

# Studies in Tibetan Medicine

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## *Theory and Practice*

### THEORY OF TIBETAN MEDICINE

Tibetan medicine, which certainly has its own distinctive character, is so multifarious that it would be impossible to cover this complex topic completely in such a short paper. The following principles formed the basis for the research into the theoretical foundations of Tibetan medicine.

**Oral instruction by Tibetan doctors.** By way of introduction I should like to mention that I am a specialist in internal medicine and have also been trained in neurology, psychiatry and tropical medicine. For twenty-five years now I have been studying and also practicing Asian methods of treatment. My interest in Tibet began when I was young, and it was a pure and simple curiosity to learn more about a topic on which hardly any books existed which led me to grasp the first available opportunity to get into contact with Tibetan doctors after political developments in Tibet had made this possible. In 1962 I went to the Himalayas for three months to search for the Tibetan doctors who had just set up a medical school in Dharamsala. I was able to study there with the support of His Holiness the Dalai Lama, who granted me a long private audience and directed his personal physician, Yeshe Donden, to explain everything to me. The course of study was very ardu-

ous because my knowledge of the Tibetan language proved to be inadequate. However I did come to realize that Western doctors will never be able to understand Tibetan medicine, to them a totally unfamiliar field, without oral instruction by Tibetan doctors.

**Medical terminology.** When acupuncture, another Asian method of healing was introduced in the West—and it has in the meantime acquired academic recognition in the universities and been tried out and put into practice—several mistakes were made: the help of Sinologists in the translations of important Chinese medical works was called in far too late; this method of healing was applied far too soon and too much time was wasted on unnecessary philosophical speculations; and finally there was, right from the start, no adequate medical terminology. These mistakes must not be repeated with Tibetan medicine. Therefore, our first step must be to establish a medical terminology which is taken from the sources available and clarified with the help and advice of Tibetan doctors and Tibetologists. It would be presumptuous for an amateur Tibetologist like myself to dare to tackle such difficult sources without the help of Tibetologists. I should like to trace briefly the developments which led up to the publication of a book (which has now appeared in English under the title *Foundations of Tibetan Medicine*) that represents a first step towards a thorough documentation of Tibetan medicine. After my first visit to Dharamsala in 1962, there followed further intensive studies, which included the improving of my knowledge of the Tibetan language, an extensive exchange of letters with my Tibetan teacher, and the collection of a great deal of material on the subject. Then in 1967 I went to Dharamsala a second time and also visited Tibetan doctors at work in other areas of the Himalayas. His Holiness the Dalai Lama again granted me a long private audience. My chief concern was to establish a medical terminology using the sources available.

**Research into the sources.** Tibetan doctors possess a standard work known as the *Four Treatises* (*rGyud bzhi*),<sup>1</sup> which must form the starting point for any study of the original sources. The medical terminology, the rules, and the system of Tibetan medicine must be derived from this book which contains 156 chapters and is written in metric form with four-

line stanzas, nine syllables to a line.

**Influences on Tibetan medicine.** The specific character of Tibetan medicine only becomes apparent when the influences on Tibetan medicine are known: Indian and Chinese ideas especially exerted their influence on Tibetan medicine and thus it is necessary to study ancient Indian and ancient Chinese medicine. Tibetan medicine is interwoven with Buddhism and therefore a good knowledge of Buddhism, particularly Tibetan Buddhism, is vital. Above all, one should also take into account pre-Buddhist influences<sup>2</sup> such as the ancient Tibetan Bon-religion and shamanism.

**Basic concepts.** The fundamental element of Tibetan medicine is the three-part division, just as the two-part division (the Yin-Yang principle) is fundamental to Chinese medicine. If the three “principles” or “humors”—wind (*rlung*), bile (*mkhris pa*), and phlegm (*bad kan*)—remain in equilibrium, the body remains healthy. If, however, certain factors cause these three principles to become disordered, disease occurs. Thus, healing is effected by restoring the lost equilibrium and not by the symptomatic treatment of a particular organ; in other words, Tibetan medicine is a holistic therapy. The system of Tibetan medicine almost always depends upon this three-part division; diagnosis and therapy are held to be impossible without knowledge of the three humors, and this is borne out in practice. Tibetan medicine is above all a doctrine of constitution. The concept that the body with its anatomical-physiological, psychic and intellectual functions acts as a mirror of the macrocosm should be mentioned as a further important aspect. This world of analogies, of corresponding phenomena, in which fine sub-strata of non-material nature make possible an interaction of body and mind cannot be compared to our Western concepts and can hardly be explained in Western terms. We can merely observe that Tibetan medicine is primarily oriented towards *functions* and not towards material sub-strata. Unfortunately I do not have time to mention in detail here the theoretical side of Tibetan medicine, the religious background, particularly the belief in and fear of evil spirits, the influence of shamanism, healings performed according to Bon rites, means of protection against evil spirits, amulets, thread crosses, “fateful” illnesses, tutelary gods,



demonic influences, and other typical aspects—all of which go towards making Tibetan medicine so colorful and multifarious. Background information on medical history must be omitted as well although medicine even played an important political role: the conversion of the Mongols to Buddhism was based to a large extent on the influence of Tibetan medicine as practiced by Tibetan monks; medicine-lamas had been summoned from Tibet to be court physicians at the courts of the Mongol princes.

## PRACTICE OF TIBETAN MEDICINE

The practice of Tibetan medicine presents us with a very large field of study including diagnosis and therapy, and may be illustrated most clearly in schematic form. To this end we shall turn to the system of Tibetan medicine itself to find our bearings. This system is like a tree with three roots, nine trunks, 47 branches and 224 leaves. The leaves correspond to specific and the branches to general details. Root A, the Root of Arrangement of the parts of the body, consists of two trunks; Root B, the Root of Diagnosis, three trunks; and Root C, the Root of Therapy, four trunks. These nine trunks correspond to the nine parts of medical science, which I would like to describe briefly.

**Healthy organism (= Embryology, Physiology and Anatomy—Trunk I).** The first part of medical science (Embryology, Physiology and Anatomy)—like the second part (Pathology)—inserted here between the comments on Theory and those on Practice, is very important to the understanding of Tibetan medicine. We have already ascertained that Tibetan medicine is primarily oriented towards functions and not towards material sub-strata and added that we should not approach this Asian method of healing with our Western concepts. This maxim becomes obvious if we take anatomy as an example: because of the way in which burials were conducted, Tibetan doctors certainly could have taken the opportunity of undertaking detailed anatomical studies. However, no endeavor seems to have been made to discover the actual anatomical structure of the human body—on the contrary, a sort of diagram depicting all the *functions* of the body seems to have been more im-

## The System

ROOTS		TRUNKS	BRANCHES	LEAVES
<b>Root A</b>				
Arrangement of the parts of the body ( <i>gnas lugs rtsa ba</i> )	I	Healthy Organism	3	25
	II	Diseased Organism	9	63
			<u>12</u>	<u>88</u>
<b>Root B</b>				
Diagnosis ( <i>dnagos 'dzin rtsa ba</i> )	III	Observation	2	6
	IV	Palpation	3	3
	V	Questioning	3	29
		<u>8</u>	<u>38</u>	
<b>Root C</b>				
Therapy ( <i>gso ba'i rtsa ba</i> )	VI	Nutrition	6	35
	VII	Behavior	3	6
	VIII	Medicines	15	50
	IX	Methods of Treatment (external)	3	7
		<u>27</u>	<u>98</u>	
<b>Totals: 3 Roots                      9 Trunks                      47 Branches                      224 Leaves</b>				

portant. The anatomical science developed by Tibetan doctors which is, in principle, taken from Indian medicine, does not correspond to the actual anatomy of the human body. For this reason, defining and translating the terms involved presents us with great difficulties when expressing Tibetan terms in the context of Western medicine. A particular problem concerns the fact that the "organs" of Tibetan medicine are not identical with those of Western anatomical science. The Tibetans regard their organs not only as real sub-strata but also as reflections of their functions on the surface of the body. The area

of invisible forces, vibrations, currents, wheels (*'khor lo*), life-veins, etc. beyond the visible man and other such concepts are to be explained in this way. They are clearly expressed in the anatomical charts. This approach also makes it possible to see man with his organs as being in a subtle and at the same time direct, relationship to the macrocosm. Tibetan medicine is fundamentally a psycho-physical, holistic doctrine and all its therapeutic methods must be viewed bearing this aspect in mind.

**Diseased organism (= Pathology—Trunk II).** It would be worthwhile presenting this discipline in greater detail because although the “eight-branched knowledge” (*yan lag brgyad pa*) taken over from Indian medicine is at its heart, pathology in fact demonstrates such typically Tibetan characteristics as the division into  $4 \times 101$  illnesses. It is also worth mentioning that in some points the Tibetan “eight-branched knowledge” is different from the Indian.

**Diagnosis.** The system of Tibetan medicine is also of particular importance because it illustrates the relations of the various disciplines to one another. Root A consists of two trunks with 88 specific details. Root C (Therapy) consists of four trunks with 98 specific details. However, Root B (Diagnosis) has far fewer specific details: (a) Trunk III, observation—two branches, 6 leaves; (b) Trunk IV, Palpation—three branches, three leaves and (c) Trunk V, Questioning—three branches and 29 leaves; this is a grand total of 38 leaves. Of the 224 leaves within the system, only these 38 leaves or specific details are to be found in the discipline of diagnosis. Diagnostic methods play a relatively minor part in the system (and accordingly in the practice) of Tibetan medicine. Apart from a very extensive general examination and a particularly thorough abdominal diagnosis, Tibetans use, almost exclusively, the following diagnostic methods:

(a) *Examination of urine (Observation—Trunk III).* I was able to study this method thoroughly both at the medical school in Dharamsala and by observing itinerant doctors at work in other regions of the Himalayas. In addition I had the oppor-

tunity of observing urinary examinations which a Tibetan doctor carried out on European patients when Yeshe Donden spent some time as a guest in my practice during his trip to Europe in 1970. The urinary examination was carried out on the basis of the three types of constitution. This diagnosis together with the two methods of examination described below was in fact very accurate. For this examination Tibetan doctors use a small clean bowl into which morning urine is poured and then stirred with a pale wooden stick. The examination of the urine takes quite a long time because the following characteristics must be studied: the formation of vapor, color, smell, the formation of bubbles and sediment. Normal, healthy urine has definite characteristics corresponding to each of the three constitutional types. If these characteristics vary, then the illness diagnosed from the urine will be present.

The examination of the tongue is also an important method of diagnosis: here as in all Tibetan diagnostic methods, the characteristics are related to the three constitutional types.

(b) *Examination of pulse (Palpation—Trunk IV)*. In the opinion of Tibetan doctors the examination of the pulse is the most important method of diagnosis because it supplies information about the functions of the organs. The pulse diagnosis is based on the stability of the function, i.e. “The relative length of time during which a particular function can be observed as remaining constant”<sup>3</sup> Therefore, it is wrong to equate what we in the West understand as organs with the functional scope of Tibetan “organs.” In Tibetan medicine the organs are classified into two groups as follows:

1. The five solid organs (*don*): heart (*snying*); liver (*mchin pa*); lungs (*glo ba*); spleen (*mcher pa*); and kidneys (*mkhal ma*).
2. The six hollow organs (*snod*): large intestine (*long ka*); gall bladder (*mkhris pa*); small intestine (*rgyu ma*); stomach (*pho ba*); urinary bladder (*lgang pa*); and an organ *bsam se’u*.

Tibetan doctors examine the functions of these organs at 12 points on the hands (6 on each hand). The best time of day

for such an examination is early in the morning when the patient should have an empty stomach if possible. The doctor uses his right hand to examine the pulses on the left-hand side of the patient's body and his left hand for those on the right-hand side. The palpation is carried out with the index finger (*mtshon*), the middle finger (*kan ma*), and the ring finger (*chag*).

In Volume I<sup>4</sup> of my study I recorded the following important discovery: the Tibetan classification of the organs into solid organs (*don*) and the hollow organs (*snod*) is identical with the Chinese classification into Yin (*tsang*) and Yang (*fu*). Although the Tibetan pulse diagnosis differs from the Chinese one in a number of ways, it must in principle be of Chinese origin. Also of interest in this context are the relations among the three humors—wind (*rlung*), bile (*mkhris pa*) and phlegm (*bad kan*)—and the organs. One cannot do justice to the central significance attached to pulse diagnosis by Tibetan doctors, themselves first-rate diagnosticians using this method, merely by mentioning a few details. Nor do I have time to mention the historical context and explain in what way the Chinese and Tibetan methods of pulse diagnosis differ. In Volume Two I have devoted a particularly long chapter to pulse diagnosis because this method of examination is considered to be so important by Tibetan doctors. However I should mention that it would probably be very difficult for Western doctors to learn the art of pulse diagnosis because our sense of touch is not keen enough. From the point of view of Western medicine, the pulse diagnosis is regarded as difficult, if not impossible, to explain anyway. I was able to make some very interesting observations when Yeshe Donden examined patients in my practice whose illnesses were known to me: his pulse diagnosis was invariably very good.

(c) *Anamnesis (Questioning—Trunk V)*. When compiling a case history, a Tibetan doctor is concerned with establishing the constitutional type of the patient because he needs to know this in order to choose the right therapy. Again, this method of examination demonstrates throughout the typical three-part division. First of all come questions of a general nature; then specifically pointed questions in order to establish and, to a

certain extent, narrow down the constitutional type of the patient concerned and the clinical picture present.

All in all, 29 questions are posed with regard to: (a) productive causes (*slong rkyen*), 3 questions; (b) conditions of illness (*na lugs*), 23 questions; and (c) (habits in connection with) food (*zas*), 3 questions. These 29 questions (making up the 29 leaves of Trunk V = Questioning of the System) are very important. It is hard to imagine that any other medical system could determine in such a precise and ingenious way and with such accuracy the constitutional type and the condition of the patient through questions; these 29 questions are indeed a typical characteristic of Tibetan medicine. This is also the reason why Tibetan doctors regard this method of diagnosis as being of such significance.

*Therapy.* With 98 of the 224 leaves, the Root of Therapy is the largest in the system of Tibetan medicine. The importance of this discipline within the framework of Tibetan medicine as a whole is correspondingly great. This discipline may be illustrated most effectively by means of a systematic survey because in this way the characteristic three-part division and the doctrine of constitution can be most clearly seen:

a) Trunk VI	Nutrition	6 Branches	35 Leaves
b) Trunk VII	Behavior	3 Branches	6 Leaves
c) Trunk VIII	Medicines	15 Branches	50 Leaves
d) Trunk IX	Methods of Treatment (external)	3 Branches	7 Leaves

The Root of Therapy contains 27 branches and 98 leaves.

(a) *Nutrition (zas—Trunk VI).* Here one must differentiate between: Food (*zas*) e.g. cereals and pulse, meat, oils, vegetables, etc. and Drink (*skom*) e.g. milk and milk-products (buttermilk, curds, cheese, yak milk, etc.), water (7 sorts), alcoholic drinks.

All sorts of food and drink have positive or negative effects on the three constitutional types and these effects are accurately documented. Great importance is also attached to certain dietary rules, e.g. the Tibetans are aware of many combinations of foods which do not go well together and are therefore

indigestible— fish and milk, milk and fruits, poultry and curds, etc. A lot of attention is paid to correct eating habits, e.g. it is considered good to drink at the beginning and at the end of a meal.

(b) *Behavior* (spyod pa—*Trunk VII*). As far as day-time behavior is concerned, bile types should, for example, behave in a calm and restful way whereas phlegm-types should move around a lot. If phlegm-types have not had enough sleep at night, they should not try to make up for it during the day, whereas wind-types may catch up on lost sleep during the day. There are also definite rules for each constitutional type with regard to seasonal influences as well as the various climatic conditions; for example, wind-types should live in a warm climate as should phlegm-types, but bile-types are better off in a cool climate. Thus, all these rules of behavior are related to the three constitutional types and must be considered accordingly.

(c) *Medicines* (sman—*Trunk VIII*). Ninety percent of Tibetan medical literature is concerned with medicines and their classification according to origin, potency, application and qualities; herbal medicines are particularly important. The following categories of medicines are described:

Taste (*ro*). Wind: sweet (*mngar ba*); sour (*skyur ba*); saline (*lan tsha ba*). Bile: sweet (*mngar ba*); bitter (*kha ba*); astringent (*bska ba*). Phlegm: pungent (*tsha ba*); sour (*skyur ba*); astringent (*bska ba*).

Potency (*nus pa*). Wind: oily (*snum pa*); heavy (*lci ba*); smooth (*'jam pa*). Bile: cool (*bsil ba*); thin (*sla ba*); blunt (*rtul ba*). Phlegm: sharp (*rno ba*); rough (*rtsub pa*); light (*yang ba*).

There are many other classifications besides this one: the relations of medicines to the five elements, classifications, divisions into various groups, divisions according to functions, etc.

It is a good idea to present once again a systematic picture of Tibetan medicines—there is really no other way of getting to grips with this enormous field of study—in order to describe the various forms of medicines and their relations to the three

constitutional types:

Sedating Medicines	( <i>zhi byed</i> )	
Soups (liquids)	( <i>khu ba</i> )	
Medicinal oils (butter)	( <i>sman mar</i> )	for Wind-types
Syrups (decoctions)	( <i>thang</i> )	
Powders	( <i>cur ni</i> )	for Bile-types
Pills	( <i>ril bu</i> )	
Pastes	( <i>tres sam</i> )	for Phlegm-types
Cleansing Medicines	( <i>sbyong byed</i> )	
Oily enemas	( <i>'jam rtsi</i> )	for Wind-types
Purgatives	( <i>bshal</i> )	for Bile-types
Emetics	( <i>skyug sman</i> )	for Phlegm-types

(*d*) *Methods of Treatment—external* (dpyad—*Trunk IX*). The classification of these methods of treatment and their relations to the three constitutional types will also be presented in a systematic way:

1. Inunction with massage (*bsku mnye*)
2. Mongolian (method of) cauterization  
(*hor gyi me btsa*) for Wind-types
3. Production of sweat (*rngul dbyung*)
4. Blood-letting (*gtar ga*)
5. “The magic water wheel” (a sort of hydrophatic treatment)  
(*chu yi 'phrul 'khor*) for Bile-types
6. Heat treatment (*dugs*)
7. Burning—moxibustion (*btsa*) for Phlegm-types

Surgery plays a relatively minor role; operations are only performed if there is no other possibility of healing the patient. Blood transfusions are also regarded with a good deal of skepticism. However, Tibetan doctors do know a lot about treating dislocations and sprains. I frequently had the opportunity of admiring the skill of these doctors in treating even serious dislocations and fractures in adults and especially in



children. In addition to the above mentioned methods of treatment which have been described systematically, there are also a great number of others common to Tibetan medicine.

**Applicability.** Within the framework of this paper, I have quite consciously devoted the least amount of space to the therapeutic side of Tibetan medicine. Tibetan medicine is not only of great theoretical interest, but it could also be practiced in the West. At the beginning I pointed out that the theoretical principles, the religious background, indeed the whole system of Tibetan medicine have to be studied very carefully. In the West interest in Tibetan medicine is particularly great, and for exactly this reason in an age like ours which is only too willing to try out Oriental practices and miracle drugs, we need to guard ourselves against adopting uncritically detached fragments of the Tibetan medical system—meaningful in itself—and against a too hasty posing of questions concerning its applicability. Tibetan medicine is not some sort of technique which can be learned in a crash course. All Tibetan methods of treatment can only be applied successfully once the theoretical principles have been studied extensively and Tibetan doctors have supplied a thorough explanation of how these methods are to be put into practice.

Tibetan herbal therapy must be regarded with particular caution and a great deal of suspicion—there are considerable problems associated with this method of treatment. In many countries there will also be problems with the importing, production and application of the subtle Tibetan herbal preparations because of new pharmaceutical laws which require proof of the therapeutic effectiveness and the innocuousness of all pharmaceuticals.

That is why we are fortunate in having certain typically Tibetan methods of treatment, moxibustion (cauterization) and blood-letting, which make us independent of the still-questionable herbal therapy. Thus these two Tibetan methods with their similarity to the Chinese ones are those we can apply first, once the constitutional type and the various indications have been recognized.

My altogether cautious, critical and reserved attitude regarding the applicability of Tibetan medicine in the West and my warning against a too hasty adoption of Tibetan methods of treatment are evident and I hope that I have made it clear in this short paper that superfluous philosophical speculations and premature, ill-considered and uncritical application of these methods of treatment would only place Tibetan medicine in danger of being written off as just another form of alternative medicine. We must ensure this does not happen. Tibetan medicine with all its precious, fascinating and valuable insights deserves much more than that—it must be preserved and carefully examined and studied.

## NOTES

1. *rGyud bzhi* (*Four Treatises*) is the abbreviated title; the full title is *bDud rtsi snying po yan lag brgyad pa gsang ba man ngag gi rgyud* (*Secret Treatise of Instructions on the Eight-Branched Essence of Immortality*).
2. Martin Brauen has pointed out in his book *Impressionen aus Tibet* that Tibetan popular belief has never been properly considered, or at best, badly neglected, with the result that a one-sided picture of Tibet's religious heritage is often presented. I share his view—Tibetan medicine would be deprived of its colorful character if one were to leave out this important aspect.
3. M. Porkert, *Lehrbuch der chinesischen Diagnostik*, p. 13.
4. Elisabeth Finckh, *Foundations of Tibetan Medicine*, Vol. 1. Watkins Publishing, London, 1978.

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# *The System of Tibetan Medicine*

According to the *rGyud bži*

## INTRODUCTION

The first step in researching into Tibetan medicine undoubtedly has to be the compilation of the medical terminology from the sources available. The standard work of the Tibetan doctors is the book *Four Treatises* or *Four Tantras* = *rGyud bži* (abbreviated title). Thanks to the assistance of Tibetan doctors and Tibetologists, it has been possible to translate several important chapters of this book. Thus, a start has been made in the work of compiling a medical terminology from these texts.

The *Four Treatises* is a book made up of four parts. In part I the system of Tibetan medicine is described—symbolically—as a tree with 3 roots, 9 trunks, 47 branches and 224 leaves. The intention of this paper is to present in summarised form a description of the system; all the terms taken from the texts (283 of them) are given together with the equivalent Tibetan terms.

By the end of this paper, we trust that the immense practical significance of the Tibetan system will be apparent.

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The 3 roots are described in part I of the *Four Treatises*:

Root A-Chapter 3

Root B-Chapter 4

Root C-Chapter 5.

### THE TEXT

#### ROOT A

*Arrangement (of the parts of the body and) bases of diseases = gnas lugs nad gzi*

rGyud bzi, part 1, Chapter 3, fol. 6b, 7a, 7b, 8a of my block-print.

I, 1 srog hjin gyen rgyu khyab byed me thur sel//  
hju byed mdañs sgyur sgrub(7b1)mthoñ mdog gsal lña//  
rten myag myoñ čhim hbyor byed bco lña//  
2 dañs ma khrag śa čhil rus rkañ khu ba//  
3 lus zuñs bdun yin dri ma bśañ gci rñul//  
nad ni skyed par byed pañi rgyu gsum ste//  
de la lhan cig bskyed pañi rkyen bzi yis//  
hjug sgo rnam pa drug tu (7b3) žugs nas ni//  
lus kyi stod smad bar du gnas bcas śiñ//  
rgyu bar byed pañi lam ni bco lña ru//  
na so yul dus dgu ru hphel byed de//  
hbras bu srog gcod pa yi nad dgur smin//  
ldog pañi rgyu ni bcu dañ gñis su hgyur//  
(7b4) mdo don dril bas čha grañ gñis su hduš//

II, 1 de la hdod chags že sdañ gti mug gsum//  
rluñ mkhris bad kan rim pas skyed pañi rgyu//  
2 de la dus gdon zas dañ spyod lam bžis//  
de dag (7b5) hphel dañ zad par gyur nas ni//  
3 pags la gram žiñ śa la rgyas pa dañ//  
rča ru rgyu žiñ rus la žen pa dañ//  
don la hbab ciñ snod du lhuñ bar hgyur//  
4 bad kan klad pa la brten stod na gnas//  
mkhris pa mchin dri la brten bar na (7b6) gnas//

- rluñ ni dpyi rked la brten smad na gnas//  
 5 rus pa rna ba reg bya sñiñ srog loñ//  
 khrag rñul mig dañ mchin mkhris rgyu ma dañ//  
 dvañs ma śa čhil rkañ khu bśañ gci dañ//  
 sna lce glo mcher pho mkhal lgañ pa rnamś//  
 lus (8a1) zuñs dri ma dbañ po don snod lña//  
 rluñ mkhris bad kan rgyu bañi lam du bśad//  
 6 rgas pa rluñ mi dar ma mkhris pañi mi//  
 byis pa bad kan mi yin na sos gñan//  
 ñad can grañ ba rluñ gi yul yin te//  
 (8a2) skam sa čha gduñ che ba mkhris pañi yul//  
 rlan can snum pa bad kan yul du bśad//  
 rluñ nad dbyar dus dgoñs dañ tho rañs ldañ//  
 mkhris pa ston dus ñin dguñ mčhan dguñ ldañ//  
 bad kan dpyid dus srod dañ śna (8a3) dro ldañ//  
 7 ħčo ba gsum zad ħdu ba gśed du babs//  
 sbyor ba mčhuñs dañ gnad du babs pa dañ//  
 dus ħdas rluñ nad srog rten chad pa dañ//  
 čha ba la ħdas grañ ba gtiñ ħkhar ba//  
 zuñs kyis mi thub rnam par ħče ba (8a4) rnamś//  
 ħbras bu srog gcod nad dgu žes su bśad//  
 8 rluñ mkhris bad kan ži dañ ma ži ba//  
 gñis gñis bži ru ldog pas bcu gñis so//  
 9 rluñ dañ bad kan grañ ba chu yin te//  
 khrag dañ mkhris pa čha ba me ru ħdod//

**ROOT A**

2 trunks

Arrangement (of the parts of the body and) bases of disease  
*gnas lugs nad gži*

**Trunk I**

3 branches

Not changed-*mam par ma gyur pa*

i.e. Healthy organism

Branch 1

15 leaves

(Bases of) diseases-*nad*

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### Wind-*rlun*:

Sustaining life-*srog hjin*, moving upwards-*gyen rgyu*, penetrating-*khyab byed*, (accompanying) fire-*me*, removing downwards-*thur sel*

### Bile-*mkhris pa*:

Causing digestion-*hju byed*, producing brightness (of chyle)-*mdaṅs sgyur*, satisfying (desires)-*sgrub*, causing vision-*mthoṅ byed*, making clear the color (of the skin)-*mdog gsal*

### Phlegm-*bad kan*:

Supporting-*rtēn byed*, decomposing-*myag byed*, causing taste-*myoṅ byed*, causing satisfaction-*čhim byed*, causing to bind-*hbyor byed*

Branch 2

7 leaves

Constituents (of the body)-*lus zuṅs*

Chyle-*daṅs ma*, blood-*khrag*, flesh-*śa*, fat-*čhil*, bones-*rus pa*, marrow-*rkaṅ*, semen-*khu ba*

Branch 3

3 leaves

Impurities-*dri ma*

Faeces-*bśaṅ*, urine-*gcin*, sweat-*riul*

25 leaves

From trunk I also issue:

2 flowers=health and long life

3 fruits=religion, prosperity and happiness.

### Trunk II

9 branches

Changed-*mam par gyur pa*

i.e. diseased organism

Branch 1

3 leaves

Producing (primary) causes-*rgyu*

Passion-*hdod chags* (wind), hate-*že sdaṅ* (bile), delusion-*gti mug* (phlegm)

Branch 2

4 leaves

Promoting (secondary) causes-*rkyen*

Time-*dus*, demons-*gdon*, nutrition-*zas*, behavior-*spyod*

Branch 3

6 leaves

Means of entrance-*hjug sgo*

Skin-*pags pa*, flesh-*śa*, veins, nerves-*rca*, bones-*rus pa*, 5 solid organs=heart-*sñin*, liver-*mchin pa*, lungs-*glo ba*, spleen-*mcher pa*, kidneys-*mkhal ma* (=don).

6 hollow organs=large intestine-*lon ka*, gall-bladder-*mkhris pa*, small intestine-*rgyu ma*, stomach-*pho ba*, urinary bladder-*lgañ pa*, *bsam sehu* (=snod).

Branch 4

3 leaves

Places of residence (site)-*gnas*

Upper site-*stod na gnas* (phlegm), middle site-*bar na gnas* (bile), lower site-*smad na gnas* (wind)

Branch 5

15 leaves

Paths of circulation-*lam*

Combination of wind, bile and phlegm with:

1. Constituents of the body,
2. Impurities,
3. Sensory organs-*dbañ po*=ear-*rna ba*, touch-*reg bya*, eye-*mig*, nose-*sna*, tongue-*lce*
4. Hollow organs,
5. Solid organs

	Wind	Bile	Phlegm
Constituents of the body	1 Bones	6 Blood	11 Chyle, flesh, fat, marrow, semen
Impurities	2 [reg bya] "skin"	7 Sweat	12 Faeces, urine
Sensory organs	3 Ear [touch]	8 Eye	13 Nose, tongue
Solid organs (don)	4 Heart, [life-(-veins)]	9 Liver	14 Spleen, kidneys, lungs
Hollow organs (snod)	5 Large intestine	10 Gall bladder, small intestine	15 Stomach, urinary-bladder



Branch 6

9 leaves

1. Age-*na so*

Old person-*rgas pa* (wind), young person-*mi dar ma* (bile), child-*byis pa* (phlegm)

2. Place-*yul*

Fragrant-windy-*ñad can*, cold-*gran ba* (wind diseases increase)

Dry-*skam pa*, hot-*cha ba* (bile diseases increase)

Damp-*rlan can*, oily-*snum pa* (phlegm diseases increase)

3. Time-*dus*

Summer (rainy season)-*dbyar ka*, early evening-*dgoni*, at dawn-*tho ranis* (wind diseases break out)

Autumn-*ston ka*, noon-*ñin dguni*, midnight-*mchan dguni* (bile diseases break out)

Spring-*dpyid ka*, at dusk-*srod*, morning-*sna dro* (phlegm diseases break out)

Branch 7

9 leaves

Fruit (result)-*hbras bu*

1. Three lives have been completed-*hcho ba gsum zad pa*

2. The conjunction has fallen into the (hands) of the executioner-*hdu ba gsed du babs pa*

3. Similar mixtures (of medicine)-*sbyor ba mchuñs pa*

4. A vital spot is attacked (by weapons)-*gnad du babs pa*

5. The sustenance of life is cut off, (because) the time for the (treatment) of wind disease is over-*dus hdas rluñ nad srog rten chad pa*

6. (The moment) (for treating a disease of) heat has been missed-*cha ba la hdas pa*

7. To be overcome by intense cold-*gran ba gtiñ hkhar ba*

8. The constituents (of the body) are unable to tolerate (medical treatment)-*zuñs kyis mi thub*

9. Severe persecution (by demons)-*rnam par hche ba nams*

Branch 8

12 leaves

Causes opposing (each other)-*ldog rgyu*

1 + + Wind-Bile	- - Wind-Bile	- + Wind-Bile	+ - Wind-Bile
+ + Wind-Phlegm	- - Wind-Phlegm	- + Wind-Phlegm	+ - Wind-Phlegm
+ + Bile-Phlegm	- - Bile-Phlegm	- + Bile-Phlegm	12 + - Bile-Phlegm

Through the progress of “reversible change” the diseases can be transformed from one component to another.

Branch 9

2 leaves

Principles-*mdo don*

Cold-*gran ba*

Heat-*cha ba*

All diseases can be traced back to cold and heat.

63 leaves

Trunk I

3 branches

25 leaves

Trunk II

9 branches

63 leaves

Root A

88 leaves

## THE TEXT

### ROOT B

diagnosis=*ños hjin rtags*

*rGyud bži*, part 1, Chapter 4, fol. 8a, 8b, 9a of my block-print

III,1 *rluñ gi lce ni dmar žiñ skam la rćub//*

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

*bad kan skya gleg mdañs med hjam la rlon//*

2 *rluñ gi chu ni chu hdra lbu ba che//*

*mkhris chu dmar ser rlañs che dri ma (8b3) dugs//*

*bad kan chu ni dkar la dri rlañs chuñ//*

IV,1 *rluñ gi rća ni rkyal stoñ skabs su sdod//*

- 2 mkhris paḥi r̄ca ni mgyogs rgyas grims par ḥphar//  
 3 bad kan r̄ca ni byiñ rgud dal baḥo//  
 V,1 dri ba yañ la r̄cub paḥi zas spyod kyī//  
 2 (8b4) rkyen gyis g-yal ḥdar bya rmyañ grañ śum byed//  
 dpyi dañ rked pa rus čhigs ma lus na//  
 gzer ba ñes med ḥpho žiñ stoñ skyugs byed//  
 dbañ po mi gsal śes pa ḥčhub pa dañ//  
 3 bkres dus na žiñ *snum* bcud phan par ñes//  
 rno žiñ čha (8b5) baḥi zas dañ spyod lam gyis//  
 kha kha mgo na śa drod čha ba dañ//  
 3 stod gzer žu rjes na žiñ *bsil* ba phan//  
 lci la *snum* paḥi zas dañ spyod lam gyis//  
 dañ ga mi bde kha zas ḥju ba dkaḥ//  
 skyug ciñ kha mñal pho ba čhiñ ste sgreg//  
 (8b6) lus sems lci la phyi nañ gñis ka grañ//  
 3 zos rjes mi bde zas spyod *dro* na ḥphrod//

**ROOT B**

3 trunks

*Diagnosis*—ños ḥjin rtags

**Trunk III**

2 branches

Observation-*blta*

Branch 1

3 leaves

Tongue-*lce*

*Red-dmar po*, dry-*skam pa*, rough-*r̄cub pa* (wind)

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

Grey-*skya bo*, thick-*gleg*, lustreless-*mdaṅs med*, smooth-*hjam*  
*pa*, moist-*rlon pa* (phlegm)

Branch 2

3 leaves

Urine-*chu*

Like water-*chu ḥdra*, big bubbles-*lbu ba che* (wind)

Reddish-yellow-*dmar ser*, much vapor-*rlaṅs che*, hot smell-  
*dri ma dugs* (bile)

White-*dkar ba*, little odor-*dri chuñ*, little vapor-*rlaṅs chuñ*  
 (phlegm).

6 leaves

<b>Trunk IV</b>	3 branches
Feeling (the pulse of the vein)- <i>reg pa</i>	
Palpation	
Branch 1	1 leaf
Swim- <i>rkyal</i> , empty- <i>ston</i> , stopping at times- <i>skabs su sdod</i> (wind)	
Branch 2	1 leaf
Beats quickly, spreads (and beats) subtly- <i>mgyogs rgyas grims</i> <i>par hphar</i> (bile)	
Branch 3	1 leaf
Sink- <i>byin</i> , weak- <i>rgud</i> , slow- <i>dal ba</i> (phlegm)	
	<u>3 leaves</u>

<b>Trunk V</b>	3 branches
Questioning- <i>dri ba</i>	
Branch 1	3 leaves
Productive causes- <i>sloñ rkyen</i>	
Light- <i>yañ ba</i> , rough- <i>rčub pa</i> (wind)	
Sharp- <i>mo ba</i> , hot- <i>ča ba</i> (bile)	
Heavy- <i>lci ba</i> , oily- <i>snum pa</i> (phlegm)	
Branch 2	23 leaves
Conditions of illness- <i>na lugs</i>	

Gaping, shuddering-*g-yal hdar*, stretching-*bya rmyañ*, shivering with cold-*grañ šum byed*, pain in all bone-joints of the thigh and hip-*dpyi dañ rked pa rus čhigs ma lus na*, indefinite aches that change-*gzer ba nes med hpho*, making vomit (on an) empty (stomach)-*ston skyugs byed*, the sense-organs are not bright-*dbañ po mi gsal*, knowledge is stifled-*šes pa hčhub pa*, pains at the time of hunger-*bkres dus na* (wind=9)

Bitter taste-*kha kha*, headaches-*mgo na*, hot flesh (fever)-*ša drod čha ba*, aches in the upper part (of the body)-*stod gzer*, pains after digestion-*žu rjes na* (bile=5)

Uncomfortable appetite-*dañ ga mi bde*, difficulty in digesting food-*kha zas hju ba dkah*, vomiting-*skyug*, (bad taste in) the hollow of the mouth-*kha mñal*, distended stomach-*pho ba čhiñ*, eructation-*sgreg*, body and mind being heavy (together)-

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*lus sems lci*, being cold both outside and inside-*phyi nan gnis ka gran*, discomfort after eating-*zos rjes mi bde*. (phlegm=9)

Branch 3 3 leaves

(Habits in connection with) food-*zas*

Oily-*snum pa* (wind)

Cool-*bsil ba* (bile)

Warm-*dro ba* (phlegm)

29 leaves

Trunk III 2 branches 6 leaves

Trunk IV 3 branches 3 leaves

Trunk V 3 branches 29 leaves

Root B 38 leaves

### THE TEXT

#### ROOT C

Therapy=*gso thabs*

rGyud bži, part 1, Chapter 5, fol. 9a, 9b of my block-print

- VI,1 rta boñ hphyi ba lo śa śa chen dañ//  
 hbru mar lo mar bu ram sgog skya bcoñ//
- 2 ho ma lca ba ra mñe zan chañ dañ//  
 bur chañ rus chañ rluñ nad can gyi (9a3) zas//
- 3 ba rañi zo dar mar gsar ri dvags śa//  
 ra śa skom śa gsar pa chag che dañ//
- 4 skyabs dañ khur chod chab cha chu bsil dañ//  
 bskol grañs mkhris pañi nad kyi zas su bśad//
- 5 lug dañ g-yag rgod gcan gzan ña yi śa//  
 (9a4) sbrañ rci skam sañi hbru rñiñ zan dron dañ//
- 6 hbri yi zo dar gar chañ chu skol ni//  
 bad kan nad gzi can gyis bsten par bya//
- VII,1 rluñ la dro sar yid hoñ grogs bsten žiñ//
- 2 mkhris pañi nad la bsil sar dal bar bśad//
- 3 bad (9a5) kan nad la rcol bcag dro sa bsten//
- IX,1,2 rluñ la mñar skyur lan cha snum lci hjam//
- 3,4 mñar kha bska bsil sla rtul mkhris pañi sman//

- 5,6    *cha skyur bska rno r'ub yañ bad kan no//*  
          *ro nus de la sbyor ba ži sbyañ gñis//*  
          *ži byed rluñ la khu ba (9a6) sman mar gñis//*  
          *mkhris pañi nad la thañ dan cur nis bsten//*  
          *bad kan nad la ril bu tres sam sbyar//*
- 7       *khu ba rus khu bcud bži mgo khrol te//*
- 8       *sman mar řa ti sgog skya hbras bu gsum//*  
          *r'ca ba lña dan sman chen dag la (9bl) sbyar//*
- 9       *ma nu sle tres tig ta hbras buñi thañ//*
- 10      *ga bur can dan gur gum cu gañ phyee//*
- 11      *b'can dug čhva sna rnam kyil ril bu dan//*
- 12      *tres sam se hbru da lis rgod ma kha//*  
          *čhva dan coñ ži bsregs pañi thal sman no//*  
          *sbyoñ byed (9b2) rluñ gi nad la hjam r'ci ste//*  
          *mkhris pa b'sal la bad kan skyugs kyis sbyañ//*
- 13      *hjam r'ci sle hjam bkru hjam bkru ma slen//*
- 14      *b'sal la spyi b'sal sgos b'sal drag dan hjam//*
- 15      *skyugs la drag skyugs hjam (9b3) skyugs gñis su sbyar//*
- IX, 1   *dpyad du bsku mñe hor gyi me b'cañ dan//*
- 2       *rñul dbyuñ gtar ga chu yi hphrul hkhor dan//*
- 3       *dugs dan me b'cañ rim bžin dpyad kyis bcos//*

**ROOT C** 4 trunks

*Therapy—gso thabs*

**Trunk VI** 6 branches

Nutrition-*zas*

    Branch 1 10 leaves

*food-zas*

*Horse (flesh)-rta, donkey (flesh)-boñ, marmot (flesh)-hphyi ba, flesh that is a year old-lo řa, human flesh-řa chen, sesame oil-hbru mar, oil that is a year old-lo mar, crude sugar-bu ram, garlic-sgog skya, onions-b'coñ, (wind)*

    Branch 2 4 leaves

*drink-skom*

*Milk-ho ma, carrot and onion soup-lca ba ra mñe zan chañ,*

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liquid (extract of) crude sugar-*bur chan*, bone soup-*rus chan*  
(wind)

Branch 3 9 leaves  
food-*zas*

Curds of cow and goat-*ba rahi zo*, buttermilk-*dar*, fresh  
butter-*mar gsar*, game flesh-*ri dvags sa*, goat flesh-*ra sa*, fresh  
flesh of animals of mixed breed-*skom sa gsar pa*, young barley-  
*chag che*, "skyabs" herbs-*skyabs*,<sup>1</sup> dandelions-*khur chod* (bile)

Branch 4 3 leaves  
drink-*skom*

hot water-*chab cha*, cool water-*chu bsil*, boiled and cooled  
water-*chu bskol grans* (bile)

Branch 5 6 leaves  
food-*zas*

Sheep (flesh)-*lug*, wild yak-*g-yag rgod*, beasts of prey-*gcan  
gzan*, fish flesh-*na yi sa*, honey-*sbran rci*, hot pap of old grain  
from dry land-*skam sahi hbru rñin zan dron* (phlegm)

Branch 6 3 leaves  
drink-*skom*

Curds and buttermilk of the yak-*hbri yi zo dar*, strong beer-  
*gar chan*, boiled water-*chu skol* (phlegm)

35 leaves

**Trunk VII**

3 branches

Behavior-*spyod*

Branch 1 2 leaves

Keep agreeable company-*yid hon grogs bsten*,  
Warm place-*dro sa* (wind)

Branch 2 2 leaves

Sit calmly-*dal bar bsdad*,  
Cool place-*bsil sa* (bile)

Branch 3 2 leaves

Walk energetically-*rcol bcag*  
Warm place-*dro sa* (phlegm)

6 leaves

<b>Trunk IIX</b>	15 branches
Medicaments- <i>sman</i>	
Branch 1	3 leaves
Taste- <i>ro</i>	
Sweet- <i>mñiar ba</i> , sour- <i>skyur ba</i> , saline- <i>lan čhva ba</i> (wind)	
Branch 2	3 leaves
Potency- <i>nus pa</i>	
Oily- <i>snum pa</i> , heavy- <i>lci ba</i> , smooth- <i>hjam pa</i> (wind)	
Branch 3	3 leaves
Taste- <i>ro</i>	
Sweet- <i>mñiar ba</i> , bitter- <i>kha ba</i> , astringent- <i>bska ba</i> (bile)	
Branch 4	3 leaves
Potency- <i>nus pa</i>	
Cool- <i>bsil ba</i> , thin- <i>sla ba</i> , blunt- <i>rtul ba</i> (bile)	
Branch 5	3 leaves
Taste- <i>ro</i>	
Pungent- <i>cha ba</i> , sour- <i>skyur ba</i> , astringent- <i>bska ba</i> (phlegm)	
Branch 6	3 leaves
Potency- <i>nus pa</i>	
Sharp- <i>rno ba</i> , rough- <i>rcub pa</i> , light- <i>yañ ba</i> (phlegm)	
Branch 7	3 leaves
Soups- <i>khu ba</i> (making calm)	
Soup from bones- <i>rus khu</i> , the four juices- <i>bcud bzi</i> , “ <i>mgo khrol</i> ”- <i>mgo khrol</i> <sup>2</sup> , (wind).	
Branch 8	5 leaves
Medicinal oils- <i>sman mar</i> (making calm)	
Nard- <i>jā ti</i> , garlic- <i>sgog skya</i> , the three fruits- <i>hbras bu gsum</i> <sup>3</sup> , the five roots- <i>rcā ba lña</i> , aconites- <i>sman chen</i> (wind)	
Branch 9	4 leaves
Syrups- <i>thañ</i> (making calm)	
Orrisroot- <i>ma nu</i> , guduch- <i>sle tres</i> , chirata- <i>tig ta</i> , the three fruits- <i>hbras bu gsum</i> (bile)	
Branch 10	4 leaves
Powders- <i>cur ni</i> (making calm)	
Camphor- <i>ga bur</i> , sandal- <i>can dan</i> , saffron- <i>gur gum</i> , bamboo manna- <i>cu gañ</i> (bile)	
Branch 11	2 leaves



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Pills-*ril bu* (making calm)

Aconite-*bčan dug*, various kinds of salt-*čhva sna rnam*  
(phlegm)

Branch 12 5 leaves

Pastes-*tres sam* (making calm)

Pomegranates-*se hbru*, rhododendrons-*da li*, “mare face”-  
*rgod ma kha*, alkaline medicaments (made) from burnt salt-  
*čhva bsregs pahi thal sman*, white stone-*coñ ži* (phlegm)

Branch 13 3 leaves

Oily enemas-*hjam rci* (making clean)

Mild-*sle hjam*, purgative-*bkru hjam*, purgative-not mild-*bkru  
ma slen* (wind)

Branch 14 4 leaves

Laxatives-*bśal sman* (making clean)

General-*spyi*, particular-*sgos*, severe-*drag*, mild-*hjam*

Branch 15 2 leaves

Emetics-*skyugs sman* (making clean)

Severe-*drag*, mild-*hjam* (phlegm)

50 leaves

**Trunk IX**

3 branches

Treatments (external)-*dpyad*

Branch 1 2 leaves

Inunction with massage-*bsku mñe*, Mongolian (type)  
cauterization-*hor gyi me bcah* (wind)

Branch 2 3 leaves

Production of sweat-*miul dbyun*, bloodletting-*gtar ga*, the  
magic water-wheel-*chu yi hphrul hkhor* (bile)

Branch 3 2 leaves

Heat treatments-*dugs*, cauterization-*me bcah* (phlegm)

		<u>7 leaves</u>
Trunk VI	6 branches	35 leaves
Trunk VII	3 branches	6 leaves
Trunk IIX	15 branches	50 leaves
Trunk IX	3 branches	<u>7 leaves</u>
Root C		<u>98 leaves</u>
Root A	88 leaves	
Root B	38 leaves	
Root C	98 leaves	
	<u>224 leaves</u>	

## SUMMARY

Although Tibetan medicine has been greatly influenced by Indian and Chinese medicine, it has, however, most definitely developed a distinctive character of its own. The System described in this paper is without doubt of Tibetan origin.

The System enables us to determine the following:

1. It is possible to compile a medical terminology.
2. The three-part division which is typical of Tibetan medicine is unmistakable.
3. The nine disciplines of Tibetan medicine are described—together with their inter-relations.
4. A systematic description of Tibetan medicine is possible if we follow the System outlined in the *Four Treatises*.
5. As far as practice of Tibetan medicine is concerned, the texts show that the three types: wind, bile and phlegm are recognized by means of diagnosis; specific methods of treatment and medicines are assigned to the three types.

**The System**

			<p><i>Trunk IX</i> Treatments 3 branches 7 leaves</p>
		<p><i>Trunk V</i> Questioning 3 branches 29 leaves</p>	<p><i>Trunk IIX</i> Medicines 15 branches 50 leaves</p>
	<p><i>Trunk II</i> Diseased organism 9 branches 63 leaves</p>	<p><i>Trunk IV</i> Palpation 3 branches 3 leaves</p>	<p><i>Trunk VII</i> Behavior 3 branches 6 leaves</p>
	<p><i>Trunk I</i> Healthy organism 3 branches 25 leaves</p>	<p><i>Trunk III</i> Observation 2 branches 6 leaves</p>	<p><i>Trunk VI</i> Nutrition 6 branches 35 leaves</p>
3	<p>Root A <i>Arrangement</i></p>	<p>Root B <i>Diagnosis</i></p>	<p>Root C <i>Therapy</i></p>
9	2 Trunks	3 Trunks	4 Trunks
47	12 Branches	8 Branches	27 Branches
224	88 Leaves	38 Leaves	98 Leaves

NOTES

1. *skyabs*.

According to the doctors at Dharamsala: a sort of dandelion (communicated in writing)

2. *mgo khrol*.

According to the doctors at Dharamsala: old and ground sheep's head shoup (communicated in writing)

3. *hbras bu gsum*, the three fruits: the three myrobalans

ā ru ra chebulic myrobalan (*Terminalia Chebula*)

ba ru ra beleric myrobalan (*Terminalia Bellerica*)

skyu ru ra emblic myrobalan (*Phyllanthus Emblica*)

This article is a short summary of *Foundations of Tibetan Medicine*, Vol. I, 1978 and *Foundations of Tibetan Medicine*, Vol. II, 1985, Robinson Books, London WC2H OLU.



# Notes on Pulsology

## INTRODUCTION

Before making use of Tibetan therapeutic methods, it is important to study their diagnostic methods and also to point out the difficulties.

Tibetan medicine has three diagnostic methods: Observation (*blta*), Palpation=pulse diagnosis (*reg pa*) and Questioning (*dri ba*). Pulse diagnosis is seen as the most important method of diagnosis because of the information obtained in this way about the functions of the organs. We want to start with some theoretical foundations derived from the texts. Pulse diagnosis is described in the Tibetan standard work, the book *rGyud bži*<sup>1</sup>—Four Treatises (T), (part 4, chapter 1) and in the *Vaidūrya sñon po*<sup>2</sup> (V)(part4, chapter1), the famous commentary on the *rGyud bži* of Sde srid sañs rgyas rgya mcho. Pulse diagnosis belongs to the Root B of the System of Tibetan medicine (3 branches, 3 leaves).

The first step is the connection between the three “humors”—wind, bile and phlegm—and the pulses:

1T4, 7b

rluñ gi rca ni rkyal ston skabs su sdod mkhris pañi  
rca ni mgyogs rgyas grims par hphar/bad kan rca ni  
byin rgud dal bañ//

“The pulse of (a person suffering from) wind (disease) swims, is empty and stops at times. The pulse of (a person suffering from) bile (disease), beats quickly, spreads (and beats) subtly. The pulse of (a person suffering from) phlegm (disease) sinks (to the bottom) and is weak and slow.”

Continuing with another text of the rGyud bži:

1T3, 7b

rus pa rna ba reg bya sñiñ srog loñ/khrag rñul mig  
dañ mchin mkhris rgyu ma dañ/dvañs ma śa čhil rkañ  
khu bśañ gci dañ/sna lce glo mcher pho mkhal lgañ  
pa rnam/lus zuñs dri ma dbañ po don snod lña/rluñ  
mkhris bad kan rgyu bañi lam du bśad//

“Bones, ears, touch, heart, life (-veins) and large intestine; blood, sweat, eyes, liver, gallbladder and small intestine; and chyle, flesh, fat, marrow, semen, faeces, urine, nose, tongue, lungs, spleen, stomach, kidneys and urinary bladder; (each of the) five (categories)—constituents of the body, impurities, sensory organs, solid organs and hollow organs—is said to be a path of circulation of wind, bile and phlegm.”

## Conclusion

The classification of organs into groups is noteworthy<sup>3</sup>

(1) The solid organs=*don*

1. heart-*sñiñ*, 2. liver-*mchin pa*, 3. lungs-*glo ba*, 4. spleen-*mcher pa*, 5. kidneys-*mkhal ma*.

(2) The hollow organs=*snod*

1. large intestine-*loñ ka*, 2. gallbladder-*mkhris pa*, 3. small intestine-*rgyu ma*, 4. stomach-*pho ba*, 5. urinary bladder-*lgañ pa* (6. *bsam sehu*)<sup>4</sup>.

It is a fact that these groups of organs are considered the “starting-point” of Tibetan pulses. We now have to consider why these groups are of such importance in understanding Tibetan pulse diagnosis.

## CLASSIFICATION

Pulse diagnosis is divided into 13 sections.

4T1,2b

snon hgro zas spyod bslab dan blta dus bstan/blta gnas  
mnan chad blta chul ses pa yis /tha mal rca la rca rgyud  
gsum du brtag/dus bzhi rca la khams lna hbyun ba  
rci / no mchar rca bdun nad med mi la blta/nad dan  
nad med hphar bahi grans las dpags/spyi dan bye brag  
rca yis nad nos bzuñ/ hchi rca gsum gyis hcho hchi  
kha dmar gdags/gdon rca glo bur ye hbrog rim gro  
hbogs/che rtags bla yi rca la brtag pa ste/spyi don bcu  
gsum reg pahī mdor bstan yin//

### THE 13 SECTIONS:

- I. Preceding food and behavior (*snon hgro zas spyod bslab*)
- II. Time (*dus*)
- III. Place (*gnas*)
- IV. Amount of pressure (*mnan chad*)
- V. Way, manner (to examine the pulse) (*chul*)
- VI. Character of the three pulses (*rca rgyud gsum*)
- VII. Pulses of the four seasons (*dus bzhi rca*)
- IIX. The seven wonder (divination) pulses (*no mchar rca bdun*)
- IX. Healthy and diseased (pulses) (*nad dan nad med*)
- X. General and specific pulses (*spyi dan bye brag rca*)
- XI. Three death pulses (*hchi rca gsum*)
- XII. Demon (spirit) pulses (*gdon rca*)
- XIII. Superior pulse (*bla yi rca*)

This paper deals with the first five points.

4V1,17a

### I. Preceding food and behavior (*snon hgro zas spyod bslab*)

It is important that wind, bile and phlegm are in a good equilibrium. Therefore the patient is not allowed to have alcoholic drinks and heavy food during the evening before the



pulse diagnosis. The patient should be relaxed. The doctor—for his part—should be in a good mental and physical condition.

4V1,17a

## II. Time (*dus*)

The best time to examine the pulse is the early morning. The patient should have an empty stomach or, at least, not have eaten or drunk much.

4V1,17b

## III. Place (*gnas*)

Tibetan doctors distinguish three positions at which the pulse can be felt: the upper pulses (head), the middle pulses (hand) and the lower pulses (foot). The hand palpation is the one which is mostly practiced. The doctor uses his right hand to examine the pulses on the left-hand side of the patient and his left hand for the pulses on the right-hand side of the patient. The palpation is carried out with the index finger (*m'chon*), the middle finger (*kan ma*) and the ring finger (*chag*). The fingers must be in a straight line and should not touch each other.

The doctor takes the patient's hand and bends it so that the furrows of the wrist can be easily seen. Then, the doctor takes the patient's other hand and places the distal thumb phalanx of this hand on the proximal furrow of the other hand.

Thus the first pulse position is indicated by the distance between the relevant thumb phalanx and the hand furrow of the patient. The doctor now places his three above-mentioned fingers on this spot.

4V1,19a

## IV. Amount of pressure (*mnan 'chad*)

The pressure exerted by each of the three fingers is different, with the index finger exerting the least pressure, to feel the skin; the middle finger to feel the flesh; and the ring finger to feel the bone.

4V1,19b

**V. Way, manner** (*chul*)

With women it is the pulse of the right hand which is examined first, with men the pulse of the left hand. I have often seen Tibetan doctors explain the examination in a typical way; on the finger tips of his own palpating fingers<sup>5</sup> the doctor describes the positions which are to be palpated: two organs are assigned to his left and right finger tips (see anatomical tables).

**The positions.** First we repeat the “starting point”: (1) The solid organs (*don*): heart, liver, lungs, spleen, kidneys and (2) The hollow organs (*snod*): large intestine, gallbladder, small intestine, stomach, urinary bladder, *bsam sehu*. After that we will analyze the text.

4T1,3a

mchon gyi hog tu sñiñ dañ rgyu mañi rca /kan gyi  
hog tu mcher pa pho bañi rca/chag gi hog tu mkhal  
g-yon bsam se brtag/chon hog loñ kan hog mchin  
mkhris rca/chag hog mkhal ma g-yas dañ lgañ pa  
brtag//

“The pulses of heart and small intestine under the index finger. The pulses of spleen and stomach under the middle finger. (The pulses) of the left kidney and *bsam sehu* are to be palpated under the ring finger. (left-hand patient)

The pulses of the lungs and the large intestine under the index finger. Under the middle finger liver and gallbladder. (The pulses) of the right kidney and the urinary bladder are to be palpated under the ring finger. (right-hand patient)”

**Result:** no reference to the positions of the organs with regard to the upper and lower divisions. Consequently, other sources must be consulted.

The *rGyud bñi* is translated into Chinese. The title is *Sibu yidian* (Yongnian Li, transl; Beijing 1983). The following passage is from p. 404.

Shouxian bingren zuoshou yishi you, cunmai zhi xia  
xin yu xiaochang zhu, guanmai zhi xia pi yu weifu qiu,

chimai zhi xia zuoshen sanjiao zhen. Bingren youshou  
yishi zuoshou kan, cun xia fei yu dachang guan gan-  
dan, chi xia ke zhen youshen he pangguang.

“At first the right hand of the doctor (takes) the left hand of the patient. Under the index-finger-pulse heart and small intestine are palpated. Under the middle-finger-pulse spleen and stomach are palpated. Under the ring-finger-pulse left kidney and *sanjiao* are palpated.

“If the doctor’s left hand (takes) the patient’s right hand to palpate: under the index finger lungs and large intestine, (under) the middle finger liver and gallbladder, under the ring finger right kidney and urinary bladder can be palpated.”

**Result:** no reference to the positions of the organs with regard to the upper and lower divisions.

The translation points out: (1) index finger=*cun* (tib. *m̄chon*), middle finger=*guan* (tib. *kan ma*), ring finger=*chi* (tib. *chag*). (2) Translation of the term *bsam sehu*=*sanjiao*.

*Bai dū rya snon po* (Vaidūrya=Sanskrit)

4V1,19b

lag pa g-yon pa la sman paḥi lag pa g-yas pas brtag ste/ji ltar  
že na čhon gyi yar zur gyi ḥog sñiñ dañ/mar zur gyi ḥog tu  
rgyu maḥi rca me khams kyi yul dañ/de bzin du kan gyi yar  
zur gyi ḥog tu mcher pa dañ mar zur du pho baḥi rca saḥi  
khams kyi yul/chag gi yar zur gyi ḥog/tu mkhal ma g-yon dañ  
mar zur gyi ḥog tu bsam sehu chu khams rnam rim bzin brtag  
par byaḥo/blta bya nad paḥi lag pa g-yas pa la sman paḥi g-  
yon pas blta ste/čhon ḥog gi yar zur du glo ba dañ mar zur  
du loñ lcags khams/kan ḥog gi yar zur du mchin pa dañ mar  
zur du mkhris rca śiñ khams/chag gi ḥog yar zur du mkhal  
ma g-yas dañ/mar zur du lgañ paḥi rca chu khams rnam yin  
pa ltar//

Left hand of the patient:

(1) Under the upper (*yar*) side (edge, corner, division) (*zur*) of the index finger: the heart. Under the lower side (*mar zur*): the small intestine; region of the element fire (*me*).

(2) Under the upper side of the middle finger: the spleen. Under the lower side: the stomach; region of the element earth (*sa*).

(3) Under the upper side of the ring finger: the left kidney. Under the lower side: the *bsam sehu*; region of the element water (*chu*).

Right hand of the patient:

(1) Under the upper side of the index finger: the lungs. Under the lower side: the large intestine; region of the element iron (*lcags*).

(2) Under the upper side of the middle finger: the liver. Under the lower side: the gallbladder; region of the element wood (*sin*)

(3) Under the upper side of the ring finger: the right kidney. Under the lower side: the urinary bladder; region of the element water (*chu*).

Another source is

*sman dpyad zla bahi rgyal po*

“Medical Investigation of Lunar King”<sup>6</sup>

(chapter 55;57,58)

bud med g-yas la brtag par bya sman paḥi g-yon pas/  
g-yon paḥi ḥhon la ya zur sñiñ dañ ma zur rgyu/kan  
la mchin dañ mkhris pa ste/chag la mkhal g-yas lgañ  
phugs so(phug?) g-yas paḥi ḥhon la glo dañ loñ/kan  
la mcher pa pho baḥi/chag la mkhal g-yon bsam sehu//

“The right (hand) of the woman is palpated with the left (hand) of the doctor. Upper side (corner, division) (*ya zur*) of the left index finger: heart and lower side (*ma zur*): small intestine. Middle finger: liver and gallbladder. Ring finger: right kidney (and) urinary bladder.

“Right index finger: lungs and large intestine. Middle finger: spleen (and) stomach. Ring finger: left kidney (and) *bsam sehu*.”

**Conclusion.** The *don*=solid organs (heart, liver, lungs, spleen, kidneys) correspond to the upper sides (*yar zur*).

The *snod*=hollow organs (large intestine, gallbladder, small

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intestine, stomach, urinary bladder, *bsam sehu*) correspond to the lower sides (*mar zur*).

[The *don*=solid organs are palpated with the right side of the finger tip.

The *snod*=hollow organs are palpated with the left side of the finger tip (see Note 5).]

### Tibetan pulses

*left hand of the patient*

positions	organ		division	finger tip
I index finger	heart	don	upper	right side
	small intestine	snod	lower	left side
II middle finger	spleen	don	upper	right side
	stomach	snod	lower	left side
III ring finger	left kidney	don	upper	right side
	<i>bsam sehu</i>	snod	lower	left side

Position I: female pulses are interchanged

*right hand of the patient*

I index finger	lungs	don	upper	right side
	large intestine	snod	lower	left side
II middle finger	liver	don	upper	right side
	gallbladder	snod	lower	left side
III ring finger	right kidney	don	upper	right side
	urinary bladder	snod	lower	left side

## CHINESE PULSES

According to traditional Chinese medicine there are two main principles—yin and yang.

There are two groups of organs:

*zang*=yin=solid organs

1. lungs (*Fei*)
2. spleen (*Pi*)
3. heart (*Xin*)
4. kidney (*Shen*)
- (5.) Xin Bao
6. liver (*Gan*)

*fu*=yang=hollow organs

- large intestine (*Da Chang*)  
 stomach (*Wei*)  
 small intestine (*Xiao Chang*)  
 urinary bladder (*Pang Guang*)  
 San Jiao  
 gallbladder (*Dan*)

There are twelve so-called meridians; the “energy” (*Qi*) flows through these meridians in a certain invariable sequence: lungs—large intestine—stomach—spleen—heart—small intestine—urinary bladder—kidneys—*Xin Bao*—*San Jiao*—gallbladder—liver.

The table points out that the meridians are double-paired, for many reasons. The pulse at the radial artery of the wrist is divided into three zones; each has a lower and an upper position. The “starting-point” was: the solid organs=*don* (Tibetan)—*zang*=yin (Chinese) and the hollow organs=*snod* (Tibetan)—*fu*=yang (Chinese). The comparison pointed out the identity of these groups. The question is: can we find the same identity with regard to the pulse positions? The following comparison points out in what respects the Tibetan and the Chinese pulses agree and differ.

## Positions

Position I. Distinction between male and female pulses; right and left hand interchanged.

Position II. The groups are reversed.

Position III. Tibetan pulses: kidneys are palpated on both hands. Left hand: *bsam sehu*. Chinese pulses: left side: kidneys and urinary bladder, right side: *Xin Bao*, *San Jiao*.

**Chinese pulses**

*left hand of the patient*

positions	organ		division	
I index finger	heart	zang	lower	yin
	small intestine	fu	upper	yang
II middle finger	liver	zang	lower	yin
	gallbladder	fu	upper	yang
III ring finger	kidneys	zang	lower	yin
	urinary bladder	fu	upper	yang

*right hand of the patient*

I index finger	lungs	zang	lower	yin
	large intestine	fu	upper	yang
II middle finger	spleen	zang	lower	yin
	stomach	fu	upper	yang
III ring finger	Xin Bao	zang	lower	yin
	San Jiao	fu	upper	yang

**Method of feeling**

Tibetan:

*don*=solid organs upper

*snod*=hollow organs lower

Chinese:

*zang*=solid organs lower

*fu*=hollow organs upper.

**Conclusion:**

All groups are interchanged according to upper and lower method of feeling. This comparison reveals a great difference—a most important distinction.

**Comparison: Tibetan and Chinese pulses**

Positions	Left hand patient	Right hand patient
I index finger woman don snod	<i>Tibetan</i> lungs <i>glo ba</i> large intestine <i>lon ka</i>	<i>Tibetan</i> heart <i>sñin</i> small intestine <i>rgyu ma</i>
I index finger man don snod	heart <i>sñin</i> small intestine <i>rgyu ma</i>	lungs <i>glo ba</i> large intestine <i>lon ka</i>
I index finger zang fu	<i>Chinese</i> heart small intestine	<i>Chinese</i> lungs large intestine
II middle finger don snod	<i>Tibetan</i> spleen <i>mcher pa</i> stomach <i>pho ba</i>	<i>Tibetan</i> liver <i>mchin pa</i> gallbladder <i>mkhris pa</i>
II middle finger zang fu	<i>Chinese</i> liver gallbladder	<i>Chinese</i> spleen stomach
III ring finger don snod	<i>Tibetan</i> left kidney <i>mkhal g-yon</i> <i>bsam sehu</i>	<i>Tibetan</i> right kidney <i>mkhal g-yas</i> urinary bladder <i>lgan pa</i>
III ring finger zang fu	<i>Chinese</i> kidneys urinary bladder	<i>Chinese</i> Xin Bao San Jiao



left hand patient	right hand patient	<b>Tibetan Pulses</b>				
heart	lungs	I	solid organ	don	<u>upper</u>	right
small intestine	large intestine	index finger	hollow organ	snod	lower	left
spleen	liver	II	solid organ	don	upper	right
stomach	gallbladder	middle finger	hollow organ	snod	lower	left
left kidney	right kidney	III	solid organ	don	upper	right
bsam sehu	urinary bladder	ring finger	hollow organ	snod	lower	left
left hand patient	right hand patient	<b>Chinese Pulses</b>				
heart	lungs	I	solid organ	zang-yin	<u>lower</u>	
small intestine	large intestine	index finger	hollow organ	fu-yang	upper	
liver	spleen	II	solid organ	zang-yin	lower	
gallbladder	stomach	middle finger	hollow organ	fu-yang	upper	
kidneys	Xin Bao	III	solid organ	zang-yin	lower	
urinary bladder	San Jiao	ring finger	hollow organ	fu-yang	upper	

## FINAL OBSERVATIONS

The fact that Tibetan doctors most probably adopted the pulse diagnosis for the most part from the Chinese is confirmed by the texts presented in this essay. To conclude this fifth section, three fundamental observations need to be made:

1. The solid organs, which in accordance with their yin character are situated on the inside, i.e. underneath, are palpated by the Tibetans on the outside, i.e. on the surface. Chinese pulse diagnosis teaches us just the opposite, as we have discovered. This fact is a source of extraordinary disquiet to any healer making use of acupuncture—and rightly so! However, it can be seen that Tibetan pulse diagnosis is more in line with the anatomical structure of the body in some respects than the Chinese one is. After all, it is more logical to palpate the gallbladder and liver, situated on the right-hand side of the body, with the right hand. Moreover, it also seems more logical to palpate the kidneys, situated on both sides of the body, with both hands.

2. This brings us to the next point. In this short essay we have merely been dealing with the present state of affairs in pulsology. But pulse diagnosis has undergone a lengthy development process in the course of its history stretching back over thousands of years. However, since this development cannot be described in this essay, we have added a table to illustrate this. As one can see from this, there were times when the kidneys, to take one example, were palpated on both hands. Pulse diagnosis has thus been subject to a process of constant change. Therefore, it is by no means out of the question that the typical Asiatic principle of change could continue to have its effect on pulse diagnosis. In other words, the present status need not be the ultimate stage of development.

3. Pulse diagnosis is extremely difficult to learn for us Western doctors because our sense organs are not as finely developed as those of the Asiatic healer. But, above all, there is the fact that pulse diagnosis is regarded as very dubious by Western medicine because it is difficult to objectify. However, there have

## Pulse Position Correlations

### Summary of Opinions from Major Authoritative Sources

Position	<i>Nei Jing</i> 1st cent. B.C.E.	<i>Nan Jing</i> c. 200 C.E.	Wang Shu-he's Classic of Pulse c. 280 C.E.	Li Shi-zhen's Pulse Studies 1564 C.E.	Zhang Jie-bing's Complete Book 1624 C.E.
<i>Left Hand</i>					
First	Deep	Heart	Arm	Heart	Heart
	Superficial	Sternum	<i>Shao-yin</i> Arm <i>Tai-yang</i>	Small Intestine	Heart  Pericardium
Second	Deep	Liver	Leg	Liver	Liver
	Superficial	Diaphragm	<i>Jue-yin</i> Leg <i>Shao-yang</i>	Gall Bladder	Liver  Gall Bladder
Third	Deep	Kidney	Leg	Kidney	Kidney
	Superficial	Abdomen	<i>Shao-yin</i> Leg <i>Tai-yang</i>	Bladder	Kidney (Life Gate) Bladder Large Intestine
<i>Right Hand</i>					
First	Deep	Lungs	Arm	Lungs	Lungs
	Superficial	Chest	<i>Tai-yin</i> Arm <i>Yang-ming</i>	Large Intestine	Lungs  Sternum
Second	Deep	Stomach	Leg	Spleen	Spleen
	Superficial	Spleen	<i>Tai-yin</i> Leg <i>Yang-ming</i>	Stomach	Spleen  Stomach
Third	Deep	Kidney	(text unclear)	Kidney (Life Gate)	Kidney
	Superficial	Abdomen		Triple Burner	Kidney (Life Gate) Triple Burner Life Gate Small Intestine

In: Kaptchuk, T. J. "Chinese Medicine"; p. 300.

been tests which have objectified pulse diagnosis. For example, the French researcher Niboyet (1953) recorded the pulse using a sphygmograph, and Morita, a Japanese scientist, provided proof of the pulse through a pulsogram.

It is absolutely essential that further investigations are carried out to prove the reality of pulse diagnosis. When pulse diagnosis becomes more objectifiable, it would be possible to clear up the differences between Tibetan and Chinese pulsology described here.

## NOTES

1. *rGyud bži*: abbreviated title. Title of part 4 (67 folios)  
*bdud rci snin po yan lag brgyad pa gsañ ba man nag gi rgyud las dum bu bži pa phyi mahi rgyud*

Blockprint in my possession; present from my teacher Dr. Yeshe Donden, Dharamsala 1962.

2. *Vaidūrya snon po*: abbreviated title. Title of part 4 (251 folios)

*gso ba rig pañi bstan bcos sman blañi dgoñs rgyan rgyud bžiñi gsal byed bai dūr snon poñi phreñ ba las dum bu bži pa phyi ma rgyud kyi nam bsad*

Reproduction (Bai dūr snon po): Smanrtsis Shesrig Series, ed. T. Y. Tashigangpa, (Vols. 51-54), Leh 1973.

3. R. E. Emmerick "Sources of the *Rgyud-bži*," *Zeitschrift der Morgenländischen Gesellschaft*. Suppl. III, 2, 1977; 1135,1136: "that the body organs are in Indian medical literature simply listed in various ways, whereas they are classified into five solid (Tibetan: *don lña*) and six hollow (Tibetan: *snod drug*) organs in the *Rgyud-bži* in exact agreement with the Chinese system of classification of yin and yang organs." (1) See E. Finckh, "Grundlagen tibetischer Heilkunde," Vol. I, 1975; 74, 94. And "Foundations of Tibetan Medicine," Vol. I, 1978; 72. "This classification of organs into these groups is identical with the Chinese. The fact that the division of the organs into groups

described above is identical in Tibetan and Chinese medicine (*zang-yin-don*; *fu-yang-snod*) indicates that the Tibetans very probably adopted the pulse diagnosis form the Chinese.”

4. *bsam sehu*

Some explanations: (1) H. A. Jäschke, (*A Tibetan-English Dictionary*; 319): “. . . urinary bladder and spermatic vessels (in the female: uterus) . . .”

(2) In many Tibetan books the term *bsam sehu* is translated: “reproductive organs,” “seminal vesicle or womb,” “seminal vessel” etc. I myself made the same mistake (1975). Later this mistake has been corrected: “Something must be said about the ‘organ’ *bsam sehu*. This term does not appear in the text. Despite this the Tibetans regard this organ as one of the hollow organs (*snod*), the 6th in the group. It is possible that with the term *bsam sehu* the Tibetans wanted to create their equivalent of the Chinese organ Triple-warmer = *sanjiao*.”

E. Finckh “*Foundations of Tibetan Medicine*,” Vol. II, 1985; 58.

(3) F. Meyer “*GSO-BA RIG-PA*,” Paris, 1983; 155: The same and very good explanations concerning *bsam sehu* and the suggestion not to translate this term.

5. Some authors described these finger tips. The conclusion: all solid organs (*don*) are palpated with the right side of the finger tip and all hollow organs (*snod*) are palpated with the left side of the finger tip.

See: Nagwang Dagpa:

“*La sphygmologie tibétaine*.” In: *Les Médecines Traditionnelles de l’Asie*. Strasbourg 1981; 29.

6. This book was published in Beijing (1985), 319 pages. “*Medical Investigation of Lunar King*” was compiled around 720-740, about half a century earlier than the *rGyud bzi*.” Cai Jingfeng, ICANAS 1986, “*Towards the early development of Tibetan Medicine*.”
7. J. Ross (see Bibliography) points out (page 215) that there are five *zang*: *Shen, Pi, Gan, Xin and Fei*; and not in terms

of the six *zang*, since *Xin Bao* is included with *Xin*. This author writes that “Western schools of acupuncture used to teach that there are two depths, superficial and deep, corresponding to *Fu* and *Zang* respectively. But the Chinese approach to pulse-taking also includes a very different approach to depth, involving three depths: superficial, middle and deep. . .”

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# *Characteristics of Pharmacology*

## GENERAL COMMENTS

Tibet, a country rich in minerals and plants, imported specific plants, such as ginseng from Korea, and many others from neighboring countries whilst itself exporting items like musk, borax etc.

The medicaments were collected on large or small expeditions according to specific rules. While the expeditions were in progress, young doctors received exact instructions regarding the plants, minerals etc. Normally, fruits were gathered in autumn and leaves in summer, branches were cut in spring and roots dug up in winter.

The preparation of the plants takes place in the “medicine house” (*sman khan*) = pharmacy. After a very long and complicated working operation, the plants are pulverized before being made into liquids, pills, powders or pastes. Finally, the liquid medicaments are poured into small jars and the pills and powders wrapped in paper and inscribed accordingly.

The substance in which the medicine is taken plays an important role and is known as the “medicine horse” (*sman rta*). This may be water, sugar or honey.



Medicaments are administered individually, mostly in the morning and in the evenings. The finished medicaments themselves may contain up to thirty or forty different components. The composition of the medicaments and the preparations of the recipes are so multifarious that their enumeration would fill volumes. The wealth of experience which the Tibetan doctors have allows them to vary the composition of the medicaments according to the needs of an individual.

## BOOKS

A very large part of Tibetan medical literature is concerned with medicaments and pharmacology, but, unfortunately, not one single book has been translated into Western languages. W. A. Unkrig—one of the leading experts of this field—points out that it is very difficult to determine the botanical, Latin equivalents of these Tibetan medicaments.

Right at the start of research into Tibetan medicine it is vital to determine the medical terminology from sources available. The most important pharmaceutical books were written by the Tibetan doctor *bśTan h̄jin phun \*chogs*. He wrote several highly esteemed medical works (18th century). These books are also of such particular value because they were printed in the monastery of *sDe dge*. The blockprints from this monastery are considered to be particularly reliable.

The books:

1. *dri med śel gon* (abbreviated title).

The full title:

*bdud nad gžom paḥi gñen po rci sman gyi nus pa rkyan bśad gsal ston dri med śel gon*

2. *dri med śel phren* (abbreviated title).

The full title:

*bdud rci sman gyi nus min nam par bśad pa dri med śel phren*

3. *lag len gces bsdus*

The *rGyud bži* (Four Treatises) must be the starting point for any study. From the texts we learn that the pharmacology is described in the following chapters:

part II, chapters 19, 20 and 21

part IV, chapters 3-19

In this short paper the main aspects of the large field of Tibetan pharmacology— classification, taste, potency and preparations of medicaments—are to be described, following the texts of the *rGyud bži*, with special reference to the Tibetan doctrine of the three-part division: wind, bile and phlegm.

## CLASSIFICATION

The text (T II 20<sup>38-40</sup>)

*rin po che yi sman dañ sa rdoñi sman //*

*śiñ sman rci sman than sman sño sman dañ //*

*srog chags sman dañ dbye ba brgyad du bśad //*

This is the classic division into eight parts:

I Precious medicines (*rin po che yi sman*) (gems and metals)

II Medicinal earths (*sa yi sman*)

III Medicinal (substances obtained from) stones (*rdo sman*)

IV Medicinal (substances obtained from) trees (*śiñ sman*)

V Medicinal essences, fluids (of a certain mucilaginous consistency) (*rci sman*)

VI Medicinal potions? Syrups? (unclear definition) (*than sman*)

VII Medicinal plants (roots, leaves, flowers) (*sño sman*)

IIIX Medicines from sentient creatures (*srog chags sman*).

## TASTE

The text (T II 19<sup>12-13</sup>)

*sa chu me sa chu me chu dañ rluñ //*

*me rluñ sa rluñ gñis kyis ro drug skyed //*

earth-water, fire-earth, water-fire, water and wind,

fire-wind, earth-wind: (the elements taken two)

by two produce six tastes.

This means: the types of taste (*ro*) result from the effects of the elements, from the interaction of two elements as follows:

earth and water=sweet  
 fire and earth=sour  
 water and fire=saline  
 water and wind=bitter  
 fire and wind=pungent  
 earth and wind=astrigent

The five elements are: earth (*sa*), water (*chu*), fire (*me*), wind (*rlun*), ether (*mkhah*). The element ether penetrates all medicaments.

The assignment of the tastes to the three humors is as follows:  
 The text (T II 19<sup>67-69</sup>)

mñar skyur lan čha čha bas rlun hjom s śin //  
 kha dañ mñar dañ bska bas mkhris pa sel //  
 čha skyur lan čhas bad kan sel bar byed //

Sweet, sour, saline, pungent overcome wind,  
 bitter and sweet and astrigent remove bile,  
 pungent, sour, saline remove phlegm.

The six tastes are assigned to wind, bile and phlegm as follows:

wind	bile	phlegm
sweet (mñar)	bitter (kha)	pungent (čha)
sour (skyur)	sweet (mñar)	sour (skyur)
saline (lan čha) pungent (čha)	astrigent (bska)	saline (lan čha)

The *sweet* taste:

useful for old people and children, for healing wounds and for generally strengthening the body; it brings long life.  
 e.g. honey, meat, saffron, asparagus, etc.

The *sour* taste:

stimulates the digestion and the appetite.

e.g. figs, emblic myrobalan, buttermilk, curds, pomegranates, etc.

The *saline* taste:

stiff body, lack of appetite.

e.g. alum, rock salt, soda, horn salt, etc.

The *bitter* taste:

strengthens the memory, is good to counteract thirst, poisoning and fever.

e.g. gentian, figs, musk, barberry, etc.

The *pungent* taste:

useful in case of swellings, skin diseases, dropsy and wounds.

e.g. black pepper, onions, garlic, etc.

The *astringent* taste:

cleanses the skin, heals wounds.

e.g. sandal, tamarisk, beleric myrobalan, chebulic myrobalan etc.

## POTENCY

Potency (*nus pa*) is “the effect of a medicine in the stomach” (H. A. Jäschke, *Dictionary*, p. 306).

“Potency is the power by which an action takes place” (*Caraka-Samhitā*, p. 171, 172).

The text (T II 20<sup>4-10</sup>)

nus pa lci snum bsil dañ rtul ba dañ //  
yañ rúb čha dañ rno ba rnam pa brgyad //  
dañ po bži pos rluñ dañ mkhris pa sel //  
hog ma bži yis bad kan sel bar byed //  
yañ rúb bsil ba gsum gyis rluñ skyed ciñ //  
čha rno snum pa gsum gyis mkhris pa skyed //  
lci snum bsil rtul bži yis bad kan skyed //

Heavy, oily, cool and dull and light, rough, hot and sharp are the eight potencies.

The first four of them remove wind and bile.

The last four of them remove phlegm.

Light, rough, cool: these three produce wind.

Hot, sharp, oily: these three produce bile.

Heavy, oily, cool, dull: these four produce phlegm.

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The eight potencies are: (1) heavy (*lci*); (2) oily (*snum*); (3) cool (*bsil*); (4) dull (*rtul*); (5) light (*yañ*); (6) rough (*rcub*); (7) hot (*cha*); (8) sharp (*rno*).

Removing diseases:

heavy (*lci*), oily (*snum*)—wind

cool (*bsil*), dull (*rtul*)—bile

light (*yañ*), rough (*rcub*), hot (*cha*), sharp (*rno*)—phlegm.

Producing diseases:

light (*yañ*), rough (*rcub*), cool (*bsil*)—wind

hot (*cha*), sharp (*rno*), oily (*snum*)—bile

heavy (*lci*), oily (*snum*), cool (*bsil*), dull (*rtul*)—phlegm.

We see the following opposites:

heavy-light; oily-rough; cool-hot; dull-sharp;

light-heavy; rough-oily; hot-cool; sharp-dull.

The eight potencies are assigned to wind, bile and phlegm as follows:

wind	bile	phlegm
heavy ( <i>lci</i> )	cool ( <i>bsil</i> )	light ( <i>yañ</i> )
oily ( <i>snum</i> )	dull ( <i>rtul</i> )	rough ( <i>rcub</i> )
		hot ( <i>cha</i> )
		sharp ( <i>rno</i> )

There are some discrepancies between these terms and those which are to be found in the system (T I 5<sup>18-20</sup>): wind: smooth (*hjam*); bile: thin (*sla*); phlegm: hot (*cha*).

## PREPARATIONS

The text (T I 5<sup>21-32</sup>)

ro nus de la sbyor ba źi sbyañ gñis //  
źi byed rluñ la khu ba sman mar gñis //  
mkhris pañi nad la than dañ cur nis bsten //  
bad kan nad la ril bu tres sam sbyar //

In relation to those tastes and potencies there are two (kinds of) preparations: (making) calm (and making) clean.

(As for those that) make calm, in the case of wind, there are two (kinds): soups (and) medicinal oils.

In the case of bile diseases one must take syrups and powders.

One must prepare pills (and) pastes in the case of phlegm.

khu ba rus khu bcud bźi mgo khrol te //  
sman mar ĵā ti sgog skya ĥbras bu gsum //  
rća ba lña dañ sman chen dag la sbyar //  
ma nu sle tres tig ta ĥbras buñi than //  
ga bur ćan dan gur gum cu gañ phye //  
bćan dug ćhva sna rnam kyi ril bu dañ //  
tres sam se ĥbru da lis rgod ma kha //  
ćhva dañ coñ źi bsregs pañi thal sman no //

The following eight preparations *calm wind diseases*:

Soups (*khu ba*):

soups from bones (*rus khu*), the four juices (*bcud bźi*) “*mgo khrol*” (old and ground sheep’s head soup).

Medicinal oils (*sman mar*):

nard (*ĵā ti*), garlic (*sgog skya*), the three fruits (*ĥbras bu gsum* = the three myrobalans), the five roots (*rća ba lña*), aconites (*sman chen*).

The following eight preparations *calm bile diseases*:

Syrups (*than*):

orrisroot (*ma nu*), guduch (*sle tres*), chirata (*tig ta*),  
the three fruits (*hbras bu gsūm*).

Powders (*cur ni*):

camphor (*ga bur*), sandal (*ćan dan*), saffron (*gur gum*), bam-  
boo manna (*cu gañ*).

The following seven preparations *calm phlegm diseases*:

Pills (*ril bu*):

aconites (*bćan dug*) various kinds of salt (*ćhva sna mams*).

Pastes (*tres sam*):

pomegranates (*se hbru*), rhododendrons (*da li*), “mare face”  
(*rgod ma kha* = a preparation of sharp substances), alkaline  
medicaments made from burnt salts (*ćhva bsregs pañi thal sman*),  
white stone (*coñ źi*).

The text (T I 5<sup>33-37</sup>)

sbyoñ byed rluñ gi nad la hjam rći ste //  
mkhris pa bśal la bad kan skyugs kyis sbyañ //  
hjam rći sle hjam bkru hjam bkru ma slen //  
bśal la spyi bśal sgos bśal drag dañ hjam //  
skyugs la drag skyugs hjam skyugs gñis su sbyar //

(As for those preparations that) make clean, (they are)  
in the case of wind disease: oily enemas. (In the case  
of) bile (disease): laxatives.

(In the case of) phlegm (disease they make) clean with  
emetics. Oily enemas: (one prepares) mild enemas,  
purgative enemas, purgatives that are not mild.

In the case of laxatives (one prepares): general laxa-  
tives, particular laxatives, severe and mild laxatives.

In the case of emetics: two (forms): severe and mild  
emetics.

The following three preparations *clean wind diseases*:

Oily enemas (*hjam rći*):

Mild (*sle hjam*), purgative (*bkru hjam*), purgative—not mild  
(*bkru ma slen*).

The following four preparations *clean bile diseases*:

Laxatives (*bśal sman*):

General (*spyi*), particular (*sgos*), severe (*drag*), mild (*hjam*).

The following two preparations *clean phlegm diseases*:

Emetics (*skyugs sman*):

Severe (*drag*), mild (*hjam*).

This is of course a very short description of the preparations: the chapters of the *rGyud bźi* with regard to this field are voluminous! But this description is of some advantage because all terms are derived from the Tibetan texts which fill many pages of this paper. Moreover, it is quite clear that in these passages not only the preparations, but also the taste and potency of the medicaments are related to the three-part division of Tibetan medicine.

#### SUMMARY:

A very large part of Tibetan medical literature is concerned with pharmacology. Of course it is impossible to present the large field of pharmacology in a short paper. The attempt has been made to present a general view, a description of the most important topics:

(1) Books: the highly esteemed medical works of bsTan hñin phun čhogs.

(2) The standard work *rGyud bźi* must be the starting point for any study. Pharmacology is described: part II, chapters 19, 20, 21 and part IV, chapters 3-9. Right at the start it is vital to determine the medical terminology from this source. The terms of the most important topics are derived from these texts, preceding the translations.

(3) Classification (classic division into eight parts).

(4) Taste of the medicaments sweet, sour, saline, bitter, pungent and astringent=6.

(5) Potency of the medicaments heavy, oily, cool, dull, light, rough, hot and sharp=8.

(6) Preparations: It was possible to make quite clear, that in these passages not only the preparations but also the taste and



potency of the medicaments are related to the three-part division of Tibetan medicine.

This means that treatment is governed by the patient's constitution. It is obvious that without a recognition of the type, treatment is impossible.

The presentation of this paper should serve to broaden the theoretical foundations in a systematic way. Very careful examination of the rich store of Tibetan medicaments is necessary in order that the West may benefit from the precious Tibetan medicaments.

## *Constitutional Types*

Right at the start of research into Tibetan medicine, it is vital to determine the medical terminology and the latter has to be taken from the sources. The starting-point is the standard work of the Tibetan doctors, the *rGyud bzhi* = Four Treatises. It is from the text of this book that we learn that the basic principle of Tibetan medicine is the three-part division. The three “humors” are wind (*rlung*), bile (*mkhris pa*) and phlegm (*bad kan*). Part 1 of the above-mentioned book also includes a description of the System of Tibetan medicine which is made up of three Roots:

<u>Arrangement (Root A)</u>	<u>Diagnosis (Root B)</u>	<u>Therapy (Root C)</u>
healthy organism (I)	observation (III)	nutrition (VI)
diseased organism (II)	palpation (IV)	behavior (VII)
	questioning (V)	medicines (VIII)
		treatments (IX)

These are the 9 Disciplines of Tibetan medicine which can be described by following the System (International Seminar on Tibetan Studies, Oxford, 1979). The System also served as a connecting thread throughout to show the connection be-

tween the three humors and the methods of treatment (Cso-ma de Kórös Symposium, Velm-Wien, 1981).

In this paper *all* the terms which have in the meantime been derived from the texts are summarized, again by following the System.

In order to add more color and clarity to the description of the three humors, mention is also made of characteristics which are to be found in the second part of the Four Treatises (I. nature and temper, II. conditions which give rise to diseases).

It follows that the three humors are, through diagnostic methods, recognized as *types* to which specific kinds of treatment are assigned so that one can speak of a doctrine of constitution.

## THE WIND-TYPE

**I Nature and Temper.**<sup>1</sup> Small, graceful, dark-skinned, sensitive to cold, talkative, lively, communicative, likes to laugh and sing; bad sleeper; span of life is short; characteristics are similar to those of the vulture, the raven and the fox.

**II Conditions which give rise to disease.**<sup>2</sup> Dissolute life, lack of sleep, sleepless nights, hard work, long conversations when hungry, vehement crying, frequent vomiting, losses of blood; worry and sorrow.

**III Characteristics.** *Root A* = Arrangement (of the parts of the body).

Trunk I = Healthy organism. Sustaining life, moving upwards, penetrating, (accompanying) fire, removing downwards.

Trunk II = Diseased organism. Producing (primary) cause = passion; produces 42 illnesses. Site (of diseases caused by wind) = lower part of the body. The 5 paths of circulation along which wind disorders arise: 1) Constituents of the body = bones. 2) Impurities = [little hairs of the skin], [touch]. 3) Sensory organs = ears [touch]. 4) Solid organs = heart [life-veins]. 5) Hollow organ = large intestine. Age = an old person suffers mainly from wind diseases. Place = in fragrant-windy and cold regions wind diseases predominate. Time =

in the rainy season (summer), in early evening (afternoon) and at dawn wind diseases occur.

*Root B* = Diagnosis.

Trunk III = Observation. Tongue (of a person suffering from wind diseases) = red, dry and rough. Urine (of a person suffering from wind diseases) = like water and has big bubbles.

Trunk IV = Palpation. Pulse (of a person suffering from wind diseases) = swimming, empty and stopping at times.

Trunk V = Questioning. 1) (Productive) causes = affected by *light and rough* food and behavior? 2) Conditions of illness = gaping and shuddering? stretching? shivering with cold? pain in all (bone) joints of the thigh and the hip? indefinite aches that change? vomiting on an empty stomach? whether the sense organs are bright; whether knowledge is stifled; pains when the patient is hungry? If these symptoms are present, the patient is a wind-type and is suffering from a wind disease. 3) Food = whether the patient feels better after eating food which is *oily*.

*Root C* = Therapy

Trunk VI = Nutrition. 1) Food = Horse (flesh), donkey (flesh), marmot (flesh), flesh that is a year old, *ša chen*, sesame oil, oil that is a year old, crude sugar, garlic, onions. 2) Drink = milk, carrot and onion soup, liquid (extract of) crude sugar, bone-soup.

Trunk VII = Behavior. To keep agreeable company. To have a warm place.

Trunk VIII = Medicines. 1) Taste = sweet, sour and saline (preferred tastes for wind-medicines). 2) Potency = oily, heavy and smooth (preferred potencies for wind-medicines). 3) Preparations that make calm = a) Soups = soup from bones, the four juices, *mgo khrol*. b) Medicinal oils = nard, garlic, the three fruits, the five roots, aconites. 4) Preparations that make clean = Oily enemas = mild, purgative and purgative—not mild.

Trunk IX = Treatments (external). 1) Inunction with massage; 2) Mongolian cauterization.

## THE BILE-TYPE

**I Nature and temper.** Medium sized, yellowish color of the skin, cannot endure hunger and thirst well, sweats easily and a great deal; is talented and proud; span of life is of average length; characteristics are similar to those of the tiger and the ape.

**II Conditions which give rise to disease.** Sleeping during the afternoon, excessive strain when lifting heavy objects, too much movement in every respect— especially when the weather is warm. Annoyance.

**III Characteristics** *Root A* = Arrangement (of the parts of the body)

Trunk I = Healthy organism. Causing digestion, producing brightness (of chyle), satisfying (desires), (causing) vision, (making) clear the color (of the skin).

Trunk II = Diseased organism. Producing (primary) cause = hate; produces 26 diseases. Site (of diseases caused by bile) = middle part of the body. The 5 paths circulation along which bile disorders arise: 1) Constituent of the body = blood. 2) Impurity = sweat. 3) Sensory organ = eye. 4) solid organ = liver. 5) Hollow organs = gallbladder, small intestine. Age = a young person suffers mainly from bile diseases. Place = in dry and hot regions bile diseases predominate. Time = in the autumn, at noon and at midnight bile diseases occur.

*Root B* = Diagnosis.

Trunk III = Observation. Tongue (of a person suffering from bile diseases) = covered with thick, tawny phlegm. Urine (of a person suffering from bile diseases) = reddish-yellow, much vapor, hot smell.

Trunk IV = Palpation. Pulse (of a person suffering from bile diseases) = beats quickly, strongly and subtly.

Trunk V = Questioning. 1) (Productive) causes = affected by *sharp and hot* food and behavior? 2) Conditions of illness = bitter taste? fever (hot flesh)? aches in the upper part (of the body)? pains after digestion? If these symptoms are present,

the patient is a bile-type and is suffering from a bile disease.  
3) Food = whether the patient feels better after eating food which is cool.

*Root C* = Therapy.

Trunk VI = Nutrition. 1) Food = Curds of cow and goat, buttermilk, fresh butter, game-flesh, goat-flesh, fresh flesh of animals of mixed breed, young barley, skyabs, dandelions. 2) Drink = hot water, cool water, boiled and cooled water.

Trunk VII = Behavior. Sit calmly. Have a cool place.

Trunk VIII = Medicines. 1) Taste = sweet, bitter and astringent (preferred tastes for bile-medicines); 2) Potency = cool, thin and blunt (preferred potencies for bile medicines); 3) Preparations that make calm = a) Syrups = orrisroot, guduchi, chirata, the three fruits; b) Powders = camphor, sandal, saffron, bamboo manna. 4) Preparations that make clean = Laxatives = general, particular and severe laxatives.

Trunk IX = Treatments (external) 1) Production of sweat; 2) Blood-letting; 3) The magic water-wheel.

## THE PHLEGM-TYPE

**I Nature and temper.** Plump and tall, pale-skinned, cool body; can endure hunger and thirst well, deep sleeper, pleasant and friendly disposition; his span of life is long; his characteristics are similar to those of the lion and bell-wether.

**II Conditions which give rise to disease.** Sleeping during the day, rest after meals, staying in damp regions, bathing for too long, too light clothing, eating too much and too quickly.

**III Characteristics** *Root A* = Arrangement (of the parts of the body).

Trunk I = Healthy organism. Supporting, decomposing, (causing) taste, (causing) satisfaction, causing to bind (the joints together).

Trunk II = Diseased organism. Producing (primary) cause = delusion; produces 33 diseases. Site (of diseases caused by phlegm) = upper part of the body. The 5 paths of circulation along which phlegm disorders arise: 1) Constituents of the body

= chyle, flesh, fat, marrow and semen. 2) Impurities = faeces and urine. 3) Sensory organs = nose and tongue. 4) solid organs = spleen, kidneys and lungs. 5) Hollow organs = stomach, urinary-bladder.

*Root B* = Diagnosis.

Trunk III = Observation. Tongue (of a person suffering from phlegm diseases) = gray, thick, lustreless, smooth and moist. Urine (of a person suffering from phlegm diseases) = white, little odor, little vapor.

Trunk IV = Palpation. Pulse (of a person suffering from phlegm diseases) = sinking, weak and slow.

Trunk V = Questioning. 1) (Productive) causes = affected by *heavy and oily* food and behavior? 2) Conditions of illness = uncomfortable appetite? difficulty in digesting food? vomiting? (bad taste) in the hollow of the mouth? distended stomach? eructation? whether body and mind are heavy (together)? cold both inside and outside? discomfort after eating? If these symptoms are present, the patient is a phlegm-type and is suffering from a phlegm disease. 3) Food = whether the patient feels better after eating food which is *warm*.

*Root C*=Therapy.

Trunk VI = Nutrition. 1) Food = sheep (flesh), wild yak (flesh), beasts of prey (flesh), fish-flesh, honey, hot pap of old grain from dry land. 2) Drink = curds and buttermilk of the yak, strong beer, boiled water.

Trunk VII = Behavior. Take an energetic walk. Have a warm place.

Trunk VIII = Medicines. 1) Taste = pungent, sour and astringent (preferred tastes for phlegm-medicines); 2) Potency = sharp, rough and light (preferred potencies for phlegm-medicines); 3) Preparations that make calm = a) Pills = aconite, various kinds of salt; b) Pastes = pomegranates, rhododendrons, mare face, alkaline medicaments (made) from burnt salt, white stone. 4) Preparations that make clean = emetics. Severe and mild emetics.

Trunk IX = Treatments (external). 1) Heat treatments; 2) Cauterization.

This systematic summary (which still does not include all the characteristics of the three types—in the book *Four Treatises* many more are mentioned) does, however, show just how clearly the three types are set out. Nevertheless, in practice the three types do not always occur in such an unadulterated form—more often one finds mixed types. It is a well-known fact that Western medicine is also aware of a large number of divisions into constitutional types and here, too, there are very many mixed types which are often very difficult to diagnose.

The Tibetans categorize their mixed types according to a very simple method—a distinction is made between 7 kinds: 1) the pure wind, bile, and phlegm types = 3 kinds; 2) one type displaying the characteristics of all three types = 1 kind; 3) the types with pairs of characteristics: wind + bile, wind + phlegm, bile + phlegm = 3 kinds.

It is not the task of this paper to differentiate the characteristics of the three types which have been mentioned with regard to the influences upon them, i.e. Indian, Chinese etc. Nor can the typically Tibetan features be mentioned here such as the anamnesis with its 29 questions, the exact assignment of food and drink and the assignment of the methods of treatment to the three humors.

On the contrary, the purpose of this paper is to point out quite clearly that it is only by means of the precisely-defined diagnostic methods that the respective types with their symptoms of illness can be recognized and that successful treatment is only possible if the method of treatment assigned to this type is applied.

## NOTES

1. *rGyud bzhi*, Part 2, Chapter 6.
2. *rGyud bzhi*, Part 2, Chapter 9.

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# *Transliteration*

## *Chapters 1 and 5*

ka	kha	ga	nga
ca	cha	ja	nya
ta	tha	da	na
pa	pha	ba	ma
tza	tsha	dza	wa
zha	za	'a	ya
ra	la	sha	sa
ha	a		

## *Chapters 2, 3 and 4:*

ka	kha	ga	ñi
ca	cha	ja	ñā
ta	tha	da	na
pa	pha	ba	ma
ća	ćha	ǰa	
wa	za	za	ḥa
ya	ra	la	
śa	sa	ha	a



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## HEALTH/PHILOSOPHY/RELIGION

*Dr. Elisabeth Finckh, a medical doctor in West Germany, was one of the first Western physicians to study (and integrate into practice) the Tibetan medical system with considerable success. She has the distinction of having studied in the Tibetan Medical Institute in Dharamsala under the expert guidance of Tibetan doctors. With the help of these doctors she has translated and elucidated the main texts of Tibetan medicine.*

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