



Essentials of Tibetan Traditional Medicine

Thinley Gyatso and Chris Hakim. 2010. North Atlantic Books, Berkeley. Pp. 416. \$24.95 (paperback). ISBN 978-1556438677.

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Received: August 30, 2013

Published: October 13, 2013

Volume: 4:105-106

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This volume is undoubtedly a significant contribution to the dissemination of traditional Tibetan medical knowledge to an English-reading audience. It contains concise summaries of key concepts in the medical tradition: explanations for various types of disorders, caused by imbalance in the three fundamental humors of the body; a very cursory description of the healthy body and how to diagnose a body in dis-ease; and a fairly extensive (although by no means exhaustive) presentation of therapeutics used to restore health. Much of the text is in summary of a 4-volume work from the 11th Century that forms the heart of the Tibetan medical tradition: *The Four Tantras* or the *Rgyudbzhi*. The pithy presentation of *Essentials of Tibetan Traditional Medicine* is effective, perhaps because the authors themselves have studied Tibetan medicine (one of them—Gyatso—a graduate of the Men Tsee Khang, Tibetan Medical and Astrological Institute, in Dharamsala, India, and a doctor of Tibetan medicine, and the other—Hakim—a graduate from the International College of Traditional Chinese Medicine in Vancouver, Canada, and a student of Tibetan medicine) and can therefore identify key points that should be emphasized to a western audience.

Part III (on therapeutics) is perhaps of the most interest to ethnobiologists. This is where information is provided on over 100 different materials used, arranged according to the disorders that the materials treat.¹ Typically, each entry has the following: the Tibetan name, often a drug name, a botanical name, part of the material used, tastes and properties, therapeutic uses and actions, and a small-sized line drawing of the material. Most entries also have information on known pharmacological properties, some have a list of references, and a few have additional comments. The authors indicate that they choose to include the most commonly used and easy

to procure materials from the vast cannon of *materia medica* in the tradition. Another section in Part III, titled “Commonly Used Herbal Formulas” provides ingredient information (arranged, again, by the disorders being treated and using Tibetan names with English common names) for 59 recipes; no information on measurements or proportions is given. A related section discusses building-block herbal combinations. These sections are interesting as well as extremely important, as such information is not at all easily available to a western audience; to the best of my knowledge, this information has not been published previously in English. Some medicine formulas are highly secretive, and therefore not appropriate to share, but the ones provided in this volume apparently fall more into the domain of public use.

Other strengths of the book include the use of Tibetan script, Wylie transliteration, appendices with the Tibetan alphabet and Wylie transliteration, sample curricula for courses in Tibetan medicine, and various references.

My main criticisms generally have to do with the authors’ choices in the section on *materia medica*. The decision to use “herb” for “materia medica” does not make sense to me. The authors state that they do so for the sake of brevity. But semantically “herb” does not and will not—at least in our lifetime—mean anything other than “plant material.” So using “herb” to refer to animal parts or minerals (important types of *materia medica* used in many traditional medical systems, including Tibetan medicine—and included in this volume) is extremely misleading and in fact, incorrect; the sacrifice for brevity (saving 10 typed spaces?) seems not worth it.

The authors rightly note the difficulty in translating Tibetan names into botanical names; this is a



perpetual problem when any two ethnobotanical and linguistic systems meet. Some of the troubles they indicate, however, are quite easily solved by identification to the genus level. For example, they discuss the challenge in identifying *khur mang* at the species level—it could be *Taraxacum officinale*, *Taraxacum mongolicum*, *Taraxacum tibetanum*, *Taraxacum sikkimense*, or altogether some other species of *Taraxacum*; they therefore chose to use the common English translation of dandelion for *khur mang*. This is all fine and good (and in fact works well for *khur mang* and dandelion, I believe), but in fact they could use the botanical designation of *Taraxacum* spp. which means “several species of the genus *Taraxacum*.” In fact, this designation is often the best to use anyway (or a list of all possible species, as the authors provide for *bong nga nag po*), since, as the authors note themselves, local varieties in plant geography as well as human practice can make identification to the species level very difficult if not impossible.

Lastly, the decision to use drug names has both positive and negative aspects. Sometimes it helps a non-botanist/biologist reader identify a material. For instance, *ka ko la* is identified as *Amomum subulatum*, with the drug name of black cardamom. Readers might recognize black cardamom but possibly not the botanical name, so in this case the use of a drug name is helpful. At other times, however, it adds another

level of translation that seems unnecessary. For example, the drug name of bolenggua is used for *gyi me tog* (identified as *Herpetospermum pedunculatum*). As the authors explain, bolenggua comes from Chinese *boleng gua zi* which is itself a term unidentifiable to the species level and including plants grouped together in the Chinese medical tradition (*H. pedunculatum*, *Momordica charantia* and *Momordica cochinchinensis*)² but not the Tibetan medical tradition. In this case, the use of a drug name may in fact complicate or conflate knowledge from the Tibetan tradition with another.

Despite these criticisms, I highly recommend Gyatso and Hakim’s volume to those interested in Tibetan medicine, ethnomedicine, and ethnobotany in general. I commend the authors on their success in synthesizing key components of a very complex medical system, and at making Tibetan medical knowledge accessible to a broad audience.

Notes

¹This, coincidentally, was the most salient schema of classification that the review author found in her work with doctors of Tibetan medicine (classifying/sorting according plants according to the disorders that they treat).

²These three species are also members in the same botanical family, Cucurbitaceae.