



INTRODUCTION



THE SCIENCE OF HEALTH AND HAPPINESS: INTRODUCING SOWA RIGPA, TIBETAN MEDICINE

This book is about Sowa Rigpa or Tibetan medicine. The word *sowa* means ‘to heal’, ‘restore’, ‘nurture’, ‘nourish’, ‘repair’, or ‘to take care of’ and the word *rigpa* means ‘knowing’, ‘knowledge’, or ‘science’. Together then, Sowa Rigpa is ‘The Science of Healing’. *Rigpa* can also mean pure awareness, the direct knowing and seeing of our true nature. For this reason, I sometimes translate Sowa Rigpa as ‘The Nurturing of Awareness’ as well. These two translations are connected: a deep understanding of healing requires an equally deep understanding of our own nature and the ways we are connected to the world around us. In the Tibetan medical tradition, good health and longevity are the basis for accomplishing both worldly and spiritual goals and for achieving lasting happiness. Given this, I like to translate Sowa Rigpa in a more extended way as the ‘Science of Health and Happiness’, as you can see in the subtitle of this book.

What does this ‘Science of Health and Happiness’ entail? Sowa Rigpa is a holistic form of medicine. Sowa Rigpa doctors – known as *amchi* or *menpa* in Tibetan – aim to treat patients in their entirety, on the level of body, energy, and mind. *Amchi* acknowledge the connections between bodily, energetic, and mental processes without reducing one level to another. Sowa Rigpa therapies offer patients symptomatic relief while situating patients’ symptoms in their broader, systemic contexts. Symptoms reflect fluctuations in patients’ bodies and lives as well as changes in their overall environment and society. When a patient visits a Sowa Rigpa doctor for a consultation, the *amchi* will assess the patient in various ways. They will take a detailed medical history and make an assessment about the patient’s general physical, energetic, and mental constitution. They will ask the patient about their diet, behavior, physical activities, family life, relationships, mental-emotional state, dreams, sleeping patterns, bowel movements, urination, and menstrual cycle. They will ask about the conditions under which the patient’s symptoms worsen and improve. They will feel the patient’s pulse, will examine the patient’s urine, tongue, eyes, and other sensory organs for signs of imbalance. Having made an initial diagnosis, they will then suggest dietary and lifestyle changes, prescribe herbal medications, and recommend or apply various external therapies like massage, hot and cold compresses, sauna treatments, body scrubs, acupuncture, and surgery. In select cases, when the circumstances warrant it, doctors may also prescribe spiritual treatments like meditation, mantras, yogic practices, and rituals as either stand-alone or complementary therapies. All

these different therapies will be combined in various ways to suit the specific needs and circumstances of patients. When used skillfully, Sowa Rigpa therapies can not only cure disease but prevent disease and enhance longevity as well.

At its core, Sowa Rigpa is about balance and interconnectivity. Tibetan medicine teaches that our natural, underlying state is a state of health. Staying healthy in Sowa Rigpa means keeping our body, energy, and mind in dynamic yet stable equilibrium. This healthy baseline is known as the ‘unchanged,’ ‘untransformed’ state in Tibetan. By contrast, disease is what happens when we become imbalanced, when our healthy equilibrium is compromised or disrupted. Deficiency, excess, or dysfunction in our psycho-physiological processes affects our baseline homeostasis and leads to the ‘transformed’ state of disorder and disease. Whatever therapies are used to treat a patient, healing in the Tibetan medical view is always about restoring a patient to health, is about rebalancing what was imbalanced. In Sowa Rigpa, the three levels of body, speech-energy, and mind are all fundamentally connected. The most important framework in Sowa Rigpa for understanding balance and imbalance both inside and outside patients’ bodies is the concept of the three humors or *nyepa sum*.

The three humoral energies of *loong*, *tripa*, and *beken* are fundamental, dynamic principles through which health, pathology, diagnosis, treatment, and various environmental, seasonal, and cosmic processes are understood. They are at the heart of Sowa Rigpa’s distinctive understanding of the world and inform almost every aspect of its approach to health and wellness. They also serve as a bridge between Tibetan medical and Buddhist teachings. The three *nyepa* come from the five elements of space, wind, fire, water, and earth, which are seen in Sowa Rigpa and Buddhism as the fundamental building-blocks that make up all phenomena in the universe. Our health, the food we eat, the functioning and dysfunction of our bodies, and the medicines and treatments we use to cure disease are all linked together by the thread of the elements. In this book, we will journey into the world of Sowa Rigpa and immerse ourselves in this view. In the chapters which follow, we will systematically study Sowa Rigpa’s theory of health and pathology, of balance and imbalance. We will explore the role that the humors and elements play in our individual lives and in the wider world. We will also learn about Sowa Rigpa’s unique approach to diagnosis and explore a range of Sowa Rigpa treatment methods.

The contents and structure of this book are based primarily on the contents and structure of the ‘Root Tantra’ or Tsa Gyü in Tibetan. The Tsa Gyü is the first and most foundational volume of the four-volume medical textbook known as the Gyü Zhi or ‘Four Medical Tantras.’ The Gyü Zhi is one of the most important Sowa Rigpa manuals in history. Compiled in its current form in the 12th century, it still holds pride of place in Tibetan medical curricula. In *mentsikhang* or Tibetan medical colleges around the world, students are still expected to memorize all or most of the Four Tantras as part of their training. The Tsa Gyü is known as the ‘Root’ or ‘Foundation’ (*tsa*, *tsawa*) Tantra because it lays out the entire basis of the Gyü Zhi. It spells out the most essential points of Sowa Rigpa theory and practice, in a clear and condensed way. This current book is a commentary and companion volume to

the Tsa Gyü. Its six chapters match the six chapters of the Tibetan Tsa Gyü and are meant to serve as supplementary study-guides for students and interested readers working their way through the contents and concepts of the Tsa Gyü. At the heart of this book are several diagrams in the shape of trees, which encapsulate the teachings of the Tsa Gyü. In keeping with the Root Tantra’s name, the three main tree diagrams outlined in Chapters Three to Six are called ‘Roots’ in Tibetan. These visual aids are part of an ancient approach to learning based on metaphors from nature. Beautiful and practical, they remind us of our fundamental interdependence with the natural world. Before we begin our journey into this educational garden, though, it will help to say a few words about the history of Tibetan medicine and the place of the Gyü Zhi within it. Knowing even a little bit about Sowa Rigpa’s past will help deepen our understanding of and gratitude for this unique tradition and will prepare us for our study of the Medical Trees.

PATHS TO HEALING: FOUR GENERAL SOURCES FOR SOWA RIGPA KNOWLEDGE AND PRACTICES

The origins of Tibetan medicine likely date back tens of thousands of years. Formal written histories of Tibetan medicine are much more recent, however, going back about eight centuries. The history of medicine in Tibet can be approached from two perspectives. On one hand, we can think about general sources of healing knowledge in Tibet, reaching back into pre-history and still operating into the present. On the other, we can reflect on key moments in the systematization and institutionalization of Tibetan medicine and look at specific figures, texts, and teachings which have had an impact on Sowa Rigpa’s development. For the first approach, we can identify four very broad sources for medical knowledge in Tibet: medical knowledge from non-human beings; medical knowledge obtained through the power of meditation or altered states of consciousness; medical knowledge stemming from everyday life experience; and medical knowledge revealed by the natural environment. Let’s examine each of these sources a little more closely in turn.

1. Medical Knowledge Learned from Non-human Beings:

Tibetan histories explain that before human beings emerged in Tibet, the land was populated by a host of non-human entities. These spirits which pre-dated human beings are known by many names – *tsen*, *tebrang*, *lü*, *nyen*, *mamo*, *menmo*, and so on. As Earth’s original inhabitants, these spirits have a deep connection with the environment. They are the true ‘owners’ and overseers of our natural resources – of the sky, mountains, meadows, forests, rivers, and lakes, the myriad natural treasures which are found both above and below the ground. After human beings emerged in the world they came into contact with these nonhuman entities. At times, our ancestors’ encounters with these beings resulted in sickness and misfortune, especially if they failed to interact with these beings respectfully and abused the natural resources these beings controlled. When provoked, spirits can make humans unwell. On the other hand, their closeness to nature and disease means they possess knowledge about healing as well. Many powerful herbs used in Tibetan medicine are said to have been planted in our world or revealed to humans by spirits and deities. Some healing substances are also so closely associated with

such beings that they are said to be the actual reincarnated form of spirits themselves. For thousands of years and right up to the present day, spirits have both caused and cured disease. They have appeared to shamans, spirit mediums, yogis, and other healers and have shared their special medical knowledge with them.

This ancient, pre- or non-human knowledge may not be the main basis for Sowa Rigpa theory and practice but it remains an important aspect of Tibetan medicine to this day. As we will see in the chapters to come, *dön né* or illnesses linked with the provocation of spirits and other invisible forces like bacteria and viruses are an important category in Sowa Rigpa theories of disease. Aside from spirits, another type of non-human being that humans have learned medical knowledge from is animals. Animals of all kinds possess instinctive medical knowledge. For centuries, Tibetan and Himalayan peoples have observed the ways that different animals seek out and consume plants and other medicinal substances. Deer, wolves, vultures, bears, yaks, monkeys, pigs, dogs, cats, and various kinds of insects, birds, and reptiles all seek out substances for their healing or transformative effects. Some Tibetan medicinal plants are even named after the animals which use them or which revealed their use to humans. One example is *yumo deuchin*, the Himalayan spurless columbine (*Paraquilegia microphylla* and other subspecies). The name of this bitter-tasting, cooling herb literally means the 'doe's arrow-remover' and it is said to help draw out arrowheads, stones, and other foreign objects lodged in the body. Tibetan doctors use it to stop bleeding, to relieve pain, to treat inflamed and infected wounds, and to encourage the expulsion of retained placentas, stillborn fetuses, and miscarriages. As the name suggests, the herb's properties became known to hunters after they observed the behavior of deer who sought the plant out when they were injured. There is also a Tibetan formula for healing wounds which is made entirely from herbs which are sought out by different animals to heal their own wounds. Just like spirits then, non-human animals have been and can be great medical teachers.

2. Medical Knowledge obtained through the Power of Meditation and Clairvoyance:

Throughout history, great physicians and *drangsong* or medical sages have withdrawn from worldly life and have sequestered their bodies and minds to meditate on the deep nature of reality. This has allowed them to master single-pointed meditative concentration (*tingngedzin* in Tibetan, *samadhi* in Sanskrit) and to gain control over their mental faculties and subtle energies. It is said that by virtue of this meditative cultivation, sages have been able to understand many things in a direct, intuitive way: the tastes and properties of medicinal substances, the nature of the gross and subtle elements making up all beings and phenomena, the nature of the various types of otherwise invisible, microscopic cells and organisms that make up and live inside our bodies, the nature of human conception and embryology, and how to treat illness using seemingly 'magical' methods. These sorts of ritual and yogic healing methods rely on a deep understanding of interdependence and emptiness, *tendrel* and *tongnyi* in Tibetan. All levels of being are interconnected, all phenomena are free from any permanent, independent essence. Reorganizing the physical body, material substances, and material forms, recalibrating energy, speech, and breath, and reorienting the mind can produce profound transformations. Medical sages compared and combined the knowledge

they obtained through meditation and altered states with existing knowledge of anatomy, pathology, and medical treatment, which expanded and deepened these areas of human study.

3. Medical Knowledge derived from Everyday Experience and Conventions:

A great deal of medical knowledge arises through ordinary people's everyday lives, through trial-and-error, and the passing on of tried-and-tested healing methods from one generation to the next. Over many centuries, both common people and professional healers in Tibet made careful observations about which diets and lifestyles had positive, negative, or neutral effects for different people, especially in light of Tibet's geography and climate. They noted which foods and drinks were compatible and incompatible with different constitutions and different diseases. Much of the knowledge connected with Tibetan pharmacology and external therapies came from people's everyday experiences. People in previous generations experimented with different herbs, minerals, and other substances, experimented with using hot and cold stones as compresses, and slowly but surely developed therapies like massage, acupuncture, and moxibustion through trial-and-error. Knowledge relating to pathology, diagnosis, and treatment all derive in some way from our own and our ancestors' empirical observations, from practical, embodied knowledge and common-sense shared in either oral or written form. With time, these types of observations may become more systematized and may be adjusted to fit with pre-existing theories of the body and healing.

4. Medical Knowledge learned from the Natural Environment:

Aspects of the natural environment can teach us about healing. Ancient Tibetans visited naturally-arising hot springs centuries ago. By submerging themselves in these springs and observing the results, they slowly but surely developed the practice of medicinal baths and steam therapy, which are still widely used in Sowa Rigpa today. Over time, ancient Tibetans noticed the positive and negative effects that spending time in dry and wet, hot and cold, high and low altitude locations had on their health and on different bodies. They observed how the changing of the seasons and the sun and the moon affected them on the level of body, energy, and mind. With the passing of the centuries, they kept track of how the movement of the stars and planets correlated with their lives and well-being on Earth. Through this, astrological knowledge was gradually integrated into medical practice.

TEXTS AND TRANSMISSIONS: KEY MOMENTS IN THE SYSTEMIZATION AND INSTITUTIONALIZATION OF SOWA RIGPA

Tibetan texts describe the presence of unique medical practices in Tibet long before the arrival of writing and Buddhism in the country, which entered Tibet somewhat simultaneously in the 7th century CE. Chebu Trishé, the son of Shenrap Miwo (the legendary founder of the pre-Buddhist Tibetan religion Bön) is said to have been entrusted with precious medical teachings and to have shared these with the world by composing texts like the *Bum Zhi*, the principal Bönpo medical textbook. Bönpo sources claim that the teachings in the *Bum Zhi* are tens of thousands of years old. Looked at side-by-side, the *Bum Zhi* and *Gyü Zhi* are very similar in content, at least in their current forms. Both texts show significant indebtedness to Indian Ayurvedic sources which were only translated into Tibetan in the 11th century. Regardless of the exact age of these two texts, however, there is little reason to doubt that Tibetan medicine has an indigenous history going back thousands of years. Tibetan tradition recognizes that Tibetans were practicing their own forms of medicine as early as the time of the first Tibetan King Nyentri Tsenpo in the 2nd century BCE. While we have little concrete information about these practices, later historians have characterized them as being relatively un-systematized. They have also suggested that Tibetan doctors during this time had little contact with foreign medical traditions and experts.

The earliest extant histories written in the Tibetan language date to about the 9th century CE and histories of Tibetan medicine are more recent still. Accordingly, descriptions of doctors, medical lineages, and medical schools operating in Tibet before the 9th century CE necessarily come from much later sources. These texts describe medical experts coming into Tibet from neighboring countries like India from around the 5th century CE, during the reign of the 28th King of Tibet, Lhatotori Nyentsen. A physician named Dung ki Torchokchen, who is said to have been the son of a visiting Indian doctor and King Lhatotori Nyentsen's daughter, became an important court physician, for example. He studied Indian and other foreign medical systems and combined these with preexisting Tibetan medical practices and his descendants continued to serve as royal physicians in Tibet for many generations. In the 6th century CE, a figure known as Wazha Menpa, ('The doctor from Wazha', the area identified today as Amdo, Northeastern Tibet), is said to have performed sophisticated cataract surgeries on the Tibetan king and to have integrated these and other surgical procedures into Tibetan medicine (elaborate cataract-removal methods can be found in the *Gyü Zhi* as well, and are still taught today). In the 7th century CE, a doctor called 'Galenö' is said to have come to Tibet from Persia and mentored local students. Rather than a personal name, his title suggests he was a representative of the teachings of the Greek physician Galenus. Through interactions with figures like this, Galenic medical theory and practice was incorporated into Sowa Rigpa. During this period, doctors from India, China, Mongolia, Turkey, Greece, and other parts of Tibet were invited to Central Tibet as well, where they collaborated with resident physicians and produced medical manuals that encapsulated their diverse expertise.



Yuthok Yönten Gönpo the Elder.

In the 8th century CE, during the reign of King Trisong Detsen, transnational medical sharing and cooperation flourished even further. Tibetan doctors continued to train with foreign medical experts and busied themselves with the study and translation of foreign texts. They also began to write more and more treatises in Tibetan language which combined foreign and Tibetan knowledge in a way that suited Tibet's unique climate and the needs of Tibetan patients. King Trisong Detsen is said to have invited doctors from India, China, Nepal, and other countries and to have hosted elaborate conferences on Buddhism and medicine. The 8th century is often described as a golden age of Buddhism in Tibet but it was a golden age for the development and systemization of Sowa Rigpa as well. An important medical school was established at Samyé in Central Tibet during this period. Samyé is often described as Tibet's first Buddhist monastery, but this fails to capture the scope of the activities conducted there. In Tibetan, the institution of Samyé is referred to as a *tsuklakkhang*, a center of cultural and religious education. In addition to being a monastery, Samyé had its own state-sponsored, state-regulated translation house and its own center for the training of *ngakpa* (non-monastic, non-celibate tantric yogis) as well. One Tibetan scholar who trained at Samyé was the great translator Berotsana (Vairochana in Sanskrit). Vairochana spent many years travelling through India and studied a variety of medical systems. One of his most important medical mentors was the Kashmiri scholar Chandrananda. After his return to Tibet, Vairochana is

said to have combined the key instructions he had received directly from Chandrananda with generations-worth of Tibetan medical knowledge to produce a number of important medical texts. A highly realized scholar-practitioner, Vairochana was a disciple of Padmasambhava, the so-called 'second Buddha' of Tibet who tamed the indigenous spirits of the land and enabled Buddhism to truly flourish in the country. Padmasambhava and his partner the Tibetan princess and yogini Yeshé Tsogyal are important figures for Tibetan healing in their own right. Both are said to have healed patients with mantras and tantric rituals. Both also dedicated themselves to preserving powerful instructions on spiritual healing for the benefit of future generations as well, in the form of hidden *terma* texts.

In the 8th century, a number of sharp-minded Tibetan children were selected, without bias regarding their class or family background, to study Sowa Rigpa under the guidance of the lineage-masters at Samyé college. The most outstanding of these students was Yuthok Yönten Gönpö the Elder, a descendant of Dung ki Torchokchen. A semi-mythical figure, Yuthok the Elder is said to have lived for 120 or 125 years. He is regarded as an emanation of the Medicine Buddha and is said to be the ancestor and previous incarnation of Yuthok the Younger, who many believe authored the Gyü Zhi. It is said that King Trisong Detsen gave the Elder Yuthok, who served as his royal physician, the honorific title *lhajé* or 'Lord of the Gods'. The King explained that while he himself was a lord among humans, truly exceptional court physicians like Yuthok were lords even among the gods. This title shows the great reverence with which highly-qualified doctors were treated and ties in with Yuthok's renown as a healer of both human and spirit patients (the family title Yuthok, which means 'man with the turquoise roof', comes from when Yuthok's grandfather cured an ailing spirit King of his sickness and he was sent turquoise and gold jewelry up from the depths of the river as payment for his services. Yuthok's ancestor dried the turquoise on his roof and a passing shepherd saw them glinting there in the sun and the name 'Turquoise Roof Doctor' was born). This recognition continues - the term *lhajé* is used even today as a polite form of address for doctors. Yuthok the Elder's hagiography written in the 17th century explains that Yuthok went to India and studied with Vairochana's old mentor Chandrananda. Arriving back in Tibet, he combined what he had learned from the Kashmiri sage with Vairochana's teachings to produce a unique textbook of medicine known as Düdtsi Nyingpo Sangwa Mengngak ki Gyü, 'The Essence of Nectar Tantra of Secret Pith, Oral Instructions'. The manuscript of this text was considered so valuable by King Trisong Detsen that he ordered that it be temporarily hidden in a vase-shaped pillar at Samyé monastic college for safekeeping. After he turned fifty, Yuthok the Elder established his own medical school in Kongpo, Southern Tibet. At the request of students, he composed another textbook, which contained similar information to his earlier, now off-limits manual. The Elder Yuthok is said to have mentored many students at his new school, to whom he gave novel titles or classifications in accordance with their level of education and expertise. These labels are much like the titles still used in medical colleges today.



Yuthok Yönten Gönpö the Younger.

Tibetan medicine continued to develop in multiple directions from the 9th century onwards. The *tertön* (tantric visionary prophet or 'treasure revealer') Dorbum Chödrak was one of the first Tibetan healers to systematize knowledge regarding the classification, etiology, symptomatology, and treatment of *nyen né*, severe, infectious disorders often involving spirit provocation. After the collapse of the Tibetan empire in the mid-9th century, medical lineages and education continued for the most part through less institutionalized, less centralized family lineages and were preserved by *ngakpa* yogi – doctors in particular. Towards the end of the 9th century and beginning of the 10th, the Tibetan monk-translator Rinchen Zangpo translated several highly influential foreign medical texts into Tibetan. One of these was the *Ashtangahridaya*, one of the most important Sanskrit-language Ayurvedic texts from India. Tibetan translations of this text and its various commentaries had a significant impact on the composition of the Gyü Zhi in its current form. In the 11th century, the monk-physician Gampopa – also known as Nyammé Dakpo Lhajé, 'the incomparable doctor from Dakpo' – performed careful autopsies on corpses and devised new medicinal formulas to treat a variety of disorders. He recorded his unique clinical insights, recipes, and diagnostic and treatment methods in texts which are still highly valued today.

In the 12th century, Yuthok the Younger (1126 – 1202) further systematized Tibetan medicine. According to one version of events, one and a half centuries after the time of the Elder Yuthok the medical protector-deity Shanglön Dorjé Düddul appeared to the treasure revealer Drapa Ngönshé and declared that the time was ripe for the reemergence of the Elder Yuthok's text. With Shanglön's assistance, Drapa Ngönshé extracted the textbook from the pillar in Samyé and passed it on discretely to a single student. After some time, the text reached Yuthok the Younger, who supplemented it with other lineage-based teachings he had received to produce the Gyü Zhi as we know it today. Yuthok's heart-disciple Sumtön Yeshé Zung, who lived and studied intensively with Yuthok for twelve years, received the Gyü Zhi as well as Yuthok's other major teaching, the Yuthok Nyingthig, directly from the master physician. The Yuthok Nyingthig or 'Heart-essence Teachings of Yuthok' are special tantric Buddhist practices connected with the Medicine Buddha which are especially suited for professional healers. The Gyü Zhi and Yuthok Nyingthig are regarded as Yuthok the Younger's two 'jewels' or 'treasures'. The Gyü Zhi deals with mostly gross, physical anatomy and is an exoteric teaching meant for more general audiences. Its teachings are primarily concerned with everyday physiology and psychology and with the pursuit of health and happiness in this life. The teachings of the Yuthok Nyingthig, by contrast, are esoteric. Aimed at tantric initiates pursuing the ultimate goal of complete Buddhahood, they emphasize meditation, ritual, and the cultivation of the subtle anatomy or 'energy body'. More specifically, the Yuthok Nyingthig teaches methods for accomplishing the *jaliü*, the 'Rainbow Body', a phenomenon where the bodies of highly-realized meditators shrink dramatically or dissolve entirely into rainbow-colored light at the time of their death or shortly after. Both Yuthok the Younger and Yuthok the Elder – as well as Yuthok the Elder's wife and dog! – are said to have displayed the Rainbow Body publicly. This phenomenon and its associated practices thus have a strong connection with the Tibetan medical tradition.

In the 13th century, treasure-revealers like Guru Chöwang and Ramo Shelmen helped develop Sowa Rigpa practices with their revelations. Many of these focused on healing, disease-prevention, rejuvenation, and longevity-enhancement practices in particular. Guru Chöwang also revealed and developed various beautification procedures which became part of the medical tradition as well. During the same period, Drangti Jampel Zangpo inaugurated the Drangti lineage of medical practice, based on unique teachings he gave through the *mendrong* or medical school connected with Sakya monastery. In the 14th and 15th centuries, Namgyal Drakzang from Jang (1395 – 1475) founded another important medical lineage, the Jang lineage (i.e. 'the lineage of the master from Jang'). Besides being a skilled physician, Jangpa Namgyal Drakzang was also an expert astrologer and an adept of the Kalachakra Tantra tradition, and his teachings developed and deepened the preexisting connection between medical and astrological practices. The slightly younger Zurkharwa Nyamnyi Dorjé (1439 – 1475) established his own new medical lineage (the 'Zur lineage') around the same time. A child prodigy who displayed deep medical knowledge even as a toddler, Zurkharwa is regarded as a reincarnation of Yuthok the Younger. Yuthok appeared to Zurkharwa at the age of ten in a series of visions and dreams and informed him that it was his destiny to correct mistakes and adulterations that had crept into the Gyü Zhi over time and stressed that he should devote

his life to studying, practicing, and teaching Sowa Rigpa. Zurkharwa gathered, edited, and supplemented the teachings of several other physicians and wrote many commentaries. He was a devoted practitioner of the Yuthok Nyingthig and added a number of commentaries and new practices to the textual cycle based on his own visions and experiences. He died young but is said to have achieved the Rainbow Body like Yuthok before him. Together, the Jang and Zur lineages became two of the most important medical lineages. While these lineages share core texts and teachings, they have their own commentarial traditions and spiritual emphases, and identify and make use of materia medica in distinct ways.

In the 16th century, disciples of Zurkharwa like Zurkhar Lodrö Gyalpo furthered the teachings of the Zur lineage by penning commentaries on the Gyü Zhi and other texts, while figures like Drigung Chöki Drakpa devised new medical formulas and composed new commentaries which became the basis of the Drigung medical lineage. In the 17th century, Darmo Menrampa Lopzang Chödrak expanded on and completed Zurkharwa's commentaries and composed extensive biographies of the two Yuthoks. He served as a personal physician to the Fifth Dalai Lama, who he cured of cataracts using techniques he had learned from Indian doctors that the Dalai Lama had invited to Tibet. Darmo Menrampa also conducted direct investigations into human anatomy through corpse dissection to resolve contradictions and confusions in medical texts. The Fifth Dalai Lama Ngawang Lopzang Gyatso (1617 – 1682) was one of the greatest patrons of Sowa Rigpa in Tibetan history. He had a significant personal interest in medicine – he had always wanted to study Sowa Rigpa full-time but did not have the opportunity to do so due to his spiritual and political responsibilities. He memorized three out of the four Tantras of the Gyü Zhi – all but the third Oral Instructions Tantra, which as we shall see is primarily focused on clinical practice. In keeping with his love for Sowa Rigpa and his recognition of its important role in matters of state, he supported the development of medical colleges and hospitals in various parts of Tibet. The Dalai Lama was also a great enthusiast and editor of the Yuthok Nyingthig and many key texts and prayers found in the textual cycle today were penned by his hand.



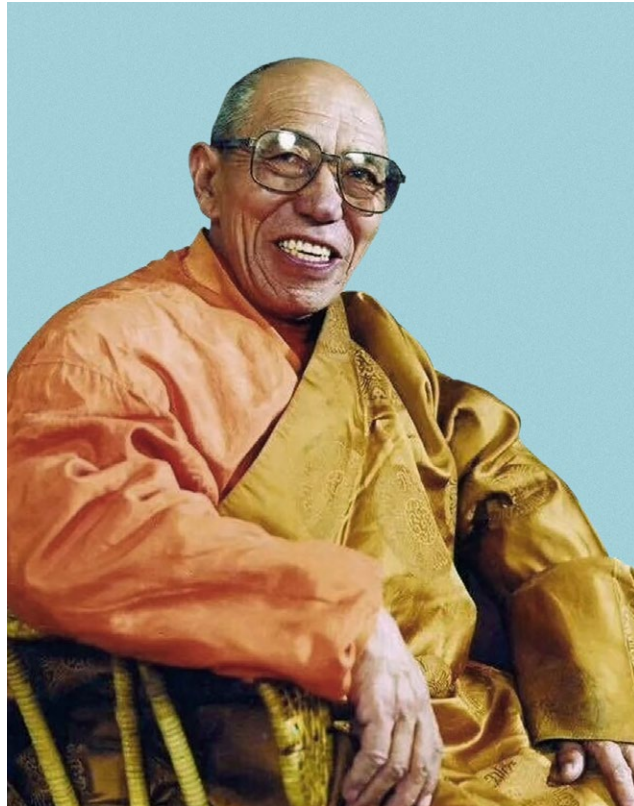
*Ngawang Lopzang Gyatso, the Great Fifth Dalai Lama (left)
and his Regent, Desi Sanggyé Gyatso (right).*

The Dalai Lama tasked his regent and heart-disciple, the yogi-doctor Sanggyé Gyatso, with the task of building Chakpori medical college on the hill beside the Potala Palace. Chakpori became one of the most important state-sponsored institutions of Sowa Rigpa practice and learning in Tibet. As part of his promotion of public health and medical education in Tibet, the Regent also wrote various histories and commentaries on Tibetan medicine, including his famous *Bedurya Ngönpo* or 'Blue Sapphire' commentary on the *Gyü Zhi*. He also commissioned artists to paint hundreds of *tangka* or traditional paintings illustrating key points from the Four Tantras and his own commentaries, as visual aids for Sowa Rigpa students.

In the 18th century, Deumar Tenzin Puntsok composed some of the most extensive and thorough Tibetan materia medica to date. Aggregating information from authoritative texts and preexisting materia medicas, he described the appearance and properties of hundreds of herbal, mineral, and animal medicines commonly used in Sowa Rigpa. In the 19th century, the non-sectarian polyglot Jamgön Kongtrul Lodrö Tayé, also known as Yönten Gyatso (1813 – 1899), preserved and synthesized knowledge from a vast array of Buddhist and medical sources in various edited volumes and commentaries. A respected medical lineage-holder and promoter of the Yuthok Nyingthik, his *Zintik* or manual of essential points on medical practice for beginners continues to be consulted today. Kongtrul's contemporary and equally non-sectarian collaborator Ju Mipham Gyatso (1846 – 1912) was another practitioner of the Yuthok Nyingthig and preserver of Tibetan healing traditions. He gathered together hundreds of healing mantras and ritual healing instructions into various compendia, with the intention

of making these more accessible to healers and patients. He is thus an important figure in the history of Tibetan Mantra Healing.

The 20th century had its share of medical luminaries as well. The Thirteenth Dalai Lama, Thubten Gyatso continued the Fifth Dalai Lama's vision for state-sponsored medicine in Tibet. Khyenrap Norbu (1883 – 1962) was a great doctor and astrologer who served for a time as the Dalai Lama's personal physician. He oversaw administrative and academic affairs at the Lhasa Mentsikhang and at Chakpori college and helped develop Tibetan public health institutions focused on pediatric care and care for the poor, homeless, and marginalized. Figures like Khenpo Troru Tsenam and Tsultrim Gyaltzen, my own teachers at the Lhasa Mentsikhang in the post-Maoist period, continued to support the flourishing of Sowa Rigpa in Tibet and beyond. Through their tireless and compassionate teaching and mentoring, their administrative and clinical activities, and their invaluable texts and commentaries they helped to ensure that lineage-based medical knowledge survived and remained vital after the upheavals of the preceding decades. Like veritable reincarnations of Yuthok, they are role models for me in my own teaching and practice.



The great Buddhist scholar-practitioner and doctor, Troru Tsenam (1926 – 2004).

PILLARS, PROPHECIES, AND PREDECESSORS: WHO AUTHORED THE GYÜ ZHI?

The importance of the Gyü Zhi in Tibetan medical history is undeniable. Where the Gyü Zhi came from and how it became a prized textbook of medicine is a more contentious issue, however, one which Tibetan doctors have debated for centuries. The Gyü Zhi represents itself as the teachings of a Buddha. As we will see, the opening narrative of the Root Tantra imparts an undeniably spiritual quality to the medical information contained in the text. The Gyü Zhi is a technical medical manual connected with the everyday, mundane realities of sickness and health and of patients' ordinary bodies. Even so, it situates healing within a more timeless, transcendent perspective and integrates Buddhist principles with medical science. At the beginning of each of the Four Tantras, the Buddha of healing known as Medicine Buddha emanates his enlightened awareness from a different chakra energy-center in his subtle body. This omniscient consciousness then answers all the requests, questions, and doubts of another of Medicine Buddha's emanations, a projection of ordinary, conceptual mind which emerges from the Medicine Buddha's throat. This Ordinary Mind is represented in the frame-story of the Gyü Zhi by a sage known as Yilé Kyé. Yilé Kyé requests that Enlightened Mind, in the form of the Sage Rigpé Yeshé, educate it on Sowa Rigpa. Enlightened Mind responds to Ordinary

Mind's requests and its omniscient answers make up most of the content of the Four Tantras. In short, two Buddha-emanations engage in an educational dialogue, for which we the readers are the audience.

The Gyü Zhi resembles a Buddhist scripture in many ways and many doctors have suggested that it be classified as a *kama* text, a teaching uttered by a Buddha. The Gyü Zhi lists an original Sanskrit title for itself, opens with an idealized setting, and is presented in the form of a dialogue between an enlightened master and a confused disciple, all typical features of recognized Buddhist scriptures. The opening chapter of the Root Tantra, which we will explore shortly in Chapter One of this book, is titled *lengzhi* in Tibetan. Meaning 'introduction' or 'setting of the scene', this is a technical term which refers to a special kind of opening narrative which contextualizes a scripture and confirms that it is in fact the teaching of an enlightened being. These features give the Gyü Zhi an aura of sacredness and authority. Yet despite these features and despite the great esteem with which the Gyü Zhi is regarded, the text is not included in the official Tibetan canon of translated Buddhist scriptures known as the Kangyur or in the medical section of the Tengyur, the canonical collection of translated Buddhist treatises. No Sanskrit original has ever been found for the Gyü Zhi either. For this reason, some scholars have suggested that the Gyü Zhi's Sanskrit title was simply back-translated from the Tibetan to make the text seem more like an authentic scripture from India. Despite the Gyü Zhi's clear indebtedness to Indian source materials, it also mentions various types of weather, food, animals, plants, and clothing which are only found in Tibet.



Monk-turned-ngakpa and treasure-revealer Drapa Ngönshé.



Shaglön Dorjé Düdul, the chief protector-deity of Sowa Rigpa.

In the historical overview above, I mentioned that some Tibetan doctors categorize the Gyü Zhi as a *terma* text – a ‘treasure’ teaching which was hidden and only revealed and shared more fully at a later time. As we have seen, some histories of the Gyü Zhi state that Medicine Buddha’s teachings were transmitted to various Indian masters until they reached the ‘second Buddha’ Padamasambhava, the great Tibetan translator Vairochana, and Yuthok the Elder in the 8th century CE. These teachings were then entrusted to King Trisong Detsen who hid them inside a pillar at Samyé, from where they were retrieved by Drapa Ngönshé in the 11th century, and eventually found their way to Yuthok the Younger. Recent research by Tibetan scholars has failed to find any mention of an Elder Yuthok prior to the 16th century or so. The main source of information about Yuthok the Elder is the biography of Yuthok the Elder which Darmo Menrampa composed in the 17th century, based on a document he received from one of Yuthok the Younger’s descendants. Based on the many similarities between Yuthok the Younger and Yuthok the Elder’s biographies, some scholars have argued that Yuthok the Elder is a reflection of the younger Yuthok and his lineage, projected into the past. Perhaps the story of the prototype of the Gyü Zhi being discovered by an ancestor and earlier incarnation of Yuthok was a way of linking Yuthok’s 12th century synthesis with older lineage teachings and the imperial period. Perhaps Yuthok the Elder did exist, but we lack records to prove it, and memories about his life have become inseparable from the younger Yuthok. Ultimately, the scholarly way of looking at Yuthok the Elder is just one viewpoint. From a spiritual point of view, we can see him as a real presence, as a source of blessings and inspiration in Sowa Rigpa regardless of his status as a historical person. Whether we chose to think of Yuthok the Elder as a historical or as a more transcendent, mythic figure has little bearing on the value of the

Gyü Zhi’s teachings, nor does it change the fact that they clearly draw from many sources. My teacher Khenpo Troru Tsenam’s view was that Yuthok the Younger composed the Gyü Zhi in its current form, based on pre-existing Tibetan oral and textual teachings and key Indian source texts. At the same time, Khenpo Troru Tsenam believed that Yuthok the Younger was a realized master, who saw the complete teachings of the Gyü Zhi in a pure vision. According to this view, Yuthok experienced the Pure Land of Medicine Buddha and the questions- and-answers of the two emanated Sages directly in his expanded consciousness. While Yuthok may have compiled the Four Tantras then, he did so in a visionary, inspired way, which made his teaching no different to that of an actual *kama* teaching, the direct utterance of a Buddha. In this book, I follow Khenpo Troru Tsenam’s example and acknowledge the many different histories and theories surrounding the Gyü Zhi. I recognize the Gyü Zhi as the unique contribution of Yuthok and his circle of 12th century Tibetan students, while appreciating the ways that it points us towards more timeless, transcendent truths at the same time.

A TRANSNATIONAL TRADITION: THE MULTIPLE NAMES AND LOCATIONS OF SOWA RIGPA

As we have seen, Sowa Rigpa has a long, rich, and cosmopolitan history. Its healing practices have been refined for centuries, passed down in unbroken lineages up until the present day. Sowa Rigpa is often referred to as Traditional Tibetan Medicine or TTM but it is also a modern tradition. Sowa Rigpa practitioners today study and practice Sowa Rigpa alongside mainstream ‘Western’ medicine, as well as various other traditional and ‘alternative’ healing systems. Sowa Rigpa practices were developed inside Tibet and were shaped by uniquely Tibetan circumstances and priorities. At the same time, they were strongly influenced by knowledge from outside Tibet. Tibetan doctors met with and learned from medical experts from India, Nepal, Persia, China, and Mongolia and incorporated what they learned into their own healing traditions. Sowa Rigpa is also studied and practiced in places like Mongolia, Buryatia, Nepal, Ladakh, Sikkim, and Bhutan. It should come as no surprise then that Sowa Rigpa has different names in different parts of the world.

The ways that Sowa Rigpa is labeled and recognized in different parts of the world has to do with both language and national politics. In Nepal and Himalayan border regions, it is sometimes referred to as ‘*amchi* medicine’. The word *amchi* means ‘doctor’ and is a Mongolian word that was incorporated into Tibetan centuries ago. Today, this once foreign term for a Tibetan physician has become synonymous with Sowa Rigpa as a whole (Sowa Rigpa doctors are also called *menpa* in Tibetan, which means ‘someone who practices medicine’). Another name used for Sowa Rigpa in Bhutan is *nangpé men*, which means ‘Buddhist medicine’. Sowa Rigpa is also regulated and institutionalized in quite different ways around the globe. In Tibet today, the Chinese government recognizes mainstream biomedicine, Sowa Rigpa, and Traditional Chinese Medicine (TCM) as valid medical systems. Patients in state hospitals can receive care from doctors trained in any of these three systems. In India, Sowa Rigpa is currently recognized and regulated by the Ministry of Ayush, the ministry tasked with developing alternative and traditional healthcare systems. Sowa Rigpa is seen as

one traditional healing system among a number of others found in India, such as Ayurveda and Unani medicine, which, as we have seen, have had a big influence on Sowa Rigpa's own development. Recently, certain elements of Sowa Rigpa have also been acknowledged as important 'intangible cultural heritage of humanity' by organizations like UNESCO (the United Nations Educational, Scientific, and Cultural Organization).

Alternative names used for Sowa Rigpa highlight some of its key features even as they obscure others. Regardless of labels though, Sowa Rigpa is both a uniquely Tibetan and a uniquely cosmopolitan system of knowledge. Sowa Rigpa has been shaped by Tibetan histories, environments, culture, and values yet it incorporates knowledge and practices from all over the world. It has been developed and practiced in Buddhist-majority societies for most of its history and is deeply connected with Buddhist teachings. Even so, as the Gyü Zhi itself explains, Sowa Rigpa is more than just 'medicine for Buddhists' and spiritual and ritual remedies only one small (albeit significant) part of its approach to healing. In this book, I use the terms 'Tibetan medicine' and 'Sowa Rigpa' interchangeably, with this both/and, inclusive understanding firmly in mind and with the understanding that Sowa Rigpa can and should benefit all people.

SOWA RIGPA FOR EVERYONE: DEVELOPMENTS IN TIBETAN MEDICAL EDUCATION

Doctors from many different schools and lineages have studied and cherished the Gyü Zhi over the centuries. This has had a unifying effect on the development of Sowa Rigpa. The common foundation and reference points provided by the Gyü Zhi have created a sense of continuity, community, and identity among *amchi* across the wider Tibetan cultural world. Notwithstanding the importance of the Gyü Zhi, however, approaches to studying and transmitting Sowa Rigpa have varied a lot in different times and places. While the core teachings of Sowa Rigpa have remained fairly consistent over the centuries, Tibetan medical education has changed a great deal in the past few decades. New types of students and new mediums of instruction have become commonplace in Sowa Rigpa contexts where they were once exceedingly rare or completely unheard of. Before we begin our own educational journey through the Root Tantra, I'd like to take a moment to reflect on some of these developments and my own philosophy regarding Sowa Rigpa education.

Two big approaches to Sowa Rigpa education which one often hears about are *khyim gyü* –hereditary or familial lineage transmission – and *lop gyü* – student or school lineage transmission. Many brilliant Tibetan doctors never studied Sowa Rigpa in a school or via a standardized curriculum. Instead, they learned one-on-one from various mentors who they sought out or who were members of their own families. For centuries, hereditary transmission has been a major aspect of Tibetan medical history. While hereditary-lineage doctors may study and memorize similar texts to 'study-lineage' doctors, many have their own private methods of treatment as well, techniques which are unique to their family or to them as individuals. Doctors may have their own special recipes for formulas or may use techniques

they learned from *terma* texts or other visionary, revelatory sources. As we saw in the historical outline above, physicians in ancient Tibet travelled around widely, visiting different countries, and learning medicine directly from various foreign teachers. During the imperial period in the early 7th to late 9th centuries, family-lineage doctors were strongly in demand and still had close ties with the state, despite the existence of centralized institutions like Samyé.

Historically, many hereditary *amchi* have also been *ngakpa*, non-celibate, non-monastic tantric yogis and ritual specialists. Not all *ngakpa* become fully trained *amchi* but all *ngakpa* know at least something about materia medica and medicine given their roles as village-level ritual healers and propitiators of spirits. Many hereditary-lineage doctors have studied Sowa Rigpa concurrently with Tantric Yoga, Mantra Healing, Dzogchen, alchemy, divination, and shamanic practices. Both Yuthok the Elder and Yuthok the Younger were married householder *ngakpa* with children. Yuthok is said to have had some monk disciples but many of the earliest and most important doctors in his lineage were householders rather than monastics. The spiritual teachings of the Yuthok Nyingthig are also quite geared towards *ngakpa*, and the figure of the *ngakmen* or 'yogi-doctor' equally trained in medicine and Tantra is an ancient ideal. As I mentioned above, *ngakpa* kept healing traditions alive after the fall of the Tibetan empire, at a time when centralized institutions and authority had collapsed and fragmented.

Attentive readers will notice that very few non-monks and very few women are mentioned in the historical outline of Tibetan medicine given in the previous section. At a certain point in history, Sowa Rigpa became strongly associated with Tibetan monasteries and monastic authority. In the post-imperial period, large monastic estates became some of the main funders of medical education. As a result, for quite some time, the only way to get an in-depth, formal education in Sowa Rigpa was to become a monk, to learn to read in a monastery, and to join a medical school attached to a particular monastic university. In my home region of Rebkong in Amdo, Northeastern Tibet, for many centuries the largest medical school was located at Labrang, the biggest Gelukpa monastery in the region. Only monks enrolled in this medical college, which was referred to as the *menpa dratsang* or 'monastic college for doctors'. After a while, Mongolians living near the Amdo border adopted this model and began to build their own medical colleges at big Mongolian monasteries as well. The progressive monasticization of Sowa Rigpa education meant that school-based medical education was not really accessible to lay people for quite some time. This is a little ironic considering that lay *ngakpa* doctors have played such an important part in the history and development of Sowa Rigpa.

In the 17th century, the Fifth Dalai Lama established and redeveloped a number of medical schools as part of his patronage of Sowa Rigpa and centralizing of state power. There was a medical college in Zhigatsé, a small one inside the Dalai Lama's own Potala palace, one at Drepung, the giant Gelukpa monastic university in Lhasa, and so on. While these schools were for the most part affiliated with or located at monasteries and attended by monks, with time, interest among lay men grew and more options were provided for them. Despite being a



The great dakini and treasure revealer Jomo Menmo.

monk from the Geluk school of Tibetan Buddhism, the Fifth Dalai Lama had a great interest in Buddhist teachings from the older Nyingma school and studied with several *ngakpa* teachers. He saw the support of medicine as an important aspect of statecraft and had a more open, inclusive view. His goal was to develop Sowa Rigpa and make sure it benefitted as many people as possible. With the help of the Regent Sanggyé Gyatso (who was himself a *ngakpa*) he promoted the full-time enrolment of lay men in medical colleges and developed codes of conduct for their attendance at these schools alongside monks.

If supporting non-monastic male students was the first frontier of inclusion in Sowa Rigpa medical schools, the inclusion of female students was the second. Until recently, very few women had the opportunity to study Sowa Rigpa in a formal way. The few notable women in recorded history who studied and practiced medicine before the 20th century rarely if ever studied as official enrollees in medical colleges. One example is the female treasure revealer and tantric adept Jomo Menmo (1248 – 1283), who served as the sexual-spiritual consort of the treasure-revealer Guru Chöwang who was mentioned above. Jomo Menmo appears to have studied medicine with Guru Chöwang and was an accomplished ritual healer as well. She is said to have achieved the Rainbow Body in her late thirties. In his hagiography of Jomo Menmo, Jamgön Kongtrul explains that the yogini was in the middle of making offerings to the dakinis (tantric goddesses) on a mountaintop with two of her close female disciples when the three practitioners were seen to fly up into the sky and to dissolve into light

together. Yuthok the Elder is said to have had a close female student as well. This woman came to Yuthok and explained that her father was a hereditary doctor who lacked any sons to which he could transmit his learning. This female student really wanted to learn Sowa Rigpa but the patrilineal conventions of transmission from father-to-son meant she wouldn't have the opportunity. She thus wondered if Yuthok would consider teaching her instead. Fortunately, Yuthok told her not to worry and assured her she could be his student. More recently, at the beginning of the 20th century, a female doctor named Yangchen Lhamo (1907 – 1973) became famous for using *mik thur* – special ophthalmic scalpels – to remove cataracts from the eyes of hundreds of patients. Yangchen Lhamo's father was a respected physician and she learned Sowa Rigpa from him and his visiting students when she was young. She went on to train with Khyenrap Norbu at the Lhasa Mentsikhang, where she was eventually given a permanent position and where she helped revive education on and treatment of pediatric and gynecological disorders. Gynecology in particular had declined at the Mentsikhang, in no small part due to monks at the institution who refused to treat women's disorders.

In recent decades, things have become a lot more progressive when it comes to female doctors. In Sowa Rigpa colleges both in Tibet and in the Tibetan diaspora, female enrollees now consistently outnumber male ones. This is a wonderful development. Although one still encounters a few conservative Tibetan doctors who believe medical education should only be for men, women are beginning to take their rightful place at the center of Sowa Rigpa education, teaching, and practice. Personally, I have always tried to ensure that enrollment in the classes and organizations that I am affiliated with is at least fifty-fifty male-to-female. It is important to me that older, more patriarchal patterns are not reproduced unnecessarily and that female students have just as many opportunities as male ones do. The good news is that I have never really had to enforce this policy – as soon as classes and opportunities were made available, female students showed interest and have become the main enrollees of their own accord!

While the gender demographics of Sowa Rigpa education have changed rapidly in recent years, foreigners accessing Sowa Rigpa education is still quite new. Until quite recently, many Tibetan doctors felt that studying Sowa Rigpa without first being fluent in Tibetan was impossible. One can understand this position. Most texts about Sowa Rigpa have not been translated into any other languages. By learning Tibetan, students can access the vast ocean of textual and oral Sowa Rigpa teachings. They can deepen their understanding of Sowa Rigpa and Tibetan culture and become more empowered in their studies. They can learn from, connect and share with Tibetans to a degree not otherwise possible. Reciting and memorizing the words of the Gyü Zhi is also a major component of traditional Sowa Rigpa schooling. Without knowing Tibetan, this form of learning (which is also a big part of examination procedures in Tibetan *mentsikhang*) will not be possible for students. At the same time, institutions like the Dharamsala Men-Tsee-Khang have produced English translations of important Sowa Rigpa texts like the Gyü Zhi and many high-ranking Tibetan doctors and lamas believe that Sowa Rigpa knowledge, practices, and medicines should spread and benefit as many people as possible. Translating and teaching Sowa Rigpa in other language

is not just about making it more accessible to non-Tibetans – it can benefit Tibetan students, teachers, and practitioners as well. Translating Tibetan texts into other languages and foreign texts into Tibetan can enrich Sowa Rigpa now just as it did in the past. It can enable Tibetan and Himalayan practitioners to participate more fully in new developments and research concerning Asian medical traditions, taking place in many different parts of the world.

Both Buddhism and Sowa Rigpa aim to benefit beings as widely as possible. Learning Tibetan can deepen students of Tibetan Buddhism's relationship with the teachings and is highly recommended. At the same time, fluency in Tibetan should not be a prerequisite for accessing Buddhist teachings. If this was so, then every Tibetan who wanted to access Buddhist teachings would have had to learn Sanskrit and other languages individually for themselves! The same goes for Sowa Rigpa. Slowly but surely, new opportunities for non-Tibetans to study Tibetan medicine are emerging. In spreading Sowa Rigpa knowledge internationally, my aim is not just to expose students to a foreign culture or merely to preserve traditional wisdom like in a museum. Instead, my aim is to fulfil Yuthok's dying wish, his prayer that the teachings of Sowa Rigpa would spread as widely as possible and would bring as much benefit to as many beings as possible after he passed away. I have devoted my life to fulfilling this aspiration and it is what inspires my own international activities. Just as Yuthok pitched his medical and spiritual teachings at different levels for different types of students, I believe there is value in sharing Sowa Rigpa teachings in a variety of ways, in accordance with different students' needs and capacities. Some non-Tibetan students want to study Tibetan language intensively - they want to memorize the Gyü Zhi, study at Tibetan-language *mentsikhang* for five or six years, and volunteer in Tibetan clinics and communities and eventually become fully qualified *amchi*. Other students want to incorporate Sowa Rigpa theories and practices into their everyday lives in a more basic way, and are interested in using Sowa Rigpa principles to take better care of themselves and their families. Both these goals are valid, even if they involve different levels of commitment and education. There are so many Buddhist and Sowa Rigpa teachings which can help our world in significant ways. This book is one small part of my mission to share the Science of Health and Happiness with those who are interested, to share Medicine Buddha and Yuthok's most essential teachings with students of all backgrounds and levels.

With this in mind, let us now begin our journey into Sowa Rigpa and Chapter One of the Tsa Gyü, the Root Tantra of the Four Medical Tantras.

