

Medicine Between Science and Religion

Series: Epistemologies of Healing

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Medicine Between Science and Religion: Explorations on Tibetan Grounds

Vincanne Adams, Mona Schrempf, and Sienna R. Craig

Medicine Between Science and Religion

Explorations on Tibetan Grounds

Edited by

Vincanne Adams, Mona Schrempf and Sienna R. Craig



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To our daughters Maggie and Lydia, Nima, and Aida

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Notes on Transliteration

To enable non-specialists to read Tibetan terms and names with greater ease, we have used a phonetic English transliteration of Tibetan terms in the main text, as well as of general references to the standard Tibetan medical text, the *Four Tantras* or *Gyüshi*. For all these, Wylie transcriptions are given in the index in brackets, together with a short glossary. However, in the main text we have used the Wylie system for other Tibetan texts that are directly cited, for example the medical commentary, the *Lhan thabs*. Where the *Gyüshi* is referred to specifically by quotation, the Wylie system has been used as well (*Rgyud bzhi* II, pp.) A Tibetan text that is literally cited and translated will appear in Wylie transcription as well as being translated into English. Proper Tibetan names for places, medicines and individuals have also been transliterated, with Wylie spellings recorded in the index. In the index, the names of Tibetan individuals are listed by the first letter of the first name, rather than following Euro-American convention for surname listings. For example, the Tibetan physician Yeshe Donden is listed under ‘Y’ rather than ‘D’. Common Tibetan words – *amchi*, *karma*, *mantra*, *lama* – are listed throughout in italics without a romanized ‘s’ to indicate plurality. However, plurality is sometimes implied, and can be inferred from the context.

Chapter 7

Between *Mantra* and Syringe: Healing and Health-Seeking Behaviour in Contemporary Amdo¹

Mona Schrempf

Introduction

The referents ‘*mantra*’ and ‘syringe’ in my title may serve as two general, iconic poles in a shared cultural logic of healing among Tibetan communities. Towards the ‘religious’ end of this spectrum, *mantra* may represent here the ritual healing practices performed by professional healers and patients. Syringe, on the other hand, refers to a ‘scientific’ biomedical technology commonly in use among Tibetans (and in rural China in general) that became the symbolic signifier for and hallmark of Western medicine and Chinese modernity. The term syringe is meant to indicate intravenous injections (IV) usually containing an antibiotic that are frequently used for all kinds of ailments.

The four case-studies presented in this chapter illustrate how the pluralistic landscape of healing, inhabited by a variety of professionals and health-seeking patients in rural Amdo,² is comprised of a common matrix which I call a cultural logic of healing.³ Rather than trying to postulate a structural or hierarchical model of resort, or focus upon a particular medical system or institution, I would like to lay out the spectrum of healing practices in rural Amdo-Tibetan communities and use my case-studies in order to analyse the ways in which they are instances of situated choice making among patients and healers.⁴ I understand the cultural logic of healing as drawing upon “networks of associative meanings [that] link illness to fundamental cultural values of a civilization” (Good 1994:55). It

seems that especially in times of complex and life-threatening illnesses that this cultural logic of healing becomes particularly relevant for the patients' healing, the family, and the immediate socio-cosmological environment. The need to restore meaning, through rituals, to these interdependent social relationships that are threatened by illness is part of this process. Furthermore, I think it is necessary to apply the '*sowa rigpa* sensibility' (as outlined in the Introduction to this volume) to the way in which we think about the different types of healers and healing methods involved in health in Tibetan societies. This means that we put the diviner applying his Tantric powers to protective *mantra* or divination techniques in order to heal on a par with the doctor of Tibetan or Western medicine who might administer an intravenous infusion, prescribe herbal medication, or do both. It also means taking into account the health-seeking behaviour of patients that might be complex and variable, such as simultaneously taking both *mantra* and syringe as part of a complementary (and not a contradictory) treatment, that is equally effective on embodied individual, social and cosmological levels in which both illness and healing occurs.

As Geoffrey Samuel has suggested, when studying healing it can be productive to abandon traditional disciplinary categories (such as 'medicine' versus 'religion') and look instead at the 'mind-body-society-environment complex' (2006: 123). Yet, how can one approach this bricolage of health-seeking and healing methods, as well as contrasting ideas about health and illness? I argue that it is important to analyse case-studies through the subjective viewpoints of both patients and healers, while at the same time considering the local socio-cultural context, including the plurality of healing practices and their overlappings. This problem has recently been addressed by combining studies of medical pluralism⁵ with studies of body, self and illness experience (Johannessen 2006). Healers and patients are understood in terms of their subjectivity, meaning that their actions are conditioned by both external (i.e., socio-economic and political) as well as subjective factors, i.e., access to and availability of health care services, including a sufficient supply of medicines in a particular locale on one hand, and more individual factors such as financial means, education and profession, gender and social networks on the other. Situated choices will depend upon the type and severity of a disease, but also upon access to a clear professional diagnosis or helpful treatment, and sometimes on the certainty of no available cure at all. Yet once there is access, the relationship between patient and healer cannot be underestimated, since "local social and cultural contexts and the

establishments of personal relations between healer and patient are of paramount importance in the realization of alternative rationalities” (Hunter 2001:153).

The complexity of health-seeking and healing practices in Tibetan societies has often either been overlooked – with the exception of medical anthropologists working specifically on medical pluralism for around the last decade – or analysed in an isolated way as an inclusive part of specific medical (or sometimes religious) systems. In addition to this, Tibetan culture and society, on the other hand, is deeply infused with a moral cosmology that beyond institutionalized religion concerns the fundamental relationship between humans and their bodies and the local environment in which deities are embodied and are directly responsible for the well-being of man. Furthermore, cross-system practices with potentially mutual appropriations of concepts and therapies are rather common in medicine, as the chapters in this volume demonstrate. Also, rural patients might not differentiate between different types of healers and their therapies or medical systems, as long as these are known to have ‘efficacious’ potential for the health problem at hand, are affordable, and are being practiced by someone trusted to be a good healer. This view of a common cultural logic in which subjective health seeking, social relations and gender, private or institutional medical treatment, divination, *mantra*, as well as issues of *karma* and rebirth are all embedded, allows us to focus on the agency of the health-seeking subject that situated choice-making entails. It also cuts across disciplinary, professional and socio-political boundaries, thus rendering transparent the essentializing discourses that stress the oppositions of ‘knowledge’ versus ‘belief’, of ‘science’ versus ‘religion’ or ‘biomedicine’ versus ‘Tibetan medicine.’⁶ In the following sub-chapter, I will outline some of the more vernacular classifications and perceptions among Amdo Tibetans that pervade, and to some extent might structure, this cultural logic of healing.

Vernacular Classifications and Perceptions

While patients’ understandings and meaning-making of medical diagnosis and treatment are certainly variable and different from (equally variable) expert knowledge of illness and healing, a more vernacular classificatory system for diseases and treatment methods is circulating among both lay and professional groups. It concerns major oppositions made between ‘hot’ and ‘cold’, and ‘old’ and ‘new’ diseases, as well as ‘slow/smooth’ and ‘quick/harsh’

medical effects. 'Hot' and 'cold' is a common criteria for illness classifications across traditional Asian healing cosmologies, and one that is significantly also applied to biomedicine as well as food properties, and so on. For example, explanations of why intravenous injections (hereafter IV) help against a common cold (*chamba*) attributed this to their 'cooling' nature that quickly cools down and thus cures a 'hot disorder', such as a fever.⁷ This idea is certainly related to the much more complex system of 'hot' and 'cold' classifications of both types of 'disorders' and the general property of *materia medica* in Tibetan medicine according to the *Four Tantras*, or *Gyüshi*. Thus, a particular 'hot' disorder is 'balanced' through the 'cooling' properties of a specific medicine (and vice versa). In popular understanding among Tibetans in Amdo it seems that this concept has been transferred to 'syringes' rather than to the particular medication – often antibiotics – they may contain and deliver; therefore, the device takes the place of the substance. Following this Tibetan cultural logic of hot or cold disorders, when it comes to the importance of maintaining a 'hot' state, such as in the case of pregnancy when the body must be kept warm, injections might be perceived as potentially dangerous to both the mother's health (including women in postpartum states) and the child's, because of the primary principle of nurturing, as well as recovery and well-being, being closely related to keeping warm at all times and the avoidance of anything cold.⁸ In other words, biomedical treatments are also given meaning and understood through this vernacular classification that is part of the cultural logic of healing.

Another vernacular classification that I would like to highlight here concerns the distinction between 'old' or chronic and 'new' or acute diseases. This distinction is shared by both professionals and lay people. It appears to be based upon the perception that chronic diseases are slow and steady in their encroachment and persistence in the body, while 'new' diseases break out suddenly, and are fast acting. Accordingly, Western medicine is understood as a quick but potent fix for 'new' diseases, for example in the case of inflammation and fever (cf., Tibet Information Network 2002: 69), while Tibetan pharmaceuticals are used for 'old' (chronic) diseases since they are perceived as working slowly but thoroughly. In addition, Tibetan medicines are generally believed to be harmless for the stomach and to have no side effects. This makes them appropriate for long-term treatment and an alternative for biomedical drugs whose side effects are considered harmful in the long run.

As part of the vernacular classification of 'slow/smooth' Tibetan medicines and 'quick/harsh' Western medicines, IVs, as well as syringes

and injections in general, are taking on a special role. They are understood as being extremely potent and quicker in effect through their direct delivery of medications. Therefore they represent a better cure for ‘new’ diseases – that is, ones that erupt quickly – such as colds. Furthermore, their advantage is believed to lay in avoiding the usual ‘harsh’ side effects otherwise attributed to Western medicine, because the medicine is injected directly into the bloodstream and does not touch the perceived potential trouble spot for side effects, the stomach. Therefore, among Tibetans IVs have come to represent an ideal combination of a powerful and quick fix through Western medicine which avoids the worst side effects. This makes them an ideal symbol of modernity and scientific progress. On the other hand, modern medicines might be better at curing modern ailments. Doctors of Tibetan medicine frequently blamed ‘modern Chinese food’ that contains ‘too much oil and chili’ or too many artificial flavours and stimulants, and unclean and polluted foods (such as those recently attributed to ‘bad’ Muslim or Hui cuisine in Amdo) for the dramatic increase of stomach ailments among Tibetans. Nomads, so the argument goes, have less problems of this type since they have less contact with modern foods; their lifestyle is still considered as ‘pure’. In any case, both on the grasslands and in farming areas Tibetans frequently parade in public with IVs attached to their arms as if displaying their modernity in this form of treatment. The last part of this chapter will deal with this phenomenon in more detail.

A Plurality of Healing Methods

In China today, the theoretical distinctions made in public health arenas and by different official representatives of biomedicine, Tibetan medicine and Chinese medicine alike, all belong to a global modern discourse that aims at legitimizing and professionalizing these systems and their medical practices by using biomedical standards. In contrast, ritual healing is not officially referred to as a healing practice and is segregated as ‘superstition’ (Chin. *mí xìn*; Tib. *mongdé*). Yet in practice, medicine and healing have not become scientized in every domain, as the existence of healing Tantrists (*ngagpa*) or diviners (*mopa*) or some traditionally oriented senior lineage doctors of Tibetan medicine demonstrates. This does not mean that they are not in contact with Western medicine. Rather, they mediate between their healing and biomedicine in relation to their patients, some of whom might receive the latter form of treatment (cf., Gerke, in this volume). Sometimes, biomedicine might appropriate ‘religious’ or rather ritual traits,



Figure 7.1: Village doctor (left) immunizing and *mopa* (right) preparing amulet in a private home

often glossed as the ‘placebo effect’ in the literature. For example, multicoloured biomedical pharmaceuticals might have a colour-based effectiveness and might be placed in front of an altar or Buddha image to ritually empower them and increase their potency before use.⁹ This practice seems to be popular and pertains to a cultural logic of healing in which ‘medicine’ and ‘religion’ are intertwined and not juxtaposed. Sometimes, however, they just exist side by side.

In order to deal with difficulties in health seeking or potentially expensive cases of medical treatment, a *mopa* or *ngagpa* is often consulted, even though such practitioners are officially marginalized and situated at the edge of the medical spectrum. Their patients might already use a variety of medicines that were not seen as being helpful or they might be seeking advice before embarking upon a new course of established medical treatment. Some seek protective amulets to avert bad luck or illness (also in the particular case of SARS, see Craig and Adams 2009). However, diviners are rarely acknowledged as healers in the medical anthropological literature even though they divine or ‘diagnose’ the causes of, and try to

prevent or directly heal, diseases and important matters of life and death in Tibetan societies by means of Tantric ritual.¹⁰ They take on important social and healing roles in the health-seeking choices of rural Amdo Tibetans, as well as in other areas of social life. Thus, ritual healing has neither been eradicated by Chinese modernity nor by biomedical practice. It fulfils an important socio-cultural need for curing illness.

Within this medical pluralism one finds variations in the way in which 'religion' and 'medicine' are either treated separately, overlap or are combined. The responses to my inquiries by four different types of healing practitioners who are situated towards the *mantra* end of the healing spectrum might illustrate this point. Thus, a Tantric practitioner will emphasize that he does not heal with 'material medicine' (*men*), but rather through Tantric expulsion or protection rituals using *mantra*. A *lama* claims his healing powers come from the higher realms of the Buddhas but also conveys them through a variety of rituals (including purification, expulsion of illness causing evil spirits, prolonging life, and protection rituals). A diviner (*mopa*) can diagnose illness and prescribe the appropriate treatment or doctor through divination (*mo*) and/or by administering protective amulets for the patient. A monk doctor appears to perfectly embody 'medicine' and 'religion' in equal measures, through his very persona. Like other traditionally educated senior lineage doctors of Tibetan medicine (*menpa gyüpa*), he is usually trained in both Tibetan medicine and religion, yet to his patients he only administers 'material medicine' (*men*) and no ritual, despite the fact that his patients might trust him precisely because of his special skills in both medical and religious matters. Certainly there are different healing practices belonging exclusively to one of the two different domains of 'religion' and 'medicine', in training and expertise. Yet as particular practices they can be combined in various ways in both healing (cf., Craig on empowerment rituals of medicines, in this volume) and health-seeking behaviour; and they can also be contingent on the context and subjectivities of both healers and patients.

For example, a senior lineage doctor of Tibetan medicine whom I interviewed emphasized the importance of his own religious practice while at the same time he maintained a strict boundary between 'medicine' and 'religion' in his medical practice. The daily recitation of the Medicine Buddha (Sangyā Menla) invocation played an important role in his own purification as well as in his ability to diagnose correctly. Connections between doctors of Tibetan medicine and well-known medical and religious masters are often depicted on photographs in small private clinics



Figure 7.2: A monk doctor taking a patient's pulse

or dispensary rooms. Such connections can involve initiations, empowerments, meditative as well as specific medical training in certain methods or local plant knowledge from various teachers outside of the institutionalized Mentsikhang arena. In one private clinic led by a monk doctor, next to such empowering photographs there was a separate shrine

room housing the statue of a powerful Tantric deity in front of whom patients would prostrate before seeking his consultation. In his dispensary room, however, an old barefoot doctor's bag and an official license for practicing as a township doctor were also displayed on the wall, attesting to his official public health care role. Such powerful symbols will certainly not escape a patient's attention and their combinations might also play an important part in healing. Yet, in public clinics or hospitals of Tibetan medicine public health policies and certificates of hygiene and professional achievements are icons of a different power demonstrating the public face of a 'scientized' and secularized Tibetan medicine.

Due to the intertwined socio-cultural, economic and political complexities and the situatedness of subjectivities in the practice of healing, the 'messiness' of all these parameters in both health-seeking behaviour and healing practices creates an analytical puzzle. Such parameters also condition the shifts in emphasis between available healing options and might, on one hand, depend upon the healer, the illness and the patient concerned. On the other hand, complex illnesses (those difficult to treat) seem to trigger multilayered etiologies that are connected with different cosmologies (the various 'medical' ones as well as various folk or institutionalised religious ones), that also pertain to different healing options. In particular in case of a life-threatening illness – and this might be something rather universal – all available and known healing treatments are drawn upon. Yet, more often than not, in rural Tibetan areas pragmatic concerns seem to override others. Such pragmatic concerns could involve local accessibility to certain types of medicines or the consultation of a 'good' (i.e., trusted) doctor, or the success or failure of a particular medical technique or system after an initial unsuccessful resort. It also might be limited by financial and social constraints or simply knowledge or lack of Chinese. Furthermore, trust or distrust in/or alliance with public health institutions, social networks – in particular the family – and also the type of disease will play important roles in health-seeking behaviour. On the other hand, rural practitioners are also constrained by certain limits, for example by the availability of medicines (Tibetan or biomedical), or simply the knowledge (or lack) of Chinese language that is indispensable in order to prescribe (or even read the instruction leaflet of) biomedical pharmaceuticals. It is no accident that the term for 'biomedicine' or 'Western medicine' is in fact called *jermen* in Amdo Tibetan, literally meaning 'Chinese medicine'. According to my field observations in Amdo/Qinghai, rural Tibetan patients rarely seem to seek out a particular

medical system for ideological reasons yet ‘good quality’ state biomedical institutions are connected with high costs for medical care. Besides this pragmatism, what patients are also guided by will be exemplified by the following case-studies.

Diagnosis and *Mantra* as Therapeutics: Alag, the Diviner

As has already been highlighted, one of the key figures in important decision-making processes involving health and illness in rural Amdo is the *mopa*. In particular, in cases of uncertain and serious disease aetiology, patients will consult a diviner often after having tried various types of medicines in vain. His recommendation and advice is trusted, and usually followed, like a diagnosis or ‘medical referral’ representing the ‘right’ – that is, trusted *and* ‘safe’ – treatment choice. As we shall see in this first case-study, the diviner might both ‘diagnose’ through divination (*mo*) and heal through ritual means using *mantra* and protective amulets. Or, equally possible, he might advise a patient to go straight to a hospital for an operation and in addition perform a protective healing ritual (cf., Schröder 2008 for the Ladakhi context).

Diviners are usually male Tantric practitioners, whether lay persons or monks. They are able to ‘diagnose’ diseases that are of non-medical origin. They act as mediators between the realms of powerful Tantric and local deities, humans and evil spirits that afflict already vulnerable people or those who had previously offended the deities. In more complex cases of serious illnesses of unknown origin, diviners are often asked to advise the patient on the best choice of doctor, medical institution or the right healing practice. Alag, the diviner, whom I will discuss here, is a married Tantric practitioner, or *ngagpa*, in his early sixties, who belongs to an important religious lineage in Amdo. He is well known in his home area as a good *mopa* and is a respected person. I visited him in his son’s modern apartment in a rural county town.

Alag sits comfortably on a brown imitation leather sofa with a rosary rolling in his one hand and a teacup placed in front of him on the large sofa table. During the entire time of my presence the phone is ringing. Alag’s young and smartly dressed daughter-in-law picks up the receiver and forwards questions from clients on the other end of the phone, turning towards Alag: ‘This is Nyimongtsho ... Should she go to hospital or not?’

or 'Is this illness Tserang has got a serious one or not?' Alag responds within seconds to these 'yes' or 'no' questions, each time quickly consulting his *trenqmo*, a divination method using a bead rosary, rolling it through his fingers counting the beads. He seems utterly relaxed and focused at the same time. Alag's divinatory skills are obviously in high demand, and they are cheap when it comes to such ordinary inquiries. His clients want to know about all kinds of things, whether a business venture or an exam will be successful, or if and when a journey should be undertaken. A big part of his job, however, concerns questions such as whether to take this or that medicine that was already given to a now doubtful patient, whether to take medicine at all or which doctor to go to, how long a patient's lifespan (*tsé*) will be (and therefore how much time there is left to live), and so on. All such decisions are important for health and illness, and sometimes they concern matters of life and death. Furthermore, the diviner's Tantric knowledge and power can directly heal people through ritual. His clients expect him to heal and/or to make the right choice of treatment, helping them to avoid potentially high medical costs or the unnecessarily prolonged suffering of a patient who is expected to die.

For example, in the case of Tserang's mother, a long-term cancer sufferer, the diviner was asked whether an operation would make sense at all. A thorough divination by the *mopa* and a consultation with a *lama*, both working independently of each other, revealed that Tserang's mother's lifespan was at its end and could not be extended, thus medical treatment and an expensive operation would not really help her, but would only extend her suffering. Tserang thus decided to take care of her mother at home. Since Tserang was a medical doctor – trained and experienced in both Tibetan and Western medicine for twenty years but officially only allowed to practice the latter as a state employed township doctor – she was able to handle this difficult task professionally. Her mother died after several months of homecare. Yet Tserang was deeply distressed when she told me about her doubts and started to cry while I interviewed her. Was this really the right thing to do or could her mother have been rescued by ignoring the diviner's advice and admitting her into hospital again? However, her brother a non-medic with a deep interest in Tibetan culture and religion, seemed at the time more at peace with the divined 'fait accompli'. Both health-seeking and healing methods in this case demonstrate the bricolage of cultural ideas and values that condition the fluidity of the borders between the social and individual body and connect it to the 'religious' realm and a morally charged cosmology.

As for the concept of lifespan, mentioned above, Alag explains about it through the image of a butter lamp: the butter represents *tsé*, the lifespan, the wick represents *sog*, the life-force, while the flame represents *la*, the 'soul' or 'life-essence'. Whereas the life-force is connected to the quality of blood (*trag*) and consciousness (*sem*), Alag characterizes *dönné* (*gdon nad*), a spirit-inflicted illness, as a disease of the 'life-essence' *la*.

The lifespan, however, is conditioned in a *karmic* way, as it depends upon one's previous good or bad actions (*lä* or *karma*) and one's own morality; since it is not considered as a disease, it cannot be healed once it is exhausted, at least not by 'material medicine' (*men*). It is sometimes possible to extend the lifespan through ritual means, whereby one's improved level of merit (*sönam*), acquired and accumulated through virtuous and purifying deeds such as pilgrimage and sponsoring particular rituals, can overcome bad *karma* and lengthen one's lifespan. When 'material' medicine cannot help to remedy a particular disease or just to support it on a *karmic* level, ritual healing is the only other option. In serious cases it is believed best to do both. Thus it seems to be a rather pragmatic choice: if a family invests in a long-life ritual for a hospitalized family member, they may be hoping to extend the lifespan of the family member and increase good karma for a better rebirth at the same time.

Therefore, in this context, Alag is not just a diviner, he is also a healer. He is constantly dealing with difficult cases that could not previously be healed by medical doctors. Alag's speciality is to expel evil spirits, in particular those of deceased persons (*dré*) who can be extremely vicious and can possess people or make them sick, and other spirits (*dön*) which inflict illness upon weakened persons. Yet, in addition to diseases inflicted by evil spirits, he also claims to rid people of heart disease (*nyangné*) and liver disease (*chinné*). Rather unusually for an ordinary diviner, he studied the classical medical text of the *Four Tantras* (or *Gyüshi*) as well as astrology (*tsi*), and learned how to collect local medicinal plants properly. In cases of doubt, he utilizes his exceptional knowledge in medicine (*men*), Tantra and divination, diagnosing through Tibetan medical urine and/or pulse analysis and ritual divination in order to detect the cause of a complex illness. He points out – not without a certain pride – that most doctors of Tibetan medicine cannot do divination (*mo*), and thus might not be able to detect the real cause of a difficult disease. Yet, he is unable to practice 'material' Tibetan medicine due to the time required for the collection and production of his own medicines and due to the costs of purchasing medicines produced by others. It would be interesting to study and

compare how healers in other Tibetan communities might combine their various healing skills.

Although Alag is resourceful, he stresses that his ‘medicine’ is of a ritual kind: he specializes in producing protective amulets (*shungkhe*) as well as *mantra* (*ngag*) written on paper with special ‘medicinal ink’ which are kept in amulet boxes (*gau*) and worn around a patient’s neck or upper body.¹¹ These written *mantra* are powerful spells, and are not only worn around the neck but also need to be eaten (*zayi*) in times of need, just like ordinary medicine.¹² This again reflects a sensitivity to what is considered as ingestion of ‘medicine’ in both ritual and medical contexts. On the other hand, Alag further explains that there are cases of illness that cannot be healed by ‘material’ medicine but only by ‘spiritual’ or ritual means (*kyebju*), such as by protective amulets. These can be used against everything threatening that ordinary medicine struggles with or is unable to heal: contagious diseases and epidemics, such as smallpox, as well as mental illness and other maladies. Alag can produce over a hundred different types of protective amulets using rare ingredients that are deemed to be effective, such as the blood of a murdered person, the blood of a leper, special animal fat, bone, tiger, leopard or lion’s hair, elephant’s gall bladder, and so on.

He explains that Tantric texts use a special coded language and that many ingredients are substituted by those that are easier to obtain and that are then ritually ‘empowered’. *Mantra* written on paper or ‘magic’ diagrams printed on paper with a special ink can bring about the desired outcomes. Alag can also produce amulets in order to change the sex of an embryo (always from female into the socially preferred male to ensure partilineal continuity), to strengthen weak bodies, for good luck, against bad dreams, and for protection against poisons, infectious diseases and harmful spirits.

When I asked him about the efficacy of his healing, he – like most other Tibetan doctors and ritual healers I interviewed – emphasized that those who heal must be ‘good at heart’ (cf., Kloos forthcoming), obtain a proper education and possess training in their fields of expertise, whereas the patients’ responsibility is ‘to have faith’ (*dépa*) in religion (*chi*). The increasing lack of ‘faith in religion’ (*chidé*) among many patients, he complained to me, decreases the power of his ‘spiritual’ medicine. In his view, times are changing rapidly, with a state-driven, secularized modernity infringing increasingly upon his healing practices, trying to render them ineffective. Still, his phone kept ringing throughout our interview. Unlike some of the more secretively operating spirit mediums, or young ‘no-name’ doctors of Tibetan medicine, he seemed nevertheless to be able to make a living out of his profession.

Engendering Rebirth: *Mantra, Karma* and Therapeutic Dreams

Lhamo is a thirty-four year old rural Amdo Tibetan woman who received a modern school education and now lives and works in a local county town. At twenty-seven years old, Lhamo first became pregnant rather late in life compared with most other Tibetan women.¹³ She had not been able to conceive at an earlier time, despite her and her husband's efforts over the previous four years, which included ritual treatments to enhance conception. For some years, Lhamo had worn a special protective amulet which she had ordered from a Tantric diviner to ensure the birth of a son. Immediately after she had stopped wearing the amulet, thinking that she would not become pregnant anyway, conception occurred. Around two months earlier, Lhamo's twenty-one year old cousin, who was her dearest female friend, died in a tragic accident. Lhamo's aunt and uncle had expressed their hopes that their deceased daughter would be reborn to Lhamo as her child. The two cousins had been playmates and very close childhood friends, like two sisters. The death of Lhamo's cousin was therefore traumatic for the whole extended family. It was clear that only a rebirth of the deceased young woman within her family would be able to remedy the rupture and pain left behind by her sudden and premature death. Such a rebirth within the family was deemed possible because of the close connection between the two cousins, thus it would also reconnect both of their families again and remedy the tragic loss. Retrospectively, Lhamo connected her conception and pregnancy with her deceased cousin's will to be reborn as her child.

While pregnant, Lhamo had dreams of cutting long grass, the stalks of which continued to stand erect even after they had been cut. She dreamt of red apples, and of her dead cousin offering a large one to her. In her dream she bit into the apple, and after awakening she knew that her beloved cousin would be reborn as her baby. In another dream, her cousin appeared to her dressed in a long-sleeved Lhasa-style robe, carrying a bag with meat. Lhamo and her cousin's parents were also present in this dream scene, and they split up, but instead of following her parents, the cousin followed Lhamo, throwing little stones at her. 'Why don't you go to your home?', Lhamo asked her. 'Because I want to be with you', the cousin replied. After a long time, they finally reached Lhamo's house.

Lhamo eventually gave birth to a healthy baby girl. Nobody seemed surprised at the fact that her baby turned out to be a girl. It was obvious to

everybody that she was the lost cousin, her former best friend reborn. In the following years, Lhamo and her husband desired a second child. Her in-laws were eager for her to bear a son this time, officially her last chance due to the then exclusive two-child policy among minority farmers. The pressure was even more intense as none of Lhamo's husband's three brothers had yet produced a male offspring and the family lineage was in danger. Lhamo went to a famous Tantric specialist to get a powerful amulet made in the hope of ensuring the conception of a son. The Tantrist had a good reputation and was said to have produced the desired outcome in similar cases. For about a year she wore the amulet around her neck but, as had been the case before, she did not fall pregnant. She even went to visit a special temple of Dorje Phagmo some hours' drive away, because the circumambulation (moving around a sacred object) of the statue of a female Tantric deity hidden inside is believed to increase fertility. However, she still did not become pregnant. Then she stopped wearing the amulet, believing that she would not conceive a second time.

Sometime later, Lhamo's great-aunt had a stroke and lay in bed before she passed away, repeating again and again that she wished 'to go home' to her natal place, the same village that Lhamo comes from. After the great-aunt's death, Lhamo became pregnant once again. At that time, her sister had a dream that Lhamo would wear her hair in the old traditional style of women from that village, three plaits of hair woven together ending in one single one. The dream was interpreted as a sign that Lhamo's great-aunt might be reborn as her forthcoming child. Lhamo had morning sickness during the first three months of her pregnancy, and only when she knew she was pregnant did she begin to wear the amulet again.

As with her first pregnancy, Lhamo went for regular prenatal checks at the prefecture hospital and also had an ultrasound scan at the family planning centre. Lhamo assured me this was in order to make sure of the baby's health rather than to identify its sex. Doctors would 'never' tell parents the baby's sex anyway, and an abortion was out of the question for her. Neighbours and friends commented on the shape of Lhamo's pregnant belly, saying that it was a typical 'boy shape', slightly pointed and more pronounced on the right side. She was hopeful for a boy, but her husband reassured her that he did not mind whether the newborn was a boy or a girl.

The night before her delivery, Lhamo dreamt of her great-aunt knocking at the window of her new house. When Lhamo opened the window, her new house turned into her old one, and her great-aunt's husband came walking across the old courtyard just as he used to, carrying a loaf of bread with a big hole in it under his arm,¹⁴ while bundles of hay fell onto the ground.

In case of any complications, Lhamo decided to give birth at a large hospital in the provincial capital where she personally knew a female doctor at the maternal health and childcare centre whom she trusted and who was then on duty. When the daughter of the deceased great-aunt came to visit Lhamo in hospital during the week following the birth, she pointed out that the newborn baby girl had bluish-coloured ankles, at exactly the same spot where her mother had had identical markings before she passed away. This was viewed as yet another sign that Lhamo's new baby girl was indeed her reborn great-aunt. While Lhamo's husband seemed at ease and happily accepted that he was now father to a second daughter, her father-in-law was markedly distraught, blaming Lhamo for 'cutting the family lineage' (*gyüchö*) which had reliably produced sons 'since two-hundred years'.

In retrospect, Lhamo argued that the amulet that should have procured a son probably did not work since she had begun wearing it again only when she was well into the third month of her pregnancy. This was after she knew that she was pregnant and after the Tantric power of the amulet was supposed to be able to change the embryo's sex into a male. She considered that due to *karmic* reasons the amulet worn by her the previous year might have hindered her from becoming pregnant altogether. Also, the rebirth of both her beloved cousin and her great-aunt was attributed to their *karma*, i.e., their own strong wish to be reborn as Lhamo's children. This is how the dreams that appeared to Lhamo just before conception and during pregnancy were retrospectively interpreted. Consequently, she could not be blamed for giving birth to baby girls twice since it had been due to their jointly connected *karma* (*tendré*). Last but not least, this case demonstrates how both *karma* and ritual are perceived as efficacious since each came into play at different times, and each contributed in different and unexpected ways to the then accepted outcome.

Lhamo's 'health-' or rather 'help-seeking behaviour' (in the widest sense of 'healing' the male lineage by reproducing the patrilineal ties of her in-laws) exemplifies pragmatic, situated choices and meaning-making: her resort to a Tantrist and wearing a protective amulet understood as a direct intervention to give birth to a son by ritually influencing the sex of the embryo to be male; the biomedical check-ups and birth at the hospital to ensure her physical 'safety'; the explanation of the failure of the amulet and ritual means in terms of *karmic* forces winning over socially appropriate gender issues (i.e., having at least one son among the two children allowed to rural Tibetan women); and finally the closure or 'healing' discourse on the socially accepted assertion of *karma* reuniting deceased family

members with the living (for a similar case of karmic rebirth in a nomadic family see Chope Paljor Tsering 2004, chapter 1).

Between Life and Death

Gyalbo was once a man of great reputation. People say that during his ten years in office as a village leader, village members were undivided in their efforts to strengthen the social importance of the local mountain god temple and thus ensure the well-being of the whole community. This harmonious situation changed quickly after he retired from office. When I met Gyalbo's grandson at his home for the first time, a group of about ten Buddhist monks were reciting prayers from the ritual text *Thousand Offerings to the Medicine Buddha* [*Sman bla stong mchod*] for Gyalbo's benefit since he had just been delivered to the provincial hospital about 250 kilometres away due to acute abdominal pain. Then in his late sixties, Gyalbo's previous examination at a prefecture-level hospital had yielded no definitive diagnosis of his complaint. Neither the biomedical drugs nor the Tibetan medicine he had taken at the same time and over a prolonged period had offered any relief. Gyalbo's family had invited monks from the local monastery to their home already, at least four or five times. The rituals were performed in order to help with Gyalbo's worsening condition, and each time the family fed the monks and paid them a total of around 1000 Yuan. Finally, a diviner was consulted. He advised that Gyalbo should be sent to the provincial hospital where he was eventually diagnosed with stomach cancer.

A biomedical doctor, who was a friend of Gyalbo's family and shared the same hometown (*phayü chigpa*) with him, explained the diagnosis to both Gyalbo and his brother, and informed them that even if Gyalbo did get better after the recommended operation he would probably die soon. Gyalbo's wife was not informed in order to spare her the distress as long as possible. The family then spent about 40,000 Yuan on an operation to have Gyalbo's cancer removed.¹⁵ After he returned home from hospital, a relative recommended a particular mineral spring whose waters were considered to specifically heal stomach problems. Despite the operation and drinking the potent water of the healing spring, Gyalbo's condition did not improve. Even when Gyalbo's daughter-in-law obtained a particular Tibetan precious pill (*rinchen rilbu*) from a nearby monastery, for a cost of around 1000 Yuan, it failed to improve his condition. During the mountain god festival, Gyalbo asked the spirit medium (*lhapa*) to perform a divination for him (by using two wooden

sticks), in order to find out on which day he should go back to the hospital. He left the festival soon after, and passed away several days later.

The above cases are all examples of the *mantra* end of the Tibetan healing spectrum and its relation to other forms of illness concepts and healing therapies. I will now turn to the use and meanings of ‘syringe’, which, although situated at the other end of the healing spectrum, still supports certain ritual aspects, this time of the healing power of modernity.

Injecting Modernity

It is most likely that between the 1920s and 1950s the first syringes were introduced into rural Tibetan areas of Amdo and Kham with the occasional visits of Western missionary and Chinese doctors who also performed surgery with ‘knives’ which deeply impressed some Tibetans (cf., Shelton 1923). Syringes and their quick results in eliminating fever and inflammations were used as a way to gain trust among the population in order to convert them to Christianity. During the 1940s, injections given via hypodermic needles were apparently still novel, and accessible to only a few Tibetans, in particular the well educated elite in Central Tibet. Yet, they were already in high demand (cf., McKay, in this volume). However, the majority of Tibetans had never encountered biomedical technology prior to the mass immunization campaigns of the Chinese state performed by barefoot doctors during the early 1950s.¹⁶ Administering medicine via injection at that time became an important – if not initially the only – part of a barefoot doctor’s biomedical training, as was the case among some doctors of Tibetan medicine who had been rehabilitated by the end of the 1970s and who became employed by the government as township doctors. Finally, by the late 1980s, Western medicine became an integral part of Tibetan medical training through state medical colleges and hospitals. Apart from their visibility, the widespread acceptance of injections and antibiotics among both contemporary Tibetan patients and healthcare professionals is perhaps further indicated by the fact that one rarely hears a cautious word or reservation about their (over)use in general, and that everybody assumes that they help. Even a well-known doctor of Tibetan medicine whose hand-made medicinal powders and pills were in high local demand, gave his son an IV rather than his own medicine.

Sydney D. White emphasizes that medical techniques (as well as theory and pharmaceutical substances) can easily be detached from their original matrix, and can be incorporated into any officially acknowledged medical practice as long as these could be represented as ‘scientific’. She states that

in Yunnan ‘injections of antibiotics were viewed as [an] integral part of all four official practices’, among them Western or biomedicine, Traditional Chinese Medicine (TCM) and Naxi therapeutic practices since they are all part of the “scientizing” legacy of the Maoist period’, in short, of Chinese modernity (2001: 182). In other words, to have an IV administered means to take part in modernity, to be able to demonstrate this to others and thus become – at least temporarily – modern.

In rural Tibetan areas of Amdo, as in rural China in general, IVs are normally administered either by doctors (regardless of the medical system within which they normally practice) or by pharmacists. One comes across patients with IVs attached to their arms in small clinics, hospitals, pharmacies or sometimes in peoples’ homes, as well as in public places. In clinics, patients are often lined up one after the other on a bench or in a bed, each with a drip-bottle hanging from the adjacent wall. In most cases, antibiotics or combined preparations which contain them are being administered by way of IV. This very common use of IVs in rural Tibetan areas stands in stark contrast to widespread criticism in the West about the overpowering side effects of IV administered antibiotics and the dangers of Hepatitis B and HIV contagion through unclean needles. Yet, it might also reveal that the ‘belief’ in modernity can at times have a powerful healing effect.

The great popularity of IVs and syringes in general in Tibetan areas attests to an unbroken belief in the efficacy of modern science and technology. When asked, doctors of both Tibetan and Western medicine claimed that patients would demand to be given IVs. Yet when I questioned patients, they would state the opposite, sometimes complaining about the costly price of ‘this kind of medicine’ – usually antibiotics. However, mostly patients did not even know the name or type of medicine dripping into their veins. It seems that doctors can make lucrative profits by selling IVs to their patients at a higher price than they paid for them, with their government subsidies, and this by means of officially diagnosing a case of ‘pneumonia’, for example. The average price for one infusion was about twenty Yuan per bottle; used three times a day for a period of three days (as is usual), this added up to 180 Yuan, which is quite a considerable amount for poor rural Tibetans. The number of pharmacies and small clinics in the prefectural town of Rebgong prove that there is a strong demand. An IV drip inserted into a person’s arm also embodies a powerful visible symbol of being modern or – at least temporarily – being able to afford ‘modernity’.

On one hand, IVs are often used for treating minor problems, such as colds and flus, or any kind of inflammation or ‘fever’. Despite the fact that

traditional Tibetan medicine could help with these diseases, IVs are believed to do a better job and in particular to deliver a quicker result. One doctor told me in a serious tone that IVs would probably still ‘work’ even if they only contained vitamins or glucose, hinting at their ‘placebo’ effect. Yet patients (and some of the doctors) explained the effectiveness of IVs rather by way of what they do directly and in particular what they actively



Figure 7.3: A daughter holds up her mother's IV drip

avoid – a quick delivery of some potent medicine that bypasses the stomach, known as the most sensitive trouble spot for side effects among Amdo Tibetans (on the latter cf., Sabernig 2007: 64f).

On the other hand, the use of IVs is not completely without perceived dangers. I heard of several instances where pregnant women, after having received ‘cooling’ injections administered by doctors to treat a minor health problem, retrospectively blamed the ‘injections’ for a sudden miscarriage following the treatments.¹⁷ Here, IVs seem to embody a threatening state modernity, a disguised form of forced family planning practices that is, in various guises, also occurring in rural Tibetan areas of Qinghai (cf., Schrempf 2008).

More often, however, IVs almost turn into ‘wellness’ items, as a kind of reward after hard physical work, for example, after childbirth, and after the arduous work of harvesting caterpillar fungus in the high mountains. Doctors state that people (farmers in particular) get sick in the high mountains since they are not used to sleeping outside in the cold and wet climate and at such high altitude.¹⁸ IVs, in short, are emblematic for a ‘quick fix’ form of modernity. They are easily accessible and easy to employ and transgress the professional boundaries of medical systems.

Conclusion

The ethnographic case-studies discussed above exemplify the broad spectrum of healing between *mantra* and ‘syringe’ and the situated choices made by patients and healers which exist in contemporary Amdo Tibetan society. A divination performed to decide upon a medical treatment in a hospital, a ritual for healing, reciting prayers or wearing amulets empowered by *mantra* to procure a son, narrating the healing powers of *karma* and dreams in order to heal the irreversible breach of a family lineage, as well as believing in the immediate powers of IVs to treat common colds by understanding modernity through Tibetan medical concepts – all these practices are part of a common and complex cultural logic that informs peoples’ choices. Illness can affect all levels of the body–the individual, social, environmental and cosmological– even though one might need at times more attention than the other. In times of crisis and depending on the local situatedness, to cover all options and levels at the same time might be simply the most efficacious. Therefore, *mantra* and ‘syringe’ do not exclude each other, and ritual healing can play an equally

important role in patients' health-seeking behaviour alongside the influence of institutionalized medical practice and public health policies.

In conclusion, it is obvious that neither biomedicine nor 'science' have displaced local healing practices among Amdo Tibetans more than half a century after their systematic introduction by the state. Local healing practices and healers can indeed provide a 'missing link' which fills an important social gap in the rural public health system in China – an affordable, trusted and meaningful health decision-making service that is both culturally sensitive and accommodates Tibetans' own concerns about health and illness (cf., Schrempf 2007 for the medical landscape in rural Nagchu, TAR). I have also tried to demonstrate that different healing services and medical treatments are not used to the exclusion of each other, but are often resorted to simultaneously or in a complementary manner. Such pragmatic and multiple layered choices in health care are part of a cultural logic that reconnects the sick person with the fundamental framework of cultural values in a moral cosmology within which the patients' agency plays an important role. The health-seeking choices that were discussed here aim not only at restoring health in the body but at restoring the disrupted social relations caused by illness, i.e. between the sick person and his/her family and wider community, and with the immediate environment that is imbued with socio-cultural values. On the other hand, the case-studies reveal that technologies of healing – no matter what their provenance – are founded on socially learned, and to some extent, fluid experiences of body and self. And where both *mantra* and 'syringe' fail Tibetans, the inexorable power of *karma* compensates for the ensuing disappointment and suffering.

Notes

1. I would like to acknowledge the indispensable help of all my informants and local interlocutors who need to remain anonymous. All names used in this chapter are pseudonyms. I would also like to thank the German Research Foundation (DFG) via the Cooperative Research Centre 'Representations of Social Order and Change' (SFB 640) at Humboldt University Berlin, Germany, for providing me with a research position and fieldwork funding. I thank Karénina Kollmar-Paulenz and Jens Schlieter and students at the Institute of Religious Studies, University of Bern, Switzerland, for the fruitful discussion of this chapter in its earlier form as a paper given at their institute. Last but not least, my heartfelt thanks also go to Vincanne Adams, Sienna Craig, Heidi Fjeld, Ivette Vargas and Toni Huber who provided me with valuable comments and the latter, as always, with careful editing on earlier drafts of this chapter.

2. Even though it is likely that my findings are similar to those found in other Tibetan societies outside of present-day Amdo (i.e., Kham, the TAR and Tibetan areas of the Himalayas), I am referring mainly to my fieldwork site (between 2005 and 2007) of Rebgong County (Tongren Xian, Huangnan Prefecture) in Qinghai Province. Tongren is both the county town and prefectural capital and thus the location of Huangnan Prefecture's three big hospitals which serve the surrounding farming and nomadic communities in four counties: Huangnan Prefecture Peoples' Hospital, Disease Control Centre Hospital, and Hospital for Tibetan Medicine. In addition, the number of private and semi-private clinics, as well as pharmacies selling biomedical and Tibetan medicine, has mushroomed in this town during the past twenty years. In contrast, remote rural township clinics are usually poorly equipped with medicine and are avoided by those who can afford better and more expensive healthcare elsewhere, with the best medical care being available in the provincial capital of Xining.
3. I use the term 'healing' in the broad sense of 'therapeutic practices that are embedded in local social relations and forms of embodied experience' (Connor 2001: 3), that is, practices which are exercised by a variety of professional healers and also involve the patients' health-seeking behaviour and the socio-political environment. I use the term 'healer' for the following professionals: a doctor (*menpa*) of Tibetan medicine, Western medicine or both, a Tantric practitioner (*ngagpa*), a *lama* (who might also know astrology, *tsi*), a bonesetter, a diviner (*mopa*) or a spirit medium (*lhapa* or *lhamo*).
4. [please redo this sentence – thanks]
5. According to Csordas, in 'any complex contemporary society' medical pluralism exists in form of multiple alternative therapies which may be related in four fundamental ways – contradictory, complementary, coordinating and coexistent (Csordas 2006: ix). In Ladakh, for example, Schröder (2008) witnessed a healing trance session by an oracle who, after sucking 'the illness' out of a patient's body, advised the patient nevertheless to go to a hospital for surgery for the same health problem. This might in no way diminish the oracle's success in having treated the illness on the socio-cosmological level by restoring the balance between patient and community, between the microcosm of the body and the macrocosm embodied in an environment inhabited by local ambivalent deities and malevolent spirits.
6. See also Garrett (2008) on the historiography of Tibetan medicine and the changing relations between 'medicine' and 'religion' in Tibetan literature. Parkin, who analysed Islam and healing in Zanzibar, speaks of historically changing yet generally close relations between religion and medicine and an 'intertwining' rather than 'merging' of the two (2007: 194, 217).
7. Interestingly, in South Kanara (India) Nichter reports the opposite ideas about IVs that are perceived as 'heating' the body (1980: 230). This points to a different cultural understanding of the effect of IVs on the body.
8. These ideas might explain in part the traditional custom among postpartum Tibetan women of avoiding washing (i.e., touching cold water) and the

consumption of 'cold' food, such as fruits or cool drinks for at least the first month. Following a similar logic, a doctor of Tibetan medicine explained to me that IUDs – the most common contraceptive method – are 'not good' for women to use because of the inherently 'cold' nature of 'metal' (i.e., copper) that can cause an imbalance, such as an inflammation, in the womb.

9. This was mentioned to me by a biomedical doctor working in a provincial hospital and whose father was a rural doctor. The latter found that if pills were multicoloured (in contrast to traditionally brown coloured, ordinary Tibetan pills), and were placed in front of an altar, patients reported improved results (cf., McKay in this volume, Welch 2003). However, the 'placebo' effect of coloured medicines might also be linked with the use of jewel pills in Tibetan medicine, which are regarded as especially potent and sold at a high price, and which are wrapped in colourful pieces of cloth (for further notes on the complex issue of 'placebos' see Craig, in this volume).
10. Exceptions are the works of Parker 1988 and, in particular, Gerke 2008. Her dissertation on Tibetan concepts of temporality and lifespan among Tibetans in Darjeeling provides interesting ethnographic data and theoretical considerations about the relations between divination and medicine.
11. *Shungkhe* or *shungde*, literally 'protective knot', are ritually empowered strings into which a protective knot has been tied. According to Alag, there are two general kinds of *shungkhe* (each one having many varieties): those according to the Tantric texts of the *Golden Circle of Jamyang* (*Jam dbyangs gser 'khor*); and those of the *Dakinis's 100 protections* (*Mkha' 'gro'i srung brgya*). Alag admits that a veritable business has arisen with *shungkhe* that are sold over the counter in shops. He commented on them diplomatically: 'I am not sure if they are effective though.'
12. I was given such an edible *mantra* as a gift by a Tantric diviner in 2006. He told me to eat it when I encounter difficulties or feel unwell. See Frances Garrett's forthcoming article, 'Eating Letters in the Tibetan Treasure Tradition', which deals with the literary sources for this healing practice. Because of their ingredients, Garrett calls these 'edible letter spells' 'recipes', containing musk, aconite, blood, etc. These are used not only against certain diseases but also for religious practice.
13. Even though birth is certainly not considered an illness, pregnancy and birth have become increasingly medicalized through biomedicine (cf., Gutschow in this volume) and have always been phases of enhanced vulnerability for mother and child. In contrast to the statements by Kim Gutschow made in the following chapter on birth 'pollution', I found no explicit concerns among Amdo Tibetan women about them being 'polluting'. The time of postpartum rest was considered in a positive way, and it was 'outsiders' who needed to cleanse themselves of 'pollution' or 'evil spirits' before entering the house in which a mother and newborn child maintain postpartum residence for – ideally at least – three to four weeks in Amdo farming communities.
14. In this part of rural Amdo, a newborn baby's name is traditionally called out through the hole of a home-baked loaf of bread on the seventh day following birth.

To bake bread with a hole in it for someone else carries connotations of both fertility and sex, as do bags with meat which are usually brought home by husbands for their wives to cook. In a well-known joke, a husband returns home late at night but in the darkness he confuses his mother with his wife. When the mother opens the door, he hands over the bag of meat, and says 'Look, darling, I brought a bag of meat specially for you' (meaning he wants to have sex with her). This joke always met with much laughter among Tibetans.

15. Forty per cent of these costs were covered by a health insurance scheme at that time since Gyalbo held an official local government post. Nevertheless, the family had to sell some land in order to cover the overall costs for the grandfather's treatment.
16. In any case, it remains to be examined how widespread these initial biomedical practices actually were in Tibetan areas of China. On his 1948 expedition through Golok, Clark reported on what he considered 'the first medical work ever attempted among these remote tribes' (1955: 241). Some 'medicos' trained in Western medicine tried to lure about fifty Golok warriors into a fort for vaccination: 'When the needles glittered near their bare arms, there was a howl sent up to the gods, and before we knew what was happening, they had swarmed up the ladders to the battlements and dropped twenty feet down to the ground, grabbed their stacked rifles and rushed through the gate in the outer wall' (Clark *ibid.*). I thank Bianca Horlemann for pointing out this reference to me.
17. Next to IUDs, the next common contraceptive is administered by injections every three months. In general, the WHO explicitly warns of unnecessary drug use and overdosage: 'An estimated two-thirds of global antibiotic sales occur without any prescription, and studies in Indonesia, Pakistan and India show that over 70 per cent of patients were prescribed antibiotics. The great majority – up to 90 per cent – of injections are estimated to be unnecessary' (cited from the Summary in *The World Medicines Situation*, WHO 2004 (<http://www.who.int/medicinedocs/en/d/Js6160e.10>, retrieved on 20 October 2008).
18. Unfortunately, the rise of Hepatitis B and Hepatitis C infections, as well as STDs (and potentially AIDS), in Tibetan areas of China might be directly connected to the overuse and unsafe re-use of needles and syringes. Few biomedical doctors that I interviewed had been critical about this issue. But those who were also cited the danger of overdosage while immunizing children and of transmitting infectious diseases through unclean syringes. I once witnessed a barefoot doctor immunizing a young child at his natal home and then throwing the used syringe carelessly onto the roof of the house. Problems with the unsafe use of syringes are well known in developing countries worldwide, yet they are rarely addressed among local medical personnel (Drucker 2001, Nichter 2001).

Bibliography

- Clark, L. 1955. *The Marching Wind*. London: Hutchinson.
- Connor, L.H. 2001. 'Healing Powers in Contemporary Asia', in L.H. Connor and G. Samuel (eds), *Healing Powers and Modernity. Traditional Medicine, Shamanism and Science in Asian Societies*. Westport, Connecticut: Bergin and Garvey, pp.3–21.
- Craig, S. and V. Adams 2009. 'Global Pharma in the Land of Snows: Tibetan Medicines, SARS, and Identity Politics Across Nations', *Asian Medicine* 4: 1–28.
- Csordas, T. 2006. 'Preface', in H. Johannessen and I. Lazar (eds), *Multiple Medical Realities. Patients and Healers in Biomedical, Alternative and Traditional Medicine*. New York and London: Berghahn Books, pp.ix–xi.
- Drucker, E. 2001. 'Over One Million Die Every Year World Wide By Injections', *Lancet* (December 8) 358: 1989–92.
- Garrett, F. 2008. *Religion, Medicine and the Human Embryo in Tibet*. London and New York: Routledge (Routledge Critical Studies in Buddhism).
- . (forthcoming). 'Eating Letters in the Tibetan Treasure Tradition', *Journal of the International Association of Buddhist Studies*.
- Gerke, B. 2008. 'Time and Longevity: Concepts of the Life-span among Tibetans in the Darjeeling Hills', Ph.D. dissertation. Oxford: University of Oxford.
- Good, B. 1994. *Medicine, Rationality, and Experience. An Anthropological Perspective*. New York: Cambridge University Press.
- Hunter, C.L. 2001. 'Sorcery and Science as Competing Models of Explanation in a Sasak Village', in L. Connor and G. Samuel (eds), *Healing Powers and Modernity. Traditional Medicine, Shamanism, and Science in Asian Societies*. London: Bergin and Garvey, pp.152–70.
- Johannessen, H. 2006. 'Introduction: Body and Self in Medical Pluralism', in H. Johannessen and I. Lazar (eds), *Multiple Medical Realities. Patients and Healers in Biomedical, Alternative and Traditional Medicine*. New York and London: Berghahn Books, pp.1–18.
- Kloos, S. (forthcoming). 'Good Medicines, Bad Hearts: The Social Role of the Amchi in a Buddhist Dard Community', in L. Pordié (ed.), *Healing at the Periphery: Ethnographies of Tibetan Medicine in India*. Durham: Duke University Press.
- Nichter, M. 1980. 'The Layperson's Perception of Medicine as Perspective into the Utilization of Multiple Therapy Systems in the Indian Context', *Social Science and Medicine* 14B: 225–33.
- . 2001. 'Vulnerability, Prophylactic Antibiotic Use, Harm Reduction and the Misguided Appropriation of Medical Resources. The case of STD'S in Southeast Asia', in C. Obermeyer (ed.), *Cultural Perspective On Reproductive Health*. Oxford: Oxford University Press, pp.101–27.
- Parker, B. 1988. 'Ritual Coordination of Medical Pluralism in Highland Nepal: Implications for Policy', *Social Science and Medicine* 27(9): 919–25.
- Parkin, D. 2007. 'In Touch with Touching: Islam and Healing', in R. Littlewood (ed.), *On Knowing and Not Knowing in the Anthropology of Medicine*. Walnut Creek, California: Left Coast Press Inc., pp.194–219.

- Sabernig, K. 2007. *Kalte Kräuter und Heiße Bäder. Die Anwendung der Tibetischen Medizin in den Klöstern Amdos.* (Wiener Ethnomedizinische Reihe, Band 5). Wien/Berlin: LIT Verlag.
- Samuel, G. 2006. 'Healing and the Mind-body Complex', in H. Johannessen and I. Lazar (eds), *Multiple Medical Realities. Patients and Healers in Biomedical, Alternative and Traditional Medicine.* New York and London: Berghahn Books, pp.121–35.
- Schrempf, M. 2007. 'Lineage Doctors and the Transmission of Local Medical Knowledge and Practice in Nagchu', in M. Schrempf (ed.), *Soundings in Tibetan Medicine. Historical and Anthropological Perspectives. Proceedings of the 10th Seminar of the International Association for Tibetan Studies, Oxford 2003.* Leiden: Brill Academic Publishers, pp.91–126.
- .2008. 'Planning the Modern Tibetan Family', in V. Houben and M. Schrempf (eds), *Figurations of Modernity. Global and Local Representations in Comparative Perspective.* Frankfurt a.M.: Campus, pp.121–51.
- Schröder, N.A. 2008. 'Cultural Concepts, Interpretations and Traditional Methods of Healing of what a Western Perspective would call 'Psychic Trauma' and 'Post Traumatic Stress Disorder' among Ladakhis and Tibetans in Ladakh', M.A. thesis. Berlin: Humboldt University Berlin.
- Shelton, F.B. 1923. *Shelton of Tibet.* New York: George H. Doran Company.
- Tibet Information Network. 2002. *Delivery and Deficiency: Health and Health Care in Tibet.* London: TIN.
- Tsering, C.P. 2004. *The Nature of All Things. The Life Story of a Tibetan in Exile.* Melbourne: Lothian Books.
- Welch, J.S. 2003. 'Ritual in Western Medicine and Its Role in Placebo Healing', *Journal of Religion and Health* 42(1): 21–33.
- White, S.D. 2001. 'Medicines and Modernities in Socialist China: Medical Pluralism, the State, and Naxi Identities in the Lijiang Basin', in L. H. Connor and G. Samuel (eds), *Healing Powers and Modernity. Traditional Medicine, Shamanism and Science in Asian Societies.* Westport, Connecticut: Bergin and Garvey, pp.171–94.

