

Traditional South Asian Medicine

Founded by Rahul Peter Das and Ronald Eric Emmerick (†)
Edited by Rahul Peter Das

VOLUME 9
2017



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Traditional South Asian Medicine (TSAM) is a scholarly journal devoted to research into all aspects of traditional medicine in South Asia. It does not appear regularly, but only when enough contributions of high standard have been submitted. Contributions may be in English, French or German, but the use of English is preferred. Longer contributions in a language other than English should be accompanied by an English summary. Unsolicited books cannot be returned to their senders but will be reviewed at the editor's discretion. All correspondence is to be addressed to: The Editor, Traditional South Asian Medicine, Dorotheenring 5, 25451 Quickborn, Germany (das.rp@t-online.de). For orders, subscriptions, review copies, etc. contact: Dr. Ludwig Reichert Verlag, Tauernstr. 11, 65199 Wiesbaden, Germany (info@reichert-verlag.de).

Traditional South Asian Medicine continues the Journal of the European Āyurvedic Society (JEĀS), which was intended to be the organ of the European Āyurvedic Society (EĀS), founded in 1983 in Groningen, Netherlands, as a forum for scholars resident in Europe who have an interest in Āyurveda; this society is no longer active. Volume 1 was published with the financial assistance of the Johanna und Fritz Buch-Gedächtnisstiftung. Five volumes of JEĀS have appeared; TSAM continues the numbering of its volumes.

ISSN 1618-1522

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ISBN: 978-3-95490-275-0

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search in the border zone between classical Indology, medicine and computational studies could be performed.

To sum up, the reviewed volume closes a gap in Indological, historical and sociological research. It is recommended to every reader who intends to inform himself about modern trends in Āyurveda in a scientifically reliable way.

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Frances Garrett, *Religion, Medicine and the Human Embryo in Tibet*. London/New York: Routledge 2008. Routledge Critical Studies in Buddhism. xvi;208 pp. ISBN 978-0-415-44115-5. £ 75.–.

Even though a few years have passed since the publication of this book, it remains a groundbreaking study on the history of Tibetan medicine. It is worth a revisit, especially in relation to Janet Gyatso's recent publication *Being Human in a Buddhist World*.³⁷

Both Garrett and Gyatso approach Buddhism and medicine in Tibet from the "human" perspective, drawing extensively on Tibetan medical literature from the twelfth to seventeenth centuries, as well as including Tibetan art as one of the avenues to study it. Both authors share a deep interest in Buddhist and religious studies and history, and with their own scholarly signature apply their expertise to the intellectual history of the Tibetan medical world and how Buddhism shaped the ways in which Tibetan medical writers and practitioners theorised about the body not just in health and illness, but in becoming *human*. Garrett's focus is on embryology and gestation, a topic in Tibetan medicine that is perhaps more intertwined with a Buddhist narrative than other areas of Tibetan medicine. She provides for interesting contrasts to Gyatso's intellectual history of medical thought in Tibet. Both books make for a comprehensive read if combined, to unravel the multiple layers of what comprises "religion" and what "science" in Tibetan medical thought from the twelfth century onwards, and what a 'distinctive medical "mentality"' (Gyatso, p. 6) might have looked

³⁷ Janet Gyatso, *Being Human in a Buddhist World. An Intellectual History of Medicine in Early Modern Tibet*, New York (Columbia University Press) 2015.

like in Tibet at those times.

In Garrett's work, the strong link to Buddhism explains why embryology here is not about anatomical "realities". Focussing on Buddhist and medical literature from the twelfth to fifteenth century, she takes the reader into the fascinating world of embryology, a modern term for an area of medical knowledge which in Tibetan is simply called 'how the body is formed' (*lus kyi chags tshul*). The book reveals that embryology in Tibet is not so much about the pregnant woman and her care and concerns, but is more a religious narrative about becoming. How that becoming is shaped, expressed, and negotiated by various authors in religious and medical terms is carefully analysed in six chapters and clearly presented in Garrett's well-crafted prose.

Chapter 1 is a useful and precise introduction, in which Garrett skillfully defines her terms. She explores the interface of "religion", "science", and "medicine", which are not as clearly demarcated fields of thought as one might expect, but were defined differently by various authors of the Tibetan renaissance (roughly thirteenth to sixteenth century). Nevertheless, medicine and Buddhism are also discussed in their clearly demarcated genres of literature that were classified following the Indic system of the 'ten sciences' and integrated into the Tibetan Buddhist canon during the fourteenth century. Garrett successfully unpacks the obvious question by asking: 'If Tibetan medicine is considered "Buddhist," as it often is labeled, is it religion or science?' (p. 6). The answers are complex and differ at different points in history. Even Tibetan authors struggled with debates that crossed the boundaries of Buddhism and what they considered science. Garrett's method addressing issues of gestation as narratives of embryology provides a nuanced approach to analyse and understand some of these debates of how embryology has been intertwined with religion, ethics, and natural science, not only in Tibet but also in European and Islamic intellectual history (p. 10), which is one of her many tangents providing a wider context despite their superficial brevity.

Chapter 2 gives an excellent summary of the main Tibetan medical works and their Indian influences and historical developments. This is succinctly and well presented. Her choice of sources include the most seminal works, the *Four Tantras* (*Rgyud bzhi*) and their medical commentaries by the fifteenth century scholar and physician Kyempa Tsewang (Skyem pa Tshe dbang), and Zurkhar

Lodrö Gyelpo (Zur mkhar Blo gros rgyal po) of the sixteenth century, and of course the *Blue Beryl* (*Vaidurya sngon po*) of Sangye Gyatso (Sangs rgyas rgya mtsho) of the seventeenth century. While it is totally valid and appropriate to select these sources when a topic is researched for the first time, one increasingly wishes that scholars of Tibetan medicine would look more towards the literature at the periphery of institutionalised Tibetan medicine to explore and sketch medical practices that were less centred on the *Four Tantras* and their commentaries.

This chapter also discusses theories of human development from medical and early Buddhist perspectives, as well as from the *Kālacakratāntra*, with an interlude on Chinese traditions of ‘nurturing the fetus’ (p. 33). One wonders if this very brief examination of Chinese descriptions of embryology is comprehensive enough for Garrett to draw the conclusion that Chinese sources, which appear to be quite different from the Tibetan material on embryology, did not have an authoritative impact on the Tibetan concepts of gestation (p. 34). The chapter also compares embryology in the *Four Tantras* with the great Āyurvedic classic *Heart of Medicine Compendium* (*Aṣṭāṅgahṛdayasaṃhitā*) attributed to Vāgbhaṭa, which was available in Tibetan translation from the twelfth century onwards. The *Four Tantras’* understanding of embryology and concerns for pregnant women was overtaken by later Buddhist literature in Tibet, in which women became more marginalised, or were even “eliminated” (p. 25). The perceptions of women in Buddhist and medical gestation literature are well presented and analysed by Garrett, with numerous excerpts from primary sources in later chapters (especially Chapter 4).

In Chapter 3 Garrett addresses the historiographical conflict between Indian Buddhism and Eurasian cosmopolitanism. Despite the challenges of spanning several centuries and various cultural influences, at the end of the chapter the reader has understood where in this vast literature to locate the narratives of Tibetan embryology, and which topics were included in the “medical” and “religious” categories by selected Tibetan authors themselves. Those narratives are then expanded on in much detail over the next three chapters. Chapter 3 also discusses the influence of neighbouring countries on the development of Tibetan medicine with Indian Buddhism at its core, not because medical knowledge

in Tibet was actually based on Indian sources (we now know this was not exclusively the case; in fact, only certain sections of the *Four Tantras* can claim Indian origin³⁸), but because some medical authors in Tibet had specific concerns to present it as such. Garrett provides the reader with a detailed account of the main historical influences on medicine in Tibet and the historicity of its own writings of the past, which includes the Tibetan debate on whether the *Four Tantras* can be considered a Tibetan work. Her original source here is Sangye Gyatso's *Interior Analysis (Khog 'bugs)* which she relies on extensively; an English translation appeared only after her book was published.³⁹

Chapter 4 elaborates on basic Tibetan medical physiology and issues of gender. The Tantric understanding of bodily winds and circulation entered Tibetan thinking on how the foetus is formed. Moreover, the literature points to ritual practices to change the gender of a foetus into the preferred male offspring. Detailed discussions on how a foetus becomes male, female, or "neuter" are included as well, and the reader comes to understand the underlying principles of Tibetan typologies of bodies, and how Tibetan authors have used these to describe what it means to be human. Since Garrett's work appeared, the debates on the channels have been analysed further,⁴⁰ but not directly in rela-

³⁸ See Yang Ga, *The Sources for the Writing of the Rgyud bzhi, Tibetan Medical Classic*. A dissertation ... for the degree of Doctor of Philosophy in the subject of Inner Asian and Altaic Studies, Cambridge MA (Harvard University) 2010 (available from ProQuest LLC, Ann Arbor; <[http://search.proquest.com/openview/fb2d3ea7384333bd3b36765e4bffb8e3/1?>](http://search.proquest.com/openview/fb2d3ea7384333bd3b36765e4bffb8e3/1?)); Yang Ga, 'The Origins of the Four Tantras and an Account of its Author, Yuthog Yonten Gonpo', in: Theresia Hofer (ed.), *Bodies in Balance. The Art of Tibetan Medicine*, Seattle (University of Washington Press) / New York (Rubin Museum of Art) 2014, pp. 154-177.

³⁹ Desi Sangyé Gyatso, *Mirror of Beryl. A Historical Introduction to Tibetan Medicine*, Translated by Gavin Kilty, The Library of Tibetan Classics 28, Somerville MA (Wisdom Publications in association with the Institute of Tibetan Classics) 2010.

⁴⁰ Frances Garrett and Vincanne Adams, 'The Three Channels in Tibetan Medicine. With a Translation of Tsultrim Gyaltzen's 'A Clear Explanation of the Principle Structure and Location of the Circulatory Channels as Illustrated in the Medical Paintings'', *Traditional South Asian Medicine* 8 (2008): 86-114; Barbara Gerke, 'On the 'Subtle Body' and 'Circulation' in Tibetan Medicine', in: Geoffrey Samuel and Jay Johnston (eds.), *Religion and the Subtle Body in Asia and the West. Between Mind and Body*, Routledge Studies in Asian Religion and Philosophy 8, London/New York (Routledge) 2013, pp. 83-99.

tion to embryology, which makes her chapter still very useful.

Chapter 5 analyses embryological narratives more in terms of religious knowledge, reading Buddhist sources on gestation in terms of reincarnation and rebirth. Here the embryo becomes the object and figure of the meditative practitioner, who can attain the power to influence his or her rebirth. Garrett offers thoroughly researched details on the week-by-week development of the foetus based on primary sources. She gives a clear picture of how medical versions of gestation did not necessarily agree on details, and how authors did not seem to have felt the need to reconcile the different versions. This is a good point to show what we find so often in Tibetan medical literature and practice: that various theories and overarching typologies exist side by side, not only in theory, but also in practice.

Chapter 6 explains how gestation narratives are imbedded in cultural perceptions of karma, causality, and the Buddhist esoteric knowledge of winds, elements, etc., and how these affect foetal growth. Garrett convincingly argues that embryology was not about medical realities, but about a need to discuss religion, Buddhism, karma and reincarnation, or simply ‘change’ (p. 163) as the core of human becoming. In fact, embryology became a form of ‘religious theorising’ (p. 153) for fifteenth century medical authors, who were largely also Buddhist monks. The sources presented in this chapter show the strong influence of Tantric traditions on the presentation of embryology in Tibetan medical texts, such as in Lodrö Gyelpo’s *Transmission of the Elders (Mes po’i zhal lung)*, in which the importance of the five elements towards human growth goes beyond the point of conception and is described throughout gestation (p. 144). The comparative analysis of, for example, the winds responsible for foetal development as described in two sources attests to Garrett’s in-depth scholarship and a close reading of these sources (p. 145). Her analysis of the role of karma on conception and gestation circles back to the initial questions on what is “Buddhist”, “religious”, and “scientific” in Tibetan medicine, challenging some preconceptions the reader might have had. The finding that in early Tibetan narratives ‘karmic causality is more important for medical traditions, and an elemental or material causality is more closely associated with religious traditions’ than with medical traditions (p. 152), might seem astonishing to some readers. Equally astonishing might be the fact that the later shift

in medicine towards accepting Buddhist theories of winds and elements was decisive for the understanding of physiology while it was outwardly presented as a more ‘secular’ tradition (pp. 152f.). Garrett makes sense of it all by reshaping the question of ‘what counts as “medicine”’ (p. 153). The book thus convincingly argues that ‘religious traditions did not simply borrow embryology from medical traditions, as is most often assumed – rather, embryology is most fruitfully a *religious* topic’ (p. 19).

The epilogue wraps up the book’s main findings and arguments and moves to a broader analysis of ‘the formation of social institutions that produced those narratives’, in short the ‘embryonic “historiography”’ (p.158), relying on the works of Zeff Bjerken and Paul Ricoeur and their narrative theories.

In Garrett’s discussions of karma and reincarnation, one misses an analysis of the broader political context in Tibet. The reader is left with open questions, for example: how did the religious theorising of gestation in the medical and religious literature affect, reflect, or even support wider religio-political establishments of reincarnation lineages of high lamas, that ensured the continuous ownership and economy of large monasteries? Since medicine was a platform for religious debate, such debates might have had political agendas as well.

But this is a minor observation. *Religion, Medicine and the Human Embryo in Tibet* is a very valuable addition to our knowledge of Tibetan medicine and also a good source for teaching undergraduates and graduates on exactly how religion and medicine can be intertwined in specific cultural contexts. The book is an important contribution for scholars of Tibetan studies and Tibetan medicine, and also for students and scholars of Buddhist and religious studies, as well as medical history.

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Bhārater paṭabhūmite cikit-sābijñāner itihās. Saṃkṣipta paryālo-
canā. Jaṃanta Bhaṭṭācārya sampādita. Kal'kātā: Ababhās 2009. (= *Ababhās* Epril 2008–Mārc 2009.) 240 pp. ₹ 150.–.

This book, whose English title would be *History of Medical Science on the*