

## Introduction

# The Translation and Development of Tibetan Medicine in Exile

Stephan Kloos

Institute for Social Anthropology  
Austrian Academy of Sciences

The *rgyud bzhi* or «Four Tantras» are the most important texts of the Tibetan science of healing (Sowa Rigpa), and play a central role in its practice and transmission. This is true not only for Tibet, but also for the entire area of Tibetan medicine's spread across parts of India, Nepal, Bhutan, Mongolia, Buryatia, Tuva and Kalmykia, as well as the global Tibetan and Mongolian diaspora. In the West, the existence of the *rgyud bzhi* has been known since 1835 through the work of Alexander Csoma de Körös (Csoma de Körös 1984; Yang Ga 2014). Despite Tibetan medicine's increasing popularity, however, we still do not have a complete translation of the Four Tantras in any Western language. Together with the previously published translations of parts of the Four Tantras (Clark 1995; Men-Tsee-Khang 2008, 2011; Ploberger 2012), this German translation of the Subsequent Tantra therefore constitutes an important step in making the Tibetan knowledge of healing directly accessible to both non-Tibetan experts and an interested public.

Despite its undisputed significance, the *rgyud bzhi* represent only the tip of the iceberg of Tibetan medical literature and knowledge. Less than one per cent of some two thousand known Tibetan medical texts (Samten et al. 2008) have been translated into a Western language so far. An important reason for this lack lies in the linguistic and epistemological complexity of these texts, as explained by Barbara Gerke in her introduction to the German translation of the first two tantras (Gerke 2012). On the one hand, Tibetan medical writings are often cryptic and highly abbreviated, so that their translation requires not only an expert knowledge of classical Tibetan, but also detailed oral instructions by qualified Tibetan doctors. On the other hand, these texts contain numerous specialist terms that cannot easily be rendered in a Western language, be it because of a lack of equivalent biomedical concepts, because they have several possible meanings, or because their meaning has changed over time. There are only a few experts who combine the necessary language skills, medical expertise, and above all sufficient time and motivation for such translation work. The efforts of Dr. Florian Ploberger and the *rgyud bzhi* translation department at the Dharamsala Men-Tsee-Khang therefore deserve the highest praise.

Linguistic issues alone, however, cannot explain why we have so few translations of Tibetan medical texts. Sanskrit medical texts, for example, are of similar complexity, and yet are largely available in several modern languages and editions. In this introduction

I would therefore like to focus especially on the historical reasons for the late onset of serious translational work on Tibetan medicine. In doing so, I hope to situate this book – as well as modern translations of Tibetan medical knowledge more generally – into a broader historical context.

In contrast to other Asian medical traditions like Ayurveda or Chinese medicine, Tibetan medicine has long remained virtually unknown in the West (except Russia). The main reason for this lies in Tibet's historical isolation, which at first was self-imposed for domestic reasons as well as in view of England's and Russia's «Great Game» in Central Asia during the 19th and early 20th century, and then forced upon Tibet in the course of its colonization by the People's Republic of China from the 1950s until today. However, it was exactly the disastrous events in Tibet during the 1950s and 1960s<sup>11</sup> that laid the ground for the rapid international spread of Tibetan medicine, Buddhism and culture since then. For it was only against the background of massive destruction in Tibet and the move of a part of the Tibetan society into exile that allowed and even forced Tibetan doctors to interact with the wider world. Only from exile in India did Tibetan medicine, Buddhism and culture achieve their global renown and popularity. The prerequisite for this was and remains the translation and publication of Tibetan medical knowledge and Buddhist philosophy into English and other European languages.

Translation work is never a purely linguistic endeavor, but always also has an important cultural and epistemological component. Every text and every knowledge tradition – be it Tibetan medicine or modern science – has its origins in a particular historical, social and political context (Latour 1999), and can only be properly understood if this context is taken into account. The case of the *rgyud bzhi* illustrates this point well: a strictly literal translation would neither make sense nor even be possible without a broader knowledge of the historical, philosophical-religious, social and biological context of Tibetan medicine. Considering the necessary groundwork of making the cultural and epistemic foundations of Tibetan medicine accessible to an international audience, it is not surprising that the complete translation of the *rgyud bzhi* has only started recently and is still ongoing.<sup>12</sup> As an integral part of this, the present volume is therefore much more than the admirable product of individual labor: it is also the result of half a century of collective efforts to reconstruct, preserve and translate Tibetan medicine and culture in exile.

After the Fourteenth Dalai Lama and some 80,000 Tibetans fled into exile in India, the newly founded exile-Tibetan government declared the preservation of Tibetan culture and identity as its highest priority. Special emphasis was placed on the two most important identifiers of Tibetan high culture and the nation, namely Tibetan Buddhism

11 For more information on the history and politics of Tibet in the 20th century, see e.g. Shakya (1999), Goldstein (1999), and Avedon (1984).

12 Since 2011, the Dharamsala Men-Tsee-Khang's *rgyud bzhi* translation department is working on an English translation of the (third) Tantra of Oral Instructions, which constitutes the longest, most complex, and last remaining untranslated part of the *rgyud bzhi*.

and medicine. Both traditional sciences were well known in large parts of Asia, and their institutions and networks had played a central role in spreading and consolidating central Tibet's sphere of cultural and political influence (Schaeffer 2003; Gyatso 2004; Garrett 2007). Thus, in addition to a network of schools and monasteries, a Tibetan medical center was already founded in India by 1961 with the explicit purpose of ensuring the survival not only of sick refugees, but also of an existentially threatened Tibetan culture and nation in exile (Kloos 2011). In view of the systematic destruction of cultural, religious and medical institutions and texts in Tibet after 1959, the importance but also difficulty of reestablishing these sciences outside Tibet was clear.

In the beginning, the Tibetan medical center consisted of a wooden hut in the forest above Dharamsala, the North-Indian town on the slopes of the Himalayas best known for being the seat of the Dalai Lama and the exile-Tibetan government. It was under difficult conditions that Dr. Yeshe Donden began, first alone and later assisted by other Tibetan doctors, to treat hundreds of patients every day, produce the necessary medicines by hand, and teach medical students. Everything was lacking: money, human resources, medical texts and instruments, language skills (Hindi and English), and local knowledge. In addition to the above-mentioned duties, Yeshe Donden thus also had to collect pharmaceutical ingredients in the mountains, write syllabi, recruit other Tibetan doctors from among thousands of new refugees from Tibet, solicit donations, set up a clinical and pharmaceutical infrastructure, and communicate with Indian authorities. Although some of the best physicians – among them Yeshe Donden and Trogawa Rinpoche – left the medical center within a few years due to the difficult material conditions and problems in the administration, the center grew slowly but steadily. In 1967 the medical center was merged with the school of astrology and named «Men-Tsee-Khang» (Medical and Astrology Institute), in continuity with the prestigious institution of the same name in Lhasa.<sup>13</sup>

Tibetan medicine's first two decades in exile were marked by the general struggle for survival and reconstruction, slow growth and several setbacks (Kloos 2008). In 1982, however, an important milestone in Tibetan medicine's development was achieved: for the first time in exile, «tsotel», a complex pharmaceutical-alchemistic preparation containing detoxified mercury, precious metals and other substances (Gerke 2013) was successfully produced under the guidance of the Dalai Lama's personal physician Dr. Tenzin Choedrak, who had recently arrived from Tibet. Tsotel, also known as the «king of medicine», is the most important ingredient to so-called «precious pills» (Tib: *rinchen rilbu*), and is considered the pinnacle of the Tibetan science of healing. With this event, Tibetan medicine could be considered as fully reestablished in exile, enabling its physicians to shift their attention from the internal matter of survival to the world

---

13 The original Lhasa Mentsikhang was founded by the Thirteenth Dalai Lama in 1916 as part of his effort to modernize Tibet. Together with the older Chagpori medical college (founded by the Fifth Dalai Lama in 1696), the Lhasa Mentsikhang was considered the foremost institute of Tibetan medicine. While the Chagpori college was destroyed in 1959, the Lhasa Mentsikhang still exists and continues to be one of the foremost centers of learning in the field of Tibetan medicine worldwide.

at large. The stage was set for Tibetan medicine's globalization (Kloos 2012, in press). From the early 1980s onwards, we can observe an accelerated growth and spread of Tibetan medicine in India, especially outside the Tibetan exile community. In 1982 and 1983, the Men-Tsee-Khang's medical college recruited a record number of 51 students, for the first time also including members of non-Tibetan groups from the Indian Himalayan regions. Between 1982 and 2000, the number of Men-Tsee-Khang clinics grew from six to forty, and staff from 53 to 434 (Choelo Thar 2000: 196). While the Men-Tsee-Khang had been the only Tibetan medical institution during the first three decades in exile, three new Tibetan medical institutes were now founded: the medical faculty at the Central Institute for Buddhist Studies (CIBS) in Ladakh in 1989, the Chagpori Tibetan Medical Institute in Darjeeling in 1992, and the medical faculty at the Central University for Tibetan Studies (CUTS) in Sarnath in 1993.<sup>14</sup> Additionally, dozens of Tibetan physicians opened private clinics, especially in the larger Indian cities. At the same time, the number of patients grew dramatically as a consequence of Tibetan medicine's increasing popularity and renown among Indians and in the West. For the first time in the history of Sowa Rigpa, Tibetan physicians treated more non-Tibetan than Tibetan patients,<sup>15</sup> both in Asia and on regular visits to Europe and North America. All of this necessarily led to a higher degree of cultural exchange.

Although occasional interactions between exile Tibetan doctors and the Indian or international public were already happening during the 1960s and 1970s, the actual globalization of Tibetan medicine only began in the early 1980s (Kloos 2012: 199). In 1982 and 1983, the first modern international conferences specifically devoted to Tibetan medicine took place in Venice and Arcidosso, Italy, which presented Tibetan medicine to the Western public. Meanwhile, a «Tibetan medicine week» organized by the Men-Tsee-Khang in New Delhi in December 1982 attracted so much interest and demand in India that it was prolonged to three weeks. Since then, numerous other conferences have been held, including the high-profile 1998 «First International Congress on Tibetan Medicine» with over 1600 participants in Washington, DC. An important function of such events, besides attracting public attention, was to provide both an incentive and a platform for a modern scientific engagement with Tibetan medicine, which has been growing in intensity since the 1980s. The meeting of different languages and knowledge traditions brought about by Tibetan medicine's encounters with non-Tibetan patients, Indian and Western public interest, as well as modern science increasingly necessitated serious translation work.

---

14 At the time, the CUTS did not yet have an independent university status, and was called Central Institute for Higher Tibetan Studies (CIHTS).

15 This is not to be explained by a lack of popularity of Tibetan medicine among the Tibetans themselves. To the contrary, its popularity also grew within the exile Tibetan community during that time. However, given the small number of Tibetans in South Asia (some 100,000), even a relatively low statistical increase in Indian patients was sufficient to reverse the ratio. Today, Tibetans account only for about five per cent of all patients of Tibetan medicine in exile, even though estimates suggest (in the absence of comprehensive statistical data) that up to one half of all Tibetan patients in South Asia (also) resort to Tibetan medicine.

Apart from an early corpus of Russian literature<sup>16</sup> and a few shorter texts in German and other European languages (see Aschoff 1996), the first serious Western-language publications on Tibetan medicine appeared in the Tibetan exile during the 1970s.<sup>17</sup> While these publications had only a small professional readership, they were soon followed by a series of books in the 1980s and 1990s – the time of Tibetan medicine’s globalization – that made the theory and basic principles of Tibetan medicine accessible to a larger audience.<sup>18</sup> Since then, hundreds of articles and books have been published, including many that are superficial or repetitive, but also an increasing number of serious, well-researched texts.<sup>19</sup> Like the Dalai Lama and virtually all Tibetan medical practitioners, much of this literature emphasized the connections between Tibetan medicine and Buddhist ethics, thus establishing it as an important symbol for Tibetan culture. This was also politically significant, since Tibetan medicine, thus defined, was well suited to contribute to the Tibetans’ broader nationalist agenda (Kloos 2012).

Tibetan medicine’s growth during the 1980s and 1990s – both in terms of its geographic spread and its political and economic value – created new challenges. Although tolerated by the Government of India, exile Tibetan medical institutes and clinics operated without any clear legal basis. In the West, the legal situation was even more precarious. As long as Tibetan medicine remained small and relatively unknown, this did not pose a problem – to the contrary, it enabled the Tibetans to reestablish Tibetan medicine according to their own ideas, unencumbered by Indian state regulations. With growing patient numbers, market share and media presence, however, the lack of legal recognition was increasingly perceived as a risk. At the same time, the growing heterogeneity of Tibetan medicine in India also led to demands for more control and regulation from within the Tibetan medical community, which eventually resulted in the foundation of the Central Council for Tibetan Medicine (CCTM) in 2004 (Kloos 2013). The CCTM’s mission was, on the one hand, to preserve the authenticity and quality of Tibetan medicine in exile, and on the other hand, to lobby for its official recognition vis-à-vis the Government of India. While both objectives required a certain degree of standardization of Tibetan medicine (which was not uncontroversial), the aim of gaining legal recognition involved considerable translation work too. The Dharamsala Men-Tsee-Khang’s translation of the *rgyud bzhi*, which began in 2001 and intensified from 2006 onward, needs to be understood as part of these efforts to make Tibetan medicine legible to the state (Scott 1998).

---

16 In the early twentieth century, the Russian scholars Pyotr Aleksandrovich Badmayev, Alexander Pozdneev and Dambo Ulyanov translated the first two parts of the Four Tantras from Mongolian into Russian (Yang Ga 2014).

17 See e.g. Rechung Rinpoche (1973), Finckh (1975), Emmerick (1975, 1977), Dawa Norbu (1976), Donden & Kelsang (1977), or Beckwith (1979).

18 See e.g. Meyer (1981, 1990), Clifford (1984), Donden (1986), Dummer (1988), Emmerick (1990), Clark (1995), or Jäger (1999).

19 See e.g. Kloos (2004), Dakpa (2007), Schrempf (2007), Pordié (2008), Garrett (2008), Desi Sangye Gyatso (2010), Adams et al. (2011), Craig (2012), Saxer (2013), or Hofer (2012, 2014).

On August 25, 2010 the Government of India officially recognized «Sowa Rigpa» as an «Indian system of medicine.» This was the beginning (rather than the end) of a lengthy and at the time of writing (2014) still ongoing political-bureaucratic process of integrating Sowa Rigpa into the Indian state apparatus. Indian officials are now working on creating administrative structures for Sowa Rigpa, distributing government-funded jobs to practitioners in rural areas, and reviewing a new curriculum for Sowa Rigpa colleges. All the while, Tibetan practitioners – who unlike their Indian Himalayan peers do not have Indian citizenship – remain uncertain as to how far they and their expertise will be included in these processes and new structures. Some of them are even disillusioned enough to argue that while the «Sowa Rigpa» of Indian Himalayan regions has been recognized in India, this is not true for the «Tibetan medicine» of the Tibetans. Be that as it may, it is clear to everyone involved that a sustainable development and administration of Sowa Rigpa in India is not possible without Tibetan expertise. This is all the more relevant as Tibetan medicine is increasingly becoming a transnational industry with extraordinary growth potential and rising market value.<sup>20</sup>

Following Tibetan medicine's history – even in an extremely condensed form and limited to the exile context – over the last sixty years, we are confronted with extraordinary developments and transformations. Thus, after centuries of enjoying state patronage and an elite position in Tibet, in the 1950s and 1960s Tibetan medicine was existentially threatened by the destruction and the marginalization brought on by Mao's reforms, only to spread around the world from a poor wooden hut in exile over the subsequent decades. If Tibetan medicine was, for much of the world, an obscure and unknown medical tradition before its globalization, today it is increasingly developing into a transnational industry and a prime symbol of an alternate modernity. These developments would be unthinkable without the continuous translation work of Tibetan medical texts into European languages (and, of course, Chinese) since the 1970s. Just as Tibetan medicine's origins lie in Tibetan translations of Indian, Chinese, and Persian medical knowledge, its contemporary development is based on the difficult, time-consuming, and seemingly economically worthless translation work that began a few decades ago. The complete translation of the *rgyud bzhi* as Tibetan medicine's most important text takes on a special role here, and will, once completed, constitute a milestone in the history of this science of healing. Considering Tibetan medicine's important cultural, economic and political role, the present translation of the *rgyud bzhi*'s Subsequent Tantra is of great significance not only for its practitioners, but for the entire Tibetan community and all those who share a serious interest in its knowledge of healing. May the admirable work of this translation yield the best fruits.

---

20 The development of a transnational Sowa Rigpa industry in India, China, Mongolia and Bhutan is the topic of a 5-year ERC Starting Grant project ([www.ratimed.net](http://www.ratimed.net)) directed by the author, and based at the Austrian Academy of Sciences' Institute for Social Anthropology in Vienna.

## References

- Adams, Vincanne, Mona Schrepf, and Sienna Craig, Eds. 2011. *Medicine Between Science and Religion: Explorations on Tibetan Grounds, Epistemologies of Healing*. Oxford & New York: Berghahn Books.
- Aschoff, Juergen. 1996. *Tibetan Medicine – Tibetische Medizin: Annotated Bibliography/ kommentierte Bibliographie*. Ulm & Dietikon: Fabri Verlag & Garuda Verlag.
- Avedon, John F. 1997. *In Exile from the Land of Snows: The Definitive Account of the Dalai Lama and Tibet Since the Chinese Conquest*. New York: Harper Perennial.
- Beckwith, Christopher I. 1979. The Introduction of Greek Medicine into Tibet in the 7th and 8th Century. *Journal of the American Oriental Society* 99: 297-313.
- Choelo Thar. 2000. 'Gro phan sman rtsis khang gi gdan rabs dri med gyi me long. Dharamsala: bod gzhung sman rtsis khang.
- Clark, Barry. 1995. *The Quintessence Tantras of Tibetan Medicine*. Ithaca, NY: Snow Lion Publications.
- Clifford, Terry. 1984. *Tibetan Buddhist Medicine and Psychiatry. The Diamond Healing*. York Beach, ME: Samuel Weiser Inc.
- Craig, Sienna. 2012. *Healing Elements: Efficacy and the Social Ecologies of Tibetan Medicine*. Berkeley: University of California Press.
- Csoma de Körös, Alexander. 1984. Analysis of a Tibetan Medical Work. In *Tibetan Studies: Being a reprint of the articles contributed to the Journal of the Asiatic Society of Bengal and Asiatic Researches*, Ed. J. Terjék. Budapest: Akadémiai Kiadó.
- Dakpa, Tenzing. 2007. *Science of Healing: A comprehensive commentary on the root tantra and diagnostic techniques of Tibetan medicine*. Pittsburgh, PA: Dorrance.
- Desi Sangye Gyatso. 2010. *Mirror of Beryl: A Historical Introduction to Tibetan Medicine*. Übersetzt von Gavin Kilty. Somerville, MA: Wisdom Publications.
- Donden, Yeshi und Jhampa Kelsang. 1977. *Ambrosia Heart Tantra*. Dharamsala: Library of Tibetan Works and Archives.
- Donden, Yeshi. 1986. *Health Through Balance. An Introduction to Tibetan Medicine*. Ithaca, NY: Snow Lion Publications.
- Dummer, Tom. 1988. *Tibetan Medicine and Other Holistic Health-Care Systems*. London & New York: Routledge.
- Emmerick, R. E. 1975. A chapter from the Rgyud-bzhi. *Asia Major* XIX (2): 141-62.
- 1977. Sources of the rGyud-bzhi. *Zeitschrift der Deutschen Morgenländischen Gesellschaft (suppl. III)* 2: 1135-42.
- 1990. rGas-pa gso-ba. *Buddhica Britannica Series Continua II – Indo-Tibetan Studies*: 89-99.
- Finckh, Elisabeth. 1975. *Grundlagen tibetischer Heilkunde*. Ülzen: Medizinisch-Literarische Verlagsgemeinschaft.
- Garrett, Frances. 2007. Critical Methods in Tibetan Medical Histories. *The Journal of Asian Studies* 66 (2): 363-387.
- 2008. *Religion, Medicine and the Human Embryo in Tibet*. London & New York: Routledge.
- Gerke, Barbara. 2012. Einleitung: Herausforderungen beim Übersetzen von tibetischen Medizintexten und -geschichten. In *Wurzeltantra und Tantra der Erklärungen, aus «Die vier Tantra der Tibetischen Medizin»*, Ed. F. Ploberger. Schiedlberg: Bacopa.
- 2013. The Social Life of Tsetel: processing mercury in contemporary Tibetan medicine. *Asian Medicine: Tradition and Modernity* 8 (1): 120-152.
- Goldstein, Melvin. 1999. *The Snow Lion and the Dragon: China, Tibet, and the Dalai Lama*. Berkeley: University of California Press.
- Gyatso, Janet. 2004. The Authority of Empiricism and the Empiricism of Authority: Medicine and Buddhism in Tibet on the Eve of Modernity. *Comparative Studies of South Asia, Africa and the Middle East* 24 (2): 83-96.

- Hofer, Theresia. 2012. *The Inheritance of Change – Transmission and Practice of Tibetan Medicine in Ngamring*. Vol. 76. Wien: Wiener Studien zur Tibetologie und Buddhismuskunde.
- Hrsg. 2014. *Bodies in Balance – The Art of Tibetan Medicine*. New York: The Rubin Museum of Art & University of Washington Press.
- Jäger, Katrin. 1999. «Nektar der Unsterblichkeit.» *Zwei Kapitel aus der Tibetischen Kinderheilkunde: Übersetzung aus dem Tibetischen Originalwerk und Kommentar*. Engelsbach, Frankfurt a. M., München, New York: Hänssel-Hohenhausen.
- Kloos, Stephan. 2004. *Tibetan Medicine Among The Buddhist Dards of Ladakh*. Wien: Wiener Studien zur Tibetologie und Buddhismuskunde, Heft 57.
- 2008. The History and Development of Tibetan Medicine in Exile. *Tibet Journal* XXXIII (3): 15-49.
- 2011. Navigating «Modern Science» and «Traditional Culture»: The Dharamsala Men-Tsee-Khang in India. In *Medicine between Science and Religion: Explorations on Tibetan Grounds*, Eds. V. Adams, M. Schrepf und S. Craig. Oxford & New York: Berghahn Books.
- 2012. Die Alchemie exil-tibetischer Identität: Anmerkungen zur pharmazeutischen und politischen Wirksamkeit tibetischer Pillen. *Curare* 35 (3): 197-207.
- 2013. How Tibetan Medicine Became a «Medical System». *East Asian Science, Technology and Society* 7 (3): 381-395.
- Latour, Bruno. 1999. *Pandora's Hope. Essays on the Reality of Science Studies*. Cambridge, MA: Harvard University Press.
- Men-Tsee-Khang. 2008. *The Basic Tantra and The Explanatory Tantra from the Secret Quintessential Instructions on the Eight Branches of the Ambrosia Essence Tantra*. Dharamsala: Men-Tsee-Khang.
- 2011. *The Subsequent Tantra*. Dharamsala: Men-Tsee-Khang.
- Meyer, Fernand. 1981. *Gso-Ba-Rig-Pa, Le système médical tibétain*. Paris: Presses du CNRS.
- Norbu, Dawa, Ed. 1976. *An Introduction to Tibetan Medicine*. New Delhi: Tibetan Review.
- Ploberger, Florian, Ed. 2012. *Wurzeltantra und Tantra der Erklärungen, aus «Die vier Tantra der Tibetischen Medizin»*. Schiedlberg: Bacopa.
- Pordié, Laurent, Ed. 2008. *Tibetan Medicine in the Contemporary World: Global Politics of Medical Knowledge and Practice*. Oxon & New York: Routledge.
- Rechung, Rinpoche. 1973. *Tibetan Medicine*. Berkeley: University of California Press.
- Samten, Ngawang, G. S. Lavekar, Bhagwan Dash, R. H. Singh, Dilip Inamdar, und Padma Gyurmet. 2008. Report of Panel of Experts to Study Status, Strength and Association of Sowa-Rigpa with Ayurveda. New Delhi: Ministry of Health & Family Welfare, Department of AYUSH.
- Saxer, Martin. 2013. *Manufacturing Tibetan Medicine: The Creation of an Industry and the Moral Economy of Tibetanness*. Oxford & New York: Berghahn Books.
- Schaeffer, Kurtis R. 2003. Textual Scholarship, Medical Tradition, and Mahayana Buddhist Ideals in Tibet. *Journal of Indian Philosophy* 31: 621-641.
- Schrepf, Mona, Ed. 2007. *Soundings in Tibetan Medicine: Anthropological and Historical Perspectives*. Leiden: Brill.
- Scott, James C. 1998. *Seeing Like a State: How Certain Schemes to Improve the Human Condition Have Failed*. New Haven, CT: Yale University Press.
- Shakya, Tsering. 1999. *The Dragon in the Land of Snows*. London: Pimlico.
- Yang Ga. 2014. The Origins of the Four Tantras and an Account of Its Author, Yuthog Yonten Gonpo. In *Bodies in Balance: The Art of Tibetan Medicine*, Ed. T. Hofer. New York: Rubin Museum of Art, in association with University of Washington Press.