TIBETAN MEDICINE, ITS HUMOURS AND ELEMENTS

Talk given by Marianne Winder at the Meeting of the National Institute of Medical Hewrbalists at Norwich on the 6th of April, 1993

CONTENT

Geograph	nical o	distril	oution
----------	---------	---------	--------

Origins

Buddhist medicine - three humours - three fires

Humours and Temperaments

Ayurveda - humours not humidity but 'faults'

Combinations of humours

The elements

Hot and cold

The number three

The Tibetan system of medicine

Division of diseases

Mental diseases

Disease concepts

Treatments

Herbal remedies

Application today

TIBETAN MEDICINE, ITS HUMOURS AND ELEMENTS

Geographical distribution

Tibet, throughout Mongolia, and in the countries of the Himalayan region where Tibetans live, with the refugee camps and Dharamsala, the residence of the Dalai Lama, and including Sikkim, Bhutan and Nepal. In Chinese occupied Tibet it has to coexist with Chinese medicine, and in the other countries western medicine is used when it is more helpful. Generally speaking, acute conditions are more often curable by western remedies like penicillin and treatments like surgery, while Tibetan medicine gives better results in chronic cases.

Origins

People always want to know whether Indian or Chinese influence can be detected in Tibetan medicine. Historically, it was India from where the influences came at first. Legend has it that before the 7th century AD two Indian doctors, and what's more, one of them a lady doctor, came to visit Tibet and to teach simple health and general living rules. Until then a practice was prevalent which has also been reported from Siberian tribes and from the Iranian Bakhtiaris, namely that the old when sick were left to die. The biography of the great Tibetan doctor Yuthok of the 9th century gives

a legendary history of medicine before his time where it is recounted that the two Indian doctors found a woman putting her sick mother out of doors to die, and the Indian doctors took her back into the house, cured her and gave teachings on ethics and behaviour to the daughter.

In the 7th century the Tibetan King Srongtsangampo married two princesses, one from Nepal and one from China. The Chinese princess brought Buddhist and medical books with her. Whether and when these were translated into Tibetan is not certain. The 9th century great Doctor Yuthok went to India three times to learn medicine at the feet of Indian masters, and his descendant, also called Yuthok, of the 11th century, six times. The Elder Yuthok was born towards the end of the 8th century. But even before that, during the middle of the 8th century, the greatest Tibetan work on medicine, called "The Four Treatises" or rGyud.bzi is said to have appeared in Tibetan and to have been hidden in the first Buddhist monastery called Samye until such time as when people would be able to understand it. It is unlikely to be a translation from the Sanskrit because, in spite of its popularity and universal use in Tibet it has not been incorporated into the Tibetan Buddhist Canon where other medical works which were translated from the Sanskrit are listed. The Canon only contains works translated from the Sanskrit. In the case of some Chinese works, these clearly had been translated into Chinese from the Sanskrit but are no longer extant in Sanskrit. However, several passages have been identified as being very similar to passages in the great Indian medical work, called Astangahrdaya by Vagbhata. Probably some orally transmitted knowledge of Indian medicine beyond that taught by the two early visitors had reached Tibet where the unknown author of the "Four Treatises" composed them.

Buddhist medicine - three humours - three fires

The Chief characteristic of Tibetan Medicine is that it is Buddhist medicine. This can be seen immediately from its important

principle of the three humours: bile, phlegm and wind. All diseases are classified according to these three principles because Tibetan Medicine links them up with the Buddhist concept of the three 'fires' burning to some degree in each human being: greed, hatred and delusion. People in whose make-up wind is the chief ingredient are plagued by greed, avarice and lust. 'wind' does, of course, not just mean air or breath in the body but currents of energy running in certain directions. Those people who are characterised by a preponderance of bile feel a lot of negative emotions such as hatred, envy, jealousy and so on. Those whose body contains a lot of phlegm or mucus are given inordinately to delusions about the nature of existence and their own role in it. The greedier people become the more wind is produced in them. Whenever a person with a bile problem gets angry he or she produces more bile. People with too much phlegm are indolent and sleepy, and through their laziness more phlegm will accumulate in their body.

Humours and Temperaments

Here you will recognise the 'phlegmatic' person of western psychology. As some of you will know from Chaucer and Shakespeare the West also used to divide mankind by socalled humours, but into four types: the phlegmatic, the choleric, the melancholic and the sanguine type. We see that early European medicine distinguished between a yellow and a black bile, the yellow producing the choleric temperament and the black bile the melancholic, while in the East it was assumed that there was only one type of bile. Instead of blood in European typology, wind was the third humour in India and Tibet. Though these descriptions survive in the temperaments, as psychological distinctions, originally they referred to people physically with too much of one humour or another. The choleric type had too much yellow bile, the melancholic had too much black bile, and the sanguine type was too fullblooded. The word 'humour' itself which in modern times has acquired a very specialised meaning, originally meant 'a fluid' as in the word 'humid'. In the West, too, it became less and less of a physical entity and developed more and more of a psychological significance.

Ayurveda - humours not humidity but 'faults'

With psychological types we are further removed from the idea of humidity, and this started already in Indian medicine, the $\bar{A}yurveda$. From the Indian $\bar{A}yurveda$ the Tibetan concept of humours was derived. The $\bar{A}yurveda$ whose origins can be traced to between 200 BC and 400 AD, also has three humours but not yet connected to the Buddhist three 'fires of greed, hatred and delusion'. The Sanskrit word for 'humour' is dosa. This corresponds in Pali, the language of the early Buddhist scriptures, to dosa, the Tibetan nye(s)pa which means 'fault' with no connotation of humidity. This name is also slightly misleading because bile, phlegm and wind are needed in the body. They become faults when they are not balanced, and there is too much too little of one or the other. So the word 'humour' is inexact because wind is not a fluid, and the word 'fault' is incorrect because it is only the imbalance which is faulty.

As has been pointed out by Burang and others, the words for the three humours, bile, phlegm and wind, do not always have to refer to physical entities but to certain conditions of body and mind connected with them. The positive use of wind is for the production of the spiritual development of the individual to be encouraged through long hours of meditation, fasting, and ascetic practices which, however, when overdone or overlaid with pride about achievement or if used for material ends can have harmful effects. The positive side of bile is the production of energy and enterprise which then can be misused for too much combativeness which engenders and is fed by negative emotions such as hatred, anger, ambition, jealousy and envy, and by overindulgence in alcohol and drugs. The positive aspect of phlegm is a peaceful disposition, but the excessive presence of phlegm may be due to a dependence on creature comforts and an over-emphasis on material well-being coupled with a lack of insight into the true purpose of existence and the spiritual nature of what is worth striving for.

Combinations of humours

I have told you of the division of diseases into those with one of the three humours excessive. There are also diseases in which two humours are stronger than the third one. A disease can give a superfluity of all three humours or an insufficiency of all three. There can also be a preponderance of just one or an insufficiency of just one, or a preponderance of two humours or an insufficiency of two. The ideal is that all the humours should be balanced, and there should not be too much or too little of any of them. When the Indians called them 'faults', that is not quite a happy appellation because a certain amount of wind, bile and phlegm is necessary in the body. It is the balance that is important. Transfer this to the three fires, and it is clear that only a Buddha can live entirely without greed, aggression and delusion.

The elements

What I want to say about the elements is that each humour is symbolically connected with an element: bile with fire, phlegm with water, and wind with air. The traditional number of elements in the West is four: fire, air, water and earth. Sometimes a fifth is added: aether, for instance, by Aristotle. Indian and Tibetan medicine has five elements: earth, water, air, fire and as the fifth element space, Sanskrit ākāśarh Tibetan nam.mkha 'sky' which, of course, corresponds to space. Chinese medicine and astrology have also five elements: wood (corresponding to Western, Indian and Tibetan space), fire, earth, metal (corresponding to air) and water. In Tibetan writings we come across the Chinese five elements chiefly in astrological literature. The Tibetans have two systems of astrology, the Indian and the Chinese one.

Hot and Cold

In Western sources, such as Aristotle, the elements are characterised by the four qualities of all physical objects: cold, hot, moist

and dry. Aether occurs only in some of his works and is not of the same order as the four gross physical elements. Earth is cold and dry, water is cold and moist, fire is hot and dry and air is hot and moist. This fourfold division found its way into Tibetan medicine, probably at the time when during the 7th century a court physician who was a Persian called Galenos added Greek medicine to medical knowledge in Tibet. Then all diseases in Tibetan medicine were being divided into hot and cold diseases. This is not a feature to be found in Ayurveda, Indian medicine, from which other features of Tibetan medicine were derived. But it has found its way into Burmese and Thai medicine, perhaps during the 17th century, through Spanish missionaries.

The number three

While the figure four was important in European medicine - four qualities and four elements - in Indian Medicine the figure three was more important. In Indian philosophy all existence is divided into three categories or Skt. *gunas: sattva* 'being, and usually good being', rajas 'energy' and tamas 'darkness, inertia'. The Ayurveda then transfers those three categories to the three principles in the body: wind corresponding to mind, then bile to energy, and phlegm to inert matter. Buddhism declares that life consists of three qualities, namely suffering, impermanence and not-self. And Tibetan medicine connects the Buddhist three fires, namely, greed, hatred and delusion with wind, bile and phlegm.

Three of the elements symbolise the three states of matter known to Western physics: earth the solid state, water the fluid state, and air the gaseous state. The fourth element, fire, produces the transformation of the states into each other; metal melts and becomes fluid, and fluids become gaseous, and reversely, water becomes ice. Aether or akasha represents the subtle state not yet recognised by Western science. In Tibetan medicine subtle channels and wheels are of importance. They are channels and wheels of energy. It has been explained by Tibetan doctors that the cakras and nādis, as the wheels and channels are called in Sanskrit, are activated by a subtle force

one could call psi and belongs to the subtle body while the meridians used in Chinese acupuncture are activated by ch'i, a force which belongs to the gross body.

Out of the theory of four, or sometimes five elements, slowly the idea of more elements developed, so that in the first part of the 20th century, 92 elements were recognised, each of which contained atoms of one kind only. They were divided according to how many atoms a molecule of each contained. Then when the scientists succeeded in splitting the atom, many more elements were discovered.

In the Buddhist philosophical system, the Abhidharma, the elements (Sanskrit dhātu, Tibetan Khams) are subdivided into 1) physical elements, corresponding to the four elements posited in the West, namely earth or solid, water or liquid, fire or heat, and air or motion element. But then there are 2) in addition the 18 partly physical and partly mental elements constituting the necessary conditions for mental processes, namely the five sense organs, eye, ear, nose, tongue, body and the five senses, sight, sound, smell, taste and touch. These ten are physical. They are complemented by eight mental elements: eye consciousness, ear consciousness, nose consciousness, tongue consciousness, body consciousness plus because the sixth sense is the mind, there is the mind element, the thought element, and the mind consciousness element. Here the mind element is the organ with which we think, corresponding to eye, ear etc. Thought corresponds to the action such as sight, sound etc. The mind consciousness element arises when the mind becomes conscious of the object of its thought, the same way as when the eye becomes conscious of the object of its sight. It is clear that the five physical senses are not fulfilling their function unless the consciousness can apprehend what they convey. In the same way the processes of thought remain unconscious unless the mind consciousness element arises.

The Tibetan system of medicine

Tibetan medical theory uses the simile of a tree with three roots: (A) body, (B) diagnosis, and (C) treatment. From root (A) body

two trunks spring forth: the healthy organism, which roughly corresponds to western anatomy and physiology, and the diseased organism, corresponding to pathology. Root (B) diagnosis, sprouts three trunks: observation, palpation and questioning. From root (C) treatment, come four trunks: diet, behaviour, therapy and medicines. These trunks then each have a number of branches which then bear the leaves which are the diseases. Even in the healthy body, the branches mentioned, such as, for instance, the impurities, can be the causes of diseases. This scholastic method of subdividing, reminiscent of the western Middle Ages, results in the enumeration and suggestions for curing of 404 diseases.

Division of diseases

All diseases are divided, firstly, according to the preponderant humour or humours, and secondly, according to whether they are hot or cold. You can, for instance, have a hot bile disease or a cold bile disease. Very generally speaking, hot diseases are usually accompanied by a high temperature or a fever, and cold diseases by either a streaming cold or the affected organ feeling cold to the touch. But just as the humours can have some more symbolic meaning, so also 'hot' and 'cold' do not always have to be taken literally. This can be seen from the fact that there are 404 diseases, all categorised in this manner. Just as the diseases are divided into hot ones and cold ones, when plant remedies are used these are also divided in various ways. They can be divided according to six tastes: sweet, sour, bitter, astringent, pungent and salty.

Mental diseases

Though root (A) only mentions the healthy and diseased organism, because of the nature of Tibetan medicine which is holistic, mental diseases are naturally included. In Buddhist philosophy, the mind is the sixth sense which is as capable of undergoing disease and providing cure as the other senses. The doctor who very often is a trained monk or Lama always is aware of the mental and spiritual connection with the disease. Most mental diseases, and specially those

of children, are described as being caused by demons. The type of demon is traced from the behaviour of the patient. For instance, the disease of a patient who shouts loud and aggressive nonsense is thought to be caused by an asura or anti-god, an irascible demon. Its description corresponds to the clinical description of mania. Similarly, the description of mental states caused by other demons corresponds to various types of schizophrenia. While we in the west might exchange the name of a mental disease for that of a demon, the treatment is rather different for it seeks to propitiate the demons. Some demons need to be warm and in friendly company, others have to be expelled. Some mental diseases are traced back to metabolic and nutritional defects and poisoning of the system, and the treatment consists in a change of diet.

Disease concepts

In Western antiquity and during the Middle Ages right into the time of the Renaissance, because of the theory of the humours or complexions, it was the constitution of a patient which was the important thing. All his diseases and his or her general state of health would depend on the patient's constitution: whether he or she inclined towards a preponderance of certain humours or others. With Jan Baptista Van Helmont (1577-1644) the idea of individual diseases came in according to which it is not the constitution of a patient but the kind of environment he gets into and the miasma which brings contagion. The disease is something that comes to the patient from outside his body. In the 18th century the Italian Giovanni Morgagni wrote a book on the focuses of diseases in the body, each disease having its own particular character. The cells which form the body were only discovered towards the middle of the 19th century. Bacteria were only discovered in the 19th century and viruses at the threshold of the 20th. In 1892 it was shown that the virus affecting tobacco plants causing mosaic disease was able to pass through filters capable of holding back ordinary bacteria. All these developments took the attention away from the constitution of a patient and centered it on individual diseases. Through our interest in traditional medicine we are now coming round full circle to the concept of holistic medicine

which treats the whole person, not just an individual disease. But we cannot just ditch what we have learned throughout the centuries. Our additional knowledge about the causes of individual diseases ought to be helpful in supplementing what we learn from Tibetan medicine. In fact, the Güshi enumerates a great number of disease syndromes to which one ought to be able to give western names according to the symptoms and changes mentioned. The present Western terminology of diseases is also very recent. If you look at 19th century books on medicine you find terms like 'brain fever', 'lung inflammation', 'stomach chill' etc. So, just as the world of motor cars, aeroplanes, electric light, radio and television, not to speak of the use of computers and nuclear energy, is only that of the 20th century, the detailed scientific nomenclature of diseases is also a 20th century phenomenon. The acquisition of a proper nomenclature is too precious to give up in the face of traditional medicine. It should be used but a dimension can be added by seeing how often the cause of a disease is psychosomatic, and it is the development of the spiritual wellbeing of a patient which will help him to recover and not to have relapses. When the major Tibetan medical works are going to be translated one ought to try to determine from the symptoms and course of the disease to which disease in modern terms a description applies. At the same time, I think, the literal translation from the Tibetan should also be given because sometimes something may be described that we do not know about in the West, for instance, the results of intense day and night, week after week, meditation. Mediaeval Western monks may have practised in this way, but descriptions of their health would again have been made in mediaeval terms. So in translating, not only will we have to find out what plants and mineral and animal substances are being referred to, sometimes plants no longer in existence, sometimes plants growing quite differently in a different climate, but also what diseases in modern terms are meant when certain syndromes are described.

Treatments

Treatments can be water therapy like standing under a waterfall, head therapy by means of hot embrocations, psychological

therapy by means of prayer, meditation and spiritual advice, and, most of all treatment by materia medica. Mineral remedies include precious stones ground down and put into medicines, animal remedies include bear bile and snake flesh.

Herbal remedies

But the greatest number of remedies are plant remedies. They are prescribed as polypharmacy, that is, a number of plant ingredients together in most prescriptions. There is always one chief ingredient and the others each serve a purpose. One may disguise the unpleasant taste of the chief ingredient, another one may prevent side effects, one may help the consistency of the remedy making it softer or harder or less sticky. In each case it is stated which part of the plant is to be used: the stem, the root, the flower and so on. The form in which it is to be given is mentioned: whether as a decoction, a pill, in powder form and so on. If it is to be given suspended in a fluid the vehicle in which it is to be given is mentioned, such as water or honey. F. i. a myrobalan medicine with seven ingredients consists of myrobalan, olive, Solanum jaquinia. Terminalia belerica, Sophor flavescens, Inula helenium and Hedychium spicatum. It is used as a decoction against high blood pressure, fever, colds and influenza. A question which somebody is bound to ask is whether the doctrine of signatures occurs in Tibetan plant lore. Yes, it does. For instance, a remedy that alleviates blood diseases contains, amongst other plants, red sandalwood, madder and red lac or shellac. Homeopathy as such is not used, rather are cooling and astringent plants used to cure feverish complaints.

Application today

How does a mediaeval system of medicine with an uninterrupted tradition fit into the modern world? All Tibetan doctors learn the old texts and the later ones derived from them. But the present Dalai Lama gave out a ruling that in practice only that should be used which is found helpful today. Where modern remedies such as quinine or penicillin have supervened they should be used. Most of the old theories are thereby not invalidated if understood in the right way. For instance, while the West has discarded humoral pathology, if the humours are understood in the symbolic way in which they were probably also meant in the Hippocratic tradition before it got written down, it is still a valid explanation and method of dividing diseases. Hippocrates came at the end of a long lineage of doctors and their sons and pupils with an oral tradition. The Hippocratic oath is a last remnant of this. In most psychosomatic conditions and in chronic cases Tibetan medicine has been found more effective than western methods. And, being a holistic method of healing it is better capable of diagnosing psychosomatic causes for diseases. And, as you well know herbal remedies have far less side effects than the modern synthetic medicines.

BOOKS RECOMMENDED

- Raoul BIRNBAUM, The healing Buddha, London, Rider, 1979.
- Theodore BURANG, The Tibetan art of healing, London, Watkins 1974.
- Terry CLIFFORD, Tibetan Buddhist medicine and psychiatry, York Beach, maine, Samuel Weiser, distributed in England by Thorsons, 1983.
- Bhagwan DASH, Tibetan medicine with special reference to Yoga Sataka, Dharamsala, Library of Tibetan Works and Archives, 1976.
- Yeshi DONDEN, Health through balance, an introduction to Tibetan medicine, Ithaca, New York, Snow Lion, 1986.
- Tom DUMMER, Tibetan medicine and other holistic health-care systems, London and New York, Routledge,, 1988, London, Penguin Arkana, 1989.

- Elisabeth FINCKH, Foundations of Tibetan medicine, Element Books, London, Watkins, Robinson, 1978-85 and Element Books, 1988, 2 Vols. Vol. 3 to be published by Element Books in 1989.
- Elisabeth FINCKH, Studies in Tibetan medicine, Ithaca, New York, Snow Lion, 1988.
- Christophe MASSIN, La medicine tibetaine, Paris, Guy Tredeniel, Editions de la maisnie, 1982.
- Fernand MEYER, gso-ba rig-pa, le systeme medical tibetain, Paris, Editions du Centre National de la Recharche Scientifique, 1981.
- Dawa NORBU, ed., An introduction to Tibetan medicine, Delhi, Tibetan Review, 1976.
- Namkhai NORBU, On birth and life, a treatise on Tibetan medicine, Venezia, Topografia Commerciale, 1983.
- RECHUNG Rinpoche, Tibetan medicine illustrated in original texts, London, Wellcome Institute for the History of Medicine, 1973, and Berkeley, University of California Press, 1973. Paperback edition Berkeley, 1976.
- VAIDŪRYA SŃON-PO Tibetan medical paintings. Illustrations to the *Blue Beryl* treatise of Sangye Gyamtso (1653-1703) prepared from research by Yuri Parfionowitch, and English translations by Gyurme Dorje and Fernand Meyer. London, Serindia Publications, 1992.