Himalayan Nature
Representations and Reality

Edited by Erika Sandman and Riika J. Virtanen

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MEDICINE IN INDIA AND TIBET – REFLECTIONS ON BUDDHISM AND NATURE

Jaakko Takkinen

1. INTRODUCTION

The geographical proximity of India and Tibet has during the course of time inevitably led to intensive cultural exchange between these two nations. Among the more important imports from India to Tibet are influences to create a Tibetan script, an inclination for scholarly efforts, and most notably of course, Buddhism. Across the Himalayas from India, Tibetans also adopted a tendency for classification of knowledge. According to the Tibetan tradition derived from India, all the religious and secular types of knowledge are grouped into ten categories (Skt. *vidyā sthāna*, Tib. *rig gnas*), five of which form a group of major subjects (Dash & Doboom Tulku 1991: xviii). Among the five major subjects is included medicine (Skt. *cikitsā śāstra*, Tib. *gso ba rig pa*), knowledge of which has, to a great extent, been transferred from Indian masters and texts to Tibet.

The purpose of this text is to shed light on the symbiotic nature of Buddhism and medical practices within the early Buddhist tradition in India, as well as in later adaptations of Tibetan culture. Emphasis will also be laid on the pragmatic relation that the Buddhist healing practices have towards nature, as the exploiting of various natural substances and a respectful attitude towards the environment reveal. Similar to other systems of traditional medicine, the medication that a Tibetan physician typically prescribes is free from synthetic chemicals and composed solely of natural ingredients, such as herbs, minerals and butter, seasoned with a strong Buddhist flavour. Concomitant with the practice of Tibetan medicine is the conservation of the environment, and the close dependence on uncontaminated natural resources of the traditional medical practitioners (*amchi*) needs to be fully recognized.

2. ORIGINS AND TRANSMISSION OF BUDDHIST MEDICINE

Contrary to the traditional brāhmaṇic sources, which recount the origin of Indian medicine through a lineage of divine, semi-divine and otherwise respect-

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able transmitters, Kenneth G. Zysk suggests that heterodox ascetic renunciants (*śramaṇa*), particularly Buddhists, contributed substantially to the development of Indian medicine around 800 to 100 BCE. Medical practitioners were excluded from orthodox ritual cults because of their pollution from contact with impure persons and soon became practically indistinguishable from the ascetics with whom they were in close contact. These despised healers wandered performing cures and acquiring new medicines, treatments and medical information, and as their knowledge accumulated uninhibited from brāhmaṇic taboos, they began to conceive an empirically and rationally based medical epistemology with which to codify and systematize medical information. (Zysk 1991: 33) The practice of medicine fitted well into the Buddha's main teaching of balance between the extremes, by providing the means to maintain a healthy bodily state characterized by an equilibrium. As the Buddhist monastic institutions developed, medicine became an integral part of religious doctrines and monastic discipline.

It has been argued that the Buddhist monastery had from its inception the organizational structure to systematize and preserve Buddhist scripture (Gombrich 1988). This structure most likely provided the means to codify and transmit the Indian medical knowledge as part of Buddhist religious literature, and gave rise to a Buddhist monastic medical tradition, which was taught in the large Indian monasteries. It is probable that the symbiotic relationship between Buddhism and medicine facilitated the spread of Buddhism in India and assisted the acceptance of Buddhism in other parts of Asia as well. Because medical texts were tightly interwoven with religious material in Buddhist centres, it is often suggested that *Carakasaṁhitā* and *Suśrutasaṁhitā*[1] form the earliest purely medical literature in India (Wujastyk 2003: 215), albeit these significant medical texts are also studded with religious imagery. Zysk (1991: 6) proposes, however, that at the beginning of the Common Era, Hinduism assimilated the vast heterodox medical knowledge into its intellectual tradition and rendered it a brāhmaṇic science.

There is considerable evidence about the medical tendencies of Buddhists in India. In mahāyāna texts and stories medical analogies are often applied to Śākyamuni Buddha: he may literally or figuratively be portrayed as a physician who prescribes his doctrine (Skt. *dharma*, Tib. *chos*) as a remedy for the illness of suffering, which is an ailment concerning all sentient beings according to Buddhism. Buddhist emperors have also been active in propagating medicine –

1 There is some controversy concerning the dates of these two works. It is generally accepted that the *Carakasaṁhitā* and *Suśrutasaṁhitā* in their present form date from *c.*1000 CE. However, it is clear that both texts developed over a substantial timespan. For more detailed discussion, see, e.g. Meulenbeld (1999: 105–115 & 342–344).

the well known Emperor Aśoka (3rd century BCE) converted to Buddhism and built hospitals for people and animals alike, and commanded medicinal plants to be planted where there was a lack of them. King Buddhadāsa of Ceylon (4th century CE) healed the sick and actively employed physicians. Even a medical treatise, *Sāratthasaṅgaha*, is attributed to him. A classic writer of early Indian medicine with Buddhist emphasis in his writings is Vāgbhaṭa. His best-known works are the *Aṣṭāṅgahṛdayasaṁhitā* and *Aṣṭāṅgasaṁgraha* (Jolly 1901: 8–16).[2] The *Aṣṭāṅgahṛdayasaṁhitā* was translated into Tibetan by Rin chen bzang po in collaboration with the Indian scholar Jārandhara in the 11th century, and later incorporated into the *bsTan 'gyur* (Finckh 1978: 13). The success of the Buddhist flavoured *Aṣṭāṅgahṛdayasaṁhitā* in Tibet most likely promoted the adoption of the Indian medical system more extensively.

Indo-Tibetan contacts became more formal during the reign of the king Srong btsan sgam po, who was married to Nepalese and Chinese princesses, both of whom were Buddhist. Srong btsan sgam po ruled Tibet until the year 649, and it was during his reign that Buddhism was introduced to Tibet. He also sent, among other scholars, one of his ministers, Thonmi Sambhota to India to study, and in the seventh century Thonmi Sambhota developed the Tibetan script influenced by Indian writing systems. (Smith 1996: 62–63, 78) Buddhism was recognized as a state religion during the reign of Khri srong lde btsan (ruled 754–797), who sustained the interest created by his predecessors in Indian culture and Buddhism (Smith 1996: 78–79), and during this period two Indian saints of great importance, Padmasaṁbhava and Śāntarakṣita, came to Tibet for the propagation of Buddhism (Richardson 1962: 31). Tibetan scholars of that time were not merely interested in Buddhism, but in various aspects of the sciences and arts of India – therefore medical texts were also meticulously translated and preserved in Tibetan (Dash 1976: 42–45). Besides Indian scholars, Khri srong lde btsan also invited several other foreign physicians (e.g. Chinese and Persian) to Tibet to translate the medical texts of their respective traditions into Tibetan (Dash 1997: 3).

2 There are some known issues concerning the identity and date of Vāgbhaṭa. It has been suggested that there are two different authors for *Aṣṭāṅgasaṁgraha* and *Aṣṭāṅgahṛdayasaṁhitā*, who in scholarly discussion are being referred to as Vṛddha-Vāgbhaṭa and Vāgbhaṭa, or Vāgbhaṭa I and Vāgbhaṭa II. Claus Vogel challenges this view, supported by, e.g. Jolly, Keith and Winternitz, by proposing that on the basis of the findings of Hilgenberg and Kirfel the view of a single author holds true (Vogel 1965: 1–9).

2.1 Sources of medicine in Tibet

As has been shown, the medical lore of Tibet is primarily based on Indian sources. There are 14 medical works (e.g. *Yogaśataka*, *Jīvasūtra* and *Avabheśajakalpa*) included in the canonical Buddhist literature of Tibet, *bsTan 'gyur*, and several others are incorporated in the noncanonical literature. The most important among the noncanonical texts is *rGyud bzhi*,[3] known as *Amṛtahṛdayāṣṭāṅgaguhyopadeśa Tantra* in Sanskrit (Dash & Doboom Tulku 1991: xix–xxi). According to the traditional view, this fundamental classic in Tibetan medical literature by Chandranandana was translated into Tibetan in the eighth century.[4] Todd Fenner (1996: 466) challenges the traditional view of the origins of *rGyud bzhi* by stating that the hypothesis that the *rGyud bzhi* is a translation of a Sanskrit medical work is an unlikely one. He claims that it differs too much both in style and content from related Indian works for this hypothesis to be credible and suggests it to be probable that *rGyud bzhi* is a native Tibetan text, mainly Indian in its influence, but with strong elements of Chinese and Greek traditions as well. The theory of pathology presented in *rGyud bzhi*, for example, holds the "eight-branched knowledge" (*yan lag brgyad pa*) adopted from Indian medicine at its heart, but it also demonstrates such typically Tibetan characteristics as the division into 4 × 101 illnesses (Finckh 1988: 12).

Most Tibetan doctors hold a different view concerning the origin of the *rGyud bzhi*. According to the practitioners of Tibetan medicine, during an earlier time the Medicine Buddha (Skt. Bhaiṣajyaguru, Tib. Sangs rgyas sman bla) appeared and displayed the 12 deeds of a Buddha, including becoming enlightened. He prophesied that in the future the fourth Buddha, Śākyamuni Buddha, would manifest as the Medicine Buddha for the sake of his followers. Later, when Śākyamuni Buddha appeared as Bhaiṣajyaguru, from his heart was manifested Akṣobhya; from the crown Vairocana; from the throat Amitābha, who requested the teaching; from the navel Ratnasambhava; and from the "secret region" Amoghasiddhi. According to the myth, Akṣobhya, Vairocana, Ratnasambhava and Amoghasiddhi gave the teaching of the *rGyud bzhi*; however, it is actually believed to have been the Medicine Buddha, in the form of the *dhyani* Buddhas, who revealed the teachings (Yeshi Donden 1986: 22–23). There is another traditional account about the origins of the *rGyud bzhi* that situates the teaching to Indra's palace (Tib. *lTa na sdug*) at Mount Sumeru. There Bhaiṣajyaguru deliv-

3 The complete title of the treatise is *bDud rtsi snying po yan lag brgyad pa gsang ba man ngag gi rgyud*.
4 It was the renowned Hungarian scholar Alexander Csoma de Kőrös who introduced *rGyud bzhi* to the West through his extensive analysis of it in the January 1835 issue of the *Journal of the Royal Asiatic Society of Bengal*.

ered the teachings of the *rGyud bzhi* in 156 chapters, and later the speech was committed to writing on golden leaves with lapis lazuli coloured ink in 5,900 *ślokas* (Chandra 1996: 43). A history shrouded with mythical content is not uncommon in Indian or Tibetan context in general, and it has established its place in the history of Tibetan medicine as well.

Albeit the exact origins of the *rGyud bzhi* remain speculative at the moment, the text and the medical system it illustrates are clearly indebted to the Indian medical tradition, the adoption of the three major humours (*tridoṣa*) of wind (*vāyu*), bile (*pitta*) and phlegm (*kapha*)[5] being the most obvious example. Another relevant part of the *rGyud bzhi* is the introduction of pulse diagnostics, which reveals a clear influence from Chinese medicine. Besides Tibet, *rGyud bzhi* is commonly followed in the training of physicians in Bhutan, as well as other parts of the Himalayas where there is a strong Tibetan cultural presence.

The *rGyud bzhi* is taught to students of medicine by natural analogies: to help the memorization of the text, it is studied with visual aids that are called the "Illustrated Trees of Medicine". Altogether the *rGyud bzhi* is depicted by three roots from which grow nine trunks, on which there are 42 branches; the branches have 224 leaves, and in addition, there are two flowers and three fruits. While studying the first part[6] of the *rGyud bzhi* during the first year of actual study, three trees adorned with branches and leaves are used to illustrate physiology and causation, diagnosis, and treatment (Yeshi Donden 1986: 33, 21).

Although it is possible that *rGyud bzhi* was not the principal text for Tibetan medicine from the very beginning, it established its authoritative status by the 14th century, and by the 15th century, writing a commentary to *rGyud bzhi* had become a way for leading medical scholars to demonstrate their learning. In addition to the exegetical literary tradition, there also existed instructions that supplemented the principal text: manuals for the preparation of medicines, manuals for medical plant recognition, and manuals of therapeutic techniques (Gyatso 2004: 85). After the death of the fifth Dalai Lama in 1682 the succeeding regent sDe srid Sangs rgyas rgya mtsho wrote, among other works on medicine, a commentary on *rGyud bzhi* called *Baidūrya sngon po*, which is considered as the single most valuable text on medicine in Tibetan (Dash 1997: 5).

The most important text dedicated to praising the virtues of Bhaiṣajyaguru,[7] or Medicine Buddha, is the *Bhaiṣajya-guru-vaiḍūryaprabhasya-pūrva-praṇidhāna-*

5 The three humors (*nyes pa gsum*) in Tibetan: *rlung, mkhris pa* and *bad kan*.
6 *rTsa ba'i rgyud*.
7 *Sangs rgyas sman bla* in Tibetan.

viśeṣavistāra-sūtra[8] (abbrev. *Bhaiṣajya-guru-sūtra*), which was translated into Chinese already in the fourth century, and into Tibetan between the ninth and tenth centuries by the Indian masters Dānaśīla and Jinamitra (Getty 1928: 24).

3. THE PRACTICE OF MEDICINE AND BUDDHISM

As the intimate historical connection between Buddhism and medicine suggests, a Buddhist undertone is manifested clearly in the daily practice of a Tibetan physician. Dr. Tsering Thagchoe Drungtso encourages practitioners of Tibetan medicine to "respect the medical treatises as the oral instruction lineage" and to "perceive medicine as the primary offering substance to the medicine Buddha and all other medicine deities" (Drungtso 2004: xxvi). Dr. Drungtso regards traditional Tibetan medical practitioners as essentially different from physicians practising other types of medicine. According to him, a Tibetan physician must receive an initiation and transmission of text from a master, which shows the intimate relationship between Tibetan medicine and Buddhism (Drungtso 2004: 75). Furthermore, a Ladakhi *amchi* practising traditional Tibetan medicine stresses the importance of relying on Sangs rgyas sman bla in order to achieve maximal results in healing the patient (Tsultim Gyatso 2009). Religious practice and the practice of medicine seem to be therefore somewhat inseparable in Tibetan context. Despite the intimate interrelation of medicine and Buddhism, it would be an exaggeration to state that medical practice in Tibet was strictly limited to monastic learning centres; healing traditions also flourished in tantric circles, and oracle mediums were involved with healing as well (Gyatso 2004: 85). But while it is clear that medical tradition abounded in the monastic schools, little is known, for example, about what percentage of practising physicians were trained in these schools, what the input of lay-physicians was, and to what extent medical writings were actually used by the physicians. It is clear, however, that *amchis*, the practitioners of the Tibetan ethno-medical system, have enjoyed high respect and social status among the trans-Himalayan Buddhist communities (Kala 2005: 1331).

As far as the conduct of the physician is concerned, medical ethics play a significant role in the Tibetan medical tradition. Besides having a thorough knowledge of medicine, a Tibetan physician must also have "a virtuous motivation" and a sincere "dedication to healing" (Yeshi Dhonden & Wallace 2000: 109). A virtuous motivation is understood to include an altruistic aspiration to achieve spiritual awakening for the benefit of all beings without discrimination. As a result, a physician

8 *'Phags pa bcom ldan 'das sman gyi bla baidūrya'i 'od kyi sngon gyi smon lam gyi khyad par rgyas pa zhes bya ba theg pa chen po'i mdo* in Tibetan.

should relate to all patients as his own relatives and must never place conditions on giving treatment. Dr. Yeshi Dhonden explicitly states, "if the physician treats his patients with altruism and follows the conduct of a *bodhisattva*, this enhances his power to heal" (Yeshi Dhonden & Wallace 2000: 111). There are other altruistic features that encourage the Tibetan physician to attempt to heal those who require medical assistance. According to Dr. Lobsang Dolma Khangkar (1986: 58), a Tibetan doctor contemplates on the difficulty and rarity of obtaining a human body, which enables the attainment of liberation; therefore, the doctor is prone to think that, if he does not use this body to help others who are suffering, they may lose the rare opportunity to help other beings in a similar manner. So even if the physician's primary motivation is to heal the patient, there is the prospect that he also prays that a spirit of awakening may eventually arise in the minds of patients, and they may proceed on the path to enlightenment. At least in the Tibet Autonomous Region in China, the Buddhist aspects of medicine have declined: studies show that the religious practices traditionally surrounding medicine are diminishing, or indeed completely disappearing (Pordié 2003: 13).

It has been remarked that in the *Saddharma-puṇḍarīka sūtra* the healer is equated with the teacher of the law (*dharma*), and that the most profound healing is the gradual elimination of the three inner "defilements" (*kleśa*) of ignorance, attachment and craving.[9] Healing in this sense, is a transformative process, that ultimately aims at direct apprehension of reality, and eventually, to liberation (*nirvāṇa*) (Birnbaum 1979: xv). The healing process and medicine in a Buddhist context may therefore be seen as a metaphor for spiritual growth, with the Buddha portrayed as the "Supreme Physician" and his teachings viewed as the "Ultimate Medicine". Although the physical healing may well be considered as the main focus of Buddhist medicine, the symbolic and spiritual aspects may not remain unobserved. The *amchi* affirm that the spiritual realization and moral perfection influence the qualities of a person as therapist (Pordié 2003: 19).

4. NATURE AND BUDDHIST MEDICINE

Emperor Aśoka's second rock edict in Girnar explicitly describes the immense importance of nature for the well-being of living beings: medicinal herbs, roots and fruits are to be imported and planted wherever they are not found, and wells are to be dug and trees planted along the paths (Nikam & McKeon 1959: 64). For modern practitioners of Tibetan medicine in the Himalayas, the pollution of

9 *Kleśas (nyon mongs)* in Sanskrit and Tibetan respectively: *avidyā, ma rig pa; upādāna, len pa; tṛṣṇā, sred pa*.

air and water, as well as dramatic changes in climatic patterns present a serious threat to the tradition they profess. There are efforts to avoid the extinction of certain medicinal plants by cultivating them systematically, and the protection of the environment is a real concern for the survival of the Tibetan medical tradition in the Himalayas. Because the medicines prescribed by *amchis* are for the most part collected from the forests and fields, their preservation, protection and development are of great interest to the traditional physicians of the Himalayas (Dash 1997: xv). As a pollution-free environment is a basic requirement for Tibetan medicine, environmental concerns and the preservation of nature form a substantial part of the work of a medical practitioner.

The communion with nature may be described as vital for the practice of Tibetan medicine, and it also clearly shows the relation of the physician and the Buddhist doctrine. The textual sources studied by Tibetan physicians accentuate the fact that everything related to healing the patient must be done with a compassionate mind and a respectful attitude towards nature – this includes, e.g. collecting the medicinal herbs with a positive mindset, during the appropriate season, and from a pleasant environment. Among the pledges of a Tibetan doctor a correct attitude regarding medication is presupposed: he is to look upon the medication as precious substances, as ambrosia, and as offerings (Drungtso 2004: xxvi).

Students of Tibetan medicine learn all relevant aspects of medicine: physicians and pharmacologists are not separate, but the practitioner of Tibetan medicine is both. In the medical colleges of traditional Tibet, students accompany physicians to study and gather herbs and plants according to the regulations governing the process. Generally, fruits are gathered in autumn and leaves in summer, branches are cut in spring and roots dug up in winter (Finckh 1988: 57). At a certain point of the year the ingredients would be compounded into medicines, and then laid out in a large maṇḍala. In the maṇḍala the medicines were empowered with rituals, meditation, and devotions, and they were then offered to the *buddhas* and *bodhisattvas*, or the *vidyādharas*,[10] "holders of the pristine awareness". This was to make an offering to these objects of refuge as well as to bless the medications. Usually the medicines are offered to the entire lineage of teachers of medicine, going back to Bhaiṣajyaguru and Śākyamuni Buddha. It is believed that the recitation of certain *mantras* and auspicious verses enhance the efficacy of the medicines (Yeshi Dhonden & Wallace 2000: 112–114). Particular religious *mantras* are recited while collecting the medicaments, during the process of manufacturing, and after the medicine is prepared (Dash 1988: xlvii). In Tibetan iconography Bhaiṣajyaguru is often depicted holding a bowl containing lapis

10 Tib. *rig pa 'dzin pa*.

lazuli coloured divine nectar (*amṛta*) in his left hand, and a branch or fruit of the chebulic myrobalan[11] tree in his right hand (Birnbaum 1979: 83). It is common in Buddhist ceremonies that a myrobalan fruit is placed near the reverenced Buddha because of its auspicious nature. It is also usual that medicinal ingredients are collected on auspicious days after performing religious rituals.

Modern Himalayan practitioners of Tibetan medicine may manufacture the medicines for their patients themselves. Raw ingredients are collected by the physicians with the assistance of local people from natural sources, and those who participate in collecting and cultivating the plants used in producing medicine share the profit and earn their livelihood. (Tsultim Gyatso 2009) It has been found that herders are the main collectors of high altitude medicinal plants, which they gather from alpine meadows and pastures (Kunwar et al. 2006). In the case where the medicines are manufactured by centralized organizations, the ingredients are processed only to make them free of any unfavourable effect, and therapeutically more potent and preservable (Tsultim Gyatso 2009). Apart from medicinal plants, other natural resources are also put to use by *amchis*: especially in Ladakh, where hot springs are numerous, specific mineral springs are recommended by *amchis* for curing particular diseases (Kala 2005: 1335).

According to Dash, the natural ingredients used in the preparation of Tibetan medicine as well as in the traditional medicine of India are broadly classified into two categories, those derived from living beings (*sems can*), and others derived from inanimate sources (*mi sems can*). There is a further classification of medicinal ingredients into eight categories: precious metals and gems, e.g. gold, pearl and lapis lazuli; metals and minerals, e.g. zinc, calcium sulfate and calcium carbonate; medicinal ingredients collected from the earth, e.g. vermilion and sulfur; herbal medicines, e.g. roots, bark, leaves, flowers and fruits; exudates, which include resins and secretions of certain animals; decoctions prepared from e.g. saffron, cardamom, coriander and pomegranate; medicinal plants used in unboiled form, as in the form of juice or powder; animal products, which are manufactured from, e.g. horns, bones, skin, fat, flesh or feathers (Dash 1997: 60–62). As demonstrated, the variety of medicinal ingredients in Tibetan medicine is wide and unbiased, and unrestricted access to uncontaminated sources of natural ingredients is absolutely essential for the practice of Tibetan medicine.

11 The myrobalan species most commonly associated with Bhaiṣajyaguru is the *Terminalia chebula*, known as *harītakī* in Sanskrit and *a ru ra* in Tibetan. It is probably the single most revered healing plant in Tibetan medicine. According to Vāgbhaṭa's writings, inter alia, it helps digest food, makes the mind attentive, grants long life and keenness of thought (Birnbaum 1979: 83).

It is worth mentioning that not all of the ingredients used for preparing Tibetan medicine are Tibetan in origin. Due to the harsh climatic conditions in most of Tibet, many of the herbs used for medication are collected from adjoining areas such as Ladakh, Sikkim, Bhutan and the Himalayas in Nepal and India. Some other medicinal plants growing in tropical areas, however, are imported. Among the commonly used medicinal plants in Tibetan medicine are included *a ru ra* (*Terminalia chebula*), *ba ru ra* (*Terminalia belerica*), *skyu ru ra* (*Emblica officinalis*), *na le sam* (*Piper nigrum*), *sman sgas* (*Zingiber officinalis*), *tsan dan dkar po* (*Santalum album*) and *sug smel* (*Elettaria cardamomum*) (Dash 1997: 100–103). In addition to these frequently used plants mentioned above, there are several others utilized by Tibetan physicians that are known to have important therapeutic effects. It is also noteworthy, that rarely does a Tibetan physician prescribe a medicine consisting of a single component; on the contrary, Tibetan medicine is usually compounded from various ingredients that provide a beneficial synergy for the ailment in question.

There are some concerns pertaining to the natural environment and the future of traditional Tibetan medicine practised in the Himalayas. It has been observed that due to lack of organized, sustainable cultivation and lack of awareness of social factors influencing plant use, the number of plants with medicinal value is decreasing at an alarming rate (Kunwar et al. 2006). Despite the importance of medicaments prepared from natural ingredients, traditional Tibetan medicine does not rely merely on medication for the maintenance of health. Normally, the Tibetan doctors resort to medicines only if a regulated diet and proper behaviour patterns do not yield any results in preventing and curing diseases. The holistic view of Tibetan medicine holds that with a proper diet the disease is cured without requiring the taking of medicines, and without a suitable diet the disease stays uncured in spite of the best of medicines. While treating a patient, along with medicines, the physician invariably prescribes a regimen to be followed, and what is to be avoided. When treating ailments by dietary means, it is vital that the food is not contaminated in any way, and that food is prepared with the same care as the medicines. (Tsultim Gyatso 2009)

5. CONCLUSION

In this preliminary work, I have attempted to illustrate the interconnectedness of medicine and religion, especially in a Tibetan Buddhist context, and the close connection between Buddhist medicine and nature. It is obvious that much work remains to be done, but acknowledging these facts brings other interconnections to the fore, which are relevant for the modern practitioners of Tibetan medicine in the Himalayas. Tibetan medicine cannot be considered separately

from environmental protection; on the contrary, it is directly dependent on the conservation of nature. The use of pesticides, fertilizers and food additives is also a relevant topic related to Tibetan medicine; a Tibetan physician has no doubt that additives deteriorate the natural potency of food (Yeshi Donden 1986: 185), and pesticides and fertilizers affect the production of beneficial and wholesome nourishment. As has been shown, the primary means of achieving good health according to Tibetan medicine is proper diet and behaviour, and if neglected, the arising ailments may be difficult to cure even if potent medicine is available. The available bio-resources therefore play a significant role in successfully practising traditional Tibetan medicine.

In the Himalayas, the majority of the people rely on traditional medicinal practices and have strong belief and faith in natural remedies for health treatment. Therefore, the conservation of medicinal plants is not only vital to the livelihood of the *amchis*, but also has immense cultural significance (Kunwar et al. 2006). There are also signs that the Tibetan system of medicine is in decline in the trans-Himalayan area due to shift in socio-economic patterns and the unwillingness of the younger generation to adopt *amchi* as a profession (Kala 2005: 1331). It is to be taken into consideration that for a medical tradition that has evolved on the basis of available bio-resources and prevailing beliefs it is vital to preserve the existing knowledge as accurately as possible. These facts accentuate the need for further ethnomedical, ethnobotanical and ethnoecological research in the Himalayas.

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