

SOWA RIGPA: HISTORICAL BACKGROUND AND CURRENT STATUS IN MONGOLIA

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Sowa rigpa has at least one thousand years of history among the Mongols and served as the main means of medical service for the nation for a millennium, was adapted to their nomadic way of life and became an inseparable part of their cultural heritage. Though this system of medicine, which has a close tie to Buddhism, witnessed a very tragic history in the twentieth century, today it is an integral part of the healthcare system having an official recognition in Mongolia and Mongolian regions of the PRC. Sowa rigpa in Mongolia, known as Mongolian traditional medicine, today is almost unknown in scholarly literature on global sowa rigpa industry. In this article I will present how Sowa rigpa medicine is transmitted among the Mongols, together with Buddhism as one of the ten Buddhist sciences and then how it transformed into a Mongolian traditional medicine when influenced by political ideology, national identity, cultural and religious revival of the Mongols in the last century and so forth.

Historical background

The Mongols' first encounter with Buddhism and its medical tradition happened during the Uighur Empire in Mongolia in the 8-10th centuries. The Uighurs imported their distinct form of Buddhism from the Indian and Central Asian Buddhist kingdoms. Later, the Buddhist Uighurs served as tutors of the emerging Mongol elite of the thirteenth century. It was the Uighurs who gave the Mongols a script, among other cultural gifts.¹ Many technical terms of Buddhism and Ayurvedic medicine were borrowed from Uyghur language and in turn, a body of these loan words and names were used in translation of Tibetan texts at a later period.

Buddhism from Tibet was introduced among Mongols in two different phases. First was the Sakya and Kagyu schools of Tibetan Buddhism during the Mongol Yuan Dynasty in the 13th-14th century and then the Gelugpa school in the 16th century. The great Tibetan scholars such as Sakya Pandita Kunga Gyaltsen (1182-1251), Drogon Chogyal Phagpa (1235-1280) and Karma Pakshi (1204-1283) travelled to Mongolia to teach Buddhism. The Mongol Yuan dynasty encouraged all medical traditions including Chinese, Arabic and Tibetan medicine in their realm. Tibetan Buddhist texts printed at the Yuan Court in China in cooperation with the Yuan Mongol patrons, Tibetan scholars and Chinese craftsmen are known as *Hor spar ma*, which literally means 'the Mongol Edition' of Tibetan texts in Tibetan. Among these editions, the Tibetan translation of Vagbhatta's *Astanga Hridaya* was printed in Daidu, the capital of Yuan in sponsorship of the mother of the Yuan emperor Kulug Khan (1281-1311). This print is considered the first ever woodblock printing of a

¹ Michael R. Drompp, 2005

Tibetan medical text.² Urgyen Rinchen Bal (1230–1309), the founder of the alchemical tradition in Tibetan medicine was the royal tutor at the court of Khublai Khan in 1292-1293. It seems that Sowa rigpa during the Yuan Dynasty was only limited to the Mongol elites in the royal court. Some studies suggest that the *Four Medical Tantras* were translated during that time by Sakya translator Choekyi Woser, however, a proof of this translation's existence has not been found so far.

After the collapse of the Mongol Yuan Dynasty in China in 1368, the Mongols faced a period of disunity which gradually brought them under the rule of the Manchus, who founded the Manchu Qing Dynasty in China. The second wave of propagation of the Gelug school of Tibetan Buddhism started simultaneously with attempts to revive the Great Yuan Dynasty by several leaders of the Mongol tribes. Among them was Altan Khan of Tumed Mongols who led the Gelug conversion of the Mongols that influenced by the Third Dalai Lama. In southern Mongolia, Ligden Khan, the last Mongol leader before the Manchu conquering of the Mongols, tried to revive the old Sakya school of the Yuan, inviting the Sakya's Sharba Pandita, who was appointed his preceptor in 1617. Ligden Khan finished a translation project of the Mongolian Kangyur which started during the Yuan Dynasty.³

Buddhist monastic traditions were established in different parts of Mongolian regions with direct involvement of the Dalai Lama and Panchen Lama institutions. Mongolian versions of the institution of reincarnations such as Jebtsundamba in Khalkha and Neij Toin in Inner Mongolia were established. There were thirteen reincarnate lamas who were officially recognised by the Manchu court by the beginning of the 20th century in the Khalkha region of Mongolia. All these reincarnate masters - also known as *khutugtu* - had their own large monastic centres with a medical faculty '*manba datsang*' where monks studied Sowa rigpa.

There are three reincarnate lamas, Jebtsundamba, Erdeni Pandita and Zaya Pandita whose fame entitled them the "Three Lamps of Mongolian Buddhism" played a major role in the propagation of Buddhism and its medical science in Mongolia. According to the biography of Zanabazar (1635-1723), the first Jebtsundamba khutugtu of Khalkha, who was the reincarnation of Jonang Jebtsun Taranatha (1575–1634), he studied in Central Tibet under the Great Fifth and the 4th Panchen Lama. When he returned to Mongolia from Tibet after 10 years of study, he brought with him, fifty Tibetan scholars of different Buddhist sciences.⁴ Among them was a Tibetan physician called Lobsang Norbu, a scholar from Chakpori Medical Institute, Lhasa, who was appointed as a personal physician of Jebtsundamba. Several other physicians from the Chagpori Medical Institute who were appointed as personal physicians of Jebtsundamba khutugtus of Mongolia were actively involved in the establishment of Sowa rigpa monastic schools around the country.

Lobsang Tenzin Gyaltsen (1639-1704), the first incarnation of Erdeni Pandita was one of the influential Buddhist figures in Northern Mongolia. As a child he started his medical study with a Mongolian physician Kunga Changchub and later continued his

² Kawa Sherab Sangpo, 2016

³ Ochir, A., 2003, p.58

⁴ Bareja-Starzynsk Agata 201

studies in Tibet under Lingtöe Zhabdrung Lobsang Gyatso and Darma Manrampa Lobsang Choedag. These two great masters of Tibetan medicine played an important role in the transmission of Sowa rigpa knowledge among Mongolian Buddhist monks in their time. Lobsang Tenzin Gyaltzen composed several works on medicine and astrology. It is said that he also established one of the first medical schools in Mongolia after he returned from Tibet.⁵

At the same time, Khalkha Zaya Pandita Lobsang Thrinle (1642-1701) introduced different transmissions of medical lineages such as *Gyu zhi* and *Yuthog Nyingthig* after his long study in Tibet. We can find valuable information on medical lineages and transmissions of Tibetan Buddhist masters in his two volumes of *San-yig* 'Record on Teachings Received'.

In Western Mongolia, Oirad Zaya Pandita Namkha Gyaltzen was active in propagating Buddha's teachings and he translated the first known Mongolian translation of *Gyushi* and *Manngag Lhanthab* in 1565. Translator Mingyur Chorje, a student of both Jebtsundamba and Zaya Pandita made a full Mongolian translation of *Gyuzhi* and this was printed in Beijing in 1720.

Hundreds of Mongolian monks from all over Mongolia travelled to Tibetan monastic universities. They studied Sowa rigpa medicine in medical faculties of Labrang, Kunbum and Gonglung monasteries in Amdo and Chagpori Medical College in Central Tibet. It is claimed that the first ever medical college in the tradition of Sowa rigpa was founded in 1585 in Central Mongolia by a physician called Lobsang Choedag. By the 1920s there were 222 registered *manba datsangs* in Mongolia.⁶ The Manba datsang of Mongoljin Gegen Monastery, which is situated in the present day in Liaoning province of China, was established in 1702 by a monk Tsagaan Dayanch. It was one of the largest and well-known medical colleges in Southern Mongolia. Emchi-lamas from this medical college took considerable role in the later development of Mongolian medicine in Inner Mongolian Autonomous Region, PRC in 1950s.

Tibetan language have been played a *lingua franca* for Buddhist scholars in Mongolia. Instruction language for medical teachings are Tibetan and Mongolian and students memorise and study *Gyushi* and other commentarial works in Tibetan. Scholars composed their works in Tibetan and today, there are thousands of Tibetan language works written by Mongol scholars kept in private collections and monastic libraries across Mongolia. For example, Mongolian *manrampa* Lungrig Tendar's medical works are well known among the Sowa rigpa community all over the world. This scholarly tradition is still continuing in some parts of Mongolia today.

Current Status of Sowa Rigpa in Mongolia

Even though it reached its highest peak of flourishing at the beginning of the 20th century, Sowa rigpa medicine in Mongolia experienced a tragedy of repressions and destructions

⁵ Byambaa Ragchaa, 2008

⁶ Natsagdorj and Saruul-Oyun 2017

unlike any other medical system in the history of humankind. In 1911, after 300 years of rule under the Manchu Qing dynasty, Mongolia declared independence and then in 1921, the Soviet Union orchestrated a revolution. With the declaration of the People's Republic of Mongolia in 1924, the Jetsundamba Institute, the head of Mongolian Buddhism, was consequently abolished.

The new government took an aggressive policy to introduce a Soviet-oriented healthcare system in the country, tolerating Tibetan medicine at first. However, Buddhism and its clergy were discouraged and heavy taxations were imposed on Buddhist establishments which caused monks to disrobe and monasteries to close. Initially, the two systems of medicine, Russian and Tibetan medicine, collaborated and Russian educated doctors and *manba datsang* trained monk-physicians co-worked in the government hospitals. Since Tibetan medicine was successful in many cases and Russian doctors failed on numerous occasions, competition arose between the two systems. Loyalty of patients to the Tibetan medicine and its practitioners was seen as a strong obstacle to the introduction of the new healthcare system. Its strong connection with Buddhism was also seen as anti-communist ideology and perceived as a threat to the communist revolution and socialist modernisation. The government policy on traditional medicine radically changed in the 1930s and a new act banning practice of Tibetan medicine was issued by the People's government in 1934.

Communist repression of Tibetan medicine in Mongolia started with the execution of *Manramba Sereenen*, the personal physician of Jebtsundamba Khutugtu, falsely accusing him of poisoning Sukhbaatar, the revolutionary leader of Mongolia in 1922. At the climax of the Great Purge in 1938, in a spate of violence that lasted nearly 18 months, Stalin's special committee of the killing machine approved and carried out the execution of over 18,000 counter-revolutionary-labelled lamas. Monks that were not executed were forcibly laicised while 746 of the country's monasteries were liquidated. Traditional medicine suffered the greatest loss as its *manba datsangs* were eliminated, medical texts and medical substances were destroyed and practitioners were killed without trial or sent to remote labour camps. However, there are narratives circulate among Buddhist Mongols how dissident monks continued healing both in labor camps and at large. Only a handful of them survived the Great Purge and some of the survivors were actively involved in various projects at the Institute of the People's Medicine in 1960-1980s. Some former emchi-lamas engaged in secret medical practice. Hundreds of propaganda movies, drama, novels, cartoons assaulted *sowa rigpa* medicine and those promoting modern medicine were produced. However, this violence and propaganda never resulted in the complete disappearance of Tibetan medicine in Mongolia.

Following the rapid development of Tibetan medicine in the Russian Empire, especially among the Buryat-Mongolian Buddhists, Soviet scholars engaged in studying it in the 1920s. After a brief period of toleration, in the 1930s and early 1940s, the Soviet government took the same action of oppression and repression of Tibetan medicine together with other practices related to Buddhism in three Mongolian regions in the Soviet Union, Buryatia, Kalmykia and the formally independent Tuva. Despite the symbolic re-

establishment of institutionalized Buddhism in the Soviet Union in 1945, Tibetan medicine was not officially legalised until 1990. The research of Tibetan medicine resumed in the 1960s and 1970s by some scholars who also engaged in medical practice.⁷ The *Four Medical Tantras* translated from Tibetan into Russian in 1988 by Buryat translator Dandar Dashiev.

Sengee, a leading communist writer and who was a KGB agent during the violence in the 1930s, suffered life threatening stomach cancer which was resistant to the Russian drugs, however he experienced some improvement after consulting a traditional healer. At the third plenum of the Mongolian People's Revolutionary Party in 1959, he made an appeal to revive 'folk medicine'⁸ saying "Whilst we could eliminate the folk medicine, why we cannot revive it?".⁹ At that time, some Soviet leaders began to ask their Mongolian counterparts for a consultation from a surviving Tibetan medical practitioner and the Mongolian communist leaders witnessed the Soviets reviving their research in Tibetan medicine. This triggered Mongolian communist leaders to change their minds regarding Tibetan medicine but the strict policy on traditional medicine was not changed until the collapse of the Soviet Union.

A controversial scientist, Dr Khaidav (1922-2010), who graduated from the Soviet medical school in 1946, played a dramatic role in the communist revival of traditional medicine in Mongolia. With a personal request and strong support from Mongolia's chairman Tsedenbal (1916-1991) and his Russian wife, he carried out a survey of surviving *manrambas* in the country and his findings revealed that only five were left after years of violence against Tibetan medicine. With these surviving *manrambas*¹⁰, a team of scientists made a medicinal plant survey spanning across Mongolia and produced several publications on the subject including a *Russian-Mongolian-Tibetan-Latin Glossary of Medicinal Plants Used in Mongolian Medicine* in 1965. It is believed that Dr Khaidav laid the foundation for studying traditional medicine from a scientific basis by founding the Laboratory of Mongolian traditional drugs and plants in 1959. The laboratory was expanded to the Institute of Natural Compounds in 1975 and then the Institute of the People's Medicine in 1981. He recruited these surviving Sowa rigpa scholars to translate Tibetan medical texts and identify Tibetan medicinal plants. However, in many cases he did not mention these old scholars in his numerous scientific works. Memories from old practitioners tell us he personally collaborated the secret service to trace Sowa rigpa practitioners and confiscate their medical texts, instruments and herbs.¹¹ His controversial activities make people suspect him as having had the double duty of both an agent for the

⁷ Ivan Sablin, *Tibetan Medicine and Buddhism in the Soviet Union: Research, Repression, and Revival*, 1922–1991

⁸ A mongolian term refers traditional medicine in the communist time. Traditional medicine 'ulamjilalt anagaah uhaan' is a comparatively new term existed in the 1990s during the revival of Sowa rigpa.

⁹ Khaidav 2011

¹⁰ The highest medical degree earned after 10-15 years of training at a *manba datsang*, monastic medical college in Mongolia.

¹¹ Gendendaram 1990

Mongolian KGB and as a scientist. He and his team slaughtered thousands of test animals in their labs in order to check traditional medicine or discover new drug that was contradicted “non-violence” teaching of Buddhist medicine.

During these years in socialist Mongolia, the name of Tibetan medicine was radically changed into the Mongolian name “*Mongol ardiin emneleg*” a term that loosely bears the double meaning of ‘Mongolian people’s medicine’ or ‘Mongolian folk medicine’. Ironically, *rinchen rilbus* from Dharamsala was officially used in the 2nd general hospital in Ulaanbaatar, where the country’s communist elites received traditional medical services. Communist leaders and their families secretly consulted emchi-lamas. Apart from scientific scrutiny of traditional medicine at the Institute, surviving practitioners continued their traditional medical service to the population receiving constant threats from secret service agents. It is interesting that ingredients from India and China were supplied to these practitioners by diplomatic missions in subsequent countries.

When Sowa rigpa finds its a new name of “People’s Medicine” and Dr. Khaidav was doing his research on it in Mongolia, in the neighboring People's Republic of China in the 1950s, Sowa rigpa medicine took a new direction in the newly founded Autonomous Region of Inner Mongolia. The government of the new state encouraged traditional medicine as they had a shortage of manpower in their healthcare system. It says that the system of “barefoot doctors” contributed a positive development to traditional medicine in China and Sowa rigpa medicine centers were founded in towns and villages in Inner Mongolia. Sowa rigpa transformed with a national flavor as its name was changed into “Mongolian medicine” at that time. Translating projects for major Tibetan medical texts was executed as part of ‘*detibetisation*’ and secularization of the newly invented Mongolian medicine with involvement of *manba datsang* educated Mongolian emchi-lamas. And Buddhist ideas of philosophy and practice are eliminated from these translations under the guise of superstition. These emchi-lamas played a crucial role in evolving the system of Mongolian medicine in China. In 1958, the Department of Traditional Chinese and Mongolian Medicine at the Inner Mongolia Medical College opened its doors to students. In 2007, it expanded opening a state of the art campus just outside Hohhot City. The Chinese government has been making an enormous investment in the Mongolian medicine establishments in China and has also established scores of Mongolian medicine hospitals since 1949, including 41 in Inner Mongolia, 3 in Xinjiang and 1 in each of Liaoning, Heilongjiang, Gansu and Qinghai.¹² The state regulated Mongolian medicine in Inner Mongolia is officially atheist while private practitioners’ interest in Buddhist spirituality and Tibetan language has been reviving over the past years. However, during the Cultural Revolution, Mongolian medicine faced the same fate in China, as in Tibet. There is an unofficial statistics on the number of Sowa rigpa (Mongolian medicine) practitioners in Mongolian regions of PRC that estimates more than 10.000 officially practitioners.¹³

¹² Valerie Sartor, *Traditional Mongolian Medicine in China*, China.org.cn, July 30, 2007.

¹³ This number is provided by Tsetsenbaatar Gunsennyam, the director of International Association of Mongolian Traditional Medicine, Ulaanbaatar, Mongolia on 02 February, 2018.

As Mongolia embraced democratic change in 1990, the policy on traditional medicine liberalised and hospitals started to offer services of traditional medicine again. During the transitional time after Mongolia lost its financial support from the Soviet Union when it collapsed, traditional medicine played an important role in the drug shortage stricken healthcare system in the country.¹⁴ After 70 years of communist repression of traditional medical practices, it has re-emerged as “Mongolian traditional medicine” following the model of Inner Mongolia from the 1990s.

The Government of Mongolia considers traditional medicine to be an important health care resource for the population and is therefore working to incorporate traditional medical remedies into the official health service. Today, Mongolia is one of 25 countries where a national policy on the traditional medicine is implemented among 129 WHO member states. A draft policy on the development of Mongolian traditional medicine was discussed at the Conference on National Policy regarding Traditional Medicine in 1998 and was adopted by the State Parliament on 2 July 1999. This document contains plans for developing Mongolian traditional medicine over the next 10 to 15 years and covers 19 areas of work. In 2010, the Health Minister of Mongolia issued a National program for Mongolian traditional medicine in order to strengthen the implementation of the National policy on the development of Mongolian traditional medicine and to improve the quality of the traditional medicine healthcare service. Almost all government funded hospitals have a unit of MTM. In the private sector, there are 93 outpatient clinics, 22 inpatient hospitals together with 29 health resorts offering traditional medicine services. There are 7584 physicians working in the Mongolian healthcare system, while 780 are practitioners of MTM. The percentage of the MTM practitioners has increased to 10%, whilst it was only 4.5% in 2005. There are six manufacturing units for MTM where more than 200 different herbal products are produced in accordance with the formulae of Sowa rigpa medicine. The first volume of Pharmacopeia of MTM was published in 2017.

An education system for MTM was established in 1991. 1838 practitioners have graduated since the establishment of the first modern traditional medicine school in 1991. Among them 33.8% are undergraduates and 63.7% are postgraduate degree holders. A standard for undergraduate level curriculum for TMM professionals was approved by the Ministry of Education in 2008. There are six schools offering a six-year undergraduate and two-year postgraduate training for MTM professionals. 285 students have graduated in 2017, while 191 graduated in 2016. There are 60 postgraduate students (master and doctoral studies) in traditional medicine.

Today, the legacy of Dr. Khaidav is still extant in the system of traditional medicine in Mongolia. Evidence based, scientifically proven, rationalised form of traditional medicine is encouraged by his students who are centered around the National Institute of Traditional Medicine and Technology and International School of Mongolian Traditional Medicine. In the initial part of the revival of MTM, biomedical doctors widely converted to traditional medicine after taking crash courses of acupuncture and MTM such as a 45-day

¹⁴ Craig R. Janes, Casey Hilliard 2008

course. These biomedicine-turned-traditional medicine doctors still hold important positions in the every field of MTM.

In 1990, Ven. Natsagdorj, an enthusiastic young monk who studied Sowa rigpa with emchi-lamas during socialist Mongolia, went to India to study at Men-Tsee-Khang (TMAI) for a short term. Returning to Mongolia after witnessing how Tibetan medicine is flourishing in India, he re-established the Sorig Shanphan Ling Medical Institute of the Jebtsundamba's Ikh Khuree, the largest monastic centre in pre-communist Mongolia. Sorig Shanphan Ling Medical Institute was one of the important Sowa rigpa medicine institutes in Mongolia and its young monks were recruited to the first Russian hospitals in the capital city of Ulaanbaatar to study Russian style western medicine along with their practice of Tibetan medicine. These emchi-lamas became the first batch of biomedical doctors in Mongolia. Today, Natsagdorj's *manba datsang* consists of a monastery that focuses on healing related ceremonies such as Medicine Buddha healing rituals, whilst a school in the complex offers a 6-year training course for traditional medical doctors based on the *Gyushi* and its commentaries. There is a 40-bed inpatient hospital along with an outpatient clinic and a pharmacy which produces numerous herbal products.

Since two parallel developments have been taking place in the revitalization of Sowa rigpa medicine in Mongolia since 1990, it is evident that these two schools differ in their medical thinking and ways of clinical practice due to their different respective training backgrounds. The first school is characterized by a series of seminars and clinical teachings similar to that in modern medical schools. The second school follows the classical teaching based on root text memorization, teachings on classic root and commentary texts and guidance on clinical and pharmaceutical practices under the supervision of tutors.

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