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# Review of ' Being Human in a Buddhist World: An Intellectual History of Medicine in Early Modern Tibet' by Janet Gyatso

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The analyses provided by most of the Nepali contributors probably still merit a place in reading lists on recent Nepali politics ... and the chapters by the foreign players in the drama constitute a useful, though partial, historical record.

**Michael Hutt on *Nepal in Transition: From People's War to Fragile Peace*.**

Nepal was regularly described as being 'in transition' after the end of the 'People's War' in 2006/7. This description implied that at some point the 'transition' would come to an end, at which point a New Nepal would emerge. A much longer process of 'transition' than the one described in this book may now be seen to have ended with the promulgation of the 2015 constitution. Alternatively, it may not: the constitution was controversially fast-tracked in the aftermath of the Gorkha Earthquake, opening up a political schism not only between the people of the plains and the people of the hills, but also between the governments of Nepal and India. I hope the next edited volume on recent Nepali politics will contain writings by international authors who can take a longer, deeper view.

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***Being Human in a Buddhist World: An Intellectual History of Medicine in Early Modern Tibet.***

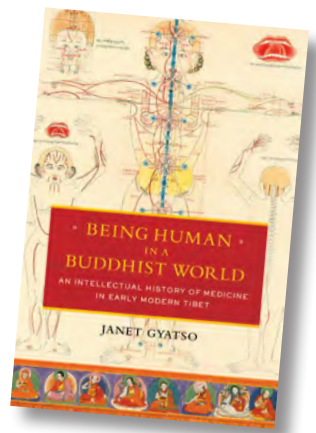
**By Janet Gyatso.** New York: Columbia University Press, 2015. 544 pages. ISBN 9780231164962.

**Reviewed by Barbara Gerke**

In recent years, several anthropologists have written extensively about Tibetan medicine or Sowa Rigpa (lit. "science of healing"), providing a clearer picture of the cultural, socio-political, and contemporary Tibetan medical world. Scholars who work on Tibetan medical history from textual and religious perspectives, however, are still few. Janet Gyatso's book makes a much needed contribution to our knowledge of the medical, textual, and empirical history of Sowa Rigpa. In her lucid and eloquent writing style, she introduces the reader to the intellectual history of Tibetan medicine between the 12th and 18th centuries, a period that produced an enormous corpus of medical literature, of which we know so little, but that so much shaped the ways Tibetan physicians teach medicine and perceive health and illness, even today. The book does not consider the wide heterogeneous fields of Tibetan healing, including Bon, ritual healing, and oral medical traditions, but draws from an array of medical texts as well as the detailed illustrations of the 17th century set of 79 Tibetan medical paintings. These

well-reproduced colored plates add an artistic element to the book's beautiful layout. Gyatso analyses how Tibetan medical thought developed its epistemic orientation and a focus on material realism with what she calls a "scientific sensibility" (p. 5) and a certain "medical mentality" (p. 16). It is important to understand that this intellectual development took place in Tibet within the context of state-sponsored Buddhism, esoteric Tantric Buddhism, and outside the intellectual developments of European modern medicine.

The book is the result of years of dedicated scholarly work and the long-term collaboration with Tibetan medical and textual specialists (especially Dr. Yang Ga). Many readers will find Gyatso's approach to historical Tibetan medical texts accessible and refreshing, for her ways of "reading" these texts are quite unlike standard philological approaches to texts in Tibetan Studies. Gyatso engages with the characters of her medical authors and opens the reader's mind to an intricate and complex history in which medicine was not simply "Buddhist medicine" but influenced by "Buddhist habits of thought and practice" over time (p. 16). This process of developing scientific medical thinking in Tibet was an evolving one, which the reader can follow through seven chapters and several centuries. Gyatso is "convinced that to read for processes ... rather than positions requires a



humanistic eye” (p. 18). She succeeds in giving the reader the opportunity to develop such an eye and thus a very human perspective on how “being human in a Buddhist world” (a fitting title for the book) might have looked like in Tibet between the 12th and 18th centuries and how individual Tibetan physicians thought, questioned, and investigated textual origins, anatomy, and gendered medicine, etc. Surprisingly, their views differed frequently from Buddhist dogmatic views of the body.

In Chapter 1, Gyatso “reads” the medical paintings in terms of their art and precision, but also how they depict the everyday in a playful way, whether it comes to cooking food, making love, or wearing costumes and hair styles. The chapter reveals that the medical *thankas* are much more than just a visual commentary of the *Blue Beryl* by Desi Sangye Gyatso, the regent of the Fifth Dalai Lama. They are also an expression of political consolidation of power by the Ganden Podrang Government in Lhasa. Chapter 2 analyses the Desi’s attitude towards tradition and innovation in medicine and asks how these attitudes were formed by the Tibetan culture surrounding medical practice at the time. We learn about rivalry and competition between medical schools supported by different religious sects and, in Chapter 3, how those entered and influenced the “origin” debate of the fundamental medical work, the *Four Treatises*. This debate centers

on the question whether the *Four Treatises* were taught by the Buddha or authored by an Indian pundit, or a Tibetan. Gyatso here enhances previous scholarship on this topic by detailing the social and political contexts that significantly influence this debate during the 15th to 17th centuries. Specifically, she analyses the forms of criticism that the Desi expounds towards his teachers and predecessors. Her writings reveal a lot more on the Desi’s human character than is usually found in the plentiful works of praise on him. In Gyatso’s descriptions he appears very human, candid, and also arrogant and unusually critical of his teachers and colleagues, but at the same time as having a clear Mahayana vision for the well-being of the state and its subjects. Interpreting this candidness as “the products of—and models for—medical professional ethics,” as Gyatso suggests (p. 90), is perhaps too daring. However, she finds in the Desi’s works “a growing trend in Tibetan writing toward realistic depiction” (p. 90), which is a point worth exploring and hints at much of what the book is about.

How medical culture became “one of the currents that fed these shifts toward realistic descriptions” (p. 91)—mainly in the fields of anatomy or botany—is illustrated with many examples throughout the book. The tightrope walk between forms of realistic empiricism and adherence to Buddhism might appear to us as an “imperfect union”

(p. 137), but not necessarily so to the Tibetan medical authors themselves. Figuring out how these men, most prominent among them Zurkharwa Lodrö Gyelpo of the 16th century and the Desi during the 17th century, really thought about contradicting medical views is one of the most challenging tasks in writing the intellectual history of medicine in Tibet. Gyatso succeeds in presenting convincing examples from the medical works of several authors—mainly Zurkharwa’s *Ancestor’s Advice* and the Desi’s *Blue Beryl*—on the “origin” debate (Chapter 3), the anatomy of the channels (Chapter 4), and the topography of the heart (Chapter 5). She makes this intellectual history come alive for the reader: Who wrote the *Four Treatises*? Are Tantric channels anatomically visible or not? How to explain the *Four Treatises*’ view that the tip of the heart points in opposite directions in men and women without criticizing this authoritative root text? In analyzing these debates through the eyes of several medical authors, Gyatso does not fall into simplistic binaries but illustrates well “how medical theory could be critical of received tradition and yet still use its categories to rethink a problem that its systems entail” (p. 252). Many authors were reluctant in their critique of the *Four Treatises* and developed strategies to consolidate Buddhism and medicine when their empirical insights did not conform to these root texts.

## A major contribution to the broader issues of science-religion themes in Asian medicine.

**Barbara Gerke on *Being Human in a Buddhist World: An Intellectual History of Medicine in Early Modern Tibet*.**

How Gyatso sees in Zurkharwa's commentary "a promising beginning for gender theory" (p. 260) and a "way to help medicine conceptualize gender" (p. 264) is explained in Chapter 6. Gender here is defined as "the style and significance associated with sexual identity" (p. 287). What was (un)known about the female body in Tibetan medicine appears in a mixed climate of misogyny and androcentrism, with a few liberal thoughts on women, which Gyatso brings to the forefront. Gyatso rightly detects that gendered terminology such as the taxonomy of pulse qualities (e.g. "male," "female," and "Bodhisattva" pulses) are not meant to reflect sexual identities, but are simply medical taxonomies. These are also found frequently in plant taxonomies as labels of different kinds.

The chapter on medical ethics (Chapter 7) positions the physician within his clinical experience and the social relationships with patients and patrons. While the Buddhist Dharma remains the guiding principle, the human needs of the physician (money, social status, reputation) are also part and parcel of medical ethics. This chapter would benefit from a parallel read of the last chapter of the *Four Treatises*, titled "Entrustment." It explains the usefulness of medical profession despite patients dying and asks to whom to entrust the medical knowledge. That a physician can be successful in only a number of cases, and that even a suitable disciple who

cannot make the required offering to the teacher should not be entrusted with the *Four Treatises* reverberates with the "human dharma principle" (*mi chos*) explained in the medical ethics chapter of the *Four Treatises* (analyzed in chapter 7 of the book), which in Gyatso's view trains the physician to be "anxious, cautious, and careful" (p. 396). This logic of medical empiricism experienced in daily clinical practice further supports Gyatso's argument that medical practice faces a fundamental difference between matter and mind—that is, between science and religion.

*Being Human in a Buddhist World* is not an easy read, but it is rich and rewarding, once the reader has entered the mindsets of the medical authors and their views. While foremost an extensive work for Tibetan specialists, each chapter offers engaging material on a specific medical debate suitable for graduate classes in Religious Studies and Tibetan and Buddhist Studies, but also Medical History and Anthropology. The book is a major contribution to the broader issues of science-religion themes in Asian medicine, and will clearly be outstanding among the works on the history of Tibetan medicine for a long time to come.

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