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The Human Body in Asian Texts and Images



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“Tree of Anatomy.” Mural in the Medical College at Labrang Monastery symbolizing the structure of the human body, used as an emblem of the symposium in Vienna 2014, see this issue • Back picture: Anatomical painting from Atsagat Monastery in Buryatia, depicting the eight major blood vessels in Tibetan medicine and a modernized illustration of the spine and brain.

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KATHARINA SABERNIG

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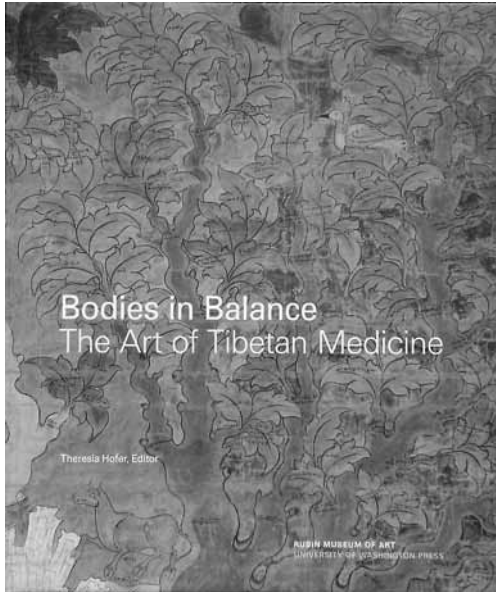
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Book Reviews



THERESIA HOFER (Ed) 2014. *Bodies in Balance: The Art of Tibetan Medicine*. New York and Seattle: Rubin Museum of Art and University of Washington Press, 360p.

This collection is, in a word, extraordinary. Designed as a companion text for the exhibit at the Rubin Museum of Art in 2014, this book is an interesting amalgam of two genres. On the one hand, it is a beautiful and extensively captioned reproduction of the historical and visual cultures of Tibetan medicine suitable for a coffee table (10×12 inches in size) and, on the other, a sophisticated scholarly exploration of the theories, history, translation, and transformations of Tibetan medicine by some of our most proficient contemporary scholars. Thus, whether one approaches this text with a dilettante's or a seasoned researcher's eyes, one will not be disappointed. Joining the ranks of other academics who have endeavored to work in this English language museum-oriented space (such as FERNAND MEYER in his introduction to the Serindia collection of the Tibetan medical paintings), this collection offers an important update but more importantly an intervention in the scholarly, practitioner and popular engagements with Tibetan medicine.

Like the organization framework of Tibetan medical pedagogy described by GERKE in the first chapter, this text offers both foundational (base-level) knowledge of Tibetan medicine and that which is needed for not just building the house that rests upon it but also the ways in which the house is inhabited, the movement of people and ideas through its rooms, and even its remodels. In addition to learning about the principles of health and healing (HOFER, GERKE, SAMUEL), the history of medicine and medical texts and paintings (GARRETT, YANG GA, GYATSO, SABERNIG), institutions (GYATSO, HOFER, LARSEN) the relationships between pharmacology, materia medica (HOFER), astrology (YOELI-TLALIM, VASSTVEIT), Buddhist cosmology and therapeutic techniques (PASANG YONTAN, GYURME DORJE), we are also treated to an ethnographic tour of the “worlding” of Tibetan medicine as both a historical and contemporary phenomenon (CRAIG, SAXER). The boundaries between these themes overlap between chapters and, in this sense they offer far more than a primer on Tibetan medicine. The collection invites us to think about how Tibetan medicine is always and has always been “on the move.” Thus, the book is a “must read” for both anyone venturing into the study or practice of this field and for the well-trained and well-read expert, but it is also a cautionary tale for both.

By this I mean that one of the greatest contributions of this volume is its ability to both provide and simultaneously dissolve (or at least raise questions about) many of the assumptions bandied about in English texts and scholarship on Tibetan medicine. For instance, assumptions about the Buddhist foundations of medical knowledge, the distinctions between notions of mind and body as well as between notions of art and science, the significance of and reference to *nyepas* (*nyes pa*) or poisons in routine clinical diagnoses, the consistency of clinical, therapeutic, and diagnostic referents across time and place, or even the degree to which pharmacological practices are disconnected from cosmologies of the spirit world are all, in these chapters, shown to be unstable formulations despite the fact that there is ample evidence of uniformity and coherence in the calling of these things “Tibetan Medicine.”

In some cases, this sense of slippage (in the best sense of the term) arises from the way in which what is presented in one chapter as subtle insights on presumed to be stable Tibetan medical truth is re-

quently undone by the scholarship in later chapters with equally compelling evidence. That is, what we learn in the basement must become fluid in practice by the time we get to the upper levels of this house. Thus, while few would dispute Tibetan Medicine's Buddhist history, the relationship between Buddhist epistemology and medical knowledge is shown here to be quite uneasy (HOFER, GERKE, PASANG YONTAN, GYURME DORJE, YANG GA, GYATSO). Similarly, if the *nyepas*, elements and channels are essential to medical knowledge, how do expressions of this knowledge in clinical applications minimize problematic historical contestations over these concepts and anatomical realities (HOFER, CRAIG, SAXER)? Are there limits to the translation of Tibetan medical ontologies for western readers and/or practitioners (SAMUEL, GARRET, CRAIG, SABERNIG) and is there anything new about the limitations that arrive with the more recent past or has this sort of limitation always been part of its history (YANG GA, GARRETT, GYATSO, SAXER)? The careful reader of the chapters here may want to know if things like "eating mantras" is as therapeutically efficacious as taking medicines for which the active biomedical ingredients have been discerned (GARRETT, HOFER). They might ask how important astrological practices are in Tibetan diagnostics and therapeutics (YOELI-TLALIM, VASSTVEIT) and if so, why do so few practitioners learn these arts today in Tibetan places and places far from Tibet where Tibetan medicine is being or has been learned (CRAIG, SAXER, GERKE)? We might even ask how and why it is sometimes imperative that practices aimed at taming the spirit world are relevant to our understanding of physical therapies at all in Tibetan medicine (SAMUEL, PASANG YONTAN, GYURME DORJE) since in some places they seem inconsequential (HOFER, CRAIG).

One learns from this collection that, when looked at as a slice in time, Tibetan medicine seems to hold some sense of permanence and stability as a vast yet stable set of possibilities. But, when explored historically and over larger geographical spaces, or even within the narrow spaces of a focused deep inquiry, that sense of coherence begins to erode. Or perhaps it would be better to say that it *blossoms* into what HOFER aptly calls a polyphony. These things that we like to call Tibetan medicine seem to become more contested the more we learn, even while they all retain a certain potency in the world.

One of the challenges for many of those interested in the study of Tibetan medicine, whether from the practitioner perspective or that of the scholar, has been how to locate one's particular work (and the often narrow focus this entails) in the larger world of scholarship and practice that is available on this topic. In this regard, HOFER's selection of authors and topics for the collection is ambitious but also immensely successful. It becomes infinitely clear that Tibetan medicine is both too vast and ephemeral for any one mind to capture, and yet in its historical transformations and contextual variations over time and place capable of making each particular slice full and satisfying. Practitioners become specialized, and so do scholars, and patients (like publics) often, above all else, want the most reductive form of Tibetan medicine of all: cures for their ailments. But, as GARRETT notes, the Tibetan physician can choose from a variety of entry points what the best treatment is for his or her patients--pills, surgical manipulations, mantra recitation, ritual effigies, medicines, diet or behavioral advice. The same is true for those studying Tibetan medicine. The choice of a narrow focus does not necessarily corrupt the integrity of the overall practice or the whole. In fact, the deeper one goes in each chapter, whether this is in the histories of texts or diversities of practice in far flung locales, the more one feels one is getting something useful. It is perhaps this fact that enables the volume to work at the interface of multiple disciplinary boundaries—allowing different audiences to use its insights for their own purposes while also bridging the gap between them—including those between the public and academia, the clinical and social scientific, the Buddhist or Tibet studies and wider popular scholarly and practitioner audiences.

That the volume ends with a beautiful tribute to *Chagpori* (including the story of its demise) near the Potala in Lhasa is an interesting choice for a book that explicitly argues for the ever-changing nature of the medical traditions. With this in mind, this volume is in its own way providential; just when we thought everything was changing (or even being corrupted) in the worlds of Tibetan medicine by environmental decline, the Tibetan diaspora, and the commodification, scientization and secularization of Tibetan medicine, we are reminded that things in this particular system of knowledge and practice have been both always unstable and yet forever per-

sistent for more than half a millennium. If anything this book and the exhibit that it grew from are ample evidence of the tenacity and ongoing relevance of Tibetan Medicine in our contemporary times.

VINCANNE ADAMS

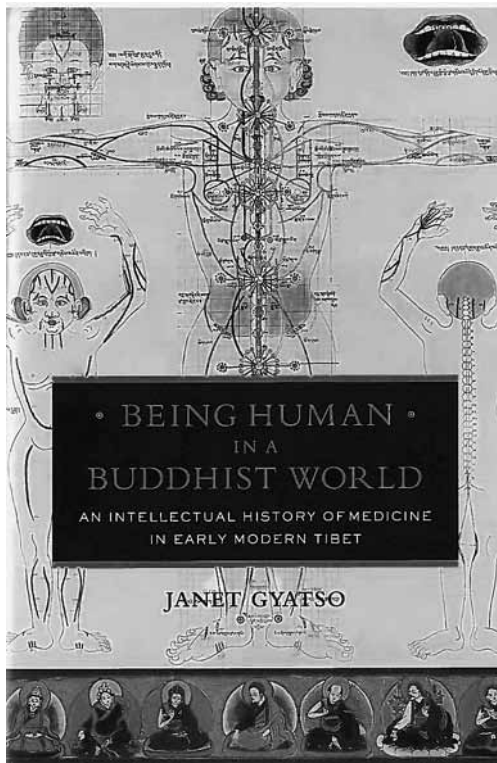
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JANET GYATSO. 2015. *Being Human in a Buddhist World: An Intellectual History of Medicine in Early Modern Tibet*. New York: Columbia University Press, 519p.

The past decade has given rise to the birth and growth of a veritable field of Tibetan medical studies following on from more sporadic, yet high-quality earlier academic contributions. In this field, authors draw on wider debates in anthropology, history and

literary criticism, as much as on work within Tibetan and Himalayan studies, which have been predominantly taken up with the study of Buddhism. JANET GYATSO's long awaited book *Being Human in a Buddhist World* occupies an important and beautiful place within this nascent field. It celebrates its fascinating subject, and tells of the opportunities that medicine has offered Tibetans to understand and reconcile the ideals of Buddhism with being human—with all its ailments and allures. The book's physical features already indicate this is a celebration. The colorful book jacket and vibrant red of the cover, imprinted with a line drawing of reading the organ pulse, enclose over 500 thick pages. The beautifully laid out text is illustrated with fifty or so color photographs, mostly of Tibetan medical drawings. The weight of this book in hand indicates the complex subject matter therein. All this serves as a fitting prelude to contents that showcase the rich fruits of this scholar's past decade of research. For colleagues and students in Tibetan and Buddhist studies, as well as those interested in the medical and intellectual history of Tibet and Asia, this book is simply a must-read.

In essence, this book advances the argument that to Tibetans in early-modern Tibet, medicine offered an arena in which they could explore and voice "empirical" findings from their everyday lives, including doctors' observations and experiences with patients. Put another way, the text demonstrates that not every domain of life and writing in Tibet was, as Tibetans might say, "tamed" by the doctrinal and soteriological forces of the Buddhist religion. GYATSO advances this argument slightly backwards, beginning with the notably prominent patronage of medicine by the Fifth Dalai Lama, his Regent, Desi Sangye Gyatso (SDE-SRID SANGS-RGYAS-RGYA-MT-SHO) and their newly established Ganden Podrang government in Lhasa. This occurred soon after they had unified the disparate political and religious entities throughout Central and Western Tibetan regions, so this sponsorship entailed high political stakes. Chapter one focuses on the creation of a unique set of seventy nine medical paintings in the late seventeenth century and offers a "reading" of them: How do these paintings depict everyday occurrences and different kinds of people? the anatomy and *materia medica*? the practice of medicine itself? Where and how do we see illustrations of Buddhist imagery, Buddhist practitioners and the ultimate aims of the



Buddha's path? GYATSO argues that the depictions of Buddhism are almost light-heartedly sidelined. This set is about real people, their conflicts and foibles, their physical environment. In addition she shows how the set offered a unique outlet for human creativity, as well as functioning as a vehicle demonstrative of the state's prestige. Gazing back to the period between the twelfth to mid-seventeenth century history of medicine in Tibet, chapter two then gives a larger context of medicine, from the time of the foundational text *Four Treatises* compilation and writing, to the Fifth Dalai Lama and the Desi's own stances on the preservation and advancement of medical knowledge.

Various debates that ensued with regard to new findings and positions by scholar-physicians occupy the following three chapters. The original source and authorship of the *Four Treatises*, the main subject of chapter three, the evidence for and against the tantric channels' existence in the body as well as gender differences in the position of the heart, not least based on dissection of physical bodies are related in chapters four and five. These chapters trace influential Buddhist texts, the medical commentarial literature on the *Four Treatises* and other works. They also allow us to position several scholars, ZURKHARWA LODROE GYELPO (ZUR-MKHAR BLOGROS-RGYAL-PO) and KYEMPA TSEWANG (SKYEM-PATSHE-DBANG), to name but two, in the context of their time. These three central chapters are then followed by a Coda, which reviews how the kinds of debates GYATSO delineates were received and digested at the court of the Dalai Lama in Lhasa. Here, as in the conclusion, the author argues that the state-level sponsorship of medicine in late seventeenth century Lhasa acted to restrain the empirical positions that medical writers were engaging in at that time, and which all chapters give evidence for in one way or other. The clear confrontation with certain Buddhist ideals and proponents and with wider social norms that some of the empirical findings provoked, would have undermined important ideals of the Tibetan Buddhist state, and hence the status of the Dalai Lamas and the Ganden Podrang government in Lhasa. GYATSO gives fuller rein to this argument in her conclusion, which follows the final two chapters, chapter six on sex and gender in medicine and chapter seven on medical ethics.

Since questions of sex and gender remain an underexplored yet fascinating topic within and beyond

Tibetan studies, some of the issues GYATSO discusses in chapter six are, I think, especially worth highlighting. Her discussion there adds further dimensions to the understanding of medicine's empirical attention to the physical body in Tibet. At the same time it shows the reader how alongside Buddhist concepts and ideas, notions derived from Ayurvedic classification systems, imported anatomical and diagnostic concepts, as well as local social norms and practices also influenced Tibetan writers and how adaptations were made accordingly, or not. We learn that the twelfth century *Four Treatises* introduces "female pathology" as a new branch of medicine. This replaced and reshuffled the structure and to some extent content of Ayurveda's famous "eight branches of medicine" which are found, among others, in the Indian *Heart of Medicine*, a work that was otherwise profoundly influential in Tibet. Why was this so? Some writers are quoted adamantly defending this move, albeit with no particularly good arguments. However, it does seem to have been an opportunity to trump the "tradition of the sages" (i. e. of India) as not the most authoritative in all things medical. To instead define the *Four Treatises* as the teaching of the Buddha and therefore relativizing all classifications and distinctions made by those Indian sages who listened to the Buddha's teaching and recorded them in the Indian texts.

Does this classification and singling out of women and their own branch of medicine at the same time reveal the "general body" branch to be elevating the male as representative for all humanity? GYATSO writes:

The discussion is notable for its overt acknowledgement of the androcentrism of received medical tradition. On several occasions the lynchpin is that the general "body branch"—which in the Four Treatises is said to consist of seventy chapters, far more than any of the other branches and covering most workings of the human body—renders the body of the adult man as "primary." Although the discussion grants that many features of the body are common to all people (such as general aspects of illness, vital fluids/bodily constituents, and imbalances), the androcentrism of the body branch nevertheless becomes the main reason another special branch is not needed for the adult man, while it is needed for the female, the elderly, and children. (p. 291–292)

Despite reflexivity on these matters by several early authors, the answer to the question of which sex can represent the “gender-neutral” medical conditions is made abundantly clear in the seventeenth century medical painting illustrating DESI SANGYE GYATSO’s commentary on the *Four Treatises*: there is no anatomical illustration in the painting set that genders a body female to represent diseases experienced by men and women. They are all gendered male. GYATSO is right in observing that the painting set aggravates the misogyny present in the text and commentaries, as DACHILLE-HEY (2010/11) and GYATSO (2010/11) have previously noted.

Other debates highlighted in this chapter relate textual passages from medical works on how to improve the chance of having (male) offspring, on the characteristics of the three human sexes (male, female and *ma ning*, or “third sex”) as well as on the Tibetan “invention” of the “third sex” or “bodhisattva” pulse. We learn that these three topics are in fact interlinked in unexpected ways. The three-fold division of sex and of the pulses do not match up; a female does not necessarily have a “female pulse,” she can also have a “male pulse” or a “bodhisattva pulse.” Rather, the tri-partite classification of the pulse, is based on the physical quality and size of the radial artery as well as the quality of beats, irrespective of someone being defined as female, male or *ma ning*, based on their genitalia or gender identity. The relevance of this kind of pulse was mainly to foresee characteristics of general health and lifespan of different categories of persons, as well as the results of possible marriages of people with male, female or bodhisattva pulses. This harks back to the question of how the two members of a couple influence the sex of their offspring, of great relevance also in GYATSO’s discussion, in this chapter, of the virility/fertility sections of the *Four Treatises*, and how these were interpreted by medical scholars in the light of social norms, not least the importance of the patriline.

The source materials drawn on for this book are truly impressive, and taken together with GYATSO’s close readings and densely-packed analysis in each and every chapter, it makes for a truly fascinating read. The intricate details of the debates described as well as methodical and analytical issues can be a bit hard-going at times. Nevertheless, we are also helped with very concise and straight-forward questions and explorations, cross-cultural comparisons,

and especially by GYATSO’s fluent and approachable (often pleasingly informal) writing style. While individual chapters could be assigned as course readings in Buddhist and Asian studies, they would more likely suit the graduate rather than undergraduate level, the whole book presenting a considerable but highly worthwhile challenge to advanced students. For colleagues working in the field, meanwhile, as already mentioned, I would consider this book essential reading, capable of informing a whole range of interests, be they in medicine, tantric ideas of the body, education, *materia medica*, medical ethics or “human Dharma.”

Theresia Hofer

Reference: DACHILLE-HEY, RAE ERIN. 2010/11. “The Case of the Disappearing Blue Woman: Understanding how Meaning is made in Desi Sangye Gyatso’s *Blue Beryl* Paintings.” (Special issue: *Women and Gender in Tibetan Medicine*). *Asian Medicine Journal* 6, 2: 293–320.

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PELEIDERER B., GREIFELD K. & BICHMANN W. 1995. *Ritual und Heilung. Eine Einführung in die Ethnomedizin*. Zweite, vollständig überarbeitete und erweiterte Neuauflage des Werkes „Krankheit und Kultur“ (1985). Berlin: Dietrich Reimer.

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