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Stephan Kloos, Laurent Pordié

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Introduction

The Indian Face of Sowa Rigpa

Stephan Kloos and Laurent Pordié

From its very beginnings, Tibetan medicine has had strong connections to "*rgya gar*", that is, India. Tibetan medical historiographers report visits of eminent Indian physicians as early as the seventh century CE (Kilty 2010; Yang Ga 2014), an influence that only grew with the sustained influx of Indian Buddhism to Tibet from the eighth and especially tenth century CE onwards. Although Tibetan Bon, Chinese and Persian medical knowledge also contributed significantly to the Tibetan science of healing, also known by its Tibetan term Sowa Rigpa (*gso ba rig pa*), its partial Indian origins were privileged through an identification of the Buddha as the originator of Tibetan medicine. Besides numerous translations of Sanskrit medical texts into Tibetan, even Tibetan-authored texts such as Sowa Rigpa's standard treatise, the Gyüshi (*rgyud bzhi,* the Four Tantras), were presented as "Indian" to enhance their authority (Yang Ga 2014). Whether due to India's status as the country of the Buddha, or its highly developed medical traditions, or its strong historical connections of exchange with Tibet, it holds a special and well-documented place in the mythology, historiography, theory, and practice of medicine in Tibet. Tibetan medicine's place in India, by contrast, has only begun to receive sustained scholarly attention very recently, and this book constitutes the first collaborative effort to address the topic in a direct manner.

Tibetan medicine's history on the Indian subcontinent can be traced back to the establishment of the Western Himalayan kingdom of Ladakh in the tenth century CE, and the consolidation of Tibetan cultural influence over the area (Norboo and Morup 1997, 206). Tibetan medicine has since then served as the prime – indeed, in many cases the only –

professional health resource not only in Ladakh, but also in other Himalayan regions that today belong to India, such as Zangskar, Lahaul, Spiti, Sikkim, and the Monpa areas of Arunachal Pradesh. Yet while Sowa Rigpa was one of Tibet's five major sciences and counts as one of Asia's "great medical traditions" at par with Chinese medicine and Ayurveda, in the Himalayan periphery it resembled a "folk" medicine, transmitted in village lineages rather than prestigious state or monastic institutions. Indeed, until very recently, Indian officials simply regarded Sowa Rigpa in the Himalayas as a "tribal medicine",[1] and many exile Tibetan medical practitioners in India similarly consider it an unsophisticated folk-variant of Tibetan medicine "proper" (Pordié 2016, 42).

Over the past decades, however, Sowa Rigpa achieved an unprecedented level of development in India. While Tibet was closed off to the world and subjected to heavy-handed political repression that also affected the traditional medical establishment there (Janes 1995), the Tibetan community in exile was free to re-establish, almost from scratch, their most important cultural, social and religious institutions from 1959 onwards, among them Tibetan medicine (Kloos 2008). Soon, Tibetan medicine attracted considerable Indian and foreign interest, rendering it a central means of humanitarian engagement with India and the world (Kloos 2019). Thus, as exile Tibetan medical institutions became leading centers for Sowa Rigpa expertise and development, providing crucial training and support to Himalayan medical communities in lieu of their inaccessible or destroyed counterparts in Lhasa, Tibetans were able to reclaim some of their erstwhile cultural hegemony and political influence from exile (Kloos 2017). Furthermore, an ever-expanding network of Tibetan clinics began to operate not only in the Tibetan refugee settlements, but also in India's Himalayan areas and megacities. The provision of affordable yet efficacious health care to all strata of Indian society, coupled with romantic images of Tibet and the popular figure of the Fourteenth Dalai Lama, ensured Tibetan medicine's growing popularity in India.

In 2010, the Government of India legally recognized Sowa Rigpa, paving the way to its full integration into the Indian national health care system (Kloos 2016). On the one hand, this was a direct consequence of several decades of exile Tibetan efforts to rebuild their medical institutions in India, coupled with the just-mentioned Tibetan humanitarian politics of providing "development aid" to Indian Himalayan communities. As Maling Gombu, a Himalayan official at the National Minorities Commission in New Delhi pointed out in 2008: "India is a big country, and the government is not aware of many things that are going on. It's thanks to the

[1] This is in line with the Ladakhi's and Monpa's official status as "scheduled tribes" under Indian law.

Tibetans that Sowa Rigpa came to the awareness of the government, because they developed it." (Kloos 2016, 30) On the other hand, however, this perspective hides from our view the essential social, political and medical role that Indian Himalayan practitioners of Sowa Rigpa play on the local and the national level. For example, it was only in coalition with Ladakhi practitioners (also known as "amchi") that the exile Tibetan medical institutions managed to achieve their common goal of recognition (Blaikie 2016), and it was the Ladakhis who gained most from it in terms of prominence, financial support, and political power. Indeed, with the recognition of Tibetan medicine as an "Indian system of medicine," "practiced in the sub-Himalayan region" (Rajya Sabha 2010, 3), the Himalayan periphery has become central to this system's status and development in India.

It is thus time for a sustained look at Sowa Rigpa's social ecologies (Craig 2012) in the Indian Himalayas, with a specific focus on small social groups at the peripheries of modern India. What place does Sowa Rigpa hold in Indian Himalayan societies? What are the main issues involved in Sowa Rigpa's social and therapeutic transformations at the local level? And to what extent can an analysis of these transformations shed light on larger dynamics taking place in the Tibetan cultural area? The chapters of this volume address these questions from a variety of disciplinary perspectives: social and medical anthropology, qualitative economics, and development studies. They are connected by an ethnographic and analytic sensibility for how issues of power and legitimacy, religion, the dynamics of medical pluralism and institutionalization, and regional socio-economic development come together to shape social and medical realities in the Indian Himalayas. Yet while the focus is squarely on Sowa Rigpa practitioners in rural and remote India, the contributors to this volume certainly do not bypass or ignore the larger-scale dynamics at play. They each address issues that are affecting the communities in question, which include complex social processes such as national and local government policies, global economic liberalisation, biomedical development, and the shifting aspirations of the practitioners and their patients. These processes all contribute to the ongoing redefinition of Sowa Rigpa not only in the Indian Himalayas, but also throughout the Tibetan world.

Besides this ethnographic focus, there is also a noteworthy historical dimension to the research presented in this volume. All chapters are based on fieldwork that was carried out in the late 1990s and early 2000s, capturing a unique moment of socio-economic transformation impacting Sowa Rigpa and its communities in all locations. We know, for example, that a nascent Sowa Rigpa industry began to emerge in Tibet following Chinese economic and health

care reforms around the turn of the millennium (Saxer 2013), and that, at the same time, exile Tibetan medicine's success and growing commercialization in India (Kloos 2013) triggered the political processes that eventually led to its recognition in 2010. In the Indian Himalayas, however, the same large-scale social transformations of capitalism and modern development that fuelled Sowa Rigpa's success elsewhere forced local amchi to reflect on, and renegotiate, their increasingly tenuous social and medical position. By focusing mainly on Himalayan practitioners of Sowa Rigpa during this period of transformation in India, the chapters of this volume provide not only rare historical-ethnographic insights that enable us to better understand Sowa Rigpa's dynamics today, but also a sharp lens through which larger social transformations in the Himalayas become visible.

The overall aim of this book, then, is to explore the reconfiguration of the therapeutic space and the socio-political reconstruction of Sowa Rigpa that took place during the key moment of the early 2000s. The emphasis is on a comparative approach, with research conducted among agriculturalist groups residing in remote mountainous areas of Ladakh and Zangskar; nomadic pastoralists of Ladakh's Changthang plateau; an amchi lineage in Sikkim; and exile Tibetans practicing in institutional contexts in the Himalayan foothills of Dharamsala and Darjeeling (north-western and north-eastern India respectively). Presenting a counterpoint to the success (commercial, cultural, political) of Tibetan medicine elsewhere during the 2000s, this volume specifically focuses on a moment of existential crisis, transformation, and renewal. It locates key questions about the proliferation and transformation of Tibetan medicine on the margins of so-called 'high' Tibetan culture, grounding these inquiries specifically at the village level within the context of the Indian Union. In doing so, this book complements Theresia Hofer's (2018) subaltern account of Tibetan medicine in rural Tsang (Tibetan Autonomous Region, China), and explicitly follows Sara Shneiderman (2015) in taking the village as a key site for the production of social meaning, negotiations of social change, and the mediation between the universal and particular. It also responds to Ester Gallo (2015) and Michael Herzfeld's (2015) calls for focusing on villages as integral parts of larger multi-sited research agendas. Far beyond their local and historical specificities, the case studies presented here approach a wide range of questions pertaining to scholarly Asian medicine and rural societies in the contemporary world, and provide data of comparative value and broader relevance to the social sciences in general.

Before proceeding further, some clarifications on spelling and terminology are necessary. While we use the terms "Tibetan medicine" and "Sowa Rigpa" interchangeably in

this introduction, most contributors to this volume either refer to "Tibetan medicine" or "amchi medicine". At the time of research in the early 2000s, all interlocutors in the exile Tibetan community as well as Indian and Western experts spoke of "Tibetan medicine" in English, while among Ladakhis the term "amchi medicine" was more common, referring to the title of its practitioners. Among themselves, both Tibetan and Ladakhi practitioners used "Sowa Rigpa" (Tib: *gso ba rig* pa, the science of healing) or alternatively, in the case of the Tibetans, "*bod sman*" (Tibetan medicine) or "*amchi sman*" (amchi medicine) in the case of the Ladakhis, and this is reflected in this volume's ethnographic case studies. Since then, however, Sowa Rigpa's industrialization and expansion created significant economic and cultural value, giving rise to multiple claims of ownership, often made through politics of naming (Pordié 2008b; Blaikie 2016; Craig and Gerke 2016; Kloos 2016), and "Sowa Rigpa" has become the official nomenclature in India since 2010. Hence our use of both terms in this introduction: "Tibetan medicine" as the best known and established name internationally, and "Sowa Rigpa" as the official Indian name, commonly agreed on by both the Tibetan and Himalayan medical communities.

While the spelling of common Tibetan and Ladakhi terms like "amchi" (a Mongolian loan word that signifies practitioners of Tibetan medicine) or "Gyüshi" (the standard treatise of Tibetan medicine), and common personal and place names (Lobsang, Tashi, Lhasa, etc.) are anglicized for convenience, we use the Wylie system of transliteration for less common or technical terms. This makes it easier for interested readers to look up their full meanings in Tibetan dictionaries, and also leaves space for these terms' different pronunciations in Ladakhi and Tibetan language. However, for reasons of readability and ethnographic detail, simplified phonetic versions of the correct Wylie spelling are used in case of frequent repetitions of such terms. The suffix "-pa", as in "Monpa", "Hanupa", "Changpa" and so on, although technically male, is commonly used to refer to male or female individuals or entire communities from a particular place: thus, Hanupa are people from Hanu, and Changpa are people from Changthang. Used as an adjective, a Rupshupa amchi refers to a practitioner of Tibetan medicine from Rupshu.

Scholarly literature on Sowa Rigpa in India

A brief overview of the scholarly literature on Tibetan medicine, or Sowa Rigpa, reveals three basic observations: First, despite counting among Asia's most important scholarly medical traditions by any definition, Sowa Rigpa was very late in attracting serious Western scholarship

(Pordié 2008b; Kloos 2013, 2015a), and has long remained absent from fundamental collective works on Asian medicines (e.g. Leslie 1976; Leslie and Young 1992; Bates 1995). Secondly, the majority of research on Sowa Rigpa, from the 1980s until today, has focused on Tibetan medical orthodoxy, that is, on Sowa Rigpa's central institutions (mostly in Lhasa, but more recently also Xining and Dharamsala) and the textual theory and historiography produced by them. Thirdly, considering the small size of Sowa Rigpa in India as compared to Tibet, a disproportionate number of studies and publications on Tibetan medicine have come out of India, many of them also dealing with village traditions. This is due to the relatively easy accessibility of the Tibetan exile community and culturally Tibetan areas in the Indian Himalayas for foreign researchers, and the international attention generated by the Dalai Lama and his exile government in Dharamsala (Kloos 2015b). While it would go beyond the scope of this introduction to discuss scholarship on Sowa Rigpa in its entirety, it is useful to situate the present volume within the context of scholarly literature on Sowa Rigpa in India.

As already mentioned, this literature can be roughly divided into two parts: one on Sowa Rigpa in the Indian Himalayas, predominantly focused on Ladakh and surrounding mountain regions in Northwest India, and the other on Tibetan medicine among the Tibetan exile community, based in Dharamsala but operating a network of clinics all over India. Research in both contexts began in the 1970s and 1980s, but remained a small fringe interest until the early 2000s, when a new generation of scholars – mostly medical anthropologists, and most of them contributing to this volume – began a more sustained scholarly engagement with Sowa Rigpa in India that continues to grow today. While early publications based on interactions with the Tibetan medical establishment in Dharamsala focused on Sowa Rigpa's medical theory, literature, and history and thus represented an orthodox perspective, those coming out of Ladakh were mostly ethnographic descriptions of the heterodoxy found in Sowa Rigpa's periphery (although not presented as such for lack of a comparative approach). It was only in the early 2000s that Tibetan medicine in exile became the subject of anthropological studies, and it took some more time before the relationship and interactions between the Himalayan and exile-Tibetan fields of Sowa Rigpa began to be problematized in the late 2000s.

The first serious publications on Sowa Rigpa in English in the 1970s and 1980s were all based on engagements – either personal or textual – with Tibetan medicine in exile, or written by exile Tibetan practitioners or scholars themselves. Since up to that moment, virtually no knowledge about Tibetan medicine existed outside small medical and scholarly circles in Asia and Russia, it is not surprising that these works mostly covered basic theoretical and historical

information, either translating or summarizing key Tibetan medical texts that have found their way out of Tibet to India (e.g. Donden and Kelsang 1977; Emmerick 1975, 1977; Finckh 1975, 1978; Norbu 1976; Rechung Rinpoche 1973). Christopher Beckwith (1979) offered a noteworthy challenge against the received wisdom of Sowa Rigpa's predominantly Indian origins, based on critical textual analysis. These early publications were followed by a number of works in the 1980s and 1990s that presented Tibetan medicine to larger audiences, still largely focused on the foundational Tibetan medical literature rather than actual medical practice in the Indian context (Clark 1995; Clifford 1984; Donden 1986; Dummer 1988; Jäger 1999; Parfionovitch *et al.* 1992; Meyer 1981, 1987).

After some early anthropological interest in health and healing among the exile Tibetan population in India (Calkowski 1986; Connor et al. 1996) that did not specifically focus on scholarly Tibetan medicine, the first ethnographic studies of Sowa Rigpa in the Tibetan exile were conducted in the 1990s by Geoffrey Samuel (1999, 2001) and Eric Jacobson (2002, 2007, 2009) at branch clinics of the Dharamsala Men-Tsee-Khang in Dalhousie (Samuel) and Darjeeling and Gangtok (Jacobson). Established in 1961, the Men-Tsee-Khang – also known as the Tibetan Medical and Astrological Institute (TMAI) – is not only the oldest, but also the largest and most prestigious institution of Tibetan medicine in exile. Having remained unexplored by social science scholars for almost four decades despite virtually embodying Tibetan medicine in exile for much of that time, the Men-Tsee-Khang emerged as a central site for anthropological studies once they finally commenced. After Samuel's and Jacobson's initial efforts, Audrey Prost conducted her doctoral research at the Men-Tsee-Khang's headquarters in Dharamsala, leading to a number of articles (Prost 2006a, b, 2007) and the first book publication directly devoted to the topic (Prost 2008). Building on Prost's study and Vincanne Adams's work in Tibet (e.g. Adams 2001a, b, 2002a, b), Stephan Kloos further pursued critical anthropological research at the Men-Tsee-Khang and elsewhere, resulting in the first detailed historical account of Tibetan medicine in exile (Kloos 2008) as well as several papers on its contemporary role and development (Kloos 2011, 2012, 2013, 2015a, b, 2016, 2017, 2019). Barbara Gerke's ethnography of Tibetan medicine in the Darjeeling Hills (Gerke 2010, 2011), as well as her meticulous work on the 'subtle body' and longevity practices (Gerke 2007, 2012a, b, c, 2013b, 2017) and pharmaceutical traditions (Gerke 2013a, 2015a, b, 2016, 2018, 2019) are likewise based on long-term research among the Tibetan exile community in India.

Not long after the first publications on Tibetan medicine based on texts and expertise in the Tibetan exile began to appear in the 1970s, Alice Kuhn pioneered ethnographic research on

Sowa Rigpa in Ladakh in the mid-1980s (Kuhn 1988, 1994; Kuhn and Hoffmann 1985), thus initiating work on Tibetan medicine in the Indian Himalayas. Providing a comprehensive description of the therapeutic resources in the region, including Sowa Rigpa, she positioned this medical tradition in the wider context of increasing biomedical hegemony. During the same period, Navchoo and Buth (1989) gave a general, mainly technical description of Tibetan medicine in Ladakh, and a small number of other studies mentioned its existence (e.g. Ball and Elford 1994). Overall, however, after a brief period of initial interest, Sowa Rigpa in the region fell out of favour with social scientists, and it took about a decade before a revival of research on the topic took place around the turn of the millennium. This research locally coincided with a revival of traditional medicine itself, which mainly grew out of the urban context of Ladakh's capital Leh.

This second generation of scholarship, initiated by Laurent Pordié, began with addressing the difficult social and medical transformations of Sowa Rigpa in a newly emerging socio-economic environment (Kloos 2004; Pordié 2000, 2001b, 2002, 2015b) touching also on issues of public health (Hancart Petitet 2005). This initial focus was gradually refined and expanded in a number of publications on the dialectical relationship between health development and power at the village level (Kloos 2005), the socio-geographical positioning and transformations of Tibetan medicine (Kloos 2006), the role of religion (Pordié 2003, 2007, 2008c, 2011; 2015b), or the local impact of intellectual property regimes among Ladakhi amchi (Pordié 2005, 2008a). Florian Besch (2006, 2007) was the first to explore the modernization and institutional development of Tibetan medicine in Spiti, along Himachal Pradesh's border to Tibet, providing important insights into traditional health in an even more peripheral context than Ladakh. As Sowa Rigpa's existential crisis in India's Himalayan regions – which provided the background to all these studies in the early 2000s – abated, and the commercial and political value of Sowa Rigpa became noticeable even there, Calum Blaikie (2009, 2011, 2012, 2013, 2015, 2018, 2019) conducted crucial work on Sowa Rigpa pharmaceutical knowledge, practices and materials in Ladakh (see also Pordié 2002, 2008b). Most recently, some authors also began to explore in some depth the ambivalent relationship between Ladakhi and exile Tibetan Sowa Rigpa communities (Blaikie 2016; Kloos 2016, 2017; Pordié 2008a; Pordié and Blaikie 2014), and between Ladakhi amchi and Tibetan medical globalization (Pordié 2011, 2016).

Although by no means comprehensive, what this brief overview of scholarly literature shows is that despite the recent growth of studies on Sowa Rigpa in India, it remains a small field covered by an even smaller group of social scientists. Indeed, most scholars of the above-

mentioned second generation are contributors to the present volume, which thus documents not only a crucial moment in the social transformation of health care in the Indian Himalayas, but also the very beginnings of renewed and sustained scholarly engagement with this topic (not to mention several individual academic careers). It was in summer 2001 in Leh, Ladakh's capital, that Laurent Pordié assembled a group of young scholars, including among others Florian Besch, Calum Blaikie, Pascale Hancart Petitet, and Stephan Kloos, to conduct original ethnographic fieldwork with rural amchi. This was part of an experimental approach by Nomad RSI, an international NGO headed by Pordié, to revitalize amchi medicine in the region based on a sound understanding of local socio-medical realities gained through "pure" (as opposed to "applied") research (Pordié 2001a; see also Besch and Guérin in this volume). As it turned out, Nomad RSI revitalized not only amchi medicine on the Indian periphery, but also anthropological scholarship on it, through a concerted effort of bringing together, in a comparative framework, a multiplicity of voices and perspectives. The strength of this volume lies precisely in this: although a collection of different case studies, it can be read as *one* ethnography of the role and place of amchi medicine at a moment of large-scale transformation in the Indian Himalayas, owing its anthropological wealth and breadth both to the diversity and collegiality of its contributors.

Much has changed in the almost two decades since, both with regard to amchi medicine in Ladakh and scholarship on it. When Nomad RSI began its work in Ladakh in 1999, there were between 110 and 140 amchi practicing in the region (including Tibetan refugees), of whom 11 per cent were monks and only 7 per cent were women.[2] At the time of research, the amchi tradition in Ladakh was thus almost exclusively male[3] and carried a high social status (second only to monks), yet was undergoing a profound existential crisis linked to the region's accelerated socio-economic and medical transformation. Although gender is not an explicit analytic focus of the ethnographies in this volume, several chapters reveal how it was connected to Tibetan medicine's status and social role in ways that compounded this crisis, affecting (largely) male amchi and their predominantly female patients, as well as village communities more broadly. Difficulties connected to gender imbalance and social power were highlighted by both male and female villagers. When Nomad RSI started to organize a diploma course in Tibetan medicine, these insights resulted in the enrollment of an equal number of female and

[2] These figures are the result of a region-wide empirical study carried out in 1998 (Pordié 2003). In official statistics, the total number of amchi in Ladakh has been raised to 400 for political and promotional reasons.
[3] Sowa Rigpa has long been a male-dominated field not only in Ladakh, but in all its locations, even if female amchi existed historically and exerted notable influences on the development of the tradition (Tashi Tsering 2005; Fjeld and Hofer 2010-11).

male students from medically underserved villages. These 22 students graduated in 2004 and 2005 and returned to their villages to establish clinics. Since 2010, they have constituted more than half of the Sowa Rigpa practitioners integrated into the public healthcare system via the National Rural Health Mission (NRHM), working as government salaried staff at Primary Health Centers across Ladakh (Blaikie 2019). Today, the majority of NRHM amchi are female, as is the majority of students pursuing degrees in Sowa Rigpa at the Central Institute of Buddhist Studies (CIBS) near Leh. This indicates an increasing feminization of Tibetan medicine in Ladakh, something that has been observed as part of Tibetan medicine's general modernization also in other parts of Asia (e.g. Fjeld and Hofer 2010-11; Craig 2012; Hofer 2018, 81). Having lost some of its idealized and often problematic traditional status in the region, today Tibetan medicine has successfully overcome the crisis that formed the ethnographic context of this volume. Indeed, a planned upgrade of the current research institute for Sowa Rigpa (established 2014 in Leh) to the *National Institute for Sowa Rigpa* (the administrative headquarters for Sowa Rigpa in all of India) would move Ladakh from the periphery to the center of contemporary Tibetan medicine.

In terms of scholarship, in contrast to ten or twenty years ago, today we have reasonably good insights into both the institutional exile Tibetan and the largely village-based Himalayan contexts of Sowa Rigpa in India, recently enabling some scholars to bring these two contexts together in a larger analytic frame.[4] Yet especially as far as the Himalayan context is concerned, these studies remain too scattered to build up the critical mass needed to make a significant impact on social studies of Sowa Rigpa, the field of medical anthropology, and the overall effort to understand the Himalayan region in the larger context of rapid socio-economic change in contemporary Asia. This is precisely the gap that the present volume addresses by bringing together case studies investigating the social foundations and transformations of Sowa Rigpa and its communities in India today. It does so with a particular focus on the periphery – from both the Tibetan and the Indian perspective, and in both a social and geographic sense – not because of an imagined authenticity located in remoteness, but because of the importance of the fringe in any endeavour to understand the centre and indeed the whole. Thus, it is in fine-grained ethnographies of the social role of the amchi at the village level that the roots of Sowa Rigpa's most important current dynamics – commercialization and industrialization – can be traced, and their effects in society studied. This approach also provides a unique perspective on

[4] The ERC Starting Grant project RATIMED (ratimed.net) at the Institute for Social Anthropology, Austrian Academy of Sciences, was the first comprehensive study of Sowa Rigpa in Asia by exploring the emergence of a transnational Sowa Rigpa industry across different regional contexts.

the role and functioning of the Indian nation-state at its territorial, medical and social margins (Das and Poole 2004). By compiling seven such ethnographies in the present volume, we hope to offer not only new insights into Sowa Rigpa's overall development, but also an essential comparative perspective and reference point for research on traditional medicine and contemporary rural societies in the Himalayas and beyond.

Chapter Outline

The chapters of this book can be roughly divided into two parts. While the first part focuses directly on the amchi – rural practitioners of Sowa Rigpa – as a key figure and agent of Tibetan medicine's and Himalayan societies' transformations, the second section explores Sowa Rigpa as an apparatus of power that becomes particularly visible in liminal social situations. At the risk of invoking Sergio Leone's classic Spaghetti-Western "The Good, The Bad and The Ugly", one may sum up the chapters of the former as consecutively dealing with the good amchi (Pirie), the bad amchi (Kloos), no amchi (Blaikie), and the NGO amchi (Besch and Guérin). Similarly, the chapters of the latter – dealing with childbirth (Pordié and Petitet), mental illness (Gutschow), and institutionalization (Gerke) – may suggest a closer proximity to Michel Foucault's oeuvre than intended. Yet, this casual summary offers a fundamental observation: in the early 2000s as much as now, Tibetan medicine in India straddles the fault lines between the agency of individual amchi (best represented by the "tragic hero" figure of Tashi Bulu in Kloos' chapter) and the impersonal dynamics of larger social apparatuses. It is precisely this tension – perhaps most explicitly illustrated by Gerke's chapter on the Men-Tsee-Khang clinic in the Darjeeling Hills – that is key to understanding Sowa Rigpa in the Indian Himalayas, and that the contributors to this book collectively tackle.

Taking the individual agency of the healer as a starting point for analysis, the first section explores the social role of the amchi at the village level. A key theme recurrent in chapters 1-4 is the transformation of practitioners' social status into social power: while the status of amchi is generally high and directly related to their medical activities, it is not automatically consubstantial to social power. In other words, the influence of an amchi in village affairs may be no greater than that of a simple villager. However, differences in personal and familial histories, networks of influence, and economic affluence lead to remarkable variations in the role practitioners play beyond their direct medical functions. As the chapters in this section show, the success of an amchi's conversion of social status to actual power and influence depends on the consent of the group over which it is exercised. When this power is

contested or considered problematic – or, conversely, when it is completely absent because there is no amchi – the very balance of the community is threatened.

Fernanda Pirie's chapter provides a good introduction to rural Ladakhi society, the – at the turn of the millennium almost always male – amchi's social position within it, and the moral values that guide both. Against the backdrop of Ladakhi village society characterized by a fundamental tension between hierarchical and egalitarian tendencies, as well as complex gender dynamics only alluded to here (but see Pirie 2007), Pirie describes the case of an amchi who successfully maintains the social equilibrium by *not* transforming his high status into power. In a Mahayana Buddhist micro-society that tends to eliminate asperities, the power of the therapist must be contained in and limited to medicine. Pirie here makes a strong case for using Tibetan medicine as a productive lens for social analyses of power, capitalism and transformation at the village level, setting the stage for the chapters to follow.

Stephan Kloos' ethnography of amchi Tashi Bulu in Hanu serves as a counterpoint to Pirie's "good amchi". As in the previous case, here too the unity of the village is considered by its inhabitants as fundamental to social equilibrium (Vohra 1989). Yet Tashi Bulu, by converting his status into social power to improve the conditions of his family and ensure the continuation of quality medical care for the community, transgressed social and moral norms and thereby upset the village's social balance. Kloos cautions that such strategies cannot be ascribed to one man's character, but need to be contextualized within the socio-economic changes that directly impacted the sustainability of amchi medical practice. On a broader level, this case illustrates the political character of healing power, the moral character of social power, and the permeability of both. Thus, it was against the moral image of the "ideal" amchi that Tashi Bulu's political use of healing power was judged, resulting in conflicts that ultimately undermined both his social and medical role.

Calum Blaikie's chapter, too, deals with the negative impacts of socio-economic change and migration on Sowa Rigpa and nomadic communities on the remote Changthang plateau in north-eastern Ladakh. Here, however, the figure of the amchi is noticeable mostly by its absence. Exploring the causes and consequences of there being no amchi, Blaikie shows how all attempts to reintroduce Sowa Rigpa into the community failed. Again, the archetype of an ideal amchi – in this case formed by magnified recollections of a particular previous amchi – delimits the space in which the social role of healers is permitted, inevitably leading to their rejection. Although Tibetan medicines are available in Changthang from different sources, the absence of amchi exacerbates the nomads' risk perceptions regarding their way of living, and

contributes to the out-migration from the area. In Changthang as much as in Hanu, rural amchi are thus perceived as playing a crucial social role beyond their medical functions, but are simultaneously held accountable to socio-moral values that have become impracticable in modern Ladakh. Whether this leads to accusations of being a "bad amchi" as in the previous chapter, or to a complete lack of any amchi as in Blaikie's case, the health of the village is affected in both a medical and social sense.

Against the background of such failed or problematic attempts at revitalizing Sowa Rigpa in rural Ladakh, Florian Besch and Isabelle Guérin present a case where the crisis of Tibetan medicine was successfully addressed through a development intervention by an international NGO. Taking a socio-economic analytical approach, the authors study the monetarisation of Sowa Rigpa in the context of the establishment of a health center in a remote village between Ladakh and Zangskar. After some initial setbacks, this led to a certain degree of professionalization of Tibetan medicine, effectively establishing a new system of reciprocity between amchi and community without transgressing the moral norms guiding an amchi's practice. While the amchi could still not charge money for their services, a community fund removed the economic insecurity that had until then made their practice unsustainable (Pordié 2002). Besch and Guérin illustrate well the centrality of the village community and its notions about an amchi's role as outlined by Pirie and the other authors, which ultimately determine the success or failure of any attempt to adapt amchi health care to the modern world.

If the first section's key subjects were individual amchi (or their absence) and their attempts to solve Sowa Rigpa's socio-economic crisis, the second part of this book is organized around their patients' experiences with Tibetan medicine in different situations of socio-medical crisis. Thus, the chapter by Laurent Pordié and Pascale Hancart-Petitet takes childbirth as a prism through which to read transformations of Ladakhi society. Moving their analysis from an isolated village in Zangskar to a modern hospital in Ladakh's capital Leh, the authors reveal the existence of Sowa Rigpa emergency practices in childbirth as well as a specific treatment to assist delivery: the "butter fish". While traditional social norms strongly limit the (male) amchi's obstetric expertise in the village context, they are further marginalized – even declared illegal – in the presence of biomedical resources. In this case, then, the practice of Tibetan medicine must not simply conform to a defined social structure, as in the previous chapters, but is banished altogether from this structure. Despite the amchi's invisibility at the medical margins of urban society, however, Sowa Rigpa retains a central role – social, symbolic, and medical – for many patients.

A different scenario is presented by Kim Gutschow, who uses the example of "wind disorder" to analyse a patient's trajectory of treatment in a context of medical pluralism. In contrast to childbirth, amchi here emerge as more competent and valorised healers than their biomedical peers. Aside from the fact that "wind disorder" is a Tibetan medical concept, amchi have a profound knowledge of the village's social context, enabling them to socialize the (mental) illness and provide meaning. In this way, they not only restore the balance of the three "humors" (*nyes pa*) in the patient, but also the social balance of their communities. Amidst the pressures of capitalism and modern lifestyles, which elsewhere lead to the professionalization and standardization of Sowa Rigpa, the Zangskari amchi's local expertise and ability to interact with their patients in flexible and improvisational ways remains highly valued by the community. As healing practices reflect wider cultural and social practices, the amchi in this case are able to translate their social status and role into medical power.

In the last chapter, Barbara Gerke explores the effects of Sowa Rigpa's institutionalization in the Indian Himalayas, using the example of Men-Tsee-Khang branch clinics in the Northeast Indian Darjeeling Hills and Sikkim. Having its headquarters in Dharamsala and a network of dozens of branch clinics all over India and Nepal, this exile Tibetan elite institution is well known for its high quality of medical training and care. However, its doctors – who rotate every few years between different clinics – lack local knowledge and integration, which affects their social status and perceptions of their healing power. This shift from individual agency to institutional power, and from community-based to centralized/standardized health care, is well illustrated by Gerke, who describes the particular case of the transformation of a lineage amchi to an institutional amchi. If Gutschow's Zangskari amchi represent one end of the spectrum of Tibetan medicine in the Indian Himalayas, and Besch and Guérin's amchi health center is located in the middle, the Men-Tsee-Khang amchi in the Darjeeling Hills (and elsewhere) occupy the other extreme on the scale between individual agency and institutional power.

All chapters of this book capture Sowa Rigpa in a state of transition, at a crucial moment right at the beginning of its modern development. While each of them documents Tibetan medicine's local heterogeneity in great ethnographic detail, together they also offer an unprecedented overview of the larger social, moral, cultural and economic context and dynamics that shaped contemporary Sowa Rigpa in India. Much has been written about the traditional ideal type of Tibetan medicine, and even more about its professionalization, standardization, commercialization and globalization in India and elsewhere. Yet this volume

constitutes the first collective effort to study the liminal moment of social crisis and transformation that lies at the root of these processes, without which Sowa Rigpa's more recent official recognition and entrance into the lucrative market for herbal medicines would be unthinkable and impossible to understand. Meticulous ethnographic attention to local micro-processes at the village level thus serves not only as a powerful lens on larger social, cultural and economic dynamics in the Indian Himalayas and the Tibetan world, but also as an important foundation for engaging new global phenomena such as the Sowa Rigpa industry, whose remote Himalayan roots are all too easily forgotten.

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