



Reflection

The Traditional Tibetan Medicine. Historical, Artistic, Clinical and Spiritual Aspects.

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Abstract: The history and origins of Tibetan Medicine, has its origins in the land of Tibet in the local culture and spirit of the Tibetan people and is based on a holistic vision of the human being, who considers the body, mind and spirit as an interdependent unit. Health is the result of a balance of five elements: earth, water, fire, air and space. In the human body these elements manifest themselves through three humors: the wind, the bile, and the phlegm. When one or more of these moods are in excess or in defect, disharmonies are created that lead to diseases. Despite the fact that it is one of the oldest ethnomedicine in the world, Tibetan medicine continues to be practiced in contemporary society. Current medical and scientific research today confirms the extraordinary benefits of this ancient oriental science.

Keywords: Traditional Tibetan Medicine; Diagnostics in Tibetan Medicine; Wind; Bile; Phlegm; Tantra; Tibetan pharmacopoeia;

Among the three most important medicines developed in Asia, Ayurveda of India, Chinese and Tibetan medicine, the latter is perhaps the least known. The origins of Tibetan medicine (MT) remain controversial. The most probable hypothesis is that they are connected to the ancient kingdom of Shang Shung that extended in the area of Mount Kailash, in western Tibet and that can be considered the cradle of Tibetan culture.

The earliest known text is a manuscript from the Bôn tradition, the religion prevalent in Tibet before the advent of Buddhism. It is the "So-rig-bum-bzhi", "The art of healing with four hundred thousand medicines": a treatise on medical subject attributed to Shenrab Miwoche who lived, according to the studies of Namkhai Norbu¹, at the beginning of the second millennium B.C. This work, reworked several times, was the reference text for Tibetan doctors until the 8th century.

The second development period of MT begins with the translation of treaties from other countries. In the 7th century, King Songtsen Gampo consolidated the unity of Tibet, which from that moment emerged as a political power. He was the first of the Tibetan rulers to convert to Buddhism and under his rule began a period of profound cultural renewal.

This ruler invited doctors from India, China and a region called Tagzig, a large area that included Persia, to compare their knowledge with that of Tibetan doctors. Unfortunately, we have not received many documents on this conference, which marks the birth of MT in its current form and which was certainly an important event, also for its modern vision of comparison and exchange of knowledge.

In the 8th century, with King Trisong Detsen (742-798), Tibetan culture flourished and Buddhism became the official religion of Tibet. During this time, an intense activity of translations was also initiated, mainly from Sanskrit, and it is thanks to these that many Buddhist texts have come down to us whose originals have been lost. In this period an official medical school was also founded, although several centers for the teaching of medicine already existed mostly connected to monasteries.

The basic text adopted for the training of doctors was still the 'Bum Bzhi', which was revised and adapted to the knowledge of the time by Yuthok Yonten Gompo 'the old' (708-833) and renamed by him as "The Four Treatises of Medicine". Yuthok also gave guidance on the ethics to be followed, specifying how each doctor should train to exercise compassion, what was the correct behavior to be held with patients and how to adjust for compensation, so that the medical profession had not only the value of a professional activity but was also a means of personal and spiritual evolution.

In the 12th century, Yuthok Yonten Gompo 'the young' (1112-1203) compared the different versions of the Four Treatises of Medicine, integrating and expanding them with the addition of new sections. Thus were born the "Four Tantras", the fundamental work of Tibetan medicine.

Another important figure in the history of the MT is Sangye Gyamtso (1653-1705), minister of the 5th Dalai Lama. In 1670, he was given the task of revising the Four Tantras and editing a new edition, a task that took him almost 25 years. During this period Gyatso also acted as regent, awaiting the installation of the 6th Dalai Lama. In 1696 he founded the Medical School called Mentsikhang on the hill called Chagpori (Iron Mountain). From his work also arose the drafting of an important commentary: the Blue Beryl, written between 1687-88.

¹Namkhai Norbu (Derge 1938 - Arcidosso 2018). Considered one of the most important masters of Dzogchen lived in our time. He was Associate Professor of Tibetan Language and Literature at the University Institute 'L'Orientale' in Naples from 1964 to 1993 and has published numerous texts on Tibetan history and culture and on Dzogchen Teaching.

The importance of enriching the text with illustrations that clarified its contents and made learning easier for students was felt by Sangye Gyamtso who founded the School of Medicine and Astrology on Chags-po-ri's Hill . In the colophon of his work, he states that the illustrations began to be painted in 1687 and that a year later, at the time when the text was finished, the series numbered 62 paintings.

The work was completed at the latest in 1703; in fact on this date the regent, in another work, gives the list of inscriptions that can still be found at the bottom of each of the 79 paintings that form the collection of Mentsikhang. This work deserves a special mention due to its peculiarity and the history of its discovery.

Painted in overlapping bands, similar to comics, or as anatomical tables, the 79 tangkas represent a visual documentation intended for the training of Tibetan doctors, illustrating the various aspects of traditional medicine: embryology, anatomy, physiology and pathology, diagnostic methodologies, medical matter, up to the interpretation of prognostic dreams of healing or death. (Figure 1)

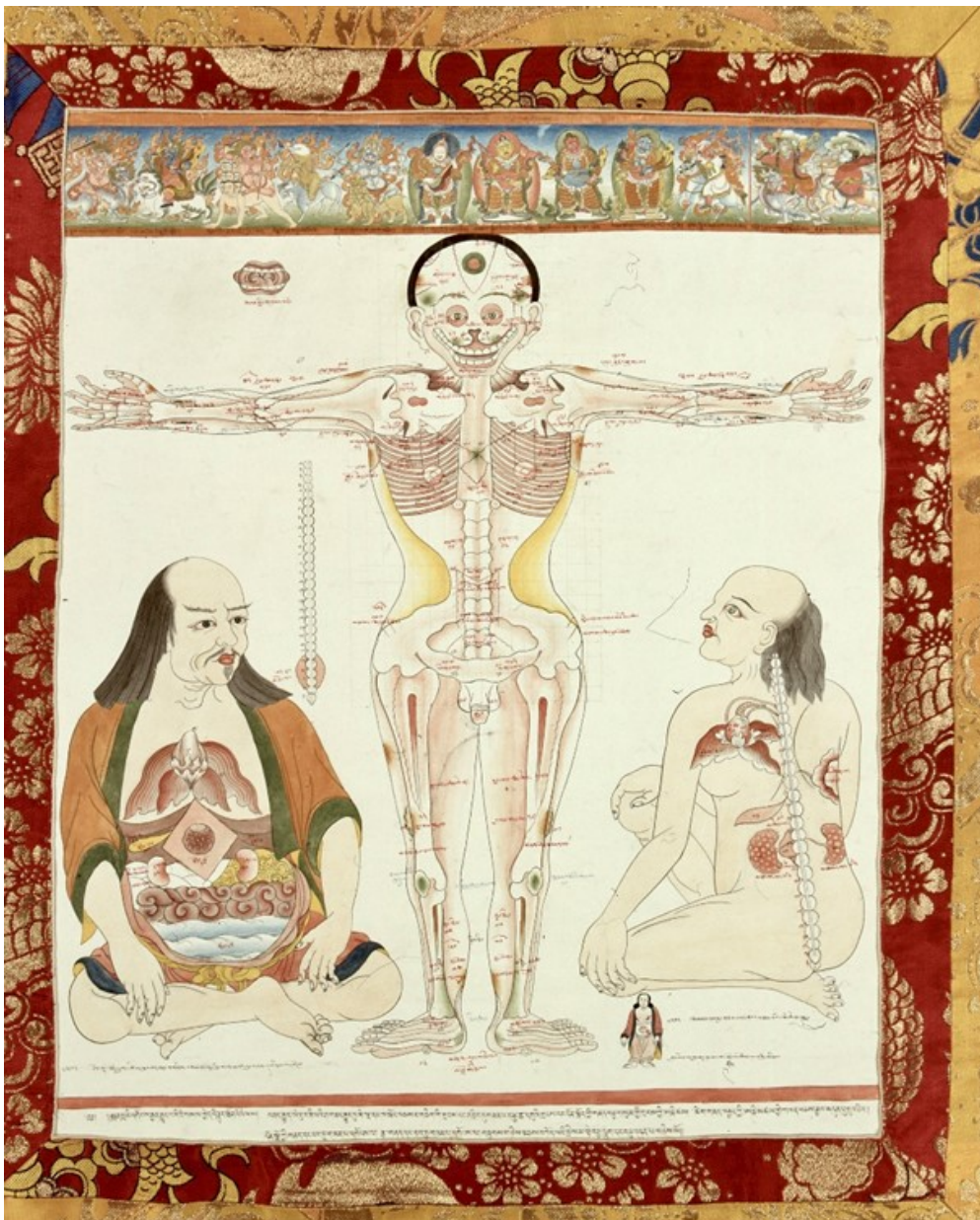


Figure 1. Anatomical *tangka* (Photo in accordance from Association for International Solidarity in Asia)

The discovery of this rich and interesting work of Tibetan medical iconography was not an easy one. The first contact that indicates its existence happened in 1904, when the Ten. Colonel Waddell, the medical officer of the Younghusband mission, visited the Chagpori medical school, which he calls the 'Temple of Medicine'.

In one of his stories we read that: "They teach a rough kind of anatomy, not by dissection, but with an imaginative body chart, ordered in tiny squares within which the positions of the internal organs are indicated" (Visit in the Temple of Tibetan Medicine in Lhasa - 1905).

Waddell must have been impressed by what he had seen during his trip because he then described it in various articles and even tried to buy some of those *tangka*, but the dean of the faculty did not want to deprive himself of it, so he asked to make some copies.

Certainly if we compare the anatomical table observed by Dr Waddell with those of the *De humani corporis fabrica* by Andrea Vesalio, precedents of over a century, the descriptive accuracy appears enormously different. But what the English doctor probably did not know is that Tibetan medicine had deepened the knowledge of the energetic aspects of the human person much more than its anatomical description, as is more evident in other *tangka*.

Around the same time, Bertold Laufer brought to the Chicago Field Museum several anatomical drawings and a painting showing Tibetan medical and surgical instruments from Beijing's famous Yonghe Gong Tibetan Buddhist temple. The only person who showed interest in this material was medical historian Karl Sudhoff, during his research on medieval anatomy in the West. He noted that the particular squatting position of one of the anatomical figures was also found in the iconography of certain Persian and European medical manuscripts of the Middle Ages and this would support the thesis of contacts between the two medicines. The surgical instruments depicted have intriguing similarities to those used in the Greek and Roman eras.

Twelve medical paintings were created by Ferdinand Lessing in Yonghe Gong for the East Asiatic Library of the University of Berkeley, California in 1947. These paintings were published in 1960 by Ilza Veith, a professor of medical history, but the connection of the *tangka* series to the text of Blue Beryl was only made in 1964 by Kristina Lange, who in an article dedicated to an anatomical table photographed in Ulan Bator, identical to one of the paintings of the Yonghe Gong, based on the inscriptions contained in the table, demonstrated its obvious connection with Sangye Gyamtso's commentary on the "Four Tantras" of medicine.

Lange was convinced that the author had requested the production of detailed drawings that depicted certain chapters of his book and that these paintings were utilized in medical school teaching programs (Parfionovic et al., 1994).

Among the *tangkas* in this collection, when I had the opportunity to see them at Mentsikhang in Lhasa, rather than the schematism of the anatomical ones, I was struck by the one concerning embryology (**Figure 2**). In this, in fact, we can clearly recognize the knowledge of ovulation, the segmentation of the fertilized egg and the different stages of evolution of the embryo and the fetus. This knowledge developed much later in the West: in fact, the role of the female egg in fertilization was intuited by Lazzaro Spallanzani only in the eighteenth century and it still took about one hundred years to understand the mechanism of ovulation (Lyons and Petruccioli, 1992).



Figure 2. *Tangka* illustrating the development of the embryo and fetus. (Photo Vitiello L. from Mentsikhang of Lhasa)

This iconographic collection was documented definitively only in 1979 by L. Koundanova, while a third collection, that of the Buriath Historical Museum of Ulan-Ude, was published in London in 1992 in two volumes by Yuri Parfinovic, Gyurme Dorje and Fernand Meyer (Parfinovic et al., 1994).²

Observing its history, we can then see how MT was born on the basis of an autochthonous system that has integrated over time the knowledge of the leading medical schools once spread between Asia and the Middle East, merging them into a synthesis that has unique and original characters and that has been continuously enriched with texts and contributions from the experience and research of doctors.

The system can be articulated at three distinct levels: somatic medicine, tantric or energetic level, and dharmic or spiritual level.

These three levels, which can also be practiced separately, are closely linked to each other and address the three essential aspects of human nature: the body, vital energy and the mind. To understand them correctly it is necessary to know the basics of medical physiology as described in the Four Tantras.

In the Tibetan cosmological view, derived from Bön and Buddhism, all beings and the environment where they live are considered to be composed of infinitesimal particles that have the nature of the Four Great Elements: Air, Water, Fire and Earth, in perpetual reciprocal interaction according to precise laws. A fifth element, Space, is considered the base, the active matrix in which others have the possibility of manifesting and acting; in the medical field, however, only the first four are considered (Vitiello, 2013).

The term element must not mislead and must be understood in a different way from the common meaning, considering it as the potential of a function rather than as an elementary substance.

In this perspective, the Earth, the solid state, is considered the principle responsible for the structure of matter; Water, the fluid state, determines its cohesion and shape; Air, the gaseous state, allows movement and expansion; The Fire represents the plasma and dynamic state able to activate transformations.

This concept of 'primordial matter', at the basis of Buddhist cosmology and Tibetan medicine, is not foreign to our culture. The roots of Western thought arose precisely by asking the question of the nature of matter, that the first Ionic philosophers of the VI-V sec. a.c. have faced the challenge of recognizing an 'Arché', an original principle with its intrinsic vitality. Heraclitus of Ephesus, contemporary of the historical Buddha, develops some concepts close to the presuppositions of Buddhist philosophy: the uninterrupted dynamics between the elements and the close interdependence between the material and the energetic levels of reality, insights then verified and developed by modern physics.

Even the human body, in its stages of training and growth, develops its structure through the combination and balanced development of the elements: all the various parts take shape and develop to full completion; then the process begins to reverse and proceeds towards the inevitable dissolution.

²A further collection known to me is that of 53 tangka currently in the possession of ASIA Onlus. The collection was commissioned in 1993 by Namkhai Norbu to the Mentsikhang of Lhasa for ASIA, an association he founded for solidarity with the Asian populations and of which he was president. These tangka were exhibited in 2000 at the Ethnographic Museum "L. Pigorini" in Rome and then in other exhibitions



On the basis of these assumptions it is considered that all phenomenal manifestations, physical sensations, emotional experiences of happiness and pain are attributable to the dynamics of the Four Elements: when these are in balance, existence is pleasant and one enjoys good health; if they come into conflict disorders and diseases arise.

If the Four Elements and their dynamics are used to describe every aspect of inert matter, passing to the biological plane, and in particular to the human condition, we speak of the Three Humors, called in Tibetan Lung, Khris-pa and Bad-kan, terms commonly translated as Wind, Bile and Phlegm. These three moods are also closely related to the Four Elements: Wind with Air; Bile with Fire; and Phlegm with the combination of Earth and Water.

The Three Humors are also in reciprocal relationship with the three main passions: Desire, Aversion and Ignorance: in particular the Wind affects desire; Bile on aversion and Phlegm on ignorance, term with which we do not mean the lack of culture but a state of ignorance, the illusory perception of reality. As already mentioned for the elements, the Three Humors should not be understood as simple substances, but above all as functions.

For each of these three humours there are five aspects with different characteristics, seats and functions: their interaction is the basis of all the pathophysiology of the Tibetan medical system.

The Lung or Wind is the mobile agent that controls breathing, blood circulation, body movements, regulates sensory perception, and expels excretions. The Wind mood is also the one most responsible for psychic processes.

The second mood is the Khris-pa, or Bile, term that commonly indicates the bile fluid present in the gallbladder: this is closely connected with metabolic processes and, through its five aspects, performs functions related to body heat, digestion and visual function.

Bad-kan or Phlegm generally refers to the moist and fluid components of the body and is particularly connected to the immune system.

The balance of all these factors generates a state of good psychophysical health; when an imbalance condition is produced by excess, defect or interference of the specific functions, they become a cause of illness. The dynamics of this system is complex, allowing precise explanations of every physiological function and pathological manifestations with a coherent deductive mechanism.

In MT it is also always considered the influence that the mind has on the body, just as this in turn affects the mind. Thanks to the knowledge of the mutual influence between the three humors and the three passions, this interdependence between psyche and soma(burden), which Western medicine often still struggles to recognize, is one of the peculiar aspects of the Tibetan medical system.

The ways of this interaction are described by tantric physiology which is based on knowledge of energy flows through a network of invisible channels.

To understand tantric or energy level medicine we don't have to look at it through the disciplines to which Western medicine refers, such as descriptive anatomy and biochemistry, but with the knowledge of physics.

Current knowledge of physical phenomena has demonstrated what was the intuition of Ionic philosophers and Tibetan doctors: at the level of infinitesimal particles, in fact, there is a continuous transition between the state of matter and the energetic one, so the boundary between the material and the immaterial dimension is blurred.

The first of the Four Tantras indicates the four causes capable of altering the physiological balance and causing diseases: these are climate, food, behaviour and 'subtle influences'.

In MT the human being is seen as an open system, constantly interconnected to the environment in which he lives.

We are in fact inseparable from the surrounding living space: our psychophysical being is a function of the food we ingest, of the air we breathe, of the climatic, social, organic and psychic influences with which we come into contact.

From this premise it is clear the importance given to the way we interact with the environment, both as individuals and as a community, how much they can affect our behavior and how everyone is responsible for their well-being.

It is not possible here to give a detailed explanation of the diagnostic techniques and therapeutic methods used by Tibetan medicine, but we would like at least to mention these two topics.

With regard to diagnosis, this is achieved through three main methods: medical history, wrist reading and urinalysis.

Each visit begins by carefully questioning the patient about his symptoms, nutrition and habits, to understand if there are eating habits and lifestyles that may have created an imbalance of the three moods. (**Figure 3**)

After this first placement, the wrists are examined. This is a peculiar technique, much more extensive and refined than that known in the West and is similar, with some differences, to that used in Ayurvedic and Chinese medicine. Through this method an experienced doctor is able to come to very precise diagnoses, but to develop this ability requires a long apprenticeship.

It begins with the study of the physiological wrists and the typical variations of sex, age and season of the year, and then passes to recognize the pathological changes due to the imbalance of the humors in the various organs.

It is interesting to note that in the case of children, where there is a disproportion between the hand of the doctor and their wrist for which it would not be possible to a precise examination, the reading takes place by observing the three main visible vascular branches looking transparently at the auricle.

The diagnostic orientation is then confirmed by urinalysis, of which the color, the smell, the foam produced after shaking and the surface film that forms with cooling are observed: all data that can give information on the state of the three moods of the patient (**Figure 4**)

Other elements taken into account to complete the diagnosis are the examination of the tongue and the pressure of the reference points for the various organs. Through these examinations the doctor is able to understand what humoral imbalance has occurred and in which organs the disease is manifested with a precision enviable even to our latest diagnostic techniques.

The resulting therapeutic interventions will tend to restore the altered balance. In the images that make up 'The Illustration of Blue Beryl', the therapeutic system is represented as a tree from which depart four main branches: nutrition, behavior, drugs and external interventions.



Figure 3: Tangka of wrists diagnosis (Photo in accordance from Association for International Solidarity in Asia)



Figure 4: Tangka of urine diagnosis (Photo in accordance from Association for International Solidarity in Asia)

The first two points are the basis of health and directly involve the responsibility that each has towards himself, the other two are entrusted to the competence of the doctor. As we have seen before, the humoral balance depends largely on the type of nutrition and behavior during daily life, so if the doctor recognizes eating habits or life styles that are sick, will indicate to the patient the changes to be made to prevent and treat his ailments. When diet and behavior are not enough, the necessary therapies will be prescribed.

The Tibetan pharmacopoeia is particularly rich and has hundreds of remedies mostly packed in pills. The ingredients are mainly of plant origin, but many minerals and some products of animal origin are also used, which are mixed in numbers ranging from four or five to several dozen (**Figure 5; Figure 6**). These are real drugs carefully composed so that the main active ingredients on a particular organ or mood are balanced to have the maximum effect without causing imbalances on other levels.



Figure 5: Tangka medical materials: medicinal plants (Photo in accordance from Association for International Solidarity in Asia)



Figure 6: Tangka medical materials: mineral (Photo in accordance from Association for International Solidarity in Asia)

As for external interventions, these consist mainly in moxibustion (a therapeutic technique that consists in the stimulation of certain energy points of the body through heat), in treatments with medicated oils and ointments (Ku-Nye massage) and in bloodletting practiced with a particular technique for the drainage of toxins.(Chögyal Namkhai Norbu, 2003; Namkhai and Guarisco, 2011)

Central figure in the MT is the Buddha of Medicine (sans. Bhaiṣajyaguru) In the form with which it is represented according to the Indo-Tibetan iconographic tradition, the

body is lapis lazuli blue and appears seated in the lotus position, dressed in the monastic habit. In her left hand placed in her lap, she has a vase that contains nectar of long life, while the right hand is held in the gesture of the gift and holds a flowering branch of Arura: it is the Mirabolano, a plant with many medicinal virtues. (Figure 7)



Figure 7: Buddha of Medicine (Photo Vitiello L.).

In this aspect the Buddha represents the supreme curator of both the diseases that can affect the body, and the inner afflictions that derive from what are considered the 'three poisons' of existence: desire, aversion and ignorance that we have already mentioned. The meditative practice of the Medicine Buddha is considered a powerful means of developing therapeutic capacity both for himself and for others.

It is also important to remember that the historical Buddha referred to himself as a physician of spiritual suffering and his teaching as a cure. In his first public speech, held in the Deer Park near Benares, he enunciated the "Four Noble Truths", the essence of his teachings, with a method that

we could define as 'clinical'. The first truth is in fact a diagnosis that recognizes that every existence is inevitably conditioned by suffering, a word with which we translate, with some approximation, the term *pāli dukkha*. Buddha then describes the causes (etiology), provides for the possibility of their overcoming (prognosis) and finally indicates therapy in the Eightfold Path (Winder, 1984).

The centrality of the figure of the Buddha of Medicine indicates the high value attributed to medical practice, whose goal is to reduce the inevitable suffering that accompanies human life (**Figure 8**). For this reason in traditional teaching particular attention was given to the formation of the doctor so that at the center of his profession there was always a compassionate attention to the sick, seen in their psychophysical and spiritual unity.



Figure 8 : Mandala of the Buddha of Medicine (Photo in accordance from Association for International Solidarity in Asia)

This approach directs the vision of medicine beyond the aspect of a cold science and brings it closer to a practice that addresses the human being in all the complexity of its essence. Of the two major medical schools in Lhasa, Chagpori was destroyed during the 1959 Lhasa Uprising. This former medical college was founded in 1992 in Darjeeling, India, by Trogawa Samphel. The Mentsikhang, founded in 1916 at the behest of the 13th Dalai Lama and whose activity was greatly reduced at the time of the Cultural Revolution, since the 1970s it has increasingly resumed its role as the center of traditional Tibetan medical science and has now been elevated to the level of University Institute, but already in 1961 the Dalai Lama had refounded it in Dharamsala H. P. where he had taken refuge in his exile.

Even if Western medicine has now reached very high targets of efficiency, these ancient medical systems, whose importance is recognized by the WHO³, can still teach us a lot and make a valuable contribution to our well-being. Research on the effectiveness of Tibetan medicine has been underway for several years and there is a rich literature on it. In an article of the University of Minnesota it is reported that: "Scientific studies report positive findings about Tibetan medicine as a holistic system. Researchers found that Tibetan medicine had beneficial effects on quality of life, sleep, disease regression, and remission in persons with cancer and blood disorders." (<https://www.takingcharge.csh.umn.edu/what-scientific-evidence-tibetan-medicine>. Access: 12.09.2023)

The knowledge of MT, already spread throughout the Himalayan regions ranging from the Tibetan plateau, Ladakh, Bhutan, to the Chinese province of Sichuan, has been progressively developing in the western world. Its existence, little known in Europe until the 80s, began to spread thanks to the First International Conference of Tibetan Medicine organized in 1983 by Namkhai Norbu and held at the Cini Foundation in Venice and then in Arcidosso (Grosseto, Italy) (**Figure 9**). Unfortunately, the proceedings of this historic conference, the first held in the West, were long forgotten and were only edited in 2016. (Vv. Aa., 2016)



Figure 9: Namkhai Norbu (in the middle) with Trogawa Rinpoche (left) and Lobsang Dolma, at the first International Tibetan Medicine Conference, Venice, 1983 (Photo Archive International Dzogchen Community)

³ Traditional and Complementary Medicine (MT&C) is an important and often undervalued component of healthcare. It is present in almost every country in the world and the demand for it is increasing." (World Health Organization. Traditional Medicine Strategy: 2014-2023) <https://www.who.int/publications/i/item/9789241506096>

Later, in 1985, Namkhai Norbu and Trogawa Samphel held a series of lectures in the Aula Magna of the Museo di Storia dell'Arte Sanitaria at the Ospedale di S. Spirito in Rome. These events have contributed significantly to spreading knowledge of what in Europe was the least known of the most important traditional Asian medicines (Namkhai and Trogawa, 2002).

There are currently centres of Tibetan medicine in many European cities where courses and seminars on this science are also held, so it is not difficult to meet Tibetan doctors to turn to for a visit and a cure.

I have often had the opportunity to follow some of them, recognizing their diagnostic ability and the effectiveness of their therapies. My training was not enough to be able to practice this medicine, but the knowledge of this therapeutic system has made an essential contribution to my profession, focusing more and more attention on the specific psychophysical unit of each patient rather than focusing only on the pathology to be treated.

In fact, I believe that one of the most evident limits of Western medicine, which has also reached very high goals, can be identified in having shifted more and more the interest on the disease rather than on the sick person.

The result is an often fragmentary approach, far from the complex uniqueness of each patient, and the consequences of this are increasingly perceived, awakening interest in medical systems recognized as holistic.

The doctor should never forget that each individual has a specific psychophysical identity and, as traditional Tibetan medicine indicates, his/hers role is to recognize and take care of the multiple aspects of suffering that each pathology entails, not just fight disease.

Conflicts of Interest: The author declares no conflict of interest.

References

1. Chögyal Namkhai Norbu. La pratica del massaggio tibetano Ku-nye. Shang Shung Publications. 2003
2. Lyons AS, Petruccelli R.S. La Storia della Medicina. Edizione italiana Momento Medico. 1992, pp 436.
3. Namkhai Norbu, Trogawa Samphel Rinpoche. La Grande Guarigione. Ubaldini Editor. Roma. 2002
4. Namkhai Norbu, Elio Guarisco. Healing with fire. Shang Shung Publications. 2011
5. Parfionovic Y, Gyurme D, Meyer F. Antica Medicina Tibetana. Zanfi (Modena, Italy) 1994.
6. Vv. Aa. Primo Convegno Internazionale di Medicina Tibetana. Uomo Medicina Società. Edition Shang Shung. 2016, pp.71-76
7. Vitiello L. Medicina tibetana: La modernidad de un antiguo sistema médico. *Humania del Sur* 2013, 15. <http://www.saber.ula.ve/handle/123456789/38033>
8. Winder M. Il Buddha della medicina. *Kos*. 1984;1:55-74.