Illnesses of one kind or another are explained through the action of spirits in many cultures. Tibetan ideas about spirit causation are only one of many Asian examples. The situation becomes more interesting when we consider which kinds of illness are explained in this way, which spirits are involved, and what the implications are of the modes of treatment used. These are the questions I will be looking at in this paper, both on the basis of literary texts, primarily the *Rgyud bzhi*, and ethnographic accounts, including some material from fieldwork among refugee Tibetans in Dalhousie in Northern India in 1996. The present paper is more exploratory than conclusive, but I hope that it will encourage others to take the issues I deal with here further.

**SPIRITS IN THE MAN NGAG RGYUD**

The *Rgyud bzhi*, the famous *Four Medical Tantras*, constitute the best-known text of ‘traditional Tibetan medicine’, to use a term that is not unproblematic, but will serve my purposes here. I also refer to this tradition in the paper as amchi (*em chi*) medicine, after the most usual Tibetan term for its practitioners.

The *Rgyud bzhi*, as we now know, in large part through the work of the late Ronald Emmerick, constitutes a single complex text incorporating material from a variety of different sources. The most important of these is a well-known Sanskrit treatise on Āyurveda, the *Aṣṭāṅgahṛdayasaṃhitā* of Vāgbhaṭa (e.g. Emmerick 1977, 1987). Despite the *Rgyud bzhi*’s Buddhist framework, it is for the most part a medical text with a quite pragmatic orientation to illness and an emphasis on pharmacological and dietary modes of treatment. The question of spirit causation of illness nevertheless arises in a number of contexts in the *Rgyud bzhi*, and I start by considering two of these.

The third and longest of the four parts of the *Rgyud bzhi* is the *Man ngag rgyud* or *Instructional Tantra*. This consists of 92 chapters most-
ly dealing with specific topics (diseases of the eyes, fevers, skin disorders, abdominal injuries, and so on). It also incorporates five chapters, numbers 77 to 81, which deal primarily with illness caused by ‘spirits’ (gdon nad), although the question of spirit related illness comes up in other chapters as well, particularly the two on diseases of children (chapters 72 and 73).

Chapters 77 to 81 are quite interesting. The first three, 77 to 79, are typical of many chapters of the Man ngag rgyud in that they are modified and shortened versions of the Tibetan translation of Vāgbhāṣa’s Āśṭāṅgaḥridayasamhitā (Emmerick 1987). These are the three chapters that Terry Clifford translated in her well-known book The Diamond Healing: Tibetan Buddhist Medicine and Psychiatry (Clifford 1989: 171–97). They deal respectively with illness caused by the so-called ‘elemental spirits’ (Skt. bhūta, Tib. ’byung po), with madness and with epilepsy,¹ and correspond to chapters 4, 5, 6 and 7 respectively of Part VI (the Uttarasthāna) of Vāgbhāṣa’s work. The first of these chapters, chapter 77 on the bhūta spirits, gives a list of eighteen types of bhūta which includes all kinds of strange characters—deva-bhūtas, asura-bhūtas, gandharva-bhūtas, guru-bhūtas, rṣi-bhūtas etc (to use their Sanskrit names)—which come straight from Vāgbhāṣa and as far as I know have very little resonance with how Tibetans in modern times think about and deal with illness.² Chapters 78 and 79 also seem to reflect Indian rather than Tibetan understandings, and I am not clear how far they relate to Tibetan medical or lay ideas either at the time of composition of the Rgyud bzhi or in more recent times.

The following two chapters, 80 and 81, are another matter altogether. Chapter 80 is about the gza’ spirits who cause strokes and various other kinds of partial paralysis, and chapter 81 is about the klu spirits, corresponding to Skt. nāga, who cause various kinds of skin diseases, including leprosy. As far as I can tell, these two chapters do not derive from the Āśṭāṅgaḥridayasamhitā (which has a quite different treatment of the causes of leprosy and skin diseases in III, 14) nor have I identified any other obvious source.

¹ Clifford translated brjed as ‘forgetfulness’ but as Emmerick noted (1987) the syndrome identified both in the Rgyud bzhi and in the Āśṭāṅgaḥridayasamhitā is better translated as ‘epilepsy’.

² In North India or Bangladesh, by contrast, bhūta remain a very important category of illness-producing spirits.