

The Inheritance of Change: Transmission and practice of Tibetan medicine in Ngamring

by Theresia Hofer.

Wien: Arbeitskreis für Tibetische Buddhistische Studien Universität Wien, Wiener Studien zur Tibetologie und Buddhismuskunde, Heft 76, 2012, 418 pages, 2 maps, 4 tables, 36 colour photos, 1 black and white photo, 3 Appendices, 3 Glossaries of Sanskrit, Tibetan and Chinese terms. ISBN 978-3-902501-14-1. Euros 39.50

Reviewed by Mona Schrempf and Olaf Czaja

Theresia Hofer has produced an original and welcome ethnographic contribution on a little studied yet important topic: the diverse modes of transmission of knowledge(s) and practices that today still exist outside of the mainstream Lhasa-centred institutions of Tibetan medicine. Her case study was undertaken in the rural area of Ngamring County, Tibet Autonomous Region, China, and focuses on the lineage transmission of the so-called 'Northern Tradition' Jangluk (*Byang lugs*) of Tibetan medicine that flourished between the 15th and 17th centuries and that continued locally until the end of the 19th century. It thus occupies an important place in this field of research, which has thus far centred upon institutionalised Tibetan medical practice, in particular at the Mentsikhang and the Tibetan Medical College in Lhasa, and in colleges of Tibetan medicine elsewhere in China.

An important strength of Hofer's approach is her close examination of the local significance of medical lineage, both in terms of family lineage and teacher-student-lineages.¹ Her data for this work are based upon semi-structured and biographical interviews with local physicians. Hofer also uses texts and interviews to examine how the representatives of this old form of knowledge transmission relate themselves to institutionalised medicine during the present and in the past. Earlier endeavours to

1 With the exception of the author's own works (Hofer 2007, Hofer 2008a,b), few other ethnographic works have focused on such lesser known types of transmission of Tibetan medicine in Tibetan populated areas of China (see Craig 2007, Schrempf 2007, quoted by the author on p. 132f.) On medical lineage and legitimacy based on case studies from Nepal, TAR and Qinghai province see Craig (2012:78-112).

centralise and standardise Tibetan medicine through the medical institutions of Chakpori (founded in 1696) and the Mentsikhang (founded in 1916), both located in Lhasa and both supported by the respective Dalai Lama of the day, still allowed lineage based medicine to thrive and develop in a parallel fashion alongside these centralised medical institutions. However, beginning in the early 1950s, and more significantly from the 1980s, Tibetan medical practices changed as they became ‘integrated’ into Chinese-style biomedicine and public health care services. Hofer reveals how local medical knowledge gained through lineage transmission almost ceased to exist following the reform period of Deng Xiaoping, and explains the reasons why. In part, the commodification of compounded medicines via factories, and increasing prices for raw ingredients of *materia medica*, both contribute to a lack of access to Tibetan medicines among the rural Tibetan population. Furthermore, certification and increasing standardisation of medical learning and practice within the established medical institutions marginalised local medical practices that are purely based upon lineage in such a way that young physicians find it difficult to make a living outside of government-regulated health care services. At the same time, Hofer stresses how lineage based knowledge is still closely connected with medical identities. She further observes that the influence of Chinese biomedicine or *tang sman* (lit. ‘Communist Party Medicine’) in attempts to mainstream and fit Tibetan medicine into the public health system has been enormous.

While the present publication is based upon the author’s MA research, including a six-week ethnographic fieldwork trip in 2003 and consideration of several primary and secondary sources, her subsequent Ph.D research was based on an in-depth and extensive ethnography with many months of fieldwork in which she focused on the remaining individual lineage physicians in Ngamring, their agency, and their medical practice today (Hofer 2011). In the present book, it might have been better to focus solely on the ethnographic fieldwork and the ethnohistorical dimensions of local lineage transmission—already a huge challenge for an MA student and one that she masters admirably well. However, her monograph starts off in a rather traditional manner with a general introduction on the history of Tibetan medicine in its first two chapters.

The two historical chapters of the author’s present MA monograph turn out to be a little disappointing. The first chapter, following the

Introduction, is entitled 'Contending Histories of Medicine in Tibet (7th-15th C.)'. It offers a general introduction to Tibetan medicine and a brief discussion of early developments up to the 12th century, with an emphasis on the fundamental Tibetan medical text, the *Gyüshi* (*Rgyud bzhi*). It is mainly based upon secondary literature and provides no new facts. Occasionally, it is impaired by a lack of insight, especially with regard to the origin of the *Gyüshi* and the literary genre of medical histories. In the second chapter, the main focus is on the transmission of medical knowledge in Ngamring, the seat of the Jangluk medical tradition, and in Central Tibet from the 15th to the 20th century. This historical part represents a summary of the relevant part of the medical history by Sangyé Gyamtso (1653–1705) and is annotated with brief references to secondary literature. Principal proponents of the Jangluk medical tradition, including the Lhünding sub-school, are chronologically introduced via their short biographies and a list of their medical writings. Despite the claim made by Hofer, this does not represent a critical examination or historical research. It is insufficient in terms of methodology and content. For instance, for any historian it would be mandatory to countercheck statements with other relevant historical sources, which is, however, never done. The brief characterisation of these personalities is marred by serious omissions and mistakes. Moreover, it is obvious that the author is not familiar with the political and intellectual history of Tibet. For instance, one can read that an important teacher called 'Lochen Sonam Gyeltsho' (sic) was an Indian translator (pp. 93, 118). However, he is Sönam Gyamtso (1424–1482), one of the leading Tibetan intellectuals in the 15th century. It is indeed difficult not to know him from historical sources or modern academic research. Franz-Karl Ehrhard devoted a monograph to him in 2002 and also edited his correspondence, including many letters to the rulers of Ngamring. Furthermore, extant medical treatises of the Jangluk were not examined for their contents. Thus, the reader does not learn anything substantial about the specific medical views of the Jangluk tradition. It must be said that an examination of the transmission of medical knowledge without discussing its contents in some detail is simply impossible. An in-depth study of this important medical tradition thus remains to be written. This underscores Blezer's (2007) recent observation that the historical study of Tibetan medicine entails major general lacunae.

In summary, it is clear that the historical section of this work should not

have been turned into separate chapters but summarised in the introduction. Rather, the author should have focused on her ethnographic research and the historiography of its lineage proponents instead. Nevertheless, we would like to conclude that this work remains an outstanding contribution, having generated and presented new ethnographic data on the transmission of little known medical lineages in Ngamring. It opens up the prospect of deeper inquiries into the medical school of Jangluk and the diverse practices of Tibetan medicine as a whole.

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