

A Preliminary Study on the Background of the Formation of the Meng Yao Zheng Dian

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Abstract: Meng Yao Zheng Dian is one of the three classics of Mongolian medicine. It was written by Zhanbra Dorje, who was a famous Mongolian physician. The book was not only related to the author's origin, education and learning experience, but also closely related to the social development, cultural exchanges between Mongolian and Tibet, and people's demand for Mongolian medicine at that time. The book in four languages indicates the name of Mongolian medicinal herbs, Mongolian, Tibet, Chinese, Manchu medicine academic and cultural exchanges played a positive role in promoting the cultural exchanges, is a vivid embodiment of the cultural exchanges between Chinese nationalities and exchanges and mingling.

Keyword: Zhanbra Dorje; Meng Yao Zheng Dian; Background of the book

Online publication: March 10, 2025

1. Introduction

"Mongolian Medical Canon" is a specialized monograph on Mongolian medicine written by Jambaldorji, a Mongolian medical scientist in the 19th century (1792–1855). It is known as one of the three classic works of Mongolian medicine and holds an important academic position in the history of Mongolian medicine. The full title of "Mongolian Medical Canon" translates to "Medicinal Nectar for Healing Diseases: Accurate Identification and Skillful Insight Manifesting Marvelous Forms, Adorned with Beautiful Eyes." It is abbreviated as "Ugis Gulung Tudun Chimuge" in Mongolian and "Mdzes mtshar mig rgyan" in Tibetan, meaning "Beautiful Eye Ornament." There are numerous Chinese translations with titles such as "Accurate Mirror Dictionary," "Tibetan-Chinese Drug Name Comparison," "Mongolian Medical Chapter Illustrations," "Mongolian Medical Illustrations," "Accurate Mongolian Medical Identification," "Correct Drug Identification Illustrations," and "Revised Drug Identification Illustrations" ^[1]. Different titles used by people in various periods or regions reflect the academic influence of this book. Nowadays, it is commonly referred to as "Mongolian Medical Canon" ^[2]. In the 1960s, it was translated

into Mongolian by Gendunzalasen from the IHH (now Ordos City) Mongolian Medical Research Institute and circulated internally within the institute. It was translated into English and published in New Delhi, India, in 1971, and into Russian, published in Western Siberia, Russia, in 1985^[3]. In July 1988, the Mongolian version, translated by Gendunzalasen, was officially published for the first time by the Inner Mongolia People's Publishing House under the title "Accurate Mongolian Medical Identification"^[4]. Chinese translations edited by Liu Baiyila and translated and annotated by Luobusang and Xu Chang were published by the Ethnic Publishing House and the Inner Mongolia People's Publishing House in 2006^[1,5].

2. Main contents of "Mongolian Medical Canon"

The main body of "Mongolian Medical Canon" consists of four parts: the first is the "Fundamental Medical Canon" represented through a tree metaphor; the second is an illustration of drugs and the shapes of instruments; the third is the measurement and vital points of the body; and the fourth is bloodletting, moxibustion, and acupuncture points. The "Fundamental Medical Canon" is the first part of the Tibetan medical classic "Four Medical Classics." It summarizes the content of the entire book. In Chapter 6, "Classification by Analogy," the content of the "Fundamental Medical Canon" is structured like a tree, with roots, trunks, branches, and leaves, divided into 3 roots, 9 trees, 47 branches, and 224 leaves, along with 2 flowers and 3 fruits. The first section of the "Mongolian Medical Canon" comprises 9 tree metaphor diagrams and related explanations. This is the first time in Mongolian medical literature that the content of the tree metaphor method has been visually represented through illustrations. The second section, which focuses on drug illustrations and the shapes of instruments, is the main content of the book. It is divided into nine chapters, covering treasure drugs, soil drugs, stone drugs, tree drugs, essence drugs, herbal drugs, plain drugs, animal drugs, water and fire drugs, and the shapes of instruments. The book records 879 types of Mongolian medicinal materials, comprehensively and systematically explaining the source, origin, growth environment, form, taste, function, primary treatment, medicinal parts, harvesting season, processing methods, usage, and identification methods of specific medicinal materials. It includes 579 drug illustrations, most of which are labeled in Chinese, Mongolian, Tibetan, and Manchu. The author intends to correct the confusion caused by misidentification or inconsistency in medicine names at that time. The third part deals with body measurements and vital points, divided into four sections: skull, neck, body cavity, and limbs. Graphics of the front and back of the entire body are plotted on a straight-line grid to determine the length, proportion of each body part, and vital areas. The fourth section focuses on bloodletting, moxibustion, and acupuncture points. Many exquisite medical instruments are illustrated, and two images of the front and back of the entire body indicate bloodletting acupuncture points, moxibustion acupuncture points, and puncture acupuncture points^[6].

"Mongolian Medical Canon" is a complete and systematic classic work on Mongolian medicine. It is also the most comprehensive, richest, and most distinctive classic among Mongolian medical ancient books on herbal medicine^[7].

3. Background of the compilation of "Mongolian Medical Classics"

3.1. Social background

The social background lays the foundation for the compilation of "Mongolian Medical Classics." Since the mid-16th century, with the strong support of ruling classes throughout history, Tibetan Buddhism Gelug Sect (Yellow

Hat Sect) has been widely spread in Mongolia. Emperor Qianlong directly stated the reason for promoting the Yellow Hat Sect: “Our dynasty maintains the Yellow Hat Sect because the Mongolians have always been devoted to it, showing respect and adapting to local customs”^[8]. In Emperor Qianlong’s “Imperial Lama Doctrine,” a policy paper addressing Lamaism, he mentioned, “Promoting the Yellow Hat Sect is to appease the Mongolians. This is of great significance, so it is important to protect it, unlike the excessive flattery and worship of Tibetan monks during the Yuan Dynasty”^[9]. Numerous historical records prove that the establishment of exchanges and interactions between the Mongolian and Tibetan nations was preceded by politics rather than religion. Since the Qing government began promoting the Yellow Hat Sect, temples have been widely built in Mongolia. In the mid-Qing Dynasty, there were about 1,500 Lamaist temples in Inner Mongolia, with around 200,000 lamas^[10]. As the number and scale of temples continued to grow, many large temples established specialized institutions for medical education - the Manbazhacang. Most of these Manbazhacang were built during the Qianlong period, such as Chifeng Qingzhen North Temple (1739), Xilinhot’s Beizimiao (1743), Baotou Wudangzhao (1749), Alashan Guangzong Temple (1756), and Xilin Gol League’s Lamakule Temple (1781), which produced many famous Mongolian medical experts^[10]. Initially, the Manbazhacang in Mongolia largely drew on the Tibetan medical model, both in terms of organizational structure and teaching content^[11]. Many medical works, including “Mongolian Medical Classics”, were also written in Tibetan.

Tibetan and Mongolian medicine is set in the context of Buddhist culture. The founder of the Gelug Sect, Master Tsongkhapa, was proficient in medicine. Before establishing the sect, he promoted Buddhist thought among the people through medical practice, inspiring many later lamas to reach the masses through medicine for the purpose of missionary work^[12]. Although the Qing Dynasty was established by ethnic minorities, its temporary prosperity during the “Kangxi-Qianlong Flourishing Age” was closely related to its tolerance, appreciation, and cultivation of Han culture. To further its interests, the ruling class of the Qing Dynasty, while maintaining the subjective consciousness of Manchu culture, strived to absorb the essence of Han, Mongolian, and Tibetan cultures through political advantages. By actively learning, referencing, and drawing on various ethnic cultures while maintaining its own identity, the Qing Dynasty facilitated deep communication and exchange between Manchu, Han, Tibetan, Mongolian, and Hui cultures in a relatively harmonious manner, ultimately playing a significant role in promoting the development of traditional Chinese culture.

Zhanbuladaorji, the author of “Mongolian Medical Canon,” was born in the 57th year of the Qianlong Emperor’s reign (1792) and passed away in the 5th year of the Xianfeng Emperor’s reign (1855). He lived through the reigns of four emperors: Qianlong, Jiaqing, Daoguang, and Xianfeng. At that time, the Qing government, which had just experienced the Kangxi-Qianlong period of prosperity, entered a stable period. Buddhist culture flourished in China, and Mongolian medicine also experienced its best development phase. Although Mongolian medicine and Tibetan medicine belonged to the same medical system and were difficult to distinguish, due to geographical relationships, Mongolian medical practitioners gradually increased their interactions with the Han Chinese regions. Luobusanguedan mentioned in his “Mongolian Customs Mirror” the scene of Mongolian doctors purchasing Chinese herbs at that time: “Mongolian doctors’ medical books are all in Tibetan, and they buy medicines from the Han people. The herbal medicines grown in Mongolia are not very effective in treating diseases. Therefore, well-trained Mongolian doctors need to familiarize themselves with the shapes of the medicines from books, and then go to Han medicine shops to buy them. Although they may not speak Chinese, they can still buy various medicines by comparing them with the illustrations (it is very difficult for a doctor who does not recognize medicines). This shows that Mongolian doctors often go to the city to buy medicines from

Chinese medicine shops or seek to purchase them from medicine dealers. For Mongolian doctors with low cultural levels or who are not proficient in Chinese, this is extremely difficult, and they can only rely on the illustrations of medicinal herbs in books to purchase medicines. Among them, there are also many who have been deceived. This is a social phenomenon that emerged in this special historical period. People gradually realized that there was an urgent need for a Mongolian medicinal herb dictionary with Tibetan-Chinese comparisons to solve this social problem. The first person to notice this issue was the famous Mongolian scholar Gunbuzhabu. Gunbuzhabu, a native of Xiwuzhumuqin Banner in Xilin Gol League, was the governor of the Tanggute Official School in Beijing at that time. He took advantage of his convenient conditions, widely collected data, and compiled the book “Tibetan and Chinese Medicinal Names,” which included 381 Mongolian medicinal herb names in a Tibetan-Chinese comparison format. The author expressed his intention to edit and publish in the postscript, broadly speaking, “for the benefit of all sentient beings through medicine in Mongolia,” and narrowly speaking, “so that buyers can avoid mistakenly purchasing or being deceived among the many varieties of medicinal herbs in large pharmacies.” To this end, he visited doctors of various sizes, collected literature both on and off campus, and conducted detailed research. “Although some medicines may differ in shape or color from Tibetan medicines, their functionality is not affected,” indicating that some different medicinal herbs are not replaced arbitrarily. This is the mistake mentioned in the “Mongolian Medical Canon” that needs to be corrected due to clerical errors made by people like Gunbuzhabu.

In 1988, when the Mongolian book “Mongolian Medical Classics” was published, it was named “The Accurate Identification of Mongolian Medicine.” From the title, “accurate” means without error, indicating the author’s intention to precisely identify Mongolian medicines, which is precisely the purpose of writing this book. In the book, the author mentioned: “Currently, even we who live in the border areas have not seen many interpretations, or there are many errors due to not inheriting the techniques of superior doctors. The main reason is the failure to correct material differences, or due to writing errors such as those made by Gunbujab and others.” At that time, there were many confusions and errors in the names of Mongolian medicines in Inner Mongolia. The author wrote in the preface: “Some people say that silver vermilion was mistakenly written as mercury, malachite was mistakenly written as ochre, yellow lead was mistakenly written as yuliang soil, fresh ginger was mistakenly written as galangal, shegan was mistakenly written as boling melon seeds, silver vermilion was mistakenly written as red powder, orpiment was mistakenly written as hollyhock root, celery seeds were mistakenly written as independent living seeds, leeches were mistakenly written as cantharides, and abalone shells were mistakenly written as pearls, coptis was mistakenly written as groundsel, etc. It also mentioned that modern doctors also adhere to their own knowledge of medicine, and there are differences among them. So, different understandings of medicine are also common. Some mistakenly write Fule as nutmeg, boling melon seeds as sow thistle, Guang Muxiang as Chuan Muxiang, Caowuye as Senba, Datangye Yunshi as gorgon fruit, dried ginger as galangal, and Huangqin as sweet basil, etc. In view of the spread of falsehoods, the author wants to correct the mistakes and combine the interpretation of medical books with the author’s experience, so this book was compiled.” Due to cultural differences, coupled with the fact that many drugs are produced in the south and are not available in Mongolia at all, coupled with the fact that Mongolian doctors often mispurchase or buy the wrong medicine due to language barriers, it is very common for many commonly used drugs to be replaced by other drugs, or even misidentified and misused. Jambuldorji was born in Mongolia and later took vows and became a disciple at the Tashilhunpo Monastery in Tibet. He was very familiar with the phenomenon of mispurchasing or buying the wrong items at that time. From this, we can see that the author’s motivation for writing is to correct mistakes and

ensure the efficacy of Mongolian medicine by correctly understanding it.

3. Academic background

The formation and development of Mongolian medicine have undergone a long period of time. However, due to the late creation of the Mongolian script, records of medical activities can only be found scattered in classics written in other ethnic languages. For example, the “Yellow Emperor’s Inner Canon” states, “The northern region is where heaven and earth conceal and store things. The land is high and inhabited by winds, cold, and ice. People enjoy living in the wilderness and eating dairy products. Diseases caused by cold accumulation are common, and the treatment should involve moxibustion. Therefore, moxibustion techniques also originate from the north”^[15]. The “north” mentioned here includes the northern ethnic groups, including the Mongolians. These treatment methods, such as moxibustion, self-comfort by burning stones, lying on burned ground, and bleeding by cutting veins, were distinctive therapeutic approaches of the northern ethnic groups (including the Mongolians) at that time. With the development of primitive animal husbandry, such simple medical activities also became more frequent. By the 8th century AD, the moxibustion technique originating from the “north” was introduced into Tibet and was called “Mongolian Moxibustion” by Yutuo Yuandan Gongbu, who recorded it in the “Four Tantras”. The 13th century marked a peak period in the development of Mongolian medicine, with the emergence of famous physicians and works. For instance, Shatu Musu and his “Ruizhu Tang Experience Prescriptions,” as well as the court dietitian Husihui and his “Essentials of Diet and Therapeutics,” are representatives of this period. With the introduction of the Gelug sect of Tibetan Buddhism into Mongolia, many classic works of Tibetan medicine also arrived. In the 17th century, during the 1640s, after the Manchu rulers entered Shanhaiguan and established the Qing Dynasty, Mongolian medicine experienced unprecedented development, giving rise to a large number of Mongolian medical experts and works^[16]. Starting from the 17th and 18th centuries, traditional Mongolian medicinal knowledge was further enriched, drawing from the pharmaceutical knowledge of Tibetan, Han, and other ethnic groups as well as Indian medicine, leading to significant progress in Mongolian pharmacology. During this period, a group of researchers emerged in the field of medicine and pharmacology, who authored numerous monographs on Mongolian pharmacology and prescriptions. For example, “Twenty-Five Formulas Collection” by Luobusangdanjinzalacang (1639–1704), known as the “First Outstanding Doctor of Mongolia,” is an early monograph on prescriptions. Subsequently, works such as “Identification of Medicinal Herbs: Bai Jing Jian” by Yixibalajier (1704–1788) and “Knowledge of Pharmacology” by Luobusengsulehemu (1740–1810) appeared, marking significant contributions to Mongolian pharmacology.

The emergence of “Mongolian Medical Canon” in the mid-19th century is considered a relatively complete classic work. This is because Jambaladorji referenced numerous predecessors’ works, compiled his practices based on extensive research, and integrated them into the book. Of course, the classic Tibetan pharmacology work “Jingzhu Bencao” had a significant influence on him. After mastering the theoretical knowledge of medicine from this work, Jambaladorji discovered severe confusion in the use of medications in Mongolian regions. To address this, he also referenced classic works such as “Ancestral Teachings,” “Golden Light Annotation Collection,” “Crystal Mirror,” and “Four Tantras.” His research scope not only encompassed classic works of Mongolian and Tibetan medicine, such as “Wu Gou Shui Jing Huan,” “Commentary on Medical Classics: Shan Lun Jin Shi,” “Blue Glazed Tile”, and “Subsequent Annotation on Medical Classics: Jin Gang Jie Zhu,” but also included many ancient Indian medical classics, such as “Eight Branches of Medical Scripture,” “Explanation of Eight Branches of Heart

and Marrow Medicine,” “Elucidation of Sentences from Eight Branches of Heart and Marrow by Moonlight,” “Hundred Prescriptions,” “Medicine Rituals of Apo,” “Essentials of Pharmaceutical Achievements,” and over 120 other related ancient books ^[17].

“Mongolian Materia Medica” is known as the “Compendium of Materia Medica” in the field of Mongolian medicine. Its classification differs from that of the “Compendium of Materia Medica” and also differs from the referenced works such as “Jingzhu Bencao” and “Four Medical Classics” ^[18,19]. Taking the classification of herbal medicines as an example (**Table 1**), the classification method of roots, leaves, flowers, fruits, and stems in the “Mongolian Materia Medica” is more closely aligned with the retrieval table of modern botanical classification methods. The plant retrieval table is a tool for identifying plants. The method of compiling the retrieval table often involves using plant morphology comparison methods, selecting a pair of distinctly different characteristics according to the criteria and features for dividing families, genera, and species, and dividing plants into two categories, such as dicotyledons and monocotyledons. Then, relative characteristics are sought from each category to further distinguish them into two more categories. This process continues until the families, genera, and species are finally separated ^[20]. Thus, it can be seen that the classification method of the “Mongolian Materia Medica” is closer to modern scientific classification methods. “The study of Chinese medicine has deep roots in ancient times and has its unique efficacy and value. The use of medicine is half reliant on drugs, and plants account for the absolute majority of traditional Chinese medicine ^[21]. Although the “Mongolian Materia Medica” is ancient, it is highly academically valuable and is a revered classic among Mongolian medicine scholars throughout the ages. It is a local herbal medicine with great value and wide influence in the history of Mongolian medicine, and it is also a relatively complete and practical work among the regional herbal books of Mongolia and Tibet.

Table 1. Classification of herbal medicines

Four Medical Classics	Compendium of Materia Medica	Jingzhu Bencao	Mongolian Materia Medica
Directly divided into 108 types of herbal medicines based on specific properties	Herbal Medicine 1 (31 types of mountain herbs, upper part)	64 types of wetland herbs	25 types of root medicines
	Herbal Medicine 2 (39 types of mountain herbs, lower part)	Upland herbs: 20 types of root medicines	15 types of leaf medicines
	Herbal Medicine 3 (56 types of fragrant herbs)	Upland herbs: 16 types of leaf medicines	21 types of flower medicines
	Herbal Medicine 4 (53 types of marsh herbs, upper part)	Upland herbs: 21 types of flower medicines	24 types of fruit medicines
	Herbal Medicine 5 (73 types of marsh herbs, lower part)	Upland herbs: 20 types of fruit medicines	32 types of medicines using leaves, stems, flowers, and fruits together
	Herbal Medicine 6 (47 types of poisonous herbs)	Upland herbs: 25 types of whole-plant medicines	using roots, leaves, flowers, and fruits 20 types of medicines using roots, stems, leaves, flowers, and fruits together
	Herbal Medicine 8 (73 types of vine herbs)		23 types of crop medicines
	Herbal Medicine 9 (19 types of stone herbs)		
	Herbal Medicine 10 (16 types of mosses)		
	Herbal Medicine 11 (9 types of weeds)		

3.3. Family background

The reason why Jambaldorji, the author of “Mongolian Medical Classics,” was able to write this book is directly related to his upbringing, the education he received from a young age, and his life experiences. Jambaldorji was born into the aristocratic Balachuk family in Naiman Banner, the former Zhaowuda League in Inner Mongolia, and his father was the Zasag Noyan. According to the “Naiman Banner Chronicles,” the origin of Naiman Banner can be traced back to the Naiman tribe of the 13th century. In the 16th century, some Naiman people moved east to the western Liaoning region. They submitted to the Qing government in 1627, and in 1636, Taiji Guan Qige was ennobled as the Zasag Prince of Naiman Banner. In 1720, Jambaldorji’s great-grandfather, Asala, became the seventh Zasag King. His grandfather, Lawanglabutan, succeeded him as the Zasag King in 1757 and ruled Naiman Banner for 46 years, making him the longest-serving Zasag King of Naiman Banner. In 1803, Jambaldorji’s father, Balachuk, the second son of Lawanglabutan, succeeded him as the ninth Zasag Prince. Initially, to preserve the Manchu language and script, the Qing government established Eight Banner official schools and free schools, as well as schools specifically for the poor and servants’ children under the Ministry of Rites and hereditary official schools. Manchu language and literature were core courses in these schools. Jambaldorji was intelligent and eager to learn from a young age, starting to study Mongolian and Manchu at the age of 7. At 16, he became an official under the Naiman Banner commander. He began studying Tibetan at 23, learned Buddhist scriptures such as the “Bodhi Path Theory” under a teacher, became a devout Buddhist, and later received the layman’s precepts. At 27, he visited the Tashilhunpo Monastery in Tibet for the first time, became a disciple of Lazhiba Yixidansen, received the novice precepts, and officially became a monk. Later, he studied five classic philosophical works that are compulsory for Gelugpa Geshe at the Drepung Monastery in Lhasa: “Prajnaparamita,” “Middle Way Theory,” “Interpretation of Quantity Theory,” “Abhidharma Theory,” and “Precepts.” At 33, he returned to his hometown, practiced in solitude for a year, and then went to Mount Wutai to practice the Great Terror Vajra. After returning to Naiman Banner, he studied the Four Tantras of the Esoteric School under a teacher, received the empowerment, and wrote the “Ritual Orbit of the Four Tantras - Wish-fulfilling Pearl” in two volumes. After the age of 55, he lectured on scriptures and dharma among the Gelugpa apprentices at the Drepung Monastery and Gaden Monastery, imparting the “Annotation on the Path of Secret Mantras” and the “Thirteen Golden Sutras.” He passed away in Tibet at the age of 64 in 1855.

From the personal growth experience of Jambal Dorji, we can see that he was born into an official family and received a good education from childhood. He was open to learning, diligently seeking advice, and working hard to study. He was a devout Buddhist in his early years, and he persisted in practicing Buddhism in his middle age. For nearly 40 years, he studied scriptures extensively, learned from more than 150 masters, systematically studied Buddhist knowledge, and became proficient in the “Five Sciences,” making him one of the renowned scholars circulating in Mongolian society at that time. Moreover, he had profound medical knowledge, was proficient in Chinese, Mongolian, Manchu, and Tibetan languages, and could browse various documents, laying a solid foundation for his later work, “Pharmacopoeia of Mongolian Medicine.” Jambal Dorji’s personal knowledge, expertise, and abilities became the basic conditions for him to write and publish books.

4. Conclusion

“Pharmacopoeia of Mongolian Medicine” has been circulating for more than 170 years, and it has had a significant impact on the Mongolian medical community since its publication. Its creation is not only related to the

political, social, and cultural background of the Qing Dynasty and the level of medical and cultural development but is also closely related to the medical environment and development in Mongolian and Tibetan regions. The background of the book's creation is inseparable from the combined effects of social development, medical needs, and personal factors at that time. If the social background provides motivation and opportunities for writing this book, the academic background is the basic condition for writing it. Jambal Dorji's personal growth experience and knowledge abilities make this book a classic. "Pharmacopoeia of Mongolian Medicine" not only has high academic and practical value but also promotes the exchange and integration of medical cultures among various ethnic groups. Traditional medicine is an indispensable part of the traditional folk knowledge system and is a valuable intangible cultural heritage. As a traditional medicine, Mongolian medicine has distinct regional and cultural characteristics worthy of our time and effort to study.

Funding

General project of the National Social Science Foundation, "Research on the History of Exchanges between Traditional Chinese Medicine and Mongolian Medicine from the Perspective of Strengthening the Consciousness of the Chinese Nation's Community" (Project No.: 21BMZ078)

Disclosure statement

The authors declare no conflict of interest.

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