

# BRIEF HISTORY AND DEVELOPMENT OF TRADITIONAL MONGOLIAN MEDICINE

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**Traditional Mongolian Medicine has a history of more than 5000 years, and it is one of the most valuable heritages of the Mongolian people.**

Most recent researches by our historians and archeologists showed that the territory of Mongolia has been a home to humankind since 800000 years ago. A renowned Mongolian historian G.Sukhbaatar has discovered that ancient states of Mongol nomads had existed prior to Hunnu Empire which was regarded as the first nomads established the state 2000 years ago in Asia. The ancient states include Khiyan, 5000–2000 B.C.E, Bidgud established in 1562 B.C.E. The discovery of existence of such states extended the scope of our research targets and definitely will enrich the history of medical development on the territory of the Mongols. While studying the history of ancient Mongolian medicine, I realized that the 3 principle textbooks “Secret History of Mongol”, “Complete Collection of Histories” (Sudryn Chuulgan), “History of Yuan Dynasty” are needed to be thoroughly explored and medical facts from those books should be documented by illustrations of the related historical findings for the sake of our children. In addition to above books, ancient Chinese resources should not be underestimated to build up an historical tree of Traditional Mongolian Medicine. For instance: The Records of the Grand Historian, 史記 or Shiji. The 130 volumes of the text classify information into several categories: 12 volumes of Benji (本紀), 10 volumes of Biao (表), 8 volumes of Shu (書), 30 volumes of Shijia (世家), 70 volumes of Liezhuan (列傳). The Book of Han, 漢書 or Hànsū, The Book of the Later Han, 後漢書 or Hou Hanshu, The Book of Jin or 晉書, The Book of Song, 宋書 or Songshū, The Book of Wei, 魏書/北魏書 or Weishū, The Book of Northern Qi, 北齊書 or Bei Qishū, The Book of Tang, 唐書 or Tangshū can be named as useful resources. Dedicated analytical approach is necessary to explore these text resources and other materials.

We, the Mongols materialized the will of our ancestors including Chinggis Khaan to establish the independent country in the Central Asian plateau and aiming to build democracy and

civil society, should refine the unquestionable truth through authentic historical facts from the mixture of actualities and illusions.

New facts, new materials to enrich history of medical development have continuously been found. More materials are being written and more focus is being paid on the history of medical development covering the period before Indian Ayurvedic medicine which was introduced to Mongolia with the third revival of Buddhism from Tibet.

### **Bone Art**

The Mongolian art of bone setting, called 'bone art' in Mongolia, is a fascinating subject. It developed mainly during the Chin dynasty. The eminent practitioners were Tsorj-Mergen, Nara-Abai and Heru-Ishinga and various others. Bonesetters (Bariachi) used many interesting methods, such as applying cupping glasses (made of horn) to treat broken bones, or a herbal compress, or, if necessary, used surgery with the aid of ice as a local anesthetic. The Aduuchiin Minister called together 30 professionals in the field and established a special Bone Art Hospital at this time.

Bone Art is a completely independent branch of Mongolian medicine. Bariachi were local people who still believed in Shamanism for they were not educated and therefore untouched by Buddhism. For an accidental bone fracture or dislocation, the Mongols would automatically approach the Bariachi, who had no medicines or surgical instruments. The Bariachi would simply hold the fractured or dislocated limb in their hands and massage it or give it a twist or two. The patient would feel no pain, but was usually advised to rest afterwards. These born healers were just lay people without schooling, but neither spelled charms nor performed rituals. They cured bone disorders perfectly without complaint from the patient or pain afterwards, however serious the injury. The bones would heal quite soon afterwards. These healers had no special training except what was handed down to them, but they needed to have the ability born in them. Their hands were the healing instruments, and setting was done by very sensitive touch. Such healers usually came from a family of traditional bonesetters. Sons or daughters would become bonesetters, having learned from their parents. However, some had a following of disciples who were taught to treat skillfully and professionally.

### **Balneotherapy**

Mongolia has a large land area with many pure rivers, lakes and springs, particularly hot springs. In view of this, balneotherapy has always been widespread in both Outer, and Inner, Mongolia. There are over 30 springs which can be used for treatment. Scholars have written books

on the subject and about what kinds of diseases can be treated by it. For instance, Tsahar Gevsh Luvsanchultem (1740-1810) wrote a book in the 1790's entitled "Balneotherapy: How It Can Help You, its Applications and Hygienic Uses."

### **Dom Therapy**

Mongolia has another kind of therapy called "Dom", which again, like bone setting, has nothing to do with medical science or religious beliefs, nor was it based on superstition. It falls into the category of folklore and ancient custom. It may be 'old wives' tales' but people still believe in it. It might be termed 'comfort therapy'. For example, if a person has trouble in their left eye, they are supposed to touch the affected eye with their right knee seven times, early in the morning, before breakfast. That should cure it! If a child can't sleep comfortably and wakes suddenly or cries in the night for no apparent reason, the parent has only to draw a picture of a fox and hang it over the child's bed and the child will sleep soundly. If someone has a headache, they should drink a cup of hot tea. If they have stomach trouble they should keep off food for a while. For mental unrest, just count your breath. This probably has more to do with psychology, but gives a person some control over minor ailments.

At the end of the 16<sup>th</sup> century Buddhism emerged in Mongolia and the Tibetan medicine which was originated from Indian Ayurvedic medicine, was adopted. The change in the medicine was initiated as a result of fights among Mongol nobles for the throne, Manchurian intrusion and religious influence. In such circumstances Mongols adopted Tibetan medical school. After that, Mongols gradually gained much success to plant the Tibetan medicine in the Mongolian soil through renewal of the Tibetan medical theory, substitution of some medical herbs with ones grown in Mongolia, supplementing some treatments with magic treatment elements. These efforts were strengthened by the intellectual scope and capability of Mongols and became the basis to establish a new paradigm of the Mongolian medicine with a blend of Tibetan medicine. Another stimulus to establish the new paradigm was the whole set of differences of Mongols including physiological features, their food consumption, harsh changeable climate, lifestyle, and mindset etc. They faced the necessity to establish theory and practice to heal the diseases occurred due to above mentioned circumstances. For example, Tibetan medicine lacked certain understanding about different types of massage therapy such as gentle rubbing, pressure giving and assembling etc that were useful to heal fractures, injuries and collision which were common occurrences in daily lives of Mongols. Such deficits were, as shown by some historical facts, completed by Mongol doctors and scholars. As a

result, Mongols managed to establish the complete Mongolian medical system based on their original magic treatment with adoption of the Indian Ayurveda, absorption of Chinese acupuncture and theory and methodology of the Tibetan medicine.

### **Sensitive Period for Traditional Medicine (1921-1989)**

On March 13th, 1921, the newly formed Communist Party of Mongolia's Central Committee put together a Mongolian People's Provisional government, and, after Sukhbaatar's Mongolian Partisan Army (assembled in February 1921) had defeated the Chinese aggressive forces and regained the Mongolian city of Khiagt (across the border from Kyakhta), a new capital, Ulaanbaatar, was proclaimed. An army of defense, made up of Mongolian and Soviet military forces had been created meanwhile, and by early July it had driven von Ungern-Sternberg's forces out of Niislel Khuree, had occupied the city. On July 11th, the date now recognized as Mongolia's National Day, the rule of the Bogd Khan, a limited monarchy nominally headed by the Jebtsundamba Khutukhtu under the title of Khan, was replaced by the new People's Government of Mongolia,

On September 14th, 1921, the independence of Mongolia was proclaimed, and on October 26th, a legislative assembly, the National Provisional Little Hural, was inaugurated. The formalization of Soviet-Mongolian relations was then accelerated, and, on November 5th, 1921, a Bilateral Agreement of Mutual Recognition and Friendly Relations was signed in Moscow. This officially recognized the authority of the People's Government and facilitated the exchange of diplomatic representatives.

Health beliefs and practices had earlier been based solely on Mongolian Traditional Medicine, with emchi (doctors) and lamas. Nevertheless, health workers mainly those fleeing Czarist Russia, had been developing private health practices using western methods from 1906 onwards. In 1921, the first hospital to combine Traditional and Western medicine practices with outpatients' department and pharmacy was established in Mongolia. There were many doctors on the staff, including a Hungarian and at least 10 Mongolian Traditional practitioners. In addition to this, on August 15th 1921, General Sukhbaatar signed a resolution to establish a military hospital at Niislel Khuree now renamed Ulaanbaatar, and the new Mongolian government invited Dr. P.N Shastin, an eminent Soviet doctor to head it. Several other Mongolian traditional doctors worked alongside Dr. Shastin in the new hospital. However, on March 13th 1937, the government decided to close the traditional medical clinics and pharmacies because of conflicts of ideology. From this time on, the practice of traditional medicine was officially suppressed and eventually forgotten in Mongolia until

the end of the 1980's. After the collapse of socialism, the democratic government realised the importance of traditional medicine to satisfy the needs of a population whose health system had broken down, and made efforts to revive it

### **Modern Mongolian Traditional Medicine (1990-2002)**

#### *General Background Information about the Country*

Mongolia lies in the northern part of the Central Asian Plateau, between 87 and 119 degrees east, longitude and 52 and 41 degrees north latitude. With an area of 1,565,000 square kilometers and a population of 2.38 million, as of December 2001, Mongolia has one of the lowest population densities in the world. Despite the popular image of Mongolians as nomadic herders, they are becoming increasingly urbanized. 51.9% of the population lives in the cities, 48.1 in the rural areas. More than a quarter of all Mongolians live in the capital, Ulaanbaatar. The other major urban centers are Darkhan and Erdenet. The country is divided into 21 aimags (provinces), not including the autonomous region of the capital. About 86% of the country's population is Khalkh Mongol. Another 7% are Turkic in origin, mostly Kazakh, living in the western aimags of Bayan-Ulgii and Khovd. The rest belong to a wide range of ethnic groups, including the Bayad, Dariganga, Buryad, Darkhad, Zakhchin and Uriankhai. Mongolia's smallest ethnic group is the Tsaatan (140 families), of Tuva origin, who herd reindeer in the far north of the country. During the communist period, Mongolia was home to tens of thousands of Russians, who worked mainly in the capital and in the mining towns. Few of these remain. Nowadays more people from other Asian countries as well as the west come to live and work in Mongolia, some as aid-workers and some affiliated to enterprises. More than 4 million Mongolians live outside Mongolia, most of them in Russia and in Chinese Inner Mongolia.

#### *Traditional Medical Service and Treatment*

In recent years there has been renewed interest in traditional medicine based on the integration of traditional medicine with modern medicine and practices. There is now a fresh emphasis on all traditions which are manifestations of Mongolian identity, and contact with the traditional medicine corpus of knowledge of other Asian countries is increasing, due to the freedom of movement now possible.

Socio-economic changes in Mongolia during the 1990's have encouraged the development of our culture in many directions. For the previous fifty-odd years, traditional medicine had been outlawed, and nothing could be done to further its development. However the recent changes have

provided the opportunity to revive it and reassess its merits for the modern society and think about future directions for growth. It is increasing in popularity and becoming more accessible country-wide.

The current Mongolian government considers traditional medicine to be an important component of a comprehensive medical service for the population, developing it in association with European medical practice, establishing the scientific basis of traditional medicine from the modern perspective and developing and extending the corpus of knowledge and its application.

According to the 2001 statistics in the field of traditional medicine, Mongolia now has a head organization, the Scientific and Technological Corporation of Traditional Medicine, which includes a hospital with 100 beds. There is also a Mongolian-Korean Friendship Oriental Medicine Centre, 10 other small hospitals with 10-20 beds, 35 outpatient clinics close to or attached to the government health centers, and 65 private clinics and units. There are even 5 traditional medicine-manufacturing units already in operation.

Mongolian Traditional Medicine has its own unique integrated theoretical system, considering the body as a whole entity, containing within itself eternal contradiction and, at the same time, unity. Diagnosis of Mongolian Traditional Medicine relies mainly on the three fundamentals, which are observation, interrogation and pulse feeling. In addition, it also makes use of palpation, auscultation, olfaction and urine testing. A doctor will make a synthetic analysis based on information gained from these examinations, to determine the illness or syndrome and make a definitive diagnosis. The doctor then develops a principle for treatment, and prescribes medication. The treatment and medication may be backed-up by various supportive therapies, such as bloodletting, acupuncture, moxibustion, massage, bone-adjustment, diet therapy, and medicated bathing, etc. This last is particularly effective for many liver disorders and diseases, apoplexy, and also for digestive system and female genital-organ conditions.

Mongolian traditional medical skills like cerebral re-adjustment, used to treat concussion, the art of bone-adjustment for fractures and dislocations, and medicated bathing for curing certain skin and rheumatic conditions, are most effective and are appreciated by both Mongolians and foreigners alike.

#### *Education and Research*

In 1990, a Traditional Medicine Department was established at the Mongolian National University. It incorporated a 6-year training course, admitting 20-25 students per year to study

traditional Mongolian medicine. Since then, more than 700 doctors with conventional medical qualifications have also received short-term (2-10 months) courses. Doctors from Buryatia and Sakha in the Russian Federation are attending traditional medicine courses here, too.

Our Government has been supportive of the establishment of new traditional medical schools since 1990. Thanks to this, there are now 2 private traditional medical colleges: Manba Datsan College and Monos College. Students of these colleges receive 5 years' training and graduate as doctors and pharmacists with the degree of Bachelor of Medicine.

Since the 1990's, three new concepts have been discovered relating to theories of traditional medicine. In addition, 3 new scholars of traditional medicine have received their doctorates (Sc.D) and 5 doctors of education have completed their Ph.Ds so far in this field. Also, about 10 new types of herbal medicine have been developed and registered.

We have also invented many new technologies, produced new medicaments, updated methods of medical practice and made a comparative analysis between traditional medicine and conventional medicine.

Mongolia has valuable resources in the form of ancient medical books, and through this information handed down to us, excellent progress has been made in the study of simple methods of treatment and their application.

During a recent Mongolian project on traditional medicine, run in collaboration with the WHO, outside consultants were involved and contributed much to the activities.

#### *Development of Medication*

The larger part of treatment in Mongolian Traditional Medicine is medication. Our country has over 600 types of medical plants so far discovered. In addition Mongolia imports more than 100 components of traditional medicine from China and the Russian Federation. Mongolia produces renowned medicinal materials of animal origin such as deer-velvet and bear-gall, recognized both locally and abroad. Modern science and technology was called in to assist the production of Mongolian Traditional Medicine and pharmaceuticals, and an industrialized production system of medicaments was set up. The factory produces 200 traditional medicines. The building has recently been extended and the latest techniques have been introduced and developed. The power-system and conditions of production have also been updated. In order to continue to develop traditional pharmacy, the government has invested \$ 40,000 in pharmaceutical production. The Mongolian Traditional Medicine factory prepares products in the form of bolus, powders, tablets, pills, extracts

and so on. These products are recognized and valued both within the country and abroad and sales are increasing, not only in the domestic market, but also in Poland, Buryatia, Sakha and elsewhere. The factory is becoming well known for its products such as: Erdeniin Urle, Gardi-13, Gardi-5, Ulch-18, Gurgum-13, Batar-7 and many others. (See list)

#### *Future Perspectives*

We can be confident that in the future the government will continue to give a high priority to the development of traditional medicine. The current Government Proposal for Health Policy provides a vision for a comprehensive reform by defining main policy directions:

A new philosophy for health-system development based on preventive medicine, rather than curative, and wide community participation and involvement of individuals and families in improving their own general health, must go hand in hand with improved intersectional collaboration. In addition, in 1999, the Mongolian Parliament endorsed the "National Policy on the Development of Mongolian Traditional Medicine". The basic guidelines focus on staff-training, standardizing the training curriculum, improving research and applying it to medical practice, translating ancient medical literature from old Mongolian script and Tibetan, in-house training of specialists and on increasing the number of pharmaceutical production enterprises. Policy on traditional medicine needs to be developed in line with that of international organizations such as the WHO. Exchange of information with developed countries where oriental medicine is widely used, also needs to be broadened. In this way, their long experience of different methods of disease prevention can be of use to us in our own research and practice.