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rTsa in the Tibetan Manuscripts from Dunhuang

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Abstract
In the earliest extant specialist medical work *sMan dpyad zla ba'i rgyal po (The Medical Investigation of the Lunar King*, early 8th century CE) and the classical work of Tibetan medicine, *rGyud bzhi* (*The Four Medical Tantras*, generally dated by scholars to the 12th century CE), there are records of *rtsa* in its meaning of 'pulse taking'. The concept of *rtsa* in Tibetan medicine, as the Chinese *mai* 脈,[1] eventually came to combine notions of 'the vessels' and 'channels' of the body with diagnostic readings of 'pulsating vessels' at its surface. This article considers the earliest extant records of *rtsa* from Dunhuang and finds evidence of the separate development of these two aspects. These early records are unique inasmuch as they not only provide a source for history of medicine, but also represent Tibet and Tibetan culture as an important place for both cultural exchange and resistance, particularly in the transmission of medical knowledge and practice from China.

Keywords
rtsa; Tibetan medicine; Dunhuang manuscripts

How did the earliest medical practice and ideas about *rtsa* first come into being? Was there a slow and gentle absorption of ideas from neighbouring cultural areas that stimulated the formation and maturation of knowledge about reading and interpreting the pulse in Tibet? What was the response and reaction of Tibetans when encountering different cultures and medicines? To answer these three questions on the basis of sources available to us, we have to rely on the research and analysis of philologists and historians working across a range of different languages and academic traditions.

Previous studies of the *rtsa* have tended to elide references to physical channels in relation to the pulse, and leave unquestioned how these concepts and

[1] *Mai* is a term that is difficult to translate. It has been rendered in English as 'channels', 'vessels', or 'pulse', translations that reflect the divergent traditions of anatomy and physiology in European medicine. Kuriyama 1999, 30–7; Lo and Li 2007; Harper 1998, pp. 68–90. For a discussion on the similarities and differences between Chinese and Tibetan pulse-diagnosis see Zhen and Cai 2007.

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practices relate to the complex construction of ideas about a 'circulation' of substances around the body.[2] This article looks at the tension between the first two of these aspects of *rtsa*, leaving the issue of circulation for a later study. In an attempt to try to uncover some of the process of cultural transmission at a time before the earliest extant classical works of Tibetan medicine were compiled, and taking into consideration that manuscripts provide more solid historical evidence than transmitted texts (the latter frequently being subjected to unseen editorial modifications), the main source about *rtsa* for this study are the Tibetan manuscripts that were retrieved from the Mogao cave at Dunhuang.[3]

Dunhuang, now in Gansu Province, and formerly an important Silk Road town, is located in the furthest Western part of the modern Hexi corridor. It is not only at the primary passage from the Chinese cultural area towards the Western Regions, but also at the main point of land entry for people traveling from west to east. Against the background of its strategic military and political location through centuries of conflict, Dunhuang was a point of cultural exchange between different ethnic groups, especially before the 'maritime Silk Routes' were established in the Southern Song (1127–1279). The Yue shi and Gao Chang people, the Xiongnu, Chinese, the Turks, the Tuyuhun, the early Tibetan state of the Yarlung dynasty, Uighuir, and the Xi Xia all lived there. Whether primarily a Chinese military garrison, or during the eighth-ninth centuries under the control of the Tibetan rulers, the strategic location of Dunhuang on the trade routes entailed complex exchanges between a variety of ethnic groups. Moreover, from the opening of the Silk Routes, with the development of trade between east and west, the culture in Dunhuang was further enriched with religious communities, many of which provide the institutional context for the production and dissemination of new knowledge. Confucianism and Daoism, Buddhism, Zoroastrianism and Manichaeism all existed side by side, in the multi-cultural environment at Dunhuang.

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[2] The relationship between physiological ideas common to Buddhist tantric contemplative practices and Tibetan medical physiology provides an important point of comparison with Chinese influences. For a discussion of the channels in the Kālacakra, for example, see Wallace 2001, particularly pp. 101–6. It is important to distinguish between the movement of substances along channels in the body and belief in the circulation of those substances. In the Chinese context, the concept of circulation entailing those substances returning to the point of departure is often first modeled on the movement of the stars and planets. See Lo 2008. The imagination of *qi* traveling in channels around the body is also present in second-century BCE Chinese manuscripts on therapeutic exercise and meditational techniques.

[3] Luo (ed.) 2002, p. 307.

The manuscripts, silk scrolls, and silk products, murals and Buddhist statues enclosed for a thousand years in the Mogao cave library at Dunhuang have important academic value for the study of the culture, religion, medicine, art, economics and politics of the time. The serendipity of the opening of the Mogao cave library, however, and the confused scattering of the collection, complicated research into Dunhuang culture for many decades. Hence, we not only need to increase attention to the cultural history of Dunhuang, but also to learn the history of the dispersal of the archive. Nobody has a complete record of what was in the cave when it was opened. This was followed by the sale of the treasures to foreign explorers. Little by little, knowledge of the order of these manuscripts, the classification of their contents and their contemporary significance has been eroded. The original numbers of the manuscripts were deleted and re-edited into a new series of classification; the original covers of the manuscripts became separated from the manuscripts and later were collected and displayed in different collections. All of this has made it more difficult to identify and study these manuscripts.

Rong Xingjiang characterises the early distribution of this collection, beginning with the opening of the cave library in 1900 and coming to a head with Stein's arrival at Dunhuang in 1907, as having five main streams in China: Tingdong's 廷栋 collection, Ye Changzhi's 叶昌炽 collection, Duan Fang's 端方 collections, Su Zipei's 苏子培 and Lu Jiliang's 陆季良 collection.[4] Later the expeditions of Stein and Pelliot, the Japanese Tachibana Zuichō and Yoshikawa Shōichirō, the Russian S. F. Oldenburg and the American, Langdon Warner, bought, one after the other, parts of the collection from the monk, Wang Yuanlu, discoverer and guardian of the collection at that time. The result is that they are scattered throughout the world from St Petersburg to London, Paris and Ryūkoko. Stein and Pelliot took the core of the treasures. It is on the evidence of the Tibetan medical manuscripts that are kept in these two collections, now housed in the British library and at the Bibliothèque Nationale de France, that the following article is based.

The re-appearance of the tens of thousands of manuscripts at the beginning of the 20th century brought about a revolution in our understanding in many fields of Asian studies. These include primarily the history of Buddhism and Buddhist art. They are just beginning to have an enormous impact on the rewriting of the history of Chinese medicine.[5] As we begin to unravel the story of the first globalistion of technical knowledge through the contact between

[4] Rong 2001; Imeda *et al.* 2001; Cong 1994 .

[5] Twitchett 1966; Mair 1989; Lancaster and Lai (eds) 1983. For medicine see, for example, Despeux forthcoming; Lo and Cullen 2005.

Chinese, Tibetans, Indians, Mongolians, Sogdians and many more peoples who lived and traded along the Silk Routes, the Dunhuang manuscripts provide their testimony at the very outset.[6]

Dunhuang is a significant locus in the history of cultural contact and a strategic link on the Silk Routes. Apart from the manuscripts written in Chinese and Tibetan discovered in the manuscript cave, there were others in Sanskrit, Sogdian, Uighuir, Kucha and other languages. There were also those with completely unrelated texts written in different languages on the recto and verso of one manuscript, such as, a text in Chinese on one side and another text in Sanskrit on another. Further evidence of cultural exchange apparent in the Dunhuang manuscripts comes in the translation or transliteration from one language to another. Here we can cite Chinese classics written in Tibetan (P. 1228, P. 1239);[7] Zhang Zhung medical literature translated into Tibetan (I.O. 755);[8] Sogdian Buddhist scriptures translated from Chinese sources, and Manichaean works written in Chinese.[9] There is also evidence of phonetic borrowing from the Chinese in Tibetan drug terminology.[10] This bricollage of different texts in one location demonstrates the potential that existed for cultural contact in Dunhuang at that time. The remaining sections of this paper will attempt to observe these contacts in their medical context, as we look at the concept of *rtsa*.

Describing the Pelliot and Stein Tibetan medical manuscripts, Luo Bingfen 罗秉芬 and Liu Yinghua 刘英华 point out that:

> of the Tibetan manuscripts [including those directly transliterated from other languages into Tibetan] from the Tubo period [i.e. the early Tibetan state of the Yarlung dynasty, sixth-ninth century] that were originally preserved in the Mogao caves at Dunhuang and that are now distributed worldwide, scholars have identified that 24 are concerned with medicine, including 10 which are in the Paul Pelliot collection at the Bibliothèque Nationale de France and 14 in the Marc Aurel Stein collection in the British Library.[11]

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[6] See, for example, Kovacs and Unschuld 1998; Chen 2005.

[7] Luo 2002, p. 126.

[8] Luo 2002, pp. 242–51 and 125.

[9] Stein 2000, p. 286.

[10] Luo 2002, preface p. 11, says: 'in particular the two manuscripts St.756 and I.O.56 and 57 are different from the other four manuscripts in that many drug names are transliterated from Chinese'.

[11] Luo 2002, p. 307. (P.t. 127, P.t.1044, P.t. 1057, P.t. 1058, P.t. 1059A, P.t. 1059B, P.t. 1059C, P.t. 1059D, P.t. 1059E, P.t. 1061, P.t. 1062, P.t. 1063, P.t. 1064, P.t. 1066; S.t. 401. I, S.t. 756, S.t. 757, S.t. 758, S.t. 759, S.t. 760, S.t. 761. I. II, S.t. 762. I, S.t. 763, S.t. 1100, S.t. 1101, S.t. 1254, S.t. 1278).

When Luo Bingfen, Byams pa 'phrin las and Huang Fukai 黃福開 worked on their annotated catalogue, they were not able to work from the original manuscripts, but their research was based on previously published catalogues, photographs and facsimiles. Nevertheless, on the basis of this catalogue, we can come to a general appreciation of Dunhuang Tibetan medical texts. Six of these texts have already been published in a volume where the Tibetan appears alongside a Chinese transcription: three are on general medical therapy (S.t. 756, P.t. 1057, I.O. 56, 57); two are on *mye btsa'* (moxa) (P.t. 127, P.t. 1044); and one is an illustration of strategic Tibetan body points (P.t.1058) which bears comparison with the Chinese illustrations in S.6168/6262.

These manuscripts contain the earliest surviving medical texts pre-dating the more theoretical and systematic medical works such as *The Medical Investigation of the Lunar King* (*sMan dpyad zla ba'i rgyal po*) and the *Four Tantras* (*rGyud bzhi)*. Moreover, according to Byams pa 'phrin las, the contents of the two *rGyud bzhi* chapters on cautery and moxibustion (*mthong ba me long chu la ngos bzung ba*) and bloodletting (*reg pa rtsa la nad ngos bzung ba)* are believed to be derived from Pelliot manuscripts P.t. 127, P.t. 1044 and P.t. 1057, now held at the Bibliothèque Nationale de France.[12] Moreover, there is no current consensus about the accuracy of the dating and identity of the medical sources of Zhang Zhung and the Bon religion, leaving the Dunhuang Tibetan medical texts as the earliest reliable extant evidence for the purposes of research into the origins and development of Tibetan medicine. Based on the quality of the manuscripts, and the special characteristics of ancient Tibetan script, grammar and rhetoric, historians and archaeologists have identified the eighth-ninth century CE, or even earlier, as the date for these manuscripts.[13] Thus, despite the small number of manuscripts that are in the public domain and the fragmentary nature of some of them, they are a substantial resource and we must not underestimate the significance of their testimony.

From these valuable early ancient Tibetan medical texts we can analyse some of the features of contemporary Tibetan knowledge of *rtsa*, a foundational concept in the physiology of the body and in pulse diagnosis. In the Dunhuang manuscripts this concept appears in several variations:

[12] Based on an analysis of P. t. 127, P. t. 1044 and P. t. 1057. See, in particular, the preface to Luo's book 2002 by Byams pa 'phrin las. Luo also emphasises this point throughout the book.

[13] Luo 2002, p. 9.

Concept	Manuscript
rtsa	S.t. 756, P.t. 1057; P.t. 127
heart (*snying rtsa*)	S.t. 756[14]
liver (*mchin rtsa*)	P.t. 1057[15]
lungs (*glo rtsa*)	P.t. 1057[16]
hands and arms (*lag rtsa*)	S.t. 756[17]
eyes (*myig rtsa*)	P.t. 1057[18]
tongue (*lce rtsa*)	P.1057[19]
tiny blood vessels (*rtsa bran*)	S.t. 756[20]

Although not mentioning *rtsa* as such, the following phrases are also helpful for understanding this concept and its contexts:

arm vessel (*ru thung*)	P.127[21]
large vessel of the neck (*ske sbom po'i drung nas*)	P.t. 127[22]
the large one under the tongue, (*ltsi'i 'og pa chen po*)	S.t. 756[23]

From the different occurrences of *rtsa* in the Dunhuang manuscripts, we can describe some of their characteristics as they appear in these texts:

1. *rtsa* run all over the body, and are distributed both on its internal and external surfaces.
2. *rtsa* have different qualities: there are the large and the small, the fine and the rough, those laid out in networks etc.
3. *rtsa* often relate closely to blood and blood-letting. For example: 'when it is the small fine vessels [that are broken] and blood flows out unceasingly, one can smash a stone and [take a small rough] bit and bake it with bone

[14] Luo 2002, pp. 8/146. The first page number here and hereafter gives the Chinese translation, and the second reference gives the page on which the Tibetan transcript appears.
[15] Luo 2002, pp. 4/138, 16/180.
[16] Luo 2002, pp. 16/179.
[17] Luo 2002, pp. 12/153.
[18] Luo 2002, pp. 16/180.
[19] Luo 2002, pp. 15/179.
[20] Luo 2002, pp. 4/137.
[21] Luo 2002, pp. 29/223.
[22] Luo 2002, pp. 28/221.
[23] Luo 2002, pp. 1/131.

until it turns into white powder [and smear it on] to stop bleeding'.[24] Or: 'If you cannot find sheep's blood, you can use [the patient's] own fresh blood taken from his/her arm vessel (*lag rtsa*)'.[25]

4. Humans have 'pulsating *rtsa*'. For example: 'tightly press down on the right hand *rtsa*'.[26] The term '*phar ba* (as in P.t. 127)[27] or: *par par* (as in P.t. 1057) means: 'pulsating' [*rtsa*].
5. There are good and bad *rtsa*. For example: '...the liver *rtsa* is not good'[28] or: 'Once the four limbs are relaxed, first feel the bad *rtsa* purged, then feel the good *rtsa* emerging.'[29]

It is not difficult to see that the *rtsa* discussed above primarily refer to blood vessels and are related to the properties of blood, although not to what we understand as the 'pulse'. Although there is a reference to 'pulsating' *rtsa*, it appears that in this context, *rtsa* is conceived predominantly in relation to the practice of blood-letting. With the reference to 'good' and 'bad' *rtsa*, however, we must be extra cautious and take into account the larger cultural context in which 'good' and 'bad' assume their meaning.

Preceding the citation in 5 above appears the following instruction:

> Strictly on the fourth day of 29 days[30] when you puncture [the body] and let the blood you have to concentrate on these words internally.[31]

What follows seems to be a form of inner meditation that must be performed on a specific day to enhance the effect of the blood-letting. At this point we might understand that the physician is palpating the pulse and that he feels (*chor ka'i tsa*) foul (*ngan pa*) or good (*bzang ba*) qualities of the *rtsa*. More significantly we can arrive at a deeper sense of the kind of internal incantation or prayer that is an integral part of the ritual of blood-letting and the wider culture of *rtsa* therapy.[32]

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[24] S.t. 756: Luo 2002, pp. 4/137: "rtsa bran khrag myi chod pa la| rdo bcags pa'i 'phro dang| rus pa bsregs dkar pos glan na phno|".

[25] S.t. 756: Luo 2002, pp. 12/153: "lug khrag ma rnyed na| bdag gi lag rtsa thob la| khrag dron po thong shig|".

[26] P.t. 1057: Luo 2002, pp. 18/184: "lag pa g.yas pa'i| rtsa| par par bgyid pa dam du mnan na chad|".

[27] P.t. 127: Luo 2002, pp. 27/219.

[28] P.t. 1057: Luo 2002, pp. 16/180: "na mchin rtsa kang ngan pa".

[29] S.t. 756: Luo 2002, pp. 8/145: "zhi btsam [zhi 'jam] lag bzhi| chor ka'i rtsa gang ngan pa sngar gchad| gang bzang ba phyis gchde do bsnyams na phno|".

[30] Fifteen days after the sun is in its 43rd degree of the seventh star, or around tenth of August, when the frost of autumn can be observed. As annotated by Luo 2002, 168.

[31] S.t. 756: Luo 2002, pp. 8/145.

[32] See Lo 2001, pp. 96–9 for a translation of the kind of incantation used in medieval Chinese moxibustion therapy.

The references to pulsating vessels are not systematically related to diagnosis: the illnesses in the Tibetan medical manuscripts from Dunhuang are not correlated to a particular quality of the pulse. Thus, for example, when the Dunhuang Tibetan medical manuscripts record *tshad pa* (febrile) and *grang nad* (cold illnesses), it is not in the same sense as the febrile (溫熱 *wenre*) or exogenous cold illnesses (傷寒 *shanghan*) syndromes that are closely related to critical states of the pulse, and to prognosis with pulse that are found in the Chinese pulse texts from Dunhuang.[33] This suggests that while the *rtsa* is significant in blood-letting, and thus related to various therapies, there is no evidence in the Dunhuang material for a diagnostic theory differentiating illnesses according to pathogenic qualities of the pulse.

Apart from P.t. 1058 which is a chart illustrating strategic points on the body, the remaining five Dunhuang Tibetan manuscripts in the Luo collection are predominantly remedy texts. A survey of all of these texts reveals that the remedies are most often arranged in the following manner:

> when X cause leads to Y symptom, use Z to treat it
> or
> with X illness there are Y symptoms, use Z to treat it.

This represents the kind of remedy that proceeds directly from a simple cause like an 'animal bite' or 'injury', to presenting symptoms and therapy, without passing through any theoretical diagnostic discourse that involves the pulse. One could say, then, that these Tibetan medical manuscripts are concerned with practical therapy and are not concerned with medical theory.

In contrast, many treatises on Chinese pulse-taking were retrieved from the Dunhuang caves such as *Pingmai lue li* 平脈略例, *Shanghan zabing lun: Bianmai fa* 傷寒雜病論辨脈法, *Maijing* 脈經, *Wang ming shi maijing* 亡名氏脈經, *Xuangan maijing* 玄感脈經 and so on. Moreover, there are frequently several versions of the same text, such as five copies of *Pingmai lue li*. The contents of these five manuscripts, according to Ma Jixing, are derived from Wang Shuhe's *Mai Jing*. After excerpting, adopting and supplementing some words, the core text apparently dates to between the Six Dynasties to Tang Dynasties (third-tenth centuries).[34] *Shanghan Zabing lun; bianmai fa* is an ancient version of this text.[35] *Xuangan mai jing* is also similar to the *Pingmai lue li*.[36] Their pre-Tang dating, and the number and content of these manuscripts, show a

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[33] Lo and Cullen 2005, p. 385.
[34] Ma 2005, p. 124.
[35] Ma 2005, p. 223.
[36] Ma 2005, p. 125.

systematic knowledge of pulse-taking. One extraordinary fact is then that, while in the eighth-ninth century, Chinese pulse diagnosis had reached an advanced state of systematisation, the only extant Tibetan medical manuscripts from that time show little evidence of Chinese influence.

Where it might seem from this evidence that up until the tenth century, and the closing of the Dunhuang cave store, there had been little appreciation or interest in Chinese pulse diagnosis, the situation changed shortly thereafter. Having read and researched the whole text of *sMan dpyad zla ba'i rgyal po (The Medical Investigation of the Lunar King)* for many years, it is clear that when we compare its knowledge of *rtsa* with Chinese knowledge of the pulse, the majority of contents of pulse taking in *The Medical Investigation of the Lunar King* are basically similar,[37] including the optimum time, the location for pulse taking, the corresponding relationships between the viscera and pulse manifestations, the pulse manifestations etc. It appears that the ten chapters of *sMan dpyad zla ba'i rgyal po* include translations compiled from a range of Chinese sources on the subject.[38] Therefore, some of its parts were probably imported independently into the compilation, bearing little relationship to the other chapters.

Evidently, the six manuscripts published by Luo are just the tip of the iceberg and, for the reasons of the dispersal of the archive, may not even represent the complete extant collection of Tibetan medical texts from Dunhuang. Therefore, although we see a simple knowledge of the *rtsa* related to the vessels in these manuscripts, there may have been other contemporary manuscripts on pulse-taking that have not survived. More work is also yet to be done on the other medical manuscripts, which might provide further insights on the question of *rtsa*.

During the eighth-ninth century Tibetan rule of Dunhuang, of the neighbouring countries and regimes, Tang China, the Uighur tribes, Tazig[39] and ancient India, it was with Tang China and India that the main cultural contacts occurred.[40] At that time, the Tang dynasty was politically stable and had a flourishing economy. Its culture had won a high standing in the world throughout Asia and beyond. Chinese pulse-taking was an important feature of Chinese medicine. The monk Yi Jing 义净, who went to India at the end of

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[37] Zhen 2004, pp. 55–74.

[38] This can also explain the differences discussed by Meyer between pulse diagnosis in *The Medical Investigation of the Lunar King* and Chinese pulse diagnosis. See Meyer 1990.

[39] Referring in Tibetan contexts to western, mostly Persian, influences.

[40] Garrett and Adams forthcoming; Kovacs and Unschuld 1998. On the influences between Chan and Tibetan Buddhism as reflected in the Dunhuang Buddhist literature see Van Schaik and Dalton 2004 and Meinert 2002.

the seventh century to bring back the Buddhist scriptures, pointed out that 'in acupuncture, the skill of pulse-taking in China is peerless and absent in ancient India. Who in the world does not respect it?'.[41] This suggests, on the one hand, that Chinese pulse-taking was well-known and respected. At that time, pulse-taking was not a prominent feature of ancient Indian medicine and the importance that Indian physicians placed on knowledge of the pulse remained low until the tenth century.[42] The classical works of Āyurveda, *Carakasaṃhitā* and *Suśrutasaṃhitā* do not discuss the pulse. This can support the hypothesis that Tibetan pulse-taking was heavily influenced by Chinese pulse-taking. Moreover, scholars have noted that pulse-taking treatises in the fourteenth-century Islamic world bear signs of Chinese influence.[43] It appears, therefore, that knowledge of the kind of pulse-taking used in Chinese medicine was transmitted and interpreted from texts and through practice along the Silk Routes, but perhaps was absorbed into a pre-existing practices of blood letting and diagnosis of the *rtsa* in Tibet, at a time a little apart from the testimony of the Dunhuang manuscripts. It seems reasonable to assume that the absence of references to pulse-taking and pulse qualities in the Dunhuang Tibetan remedy texts, together with the isolation of the ten chapters on the pulse in the *sMan dpyad zla ba'i rgyal po*, provides evidence to support the hypothesis that pulse-taking was a relatively late development in Tibet despite earlier exposure to Chinese influence. It remains for future research to establish with more certainty the degree to which these Tibetan records reveal concrete influence from Chinese medical knowledge and practice.

A last word should be said on the nature of medical compilations and innovation in China and Tibet. Medical traditions, as we know, are constantly transforming and at times, those changes are more rapid than at others. One of those critical times is when knowledge travels across cultural and linguistic boundaries. I have suggested that the pulse chapters of the *Medical Investigation of the Lunar King* were, in large part, composed of material imported and and interpreted from the Chinese tradition. Yet, how the Chinese was interpreted, how those passages were juxtaposed with the Tibetan writings, to what extent the compilers added their voice and synthesised the ideas in their

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[41] Wang 1995, p. 161.

[42] Of the Indian medical texts dealing with the pulse discussed by Meulenbeld, the *Nāḍīvijñana*, which appears to be the earliest, or one of the earliest, has been dated to either the twelfth or between the tenth and the twelfth centuries. Meulenbeld argues, however, that it cannot be the earliest treatise, as it discusses previous conflicting views. See Meulenbeld 1999–2002 vol. IIA, pp. 432–3 and vol. IIB p. 442. For other Indian works on the pulse see vol. IIA pp. 421–33.

[43] Huard and Wong 1968, p. 96; Klein-Franke and Zhu 1996 and 1998.

sources; how the ten chapter section of the *Medical Investigation of the Lunar King* relates to the other parts of the book or to ideas with an Indian, central Asian or Greco-Arab origin is the stuff of future research. How and whether these texts were interpreted in practice is yet again a subject beyond the remit of this paper.

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