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Ancient Tibetan Medicine

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# 藏傳佛教與古代藏醫學發展

## Tibetan Buddhism and the Development of Ancient Tibetan Medicine

陳 曦

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### 摘要 Abstract

藏醫學作為一門歷史悠久的傳統民族醫學，至今仍有極高的臨床價值。在古代藏醫學的歷史發展過程中，藏傳佛教扮演著極為重要的角色，它與古印度阿輸吠陀醫學引入西藏密不可分，因而對藏醫學三因素七物質平衡的基礎理論奠定起到重要作用。而天葬儀式更為解剖研究提供便利，僧侶培養過程中對醫學的重視也進一步推動藏醫教育發展。然而，藏傳佛教也賦

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予藏醫學特殊的宗教特徵，對藏醫學的發展產生了複雜的影響。

As a traditional ethnic medicine with a long history, Tibetan medicine still has great clinical value today. Tibetan Buddhism played an extremely important role during the development of Tibetan medicine. Closely related to the introduction of ancient Indian Ayurvedic medicine to Tibet, Tibetan Buddhism laid the foundation of the basic theory of the balance between the three factors and seven substances of Tibetan medicine. The celestial burial ceremony was convenient for anatomical research, and the emphasis on medical knowledge during the education of monks further promoted the development of Tibetan medical education. However, Tibetan Buddhism also introduced special religious characteristics to traditional Tibetan medicine and has had complex influence on the long-term development of ancient Tibetan medicine.

**【關鍵字】** 藏傳佛教 藏醫學 阿輸吠陀醫學 天葬  
曼巴禁倉 四部醫典

Keywords: Tibetan Buddhism, Tibetan Medicine, Ayurvedic Medicine, Celestial Burial, Menpa Bratsang, the *Four Treatises*

## I. Tibetan Buddhism and the Foundation of the Basic Theory of Tibetan Medicine

Tibetan medicine has a long history and a complex development process. It comes from the ancient medical and health experience accumulated by the Tibetan people since prehistoric times, with a focus on pharmacy. The unique geographical and ecological environment of the Qinghai-Tibet Plateau provided rich and valuable medicinal plants and animals to the Tibetan people. According to the 18th-century Tibetan pharmacy masterpiece *Jingzhu Materia Medica*, Tibetans in prehistoric times began to observe and imitate the therapeutic behavior of animals, such as the owl-healing diverse-colored cinquefoil, and called it medicine based on these animals and plants. The arrival of Princess Wencheng and Princess Jincheng in 641 and 710, respectively, brought a large number of medical manuscripts, instruments, and doctors to Tibet. In the 8th century, Yutok Yontan Gonpo, the head of the Nine Famous Tibetan Doctors, traveled across Tibet, the Central Plains of ancient China, and ancient India, dedicating his life to compiling the *Four Treatises*,

which established the theoretical system of Tibetan medicine. Tibetan medicine contained not only the theory of Tibetan pharmacy accumulated from practical medical experience but also the theory of pulse diagnosis of traditional Chinese medicine. However, the basic medical theory of Tibetan medicine actually came from India.

### **1.1 Ancient Indian Medical Ideas in the Basic Theory of Tibetan Medicine**

Tibetan medicine and ancient Indian Ayurvedic medical theory have very high consistency, as shown in the classic Tibetan medicine book the *Four Treatises*. Indeed, Tibetans believed that the human body contained three main factors called “rLung,” “mKhris-pa,” and “Bad-kan,” and seven substances, blood, muscle, bone, semen, fat, bone marrow, and saliva, similar to the theory of the three dosa (meaning defects or faults) and the seven dhatu in Ayurvedic medicine (Tables 1 and 2). Both ancient Tibetans and ancient Indians believed that the balance of the three main factors could be affected by the basic energies of the environment (earth, water, fire, air, and space) and the mental “poisons” (attachment, hatred, and close-mindedness), which cause disease. In addition, regarding taste after digestion, the descriptions of ancient Indian medicines (sweet, sour, bitter, spicy, salty, and astringent) and Tibetan medicines (sweet, sour, salty, bitter, spicy, and astringent) are basically the same.

### **1.2 Tibetan Buddhism and Indian Theories in Tibetan Medicine**

The basic theory of Tibetan medicine was established during the rise of Tibetan Buddhism in the Tubo Dynasty. The theory mainly showed the characteristics of ancient Indian Ayurvedic medicine, which can be described as a byproduct of international Buddhist exchanges. As Buddhist doctrines pay particular attention to the four great torments of human life, birth, aging, illness, and death, religion and medicine are closely related to the relief of suffering. As the birth of Ayurvedic medicine came much earlier than that of Buddhism, Buddhism absorbed some of the ideas of Ayurvedic medicine during its creation in India. In the Sutra of Golden Light, composed in the 1st century, Buddha himself explicitly mentioned the theory of the three dosa in the chapter entitled “On Eliminating Disease.” This chapter was considered a foundational statement of Buddhist medicine, and medical healing gradually became a necessary skill and practice for ancient Indian monks. In other words, Buddhist medicine played a central role in Buddhist proselytism in new countries for the benefit of the local public.

Buddhism was gradually indigenized after Srongtsen Gampo introduced it to Tibet. Most members of the Tubo royal family were committed to promoting the religious exchange of Buddhism between Tibet and the Central Plains, India, and other places. They not only sent eminent monks to foreign countries but also invited eminent monks to visit Tibet. Inscribed in the Buddhist scriptures, the knowledge and experience of ancient Indian Ayurvedic medicine were widely spread throughout Tibet. In addition, original Ayurveda manuscripts were transmitted to Tibet during this international communication. Buddhist medical writings were translated into Tibetan, and Tibetan medical monks also went to India to study medicine. Many ancestors of Yutok Yontan Gonpo had traveled to India for medical education, and the author of the *Four Treatises* himself visited India several times. However, the theoretical system of Tibetan medicine was not merely a copy of Ayurvedic medicine, but a synthesis of ancient Indian medicine, Tibetan clinical medical experience, and traditional Chinese medicine.

## II. Tibetan Buddhism and the Development of Tibetan Medicine

### 2.1 Celestial Burial and the Development of Tibetan Medical Science and Technology

Since the Tubo Dynasty, the funeral custom in Tibet has gradually changed from ground burial to celestial burial. The custom of celestial burial was profoundly influenced by Buddha's sacrifice to feed the eagles and gradually matured and was ritualized under the influence of Tibetan Buddhism. As the celestial burial ceremony required the master to dismantle the body of the deceased, the celestial burial custom provided an effective and convenient way for Tibetans to observe the structure of the human body, thus promoting the development of Tibetan medical science and technology.

The promotion of the celestial burial ceremony in Tibetan medicine was mainly focused on anatomy. Unlike the slow development of anatomy studies in the Central Plains of China, a large number of monographs on anatomy emerged in ancient Tibet. The books *Corpse Part* and *Survey of the Living Body and Corpse* were compiled in the early 8th century by a Tubo royal physician.

Yutok Yontan Gonpo also addressed the theory of anatomy in the *Four Treatises* and compiled the *Viscera Anatomy Atlas* in addition to his book. The 13th century book *Anatomical Light* was also of great importance, and in the 18th century, the *Atlas of the Four Treatises* broke the traditional ideological shackles, correctly depicting the position of the heart on the left. However, in the Central Plains of

China, the study of anatomy has long been confined to the Internal Classic. With some exceptions, such as Hua Tuo, most medical practitioners left stories but no academic manuscripts. Therefore, there were only two monographs on anatomy produced during the Northern Song Dynasty, the *Five Organs Atlas* and the *Cunzhen Atlas*, which were based on autopsies of deceased prisoners.

Compared with the limitations of anatomy studies in the Central Plains of China due to the traditional concept of respecting the dead, the Tibetan celestial burial custom provided many opportunities for medical research, and the development of anatomy further promoted the development of Tibetan embryology and surgery. During the era of the *Four Treatises*, Tibetan doctors had a comprehensive understanding of the process of embryonic development, which was well ahead of that of the rest of the world. Surgery, including punctures, bladder stone removal, and cataract extraction, became the basis of the fame of many ancient Tibetan doctors.

## **2.2 The Promotion of Tibetan Buddhist Monasteries and Temples in Tibetan Medical Education**

With the completion of the *Four Treatises*, the development of the medical theory system of Tibetan medicine was completed in the 8th century. Shortly after, the Tubo Dynasty disintegrated, and the development of the entire Tibetan region was limited. Influenced by the last king's belief in Bonism, Tibetan Buddhism was repressed as a result of the anti-Buddhist movement of the late Tubo Dynasty, thus Tibetan medicine stagnated. Only when social stability was re-established in the middle and end of the 10th century was Tibetan Buddhism restored and Tibetan medicine started to advance again. In the 14th century, Tibetan Buddhism finally acquired a dominant position in Tibet as an integrated system of the politics of the Phagmodrupa Dynasty, becoming an established religion. As a result, Tibetan medical education also completed its transformation from being run by royal/private schools in the Tubo Dynasty to being run by temple schools. The social diffusion and popularization of medicine was restricted and the religious characteristics of Tibetan medicine became increasingly profound.

Classical Buddhist manuscripts were divided into Five Great Fields of Knowledge (*rig-gnas-che-lnga*), including a part called “*gso-ba-rig-pa*” involving medicine, acupuncture, and spell work. Medicine remained an important part of Buddhism learned by monks in ancient India and Tibet. Classical medical manuscripts, such as the *Four Treatises* and *Somaratsa*, were included in the collection of scriptures of Tibetan monasteries and temples because of their Buddhist philosophical characteristics. In addition, many lamas in

Tibet concurrently served as doctors, with medical activities being usually conducted in monasteries and temples. Medical education gradually became a transmission between monk masters and apprentices.

With the development of Tibetan Buddhism, the scale of monasteries and temples gradually expanded. In some monasteries, special schools called “dratsang” were established and classified according to the Five Great Fields of Knowledge. Dratsang specialized in medicine, called “menpa,” were established later than other dratsang in the early 18th century in Chagpori Monastic Medical College, established in Lhasa in 1696 by Sangye Gyatso. Menpa dratsang began teaching specialized medical education in Tibetan monasteries and temples. Using the *Four Treatises* as the main textbook, these schools constituted a unique form of medical schools and hospitals in Tibet, with a major role in Tibetan medical education and activities since the 18th century.

Tibetan Buddhism played a major role in promoting the development of Tibetan medicine. However, collected in the form of Buddhist scriptures, Tibetan medical manuscripts were restricted to monasteries and temples for a long time, which limited the social diffusion and popularization of Tibetan medicine and emphasized its religious characteristics.

### **III. The Religious Characteristics of Tibetan Medicine: Two Sides of the Same Coin**

The dominant position of Tibetan Buddhism in Tibet showed a peculiarity of Tibetan medicine: it possessed a highly developed medical science and technology with many rituals practiced during medical activities, such as prayers, chanting sutras, and even exorcising ghosts. The Buddhist characteristics of Tibetan medicine were two sides of the same coin: medical activities were sometimes likened to a type of “witchcraft” but also brought more mental and moral benefits to suffering patients.

The idealism of ancient Tibetan medicine was mainly embodied in the etiological theory of some diseases, especially mental illnesses. Tibetan medicine held that the causes of disease could be divided into internal and external factors caused by three factors of imbalance, while external factors included a variety of environmental factors. The volume devoted to external factors in the *Four Treatises* emphasized the role of ghosts and gods in the occurrence of diseases, with a whole chapter focused on ghosts. In the medical classic of the 17th century, the *History of Tibetan Medicine*, the author, Sangye Gyatso, divided diseases into four categories according to historical experience. In his

opinion, the second type of disease was caused by a collision with ghosts and evil spirits (which could be treated by exorcism), while the fourth type was caused by the sins of past lives (which could not be cured). He believed that any word and deed contrary to religion could lead to illness, emphasizing the characteristics of Buddhism and its distinct idealism. The phenomenon of “medical witchcraft” in Tibetan medicine was mainly evident during the treatment process.

Chanting mantras was an important part of the treatment process of ancient Tibetan medicine, Buddhist sutras and rituals being the main means of treatment, especially for diseases caused by ghosts and gods. During some treatments with valuable pills, mantras were so important that the patient had to recite a given mantra as many times as possible before taking the drugs to enhance their curative power. In another medical classic, *Blue Beryl*, Sangye Gyatso even described the consecration ritual in detail as an important part of the therapy, which may seem odd to modern eyes.

Although the overemphasis on religious power and the question of ghosts and gods could sometimes be obstacles to the progress of medical science, it is undeniable that Buddhist mantras and rituals could alleviate illness and pain as mental treatment. During their long and intertwined history, the Buddhist spirit was clearly integrated into Tibetan medicine. Buddhism strongly emphasizes caring for others. Thus, it is not surprising that the *Four Treatises* required doctors to have the courage to heal all life as if they were treating their own fathers, reflecting the spirit of almsgiving that still applies today. Indeed, it is common for Tibetan doctors today to offer treatment to poor patients without expecting anything in return. In addition, the concept of compassion in Buddhism affected doctors in their medical decisions. According to the *Four Treatises*, doctors should include a margin of maneuver when informing a patient that his or her illness is fatal.

Although modern palliative medicine has already achieved excellent results, Tibetan medicine still has a positive value for reference. Modern palliative medicine is much more focused on patients. Family members are usually considered as cooperators in treatment or simply notified subjects of the fatal outcome. The pain of losing a close family member is usually ignored by doctors even in the procedure of palliative care. However, when death finally occurs, the sutra chanted by Tibetan doctors is not only a religious ritual to free the soul from suffering but also a comfort to the family. The Buddhist sutra reveals the immortality of the soul, which helps patients and their families cope with death.

## IV. Conclusion

Tibetan Buddhism had a profound and lasting influence on ancient Tibetan medicine. It not only laid the fundamental theoretical foundation of Tibetan medicine but also promoted the development of Tibetan medicine through the celestial burial custom and monastery education. Although the religious characteristics of Buddhism restricted the development of medical science, they played an important role in the development of Tibetan medical ethics. The Buddhist spirit was deeply integrated into Tibetan medicine, making it more than a simple and ordinary treatment. Tibetan doctors not only fight death; they are also priests who share their patients' fear of death and help them and their families accept death.

Tables

Medicine	The three main factors of body		
Ayurvedic medicine	Vita (Wind)	Pitta (Bile)	Kahha (Phlegm)
Tibetan Medicine	rLung (Air)	mKhris-pa (Fire)	Bad-kan (Water and Earth)

Table 1: Comparison between the three factors in ancient Indian Ayurvedic medicine and Tibetan medicine

	The Seven substances						
Ayurvedic medicine	Rasa Dhatu (Body fluids)	Rakta Dhatu (Blood)	Mamsa Dhatu (Muscular tissue)	Meda Dhatu (Adipose tissue)	Asthi Dhatu (Bone)	Majja Dhatu (Bone marrow)	Shura Dhatu (Semen and ovum constituents)
Tibetan Medicine	Saliva	Blood	Muscle	Fat	Bone	Marrow	Semen

Table 2: Comparison between the seven substances of ancient Indian Ayurvedic medicine and Tibetan medicine

## 參考文獻 References

- 王 鏞：《西藏醫學史》，南京：譯林出版社，1991年，第四部分。WANG Lei. *History of Tibetan Medicine* (Nanjing: Yilin Publishing House, 1991), Part 4.
- 吳躍進：《藏傳佛教寺院與藏、蒙醫學的關係》，《南京中醫學院學報》，第04期，1991年，頁238-240。WU Yuejin. “The Relationship between Tibetan Buddhist Monasteries and Tibetan and Mongolian Medicine,” *Journal of Nanjing College of Traditional Chinese Medicine*, 04 (1991): 238-240.
- 宗喀·漾正岡布：《史前藏醫史發展線索研究》，《西藏研究》，02 (1995)，頁127-135及137。ZONGKA Yangzhenggangbu. “Research on the Clues of the Development of Prehistoric Tibetan Medical History,” *Tibetan Studies*, 02 (1995): 127-135 & 137.
- 馬伯英：《中西醫解剖學的歷史特徵及其形成原因的探討》，《自然雜誌》，02 (1986)，頁65-70及82。MA Boying. “Historical Characteristics of Traditional Chinese and Western Medicine Anatomy and Its Causes of Formation,” *Natural Journal* 02 (1986): 65-70 & 82.
- 顏 亮：《藏傳佛教死亡觀研究》，西北民族大學歷史文化學院碩士論文，2013年。YAN Liang. Mater Thesis: “Research on Death Concept of Tibetan Buddhism,” Northwest University for Nationalities, 2013.
- C. Pierce Salguero. *Buddhism and Medicine: An Anthology of Premodern Sources* (New York: Columbia University Press, 2017), Introduction and Chapter 60.
- Sachs Robert. *Tibetan Ayurveda: Health Secrets from the Roof of the World* (Inner Traditions/Bear & Co, 2001), Chapter One.
- Fan Ruiping, and Ian Holliday. “Which Medicine? Whose Standard? Critical Reflections on Medical Integration in China,” *Journal of Medical Ethics*, 33.8 (2007): 454-461.