

# BON LINEAGE DOCTORS AND THE LOCAL TRANSMISSION OF KNOWING MEDICAL PRACTICE IN NAGCHU

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The physician without medical lineage,  
Like the fox who seized the royal throne,  
Is not able to gain everyone's respect,  
And even if respected, cannot hold the kingdom down.<sup>1</sup>

## INTRODUCTION

This saying from the standard Tibetan medical text, the *Rgyud bzhi*, was cited repeatedly to me by several senior lineage doctors in Nagchu (TAR) when asked about the particularities of medical knowledge through the transmission by lineage. It may also indicate the social importance of respect and trust invested by patients in the status of a 'lineage doctor' (*sman pa rgyud pa*).<sup>2</sup> Furthermore, the fact that the lineage doctors interviewed were senior and Bon po, and were practicing mostly inside their communities, might play a considerable role in the way they perceive themselves and were perceived by their patients in terms of transmission of, and trust in local medical knowledge and practice.<sup>3</sup> As Dondrup Lhagyal has pointed out, in the Bon religion "the family lineage, rather than spiritual succession from master to disciple, was considered important".<sup>4</sup> In this chapter, however, lineage is under-

<sup>1</sup> Plate 1, see overleaf. Source: Gyurme Dorje *et al.* 1992: 90. *Sman rgyud med pa'i sman pa de / wa yi[s] rgyal sa bzung ba bzhin / kun gyis spyi bor bkur mi nus / bkur kyang rgyal sa non mi 'gyur*. This saying is written down in the *Explanatory Tantra* (*Bshad rgyud*) of the *Four Tantras* (*Rgyud bzhi*), in the 31<sup>st</sup> chapter which deals with the qualities of a doctor (*sman pa'i le'u*).

<sup>2</sup> *Sman pa* was the colloquial term for Tibetan 'doctor' used by all my informants throughout Nagchu. *Sman pa* is also customarily used in Amdo dialects, whereas 'amchi' is common in Lhasa and Southwestern Tibet, as well as in the Himalayas (India, Nepal) and in Tibetan exile.

<sup>3</sup> My informants repeatedly stressed that their religious affiliation would play no role whatsoever in their practice or their patients' choice to be treated by them.

<sup>4</sup> Dondrup Lhagyal 2000: 429. This author demonstrates that from the 10<sup>th</sup> century onwards, five Bon family lineages from Central Tibet became crucially important as lama lineages, in the establishment of monasteries, and thereby laid the foundations in different areas for the continuation of their socio-political influence and Bon monasticism.

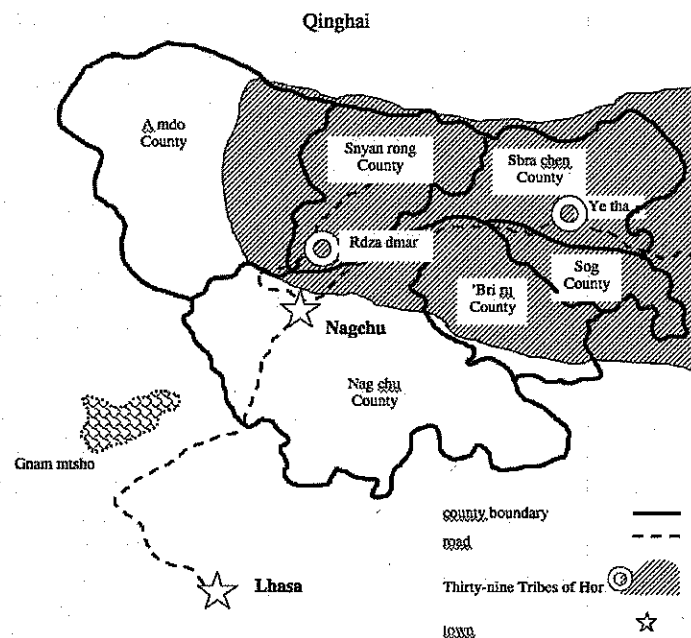


stood as being a transmission by way of both family and from master to disciple. In accordance with the *Rgyud bzhi*, my doctor informants themselves differentiate between 'real' medical family lineages and lineages characterised by master-apprentice relationships—usually giving preference in status and authority to the former, as indicated in the saying above. What seemed to be of particular importance in this respect was their personal apprenticeship with their teachers starting from an early age. By emphasising the particular knowledge and achievements of their teachers, which they in turn identify with and transmit to their sons and students, they explicitly set the lineage model apart from the dominant state medical educational system epitomised by the Lhasa Mentsikhang, and the increasing modernisation and standardisation of Tibetan medicine, which has been taking place during the past 50 years. The present study will demonstrate how local doctors use lineage to legitimise themselves as upholders of a medical tradition inside their former tribal communities in the nomadic region of Nagchu, and how it also reflects and legitimises regional medical expertise. This medical expertise, in addition to the general transmission of the standard medical knowledge as expounded in the *Rgyud bzhi*, concerns the personal transmission of specific medical treatments and local medical knowledge, especially concerning *materia medica*. Since we are still at the very beginning of our research into these personal and local forms of Tibetan medical knowledge and practice—even in terms of their historical dimensions—this preliminary study aims to raise awareness of the existence, particularity and social relevance of localised Tibetan medical knowledge as transmitted through lineage, and also some larger questions regarding the transmission of medical knowledge in general. I will also try to expose the familial, social and professional relationship among these lineage doctors, and reveal an alternative model of Tibetan medicine that can either exist outside of, or overlap with, institutionalised and modernised Tibetan medicine represented by the Mentsikhang system. The most important social factor of privately practising and knowledgeable local Tibetan lineage doctors is that they are able to fill the gaps in the current public health system by providing free health care with locally produced medicines for needy patients.

Studies on contemporary Tibetan medicine in the TAR have mainly focused upon the Lhasa Mentsikhang and similar institutions. We still know little about the history of the transmission of ‘knowing practice’ (Farquhar) outside those institutions—something we could perhaps call

'Tibetan medical subcultures'. This concerns, especially, personal and local medical knowledge acquired orally and through a physician's clinical experience, but it also entails popular lay knowledge of medicine. It concerns medical knowledge that also exists largely outside of the realm of medical histories, royal courts, monasteries and the biographies of important masters. Of course, Tibetan and other medical histories are known to us primarily through written texts, and since "Tibetan histories are more commonly histories of literary production", medical histories tend to define and describe lineages in terms of their transmission of certain medical texts.<sup>5</sup> One way, and possibly the only way, out of this dilemma is to undertake ethnographic fieldwork together with knowledgeable senior professionals and to inquire about local histories of medical practice and lineages by way of oral historical methodology.<sup>6</sup>

The preliminary data discussed herein was collected on the basis of biographical interviews and participant observation of medical encounters with eight, mostly senior, lineage doctors, working both within and outside of the state medical system in Nagchu Prefecture, namely in the three administrative units of Nagchu County, Sbra chen County and Snyan rong County during autumn 2003 (see Map). The majority of my informants were highly respected senior lineage doctors, mostly over 60 years of age. Coming from Bon po communities, they all believe in the Bon religion, which is why, when asked, most identified themselves as 'Bon doctors'. However, they did not stress their Bon identity in any other way. Instead, they emphasised their lineage affiliations with knowledgeable teachers, among whom there also exists a minority Buddhist component.



Map: Research areas in Nagchu Prefecture, TAR

<sup>5</sup> Garrett 2004: 174. Thus, our knowledge of the history of medical lineages is very much focused upon the two famous medical schools of Zur lugs and Byang lugs which are referred to in medical histories, such as the *Khog 'bugs* by Desi Sangye Gyatsho and the *Thob yig* by Jaya Pandita, in which uninterrupted lineage transmissions over several centuries are claimed (Taube 1981). Especially from the second half of the 17<sup>th</sup> century onwards, Buddhist monasticism had a strong influence on the institutionalisation of Tibetan medicine until the more secularised Lhasa Mentsikhang was established in 1916.

<sup>6</sup> Data gathered during fieldwork by oral historical methods represent the main body of this article. Yet, the findings need to be more widely compared with other medical landscapes in the TAR, as well as with textual sources. The latter, though scarce, are merely referred to here and remain to be explored in detail.

'Lineage' (*rgyud*) implies an unbroken and (life)time transcending continuity, ensuring not only the transmission of 'bone' (*rus*) substance, inheritance, status and authority within a family or clan, but also often certain types of specialist or professional knowledge. Whether from teacher to student, (grand)father to (grand)son, or 'uncle to nephew' (*khu dbon*)—the latter mode of succession being a characteristic pattern in Bon po religious communities—lineage is the traditional backbone of all types of professional knowledge in Tibetan culture, extending backwards through time much further probably than any other social institution. Being a lineage member legitimises the person and his or her craft, linking and bestowing the reputation of the previous famous lineage holders who are remembered and venerated, onto present (and future) holders. This process links together past with present, the member of a lineage with a sequence of teachers and students, and persons, specific texts and certain important places, as exemplified in Tibetan historical and biographical literature. Thus, Garrett points out the importance of lineage that characterises and defines both the individual and the group: "Tibetan medical historical and biographical literature clearly adheres to this genealogical model of narrative self-identification".<sup>7</sup> The standard text of Tibetan medicine, the *Rgyud bzhi*, is no exception. Two principal figures are made responsible for its transmission and redaction, G.yu thog Yon tan mgon po the 'Elder' and the 'Younger', followed by various lineages, of both the family and the master to disciple type of transmissions.<sup>8</sup> And even though many Bon doctors are taught on the basis of the standard 'Buddhist' text of the *Rgyud bzhi*, they also receive an alternative view of the history of Tibetan medicine based upon Bon historiography and exemplified by their own medical text, the *'Bum bzhi*. This Bon historical perspective is crucially important in terms of their identity, and it will be discussed in more detail below. More importantly, they identify with their own teacher's medical expertise and achievements and with the oral history of their lineages.

In general, a traditional Tibetan medical education can be obtained in three ways. In the first case, a local doctor in residence can pass on

his knowledge to his sons, relatives and/or chosen students in privately organised groups—this represents what I call the lineage model of transmission introduced above. Secondly, a would-be doctor can enrol at one of the rare Tibetan Buddhist schools of medicine, such as at Sku 'bum monastery in Amdo. Third, one can become a student at a state medical school, such as the Medical College or the Mentsikhang in Lhasa. As we will see, these modes of acquisition and training do not necessarily represent mutually exclusive ways of learning, since both teachers and students can, and do, combine them through particular patterns of teaching and study.

Even though state medical institutions might employ teachers coming from medical lineages thereby cutting across private lineage and centralized institutional frameworks standardised school curricula inevitably streamline medical knowledge according to state policies and a prevailing pressure to 'scientise' and secularise their curricula (see Adams and Craig this volume). As explained by my informants, such streamlining and scientising trends also mean that students of state medical institutions obtain less clinical practice and practical knowledge of medicinal plants than their colleagues who are taught privately in small study groups.<sup>9</sup> In other words, even though medical knowledge—even among lineage doctors—is both transmitted through the legitimising and standard medical text of the *Rgyud bzhi*, and supplementary oral commentary by teachers, it is especially the personal experience of having a close working relationship with a knowledgeable teacher and his transmission of medical and pharmacological practice that is considered to be of most importance. The ideal medical teacher is considered to be one who is trusted by the local community and who is situated in the locality. He should have a very good knowledge of the local environment and its medicinal plants and minerals. He should be connected to a network of providers of other medicinal herbs with whom he will exchange in order to complement his own stock of *materia medica*. The local population may tend to have more trust in medical knowledge transmitted in this traditional way because it is perceived as being less influenced by state health policies and 'Chinese' or 'party medicine' (*rgya sman* or *tang sman*)<sup>10</sup> and that it therefore

<sup>7</sup> Garrett 2004: 179.

<sup>8</sup> More detail can be found in Meyer 1992: 3f.

<sup>9</sup> See Craig, this volume.

<sup>10</sup> See the short discussion on the terminology of Tibetan medicine in the Introduction to this volume.

retains and transmits a more extensive diversity of traditional Tibetan medical knowledge and practice today.

#### INDIVIDUAL, MEDICAL AND RELIGIOUS IDENTITIES AND PRACTICES

When asked about their religious identities, Bon doctors from Nagchu made a strict separation between their personal belief in the Bon religion and their professional work as doctors. They emphasised that there is no such thing as a specific 'Bon medicine'—except for the explicitly Bon po historiographical notion that Tibetan medicine originated in an earlier Bon medicine before the later Buddhist version of Tibetan medicine became dominant.<sup>11</sup> Yet, contrary to what one might expect, the *'Bum bzhi*, the text which represents the standard medical work in Bon, has not been used among these Bon lineage doctors in Nagchu.<sup>12</sup> This fact did not seem to worry them at all, since they pointed out that the *Rgyud bzhi* would be in any case the younger redaction of the older *'Bum bzhi* text, whose archaic Zhang zhung terms are too hard to understand and not in general use any longer.<sup>13</sup> Prior to the 1960s, even

<sup>11</sup> Many recently published works on Tibetan medicine, especially inside China, but also increasingly in Tibetan exile (apart from some strictly Buddhist versions of Tibetan medicine), have accommodated the Bon po version of Tibetan medical historiography (for more details see footnote 13). Additionally, 'Bon medicine' has become the subject of Bon po scholarly discussions depicting it as the ancient form of Tibetan medicine (Namkhai Norbu 1995, Menri Trizin Lungtok Tenpai Nyima 1998, Dbra khyung dge bshes skal bzang nor bu 2000).

<sup>12</sup> Millard, in contrast, stresses the importance of the *'Bum bzhi* used as the main educational text in the Tibetan Bon medical school at Dhorpatan, Nepal (2002: 33). However, since both *'Bum bzhi* and *Rgyud bzhi* are basically identical, he also states that "it makes little difference whether the students study the Bumshi or the Gyushi, and indeed both texts are studied at the school" (2002: 35). In any case, like the Bon lineage doctors from Nagchu, the main teacher of the school, the lineage doctor and Bon po lama Amchi Gege, who comes from a medical family lineage in Kham, used to study Tibetan medicine on the basis of the *Rgyud bzhi* (Millard 2002: 27ff).

<sup>13</sup> According to the explanations of several senior Bon lineage doctors, the *'Bum bzhi* represents one of few genuinely old Bon medical texts that are still extant today. Most of these texts belong to the Bon *gyer ma* literature. Thus, I was told that the famous *gyer ston* Khu tsha zla 'od (b. 1024) rediscovered Bon medical texts in Spa gro phug gcal (see also Karmay 1972: 146, fn.3, with reference to text titles). For a discussion on the origins and main chapters of the *'Bum bzhi* (alias *Bdud rtsi bang mdzod 'bum bzhi'i mdo*) as part of the Bon po *Bka' gyur*, with its own partly controversial *gyer ma* traditions, see Martin, Kværne and Nagano (2003: 107–23; and text no. 144 in the *Mdo* section). For a reproduced version of the *'Bum bzhi* text see *Gso rig bdud rtsi'i bang mdzod 'bum bzhi* 1999 in the bibliography below. I have been told by a Bon lineage doctor that originally there were two major *gyer ston* traditions of the *'Bum bzhi*,

the text of the *Rgyud bzhi* was already hard to obtain in rural areas, and Bon doctors used whichever versions of the text that were available. Nevertheless, for the Bon po, the *'Bum bzhi* still maintains its historicised and symbolic value as the 'original' Tibetan medical text. Part of their legitimisation is to point out the many Zhang zhung terms in Bon and even in Buddhist medical texts believed to be remnants of an original medical system from the land of Zhang zhung,<sup>14</sup> thereby reinforcing the earlier history of Bon in comparison to the later introduction of Buddhism to Tibet. Therefore, the Bon po view is that the origin of the Tibetan medical tradition is associated with the origin of Bon religion and attributed to Dpyad bu khri shes (literally 'The One Who Knows Ten Thousand Diagnostic/Treatment Methods'), who had learnt it from his father, Ston pa Gshen rab, the founder of Bon religion, and had passed on his knowledge in medical lineages and through *gyer ma*.<sup>15</sup> It seems that most modern historiographies on Tibetan medicine, especially those published in China, do acknowledge Dpyad bu khri shes as the first expounder of Tibetan medicine.<sup>16</sup>

being that of the aforementioned Khu tsha zla 'od, and another related to Gshen chen klu dga' (996–1035). The latter had passed the text on to Dge slong kun dga' (dates?). G.yu thog the Younger then transformed the *'Bum bzhi* version found by Gshen chen klu dga' into the *Rgyud bzhi*, which is how the Buddhist line of the *'Bum bzhi* originated. (Dan Martin, in personal communication, strongly rejects such a possibility, since there are no known sources on or by Gshen chen klu dga' to support such a claim). The other text, that rediscovered by Khu tsha zla 'od, is claimed to have been used by generations of Bon doctors up until today, that is, at least ideally, since the actual practical use of the *'Bum bzhi* as the main medical teaching text must have been generally very rare due to its lack of availability. At least one copy of the *'Bum bzhi* is known to have existed at Sman ri monastery in Gtsang (see Millard 2002: 35).

<sup>14</sup> Karmay (1998a) discusses the different debates and traditional points of views among Buddhist scholars regarding the origins of the *Rgyud bzhi*. Additionally, he refers to the Bon po point of view presented in an important medical commentary by Khyung sprul 'Jigs med nam kha'i rdo rje (1972) which, despite its generally synthesising character drawing on both Bon and Buddhist medical sources, claims that the *Rgyud bzhi* was originally written in Zhang zhung language. Furthermore, Karmay points out that at least one Dunhuang document (PT 127) mentions the existence of a Zhang zhung medical tradition (1998a: 231).

<sup>15</sup> Karmay 1972: 24. See also Millard 2002: 20f.

<sup>16</sup> Thus, in a recent chronologically ordered compilation of biographies of Tibetan doctors and medical scholars, Drang srong Dpyad bu khri shes is the first to be mentioned (Byams pa 'phrin las 2000: 7–12). See also Pasang Yontan (1989); compare with Rechung (1973: 14), who does not refer to the existence of a pre-Buddhist Bon medicine. See likewise the representation of Tibetan medicine by the Dharamsala Tibetan Medical and Astro Institute of H.H. Dalai Lama, which begins the history of Tibetan medicine with Khri Srong lde bstan (<http://www.tibetan-medicine.org/history.asp>). None of these discussions, however, inform us of the actual history of Tibetan medical texts, such as the *'Bum bzhi* and the *Rgyud bzhi*, about which different stories of origin exist. A detailed comparative analysis of both texts is still awaiting scholarly attention.

In addition to their collective identity as members of Bon medical lineages, the Nagchu lineage doctors all appeared to be rather individualistic. For example, apart from their immediate family members involved in medicine, they hardly referred to each other during interviews, even when questioned about their local colleagues. At the same time, they are also very conscious of their former tribal affiliations, including the history of medical practice within each tribal area.<sup>17</sup> Upon further investigation, it turned out that many of them came from the same former tribe, now a *rdzong* or county level administrative region, and they had shared the same teachers there, though they had not necessarily learnt the same things at the same times. Some of these former students were either distantly related to each other and/or were related to their teachers. Even though few of them have become renowned because of a specific medical expertise transmitted to them by an individually chosen teacher, these lineage doctors also share quite a remarkable pool of common teachers and their special treatments—mainly external ones—such as ‘blood letting’ (*gtar*), ‘moxibustion’ (*me btsa*) and the administration of ‘purgatives’ (*bshal*). These practices, so I have been told, are rarely used—if at all anymore—at the Lhasa Mentsikhang. As I will show below, the construction of medical identity among the Nagchu lineage doctors is based, first and foremost, upon their teaching lineage and the different medical expertise they learnt from their teachers or developed by themselves, but also on their regional or tribal affiliations. The latter has to be understood in historical and political terms as generally being antagonistic towards, or at least deeply suspicious of, Lhasa as the centre of political power, be it the former Dge lugs pa dominated Central Tibetan state or the present regime. Additionally, one should keep in mind the different social systems of Tibetan nomadic and farming societies. Furthermore, in contrast to Lhasa Mentsikhang practice, several rural lineage doctors, especially those who practice privately, actually produce their own medicines and shun those that are produced in factories (again especially those produced in Lhasa factories which are generally not trusted). The private doctor’s medicines are a mixture of locally gathered herbs, minerals and animal products, supplemented with non-local ingredients

<sup>17</sup> This was true to the extent that some doctors from Snyan rong region claimed that ‘Bri ru County had no doctors of traditional Tibetan medicine, a claim that turned out to be untenable.

that they trade from suppliers. These medicines are believed to be particularly efficacious and are very highly sought after, even among the urbanised population.<sup>18</sup> Such specific medical expertise distinguishes lineage doctors from each other. On the one hand, the private production of medicine empowers private doctors to be independent, whereas Mentsikhang lineage doctors have no choice but to prescribe ready-made medicines that have to be purchased at Mentsikhang pharmacies. On the other hand, private doctors have the choice—and at the same time the financial burden—of giving medicine for free to their poor patients. Additionally, what distinguishes lineage (and other) doctors of Tibetan medicine from one another are their differing inclinations and relationships to their teachers, for example, a closer, more intense and comprehensive, more direct relationship, starting to learn at a very young—i.e. earlier—age, and being more specialised in a certain area, or a choice of additional teachers with specific expertise.<sup>19</sup> This, however, seems to contradict their similar educational history and legitimisation, i.e. the fact that they share common teachers and/or family ties, and that they distinguish themselves from learning/teaching by way of a state medical curriculum. It could be argued then, on the one hand, that lineage (i.e. the main teachers and their medical expertise) legitimises a doctor’s medical knowledge and practice in a traditional sense and thus represents a significant Tibetan cultural value and status acknowledged by their communities. On the other hand, what might fuel doctors’ individualism is the fact that they share the same patients and thus are in competition since they live and practise rather close to each other, either in the same town, as in Nagchu, or as neighbours in the same nomadic area. This might also produce an inclination to specialise in the treatment of different diseases. In the end, even though they partly shared the same teachers, family lineage doctors would definitely identify with their family lineage and teachers rather than with

<sup>18</sup> I incidentally witnessed the well-attended visit to Nagchu town of a rural doctor who is famous for producing his own medicine. Despite the fact that the Nagchu Mentsikhang owns a well-stocked medical factory, patients flocked to this doctor and stocked up on his self-made Tibetan medicine.

<sup>19</sup> These issues do not exclude the fact that such personal transmission of particular medical practice also occurs inside state medical institutions where certain aspects of lineage transmission still operate on unofficial levels. For interesting comparative data on Chinese lineage doctors, and plural ways of learning Chinese medicine today and in the past, see Scheid (2002: 168ff). See also his example of a personal transmission of a needle technique between a medical teacher and his modern ‘disciple’ within the context of institutionalised medical practice (Scheid 2002: 40f).

their non-related teachers, even though the latter might have been more famous. Members of a master-apprenticeship would, naturally, stress their most famous teachers, especially if they continued to practise the specific treatments for which their teachers were renowned. Seniority among doctor brothers and cousins was another important factor in terms of the acquisition of knowledge, identity construction and social status.<sup>20</sup>

In addition to the above-mentioned elements of lineage and personal identity construction, professional ethics—again cited directly from the *Rgyud bzhi*—plays a major role in the self image and legitimisation of senior Bon lineage doctors. Proper ethical behaviour consists of compassionate action towards the patient, the leading of a healthy lifestyle free from the use of alcohol or tobacco, and includes a pure and traditional Tibetan diet of *rtsam pa*, yak and sheep meat.<sup>21</sup> In several of the present cases, the expression of the ideal of compassion went as far as giving free diagnosis and medicine to impoverished patients. Those lineage doctors who work privately outside of the main state health institutions, often chose to do so or had retired from their Mentsikhang work, in order to be able to provide free medical services.<sup>22</sup> In the past, it seems that doctors often treated patients without any explicit charge but did receive voluntary donations in the form of food products. However, there were and are large differences in financial means among student lineage doctors, depending upon their family background and social status. Medical teachers who did not belong to the

<sup>20</sup> If there were two brothers in a medical lineage, it was always the older one who would teach the younger. In the teaching lineage diagram (Figure 1) 'doctor' (*smān pa*) brothers are marked by a simple horizontal line in between while the transmission arrow is indicated from older to younger brother.

<sup>21</sup> Senior lineage doctors considered fish, eggs and pork as unsuitable foods. One doctor, while he was treating a patient in Beijing, made sure to take his own ration of *rtsam pa* with him so that it would last for several months. Some senior doctors pointed out that the newly introduced Chinese food among town-dwelling Tibetan nomads has caused many of the health problems. However, some of the younger doctors of Tibetan medicine were not so strict in their outlook and behaviour, and were smoking, for example.

<sup>22</sup> As a doctor employed in a state clinic there is no choice but to charge patients for medicine. However, there are problems with sufficient supply of Tibetan medicine in rural areas and clinics, since the government supplies and promotes the use of 'modern medicine' in such a way that Tibetan doctors who do not have the means and possibility to gather their own herbs in order to help patients have to administer Western medicine. This is of course quite dangerous, since only very few among them have had a proper training in Western medicine.

immediate family, and came from afar, were either invited by a student's family to stay with them for some time, receiving cattle and other items as payment for their teaching. A student could also live in a doctor's family for some time, often sharing lessons with a doctor's son of the same age. Outside of family medical lineages, sometimes a lama would recognise the potential of a novice to become a doctor, and thus the latter was advised to learn and practise together with a knowledgeable lineage doctor.

In general discussions about Tibetan medicine, lineage doctors openly stressed that there is no direct relation between religion and medicine. However, hints were sometimes dropped more discreetly: "In the past, the most famous doctors were both lama and physician. Nowadays, many physicians are like one-eyed doctors, since they do not believe in religion".<sup>23</sup> Also, senior lineage doctors would certainly stress their personal relationship with various Bon 'Tantric masters' (*rtogs ldan*), most of whom were locally famous among the Bon communities of Nagchu, and who had empowered them to perform Tantric ritual cycles by providing them with 'initiation' (*dbang*), 'authorisation' (*lung*), and 'explanation' (*khrid*).<sup>24</sup> Furthermore, most doctors whom I had interviewed agreed that not every illness which is diagnosed can be healed by medicine, and that some illnesses need to be treated by ritual specialists. And when I questioned a local lama, a 'Tantric practitioner' (*sngags pa*) and a former 'spirit medium' (*lha pa*), they all stressed their respective forms of specific ritual expertise, claiming that they had no medical knowledge at all and nothing in common with doctors, or with each other for that matter. One lama explained to me ironically, "Sick people go to the doctor, dying people call upon my services".<sup>25</sup>

<sup>23</sup> Once I was told a story of how a lineage doctor did not recover from a nasty cough, in spite of administering several treatments. However, when he went on pilgrimage to Gangs Ti se, he drank two cups of water from the 'Tirtapuri' (i.e. Pre ta pu ri) hot springs and was cured from his condition in a short time.

<sup>24</sup> Next to the propitiation of important Bon tutelary deities, especially Dbal gsas rnam pa, Dbal chen ge khod and Stag lha me 'bar, the *smān bla* ritual of the Bon Medicine Buddha was generally considered as important among the senior doctors in order to purify oneself and to generally empower one's medical practice. One monk doctor also practised specific breathing and movement exercises (*ritsa rlung*) for mental and physical purification (on *ritsa rlung* 'phrul 'khor see Chaoul, this volume).

<sup>25</sup> In fact, he was difficult to meet at home since he was always away visiting bedridden patients.



However, when looking at possible motives for such dissociating assertions of boundary markers among doctors and specialists of ritual healing, one should consider socio-political and professional concerns. We know that in cases of certain types of illness, especially those believed to be caused by agents such as 'spirits' (*gdon*) and 'defilements' (*sgrib*), and instances of soul loss, patients will seek help from a variety of healers until they consider they are cured. In the past, these healing specialisations were certainly less well distinguished since they were not politicised or censored by being labelled 'false' or 'superstitious practices'.<sup>26</sup> On the other hand, lineage doctors surely seek legitimation in the sense of a professional distinction from other types of 'folk healers'. Thus, among the most prized possessions of these lineage doctors were medical texts, even handwritten versions of the memorised *Rgyud bzhi* (Plate 2),<sup>27</sup> inherited medical instruments such as the silver spoon used to measure powdered medicinal ingredients, copper needles for moxibustion or different knives for blood letting (Plate 3). These embodiments of healing power among doctors are as much effective symbols of professional knowledge as a special statue or a 'healing stone' (*gter rdo*) is for a lama or a *lha pa*.

To summarise the above, and even though the question of how medical and religious knowledge and identity relate to each other cannot be answered in a satisfactory manner here, the primacy of medical knowledge over religious affiliation was clearly evident among the Bon lineage doctors I interviewed. On the one hand, several of their medical teachers belonged to Buddhist schools. On the other, the wider social network among Bon pos seems to have been, and to have remained, a strong link extending well beyond former tribal and contemporary county boundaries to regions as far away as Tsang (Gtsang), Amdo and Ngari (Mnga' ris), between which there were and are exchanges of teachers and students. While these long-distance connections are surely of great interest, and are partly related to the search for sponsorship

<sup>26</sup> Possibly, they were also less oppositional and more mixed—and very likely, on an unofficial level, many of them are still so in practice, and trusted healers of good reputation will recommend each other depending on what kind of illness has been diagnosed.

<sup>27</sup> This handwritten text was produced from memory by the lineage doctor Spyi 'dul (see below), shortly before the Cultural Revolution. It was written down according to the oral teachings based on the *Rgyud bzhi*, as they were transmitted to him by his teacher 'Brong tsha Dbal gsa skyabs. Spyi 'dul hid his books like a treasure in a buried box in 1966. Out of five such handwritten books only two survived.

and trade opportunities by some monks and monasteries, in the following section I will instead be exploring the complexity of the local networks of Bon lineage doctors in two rural counties of Nagchu Prefecture.

#### THE MEDICAL LANDSCAPE IN RURAL NAGCHU

Fernand Meyer (1981) reminds us that there was no such thing as a public health system in Tibet prior to the 1960s, and that only few doctors or other healing specialists were available outside of big monastic establishments or the medical institutions of Lhasa. However, in 1916 some modest efforts to build up public health facilities in Lhasa began with the establishment of the more secularised Lhasa Mentsikhang by the famous monk-doctor Mkhyen rab nor bu (1883–1962) and the 13<sup>th</sup> Dalai Lama (1876–1933). Lhasa now has a better public health system than any other region of the Tibetan Plateau. In contrast, the medical landscape in rural areas of Tibet was and still is very variable in terms of access to medical services. The practice of Tibetan medicine appears to depend in part upon local ecology, especially the availability of medicinal herbs, minerals and animal products in an area, and also upon the distribution of medical knowledge throughout specific communities, as well as local initiatives and resources to invite doctors from outside an area. We do not know much about the local history of Tibetan medical practice in areas such as Nagchu. The only way to find out is by way of oral history, by interviewing local doctors and families. Even a record of recent (post-1970s) changes in the local public health system remains to be written for the area of Nagchu.<sup>28</sup>

Concerning the local ecology of the Nagchu Prefecture, I was told that the counties of Nyi ma, Shan rtsa, Snyan rong and A mdo provide mostly minerals and wildlife products, whereas Sbra chen, 'Bri ru and Sog County would be rich in herbs. Special 'valley herbs' (*rong rtsa*)

<sup>28</sup> What I came across was a rather curious anecdotal story about a Chinese doctor who had treated nomads in Nagchu with 'Western medicine' (Chin. *xiyi*) at the end of the 1970s. His newly introduced stethoscope unintentionally became the object of blessing and veneration among his nomadic patients. They would request the doctor to press the stethoscope onto their heads in order to remove headaches, or onto their knees to remove arthritis. The doctor was ashamed about these 'treatments' but admitted to the possibility of having helped his patients by consoling them in their own way, and thus making them happy (Ma Lihua 1991: 187, 188).



grow in the lower areas of 'Bri ru. More precisely, Sbra chen seems well-endowed with about 350 different types of medicinal products, i.e. about 200 medical herbs, and other minerals and wildlife products. Nomad families collect 'Yartsa Gumbu' (*dbyar rtsa dgun 'bu*) here to earn cash, while privately practising lineage doctors use it to exchange for other medicinal ingredients that are not locally available.<sup>29</sup> In contrast, the areas of Rdza dmar and greater Snyan rong, located at a higher altitude than Sbra chen, are said to provide only sparse growth of both grass and medicinal herbs. Only around 50 to 60 different kinds of medicinal herbs grow in this area, of which about 30 are very common. Several privately practising lineage doctors there do produce their own medicines independently and in order to be able to treat poor patients for free. For many, they provide the only medical treatment possible since the TAR public health system has become unaffordable or is not accessible in the first place. With the help of colleagues and family, these doctors collect and then exchange their surplus of local herbs and minerals, for example, to the medical factory of the Nagchu Mentsikhang, in return for other non-local herbs which they require. If prices are too high there for specific and commonly used herbal ingredients, such as for *a ru*, *ba ru* and *skyu ru* which grow in Nepal or India, doctors try to obtain them through direct trade at the Nepalese border.<sup>30</sup> Nevertheless, the free treatment of patients entails a heavy economic strain upon these doctors and their families.

Generally speaking, because of Nagchu's rather barren, high altitude landscape between 4500m and 5000m, minerals seem to play an important role as local ingredients in medicinal compounds. The Chinese woman writer Ma Lihua, who travelled through Nagchu during the late 1970s and early 1980s, confirms:

<sup>29</sup> Several articles have recently appeared concerning the importance of *Cordyceps sinensis* as a medicinal trade product. The Tibetan name can be translated as 'summer grass - winter worm', indicating its extraordinary metamorphosis from a 'worm' (actually a moth larva) into a type of 'grass' (i.e. fungus) which is used especially in Chinese medicine, but much less so in Tibetan medicine. It has become a very important 'cash crop' for many Tibetan nomads (see Boesi 2003 and Winkler 2005).

<sup>30</sup> Trade in medicinal herbs between distant areas seems to have been lucrative and important even in the past. George Roerich, for example, mentions "Chinese- and Japanese-made medicines" being traded in the Nagchu area by merchants from Lhasa and Si ling (Xining) in the 1920s (Roerich 1931: 339).

Of all Tibetan medicines, those made of minerals are considered more efficacious and maintained particularly by the northern school because there is scarcity of plants here, particularly for medicinal use; on the other hand, minerals for prescriptive purposes are plentiful.<sup>31</sup>

However, as I will show in the following sections, it is the quality of medical education through lineage that might play the most decisive role for the quality of medical treatment in rural Nagchu today.

Today, many privately practising doctors carefully collect and produce their own medicines. Neither they nor their patients can afford or would want to buy medicine—whether Tibetan or 'Chinese' (i.e. biomedical products)—from one of the *xiang* or *xian* clinics. However, since the founding of the Nagchu medical factory, its products were held in high esteem locally, especially when compared with those from the Lhasa Mentsikhang factory, which has a rather dubious reputation. It was explained to me that the Nagchu factory adheres strictly to traditional recipes and does not use substitutes in its medical compounds; at least this was the case while a trusted local doctor used to be its director.<sup>32</sup> However, he passed away prematurely in 2001, and is still mourned by his colleagues. He was a highly respected person and a part of the relatively close network of lineage doctors from Rdza dmar.<sup>33</sup>

When talking about the variety in quality and availability of medical care in rural Nagchu, one has to take into account the socio-political and historical contexts as well as ecological and economic considerations. This issue will be explored below by way of a selection of biographical interviews with doctors and ritual healers from Snyan rong and

<sup>31</sup> Ma Lihua 1991: 182. What she means by the 'northern school' of Tibetan medicine remains unclear. She claims that the 'northern school' specialises in the treatment of 'cold diseases' whereas the southern does so for febrile diseases. Also, the northern school seems to be more inclined towards Bon (Ma Lihua 1991: 179). Since I have not encountered such a claim at all during my fieldwork in Nagchu, I would like to leave this question open until further clarifications have been undertaken. For a discussion of the 'Northern School' (*Byang lugs*) in the Tibetan tradition, see Hofer (this volume).

<sup>32</sup> I have no way to verify this claim. Further research into the domain of the acquisition of, and trade in, herbs and the production process of Tibetan medicine at the Nagchu medical factory needs to be undertaken.

<sup>33</sup> See the diagram (Figure 1) to locate the former director of Nagchu Mentsikhang, Kun 'dul, older brother of Seng ge, and their links with the professional and kinship network among lineage doctors in Rdza dmar. This diagram is not exhaustive but is primarily oriented towards showing the historical connections among local lineage doctors in this area. Spellings of names can also vary (as by informant or cf. Byams pa 'phrin las 2000), for example Rma rong Khro gsa or Dmar rong Khro gsa, Yog ru Lha rje or Yob ru Lha rje, A rgya or A brgya.

Sbra chen counties in order to build up a certain understanding of the situation.<sup>34</sup> At the same time, it should be noted that these senior lineage doctors represent a kind of local elite due to their lineage status. Their status can be compared with other younger, upcoming doctors without lineage background, who are less well-educated and who might not be able to practise in their own communities, but only as 'outsiders' in other remote places.<sup>35</sup>

Historically speaking, the area north of Nagchu County was populated by nomadic tribes who belonged to the Thirty-nine Tribes of Hor (Tsho ba so dgu).<sup>36</sup> Noteworthy for the purpose of this article, are the Rdza dmar tribe whose territory now comprises the southern part of contemporary Snyan rong County, and the Hor Ye tha tribe from Sbra chen County. These former tribal areas were the locations of my fieldwork during autumn of 2003. The Hor pa maintained few monasteries, most of them belonging to the Bon religion.<sup>37</sup> Unlike some of their Buddhist counterparts, Bon monasteries never developed monastic

<sup>34</sup> The following explanations are in no way exhaustive and focus on the oral history of medical lineages. Other important aspects for understanding the variety of medical traditions, such as the way in which medical policies are implemented locally, are not discussed in this chapter but should be explored further.

<sup>35</sup> I thank David Holler (in personal communication) for pointing out the various and economically quite difficult situations for young doctors in other nomadic areas of Nagchu Prefecture, such as in Dam shung.

<sup>36</sup> Phuntso Tsering Sharyul gives a short historical sketch of the famous Thirty-nine Tribes of Hor (2003: 71). See Roerich for a more general description on the "The Horpas and their Country" (1931: 333ff, chapt. XVI). See Map for an outline of the former tribal area of Hor. For statistical and climatic information collected on present-day Nagchu, see Studer 2002 and Baimatsho 2003.

<sup>37</sup> See Dondrup Lhagyal (2000: 460) and the monastic history of Nagchu (Nag chu sa gnas srid gros lo rgyus rig gnas dpyad yig khang). It is evident that the counties of Sbra chen, Snyan rong and 'Bri ru possess the highest concentration of Bon monasteries in the Hor region. Sog County, however, is almost entirely Buddhist and maintains quite a large and renown Tibetan hospital. Roerich writes, "Bön is prominent in the region of western Hor and holds undisputed sway over all the Hor tribes" (1931: 353). Bon po communities here had strong contact with the main central Tibetan monastic centres of Bon religion, Sman ri and G.yung drung gling, whose lamas and monks regularly came to visit Nagchu to give teachings, and also to collect donations, upon which they depended heavily. As will be shown later, several lamas from G.yung drung gling taught medicine to Bon lineage doctors in the Nagchu area. Also, at the instigation of important abbots and lamas from Sman ri monastery, the monastery of Sha ru was founded in Rdza dmar at the end of the 19<sup>th</sup> century (Phuntso Tsering Sharyul 2003: 81). Roerich discovered two complete sets of a Bon *Bka'* 'gyur and *Bstan* 'gyur in this monastery in 1928 (Roerich 1931: 357); see also his description of the monastery (1931: 361ff). He also mentions, with specific iconographic details, the Bon Medicine Buddha (Sangs rgyas sman bla) depicted on a wall painting at the site (1931: 363).

medical schools. Instead, medical knowledge is mostly transmitted by family or teacher-student lineages. But, in addition to this, there were also certain famous religious practitioners, such as *rtogs ldan* and lama, who gave teachings on medicine, healing rituals and astrology (*rtsis*), as well as initiations and blessings, to lineage doctors. In the following, I will give a good example of this from Sbra chen County.

#### MEDICAL KNOWLEDGE IN SBRA CHEN COUNTY

In the recent history of Sbra chen County, are three Bon *rtogs ldan* practitioners who were especially famous for their medical and astrological knowledge. These are Be ru skal bzang (or mkhas dbang?), Rag shi (or shu?) *rtogs ldan* Dri med g.yung drung (d. 2001) and Kha bo *rtogs ldan* Shes rab phun tshogs (d. ca. 1998). In addition to these three, the name of Kun bzang lhun sgrub, the nephew of Rag shi *rtogs ldan*, is also well-known. Kha bo *rtogs ldan*, for example, was especially famous for *rtsis*, and so he produced the astrological calendar for the Sbra chen Mentsikhang for several years, beginning in 1984. Yet, following his death, no one else was able to continue his craft.<sup>38</sup> Generally speaking, senior lineage doctors regret the dramatic decline of the importance of astrology for medical practice at all levels, and in all modes of learning in Tibetan medicine. This development is also considered dangerous by some, since it is thought to render medical practice less precise and thus less efficacious.<sup>39</sup> Rag shi *rtogs ldan*, in turn, is known to have given initiations, transmissions and empowerments (*dbang*, *lung*, *khrid*) to many people, among them several doctors whom I had interviewed. The local doctors' awareness of the need for preserving the memory and knowledge of such recent medical lamas is

<sup>38</sup> Even today, informants told me that it is especially the older generation of Tibetans who ask for almanacs calculated by knowledgeable *rtsis pa* at the Mentsikhang.

<sup>39</sup> At the moment, I can only guess what the reasons for this decline might be. Astrology is an important part of Tibetan culture in general, not just of Tibetan medicine. However, astrology belongs to that part of Tibetan culture which falls somewhat into the politically censored realm of 'superstition' in Chinese state cultural policy, and under which various forms of Tibetan divination, for example, are now completely outlawed. Furthermore, it might not be 'scientific' enough and thus might have fallen under the hammer of biomedically stipulated sanctions concerning training in Tibetan medicine in many contexts. Similarly, the use of the *I Ching* has declined in Traditional Chinese Medicine (TCM).

high. For example, a lineage doctor from Sbra chen Mentsikhang now tries to collect the biographies of the three *rtogs ldan* in order to publish them.

Next to *rtogs ldan*, several lamas also became well-known in the area for their healing skills. Despite the fact that there is no tradition of Bon monastic medical schools, certain monasteries seem to have attracted lamas with medical knowledge. One such example is G.yung drung rab brtan gling or Spa tshang dgon, formerly the largest monastery in the Hor area, which was founded by a Spa lineage descendant, Spa ston Nam mkha' bzang po, in 1847.<sup>40</sup> Several decades later Spa ston Nyi ma 'bum gsal (b. 1854) turned it into a flourishing establishment with about four hundred monks, and both a dialectic college (*bshad grwa*) and a Tantric college (*sgrub grwa*). He also composed religious and medical works, and became the 'root lama' of the famous Bon scholar Ga rgya Khyung sprul 'Jigs med nam mkha'i rdo rje (1897–1955). Khyung sprul's family, the Ga rgya, were well-established in Sbra chen because his father was the *Hor Blon*, or Minister of the Hor King. Ga rgya Khyung sprul, as he is commonly called in Nagchu, also composed four important treatises on Tibetan medicine based upon Bon *gter ma* texts.<sup>41</sup> Later in his life, he settled in Ngari and established the Bon monastery of Gur gyam there, near the famous holy mountain of Gangs Ti se, better known outside of Tibet as Mount Kailash. Nevertheless, until recently, Spa tshang monastery has continued to produce monks and lamas knowledgeable in medicine.<sup>42</sup>

Ga rgya Khyung sprul's main student and successor, Bstan 'dzin dbang grags (b. 1922), a native of Hor Ye tha (Sbra chen County), is possibly the most famous and nationally recognised Bon doctor in contemporary Tibet. Bstan 'dzin dbang grags ('Dainzin Wangzha' in the Chinese rendering of his name) has established several medical facili-

<sup>40</sup> See Dondrup Lhagyal on 'The Spa family in the Hor area' (2000: 460). The Spa lineage is one of the five major Bon religious lineages who maintained their own monasteries. On the history of Spa tshang dgon, see *Nag chu sa gnas srid gros lo rgyus rig gnas dpyad yig khang*, 325–33.

<sup>41</sup> For this text see bibliography. See his biography in Dpal ldan tshul khriims 1972 and Kværne 1998.

<sup>42</sup> For example, the now retired doctor from Sbra chen Mentsikhang, 'Bru zhig Khri shes nyi ma, was taught by Dar ma rgyal mtshan from Spa tshang dgon, whose teacher was the famous doctor and lineage lama 'Brug rin po che (Spa ston G yung drung bstan pa 'brug grags) from the same monastery. For more details on this particular monastery, see Phuntso Tsering Sharyul (2003: 131–36).

ties in Ngari, among them a medical school open to all kinds of students which he founded in 1984 near Mount Kailash.<sup>43</sup> This example hints at how medical knowledge can also be transmitted through a religious teacher-student lineage transcending locality/regionalism, and thereby transferring knowledge to other regions through the movement of persons and texts. Here again, it is the personal relationship between teacher and student that is most decisive—in contrast to other notions of lineage discussed above.

The fact that text and locality are also indicative agents in the transmission of Tibetan medicine, is revealed in a local narrative among Bon doctors from Sbra chen, about how Ga rgya Khyung sprul's treatise on medicine found its way 'home' again. A pilgrim from Nagchu with the name Rba bo rdo rkyang had travelled to Mount Kailash, and there had been given Ga rgya Khyung sprul's text in order to take it back home to Nagchu, so that it could benefit the doctors and patients there. Rag shi rtogs ldan from Sbra chen then obtained the work, learnt the medicinal recipes contained in the text and passed these onto his nephew, Rag shi Kun bzang lhun grub, who in turn apparently passed this knowledge down to his nephew Rin chen blo gros (born in 1951). The latter is now practicing as a lineage doctor in Nagchu township, using these recipes for his medical practice and teaching.<sup>44</sup> It is interesting to note that Ga rgya Khyung sprul's treatise on medicine seems to be better known today among Bon doctors coming from his home area of Sbra chen County (and more often used in their medical practice as well), than among lineage doctors from Rdza dmar (Snyan rong County). This fact, too, indicates that something like a regionally based knowledge continues to be perpetuated through certain medical lineages, texts and oral historical narratives.

When I asked the lineage doctor Be ru Khri med, the leader of the Sbra chen Mentsikhang department, whether there were many doctors practising here in the past, he replied, "No, not so many but some famous ones" (i.e., such as those mentioned above). Today, he adds,

<sup>43</sup> He has served as a teacher to many students of Tibetan medicine. For information about him, his medical school, and the monastery of Gur gyam, see Byams pa 'phrin las (2000: 554–56); *Stod mnga' ris skor gsum gyi lo rgyus* (1996: 297–336); and [http://www.tibetinfo.com.cn/english/culture/medicine/hospital/ho\\_02.htm](http://www.tibetinfo.com.cn/english/culture/medicine/hospital/ho_02.htm).

<sup>44</sup> Rin chen blo gros had moved from Sbra chen to Nagchu town and organised a small private medical training programme supported by the Trace Foundation.

there are considerably more Tibetan doctors around, including some in Sbra chen, whom he has specially trained himself.<sup>45</sup> In addition to Be ru Khri med, there seems to be only one other lineage doctor still practicing Tibetan medicine in Sbra chen. His family name is Sngags pa tshang, belonging to the lineage (*rus pa*) of Khyung po, and he continues the medical tradition of his family in the 7<sup>th</sup> generation. As a kind of proof of his family heritage, he displayed to me a special metal object used for grinding and compounding medicine (*sman sdud snod*).<sup>46</sup> Furthermore, he had inherited a medical text that was considered 'local' in the sense that it was a personally made copy or an original book from his great-grandfather.<sup>47</sup>

#### RDZA DMAR DOCTORS FROM SNYAN RONG<sup>48</sup>

The two most well-known senior doctors of Tibetan medicine who practice in the Nagchu Mentsikhang, both of whom happen to be Bon doctors with a strong lineage background, are A rgya (b. 1943) and Spyi 'dul<sup>49</sup> (b. 1935). Their homeland is very nearby in the Rdza dmar area of Snyan rong County. They began to work at the prefectural Nagchu Mentsikhang (Nag chu sa khul sman rtsis khang) in 1984.<sup>50</sup> It became

<sup>45</sup> In 1998, together with his senior colleague 'Bru zhig Khri shes nyi ma, he established a small Tibetan medical school with about 30 students from the local area. The course was initially supported by the government and ran for four years. The students completed the course successfully. However, because of scarce funding resources, these doctors were not able to repeat such a course.

<sup>46</sup> It was made of extremely heavy iron covered by a cushion-like leather surface. It was not entirely clear—also not to Sngags pa a sbo himself—how this tool was used since it did not look as if it could contain anything. Rather, it looked like the foot upon which a vessel, for example for grinding medicine, could be placed.

<sup>47</sup> The text is entitled: *Gso rigs kyi man ngag sman nus kyis dngos 'dzin kun gsal nyi ma'i dbang po*. n.d., n.p. It lists local names of medical compounds, I was told. However, the two lineage doctors present were discussing the probability of it being a local text, i.e. referring to locally available medicinal herbs and their local names, or being a (possibly locally adapted) copy of the now generally available *Shel gong shel phreng*, written in 1727 by De'u dmar Bstan 'dzin phun tshogs. They did not, however, exclude the possibility of this local text being the original version of the *Shel gong shel phreng*.

<sup>48</sup> The network of teacher-student lineages, including some of the family ties among lineage doctors in Rdza dmar (Snyan rong) is outlined in Figure 1.

<sup>49</sup> His full name and title is Sman rab 'byams pa Rkang thung Spyi 'dul.

<sup>50</sup> When the Mentsikhang was established, there were about twenty Tibetan medical professionals, but only few of them were trained thoroughly in Tibetan medicine. However, there was a collegial spirit among the different types of doctors, and teachers

evident that they are representatives of the 'old school', i.e. local doctors of integrity who truly adhere to their traditional learning and lifestyle, and who shared several teachers in common. Of course, they are not the only senior lineage doctors around, and they have also had to adapt to the Mentsikhang system, thus prescribing mass-produced medicine instead of privately collecting and personally producing it themselves. However, their acquisition of medical knowledge will serve as a local case study for certain characteristics of the lineage model of transmission.

Spyi 'dul, for example, emphasised the important role of astrology (*rtsis*) in Tibetan medicine, since this is generally a complementary aspect of the Tibetan medical system, although its practice has steadily declined since the 1960s. Astrology is—next to the treatment of women's diseases—also one of the skills that Spyi 'dul is well-known for.<sup>51</sup> He had learnt astrology from his father Rkang thung Tshe sgrub, who was a secretary of the Rdza dmar tribe, and who possessed a theoretical knowledge of medicine and a practical one in geomancy (*sa dpyad*). Even though Spyi 'dul's task as a young man was to take care of the family's salt trading business, he found time to study medicine as well. Among his teachers were his maternal uncle Rda ru Gsas 'bum who taught him divination (*mo*) and poetry (*snyan ngag*). At the same time, Rda ru Gsas 'bum's father, Rda ru Lha dbon, (i.e. Spyi 'dul's maternal grandfather), was a famous doctor (*lha rje*) and taught Spyi 'dul the *Rgyud bzhi*, while he learnt *gtar* (blood letting), and *me btsa'* (moxibustion) from his cousin, that is, his father's sister's second son, Yog ru Lha rje. Both Yog ru Lha rje and Spyi 'dul himself had been students of the most famous lineage doctor of Rdza dmar area, 'Brong tsha Dbal gsas skyabs (more about him below), a contemporary of the great Mkhyen rab nor bu (1883–1962).<sup>52</sup> Yog ru Lha rje was also the father

like Shes rab mchog ldan from G.yung drung gling monastery were invited to teach not only medicine but poetry and drawing as well. Spyi 'dul himself also taught several of the inexperienced doctors in special training courses. Presently, there are only two doctors from Nagchu practising at the Nagchu Mentsikhang, A rgya and Spyi 'dul, whereas all the others come from Lhasa and belong to the new generation of institutionally trained doctors.

<sup>51</sup> For a portrait of Spyi 'dul see Plate 4, and for his short biography, see Byams pa 'phrin las 2000: 593–95.

<sup>52</sup> 'Brong tsha Dbal gsas was also related to Spyi 'dul, being his mother's father's sister's son.

and teacher of the Rdza dmar lineage doctors Seng ge and Kun 'dul.<sup>53</sup> Furthermore, medical and herbal knowledge was taught to Spyi 'dul by the Rma rong family, a Buddhist medical lineage in which the eldest brother Rma rong (A rdo) Khro gsas was the main agent. Rma rong Khro gsas (1899–1999), as well as his brother A thob, presumably about 100 years old and still living in 2003, also taught medicinal plant knowledge to other lineage doctors in Rdza dmar, among them A rgya and Seng ge.

Spyi 'dul told the following story in order to illustrate how life-saving astrological calculations were considered to be for Tibetans prior to the 1960s. Around the 1920s and later, the Rdza dmar tribe flourished greatly. They were quite prosperous because of successful raids, but they also had some quite famous doctors, astrologers and intellectual people among their ranks. One such person was Dge slong bzod pa, who was famous for his prophecies made on the basis of *rtsis*. He foretold a big snowstorm for the year of the Iron Hare (1951). In the previous year, the government of Lhasa (Dga' ldan pho brang) had increased its taxation on the Hor tribes by one yak skin per household. Dge slong bzod pa foretold that even though in that year it would be difficult to meet the tax obligation, the following year, yak skins would be abundant. And indeed, about 100,000 yaks died in the snowstorm in the following year.

In the mid 20<sup>th</sup> century, one of the most celebrated Bon lineage doctors from Snyan rong was 'Brong tsha Dbal gsas skyabs (or Dbal gsas for short). He came from an impressive family lineage of ten generations of doctors, whose members were named for me by A rgya, one of his former students (see Figure 1). He taught the *Rgyud bzhi* in theory and practice, but also passed on his herbal knowledge, as well as the surgical treatment of *thur ma* that has ceased to be practised since the 1960s.<sup>54</sup> Dbal gsas's main lineage teacher was his grandfather 'Brong

<sup>53</sup> See diagram (Figure 1) where Spyi 'dul's father, his maternal uncle and grandfather are placed vertically above him, as part of his *pha spun*. Yog ru Lha rje must have been considerably older than Spyi 'dul himself, and shared a wife together with his older brother, Yog ru Dbang 'dul, with whom he fell out quite badly. Quite unusually, Yog ru Lha rje, being the younger brother, turned out to be the main medical teacher for his next of kin, including for both of his (or their?) sons, Seng ge and Kun 'dul.

<sup>54</sup> According to Spyi 'dul, this treatment is described in the *Rgyud bzhi* as being very painful and dangerous, but also powerful. It entails a surgical operation performed with a metal stiletto in order to let off 'steam' or 'vapour' (*rlangs*) from organs such as the lungs, the heart and the stomach, as indicated in the *Final Tantra (Phyi ma rgyud)* (Olaf Czaja, personal communication). The instrument can be shaped like a long spike

tsha Jos skyabs. Among the line of teachers in his wider lineage tree, there was also a famous Bon po *gter ston* from Kham with medical knowledge, Kun grol grags pa 'Ja' tshon snying po (b. 1700).<sup>55</sup> Another one of these lineage teachers was a lama from G.yung drung gling monastery, Mkhas sgrub lung rtogs rgya mtsho, who also composed a Bon history during the 18<sup>th</sup> century.<sup>56</sup> Dbal gsas also went to study at the monastic medical school of Chagpori in Lhasa, in order to complete his knowledge. His former student Spyi 'dul recalls:

At that time in Lhasa one noble lady fell ill, having problems with her lungs, and even the famous Mkhyen rab nor bu from Chagpori was not able to cure her. Dbal gsas, however, had the knowledge of doing minor surgery, so he was able to treat her successfully through *thur ma*.

Dbal gsas received rewards and gifts for his successful treatment. However, medical students in Lhasa today believe that *thur ma*—used for surgery of organs other than the eyes—has not been practised anywhere in Tibet for three hundred years or more. In explanation for this, a story concerning a dangerous failure of this type of treatment is circulated at the Lhasa Tibetan Medical College, according to which the Regent Desi Sangye Gyatsho (1653–1705) had incidentally injured the Fifth Dalai Lama's heart while treating him with *thur ma* for a lung problem. A ban of *thur ma* had apparently been imposed since that time.<sup>57</sup> Yet, the fact that an 'outsider' like 'Brong tsha Dbal gsas from rural Nagchu still knew how to use a method that apparently had already ceased to be applied for several hundred years in Lhasa itself, gives us information about, and proof for, a Lhasa-centric politics and discourse of Tibetan medicine, and one which is historically characteristic of other areas of interest to the Dga' ldan pho brang state. Despite tremendous socio-political changes, it is obvious that certain social

with different metal points or formed like a hollow pipe, and is either heated up or used 'cold'. There were different lengths and sizes of instruments for various functions. More commonly, *thur ma* has been used for eye surgery.

<sup>55</sup> Because of their dates, these figures are either to be understood in a wider historical sense as having been teachers in the lineage of Dbal gsas, or my informant might have intended to refer to their later reincarnations who taught Dbal gsas directly. Thus, according to Dan Martin, the 6<sup>th</sup> reincarnation of Kun grol grags pa 'Ja' tshon snying po, known as Kun grol hum chen 'Gro 'dul gling pa (1901–1956), could have possibly been a personal teacher of Dbal gsas (Martin, personal communication).

<sup>56</sup> See Martin (1997: 175, no. 429).

<sup>57</sup> I thank Mingkyi Tsomo, former student at the Lhasa Tibetan Medical College, for this information.

hierarchies and the myths connected to them have remained and been locally perpetuated and transmitted until today. Certainly, this story proves that among Lhasa's medical institutions and rural lineage doctors, different medical treatments and expertise existed.

Furthermore, Dbal gsas was not the only doctor in Snyan rong who still knew how to practice *thur ma* during the mid-20<sup>th</sup> century. Another renowned doctor and teacher, Chos dbyings rdo rje (1905–1977), who originally came from Amdo, also taught *thur ma*, as well as the techniques of *myig phyee ba* or 'open eye surgery' and also the *dug bcos* treatment against poisoning. Chos dbyings rdo rje was a former monk of 'Bras spung monastery, and later became a very famous doctor in Nagchu. He married into a family from Sog<sup>58</sup> where he settled and treated patients. However, he seems to have remained notoriously poor, possibly also because he treated his patients for free. Chos dbyings rdo rje himself had several teachers, one of whom was Kong sprul Blo gros mtha' yas (1813–1899), the famous Ris med savant from Khams. Later he trained—like Dbal gsas—for three years with Mkhyen rab nor bu at Chagpori in Lhasa. In Nagchu, he successfully treated Tibetan government troops who had terrible problems with venereal diseases while serving under the Lhasa-appointed Governor of the North (Byang spyi) Pha lha Thub bstan 'od ldan (b. 1911).<sup>59</sup> Hence, the people called Chos dbyings rdo rje the 'doctor of Chinese diseases' (*rgya nad sman pa*), since *rgya nad* referred to venereal diseases.

One of Chos dbyings rdo rje's students, A rgya from Rdza dmar, who is Spyi 'dul's colleague at the Nagchu Mentsikhang, in turn became renowned for being able to cure poisoning—a treatment that his teacher was already famous for—when he was able to heal two

patients from 'Bri ru county who had been travelling in Kong po, a region notorious for cases of poisoning.<sup>60</sup> A rgya thus became well-known for curing cases of 'poisoning caused by man-made compound poison' (*sbyar dug*), one of three different types of poison including 'natural poison' (*dnagos dug*)—being either 'immobile' in plants (*mi rgyu ba'i dug*) or 'mobile' in some animals (*rgyu ba'i dug*)—and 'poison caused by way of food poisoning' (*gyur dug*). Even though A rgya had initially learnt medicine from his maternal uncle Bsod nams grags pa, as well as from another 'uncle' of his who was a renowned lama and teacher of Tibetan medicine from the Bon monastery of G.yung drung gling, Shes rab mchog ldan (1933–1996),<sup>61</sup> he considers the famous lineage doctor Dbal gsas as his main medical teacher. He clearly identifies with the latter's knowledge and prestige, which he continues to pass on to quite a considerable amount of students of his own. Even though he is not personally related to Dbal gsas, he feels responsible for, and identifies with, his family lineage transmission, possibly also since Dbal gsas's own son Bsod nams bkra shis had passed away so early, and because Dbal gsas's great-grandson, who was instructed by A rgya in Tibetan medicine, does not seem interested in continuing this famous medical lineage.<sup>62</sup>

Successful treatments in difficult cases of illness, and among patients with high social status (in former times nobles, in present times government and military officials), often form an important part of a doctor's narratives and self-image when asked about their specific abilities of healing.<sup>63</sup> For a contemporary example, in the years 2000 and

<sup>60</sup> For A rgya, see Plate 5. On Kong po and its poisoners, see Karmay 1998b.

<sup>61</sup> A rgya referred to Shes rab mchog ldan with the term a *zhang* ('maternal uncle'), however, he was not sure about the actual family ties that exist between them. A *zhang* can also be used, for example, for 'nephew'. See diagram, Figure 1.

<sup>62</sup> See diagram for A bu (Blo sgrub gyur med), born 1982 (Figure 1). A rgya certainly did not bask in reflected glory, however. It was clear that both he and Spyi 'dul very much regretted that the lineage of 'Brong tsha Dbal gsas skyabs was under threat. A rgya also did not call himself a lineage doctor (in the stricter sense) because he did not really come from a medical family lineage (except for his two monk doctor teachers whom he calls 'uncles'). However, since he clearly identified his medical knowledge and practice with Dbal gsas, and continues to pass on his knowledge onto Dbal gsas' great-grandson A bu, I argue that it is justified to call this a *sman pa rgyud pa* in the sense of a master-disciple apprenticeship.

<sup>63</sup> There are some remarkable parallels between senior Tibetan lineage doctors and 'senior Chinese doctors' (Chin. *laozhongyi*) concerning the 'personal transmission of knowledge' (Hsu 1999: 88f). However, the stress on lineage membership seems stronger and more pronounced among Tibetan lineage doctors.

<sup>58</sup> I guess that he must have settled in Sog County, which in contrast to Snyan rong and Sbra chen is a predominantly 'Buddhist' county. Today, there exists a rather well known and established Mentsikhang in the town of Sog County, which has its own buildings and staff, and is separate from the Peoples' Hospital. The Trace Foundation supports a project on the cultivation of medicinal herbs there.

<sup>59</sup> The Byang spyi governors were sent to establish central government authority over the Hor states and neighbouring Byang thang pastoral communities in the early 20<sup>th</sup> century, which amounted to little more than enforced tax collections for much of the time, something highly resented by the Hor communities. Pha lha thub bstan 'od ldan was appointed Byang spyi in August 1942, and served until about 1947. He is still notorious in parts of Hor for the killing by deception of Dkon mchog rgyal mtshan, alias Ga rgya 'Gram nag (1908–1944), the brother of the Bon lama Ga rgya Khyung sprul 'Jigs med nam kha'i rdo rje whose medical texts are used by the lineage doctors of Hor. I thank Toni Huber, who is working on the life-story of Ga rgya 'gram nag, for this information.

2001, A rgya was invited to go to Beijing three times each year for a series of one month stays in order to treat a high ranking Chinese military official in a military hospital there. At that time he was able to cure kidney, heart and liver conditions for this patient by compounding his own medicine, of which the raw materials were ordered from the Nagchu Mentsikhang pharmaceutical factory. A rgya received an official recognition for his treatment after this success.<sup>64</sup> One can easily understand why such narratives of successful medical treatments in hopeless or difficult cases are so crucially important for these doctors. They not only improve and legitimise a doctor's prestige among the people once the word gets around, but in the recent past such a reputation was even able to rescue a doctor's life and professional career during the persecution and imprisonments of the Cultural Revolution.

Today, it seems quite obvious that lineage doctors from rural areas outside Lhasa have retained certain traditional medical treatments, among them especially external treatments, as well as the use of cleansing medicines such as *bshal* ('purgatives'). Whereas the latter is not practised anymore at the Lhasa Mentsikhang, some of the other external treatments are still used in at least one small department (*dpyad bcos khang*) there.<sup>65</sup>

The example of *thur ma*, and the fact that its decline as a treatment follows a separate trajectory in terms of time and place, suggests that different historical developments in Lhasa, when compared to other areas of the Tibetan plateau, must have had a strong impact on the overall development of medical practice within the area of influence of the pre-modern Tibetan polity. As the example of the use of the *thur ma* treatment by 'Brong tsha Dbal gas in Lhasa in the mid-20<sup>th</sup> century has shown, one could conclude that the process of standardising Tibetan medicine in Lhasa itself must have already been set into motion well before that, probably marginalising what were considered, for one reason or another, as 'dangerous treatments'. Apart from a narrative that appears more mythical than historical, however, we do not really know why this was the case. Additionally, there is clear evidence that in the 1960s and 1970s, certain medical practices were branded by state poli-

cies as 'superstitions', later becoming marginalised practices like some of the external treatments mentioned above. It is also apparent that what are today rather neglected or 'marginal' forms of treatment among Tibetan doctors in Lhasa—and of course *thur ma*, which has totally ceased to be practised today, most likely because of the advancement of biomedical surgery—seem to have become the very treatments that rural lineage doctors are famous for using.

## OUTLOOK

Senior lineage doctors in present-day Nagchu consider there has been a decline in comprehensive knowledge and practice of Tibetan medicine due to a more superficial and standardised form of teaching and learning within centralised, state medical institutions. This trend is generally understood as a severe loss and a threat to the complexity and efficaciousness of Tibetan medicine, turning it into something 'more basic' and 'less effective'. Also, privately practising doctors who produce their own medicine are among the few who are able to fill the gap in public health by providing medical treatment for free to the poor, who otherwise have no means for being cured. This was given as the main reason for private doctors to bypass state medical policies in various ways. On the other hand, those among them who have no knowledge of Chinese language, or of Chinese biomedicine, are increasingly confronted with patients who may take both types of medicine. Thus, they have no experience in the way biomedicine works or reacts with Tibetan drugs when taken together or one after the other. This dilemma might increase in places where Tibetan medicine is not available at all, and where the state keeps supplying subsidised biomedicine instead (often of poor quality, and if at all). In some places, for example, Tibetan doctors might diagnose the disease of a patient by taking the pulse while having to prescribe Chinese biomedical drugs. In a Mentsikhang setting, it might be the other way round, that is, modern diagnostic methods based on a modern anatomy and (probably) a hybrid of disease aetiologies, might be employed and finally Tibetan medicine is given as the treatment. Concerning the combined practice of Tibetan medicine and biomedicine, most of the senior lineage doctors considered this to be unproblematic and instead complementary, saying that 'old' diseases, i.e. chronic ones, are better treated with

<sup>64</sup> Since he does not know Chinese, he had to take a student along to translate Chinese into Tibetan and *vice versa*.

<sup>65</sup> Again, I am indebted to Mingkyi Tsono for this information. I do not know, however, why *bshal* is not practised at the Mentsikhang anymore.



Tibetan medicine which works slowly but in a sustained way, while 'new diseases', such as dangerous infections or appendix inflammations, are better treated by the fast effects of biomedicine or surgery. This opinion coincides pretty much with that of Mentsikhang doctors from Lhasa and even with that of doctors from the Dharamsala Men-Tsee-Khang. Only one or two senior lineage doctors were more careful and concerned about the unknown effects of simultaneous usage of both types of medical systems.

Tibetan medicine is an important part of Tibetan socio-cultural values and practice and one could argue that where those are strong, Tibetan medicine is supported and cared for among many rural Tibetan communities. Thus, I conclude that social embeddedness and transmission through lineage—whether by family or teacher-student relationship—empowers and legitimises both Tibetan doctors and different types of Tibetan healers whose cultural integrity, ethical behaviour and local knowledge in turn also empower their communities. As highly respected community members, they are concerned with passing on their knowledge of local medicinal plants and practices to the next generation. New study groups that have been formed with locally chosen students ensure the transmission of their medical knowledge—a hopeful sign that reveals a certain local flexibility within the overall public health system. Such medical subcultures have been supported either through private donations, by funding from a prefectural or county health bureau, or by international NGOs. Each of these different sources of support imply different limitations or opportunities in terms of the structure of training, and avenues toward clinical practice and income-generation for newly trained doctors. This new mode of transmission of medical knowledge, and its impacts within or outside of the public health system, requires further research and is beyond the scope of this article. Only further research will reveal whether or not the recent study groups initiated by knowledgeable and experienced lineage doctors can create an alternative and successful model of transmission of local medical knowledge and practice in the context of public health in the TAR.

## ACKNOWLEDGEMENTS

Institutional support for my fieldwork in Nagchu in 2003 was kindly provided by the Tibetan Academy of Social Sciences (TASS, Lhasa), the Tibetan and Himalayan Digital Library Project (THDL, University of Virginia, Charlottesville) and the Central Asian Seminar of the Humboldt University (Berlin). I would like to thank the International Institute for Asian Studies (IIAS) for their support of a related research proposal concerning the topic of lineage and transmission in the history of Tibetan medicine. Thanks also to Alex McKay for inviting me to present and discuss an earlier version of this paper at a workshop on 'Frontier Medicine: Historical Perspectives on the South Asian Experience, 1857–1947', on November 26, 2004, funded by The Wellcome Trust Centre for the History of Medicine at University College London. My gratitude, last but not least, goes first and foremost to my co-researcher Dondrup Lhagyal from TASS and to all my Tibetan informants. Furthermore, I thank Toni Huber, Fernand Meyer, Dan Martin, Henk Blezer, Sienna Craig, Olaf Czaja and Minkyi Tsomo for their constructive comments on this paper. Figure 1 was drawn with the help of Norma Schulz.

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Plate 4: Spyi 'dul



Plate 5: A bryga taking pulse

## A CRISIS OF CONFIDENCE: A COMPARISON BETWEEN SHIFTS IN TIBETAN MEDICAL EDUCATION IN NEPAL AND TIBET<sup>1</sup>

SIENNA CRAIG

When my father taught my brother and me, we learned at home, not in a school. We learned what medicine is by coming to know the plants in our area, cleaning and drying and grinding these plants into powders. We studied and memorised *dpe cha*, but did not know this thing called 'text-book'. Someday we hope to have a program like those in Lhasa or Dharamsala here in Nepal. This is still a dream. But when we think about such goals, or even the future of our small schools, it is important to think about curriculum. This concept is new for most of us.

—Chairman of the Himalayan Amchi Association, Kathmandu, and Co-Founder of the Lo Kunphen School and Mentsikhang, Mustang, Nepal

In most colleges, students don't get much clinical experience—at least not enough to be considered a skilled doctor. Some get this after, in a variety of clinical settings, but many more get channelled into other tracks, like marketing or producing medicines. But those who produce medicines also might not have more than a basic sense of the plants and other ingredients, or at least not much experience collecting. They don't learn these skills in detail anymore. They become more like pharmacists and marketing specialists, rather than healers. The same is true for teaching. You go through training only to arrive at the other side to be weighed down with teaching responsibilities and not a lot of time to test your own practice.

—Professor, Tibetan Medical College, Lhasa, TAR

### INTRODUCTION

The forms and content of *gso ba rig pa* education bear directly on the health and well being of culturally Tibetan communities throughout the

<sup>1</sup> This paper is based on ethnographic fieldwork I have been conducting in Nepal since 1995, and the TAR since 2002. I would like to thank the Social Science Research Council, the Wenner-Gren Foundation for Anthropological Research, the National Science Foundation and the Department of Anthropology at Cornell University for their support of this work.