which contributed to the abandonment of surgery was the unsuccessful aftermath of heart operations. In spite of this, some physicians continued to perform operations. As late as 1956, for instance, one Tibetan physician successfully performed an operation on a man who had sustained a fragments of the skull were removed and replaced with pieces from the skull of a sheep. The man is still alive today in India.

One telling effect of introduction of the medical knowledge in written form was the creation of widespread interest in, and a desire to enter into, the medical profession throughout the country. Prior to the introduction of medical writings into medical education, the number of people interested in medicine had been quite small.

During the reign of King Trisong Detsen (755-97) a great debate was held among the most expert physicians from India. China, Mongolia, Persia, Sinkiang, Nepal, Kashmir, Dolpho (a kingdom on the Tibet-Nepal border), and Afghanistan. The debate took place at Samye, south-east of Lhasa. The Tibetan delegation was led by Yuthok Gonpo Nyingma. The prime object of calling the debate was to find out the efficacy and level of Tibetan medicine as compared with other systems of medicine. The debate and dialogue went on for several days, each delegate propounding the theory and practice of his own system. At the end of the debate, Yuthok Gonpo Nyingma was declared the winner. All the brilliance of the different systems could not excell the efficacy of Tibetan medicine, so ably expounded by Yuthok Gonpo Nyingma.

It is said that King Trisong Detsen, in order to test the calibre of the physicians, asked them to examine the pulse of the King by means of a thread which, the physicians were told, was tied to the hands of the King, when actually it was tied to a stone, and then to the leg of a fowl. But in spite of this sham, the physicians were able to tell by an examination of the thread that the pulse was not that of the King, but that the thread was tied to a stone and to the leg of a fowl. When they examined the pulse of the King, they could not find any symptoms of illness and were able to predict correctly the number of years he would live.

A code of behaviour and norms of practice to be observed by the physicians were established by King Trisong Detsen. Known as "The Four Vows", the code was as follows.

1. Physicians should always be motivated by an altruistic mind and cultivate an attitude of love, sympathy, and compassion.
2. Physicians should always be industrious and energetic, and abandon sloth and procrastination.
3. Physicians should always abstain from intoxicating drinks, and guard their character.
4. Physicians should always be mindful of the work at hand, and mild in speech. Most importantly, a physician should always make a patient feel relieved and assured.

It is clear from the above code that physical treatment alone will not do. Equal importance should be given to the pacification

of the emotional and mental make-up of the patient, since the mind and body are inter-dependent. In fact, they make use of all the three faculties of body, speech, and mind.

CHAPTER THREE

Indian Contribution to Tibetan Medicine

Bhagwan Dash

EARLIEST inhabitants of Tibet, "the Land of Snows", probably practised Shamanism which was prevalent in the whole Northern Asia. The Tibetan form of this was called "Bon" religion. In the seventh century A.D. Buddhism was introduced into Tibet and had a tremendous influence on the inhabitants of that country. This is known as "ch'o" (*chos*). During both these periods Ayurveda made a considerable impact on the life of the people there.

According to one of the popular Tibetan traditions, all the religious and secular scriptures, which were known as rig-na (*rig-gnas*) (lit. vidya sthana or knowledge), are divided into ten categories. Five of them form a "group of major subjects" which include the following:

1. bzo rig-pa	Silpa sastra	Technology
2. gso-ba rig-pa	Cikitsa sastra	Medicine
3. rgra rig-pa	Sabda sastra	Grammar
4. tshad-ma rig-pa	Pramana sastra	Logic
5. nang-don rig-pa	Dharma sastra	Religion

The remaining five categories are known as "the group of five minor subjects" and they are as follows:

1. snyan-dngas	Kavya sastra	Poetics
2. sdeb-sbyor	Chanda sastra	Metrics
3. mngon-brjod	Abhidhona sastra	Lexicons

4. zlos-gar	Natya sastra	Dramatics
5. rtsis	Jyotisa sastra	Astrology.

The four works on medicine based on the Bon religious tradition which were composed by Ky'ung-trul Jig-me nam-mk'ai doje (*Khyung-sprul 'Jigs-med-nam-mkha'i rdo-rje*) during 1937-1950 have recently been published by Tibetan Bonpo Monastic Centre, Ochghat, Himachal Pradesh, India (1972) and they provide ample evidence of the influence of ayurveda in that medical tradition.

Along with the sermons of Lord Buddha, Baudha Bhiksus of India carried with them, among others, the knowledge of ayurveda and propagated it among their disciples in Tibet. Sanskrit treatises on arts and sciences were translated into Tibetan by teams of Indian and Tibetan scholars under the patronage of various rulers of that country. Besides there were a free exchange of scholars of medicine between India and Tibet so much so that even scholars having no connection with Buddha dharma were invited to their country for the propagation of ayurveda.

The codification of the Tibetan Tripitaka goes back to the early fourteenth century when at the instance of Jam-yang (*Jam-dbyangs*) the court chaplain of the Mongol Emperor Buyantu Khan (1312-20), a great number of sacred texts still scattered among the country's various monasteries were assembled and incorporated into the old stock of scriptures already existent at the Narthang Monastery. This collection represents the proto-type of all subsequent Kanjur and Tanjur editions. About 21 ayurvedic works translated and incorporated into Tanjur scriptures. According to Claus Vogel, various editions of Tanjur were brought out as follows:

The following are the details of the Ayurvedic works which are incorporated into the Tanjur:

Old Narthang Edition (1312-20), Chongay Edition (1320's), Bu-ston's (1320-64), 5th Dalai Lama's Edition (1645-82), Derge Edition (1733-72), New Narthang Edition (1742), Peking Edition (1742-96), Chone Edition (1772).

Tibetan name	*Sanskrit name*	*Author*	*Translator*
1. sByor-ba brgyad-pa	Yogasataka	Klu-sgrub (Nagarjuna)	Jetakarna, Buddhasri-jnana, Nyi-ma rgyalmtshan

2. sMan'tshol-ba'i-mdo	Jiva Sutra or Vaidya Jiva Sutra	Klu-sgrub snying-po (Nagarjuna hrdaya)	
3. sLob-dpon klu-sgrub-kyis md-zad pa sman a-ba'i cho-ga	Acarya Nagarjuna-bhasita avabhesajak-alpa	Klu-sgrub (Nagarjuna)	
4. sMan-dpyad yan-lag brgyad-pa'i snyingpo'i grel-pa	Vaidya Astanga-hrdaya-vrtti	Zla-ba-la dga'-ba (Candra-nandana)	
5. sMan-dpyad yan-lag brgyad-pa'i snyingpo'i-grel-pas-las sman-gyi min-gi rnam-grangs zhes bya-ba	Vaidya Astang-ahrdaya vrttau bhesaja nama paryaya nama	Zla-ba-la dga-ba (Candra-nandana)	
6. Yan-lag brgyad-pa'i snying-po bsdus-pa-zhes bya-ba	Astanga-hrdaya samhita-nama	Pha-gol (Vagbhata)	Jarandhara, Rin-chen bzang-po.
7. Yan-lag-brgyad-pa'i snying-po zhes-bya-ba'isman dpyad-kyi bshad-pa	Astanga-hrdaya-nama-vaiduryaka bhasya.	Pha-gol (Vagbhata)	Dharmasri varma, Sakya Blo-gros.

8. Yan-lag brgyad-pa'i snying-po'i rnam-par 'grel-pa tshig-gi don-gyi zla-zer zhes-byaba.	Padarthacand-rika-prabhas-anama-astangahrdaya vivrti	Zla-ba-la dga'-ba (Candra-nandana).	Jarandhara, Rin-chen bzang-po.
9. sMan-dpyad gces-par grvb-pa zhes-bya-ba.	(Vaidya) Siddhasara	Nyi-ma bsruns-pa (Ravi gupta)	Jinamitra, Atiragya varma.
10. 'Phags-pa gryal-ma zhes-ba'i ril-bu	Arya raja nama vatika	Klu-sgrub (Nagarjuna)	
11. 'Phags-pa rtsa-ba'i mdzod sman chen-po'i rim-pa.	Arya Mulakosa mahausa-dhavali	Klu-sgrub (Nagarjuna)	Chos-skyong bzang-po
12. rTsa-brtag-cing gtanla 'bebs-pa'i rabtu dbye-br-		sByin-pa'i dbang-po (Danendra)	
13. Tshe'i rig-byed mtha-dag-gi snying-po bsdus-pa'i glegs-bam-gyi che brjod	Ayurveda-sarvasva-Sara-samgraha	Tshans-sras bshad-pa'i rdo-rje (Brahmaputra Hasavajra).	

	bsgyur-byang smon-lam-gyi rim-pa		
14.	'Phags-yul pha-ha'i sman-pa da-na da-sa'i sman bcos	Aryadesa. phaha-bhisag-dana-dasa-bhesaja samskara.	(Danadasa).
15.	Changs pa'i rig-byed rgya-mts-ho'i yan-lag 'dzin-pa ygo-ba-can zhes-bya-ba.	Brahma-veda-sarngadhara-carakanama.	Kun phan bdug-rtsi sbyin (Sarva-hita mrta-datta)
16.	Lha bd-ang-ph-yug-gis tshogs-ldag-lagn-ang ba'i sa-mu-dra phala'i sbyor-ba khabsgyur dang-bcas-pa	Devesvara-distaniyama sahita ganapati samudraphala prayoga	Ngag-dbang phun-tshogs lhun-grub.
17.	'Phags-yul dbus 'gyur-ma-thu--rga'i rgyal-	Aryadesa-magadha mathura-ksatriya-bhisak	Rghunatha (?)

	rigs-kyi sman pa-ra ku-na-tha'i gdams pa.	rakghuna-thamnaya		
18.	Mig-' byed mthong ba don-ldan.	Amogha-darsi-netra-vibhanga.	Manaha	Ngag-dbang phun-tshogs lhun-grub
19.	dNgul-chu grub-pa'i bstan-bcos zhes bya-ba	Rasa-siddhi sastra-nama.	Bha-li-pa (Vpadhi-pada)	Srinarendra-bhadra, Obdyana pa Rin-chen dpal
20.	gSer' gyur-gyi bstan-bcos bsduspa	Rasayana sastroddhrti.		O-rgyan pa (Ratnasri).
21.	rTa'i tshe'i rig-byed sa-liho trang bsduspa zhes.bya-ba.	Salihotriya-asvayurveda samhita nama.	Salihotra	Dharmasri-bhadra Buddhasri santi Rin-chen bzang-po.

It will be observed from the foregoing that the names of some of the works like "Vaiduryaka bhasya" of Vagbhata on "Astanga hrdaya," ,'Vaidya Jiva Sutra" and by Nagarjuna and "Brahma-veda Sarangadhara Caraka" by "Sarvahitamrtadatta" are not even heard of in the ayurvedic world and some others like "Yogatasaka" by Nagarguna and "Bhesaja Namaparyaya" by Candra-nandana are not extant.

Among the secular medical literature, the most important and the most popular work is known as "Gyu-zhi" (*rGyud-bzhi*) (lit. four treatises of catah tantra and according tot he introductory remarks in the work itself the title of the Sanskrit original was, 'Amrta hrdaya astanga guhyopadesa." This work has the following parts:

	Tibetan title	*Sanskrit equivalent*	*English equivalent*
I.	rTsa-rgyud	Mula-tantra	Primary text
II.	bShad-rgyud	Akhyata-tantra	Explanatory text
III.	Man-ngag rgyud	Upadesa-tantra	Text of instructions
IV.	Phyi-ma-rgyud	Uttantra	Last text or the text of Appendices.

This is written in the from of questions and answers between the great Ri-shi Yi-la-kye (*Rsi Yid-las-skyes*) and the Rig-pai-ye-she (*Rig-pa'i ye-shes*), the nirmanakaya (emanation) of Medicine Buddha. This is analogous to works like "Rasarnava-tantra" written in the form of a dialogue between Hara and Pravati. This work in all the four has 156 chapters and 5,900 verses. In the eighth century A.D. Vairocana, a Tibetan scholar, learned this work from Candra-nandana in India, but on the advice of his religious preceptor Padmasambhava who was then in Tibet, these works were kept hidden in monastery of that country. Later in the tenth century, it was taken out by Ter-ton Drag pa ngon-she (*gTer ston Grags pa-mngon-shes*).

Some portion of this "rGyu-bzhi" is so identical with ayurvedic classics that one can safely be said as the translation of the other. Since the original Sanskrit text is not available now, it is difficult to suggest if "Caraka Susruta" and "Astangahrdaya" were anterior or posterior to "rGyu-bzhi" ("Amrta hrdaya-astanga guhyopadesa tantra").

Like ayurvedic texts, the language and mode of expression in "rGuzhi" are very cryptic and this is perhaps the reason for which there are many commentaries on diffierent sections of this work. The most important commentaries are:

I. Legs-bshad nor-bu (Subhasita ratna) by Byans-pa (14th century).

II. Commentary by Zur-mkhar-ba mNyam-nyid rdo-rje (14th century).
III. Vaidurya sngon-po (Nila vaidurya or Blue Lapis-lazuli) by sDe-srid Sangs-rgyas rgya-mtsho (1653 1705).

This book became equally popular in Mongolia and according to a very well known anecdote two scholar-physicians of that country who could not see eye to eye with each other wrote several commentaries, one contradicting the earlier commentary of the other.

Caraka as the colophon in the text indicates, reacted the classical work of Agnivesa who wrote it on the basis of the instructions from Atreya who later learnt the science either from Bharadvaja or Indra directly. According to the myths in Tibetan works when Rig-pai ye-she, the emanation of Lord Buddha was teaching "Gyu-zhi" to Yi-la-kye and others, the ri shi conceived these teachings in the form of "Tsa-ra-ka de-gya" (*"rTsa-ra-ka sde-brgyad)*)". According to another mythological story, the science of ayurveda was taught by Buddha Kasyapa to Brahma, he to Daksa Prajapati, he to Asvins, they to Indra, he to Atreya, he to Ka-nyi-cho (*dKa'-gnyis-spyod*), he to Mu-kyu-dzin (*Mu-khyud-'dzin*), he to Thol dro-kye (*Shol-'gro-skyed*), he to Me-zhin-jug (*Me-bzhin-'jug;* Agnivesa), he to Lug-nag (*Lug-nag*), (lit. Krsna mesa) and he to Gya keg na (r*Gya-skegs sna*). All their works taken together was known as "Tsa-rarka de-gya".

According to another version Atreya, Agnivesa, Dhanvantari, Nimindhara, Haladhara, Ka-nyi-cho, Dro-kyong-gi b'u (*'Gro-skyong-gi bu*). Nam-so-kye (*Nam-so-skyes*), composed their works on the basis of the instructions they received from Indra. Collection of all these works is known as "Tsa-ra-ka de-gya." The Ri-shi Pal-dan tr'eng-wa (*Rsi-dPal ldan 'phreng-ba*): wrote a commentary on this which had 600 chapters.

The term "Tsa-ka de-gya" literally means "Caraka Astavarga". It is very difficult to make out as to why they are adding the phrase "de-gya" meaning "Astavarga" to the title of this work. It, however, indicates the eight sections of "Caraka".

As in ayurveda, Tibetan medicine is also described to have originated from Brahma and almost through the same lineage. But what is very significant is that Brahma according to the Tibetan text, brought to his memory (this closely resembles

"Brahma smrtva ayuso vedam of Astanga hrdaya" by Vagbhata), the teachings of Buddha Kasyapa in an earlier kalpa (aeon) and then taught to his disciples.

The king Song-tsan gam-po (*Srong btsan sgam-po*) (seventh century A.D.) invited the following doctors to his court: from India Bharadhvaja, from China Han-wang-Hang and from Persia Galenos. These three doctors translated into Tibetan some of the medical texts of their respective countries and after a discussion amongst themselves, they composed a medical text called "Mi-jig-pai ts'on ch'a" (*Mi-jigs-pa'i mtshon-cha; The Weapon of the Fearless One*), comprising seven chapters and presented it to the king. The king Tr'i-song de-tsan (*Khri-srong lde-btsan*) also invited doctors from different countries for translation of medical texts of their respective countries into Tibetan language. Santigarbha who came from India translated among others, the "Ba-drom mug-poi-gyu" ("*sBas-sgrom smug-po'i-rgyud*"). Similarly, Guhyavajra came from Kashmir, Ton-sum g'an-pa (*sTon-gsum gan-ba*) came from China, Halashanti came from Persia, Ser-dog ho-ch'en (*gSer-mdog'od-chen*) came from Guge, Ky'ol-ma ru-tsi (*Khyol-ma ru-tsi*) came from Dolpo and Dharmasala came from Nepal. Even though physicians from other parts of the world were invited and medical texts of those countries were translated into Tibetan, they were all moulded into the fundamental principles of ayurveda. Therefore, in the current practice, Tibetan system has a close resemblance with ayurveda.

Even though scholars of other countries were invited into international congregations like the two occasions mentioned above, Tibetan scholars were often being deputed by the state to India to study the ayurvedic system of medicine.

Padmasambhava's disciple Vairocana came to India and learnt medicine from 25 scholars. From Candra-nandana he learnt "Gyu-zhi" in the tenth century A.D. Rin-ch'en zang-op (*Rin-chen bzang-po*) came to India for 10 years to learn medicine and he paid one hundred gold coins to Kashmir Pandit Janardana and learnt from him 120 chapters of "Yan-lag gya-pai nying-po du-pa" ("*Yan-lag brgyad-pa'i snying-op bsdus-pa*"), i.e. "Astanga-hrdaya" along with its Chandrika commentary by Candra-nandana.

During king Hla-la-ma Ye-she-ho (*Lha-bla-ma Ye-shes-'od*) reign, in the latter half of the tenth century A.D., the India Pandit

Dharmasrivarman and Neye-wo lo-tsa-wa yig-gi rin-ch'en (*sNye-bo lo-tsa-ba dbyig-gi rin-chen*) and others translated the famous auto-commentary Vaiduryakabhasya by Vagbhata on his own work "Astanga-hrdaya."

With a view to give an idea about the extent to which ayurveda was developed in Tibet it will be necessary to cite the example of the description of the development of embryo. In ayurvedic classics, the characteristic developments in embryo during every month of pregnancy is given, but in Tibetan classics this development in every week has been furnished. In this connection a reference may be made to pages seven to ten of the book *Embryology and Maternity in Ayurveda* where data from all available ayurvedic classics have been presented. The data about embryological development as available in "Gyu-zhi" is given below:

Week of Pregnancy	*Characteristic Development of the Embryo*
1st	After the combination of the sperm and ova, the zygote becomes mucilaginous and looks like milk when it is mixed with curd.
2nd	This jelly-like consistency becomes thicker, which in Tibetan is called nur-nur-op (*nur nur-po*) and in Sanskrit parlance, this is known as "kalala".
3rd	The embryo takes the consistency of curd, and it is stated that the pumsavana kriya (rites for the change of the sex of the foetus) should be performed during this week. In ayurvedic literature, this is stated to be carried out during the third month of pregnancy.
4th	The embryo becomes either round or like a tumour, or an elongated one. If it takes a round shape, then the foetus is a male one: if it takes the shape of a tumour, the foetus becomes a female: and if it takes an elongated shape, then the foetus becomes hermophrodite. This is different from the description available in ayurvedic literature.
5th	The navel is formed.
6th	This navel is connected with some vital vessels.
7th	The sense organ eye comes forth.
8th	The head takes the shape.

9th	The trunk and upper as well as lower limbs take shape.
10th	Two shoulders and two hips emerge.
11th	The remaining nine sense organs emerge.
12th	Some vital organs, which are five in number, are found.
13th	Six viscera are formed.
14th	The femur and humorus bones are formed.
15th	Legs, hands and forearms are formed.
16th	Twenty digits come out.
17th	Veins and tendons connecting the internal and external organs are formed.
18th	Flesh and fat are formed.
19th	Large glands, which are sixteen in number and ligaments are formed.
20th	Remaining bones and bone marrow are formed.
21st	Outer skin is formed.
22nd	The openings of sense organs become patent.
23rd	Small hair and nails grow.
24th	The different organs of the abdominal and thorasic cavity are clearly formed.
25th	Movement of wind inside the body of the foetus takes place.
26th	The mind is manifested and the memory becomes clear.
27th to 30th	All the organs formed previously become well demarcated.
31st to 35th	They expand.
36th	A substance called zi-dang (*gzi-mdangs;* ojas) moves from the mother to the child and *vice versa*. When it moves from the mother to the child, the mother becomes sad and child happy: and when it moves from the child to the mother, the child becomes sad the happy.
37th	The faculty of intellect develops.
38th	The foetus is normally expelled from the womb of the mother mother.

Summary

Tibetan is very rich in translations of Indic sastras. They are properly classified and scientifically translated. Some important

and authentic works on ayurveda as well as treatises on other aspects of science and art are preserved in the Tibetan language. Apart from the "Astanga-hrdaya." Tibetan tradition attributes to Vagbhata three more works. One of them, at least, is greater in size and content than the "Astanga-hrdaya" at present available. An auto-commentary on this work is available which at places differs significantly from the extant traditional commentaries on this work.

Inspite of the fact that many doctors from countries other than India were invited by the various rulers of Tibet to international congregations, Tibetan medicine is appreciably influenced by both the theory and practice of ayurveda. "Gyu-zai" which was translated from a Sanskrit work entitled "Amrta astanga guhya upadesa tantra" (which is no longer extant) contains data which show a significant advancement of ayurvedic knowledge.

In view of the above, if these two systems of medicine are brought together, they will be complimentary and supplementary to each other and will handsomely contribute to the world of science in giving relief to the ailing humanity.

Notes & References

1. Vaidya Bhagwan Dash, "Tibetan Medical", *Ayurdharma* (Indian Ayurvedic Aid Society, Bombay), Vol. II, No. 5, May 1966.
2. Vaidya Bhagwan Dash, "Location of Dosas According to 'Astanga-hrdaya' Commentary 'Baiduryakabhasya' attributed to Vagbhata" (Paper presented during the International Sanskrit Conference, New Delhi, 1972).
3. Vaidya Bhagwan Dash, "Description of the Drug Terminalia Chebula in Ayurveda and Tibetan Medical Literature, (Paper presented during the International Congress of Orientalists, Paris, 1975).
4. Vaidya Bhagwan Dash, *Embryology and Maternity in Ayurveda* (Delhi Diary Publishers, New Delhi, 1975).
5. Claus Vogel, *Vagbhata's Astanga-hrdaya* (Kommissionsverlag Franz Steiner, Wiesbaden, 1965).
6. *Fundamentals of Tibetan Medical Practice* (sMan-rtsis Shes-rig-dpe mdzod, Leh, 1974).
7. Dr. Lokesh Chandra, *Materials for A History of Tibetan Literature* (International Academy of Indian Culture, New Delhi, 1963).
8. Rechung Rinpoche, *Tibetan Medicine* (University of California Press, Berkeley, 1973).

9. sDe-srid Sangs-rgyas rgya-mtsho, *Ayurveda in Tibet* (Sonam W. Tashigang, Leh, 1970).
10. Dr. Lokesh Chandra, ed., *An Illustrated Tibeto-Mongolian Materia Medica of Ayurveda* (International Academy of Indian Culture, New Delhi, 1971).
11. Dil-dmar dGe-bshes bsTan'-dzin phun-tshogs, *Lamaist Pharmacognosy* (Sonam W. Tashigang Leh, 1970).
12. "Tsho-byed gzhon-nu'i mgul-rgyan" (Mongolian Lama Gurudeva, Tibetan Monastery, Varanasi, 1967).
13. "bDud-rtsi snying-op yan-lag brgyad-pa gsang-ba man-ngag-rgyud" (Tibetan Medical Centre, Dharamsala, 1971).
14. sDe-srid Sangs-rgyas rgya-mtsho, *Techniques of Lamaist Medical Practice* (Sonam W. Tashigang, Leh, 1970).
15. Dse-srid Sangs-rgyas rgya-mtsho, "Bee-dur sngon-po" (T.Y. Tashigangpa, Leh, 1973); Vols. I-IV.
16. Zu-chen- Tshul-khrims rin-chen, "sDe.dge'i bsTan-'gyur dkar-chag" (.TW. Tashigangpa Leh, 1974).

CHAPTER FOUR

An Anatomy of Body and Disease

Yeshe Dhonden & Jeffrey Hopkins

DISTANT causes and near or proximate causes are the two types of causes of disease. Distant causes are deep or profound because we must make an investigation of Buddhist Dharma in order to understand them. If we take an easy example, a disease could come from a deed done in a former lifetime, such as killing, stealing, sexual misconduct, lying, divisiveness, or senseless talk. Such activities done in a former lifetime could ripen in this present lifetime itself as a specific disease.

Even without clairvoyance we can, through our own reasoning, realize that if in the last lifetime we were very proud or jealous, our disease in this lifetime will be of blood and bile. If the affliction we engaged in over the last lifetime was desire, our problem in this lifetime would be with the winds, for instance, with the life winds. If in the last lifetime we engaged a great deal in ignorance and confusion our phlegm would be dominant in this lifetime. It is very difficult and very complicated to explain the origin of disease through the cause and effect of former actions but the connection is definite. For instance, as a bird flys in the sky, its own shadow comes along with it. In the same way, what we did in our former lifetimes, virtuous or non-virtuous, follows right along with our consciousness. I have offered just an example of distant causes; our own rebirths have been without beginning, and thus is only a small example.

The three proximate causes of illness in this lifetime are the winds, phlegms, and biles. The winds, phlegms, and biles are the main causes, and the secondary causes are, for instance, improper eating, improper shelter, and improper behaviour. For instance, if you spent all twenty-four hours sleeping, you could get ill from that.

In the scriptures, eighty-four thousand afflictions or diseases are identified; we condense these into four hundred and four; these in turn are condensed into one hundred and one; and the mothers, so to speak, of all these disease are the phlegms, winds, and biles.

In our books various diseases are identified, and they are not identified the same way for all centuries. It is often foretold that say in the eighteenth, nineteenth, or twentieth century, such and such specific diseases of eighteen types will arise due to new product or new problems that will come in the world. We list cancer as one of these diseases, and it is said that cancer is a tumorous contagion, affecting skin, bone, vessels, and ligaments, in the lungs, liver, kidneys, heart, stomach, intestines, duodenum, spleen, urinary bladder, and so forth. Such diseases are caused by development of new substances or new products such as exhaust fumes.

The winds, phlegms, and biles are identified as the three causes of sickness. We have these three all of the time, and when we do not meet with unfavorable circumstances, we are able to perform our various activities through the functioning of these three. There are five types of winds life, upward-moving, pervasive, neat-equalizing, and downward voiding. If our food, behavior, and so forth are good, then these all work well, but if our food, behavior, and circumstances are not good, then they get in conflict. The seat of the life wind is at the top of the head, but it operates throughout the head, neck, and chest. What is its function? It mainly causes inhalation, exhalation, swallowing, burping, and spitting.

The upward-moving wind has its seat in the center of the chest, and its place of movement is up through the throat and mouth. It mainly causes the possibility of speech and swallowing food and saliva, but it also works in the joints. The pervasive wind has its seat in the heart. When this wind is not explained clearly, there is a problem because in the Secret

Mantra teaching its seat is said mainly to be the crown of the head. The complication is that medical system places its seat at the heart, but the tantric system places its seat at the crown of the head. We should consider these two to be of the same entity. The pliant movement of the body mostly depends on the pervasive wind. Stretching out and contracting the arms, opening and closing the eyelids and closing the mouth—these depend mostly on the pervasive wind. When the mind wants to move the hand to the right or the left, the pervasive wind causes or makes the movement.

The heat-equalizing wind has its seat in the third stage of the stomach. The heat-equalizing wind is the potency of fire or warmth. It moves through all the internal organs, lungs, heart, liver, gall bladder, and so forth, and goes in all the vessels throughout all the limbs. It causes the digestion of food, separating it into blood, waste, and so forth.

The downward-voiding wind has its seat in the lower abdomen. It moves about in the seminal beside womb, urinary bladder, and thighs. It stops and starts urination and defecation. It also stops and starts menstruation.

The five phlegms are the decomposing, tasting, connecting, satisfying and supporting. The decomposing phlegm has its seat at the top of the stomach, in the first of the three stages of the stomach. It causes the food in the stomach to become liquid. The tasting phlegm has its seat in the tongue and throat. It is what knows the taste of foods: sweet, sour, salty, hot, bitter and astringent.

The connecting phlegm has its seat in all joints. It is the potency of the lymph in the joints which allows the joints to be flexible, allows them to open and close easily. Even though the pervasive wind basically regulates movement the connecting phlegm allows the joints to move pliably.

The satisfying phlegm has its seat in the top of the head. It is called the satisfying phlegm because when you listen with the ear to something pleasant, it is what allows the sense of satisfaction, "O, I have heard something pleasant," or when you look with the eyes at something pleasant or unpleasant, it is the sense of, "Now that's fine, now I've seen something nice," or, "I don't want to see that."

The supporting phlegm has its seat at the bottom of the chest,

and it acts as the basis for holding food in the stomach and then letting it out at the proper time. It also aids the other four phlegms.

The five biles are the digesting, color-regulating, achieving, seeing, and color-clarifying. The digesting bile has its seat in the second of the three stages of the stomach. Its principal function is to aid digestion. The color-regulating bile has its seat in liver itself. It regulates color; it makes the blood red, the fat white, the hair black, the fingernails white, the eyelashes black, the teeth white, and so forth.

The achieving bile has its seat in the heart. For instance, when you feel, "I'm going to achieve such and such, I'm going to do such and such," it gives you a very strong feeling, it makes your mind clear. It makes you discouraged or strong, courageous thinking, "I cannot do this," or "I'm going to do this."

The seeing bile has its seat in the eyes. It is what sees objects, like a mirror, whereas the satisfying phlegm provides a sense of satisfaction or dissatisfaction. The color-clarifying bile has its seat in the skin. It makes the skin of good color, soft and plaint.

In brief, these are the five forms for each of the three humours, and when you live properly and your behavior is correct, they perform the physical functions, but when you do not eat well, or your behavior is not salutary, then these go into conflict and disease arises.

Let us talk about a doctor's diagnosis of the different types of diseases. There are three different types of analysis: vessels, urine, and questioning. These are the three most important forms of diagnosis.

There are many different ways of reading the vessels; it is very deep and has to be practiced for years and years. I will offer you a brief description. The doctor feels the vessels with three fingers of both hands, index, middle, and ring fingers. Within each of the three fingers, each half or side reads something different. This makes twelve analyses. With the right hand, the outside of the index finger (with the palm facing you) reads the heart; the inside of the index finger reads the intestines. The outside of the middle finger reads the spleen; the inside reads the stomach. The outside of the ring finger reads the left kidney; the inside reads the seminal veside or womb. With the left hand the outside of the index (with the palm facing you) reads the lungs; the inside reads

the large intesture. The outside of the middle finger reads the liver; the inside reads the gall bladder. The outside of the ring finger reads the right kidney; the inside reads the urinary bladder.

When the patient is diagnosed, he must not have had alcohol, and his body should not have been worked up. The diagnosis should be done before the sun can be seen, but when the light of the sun has already arrived. The doctor must first of all know the patient; each person has his own natural mode of pulse, of which there are three types; male, female, and Bodhisattva. The doctor should know which of the types of pulse the person has, what his nature is. There is a great danger of mistaking the male pulse for a heat disorder, the female pulse for a bile disease, and the Bodhisattva pulse for a phlegm disease. This is just a coarse description; within each of the three types of vessels, there are many different varieties.

Then the doctor analyses the urine. There are nine stages in the analysis of urine, but among the nine, we mainly do three types of analysis, color, odor and foam. The scum and sediment are also important. Sometimes the urine is left for a day and then analysed after heating it especially when, as in Tibet, a patient has come a long way. If the doctor still does not understand the disease, then sometimes he tastes the urine.

Once the disease has been identified, the doctor has to make the medicine. Thus the doctor must know the different potencies of the various medicines. For instance, sometimes the root of a tree is taken, sometimes the bark, the material just inside the bark, the core of the tree, or the flower. With regard to a flower, for instance, he might take the inner part, the root or the stem. The making of medicine is extremely important; sometimes the flower itself is medicine but the root is poison, or just the other way around. Also, sometimes even if the substance itself is not poison, when it is put together with another substance, it conflicts with it and makes poison. Therefore, when a doctor is young, he has to go up to the mountains a great deal and learn to identify all the herbs aud minerals. Then in the fall the medicines are gathered, and he must know each of the potencies of the different substances. In ancient times we made two thousand different kinds of medicines, but nowadays, we only make the medicines which are appropriate for the diseases of the people of the area.

Question: What is the function of the heart?

Answer: The achieving bile and the pervasive wind have their seats in the heart. The achieving bile makes the mind courageous or uncourageous, causing one to enter into activities with force. The heart itself does not have any other function than to circulate the blood.

Question: What is the function of the kidneys?

Answer: First food is eaten, and then a separation between the refined part and unrefined part is made in the stomach. Once they are differentiated, the refined part goes to the liver which again makes the difference between the refined part and unrefined part. The refined part then goes to all the blood of the body: the liver is like a factory. The unrefined part goes to the gall bladder where it becomes bile and is again separated. The refined part goes to the warmth of the body, and the unrefined part goes to the lymph. The unrefined part of what was separated in the stomach turns into two different types, the liquid as urine and the solid as feces. The liquid passes though the vessels to the kidneys where is separated into the refined and unrefined with the latter passing down to the urinary bladder from which it is excreted as urine. The solid passes through the intestines and is excreted. This is a very coarse description; indeed there are explanations of how these turn into fingernails, hair, and so forth. In brief, the blood turns into flesh; the flesh into fat; the fat into bone; the bone into marrow; and the marrow into semen. However, each of these is divided into a refined part and an unrefined part with different functions.

Question: Is surgery ever performed?

Answer: There was surgery in Tibet until many centuries ago when an operation was performed unsuccessfully on the heart of the mother of King Mu-tri-tsen po. The government thereupon prohibited surgery and once the government decided it, the whole country followed.

Question: Do you use dissection?

Answer: Dissection is sometimes used to identify how the person died, whether from disease or some other adventitious cause.

Question: Do the medical students not dissect?

Answer: There is a whole class of instruction on corpses; we used to dissect in Tibet, but we do not do it in India.

Question: Did Tibetan medicine come from India, or did it develop among the Tibetans?

Answer: In ordinary terms Tibetan medicine derives from Buddha himself, but the actual beginning of our own medical system occurred fifty thousand eons ago when it was taught by the Buddha Medicine King. But indeed we can say that in this particular era, it came from Sakyamuni Buddha to whom the transmission of the teaching had descended. The Buddhist medical system was prevalent in Tibet before the year zero in the Western calendar, but at that time they did not have any books; the knowledge was transmitted orally.

Question: How did you yourself train to be a doctor? In Tibet is it considered that anyone with the proper amount of intelligence can become a doctor? Or is it a special gift to be a doctor?

Answer: I became a novice monk at age six; from age eleven until twentyfive I studied medicine memorizing books for four years and then receiving instruction from the former personal physician of the Dalai Lama, Kyenrap Nor-bu, and collecting herbs and minerals. Finally, I received my diploma from the government medical college in Lhasa. I served as doctor's assistant for five years, and when the Chinese invaded, I escaped to India. Since arriving in India and serving as the Dalai Lama's doctor, almost sixteen years have passed.

You do not need any special intelligence to become a doctor as long as you have effort. If you make effort at it, you can even become a Buddha. Tibetans usually do not like to become doctors; they feel that it is too complicated; they would rather just practice religion.

Question: Are there any people studying the Tibetan system of medicine now? Is there going to be another generation of doctors?

Answer: Since I arrived in India, five have graduated from the medical college, and there are about twenty now who are studying medicine.

Question: Do Tibetan doctors treat the insane?

Answer: We can often give medicine that will help a disturbed person. Religion and medicine work go together in Tibet. We say that the life wind problem is often due to a person's actions in a former lifetime. For instance, there are great meditators in Tibet; they stay meditating, and somebody comes and disturbs them, making some noise. This can cause life wind problems for the disturber in a latter lifetime. Also, saying very bad things to one's parents and making them uncomfortable can cause life wind problems in a later birth. However, we do have medicine for life wind problems.

There are four classes of causes of disease. The first is to be under the influence of former actions; the second is caused adventitiously, such as by not having the proper food. The third is caused by actions done in the early part of the life which fructify in the later part of the life, and the fourth is caused by harmful spirits. For diseases caused by spirits, first we perform exorcism, and then we give medicine. For a disease which is a fructification of an action done in the early part of the lifetime, there is again religious practice to be done and medicine to be given. Then for adventitious diseases just a little medicine need be given and these will be cured very quickly. When a person is under the influence of an action from a former lifetime, the disease is a fructification of that action, and when it is at the point of fructification, it cannot be stopped; it must be undergone until its force is spent. The one hundred and one different classes of diseases can be divided into these four types, making four hundred and four.

The Buddhist sciences can be approached easily, but as we approach them, they become deeper and deeper. If you understand one of the Buddhist sciences, then you have come a long way in understanding all of them.

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CHAPTER FIVE

Buddhist Tantric Medicine Theory

Alex Wayman

TANTRISM regards man as a microcosm with correspondences to different orders of nature. It sets the old three personal poison of Buddhism–lust, hatred, and delusion–into correspondence with the three external poisons–the two described in classical Indian medical texts which are the 'stable' (or stationary) poison (e.g. from roots of vegetables) and the 'mobile' (or moving,) poison (e.g. from snake among animals), plus a third category 'concocted' (produced from such things as quicksilver, precious metals), and ambrosia (amrta)—to wit, 'delusion' with the 'stable' one, 'hatred' with the 'mobile' one, and 'lust' with the 'concocted', perhaps with 'lust' regarded as creative. Besides, Tibetan medicine theory relates those three personal poisons to the disease-causing imbalances of the three physiological dosa's-lust promoting too much Wind, hatred the Bile, and delusion the Phlegm[1].

Already in ancient Buddhism it was held that the seven limbs of enlightenment, in their standard order of mindfulness, analysis of the doctrine, striving, joy, catharsis, samadhi, and indifference, were recommended to sick monks for getting over their illness.[2] Presumably this is believed to be the case by reason of overcoming lust, hatred, and delusion.

In the Buddhist Tantras the techniques of incantation and other ritual practices are applied to the alleviation of various illnesses. There appears here a premise of sympathetic magic. Here I distinguish my data by practices mainly intended to relieve the performer's illness from those which a performer may use in an attempt to cure other patients.

Some years ago I studied the life of the Tibetan reformer Tson-kha-pa (1357-1419A.D.) from Tibetan biographies and prepared a synthetic biography in English, including the following passage.[3]

> At skyor-mo-lun college in Central Tibet after listening to the instruction, he memorized in 17 days the great commentary on Gunaprabha's *Vinayasutra*. But this effort apparently brought on a fierce ailment in the upper part of his body, from which he was not relieved for a long time, despite prescriptions from specialists. It hung on for over a year, including eleven months of study with Red-mdah-pa at Sa-skya, where he also listened to the Sa-skya interpretation (sa-lugs) of the *Hevajra tantra*. Then he took a prescription from a friend at Sa-skya who was versed in incantations (*mantra*). He recited several times a neuter HA and the former ailment left without a trace.

A long time later on I happened to notice in Tson-kha-pa's commentary called *Sbas don* on the Sri-Cakrasamvara-tantra, a section on treating illness by tantric means that might explain this 'neuter HA'. Whether it does or not, it is worthwhile to translate this section from Tibetan under its given heading:[4]

> Pacification of illnesses by recourse to mantras and mystic circles (*cakra*).
>
> After that explanation of casting the prognostic, I shall explain the method of effecting the rite by mantras of the seven syllables[5] constituting the upahrdaya (near-heart incantation), of the Hero Heruka and by the various dispositions of them in cakras (circles).
>
> (1) He disposes the upahrdaya of HA, etc. in the middle of a solar disk, either concretely by drawing, or mentally by contemplation.[6] Then he should imagine that the illness is in the middle of this, and should recite the upahrdaya up to a thou-

sand times by lengthened utterance (*spel tshig*).[7] He contemplates on his left hand the syllables of mantra in the appearance of crystal; and when it is revealed to the sick person suffering from illness, no sooner is the hand seen, than the illness is entirely destroyed. Of this there is no doubt.

(2) Many of the commentaries on this point assert that if one contemplates in the heart of the one to be cured (sadhya) his perceiving faculty (vijnana) the measure of a thumb and with the appearance of pure crystal, he is freed from the illness. So one should pay heed to that explanation.[8]

3. One contemplates a moon disk like the moon of autumn. In the middle of this moon one makes five sections (kosthaka) by four directions and the middle; and by adding four in the intermediate directions, one arranges a total of nine sections.[9] In its centre one disposes an OM, in the east the HRIH, south HA, west HA, north HUM; also in the centre, HUM, a PHAT in the four intermediate directions or four PHA's leaving out the T. When the letters appear white like the color of crystal, the bright circle dispels all illnesses. And the one to be cured contemplates on his left hand the circle located in the middle.

(4) One contemplates as placed in his head the holder of the stable and mobile poisons; that from it (i.e. his head) a stream of ambrosia flows, ridding the entire body of poison. Thus it is freed from poison.

(5) Likewise, whatever the illnesses of plagues, demonic possession, and so on; from stable and mobile poisons: of fainting spells, aches, sores, and so on; of leprosy, from poison fangs, and so on; and whatever the illness other than those mentioned, all of them without doubt are purged when one arranges the seven syllables on the form of the moon, and imagined on the left hand are manifested to the one suffering with illness. When one contemplates that the rays of those mantra syllables arise with the nature of ambrosia, and purge and put to flight in the ten directions of east, etc., then one dispels the poison.

Bhaisajya-guru is the Sanskrit name for the Lord of Healing, the chief figure of a Buddhist cult that was formerly widespread over Asia in the Mahayana Buddhist form along with elaborate iconographical representations, indeed inspiring some of the

greatest art of Asia. Originally this art is not tantric. For example, the scripture which Liebenthal translated from Hsuan-tsang's Chinese rendition under the title, *The Sutra of the Lord of Healing* (Peiping, 1936), is simply Mahayana Buddhism with no admixture of tantric elements, such as incantations. An important part of this scripture is the twelve vows taken by this Buddha called Bhaisajya-guru, of which the sixth vow involves the restoration to health and good shape of being merely by hearing his name. The panoply of artistic and ritual accompaniments helped to reinforce the devotion to and faith in this Lord of Healing.

Later, this healing cult underwent a native development in Tibet, whereupon the pre-existing element of this worship were richly embroidered with the procedures of ejecting demons as standardized by tantric rites and with the application of healing substances as derived from the medical traditions. Of course, this cult spread to Mongolia after its conversion to the Tibetan form of Buddhism and was accordingly represented at the Lamaist Yung-ho-kung Temple of Peking. It was here in 1931 and 1932 that Ferdinand D. Lessing (later a professor at Berkeley, California) observed the cult and began to prepare draft translations of the associated ritual texts, now in my possession. Here there is space only to give some of the main theory and ritual practice, which makes use of mustard seed. The Healing Lord is especially called Vaidurya-prabhasa (Lapis lazuli splendor). This refers to his paradise, assigned to the east. The east was imagined as connected with the deep blue of lapis lazuli, so blue is considered the emblematic color of Bhaisajya-guru.

As in tantric rituals generally, the preceptor or chief performer must first go through a generative process in which he becomes identified with Bhaisajya-guru, who is in the center of the elaborate mandala. Then the preceptor, while standing outside, imagines himself to be inside as Bhaisajya-guru, opening the gates of the mandala from inside, beginning with the east gate. The disciples are introduced into the mandala with covered-up face. In practice this is generally done with the eye band. As to how the disciples are conferred the lineage of the Healing Lord (in my translation) [10]:

"The preceptor says:

On the heads of you, who in yourselves are ordinary, there is

now the body of Bhagavan Bhaisajya-guru, king of lapis lazuli light, with dark blue body color, in the aspect of a monk, right hand in gift-bestowing gesture and carrying an opened myrobalan (*a-ru-ru*) on the palm; the left in trance gesture and holding a lapis lazuli bowl filled with ambrosia: attired in the three kinds of religious dress made of red silk, seated with cross legs on the diamond seat of the lotus, endowed with the major and minor marks."

Only when the performer is identified with this Lord of Healing can he be expected to be successful in the healing attempts. In case of sickness, the officiant blows upon the holy water, sprinkles the patient with it, and throws the mustard seeds one by one. They change into dharmapalas (protectors of the faith) and expel the demons of illness. This act is done three times. A fire is kind led in which *gu-gul* is strewn to send the demons into flight. (Dr. Lessing noted that guggulu is bdellium or the exudation of amyris agallochum, a fragrant gum resin, used as a perfume and medicament.)

Those are the main features of the tantric cult of the Healing Lord, but of course they occur in much more elaborate fashion in the actual Tibetan texts and corresponding cult. It is plain that the cures–such as occurred–depended on psychological factors, including the magnificence of the Bhaisajya-guru cult trappings and paraphernalia. In the case of curing one's own sickness, as in the preceding section, the visualization and incantation process alone is deemed sufficient.

Foot Notes

1. This summary is based on materials collected in *Alex Wayman*, "The Concept of Poison in Buddhism," *Oriens*, X: 1(1957), pp. 107-109. The addition of a third category 'concocted' (*byas pa*) to the standard two poisons, is in a passage cited from the Mahamayurividyarajnisutrasatasahasratika-nama, in the Tibetan Tanjur. The association of the three psychological poisons with the three physiological 'faults' is found in the Tibetan medical text, Bdud rtsi snin po yan lag brgyad pa gsan ba man nag yon tan rgyud ky ilhan thabs. The brochure "Exhibition of the history c f Indian medicine and its spread in Asia", prepared for the Third World Conference on Medical Education, New Delhi, 20-25 Nov. 1966, claimsthat this Tibetan text reflects a

lost medical text of eighth century India of the Sanskrit title Amrta-astanga-hrdaya-guhyopadesa-tantra.

2. *Nalinaksha Dutt*, Early Monastic Buddhism, Calcutta, 1960, p. 251.

3. I have so far not published this synthetic biography. It was originally meant to be part of the introductory materials for my translation of Tson-kha-pa's *Lam rim chen mo*, on which I have worked for some years.

4. The section below translated is from Tson-kha-pa's *Sbas don* commentary on the Sri-Cakrasamvaratantra in the Peking Tibetan Tripitaka (PTT), i.e. the Japanese photographic edition, Vol. 157, p. 78-5 to p. 79-1.

5. The Laghutantra (fundamental tantra) of the Sri-Cakrasamvaratantra (PTT, Vol. 2 p. 29-5) gives the seven syllables in the order Taph Pha Hum Hum Ha Ha Hri*h* Om because the Tantra uses the left orientation. Tson-kha-pa's commentary of Chap. 12 is on the sptaksara (seeven syllables) and explains (PTT, Vol. 157, p. 39-3) that the syllables are pronounced in the order Om Hri*h* Ha ha Hum Phat, arranged left-wise on a lotus, while the other Hum belongs to the lord Heruka. Notice that the Lord's Hum, in the center, or heart, is constantly pronounced.

6. The diagram which I have given to illustrate how the syllables are disposed, is adapted from the picture that follows Karmavajra's Vajra-candanu-sarena prsthya cakranama (PTT, Vol. 86, p. 111).

7. *Spel tshig*, as defined in the native Tibetan dictionary by Geshe Chos Grags, seems to mean expansion into phrases and longer, i.e. that the upahr daya is repeated making, so to say, phrases, sentences, paragraphs.

8. It is striking to identify the Buddhist Vijnana with the "thumb-soul" which the old Upanisads locate in the heart.

9. The diagram which I have given to illustrate how the syllables are disposed, is adapted from the picture that follows the work Mrtyu-vancanopa desa (PTT, Vol. 86, p. 30).

10. This is from a draft translation I made in the early 1950s of "Bhaisajya-guru, the Seven Brothers," a native Tibetan sadhana in the "Rin Lhan" collection, Vol. Ga.

CHAPTER SIX

Tibetan Medical-Cultural System

Willian Stablein

THE first and simplest example of ceremonial curing that I have witnessed was in 1969 when I watched a Newar hierophant fan with a peacock feather his sacred utterances onto some pills which were in turn administered to a woman with a skin disease. I observed innumerable times almost the same basic process in the Tibetan community for a variety of complaints. As Tibetan and Newar ceremonial functions have roots in the Vajrayana Buddhist tradition, it is not surprising that many parallels are found.

My intention in this article is to briefly delineate the basic units which make up a medical-cultural system as symbolized by language and myth in ritual. My proposal is that these units are fundamental to the Vajrayana ritual complex, which is used for curing more than for any other reason. The model presupposes that curing should not be confused with enlightening; for they are one and the same process. Likewise disease should not be considered as an isolated event of suffering in the worldly affairs of man, for disease and the universe of man's affairs are not different. These qualifications are necessary in order to shift from our own semantic structure into that of the Vajrayana universe of discourse itself. It is clear, however, that if we made the total shift we would be writing poetry rather than a scientific paper. Hence, I shift back and choose curing as a point of

departure rather than salvation. The reason for this is that I can verify the curing process through ethnography which is more often than not philologically substantiated.

(i) The first unit of the medico-cultural system is the divinity as he is believed to exist and function in the community. He is always said to be equal with the sky, i.e. space. This sky-space is perceived in three circular realms; the realm where the highest aspect of the divinity dwells with his consort, who is called the sacred knowledge one; the realm of the sky where the son of the sacred knowledge one dwells; and the realm of the mythical Mount Sumeru where the worldly aspect of the former two resides. The divinity is referred to as composed of the Vajra body, speech, and mind, which designates the most perfected state of being possible.[2] During ceremonial functions the mythologies and histories of these divinities as well as the hierophants are visually represented in religious paintings as a sacred tree (tshogs shin[3]) that reaches into the three upper realms. The tree represents the divinity in all his manifestations as well as the source of the religious medicine (chos. sman) which is called ambrosia (bdud. rtsi) or splendourous ripples (byin. ci. brlabs).

(ii) The second unit is the hierophant (slob. dpon. rod. rje.) who assumes the role of leadership in the community.[4] More often than not he is not only the charismatic priest who calls the divinity into the ceremonial circle[5] but is a master of the ancilliary sciences as well. The Newar hierophant differs from most of his Tibetan counterparts in that his lineage is continued through caste marriage and the begetting of sons. And although the Tibetan community does not seem to be castelike, the hierophants are geographically, educationally and morally elevated above the people. The main point is that in both communities the selection of the hierophant, whether it be birth or metaphysical processes, is carefully controlled through tradition, for without this control Vajrayana Buddhism as it still exists today in Nepal and some parts of India could not exist. Remove this unit and the system collapses.

By virtue of the fact that the hierophant calls the divinity, he has a learned or conditioned rapport with the divine structure. For example, in order to invite someone to dinner we must first of all have had some previously experienced

friendship or whatever. In a sense we project the person we desire (or do not desire) in order to share food with him for some desired goal even though it may be just good fellowship. This extends itself to objects : we pick up a seashell because we think it symbolical of the whole sea, or just because it pleases our sense of aesthetics or so on. The projected and conditioned feelings of good fellowship, symbology, aesthetics, or whatever may have little to do with the actual phenomenon in itself unless we are poets, artists or philosophers. The hierophant in his projection of the divinity is all three, and he has the additional purpose of obtaining the divine power for the sake of healing. From the point of view of curing, the divinity is a symbolical reality[6] of the ideal substance, which is the curing ambrosia (bdud. rtsi). The divinity, and an outer-inner projection, is an image that he understands as only a projection to be recycled and reduced in order to maintain a proper circulation of the curing ambrosia, which I call the "ambrosia cycle."

The "ambrosia cycle" includes an inner projected arrangement called the Vajrabody (rdo. rje. lus). which is basically a model of three vertical channels within the body (Lessing and Wayman, 1968, p. 327) where the curing ambrosia drops. Only the hierophant has a fully developed Vajrabody and hence the skills to call, create, and transfer the splendorous ripples (byin. ci. brlabs) of ambrosia (bdud. rtsi). The system, so far hierarchically structured, includes the projected divinity, whom we can call here Vajradhara (he who holds a Vajra), the Vajracarya (master concerning the Vajra), and the projected Vajrabody (rdo. rje, lus), which acts as a vessel for the divinity. It would certainly be appropriate not to make the divinity a separate unit. It would also be appropriate to view the Vajrabody as a separate unit. However, most lay Tibetans and Newars see the divinity as outside of themselves. The hierophants see the divinity as outside and inside as well. Since the divinity is called, established, recycled and transferred as if it were an outer projection, I am making it a separate unit.

Briefly, how does the system as explained thus far actually work? To use a crude but effective example, it works somewhat in the manner of recycling waste material i.e. nothing can be really thrown away but either properly used or simply wasted in some way or another harmful for mankind. The machinery by

which this is done is ritual (cho-ga) which is a symbolic reality of the entire medical-cultural-system. The method within ritual that begins the "ambrosia cycle" is grasping the sound (tin. ne hdzin). It is called in Sanskrit samadhi which is usually translated 'profound concentration'.[8] In Newar rituals it is more often than not called 'samadhipuja'. As the ultimate grasping of sound is difficult, the neophyte does not usually embark on this method until he is ready for advanced teaching which is usually referred to as dzogs. rim (the way of completion). As this process is the essence of yoga, it can also be regarded as yogic curing.

When the hierophant is ready to grasp the sound (tin. ne hdzin) which begins the ambrosia cycle, he projects the divinity in union with his consort. This outer projection is fed back into the Vajrabody. What seems to be an erotic configuration is actually symbolical of the recycling of the essential nature of lust; of its seemingly erotic nature does not touch the corresponding sense organ of the hierophant. If it did, the process we are discussing would be a kind of erotic day-dream which in the Vajrayana system of thought would be a harmful fantasy. Instead of the production of ambrosia there would be gross semen.

This inner projection of the divinity is tantamount to planting the sacred tree within the Vajrabody (rdo. rje. lus). As the hierophant mentally casts the seed syllables within his Vajrabody, there issues the following configuration : 'om' plants in the head the while reflex of the coupling divinities who represent confusion (gti. mug): plants in the throat a pair of red divinities symbolizing lust (dhod. chags); 'hum' plants in the heart the bluish divinities standing for hatred (zhe. sdan); 'hram' plants the yellow divinities representing ego (na. rgyal) in the navel; and in the region of the genitals 'ham' plants the green divinities symbolizing jealousy (phrag. dog). The seed syllables then draw out the five poisons, after which they are burned i.e. refined by a red drop (thig. le. dmar. po) which the hierophant projects as originating four fingers beneath the navel. During this process, the hierophant holds his breadth. By means of the heat issuing from the red drop, each of the five poisons is then recycled, together with the five divinities, into white drops (thig. le. dkar. po). Then the curing ambrosia

i.e. the ambrosic sacred semen (bdud. rtsi. byan. sems) i.e. the ambrosic sacred semen (bdud. rtsi. byan. sems) falls from the head. Therefore the inner body goes through a heating process and the ambrosia maintains its falling from the region of head, after which there is no sound. The outer and inner projections are now dispensed with. The sound of the seed syllables in their work of creating the curing ambrosia has been grasped and dissipated.

Since the ultimate etiology of old age, sickness and death is the five poisons, which are epidemic in the world of sentient begins, their recycling should be viewed as basic to the curing process.

(iii) Another unit of substance (rdzas) is the total composite of the world which has as its basis the procreative and vegetative cycles i.e. in Buddhist terms the transmigratory world of samsara.

As this is the field of the five poisons, it is the foremost concern of the hierophant's work. As we saw above, the five poisons in essence are recycled into the curing ambrosia; this is meant to be a symbolic reality of the purification of the whole world. In fact, during the recycling process, the hierophant may imagine the whole world entering his body via the breath and into the nostrils of the coupling divinities within his own body. Then, after the divinities make sounds of enjoyment, the world is emanated as a ball of sacred semen (byan. chub. sems) which in turn produces the seed syllable hum that is gradually dissipated. What ensues is (1) that the hierophants' own semen is transubstantiated into a sacred entity; (2) because there is a sympathetic relationship between the curing ambrosia and this subtle-sacred aspect of semen, the recycling produces the curing ambrosia; (3) because the hierophant does not reject the possibility that this sympathetic relationship sacred semen/ambrosia/world will take effect and purify all of existence, he never begins the recycling process until he contemplates that it is for the sake of all sentient beings—a kind of contemplative ecology; and (4) he knows that the curing ambrosia that is generated in his very being will take effect on his immediate surroundings i.e. he recycles a chosen substance into the nature of Vajrabody, speech and mind which is formally called a pill (ril. bu).[9]

The pill is usually made from a combination of ayurvedic

substances[10] placed in a vessel, sometimes a human skull, which is called the sky-space of female (English jujube) and (8) gandhabhadra (Sanskrit; Latin, paedira foetida). These are generally called the outer roots. Further, following the analogy of tree, the eight inner substances which represent the growth of the human are : (1) the root, which is the flesh and bone of bodily form (gzugs. phun. dbyibs. kyi. sha. rus. sdon. po); (2) the four limbs likened unto branches (yal. ga. yan. lags. bzhi); (3) the hair and nails, which are like leaves (lo. ma. sen. mo. skra. dan, spu); (4) the five senses, like flower buds (me. tog. dban. po. lna); (5) the five inner organs, like fruits (hbras. bu. don. snin. lna) i.e. lungs, heart, liver, kidneys and spleen; (6) the marrow, like the pith of a tree (snin. po. rkan. mar); (7) the circulating brain fluids, like resin (than. chu. sla. ba. klad. rgyugs); and (8) the skin which is like bark (shun. pa. pags. pa.). And lastly the eight arcane substances which according to the procreative processes are : (1) the sacred semen (byan. chub. sems) located in the head; (2) the central path by which it travels (gzhun. lam. rgyugs. sa) presumably the avadhuti, (3) the arcane fruit (near) the door of the navel (lte. ba'i. sgo. ba'i. hbras. bu) i.e. testicles and (4) the great root of the vajra with its opening (gshegs. shul. rod. rje'i, rtsa. bo. che). These are for the male. For the female there are : (5) the liver, which is the vessel of blood called the lotus (padma. rakta'i snod. mchin. pa); (6) the womb, which is the vessel that collects (the blood and semen) (gsogs, pa'i. snod. bu. snod.); (7) the door of the lotus i.e. vulva, which is the place to obtain (len. pa'i. gnas. padma'i sgo), and (8) the stamen and petals of the lotus, which is the path of movement (rgyu. lam. padma'i ze'u. hbru).

These twenty-four categories make up the fundamental substances that go into ceremonial medicine. The first eight are made into pills (ril. bu) and sometime just offered. The second are offered symbolically by an offering cake (gtor. ma) which is actually made into the shape of eyes, ears, nose, tongue and skin, which are the five cognitive senses (dban. po. lna) that are likened unto budding flowers on the tree. The arcane substances show us the basis by which the hierophant recycles the procreative matters of existence into what I am calling the "ambrosia cycle." The above categories, though an aspect of my ethnographic research in Nepal, are mentioned in slightly different ways in

three small manuscripts which I am in the process of translating they are: (1) 'the crystal garland teachings showing whatever methods may be for the preparation of various necessary substances' (ne. bar. mkho. ba'i. rdzas. sna. tshogs. kyi. sbyar. thabs. lag. len. ci. rigs. bstan. pa. shel. gyi. hphren. ba. bzhugs, so) and (2) 'Perfect Medicine' (sman. sgrub) and (3) 'The clear explanation of necessary substances concerned with the sublime arcane practise of pledged ambrosia' (dam. rdzas. bnud. rtsi'i. sgrub. thabs. gsan. chenmo hog. gyi ne. bar. mkho. ba'i. zin. bris. dgos. don. rab. gsal. ces. bya ba. bzhugs. so), projects that the sacred ambrosia produced by the coupling divinities recycles the substances into a like ambrosia. The sacred utterance used in this procedure is 'om ah hum pancamrta hum hrth tha !'

'Om ah hum' recycles the substances into a purified field of Vajraboby, speech and mind. 'Pancamrta' refers to the five colors sometimes conceived in the form of light rays that recycle the five poisons. The second 'hum' is called the pledged one (dam. tshig. pa); and 'hrth' designates the sacred knowledge one (ye. shes. pa). When the syllable 'tha' is cast, the pledged and sacred knowledge—one are joined into one as represented by the formation of the pill (ril. bu) and called religious medicine (chos. sman).

In order for the system to work the substance must go through a process similar to the above model. It should be clear that the substances do not have to be ayurvedic ones. They can be any substances or symbolic realities that correspond to the categories in footnote 10. Substances do not have to be eaten. They can be seen, heard (in case of sound), smelled, tasted, touched or just perceived by the mind.

The essential factor in the transference from the hierophant to the substance is the pledge (dam. tshig). When a substance receives the splendorous ripples of ambrosia (bdud. ritsi. byin. brlabs) it is called a pledged substance (dam. tshig. rdzas, by virtue of the fact that the hierophant is a pledged being (dam tshig. pa) i.e. he is pledged to the Buddhist dharma which is ideally represented by the divinities. In an effort to understand the full meaning of pledge one inevitably should understand it in the context of the ideal image of the Vajrayana community.

(iv) The fourth unit is community: the ideal image of the community lies in the histories and mythologies of the Buddhas

Bodhisattvas and hierophants of the past who are visually represented by the assembly tree (tshog. shin). For the non-Buddhist this is just a visual representation and an antiquity. For the Vajrayanist it represents the limits of his spiritual as well as material possibilities to which he is pledged as a member of a community. As the assembly of divinities is his projection, he mentally imitates them over and over again much in the same way a child imitates his own movements as if they were seperated motions. As he grows older he realizes that his motions and gestures are really his own. On a more sophisticated level the hierophant understands his mental projections of the divinity as one and the same with himself—but not as a matter of pure mechanicality. Rather he makes a conscious effort in each major ceremony to project the divinity as himself. Since he has received the vows (sdom. pa) that maintain his charisma as a priest, the image of the divinity, like himself, is a pledged being (dam. tshig. pa.). When he invites the main tutelary divinity (yi. dam) from space, i.e. the sacred-knowledge-one (ye. shes. pa) (Lessing and Wayman, 1968. p. 163)[11] the two are joined in his Vajrabody and hence the same recycling process as mentioned before takes place. The main point is that the hierophant as a pledged being in the traditional community performs the main function of investing wordly substances with the pledge. Substance is pledged i.e. infused with ambrosia and given to the layman who shares it with the rest of the community.

When the devotee approaches the hierophant for curing, he utters prayers, prostrates himself, makes an offering and then receives the cure in the form of pills, food, or cloth, he is given a sacred utterance to recite, and receives a physical touch from the hierophant's figures or feet. On special occasions the hierophant may touch the devotee's forehead with the image of the divinity. For a moment the distance between the divinity, the hierophant and the devotee is reduced to one point. This oneness is the peak moment of the transference and conceptually and symbolically points to the almost everyday goal of every person in the Vajrayana community.

The hierarchical structure of the divine imagery reflects the religious and many of the so-called secular behavioural patterns of the community. The Triad: divinity, hierophant and layman, reflects the symbolical concepts of pledge (dam, tshig), vow

(sdom. pa) and faith (dad. pa): dam. tshig is based on sdom. pa which in turn is determined by dad. pa, constituting the vertical system.

In summary a medical-cultural system of those communities in Kathmandu valley currently practising Vajrayana Buddhism is as follows : (1) the hierarchical structure of divinities and cultural heroes as represented by a vertical system; (2) the hierophant who projects the divine hierarchy which is fed back as an inner projection within his Vajrabody (rdo. rje. lus) through which flows the curing ambrosia (bdud. rtsi). (Because the hierophant and the laymen respond to the divine hierarchy as if it were a separate unit, I include it as such for the sake of analysis); (3) substance, which through the recycling of the hierophant becomes pledged and hence the cure par excellence; and, (4) the traditional community that shares the pledged substance and has faith that even if it does not produce the miraculous cure that is hoped, it will at least give the strength to accumulate more religious merit for a peaceful death and better afterlife.

As the above model of ceremonial medicine is an archaic one, similar patterns may well occur in other South Asian communities which are not yet industrialized. Also, as all the units are delineated in Buddhist tantric texts, I propose that these texts can be analysed in a similar fashion, i.e. as a medical-cultural system.

Footnote

[1] Throughout South-Asia there are three medical systems: Western, Ayurvedic and ceremonial, which in many instances blend into each other. What I am calling ceremonial medicine is the most archaic and most mysterious to researchers and public health workers. Its neglect is due to three general misconceptions: (1) that Ayurvedic medicine is the dominant form of curing; (2) that curing rituals are somehow always associated with the concept of primitive magic; and (3) that Vajrayana Buddhism is a topic restricted either to a study of classical Sanskrit and Tibetan texts or to students who have received secret teachings which they are not allowed to reveal under any circumstances. First of all, Ayurvedic medicine has accommodated a certain aspect of what I am calling 'ceremonial medicine' under the heading bhutavidya, 'Ceremonial medicine' in turn has incorporated the actual substances and sometimes technique of Ayurvedic medicine. This same reciprocal accommodation process is true also for Wes-

tern and Ayurvedic medicine. Indeed in some respects the process is continued into 'ceremonial medicine.' The second misconception is simply the fact that not enough ritual studies have been carried out in communities influenced by the tantric tradition with the view in mind to understand the cultural configurations health and disease. The third points to the ritualistic nature, not the philosophical, of tantric texts which are the basis of the actual practices especially among the Newars and Tibetans of Kathmandu valley. This article is a revised version of a paper I read at the AAA meeting in Toronto, Canada on Dec. 1, 1972. It is the partial result of my fieldwork in Kathmandu, Nepal carried out from 1968 through 1971. My many thanks go to Manavajra Vajracarya and Padma Gyal Mtshar and Sa Bcu Rim po che of Kathmandu for guiding me though some of the arcane pathways of Vajrayana ritualistic proceedings. I am also indebted to Professor Alexander, the head of the Department of Epidemiology at the University of Washington, for pointing out to me the importance of the medical aspect of cultural systems. And my deepest regards go to Dr. Christopher George at the Institute for Advanced Studies of World Religions. For his friendly and useful advice, I thank also Professor Alex Wayman of Columbia University who inspired me to write this paper.

[2] Vajra denotes the ultimate value placed on substance, form and imagery.

[3] Tshogs means mass, group or assemblage. Specifically it is used in the system I am proposing in three ways: (1) as the assemblage of divinities, Bodhisattvas and other cultural heroes that are found in the sacred tree i.e. literally the assemblage tree (tshogs, shin), (2) referring to the monks and hierophants who gather to invite the assemblage on the tree to merge in their own assemblage for the sake of the mass (tshogs) of merit (bsod, nams) and the curing ambrosia (bdud. rtsi) for the sake of themselves, the community and all sentient beings hence the place for performing ritual is called the assemblage house (tshogs, kan) and (3) the necessary articles used in religious services (tshog, chas, ni. yo. byed dam. ne. mkho) which include food which is eaten at the end of ceremonial performances as transubstantiations for the purpose of curing. Hence there is a hierarchical tshogs which is a symbolical reality of the triad: (a) divinity assemblage; (b) assemblage of monks and priests and (c) the assemblage of offerings. This forms another conceptual framework of the vertical system.

[4] Slob, dpon, rdo. rje. in Sanskrit means Vajracaraya. We should understand the acarya as one who has completed his training in Sanskrit. We should understand Vajra as an ultimate Buddhist value which is inherent in all things. The tantric Buddhist, acarya is hence one who has completed his study of Buddhist doctrine and so on, via the medium of Sanskrit. The Tibetan (acarya slob. dpon) has done the equivalent in Tibetan. In Kathmandu it is more or less understood that every Vajracarya has completed a study of at least the Guhyasamajatantra. Crucial to being a vajracarya in Nepalese society is initiation (diksa) which formalizes the transition from being an ordinary person to one who is established within the ultimate value of vajra. It is only after diksa that he can study the Vajrayana texts and perform tantric rituals.

[5] I am using the phrase 'ceremonial circle' as the place of ritual. Hence it not only includes the mandala and other ritual items but members of the lay community who pass in and out of it to receive the curing ambrosia (bdud. rtsi).

[6] 'Symbolical reality' designates the fact that symbols have value which in turn make men act. The ceremonial circle is structured on the basis of curing. Even rituals of life crises can be viewed in this way. For example, the Newar death ritual is to a great extent conducted because of the fear that diseases can issue from a dead body not properly purified. The point is that the ceremonial circle including the imagery projected by the hierophant has the value of curing old age, sickness and death.

[7] Lalana, rasana and avadhuti are located in the left, right and middle parts of the body (See also, Bharati, 1970, pp. 175, 292).

[8] Lessing and Wayman in their Fundamentals of Buddhist Tantra leave the word 'samathi' untranslated. There does not seem to be a proper English equivalent simply because in our own cultural system there is not a similar use of the imagination. The Tibetan translaters obviously had a similar problem. Tin. ne. hdzin. is not a literal translation of samadhi; however; it corresponds to the pscho-physical exents under consideration. I take tin. to mean sound in the sense of tin. shags which literally means small metal cymbals which are used in puja. For what it might be worth, an eminent Tibetan teacher once told me that when the little silver cups (called tin) which are kept on the altar make the sound "tin" it is a sign of the divinity. Is the gradual dissipation of the sound and the creation of the curi ambrosia (bdud. rtsi) at the origin of what they Japanese call "the sound of one hand clapping?"

[9] The Sanskrit word pill is gutika which in the Mahakalatantra is given the following symbolic meaning: "The blessed Lord said: A pill is the formation of the body, speech and mind into one (entity). Gu is said to be based on the body. That which is called it is the self nature of speech. Ka is though (in the sense of own nature of mind). Having made these three into one (we have) a pill".

Bcom. Idan. hdas, kyis, bkah, stsal pa/ril. bu. ni. lus. dan/nag dan/yid gcig tu byas pa'o/gu. zhes. bua. ba. ni. lus. la. brten. pa'o/ti. zhes, bya. ba. ni nag. gi. ran. bzhin. no/ka. zhes, bya. ba. ni. sems. so/gsum. gcig. tu. byas. pa. ni. ril.—u'o./ (Chapter Mahakalatantra, translated MSS. in personal library).

[10] The eight basic substances which are used in ceremonial medicine are (1) tsan dan (Sanskrit candana; English, sandal wood), (2) li shi (Sanskrit layamga; English, cloves), (3) gur gum (Sanskrit kumkuma; English, saffron) (4) dza it (Sanskrit jatikusuma: English, Jasmin), (5) ga bur (Sanskrit Karpura; English, camphor), (6) shin tsha (Sanskrit gudatvak; English cinnamon), (7) rgya shug (Sanskrit badara; English jujube) and (8) gandhabhadra (Sanskrit; Latin, paedira foetida). These are generally called the outer roots. Further, following the analogy of the tree, the eight inner substances which represent the growth of the human are: (1) the root, which is the fish and bone of bodily form (gzug, phun.

dbyibs. kyi. rus. sdon. po). (2) the four limbs, likened unto branches (yal. ga yan lags. bzhi); (3) the hair and nails which are like leaves (10. ma. sen. mo. skra. dan. spu); (4) the five senses, like flower buds (me. tog. dban. pol lna); (g) the five inner organs, like fruits (bras. by. don. snin. lna) i.e. lungs, heart, liver, kidneys and spleen; (6) the marrow, like the pith of tree (snin. po. rkan. mar); (7) the circulating brain fluids, like resin (than. chu. sla. ba klad. rgyugs); and (8) the skin which is like bark (shun. pa. pags. pa). And lastly the eight arcane substances which according to the procreative processes are: (1) the sacred semen (byan. chub. sems) located in the head; (2) the central path by which it travels (gzhun. lam. rgyugs. sa) presumably the avadhuti, (3) the acrcane fruit (near) the door of the navel (lte. ba'i. sgo. ba'i hbras. bu) i.e. testicles and (4) the grea. root of the vajra with its opening tgshegs. shul. rdo. rje'i, rtsa, bo. che). These are for the male. For the female there are: (5) the liver, which is the vessel of blood (called the) lotus (padma. rakta'i, snod. mchin. pa); (6) the womb, which is the vessel that collects the blood and semen) (gsogs.pai'i. snod. bu- snod); (7) the door of the lotus i. e. vulva, which the place to obtain (len. pa'i. gnas. padma'i. sgo). and (8) the stamen and petals of the lotus, which is the path of movement (rgyu. lam. padma'i. ze'u. hbru).

These twenty-four categories make up the fundamental substances that go into ceremonial medicime. The first eight are made into pills (ril. bu) and sometimes just offered. The second are offered symbolically byan offering cake (got. ma) which is actually made into the shape of eyes, ears, nose, tongue and skin, which are the five cognitive senses (dban. po. Ina) that are likened unto budding flowers on the tree. The arcane substances show us the basis by which the hierophant recycles the procreative matters of existence into what I am calling the "ambrosia cycle." The above categories, though an aspect of my ethnographic research in Nepal, are mentioned in slightly different ways in three small manuscripts which I am in the process of translating they are: (1) 'the crystal garland teachings showing whatever methods may be for the preparation of various necessary substances' (ne. bar. mkho. ba'i. rdzas. sna. tshogs. kyi. sbyar. thabs. lag. len. ci. rigs. bstan. pa. shel. gyi. hphren, ba. bzhugs. so) and (2) Perfect Medicine (sman. sgrub), and (3) 'The clear explanation of necessary substances concerned with the sublime arcane practise of pledged ambrosia (dam. rdzas, bdud. rtsi'i. sgrub. thabs. gsa. chen. mchog. gyi ne. bar. mkh. bzi'i. zin. bris. dgos. don. rab. gasal. ces. bya ba. bzhugs. so.)

[11]My own ethnography corresponds to Lessing and Wayman's translation of a section of the snags rim. chen. mo. that briefly points out that the pledged circle is the ceremonial circle and also conceived of as the hierophant's own being. The knowledge one's circle is in space. A question could arise, however, concerning the significant difference between the pledged being (dam. tshig. pa) that is projected from the pledged hierophant and the sacred knowledge being (ye. she. pa). If we look at the problem from the vantage point of the actual dynamics of the ritual, we first of all have the mere projection. And here I mean by projection

mainly two symbolic configurations: (1) the ritual setting and (2) the imagery of the divinity. The other projections are the human bodies that enter the ritual area as well as the body of the hierophant. The latter formally transubstantiates the ritual setting by means of the divinities' imagery into a pledged (dam. tshig) field by symbolically offering the five senses of the body; i.e. he offers flowers, incense, light, food and sound, to the divinity. Hence the ceremonial circle is pledged (dam. tshig). It is only now that the hierophant can make the second transubstantiation into the sacred knowledge one (ye. shes. pa). It is from this process that probably arose the dispute among the philosophers over why the hierophant needs to project anything at all. I have asked hierophants this very question and they usually answer that one who is accomplished in the way of completion (rdzogs. rim) does not have to project but does so anyway for the sake of the people. Indeed the people (community) are dependant on the hierophant for the curing ambrosia (bdud. rtsi).

(Words in bracket are Tibetan unless otherwise indicated. For more Newar parallels see in the near future my article: A Descriptive Analysis of the Content of Napalese Buddhist Pujas as a Medical-Cultural System with References to Tibetan Parallels, to be published in connection with the IXth International Congress of Anthropological and Ethnological Sciences.)

Bibliography

References cited:

Bharati, Agehananda. The Tantric Tradition, Doubleday, New York, 970, pp. 1751, 292.

Lessing, Ferdinand D. and Wayman, Alex. Mkhas Grub Rje's Fundamentals of Buddhist Tantras. The Hague 1968, p. 327.

Manuscripts cited:

Mahakalatantra Sanskrit microfilm copy in the Library of the Institute for Advanced Studies of World Religions, State University of New York, Story Brook. (Translated Copy in personal library).

Tibetan Dpal. Nag. Po. Chen. Po. Yab. Yum. Hkhor. Dan. Bcas. Pa. Mchog. Tu. Dgyes. Pa. Skyed. Par. Byed. Pahi. Rdo. Rjehi. Glu. Dbyans. 'Songs of the Vajra concerning the illustrious Mahakala Wife and Follo wers Which is Conducive to Supreme Happiness." (Personal library Tibetan MS.)

Tibetan Ne. Bar. Mkho. Bahi. Rdzas. Sna. Tshogs. Kyi. Sbyar. Thabs. Lag. Len. Ci. Rigs. Bsten. Pa. Shel. Gyi. Hphren. Ba. Bzhugs. So. "The Crystal Garland Teaching Showing whatever Methods May Be For the Preparation of various necessary substances." (Personal Library, Tibetan MS.)

Tibetan, Sman. Grub. "Perfected Medicine". (h—ru).

CHAPTER SEVEN

Tibetan Medicine on Cancer

Theodore Burang

THE *gyu-shi*, a standard work of Tibetan medical literature, is considered a work with esoteric content—it is only partly understood even by highly educated Tibetans. It contains a long chapter dealing mainly with leprosy, which is the key to several larger sections on mental illness. The secret correspondences characteristic of the diseases of 'destiny' which include both cancer and leprosy, are considered to operate on an even more subtle level than the equally elusive relationships between diseases of widely differing organs. Examples of the latter include : teeth and joints, the brain and certain functions of the alimentary canal, the nasal cavity and mucous membranes of the lower abdomen and so forth. Such relationships have now occupied Western science for several decades, but have always seemed self-evident to Tibetan doctors.

Cancer occurs far less frequently in central Asia than in the West. This is probably due to the absence of a whole series of precipitating factors in areas such as diet, food preparation and processing, water supply, sex life, mental and emotional states of tension which have been aggravated by technological progress, and so on.

In the countries which border Tibet, the frequency of cancer falls considerably below the world average. And in Tibet itself it is almost certainly lower than that of a country like India.

Nevertheless, Tibetan texts have not neglected to examine this terrible affliction.

Tibetan medicine divides diseases into three areas of causation : the ordinary, psychological and the fateful. Cancer belongs to the second the third types as far as the root causes are concerned. Environmental conditions, nutritional errors and so forth, only count as additional precipitating factors.

An irritant, an 'extraordinarily pugnacious demonic poison', which is said to reside in the sick person's blood, is held responsible for the outbreak of cancer when conditions are ripe. Its 'astral colour' is described as copper-red. It is stressed that irritant is a remarkably 'subtle, minute agitator', far more difficult to perceive than others; this description is hardly ever applied to other illness in Tibetan medical works. One of its particularly nasty characteristics is the ability to disperse itself with lightening speed throughout the diseased person's blood, up to the head and into the legs. Parts of the body expressly stated in Tibetan medical works as possible targets for cancer tumours are : the head, the area of the throat, the stomach, the intestines, the skin, the joints, the musculature and the bones. I have not as yet found any information concerning lung cancer in Tibetan works, perhaps because it belongs to the forms of cancer hardly ever found in central Asia. It is well known that the sudden increase in lung cancer in the technologically advanced countries has led to campaigns against tobacco smoking. However, mice intensively exposed to tobacco smoke over long periods do not develop lung cancer, although they do develop skin cancer when smeared with carcinogenic substances. At first glance it also seems inexplicable, why, according to large-scale statistics, cigarette smokers are far more likely to develop lung cancer than pipe smokers. For researchers whose approach to the problem of cancer is similar to that of Tibetan men of learning, in that it takes account of psychological factors, the simple explanation is that the cigarette smoker is much more nervous than the pipe smoker and seems to be more subject to mental and emotional unrest. The conclusion of both Tibetan and psychosomatic medicine, is that states of stress and anxiety encourage and accelerate cancer.

According to Tibetan scholars, when the 'demonic poison' (virus) appears, the causes which precipitate the cancer produce

a disturbance of those parts of the vitalizing second body which correspond to the parts afflicted by the cancer. This disturbance also involves an interruption in the supply of the subtle counterpart of digested food. The overall disease of the blood, which manifests itself locally as a malignant tumour, is related to a break or short circuit in the 'vital current' caused by the cancerous cells. This is combined physically with an insufficient permeation of the organs by the 'breath'; and subtly, on the plane of the second body, with an inadequate circulation of *prana*, the Tibetan *srog-dzin*.

The more dense and physically coarse a human body is (a state which occurs especially when the afflicted person is motivated exclusively by material goals), the more difficult it is for the subtle essence of food to be propagated, as described earlier, throughout the second body. Tibetan scholars believe that the Western idea of the necessity for certain levels of calorie intake will be revised in the years or decades to come. It only enjoys such respect in the West because we are such a materially oriented civilization, the product of our technical development.

A general point that should be mentioned is the Tibetan view that when a tumour takes hold in the second body it does not necessarily mean that it is malignant, for non-malignant tumours also have their subtle equivalents.

What causes Cancer ? The Western specialist replies : cancer is an abnormal cellular growth which develops 'self-shly' regardless of the needs of the organism, and cancer cells can reach other parts of the body via the vascular system, and create additional cancer tissues. Whether the second part of this statement requires revision will be shown by the findings of cancer research over the next few years. Since operations on tumours which are performed too early sometimes appear to encourage the formation of metastases (cancerous tissues in other parts of the body), it is not impossible that in this respect another, as yet undiscovered, means of propagation is at work.

The central Asian healer views the aetiology of cancer terms of a whole series of stratified causes, of which the final, direct precipitating factor is the 'poisonous demonic concentrate' (roughly : virus).

Some Western cancer researchers are beginning to suspect that hitherto unknown viruses are the precipitating causes of

cancer. The smallest known viruses today are so tiny that they can pass through porcelain and are only visible through an electron microscope. According to the Nobel prize winner Professor W. M. Stanley, writing in 1956, the fact that we have not been able to detect viruses in cancer cells, does not by any means rule out the possibility of their existence. The extraordinarily tiny cancer precipitating virus described in Tibetan texts is possibly this very same long sought after carcinogen.

Various indications and symbolic representations concerning the onset of cancer suggest that a person tainted by his fate carries a cancerous disposition around in him for many years until one or more of the various cancer precipitating factors leads to the effective outbreak of the disease. This can take several decades depending on the circumstances. At the appearance of the final precipitating factor, a sort of 'vibratory infection, may even occur; this transference of a morbid vibration, due to 'decomposition' coming from the subtle level. This is possibly identical to the action described in Tibetan works, of the 'most potent, subtle, demonic poison'. As generally happens in the Lamaist healing art where subtle correspondences play a special role, the actual mechanics involved in the outbreak and cure of the disease are virtually impossible to define in habitual Western terms.

The psychological background to the origin and pathology of cancer is not particularly stressed in Lamaist medical works, probably because the connections are considered so obvious that to discuss them would be superfluous. This is the field to which quite a few renowned Western cancer researchers have begun to pay particular attention in recent years. A study was made of the mental characteristics of a large number of patients in the Veterans Administration Hospital in Long Beach, California. The personality structure of patients with carcinomas that had developed very quickly was compared with that of an equal number of patients whose tumours progressed extremely slowly. It was found in a large number of cases that, in the same environmental conditions and with the same methods of treatment, the more the mental disposition of the afflicted person was subject of psychological tension, the more malignant the cancer was.

Tibetan views concerning insufficient oxygen supply (in a sense, however, which extends beyond that which is purely measurable),

coincide with the more recent results of Western research. Of interest also is the relationship between states of depression and tension and a marked reduction in the oxygen content of the blood, which has been confirmed by research in Canada according to information furnished by Professor T.G. Sleeswijk of Holland. All in all, the position of Tibetan medicine with regard to cancer i.e. the relationship between cancer, oxygen deficiency and psychological factors seems absolutely sound.

Diagnosis is of course easier in cases of skin cancer and surface tumours than in those of internal ones. This difficulty is obviously much more keenly felt by the average Tibetan healer than it is in the West, since he does not have access to our highly developed diagnostic aid. Some of the most skilled healers-roughly equivalent to the most distinguished category in the traditionally oriented Chinese medical profession—are said to be able to make a correct diagnosis 'on another level of consciousness', even where internal organs are concerned. The majority are exhorted to be on their guard, especially in regard to the distinction between malignant and non-malignant tumours. The *gyu-shi* stresses this point and states that it is especially difficult to grasp the nature of tumours when they are situated in fatty issue.

Substances used in diagnostic tests appear to include even arsenic which the doctor must be very skilfully of course, since the dose must be exactly suited to the purpose. (Just as with certain hormone preparations, arsenic also may stimulate or restrict the cancer according to the dosage.) Clinical collaboration between Asian healers and Western-style doctors could be useful in this field, especially if they were able to gain each other's confidence by virtue of their respective mental and human qualities.

Surgical interventions are not generally undertaken in the treatment of cancer in central Asia. Since the Tibetan physician regards cancer as the expression of a very grave malady which has secured a hold of the whole organism (including the second body), his attention is chiefly directed towards the treatment of the whole person. Where local surgical interventions are nevertheless advisable, cauterization is favoured. The areas of the body which can be treated this way are of course much less numerous than those which can be dealt with by surgical operations. Where

malignant tumours develop on the surface of the skin, a corresponding surface treatment is given—usually consisting of damp medicinal packs-during the general course of treatment.

The surface area of the part of the body under treatment in cancer must also be previously moistened when fumes of burning aromatic medicinal plants are applied. This incidentally, is also virtually a universal rule for treating cancer in traditoinal Chinese medicine. Medicinal embrocations require likewise that the organs under treatment be moistened first.

As for medication, which is the subject of following passage, it is frequently recommended that oral administration of medicines should be combined with the application of salves containing approximately the same medicaments. The salves used for this should, where possible, be heated before they are applied and then rubbed in.

On the subject of healing substances and diet requirements in cancer, an express warning is given against administering 'sweet' and 'white' medicines or 'sweet' and 'white food or drink. The worst possible 'poison' in cancer is apparently refined white sugar.

Cancer patients are advised particularly to avoid sleeping during the day and excessive strain of any kind. In addition they should not 'ride on horseback', allow themselves to be carried away by any 'expression of anger', and on no account 'cross over running water'. Those afflcted by cancer are also counselled to 'drink pure water from mountain streams', in other words to avoid tap water.

I discussed the matter of the last mentioned rule with a lamaist doctor sometime ago. I was prompted to do so because of the ideas of a central European forestry official who had drawn wide support for the theories on hydraulics and water in general and had stressed the influence of 'healthy' and 'diseased' water in the West. In the view of authentic Tibetan physicians, 'bad' drinking water, even when it is well filtered and chemically purified, is undoubtedly a cancer precipitating factor. This obviously implies an effect at the level of the subtle body.

The Tibetan division of cancer into 'hot' and 'cold' types does not appear clear enough for me to be able to enumerate here the medicaments recommended for these categories, I list only those which in all probability are indicated for virtually every

type of cancer :

1. Musk. Apart from its other curative effects, it encourages nose bleeding (in the correct dosage, which can vary considerably from person to person). This is thought to be beneficial in cancerous conditions. However, I would advise Western cancer researchers to beware of limitations. Genuine musk was seldom found, even in Tibet where it originates.
2. Black sulphur. I have not as yet been able to identify this substance. It is either black mercuric sulphide, which is mercury with sulphur rubbed into it—hence the black colour or a black sulphur compound, possibly antimony sulphide.
3. Black intense. (A substance similar to olibanum, which has not yet been identified).

The proceeding remedies are mentioned inthe *men-ngagyon-ten-dyu-dyi-len-tab* and various standard medical works. Others also recommed aconite (to be administered with caution, naturally, because of its poisonous properties). Whether the latter can be used in all forms of cancer, is as with many other recommended substances, not clearly ascertainable. According to a Protestant missionary, the Tibetans are said to prefer, for combating cancer, *aconitum ferrox* which comes mainly from Nepal. (Aconitum (Ferrox) wall is one of the most poisonous types of aconite). Tibetan and ancient Indian medicine also use it for leprosy. In Nepal, Sikim, Assam and other areas near Tibet, no fewer than seventeen different types of aconite are to be found. These include aconitum *elwesie*, aconitum *chasmanthum*, aconitum *falconeri*, aconitum *heterophrllum*, aconitum *luridum*, aconitum *napellus*, aconitum *spicatum* and aconitum *palmatum*.

A species of juniper with thorns (possibly a variety of the Western juniper) is also sometimes recommended in the preparation of healing substances for treating cancer. We have already mentioned that the psychiatric and non-psychiatric are very rarely completely separated in lamaist medicine. The "infinitesimal virus' mentioned at the beginning of this chapter, considered to be the direct precipitating element in the cancer, is definitely linked with the influence of demons. Tibetan physiognomists also confirm this opinion.

There is a strong indication that connection exists between

the 'demonic poison' and the whole teaching of the fall of man and gradual corruption of the world, even though no specific reference is made to it in the Tibetan works mentioned in this book. The enlightened reader in the West is mistaken if he believes this to be merely an obscure sort of primitive superstition. What we find ourselves confronted with as an imposing cosmology containing a descriptive ontology right down to the finest detail. It incorporates mythology about the dissolution of a world paradise which takes the form of a magnificent metaphysical drama, man being both actor and observer throughout. The Tibetan physician of high calibre, who has been instructed by a guru, possesses deep insights into the degeneration of the human race and into individual human destiny, in terms of a metaphysical field of force and the microcosm as a counterpart of the macrocosm.

A peculiarity of the Lamaist healing art is the way it combines curative procedures a gross material nature with subtle factors that hardly seem connected to them. This also applies to the treatment of cancer in which the Tibetan healer employs particularly vigorous stomach massages, even when the cancer is located in a completely different part of the body. In this case he is acting on the 'submerged layers' of man which indirectly affect the organism as a whole. A Western equivalent of such practices, although much less effective, is the long-term administration recommended by some European healers, of coarse whole-wheat bread to cancer patients.

The whole attitude of the Tibetan physician to the problem of cancer explains why our numerous experiments, especially with animal in which cancer artificially, is produced do not carry much weight with him. He is not to be dissuaded from the opinion that concern for the purely physical aspects of an evil rooted in deeper domains usually only leads to the creation of perpetually contradictory hypotheses. This hold true no matter how impressive the resources deployed or how monumental the intellectual effort.

Nor has the Central Asian healer failed to observe the relationship between cancer and the sexual function. He notes that failure of the sexual glands is nearly always combined with an increase in disposition towards swellings. He is probably also aware of the overproduction of hormones in the anterior lobe of

the pituitary gland which occurs during the change of life of a woman. The attempts by various contemporary brain surgeons simply to remove a part of the pituitary gland in such cases, in order to curb the predisposition towards swellings also belong, in his opinion, to the category of superficial techniques, which are a long way from tackling the malady at its roots.

The fact that cancer amongst Tibetan monks who adhere to religious precepts, genuinely and not just for the sake of appearances again demonstrates the connection between cancer and the sexual as well as religious spheres. The sublimation of sexual energy—to use Western terminology—is regarded as an excellent preventive measure against cancer. On the other hand, sexual repression is said to be particularly conducive to it. A normal healthy sex life is rated about halfway between the two. An important restraint, however, is that sexual intercourse with pregnant women, which is strongly felt to be against nature, is deemed to be a cancer producing factor which often only takes effect much later.

Certain yoga exercises also play a part in fighting and preventing cancer on 'subtler planes' because they reinforce the supply of which is the subtle counterpart of oxygen. The fight against cancer is thought to be enormously aided by the patient himself, principally by developing a vital attitude, and regarding the human organs, not as parts of a 'machine', but as 'animate entities'.

To conclude I would like to add that the most profound Lamaist scholars are of the opinion that even if Western research were able to find, as it did in the case of leprosy, really effective, practical and universally applicable healing methods for cancer, this would only be a momentary success – even though a very impressive one—since the root malaise would sooner or later become active elsewhere, possibly in the form of other, even more terrible diseases. For the Tibetan healer, the effective remedy for this 'original evil' lies within the sphere of religion. A description of the nature of this original evil which comes very close to the Tibetan view, was supplied by Thomas Carlyle when he pointed out that throughout the course of many centuries, the sum total of godlessness, lies and oppression of one man by his follows, has over increased. And each century has seen this undischarged debt of transgressions increase with renewed potency and passed on those who followed.

But even in the light of this realisation, scholars and healers on a high level in Tibet, as elsewhere, are diverted from the task of relieving the miseries of mankind whenever this can be done without running contrary to the aims of a higher order.

CHAPTER EIGHT

Tibetan Pharmacology

Following are someof the commom in gredients used for curing most commom diseases:

Materia Medica	*Uses*
Assculus sinesis (a variety of horse-chestnut)	The preparation of strong emetics.
Cuscuta sinesis (clover dodder)	To counteract hot diseases of the lungs, liver and blood vessels.
Artemesia cappillaries (mugwort)	For hot lung complaints.
Gardenia florida	For hot diseases of the gall bladder and liver.
Hemp	Diseases of the lymphatic vessels; skin complaints.
Finely Powdered iron	For afflictions of the lungs; to neutralize poisons in the liver; for eye complaints.
Finely powdered gold	For diseases of the heart, liver, gall bladder, lungs and joints.
Vergigris (great caution as to dosage)	To counteract a series of hot diseases; to assuage pain.

Gypsum (for internal use)	To lower the overall temperature; for lung diseases and traumatic fever.
Calcite (finely powdered)	To strengthen the bones; taken internally to accelerate the mending of broken bones; in hot phlegm diseases.
Ginseng	To neutralize poisons in the body: to rejuvenate ageing people.
Foesiculum vulgare (fennel)	For most hot air diseases; as a detoxicating agent; for eye complaints.
Malachite	For hot bone diseases; for treating the eyes; to restrict the flow of lymph.
Nepeta japonica (catmint or catnip)	In the preparation of anodynes.
Indigo	For treating the eyes; for burns.
Liquorice	To counteract loss of weight; for lung diseases; to assuage pain.
Strychnos nux-vomica (vomit nut)	For hot stomach diseases. (warning against overdoses in view of mental disturbances.)
Musk	In shaky fits; cancer; diseases of the ears; kidney diseases; febrile states brought about by mental factors.
Senecia sagittutus (a groundsel)	For healing wounds; for eye infection.

Lenchen Chobgya:—This medicine is prescribed for convulsions, choleric cramps, swellings and skin ulcer. One teaspoonful is mixed with boiling water and taken after meals. The composition of this medicine is made up of the following eighteen ingredients; camphor, coriander seed, olive, black-aloewood, bitter re-skin, red sandlewood, white sandlewood, saffron, blue water lily, aquatic insect, medicinal climber, costus speciosus, justicia ganderussa, gold flower, bitumen, chiretta,

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cloves and a yellow extract from an elephants head or the intestines of other animals.

Rhogzin Chudug which means literally '10 life keepers' has the following ingredients : cloves, black aloewood, nutmeg, a mineral drug called 'losha', costus speciosus, saffron, frankincence, sandle wood, lime, rush, yellow pigment, shan-dril, shachen, salt, ginger, piper longum. It is an anti-depression cure against nervous diseases and melancholia. It is taken in beer or about one tea-spoonful of hot water.

Tsatsi Doyor, has ten ingredients : scopolic praealta Don, saffron, sulphur, manchen, myrobalan, rush, asafoetida, musk, black aloewood, white and black hawthorn. It is used against syphilis and is taken with melted butter.

Oalo is used against tuberculosis and is taken in a spoonful of boiling water. The seven ingredients in it are, soma plant, justicia ganderussa, camphor, costus speciosus, olive and a herb whose root is used for purple dye.

Dudtsi Sumjor has three ingredients as the name indicates, soma plant, syrup, camphor. The mixture is taken with beer. It is used for vomiting, against bone fracturse tuberculosis and Leukoshea.

Norbu Thunthen is made up of seven ingredients: myrobalan, olive, solanum jaquinia, Termiminalia belerica, sophor flaves -cers, Inula Helenium and Hedychium spicatum. A highly concentrated mixture is prepared by putting in three spoonfuls of the medicine and boiled in a pint of water until the water is reduced to two thirds and then drunk. It is used against high blood pressure, fever, colds and influenza.

Serdog Chupa, has the following ten ingredients: soma plant, myrobalan, liquorice, bitumen, ginger, pomegranate, cardamon, piper longum, erycibe pariealta, rock salt from Sindh in Western India. It's used against diptheria and high blood pressure. One spoonful is taken in boiling water.

Serdog Chusum used against high blood pressure and jaundice, tumours, indigestion, stomach trouble and fever. It has thirteen ingredients; piper longum, saffron, blue lily, creeper. Olive, justicia ganderussa, costus speciosus, salt, camphor, soma plant, low growing rhododendron, iron filings, and snake meat. The medicine is a tablet the size of a small bean is taken with boiling water.

Chulen which means 'the extraction of the essence' is a 'food pill'. The essence drawn from the earth, water, air and heat (of the sun) is said to be the best. The second best is the extractions of the essence from matter—consisting stones or flowers, making them into powder or pills. Chulen is a product of Tantric Science and taken normally by meditators desiring to spend the greater part of their energy in religious contemplation. This time saving device is resorted to with special permission of one's Guru. Chulen besides being the substitute of normal food has benefits like freedom from common ailments, the regaining of youth : disappearing of wrinkles, grey hair reverting to original colour and the extension of life.

Kesang Tenzin

CHAPTER NINE

Methods of Healing

The ingredients of Tibetan Medicine, unlike the Indian Ayurvedic systems which offers mostly herbal remedies, are of various kinds of metals, stones, animal horns, bones etc. There are basically eight varieties of medicine: metallic and organic drugs mineral medicines, medical stones, medicinal trees, medicinal oils, decoction from medicinal fruit and flowers; vegetable medicines, especially the leaves of medicinal plant, animal medicines. The medicines are prepared in the following forms: 1. Decoction: extraction of essence of medicine by boiling down (Thonsman); 2. Powder medicine; 3. Pills; 4. Syrups; 5. Oily medicine; 6. Ashlike medicine (Thalsman); 7. Concentrated medicine (Khan-da); 8. Medicinal wine.

Since the Tibetans believe that the originator of their medical system is the Buddha, it is not surprising that religion and medicine go hand in hand.

It is a firm Tibetan medical belief that no disease of any dimension is unrelated to mind; the system recognises an inevitable relationship between the functioning of the mind and body. Rituals along with medicines act effectively as what modern science might term psychotherapy. In Hinayana Buddhism the practice of medicine by its monks have been discouraged, but in the Mahayana School with its great stress on compassion it had become an important part of the curriculum. In Tibet most of

the great physician-saints were monks. But whether lay or lama doctor, the teaching and learning of medical texts, and the preparation of medicines, was always accompanied or introduced by a ritual and consecration. The giving and taking of medicine was, always accompanied by prayers. It is a practice of Tibetan patients that after taking in the medicine its paper wrapper is burnt so that the paper which contained blessed medicine would not be desecrated.

Finally it is the religion which theoretically made the practice of medicine a way to service and prevented it from becoming a profession. Every doctor is to take religious vows whose aim is to make compassion, the pivotal force of Tibetan Buddhism, the centre of their medical activities.

In Tibetan a medical college is called 'Men-tse Khang' which aptly means the "house of medicine and astrology". In Tibet the medical students were taught astrology beside medicine, as it is important for a successful practice. Basically astrology provides a time precision to the medical practice. Tibetan medicine is prepared at such times and seasons as recommended by an astrologer. According to Tibetan Medicine there are four ways of contracting a disease: seasonal changes; 360 evil spirits attacking living beings with disease; food; habit. A knowledge of astrology is essential in treating those diseases caused by the four seasons—spring, summer, autumn and winter. Astrology is also used in diagnosing, particularly when the doctor can't go to a patient or vise versa, the doctor can accurately diagnose with the information such as the patient's age and birth.

Tibetan-style, would seem very mysterious to non-Tibetans: first, the pulse of the patient is recorded, preferably early in the morning the doctor resting three fingers lightly on the principal nerve of the wrist. In his highly sensitive manner, a doctor derives 80 per cent of his vital information. Additional information is obtained through the collection of the urine which is immediately examined for its colour, smell, froth and sometimes even, tasted! Faces also are examined for colour, consistency, sometimes floated in water or further examination and sometimes if the patient is so obliging as to defecate on-the-spot, the vapour is examined.

1. The 'Che' method has three sub-divisions of practice :—

   a) The 'Jampa Che'or gentle methods are such as burning incence; the use herbal mixture, various animal substances and chemicals, medicinal baths, rubbing salves into the skin, the nostrils etc. It is interesting to note here a Tibetan work—'Kunzab Yasel Melong' lists as many as twelve different types if incenses.

   b) The 'Tsub Che' or stronger methods include bloodletting, the lancing of abcesses and other vigorous treatments.

   c) The 'Dragpo Che' or violent, radical methods are surgical operations, the painful removal of foreign bodies, cauterization of abcesses, curretting of severely damaged tissues etc. The art of surgery was not unknown in Tibet. Folk lore has it that a fatal surgical operation done on a Queen mother made a Tibetan King ban this branch of medicine by a royal decree. The hardy Tibetans who look on the ability to bear pain as a virtue, under-went even major operations without anaesthetics. The Tibetan physicians guided by strict moral codes deem it undesirable to relieve pain in some cases, although he could, as in the case of veneral diseases.

2. The prescription of diet adapted to the diseases. In this case Tibetan patients scrupulously follow the advice of their doctor.

3. The other method of 'Jong' which can roughly be translated as cleansing. This method primarily involves emetics and laxatives.

4. The adminstration of medicines forms yet another method.

It may be helpful at this point to take up some of the diseases and the treatments prescribed for it. In some bile diseases, Tibetan Medical texts primarily recommend radical purgatives, bloodletting and rubbing the body with cold water. For diseases characterised by air a beneficial effect is best obtained from embrocations of old butter, combined with massage, especially around the crown of the patient's head. In phlegm diseases the physicians usually prescribe emetic treatment immediately. Later combined with a series of the

'Dragpo Che' violent methods, such as the fire treatment. Milder interventions such as physical exercises are also an integral part of combating phelgm.

Many Tibetan curative methods only correspond superficially to Western ones, although they seem to serve similar ends. Extreme caution is advised concerning emetic and purgative treatment. The 'gyu-shi' states that a healer who dispenses purgative or emetic without preparatory treatment of the patient is like a fool "who pours cold water on ice to thaw out". Preparing of the patient consists partly of administering loosening agents like piper longum, cinammom bark and fresh butter.

One of the features of Tibetan preventive medicine is the repeatedly stressed warning against sleeping during the day time. There are exceptions of course, such as certain cases of mental illness, or people with a disposition towards air who require sleep on hot summer afternoon to gain strength. Nevertheless, even in exceptional cases, sleep during the day is carefully rationed by the doctor. Indeed, it is often only permitted as a 'medicine' when the number of breaths drawn during sleep are carefully counted. In cases of diseases where Tibetans consider sleeping during the day to be particularly harmful, the patients relatives are strongly urged to watch over the sick bed in the day time to see that he does not fall asleep and to rouse him immediately if he dozes off. Other healing practices rarely employed in the West are, hitting and applying pressure to individual joints and a treatment which subjects the patient to series of contrasts by alternatively clothing and unclothing him completely Fasting is only rarely advised. Generally speaking, loss of appetite and digestive disorders are regarded as much more serious symptoms than in the West. Tibetan medicine firmly believes that disturbed assimilation and digestion are a very grave danger. It therefore pays a great deal of attention to restoring regular function of the stomach, intestines and lymphatic systems. Lymph is called 'yellow water' in Tibetan Medicine.

Acupuncture, inspite of its recognized success, is generally only practiced with care and reserve. It is infact practised only by very highly qualified spacialists. The mechanics of this system involves the choice of needles, disinfecting them and the technique of insertion.

Moxa or moxabustion goes hand in hand with acupuncture. It consists of burning an aromatic species of plant, similar to mugwort over the surface of the skin at precisely designated points. Moxa is used essentially for 'lung' (nervous diseases) and a golden needle is required for the operation to set the herb burning. The heat of the red hot needle directs the movement of air (oxygen) into the right channels. Broken nerves and pathways are joined together again. It can be performed on other parts of the body for digestive diseases, convulsions, dropsy, diseases caused by air and phlegm but not by bile.

Bloodletting is performed at a wided variety of points. When drawing blood the healer not only has to select the right points for particular cases, but he must also take the circulation of the life force into account. The Tibetan healer recognizes seventy seven bloodletting points. The one to be used is determined primarily by the organs suffering from disease, though it is not always in their immediate location. The tip of the nose and the frontal vein, for example, are the bloodletting points prescribed for eye diseases characterised by 'moist accumulation' of which there are thirty three kinds.

Cupping is used for pleurising and air diseases. The physician would take a small piece of paper, light it and place it four fingers distance from where the pain is. It is then clapped down with a copper bowl on the spot under treatment and kept covered for about an hour. The copper bowl is removed and the spot is cut off with a bloodletting knife.

Tibetan and ancient Indian medicine distinguishes all in all, at least thirteen different healing methods connected with special heat treatments and sweat cures using heated brass rods, steam, hot stones, heated sandpacks and so on. For surface operations the actual burning and singeing is performed with open metal containers in which a quantity of combustible material is lit and then placed on the patients skin. In operations, such as the radical cauterization of malignant tumours, there are instruments which are quite similar to some western ones. They differ, however, in that their shape sometimes reveals adaptation to the so-called 'magic cosmology' in as much as they are reminiscent of animal figures which either exist on the physical level or allegedly belong to the 'intermediate world' between matter and pure spirit.

Tibetan physicians sometimes perform surgical operations. However, they will only employ their techniques when it is absolutely necessary and there is no possible alternative. The radical rejection of blood transfusion by Tibetan doctors which has, of course, become a significant part of western surgical techniques is yet another reason, perhaps for the scarcity of operations.

The Tibetan doctor's various surgical and other instruments are precisely described in a number of Lamaist medical works. Descriptions include information concerning their measurements in 'sor' finger width. Among the many listed are lancets for opening abscess; saws and drilling devices for bore manipulation; small forceps and similar instruments for removing nodular neoplasms for use in miscarriage; appliances shaped like the head of a snake for removing foreign bodies; instruments for the radical fire treatment of tumours; a type of lancet called 'tsagbu' for use in bloodletting; small tweezers for removing hair called a 'mangster' and so on.

The Tibetan physicians have invented alternative methods where their surgical instruments are of little help. There is, for instance, a very simple procedure in Tibet for removing needles, nails and other small iron objects which have been swallowed and could perforate the digestive organs. After flushing the patients stomach with a fluid intake tempered with suitable mendicants, cotton which has been thoroughly reduced to fibres is administered together with a large quantity of water and small lumps of mangnetised iron ore. The patient is then laid on his stomach and vomits, so that often the entire stomach contents are expelled, together with the foreign body which has been attracted by the magnetised iron ore. In this way the patient is put to rights without an operation or any complex interventions. The addition of cotton is important since it helps to envelope the foreign body and prevents damage to the oesophagus.

In the field of dentistry, there are devices for blowing mendicants into the nostrils, apparatus for inhaling and small curved metal bars for cauterization of the roots of teeth. As far as dentistry is concerned, Tibetan medicine regards dental troubles primarily as an expression of general disharmony, sometimes on very subtle levels. Such troubles affect the whole organism.

In the field of Tibetan ophthalmology there exists numerous references. In the case of a disease called 'lingthog', in which the eyes become cloudy and turbid, the healer ventures to scale the patients diseased eye or eyes with a small iron hook, after smearing the eyes with a mixture of malachile, camphor, musk, finely powdered gypsum, saffron and sugar, bathing them with moist mendicants and fumigating them with steam of heated sealing wax. There are also references to surgical operations practised in this field.

Dermatology is quite a large branch of Tibetan medicine since skin diseases were very widespread due to filth among the ordinary people. The cause of many skin diseases is considered to be in the fact that phlegm and bile are pulled along by air ebullition, which then result in phlegm deposits under the surface of the skin. In most cases, however, they are considered symptoms of more far-reaching health disturbances. It is said that skin diseases are often the result of psychological disorders; an apparent 'cure' on the local level would only push them back into the sphere of the psyche. Local treatment for relief of pain, itching, inflammation etc. is not neglected. There are nearly two hundred medicinal herbs which help skin diseases. Hemp is one of the most commonly used.

—*Kesang Tenzin*

Bibliography

Tibetan Medicine by Rechung Rinpoche Jampal Keleang, University of California.

Tibetan Art of Healing by Thoedore Burang, Watkins, London.
Tibetan Review, Volume IX, No. 4 and 5, May-June, 1974.

APPENDIX (A)

Tibetan Physicians in Exile

NAME	ADDRESS
YESHE DHONDEN	Ashok Niwas, Mcleod Ganj, Dharamsala (H.P.)
LΘBSANG DOMA	Tibetan Medical Centre, Mcleod Ganj, Dharamsala (H.P.)
JAMYANG TASHI	,,
LOBSANG TASHI	Samten Choeling, Monastery, P-O. Ghoom, Darjeeling (W.B.)
LAMA WANGLA	Ghoom, Darjeeling (W.B.)
TOAGAWA RINPOCHE	Rakasher House, Darjeeling (W.B.)
LADAKH AMCHI	C/o Kangur Rinpoche, Bara Kak Jhora, Darjeeling (W.B.)

HOCHOE AJAM	Tibetan Doctor C/o Kunga Yontan Sikkim Research Institute of Tibetology, Deorali Gangtok/Sikkim
TASHI NAMGYAL	Tibetan Doctor C/o Denzong Bakery New Market, Gangtok/Sikkim
CHOEDAK GYATSO	"Lugsung Samdubling" Tibetan Settlement, Camp No. 1, House No. 74, P.O. Byllakuppe, Mysore Distt., Karnataka
PEMA SHERAP	"Lugsung Samdubling" Tibetan Settlement, Camp No. 4, House No. 57, P.O. Byllakuppe, Mysore Distt., Karnataka
LOBSANG DHONYOL	"Lugsung Samdubling" Tibetan Settlement, Camp No. 6, House No. 71, P.O. Byllakuppe Mysore Distt., Karnataka
DHAPCHUNG	Tibetan Settlement, House No. 43, Camp No. 239, P.O. Gothangaon, Bhandara Distt., Maharashtra

SOKPO AMCHI	Tripai Hill, Kalimpong, Darjeeling Distt. (W.B.)
TSUNDUL GYATSO	Tibetan Settlement, Camp No. 3, House No. 5, Mundgod, North Kanara, Karnataka
SONAM RINCHEN	Tibetan Settlement, Camp No. 1, House No. 49, Mundgod, North Kanara, Karnataka
TASHI	Tibetan Settlement, Camp No. 8, House No. 5, Mundgod, North Kanara, Karnataka
TENZIN	Tibetan Settlement, Camp No. 6, House No. 26, Mundgod, North Kanara, Karnataka
CHOEDAK GYATSO	Tibetan Settlement, Byllakuppe, Mysore, Karnataka
LOBSANG YARPHEL LHΘDAK	Tibetan Settlement, P.O. Kamleshpur, Surguja Distt., Mainpat. (M.P.)
NAMKHA DORJEE	,,
NENANG NGAWANG YESHI	Mussoorie, Dehra Dun (U.P.)

AMCHI MINGMAR	Mussoorie, Dehra Dun (U.P.)
GYALTEN AMCHI	Nangchen Division T.K.I.S. P.O. Bir- 175032 Distt. Kangra (H.P.)
GYURMEY NORBU	Chialsa Handicraft Centre, Solu, East, No. 3, C/o Box No. 130, Kathmandu, NEPAL
NOGYAL TSERING	,,
DEPHUG RINPOCHE	,,
PALBAR GESHE RINPOCHE	Geyal Ritie, Helembu (Yolmo) C/o Box No. 130, Kathmandu, NEPAL
WOESER DORJEE	Tibetan Refugee Camp, Tashi Palkhiel, P.O. Box No. 7, Pokhara, NEPAL
TAKLHA WANGDU	Tibetan Refugee Camp, Tserok, Mustang District, C/o Gaden Khangsar Kathmandu, NEPAL
NGODUP TSERING	Tibetan Medical Centre's Branch Dispensary, Boudhanath, C/o Gaden Khangsar, Kathmandu, NEPAL

MRS. KUNSANG	Tibetan Medical Centre's Branch Dispensary, C/o Gaden Khangsar, Kathmandu, NEPAL
KUNSANG PHENTHOK	Kunsang Pharmacy, Chatrapati, Kathmandu, C/o Gaden Khangsar, NEPAL
CHEME RIGZIN	Jawalakhel Handicraft Centre, P.O. Box 263, Kathmandu, NEPAL
LHAWANG	Pokhara Handicraft Centre, P.O. Box 18, Pokhara, West No. 3, NEPAL
CHUGYA DILNYI AMCHI	Bhutan
KARCHU AMCHI	Bhutan

APPENDIX (B)

Tibetan Medical Centre, Dharamsala

With the Chinese Communist occupation of Tibet, Tibetan medicine suffered the same fate as all things Tibetan. Chokpuri and Mentse Khang, two famous medical colleges in Lhasa, from where Tibetan medicine found its way into neighbouring countries and places like Mongolia, Manchuria, China Ladakh, Nepal. Sikkim, Bhutan and Afghanistan are reportedly ransacked. In 1961 the Dalai Lama initiated the establishment of a small dispensary at Dharamsala and placed it under supervision of few competent physicians who were able to escape to India.

Since its inception, the popularity of Tibetan medical centre has continued to grow and its fame has spread to various parts of India and abroad. It has branch dispensaries in Darjeeling, Bomdila in Arunachal Pradesh, Byllakuppe in Mysore, Patti Kuhl in the Kulu Valley, Chandragiri in Orissa and Kathmandu, Nepal. The centre has been treating a growing number of Tibetan and local Indian patients. A number of Western physicians have also expressed their interest in Tibetan medicine and their desire to research.

The existing arrangements for the study and practice of Tibetan medicine being grossly inadequate, a scheme to ensure its development and application on a larger scale was envisaged. Hence the idea of a Tibetan Medical College which would include teaching, practice and research as well as the manufacture and

sale of Tibetan drugs. So far the developments along these lines have been fairly satisfactory.

The Medical Centre at present consists of two wings, the office and pharmacy department at Upper Dharamsala and a hospital complex consisting of wards and an out patients-department at lower Dharamsala. The preparation of medicine in Tibet used to be purely by hand. This, however, is now replaced by a set of machinery. The drugs made here are made available to Tibetan physicians practicing independently in India. The out-patients department treats on the average about 150 patients daily.

At present there are 12 Tibetan students undergoing medical training, now in their third year of the intensive seven year course. This is the second batch of medical students, the first batch of 15 having completed their course in 1974. The graduates are now scattered all over India among their people running the branch dispensaries and practicing. There were both male and female trainees in both the batches.

The centre also envisages the establishment of a modest research section which would include the botanical classification of herbs, translation of books on Tibetan medicine into foreign languages.

The Astrological Centre which was established simultaneously with the Medical Centre in 1961 was amalgamated with the latter in 1967.

This wing of the Tibetan Medical Centre is still very rudimentary and suffers from a lack of funds as in the case of medical wing, more so as its contribution is not as immediate and directly apparent. So far, the main work of the astrological section has been to produce the Tibetan yearly calender with comments on the astrological implications of each day of the year and a Tibetan horoscope called 'Dato'. Apart from these it is also a teaching institution, seeking to impart and preserve this body of traditional Tibetan learning.

Assistance received by the Centre is limited to gift rations and grants-in-aid from the Government of India mostly. The Centre however received a considerable sum as grants-in-aid for construction of the hospital complex at lower Dharamsala from a German Aid Society.

APPENDIX (C)

Qualities required of a Tibetan doctor

THE Amchi-la (physician) is a respected person and his profession 'a noble one'. The traditional standards set for an aspiring doctor are intelligence, deep comprehension, quick understanding and a good memory. He must, of course, be literate in order to learn all about medicine and master the medical texts. His teacher must be one who knows all about the medical field, besides being able to explain everything without hiding any knowledge from the student. The teacher must also be an understanding and kind-hearted person and knowledgeable in every field, on the part of the student, patience and obedience to the teacher must be unquestionable. The student must co-operate with his fellow students in their studies and should never be lazy.

The good doctor must be compassionate at heart and always helpful to all beings. He must have a sympathetic mind and must not be partial, but treat all alike. The quality of his medicine must be uniform, i.e. not giving 'good' medicine to some and 'bad' to others. He should wish happiness for all and have the desire to obtain enlightenment.

Doctors must have practical experience, being able to use all the medical instruments, and must be expert in passing medicine through the anus; bloodletting 'Targa'; burning and cautery 'Metsah'; passing spoon inside the body to extract matter

'thurma' first aid (bandaging affected parts, broken bones etc.) and operating.

There are also certain bedside manners that the doctor must be acquainted with. Doctors must have a pleasant nature and be understanding and able to give encouragement and confidence to patients. They must be well versed in medicine and able to diagnose diseases without difficulty. A doctor should be familiar with the customs and usages of the common man, know how to talk and behave, and some knowledge of religion. He should not be selfish and should have pity for the poor. He should look after a patient well until the patient has fully recovered.

A doctor who has all the above qualities will attain fame, prosperity, etc. A good doctor is like a protector and deliverer of those who are helpless; he is like a representative of the Medicine Buddha and of the lineage of the Teachers of medicine.

APPENDIX (D-1)

A Tibetan Lady Doctor

The realm of Tibetan medicine seems as mystical and remote as the Himalayas. In reality, its healing powers are many as professed by Dr. Lobsang Dolma, chief physician of the Tibetan Medical Centre of the Dalai Lama in Upper Dharamsala, India where His Holiness has been in exile since 1959.

Dr. Dolma is presently visiting and speaking at the University of Virginia and other Eastern campuses under the auspices of Dr. Jeffrey Hopkins, assistant professor, Department of Religious Studies. Dr. Hopkins met Dr. Dolma while studying under a Fullbright scholarship in 1972 in Dharamsala, and is now acting as her interpreter.

In a press conference this week, Dr. Dolma spoke quietly on the contrasts of medicine practiced here and in Tibet.

The Tibetan system, she said, is understood in terms of five central features: urine, pulse, the five senses, questioning and acupuncture.

Urinalysis tests are made for odor, bubbles, color and sediment, Dr. Dolma said. Chemical and temperature reactions are also noted.

Twelve vital organs and vessels of the patient's body can be checked through pulse diagnosis on different parts of the wrist and forearm.

The doctor uses her right hand to read the patient's pulse beating in his left hand, relayed from a specific organ. The patient's

index finger registers pulse from the heart in males, lungs in females and the intestines. The middle finger receives pulse from the stomach and spleen and the ring finger from the left kidney and seminal vesicle womb.

The pulse in the patient's right index finger indicates lungs in males, heart in females and large intestine. The middle finger receives pulse from the liver and gall bladder and the ring finger, the right kidney and urinary tract.

Dr. Dolma demonstrated pulse diagnosis, taking the reporter's right hand in her left and applying pressure points. Her index finger pressed lightly to the skin, the middle finger pressed to the flesh and the ring finger pressed to the bone.

She repeated the reading with her right hand on the reporter's left hand. Her fingers were strong and sensitive. One felt Dr. Dolma was playing a musical instrument, attuned to an inner beat. Her accurate diagnosis was "wind" or phlegm disease which could possibly translate as an upper respiratory ailment.

Believing in the necessary balance opposing forces, Dr. Dolma said incorrect dietary habits cause diseases. Fish and cold milk or meat, alcohol and ice cream, for example, should not be eaten together.

"One won't be sick if he eats these things once or twice," said Dr. Dolma. But they lessen the power of digestion, and taken continually, will be transformed into poison with the stomach filling up, the head becoming heavy and memory lessening.

Such diseases as cancer of the small and large intestine and duodenum, as well as problems of the pancreas and urinary tract may also result, added Dr. Dolma.

There is little breast cancer in Tibet because constricting brassieres are not worn, she continued. "Women who wear tight bras have no chance for good circulation. Wind and blood must circulate.

A combination of salves and oral medicines made from gems and herbs are prescribed for breast cancer. "The drug stimulates a flesh lump to diminish and come to the surface where it can be surgically removed", Dr. Dolma said, gesturing with her fingers flattened against her chest.

For diabetic patients, diet is encouraged to prohibit the disease along with medicine to clear out the circulatory, and other systems. The pill is formed from gem stones earth and flowers.

Insulin is not used, and the disease is not considered serious, Dr. Dolma said.

Other disease treatment measures include blood letting for high blood pressure and acupuncture and moxa (a heated needle) at the completion of treatment to prevent a malady from returning.

Dr. Dolma has developed her own contraceptive pill which she considers importantly superior to "the pill" as known in the West.

Her pill is made of five medicines mixed with particles of the connective tissue in the area of the seminal duct taken from the male sterile offspring of a yak crossed with a cow.

It is to be taken the fourth day of menstruation for seven days. The female must abstain from sexual intercourse for the next 12 days. She is then safe from becoming pregnant for a year.

While not tested formally, the pill is used in Dr. Dolma's clinic and has been distributed to 400 women the past four years with only four unwanted pregnancies. She admitted, however, record, keeping has been poor and needs improvement.

"It is 99 per cent effective," assured Dr. Dolma. The pill's formula dates from ancient traditional medical books.

Childbirth is a special field of Tibetan medicine, Dr. Dolma reported. A drug not an anesthetic is taken by mouth to make childbirth painless. The baby is subsequently born within an hour and a half. Techniques of massage quicken the process.

Dr. Dolma's unusual diagonstic procedures and prescriptions are classified as "paranormal", in that the techniques used are not known here, offered Dr. Hopkins.

Dr. Gerald Goldsten of the University of Virginia's Department of Medicine, also participated in Dr. Dolma's press conference and admired her knowledge of diseases after visiting the Hospital's cancer out-patient clinic. They discussed solid tumers and the use of cheomtheraphy, as yet untried in Tibetan medicine.

"I'm impressed with Dr. Dolma's professional attitude", said Dr. Goldstein. "I started off being skeptical, but realize some terminology and classifications may be termed differently."

"She's eager and open minded to our medications. She is as close to her patients as I am to mine. I'd like to see an exchange

of Tibetan medicine with the West. The two systems have much to offer each other."

Dr. Dolma comes from a family that has produced doctors for 13 generations. She was born in Kyerong, Tibet in 1934 and was educated under her father. She served as a physician in Kyerong, Kathmandu, Nepal and Dalhousie before joining the Dalai Lama's Medical Centre two years ago.

Dr. Dolma is one of only two women Tibetan doctors. Her two daughters are studying to follow in her footsteps and she is training other women as well. Her husband is a pharmacologist.

She smiled with an air of serenity, "I got this great chance because my father had no male children. I always say there is no difference between males and females. They both have compassion for sick people."

—*Elizabeth Howard*

APPENDIX (D-II)

A Mongolian Doctor

At 100, he is looking more sprightly than most middleaged men—evidently a result of his single-minded concentration in meditation. For his age he is healthy. Having no one to look after him, he does all by himself: collecting fire wood from the nearby woods, cooking, digging his small vegetable garden and occasionally treating patients who might have heard the fame of this obscure "Sokpo Amche". The phrase in Tibetan means Mongolian doctor of Tibetan medicine.

What is the secret of this 100 year old doctor who at least managed to keep himself healthy and happy even at his ripe age? I wondered looking at him rather than daring to ask him so.

Tsul-tim was born in Kuan Tung Hooray, inner Mongolia; one of seven children of an aristocratic family. At the age of 13, Tsul-tim attended Mongolian school studying the three kinds of Mongolian writing, Tibetan and Chinese writing as well as medicine. Later, being strongly attracted to religious study, he renounced his important government job and escaped to the next village, a solid eight-day journey. Soon he was discovered by his father, Uen-ten Sampo. The worldly father earnestly tried to persude his son to return home. Tsul-tim steadfastly insisted that he wished to become a monk in order to follow a religious life. His father finally agreed saying that the boy must seriously follow the religious tradition of his choice and gave him whatever wealth he had brought along with him.

After having spent six months in the local monasteries, Tsultim, like any serious Mongolian seeking Dharma made his way into Tibet through Koko Nor. In the monastery of *Labrang Tashi Khyl* in the Amdo province he spent five years learning the basic religious studies. He then travelled to Lhasa, remaining there over 25 years studying the PARAMITAS and commentaries by Asanga, Chandrakirti, Dharmakirti—these synthesizing the entire body of Buddha's Teachings, excluding Tantra, in the famous monastery of Drepung. During this time, "Amchi-la" (Honourable Doctor) Tsul-tim constantly expanded his medical knowledge and practice, eventually earning the degree of *Geshe* (corresponding to Ph.D.). He then entered one of the two most famous Tantric colleges in Tibet: *Gyudme Dratsang*, where for nine years he studied the secret arts and sciences of Buddhism.

Thereafter "Amchi-la" went on seeking various gurus, receiving various Teachings from them and living in seclusion practising solitary meditation in caves for a great length of time. He was initiated into '*Cho*' by the famous Lama Chen Zeu Ling Rinpoche of Mongolia. According to this tantric ritual, the disciple must visit the 108 water springs as well as the 108 cemetaries as prescribed, performing various rites in the dead of night outside in temperatures well below zero.

In Tibet, certain serious meditators desiring to spend the greater part of their energy in religious contemplation and not wishing to bother about the time-consuming preparation of food etc. often followed the practice of retiring from the world into the small cave with a supply of especially prepared "pills" serving as food. For this, however, one first needed the special permission from the Guru.

The effects of this "food" pill is entirely satisfactory, assures Amchila who mostly lives on it. The "food" pill called Chu-len is a product of tantric science which few doctors know today.

Chu-len means "to take the essence". Every food is composed of essence and gross parts. The essence itself is drawn from the earth, water, air and heat (of the sun). If one knows how to take in the essence of these four elements mentally the result is the best food possible for the longivity and transformation of one's material body into non-material body. The second best food is the extractions of essence from matter-consisting stones or flowers, making them into powder or pills. The formulae of

different types of *Chu-len* are given in every basic tantric text. Other benefits known are freedom from common ailments, the regaining of lost youth: disappearing of wrinkles, gray hair reverting to original colour and the extension of life.

Amchi-la has received the initiations of this practice and is thoroughly acquainted with the preparation of *Chu-len*. He can still make these pills today, the ingredients not exclusively existing only in his home-land but easily obtainable from the local non-poisonous flowers found in the Himalayas. The chances seem few, however, that he might impart this precious knowledge to modern aspirants who hanker only after material benefits.

The doctors of Tibet were under oath never to charge for their services. However, satisfied patients generally rewarded their doctors in cash, clothes or food. Other vows taken by a doctor:

Not to incorrectly state the contents of a medicine

Not to give medicine for the purpose of killing a creature

To make the quality uniform (i.e. not giving 'good' medicine to some and 'bad' to other) and to refrain from intoxicating drinks.

To maintain equal compassion towards all

Does Amchi-la treat any patient now?

Amchi-la Tsul-tim's memory is a little dim now so he cannot relate accurately many case histories. But "just recently" he explained "a military officer from Madras came to see me. He had tried many different treatments—European as well as Indian but all to no avail. After two weeks' treatment with this medicine I have made, he was completely cured. Then he was stationed near the Assam border. There he met another soldier also suffering from a complicated disease and he directed him here. Now this fellow is also using my medicine."

Amchi-la often came to India on medicine collecting expeditions and to make pilgrimages. In 1949 he was in India and upon trying to return to Tibet he found the Chinese invading. Since then he has remained in Kalimpong, near the Sikkim-Tibet borders, for over 30 years. Many medicinal plants are locally obtainable and his supply of special medicine which he originally brought along with him is not yet exhausted. Thus he manages to continue his practice. This is in keeping with the spirit of the medicine Buddha who stipulated that the medical science should be

offered to all and not just kept for the Tibetan people alone.

Since having left Mongolia, Amchi-la has never returned. Now there is no easy passage to Mongolia and Amchi-la hears no news whatsoever of his family or relatives.

His personal complaints are few; his roof leaks during the rainy season. But never mind. Still he can meditate upon the falling drops. His health is good. Whenever necessary, he takes a bit of his own medicine. Apart from weakness, decreasing appetite, he is quite well for a 100-year old hard-working lama. His spare time is spent in carrying wood, digging in the garden and other such manual tasks.

Ever since the time that he decided to escape in order to study religion, Amchi-la Tsul-tim concludes, his mind has not wavered for one moment. For him medicine is not his profession, it is one of the good ways to help suffering sentient beings. Now more than ever, he is firmly determined to follow in the Buddha's footsteps, to aspire towards the Buddhahood and "perfect enlightenment" possible for all those who sincerely work for it.

—Olivia de Haulleville

APPENDIX (E)

The Modernity of Tibetan Medicine

Dawa Norbu: *Was Chinese acupuntcure popular in Tibet?*

Dr. Yeshe Dhonden: What do you mean by "Chinese acupuncture"? It is not Chinese acupuncture. The science of *serkhab* or "golden needle healing" originated first in Tibet. It is clearly stated in So-rig Choejung (History of Medical Science) that a great Tibetan yogi while meditating discovered the "art of golden needle healing". For meditation sharpens one's perception power and awareness, and it is only through perfect concentration that one could see the working of our nervous system as clearly as the audience sees the foot movements of a dancer.

Q. *How did acupuncture reach China?*

A. As you probably know, most serious students of Buddhism in Mongolia used to come to Lhasa to study. One of the subjects persued by any serious scholar was Medicine. It was the Mongolian scholars who learnt the science of acupuncture from the Tibetan amchis (doctors) and they in turn imparted it to the Chinese. Ironically as acupuncture became more popular in China, its homeland declined.

Q. *I heard that some kind of operations were done in ancient Tibet, is it true?*

A. Yes, even quite delicate surgical operations were done right up to the reign of King Muni Tsenpo (799-804 A.D.). It is said that after a serious heart operation upon Muni Tsenpo's mother failed and consequently she died, the King issued a royal decree forbidding operations of any serious nature forever. The unfortunate surgeon was Dr. Teton Dragpa Ngoshi. There was another force discouraging surgical practice. With the increasing Buddhist impact on Tibet, Buddhist scholars started arguing against the practice which they maintained interfered with the operation of the law of Karma. It was also observed that a person who had undergone operation was not fit for meditation.

Q. *Can Tibetan Medicine make some contribution towards birth control?*

A. Yes, we can. In fact I have heard Dr. Lobsang Dolma (a lady doctor practising in Dharamsala) has prepared birth control pills. In Tibet "birth control" was done at two levels: to prevent non-stop (every year) pregnancy so that a mother can have at least two or three years' gap before conceiving another child; those who don't want any child were *sterilised* for life. However, I don't personally favour birth control because it destroys precious human life. It is for the same reason that the "prevention of conception" was done so seldom in Tibet.

Q. *Does Tibetan Medicine have any beauty aid or such treatment?*

A. Yes, we have but it forms one of the neglected aspects of our medical science. But I am now preparing such medicines for beautifying or regaining youthfulness. In fact some actors and actresses in Bombay are under my treatment. The medicine is in the form of either semi-solid or liquid lotion which can destroy bad spots, can iron out wrinkles and improve complexion.

Q. *Then I suppose you have treatment for falling hair also?*

A. Generally those below 45 years who may be even fully

bald can regain natural growth of their hair after good treatment. But in Tibetan Medicine there is no universal paneacia for hair falling. I have to examine each patient. In some cases it may be necessary to completely destroy the surface skin by burning and then foster fresh skin which can restore normal growth of hair. In some other cases the application of medicinal oil may be enough. (A local story says that once Dr. Yeshe Dhonden asked one of his close friends to deliver a bottle of hair-growing medicine to some 'patient'; the friend opened the bottle and jokingly put some on the doctor's baldy forehead, saying "Let's see if it is true". Today yon can see a small tuff of hair on his forehead.)

Q. *How effective is Tibetan rejuvenation treatment ?*

A. Those below fifty can be fully rejuvenated, and for the old rejuvenation can at least give them sound health and prolong their life span. But rejuvenation requires both money and patience. For one thing medicine for such treatment consists of very expensive precious stones and rare herbs. For another thing the 'patient' has to lead a very religious regular life during the treatment which is rather long. His Holiness the Dalai Lama's two tutors who are very old now have rejuvenation treatment for good health.

Q. *Do you prepare special medicine for His Holiness the Dalai Lama? And how often do you check him?*

A. The Buddha of Medicine says that the doctors are to give equal treatment to all. As far as medicine is concerned which is one of the good ways to serve suffering humanity, there is no difference between a Buddha incarnate and an ordinary being. The Dalai Lama gets the same medicine. However, I make sure that the medicine for His Holiness is clean. With regard to your second question, I usually check His Holiness stool every day. And when he is not well, I am all the time with him. Except in exceptional cases, His Holiness takes Tibetan Medicine only.

Q. *From your experience could you tell me what ailments could be more effectively cured by Tibetan Medicine than by the Western one?*

A. Within the inviolable limits of *Karma*, we can cure any disease. However, because of our rich experience and practice

we can combat those ailments found particularly in cold climate or at high altitude better. A number of high ranking officers of the Indian Army came to me for such treatments. In most cases they had tried almost everything except Tibetan Medicine. The results have been satisfactory and so the number of patients increases, as the word is passed around. I am told that some disease like cancer or even T.B. are considered incurable from the Western medical point of view. Tibetan Medicine has specific treatments for such 'incurable' diseases too. However, I must admit usually such diseases like cancer or T.B. which takes long to cure are considered due to the result of the bad deeds done in one's previous life (Karma) and therefore usually along with medical treatment the doctor recommends religious devotion. In India I have had some successful cases. A cancer patient from Bombay once came up to me and said that his (Western) doctor had declared that the patient would die after six months. He had Tibetan medical treatment. It is almost six years now; the cancer patient is still alive in Bombay.

APPENDIX (F)

Notes on Contributors

THEODORE BURANG has studied Tibetan medicine under many practitioners and speaks Tibetan. The present article is a chapter from his book—*The Tibetan Art of Healing*, published by Watkins, London. The article is reproduced here with kind permission of the publishers.

BHAGWAN DASH is Senior Research Officer in the Ministry of Health and Family Planning, Government of India. He is the author of several authoritative books on the subject, including *Embryology and Maternity in Ayurveda*, *Ayurvedic Treatment for Common Diseases* and an English translation of "J' or-wa-gya-pa" (*sByor-ba-brg-yad-pa*) with critical notes. A multilinguist, Dr. Dash's knowledge of Tibetan has helped him to discover a wealth of hitherto unknown fact about Ayurveda from Tibetan source materials. Of late he has been conducting extensive research into Tibetan medical system.

DR. YESHI DHONDEN is the personal physician to the H.H. the Dalai Lama. He studied for 13 years at the famous medical college in Lhasa, Menste Khang.

Since coming to India, Dr. Dhonden was for sometime head of the Tibetan Medical Centre in Dharamsala, and is now doing private practice beside attending to H.H. the Dalai Lama. He has attended several International Conferences on Oriental medical system including World Congress of Sophrology held in Bonn in 1970.

MR. GYATSHO TSHERING who translated Dr. Dhonden's article is Director of Library of Tibetan Works and Archives, Dharamsala.

JEFFERY HOPKINS is Assistant Professor in the Department of Religious Studies at the University of Virginia. A Harvard graduate and Fulbright scholar, Professor Hopkins did his doctoral thesis on *Meditation on Emptiness*. In collaboration with Lati Rinpoche and others, he translated two volume entitled *The Wisdom of Tibet* recently published by Allen and Unwin, England. His forthcoming publication is *The wisdom and Practice of Tibetan Buddhism* in collaboration with Geshe Sopa of Wisconsin University.

LONCHE CHRISTINE OLSCHAK is an eminent Tibetologist. A well known foreign correspondent and authoress, Dr. Olschak is also editor of the Swiss Women's Encylopaedia. Her oriental studies include "Tibet : Land of Gods—Forgotten History, Legends, and Saga"; "Religion and Art in Ancient Tibet"; and "*Sikkim*—Himalayan State between Glaciers and Jungle". Her latest book is "Pictures from Tibetan Civilisation."

WILLIAM STABLEIN holds a doctorate from Columbia University for a dissertation on "The Mahakalatantra; a theory of Ritual Blessing and Tantric Medicine". His other publications include: "A Descriptive Analysis of the Content of Nepalese Buddhist Pujas as a medical-Cultural System with references to Tibetan Parallels" and "A Trans-substantiated Health Clinic in Nepal: A model for the future".

DR. ALEX WAYMAN is Professor of Sanskrit at Columbia University, New York. A Tibetan scholar, Professor Wayman worked for a long time on a translation of Tsonkhapa's *Lamrim Chenmo*. His other publications include "The Concept of Poison in Buddhism" and "The Fundamentals of Buddhist Tantras".

DAWA NORBU is Editor of *Tibetan Review* and author of "Red Star Over Tibet" (Collins, 1974). Educated at St. Stephen's College, Dawa Norbu holds an M.A. degree from the University of Delhi.

KESANG TENZIN holds a B.A. (Hons) degree from the University of Delhi and is continuing his study at St. Stephen's College for an M.A. He has been assisting the *Tibetan Review* editor since 1973.

"Last April Sheilo, a 54-year-old Tibetan worker in a Shigatse carpet factory whose legs were half-paralyzed with rheumatoid arthritis, was taken to the Lhasa Hospital of Tibetan Medicine. Five months later he walked out of the hospital well again."

— *China Reconstructs*, March, 1976.

Tibetan Medicine may not be as miraculous a healer as the Chinese propaganda makes it to be. However, there exist sufficient grounds for further investigation into a vastly neglected aspect of the Tibetan Culture which might contribute something to the knowledge of medical sciences and benefit the sick. This booklet, with contributions from the following experts, provides an introduction to Tibetan Medicine with the hope that it will create more interest in the field.

* Theodore Burang
* Dr. Bhagwan Dash
* Dr. Yeshe Dhonden
* Prof. Jeffrey Hopkins
* Dr. B.C. Olschak
* Dr. William Stablein
* Prof. Alex Wayman

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