

# Newsletter

Number 10 May 1987

Centre d'Etudes de l'Inde et de l'Asie du Sud EHESS, 54 bd Raspail, 75006 Paris, France



## International Association for the Study of Traditional Asian Medicine

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### Editorial

The study of traditional Asian medical systems has been marked for many years by divergent currents. Based on European - American traditions of academic inquiry, scholars investigate the history, the conceptual contents, the clinical reality, or the social conditions of traditional Asian medicine to gain insights. Publishing these insights contributes first of all to the dynamic process of constructing theories in various fields of science. Those who study traditional Asian medical systems to apply them clinically may have a different set of interests.

Given the variety of world views in contemporary Western societies, and because no single medical system has yet been able to cope satisfactorily with all health problems perceived in a given population, it is not surprising that traditional Asian ideas of health care have recently become more influential in Western societies.

Before serious literature became available in Western languages on Asian medical traditions, little discourse took place between academics, who were less interested in the practical value and efficacy of these traditions, and advocates of the Asian medical systems who were committed

to promoting their influence.

In the past, academic researchers were reluctant to associate with practitioners in professional organizations, at conventions or in other ways. The practitioners in turn hesitated to communicate with those who saw not only the attractive, "alternative" aspects of Asian medicine but who also wrote critically about problems and historical inconsistencies.

In recent years, significant changes have occurred, affecting both the level of knowledge and the degree of self-confidence of those interested in applying Asian medicine in the West. Emerging scholarship is facilitating a dialogue between academics and practitioners. Just as a dialogue already exists among historians, anthropologists, and sociologists of Western medicine, the time is now ripe for ALL groups interested in the study of traditional Asian medicine to communicate on a more regular basis.

The International Association for the Study of Traditional Asian Medicine was founded during the first International Conference on Traditional Asian Medicine (ICTAM) in Canberra, Australia

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## Closing the gap and reversing the tide!

### *Fundamentals of Chinese Medicine*

Compiled from texts by:

Beijing College of Chinese Medicine, Nanjing College of Chinese Medicine, and Shanghai College of Chinese Medicine.

Translated and amended by Nigel Wiseman and Andrew Ellis. Consulting Editor Li Cheng-Yü, C.M.D. Senior Editor Paul Zmiewski.

606 pp., US \$ 65.00

Paradigm Publications, 44 Linden St., Brookline, Mass. 02146, U.S.A.

This book will make history. For the first time a monograph-size publication directed at Western practitioners and expounding the conceptual foundations and clinical application of "Chinese Medicine" may be said to meet all the criteria of a serious, scholarly contribution. The standards set by this book cannot be neglected by anyone writing on Chinese medicine in the future. In fact, Wiseman, Ellis, and Zmiewski deserve credit for having contributed more than anyone else so far first to raising the quality of "applied" literature on Chinese medicine to a level where academics and practitioners can communicate with each other without compromising their respective goals and ideals, and second to standardizing the medium which brings traditional Chinese medicine to Western audiences, that is the terminology employed in contemporary translations.

In a most thoughtful Introduction, Ted Kaptchuk may have once and for ever shed away many of the clichés that accompanied the presentation of "Chinese Medicine" in Western literature in the past. In a most refreshing way, Kaptchuk points out the cultural idiosyncrasies of Oriental medicine, thus emphasizing the need to adapt Chinese medicine to certain requirements resulting from values and lifestyles inherent in Western culture. Kaptchuk speaks of the heterogeneity of Chinese medicine, and describes the fact that Westerners tend to select from a broad array of thoughts and practices those that are attractive as an alternative to current Western medicine. Also, for the first time, readers of such a book are informed that the Chinese texts translated here, valuable and useful as they are, represent a selection of earlier Chinese traditions themselves; current political conditions in China do not allow for a wholesale acknowledgment of past ideas yet. The most decisive contribution of this Introduction, though, may perhaps be seen in the fact that "Chinese Medicine" is no longer treated as a sacred entity either to be adopted "as is" or not to be touched at

all. Kaptchuk presents convincing arguments liberating Western practitioners to further develop Chinese thoughts and practices according to the very specific needs of their patients by retaining, nevertheless, the basic approaches that distinguish Oriental from Western medicine.

Similarly groundbreaking as Kaptchuk's introduction is the Translators' Foreword. Never before has a team of translators put so many efforts in developing an appropriate terminology for rendering contemporary Chinese texts on traditional Chinese medicine into English as have Wiseman, Ellis, and Zmiewski with this book. The translators discuss their approach extensively, and it is only to be hoped that not only Western authors but also Chinese authors writing for Western audiences will read this Foreword carefully and adopt its general message. This is not to say that there is no room for further improvement or for a discussion of various details; the basic methodology developed by Wiseman, Ellis, and Zmiewski for rendering Chinese terms should serve as a starting point of a development leading to an eventual large-scale agreement among all those devoting themselves to the difficult task of familiarizing Western readers with Oriental notions of health care. It is a historical achievement of the translators and editors of this book to have combined the scholarly expertise of the linguist with the experience of the practitioner.

The main sections of Fundamentals of Chinese Medicine include Part I: Basic Theories, with chapter 1/ Yin and Yang and the Five Phases, 2/ Qi, Blood, Essence, and Fluids, 3/ The Channels, 4/ The Organs, and 5/ Diseases and their Causes, and Part II: Pattern Identification and Treatment, from chapter 6/ The Four Examinations, to chapter 12/ Principles and Methods of Treatment, including acupuncture and drug therapy, as well as a Glossary of Terms, a Stroke-Order Glossary, a Latin-Chinese and Chinese-Latin Indexes of Chinese Drugs, English-Chinese and Chinese-English Indexes of Chinese Medicinal Formulae, an Acumoxotherapy Index, a Bibliography, and finally a Concepts Index.

REVIEWED BY PAUL U. UNSCHULD

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*to appear in January 1988*

Proceedings of our Munich symposium  
*Approaches to Traditional Chinese Medicine*  
Paul U. Unschuld, Editor

D. REIDEL Publishing Co. has begun production of the proceedings of the Munich symposium of August 1986 on methodologies and terminologies applied in rendering and analyzing texts of traditional Chinese medicine into modern languages. Supported by a repayable publication subsidy of about DM 13,000 by the German Research Association, the volume is scheduled for publication by January 1988.



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## Editorial

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in 1979. A.L. Basham planned that conference to bring together a group of scholars and practitioners committed to the serious study of Asian medical systems. The backgrounds and professional orientations of the group were diverse, and this diversity enriched the whole endeavor from its very beginning. The conference was too successful to just end after a week, and the participants pressed Professor Basham to establish an organization that might promote the objectives and maintain the kind of interactions that characterized the first ICTAM. He served as the Founding President, and working with Charles Leslie, the first Secretary-General, and the other officers and council, they established our unique organization.

In 1984, ICTAM-II in Surabaya, Indonesia, renewed the vigor of the organization. The host committee produced a schedule of scholarly sessions and cultural programs that stimulated participants intellectually and pleased them esthetically. IASTAM has been growing in the years since then and now has regional chapters throughout the world, an expanding Newsletter, plans to establish a journal, and has a history of sponsoring important scholarly meetings.

IASTAM encourages and facilitates study of traditional Asian medical systems from many vantage points. It is not confined to a single academic discipline, and even though our mission is to promote scholarly study, our membership is not exclusively academic. Some are practitioners who value that study and whose work sustains the Asian medical traditions directly. IASTAM aims to complement the activities of other organizations whose goals overlap. While the serious study of traditional Asian medical systems is a unifying theme, the diversity of the membership of IASTAM represents the range of legitimate approaches that contribute to our understanding of the subject.

We begin planning for our third international conference to be held in 1989 by calling upon those within our membership who have considered it and are willing to host the next ICTAM. We welcome proposals specifying the qualifications of the con-

ference organizers and the resources and support facilities of their sponsoring academic institution, or other resources required for this kind of international meeting. The conference must be held in a country open to participation by all of our international membership. Obviously, hosting such a conference is a major undertaking that requires a major commitment. Proposals should reach the Secretary-General by May 1, 1988. The council will then consider these proposals and select the site for ICTAM-III.

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## Call for applications ICTAM III

Preparations have begun for organizing the Third International Conference on Traditional Asian Medicine (ICTAM III) in the latter half of 1989.

Regional chapters and individual members are invited to submit proposals for hosting ICTAM III.

Proposals specifying qualifications, resources, and support facilities of sponsoring academic institutions should reach the Secretary-General of IASTAM by May 1, 1988.

Hosting countries must be open to participation by all of IASTAM's international membership.

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Number 11 (November 1987) of IASTAM NEWSLETTER is in the press. Number 12 will be published in May 1988. Published twice a year, in May and November

## Zhenjiu jing

Catherine DESPEUX

*Prescriptions d'acupuncture  
valant mille onces d'or,*

Traité d'acupuncture de Sun Simiao  
du VII<sup>e</sup> siècle

Paris, Guy Trédaniel [Publ., 76 rue  
Claude Bernard, 75005 Paris], 1987

492 pp., ill., index FF 295,00

ISBN 2-85-707-233-3

C. Despeux, in her beautifully edited book, sets a very high standard in translating "The Canon of Acupuncture and Moxibustion" (Zhenjiu jing), that constitutes juan 29 and 30 in "The Prescriptions Worth a Thousand" (Qianjin fang) by Sun Simiao (581-682), at least in the state in which this book has come down to us. The Qianjin fang, an important and systematic work of the Tang dynasty (618-907), which dates from the middle of the 7th cent. AD, comprises 30 juan that can be classified in six main parts (pp. 10-12):

- 1 Introduction
- 2 Pharmacotherapy (the most important one)
- 3 Dietetics
- 4 Nourishing the Vital Principle
- 5 Sphygmology
- 6 Acupuncture and Moxibustion

The last part is translated here. These two juan 29 and 30 do not seem to have been part of the Qianjin fang originally. They are likely to have been a book in itself, "The Canon of Acupuncture by Sun Simiao" (Sun Simiao zhen jing), which is quoted in several Song dynasty catalogues (p. 46).

C. Despeux offers more than a translation. The first part of her book introduces the Qianjin fang and the author Sun Simiao. Then follows an introduction to the history of acupuncture and moxibustion, based on Sun's work. Finally, and this is certainly the most fruitful part of the book, Dr Despeux expounds the etiology and nosology of Tang dynasty Chinese medicine, including the definitions of the main symptoms given in the Zhenjiu jing. The definitions are mainly based on "On the Origins and Symptoms of Diseases" (Zhubing yuanhou lun) by Chao Yuanfang (dated 640 AD), which was the reference book for pathology in the Tang dynasty. So that we have a true vade mecum of nosology in Chinese medicine, valid until the Song dynasty (960-1279) at least, the Chinese system having partly changed later.

Living at the time of a climax of Chinese civilization, Sun Simiao was at the crossroads in its main intellectual and religious trends. Being a high official, a scholar, an alchemist, and a doctor, that is, both a dignitary and a recluse, he soon became

the object of a cult that must have developed in the time of Xuan Zong (713-756) (p. 33). Several shrines were later dedicated to him. In both great medical books by Sun, the Qianjin fang and "The Annex Prescriptions Worth A Thousand" (Qianjin yifang), which dates probably from 682, Ayurvedic influences are found, introduced through Buddhism, as well as Taoist ones. These last ones are especially important in the Qianjin yifang, which is made for one fourth of Taoist elements (p. 30).

The only book entirely dedicated to acupuncture and moxibustion to come before Sun Simiao's ones and to have been saved is "The ABC of Acupuncture and Moxibustion" (Zhenjiu jiyi jing) by Huangfu Mi (235-282). This is to emphasize the interest of the text translated by Dr Despeux. However, it should be remembered that acupuncture had a lesser importance in the Tang dynasty (p. 41). Sun Simiao seems to have moved progressively towards more circumspection regarding the value of acupuncture. Thus, according to him in the Qianjin fang, acupuncture, moxibustion and pharmacotherapy should be used as complements to one another. But in the Qianjin yifang, which Sun completed at the end of his life, he is more reserved about the innocuous properties and efficiency of acupuncture (pp. 45-6).

The text translated here describes 650 acupuncture points, that is, over twice as much as in "The Yellow Emperor Classics" (Huangdi neijing) (p. 51). The classification of the points is not done according to the 12 meridians but according to the body parts. We regret that the color acupuncture charts that went together with Sun's text were lost during the Yuan dynasty (1277-1367) at the latest (p. 47). Besides, a history of Chinese medical illustrations is still to be done.

The rather complex system of interdicts in puncture and moxibustion, linked to the age of the patient, to the seasons and to hemerological considerations, is well described by C. Despeux (pp. 58-62). This system must have ruled over daily medical practice. Sun's book is the oldest remaining one that gives a list of these prohibitions (translation, p. 171).

"The Canon of Acupuncture and Moxibustion" mainly is a repertory giving the therapeutic indications of each point and, conversely, the points to puncture during the treatment of various diseases. Dr Despeux has added an index of the symptoms broadly following Sun Simiao's classification. Her translation emphasizes the important problem of interpreting nosological entities in traditional Chinese medicine. Entities which, most of the time, have no equivalent in the classification of diseases in modern medicine. In her presentation of Chinese etiology and pathogeny, Dr Despeux shows, for instance, the impossibility of finding equivalents



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in the modern system for diseases listed in a very large group, the diseases caused by Wind (p. 68, p. 105).

The author somehow seems to go too far, when using the words "immunologic system" (p. 68) or "diabetes" (p. 95), in describing Sun's nosological system. These words are inadequate, because too much related to modern science concepts.

To sum up, this is an important book, allowing access at last in a Western language to a fundamental text of Chinese medicine and, furthermore, written by a great sinologist specialized in this field. This book is to be read especially by all sinologists, medical historians, and, nowadays, acupuncture practitioners. It is hoped that the last ones will find here stimuli to useful questions about their daily practice.

Zhenjiu jing 鍼灸經  
 Sun Simiao 孫思邈  
 Qianjin fang 千金方  
 Sun Simiao zhen jing 孫思邈鍼灸經  
 Zhubin yuanhou lun 諸病源候論  
 Chao Yuanfang 巢元方  
 Xuan Zong 玄宗  
 Qianjin yifang 千金翼方  
 Zhenjiu jiaoyi jing 鍼灸甲乙經  
 Huangfu Mi 皇甫謐  
 Huangdi neijing 黃帝內經

Reviewed by Frédéric Obringer

## F. Obringer

Dr Frédéric OBRINGER, a pharmacist and a sinologist, is a member of the section on Medicine in RCP 798, a research group on the History of Science and Technology of China, Japan and Korea, directed by Professor Jacques Gernet at the Collège de France. Write to:

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An important review by Frédéric Obringer of Arthur Kleinman's book *Social Origins of Distress and Disease* (New Haven/London, Yale U.P., 1986) is to appear in the next issue.

## Thailand herbal drugs in PHC

a report by  
Amanda le Grand,  
Royal Tropical Institute,  
Amsterdam

We received from Ms. Amanda le Grand the report of a short mission to Thailand (February-March, 1987), the objectives of which were to prepare the ground for a study on the utilization of herbal drugs in Primary Health Care, carried at the request of the Dutch Minister of Development Cooperation, and under the auspices of the Royal Tropical Institute, Amsterdam. This is exactly the type of information we wish to print in the Newsletter. Dr T.E. Meindersma [Felland 50, 9755 TC Onnen, The Netherlands], the founder and former Secretary of IASTAM-European Chapter, was instrumental in getting this report through to us. It is not possible to print it in full, for lack of space and because the programme still is in its preliminary phase. Short excerpts will be reproduced, to encourage our readers to correspond with the author. Dr Amanda le Grand, in collaboration with Dr P.A. Wondergem, also compiled a bibliography on "Traditional Medicine in Modern Health Care". Write to: Dr Amanda le Grand, Royal Tropical Institute, Rural Development Programme, 63 Mauritskade, 1092 AD Amsterdam, The Netherlands.

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... The first Primary Health Care pilot project [in Thailand] was started in Chiang Mai Province in 1969. A nationwide programme covering a period of five years was launched in 1977. Within the Ministry of Public Health, the Office of Primary Health Care was established in 1982. [But many health posts face a lack of medical staff, and a lack of drug supply.]

There is not a clear national essential drugs policy in Thailand. The Thai list of essential drugs counts 402 items. Besides, there are another 26,000 [sic] brands on the Thai market (D. Gosling, "Thailand Bare-headed Doctors", *Modern Asian Studies*, 19, no. 4, 1985, pp. 761-796).

Traditional medicine still plays an important role [Compare Viggo BRUN and Trond SCHUMACHER, *Traditional Herbal Medicine in Northern Thailand*, Berkeley, U. of California Press, 1987].

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There are 45,000 registered herbalists and it is estimated that there are another 55,000 nonregistered traditional practitioners. There are 8,700 stores which sell modern drugs and 6,688 stores which sell traditional drugs. There are 749 registered clinics (Ministry of Public Health, 1986).

[Activities to promote traditional medicine are listed and described briefly:]

In 1983 the Office of Primary Health Care started a project, financed by UNICEF, under the title "Development of Traditional Medicine Through Primary Health Care". This programme ended in 1985; assistance for project extension has been requested for 1987-1988 [ ]. As yet 44 medicinal plants have been selected for nationwide promotion in Primary Health Care, and several herbal gardens and cultivation centers have been established for the provision of herbs to 25 target provinces (1,000 villages).

[Non-governmental projects include: the "Self-Curing Group", which coordinates health care and research activities in eight selected areas; herbalist programmes in refugees camps, e.g. a Dutch programme among the Hmong at Ban Vinal in NE-Thailand; the Norwegian rural development project of Redd Barna.]

[The report then enumerates favorable circumstances for investigating the use of herbal drugs in Primary Health Care: herbal gardens all over the country, government support, networks. The last section characterizes four categories of problems in any attempt to implement a traditional medicine programme:]

a. Legal problems: [ ] All practices in which elements of modern and traditional medicine are combined are illegal. Physicians who have completed their studies at the Ayurvedic school in Bangkok, where modern methods of diagnosis and Ayurvedic herbal medicine are taught, and start practice, are acting against the law [ ].

b. Different approaches to the promotion of traditional medicine: [ ] the science-based approach and the community-based approach. The Government programme is mainly science-based: it concentrates on those elements of traditional medicine which can be scientifically investigated, i.e. medicinal plants [ ]. Little attention is given towards the role of traditional practitioners, as they do not fit in with the scientific framework. Non-government organizations adhere to a more holistic, community-based approach [ ].

c. Ecological zones: [ ] great differences in uses of herbal medicines [between the north and the south].

d. Weaknesses of the PHC system [ ].

IASTAM Editor's comments and summary have been printed within square brackets, to distinguish them from direct quotations. Elaborating upon the conclu-

sions of her report, Dr Amanda le Grand sent us a revised version of the research proposal, on the basis of which she will be deputed to Thailand again.

"The objectives of the study [she will be conducting] are:

1. to investigate to what extent PHC can be strengthened by utilization of herbal drugs, to compensate for a shortage of basic drugs and to provide cheaper alternatives to other drugs.

2. to investigate whether the use of herbal drugs contributes to a strengthening of local traditional medicine and an increase in self reliance of village communities.

3. to compare the results achieved by two main approaches to stimulate the utilization of herbal drugs in PHC, i.e. the science-based approach and the community based approach.

4. to investigate the conditions required for or beneficial to replication of the project-strategies in other countries or regions, when utilization of herbal drugs for strengthening drug supply is shown to be appropriate."

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## Sri Lanka

GLYNN, J.R. & HEYMANN, I.D., "Factors that influence patients in Sri Lanka in their choice between Ayurvedic and Western medicine, British Medical Journal, 291, 17 August 1985, pp. 470-472.

Medical practitioners and students in Europe and North America have become increasingly interested in Asian medical systems. The British Medical Journal has run a series of articles for students to describe their experience on medical electives, and the authors of this article discuss the role of Ayurvedic practitioners and other traditional healers in the lives of the 350 patients they interviewed during their medical elective in Sri Lanka. While the article demonstrates how the interaction of Western-styled and traditional practices appears to some Western medical students, it is not especially sophisticated with respect to medical anthropological frameworks. A subsequent issue of the journal contains a critique of the article (see WOLFFERS, I., "Factors that influence patients in Sri Lanka in their choice between Ayurvedic and Western medicine [correspondence], British Medical Journal, 291, 5 October 1985, p. 970).

Reviewed by Mitchell Weiss

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authors  
are kindly requested  
to send to the editors  
review copies  
& offprints  
for review in the *Newsletter*



# Newsletter

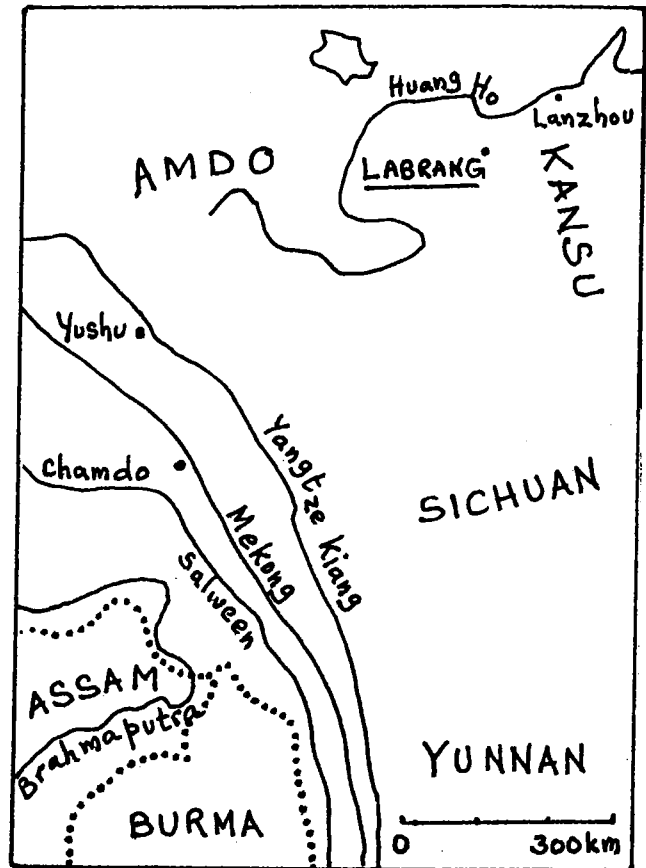
International Association for the Study of Traditional Asian Medicine

## Labrang Tibetan medicine

The Tibetan text translated below is quoted from a longer essay on the Tibetan monastery of Labrang (bla-brang) written by Monsieur Yonten Gyatso, 27 avenue Mario Capra, 94400 Vitry sur Seine, France as part of a research contract with the French CNRS. This essay is under copyright and may not be cited without the author's permission in writing.

A French translation was prepared by students as part of their training in the Seminar on Tibetan Religions of Professor (Madame) Anne-Marie Blondeau, Directeur d'Etudes à l'Ecole Pratique des Hautes Etudes (V<sup>e</sup> section), Paris. An English version was prepared by the editor of IASTAM NEWSLETTER, who is most honored and grateful for the permission to publish this first-rate document.

The introduction, annotations and final set-up were made by Madame Katia Buffetrille, under the supervision of Professor A.-M. Blondeau.



## the medical college of Labrang monastery

An essay by YONTEN GYATSO  
Introduction and annotations  
by KATIA BUFFETRILLE

Labrang monastery (bLa-brang) is presently situated in the Chinese province of Kansu, but it was considered by Tibetans as one of the biggest monasteries of Amdo, a province in the North-East of Tibet, and most renowned for studies in its college of philosophy. It was founded in 1709 by Djam yang cé pa ('Jam-dbyangs bzhad-pa, 1648-1721), whose successive reincarnations carried on the undertaking in adding various colleges and chapels. Labrang monastery is also famous for its fabulous library established by the second Djam yang cé pa. In present-day times just before the Chinese takeover, there were about 3,600 monks divided up among six colleges. The most important was the college of philosophy (mTshan nyid), which comprised about 3,000 students. There were four Tantric colleges: the college of the time-wheel (Dus 'khor grva tshang), the college of

Upper Tantras (rGyud stod grva tshang), the college of Lower Tantras (rGyud smad grva tshang) (1), and the college of Hevajra (Kye rdo rje grva tshang). The sixth was the medical college (sMan pa grva tshang). These colleges had only a few hundred students.

Religious activities, which were discontinued after 1959, are gradually resumed. About six hundred monks are presently leaving in the monastery.

For general information on the monastery, one should refer to LI-AN-CHE, Labrang, A Study in the Field, edited by Chie Nakane, The Institute of Oriental Culture, University of Tokyo, 1982.

### MEDICAL COLLEGE: THE DOMAIN OF THE WELFARE SCIENCE USEFUL TO OTHERS (2)

The medical college was founded by the Omniscient dKon mchog 'jigs med dbang po in 1763, in the year wood-dragon. He wrote down the regulations in 1769, in the year earth-ox. Since these are very short, I shall quote them in full:

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"Put in a nutshell, the regulations and the physician's conduct at various stages shall be the following:\*

One who wants to enter college should not be someone unable to memorize nor someone devoid of intelligence. He should be neither too old nor too young and, moreover, he should commit himself to stay for at least five or six years. Those whose memory is the best should memorize the rGyud-bzhi (3) in full, and those whose memory is not so good only the three less important tantras (4). They will promise not to practice until they have finished learning by heart. During sessions with disputations (5), one should stay in one's cell, engaged in learning by heart and studying, until tea is shared out among the midday assembly. Soon after drinking the midday assembly tea, all will gather in the chapel of the face (6), and there they will recite a series of texts (7). Then the teacher will give explanations. Since the teacher was appointed as rDo rje rab 'byams pa (8), the students should evince all possible respect and consideration for him.

During the third spring session, the great summer session, the great autumn session, and the rigs-grva session (9), the students will be taught how to identify medicinal plants in the field. During the second and the third autumn session, and the three great winter sessions, they will attend lectures. During both the great and the second spring sessions, they will study anatomy and medical practice in detail.

At the end of all these sessions, one shall take an examination turning on the medical books, by appearing before the prefect of the Great Assembly (which brings together the six colleges). From sunset to the dead of night, one should stay on one's cell roof and recite texts by heart. When about to go out for a visit to surrounding villages, one will ask the teacher his permission to leave for one day; for a two to three days' leave, one will apply to the prefect of discipline of the Great Assembly; and for longer grants of leave, one will ask the Abbot.

\*From his Complete Works, Volume Iha, which contains "The Crystal Mirror: Description and regulations of the medical college" (dkar chag dang bca yig gi rim pa shel dkar me long).

If someone who entered medical college does not study satisfactorily, he shall be transferred to the college of the time-wheel (10). Everyday discipline is the teacher's business, but whenever he is unable to handle his students, the prefect of discipline of the Great Assembly will back him. The Abbot is in charge of the overall organization. Whoever goes against the authority of the teacher, the prefect, or the Abbot, must definitely be punished. Let it be seen to it!

Written at Labrang in the year earth-ox."

In the book treating of the succession of the Abbots in this college, a book entitled "The great divine drum melodiously resounding with the succession line of Labrang Abbots," many interesting quotations are found, next to the history of the Abbots, coming from books by other scholars on medical history in general and the history of Tibetan medicine in particular, on therapeutics of the old and the new tradition, on therapeutics of the rnying-ma pa school transmitted orally and through revelation (11), on the materia medica of the Zur (12) and the g.Yu thog (13) traditions, on doubts voiced by some scholars because of the numerous insertions of Chinese astrology material into the basic treatise (rtsa-rgyud) (14), while this astrology does not exist in India, on the biographies of g.Yu thog the younger and g.Yu thog the elder, and so forth. The following passage is also found there:\*\*

"Not only does it exist all kinds of stories about medicine in general, but even a mere look at the rGyud-bzhi colophon will teach a lot. It has the following (which corresponds to a first colophon written by the fifth Dalaï-Lama): How the fifth Dalaï-Lama got the rGyud-bzhi printed in the year water-tiger of the eleventh cycle (1662) on the basis of the Gra-thang edition (15); how this text has been altered by many a bad commentator, and the trustworthy way how this Gra-thang edition was emended by Zur mkhar; how the fifth Dalaï-Lama ordered this new edition to be engraved at the request of bsTan 'dzin rgyal po of the Byang tradition (16);

\*\*This passage is found in folio 141 or page 281, Volume 1 of the modern edition.



how Tāranātha (17) combined the Byang and Zur traditions in the edition he got engraved at rTag-brtan, so that it became impossible to sort out the two traditions from each other in the rTag-brtan edition. Thus it explains that the compound tradition devised by this rTag brtan sprul sku (Tāranātha) diverges from all the other traditions.

Then, the portion of the rGyud-bzhi colophon that was written by Regent Sang rgyas rgya mtsho (18) has the following: That both Byang and Zur traditions hold one and the same thought but for a few minor practical ways of identifying drugs; that the great Fifth (19) did not know much about medicine and what is written in the colophon made by the fifth Dalaī-Lama is really exaggerated; that he had misgivings about the knowledge and honesty of Byang (bsTan 'dzin rgyal po); and also that, when the Regent made his reasons known to the Fifth, the latter answered: 'Although I had no knowledge and followed what was said by Byang and others in writing this colophon, now I admit - what you are saying is true.'

Next come short biographies of g.Yu thog, Byang, and Zur, for it is said that 'their radiance is like that of the sun and moon.' "

These few informations about the Medical College at Labrang of course give a mere outline, but the regulations of this college promulgated by the founder himself and faithfully followed until now will make, it is hoped, interesting reading.

#### NOTES

1. The college of Upper Tantras and the college of Lower Tantras were founded on the pattern of two great Tantric monasteries of the dGe-lugs-pa school in central Tibet, which themselves bear these names referring to their geographical location.
2. This is the translation of this college's name: sman pa grva tshang gso rig gzhan phan gling.
3. The rGyud-bzhi, which may be translated as "The Quadruple Treatise," is considered as the basic text-book of Tibetan medicine; it is comprised of four volumes:
  - the rtsa-ba'i rgyud (basic treatise)
  - the bshad-pa'i rgyud (explanatory treatise)
  - the man-ngag rgyud (instructions treatise)
  - the phyi-ma'i rgyud (final treatise)
 For more information, see Meyer, 1981.
4. The three less important tantras are the three first parts of the rGyud-bzhi.
5. The year was traditionally divided into public study sessions with disputations (chos-thog) and private study sessions without disputation (chos-mtshams) of unequal length. During the latter, students were learning the texts by heart, sitting with the teacher to hear his explanations, and being engaged in an individual type of work, preparatory to public sessions. There were nine chos-thog, out of which four were most important for rising to the upper grade and obtaining degrees.
6. The chapel of the face (zhal ras lha khang) is generally situated up by the head of the monumental statues occupying several levels of a temple. In Labrang, however, the medical college had no statue nor temple as high as that. The chapel mentioned here must have been one of the Assembly Hall chapels.
7. These texts are prayers and eulogies to Buddhist divinities like Tārā, guardian deities, the Buddha of medicine, the founder of Tibetan medicine g.Yu thog pa, as well as collections of magic formulas of long life.
8. rDo rje rab 'byams pa is an honorary title awarded to the Masters in this college by the office of 'Jam dbyangs bzhad pa.
9. Each of the study sessions had a name, either that of the season or a specific name. During the rigs-grva, a great disputation was held.
10. The college of the kālacakra, or "the college of the time-wheel," was founded in 1763. It was a Tantric college dedicated to the tantra of the time-wheel (kālacakra). Learned astrologers will draw up the annual calendar among the dGe-lugs-pa on the basis of this tantra.
11. The first transmission (bka'-ma) is an oral transmission unbroken since the dynasties period (7th-10th cent.). The second, "revealed" transmission bears upon the texts said to have been concealed in those times, mainly by Padmasambhava (recognized afterwards as the founder of the rnying-ma pa school), in order that these teachings should be dug up and updated in due time by predestinate beings. These texts were entrusted to the care of violent guardian deities, in charge of preserving them until their being handed over to the predestinate discoverer. This kind of a transmission is much debated among the other schools of Tibetan Buddhism.
12. Zur mkhar ba mNyam nyid rdo rje is a Tibetan physician of the late 14th century, who originated the medical tradition named zur-lugs, "the Zur tradition."
13. Two celebrated Tibetan physicians bear the name g.Yu thog: g.Yu thog yon tan mgon po, also called

## THE MEDICAL COLLEGE OF LABRANG MONASTERY

G.Yu thog the Elder, who lived in the 8th century, and g. Yu thog yon tan mgon po, also called g.Yu thog the Younger, who lived in the 11th century. The latter is said to have revised the rGyud-bzhi (See Meyer, 1981: 81 & 90).

14. The basic treatise (rtsa rgyud) is the first of four volumes constituting the rGyud-bzhi. It gives a brief, synthetic summary of the basic principles of medical science in six chapters on eleven folios (Meyer, 1981: 88).
15. Gra thang is a monastery in central Tibet.
16. bsTan 'dzin rgyal po, of the Byang family, was a highly placed personage. He did not represent the Byang tradition but, on the contrary, he was a devotee of the Zur tradition.
17. Tāranātha was a great scholar of the 17th century, of the Jo-nang pa school. For reasons more political than doctrinal, the fifth Dalaī-Lama abolished this school and transformed its monasteries into dGe-lugs-pa monasteries. His opinion on Tāranātha's edition of the rGyud-bzhi maybe reflects his personal hostility.
18. Sangs rgyas rgya mtsho was the regent of the fifth Dalaī-Lama (1653-1705). Meyer (1981: 92) has shown that he is actually the one who re-ordered, completed, and corrected the edition now extant of the rGyud-bzhi.
19. The Great Fifth is a name often given to the fifth Dalaī-Lama, one of the most remarkable men ever born in Tibet.

## REFERENCE

- Fernand MEYER, GSO-BA RIG-PA, Le système médical tibétain, Paris: Editions du Centre National de la Recherche Scientifique, 1981; reprinted with corrections, 1983  
238 pp. ISBN 2-222-02808-6 FF 135,00  
[In French. Dr. Fernand Meyer, MD. is Co-Editor of IASTAM NEWSLETTER]

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## News from India

An interesting Newsletter is published by the Indian Chapter of IASTAM. Thanks to Dr Narendra S. Bhatt, a Member of the Executive Committee of IASTAM-INDIA, we are able to reproduce below (in pages 15 and 16) short extracts from an interview with Dr Paul U. Unschuld, President of IASTAM, which was published in IASTAM-INDIA Newsletter, April-June 1986.

DR NARENDRA S. BHATT

As an expert and adviser on Ayurvedic theory and practice, Dr Narendra S. Bhatt has been collaborating\* with Western film-makers on the production of Ayurvedic films in India. He is also associated with Prof. Schmadel (W. Germany) in a study of the present status of Ayurveda. Last but not least, he is developing a

computer-based data bank of Ayurvedic formulations and medicinal plants. Write to: Dr. Narendra S. Bhatt, Hon. Ayurvedic Adviser, Zandu Pharmaceutical Works Ltd., Gokhale Road South, Bombay 400025, India.

DR G. D. SINGHAL

As a Chief Editor of the series "Ancient Indian Surgery", an impressive edition and translation of the Suśrutasaṃhitā in 10 volumes of text and two additional volumes on drugs, Dr. G. D. Singhal is enthusiastically engaged in a reassessment of Ayurvedic surgery, and the popularization of the classical tradition. The 10 volumes of text and translation (by a team of 27 scholars) are all available in print. The volumes on drugs, and a synopsis volume, are forthcoming. Dr G. D. Singhal and his team, at the Institute of Medical Sciences of Banaras Hindu University, have now turned to the Mādhavanidāna. The first volume of this new series "Ayurvedic Clinical Diagnosis" will be reviewed in one of the next issues of IASTAM NEWSLETTER. Write to: Dr G. D. Singhal, Prof. & Head of the Paediatric Surgery Section of the BHU Institute of Medical Sciences, Banaras Hindu University, 17 Medical Enclave, Varanasi 221005, India.

THE VARANASI CONGRESS, 2-7 January, 1987

Thanks to Dr Jacques Vigne, a French physician who spent a year in Benares to study Ayurveda, we received the detailed scientific programme of the Second World Congress on Yoga and Ayurveda held in Varanasi, from January 2 to 7, 1987. The plenary lectures were attended by about one thousand participants. Thirty specialized sessions (from "Gastroenterology" to "Computer" and "Rural health") were covering the field quite exhaustively, including a session on history (Chair: G.D. Singhal, Convener: J. Mitra, Speaker: Bhagwan Das) and a session on philosophy (with well-known scholars from Jamnagar, Chair: M.S. Shastri, Speaker: V.J. Thakar, and others). A brilliant gathering.

DR S.B. RANADE

We have been requested to announce the publication of: Dr S.B. Ranade, Fundamental Principles of Ayurveda, Saarbrücken, 1987. The publishers are specialized, it seems, in this kind of books: Narayan GmbH., 17 Taubfeld, 6600 Saarbrücken, W. Germany. May we remind authors and publishers that IASTAM NEWSLETTER welcomes copies of their books sent for review! Professor Subhash Ranade teaches at Tilak Ayurveda College, Pune.

\*Mr Theo Ott came from W. Germany to India to make a film on Ayurveda for German television (ZNF Channel II). It was a good opportunity for Dr. Narendra S. Bhatt to coordinate the film in various locations. Editor's suggestion: IASTAM should make a census of such film material.

# Medical literature in Sri Lanka

by J Liyanaratne

A research project has been started with the aim of studying the history of medical literature in Sri Lanka from the beginnings to the last century, prior to the introduction and rapid spread of Western medicine. Literature on veterinary science and magical therapy will be excluded from this study. Four medical systems have traditionally been practiced in Sri Lanka: indigenous medicine, āyurveda, siddha, and yūnānī, the last three being direct borrowings from India.

The literature of traditional medicine in Sri Lanka has been a neglected field of study. W.A. de Silva dealt with the subject in a short communication presented to the Ceylon Branch of the Royal Asiatic Society (JCBRAS, 1913, Vol. XXIII, no. 66, pp. 34-45). In two works on the history of Sinhalese literature, one in English by C.E. Godakumbura (Sinhalese Literature, Colombo, 1955), the other in Sinhalese by P.B. Sannasgala (Simhala sāhityavamsāya, Colombo, 1964), and in a list given by Kiriāllē Nānavimāla (edition of the Varayogasārāya, Colombo, n.d. <1966>), about 30 Srilankan medical treatises and pharmacopoeias are noticed. However, the Bhesajjamañjūsānnaya (18th century) refers to more than 70 medical texts, mostly Indian. In A Survey of the Origins and Development of Biomedical Literature of Sri Lanka (Ceylon), thesis submitted for the Fellowship of the Library Association in 1974, M.A.P. Senadhira says, "In the early period the literature was produced on ola leaves and much of it is not in existence. The extant literature is in Sanskrit and Pali and has not been scrutinized as I am not versed in these languages ..." (p. iv, f.).

In fact, a large number of medical manuscripts, written on palm-leaves, are found in libraries in Sri Lanka as well as abroad. But no systematic and scientific catalogues of these texts are available yet. At present, information on this important literature is limited to the indication of titles, and in a few cases, the beginning and end of the texts, given in general catalogues of a few major libraries. The only exception is the Ceylon National Museums Manuscript Series, which provides the integral texts of some of the medical manuscripts in the National Museum of Colombo.

The present study has been undertaken with a view to preparing, in the first place, descriptive catalogues of Srilankan medical manuscripts, preserved in a selected number of libraries, both in Sri Lanka and abroad, so that a representative quantity of these documents could be covered. For the purposes of this study, Srilankan medical manuscripts in the Sinhalese, Pāli and Sanskrit languages, and written in the Sinhalese script, will be taken into account.

The plan of the descriptive catalogues will be the same as that followed in my Catalogue des Manuscrits Singhais, Bibliothèque Nationale, Paris, 1983, where the notices on each item comprise three sections: scientific, bibliographical, and material. The scientific section will give a detailed analysis of the texts, not limited to the general practice of citing the beginning and end of the texts. The bibliographical section will contain the annotated references of printed editions and other publications dealing with each work. The material section will present not only the dimensions and the number of folios of the manuscripts, but also other data which will help form an idea of the philological aspect of the manuscripts and their date.

It is proposed to publish the descriptive catalogues as and when each collection of manuscripts is covered, so that research scholars, physicians and pharmacologists may be able to exploit the material brought to light.

The final aim of writing a history of the medical literature of Sri Lanka could be realized after the preparation of the various descriptive catalogues which will provide the source material for the study.

## J Liyanaratne

Jinadasa Liyanaratne graduated in Oriental studies at the University of Ceylon, Peradeniya (1961) and, as a student of late Prof. Jean Filliozat, he obtained the Diplôme de l'École des Hautes Etudes (IV<sup>e</sup> section), Paris (1976).

Formerly on the Editorial Board of the Sinhalese Encyclopaedia, Jinadasa Liyanaratne lives in France since 1974, where he has been engaged in philological research. His publications include: Le Purāṇa Mayamataya, a 19th cent. Sinhalese manuscript on building construction, ed. & transl. with comm., Paris, 1976 (Publications de l'École Française d'Extrême-Orient, Vol. CIX); "La Jinabodhāvalī de Devarakkhita Jayabāhu Dhammakitti" [a 14th cent. Pāli manuscript on the 28 previous Buddhas and their Bo-trees], Bulletin de l'École Française d'Extrême-Orient [BEFEO], Tome LXXII, 1983, pp. 49-80; Catalogue des Manuscrits Singhais, Bibliothèque Nationale, Paris, 1983; "Notice sur une lettre royale singhalaise du XVIII<sup>e</sup> siècle conservée au Musée de l'Homme à Paris", BEFEO, Tome LXXIII, 1984, pp. 273-283; etc.

Forthcoming: "Indian medicine in Sri Lanka", to appear in the BEFEO, Tome LXXVI, 1987. A study on the influence of Ravigupta's Siddhasāra on the medical literature of Sri Lanka is also in progress.

Write to: Mr Jinadasa Liyanaratne, 50 avenue Balzac, 92410 Ville d'Avray, France

## **fellow structuralists, take heart!**

Viggo BRUN & Trond SCHUMACHER  
*Traditional Herbal Medicine  
in Northern Thailand*

Berkeley: Univ. of California Press, 1987  
xx-349 pp. ISBN 0-520-05271-4

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Appendix: A list of medicinal plants, and ethno-  
botanical data, compiled by Terje BJØRNLAND and  
Trond SCHUMACHER [Sixty dense pages, over 500 taxons  
with vernacular names, locality, medical uses, parts  
of plant used, physical qualities, preparation and  
administration].

Bibliography, Indexes

A major contribution to ethnopharmacology. This is an analysis of the complex relationships between disease and plants, drugs and prescriptions, based on an interdisciplinary study carried out in 1978-79 in the provinces of Chiangmai and Lamphun in Northern Thailand by a team consisting of Viggo BRUN, lecturer in Thai at the University of Copenhagen, Trond SCHUMACHER, medical doctor and botanist, University of Oslo, and Terje BJØRNLAND, chemist and botanist, University of Oslo. The botanical and chemical data will be published separately. The present book represents the ethnomedical, anthropological side of the project.

The quality of the analysis, the richness of the book and the liveliness of the approach to Thai modes of thought (which differs from the usual dryness of most fieldwork reports in ethnosience) result from two or three basic methodological choices. First, the investigators preferred an intensive approach,

through in-depth interviews (in the local dialect) with a few herbalists within a limited area. Then, the "discourse" of their informants was taken into consideration, not only lists and categories but also the local turns of phrase. Furthermore, they are contrasting "the rural variant" of Thai traditional medicine, which they studied in the field, with "the urban school that has received the attention of most scholars up to now, and which is generally regarded as THE medical tradition in Thailand." Although the study of the urban variant is not based on ethnography but only derived from written sources, the comparison helps to build a bridge between classical studies and ethnosience. Indianists will come across many Ayurvedic features in Thai herbal medicine, and chapter 2 (The royal tradition) will put them on the track, even if its conclusion comes in the form of a warning not to "constantly bring in random fragments from the Ayurvedic tradition to explain bits and pieces of the Thai" tradition (p. 33).

But the connection with Indian medicine and Indian modes of thought is much deeper. This is not manifest nor explicit; we are speaking of in-depth structures. It is with great excitement that this reviewer noticed and wish to record here a striking convergence between Brun's & Schumacher's structural findings and his own work on South Indian drugs and diseases (to appear in a forthcoming book).

Take for example the arrangement of ingredients ( $I_1, I_2, I_3, \dots, I_n$ ) and diseases supposed to be cured ( $D_1, D_2, D_3, \dots, D_n$ ) in typical prescriptions of the same family, the same curing range, as illustrated in their table 6 (p. 203): this is a clear example of what this reviewer, commenting on similar configurations in Ayurvedic complex formulas, would call "polythetic classification", after Rodney Needham (the Oxford anthropologist); prescriptions of the same family have a number of Is and Ds in common, but with lapses, overlaps, and uncertainty. Similarly the cognitive "map" of diseases illustrated in a series of figures (Fig. 13 through 25, pp. 59-95) truly is an example of "facet design", which compares with the Ayurvedic one in detail, when the Indianist undertakes to "map" diseases according to the specific theory of the three rogamarga-s, the three paths of diseases (the central or digestive system, the peripheral system of six tissues plus the skin, and the marmasthi-sandhi): same combination of overlappings and polarities.

Dr BRUN and Dr SCHUMACHER seem to have reached this structural interpretation through purely empiric ways. This reviewer came to the same conclusions from the opposite direction. Dialogue begins!

REVIEWED BY FRANCIS ZIMMERMANN

