

BAHAR

Research Group on
the Body, Health
and Religion

Cardiff University School of History, Archaeology and Religion
Research Group on the Body, Health and Religion (BAHAR)

Contemporary Issues in the Anthropology of Tibetan Medicine

International Workshop,
Friday 21st January - Saturday 22nd January 2011

Convened by Professor Geoffrey Samuel and Dr. Colin Millard



The Leverhulme Trust



Venue: The Olivant Room
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BAHAR: <http://www.bodyhealthreligion.org.uk/BAHAR/>

PROGRAMME

Friday January 21st 2011

09:00-09:15	Registration
09:15-09:30	Welcome and Housekeeping
09:30-10:30	Professor Geoffrey Samuel <i>Issues in the Anthropology of Medicine and Healing in Tibetan Societies</i> (Discussant: Dr Martin Saxer)
10:30-11:00	Tea Break
11:00-12:00	Dr Elisabeth Hsu <i>A Hybrid Body Technique Does the Pulse Diagnostic cun guan chi Method Have Chinese-Tibetan Origins?</i> (Discussant: Dr Frances Garrett)
12:00-13:00	Dr Mingji Cuomo <i>Qualitative Exploration of the Potential Causes for the Reduction of Medicinal Plants in Tibet</i> (Discussant: Dr Barbara Gerke)
13:00-14:00	Lunch
14:00-15:00	Dr Calum Blaikie (presenting remotely from Norfolk) <i>Continuity and Change in the Pattern of Tibetan Medical Production</i> (Discussant: Dr Stephan Kloos)
15:00-16:00	Dr Martin Saxer <i>A Goat's Head on a Sheep's Body?: Quality Control and Traditional "Best Practices" in the Tibetan Medicine Industry</i> (Discussant: Professor Geoffrey Samuel)
16:00-16:30	Tea Break
16:30-17:30	Ms Theresia Hofer (presenting remotely from Norway) <i>Forms of 'Integration': Biomedicine and Tibetan Medicine in the Tibet Autonomous Region</i> (Discussant: Dr Colin Millard)
17:30-18:30	Amchi Tsewang Smanla <i>Slide Presentation on Amchi Practice</i>

Saturday January 22nd 2011

10:00-11:00	Dr Colin Millard <i>Between Science, Bon and Buddhism: Multiple Values in Tibetan Medical Education</i> (Discussant: Dr Martin Saxer)
11:00-11:30	Tea Break
11:30-12:30	Dr Patrizia Bassini (presenting remotely from PRC) <i>The Hierarchy of Food Consumption and Tibetan Experiences of Gastric and Gallbladder Disorders</i> (Discussant: Dr Mingji Cuomo)
12:30-13:30	Lunch
13:30-14:30	Dr Barbara Gerke <i>When the Purified is Considered Toxic and the Toxic considered Purified: Translating Medical Ideas and Research Approaches on Toxicity in a Tibetan-Israeli Research Team</i> (Discussant: Dr Colin Millard)
14:30-15:30	Dr Frances Garrett <i>Eating Right with Tibetan Food Practices</i> (Discussant: Dr Elisabeth Hsu)
15:30-16:00	Tea Break
16:00-17:00	Dr Stephan Kloos <i>Making a "Medical System": Tibetan Medicine in Exile</i> (Discussant: Professor Geoffrey Samuel)
17:00-18:00	Amchi Lobsang Dhonden <i>Diversity in Unity: The Changing Forms of Tibetan Medicine</i> (Discussant: Dr Colin Millard)
18:00-18:30	Closing discussion chaired by Professor Geoffrey Samuel and Dr Elisabeth Hsu



Abstracts: Friday

Professor Geoffrey Samuel (Cardiff University) *Issues in the Anthropology of Medicine and Healing in Tibetan Societies*

I begin with a survey of some recent work in the anthropology of medicine and healing in Tibetan and Himalayan societies. We are beginning to get a reasonably good sense of the ethnography of medicine and healing in a number of Tibetan and Himalayan contexts, including the new institutional hospitals and medical colleges of Chinese-controlled Tibet, India and Bhutan. I suggest that a number of significant questions might be worth our attention in the next few years. Among these are (1) the relationship between the *gso ba rig pa* medical system and other forms of healing practice among Tibetan and Himalayan communities, as seen from the point of view of specialist practitioners and as seen by the lay public; (2) the role of Buddhist and Tantric practice within the *gso ba rig pa* medical system itself; (3) the transformations of *gso ba rig pa* in its new institutional contexts in Asia, and globally, including questions of State recognition for the medical tradition and for Tibetan medicines. I also suggest that the anthropological study of Tibetan medicine and healing needs to establish a mutually productive and respectful relationship with the practitioners of Tibetan medicine.

Dr Elisabeth Hsu (University of Oxford) *A Hybrid Body Technique: Does the Pulse Diagnostic cun guan chi Method Have Chinese-Tibetan Origins?*

This presentation is based on a recent article, in which I investigate the medieval origins of the main pulse diagnostic method in contemporary Chinese medicine, sometimes known as *san bu* (three sectors) method, which requires physicians to examine the *mai* (vessels, vessel movements or pulse) on the wrist at the three locations *cun guan chi* (inch, gate, foot). The article provides evidence to suggest that this body technique grew out of an earlier Chinese one, the *cun chi* (inch-foot) method, which appears to have aimed at investigating the qualities of yin and yang in order to determine the condition of a patient by means of exploring fairly large areas of the patient's body surface with the palms. The article furthermore posits that the *cun chi* method was decisively transformed in medieval times, presumably due to the impact of early Tibetan pulse diagnostic practices: it became framed in a numerology of three and started advocating the use of the fingertips for sensing the pulse beats. The article, which draws on detailed textual analyses of medieval manuscripts, on visual evidence and also on psychophysical research, furthermore highlights how misunderstandings can constructively contribute to cultural communication.

Mingji Cuomu (Tibetan Medical College, Lhasa) *Qualitative Exploration of the Potential Causes for the Reduction of Medicinal Plants in Tibet*

In the last ten years, there has been a dramatic reduction in medicinal plants in Tibet. This situation has attracted the attention of many researchers from different professional backgrounds, yet very few

documents have been published on the general theoretical context and the actual process of herb collection as this occurs at different levels in clinics in Tibet. This research starts with a systematic review of the general principle of medicinal plant collection methods as set out in the ancient traditional medical system. Because the demand for plants is generated by the need to make Tibetan medicines, it is necessary to consider the original context of Tibetan medicine to understand pharmacological needs and the principles behind collecting medicinal plants to develop a strategy that might guarantee sustainable development of the plant supply.

After considering the wider context of this study, the actual research is mainly based on case studies with the intention of understanding different stakeholders' experiences and social relationships in the contemporary herb collection process in order to discover behavioural pattern within the dynamic social roles involved in this process as these inform policy-formation and to seek to promote appropriate methods in the future.

Dr Calum Blaikie (University of Kent) *Continuity and Change in the Pattern of Tibetan Medicine Production*

Recent decades have seen progressive replacement of the small scale production of Tibetan medicines by industrial manufacture across much of the Tibetan cultural area. In the TAR, in Bhutan and among Tibetan exiles in India, medicine production is scaling-up to supply growing public and private demand, while manufacturing processes and end products are increasingly reconfigured to meet changing local needs, biomedically derived standards and global market criteria. A number of anthropologists have examined these issues, focusing primarily upon the roles played by governments, larger medical institutions and factories in bringing about pharmaceutical industrialisation, and how the powerful discourses of science, modernity and profit have shaped its unfolding.

The dynamics of change in the actual practice of Tibetan medicine-making at smaller scales have received less attention however, and it is upon these dynamics that this paper focuses. My entry points are the biographies, practices and narratives of two young Ladakhi *amchi*-pharmacists. Disciples of the same master, they are connected through lineage, locality, ritual and friendship, yet divergent paths are leading them to play quite different roles in the emerging economy and cultural politics of medicine production. Through their stories I trace out some key lines of continuity, fracture and contradiction that frame pharmaceutical industrialisation in Ladakh, and place it within a broader landscape of medical transformation. I conclude with some further reflections on the causes, processes and implications of changing patterns and practices of Tibetan medicine production, and consider approaches that may help us to better understand these complex and important phenomena.

Dr Martin Saxer (University of Oxford) *A Goat's Head on a Sheep's Body? Quality Control and Traditional "Best Practices" in the Tibetan Medicine Industry*

The introduction of Good Manufacturing Practices (GMP) for the production of Tibetan pharmaceuticals in Tibet has led to widespread concerns about the compatibility of this instrument of quality control with traditional best practices as described in the *Gyüshi* and its commentaries. Tibetan pharmacists say that GMP is like sticking a goat's head on a sheep's body, the result being neither fish nor fowl, an uncomfortable mixture of things. This alleged incompatibility is the starting point of my presentation. I will compare the Chinese GMP and its associated regulations with classical Tibetan texts, scrutinise them for potential conflicts, and ask which aspects of production really changed in the context of GMP-compliant industrial production.

Ms Theresia Hofer (University of London) *Forms of 'Integration': Biomedicine and Tibetan medicine in The Tibet Autonomous Region*

Inspired by Communist China's 'Barefoot Doctor Campaign', the WHO began in the late 1970s to promote Primary Health Care and within it, the integration of 'traditional practitioners' as one of the means to achieve 'Health for All by the Year 2000'. Since the WHO Declaration of Alma Ata (1978) this 'integration' was interpreted in manifold ways, resulting in numerous strategies and campaigns by the WHO's various branches, national governments and international aid organisations. However the reality of how primary 'integrated' health care came to be practiced on the level of villages and rural communities in Tibet through both communist and NGO supported campaigns and what these may have achieved has hardly been studied, let alone assessed.

Based on my doctoral research with private and government Tibetan medical doctors and their patients in Shigatse Prefecture in the Tibet Autonomous Region, I will present an ethnographic account on current rural health care practices. I will explore and analyse what integrated health care means in the contexts of medical practices and the every-day interactions of ideas, practices, people and texts in the increasingly entangled realms of biomedicine and Sowa Rigpa, the Tibetan 'Science of Healing'. My findings will be contextualised within the history of the region during Communist Reforms.

Amchi Tsewang Smanla (Yuthog Foundation for Tibetan Medicine) *Slide Presentation*

Ladakh lies at the western fringes of the great Tibetan plateau. Once an independent kingdom, it is now situated in the Kashmir and Jammu State of India. Ladakh's topography is similar to that of Tibet, and many Tibetan social and cultural patterns are preserved amongst the local population. Ladakhi tradition maintains that Tibetan medicine was first introduced into Ladakh by the great Tibetan translator Rinchen Sangpo in the 11th century. Tibetan medical practitioners in Ladakh are known as *amchi*. There are currently around 200 Ladakhi *amchi*, many of whom belong to family medical lineages going back several generations. I am from one such family medical lineage, based in the village of Nurla.

In 1987, Leh Nutrition Project, a satellite organisation of Save the Children Fund established an Amchi Support Programme and I was appointed as head of this programme. My work involved providing raw ingredients that are not available in Ladakh to *amchi* living in remote areas, organising extra training courses, distributing medical texts and a small financial stipend to supported *amchi*. I also organised several workshops open to all Ladakhi *amchi* where they could share their knowledge, exchange herbs and processing techniques, discuss the proper identification of plants, and consider issues related to the cultivation and preservation of medicinal plants. During this time I also developed a database of Ladakhi *amchi*.

In the 1990s I established an Amchi Health Worker programme, which provided a basic training in Tibetan medicine to individuals from remote regions of Ladakh. In 1997, the Leh Nutrition Project stopped its *amchi* support programme, but since that time I have continued to help promote and develop *amchi* practice in Ladakh through my own organisation, the Yuthog Foundation (<http://www.yuthog.org/>). In this presentation I will give an overview of issues facing *amchi* practice in Ladakh today, and of the work that I have been doing over the years to preserve and develop this important tradition.

Abstracts: Saturday

Dr Colin Millard (Cardiff University) *Between Science, Bon and Buddhism: Multiple Values in Tibetan Medical Education*

Contemporary Tibetan medical education occurs in several different types of learning arenas, each with its own variation of values. The most powerful learning centres, in terms of defining the contemporary identity of Tibetan medicine and establishing a path for its future development are the Lhasa Medical School in Tibet and the medical school at the Tibetan Medical and Astro Institute (Men-Tsee-Khang) in Dharamsala, India. The history of these two institutions shows a change in values in Tibetan medical education from a traditional approach with an emphasis on lineage and memorisation, to a systematised approach modelled on western-style education; this new approach also includes components of biomedical knowledge and western science. There are several other large scale medical colleges within Tibet where a similar process is occurring such as the Qinghai University Tibetan medical school run by the Arura Medicine Group based in Xining. In the context of contemporary Tibet this process involves transformations in medical education brought about by the Chinese version of modernity. Outside the large modern colleges of Tibetan medicine, there continues to be a widespread practice of apprenticeship based learning, ranging from village family lineages to small schools where numerous students gather around reputable practitioners. Thus Tibetan medical education must now negotiate a course between the values of the traditional approach to medical knowledge and transmission, which is intimately associated with Tibetan religious notions, and the western scientific approach. Both the Tibetan Buddhist and the pre-Buddhist Bon communities claim Tibetan medicine as originating with the founder of their religions and still in varying degrees in contemporary medical education Bon and Buddhist values are a part of the learning process. This paper will examine the different values in Tibetan medicine and the ways in which they are related to patterns of learning in a range of Tibetan medical teaching contexts in India, Tibet and the United Kingdom.

Dr Patrizia Bassini (University of Oxford) *The Hierarchy of Food Consumption and Tibetan Experiences of Gastric and Gallbladder Disorders*

This paper examines Tibetan people's experiences of gastric (*pho nad*) and gallbladder disorders (*mkebris nad*), which are among the most common illnesses reported by Tibetans in rural Qinghai. My research illustrates popular attitudes towards health maintenance and illness prevention. I pay particular attention to notions of hygiene and attitudes to food, and their embeddedness in social relations. I shall argue that people's failure to recover from gastric and gallbladder disorders, does not solely depend on abstract popular forms of knowledge but also on attitudes to food. Indeed, in Tibetan households practices with regard to food uphold kinship relations and hierarchical social relations, which are deeply entrenched in religious notions of wellbeing. In other words, Tibetan experiences and perceptions of health and illness are based on the notion that the root of every illness there is pollution (e.g., through karmic predestination, negative influences from mountain deities, water deities, family deities, demons). Although people may attempt to cure the symptoms by taking medicines in the acute phase of the illness experience, these ailments often fail to break the cycle of illness as the aforementioned religious preoccupations often override 'biomedical' risks. To conclude, I shall contend that although there are ecological, historical, and social factors that inform people's attitudes towards health maintenance and illness prevention, the religious theme of purity and pollution among Tibetans is a pervasive notion that resides at the very root of their understanding of spiritual as well as physical wellbeing.

Dr Barbara Gerke (Humboldt University, Berlin) *When the Purified is Considered Toxic and the Toxic considered Purified: Translating Medical Ideas and Research Approaches on Toxicity in a Tibetan-Israeli Research Team*

This paper addresses the scientific dialogue and various ways of translating medical meanings that occur when Tibetan medical and biomedical researchers come together to analyse Tibetan medicine in a scientific way. I take the example of the research project on *tsho thal* (purified mercury ash) found in some Tibetan medicines, which was carried out at the Men-Tsee-Khang in Dharamsala, India, in 2009 by a team of Israeli physicians and Tibetan doctors. The project was designed to analyse the toxicity and safety of *tsho thal* among Tibetans (120 patients in a cross-sectional study). What challenges did the Israeli doctors face in their research design when working with Tibetan doctors and patients? How did the Tibetan doctors involved in the project translate the different biomedical approaches to research for themselves using Tibetan paradigms? How did both parties understand each other's research methods and define toxicity? What can we learn from this project for future research projects on Tibetan medicine?

Dr Frances Garrett (University of Toronto) *Eating Right with Tibetan Food Practices*

Food and eating have long been objects of study for anthropologists but they are relatively little studied in Buddhist, and especially Tibetan Buddhist, contexts. This paper will discuss a well-developed area of knowledge in Tibet known as “food practice.” This body of practice crosses medical and religious writing and action and is as an influential nexus of culinary and alchemical knowledge in particular. The paper will examine several contexts where food is understood to be healing, or medically therapeutic, while demonstrating that food therapy is not exclusively in the realm of “medicine.” Focusing on the centrality of a substance called “nectar” to food practices, the paper will also describe a “rhetoric of essence” that is both alchemical and culinary.

Dr Stephan Kloos (Austrian Academy of Sciences) *Making a “Medical System”: Tibetan Medicine in Exile*

Tibetan medicine has long been ignored in classic publications on “Asian Medical Systems” (e.g. Leslie 1976; Leslie & Young 1992). One important reason for this oversight was, I argue, that Tibetan medicine had not yet managed to establish itself as a recognizable “medical system” at that time. This has only changed recently, and this paper will trace the ongoing political and economic processes through which Tibetan medicine in exile has been transformed, since the 1990s, from a regional health tradition into a globally recognizable, clearly defined and delimited “medical system”. After some reflection on the notion of “medical systems” itself, I will focus on the events and interests that led to the establishment of the Central Council of Tibetan Medicine (CCTM) in early 2004, which can be regarded as the official establishment of Tibetan medicine as a medical system. I will then discuss the consequences of this development for Tibetan medicine in exile at large, and for its most powerful institution, the Men-Tsee-Khang, in particular. The outcome of wider exile-Tibetan political aspirations, Tibetan medicine's “embodiment” as a medical system also has direct medical and pharmaceutical dimensions, manifest most importantly in the efforts to regulate and standardize its syllabi, clinical practice, and pharmaceutical production. This paper will thus give in-depth insights into some of the most important recent developments in Tibetan medicine in exile, its economic and political organization, and the role of its main institutions.

Amchi Lobsang Dhonden (The Tara Institute of Tibetan Medicine)

Diversity in Unity: The Changing Forms of Tibetan Medicine

This paper will present my own perceptions of the changing forms of Tibetan medicine as I have experienced them since my training as a Tibetan medical practitioner in Lhasa in the 1980s up to the present day. Throughout this time I have learned and practiced medicine in several locations. My formal training began with my uncle in 1980 in Lhasa. I then went on to study medicine at the Lhasa medical school where I graduated with a medical degree in 1990. After a short time working in a clinic in Lhasa I travelled to India and worked in the Dharamsala Men-Tsee-Khang's clinics in Mundgod, Ladakh and Orissa. In 2000 I was invited to work in the Tibetan medicine clinics of the UK based charity Tara Rokpa; since then I have held regular clinics in Edinburgh, London, the Samye Ling Tibetan centre at Eskdalemuir, and formerly also in Dundee and Glasgow. This paper will consider the various forms of Tibetan medical education and practice I have experienced in these different locations. It will also consider variations in disease patterns, the doctor patient relationship and therapeutic approaches. In each of these contexts we can find a localised form of Tibetan medicine with distinctive features. These features are the most divergent in the clinics in the UK where as a consequence of UK medicine law the forms of therapy have had to be considerably transformed, and where Tibetan medicine has been subsumed in recent regulatory literature as one of various forms of 'herbal medicine'. However my experience has been that, throughout the transformations in these various contexts, Tibetan medicine has retained an essential core of features which define it as Tibetan medicine.



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