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Medical Aesthetics in the Twilight of Empire: Lungrik Tendar and *The Stainless Vaiḍūrya Mirror*

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Abstract: This article introduces the life and medical histories of the luminary Khalkha Mongolian monk, Lungrik Tendar (Tib. *Lung rigs bstan dar*; Mon. *Lungrigdandar*, c. 1842–1915). Well known for his exegesis of received medical works from Central Tibet, Lungrik Tendar was also a historian of the Four Tantras (Tib. *Rgyud bzhi*; Mon. *Dörben ündüsü*). In 1911, just as Khalkha Mongolia began separating from a flailing Qing Empire, Lungrik Tendar set out to append the story of Mongolia and of Mongolian medicine, political formation, and religious life to the Four Tantra’s well-known global histories. In addition, he provided an illuminating summary of how to present the Four Tantras to a popular audience in the twilight of the imperial period. This article introduces the life of Lungrik Tendar and analyzes his previously unstudied medical history from 1911, *The Stainless Vaiḍūrya Mirror*. On the basis of this understudied text, this article explores ways that monastic medicine in the frontier scholastic worlds of the late-Qing Empire were dependent upon aesthetic representations of space and time and of knowledge acquisition and practice, and how such medical aesthetics helped connect the religious, political, legal, economic, and social worlds of Asia’s heartland on the eve of nationalist and socialist revolution and state-directed erasure.

Keywords: Lungrik Tendar; *lung rigs bstan dar*; the four tantras; *rgyud bzhi*; Khalkha; medicine; *gso ba rig pa*

Writing in Khalkha Mongolia at the turn of the 20th century, the erudite monk-physician Lungrik Tendar (Tib. *Lung rigs bstan dar*; Mon. *Lungrigdandar*, d. 1915) supposed the body natural and the body politic to have always implicated one another over the *longue durée* of medicine’s global history.¹ In the tradition of Inner Asian monastic medicine he had mastered (Tib. *gso ba rig pa*; Mon. *emneku ukhaghan*), the boundaries between environments, populations, and physical bodies were porous. Pollution and purification affected embodied structures connecting, for example, fleshy organs to law and mental states to the weather. Bodies of all kinds became ill and well again together. Such were the ecologies of health and illness, purity and pollution, order and disorder that a monk-physician such as he sought to know and to control.

Lungrik Tendar understood the arsenal of therapeutic techniques he had learned to have entered into trans-Asian circulation from the mouth of the Buddha. Manifesting as the “The Master of Medicine” (Skt. *Bhaiṣajyaguru*; Tib. *Sangs rgyas sman lha*; Mon. *Otači Manla*) some twenty-five centuries earlier, the Buddha had bequeathed many medical traditions to not just his disciples but to humanity more generally. According to the histories of monastic medicine that Lungrik Tendar inherited and dramatically extended at the turn of the 20th century, the Buddha taught techniques to diagnose and treat symptoms of imbalance or malice as diverse as constipation, war, deficiencies of the womb,

¹ While Lungrik Tendar lived in Khalkha, this was decades before the language reforms that replaced the vertical Mongolian script with a standardized Cyrillic alphabet and spelling conventions based on Khalkha dialect. Therefore, I use literary, vertical script equivalents in this article for technical terms and place and personal names.

political corruption, and skin disorders from demonic affliction. All of this theoretical and pragmatical knowledge was recorded in the Buddha's quintessential medical teaching, the *Four Tantras* (Tib. *Rgyud bhzhi*; Mon. *Dörben ündüsü*), the object of a lifetime of study and embellishment for our Khalkha monk. "Medicine" as he knew it was thus a capacious concept, exceeding narrow modernist definitions as the diagnosis, prognosis, treatment, and prevention of bodily disease.

This essay explores the way monastic medicine acted as both an object and a medium of aesthetic representation for Lungrik Tendar and fellow monk-physicians spread across the Tibeto-Mongolian-Siberian heartland of Asia. Not only did the field of medical knowledge (Skt. *cikitsāvidyā*; Tib. *gso ba'i rig pa*; Mon. *emneku ukhaghan*; Ch. 醫方名 *yifangming*) depend upon aesthetic strategies to construct its territories, objects, practices, and authoritative agents; medicine was also itself the object and medium of intense visual, performative, and literary production. For example, we might consider the Dési Sanggyé Gyatso's genre-bending murals in 18th century Lhasa studied recently by Janet Gyatso.² Moreover, with the centralization of scholastic learning along the Tibeto-Mongol frontiers that came after the rise of the Dalai Lama's Gaden Potrang government and the Qing Empire in the 1640s,³ medicine was increasingly tethered to standardized performative aesthetics, as in public debates in medical colleges, the public awarding of medical degrees, and the ritual liturgies of consecration, blessing, and tantric visualization that accompanied the making and dispensation of medicine. Medicine was also inextricable from ever-evolving literary aesthetics, as with the writing of medicine and physicians as protagonists in Indian, Chinese, Kashmiri, Tibetan, Mongol, Manchu, and Siberian political, social, economic, and religious history. Such aesthetic representations were foundational to the institutional authority of medical monastic colleges (Tib. *smān pa grwa tshang*), which Stacey Van Vleet has shown expanded dramatically across the Tibeto-Mongolian-Buryat frontiers of the Qing and Tsarist empires and were tied inextricably to the projection of Central Tibetan, Manchu, and Russian power into Inner Asia.⁴ By the early 20th century, a Khalkha monk-physician such as Lungrik Tendar was deeply involved in the production of medical aesthetics as part of his pragmatic work to train students, produce medicine, and treat patients.

This essay is concerned with Lungrik Tendar's literary strategies to localize the global history of medicine in Khalkha, and to inscribe Khalkha into medicine's global history. I am particularly interested in the way that his medical aesthetics sought to (1) organize *spatial relationships* (for example, between Indian, Kashmiri, Tibetan, Mongolian, Chinese, or Manchu territories and societies); (2) represent *bodily transformations over time* (whether physical, political, intellectual, or social); (3) historicize the acquisition of *systematic knowledge* (such as of tantric physiology, liturgies, or commentaries upon the Four Tantras) and; (4) illustrate the application of *therapeutic instruments* (such as pill making, exorcism, or divination). By representing space and time, knowledge acquisition and practice in these ways, medical aesthetics such as those employed by Lungrik Tendar authorized the social site of the medical college, the social persona of the monastic doctor, and the practice of monastic medicine in the twilight of empire and the dawn of the revolutionary modern in Khalkha.

1. On the Opaque Life of Lungrik Tendar, Supreme Physician of Khalkha

In light of the enduring popularity of his medical commentaries today, it is remarkable that Lungrik Tendar's life story remains so enigmatic. We do know that from his base in the Géluk scholastic colleges of turn of the 20th century Khalkha, Lungrik Tendar intensely scrutinized received traditions of medical knowledge and practice. These had circulated over the course of centuries between India, Central Asia, China, Tibet, and his native Mongolia. In addition to his writing of Mongolia into medicine's universal history examined below, Lungrik Tendar wrote famous exegetical and reference

² (Gyatso 2017).

³ i.e., The Oirat Mongol Güshi Khan's defeat of the Fifth Dalai Lama's rivals and the conclusion of the Tsang-Mongol war in 1642, the founding of the Gaden Potrang government that same year, and the founding of the Qing Empire in 1644.

⁴ For example: (Van Vleet 2015, 2016, pp. 263–91).

texts which elaborated upon 17th century medical masterworks by Central Tibetan luminaries such as the Fifth Dalai Lama and his regent, the Dési Sanggyé Gyatso. Lungrik Tendar's most famous surviving composition—undated and written in the Tibetan language, as was expected of Mongol scholastics by this time—is surely *Elucidating the Terminology of the Four Tantras, Entitled the Beautiful Ornamental Arura Garland* (*Rgyud bzhi'i brda' bkrol nram rgyal a ru ra'i phreng ba'i mdzes rgyan*), a celebrated commentary on one of the Dési's most obscure works.⁵ It is mainly for this revelatory text that the “supreme physician of Khalkha” (Tib. *hal ha'i sman pa mchog*) is so widely memorialized in Inner Asian monastic and academic circles.

As many contemporary Tibetan and Chinese historians have noted, Lungrik Tendar was unusual in that he became a famous medical scholar during the late-Qing without ever leaving his Khalkha homeland to study in the great colleges of Central or Eastern Tibet.⁶ A characteristic biographical sketch comes in the preface to a 2007 edition of his aforementioned *Beautiful Ornamental Arura Garland*: “Over the course of thousands of years, Tibetans had disputes with, fought against, and become closely connected to other peoples (*mi rigs*). They scrutinized the therapeutic techniques (*sman bcos*) of those other lands with which they became familiar. [. . .] Later generations undertook the study and examination of Tibetan medicine, which grew into an invaluable (*rtsa chen zhig*) textual tradition that tried to identify its origins. At the end of the Qing Dynasty, the Mongol Lungrik Tendar studied and practiced the *Four Tantras* and, according to his direct observations and experiences, gradually composed works clarifying difficult technical terms and their meanings.”⁷

As this says, Lungrik Tendar is so celebrated in Chinese, Mongolian, and Chinese scholarship not just for being an incisive interpreter of the Dési's works, but for being a medical innovator in his own right. He made anew with Tibetan bodies of medical knowledge on the basis of a lifelong interest in local Khalkha botany, traditional healing arts from Mongolia, and insights gleaned from experience and experimentation. For these reasons especially, Lungrik Tendar is today counted among a small number of medical luminaries from Mongol societies of the 17–18th century such as Sumba Khambo Ishibaljur, Lubsangchoimpel, Dzaya Paṇḍita, and Jambaldorji.⁸ Yet despite the breadth of research undertaken about Lungrik Tendar's medical writing and the popularity of contemporary editions of his exegetical works, we still know so little about him. In a characteristic apology by frustrated teams of contemporary editors and scholars, a 2005 reprint of *The Beautifying Ornament of Arura Garlands* regretfully notes that “we have not yet found a comprehensive biography that provides details such as where the supreme Mongol Lungrik Tendar was born, where he died, and with whom he studied.”⁹

Indeed, Lungrik Tendar left few clues about when and where he lived or about why he pursued the life of a monk-physician. The most important and widely discussed piece of evidence is a brief acknowledgement included in a colophon to a patron named “Lord Khéwé Amban Wang Tséten Sönam” (Tib. *Mi dbang khe we am ban dbang tshé brtan bsod nams*) who had supplied paper and other printing requisites. Several generations of scholars have drawn determinations about Lungrik Tendar's opaque life from this reference, often to quite contradictory ends. For example, some tentatively conclude that Lungrik Tendar was a man of the 18th century: “in the main body of their works,” write a 2005 team of editors, “he is often referred to by the Čakhar Gebši Lubsangtsültem¹⁰ and Sumpa

⁵ (Lung rig bstan dar 1986).

⁶ The popularity of Lungrik Tendar in the modern annals of PRC scholarship on histories of “Tibetan medicine” (*bod kyi sman lo rgyus*) is in no small part due to a decades-long government policy of supporting research, publishing, and institution building connected with traditional medicine, a relatively depoliticized topic in Tibetan minority regions of China. Both within and outside the PRC, the encounter between biomedicine, state policy, and shifting discourses of “traditional” or “Asian” versus “modern” or “Western” medicine has influenced the representation, pharmacology, and practice of Inner Asian medicine. For a useful collection of studies, see: (Adams et al. 2010).

⁷ (Lung rig bstan dar 1986, p. 1).

⁸ Tib. *Sum pa mkhan po ye shes dpal 'byor*; *Sog po blo bzang chos 'phel*; *Jam dpal rdo rje*.

⁹ (Sangs rgyas rgya mtsho et al. 2005, p. 538).

¹⁰ Tib. *Cha har dge shes blo bzang tshul khriims*.

[Khambo Ishibaljur's] (1708–1788) *Crystal Mirror*.¹¹ These record that he was an Inner Mongolian (*nang gi sog po*), lived roughly in the eighteenth century, and was a holy Knowledge Holder (*rig 'dzin pa*).¹² In another 2005 re-print, this time of a volume containing the Dési Sanggyé Gyatso's *Medical Recipes and Methods for Treatment*¹³ and Lungrik Tendar's commentary, the editors echo the above with no less (uncited) certainty: "[Lungrik Tendar] was born either at the end of the 18th century or the start of the 19th, he was an Inner Mongolian, and he was a holy Knowledge Holder."¹⁴ Still others who dissected the reference to "Lord Khéwé" and the scant other circumstantial evidence to be found in his commentaries concluded that Lungrik Tendar was a man not of the 18th century but of the 19th, who had lived not in Inner but Outer Mongolia.¹⁵

The most detailed biographical study that I have found contradicts all of the above. This comes from a team of Tibetan and Chinese scholar-editors in an essay opening a 2007 edition of Lungrik Tendar's *Detailed Analyses of the Four Tantras (Rgyud bzhi'i mtha' dpyod)*.¹⁶ With singular (but still uncited) precision, they claim Lungrik Tendar was born in 1842 in "Tha his tho'u chis yen ho cis ko'u" in "Dā la'i chos wang chis" (i.e., Dalai Choinkhor Wang, part of Sain Noyan Khan Aimag in Khalkha). An unusually intelligent, ethical, and honest boy, he eventually ordained at "Tha ru ye the" (surely referring to the great colleges of Dā Küriy-e, otherwise known as Yeke yin Küriy-e or Uрга, contemporary Ulaanbaatar). In this monastic environment, we are told, Lungrik Tendar studied Tibetan and Mongolian languages and the five major fields of knowledge (Skt. *pañcavidyā*; Tib. *rig gnas che ba lnga*; Mon. *ukhaghan tabun*), soon becoming enamored with medicine. After some indeterminable period, he was awarded a *menrampa* degree (Tib. *smam rams pa*), the highest qualification in medicine for Inner Asian scholastics of his Géluk school (Tib. *Dge lugs*).¹⁷ Thereafter, "he traveled across Mongol lands to treat the ill, spread textual traditions related to medicine, and personally teach the practice of medical treatment. In addition, he collected medical texts, studied the famous medical writings of old, undertook research, and composed many of his own medical works. Therein, he examined difficult points and clarified their intended meanings."¹⁸

What is particularly noteworthy for this 2007 team of editors is, predictably, Lungrik Tendar's aforementioned practice of medical scholarship based so completely in the local intellectual and natural environs of Khalkha. "Regarding his knowledge, Lungrik Tendar was different than other famous Mongolian physicians. He never went to study in a famous Tibetan monastery or to Mt. Wutai. He studied for a long time in U-tho-khu, Mongolia's central monastery, and by great effort he traversed an ocean of knowledge [. . .]. He was a scholar of medicine who truly developed in his local region."¹⁹ The localism of this celebrated native son, they claim, came by force not choice. "Because of the quality of the Mongol Lungrik Tendar's mind and his good behavior, whenever he debated opposing views associated with textual systems or other contexts, he would listen patiently in the beginning, middle, and end and then happily investigate. Because of [his open-mindedness], he offended the local nobility, the local ruler, and some higher lamas. They came to consider Lungrik Tendar as someone who hampered the flourishing of politics and religion. They spread inflammatory talk about him, disparaged him, beat him (*rdung rdeg*), and many of his texts were completely destroyed. They also prevented him from pursuing his goal of leaving to study in other regions."²⁰

¹¹ Shel dkar me long.

¹² ([Sog po lung rigs bstan dar 2005](#), p. 1).

¹³ Man ngag yon tan rgyud kyi lhan thabs dang lde mig.

¹⁴ ([Sangs rgyas rgya mtsho et al. 2005](#), p. 538).

¹⁵ Today a part of Mongolia's Khövsgöl Aimag. For example: ([Wallace 2015](#), p. 119, n. 12).

¹⁶ ([Sog po lung rig bstan dar and Thub bstan et al. 2007](#), pp. 6–16).

¹⁷ *Ibid.*, p. 6.

¹⁸ *Ibid.*, p. 7.

¹⁹ *Ibid.*, pp. 7–8.

²⁰ *Ibid.*, p. 8.

Most interestingly, these editors claim Lungrik Tendar “only became a very famous physician and received the respect he deserved after 1905” due to the intervention of the Thirteenth Dalai Lama Tupten Gyatso.²¹ The Dalai Lama stayed in the vicinity of Yeke yin Küriy-e between 1904 and 1906 while fleeing the British invasion of Lhasa. Among his massive entourage were two well-known court physicians (*bla sman pa*), Khenchung Trékhang Jampa Thupwang²² and Jabukpa Damchö Pelden.²³ Once, while staying at Sayag Monastery in the Dalai Lama’s company, these two Tibetan physicians happened upon a copy of Lungrik Tendar’s *Beautiful Ornamental Garland of Arura*. Astonished to find such an erudite scholar in the provincial Mongol frontiers, the court physicians highly recommended the work to the Dalai Lama, who in turn had this and other of Lungrik Tendar’s medical commentaries cut into woodblocks, printed, and widely promoted. “Soon thereafter, [Lungrik Tendar] became very famous across Mongol lands. Later, he continually produced texts in the Mongolian tradition of medical writing. He also improved the tradition of teaching medical texts. At the same time, he established a medical college in Dalai [Choinkhor] Wang named Chökyi Tenzin Tsédzin Ling,²⁴ where he taught for ten years. The classes there were based upon his medical texts.”²⁵

True or not, a final act in this version of the late life of Lungrik Tendar is worth mentioning here. His reputation salvaged by the intervention of the Dalai Lama and his court physicians, sometime in 1911—the year of the collapse of the Qing Empire, the formation of an autonomous Mongolian nation-state, and the composition of the medical history examined in detail below—the “supreme Khalkha physician” was called upon to contain a public health emergency in greater Kham, where there was a terrible outbreak of smallpox (*lha 'bram*). “Diligently following the advice of the Eighth Jebtsundamba,” Lungrik Tendar “established a medical clinic (*gso sbyong*) in greater Hoku. He provided treatment for smallpox and gave practical advice based on his own experience to Mongolian physicians. His advice on how to treat smallpox continually spread.”²⁶ The editors surmise (again, without citations) that soon after, in 1915, the great physician of Khalkha died. Such is the fullest account of Lungrik Tendar’s life story; a compelling portrait hatched together by best guesses, circumstantial evidence, and uncited oral traditions.

What is known on much firmer evidentiary grounds are the unique qualities of his luminary works on the study and practice of scholastic medicine descended from various Tibetan lineages, such as the Zur tradition (*Zur lugs*), the Tsarong family lineage (*Tsha rong lugs*), and the Northern tradition (*Byang lugs*). In the wake of the 17th scholastic systematizations of the Fifth Dalai Lama and his famous regen, Sanggyé Gyatso, various fields of knowledge tied to classical Indian Buddhist thought were promoted as underlying the authority of the Ganden Potrang government in Central Tibet and guiding the curriculum of the ever-spreading Géluk monastic network into eastern Tibet, Mongol lands, Qing imperial centers across north China.²⁷ These fields of knowledge included most centrally the five major sciences (Skt. *pañcavidyā*; Tib. *rig gnas che ba lnga*; Mon. *ukhaghan tabun*; Ch. *wuming* 五明) of classical Indian Buddhism, as well as “five minor sciences” (Tib. *rig gnas chung lnga*) like mathematics, astrology, poetry and composition. Of the major fields of knowledge, medicine was widely promoted alongside arts and crafts (Skt. *śilpakarmavidyā*; Tib. *bzo gnas kyi rig pa*; Ch. *gongqiao ming* 工巧明), logic (Skt. *hetuvidyā*; Tib. *gtan tshigs kyi rig pa*; Mon. *u'cir siltaghan*; Ch. *yinming* 因明), grammar (Skt. *śabdavidyā*, Tib. *sgra'i rig pa*; Mon. *daghun-u ukhaghan*; Ch. *shengming* 聲明), and the “inner knowledge” of Dharma practice (Skt. *adhyātmavidyā*; Tib. *nang gi rig pa*; Mon. *dotughadu ukhaghan*; Ch. *neiming* 內

²¹ Thub bstan rgya mtsho, 1876–1933. *Ibid.*, p. 9.

²² Mkhan chung bkraś khang byams pa thub dbang.

²³ Bya sbug pa dam chos dpal ldan.

²⁴ chos kyi bstan 'dzin tshé 'dzin gling.

²⁵ *Ibid.*, p. 10.

²⁶ (Sog po lung rig bstan dar and Thub bstan et al. 2007, p. 10).

²⁷ See, for example: (Schaeffer 2011, pp. 291–310).

明).²⁸ This was Lungrik Tendar's intellectual inheritance as he set ink to paper in writing medicine's global history in the very year that Qing-Géluk formation would come undone.

Indeed, Lungrik Tendar's works synthesized all these intellectual, religious, and political themes in his work on medicine and located them firmly in the Mongol frontiers. As Dorjé Gyelpo puts it in a 1986 re-print of his monumental *Beautiful Ornamental Garland of Arura*:

The Tibetan field of medicine is one of the great precious jewels within the treasury of medicinal fields of knowledge belonging to many ancestral peoples. Over thousands of years the Tibetan people had disputes with, fought against, and become closely connected to other societies (*mi rigs*) and they examined the therapeutic techniques (*sman bcos*) of the other lands with which they became familiar. As a synthesis of all this, the *Four Tantras* were produced. They are the quintessence (*nying khu*) of the knowledge (*blo rig*) of the Tibetan people. It was excellently-arranged in the eighth century by the physician Yuthok Gönpö. Later generations undertook the study and examination of Tibetan medicine, which became an invaluable (*rtsa chen zhig*) textual tradition that drew conclusions about its origins (*khungs gtug sa*). At the end of the Qing Dynasty, the Mongol Lungrik Tendar studied and practiced the *Four Tantras* medical scriptures and, according to his direct observations and experiences, gradually composed a section and then a chapter which elucidated difficult technical [medical] terms and their meanings.²⁹

This later reference is to Lungrik Tendar's aforementioned commentary on the Dési Sanggyé Gyatso's *Medical Recipes and Methods for Treatment (Man ngag lhan thabs)*, a comprehensive account of medicinal preparations and related tantric rituals. This work by Lungrik Tendar is today the best-known of his works, helping generations of physicians penetrate the esoteric and obscure references and technical vocabulary of the original. Other of his medical works, widely read and republished to this day, include *The Commentary on Difficult Points in the Preparation of the Oral Explanation Tantra (Man [ngag] rgyud)*, *Entitled the Victorious Gold Rosary (Man rgyud lhan thabs kyi dka' gnad bkrol ba rnam rgyal gser mdog phreng ba)*, *The Decisive Analysis of the Four Tantras of the Oral Instructions of the Eight Limbs of the Essence of Amrita (Bdud rtsi snying po yan lag brgyad pa gsang ba man ngag gi rgyud)*, and *Elucidating Some of the Terminology and their Meaning of the Four Medical Tantras*.³⁰

A scrupulous reader of medical knowledge descended from reforms to Géluk scholastic education inaugurated by the 5th Dalai Lama and the Dési Sanggyé Gyatso, Lungrik Tendar opened these Central Tibetan canons, pedagogical systems, and institutional sites to local Khalkha societies, botany, and home-grown medical knowledge. "The supreme Lungrik Tendar deeply researched the medicinal herbs that were native to Mongolia," notes another recent team of Tibetan and Chinese editors: "he had excellent results from treatment of patients using herbs that grew in that area. By such activities, he strongly encouraged Mongolians to cultivate their own regional *materia medica*."³¹ As we will see in the remainder of this essay, his work to incorporate local Khalkha landscapes, botany, and knowledge into the *Four Tantras* was not limited to diagnosis and treatment. Near the end of his life, he focused on producing a literary aesthetics that would deeply embed the Mongolian past into medicine's global history. The understudied result of those efforts will occupy the remainder of this essay.

2. On the Stainless Vaiḍūrya Mirror

Lungrik Tendar's history of "medicine," a capacious concept ordering all manner of narrations and abundances, was entitled *Manner in Which the Holy Dharma of the Glorious Four Tantras, the Holy*

²⁸ (Gyatso 2011, pp. 311–35).

²⁹ (Lung rig bstan dar 1986, p. 1).

³⁰ (Sog po lung rigs bstan dar 2005, p. 1).

³¹ (Sog po lung rig bstan dar and Thub bstan et al. 2007, p. 10).

Instruction of the General and Specific Science of Medicine, Arose, entitled *The Stainless Vaiḍūrya Mirror*.³² This work is dated to 1911 and the only extant copies are a manuscript in some 300 folios kept in the BDRC archive and a 2017 edition printed in Beijing.³³ Though *The Stainless Vaiḍūrya Mirror* identifies in its title as part of the more general “history of the Dharma” genre (Tib. chos ‘byung), this work is better approached in relation to the Tibetan “khok-buk” (Tib. khog ‘bugs) or “pierced interior” genre of medical historiography. Khok-buk was a body of monastic writing about medicine’s history often focused on the authorship of the Four Medical Tantras, its inter-Asian transmission, the life stories of major physicians and their patrons, and summations of proper medical practice. While khok-buk included biographical and cosmological narratives shared across other genres of historical and philosophical writing (like chos ‘byung), these were historical works ultimately focused on the invention and defense of tradition and, thereby, the temporal and spatial ordering of medical knowledge and practice.³⁴

Though there were examples extending past the 15th century, the most authoritative and influential example of khok-buk for Lungrik Tendar was the Dési Sanggyé Gyatso’s 1702 contribution, widely known by its poetic title: *The Blue Vaiḍūrya Mirror, a Festival Delighting the Sages*.³⁵ The Dési’s sprawling *Vaiḍūrya Mirror* provided a synthetic history closely connected to the late-17th century centralizing impulses of the Ganden Potrang regime and its ever-expanding institutional apparatus centered on the pre-eminence of the Géluk tradition (with strategic amalgamations from the Nyingma tantric traditions), the religious and secular authority of the Dalai Lamas, and enduring political and religious affiliations with the Mongolian nobility and the Qing Empire. In the two centuries that separated the Dési writing and that of Lungrik Tendar, khok-buk and more institutionally specific documents such as monastic charters (*bca’ yig*) and textbooks (*yig cha*) directed ever expanding networks of medical colleges (Tib. *sman pa grwa tshang*) across the Tibetan–Mongolian–Siberian–Chinese frontiers, fitting them with connected histories, practices, and disciplines.³⁶

Ever beholden to the Fifth Dalai Lama and the Dési’s medical works, Lungrik Tendar wrote his 1911 khok-buk—also a “vaiḍūrya (beryl) mirror”—following the latter’s narrative with fidelity. However, as in his practice of medical traditions inherited from Tibet, Lungrik Tendar also dramatically extended the scope of the Dési’s Tibetocentric vision by adding the centuries’ old story of Mongol participation in the commonwealth of medical learning. The author expressed a little of his purpose in writing the *Stainless Vaiḍūrya Mirror* in the short colophon that ends this history:

Since I was unable to review (*mthong bas*) the biographies of the majority of [these] lineage lamas, I did not possess the courage to write about them anew (*bris ma spobs shing*). In relation to those biographies that I could locate, I chose the most important and have provided a summary. He who is vastly learned in medical texts, the Lord of Teachers, the Mantra degree-bearing (*sngags rams pa*) Dharma Lord Sanggyé Kyap (*Sangs rgyas skyabs*) requested this text accompanied by an offering of silver. In response, I, the old recluse Lungrik Tendar, [pray] that distant borderlands and local regions alike may be purified, and that [the Teachings] may become completely victorious in all places and in all times!³⁷

In Lungrik Tendar’s hands, the global history of medicine, and of the Four Medical Tantras specifically, would now be deeply implicated in the lives of various Mongolian khaghans, a small set of virtuosi

³² (Lung rigs bstan dar 1911).

³³ (Lung rigs bstan dar 1911). The BDRC dating of this work is not found in the colophon of the work itself. Unfortunately, I was unable to gain access to the 2017 Beijing edition of *The Vaiḍūrya Mirror* by the publication deadline of this Special Issue of Religions (See: Lung rigs bstan dar 2017, p. 111). My exploration is based solely on the manuscript edition.

³⁴ On the invention of medical tradition related to the genesis of khok-buk, see: (Garrett 2006, pp. 204–24; 2007, pp. 363–87; Czaja 2005a, pp. 153–72; 2005b, pp. 131–52; Gyatso 2005, pp. 83–96; 2011, pp. 311–35; Van Vleet 2016, pp. 263–91).

³⁵ Bai Dūrya’i me long drang srong dgyes pa’i dga’ ston.

³⁶ On the growth of sman pa grwa tshang networks during the Qing and their intimate relation to the Qing–Géluk formation, see the work of Stacey Van Vleet, such as: (Van Vleet 2015).

³⁷ (Lung rigs bstan dar 1911, pp. 298–99).

Mongolian physicians, the Qing-Géluk formation decentered from Central Tibet, and a take on the fundamental exercise of medical knowledge and therapeutic practice specific to the medical institutions he labored to create and expand in early 20th century Khalkha.

3. On the Origin of Medicine

One of the most vexed debates in the monastic historiography about medicine in Inner Asia concerned the authorship of its central text, the Four Medical Tantras. Could its pages be read as a faithful record of the Buddha's word (Skt. *buddhavacana*) without a Sanskrit original? What about the troubling evidence for Persian, Chinese, and other non-Indian influences? Or were the Four Tantras a later work, a compilation of Eurasian medicine as it was known to Tibetans during the Yarlung Empire (6–9th centuries CE)? Were the Four Tantras canon or commentary, traceable not to the Buddha but to Tibetan historical figures such as Yuthok Gönpo the Younger (*G.yu thog gsar ma yon tan mgon po*, 1126–1202)?

In the late Qing, text-critical monastic historiography Lungrik Tendar inherited, a variety of views were accepted. Janet Gyatso has shown that with the departure from received scriptural orthodoxy amongst certain prominent, empirically-oriented physicians over the course of the 17–19th centuries produced a variety of competing historical representations about the origins of medicine and the kinds of epistemes these authorized.³⁸ In the early 20th century, Lungrik Tendar accepted a more conservative view than his more radical Central Tibetan forebears. Like many before him, including the Fifth Dalai Lama but not Sanggyé Gyatso, Lungrik Tendar identifies the historical Buddha Śākyamuni as the well-spring of not just Buddhist medicine and the Four Tantras, but also of several non-Buddhist medical systems as well. His evidence is lifted from previous Tibetan and Mongolian authors of *khog 'bugs* and *smān gyi chos 'byung*, from many sūtras and tantras containing medical narratives, the abhidharma corpus, as well as vinaya scriptures that regularly describe the Buddha and his immediate disciples involved in matters medical.³⁹

In line with this conservative vision, *The Stainless Vaiḍūrya Mirror* opens with evidence about the location where the Buddha taught the Four Tantras. *The Great Detailed Explanation* (Tib. *Bye brag tu shad chen*), an Abidharma commentary, records that the Buddha once dwelt for four years in a medicinal forest.⁴⁰ This was near Vārāṇasī, Lungrik Tendar tells his readers, in the center of which the Buddha resided for several years upon a large mountain. At its peak, the Buddha manifested a medicinal city called "Lovely to Behold" (Tib. *Lta na sdug*). In the city was a palace at whose center was a throne encrusted with vaiḍūrya. Thereupon sat "our incomparable Buddha Śākyamuni—blue in color like a vaiḍūrya jewel, his hands holding an arura plant and a begging bowl—[in a manifestation] known as Tathāgata Medicine Buddha, King of Vaiḍūrya Light, based upon his nature and his manner."⁴¹

Lungrik Tendar looked not just to scriptural sources but also to material ruins and oral accounts to identify this medicinal forest, its mountain, and its medicinal city. "Lovely to Behold" (*Lta na sdug*) was in the first place a spatial blurring between the Buddha's manifested medicinal maṇḍala and Indra's heavenly abode upon the summit of Mt. Meru according to classical Indian and Inner Asian cosmology. Turning from scripture to oral accounts, those who had been to Vārāṇasī had told Lungrik Tendar that no mountain was to be found in the nearby medicinal forest. Only a meagre pile of dirt remained. Quoting *The Purifying Realms Tantra* (Tib. *Ngan song sbyod rgyud*), our author provides ample scriptural evidence that the Buddha's blessing could swell teaching sites to accommodate the throngs

³⁸ (Gyatso 2017).

³⁹ For a wide survey of the saturation of medicine and medical themes in Buddhist canonical literature across pre-modern Asia, see: (Salguero 2017).

⁴⁰ (Lung rigs bstan dar 1911, p. 39).

⁴¹ Skt. Bhaiṣajyaguru; Tib. Sman bla. Ibid., p. 40.

of human and divine disciples who wished to attend. After his *parinirvāṇa*, for example, many of the Buddha's previous teaching sites shrank to their present, rather underwhelming, size.⁴²

In a similarly miraculous vein, the event of the Buddha's turning of the wheel of the Dharma simultaneously produced bodies of Buddhist and non-Buddhist medical knowledge. In this version, when the Buddha manifested himself as the Medicine Buddha atop the mountain during his four-year sojourn in the medicinal forest near Varanasi, his diverse audience came to hear about medicine with multifaceted karmic baggage and veiling of emotional affliction. In advance of the teaching, the Buddha manifested the five wisdoms as a teacher and four kinds of disciples (gods, sages, Buddhists, non-Buddhists) who enacted giving and receiving medical teachings for the benefit of the world. From that single teaching event, the assembly understood the Buddha's medical instructions according to their needs.⁴³ Lungrik Tendar explained the Buddha's universal transmission of medicine by quoting from the *Entrusted Summary* (*Mjug don yongs gtad*):

The Sugata manifested as sentient beings. He did so in India in order to teach how to prepare medicine. In China, he taught how to perform fire-healing (*me btsa'*) and physical exercises (*sbyongs*). In Dolpo he principally taught how to do blood-letting. In Tibet, he showed how to do pulse and urine analysis. For godly followers he taught *The Hundred Thousand Healing Methods* (*gso dpyad 'bum pa*). For the sages he taught the Eight Divisions of Tsarka (*tsar ka sde brgyad*). For the assembly of tirthika non-Buddhists, he taught *The Black Īśvara Tantra* (*dbang phyug nag po'i rgyud*). For Buddhist attendees he taught *The Cycle of the Three Protectors* (*rigs gsum mgon po'i skor*). Everything is included in these traditions of medical practice. There is no medical practice not included here, because although the loving kindness of the Noble One shows no bias, individuals have different views. For example, while a single moon appears in the sky, different reflections appear in various bodies of water. Though the Buddha makes a single utterance, it will be understood differently.⁴⁴

Lungrik Tendar elaborates that while the Buddha taught medicine broadly to the four types of devotees, he taught the Four Medical Tantras only to the sage Yilé kyé (*yid las skyes*), who was in fact an emanation of the Buddha.

To Yilé kyé, the Buddha taught most of the Explanatory Tantra, half (*tho long*) of the Root Tantra, and briefly on the Transmission Tantra and the Subsequent Tantra.⁴⁵ "After that, the manifested sage Yilé kyé did not take reabsorb [into the Buddha], and instead took on the appearance of a medicinal-sage arhat. After the Buddha passed into nirvāṇa, he collected all the teachings he had received, writing them down upon golden paper using melted vaiḍūrya. This was passed to the Tsho byed gzhon nu, and (this volume) is known today to exist in Orgyan, land of ḍākinīs (*'o rgyan mkha' 'gro gling*)."⁴⁶ After that, Lungrik Tendar begins rehearsing the well-worn stories of Buddhist medicine arriving in Tibet under the auspices of Guru Padmasambhava (who hailed from Orgyan, the land of ḍākinīs, and his Tibetan patron, King Trisong Detsen, who together were remembered by Inner Asian Buddhists for inaugurating the mass Buddhist conversion of Tibet during the Yarlung Empire in the 8th century. This history is well known in secondary scholarship and there is no need to summarize it here. What is unique, and what will occupy the remainder of this essay, are the unique ways in which Lungrik Tendar sought to append Mongolian social, political, economic, and religious history to medicine's long Indian and Tibetan history.

⁴² Ibid., p. 41.

⁴³ Ibid., pp. 42–43.

⁴⁴ Ibid., p. 43.

⁴⁵ Ibid., p. 44.

⁴⁶ Ibid.

4. On Medicine's Mongolian History

To my knowledge, Lungrik Tendar's *Stainles Vaidūrya Mirror* is one of the only substantive scholastic works dedicated to medicine's history in Mongol lands. As mentioned already, systematic training and practice in medicine on the Tibetan scholastic model had come to Mongolian societies centuries earlier, even before the spread of the five sciences in Géluk monastic colleges over the course of the Qing such as during the Mongol Empire in the 13–14th centuries. During the more definitive transmission over the course of the Qing, polyglot Mongolian scholastics had used medicine to mediate the Qing imperium in Inner Asia and to represent and organize Inner Asian religious life in imperial centers such as the Yonghegong monastic college in Beijing and in imperially sponsored sites at Mt. Wutai in Shanxi. Most influential, perhaps, was the effort of the Monguor imperial preceptor to Qianlong, the Third Changkya Khutughtu Rolpé Dorjé (Tib. *lcang skya rol pa'i rdo rje*, 1717–1786), who composed among other things *The Dictionary [Entitled] Source of Scholars*.⁴⁷ This was a dictionary on systematic scholastic knowledge to be used as a reference work for Qianlong's intended project to translate the Kangyur (Tib. *bka' 'gyur*; Mon. *Ganjur*) into Mongolian. *The Source of Scholars* contains a 30-odd folio subsection entitled "On Medical Knowledge" (*gso ba rig pa'i skor*). Other widely read dictionaries that helped standardize a Mongolian language medical vocabulary from the 18–19th centuries were by Gombojab, Kunga Gyatso, and Ngakwang Tendar.⁴⁸

Such dictionaries produced Mongolian equivalents to medicine's special technical language, yet they did little to mobilize the authority of the past to incorporate Mongolian communities into a commonwealth of medical learning that by then spread between the Qing, Tsarist, and British imperiums. Lungrik Tendar's 1911 *Vaidūrya Mirror* accomplishes that temporal and spatial work, thus nativizing medicine in Mongol lands and Mongolizing the global history of the study and application of the Four Tantras.

The very meager references I have found to this work in the secondary literature mention only in passing that Lungrik Tendar understood the transmission of Indian medical knowledge as embedded primarily in tantric transmission.⁴⁹ In relation to medicine's Mongolian history, however, transmission occurred in far more diverse ways than simply the spread of tantra. Its Mongolian history was shaped more notably for Lungrik Tendar by military bloodshed and political subjugation, processes inextricable from the grand events of Buddhist conversion, patronage, canonical translation, monastery building, and the institutionalization of the five sciences in monastic colleges. As always in Qing-era Inner Asian monastic historiography, the events of medical history were driven by enlightened buddhas playing the part eminent monks and lay rulers intervening in human affairs.⁵⁰ Responding to the karmic script of sentient beings, the enlightened deployed medicine in order to promote the abundances that were characteristic of Qing society (in these idealized accounts).

Three great conquest empires are central to Lungrik Tendar's history of the Four Medical Tantras: the Tibetan Yarlung Empire (6–9th centuries CE, during Buddhism was adopted in Central Tibet), the Mongolian World Empire (13–14th centuries CE, inaugurated by Chinggis Khan and his progeny including the Yuan Dynasty, 1271–1368 CE), and the Qing Empire (1644–1911). If we are to believe the tangential oral narratives attached to this work and its author, Lungrik Tendar wrote his world history of the Four Medical Tantras in the final year of the Qing (1911), either in its twilight or else in the dawn of an autonomous Mongolian nation-state and Republican China. Yet none of the emergent Mongol nationalism and anti-Qing sentiment of progressive monastic thinkers is present in the work. His history remains firmly Qing centric, lauding the enlightened Manchu emperors for their part in patronizing the Géluk school and ushering in an era of auspiciousness and soteric possibility to

⁴⁷ (Rol pa'i rdo rje 1985, pp. 227–651).

⁴⁸ See, for example: (Chandra 1981, vol. 289).

⁴⁹ For example: (Lozang 2017, p. 88).

⁵⁰ For an extended study of Mongolian monastic interpretation of the enlightened and the human in the ruins of the Qing, see: (King 2019).

Mongol lands. In *The Stainless Vaiḍūrya Mirror*, Qing emperors such as Qianlong and Shunzhi are positioned in a long lineage of patrons who guarded the Buddhist dispensation, and medicine especially, that extended back to the Mongol khaghans, the Tibetan emperors, and various Indian rulers such as Aśoka.

Modern readers expecting a specialized attention to something called “medicine” as distinct from something called “politics” will be disappointed here and likely to dismiss these long sections of *The Stainless Vaiḍūrya Mirror* as unhelpful in reconstructing a specifically “medical history” of Mongol regions. I would submit that taken in the broad context of Lungrik Tendar’s three hundred folio history of the Four Medical Tantras, rote stories about the political conquests and conversions of the likes of Songtsan Gampo, Chinggis Khan, the Fifth Dalai Lama, Qianlong, or the Jebtsundambas—which may go on for dozens of folios without even a single reference to medicine—were in fact inextricable from medicine’s history for this monastic author and his intended audience. Indeed, we might pause to question what modern, Enlightenment-derived categories lead us to expect that the mechanisms of political conquest would be a wholly other object than the mechanisms of tantric physiology?

Indeed, for Lungrik Tendar there was no separation. He emphasizes how the general history of such conquest empires and their adoption of Buddhism was the story of the Four Medical Tantras. “As for how [the Four Tantras] spread in the Greater Mongolia (Tib. *hor chen po*; Mon. *yeke mongghol ulus*) ruled by Chinggis Khan the Great, it is as follows” writes Lungrik Tendar 236 folios into *The Stainless Vaiḍūrya Mirror*. “King Godan, the second son of Vajrapāṇi’s manifestation Chinggis Khan, invited Sakya Paṇḍita and thereby established Buddhism [in Mongol lands]. Chögyal Phakpa was invited during the reign of Khubilai Khaghan [. . .] They then established many temples, the divisions of the saṃgha, and the tradition of hearing, commenting, and meditating upon the Buddha’s teaching. They also revised the written Mongol language.”⁵¹

And it is in the history of translating the Buddhist canon from Tibetan into Mongolian, before Mongols began participating en masse in the monastic college culture of the Géluk school in the mid-17th century, that medicine’s Mongolian history initially lays buried for Lungrik Tendar. The well-worn story of canonical translation that our author rehashes includes the orthographic revisions, terminological inventions, and translations conducted by scholastics such as Chökyi Özer, Shérab Senggé, and Ayusi Güüsi.⁵² Interestingly, Lungrik Tendar does not even mention the Čakhar ruler Ligdan Khan’s patronage of thirty-five scholars to complete the Mongolian translation of the Tibetan Kangyur. Completed in 1629 in 113 volumes, the “Ligdan Ganjur” goes unmentioned, perhaps because Ligdan became a lifelong enemy of the Qing Empire whose triumphalist history Lungrik Tendar is keen to tell.

Tellingly, perhaps, Lungrik Tendar focuses on the Manchu ruling elite’s early patronage of the Géluk school, and in particular, the relationship forged between the Fifth Dalai Lama (1617–1682) and the Fourth Panchen Lama (1570–1662) in Central Tibet with Hong Taiji (Tib. *The a’i tsang sog ho*, 1592–1643), the dynastic founder of what would become the Qing ruling elite.⁵³ Based upon that auspicious connection, Lungrik Tendar continues, “[Hung Taiji’s] son, emperor Shitsu Shünti, *alias* Shitsü Pibü Tsasakché⁵⁴ [i.e., Shunzhi] conquered Tibet, Mongolia, and China. He invited the 5th Dalai Lama to his palace and enthroned him as the Lord of the Buddhadharmā.”⁵⁵ Thereby, in Lungrik Tendar’s telling, the global history of the Four Medical Tantras found its way via a series of conquest and conversion events, as well as a long history of translation practice, to the apotheosis of religious and secular authority in the world, the Qing-Géluk formation that lasted from 1644 to 1911, the very year he wrote *The Vaiḍūrya Mirror*.

⁵¹ (Lung rigs bstan dar 1911, p. 236).

⁵² Chos kyi ‘od zer; Shes rab seng ge.

⁵³ (Lung rigs bstan dar 1911, p. 237).

⁵⁴ Shi tsu shun ti; Shi tsu’i pi bu’i tsa sag ches.

⁵⁵ (Lung rigs bstan dar 1911, p. 237).

That historical synthesis only deepened with the long rule of Qianlong, who oversaw the complete translation of the Tibetan Kangyur into Mongolian (actually the completion of and revision of work already completed by Ligdan) under the supervision of his tutor, the aforementioned Monguor polyglot Changkya Khutughtu. As we would expect, Lungrik Tendar notes that the latter's *Dictionary Entitled Source of Scholars* was a critical event in medical history in Mongol lands, inaugurating a new era: "This [work] included glossaries related to the Four [Medical] Tantras, and as such he spread [medical knowledge] across Mongol lands of the woolen tent."⁵⁶

Having summarized Mongolian projects to translate Buddhist scriptures beginning in the 13th century Yuan Dynasty and appropriately lauding the patron–patronized relationship that grew between successive incarnations of enlightened as the Manchu ruling elite of the Qing and the monastic hierarchs of the Géluk, Lungrik Tendar follows a well-worn path and provides almost 20 folios of narrative description about that great synthesis of Chinggid blood and Tibetan enlightened mind, the First Jebtsundamba Khutughtu, known as Öndör Gegegen or Zanabazar (1635–1723). In this lengthy narrative, Lungrik Tendar followed the example of many histories of the Dharma in Mongol lands from centuries past who periodized the latter, definitive transmission of the Dharma as starting with Öndör Gegegen's birth.⁵⁷ Zanabazar was born into the noble Chinggisid lineage of Khalkha's Tüshiyetü Khan, his identification as the incarnation of Tāranātha (as well as some other Tibetan masters) by the Fifth Dalai Lama and the Fourth Panchen Lama, his reception and training in the great Géluk centers of Lhasa, and his close relationship with the Kangxi Emperor (to whom he infamously submitted Khalkha in 1691 as a defense against ongoing Dzungar attacks).⁵⁸

In Lungrik Tendar's telling, Zanabazar's life story had little explicitly to do with medicine or medical practice. His important position in medicine's Mongolian history was due instead to facilitating the full adoption of the Géluk tradition in Mongol lands, exemplified by the Géluk–Qing formation, and for driving institution building and other material foundations for scholastic culture to flourish in Khalkha. A single medicinal detail concerns an etymology for what Lungrik Tendar gives as "o thos zhes" in Tibetan, by which he must mean *otači* in Mongolian, a word for physician, which is embedded in Zanabazar's life story. When Zanabazar was spending time near the medicinal waters of Yuru, we read, he began using this term for the physician (*bla sman*) in his entourage. Lungrik Tendar draws out the sacred bond between Öndör Gegegen's recognition of the physicians in his entourage and the legitimacy of the author's medical discipline: "In reality the names of those physicians and the physicians themselves are blessed by the Medicine Buddha. As such, if one makes a connection with them, even if one is treated by one of those *otači* just once, it is certain that one will never be reborn in the lower realms."⁵⁹

5. On the Eminent Mongolian Physicians

If the story of Buddhism's fullest dispensation into Mongol lands begins with the Chinggisid body and enlightened mind of Zanabazar, the full instantiation of the practice and sites of monastic medicine in Mongol lands—beyond the half hazard translation of medical texts and therapeutic ritual procedures—begins with Zanabazar's two eminent Khalkha disciples: Blam-a yin Gegegen Lubsangdanzinjaltsan (1639–1703) and Dzaya Paṇḍita Lubsangperinlei (1599–1662).⁶⁰ "The Four [Medical] Tantras," writes Lungrik Tendar, "were spread so widely in this area because of the kindness of Blam-a yin Gegegen Rinpoché and Dzaya Paṇḍita Rinpoché."⁶¹ In the wake of their pioneering

⁵⁶ Ibid., p. 238.

⁵⁷ For some representative summaries and translations of Öndör Gegegen's life story as it was memorialized at different points in later Mongolian monastic historiography, see: (Dharmatāla and Klafkowski 1987; Kaplonski 2004, pp. 145–73; Bareja-Starzyńska 2015; King 2019).

⁵⁸ (Lung rigs bstan dar 1911, pp. 239–56).

⁵⁹ Ibid., p. 254.

⁶⁰ Bla ma'i ge ge'ing blo bzang bstan 'dzin rgyal mtshan; Dza ya paṇḍita blo bzang 'phrin las.

⁶¹ Ibid., p. 256.

efforts to extend the Géluk tradition into Mongol lands, generations of Khalkha monks would train in systematic scholasticism in monastic colleges (Tib. *grwa tshang*; Mon. *datsang*) dotting their steppe homeland. Many would specialize in the theory and practice of medicine in medical college (Tib. *smān pa grwa tshang*; Mon. *manba datsang*). Thousands of monks would follow these two along increasingly well-trodden paths to major Géluk monastic colleges in Central and Eastern Tibet, as well as in Beijing, or else in local medical colleges established across Mongol and Buryat regions. As the 18th century Géluk polymath Thuken Chökyi Nyima, a Monguor from the Sino-Tibetan-Mongolian frontiers near contemporary Xining, would put it in his 1803 *The Crystal Mirror: An Excellent Exposition That Shows the Sources and Assertions of All Tenet Systems*:⁶² “Thus did the teaching spread through various lands of the Sog [Mongolia]. Over the course of time it became customary for Mongolian monks to go to Ü and Tsang [Central Tibet] for their education, so that many of them, having received a standard Tibetan education, were able to uphold and further the Dharma in various ways through teaching and practice.”⁶³

Pioneering such a journey decades earlier, Blam-a yin Gegegen and Dzaya Paṇḍita would both study in the Lhasa region just as the curricula and ritual programs of many Géluk, Nyingma, Jonang, Sakya, and Kagyu monastic colleges were being standardized, or in some cases, dismantled, under the direction of the Fifth Dalai Lama and the Dési. In the wake of Blam-a yin Gegegen’s journey to Lhasa in particular, records Lungrik Tendar, not only would generations of Khalkha monks train in medicine in Central and Eastern Tibet, but the medicinal college would begin to arrive in Khalkha en masse.⁶⁴ While Lungrik Tendar’s complete description of Blam-a yin Gegegen’s life story need not detain us here, I will share a few key scenes related to medicinal practice, since these were considered by the author to be central to the appending of Mongolian history to received Tibetan khok-buk literature, and since the details are not yet well known to scholarship.

As a young man, Blam-a yin Gegegen journeyed to Lhasa already interested in medicine. In Central Tibet’s holy city, this Mongolian monk studied with no less than Lingtö Zhapdrung, considered an emanation of the Tibetan compiler of the Four Tantras, Yuthokpa.⁶⁵ At another lama-physician’s feet at Nyithang Monastery, Blam-a yin Gegegen was advised “if you rely upon medical knowledge you will benefit sentient beings!” The Mongolian disciple dully received transmissions and teachings on the Root Tantra, as well as teaching on the Subsequent Tantra, two of the four primary texts of the Medical Tantras. In addition, Blam-a yin Gegegen was given “the *Collected Essence (of Medicine)*, experiential [commentaries] on hundreds of [medical] texts, instructions, blessings of the Medicine Buddha, and many other initiations and permissions which are helpful for medical practice.”⁶⁶ He then returned to Lhasa and received still more medical transmissions, instructions, tantric initiations, and practice advice from Lingtö Zhapdrung. In time, Lungrik Tendar tells his readers, Blam-a yin Gegegen prepared to return to Mongolia filled to the brim with medical knowledge and the authority to extend scholastic and tantric medical traditions into Khalkha. The Panchen Lama gave his blessings for the journey accompanied by several auspicious gifts, including “medicinal nectar” (*smān gyi bdud rtsi*) and mixing bowls full of blessed medicine.⁶⁷

Back in Khalkha, Blam-a yin Gegegen became a sought-after master physician, famous for his elite medical training in distant Lhasa. Lungrik Tendar describes how Dzaya Paṇḍita invited him to teach about medicine, give medical initiations, and provide medical treatment in his monasteries. Most important for establishing lineal relations and appending medicine’s Mongolian history to received khok-buk, Blam-a yin Gegegen also gave full transmissions of the Four Medical Tantras and

⁶² Grub mtha’ thams cad kyi khung dang ‘dod tshul ston pa legs bshad shel gyi me long.

⁶³ (Blo-bzañ-chos-kyi-ñi-ma and Lhundup 2009, p. 379).

⁶⁴ (Lung rigs bstan dar 1911, p. 256).

⁶⁵ (Lung rigs bstan dar 1911, p. 263).

⁶⁶ Ibid.

⁶⁷ Ibid., p. 267.

the eight classes of healing in Khalkha, thus officially including Mongol lands in the Inner Asian commonwealth of scholastic medical learning. He is also said to have inaugurated the systematic training and examination of Khalkha monk-physicians when, in 1681, he founded the first medical college in Khalkha.⁶⁸ “In these ways,” concludes Lungrik Tendar, “he increased the conditions for the flourishing of the Buddha’s teaching like a waxing moon.”⁶⁹

Blam-a yin Gegegen’s textual legacy is equally important in *The Stainless Vaiḍūrya Mirror*, as it may be to readers of this Special Issue of *Religions*. Lungrik Tendar records that Blam-a yin Gegegen wrote two volumes-worth of general praises, sadhanas, and the like. On medical matters, he left several works, including *Praise to the Transmission Lineage of Medicine’s Four Tantras*,⁷⁰ *The Clarifying Lamp: Commentary Upon the Root Tantra*,⁷¹ *Commentary On Types of Illness*,⁷² *Summary of the Purging Chapter*,⁷³ *The Practice of Destroying Cold Illnesses*,⁷⁴ *The Practice of Combining the Nectar*,⁷⁵ *The Group of Twenty-Five*,⁷⁶ and *Advice Entitled Droplets of Nectar*.⁷⁷

Dzaya Paṇḍita’s biography, as rehearsed by Lungrik Tendar, is more tangentially related to medical transmission when compared to Blam-a yin Gegegen’s. Yet the life of this Khalkha master is similarly positioned in *The Stainless Vaiḍūrya Mirror* as inaugurating the grand event of Mongolia’s inclusion in (1) the Qing-Géluk formation, (2) medicine’s global geography and history, and (3) Géluk scholastic culture.⁷⁸ Like Blam-a yin Gegegen, Dzaya Paṇḍita’s exceptional training came from receiving mass transmission from Géluk hierarchs in Central Tibet, such as the Panchen Lama, the Fifth Dalai Lama, and the Dési Sanggyé Gyatso. According to Lungrik Tendar, medicine was a key component in the Fifth Dalai Lama’s orders to Dzaya Paṇḍita to widely propagate the Géluk tradition in Mongol lands. Specifically, we read, the latter was told to study medical texts, to become adept at preparing raw medical substances (*khrog sman*), and to master pulse reading and urine analysis. Apparently gleaned from descriptions of medical transmissions outlined in Dzaya Paṇḍita’s famous “records of teachings received” (*thob yig*), entitled *The Clarifying Mirror (Gsal ba’i me long)*, Lungrik Tendar remarks that the Khalkha polymath received many medical transmissions before leaving Central Tibet for Khalkha, becoming especially proficient in medicinal preparations and successfully treating many patients.⁷⁹

Lungrik Tendar ends his biographical sketch of key mediating figures in medicine’s early Mongolian history with a third important Khalkha physician-lama: the Lhatsün Rinpoché, Jinpa Tsültrim Pelzangpo.⁸⁰ Unlike Blam-a yin Gegegen or Dzaya Paṇḍita, but very much like Lungrik Tendar, Lhatsün Rinpoché never traveled to Central Tibet for his training. With medical colleges already established in Khalkha monasteries, and with the full transmission of medical knowledge and practice already delivered, Lhatsün Rinpoché “did the work of the Dalai Lama” in Mongol lands by first receiving the full transmission of the Four Tantras at the Dzaya Paṇḍita’s monastery from an unnamed Oirot physician-lama.⁸¹ Lungrik Tendar pointedly includes Lhatsün Rinpoché—who was to become throne holder at a key medical college on Khalkha soil, Zhenpen Ling—as the culminating biography of the Indian, Kashmiri, Tibetan, and Mongolian lama-physicians he had described in medicine’s long global history.⁸²

⁶⁸ (Wallace 2015, p. 106).

⁶⁹ Ibid., p. 274

⁷⁰ Gso ba rig pa’i rgyud bzhi’I lung rgyud gsol ‘debs.

⁷¹ Rtsa rgyud kyi ‘grel pa gsal pa’i sgron me.

⁷² Nad kyi dbye ba’i rnam bshad.

⁷³ Bshal le’i sdom lta bu byas pa.

⁷⁴ Grang ba spyi ‘joms kyi sbyor ba.

⁷⁵ Bdud rtsi bcad ‘byor gyi sbyor ba.

⁷⁶ Gnyer lnga’i sde tshan.

⁷⁷ Man ngag bdud rtsi’i zegs ma rnam. Ibid., p. 275.

⁷⁸ On Dzaya Paṇḍita’s scholastic life, see: (Ujeed 2017; Bareja-Starzyńska 2015).

⁷⁹ Ibid., p. 279.

⁸⁰ Lha btsun rin po che sbyin pa tshul khirms dpal bzang po.

⁸¹ Ibid., p. 294.

⁸² Gzhan phan gling. Ibid.

In these ways, our author wrote medicine's Mongolian history as an extension of received khok-buk, occupying a privileged institutional position in Mongolia's still-thriving medicinal colleges. He had turned to history in order to definitively set Khalkha within the commonwealth of medical learning that, for him and generations of monastic historians of medicine in Inner Asia, lay at the heart of the history of Buddhist transmission in South and Inner Asia, and more specifically, at the heart of the Qing formation.

6. On the Practice of Medicine

Lungrik Tendar was most celebrated for his turn of the 20th century exegesis of Central Tibetan medical praxis, and for building upon that knowledge based on the ecologies of local Khalkha botany and ritual tradition. In the closing pages of *The Stainless Vaiḍūrya Mirror*, Lungrik Tendar turns from medicine's global history to instruct his readers how to appropriately summarize the contents of the Four Medical Tantras. He emphasizes that, in general, the Four Tantras must be presented as a single commentary (*rgyud bzhi 'di ni bstan bcos lus gcig*). It is especially interesting to note how Lungrik Tendar seems to anticipate a popular readership, since he extolls the Four Tantras as accessible even for non-physicians and as the basis for non-expert treatment, away from the formal practices authorized by a medical college or the performance of restricted tantric healing rituals.

Each chapter of the Root and Explanatory Tantras, he begins, is organized to systematically build up the foundations of medical knowledge. For example, the Root Tantra (*Rtsa ba'i rgyud*) identifies "the object of healing," or the body, "the object which is to be destroyed," or illness, "the enemy of the object which is to be destroyed," or medicine, and "how to destroy the enemy and protect one's friends," or healing practices.⁸³ The second text, the Explanatory Tantra (*Bshad pa'i rgyud*), describes how the body is established, its nature, its defining characteristics (*mtshan nyid*), karmic processes related to physiology, and very importantly, "refuting the view that the body is a transitory collection which is permanent."⁸⁴ One must first know about the generation of a body and its mechanisms before learning about the conditions by which illnesses arise and decline. Then one may learn preventative methods for maintaining bodily health, such as wholesome eating practices. The Explanatory Tantra then introduces how to "combine tastes and essences together," by which he means methods for preparing medicinal substances, as well as how to prepare and use surgical instruments.⁸⁵ Turning to diagnostic methods explained in the Explanatory Tantra, Lungrik Tendar emphasizes that "when someone becomes sick from temporary conditions, anyone [not necessarily a doctor] can self-diagnose," but that certain illnesses will always require the skilled hand of a trained physician. With this in mind, the Explanatory Tantra also supplies its readers with lists of the appropriate qualities and behavior of a qualified physician.⁸⁶

On the basis of a foundational knowledge about physiology, the constitution of health and illness, basic diagnostic methods, and the nature of physicians in the first two tantras, the Quintessential Advice Tantra (*Man ngag gi rgyud*) presents a more elaborate typology of illness, which Lungrik Tendar writes should be presented as the eight branches of illness and fifteen healing methods. The former includes illnesses of internal organs and their treatment, such as the stomach or the womb, as well as afflictions specific to women, demon-inflicted illness, poisoning, wounds from warfare, sickness associated with old age, and impotence (*ro tsa ba*). Altogether, writes Lungrik Tendar, the Quintessential Advice Tantra ought to be characterized as "explaining methods for healing illnesses from the crown of the head to the soles of the feet."⁸⁷

⁸³ Ibid., p. 295.

⁸⁴ Ibid.

⁸⁵ Ibid., p. 296.

⁸⁶ Ibid.

⁸⁷ Ibid., p. 297.

The Subsequent Tantra (*Phyi ma'i rgyud*), finally, is to be described as elaborating technical training in diagnosis (*brtag pa*). Among the many diagnostic techniques described, “the supreme [method] relies upon pulse analysis (*reg pa rtsal*),” after which comes urine analysis (*chu la brtag pa*) “which is like looking into the reflection of a mirror.”⁸⁸ Regarding varieties of diseases of heat or cold, one is instructed to employ medicines of ascending strength, beginning with liquid preparations, then powders, and finally pills. While this will work in most instances, “it is said that ailments of joints, the skin, and some illnesses related to old age can best be healed by ingesting medicine mixed with food.”⁸⁹ Lungrik Tendar concludes by hastily listing cures, perhaps for the most common afflictions his audience might face. For bodily vitality, the Subsequent Tantra contains special recipes for medicinal butters (*smam mar*). For swelling of the penis, one will find directions for preparing salty liquid tinctures. The wealthy among his readers will want to protect their privilege by preparing jewel medicine, as will the poor wishing to improve their lot. When all else fails, one must occasionally turn to more aggressive treatment. Anal and nasal suppositories receive special mention here, as do burning and expulsion through induced vomiting, diarrhea, and bloodletting.⁹⁰ The Subsequent Tantra, Lungrik Tendar seems to stress, has cures for everything and everyone.

7. Conclusions

Lungrik Tendar closes the 300 folios of his history of the Four Tantras with a single, telling sentence: “the Omniscient Great Fifth [Dalai Lama] accepted that the Four Tantras are sūtra, based on their explicit meaning, while from the perspective of their hidden meaning they are secret mantra of the Unexcelled Tantra Class (*bla na med pa'i rgyud*).”⁹¹ Like the dirt of the mountain where the Buddha taught multiple medical systems long ago, which grew and shrank miraculously based on his blessings, and like a single of his medical teachings which were understood so differently by gods, sages, and heretics, the canon of Inner Asian medicine existed in the plural. It was exoteric and esoteric. It was the word of the Buddha as well as an early twentieth century invention of a Khalkha monk seeking to stem an outbreak of smallpox. The Four Tantras thus represented for Lungrik Tendar a body of knowledge that is both closed and open, complete and unfinished, expert and amateur.

Medicine’s histories and territories were similarly treated as both global and local. Lungrik Tendar’s medical aesthetics in *The Stainless Vaiḍūrya Mirror* authorized not only the social sites, persona, and practices of monastic medicine in Khalkha, but more generally helped emplace Khalkha in the Qing-Géluk formation and in scholastic culture specifically. Lungrik Tendar’s medical aesthetics thus simultaneously disciplined fields of scholastic knowledge such as “medicine” (*gso ba'i rig pa*), but also objects like “Tibet” (*bod*) or Mongolia (*sog*), regimes such as the Aśoka’s Mauryan empire or the mighty Qing Empire (*ching gur chen po*), healing practices such as medical treatment (*gso dpyad*) and tantric ritual (*cho ga*), the exploits of Chinggis Khaan and Qianlong, great conflicts between the Khalkha and Oirat, and the social site of the monastic college (*grwa tshang*). Such were the territories of “medicine,” a sprawling matrix of bodies—physical, mental, social, legal, political—bound inextricably to one another in space and time through aesthetic production.

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⁸⁸ Ibid.

⁸⁹ Ibid., p. 297.

⁹⁰ Ibid., p. 298.

⁹¹ Ibid., p. 299.

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