TIBETAN MEDICINE

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ABSTRACT : This paper explains Tibetan Medicine and its adherence to the tradition. The author has also analysed its historical and traditional background and its relationship to Ayurveda.

1

Indianization of Tibet began around 620 A. D., when the Tibetan emperor Sroṅg-behan sgaṁ Po (620–649) sent the Tibetan scholar Thon-mi Saṁ-bhota to Kashmir to evolve a suitable script for the Tibetan language. Even before this time, an earlier emperor (gNah-Khri-behan-Po) had invited two physicians from India to visit Tibet. Both of them stayed in Tibet for over ten years, during which time Indian medicine (viz. Āyurveda) took root in the Himalayan region. One of the Indian physicians married a Tibetan woman, and their son became a famous physician. Medical wisdom was being orally transmitted until Saṁ-bhota developed the art of writing in Tibet.

The next great event in Tibet was the arrival of Śānta-rakshita and Padma-saṁbhava (both paṇḍiṭs of Nālāndā), invited by the celebrated emperor Khri-gehang-lde-byan (755–780). It was under their influence that Indian Buddhism took firm root in Tibet and the adjoining areas. They founded the monastery at bSam-yas on the model of the Indian Odantapuri-vihāra and combining three styles of architecture, Indian, Tibetan and Chinese. The monastery, founded some time between 763 and 767 A.D.(according to the Blue Annals) served as the focal point of Tibetan culture for centuries to come.

It should be mentioned that Buddhism and medicine were closely associated all along. The Pāli text Itivuttaka describes the Buddha as the physician (bhishak) and as the surgeon (salla-kattā). The epic poem Buddha-charita of Aśvaghosha calls the Master mahā-bhiṣak. There is a form of the Buddha in later Buddhism, known as 'Bhaishajya guru', which became popular in China, Japan and Central Asia. The Śākyan ascetic appeared as the 'sovereign-healer' in his saṁbhoga-kaya, holding a fruit of the myrobolan in his right hand, to offer protection from all ailments, and holding in his left hand a bowl containing three kinds of ambrosia (amṛta), to cure diseases, to counteract ageing and to facilitate meditation and enlightenment. There were also many deities within the context of folk Buddhism, which were specially associated with healing. Siṁha-nāda Avalokiteśvara, for instance, was the sovereign healer of all ailments Arya-Tārā was the healer of leprosy; Parna-śabarī was worshipped to counteract fever and to ward off small pox and other epidemics; Jāṅgulī provided the antidote for all poisons, especially of snakes and scorpions.

The association between Buddhism and medicine is not unwarranted. The gospel of the Buddha recognizes the phenomenon of suffering and seeks to unravel the aetiology thereof, to understand the state of utter elimination of all suffering, and to prescribe the methodology favourable to such elimination. This procedure involving four steps (which also is to be found in the Sāṁkhya-Yoga schools of thought) is compared to the four-fold approach of the physician: recognition of the ailment, diagnosis, visualization of health and prescription of therapy. In the genaral context of phenomenal suffering, bodily and mental diseases naturally got included and in texts like Bhaishajya-vastu, the Buddha is made not only to speak in medical terminology but to suggest actually curative procedures.

It is well-known that the celebrated physician Jīvaka who was the personal physician to the King Bimbisāra of Rājagṛha and who became celebrated for his operations like craniotomy and laparotomy and was skilled in curing diseases like jaundice and fistula in-ano was also a friend and physician to the Buddha. A contemporary of his, Ākāsa-gotra was reputed as a surgeon. During the early centuries of the Christian era, the name of Nāgārjuna, the great Buddhist saint, scholar and mystic is also associated with medicine, especially with the system which makes use of minerals and precious stones for therapeutic ends.

The influence of Buddhism even on Āyurveda is not inconsiderable. It is possible to find humerous references in Caraka – saṁhitā to Buddhist ideas and principles. The redaction of Suśruta-saṁhitā is ascribed to Nagarjuna himself. Recipes like 'Siṁhanāda-guggulu', 'Tārā-maṇḍūra', 'Nāgārjuna-bhasma' and so on have unmistakable Buddhist associations. The Buddhist mendicants who travelled extensively in the Himalayan regions and in Central Asia were responsible for the spread of Indian medicine in those regions (as is evident from the famous Bowers Mss).

Vāgbhaṭa (latter half of 4th cent.), the greatest name in Indian medicine after Caraka and Suśruta, was himself a Buddhist. Belonging to the Sindhu country, he was the son of Simha-gupta and student of Avalokita. His two works, Aṣṭāṅga-hṛdaya contain many references to the Buddha and the Buddhist deities (like Avalokiteśvara, Tarā, Maṇibhadra, and Jina-suta). His acquaintance with Mahāyāna folk cults was intimate, and probably that is how his celebrity spread in the Himālayan regions. Tibetan medicine was greatly influenced by Vāgbhaṭa's works, especially as interpreted by the Buddhist savant Chandranandana (author of Vaidyāṣṭāṅga-hṛdaya-vṛtti). Vāgbhaṭa is known to Tibetans as Pha-Gol, and his works are included in the bsTan-hGyur division of the Canon. Besides Chandranandana's Vivṛti on Vāgbhaṭa's Ashṭāṅga-hṛdaya (Padārtha – candrikā?), Vāgbhaṭa's own commentary on Aṣṭāṅga-hṛdaya, known as Vaiḍūryaka-bhāṣya (which is not available in the original Sanskrit) has been preserved in the Tibetan translation.

The steady stream of Indian scholars and teachers into Tibet, and of Tibetan scholars and students into India, since the days of the emperor Sroṅg-lde-bTsan (755-780) made it possible for the Indian concepts of health, diseases, cures and methods of treatment to become a part of Tibetan culture. It was during this emperor's reign, and it was by his persistent efforts, that the great Indian saint Vimila-mitra visited Tibet and trained a number of translators (Lo-tsa-ba) who rendered Sanskrit works in to Tibetan. One of his trainees was the Tibetan youth Vairochana-rakshita (reputed to be a student of Padmasaṁbhava himself) who was prolific in his translation work, and included many medical texts its scope. He visited India to study the famous text of Vāgbhaṭa under the Buddhist medical authority Chandranandana of Kashmir, mentioned above.

In the Court of this emperor (Khri-Sroṅg-lde-bTsan) was a Tibetan physician who achieved great celebrity by his wisdom and competence. Named gYu-THog-pa Yon-Tan-mGon-po rÑing-Ma, he visited India three times to study the medical theory and practice here, and he wrote many medical works, including a book on diagnosis by pulse. This physician convened a medical conference in bSam-Yas monastery in the year 794 A. D., and eminent physicians from Tibet, India, Nepal, Persia, Afghanisthan, Sikiang and China participated in the deliberations, discussing theoretical issues and practical problems concerning health and disease. This fact made Tibetan medicine broad-based and open to other influences, although its core continued to be Ayurveda.

2

The official translators working at the great bSam-Yas monastery rendered many medical texts, long and short, from Sanskrit into Tibetan; about twenty of them have been included in the bsTan-gyur collection of the Canon. And in many cases, the Sanskrit originals have been lost in India, but their Tibetan versions have been preserved. One such was a work known in Sanskrit as 'Amṛta – aṣṭâṅga – guhyopadeśa-tantra' ("The treatise containing secret instructions regarding the eight branches of essential immortality viz. health"), translated by Vairochana – rakshita himself, 'the prince of translators'. This work, familiar by its short title rGyud-bzi (Chatush-tantra in Sanskrit, 'Four Treatises') has all along been held in great and universal regard by the Tibetan physicians; and has been regarded as the source-book of Tibetan medicine. Of the seventy odd medical texts that the Tibetan physicians generally consult, this is the most authoritative and fundamental. There are numerous annotations and notes on this work in Tibetan, like Bai-Ḍūrya-sÑon-Po by Saṅgs-rGyas-mTse (composed earlier than 1700 A. D.), and lHan-Thabs (annotating only the third part of rGyud-bzi) by the same author. These two annotations together with the main text of rGyud-bzi) are held as three most important texts by Tibetan physicians.

It is usual for the Tibetan physicians to carry this book with them when they are itinerant, and get oral explanations from competent masters. The formal training of a physician in Tibet takes as many as ten years, and often more, during which period the main book for study is rGyud-bzi.

While the contents of RGyud-bzi leave no doubt that it is based entirely on the Saṁhitās of Charaka, Suśruta and Vāgbhaṭa, the form in which the Tibetan text is composed is rather unique. It is divided into four parts, each part being called a 'tantra' or treatise: the first is rTsa-bahi-rGyud (in Skt, mūla-tantra) 'root treatise in six chapters, the second bSad-pahi-rGyud (in skt. ākhyātā-tantra, 'explantory treatise') in 31 chapters; the third Man-Ñag-gi-rGyud (in Skt. upadeśa-tantra, 'treatise of instructions') in 92 chapters, and finally PHyi-Mahi-rGyud (uttara-tantra, 'final treatise') in 27 chapters. The first part mentions the eight branches of medicine, corresponding exactly to the ashṭāṅga-āyurveda, except for the branch dealing with diseases of women, which in the Tibetan text is substituted for minor surgery (śālākya) in Āyurveda (which is included under treatment of wounds or śalya in Tibetan).

It is difficult to ascertain which was the original text in Sanskrit of which this rGyud-bzi is a Tibetan version. It bears little resemblance to any of the texts that are now in vogue in the country. But it is recorded, as has already been mentioned, that the Tibetan translator Vairocana-rakṣita visited India in order to study Vāgbhata's Ashṭāṅga-hṛdaya-saṁhitā tradition under the celebrated authority Chandranandana-paṇḍita of Kashmir who had also written a gloss (Vrtti) on this text known as Chandrika or Padārtha-candrika. It is known that Vāgbhata, who belonged to the Sind region, had become popular in the North Western regions of the country and the adjoining Himālayan tracts before the seventh century A.D. I-tsing, the Chinese traveller, makes an obvious reference to his celebrity. But rGyud-bzi does not conform to the scheme adopted either in the Hṛdaya or in Saṁgraha. And there is a distinct work entitled in Sanskrit Vaidyā-shṭāṅga-hṛdaya-vṛtti, which is an exact rendering in Tibetan of Vāgbhaṭas Ashṭāṅga-hṛdaya-Saṁhitā, included in bsTan-hGyur, this translation has been done by Rin-chen bZang-po (between 1013–1055 A.D.)

3

Before I proceed to give a brief description of rGyubzi, let me remind you that Tibetan medicine is entirely Ayurveda in its origination, approach, assumptions, diagnostic methods, prognosis, pharmacy treatment procedures, and materia medica. The theory that all substances, all physical and mental constitutions, all ailments and all curative processes, are pāñcha-bhautika in character (viz. composed of earth, water, fire, air and ākāśa elements), the assumption that the patient's constitution, health and disease are determined by the tri-dosha (vāta, pitta and kapha) are common to Āyurveda and Tibetan medicine. The Indian tradition that the science of medicine was handed down from Brahmā to Prajāpati, from Prajāpati to the Aśvins, and from the Āśvins to Indra has been accepted in Tibet, with a slight ammendment that it was Buddha-Kāśyapa who taught Brahmā this art and science. Vāgbhaṭa's Ashṭānga-saṁgraha mentions merely that Brahmā learnt this immortal art along with the import Āyurvedāmṛtam Sārthaṁ Brhma Buddhvā Sanātanam), not however spelling out from whom. Tibetan tradition fills this gap.

It recognizes the father of Indian medicine, Atreya, as the teacher of Dhanvantari (Thang-la bar), and the lineage continues with Dka-'gnis Spryod, Mu-khyud-'dzin, gshol-'gro skyed, Me-bzin-jug (Agniveśa), Lug-rg (Kṛshṇa-mesha?), and rGya-sKegs-sna. These are Tibetan names of Indian medical authorities, but it is difficult to identify them except for Dhanvantari and Agniveśa. The medical works of all these authorities are clubbed together under the title Rtsa-ra-kasde (viz. Caraka aṣta-varga). The Samhitās of Caraka, Suśruta and Vāgbhaṭa (the so-called Vṛddha-trayī) have been rendered into Tibetan and accorded a prestigious position in the canonical literature, bsTan-hGyur.

Likewise, several other useful and authentic works in Sanskrit have entered into this collection, like Nāgārjuna's Yoga-śataka, and Vaidya-Jīva-sūtra. Thus the framework of classical Āyurveda has been entirely adopted. Working concepts of Ayurveda like pāñca-bhūta, tri-dosha, sapta-dhātu, malatraya, śodhana, śamana, pañca-karma, nidāna, dina-caryā, ṛtu-caryā and svastha-vṛtta have constituted the main features of Tibetan medicine also.

But, as mentioned earlier, the bSam-yas Medical Conference (around 974 A. D.) represented a confluence of several medical traditions, and the Tibetan leader of the conference had visited India thrice to learn about Āyurveda. Among the many medical books that he wrote, however, one dealt with diagnosis of diseases by reading the pulse mÑon-Śes-gNad kyi hPhrul hKHar). It is uncertain if he could have picked up this diagnostic and prognostic aid in India; probably he did not. We do not find references to this detail in any of the classical texts of Āyurveda; the mention of nāḍi-parīkṣā occurs for the first time in Śā ṅgadhara-samhitā, a work of the 14th Century. Tibetans were acquainted with this art, and had perfected it long before this time. It is likely that the Chinese medical tradition provided them with the preliminary motivation; and pulse-reading constitutes an important detail in Tibetan medicine right from the days of the bSam-Yas Conference. In fact, it forms a major section in rGyud-bzi, which had become celebrated even by the time the Conference at bSam-Yas was convened.

The rGyud-bzi, or the 'four-fold Tantra' in 156 chapters and 5900 stanzas, is in the form of a dialogue between two sages: Yid-las-SKyes seeks to be enlightened about the art of medicine and Rig-pahi Ye-Śes explains it as he had heard it from the Buddha himself appearing as sMan-pahi-rGyal-po (Bhaiṣajya-guru). The Tantra begins with a description of the charming 'realm of medicinal treasures', which cure 404 diseases of man. It goes on to enumerate eight branches of medicine, all of which are discussed both concisely and comprehensively in the four treatises of the Tantra.

The eight branches are: (1) treatment of diseases of the adult body (Lus); (2) diseases of children (bYis-pa); (3) diseases of women (Mo Nad); (4) diseases caused by evil spirits, occult influences etc. (gDon) viz. nervous and mental ailments; (5) diseases caused by spears etc. (inchon). viz.

wounds and other bodily afflictions needing surgical intervention; (6) diseases caused by poisons (Dug); (7) diseases caused by senile degeneration or ageing (rGas); and (8) diseases needing rejuvenation and sexual invigoration (Ro–Cha–Pa). One can see that these eight branches correspond exactly with our kāya–cikitsā, Kaumāra–bhṛtya. Strī–roga (not, however, enumerated separately in the aṣṭānga; instead we have śālākya or ūrdhva–jatru–roga–cikitsā here), bhūta–vidya, śalya, agada–tantra, rasāyana and vājīkarana.

Then the text goes on to describe health and define disease. We find here the usual Āyurveda ideas of foetal formation, foetal development, anatomical structure, physiological processes, aetiology of diseases, classification of diseases, differential diagnostics, prescription and preparation of medicines, methods of treatment, behavioural therapy and the physician's moral responsibilities (which are all dealt with in the second or 'explanatory' treatise); specific diseases coming under each of the eight branches, and their treatment (which form the bulk of the third or 'instructional' treatise); the forms of medicament (decoctions, powders, pills, ashes, butter, syrup etc.) and various methods of treatment (internal like purgatives, emetics, elixirs, clysters etc. and external like blood–letting, bath, ointment and surgery).

The arrangement of topics in the book is excellent: it is at once clear, orderly and meaningful. For instance, in the second treatise, after discussing treatment of diseases that are due to vāta, pitta and kapha severally and conjointly, fever is taken up: ordinary fever, high fever, rising fever, latent fever, hidden fever, persistent fever, spreading fever, fluctuating fever and infectious fever. In the next division of the treatise, diseases that afflict the head and the several sense–organs are dealt with in an orderly fashion. Following this, the diseases of the organs which are hollow (the two intestines, stomach, urinary bladder, uterus, seminal vesicle) and solid (heart, lungs, liver, spleen and kidney) are discussed; and then the diseases of the urogenital system in men and in women. The discussion concludes with 'minor diseases' (like loss of appetite, abnormal thirst, hiccough, colic, constipation, nausea, diarrhoea and skin diseases).

The unique feature of Tibetan medicine is its ideological structure of medical theory and practice in the image of a tree. There is a section devoted to it (Treatise I, 6) and there are oral explanations and charts based on this account. While the details of this picture are to be found also in the Āyurvedic texts, the picture itself appears to be unique to the Tibetan text. We have references to the 'medicine in three divisions' (tri–skandha–āyurveda) in classical works such as Ashṭāṅga–samgraha (the three aspects being cause, hetu, symptoms, liṅga and therapy, auṣadha), which undoubtedly suggest the imagery of a tree (skandha, meaning 'stem', 'trunk'). But the idea did not develop here as it did in Tibet.

If medical theory and practice together can be likened to a tree, it would have three Roots (rTsa–ba), nine trunks (sDong–po), forty–seven branches (yal–ga), and two hundred and twenty four leaves (Lo–ma). The three roots (constitute the major divisions of medical theory and practice, viz. (1) psychophysical constitution of the individual (gNas Lugs) in health and in disease; (2) diagnosis or clinical examination (Ňos–hjin); and (3) therapeutics (gSo–ba). The roots are arranged in terms of primacy and importance; Root (1) is fundamental and foundational, the other two being entirely dependent upon it; Root (2) is dependent Root (1) but fundamental to Root (3); and Root (3) is immediately depend upon Root (2) but ultimately supported by Root (1).

1. The most fundamental Root has two Trunks. The first of them is relevant to all individuals at all times, and is especially involved to achieve a healthy condition of body and mind ('undisturbed' Ma–hGyur, skt. avikṛta). Constituting this Trunk are three branches, the doṣhas (five forms of each of the three : vāta or rLung,

pitta or mKHris–pa, and kapha or Bad–kan), the dhātus (the seven body–constituents, Lus–Zungs) and the malas (Dri–ma, three: urine, faeces and sweat), having twenty five leaves in all.

The second Trunk refers to the diseased condition of the individual ('disturbed' rNam–hGyur, Skt. vikṛta). This has nine branches, and has sixty three leaves in all. Of interest and of unique significance is the Tibetan reckoning of the three phenomenological processes: 'attachment' (hDod–Chags Skt. rāga), 'aversion' (Ze–sDang, Skt. dveṣa) and 'delusion' (gTi–Mug, Skt. moha) as the three primary poisons (Dug–gSum) which are responsible for 42 and 33 diseases respectively. They together constitute the first branch of the pathological trunk, signifying the main or primary cause (rGyu) of diseases.

It may be noted here that in Tibetan culture, medicine is more intimately related to religion then in any other culture. The Tibetan physician is not merely a healer of body and mind; he is responsible for the spiritual welfare of his patient. His office combines the normal functions of diagnosis, management and treatment of diseases, with teaching scriptural texts and performance of magical rites for the patient. Medicine and religion are thus interwoven with each other.

The job of a physician is really to help maintain the first Trunk of the first Root (viz. to maintain a balanced or undisturbed condition of health) by counteracting the second Trunk (viz. disturbed condition or disease) with the help of the other Trunks of two other Roots (viz. diagnosis and therapy). The first Trunk is important in as much as its fruits are health and longevity, which are necessary for the three goals of life (virtue, wealth and happiness) to be accomplished.

While 'attachment', 'aversion' and 'delusions' are the primary causes of any disease, four conditions which co–ōperate with them to aggravate the disease are also recognized: (1) time (Dus), viz. time of the year, time of the day, age of the patient; (2) evil influences (gDon), (3) food (Zas) and (4) conduct (Spyod–pa). These are called secondary or supporting causes (rKyen) constituting the second branch.

The third branch relates to the manners in which the disease enters into the body viz. how it percolates into the body (Pags–pa) through the skin, spreads through the flesh (Sa), moves about the body along the veins (rTsa), gets established in the bones (Rus–pa), descends into the 'solid organs' (Don, heart, liver, lungs, spleen and kidneys), and finally accumulates in the 'hollow organs' (sNod, intestines, stomach, gall and urinary bladders, uterus, and seminal vesicle). These constitute the entrances of diseases (hJug sGo, Skt roga–praveśa–dvāra), which are six in number.

The fourth branch relates to how the disease gets localized and stays within the body–constitution. They are 'spheres' 'abodes', 'dwelling places', 'places of residence', 'sites' (gNas) so far as the disease is concerned. The body for this purpose is broadly divided into three parts: upper part (Stod), where the disease that originate from disorders of kapha (Bad–Kan) are localized; middle part (Bar), where the diseases that originate from disorders of pitta (mKHris–pa) are localized; and lower part (Smad), where the diseases that originate from disorders of vāta (rLuṅg) are localized.

The fifth branch comprises of the channels (Lam, Skt. srotas) or the bodily organs through which the three dhātus travel and communicate disease. They are fifteen in number in three groups of five each: sense–organs (dBang–po), 'solid' organs (Don) and 'hollow' organs (SNod).

The sixth branch refers to the three factors, each in three variations, that are attendant upon the occurrence of diseases: age of the person (Na–so, kapha in early age, pitta in middle age, and vāta in old age being mainly responsible for diseases, place of his residence (Yul, windy and cold, dry and hot, damp and sticky), and the time of the year, and the period of the day or night (Dus, summer, autumn, spring; early hours, middle hours, and late hours of day or night). These are regarded as the nine leaves of this branch.

The seventh branch relates to the impact of the diseases (severity amenability, impossibility, malignity etc.) which is felt as nine-fold. It is called 'consequence' or 'effect' (hBras-bu).

The eighth branch, called the factors that oppose each other (lDog) and thus become causes (rGyu) of diseases, relate to the antagonistic positions in which each of the three doshas arrange themselves in the diseased body. There are twelve such positions possible, and therefore they are described as the twelve leaves of this branch.

The ninth branch consists of two leaves, called 'cool' (Grang-ba, Skt. śita or soma) and 'warm' (Tsa-ba, Skt. usṇa or āgneya), which are fundamental conditions of diseases.

Thus the second Trunk of the first Root has in all nine branches and sixty-three leaves, representing the causes, conditions, courses, varieties and effects of the pathological element in the human constitution.

II The second Root (Diagnosis or clinical examination) refers to how the diseases are understood by the physican so as to enable him to decide on the proper line of treatment. The Trunks here are three in number: examination by sight, examination by touch, and questioning the patient.

(1) The Trunk of visual examination of the patient's condition (blTa-ba, 'to see', 'to view', Skt. darśana), involves two branches and six leaves: examining the tongue's colour, moisture and texture (three leaves), and examining the urine's colour, density and bubbles (three leaves);

(2) The examination by touch (Reg-pa, Skt. sparśana) is mainly the reading of the condition of health or ill-health by feeling the pulse or distal artery (nāḍi) at the wrist. The pulse-reading involves the understanding of the individual conditions of the three doṣas, Thus the Trunk is said to have three branches and three leaves.

(3) Questioning the patient (Dri-ba) involves the eliciting of information regarding three causative factors (Slong-rKyen), regarding the symptoms or disease conditions (Na-Lugs), which are 23 in number, and the habits and conduct of the patient (Goms-pa) in three areas (food, drink, surrounding), thus providing this Trunk with twenty-nine leaves.

III The third Root pertains to the lines of treatment, which are principally four-fold (thus described as having four Trunks): food (nutrition), conduct regimen, internal medicine, and external treatment.

(1) The importance of proper food (Zas, Skt. āhāra has been recognized not only in maintaining normal health but in correcting the ailments. Prescriptions of corrective articles of food (Zas) and drink (sKom) constitute the first Trunk, and their variations in disorders of each of the three doshas give us six branches and thirty-five leaves in all. Tibetan medicine believes that in case of any disease, the initial line of treatment must be to correct food-habits.

(2) The importance of hygienic conduct (sPyod-pa, Skt-ācāra) is likewise underlined. The prescriptions of correct conduct is relative to the state of the dosha prevalent in the disease. Thus this Trunk has three branches, each of them having two leaves.

(3) Internal medicine (sMan) comprehends the remedial tastes (Ro, Skt. rasa) and the active properties (Nus-pa, Skt. vīrya) of the drugs to be used in the diseases caused by the three doshas, thus contributing six branches (taste and active properties in the three doshas) and eighteen leaves (nine tastes and nine active properties); the alleviative medicines (Zi-Byed, Skt. śamana) for each of the three disorders (including three kinds of liquid drinks, five kinds of

medicinal butter, four kinds of decoctions, four kinds of powders, two kinds of pills and five kinds paste, altogether twenty-three leaves); eliminative medicines (sByong-byed, Skt. śodhana), for the errant doṣas viz. cleansing by enemate, by purgation and by vomiting. Thus there are three branches; three varieties for vāta, four for pitta and two for kapha, and thus nine leaves. Altogether this Trunk of internal medicine has fifteen branches and fifty leaves.

(4) External treatment including surgery (dPyad-pa, lit. use of instruments) appropriate to each of the three doshas, two for vāta, three for pitta and two for kapha, thus giving us three branches and seven leaves.

4

While the foregoing analysis of the Tibetan classic clearly illustrates its indebtedness to the nucleus of ideas incorporated in the texts of Charaka, Suśruta and Vāgbhaṭa, we find in it many ideas that appear alien to the Indian texts at any rate in the form in which they appear now, as e.g. the primary causation of all diseases by the three phenomenal errors (attachment, aversion and delusion), persistent relating of all theoretical constructs, diagnostic tools and therapeutic prescriptions to the tri-doṣa theory, the great importance attached to pulse-examination as a diagnostic as well as a prognostic aid, the use of urine examination, the distinction in order to arrive at the case-history of the patient, the doṣa-oriented grouping of various forms of medicine, and the theoretical constructs of śamana and śoṣaṇa. It may also be mentioned here that the simplicity of terminology, the orderliness of the arrangement of topics, and the homely metaphors that are frequently used to drive home medical constructs are the characteristic features of this work, which we miss in the Sanskrit texts that are available now.

One of the details found in this text is reading of pulse for diagnosis and prognosis, which detail, as was said earlier, is conspicuous by its absence in the early Āyurvedic texts. How the Tibetan physicians acquired it, and how it came to be so elaborately developed are uncertain. The text rGyud-bzi, which deals with it, was celebrated even during the bSam-yas medical conference (794 A. D.). The principal influences that stemmed from this conference were Indian, Tibetan and Chinese. If rGud-bzi, mentioned the value of pulse-reading, Indians must already have been conversant with the diagnostic tool. And we know for certain that the Chinese had developed it much earlier, and had made it an important equipment for a physician. The Tibetan leader who organized this medical convention, gYu-Thog-pa Yon-Tan was himself an authority on pulse-reading; he has written a book on it which has become well known. The pulse-reading as developed in Greek medicine had reached Persia during the early centuries of the Christian era; and a Persian physician, Gelanos, participated in the bSam-Yas conference. It is to be expected, therefore, that the conference highlighted the diagnostic value of pulse-reading. And, during the rule of the emperor Khri-gTsang-lde-bTsan (815-838 A. D.), the Chinese influence on Tibet was marked. This may be how this aspect of medicine assumed on enormous importance in Tibet.

Whatever the circumstances, it is a fact that Tibetan medicine holds this examination by touch as most valuable in understanding the relative conditions of the three doṣas as well as the state of each of the ten organs (Five 'solid' and five 'hollow') inside the body. It provides for the physician a vivid picture of the health of the individual or the diseased condition of the body. It also enables him to foresee the course the doshas are likely to take in the patient's body. The method of pulse-reading that the Tibetan physicians have evolved is very elaborate, and the Tibetan physician spends as much as three years learning to master its details. This method is characteristically different both from the Chinese and the Indian methods, although the impact of both on it can readily be seen. In Tibet, it can operate like a complete, self-sufficient diagnostic method.

Although pulse can be read at different parts of the body, it is read satisfactorily only at the distal artery at the wrists of the two hands ("shouting, in summer, across an open field"), for near the vital organs, the pulse is too close to the scene of activity ("talking near a waterfall"), and at the extremities it is too far removed ("message from a distant merchant"). Pulse is best read after the night's rest, and before one gets busy with the day; "when the sun has arisen but his rays have not reached the hill-top yet". Preferably the body and mind of the patient are prepared for pulse-reading a day earlier by avoiding excess of food, physical or emotional stress, loss of sleep etc. The energies would then be sufficiently well settled to enable the doṣas to be articulated distinctly through the pulse. The physician who reads the pulse must likewise prepare himself. Pulse-reading is thus a transaction between the energy-dynamics of the patient and the energy dynamics of the physician.

Three fingers (forefinger, middle finger and ring-finger) of each hand are used by the physician to read the pulses at both wrists of the patient. And the pressures of the fingers on the artery are regulated so that the forefinger 'feels the skin', the middle finger 'feels the flesh', and the ring finger 'feels the bone'. Each finger is conceptually divided into two units, the upper and the lower, and thus there are six units of the fingers in each hand. The twelve units on both the hands are meant to provide the physician information concerning the twelve organs ('solid' and 'hollow') in the body which are relevant to all diseases.

Three are the pulses that the physician looks for to ascertain the patient's constitution: expressions 'male' and 'female' have no reference to the sex of the person. All individuals have all three pulses. The 'male' pulse appears "strong and thick", the 'female' pulse "subtle and quick", and the bodhisattva pulse "continual and smooth". These pulses not only distinguish personality characteristics but also help the physician to foresee the life-span, general state of health, strength of resistance to diseases, the nature of progeny, and transactional level of the patient. The 'bodhisattva' pulse is so named because it indicates the most desirable constitution, where all the bodily constituents are perfectly balanced, health is maximized, and mind is ready for higher attainments. It is the superior pulse, not frequently found; but it is by no means impossible for normal folk to have it. The name of the pulse does not mean that it is confined to, peculiar to, or the superhuman bodhisattvas.

There are other details of pulse-reading, such as 'hot' or 'cold' pulses (in accordance with the 'hot' or 'cold' diseases that the body had succumbed to), general and specific pulses (indicating disorders of all, two, or one of the doṣas), relation of the pulses to the 'hollow' and 'solid' organs inside the body, the nature of pulse when death is imminent (extreme irregularity, periodical cessation, unequal lengths, quick changes etc.) and 'collective pulse' (like 'guest', 'enemy', 'friend' etc.).

While Tibetan medicine follows in general the rational line adopted in the Indian medical texts like the Samhitās of Caraka, Suśruta and Vāgbhaṭa, it does not confine itself to the yuktivyapāśraya mode of treatment. It recognizes, more effectively than Indian medicine does, the value of supernatural influences in the curative process (daiva-vyapāśraya).

The man who falls ill is also the man who is intellectual (hence the expression Gaṅg-jag, Skt. pud-gala). There is an aspect of him that is not exhausted by the psychophysical details, and which in fact lords over the latter. There are practices in Tibetan medicine which seek to influence this aspect by such devices as prayers, incantations, rituals and contemplative practices. The use of amulets, talismans, magical pills (Ril-bu) 'wondrous medicines' (rDzas) and queer potions (Nang-mCHod) is also resorted to.

While the role of evil spirits (hDre) in the causation of diseases is accepted by the folk, the value of the pacification of the mind–body complex of the patient in all such cases is recognized by the Tibetan physician. The real 'nectar' (bDud–rTsi) is tranquillity (Zi–ba, Skt. siva, in the sense of samana). The body should not be subjected to undue or improper exertions, and the mind should be free from excitements and anxieties. It is only then that the balance of the basic principles of the body–mind complex is restored. In order to effect this pacification in the patient, the physician attempts to transmit his own cultivated calm to him during diagnosis as well as administration of drugs. The presence and proximity of the physician (who is most often also a saintly person) have by themselves a salutary effect on the patient.

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