



Plate 1: Lhun sdings with monastery



Plate 2: Tshe ring thob rgyal and his grandchild in the Sman grong house in Lhun sdings

EMBRYOLOGY AND EMBODIMENT IN TIBETAN LITERATURE: NARRATIVE EPISTEMOLOGY AND THE RHETORIC OF IDENTITY

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In this article I will focus on the presence of embryology in Tibetan literature as it occurs from the twelfth century through the sixteenth century. First I will summarise the sources for embryological information that Tibetan writers had available to them in the eleventh to twelfth centuries. Where did they learn about how humans are conceived and grow, and what sources influenced them most? After introducing a few Tibetan literary sources in which we find embryology addressed, I will discuss the relationship between how we read such embryological narratives, and what we understand them to say. I will preface this by noting that embryology, physiology and anatomy, as sub-branches of the discipline of biology with specific definitions and histories in Euro-American thought, have no direct terminological or conceptual correlate in Tibetan. What I am calling 'embryology' in this article is in Tibetan literature simply the 'formation of the body' (*lus kyi chags tshul* or *grub pa lus gnas*), a topic that begins with a discussion of conception and typically ends with the moment of birth. Similarly, in Tibetan literature there is no single, unambiguous term for 'embryo': that which we call the 'embryo' and the 'foetus' is in Tibetan literature referred to as the 'body (*lus*) forming in the womb', as 'that which resides in the womb' (*mngal gnas*), as the 'womb' itself (conflating the term for womb, *mngal*, with the embryo), or simply as the 'child' (*phru gu*). Despite this, the phenomenon of the 'embryological narrative'—that is, the detailed description of the developing human body in the womb—is widespread from the early days of Tibetan literature to the present. Although today we consider embryology to be unambiguously a topic of biology, science, or medicine—hence the appearance of this paper in this volume—how appropriate is this in the context of Tibetan literary history? This paper will suggest that embryology in medical and religious texts alike, particularly from around the fifteenth century onwards, is quite centrally a venue for discussing doctrines of Buddhist

morality and religious belief, and for promoting specific attitudes about human identity and the possibilities of and mechanisms for change.

The Primary Medical and Religious Literary Sources for Embryology

Although embryology was discussed in a wide range of Indian sources for a millenium before reaching Tibet,¹ only a relatively small number of these texts were available to Tibetans by the twelfth century, as I will outline below. Those that did make it across the Himalayas, however, represented a reasonably disparate range of traditions, and Tibetans were thus introduced to Indic embryologies through Āyurvedic medical, Buddhist *sūtric*, and Buddhist tantric texts.

The Indian medical text, *Yan lag brgyad pa* (*Eight Branches*), by Vāgbhaṭa (known in Tibetan by the names Pha khol, Pha gol, or Dpa' bo), reached Tibet by the eleventh century.² Its chapter on embryology covers topics such as the formation of the embryo, determination of the embryo's sex, the features of healthy reproductive fluids, ceremonies for conception, and rituals to ensure conception of a male child. The general structure of this Āyurvedic book is loosely replicated by the Tibetan medical text, the *Rgyud bzhi* (*Four Tantras*), and many of its particular teachings had a lasting influence on Tibetan medicine.³ Despite the *Eight Branches'* status as one of the most widely cited sources in Tibetan medical texts subsequently, however, in many respects its authority is disregarded in the context of embryology.

In keeping with the pan-Indian philosophical preoccupation with foetal development, various Indian Buddhist texts, such as the *Abhidharma*, also include descriptions of the mechanics of conception and the process of fetal development. Among Buddhist *sūtras*, the source for embryological detail most heavily utilised by Tibetan writers is the Mahāyāna Buddhist *sūtra* known as the *Mngal du 'jug pa* (*Entry into the Womb*).⁴ In this text the Buddha explicitly describes to his brother Nanda the factors necessary for conception and the entire

¹ For a summary of these, see Dasgupta 1975(2): 302–91, and Kumar 2000.

² Pha khol 1989. For a translation into English from the Sanskrit, see Vāgbhaṭa's *Aṣṭāṅga Hrdayam Sūtrasthāna*, 1996. A discussion of the text's provenance and authorship can be found in Vogel, 1965.

³ *Bdud rtsi snying po yan lag brgyad pa gsang ba man ngag gi rgyud* 1993. See Dan Martin's article in this volume for comments on the relationship between these texts.

⁴ *Tshe dang ldan pa 'dga' bo la mngal du 'jug pa* 1981. The Chinese translation of this text was translated into German in Huebner 1932.

embryogenical process. This *sūtra* is extensively quoted by most authors who write about embryogenical development in both medical and religious traditions in Tibet. Another important class of Buddhist texts that served as a source for Tibetan authors discussing embryology is the Indian *tantras*. Meditation practices modeled after human conception, development, and birth—which are therefore themselves described in lesser or greater detail—are evident in many Indian Buddhist *tantras* and their exegeses.

India was not, of course, the only source for knowledge in Tibet. Some of the earliest medical practices by Tibetans themselves—such as healing rituals using the *gzi* stone and fire, and the practice of trepanation—are described in pre-Buddhist texts.⁵ However, I am not aware of early accounts of embryogenesis in these sources. An early, reputedly non-Indian, text with a substantial account of embryogenesis is *Sman dpyad zla ba'i rgal po* (*King of the Moon*). A Chinese version of this text is said by some scholars to have been translated into Tibetan at the request of Khri srong lde btsan.⁶ The rendition of *King of the Moon* now available from Dharamsala, offering a version of the text said to be a translation from Sanskrit, includes a detailed account of embryonic development that is unlike any other embryogenical account that I have seen.⁷ However, interestingly, I have never seen it cited as an authoritative source on embryology by Tibetan authors subsequently. While we might expect significant influences from Chinese sources on Tibetan embryology, in fact this has been difficult to determine. In discussions of embryology found in either religiously or medically oriented texts, Tibetan authors do not credit Chinese traditions with contributing information on the topic, despite the large numbers of Chinese medical scholars said to have been active in Tibet. The few available secondary sources describe Chinese embryological systems that are significantly different than anything seen in Tibetan literature, however, and thus it is difficult to posit any influence there.⁸

⁵ Skäl bzang 'phrin las 1997: 32–39.

⁶ Mention of this text in its various incarnations occurs in most Tibetan medical histories; for a summary of its various editions and their provenance, see the discussion of a contemporary medical historian in Byams pa 'phrin las 1996: 6–7. Fernand Meyer discusses this text in Dorje and Meyer (eds) 1992(1): 161.

⁷ *Sman dpyad zla ba'i rgal po* 1994.

⁸ For a summary of early Chinese embryological theories, see Kinney 2003. Addressing the issue of why Chinese influence on Tibetan medicine is so difficult to trace, the contemporary medical historian Yongdrol Kangbu Tsongkha speculates that

At the time of the second diffusion, therefore, Tibetans had access to a range of sources on the topic: medical and religious, exoteric and esoteric. Human anatomy, physiology, and obstetrics formed the context for embryology in Vāgbhaṭa's medical text. Buddhist teachings on ethics justified narratives of embryology in the Buddhist *sūtras*. The *tantras* taught embryology as a technique of spiritual growth through ritual and meditation. How did Tibetan scholars beginning to compose their own texts at this point in history decide which approach was correct? Or, is this even the right question to ask?

Tibetan-authored Embryologies in Religious and Medical Literature

I will begin by commenting briefly on the context of embryology in indigenously Tibetan literature from the eleventh and twelfth centuries onward—first as it appears in religious writings, and then as it exists in medical literature. Spanning many centuries and a wide range of literary sub-genres, writing on embryology is found across all sectarian classifications of Tibetan religion. Embryological accounts in religious texts are often different in both structure and content than those found in medical texts, and they differ widely from each other as well. The Bka' rgyud founder Sgam po pa bsod nams rin chen (1079–1153), for example, although said to have been a medical scholar in his younger years, interestingly does not acknowledge medical models of embryology at all in the embryology that is present in his text, the *Dam chos yid bzhi nor bu thar pa rin po che'i rgyan* (*Jewel Ornament of Liberation*).⁹ Quite unlike esoteric texts for which embryology provides a positive model for spiritual rebirth, Sgam po pa uses the misery of gestation and birth as a means of frightening people into religious practice.

Embryology is very commonly found in texts about the Buddhist path. An example of such a text is the *Rgyud kyi mngon par rtogs pa rin po che'i ljon shing* (*Great Jeweled Wishing Tree*), by the Sa skya scholar Grags pa rgyal mtshan (1147–1216), a contemporary of the

due to the strong influence of Āyurveda on Chinese medicine during the fourth to ninth centuries, most of the Chinese doctors in Tibet, many of whom were also Buddhist monks, were in fact teaching systems of medicine more closely related to Indian Āyurveda than to indigenously Chinese medicine. Yongdrol Kangbu Tsongkha, unpublished manuscript. This fascinating suggestion certainly warrants further research.

⁹ This is available in several English translations, among them Herbert Guenther 1971.

medical scholar G.yu thog yon tan mgon po (1112–1203).¹⁰ Grags pa rgyal mtshan is the author of at least one medical text¹¹—like Sgam po pa, he is one of many religious scholars of the time trained in medicine as well. Grags pa rgyal mtshan's embryology begins with a summary of the traditional Buddhist four types of rebirth—miraculous, egg-born, moisture-born, and womb-born—and an explanation of the causes of conception. His account of embryonic development addresses both coarse and subtle body aspects, and it precedes a detailed explanation of the tantric anatomy of *maṇḍalas*, circulatory channels, and winds. This account of embryology differs vastly from the narratives found in medical texts; his presentation of conception ignores the role of the natural elements, his descriptions of gestation and adult physiology do not mention the three humours, and so on.

Another important source for embryological information is the *Zab mo nang don* (*Profound Inner Meaning*), a Bka' rgyud text on yogic physiology and practice by Rang byung rdo rje (1284–1339).¹² This is a very commonly cited authority on embryologic topics in the important *Four Tantras* commentary by Zur mkhar blo gros rgyal po (1509–1579), the *Mes po'i zhal lung* (*Transmission of the Elders*).¹³ Less than a century later, the Rnying ma scholar Klong chen 'rab 'byams pa (1308–1364) included some very long embryological accounts in his religious writings. His *Tshig don mdzod* (*Treasury of Precious Words and Meanings*) ignores completely the structure of the *Four Tantras* or any other known early medical embryological sources from India or Tibet, however; nor does it consider any of the most important embryological topics in those texts.¹⁴

These are but a few early Buddhist texts in which embryology is discussed—there are many others, and a full accounting of them is far beyond the scope of this paper.¹⁵ Over the next several centuries in Tibet, embryology continued to play an important role in philosophical and religious literature of all sectarian persuasions. What is of note here, is that clearly the composition of embryology in Tibet was far

¹⁰ Grags pa rgyal mtshan 1968: 59a–65b.

¹¹ Grags pa rgyal mtshan 1966.

¹² Rang byung rdo rje 1970.

¹³ Zur mkhar pa blo gros rgyal po 1989.

¹⁴ Klong chen pa 1983. This text is translated in Germano 1992.

¹⁵ I have discussed the embryologies of these and other writers in my doctoral dissertation and in several forthcoming articles (Garrett 2004 and forthcoming).

from straightforward. Despite the oft-spoken-of Tibetan author's impulse to form intellectual alliances with India, embryology was clearly a topic with which these writers could be creative. What this says about embryology, I will address below.

Embryology in religious texts is tied to explications of religious practice—either practices of morality, in which the horrors of the womb are used to frighten the audience into certain types of behaviour; or contemplative practices, in which meditators attempt a symbolic (or real) rebirth as a more enlightened being. In medical texts, by contrast, embryology has little to do with discussions of the *practice* of medicine. I will say a few words now to place embryology in the context of medical literature as a whole. What types of topics are included within the scope of medical literature in Tibet prior to the seventeenth century?

The majority of Tibetan medical works address nosology, pharmacy and *materia medica*. Nosological texts are descriptions and classifications of specific diseases, typically composed in the manner of a reference. Texts on pharmacy and *materia medica* describe the identification, collection methods, preparation, and application of medicinal substances. Other texts that we might also call reference works include dictionaries of specialised medical terminology. Interestingly, although there are countless texts devoted to pharmacy or nosology, there appear to be relatively few texts devoted exclusively to discussion of the structure or function of the human body itself. Several chapters of the *Bshad rgyud*, the second book of the *Four Tantras*, covering embryology and adult anatomy and physiology—and then their many commentaries—are the primary examples of this type of medical writing. Aside from this, there are lists of dynastic period texts in Sangs rgyas rgya mtsho's medical history, *Gso rig sman gyi khog 'bugs*, that suggest that human dissection was a topic addressed by the occasional author, and there are references to documents that appear to include medical drawings, which, certainly, are ways of describing the human body.¹⁶ What I am proposing here, though, is that the focused discussion of embryology, anatomy and physiology for their own sake (that is, not in the context of discussing moxibustion, for example)—seems to be rare in medical

¹⁶ This observation is based not on examination of the texts in question but by their titles alone. For lists of texts with titles such as *ro bgra 'phrul gyi me long*, *ro bgra thu gu dgu sbyor*, and *byang khog grems kyi mdo*, see Sangs rgyas rgya mtsho 1994: 154–55. Also see Meyer 1992: 11. Some of these early sources for medical iconography are also mentioned in Bolsokhoyeva 1993: 31–32.

literature, aside from its existence in the chapters of the *Four Tantras* *Bshad rgyud* and the many subsequent commentaries on those chapters.

Reading Embryology in Tibetan Medical Literature

Now that I have outlined briefly where embryology occurs across Tibetan literature, what I will focus on in the rest of this paper is the suggestion that Tibetan embryology is not most fruitfully approached as 'science' or 'medicine' in the positivist Euro-American sense. Rather, I propose that embryology—that is, those discussions in Tibetan texts that focus explicitly on the development of the human body from conception until (re)birth—may be most productively read as conveying 'narrative truths'.¹⁷ When we think about how to approach the wide range of embryologies in Tibetan literature, therefore, we might do more than ask whether embryos 'really' grow as these narratives say they do; indeed, we might ask whether these narratives mean to tell the story of how real embryos grow at all.

In calling Tibetan embryologies 'narrative' I am suggesting, among other things, that they partake of many of the attributes we normally ascribe to a story. Hayden White summarises four such attributes, most of which can be seen to varying degrees in Tibetan embryologies: a central subject; a well-marked beginning, middle and end; an identifiable narrative voice; and the suggestion of a necessary connection between one event and another.¹⁸ One, in most Tibetan embryologies the central subject is purportedly the developing embryo; in cases where symbolism is explicit, the subject may alternatively be the contemplative who is meant to undergo the spiritual transformation described embryologically. Two, embryological accounts certainly have a well-marked beginning, middle and end: they invariably begin with a description of conception, always present some information about the process of development throughout gestation, and commonly end with

¹⁷ I use this expression in order to value the truth status of Tibetan statements about embryology and to suggest that we must question our understanding of 'truth' in this context by considering how something comes to be true and what it means for something to be true. By attending to how embryology is narrated (examining its 'narrative truth'), I am proposing that embryology in Tibetan literature becomes much more richly interesting when viewed from a perspective other than the naive realism of the commonsense biomedical or scientific orientation.

¹⁸ White 1980: 7.

the occurrence of birth. Three, many embryologies have an identifiable narrative voice, commonly that of a religious scholar or teacher (but rarely that of a medical clinician). And finally, Tibetan embryologies are concerned with the necessary connections between the events of gestation and how those connections take place. I have gone into some detail on each of these elements elsewhere,¹⁹ so in the pages remaining I will address briefly only the question, Who is the central subject of embryological narratives in Tibetan literature?

Like anything else, Tibetan embryologies can be interpreted on various levels. The embryo characterised in Tibetan narratives does not necessarily refer to the literal (even if fictional or idealised) embryo. As I have mentioned, many embryological stories depict Buddhist practitioners of morality and meditation who, beginning with spiritual qualities that are embryonic in achievement, undergo the soteriologically charged contemplative activity of gestation and rebirth. The stories about these characters are conflicting, however: in one model, such as that of Sgam po pa, the suffering of gestation and the agony of birth are used to encourage religious practice; in another model, such as that of Klong chen pa, gestation and rebirth are viewed positively as opportunities to reach new spiritual attainments. Because this is a volume on Tibetan medicine, however, I will write briefly about how medical texts present the subject, or main character, of their embryological narratives, and what this says about the presence of embryology in medical literature in general.

Beginning with the obvious, the embryo is something that will grow into an ordinary adult body. At some point mid-way along the gestational process, it becomes a discrete body-mind unit, with limbs, skin, facial features, sexual characteristics, mental attitudes, and so forth. In general, in Tibetan medical theory, ordinary adult bodies are maintained by a variety of systemically self-organising processes. Discussions of physiology tell us that the substances of the body are sustained by the digestive process (which makes the internal condition of the body reliant upon substances of the world in the form of foods), and by the body's interaction with the natural environment. Guided by physiological processes of activity, vitality, and stability—in other

¹⁹ See my doctoral dissertation, now under revision for publication.

words, the three humors—the body is functionally organised.²⁰ Thus this body is an integrated, coherent totality that adapts to internal and external environmental modification.

To this end, Tibetan embryological narratives semantically charge the human body in various ways. For example, Tibetan medical embryologies in particular educate their readers about gendered bodies.²¹ The topic of sex or gender determination stimulates a lot of discussion in Tibetan medical commentaries such as those by Skyem pa tshe dbang, in the fifteenth century, and Zur mkhar blo gros rgyal po, in the sixteenth century.²² The sources these authors were drawing on provided several theories on how the developing embryo acquires a particular set of sexual characteristics. Quite unlike the *Eight Branches* and *Four Tantras*' schemes, where newly conceived embryos were of ultimately indeterminate sex for at least three weeks, in the *Abhidharma* and *Entry into the Womb sūtra* traditions, it was essential to conception itself that sex identification be made—without sexual characteristics, a new being could not even be conceived. While in the *Four Tantras* tradition this *Abhidharma* model was not considered conclusively authoritative, many (but not all) religious embryologies did repeat the notion that emotions of aversion and attraction toward the two parents are central to the success of conception and the formation of a sexually defined and therefore gendered human being.²³ Medical commentaries such as those of Skyem pa tshe dbang and Zur mkhar blo gros rgyal po discuss a variety of notions on sex determination and go into some detail on

²⁰ Loizzo and Blackhall interpret the three humours as "three aspects of self-organization [that] may best be conceived as systemic aspects of activity, vitality, and stability" (Loizzo and Blackhall 1998: 313).

²¹ Although the terms are not synonymous, Euro-American theorists have debated the precise distinction between the terms 'sex' and 'gender', and in common parlance the two are often used interchangeably. 'Sex' typically refers to the biological aspects of being male, female, or, in the case of South Asian literature, which generally describes three types of genital presentations, 'hermaphrodite' (*ma ning*). 'Gender' typically refers to the behavioral, social, and/or psychological features of sexed individuals. 'Sex' emphasises the 'objective' marker of a particular set of genitalia on the body, whereas 'gender' is a more interpretive term that may refer to a person's social status and behavior. In the case of Tibetan embryology, my point here is that the texts go beyond an objective assignation of genitalia to a social valuing of one set of genitalia over the others, and thus they are speaking about gender as well as sex.

²² Skyem pa tshe dbang 2000 and Zur mkhar pa blo gros rgyal po 1989.

²³ For example see Grags pa rgyal mtshan 1968: 59a. Klong chen pa does not mention sex identification at all. For an interesting discussion of various classical Greek views on sex determination, see King 1998: 8–9.

how you can change the sex of the fetus to that of a boy. The assignation of sexual characteristics is clearly not a semantically neutral issue, and thus the characterisation of the embryo goes beyond a description of genitalia to a sociocultural and ideological statement about gendered bodies and their relative value.

Embryology also defines bodies as 'defective' or normal. Medical texts generally claim that impurities in the male or female reproductive substances lead to failure to conceive. Some texts, however, such as the commentaries mentioned above, state that conception may occur, but these impurities will cause the generation of a child with physical deformities, such as a cleft lip, extremely short stature, or too many or too few limbs or sense organs.²⁴ Such discussions provide interesting evidence of Tibetan medical notions of physical imperfection and normalcy. Note, for example, that birth as a 'hermaphrodite' (*ma ning*) is not classified as physically defective; nor is the female form explicitly labeled a defective male, as in early Greek medical literature. Still, however, boy children are clearly considered more desirable than girl children, and in medical texts in general, women's bodies are considered different enough from men to warrant special nosologies. 'Normal' bodies are without question male bodies.

Human bodies are thus semantically charged structures that are gendered and normalised by embryological narratives. They are also defined by medical commentators in the *Four Tantras* tradition as interdependently harmonised with their environment. Unlike many Euro-American cosmological traditions that focus on the cosmos as an entity distinct from the individual, Buddhist cosmology is explicitly concerned with defining the interactive relationship between the human individual, his or her environment, and the cosmos. As is well known, an explicit correlation is made in many Asian traditions between the generation of the universe and the generation of the individual. A variety of thematic and rhetorical elements demonstrate the commitment of many writers to using embryology to communicate the inseparable nature of the individual and the cosmos. In most Tibetan accounts of conception and fetal development, the natural elements, which organise and direct the universe and everything that exists within it, play an essential role. Successful conception is said to result from the mixture of the male 'reproductive substance' (*khu ba*), female 'blood' (*khrag*),

²⁴ For example, see Skyem pa tshe dbang 2000: 128.

and the transmigrating being's 'consciousness' (*rnam shes*), interacting with the energetic processes of the five elements inherent in those three substances. Medical embryologies thus tell us that humans are made up of the same stuff as the universe. This is not something that goes without saying, though, interestingly, and the precise role of the elements is an important topic of discussion in medical embryological writings. Indeed, the medical commentator Zur mkhar blo gros rgyal po is highly critical of those who neglect the importance of the elements in embryology, despite the absence of the elements in Vāgbhaṭa's *Eight Branches*, one of his primary medical sources in other contexts.²⁵

Embryology in Tibetan medicine is a story that identifies and defines a certain type of human being. While Tibetan physiological theories are diverse and often contradictory, what they have in common, for the most part, is a sense that the adult body is to be characterised by a cosmologically harmonised functional adaptability and by structures that are semanticised by sociopolitical hierarchies or religious ontologies. These characteristics can be seen to inhabit the human body from its origins in the womb. Embryological narratives give human bodies gender, semantically charging the fetus on the basis of its sexual organs. In these narratives human bodies are defined as defective or normal, again shaping the body in ways that are not morally neutral. The human is said to be formed by adaptively interacting with its environment, suggesting that the border between the individual and its environment is contextualised and fluid. The embryological narrative is a tool used by Tibetan medical writers not so much to describe what is, but to prescribe what should be, in the effort to articulate acceptable models of human identity and change.

Conclusions and Speculations

Finally, I have two general, somewhat open-ended conclusions to make. One, I commented briefly that in religious literature, embryology occurs mainly in the context of discussions of religious practice, or 'religious therapeutics'. Embryology is thus a way of talking about the Buddhist path. (As the topic for another paper, I might hypothesise therefore that the increasing popularity of the *lam rim* genre after the second diffusion might have something to do with the growing popularity of embryology in religious literature.) In medical texts, however,

²⁵ Zur mkhar pa blo gros rgyal po 1989: 107.

embryology appears to have little if anything to do with discussions of the *practice* of medical therapeutics, or with the healing of disease, as we think of it. For medical authors by the fifteenth century, embryological narratives had become occasions for working out some of the stickier issues in Buddhism—in other words, embryology appears to have become a place for medical writers to do a bit a philosophising. What does this tell us? I would say that this may tell us that embryology—and I would add adult anatomy and physiology too—may be most fruitfully classed less as medical topics, than as Buddhist religio-philosophical ones. Or, if this suggestion is problematic, perhaps we can simply say that embryology, anatomy and physiology are topics that occur in a different way—or serve a different purpose—in Tibetan medical literature than do topics like pharmacy and nosology. Here it will serve us to recall that the study of the creation and structure of the human body in the context of medicine has a particular history in our own culture. The classicist Ludwig Edelstein suggests that in early Greek medicine, anatomical knowledge in general played a very small role in the practice of medicine—knowledge of the body was not essential to the practice of medicine.²⁶ Kenneth Zysk has noted that human anatomy was a topic taught in sections of the Pāli Canon's *Sutta Piṭaka* that deal with ascetic discipline, and not in the medical sections of the *Vinaya*.²⁷ In his *History of Indian Philosophy*, Dasgupta claims that the study of anatomy had almost ceased in Indian medicine by the time of Vāgbhaṭa.²⁸ Thus, it is possible that the resurgence in interest in theorising about the human body in Tibetan medicine by the fourteenth–fifteenth centuries is a sign of the 'Buddhification' of Tibetan medicine. In other words, the human body is a hot topic in medicine because it is a hot topic in religion, and not the other way around.

And finally, I have suggested that reading Tibetan embryology as narrative, rather than as empirically verifiable (or not) scientific observation, shows it to be a lucrative and deeply expressive way for scholars to communicate truths about human identity, continuity and change. Again, as the topic of another paper, we might go so far as to see an important parallel between the way embryological narratives construct models of identity, continuity, and change, and the way historical narratives do so. For the scholar, if embryology is a narrative that defines

²⁶ Edelstein 1967: 261–66.

²⁷ Zysk 1991: 34.

²⁸ Dasgupta 1975(2): 433. On this topic also see Grmek 1998.

individual identity, history, surely, is the narrative that defines social or institutional identity. Notions of ethics, causality and geometric space shape the creative construction of social identities through historical narratives just as they do the creative construction of personal identities through embryological narratives. Just as it is of limited value to read embryological narratives only for information on how embryos grow, there is likewise much more to be understood from a historical narrative than simply what events occurred.

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