

Tibetan Medical Schools of The Aga Area (Chita Region)

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Abstract

Buryat medicine, which derived from Tibeto-Mongolian medical systems and traditions, has thrived in the Transbaikal region from the eighteenth century. There are, however, two main streams in Buryat healing traditions: one deriving from Buryat folk medicine and the other, the main focus of this article, scholarly Tibetan medicine, as transmitted through Mongolian medical culture. As it was adopted in Buryatia, Tibeto-Mongolian medicine went through a process of adaptation to the local environment, most conspicuously in the field of pharmacology. It is here that we find the main original Buryat contributions to the wider development of Tibeto-Mongolian medical culture.

Keywords

Buryat, Mongol, Tibetan medicine, Buddhism, Transbaikal, folk medicine, shamanism, pharmacology

Introduction: Buryat culture and religion

Buryatia is situated in Southern Siberia, flanking the world's deepest lake, Lake Baikal. To the west, it borders with the Oka, a tributary of the Angara river. Its eastern border is the Onon river, one of the confluent of the Amur river. Archaeological evidence from the area around Lake Baikal has revealed it to have been a large centre of metallurgy from the first millennium BCE. Since that time, the area has been inhabited by various tribes, mostly nomads, such as the Huns, Uighurs and Evenks.¹

Buddhism arrived in the area around the Baikal Lake (Transbaikal or Transbaikalia) only at the end of the seventeenth or early eighteenth century. Prior to that, Buryat healing practice was largely an aspect of its shamanic culture, which also involved conducting rituals, singing, chanting and praying. Buryats believed that Shamans were able to stop severe pain through chanting and that certain rituals helped to cure illnesses which had arisen due to evil spirits.²

¹ For an overview of Buryat history, see Neumann Fridman 2004, particularly pp. 98–104.

² On Buryat shamanism, see Neumann Fridman 2004, ch. 3.

In 1712, 150 lamas arrived in Buryatia. Among them were 100 Mongolian monks and 50 Tibetan monks. They came to two areas of Buryatia (Selenga and Khori).³ The lamas 'were of help to the people with prayers and medicine'.⁴ By the nineteenth century, Tibetan Buddhism had acquired firm ground in the region. Tibetan medicine played a decisive role in this story of mass conversion to the faith.⁵

The establishment of Buddhism in Transbaikalia was linked with unique local political conditions. In 1689, Buryats of Transbaikalia had taken allegiance with the Russian government and were granted Russian citizenship. They provided assistance in strengthening the Russian state around the delicate Russian-Mongolian border. Russia conferred upon them a decree which granted them religious freedom. Thus, the development of Buryat Buddhist culture was intertwined with the clashing geopolitical interests of Russia, Manchuria, China and Mongolia of the time.⁶

The type of Buddhism which arrived in ethnic Buryatia was essentially Tibetan. Mongolian Buddhism, a variation of Tibetan Buddhism, played an important part in the process of transmission of Tibetan Buddhism, its tradition and culture to Transbaikalia. As a selling point for religious conversion, the provision of medical treatment in religious contexts has numerous Asian parallels, such as the success of medicine as a tool to spread Christianity in China, a formal policy adopted by the American Board of Missions in the nineteenth century.⁷

Buryatia and Mongolia are not only geographically adjacent, but they are also culturally and linguistically linked. As the Tibeto-Mongolian type of Buddhism took root in Buryatia, Buddhist monasteries with their specialist faculties became important centres of education, culture and book-printing.

Buryat medicine: Tibetan and Mongolian origins

Buryat medicine is a fusion of Buryat folk medicine, derived from the ancient culture of the nomadic peoples of Transbaikalia, and traditional Tibetan

³ See Lombotsherenov 1995, p. 112; Galdanova *et al.* 1983, p. 16.

⁴ Yumsunov, 67 as quoted by Heissig 1953, p. 517.

⁵ See Heissig 1953, p. 517; Neumann Fridman 2004, pp. 120–4. This process of conversion was witnessed by English and Scottish missionaries, who were active in Transbaikalia at the time. For some of these accounts see Bawden 1985, particularly the chapter 'The Buryats of Transbaikalia', pp. 147–68.

⁶ On the extent to which politics also played a role in the ultimate transmission of Buryat medicine to the west see Saxer 2004.

⁷ Andrews-Minehan forthcoming.

medicine that arrived with Buddhism. According to a Buryat historical record, composed in 1868 by the eminent Buryat historian, D. Zh. Lombotsherenov, Zhimba (Lubsan Zhimba) Akaldain (1711/1712–1795/1797) was the first Tibetan traditional doctor (emchi), who practised Tibetan medicine in Transbaikalia. According to Lombotsherenov, Akaldain possessed the gift of healing the most serious diseases, which were spreading among the Buryat population at the time. In 1721 Akaldain went to Urga (present day Ulan-Bator) in order to receive classical Buddhist education. He studied under the distinguished Mongolian Buddhist master Manjushri Mergen-khenpo Nomun khan, at the headquarters of the Bogdo Gegen Jebtshun Damba Chutukhta and was actively involved in learning Buddhist philosophy and Tibetan medicine.⁸

The practice of Tibetan medicine among the Buryats was first mentioned in Europe by Johann Georg Gmelin in 1735.⁹ While journeying across Transbaikalia, Gmelin encountered an emchi-lama who showed him his books, medicaments and instruments. The emchi was practising blood-letting, moxibustion and cupping and possessed a rather significant kit of surgical instruments. In his book *Travelling across Siberia*, published in German in 1751–52, Gmelin described therapeutic and complex surgical methods of eye treatments.¹⁰ Gmelin's accounts provide evidence of highly qualified practitioners of Tibetan medicine operating in the Transbaikalia region in the early eighteenth century. These practitioners used the entire arsenal of medicinal means and healing methods of Tibetan medicine and had a widespread clientele.¹¹

In 1869, a Mongolian emchi, Chos menramba (chos sman rams pa), famed for his outstanding skills, arrived from the Setshen-Khan aimak region of Mongolia. His visit was at the invitation of D.-J. Danzhinov (1816–99), the seventh abbot of the Aginsk monastery from 1876 until his death in 1899. Chos menramba established a medical faculty (sman ba grwa tshang) in the Tshugol monastery, Tashi Choiphel Ling (bkra shis chos 'phel gling),¹² located at the Aga area (Chita region). This area is nowadays called the Aginsk Buryat Autonomous Area of the Chita region, Russian Federation. The centre of the autonomous region is Aginsk.

Mongolian and Buryat culture is ethnically and linguistically linked with that of Tungus and Turkish cultures. Hence, with Mongolian medical terminology, one finds a layer of lexis of Turkish origin. Some examples are: *emchi*—which is the word for a doctor. In modern Mongolian and Buryat, *emchi* is

⁸ Lombotsherenov 1995, p. 113.

⁹ Girchenko 1939, pp. 86–7.

¹⁰ Gmelin 1751–2. A French translation appeared in 1767.

¹¹ Dashiyeu 1999, pp. 10–11.

¹² For more detail, see Bolsokhoeva 1999.

used only for a physician practising Tibetan medicine. The Uighur term *emchi* (professional doctor) is used not only in the Mongolian and Buryat languages, but also in Tibetan (Tib:[e]*m chi*) to address traditional doctors, practising Tibetan medicine.

Another example is *em*, the word for medicine/s, which is also used in modern Mongolian and Buryat. The word *yara*, meaning wound or ulcer, is also used in modern Mongolian and Buryat (Mongolian: *yar*, Buryat: *yara*). Another example is *jirukun*, meaning heart (in modern Mongolian: *z(rh)(n)*, in Buryat: *z(rhen)*; *otoci*- healer (modern Mongolian: *Otoch*, Buryat: *Otosh*, both referring to the Medicine Buddha).

Despite being an important aspect of traditional culture, there are very few studies of the folk medicine of the Mongolian peoples. There are no written sources and consequently knowledge of health and disease, and the specific methods and means of practice, were and still are passed on by direct transmission from one generation to another.

In Tibetan medical texts, Mongolian medicine became known by the term *Sog po me btsa'* or *Hor gyi me btsa'* (literally: 'Mongolian fire therapy').¹³ It was known primarily for its practices of cauterization, blood-letting, healing wounds and bone-setting. Mongolian cauterization (*hor gyi me btsa'*) is mentioned in the fifth chapter of the first Tantra ('The Root Tantra') of the fundamental treatise of Tibetan medicine, the *Gyushi* (Tib: *rGyud bzhi*, *Four Tantras*).¹⁴

Buryat medicine, on the other hand, emphasises the use of mineral and thermal springs, due to the great number of mineral and thermal springs around the region of Buryat and Mongol settlements. A meat-based diet with an emphasis on the medicinal properties of offal, coupled with the knowledge of how to add local plants and herbs to aid digestion, was at the heart of a distinctive and indigenous view of what constituted a balanced nutrition and appropriate foods for local illness according to folk medicine.¹⁵ With continuous

¹³ *me btsa'* is also the term used for moxibustion. *Sog-po* and *Hor* are two different Tibetan words referring to Mongolian. *Hor* refers more to Mongolians to the north-east of Tibet.

¹⁴ g.Yu thog yon tan mgon po [1982], p. 13

¹⁵ Buryats eat the boiled meat of domesticated animals, mostly cows, sheep and horses, three meat categories considered easy to digest and high in energy. With outside temperatures between minus 45 and 50 degrees Celsius in winter, increasing energy is vital for locals. They use liver, lungs, bones, brains, kidneys etc., believing the organs of animals help specific diseases. Meat and fish or milk products should not be mixed as in combination they disturb the digestion. A variety of edible vegetables are identified as light and easy to digest, *commonly asargana* (*Cirsium esculentum* (Sievers) C. A. Ney), *xulganyn shehen* (*Rumex acetosa* L.), *Balsargana* (*Heracleum dissectum* Ldb.), *khayaar* (*Allium victorialis* L.) and others. Buryats also mix vegetables and herbs with other foods. Buryats drink cow's milk, green tea with milk, arak (milk vodka), hot water mixed with honey or local herbs.

migration and frequent wars, there was no social stability necessary for accumulation of empirical experience in the application of herbal medicines. The use of herbal medicine was also minimal, due to the striking scarcity of the vegetation in the dry steppes and semi-deserts. Nomadic healers relied upon their dexterity with the application of raw materials of animal origin. They used liver, bones, lungs, spleen, brain, horns, musk from musk deer, urine and blood.

In contrast, conditions of war often provided perfect contexts for surgical innovation. According to an oral tradition, Mongols and Buryats were very skillful in healing wounds and in bone-setting. Arrow wounds were cauterized with hot iron. Where weapons penetrated deeply, they were extracted surgically, applying ice as an anaesthetic.¹⁶ Bone-setting has long been a part of folk Buryat healing practice. Traditional medical doctors used a variety of therapeutic methods of treatment, such as blood-letting, moxibustion, acu-moxa, compresses, massage and medicinal bathing (mineral and thermal baths) for a wide spectrum of illnesses. Mongolian and Buryat bone-setters (in Buryat: *Bariachi*) did not receive formal medical training in theory or drug therapy, and they had no surgical instruments. Their success lay in their reputation for having magical hands. They set bone dislocations and fractures, applying copper chips to aid healing, treated concussion and headaches with a delicate head massage, and were skillful in midwifery. In modern times, traditions derived from folk healing have been incorporated into contemporary settings.

In the 1970s, a well-known Buryat *Bariachi*, by the name of Evdokia Papishna Tushemilova, worked in our institute¹⁷ and we were close friends for more than 15 years. She came from a family of traditional bone healers, who lived in the Irkutsk area, where the majority of the population are western Buryats. Her father, Papa Tushemilov (1877–1955) was not only one of the most famous bone-setters throughout the area, he had also been a skilled healer and clairvoyant. Among Buryats, he was known as a great narrator (Buryat: *ulgershin*), who had memorised the whole text of the Buryat version of the epos *Geser* (Tib: *Ge sar*).

Bariachi Evdokia Papishna was a unique healer famous for having extraordinary powers in the treatment of bone disorders. Patients from all over the former USSR sought her out in Ulan-Ude. She treated ordinary people, including a large number of children. Famous for bone-setting, she was also treating the most well-known ballet-dancers of the Kirov Theatre of Opera

¹⁶ Dashiyeu 2004, p. 319.

¹⁷ In the 1970s, the institute was called the 'Institute of Biology of the Siberian Branch of Academy of Sciences of the USSR'. Its present name is the 'Institute of General and Experimental Biology of the Siberian Branch of Russian Academy of Sciences'.

and Ballet of Leningrad.¹⁸ These included I. Kolpakova, S. Vikulov, G. Kurgapkina and others. Unfortunately, her children have not carried on the family tradition. Nowadays, however, this tradition is still alive and Buryat Bariachis are popular among both Buryats and Russians.

Processes of adaptations

The process of adapting Tibetan and Mongolian experience to specific local Buryat conditions and the traditional way of life was complex and was stimulated by the necessity to interpret the arsenal of Tibetan medicines, hitherto hardly known within Buryat folk medicine. Buryat practitioners started to analyse local medicinal raw materials and compare them with original Tibetan and Mongolian *materia medica*, to develop the methods of collecting, drying, storing them, and the technology of preparing the multi-component medicines.

Innovative diagnostic methods were introduced to Buryatian healers from Tibetan medicine. These included pulse, urine and tongue diagnosis, as well as new ways of observation and questioning. Older methods of Buryat folk medicine were transformed according to new Tibetan principles. Tibetan medicine won recognition among Buryats, but did not completely supplant the folk ways. Even today, unique techniques derived from Buryat folk medicine are quite popular among local people.

Buryat medical schools

The first Buryat medical school was founded by the Mongolian Lama Emchi Chos Menrampa (chos sman rams pa) at the Tshugol Datshan in the Chita region, bordering with China. The curriculum of the Tshugol medical school was based on the structured and standard education of the medical college of Chagpori (lCags po ri sman pa'i grwa tshang),¹⁹ established in 1696²⁰ by Desi

¹⁸ Nowadays called: The Mariinskii Theatre of Opera and Ballet of St. Petersburg.

¹⁹ Chagpori (The Iron Hill) manba datshang has several names: Chagpori lta na ngo mtshar rig byed gling, Chagpori vaidurya 'gro phan lta na ngo mtshar rig byed gling. See Byams pa 'phrin las (Jampa Priinle) 1996, p. 420. The description of the education system in Chagpori is based on the work of Pasang Yonten (pa sangs yon tan) 1986, pp. 144–8.

²⁰ Byams pa 'phrin las mentions the year of the establishment of Chagpori manba datshang as 1697. He writes: 'On the 25th of the fifth Tibetan month in the year fire ox, when Desi Sangye Gyatsho was forty five years old, he founded Chagpori rig byed 'gro phan gling'. See Byams pa 'phrin las 1996, p. 420.

Sangye Gyatsho (sde srid sangs rgyas rgya mtsho, 1653–1705),²¹ the versatile Tibetan scholar and regent of the Fifth Dalai-Lama Nawang Losang Gyatsho (ngag dbang blo bzang rgya mtsho, 1617–82).

In the Chagpori medical school, medical students had to learn Tibetan pharmacopoeia and pharmaceutical techniques under the leadership of senior physicians, based on prescription books (sman sbyor).²² Prescription books contained detailed descriptions of the medicinal herbal formulae, their effects, dosages and medications. Tibetan physicians compiled a great number of prescription books, some of which contained up to 1,000 medicinal formulae. This tradition was continued by Mongolian and Buryat inheritors of the Tibetan tradition.

Besides their textual studies, Tibetan medical students needed to have a good working knowledge of all the practical aspects of diagnostics and treatment. Every summer the students went into the highland areas, to altitudes of 3,500–4,500 metres above sea level. There they would collect and identify various medicinal plants and herbs. They studied the rules of drying and storing the raw materials. They also had specialist training in the preparation of animal and mineral products and paid special attention to combinations and dosages. Each year ended with written and oral examinations and outstanding students graduated from the prestigious Chagpori medical institution with a diploma that was recognised throughout Tibet.²³

²¹ He received a great deal of medical teachings from the fifth Dalai Lama and the most eminent scholars and physicians of Byang lugs and Zur lugs. See in detail Sangs rgyas rgya mtsho [1982], p. 384; Pasang Yonten 1986, pp. 137, 108, 123; Byams pa 'phrin las 1996, p. 404.

²² On lCags po ri, see also Meyer 2003.

²³ Unfortunately during the Cultural Revolution in China the Chagpori medical college was destroyed. The majority of Tibetan scholars and emchis stopped teaching and practising Sowa rig pa. Some of them left Tibet and settled in exile in Nepal, India and western countries. In exile, the lineage of Chagpori medical college was continued by Venerable Dr Trogawa Rinpoche (1931–2005). Trogawa Rinpoche studied Tibetan medical culture for nine years under the great physician Nyeron Sha Rigzin Lhungrub Paljor, who was trained in the Chagpori tradition and became a renowned physician. He had his own clinic and pharmacy and taught a great number of students in Lhasa. Dr Trogawa Rinpoche received a unique training in all aspects of Tibetan medicine, including in pulse and urine diagnostics, composition of the medicinal formulas and is considered one of the principle successors of his teacher. In 1994, thanks to the financial support of foreign students as well as Dharma disciples and scholars, he established the Chagpori Institute of Tibetan Medicine in Darjeeling (rdo rje gling), in the foothills of the eastern Himalayas where he had lived and practised Tibetan medicine from the 1970s. Dr Trogawa Rinpoche began to teach students from India, Nepal, Tibet, and Bhutan. Some Western students also joined that medical college, among them was Barbara Gerke, who later founded the International Trust for Traditional Medicine (ITTM) in Kalimpong. Venerable Trogawa Rinpoche was not only a great teacher in all aspects of Tibetan medical culture, but he was also an eminent practitioner, who seemed to heal those suffering from serious illnesses by his very presence. Nowadays, many graduates from the Medical Institute in Darjeeling work as emchis all over the world.

In addition to the educational programme of Chagpori, Buryat students also needed to study a considerable amount of additional medical literature, designated as compulsory for medical students at the manba datshang of the Amdo Labrang Buddhist monastery (bla brang bkra shis 'khyil). The tradition of Labrang played a significant role in the formation and development of the educational system and training of the students at the Tshugol and Aginsk monasteries. The medical traditions of Labrang were incorporated into the practice of the Tshugol medical faculty. This was due to the activity of the Buryat emchis, who had graduated from Labrang manba datshang. These emchis made significant contributions to the development and transformation of medical education in a number of medical schools all over Transbaikalia.

The characteristic feature of the education of the Tshugol medical school was the availability of highly reliable translations of Tibetan medical sources into classical Mongolian which, until 1931, was used as the official literary Buryat language throughout the territory of ethnic Buryatia. Particularly important in this regard were the Mongolian translations of the fundamental treatise on Tibetan medicine, the *Gyushi* (*rGyud bzhi*) and the book of practical guidance by Sangs rgyas rgya mtsho, the *sMan ngag lHan thabs* (written 1690). Both of these served as the textbooks in the Buryat medical schools and were translated by L. Dandarov (1781–1859), the first abbot of the Tshugol datshang, a highly-educated Buddhist master and knowledgeable scholar in all aspects of Tibetan medical culture. He made excellent translations into Mongolian, of the most treasured sources on Tibetan medicine for Buryat students of the Tshugol medical school. His important contribution was the creation of standard equivalents for the translation of Tibetan medical terms into classical Mongolian. These were maintained until the 1930s, when the majority of the Buddhist monasteries and educational schools were either closed or destroyed and their lamas disrobed.

It is clear, nevertheless, that at the time of the establishment of the Tshugol manba datshang, the basic medical Tibetan texts existed in the classical Mongolian language. Thanks to these translations, their contents were more understandable for Buryat medical students. Hence, adequate interpretation of the complicated subject of Tibetan medicine was possible.

The Buryat Mongolian translations are not simply Mongolian renderings of the Tibetan, but more the start of an original medical tradition. Mongolian translations of Tibetan literature differed from their sources by taking on innovative approaches, especially with regard to the more modern technical terminology. This was developed by Buryat emchis in the middle of the nineteenth century and was due to the introduction of a number of adopted medicinal plants and herbs from local Transbaikalian flora. They were much used by the Buryat emchis in their practice. The Mongolian translations took

a significant place in the Buryat system of standard medical education and they were used widely among the Buryat doctors and students of medical schools.

In 1884, the training of Tibetan traditional physicians in the medical school within the Aginsk Buddhist monastery Tashi Lhundub Ling (bkra shis lhun grub gling) had begun under the brilliant personality of Rinchen Sambu Danzhinov, a renowned scholar and widely-famed physician.²⁴ Tashi Lhundub Ling was skilled in all aspects of Buryatian medicine. The curriculum of the Aginsk manba datshang was based on the programme of the Tshugol medical school, located approximately 70 km. from the Aginsk datshang to the east, in the direction of Chinese border. In the Aginsk manba, datshang monks could train not only in medicine, but also in other sciences.

The 1930s were a tragic time for Tibetan medicine in Buryatia. Under the Communist regime, its practice was prohibited for many years. All Buryat medical schools were closed.²⁵ Emchi- lamas were sent to prison or exile, or alternatively had to settle in different parts of the former USSR. Nowadays, there is a revival of Tibetan medicine, with a large number of manba datshangs and centres opening in Buryatia and in many cities and towns across Russia. For example, in 1993, thanks to the activities of the monk Babu Lama, the manba datshang was reopened within the Aginsk Buddhist Academy. Nowadays, students learn the medical disciplines under teachers from India and Inner Mongolia (PRC). The present-day curriculum of the Aginsk medical schools is based on that of the Mentsikhang (sMan rtsis khang) in Dharamsala. Some students of the Aginsk manba datshang train in medicine in India and Mongolia to improve their medical knowledge and skills. Due to the wide variety of methods of treatment, modern emchis are able to treat many chronic diseases, which are often difficult to treat with Western (allopathic) methods. In the last few years, a fruitful dialogue between traditional and western medicines has begun in Buryatia.

Original Buryat contributions

Buryat emchis did not write theoretical works on Tibetan medical culture, but developed great experience in the compiling of dictionaries and prescription books (*sman sbyor*) according to their own experience and knowledge of the

²⁴ The Aginsk datshang is located 160 km to the east from Chita city and 6 km from Aginsk.

²⁵ The last medical school to be closed down was the Aschagat, located in the Zaigrayev area of ethnic Buryatia. It was closed in 1937 and had 60 students at the time.

Transbaikalian flora. As a result of experiments conducted over many years on traditional *materia medica*, imported raw materials from India and Tibet were mainly supplanted by local substitutes.

One of the most influential Buryat books among physicians and students of the Buryat medical schools, was the Tibeto-Mongolian dictionary of *materia medica*: *Synonyms of Names of Medicinal Raw Materials Described in the Medical Treatises* (*sman gzhun bshad pa'i sman rnams kyī mngon brjod*). The compiler of this dictionary is the mahāpandita G.-Zh. Tuguldurov (1815–72), the fifth abbot of the Aginsk Buddhist monastery. His dictionary serves as a valuable lexicographical guidance for Buryat physicians and students of medical faculties in reading and translating the Tibetan medical literature as it appears in classical Mongolian medical texts. The dictionary represents lexis needed for the correct identification of Tibetan and Mongolian raw materials from the rich flora of the Baikal region. It also provides identifications of the Latin (scientific) names and their correlations.

Prescription books of eminent Buryat traditional doctors, setting out the adapted Transbaikalian flora, serve as unique and practical guides for the modern Buryat traditional doctors in the preparation of Tibetan medicines and their dosages. Buryat traditional doctors developed principles of substituting plant components from the flora of Transbaikalia for those which were described in the Tibetan and Mongolian medical texts. For example, the seeds of *Momordica cochinchinensis* (Tib: *ser kyī me tog*—‘the golden flower’) are substituted by the seeds of *Hemerocallis minor* Miller. The Buryat emchis use the roots of the local plant *Paeonia albiflora* Pall instead of the roots of *Withania somnifera* Dunal (Tib: *a sho gandha*). The local Buryat physicians substituted the fruits of plant *Cynanchum vincetoxicum* (Tib: *dug mo nyung*), the original Tibetan raw materials by the fruits of *Antitoxicum sibiricum* (L) Pobed or *Cynoctonum purpureum* (Pall.) Pobed.²⁶

Buryat emchis compiled their prescription books either in the Buryat language or in Tibetan, along with a translation into classical Mongolian. Local Buryat physicians introduced a number of formulae from Tibetan medical sources, dating from anywhere between the twelfth (such as the *rGyud bzhi*) and the twentieth centuries. Nowadays, the bilingual Tibeto-Mongolian prescription books are widely used by the Buryat emchis.

The most popular medical guidebook among the Tibetan traditional doctors, describing the main principles of the composition of Tibetan medicines, is the prescription book, entitled *Beautiful Jug of Nectar of Immortality*,

²⁶ Aseyeva et al. 1985, pp. 143–53.

compiled by Kyenrab Norbu (mkhyen rab nor bu, 1883–1961),²⁷ the distinguished twentieth-century Tibetan doctor. Other outstanding doctors who composed some of the most important books in this genre are R. S. Danzhinov, C. D. Iroltuyev (1843–1918), D. D. Itygilov (1852–1927) and Sumati Prajna, also known by his Tibetan name Lobsan Sherab (bLo bzang shes rab).

Very little is known about the activities of Sumati Prajna. It is also not clear whether he received any formal medical education. Based on oral information from the Buryat scholar D. B. Dashiye, who translated the complete works of Sumati Prajna into Russian, we assume that 1799 was the year of Sumati Prajna's death. The date of his birth is unknown. He was most probably a Tibetan by birth and lived in the Aginsk area. Hence his gigantic prescription book, encompassing 151 folios, is entitled: *The Large Formulary of the Aginsk Datshang*, or in its other name, *Amrita Extract Beneficial for All—Collection of Basic Formulary with Dosages* (*sman sbyar tshad kyi skor rnam che long tsham phyogs gcig tu bkod pa kun phan bdud rtsi'i snying*). This text was extremely important for Buryat traditional doctors who practised Tibetan medicine. In 1924, the book, which until then existed only in manuscript form, was printed in the Aginsk publishing house. The treatise of Sumati Prajna includes 1,200 medicinal formulae based on adapted local raw materials with indications of dosages and medications. It is the largest and most comprehensive Buryat prescription book, written in classical Tibetan language. It is evident that the composer of this textbook was a very learned person, a skilled practitioner and highly educated scholar. The book reflects the result of years of research on each ingredient. It is also clear from the book that Sumati Prajna's knowledge of the Tibetan language was extensive. This has supported the assumption that Sumati Prajna was a native Tibetan. His work is considered the most useful prescription book for modern emchis, and nowadays there are many modern Buryat emchis who follow the formulae of Sumati Prajna in their practice.²⁸

²⁷ Kyenrab Norbu is the author of many books on Tibetan medical culture, including a commentary on the *Four Tantras* (*rGyud bzhi*). His books are included in the curriculum of medical institutions in Tibet and India as essential components of the modern system of Tibetan medical education. He was a personal physician (*bla sman*) to the Thirteenth Dalai Lama Nawang Lob-sang Gyatsho (1876–1933). In 1916, he founded Mentsikhang (*sman rtsis khang*) at the centre of Lhasa which ranked second, after Chagpori medical college, as the pre-eminent institution for studying, teaching and researching Tibetan medicine and astrology, as well as for clinical excellence.

²⁸ The modern Buryat researcher D. B. Dashiye has put great effort into translating this book from Tibetan into Russian and into finding the Latin equivalents for each raw material. His work is about to be published by the 'Oriental Literature' publishing house of the Russian Academy of Sciences in Moscow. A copy of the xylographic edition of 'The Large Formulary of the Aginsk Datshang' is kept in the department of the Center of the Oriental Manuscripts and

The prescription books of C. D. Iroltuyev and D. D. Itygilov are housed in a collection at the History Museum of Buryatia, named after M. N. Khangalov in Ulan-Ude. They are included in the curriculum of the medical faculty of the Buddhist University Choikor ling (chos 'khor gling), named after D. D. Zaayev,²⁹ within the Ivolga datshang (near Ulan-Ude) and in the Aginsk Buddhist Academy.

The works of Buryat medical scholars on different aspects of Tibetan medicine played a significant role in the development of medical education in the Transbaikalia schools. The vast literature they left us, provides a unique resource for modern scientists, who conduct research into different aspects of Tibetan medical culture in Buryatia. Nowadays, old therapeutic methods of Buryat folk medicine still widely considered effective, have been incorporated into the practice of Buryat traditional doctors. It is important to note that, at present, both folk Buryat and Tibeto-Mongolian medical traditions are preserved in Buryatia and they remain popular among the local population.

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Xylographs of the Institute of Mongolian, Buddhist and Tibetan Studies of the Siberian Branch of Russian Academy of Sciences in Ulan-Ude. 'The Large Formulas of the Aginsk Datshang' played an important role in medical education in Transbaikalia and it has served as essential guidance for the composition of ready-made drugs.

²⁹ D. D. Zaayev, also known among Buryats as Zaya Lama (1716/1717–1776/1777), is a Selenginsk Buryat born into the Tshongol family, the principle disciple of the Tibetan master of Ngag dbang phun tshogs, who arrived in ethnic Buryatia in 1712. D.-D. Zayaev was educated in Lhasa. He received his initiation at the highest level from both the Dalai Lama and Panchen Lama. In 1764, D. D. Zaayev was appointed to the position of Head lama of the Buddhists of Eastern Siberia.

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