

BUDDHISM AND THE HISTORICISING OF MEDICINE IN THIRTEENTH-CENTURY TIBET

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Abstract

This article considers a Tibetan anthology, the *Eighteen Additional Practices* (*Cha lag bco brygad*), that includes some of the earliest indigenous Tibetan medical works still extant, and examines more closely its first text, a history of the *Four Tantras*. Several of these works display an explicit concern to show medicine to be part of Buddhist history. Other texts in the collection exhibit the heavy influence of what we might call religious practice on the work of medical healing. The anthology's first text articulates an explicit connection between Tibetan medical literature and Indian Buddhism. This article compares this work's structure and content to other Tibetan medical histories and addresses its role in early medical history.

Despite the many connections between medical and religious knowledge throughout the history of Buddhism, few works of Anglo-American secondary scholarship exist that showcase, or even acknowledge, this relationship. Scholars of early Europe have enthusiastically researched the changing interactions between medicine and the Church, noting how the incorporation of medicine into scholastic culture affected the social status of physicians and the development of academic medicine. In much work on Indian and Tibetan religion and medicine, by contrast, the radical disjunction between religion and science dominant in early Indology survives still. Fortunately, this may now be changing, and the complex relationship between Buddhist and medical traditions, one that speaks more widely to our understanding of disciplinary boundaries in general, is a topic of growing interest in the academy. This article will show that the effort to articulate the connections between Buddhism and medicine is not, however, a new one, and that Tibetans themselves, as far back as the twelfth century, were doing something similar.

Anyone familiar with Tibetan medicine will know of the text, the *Four Tantras* (*bDud rtsi snying po yan lag brygad pa gsang ba man ngag gi rgyud*, known in short as the *rGyud bzhi*). At least 800 years old, it

is still today the principal text in Tibetan medicine, memorised in part or in full by all medical students. The text consists of four parts, or four 'books', hence its title, and yet the set has from the beginning been known together as a single unit. The origins of the text are debated, but it seems to have been arranged in the form we know today in the twelfth century by the famous Tibetan physician, g.Yu thog yon tan mgon po (1112–1203). g.Yu thog, in many ways doctrinally close to the Nyingma (*rNying ma*), or 'Ancients', tradition of Tibetan Buddhism, was also affiliated with a lineage of Atiśa, who came to Tibet from India in 1042. Among the many works he brought with him, one was the Indian Āyurvedic medical text, Vāgbhaṭa's *Aṣṭāṅgahrdayasaṃhitā*, known in Tibetan as the *Yan lag brygad pa'i snying po bsdus pa* (referred to from this point in English as the *Eight Branches*). During the first two centuries after Atiśa's arrival, the *Eight Branches* was the primary medical text for Tibetans, until the *Four Tantras* began to take influence in the thirteenth century.

As the *Four Tantras* slowly became known, it began to amass a commentarial literature, such compositions continuing to the present day, and commentaries on the work are widespread enough to represent a genre of medical writing. A nineteenth-century list by A khu Rinpoche (1803–57) mentions 16 commentaries on the entire *Four Tantras*, plus 31 additional texts explicating individual books of the set.¹ The earliest commentaries on the *Four Tantras* date to the time of the twelfth-century g.Yu thog himself and are found in a collection of medical works known as the *Eighteen Additional Practices* (*Cha lag bco brygad*). This anthology of short texts includes some of the earliest indigenous Tibetan medical works still extant, and it provides us with a glimpse at a time in Tibetan history when borders between intellectual disciplines and literary genres were ill-defined. For later historians, both inside and outside Tibet, these texts are evidence of a struggle among medical scholars to articulate the boundaries of their discipline and its relationship to the increasingly dominant Buddhist worldview. One of the most contentious issues to be found in medical literature, for instance, is the question of the origins of the *Four Tantras* itself, a debate that has been addressed in a recent article by Janet Gyatso.² One tradition describes the *Four Tantras* as a revelation, or *terma*. Another claims it to have been

¹ Taube 1981, p. 37.

² Gyatso 2004, pp. 91–2.

authored by g.Yu thog, and a third presents it as the speech of the Buddha. Interestingly, and perhaps strangely, all of these theories arose from within the community of g.Yu thog's own students.

Our source of knowledge about things like this is, for the most part, Tibetan histories, and there is a rich body of Tibetan literature on the history of medicine. One of the longest and most influential works on the topic is the *Interior Analysis of Medicine* (*gSo rig khog 'bugs*), written by the Fifth Dalai Lama's Regent, Sangs rgyas rgya mtsho, often known in short simply as his *Interior Analysis*, or '*khog 'bugs*'. A *khog 'bugs* is a genre of text that is sometimes a history of all the traditional arts and sciences, but more commonly a history specifically of medicine. Sangs rgyas rgya mtsho lists a number of *khog 'bugs* authored over several centuries, beginning with some as early as the twelfth century.³ In this article, I will look at what is possibly the earliest extant example of this genre, a text found in the *Eighteen Additional Practices* collection, and use it to discuss the development of the historicising of Tibetan medicine.

The texts of the *Eighteen Additional Practices*

The *Eighteen Additional Practices* collection as a whole is commonly attributed to g.Yu thog yon tan mgon po himself. Most of these texts appear rather to have been authored by g.Yu thog's students or teachers, dating the collection to a period of two generations from the mid-twelfth to the mid-thirteenth century; the authorship of each of the texts has been discussed in an article by Barbara Gerke, and so I will not focus on that issue here.⁴ The 18 texts, summarised below, are important to our understanding of the history of medicine in Tibet, as the teachings of g.Yu thog and his students dominated Central Tibetan medical scholarship for several generations and thus had a shaping influence on the trajectory of medicine. Offering some of the earliest expressions of medical historiography found in Tibetan literature, several of these texts display an explicit

³ Sangs rgyas rgya mtsho 1994b, pp. 568–9. I follow Schaeffer's translation of *khog 'bugs* as 'interior analysis', which he derives from Sangs rgyas rgya mtsho's own etymology of the term as 'an exposition (*legs bshad*) that penetrates (*'bugs*) the interior (*khog*) of the medical tradition'. Schaeffer 2003, p. 624.

⁴ Gerke 2001, pp. 36–46. The texts' authorship is also addressed at Sangs rgyas rgya mtsho 1994b, pp. 277–8.

concern to show medicine to be part of Buddhist history. Other texts in the collection exhibit the heavy influence of religious practice on the work of medical healing. Even from the following brief summary of texts, it is clear that the collection is an important early reflection of a form of medicine that, by our own standards at least, extends well into the realm of religious practice. It thus brings to mind critical questions about our understanding of disciplinary boundaries in this period of Tibetan history, which cautions us to proceed carefully in the application of classificatory systems in currency today to ancient bodies of knowledge and literature.

The *Eighteen Additional Practices* collection exists today in several reprints. At the end of this article, I have indicated page numbers for each text within the collection, referring to Lokesh Chandra's 1968 edition as 'LC' and the Gansu Publishing House 1999 edition as 'GP'.⁵ Even a cursory comparison of these editions makes clear that they differ, sometimes greatly; entire subtexts, for example, are present in some editions of the collection and absent in others. My comments on the collection in this essay are based mainly on a study of the LC edition; a critical comparison of the two (and of the several other extant versions of the work) would be an important contribution. In the pages that follow, I will organise my outline of these works thematically, first introducing texts that are primarily historiographical in intent, next introducing texts that are explicitly commentaries on the *Four Tantras*, and finally introducing texts that are of general medical content. In some cases, of course, portions of a text may cross these boundaries, and so this arrangement should be understood to be a loose one. In parentheses after each text's name, I will indicate its number in the collection (i.e., nos. 1–18); some works are comprised of several quite distinct subtexts, and these will be identified with a decimal (e.g., no. 7.3, indicating the third subtext of the seventh work in the collection). My comments on each text will be concise, aiming to provide only a general introduction to nature of the collection's content. The collection has been little discussed by scholars outside of Tibet.⁶ Each of the individual works

⁵ Additional editions of the collection are described at Gerke 2001, p. 37. I am grateful to Dr Jampa in Darjeeling who assisted me in reading the *Eighteen Additional Practices* in 2000.

⁶ The only significant non-Tibetan studies of the collection that I know of are Gerke 2001, which addresses mainly the authorship of its texts, and a short chapter

deserves further study, a project that may perhaps be inspired by the present article.

Medical histories

As mentioned above, this collection contains two of the earliest histories of medicine in Tibetan literature; the placement of one of these histories at the beginning of the collection indicates its importance. The *Khog dbug* ('bubs) *khyung chen lding ba* (no. 1), said by Samten Karmay to be the first medical history devoted to presenting medicine as an essential part of Buddhism, will be discussed in greater detail later in this article.⁷ The other historiographical work, the *brGyud pa'i mam thar med thabs med pa* (no. 12.1), is a verse history of the *Four Tantras* lineage up to g.Yu thog. Karmay calls this the first text to refer to Vairocana's connection to the *Four Tantras*.⁸

Commentaries on the Four Tantras

The collection contains five works that are explicitly commentaries on the *Four Tantras*. The *sTong thun mdzes pa'i ja' ris* (no. 2) is one of the earliest commentaries on the second book of the *Four Tantras*, the *Explanatory Tantra* (*bShad rgyud*). It begins with an overview of the five arts and sciences (*rig gnas mam pa lnga*). 'Religion' (*nang rig pa*) is defined after the manner of the Tibetan Buddhist Nyingma tradition as the teachings of the nine vehicles. 'Medicine' (*gso ba rig pa*) is said to consist in general of three great systems, those of India, China, and Tibet. Indian medicine is subdivided into the systems of the gods, the sages, the non-Buddhists (*phyi ma mu steg pa*) and the Buddhists (*nang pa sangs rgyas*). The *Four Tantras* is then said to fall within this last category. The text proceeds to offer a fairly terse commentary on the *Explanatory Tantra*.

The next work in the collection, the *Sa dpyad* (*bcad*) *stag mo'i mgam thabs* (No. 3), summarises the contents of the *Four Tantras* and is similar in format and content to the first chapter of the first book of the *Four Tantras*, the *Root Tantra* (*rTsa rgyud*); it presents Tibetan

medicine using the maṇḍalic organisational scheme of the five 'excellencies' (*phun sum tshogs pa*). Next is the *Tika mun sel sgron me* (no. 4), a concise commentary of portions of the *Four Tantras* that discusses the text's title, lists the topics of the *Explanatory Tantra*, and briefly compares the *Explanatory Tantra* and the *Eight Branches*. Another fairly general commentary on the *Explanatory Tantra* is the *'Grel ba 'bum chung gsal sgron nor bu'i 'phreng mdzes* (no. 5). It is followed by the *rTsod bzlog gegs sel 'khor lo* (no. 6), which offers a series of commentarial arguments on the meanings of terms such as 'root' and 'branch' and the structure of the 'eight branches' of medical knowledge, a controversy that was spawned by the different presentations of these topics in the *Four Tantras* and the Indic *Eight Branches*. Each of these commentaries is terse, especially when compared to the very detailed and erudite commentarial works of medical scholars writing from the fifteenth centuries onwards. Yet further study of these works could expose points of interest and contention in the communities of scholars immediately following the initial dissemination of the *Four Tantras*. These works will also be a key source for researchers investigating the relationship between the *Eight Branches* and the *Four Tantras*. Interestingly, many later Tibetan historians were dismissive of these works. Sangs rgyas rgya mtsho, for example, indicted each of these texts as non-Buddhist (*ma dad pa zhig gis byas*), rejecting them as useless in furthering understanding of the *Four Tantras*.⁹

Works of general medical context

Most works in this collection are independent medical treatises, either offering instructions on techniques of diagnosis and therapeutics or serving as reference works. An example of the latter is the *Ming don brda sprod mam lnga* (no. 8), a fascinating early glossary of materia medica. Sangs rgyas rgya mtsho's history of medicine notes that some scholars have attributed this text to Vairocana.¹⁰

Many of these texts contain several or numerous subsections. In some cases, these are separate subtexts with distinct colophons. More often, the works are subdivided following shifts in content. The *sKor tshoms stong thun bcu gcig* (no. 7), for instance, includes 11 subcategories

in Taube 1981. Brief mention of some of the collection's texts can also be found in Karmay 1998.

⁷ Karmay 1998, p. 231. (This essay is a reprint of Karmay 1990.)

⁸ Karmay 1998, p. 229.

⁹ Sangs rgyas rgya mtsho 1994a, p. v. 2, 1458. Also cited at Gerke 2001, pp. 46–7, Taube 1981, p. 42.

¹⁰ Sangs rgyas rgya mtsho 1994b, p. 167; also see his comments at p. 279.

in the LC edition. The first subsection, *rTsa'i stong thun bzugs*, is on pulse analysis, including an interesting description of the system of channels in the body. The second section, *Chu'i stong thun bzugs*, addresses urine analysis. The third section, *Tshad pa'i stong thun bzugs*, and the fourth, *Bye brag pa'i stong thun bzugs*, are about fever, and the fifth and sixth sections, *Grang ba spyi'i stong thun bzugs* and *Grang ba bye brag pa'i stong thun bzugs*, are about cold disorders. The seventh and eighth, both under the title *Bad kan smug po'i stong thun*, are about 'brown phlegm' (*bad kan smug po*) disorders. The ninth, *Dug gi stong thun bzugs*, is on healing illnesses caused by poison, and the tenth, *rMa'i stong thun bzugs*, addresses the treatment of wounds. The final subsection, *Yan lag stong thun bzugs*, discusses the important points in the body, and is said in its colophon to represent g.Yu thog yon tan mgon po's 'special teaching' (*khyad chos*). The contents of this work are subdivided in an even more detailed way in the index of the GP edition.

Similar in style to this work is the *rGyud chung bdud rtsi snying po* (no. 16), which is the only one of the 18 texts in this collection that medical students still receive ritual authorisation (*lung*) to study.¹¹ Written in verse, it covers 101 topics. These topics may be found in several parts of the *Four Tantras*, but they are presented here in their own order. Many of the treatments described are different to those presented in the *Four Tantras*, begging further comparative research to determine its relationship to both the *Four Tantras* and the *Eight Branches*.¹² The text's colophon states that the Kashmiri Zla ba mngon dga' learned it from Vagbhata (known as Pha gol in Tibetan), and that the teachings were then eventually passed down to g.Yu thog, suggesting a close connection with the *Eight Branches* tradition. This possibility makes the fact that medical students still today study this work especially interesting, as it indicates the presence of a living *Eight Branches* tradition. GP includes numerous subsections with descriptive headers.

Also in a similar style is the *gSo dpyad mu tig 'phreng ba* (no. 17), which discusses identification and treatment of 22 different disorders, calling itself a 'brief teaching for those of lower intellect'. Again, GP includes subsections with descriptive headers. The very short text, *mKhas khyad ngo mtsar bzhi sbrugs* (*sprugs*) (no. 15), includes some teachings

on diagnosis, therapeutics, and pharmacology, with additional instructions on how to gain a patient's confidence, a topic similar to the twenty-fifth chapter of the *Explanatory Tantra*. The *Kha 'thor rin chen phung po* (no. 10), composed in verse, addresses all sorts of miscellaneous disorders such as headache, hair loss, eye problems, and others, also including instructions on how to make medicines for these disorders. A number of texts describe the process of compounding medicines. The *Lag len dmar khrid yig chung* (no. 11) provides pharmacological instructions for making compounds and also discusses surgical and other techniques for treating gynecological disorders, some of which offer more detail than discussion of similar topics in the *Four Tantras* itself. The *Yang sbabs gab pa bco brgyad* (no. 13) is a formulary, providing recipes and instructions for compounding medicinal materials. GP editors have helpfully indexed both of these works into subsections with descriptive headers.

One of the most interesting aspects of this collection is the emphasis in many of its works on the healing effects of ritual. The *rTsa'i spra sgrub med thabs med pa* (no. 12.2), for instance, addresses ritual and contemplative preparations for a special type of pulse analysis, covering a description of the visualization maṇḍala, how to prepare the ritual area, how to perform the meditation practice, and the use of mantras and ritual effigies. Very little of this sort of content is found in the *Four Tantras*. This work is more similar to the *Heart Essence of Yuthog* (*g.Yu thog snying thig*), a collection that integrates theoretical medical studies with religious meditation practices. A focus on healing rituals is also part of the *Sri'u gso ba med thabs med pa* (no. 12.3), which describes ritual protections for babies and children up to the age of eight, covering topics such as how to erect prayer flags around the house, mantras and special prayers to recite, and how to avoid evil spirits. The *Rin chen spungs pa'i mdzes rgyan* (no. 9) contains a very short description of ritual methods for healing diseases such as smallpox, dysentery, headache or childhood ailments, by means of visualisation, mantra recitation, protection cords, and amulets.¹³ The *Khyad par zab pa mam gsum* (no. 14) offers instruction on ritual and meditation practice and the use of mantras for the

¹³ In the GP edition, the ninth work of the collection is entitled *Lag len rin chen gter spungs* and has eight subtexts, followed by a section entitled *Rin chen spungs pa'i mdzes rgyan* that is itself the only text of the LC edition; the LC edition, in other words, is missing the bulk of the ninth work of the collection.

¹¹ Dr Jampa, personal communication, Darjeeling 2000.

¹² Ibid.

treatment of lymph disorders (*chu ser*), leprosy, and other dermatological diseases, and also includes description of how to make ointments and medicines and how to cure cases of poisoning. (This work is divided in GP into subsections with descriptive headers.) Finally, the *Phan byed (bya) sngags 'bum dkar po* (no. 18) also describes healing rituals involving mantra recitation; the first part of the text contains many mantras that appear to be phonetic transcriptions of Chinese, and the second part contains mantras that appear Sanskrit in origin. The text offers curative mantras and rituals for a series of disorders, such as poison, wounds, bone and head injuries, problems of the circulatory channels and the eyes, arthritis, gout, micro-organisms, and so forth.

From the preceding brief summary, it is clear that we cannot easily separate practices that are strictly 'medical' from those that we may think of as 'religious'—at least, not along the lines used to demarcate these disciplines today. Indeed, figuring out what we may mean when we use the terms 'medicine' and 'religion' is a task of critical importance for study of the period. The emphasis in many of these works on the use of ritual practices and mantras for healing illness shows that medical treatment extends far beyond the prescription of herbal compounds, the approach that is emphasised in much of Tibetan medical practice today. Further study of these texts is required to address the question of whether these practices of ritual and mantra recitation actually demonstrate a connection to 'Buddhism', however, for such practices in general also populate the Indic medical work, the *Eight Branches*, and they form a significant part of non-Buddhist Tibetan life as well. We have no reason to assert that the use of ritual and mantra recitation is the exclusive domain of 'religion' in these works. The alliance of 'religion' with a belief in the effectiveness of ritual action may, in fact, have a history in our own intellectual worldview that goes back no further than nineteenth-century Anglo-American writings on 'comparative religions'. Where the effort to articulate an explicit connection between the medical tradition and Buddhism is indisputable in this collection, however, is in its histories of medicine. In the remainder of this article, I will look more closely at one such work.

Two of the earliest histories of Tibetan medicine are part of the *Eighteen Additional Practices*, and, as noted above, they record two accounts of the origins of the *Four Tantras*. The first part of the twelfth work in the collection, the *rNam thar med thabs med pa*, was

written by a student of g.Yu thog. It explains that the *Four Tantras* was expounded in Uddiyana by the enlightened sage Rig pa'i ye shes, who passed it to an Indian pandit, who passed it to Vairocana, who gave it to King Khri strong lde bstan, who hid it at Samye. One hundred and fifty years later, it was recovered by the Buddhist monk Grwa pa mngon shes, passing through two more sets of hands until it reached g.Yu thog himself. This appears to be the earliest mention of the *Four Tantras* as a revealed text, or *terma*. The other history is the first work of the collection, the *Khog 'bugs khyung chen lding ba*, or 'The Great Garuda Soars'. This is the first history we know of that is mainly devoted to presenting Tibetan medicine as part of Indian Buddhist literature, and it is this text that I will turn to now.

The Great Garuda Soars

In the two-volume edition of the *Eighteen Additional Practices* recently reprinted by the Gansu Publishing House in the PRC, the *Khog 'bugs khyung chen lding ba*, 34 pages long, is the collection's first text. The text's colophon attributes its authorship to g.Yu thog yon tan mgon po, although later Tibetan historians debate that claim, as I will discuss below. If this early text, the *Khyung chen lding ba*, is the first example of what becomes a genre devoted primarily to the history of medicine, we may wonder whether it served as a model for later histories, in whatever way. What this text tells us about the history of medicine in Tibet can be described by four main themes evident in the text.

First, the text situates medicine as one of the five major arts and sciences, a context that places it hierarchically equal to, and yet still in some way separate from, religion. The Tibetan enumeration of ten arts and sciences (*rig gnas*, Skt. *vidyā sthāna*) is an Indic taxonomy codified in Tibet by the thirteenth-century scholar Sakya Pandita, but in use for some time before then. In this scheme, the study of what we typically (but, in this case, not unproblematically) call 'religion' (*nang don rig pa*) and the study of medicine (*gso ba rig pa*) are two distinct members of the five major arts and sciences, along with the studies of language (*sgra rig*), logic (*gtan tshig rig pa*), and hand-crafted arts (*bzo rig pa*). The *Khyung chen lding ba* exhorts its audience to study the five arts and sciences, citing Asaṅga's fourth-century

Mahāyānasūtrālamkāra (*Mdo sge rgyan*) in several instances to support its claim for their importance. After defining each of the arts and sciences, it then groups them into three categories: the 'inner sciences' (or Buddhism) are activities aimed at knowledge of oneself, the text says; handcrafted arts and healing or medicine are activities aimed at caring for others; and grammar and logic are activities aimed at eliminating the ignorance of others. In this view, gaining knowledge and skill in all the arts and sciences is an essential practice, not only for a generally educated person, but specifically for one on the Buddhist path. The practice of medicine and the other arts and sciences are thus subsumed under Buddhist practice. By the time of Sangs rgyas rgya mtsho's writings on medicine, Schaeffer explains, 'the five arts are all essential components of the path toward enlightenment, for they each contribute to the welfare of sentient beings, and thus to the progress of the bodhisattva'.¹⁴ While Sangs rgyas rgya mtsho speaks eloquently and in detail about the importance of the arts and sciences to the training of the physician, and of the physician's place on the path of the bodhisattva, Schaeffer notes that this was already a well established element of the *khog bugs* literary genre. Here we see it playing a central role in this early history, not a generation after g.Yu thog himself, aiming to establish the practice of medicine and the knowledge of the *Four Tantras* as a fundamental part of the Buddhist path.

Secondly, medicine is situated in Buddhist cosmogony as one of the topics the Buddha spoke. As do many histories of Buddhism, this medical history begins with the beginning of time, a time before sentient beings had strayed into ignorance when, the text says, minds were established self-arisenly and possessed of clear and subtle insight that lacked partiality. In this state, we are told, the primordial Buddha Samantabhadra existed in the understanding that self and other were indifferentiable; those who were unable to see this emerged into the three realms of cyclic existence as sentient beings. Buddhas manifested in the six realms of existence; in the human realm were those who protected against disorders of the five elements using astrology, those who protected against disorders of the three humors using the science of medicine (*gso rig*), and those who protected against demons using *nāga* rituals, exorcisms, mantras, and so on. Humans manifested as defined by the three poisons and 84,000 afflictive emotions,

and they worked to escape saṃsāra, the text tells us, by means of the teachings of the nine vehicles.

The history then tells the story of Śākyamuni's conception, birth, youth and enlightenment. At the first turning of the wheel, he taught medicine in the Vinaya. At the second turning of the wheel, he spoke two medical teachings, *Kun dga' bo la gcer mthong rig pa*, and *Shel gyi me long*. At the third turning of the wheel, he spoke the *mDo gser 'od dam pa*. He then manifested as the Medicine Buddha and spoke the *Four Tantras*, and next he appeared as Visvakarma and spoke about the science of handcrafted arts (*bzo rig*). Many readers will recognise this common literary trope, in which, as Timothy Barrett puts it, all Buddhist history is located in the personal history of the Buddha.¹⁵ The structure of this text in general is clearly patterned after Buddhist historical narratives.

Having reached the historical period of the *Four Tantras*, the longest argument of the text appears as a discourse on the meaning of oral transmission and a defence of the *Four Tantras* as an orally transmitted teaching (*bka'*)—in other words, the Buddha's own speech—and not a human-authored treatise (*bstan 'gyur*). This explanation begins with a presentation of the difference between these sorts of works and the situating of medical teachings within that categorisation. This requires several pages of discussion about the various types of oral teaching, noting that it is incorrect to think that the oral teachings are only those that came from the historical Buddha's mouth during his lifetime. A category of oral teachings that occur when the Buddha acts as an emanation allows the *Four Tantras* to be classed, indeed, as oral transmission.

Third, medicine is, more generally, an inherent part of the Buddhist textual canon. The focus of this history overall is the organisation of literature. As noted above, a large portion of the text is devoted to explaining a bibliographic system that aims to show that the Buddha himself spoke many fundamental medical teachings. However, a shorter presentation of medical teachings in human-authored treatises is also provided. Treatises on medicine, the history tells us, include 78 volumes authored by eight Indian sages, which are divided into five tantra classes and five sūtra classes. The five tantras present instructions for kings, ministers, lords, Brahmins, and people, and the five sūtras comment on taking the pulse, healing with food,

¹⁴ Schaeffer 2003, p. 632.

¹⁵ Barrett 2005, p. 134.

compounding medicines, bloodletting and moxibustion, and making bandages. In addition, there is a division of texts into tantras for god-kings, tantras for sages, and tantras for non-Buddhists. Again, such bibliographic conventions in general are not unique to this text, marking its effort to connect with Buddhist history in terms of both content and style.

Fourthly, the text tells us that the teachings of the *Four Tantras* are specifically tantric: they are a textual transmission authorised by divine blessing and supplemented by secret oral instructions. The *Four Tantras* is spoken by the Buddha, recorded in the format of a conversation, and organised into a root text (the first of the four tantras), with an explanatory text (tantra number two), a text on how to put it into practice (tantra number three), and a supplementary text of additional instructions (number four), following a model of tantric literature, the history tells us. In a lengthy discussion, these groupings are further linked to a Nyingma tantric bibliographic system, showing also that the *Four Tantras* contains the Mahāyoga level tantra (*rgyud*), the Anuyoga-level scripture (*lung*), and the Atiyoga-level oral instructions (*man ngag*).

Near the end of this work, we encounter the topic that receives the least attention in this text, the content of the *Four Tantras*, or the teachings of medicine themselves. The last few pages of the text address these teachings in very general terms, emphasising links to Buddhism when possible. Medicine is aimed at increasing life span, it says, by healing illness, using dietary, behavioural, medicinal and mechanical interventions. The purpose of achieving a long healthy life, full of material resources and the dharma, is happiness in this life; happiness in future lives is achieved by generating the mind of enlightenment. There are two methods of healing, one involving recommendations for the prevention of illness and the other involving the healing of illnesses themselves. Behavioural changes aimed at readjusting imbalanced humoral energies is the first recommended treatment, and if that is unsuccessful, dietary changes are next, then medicinal supplements, and finally mechanical interventions. Each of these is only very briefly explained.

In the preceding discussion, I have emphasised four aspects of this thirteenth-century history of medicine. The work aims to situate medicine as one of the five major arts and sciences. It also aims to prove that medicine in general, and the teachings of the *Four Tantras* in particular, belong in the class of literature that was spoken by the

Buddha himself, and that medicine was also part of the wider Indian Buddhist literary corpus. Finally, the text accentuates the fact that the *Four Tantras* is tantric, in a particularly Nyingma way. The work is thus primarily a historical narrative of *medical literature as Buddhist*, with very little mention of other features potentially of historical import, such as practices, theories or major teachers. To put this narrative in relief, now that I have described some of what it does say, I would like to comment briefly on what it does *not* say by comparing it to a few other Tibetan histories of medicine.

Methods of historicising medicine

There are a few other early histories that can be usefully compared with the *Khyung chen lding ba*. One is a work by Che rje zhang ston zhig po, reported upon by Dan Martin in his 2006 article, dated to around the year 1200, thus possibly predating the *Khyung chen lding ba* by a short period. Another is the *Eighteen Additional Practices* text mentioned above, the *brGyud pa'i mam thar med thabs med pa*, which calls the *Four Tantras* a *terma*. From the fourteenth century, there is a short medical history in the *bLon po bka' thang* portion of the *bKa' thang sde lnga*, a *terma* by O rgyan gling pa (b. 1323), and we also have the more substantial medical history by Brang ti dpal ldan 'tsho byed, the *Shes bya rab gsal*. A century later, the *bShad mdzod yid bzhi nor bu* by Don dam smra ba'i seng ge has a chapter on medical history. From the mid-sixteenth century, we have several medical histories, including chapters on the topic in the *rGya bod yig tshang chen mo* by dPal 'byor bzang po, composed in 1434, in the *mkhas pa'i dga' ston* by gTsug lag phreng ba (1504–66), and in the *sTag lung chos 'byung* by sTag lung ngag dbang nam rgyal, written in 1589. The most substantial history of medicine from this period is the *sMan pa mams kyi mi shes su mi rung ba'i shes bya spyi'i khog dbubs* by the great medical scholar Zur mkhar blo gros rgyal po (1509–79).¹⁶ These are not the only histories of medicine extant from these centuries but are those that have been consulted as the basis of my comments below.

¹⁶ Brang ti dpal ldan 'tsho byed unpublished digital text; Don dam smra ba'i senge 1967, pp. 454–73; dPal 'byor bzang po 1985, pp. 191–7; gTsug lag phreng ba 1959–62; Gu ru u rgyan gling pa 1997, pp. 499–506; sTag lung ngag dbang nam rgyal 1992, pp. 924–8; Zur mkhar blo gros rgyal po 2001.

As discussed above, the *Khyung chen lding ba* is a polemical narrative about the origins of the *Four Tantras*, specifically aimed at situating that text within a certain type of Buddhist literature; it is thus essentially a chronology and taxonomy of literature. As such, as I have noted, there is little mention of important people in the development of medical knowledge, or of distinctive teachings or practices, topics that we might expect to find in a general history of medicine. In many Tibetan historical narratives, there is indeed a tendency to emphasise textual production over other possibly relevant historical data, but in this particular narrative, this is taken to an extreme. In its effort to prove its connections with Indian Buddhism, however, why not refer to aspects of the *Four Tantras*'s teachings? In later Tibetan controversies over the origins of the *Four Tantras*, where scholars debate whether that text is fully Indian or authored by a Tibetan, the *content* of the text is called upon—some writers claim, for instance, that discussions of tea, porcelain, and barley in the *Four Tantras* prove that it was authored by a Tibetan. Arguments of that type, starting in the fourteenth century, if not earlier, use a variety of criteria for proving the origins of the *Four Tantras*, including religion, history, linguistics, customs, diet, botany, and utensils, according to a study by Samten Karmay.¹⁷ The *Khyung chen lding ba*, by contrast, uses bibliography alone as its strategy of historical proof.

The bibliographic argument does in fact appear to have been, at least in the early days of this form of literature, the defining feature of the *khog 'bugs* genre. An important contemporaneous medical history, the *sMan gyi byung tshul khog dbubs rgyal mtshan rtse mo 'bar ba* by Che rje zhang ston zhig po, follows the same methodology. That text's concern, however, is the classification of the Āyurvedic text, the *Eight Branches*. Martin's article on the work notes that, following a discussion of the five arts and sciences, the *Eight Branches* is categorised within seven schools, four cycles, four translations, and two periods of translation. Also discussed is the place of the text within 'the ten systems', namely, the ten regionally identified systems of medicine that played a role in the eighth to eleventh century development of Tibetan medical knowledge. Such lists are found in most Tibetan medical histories, with some variation.¹⁸

¹⁷ Karmay 1998, p. 233.

¹⁸ In Che rje zhang ston zhig po's case, the ten are the systems of the Kashmiri, Orgyan, Magadha, Newar, Arabo-Persian, Dolpo, Uighur, Tangut, Khotanese,

A second point of difference between the *Khyung chen lding ba* and other medical histories is that the *Khyung chen lding ba* has nothing to say about the development of medical knowledge in Tibet itself. Nearly all other extant histories, by contrast, find it imperative to address the state of medical knowledge before the second diffusion, that is, before the entry of the *Eight Branches* into the region. Perhaps this can in part be explained by the text's primary aim of proving the Indian origins of the *Four Tantras*. But notably absent from the *Khyung chen lding ba*, nonetheless, are numerous narrative elements that became key parts of later histories of medicine, such as stories about important medical conventions, texts, and scholars in the pre-Buddhist period and in the Imperial period. Che rje zhang ston zhig po's thirteenth-century work, for example, introduces some of the key characters in indigenous Tibetan medical history through its presentation of the ten medical systems, despite this text being most centrally a history of Indian medicine. Brang ti dpal ldan 'tsho byed's fourteenth-century *Shes bya rab gsal* is a work that, like the *Khyung chen lding ba* and Che rje zhang ston zhig po's text, also contextualises medicine within a discussion of each of the five major arts and sciences and introduces its history of medicine with an overview of the ten systems that influenced early Tibetan medicine. Unlike the *Khyung chen lding ba*, however, the *Shes bya rab gsal* then launches into a thorough commentary on the spread of medical knowledge within Tibet, beginning with the Imperial Period. A century later, the medical history chapter of the *bShad mdzod yid bzhin nor bu* begins by contextualising the *Four Tantras* within a detailed classification of Indian Buddhist literature, in the good bibliographic manner of a *khog 'bugs*. That text continues, however, to discuss translations of medical works and famous physicians active during the Imperial period. Although there are many variations in detail between these and other medical histories, there is significantly less variation in terms of the general sorts of content addressed, making the *Khyung chen lding ba*'s omission of the texts and characters of Tibetan medical history itself all the more exceptional.

Not only does the *Khyung chen lding ba* say nothing about indigenous medical knowledge and its development, it also neglects the

and Phrom. Other medical histories have slightly different lists. See Martin (2007 forthcoming).

contributions of Chinese and central Asian visitors that are such a significant part of other medical histories. Che rje zhang ston zhig po's text, I have noted, is primarily about Indian medicine and the transmission and importance of the *Eight Branches* in Tibet. But in telling that story, the work also describes contributions to Tibetan medical knowledge by Chinese and central Asian scholars. Several portions of that work are then repeated in the most important histories of medicine in Tibet afterwards. Its taxonomy of Indian, Chinese and central Asian contributions to Tibetan medicine became standard in later historical narratives. Brang ti dpal ldan 'tsho byed history provides additional details on this taxonomy, focusing much more closely on the authorial and pedagogical activities of Tibetan medical scholars during the Imperial period. That text serves as a key source for later histories as well, all of which find it essential to address the cosmopolitan nature of early medical knowledge. The *Khyung chen lding ba* is notably, and strangely, silent on the contributions of non-Indian medical figures or texts. Its author was clearly intent on impressing upon his readers the *exclusively* Indian origins of the Tibetan tradition. Knowing the impulse among many Tibetan scholars at the time to cite Indian authority on all matters scholastic, this may be unremarkable; but knowing that all other extant medical histories are eager to discuss the internationally cosmopolitan nature of pre-second-diffusion medicine, it is noteworthy.

One of the things that makes the *Khyung chen lding ba* so interesting is that, although it extols the Buddhist origins of medical knowledge, it was roundly rejected by later historians of medicine. In the mid-sixteenth century, the important medical scholar Zur khār blog gros rgyal po called the text 'a confusing muddle of doctrines' written by a Bonpo or a Nyingmapa who knew little of medicine and 'had no experience with the Dharma'.¹⁹ Around the same time, the *mkhas pa'i dga' ston* called the text uninspiring and claimed that it was simply copied from some other work.²⁰ A century later, the Mongolian religious historian Dza ya pandita repeated the view that the text was authored by an unskilled Bonpo or Nyingmapa.²¹ At the same time, Sangs rgyas rgya mtsho condemned the entire *Eighteen*

Additional Practices collection, labelling each of its texts either unhelpful, useless, or 'plagiarised' (*dpe blangs pa*).²² He accuses the *Khyung chen lding ba* in particular of being taken from Chinese astrology (*nag rtsi*), an indictment that is not further explained and that is difficult to understand, given the contents of the text as we have it today. Samten Karmay does make note, however, of an argument that claims the *Four Tantras* itself to have been translated from Chinese because of its use of aspects of Chinese astrology, such as the five elements of wood, fire, earth, iron and water. This assertion, Karmay explains, may have begun with the *Padma bka' thang*, and was adopted by several subsequent medical histories.²³ Such a view may be at the root of Sangs rgyas rgya mtsho's indictment of the *Khyung chen lding ba*.

What we have in the *Khyung chen lding ba* is one of the earliest histories of medicine extant in Tibetan that focuses on or, frankly, even acknowledges, the *Four Tantras*, a work that went on to become the most important text in Tibetan medicine for the next 800 years. The *Khyung chen lding ba* is also one of the very first histories we have that bears the title *khog 'bugs*, a bibliographic classification that continued to be held by many histories of medicine to come later. It is radically dissimilar to other histories of medicine, however, even to those also called *khog 'bugs*, because it neglects nearly all the topics emphasised in other histories, such as people, medical teachings, and the development of the tradition within Tibet. Its central purpose is to emphasise necessary connections between the *Four Tantras* and the core teachings and literature of Indian Buddhism.

This aim is perhaps an unsurprising product of its time, the writing of the text taking place when many central Tibetan scholars were eagerly allying themselves with Indian scholasticism—as Ronald Davidson puts it, for such 'neoconservatists', 'anything un-Indian was by definition un-Buddhist, so that all innovations in doctrine, ritual, behavior, or meditation instructions were, *prima facie*, illegitimate, simply because they could not be tied to an Indic text or Indic tradition'.²⁴ It seems also to have been necessary to show alliance with Indian Buddhism in the case of medicine at the turn of the thirteenth century. This particular 'ideological voice', as Davidson calls it, had, of course, social and political ramifications. Ironically, however,

¹⁹ Zur mkhar blo gros rgyal po 2001, pp. 279 and 321.

²⁰ Cited in Gerke 2001, p. 41.

²¹ The medical history sections of the *Chos kyī thob yig gsal ba'i me long* by Dza ya Pandita blo bzang 'phrin las (b. 1642) are reprinted in Taube 1981; this passage is on folio 91a at Taube 1981, p. 141.

²² Sangs rgyas rgya mtsho 1994a, p. v.2, 1458. Also cited at Gerke 2001, p. 41, Taube 1981, p. 42.

²³ Karmay 1998, pp. 235 ff., 30.

²⁴ Davidson 2005, p. 14.

according to later medical historians, the presentation emphasising the *Four Tantras*' embeddedness in Indian Buddhist literature was eventually overshadowed by the more Tibet-centric narrative emphasising the *Four Tantras* as a *terma*. What it may have helped do during these crucial centuries, however, is establish beyond debate the centrality of the *Four Tantras* for the academic medical traditions, neoconservatist or not; this, at the expense, no doubt, of other medical texts in currency at the time.

The medical history by Che rje zhang ston zhig po, a contemporary of g.Yu thog, did not even mention the *Four Tantras*. A half century later, while kLong chen pa's *Grub mtha' mdzod* also does not mention the text in its discussion of the five arts and sciences,²⁵ the *bKa' thang sde lnga*, revealed at around the same time, does.²⁶ The influence of the *Four Tantras* gained sure footing slowly from this point onwards, for it soon becomes increasingly difficult to find a text that mentions medicine without acknowledging its primacy. The energetic polemics of the students of g.Yu thog yon tan mgon po, over the course of about 150 years, managed to dominate first the medical scholastic communities, and then, more slowly, the communities of religious scholars in central Tibet, until the *Four Tantras* was almost universally acknowledged as the primary text of medicine. The fact that the *Four Tantras* is still today the main text of Tibetan medicine may have everything to do with these early efforts to link it inextricably with Indian Buddhist literature, in a world where texts and their histories were themselves constitutive of authority, not only a reflection of it.

The texts of the Eighteen Additional Practices

- (1) *Khog dbug* ('bubs) *khyung chen lding ba* (LC 3–19; GP 1–33)
- (2) *sTong thun mdzes pa'i ja' ris* (LC 20–40; GP 34–72)
- (3) *Sa dpyad* (bcad) *stag mo'i ngam thabs* (LC 41–65; GP 73–122)
- (4) *Tika mun sel sgron me* (LC 66–84; GP 123–157)
- (5) *'Grel ba 'bum chung gsal sgron nor bu'i 'phreng mdzes* (LC 85–166; GP 158–312)

²⁵ *Grub mtha' mdzod*, p. 665; this work is vol. 3 of kLong chen pa dri med 'od zer 1983.

²⁶ Gu ru u rgyan gling pa 1997, p. 499.

- (6) *rTsod bzlog gags sel 'khor lo* (LC 167–180; GP 313–338)
- (7) *sKor tshoms stong thun bcu gcig* (LC 181–289; GP 339–539)
- (8) *Ming don brda sprod mam lnga* (LC 290–297; GP 540–552)
- (9) *Rin chen spungs pa'i mdzes rgyan* (LC 298–300; GP 553–631)
- (10) *Kha 'thor rin chen phung po* (LC 301–309; GP 632–646)
- (11) *Lag len dmar khrid yig chung* (LC 310–330; GP 647–689)
- (12) (LC 331–340; GP 690–704)
 - (12.1) *brGyud pa'i mam thar med thabs med pa*
 - (12.2) *rTsa'i spra sgrub med thabs med pa*
 - (12.3) *Sri'u gso ba med thabs med pa*
- (13) *Yang sbabs gab pa bco brgyad* (LC 341–357; GP 705–731)
- (14) *Khyad par zab pa mam gsum* (LC 358–364; GP 738–750)
- (15) *mKhas khyad ngo misar bzhi sbrugs* (*sprugs*) (LC 365–367; GP 751–754)
- (16) *rGyud chung bdud rtsi snying po* (LC 368–508; GP 755–1028)
- (17) *gSo dpyad mu tig 'phreng ba* (LC 509–527; GP 1029–1066)
- (18) *Phan byed (bya) sngags 'bum dkar po* (LC 528–538; GP 1067–1086)

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PROFILE OF A *DAOYIN* TRADITION: THE 'FIVE ANIMAL MIMES'

WANG SHUMIN 王淑民 AND PENELOPE BARRETT

Abstract

According to the *Lingshu* 靈樞 (Numinous Pivot) section of *Huangdi neijing* 黃帝內經 (The Inner Canon [of Medicine] of the Yellow Emperor), the Yellow Emperor (said by legend to have reigned c. 2698–2599 BCE) read all the remedy literature, and distilled from it five methods of treating illness. The first of these was *Daoyin xingqi* 導引行氣 (Guiding and stretching and moving *qi*). This article traces the history of the *daoyin* exercise traditions involving animal impersonation from pre-Qin China to the present day. It uncovers a tale of transformation, on the one hand indicative of the therapeutic power invested in animals in early Chinese culture, and on the other of a practice sufficiently plastic to lend itself to unarmed combat and community sports—an emblem at once of self-determination and conformity.

This article profiles a specific tradition of *daoyin* (Chinese therapeutic gymnastics) involving animal mimesis, through religious and medical literature, and describes its survival in modern Chinese practice. *Lü Shi chunqiu* 呂氏春秋 (Mr Lü's Spring and Autumn Annals) (c. 239 BCE), 'Gu yue pian' 古樂篇 (Volume on Ancient Music) relates:

At the beginning of the reign of Tao Tang Shi 陶唐氏 [another name for the semi-legendary sage-king Yao 堯, supposed to have reigned in the third millennium BCE], there was an excess of Yin which accumulated and stagnated. The water courses were blocked, so that the water could not return to its origin; and the *qi* of the people was dammed up and stagnant, and their bones and sinews were contracted as with cold so that they could not be straightened. Therefore dances were performed to conjure this away.¹

These dances, performed to bring health and harmony to the country and to the bodies of the dancers, were an early precursor of *daoyin*.

¹ *Lü Shi chunqiu*, juan 5 'Gu yue pian' 古樂篇, p. 3.

