

The Method-and-Wisdom Model of the Medical Body in Traditional Mongolian Medicine

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A Brief Historical Introduction to the Background of the Method-and-Wisdom Theoretical Model of Traditional Mongolian Buddhist Medicine

The genesis of Mongolian indigenous medical knowledge, which predates the Mongols' conversion to Buddhism, was closely related to their experiences derived from their nomadic and pastoral lifestyle, common exposure to severe climatic conditions, and extended periods of military campaigns led by Mongol khans. Bone setting, cauterization, bloodletting, massage, skull trepanning,¹ therapy of soaking and covering with animal hide, soaking in mud, and the like, were most common treatments among pastoral and military Mongols, some of which are still used today. Through their pastoral lifestyle, the Mongols became familiar with the anatomy, physiology, and pathology of their livestock and acquired the knowledge of medicinal plants. Therapeutic experiments that were conducted on sick livestock and that showed favourable results on animals were often applied to humans. These experimental treatments became eventually codified in the traditional Mongolian Buddhist medical treatises.

Traditional Buddhist medicine in Mongolia underwent different phases of development, which started in the fourteenth century with two different translations of the Indian canonical Mahāyāna text the *Golden*

1. The archeological findings of trepanned skulls discovered near Chandmani Mountain of Ulaanbaatar's district and dated to the seventh/eighth centuries testify to the practice of brain surgery among the Mongols of that period. Likewise, famous Tibetan scholar Desi Sangs rgyas rgya mtsho (1653–1705) mentions in his *gSo rig sman gyi khog* 'bugs the practice of brain surgery among the Mongols.

Light Sūtra (Skt. *Suvarṇaprabhāsottama-mahāyānasūtra*) from Tibetan, prepared by Sharavsenge (Tib. Shes rab Sangs rgyas) and *güüsh* Dambadorj.² In addition to the *Golden Light Sūtra*, the *Four Medical Tantras* (Tib. *bRgyud bzhi*, or *Dud rtsi sñing po yan lag brgyad pa gsang ba man ngag gi rgyud*, Skt. *Amṛtahṛdayāṣṭāṅga-guhyopadeśa-tantra*),³ better known among the Mongols as the *Four Roots of Medicine* (*Anagaakh Ukhaany Dörvön Ündes*), were also translated from Tibetan in the fourteenth century and became the most important medical textbook in Mongolian Buddhist medicine. The Uighur scholar of the Sakya order of Tibetan Buddhism Čoiji Odser (Chos kyi ‘Od ‘zer) first translated from Tibetan to Mongolian the *Four Medical Tantras*. Three centuries later, the Oirat Mongol Zaya Bandida Namkhajamts (1599–1662), who from 1650 to 1662 translated 177 medical texts from Tibetan, also retranslated the *Four Medical Tantras* along with several other medical texts. He wrote down his translation in the so-called “Clear Script,” which he invented in 1648. The most complete translation of the *Four Medical Tantras* was prepared by Minjüür *güüsh* *erkh* *tsorj* (Tib. *chos rje*) in around 1720.⁴ To this day, Minjüüdorj’s translation of the *Four Medical Tantras* is considered as the most accurate, and it continues to serve as a handbook for practitioners, researchers, and students of traditional Mongolian medicine. From the fourteenth century on, traditional Mongolian medicine evolved into an amalgam of indigenous Mongolian medical knowledge, Indo-Tibetan Buddhist medicine, and knowledge derived from the Chinese medical tradition. It reached its peak in the eighteenth

2. In Sharavsenge’s translation, the *sūtra* consists of twenty-nine chapters, among which the twenty-fourth chapter, called “The Chapter That Pacifies All Illnesses,” gives a summary of the four fundamental antidotes to illness—namely, food, drink, conduct, and medical treatment.

3. According to the Tibetan tradition, the missing Sanskrit original was composed by a certain Pha Khol. It is known under the full title *Rashaany Shimiin Naiman Gishüüint Nuuts Ulamjlalt Ündes Orshvoi*. The *Four Medical Tantras* are:

1. *Rtsa rgyud* (Skt. *Mūlatantra*, Mng. *Yazguuryn Ündes*, “*Root Tantra*”): 6 chapters

2. *Bsad pa’i rgyud* (Skt. *Ākhyāta-tantra*, Mng. *Nomlodyn Ündes*, “*Explanatory Tantra*”): 30 chapters grouped in 6 sections (*gnas*, *sthāna*)

3. *Man ngag rgyud* (Skt. *Upadeśa-tantra*, Mng. *Uvdisyn Ündes*, “*Instruction Tantra*”): 92 chapters grouped into 15 topics (*skabs*, *prakaraṇa*)

4. *Phyi ma’i rgyud* (Skt. *Uttaratantra*, Mng. *Khoit Ündes*): 25 chapters grouped into 4 divisions (*mdo*, *vibhāga*)

With two additional concluding chapters, it contains 156 chapters altogether.

4. His real name was Luvsandorj, and he came from one of three *hoshuus* of Uradyn Zasag.

and nineteenth centuries, and from 1924, it began to assimilate Western medical theories into its framework. In consequence, today we find two different strands of traditional Buddhist medical training in Mongolia: one that incorporates the fundamentals of Western medicine into the traditional system, and the other that focuses exclusively on traditional medical knowledge and Buddhist healing rituals.

Owing to the Mongols' close historical connections with Tibetan and Uighur forms of Buddhism, which began in the thirteenth and fourteenth centuries, and due to subsequent, centuries long, intellectual exchanges between Mongolian and Tibetan Buddhist scholars, the legacy of Indo-Tibetan Buddhist medical knowledge became the most prevalent constituent of traditional Mongolian medicine, influencing the overall theory, diagnosis, treatment, and preventive traditional Mongolian medicine. By the beginning of the twentieth century, nearly 770 large and small monasteries in Mongolia had their individual medical colleges (Mng. *manba datsan*, Tib. *sman pa grva tshang*); and large monastic medical colleges in Mongolia had approximately 90,000 students.⁵ Until 1681, when the first monastic medical college was established in Mongolia by bLo bzang bsTan dzin rGyal mtsan, also known as Lamyn Gegeen (1639–1704),⁶ Mongolian Buddhist physicians were trained exclusively in Tibet, most commonly in Lhasa.⁷

Commentarial works on the *Four Medical Tantras* composed by Tibetan physicians⁸ and other Indian and Tibetan Buddhist tantric treatises

5. Sharavyn Bold. *Mongolyn Ulamjlalt Anaagakh Ukhaany Tüükh* (Ulaanbaatar: Admon, 2006), 168.

6. He composed seven medical treatises in the Tibetan language, of which these two, the *Gso ba rig pa'i rdza rgyud kyi grel pa gsal pa'i sgron me*, *Man ngag bdud rtzi zags ma*, *Man ngag nyer lnga'i sde tsan*, *bShal le'u'i sdom*, *gRang ba spyi' joms kyi sbyor pa*, and the *bDud rtzi bcad byor kyi sbyor ba* were written for the sake of his own new medical students and for new students in medical schools.

7. Unfortunately, only two of the *Four Medical Tantras* in his translation have been preserved in their manuscript form—the *Root Tantra* (*Yazguuryn Ündes*) and *Latest Tantra* (*Khoid Ündes*).

8. Among the main Tibetan sources utilized by Mongolian physicians, these are worth mentioning: Zur mkhar ba bLo gros rGyal po's *rTsa rgyud grel ba mes po'i zhal lung*, Dar mo bLo bZang Chos Grags's *Kyi dka 'grel legs bshad gser rgyan*, *Kyi bya rgyud gdongs 'grel legs bshad gser gyi thur ma*, *Kyi chum do man gyi' grel ba zhal lung gnyis pa rdo rje mdud 'grol*, and *Kyi man rgyud lhan thabs kyi gsang sman gab sbas rnams gsal bar ston pa man ngag bka rgya ma*, and sDe Srid Sangs rGyas rgya mTso's *gSo ba rig pa'i bstan bcos sman bla'i dgongs rgyud bzhi'i gsal byed vaidurya sngon po*, and *bDud rtzi snying po yan lag brgyad pa gsang ba man*

also became primary textual sources. In the early seventeenth century, the Mongolian commentarial literature on the *Four Medical Tantras* began to emerge. In 1612, on the order of Güüshi Khan, a Mongolian physician by the name Altai (1554–?) from Upper Mongolia composed the first Mongolian-language commentary on the *Four Medical Tantras*, titled *An Explanation of the Hidden Meaning of the First Section, the Root Tantra, of the Secret Amṛtahrdayāṣṭāṅga* (*Rashaany Zürkhen Naiman Gishüüint Nuuts Uvidasyn Ündesnii Ankhdugaar Kheseg Yazguurn Ündsiin Dald Utgyn Tailbar*). In this work, he gives reasons for writing his commentary, pointing out his contemporaries' lack of accurate understanding of the meaning of the *Four Medical Tantras* written in the Tibetan language.⁹ Not long after Altai, Lamyn Gegeen composed one of his commentaries on the *Four Medical Tantras*, titled *A Commentary on the Four Roots of Medicine, Called a Clarifying Lamp*.¹⁰ The majority of the later Mongolian medical treatises became further clarifications and expansions of various topics taught in the *Four Medical Tantras*. A tradition of the *Four Medical Tantras* developed in Mongolia through transmission of teachings, empowerments, and various tantric initiations,¹¹ and it facilitated the golden era of traditional Mongolian medicine in the eighteenth century. The *Four Medical Tantras*, together with the accompanying Tibetan and Mongolian commentaries, gave rise to various Mongolian schools of the *Four Medical Tantras* throughout Mongolia.¹²

ngag yon tan rgyud kyi lhan thabs zug ngu'i tsa gdung sel ba'i kabur dus min chi zhags gcod pa'i ral gri, and others.

9. For him, a Mongolian commentary that reveals accurate meanings and a terminological dictionary of Tibetan and other languages are precious like gems. See Sharavyn. *Mongolyn Ulaamlalt Anaagakh Ukhaany Tüükh*, 166.

10. The text is included in Lamyn Gegeen's collected works *mKhan chen chos kyi rgyal po'i gsung 'bum las gso ba rig pa'i rtsa rgyud kyi 'grel pa gsal ba'i sgron me zhes bya ba bzhugs so*.

11. The tradition of the *Four Medical Tantras* was transmitted in the line of Khalkha's Egüüzer lama, Khuvilgan Luvsanvanjil, Janja Khutukhtu Navanchoidan, the high incarnation Jebtsundamba (Zanabazar), Ganjuurga of Doloon Nuur, Mergen Dharmarāja Luvsanchültem, the head lama (*shireet noën*) Tsorj, Uradya Mergen Ravjamba Gungajamts, and especially the Oirat Zaya Bandida Namkhai Jamts, Khalkha's Zaya Bandida Luvsanprinlei, and others.

12. The first Mongolian school of the *Four Medical Tantras* was established in 1681 in the place called Bööröljüüt in Bayasgalan üildegh buyanyg arviuulagch *siim* of Bayankhongor *aimag*, where one of the three newly established *datsans* was a medical college, in which the main subject of study was the *Four Medical Tantras*. The monastery that housed this medical college

From the seventeenth century until the early twentieth century traditional Mongolian scholars and physicians¹³ composed numerous medical and astrological treatises, amongst which more than 230 have been preserved, and in which they often synthesized their indigenous medical knowledge with that acquired through the study of Tibetan and Chinese medicine. Mongolian Buddhist medical knowledge also owes its development to Mongolian translations of original Indian medical works included in the Tibetan Buddhist canon, the bKa' 'gyur and bsTang 'gyur. From among 1,260 works contained in the Mongolian Ganjur, twenty-four are related to medicine and astrology, dealing with various therapeutic methods, including healing rituals, prayers, and *mantras*. Likewise, the Mongolian Danjur, which was published in 226 volumes in 1749,¹⁴ includes seven medical treatises, contained in the volumes 206 to 210.

In addition to studying the Tibetan medical literature, the Mongols translated and analyzed Chinese medical textbooks on acupuncture and moxibustion. One such text is *A Compendium of Acupuncture and Moxibustion* (Mng. *Khatgakh Töönökh Tergüütniig Khuraasan Nom Devter*), composed in 1601 and translated into Mongolian by a disciple of the previously mentioned Zaya Bandida Namkhajamts (1599–1662), around 1660.¹⁵ By the seventeenth century Mongolian Buddhist physicians became well familiarized with Chinese works on astrology and medical classics such as

was built by a group of famous Mongolian physicians and scholars who returned from their studies in various monastic institutions of Tibet, particularly of Kökenuur and Lhasa. Soon after that, a series of other notable, monastic medical colleges began to appear in 1730, 1739, 1760, 1770, 1788, etc., all in the tradition of the *Four Medical Tantras*.

13. Among them, some of the most renowned medical authors were Erdene Bandita (18th c.), Chakhar dge bshes bLo bZang Tsul Khirms (18th–19th c.), Na'i man dge bsnyen Jam dPal rDo rJe (19th c.), Yondon from Said Wang region of Sain Noyon khan aimag of Khalkha (19th c.), Lung Rigs bsTan Dar from Dalai Choinkhor Wang region of Khalkha (19th c.), Lha bTzun Chos 'phel (19th c.), bShad sGrub bsTan Dar, also known as bsTan Dar Argamba (19th–20th c.), Tse sPel dBang Phyug rDo rje (19th–20th c.), and many others.

14. In 1920, Bat-Ochir and Shagj prepared the table of contents of the Tibeto-Mongolian *Danjur*; in 1925, the *Danjur* was brought and housed in the Institute of Sutra Literature; and in 1964, B. Rinchen had the table of contents of volumes 1–75 published. In 2002, the entire table of contents was published in Inner Mongolia.

15. A new, Modern Mongolian translation of the fourth chapter of the text, which is based on the earlier Classical Mongolian version, was prepared by Batsaikhan Shagdaryn and published together with the Classical Mongolian version in 2009.

the *Huangdi Neijing* (ca the 5th century BCE–the 2nd centuries CE), also known as the *Yellow Emperor's Inner Canon*, Hua Shuo's *Elucidation of the Fourteen Channels* (*Shi si jing fa hui*), published in 1341, *The Book Beside the Golden Orchid* (*Jin lan xun jing*), written by Wu Tai Bi Lie, a Mongolian member of the Hanlin academy, and published in 1303. Through these works, Mongolian physicians were also introduced to the Daoist *yin-and-yang* principle, to the five elements of Chinese astro-medicine (fire, earth, metal, water, and wood), and to Chinese medicinal substances.¹⁶ While integrating the astrological and medical theories and therapeutic methods of India, Tibet, and China with their own folk medical knowledge, Mongolian Buddhist physicians built a system of medicine that transformed its various non-Buddhist components into Buddhist through those physicians' hermeneutical lenses and Buddhist vocabulary. This transformation found its expression in the method-and-wisdom (*arga bileg*) explanatory model of the cosmos, human body, disease, and medical therapeutics.

The idea of the multilayered method-and-wisdom (*arga bileg*) model of a medical theory most likely emerged in its early, non-systematized form among the Mongols in the seventeenth century.¹⁷ However, in the classical medical literature we do not find a single volume dedicated solely to this theory. A detailed presentation of the wisdom-and-method theory appeared in the twentieth century in the writings of the Inner Mongolian physician B. Jigmed.¹⁸ Following his examples, other Mongolian physicians offered their expositions of the theory,¹⁹ which remains to this day a foundational

16. In the eighteenth century, Duke Gombojav (1692–1749) chaired a preparation of one of the earliest Tibetan-Sanskrit-Chinese-and-Turkish medical lexicons, which gives a parallel reading of the *materia medica* in these languages.

17. We do not find the wisdom-and-method medical model formulated in the Buddhist medical theories of Indian and Tibetan scholars, as there is no mention of such a theory in the *Four Medical Tantras*.

18. See B. Jigmed and B. Tsetsenchimeg. *Mongol Anagaakh Ukhaany Ündesen Onol* (A Foundational Theory of Mongolian Medicine) translated from the Classical Mongolian (Ulaanbaatar: Mongolian National Medical University, 1993). B. Jigmed. *Mongol Anagaakh Ukhaany Tüükh* (History of Mongolian Medicine) (Ulaanbaatar: Mongolian National Medical University, 2009).

19. See Ch. Baavgai and B. Boldsaikhan, *Mongolyn Ulamjlalt Anagaakh Ukhaan* (Mongolian Traditional Medicine) (Ulaanbaatar: Mongolian National Medical University, 1990); and Ya. Ganbayar. *Mongolyn Ulamjlalt Anagaakh Ukhaany Onolyn Ündes* (A Foundation of Theory of Mongolian Traditional Medicine) (Ulaanbaatar: Mongolian National Medical University, 2003).

principle of traditional Mongolian medicine. Following a revitalization of traditional Mongolian medicine, which began with democratization of Mongolia in 1989, comprehensive expositions of the method-and-wisdom theory have once again emerged. An example of such works is Ganbayar and Tömörbaatar's textbook titled *Mongolyn Ulamjlalt Anagaakh Ukhaany Onolyn Ündes* (*A Foundational Theory of the Mongolian Traditional Medicine*), published by the Mongolian National Medical University, School of Traditional Medicine in 2003, which deals in good part with the wisdom-and-method theory.

It is clear that the method-and-wisdom model developed through the integration of the following doctrinal and medical principles: the Buddhist doctrinal principle of wisdom and method, the Indo-Tibetan medical theory of the three humours (*doṣa*) and the five elements (earth, water, fire, wind, and space), the Daoist *yin-and-yang* principle, and the model of the five elements underlying the Daoist medical theory (wood, fire, earth, metal, and water). Contemporary historians of traditional Mongolian medicine—such as Bold Sharavyn, Ürjingiin Baigalmaa, Ya. Ganbayar, N. Tömörbaatar, and B. Jigmed²⁰—trace the earliest source of the wisdom-and-method model to moxibustion, asserting that moxibustion works on the principle of two opposites, as it treats cold disorders with heat; and they argue for the Mongolian origin of moxibustion. Emphasizing that it was practiced as early as the third century BCE, i.e. during the period of the Hun and Xianbi states, Sharavyn and Ürjingiin mention *Huangdi Neijing*, also known as the *Yellow Emperor's Inner Canon*, which mentions moxibustion, as their evidence. They go as far as to interpret the images of the pairs of animal figures, male and female, that face each other on the wall of the Khoid Tsenhkher cave in the Khovd district of western Mongolia as the earliest, material evidence of the indigenous, Mongolian version of the method-and-wisdom model of

20. Sharavyn, *A History of Mongolian Traditional Medicine*, 91–92; Baigalmaa Ürjingiin, *Diagnosis in Mongolian Traditional Medicine* (*Mongolyn Ulamjlalt Anagaakh Ukhaany Onoshlogoo*) (Ulaanbaatar: Mongolyn Ulamjlalt Anagaakh Ukhaany Khögjliig Demjikh “Khutaibilig” Töv, 2006), 20–21; and Ya. Ganbayar and N. Tömörbaatar, *A Foundation of the Theory of Traditional Mongolian Medicine* (*Mongolyn Ulamjlalt Anagaakh Ukhaany Onolyn Ündes*) (Ulaanbaatar: Mongolian National Medical University, School of Traditional Medicine, 2003), 24.

the world.²¹ Others, such as B. Jigmed, draw our attention to the chapter on “Methods of Healing” in the *Four Medical Tantras*,²² where moxibustion is referred to as “a moxibustion of the Hor” (*‘khor kyi me btsal*), “Hor” referring to the so-called “White Mongols,” or “Monguors,” who settled in the Kökenuur area. The aforementioned scholars also declare acupuncture to be of Mongolian origin. Two discoveries are given as evidence in support of this claim: the finding of a stone needle in the Dolonnuur region of Inner Mongolia in 1963, dated to the Neolithic period; and the uncovering of a bronze needle around the Ikh Zuu²³ district (*aimag*) of Ordos in Inner Mongolia and dated to the Huns period. D. Natsagdorj, on the other hand, traces the origin of the method-and-wisdom model of medical treatment to the Mongolian folk practice of curing diseases characterized by cold and heat with immersions into hot and cold springs.²⁴

The Method-and-Wisdom Theory

To understand the manner in which the method-and-wisdom theoretical model functions in the context of traditional Mongolian medicine and what are its implications, one must first examine its common application to the four primary areas of traditional Mongolian medicine, namely, to the elemental composition of a person’s body, functions of the individual elements in the body, the aetiology of a disease, and medical therapeutics. Equally important for our understanding is the analysis of the application of the method-and-wisdom principle to medical astrology. As it will be demonstrated later, traditional Mongolian medicine is not to be understood merely as a symbiosis of different medical traditions but also as a branch

21. Sharavyn, *A History of Mongolian Traditional Medicine*, 91; Ürjingiin, *Diagnosis in the Mongolian Traditional Medicine*, 21; and Jigmed, *Mongol Anagaakh Ukhaany Tüükh Bolon Ertii Survalj Bichgiin Shinjilgee*, 93.

22. Jigmed, *Mongol Anagaakh Ukhaany Tüükh Bolon Ertii Survalj Bichgiin Shinjilgee*, 43–47. In the mentioned chapter, the mentioned practice of moxibustion is applied in treating wind disorders with cauterization, which involves mixing the oil of cumin seed with salt and wrapping the mixture in a cloth that is dipped into hot butter and applied on the skin.

23. Ikh Zuu, known also as a Great Temple, sometimes also called The Silver Buddha Temple after its Buddha Śākyamuni statue, was built by Altan Khan from 1579 to 1580 to mark his meeting with the Third Dalai Lama.

24. D. Natjsagdorj, *Anagaakh Ukhaan: Burkhan Emch Sakhius* (Ulaanbatar: Otoch Manramba Deed Sarguuly, 2001), 170–171.

of Mongolian Buddhist knowledge, which expounds Buddhist Mahāyāna and Vajrayāna doctrine through theoretical and practical frameworks of medicine. By means of the wisdom-and-method explanatory model, in traditional Mongolian medicine, every existing phenomenon, from an elemental particle up to the cosmos, is classified as either a wisdom or method aspect of phenomenal existence. Just as a unitary ultimate reality, the perfectly awakened mind, or Buddhahood, is known as a union of wisdom that knows reality as it is and method that manifests in compassionate action, so the entire phenomenal world and the person's experience of it is seen as constructed by the interrelated phenomena that bear the seemingly mutually contradictory and yet cooperative method and wisdom aspects.

The concept of method-and-wisdom principle has penetrated various aspects of the Mongols' lives. To this day, the traditional Mongolian home (*ger*), clothing (*deel*), saddle and bridle, cart, offerings to the Buddhas, and other items of daily usage have been fashioned in accordance with the method-and-wisdom principle. The application of the method-and-wisdom principle has also found its way into traditional Mongolian arts such as throat singing, decorative art, and so on. The renowned Mongolian lama and author, the Fifth Khutukhtu, Danzanvavjaa (bStan 'dzin Rab gyas) (1803–1856) expressed a popular Mongolian view with this well-known verse:

The pairs of birth and death,
Of creation and dissolution,
Of the father and mother
Are the pair of method and wisdom.²⁵

In the context of traditional Mongolian medicine, the method-and-wisdom explanatory model situates the synthesized Sāṃkhya's principle of the operation of the three *guṇas* (qualities) of *prakṛti* (the material world), which underlies Indo-Tibetan medical theory, and the Daoist *yin*-and-*yang* principle with the Buddhist Vajrayāna's conception of the nature of the world, human body, health, and illness. Traditional Mongolian medicine conforms

25. *Törökh ükhekh khoër ny*

Bütekh evdrekh khoër ny

Etseg khoër ny

Arga bilig khoër yom.

Cited in D. Mönkh-Ochir, *Mongol Zurkhain Tüükh* (Ulaanbaatar: Interpress, 2000), 106.

its method-and-wisdom explanatory model to the Buddhist tantric view of the person's psychophysical makeup and his environment as conventional aspects of the ultimate nature of the enlightened mind, which is characterized by the unification of wisdom that sees the emptiness of all phenomena and by compassion, as its method. The medical method-and-wisdom theory is also congruent with the Sāṃkhya and Buddhist tantric exposition of the correspondences between the human body and its natural environment in terms of their common elemental composition and characteristics. It indirectly points to the possible correlations between medical therapeutics based on the method-and-wisdom model and the Buddhist path of the cultivation and mutual integration of wisdom and method aspects on the path to awakening. In the case of an enlightened awareness, which is characterized by the nonduality of wisdom and method, method is nothing other than wisdom expressed through action that eliminates the suffering of sentient beings. Similarly, in a medical tradition that is based on the method-and-wisdom model, preventive and curative methods are viewed as medical wisdom manifesting through actions that eliminate the ailments of others. Therefore, a medical discipline that holds the unity of wisdom and method is to be considered as a particular expression of the Buddha's mind and his teachings. In a medical context, wisdom is of two kinds. One is a conventional wisdom that knows the following three: (1) the intricate networks of the mutually cooperative and causal principles that operate on multiple levels within the mind-body complex, (2) the causes of their disturbances, and (3) the antidotes to their disruptions. The other is a higher wisdom that knows a lack of the inherent existence of the interdependently arisen psychophysical organism, its health, and illness.

In conformity with the Daoist *yin-and-yang* principle, method (*arga*) is conceptualized as the dynamic, active, and powerful aspect of a natural phenomenon, and wisdom (*bileg*) as inactive and weak in a developmental process.

In terms of the person's environment, method and wisdom are understood in the following way:

Chart 1: General Classification of Method and Wisdom

Method	Wisdom
Sun	Moon
Summer	Winter
Sky	Earth
Above	Below
Day	Night
Fire	Water
Sunny side	Shadowed side
Male	Female

Similarly, the twelve-year cycle is classified into two sets of method and wisdom years:

Chart 2: Method and Wisdom Years

Method Years	Wisdom Years
Mouse, Tiger, Dragon, Horse, Monkey, Dog	Bull, Hare, Snake, Sheep, Rooster, Pig

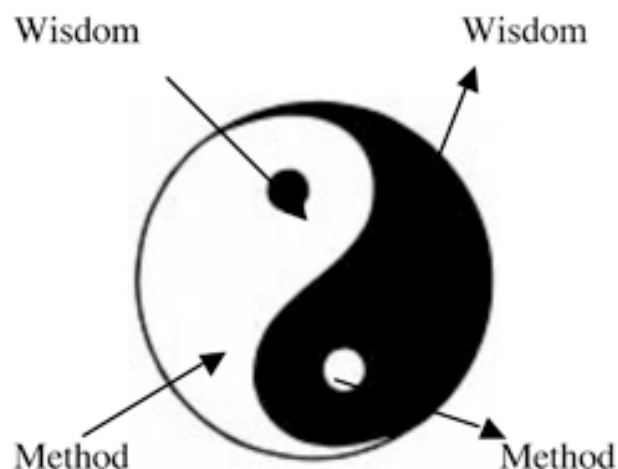
However, due to the influence of the method or wisdom nature of their directional abodes and elements, some years will have a combined identity such as method-and-wisdom, wisdom-and-method, method-and-method, or wisdom-and-wisdom.

To know one's environment and the astrological signs of one's birth and the arising of illness in terms of their method and wisdom characteristics is seen as useful for understanding correspondences between the person and his environment and the environmental and astrological influences on the person's body, mind, disease, and medical treatment. As a ratio of wisdom and method elements in the body fluctuates according to the increase or decrease of the method and wisdom components of the current year, seasons, and day and night periods, which are determined by the influences of the

year's element and locations of the sun (method) and the moon (wisdom), it determines the types of diet, preventive conduct, medical treatment, and prognosis of recovery. For instance, even within a day-and-night period, the relationship between wisdom and method changes. In the forenoon and the noon, method is contained within method; in the afternoon, wisdom is contained within method; from the dusk until the midnight, wisdom is contained within wisdom; after the midnight, method begins to arise within wisdom; and at the daybreak, method increases within wisdom.

Through their multifaceted interaction, the two opposing principles of method and wisdom are said to condition each other and depend upon each other, as each contains the other within itself. As in the case of a spiritually awakened mind, so also in the case of any natural phenomenon, the wisdom aspect is contained within method, and the method aspect is contained within wisdom. Without wisdom there is no method, and without method there is no wisdom. A main feature of the relationship between method and wisdom is that they can be limitlessly partitioned within each other. Wisdom can be divided in any number of times and ways within method, and method can be divided within wisdom in any number of times and ways. A visual representation of their interrelation and conditioned existence is based on the example of the Daoist presentation of the *yin* and *yang* principle.

Fig. 1: Method and Wisdom as Yin and Yang



Just as cultivated wisdom and method must be mutually balanced and fully integrated on the Buddhist path for the sake of ultimate health, or the full and perfect awakening, they are also to be kept in a homeostasis within the body for the sake of a conventionally defined physical and mental health.

In terms of medicine, the method-and-wisdom theory concerns itself primarily with 101 illnesses caused by humoral imbalances in the body, which make up one-fourth of the diseases that are recorded in the Tibetan and Mongolian medical traditions and treated with medications, nutrition, behaviour, and external therapies.²⁶ Imbalances manifest in one of the following three conditions of the humours: excess, deficiency, and mutual aggravation. Illnesses of this category are said to emerge from a disturbed equilibrium of method and wisdom as their specific cause. This specific type of cause pertains to the conventional nature of the world and the body composed of matter, and it is categorized as method because it is active in inducing illness in an unmediated way. Moreover, all ailments also have their distant cause, namely, spiritual ignorance, which pertains to ultimate reality, or emptiness of inherent existence. This distant cause is categorized as a wisdom aspect, since it only indirectly induces the arising of illness.

Specific causes and their primary characteristics are classified as method and wisdom in the following manner:

Chart 3: Bile and Phlegm as Method and Wisdom

Method	Bile (<i>shar</i>)	Light	Hot	Sharp
Wisdom	Phlegm (<i>bagdan</i>)	Heavy	Cold	Dull

If bodily elements that are of the nature of method (bile) become excessive, an illness associated with wisdom (phlegm) emerges; and if bodily elements that are of the nature of wisdom (phlegm) become excessive, a disease associated with method (bile) arises.

26. Generally, 404 diseases are recognized, among which are: 101 minor ailments (*ltar snang 'phral nad*), 101 illnesses caused by humoral imbalances (*yongs grub tshe nad*), 101 illnesses induced by previous negative karma (*gzhan dbang sngon las*), and 101 diseases caused by evil spirits (*kun brtags gdon nad*).

The human body is understood as a self-stabilizing system, in which method and wisdom naturally restrict each other's excessive increase and excessive decrease and maintain their relatively balanced relation. For example, if the assimilation of the nutrients in the body is not restricted, a person gains excessive weight, and if the dissimilation of the nutrients in the body is unrestricted, a person loses weight and dies. Dissimilation by itself restricts assimilation, and assimilation by itself restricts dissimilation.²⁷ As an integrative construct, the body contains both: (1) psychophysical elements that are the objects of harm and healing, and (2) bodily humours that inflict harm and restore health. However, as it will be demonstrated later, the body is also part of the potentiality for realization of personal identitylessness and the highest spiritual achievement, or gnosis.

Imbalances of method and wisdom²⁸ are characterized as disorders of the three bodily humours (*gem*, Skt. *doṣa*)—bile, phlegm, and wind—the seven essential bodily constituents (*tamir*, Skt. *dhātu*), such as chyle, blood, flesh, fat, bones, marrow, and regenerative fluid, which are produced at every stage of a metabolic process, and three types of impurities (*gkir*, Skt. *mala*), namely, feces, urine, and perspiration. From a perspective of the method-and-wisdom model, specific causes of illness are classified in this way:

Chart 4: Method and Wisdom Illnesses

Method Related Illnesses	Illness caused by excessive accumulation of heat	Illness characterized by bile, or method, disorder
Wisdom Related Illnesses	Illness caused by excessive accumulation of coldness	Illness characterized by phlegm, or wisdom, disorder

27. Similarly, when there is a balanced relation between hot and cold in the person's body, the bodily temperature remains 36.5 degrees Celsius (98.6 degrees F).

28. An imbalance, or a disorder, of method or wisdom can be of three kinds: excess, deficiency, or aggravation.

Correspondingly, healing is understood to be a process of restoring the equilibrium and proper integration of the method and wisdom elements in the body. It is an interrupted flow of information transiting through the body. The body consists of receptors and transmitters that receive information from the effective environment, such as medicine, nutrition, behaviour, and auxiliary therapy, which regulate and control the aforementioned humours, essential bodily constituents, and impurities. The recovery of a disturbed balance involves the restoration of the insufficient element and suppression of the excessively accumulated one with its opposite. Illnesses associated with method are treated with medications and nutrients that are of the nature of wisdom, and diseases associated with wisdom are treated with medicaments and nutrition that are of the nature of method. Thus, the perception of the body and natural world as consisting of mutually counteracting but cooperative elements, which are of the nature of method and wisdom, underpins traditional Mongolian aetiology and therapeutics.

With regard to medical diagnosis, chronic disorders are generally classified in terms of method and wisdom in this manner:

Chart 5: Diagnostic Methods for Method and Wisdom Illnesses

Method	Symptoms characteristic of heat disorder	Pulse characteristic of heat disorder	Urine characteristic of heat disorder
Wisdom	Symptoms characteristic of cold disorder	Pulse characteristic of cold disorder	Urine characteristic of cold disorder

The body is also understood as a self-organizing system constituted by mutually dependent and interactive components, which bear the features of method and wisdom aspects. Just as the upper and lower regions of the cosmos are characterized as method and wisdom, so are the upper and lower parts of the body. The bodily method and wisdom components are conceived in this way:

Chart 6: The Body as a Network of Method and Wisdom Elements

Method	Wisdom
Upper part of the body	Lower part of the body
Five solid organs: liver, heart, spleen, lungs, and kidneys	Six hollow organs: stomach, duodenum, intestines, gall-bladder, bladder, and testes/ovaries
Vascular system	Nervous system, or the white veins, of two kinds: (1) those controlling sensory perceptions; and (2) those controlling bodily movements
Elements constituting the bile humour	Elements constituting the phlegm humour
Male pulse	Female pulse

The integration of method and wisdom is not limited to the bodily constituents alone, but also involves the functions and locations of bodily organs, as seen in chart 7. Thus, a living body is interpreted as a system of the intricate, interrelated networks of diverse method and wisdom factors.

In conformity with this classification of internal organs into wisdom and method aspects, it is generally held that women, in whom wisdom elements are predominant, are generally more susceptible to illnesses related to the six hollow organs (*sav*), most commonly, the kidneys and bladder, which belong to the wisdom category; whereas, men, who are predominantly constituted from method elements, are more susceptible to illnesses of the five solid organs (*tavan tsul*), such as the liver and heart, which belong to the method category.²⁹

29. Mönkh-Ochir, *Mongol Zurkhain Tüükh*, 113.

Chart 7: The Bodily Organs, Their Nature, Elements, Functions, and Locations as Method and Wisdom

Bodily Organ	Nature	Elements	Function	Location
Heart	Method	Method-wisdom	Method	Method
Lungs	Method	Wisdom	Method	Method
Liver	Method	Method	Method	Method
Kidneys	Method	Wisdom	Wisdom	Wisdom
Spleen	Method	Wisdom	Method	Wisdom
Abdomen	Wisdom	Method	Wisdom	Method
Bladder	Wisdom	Wisdom	Wisdom	Wisdom
Gall-bladder	Wisdom	Method	Method-wisdom	Wisdom
Soft organs	Wisdom	Wisdom-method	Wisdom	Wisdom
Colon	Wisdom	Wisdom	Method	Wisdom
Bowels	Wisdom	Method	Method	Method-wisdom

A classification of the bodily constituents into the method and wisdom components is also formulated in close relation to the circulation of the three previously mentioned humours, which flow to different bodily organs through the vascular and nervous systems that branch from the three main, subtle, bodily channels (*sudal*, Skt. *nāḍī*), namely, from the right, left, and central channels. Among the three previous humours, bile, or method, consists of the fire element and is therefore characterized by heat and activity; whereas, phlegm, or wisdom, consists of the earth and water elements and is consequently characterized by cold and inertia. As previously mentioned,

their relationship is of the nature of mutual correlation, resistance, and restriction. For example, when the heat of the absorbing bile (method) enters the seven essential bodily constituents, it melts and digests them with its heat, but its excessive accumulation is restricted by the cooling activity of the moist phlegm (wisdom). As these two tend to fluctuate in terms of their deficiency and excess, which various factors instigate, they perpetuate a continuous process of transformation within the mind-body complex. Thus, the body is seen not only as a unitary entity constituted by mutually interactive method and wisdom components in a state of homeostasis, but also as a continuous process of interdependently arisen, harmful and favourable alterations. The continuous, mutual interaction of method and wisdom effectuates the impermanence of the body, its arising, development, and perishing.

In contrast to the method and wisdom humours, the wind (*khii*, Skt. *vāta*) humour, consisting of the wind and space elements and being neither cold nor hot by nature, is categorized as being neither method nor wisdom. However, due to being of the nature of mobility, the wind spreads and facilitates the proliferation of heat and cold, or method and wisdom, throughout the body. It permeates the body by transiting from the seven essential bodily constituents (*tamir*) to the bones, from the five sense-faculties to the ears, from the five types of sensory awareness to touch, from the solid organs to the heart, and from the hollow organs to the colon. Thus, just as the proliferation and integration of wisdom and method on the Buddhist path of spiritual practice is contingent on the practitioner's unimpeded mind, which is most intimately connected to the wind of vital energies (*amy*, Skt. *prāṇa*) in the body, so too the diffusion and interaction of the bile and phlegm in the body is contingent on the wind, the embodied mind's vehicle.

The nature and efficacies of the three bodily humours in supporting embodied existence are explained in this manner:

Chart 8: The Fire, Water, and Wind as Method, Wisdom, and Neither-Method-Nor-Wisdom

Method	Wisdom	Neither-Method-Nor-Wisdom
Fire-element, heat	a) Water-element, cold b) Earth-element, solidity	a) Wind-element, light and mobile b) Space-element, empty and hollow
Bile humour	Phlegm humour	Wind humour
Forms the complexion, eyes, and visual awareness	a) Forms the blood, tongue, gustatory awareness, and bodily fluids b) Forms the bones, flesh, nose, and gives weight	a) Forms the breath, skin, and tactile awareness b) Forms the bodily apertures, ears, and auditory awareness
Transits through blood, sweat, eyes, liver, gall-bladder, and small intestines	Transits through the 7 essential bodily constituents, nose, tongue, lungs, spleen, kidneys, stomach, and bladder	Transits through the bones, skin, ears, heart, blood vessels, nerves, and large intestine

From the moment of conception until birth, the emerging embryo becomes formed through the integration of the above-mentioned elements of method and wisdom. The proportion of the method and wisdom elements present in the father's semen and mother's ovum and appropriated by a transmigrating consciousness at the time of conception is said to determine the embryo's gender, or its nature as a method, wisdom, or neither-method-nor-wisdom being. If the father's semen, which is comprised of the method elements, is more plentiful at the time of conception, a male embryo, or method being, is conceived. If the mother's ovum, which consists of the wisdom elements, is more plentiful, a female embryo, or wisdom being, is conceived. And if method and wisdom, or the father's semen and mother's

ovum, are of equal proportion, a hermaphrodite, or neither-method-nor-wisdom being, is conceived. In this regard, the hermaphrodite state correlates to the state of a spiritually awakened mind, often metaphorically referred to as an androgynous state, on the grounds that it is ultimately neither wisdom nor method due to the nondual nature of the awakened mind that transcends all conceptualizations, including the categories such as wisdom and method.

During the fifth week of the embryo's development, when the navel is formed, three channels within the navel *cakra* arise, namely, the *lalanā*, or the wisdom channel, on the left, the *rasanā*, or the method channel, on the right, and the central, or the gnosis (*bileg bilig*, Skt. *jñāna*) channel. The wisdom channel, which flows on the left side from the centre of the body, carries the water-element, which is of the nature of wisdom. Therefore, it is white, and it serves as a basis for the phlegm's, or wisdom's, activity in the body. Its upper point forms the brain. Once the brain, whose substance comes from the father's semen, is formed, the marrow comes into existence; and the multitude of white vessels (*tsagaan sudal*), or the nervous system, branches out from the brain and marrow. Due to their arising from the wisdom channel, the brain and entire nervous system are characterized as being of the nature of wisdom. However, as the wind brings bile, or method, into the brain, there is also some bile and blood in the brain. Among the three primary mental afflictions, which characterize the transmigrating consciousness that enters the mother's womb at the time of conception, delusion (*munkhag*, Skt. *moha*) is always associated with the wisdom channel. Delusion has the brain as its physical support in the body, and when it arises, it proliferates and aggravates the bodily phlegm.

The method channel, which flows on the right side from the centre of the body, carries the fire-element, or blood. Therefore, it is of a dark, red colour and functions as a basis of the bile humour in the body. In dependence on it, bile is able to produce bodily warmth. When the method channel flows from the navel toward the top of the head, it forms a lymph gland that penetrates the core of the liver. Ascending further, it forms an aorta located near the tenth spinal vertebra. From that aorta, all the vascular system, which is indispensable for the development of the seven essential bodily constituents, branches out. The mental affliction of anger (*uur*, Skt. *dveṣa*) arises in dependence on the blood in the method channel. Anger has the liver as its physical support in the body, and when it arises, it increases and aggravates the bile humour in the body.

The third channel, or the central channel,³⁰ which flows along the axis through the centre of the body, is said to be of the nature of gnosis (*bileg bilgüün*, Skt. *jñāna*), or of undifferentiated method and wisdom, for it carries the wind-element, which is neither wisdom nor method. The gnosis channel provides a basis for the wind humour in the body, and it supports the circulation of wind throughout the body. It establishes the centralization of all of one's activities—mental, verbal, and physical. Like a motor, or a stimulator, the central channel generates great power; it controls and directs all of one's activities from birth to death. The wind in the gnosis channel is the foundation of bodily existence, as one's vital breath depends on it. The mental affliction of attachment (Mng. *khüisekh*, Skt. *rāga*) arises in dependence on the wind in the gnosis channel, and it has the reproductive organ as its support in the body. Its arising is known to proliferate and aggravate the body's wind.

Since the flow of vital energies in the body depends on these three channels, they form a physiological foundation of embodied life and transmigratory existence. In conformity with the *Kālacakra*'s exposition of the human body, traditional Mongolian medicine holds that the number of breaths a person takes within the day-and-night is 21,600. Of these 21,600 breaths, 10,462.5 are said to flow through the method channel (*rasanā*) and exit through the right nostril. Another 10,462.5 breaths flow through the wisdom channel (*lalanā*) and exit through the left nostril. The two remaining breaths of inhalation and exhalation are referred to as the winds of gnosis that exit through both nostrils. When by means of Buddhist tantric, yogic practices, the wisdom and method channels are brought into the gnosis channel and the white, or wisdom, and red, or method, drops within the gnosis channel are not released through the reproductive organ but are dissolved within the central channel, the three channels cease to carry the three humours. In consequence, the three related mental afflictions dissipate. As a result, the wisdom channel eventually becomes transformed into the wisdom of emptiness, or identitylessness (Mng. *bi ügei*, Skt. *nairātmya*), the method channel into the awakening mind (Mng. *bodi sedkil*, Skt. *bodhicitta*), or compassion, and the gnosis channel into freedom from

30. Known also under the names of *om nāḍī*, *avadhūti*, *suṣumnā* in Sanskrit, and as *kun dharma*, *phra mo'i gzug*, *srog rtsa*, *srog gi skud pa*, *nang gi shing gcig*, *lam po che*, and *rtsa dbu ma* in Tibetan.

grasping. In this way, the causes of physical ailments become removed for all times and mental afflictions transformed into ultimate mental health, or spiritual awakening. This unification of the method and wisdom channels within the gnosis channel is correlated to the unification of the conventional and ultimate realities within the nondual gnosis that is neither wisdom nor method because it is unitary.³¹

Applying the method-and-wisdom explanatory model to every structural and psychophysiological level of life, traditional Mongolian physicians, similarly to the contemporary system biologists, have sought to elucidate their understanding of a sentient organism as a series of interdependent processes emerging from an array of interactive elements. With this, they also sought to demonstrate the lack of a privileged cause within this net of interactive causalities.³² The wisdom-and-method model of embodied existence emphasizes integration rather than a reductionistic process, and it seeks to show the structures and levels at which various psychophysiological functions operate through their immense and complicated networks and interactions. Traditional Mongolian physicians pointed to medical discoveries regarding the nature of embodied existence, the dangers and problems that arise from it, and their solutions as congruent with the Buddhist views of the condition of the world. Therefore, they considered such a medical system to be soteriologically relevant. By including the spiritual realm within the conception of health, illness, and healing, the method-and-wisdom theoretical model exemplifies an integrated, mind-body-transcendent paradigm.

31. The *Altan Hadmal (Golden Supplement)* cited in Ganbayar and Tömörbaatar, *Mongolyn Ulamjlalt Anagaakh Ukhaany Onolyn Ündes*, 57.

32. For a new theoretical formulation of the systems biology see Denis Noble, *The Music of Life: Biology Beyond Genes* (Oxford: Oxford University Press, 2009).