


Compte-rendu

**Knowledge and Context in Tibetan Medicine, edited
by William McGrath, Brill's Tibetan Studies Library, vol.
43, Brill, 2019, 372 pages. ISBN 978-90-04-40149-5.**

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his collection of ten articles emerged in response to desiderata in the study of Tibetan medicine, which called for comprehensive contributions to help remedy the relative scarcity of detailed analytical research on Tibetan medical traditions, or Sowa Rigpa (*gso ba rig pa*).¹ Since then, scholars of Tibetan medicine have made great strides to expand on the available interpretative—instead of encyclopedic—knowledge of Sowa Rigpa, and some significant lacunae, such as the study of the origins and textual history of the *Four Tantras* (*rgyud bzhi*), have seen considerable progress.² The present volume aims to provide critical analysis and contextualization of Tibetan medical knowledge across different historical periods, with the aim to further account for the composite, variegated and dynamic nature of the Tibetan medical tradition (p. viii). To this end, the ten chapters which are derived from the panels on Tibetan medicine at the Fourteenth Seminar of the International Association for Tibetan Studies in Bergen (IATS 2016) provide a rich and multifaceted collection on the history and lived realities of Tibetan medicine, bringing to the fore the complexity, diversity, and extensive scope of the Tibetan medical tradition, both past and present.

In response to another desideratum suggested by Blezer et al.—a recommendation to juxtapose contemporary historical and anthropological research on Tibetan medicine that accounts for the diverse social, political, and economical contexts where Sowa Rigpa is practiced—the volume also seeks to integrate ethnographic expertise and historical disciplines. This pursuit of dissolving disciplinary boundaries to enrich academic research is commendable, and McGrath

¹ Henk Blezer et al., “Brief Outlook: Desiderata in the Study of the History of Tibetan Medicine,” in *Soundings in Tibetan Medicine: Anthropological and Historical Perspectives*, ed. Mona Schrempf (Leiden: Brill, 2007), 427–438.

² See Yang Ga, “The Sources for the Writing of the Rgyud Bzhi, Tibetan Medical Classic” (Harvard University, 2010); see also William McGrath, “Buddhism and Medicine in Tibet: Origins, Ethics, and Tradition” (University of Virginia, 2017), 124 ff.

elaborates on the strengths of this approach in his introduction:

Indeed, ethnography without philology or archeology is the description of a lived reality that is bereft of history, and philology without ethnography is an isolated truth without obvious relevance for the present day. Challenging the entrenched boundaries of history and anthropology, the present volume focuses upon context—historical and contemporary—in order to explore the vicissitudes of semantics and the complex relationship between medicine and religion in Tibet. (ix-x).

However, this promise of combining both philological and anthropological perspectives in order to construct a fuller picture of the pluralism that characterizes the Tibetan medical tradition is only partially fulfilled as only two of the ten chapters are based on ethnographic fieldwork, and the majority of the chapters rely solely on textual sources.

The chapters that best exemplify the broader goals of the volume laid out in the introduction (pp. vii-xv) are the concluding two chapters that integrate philological work with ethnographic methods. Susannah Deane's chapter "Madness and the Spirits: Examining the Role of Spirits in Mental Illness in the Tibetan Communities in Darjeeling" (pp. 309-336) challenges elite perspectives on Tibetan medicine by problematizing the essentialist and monolithic view of the Tibetan medical tradition that has remained dominant after the establishment of 'orthodoxy' in the 17th–18th century.³ Deane discusses Tibetan discourses of the role of spirits and deities in mental illness (*sems nad*) among the Tibetan community in Darjeeling, West Bengal, illustrating the broad spectrum of approaches towards health and healing in ethnically Tibetan contexts, which does not necessarily prioritize consulting Tibetan medical practitioners (*amchi*). While the importance of religious practitioners is well-attested to as part of the Tibetan 'healthcare system', Deane's chapter points out important hierarchies regarding the spiritual power of various types of spirit-mediums, who are often integrated into the Buddhist framework within the Tibetan medical horizon although not holding any formal religious position. However, the contemporary context of the Tibetan community in Darjeeling exemplifies significant shifts in the Tibetan medical landscape: while the rituals performed by spirit-mediums are often the preferred therapeutic choice, Deane reports that there were no longer any working Tibetan spirit-mediums during her fieldwork in Darjeeling. However, there was a thriving Nepali spirit-medium tradition in place (*jhānkri* and *mata-ji*), who enjoy an ambivalent reputation among Tibetans; some Tibetans perceive the Nepali spirit-medium tradition to

³ Blezer et al., 429.

be very similar to that of the Tibetan spirit-mediums, whereas others argued that the Nepali *jhānkri* and *mata-ji* were of little use in dealing with Tibetan spirits. Deane's case studies delineate the challenges presented by cultural and medical pluralism in health-seeking behavior, which in the Tibetan context in Darjeeling manifests as the adherence to long-standing explanations of spirit causation in a context that is devoid of preferred treatment options. The chapter also reveals some tension between the Tibetan medical information codified in the *Four Tantras* and lay Tibetans' understanding of mental illness related to various spirit entities. As Deane accurately points out, patients are often pragmatic in their health seeking behavior and utilize a range of different treatment modalities, including Tantric Buddhist expertise, Nepali spirit-mediums, biomedicine, and ritual intervention and blessings from well-regarded Buddhist masters.

Barbara Gerke's chapter "Material Presentations and Cultural Drug Translations of Contemporary Tibetan Precious Pills" (pp. 337-368) discusses the transformation of Tibetan medical concepts by investigating how the pharmaceuticalization of Sowa Rigpa has impacted the visual and textual representations of precious pills or *rinchen rilbu* (*rinchen rilbu*, often described as a kind of panacea endowed with spiritual qualities). Gerke emphasizes that the therapeutically highly valued but heterogeneous formulas for precious pills have emerged from various historical and textual contexts, and warns against homogenizing tendencies to portray Sowa Rigpa and its pharmaceutical products. Gerke's analysis of the commodification of precious pills (Jikmé's Old Turquoise-70 in particular) shows important contemporary contextual variations regarding the effects of increasing pharmaceuticalization of Sowa Rigpa: the precious pills manufactured in Tibetan Autonomous Region (TAR) typically omit terminology, epistemologies, and etiologies specific to Sowa Rigpa in order to appeal to a largely Chinese-speaking clientele, while in the Tibetan diaspora in India elements from Tibetan identity and Buddhism are routinely incorporated in the presentation and packaging of *rinchen rilbu*. Gerke argues that the cross-cultural commodification of precious pills driven by financial gain may undermine their therapeutic value, and lead to uninformed overuse of *rinchen rilbu* as tonics and supplements, while the "Tibetanness" of the product is utilized in diverging ways both in TAR and in the diaspora to present precious pills as "authentically" Tibetan.

Henk Blezer's chapter "A New Sense of (Dark) Humor in Tibet: Brown Phlegm and Black Bile" (pp. 3-58) also discusses the transformation of Tibetan medical concepts by summarizing his investigations of the Tibetan medical category of so-called "brown phlegm" (*bad kan smug po*) disorders that build on the hypothesis that "brown phlegm" may in fact be of Greco-Arab ("black bile") origin. While the

cosmopolitan influences on the Tibetan medical tradition are well-attested to in earlier scholarship, Blezer's close look at the history of ideas related to "brown phlegm" in Tibet—which involves tracing possible points of contact and locating Greco-Arab sources that may have impacted Tibetan epistemes—is gesturing towards some much needed specificity to enable better understanding of the nature of cross-cultural pollination in Tibetan medicine and alleviates some chronologic uncertainties in the development of Sowa Rigpa. Blezer's detailed study places particular emphasis on textual analysis of the *Four Tantras*, the *Fourfold Collection* (*'bum bzhi*), and the *Moon King* (*sman dpyad zla ba'i rgyal po*), as well as examples from Greco-Arab medical writers such as Rufus of Ephesus (late 1st century) and Galen of Pergamum (130–200). While there seems to be significant overlap between *melancholia hypochondriaca* discussed by the Greco-Arab writers and "brown phlegm" disorders described in Tibetan medical literature, Blezer notes that the actual historical connections remain elusive, and that it is only safe to say that non-modern Tibetan historiographical sensibilities have constructed a consensus concerning the impact of Greco-Arab medical knowledge systems on various early Tibetan medical compendia.

Yang Ga's contribution "A Preliminary Study on the Biography of Yutok Yönten Gönpo the Elder: Reflections on the Origins of Tibetan Medicine" (pp. 59-84) discusses the long debated and somewhat sensitive topic of the historicity of Yutok Yönten Gönpo the Elder (*g.yu thog rnying ma yon tan mgon po*). Yang Ga examines the views of traditional and modern Tibetan scholars as well as Western scholars, and critically analyzes the author, the date of composition, and the contents of the best known biography of Yutok the Elder redacted by Darmo Menrampa Lozang Chödrak (*dar mo sman rams pa blo bzang chos grags*, 1638–1710), the personal physician of the Fifth Dalai Lama. Yang Ga's historical-critical assessment of available sources shows that it is unlikely that Yutok the Elder's biography is a reliable historical document as it is most likely produced in the sixteenth century or later on the basis of biographies of Yutok the Younger, and that the historicity of the Elder is therefore doubtful.

The third chapter by Tony Chui ("'Secret Medicine' in the Writings of Sanggyé Gyatso: the Encoded Esoteric Material of Therapeutics", pp. 85-110) discusses esoteric medical ingredients found in Desi Sangye Gyatso's (*sde srid sangs rgyas rgya mtsho*, 1653–1705) *Extended Commentary* (*man ngag lhan thabs*) on the *Instructional Tantra* (*man ngag rgyud*). Chui's chapter contributes to the ongoing debate about whether transgressive ingredients should be interpreted literally or figuratively, a question that has broader relevance to the study of both Tibetan medicine and Buddhist Tantra. The *Extended Commentary* has

been shown to have been included in the medical curriculum at the Chagpori (*lcags po ri*) medical college in Lhasa, and therefore provides important information on the transmission of Tibetan medical knowledge during the late seventeenth century, while also shedding light on the extensive scope of Tibetan medicine and its overlap with esoteric practices and tantric Buddhist conceptualizations of illness and healing held and propagated by Desi Sangye Gyatso—materials which are seldom found in the root text of the *Four Tantras*. Chui describes the encrypted "secret medicines" (*gsang sman*) scattered throughout the *Extended Commentary*, as well as the keys to decrypt the recipes that are found in separate texts. This chapter also offers possible explanations as to why Desi Sangye Gyatso may have felt the need to conceal the "secret medicines": Chui suggests that the primary purpose of this encoding of medical knowledge was to bolster the reputation of Chagpori, which henceforth was said to hold privileged and exclusive medical knowledge beyond the standard *Four Tantras*.

Katharina Sabernig's chapter "Visceral Anatomy as Depicted in Tibetan Medicine" (pp. 111-139) offers a comparison of anatomical nomenclature of depictions in the *thangka* paintings commissioned by Desi Sangye Gyatso to accompany his commentary on the *Four Tantras*, the *Blue Beryl* (*baidūrya sngon po*), medical paintings from Atsagat Monastery in Buryatia, and modern Tibetan medical and anatomical publications. Based on these sources from the late seventeenth century to the present, Sabernig demonstrates the development of anatomical depictions and nomenclatures of internal organs in the Tibetan cultural area. This chapter is particularly fruitfully read in conversation with the work of Frances Garrett and Janet Gyatso on debates over theoretical and empirical anatomical knowledge in Tibet,⁴ and it raises further questions related to anatomical accuracy, the relationship between empirical anatomy and idealized anatomy in Tibet, views on embryonic development, as well as the perceived functions of the viscera. Sabernig provides illustrative examples of the transformation of Tibetan medical nomenclature of internal organs over time, and the gradual integration of biomedical anatomical knowledge that needs to be negotiated with classical Tibetan iconography and Tantric Buddhist understandings of "subtle" anatomy.

Tawni Tidwell's chapter is an ambitious attempt to align the biomedical notion of cancer with analogues in Sowa Rigpa ("The Modern Biomedical Conception of Cancer and Its Many Potential Correlates in the Tibetan Medical Tradition", pp. 140-198). Tidwell's chapter

⁴ Frances Garrett, *Religion, Medicine and the Human Embryo in Tibet* (New York: Routledge, 2008); Janet Gyatso, *Being Human in a Buddhist World: An Intellectual History of Medicine in Early Modern Tibet* (New York: Columbia University Press, 2015).

illustrates the increasing interest in research and clinical engagement between biomedicine and the Tibetan medical tradition, and echoes the pressures on Tibetan medical practitioners to demonstrate science and biomedical proficiency in efforts to exhibit the empirical soundness of Sowa Rigpa and garner legitimacy in international contexts. Tidwell's nosological analysis strives to preserve historical, theoretical and etiological distinctions of Euro-American and Tibetan medical illness categories, while simultaneously endeavoring to address the need to use accurate, nuanced, and specific translations for disease concepts and paradigms. Tidwell seeks to expand the integrative mapping of biomedical cancer previously proposed by Menpa Samten (*sman pa bsam gtan*) that relied on Tibetan medical categories such as *dréné* ('*bras nad*) and *drétren* ('*bras skran*) as cognates of biomedical notions of cancer and other neoplasms. Utilizing the *Four Tantras* and its commentaries as an analytic base, Tidwell draws upon the additional categories of *méwel* (*me dbal*), *surya* (*surya*), and other conditions described as "metabolic disruptions of nutritional essence" (*dwangs ma ma zhu ba*) in order to propose a more extensive mapping of the broader scope of biomedical cancers and neoplasms into the nosological framework of Tibetan medicine.

Tsering Samdrup's chapter "The Nine-Fold Magical Cord Cycle: Investigating '*Phrul gyi the gu brgu skor*, a Wartime Medical Manual" (pp. 199-217), provides an intriguing look into an early Tibetan medical text dealing primarily with traumatology or wound healing practice (*rma dpyad*). The text is presumably recorded before the twelfth century based on the archaic characteristics of the manuscript and absence of later Tibetan medical knowledge systematized post-*Four Tantras*. Since there are few extant medical texts from the Tibetan imperial period (*btsan po'i rgyal rabs*), Samdrup's philological analysis and contextualization of *The Nine-Fold Magical Cord Cycle* is a valuable contribution to the study of this early period of Tibetan medicine, although the chapter is based on a digital copy of a recently discovered manuscript that does not allow for precise dating. Based on his philological analysis, however, Samdrup suggests that the manuscript appears to be a compilation that derives from multiple sources and origins, but the core instructions of the text may have been composed during the imperial period. As attested to in studies of the Tibetan medical manuscripts found in Dunhuang, ritual aspects of healing have long been a staple of the Tibetan medical tradition. However, *The Nine-Fold Magical Cord Cycle* also integrates rituals with other types of medical therapies, and sheds light on the early professional organization of medical practitioners. According to the text, the individuals involved in ritual performance for the sick or injured are the "ritualist physician" (*sman bon*) and the "wound healer" (*rma mkhan*), who apparently worked in

tandem but had specific roles to play in the process of healing. By discussing the nuances of early medical practices and social relations in Tibet, Samdrup's article aligns well with the broader goal of the volume—challenging traditionalist or essentializing readings of Tibetan medical history.

Chapter 7 presents Carmen Simioli's study "Knowledge, Imagery, and the Treatment of Communicable Disease in the *Vase of the Amṛta of Immortality: A Preliminary Analysis of a Nyingma Medical Corpus*" (pp. 218-260), which explores epidemics and infectious disease by analyzing the influence of the theories and practices of Buddhist Tantric medicine on Tibetan medical tradition. In particular, Simioli focuses on analyzing the textual traditions from the tenth to the late seventeenth century that played a crucial role in codifying Tibetan epidemiological view of the causes of "epidemic fevers" (*rims tshad*) and "infectious diseases" (*gnyan nad*). Simioli's study illustrates the comprehensive scope of Tibetan medical systems, which are closely linked with complementary literature related to alchemy (*bcud len*, Skt. *rasāyana*), iatrochemistry (*dngrul chu'i grub pa'i bstan bcos*, Skt. *rasasiddhiśāstra*), and the application of ritual activities relating to demonology (*las la sbyor ba*). *The Vase of Amṛta* is placed within the context of *Seminal Heart* (*snying thig*) literature that relates to the broader category of *Mahāyoga-tantra*. Simioli's intervention shows that *The Vase of Amṛta* represents an attempt at codifying and systematizing diverse medical theories and practices into a cohesive and comprehensive body of knowledge, while remaining thoroughly esoteric in character as illustrated by the use of metaphorical language and the scattering of vital information throughout the text. Among its other merits, Simioli's contribution provides a solid basis for further research on the historical connections between "accomplishing medicine" (*smān sgrubs*) literature of the Nyingma tradition and canonical Tibetan medical sources.

William A. McGrath's chapter "Tantric Divination and Empirical Diagnosis: a Genealogy of Channel *Prasenā* Rituals in the Tibetan Medical Tradition" (pp. 261-308) analyzes the emergence of the specific nomenclature of *prasenā* divination and channel examination in the *Four Tantras* and the Drangti lineage of Tibetan medicine in order to contextualize some of the historical processes that impacted the development of the instructional repertoire of the Tibetan medical tradition. Investigating the dialogue of evidence-based diagnosis and divine revelation within the early Tibetan medical tradition is a crucial undertaking, since in the absence of reliable notions of historical human agency many of the available documents are recast as the primordial teachings of fabled figures such as the Emanated Sage Rigpé Yeshé, the Indian Sage Nāgārjuna, or the "father" of Tibetan medicine, Yutok Yönten Gönpö (p. 301). Despite its relative prevalence in Tibetan

literature (the *locus classicus* being the early seventh century *Questions of Subāhu*, 'phags pa dpung bzang gis zhus pa zhes bya ba'i rgyud, Skt. *subāhupariṣcchā*), the diverse body of oracular practices of *prasenā* divination that are performed to evoke divine revelation of past, present, and future, have received meager scholarly attention to date. "Channel *prasenā* rituals" (*rtsa'i pra sgrub*) are said to provide divine sight in order to intuitively sense appropriate treatment methods, for instance, and have been transmitted in Tibet from at least the twelfth century onward. Despite being long rooted in scholastic learning and empirical observation, McGrath illustrates how the diagnostic system of the Tibetan medical tradition incorporates a palette of loosely related or even contradictory methods, such as the empirical observation of symptoms and divinatory techniques for the attainment of clairvoyance and communication with the divine closely associated with ritual healing. Moreover, the chapter shows how these seemingly opposing modes of diagnosis and divination came to be transmitted in conjunction, and how these methods were ultimately reconciled and incorporated in the orthodoxy of Tibetan medicine. Tracing the genealogy of the transmission of *prasenā* rituals complicates the traditionalist reading of the place of the *Four Tantras* in the Tibetan medical tradition, and allows for formulating a more nuanced understanding of Tibetan medical history that is characterized by active interchange, assimilation, and adaptation across diverse intellectual contexts. McGrath's chapter also addresses questions related to medical teaching lineages by discussing the Drangti lineage of Tibetan medicine, which allows for a more balanced understanding of the development of the Tibetan medical tradition as a whole.

Although issues related to terminology around the term "Tibetan medicine" itself have been raised elsewhere,⁵ it would not have been out of place to devote some attention to related questions in this volume since many of the chapters deal with the importance of appropriate and context specific nomenclature; only Deane and Gerke explicitly acknowledge the contextual diversity within the culturally variegated Tibetan medical tradition, and Gerke opts to use the somewhat more neutral and increasingly standardized term "Sowa Rigpa" in lieu of "Tibetan medicine". Overall cohesion of the book would have also benefited from more careful copy editing in order to weed out some inconsistencies in nomenclature (e.g. the *rgyud bzhi* are rendered both as *Fourfold Tantra* and as *Four Tantras*).

Despite significant differences in research targets and temporal focal points, the guiding principle of investigating the transfigurations

⁵ Most notably in Sienna R. Craig and Barbara Gerke, "Naming and Forgetting: Sowa Rigpa and the Territory of Asian Medical Systems," *Medicine Anthropology Theory* 3, no. 2 (2016): 87–122.

of medical concepts across various dimensions of the Tibetan medical tradition remains a constant throughout the volume. However, while the introduction acknowledges the rich abundance of Tibetan medical texts beyond the textual corpus of the *Four Tantras* and its exegetical literature, the chapters are still largely anchored in the textual foundation provided by the *Four Tantras*. Therefore, there still remains plenty of ground to be covered in order to further challenge the monolithic and persistently traditionalist perspectives concerning Sowa Rigpa, from both text-historical and ethnographic perspectives.

As a whole, *Knowledge and Context in Tibetan Medicine* is an important contribution to the maturing field of academic research on Tibetan medicine and an essential resource for specialists in the field. The publication is a successful response to the call to extend the boundaries of contemporary research on Tibetan medicine by offering novel approaches that improve our understanding of the complex history of Tibetan medicine, and the pluralism that characterizes the etiological, epistemological and therapeutic horizons of Sowa Rigpa practitioners today.

