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## Medicine as Impartial Knowledge

The Fifth Dalai Lama, the Tsarong School, and Debates of Tibetan Medical Orthodoxy<sup>1</sup>

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When the bloody Mongol-Tsang war concluded in 1642, Gušri (Gushri) Khan's conquest of the Tibetan plateau raised the Gelukpa tradition of Tibetan Buddhism to power over the Kagyü and Jonang traditions favored by the defeated King of Tsang. The Qošot Mongol prince turned to the Fifth Dalai Lama Ngawang Lopzang Gyatso (*Ngag dbang blo bzang rgya mtsho*, 1617–1682) to design the institutions for his rule, and one of the hierarch's first and primary ongoing projects was the creation of a state system of medicine. The Fifth Dalai Lama supported medical teachers from family lineages and monasteries throughout Central Tibet, established new medical institutions at the centers of his government, Drepung Monastery and the Potala Palace, and offered an examination testing physicians on their knowledge of the *Four Tantras* (*Rgyud bzhi*), the root text of theory, diagnosis, and treatment in Tibetan medicine.<sup>2</sup> He

1. This research was made possible by support from the Social Science Research Council, the American Council of Learned Societies, and the Andrew W. Mellon Foundation. Special thanks also to Tashi Tsering of the Amnye Machen Institute, for generously sharing his knowledge of the source material.

2. These activities are described in *Ngag dbang blo bzang rgya mtsho*, “Za hor gyi ban+de ngag dbang blo bzang rgya mtsho'i 'di snang 'khrul ba'i rol rtsed rtogs brjod kyi tshul du bkod pa du kU la'i gos bzang,” in *Gsung 'bum/ Ngag dbang blo bzang rgya mtsho*, 'Bras spungs dga' ldan pho brang gi par khang, vol. 5, 6, 7 (ca, cha, ja), 25 vols., TBRC W294 (Gangtok: Sikkim Research Institute of Tibetology, 1991); Sde srid sangs rgyas rgya mtsho, *Dpal ldan gso ba rig pa'i khog 'bubs legs bshad bai DUr+ya'i me long drang srong dgyes pa'i dga' ston*, vol. 8, Arura (Beijing: Mi rigs dpe

sponsored a number of medical printing projects, including official redactions of the *Four Tantras* and other earlier works, as well as new compositions and Sanskrit translations.<sup>3</sup> The Fifth Dalai Lama also personally composed new ritual manuals and prayers for different kinds of tantric practices such as the *Medicine Buddha Sūtra* liturgy (*Sman bla'i mdo chog*) and the *Yutok Heart Essence* guru practice (*G.yu thog snying thig bla sgrub*), which he described as providing an essential Buddhist framework for study of the *Four Tantras*.<sup>4</sup> All of these activities drew on the model of earlier medical traditions, particularly the Zur medical tradition (*zur lugs*) associated with the Fifth Dalai Lama's erstwhile rivals, the Kagyü hierarchs and the King of Tsang.<sup>5</sup> The Fifth Dalai Lama, however, linked his patronage of medicine to demonstrating the benevolent governance of his new state and to healing the trauma of the recent war. Praising medicine as a field of knowledge "undefiled by and unfamiliar with the demon of sectarianism," he reasoned that medical treatments "because they also benefit enemies, make enemies into friends."<sup>6</sup>

Among the medical schools patronized by the Fifth Dalai Lama, the best documented is the Sanctuary of Assembled Sages (*Drang srong 'dus pa'i gling*), maintained by the Tsarong (*Tsha rong*) family lineage of physicians. The Tsarong medical school had previously served the King of Tsang and was located within his Samdruptsé (*Bsam grub rtse*) fortress in the Tsang capital of Zhikatsé. In the early seventeenth century, the Tsarong school had also become associated with the Zur medical tradition through a teaching lineage passed down from

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skrun khang, 2004). For the latter source, in this article I make use of the recent translation by Gavin Kilty: Desi Sangye Gyatso and Gavin Kilty, *Mirror of Beryl: A Historical Introduction to Tibetan Medicine* (Somerville, MA: Wisdom Publications, 2010), unless otherwise noted.

3. Kurtis R Schaeffer, "New Scholarship in Tibet, 1650–1700," in *Forms of Knowledge in Early Modern Asia: Explorations in the Intellectual History of India and Tibet, 1500–1800*, ed. Sheldon I. Pollock (Durham, NC: Duke University Press, 2011).

4. For the most complete collection of these works, see Ngag dbang blo bzang rgya mtsho, *Gsung 'bum/ Ngag dbang blo bzang rgya mtsho*, 28 vols. (Beijing: Krung go'i bod rig pa dpe skrun khang, 2009).

5. According to Desi Sanggyé Gyatso, Zur physicians ran a medical school at Tsurpu monastery, seat of the Karma Kagyü tradition, from the mid fifteenth century onwards, and were well known for preparing precious pills (*rin chen ril bu*) on behalf of Kagyü hierarchs, including the Karmapa and Zhamarpa. Desi Sangye Gyatso and Gavin Kilty, *Mirror of Beryl*, 310, 326–327; Olaf Czaja, "On the History of Refining Mercury in Tibetan Medicine," *Asian Medicine* 8 (2013), 75–105.

6. Ngag dbang blo bzang rgya mtsho, "Nyang smad bsam don lhun gyis grub pa'i rdzong chen du tshe'i rig byed gso ba rig pa'i grwa tshang drang srong 'dus pa'i gling gi bca' yig," in *Gsung 'bum/ Ngag dbang blo bzang rgya mtsho*, vol. 23 ('a) (Beijing: Krung go'i bod rig pa dpe skrun khang, 2009), III, 117.

the Lekshé Ling (*Legs bshad gling*) medical school at the major Karma Kagyü monastery of Tsurpu (*Mtshur phu*).<sup>7</sup> Given these affiliations, it is no wonder that the Tsarong school's activities were interrupted during the Mongol-Tsang war. According to the influential medical history of Desi Sanggyé Gyatso (*Sde srid Sangs rgyas rgya mtsho*, 1653–1705, regent and political successor to the Fifth Dalai Lama), “When the reputation of Tenzin Chökyi Gyelpo [Gušri Khan] began to spread, the [Tsarong] schools were discontinued. However, later when they were covered by the white umbrella of Buddhist governance of the Great Fifth, they were restarted.”<sup>8</sup>

The Fifth Dalai Lama's re-establishment of the Tsarong medical school at Samdruptsé was no doubt intended as a significant political gesture of trust and magnanimity. Nevertheless, state funding and protection was predicated on the Tsarong school's adoption of new regulations and a new curriculum, contained within the monastic guidelines (*bca' yig*) for the school, written by the Fifth Dalai Lama in 1676.<sup>9</sup> According to the *Guidelines* (as I will refer to this document), the curriculum would include both study of diagnosis and treatments from the *Four Tantras*, and tantric practices following the Fifth Dalai Lama's new ritual manuals. Desi Sanggyé Gyatso claimed that the Tsarong school *Guidelines* was “instrumental in raising the status of this tradition.”<sup>10</sup> However, the *Guidelines* also represented a significant transformation for the Tsarong medical school. While the Fifth Dalai Lama praised medical training based on the *Four Tantras* as part of the path of a bodhisattva alleviating the suffering of others, he was concerned with reconfiguring the ritual portion of the school's curriculum to conform to a new state orthodoxy. And despite his disavowal of any relationship between Buddhist sectarian controversies and the field of medicine (*gso ba rig pa*), the Fifth Dalai Lama's *Guidelines* targeted

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7. The Tsarong family medical lineage originated in the 16th century as a branch of the Gongmen (*Gong sman*) medical lineage and the Upper Tradition (*Stod lugs*) of Tibetan medicine. According to Desi Sanggyé Gyatso, however, after the lineage-holder Tsarong Tsewang Rindzin (*Tsha rong tshé dbang rig 'dzin*, 17th century) studied with a teacher of the Zur, or Lower Tradition (*Smad lugs*), from the Lekshé Ling-derived lineage of Jarpo Panchen (*Byar po paN chen*, 1447–1506), Tsewang Rindzin “thereby became a follower of that system,” passing Zur tradition practices on to his subsequent Tsarong lineage. The *Guidelines* corroborate this picture, referring to Zur medical tradition practices at the Tsarong school that predated the Fifth Dalai Lama's interventions. See Desi Sangye Gyatso and Kilty, *Mirror of Beryl*, 310, 321–322, 533 n. 635.

8. Although Desi Sanggyé Gyatso here mentions more than one Tsarong medical school, the Fifth Dalai Lama only refers to the central school at Samdruptsé. *Ibid.*, 321; *Sde srid sangs rgyas rgya mtsho*, *bai DUr+ya'i me long*, 8:262, my translation.

9. Ngag dbang blo bzang rgya mtsho, “Drang srong 'dus pa'i gling gi bca' yig,” 110–121, 83 ff.

10. Desi Sangye Gyatso and Kilty, *Mirror of Beryl*, 321.

what he labeled as heterodox views (*log rtog*) related to medicine and “drawn like water from the valley of the Kagyüpa.”<sup>11</sup>

### THE TSARONG SCHOOL GUIDELINES AND DEBATES OF TIBETAN MEDICAL ORTHODOXY

Several recent studies have focused on narrative strategies for the invention of tradition in Tibetan medicine, mainly within the genre of Tibetan medical histories (*khog 'bugs*, *khog 'bubs*, etc.)<sup>12</sup> However, since Samten Karmay's influential assertion that “happily, [these medical debates] did not involve any sectarian dogmatic or philosophical views,” subsequent contemporary scholarship has generally not acknowledged any relationship between Tibetan medical debates and Buddhist sectarian controversies.<sup>13</sup> This perspective owes much to an argument set forth by Desi Sanggyé Gyatso in his 1703 medical history *Mirror of Beryl* (*bai DUr+ya'i me long*), a text written to defend the regent's claim of building on the Fifth Dalai Lama's legacy to create a unified Tibetan medical tradition untouched by “the demon of [sectarian] prejudice.”<sup>14</sup> Desi Sanggyé Gyatso's assertion, however, sparked vehement protest among eighteenth and

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11. Ngag dbang blo bzang rgya mtsho, “Drang srong 'dus pa'i gling gi bca' yig,” 115, 117. Czaja has also noted a rivalry between the Fifth Dalai Lama and the Kagyü tradition in the production of precious pills; Czaja, “On the History of Refining Mercury in Tibetan Medicine.”

12. Frances Garrett, “Buddhism and the Historicising of Medicine in Thirteenth-Century Tibet,” *Asian Medicine: Tradition and Modernity* 2, no. 2 (2006), 204–24; Frances Garrett, “Critical Methods in Tibetan Medical Histories,” *Journal of Asian Studies* 66, no. 2 (May) (2007), 363–87; Janet Gyatso, “The Authority of Empiricism and the Empiricism of Authority: Medicine and Buddhism in Tibet on the Eve of Modernity,” *Comparative Studies of South Asia, Africa and the Middle East* 24, no. 2 (2004), 84–96; Olaf Czaja, “Zurkharwa Lodro Gyalpo (1509–1579) on the Controversy of the Indian Origin of the rGyud bzhi,” *Tibet Journal* Vol. XXX No. 4 Summer 2005 & Vol. XXXI No. 1 Spring 2006, 133–54; Olaf Czaja, “A Hitherto Unknown ‘Medical History’ of mTsho smad mkhan chen (b.16th cent.),” *Tibet Journal* Vol. XXX No. 4 Summer 2005 & Vol. XXXI No. 1 Spring 2006, 155–74; Dan Martin, “An Early Tibetan History of Indian Medicine,” in *Soundings in Tibetan Medicine: Historical and Anthropological Perspectives*, PIATS 2003; *Tibetan Studies: Proceedings of the Tenth Seminar of the International Association for Tibetan Studies, Oxford, 2003.*, ed. Mona Schrempf (Leiden: Brill, 2007), 307–25.

13. Samten G. Karmay, “The Four Tibetan Medical Treatises and Their Critics,” in *The Arrow and the Spindle: Study in History, Myths, Rituals and Beliefs in Tibet* (Kathmandu: Mandala Book Point, 1998), 231.

14. Sde srid sangs rgyas rgya mtsho, *bai DUr+ya'i me long*; Desi Sangye Gyatso and Kilty, *Mirror of Beryl*, 494. Hofer's study of the Jang medical tradition's fate in the twentieth century also significantly challenged Desi Sanggyé Gyatso's claim of unification; Theresia Hofer, “Preliminary Investigations into New Oral and Textual Sources on Byang-Lugs, the ‘Northern School’ of Tibetan

nineteenth century medical scholars.<sup>15</sup> According to these later scholars, the systematization of Tibetan medicine had not been just a matter of integrating the medical knowledge of prior traditions, but also of synthesizing their associated tantric practices. And as with the Fifth Dalai Lama's other projects of ritual systematization, his medical synthesis was embroiled in sectarian controversy.<sup>16</sup>

The relationship between medicine and tantra has also constituted a central theme of both classical and contemporary scholarship on Tibetan medicine. Most recently, this relationship has been understood in terms of epistemological practices generating divergent modes of sensory vs. subtle experience; in terms of tantric practices aiming to generate longevity and vitality in addition to the ultimate goal of Buddhist enlightenment; and in terms of ritual practices serving to empower medical practitioners, consecrate medicines, and bring blessings to the wider community.<sup>17</sup> But while tantric practices accompanying medical training, including the *Medicine Buddha Sūtra* and the *Yutok Heart Essence*, have been examined individually, many questions remain regarding their relationship to each other and their historical development.<sup>18</sup> As Frances Garrett has noted, when Tibetan medical historians argued for

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Medicine," in *Soundings in Tibetan Medicine: Historical and Anthropological Perspectives*, PIATS 2003: *Tibetan Studies: Proceedings of the Tenth Seminar of the International Association for Tibetan Studies*, Oxford, 2003., ed. Mona Schrempf (Leiden: Brill, 2007), 1–37.

15. Brag dkar ba Chos kyi dbang phyug, *Dpal ldan gso ba rig pa'i man ngag gi khog 'bubs bsdu don nyung ngu'i ngag gi gtam du bya ba drang srong kun tu dgyes pa'i rol mo* (Dharamsala: Bod kyi sman rtsis khang, 2012), 78; Dbal mang 02 Dkon mchog rgyal mtshan, "Bla brang bkra shis 'khyil gyi gdan rabs lha'i rnga chen" (Lanzhou: Kan su'u mi rigs dpe skrun khang, 1987); Lung rigs bstan dar, "Gso ba rig pa spyi dang bye brag tu dam pa'i chos dpal ldan sman gyi rgyud bzhi'i chos byung tshul dri med bai TUR+ya'i me long" (Dbu' chen, 1911), TBRC P4959.

16. Jacob P. Dalton, "The Uses of the Dgongs pa 'dus pa'i mdo in the Development of the Rnying-ma School of Tibetan Buddhism" (PhD diss., University of Michigan, 2002).

17. Gyatso, "The Authority of Empiricism and the Empiricism of Authority"; Frances Garrett, "The Alchemy of Accomplishing Medicine (sman sgrub): Situating the Yuthok Heart Essence (G.yu thog snying thig) in Literature and History," *Journal of Indian Philosophy* 37 (2009), 207–30; Sienna R. Craig, "From Empowerments to Power Calculations: Notes on Efficacy, Value and Method," in *Medicine Between Science and Religion: Explorations on Tibetan Grounds*, eds. Vincanne Adams, Mona Schrempf, and Sienna R. Craig (Berghahn Books, 2011).

18. See Franz-Karl Ehrhard, "A Short History of the g.Yu thog snying thig," in *Indica et Tibetica: Festschrift für Michael Hahn zum 65. Geburtstag von Freunden und Schülern überreicht*, eds. Konrad Klaus and Jens-Uwe Hartmann, Wiener Studien zur Tibetologie und Buddhismuskunde, Heft 66 (Vienna: Arbeitskreis für tibetische und buddhistische Studien Universität Wien, 2007); Garrett, "The Alchemy of Accomplishing Medicine (sman sgrub)"; and Gyurme Dorje, "The Buddhas of Medicine," in *Bodies in Balance: The Art of Tibetan Medicine*, ed. Theresia Hofer (Seattle: University of Washington Press, 2014).

the *Four Tantras*' origin as either the authentic word of the Medicine Buddha (*Sangs rgyas sman bla*) or as a human-authored treatise by the twelfth-century Tibetan physician Yutok Yönten Gönpo (*G.yu thog yon tan mgon po*), their texts were "themselves constitutive of authority, not only a reflection of it."<sup>19</sup> In a similar manner, traditions of Tibetan medicine became differentiated by their particular tantric ritual practices, which venerated different primary medical progenitors, encompassed different aims and doctrines, and authorized different medical treatments and recipes passed down through family or teacher-student lineages.

Physicians of the Zur medical tradition, for example, were associated with the *Yutok Heart Essence*, a practice attributed to Yutok Yönten Gönpo but codified and greatly expanded by Zurkhar Nyamnyi Dorjé (*Zur mkhar Mnyam nyid rdo rje*, 1439–1475), the progenitor of the Zur medical tradition.<sup>20</sup> After receiving initiation through the *Yutok Heart Essence* empowerment (*dbang chog*), Zur physicians were authorized to practice both this particular cycle of tantric texts and proprietary Zur texts of medical treatment, such as Nyamnyi Dorjé's *Relic of Millions* (*Bye ba ring bsrel*).<sup>21</sup> During an empowerment, the practitioner also affirmed a set of vows that outlined the correct motivation for tantric and medical practice according to the tradition. The Tsarong school guidelines make clear how different narratives of medical history provided different templates for daily ritual and medical practice, and supported different interpretations of Buddhist doctrine and ethics. In this sense, Tibetan medical institutions resembled the Confucian medical temple-schools (*miaoxue*) described by scholars of late imperial China, where the production of medical orthodoxy involved regulating medical learning and practice through ritual frameworks "based on text and lineage, medical theories and popular ideas and practices concerning illness and healing."<sup>22</sup>

In the *Guidelines*, the Fifth Dalai Lama distinguished two aspects of study within the field of medicine (*gso ba rig pa*), the "ordinary practice of medical diagnosis and treatments such as compound pharmaceuticals" (*sman*

19. Garrett, "Buddhism and the Historicising of Medicine in Thirteenth-Century Tibet," 222.

20. Garrett, "The Alchemy of Accomplishing Medicine (*sman sgrub*)," 223.

21. These texts are linked within the Fifth Dalai Lama's *Record of Teachings Received*; Ngag dbang blo bzang rgya mtsho, *Thob yig gang+ga'i chu rgyun / Record of Teachings Received: The gsan-yig of the Fifth Dalai Lama Nag-dban-blo-bzan-rgya-mtsho* (Delhi: Nechung and Lhakar, 1970), 412–427.

22. Yüan-ling Chao, *Medicine and Society in Late Imperial China: A Study of Physicians in Suzhou, 1600–1850* (New York: Peter Lang, 2009), 2; Reiko Shinno, "Medical Schools and the Temples of the Three Progenitors in Yuan China: A Case of Cross-Cultural Interactions," *Harvard Journal of Asiatic Studies* 67, no. 1 (2007), 89–133.



*gyi sbyor sde dang dpyad kyi rigs rnams kyi nang thun mong gi lag len*) and practice according to “doctrinal view, meditation and conduct” (*lta sgom spyod pa*).<sup>23</sup> This distinction supports Janet Gyatso’s identification of a “distinctively medical empiricism” among Tibetan scholars of the fifteenth century onwards. The Fifth Dalai Lama classified the *Four Tantras* first and foremost, however, as a tantric text (*dang por rgyud yin te*).<sup>24</sup> In this context the institutionalization of medicine in Tibet involved more than simply carving woodblocks and building assembly halls. Desi Sanggyé Gyatso praised the Fifth Dalai Lama as “the King of Medicine, the combiner of lineages” and suggested that the hierarch’s primary contribution to the field of medicine involved receiving transmissions (*lung*) or authorizations to study from various Tibetan medical traditions, then passing this authorization on to others through the bestowal of empowerments.<sup>25</sup> What Desi Sanggyé Gyatso did not explicitly mention in his medical history, however, was the Fifth Dalai Lama’s revision of tantric medical practices in order to create a unified doctrinal framework for medical study. As the *Guidelines* make clear, the Fifth Dalai Lama’s new ritual manuals and supplements sought to create a new state medical orthodoxy by reconciling the tantric practices associated with different Tibetan Buddhist traditions.

In writing his *Guidelines* for the Tsarong school, the Fifth Dalai Lama combined a doctrinal discussion of the Buddhist basis for medical practice with a practical discussion of how a medical institution should be run. This document seems to represent the first extant example of Tibetan monastic guidelines written specifically for an institution of medicine, and follows the broadly standard two-part format described by Ter Ellingson in his foundational study of the *bca’ yig* genre.<sup>26</sup> Central to the first section of all monastic

23. Ngag dbang blo bzang rgya mtsho, “Drang srong ’dus pa’i gling gi bca’ yig,” 117. Gyatso, “The Authority of Empiricism and the Empiricism of Authority,” 83.

24. Ngag dbang blo bzang rgya mtsho, “Drang srong ’dus pa’i gling gi bca’ yig,” 114.

25. Desi Sangye Gyatso and Kilty, *Mirror of Beryl*, 326.

26. According to his autobiography, the Fifth Dalai Lama had previously written monastic guidelines for his Drepung medical school. These do not seem to be extant. Ngag dbang blo bzang rgya mtsho, “Rang rnam,” Vol. 1, f. 138a. See Ter Ellingson, “Tibetan Monastic Constitutions: The bca’ yig,” in *Reflections on Tibetan Culture: Essays in Memory of Turrell V. Wylie*, eds. Lawrence Epstein and Richard Sherburne, *Studies in Asian Thought and Religion*, v. 12 (Lewiston, NY: E. Mellen Press, 1990), 207. While Ellingson translates *bca’ yig* as “monastic constitution” in order to highlight this genre’s importance as part of a Tibetan monastic legal tradition, I will follow Berthe Jansen’s translation as “monastic guidelines” in order to capture their “provisional and contemporary” rather than permanent nature. Berthe Jansen, “How to Tame a Wild Monastic Elephant: Drepung Monastery according to the Great Fifth,” in *Tibetans who escaped the historian’s net: studies in the social history of Tibetan societies / edited by Charles Ramble, Peter Schwieger, Alice Travers.*, eds. Charles Ramble, Peter Schwieger, and Alice Travers (Kathmandu, Nepal: Vajra Books, 2013), 111–39.



guidelines was an interpretation of basic Buddhist soteriological principles and Buddhist monastic discipline (*Vinaya*). The second section outlined specific instructions for communal conduct and socio-economic organization within a given monastic group. Ellingson distinguished two main Buddhist orientations among monastic guidelines, towards religious communities that were primarily “philosophical” or “ritual/tantric.”<sup>27</sup> At the Tsarong medical school, the Fifth Dalai Lama acknowledged the presence of both renunciant monks and tantric lay practitioners; however, his *Guidelines* displayed a concern consistent with other tantric communities targeting “arbitrary distortions of [their] authentic traditions.”<sup>28</sup> In particular, the Fifth Dalai Lama sought to reform the Tsarong medical tradition through regulation of the school’s tantric ritual practices, and by imposing a common code of learning and conduct for all medical students. Here I will begin by examining the latter aspect of the *Guidelines*.

#### SOCIAL LIFE AND MONASTIC DISCIPLINE AT THE TSARONG MEDICAL SCHOOL

The *Guidelines* laid out regulations for the social life of the Tsarong medical school that emphasized discipline, diligence, and order, from meals and finances to the appointment of leaders and the restriction of movement.<sup>29</sup> Salaries (of unspecified amount) were to be distributed by the district leader (*rdzong sdod*) to the teacher and from time to time to students. Residence buildings were shared, depending on the size of the dwelling, between five and eight people. A house leader was entrusted with the keys to the assembly hall and kitchen, and the elders of each residence appointed a junior teacher “so that there will not be carelessness and wastefulness about the house.”<sup>30</sup> Mealtimes were firmly fixed, with a caretaker (*spyi gnyer sprel po*) and tea-maker (*ja ma*) in charge of distributing tea, butter, and noodle soup according to calculations from a register. Except for the acceptance or rejection of meat,

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27. Ellingson, “Tibetan Monastic Constitutions,” 217.

28. Ibid. A similar mix of monks and tantric lay practitioners could be found at the Nyingma monastery of Mindroling under the Fifth Dalai Lama; see Dominique Townsend, “Materials of Buddhist Culture: Aesthetics and Cosmopolitanism at Mindroling Monastery” (Ph.D. Dissertation, Columbia University, 2012).

29. The regulations for conduct and social life reviewed in this section can be found at Ngag dbang blo bzang rgya mtsho, “Drang srong ’dus pa’i gling gi bca’ yig,” 118–121.

30. Ibid., 119.

the students were told, “do not argue about your own tastes.”<sup>31</sup> Absences due to illness needed to be excused by the disciplinarian (*dge skos*), and students were told not to ask to visit the village except under exceptional circumstances, when they needed to ask permission from the district leader. If they did leave the school, they were required to make (and fund) tea for the entire assembly as a penalty. Within school grounds, the *Guidelines* presented a tidy picture of a school running on a set schedule, according to the timekeeping of a sundial and the sound of a gong. Students were expected to walk quickly to the assembly hall, and were cautioned not to play “idle board games like Go” during the afternoon break.<sup>32</sup> At night, they were to stay quietly in their rooms for meditative reflection in darkness. In general, the Fifth Dalai Lama wrote that students should “speak openly and purely, without wandering or idle chatter, which is distracting. If this happens, one hundred prostrations should be imposed.”<sup>33</sup>

Besides the proscription of board games, quite a few other specific regulations of conduct and renunciation were laid out for the medical students. First and foremost, the Fifth Dalai Lama specified that residences should be kept “meticulously pure... if there are laymen, they should not bring women and beer, since these are meaningless and distracting.”<sup>34</sup> The purity of residences also included possessions, which should be kept to a minimum. Clothing should be appropriate, with monks wearing robes (*zla gam*) as a sign of ordination and laymen also wearing appropriate dress (*phya ma tse*) in crimson. It was specified that robes should not be white or multicolored, a sign of lay tantric and often sectarian identity (the Kagyü, in particular, being sometimes associated with the white cotton robes of the tradition’s progenitor, Milarepa).<sup>35</sup> As an interesting concession, the Fifth Dalai Lama added that it was not wrong to wear earrings or other “proud” and “auspicious” ornaments.<sup>36</sup> Perhaps these ornaments marked a lay physician’s status and might inspire confidence from patients. Students were exhorted, however, not to carry a knife or other weapons and to “abandon the crude behavior of Tartars” (*hor ’dra rtsing spyod*) for a gentler lifestyle—an ironic and perhaps self-conscious choice of words considering the Fifth Dalai Lama’s own allies.<sup>37</sup>

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31. Ibid.

32. “*mig mangs rgyal gling dmag ’kbrugs sogs bag med kyi rtse mo*,” Ibid.

33. Ibid., 120.

34. Ibid., 119.

35. Jampa MacKenzie Stewart, *The Life of Gampopa* (Snow Lion Publications, 2004), 119.

36. Ngag dbang blo bzang rgya mtsho, “Drang srong ’dus pa’i gling gi bca’ yig,” 121.

37. Ibid.

Correct clothing, the hierarch wrote, would ensure that “the three doors [body, speech, and mind] will not be distracted by others during the thoughts of refuge and bodhicitta.”<sup>38</sup> Yet these dress regulations would also have worked to build a uniform community and to effectively circumscribe contentious displays of identity.

It is difficult to know how much resemblance this ideal vision of life at the Tsarong medical school bore to lived reality; furthermore, there is no explicit mention of what discipline was being newly imposed. The details of prohibited and regulated activities, however, give us a fascinating glimpse into life at the medical school at the moment that these *Guidelines* endeavored to change it. Of particular concern to the Fifth Dalai Lama was the extension of monastic discipline, notably celibacy and the renunciation of alcohol and extraneous possessions, to the lay medical students at the school. These restrictions, as well as those on clothing, talking at night, leaving the monastery, and rough behavior, all referenced the standards of classical Buddhist *Vinaya* discipline. More specifically, however, these regulations seem designed to change the character of the Tsarong medical school by requiring resident students to abandon displays of previous sectarian affiliation and to adhere to common codes of order, renunciation, and dress. Surely another goal of such discipline would be to discourage potential disputes and bad blood that might still bubble up within this fortress of the defeated King of Tsang.

#### THE MEDICAL AND RITUAL CURRICULUM OF THE TSARONG MEDICAL SCHOOL

In addition to his strict expectations for monastic conduct, the Fifth Dalai Lama laid out a detailed calendar, daily schedule, and curriculum for the Tsarong medical school, covering both the study of diagnosis and treatment and proper ritual practices. The school’s annual calendar consisted of two sessions, summer and winter, and four remaining months in the intermission for dharma retreats (*chos mtshams byed pa*) when monks should return to their own local monasteries with “no distractions besides study.”<sup>39</sup> During the regular sessions, morning study began at daybreak with a teacher stimulating the students into action with the smoke from a warm fire.

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38. Ibid., 120.

39. For the regulations of the ritual calendar and curriculum described in this section, see Ibid., 118–121.

The basis of the daily curriculum was memorization of the *Four Tantras*, and students were divided into five classes “according to their abilities, sharp or dull,” with those in the highest level class memorizing six or seven lines per day and in the lowest level class memorizing only one or two lines.<sup>40</sup> The *Guidelines* required students to study alone in their residences until the noon meal, when they were tested on their memorization. Every ten days the head teacher gave a special test, and a final round of examinations was set for the end of each session, so that the students would not forget what they had learned during their intersession break. Such regimes of memorization were a fundamental technique in the beginning stages of broader Tibetan Buddhist, and especially Gelukpa, monastic curricula; they also existed among previous medical traditions.<sup>41</sup>

The *Guidelines* make clear that students at the Tsarong medical school were also meant to learn the practical application of the *Four Tantras*’ methods of diagnosis and treatment. In the evening the students reconvened in the school’s assembly hall for ritual practice and to receive medical instruction. The teacher was first required to chant the liturgy (*don cha*) and each subject of study in succession, before giving “the crucial points of explanatory commentary and quintessential instructions” (*grel bshad man ngag gi gnad*) on medicine according to the students’ abilities.<sup>42</sup> As an example of these instructions, the Fifth Dalai Lama mentioned teaching the calculation of pharmaceutical compounds (*sman gyi sbyor sde*), advising that each “should be treated as appropriate.”<sup>43</sup> The *Guidelines* did not give a great deal of attention to this practical part of the curriculum. Nevertheless, despite evidently varying degrees of ability and motivation, it seems that the Tsarong medical school students had the opportunity to learn both the scholastic basis of medicine and at least something about its practice.

While instruction on the *Four Tantras* clearly constituted a major part of the Tsarong school curriculum, this medical training was embedded within a framework of liturgical and ritual practice. In fact, this ritual portion of the curriculum constituted the Fifth Dalai Lama’s primary focus within the *Guidelines*. Regarding the school’s schedule, the Fifth Dalai Lama carefully noted that in addition to the daily assembly, every fifteen days

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40. Ibid., 119.

41. Georges B.J. Dreyfus, *The Sound of Two Hands Clapping: The Education of a Buddhist Monk* (Berkeley: University of California Press, 2003); Desi Sangye Gyatso and Kilty, *Mirror of Beryl*, 288–289.

42. Ngag dbang blo bzang rgya mtsho, “Drang srong ’dus pa’i gling gi bca’ yig,” 120.

43. Ibid.

the specified liturgical texts should be read with excellent voices by the appointed chant-leader (*dbu mdzad*) and teachers, [and these should be] arranged in an orderly presentation by the disciplinarian (*dge bskos*), who is in charge [of seeing] that nothing is prolonged or omitted.<sup>44</sup>

The *Guidelines* therefore not only required the Tsarong students to adhere to specified ritual texts, but also to their precise wording and form. In a greater gesture of severity than shown so far, the Fifth Dalai Lama continued that “any monk or layperson who transgresses [this curriculum] with textual traditions that cause disputes of mouths and hands should do one hundred prostrations, and present a community tea offering of fixed amount.”<sup>45</sup> Clearly the delineation of these ritual practices represented one of the most important of the *Guidelines*’ regulations, and just as clearly, this delineation represented a potential matter of dispute between the Fifth Dalai Lama and the Tsarong medical students.

A clue to the nature of this dispute can be found by comparing the exactitude required for ritual practice with that required for examinations on the *Four Tantras* at the Tsarong school. According to the *Guidelines*, students should be tested on their memorization of a specific edition of the *Four Tantras*, the controversial new print redacted in 1662 by the Fifth Dalai Lama’s court physician Jangngö Nangso Dargyé (*Byang ngos nang so dar rgyas*, d. 1677).<sup>46</sup> While successive editions of the *Four Tantras* claimed to correct the empirical flaws of their predecessors, each print also interpolated ritual frameworks associated with their sponsors through opening verses of praise and closing verses of dedication.<sup>47</sup> The Fifth Dalai Lama’s new official edition was based on the first-ever xylographic print of the *Four Tantras*, created at Dratang Monastery by the Zur tradition luminary Zurkhar Lodrö Gyelpo (*Zur mkhar Blo gros rgyal po*, b. 1509). In his medical history, Desi Sanggyé Gyatso famously argued that the new edition of the *Four Tantras* was not a “trustworthy reference,” and criticized both his mentor the Fifth Dalai Lama and Jangngö Nangso Dargyé for their partiality towards the Zur tradition.<sup>48</sup> In particular, Desi Sanggyé

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44. *Ibid.*, 119.

45. *Ibid.*, 120.

46. *Ibid.*, 119. Ngag dbang blo bzang rgya mtsho, “Rang rnam,” Vol. 1, f. 330a.

47. These verses can be compared in the critical edition of the *Four Tantras* prepared by the Gansu scholar Bstan ’dzin don grub (Bstan kho), ed., *Dpal ldan rgyud bzhi*, 2 vols., Rgyal khab krung lugs gso rig do dam cus mi rigs sman gzhang dpe sna dag bsgrigs (Beijing: Krung go’i bod rig pa dpe skrun khang, 2005).

48. Desi Sangye Gyatso and Kilty, *Mirror of Beryl*, 335.

Gyatso criticized Jangngö Nangso Dargyé as an “ordinary physician” whose preference for “his father’s cup” led him to exclude the contributions of another major medical tradition, the Jang (*Byang*), from the Fifth Dalai Lama’s state medical system.<sup>49</sup>

According to the regent, the rivalry between the Jang and the Zur medical traditions was tied to rivalries among Tibetan Buddhist traditions. While the Zur medical tradition had developed institutional ties to the Kagyüpa and later the Gelukpa orders, the Jang medical tradition held ties with the Jonangpa order, especially during the appointment of Jang physician Lhünding Dütsi Gyurmé (*Lhun sdings Bdud rtsi ’gyur med*, 16th–17th centuries) as court physician to the Jonang hierarch Tāranātha (*tA ra nA tha*, 1575–1634).<sup>50</sup> According to Desi Sanggyé Gyatso, “the belief that the Jang and [Zur] traditions held different positions, and so on, came to my great lama [i.e., the Fifth Dalai Lama] while he was busy reprimanding Künga Nyingpo,” i.e. his rival Tāranātha.<sup>51</sup> Desi Sanggyé Gyatso himself influentially argued that there was not much difference between the two medical traditions. In terms of medical practices, he wrote, differences in geographic specialization between the Zur and Jang traditions had led to some differences in the identification of plants. But in terms of “the primary topics of the literature” (i.e., Buddhist ethics, epistemology, and practice), he continued, “any path depends on an earlier path, and in that sense there were no differences.”<sup>52</sup>

Many later scholars, both Tibetan and foreign, have taken Desi Sanggyé Gyatso’s argument at face value and accepted his characterization of the Jang and Zur medical traditions as basically similar except for some empirical details. In keeping with the regent’s overall polemicism within his medical history, however, his argument here worked to obfuscate the nature of earlier medical debates.<sup>53</sup> By focusing on their shared basis in empirical medical practice and downplaying differences related to their accompanying tantric Buddhist traditions, Desi Sanggyé Gyatso was able to carve himself a place as a lay expert of Tibetan medical scholarship. His strategy also solidified the foundation for Tibetan medical systematization, and the regent claimed to

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49. *Ibid.*, 334.

50. *Ibid.*, 289.

51. *Ibid.*, 334–335.

52. *Ibid.*, 335.

53. His polemical attitude is discussed in detail by Janet Gyatso, *Being Human in a Buddhist World: An Intellectual History of Medicine in Early Modern Tibet* (New York: Columbia University Press, 2015).

have gained the Fifth Dalai Lama's approval to incorporate the Jang tradition into the state medical system.<sup>54</sup> Still, the Fifth Dalai Lama continued to follow his own approach to medical systematization. In the context of the Fifth Dalai Lama's distinction between the "ordinary practice" of medicine and practice according to "doctrinal view, meditation and conduct," his insistence on precise adherence to approved ritual liturgies and the official edition of the *Four Tantras* reflects his effort to systematize medical traditions by systematizing their ritual practices into a new state medical orthodoxy.<sup>55</sup>

#### INSTITUTING A NEW *MEDICINE BUDDHA SŪTRA* RITUAL PRACTICE

In 1673, three years after Desi Sanggyé Gyatso approached the Fifth Dalai Lama to expand the state medical system, the hierarch wrote a new manual for the *Medicine Buddha Sūtra* ritual practice entitled *Offering Liturgy for the Seven Sugatas: The Wish-fulfilling King*.<sup>56</sup> This ritual manual shared a basic format with a Medicine Buddha practice previously authored by the Jonang hierarch Tāranātha, also venerating the Seven Sugatas or the Seven Medicine Brothers.<sup>57</sup> According to an eighteenth-century Gelukpa medical historian, Tāranātha had earlier attempted to create medical structures "that combined the Jang and Zur traditions so that they were impossible to separate."<sup>58</sup> This earlier attempt at ritually integrating the two major Tibetan medical traditions likely represented one major aspect of the Fifth Dalai Lama's above-mentioned disapproval of his rival from the Jonang tradition, and perhaps lay beneath the Fifth Dalai Lama's initial favor towards the Zur tradition over the Jonang-affiliated Jang

54. Desi Sangye Gyatso and Kilty, *Mirror of Beryl*, 335.

55. Ngag dbang blo bzang rgya mtsho, "Drang srong 'dus pa'i gling gi bca' yig," 117.

56. Ngag dbang blo bzang rgya mtsho, "Bde gshegs bdun gyi mchod pa'i chog bsgrigs yid bzhin dbang rgyal/," in *Gsung 'bum/ Ngag dbang blo bzang rgya mtsho/*, vol. 15 (ba), 28 vols. (Beijing: Krung go'i bod rig pa dpe skrun khang, 2009), 453–534.

57. Rje btsun tA ra nA tha, "Sman bla mched bdun," in *Gsung 'bum/ Rje btsun tA ra nA tha*, vol. 15, 23 vols. (Sichuan: 'Dzam thang bsam 'grub nor bu'i gling gi par khang, 2000), ff. 57b–59b. Further comparison of the Medicine Buddha ritual supplements of Jetsun Tāranātha and the Fifth Dalai Lama may shed light on the Fifth Dalai Lama's criticisms of the Byang medical tradition. For discussions of the Sūtra of the Seven Sugatas (Tib. *'Phags pa bde bshin gzhegs pa bdun gyi sngon gyi smon lam gyi khyad par rgyas pa zhes bya ba theg ba chen po'i mdo*) in the Chinese and Tibetan medical traditions, see Raoul Birnbaum, *The Healing Buddha* (Boston: Shambhala, 1989); and Gyurme Dorje, "The Buddhas of Medicine."

58. Dbal mang o2 Dkon mchog rgyal mtshan, "Bla brang bkra shis 'khyil gyi gdan rabs lha'i rnga chen," 246.



medical tradition. The Fifth Dalai Lama's own *Medicine Buddha Sūtra* liturgy manual was central to his vision for the Tsarong medical school, as well as for his wider effort to create a new state medical orthodoxy.

The “specified liturgical texts” listed by the Fifth Dalai Lama for the Tsarong medical school's ritual curriculum represented an amalgamation of prayers and tantric practices important to Tibetan medical traditions as well as within general Tibetan Buddhist monastic training.<sup>59</sup> The Fifth Dalai Lama borrowed two liturgies common within the general Gelukpa curriculum and other Tibetan Buddhist traditions, including the Twenty-one Praises of Tārā, a deity associated with compassion and enlightened activity, and the *Heart Sūtra*, part of the Perfection of Wisdom literature focusing on ethics and the bodhisattva motivation of benefitting others.<sup>60</sup> The remainder of the Tsarong school's ritual practices included Medicine Buddha and Yutok Yönten Gönpo lineage supplication prayers (*smān bla dang gyū thog yon tan mgon po sogs brgyud pa'i gsol 'debs*); prayers of bodhisattva aspiration (*smān lam tshigs bcad*); a ritual cake (*gtor ma*) offering to Zhanglön (*Zhang blon*), the protector deity of medicine; and the Amitāyus deity incantation (*dhāraṇī*) of longevity; together with “whatever auspicious prayers and Dharma practices are appropriate.”<sup>61</sup> The Fifth Dalai Lama's autobiography mentioned one such additional practice, a long-life prayer (*ring 'tsho*) for the school's primary teacher, Tsarong Tseten Dorjé, written by the Fifth Dalai Lama “in order to establish this at [Tsarong's] medical school.”<sup>62</sup> Long-life prayers, which the Fifth Dalai Lama dedicated to various contemporaries, worked to demonstrate the hierarch's sincerity in supporting teachers from various non-Gelukpa traditions, who in turn adopted his newly designed ritual framework.

The *Guidelines* also specified that three times a month, the Tsarong school assembly should complete a full *Medicine Buddha Sūtra* liturgy (*smān bla'i mdo chog*).<sup>63</sup> The Fifth Dalai Lama's autobiography mentioned establishing this new practice at the Tsarong school a few days before completion of the *Guidelines* “according to the method of the painter Chöying,”<sup>64</sup> likely Chöying Gyatso

59. These texts are listed at Ngag dbang blo bzang rgya mtsho, “Drang srong 'dus pa'i gling gi bca' yig,” 120.

60. The editions of these practices are not specified. For more on the Gelukpa curriculum, see Dreyfus, *The Sound of Two Hands Clapping: The Education of a Buddhist Monk*.

61. Ngag dbang blo bzang rgya mtsho, “Drang srong 'dus pa'i gling gi bca' yig,” 119.

62. Ngag dbang blo bzang rgya mtsho, “Rang rnam,” Vol. 3, f. 69b.

63. Ngag dbang blo bzang rgya mtsho, “Drang srong 'dus pa'i gling gi bca' yig,” 120.

64. Ngag dbang blo bzang rgya mtsho, “Rang rnam,” Vol. 3, f. 2a.

[*Chos dbyings rgya mtsho*, active ca. 1640s–1660s], the court painter of the First Panchen Lama at the major Geluk monastery of Trashilhünpo in Tsang.<sup>65</sup> A painting provided reference or support (*rten*) for the contemplative visualization of the Medicine Buddha and his retinue during the ritual. For financial support, the ritual would rely on income from the tithing families of Serkhyim Tashi Chöding Monastery (*Ser khyim dgon Bkra shis chos sdings*) in the Namling district (*Rnam gling rdzong*).<sup>66</sup> Further financial support was apportioned in 1678, when “utensils (*mchod chas*) were provided for holding the *Medicine Buddha Sūtra* ritual every seven days in perpetuity.”<sup>67</sup> This gesture guaranteed that there would be no excuses for the Tsarong school not to perform the practice according to the Fifth Dalai Lama’s specifications every week.

On both a daily and weekly basis, therefore, the veneration of the Medicine Buddha according to the Fifth Dalai Lama’s ritual system provided a public display of the hierarch’s beneficence in patronizing a medical school to benefit the erstwhile enemy territory of Tsang. Given the feelings of guilt the hierarch expressed over his part in the Mongol-Tsang war, perhaps the ritual might also be viewed as a public display of atonement.<sup>68</sup> Above all, however, the public performance of the *Medicine Buddha Sūtra* ritual demonstrated the Tsarong school’s loyalty and adherence to the new state medical orthodoxy. A special *Medicine Buddha Sūtra* ritual dedicated for the Fifth Dalai Lama’s long life in 1680 demonstrated this latter aspect even more clearly.<sup>69</sup>

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65. Chöying Gyatso was a proponent of the New Menri style, and undertook other projects for the Fifth Dalai Lama including wall paintings in the Potala Palace in 1648. See David Paul Jackson, *A History of Tibetan Painting: The Great Tibetan Painters and Their Traditions* (Vienna: Austrian Academy of Sciences Press, 1996), Chapter 7; Karl Debreczeny, *The Black Hat Eccentric: Artistic Visions of the Tenth Karmapa* (Rubin Museum of Art, 2012), 257–258; David Paul Jackson, *The Place of Provenance: Regional Styles in Tibetan Painting* (Rubin Museum of Art, 2012), 57–62. My thanks to Karl Debreczeny for these references.

66. Ngag dbang blo bzang rgya mtsho, “Rang rnam,” Vol. 3, f. 2a.

67. *Ibid.*, Vol. 3, f. 84a.

68. Samten Karmay, *Secret Visions of the Fifth Dalai Lama* (London: Serindia Publications, 1988); Derek F. Maher, “Sacralized Warfare: The Fifth Dalai Lama and the Discourse of Religious Violence,” in *Buddhist Warfare*, eds. Michael K. Jerryson and Mark Juergensmeyer (Oxford: Oxford University Press, 2010), 77–103.

69. Ngag dbang blo bzang rgya mtsho, “Rang rnam,” Vol. 3, f. 211a. This ritual presaged the long-life or firm-feet (*zhabs brtan*) rituals that would be performed for various political figures, especially the Qing emperors, within later medical colleges. Gray Tuttle, “Tibetan Buddhism at Wutai Shan in the Qing: The Chinese-Language Register,” *The Journal of the International Association of Tibetan Studies* 6 (December 2011): 163–214.

THE TSARONG LINEAGE, THE *YUTOK HEART ESSENCE*, AND THE  
CONTROVERSY OF MEDICAL PROGENITORS

The Fifth Dalai Lama's emphasis on the *Medicine Buddha Sūtra* ritual of the Seven Sugatas, which had not previously existed in this form at the Tsarong school, contrasted with his de-emphasis of the *Yutok Heart Essence*, a tantric practice that the Tsarong family lineage had inherited from the Zur medical tradition.<sup>70</sup> The *Guidelines* acknowledged the Tsarong lineage's earlier practice of the *Yutok Heart Essence*, and ultimately authorized its continuation by arguing that if practiced properly, "the secret Medicine Buddha *sādhana* of Lord Yutok brings blessings from the lineage of the sages."<sup>71</sup> At the same time, however, the *Medicine Buddha Sūtra* ritual seems to have now taken precedence over practice of the *Yutok Heart Essence*. The *Guidelines* did not specifically mention the *Yutok Heart Essence* among the school's required ritual practices, although its authorization could have fallen within the convenient category of "whatever auspicious prayers and Dharma practices are appropriate."<sup>72</sup> Most likely, this tantric cycle was practiced privately in contrast to the frequent and public practice of the *Medicine Buddha Sūtra* ritual.

The Fifth Dalai Lama also instituted a hierarchy between these practices through several of his writings, which privileged veneration of the Medicine Buddha over veneration of Yutok Yönten Gönpo. The *Guidelines* reflected this hierarchy through a historical argument for the *Four Tantras* as the authentic Word of the Medicine Buddha rather than as a composition of Yutok Yönten Gönpo. According to the contemporary medical scholar Yang Ga, this defense of the root medical text's divine authorship was an argument generally shared by the Jang (or Upper) medical tradition, while the Zur (or Lower) tradition generally privileged the role of the human medical progenitor Yutok Yönten Gönpo.<sup>73</sup> Zurkhar Lodrö Gyelpo, the most famous medical scholar of the Zur

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70. For literary analyses of the *Yutok Heart Essence*, see Garrett, "The Alchemy of Accomplishing Medicine (sman sgrub)"; and Frances Garrett, "Tapping the Body's Nectar: Gastronomy and Incorporation in Tibetan Literature," *History of Religions* 49, no. 3 (February 2010), 300–326. Garrett has situated the *Yutok Heart Essence* within a Nyingma literary framework, while acknowledging the need for further research because of the limited number of source texts available. All known editions of the *Yutok Heart Essence* cycle date to after the turn of the eighteenth century (and the interventions of the Fifth Dalai Lama); Ehrhard, "A Short History of the gYu thog snying thig."

71. Ngag dbang blo bzang rgya mtsho, "Drang srong 'dus pa'i gling gi bca' yig," 115.

72. *Ibid.*, 119.

73. Yang Ga, "The Sources for the Writing of the 'Rgyud bzhi', Tibetan Medical Classic" (Ph.D. Dissertation, Harvard University, 2010).

tradition after its founder, gained notoriety for classifying the *Four Tantras* as a treatise (*bstan 'gyur*) “secretly” authored by Yutok Yönten Gönpo—a position that Janet Gyatso has noted “always connotes the deepest truth.”<sup>74</sup> But while Zurkhar Lodrö Gyelpo’s argument for Yutok’s authorship has been taken as a sign of historicist thinking, it also supported the legitimacy of the Zur tradition’s *Yutok Heart Essence* guru practice (Skt. *guru sādhana*, Tib. *bla sgrub*). As a guru practice, the *Yutok Heart Essence* relied on meditative identification with Yutok as a tantric master in order to accomplish the practitioner’s aims. Gyurme Dorje has also distinguished the *Yutok Heart Essence* vis-à-vis “the orthodox fountainhead” of practices venerating the Medicine Buddha, for its “advanced meditative techniques of the generation and perfection stages” and for upholding Yutok’s “pure visionary experience.”<sup>75</sup> Historical arguments identifying Yutok Yönten Gönpo as the main figure responsible for the *Four Tantras*’ codification created the narrative structure for the Zur tradition’s unique *Yutok Heart Essence* tantric practices, which were inherited by the Tsarong school.

For the Fifth Dalai Lama also, the *Four Tantras*’ origin was not just a matter of history. In the Tsarong school *Guidelines*, the Fifth Dalai Lama declared the *Four Tantras* unequivocally the “sacred word of the King of Medicine [Medicine Buddha]” (*sman rgyal gyis bka’ stsal*), and specifically rejected the idea that the text could be a composition of Yutok Yönten Gönpo.<sup>76</sup> The *Guidelines* states:

Many people assert that the *Four Tantras* is a treatise written by Yutok Yönten Gönpo, but in this tradition the lineage of Yutok actually includes the King of Medicine [Medicine Buddha] as principal within the *maṇḍala*, so it seems this [assertion] is nothing but an oral tradition.<sup>77</sup>

Not only did the Fifth Dalai Lama disparage arguments for Yutok’s authorship of the *Four Tantras* as “nothing but an oral tradition,” he collapsed historical narrative and ritual structure with the assertion that the Medicine Buddha should be considered the principal figure within the same *maṇḍala* as Yutok Yönten Gönpo. This assertion was mirrored within two supplemental works that the Fifth Dalai Lama wrote for the *Yutok Heart Essence* practice, including

74. Gyatso, “The Authority of Empiricism and the Empiricism of Authority,” 91.

75. Gyurme Dorje, “The Buddhas of Medicine,” 142, 150.

76. Ngag dbang blo bzang rgya mtsho, “Drang srong ’dus pa’i gling gi bca’ yig,” 113.

77. *Ibid.*

a lineage supplication prayer and an activity manual (*las byang*) entitled the *Wish-fulfilling Tree*.<sup>78</sup> The lineage prayer referred to Yutok as the human manifestation, or guise (*mi yi nam rol*), of the Medicine Buddha, while the activity manual called Yutok inseparable (*dbyer med du*) from the Medicine Buddha and identified him as an emanation of the Medicine Buddha's speech.<sup>79</sup> While identifying these two medical progenitors together, these works defended the Medicine Buddha's status as the primary progenitor of the Tibetan medical tradition. In the process, the Fifth Dalai Lama also defended the deity's primary ritual status and supported the creation of an integrated but hierarchical ritual framework for the *Medicine Buddha Sūtra* liturgy and the *Yutok Heart Essence* guru practice.

At the same time that he promoted the *Medicine Buddha Sūtra* ritual, therefore, the Fifth Dalai Lama authorized the continuing practice of the *Yutok Heart Essence* among his Zur physicians. By identifying the Medicine Buddha as the primary progenitor of Tibetan medicine, however, the Fifth Dalai Lama created a narrative framework that privileged veneration of the Medicine Buddha through the *Medicine Buddha Sūtra* ritual over veneration of Yutok Yönten Gönpo through the *Yutok Heart Essence* practice. The Fifth Dalai Lama also sought to reform the *Yutok Heart Essence* practice through his new ritual manual. In his colophon to the *Wish-fulfilling Tree*, the Fifth Dalai Lama remarked that he had "condensed the many words" of the *Yutok Heart Essence* practice, and rewritten unwholesome (*mi bde ba'i*) sections.<sup>80</sup> Nevertheless, the hierarch stated that he had kept the main part of the tantric cycle since "perhaps it contains blessings," and that he had endeavored to assimilate "all the new and old secret mantra teachings without mixing the traditions."<sup>81</sup> In this way, the Fifth Dalai Lama presented the *Yutok Heart Essence* as a flawed but redeemable practice, and his own revisions as a necessary reform to the Zur medical tradition. He also expressed a desire to reconcile "all the new and

78. The Fifth Dalai Lama wrote the *Wish-fulfilling Tree* in 1648 at the request of his court physician Jangngö Nangso Dargyé; Ngag dbang blo bzang rgya mtsho, "G.yu thog snying thig gi las byang dpag bsam ljon shing/," in *Gsung 'bum/ Ngag dbang blo bzang rgya mtsho/*, vol. 28 (a), 28 vols. (Beijing: Krung go'i bod rig pa dpe skrun khang, 2009), 57–70.

79. Ngag dbang blo bzang rgya mtsho, "G.yu thog snying thig gi brgyud 'debs smon lam," in *Gsung 'bum/ Ngag dbang blo bzang rgya mtsho/*, vol. 18 (tsha) (Beijing: Krung go'i bod rig pa dpe skrun khang, 2009), 357; Ngag dbang blo bzang rgya mtsho, "G.yu thog snying thig gi las byang dpag bsam ljon shing/," 57.

80. Ngag dbang blo bzang rgya mtsho, "G.yu thog snying thig gi las byang dpag bsam ljon shing/," 70.

81. *Ibid.*

old secret mantra teachings” of Tibetan Buddhism—in other words, the tantric systems of the Nyingma, or Old Tradition, and the New Traditions (*Gsar ma*) including Sakya, Kagyü and Kadam (predecessors of the Gelukpa)—within his state medical system.

**TEACHING THE VIEW VS. TEACHING THE METHODS:  
THE FIFTH DALAI LAMA’S MEDICAL EXEGESIS**

The *Guidelines*’ opening discussion sheds further light on the relationship between historical narratives and doctrinal debates in the production of medical orthodoxy. The Fifth Dalai Lama began the *Guidelines* by classifying medicine among the five major fields of Buddhist knowledge and within the framework of the Great Vehicle path of a bodhisattva.<sup>82</sup> Echoing one of the earliest Tibetan medical histories, the *Soaring Garuda*, he wrote, “The five subjects are grammar and logic that refute proponents of wrong views, manufactures and medicine that [provide] care for others, and interior knowledge that is omniscience itself.”<sup>83</sup> Paraphrasing Shantideva, an Indian Buddhist scholar often referenced within the Gelukpa tradition, the Fifth Dalai Lama further argued that the interior knowledge (*nang rig pa*) of Buddhist realization is not a sufficient goal for the Great Vehicle path because “bodhisattvas must pursue learning to achieve the welfare of other beings, [and] particularly the field of medicine.”<sup>84</sup> Here the Fifth Dalai Lama argued unequivocally that in caring for others, medicine fulfilled one of three main Buddhist educational goals and constituted an essential component of the bodhisattva path. Moreover, by characterizing medical treatment as a material demonstration of the bodhisattva ideal, the Fifth Dalai Lama sought to characterize his medical patronage as a demonstration of legitimate governance.<sup>85</sup> However, the Great Vehicle framework held implications for the tantric portion of the Tsarong medical curriculum as well. In light of the range of possible aims for ritual practices

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82. On the *Soaring Garuda* (*Khyung chen lding ba*), see Garrett, “Buddhism and the Historicising of Medicine in Thirteenth-Century Tibet,” 213. On the five fields of knowledge (*rig gnas lnga*) in the Fifth Dalai Lama and Desi Sanggyé Gyatso’s governance activities, see Schaeffer, “New Scholarship in Tibet, 1650–1700.”

83. Ngag dbang blo bzang rgya mtsho, “Drang srong ’dus pa’i gling gi bca’ yig,” 112.

84. *Ibid.*

85. Kurtis R. Schaeffer, “Textual Scholarship, Medical Tradition, and Mahayana Buddhist Ideals in Tibet,” *Journal of Indian Philosophy* 31 (2003), 621–41; Gyatso, *Being Human in a Buddhist World*.



accompanying medicine, the Fifth Dalai Lama's argument served to warn physicians not to undertake these practices only to achieve insufficient goals such as interior knowledge.

In the next section of the *Guidelines*, the Fifth Dalai Lama explicitly discussed a distinction between beneficial methods of medical treatment, and the wrong views or heterodoxy that might accompany medical practice. The Fifth Dalai Lama approached the problem of heterodoxy by describing the three medical traditions that are presented as precursors of the *Four Tantras* within the root medical text itself.<sup>86</sup> In the *Guidelines*, these three traditions are associated with the earliest origins of medicine in India and with three major Hindu deities.<sup>87</sup> The Fifth Dalai Lama acknowledged that this association of Tibetan medical heritage with non-Buddhist deities and doctrines presented a problem for the classification of medicine as a Buddhist subject. With regard to this problem, he cited a stone pillar from the Tibetan imperial period that read, "Even though these Vedic traditions are false, some among the Tradition of the Great Treatises [Buddhism] still teach them. If anyone asks, in general and in particular they are a fable."<sup>88</sup> Nevertheless, despite the falsity of the Vedic traditions' doctrinal and ritual frameworks, the Fifth Dalai Lama argued that "in a wider sense, all the life-sustaining methods of medicine are not unsuitable to advocate."<sup>89</sup> Through this distinction between the wrong views of some medical traditions and their suitable methods, the *Guidelines* pointed to how medical knowledge from heterodox systems could still be incorporated within an orthodox context. In doing so, the Fifth Dalai Lama provided a crucial basis for the synthesis and institutionalization of Tibetan medical traditions.

The *Guidelines* further discussed the authorization of non-Buddhist medical knowledge through a story of the Tibetan imperial ruler Tri Songdetsen, who was said to have invited various foreign physicians from India, China, and Central Asia to his court in the eighth century. The Fifth Dalai Lama described these foreign physicians translating medical texts at Samyé monastery "with faithful hearts," collaborating with Padmasambhava (the Central Asian adept

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86. See Gyatso, *Being Human in a Buddhist World*, 149–150.

87. Ngag dbang blo bzang rgya mtsho, "Drang srong 'dus pa'i gling gi bca' yig," 113. The Fifth Dalai Lama associated the *lha'i lugs* with the medical text *Gso dpyad 'bum sde* and the god Brahma (taught the medical text by the Buddha), the *drang srong gi lugs* with the disciples of Indra (*brgya byin*) and the *Caraka Samhitā* and the *phyi rol pa'i lugs* with the matted-hair disciples of Shiva (*dbang phyug chen po*).

88. Ibid.

89. Ibid.



credited with bringing Buddhism to Tibet) and Tibetan assistants.<sup>90</sup> Although the foreign physicians and their treatments were not explicitly Buddhist, the Dalai Lama wrote that

Because the Tibetan king, ministers and subjects all listened with respect, some [Tibetans] became life-giving physicians themselves, and all the black-haired Tibetans honored them. How is this not the bestowal of life? All the black-hairs' deities were fierce, but they also paid homage, and so the title *Lhajé* (*lha rje*), "king of deities," was bestowed [on the physicians].<sup>91</sup>

Dating from a fourteenth-century medical history, this narrative famously explained the origin of the title *Lhajé* for physicians of high esteem.<sup>92</sup> The term quite literally invoked the ritual superiority of physicians to fierce indigenous Tibetan deities, at a time when Buddhism was still taking root. Remarkably, this story reversed the usual formula of medicine as a Buddhist missionary activity *par excellence*, and instead the Fifth Dalai Lama depicted foreign (and likely non-Buddhist) physicians receiving honor from Tibetans. This narrative directly tied the Fifth Dalai Lama's own patronage of new medical translations—by Indian scholars working with his court physicians—to the glory of the Tibetan imperial period.<sup>93</sup> In this context, the hierarch's commentary served to authorize the circulation of medical methods between non-orthodox and orthodox contexts, and in turn to encourage innovation in medical knowledge.

The heart of the Fifth Dalai Lama's work in the *Guidelines*, however, is a detailed doctrinal argument for how the *Four Tantras* should be studied within an integrated ritual framework drawing from the tantric systems of both the Nyingma tradition and New Traditions—in other words, across the spectrum of Tibetan Buddhism. "In terms of the hidden aspect of the lineage," the Fifth Dalai Lama stated, the *Four Tantras* should be practiced as both the "generation of the 'four empowerments' according to the various lineages of the Medicine King," a reference to the Highest Yoga Tantra (*anuttara yoga tantra*) class associated with the New Traditions, and also as the "system of the Heart Essence of the Great Perfection" associated with the Nyingma

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90. *Ibid.*, 115.

91. *Ibid.*, 115–116.

92. This episode is first recounted in the medical history of Brang ti Dpal ldan 'tsho byed (14th century). See Garrett, "Critical Methods in Tibetan Medical Histories," 370.

93. On these Indian medical scholars at the Fifth Dalai Lama's court, see Schaeffer, "New Scholarship in Tibet, 1650–1700."

tradition.<sup>94</sup> The Fifth Dalai Lama went on to argue that although the *Four Tantras* was sometimes considered an Action Tantra (*kriya tantra*), the lowest class of tantra according to the New Traditions, “there is no need for the weariness” of this classification, “since it belongs among the Supreme Nectar of Life class of tantras, in the eight classes of [Nyingma] Mahayoga.”<sup>95</sup> In this way, the Fifth Dalai Lama presented the *Four Tantras* according to a framework that unified the tantric systems of the New Traditions and the Nyingma tradition, while classifying the *Four Tantras* in the New Traditions’ system as the highest rather than the lowest division of tantra. The *Guidelines* specified that this framework provided authorization in particular for correct practice of the *Yutok Heart Essence* or “the secret Medicine Buddha *sādhana* of Lord Yutok.”<sup>96</sup> More generally, however, the Fifth Dalai Lama’s exegesis provided an integrated foundation for all tantric practice at the Tsarong school, according to his new ritual manuals.

Finally the Fifth Dalai Lama situated the *Four Tantras* within an exposition of the Middle Way (*Madhyamaka*), a doctrinal position that Gelukpa scholars often debated with the scholars of other traditions. Nevertheless, the *Guidelines* presented the Fifth Dalai Lama’s interpretation of this doctrine as a universal ethical framework for medical practice, arguing that “the Middle Way is an unobstructed view beyond all concepts of too little, too much or the wrong kind.”<sup>97</sup> The Fifth Dalai Lama specifically mentioned cultivating the positive mental qualities of the four immeasurables (loving kindness, compassion, sympathetic joy, and equanimity), avoiding “the ten nonvirtues [of] madness, derangement, impropriety, wrongdoing, etc.” with the help of taking uncorrupted vows, and practicing “the path of the Six Perfections [generosity, discipline, forbearance, diligence, meditative stability, and discriminating knowledge] with a resolve towards bodhisattva-hood.”<sup>98</sup> The Six Perfections were presented here as positive behavioral disciplines, which the Fifth Dalai Lama explained specifically in reference to the practice of medicine:

Forbearance is to tolerate the expressions of lethargy, toil, cold, hunger and sickness. Diligence is the effort of treating sick people without laziness. Meditative stability is thinking about the contemplation of medical treatment. Dis-

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94. “*sman rgyal rigs ’dus kyi dbang bzhi bskyed ... rdzogs pa chen po’i lam zab mo’i snying tig gi srol,*” Ngag dbang blo bzang rgya mtsho, “Drang srong ’dus pa’i gling gi bca’ yig,” 116.

95. Ibid.

96. Ibid., 115.

97. Ibid., 116.

98. Ibid.

criminating knowledge is the arising of certain knowledge of healing through medical treatment.<sup>99</sup>

Not only did the hierarch exhort physicians to demonstrate diligence by treating sick people without laziness, he defined the study of medicine as the contemplation of medical treatment and subsequent arising of certain knowledge of healing, seemingly a reference to the attainment of medical knowledge through empirical observation. In this way, he argued, “the blessing of the medicinal substances will be bestowed.”<sup>100</sup>

While the Fifth Dalai Lama presented his exegesis as universal and “the aspiration to highest enlightenment [as] an unmistakable door,” he added that “entering the door of other vehicles is unnecessary.”<sup>101</sup> The tension inherent in this latter statement derived from the Dalai Lama’s distinction between “ordinary practices” of medicine and practices along with “doctrinal view, meditation, and conduct”; he went on to disparage unnamed “elders who make *mudrās* to others with whatever sort of mental concepts.”<sup>102</sup> While *mudrās* refer to symbolic ritual gestures (such as the hand positions of deities in paintings and statues), the term also literally translates as “seals”—making it also possibly a dismissive reference to the tantric system of the Great Seal (*Mahāmudrā*) greatly linked to the Kagyü tradition and practiced by the controversial Zurkhar Lodrö Gyelpo.<sup>103</sup> To support his own argument, the Fifth Dalai Lama quoted Zurkhar Nyamnyi Dorjé on the importance of practicing tantra for the sake of others: “Surely the point of this existence is not only to attain the higher realms and liberation! If one does not rely on laws and the Tantric Vehicle (*Vajrayāna*) for the sake of others, these will not be attained.”<sup>104</sup> Since the progenitor of the Zur medical tradition himself made such a statement, the Dalai Lama argued, “even if there are points of doubt [among Zur and Tsarong lineage practitioners] I think they will dissolve of their own accord. If not they are doubts of attachment drawn like water from the valley of the Kagyüpa.”<sup>105</sup> This is the Fifth Dalai Lama’s most explicit reference to the main

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99. Ibid.

100. Ibid.

101. Ibid.

102. Ibid., 117.

103. In discussing the correct tantric framework for the *Yutok Heart Essence*, Desi Sanggyé Gyatso mentioned Zurkhar Lodrö Gyelpo’s commitment to the Great Seal system and accused the Zur scholar of seeking to discredit the Nyingma Dzokchen (*Rdzogs chen*) system. Desi Sangye Gyatso and Kilty, *Mirror of Beryl*, 309.

104. Ngag dbang blo bzang rgya mtsho, “Drang srong ’dus pa’i gling gi bca’ yig,” 117.

105. Ibid.

target of his medical reforms: those Zur medical practitioners still influenced by the Kagyü Buddhist tradition of his rivals.

**CONCLUSION: MEDICINE AS IMPARTIAL AND USEFUL KNOWLEDGE**

In the opening verses of the *Guidelines*, the Fifth Dalai Lama wrote that his motivation for patronizing the Tsarong school arose from “beholding the unsurpassed gift of immortality [given by the field of medicine] to all beings irrespective of tradition, and the desire out of the highest intention of liberation to establish [this field] in both Ü and Tsang.”<sup>106</sup> Repeatedly, the Fifth Dalai Lama characterized medicine as a type of non-sectarian or impartial knowledge, and expressed his aim to heal the trauma of the recent Mongol-Tsang war through his patronage of the King of Tsang’s former medical school. Still, at the same time he attempted to “benefit enemies, [and] make enemies into friends,” the hierarch also appropriated Tsarong technologies from Tsang for his state medical system.<sup>107</sup> What is more, the dual dimensions of medical training point to a potential problem with teaching this knowledge impartially. The Fifth Dalai Lama’s appeal to medicine’s material methods of treatment as universally and empirically beneficial constituted a very different sort of claim than the appeal to a unified tantric framework for medicine as impartial with regard to sectarian belief.

The Fifth Dalai Lama compared “the king of medicine in human form” Yutok Yonten Gonpo to “a great tree of *amrita* medicine that is the wealth of all beings impartially, endowed with inconceivably marvelous qualities,” and depicted Yutok’s activities and lineage as spreading in all directions of Ü-Tsang.<sup>108</sup> As the inheritors of Yutok’s tradition, the Dalai Lama listed major Drangti, Jang, and Zur tradition figures, and he characterized the head Tsarong medical teacher Tsarong Tseten Dorjé as a “holder of the old Brahmanical Snowland lineage of the important Tsarongpa physicians from Upper Tsang.”<sup>109</sup>

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106. Ibid., 118.

107. Ibid., 117.

108. Ibid., 118.

109. “*gangs can tshangs pa rgan po'i brgyud 'dzin mkhan/gnad rigs 'tsho byed gtsang stod tsha rong pa'*” The list of those inheriting Yutok’s tradition includes Rigs ldan chen po Rnam rgyal grags bzang, Brang ti pa yab sras, Byang sman 'Tso mdzad mtha' klas pa, Zur mkhar chos rje Mnyam nyid rdo rje, Mtsho smad mkhan chen shA kya dbang phyug, and “the peerless” Byar po paN chen; Ibid., 111.

In this way, despite the polemics that had resulted from the relationships between various medical traditions and different Tibetan Buddhist traditions, the Fifth Dalai Lama modeled inclusivity, presenting the *Four Tantras* as belonging equally to all Tibetans and indeed to all beings. The Fifth Dalai Lama also referred to Tsarong Tseten Dorjé as a friend who, being “on the excellent path,” acted as the “impartial and clear-minded” teacher of many at his “school holding the knowledge of truly vanquishing death.”<sup>110</sup> By identifying medicine as an impartial field of knowledge and Tsarong Pöntsang as an impartial teacher, however, the Fifth Dalai Lama himself assumed the role of the highest arbiter of impartiality.

The Fifth Dalai Lama’s exegesis created a narrative framework for his new versions of the *Medicine Buddha Sūtra* liturgy and *Yutok Heart Essence* practice, bracketing the differences between Tibetan tantric systems and attempting to encompass them within a state medical orthodoxy. In particular, while authorizing Zur tantric and medical practices at the Tsarong school, the Fifth Dalai Lama targeted “wrong views” that he attributed to the Zur tradition’s connections to the Kagyü order. To enable the impartial transmission of medical knowledge across Tibetan and foreign contexts, the Fifth Dalai Lama put forward a creative distinction with regard to the nature of medical knowledge. He separated wrong views and faulty tantric frameworks attributed to heterodox traditions, which could be refuted, from their medical treatment methods, which could still be suitable to practice. What made these medical methods suitable to practice, he argued, was a reliance on correct bodhisattva motivation and ethical discipline. The Fifth Dalai Lama’s approach is remarkably reminiscent of seventeenth century (in other words, contemporary) British natural philosophers such as Robert Boyle, who also bracketed metaphysical concerns in order to get on with the work of empirical observation and to claim that his findings were not a challenge to the Church.<sup>111</sup> The Fifth Dalai Lama’s framework for medical study, however, cast empirical knowledge concerning human bodies and the natural world as not just useful knowledge within the mundane world, but as beneficial knowledge in the dual Buddhist sense of both mundane and ultimate benefit.

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110. Ngag dbang blo bzang rgya mtsho, “Drang srong ’dus pa’i gling gi bca’ yig,” III.

111. Steven Shapin and Simon Schaffer, *Leviathan and the Air-Pump: Hobbes, Boyle, and the Experimental Life* (Princeton: Princeton University Press, 1989).

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