

DIVINE DOCTORS: SCIENCE, RELIGION AND TIBETAN MEDICINE

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CERTIFICATE

This is to certify that the Dissertation titled "DIVINE DOCTORS: SCIENCE, RELIGION AND TIBETAN MEDICINE" has been submitted by Somraj Basu in partial fulfillment for the award of the Degree of Master of Philosophy. This Dissertation has not been submitted for any other Degree to any other University and is his own work.

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CONTENTS

ACKNOWLEDGEMENT	1
INTRODUCTION	2-6
1. ARRIVAL Of A BUDDHIST STATE: THE PRACTICE Of REASON	7-36
(a) <i>Self-construction through self modification</i>	19-20
(b) <i>Medical profession: An empirical science</i>	21-26
(c) <i>Logic of statecraft in the Lamaist and Communist state</i>	27-29
(d) <i>Production of power: Producer of Knowledge</i>	29
(e) <i>Cultural control and political control through medical care</i>	30-35
(f) <i>Moral use of the material</i>	36
2. RELIGIOUS USE Of SCIENCE and SCIENTIFIC USE Of RELIGION	37-60
(a) <i>Religion and Development</i>	40-43
(b) <i>A pragmatic knowledge in contemporary times: As practiced in China and the Himalayan region of Ladakh, in India</i>	44-51
(c) <i>The Status of Tibetan Medicine in the market as a commodity</i>	52-55
(d) <i>Tibetan medicine; Geared for competition</i>	55-58
(e) <i>Debate about scientific legitimacy and drug potency</i>	59-60
3. A RATIONALITY Of Its OWN: THE SCIENCE Of TIBETAN MEDICINE	61-71
4. CULTURAL IDENTITY THROUGH COMMODITY: THE REAL and THE REPRESENTED	72-87
(a) <i>Faithful consumers: Potential of international trade</i>	76-77
(b) <i>Correspondence with culture: Change in the nature of consumption</i>	78-81
(c) <i>The consumer sovereign: A case of U.S.A.</i>	81-83
(d) <i>A problem of representation</i>	84-87
CONCLUSION	88-94
GLOSSARY	95-97
REFERENCES	98-109

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By providing an informed account of the cultural (medico-religious) practices of a nation which is also in exile, I hope that I have been able to enlighten about a thriving, tolerant and above all independent body of knowledge, which has maintained its unique identity as Tibetan.

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Introduction

INTRODUCTION

I am going to propose through my dissertation how science has now arrived at a point of accepting multiple rationalities, instead of a particular one. This sort of venture can only be undertaken, and implemented if I emphasize that Tibetan medical science has got its own rationality. For this, links are needed to be found out between the two systems of knowledge (Tibetan and Western) as well as the differences, through which, finally one can realize what is the kind of change, which marks the basis of their difference, but also helps to initiate a communication between the two realities.

Both the bio-medical as well as the Tibetan system of medical practice cannot be understood as a simple straightforward category, separated from the mechanisms associated with its usage, different from the functions which maintain it. They are the product of the organs which nourishes them, surviving through their needs. I am going to focus on these forces by the means of which they are concretized in patterns- as the order of nature, as the act of authority.

By locating the interplay between science and religion in Tibetan medicine as the title suggests, I would like to display the deep interplay of a complex of forces which defines the character of Tibetan medicine. In this process politics inherently plays a part, in the way it helps to sensitize religion towards science- and science towards religion. This act is done on the one hand by the use of religion in a scientific way clearly demonstrated by the construction / establishment of truth through experimentation and

objectification which continues to be and have been the hallmark of Buddhism. Dhonden and Tshering have drawn attention to the “science of Tibetan medicine” which:

“Enumerates and describes the body and mind, their relationship, their normal and abnormal functioning, their diseases, their symptoms and varieties, the remedial factors in nature- elements and minerals, plants and animals, and their preparation and combination.” (Dhonden and Tshering, 1976:7)

This Buddhist science on the other hand was being utilized for political purposes. As the healing art of Tibet it was prescribed purely from religious injunctions. This science of medicine was destined to have a hand in the moral guardianship of Tibet, through the religious instruction and political rule of the lama kings. Medical guidelines became an effective way of controlling the public through appropriate instructions on health, supported by religious tenets. As Dhonden and Tshering puts it:

“For the elimination of bodily suffering, the healing art of medicine is prescribed. For the modification of consciousness (mind), Dharma, i.e., moral laws are prescribed. The two are closely related.”(Dhonden and Tshering, 1976:6)

The practice of morality is inherently important to control the physical disturbances, which, as they found were reflections of ‘external stimulations’, occurring due to the consequence of one’s *Karma*, i.e., deeds, originating in the past. Proper conditioning of action through practice is thus of utmost importance in Tibetan medicine. Material

outcomes were seen as teeming with spiritual connotations to produce a unique empirical medical worldview that is built as the political and cultural basis of Tibet.

In my first chapter, I have tried to observe how this system of knowledge began to have material as well as spiritual connotations. By a historical exposition of Buddhism as a field of knowledge I have tried to underpin the reasons for its moral superiority as well as moral authority that eased the process of assimilation of Buddhism in Tibet as well as other foreign environments. Notably, in this way, it was the Lama kings- the high protectors of the spiritual sanctity of Tibet, who became the material protectors of the nation as well.'

This has allowed me to see how the Tibetan medical system has come to work for the benefit of the state. It was manifested in the process of getting state legitimation- which is another way of saying that it legitimated the state to carry out certain necessary actions. The stature of medicine as a system of knowledge was therefore undoubtedly very high in the public eye. It authenticated their authority which gained significance through the Tibetan notions of health that was needed to be followed by its Buddhist followers. This process was managed by the association of monks, as the state supported medical learning through institutions of decentralized state apparatuses like monasteries through which knowledge was produced. It was the chief institutional operatives, i.e., the monks, who actually fashioned the bureaucratic apparatus to initiate a medico-cultural practice. In my next chapter, I have outlined how the slow shift towards a modern understanding of this practice happened as social relations and networks got more and more engaged with politics- the spearhead of developmental activities, initiated for the social as well as for the individual wellbeing. I have shown how the subsequent

imposition of Chinese sovereignty in Tibet further politicized the sphere of medical practice. Increasing engagement with the wider cultural sphere brought subsequent changes in the way it is known- through diffusive practices. Subsequently certain aspects of Tibetan medicine were found as economically beneficial and politically suitable to manipulate for business interest. The final chapter deals with the contemporary issues: How through significant amount of biomedicalization sufficient commodification of Tibetan medicine took place, and how it was made more widely available after becoming an ideological patina for global health concerns. I have also discussed that, with increasing influence of neo-liberalism it has gained wider acceptance among global (non-Tibetan) consumers- the consumer sovereign, through whom the invisible hand of the state keeps working. Through the redefinition of Tibetan medicine, according to market needs, it has been made to pose as bio-medically credible as well as spiritually charming.

All this change, as I have intended to portray in the intervening, third chapter, on the inherent rationality of Tibetan medicine is quite convincing, in the realm of practice as well as thought, since the Tibetan medical proponents follow the Weberian principle of substantive ethical common sense to innovate and claim timelessness of their medical tradition.

1. In the XIIIth century, Lama kings began to introduce Buddhism among the Mongols: and it was in gratitude for their ultimate conversion that the ruling priest-prince of Tibet in 1578 received the Mongolian title of 'Dalai Lama', signifying 'ocean priest' or 'sea of wisdom' (Olshak,1976:2).

By interrogating these various traditions I have studied the present nature of cultural communication as well as economic transaction around this globalized Tibetan medical system. While looking at the globalized nature of the Tibetan medical system, issues that have come to the forefront are those of different knowledge practices and their consumption processes, which have influenced their way of understanding each other.

Hence, the acceptance of Tibetan medicine should not be directly linked to its incorporation in the western scheme. They have come in contact with each other through various channels, in different settings. Some of those interactions have generated different impulse than the other. But it would be wrong to term this relationship asymmetrical. The deviations are actually normatized, which serves to explain why it has been a long association of engagement with each other, of communicating, consulting and getting aware of one self and the other as well.

Chapter I

ARRIVAL Of A BUDDHIST STATE: THE PRACTICE Of REASON

The political centralization in Tibet seemed to have led to an upsurge of interest in Buddhism. Although it eventually came to provide the moral authority for a centralized legal system, it had to establish itself from an initial stage of development, as in early Buddhism. It did this through an adaptation of Shamanic thought which pre-dated the Buddhist arrival in Tibet. Samuel has proposed that:

“The key demand of shamanic society is that individuals act in a manner appropriate to the state in force and thus to the actual situation of which they are a part, rather than in accordance with abstract rational morality.(Samuel, 1985:388)

But, it is the rational thought that dominated religions of literate, centralized societies, giving rise to what Samuel has termed as ‘clerical religion’.

Thus as Samuel goes on to argue:

“The 8th century emperor *Khri Sron-lde- btsan*’s (Trisong Detsen) preference for the Indian Madhyamika Buddhism over Chinese Ch’an can doubtless be interpreted as pro-clerical.”(Samuel, 1985:391)

The majority of the Tibetan population continued to practice the familiar *Bon* rites and rituals. It is noteworthy that *Trisong Detsen* invited *Shantaraksita*, an eminent teacher of Nalanda in India to establish the then Buddhism that prevailed in India. As Pathak illuminates:

“*Shantaraksita* could not cope with the Shamanic antagonist Bon-po priests in Tibet inspite of his success by expelling the Chinese Buddhists in open thematic discussions. He eventually sought for an efficient performer of the Buddhist Tantra expeditions. *Padmasambhava*, who had been then in Nepal was requested to perform his craft, and he succeeded to enroot Buddhism in Tibet by subduing the Bon-po teachers by his esoteric prowess. In due course Buddhism took its hold in the land of snow.”(Pathak, 2006:2)

The crucial aspect of the whole debate is the fact that the Tibetan Buddhists were never in a position to eliminate Tantric practices due to powerful practical reasons. In order to adapt in a hostile environment, the Buddhist doctrine was made suitable enough to withstand the challenges, but only by undergoing Tantric modulations.

The Tantric elements of *Padmasambhava*'s teachings were derived from the same *Madhyamika* school of *Mahayana*– which was introduced to Tibet by *Shantaraksita*. A brief exposition of the *Madhyamika* school of thought is essential to move further ahead. Mitchell holds that:

“Nondualism between the freedom of Nirvana on the one hand and the ordinary world of *samsara* on the other brings us to the *Madhyamika* doctrine of the two truths.” (Mitchell, 2002:135)

He goes on to quote from *Nagarjuna*, the founder of the *Madhyamika* (middleway) school during 150-250 A.D.:

“The teaching of the Dharma by the Buddhas is based on two truths: the conventional truth and the ultimate truth. Those who do not understand the distinction between these two truths, do not understand the profound nature of the Buddha’s teaching.” (Mitchell, 2002:135)

Mitchell points out that:

“The *Madhyamika* school did not preach the absolute unworthiness of worldly thoughts— dubbed as conventional (*samvrti satya*). It emphasizes, that only through the course of living in that world do one possibly get the chance to realize the ultimate truth (*paramartha satya*).” (Mitchell, 2002:136)

Hence this sort of reasoning provides the basis to understand why an alternative mode of thought like Tantra gets absorbed in the traditional Buddhist canonical scheme. It may have allowed the mundane and ordinary concerns of the public to be better served through the vehicle of Buddhist *Tantrayana*. Moreover, a hostile religious atmosphere prevailed during the time that the Tantric powers of *Padmasambhava* was called upon to subdue it. It is in this context that the entire argument made for Tantric Buddhism has to be placed— which in the process defined the very role that Tibetan Buddhism was going to play in the Tibetan society and the direction it was going to take. Coupled with the earlier emphasis of the *Madhyamika* to remain open to both the worlds, i.e., relational and conventional (ultimate and absolute) - the Tantric practices were gradually assimilated

within the Buddhist paradigm in a distinct manner. Being known as the *Vajrayana* (thunderbolt / diamond vehicle) or *Mantrayana*, the Tantric philosophy became distinctly Buddhist. Mitchell notes about the distinct philosophic character of the Tantra:

“Tantra, as it was created in India, accepts the Madhyamika teaching that identifies a fundamental unity between *samsara* and Nirvana. For Tantra, this means that all elements of *samsara* are ‘in reality’ nirvanic in nature. Because of ignorance, people do not see this nirvanic essence of existence; what is really Nirvana ‘appears’ to be *samsara* .” (Mitchell, 2002:161)

For Tantra this world holds the key to the other world, and the spiritual manifests itself only in the material form. The material realm is thus of great importance for the Tantrists—a preparatory ground for the final revelation. Alex Wayman illustrates how:

“The *Mahayana* (Great Vehicle) has two divisions- the *prajnaparamita* method (that part of *Mahayana* which is not Tantric) and the *mantra* method (the strictly Tantric part of the *Mahayana*) [...] these two wings of the *Mahayana* are termed ‘cause’ and ‘effect’. But also the Diamond Vehicle (*Vajrayana*) - so called because the diamond is unsplitable and unbreakable – can be considered the Vehicle that incorporates both *prajnaparamita* side (the ‘cause’) and the *mantra* side (the ‘effect’).” (Wayman, 1973:4)

In this way the followers of *Mahayana* carried out their spiritual mission by performing twin tasks- the exercise of *prajnaparamita* (perfection of insight) and the practice of *mantras* (instruments of thought).

Mitchell confirms this by adding:

“In this Tantric Buddhist spirituality, the esoteric practices (*sadhana*) were used not only to acquire supernatural aid for mundane needs, but also to aid in the pursuit of Awakening, Nirvana, and Buddhahood [...] This esoteric attainment was said also to produce certain supernatural powers, which lay Buddhists would use in serving others.” (Mitchell, 2002:148)

The mundane benefits which ensued from the Tantric craft were offered to compete with the parallel benefits that rose with shamanic practices of the Bon Po priests. The Shamanic system of Bon existed through symbolic associations with external phenomena, which slowly became personified as spiritual forces. This development, as Smith argues, opened up a field for shamans and sorcerers to adopt a specially significant role in the context of this polytheistic system. Spirits were divinized to give rise to a supernatural world out of every possible natural force, e.g., mountains, lakes, woods. This was a world of metaphor and analogy, different from the rational way of thinking in terms of concrete categories. In that situation it was the natural duty of the Bon priests to become the principal aid to individuals in the process of meaning making (concretization). Samuel hints that the Shamanic world was created from an analogical mode of thought which did not confer any self-existent attribute to entities, as those natural entities only existed in relation to a symbolic association with the other (Samuel, 1985). The spiritual thus had a direct relationship with the material, as all entities existed in unison to create a universe of balance. Any obstruction or harm incurred in one stage

(material/spiritual) was then to have a direct repercussion for the other stage: It would break the balance. This relationship was inescapable.

In this sort of religious atmosphere the simple, polite thoughts of Buddhism were inefficient to sway the believers. It needed a powerful jolt. A master of the Tantric craft like *Padmasambhava* was deemed to have sufficient merit by *Shantaraksita* to make the strike because Tantra provided an alternative source of supernatural strength; to cater to the mundane concerns of lay Tibetans unnerved by the disturbances created from the disorder of their symbolic world, and to tame its malevolent forces.

Waddell notes:

“Tibetans, steeped in superstition which beset them on every side by malignant devils, warmly welcomed the guru as he brought them deliverance from their terrible tormentors.” (Waddell, 1967:26)

The way in which it was done was described by Waddell:

“He vanquished all the chief devils of the land, sparing most of them on their consenting to become defenders of his religion, while he on his part guaranteed that in return for such services they would be duly worshipped and fed.” (Waddell, 1967:27)

This process, by which *Padmasambhava* tamed and subdued the disturbing forces, helped incorporate into the pantheon of Buddhist Lamaism those divinized natural elements, giving Tibetan Buddhism a unique order and identity. It was a pragmatic step on the part of *Padmasambhava*. Apart from judging this act from its purely magical and charismatic tendencies, the project of “Buddhisization” is highly significant for its reasonability, as it

reflects the practical considerations made. Kristin Beise Kiblinger quotes from John Powers that:

“Buddhists managed to co-exist with and incorporate aspects of the indigenous Bon religion mostly by relegating to each religion a different domain or function. That is Bon was practiced for mundane / pragmatic goals, whereas Buddhism aided attainment of Final Liberation.”(Kiblinger, 2005:57)

Though I would like to disagree to this, because the role of Tantric practices is inherently important in this debate, as it was able to challenge the Bon practitioners in those very grounds to which they lay claim of superiority, i.e., the worldly needs. But this quote from John Powers measures to what had been said about the pragmatic quality of Buddhism, its inclusivist tendencies that allows it to make practical considerations. This goes back to refresh the initial point made about the twin aspect of Buddhist philosophy, its conventional (*samvrti*) goal to properly take care of the mundane needs and its ultimate (*paramartha*) goal to attain self liberation. Hence things are needed to be seen in this manner. Kiblinger does that when she agrees with Heinz Bechert to quote that:

“Buddhism has often co-existed with other religions in the sense that one and the same person could profess both of them [...] The Buddha is not a god or a divine consoler who can help us [...] In such cases it is often cold comfort to learn that all existence is suffering and that the dimensions of that suffering depend upon one’s own earlier deeds. Perhaps we are too weak to bear this harsh truth. For that reason , Buddhism has always left the way open for its laity to the traditional gods and cults.” (Kiblinger, 2005:56)

This is where the actual struggle started, as the lamas constantly engaged in competition with shamans (bon priests) to offer material services for the protection of the benefactor. The result of this contest was interesting. If a geneology can be traced – it all started in the reign of king *Srongstan Gampo*- when the two unknown religions met each other for the first time – Buddhism and Bon. But it is important to note after Samuel that the early emperors of Tibet, in their desirability of a well ordered state tried to avoid the commotion that resulted from the collision of these two streams of thought. So far as political administration was concerned, they utilized the services of both, whenever the need called for one or the other (Samuel, 1985:392).

It is pertinent to make the situation clearer through Smith:

“Buddhism remained, even during the periods of greatest royal patronage starting from *Srongtsan Gampo* to *Ralpacan*, a court and upper class religion that apparently did not penetrate very deeply into the Tibetan society . Buddhism was preferred by the newly developing Tibetan intelligentsia because it represented a higher literary and philosophical tradition than the old Bon religion. Buddhism was also associated with the cultured societies with which the Tibetans were at this time coming into contact: China and the Indian subcontinent. The competition between Buddhism and Bon in the early Tibetan state represented a struggle between the regional clan aristocracy and the sovereign for political power.”(Smith, 1996:78)

This is a clear acknowledgement from Smith as to how the religion of the early courts in Tibet would have been a site of a religious tug of war, where ultimately the show ended with a shift from a shamanic religion to the cultured preference of Buddhism.²

Hoffman notes:

“It was natural that the Tibetan nobility should regard the old native religion as a suitable ally in their struggle against the new religion, but their ministers were shrewd enough to recognize the tremendous cultural dynamic of Buddhism, and to realize that the Bon religion in its then primitive state was no match for the spiritual and cultural powers of the foreign interloper which already illuminated and controlled enormous areas of Asia.” (Hoffmann, 1961: 44)

The preference for Buddhism as a state religion was necessarily political, which was used as a tool for state legitimated absolutist actions.³ But this stance of kings like *Trisong Detsen* who favoured Buddhism was received with an apprehensive attitude— even within the king’s closest circle, who feared that this zeal carried the sign of weakness itself. In regard to this it is noteworthy that Hoffmann mentions a quotation from the ‘Report of the Queens’, where *Trisong Detsen*’s chief wife *Tshe-spong-bza* speaks out – ‘I fear that the throne may be lost if we make common cause with the new religion.’

(Hoffmann, 1961:68)

2. Specific religious developments had important political and economic implications, while the support of secular patrons was critical for the rise of the supremacy of particular traditions. The developments which took place at the level of consciousness in Tibetan society were intimately related to political and economic developments, but neither can be reduced to the other (Samuel, 1985:394).

3. A primary function of the cleric, the typical religious functionary of clerical religion, is to provide ideological legitimation for the established political order (Samuel, 1985:388).

Indeed the queen's presentiments turned to be true. With the flow of time, the throne was lost and Tibet became a priest dominated state. It was the lama kings who began to rule, representing the leading monasteries, as the political kingdom of Tibet fell from long and continuous inner struggles. This started the journey of Lamaism, i.e., Buddhism as practiced by the lamas (monks) which became the bedrock of the Tibetan cultural world.

Brief outline of the primary promoters of Buddhism in Tibet (Smith, 1996:78):

1. *Srongtsan Gampo* (629-649 A.D.) Buddhism entered in Tibet with him. His two Buddhist queens (from China and Nepal) induced him to invite Buddhist teachers from China and Nepal. In due course large numbers of Indian Pundits professing Buddhism were invited by subsequent Buddhist rulers.
2. *Megasthom* (704-754 A.D.)
3. *Trisong Detsen* (754-797 A.D.) He established the Indian version of 'Middle- way Buddhism' (*Madhyamika* school) in Tibet, by inviting *Shantaraksita*.
4. *Sadnaleg* (804-815 A.D.)
5. *Ralpacan* (815-838 A.D.) He is held as one of the most devoutly Buddhist of all Tibetan kings.

Thus the Tibetan theocracy was established which made Tibetan Buddhism the official doctrine. It was the lamas who established and maintained the prevailing order through religious edicts. The Tibetan medical system developed from these spiritual sources. John. F. Avedon remarks that:

“With the introduction of over a hundred Buddhist medical texts in the sixth century [...] it grew into a widespread practice, and was ultimately acclaimed [...] as the preeminent medical science of its time. Subsequently, Tibet’s first monastic college, called Melung or ‘country of medicine’, was built in the eighth century by King Trisong Detsen. Melung inspired the founding of scores of medical schools, most contained in *dratsangs* or colleges appended to the country’s larger monasteries.” (Avedon, 1984:140)

The importance of Buddhism, on one hand as a religion and on the other as the propagator of a science of reason like medicine cannot be undermined. They are not two seemingly discordant functions. The mundane and the material was the very basis for the practice of the spiritual, as the middle-way school of Buddhism held. The mortal vessel of the body was rigorously prepared for the immortal ascent. For doing this, both the functions were meaningfully engulfed into a common system of practice. The system of treatment underpinned itself to a moral ground, as the clinical status of the body depended on the synchronized interplay of the three natural elements of wind, bile and phlegm. This reflected the moral condition of the patient, since the three mental poisons of desire, hatred and ignorance triggered the discord between these three humoral elements of the body that was the root of all disorders. To remedy this, the ethics of lamaism were utilized to create a coherent system of meaning that would lead people to

practice virtuous actions by following the path of Dharma, which would put an end to all negative sentiments that harm the humoral balance of the body. Buddhism as a state religion supported the creation of this worldview, which would end all non-moral existence by organizing everyday social (material) activities and implicating its material worth as well in terms of worldly benefits like the gain of health. This theory was seen as conditioning the outcome of a proper conduct which would directly lead to these social benefits through the doctrine of Karma or one's deed (Samuel, 1985).

Through this incursion into the cognitive sphere, the religious ideas shaped and helped appropriate a certain definition of normal and non-normal activity. Unlike the Shamanic trend, the major responsibility for wellbeing (individual) now rested on the individual and not any external agency or force. By making the individual liable for his/her faults, it helped to promote positive reasoning. This was what marked it out from the earlier trends and distinguished lamaist governance as a modern phenomenon of statecraft. It depended on a centralized political order and not any informal group support, which as Samuel viewed, distinguished the shamanic state where "leadership beyond local level is very limited" (Samuel, 1985:386). It was hence not possible under the Shamanic state to indulge in larger political desires. This needed greater control which was provided by a Buddhist state that acted as a moral state as well. It was an effective means of providing greater control over the governed, as it separated proper from improper action in the daily act of governance. This was a way of producing reality itself, a reality enclosed by morality.

By establishing the legitimate, the religious order created the public order- a code of conduct in all those areas of public life where the state could intervene to give a definition of proper and improper action.

Self – construction through self modification

The medical system was institutionalized to enhance the overseership of the state, since it had the potential to become the intermediary through which the state could directly control the public activities. This was carried by the doctors who were mostly monks. Yeshi Donden reports that two categories of students – lay and monk, represented their respective district authorities and major monastic schools in the medical college. Of them the monks were definitely in greater number. On the completion of schooling the students found their duties in respective districts and monasteries (Donden, 1986:22). Creation and appropriation of the medical order thus became one of the major stakes for the newly formed Tibetan state. By utilizing the medical order effective control of the social order became possible.

These techniques through which the lama physicians began to have greater control over their patient's lives were preventive and curative treatments, prescribed for the patient after the nature of ailment was understood. The course of understanding the occurrence marked the passage from a non-defined to a defined phenomenon.

Foucault mentioned:

“The art of describing facts is the supreme art in medicine: everything pales before it.” (Foucault, 1973:39)

Adams derives her understanding on this basis, as she goes on to state:

“Objectification of the body allowed the medical system to work for the benefit of the state.” (Adams, 1992:170) ⁴

Through both preventive and curative treatments, body became an object of enquiry made with a rational intent for the Tibetans.

Adams noted:

“To be sick meant to be ignorant of one’s inner self, and so the quest for truth about the inner self was set into motion through Buddhist healing techniques [...] The more often the Tibetan presented him or herself for services or medical treatments, the more closely entwined with monastic systems of power they became.” (Adams, 1992:165)

4. In the process of rendering the sentient mind or “consciousness” transcendent, Tibetan medical sciences represented the bodily functions as linked to the natural universe (Adams, 1992:171).

Medical profession: An empirical science

Janet Gyatso too in her work *The Authority of Empiricism and Empiricism of Authority: Medicine and Buddhism in Tibet on the eve of Modernity* (2004), further explains how the emergence of professional medicine in Tibet has been representative of the welfare of the state, which from the 12th century onwards granted land and inheritance rights to medical clan lineages. This explains their absorption into a status of higher significance than other work groups.

It is reminiscent of the Foucaultian claim that:

“Medicine is a practical science whose truth and success are of interest to the whole nation. Thus the qualified intermediaries like doctors help people to feel the benefits of truth.”(Foucault, 1973:70)

Collin Gordon remarks:

“Generally, it produced specific effects of practices whose rationale is the installation of a regime of truth, as Foucault claimed.” (Gordon, 1980)

This sort of observation brings to attention the necessary causal relationship between truth and governing power. The government is in other words the regime of truth, which helps to distribute the benefits of it. The most important question that comes from this claim of Foucault, is does the government create the truth as well? But for us that area of concern is better served when we focus on how truth comes to be created and not installed. In order to focus on this question we need to know how the truth is created, i.e., from which sources does it derive itself. Since we are dealing here with truths and claims

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of Tibetan medical science, it is important to know that from where that truth derives itself, what constitutes the vital elements of the medical knowledge?

Gyatso observes:

“The medical genre that may be traced to the 16th century is the *nyams-yig*, literally, a “writing from experience”.⁵ One important direction in which this moved medical practices by the 16th century, was away from the recorded information in the Four Tantras, towards a openness and possibility of newness and innovation .” (Gyatso, 2004:86)

The more important thing that comes across is the general and greater respect for the realities of the physical world in medicine than in Buddhism. In particular, in the substantial medical commentaries, written from the 16th century, the medical writers very frequently emphasized in particular the value of experience and denigrated the barrenness and even dangerousness of a physician with only book learning. In spite of that, the importance of the medical doctrines was never on the wane.

The realities of the physical world are recorded in basic Tibetan medical literature, consisting of the core text *r, Gyubshi*, compiled as Aschoff mentions partly from an original Sanskrit source that consists of the Root Tantra (*Mula Tantra*)- a primary summary of the teachings in general. The Explanatory Tantra (*Akhyata Tantra*), prescribes appropriate courses of action to be taken, in terms of diet and behaviour patterns to combat ill health. It deals with the formation of the human body, anatomy, signs of death, conditions causing disorders, characters of it, along with the disorder and remedy that arises from an imbalance of wind, bile and phlegm. The Oral tradition Tantra

(Upadesha Tantra) deals with the oral exposition of the various processes through which a disease takes root as well as its treatment. The final Fourth Tantra (*Uttara Tantra*) looks into the technical methods of diagnosis and manufacture of medicines (Donden, 1986).

It is learnt from Gyatso that:

“Tibetan Buddhist writers display an ambivalence about experience as a valid source of knowledge, unless it has been thoroughly informed by the “right view” on key points of doctrine.” (Gyatso, 2004:87)

It is more so because, in Tibetan medical etiology there is no clear outline of what should be considered as disease, since there are only disorders. This makes the task of individual interpretation all the more risky.

In general it is outlined by Donden:

“Even though the disease might not be manifest, it is present in dormant form. This makes the scope of disease difficult to fathom.”

He goes on to add:

“Historically, it is the Buddha himself who is attributed as the propounder (developer) of the 84,000 types of afflictive emotions, like desire and hatred producing corresponding 84,000 types of disorder [...] This great number of disorders can be finally condensed to 404 types.”(Donden, 1986:15)

5. One of the main purpose of the nyams-yig had seemed to Gyatso, to convey the special kind of knowledge that comes from “hands-on experience”. (Gyatso, 2004:86)

Moreover Donden informs us that there are “distant” and “proximate” causes of disorder. Proximate being the wind, bile and phlegm, while the distant causes are the most difficult to determine since they arise from one’s mental / emotional state.

Donden exoposits that:

“These afflictive emotions impel actions (*Karma*) that establish potencies in the mind, ripening later as specific diseases. Hence it is impossible to determine all the (*specific*) distant causes involved in a particular disease; however, the (*basic*) entities of those causes are the afflictive emotions of desire, hatred and obscuration. These three, in turn, depend upon ignorance [...] In rough terms, from the activity of these negative states of mind arises 3 types of humoral disorders of wind, bile, and phlegm.”(Donden, 1986:16)

Thus classical Buddhist doctrine had been struggling through its history on whether – e.g., illness is to be understood as bad Karma, or physicalistically, as an imbalance in the humours of the body. But Gyatso indicates that as there is a growing view that words of Buddha cannot be understood verbatim, it is also true that the medical system relies as much on doctrine as on new developments. It remains quite welcoming to those occasions of novelty- when foreign physicians, invited by the Dalai Lama, teach new techniques that Tibetan physicians then practice. It has been instructive to compare the salience of experience in medicine with its status in scholastic Buddhist discussions, a comparison which has suggested that ‘medicine seems to have more tolerance for the innovation that experience sometime fosters’ (Gyatso, 2004:92)⁶.

Adams also held that:

“If the constitution of subjectivity was one of the major accomplishments of Buddhism in Tibet, construction of arenas in which truth could be expanded through experimentation and observation constituted the second. The development of pharmacopoeia with substances local to the Tibetan plateau and the Himalayas was originally accomplished through experimentation on patients and the careful recording of findings in medical texts and manuals. Contemporary Tibetan lamaist and amchi medicine as seen by Adams showed such innovative capacity by incorporating into their diagnostic schemata new bodily elements from-

1-Observation of clients who were using new medicines imported from China and the west.

2- They incorporated bio-medical knowledge that was being taught at local schools and introduced through international agencies, since clients themselves increasingly presented this knowledge on their own.” (Adams, 1992:177)

In this way the science of Tibetan medicine developed on the basis of knowledge that was derived from material sources as well as spiritual. As Jurgen. C. Aschoff mentions:

“Tibetan medicine is a medical system within Buddhism but it is not ‘Buddhist medicine’. The most important medical texts contain only a minor Buddhist admixture and can be taught and practiced in complete dissociation from Buddhism. Even though this statement is a generalization, it corresponds *cum grano salis* with reality.” (Aschoff, 2003:368)

The strictly material aspect of this Buddhist science of healing is undeniable. But as Adams hints there is a real dilemma in asserting its actual materiality, since it also appropriates the western method of diagnosis- the biomedical method. This process finds significance in respect to the practice of Tibetan medicine in China, where as part of ‘democratic reforms’ of post- revolutionary China, Tibetan medicine, as it is now practiced under communist regime, has been made manifestly different from the traditional form of pedagogic practice.⁷

As Aschoff puts it, ‘to meet the needs of contemporary Tibet’ the training in Tibetan medicine is adjusted to the needs of the modern world- its symbols and special significants. Biomedicine is one of those undeniable signs of significance.

6. A truly weighty implication emerged in those moments that the physical world started to be perceived as having a reality of its own- a reality that can best be apprehended via sensory experience, as when body itself is resorted to, to determine the number of bones. (Gyatso, 2004:87)

7. Unlike the lamaist state, the communist state requires “the presentation of anatomy in the western sense apart from the anatomy and physiology as described in the Gyushi and its commentaries. (Aschoff, 2003:382)

In this way, through effective material medical advices cusped in the spiritual, the ascetics gained closer participation of the people in the affairs of the public. This aspect of the interrelationship between secular and moral life of the Tibetans remain universally valid, as the Tibetans remain a bearer of this cultural trait. Their group sentiment is a reflection of their religious leanings. A lay Tibetan's life was hence greatly determined by this interplay of secular and religious forces, under the steady authority of the lamaist state. Ascetic advice was preferably avoided in favour of effective material advices to gain closer participation of the people in the affairs of the public.

Gramsci found:

“One's conception of the world is always acquired from a particular grouping to which he belongs, that of all the social elements which share the same mode of thinking and acting. (Gramsci, 1971:323-324)

This collective identity is controlled by the ideologues who fashion the collective consciousness, those who are the privileged patrons of the group ideology, like the monkhood, who I would like to suggest can be termed as the society of organic intellectuals. It has to be remembered that the Buddhist state was a lamaist state.

It was hence conditioned by certain considerations. The chief among them being political. All other spheres of action depended on it. The political thought in particular periods in Tibetan history played an important role in determining the manner of life to be maintained and privileging those religious lineages which were at power.

8. It is important to realize that this essentially is the effect of localization of power. Thus the state is superstructural in relation to a whole series of power networks that invest the body, sexuality, the family, kinship, knowledge, technology through the mechanisms of truth (Gordon, 1980:122)

Logic of statecraft in the Lamaist and Communist state

This discourse provided on the development of the art and science of medicine in Tibet is thus linked to the growth of a loosely structured state system that could not exert control through coercive means alone but rather has to rely on knowledge- power instruments to exist.

Here I would like to add from Collin Gordon who brings in Foucault to state that:

“There can be no possible exercise of power without a certain economy of discourses of truth which operates through and on the basis of this association with power. And since one is subjected to the production of truth through power, it is equally true that nobody can exercise power without the production, accumulation, circulation and functioning of discourses of truth.” (Gordon, 1980:93)

As a reminder from Deleuze it can be noted that:

“Power relations make possible the sciences of man, and provoke forms of knowledge (savoirs) which can create practical knowledge (connaissance).” (Deleuze, 1988:74)

He further goes on:

“It will be apt to remember that as institutions of power they presuppose its relations (ie, practices and operating mechanisms of power) as part of a function. More importantly, as a function that is not productive but reproductive.” (Deleuze, 1988:75)

The utilization of this power mechanics helped to administer life through “anonymous strategies”, by which he meant local, unstable and diffused relation of forces that helps to ‘make something probable’(Deleuze, 1988:73). The human thus becomes a manipulable object and not necessarily determinable.

The proposition that I find to be the most important of all from this political thinking is that the state cannot be seen as a kind of political power which ignores the individual, looking only at the broader issues of the public. The political reflection is broadened to include all forms and manners in which it is humanly possible to involve oneself in the public policy. Hence the principal interest in the preservation of public health was to ensure social wellbeing and general order.

In this way it becomes materially possible for a state to extol its significance, to impress upon its people its doctrine. The Chinese state utilized this ideal mantle of intervention in the daily life of Tibetans, i.e., through health. It used Tibetan medicine to oblige the Tibetans to conform to the greater design of modernization.

This political usage of the field of medicine is though not new. The formation of Tibetan medicine in historical antiquity bears witness to this politicization. Since its very beginning was doctrinal in nature, it was found suitable for dispensing discipline among its benefactors. By making an ideal health model, derived from organic comparison with the moral status of the Buddha, it made a standard criterion of judgement on the conception of healthiness and unhealthiness- of behaviour (personal and social) as well as the state of the body, which was mutually interlinked. Within that traditional context it remained the only remedy for the diseased. In the absence of any alternative medical arrangement, the Tibetan system of medicine found natural acceptance.

In this way through history, the Tibetan ideas and sentiments about their form of medicine were formed. Such group belief became the “unspoken authority of habit” (Smith¹, 2004:222). It was in other words hegemonic belief, which Smith refers from Jean and John Comaroff as:

“Order of signs and practices, relations and distinctions, images and epistemologies- *drawn from* a historically situated cultural field- that came to be taken for granted as the natural and received shape of the world and everything that inhabits it.” (Smith¹, 2004:222)

Production of power: Producer of knowledge

In Tibet, the association of monks assumed the principal responsibility in taking medical care of the Tibetan people by utilizing its most efficient resource- religious instructions. Indeed, the variety of monasteries and hermitages that produced the discourse were themselves part of the productive arena of the “state”; they organized “things” and “thoughts”- creating a possibility for the state to exist through public awareness. I would like to see it as a reflection of the Gramscian understanding that essentially implies the arrival of Buddhist culture as a new consciousness, along with the arrival of the disciplining forces of the state. Gramsci maintained:

“The work of organization is an integral part of the production of knowledge that is able to act in the world.”(Gramsci, 1971:8-9)

In this way social order was made potent through the individual order. This was done through the methodical absorption into the Buddhist sphere of knowledge which medicalized the domain of the individual body.

Cultural control and political control through medical care

In this way one began to see oneself as an extension of a greater reality, through which he also recognized oneself and the others.⁸ But it is important to understand this greater reality, not as an abstract spiritual but as a real material force. Internally it was the same body, externally though it was made Buddhist, regulated by norms made by the Buddhist state. Medical knowledge thus become the doctrinal appendage of Buddhism. Not only on a personal level but also on the larger pronounced level of public practice, the chosen qualities of giving, ethics, patience, effort, concentration and wisdom were essentialized as the best ones (Donden, 2000). The patients were made to receive these noble qualities through the medical practitioners, each and every time they presented themselves for treatment. They were instantly obligated to enter into this moral sphere along with the physician.

Donden explains this:

“From among the three forms of the perfection of giving – giving things, non-fright, and doctrine- the giving of medicine itself is a giving of material things. Advice that calms the patient, thereby restoring a relaxed attitude, is a giving of non- fright, relief from anxiety, as is the giving of medicine that protects life. Also advice to patients to repeat mantra and engage in religious activities is a giving of doctrine. In addition, since the medicines are blessed into a magnificent state through being implemented with mantra, such giving is associated with doctrine. Similarly treatment of the poor without fee fulfills the practice of the giving of things, the giving of non- fright, and the giving of doctrine.”(Donden, 2000:214)

As Adams observed:

“By allocating funds for the construction of monasteries, by recruiting members of the wealthy households as monks (and members of the poor households as high reincarnate lamas), by exempting monasteries from taxation while allowing each to extract its own tithes and conscript its own monks [...] by sustaining an extremely flexible apparatus for the production of truths, and finally by regulating ‘religious incitements to action’, the loose governmental system of Tibet was able to create itself as a ‘state’” (Adams, 1992:179)

The regime acted as an ideological apparatus as Smith goes to point out:

“The accumulation of disciplining habit through acculturation process in a populace helps bring forth the order of the day through self awareness. Thus power is utilized to organize consent [...] This hegemonic field, requires the handiwork of stable institutions and cultural reproductive habits to initiate a social hegemony.”(Smith¹, 217)

Gramsci draws our attention to how this generally happens, “when the great masses of the population gives ‘spontaneous’ consent to the general direction imposed on social life by the dominant fundamental group”. He goes on to add:

“This consent is ‘historically’ caused by the prestige (and consequent confidence) which the dominant group enjoys because of its position and function in the world of production.”(Gramsci, 1971:12)

Thus it is understood that power is diffused in the society through sites of public discipline, i.e., monasteries that engage in the public dissemination of truth, which is an inherent function of the state. Monasteries, as active apparatus of the state, thus act as an order of the state itself. It not only takes the role of a messenger but becomes an embodiment of its creator. Its essential function is to organize active consent among the subject population in order to create active acceptability of the stately actions. The only way in which it can be done is by creating a deep awareness through what Deleuze termed as “anonymous strategies” (Deleuze, 1988). It is nothing but another way of explaining how cultural control is exercised to manufacture consent. Here it is important to infer from Gramsci that the production and reproduction of culture constitutes the heart of human history, which is a long and continuous process and needs equally strong support. It has served as an instrument and even as justification for the construction of large scale administrative monarchies.

Tucci points out:

“The individual monasteries, as strictly organized and economically strong structures , were as little inclined as the lay aristocracy had been to renounce their self- government and independence [...] This process had already begun in the time of Trisong Detsen, when the first monastic communities, founded at that time, possessed not only the special rights and freedom from taxation, but also landed property and serfs for the upkeep of the monks and as a material foundation for the ritual life they cultivated.” (Tucci, 2000:162)

Adams recognizes how:

“Monasteries were receptacles for both almsgiving and local taxation, blurred the lines between fiscal responsibility to the state and individual responsibility for health and well-being. In a subtle form, power focused on populations and productivity, as the gompas in some areas deftly conflated good health with taxation.” (Adams, 1992:166).⁹

As Tucci puts forward:

“The monks, through knowing how to present the beneficial results of gifts given to the community in the right light with respect to the donor’s whole future salvation, succeeded not only in increasing the monastic revenue but also in infusing into the multitude a feeling of confidence concerning the fate of each individual. In each situation of life, in birth, illness and death, and at harvest time, the monk was present, and always and everywhere he made the most of the basically magical outlook native to the Tibetans. Every act and achievement of the believers, in short, was under supervision of the monks, and they sought their salvation only through the monks and their ritual.”(Tucci, 2000:161)

Following this line of thought, it will be helpful to remember how Gordon showed after Foucault that ‘knowledge functioned as a form of power’ (Gordon, 1980:69). It is important to analyze the function of their knowledge as a form of power to disseminate the effects of power through the administration of knowledge and the relations of power that pass through knowledge (hegemony).¹⁰

Foucault was noted as saying:

“The micro mechanisms of power that was exercised on the course of everyday life is centered on the form of scientific discourse and the institutions which produce it; it is subject to constant economic and political and cultural apparatuses (university, army, writing, media).” (Gordon, 1980:132) ¹¹

I would like to assume the meaning that is implicated by the term “micro mechanisms” of power as the power to affect the rhythm of everyday life, the course of our personal actions through the means of cultural guidance. The power that produces “scientific discourses” that becomes acceptable to the public and the cultural institutions which are respected as the producer of such discourses: The institutions, i.e., monasteries, which are controlled by serious practical interests.

9. As Tibet embraced Buddhism, which gradually became the state religion, the central government began to donate land to the Sangha, both for construction and cultivation. And as Tibet became more religious, the community of monks became more organized, more worldly and less ascetic. And when religion got the upper hand in the administration of the country, the increasing number of monks and monasteries were granted more and more land for their maintenance. (Norbu, 1974:191)

10. In this way the mechanisms of power had been economically advantageous and politically useful by incorporating the immediate social entourage of an individual, consisting of the family, and other caregivers as doctors in its purview. (Gordon, 1980:101)

11. Truth is linked in a circular relation with systems of power which produce and sustain it, and to effects of power which it induces and which extend a ‘regime’ of truth. (Gordon, 1980:133)

Moral use of the material

The indispensability of the monks in organizing mundane everyday activities showed the value that is attributed to their status- clearly higher than the rest, the weight that is given to their words- acceptable before anybody else's and the truth value that is attached to their statements- stronger than any other, which make the follower of their ranks the largest.

This great sea of supporters and lay followers looked up to their great monastic heights to show them the light. That was provided through the words of Buddha – suffused with worldly advices about how to conduct an ideal life.

Adams infers in her work:

“For the monastic, meditation was an exercise which promoted good health, but for the secular majority who did not take the time to meditate, performing good acts through work regimens was considered a step in the right direction.”(Adams, 1992:173)

By creating a constant urge among the public to engage in self improving work regimens the monasteries acted as the apparatuses, through which practical knowledge was created. This knowledge aided the lay followers in material engagement with their work sphere. Though the true purpose of this engagement was to allow encompassment into a moral universe of obligations and responsibilities. This sort of exercise actually implicated that knowledge was created and at the same time maintained for moral as well as secular purposes so that the material and the non- material can coexist. In this way the field of medical care became an extension of the political field, which determined the usage of Tibetan medicine for secular or moral purposes.

Chapter II

.2.

RELIGIOUS USE Of SCIENCE and SCIENTIFIC USE Of RELIGION

It cannot be forgotten that intellectual life in the monastery was heavily influenced by the prevailing political climate. Interestingly, Gyatso notes that:

“A stridently authoritative political climate featured conservatism at the very time of the sweeping moves towards rationalization. It infected intellectual life in the monastery as well as the practical sciences.” (Gyatso, 2004:91)

Gyatso goes on:

“It was the Great Fifth himself, during the seventeenth century, who actively sought out medical experts from abroad, for his own well being but also with a view of broadening the profession’s repertoire of diagnostic, therapeutic, surgical, and pharmacological tools.”(Gyatso, 2004:90)

The political atmosphere encouraged a tolerant attitude towards these experimental schemes. The Buddhist medical corpus itself was seen in an evolutionary mode, which required further expansion into the unknown areas of medical science. This political mood also influenced intellectual life in the monastery as well as the practical sciences.¹²

In the particular circumstance of seventeenth century Tibet, medicine helped provide the government with the ground for an episteme in which the ideals and images of religion could co-exist with the everyday practices of governance and power to display a coherent universe.¹³

Clearly, the Tibetan empirical medical worldview was being built into the whole political and cultural basis of Tibet. This has also been reiterated by Pordie, as he finds the process of institutionalization of Tibetan medicine as the manifestation of materialist thought (Pordie, 2003).

Thus as Gyatso studied:

“With the granting of lands and income to monastic medical schools, state support of medical learning reached its climax. And the same medical colleges that are being given fiscal autonomy and experimental license were also ordered to conduct prayer ceremonies everyday for the health of government officials.”
(Gyatso, 2004:91)

In short in their actions with state, religion, and medicine alike, the lama kings were creating what now loosely is called the Tibetan “theocracy”.¹⁴

12. Both Tibetan Buddhism and medicine participated in the larger mix that constituted the texture of Tibetan life. Medicine conferred a very special service to the Buddhist society – which also created a special institutional space for medical learning. (Gyatso, 2004:93)

13. When we see prominent medical scholars of the period protecting the root text or looking for the tantric channels in the empirical body, we understand that they are simply parts of the same worldview that was being built into the whole political and cultural basis of Tibet. Tantric meditation is efficacious in the real world: the words of the Buddha are true. (Gyatso, 2004:91)

14. The final hegemony of the 5th Dalai Lama’s government in the 17th century [...] coincided with the consolidation of the centralized government in Tibet which consolidated the fortunes of the medical academy. (Gyatso, 2004:90)

Sherab Gyatso studied how:

“The principal task that monks set themselves is self- perpetuation of their traditions and the institutions that safeguard them. More monks mean more people to take pride in and pass on the traditions. Everything is geared towards this almost genetic urge for self-preservation and replication.”(Gyatso, 2003: 237)

This is how Tibetans have dealt with philosophical development over centuries. As Sherab Gyatso puts it -“Tibetan’s abhor the idea of religious ‘innovation’: the concept of religion and preservation go hand in hand.” It is for this very special reason that monks are greatly revered for their spiritual and extra-spiritual responsibility anointed through religious tradition. ¹⁵ As Gyatso reports:

“Survival of these religious institutions has become inextricably linked with the survival of Tibetan culture in general. Monks are still seen as the foremost promoters of Tibetan culture, with so many of the arts in Tibet being religious / semi- religious in nature. They are seen as the foremost promoters and presenters of Tibetan culture; people now see preservation as monk’s business.” (Gyatso, 2003:243)

15. But faced with the rude encounter with modernity, the state of exile has brought new challenges, which has diminished their influence in the realm of governance. Neither do they wield power through being major landowners or by engaging in activities like money-lending. Notwithstanding all this, Gyatso believes, they remain firmly fixed at the center of the Tibetan society. In terms of the popular interest they inspire (both inside and outside the community), in terms of their large intake and populations, the achievement of academic or other stated goals, their primacy within society and even their healthy financial situation, they are successful. (Gyatso, 2003)

I feel it necessary to note here that tradition, unlike religion, does not refer to any particular body of beliefs and practices but to the manner in which those beliefs and practices are organized, specially in relation to time. Past, then becomes a means to organize the future. Hence, being the main stakeholders of the Tibetan tradition, they have come only to command the respect, by steering the developmental activities affecting day to day life.

Religion and development

Religious establishments and their operatives increasingly become principal organs of development; development that appear synonymous with the projects of reformation, of choosing a different and rationally better future. Nandy and Visvanathan emphasize:

“Development is good, because it brings true health to everyone; development is health because healthiness takes you towards or gives you development; and finally, development is healthy because the language of development extends the modern language of healing not only to the individual but also to the society.”

(Nandy and Visvanathan, 1990:146)

It is true that modernization becomes almost synonymous with efforts to pursue development.¹⁶ It is important to note this practice in two nations within which most Tibetans generally spend their lifetime- India and China. China’s takeover of Tibet in the 1950’s was largely drafted as ‘peaceful liberation’ by the Chinese. One of the principal outcomes of this ‘liberation’ was development- which was carried out with reformist zeal.

Powers explains this:

“Because the Communist Party is by definition the people’s party and represents their will and interests, it could determine when the people wished for ‘reforms’ to be carried out, and there would be no need to actually consult the people since the Party’s wishes are congruent with theirs.”(Powers, 2004:114)

This intention has been behind swift modernization programmes that compel Tibetan doctors and scholars to appropriate and incorporate elements of biomedical science and knowledge into their work.

Adams reminds us after Janes again that:

“There is a history of state demands on the practices of Tibetan medicine, from the turn of the century to the late 1980’s. Bio-medicalization is one of the most obvious outcome of these demands. Thus the professional status of Tibetan medicine is a direct attribute to the acceptance of biomedical knowledge and standards.” (Adams, 2001b: 225)

But it is important for Adams to point out that:

“Modernization in this medical system has also come to mean establishing the scientific legitimacy of the traditional system, even by use of bio-medical technologies.”(Adams, 2001b:225)

She goes on:

“Even in Chinese controlled Tibet, the need to modernize accompanies officially sanctioned support for traditional medicine.”

16. The perpetual search for self completion by pursuing a “better” future, in part by recruiting from a recuperable past is itself a thoroughly modern project. (Giddens, 1990:105)

This broadly leads towards a trend where older assumptions are rationalized to suite a new order. Various authors have tried to take note of this.

Adams believes that in Tibet:

“This generally entails transforming religious cultural pasts into scientific and secular past, ie, socialistically acceptable pasts. It is in this modernist rendition, that a historical version of Tibetan medicine alludes to a scientific approach from the earliest period of medicine, which simultaneously acknowledges the role of religion.”(Adams, 2001b:230)

In the context of India, Pordie through his fieldwork among Ladakhi Amchis finds:

“The [...] rapprochement to biomedicine [...] the assertions of therapeutic efficacy and history give the science of healing(*gso ba rig pa*) a greater magnitude than that of the culturally imprinted erudite “sciences”(*rig gnas*), ie, magnitude in a “ biological ” sense, a universal scope.”(Pordie, 2003: 54)

In his view “rationalization and biomedicalization of medicine entails transformations of a practical, ideological, and epistemological nature” (Pordie, 2003:41).¹⁷ To explain how religion serves medicine and medicine serves religion, he further added:

“The technical dimension of this institutionalized medical knowledge appeared, in, distinct, from the remarks of the students of Central Institute of Buddhist studies (CIBS) of Ladakh – the only Ladakhi establishment granting diplomas of the highest institutional degree to Amchi, who acknowledged the importance of the religious in their practice: being taught at the “Institute of Buddhist studies.”(Pordie, 2003:53)

Pordie points out, though the character of medical knowledge is acknowledged as religious, the teacher is seen only as a professor of a particular medical technique and not as a Guru who relayed Buddhist teachings. Here, I find resonance of Aschoff's claim that "within its traditional context Tibetan medicine remains a science", which does not deny its religious usage but does not find it absolutely undeniable in the practical usage as well (Aschoff, 2004:367).

Naturally, as Pordie mentions, the mark of modernity (as a symbolic attachment to the sign of scientificity) is used in reference to the sign of "Dr", by the *amchis* of Ladakh as well as the practitioners of *Men-Tse -Khang*. But the social status of institutional practitioners does not completely rest on the form of acquisition of knowledge (modern medical structures)¹⁸ (Pordie, 2003:53).

It is undeniable, as Pordie mentions, that in this re-ordering and constant effort to rationalize, the religious base of their knowledge is not compromised but actually utilized efficiently to illustrate the scientific nature of their ideology. In reality through this scientific use of religion, as Pordie had tried to explain, the use of science is legitimated (Pordie, 2003).

17. Modernization is commonly understood as a process of socio- cultural transformation linked to technological advance, institutionalization, the re-orientation of certain values and to the mental and physical mobilization of individuals guided by new aspirations [...] The modernity of a given society, assumed to be an inevitable outcome of the modernization process, is today in part conditioned by the globalization dynamics and the ideologies associated with them. (Pordie, 2003:37)

18. In a further extension of this idea it is noted by Pordie, that even as institutionalization is co-related to power in society, this does not blind the community of practitioners, who also judge according to other parameters, in which observation of religious teachings and the moral qualities of a future *amchi* is taken into consideration. (Pordie, 2003:52)

A pragmatic¹⁹ knowledge in contemporary times: As practiced in China and the Himalayan region of Ladakh²⁰, in India

One of the crucial fallouts of the above developments seem to be that there has been significant heterogenization of Tibetan Medicine – which has since 1951, become significantly modern in content (culture) and structure (social) specially after the incursion of the Chinese and the subsequent accession of Tibet. A steady stream of reforms has percolated in almost all spheres of Tibetan life; reform, not only of the state but also of the spirit. In this reformatory zeal all the previous natural links were broken to initiate new links, new channels of interaction. This has been achieved by translating significant elements of Tibetan medicine to bio-medicine. In terms of existing healing traditions, all this helps in the increasing professional upgradation of Tibetan medicine.

19. Laurent Pordie uses this term while highlighting the compatibility between science and religion in Tibetan medicine. (Pordie, 2003:69)

20. The system of medicine that is practiced in Ladakh is known as the *amchi* system of medicine. It exists separately from the traditional Tibetan medicine, practiced by the *Men Tse Khang* of Dharamsala which was established by the *Dalai Lama* in 1961, after the older *Men Tse Khang*, in Lhasa, Tibet. The style of this system of medicine as taught by the *amchi* is different from the official traditional Tibetan medicine, which consists of training in a structured five to six years curriculum. Though Jurgen. C. Aschoff holds that this *amchi* system of medicine is slowly vanishing as more and more *amchis* apply in Dharamsala for medical education, i.e., in the *Men Tse Khang*. To differentiate the training in these two systems of medicine Aschoff held, “in the *amchi* system, sons receive instruction in the art from their fathers and must, after an apprenticeship of many years, demonstrate their knowledge in an examination before all the *amchis* of their district” (Aschoff, 2004:369).

Adams maintains that in contemporary China alternative medical practitioners are increasingly accommodating biomedical categories in their process of diagnosis. She points out that:

“Biomedicalization of Tibetan medicine under the direction of state - Sinicization programmes, leads to an overall ‘accession to institutional modernity’.” (Adams, 2001b:232)

It is quite clear from the above trends that the argument is slowly heading towards a deeper issue- that of modernity itself and its links with institutional mechanisms. It is evident that modernity is inherently globalizing, since the spread of modern institutions has facilitated the historical transition from pre-modern systems. This historic transition to ‘modernity’ should be judged in a way as Foucault has tried to conceive as:

“A mode of relating to contemporary reality; a voluntary choice made up by certain people [...] a way of thinking and feeling; a way too of acting and believing that at one and the same time marks a relation of belonging and presents itself as a task.” (Smart, 1992:161)

According to Giddens this has assured a ‘time-space distancing’. Local engagements have come to have extra local associations (Giddens, 1990). It remains true for all nation states. Therefore in the case of China, state supported programmes for the authorization of Tibetan medicine has conveyed the three trends as found by Adams:

- 1- The incorporation of bio-medical models in the training process, resulting in a perceived need among students to evaluate Tibetan Humoral theory in relation to competing systems of (biomedical) truth, rather than taking the former for granted.
 - 2- The use of diagnostic strategies which do not organize knowledge around the humors (and their myriad illnesses), nor around the intuitively perceived dominant humoral “character” / *rangshi* of the patient, but rather around discrete diseases and their attendant treatments.
 - 3- The apparent lack of training in Buddhism or its use in healing practices.
- (Adams, 2001b, 232)

Adams indicates all this entails greater accommodation of biomedical theories at the exchange of its traditional religious foundations and are a ‘direct outcome of state-directed modernization’. This was also interestingly illustrated by Gyatso as ‘a necessary appreciation of materiality, expectations about accountability and a separate truth of the empirical’, in the Tibetan medical episteme (Gyatso, 2004:84). Pordie similarly defines Tibetan medical practice as a ‘field of a pragmatic approach’. He finds that the religious is utilized or disregarded according to varied modalities and interests.

In this process, Pordie infers that, science and religion are not separate faculties but outcome of the same institutional practices that facilitates political utilization of its services. In this way, science and religion are showed by Pordie as both compatible in a way, as they are pragmatic on their own, ‘science is directed towards the social and religion towards the person’ (Pordie, 2003:50).

He comes to see from his field work among the *amchi* medical practitioners in Ladakh that, as there is a desire for scientificity that influences the *amchi*'s representations, there is a detachment from the religious in the institutional structures of rationalism and biomedical ideology.

Pordie sees that:

“Science in its role as medical legitimator is becoming a central element in the political rendition of medicine.” (Pordie, 2003:70)

Religion is increasingly politicized as a means to consolidate the Tibetan medical claim of scientific pursuits. These “scientific ventures” are political in spirit but appear in line with the social commitments. Pordie singles out the *amchi* organization of Ladakh, which in 2000, dispensed medicine free of charge through medical camps in an isolated zone of Ladakh. He held that:

“This sort of initiative helps to medicalize its benefactors because these camps are copied exactly from those of the (bio- medical) department of health and have a similar social effect. But considering that the maximum medications are of seven days, which is generally insufficient for the treatment of serious recognized pathologies, the goal of these appears more political than medical.” (Pordie, 2003:63)

It is crucial here to notice, as Pordie continues to assert, that ‘religion is thereby obliged to use scientific legitimations to serve social ends’ (Pordie, 2003:69). It is this continuum, this constant motion between religion and science that highlights the pragmatic aspect of traditional Tibetan medical practice— open in its acceptance of contingencies, through

which it proceeded to form an identity for itself, a secular identity. Thus Tibetan medicine is found safe to be spoken of in terms of science rather than religion; but the process also reveals how religion and science are taking on new meanings. They take on new meanings from two completely different angles– the internal Tibetan and the external like Chinese. In the first aspect, the special feature of this negotiated understanding is distinctly viewed as compatibility. It is in the way that the Tibetan medical system has come to understand itself in view of dramatic churning of events. It has evolved from the struggle of historical forces, as a product of cultural negotiations. It has to recreate its image, in a way that linked it to its religious past and tie it to its scientific future. It had to legitimize its actions in the light of these changes. Some of those acts may look radical, but they are the deceptions, adopted to protect and hide its uncompromisable contents in the guise of rationalization of its form.

Janes had pointed out in *Tibetan medicine at crossroads: Radical modernity and the social organization of traditional medicine in Tibet autonomous region of China* (2001), how monks help rationalize Tibetan Medicine and forge links with the government by providing public health, which utilized the official secular bureaucratic apparatus existent in the field of medical care. In this way as medical functionaries they become the legitimating arm of the state.

On the other hand the Chinese tolerance of the Tibetan medical system appears to be a reflection of its support of the de-religious and hence a-political sphere of the volatile Tibetan sentiments. This level of tolerance has got greater significance, as it also reflects heightened political understanding. As Jean and John Comaroff put it:

“The more diverse nation-state becomes in its political sociology, the higher the level of abstraction in which ‘nation state’ exists. In that situation to construct a sense of community, modernist nation states conjure up a definition of public interest over and above the class and sectarian interest.” (Comaroff and Comaroff, 2007: 327)

The Chinese state seemed aware of the fact that Tibetan medicine was an appropriate, secular representative of the popular will, as well as a guardian of their belief. This revelation first dawned on one of the early colonial guardians of Tibet—the British. They were the first to encourage the growth of a liberal political atmosphere in Tibet by depoliticizing the hold of the lamaist government on the material state interests, like medicine. In the way of the first imperial protectors (the early kings of Tibet, from *Srongtsan Gampo* to *Trisong Detsen*) who used Buddhism’s material logic to confirm their rule and control the public rather than using it as a religious guide of their conduct as ideal Buddhists, the British as well, found in Tibetan medicine similar qualities. Ironically, to save the land from petty political decadence and superstitious darkness, the lamas too found no better way than take recourse to reclaim the worldly benefits of Tibetan medicine. In order to centralize political control and properly channelize public morality, it began to collaborate in the foreign efforts to salvage ancient wisdom, and give it a modern garb. Thus the *Men-tse-khang*, Tibet’s first non-monastic college of higher education came into being during the term of the XIII Dalai Lama, who along with the British made efforts to modernize Tibetan medicine as a part of a more general campaign to modernize Tibet. A college of medicine and astrology, built just in line with

Tibet's historic monastic medical college, in Lhasa, the *Chags po ri* - the *Men-tse-khang* opened its doors only to the ranks of the selected elite and converted its students into Tibetan doctors under the rhetoric of modern science. Its offering was not meant for the general mass. (Adams, 2002a)

This great effort to resurrect and promote the knowledge of Tibetan medicine was driven primarily by its practical and political, not theoretical possibilities. It is to be remembered that a great Buddhist science like this, was from the point of its inception used for political purposes. Other modernizing forces in Tibet, like the Chinese too usurped this political message and made an effort to recover and utilize only those aspects of Tibetan medicine that were not found religious.²¹

Adams held that:

“Because socialist development so skillfully deployed the Marxist rhetoric of distinctions between material forces and metaphysical and cultural outcomes, the idea that science could be viewed as oppositional to religion became widely accepted.”(Adams, 2002a:210)

It was the professional component of indigenous healing that was recovered to create specialist categories for the social construction of disease. Thus the explanatory model was closer to the larger expectation, than would have been otherwise.

But above all this attempt to sustain a set of knowledge practices that encompassed modern and traditional practices is a negotiation that could strip Tibetan medicine of much of its basic theory and replace it with modern ideas that were deemed “scientific”, in the received biomedical sense. That is why it is being called “*tshan rig*” everywhere.

Reference is often made, to the fact that medicine (*gso wa rig*), one of the five major “sciences”, was always distinguished from “religion” (*nang rig*).

Adams points out:

“Herein the term *rig* is translated as “science”, although it might just as easily read as “field of knowledge”. In this sense, it seems perfectly reasonable to call all Tibetan medicine’s theories “scientific”. At the same time one could then also have to call Tibetan “religion” a “science” since it, too, is a *rig*.” (Adams, 2002b:210)

21. By 1993, the government’s fear of religion was rekindled, in part by recognition of the extraordinary levels of devotion still held by Tibetans for their exiled ruler. His holiness the Dalai Lama, China’s declared enemy of the state for supporting their campaign for Tibetan independence. Thus by the mid-1990’s, even though the government was investing time and money in the revitalization of Tibetan medicine, this effort was constrained because of Tibetan medicine’s theoretical foundations in religion, and the fact that religion continued to be a political problem. (Adams, 2002b: 210)

The status of Tibetan medicine in the market as a commodity

In view of the rising value of alternative sources of knowledge, traditional conceptual categories are getting adapted to new designs. Instead of wishing them out, suitable accommodative gestures are made by the cosmopolitan fields of knowledge like biomedicine, which allows these new movements to proceed in a restrained pace along with it.

Frederick L. Dunn put forward:

“In modern China, a traditional medical system like the Tibetan not only continues to survive but thrive, because the system has a tremendous therapeutic or real adaptive value, and also because the professionals and para- professionals trained in the cosmopolitan system have never been sufficiently numerous. Apart from this, a great beneficial role is being played by the Chinese, through their support for a blend of traditionalism and ‘cultural nationalism’.”(Dunn, 1997: 151)

Thus the model of health as promoted in Tibet (Chinese occupied) is an integration of both the modern and traditional traits. As it has been observed, after the arrival of Chinese rule in Tibet, developmental activities regarding health have received a new direction.

As Janes studied:

“State reforms of Tibetan medicine affected its practitioners in two principal ways. The first is the emphasis to train in a highly materialist discourse on body. The second consequence of this approach was to incorporate Tibetan medical training and practice into the government health bureaucracy [...] The Mensikhang is now an independent sub- bureau of the Health Bureau of the Tibet Autonomous Region (TAR), supervises the training of new doctors and establishes policy for clinical activities throughout the region. This form of legitimacy and popularity given by the government provides a means for government to intervene in setting standards of training and practice.” (Janes, 1999:1811)²²

Last distinguishes the process by pointing out that:

“It is significant to know that by using nation as a political unit, and by emphasizing the political aspect of professionalization in medicine, professional recognition of indigenous healers has come through. All this has been possible since, it is through the political process that the most significant variations in professionalism have come through.” (Last, 1996:379)

Further Janes found this development as a ‘reflection of the power of this professionalized health – care market which cannot be understood as separate from the global medical marketplace’ (Janes, 1999:1817). This difference in Tibetan and non-Tibetan reasoning might be understood in terms of the relative degree to which the

diagnosis connects various social worlds together to the physiological state. As Nandy and Visvanathan analyze:

“This development model of medicine acts as a domain of social knowledge and social intervention, ventured by organized centres of power in society. By taking the agency away from the individual, as well as the community to which he or she belongs to, the body is made political. More than that it is redefined as a terrain for wider processes of socio- economic interventions. Body as a domain of individual choice becomes a part of public life, directly subject to the society’s power- knowledge nexus and the typical format of expertise which goes with that nexus[...]There is contained in this competitive process a powerful incentive for professionalization, ie, for setting standards (to produce a standardized product), licensing practitioners, controlling and / or disciplining colleagues.” (Nandy and Visvanathan, 1990:146)

It has to be remembered that this is directly accompanied by the growth in institutional bio-medical focus on the way that more and more social life is organized around bio-medical concerns but primarily through the disease category and label. The growth of this tendency to professionalize and to specialize begins to influence the performance of other

22. As Janes had noted in “ Buddhism, science, and market : the globalization of Tibetan medicine”: Firstly- the direct state funding of healthcare had declined rapidly since the late 1980s, amounting to as much as a 50% cut to the state- appropriated budgets of the major Tibetan medicine hospitals. Secondly – decisions over health policy were largely decentralized to prefectures and counties, allowing local health authorities to experiment with different ways of organizing and funding healthcare. And finally, relaxation of regulations governing medical entrepreneurship led to the rapid development of a robust medical pluralism in towns and cities throughout the region. (Janes, 2002: 271)

domains of medicine, by creating what I think a heightened sense of self awareness for its practitioners. I am in agreement here with Pigg who said:

“Prior to the penetration of biomedical thinking into local concepts of affliction, cosmopolitan²³ medicine becomes associated with people’s images of national and global systems.”(Pigg, 1990:275)

The social categories of ideology of modernization²⁴ are put in place. Along with it comes a greater respect in themselves for their expertise. All this adds up to value orient the performance of the practitioners of traditional medicine like the Tibetan doctors, who begins to familiarize more and more with the standards of performance maintained by the biomedical practitioners.

Tibetan medicine: Geared for competition

Here it is important to note the difference between the bodily conceptions in Buddhism and those of bio-medicine. As Adams outlines in *The Production of Self and Body in Sherpa- Tibetan Society (1992)*, ‘in the former the body is seen as part of the universe, interconnected to all elements of the universe and functionally interdependent upon them. In bio-medicine, it was the ability to treat as separate and functionally independent various bodily parts which marked high modernism in medical practice’ (Adams, 1992).

In correspondence, Janes draws attention to his analysis that:

“Bureaucratic realities and ideological pressures combine with popular demand to accommodate Tibetan medicine to a more evidently materialist form of practice.” (Janes, 2002: 279).

In his perspective bio-medicalization has led to an absolute reduction of clinical attention to the object of treatment. Through ceaseless reforms in the realm of medical training and practice, the object ceases to exist as a subjective entity requiring individualized treatment. Through this reorientation of medical consideration a materialist outlook has gained precedence in modern Tibetan medicine, which increasingly treats illnesses, not as disorders anymore but as standard concrete disease categories requiring standardized treatment.

As Janes believes:

“Although government will be motivated to exercise some measure of regulatory control, with World Bank Policy as the basic blueprint, indigenous medicines in many countries will likely find themselves transformed in the competitive atmosphere of the private sector, where they must compete for patient fees, sell medicines and support clinical facilities.” (Janes, 1999:1810)

The market makes the indigenous medicine undergo wide scale reformation. With the rise in stakes for profit making, the commodification process gets a spurt. There is parallel increase in the number of international transactions, along with the rising volume of commercial operations. The indigenous institutes of medicine like *Men-tse-khang* are compelled by increasing pressure to heighten their strength of operation and get more and more engaged in business ventures.

23. I am required to use the term cosmopolitan medicine and not biomedicine to represent the transnational character of this mode of healing, to show the way in which the western system of medicine is linked to global forms of modernity.

24. I have utilized this term 'ideology of modernization' from Stacey Leigh Pigg's usage in her work. (Pigg, 1990:19)

As hinted by Janes, the growing market outside Tibet, like Nepal, China has forced the standard of production to improve. This sort of orientation to operate purely on business interest is based on the sole motive to increase earnings by the most efficient utilization of its expertise.

Janes reiterates that:

“Tibetan medicine has been completely disembodied from the local social networks of community and monastery- to be deployed as an organization of medical practices, determined in large part by its relationship with the formal health bureaucracy in TAR (Tibet Autonomous Region). (The interesting trend to have emerged out of this, is an increased emphasis on producing services and medicines as commodities for profit oriented exchange.”²⁵) (Janes, 2001:215)

The trend that prominently comes to notice in the context of persistent cultural interaction and exchange, is that production is playing a misnomer role in generating value of production and is increasingly being taken over by market and speculation.²⁶

(C.R. Janes shows in *Buddhism, science, and market: The globalization of Tibetan medicine* (2002), how the speculative tendencies of the market force the state to run private medical facilities alongside the government run one. The private services that ranges from biomedical to Chinese, Tibetan and even Ayurvedic (Janes, 2002:268). {

If consumptive practices are held as the hallmark of modernity, in agreement with Jean and John Comaroff, I would like to reassert that it is-

“Consumption which increasingly seems to be the principle, held to determine definitions of value, and construction of identities in the market.” (Comaroff and Comaroff, 2000:294).

At the same time it has to be ascertained how indigenous methods of healing has come to perform with its commercial counterparts. In doing so, it is undeniable that one must come to notice those components of indigenous healing enterprise that partakes in commercial exploitation of its services.

Tibetan medicine has utilized its potential in this sector to gather great amount of popularity in the pharmaceutical industry. This has affected the role that Tibetan medicine used to play, as well as value attached to it. Perhaps more important has been the effect on the image of Tibetan medicine itself. It is important here to remind oneself that Tibetan medicine is not just another medical diagnostic and treatment category. The role that it has played and which is attached to it goes far beyond the stretch of a healing enterprise.

Forces of capitalism, power of modernity have all brought to bear themselves on this local system of knowledge and practice through globalization. Ethnomedicines like Tibetan medicine has also widely been subjected to national and global interests.

25. The interesting trend there being, the health bureau having made a practice of collecting balance revenues from the patients and sell medicines by engaging in non- health related activities. (See Janes, 2002)

26. Moreover in the context of market oriented reforms in China, the market has made its presence felt through the fee-for-services mechanism of financing – as clinics and work units are invited to replace lost government revenues. (See Janes, 2002)

Debate about scientific legitimacy and drug potency

In the wake of these growing debates it has to be remembered that the importance of Tibetan medicine as a consumable product) has come through its popularity along with its effectivity. It has been popular by being effective apart from being sourced from a knowledge that is highly cherished. Its qualities thus tend to have both the powers of trust and the potential to heal. Concerning the second aspect some ethnographers are found to hold distinct views.

Jane's observes that:

“In the state's drive to privatize and liberalize to a market economy, the project of identifying aspects of Tibetan medicine that are marketable in an international arena has compelled Tibetan doctors to affirm single drug therapies rather than medical models that emphasize the multiplicity of treatments, flexibility, and variation in therapies even for those with the same named disorders.”(Janes, 2002:273)

Moreover not only the mode of treatment but the means by which it is arrived at is not left unquestioned. Randomized controlled drug trials have ensured that greater emphasis is put on (standardization of ingredients) rather than (maintaining the spiritual requirements of Tantric enchantments.) It is obvious effects based on belief are (rarely scientifically provable.) But it becomes a highly profitable venture, when it becomes an ideological patina for potential consumers.)

Adams held:

“In doing so, it must speak to both a reductionist language of active ingredients (Biomedical) and a holistic language that imputes spiritual potency to products.” ^{Tibetan Medicine}

(Adams, 2002b:675)

The power to heal then not only bears a medical force but a metaphysical charisma as well. But one has to look at the issue from the point of view of Tibetan medical practitioners themselves (It may be true that they are made to undergo certain adjustments but to ^{ascertain to what extent?} ascertain to what extent) one needs to question the basic attributes of this medical system.) inf

Chapter III

A RATIONALITY Of Its OWN: THE SCIENCE Of TIBETAN MEDICINE

It is apparent that by being necessitated into biomedical patterns, physicians of traditional Tibetan medicine had to recognize the biomedical indicators, follow biomedical models of therapy and even suggest biomedicalized drugs, i.e., Tibetan drugs made safe in that manner. All this because effects based on belief has to be scientifically validated, i.e., made bio-medically sound. This also meant that even diagnostic interpretation has to be treated differently from that which can be drawn following a Tibetan medical scheme of reasoning. The Tibetan physicians in the biomedical domain like China had to nevertheless seek the diagnostic reports of the bio-medical artifacts like ultrasounds to validate their mode of medical action – which nonetheless ran counter to the logic of bio - medical mode of interpretation.

But Adams held from the Tibetan point of view, this act of reasoning itself remained distinctly Tibetan. She noted in *Particularising modernity: Tibetan medical Theorising of Women's health in Lhasa(2001)*:

“Although it may be possible for the Tibetan doctors to decipher the biomedical correlates, the intention of the Tibetan doctors is not to do this but rather to confirm the Tibetan diagnoses that are found in the root *tantras*.”

Lock and Nichter also mentioned:

“The use of ultrasound is conditioned by Tibet’s internal political history that requires Tibetan medicine to be “scientific” in its own right. The disorders identified through Ultrasound were well established in Tibetan medicine. Therefore ultrasound was useful in confirming Tibetan diagnosis .Thus different modes of knowing could be applied to ultrasound evidence, which can explain how ultrasound evidence might be read differently by traditional Tibetan practitioners because they read data humorally, ie, way of seeing rather than making sense of evidence.”(Lock and Nichter, 2002:19)²⁷

As Adams sharply points out in *Establishing proof –translating science and state in Tibetan medicine (2002a)*:

“The fact that symptoms remained visible in the ultrasounds did not necessarily mean the patients were still sick, from a humoral perspective. Again, humoral imbalance – can be cured from the root first. The last signs of cure in such a case would be visible in things like ultrasound photos. But traditional Tibetan doctors don’t deploy a theoretical approach for reading the ultrasound reports –though knowing that one had to validate Tibetan medicine by the use of foreign technology that carried with them their own epistemological demands regarding evidence. This was an avowal that evidence can mean different things in different political and cultural contexts, even when it appears, from some view points, to contravene “shared” standards of empiricism. Thus the fact that ultrasound photos suggested ongoing disorders had to be acknowledged and rendered irrelevant at the same time.” (Adams, 2002:213-214)

As she points out, 'the Tibetan medical theories of etiology can encompass a wide variety of interconnected factors: from climate and diet and sociological conditions to states of mind'. She goes on to add:

“Because, an objectified western self through whom modernity is organized by the processes of medicalization, clinical reductionism, and alienation, is simply not present in the same way among the Tibetans [...] There can be suggestibility, but no assurance that– the subject-object dualism as ontology and epistemology which is the paramount for achievement of modernity becomes a real bone of contention for the Tibetan medical theory in an effort to modernize on the scientific logic.”(Adams, 2001:239)

Thus it cannot be suggested at this point of time that the epistemic premise of traditional Tibetan Medicine has undergone profound changes. A positivist vision of an intrinsic belief in the progress of truth through material scientific knowledge is closer to what Weber held in 'Science as a Vocation', as an intrinsic progress of truth in scientific knowledge. But it is to be remembered that the material and the non-material truth are not two separate faculties, so far as Tibetan medicine is concerned, which is based on the Buddhist doctrine of *Mahayana* that asserts the existence of both the ultimate and the conventional truth (*paramartha* and *samvrti*), i.e., the non-material and material. Thus the existence of the non-material spheres of knowledge like belief in the Tibetan medical

27. Ultrasound evidence, for example, would show persistence of growths in uterus, and this would be taken as evidence that the Tibetan treatments had not been effective. But the Tibetan doctors would frequently note that the ultrasound evidence was not necessarily able to provide the most accurate measures of effectiveness of their treatments. The ultrasound evidence was not necessarily a sign that the patient had not been cured, since the growths were understood sometimes as symptoms of humoral imbalance, but not as diseases themselves (Adams, 2002b:672).

episteme makes it hard to say whether this vision is itself a paradigm for a non-value neutral type of interpretation, where belief itself can become the basis of an empirical reality (Weber, 1989:198). It is crucial to figure out here that this belief should not be misjudged as an inappropriate source of knowledge. But on the other hand it is the knowledge itself of the existence of a type of reality, which gives rise to this belief. This reality that forms the heart of knowledge for lay Tibetans is morality. This dialectic between morality and belief, is important to realize how, in Tibetan medical and religious theory, the mind is brought into existence and conditioned (given material effect) by the moral actions of one's past lives, which manifest in bodily form as the quality and strength of the body's 3 humors: wind, bile and phlegm, which are associated with the 3 poisons of greed, anger and ignorance (Adams, 2005:95).

As Adams held:

“In amchi medicine, the body as an object was exposed and elaborated en route to transcending it in order to obtain enlightenment. The regulation of the circulation of its humours together with the balanced functioning of its organs and most importantly the moderation of its mental dispositions, were articulated by practitioners in text as written for instructing , intervening on behalf of others, or for exercise by patients themselves. A low level of intervention then recommended that people who suffered phlegm disorders, for instance, should change their diet or leave one region and move to another; people with great anger might be given a series of *mantras* to sit and recite in order to turn the intensity of their anger into equally intense compassion; people with chronic sicknesses might

be told their condition resulted from actions in a past life which they could not escape in this life but which they might avoid in the next life by devoting themselves to a monastery as a monk or nun, or by performing numerous religious services over the upcoming years of life.” (Adams, 1992:173)

For the Tibetan’s belief is the moral foundation upon which one might understand the empirical world to rest. This sort of action needs an explanation that can be provided from a Weberian understanding of social action. Weber has come to view empirical reality from the reference point of value ideas, which becomes the bridge to get to an understanding of culture. And in so far as every being on earth is presupposed to be acultural, each individual being is also capable of carrying out subjectively meaningful behaviour – as a reflection of the innate rationality manifested as external norms and procedure(Koch, 1993). It is a question of whose version of truth, we would pledge our loyalty to, not because it would substantiate “truth” in a scientific sense but because it would not involve “lying” in a moral sense. Reason as a faculty when treated as an entity, separate and distinct from emotion and more than anything else, set against emotion in the rationalist ontology, becomes the principal weapon to tame uncontrolled, irrational, emotional behaviour. As a foremost faculty, in aid of human action, rationality continues to show the light whenever one fails to recognize the difference between the truth and the representation, ie, the true character and the sensory experience of the object of attention. As hindsight of any sort of sensory inference, it is the “synthetic a priori” scientific principle that is held as the true navigator, to warn against such slips. Thus what essentially this kind of reasoning, principally attributed to Kant does is to make morality

look cumbersome for the formulation of “synthetic a priori” statements (Koch, 1993:128-129). Thus, in practice, metaphysics is held as a failed force to produce any sort of (scientific) valid knowledge. From this point onwards it has been important to acknowledge the role that Weber assigned to morality and value commitments. For him, the cornerstone for interpretive understanding is the externalization of reason. All sorts of causal analogy about social significants had to assign meaning and significance for its object of study- which by the way remains purely subjective qualities, unexplainable by an essentialization of reason. If one “believes” in something, then that something is, by definition, thought to be non- provable in a scientific sense. But when the severing of belief from knowledge occurs under the auspices of a scientific method, lying becomes a problem of factual empiricism, but is no longer, at its foundation, a problem of morality.

Adams reasons:

“In this world, beliefs are like lies in the sense of their being seen as falsehoods that conceal truths in the same way that knowledge is like truth when it reveals or describes objective and valid reality.” (Adams, 2005:102)

While equating belief with lies, it is clear that this idea is laden with the suggestion provided by reason to systematically arrange our universe of meanings or in other words to be rational. To do that it should be remembered that rationality as proclaimed by Weber can mean very different things in many different contexts. But for the purpose at hand it is beneficial if I turn my attention to a very particular form of rationality which arises when we try to differentiate between valid norms from that which is empirically

given. In such a situation, when one is struggling to deal with the reality at hand and acquired wisdom, it is substantive rationality that is considered as a valid canon, against which reality's flow of unending empirical events may be selected, measured, judged. And as Koch reiterates, since the standpoints represented by value postulates can be in principle infinite, action may be ordered into patterns and into entire way of life in endless number of ways (Kalberg, 1980:1154).

The problem arises when we stumble across which to choose from, and here I prefer to introduce another rationality, as described by Weber, which occasionally helps people to decide over a suitable choice: It is instrumental rationality, that guides our action through tumultuous and emotionally straining times by simple, "means- end" reasoning, thus helping to attain a definitely given and practical end by means of increasingly precise calculation of adequate means (Kalberg, 1980).

But sometimes, when we search for a suitable explanation for complex processes in history, it becomes hard to decide on any one. Such is the case for Tibetan medicine, whose appeal and usage demands not a differentiation but a correspondence between two types of meaning-making mechanisms, that of substantive rationality and the instrumental one.

All this helps to bring the mainstay of my argument that production of truth is the requirement of a political goal. In adverse political conditions the claims and counter claims give adequate indication towards the gap in the understanding of two medical systems of each other. Metaphysical claims can then become a basis for political assertion of Tibetan identity through medico- religious statements. Thus to understand the difference between emotional statement based on religious sentiments and scientific

assertions based on rational judgements, I must take recourse to once again the Weberian feature of “elective affinity” to build the bridge between the two dimensions of rationality- substantive and instrumental. When the Tibetans feel obligated to uphold “ethical substantive rationality” for value rational reasons, it has to be remembered at the same time that these values can be treated, not as ethical rational principles but as mere guidelines for action that can be upheld or discarded according to momentary demands (Kalberg, 1980:1162). Therefore in this case, it is “elective affinity” that exists between legitimate and the actual types of action (Howe, 1978). As emotive behaviour gets justified for practical purposes, it is a particular instance of ethical substantive rationality being upheld in a means-end rational manner. Tibetans’ encounter with these instruments of truth production reveals the moments of illogic and immorality. Now it is important to notice, how, Adam’s in *Post- colonial Technical: Randomized Controlled Crime (2002b)*, explains, the state’s interest in regulating the “magical” is like its interest in defining itself through the bare (biological) life of the citizen. This takes the form of a bio-politics that has one eye on the market and the other on the definitions of safety, truth, efficacy in the medical field. Again, on the other hand this can be said as another example when the bridge of elective affinity can be used to traverse from the one to the other direction, ie, from that of instrumental reasoning towards an emotive understanding. The capitalist culture though in a usual sense should be concerned with commodities and profit, it unites with sentimental feelings regarding good health and a sense of spiritual values to market Tibetan medicine as a potential remedy for cosmic as well as mundane disturbances, spiritual as well as material benefits. If one “believes” in something, that by definition is thought to be non- provable in a scientific sense.

This unique blend cannot be better explained than by elective affinity, which makes individuals capable of performing subjectively meaningful behaviour. It is important to learn that discerning between the scientific and the magical / spiritual is itself a bio-political function of the modern state. Here, it is interesting to see, how belief in the magical\ spiritual itself is seen as an area of state intervention. This reinforces the belief that rational culture pervades every aspect of human existence. Koch held that:

“Individuals, thus constantly adjust themselves to material reality, more than anything else, by internalizing the operative laws of the environment.”

(Koch, 1993:138)

This is because the biological life of the patient itself is put at risk by way of uncontrollable beliefs in things that exceed scientific explanation. Thus the state steps in at this critical moment of clinical encounter, by making sure that regulation of the use of Tibetan medicines as either medicines or as health food / nutritional supplement is accompanied by way of scientific medical research backed by regulation of the distribution and the sale of these products. And this is where market appears, which then organizes profit margins by the mechanics of contemporary global capitalism. This can lead to the claim that ordering of an individual reality is in direct conformity to the external ordering of reality. The external ordering of reality takes place through “rational prophecy”, as science replaces magic in the explanation of unexplainable (natural) phenomena. The reality of life is thus penetrated by the vision of science.

Koch figures out:

“Thus by reducing the influence of magical explanations in the world, rational prophecy removed religion from ever increasing facets of human life.” (Koch, 1993:139)

Moreover marketing of things like cultural difference itself is both the basis for profitability and the risk, when these products are seen as posing danger to life because effects based on ‘belief’ are rarely scientifically provable. Lying on the borderlines of truth and fiction they are the quasi objects – that which can neither be explained as a scientific or a cultural object. They are made from those features that make the hard - hitting natural explanation to be more benign and the abstract cultural explanation seem more real. The rational, scientific component of an explanation which gives a natural logic is allowed not to become over determining like technology but shaped to become much ductile following cultural consideration. The logical requirements that had created quasi objects no longer reflect the dictum that rules about society are determined by extra social forces. Any form of truism is made pariah to provide social explanation of hard scientific facts. Latour holds that the quasi objects are much more real, much more collective to be simply determined by hardcore naturalist logic– but at the same time they are just not the functional equivalent of social matrix (Latour, 1993).

It is scientific to the extent that it is real and material. But social to the extent which makes it scientific, i.e., the force of collective construction weighs heavily on such objects, such as that of Tibetan medicine. And so far as Tibetan medicine is concerned, the substantive value rational part of logic plays a major role in determining what kind of

identity Tibetan medicine is going to have- material or spiritual. The value laden idea which objectifies Tibetan medical artifacts, at the same time uses instrumental, scientific reasoning to benefit from the real, material value of it, which comes from the market. The ultimate construction of the object thus reinforces the value laden belief which helps in the construction of its material worth. These cultural assertions which give rise to the claims of Tibetan medicine thus become the force which helps in the construction of Tibetan-ness itself. The marketing of this identity only raises its material worth. In this way quasi- objects helps to form a sense of identity, belongingness, and thus, community (Latour, 1993).

In this way, the knowledge which is local begins to enter into a new relationship with others. Through this relationship of mutual exchange it gets a new identity and begins to enjoy greater acceptance.

Chapter IV

CULTURAL IDENTITY THROUGH COMMODITY: THE REAL and THE REPRESENTED

This marks the birth of a new reality, as it can also be said that this new identity is formed out of the difference. Most interestingly, our difference is what gets to shape and sell our identity as a commodity and what makes someone own that commodity as an individual asset, as well as appreciate its cultural worth (Comarrof and Comarrof, 2000). Taussig highlights this process of metamorphosis as a great act of embodiment of the particular in the universal. The changes in the society which has allowed as he puts:

“An intricate translation back and forth between concrete particularity and abstract universality.” (Taussig, 1997:131)

I am in complete agreement with him , that as the market becomes slowly self-regulated, the powers of sovereignty is actually passed down to the commodity itself , which turns ultimately to be ‘a command by the means of command over people as things’ (Taussig, 1997:136).

This power, which is the power of the thing as the abstract commodity, is itself created by the process of making a hybrid, of ‘concretion and abstraction, whose separate parts are now joined, now separated, now rejoined, in the great circuit mediated

by money' (Taussig, 1997:137). For me it is important to see how these disjunctures are bridged by creating fictitious links out of nowhere, and separating some other natural links. It is done in the name of freedom, the freedom of the market. The actual power as indicated by Taussig belongs to the market and 'the command over persons is effected through the market mechanisms' (Taussig, 1997:135). This is what determines what is meaningful for the market. The usefulness of a commodity is created by utilizing its appropriate meaningfulness for the individual consumer. The market does this by carefully separating the two functions of speculative philosophy and practical usage. As Good holds, 'these two forms of activity though share a formal symbolic structure presume quite different ends' (Good, 1997:112). And from the point of view of usage the 'ritual knowledge' which is taken as the 'metapremise' is strictly separated from aspect of its practice, which altogether belongs to a different realm of therapeutics. This therapeutic efficaciousness is dismembered from its historical point of origination, where it is centered in a particular local cultural setting. In this way the evolution of Tibetan medicine in the wider world occurs not as an unscientific form of healing but as a scientific mode of treatment. This requires the absence of its religious cosmology, which as Stacey Pigg points out certainly cannot be registered as an 'ideology of modernization' and hence has to stand outside as a representative of the non-modern (Pigg, 1990:406).

Local forms of healing are thus judged as unscientific since they cannot provide universal appeal. Their local relevance makes them important only for those sick individual in whose lifeworld that local mode of healing had made a change by relieving them from their sickness. But nonetheless this experience of change remains merely local. It cannot claim any universal validity since it speaks only a local idiom unknown to

the wider world. In the parlance of modernity it is not possible for the market to speak in an unknown idiom because it stands not only as a metonym for the healers of the cosmopolitan world but is also distinctive for the 'social world in which they have their greatest relevance' (Pigg, 1990:364).

Pigg argued:

“In this pluralistic medical setting, the different perspectives from which blending and separating of forms of healing occur must be taken into account.”(Pigg, 1990:201)

This is a way in which localities are integrated into global political economy. But Pigg states this process of incorporation into global social formations cannot be termed as a conquest. It cannot be taken as a project of western expansion, seen in terms of binary opposites like colonizer/colonized, western/non-western, traditional/ modern, but as Pigg argued, must be seen as:

“An interplay of systems that reorders them both, forming new, unitary social formation.”(Pigg, 1990:22)

Here, the important point that comes up is not only who makes this new knowledge but also who owns it. This knowledge, that goes into the manufacture and sale of the life saving drugs as Appadurai highlights, as a reflection of the considerations made by the market also determines objective truths about efficacy, medical benefit and medical harm in these debates (Appadurai, 1986).

In Tibet as well, debates such as this produce enormous tensions around ideas about what constitutes sacred knowledge and how it should or should not be shared, what

arrangements are required to be made by this knowledge in view of political demands, as well as assumptions about the uniformity of western scientific claims. Moreover, the efforts to render certain forms of medicine profitable and not others raise suspicion about those aspects of alternative medicine that can't be scientifically proven, as those attributed to "belief", specially when they are made into cultural claims, packaged as a global product and marketed for its unique identity.

This has led to an increased fashioning of new techniques to preserve those values—now their unique selling point (U.S.P.), by retooling culturally familiar signs and practices to strengthen its global claim.

Jean and John Comarrof observe:

“It is this magical claim that helped make and market the science of the concrete, from the symbolic world of metaphors.” (Comarrof and Comarrof, 2000:317)

Adams comes to note that:

“In the domain of alternative medicine, popular belief in the spiritual healing qualities of Asian medicines constitutes a large part of their attraction among consumers, who suspect that the cultural differences available in Asian medicines – that which ties them more closely to ideas about spirituality and ‘belief’ – will give them a pharmacological advantage over existing biomedical *materia medica*.”(Adams, 2002b: 665)

The existence of belief in the spiritual dimensions of Tibetan medicine promises extraordinary profits to those who gain the legal privilege of marketing these medicines.

In Tibet too, Adams hints ‘Tibetan doctors sit perched and ready to pounce on the opportunities to market their medicines to U.S. consumers.’

This tremendous potential that is accrued to the beneficial properties of Tibetan medicine is not a mere coincidence of finding a good marketable product but a happy marriage between the demand of consumer for lifestyle goods, coupled with the potential of Tibetan drugs to “adapt itself to newer evaluation criteria”, as Appadurai coins it (Appadurai, 1996:42). This reflects how the reach of drugs has penetrated into all spheres of one’s life.

Faithful consumers: Potential of international trade

The power that Tibetan medicine possess comes more from the claim of its users reflecting the image, as projected by the market and made popular by the patients, for whom confidence in the therapy is more important than the acceptance of its inherent logic.

It is very important to consider that the acceptance of the image has come about from a deep-rooted belief, which is just a reiteration of the received knowledge.

Appadurai distinguishes:

“The knowledge that goes into appropriate consumption of the commodity, a very different type of knowledge from the one which goes into the production of such forms of commodity.” (Appadurai, 1986:41)

The first type of knowledge is the one that helps to create the global identity of Tibetan medicine, which is universally accepted and helps the Tibetan medical wisdom to share a

platform with biomedical knowledge. It is familiar with the standardized criteria which are set as the watermark for the authenticity of 'Tibetan medicine'.

Appadurai further defines:

“The potential for becoming a commodity in the market of exchange, (Commodity Candidacy) is a complex combination of the standards and criteria - symbolic, classificatory, and moral, that define the exchangeability of things in any particular social and historical context.” (Appadurai, 1986:13-15)

Van Der Geest highlights that:

“The user in the context of market is in a position to exercise social control, which was exercised by the therapeutic specialists, from ancestral priest to the family doctor.”(Van Der Geest and Reynolds Whyte, 1989:349)

Further he added:

“It is for the single most reason, that market objectifies knowledge, that medicine as a tangible thing can stand on its own. Medicines are thus provided with the great liberating power of itself, by the use of which the people can help themselves.”

Murray Last explains, for the patients 'the theoretical basis is not only irrelevant but better left unknown' (Last, 1996:389). This claim reflects the relationship that is shared by the individual actors with the society around it. It reflects the situation where the more and with greater constancy an action is oriented to the ultimate values, the more they fall under the schema of purposive- rational action. When an action is judged by the ultimate values they serve, it is made clear that social actors are free in their choice of actual action.

Correspondence with culture: Change in the nature of consumption

It is the second variety of knowledge, i.e., which goes into the production of a commodity than its appropriation, which creates the “Tibetan-ness” of Tibetan medicine and legitimates its multiple adaptations. It is possible to make the situation more clear by noting the separateness of the two forms of reasoning that becomes the basis for cultural contestation, over appropriate meaning of the product. For the non– Tibetans it is more of an exercise of extracultural instrumentality (economic or political or instrumental) than identity oriented instrumentality. But for the Tibetans, the instrumental conception of ethnic identity through the construction of a marketable Tibetan drug is more of a value rational response than purely instrumental rational. And as Appadurai reasons, “this group difference may itself be a contestation of values about difference” (Appadurai, 1996:14).

In doing so, it must speak to both a language of active ingredients and a holistic language that imputes a spiritual potency to products. This twin pronged strategy attracts many American consumers to commodities like Tibetan medicine. Americans pursuing cures through Tibetan medicines often note that it is the ‘spiritual’ component of Tibetan medicines that gives them their potency as well.

Arrangements such as these potentially expose the Tibetan medical corpus to the theft of their intellectual property, as the magical must suddenly be seen in need of being explained – biologically, molecularly, cellularly, biochemically.²⁸ Underlying theories of humors, winds, karma, and elements that explain diagnoses, treatments, or outcomes

from the Tibetan medical perspective are considered largely irrelevant to research. They constitute the “magical” thinking that needed to be shed for medical legitimacy. Through the model of ‘singular magic bullet drugs’ or treatments, identifiable acute diseases are sought to be eliminated that runs counter to the model of treatment for diseases that are humorally– based ²⁹(Adams, 2002b:673).

Through the popular legitimation of what is deemed as truly Tibetan, the state presumes the right to act in the last instance. But the power to determine the authenticity of medical claims remains with the market. It is the market which creates the demand and controls its destiny by defining a commodity and authenticating its usage. Through the market the product receives its identity among the consumers. But as Terry Johnson exoposits after Larson:

“The creation of an established market in professional commodities required that ‘stabled criteria of evaluation’ were fixed in the minds of consumer– clients. This process of commodity standardization was associated with the elimination of alternative criteria of evaluation.” (Johnson, 2001:136)

28. One such way is found out by Janes, whereby elements of Tibetan medical theory are redefined as “metaphors” for bio-medically defined physiological processes. As one young medical student suggested to Janes, that the humour *lung* could in fact be understood as biochemical ‘energy’ which was not only responsible for all basic cellular processes, but for ‘animating’ the whole mind- body. Others sought to redefine theories regarding the origination of the humours as “metaphoric” of the scientific principles governing generic inheritance [...] Beyond basic physiologic and demographic categorization, more nuanced inquiries that might reveal medical significance of *rang- shi* are, practically speaking, impossible. Although the theory of humours is important to diagnosis and treatment, it is unevenly applied in clinical settings. Both doctors and patients frequently produce diagnostic categories and explanatory models that diverge substantially from humoral theory (Janes, 2002: 276-277).

Furthermore, he adds:

“The market in professional services, as it emerged [...] depended on the production of a distinctive commodity.”(Johnson, 2001:135)

Janes’s concern on this commensurate programme of commodity standardization and production of professional commodities is well justified:

“By engaging in this sort of intimacy between “ideological” and “politico-economic” agencies new structures of production are actually put into place. They may be offered tonics or decoctions, sold as ‘dietary supplements’, prepared from herbal ingredients selected to maintain humoral ‘balance’ and, thus, proper physiological function.” (Janes, 2002: 268)

The example provided above is an apt reflection of how the global / transnational shapes social and cultural practices after considering the potential of a commodity to penetrate a sea of consumers- global consumers. As Jean and John Comarrof hint:

‘It is a society of transaction, where the conceived notion of locality, community is easily replaced by new formations that often bypass the significance of the state.’ (Comarrof and Comarrof, 2000:305)

These new formations, I would like to suggest are the new structures of production created from the engagement of transnational trade with local beliefs to produce a uniform definition of reality.

29. The desire to attribute potency to singular active ingredients or combinations of material products, rather than complex theoretical and ritual processes, is also now present in Tibet, where debates about the necessity of tantric empowerments for the medicines are now more prevalent than ever. These debates are generated in part by the prospect of international marketing of Tibetan medicines and legal regulations surrounding them in places like the United States. So, for eg, making the most popular drugs for an international market (the precious pills, *rinchen rilbu*) has generated debated in Tibet about whether it is more important to standardize the ingredients in the pills or to ensure they blessed (given empowerments) by the most powerful tantric adepts still living in Tibet who are authorized to perform such rituals by the government (Adams, 2002b:676).

According to Frankenberg:

“It is all about the international political economy of medicine, dominated by great powers, themselves dominated by capitalist enterprise with an abiding interest in peddling pills and selling massive capital equipment, as well as changing the nutritional habits of the world’s people in order to sell their product.”(Frankenberg, 1980:208)

The consumer sovereign: A case of U.S.A.

The market dominates the way we come to think of ourselves, as global consumers with separate choices and distinct levels of satisfaction. Furthermore, Giddens closely observes, pointing out from Bauman that:

“Individual needs of personal autonomy, self- definition, authentic life or personal perfection are all translated into the need to possess, and consume, market-offered goods. The gap between human need and human desires is produced by market domination; this gap is, at the same time, a condition of its reproduction.”
(Giddens, 1991:198)

Thus as neo- liberal conditions take root, the identity of a commodity as a dispersed condition of selfhood gains acceptance. Instead of crude control, an elaborate opening is made to connect the public life with the private initiatives. Furthermore, by avoiding the elaborate medical guidelines, it helps to allow a free play of private initiatives and public options. Neo-liberal forms of government maintain this eternal integral link between macro and micro political fields. Janes shows in *Buddhism, science , and market: the*

globalization of Tibetan medicine (2002), how in the macro level it focuses on the globalization or competition for 'attractive' sites for companies and at the micro level it is involved in the personal imperatives as regards a lifestyle choice, ie, a particular beauty product or a form a regimented diet.

The more conscious the customer (sovereign consumer) gets about the possible options for action, the greater is the possibility of the state to govern these courses of action. Provisioning of healthcare is one way in which states associate themselves with distribution of desirable public goods, though they may also go to considerable effort to insure that the content of these goods are compatible with wider political and ideological projects (Janes, 2002:269).

Following Kleinman, Janes further noted that:

“In the postmodern state biomedicine has come to serve a major political mission. It has outstripped its own professional autonomy and become inseparable from the state. Thus alternatives to bio- medicine, when they cannot be set aside as inefficacious or simply labeled as quackery, are often co- opted or tamed by state supported biomedicine.” (Janes, 2002:273)

Thus pharmaceutical companies who wish to sell alternative medicines as nutritional supplements must target all types consumer interests as many consuming Americans also want to know if these medicines offer a magical combination of ingredients that will surpass the conventional biomedical ingredients in providing cures.³⁰ By undertaking research these pharmaceutical companies Adams finds that:

“They undertake research that enables them to list the active ingredients in the products they want to sell, while also usurping ideas about spiritual benefits that come directly from the cultural and symbolic capital of Tibet as a place of spiritual wealth.”(Adams, 2002b:675-676)

Thus as Adams goes on to highlight after Coombe:

“The process of converting intellectual property into trademark property, almost always entails arbitration over legitimate forms of knowledge that are based on the mis-recognition, or the suppression of recognition, of cultural differences.”(Adams, 2002b:678)

The consideration of legitimacy itself is the very basis of ‘governmentality’, as it decides what is internal and what is external to the state. It is the tactics of the government which makes possible the continuous definition and redefinition of what is within the competence of the state and what is not, the public versus private.

Foucault articulates:

“The state can only be understood in its survival and its limits on the basis of the general tactics of governmentality.” (Burchell. Graham.et all, 1991:103)

Hence, the general idea is created through a political will. The issues are given shape, categories are defined – on the basis of official ideas, which are shared through habit and maintained through the officiating powers.

30. The inversion of ownership that occurs by discrediting the ‘spiritual’ dimensions of Tibetan medicine while simultaneously appropriating the profitability of this aspect of the medicine through research programmes that redefine the languages of efficacy in terms of active ingredients, psychological biochemistries and sometimes, packaging labels that give the appearance of spiritual authenticity when turned into trademark of patent products (Adams, 2002b:680).

A Problem of Representation

The governing regime establishes the 'regime of truth' which seems to allow standardized ideas about truth and falsity; knowledge and belief in this case. The popular ideas are established through this strict categorization. In order to maintain this sense, this clarity, the process of identification is carried out. The issues of marked contrast are clearly observed and measured to create 'one's truth', defended by legitimacy. It is critical here to point out that these cultural differences between science and religion or knowledge and belief, may not be deemed compatible to each other but each have their prior agreement with the other as well. They have an understanding of what should be these differences, which are often made to look as alternate points of view, like the ideas on standards for evaluating efficacy versus non- evidence-based therapeutic traditions. This allows one to profess a claim. It is all the more noteworthy, that in this way cultural differences are seen as perceptual differences, a problem mainly of representation of the global and the local; where everything needs to be represented in the "ideology of modernization"(Pigg, 1990:19). Local conjectures are measured in global scales, by the forces of state, market, power relationships and mediating structures. Pigg illuminates:

"Ideology of modernization is a representation of society. The word representation is key. To speak of representations is to draw attention to the ways accounts of social reality are constructed. A representation [...] which is more than a sign that transparently stands for its object of signification. Representations have an internal logic of coherence; they are produced by virtue of their claim to be true knowledge. Representation is a social act, a mode of practice.

Representations are generated in social relations and made compelling through them.”(Pigg, 1990:18)

In this way the ‘popular conceptions’ created to maintain one’s affirmed positions are just misrepresentations, as beyond the Tibetan world, there is sufficient scope of misreading while demarcating themselves from each other. The very process of interpretation of the other’s meaning provides this scope. One’s position on truth then begins to depend on the other’s falsity, since the claims are often made from confusion arising under unreliable “meaning making efforts” to produce a suitable definition to suit the concerned party.

But it is very important to understand that any effort to decipher the other can only be an effort to explain for convenience but not judge. Any authentic information about other ‘conceptual systems’ can only be located in ‘the practices that enact and reproduce that system, and the “objects” produced by these activities, rather than a search for symbolic elements’(Good, 1997:108) Good suggests:

“Meaning and reference can only be understood- and translated- in the context of practical activities and engaged sense-making.”(Good, 1997:111)

In order to realize how knowledge is produced and elaborated from the situated practices one needs to understand the entire Tibetan medical cosmology, within which a particular cultural meaning finds significance. Knowledge claims by the market will remain unsubstantiated as it denies the relevance of this esoteric background.

It cannot accept, as Good explains³¹:

“The forms of experience made relevant by humoral medicine [...] and for the interpretation of bodily experience by lay persons” (Good, 1997:113)

However hard one desires to find foundations, one cannot, as, if one tries to conceptualize a particular system of medical knowledge, one needs to understand the “larger cosmological scheme framing these relations and the ‘episteme’ that governs that relation” (Good, 1997:112). It is not merely an exercise of finding functional equivalents but something more. It has to be understood that a particular can only have its meaning in its larger symbolic order, where the ritual knowledge is situated not merely for speculation but for decisive action. In this way by separating meaning from its contexts, the epistemological issues which are at stake are largely ignored. Hence the process of representation can only be incomplete as it turns out from Adams:

“In conversations with doctors at the Tibetan medical hospital and College, I learned that the use of blessings and empowerments in medicine (events that required tantric knowledge and meditation practice) required working through an uncomfortable set of ambiguities about the translation of the term **rig**. When I asked if these practices were similar to Western medicine or, again, what was locally called “outside” sciences of medicine (**phyilu gi sman ni tshan rig**), some speakers who were fluent in English would shift to use of the **art** in English to describe Tibetan medicine. Other doctors, in contrast, told me that Tibetan medicine was scientific(**tshan rig**)in the same way “outside science”(**phyilu gi rig**)was scientific, even though its content (that is its claim to truth, facts, laws of nature, and so on)was different [...] One Tibetan physician told me, “A lot of the

old knowledge is no longer used in medicine today because Tibetan medicine has become more and more scientific,” using the term **tshan rig**, to mean “science” and **gso wa rig** to mean “Tibetan medicine”. The idea that historically Tibetan medicine was religious and has now shed itself of its religion, and in this way become more “scientific”, was used by some scholars to make sense of the confusion about “science” initiated by translation processes that brought new kinds of knowledge to bear on practices of Tibetan medicine.”(Adams, 2001a:548)

In the desire to represent in terms of what is known, the problem remained how to represent what is known. Truth can just not be represented but interpreted. The issue actually became how it is known. Rabinow quoted Ian Hacking to state:

“A style of reasoning is what brings in the possibility of truth and falsehood [...] styles of reasoning create the possibility of truth and falsehood.”(Rabinow, 1996:31)

The problem always remained how to represent the truth, because it increasingly becomes clear that it only manifests through the equation of experience and meaning, which remained a contestable proposition: As truth had to be global in appeal, and universal in acceptance. In this way truth only remained realizable and not representable. A matured understanding only develops from this acknowledgement that allows these “particularities of places, characters, historic trajectories, and fates” (Rabinow, 1996:56). This ethos of interdependency is what I have tried to show in my work.

31. Good’s work was an account of her fieldwork on Galenic-Islamic humoral medicine in Iran. I have utilized the semiotic linkages between the humoral systems of Tibetan and Galenic-Islamic medicine to draw on her observations.

Conclusion

. CONCLUSION .

“Tibetan medicine is a science, art, philosophy that provides a holistic approach to healthcare. It is a science because its principles are enumerated in a systematic and logical framework based on an understanding of the body and its relationship to the environment. It is an art because it uses diagnostic techniques based on the creativity, insight, subtlety and compassion of the medical practitioner. And it is a philosophy because it embraces the key Buddhist principles of altruism, karma and ethics.”

(www.tibetan_medicine.org)³²

In order to decide what Tibetan medicine is one has to switch between different modes, travel constantly from one scheme of affairs to other, because reality remains dependent on them. Hence the scope of a linear vision cannot be stretched far. It is broken in temporal dimensions. It is in these breaks that fusion takes place. Pigg mentions:

“Syncretism in particular times and places are merely instances of the continuous and interdependent processes of both persistence and change.” (Pigg, 1990: 406)

It has been important for me to figure out how this process of metamorphosis, a science of transformation through practice has maintained its scope beyond the boundaries of dogma and has been appreciated for its worth from wider cultural angles. Tibetan

medicine has transformed itself in modern times. I have studied how, by looking into its present condition- the state in which it exists, and incorporated in the modern multicultural arena. To do that, I have observed how it is constructed in an acceptable way through cultural reconstruction.

Globalization is an important indicator towards that direction. Hence it is shown how a globalized production, with its own political and economic bearings has affected a local system of action (practice of Tibetan Medicine). In order to see how this interaction is taking place, I have tried to study the inherent epistemology of Tibetan medicine- as well as its exposure to the outside elements, and looked at how Tibetan medicine has adapted itself. It arose from a religious cosmology which shared with modern science a single-most discerning trait of suspicion of the absolute. In its search for relative truth Buddhist science has gone to great lengths. It has armed itself with causality and empiricism as a philosophy, which is common to science as well, as it is understood within the western paradigm (http://en.wikipedia.org/wiki/Buddhism_and_science). As the Dalai Lama said:

“Although Buddhist contemplative tradition and modern science have evolved from different historical, intellectual and cultural roots, I believe that at heart they share significant commonalities, especially in their basic philosophical outlook and methodology. (*contd.*)

32. This is copy of the official statement from the *Men Tse Khang*, in Dharamsala (official traditional Tibetan medical institute) on the nature of Tibetan medicine, as it appears in their official website. There are also quotes of the present *Dalai Lama* in this piece, noted from various recorded instances of his speech, in subsequent occasions from internet sources (cited). I have assumed their authenticity unquestionably. The present *Dalai Lama*, the XIV one, like all the Dalai Lamas before him is the highest officiating power for Tibetans. After democratization of the exile Tibetan administration in India, his views on secular and religious issues, though not binding any more, is still held in highest significance by the Tibetans as well as the outside world.

(*contd.*) On the philosophical level, both Buddhism and modern science share a deep suspicion of any notion of absolutes, whether conceptualized as a transcendent being, as an eternal, unchanging principle such as soul, or as a fundamental substratum of reality.

Both Buddhism and science prefer to account for the evolution and emergence of the cosmos and life in terms of the complex interrelations of the natural laws of cause and effect.

From the methodological perspective, both traditions emphasize the role of empiricism. For example, in the Buddhist investigative tradition, between the three recognized sources of knowledge- experience, reason and testimony- it is the evidence of the experience that takes precedence, with reason coming second and testimony last. This means that, in the Buddhist investigation of reality, at least in principle, empirical evidence should triumph over scriptural authority, no matter how deeply venerated a scripture may be.

Even in the case of knowledge derived through reason and inference, its validity must derive ultimately from some observed facts of experience.”(www.phayul.com)

After I have seen how Tibetan medicine has fulfilled the essential watermark of being scientific in nature before being globally qualified, exposed, and accepted, as Tibetan medicine, I have shown how this qualification has come through the path of politicization, commoditization of Tibetan medicine as all public reflections are social representations, which have to reflect the political content. Though it has been unable to account for one important basis of Tibetan medical knowledge – that of belief as an

inherent part of healing. My own contribution of the third chapter as '*A Rationality of its own: The science of Tibetan medicine*' is meant to understand this issue of contention, which has still remained unsolved while the western and Tibetan medical systems have been engaged in the self understanding of themselves as well as each other.

The cosmopolitan medical vision, which is a creation of the ideology of modernization, has tried to represent Tibetan medicine and understand it by rationalization. Through instrumental reason – i.e., calculation of means and ends, it has tried to explain the nature of “natural phenomenon”. In Weberian terms, it has instigated the use of Rational Prophecy to instill the claim of science to replace religion to explain this “indigenous / folk healing”. But it is important to realize, how, from the part of Tibetan medical system itself, this issue is addressed through their sense of reasoning based in Dharma – as a way of life; in the course of which it is practiced, propagated, and instilled in the people’s understanding, as the basis of rational judgement. Though it has been increasingly paradoxical to dub this science- secular or spiritual the efforts to make it secular at the same time is something which has to be understood as the call to reform. This orientation towards reform, or this constant urge to develop, is the basic tenet of Buddhism, which is scientific in intent, i.e., rational in spirit. It has come to appreciate science as “a mode of enquiry that gives detailed knowledge of the empirical world and their underlying laws of nature” (www.phayul.com). Dalai Lama has further justified it by regarding both these scientific and spiritual traditions as investigative in nature, oriented only to the search and establishment of factual truth:

“Although the philosophical presuppositions and the subsequent conceptual interpretations may differ between these two investigative traditions, insofar as

empirical facts are concerned, facts must remain facts, no matter how one may choose to describe them.”(www.phayul.com)

He adds:

“After all, if practices from my own tradition can be brought together with scientific methods, then we may be able to take another small step towards alleviating human suffering.”(<http://brainimaging.waisman.wisc.edu/press>)

The Tibetan medical worldview comes to represent this coevalness, in which its ethical philosophy has come to share an age-old relationship with a scientific understanding. The moral and material sphere was no longer incommensurable to each other. It has thus purported to make not a morally neutral, value free medical science but remained aware that this moral thinking evolves alongside human knowledge. In the process it has made an empirical endeavor to create knowledge as well as maintain it for moral purposes.

As Weber puts in:

“A science, ‘free from preconceptions’ expects no more than an acknowledgement if a course of events can be explained without those supernatural interventions, which an empirical explanation must exclude as casual factors, then it must be explained in the way that science attempts to do so. And the believer can do this without being untrue to his faith.”(Lassman et al., 1989:21)

Through Tibetan medicine I have tried to find how this process of reformation takes place in the domain of traditional Tibetan medicine, i.e., how it is framed in the modern arena (dominant medical domain), when those assumptions are not understood as “possessions”

(unscientific) but “knowledge” (scientific). The question is, *should that knowledge or act of reasoning which can lay claim to be secular be necessarily value free?*

The issue can be indulged further along the lines that Max Weber laid in “Science as a vocation”, where he said- “all theology is the intellectual rationalization of the possession of what is sacred”. At the same time he added in the next line, “however, every theology adds a few specific assumptions to its work and thus to the justification of its existence”. But tucked in between these two were the words that, “no science is absolutely without assumptions” (Lassman et al., 1989:28). If Weber can say that- “for theology, those assumptions themselves lie beyond the limits of ‘science’”, can’t it be stated- that for science, those assumptions themselves lie within the limits of theology specially when those are laid for secular purposes like ‘sense of caring, consideration of others, and the responsible use of knowledge and power’ (www.phayul.com). The conduct of a physician cannot be regarded as passive. As Freidson analyses it remains an active mode of intervention which is guided by a commitment (Freidson, 2001:132).

From the point of view of Dharma, the Tibetan Buddhists offer the scope of appreciating how this process of overlapping must not be seen simply as a testimony to the increasing influence of science but as a note of the fact which Dalai Lama emphasized:

“Science and Buddhism share a quest of open investigation and science can be a pathway to discovering wellbeing and happiness [...] Science is particularly important, because it reaches both the religious and the non- religious and can identify the factors that promote wellbeing.”
(www.tibet.ca/en/wtnarchive/2005/i1/13-3)

In order to appeal both the religious as well as the non-religious, the science of Tibetan medicine represented the Buddhist cosmology which enconces with the value of understanding interconnectedness of all life and suspension of all absolute stances. This helped it to reform and acknowledge the encompassing realities and accept as Rabinow puts “the macro-interdependencies” (Rabinow, 1996:56). Thus to understand the dialogue of these two systems, the notion of compatability is convenient to show the complementarity of the two rationalities in a globalized world. By using Weberian idea on ‘elective affinity’ I have come to identify Tibetan medicine as global commodity, freely exchanged as an important medical artifact, rich in its healing potential, derived from its distinct cultural advantage of being Tibetan in nature- a term which comes with its own sentiments (spiritual) and sensations (ideological).

Through the formation of this kind of product with increasingly cosmopolitan identity, it is easy to assume that it has been bereft of its originality and supplanted with an alternate consciousness. But it is important to understand that no colonization is complete without the colonization of the mind. An alternate reality cannot be forced into becoming an alter ego of modernity itself. Conversely efforts should be made to see how this issue of an altered nature of Tibetan medicine becomes an unstable variable when applied in the Tibetan context. In the process, internal political history has compelled Tibetan medicine to locate its epistemological basis of practice in science rather than religion, and has ensured that the system distinguishes itself from modern medicine, as I believe Tibetan medicine has always been scientific in its own way.

Glossary

Glossary of Indo-Tibetan and Tibetan Terms

I have recorded the following terms along with their meaning for convenience from the original sources in which they were noted. Hence, their authenticity is purely based on the individual author's discretion. Each of these entries has come up in various sections of this study while discussing the relevant remarks of their corresponding contributors.

Indo-Tibetan	Meaning
1. <i>Dharma</i>	Buddha's teachings
2. <i>Karma</i>	Deeds
3. <i>Madhyamika</i>	Middle way school of Buddhism, founded by <i>Nagarjuna</i> during 150-250 A.D.
4. <i>Mantra</i> ³³	Instrument of thought
5. <i>Mantrayana</i>	Vehicle of Tantric Buddhism
6. <i>Nirvana</i>	Enlightenment
7. <i>Paramartha</i>	Ultimate / absolute truth
8. <i>Pragnaparamita</i>	Perfection of insight
9. <i>Sadhana</i>	Esoteric practices
10. <i>Samsara</i>	This world and its sphere of activities.
11. <i>Samvrti</i>	Conventional/relative truth
12. <i>Tantrayana</i>	Vehicle of Tantric Buddhism
13. <i>Vajrayana</i>	Vehicle of Tantric Buddhism

Tibetan	Meaning
1. <i>Amchi</i>	Doctor
2. <i>Chags-po-ri</i>	First medical school for monks built on the fifth <i>Dalai Lama</i> 's commission in 1696.
3. <i>Dalai Lama</i>	The ruling priest-protector of Tibet, in succession from 1578.
4. <i>Dratsang</i>	Smaller colleges appended to larger monasteries.
5. <i>Great Fifth</i>	The fifth <i>Dalai Lama</i> (presiding in the 17 th century).
6. <i>gso ba rig pa</i>	Medical component of the Buddha's teaching.
7. <i>lung</i>	Wind energy- one of the three humoral elements maintaining the balance of the biological system.
8. <i>Melung</i>	Literally, "country of medicine": Tibet's first monastic college of medicine, built by <i>Trisong Detsen</i> .
9. <i>Men-Tse-Khang</i>	The official Tibetan medical and astrological institute, in service from the reign of the 13 th <i>Dalai Lama</i>

during the early 20th century,
training both monks and laymen.

10. <i>nang rig</i>	Religion
11. <i>nyams -yig</i>	Writing from experience
12. <i>phyilu gi rig</i>	Outside science
13. <i>rang-shi</i>	Humoral “character”
14. <i>rig</i>	Field of Knowledge
15. <i>rig nyas</i>	Erudite sciences
16. <i>r, Gyubsi</i>	Four Tantras
17. <i>tshan rig</i>	Science

33. “ *Mantra* is a more general term, comprising a vast range of ejaculations of a fixed traditional form, achieving their powerful effect within the context of a strictly controlled ritual usage.” This is a more detailed definition of *mantra*, provided from David.L.Snellgrove’s *Indo- Tibetan Buddhism: Indian Buddhists and their Tibetan successors*, Serindia Publication, London, 1987, p.122.

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