

Appendix 4: TIBETAN HERBAL MEDICINE CORE CURRICULUM

This curriculum covers:

- Aims
- Outcomes
- Curriculum content
- Materia Medica
- Pharmaceutical and Clinical Training
- Means of Assessment
- Allocation of Time
- Indicative Reading

Aims:

The aim of qualification as a Practitioner of Traditional Tibetan Medicine (TTM) is to be someone who can :

1. Practise with compassion and treat all patients equally.
2. Maintain and establish respect and harmonious relations between fellow practitioners.
3. Maintain an open mind and be willing to facilitate the exchange of knowledge between different health systems.
4. Display an attitude of service to patients, which takes precedence over material gain.
5. Practise continuous effort to gain further learning and experience as aids to professional growth.
6. Display an appropriate theoretical knowledge and clinical competence through the study and mastery of the traditional mainstay of Tibetan medical studies, i.e. the compendium of instructions known as the *rgyud bzhi* or Fourfold Medical Treatise, taught through its major commentaries.
7. Display great concern for the purity and efficacy of medicines, according to traditional Tibetan guidelines for recognising, selecting, gathering, drying, storing, purifying and processing the raw materials used to prepare the medicines and according to the regulations in force in this country and its accepted standards of good practice.
8. Competently use pre-prepared or personally compounded formulae of the various *materia medica* to suit the patient's condition, in a way which removes or minimises any possible side effects and treats the patient as a whole, rather than treating just the presenting symptoms.
9. Practise compassion, humility and the other noble human qualities outlined in the "Ethics and Behaviour" chapter of the *rgyud bzhi* in his or her service to others to eradicate the suffering of sentient beings, promote longevity and increase spiritual welfare.

Outcomes:

Upon completion of training, the Practitioner of Traditional Tibetan Medicine (TTM) shall be able to do the following.

1. **Offer diagnosis and treatment based upon the holistic approach of TTM**, in which the mind and body are recognised as being interdependent.
2. **Offer diagnosis** based upon visual and tactile observation and questioning, as follows.
 1. **Visual observation** is based upon a general appreciation of the patient's complexion, appearance and comportment, a brief examination of the eyes and ears, and a more detailed examination of the tongue and of a urine sample. Urine examination is further divided into eight sections
 - a. Advice regarding procedures to be followed the night before urine examination.
 - b. Time of examination.
 - c. Appropriate container in which to check the urine of the patient.
 - d. Changes of urine as it cools.
 - e. How to recognise a healthy person's urine.
 - f. How to recognise a diseased person's urine.
 - g. How to recognise a dying person's urine.
 - h. How to recognise the urine of someone under severe mental disturbance.
 2. **Tactile observation:** takes the form of a general physical check and pulse reading. Pulse reading is divided into 13 sections, which the practitioner has to know –
 - a) Procedures to be followed the night before reading.
 - b) Correct time of pulse reading.
 - c) Correct vessels for pulse reading.
 - d) Extent of pressure applied by the fingers of the practitioner to read the pulse.
 - e) How to read each specific type of pulse.
 - f) How to distinguish the three "constitutional" pulse types.
 - g) How to interpret the pulse according to the four seasons and the five elements.
 - h) About the presence of "extraordinary pulses"
 - i) How to distinguish between the various healthy and diseased pulses.
 - j) How to distinguish between general and specific pulses.
 - k) How to detect death pulses.
 - l) How to detect the effect of severe mental disturbance in the pulse
 - m) About the "lifespan pulses".
3. **Questioning** means enquiring about the case history of the patient, as well as about signs, symptoms and the evolution of the illness presenting. The practitioner shall maintain and keep in confidence all records in relation to the patient.

3. The Physician will be able to offer four areas of treatment to the patient:

- a) **Advice on diet.** The practitioner will advise the patient on diet according to each individual bodily constitution based on the *nyes pa gsum*¹. All food and drink counselled should be based on the six primary tastes generated by the five elements and the three post-digestive effects. Advice is given to the patient on how to avoid incompatible foods and to consume food and drink in the right quantities.
- b) **Advice on conduct.** The practitioner will advise the patient on the ways in which one can live more healthily and to improve life expectancy. (S)he will also know the positive and negative influences exerted by being at odds or in harmony with family and society or with one's own or the more widely recognised moral values and will assess how, if at all, a patient can be tactfully and skilfully counselled so as to reduce the stress and illness that past and present behaviour may be causing.

The practitioner should advise the patient on seasonal conduct and the relationship between the five internal elements and the five external elements, advising on correct behaviour according to the four seasons. The practitioner should advise on "occasional conduct" and the thirteen natural functions of the body, which should neither be over-used or suppressed.

- c) **Prescription of medicines.** The practitioner has to take ten factors into consideration before prescribing medicine –
- 1) analysis of which of the seven bodily constituents and three eliminating functions are affected
 - 2) geographic factors
 - 3) seasonal factors
 - 4) bodily constitution
 - 5) factors relating to age
 - 6) condition of the disease
 - 7) location of the disease
 - 8) metabolism of the patient
 - 9) strength of the patient
 - 10) eating habits of the patient

The practitioner has to identify and know the taste, potency and post-digestive effect of each individual medicine and their ingredients in order for the medicine to be correctly prescribed.

- d) **Other treatments,** such as massage, herbal baths, application of warm herbal packs to critical points on the body etc., as outlined in the fourth section of the Fourfold Treatise (see below) and as appropriate according to the regulations on such treatments in place nationally.

¹ This term refers to one of the fundamental principles of TTM, a field of study that is both vast and subtle. As there is nothing resembling this in modern allopathic medicine, it is impossible to find an adequate English translation and the westernised transcription of the Tibetan has been given here. A *very* approximate translation could give "*agents*" when they are in their healthy, unaltered state and *pathologia* when they have altered. (see OED) .

- 4) **The practitioner will promote preventive medicine.** Most diseases are seen in TTM as originating from what are known as primary causes and secondary conditions. One should avoid reinforcing secondary conditions liable to bring the *nyes pa gsum* into imbalance. The practitioner has to advise the patient with regard to appropriate and moderate use of mind, body, speech and the five senses and encourage the patient to follow instructions on best diet and conduct.
- 5) **The practitioner should be able to bring, as far as is possible, the *nyes pa gsum* into balance by either lifestyle and diet counselling or by medication.** The medication should not be excessive, deficient or inappropriate with respect to the *nyes pa gsum*.
- 6) **The practitioner has to clearly categorise** diseases into easily curable, difficult to cure, rarely curable and incurable.
- 7) **The practitioner has to know the various signs of approaching death**, according to the Fourfold Treatise categorisations of definite, indefinite, imminent etc.
- 8) **The practitioner will strive to care for the patient's welfare in an unbiased and open-minded way.** Should his or her own skill, or TTM in general, be unable to cure the patient, the practitioner should recommend unhesitatingly a recourse to another system of treatment.

Curriculum Content:

The core curriculum laid out in this document is based upon the common ground of study in the major teaching institutions for Tibetan medicine in Dharamsala (India), Lhasa (Tibetan Autonomous Region of China) and Xining (Quighai, China).

What follows is a section-by-section description of the Fourfold Treatise, showing the main subjects studied during the four years. The Fourfold Treatise does not include training in *rtsis* (literally "calculations"), which traditionally existed as a training in its own right in Tibet and concerns a detailed study of all possible rhythms and movements in nature, including the human body. It is particularly concerned with the relation between the individual and the environment, studied through their mutual dependence and interaction, and is used, among other things, to determine the timing and suitability of treatments.

Tibet was traditionally a very religious country. The physician, who strove to lead an exemplary moral and ethical life, enjoyed a highly respected status and often gave counsel. The making and giving of medicines was treated as a sacred task, as was most of the healing art. Traditional studies included a component of spiritual training, mainly concerned with the doctor's own moral and ethical values, the treatment of the patient and the preparation of medicines. As TTM training reaches a wider world, and people of other faiths or no faith wish to study its science, it is appropriate for a religious component to be offered as an option and not a requirement. However, the altruism, respect for others etc. which form part of the physician's ethical and moral training are an integral part of the core curriculum.²

² Eminent authorities, such as HH the Dalai Lama and Prof Khenpo Troru Tsenam in Lhasa, have insisted that TTM stands perfectly in its own right as a medical system without the Buddhist element and that the prayerful, religious component is an "added value" but not a necessity. Therefore making these an option rather than a requirement seems to pose no problem to the main holders of the traditions. The time devoted to these is not included in the study hours cited above.

Overall Synopsis of the Fourfold Treatise:

STRUCTURE

The work consists of Four Treatises, divided into 156 chapters.

4 Treatises :

	<i>Subdivisions</i>	<i>Chapters</i>
The Root treatise	Six chapters	6
The Explanatory treatise	11 points	31
The Instruction treatise	15 sections	92
The Final treatise	4 compendiums	27 (25+2 concluding)
		<hr/>
		156

- 1 The root treatise
This is a very condensed outline of the whole work which, when memorised, gives all the keys and instant access to the theory developed in the other parts.
- 2 The explanatory treatise
It provides the detailed explanation of the medical theory in 11 points.
- 3 The instruction treatise
Comprises the bulk of the work and presents the aetiology and modes of treatment of the various diseases.
- 4 The final treatise
It provides the theoretical background for the techniques of diagnosis, explains the different sorts of medicinal preparations and their processing and the various kinds of external treatments.

DETAILED STRUCTURE AND SUBDIVISIONS OF THE 4 TREATISES

THE 1ST TREATISE : 6 chapters

- Chap. 1 *gleng gzhi* Presentation of the circumstances of this teaching
 Chap. 2 *gleng slong* Exposition : overall synopsis of the 4 treatises
 Chap. 3 *gzhi* Normal physical condition viewed as the basis of illness
 Chap. 4 *ngos 'dzin* Diagnosis and symptoms of disorders
 Chap. 5 *gso thabs* Treatment, as diet, behaviour, medication and other therapies
 Chap. 6 *rtsis kyi le'u* The tree metaphor
 3 roots
 9 stems
 47 branches
 224 leaves

THE 2ND TREATISE : Classified into 11 POINTS covering 31 chapters

POINTS CHAPTERS

1 *bshad pa'i sdom* **Summary** general outline of the work 1

THE OBJECT OF TREATMENT

point 2 : the body, point 3, illness.

THE TREATMENT

point 4 lifestyle, point 5 diet, point 6 medicines,
point 7 external treatments.

THE MEANS OF TREATMENT

when in health : point 8 health preservation and longevity.

when sick : point 9 diagnosis, point 10 methods and means of treatment.

THE ONE WHO TREATS

point 11 : the qualities required in a doctor.

2 **The body** 2-7

<i>chags tshul</i>	Formation of the body (embryology)	
<i>'dra dpe</i>	Metaphors for the body	
<i>gnas lugs</i>	Nature of the body (quantitative anatomy dealing with the proportion of bodily constituents, nerves and blood vessels and other important channels in the body)	
<i>lus kyi mtshan nyid</i>	Characteristics (physiology)	
<i>dbye ba</i>	Types of physical constitutions	
<i>'jig ltas</i>	Signs of death	

3 **Illness** 8-12 (Aetiology)

<i>nad kyi rgyu</i>	Causes of illness	8
<i>nad kyi rkyen</i>	Contributing factors of illness	9
<i>nad 'jugs tshul</i>	Mode of inception of illness	10
<i>(Pathophysiology)</i>		
<i>nad kyi mtshan nyid</i>	Characteristics of illness	11
<i>nad kyi dbye ba</i>	Classification of diseases	12

4 Behaviour		13-15
<i>rgyun spyod</i>	Usual behaviour	
<i>dus spyod</i>	Seasonal behaviour	
<i>gnas skabs spyod lam</i>	Occasional behaviour	
5 Diet		16-18
<i>zas tshul</i>	Survey of foods and their nutritional value	
<i>zas sdom pa</i>	Dietary restrictions	
<i>zad tshod ran pa</i>	The right amount of food and drink to ingest	
6 Medicines		19-
		21
<i>sman gyi ro</i>	"Taste" and "post-digestive taste"	19
<i>sman gyi nus pa</i>		20a
This chapter outlines the theory of the six basic "tastes" and eight fundamental "potencies" which give each substance its own properties. This is the basis for compounding medicines in order to achieve the desired curative effect.		
"Intrinsic potency" : the Materia Medica ³		20b
The actual Treatise gives a basic list of over 300 products with their medicinal properties, also the much larger pharmacopoeia of TTM is also studied in famous commentaries such as <i>Shel gong</i> (Crystal Mirror) and <i>Shel 'phreng</i> (Crystal rosary)		
<i>sman gyi sbyar thabs</i>	The compounding of medicines (principles)	21
7 Instruments (used in external treatments)		22
<i>cha byad</i>	Surgical and medical instruments	
8 Health preservation		23
<i>mi na gnas</i>	Remaining healthy (preventive medicine)	
9 Diagnosis		24-26
<i>nyes pa dngos ston</i>	Diagnosing the actual condition of the patient	
<i>ngan gyo skyon brtag</i>	Diagnosing by indirect questioning: gaining the patient's confidence	
<i>spang blang ma bzhi</i>	Four criteria to investigate whether a disease can be treated or not	
10 Treatment of illness		27-
		30
<i>gso tshul spyi</i>	General method of treatment	
<i>khyad par gso thabs</i>	Specific methods of treatment	
<i>gso thabs gnyis</i>	Common means of treatment	
<i>gso thabs dngos</i>	Specific means of treatment	

³ see list of principal herbs (not exhaustive) used in Materia Medica section below

11 The doctor's qualities

31

gso ba po sman pa This outlines the professional qualities and ethical standards required of a doctor

THE 3RD TREATISE :

Classified into **15 sections** covering **92 chapters**

*NOTE : Please, consider the following English translations of diseases as PROVISIONAL.*⁴

CHAPTERS

Request for the teaching 1

SECTION 1 "DISRUPTION OF THE THREE *Nyes pa*"

Rlung disorders - diagnosis and treatment⁵ 2
Mkhris pa disorders - diagnosis and treatment 3
Bad kan disorders - diagnosis and treatment 4
'dus nad Combination of all three-
diagnosis and treatment 5

SECTION 2 "COLD" DISEASES ("CONSUMPTIVE" DISORDERS)

ma zhu ba Digestive problems 6
skran Tumours 7
skya rbab Oedema, 1st stage 8
'or Oedema, second stage 9
dmu chu Oedema, advanced stage 10
gchong chen Chronic metabolic disorder resulting in wasting of
zad byed bodily constituents 11

SECTION 3 "HOT" DISEASES (FEVERS, INFLAMMATIONS, INFECTIOUS DISEASES)

tsha ba spyi Survey of hot disorders in general 12
gal mdo Clarification of possible errors about

⁴ Much long term research is required to ascertain the exact nature of each illness categorised in the Tibetan medical system in order to find equivalences in the Western medical classification wherever possible, and to establish the right terminology. This work is presently underway. At this early stage, tentative equivalents are sometimes given in brackets as indications, without certainty.

⁵ (See the Note on Principles of TTM and terminology). This section shows disorders caused by the disruption of each one of the three *Nyes Pa*. These can be viewed as key pathologies since all illnesses are due to a disturbance of the basic balance between the three agents which make up the body and ensure the functioning of all body systems.

	hot and cold diseases	13	
<i>ri thang</i>	"Borderline situations" ("Nyes pa" reactions		
<i>mtshams</i>	following the treatment of a fever)	14	
<i>ma smin tsha ba</i>	Immature fever	15	
<i>rgyas tshad</i>	Fully-developed fever	16	
<i>stongs tshad</i>	Empty fever	17	
<i>gab tshad</i>	Hidden or latent fever	18	
<i>rnying tshad</i>	"Old" fever (chronic)	19	
<i>rnyogs tshad</i>	"Turbid" fever	20	
<i>'gram tshad</i>	Post-traumatic fever	21	
<i>'khrugs tshad</i>	"Disturbing" fever	22	
<i>rims tshad</i>	Contagious diseases	23	
<i>'brum pa</i>	Pox-type diseases (smallpox etc..)	24	
<i>rgyu gzer</i>	Infectious dis. of intestines	25	
<i>gag lhog</i>	Infectious dis. of throat		
	and of muscle tissues (could include diptheria)		26
<i>cham pa</i>	Common cold and influenza	27	

SECTION 4 DISEASES OF THE UPPER PART OF THE BODY

<i>mgo nad</i>	Head	28
<i>mig nad</i>	Eyes	29
<i>rna nad</i>	Ears	30
<i>sna nad</i>	Nose	31
<i>kha nad</i>	Mouth	32
<i>lba ba</i>	Goitre and throat diseases	33

SECTION 5 VISCERAL DISEASES

<i>snying nad</i>	Heart	34
<i>glo nad</i>	Lungs	35
<i>mchin nad</i>	Liver	36
<i>mcher nad</i>	Spleen	37
<i>mkhal nad</i>	Kidneys	38
<i>pho ba' nad</i>	Stomach	39
<i>rgyu ma'i nad</i>	Small intestine	40
<i>long nad</i>	Large intestine	41

SECTION 6 SEXUAL DISEASES

<i>pho mtshan nad</i>	Male genital disorders	42*
<i>mo mtshan nad</i>	Female genital disorders	43*

SECTION 7 MISCELLANEOUS DISEASES

<i>skad 'gags</i>	Problems of voice production	44
<i>yi ga 'chus pa</i>	Loss of appetite (all forms)	45
<i>skom dad</i>	Intense chronic thirst	46
<i>skyigs bu</i>	Hiccups	47
<i>dbugs mi de</i>	Breathing difficulties (all forms, can include asthma)	48
<i>glangs thabs</i>	Sharp abdominal pains of infectious origin (includes colic)	49
<i>srin nad</i>	Infections/inflammations (micro-organisms normally present in the body become pathogenic)	50
<i>skyugs</i>	Vomiting	51
<i>'khru nad</i>	Diarrhoea	52
<i>dri ma 'gag</i>	Constipation	53
<i>gchin 'gags</i>	Urinary retention	54

(12 different sorts of disorders : partial or total retention, reduced amount of urine, with or without pain and inflammation, etc..)

* Notifiable diseases will be reported to Department of Public Health.

<i>gchin snyi</i>	Polyuria (20 sorts of disorders : excessive production of urine, with or without inflammation of urethra, possible presence of pus, blood, sperm, etc... includes diabetes)	55	
<i>tshad 'khru</i>	Infectious diarrhoea	56	
<i>dreg</i>	Gout	57	
<i>grum bu</i>	Rheumatic diseases (osteoarthritis)	58	
<i>chu ser nad</i>	"Chu-Ser" disorders (Skin affections of various sorts due to serous fluid dysfunction; also includes a pathology close to rheumatoid arthritis)	59	
<i>rtsa dkar nad</i>	Neurological disorders	60	
<i>pags nad</i>	Dermatological diseases	61	
<i>phran bu'i nad</i>	Miscellaneous		minor disorders

SECTION 8 "ENDOGENOUS SORES/SWELLINGS"

<i>'bras nad</i>	Swellings, tumours (Also various kinds of cysts and growths)	63
<i>gzhang 'brum</i>	Haemorrhoids	64
<i>me dbal</i>	"Fire tongues" : (Burn-like blisters, mostly on the skin but can also be internal .. could include erysipelas)	65
<i>sur ya</i>	"Surya" swellings : Blood clots obstruct the lumen of vessels supplying the lungs, the liver, the kidneys, the stomach or the large intestine, and this causes swelling around the affected organ.	66

<i>rmen bu'i nad</i>	Swelling of glands	67
<i>rlegs rlogs</i>	Swelling of scrotum and testicles	68
<i>rkang 'bam</i>	Swelling of lower limbs	69
<i>mstan bar rdol</i>	Anal fistula (possibly)	70

SECTION 9 CHILDREN'S DISEASES (PEDIATRICS)

<i>byis pa nyer spyod</i>	Child care	71
<i>byis nad</i>	Children's diseases	72
<i>byis pa'i gdon</i>	Disturbances in children caused by negative influences in their environment	73

SECTION 10 WOMEN'S DISEASES (GYNEACOLOGY)

<i>mo nad spyi</i>	General disorders	74
<i>mo nad bye brag</i>	Specific disorders	75
<i>mo nad phal ba</i>	Common disorders	76

SECTION 11 DISORDERS DUE TO "MALEVOLENT INFLUENCES" (NEUROLOGY AND PSYCHIATRY)

This section presents a mixture of disorders : some that are mostly of a neurological nature, with or without some degree of mental illness, and some which correspond to various forms of mental illness. The person believed themselves to be under malevolent forces, as was often the case at the time (demons, elementals, etc..) Each chapter outlines specific physiological and behavioural symptoms, diagnosis and treatment. Every practitioner was exposed to Buddhist philosophy and psychology ; this clearly demarcates the view that perception depends on the observer and there is no "objective reality". Instead the practitioner would have considered patients disturbed who insisted on seeing themselves to be under demonic or other malign influence (as is the case with paranoid patients in the modern world, although it may take on a modern tinge, for example having electric shocks sent through the body). These perceptions of demonic influences would have been consistent with local folk understanding. Patients exhibiting such thinking were seen to be the influence of negative emotional states on the mind (i.e. to poison the mind stream). Buddhism sees thought, emotions and biophysical aspects of the mind as inseparable. Emotions such as jealousy and rage were seen to unbalance and disturb the mind, at all levels be this thinking, feeling or indeed in its physical manifestation. From a Buddhist perspective such emotions arise from an ego centred approach to the world. Belief in an independent ego was seen as a conceptual misunderstanding, which was seen to underlie such negative emotional states of mind. The ego and its demand for gratification was described as the "ultimate demon". Training practitioners of Tibetan Medicine, in Tibet, would have been exposed to such teachings. For example in commentary by Patrul Rinpoche, a famous meditation master of the XIX Century in Tibet:

" "The many spirits" means concepts,
"the powerful spirit" means belief in a self."

Again Milarepa (1052-1135), one of the founding fathers of Buddhism in Tibet:

"Take a demon as a demon and it will harm you;

take a demon as your own mind and you'll be free of it."*

byungs po'i nad "Elementals' influence " 77

Various patterns of mental disturbance accompanied by physiological manifestations and erratic behaviour, possibly referring to mood, psychotic disorders etc.

smyo "Insanity-makers" 78
Physical signs and disturbed behaviour akin to bipolar affective disorders

brjed "Making one forget" 79
Neurological disorder possibly akin to dementia.

gza' "Planetary influence" 80
Neurological disorders - include strokes leading to hemiplegia and/or epilepsy

klu gdon nad "Naga influence" 81
This relates mostly to the leprosy.

SECTION 12 WOUNDS, INJURIES

rma spyi General 82

mgo'i rma Head wounds 83

ske'i ma Neck wounds 84

byang khog ma Abdominal wounds 85

yan lag rma Limb wounds 86

SECTION 13 POISONS

sbyar dug Specially formulated poisons 87

gyur dug Food poisoning 88

dngos dug Natural poisons 89

SECTION 14 GERIATRICS

bcud len Revitalisation treatment 90

SECTION 15 VIRILITY/FERTILITY TREATMENT

ro tsa Virility 91

bu med btsal Woman's fertility treatment 92

* Words of My Perfect Teacher by Patrul Rinpoche translated by Padmakara Translation Committee Harper Collins 1994

THE 4TH TREATISE (known also as the 4 compendiums : pulse, urine, medicinal treatment, external treatment) 27 chapters

1 Diagnosis

CHAPTERS

Through examination of pulse and urine

<i>rtsa</i>	Pulse	1
<i>chu</i>	Urine	2

2 "Calming" medicinal treatment

<i>thang</i>	decoctions	3
<i>phye ma</i>	powders	4
<i>ril bu</i>	pills	5
<i>lde gu</i>	pastes	6
<i>sman mar</i>	medicinal butters	7
<i>thal sman</i>	"calcinates"	8
<i>khanda</i>	extracts	9
<i>sman chang</i>	medicinal brews	10
<i>rin po che</i>	preparations based on precious stones or substances	11
<i>sngo sbyor</i>	herbal preparations	12

3 "Cleansing" medicinal treatment

Preparation for the 5 "Works" :

<i>snum 'chos</i>	Lubrication (oil therapy)	13
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The Five Works :

<i>bshal</i>	1 purgatives	14
<i>skugs</i>	2 emetics	15
<i>sna sman</i>	3 cleansing via the nose	16
<i>'jam rtsi</i>	4 gentle enema	17
<i>ni ru ha</i>	5 forceful enema	18

Extra-powerful supplement to the 5 "Works" :

<i>rtsa sbyong</i>	"channel" cleansing	19
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4 Gentle and forceful external treatments

<i>gtar</i>	1 bloodletting	20*
<i>bsreg</i>	2 moxibustion	21*
<i>dugs</i>	3 hot/cold applications	22
<i>lums</i>	4 baths/steam baths	23
<i>byug pa</i>	5 ointments	24

Extra-powerful supplement to the 5 external treatments :

<i>thur dpyad</i>	minor surgery	25*
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mjug don + yongs gtad

+ 2 extra chapters of conclusion and entrustment 26,27

* These would not be practiced in any country where the law forbids TM practitioners from undertaking such procedures or where they would be precluded by cultural constraints.

MATERIA MEDICA

Materia medica

The traditional Tibetan materia medica contained certain ingredients which, at the time of writing, are not allowed under current UK law or under international convention⁶. This includes the use of certain toxic herbs and the use of mineral and animal ingredients. The curriculum is tailored to meet UK legal requirements and therefore covers only the herbal part of the traditional materia medica. The most common herbal components of TTM are listed (not exhaustive) below. Research is required to finalise identification of the Latin recognitions. The following are offered as current identifications.

Tibetan Transliteration	Latin Recognition	Tibetan Transliteration	Latin Recognition
<i>ka ko la</i>	Amomum tsao-ko	<i>'bra go</i>	Phoenix dactylifera
<i>skyu ru ra</i>	Phyllanthus emblica	<i>brag lcam</i>	Sedum tartarinowii
<i>ka randza</i>	Caesalpinia crst L.	<i>drag spos</i>	Lepisorus soulieanus
<i>ku shu</i>	Malus sp.	<i>brag lcam 2</i>	Bergenia ciliata
<i>skyi 'brum</i>	Sophora Davidii	<i>brag skya ha bo</i>	Corralodiscus kingianus
<i>ka bed</i>	Curcurbita pepo	<i>'bam po</i>	Pleurospermum
<i>skyer me</i>	Berberis jamesiana (flower)	<i>bya pho tsi</i>	Ceratostigma griffithii C.B. Clarke
<i>kanda ka ri</i>	Rubus niveus Thumb.	<i>byi bzung</i>	Arctium lappa
<i>skyer ba</i>	Berberis wood	<i>'bri mog</i>	Onosma hoolerii
<i>klung sho</i>	Rumex nepalensis	<i>bre ga</i>	Thlaspi arvense
<i>kon pa gab skyes</i>	Saussurea bodiueri	<i>bya rgod spos</i>	Delphinium chrysostrichum
<i>ku sha</i>	Poa sp.	<i>'bu su hang</i>	Medicago archiducis
<i>kyi lce dkar nag</i>	Gentiana straminea Marin (light form) and G. crassicaulis Duthie ex Burkill (dark form)	<i>byi shang dkar mo</i>	Stellaria yunnanensis
<i>ske tshe</i>	Sinapsis sp.	<i>bya rog nyung ma</i>	Lancea tibetica Hook
<i>mkhal zho</i>	Canavalia Gladiata	<i>byi rug</i>	Elscholtzia calyocarpa Diels
<i>kham bu</i>	Prunus sp.	<i>'bri ta sa 'dzin</i>	Lagotis brachystachya
<i>khyi shing</i>		<i>'bri ta sa 'dzin 2</i>	Fragaria

⁶ Affected by the Convention on International Trade in Endangered Species, allowed if traded with the appropriate trade permits OR non-plant materials as, under UK law, non-plant traditional medicines fall outside the remit of the licensing exemption granted to herbs by the 1968 Medicines Act OR restricted under SI 2130 Schedule 111, 1974 OR banned for use in unlicensed medicines by Act of Parliament.

			orientalis
<i>khyung sder dkar po</i>	Uncaria scandens (Smith) Hutch	<i>byi'u la phug</i>	Torularia humilis
<i>khyung sder smug po</i>	Saussurea stella Manim	<i>bya rgod spos</i>	Delphinium brunonianum
<i>'khan pa</i>	Artemisi sieversiana	<i>brag sgog</i>	Allium sativum (wild)
<i>khrog chung ba</i>	Lepidium apetalum Willd.	<i>bya rgod sug pa</i>	Anemone trullifolia
<i>khu byug pa</i>	Cypripedium tibeticum	<i>byi'u srad</i>	Polygala sibirica
<i>khur mong</i>	Taraxacum tibeticum	<i>ma ru rtse</i>	Butea monosperma
<i>srog shing</i>		<i>Smag</i>	Metroxylum sago
<i>ga bur</i>	tiger camphor=blumea balsamifera and crystal camphor=cinnamomum camphorum	<i>ma gal</i>	Populus daviana
<i>gur gum</i>	Crocus sativus	<i>mon cha ra</i>	Quercus (acorns)
<i>go bye</i>	Semecarpus anacardius L.	<i>ma nu</i>	Inula racemosa Hook
<i>rgun 'brum</i>	Vitis vinifera	<i>sman sga</i>	Alpinia officinalis
<i>rgya shug 'bras bu</i>	Juniperus formosana Hayata	<i>me tog ser chen</i>	Ixeris sp.
<i>ge sar gsum</i>	Bombas malabaricum: 1. stamen 2. calyx 3. corolla	<i>smug chung 'den yon</i>	Meconopsis henricii
<i>sgron shing</i>	Pinus tabulaeformis, but also P. massoniana, P. yunnanensis, P. densata, P. griffithii, P. smithiana, P. armandi	<i>myong tsi spras</i>	Coptis teetoides
<i>ga bra</i>	Rubus subomatus and other Rubus	<i>tsam pa ka</i>	Oroxylum indicum
<i>glang ma</i>	Salix thompsoni	<i>tsan dan</i>	Santalum album
<i>gu gul</i>	Commiphora mukul	<i>tsi tra ka</i>	Capsicum frutescens
<i>rgya skyegs</i>	Lacifer lacca Kerr	<i>Btsod</i>	Rubia cordifolia
<i>gur tig</i>		<i>Rtsad</i>	Pleurospermum sp.
<i>sga skya</i>	Zingiber officinalis Rose	<i>rtsa mkhris</i>	Saussurea graminea
<i>dgu thub/rgu thub</i>	Peucedanum praeruptorum Dunn.	<i>btsong sgog</i>	Allium cepa
<i>gres ma</i>	Iris nepalensis (anthers)	<i>mtshe ldum</i>	Ephedra equisetina
<i>rgya sho</i>	Rumex crispus L.	<i>tsar bong</i>	Artemisia desertorum

<i>sga chung</i>		<i>tsher sngon</i>	Meconopsis horridula
<i>ga dur</i>	Bergenia purpurascens (Hook f et Thoms)	<i>dza ti</i>	Myristica ficafragrans
<i>gla sgang</i>	Cyperus scariosus	<i>mdzo mo shing</i>	Caragana tibetica
<i>gro ma</i>	Potentilla fulgens	<i>zhu mkhan</i>	Skimia multinerva
<i>gang ga chung</i>	Gentiana urnula	<i>zhim thig le 1</i>	Lagopsis supina [Steph]
<i>sga tsha</i>		<i>zhim thig le 2</i>	Phlomis betonicoides Diols
<i>rgya men</i>	Papaver sp.	<i>zhim thig le 3</i>	Salvia roborowskii
<i>glang sna</i>	Pedicularis longiflora	<i>zhim thig le 4</i>	Nepeta coerusens
<i>sga tig</i>	Androsace aizoon Duly var. coccinea Franch.	<i>zhim thig le 5</i>	Stachys. sp
<i>go snyod</i>	Carum carvi	<i>zhim thig le 6</i>	Galeopsis bifida Boenn.
<i>sgang thog pa</i>	Sisymbrium heteromallum	<i>zhim thig le 7</i>	Stachys kouyangensis (Vaniot)
<i>sga sho</i>	Cremanthodium sp.	<i>zhim thig le 8</i>	Lamium amphexicaule
<i>ga bur tis lo</i>		<i>zhim thig le 9</i>	Salvia wardii
<i>gandha bhadra</i>	Cnaphalium affine	<i>zla gor zho sha</i>	Entada phaseoloides
<i>rgya spos</i>	Delphinium chysotrichum	<i>zangs tig</i>	Swertai mussofi
<i>rgu drus</i>	Corydalis dasyptera	<i>gze ma</i>	Tribulus terrestris
<i>sgog skya</i>	Alium sativum	<i>zva' 'drum</i>	Urtica triangularis
<i>rgya sgog</i>	Alium sativum (lower altitude)	<i>zva phyi A yas</i>	Urtica tibetica
<i>gla ba srad ma</i>	Hedysarum	<i>zir dkar</i>	Cuminum cymnum
<i>dngul tig</i>	Cerastium arvense	<i>zir nag</i>	Nigella glandulifera
<i>sngon bu</i>	Cyananthus sherifii	<i>zangs rtsi dkar</i>	Galium aparin
<i>dngul sha ma</i>		<i>zangs rtsi nag</i>	Artemisia hedinii
<i>smug cu gang</i>	Schizostachyum chinense	<i>zin tig</i>	Ajuga lupulina
<i>lchang ma</i>	Salix sp.	<i>gza' dug</i>	Saussurea obvallata
<i>lcags tig</i>	Gentianopsis grandis	<i>'o se</i>	Pyrus pashia
<i>lca ba</i>	Angelica sinensis	<i>'om bu</i>	Myricaria garmanica
<i>lcam pa</i>	Malva verticillata	<i>'u su</i>	Coriandrum sativum
<i>lcum rtsa</i>	Rheum officinale	<i>'od ldan</i>	Saxifraga

	Baill.		egregia
<i>lcags kyu</i>	Corydalis sp.	<i>'ol mo se</i>	Sinopodophyllum hexandrum
<i>mchin pa zho sha</i>	Entada scandens	<i>gyer ma</i>	Scrophularia dentata
<i>chu rtsa</i>	Rheum spiciforme Royle	<i>yo 'bog</i>	Ulmus
<i>chu ma rtsi 1</i>	Rheum pumilum Maxim	<i>yung ba</i>	Curcuma longa
<i>chu ma rtsi 2</i>	Polygonum hookeiri Moiss.	<i>yu gu shing</i>	Senecio soliaegineous
<i>chu sho</i>	Acalypha australis	<i>gyer shing pa</i>	Schrophularia dentata
<i>chu rug</i>	Cardamine macraphylla Willd.	<i>yog mo</i>	Rabdosia rubescens
<i>'jam 'bras</i>	Caesalpina crista L.	<i>gya' kyi ma</i>	Chrysopenium carnosum Hook
<i>ja shing</i>		<i>gyar mo thang</i>	Primula fasciculata
<i>'jib chen</i>	Dracocephalum heterophyllum Benth.	<i>yu mo 'de'u 'byin</i>	Paraquilegia microphyta
<i>'jib chen 2</i>	Salvia Przewalskii Maxim.	<i>ru rta</i>	Vladmiri souliei
<i>snying zho sha</i>	Choerospondia axillaris (Roxb.) Burtett Hill	<i>ra mnye</i>	Polygonatum cyrrhifolia
<i>nye shing</i>	Asparagus filicinus	<i>re lcag</i>	Stellera chamaejasmae
<i>snya lo</i>	Polygonum polystachium	<i>ri sho</i>	Ligularia vigaurea
<i>gnyan 'dul ba</i>		<i>re skon</i>	Corydalis hendersonii
<i>gnyan thub pa</i>		<i>ram bu</i>	Polygonum viviparum
<i>snyi ba</i>	Codonopsis convulvlacae	<i>ri sgog</i>	Allium atosanguinum
<i>star bu</i>	Hippophae rhamnoides	<i>rug sgog</i>	Allium prattii
<i>star ga</i>	Juglans regia	<i>li shi</i>	Eugenica aromatica
<i>stag ma' me thog</i>	Rhododendron arboreum	<i>lung tang</i>	Sapindus mukorsii
<i>stabs seng</i>	Fraximus saureolans	<i>lug mur</i>	Phlomis younghusbandii
<i>tig ta</i>	Swerta chirayita	<i>lug sho</i>	Oxyria dygina
<i>tang ku</i>	Ledabouriella seseloides	<i>lug mig</i>	Aster himalyicus
<i>tang ku 2</i>	Sinolimprichtia alquina	<i>lug chung</i>	Heteropapus crenatifolius
<i>stang ri zil ba</i>		<i>le brgen</i>	Targetes erecta
<i>stag sha</i>	Oxytropis chiliophylla	<i>la la phud</i>	Foeniculum vulgare
<i>til</i>	Sesamum indicum	<i>lug ngal</i>	Corydalis adunca
<i>rta rmig</i>	Viola biflora	<i>shug tsher</i>	Juniperus formosana

<i>ti mu sa</i>		<i>Shing tsha</i>	Cinnamomum cassia
<i>rta lpags</i>	Lamiophlomis rotata	<i>Shing kun</i>	Ferula asafoetida
<i>thal rdor</i>	Cassia tora	<i>shel ta</i>	Pinus tabulaeformis (resin)
<i>thang khrag</i>	Abies spectabilis?	<i>shu dag</i>	Acorus calamus
<i>thang phrom</i>	Przewalskia tangutica Maxim	<i>Shing mngar</i>	Gylcerrhiza uralensis
<i>tha ram</i>	Plantago depressa	<i>sho mang</i>	Rumex nepalensis
<i>dong ga</i>	Cassia fistula	<i>sha la yu ring</i>	Cremanthodium sp.
<i>dar shing</i>	Lepidium apetalum -wood	Shang dril	Primula sikkimensis
<i>da lis</i>	Rhododendrom anthopodon	<i>shu ti</i>	Mentha arvense
<i>re ral</i>	Dryanaria sinica	<i>shu mo za</i>	Trigonella foenum graecum
<i>dva ba</i>	Arisaema sp.	<i>shang tsher</i>	Orobanche alsatica
<i>dur byid</i>	Euphorbia fischeriana	<i>shang len smug po</i>	Eryophyton wallachii
<i>dur ba</i>	Cynodon dactylon	<i>sug smel</i>	Elettaria cardamomum
<i>'dam bu ka ra</i>	Catabrosa aquatica	<i>sra 'bras</i>	Syzgium cumini
<i>de ba</i>	Corydalis melanochlora	<i>so cha</i>	Randia dumetorum
<i>dug nyung</i>	Chamaeneriom angustifolium	<i>so ra</i>	Abelmoschu moschatus
<i>'dre sha ma</i>	Lycium chinense	<i>se yab</i>	Chaenomeles speciosa
<i>ldum nag</i>		<i>se 'bru</i>	Punica granatum (seeds only)
<i>dar ya kan</i>	Lepidium apetalum	<i>se rgod</i>	Rosa sertata
<i>dug srad</i>	Astralagus strictus	<i>srin shing</i>	Daphne tangutica
<i>na le sham</i>	Piper nigrum	<i>seng ldeng</i>	Rhamnella gilgitica
<i>nim pa</i>	Azedirachta indica	<i>sle tres</i>	Tinospoa sinensis
<i>nags ma' thang chu</i>		<i>gser tig</i>	Saxifraga montana
<i>na rams</i>	Triglochia maritimum	<i>su mi</i>	Corydalis yanhusuo
<i>nad ma</i>	Cynoglossum wallichii	<i>sro lo</i>	Pegaeophyton scapiflorum
<i>sne'u 1</i>	Chenopodium album	<i>sug pa</i>	Solms-Laubachia earycarpia
<i>sne'u 2</i>	Amaranthus caudatus	<i>gser me</i>	Herpetospermum pendiculolum
<i>pi pi ling</i>	Piper longum	<i>gser phud</i>	Luffa cylindrica
<i>spa 'brum</i>		<i>sog ka</i>	Capsella bursa pastoris
<i>spen dkar</i>	Potentilla glabra	<i>srub ka</i>	Anemone

			rivularis
<i>pushkar mu la</i>	<i>Inula racemosa</i>	<i>srad ma rigs</i>	<i>Astragalus sp.</i>
<i>Spyang tsher</i>	<i>Morina kokonorika Hao</i>	<i>seng ge 'jigs med</i>	<i>Silene sp.</i>
<i>spru ma</i>	<i>Heracleum wallachii</i>	<i>hong len</i>	<i>Lagetis yunnanensis</i>
<i>Spyang dug pa</i>	<i>Cirsium souliei</i>	<i>A ru ra</i>	<i>Terminalia chebula</i>
<i>dpa' bo dkar po</i>	<i>Phytolacca acinosa esculenta</i>	<i>A 'bras</i>	<i>Mangifera indica</i>
<i>dpa' ser</i>	<i>Phytolacca acinosa Roxb.</i>	<i>A ga ru</i>	<i>Aquilaria sinensis</i>
<i>dpa' rgod</i>	<i>Curcuma zedoaria</i>	<i>Ar nag</i>	<i>Aquilaria agallocha</i>
<i>dpa' bo chen po</i>	<i>Panax ginseng C A May</i>	<i>A sho</i>	<i>Mirabilis himalaica</i>
<i>pu shel</i>	<i>Dendrobium nobile</i>	<i>A krong</i>	<i>Thalictrum aquilegifolium Loeog</i>
<i>par pa ta</i>	<i>Hypecoum leptocarpum</i>	<i>A krong 2</i>	<i>Arenaria Kansuensis Maxim</i>
<i>Spang rgyan dkar</i>	<i>Gentiana szechenyii</i>	<i>A wa</i>	<i>Lloydia</i>
<i>Spang rgyan dkar 2</i>	<i>Gentiana algida</i>	<i>Autpal</i>	<i>Meconopsis torquata</i>
<i>Spang rgyan sngon po</i>	<i>Gentiana stipitata</i>	<i>A byag</i>	<i>Chrysanthemum tatsiniensis</i>
<i>Spang rgyan nag po</i>	<i>Gentiana veitchiorum</i>	<i>Aug chos</i>	<i>Incarvillia compacta</i>
<i>pad rtsa</i>	<i>Nelumbo nucifera Gaertn</i>	<i>A bhi kha</i>	<i>Fritillaria delavayi</i>
<i>pri yang ku</i>	<i>Dracocephalum tanguticum</i>	<i>ba sha ka</i>	<i>Corydalis impatiens</i>
<i>spra thog</i>	<i>Leontopodium franchetii</i>	<i>bra ma</i>	<i>Caragana brevifolia</i>
<i>Spang rtsi</i>	<i>Pterocephalus hookerii</i>	<i>dbyi mong</i>	<i>Clematis rhederianum</i>
<i>spa yag</i>	<i>Lancia tibetica</i>	<i>byis tsher</i>	<i>Xanthium sibericum</i>
<i>pa to la</i>	<i>Bletilla striata</i>	<i>ba lu</i>	<i>Rhododendron primulaeflora</i>
<i>Spor</i>	<i>Sedum sp.</i>	<i>'brug shing</i>	<i>Euonymas monbeigii</i>
<i>phur mong</i>	<i>Artemisia nestita</i>	<i>bo te</i>	<i>Prunus sp.</i>
<i>beedurya 'dra</i>	<i>Saussurea hieraciodes</i>	<i>byi tang ka</i>	<i>Embelia laeta</i>
<i>ba ru ra</i>	<i>Terminalia bellerica</i>		

PHARMACY AND CLINICAL TRAINING

Pharmacy and Clinical training are covered in separate modules in the EHPA core curriculum and will be provided in those contexts. Pharmacy training will prepare the student to recognise the various materia medica, understand the different qualities of plants of the same species growing in different environments, know when materia medica are collected according to their destined purpose, how the materia medica are collected in order to best preserve their properties, how they are transported and stored, and understand the proper processing and preparation of the medicinal compounds according to the established rules and formulas. Traditional Tibetan Medical practitioners and manufacturers are aware of Good Manufacturing Practice and are moving swiftly to make GMP the standard for all herbal remedies used. They are similarly aware of the need to have Government certified GMP(CGMP), in manufacturing and importing businesses handling and manufacturing such remedies.

Traditionally, TTM trainees would be immersed in a clinical environment throughout their training. In order to emulate this as far as possible, students are to be encouraged to use every opportunity to observe medical practice from the start.

MEANS OF ASSESSMENT

STUDY

The principal means of assessment should be by written and oral examination. Educational institutions should endeavour to formulate these exams so as to prioritise understanding of principles, rather than simple memorisation. Nonetheless, it has been traditional to learn certain parts of the main *rgyud bzhi* text by heart, as the knowledge contained should be at the practitioner's fingertips at all times, being the very essence of the theory. In view of this, institutions should carefully consider the weighting to be given to this aspect.

MATERIA MEDICA recognition and PHARMACY training

This will be primarily subject to continued assessment during field trips and laboratory visits, with spot checks on field trips leading to points being subtracted from an overall total for wrong answers given. Written and oral examination on *materia medica* forms part of the general examination on study (above).

CLINICAL PRACTICE

Competence will be judged by continuous assessment by supervising physicians during clinical training. This will require the supervising physicians to maintain a record of diagnoses offered and treatment suggested by the student during clinical training. Not all cases need be recorded but should cases be selected, that selection must be made before the student is asked to diagnose and not in retrospect. At least 20% of the student's cases should be followed for assessment. Clinical examination will form part of the end of year and final examinations. This aspect of the assessment will be a critical factor determining the candidate's suitability to proceed to the next year or to qualify.

ATTENDANCE

Failure to attend more than 85% of classes will result in that term's study not being credited. Although this is the general rule, exemption may be made for sickness or other reasons, provided that the tutorial staff is satisfied that the missed ground has been adequately covered by the student.

EXEMPTIONS

Educational institutions should provide a coherent policy with regard to exemptions for prior learning. They must satisfy themselves that candidates who are exempted from parts of their curriculum have covered the required material and achieved required learning outcomes. Clear guidelines on this issue will be set out by the UK governing body on TTM, after consultation with the world's major TTM teaching institutions. The governing body will have the power to annul any granted exemption it deems unjustified.

RECOMMENDED ALLOCATION OF TIME

Following the recommendations for the common core curriculum presented elsewhere in this report, it is proposed that the total minimum course length should be 2560 hours, of which a minimum of one third should be teacher/student contact time. Within this total, it is proposed that a minimum of 1150 hours be devoted to Tibetan Traditional Medicine (traditional physiology, pathology, diagnostic methods and study of the materia medica). In addition, a minimum of 450 hours of clinical practice is proposed.

INDICATIVE READING

DONDEN, Dr Yeshe "Health Through Balance, an Introduction to Tibetan Medicine"
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Dharamsala, Tibetan Medical Centre

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