

Galen in Asia?

Ronit Yoeli-Tlalim

Although one can generally say that the place of Galen in the history of Asian medical systems is rather minor, such a statement nonetheless requires some qualification.¹ Galen appears in the rich Tibetan literary genre of medical histories as one of the figures who brought medical knowledge to Tibet. More significantly, in India, Galen was a key figure in Unani (literally ‘Greek medicine’), which continues to thrive on the subcontinent. With regards to China, there are a number of anecdotal mentions of Galen in works either referring to China or composed in China. In most of the cases discussed here, Galen comes to Asia through mediating languages, primarily Persian and Syriac, and medical traditions – Islamic medicine in the case of India and Renaissance medicine in the case of the Jesuits in China.² Hence, the story of Galen in Asia is to a large degree an extension of these medical and literary traditions.

Two related but separate issues need addressing when trying to assess the place of Galen in Asia. The first issue is an assessment of mentions of Galen in Asian texts and contexts. Narratives on the origins and history of medicine, and knowledge more generally, are important within this regard. Analysis of how and why these narratives were constructed can reveal important political, religious, economic, and cultural factors at play. The second issue is the presence, or lack thereof, of Galenic medical knowledge within Asian traditions. These two issues in turn raise a third one involving the relationship between them: If a tradition declares itself to be influenced by Galenic medicine, does it necessarily mean that it is so? Narratives on the origins of medical knowledge raise the large and complicated question of whether and to what extent such accounts actually reflect the nature of the knowledge they describe. In other words, they raise questions like: When and why does a culture, religion, or state ideology choose to present or construct itself as linked to a particular culture? Are there correspondences between declaring a tradition as linked to a particular tradition and the tradition indeed being linked?

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² On the translation of Galenic works into Syriac and Arabic, see Bhayro (Chapter 8) and Cooper (Chapter 9) in this volume, respectively.

1 Galen in Tibet?

An intriguing account found in a number of Tibetan medical histories from the sixteenth century onwards tells of a famed physician from the West by the name of Galenos, who was invited by the first king of Tibet to Lhasa along with other famed doctors from China and India.³ One finds the following in the version in the *Mirror of Beryl*, an account of the history of Tibetan medicine by Sangye Gyatso (1653–1705), regent of the Fifth Dalai Lama (1617–82) and author of several seminal texts on Tibetan medicine:

Once when the king was ill, the Indian doctor Bharadhaja, the Chinese doctor Hsüan Yüan Huang, and the Taksik or Phrom doctor Galenos were invited to Tibet to cure him ... They held many discussions and jointly composed a medical text in seven chapters called *Weapons of Fearlessness*, which they offered to the king ... Therefore, all medical science was compiled into these three main systems and propagated by them. The king gave gifts to the Indian and Chinese doctors, and they travelled back to their own lands. Galenos stayed on as royal physician. It is said that he mostly resided in Lhasa, where he composed many texts. He married and had three sons.⁴

This captivating narrative has led to many accounts in secondary literature stating that Greek medicine was adopted in Tibet in the eighth century. One should not, however, jump to such hasty conclusions, but rather try to understand the significance of this narrative. This account, along with similar ones found in Tibetan medical histories, raises many intriguing questions. The first of them is from where does this Galenos come? The Tibetan delineation of Phrom or Khrom is derived from Rum, or Rome, and usually refers to Byzantium. The other option the text raises is Tazig. Early Tibetan geographies are in agreement that Tazig is a large kingdom to the west of Tibet.⁵ It could refer to Persia or to the Abbasid Empire.⁶ The term is also used when referring more generally to Muslims, Arabs, or Persians. That both of these are options

3 The Tibetan material for this chapter is based on Yoeli-Tlalim (2012). On Tibetan medical histories more generally, see Garrett (2007).

4 For the English translation, see Kilty (2010: 148–9). For the Tibetan text, see: Sangs rgyas rgya mtsho (Sangye Gyatso), *Gso ba rig pa'i khog 'bugs vaidürya'i me long (Mirror of Beryl)*, (2008) 96. This quote was first discussed by Beckwith (1979: 301).

5 The various Tibetan spellings are Ta zig, ta zhig, ta chig, stag gzig, stag gzigs. On these terms, see Yoeli-Tlalim (2011).

6 See Martin (2011).

for the possible origin of the Galenos who shows up in Lhasa is not terribly surprising, since from a Tibetan perspective it is hard to know where the exact demarcation between Tazig and Khrom stands, and as Dan Martin has pointed out, they often fall into the same place on the map.⁷

Are the links described above between Tibetans and Muslims to the West even a possibility? Tibet is usually perceived as remote and isolated, but that has not always been the case. On a map of Asia as it was more or less at the time this account is presumably taking place, one would find three major empires abutting each other: the Abbasid Empire, founded in 750; the Tibetan Empire, which reached its height in the early ninth century; and Tang China (618–907). The close proximity of the Abbasid and Tibetan Empires of the time explain what people often find surprising, but is not – on-going cultural and other connections between Tibet and the Islamic world from the eighth century onwards.⁸ Furthermore, Tibet's mediating position was significant in terms of Asian medical knowledge during and after the time of the Tibetan Empire as well as during the Mongol era.⁹

Another important question that this account raises is who are the 'colleagues' of Galenos referenced here? In terms of the Chinese figure, this would be the Yellow Emperor, who in Chinese tradition is considered the source of Chinese medicine.¹⁰ Bharadvāja, the other 'colleague', holds a similar place in Indian medicine. In the opening chapter of the Ayurvedic classic the *Carakasamhitā*,¹¹ Bharadvāja is described as the member of the assembly of sages who approaches the God Indra, requesting his help in eradicating illnesses that had befallen humankind. Bharadvāja's request is granted by Indra, who transmits medical knowledge to him. Bharadvāja then disseminates this knowledge to other sages. Bharadvāja is also mentioned in other Indian medical treatises, as well as in Vedic literature, the epics, and the Purāṇas.¹² Both the Chinese Yellow Emperor and the Indian Bharadvāja are mythical figures, a point to keep in mind when trying to make sense of Galen's place in this narrative.

Another key question is: What is the text claiming with respect to a time frame? Sangye Gyatso's narrative, like similar narratives that followed his,

7 Martin (2011).

8 On these various connections, see Akasoy, Burnett, and Yoeli-Tlalim (2011).

9 See Yoeli-Tlalim (forthcoming) and Buell (2011).

10 Unschuld (1985: 107).

11 The date of this text remains unknown. Earlier versions of it may date to as early as the fourth century BC, but the text has been supplemented, edited, and partially rewritten by later authors up to the eighth century AD. See Wujastyk (1995: 22).

12 For an overview of these, see Meulenbeld (1999–2002: IA.152–4, IIA.158–60, 764, 781).

locates this episode at the time of the seventh-century Tibetan king Songtsen Gampo, whose reign marks the beginning of recorded history in Tibet, and indeed, Tibetan culture at large. These narratives thus present a history of Tibetan medicine that was formulated in its initial stages as a synthesis of Greek, Indian, and Chinese medical systems.

Looking critically at this notion of early Tibetan medicine as a synthesis of Greek, Indian, and Chinese traditions, two key issues stand out. The first is that in the early history of Tibetan medicine, the two main influences detected in medical texts are Indian and Chinese. There is also some Graeco-Arab influence, primarily in the diagnostic method of urine analysis, which does not feature in Ayurvedic or Chinese medicine as a key diagnostic tool, but is central in Tibetan diagnosis. Comparing the urine analysis sections in an early Tibetan medical text, the *Medical Method of the Lunar King* (*Zla ba'i rgyal po*), and in Ibn Sīnā's *Canon of Medicine* (*Qānūn fī al-ṭibb*) reveals remarkable similarities not only in content, but also in the structure of the texts.¹³ This input, along with input detectable in *materia medica*,¹⁴ however, does not quite add up to a 'meta-narrative' in which Galenos is preferred, the one who stays on as court physician and establishes a local lineage, while the Yellow Emperor and Bharadvāja are sent back to China and India respectively. The nature of Tibetan medical literature itself leads to the conclusion that both in the formative and the mature/classical periods of Tibetan medicine, the Galenic influence is clearly secondary to that deriving from India and China.

Another issue worth considering here is that in earlier exemplars of Tibetan medical histories, from the thirteenth century onwards, despite references to influences from the West, there are no mentions of Galenos, nor do the accounts present Graeco-Arab teachings as being in any way superior in the sense implied by Sangye Gyatso.¹⁵ How then should one understand the primary position given to Galenos in Sangye Gyatso's account? What all the above points to is that the accounts on Galen coming to Tibet at this time reflect more the period in which they were written, the seventeenth century onwards, than the period to which they supposedly refer, the seventh and eighth centuries. Galen as representing the origin of Western medicine – here meaning Islamic medicine – came to Tibet most probably via Mughal India, with which Tibet maintained close relations.

13 See Yoeli-Tlalim (2010).

14 For other inputs, see Yoeli-Tlalim (2013).

15 For a study of a thirteenth-century exemplar of the medical history genre, see Martin (2007).

Indeed, the autobiography of the Fifth Dalai Lama tells how in 1675 he brought to his court a physician from India known for his expertise in cataract surgery. This physician, named as Manaho, is credited with a work on ophthalmology preserved in the Tibetan Tanjur (Bstan 'gyur), the part of the Tibetan Buddhist canon composed primarily of various commentarial works. The Tibetan title of this short work on the treatment of eye diseases, translated in the Potala by Lhun grub, is *Opening the Eyes to See (Mig 'byed mthong ba)*. The preface says the author was a physician of the Indian emperor Shah Jahan (r. 1628–58) and that he came from the country of Paripura. The location to which this refers is not entirely clear, but according to Martin, it appears to be linked to Persia.¹⁶ The Fifth Dalai Lama says that Manaho taught the art of cataract removal to a local Tibetan physician, who later performed it successfully on the Fifth Dalai Lama himself.¹⁷

More generally, this episode should be viewed within the context of the Fifth Dalai Lama's active efforts to seek out medical experts from abroad, not only for his own well-being, but also with a view towards broadening Tibetan medicine's repertoire of diagnostic, therapeutic, surgical, and pharmacological tools.¹⁸ The person who most likely oversaw the invitation of this foreign physician, along with other physicians from neighbouring countries, was the Fifth Dalai Lama's regent, Sangye Gyatso, author of the above Galenos narrative. Sangye Gyatso also played a crucial role in systematising Tibetan medicine. One should therefore consider the following aspects about him in conjunction: his composition of a seminal text on the history of Tibetan medicine, from which the above quote on Galen is taken; his systemisation of Tibetan medicine; and his own connections with foreign physicians. Together they indicate that the significance Sangye Gyatso gives to Galen reflects to a great extent Galen's connections to Islamic medicine, as found at the time in Mughal India, projected back to the origins of Tibetan medicine.

2 Galen in India?

Medical historians are often thrilled to hear that Greek medicine, known in India as Yūnānī or Unani, is alive and still practised on the subcontinent

16 Dan Martin, *Tibskrit*, s.v., 'Manaho' (online, several URLs).

17 On Manaho, see Gyatso (2004: 90); Czaja (2007: 348); Martin (2008: 29, n.38). An analysis of this interesting text, and a comparison with Islamic ophthalmology of this period should yield interesting data for better understanding the transmission of ophthalmological knowledge.

18 Gyatso (2015: 116–17).

alongside Indian traditional medical systems. In fact, the Indian government actively promotes Unani.¹⁹ It is also practised in other parts of the world, including in the Islamic world and beyond.²⁰

Islamic medicine reached the subcontinent with the Muslim migrations and conquests of the twelfth and thirteenth centuries and became established at the Mughal court in the sixteenth century. The term *Yūnānī* is based on the Arabic word *Yūnān*, literally 'Ionia' or 'Greece', referring to the links of the foundations of *Yūnānī* in Galenic medicine as inherited and transmitted by Arab and Persian medical theory and practice. The term *Yūnānī* itself, however, only goes back to the colonial age.²¹ Before the colonial encounter, the very same medicine that is today known as 'Unani tibb' was commonly referred to in Arabic and Persian medicine simply as 'tibb' (medicine).²²

The Islamic medicine that reached India acknowledged its intellectual debt to Galen and other well-known authorities, including Hippocrates, Ibn Sīnā, and al-Rāzī.²³ The texts and traditions that highlighted Galen were but one strand of Unani tibb, albeit the one emphasised by the elite Unani discourse as well as by scholarship.²⁴ The emphasis on Galen and similarly well-known authorities eclipsed other healing traditions, for example those associated with the Greek healing god Asclepius and the Islamic folk figure of Luqman.

Some aspects of Galenic medicine, along with curious stories about Galen, came to India with Sufi saints. One such account is by Sayyid Muḥammad Ḥusaynī Bandah Nawāz Gīsūdirāz (d. 1422), a famous Sufi saint of south India whose family came from Khurasan.²⁵ Bandah Nawāz Gīsūdirāz learned Sanskrit in order to defeat Brahmans during religious disputations. He was known also as a proficient physician and the author of a number of books on medicine, only one of which survives. In his book of collected discourses, there are a few anecdotes that testify to his interest in the Galenic tradition. One account appears in order to demonstrate Galen's teleological vision, which was an important aspect of the acceptance of his theories into Islamic science and medicine. Bandah Nawāz Gīsūdirāz recounts the following story:

19 The Indian Government Ministry of AYUSH – the acronym stands for Ayurveda, Yoga, Unani, Siddha, and Homoeopathy – was established in 2014 'to ensure the optimal development and propagation of AYUSH systems of health care'. See the ministry's website at <http://ayush.gov.in/> (accessed 1 June 2017).

20 Attewell (2007: 1–2).

21 Speziale (2003).

22 Attewell (2007: 10).

23 Alavi (2008). For an Urdu example, see Alavi (2008: 206).

24 Attewell (2007, Introduction, esp. 21–9).

25 The following is based on Speziale (2003: 160–1).

Galen had enquired about which miracles had been done by the prophet 'Isā [Jesus]; people answered that he had walked on water. Galen asked if the water was hot or rather cold; when people answered that it was cold, he invited people to go and be converted, because 'he was surely a prophet of God'.²⁶

As Guy Attewell and Fabrizio Speziale have shown in their work, however, one should look critically at the connections between Unani and the Greek tradition. As Attewell notes, the presentation of Unani tibb as the seamless continuation of the Greek tradition 'bears little relation to the historical realities of *tibbi* knowledge and practice'.²⁷ This necessitates considering the relation, if any, between how a tradition portrays itself versus how it is revealed historically.²⁸ Here is also another case that raises the question of why practitioners and scholars of Unani sought to emphasise their links with Galen and Greek medicine.

The formulation of 'Greek' by Indo-Muslim physicians needs to be viewed against the backdrop of their struggle regarding the status of Unani tibb and its recognition, threatened by Western positivistic attitudes towards traditional medicines.²⁹ Indeed, one sees the use of the term '[y]unani' proliferate especially in the nineteenth century, when the need for this legitimisation further increased with the establishment of the British Raj in 1858 and Indian modernists being keen to emphasise their links with European culture.³⁰

2.1 *Garcia da Orta*

Knowledge of and references to Galen also reached India via Europeans. The most notable case in point is Garcia da Orta (d. 1568), the Portuguese physician who settled in Goa and wrote what is known to be the first European text on Asian medicinal plants.³¹ Da Orta is more a case of 'importing' European knowledge to India, but one can perhaps glean some relevant information from his account on local knowledge in Goa at his time.

Da Orta reports that Galen along with Hippocrates, Aristotle, Plato, Ibn Māsawayh, Ibn Sīnā, al-Rāzī, and 'Alī b. Riḍwān were well known amongst the

26 Tr. by Speziale (2003: 161).

27 Attewell (2007: 24).

28 It is of course simplistic to brand all Unani tibb, or indeed any of the other medical traditions discussed here, as one 'tradition', but for the sake of this brief overview, this term will need to suffice.

29 Speziale (2003: 149, n.1).

30 Speziale (2005: 18).

31 On Garcia de Orta and his text, see Fontes da Costa (2015) and Brentjes (2016).

Muslim court physicians in Goa in the sixteenth century, although this has not been confirmed in any way, and as Brentjes recently argued, seems to represent more closely Da Orta's own knowledge than that he is referring to.³² As for da Orta's own knowledge as represented in his text, Galen features notably in *Colóquios*, with forty-five mentions, but his overwhelming focus is on Ibn Sīnā, who warrants 126 mentions,³³ which may well suggest that his references to Galen have been mediated by Ibn Sīnā's accounts.

3 Galen in China?

3.1 *The Case of Ibn al-Nadīm*

Another intriguing account relating to Galen in Asia is found in the account by the bookseller Ibn al-Nadīm (932–90).³⁴ Ibn al-Nadīm, a man with an usually extensive education, was a copier of books and the owner of a large bookshop in Baghdad. The bookshop appears to have been a popular meeting place for scholars.³⁵ Ibn al-Nadīm composed the *Fihrist*, a kind of catalogue of all books, lecture notebooks, and so on available in Arabic at the time. The work is not only a compendium of sorts of the knowledge of a learned Muslim in the tenth century, but also contains pieces of rare information.³⁶ The collected notes are arranged thematically into ten discourses. In the opening section, Ibn al-Nadīm discusses the alphabets of fourteen different nations and their ways of writing. It is within this section that one finds an anecdote on the transmission of Galen's summaries to China. Quoting the revered Islamic physician and philosopher al-Rāzī (d. c. 925, from Rayy near modern-day Tehran; known in the West as Rhazes),³⁷ Ibn al-Nadīm writes:

A man from China came to seek me and dwelt with me for about a year. In five months of this time he learned Arabic, both spoken and written, becoming proficient in style, as well as expert and rapid in writing. When he desired to return to his country, he said to me a month in advance: 'I am about to set forth and wish that you would dictate to me the sixteen books of Galen, so that I can write them down'. I said, 'Your time is short

32 Brentjes (2016: 127).

33 Brentjes (2016: 111).

34 Discussed by Klein-Franke and Zhu Ming (2005).

35 Sellheim and Zakeri (2012).

36 Sellheim and Zakeri (2012).

37 On al-Rāzī and the reception of Galen in his works, see Koetschet (Chapter 10) in this volume.

and the length of your stay will be sufficient for you to copy only a small part of it'. Then the young man said, 'I ask you to devote yourself to me for the length of my stay and to dictate to me as fast as you can. I will keep up with you in writing'. I proposed to some of my students that they join in this project with us, but we did not have faith in the man, until there was a chance for comparison and he showed us everything he had written. I questioned him about the matter and he said: 'We have a form of writing known as Collective, which is what you see. If we wish to write a great deal in a short time, we write it with this script. Then later on, if we wish, we transcribe it with a script which is familiar and not abbreviated'. He thought that a man who was quick in learning and understanding could not learn it in less than twenty years.³⁸

3.2 *Yuan China*

Medicine with Greek roots came to China following the establishment of the Yuan Dynasty (1271/9–1368) by Kublai Khan (r. 1260–94) via what was known as 'Islamic medicine', although the conveyers of that medical knowledge were often members of the Church of the East.³⁹ Kublai Khan, the son of an Eastern Christian mother (Sorkaktani), employed an Eastern Christian doctor as his personal physician. Rashīd al-Dīn, the court-physician turned minister of the Mongol Ilkhanid court, relates that this Christian physician was known as 'Isā the Translator'.⁴⁰ 'Isā's Chinese biography indicates that he was born in Fu-lin, the Chinese transcription of Rum, the equivalent of what the Tibetan sources referred to above called Khrom, that is, Byzantium. After a particularly successful career as Kublai Khan's personal physician, 'Isā later became a central figure in the medical establishment of Mongol China. He set up the Islamic Medical Bureau (Guanghai) in the main Mongol capital (what later became Beijing) and headed the bureau.⁴¹

During this era, we find the name of Galen, or Zhalinuxi in its Chinese form, appearing in reference to Islamic medicine, mostly in relation to *materia medica*. Such is the case of the *Huihui yaofang* (*Muslim Medicinal Recipes*).⁴² The *Huihui yaofang* was probably once a part of a general encyclopaedia or

38 Al-Nadīm, *Catalogue (Fihrist)*, 1.1, ed. and tr. Dodge (1970) 1.31.

39 Often referred to as Nestorians, but on why this term in this context should be replaced by either Church of the East or Church of Persia, see Hofrichter (2006: 11–14).

40 On Rashīd al-Dīn, see Akasoy, Burnett and Yoeli-Tlalim (2013).

41 On 'Isā / Isu'a, see Kim (2006: 41–52); Shinno (2002: 47–8); Allsen (2001: 149–51); Buell (2007: 279–95); and Tu-chien Weng (1938).

42 On Islamic medicine in the Mongol era, see Buell (2007c: 279–95). On the *Huihui yaofang*, see Buell (2007a: 138–47) and Buell (2007b: 22–35). See also Kong and Chen (1996: 85–102).

textbook on Islamic medicine written during the Mongol rule of China. It is replete with quotations from various authorities, including Zhalinuxi, although the relationship between these quotes and any Galenic writings is yet to be analysed. Key here, however, is the overall context of the references to Galen, which are within an Islamic context, a point also indicated by the form of his name as it is transcribed in Chinese – Zhalinuxi – reflecting the Arabic transliteration for Galen: Jālinūs.

3.3 *Jesuit Medicine*

During the Ming period (1368–1644), some aspects of Galenic medicine arrived in China with the Jesuits.⁴³ During this period, Jesuit missionaries in China wrote medical treatises in Chinese based on current European medicine. It is through this Jesuit prism that one sees Galenic views flowing into China at this time. The Jesuit medical treatises of this period focused mostly on anatomy, but also on the preparation of drugs. The theme of physiology appears within the general context of Jesuit writings on Western natural philosophy. It is here that references to Galen are found. *Xinxue cushu* (*Summary Exposition of the Science of the Psyche*), by the Italian Jesuit missionary Giulio Aleni (1582–1649), is considered to have been the main vehicle for Western ideas about human physiological, anatomical, and psychological notions. Aleni describes the soul as closely associated with the nerves and discusses Galen's doctrine along with his knowledge of the nerves.⁴⁴ He also states that the maintenance of life depends on the harmonious presence of dryness, dampness, cold, and heat. In explaining the necessity of the presence of cold and dryness, reference is made to Galen's (Jialene or Jialena, 加勒訥) theory.⁴⁵

Aleni presents Galen's theory on the *pneumata*, explaining that there are three types of 'spirits': the 'natural' spirits (*tixing zhi qi*) are produced in the liver; 'vital' spirits (*shengyang zhi qi*), as well as 'inner heat', are produced in the heart; and the 'animal' spirits (*dongjue zhi qi*) are produced by the brain. The human nervous system is assessed in terms of Galen's *pneumata*.⁴⁶ In volume eight of Aleni's work, 'On Breathing', one finds a specific mention of Galen, transliterated into Chinese as Jialene (加勒訥), representing perhaps an Italian pronunciation. This Galenic theory of the three *pneumata* was

43 I would like to thank Professor Chen Ming of Peking University for his help with the preparation of this section. The following is based on Standaert (2001).

44 Standaert (2001: 791); Peterson (1973: 307–11).

45 As Peterson (1973: 308) explains, 'cold is required to prevent the body from becoming excessively hot, and similarly, dryness prevents the body from being swamped with water by keeping it at a suitable level of moisture'.

46 Peterson (1973: 309).

particularly alien to the Chinese.⁴⁷ Another Jesuit author who brought Galenic viewpoints to China was Alfonso Vagnone (1566–1640). In his *Huanyu shimo* (*Beginning and End of the World*) he describes the function of blood, *pneuma*, blood movement, and the four temperaments from a Galenic perspective.⁴⁸

Later mentions of Galen include the nineteenth-century Chinese translation of John Forbes Royle's (來拉, 1799–1858) *Manual of Materia Medica and Therapeutics: Including the Preparations of the Pharmacopoeias of London, Edinburgh, and Dublin, with Many New Medicines*. Here Galen, transliterated into Chinese as Jialun (茄倫), is mentioned in reference to aloes: 'Aloes were known to Dioscorides, to Galen, and to Celsus'. As the form of his transliterated name suggests – the European Galen having been adopted rather than a form reflecting the Arabic form Jālīnūs – Galenic input by this time had moved away from Islamic links to those based on European contacts.

4 Conclusion

An important question to address is whether Galenic medicine had any long-term impact in Asia, and if not, why? That the link to Greece features so prominently in the current Indian medical marketplace is one good argument to suggest its significance in India, even if much of the link with Greece is a late construction. With regards to China, perhaps it would be worthwhile revisiting Joseph Needham's judgement of some decades ago that Greek, Muslim, and Eastern Christian medicine in China had 'no perceptible influence'.⁴⁹ Though on the face of it, this judgment may be generally true, it is worth revisiting especially if one keeps in mind that 'influence' can take many forms and that its traces may well be concealed.

Tibetan accounts on the sources of medical knowledge in Tibet often contain mythical elements, and so while one cannot read them as straightforward historical narratives, one can, and should, take some cues from such texts.⁵⁰ These accounts can serve as pointers to strata otherwise forgotten or rewritten by later historical accounts.

Literary narratives of universal histories of knowledge like the Tibetan ones exemplify different ways of managing relationships between foreign and local knowledge and of negotiating cultural differences. The organisation of

47 Peterson (1973: 311).

48 Standaert (2001: 791).

49 Needham (1970: 17–18).

50 See Yoeli-Tlalim (forthcoming).

knowledge from and about different peoples has been a powerful tool for articulating claims of empire, uniting multiplicities of locales in harmonious singularity mirrored by a claim for comprehensiveness.⁵¹ Attention should be paid not only to straight up borrowing, but also to less evident cultural interactions, such as responses that result from contacts with foreign knowledge, where external conditions create change within, such as reformulations or reaffirmations. Much of this type of work is yet to be done.

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