

UC Santa Barbara

UC Santa Barbara Electronic Theses and Dissertations

Title

Entanglements of Medicine and Dharma: Tracing Translocal Currents of Sowa Rigpa

Permalink

<https://escholarship.org/uc/item/2wm2q7js>

Author

Takkinen, Jaakko

Publication Date

2021

Peer reviewed|Thesis/dissertation

UNIVERSITY OF CALIFORNIA

Santa Barbara

Entanglements of Medicine and Dharma: Tracing Translocal Currents of Sowa Rigpa

A dissertation submitted in partial satisfaction of the
requirements for the degree Doctor of Philosophy
in Religious Studies

by

Jaakko Henrik Stefanus Takkinen

Committee in charge:

Professor José I. Cabezón, Chair

Professor Vesna A. Wallace

Professor Mary Hancock

September 2021

The dissertation of Jaakko Henrik Stefanus Takkinen is approved.

Mary Hancock

Vesna A. Wallace

José I. Cabezón, Committee Chair

September 2021

Entanglements of Medicine and Dharma: Tracing Translocal Currents of Sowa Rigpa

Copyright © 2021

by

Jaakko Henrik Stefanus Takkinen

ACKNOWLEDGEMENTS

Each piece of writing is inescapably a product of its time and prevailing circumstances, and this dissertation is no exception. As so often is the case with research projects, plans change, hurdles arise, and those challenges must be met during periods of uncertainty in personal and collective lives; indeed, most of this dissertation was written amidst a global pandemic. Nonetheless, I can hardly believe how lucky I have been to have had the support of so many generous people and organizations throughout this project, without whom I would not have been able to complete this dissertation.

First, I would like to thank my advisor and dissertation Committee Chair, José Cabezón, who always found time in his busy schedule to discuss strategies of how to move forward if I hit a roadblock, not to mention the steady and detailed feedback on my writing that he provided throughout my time at UC Santa Barbara. I would not have been able to complete the PhD program without José's continuous help and support. Thank you, José. I would also like to thank my two other advisors and dissertation committee members, Vesna Wallace and Mary Hancock. Vesna's consistent encouragement is hard to describe, and her compassionate nudging saw me through challenges that I thought I would not be able to overcome. Similarly, I am immensely thankful to Mary for opening her door for me when I first showed up to ask for advice about this project, and I appreciate the practical and pragmatic perspective that she offered me during the last few years of this dissertation journey. In addition, the regular graduate group meetings that Mary organized for her students provided me with a valuable platform to circulate early versions of the chapters of this dissertation, and I owe a great debt of gratitude to the group and their constructive

comments on my writing (thank you Steve Hu, Elizabeth Weigler, Lauren Smyth, Yanitsa Buendia de Llaca, Jennifer Hahn, Harini Alladi, Tannishtha Bhattacharjee, and Ramsha Usman).

Rudy Busto also played a pivotal role in seeing me through graduate school—he was always quick to lend an ear and was incredibly generous with his time and advice; thank you for everything, Rudy. I would also like to extend my thanks to Greg Hillis, a true treasury of knowledge in all things Tibetan and South Asian Studies, and just a gem of a man, who somehow always seemed to have time to talk hoops, music, and life. I would also like to thank our Religious Studies Graduate Advisor, Andrea Johnson, who went the extra mile to help me overcome any bureaucratic obstacles, all while keeping me up to date on all things cycling.

One could not have hoped to share the experience of trudging through grad school with better people than Jake Nagasawa and Baatra Erdene Ochir; being able to balance work and leisure together made all the difference. I wish to particularly thank Jake for his abiding camaraderie and sense of humor ever since the day we sat in our first seminar together. I am also fortunate to have been able to enjoy the wisdom and wit of Mayumi Kodani during my time at UCSB. Bela Bauer and Kristina Meusel: thank you for the many trips to the mountains, and for being there when I needed it the most. There was never a dull moment with Henrique Anhel Ferraz, Gabriel Antunes Daldegan, and Sharad Shankar—my time in Santa Barbara would not have been the same without you all. I will be forever grateful to Geoff Jewel and Christina Kerndal-Hansen, the very first people I was fortunate enough to get to know in Santa Barbara. Geoff, you are deeply missed.

My fieldwork period in Kathmandu would not have borne fruit if it were not for the generosity of the people I encountered along the way. First and foremost, I wish to thank Amchi Nyima Tsering, Principal of Sowa Rigpa International College (SRIC), for granting me access to his institution, shedding light on the practical challenges for Sowa Rigpa practitioners in Nepal, and sharing from his immense knowledge on all things related to Tibetan medicine. I also enjoyed and appreciated my discussions with SRIC faculty and wish to extend my heartfelt thanks to Amchi Tenzin Jinpa, Amchi Tenzin Choezom, and Amchi Sangay Wangmo.

Getting the opportunity to also visit Traditional Buddhist Sorig Institute (TBSI) in Kathmandu, and meeting Amchi Urgian Kalzang, the head of the institution, left a lasting impression. Despite not knowing much about me, Amchi Urgian invited me to his institute without hesitation, for which I am extremely grateful. I would also like to thank all other *amchi* with whom I had the privilege to talk in Kathmandu, particularly Amchi Sherab Tenzin, Amchi Namgyal Rinpoche, and Amchi Ugyen Bhuti Yangton. Moreover, I would like to thank the welcoming and joyful students of SRIC and TBSI, who were always ready to chat and share a laugh. My time in Kathmandu would not have been the same without the companionship of Philippe Turenne or my refreshing conversations with Patricia Mundelius. It was also a pleasure to be welcomed at SIT Study Abroad in Boudha—thank you Hubert Decler, Isabelle Onians, Patty Owens, and Nyima Dorjee Bhotia.

I have stood firmly on the shoulders of prominent scholars of Sowa Rigpa and Asian medicines to complete this dissertation. I am especially thankful to Frances Garrett and Colin Millard for generously sharing their unpublished materials, Sienna R. Craig and

Geoffrey Samuel for stimulating discussions, and C. Pierce Salguero for his kind encouragement and inspiring approach to the study of Buddhism and medicine.

The most sustained support for my academic pursuits and life in general has been from my parents, Sirkka-Liisa and Pertti. I am thankful to them for allowing and enabling me to travel my own path, as fruitless as it may have appeared at times. I admire their openness towards unfamiliar things and thank them for always having supported me and my decisions. I also wish to thank my sister Noora, who has been there for me no matter what. Meri and Tuuli, thank you for your forbearance throughout these years.

This dissertation could not have been completed without generous support from Fulbright Finland, the Eino Jutikkala Fund of the Finnish Academy of Science and Letters, the Walfrid and Helmi Nuuttila Fund of the Finnish Cultural Foundation, the Ella and Georg Ehrnrooth Foundation, the Thanks to Scandinavia Foundation and the League of Finnish American Societies, UCSB Graduate Division, UCSB Academic Senate, and the Department of Religious Studies at UC Santa Barbara.

Despite all academic advice and other support that I received throughout the various phases of this project, the manuscript is far from flawless. All remaining errors are mine.

VITA OF JAAKKO HENRIK STEFANUS TAKKINEN
September 2021

EDUCATION

Bachelor of Arts in South Asian Studies, Social and Cultural Anthropology, and Social and Moral Philosophy, University of Helsinki, June 2008
Master of Arts in South Asian Studies, University of Helsinki, June 2010
Doctor of Philosophy in Religious Studies, University of California, Santa Barbara, September 2021

PROFESSIONAL EMPLOYMENT

2014–2021: Teaching Assistant (Department of Religious Studies, Department of Global & International Studies, Department of History, College of Engineering), University of California, Santa Barbara
2017–2021: Teaching Associate (Summer Session), Department of Religious Studies, University of California, Santa Barbara

PUBLICATIONS

“Traditio murroksessa: perinteinen tiibetiläinen lääketiede ja globalisaatio,” in *Kiistellyt tiet terveyteen: parantamisen monimuotoisuus globaalihistoriassa*, edited by Kalle Kananoja and Markku Hokkanen, 188–223. Helsinki: Finnish Literature Society, 2017.
<https://doi.org/10.21435/ht.273>.

“Yutok Yonten Gonpo.” *The Treasury of Lives: A Biographical Encyclopedia of Tibet, Inner Asia, and the Himalaya*, 2020. <http://treasuryoflives.org/biographies/view/Yutok-Yonten-Gonpo/5312>.

“Ascertaining the Discipline: Upāli’s Questions” (Tib. *‘dul ba rnam par gtan la dbab pa nye bar ‘khor gyis zhus pa*, Skt. *Vinayaviniścayopāliparipṛcchā*). Toh. 68, Degé Kangyur, vol. 43, (dkon brtsegs, ca), folios 115a–131a. Translated from Tibetan by the UCSB Buddhist Studies Translation Group for the 84,000 Project, 2021.
<https://read.84000.co/translation/toh68.html>.

FIELDS OF STUDY

Studies in Tibetan Buddhism with Professor José I. Cabezón
Studies in Indian Buddhism with Professor Vesna A. Wallace
Studies in Anthropology of Religion with Professor Mary Hancock

ABSTRACT

Entanglements of Medicine and Dharma: Tracing Translocal Currents of Sowa Rigpa

by

Jaakko Henrik Stefanus Takkinen

This dissertation explores the relationship between Buddhism and traditional Tibetan medicine, or Sowa Rigpa. More specifically, this project traces the significance and utilization of the tantric Buddhist *Yutok Nyingtig* tradition from its inception in twelfth–thirteenth century Tibet as an accompaniment to the transmission of medical knowledge to its contemporary propagation as a stand-alone spiritual practice in a global context.

In many ways, the tantric Buddhist ritual and practice tradition called the *Yutok Nyingtig Guru Sādhana* (*g.yu thog snying thig bla sgrub*) exemplifies the strategic importance of an appropriate religious lineage for Tibetan medical practitioners (*amchi*), and it has a rich history of being a factor in legitimizing and empowering *amchi* and their medical heritage. This research proposes that there is a demonstrable trend in Tibetan medical history from the time of Yutok Yönten Gönpo (twelfth century) that is characterized by relations of power, divergent interests, and legitimating modalities that still shape the tradition today as it reaches an increasingly transnational audience. In short, this dissertation shows how elements of Buddhism—and the *Yutok Nyingtig* tradition in particular—have been

understood, portrayed, and leveraged vis-à-vis the Tibetan medical tradition historically and in its contemporary manifestations.

This research contributes to the ongoing discussion revolving around issues of legitimacy, the role of religion, and the impacts of globalizing and modernizing forces in Sowa Rigpa. To this end, this dissertation offers a look into three different contemporary contexts of Tibetan medical training: two translocal Tibetan medical institutions in Nepal (Sowa Rigpa International College and Traditional Buddhist Sorig Institute), and a transnational organization involved in the global transmission of Tibetan medical knowledge and the *Yutok Nyingtig* tradition (Sorig Khang International). These three “sites” problematize the relationship between local and global manifestations of Tibetan medical knowledge. Investigating these diverging contexts enhances our understanding of the landscape of contemporary Tibetan training and highlights some observable transformations in the way in which Sowa Rigpa is being conceptualized and disseminated.

By combining historical and textual analysis with ethnographic methods, this research demonstrates the malleability of the Tibetan medical tradition in relation to Buddhism and the *Yutok Nyingtig* tradition. The seven chapters illustrate how Sowa Rigpa has been quick to adapt since its cosmopolitan beginnings, how the medical system was adopted as a vehicle for pursuing the bodhisattva path, and how the tradition is currently shaped in various ways outside of Tibet by global forces. By examining these temporally, geographically, and culturally distant instances of Sowa Rigpa and Buddhism from a multicentric and global perspective, this dissertation aims to underscore the considerable variety of significance assigned to the various religious components associated with Sowa Rigpa, and the extent to which they may be emphasized within the diverse contexts of

contemporary Sowa Rigpa training institutions. Additionally, this study contributes to the scant research on Sowa Rigpa training institutions in Nepal, which have not received sufficient attention to date.

The arguments presented in this dissertation project suggest that the tendency for Tibetan “secular” domains—such as Sowa Rigpa—to align with the Buddhist doctrine and particular Buddhist practices can often be explained pragmatically: the need for recognition and legitimacy has remained a constant throughout the history of Sowa Rigpa. This dissertation evinces that the world of Tibetan medicine is a domain of a plurality of interests and an array of external pressures that necessitate individual Tibetan medical practitioners and institutions to negotiate and articulate their position regarding the connection between Sowa Rigpa and Buddhism. Religion remains—as a socially constructed domain of legitimacy—an important reference point for Tibetan medical practice, and the tradition’s history and present demonstrate agility in adapting and innovation in construing meaning in diverging circumstances.

As the dissemination and transmission of Tibetan medical knowledge is increasingly impacted by forces of transnationalism and is not bound by borders or limited to a particular culture, the networks of associative meanings take entirely new forms and are continuously reconstructed as they spread globally. This trajectory has an increasingly transforming impact on Sowa Rigpa as it is translated and construed for new audiences and purposes.

TABLE OF CONTENTS

Introduction.....	1
Buddhism and Sowa Rigpa.....	3
Yutok Nyintig: The “Heart Essence of Yutok”	7
Buddhist Medicine, Tibetan Medicine, or Sowa Rigpa: What Is in a Name?	10
Transnationalism and Sowa Rigpa: Construing Tibetan Medical Legitimacy in a Global Context.....	18
Chapter Précis	25
 Chapter 1. Religio-Medical Thought in Tibet: Negotiating Pluralism and the Buddhist Doctrine	30
1.1. Buddhism, Health, and the Soteriological Body	30
1.1.1. Medical Tropes and the Dharma.....	36
1.2. From Cosmopolitanism to Buddhism-infused Medicine.....	39
1.3. Buddhist Motifs in Tibetan Medical Theory	46
1.4. Sowa Rigpa as a Classical Field of Knowledge (rig gnas).....	52
1.5. Conclusion	60
 Chapter 2. Yutok Yönten Gönpö and <i>Yutok Nyintig</i> Tradition	63
2.1. Biographical Sources for the Life of Yutok	65
2.1.1. Bridging Dharma and Medicine: Yutok’s Life and Legacy	69
2.1.2. Yutok as a Sainly Figure	74
2.2. Yutok Nyintig: Yutok’s Tantric Buddhist Lineage	75
2.2.1. “The Sunbeam of Compassion Dispelling the Darkness of Suffering”— Contents and Context.....	82
2.2.2. Yutok Nyintig: A Union of Dharma and Medicine?	87
2.3. Conclusion	91
 Chapter 3. Bodhisattvas Study Medicine: Buddhism and the Institutionalization of Medicine in Tibet.....	95
3.1. Chagpori: Lhasa’s Medical Monastery.....	99
3.2. Medicine, the Word of the Buddha, and Appropriating the Yutok Nyintig Lineage	109
3.3. Later Developments of Institutional Medical Training in Tibet.....	114
3.4. Conclusion	120
 Chapter 4. From Tibetan Medicine to “Sowa Rigpa Spirituality”—The <i>Yutok Nyintig</i> Goes Global	123
4.1. Neo-Traditionalism and the Globalization of Sowa Rigpa.....	129
4.1.2. Consuming Tibetan Medicine: Transnational Perceptions of Sowa Rigpa	131
4.1.3. Buddhism as a Vehicle for the Globalization of Sowa Rigpa	136
4.2. Sorig Khang International: Organization and Agenda	142
4.2.1. “Sowa Rigpa Spirituality”	149
4.2.2. Pure Land Farms—Bringing Yutok to California	157

4.3. Conclusion	169
Chapter 5. A Missing Piece of the Puzzle? Sowa Rigpa International College and the Official Recognition of Sowa Rigpa in Nepal	174
5.1. Tibetan Medicine, Sowa Rigpa, or Nepalese Buddhist Medicine? ..	181
5.2. A Translocal Struggle for Power: Sowa Rigpa Association Nepal (SRAN) and Himalayan Amchi Association (HAA)	188
5.3. Transnational Entanglements: The Founding of Sowa Rigpa International College	195
5.4. Conclusion	206
Chapter 6. Tibetan Medical Knowledge in Translation: Sowa Rigpa International College	208
6.1. Hybridization as an Analytical Lens	212
6.2. Sowa Rigpa International College: The First Accredited Institution of Sowa Rigpa in Nepal	216
6.2.1. SRIC Student Body	218
6.2.2. SRIC Faculty	221
6.3.1. “Not Traditional Enough”—Considering the Language Question	228
6.3.2. SRIC Curriculum	233
6.4. Conclusion	249
Chapter 7. Transmitting Dharma and Medicine: Traditional Buddhist Sorig Institute	252
7.1. Amchi Urgian—Master of Medicine and Buddhist Tantra	256
7.2. Traditional Buddhist Sorig Institute: Small-scale, Lineage-based Sowa Rigpa Training Institution in Kathmandu	260
7.2.2. In the “Classroom”—Learning by Oral Commentary and Practice	269
7.3. Beyond the Fourfold Treatise: Integrating Dharma and Medicine...	274
7.3.1. Religious Practice and Tantric Feasts at TBSI	278
7.4. Situating TBSI as a Sowa Rigpa Training Institution	284
7.5. Conclusion	288
Conclusion	291
Bibliography	298
APPENDIX I: Sowa Rigpa International College Curriculum	323
APPENDIX II: Morning and Evening Prayers at SRIC	326

Introduction

This dissertation research explores the relationship between Buddhism and traditional Tibetan medicine, or Sowa Rigpa. More specifically, the purpose of this research is to describe historical connections of Sowa Rigpa and Buddhism and examine culturally conceptualized understandings of Tibetan medicine and its Buddhist underpinnings. In particular, the goal of this project is to trace the significance and utilization of the tantric Buddhist *Yutok Nyingtig* tradition from its inception in twelfth-thirteenth century Tibet as an accompaniment to the transmission of medical knowledge to its contemporary propagation as a stand-alone spiritual practice in a global context.

Tibetan medicine, commonly known as Sowa Rigpa (*gso ba rig pa*), is one of the main pillars of the classical Tibetan system of five major and five minor arts and sciences (*rig gnas*, Skt. *vidyā sthāna*). In this scheme of traditional sciences, the study of Buddhism or religion ('inner science,' *nang don rig pa*) and the study of medicine (*gso ba rig pa*) are two distinct members of the five major fields of knowledge (*rig gnas che ba lnga*), along with the study of language or grammar (*sgra rig pa*), logic (*gtan tshigs rig pa*), and hand-crafted arts (*bzo rig pa*). Although nominally separate disciplines, central texts of Sowa Rigpa are informed by Buddhism and tend to portray the practice of medicine as belonging to the activities of an altruistic *bodhisattva*, who strives to liberate all sentient beings from the sufferings of cyclic existence. This is much due to the fact that from the thirteenth century onwards medical scholasticism in Tibet became increasingly intertwined with Buddhist

ethical ideals, theoretical structures, practical technologies, and institutional power.¹

However, as the following chapters aim to demonstrate, the historical and current dynamic between Sowa Rigpa and Buddhism is complex and multidimensional.²

The core of Tibet's scholarly medical tradition can be traced to Sanskrit works of the fourth century, and to the influence of Indian, Chinese, and Western (Persian-Greek, or Galenic-Islamic) systems of medical thought, as well as indigenous healing practices. In short, Sowa Rigpa developed by adopting various outside influences, and adapting to regional differences in the availability of materia medica and other practical concerns, such as geography and climate. Much like the other branches of traditional Tibetan fields of knowledge, Sowa Rigpa flourished as one of the main fields of learning in the Buddhist monasteries of Tibet at least since the end of the seventeenth century. While the monasteries provided a structured environment for the study of Sowa Rigpa, and many medical texts were in fact incorporated into the Tibetan Buddhist canon, the practice of Tibetan medicine was never fully centralized in Tibet. The flux and continuous transformation that characterizes Tibetan history was also present in the medical field, which in addition to the monastic context also contained diverse lineages of individual lay practitioners, who combined religious and medical practice to varying degrees in their work.³

¹ Frances Garrett, "The Making of Medical History, Twelfth to Seventeenth Century," in *Bodies in Balance: The Art of Tibetan Medicine*, ed. Theresia Hofer (New York: Rubin Museum of Art, 2014), 189.

² The nature of the relationship between religion and "lay sciences" has long been a topic of lively scholastic debate, and famous Tibetan scholars of Sowa Rigpa, such as Zurkhar Lodrö Gyalpo (zur mkhar blo gros rgyal po, 1509–1579) and Desi Sangyé Gyatso (sde srid sangs rgyas rgya mtsho, 1653–1705), along with other influential authors like Taktsang Lotsāwa Sherab Rinchen (stag tsang lo tsA ba shes rab rin chen, 1405–1477), have contributed to the specific discussion about the relationship of Buddhism to Sowa Rigpa. This topic is explored further in Chapter 1.

³ Since this research is primarily concerned with the religious dimensions of Sowa Rigpa, space does not permit for an extensive treatment of the major figures, texts, and practice of Tibetan

The fundamental theories of Tibetan medicine, descriptions of practical application and treatment, and instructions on ethics for medical practitioners are contained in the seminal Tibetan medical work called the *Fourfold Treatise* (*rgyud bzhi*), often translated as the *Four Tantras*.⁴ This text is attributed to the “father of Tibetan medicine,” Yutok Yönten Gönpo (g.yu thog yon tan mgon po, twelfth century), whose life and legacy form a throughline in this dissertation.⁵ As the name of the text suggests, the *Fourfold Treatise* consists of four volumes, the memorization and study of which still forms the basis of Tibetan medical education today.⁶

Buddhism and Sowa Rigpa

The *Fourfold Treatise*, like much of Tibetan medical history, is entangled with Buddhism. The text itself is presented as a dialogue between sages Rigpa Yeshé (*rig pa'i ye*

medicine. For an introduction to the world of Sowa Rigpa, see Theresia Hofer, ed., *Bodies in Balance: The Art of Tibetan Medicine* (New York: Rubin Museum of Art, 2014).

⁴ Full title of the *Fourfold Treatise: The Secret Quintessential Instructions on the Eight Branches of the Ambrosia Essence Tantra* (*Bdud rtsi snying po yan lag brgyad pa gsang ba man ngag gi rgyud*). The title *Rgyud bzhi* has conventionally been translated as *Four Tantras*, which is problematic for various reasons, primarily because of the fact that despite its name the text is not like a tantra as usually understood in Buddhist literature. Therefore, instead of translating *Rgyud bzhi* literally as the *Four Tantras*, choosing a translation such as the *Fourfold Treatise* perhaps better reflects the nature of the text (it does contain four separate treatises on medicine), while admittedly remaining equally vague about its contents. See [G.yu thog yon tan mgon po] *Bdud rtsi snying po yan lag brgyad pa gsang ba man ngag gi rgyud* (Lhasa: Bod ljongs mi dmangs dpe skrun khang, 1992). For a study on the sources and emergence of the *Fourfold Treatise*, see Yang Ga, “The Sources for the Writing of the *Rgyud bzhi*, Tibetan Medical Classic” (PhD diss., Harvard University, 2010).

⁵ See also Jaakko Takkinen, “Yutok Yonten Gonpo,” *The Treasury of Lives – A Biographical Encyclopedia of Tibet, Inner Asia, and the Himalaya*, accessed October 22, 2020, <http://treasuryoflives.org/biographies/view/Yutok-Yonten-Gonpo/5312>.

⁶ The four volumes of the text are the *Root Treatise* (*rtsa rgyud*), the *Explanatory Treatise* (*bshad rgyud*), the *Instructional Treatise* (*man ngag gi rgyud*), and the *Last Treatise* (*phyi ma rgyud*). The *Instructional Treatise*, the longest of the four volumes, typically receives the least attention in the study of the *Fourfold Treatise*.

shes) and Yilekyé (*yid las skye*), who emanated from the heart and tongue of the Medicine Buddha, respectively. Therefore, the Medicine Buddha, or Bhaiṣajyaguru (Tib. sangs rgyas sman bla), a popular Mahāyāna Buddhist deity, became central to the origin myth and frame narrative of the *Fourfold Treatise*, which points to a particular lineage of medical practice that originated from the Medicine Buddha himself. Moreover, the study and dissemination of Tibetan medical knowledge largely came to adopt its model of initiation and transmission of knowledge from tantric Buddhism.⁷

According to the Buddhist teachings, the root of all suffering are the three poisons (Skt. *triviṣa*, Tib. *dug gsum*) of delusion, desire, and aversion. Similarly, due to the close historical ties of the development of medicine and Buddhism in Tibet, Tibetan medical theory posits that the ultimate causes of all illnesses are the aforementioned three fundamental afflictions, or unwholesome mental states. There are six general causes of disease described in the *Fourfold Treatise*: seasonal or climatic conditions, harmful spirits, incorrect treatment, poison, diet, and negative karma. It is typically considered unlikely that standard Sowa Rigpa medicine alone will suffice in the treatment of diseases caused by harmful spirits or negative karma. Attending to these diseases is understood to require the knowledge and ritual expertise of astrologers (*rtsis pa*, *dbon po*), lamas (*bla ma*), and oracles (*lha pa*, *lha mo*), and Tibetan medical practitioners, or *amchi* (*am chi*), will refer patients to these specialists depending on the condition. Importantly for the purposes of this research,

⁷ On the importance of receiving appropriate empowerments (Tib. *dbang*, Skt. *abhiṣeka*) in order to engage in Tantric Buddhist practice, see Geoffrey Samuel, *Civilized Shamans: Buddhism in Tibetan Societies* (Washington DC: Smithsonian Institution Press, 1993), 244 ff; see also John Powers, *Introduction to Tibetan Buddhism* (Ithaca, NY: Snow Lion, 2007), 267 ff.

some *amchi* are also “householder priests” or *ngagpa* (*sngags pa*), who are able to perform certain healing rituals in addition to their “regular” medical practice.⁸

The dividing line between medicine and religion in the Tibetan medical context is often very tenuous, and “religion” cannot be thought of as a thoroughly separate category from “medicine” in the conventional sense. Tibetan medical knowledge and ideas about how it should be transmitted are suffused with Buddhist and Bönpo religious notions, and terms like “religiomedical” or “medico-religious” can be helpful to alleviate the conceptual gap, although hardly entirely adequate. In any case, it is safe to say that Tibetan medicine holds a culturally significant and religiously salient position in Tibetan society. Anthropologist Barbara Gerke provides an illustrative description of the blurry categories of medicine and religion in Tibet in the context of consecrated pills that are ingested for various reasons:

Tibetan traditions are filled with practices that confer blessings and healing through a variety of pills that are ingested by people after birth, in case of illness, during the dying process, and to protect from poisons, weapons, spirits, and other forms of harm. For Tibetans, these pills are considered both medicine, called *men* (*sman*), and blessings, in Tibetan *jinten* or *jinlap* (*byin rten* or *byin rlabs*). *Jinten* is also a general term for a sacred pill or a relic. *Men* refers to both medicines and benefit. Something beneficial is also often considered a *jinlap* and vice versa. Thus, analytical categorization of whether these pills are “medicines” or “blessings” easily create artificial dichotomies, which should be avoided.⁹

Gerke’s discussion of the entanglements of the “medical” and “religious” in Tibet underscores the issues of attempting to decipher or isolate Buddhist elements in Sowa Rigpa, and signals how Buddhist lineages may in fact be passed on via certain type of accompanying medical practice.

⁸ Tsewang Smanla and Colin Millard, “The Preservation and Development of Amchi Medicine in Ladakh,” *East Asian Science, Technology and Society* 7, no. 3 (January 1, 2013): 492.

⁹ Barbara Gerke, “The Buddhist–Medical Interface in Tibet: Black Pill Traditions in Transformation,” *Religions* 10, no. 4 (2019): 282.

To account for the conceptual complexity and overlap of Sowa Rigpa and Tibetan religiosity, the academic study of Tibetan medicine has matured significantly in the past 20 years due to a steady flow of historical and ethnographic studies.¹⁰ During this time, the evolving field has been increasingly successful in shaking truisms of early research in Tibetan medicine. Understandably, the pioneers in the field often resorted to portraying the tradition in somewhat simplified terms: “The chief characteristic of Tibetan medicine is that it is Buddhist medicine.”¹¹ While this sweeping statement is true in many regards, with better access to primary sources and practitioners of Sowa Rigpa, recent scholarship proposes more nuanced understandings of the relationship between Buddhism and Tibetan medical history, as well as the role and presence of religion in the contemporary lived experiences of practicing Sowa Rigpa physicians and their patients.

Moreover, recent historical studies of the Tibetan medical tradition paint a picture of rich interaction of the medical and religious domains, a dynamic that is shown to often be mediated through state interests, political agendas, and sectarian ambitions. Similarly, contemporary ethnographic work on Sowa Rigpa demonstrates how the world of Tibetan medicine is a domain of a plurality of interests and an array of external pressures that necessitate individual Tibetan medical practitioners and institutions to negotiate and articulate their position regarding the connection between Sowa Rigpa and Buddhism. Throughout its history, the Tibetan medical tradition has been agile in adapting to socially and culturally constructed domains of legitimacy, and its practitioners and representatives

¹⁰ For an introduction to developments in the academic research on Sowa Rigpa, social scientific approaches in particular, see Geoffrey Samuel, “Introduction: Medicine and Healing in Tibetan Societies,” *East Asian Science, Technology and Society* 7, no. 3 (2013): 335–37.

¹¹ Marianne Winder, “Tibetan Medicine,” *Bulletin of Tibetology* 25, no. 2 (1989): 5.

have acknowledged the importance of aligning themselves, their institutions, and the medical tradition as a whole strategically by establishing continuity with a suitable past and religious lineage, all the while adjusting to the power dynamics and conducive allegiances of the present moment.

Yutok Nyingtig: The “Heart Essence of Yutok”

In many ways, the tantric Buddhist ritual and practice tradition called the *Yutok Nyingtig Guru Sādhana* (*g.yu thog snying thig bla sgrub*) exemplifies the strategic importance of appropriate religious lineage for Tibetan medical practitioners, and it has a rich history of being a factor in legitimizing and empowering *amchi* and their medical heritage. The *Yutok Nyingtig Guru Sādhana* is a core practice of the collection known as the *Yutok Nyingtik* (*G.yu thog snying thig*), which contains practices aimed primarily at *amchi* to develop their therapeutic skills and meditative sensibilities for the doctor-patient encounter as well as to consecrate and empower their own medicines.¹² In short, the *Yutok Nyingtig* includes alchemical practices, religious healing rites, and yogic and contemplative techniques that are associated with the concurrent transmission of Tibetan medical knowledge.¹³

Just like the *Fourfold Treatise*, the *Yutok Nyingtig* is closely connected with the person of Yutok Yönten Gönpo and his legacy. While it has been argued that the importance of the *Yutok Nyingtig* has decreased in recent years due to the progressive secularization of Sowa

¹² Frances Garrett, “The Alchemy of Accomplishing Medicine (*sman sgrub*): Situating the ‘Yuthok Heart Essence’ (*g.Yu thog snying thig*) in Literature and History,” *Journal of Indian Philosophy* 37, no. 3 (2009): 207–30.

¹³ The *Yutok Nyingtig* will be discussed more thoroughly in Chapter 2.

Rigpa, both in and outside Tibet Autonomous Region,¹⁴ there are currents of the *Yutok Nyingtig* tradition that are still vibrant in the Himalayas (see Chapter 7), and today the tradition is disseminated more widely than ever in the global arena (see Chapter 4). As anthropologist Laurent Pordié argues, the processes of social and medical legitimization are at the center of contemporary changes in Tibetan medicine, and their various expressions across the Tibetan cultural sphere determine the social redefinition of the tradition.¹⁵ These discussions of legitimacy are often intertwined with religious considerations, and this entanglement of religion and the Tibetan medical tradition is the focus of this dissertation.

This research proposes that there is a demonstrable trend in Tibetan medical history from the time of Yutok Yönten Gönpö in the twelfth century that is characterized by relations of power, divergent interests and legitimating modalities that still shape the tradition today as it reaches an increasingly transnational audience. In short, this research investigates how elements of Buddhism—and the tantric *Yutok Nyingtig* tradition in particular—have been understood, portrayed, and leveraged vis-à-vis the Tibetan medical tradition historically and in its contemporary manifestations. Positioning Sowa Rigpa in relation to religion remains a constant across various historical and geographical contexts, whether it is in seventeenth century Lhasa, at contemporary Tibetan medical colleges in Nepal, or on online platforms that disseminate Tibetan medical knowledge and spirituality. However, the reasons for either

¹⁴ Geoffrey Samuel, “The *g.Yu Thog sNying thig* and the Spiritual Dimension of Tibetan Medicine,” in *Sharro: Festschrift for Chögyal Namkhai Norbu*, ed. Donatella Rossi and Charles Jamyang Oliphant (Rudolfstetten: Garuda Verlag, 2016), 215.

¹⁵ Laurent Pordié, “Tibetan Medicine Today: Neo-Traditionalism as an Analytical Lens and a Political Tool,” in *Tibetan Medicine in the Contemporary World: Global Politics of Medical Knowledge and Practice*, ed. Laurent Pordié (New York: Routledge, 2008), 5.

understating or emphasizing the role of religion in Sowa Rigpa is often carefully calculated and context-specific.

Historically, tantric practices appealed to various sources of authority as the basis for attaining their aims. Sources of authority in tantric medical practice might be deities like the Medicine Buddha, or lineage masters such as Yutok Yönten Gönpo in the case of the *Yutok Nyintig*. As historian Stacey Van Vleet explains, lineage prayers (*brgyud 'debs smon lam*) and guru practices (*guru sādhana*), such as the *Yutok Nyintig*, established (*'debs*) sources of authority by indicating whom to name responsible for the prior transmission of practice:

On one level, deities and lineage masters represented the idealized origins and development of the practice. On another, they served as the basis of a practice's efficacy. One of the main methods for accomplishing a practitioner's aims in tantric practice was the ritual and contemplative visualization of these sources of authority. The process of visualization was designed to generate in the practitioner the qualities of the deity or lineage masters, ranging from positive emotions and attitudes such as compassion, to the discriminating awareness or wisdom associated with Buddhist realization, to *siddhi* (*dngos grub*) or supramundane powers including immortality and the ability to see into bodies to diagnose illness. The method of venerating particular deities and lineage masters therefore encapsulated different philosophical views on the correct motivation and conduct of medical practice.¹⁶

Religious lineage has demonstrably played a key role legitimizing Tibetan medical practice throughout its history, and as the following chapters demonstrate, the *Yutok Nyintig* has been leveraged in various ways to gain legitimacy and demonstrate authority.

A further link between tantric Buddhist practice and Sowa Rigpa is the protector deity (*dharmapāla*) of Tibetan medicine: a wrathful deity called Shanglön (gnod sbying zhang blon rdo rje bdud 'dul), who is also revered as a “god of medicine” (*smān gyi lha*). Shanglön

¹⁶ Stacey Van Vleet, “Medicine, Monasteries and Empire: Tibetan Buddhism and the Politics of Learning in Qing China” (PhD diss., Columbia University, 2015), 146.

is Yutok’s main protector, and the leader of an entourage of eight other deities who serve the Medicine Buddha,¹⁷ and who are collectively seen as protectors of Sowa Rigpa.¹⁸

Buddhist Medicine, Tibetan Medicine, or Sowa Rigpa: What Is in a Name?

As obvious as it may appear, Tibetan medical tradition is not a homogeneous, continuous, and unchanging entity, which is why it is worth briefly discussing the nomenclature associated with this tradition. More often than not, any serious work on Tibetan medicine, whether historical or ethnographic, devotes some space to qualify the terminological choices that the authors have made regarding their topic—thus acknowledging that it matters how we name and discuss culturally contingent traditions. Such a discussion is also in order here before making further arguments about the dynamics between Buddhism and the Tibetan medical tradition.

On the most basic (and literal) level, Tibetan medicine is intimately related to a particular cultural and ethnic realm, if not exactly a nation. Therefore, there has been a tendency in scholarly and popular literature regarding this medical tradition of culturally Tibetan regions to simply call it “Tibetan medicine.”¹⁹ However, this widely accepted and readily recognizable denomination for this medical system that has historically emerged

¹⁷ Yang Ga, “The Origins of the Four Tantras and an Account of Its Author, Yuthog Yonten Gonpo,” in *Bodies in Balance: The Art of Tibetan Medicine*, ed. Theresia Hofer (New York: Rubin Museum of Art, 2014), 177.

¹⁸ For details on these protectors of medicine according to the text *G.yu thog snying thig gi bka’ sdod zhang blon chen po sde dgu’i gsol mchod ‘dod dgu’i mchod sbyin*, see René de Nebesky-Wojkowitz, *Oracles and Demons of Tibet: The Cult and Iconography of the Tibetan Protective Deities* (The Hague: Mouton, 1956), 79 ff.

¹⁹ It has also been referred variously as *amchi* medicine and *Gyüshi* medicine, referring to its practitioners (*am chi*) and the most important textual source of this tradition, the *Fourfold Treatise* (*rgyud bzhi*), respectively.

within the geographical and cultural area of Tibet, developed over centuries by local medical practitioners (*amchi, menpa*), and based on core texts in the Tibetan language, is increasingly referred to by the appellation “Sowa Rigpa” (*gso ba rig pa*; also *tshe rig byed*) instead of “Tibetan medicine,” both in popular and scholarly circles; often the two terms are used more or less interchangeably, much as I have done above. However, since “Sowa Rigpa” has increasingly become the standard in scholarly literature on Tibetan medicine for reasons discussed further below, I will primarily refer to the Tibetan medical tradition as Sowa Rigpa throughout this dissertation (with the exception of Chapter 1, which discusses a period of Tibetan medical history when Sowa Rigpa as a distinct field of knowledge had not quite emerged yet as we have become to know it).

Tibet’s literary medical tradition based on the *Fourfold Treatise*—Sowa Rigpa, or the “art of healing”—is practiced among culturally Tibetan people in Tibet Autonomous Region (TAR), but also in the Chinese provinces of Gansu, Qinghai, Sichuan and Yunnan, across the Himalayas in India, Nepal, and Bhutan, as well as in other regions of significant Tibetan influence, such as Buryatia and Mongolia, and increasingly also in China and the West.²⁰ The medical tradition is widely known as Sowa Rigpa in vernacular across these diverse regions, which do not necessarily partake in sharing a national or ethnic identity with Tibetans. Using the term “Tibetan medicine,” therefore, may convey a false impression of homogeneity about a tradition that is markedly heterogeneous as it is practiced throughout a wide geographical area, and shaped by diverse cultural, social, economic, and political orders. Another issue that the term “Tibetan medicine” raises is its ethnicizing character,

²⁰ Often, Sowa Rigpa is conflated with Tibetan medicine, much like Āyurveda is perceived as the medical system of India, although the history of its development took place in only parts of what is now India, as well as in rich exchange of ideas between areas today known as Pakistan, Afghanistan, Nepal, and Bangladesh.

which does not reflect the self-identification of practitioners of this medical tradition from various regions in the Himalayas or Central Asia who refer to their system of medicine in their own languages.²¹ In fact, the Tibetan translation for “Tibetan medicine” (*bod sman*) is a fairly recent development, which arose from the pragmatic need to differentiate Sowa Rigpa from the Western biomedical tradition that the Chinese have propagated after the occupation of Tibet (indeed, in Tibet biomedicine is often referred to as *rgya sman*, “Chinese medicine”).²² To call Sowa Rigpa Tibetan medicine is somewhat misleading also due to the fact that the emergence of a Tibetan national identity is largely a result of the relatively recent efforts of the Dalai Lama and the Central Tibetan Administration in Dharamsala (Himachal Pradesh, India), or the Tibetan government in exile.²³ Tibetans have shared some sense of unity through narratives concerning Tibet’s mythical history (such as the taming of the demoness of Tibet by Padmasambhava), regional identity has historically been of much greater significance, and Tibetans primarily identify with their region of origin, such as Kham (*khams*) or Amdo (*a mdo*). These regional identities have been routinely emphasized within the Tibetan cultural sphere in the absence of a national identity, and major Tibetan monastic institutions to this day are divided into “regional houses,” also

²¹ Pordié, “Tibetan Medicine Today,” 4.

²² I use the term “biomedicine” to refer to what is conventionally known as “Western medicine” or “allopathic medicine,” which itself is, of course, a generalizing and unspecific term for medical practices that are culturally contingent. For a concise discussion on biomedicine as a cultural system, see Lorna Amarasingham Rhodes, “Studying Biomedicine as a Cultural System,” in *Handbook of Medical Anthropology: Contemporary Theory and Method*, ed. Carolyn F. Sargent and Thomas M. Johnson (Westport, CT: Praeger, 1996), 165–80. For further analysis of biomedicine as a cultural construct, see Margaret Lock and Vinh-Kim Nguyen, *An Anthropology of Biomedicine* (Malden, MA: John Wiley & Sons, 2010). See also Byron J. Good, *Medicine, Rationality, and Experience: An Anthropological Perspective* (Cambridge: Cambridge University Press, 1994).

²³ See e.g. Julia Meredith Hess, *Immigrant Ambassadors: Citizenship and Belonging in the Tibetan Diaspora*, *Immigrant Ambassadors* (Stanford University Press, 2009).

largely due to practical reasons, such as the great variety of dialects within colloquial Tibetan that can be mutually unintelligible. In short, “Tibetan medicine” or Sowa Rigpa is a family of regional medical traditions (e.g. Mongolian, Bhutanese, Himalayan) that recognize the *Fourfold Treatise* as the tradition’s principal text.²⁴

While Sowa Rigpa is a generally accepted term for the Tibetan medical tradition throughout the broader Tibetan cultural sphere, most non-Tibetans who are engaged in the practice of Sowa Rigpa differentiate their tradition from “Tibetan” medicine for reasons related to medical and social identities: Sowa Rigpa is often known as “Amchi medicine” in the Indian Himalayas, “Himalayan medicine” in Nepal, “traditional (Buddhist) medicine” in Bhutan, “traditional Mongolian medicine” in Mongolia, etc.²⁵ (Western practitioners are a notable exception to this, since “Sowa Rigpa” does not readily evoke connotations of the Tibetan medical tradition in the Western world, at least for the present.) So not all practitioners of Sowa Rigpa regard themselves as Tibetan. Additionally, Geoffrey Samuel suggests that “Tibetan medicine” may suggest a narrower scope of the object of study (as a medical system in a conventional Western sense), whereas Sowa Rigpa gestures toward a

²⁴ In addition, there has historically been a huge variety of practitioners among healers in Tibet, some focusing on ritual purification, while others depended on physical means of healing. See e.g. Janet Gyatso, “Did the Buddha Really Author the Classic Tibetan Medical Text? A Critical Examination from The Lamp to Dispel Darkness,” in *Buddhism and Medicine: An Anthology of Premodern Sources* (Columbia University Press, 2017), 602.

²⁵ It is illustrative that the commonly used Tibetan term *amchi* (*am chi* or *em chi*, “doctor of Tibetan medicine”) is a loan word from Mongolian and of possible Turkic origins; *amchi* has been and is also used in the Himalayas as a signifier for the whole system of Tibetan medicine. Other common terms for practitioners of Sowa Rigpa include *menpa* (*sman pa*), *lhajé* (*lha rje*), and *tsojé* (*tsho byed*). See Mona Schrempf, “Introduction: Refocusing on Tibetan Medicine,” in *Soundings in Tibetan Medicine: Anthropological and Historical Perspectives*, vol. PIATS 2003: Tibetan studies: proceedings of the Tenth Seminar of the International Association for Tibetan Studies, Oxford, 2003, Brill’s Tibetan Studies Library, v. 10/10 (Leiden: Brill, 2007), 3.

broader perspective, an “art of healing.”²⁶ Throughout its history, Tibetan medicine has been characterized by distinct local traditions, and this approach allows for a wider repertoire of healing modalities beyond the mostly pharmacologically based medicine of the *Fourfold Treatise*.²⁷

Anthropologists studying Sowa Rigpa have been perhaps the most reflective and vocal about discussing the nomenclature related to their research topic, as it has become obvious in their work that Sowa Rigpa must be studied in its plurality.²⁸ It has been suggested that there are, in some ways, multiple Tibetan *medicines*. While the core texts, and the fundamental epistemological assumptions and therapeutic methods that the texts convey largely remain the same across the landscape of Sowa Rigpa, it is worth emphasizing that the practice of this medical system is always constructed within a particular social and cultural framework. Just as the Buddhist religion has adapted as it spread from India to Southeast Asia, East Asia, and Central Asia, wherever Sowa Rigpa has been adopted it has

²⁶ Samuel, “Introduction,” 338.

²⁷ Although Sowa Rigpa has been marked by distinct local traditions, these traditions have retained certain unifying features, such as specific notions about the body and disease, and the relationship between the microcosm of the human psychophysical organism and the wider macrocosmic environment; these ideas are anchored in the canonical textual tradition centered around the *Fourfold Treatise*. Lobsang Dhonden Soktsang and Colin Millard, “Diversity in Unity: The Changing Forms of Tibetan Medicine,” *East Asian Science, Technology and Society* 7, no. 3 (2013): 467–86.

²⁸ For anthropological studies addressing the wide spectrum of Tibetan medical traditions, see e.g. Mona Schrempf, ed., *Soundings in Tibetan Medicine: Anthropological and Historical Perspectives*, vol. PIATS 2003: proceedings of the Tenth Seminar of the International Association for Tibetan Studies, Oxford, 2003, Brill’s Tibetan Studies Library, v. 10/10 (Leiden: Brill, 2007); Laurent Pordié, ed., *Tibetan Medicine in the Contemporary World: Global Politics of Medical Knowledge and Practice* (New York: Routledge, 2008); Vincanne Adams, Mona Schrempf, and Sienna R. Craig, eds., *Medicine Between Science and Religion: Explorations on Tibetan Grounds, Epistemologies of Healing*; Vol. 10 (New York: Berghahn Books, 2011); see also William A. McGrath, ed., *Knowledge and Context in Tibetan Medicine*, Brill’s Tibetan Studies Library, volume 43 (Leiden: Brill, 2019).

been reframed to meet local cultural and social expectations. For instance, anthropologist Sienna R. Craig points out how Sowa Rigpa in Nepal is described as at once uniquely Nepali, part of the nation's cultural heritage, as well as more broadly representative of traditional medicine. In addition, while the Buddhist aspects of the Tibetan medical tradition may be emphasized in Nepal, there is usually no mention of Tibet.²⁹

Without exaggerating the significance and impact of scholarly production of knowledge and analysis regarding the Tibetan medical tradition, it is worth thinking about the implications of preferred academic nomenclature regarding Sowa Rigpa (in addition to considering appropriate research methodology), and how terminological choices might have real world implications to Tibetan medical practitioners and ultimately contribute to transforming the tradition.³⁰ Employing the label “Sowa Rigpa” is a relatively neutral option and perhaps the most preferable alternative for discourse on the Tibetan medical tradition, albeit not entirely unproblematic: in some settings, Sowa Rigpa may carry stronger connotations of the scholastic or elite (institutional) dimensions of the medical system tradition and diminish the significance of local (domestic family lineage) lineage based representations of the tradition. Arguing for a position that facilitates an understanding of Sowa Rigpa as “‘medicine’ between ‘science’ and ‘religion’ in polysemous ways” (translating *gso ba rig pa* as “science of healing”), anthropologists Vincanne Adams, Mona Schrempf, and Sienna R. Craig propose a “Sowa Rigpa sensibility,” noting that “*sowa rigpa*

²⁹ Sienna R. Craig, *Healing Elements: Efficacy and the Social Ecologies of Tibetan Medicine* (Berkeley: University of California Press, 2012), 81. For more on Sowa Rigpa in Nepal, see Chapter 5.

³⁰ For a more detailed discussion on the issue of nomenclature revolving around Sowa Rigpa, see Sienna R. Craig and Barbara Gerke, “Naming and Forgetting: Sowa Rigpa and the Territory of Asian Medical Systems,” *Medicine Anthropology Theory | An Open-Access Journal in the Anthropology of Health, Illness, and Medicine* 3, no. 2 (2016): 87–122.

signifies more that the classical body of Tibetan medical knowledge, as expounded in the *Gyüshi* or the *Four Tantras*, to include other forms of Tibetan healing knowledge and practices that have either become marginalized within modern institutions of Tibetan medicine or have been seen as belonging to the domain of ‘religion.’”³¹

Another aspect that may render the appellation “Sowa Rigpa” somewhat problematic, is the increasing contemporary trend to utilize the term in order to standardize, commercialize, and commoditize the tradition. As subsequent chapters demonstrate in more detail, Sowa Rigpa has quickly become the preferred denominator as the Tibetan medical tradition seeks official recognition from legitimizing authorities in various contexts outside of Tibet, in order to gain wider recognition as a major medical system, much like Āyurveda. Sowa Rigpa as a medical system and its therapeutic products in particular are branded and marketed to an increasingly global audience of consumers. Even Men-Tsee-Khang, the Tibetan medical institution established by the Central Tibetan Administration in Dharamsala, India, has in recent years shifted to preferring using “Sowa Rigpa” instead of “Tibetan medicine” in their communications.³² Medical anthropologist Stephan Kloos has shown that Sowa Rigpa and the Men-Tsee-Khang are important components in constructing a shared Tibetan national identity in exile, which is why it is significant that the Men-Tsee-Khang is shifting from “Tibetan medicine” to “Sowa Rigpa.”³³ As anthropologist Joseph

³¹ Vincanne Adams, Mona Schrempf, and Sienna R. Craig, “Introduction: Medicine in Translation between Science and Religion,” in *Medicine Between Science and Religion: Explorations on Tibetan Grounds*, ed. Vincanne Adams, Mona Schrempf, and Sienna R. Craig, Epistemologies of Healing; Vol. 10 (New York: Berghahn Books, 2011), 3–4.

³² See Men-Tsee-Khang, “Men-Tsee-Khang (Sowa Rigpa),” accessed October 25, 2020, <https://www.men-tsee-khang.org/index2.htm>.

³³ This, of course, has also to do with the efforts to gain official government recognition for Sowa Rigpa as a medical system in India. See Stephan Kloos, “The Recognition of Sowa Rigpa in

Alter observes, the nationalistic dynamics involved in attempts to conceptualize any medical system are further complicated by a range of competing and contradictory histories. For instance, Āyurveda can simultaneously be conceptualized as “Hindu” medicine, anticolonial medicine, and the traditional medicine of modern India, just as traditional Chinese medicine can be understood as Daoist medicine, the medicine of Imperial China, or the traditional medicine of modern China.³⁴

It is safe to say that the categories “medicine” and “religion” are culturally conceptualized understandings that are products of certain epistemological views, which is why it is crucial to be self-reflective of our own (Euro-American) classifications and points of view when attempting to discuss Sowa Rigpa and its religious dimensions. In short, considering the nomenclature concerning the Tibetan medical tradition is an important undercurrent related to issues concerning legitimacy, standardization, official recognition, contemporary transmission, and commodification of Sowa Rigpa, all of which are recurring themes throughout the chapters that follow (Chapters 4–7 in particular). Consequently, it is important to acknowledge that the naming of Tibetan medical clinics, institutions, and organizations always entails positionality and a sense of the social, political, and religious dynamics of a given context.³⁵

India: How Tibetan Medicine Became an Indian Medical System,” *Medicine Anthropology Theory* 3, no. 2 (2016): 19–49.

³⁴ Joseph S. Alter, “Āyurvedic Acupuncture—Transnational Nationalism: Ambivalence About the Origin and Authenticity of Medical Knowledge,” in *Asian Medicine and Globalization*, ed. Joseph S. Alter, Encounters with Asia (Philadelphia: University of Pennsylvania Press, 2005), 24.

³⁵ See Elisabeth Hsu, “Afterword: On Naming and the Politics of Practice,” *East Asian Science, Technology and Society* 7, no. 3 (2013): 505–11.

Therefore, this study acknowledges that perhaps especially markedly in the Tibetan case—where there is significant epistemological overlap between what we conventionally call “religion” and “medicine” (but similarly in other traditions that do not adhere neatly to Western categories)—it may appear to make little sense to discuss “interrelationships” between these domains, since these orders are at times hard to define or to distinguish from one another. Nonetheless, in the absence of better terminological alternatives and recognizing the serious shortcomings of nomenclature, this dissertation examines of the dynamic intersection of “medicine” and “religion,” particularly in the context of Tibetan medical training and transmission of Tibetan medical knowledge. Moreover, considering the (not entirely unproblematically) separate emic Tibetan categories of “healing arts” (*gso ba rig pa*) and “Buddhist teachings” (*nang don rig pa*), the compromise of talking about the mutual connectedness of “medicine” and “religion” seems palatable, keeping in mind the epistemological caveats of the “medico-religious” nature of Sowa Rigpa described above.

Transnationalism and Sowa Rigpa: Construing Tibetan Medical Legitimacy in a Global Context

In consonance with the historical fluctuations of Tibetan medicine, its institutions have changed in each period in its development, adapting so as to preserve and disseminate the tradition. In the present global era, however, Tibetan medicine is facing entirely new kinds of challenges. While Sowa Rigpa has long been closely associated with religion, and several important medical works display an explicit concern to show medicine as part of Buddhist history in Tibet,³⁶ religion poses certain problems for the contemporary practice and

³⁶ See e.g. Frances Garrett, “Buddhism and the Historicising of Medicine in Thirteenth-Century Tibet,” *Asian Medicine* 2, no. 2 (2006): 204–24; and Desi Sangyé Gyatso, *Mirror of Beryl: A*

transmission of Tibetan medicine, perhaps markedly in an increasingly interconnected, global context. Studies have shown that in Tibet Autonomous Region (TAR), Tibetan medicine has been severely suppressed and the religious aspects of Tibetan medical practice have been especially scrutinized by the Chinese government.³⁷ Meanwhile, outside of Tibet, Tibetan medical institutions are facing a new series of challenges as they attempt to adapt and expand medical training to a new global audience and to achieve legitimation vis-à-vis other medical systems, including Western biomedicine. Internationally operating institutions and practitioners of Tibetan medicine, as well as manufacturers of Tibetan pharmaceutical products, are negotiating pressures related to religious authenticity and continuity, while simultaneously finding ways to meet Western (and Chinese) scientific standards and expectations.³⁸

By 2017 the Sowa Rigpa pharmaceutical industry had grown to a lucrative and quickly developing branch of Asian medicine, with a total annual sales value of \$677.5 million. China generated nearly 98 percent of the total sales value, with India being the second

Historical Introduction to Tibetan Medicine, trans. Gavin Kilty (Boston: Wisdom Publications, 2010).

³⁷ See e.g. Vincanne Adams, “Particularizing Modernity: Tibetan Medical Theorizing of Women’s Health in Lhasa, Tibet,” in *Healing Powers and Modernity: Traditional Medicine, Shamanism, and Science in Asian Societies*, ed. Linda H. Connor and Geoffrey Samuel (Westport, CT: Bergin & Garvey, 2001), 197–246; Vincanne Adams, “The Sacred in the Scientific: Ambiguous Practices of Science in Tibetan Medicine,” *Cultural Anthropology* 16, no. 4 (2001): 542–75; Vincanne Adams, “Integrating Abstraction: Modernising Medicine at Lhasa’s Mentsikhang,” in *Soundings in Tibetan Medicine: Anthropological and Historical Perspectives*, ed. Mona Schrempf, vol. PIATS 2003: Proceedings of the Tenth Seminar of the International Association for Tibetan Studies, Oxford, 2003, Brill’s Tibetan Studies Library, v. 10/10 (Leiden: Brill, 2007), 29–43; and Craig, *Healing Elements*.

³⁸ Chinese interest in Tibetan medicine has grown significantly in recent years, largely as a result of its tremendous commercial potential and exotic appeal to Chinese consumers. See Martin Saxer, *Manufacturing Tibetan Medicine: The Creation of an Industry and the Moral Economy of Tibetanness*, *Epistemologies of Healing* 12 (New York: Berghahn Books, 2013).

largest Sowa Rigpa pharmaceutical industry with an annual sales value of about \$11 million. Kloos et al. argue that the Sowa Rigpa pharmaceutical industry has become big enough to exert complex transformative effects on Tibetan, Mongolian, and Himalayan medicine more generally.³⁹ Tibetans account only for about five percent of all patients of Tibetan medicine outside of Tibet, which highlights the vast numbers of non-Tibetans resorting to Sowa Rigpa, especially in South Asia.⁴⁰ While the development of Sowa Rigpa in the West is still in its infancy, there are clear indicators of increased interest in the complementary and alternative medical field (demonstrated by international conferences on Sowa Rigpa, emergence of Tibetan medical clinics, popular publications in English and other European languages, etc.), which appears to be a natural entry point for Sowa Rigpa as wide-scale distribution of Tibetan pharmaceuticals currently remains unfeasible due to strict regulation. Many Tibetan medical formulations contain minerals, heavy metals (such as mercury), and various animal products, which seriously complicates certification of Tibetan medical products in Western countries.⁴¹ Moreover, Sowa Rigpa is still finding its place among the

³⁹ Kloos et al. further emphasize that national policies are a crucial factor for the growth and dynamics of the Sowa Rigpa industry. Stephan Kloos et al., “The Transnational Sowa Rigpa Industry in Asia: New Perspectives on an Emerging Economy,” *Social Science & Medicine* 245 (2020): 112617.

⁴⁰ Stephan Kloos, “Einleitung: Die Übersetzung und Entwicklung der Tibetischen Medizin im Exil,” in *Das Letzte Tantra, aus Die Vier Tantra der Tibetischen Medizin*, ed. Florian Ploberger (Schiedlberg: BACOPA, 2015), 22.

⁴¹ PADMA AG (founded in 1969 and based in Wetzikon, Switzerland) is currently the only major manufacturer of Tibetan medicinal formulas in the West. The company promises to provide a “synthesis of modern research and centuries of old tradition” in the herbal products that they distribute in “Swiss quality” worldwide. PADMA presents itself as a think tank of integrative medicine, which “combines modern research and therapies from conventional medicine and complementary medicine with a holistic vision of human beings.” While many of PADMA’s Sowa Rigpa -inspired pharmaceutical and “nutriceutical” products are approved in Switzerland and available in pharmacies without prescription, some products are exclusively approved for sale in the Swiss canton of Appenzell Ausserrhoden. “Company – PADMA Manufacturing in Switzerland since 1969,” accessed January 25, 2021, <https://padma.ch/en/about-us/company/>.

array of healing modalities recognized in the global marketplace, and it is variably labeled as “complementary and alternative” medicine (CAM), “natural” medicine, or “traditional” medicine, each category endowed with its own limitations.⁴² The practice of Tibetan medicine outside of Tibet appears to be a characteristically heterogeneous and dynamic field, where various institutions and individuals “translate” and transmit their versions of Sowa Rigpa for an increasingly international audience.⁴³

According to anthropologist Laurent Pordié, there are several dynamics at play in the world of contemporary Sowa Rigpa: 1) the recourse to external instances of legitimization (such as biomedicine, “science” or national policies), juxtaposed with traditional orders of legitimacy; 2) the political re-invention of tradition according to historical and/or ecological arguments; 3) the multiplication of activities belonging to therapists, more particularly to

⁴² For a film documenting the journey of Tibetan medicine to the West through the story of the Buryatian Badmayev family, see Martin Saxer, *Journeys with Tibetan Medicine*, 2005, <https://vimeo.com/122821844>.

⁴³ While Sowa Rigpa is practiced in one form or another throughout the Tibetan cultural world, and increasingly also in China and the West, it is difficult to obtain exact demographic data of practitioners of Tibetan medicine (in addition to Tibet Autonomous Region, Sowa Rigpa is practiced among Tibetan peoples in the Chinese provinces of Gansu, Qinghai, Sichuan and Yunnan, across the Himalayas in India, Nepal, and Bhutan, as well as in other regions of significant Tibetan influence, such as Buryatia and Mongolia). However, according to a pamphlet compiled by the Central Council of Tibetan Medicine (CCTM, based in Dharamsala, India), there are a total of 538 “Qualified Medical Practitioners” and “Registered Medical Practitioners” who are registered with the CCTM as of March 22, 2021. “Qualified Medical Practitioners” are individuals who work in institutions of Tibetan medicine administered by the Men-Tsee-Khang in India, forming the majority of registered practitioners (389). See “List of Registered Practitioners,” Central Council of Tibetan Medicine, accessed May 3, 2021, <https://tibmedcouncil.org/registered-medical-practitioner/>. The CCTM (*Bod kyi gso ba rig pa 'i ches mtho 'i sman pa 'i lhan tshogs*) is a statutory body under Tibetan Medicine Central Council Act 2003 (Dept. of Health, Central Tibetan Administration). It was founded with the responsibility to “preserve, promote and propagate the rich tradition of Sowa Rigpa,” and to oversee all legal and policy issues concerning Tibetan medicine in exile, as well as to register, standardize and regulate its practice and pharmaceutical production. It has been argued that the most important rationale behind the establishment of the CCTM was to create the necessary conditions and lobbying power for Tibetan medicine’s legal status and international recognition. Stephan Kloos, “Tibetan Medicine in Exile: The Ethics, Politics and Science of Cultural Survival” (PhD diss., University of California, San Francisco, 2010), 245.

those having entered the complex milieu of “development;” 4) the industrialization, commoditization and marketing of medicine; and 5) the transnational diffusion of Tibetan medicine and deterritorialization of practitioners and practices.⁴⁴ It is this large set of issues that much of the recent social scientific scholarship on Sowa Rigpa has focused on.

Similarly, Geoffrey Samuel has posed some pertinent questions concerning the social context, the politics, and the political economy of Tibetan healing. For instance: who gets access to Tibetan medicine, and in what forms? How are practitioners trained, and how is that training transforming as it interacts with biomedicine and other modernizing and globalizing forces?⁴⁵ Further, when and how is Sowa Rigpa linked to the social, political, religious, and economic culture of a state, and when and why does it extend beyond these delimited, bounded frameworks of legitimation?⁴⁶

The purpose of this dissertation is not to attempt to forge radical new pathways in the study of Sowa Rigpa, but rather to contribute to the ongoing discussion revolving around issues of legitimacy, the role of religion, and the impacts of globalizing and modernizing forces in Tibetan medicine. To this end, this research offers a look into three different contemporary contexts of Tibetan medical training: two Tibetan medical institutions in Nepal (Sowa Rigpa International College and Traditional Buddhist Sorig Institute), and a transnational organization involved in the global transmission of Tibetan medical knowledge

⁴⁴ Pordié, “Tibetan Medicine Today,” 6.

⁴⁵ Samuel, “Introduction,” 338.

⁴⁶ For a collection exploring the tension between nationalism and transnationalism in Asian medical systems, see Joseph S. Alter, ed., *Asian Medicine and Globalization*, Encounters with Asia (Philadelphia: University of Pennsylvania Press, 2005). See also Linda H. Connor and Geoffrey Samuel, eds., *Healing Powers and Modernity: Traditional Medicine, Shamanism, and Science in Asian Societies* (Westport, CT: Bergin & Garvey, 2001).

and the *Yutok Nyingtig* tradition (Sorig Khang International). These three “sites” provide diverging responses to the issues raised by Pordié and Samuel, and problematize the relationship between local and global manifestations of Tibetan medical knowledge. Exploring these diverging contexts enhances our understanding of the landscape of contemporary Tibetan training and highlights some observable transformations in the way in which Sowa Rigpa is being conceptualized and disseminated.

The ethnographic chapters in this dissertation will be anchored in a “global” or “transnational” perspective. Following anthropologist Arjun Appadurai’s work, the adjective “global” is understood here to indicate that the groups discussed in this research are no longer strictly tied to certain territories or particular areas, but are seen in a broader (i.e. global) context. In particular, the contemporary developments in Tibetan medical training and the dissemination of the *Yutok Nyingtig* tradition cannot be defined only with regard to their current place of existence but also with regard to distant places and groups. Moreover, the domain of Sowa Rigpa outside of Tibet is characterized by deterritorialization, a process in which the traditional links between nation, culture, identity, and territory are dissolved and borders are shifted and overcome.⁴⁷ In order to avoid what anthropologist Anna Tsing calls “vague and monolithic” references to the global, this research aims to adopt a more context-specific and empirical approach towards the “global projects” it describes.⁴⁸

Theorists from the humanities and social sciences have previously explored metaphors of movement and relation in order to make sense of transnationalism and related flows of ideas, information, resources, people, and so forth. Appadurai has proposed a theory around

⁴⁷ Arjun Appadurai, ed., *Modernity At Large: Cultural Dimensions of Globalization* (Minneapolis, MN: University of Minnesota Press, 1996).

⁴⁸ Anna Tsing, “The Global Situation,” *Cultural Anthropology* 15, no. 3 (2000): 327–60.

the notion of five dimensions of “global cultural flows” (ethnoscapes, mediascapes, technoscapes, financescapes, and ideoscapes) as theoretical tools to interpret recent globalizing patterns, and to challenge Immanuel Wallerstein’s more static framework of “world systems.” Appadurai extends Benedict Anderson’s notion of “imagined communities” to “imagined worlds,” and argues that the fluid category of “ethnoscape” provides deeply perspectival constructs, inflected by the historical, linguistic, and political situatedness and contexts of various actors, such as diasporic communities and religious groups.⁴⁹ Similarly, Anthropologist Anna Tsing has proposed a framework of “movements,” including social movements and the movement of products, ideas, and people.⁵⁰ Thomas Tweed’s metaphorical analysis on confluences that highlights movement and relation in religious phenomena is also helpful in positioning SRIC, TBSI, and SKI as institutions. Tweed builds on Arjun Appadurai’s and other scholars’ interpretative categories of flows and movement by using the orienting aquatic metaphors of “confluences” and “flows” to signal that religions are not reified substances but complex processes (in addition to utilizing spatial metaphors of “dwelling” and “crossing” to indicate that religion is about finding a place and moving across space). This interpretative approach is particularly helpful in pointing to the transnational processes in play in contemporary Tibetan medical training institutions in Nepal. Tweed’s framework allows analyzing the role and function of religion in these particularistic localities or “glocalities,” which are in large part a consequence of the increasingly global “institutionalization” of the expectation and construction of local

⁴⁹ Appadurai, *Modernity At Large*, 33 ff.

⁵⁰ Anna Tsing, *Friction: An Ethnography of Global Connection* (Princeton, NJ: Princeton University Press, 2004).

particularism.⁵¹ Moreover, in order to better accommodate interpreting the role of religion in the global flows of transnationalism, Tweed seeks to expand Appadurai's interpretative scheme by introducing the idea of religions as confluences that can be described as "sacrosapes." This parallel cultural flow that points to religious currents signals that religions are not static, but rather move across time and space, leaving traces and having discernable effects. Tweed suggests that thinking with the framework of sacrosapes can be helpful in attending to the various ways in which religious flows leave a mark, transform people and places, and impact the social arena. Moreover, Tweed's sacrosapes are historical as well as geographical, changing over time and moving across space.⁵²

Chapter Précis

The aim of this research is two-fold: on one hand, it seeks to explore the historical connections between Buddhism and Tibetan medicine and to contextualize the history of the *Yutok Nyintig* tradition and its institutionalized transmission as a part of medical curriculum in Tibet (Chapters 1–3); and on the other hand, it attempts to understand the role and significance of the *Yutok Nyintig* tradition in contemporary Tibetan medical training in two institutions of Sowa Rigpa in Nepal and in the global operations of Sorig Khang

⁵¹ Roland Robertson, "Glocalization: Time-Space and Homogeneity-Heterogeneity," in Mike Featherstone, Scott Lash, and Roland Robertson, eds., *Global Modernities* (London: SAGE Publications, 1995), 95.

⁵² Thomas A. Tweed, *Crossing and Dwelling: A Theory of Religion* (Cambridge, MA: Harvard University Press, 2006), 61–62. Building on Appadurai's scheme, Elizabeth McAlister made a similar suggestion in a footnote: "It is possible here to think of 'religio-scapes' as the subjective maps (and attendant theologies) of diasporic communities who are also in global flow and flux." Elizabeth McAlister, "The Madonna of 115th Street Revisited: Vodou and Haitian Catholicism in the Age of Transnationalism," in R. Stephen Warner and Judith G. Wittner, eds., *Gatherings in Diaspora: Religious Communities and the New Immigration* (Philadelphia: Temple University Press, 1998), 156.

International (Chapters 4, 6, and 7). In addition, Chapter 5 explores the beginnings of Sowa Rigpa International College in Kathmandu and discusses the question of seeking Sowa Rigpa an official status as a medical system in Nepal, and therefore speaks to the broader issues related to the adaptability and transformability of the Tibetan medical tradition.

To provide a backdrop for this research focusing on the interrelationship between medicine and Buddhism, Chapter 1 traces historical trends that have shaped the emergence and development of the Tibetan medical tradition. Ever since the Buddhists' proficiency in healing and maintaining health began to take shape in India a few hundred years after the life of the Buddha (perhaps around 300 BCE), Buddhists have embraced ways to care for the sick and cure disease, and actively incorporated medical elements within their scriptures and rituals, and the broader ethical context of their religion. The chapter provides a condensed history of the early links between Buddhism and medicine, explores the pluralistic beginnings of Tibetan medicine, and considers Sowa Rigpa as one of the classical fields of knowledge in Tibet (*rig gnas*). This concise exploration of Tibetan medical history demonstrates that both medicine and religion are malleable categories, and framed within particular cosmological and doctrinal frameworks. Moreover, the chapter suggests that the fact that the history, literature, and practice of Sowa Rigpa are inextricably connected to Mahāyāna ethics and soteriology represents both a challenge and an opportunity for Tibetan medical practitioners.

Chapter 2 builds on the historical background presented in the first chapter, and explores the history and significance of the *Yutok Nyingtig* tradition. The chapter provides a biographical account of the twelfth century Yutok Yönten Gönpo, who is considered the father of Tibetan medicine and also revered as a fully realized spiritual teacher. By examining

the biographical sources for the life of Yutok and analyzing the thirteenth century *Yutok Nyingtig* anthology, the chapter sheds light on the question whether the *Yutok Nyingtig* can be seen as a “union of Dharma and medicine” (*chos sman zung 'brel*) as suggested by some prominent proponents of the tradition today.

The third chapter concludes the historical section of this research by considering the role of Buddhism, and the *Yutok Nyingtig* tradition in particular, in the institutionalization of medicine in Tibet. This discussion illustrates how the *Yutok Nyingtig* has historically been incorporated in the institutionalized study of medicine in Tibet, and provides an important backdrop for the following chapters, which analyze the role of this spiritual tradition in the contemporary dissemination of Tibetan medical knowledge. Moreover, the chapter illustrates how the *Yutok Nyingtig* practice has been incorporated into a medical curriculum to promote the legitimacy of the tradition and its practitioners.

Chapter 4 builds on the historical framework offered by the preceding chapters by providing a look into the programs of Sorig Khang International (SKI), a global organization that provides training programs in Sowa Rigpa and the *Yutok Nyingtig* tradition. The chapter provides an overview of the globalization of Sowa Rigpa and analyzes the role of Buddhism in enabling Tibetan medicine to penetrate new markets in the West and wealthier Asian nations. The chapter proposes that SKI represents a decidedly new kind of organization in the increasingly global arena of Sowa Rigpa, where the organization promotes its brand of “Sowa Rigpa spirituality.”

The fifth chapter examines the origins of Nepal’s first accredited institution of Sowa Rigpa (Sowa Rigpa International College) and the processes of seeking Sowa Rigpa an officially recognized status in the country. In particular, the chapter demonstrates the

integral part that SRIC is envisioned to play in reaching government support for Sowa Rigpa. The issues raised in the chapter illustrate the heterogeneous characteristics of the Tibetan medical tradition, and show how narratives about the tradition (regarding its origins, relation to Buddhism, etc.) are strategically shaped to bolster legitimacy depending on the context. The chapter shows how the emergence of SRIC lies in transnational entanglements and translocal struggles for power.

Chapter 6 provides an ethnographic account of Sowa Rigpa International College (SRIC) in Kathmandu, Nepal, the first accredited and university affiliated Tibetan medical institution in Nepal. SRIC belongs to Sorig Khang International's global network, and Tibetan medical knowledge is transmitted at the college in a hybrid form that combines traditional memorization of the *Fourfold Treatise* with English language instruction and supplemental courses in biomedicine.

Bringing this research full circle, the final chapter offers a glimpse of a lineage-based Tibetan medical training institution, Traditional Buddhist Sorig Institute (TBSI) in Kathmandu, Nepal. While SKI and SRIC represent new waves of Tibetan medical education that are driven by global forces, TBSI operates on a lineage model that combines the study of medicine and rigorous Buddhist ritual practice. In a sense, TBSI provides a particularly salient example of conjoining medicine and Dharma in a contemporary context, akin to the ways in which the *Yutok Nyingtig* has historically been employed in conjunction with medical studies in Tibet.

By combining historical and textual analysis with ethnographic methods, this research explores the malleability of the Tibetan medical tradition in relation to Buddhism and the *Yutok Nyingtig* tradition. The seven chapters illustrate how Sowa Rigpa has been quick to

adapt since its cosmopolitan beginnings, how the medical system was adopted as a vehicle for pursuing the bodhisattva path, and how the tradition is currently shaped in various ways outside of Tibet by global forces. By examining these temporally, geographically, and culturally distant instances of Sowa Rigpa and Buddhism from a multicentric and transnational perspective, this dissertation aims to underscore the considerable variety of the significance assigned to the various religious components associated with Sowa Rigpa, and the extent to which they may be emphasized within the diverse contexts of contemporary Sowa Rigpa training institutions, which has received relatively little attention so far.⁵³ Additionally, this research contributes to the scant research on Sowa Rigpa training institutions in Nepal, which have not received sufficient attention to date.

⁵³ Samuel, "Introduction," 341.

Chapter 1. Religio-Medical Thought in Tibet: Negotiating Pluralism and the Buddhist Doctrine

1.1. Buddhism, Health, and the Soteriological Body

There is a long association between Buddhism and medicine in India, and Buddhists across Asia have had a sustained engagement with a multiplicity of healing doctrines, practices and orientations. Buddhism is fundamentally centered around the project of bringing relief from suffering (Skt. *duḥkha*, Tib. *sdug bsngal*) in all of its forms, and acknowledges that illness—along with birth, aging, and death—is one of the four major afflictions that concerns all humans.⁵⁴ As historian of medicine C. Pierce Salguero and others have demonstrated, Buddhism has had a sustained engagement with a wide array of healing doctrines, practices and orientations, documented in literature from across the Buddhist world.⁵⁵ Moreover, Buddhism has sought to mitigate the suffering caused by illness by emphasizing the transitory nature of the physical body, the nonexistence of the separate, autonomous Self, and the potential for transcendence through Buddhist practice.⁵⁶

⁵⁴ For a concise presentation of general Buddhist views of health and illness, see Joseph M. Kitagawa, “Buddhist Medical History,” in *Healing and Restoring: Health and Medicine in the World’s Religious Traditions*, ed. Lawrence E. Sullivan (New York: Macmillan, 1989), 9–32. See also Tadeusz Skorupski, “Health and Suffering in Buddhism: Doctrinal and Existential Considerations,” in *Religion, Health and Suffering*, ed. John R. Hinnell and Roy Porter (Kegan Paul International, 1999), 139–65.

⁵⁵ While Buddhism, especially in its Mahāyāna variety, generally has a positive outlook on the practice of medicine, the relationship between medicine and Buddhism has not been entirely unproblematic. This is evinced in Vinaya literature that discusses the practice of medicine as “wrong livelihood.” See David Fiordalis, “Medical Practice as Wrong Livelihood: Selections from the Pāli Discourses, Vinaya, and Commentaries,” in *Buddhism and Medicine: An Anthology of Premodern Sources*, ed. C. Pierce Salguero (Columbia University Press, 2017), 105–12.

⁵⁶ For a collection of translations of primary sources from across premodern Asia that demonstrate the multifaceted nature between Buddhism and healing, see C. Pierce Salguero, ed., *Buddhism and Medicine: An Anthology of Premodern Sources* (New York: Columbia University Press, 2017).

The success of Buddhist proselytism throughout Asia was likely connected to the tradition's straightforward approach to dealing with illness, as well as accumulated expertise in healing. It has been argued that pursuing medical knowledge helped Buddhists position themselves as cross-cultural mediators, with healing as one of the most important mechanisms by which Buddhism gained prominence outside of India. Chinese Buddhist texts, for instance, show how the body and its states of health and illness were used as tools for translating Buddhist doctrines across vast geographic, ethnic, and linguistic divides.⁵⁷

Kenneth Zysk has suggested in his landmark *Ascetism and Healing in Ancient India* (1991) that early wandering Buddhist monks, who emerged as one group among many clusters of wandering ascetics, most likely exerted great influence on the development of “empirico-rational” medical knowledge in South Asia. Zysk argues that what we today know as the Indian medical tradition of Āyurveda was initially developed within the heterodox *śrāmaṇa* movement—including early Buddhist monks—that was comprised of ascetics who were not restricted by brāhmaṇical taboos of purity and pollution, and therefore were able to be in closer contact with individuals suffering from disease. Zysk further proposes that the Buddhist monk-healers' role in providing medical aid beyond the monastic community coincided with the spread of Buddhism during the reign of emperor Aśoka Maurya (ca. 269–232 BCE). Aśoka's second rock edict at Girnar proclaims that medical treatment should be provided to humans and animals everywhere in his kingdom, suggesting

⁵⁷ C. Pierce Salguero, *Translating Buddhist Medicine in Medieval China* (University of Pennsylvania Press, 2014), 3. Salguero has also described how Chinese sūtras and narratives of the Buddhist “Medicine King” (yi wang) provided a framework to promote Buddhism and to legitimize the medicine practiced by Chinese Buddhists by claiming dominion over healing powers and abilities; in addition, these sūtras belonged to a larger Buddhist textual tradition of healing that drew from a variety of sources, distinct from Indian Ayurvedic texts. See C. Pierce Salguero, “The Buddhist Medicine King in Literary Context: Reconsidering an Early Medieval Example of Indian Influence on Chinese Medicine and Surgery,” *History of Religions* 48, no. 3 (2009): 183–210.

a convenient symbiosis between the spread of Buddhist doctrine and a concern for the physical welfare of the emperor's subjects.⁵⁸ With the advent of Mahāyāna Buddhism from around the first century BCE onwards, medicine became one of the five “sciences” (*pañcavidyā*) that were taught at Buddhist monasteries.⁵⁹

The monastic codes of the early Indian Buddhist schools contain sections dedicated to the medical procedures that were allowed or prohibited in the monastic community (*saṅgha*), and early on, medical care administered by Buddhist monks was limited to members of the *saṅgha*.⁶⁰ However, free health care was an attractive incentive for the poor and indigent to join the Buddhist order, and when Jīvaka Kumārabhṛta, personal physician to the Buddha, started to notice that people were joining the *saṅgha* for this precise purpose, he is said to have recommended to the Buddha that individuals suffering from certain diseases should not be allowed to ordain.⁶¹ Medical considerations then became important criteria for admission to the Buddhist order, and a healthy body with sound sense faculties still remains a basic prerequisite for admission to a Buddhist monastery.

The Buddhist monastic code, or Vinaya, is not particularly welcoming of people who do not conform to the norm for one reason or another. The list of unordainable individuals is

⁵⁸ Kenneth G. Zysk, *Asceticism & Healing in Ancient India: Medicine in the Buddhist Monastery* (New York: Oxford University Press, 1991), 44.

⁵⁹ A. L. Basham, “The Practice of Medicine in Ancient and Medieval India,” in *Asian Medical Systems: A Comparative Study*, ed. Charles M. Leslie (Berkeley: University of California Press, 1976), 20.

⁶⁰ C. Pierce Salguero, “Toward a Global History of Buddhism and Medicine,” *Buddhist Studies Review* 32 (2015): 37.

⁶¹ Robert E. Buswell, Jr. and Donald S. Lopez, Jr., *The Princeton Dictionary of Buddhism* (Princeton University Press, 2013), 394–95. See also José Ignacio Cabezón, *Sexuality in Classical South Asian Buddhism*, Studies in Indian and Tibetan Buddhism (Somerville, MA: Wisdom Publications, 2017), 110.

long, and it includes people with a wide range of impediments, such as illnesses and physical abnormalities. Viśeṣamitra’s (seventh/eighth century?)⁶² *Vinayasamgraha*, which is included in the Tibetan canonical collection of *Translated Treatises*, or *Tengyur* (*bstan gyur*), contains an exclusionary list denying ordination to those “who are crippled; whose fingers are deformed; dwarves, simpletons, people who stutter, mutes, the deaf [...]; the sickly—that is, those whose bodies are worn out by having suffered from illness, etc., from a young age.”⁶³ As a typical example of the Tibetan Vinaya commentary genre, the *Verse Summary of the Vinaya* (*‘dul ba’i sdom tshig*) further specifies that ordination can be denied based on the kind of a body an individual has. Those who are considered unfit to receive monastic vows include queer individuals or *paṇḍakas* (*pho mo ma ning*), someone with diseased genitals, and individuals without genitalia.⁶⁴ Moreover, the Mūlasarvāstivāda Vinaya ordination ritual require that the postulant be asked whether he has suffered any diseases from a total of forty-three diseases (including leprosy, goiter, sores, pox, vitiligo, vomiting, urine retention, fatigue, fever, pain in the bones), or any other such physical ailments.⁶⁵ The answer to these questions should obviously be “no” in order for the postulant to be ordained.⁶⁶

⁶² Gregory Schopen, *Buddhist Nuns, Monks, and Other Worldly Matters: Recent Papers on Monastic Buddhism in India* (Honolulu: University of Hawaii Press, 2014), 207.

⁶³ Cabezón, *Sexuality*, 449.

⁶⁴ *Ibid.*, 380–82, 445. For Vinaya sources and other references discussing the various groups of non-ordainable people, see *Ibid.*, 384n962; 449. For the exclusion of slaves and unfree laborers from the Buddhist order, see Schopen, *Buddhist Nuns*, 157–174.

⁶⁵ José Cabezón and Penpa Dorjee, *Sera Monastery* (Somerville, MA: Wisdom Publications, 2019), 520. For the health criteria for the ordination of nuns presented in the Mahāsāṃghika Vinaya, see Cabezón, *Sexuality*, 433n1089.

⁶⁶ For a study of the ultimate body from the Buddhist perspective, i.e. the Body of the Buddha, see John Powers, *A Bull of a Man: Images of Masculinity, Sex, and the Body in Indian Buddhism*

For most monastics, daily life at a typical Tibetan Buddhist monastery entails labor that requires physical strength and health, such as cooking, cleaning, hauling water, and groundskeeping, while those who are primarily dedicated to the study of texts need a certain type of mental acuity in order to carry out their daily study and memorization successfully. Therefore, not allowing those who suffer from physical diseases or mental impairments to ordain can at least partly be justified by practical reasons that relate to the economy and purpose of the monastery, the primary aim of which is to preserve the teachings of the Buddha. However, it appears that the *sangha* also understood and took seriously the importance of public image and public relations from early on, and rules emerged to prevent those who are perceived unfit to join the order so that they would not “taint” the reputation of the Buddhist community. Consequently, not only the sickly but also queer people who were perceived as sexually deviant were denied ordination to the Buddhist order.

While early Buddhists had a decisive role in the development of what Zysk calls “empirico-rational” medicine in India, a healthy body has also been understood as the basis for the soteriological project from the earliest times in Buddhist history. This is demonstrated by the intertwined concerns related to health and a suitable body for successful Buddhist practice. Possessing and maintaining good physical health therefore carried important soteriological implications, and early Pāli literature, such as the *Majjhima Nikāya*, notes the importance of health and the difficulty of engaging in serious meditative practice

(Cambridge, MA: Harvard University Press, 2009). The thirty-two characteristics of the body of the Buddha, or a “Great Man” (*mahāpuruṣa lakṣaṇa*), include bodily features such as webbed toes and fingers, a retracted male organ, and a fleshy protuberance on the crown of the head, characteristics of a body which would ordinarily be considered rather abnormal.

with an ailing body.⁶⁷ Therefore, knowledge of the body and the ability to maintain and restore health took an important role as Buddhism spread across Asia, and continues to be an important Buddhist preoccupation to this day. Being free from illness and affliction, and possessing a good digestion, among other things, are described as important characteristics of a Buddhist monk who is able to “bear the strain of striving,” i.e. to pursue the Buddhist path towards liberation.⁶⁸

The soteriological importance of the body is even more evident in tantric Buddhism, which was a prominent force in North India by the eighth century. The prevention of illness, overcoming illness, concern for longevity and attaining spiritual liberation are all entwined with Tantric Buddhist soteriology. For instance, there are various tantric Buddhist meditative practices that aim to refine both the physical and the “subtle” body (Skt. *sūkṣma śarīra*, Tib. *phra ba'i lus*) of the practitioner through the yogic manipulation of the ten types of “winds” (Skt. *prāṇa*, Tib. *rlung*). The tantric subtle body is said to consist of a network of channels (Skt. *nāḍī*, Tib. *rtsa*) that enable the flow of the winds through special points of intersection where the channels conjoin (*cakra*). There are three main channels (left, right, and center), and the goal of tantric yogīs is to bring about a mastery of the winds through practices such as *tummo* (*gtum mo*), which is believed to enable them to eliminate the

⁶⁷ On the other hand, of course, there is a long-standing tradition of Buddhist meditation practices that focus on contemplating the foulness of the body (*asubha-bhāvanā*)—the body is described as incapable of bringing true satisfaction due to its loathsome and impermanent nature. See e.g. *Satipaṭṭhāna Sutta* in the *Majjhima Nikāya* collection. Bhikkhu Nanamoli and Bhikkhu Bodhi, trans., *The Middle Length Discourses of the Buddha: A Translation of the Majjhima Nikāya* (Boston: Wisdom Publications, 1995), 145–55.

⁶⁸ See *Bodhirājakumāra Sutta* in Bhikkhu Nanamoli and Bhikkhu Bodhi, trans., *The Middle Length Discourses of the Buddha: A Translation of the Majjhima Nikāya* (Boston: Wisdom Publications, 1995), 707. In the early period before Buddhist monks became sedentary, they lived an ascetic lifestyle mostly outdoors and relying on alms for sustenance, which in itself was arduous and required health.

karmic winds in the body and ultimately reach spiritual attainment. Indeed, according to the eleventh century Indian Buddhist Kālacakra tradition, the body itself is meant to be understood as a tantric text, the subject matter of which is a requisite for spiritual transformation.⁶⁹ While the ultimate goal for bodily well-being in Buddhist tantra may well be to achieve the transcendent state of buddhahood, balancing one's winds is also associated with maintaining good health.⁷⁰

1.1.1. Medical Tropes and the Dharma

Apart from Buddhists being interested in maintaining good physical health for practical and soteriological reasons, the Buddhist teachings as a whole can also be viewed metaphorically in medical terms: medical similes are ubiquitous in Buddhist literature attesting to the benefits of following the doctrine. The Buddhist Pāli canon and later Mahāyāna works contain medical analogies that describe Buddha Śākyamuni as the supreme healer, characterize his doctrine as the appropriate medicine to the ultimately dissatisfactory nature of cyclic existence (the disease), and tout Buddhist practice as the ideal therapeutic to recover from this undesirable state.⁷¹

⁶⁹ Vesna A. Wallace, "Medicine and Astrology in the Healing Arts of the Kālacakratāntra," in *As Long as Space Endures: Essays on the Kālacakra Tantra in Honor of H.H. the Dalai Lama*, ed. Edward A. Arnold (Ithaca, NY: Snow Lion, 2009), 277–300. For a discussion of the transubstantiation of the human body and the soteriological qualities of the subtle body in the tantric Hindu traditions of medieval India, see David Gordon White, *The Alchemical Body: Siddha Traditions in Medieval India* (Chicago: University of Chicago Press, 1998).

⁷⁰ Ronit Yoeli-Tlalim, "Tibetan 'Wind' and 'Wind' Illnesses: Towards a Multicultural Approach to Health and Illness," *Studies in History and Philosophy of Biological and Biomedical Sciences* 41, no. 4–7 (2010): 321.

⁷¹ Raoul Birnbaum, *The Healing Buddha* (Boston: Shambhala, 1979), 48.

This also became an important rhetorical trope in Tibet, just as it had been in Buddhist India. For instance, Jé Tsongkhapa (tsong kha pa blo bzang grags pa, 1357–1419), Tibetan religious philosopher and founder of the Gelukpa school, quotes from Indian texts that relate the Four Noble Truths to illness, its cause, attaining health, and relying on a remedy, and compare ethical discipline (primarily the monastic Vinaya code) to a medicinal plant that cures all the illnesses of sins.⁷² Similarly, a medical analogy is used to describe the ideal way of listening to the Buddhist teachings. In this analogy the teacher should be seen as a doctor, one should recognize oneself as the patient, the teaching should be understood as medicine, and its sustained practice is like the cure of the disease.⁷³ Moreover, Geshe Lhundub Sopa (lhun grub bzod pa, 1923–2014), who studied at Sera monastery’s Jé college in Tibet, describes the contents of an annual lecture given by the monastery disciplinarian, which was structured using the well-known analogy of the Buddha as the supreme physician.⁷⁴ However, this rhetoric that analogized the Buddhist soteriological project to medicine did not necessarily translate into the actual study of medicine in all Tibetan monestaries. For example, Gungtang Könchok Tenpai Drönme (gung thang dkon mchog

⁷² Tsong-Kha-Pa, *The Great Treatise on the Stages of the Path to Enlightenment*, ed. Joshua W. C. Cutler and Guy Newland, trans. The Lamrim Chenmo Translation Committee, Vol. 1 (Boston & London: Snow Lion, 2000), 270, 342.

⁷³ This analogy is found in a variety of contexts—for example, at the beginning of Tsongkhapa’s chef d’oeuvre, the *Great Treatise on the Stages of the Path to Enlightenment (lam rim chen mo)*.

⁷⁴ Geshé Lhundub Sopa, *Like a Waking Dream: The Autobiography of Geshé Lhundub Sopa*, ed. Paul Donnelly (Boston: Wisdom Publications, 2012), 118–119. See also José Ignacio Cabezón, “The Regulations of a Monastery,” in *Religions of Tibet in Practice*, ed. Donald S. Lopez Jr. (Princeton, NJ: Princeton University Press, 1997), 345.

bstan pa'i rgya mtsho, 1762–1823) saw studying subjects such as grammar, poetry, and medicine as an impediment to the study of Indian Buddhist texts.⁷⁵

In early Mahāyāna there was an entire sūtra devoted to the worship of the Buddha and his ritual healing powers in his specific form as the Medicine Master King of Lapis Lazuli Light, or Medicine Buddha (bhaiṣajyaguru-vaiḍūrya-prabhā-rāja, Tib. sangs rgyas sman bla), a deity who occupies an important role in the Tibetan Buddhist pantheon, but whose worship became particularly popular in East Asian Buddhism.⁷⁶ The twelve aspirational prayers of Bhaiṣajyaguru presented in the *Medicine Buddha Sūtra* have little to do with medicine and mostly describe the enlightened qualities of the deity who strives to provide the means for an existence without unnecessary suffering for all sentient beings.⁷⁷

Eventually, Bhaiṣajyaguru became central to the origin myth and frame narrative of the *Fourfold Treatise (rgyud bzhi)*, the primary Tibetan medical text. Bhaiṣajyaguru took on an important role in Tibetan medicine, and many Tibetan medical practitioners engage in visualization practices and other rituals devoted to the Medicine Buddha. However, along with Bhaiṣajyaguru, popular Indian Buddhist deities such as White Tārā and Amitāyus are also used as the basis for obtaining health and long life, and sometimes to empower medical substances. This intermingling of religious ritual and medical ideas is particularly notable in

⁷⁵ Other Gelukpa monasteries beyond the three great “Seats of Learning” (*gdan sa gsum*) that had textual study as their core mission, however, were more open to training monks in other fields of learning. Cabezón and Dorjee, *Sera Monastery*, 214.

⁷⁶ The origins of the Buddha known as Bhaiṣajyaguru lie in the fringes of the Indian cultural area, perhaps in the Gilgit-Baltistan region. For a text-critical study of the Bhaiṣajyaguru Sūtra, see Gregory Schopen, “The Bhaiṣajyaguru-Sūtra and the Buddhism of Gilgit” (PhD diss., Australian National University, 1978).

⁷⁷ The eighth aspirational prayer, for instance, is a wish for all women who desire to free themselves from womanhood to be transformed into a male form (so as to be better equipped to practice the Dharma). *Ibid.*, 223.

Tibet, where rituals related to Buddhist deities associated with healing are predominantly performed by lamas and yogins, not by Tibetan medical practitioners (*amchi*).⁷⁸

1.2. From Cosmopolitanism to Buddhism-infused Medicine

In spite of the conjoined histories of Buddhism and practical medical knowledge in India and elsewhere in Asia, medicine in Tibet was long characterized by pluralism, and it was not primarily Buddhist in its orientation. In its origin, Sowa Rigpa has been shown to be a synthesis of major Asian medical traditions, focusing primarily on physical means of healing: the core of Sowa Rigpa can be traced to Sanskrit works of the fourth century, and to the influence of Indian, Chinese, Central Asian, and Western (Persian-Greek, or Galenic-Islamic/Greco Arabic) systems of medical thought, as well as indigenous healing practices.⁷⁹ This early cosmopolitanism of medicine in Tibet is a largely due to Tibet's location along the Eurasian Silk Road, which played a crucial role in the transmission of material and intellectual culture between diverse cultural regions across a large area of the world.

Historian Christopher Beckwith has argued that particularly in the early period of Tibetan imperial history (ca. 634–755), the origins of the Tibetan medical tradition lie primarily in Western medical ideas, and to a lesser extent on Chinese influence.⁸⁰ While Tibetans have been most receptive to intellectual and religious influence from India, lists of

⁷⁸ Samuel, "Introduction," 339. See also Geoffrey Samuel, "Healing, Efficacy and the Spirits," *Journal of Ritual Studies* 24, no. 2 (2010): 7–20; and Geoffrey Samuel, "Amitāyus and the Development of Tantric Practices for Longevity and Health in Tibet," in *Transformations and Transfer of Tantra in Asia and Beyond*, ed. Istvan Keul (Berlin: Walter De Gruyter, 2012), 263–86.

⁷⁹ The ideas and techniques incorporated in the Tibetan medical tradition from Indian Āyurveda, East Asian diagnostics, and Greco-Arabic medicine involve the use of medicinal herbs, balancing of bodily humors, pulsology, moxibustion, bloodletting, massage, purgatives, and minor surgery.

⁸⁰ Christopher I. Beckwith, "The Introduction of Greek Medicine into Tibet in the Seventh and Eighth Centuries," *Journal of the American Oriental Society* 99, no. 2 (1979): 297–313.

representatives of non-Tibetan medical systems presented in the works of early Tibetan medical historians, such as Chejé Shangtön Shigpo (che rje zhang ston zhig po, thirteenth century) and Drangti Palden Tsojé (brang ti dpal ldan ‘tsho byed, fourteenth century), illustrate Tibetan interest and knowledge about various medical traditions, including those of Kashmir (*kha che*), Orgyan (*dbu rgyan*; i.e. Oḍḍiyāna), Newar or Nepal (*bal po*), “Persia” (*stag gzig*), Dolpo (*dol po*), Uighur (*hor*), Tangut (*me nyag*), Khrom (*khrom*) and Khotanese (*li*). Catalogs listing the names of non-Tibetan physicians are one of the most common features of Tibetan medical histories (along with catalogs of renowned Tibetan doctors), although the lists may vary.⁸¹ In any case, these documented collaborations and rich cultural exchange between Tibetans and their neighbors in all directions for a period of several centuries played a crucial role in the development of medical knowledge in Tibet, and marked the beginnings of the literary tradition of medicine in the region.

Narratives in many Tibetan medical histories also include standardized stories about Tibetan efforts to source medical knowledge from neighboring regions. There is a well-known narrative repeated in various medical histories about emperor Songtsen Gampo (srong btsan sgam po, r. 618–641), who became ill and requested doctors from neighboring regions to come treat his condition. Another famous narrative recounts how King Trisong Detsen (khri srong lde btsan, r. 756–797) is said to have feigned illness and sent his ministers in search of the best doctors available. Nine doctors arrived in Trisong Detsen’s imperial court from the neighboring regions of India (*rgya gar*), Kashmir (*kha che*), China (*rgya nag*), Tazik (*stag gzig*), Drugu (*gru gu*), Dolpo (*dol po*), and Nepal (*bal po*), who were

⁸¹ Frances Garrett notes that the accurate identification of some of these regions is difficult. *Khrom* (sometimes *phrom*), for instance, may refer to the eastern Roman or Byzantine Empire, but its precise location is uncertain. Frances Garrett, “Critical Methods in Tibetan Medical Histories,” *The Journal of Asian Studies* 66, no. 2 (2007): 366–68.

subjected to a series of tests, and then directed by Trisong Detsen to translate medical texts from their own languages into Tibetan. Some later historians, such as Lodrö Gyalpo (blo gros rgyal po, sixteenth century), added a Buddhist emphasis to the story, and explained that the medical texts were translated “in accordance with the Dharma” (*dam pa'i chos dang mthun par*).⁸² In any case, these narratives of early cosmopolitan origins of Tibetan medicine are still revered among Tibetan medical practitioners as the first “international conferences” of medicine in Tibet.

Even if the historicity of some of the physicians included in the lists of names in Tibetan medical histories may be difficult to verify—many of the names may have served just as a prototypic representative of their respective traditions, such as a doctor named Galenos (gale nos), who almost certainly was not Galen (b. 129 CE) himself—it seems clear that the literary Tibetan medical tradition emerged from a confluence of various streams of medical knowledge. Yang Ga demonstrates in his dissertation that the foremost text of Tibetan medicine attributed to the twelfth century Yutok Yönten Gönpo (g.yu thog yon tan mgon po), the *Fourfold Treatise* (*rgyud bzhi*), is an amalgam,⁸³ a skillful synthesis of many strands, for which Tibetan scholasticism is known.⁸⁴ Over time, the *Fourfold Treatise* also played a crucial role in debates concerning the relationship between Tibetan medical knowledge and Buddhism. The text was promoted from its early days as a historical narrative that undermined the international past of Tibetan medicine, and focused

⁸² Garrett, “Critical Methods,” 370.

⁸³ Yang Ga, “The Sources for the Writing.”

⁸⁴ This quality is particularly evident in the synthesis of Indian Buddhist textual materials in Tibet: “As inheritors of the Indian textual tradition, Tibetans became extremely adept at compiling, organizing, and making sense of those sources.” Cabezón, *Sexuality*, 239.

exclusively on that text's links to Buddhist India (all the while synthesizing its cosmopolitan medical influences).⁸⁵

In the eleventh century numerous Indian medical texts were translated into Tibetan. These were later incorporated in the canonical Tibetan Buddhist collection of treatises, or *Tengyur*. There is a specific section in the *Tengyur* devoted to Indian medical and pharmaceutical texts, where we find translations of the *Yogaśataka*, the *Jīvasūtra*, and the *Avabheśajakalpa*, all attributed to the sage Nāgārjuna. Also included among the medical texts in the *Tengyur* are the famous Indian medical work *A Compendium on the Essence of the Eight Subjects* (*Aṣṭāṅgahrdayasaṃhitā*, Tib. *yan lag brgyad pa'i snying po bsdus pa*) by Vāgbhaṭa (pha gol)—brought to Tibet by Atiśa Dīpankara Śrījñāna (982–1054) and translated by Rinchen Zangpo (rin chen bzang po, 958–1055)—Vāgbhaṭa's autocommentary to the text, as well as two other commentaries to that work by Candranandana.⁸⁶ During the centuries that followed Atiśa's arrival from India to Tibet in 1042, Vāgbhaṭa's classic medical text that represents the Indian medical tradition was the primary textual authority in Tibet, before the *Fourfold Treatise* became prominent in the thirteenth century.⁸⁷ Ideas stemming from the Indian tantric and alchemical tradition (*rasāyana*), such as the preparation of “precious pills” (*rin chen ril bu*), also had a notable influence on the shaping

⁸⁵ Garrett, “Buddhism,” 204–24. For a more detailed discussion on the origin myths and the Buddhist narration of medicine in Tibet, see William McGrath, “Buddhism and Medicine in Tibet: Origins, Ethics, and Tradition” (PhD diss., University of Virginia, 2017), 94 ff.

⁸⁶ Manfred Taube, *Beiträge zur Geschichte der Medizinischen Literatur Tibets* (Sankt Augustin: VGH Wissenschaftsverlag, 1981), 18. Todd Fenner suggests that Vāgbhaṭa's *Compendium on the Essence of the Eight Subjects*—which is considered to be one of the four most important secular texts of classical Indian medicine—was written in the early seventh century at Nālānda Monastic College. Todd Fenner, “The Origin of the *rGyud bzhi*: A Tibetan Medical Tantra,” in *Tibetan Literature: Studies in Genre*, ed. José Ignacio Cabezón and Roger R. Jackson (Ithaca, NY: Snow Lion, 1996), 461.

⁸⁷ Garrett, “Buddhism,” 205.

of the Tibetan medical tradition as we know it today.⁸⁸ Tibetan medicine and astrology was further influenced in this period by new notions of Indian tantric Buddhist cosmology as presented in the *Kālacakrantra*, most closely associated with the Jonang school of Tibetan Buddhism.⁸⁹

It has been suggested that the turn of the fourteenth century marked a distinct period of intellectual unification and standardization of the medical tradition in Tibet. During this time the field of medicine transitioned to a more unified set of theories and practices that eventually came to be taught at Buddhist institutions. It was during this time that Tibetan medical works were standardized and propagated through Buddhist networks, and narratives of the Tibetan medical tradition as Buddhist in its origin took shape.⁹⁰

Our source of knowledge about the historical and textual developments of Tibetan medicine is, for the most part, Tibetan histories, particularly the Tibetan histories of medicine, commonly known as *khogbug* (*khog 'bugs, khog 'bubs, khob 'bubs*). In its most general sense, *khogbugs* are surveys of a specific subject, presenting the content of a given

⁸⁸ For a discussion on the significance of consecrated healing compounds or “pill traditions” and the entanglement of the medical and religious domains in Tibet, see Gerke, “The Buddhist–Medical Interface,” 282.

⁸⁹ Van Vleet, “Medicine, Monasteries and Empire,” 71.

⁹⁰ See McGrath, “Buddhism and Medicine in Tibet.” McGrath’s work also discusses how the narratives of the Tibetan medical tradition as Buddhist in its origin took shape, and delves into early Tibetan textual distinctions between Buddhist and non-Buddhist medicines, pointing out parallels in the tendencies of contemporary Western scholarship to grapple with the question whether Sowa Rigpa should be seen primarily as empirical or Buddhist in its orientation. See William A. McGrath, “Origin Narratives of the Tibetan Medical Tradition: History, Legend, and Myth,” *Asian Medicine* 12, no. 1–2 (2017): 295–316; and William A. McGrath, “Buddhist Medicine in Tibet: Reconciling Religion and Nation in the Tibetan Medical Tradition” (Annual Meeting of the American Academy of Religion, Denver, CO, 2018).

topic in broad and general terms.⁹¹ But in the context of Sowa Rigpa, they are more commonly a history of medicine.⁹² These narratives are typically concerned with identifying medical lineages (*rgyud*), traditions (*lugs*), and monastic institutions involved in the transmission of medical knowledge (*grwa tshang*, *bshad sgrwa*, *slob grwa*), and appear to have emerged at the same time as the codification of the *Fourfold Treatise* by Yutok Yönten Gönpo, and contributed greatly to the popularization of this work as the fundamental text for the Tibetan medical tradition.⁹³ One of the most extensive and influential works in this genre of Tibetan medical histories is the *Mirror of Beryl: A History of Medicine* (*gso rig khog 'bugs*),⁹⁴ written by the Fifth Dalai Lama's regent, Desi Sangyé Gyatso (sde srid sangs rgyas rgya mtsho, 1653–1705), whose prolific publications also include an extensive commentary

⁹¹ A contemporary study guide on Tibetan medicine glosses *khogbug*, one of the five ways of studying the *Fourfold Treatise*, as “an explanation of the meaning of the subject matter” (*brjod bya'i don... ston pa*), presumably in broad strokes, since the other methods of studying the text are much more specific: through outlines, one word at a time, through hands-on practice, and by examining controversies. Dbang rgyal, *Gso ba rig pa'i rang sbyong rgyugs gzhi* (Xining: Mtsho sngon mi rigs dpe skrun khang, 2002), 1.

⁹² Garrett, “Buddhism,” 206. However, contrary to well-established practice, William A. McGrath suggests that the *khogbug* genre should be translated as “curriculum” instead of “history.” McGrath maintains that reading *khogbug* as an institutional and prescriptive document is essential in its interpretation, because they provide “Buddhist doxographical categories, Buddhist stages of the path (from *prātimokṣa* vows to tantric instructions), pedagogical techniques, as well as lists of orthodox textual collections.” McGrath, “Buddhist Medicine in Tibet,” 11–12; see also McGrath, “Buddhism and Medicine in Tibet,” 99. For a discussion on the term *khogbug*, see e.g. Samten Gyaltzen Karmay, “The Four Tibetan Medical Treatises and Their Critics,” in *The Arrow and the Spindle: Studies in History, Myths, Rituals and Beliefs in Tibet*, (Kathmandu: Mandala Book Point, 1998), 228–37.

⁹³ Van Vleet, “Medicine, Monasteries and Empire,” 37.

⁹⁴ Sde srid sangs rgyas rgya mtsho, *Gso ba rig pa'i khog 'bugs vaidūrya'i me long*, vol. 28, bod kyi gtsug lag gces btus (New Delhi: Institute of Tibetan Classics, 2008). For an English translation, see Sangyé Gyatso, *Mirror of Beryl*.

on the *Fourfold Treatise*, the *Blue Beryl*.⁹⁵ While this dissertation does not primarily focus on the history of Tibetan medicine, it is essential to acknowledge the central role of these medical histories in situating medicine as part of Buddhist history in Tibet.⁹⁶ The strategic patronage of medicine and Buddhism that constituted an important part of the nation building ambitions of the Fifth Dalai Lama and Desi Sangyé Gyatso will be further discussed in Chapter 3.

Despite the increasing prominence of Buddhist influence throughout Tibetan medical history, it should be noted that prior to the Chinese annexation of Tibet in 1959, the region's heterogeneous professional sector of healing arts was characterized by medical pluralism. Among other things, this diverse "religiomedical" arena incorporated pre-Buddhist beliefs that posited the existence of multiple categories of deities, demons, and spirits, and emphasized the importance of shamanic healing practices that were performed to control malicious beings and keep people on favorable terms with protective deities that were often associated with local geographical features, such as mountains or bodies of water. Noncentralized and heterogeneous training and practice of medicine produced multiple currents of healing traditions that varied according to teaching lineage, and the great geographic variety of Tibet's ecological zones also shaped the development of medical practices and traditions according to the most common ailments in each region. Moreover, the traditional pluralistic healing structure in Tibet—just like elsewhere in the Himalayan region—included many kinds of medico-religious practitioners, such as monk-ritualists,

⁹⁵ Sde srid sangs rgyas rgya mtsho, *Gso ba rig pa'i bstan bcos sman bla'i dgongs rgyan rgyud bzhi'i gsal byed bai durya sngon po'i malli ka zhes bya ba bzhugs so* (Dharamsala: Tibetan Medical & Astro Institute, 1994).

⁹⁶ For a list of influential early Tibetan medical histories, see Garrett, "Critical Methods," 364–65.

lama-diviners, tantric practitioners, shamans, itinerant scholar-physicians, and folk healers specializing in various kinds of disorders, such as bonesetting.⁹⁷ This broad-based configuration of Tibetan healing practices has survived in pockets in the Himalayas, but was all but destroyed in Tibet by the institutional modernity of professional Tibetan medicine introduced by the Chinese state.⁹⁸

1.3. Buddhist Motifs in Tibetan Medical Theory

Despite its pragmatic and pluralistic beginnings, it became beneficial for the Tibetan medical tradition to align more closely with the legitimizing domain of Buddhism, which had become an increasingly dynamic force since the imperial period. Just as early Buddhist doctrine utilized medical nomenclature to describe the transformative nature of the Dharma, so too has the Tibetan medical tradition adopted Buddhist doctrinal ideas to legitimize medicine in Tibet.

Like all medical systems, the Tibetan medical tradition has its own rules of pathology, nosology, diagnosis and therapeutics, which correspond to specific cultural cosmological and epistemological schemes.⁹⁹ A good example of the intermingling of Buddhist doctrinal ideas with Tibetan medical theory is pathogenesis. According to the Buddhist teachings, the

⁹⁷ On elements of medical pluralism in the Himalayas, see e.g. Sherry B. Ortner, *Sherpas Through Their Rituals* (Cambridge University Press, 1978).

⁹⁸ For a detailed cultural and historical analysis of twentieth century Tibetan medicine and its transformations in its expansion into the state bureaucracy, see Craig R. Janes, “The Transformations of Tibetan Medicine,” *Medical Anthropology Quarterly, New Series* 9, no. 1 (1995): 6–39; see also Craig R. Janes, “Tibetan Medicine at the Crossroads: Radical Modernity and the Social Organization of Traditional Medicine in the Tibet Autonomous Region, China,” in *Healing Powers and Modernity: Traditional Medicine, Shamanism, and Science in Asian Societies*, ed. Linda H. Connor and Geoffrey Samuel (Westport, CT: Bergin & Garvey, 2001), 197–221.

⁹⁹ On biomedicine as a cultural system, see e.g. Rhodes, “Studying Biomedicine,” 165–80.

root of all suffering are the three “poisons” (*dug gsum*): the negative mental states of delusion (*gti mug*), desire (‘*dod chags*), and aversion (*zhe sdang*), which ultimately tie humans to cyclic existence (Skt. *saṃsāra*, Tib. ‘*khor lo*). Of these three, the most fundamental cause of suffering is delusion, also known as ignorance (*ma rig pa*). Similarly, the *Explanatory Tantra*, the second text of the *Fourfold Treatise*, posits that the ultimate cause of all illness to be ignorance, a mistaken understanding of self, mind and world.¹⁰⁰

Therefore, mental factors play a significant role in Sowa Rigpa’s theory of pathogenesis. In addition to ignorance, the aforementioned three unwholesome mental states or poisons are given a key role as causes of disease. They are closely linked with the potentially pathogenetic “three defects” or detriments of the human body (*nyes pa gsum*, Skt. *tridoṣa*), the disturbance of which causes disease. Each of the afflictions is paired with a corresponding detriment: delusion is associated with “phlegm” (*bad kan*), desire is connected to “wind” (*rlung*), and aversion is related to “bile” (*mkhris pa*).¹⁰¹ These three potentially pathogenetic forces of the human body, literally “defects,” are often somewhat misleadingly translated as “humors,” following the convention adopted from the humor theory of ancient Greek medicine.¹⁰²

¹⁰⁰ According to the medical theory presented in the *Fourfold Treatise*, causes of illness are divided into primary causes (*rgyu*) and secondary causes (*rkyen*). Illness causation is discussed in the eighth chapter of the *Explanatory Tantra* (*bshad rgyud*). The secondary causes for illness—such as inappropriate food, over-exertion, excessive worry, etc.—are discussed in detail in the second chapter of the *Instructional Treatise* (*man ngag gi rgyud*), the third text included in the *Fourfold Treatise*.

¹⁰¹ Similar associations are found in Hindu Āyurveda, which is based on the principles of Sāṃkhya philosophy.

¹⁰² See e.g. Yonten Gyatso, “Nyes pa: A Brief Review of its English Translation,” *Tibet Journal* 4 (2005/6): 109–18. For further details on the humor theories in Indian, Chinese, and Tibetan medical traditions, see Jan Van Alphen and Anthony Aris, eds., *Oriental Medicine: An Illustrated Guide to the Asian Arts of Healing* (Boston: Shambhala, 1995).

Tibetan medical theory further posits that the three pathogenetic forces of the human body arise from the five elements (*'byung ba lnga*), and these cosmo-physical components that constitute everything in the universe are assumed to be fundamentally of the same nature inside and outside the human body.¹⁰³ A propensity for delusion is thought to increase the water and earth elements and cause imbalances of “phlegm,” feelings of desire are associated with the air element and aggravate “wind,” and an inclination to aversion and anger may cause an increase of “bile” through its connection to the fire element. In general, Tibetan medical theory has adopted Buddhist philosophy to provide a framework that understands the human body and mind as a continuous interaction between macrocosm and microcosm.¹⁰⁴ Moreover, the traditional classification of diseases in the Tibetan medical tradition also follows a decidedly Buddhist outlook. According to the *Fourfold Treatise*, there are in total 404 diseases:¹⁰⁵ 101 diseases arise due to the influence of karma (i.e. due to actions in previous existences), which are believed to be fatal without appropriate medical and spiritual intervention;¹⁰⁶ 101 diseases are caused in this lifetime and require medical

¹⁰³ The five elements are earth, water, fire, air and space (*sa, chu, me, rlung, and nam mkha'*). For an exposition of the complex correspondences between microcosm and macrocosm, the elements as the support for psycho-physical aggregates, and the soteriological qualities of the (subtle) body according to the Indian tantric Buddhist *Kālacakratāntra*, an important influence on Tibetan medical theory, see Vesna A. Wallace, *The Kālacakratāntra: The Chapter on the Individual Together with the Vimalaprabhā* (New York, NY: American Institute of Buddhist Studies, 2004).

¹⁰⁴ See Cyrill von Korvin-Krasinski, *Die Tibetische Medizinphilosophie: Der Mensch Als Mikrokosmos* (Zürich: Origo Verlag, 1953).

¹⁰⁵ This notion of 404 diseases is found in the *Garbhāvākṛānti Sūtra*. Vesna A. Wallace, “Buddhist Medicine in India,” Oxford Research Encyclopedia of Religion, February 26, 2018, <https://doi.org/10.1093/acrefore/9780199340378.013.616>.

¹⁰⁶ Tibetans seek the help of various religious virtuosos to counteract the “degeneration” of their life-force, and to remove adverse conditions (*rkyen sel*). However, when death is immanent due to one’s karma, religious rituals are not believed to be efficacious. See Irmgard Mengele, “*Chilu* (*'Chi bslu*): Rituals for ‘Deceiving Death,’” in *Tibetan Ritual*, ed. José Ignacio Cabezón (Oxford: Oxford University Press, 2009), 103–130.

attention; 101 diseases are caused by spirits, and need spiritual treatment such as rituals; 101 diseases arise due to inadequate diet and inappropriate behavior, which can be addressed by changing dietary habits and lifestyle.¹⁰⁷

According to Sowa Rigpa medical theory, health is described as a state of balance among the three potentially pathogenetic forces of the human body and the five elements. Just like in any other medical system, the immediate goal of the Tibetan medical tradition is pragmatic: to provide alleviation to ailments and suffering caused by disease and illness. However, due to the underlying Buddhist tenets of Sowa Rigpa, it can be argued that the Tibetan medical tradition shares the ultimate goal of Buddhism, i.e. uprooting all afflictions and ridding oneself of the three unwholesome mental states that tie human beings to cyclic existence, and therefore aims to put an end to the cycle of the sufferings of sickness and old age. However, as the discussion below on the classical fields of knowledge will demonstrate, Tibetan scholars have had varying opinions whether Sowa Rigpa truly qualifies as a type of Buddhist knowledge.

Theoretical and empirical principles of Tibetan medicine therefore assume a correspondence and unceasing interaction between macrocosm and microcosm, which tie human health inescapably to Buddhist doctrine, philosophy and ethics—particularly to understandings about morality, and how to avoid and uproot “afflictions” (*nyon mongs*, *klesā*), negative states of mind that lead to unwholesome actions. This notion of an “interdependent relationship between the outer world and the inner being” (*phyi nang snod*

¹⁰⁷ For more details on the causation of illness, diagnosis and therapy, and medical consultation in the Tibetan medical tradition, see Barbara Gerke, “The Art of Tibetan Medical Practice,” in *Bodies in Balance: The Art of Tibetan Medicine*, ed. Theresia Hofer (New York: Rubin Museum of Art, 2014), 16–31.

bcud rten 'brel 'brel ba) has become a core marker of “holistic epistemology” of Sowa Rigpa, especially in Western contexts.¹⁰⁸

Religious Studies scholar Geoffrey Samuel, who is known for his ethnographic studies of Tibetan and Indic religions, suggests that the connection between the three bodily “defects” and the three roots of *samsāra* (delusion, desire, and aversion) is often overemphasized in popular Western presentations of Sowa Rigpa, even though its significance in actual Tibetan medical practice may not be as prominent. Samuel proposes that highlighting this linkage has become increasingly dominant in Western contexts, where it reinforces the perception of Sowa Rigpa as a specifically Buddhist practice. Samuel questions the increasingly popular tendency to understand Sowa Rigpa not as this textual or institutional tradition based on the *Fourfold Treatise*, but as an idealized “holistic system of healing” that treats the body, mind, and spirit, an impression of Sowa Rigpa that is arguably overstated and selectively emphasized in many Western presentations.¹⁰⁹ The dynamics and implications of this emphasis in “translating” Buddhist epistemology in Sowa Rigpa is pursued further in the chapters that follow.

Nevertheless, it can be argued that Buddhist theories form a cosmology that permeates the Tibetan medical tradition, although perhaps perceptible to varying degrees in the work of Tibetan medical practitioners. Therefore, it has been suggested that Buddhist doctrine pervades everything from pharmaceutical considerations to contemporary clinical and

¹⁰⁸ Mingji Cuomu, “Tibetan Medicine: A Holistic Health Approach,” in *Tibetan Medicine Research: From Current Evidence to Future Strategies*, eds. Claudia Witt, Sienna R. Craig, and Mingji Cuomu (Essen: KVC Verlag, 2012), 1–13.

¹⁰⁹ Samuel, “Introduction,” 340.

research orientations.¹¹⁰ These broader cosmological and philosophical considerations also dictate the various treatment methods that are variously used in Sowa Rigpa: depending on the ailment, prayer, rituals, purificatory practices, the ingestion of blessed pills, the burning of incense, and the wearing of amulets are all equally seen as potential therapeutic resources and viable medical modalities to complement routinely prescribed dietary and behavioral recommendations, herbal medicines and external treatments (such as massage, bloodletting and moxibustion).¹¹¹ Moreover, while an exhaustive discussion of esoteric Buddhist medicine is beyond the scope of this dissertation, it is notable that the integration of the medical and astro-sciences (*sman rtsis*), as comprehensively and intricately demonstrated in the eleventh-century *Kālacakratantra* (*dus kyi 'khor lo*), has carried over to Tibetan Buddhist tantric investigation of the world and understanding of health and healing. In short, while Buddhist tantric astro-medicine as characterized in the *Kālacakratantra* is primarily concerned with the immediate causes and outcomes of illness, there is a strong emphasis on pointing out when and by whom purificatory practices may need to be performed for medical reasons.¹¹²

¹¹⁰ Vincanne Adams, Renchen Dhondup, and Phuoc V. Le, “A Tibetan Way of Science: Revisioning Biomedicine as Tibetan Practice,” in *Medicine Between Science and Religion: Explorations on Tibetan Grounds*, ed. Vincanne Adams, Mona Schrempf, and Sienna R. Craig, Epistemologies of Healing; Vol. 10 (New York: Berghahn Books, 2011), 124.

¹¹¹ Theresia Hofer, *Medicine and Memory in Tibet: Amchi Physicians in an Age of Reform* (Seattle: University of Washington Press, 2018), 5. For a general summary of the scope of Sowa Rigpa, see Samuel, “Introduction.”

¹¹² Vesna A. Wallace, “A Convergence of Medical and Astro-Sciences in Indian Tantric Buddhism: A Case of the *Kālacakratantra*,” ed. Anna Akasoy, Charles Burnett, and Ronit Yoeli-Tlalim, *Micrologus’ Library, Astro-Medicine: Astrology and Medicine, East and West*, no. 25 (2008): 222.

1.4. Sowa Rigpa as a Classical Field of Knowledge (*rig gnas*)

In order to be liberated from the continuous rain of suffering of cyclic existence, and to obtain the supreme state of omniscience, it is necessary to learn the sciences. Among the teachings given by the Conqueror that are as extensive as an ocean, the science that brings about this precious human form of opportunity, health, freedom from the suffering of illness, and long life, bringing even youthful rejuvenation to the elderly, and eventually attaining the gnosis of unsurpassed enlightenment, the level of the Conqueror— this science of medicine that protects all beings, is the supreme science, more significant and precious than others.¹¹³

Desi Sangyé Gyatso

Sowa Rigpa (*gso ba rig pa*) is one of the main pillars of the classical Tibetan system of five major and five minor fields of knowledge. The ten arts and sciences (*rig gnas*, Skt. *vidyāsthāna*) is an Indic taxonomy adopted in Tibet during the Sakya/Yuan period in the thirteenth century by the famous scholar Sakya Paṇḍita, who began to utilize the five major fields of knowledge to organize textual resources and knowledge.¹¹⁴ The *locus classicus* for the categorization of the five major fields of knowledge in Indian Buddhist texts is the *Ornament for the Discourses of the Great Vehicle* (Skt. *Mahāyānasūtrāṃkāra*, Tib. *theḡ pa chen po mdo sde'i rgyan*), which is said to have been revealed to Aśaṅga (fourth century)

¹¹³ *Sdug bsngal brgyud mar 'babs pa'i 'khor ba las/ thar dang thams cad mkhyen pa'i go 'phang mchog/ thob phyir rig pa'i gnas la bslab dgos par/ rgyal bas rgya cher chu gter bzhin gsungs nang// gnas skabs dal 'byor rnyed dka'i mi yi lus/ mi na gnas dang na ba'i sdug bsngal dag/ gso zhing tshes ring los mang rgad po yang/ lang tsho can bzhin dar la 'jog pa dang// mthar thus bla na med par byang chub pa'i/ ye shes rgyal ba'i sa thob rig pa'i gnas/ gzhan las dgos don gces pa'i mchog gyur pa/ 'gro kun rjes 'dzin gso ba rig pa 'di'ill. Sde srid sangs rgyas rgya mtsho, *gso ba rig pa'i khog 'bugs vaidūrya'i me long*, 7. See also Gavin Kilty's translation: Sangyé Gyatso, *Mirror of Beryl*, 38–39.*

¹¹⁴ Frances Garrett suggests that this categorization may have been in use in Tibet already some time before the thirteenth century. See Garrett, “Buddhism,” 213. See also Kurtis R. Schaeffer, “New Scholarship in Tibet, 1650–1700,” in *Forms of Knowledge in Early Modern Asia: Explorations in the Intellectual History of India and Tibet, 1500–1800*, ed. Sheldon I. Pollock (Durham, NC: Duke University Press, 2011), 291–310.

by the Buddha Maitreya. Desi Sangyé Gyatso’s emphasis on the need to learn the sciences echoes the sentiments put forth in the *Ornament for the Discourses of the Great Vehicle*, which asserts that the omniscience of a Buddha is not attainable without studying the main fields of knowledge.¹¹⁵ This intermingling of Buddhist ideas with nominally secular fields of knowledge creates some categorical hurdles: although not unproblematically, in this scheme of classical fields of knowledge, the study of Buddhism or religion (“inner science,” *nang don rig pa*) and the study of medicine (*gso ba rig pa*) are presented as two distinct members of the five major arts and sciences (*rig gnas che ba lnga*), along with the study of language or grammar (*sgra rig pa*), logic (*gtan tshigs rig pa*), and hand-crafted arts (*bzo rig pa*).¹¹⁶

Despite being nominally separate disciplines, core texts of Sowa Rigpa, such as the *Fourfold Treatise*, tend to portray the practice of medicine as an aspect or extension of the Buddhist path, especially that of the altruistic bodhisattva, who aims to liberate all sentient beings from the sufferings of cyclic existence.¹¹⁷ This is largely due to the fact that from the thirteenth century onwards medical scholasticism in Tibet became increasingly intertwined with Buddhist ethical ideals, theoretical structures, practical technologies, and institutional

¹¹⁵ “If he has not applied himself to the five sciences, even the supreme saint will never arrive at omniscience. Therefore, he makes effort in those (sciences), in order to criticize and care for others as well as for the sake of his own knowledge.” The text itself, as well as Vasubandhu’s commentary to it, proposes that a bodhisattva’s omniscience is contingent on mastering the five classical fields of knowledge, medicine included. L. Jampal et al., trans., *The Universal Vehicle Discourse Literature (Mahāyānasūtrālamkāra) by Maitreyañātha/Āryāsaṅga – Together with Its Commentary (Bhāṣya) by Vasubandhu*, Treasury of the Buddhist Sciences (New York: American Institute of Buddhist Studies, 2004), 141.

¹¹⁶ One of the most comprehensive early histories of the five arts and sciences is Drangti Palden Tsojé’s (brang ti dpal ldan ‘tsho byed, fourteenth century) *Illuminating the Fields of Knowledge (shes bya rab gsal)*. Garrett, “Critical Methods,” 366–67.

¹¹⁷ It is also mentioned in the *Mahāyānasūtrālamkāra* that a bodhisattva studies medicine and arts for the sake of others and the “inner science” and logic for his own sake.

power.¹¹⁸ But even the earliest exegetical literature on the *Fourfold Treatise*, such as Sumtön Yeshé Zung’s commentary on the *Explanatory Treatise* called *A Lamp Illuminating a Hundred Thousand Darkesses*,¹¹⁹ evinces an undercurrent of Buddhist teachings, the so called Four Immeasurables in particular, in conjunction with the practice of medicine:

First, the preliminary practice: [the physician should] give rise to the supreme mind of enlightenment through the Four Immeasurables: compassion upon seeing the suffering of the patient; loving-kindness by administering help to the patient; joy by taking delight in having administered help; equanimity whether the patient is good or bad [as a person]. [The physician] then gives rise to the supreme mind of enlightenment, thinking, ‘I should apply the Four Immeasurables in this way to all patients.’

The actual practice is [applying the Four Immeasurables] when a patient comes to you, and in the end when the patient recovers, even when the patient does not pay you, you dedicate the virtue without resentment.

Thus, if [the intention of] those three thoughts is pure, the patient will recover and you will receive abundant sustenance, and [the transaction] is beneficial.¹²⁰

Here, Sumtön also gestures towards very practical results and benefits for relying on pure intent that arises through the Four Immeasurables, while implying that it is not enough

¹¹⁸ Garrett, “The Making of Medical History,” 189; Schaeffer, “Textual Scholarship, Medical Tradition, and Mahāyāna Buddhist Ideals in Tibet,” *Journal of Indian Philosophy* 31, no. 5/6 (2003): 621–41. See also the discussion on medicine as a scholastic field of knowledge in McGrath, “Buddhism and Medicine in Tibet,” 54–63.

¹¹⁹ Sum ston ye shes gzungs, *Bshad rgyud kyi ‘grel pa ‘bum nag gsal sgron* (Beijing: Mi rigs dpe skrun khang, 1998). Another important medical commentary by Sumtön, *‘grel ba ‘bum chung gsal sgron nor bu’i ‘phreng mdzes*, has been discussed in Janet Gyatso, *Being Human in a Buddhist World: An Intellectual History of Medicine in Early Modern Tibet* (New York: Columbia University Press, 2015), 343–96.

¹²⁰ *Dang po sbyor ba ni/ smon pa tshad med pa bzhis byang chub mchog tu sems bskyed pa ni/ nad pa’i sdug bsngal mthong ba’i snying rje/ de la phan gdags pa’i byams pa/ der phan thogs nas spro ba’i dga’ ba/ nad pa de yul bzang ngan/ btang snyoms/ de ltar tshad med pa bzhi po de sbyor ba’i dus su nad pa thams cad la de lta bu bya’o snyam du byang chub mchog tu sems bskyed pa’o/ dngos bzhi la/ nad pa byung ba’i dus su nyams su len pa’o/ mjug nad pa sos pa’i dus su/ ci yang mi ster yang/ ‘khon ‘dzin mi byed par dge bar bsngo’o/ de ltar bsam pa gsum po de dkar na/ nad pa sos te ‘tsho ba mang ba’i grogs su ‘gyur/ phan yon yod do/. Sum ston ye shes gzungs, *Bshad rgyud kyi ‘grel pa*, 243–44.*

just to treat the patient medically—cultivating the virtues of the *bodhisattva* is said to bring benefit to both the medical practitioner and the patient.

Traditional narratives portray Sumtön as the sole recipient of the full transmission of the *Fourfold Treatise* from his teacher Yutok Yönten Gönpo (see Chapter 2), and he is therefore a pivotal figure in Tibetan medical history.¹²¹ It is notable, however, that while early Tibetan texts like the *Great Garuda Soars* and Yutok’s *Secret Biography* already foreground arguments for considering medicine as part of the Mahāyāna Buddhist path, medical scholars of different traditions never fully rejected tantric/alchemical practices, but rather reinterpreted them according to different Buddhist frameworks. Since successful practice of medicine arguably contributes to the welfare of sentient beings, it made sense for later prominent proponents of institutionalized Tibetan medicine, such as Desi Sangyé Gyatso, to position the practice of medicine as an essential component of the path of the bodhisattva in accordance with the Mahāyāna ideal, a claim which associated the practice of medicine with the gradual attainment of Buddhist realization through ethical conduct, abiding by the altruistic bodhisattva vow, and generating the enlightened qualities of the Medicine Buddha.¹²² This inclination in medical scholarship to conjoin the Tibetan medical tradition with Buddhism by presenting the practice of medicine—along with the other fields of learning—as a fundamental part of the Buddhist path is discussed in detail by Frances Garrett, Janet Gyatso, and Kurtis R. Schaeffer, who delineate the complex intellectual, political, social, and economic agendas that Sangyé Gyatso and others have attempted to

¹²¹ Despite Sumtön’s central importance to the history and development of Sowa Rigpa, his work has received only limited attention in modern scholarship. For a brief biography, see Sonam Dorje, “Sumton Yeshe Zung,” *The Treasury of Lives*, accessed July 23, 2018, <https://treasuryoflives.org/biographies/view/Sumton-Yeshe-Zung/5313>.

¹²² Van Vleet, “Medicine, Monasteries and Empire,” 59.

further through their medical writings imbued with Buddhist language.¹²³ Notably, however, Janet Gyatso challenges the notion of Sowa Rigpa as a “Buddhist medicine,” and suggests that Sowa Rigpa practitioners in early modern Tibet were guided by a “scientific sensibility,” therefore proposing that the field of medicine constituted a separate knowledge system that is not reducible to formations of Buddhism.¹²⁴ In a way, Tibetan medical literature functioned as a platform for debates where authors attempted to claim authority as a medical scholar by casting doubt on their opponent’s ability to practice medicine, and also questioning their adherence to bodhisattva ideals.¹²⁵ As Stacey Van Vleet points out, Desi Sangyé Gyatso himself wrote lengthy descriptions of the importance of “uncorrupted” Buddhist vows in medical practice to justify both his own practice of medicine and his practice of governance as according with the bodhisattva path.¹²⁶

However, there were early vocal critics of framing the Tibetan medical tradition as “Buddhist.” For instance, Chomden Rigpé Reldri (bcom ldan rig pa’i ral gri, 1227–1305), the famous Kadampa master from Nartang monastery (snar thang), condemned the *Fourfold Treatise* as an apocryphal text that had been composed by a Tibetan author, even if it is presented as the teachings of the Buddha.¹²⁷ Rigpé Reldri essentially argued that medicine

¹²³ See Frances Garrett, “Critical Methods,” 363–87; Gyatso, *Being Human*; Schaeffer, “Textual Scholarship,” 621–41.

¹²⁴ Gyatso also proposes that it is necessary to distinguish between Buddhism as a civilizing force and Buddhism as a religion in order to avoid the temptation to label some elements of Sowa Rigpa as Buddhist. Gyatso, *Being Human*, 100, 406.

¹²⁵ Schaeffer, “Textual Scholarship,” 621.

¹²⁶ Van Vleet, “Medicine, Monasteries and Empire,” 197. For more details on the role of the five classical fields of knowledge in the Fifth Dalai Lama and Desi Sangyé Gyatso’s governance activities, see Schaeffer, “New Scholarship in Tibet.”

¹²⁷ McGrath, “Buddhist Medicine in Tibet,” 3.

should be understood as a distinctively separate category from religion, perhaps inspired by the classification of the classical fields of knowledge, which separates the realms of medicine and religion. In a similar vein, another important authority on the traditional sciences of Tibet, Sakya scholar Taktsang Lotsāwa Sherab Rinchen (stag tsang lo tsā ba shes rab rin chen, 1405–1477) argued that merely using Buddhist language and rhetoric does not render a field of knowledge Buddhist. In Taktsang Lotsāwa’s view, medicine and other main branches of knowledge are not exclusively Buddhist but rather generic sciences that are shared by a number of different schools. Congruity with Buddhist doctrine is not enough to qualify a work as especially Buddhist. For Taktsang, only those texts that directly emphasize Buddhist ideals as their chief subject—for example, the thought of renouncing cyclic existence—qualify as Buddhist.¹²⁸

Perhaps one of the earliest extant examples of the *khogbug* genre, *The Great Garuda Soars* (*khog ‘bugs khyung chen lding ba*), a history of the *Fourfold Treatise* which is included in the *Eighteen Additional Practices* (*cha lag bco brgyad*) collection studied by Frances Garrett, also situates medicine as one of the five major arts and sciences. Medicine is therefore placed hierarchically equal, but still separate from what is conventionally called religion, while the text itself articulates an explicit connection between Tibetan medical literature and Indian Buddhism. Garrett suggests that the texts included in the *Eighteen Additional Practices* collection provides a glimpse at a time when borders between intellectual disciplines and literary genres were still taking shape, and the boundaries of medicine were being articulated in relation to the increasingly dominant Buddhist

¹²⁸ Mayumi Kodani, personal communication. See also Mayumi Kodani, “Taktsang Lotsāwa Sherab Rinchen,” *Treasury of Lives*, accessed December 3, 2020, <https://treasuryoflives.org/biographies/view/Taktsang-Lotsawa-Sherab-Rinchen/10579>.

worldview.¹²⁹ While medicine is categorized as separate from religion, the *Great Garuda Soars* also continues the custom of promoting the study of the five arts and sciences, framing all of them as essential practice for those on the Buddhist path: the practice of Buddhism is aimed at knowledge of oneself; hand-crafted arts and medicine are aimed at caring for others; and grammar and logic are aimed at eliminating the ignorance of others.¹³⁰ It is notable that the practice of medicine and other fields of knowledge are classified as Buddhist practice, which are to be incorporated within the activities of a bodhisattva, in a text that was written hardly a generation after Yutok himself.

As the epigraph to this section implies, this tendency to establish the practice of medicine and the knowledge of the *Fourfold Treatise* as an essential part of the Buddhist path became particularly clear in the writings of the Fifth Dalai Lama and his regent Desi Sangyé Gyatso, although training in the classical fields of knowledge had already been associated with the path of the bodhisattva in the *khogbug* literary genre. Stacey Van Vleet demonstrates how the Tsarong (tsha rong) medical school guidelines (*smān pa grwa tshang gi bca' yig*) composed by the Fifth Dalai Lama combine a doctrinal discussion of the Buddhist basis for medical education and practice with specific instructions for communal conduct and socio-economic structures. The Fifth Dalai Lama placed medicine among the five major fields of knowledge, *and* within the purview of Mahāyāna Buddhism, arguing that medicine serves as an essential component of the bodhisattva path, where a Buddhist understanding of reality cannot be achieved without the motivation of benefiting other

¹²⁹ Garrett, "Buddhism," 205, 213.

¹³⁰ Additionally, the *Great Garuda Soars* categorizes the *Fourfold Treatise* as the word of the Buddha (*bka'*), as an orally transmitted teaching (*bka' ma*), as a tantric text, and specifically as a tantra according to Nyingma doxographic system. Ibid., 214–216. Garrett also discusses other instances of contextualizing medicine within the discussion of the five major fields of knowledge.

beings. Moreover, the Fifth Dalai Lama emphasized the necessity of a “correct Buddhist view” as the basis for medical practice, drawing from the distinctive Gelukpa rhetorical tradition of Madhyamaka philosophy.¹³¹

Desi Sangyé Gyatso underscores the importance of textual scholarship that he describes as a fundamental part of the Mahāyāna Buddhist path, and largely due to his influence, Tibetan medicine and the medical colleges of Tibetan Buddhist monasteries in particular, bridged the realms of medicine, science, politics and religion that we so readily understand as separate categories today. These developments marked a conceptual shift from a non-religious conception of medical knowledge in Tibet to a more unified tradition that is emphatically Buddhist in origin and explicitly Tibetan in its redaction.¹³²

Desi, a polymath, and regent as well as student of the Fifth Dalai Lama, emphasized the importance of compassion in Tibetan medical practice throughout his extensive scholarly writings, and especially in his famous history of Tibetan medicine, *Mirror of Beryl*. *Mirror of Beryl* is a complex work that integrates medical history with a schematic presentation of the Buddhist teachings, and also includes a long prescriptive survey of the qualities of the ideal physician. As elsewhere in the text, Desi Sangyé Gyatso quotes extensively from the *Fourfold Treatise* along with other medical texts and commentaries in his discussion on the characteristics of a “master of medicine.” Interestingly, however, in his treatment of the

¹³¹ Although the field of medicine was rife with sectarian conflicts, exemplified by the curriculum of the Tsarong medical school studied by Van Vleet, the Fifth Dalai Lama insisted that Sowa Rigpa is impartial (*ris med pa*). Van Vleet also argues that the Fifth Dalai Lama’s efforts to reform medicine was targeted against the branch of the Zur tradition that he associated with the Kagyü (*bka’ brgyud*) tradition of his rivals. Van Vleet, “Medicine, Monasteries and Empire,” 174–76, 184.

¹³² McGrath, “Buddhism and Medicine in Tibet,” 328; McGrath, “Buddhist Medicine in Tibet,” 2.

ideal qualities of a successful Sowa Rigpa practitioner, he argues, based on the *Explanatory Treatise*, that mental capacity or intellect (*blo*) is the single most important characteristic among the six qualities of a physician—not compassion or any other Buddhist virtue.¹³³ Despite acknowledging the importance of the intellect and mastery of all classical fields of knowledge as prerequisites of a worthy physician, however, Sangyé Gyatso associates the study of medicine, and especially the work of most masterful physicians, closely with the activity of the *bodhisattva*.

1.5. Conclusion

Caring for the well-being of the body has been an important preoccupation across the Buddhist world, and interest in various healing modalities has likely contributed to the success of the tradition as it spread across Asia. The Buddhist monastic community also acknowledged early on the importance of a healthy and “normal” human body as a prerequisite for serious and successful religious practice. This became increasingly important in tantric Buddhism, in which the body and its skillful mastery was even more central to the soteriological enterprise.

Intriguingly, “Buddhist medicine” has long straddled the line between the secular and the religious: from around the first century BCE onwards, medicine became one of the five classes of secular knowledge (*pañcavidyā*) that were included in Indian Buddhist monastic curricula. Following the Indian model, Sowa Rigpa was also included within the Tibetan codification of the classical fields of knowledge (*rig gnas*) and systematized in the monastic milieu, which further problematized the relationship between Buddhism and Tibetan

¹³³ Sde srid sangs rgyas rgya mtsho, *gso ba rig pa'i khog 'bugs vaidūrya'i me long*, 313.

medicine (this theme will be pursued further in Chapter 3). Just as in any socioreligious context, understandings of illness and health were framed within a particular cosmological and doctrinal framework in Buddhist India, as well as in the later Buddhist landscape of Tibet. In these particular contexts, however, our conventional categories of “religion” and “medicine” as separate and distinct spheres prove to be problematic. Medical motifs abound in Buddhist doctrine, and the emergence of Mahāyāna deities like the Medicine Buddha exemplify the wide-ranging adoption of medical language into the domain of Buddhist ritual and practice. Deciphering the entanglements of the medical and the religious in Tibet is not only a preoccupation for contemporary scholars of Tibetan medical history, but it has been an arena for long-lasting debates within the tradition itself. Desi Sangyé Gyatso, among others, worked actively to position medical knowledge (and the other classical fields of knowledge) within the purview of a bodhisattva, while also acknowledging the material dimensions of medical practice and the importance of intellect for practicing physicians. This categorical fuzziness and overlap remains an important undercurrent in the chapters that follow, since the issue of viewing Sowa Rigpa as “Buddhist” or as a “science” (or simultaneously both) also has important implications to the contemporary dissemination of Tibetan medical knowledge. Although the tantric practice of balancing one’s winds was also associated with maintaining good individual health in addition to its primary soteriological purpose, the practice of medicine in Tibet was primarily understood to be aimed at caring for others.

As Buddhism took hold in Tibet during the imperial period, Tibet’s medical tradition evolved from a cosmopolitan and predominantly secular field to a more strictly Buddhist one. Eventually, medicine came to be seen as a fundamental part of the Buddhist path:

historical debates in Tibetan medical literature about the purview of medicine and relationship to Buddhism came to be framed in accordance with the Mahāyāna Buddhist ideal of the bodhisattva, with the implication that bodhisattvas study the five classical fields of knowledge, including medicine. Indeed, the twelfth century Father of Tibetan medicine, Yutok Yönten Gönpo (see Chapter 2), is remembered as a polymath who is said to have mastered all fields of knowledge, including the highest levels of religious attainment. Yutok is revered for his unparalleled contributions to the Tibetan medical tradition, but his life and legacy also served as an inspiration for a whole host of tantric Buddhist liturgies and practices that promise buddhahood to its practitioners in a single lifetime. Yutok's dual role as the progenitor of the Tibetan medical tradition and as an influential religious figure is the focus of the next chapter, which provides a closer look into the life of Yutok and the tantric Buddhist *Yutok Nyingtig* tradition.

Chapter 2. Yutok Yönten Gönpö and *Yutok Nyingtig* Tradition

The history and theory of Tibetan medicine is permeated by a complicated entanglement with the Buddhist doctrine, a trend that is further explored in this chapter. However, the field of medicine is hardly the only context in Tibet where Buddhism (*chos kyi lugs*)—i.e. Dharma, or the teachings of the Buddha—has been employed to bolster “secular” endeavors. A classic example of this infusion of Buddhist doctrine is the integration of Buddhism with statecraft (*srid kyi lugs*) to form a unified field known as the “union of Dharma and governance” (*chos srid zung ‘brel*). This idea has been successfully invoked by many a Tibetan ruler, in an attempt to portray their kingdom as Buddhist and their rule as guided by Buddhist principles.¹³⁴

This chapter examines more closely one of the primary questions guiding this research: does the *Yutok Nyingtig* (*g.yu thog snying thig*) represent a “union of Dharma and medicine” (*chos sman zung ‘brel* or *sman chos zung ‘jug*) akin to the historical and rhetorical amalgamation of Dharma and governance in Tibet? This is a pertinent question since the teachings included in the tantric *Yutok Nyingtig* collection are generally attributed to the single most important figure in Tibetan medical history, the twelfth century Yutok Yönten Gönpö (*g.yu thog yon tan mgon po*), and because some of the most prominent contemporary proponents of the *Yutok Nyingtig* tradition frame it as a unique fusion of the healing arts and

¹³⁴ For studies on conjoining Buddhism and governance in Tibet, see e.g. Christoph Cüppers, ed., *The Relationship between Religion and State (chos srid zung ‘brel) in Traditional Tibet: Proceedings of a Seminar Held in Lumbini, Nepal, March 2000* (Lumbini: Lumbini International Research Institute, 2004); and William Dewey, *A Union of Religion and Politics: The Tibetan Regency of Ngawang Tsültrim*, (PhD diss., UC Santa Barbara, 2017). See also Jamgön Mipham, *The Just King: The Tibetan Buddhist Classic on Leading an Ethical Life*, trans. José Ignacio Cabezón (Boulder, CO: Snow Lion, 2017). Similar language of unification is also used in Tibetan when describing other deeply integrated concepts, such as the “union of calm abiding meditation and special insight” (*zhi lhag zung ‘brel*, Skt. *śamatha-vipaśyanā-yuganaddha*).

spiritual practice. If the *Yutok Nyingtig* can indeed be perceived as a union of Dharma and medicine, how is such an integration articulated in the *Yutok Nyingtig* collection or in Tibetan medical histories, and how might such an orientation be reflected in Sowa Rigpa training?¹³⁵ Or, alternatively, should the *Yutok Nyingtig* be considered purely a religious tradition, although ostensibly connected to Sowa Rigpa through its central figure, Yutok Yönten Gönpö? While prior scholarly work on Tibetan medicine largely acknowledges the close links between Tibetan religiosity in the theory and practice of Sowa Rigpa, the more overtly religious practices associated with Tibetan medicine, such as the *Yutok Nyingtig* tradition, remain to be fully explored. To this end, this chapter considers the relationship between Sowa Rigpa and the *Yutok Nyingtig* by providing an introductory investigation of the tradition that situates the collection within Tibetan medical history and the realm of Tibetan religiosity. This framing is followed by a discussion of the notion of “union of Dharma and medicine” in the context of the *Yutok Nyingtig*.

With the goal of providing historical and conceptual background for the subsequent ethnographic chapters in this dissertation, this chapter begins by presenting a condensed biography of Yutok Yönten Gönpö, and discusses how his portrayal as a religious figure who transmitted both religious and medical knowledge to his chief disciple Sumtön Yeshe Sung (sum ston ye shes gzungs, b. early 12th century – d. late 12th century) remains important to disseminating Tibetan medical knowledge to this day.

¹³⁵ For the latter question, see Chapters 4, 6, and 7.

2.1. Biographical Sources for the Life of Yutok

The most prominent character in all Tibetan medical history is arguably the twelfth century physician, scholar, and religious figure, Yutok Yönten Gönpo the Younger (g.yu thog gsar ma yon tan mgon po, 1126–1202), who is often lauded as the “Father of Tibetan medicine.” The Tibetan medical tradition typically portrays Yutok as an emanation of the Medicine Buddha, and as a descendant and reincarnation of Yutok Yönten Gönpo the Elder (g.yu thog rnying ma yon tan mgon po), the royal physician of Trisong Detsen (khri srong lde btsan, 742–797) who, according to legend, synthesized all the medical knowledge available in Tibet in his day.¹³⁶

Although Yutok the Elder is a quasi-mythical figure, and his relationship to Yutok the Younger is tenuous, later medical historians provide much more abundant details about the life of Yutok the Elder than about the life of the Younger. The hagiographies (*rnam thar*) of the two Yutoks were codified and printed in the seventeenth century by Jowo Lundrup Tashi (jo bo lhun grub bkra shis) and Darmo Menrampa Lobzang Chödrak (dar mo sman rams pa blo bzang chos grags, 1638–1710)—a medical scholar and personal physician of the Fifth Dalai Lama. They present the two Yutoks in a strikingly similar fashion, portraying them both as medical experts and perfectly accomplished Buddhist tantric masters. These legendary accounts of Yutok the Elder and Yutok the Younger share various traits, which render the life stories of the two nearly identical.¹³⁷ Therefore, it seems likely that the life story of the Elder is modeled on the life of the Younger, who is certainly a historical figure.

¹³⁶ See e.g. Gyatso, *Being Human*, 278; 455n56.

¹³⁷ See Jo bo lhun grub bkra shis and Dar mo sman rams pa blo bzang chos grags, *G.yu thog gsar rnying rnam thar* (Beijing: Mi rigs dpe skrun khang, 2005).

Scholars reasonably speculate that the figure of Yutok the Elder was invented in the fourteenth century or later by descendants of Yutok the Younger—there is no mention of Yutok the Elder in Tibetan medical histories prior to the seventeenth century, and his biography only became widely known with the dissemination of the above-mentioned hagiographies.¹³⁸ This retroactive invention of Yutok’s forefather may have been inspired by a desire to extend the Yutok lineage—i.e. the progenitor lineage of the *Fourfold Treatise*—all the way back to the eighth century.¹³⁹

Regarding the source of his family name, according to the tradition, Yutok the Elder’s grandfather Gyagar Dorjé (rgya gar rdo rje) cured the disease of a local *nāga* spirit (*klu bdud*), and in return the spirit’s wife bestowed on him beautiful turquoise jewelry and spread them on his roof. He was henceforth known as Yutok (g.yu thog), “one with a turquoise roof.”¹⁴⁰

The famous hagiographic narrative by Jowo Lundrup Tashi and Darmo Lobzang Chödrak appears to draw heavily on earlier texts recounting the life events of Yutok, such as

¹³⁸ For a critical assessment of the biographical sources for the life story of Yutok the Elder, see Yang Ga, “A Preliminary Study on the Biography of Yutok Yönten Gönpö the Elder: Reflections on the Origins of Tibetan Medicine,” in *Knowledge and Context in Tibetan Medicine*, ed. William A. McGrath, Brill’s Tibetan Studies Library, volume 43 (Leiden: Brill, 2019), 59–84. For an English translation of the life story of Yutok the Elder, see Rechung Rinpoche, *Tibetan Medicine: Illustrated in Original Texts* (Berkeley: University of California Press, 1973), 141–327.

¹³⁹ The reason for producing an elaborate biography of Yutok the Elder may be linked to the intimate involvement of Nyingmapas in compiling medical knowledge in Tibet. It is possible that they felt the need to legitimize Yutok’s heritage by tracing it back to imperial times, a golden age of Tibetan history, much like in the case of “treasure texts” or *termas* (*gter ma*). Presenting Yutok the Younger as a direct descendant and reincarnation of Yutok the Elder also establishes a connection between the *Fourfold Treatise* and the time of original diffusion of Buddhism to Tibet. For a discussion about the biography of Yutok the Elder having been invented by a descendant of Yutok the Younger in the fourteenth century or later, see Yang Ga, “The Sources for the Writing of the *Rgyud bzhi*,” 93–6. See also Yang Ga, “The Origins of the Four Tantras,” 174.

¹⁴⁰ Sde srid sangs rgyas rgya mtsho, *Gso ba rig pa’i khog ‘bugs vaidūrya’i me long*, vol. 28, Bod kyi gtsug lag gces btus (New Delhi: Institute of Tibetan Classics, 2008), 134.

the *Virtuous Iron Hook* (*dge ba'i lcags kyu*), an early history written by Yutok's chief disciple, Sumtön Yeshé Zung (sum ston ye shes gzungs, b. early 12th century).¹⁴¹ Sumtön's account of the life of Yutok and his "heart essence" (*snying thig*) teachings provide most of the available details that formed the basis for later narratives about his life and works, such as the *Exposition of the Yutok Heart Essence Cycle* (*g.yu thog snying thig skor bshad pa*).¹⁴² The *Virtuous Iron Hook* contains Yutok's "vajra songs" (*rdo rje'i mgur*), which are derived from his *Three Scroll Collections* (*shog dril skor gsum*)—another important early resource for Yutok's biography. Although the full text is no longer extant, parts survive in later collections.¹⁴³ The third important early source of information about Yutok's life is Sumtön's *Spontaneously Accomplished Five Buddha Bodies* (*sku lnga lhun grub*), which has also survived only partially in the form of quotations in other works.¹⁴⁴

¹⁴¹ This history (*lo rgyus*) is the first text in the core collection of the *Yutok Heart Essence* anthology (*g.yu thog snying thig*). Sum ston ye shes gzungs, "G.yu thog snying thig las byin rlabs bla ma sgrub pa'i chos skor sdug bsngal mun sel thugs rje'i nyi 'od ces pa'i thog mar lo rgyus dge ba'i lcags kyu," in *G.yu thog snying thig gi yig cha: the collected basic texts and ritual works of the medical teachings orally passed from G.yu-thog Yon-tan-mgon-po* (Leh: D. L. Tashigang, 1981), 5–41.

¹⁴² Franz-Karl Ehrhard provides a translation of this short history of the *Yutok Heart Essence* tradition called *Exposition of the Yutok Heart Essence Cycle* (*g.yu thog snying thig skor bshad pa*), which includes similar details about the life of Yutok as the *Virtuous Iron Hook*. This text is included in Guru Tashi's (stag sgang mkhas mchog gu ru bkra shis, b. 18th century) religious history of the Nyingma school (*gu bkra'i chos 'byung*). Franz-Karl Ehrhard, "A Short History of the *g.Yu thog snying thig*," in *Indica et Tibetica: Festschrift Für Michael Hahn Zum 65. Geburtstag von Freunden Und Schülern Überreicht*, ed. Konrad Klaus and Jens-Uwe Hartmann, (Wien: Ludwig-Maximilians-Universität München, 2007), 151–70.

¹⁴³ According to Yang Ga, parts of *Three Scroll Collections* are found in later works, such as Ju Mipam Gyatso's ('ju mi pham rgya mtsho, 1846–1912) collection of writings on medicine, and Zurkharwa Lodrö Gyalpo's (zur mkhar ba blo gros rgyal po, 1509–1579) medical history. Yang Ga, "The Sources for the Writing," 91.

¹⁴⁴ Excerpts of this text are found in Drangti Pelden Tsoje's (brang ti dpal ldan 'tsho byed, b. 14th century) *Illumination of Objects of Knowledge* (*shes bya rab gsal*) and in the seventeenth century edition of the *Eighteen Additional Practices* (*cha lag bco brgyad*) collection. Yang Ga, "The Sources for the Writing," 93.

Additional sources on the life of Yutok include the so-called *Sealed Biography* (*rnam thar bka' rgya ma*) called *The Lineage Biography Without Which Nothing Else is Possible* (*brgyud pa'i rnam thar med thabs med pa*) that is included in the *Eighteen Additional Practices* collection (*cha lag bco brgyad*).¹⁴⁵ Frances Garrett suggests that *The Eighteen Additional Practices* anthology—which is commonly attributed to Yutok himself—contains some of the earliest indigenous Tibetan medical works still extant, including the earliest commentaries on the *Fourfold Treatise*, and perhaps the earliest instance of a history of Tibetan medicine (*khog 'bugs*) in its first text, *Great Garuda Soars* (*khog 'bugs khyung chen lding ba*). Garrett suggests that this history articulates a direct connection between Tibetan medical literature and Indian Buddhism.¹⁴⁶ Historian Pawo Tsuglak Drengwa (*dpa' bo gtsug lag phreng ba*, 1504–1566) also provides a condensed presentation of Yutok's legendary life and works in his famous work, *A Scholar's Feast of Doctrinal History* (*chos byung mkhas pa'i dga' ston*), as does the section on Tibetan medical history in Jaya Paṇḍita's (*dza ya paN+Di ta blo bzang 'phrin las*, b. 1642) *Catalogue of Teachings Received* (*thob yig*). Other historiographical texts that contributed towards the debates revolving around the elements of the life-story of Yutok are mainly Tibetan medical histories (*khog 'bugs*), most notably Zurkharwa Lodrö Gyalpo's (*zur mkhar ba blo gros rgyal po*, 1509–1579) substantial history of the Tibetan medical tradition,¹⁴⁷ and Desi Sangye Gyatso's (*sde srid sangs rgyas rgya*

¹⁴⁵ For a brief treatment of the *Eighteen Additional Practices* and the life of Yutok, see Taube, *Beiträge zur Geschichte der Medizinischen Literatur Tibets*, 39–50.

¹⁴⁶ Garrett, “Buddhism,” 204–24.

¹⁴⁷ Zur mkhar ba blo gros rgyal po, *Sman pa rnams kyis mi shes su mi rung ba'i shes bya spyi'i khog dbubs*, ed. Khro ru klu sgrub rgya mtsho and Bu des tshe ring, vol. 1, *Bod kyi gso rig dpe rnying phyogs sgrig gangs ri dkar po'i phreng ba* (Chengdu: Si khron mi rigs dpe skrun khang, 2001).

mtsho, 1653–1705) medical history, *Mirror of Beryl*,¹⁴⁸ which contains extensive passages on Yutok and his works, often citing them directly for evidence.¹⁴⁹

2.1.1. Bridging Dharma and Medicine: Yutok’s Life and Legacy

Despite Yutok’s pivotal significance to the Tibetan medical tradition, there is no consensus regarding his exact dates among Tibetan sources or contemporary scholarship. However, it seems certain that he lived in the twelfth century and died in the early years of the thirteenth century.¹⁵⁰ Yutok is said to have been born to Kyongpo Dorje (khyong po rdo rje) and Pema Öden (pad+ma ‘od ldan),¹⁵¹ perhaps around 1126 in Goshi Retang (sgo bzhi ri thang), located in Upper Nyang (nyang stod) region in Gyangtse county (rgyal rtse rdzong) in Tsang, where the ruins of his family home still remain. Yutok’s main residence in Tibet was known as Shang Pelkye (shang dpal skyes), perhaps indicating that it was in the Shang area of modern Namling (Rnam gling) county.¹⁵² According to *Exposition of the Yutok Nyingtig Cycle*, the genealogical roots of the Yutok family lie in the royal family of the Indian Utpala dynasty. Eventually the family is said to have made its way to Tibet, where

¹⁴⁸ Sde srid sangs rgyas rgya mtsho, *Gso ba rig pa’i khog ‘bugs vaidūrya’i me long*, Bod kyi gtsug lag gces btus, vol. 28 (New Delhi: Institute of Tibetan Classics, 2008).

¹⁴⁹ For a synopsis of Yutok’s biography and a bibliography of sources on the life of Yutok, see Takkinen, “Yutok Yonten Gonpo.”

¹⁵⁰ For a detailed discussion regarding various propositions for Yutok’s dates, see Yang Ga, “The Origins of the Four Tantras,” 168–73, and Yang Ga, “The Sources for the Writing,” 97–9.

¹⁵¹ Gu ru bkra shis, *Gu bkra’i chos ‘byung* (Beijing: Krung go’i bod kyi shes rig dpe skrun khang, 1990), 602.

¹⁵² Yang Ga, “The Origins of the Four Tantras,” 168, 173.

Yutok’s grandfather Yutok Drejé Vajra (g.yu thog ‘dre rje badz+ra) established a lineage that produced many siddhas of the “ancient secret mantra school.”¹⁵³

In a colorful narrative reminiscent of the life of a Buddha, the tradition holds that at the time of Yutok’s birth there was a lengthy rain of flowers accompanied by rainbow light and heavenly music. As soon as he was born, Yutok is said to have recited the *dhāraṇī* of the Medicine Buddha. The biographies also say that he started to perform pulse examinations and identifying medicinal plants when he was about three years old, and that he began practicing medicine through the power of Mañjuśrī, the bodhisattva of wisdom, at the age of eight.¹⁵⁴

In Yutok’s own words (as quoted by Sumtön from the *Three Scroll Collections*):

Having reached eight years of age,
I, Yutok, took up the practice of medicine.
The science of medicine, a precious treasure,
Emerged from the Dharma-wheel of my heart center
For the sake of future disciples of medicine.¹⁵⁵

In addition to mastering medicine at a very young age, Yutok’s songs also describe how he became an expert in the other four major classical fields of knowledge (*rig gnas*), i.e. Buddhist doctrine, study of language or grammar, logic, and hand-crafted arts.¹⁵⁶ *Exposition*

¹⁵³ Gu ru bkra shis, *Gu bkra’i chos ‘byung*, 602.

¹⁵⁴ Jo bo lhun grub bkra shis and Dar mo sman rams pa blo bzang chos grags, *G.yu thog gsar rnying rnam thar*, 315.

¹⁵⁵ *Dang po ni shog dril skor gsum las/ kho bo g.yu thog mgon po ni/ lo brgyad lon nas sman dpyad bskyangs/ thugs ka chos kyi ‘khor lo nas/ gso dpyad rin chen gter byung ste/ phyi rabs rjes ‘jug gso ba’i phyr/ zhes pa dang/*. Sum ston ye shes gzungs, “Dge ba’i lcags kyu,” 13b.

¹⁵⁶ *Gangs can gyi khor kyi g.yu thog mgon/ ‘jam dpal dpa’ bos rjes bzung bas/ nang dang gtan tshigs sgra rig dang/ bzo dang gso ba rig pa yi/ tshig don kun la mkhas par gyur/*. Ibid., 11b.

of the *Yutok Nyingtig Cycle* suggests further that due to having possessed unobstructed knowledge of the Buddhist doctrine, Yutok is also known as Mañjughoṣa Yutokpa.¹⁵⁷

Yutok’s chief disciple Sumtönpa—the sole recipient of the *Fourfold Treatise* transmission—tells us that his master traveled to India six times,¹⁵⁸ possibly embarking on his first trip when he was eighteen years old.¹⁵⁹ Sumtön also provides us with details about the medical texts and teachings Yutok is said to have received. These include Vāgbhaṭa’s *Compendium on the Essence of the Eight Subjects* (*Aṣṭāṅgahṛdayasaṃhitā*), which he is said to have studied (*thos*) in Vārāṇasī and Rājagṛha, and various texts that are no longer extant, including the *Sūtra on the Benefit of Soma* (*so ma rA dzA phan pa’i mdo*), *Night Lily – A Heap of Jewels* (*rin chen spungs pa zhes bya ku mu ta*) and *Sūtra on Pulsology and Nāḍīs* (*reg pa rtsa mdo*). In Sri Lanka Yutok reports having received teachings on *White and Black Moonlight* (*zla zer dkar nag*) and *Vase of Nectar* (*bdud rtsi bum pa*). The list of texts Yutok studied on his journeys expanded over the centuries to include treatises by the Buddha and Nāgārjuna.¹⁶⁰ In addition to India and Sri Lanka, Yutok states that he also traveled to Oḍḍiyāna, Nepal, and Persia, presumably so as to learn from various medical traditions in these different regions.¹⁶¹

¹⁵⁷ Gu ru bkra shis, *Gu bkra’i chos ‘byung*, 602. Mañjughoṣa (“Gentle Voice”) is another name for Mañjuśrī, the bodhisattva of wisdom, who is sometimes said to be the embodiment of all the wisdom of all the buddhas.

¹⁵⁸ Sum ston ye shes gzung, “Dge ba’i lcags kyu,” 11b.

¹⁵⁹ Jo bo lhun grub bkra shis and Dar mo sman rams pa blo bzang chos grags, *G.yu thog gсар rnying rnam thar*, 327.

¹⁶⁰ Yang Ga, “The Sources for the Writing,” 173.

¹⁶¹ Yang Ga, “The Origins of the Four Tantras,” 173. There are records of other Tibetans traveling to India to study medicine roughly around the same time as Yutok: the physician Ziji Bar (*gzi brjid ‘bar*, mid eleventh century), for example, is said to have studied medicine at Nālandā

According to the medical scholar Zurkharwa Lodrö Gyalpo, Yutok did not teach medicine until after returning from India at age thirty-four. He is said to initially have used Vāgbhaṭa's *Compendium on the Essence of the Eight Subjects* as his primary teaching text until composing his own medical works that combined various sources and medical traditions that he had encountered and studied.¹⁶²

Yutok's competence in the various medical traditions of his time is attested by the eclectic nature of the single most important Tibetan medical text, the *Fourfold Treatise* (*bdud rtsi snying po yan lag brgyad pa gsang ba man ngag gi rgyud*, abbr. *rgyud bzhi*). Although the origin of this text is contested, Yutok very likely composed some or all of it.¹⁶³ Tradition holds, however, that the *Fourfold Treatise* is a treasure text, or *terma* (*gter ma*), and thus, despite its prominence, the work is not found in the Tibetan canon as one would expect a work claiming to be the word of the Buddha. According to legend, it is said to have been concealed by Trisong Detsen in a pillar of the Utse temple (*dbu rtse*) of Samye Monastery (*bsam yas*), where Drapa Ngönshe (*grwa pa mngon shes*, 1012–1090) discovered it in 1038.¹⁶⁴ Only then, according to this origin story, was it available for Yutok's use. An alternate origin of the work is given in passing in Sumtön's *Virtuous Iron Hook*, where Yutok is said to have received or studied the *Fourfold Treatise* in the "Golden Isle" (*gser*

Monastery. See Sonam Dorje and Catherine Tsuji, "Ziji Bar," *The Treasury of Lives*, accessed March 9, 2021, <http://treasuryoflives.org/biographies/view/Ziji-Bar/6892>.

¹⁶² For more details on Yutok the Younger's early life, education, medical practice, and writings, see Yang Ga, "The Sources for the Writing," 97–103.

¹⁶³ For a detailed analysis of textual sources that eventually coalesced into the *Fourfold Treatise*, see Yang Ga, "The Sources for the Writing," 146–266.

¹⁶⁴ Fenner, "The Origin of the *rGyud bzhi*," 461; Yang Ga "The Sources for the Writing," 5. For a more detailed discussion of the sequence of transmission and the *locus classicus* of Vairocana's supposed involvement with the translation of the *Fourfold Treatise*, see McGrath, "Buddhism and Medicine in Tibet," 157 ff.

gling) or Suvarṇadvīpa,¹⁶⁵ a name typically associated with Sumatra. However, several prominent Tibetan historians, including Desi Sangyé Gyatso and Zurkharwa, explicitly discuss Yutok’s involvement in the creation of the *Fourfold Treatise*, and most contemporary historians believe that he was its main author.¹⁶⁶

Yutok had two sons, Yutok Nyima (g.yu thog nyi ma) and Yutok Bumseng (g.yu thog ‘bum seng), who were both trained in medicine by their father. Yutok seems to also have had a fairly large number of disciples, and many of his students are mentioned by name in Tibetan histories. In addition to his chief disciple Sumtön Yeshe Zung, his students included Jangmen Lapse (ljang sman leb se), Belmen Nyimapel (‘bal sman nyi ma dpal), Tönpa Atse (ston pa a tshes), Shakrampa Nyimapel (shag rams pa nyi ma dpal), and Geshe Rokchung (dge bshes rog chung).¹⁶⁷ The teachings of Yutok and his students dominated Central Tibetan medical scholarship for generations,¹⁶⁸ and the tradition has had a huge influence on the trajectory of Tibetan medicine to this day.

According to Sumtön’s *Virtuous Iron Hook*, Yutok died at the age of seventy-six.¹⁶⁹

¹⁶⁵ Sum ston ye shes gzungs, “Dge ba’i lcags kyu,”14a.

¹⁶⁶ William A. McGrath proposes plausibly that the *Fourfold Treatise* was not compiled by one figure, but instead represents the collective contributions and continuous compilation of twelfth- and thirteenth-century Tibetan scholarship. McGrath, “Buddhism and Medicine in Tibet,” 125. For Sumtön Yeshé Zung’s assessment regarding the authorship of the *Fourfold Treatise*, see *ibid.*, 159. For more detailed discussions about the various positions on the origins of the *Fourfold Treatise* in Tibetan sources, see e.g. Gyatso, “Did the Buddha Really Author,” 602–8; and Olaf Czaja, “Zurkharwa Lodro Gyalpo (1509-1579) on the Controversy of the Indian Origin of the *rGyud bzhi*,” *The Tibet Journal* 30/31, no. 4/1 (2005): 131–52.

¹⁶⁷ Sde srid sangs rgyas rgya mtsho, *Vaidūrya’i me long*, 177.

¹⁶⁸ Garrett, “Buddhism,” 206.

¹⁶⁹ Sum ston ye shes gzungs, “Dge ba’i lcags kyu,”13b.

2.1.2. *Yutok as a Saintly Figure*

In addition to translating, authoring, or compiling the *Fourfold Treatise*, Yutok composed many medical texts as well as more overtly religious materials, and his influence and importance in Tibet extended well beyond the realm of medicine. It is notable that the accounts of Yutok’s early life emphasize his saintliness and knowledge of Buddhism—illustrated by various descriptions of miraculous deeds he performed during his travels—more than his medical acumen. In India, for instance, Yutok is said to have acted as a spiritual preceptor to a Mahārāja, defeating 500 arrogant non-Buddhist teachers (*tīrthika*) through his insight; in Sri Lanka his ship sank in the middle of the ocean and he is said to flown up in the sky like a bird; in Oḍḍiyāna he defeated thunderbolt-casting flesh-eating *dākinīs* with his especially potent *mudrā*; and in Nepal he reports being suspended in the air for half a day in a magical contest with a Bön priest. Moreover, the *Exposition of the Yutok Heart Essence Cycle* also describes how while Yutok did in fact learn many works on medical treatment in India and elsewhere during his travels, he also sought out and received a vast array of esoteric Buddhist teachings from *dākinīs*.¹⁷⁰

Yutok is widely heralded as a polymath, and in one of his songs of realization he claims proficiency in all five major Tibetan fields of knowledge (*rig gnas che lnga*): Buddhist doctrine, logic, grammar, medicine, and arts and crafts. Once in Gurmo (‘gur mo) in the Tsang region, where Yutok and more than a hundred of his students had been invited by the ruler of Jodar (jo dar), Yutok is said to have taught Sanskrit and Dzogchen alongside medicine, and to have bestowed consecrations of the Hevajra, Vajrakīlaya, and the “Secret Accomplishment form of the Medicine Buddha” (*sman bla gsang sgrub*). Towards the end

¹⁷⁰ Gu ru bkra shis, *Gu bkra’i chos ‘byung*, 602.

of Yutok's life, the monk-king of Ngari (*lha btsun*)—it is unclear which one—is said to have invited him and about 250 of his students to come to Kyirong (skyid grong) to give teachings on medicine and Buddhism (*zab chos*) for a period of four months.¹⁷¹

Perhaps expectedly, histories like the *Virtuous Iron Hook* and *Exposition of the Yutok Nyingtig Cycle* emphasize Yutok's spiritual acumen, and portray him primarily as a fully-realized Buddhist master, who also happens to have founded Tibetan medicine through his lineage of disciplines. The prominence of religion in these historical narratives can be partly explained by the then loosely defined category of Sowa Rigpa in a milieu of an increasingly dominant Buddhist worldview.¹⁷² Nonetheless, it is notable that although early histories like the *Virtuous Iron Hook* praise Yutok as the King of Medicine and comment upon his medical expertise, at times it seems almost like an afterthought, while the main emphasis of the narrative seems to be on his spiritual accomplishments and the preservation of his tantric Buddhist tradition, the *Yutok Nyingtig*, rather than the transmission of medical knowledge. It seems that it is only once the *Fourfold Treatise* was more widely accepted as the seminal medical text in Tibet from the fourteenth century onwards that Yutok is increasingly portrayed in historical narratives as primarily a chief figure of Sowa Rigpa.

2.2. Yutok Nyingtig: Yutok's Tantric Buddhist Lineage

The religious legacy of Yutok is primarily preserved in a cycle of ritual texts called the *Yutok Nyingtig* (*g.yu thog snying thig*), or “*The Heart Essence of Yutok*.” The *Yutok Nyingtig* is a cycle of ritual and meditation practices centered around the person of Yutok, venerating him as a guru, whose visionary authority is perceived more central to that of the buddhas or

¹⁷¹ Sum ston ye shes gzungs, “Dge ba'i lcags kyu,” 14b.

¹⁷² Garrett, “Buddhism,” 205.

bodhisattvas. This spiritual curriculum begins with the preliminary tantric Buddhist practices (*sngon 'gro*) and progresses through the advanced development and completion stage practices of the highest level of the Nyingma school, Atiyoga (*shin tu rnal 'byor*) or Dzogchen (*rdzogs chen*)—the “Great Perfection.” Sumtön’s *Virtuous Iron Hook* ties the transmission of the *Fourfold Treatise* intimately to the *Yutok Nyingtig*. Consequently, this extensive ritual program has often accompanied the study of the *Fourfold Treatise*, but it is only one of many such traditions that have been studied and practiced jointly with Sowa Rigpa and its chief text the *Fourfold Treatise*.¹⁷³

The basis of the *Yutok Nyingtig* anthology is said to go back to the literary efforts of Yutok himself and his “heart disciple” (*thugs sras*) Sumtön Yeshé Zung. The tradition holds that it was Sumtön who received and recorded Yutok’s oral teachings as a series of works that now form the root text of the *Yutok Nyingtig* collection. The *Virtuous Iron Hook* and *Exposition of the Yutok Nyingtig Cycle* both provide some details about the transmission of the *Yutok Nyingtig* teachings to Sumtön. Sumtön asked for the teachings multiple times, and as required by his teacher, first performed bodily ascetic practices for Yutok, made outer and inner offerings, accompanied his request for teachings with a maṇḍala of gold, as well as a 17 year-old princess as a secret partner in order to ensure the continuation of the lineage and

¹⁷³ Stacey Van Vleet points out correctly that the relationship between various ritual traditions and diverging historical narratives of medicine in Tibet has not yet been fully recognized in contemporary scholarship, and that Tibetan medical history and the ritual traditions accompanying the practice of medicine continue to be analyzed separately. Van Vleet, “Medicine, Monasteries and Empire,” 39. The institutionalized synthesis of medical and ritual traditions is discussed further in Chapter 3.

protect future generations from a corrupted doctrine.¹⁷⁴ The full transmission of the *Yutok Nyingtig* was finally given to Sumtön in the year 1198.¹⁷⁵

There are two extant xylograph editions of the *Yutok Nyingtig*: the earlier one is carved in Derge (sde dge) in the 18th century, and the later one produced in 1888 at the medical college of Chagpori (lcags po ri) in Lhasa in the early years of the thirteenth Dalai Lama Tupten Gyatso (thub bstan rgya mtsho, 1876–1933). The Chagpori edition is arranged by Karma Jigmé Chökyi Sengé (karma 'jigs med chos kyi seng ge, nineteenth century), a teacher from Eastern Tibet, also known as the “Madman from Kham” (khams smyon), who in addition to organizing the printing of the anthology also composed and included several additional works of his own to the collection.¹⁷⁶ Other contributors to the *Yutok Nyingtig* editions that are based on the Chagpori edition include Zurkhar Nyamnyi Dorjé (zur mkhar mnyam nyid rdo rje, 1439–1475), Kongtrul Yönten Gyatso (kong sprul yon tan rgya mtsho, 1813–1899), and Karma Jigme Chöki Sengé (karma 'jigs med chos kyi seng ge, 1886–

¹⁷⁴ Sum ston ye shes gzungs, “Dge ba'i lcags kyu,” 18a.

¹⁷⁵ “*Gnam lo rgyal po rta'i lo spre'u zla ba'i tshes bcu la gsang ba'i bka' rnams gnang/.*” Ibid. Ehrhard suggests that the “tenth day of the monkey month of the victorious horse year” refers to year 1198, although Sumtön is not explicit which exact horse year he means. Ehrhard, “A Short History,” 163.

¹⁷⁶ Ehrhard proposes that the Derge edition is a product of the increased printing of medical texts in Kham (khams) due to the influence of Situ Panchen Chökyi Jungné (si tu pañ chen chos kyi 'byung gnas, 1700–1774). Ehrhard, “A Short History,” 154. However, the reproduction of the Derge set of prints available on BDRC is incomplete, and has been amended with the Chagpori redaction of the text. For the partial Derge edition, see [Sum ston ye shes gzungs], *G.yu thog snying thig las byin rlabs bla ma sgrub pa'i chos skor sdug bsngal mun sel thugs rje'i nyi 'od* (Gemur, H.P.: Topden Tsering, 1979). For a photographic reproduction of the Chagpori block prints, see Khams smyon dharma seng ge, *G.yu thog snying thig gi yig cha* (Leh: D. L. Tashigang, 1981). According to Yang Ga, manuscripts of some individual texts of the anthology have also been preserved in libraries and private collections in Tibet and Mongolia. Yang Ga, “The Origins of the Four Tantras,” 174.

1958). Therefore, it is difficult to say with any certainty what Yutok may have originally taught, and what Sumtön himself may have actually recorded.¹⁷⁷

There are at least two modern editions of the *Yutok Nyingtig*, both of which are based on the Chagpori edition: a 2005 edition published by the Ngak Mang Institute, and another volume published in 2007 by Arura Tibetan Medicine Co.—both are published together with the Beijing National Publishing House (mi rigs dpe skrun khang) in Western book format.¹⁷⁸

As the name of the tradition suggests, the *Yutok Nyingtig* shares close family resemblance and parallels with other secret oral transmission “Heart Essence” or “Seminal Heart” lineages within the Dzogchen tradition. One of the most famous sets of Dzogchen scriptures are the four *Nyingtig Yabshi* (*snying thig ya bzhi*) traditions, codified by the fourteenth century Nyingmapa scholar Longchen Rabjampa or Longchenpa (klong chen rab ‘byams pa dri med ‘od zer, 1308–1364). Another important and well-known *Nyingtig* lineage is the *Longchen Nyingtig* (*klong chen snying thig*), traditionally said to have been revealed by Longchenpa to the eighteenth century scholar Jigme Lingpa (‘jigs med gling pa, 1730–1798). David Germano presents a helpful three-phase stratification of the lineages in order to shed some light on the development of the various *Nyingtig* traditions: the initial period of formation (early eleventh century to early twelfth century) saw the movement gradually take shape within the Dzogchen tradition, drawing upon a multitude of influences; the intermediate period (early thirteenth century to early fourteenth century) is characterized

¹⁷⁷ As Frances Garrett notes, the *Yutok Nyingtig* anthology was revised and expanded by various notable Tibetan medical scholars over many centuries. Garrett, “The Alchemy,” 223–24.

¹⁷⁸ See Sngags mang zhib ‘jug khang, ed., *G.yu thog snying thig*, Sngags mang dpe tshogs 9 (Beijing: Mi rigs dpe skrun khang, 2005); G.yu thog gsar ma yon tan mgon po sogs, *G.yu thog snying thig*, Bod kyi so ba rig pa’i gna’ dpe phyogs bsgrigs dpe tshogs 43 (Beijing: Mi rigs dpe skrun khang, 2007). The two editions are fairly similar in their contents, with minor differences in their organizational structure.

by increased success of the tradition as it begins to take a stable form; and the “final” period (fourteenth century) is marked by Longchenpa systematizing and codifying these complex oral and literary traditions.¹⁷⁹ Following Germano’s schema, Franz-Karl Ehrhard suggests that the *Yutok Nyingtig*, stemming from Sumtön’s time at the turn of the twelfth and thirteenth centuries, should be placed in the initial period of formation of the *Nyingtig* (or “Heart Essence”) movement.¹⁸⁰

Traditionally the *Nyingtig* teachings are said to be the special secret pith of the Dzogchen tradition, which were initially transmitted to only a very select group of people during the late eighth and ninth centuries as Buddhism grew stronger in dynastic Tibet, and only later, from the eleventh century onwards, introduced to a wider audience as *termas* or “treasures.”¹⁸¹ The *Nyingtig* teachings are said to have been collected and brought to Tibet by the semi-legendary Indian master Vimalamitra (bi ma la mi tra), who then hid the texts to be recovered by later visionary figures or *tertöns* (*gter ston*), such as the eleventh-century Chetsun Senggé Wangchuk (lce btsun seng ge dbang phyug). Eventually, largely due to the impact of the famous writings of Longchenpa, which were equally popular in all Tibetan traditions from the fourteenth century onwards, *Nyingtig* teachings in general came to be widely recognized as the foremost form of Dzogchen, and the pinnacle of the Nyingma systematization of the “nine vehicles” (*theg pa dgu*). Later on, Jigmé Lingpa contributed greatly to the popularity of the *Nyingtig* teachings by simplifying Longchenpa’s *Nyingtig*

¹⁷⁹ David Germano, “Architecture and Absence in the Secret Tantric History of the Great Perfection (*rdzogs chen*),” *Journal of the International Association of Buddhist Studies* 17, no. 2 (Winter 1994), 272–75.

¹⁸⁰ Ehrhard, “A Short History,” 153n4.

¹⁸¹ Germano, “Architecture and Absence,” 269.

systematization in his extremely popular *Klong chen snying thig* cycle of texts and practices.¹⁸² It is largely due to Jigmé Lingpa’s efforts in the late eighteenth century that the *Nyingtig* teachings became important within the Nyingma tradition, but also within the wider “non-sectarian” (*ris med*) context. However, the close association of the *Yutok Nyingtig* to the practice of Sowa Rigpa kept the tradition fairly distinct from these later developments of the *Nyingtig* teachings.¹⁸³

Other *Nyingtig* lineages contain some health-related themes, such as practices related to balancing the bodily elements—perhaps intended as self-care methods to assist yogis in solitary retreat—but medical concerns generally play a minor role. That said, it is not unusual for *terma* texts to include practices related to health, as many of the soteriological yogic techniques present in the Dzogchen tradition, for instance, are embodied practices in their orientation. The *Yutok Nyingtig*, however, contains a somewhat broader assortment of health-related texts and practices, although most of these are tantric rather than pharmacological in nature. It has been suggested that the spiritual training contained in the *Yutok Nyingtig* was specifically aimed at the needs of Tibetan medical practitioners.¹⁸⁴ The *Yutok Nyingtig* cycle in particular appears to have become popular among Tibetan medical experts fairly early on, and eventually became part of the religious practices of some very prominent figures, such as the Fifth Dalai Lama Ngawang Lobzang Gyatso (Ngag dbang blo

¹⁸² Germano, “Architecture and Absence,” 275.

¹⁸³ Samuel, “The *g.Yu Thog sNying thig*,” 217.

¹⁸⁴ Samuel, “The *g.Yu Thog sNying thig*,” 216; Nida Chenagtsang, “G.yu thog snying thig gi ngo sprod rags bsodus,” in Sngags mang zhib ‘jug khang, ed., *G.yu thog snying thig*, 4.

bzang rgya mtsho, 1617–1682), who also authored a short commentary on the collection.¹⁸⁵

The commentary indicates that the Fifth Dalai Lama received the empowerments, transmissions, and teachings of the *Yutok Nyintig* in their entirety, and held Yutok’s teachings in high esteem. His verses in praise of Yutok that liken Yutok’s chief disciple, Sumtön, to Ānanda, Buddha’s attendant monk, leave no doubt about the significance of Yutok and his teachings in the mind of the Fifth Dalai Lama:

Master Yutok, King of Medicine, the Guru embodying all Buddha families,
the Venerable Sumtön, [belonging to the] class of supreme manifestations,
Who possesses the treasury of instructions, the splendor of Ānanda,
the quintessence of the speech of glorious Vajradhara,
which [is] the essence of nectars of immortality,
that is endowed with the ability to lead to Buddhahood [in this] life,
the profound vehicle accomplishing omniscience in a single lifetime—
Is there a match to this supreme vehicle?¹⁸⁶

The Fifth Dalai Lama’s assessment echo the sentiments expressed in *Exposition of the Yutok Nyintig Cycle*, when Yutok pronounces the guru *sādhana* doctrine to his disciple Sumtön:

The happiness of saṃsāra and nirvāṇa depends in general on the teacher;
and this “*sādhana* of the spiritual master” (*bla sgrub*) according to our own
system, in particular, is surely something far superior to the others!¹⁸⁷

¹⁸⁵ The commentary *G.yu thog snying thig gi las byang dpag bsam ljon shing* (‘Wish-Fulfilling Tree: A Manual of the *Yutok Nyintig*’) can be found in the collected works (*gsung ’bum*) of the Fifth Dalai Lama. See Ngag dbang blo bzang rgya mtsho, *Rgyal dbang lnga pa chen po ’i gsung ’bum*, (Dharamsala: Nam gsal sgron ma, 2007), vol. 4 “nga.”

¹⁸⁶ *rigs ’dus bla ma sman rgyal g.yu thog rje/ rje btsun sum ston rnam ’phrul dbang po ’i sde/ sde bcas gdams pa ’i mdzod ’dzin kun dga ’i dpal/ dpal ldan rdo rje ’chang de ’i gsung gi bcud/ bcud ldan ’chi med rnams kyi bdud rtsi gang/ gang zhig sangs rgyas sar ’khrid nus ldan tshe/ tshe gcig kun mkhyen sgrub pa zab mo ’i theg/ theg mchog ’di yi dpe zlar ’os sam snyam*. Ngag dbang blo bzang rgya mtsho, *Dpag bsam ljon shing*, 122–23. Also quoted in Sde srid sangs rgyas rgya mtsho, *Vaidūrya ’i me long*, 175.

¹⁸⁷ Ehrhard, “A Short History,” 162. The Sanskrit term *sādhana* (Tib. *sgrub thabs*)—‘method,’ ‘technique,’ or ‘means of achievement’—is used especially in reference to tantric rituals that are designed to receive boons or attainments (*siddhi*) from a deity. These meditational rituals can be quite elaborate, but generally speaking they describe the qualities of the deity and its retinue, and combine prayers, visualizations, hand gestures, and bodily movements that represent the awakened

2.2.1. “The Sunbeam of Compassion Dispelling the Darkness of Suffering”—

Contents and Context

The core of the *Yutok Nyingtig* anthology consists of a collection of around 46 texts called *The Sunbeam of Compassion Dispelling the Darkness of Suffering—A Practice Cycle of Empowerments and Guru Sādhana* (*byin rlabs bla ma sgrub pa'i chos skor sdug bsgnal mun sel thugs rje'i nyi 'od*), or in short, *The Heart Essence of Yutok Guru Sādhana* (*g.yu thog snying thig bla sgrub*).¹⁸⁸ The contents and function of the *Yutok Nyingtig* collection have received relatively little scholarly attention to date, and all of the texts in the collection remain currently untranslated.¹⁸⁹ The Ngak Mang edition of the anthology is divided into three main sections: the first section consists of 15 texts focusing on “activity practices” (*las tshogs*), including the condensed daily practice instructions (*rgyun khyer*).¹⁹⁰ The second section comprises a group of nine texts related to empowering or “accomplishing medicine”

qualities of the mind of a particular buddha. *Guru sādhana* (*bla sgrub*) is a ‘generation stage’ (*bskyed rim*) meditational practice focusing on the guru aspect of the ‘three roots’ (*rtsa gsum*; i.e. the teacher, meditational deity, and *dākinī* or protector), where one’s spiritual master is the focus of these rituals. In the context of the *Yutok Nyingtig* the guru is Yutok Yönten Gönpö.

¹⁸⁸ Since this research also considers the contemporary dissemination of the *Yutok Nyingtig* tradition, particularly in the medical and spiritual training provided by Sorig Khang International (SKI), an affiliate of the Ngak Mang Institute, the main work of reference in this section is the Ngak Mang edition of the *Yutok Nyingtig* anthology. For more on SKI and Ngak Mang Foundation, see Chapter 4.

¹⁸⁹ For a helpful contextualization and summary of contents of the *Yutok Nyingtig* core collection, see Garrett, “The Alchemy,” 222–23. For a more extensive overview of the contents of the anthology, see Chenagtsang, “G.yu thog snying thig gi ngo sprod rags bsdu,” 3–6.

¹⁹⁰ See “‘Chi med bdud rtsi bum pa'i rgyun khyer snying por dril ba,” in Sngags mang zhib ‘jug khang, ed., *G.yu thog snying thig*, 4–6.

(*sman sgrub*), arguably the best-known facet of the collection today.¹⁹¹ The third section is the largest group of texts in the anthology and contains instructions and practices for the attainment of Buddhahood—the 46 individual texts of *The Sunbeam of Compassion Dispelling the Darkness of Suffering* sub-collection are incorporated in this third section of the *Yutok Nyingtig* that the Ngak Mang edition nests under the heading “Cycle of Accomplishing Medicine Practice Instructions etc.” (*sman sgrub nyams len khrid yig sogs kyi skor*).¹⁹²

In general, *The Sunbeam of Compassion Dispelling the Darkness of Suffering* presents a fairly cohesive and systematic set of Buddhist tantric practices that culminate in the highest Dzogchen practices of “pointing-out [the true nature of mind]” (*ngo sprod*), which, as the texts relate, ultimately allow the practitioner to understand the true nature of reality. Samuel notes that similar to other Nyingma *terma* cycles, a focus on the *guru* (*bla ma*), deity (*vidam*), *ḍākinī* (*mkha’ ‘gro*) triad forms the major structuring principle of the collection. In the context of the *Yutok Nyingtig*, the teacher (*bla ma*) is Yutok Yönten Gönpö (or more

¹⁹¹ In addition to Frances Garrett’s pioneering historical work, “accomplishing medicine” practices related to the *Yutok Nyingtig* have been discussed in relatively numerous anthropological studies, see e.g. Sienna R. Craig, “From Empowerments to Power Calculations: Notes on Efficacy, Value, and Method,” in *Medicine Between Science and Religion: Explorations on Tibetan Grounds*, ed. Vincanne Adams, Mona Schrempf, and Sienna R. Craig, vol. 10, Epistemologies of Healing (New York: Berghahn Books, 2011), 215–43; Cathy Cantwell, “The Medicinal Accomplishment (*sman sgrub*) Practice in the *Dudjom Meteoric Iron Razor* (*gnam lcags spu gri*) Tradition: Reflections on the Ritual and Meditative Practice at a Monastery in Southern Bhutan,” *Journal of the Oxford Centre for Buddhist Studies* 8 (2015): 49–95; and Calum Blaikie et al., “Coproducting Efficacious Medicines: Collaborative Event Ethnography with Himalayan and Tibetan Sowa Rigpa Practitioners,” *Current Anthropology* 56, no. 2 (2015): 178–204.

¹⁹² Samuel provides a condensed discussion of this third section of texts in the Ngak Mang collection, see “The *g.Yu Thog sNying thig*,” 220. The Ngak Mang edition of the *Yutok Nyingtig* includes 46 separate texts, while the Arura edition contains 47 individual works. Garrett’s work includes a text catalogue of the Ngak Mang edition, see Garrett, “The Alchemy,” 225–229.

specifically, one's own personal teacher in the form of Yutok), the personal meditation deity (*yidam*) is Hayagrīva (*rta mgrin*), and the *ḍākinī* is Vajravārāhī (*rdo rje phag mo*).¹⁹³

As the structure of the collection would suggest, Nyingma doxographers characterize the *Yutok Nyingtig* practice as a Mahāyoga *sādhana* cycle that is focused on a personal meditation deity, and ultimately aimed at liberation from cyclic existence.¹⁹⁴ Leading up to this advanced Dzogchen practice is a whole host preliminary practices and yogic techniques, some of which share elements with other systems of Tibetan Buddhism. In short, the collection contains preliminary practices (*sngon 'gro*); various forms of guru *sādhanas* (*bla sgrub*); teachings on yogic “exercises” (*'khrul 'khor*); discussion about removing obstacles concerning the imbalance of the three pathogenic “defects” (*gegs sel*),¹⁹⁵ causes of disease and their symptoms (i.e. material that is more immediately “medical” in its scope); generation stage (*bskyed rim*) practices in the form of *sādhanas*; completion stage (*rdzogs rim*) practices that are essentially identical to the “Six Yogas” of the Kagyu saint Nāropā (*na ro chos drug*);¹⁹⁶ and, finally, Dzogchen practices. In addition, there are texts discussing rituals involving healing and protection mantras, as well as descriptions of rituals devoted to the special protector deities of the medical tradition. As a whole, the collection provides a full-fledged contemplative-yogic curriculum that is said to have the power to bestow its practitioners enlightenment in a single lifetime.

¹⁹³ Samuel, “The *g.Yu thog sNying thig*,” 220.

¹⁹⁴ Garrett, “The Alchemy,” 215.

¹⁹⁵ See e.g. “G.yu thog snying thig bla sgrub kyi ‘byung ba lus ‘khrugs kyi gegs sel,” in Sngags mang zhib ‘jug khang, ed., *G.yu thog snying thig*, 398–430.

¹⁹⁶ The six are *tummo* (*gtum mo*), illusory body yoga (*sgyu lus*), bardo yoga (*bar do*), transference of consciousness (*'pho ba*), clear light yoga (*'od gsal*), and dream yoga (*rmi lam*).

While the *Yutok Nyingtig* practices eventually became popular among all schools of Tibetan Buddhism, the practices themselves are most closely related to the Nyingma school. The Nyingma tradition is generally more open to new sources of revelation than other schools of Tibetan Buddhism, and it is well known for incorporating “treasure texts” or *termas* (*gter ma*) as an important part of its textual canon. There are two primary modes of “treasure” finding: the unearthing of a text (or text fragment) buried in the ground, in a statue, pillar, or monastery wall (*sa gter*); and the discovery of a “treasure” in one’s mind (*dgongs gter*). The mechanism of “treasure” discovery implies that the text has been previously hidden at some point in the past, which technically distinguishes *termas* from other visionary modes of revelation, such as “pure vision” (*dag snang*) and secret oral transmission (*snyan brgyud*).¹⁹⁷ In the Ngak Mang edition’s introduction to the collection, the *Yutok Nyingtig* is described as a “Dharma of Pure Vision” (*zab mo dag snang*), which implies the transmission of the teaching directly to Yutok from another enlightened being, who in this case is mentioned to have been the *ḍākiṇī* Pelden Drengwa (*mkha’ ‘gro ma dpal ldan phreng ba*, or *Mandāravā*).¹⁹⁸ However, the introduction also mentions that although it is stated that the teachings were bestowed by the *ḍākiṇī* in a spoken teaching through the “long transmission” (*ring rgyud*), implying a succession of masters stretching back into the distant past, and as a “close transmission” *terma* (*nye rgyud gter ma*), in reality it is a

¹⁹⁷ However, Janet Gyatso remarks that *dag snang* and *snyan brgyud* are also used loosely to characterize *termas*. Janet Gyatso, “Drawn from the Tibetan Treasury: The *gTer ma* Literature,” in *Tibetan Literature: Studies in Genre*, eds. José Ignacio Cabezón and Roger R. Jackson (New York: Snow Lion Publications, 1996), 148.

¹⁹⁸ Chenagtsang, “G.yu thog snying thig gi ngo sprod rags bsdu,” 1.

veritable “mind treasure” (*dgongs gter*) of Yutok himself.¹⁹⁹ Similarly, the history of the exposition of the *Yutok Nyingtig* cycle studied by Ehrhard explains that the *Yutok Nyingtig* was given to Yutok by Pelden Drengwa, “the highest among the *ḍākiṅīs*,” but the *Yutok Nyingtig* cycle is also identified as a “mind-treasure” or a “heart-treasure” (*thugs gter*, synonymous with *dgongs gter*), both at the beginning and the end of his exposition.²⁰⁰ Sumtön’s *Virtuous Iron Hook* does not mention Pelden Drengwa, nor does it discuss the *Yutok Nyingtig* as a *terma*.

As a whole, the collection is considered to contain Yutok’s oral teachings as originally recorded and compiled by Sumtön, but later commentators have added additional layers to the narrative with multiple notions of its origins, perhaps to imbue the tradition with enhanced authority among rivaling medical lineages.²⁰¹ Zurkhar Nyamnyi Dorjé, for instance, added many sections of his own composition as he systemized the *Yutok Nyingtig* collection, and today all extant versions of the *Yutok Nyingtig* derive from Zurkharwa’s expanded edition.²⁰²

¹⁹⁹ “*Gsang chen snga ‘gyur lugs la/ ring rgyud bka’ ma dang / nye rgyud gter ma dang zab mo dag snang gi rgyud pa bcas gsum byung ba las ‘di ni mkha’ ‘gro ma dpal ldan phreng bas g.yu thog pa la dag snang du gnang ba’i zab mo dag snang gi chos skor du ngos ‘dzin gnang yang/ don du g.yu thog pa rang gi dgongs gter ram zhal gsung ngo ma yin/’*” Chenagtsang, “G.yu thog snying thig gi ngo sprod rags bsdu,” 1.

²⁰⁰ Ehrhard, “A Short History,” 155.

²⁰¹ For a detailed look at the *Yutok Nyingtig* transmission lineages, see Van Vleet, “Medicine, Monasteries and Empire,” 135 ff.

²⁰² Garrett, “The Alchemy,” 223.

2.2.2. *Yutok Nyingtig: A Union of Dharma and Medicine?*

Among the teachings included in the *Yutok Nyingtig* collection that have received most scholarly attention to date are the “medicine *sādhana*” or “accomplishing medicine” practices (*bdud rtsi sman sgrub*), which are closely linked with esoteric yogic and contemplative practices that among other things aim to transform bodily excrements into purified sacramental substances, and also enable attaining super-mundane abilities, such as achieving immortality and other paranormal powers.²⁰³ Frances Garrett suggests that it is this little-studied sphere of theory and practice revolving around “accomplishing medicine” what accounts for the close relationship between the Buddhist Nyingma tradition and the shaping of Sowa Rigpa.²⁰⁴ Garrett proposes further that by the time of the seventeenth century biography of Yutok by Lobzang Chödrak, the practice of “accomplishing medicine” was the most central feature of the lifestory of Yutok. Interestingly, however, this practice is characterized as a *sādhana* focused on deities particular to the medical tradition, especially in the tantric generation of the Medicine Buddha maṇḍala within one’s own body. The reward for the practitioner of “accomplishing medicine” was primarily an extended lifespan, but also the realization of ultimate reality. Although the rewards additionally included supernormal powers such as the ability to diagnose any illness by seeing into patients’

²⁰³ For a research project focusing on the potency of materials and the underexplored overlap between Tibetan medical and ritual practices, see Barbara Gerke et al., “Potent Substances in Sowa Rigpa and Buddhist Rituals: A Three-Year FWF Research Project,” accessed March 31, 2021, <https://www.univie.ac.at/potent-substances/>.

²⁰⁴ Garrett, “The Alchemy,” 209. It is also worth noting that “accomplishing medicine” practices were among the practices criticized in the early decree (*bka’ shog*) of King Yeshe Ö (lha bla ma ye shes ‘od, 947–1019/24), demonstrating that the practice is quite old and associated with “village priests”—i.e., Nyingmapa tantric ritualists—that are the object of the decree’s disdain. See *ibid.*, 217. See also Lowell Cook, “Lha Lama Yeshe Wo,” *The Treasury of Lives*, accessed April 8, 2021, <http://treasuryoflives.org/biographies/view/Lha-Lama-Yeshe-O/11056>.

bodies and making medicines more efficacious by empowering them, “accomplishing medicine” does not seem to have been primarily aimed to benefit the patients (although it might also happen as a “side-effect”), but rather, to serve the practitioner in their individual spiritual practice.²⁰⁵ While the *Yutok Nyingtig* is unquestionably linked to the Tibetan medical tradition, it is worth emphasizing that it appears to be primarily a lineage of spiritual practice belonging to the Dzogchen tradition of Tibetan Buddhism, specifically incorporated in the “oral instruction” (*man ngag, upadeśa*) series of teachings.²⁰⁶ However, more can be said about other facets of the *Yutog Nyingtig* beyond the theory and practice of “accomplishing medicine” that would improve our understanding of the *Yutok Nyingtig* tradition and its place within the medico-religious realm of Sowa Rigpa.

The contemporary introduction to the Ngak Mang edition of the *Yutok Nyingtig* anthology proposes that since all of the refined instructions of the Vajrayāna are included in the *Yutok Nyingtig*, it is considered by all physicians as a crown jewel worthy to be cherished.²⁰⁷ The tradition is further framed as a complete tantric system of the secret mantra of Vajrayāna, and therefore as unsurpassed instructions for awakening that can propel fortunate beings to liberation from cyclic existence in a single lifetime.²⁰⁸ Moreover, not only does the introduction relate that practicing the *Yutok Nyingtig* cycle of teachings

²⁰⁵ Garrett, “The Alchemy,” 214.

²⁰⁶ Samuel, “The *g.Yu Thog sNying thig*,” 216.

²⁰⁷ “*Deng dus bzhugs pa ni rdo rje theg pa’i gdams pa thams cad kyi yang zhun g.yu thog snying thig ‘di kho na yin pas ‘tsho byed kun gyis gtsug gi nor bu dang khong gi snying ltar gces par bya ‘os snyam.*” Chenagtsang, “G.yu thog snying thig gi ngo sprod rags bsdu,” 2.

²⁰⁸ “*G.yu thog snying thig gi lugs ‘di la rdo rje’i theg pa gsang sngags kyi gzhung ma lus pa rdzogs phyir di ni skyes bu skal ldan tshe gcig lus gcig la ‘tshang rgya ba’i gdams pa bla na med pa yin te.*” Ibid., 4.

promise buddhahood in an exceedingly swift manner, but also with reasonably little effort, which is particularly suited for the short-sighted and impatient people of this degenerate age (this theme will be revisited in Chapter 7). The introduction quotes Yutok’s words from the

Virtuous Iron Hook:

If an individual endowed with faith performs this vital practice of mine undistracted for seven days, I will manifest myself to the superior in real life, to the average in a vision, and to the inferior [practitioners] in a dream—and I promise that based on that contact with me, I will teach them in accordance with the instructions.²⁰⁹

Although the introduction to the Ngak Mang anthology further describes how Yutok and his main disciple Sumtön both belonged primarily to the Nyingma system of tenets, while additionally noting that that the generation and completion stage practices of the *Yutok Nyingtig* are specifically of the Nyingma variety that culminate in the Dzogchen “pointing-out” instructions revealing the true nature of one’s mind (*rdzogs chen ngo sprod*), the inclusive non-sectarian nature of the text is also emphasized.²¹⁰ Since the term *nyingtig* (*snying thig*) itself is described “a Dzogchen Dharma term,”²¹¹ it seems clear that the texts belong to the Dzogchen tradition, but it is less obvious how they relate to the medical tradition. Why is it relevant for medical practitioners specifically to practice the *Yutok Nyingtig* cycle of Buddhist teachings?

²⁰⁹ “*Kho bo ’i srog sgrub ’di nyid gang zag dad can gyis ma yengs zhag bdun sgrub (bsgrubs) na/ rab dngos/ ’bring nyams/ tha ma rmi lam du bdag gis zhal legs par bstan nas/ gdams pa dang rjes su bstan par bgyi ba dam bca’ yin/.*” Ibid. See also Nida Chenagtsang, *The Tibetan Art of Good Karma: The Hidden Treasure of the Turquoise Way – The Preliminary Practice of Yuthok Nyingthig Ngöndro, A Spiritual Practice of Traditional Tibetan Medicine* (United Kingdom: Sorig Press Limited UK, 2013), 28.

²¹⁰ Chenagtsang, “G.yu thog snying thig gi ngo sprod rags bsdu,” 7. See also Chenagtsang, *The Tibetan Art*, 21.

²¹¹ “*Snying thig ces pa ni rdzogs chen gyi chos skad cig yin te.*” Chenagtsang, “G.yu thog snying thig gi ngo sprod rags bsdu,” 1.

The Ngak Mang edition introduction explains that because the father of Tibetan medicine, Yutok Yönten Gönpo the Younger, produced a complete tantric practice for the sake of future disciples of Tibetan medicine, this tradition can be characterized as the “union of medicine and Dharma” (*smān chos zung ’jug*).²¹² In fact, in order to be an “authentic Tibetan doctor” (*bod smān pa tshad ldan*), it is imperative to practice the *Yutok Nyingtig*;²¹³ it is noteworthy that Tibet (*bod*) is evoked here in the context of this contemporary introduction to the anthology, in contrast to earlier sources that are not concerned labeling Yutok’s tradition as “Tibetan.” Moreover, summing up the discussion on the nature of the *Yutok Nyingtig* in the introduction of the Ngak Mang anthology, it is suggested that while the tradition indeed brings together medicine and Buddhism, it is the role of “inner science” (*nang rig pa*, i.e. Buddhism) that is emphasized, and more specifically, the teachings of the secret mantra (i.e. tantric Buddhism) should be prioritized over the exoteric sūtra teachings.²¹⁴ In the same vein, when the transmission of the *Yutok Nyingtig* cycle to Sumtön is discussed in the introduction, the passing on of the secret Dharma and medicine are often mentioned in tandem.²¹⁵ Moreover, after Sumtön had perfected his *Yutok Nyingtig* practice,

²¹² “*G.yu thog pa chen pos ma ’ongs pa nyon mongs dug lnga rags pa’i dus kyi bod smān rjes ’jug rnam la smān chos zung ’jug gi nyams len mthar phyin pa zhig yong ched.*” Ibid., 2. Note that “Tibetan medicine” (*bod smān*) is conjured here (instead of Sowa Rigpa or “medical practice”). With regard to *smān chos zung ’brel*, see also the foreword to Chenagtsang, *The Tibetan Art*, vii.

²¹³ Ibid.,” 7. Chenagtsang echoes similar sentiments also elsewhere: “The Yuthok Nyingthig contains the medical teachings, accomplishing medicine empowerments, and medicine/elixir offerings required by doctors,” Nida Chenagtsang, *Mirror of Light: A Commentary on Yuthok’s Ati Yoga – Volume One*, trans. Ben Joffe (Portland, OR: SKY Press, 2016), 36.

²¹⁴ “*Gong du smras pa bzhin g.yu thog snying thig gi lugs ’di ni/ gso ba rig pa dang nang rig pa gnyis las nang rig pa’i skor rtsal du bton nas gsungs pa dang/ nang rig pa’i mdo sngags gnyis las gsang sngags kyi skor rgyas par bstan/.*” Chenagtsang, “G.yu thog snying thig gi ngo sprod rags bsdu,” 7.

²¹⁵ For instance: “*mchog gis sku tshe gang bor nyams len gnang ba’i zab gsang gi chos dang smān gnyis ka’i gdams pa ma lus pa bum pa gang byo’i tshul gyis sum ston ye shes gzungs la*

he is told to also have disseminated medicine and Dharma in unison (*sman chos zung 'brel*).²¹⁶ Consequently, the discussion pertaining to the transmission given to Sumtön renders the *Yutok Nyingtig* simultaneously medical and tantric in its scope. Sumtön’s own history, however, does not explicitly use similar language of symbiosis when discussing the transmission of the teachings, and it is not immediately clear how the idea of “union of Dharma and medicine” should be interpreted in the light of the *Virtuous Iron Hook*, which notably emphasizes the spiritual qualities of Yutok. Elsewhere, the author of the Ngak Mang edition’s introduction suggests that being a medical practitioner is not a prerequisite for practicing the *Yutok Nyingtig*—rather, the tradition’s connection to medicine is described as being taught in the broader context of “removing obstacles” (*gegs sel*), the practice of which can be beneficial for anyone, not only doctors.²¹⁷

2.3. Conclusion

As presented in the historical narratives on the life of Yutok, the *Yutok Nyingtig* represents the tantric Buddhist practice of a particular medical lineage that is devoted to venerating Yutok as a spiritual teacher. As Frances Garrett has suggested, this lineage appears to have emerged from the Nyingma “accomplishing medicine” tradition (*sman sgrub*), which aims at alchemical transformation through esoteric Buddhist yogic and

gdams/; and *mi lo bcu gnyis la sman rgyal g.yu thog pa sgo gsum gus pas tshul bzhin bsten zhing sman dang chos kyi gdams pa ma lus par zhus zhing [...]*. Ibid., 2.

²¹⁶ “*Sum ston pa chen po rang nyid kyis kyang mi tshe gang por g.yu thog snying thig nyams len mthar phyin pa gnang nas sman chos zung 'brel gyi bstan rgyun khyab spel gnang la [...]*” Ibid., 3.

²¹⁷ Treating imbalances of the three “humors” of Tibetan medicine (*rlung*, *mkhris pa*, and *bad kan*) within the framework of “removing obstacles” is explained in their outer aspect to deal with the removal of obstacles of the body, in their inner aspect removing obstacles of the mind, and in their secret aspect removing demonic obstacles. Chenagtsang, *Mirror of Light*, 31.

contemplative exercises. Therefore, it appears that the practice of the *Yutok Nyintig* is associated with a different type of medical practice than the classical Tibetan medical tradition described in the *Fourfold Treatise* (i.e. employing techniques that are designed to transform material substances using a combination of pharmacological and mystical domains of knowledge in order to extend lifespan).²¹⁸

Moreover, it appears that evoking the technical term *chos sman zung 'brel* or *sman chos zung 'jug* to describe the explicit and strategic integration of Dharma and medicine in the *Yutok Nyintig* tradition is limited to the introduction of the Ngak Mang anthology and other writings by Nida Chenagtsang, especially in instances where the lineage of the tandem tradition of medicine and Dharma is described to have been transmitted to Yutok's foremost disciple, Sumtönpa. Historians of Sowa Rigpa, such as the Fifth Dalai Lama in his commentary on the *Yutok Nyintig* texts, do not explicitly mention an integration of medicine and Dharma,²¹⁹ nor does the term seem to be present in any of the actual texts in the *Yutok Nyintig* anthology. While the biography of Yutok the Younger does discuss transmitting both religious and medical knowledge to Sumtön, the text does not evoke the specific notion of integrating Dharma and medicine, and the emphasis seems to be on the transmission of religious teachings. Similarly, the short history on the exposition of the *Yutok Nyintig* cycle studied by Ehrhard focuses on the spiritual transmission endowed to Sumtön by Yutok, not mentioning any concurrent medical elements. Sumtön's historical narrative in the *Virtuous Iron Hook* does celebrate Yutok as a key figure in compiling the

²¹⁸ Garrett, "The Alchemy," 207.

²¹⁹ In a way, it would have been natural for the Fifth Dalai Lama to evoke the idea of "union of Dharma and medicine" since he was one of the most famous proponents of combining politics and religion (*chos srid zung 'brel*).

Fourfold Treatise, but places significantly more emphasis on describing how Yutok received transmission of the tantric practices incorporated in the *Yutok Nyingtig*, and how he passed on this practice to Sumtön in conjunction with the *Fourfold Treatise*. Yutok’s proclivity to teach both Dharma and medicine (among other things) does represent a kind of amalgamation of the Buddhist doctrine and medicine: from a broader perspective, Yutok can be described to have left behind a transmission lineage of a union of medicine and Dharma in the form of the *Fourfold Treatise* and the *Yutok Nyingtig*, respectively. However, the teachings contained in the *Yutok Nyingtig* belong primarily to the realm of ritual practice, and the *Yutok Nyingtig* itself can hardly be described as a comprehensive merging of Dharma and medicine. Therefore, the *Yutok Nyingtig* is essentially a tantric Buddhist practice belonging to a particular medical lineage that is devoted to venerating Yutok as a spiritual teacher and an authority whose influence is perceived to exceed that of the Buddhas and bodhisattvas.²²⁰

While it appears that the discourse around conjoining the tantric *Yutok Nyingtig* tradition and the practice of medicine is perhaps deliberate in order to frame the tradition for a new audience and global era of Tibetan medical training and spirituality (see Chapter 4), it is certainly the case that the idea of integrating medicine and Buddhism has been present in a more nascent form in Tibet—in the institutional structure of Buddhist monasteries providing medical training, for instance, or in the way Mahāyāna Buddhist ethical ideas penetrated the social fabric of Sowa Rigpa practice, which ultimately became framed as the enterprise of a bodhisattva (see Chapter 3). Yet, it may be of some significance that some contemporary authors gesture towards an integrated idea of Buddhism and Tibetan medicine that is

²²⁰ Van Vleet, “Medicine, Monasteries and Empire,” 56.

incorporated in *Yutok Nyingtig* practices, although this notion seems to remain mostly implicit in the *Yutok Nyingtig* collection itself and in other historical materials. Therefore, it seems that the texts in the *Yutok Nyingtig* collection, which ultimately aim to bestow the practitioner a direct realization of the nature of the mind (and consequently release from cyclic existence), are fundamentally Buddhist texts, rather than medical.

Concluding the historical portion of this research, the next chapter continues the historical exploration of the notion of the “union of Dharma and medicine” by looking into the institutionalization of medical training in Tibet and the concurrent adoption of ritual practice lineages, such as the *Yutok Nyingtig*.

Chapter 3. Bodhisattvas Study Medicine: Buddhism and the Institutionalization of Medicine in Tibet

Initially, Sowa Rigpa developed in the context of an apprenticeship system outside of the monastery. Students were often trained individually or in small numbers by senior family members within the familial lineages of famed clans. By the turn of the thirteenth century the lineages of famous physicians such as Yutok Yönten Gönpö and Cherjé Zhangtön Zhikpo (cher rje zhang ston zhig po, early thirteenth century) began to attract students in larger numbers, which resulted in the composition of unifying narratives of Tibetan medical history and scholastic medical curricula. During a time of political and sectarian strife, schools that trained wider circles of students began to form around various flourishing family lineages. These schools would serve as prototypes for the Fifth Dalai Lama's (ngag dbang blo bzang rgya mtsho, 1617–1682) state medical system in the mid seventeenth century, which selectively incorporated the medical and ritual traditions of diverse lineages.²²¹

Beginning around the turn of the fourteenth century, monastic medical institutions became primary sites for the transmission of scholarly Tibetan medical knowledge. It was around the year 1372 when Drangti Pelden Tsojé (brang ti dpal ldan 'tsho byed, ca. 1310–1380) composed the *Expanded Elucidation of Knowledge* (*shes bya rab gsal rgyas pa*), which delineates the institutional curriculum for the study and practice of medicine at the monastic Sakya Medical House (sa skya sman grong), and set the standard for the transmission of medical knowledge for all subsequent Buddhist medical institutions in

²²¹ Van Vleet, "Medicine, Monasteries and Empire," 60–1.

Tibet.²²² Pelden Tsojé had received the teachings of the Yutok lineage and synthesized previous accounts of the tradition, such as the writings of Sumtön Yeshé Zung, with his own.²²³ However, in terms of tantric practice, it appears that the Drangti lineage favored veneration of the Medicine Buddha (as well as the Sages and Three Medicine Goddesses, *sman gyi lha mo spun gsum*) instead of being associated with the *Yutok Nyintig*, perhaps reflecting the lineage’s position that the *Fourfold Treatise* constituted the Word of the Medicine Buddha rather than being authored by Yutok.²²⁴

Gradually, the emergence of medical colleges—most notably the monastic Chagpori school in Lhasa, followed by medical colleges in a number of large Eastern Tibetan monasteries—created an alternative context of transmitting medical knowledge outside of familial lineages.²²⁵ While monasteries eventually provided a structured environment for the study of Sowa Rigpa, and many medical texts were incorporated into the Tibetan Buddhist canon, the practice of Tibetan medicine was never fully centralized in Tibet.²²⁶ The flux and

²²² The Sakya Medical House is the first known instance of a Tibetan medical lineage becoming institutionalized at a monastery. McGrath, “Buddhism and Medicine in Tibet,” 141.

²²³ Details of Yutok’s student lineage can be found in the *Indispensable Account of Transmission* (*brgyud pa’i rnam thar med thabs med pa*), attributed to Sumtön Yeshé Zung. *Ibid.*, 147, 152–53.

²²⁴ The Sakya Medical House was the first institution that incorporated the *Fourfold Treatise* as its primary text of study. However, the canonization of *A Compendium on the Essence of the Eight Subjects* in the fourteenth century demonstrates the endurance of Vāgbhaṭa’s work as a primary medical text in Tibet and suggests that the *Fourfold Treatise* remained controversial up to this time, although it was later incorporated into all major medical traditions. Van Vleet, “Medicine, Monasteries and Empire,” 68, 70.

²²⁵ Samuel, “Introduction,” 344.

²²⁶ For historical and contemporary perspectives on medical pluralism in Tibet, see e.g. Sienna R. Craig et al., eds., *Studies of Medical Pluralism in Tibetan History and Society: PIATS 2006, Tibetan Studies – Proceedings of the Eleventh Seminar of the International Association for Tibetan Studies, Königswinter 2006*, Beiträge zur Zentralasienforschung; Bd. 18. (Andia: International Institute for Tibetan and Buddhist Studies, 2010).

transformation that characterizes Tibetan history was also present in the medical field, which in addition to the monastic context also contained diverse lineages of individual lay practitioners, who combined religious and medical practice to varying degrees in their work.

The Fifth Dalai Lama was actively involved in the revision of tantric medical practices in order to create a unified doctrinal framework for medical study in Tibet. The Dalai Lama's guidelines for the Tsarong (tsha rong) medical school (see below) evince that his ritual manuals sought to create a new state medical orthodoxy by reconciling the tantric practices associated with different Tibetan Buddhist traditions.²²⁷ Earlier, traditions of Sowa Rigpa became differentiated by their particular tantric practices and by their veneration of different primary medical progenitors (i.e. the Medicine Buddha or Yutok Yönten Gönpo), as well as their authorized medical treatments and recipes passed down through family or teacher-student lineages; for example, physicians of the Zur medical tradition were associated with the *Yutok Nyingtig* tradition.²²⁸ Therefore, the systematization and institutionalization of Sowa Rigpa was not merely a matter of integrating the medical knowledge of earlier traditions, but also of synthesizing their associated tantric practices. In his efforts to reconcile different tantric practices in the study of medicine, the Fifth Dalai Lama initially favored the *Medicine Buddha Sūtra* ritual, contrasted with a de-emphasis of the *Yutok Nyingtig*, a tantric practice that the Tsarong family lineaged had inherited from the Zur medical tradition. However, the Dalai Lama allowed the continuation of the *Yutok*

²²⁷ Stacey Van Vleet, "Medicine as Impartial Knowledge: The Fifth Dalai Lama, the Tsarong School, and Debates of Tibetan Medical Orthodoxy," in *The Tenth Karmapa & Tibet's Turbulent Seventeenth Century*, eds. Karl Debreczeny and Gray Tuttle (Chicago: Serindia Publications, 2016), 269.

²²⁸ For a more detailed discussion of the *Yutok Nyingtig* practice becoming synonymous with the Zur tradition at the time of Zurkhar Nyamnyi Dorjé, see Van Vleet, "Medicine, Monasteries and Empire," 77 ff.

Nyingtig practice as he attempted to synthesize different tantric practices as integral components of teaching medicine in a more systematized manner.²²⁹ The presence or absence of the *Yutok Nyingtig* was indeed an important distinguishing characteristic between different medical lineages in Tibet (most notably the Jang and Zur), and a factor to be considered in the Fifth Dalai Lama and Desi Sangyé Gyatso's systematization of medical learning.

The systematization of the Tibetan medical tradition and accompanying tantric practices reached its apex during the time of the Fifth Dalai Lama and his influential regent, Sangyé Gyatso (sde srid sangs rgyas rgya mtsho, 1653–1705). In addition to composing one of the most authoritative Tibetan medical histories, Desi Sangyé Gyatso is credited with founding the first medical college in Lhasa, publishing a revised edition of the *Fourfold Treatise* that was to become the gold standard throughout Tibet, and authoring one of the most influential commentaries on the *Fourfold Treatise*, the *Blue Beryl*.²³⁰ Sangyé Gyatso regrets in his history of Tibetan medicine, *Mirror of Beryl*, that his practical medical skills were limited to question-and-answer diagnostics, although he claims to have compounded medical substances, performed consecration rituals, and participated in other activities straddling the line between medicine and religion. However, it was not uncommon in Tibetan medicine (or in the other classical fields of knowledge for that matter) that there was a division between the transmission of formal textual learning and the practical hands-on approach to practice medicine.²³¹ The Fifth Dalai Lama and Desi Sangyé Gyatso were particularly adept at

²²⁹ Ibid., 267, 279.

²³⁰ Sangs rgyas rgya mtsho, *Bai dūr sngon po* (reproduced from sde dge blockprints, Leh: D.L. Tashigang, 1981).

²³¹ Matthew T. Kapstein, *The Tibetans* (Oxford: Blackwell Publishing, 2006), 255.

stimulating the circulation of medical knowledge through their strategic patronage of Buddhist institutions.

Sowa Rigpa has not been immune to political or sectarian influence throughout its history—quite the contrary—and concerns about different domains of legitimacy have shaped the trajectory of the Tibetan medical tradition. This chapter examines how the Chagpori medical college became to be known as the epitome for the concurrent transmission of Dharma and medicine (*chos sman zung 'brel*), and how its adoption and propagation of the *Yutok Nyingtig* tradition became an important constituent in the construction of medical legitimacy in Tibet.

3.1. Chagpori: Lhasa's Medical Monastery

Chagpori (lcags po ri) medical school, owned by the Secretariat of the Potala palace (*rtse yig tshang las khungs*), was not the first medical institution in Tibet, but it was the first and only monastery in Tibet to be devoted to medical learning. Chagpori, or the “Iron Mountain Monastic Medical College” (*sman pa'i grwa tshang lcags ri*) was established in 1696 by Desi Sangyé Gyatso as a “Sanctuary of Wondrous Knowledge Benefiting Sentient Beings” (*ngo mtshar 'gro phan rig byed gling*) near Potala palace in Lhasa.²³² Chagpori's influence on early institutional Tibetan medical training is unparalleled, but it was preceded by other places of medical learning in Tibet. Prior to the founding of Chagpori, the Fifth Dalai Lama had established the “Sanctuary of Medicine Benefiting Sentient Beings” (*gso rig 'gro phan*

²³² For a brief history of Chagpori, including descriptions of daily life and annual activities at the beginning of the twentieth century as reported by the last Director of the institution, Tubten Tsering, see Thub bstan tshe ring, “Gangs ljongs sman pa'i grong khyer lcags ri 'gro phan rig byed gling gi byung rabs brjod pa gsal ba'i sgron me,” in *Bod kyi sman rtsis ched rtsom phyogs bsdus* (Lhasa: Bod ljongs mi dmangs dpe skrun khang, 1986), 148–181. The Tibetan text is also reproduced in its entirety in Robert Gerl and Jürgen C. Aschoff, *Die Medizinhochschule Tschagpori (lcags-po-ri) Auf Dem Eisenberg in Lhasa: Medizinhochschule und Kloster* (Ulm: Fabri Verlag, 2005), 22–55.

gling) in the western portion of the Ganden palace (dga ldan pho brang) of Drepung (‘bras spungs) monastery, and he was also the patron of the “Sanctuary that Assembles Medical Sages” (gso rig drang srong ‘dus gling) in Samdruptse (bsam ‘grub rtse; present day Shigatse, gzhis ka rtse) in Tsang province. According to the set of monastic guidelines written by the Fifth Dalai Lama for the latter institution, the curriculum combined the study of the *Fourfold Treatise* with daily practice of a new Medicine Buddha ritual (*sman bla’i mdo chog*), composed by the Fifth Dalai Lama himself.²³³ The decline of these medical schools some fifteen years after the death of the Fifth Dalai Lama seems to have been the impetus to establish a well-coordinated medical training institution in Lhasa.²³⁴ As an important historian and actor shaping the unfolding of Tibetan medical history itself, Desi Sangyé Gyatso was personally invested in the project that eventually became Chagpori, which was built nearby the Potala palace on a central geographical feature in the city of Lhasa, the “Iron Mountain” that is associated with the bodhisattva Vajrapāṇi.

Since Chagpori was a monastic institution belonging to the Gelukpa tradition, medical studies there followed closely the pedagogical model of monastic education.²³⁵ Upon the founding of the institute an order was sent out to various monasteries requesting them to send monks to Chagpori for medical studies. The home monasteries were expected to

²³³ There was also a third medical school associated with the Fifth Dalai Lama, the “Sanctuary of Medicine of Accomplished Aspirations” (*sman shag bsam ‘grub gling*), located within the eastern bastion of the Potala palace, which is thought to have played an especially important role in the creation of a state medical orthodoxy during the Fifth Dalai Lama’s lifetime. For a detailed discussion on the Fifth Dalai Lama’s medical schools, see Van Vleet, “Medicine, Monasteries and Empire,” 114–19.

²³⁴ Thub bstan tshe ring, “Lcags ri byung rabs,” 150.

²³⁵ See e.g. Georges Dreyfus, *The Sound of Two Hands Clapping: The Education of a Tibetan Buddhist Monk* (Berkeley: University of California Press, 2003); and Cabezón and Dorjee, *Sera Monastery*. For a discussion on the relationship between the philosophically oriented Geluk tradition and Sowa Rigpa, see Van Vleet, “Medicine, Monasteries and Empire,” 90–6.

sponsor the monks they sent. Initially, the institution received land donations to support sixty monks.²³⁶ There was a fixed number of monks that would be admitted from Gelukpa monasteries, but monks from other schools were also admitted (as well as laymen; a change introduced by the Seventh Dalai Lama in the first half of the eighteenth century).²³⁷ Later on, a total of 64 monasteries were asked to send their best students to Chagpori, who were supposed to be between 13–16 years of age when they began their medical studies. Before enrolling at Chagpori, the monk students would have received basic training in Tibetan language and Buddhist philosophy in their home monasteries. Those who were disabled, or sons of blacksmiths or butchers were not eligible to be admitted.²³⁸

Similar to other Tibetan monastic institutions, Chagpori had its own “constitution” or “guidelines” (*bca’ yig*), which delineated the rules, regulations and curriculum of the institution. Monks at Chagpori medical college not only studied medical literature, but also sūtras and tantras following the tradition of Tsongkhapa. The educational system stressed memorization, recitation and debate, much as in other Geluk monasteries, and this was due to the influence of the Fifth Dalai Lama. Tantric rituals, such as ceremonies to appease Dharma protectors, were done following the custom of the tantric college of Drepung monastery (*‘bras spungs sngags pa grwa tshang*) and Lower Tantric College (*rgyud smad grwa tshang*; one of the two main Geluk tantric colleges in central Tibet, established in 1433). Chagpori students were also trained in other aspects of ritual: preparing dough

²³⁶ Thub bstan tshe ring, “Lcags ri byung rabs,” 155; on monk sponsorship, see 159.

²³⁷ Fernand Meyer, “Theory and Practice of Tibetan Medicine,” in *Oriental Medicine: An Illustrated Guide to the Asian Arts of Healing*, ed. Jan Van Alphen and Anthony Aris (Boston: Shambhala, 1995), 117.

²³⁸ Gerl and Aschoff, *Die Medizinhochschule Tschagpori*, 115, 117.

offerings or *torma* (*gtor ma*), creating maṇḍalas, and playing ritual instruments.²³⁹ In fact, the sound of the horns from Chagpori was an important part of the soundscape of Lhasa: according to a folk saying, “The golden yellow trumpets sound from the Potala; the pleasant sound of brass horns emerges from Chagpori.”²⁴⁰ Chagpori students were instructed in the exegetical literature of the *Fourfold Treatise*, as well as taught how to recognize and collect medicinal plants, prepare and consecrate medicine, and examine patients.

Passing ongoing oral exams on the portions of the *Fourfold Treatise* that monks had memorized was a requisite of staying enrolled at Chagpori, and the expectation was to be able to commit three of the four treatises found in the *Fourfold Treatise* (*rtsa rgyud*, *bshad rgyud*, and *phyi ma rgyud*) to memory in a period of nine years of study. Chagpori awarded a scholarly degree in medicine, the *menrampa* (*sman rams pa*), “Doctor of Medicine” that was akin to the *geshe* degree awarded for advanced studies in Buddhist philosophy in Geluk monasteries. At the time of their final examinations and graduation, students were expected to serve special tea and soup (*thug pa*) to the whole monastic community. Examinations testing memorization of the *Fourfold Treatise* began in 1655, and they took place in Lhasa’s main temple, Jokhang (jo khang), typically during the Great Prayer Festival (*smon lam chen mo*) or during the Great Offering Festival (*tshogs mchod*).²⁴¹

²³⁹ Thub bstan tshe ring, “Lcags ri byung rabs,” 155–56.

²⁴⁰ Ser po gser gyi rgya gling/ po tA la nas btang yong/ snyan po rag gi rgya gling/ lcags po ri nas btang byung/. Ibid., 164.

²⁴¹ Ibid., 160. Those students who passed an oral examination on the *Fourfold Treatise* in its entirety were awarded the prestigious title of *gyüshi khenpo* (*rgyud bzhi mkhan po*), “Professor of the *Fourfold Treatise*.” Gerl and Aschoff, *Die Medizinhochschule Tschagpori*, 119–120. For details on the festivities and ceremonial offerings provided by those passing their *geshe* examinations in Sera monastery, see Sopa, *Like a Waking Dream*, 151–57.

Although the study and memorization of the *Fourfold Treatise* seems to have occupied a prominent role in the daily life at Chagpori, historian Stacey Van Vleet suggests that the study of the *Fourfold Treatise* and other medical texts was in fact considered secondary to conducting tantric ritual practices at the monastery. Van Vleet proposes that *sādhana* practice (“means for attainment,” *sgrub thabs*), empowerment rites (Skt. *abhiṣekavidhi*, Tib. *dbang chog*), and Medicine Buddha ritual assemblies (*sman bla'i mdo chog*) were most students’ main focus at Chagpori, and only a fraction of motivated students actually pursued a physician’s vocation.²⁴² Moreover, it is possible that even those pursuing medical training spent a lot of their day doing ritual. In this regard Chagpori seems to have been organized much like the Geluk *densas* (*gdan sa*), or great seats of learning, where only a relatively small number of the monks pursued the scholastic curriculum.²⁴³ In any case, Chagpori also had its own printing facilities where a steady flow of texts was being produced and distributed to other medical schools as standard texts, which also must have contributed to the widespread influence of the institution as the gold standard of medical learning in Tibet.²⁴⁴

²⁴² Van Vleet, “Medicine, Monasteries and Empire,” 101. It is perhaps at least partly due to this influence that Tibetan medical education took to share much of the same ideology and methods that are employed in the transmission of tantric Buddhist teachings (such as the requirements of empowerment and textual reading transmission).

²⁴³ Essentially, prayer is perceived a merit-making activity in Tibetan Buddhism, which is believed to clear away obstacles that students of any kind might encounter. Therefore, Tibetans believe that a person’s abilities can be enhanced and obstacles dispelled through the accumulation of merit and purification of sin (*gsag sbyang*). For a discussion on the importance of prayer in scholastic learning in Tibet, see Cabezón and Dorjee, *Sera Monastery*, 259–61.

²⁴⁴ Gerl and Aschoff, *Die Medizinhochschule Tschagpori*, 91, 93.



Bundesarchiv, Bild 135-S-15-46-24
Foto: Schäfer, Ernst | 1938/1939

Figure 3.1. Chagpori photographed in 1938. Photo credit: Bundesarchiv, Bild 135-S-15-46-24 / Schäfer, Ernst / CC-BY-SA 3.0

Fitting for a monastic institution centered around ritual practice, there were multiple temples in the Chagpori compound, each housing various Buddhist statues and images, including statues of the Medicine Buddha, the Fifth Dalai Lama, Desi Sangye Gyatso, and tantric deities such as Hayagrīva, Guhyasamāja, Cakrasaṃvara, and Vajrabhairava. The Chagpori shrines also housed a one storey high statue of Yutok Yönten Gönpo, which is said to have enshrined the heart, tongue and eyes of Dharma Senggé, a visionary mystic also known as the Madman from Kham (khams smyon d+har+ma seng ge, d. 1890), who is

remembered for his propagation of the *Yutok Nyingtig* tradition.²⁴⁵ Dharma Senggé is said to have given *Yutok Nyingtig* initiations and teachings to the entire monastic community at Chagpori—relying on materials compiled by Sumtön Yeshe Zung—as well as giving exhaustive oral teachings on the *Fourfold Treatise*.²⁴⁶ At that time, the government also provided support for organizing and propagating tantric “accomplishing medicine” (*smān sgrub*) ceremonies.²⁴⁷ An alumnus of Chagpori, Khenrab Norbu (mkhyen rab nor bu, 1883–1962), who later became the Director of the Lhasa Mentsikhang (*smān rtsis khang*), had prepared a silk *thangka* depicting the *Yutok Nyingtig* lineage of teachings (*g.yu thog snying thig gi tshogs zhing gos thang*) at Chagpori, signifying the increased importance of the *Yutok Nyingtig* tradition to the college.²⁴⁸

Chagpori also followed its own ritual calendar, largely dictated by the Desi and the Dalai Lama’s office. Rituals for the long life of the Dalai Lama were performed, as well as special rites for the continued success of Buddhism and the Dalai Lama’s government (*bstan srid zhabs brtan*).²⁴⁹ There was also a special emphasis on rituals related to the *Yutok Nyingtig* tradition: the daily rituals included performing the *Yutok Nyingtig* liturgy (*g.yu thog snying thig cho ga*) in the morning prayer at the assembly hall, and the Medicine Buddha liturgy

²⁴⁵ Thub bstan tshe ring, “Lcags ri byung rabs,” 152.

²⁴⁶ [...] *skyabs rje d+har+ma seng ges g.yu thog snying thig gi chog gzhung snga sor sum ston ye shes gzungs kyis mdzad par bcos bsgrigs zab mo gnang ba dang sbrags lcags ri tshogs yongs su dbang lung khrid sogs man ngag zab mo rnams dang/ dpal ldan gso ba rig pa’i rgyud bzhi’i ljags lung sogs gdams ngag ma lus pa mgon po gang gi dngos slob bu chen rnams dang bcas su bka’ drin legs par thong/*. Ibid., 174.

²⁴⁷ *dus der gzhung sa mchog nas kyang mthun rgyan yongs su stsal te bdud rtsi smān sgrub kyi sgrub mchod rgyas ‘dzugs gnang ba nyams med ‘phel rgyas je legs su ‘gro ba lags so/*. Ibid., 174.

²⁴⁸ Ibid., 154.

²⁴⁹ Ibid., 163.

(*sman bla cho ga*) and bodhisattva vows in the evening for the benefit of all sentient beings.²⁵⁰ On the days when ritual offerings for the Dharma protector of the medical field, Shanglön (zhang blon dam can sde dgu), were enacted, the *Yutok Nyingtig* liturgy was performed in its entirety (*g.yu thog snying thig gi chog gzhung cha tshang*).²⁵¹ In addition, there would be a special assembly to perform the *Yutok Nyingtig* tantric feast (*tshogs*) on the seventeenth day of the second month to commemorate Desi Sangye Gyatso's birthday; and on the 25th day of the third month, a *tsog* offering according to the *Yutok Nyingtig* would be performed to commemorate the death of the Fifth Dalai Lama.²⁵² From the 15th until the 30th day of the third month, there would be assemblies to recite three times the three core treatises of the *Fourfold Treatise*, and tea and soup would be provided on the last day. Oral examinations would be organized on the 14th and 29th days of each month, and biannual exams would be organized on the 29th of the third and the ninth month. The fourth month would be devoted to Medicine Buddha practice, with a general assembly taking place on the 15th day. The end of the academic year (before the summer break) at Chagpori would be marked by elaborate *Yutok Nyingtig* rituals, including “accomplishing medicine” practices (*sman sgrub*).²⁵³ The ritual calendar at Chagpori was laden with liturgies related to the *Yutok Nyingtig* tradition, and many of these assemblies and ritual occasions would also involve concurrent medical training, whether in the form of instruction in the exegetical literature of the *Fourfold Treatise*, recognizing and collecting medicinal plants, examining patients,

²⁵⁰ Gerl and Aschoff, *Die Medizinhochschule Tschagpori*, 135.

²⁵¹ Thub bstan tshe ring, “Lcags ri byung rabs,” 163. See also Gerl and Aschoff, *Die Medizinhochschule Tschagpori*, 133.

²⁵² *Ibid.*, 164.

²⁵³ *Ibid.*, 164–65.

preparing herbal pills, or consecrating medicine. All of this suggests that Chagpori medical college played a pivotal role in transmitting both the *Yutok Nyingtig* tradition and the *Fourfold Treatise*, and exemplifies the close interrelatedness of medical knowledge, the *Yutok Nyingtig* lineage, and temporal power in Tibet. It is for these reasons that Chagpori is remembered as the archetypal manifestation of the union of Dharma practice and medicine (*chos sman gzung 'brel*).²⁵⁴

The impact of Chagpori to the codification and transmission of Tibetan medical knowledge is hard to overestimate. Upon completing their studies, Chagpori students were initially sent to important monastic centers in Lhasa, but later also to Mongolia (two Chagpori graduates were sent to serve as the personal physician of Khalkha Jetsün Dampa (Ninth Jetsündampa Khutughtu, 1933–2012; rje btsun dam pa), and Jamyang Khedrup ('jam dbyangs mkhas grub) was sent from Chagpori to serve as the personal physician of Changkya Rölpe Dorjé (lcang skya rol pa'i rdo rje, 1717–1786), the principal Tibetan Buddhist teacher in the Qing court. Moreover, many monastic medical institutions were set up in Amdo in Eastern Tibet, and medical knowledge disseminated by Chagpori was spread to Kham (khams) region as well.²⁵⁵ Long regional association between Buddhism, charitable medical activities, and state patronage was successfully continued by the proliferation of Tibetan Buddhist medical colleges within the Qing Empire.²⁵⁶ However, monk-physicians in

²⁵⁴ Van Vleet, “Medicine, Monasteries and Empire,” 102.

²⁵⁵ Thub bstan tshe ring, “lcags ri byung rabs,” 158–59.

²⁵⁶ Van Vleet, “Medicine, Monasteries and Empire,” 13. See also Janet Gyatso, “The Authority of Empiricism and the Empiricism of Authority: Medicine and Buddhism in Tibet on the Eve of Modernity,” *Comparative Studies of South Asia, Africa and the Middle East* 24, no. 2 (2004): 93.

the great monasteries of Tibet most likely provided their services almost exclusively to other monks.²⁵⁷

The emergence of Chagpori as the most prestigious and authoritative school of medicine in Tibet is related to broader dynamics pertaining to religious lineages and institutional power. Importantly, these debates over medical and religious orthodoxy reveal how the Nyingma-oriented *Yutok Nyingtig* tradition was incorporated into the ritual and medical curricula of Chagpori medical school, which was essentially a Geluk institution. Van Vleet writes:

Between the fourteenth and the seventeenth century, various Tibetan monasteries and princely courts patronized early medical institutions and contributed to the development of Tibetan medical traditions. These traditions included the Drangti family lineage at Sakya monastery, the Jang medical tradition at the Jonang Takten monastery, the Zur medical tradition at the Kagyü Tsurpu monastery, and the Gongmen and Tsarong family lineages at the Samdruptsé fortress of the King of Tsang. Each of these medical traditions traced their own transmission lineages of the *Four Tantras* (and other medical treatises) in conjunction with specific ritual practices and recipes for the production of “precious pills,” the consecrated medicinal products of tantric practice. [...] [W]e can note that all of these traditions were associated with ritual practices venerating the Medicine Buddha save one – the Zur medical tradition and its Yutok Heart Essence practice [i.e. the *Yutok Nyingtig*]. In the early seventeenth century, Gelukpa hierarchs [i.e. the Fifth Dalai Lama and Desi Sangyé Gyatso] and their princely allies turned to Zur physicians with their powerful alchemical tradition to found a new tradition of medicine.²⁵⁸

Chagpori’s prominence in Lhasa unquestionably underscored the importance of medicine in legitimizing Tibetan Buddhist projects of governance, and adopting this “new tradition of medicine” that incorporated the tantric *Yutok Nyingtig* practices of the Zur

²⁵⁷ Janes, “The Transformations,” 13.

²⁵⁸ Van Vleet, “Medicine, Monasteries and Empire,” 99. For more historical details on the emergence of the two main Tibetan medical lineages, Jang and Zur, and a discussion on the sectarian developments and reconciling ritual practices within Tibetan medical lineages, see *ibid.*, 30–99. On the dual lineages of Medicine Buddha and *Yutok Nyingtig*, see *ibid.*, 39. On the Drangti family lineage, see McGrath, “Buddhism and Medicine in Tibet.”

lineage has been argued to have played a central role in the state-building process of the Fifth Dalai Lama.²⁵⁹

3.2. Medicine, the Word of the Buddha, and Appropriating the Yutok Nyintig Lineage

The notions of knowledge transmission and lineage are arguably among the most characteristic features of traditional Tibetan culture and learning, especially in matters related to religion, but also as the backbone of various types of professional knowledge, such as medicine. It has been suggested that lineage-based claims of proficiency extend deeper into the history of the Tibetan cultural sphere than any other Tibetan social institution.²⁶⁰ Effectively, the authority of tradition and lineage, and the inspiration of the masters of the past, determine the value of virtually everything in traditional Tibetan culture, from academic institutions and elite literature to folk culture.²⁶¹ Therefore, being a recognized member of a lineage legitimizes a practitioner by linking the individual to the reputation of the previous famous and venerated lineage holders.²⁶²

²⁵⁹ Gyatso, “The Authority of Empiricism,” 93.

²⁶⁰ Mona Schrempf, “Lineage Doctors and the Transmission of Local Medical Knowledge and Practice in Nagchu,” in *Soundings in Tibetan Medicine: Anthropological and Historical Perspectives*, ed. Mona Schrempf, vol. PIATS 2003: Proceedings of the Tenth Seminar of the International Association for Tibetan Studies, Oxford, 2003, Brill’s Tibetan Studies Library, v. 10/10 (Leiden: Brill, 2007), 96.

²⁶¹ Gyatso, *Being Human*, 45.

²⁶² For studies on traditional transmission of Tibetan medical knowledge, see e.g. Barbara Gerke, “Biographies and Knowledge Transmission of Mercury Processing in Twentieth Century Tibet,” *Asiatische Studien - Études Asiatiques* 69, no. 4 (2015): 867–99; and Theresia Hofer, *The Inheritance of Change: Transmission and Practice of Tibetan Medicine in Ngamring*, Heft 76, Wiener Studien zur Tibetologie Und Buddhismuskunde (Wien: Universität Wien, 2012).

Despite pressure from within the Geluk establishment to eliminate other religious traditions, the Fifth Dalai Lama remained a fervent supporter of the Nyingma, and strategically maintained a large number of Nyingma associates and promoted certain Nyingma traditions, such as the *Yutok Nyingtig*.²⁶³ However, the Fifth Dalai Lama also instituted a hierarchy between religious rituals associated with medicine, which privileged the veneration of the Medicine Buddha over Yutok Yönten Gönpö. This position was related to the debate about the origins of the *Fourfold Treatise*, which the Dalai Lama argued to be the authentic Word of the Medicine Buddha rather than a composition of a human author, Yutok Yönten Gönpö.

The *Yutok Nyingtig* emphasizes the role of Yutok Yönten Gönpö as a central figure in the transmission of the *Fourfold Treatise*, but in the seventeenth century, the Fifth Dalai Lama established another influential branch of ritual practices, which identified the Medicine Buddha as the progenitor of the *Fourfold Treatise*.²⁶⁴ Essentially, the Fifth Dalai Lama and Desi Sangyé Gyatso identified the *Fourfold Treatise* as a treasure teaching (*gter ma*) that is ultimately the authentic Word of the Buddha (*buddhavacana*), challenging the argument about human author of the text. According to Janet Gyatso, this famous disagreement about the origins of the *Fourfold Treatise* stemmed from a fundamental debate

²⁶³ Alexander Gardner, “The Fifth Dalai Lama, Ngawang Lobzang Gyatso,” *The Treasury of Lives*, accessed February 23, 2021, <http://treasuryoflives.org/biographies/view/Ngawang-Lobzang-Gyatso/6065>.

²⁶⁴ Van Vleet, “Medicine as Impartial Knowledge,” 279. On the other side of this debate was Zurkhar Lodrö Gyalpo, who described the *Fourfold Treatise* as a human-authored treatise (*bstan gyur*) that was “outwardly” the authentic word of the Buddha, “inwardly” a treatise written by an Indian scholar, and “secretly” a treatise written by Yutok Yönten Gönpö. Following a tantric schema of assessing veracity, the “secret” aspect is held to be the ultimate truth. For a more detailed discussion of this debate, see Gyatso, *Being Human*. See also Yang Ga, “The Sources for the Writing,” 12; and Van Vleet, “Medicine, Monasteries and Empire,” 38, 83.

and struggle over authority among Tibetan scholars: some were committed to a distinctively medical historicity and empiricism that was connected to the pragmatic responsibility of healing patients, while others perceived a more extensive social imperative to champion and claim the authority of tantric Buddhist traditions in their commitment to the ultimate authority of the Buddha's teachings.²⁶⁵

As Stacey Van Vleet has demonstrated, integrating the two major ritual traditions associated with the transmission of the *Fourfold Treatise* that venerated two different progenitors of Sowa Rigpa (i.e. Yutok Yönten Gönpo and the Medicine Buddha) was an important focus of the Fifth Dalai Lama and Desi Sangyé Gyatso's systematization of medicine. These ritual traditions were transmitted in conjunction with the study and practice of the *Fourfold Treatise*, as well as other medical texts, and their propagation served as defining characteristics for Tibetan medical lineages and traditions. Therefore, by the seventeenth century, the Fifth Dalai Lama and Desi Sanggyé Gyatso had come to associate the Yutok Heart Essence and Medicine Buddha ritual practices with specific medical and Buddhist sectarian traditions.²⁶⁶ Consequently, in their effort to reconcile different tantric practices in a more systematized way of teaching medicine, the Fifth Dalai Lama came to promote the sūtra-based tradition of the Medicine Buddha in favor of the tantra-based, master-focused propagation of medical practice, such as the *Yutok Nyingtig*,²⁶⁷ while

²⁶⁵ Gyatso, "The Authority of Empiricism," 83, 91–2; Gyatso, *Being Human*, 137. See also Czaja, "Zurkharwa Lodro Gyalpo (1509-1579)," 131–52.

²⁶⁶ The Medicine Buddha tradition included Medicine Buddha sūtras and rituals derived from these texts, while the Yutok tradition originated from the *Yutok Nyingtig*, which venerated Yutok as the founder of the *Fourfold Treatise* medical tradition but also as a realized Buddhist teacher. Van Vleet, "Medicine, Monasteries and Empire," 41. For more details on the specific medical traditions and their respective religious lineages, see *ibid.*, 149, 330.

²⁶⁷ Van Vleet, "Medicine as Impartial Knowledge."

simultaneously also seeking to collapse the distinction between material medicine and tantric medicine.²⁶⁸

Despite the Dalai Lama's relative disemphasis of the *Yutok Nyingtig* tradition, adopting it as an integral part of the Chagpori curriculum demonstrates a skillful molding of medical and religious orthodoxy in a context where medical practitioners could claim a special insight into the experience of their predecessors' medical and spiritual lineage, as one of the major issues at stake at Tibetan medical colleges was the relationship between innovation and revelation.²⁶⁹ Van Vleet suggests that the Yutok tradition was associated with great innovation in the field of medicine, but also with potentially destabilizing claims to the authority of revelation: "Under the model of lineage transmission, new knowledge represented a form of divine insight that might extend beyond the realm of the medical and into the realm of the political."²⁷⁰

It appears that the Fifth Dalai Lama was concerned with restoring what he perceived to be beneficial aspects of the *Yutok Nyingtig*, while also actively reforming the tradition for the purposes of his Buddhist project of governance. To this end, the Dalai Lama wrote his own instructional manual (*las byang*) for *Yutok Nyingtig* practice in 1648, along with a *Yutok Nyingtig* lineage prayer (*brgyud 'debs smon lam*) to venerate the tradition's forebears. In addition, the Fifth Dalai Lama commissioned the printing of the biography of the Elder

²⁶⁸ Van Vleet, "Medicine, Monasteries and Empire," 145–46, 148.

²⁶⁹ Multiple sectarian affiliations are not uncommon in Tibetan religious history, and it is not entirely unusual to bring in characteristically Nyingma elements to Gelukpa institutions. For instance, Kunkhyenpa Lodrö Rinchen Sengé (kun mkhyen pa blo gros rin chen seng ge, b. 1387), the son of a Nyingma lama, eventually made Hayagrīva—a deity with strong historical roots in the Nyingma tradition—the tantric meditational deity (*yi dam*) of Sera Jé college. Cabezón, "The Regulations of a Monastery," 336.

²⁷⁰ Van Vleet, "Medicine, Monasteries and Empire," 330.

and Younger Yutok in 1680, which Van Vleet describes as the capstone to his efforts to synthesize medical traditions associated with Yutok and the Medicine Buddha.²⁷¹ Nonetheless, he assigned ultimate authority in medicine to the Medicine Buddha, and asserted that medicine should only be practiced with appropriate bodhisattva motivation and spiritual empowerments (*dbang*).²⁷²

High level medical knowledge brought along substantial political influence, and projecting the image of holding privileged and exclusive medical knowledge not available to others—in conjunction of professing tantric practice associated with Yutok, the father of Tibetan medicine—may well have been utilized as a way to bolster the reputation of Chagpori and its doctors.²⁷³ Following Garrett, Van Vleet suggests that the joint material and tantric-alchemical benefits associated with the *Yutok Nyingtig* explain to a great extent the interest of rulers, such as the Fifth Dalai Lama and Desi Sangyé Gyatso, becoming medical scholar-practitioners, but also the central importance of medicine in Tibetan Buddhist projects of governance.²⁷⁴ Therefore, propagating and reforming what were perceived as the beneficial methods and aims of the *Yutok Nyingtig* tradition was a

²⁷¹ Ibid., 142–44, 149–151. The Fifth Dalai Lama’s writings on the *Yutok Nyingtig* are included in volumes 18 and 28 of his collected works. See Ngag dbang blo bzang rgya mtsho, *Gsung ‘bum: ngag dbang blo bzang rgya mtsho*, 28 vols. (Beijing: Krung go’i bod rig pa dpe skrun khang, 2009).

²⁷² Van Vleet, “Medicine, Monasteries and Empire,” 143, 145.

²⁷³ See Tony Chui, “‘Secret Medicine’ in the Writings of Sanggyé Gyatso: The Encoded Esoteric Material of Therapeutics,” in *Knowledge and Context in Tibetan Medicine*, ed. William A. McGrath, Brill’s Tibetan Studies Library, volume 43 (Leiden: Brill, 2019), 85–110.

²⁷⁴ The benefits of “accomplishing medicine” practice also included in the *Yutok Nyingtig* include empowering of medical substances; enhancing the healing capabilities of the medical practitioner, endowing him with long life, miraculous powers, and ultimately enabling an understanding of the mind’s true nature; and bringing benefit to the community by defeating disease-causing demonic forces with rituals and alchemically transforming impurity into purity. Garrett, “The Alchemy,” 210; see also Van Vleet, “Medicine, Monasteries and Empire,” 60.

pragmatic choice that fortified the political ambitions of the Fifth Dalai Lama and Desi, while also bolstering their medical authority. However, the Fifth Dalai Lama and Desi Sangyé Gyatso made a conscious effort to primarily appeal to altruistic bodhisattva motivation in the practice of medicine in order to distance themselves from accusations of heterodoxy or “wrong views” (*log rtog*), and to avoid the appearance of practicing medicine and concurrent tantric/alchemical practices, such as the *Yutok Nyingtig*, to attain mundane benefits and supramundane powers (see Chapter 2).²⁷⁵

By all measures, Desi Sangyé Gyatso was successful in carving himself a position as a lay expert of medical scholarship by emphasizing the shared basis of empirical medical practice, and downplaying differences related to various accompanying tantric Buddhist traditions.²⁷⁶ As a consequence of their efforts, the Fifth Dalai Lama and Desi Sangyé Gyatso managed to systematize Sowa Rigpa to a much greater extent than seen before by synthesizing various tantric and alchemical practices into a new state medical orthodoxy, demonstrating the crucial importance of being able to strategically negotiate and reconcile tantric Buddhist traditions in the context of medicine in order to construct medical, religious and political legitimacy.²⁷⁷

3.3. Later Developments of Institutional Medical Training in Tibet

The Chagpori medical school in Lhasa was followed by medical colleges in a number of large Eastern Tibetan monasteries, but Chagpori itself was reduced to rubble in 1959 by the

²⁷⁵ Van Vleet, “Medicine, Monasteries and Empire,” 59.

²⁷⁶ Van Vleet, “Medicine as Impartial Knowledge,” 276.

²⁷⁷ For a more detailed and nuanced discussion of the role of the Fifth Dalai Lama and Desi Sangyé Gyatso in the appropriation and revision of the *Yutok Nyingtig* tradition and Medicine Buddha practices, see Van Vleet, “Medicine, Monasteries and Empire.”

shelling of the People's Liberation Army. The other significant medical institution providing training in Tibetan medicine in Lhasa is the Mentsikhang (sman rtsis khang, "Institute of Medicine and Astrology") that provided institutionalized medical education to a greater number of lay people than Chagpori. The Mentsikhang was established in 1916 by the Thirteenth Dalai Lama as part of his efforts to modernize Tibet, and its first Director was Khyenrab Norbu, a Chagpori graduate mentioned above. Initially the curricula of the two institutions were quite similar due to Khyenrab Norbu's influence and important positions in both schools, but eventually a rivalry emerged between the two institutions, and after 1923 the two institutes embarked on independent programs of teaching. The Mentsikhang quickly grew and developed with the backing of the Dalai Lama, and the institution was involved in early public health initiatives in Tibet, such as treating outpatients at its clinic in Lhasa, sending Mentsikhang teachers and students to areas affected by epidemics, and distributing children's medicines. Relying on capital provided by the Potala, the Mentsikhang even began to do business in wool and money lending to afford acquiring the raw materials for their increasingly popular medicine. However, like other reforms initiated by the Thirteenth Dalai Lama, the growing popularity of the institution and its public health ambitions were eventually met with increasing resistance, and the Mentsikhang was forced to reorient towards a stronger focus on the preservation and propagation of Sowa Rigpa.²⁷⁸

After the turmoil of 1959, all physicians and students training at Chagpori were transferred to the Mentsikhang, which, under orders from Chinese health bureaucracy,

²⁷⁸ Kloos, "Tibetan Medicine in Exile," 64–5. See also Stephan Kloos, "History of Tibetan Medical Institute," *Tibet Journal* 33, no. 3 (2008): 15–49. For Tibetan language sources on the history of the Lhasa Mentsikhang, see Choelo Thar, *Gro phan sman rtsis khang gi gdan rabs dri med gyi me long* (Dharamsala: Bod gzhung sman rtsis khang, 2000); and Tsering Namgyal, *Gro phan sman rtsis khang gi byung rabs brjod pa ka la ping ka'i gre 'gyur* (Dharamsala: Bod gzhung sman rtsis khang, 1996.)

became a public outpatient clinic. As social reforms began to take root throughout Tibet, the private training and practice of Tibetan medicine came to an abrupt halt. Monk-physicians were no longer permitted to practice, and many were forced to do menial labor or sent to be farmers or herders. Outside of the institutional context of Mentsikhang, local traditions and distinguished medical lineages began to die out as *amchis* ceased to practice or were prevented from doing so. At this time, training in Sowa Rigpa was only available at the Lhasa Mentsikhang, which was forced to de-emphasize elements in its curriculum that the Chinese government found objectionable, particularly the use of religious concepts.²⁷⁹ The aim of revolutionary activity in Tibet during the Cultural Revolution was to “destroy the social and cultural fabric of Tibet’s traditional way of life”,²⁸⁰ and the Tibetan medical tradition was defined in the discourse of the Cultural Revolution as one of the “four old things” (old ideas, culture, habits, and customs). As a consequence, Tibetan medicine virtually disappeared as an institution by 1973. However, Sowa Rigpa was formally resanctioned in Tibet in 1980, which allowed Tibetan medical training to revert back to memorizing the *Fourfold Treatise* and other traditional modes of learning.²⁸¹ Nonetheless, from the perspective of the laity, the old plural system of healing had collapsed into the institution of professional Tibetan medicine.

As this chapter has attempted to show, religious practice and lineage was of utmost importance in Tibetan medical institutions, particularly in the medical tradition associated

²⁷⁹ Janes, “The Transformations,” 17–8. Janes also provides details on the Mentsikhang’s strategies to survive under difficult circumstances under the Chinese government.

²⁸⁰ Melvyn C. Goldstein, *A History of Modern Tibet, 1913–1951: The Demise of the Lamaist State* (University of California Press, 1991), 139.

²⁸¹ For a periodization of suppression of the Tibetan medical tradition and its eventual expansion into the state bureaucracy, see Janes, “The Transformations.”

with Chagpori, where performing religious rituals and practicing the *Yutok Nyingtig* tradition were core components of the curriculum. According to Geoffrey Samuel, the *Yutok Nyingtig* was also a significant part of training within the reformed and modernized curriculum of the Lhasa Mentsikhang college prior to the Chinese annexation of Tibet.²⁸² However, gradual secularization of Sowa Rigpa in Tibet had already begun with the creation of the Mentsikhang in 1916, and progressed steadily in the 1970s and 1980s in both the Chinese government in Tibet and by the chief medical college in the Tibetan diaspora, the Men-Tsee-Khang (anglicized version of the name of the heir to the Lhasa Mentsikhang), established in 1961 under the auspices of the Fourteenth Dalai Lama and the Central Tibetan administration in Dharamsala, Himachal Pradesh, India.²⁸³ The downplaying of religious elements in Tibetan medical training went hand-in-hand with greater influence by biomedicine, especially from the 1980s onward.²⁸⁴

The Lhasa Mentsikhang still exists and continues to be one of the foremost centers of learning in the field of Tibetan medicine worldwide. The Dharamsala Men-Tsee-Khang remains the dominant power of Tibetan medicine in exile with its well-established infrastructure of branch clinics throughout India and Nepal. In addition to the headquarters in Dharamsala, the widely influential Men-Tsee-Khang has 58 branch clinics in 17 of the

²⁸² Samuel, “Introduction,” 341.

²⁸³ See Janes, “The Transformations;” Kloos, “Tibetan Medicine in Exile;” and Samuel, “The *g.Yu Thog sNying thig*,” 215.

²⁸⁴ For early Tibetan encounters with biomedicine, see Alex McKay, “Biomedicine in Tibet at the Edge of Modernity,” in *Medicine Between Science and Religion: Explorations on Tibetan Grounds*, eds. Vincanne Adams, Mona Schrepf, and Sienna R. Craig, Epistemologies of Healing; v. 10 (New York: Berghahn Books, 2011), 33–55. For more details on the secularization and modernization of Sowa Rigpa in Tibet, see e.g. Janes, “The Transformations,” 13 ff.; and Theresia Hofer (2008), “Socio-economic Dimensions of Tibetan Medicine in the Tibet Autonomous Region, China,” (parts 1 and 2), *Asian Medicine: Tradition and Modernity* 4 (2008): 174–200, 492–514.

Indian states as of March 2020.²⁸⁵ The Men-Tsee-Khang is the first and the oldest Tibetan medical institution outside Tibet, and its close connection to the Tibetan government-in-exile and the Dalai Lama has ensured its high status and authority.

The Men-Tsee-Khang provides Tibetan medical training primarily to Tibetans in Dharamsala, utilizing a traditional curriculum built around the study of the classical texts of Tibetan medicine, the *Fourfold Treatise* in particular.²⁸⁶ According to Men-Tsee-Khang's mission statement, the main objective of the institute is "to preserve, promote and practice Sowa Rigpa." It should be noted, however, that despite this (neo)traditionalist stance,²⁸⁷ Men-Tsee-Khang is also actively seeking to integrate Tibetan medicine with Western biomedicine, and is engaged in various clinical research projects studying the efficacy of Tibetan treatment methods and materia medica.²⁸⁸ Despite its explicit efforts to integrate Sowa Rigpa with modern biomedicine, the Men-Tsee-Khang does not attempt to entirely conceal religious elements in its "brand" of Tibetan medicine. Depictions of the Medicine Buddha are present in the official communications of the Men-Tsee-Khang, but religion remains a somewhat muted feature in the rhetoric of the institute, and when present, it

²⁸⁵ See Men-Tsee-Khang, "Men-Tsee-Khang Branches," accessed December 15, 2020, <http://www.men-tsee-khang.org/branch>. See also Kloos, "The Recognition," 19–49; Stephan Kloos, "Navigating 'Modern Science' and 'Traditional Culture': The Dharamsala Men-Tsee-Khang in India," in *Medicine Between Science and Religion: Explorations on Tibetan Grounds*, ed. Vincanne Adams, Mona Schrempf, and Sienna R. Craig, Epistemologies of Healing; Vol. 10 (New York: Berghahn Books, 2011), 83–105.

²⁸⁶ The Men-Tsee-Khang runs a five-year program leading to a "bachelor's" degree (*bka' bcu pa*). The institution also has an advanced degree (*sman rams pa*), which is given on completion of an exam after ten years of practice. Smanla and Millard, "The Preservation," 502.

²⁸⁷ On the concept of "neo-traditionalism" and Sowa Rigpa, see Pordié, "Tibetan Medicine Today," 3–32.

²⁸⁸ See Men-Tsee-Khang, "Men-Tsee-Khang Projects," accessed December 17, 2020, <http://www.men-tsee-khang.org/project/main.htm>.

mostly adheres to the established orthodoxy of the Gelukpa school.²⁸⁹ The institute does organize ceremonies to bless and empower Tibetan pharmaceuticals (*sman grub*), but rigorous religious practice is generally not emphasized nor required in the medical training or practice of its physicians.²⁹⁰

Despite the Men-Tsee-Khang's influence, there was no centralized modernizing of Sowa Rigpa outside of Tibet as there was in Chinese-controlled Tibet. As a consequence, some small-scale schools and familial traditions were able to maintain much of their premodern structure of Tibetan medical training.²⁹¹ The Chagpori Tibetan Medical Institute (CTMI), founded in 1992 by Trogawa Rinpoche (1931–2005), continues the Chagpori lineage and legacy today in Darjeeling, West Bengal, India. *Yutok Nyingtig* practice remains a part of the curriculum at the CTMI. The Darjeeling Chagpori initially refused to be under Men-Tsee-Khang's authority in exile, but the institute is currently affiliated with the Men-Tsee-Khang, and its students take their final exams in Dharamsala.²⁹²

²⁸⁹ However, the Men-Tsee-Khang employs a Nyingma lama particularly for the purpose of initiating some medical students into *Yutok Nyingtig* practices, which indicates that the Men-Tsee-Khang still acknowledges the *Yutok Nyingtig* as a valid constituent of the Tibetan medical tradition despite primarily associating with the Medicine Buddha. Eric E. Jacobson, "Situated Knowledge in Classical Tibetan Medicine: Psychiatric Aspects" (Harvard University, 2000), 138.

²⁹⁰ Interview with Amchi Nyima (Principle of Sowa Rigpa International College and a Men-Tsee-Khang graduate), February 13, 2019.

²⁹¹ See e.g. Colin Millard, "Learning Processes in a Tibetan Medical School" (PhD diss., University of Edinburgh, 2002).

²⁹² Stephan Kloos, "The History and Development of Tibetan Medicine in Exile," *Tibet Journal* 33, no. 3 (2008): 31. The Men-Tsee-Khang curriculum and exams are also used at the Central Institute of Buddhist Studies in Ladakh. Smanla and Millard, "The Preservation," 502.

3.4. Conclusion

This chapter has provided a glimpse of the complex ways in which the notion of medicine is inherently interconnected to religious, political, social, economic, and intellectual domains in Tibet. Indeed, the strategy of “Buddhist medical governance” was successfully harnessed in seventeenth century Tibet by the Fifth Dalai Lama and his regent Desi Sangyé Gyatso, who explicitly linked the development of a state medical system to the propagation of the Gelukpa order, and thus the legitimation of a particular Tibetan Buddhist mode of governance. The history of Tibetan medical institutions such as Chagpori is related in important ways to the efforts of the Fifth Dalai Lama and his regent Desi Sangyé Gyatso to frame the seminal text of Sowa Rigpa, the *Fourfold Treatise*—and the ethical instructions it contains regarding medical practice—in relation to Buddhist doctrine and the bodhisattva path, thus establishing a significant undercurrent in Tibetan medical training that is still negotiated in contemporary training institutions, such as Sowa Rigpa International College and Traditional Buddhist Sorig Institute in Kathmandu, Nepal (see Chapters 6 and 7).

Moreover, Desi Sangyé Gyatso’s statecraft that conjoined Buddhist doctrinal ideals and claims to medical (and religious) authority effectively drew medicine into the realm of Buddhist practice that is seen to lead to liberation. An essential part of this project was to align the medical education at Chagpori medical college with the *Yutok Nyingtig* lineage, a Nyingma mahāyoga tradition closely associated with the Zur tradition of Tibetan medicine and with the Fifth Dalai Lama’s rivals, the Kagyü hierarchs and the King of Tsang. The strategic appropriation of the *Yutok Nyingtig* practice lineage illustrates the historical significance of claiming authority over tantric/alchemy practices that are associated with Sowa Rigpa, and demonstrate their function in claims to medical authority and lineage. By

ultimately presenting the *Yutok Nyingtig* as an essential tantric practice accompanying the transmission of the *Fourfold Treatise*, Tibetan medical orthodoxy and legitimization came to be negotiated through both historical narratives and tantric rituals.²⁹³ Ultimately, the adoption and propagation of the *Yutok Nyingtig* tradition at Chagpori—where the study of the *Fourfold Treatise* and other medical texts was in fact considered secondary to conducting tantric rituals—became an important constituent in the construction of medical legitimacy in Tibet.

Today, the scale of the transmission of Tibetan medical knowledge is transnational and its audience increasingly global. As in the past, contemporary transmission of Tibetan medical knowledge in its various contexts is still infused with strategic decisions about which religious lineages to associate with in order to establish legitimacy, especially since there is no central state to claim authority on “authentic” Sowa Rigpa outside of Tibet (despite the efforts of the Men-Tsee-Khang). Taking note of these issues, Chapters 4–7 will explore the contemporary transmission of Tibetan medical learning, and examine the role of the *Yutok Nyingtig* tradition in a quickly growing global organization of Sowa Rigpa, Sorig Khang International, as well as at two small-scale Sowa Rigpa institutions in Kathmandu Nepal. Therefore, the evolution of the joint transmission of Dharma and medicine established at Chagpori provides a throughline for subsequent chapters that focus on the contemporary transmission of Tibetan medical knowledge and religious thought outside of Tibet. The rest of this dissertation explores how contemporary Tibetan medical educators, particularly outside of Tibet, negotiate the interrelationship of medical practice and the *Yutok Nyingtig* in the increasingly globalized world of Tibetan medicine. As the following

²⁹³ Van Vleet, “Medicine, Monasteries and Empire,” 40, 135–36.

chapters show, there are multiple context-specific responses relevant to the issues raised in this chapter as the transnational narrative of Sowa Rigpa continues to evolve.

Chapter 4. From Tibetan Medicine to “Sowa Rigpa Spirituality”—The

Yutok Nyintig Goes Global

Tibetan medicine today has an international character: the places where it is practised, the patients and the nature of therapeutic discourse extend beyond the Tibetan cultural area and idioms. [...]

Tibetan medicine is both ‘traditional’ (in Tibet, Ladakh, Bhutan) and alternative (in Europe, the USA). The schematic descriptions to which systemic analyses give rise no longer allow that this medicine can be explained as a *traditional* or *local system*.²⁹⁴

Laurent Pordié

Tibetan culture in exile is often characterized in popular literature as a rich repository of knowledge that is threatened and holds unique relevance to the contemporary world.²⁹⁵

Anthropologist Stephan Kloos argues that this is largely due to a shift that occurred in the Tibetan exile governments political strategy in the early 1980s, which led to a reframing of Tibetan culture as congruent with the Mahāyāna Buddhist ethics of altruism and compassion.²⁹⁶ These universal values can be argued to manifest most evidently in two kinds of Tibetan knowledge that are the focus of this dissertation—the spiritual-philosophical knowledge of Tibetan Buddhism and the medical-pharmaceutical knowledge of traditional Tibetan medicine—effectively rendering Tibetan culture as a whole a

²⁹⁴ Pordié, “Tibetan Medicine Today,” 4, 12. Emphasis original.

²⁹⁵ See e.g. Dalai Lama, *Ancient Wisdom, Modern World: Ethics for the New Millennium* (London: Little Brown, 1999).

²⁹⁶ Stephan Kloos, “The Politics of Preservation and Loss: Tibetan Medical Knowledge in Exile,” *East Asian Science, Technology and Society* 11, no. 2 (June 2017): 138. See also Donald S. Lopez Jr., *Prisoners of Shangri-La: Tibetan Buddhism and the West* (Chicago: University of Chicago Press, 1998).

threatened common good worthy of the world's protection and support.²⁹⁷ In a 1982 speech to Tibetan doctors and medical students, the Dalai Lama explicitly included Indian people and foreigners as beneficiaries of Sowa Rigpa for the first time, pointing out that “the more benefit and service Tibetan medicine renders to humanity, the more it is of service to Tibetan culture. We must understand that this holds strategic importance.” In later speeches touching upon Sowa Rigpa, the Dalai Lama has noted a “growing global interest in Tibetan medicine,” and reiterated repeatedly that Sowa Rigpa should not remain limited to Tibetan society.²⁹⁸

Sowa Rigpa began in a transcultural exchange of ideas, and this has continued, but the current pace and extent of globalization and industrialization of the Tibetan medical tradition is unprecedented. This trend is also perceptible in the rich body of scholarly literature examining the extent and varieties of “modernization” of Sowa Rigpa.²⁹⁹ The “modernization” of Sowa Rigpa has taken very distinct trajectories in Tibet Autonomous Region compared to the developments of Sowa Rigpa in India, for instance; this is also

²⁹⁷ See Robert Barnett, “‘Violated Specialness’: Western Political Representations of Tibet,” in *Imagining Tibet: Perceptions, Projections, and Fantasies*, ed. Thierry Dodin and Heinz R  ther (Boston: Wisdom Publications, 2001), 269–316.

²⁹⁸ Dalai Lama, *Srid zhi 'i rnam 'dren gong sa skyabs mgon chen po mchog nas bod gzhung sman rtsis khang gi sman rtsis las slob yongs la stsal ba 'i bka' slob phyogs bsdebs* (Dharamsala: Bod gzhung sman rtsis khang, 2007); quoted in Stephan Kloos, “Humanitarianism from Below: Sowa Rigpa, the Traditional Pharmaceutical Industry, and Global Health,” *Medical Anthropology* 39, no. 2 (2020): 169.

²⁹⁹ See e.g. Adams, “The Sacred in the Scientific,” 542–75; Vincanne Adams, “Establishing Proof: Translating ‘Science’ and the State in Tibetan Medicine,” in *New Horizons in Medical Anthropology: Essays in Honour of Charles Leslie*, ed. Margaret Lock and Mark Nichter (London: Bergin & Garvey, 2002), 200–20; and Vincanne Adams, Renqing Dongzhu, and Phuoc V. Le, “Translating Science: The Arura Medical Group at the Frontiers of Medical Research,” in *Studies of Medical Pluralism in Tibetan History and Society: PIATS 2006, Tibetan Studies – Proceedings of the Eleventh Seminar of the International Association for Tibetan Studies, K  nigswinter 2006*, ed. Sienna R. Craig et al., *Beitr  ge Zur Zentralasienforschung* 18 (Andiaast: International Institute for Tibetan and Buddhist Studies, 2010), 111–36.

evident in the ways in which religion is either present or absent in Sowa Rigpa practice in different regions and stages of engagement with “modernity.”³⁰⁰ An open-minded approach towards notions like modernity or transnationalism is a fairly recent development among Tibetans, and closely associated with the modernized Buddhist representations projected to the international community by the Dharamsala “elite.”³⁰¹

In addition to the important body of literature addressing the complex interface of Sowa Rigpa and modernity (however it may be defined), plenty of scholarly attention has also been devoted to examining the pharmaceuticalization, standardization, and industrialization of Tibetan medicine production,³⁰² medical pluralism within Sowa Rigpa,³⁰³ as well as

³⁰⁰ It has been demonstrated that the encounter between Sowa Rigpa and “modern science” is hardly unidirectional, which is why it makes more sense in some cases to talk about the “Tibetanization” of “modern science” as the tradition engages biomedical and scientific technologies and beliefs, often re-envisioning them in ways that reflect the Tibetan translation of science (such as using “modern” science as a tool for “confirming” the validity of Sowa Rigpa as a science in itself). Pordié, “Tibetan Medicine Today,” 13. For a collection of essays documenting the interface between science, medicine, and religion in various contexts of Tibetan medical practice, see Adams, Schrempf, and Craig, eds., *Medicine Between Science and Religion*. See also Janes, “The Transformations,” 6–39; Janes, “Tibetan Medicine at the Crossroads,” 197–221; and Stephan Kloos, “(Im-)Potent Knowledges: Preserving ‘Traditional’ Tibetan Medicine Through Modern Science,” in *Fugitive Knowledge: The Loss and Preservation of Knowledge in Cultural Contact Zones*, ed. Andreas Beer and Gesa Mackenthun (Waxmann Verlag, 2015), 123–42.

³⁰¹ Toni Huber, “Shangri-la in Exile: Representations of Tibetan Identity and Transnational Culture,” in *Imagining Tibet: Perceptions, Projections, and Fantasies*, ed. Thierry Dodin and Heinz Räther (Boston: Wisdom Publications, 2001), 362. Earlier, the ideas of Gendun Chöphel (dge ‘dun chos ‘phel, 1903–1951) to reform the Buddhist tradition in mid-twentieth-century Lhasa received a brutal reception from conservative nobles. See e.g. Heather Stoddard, “Gendun Chopel,” *The Treasury of Lives*, accessed February 2, 2021, <http://treasuryoflives.org/biographies/view/Gendun-Chopel/3866>.

³⁰² See e.g. Saxer, *Manufacturing Tibetan Medicine*; Kloos, “The Politics of Preservation and Loss,” 135–59; Stephan Kloos, “The Pharmaceutical Assemblage: Rethinking Sowa Rigpa and the Herbal Pharmaceutical Industry in Asia,” *Current Anthropology* 58, no. 6 (2017): 693–717; Kloos, “Humanitarianism from Below,” 167–81; Kloos et al., “The Transnational Sowa Rigpa Industry,” 112617.

³⁰³ See e.g. Craig et al., eds., *Studies of Medical Pluralism*; see also Susannah Deane, “Madness and the Spirits: Examining the Role of Spirits in Mental Illness in the Tibetan Communities of

aspects of knowledge transmission, related social and moral ecologies, and the interface of medicine and religion in various parts of the Tibetan cultural sphere.³⁰⁴ This body of literature affords a solid foundation for creating a more comprehensive understanding of the ongoing transformations of Sowa Rigpa as the tradition (which is hardly homogeneous) faces “modernity” on various fronts in its expansion within Asia and across the world.³⁰⁵

Along with this increased production of social scientific scholarly literature on Sowa Rigpa since the first decade of the 2000s, Tibetan medicine also began to establish itself as a significant presence within the complementary and alternative medical field in Europe, North America, and the more developed Asian societies.³⁰⁶ Despite its historically proven malleability and adaptability to changing social and cultural circumstances, transplanting Sowa Rigpa to a new cultural environment is never a seamless process, however, as the sense of a shared body of cultural assumptions (such as the specific cosmologies and epistemologies associated with Sowa Rigpa discussed in Chapter 1) may be disrupted, not to mention the challenges presented by the tightly regulated pharmaceutical industry in developed nations. In traditional contexts, such as in Ladakh, the local village *amchi* is

Darjeeling,” in *Knowledge and Context in the Tibetan Medical Tradition*, ed. William A. McGrath (Leiden: Brill, 2019), 309–36.

³⁰⁴ See e.g. Audrey Prost, *Precious Pills: Medicine and Social Change among Tibetan Refugees in India*, Epistemologies of Healing 2 (New York: Berghahn Books, 2008); Craig, *Healing Elements*; Hofer, *The Inheritance of Change*; Colin Millard, “Bon Medical Practitioners in Contemporary Tibet: The Continuity of a Tradition,” *East Asian Science, Technology and Society* 7, no. 3 (2013): 353–79; Smanla and Millard, “The Preservation,” 487–504; Blaikie et al., “Coproducting Efficacious Medicines,” 178–204; Kloos, “The Politics of Preservation and Loss;” Hofer, *Medicine and Memory*; Gerke, “The Buddhist–Medical Interface,” 282.

³⁰⁵ In comparison, for studies on the globalization of Chinese medicine, see e.g. Elisabeth Hsu and Gunnar Stollberg, eds., “Globalizing Chinese Medicine,” *Medical Anthropology* 28, no. 2 (2009).

³⁰⁶ Samuel, “Introduction,” 336.

typically highly respected and trusted because they are fully integrated in the social and cultural realms of their communities (in contrast to the doctors in their white gowns in the biomedical hospital in the Ladakhi capital Leh)—this is largely due to their intimate knowledge of local customs, beliefs, kinship networks, and individual family histories.³⁰⁷ Outside the Tibetan cultural sphere, however, there is no widely shared cultural or social understanding of Sowa Rigpa—nor is there a strong institutional center to disseminate information about the tradition—which has led to the spread of a wide range of opinions and ideas about the Tibetan medical tradition in popular literature. Typically, however, popular Western literature describes Sowa Rigpa as an ancient, self-contained, spiritually based healing system with close affinities to Tibetan Buddhism.³⁰⁸ At the same time, individual Tibetan medical practitioners who have moved to Europe or the United States have also needed to adapt to a new environment as they operate in a legally gray area. In addition, central concepts of Sowa Rigpa may need to be conceptually translated in order to be more readily accepted and grasped by the target audience (e.g. utilizing the language of psychology, which as such is foreign to Sowa Rigpa theory, or having to obtain an acupuncturist license in order to practice some aspects of Tibetan medicine).³⁰⁹ In short, the globalization of Sowa Rigpa involves many layers of complexity, ranging from diverging cultural assumptions to the regulations of the Western pharmaceutical industry. The

³⁰⁷ Smanla and Millard, “The Preservation,” 491.

³⁰⁸ Geoffrey Samuel, “The Politics of Tibetan Medicine and the Constitution of an Object of Study: Some Comments,” in *Tibetan Medicine in the Contemporary World: Global Politics of Medical Knowledge and Practice*, ed. Laurent Pordié (London: Routledge, 2008), 256.

³⁰⁹ See e.g. Lobsang Rapgay, *The Tibetan Book of Healing* (Twin Lakes: Lotus Press, 1996); and “Yangdron Kalzang,” Kunde Institute, accessed January 27, 2021, <https://www.kundewellness.org/yangdron-kalzang.html>.

processes of transmission of Sowa Rigpa to the United States, Europe and more developed Asian nations remain understudied, despite being a promising field of inquiry warranting scholarly attention in order to fully understand the on-going transformations of Sowa Rigpa.

Furthermore, there is ample evidence of Buddhist-influenced practices such as mindfulness securing a solid foothold in the Western wellness industry, suggesting that there is demand for alternative, “Buddhist-flavored,” interventions to enhance physical, emotional, and spiritual health.³¹⁰ This chapter proposes that alongside the various kinds of (national) Sowa Rigpa modernities discussed in previously published literature, there is a new brand of emerging global Sowa Rigpa that focuses on spiritual practice and growth which is unaccounted for in any previous analyses of Sowa Rigpa. This “Sowa Rigpa spirituality” is closely associated with the Tibetan medical tradition, but does not necessarily require actual Tibetan medical training or practice.

Demarcating a new avenue of research in this era of global transmission of Tibetan medical knowledge, this chapter examines the emergence of Sowa Rigpa International (SKI), a global organization promoting Sowa Rigpa and the tantric Buddhist *Yutok Nyingtig* tradition. SKI is a new kind of transnational organization in the global Sowa Rigpa marketplace—it offers basic training in Sowa Rigpa in its local centers across the world and online; it organizes Sowa Rigpa teacher training, annual conferences, wellness tourism, and art events; and it is the only organization to offer transmission of the *Yutok Nyingtig* tradition globally. In a marked departure from the concurrent Tibetan medical and religious training offered in institutions like Chagpori or Traditional Buddhist Sorig Institute (see

³¹⁰ For a comprehensive exploration of the appropriation of mindfulness in the United States, see Jeff Wilson, *Mindful America: The Mutual Transformation of Buddhist Meditation and American Culture* (New York: Oxford University Press, 2014). See also Jaime Kucinkas, *The Mindful Elite: Mobilizing from the Inside Out* (New York: Oxford University Press, 2018).

Chapter 7), the propagation of the *Yutok Nyingtig* tradition by SKI is largely divorced from rigorous Tibetan medical education focusing on the *Fourfold Treatise*. Because of the prominent role that the *Yutok Nyingtig* and other spiritually oriented healing modalities have in SKI's vast catalogue of training programs, I call their brand of Tibetan medical knowledge transmission "Sowa Rigpa spirituality." This chapter argues that Buddhism plays a significant role as a vehicle in the globalization, spiritualization, and commodification of Sowa Rigpa, and proposes that SKI's wide-ranging programs represent a notable shift in the way in which Tibetan medical knowledge and the *Yutok Nyingtig* tradition is being transmitted on a global scale.

4.1. Neo-Traditionalism and the Globalization of Sowa Rigpa

Stephan Kloos suggests that the gradual globalization of contemporary Sowa Rigpa began in the early 1980s in India, when the Tibetan exile community—and Tibetan medical doctors in particular—started to increasingly engage the world after two decades of medical, sociocultural, and political reconstruction efforts in exile.³¹¹ Over time, elite practitioners and institutions (such as the Dharamsala Men-Tsee-Khang) became more proficient in adopting modern rhetoric and aligning Sowa Rigpa more closely with the discourse of science in their global outreach.³¹² These tendencies exhibit features of "neo-traditionalism," which has been argued to function as a core component for the social construction and transformation of Sowa Rigpa, especially outside Tibet.

³¹¹ Kloos, "Humanitarianism from Below."

³¹² For an examination on how the Dharamsala Men-Tsee-Khang has negotiated the role of modern science in the Tibetan medical tradition, see Kloos, "Navigating 'Modern Science' and 'Traditional Culture'."

Laurent Pordié proposes that this neo-traditionalist stance is closely associated with the globalization of Sowa Rigpa, and is exemplified in the deterritorialization of actors and practices, and the modern transnationalization of knowledge. Pordié writes:

[N]eo-traditionalism in Tibetan medicine characterizes a new type of elite that has arisen in a new socio-political and economic environment. These therapists are practitioners who are generally institutionalized (associations, medical centres, government structures) in urban areas or located near urban centres and the social and political life of towns. They belong to a relatively well-educated fringe and often have a good command of the English language.³¹³

Pordié suggests that the increasingly cosmopolitan “neo-traditionalists” employ the notion of “tradition” in a systematic and strategic manner in order to legitimate new practices, and to provide a tailored presentation of Sowa Rigpa for particular purposes outside the traditional contexts of Sowa Rigpa. Pordié’s use of the concept neo-traditionalism—which he asserts to foster innovation—can be productively employed as a useful analytical tool for examining the streams of modern transnational flows of Tibetan medical knowledge that reach the Western world, and analyzing the kind of Sowa Rigpa that is being promoted globally.

Pordié argues that a fundamental characteristic of neo-traditionalism concerns the appropriation of new ideologies and epistemologies, in other words, the use of modern rhetoric and practices that are as such foreign to Tibetan medicine. Moreover, according to Pordié, neo-traditionalists typically borrow from various different orders of authority: the “scientific tradition” and the “religious tradition” can be strategically accentuated as instances of legitimization and identity depending on context. Therefore, by borrowing from multiple orders of legitimacy, neo-traditionalism makes it possible to reconcile ostensibly

³¹³ Pordié, “Tibetan Medicine Today,” 13.

contradictory characteristics of Sowa Rigpa (e.g. scientific medicine/spiritual medicine). As Sowa Rigpa is configured within cultural and national imaginaries and global markets, neo-traditionalism in Tibetan medicine is also effectively diffused by the media through the propagation of ideas like “Tibetan medical spirituality” or the presumed inherent ecological ethics of Sowa Rigpa. Finally, neo-traditionalist Tibetan medicine can be a reconstructed medical—and as demonstrated below, spiritual—practice. In sum, Pordié’s notion of neo-traditionalism in the context Tibetan medicine provides a useful framework to examine the ways in which religion and “unorthodox” forms of Tibetan medical therapy is foregrounded in the wide-ranging global programs of Sorig Khang International.

4.1.2. Consuming Tibetan Medicine: Transnational Perceptions of Sowa Rigpa

Men-Tsee-Khang, or the Tibetan Medical & Astro-science Institute, affiliated with the Central Tibetan Administration (CTA)—the Dalai Lama’s exile government in India—has long acted as the sole legitimate authority over Sowa Rigpa outside of Tibet. Men-Tsee-Khang has worked proactively in its endeavors to control what is authentic Sowa Rigpa outside of Tibet, and its close connections to Tibetan exile politics as well as questions related to the standardization and legal status of Tibetan medicine (in India in particular) have been studied relatively closely.³¹⁴ The Men-Tsee-Khang claims descent from the original Mentsikhang (sman rtsis khang), “Institute of Tibetan Medicine and Astrology,” that was founded by the 13th Dalai Lama in 1916 in Lhasa as part of his effort to modernize Tibet. The Lhasa Mentsikhang still exists and continues to be one of the foremost centers of

³¹⁴ Janes, “The Transformations;” Kloos, “The History and Development,” 15–49; Kloos, “Tibetan Medicine in Exile; Kloos, “Navigating ‘Modern Science’ and ‘Traditional Culture’,” 83–105; Kloos, “Einleitung: Die Übersetzung und Entwicklung der Tibetischen Medizin im Exil,” 19–27; Kloos, “The Recognition,” 19–49; Kloos, “The Politics of Preservation and Loss.”

Tibetan medical learning, despite significant changes in its status since the Chinese occupation of Tibet.³¹⁵ Men-Tsee-Khang (in its anglicized spelling), however, refers to the institute reestablished in 1961 by the Fourteenth Dalai Lama in Dharamsala, India. In addition to the headquarters in Dharamsala, the widely influential Men-Tsee-Khang has 58 branch clinics in 17 of the Indian states as of March 2020.³¹⁶

Men-Tsee-Khang's close affiliation with the CTA affords it a uniquely prominent position as an authority on Sowa Rigpa in the Tibetan exile, but there are other notable and rapidly developing transnational organizations of Tibetan medicine that have emerged in the global scene. Undoubtedly, one of the largest and best networked organizations of Tibetan medicine is the Arura Tibetan Medical Group. The Arura Group is a premier Tibetan medical establishment based in Siling, Amdo province (Xining, Qinghai), where its extensive operations include the Tso-Ngon University Tibetan Medical College, Provincial Tibetan Medical Hospital and Medical Research Institute, the Arura Pharmaceutical Company, a Tibetan Medical Cultural Museum, along with prolific publishing activities.³¹⁷ As of 2006, the Arura Pharmaceutical Company had assets totaling more than 500 million renminbi (appr. \$62.5 million), a figure which has certainly seen significant growth since then.³¹⁸ The Arura Group has forged connections with researchers devoted to the study of

³¹⁵ Janes, "The Transformations."

³¹⁶ See Men-Tsee-Khang, "Men-Tsee-Khang Branches," <http://www.men-tsee-khang.org/branch>, accessed December 15, 2020. See also Kloos, "The Recognition"; Kloos, "Navigating 'Modern Science' and 'Traditional Culture'."

³¹⁷ For studies discussing the Arura Group, see Adams, Dongzhu, and Le, "Translating Science," 111–36; and Adams, Dhondup, and Le, "A Tibetan Way of Science," 107–26; see also Craig, *Healing Elements*, 48–77.

³¹⁸ Craig, *Healing Elements*, 50.

contemplative sciences, as well as with the UVA School of Medicine, and it is poised to capitalize on growing U.S. consumer interest in Tibetan therapies and alternative pathways to wellness.³¹⁹ In addition to their educational partnership with the University of Virginia, the Arura Group is also connected with the Shang Shung Institute School of Tibetan Medicine based in Conway, Massachusetts, which currently offers the only comprehensive Tibetan Medicine training program in the United States.³²⁰

Besides the Shang Shung Institute, there are few institutions offering comprehensive training in Tibetan medicine outside of Asia. The most notable is perhaps the program offered by the New Yuthok Institute based in Italy (established in 1999), which offers a four-year course in Tibetan medical theory, diagnosis, and practice.³²¹ Pasang Yonten Arya, the Director of the institute and a graduate of Dharamsala Men-Tsee-Khang, also runs the

³¹⁹ See Janine Latus, “Tibetan Medicine Under the Microscope: UVA Medical Center Examines Efficacy and Possibilities of an Ancient Practice,” *University of Virginia Magazine*, accessed January 26, 2021, https://uvamagazine.org/articles/tibetan_medicine_under_the_microscope. Senior Advisor of the Arura Group, Kunchok Gyaltzen—a Buddhist monk and a Tibetan medical doctor, who has also obtained a PhD public health from UCLA—holds a professorate at Tso-Ngon (Qinghai) University Tibetan Medical College and has been appointed Visiting Professor at the School of Medicine at UVA. “Dr. Kunchok Gyaltzen,” *The UVA Tibet Center*, accessed January 20, 2021, <https://www.uvatibetcenter.org/about/senior-research-fellows/dr-kunchok-gyaltzen/>. See also “Kunchok Gyaltzen,” *Kunde Institute*, accessed January 20, 2021, <https://www.kundewellness.org/kunchok-gyaltzen.html>.

³²⁰ The Tibetan medical training provided by Shang Shung in Massachusetts is a four-year distance learning program that takes place primarily online, with two in-person intensive periods per year. Students who complete eight semesters of study will have the option to do an internship at the Northeast Traditional Tibetan Hospital in Qinghai. The Shang Shung Institute, founded by Namkhai Norbu Rinpoche (1938–2018), has also recently launched a “Diet and Lifestyle Program” in Tenerife (Shang Shung Institute of Tenerife) and a Russian campus that is also preparing to launch a four-year online program of Tibetan medicine. “Shang Shung Institute – School of Tibetan Medicine,” *Shang Shung Institute*, accessed January 26, 2021, <https://mass.tibetanmedicineschool.org>.

³²¹ The New Yuthok Center “The New Yuthok Institute | For the Transmission of Tibetan Medicine,” *The New Yuthok Institute*, accessed April 12, 2021, <https://newyuthok.it/en/>.

Tibetan Medicine Education Center (based in Switzerland) and its online education platform.³²²

While the Men-Tsee-Khang and the extensive operations of the Arura Group have deservedly received scholarly attention, existing scholarship on the increasingly intensifying global dissemination of Sowa Rigpa outside the immediate Tibetan cultural sphere remains sparse.³²³ However, Eliot Tokar’s work speaks to the general question of propagating Sowa Rigpa in the West, and offers a glimpse from the “inside”: he is a Western Sowa Rigpa practitioner and a scholar of Tibetan medicine. Tokar discusses the potential risks involved in eclectically integrating Sowa Rigpa in the field of complementary and alternative medicine (CAM), and argues that this approach does not represent the full value of the Tibetan medical system nor lead to true medical pluralism due to gradual biomedicalization of Sowa Rigpa. Tokar also critiques the rapid commoditization of Sowa Rigpa, which has led to American and European companies (such as PADMA) labeling “nutriceutical” products as Tibetan medicine. Tokar worries about the consequences for Sowa Rigpa practitioners due to the American CAM industry embracing randomized controlled trials as the gold standard for all legitimate medical practice and the basis of evidence-based medicine, thus creating

³²² The Tibetan Medicine Education Center offers a three-year online course in Tibetan medicine, as well as more advanced courses for students who have completed the basic course. See “TME: A Tibetan Medicine Center Dedicated to the Transmission of Traditional Tibetan Medicine in the West,” Tibetan Medicine Education Center, accessed April 12, 2021, <https://www.tibetanmedicine-edu.org/>.

³²³ Many of the contributions to the study of Sowa Rigpa in the West are included in the “Tibetan Medicine and the West” section of Laurent Pordié’s edited volume: Pordié, ed., *Tibetan Medicine in the Contemporary World*.

potential for misunderstanding the value of the Tibetan medical tradition.³²⁴ Commenting on Tokar’s work, Geoffrey Samuel poses an important question regarding the politics of Sowa Rigpa and how diversely the tradition is perceived, depending on social status, ethnicity, or education:

When Eliot Tokar talks about the need to assert the unique theoretical basis of Tibetan medicine and the distinctiveness of its theoretical concepts, is he really talking about the same thing as the Ladakhi *amchi* campaigning to have Westerners interested in Tibetan medicine expelled from Ladakh as spies for pharmaceutical companies, or the speaker from the Dharamsala Men-Tsee-Khang asserting that the Ladakhi village *amchi* are not even legitimate practitioners of Tibetan medicine?³²⁵

Samuel’s comment points to the various political and epistemological positions present in the expanding world of Tibetan medicine, as well as its inherent power struggles and diverse agendas among the wide spectrum of Sowa Rigpa practitioners; it is worth repeating here that Sowa Rigpa is not a unified in Tibet or in the Himalayas, and bringing this medical system to developed nations complicates things further. In any case, we are increasingly seeing a shift where Sowa Rigpa less frequently entails resorting to the village *amchi* because there are no other feasible health care options available, and more often the consumption of Tibetan medicine as a middle-class luxury in Shanghai or Los Angeles, for those seeking complementary and alternative therapeutical options.³²⁶

³²⁴ Eliot Tokar, “An Ancient Medicine in a New World,” in *Tibetan Medicine in the Contemporary World: Global Politics of Medical Knowledge and Practice*, ed. Laurent Pordié (London: Routledge, 2008), 229–48.

³²⁵ Samuel, “The Politics of Tibetan Medicine,” 252–53.

³²⁶ For two other brief descriptions of Sowa Rigpa in the West, see Klaus Jork, “The Situation of the Traditional Tibetan Medicine – A Comparison of Different Medical Schools in India and Tibet; Who Teaches Tibetan Medicine in the West?,” in *Tibetan Medicine: “East Meets West – West Meets East,”* ed. Jürgen C. Aschoff and Ina Rösing (Ulm: Fabri Verlag, 1997), 87–100; and Egbert Asshauer, “Can Tibetan Medicine Be Practiced in Germany? Possibilities, Obstacles and Legal

As the global Sowa Rigpa market continues its growth and transformation from a marginal and regionally diverse family of medical traditions to a transnational industry, it is important to consider more closely the ways in which the religious dimension of Sowa Rigpa is leveraged in securing an increasingly prominent position in the landscape of CAM therapies. Once more, Geoffrey Samuel raises some pertinent questions:

Is there a core to this system of practice that remains the same between these very different contexts [across the world]? What do Westerners (and other “elite user groups”) want of Tibetan medicine?³²⁷

These questions bring to the fore the issue of what Sowa Rigpa actually is, and how it should be understood as it makes its way through various streams across the world. Is it fair to assume, that the desires of these “elite user groups” and neo-traditionalist representatives of the Tibetan medical tradition determine what kind of Sowa Rigpa gets transmitted and most favorably received as the transformation of the Tibetan medical tradition continues in the 21st century? Whatever the case may be, each of the various strands of Sowa Rigpa that is being circulated today in the global arena can be characterized as a selective reconstruction of the tradition, and as demonstrated below, Tibetan Buddhism often plays a big part in the refashioning of the Tibetan medical tradition for a worldwide market.

4.1.3. Buddhism as a Vehicle for the Globalization of Sowa Rigpa

Previous chapters in this dissertation have examined some of the complexities involved in attempting to demarcate the realms of medicine and religion in the Tibetan context—a

Limitations,” in *Tibetan Medicine: “East Meets West – West Meets East,”* eds. Jürgen C. Aschoff and Ina Rösing (Ulm: Fabri Verlag, 1997), 101–10.

³²⁷ Samuel, “Introduction,” 345–46.

task rendered all but futile due to our conventional nomenclature assuming a clear dichotomy between these domains. As Sowa Rigpa is gaining more ground globally, it is important to continue scrutinizing the nomenclature used to articulate Tibetan medicine in each particular context (for example, when there are legal constraints limiting the production, import, and use of medicinal herbs, there is less emphasis on medicinal herb compounds). The trend towards consuming Tibetan medicine as a middle-class luxury outside the Tibetan cultural sphere can at least partly be traced back to the vast appetite for Tibetan spirituality in the West; several studies have documented the allure of Tibet's "mystical" spiritual tradition.³²⁸ Due to being part of Tibetan culture that has commonly been spiritualized and fetishized in the West, Sowa Rigpa is often perceived as some kind of a spiritual healing system complimentary to biomedicine, instead of a system of medical science whose practice is informed by Buddhism. Falling somewhere in between these two perspectives, Alejandro Chaoul's work provides an interesting example of Western interest in medical interventions that are informed by Tibetan spirituality (i.e. the Bön tradition), if not exactly Tibetan Buddhism. Chaoul has worked on the interface of Tibetan spirituality and healing in the West in multiple capacities, and studied the possible benefits of Tibetan yogic practices (*'phrul 'khor*) as an intervention in women with breast cancer undergoing chemotherapy through a sizable grant from the National Institutes of Health (NIH). Chaoul's research suggests that the application of Tibetan yogic techniques in contemporary medical settings may contribute to the well-being of people with cancer, and that this should be seen

³²⁸ See e.g. Peter Bishop, *The Myth of Shangri-La: Tibet, Travel Writing and the Western Creation of Sacred Landscape* (Berkeley: University of California Press, 1989); Thierry Dodin and Heinz Räther, eds., *Imagining Tibet: Perceptions, Projections, and Fantasies* (Boston: Wisdom Publications, 2001); and Lopez Jr., *Prisoners of Shangri-La*.

as an opportunity for inclusive dialogue that integrates the perspectives of Tibetan mind-body practices and Western bio-behavioral medicine.³²⁹

Ivette Vargas, on the other hand, has studied the local impact of the presence of Tibetan healing in Massachusetts in an attempt understand its wider significance in the North American landscape. Vargas discusses the Shang Shung Institute, and notes that alongside Tibetan medical training with the Director and resident *amchi* Phuntsog Wangmo, the curriculum includes sessions conducted by the local Dzogchen community on a variety of Tibetan practices, other Buddhist and non-Buddhist meditation techniques, as well as yoga. Vargas suggests that the presence of these “extra-medical” practices and a notable emphasis on the Buddhist aspects of Tibetan medical theories and practice steers the medical training offered by the Shang Shung Institute towards a form of “spiritual” healing, evocative of what are widely referred to as New Age practices that are often described as “energy-based.”³³⁰ According to Vargas, the emphasis on the consubstantiality of Sowa Rigpa and

³²⁹ See Alejandro Chaoul, “Magical Movements (*‘phrul ‘khor*): Ancient Yogic Practices in the Bon Religion and Contemporary Medical Perspectives” (Rice University, 2006); Alejandro Chaoul, “Re-Integrating the Dharmic Perspective in Bio-Behavioural Research of a ‘Tibetan Yoga’ (*tsalung trūkhor*): Intervention for People with Cancer,” in *Medicine Between Science and Religion: Explorations on Tibetan Grounds*, ed. Vincanne Adams, Mona Schrempf, and Sienna R. Craig, Epistemologies of Healing; Vol. 10 (New York: Berghahn Books, 2011), 297–318. Chaoul is the Director of the Jung Center’s Mind Body Spirit Institute, and adjunct faculty of the Integrative Medicine Program at the University of Texas MD Anderson Cancer Center. See McGovern Medical School, “Alejandro Chaoul, PhD,” McGovern Center for Humanities and Ethics, accessed January 27, 2021, <https://med.uth.edu/mcgovern/faculty/alejandro-chaoul-phd/>.

³³⁰ For an examination of the role of ideas about Tibet shaping the New Age movement, see Frank J. Korom, “The Role of Tibet in the New Age Movement,” in *Imagining Tibet: Perceptions, Projections, and Fantasies*, ed. Thierry Dodin and Heinz Räther (Boston: Wisdom Publications, 2001), 167–82. On the tendency of “New Age Orientalism” to idealize Tibetans and their culture, see Meg McLagan, “Mystical Visions in Manhattan: Deploying Culture in the Year of Tibet,” in *Tibetan Culture in the Diaspora: Papers Presented at a Panel of the 7th Seminar of the International Association for Tibetan Studies, Graz 1995*, ed. Frank J. Korom, vol. 4, Philosophisch-Historische Klasse Denkschriften 258 (Wien: Verlag der Österreichischen Akademie der Wissenschaften, 1997), 69–89.

spirituality is often accompanied by arguments that assert the scientific character of Tibetan medicine, recalling Pordié's neo-traditionalist propensity to comfortably borrow from various domains of authority that may appear contradictory.³³¹

To offer yet another perspective to the interrelationship between Buddhism, science, and Sowa Rigpa, Colin Millard has studied the integration of Tibetan medicine in the West in his examination of the Tara Institute of Medicine in the United Kingdom. Tara Institute is part of Tara Rokpa Edinburgh, an organization founded by Akong Rinpoche (1939–2013), a famous teacher in the Kagyü school of Tibetan Buddhism and co-founder (with the controversial Tibetan Buddhist teacher Chögyam Trungpa, 1939–1987) of the Samye Ling Monastery in Scotland. Millard describes the medically oriented activities of Tara Rokpa Edinburgh as twofold: it promotes Tara Rogkpa Therapy, a form of psychotherapy combining techniques of Western psychotherapy with Buddhism (developed by Akong Rinpoche with several psychotherapists); and it runs the Tara Institute of Medicine, a Sowa Rigpa training program with associated Tibetan medical clinics.³³² In his discussion of the adaptations that are necessary for Sowa Rigpa as it is brought to the West, Millard evokes Gananath Obeyesekere's notion of "mutually incomprehensible idioms," which Obeyesekere coined after observing the interactions between Sri Lankan biomedical physicians and their patients. In contrast, Obeyesekere points out that this problem of incomprehensibility does

³³¹ Ivette Vargas, "Tibetan Medicine Revisited in the West: Notes on the Integrative Efforts and Transformative Processes Occurring in Massachusetts, USA," in *Tibetan Medicine in the Contemporary World: Global Politics of Medical Knowledge and Practice*, ed. Laurent Pordié (London: Routledge, 2008), 215–28.

³³² Colin Millard, "The Integration of Tibetan Medicine in the United Kingdom: The Clinics of the Tara Institute of Medicine," in *Tibetan Medicine in the Contemporary World: Global Politics of Medical Knowledge and Practice*, ed. Laurent Pordié (London: Routledge, 2008), 189–214. At present the Tara Institute is not running any Sowa Rigpa training programs. See Tara Trust, "Tara Therapy / Tara Medicine," accessed January 26, 2021, <https://www.tararokpa.org/>.

not occur between patients and Sri Lankan Āyurvedic practitioners, whose explanations “flow logically from a shared body of assumptions.”³³³ While the language of biomedical practitioners can certainly be incomprehensible to their Western patients, and it is unrealistic to assume that most Sri Lankans would be familiar with Āyurvedic theory, Obeyesekere’s idea of mutually incomprehensible idioms can be helpful when analyzing the clefts that appear in the diffusion of Sowa Rigpa to the West. What would Chaoul’s “inclusive dialogue” that integrates the perspectives of Tibetan mind-body practices and Western bio-behavioral medicine look like, and who gets to sit at the table where those conversations are taking place? What kind of language and nomenclature is being used when institutions and individual practitioners of Sowa Rigpa (such as the Shang Shung Institute and Phuntsog Wangmo) attempt to bridge the gap between diverging epistemologies and cultural understandings of health and medicine? Why might it be beneficial to combine the rhetoric and practice of Buddhism and psychoanalysis in the United Kingdom, instead of attempting to offer assurances of the clinical efficacy of Tibetan medicine?

The convergence of religion and medicine is by no means new. Buddhism in particular has emerged as a major factor in medical and health-related discourse on a global scale in the late twentieth and early twenty-first centuries. This trend has greatly increased interest in “Buddhist medicine” within the academia in recent years, as demonstrated by the proliferation of scholarly publications on the topic and panels in high-profile international conferences. As Pierce Salguero suggests, increased interest in the conjunction of Buddhism and medicine is at least partly related to the more general turn toward analysis of cultural

³³³ Gananath Obeyesekere, “The Impact of Ayurvedic Ideas on the Culture and the Individual in Sri Lanka,” in *Asian Medical Systems*, ed. Charles M. Leslie (Berkeley: University of California Press, 1976), 225.

representations of the body and illness in the humanities and social sciences over the last decades. In addition, Buddhist inspired therapies, such as meditation for reducing ailments associated with stress, are being embraced concurrently by neuroscientists, psychiatrists, public health officials, and the general public across the world.³³⁴

In general, the globalization of Sowa Rigpa takes place within the modern transnational flow of knowledge, capital, and people. As the studies described above have shown, the transnational hegemony of science has had various impacts on the articulation of Sowa Rigpa as “alternative medicine” in specific cultural settings, and the discourse of science has been adopted to validate the benefits of Tibetan Buddhist meditation and yogic practices.³³⁵ The issues raised by anthropologist Joseph S. Alter in his study of the physical and medical culture of South Asia regarding the globalization of Asian medical systems are also instructive when exploring the international arena of Sowa Rigpa affiliated religiosity. In addition to examining the spread of Asian medical systems against the backdrop of the discourse of modern science and biomedicine as has previously been done in scholarly

³³⁴ C. Pierce Salguero, “Introduction,” in *Buddhism and Medicine: An Anthology of Premodern Sources*, ed. C. Pierce Salguero (Columbia University Press, 2017), xxvi.

³³⁵ The conversations between the Chilean neuro-biologist Francisco Varela (1946–2001) and the Fourteenth Dalai Lama through the Mind-Life Institute constituted a notable impetus for the sustained dialogue between science and spirituality, and by extension the contemporary role of (Tibetan) Buddhism in promoting health. See “Mind & Life Institute,” Mind & Life Institute, accessed January 29, 2021, <https://www.mindandlife.org/>. Additionally, Matthieu Ricard, known as the “happiest man in the world,” has also played a pivotal role in popularizing the idea of positive correlation between Buddhist meditation and improved mental health due to participating in a twelve-year brain study on meditation and compassion led by neuroscientists from the University of Wisconsin. See e.g. Alyson Shontell, “A 69-Year-Old Monk Who Scientists Call the ‘world’s Happiest Man’ Says the Secret to Being Happy Takes Just 15 Minutes a Day,” *The Independent*, 2017, <https://www.independent.co.uk/life-style/69-year-old-monk-who-scientists-call-world-s-happiest-man-says-secret-being-happy-takes-just-15-minutes-day-a7869166.html>. For a collection of articles discussing the globalization of Chinese medicine and meditation, see Elisabeth Hsu, ed., “The Globalisation of Chinese Medicine and Meditation Practices,” *East Asian Science, Technology and Society: An International Journal*, Special Issue, 2, no. 4 (2008).

literature in various contexts of Sowa Rigpa practice, Alter also asks us to consider how “New Age” spirituality may in fact facilitate the transnationalization of “Asian” medicine.³³⁶ As the studies by Chaoul, Vargas and Millard have shown, there is a tendency for Sowa Rigpa to gravitate towards a more spiritual—Buddhism driven—modality of healing in the West, which is presented in a way that may not be subject to the same degree of “mutually incomprehensible idioms” as Sowa Rigpa etiology and nosology as such. Therefore, it seems evident that the Tibetan medical tradition appears more approachable and appealing to a Western audience when it is framed as “Buddhist medicine,” instead of emphasizing how health is dependent on the balance of the five elements and the three dynamic factors of the body (*nyes pa*). This tendency to foreground spirituality in Sowa Rigpa to bridge conceptual gaps and legal constraints in the West is discussed in more detail below in the context of Sorig Khang International.

4.2. Sorig Khang International: Organization and Agenda

Sorig Khang International – Foundation for Tibetan and Himalayan Medicine (SKI) is an international nonprofit organization established in 2016 and registered in Heidelberg, Germany. In the increasingly international landscape of Sowa Rigpa, Sorig Khang International is arguably the most ambitious emerging organization based in a Western country with its regional centers in 29 countries across four continents. Despite its increasing prominence and growing appeal across the world, SKI’s programs have received very little scholarly attention to date. Sienna Craig and Barbara Gerke, anthropologists who

³³⁶ Joseph S. Alter, “Introduction: The Politics of Culture and Medicine,” in *Asian Medicine and Globalization*, ed. Joseph S. Alter, Encounters with Asia (Philadelphia: University of Pennsylvania Press, 2005), 6. For a discussion on the notion of the New Age movement as “Self-Spirituality,” see Paul Heelas, *The New Age Movement: The Celebration of the Self and the Sacralization of Modernity* (Oxford: Blackwell Publishers, 1996). See also Korom, “The Role of Tibet,” 167–82.

have made especially significant contributions to the study of Sowa Rigpa in the “margins” (i.e. in more peripheral Tibetan cultural areas, such as Mustang in Nepal, and Darjeeling in India), describe SKI as an organization seeking to promote “recognizable forms of medical education across the Himalayan and Tibetan regions, and on educating Westerners into Tibetan medical practice.”³³⁷ Craig and Gerke view the overall influence of SKI negatively, because its vision of the development and future of Sowa Rigpa (particularly in Nepal) appears to exclude lineage-trained *amchi*, who feel marginalized by the globally-oriented organization with transnational connections and ambitions.³³⁸ However, as the influence of SKI continues to expand, there is more to say about the organization, its general orientation, and the shaping effect that its brand of Sowa Rigpa may have on the Western understanding of Sowa Rigpa.

The Sorig Khang International Foundation Charter asserts the organization’s mission as follows:

Facing the imminent loss of Tibetan culture, philosophy, literature, science, and religion, the Foundation is to be contributing to the preservation and propagation of Traditional Tibetan Medicine (TTM). In particular, the continuity of the holistic Tibetan healing sciences in their theory and their practice, as well as in their philosophy, and in its closely connected spirituality as a complete system in the *Yuthok Nyinthig* Transmission Lineage, is to be protected.³³⁹

³³⁷ The lobbying efforts of Sorig Khang International Nepal are addressed in Chapter 5, and the related Sowa Rigpa education that SKI coordinates in Nepal at Sowa Rigpa International College is discussed in Chapter 6.

³³⁸ For a brief discussion of SKI’s scope of programs, see Craig and Gerke, “Naming and Forgetting,” 110–14. SKI is also briefly mentioned in Kloos, “Humanitarianism from Below,” 172.

³³⁹ For the full SKI Foundation Charter in the original German (and the English translation), see “Charter,” Sorig Khang International, accessed January 31, 2021, <https://www.sorig.net/about/charter>. Previously known as IATTM (International Academy of Traditional Tibetan Medicine, established in 2006), the German name for the Sorig Khang International Foundation is Internationale Stiftung Sorig Khang and the Tibetan name is Rgyal spyi’i bod kyi gso rig khang.

There are a few things in the language of the charter that deserve close attention. First, Tibetan medicine is portrayed as an integral part of Tibetan culture, which is uniquely valuable to the whole world and in need of protection, thus evoking the well-rehearsed global modernist narrative that assigns “traditional” knowledge a precarious state of weakness that renders it perilously close to becoming extinct if not actively preserved.³⁴⁰ Second, “Tibetan healing sciences” are simultaneously framed as a “science” and “philosophical/spiritual,” demonstrating Pordié’s notion of neo-traditionalism that often seeks legitimacy by borrowing from multiple domains of authority that may appear contradictory. And third, the mission statement places the protection of the esoteric *Yutok Nyingtig* transmission lineage firmly at the core of the SKI’s commitments; it can even be read as taking precedence over medicine, or at least completing it in some essential way.

Indeed, Yutok Yönten Gönpö and the *Yutok Nyingtig* feature conspicuously in the global movement of Sorig Khang International. SKI offers training in the *Yutok Nyingtig* tradition in its local centers throughout the world and online as a pivotal component of its programs. The distinct presence of Yutok and his teachings is largely due to the efforts of Nida Chenagtsang (Ice nag tshang nyi zla he ru ka, b. 1971), SKI’s Medical and Spiritual Director, who describes Sowa Rigpa as “the science of health and happiness.” Chenagtsang is a non-celibate tantric ritual specialist or *ngakpa (sngags pa)*, and a lineage holder of the Rebkong Ngakpa tradition and the *Yutok Nyingtig* cycle of practices, who has built a sizable global following through his various projects.³⁴¹ In addition to travelling widely to propagate the teachings, Chenagtsang is involved in current debates about the role and purpose of the

³⁴⁰ See Adams, “Particularizing Modernity,” 222; and Kloos, “(Im-)Potent Knowledges,” 123.

³⁴¹ For the scope of his activities and affiliated organizations, see “Dr. Nida Chenagtsang,” Nida Chenagtsang, accessed February 4, 2021, <https://www.drnida.com>.

Yutok Nyintig. Most notably, he has written an introduction to the Ngak Mang edition of the *Yutok Nyintig* anthology (see Chapter 2). Despite being a somewhat controversial figure, Chenagtsang is currently perhaps the foremost figurehead of the *Yutok Nyintig* tradition outside of Tibet, and his various publications and projects are shaping the way the *Yutok Nyintig* lineage is being transmitted, practiced, and understood in a multitude of contexts globally.

Organizationally, the worldwide activities of SKI are split into five major branches:

1. Providing medical education and spiritual practice
 - a) Traditional Tibetan Medicine (Department of Medical Education)
 - b) Ku Nye Massage & External Therapies (Department of External Therapies)
 - c) Astrology & Sa Che Geomancy (Department of Astrology)
 - d) Mantra Healing (in collaboration with Ngak Mang Institute)
 - e) *Yutok Nyintig* & Spirituality (in collaboration with Yuthok Ling)
2. Producing and distributing texts and materials
3. Offering connection and support for their networks of centers, practitioners, teachers, and students
4. Conducting medical and charitable activities
5. Administration

Through these activities, the foundation aims to “share the rich tradition of medical knowledge, healing treatment, and spiritual wisdom offered by Yuthok Yönten Gönpö, the Father of Tibetan Medicine, with the wish that beings everywhere may experience the fruits of a healthy body and nourished mind.”³⁴² This emphasis on Yutok Yönten Gönpö and his spiritual tradition is rare among institutions of Tibetan medicine that seek to establish a position in the global arena of Sowa Rigpa (though many, such as the Men-Tsee-Khang, flirt with the religious elements of the tradition by alluding to the Medicine Buddha, for instance). It is not unusual, of course, for Tibetan medical practitioners (or institutions) to claim long medical lineages or affiliation with important religious figures. Others may

³⁴² “Sorig Khang International,” Sky Press, accessed January 31, 2021, <https://www.skypressbooks.com/sorig-khang-international>.

emphasize their monastic status, superior quality ingredients in their pharmaceutical products, cutting-edge quality control technologies, or the size of their operation (where either being big or small as an actor in the field may be perceived as an advantage).³⁴³ The Men-Tsee-Khang, for instance, follows the call of the Dalai Lama for international cooperation and actively participates in research projects involving biomedical clinical trials, in order to obtain data about the medical efficacy of their pharmaceutical products.³⁴⁴

SKI's strategy for carving out their market niche, on the other hand, relies much more on the intangible characteristics of Sowa Rigpa and associated spiritual practice. These include providing educational programs in Tibetan medicine that can be offered virtually online; Ku Nye massage (*sku mnye*), Nejang yoga (*gnas sbyangs*), and other external therapies that do not necessitate producing, procuring or prescribing Tibetan pharmaceutical products; astrology and geomancy, which can be argued to be universally applicable everywhere; mantra healing, a non-material healing modality that invokes the notion of Tibetan medicine as a particularly spiritual system of medicine; and the *Yutok Nyingtig* tradition, which is framed and taught as a stand-alone spiritual tradition (i.e. separate but compatible with Sowa Rigpa training).

³⁴³ Kloos et al., "The Transnational Sowa Rigpa Industry," 10. See also Calum Blaikie and Sienna R. Craig, "Making Tibetan Medicine in Nepal: Industrial Aspirations, Cooperative Relations, and the Limits of Production," in *Asian Medical Industries: Contemporary Perspectives on Traditional Pharmaceuticals*, ed. Stephan Kloos (Routledge, forthcoming).

³⁴⁴ For example, the Men-Tsee-Khang is involved in a clinical trial of type II diabetes. For more information, see "Men-Tsee-Khang Projects," Men-Tsee-Khang, accessed February 1, 2021, <https://www.men-tsee-khang.org/project/main.htm>.

SKI offers training programs and workshops in its regional centers in 29 countries, from Rome to Jakarta.³⁴⁵ Due to the global COVID-19 pandemic, all of the programs are currently offered online, where the organization had already secured a substantial presence and following.³⁴⁶ SKI offers a four-year Sowa Rigpa Practitioner program (which includes annual practical intensives and an internship at Sowa Rigpa International College in Nepal); a three-year Sowa Rigpa Counselor program (described as “training grounded on the fundamentals of Sowa Rigpa with special emphasis on spiritual healing and mental health”); a two-year Sowa Rigpa Kunye Therapist program (massage and external therapies); a one-year Sowa Rigpa Self-Care program.³⁴⁷ While there is no officially recognized certificate that is being offered at the completion of studies with SKI, Sorig Institute is registered as a continuing education provider, and licensed acupuncturists and massage therapists will be issued Continuing Education Units upon completion of select classes.³⁴⁸

³⁴⁵ The largest number of centers in a single country are in Italy (11) and Russia (9). “SKI Centers,” Sorig Khang International, accessed January 31, 2021, <https://www.sorig.net/about/sky-centers>.

³⁴⁶ For example, as of January 2021, the Facebook page of Sorig Khang International has around 11,500 followers. According to the “About” section of the Facebook profile, SKI was founded in 2006 by Nida Chenagsang, “to ensure the integrity of Traditional Tibetan Medicine teachings both in the West and in Tibet.” “Sorig Khang International | Facebook,” accessed January 31, 2021, <https://www.facebook.com/sorigkhanginternational/>.

³⁴⁷ Technically, it is Sowa Rigpa Institute – School of Traditional Tibetan Medicine, which offers the above mentioned training programs as a part of the global network of centers operating under the SKI umbrella. See “Sowa Rigpa Institute,” Sowa Rigpa Institute, accessed February 4, 2021, <https://www.sowarigpainstitute.org>.

³⁴⁸ In order to receive continuing education credit, however, students need to be members of California Acupuncture Board, National Certification Commission for Acupuncture and Oriental Medicine, or National Certification Board for Therapeutic Massage and Bodywork. “Tibetan Medicine School,” Pure Land Farms, accessed February 2, 2021, <https://purelandfarms.com/sorig-institute>.

SKI also provides another set of study programs on their sorig.net platform. These offerings include an advanced two to four year programs in Tibetan Medicine and External Therapies, which are said to provide “a profound theoretical and practical understanding of human body, mind and energy,” and present a “unique empowerment on dealing with today’s life challenges of stress, sickness, and suffering” by integrating its holistic treatment into any aspect of “your culture, your personal belief, or even your workplace.”³⁴⁹ The certification that students receive after completing these programs is a Sorig Khang International diploma, which is said to be valid for practicing across SKI’s global branches. It is noteworthy that while these courses of study enable those who complete the training to work at SKI centers across the world, the programs are oriented towards self-care and presented as tools to combat the stress and challenges of modern life, thus demonstrating a shift in emphasis in comparison to the medical training provided in most other Sowa Rigpa institutions that train medical practitioners to primarily treat others.³⁵⁰

SKI centers across the world also provide further teacher training to recruit and train instructors to “independently support the foundation in its mission of education in Sowa Rigpa and its related topics, such as the Tibetan healing yoga Nejang.”³⁵¹ Publishing is central to SKI’s mission: it produces its own journal, called *Sowa Rigpa Journal* –

³⁴⁹ It is also mentioned that Sowa Rigpa is completely compatible with “modern medicine and time-tested sciences.” SKI certification accepts no liability for any damages, loss, harm, or illness suffered as a result of medical practice conducted based on any SKI activity. “Sowa Rigpa,” Sorig Khang International, accessed April 13, 2021, <https://www.sorig.net/programs/sowa-rigpa>.

³⁵⁰ However, Sowa Rigpa International College in Kathmandu, Nepal, which also belongs to SKI’s vast portfolio of Sowa Rigpa training programs, offers a more traditional curriculum of Tibetan medical practice. SRIC is discussed in detail in Chapter 6.

³⁵¹ “Nejang,” Sorig Khang International, accessed January 31, 2021, <https://www.sorig.net/programs/nejang>.

Traditional Tibetan Medicine Today (previously *The Journal of Traditional Tibetan Medicine*), as well as books related to Sowa Rigpa and the *Yutok Nyingtig*.³⁵² In addition, SKI runs the Sorig News online platform, organizes the international Sorig Congress (most recently in Singapore in 2019), and coordinates Sorig Tours (*gso rig gnas skor*).

A total of nine out of the over sixty regional centers around the world are Yuthok Ling centers—in other words, centers that specialize in offering programs primarily related to the *Yutok Nyingtig* tradition, rather than Sowa Rigpa. Recently, SKI has established its United States headquarters near Los Angeles in Topanga, CA. The ten-acre property, Pure Land Farms – Center for Tibetan Medicine, Meditation and Rejuvenation, houses a newly consecrated Yutok temple, Yuthok Ling (the first of its kind in the West). SKI has also started a similar Yuthok Ling retreat center project in Bhutan, (*'brug dag zhing*, Pure Land Bhutan), the purpose of which is to “preserve and promote inner science and healing science of Tibetan medicine” (*nang don rig pa* and *gso ba rig pa*).³⁵³

4.2.1. “Sowa Rigpa Spirituality”

To an extent, the study of classical Tibetan medical treatises is included as part of the SKI Sowa Rigpa curriculum across its training programs, but rigorous study of the *Fourfold Treatise* and its exegetical literature plays a muted role in SKI’s global Sowa Rigpa training (with the exception of SRIC, where the *Fourfold Treatise* is studied and memorized in

³⁵² Sorig Khang International has its own publishing house called Sky Press, which currently specializes in publishing Chenagtsang’s written works and distributes a wide range of publications in English, Italian, French and Spanish. See “Sky Press,” Sky Press, accessed April 25, 2021, <https://www.skypressbooks.com/skypress>. As indicated in Chapter 2, the SKI’s sister organization Ngak Mang Institute based in Amdo publishes related Tibetan language materials, such as the *Yutok Nyingtig* anthology.

³⁵³ “Pure Land Bhutan,” Pure Land Bhutan, accessed January 31, 2021, <https://www.purelandbhutan.com>.

Tibetan). There is a notable emphasis on Sowa Rigpa affiliated spirituality, however, the *Yutok Nyingtig* cycle of Tibetan Buddhist religious practice in particular.³⁵⁴ Therefore, SKI presents a radically novel approach in its ambitious attempt to disseminate Tibetan medical knowledge globally to a growing international audience in close conjunction with the *Yutok Nyingtig* tradition, which has previously been transmitted within much smaller social networks and typically mainly to Sowa Rigpa practitioners. Foregrounding religion is also in stark contrast to the general orientation of other institutions of Tibetan medicine, such as the Men-Tsee-Khang, which primarily seeks to demonstrate the efficacy of Sowa Rigpa and its therapeutic methods.

However, it is not only the *Yutok Nyingtig* teachings that render SKI's orientation particularly spiritual as a Sowa Rigpa training organization. "Medicine" blurs into other things in the SKI portfolio, such as a healthy life-style, diet, yoga, painting, and sacred dance and music. Once again, nomenclature and the separation of healing from other domains proves to be problematic here. Following Joseph Alter, using medicine as a conceptual framework may not be the most suitable choice in this context since the therapeutic purview of SKI's programs extends far beyond the conventional criteria for medicine, and seeps into the realm of self-healing and spirituality.³⁵⁵ While Chenagtsang is still practicing and teaching Sowa Rigpa, he seems to be increasingly profiling himself as a religious figure: his public appearances in summer 2019 included discussing "ancient healing meditations" at Buddhafest in Los Angeles;³⁵⁶ giving *Yutok Nyingtig* transmission

³⁵⁴ For details on the *Yutok Nyingtig* tradition, see Chapter 2.

³⁵⁵ Alter, "Introduction," 15.

³⁵⁶ Title of the talk: "Meditation as Medicine: How Tibetan Doctors Use Holistic Practices to Heal." "BuddhaFest LA," BuddhaFest LA, accessed February 1, 2021, <https://www.buddhafest.org>.

and teachings in Topanga, California; teaching online classes on *nejang* yoga from his current home-base in Italy; giving sexual yoga (*karmamudrā*) teachings in Spain; teaching mantra healing in Portugal; organizing a “Spiritual Tour” to Lhasa,³⁵⁷ not to mention his recent publications on *Yutok Nyingtig* and tantric *karmamudrā* practices.³⁵⁸

Chenagtsang describes the *Yutok Nyingtig* as a religious teaching (*chos skor*), which was disseminated by Yutok with the intention of “leading practitioners to experience the union of medicine with spiritual practice,” and bringing “harmony and peace for both self and others.”³⁵⁹ Despite the clear affiliation of the *Yutok Nyingtig* lineage with the Nyingma tradition, as demonstrated by Frances Garrett,³⁶⁰ Chenagtsang stresses the unbiased and non-sectarian quality of the teachings.³⁶¹ In his introduction to the *Yutok Nyingtig* anthology published by the Ngak Mang Foundation, Chenagtsang asserts that any authentic and qualified practitioner of Tibetan medicine should practice this esoteric Buddhist tradition.³⁶² In more popular outlets, he also highlights the importance of an unbroken transmission lineage of this “secret spiritual practice,” a path in which he invites anyone serious about practicing Tibetan medicine to partake, in order to eventually achieve “rainbow body” (*‘ja’*

³⁵⁷ “Schedule,” Sorig Khang International, accessed June 18, 2019, <https://www.sorig.net/schedule>.

³⁵⁸ Chenagtsang, *Mirror of Light*; Nida Chenagtsang, *Karmamudra: The Yoga of Bliss* (SKY Press, 2018). Chenagtsang’s Tibetan language publications include *Nyi zla lce nag tshang, Nyi zla’i gso rig ched rtsom gces btus* [*Nida’s Selected Writings on Sowa Rigpa*] (Xining: Kan su’u mi rigs dpe skrun khang, 1999); and *Nyi zla he ru ka and Ye shes sgrol ma, Rten ‘brel sngags bcos thabs kyi rig pa* [*The Science of the Interdependent Mantra Remedy*], vol. 3, *G.yu thogs sman grong gi dpe tshogs* (Beijing: Mi rigs dpe skrun khang, 2015).

³⁵⁹ Chenagtsang, *The Tibetan Art*, 18.

³⁶⁰ Garrett, “The Alchemy,” 207–30.

³⁶¹ Chenagtsang, *The Tibetan Art of Good Karma*, 21.

³⁶² Sngags mang zhib ‘jug khang, ed., *G.yu thog snying thig*, 7.

lus) in a single lifetime, the highest spiritual realization of the Dzogchen tradition.³⁶³ On the Sowa Rigpa Institute website, the *Yutok Nyingtig* is described as a comprehensive set of Buddhist practices that includes “concise and essential methods perfectly suited for busy contemporary practitioners that offer both worldly benefits including improved health and longevity of oneself and others, as well as the ultimate benefit of spiritual liberation.”³⁶⁴ While the *Yutok Nyingtig* unquestionably marks a prominent intersection of Sowa Rigpa and Tibetan Buddhism as discussed in the context of transmission of teachings from Yutok to his chief disciple Sumtönpa (Chapter 2) and in the institutionalization of Tibetan medical training (Chapter 3), it appears that Chenagtsang promotes *Yutok Nyingtig* practice in an unprecedented manner by teaching it detached from the concurrent transmission of the *Fourfold Treatise* in the global training programs of SKI. As discussed in the preceding chapters, previously in Tibetan medical history the notion of a union of Dharma and medicine (*chos sman zung 'brel*) referred to the concurrent transmission and practice of the tantric *Yutok Nyingtig* (or Medicine Buddha cycle), i.e. Dharma, and the *Fourfold Treatise*, i.e. medicine (as was the case at Chagpori). However, SKI’s catalogue seems to suggest that *Yutok Nyingtig* itself constitutes a union of Dharma and medicine, and therefore effectively renders Dharma (i.e. the *Yutok Nyingtig*) as medicine. Moreover, the rituals, *sādhanas*, and other practices included in the *Yutok Nyingtig* are simultaneously promoted as secret esoteric practices for authentic Sowa Rigpa practitioners with liberation as their ultimate goal, and

³⁶³ Chenagtsang, *The Tibetan Art of Good Karma*, 18.

³⁶⁴ “Yuthok’s Heart Teachings: Training in Medicine Buddha’s Anuttarayogatantra,” Sowa Rigpa Online, accessed February 1, 2021, <https://www.sowarigpaonline.org/courses/yuthoks-heart-teachings>. For more information on the scope of training offered in the *Yutok Nyingtig* tradition, see “Yuthok Nyingthig & Spirituality,” Sorig Khang International, accessed February 1, 2021, <https://www.sorig.net/programs/spirituality>.

something that is universally suited for busy modern people who simply seek better health and longevity, regardless of whether or not they are medical practitioners or students of Sowa Rigpa.

This selective accentuation is related to the way in which neo-traditionalism may reappraise the relation between medicine and religion.³⁶⁵ In addition, this tendency is arguably connected to the (New Age) “paramedicalization of lifestyle,” which allows seeing in medical systems much more than what counts as medicine. The notion of paramedicalization emphasizes alternative health beliefs outside the realm of conventional medicine, and is often related to creating new markets, a growth-orientation, and a tendency to monopolize expertise.³⁶⁶ Alter suggests that the propensity to perceive various dimensions of Asian medical systems as relevant to health (and spirituality) in the New Age is typically concerned with self-help, which relies on selective (and often superficial) interpretations that have a remedial focus to overcome contingent problems.³⁶⁷

It appears that the process of pairing Sowa Rigpa with self-help spirituality and rendering Tibetan medicine universal in its character favors its commercialization, especially on the transnational level. As Pordié has accurately noted, the growing market of Tibetan medicine in the West and for Westerners is largely based on a practice that skillfully foregrounds the presumed religious foundations of Sowa Rigpa.³⁶⁸ This emphasis on the spiritual aspects of Sowa Rigpa, which are more convenient to transmit globally via virtual

³⁶⁵ Pordié, “Tibetan Medicine Today,” 15.

³⁶⁶ See Raimo Tuomainen, Jyrki Elo, and Markku Myllykangas, “Paramedikalisaatio: Terveystyötä lääketieteen katveessa,” *Sosiaalilääketieteellinen Aikakauslehti*, no. 3 (1995): 217–23.

³⁶⁷ Alter, “Introduction,” 18.

³⁶⁸ Pordié, “Tibetan Medicine Today,” 15.

platforms than hands-on medical training, is palpable across SKI's robust online presence and in its programs of "Sowa Rigpa spirituality." For instance, from September to December 2020, Sowa Rigpa Institute (SKI's online training platform) provided a 100-day online training program on the *Yutok Nyingtig*. This course on "Yutok's Heart Teachings" consists of recordings of 30 two-hour live online teachings with Chenagtsang, and 30 other sessions of guided meditations led by Chenagtsang's Western assistants. The recorded version of the course ("Training in Medicine Buddha's Anuttarayogatantra") is now available online for \$690, and it includes digital practice manuals, audio and video files, visualization images, etc. The first part of the course includes an introduction to Buddhism and Tantra, and the program culminates in esoteric *karmamudrā* and *atiyoga* teachings and practice.³⁶⁹ Other currently available recorded online courses are "Yuthok Nyingthig Tummo Yoga" (advanced internal yoga practices that aim to bring the vital energies into the central channel of the subtle tantric body, *rtsa rlung*); upcoming courses include tantric Buddhist "Shanglon Protector Practice" and "Karmamudra: Yoga of Bliss." The course entitled "Sowa Rigpa: The Foundations"—a course on Tibetan medical theory and practice—appears to take a back seat in comparison to the spiritually oriented courses offered by Sowa Rigpa Institute.

Drawing from Tibetan Buddhist culture and its medical tradition, SKI's catalog of training program illustrates an inclination towards "Sowa Rigpa spirituality" that is produced as a global commodity and primarily disseminated online.³⁷⁰ Although "Sowa Rigpa spirituality" is not a term that SKI itself employs, it is instructive in describing the

³⁶⁹ Sowa Rigpa Online, "Yuthok's Heart Teachings."

³⁷⁰ On the changing relationship between culture and the market, and the commodification of (ethnic) identities, see John L. Comaroff and Jean Comaroff, *Ethnicity, Inc.* (Chicago: The University of Chicago Press, 2009).

type of religio-medical training in which the organization specializes.³⁷¹ SKI's course offerings exemplify in a very tangible way the trends towards the deterritorialization and globalization of Sowa Rigpa and Tibetan religiosity that takes distinct forms in its particular contexts. This trajectory towards the New Age milieu in the West conveys a certain morality of being and well-being that is founded on holistic, energy-based, even transcendental medical discourse.³⁷²

In terms of the medical training offered by SKI, it is notable that instead of merely disseminating “classical” Tibetan medical knowledge based on the *Fourfold Treatise*, SKI is profited in popularizing and promoting therapeutic techniques associated with the practice of tantra. While astrology has long been an integral part of Tibetan medical training,³⁷³ and *kunye* massage (*bsku mnye*) has become increasingly popular among Tibetan medical practitioners and the general public,³⁷⁴ self-healing *nejang* yoga (*gnas sbyangs*) and mantra healing practices (*sngags bcos rig pa*) are not widely known nor practiced among Tibetan *amchi*. In fact, SKI presents Chenagtsang as a pioneer in reviving and preserving these techniques that had nearly been forgotten. Chenagtsang's affinity for reviving and

³⁷¹ The first seven results of a simple Google search with the parameters “sowa rigpa spirituality” directs to various websites associated with SKI and Chenagtsang. “Sowa Rigpa Spirituality – Google Search,” accessed April 13, 2021. Also, a retreat manual produced by SKI that provides instructions for *Yutok Nyingtig* retreat describes its contents as “Sorig Spiritual Practice.” Chenagtsang, trans., *Yuthok Nyingthig Ngöndro*.

³⁷² Pordié, “Tibetan Medicine Today,” 14.

³⁷³ The Mentsikhang (*sman rtsis khang*) literally translates to “Institute of Medicine and Astrology,” and the official name of the Dharamsala Men-Tsee-Khang is Tibetan Medical & Astro-science Institute.

³⁷⁴ According to Pasang Arya, *kunye* is practiced less in Tibet itself compared to the Tibetan exile community in India. Pasang Yontan Arya, “External Therapies in Tibetan Medicine: The Four Tantras, Contemporary Practice, and a Preliminary History of Surgery,” in *Bodies in Balance: The Art of Tibetan Medicine*, ed. Theresia Hofer (New York: Rubin Museum of Art, 2014), 67.

promoting marginal, esoteric external therapy techniques not found in the *Fourfold Treatise* that blur the line between medicine and religion is another intriguing dimension of “Sowa Rigpa spirituality.” However, Chenagtsang’s efforts to “revive” practices like mantra healing are often met with suspicion among Tibetan medical practitioners.³⁷⁵

One example of such purportedly resuscitated techniques is the so called “stick therapy” (*dbyug bcos* or *rdo rje dbyug*), which entails using a wooden stick to tap certain treatment points on the body. Chenagtsang suggests that this secret method was initially developed by tantric Buddhist yogīs who transmitted it in single student lineages, and may have used this technique for the purposes of self-healing.³⁷⁶ It is not within the scope of this chapter to assess the historical veracity of these claims, but it should be noted that this method is not typically used or known among Tibetan medical practitioners. Similarly, Chenagtsang and SKI have popularized Tibetan “self-healing yoga” (*gnas sbyangs rnal ’byor*) that consists of 24 movements that are suggested to “open the channels, balance the internal energies, relax the mind, and nourish the inner organs.”³⁷⁷ This set of physico-spiritual exercises is purportedly derived from Butön Rinchen Drup’s (*bu ston rin chen grub*, 1290–1364) writings on the *Kālacakratāntra*, but like Tibetan stick therapy, this therapeutical modality is also not widely known or utilized among Tibetan medical practitioners. Nonetheless, both of these examples provide “alternative” avenues to promote Sowa Rigpa to audiences that

³⁷⁵ Ben Joffe, “White Robes, Matted Hair: Tibetan Tantric Householders, Moral Sexuality, and the Ambiguities of Esoteric Buddhist Expertise in Exile” (PhD diss., University of Colorado, 2019), 377.

³⁷⁶ “Dr Nida’s Essay on Yookchö or Tibetan ‘Stick Therapy,’” Sky Press Chronicles, accessed May 5, 2020, <https://skypressbooks.media/2020/05/09/dr-nidas-essay-on-yookcho-or-tibetan-stick-therapy/>.

³⁷⁷ “Nejang: Tibetan Self-Healing Yoga,” Sky Press, accessed February 4, 2021, <https://www.skypressbooks.com/nejang/>.

may not be very familiar with the tradition by evoking the ancient secret teachings of Tibet, which can be used for self-healing.³⁷⁸ These therapeutic modalities are “alternative” in comparison to “orthodox” representations of Sowa Rigpa (such as that projected by the Men-Tsee-Khang), where the primary medical intervention by *amchi* is the prescription of herbal medication (typically accompanied with some advice on diet and lifestyle).

4.2.2. Pure Land Farms—Bringing Yutok to California

A dusty dirt road hugs the Santa Monica mountains as it ascends with an expanding view of the San Fernando Valley. It is already hot early in the day in June of 2019, yet much of the traffic on the road consists of people out on a morning run or a recreational bike ride. The entrance to Pure Land Farms is marked by a gate flanked by two pillars with stylized renderings of the crescent moon cradling the sun. The small parking area and the few buildings on the compound are busy with people who have arrived to receive a *Yutok Nyingtig* empowerment from Nida Chenagtsang.

On the first day of this three day event, participants make their way to registration, which is located on a porch of a small house. Many visit the adjacent small shop after signing in, browsing the selection of English language *Yutok Nyingtig* practice manuals produced by SKI, as well as Chenagtsang’s publications on Sowa Rigpa and spirituality.³⁷⁹

³⁷⁸ Similar alternative self-healing and meditation inducing properties are assigned to the so called “Tibetan singing bowls” that are utilized in the sound bathing industry, for instance, although they have no historical basis in Tibetan religious or medical culture.

³⁷⁹ Participants are encouraged to purchase a booklet titled *Yuthok Nyingthig Ngöndro: Preliminary Practices*, translated and compiled with explanations by Chenagtsang. The inside cover describes the contents as “Sorig Spiritual Practice.” In addition to containing prayers such as “Going for Refuge,” “Four Immeasurables,” and “Five Line Prayer to Yuthok,” this manual includes instructions for *Yutok Nyingtig ngöndro* retreat, with general retreat guidelines, descriptions of how to prepare the altars, and the daily program for the retreat. SKI and Pure Land Farms organizes similar *Yutok Nyingtig* retreats on a regular basis.

Tibetan garments for lay practitioners (*sngags pa*) are also available for purchase, as well as bells and scepters used in tantric rituals. This three-day weekend event (June 8–10, 2019) focusing on *Yutok Nyingtig* empowerments and teachings has attracted about a hundred people each day from across the United States and around the world—most of them white, middle-aged women. Many of the participants are from Southern California, but some have come as far as Canada, France, Malaysia, Japan, and Singapore. The *Yutok Nyingtig* empowerments and teachings took place in conjunction with the consecration of the newly built Yuthok Ling temple at Pure Land Farms.³⁸⁰



Figure 4.1. Screenshot from the Yuthok Ling website picturing the Yuthok Ling Temple and surrounding mountains (<https://www.yuthokling.org/contact>).

Pure Land Farms is promoted as a “sanctuary of Dharma, Healing, Arts & Culture in the East and West.”³⁸¹ Above all, it is described as a “true healing oasis,” which serves as the headquarters for the Sorig Institute (i.e. SKI’s School of Traditional Tibetan Medicine and Massage); Tanaduk Gardens (a botanical garden of medicinal herbs); Sorig Healing Center (a wellness center offering Tibetan medical health consultations and healing bodywork

³⁸⁰ See “Yuthok Nyingthig Empowerments, Teachings, and Yuthok Ling Temple Consecration,” Pure Land Farms, accessed June 27, 2019, <https://www.purelandfarms.org/programs/yuthok-ling-temple-consecration>.

³⁸¹ “Pure Land Farms,” Pure Land Farms, accessed February 2, 2021, <https://purelandfarms.com>.

therapies);³⁸² Yangchenma Arts & Music (an organization offering live concerts, exhibitions, and workshops “centered around the traditional arts of diverse world cultures;”³⁸³ and Yuthok Ling Buddhist Temple (the first temple in the West dedicated to the practice of the *Yutok Nyingtig* tradition). Similar to what Vargas observed at the Shang Shung Institute in Massachusetts, Sowa Rigpa and the *Yutok Nyingtig* are presented at Pure Land Farms as a part of spiritual bricolage, the elements of which are all in some sense suggested to contribute towards health and wellness. The two cornerstones of Pure Land Farms are the Sorig Institute and the Yuthok Ling temple, providing Tibetan medical training and transmission of the *Yutok Nyingtig* tradition, respectively. According to the Pure Land Farms website, these two branches of SKI “represent the union of dharma and medicine, which can be practiced separately or together in perfect harmony for the benefit of self and other.”³⁸⁴ According to Chenagsang’s disciple and translator, Ben Joffe, the development of Pure Land Farms and the Yuthok Ling temple is meant to provide a permanent institutional basis for SKI’s educational, spiritual, and commercial activities in the United States.³⁸⁵

There is a palpable sense of enthusiasm about the empowerment weekend among the participants, many of whom are already familiar with Tibetan Buddhist practice and Asian

³⁸² Pure Land Farms also has a catalogue of Pure Land Herbs in the works, which are “formulated based on ancient Himalayan herbal recipes.” “Herbs,” Pure Land Farms, accessed February 3, 2021, <https://purelandfarms.com/herbs>.

³⁸³ Past Yangchenma Arts & Music programs have included courses and workshops on “Sacred Geometry,” “Praise & Movement: Embodying the Buddhas and Bodhisattvas,” “Writing as Salvation,” “Tibetan Mantra Calligraphy,” and “Mudra & the Diamond Spheres.” “Event Calendar,” Yangchenma Arts & Music, accessed February 2, 2021, <https://www.yangchenma.org/calendar>.

³⁸⁴ Pure Land Farms, “Tibetan Medicine School.”

³⁸⁵ Joffe, “White Robes, Matted Hair,” 434.

healing modalities. A male participant from Houston had previously taken a few Sorig Institute's Sowa Rigpa classes online, and is particularly interested in the fusion of medicine and tantra promoted by Chenagtsang. Others talk about their experiences with a wide range of Tibetan teachers and gurus from other religious traditions, and compared the various empowerments they had received. A Greek woman from Santa Monica praised the recent collaborations between Chenagtsang and Robert Thurman, a famous scholar of Tibetan Buddhism: "Nida is remarkable, he can make things simple and adjust to a Western audience. [They are a] great combo with Thurman, Buddhism and medicine coming together."³⁸⁶ Conjoining medicine and religion in Chenagtsang's teaching seemed to appeal to many of the participants at the empowerment. Lunch conversation with a money manager from New York City and a Polish yoga teacher living in Topanga was punctuated with topics like kundalini yoga, qigong, energy healing, and the *Tibetan Book of the Dead*, while a young couple were engaged in silent, ethereal meditational movements underneath a nearby tree. One of the few participants who had ambitions to practice Sowa Rigpa herself was a first year student of the Shang Shung Institute from Virginia; she had purchased one of the Shaglön medical protector statues from the Pure Land Farms shop for \$900.

In addition to the recently built Yutok temple at Pure Land Farms, Chenagtsang and SKI have launched a project to build Pure Land Bhutan (*'brug dag zhing*) with the slogan, "Benefiting All with Healing Science of Tibetan Medicine & Inner Science of Happiness." Pure Land Farms and Pure Land Bhutan are dubbed "Pure Land East and West," and

³⁸⁶ Robert Thurman is actively involved with the programming at Menla retreat center in New York, a project of Tibet House US. According to its website, Menla is "committed to bringing authentic Tibetan mind-body healing arts and sciences to the West." Menla and Pure Land Farms have previously collaborated on an online Tibetan dream yoga retreat, for instance. See "Menla Online: Tibetan Dream Yoga Retreat," Menla, accessed February 3, 2021, <https://menla.org/retreat/menla-online-tibetan-dream-yoga-retreat/>.

described to work in partnership to “create sanctuaries that promote healing, dharma, and culture through education, sustainable organic herbalism, travel, cultural immersions, retreat, and community building.” Among other things, Pure Land Bhutan Wellness and Retreat Center in Paro will house retreat cottages, and plans to build a Yutok temple and Shanglön protector chapel are underway. It appears that the primary audience for Pure Land Bhutan are visiting tourists, as the programs also include “Spiritual Journeys in Bhutan.”³⁸⁷

Another example of commodification and paramedicalization in the global Sowa Rigpa and Tibetan Buddhist marketplace is the “Dharma-empire” of Tsem Tulku Rinpoche (1965–2019). Tsem Rinpoche was a controversial lama of the Geluk school, and the founder and spiritual guide of the Kechara House Buddhist Association (KHBA) in Malaysia. While Tsem Rinpoche’s activities were perhaps most prominent in the global “Dharma marketplace,” he was also involved in promoting healing related services and products. One of the products Tsem Rinpoche conceptualized to promote health and well-being is the Kechara Forest Retreat Center, which is described as a “holistic retreat center focused on the total wellness of body, mind and spirit through spiritual retreats, learning and conscious living within a natural forest enclave.”³⁸⁸ Despite the schism with Dharamsala—which had to do with disagreements over a protector deity³⁸⁹—Tsem Rinpoche was a successful

³⁸⁷ “Pure Lands International,” Pure Land Bhutan, accessed April 16, 2021, <https://www.purelandbhutan.com/pure-lands-international>; “Wellness and Retreat Center,” Pure Land Bhutan, accessed February 3, 2021, <https://www.purelandbhutan.com/wellness-retreat-centre-paro-yuthok-khandro-ling-sowarigpacentre>. See also “Bhutan,” Pure Land Farms, accessed February 4, 2021, <https://purelandfarms.com/bhutan>.

³⁸⁸ “Kechara Forest Retreat,” Tsem Tulku Rinpoche, accessed March 17, 2016, <http://www.tsemtulku.com/projects/gallery-projects-retreat-center/kechara-forest-retreat.html>.

³⁸⁹ Tsem Rinpoche was an avid supporter of Dorjé Shugden (rdo rje shugs ldan, claimed by some to be a protector deity of the Geluk school), the worship of which the Dalai Lama, the spiritual leader of the Geluk school, does not accept. Alluding to the Shugden question, Tsem Rinpoche praises the well-respected Tibetan doctor Lobsang Dolma Khangkar, while denouncing another important figure

religious figure, who employed Tibetan medicine to market the products in his online store, Vajrasecrets by Kechara.³⁹⁰ Within a product line ranging from “Wealth Vases” to “Puja Packages,” VajraSecrets also sells “Healing Bricks” for \$333.33, the profits of which will go towards the construction of the Medicine Buddha Hill, an “international healing sanctuary” within the Kechara Forest Retreat. Additionally, there is the Medicine Buddha Puja Fund which offers “small and medium puja sizes on a monthly basis, depending on the scale of the problem,” and accepts contributions upward from \$100 to provide “healing on the body, mind, and spirit.”³⁹¹ VajraSecrets online store also enables customers to purchase “Medicine Buddha Pills,” and contribute to the Medicine Buddha Statue Fund (\$3,333.33) to sponsor a medicine Buddha statue to be placed at key locations on the Medicine Buddha Hill at Kechara.

of Tibetan medicine, Yeshi Dhonden. See “Dr Dolma,” Tsem Rinpoche, accessed February 1, 2021, <http://www.tsemrinpoche.com/tsem-tulku-rinpoche/great-lamas-masters/dr-dolma.html>.

³⁹⁰ According to the website, VajraSecrets specializes in “blessed holy items, spiritual services & Buddhist practice supplies,” and works “to make authentic and blessed dharma items easily accessible to all Buddhist aspirants at all corners of the world.” “VajraSecrets,” VajraSecrets by Kechara, accessed February 1, 2021, <http://www.vajrasecrets.com/>.

³⁹¹ “Medicine Buddha Puja Fund,” VajraSecrets, accessed February 1, 2021, <https://www.vajrasecrets.com/medicine-buddha-puja-fund>.



Figure 4.2. Medicine Buddha statue at the Kechara Forest Retreat. Photo credit: Kechara. (<https://www.kecharaforestretreat.com/gallery/>)

While in a sense SKI and VajraSecrets represent different ends of the global Dharma marketplace spectrum in their approaches to propagate Buddhism in the context of healing—SKI linking its programs more closely with Sowa Rigpa and Kechara representing a kind of “spa-Buddhism” that evokes the healing potential of Buddhism itself instead of its connection to Tibetan medicine—they both exemplify certain elements of what Jeremy Carrett and Richard King call the “privatization of Asian wisdom traditions.” As Asian religious and medical traditions are translated into a modern (Western) context, it often happens through a partial and selective interpretation, which is accompanied by a failure to appreciate that what is offered is not the complete picture: “Historically rich and complex traditions are exploited by a selective re-packaging of the tradition, which is then sold as the ‘real thing.’”³⁹² Moreover, this model of disseminating Buddhism and Sowa Rigpa globally

³⁹² Jeremy Carrette and Richard King, *Selling Spirituality: The Silent Takeover of Religion* (London: Routledge, 2004), 87.

in the context of self-help culture often assumes a “client-practitioner” model, where the traditional donation (*dāna*) that generates merit for the donor has generally been replaced with the economic model of fee-for-service.³⁹³

The construction of the global identity of the Tibetan medical tradition can also be viewed in the broader context of “Buddhist modernism” or “international Buddhist movements,” which among other things, advocate a reinterpretation of Buddhism as an essentially rational religion or Buddhists as innately “green” environmentalists (or Tibetan medicine as a scientific medical tradition, and Tibetan medicine as a vehicle for better global health).³⁹⁴ More importantly for our current purposes, however, Richard Payne argues that much of the Buddhist modernist rhetoric becomes intertwined with the idea of Buddhism as providing a repertoire of tools for self-help.³⁹⁵ This observation proves crucial in analyzing the way in which SKI packages Sowa Rigpa and the *Yutok Nyingtig* tradition for Western

³⁹³ Richard Payne, “Religion, Self-Help, Science: Three Economies of Western/ized Buddhism,” *Journal of Global Buddhism* 20 (2019): 79.

³⁹⁴ On Buddhist modernism, see David L. McMahan, *The Making of Buddhist Modernism* (Oxford University Press, 2008) and *Westward Dharma – Buddhism beyond Asia*, eds. Charles S. Prebish and Martin Baumann (Berkeley: University of California Press, 2002). The ‘world healing’ dimensions of Tibetan culture—such as presenting the Tibetan ritual dance (*‘cham*) performed by monks touring in the West as conducive to generating energies conducive to world healing and as an embodiment of Tibetan spirituality in a global arena—have been argued to be a direct derivation from precedents set by Buddhist modernists and international Buddhist movements. Toni Huber, *The Holy Land Reborn: Pilgrimage and the Tibetan Reinvention of Buddhist India* (Chicago: University of Chicago Press, 2008), 363; see also Mona Schrempf, “From ‘Devil Dance’ to ‘World Healing’: Some Representations, Perceptions and Innovations of Contemporary Tibetan Ritual Dances,” in *Tibetan Culture in the Diaspora: Papers Presented at a Panel of the 7th Seminar of the International Association for Tibetan Studies, Graz 1995*, ed. Frank J. Korom, vol. 4, Philosophisch-Historische Klasse Denkschriften 258 (Wien: Verlag der Österreichischen Akademie der Wissenschaften, 1997), 91–102. On the association of environmentalism and Tibetans, see Toni Huber, “Green Tibetans: A Brief Social History,” in *Tibetan Culture in the Diaspora: Papers Presented at a Panel of the 7th Seminar of the International Association for Tibetan Studies, Graz 1995*, ed. Frank J. Korom, vol. 4, Philosophisch-Historische Klasse Denkschriften 258 (Wien: Verlag der Österreichischen Akademie der Wissenschaften, 1997), 103–19.

³⁹⁵ Payne, “Religion, Self-Help, Science.”

consumption. Chenagtsang's global projects and his efforts to popularize and make practices derived from the *Yutok Nyingtig* tradition more accessible have drawn negative reactions from other Tibetan doctors and Dharma practitioners.³⁹⁶

A dominant theme in discussions with those visiting Pure Land Farms to receive the *Yutok Nyingtig* empowerment that June weekend was a desire to consume the medico-spiritual teachings of a cosmopolitan Tibetan teacher. While many of the participants were looking for something specific to fit their (spiritual and therapeutic) needs in a rather pragmatic and individualistic manner, they were also seeking access to “authentic” teachings in the tradition that survives in Chenagtsang's lineage of transmission. The problem of “authenticity” in the transmission of Buddhism is not a new issue, since Buddhism has from its inception penetrated a number of dissimilar cultures. Relying upon textual study, translations of texts and the adaptation of the social and monastic institutions of Buddhism to a new environment has in each instance been a transformation of the tradition. Therefore, in the midst of the transmission of Buddhism to the West, the tradition is inevitably interpreted through the linguistic, cultural and ideological lens of the cultures (and subcultures) into which it is being transmitted. However, as Jay Garfield points out, this new Buddhist transmission—which in the case of Pure Land Farms is coupled with the transmission of Sowa Rigpa—is distinctive in ways that stimulate disputes about origin and

³⁹⁶ One point of contention is Chenagtsang's popular WeChat group for disseminating and discussing *Yutok Nyingtig* teachings, which primarily caters to Tibetan speaking Sowa Rigpa practitioners. Some of my informants in Kathmandu (see Chapters 5, 6, and 7), who are intimately familiar with *Yutok Nyingtig* practice, were very critical of this group asserting that such tantric teachings should never take place on a virtual discussion forum, but always in person. Joffe argues that such negative reactions reveal “contemporary Tibetan anxieties about the translation and transformation of elite, cultural knowledge.” Joffe, “White Robes, Matted Hair,” 374.

authenticity.³⁹⁷ The purpose of the present discussion, however, is not to attempt to assess the “authenticity” of the *Yutok Nyingtig* practice that the participants at the Pure Land Farms empowerment may incorporate in their lives, but rather to point out distinctively new developments in the transmission of the tradition that warrants further scholarly attention.

As Sowa Rigpa makes its way to the West along with the *Yutok Nyingtig*, the tradition eventually assumes a new kind of form that is still taking shape. What seems certain, however, is that whereas Sowa Rigpa used to function as a symbolic marker for specific forms of social and cultural identities that revolved around the the *Fourfold Treatise* (*rgyud bzhi*) or its Bön religion variant (*'bum bzhi*),³⁹⁸ this is no longer the case as the tradition is transmitted globally in a variety of contexts. In the Tibetan cultural sphere, those who are most often involved in practicing the *Yutok Nyingtig* tradition and endowed the esoteric empowerment, are traditionally rigorously trained *amchi* (although events such as large-scale “accomplishing medicine” rituals are often attended by a wide range of people who do not necessarily practice medicine, nor engage in serious ritual practice).³⁹⁹ While some of Chenagsang’s Western assistants are proficient in Tibetan language and tantric Buddhist practice (and one of them has completed the Shang Shung Institute program in Tibetan medicine), Pure Land Farms offers transmission of the *Yutok Nyingtig* tradition divorced from any substantial medical training, a distinct departure from the historical dual transmission of the *Fourfold Treatise* and the *Yutok Nyingtig*. Moreover, “healing” blends in in other cultural programs offered by Pure Land Farms. This stand-alone “Sowa Rigpa


³⁹⁷ Jay Garfield, “The Authenticity Trap,” *Tricycle: The Buddhist Review* 29, no. 4 (2020).

³⁹⁸ See Millard, “Bon Medical Practitioners,” 353–79.

³⁹⁹ See e.g. Cantwell, “The Medicinal Accomplishment,” 49–95.

spirituality” demonstrates a shift in the transmission of the tradition also in another manner: to my knowledge, there are no temples in the Tibetan cultural area that are solely devoted to Yutok Yönten Gönpö.⁴⁰⁰ The portrayal of Yutok as a primarily religious figure is not entirely unprecedented, however, and it is in some ways mirroring the devotional tone in the writings of Sumtön Yeshe Zung, Yutok’s chief disciple (see Chapter 2). The question arises, then, what is the rationale behind the deep contemporary integration of Sowa Rigpa the *Yutok Nyingtig* in the operations of SKI, or the recent and fervent propagation of the *Yutok Nyingtig* as a stand-alone religious practice globally?

⁴⁰⁰ With the possible exception of Yutok Namgyel Ling (g.yu thog nam rgyal gling or g.yu thog dgon), a small Karma Kagyü monastery founded by Situ Pañchen Chökyi Jungné (si tu paN chen chos kyi ‘byung gnas, 1700–1774) in Dzamtang (‘dzam thang). However, information about this monastery is scant. “G1AG47 (g.yu thog dgon),” Buddhist Digital Resource Center, accessed April 16, 2021, <https://www.tbrc.org/#!rid=G1AG47>.


Pure Land Farms
 April 26 at 5:42 PM · 🌐

Tibetan Healing Yoga & Meditation
 Five week practical course with Christiana Polites
 Mondays May 3rd - 31st
 10 - 11:15am (Los Angeles Time Zone)

Sign up:
<https://www.sowarigpaonline.org/courses/tibetan-healing-yoga>

In this five week practice-focused course, we will be guided through traditional Tibetan yogic breathing and movement and meditation practices with an emphasis on self-healing.

We will learn and practice:

- Basic posture
- Preliminary breathwork: Ninefold purification breathing and "Vajra Chanting"
- Bumpachen vase breathing
- 24 Nejang Yoga Exercises and their physical and energetic health benefits.
- Exercises for the "five" limbs (head, arms and legs) to open the joints.
- Simple Medicine Buddha meditation and elimination of obstacles practice from the Yuthok Nyingthig tradition.

Recommended Reading:
 Nejang: Tibetan Self-Healing Yoga
<https://www.skypressbooks.com/nejang>



Figure 4.3. Screenshot from Pure Land Farms Facebook page advertising a course on “Tibetan Healing Yoga and Meditation,” exemplifying the self-healing orientation of “Sowa Rigpa Spirituality” and the commodification of *nejang* yoga.

4.3. Conclusion

This chapter explored how Sowa Rigpa and the *Yutok Nyingtig* tradition are being transmitted, adapted, and shaped in its contemporary global dissemination. It showed how the emergence of the *Yutok Nyingtig* tradition in the increasingly global stage of Tibetan medical training, healing, and religiosity is a fundamental part of Sorig Khang International's attempt to secure a foothold for Sowa Rigpa and related spirituality in the United States and Europe in particular. While few Western people are interested in actually undergoing rigorous Tibetan medical training, this strategy caters to the fertile market for Eastern spirituality and the desire to incorporate Tibetan healing modalities in daily life. Another contributing factor for SKI's general orientation may be the fact that practicing Tibetan medicine in the West is restricted in various ways due to issues involving legal certification, and as a result, SKI's catalog of more spiritually-oriented educational programs associated with Tibetan medicine is simply more feasible to implement. The spread of Sowa Rigpa on a wider scale outside the Tibetan cultural area has been relatively slow, not only because of obvious global economic disparities and cultural clefts caused by a lack of shared cultural assumptions related to health and healing, but also due to issues related to tight regulation of pharmaceutical products in developed nations. In addition, while interest in alternative healing modalities unquestionably factor into the Western curiosity about Sowa Rigpa, the allure of a charismatic religious figures, such as Chenagtsang, also plays an important part in the quickly increasing popularity of the *Yutok Nyingtig*.⁴⁰¹

⁴⁰¹ See e.g. Jane Iwamura's discussion on the icon of the "Oriental Monk." Jane Naomi Iwamura, "The Oriental Monk in American Popular Culture," in *Religion and Popular Culture in America*, eds. Bruce David Forbes and Jeffrey Mahan (Berkeley: University of California Press, 2000), 25–43.

SKI therefore affords us an example of how Tibetan medicine and tantric Buddhist practices can be carefully framed as a holistic health alternative aimed to garner wide-ranging attention, while avoiding some of the obstacles and scrutiny that full-fledged Tibetan medical practice faces in the West. Perhaps more clearly than any other organization of Sowa Rigpa, SKI also demonstrates the transnationalization and the physical and virtual deterritorialization of Tibetan medicine (in its institutions, practices, and practitioners), exemplifying the way in which the ongoing neo-traditionalist transformation of Sowa Rigpa accentuates larger social networks as the main structural concept, rather than the more clearly defined “group of origin.”⁴⁰² This rapidly expanding transnational movement and its social organization warrants further study at a time of increasing globalization of Sowa Rigpa, when the origin and the places where Tibetan physicians practice are no longer “ethnographic Tibet.” Arguably, SKI’s programs demonstrate a novel approach to the global dissemination of Sowa Rigpa with a notable emphasis on spirituality, and by doing so, the organization exhibits “epistemological bridges and shortcuts” that Pordié characterizes as typical for neo-traditionalist presentations of Tibetan medicine.⁴⁰³

The worldwide operations of SKI demonstrate how a fundamentally pragmatic Tibetan lay science, the purpose of which is primarily to restore and maintain health (admittedly with notable religious undertones), is shifting towards an increasingly spiritual practice to meet the needs of a new kind of global clientele and the demands of the transnational marketplace. The unforeseen prevalence of the tantric Buddhist *Yutok Nyintig* tradition as propagated by SKI is shaping the way the Tibetan medical education in general—and the

⁴⁰² Pordié, “Tibetan Medicine Today,” 16.

⁴⁰³ *Ibid.*, 12.

Yutok Nyintig tradition in particular—are being transmitted, practiced, understood, transformed, and commodified in a multitude of contexts globally. The popularity of SKI’s programs can at least partly be attributed to the neo-traditional tendency to mobilize diverse orders of legitimacy, borrowing as much from the ideologies of modernity as from science or from the ancient wisdom and moral foundations of Tibetan medical practice.

Previous chapters in this dissertation have examined some of the complexities involved in demarcating the realms of medicine and religion in the Tibetan context—a futile task to attempt with our conventional nomenclature that assumes a clear dichotomy between these fields—and similar issues rise to the fore in positioning SKI as a transnational organization of Sowa Rigpa. While any conclusions about SKI’s brand of Sowa Rigpa must remain tentative as the organization is only starting to fully harness the possibilities afforded by its robust online learning platforms, it appears that the rhetoric employed by SKI and Chenagtsang, the medical and spiritual director of SKI, renders Sowa Rigpa as a component of an assemblage of (Tibetan) spirituality. Moreover, promoting the *Yutok Nyintig* tradition appears to take precedence in the global programs of SKI in general, and at Pure Land Farms in particular, and the tradition is being branded as a commodity in the CAM marketplace as a practice that is suitable to improve anyone’s health and wellbeing, and the medical is infused into the spiritual (and vice versa) in order to facilitate self-care and self-healing. This therapeutization and paramedicalization of Buddhist tantra (and Tibetan culture) appears in stark contrast to the ways in which the rituals and practices included in *Yutok Nyintig* tradition have previously been employed: primarily to enhance the healing capabilities of Tibetan medical practitioners and their medicine via “accomplishing medicine” (*sman sgrub*) practices or removing obstacles through rituals (*gegs sel*), for

instance. Chenagtsang’s experiments to integrate methods of spiritual and tantric healing and Sowa Rigpa education, “revive” practices like mantra healing or stick therapy—and his approach to teach Dharma as medicine—are not particularly well-received among other Tibetan doctors and Dharma practitioners. Nonetheless, utilizing the well-rehearsed rhetoric of protecting and preserving Sowa Rigpa, SKI’s approach is demonstrably novel as it broadens the domain of classical therapeutic activity.

As Chapter 1 showed, tying human health to Buddhist doctrine, philosophy, and ethics is nothing new: theoretical and empirical principles of Tibetan medicine assume a correspondence and unceasing interaction between macrocosm and microcosm, and understandings about morality, and how to avoid and uproot “afflictions” (*nyon mongs*, *kleśa*) is central to conceptualizing health in the Tibetan context. Moreover, the claim for a “union of Dharma and medicine” is not without historical precedents: the transmission of the *Fourfold Treatise* and the *Yutok Nyingtig* tradition from Yutok to Sumtön, and the later institutionalization of concurrent transmission of medical expertise and spiritual lineage at Chagpori medical monastery, for instance, exemplify this connection. However, Chenagtsang’s global project of “Sowa Rigpa spirituality” or “Sorig spiritual practice”—teaching “Dharma as medicine” and popularizing and commodifying the *Yutok Nyingtig*—is novel, and represents a distinct stream in the globalization of Sowa Rigpa and Tibetan religiosity. Moreover, while the tantric practice of balancing the winds of one’s “subtle” body is historically associated with maintaining good health,⁴⁰⁴ the way in which cosmopolitan “neo-traditionalists” employ the notion of “tradition” and accentuate religion in a strategic manner in order to legitimate and disseminate new practices, demonstrates the

⁴⁰⁴ Yoeli-Tlalim, “Tibetan ‘Wind’ and ‘Wind’ Illnesses,” 321.

emergence of tailored presentations of Tibetan medicine and spirituality for particular purposes outside the traditional contexts of Sowa Rigpa.

To further contextualize the increasingly globalizing world of Sowa Rigpa, the next chapter will discuss the efforts to secure Sowa Rigpa an official status as a medical system in Nepal. These efforts are closely related to translocal dynamics that also involve Sowa Rigpa International College, the first accredited institution in the country, which also belongs to SKI's global network.

Chapter 5. A Missing Piece of the Puzzle? Sowa Rigpa International College and the Official Recognition of Sowa Rigpa in Nepal

[A]mchi are never just *amchi*; they are often more immediately and consistently identified as people from a particular community, affiliated with a distinct geographic location, religious tradition, and lineage, as well as socio-economic position.⁴⁰⁵

Sienna R. Craig

The Boudha Stūpa or Jarung khashor (bya rung kha shor; also known as Boudhanāth) is the central axis of the Buddhist world for Tibetan Buddhists living in the northeastern outskirts of Nepal’s capital, Kathmandu. Local Tibetans, pilgrims, and tourists alike are drawn to this massive spherical structure that is said to have the power of granting all prayers—whether for temporal wealth, happiness, or spiritual achievement.⁴⁰⁶ The steady flow of Tibetans encircling this holy site on their daily *kora* (*skor ra*) is especially intense during the early morning and evening hours: elderly people murmur mantras as they stroll along spinning their handheld prayer wheels and the stationary cylindrical prayer wheels mounted on the whitewashed wall around the stūpa; teenagers laugh and tease each other as they hop in and out of the cafés around the stūpa in their own kind of free-form circumambulation; a Tibetan monk occupies the same bench every day to recite texts while steadily clapping his hands in unison with his intense, unceasing recitation; and among the

⁴⁰⁵ Sienna R. Craig, “Place and Professionalization: Navigating Amchi Identity in Nepal,” in *Tibetan Medicine in the Contemporary World: Global Politics of Medical Knowledge and Practice*, ed. Laurent Pordié (London: Routledge, 2008), 72.

⁴⁰⁶ Franz-Karl Ehrhard, “The Stupa of Bodhnath: A Preliminary Analysis of the Written Sources,” *Ancient Nepal: Journal of the Department of Archaeology*, no. 120 (1990): 1.

hundreds of pigeons fed by tourists, a Theravāda monk stands in his orange-hued robes with his extended hands holding an alms bowl in front of him. In the midst of the abundant signs for restaurants, religious paraphernalia giftshops, trekking gear merchants, and cafés encircling the stūpa, you may notice a nondescript sign for a Tibetan medical clinic. Adjacent to the “Happiness Vegetarian Restaurant” sign, the unassuming white and green sign reads *g.Yu thog sman rtsis khang*, with its gloss in English, “Youthok [sic] Tibetan Medical Clinic.”⁴⁰⁷ The clinic is located on the second floor, where Amchi Jigme (also known as Jixian Jia), wearing a white lab coat and a surgical mask, is administering intravenous treatment to a female patient in a large room visible from the waiting area in the stairway. Amchi Jigme was trained at Qinghai University Medical School, where he received his *rabjampa* degree. In contrast to the clinic’s biomedical appearances, on the other side of the narrow staircase there is a small consultation room and dispensary that houses a desk with a copy of the *Fourfold Treatise* (*rgyud bzhi*) resting upon other Tibetan language medical works; Tibetan cloth paintings or *thangkas*—including depictions of the Medicine Buddha and Avalokiteśvara (*spyen ras gzigs*), bodhisattva of compassion—cover the walls. There is a small poster taped to the wall of the dimly lit staircase to the clinic, which advertises fall 2018 admissions to Sowa Rigpa International College. The poster provides some information about the college in Tibetan, Nepali and English, noting that instruction in the five-and-a-half-year program in Sorig medicine is provided in Sambhota language, i.e. Tibetan.

⁴⁰⁷ More literally, the Tibetan name of the clinic is “Yutok House of Medicine and Astrology,” and therefore does not include a reference to Tibet (*bod*).



Figure 5.1. A poster along the *kora* in Boudha announcing—in Tibetan, Nepali, and English—that Sowa Rigpa International College was accepting applications for admission. Photo: J. Takkinen

The “Youthok Tibetan Medical Clinic” is not the only Tibetan medical clinic in Boudha that evokes the name of Yutok, the foremost figure of Tibetan medical lore. On the other

side of the stūpa circle, there is a smaller clinic called *Gangs ljongs g.yu thog sman khang*, or Yuthok Himalayan Clinic Pvt. Ltd. (with translations of the clinic name into Nepalese and Chinese also on its sign). As I stepped in the waiting room area that doubled as a dispensary, Amchi Ngawang Choekyong, a monk hailing from Central Tibet (Ü-Tsang), was chatting in Chinese as he was preparing medicine for a young female patient. The walls of the clinic were covered with photos from medical camps across the Himalayas after the devastating 2015 earthquake, along with signs written mostly in Chinese characters, which also adorned the donation box next to the entryway. Amchi Ngawang was trained by Amchi Lobsang at the nearby Shelkar clinic, and a certificate on the wall attested that Amchi Ngawang is a member of Sowa Rigpa Association Nepal (SRAN). When I asked why he chose to allude to Yutok in the name of the clinic that he opened in February 2018, Amchi Ngawang explained his naming strategy in very practical terms: Yutok, the paramount figure in Tibetan medicine, was the first thing to come to his mind when he was deciding on the clinic's name, and since he and his Taiwanese patrons are also involved in organizing medical camps in remote areas of the Himalayas (Mustang, Manaslu, Solukhumbu, Yolmo, etc.), it felt natural to evoke the world-famous mountain range. As Amchi Ngawang sits by his desk with a *thangka* of the Medicine Buddha on the wall behind him, he explains that it would not make sense for him to have included Sowa Rigpa in the clinic's name, because "there is also Indian Sowa Rigpa and Chinese Sowa Rigpa" (i.e. Indian medicine and Chinese medicine), which would have rendered the appellation too general.



Figure 5.2. The sign for Amchi Ngawang’s Yuthok Himalayan Clinic in Boudha. Photo: J. Takkinen

Should you wander further on the narrow side streets and lanes around the Boudha stūpa near Amchi Ngawang’s clinic and happen to gaze up at the right moment while dodging the unceasing stream of motorcycles, there is yet another sign for a Tibetan medical clinic hanging high up on the side of a brick wall of a building: *G.yu thog sman khang*, Yeuthok [sic] Clinic.⁴⁰⁸ Therefore, just a short stroll in Boudha reveals just how prominently Yutok Yönten Gönpö features in the names of these small-scale Tibetan medical establishments in

⁴⁰⁸ Similarly, the Department of Sowa Rigpa clinic at the Central Institute of Higher Tibetan Studies campus in Sarnath, Uttar Pradesh, India, is called *g. Yu thog sman khang* or “Yutok Clinic” (José Cabezón, personal communication, January 5, 2019).

this Buddhist stronghold of Kathmandu. In addition, the *amchi* working at the clinics exemplify how Tibetan medical practitioners adapt to increasingly transnational circumstances by skillfully adopting biomedical treatment methods and language skills (e.g. Chinese) that cater to their patrons and patients.

Naming a Tibetan medical clinic after Yutok signals how the doctors, or *amchi*, who run these establishments perceive Yutok—unsurprisingly, as an unparalleled figure in the world of Sowa Rigpa, as the father of Tibetan medicine. The choice of Yutok in the names of these clinics may, however, strike the uninitiated as strange, as it does not immediately communicate the “Tibetanness” of the medical services provided, nor invoke the broadly accepted signifier “Sowa Rigpa,” the Trans-Himalayan tradition of medicine practiced at these establishments. Most importantly for our purposes, the choice of Yutok points to the nuanced politics and cultural logic involved in naming clinics, schools, and institutions of Sowa Rigpa in Nepal, a delicate undertaking that receives careful consideration by *amchi* in the political climate of Nepal.⁴⁰⁹ Consequently, many of those *amchi* who have established their clinics in Boudha have decided to avoid explicitly referring to Tibet in clinic names; on the other hand, alluding to Sowa Rigpa may not be favored since the tradition does not yet

⁴⁰⁹ China is a major investor in Nepal and its infrastructure, and the “Tibet question” remains a delicate matter which is further complicated by the socio-economic success of some Tibetans. In order to maintain good diplomatic and economic ties with China, Nepal must not appear too lenient towards its Tibetan populations. The Chinese government provides Nepal significant economic aid: recent projects in Nepal that Chinese state-owned companies are involved in include the renovation of Tribhuvan International Airport in Kathmandu and the improvement of Kathmandu’s major thorough-ways dubbed “China Aid Kathmandu Ring Road Improvement Project.” Due to pressure from China, Tibetans have been detained by security forces during anti-China protests, and public gatherings have occasionally been prevented in Nepal on dates that the Chinese government considers sensitive, such as the Dalai Lama’s birthday. See Edward Wong and Bhadra Sharma, “Tibetans Repressed in Nepal, Rights Group Finds,” *The New York Times*, April 1, 2014, sec. World, <https://www.nytimes.com/2014/04/02/world/asia/rights-group-documents-repression-of-tibetans-in-nepal.html>.

enjoy officially recognized status in Nepal, nor is it widely known among the general population.

The discourse about Sowa Rigpa in Nepal is often pragmatically and strategically political, rather than devotionally religious or intentionally nationalistic. Moreover, the small Tibetan medical clinics in Boudha—some providing biomedical treatment and others catering to Chinese speaking patrons—demonstrate the malleability of Sowa Rigpa practice and the adaptability of its practitioners. As medical anthropologists Vincanne Adams, Stephan Kloos, and others have documented, Tibetan efforts to engage with modern science are often framed with a narrative of “preserving” Sowa Rigpa in a context of exile, modernity, and a capitalist economy.⁴¹⁰ Therefore, the growing pressures for Sowa Rigpa to appear more “scientific” and align with Western standards of medical theory and practice are shaping contemporary Sowa Rigpa in Tibet and elsewhere as it is increasingly practiced in transnational and translocal settings, where the clientele has transformed from villagers into an international audience whose knowledge and expectations about Sowa Rigpa treatment can vary dramatically. In Nepal, local political conditions, transnational sponsorship, and the multiethnic and multicultural context complicates the cultural logic around the practice of Sowa Rigpa, and necessitates creativity in providing and characterizing Tibetan medical care.

The context-specific discourse revolving around Tibetan medical practice also has to be negotiated in institutional settings that provide contemporary Sowa Rigpa training. My goal from the beginning of this project was not to map the multitude of Sowa Rigpa clinics in Kathmandu. I had arrived in Nepal in October 2018 to better understand the transmission of

⁴¹⁰ See e.g. Adams, “Integrating Abstraction,” 29–44; Adams, Schrempf, and Craig, eds., *Medicine Between Science and Religion*; and Kloos, “(Im-)Potent Knowledges,” 123–142.

Tibetan medical knowledge and the religious legacy of Yutok Yönten Gönpo in the training offered at one particular institution: Sowa Rigpa International College (SRIC), the institution that advertised its open admissions with a poster taped to the staircase leading up to Youthok Tibetan Medical Clinic near the Boudha stūpa (Figure 5.1.). However, as it became increasingly clear during my stay in Kathmandu that the transmission of the *Yutok Nyingtig* tradition is not currently a central concern in the daily life at the college, nor are there many international students in this institution that is explicitly marketed as an international college (see Chapter 6), I began to think about the purpose and mission of the school more broadly.

This chapter examines the role and significance of SRIC and its affiliate organizations in efforts to secure Sowa Rigpa officially recognized status as a medical system in Nepal. The chapter argues that SRIC and its globally well-connected leadership are emerging as active and prominent voices in shaping Sowa Rigpa in Nepal, presenting the tradition as a distinctive medical system that deserves to be recognized by the government. Despite its increasing prominence, SRIC is a newcomer to lobbying for the official status of Sowa Rigpa in Nepal, and the participation of the institution and its transnational partners is not particularly well received by local *amchi* and their associations. Therefore, in order to illustrate the dynamics and stakes at play, the chapter considers identity politics, cultural logic, and the impact of transnational forces that influence the multi-layered world of Sowa Rigpa as a medical system in Nepal.

5.1. Tibetan Medicine, Sowa Rigpa, or Nepalese Buddhist Medicine?

As already mentioned, Sowa Rigpa is currently not officially recognized by the Government of Nepal or supported by the country's Ministry of Health and Population,

unlike Āyurveda and even Chinese medicine.⁴¹¹ However, Sowa Rigpa is undergoing rapid development in Nepal, coupled with efforts to obtain official state recognition.⁴¹² Indeed, practitioners of Sowa Rigpa in Nepal have long struggled with official recognition and government support of their medical tradition.⁴¹³ With little progress in securing Sowa Rigpa an official status, Sowa Rigpa International College emerges as a potentially important factor in these efforts as the first international and university accredited degree-granting institution of Sowa Rigpa in Nepal.⁴¹⁴

A brochure prepared for the inauguration of the college is available in the lobby of SRIC's administrative building describes the purpose of the college in rather vague terms:

[SRIC] will help to stabilize the practice of the Science of Healing [i.e. Sowa Rigpa] as a livelihood for future generations of Nepali and international students.

Interpreted broadly, “stabilizing” the practice of Sowa Rigpa can be taken as gesturing towards obtaining official recognition of Sowa Rigpa in Nepal. While the statement about the college's goal in the pamphlet is nebulous, it communicates aims that became clear in my discussions with SRIC Principal Amchi Nyima Tsering and other *amchi* in Kathmandu who are familiar with the college. But why does the language in the SRIC brochure—much

⁴¹¹ Blaikie et al., “Coproducting Efficacious Medicines,” 181.

⁴¹² See Blaikie and Craig, “Making Tibetan Medicine in Nepal.”

⁴¹³ Sienna R. Craig, “A Crisis of Confidence: A Comparison between Shifts in Medical Education in Nepal and Tibet,” in *Soundings in Tibetan Medicine: Anthropological and Historical Perspectives*, ed. Mona Schrempf, PIATS 2003: Tibetan studies: proceedings of the Tenth Seminar of the International Association for Tibetan Studies, Oxford, 2003, Brill's Tibetan Studies Library, v. 10/10 (Leiden: Brill, 2007), 127–54.

⁴¹⁴ The only other available scholarly treatment of SRIC and a brief discussion of the related issue of seeking official status for Sowa Rigpa in Nepal can be found in Craig and Gerke, “Naming and Forgetting,” 110–14.

like the names of Tibetan medical clinics in Boudha—seem to consciously evade any reference or allusion to the “Tibetanness” of this medical tradition?

The appellation Sowa Rigpa and its cognates have deservedly aroused plenty of scholarly attention among those who write about this Trans-Himalayan medical tradition with rich cosmopolitan roots,⁴¹⁵ and many authors advocate for much needed self-reflection about positionality as we make decisions about the language that we use when we write about Sowa Rigpa. By calling the field “Tibetan medicine” (*bod sman*), we run the risk of projecting a nationalistic essence and “traditionalizing” it in the process. On the other hand, while often well-intentioned, translating Sowa Rigpa as the “science of healing” may evoke connotations of “modern science” instead of describing the tradition as its own kind of system of “science,” with its unique “Sowa Rigpa sensibility.”⁴¹⁶

According to Amchi Nyima, the recent push for large scale international adoption of the term Sowa Rigpa is a fairly recent but accelerating phenomenon, although it is a term that has appeared in Tibetan medical literature early on. “Tibetan medicine” (*bod sman*, sometimes *bod lugs sman* in Tibet) gained prominence only after the Chinese annexation of Tibet in 1959, when a need arose to differentiate Tibetan medicine from Chinese medicine or Western medicine, both of which were typically referred to as “Chinese medicine” (*rgya sman*) because it was the Chinese who introduced features of Western medicine in Tibet on a greater scale.

Anthropologists Sienna R. Craig and Barbara Gerke have examined the transfigurations of the term Sowa Rigpa, and argue that while Sowa Rigpa is emerging as a globally

⁴¹⁵ On the development of Sowa Rigpa as a product of intercultural exchange, see Chapter 1.

⁴¹⁶ Adams, Schrempf, and Craig, “Introduction: Medicine in Translation,” 1–28. See also Gyatso, “The Authority of Empiricism,” 83–96.

recognized brand, it conceals some political tensions and transnational power dynamics. Craig and Gerke acutely note that “the term ‘Tibetan’ is often ‘forgotten’ in countries or groups of practitioners where the label is of political disadvantage, in order to achieve contemporary global goals for Sowa Rigpa across national borders.”⁴¹⁷ It appears that “Tibetan” is often strategically “forgotten” when labeling Sowa Rigpa even in settings where global aims may not be a primary concern, such as in the process of seeking Sowa Rigpa an officially recognized status in Nepal for Nepalese practitioners of the tradition. However, I do not intend to imply that calling Sowa Rigpa “Tibetan medicine” would not involve a whole set of issues related to power, claims to cultural identity, and “tradition.” But as Stephan Kloos points out—previously an inalienable part of Tibetan and Buddhist Himalayan heritage—Sowa Rigpa is now claimed and appropriated as cultural, political, and economic capital that may give rise to tensions over ownership and control.⁴¹⁸

Referring to the tradition “neutrally” as Sowa Rigpa instead of its regional and culturally contextualized varieties may marginalize (already marginalized) local practitioners in the periphery (such as *amchi* in remote Himalayan regions of Dolpo, Mustang, and Humla) and disregard issues concerning the cultural ownership of knowledge. Most non-Tibetans who are engaged in the practice of Sowa Rigpa often differentiate their medicine from “Tibetan

⁴¹⁷ Craig and Gerke, “Naming and Forgetting,” 114. However, the textual analysis found in the article is based on recording the presence of the term “Sowa Rigpa” in the titles of Tibetan medical works, and the resulting interpretation may not be conclusive despite its suggestive merits. Since Tibetan (medical) texts often have poetic names that do not communicate much about the contents of the text itself, further work is needed to establish more precisely the emergence of Sowa Rigpa as a term utilized in Tibetan medical literature.

⁴¹⁸ Kloos, “The Recognition,” 19–49. For a related discussion on heritage industries, ethnicity, religious movements, and Hindu nationalist discourses used as signifiers of “tradition,” see Mary E. Hancock, *The Politics of Heritage from Madras to Chennai* (Bloomington: Indiana University Press, 2008).

medicine” for reasons related to medical and social identities: it is typical for Sowa Rigpa practitioners in the Indian and Nepalese Himalayas to refer to their tradition as “*amchi* medicine” (*am chi so rig*; sometimes in Nepal also “Himalayan *amchi* medicine”, *hi ma la ya’i am chi gso rig*), “traditional medicine” or “Buddhist medicine” (*nang pa’i sman*) in Bhutan, “traditional Mongolian medicine” in Mongolia, etc.⁴¹⁹ However, for Western practitioners and Eastern medicine enthusiasts the “Tibetanness” of Sowa Rigpa typically only carries positive connotations, and therefore Tibetan medicine and Sowa Rigpa are often used interchangeably in the West, although Sowa Rigpa is starting to gain more prominence. So as holistic and inclusive the term Sowa Rigpa may appear, and however philologically oriented its usage may be portrayed, the name Sowa Rigpa does not escape political connotations, despite being perhaps the most acceptable option.⁴²⁰ This variance in naming conventions illustrates how the practice of practically identical medical systems is always constructed within a localized social and cultural frame of reference, and how naming is inescapably related to power, politics and positionality.⁴²¹

SRIC Principal Amchi Nyima uses Tibetan medicine and Sowa Rigpa somewhat interchangeably in his speech, which may initially veil his acute perception of the political weight that naming and word choices make, especially in Nepal, but also in the expanding

⁴¹⁹ Therefore, in some instances, variance in nomenclature may be related to stressing the local medical system’s uniqueness and difference. Just as Ladakhi Buddhists prefer to label their religion Ladakhi Buddhism instead of Tibetan Buddhism. (Same can be said for Mongolian Buddhism.) Among other things, this kind of selectiveness of terminology is a way of asserting regional autonomy and independence from the hegemon that was (and is) Tibet.

⁴²⁰ See also Hsu, “Afterword,” 505–511.

⁴²¹ Sorig Khang International (see Chapter 4) has also articulated a need to address the issues related to naming conventions around Sowa Rigpa: “Sowa Rigpa is the native name for Traditional Tibetan Medicine (TTM) or *Himalayan Medicine* – as we prefer to call it to avoid any cultural or political arguments.” “We are the SKŸ Foundation,” Sorig Khang International, accessed October 15, 2020, <https://www.sorig.net/about/sk%E1%BA%8F-foundation>.

global arena of Sowa Rigpa. Although SRIC is affiliated with an accredited college, Lumbini Buddhist University, the first batch of graduating students will likely not be officially licensed to practice, and therefore are not effectively supported by the government. However, Principal Amchi Nyima and SRIC Director Tenjing Dharke are well-connected with government officials and they are working actively to obtain officially licensed status for SRIC graduates; with this in mind, the SRIC Board has been carefully assembled to be well-positioned to lobby for gaining Sowa Rigpa an official status in Nepal.⁴²²

Instead of talking about “Tibetan medicine” in official contexts, it is common to hear Amchi Nyima and Tenjing Dharke frame Sowa Rigpa as a Nepalese medical tradition: they trace the tradition of Sowa Rigpa via the Medicine Buddha all the way back to the historical Gautama Buddha, who was born in Lumbinī, a small town located in the Terai plains of modern day Nepal. Therefore, the beginnings of the Sowa Rigpa tradition can be argued to actually lie in Nepal (not Tibet or India). Following this line of argumentation, it appears backwards that Āyurveda—arguably an Indian medical tradition—currently enjoys government recognized status with its Department of Ayurveda and Alternative Medicine under Nepal’s Ministry of Health and Population and that Sowa Rigpa does not. Similarly, Craig points out how *amchi* medicine in Nepal is described as simultaneously something uniquely Nepali and part of the nation’s cultural heritage, as well as more broadly

⁴²² The college board members are all Nepali citizens, some in prominent positions, such as Dr. Ghana S. Gurung (Director of WWF Nepal). It is important to note that all Founding Board members of the college hold a Nepalese passport, not an insignificant factor when seeking recognition for Sowa Rigpa in the world’s only Hindu polity. For details about the composition of SRIC board, see Chapter 5.

representative of traditional medicine; moreover, while the Buddhist aspects of *amchi* medicine are often emphasized in Nepal, there is usually no mention of Tibet.⁴²³

Amchi Nyima mentioned in our discussions that the Education Minister of Nepal, Giriraj Mani Pokharel, former Minister of Health, had previously offered to incorporate Sowa Rigpa within the Department of Ayurveda and Alternative Medicine. However, according to Amchi Nyima, the *amchi* did not find it a satisfactory solution and rejected the offer; he argues that it would lead to a situation somewhat similar to that of India, where Sowa Rigpa is portrayed as a subcategory of Āyurveda. In India, Sowa Rigpa is officially recognized, but as an Indian system of medicine and incorporated within the Ministry of AYUSH (which encompasses the systems of Āyurveda, yoga, naturopathy, Unani, Siddha, Homeopathy, and Sowa Rigpa).⁴²⁴ According to AYUSH, Sowa Rigpa is essentially an offshoot of the Indian medical tradition because it is largely based on textual sources of Indian provenance, and its fundamental principles of pathology and diagnostic methods are largely similar to those of Āyurveda, therefore stripping it off its “Tibetanness.”⁴²⁵ Official status of Sowa Rigpa also has significant ramifications for Tibetan medical practitioners in India: in order to qualify for one of the government *amchi* positions, it is necessary to have a *kachupa* (*bka’ bcu pa*) degree from the Men-Tsee-Khang in Dharamsala or one of the Tibetan medical schools that

⁴²³ Craig, *Healing Elements*, 81.

⁴²⁴ Kloos, “The Recognition,” 19–49. See also Kloos, “Tibetan Medicine in Exile,” 235–73; and Smanla and Millard, “The Preservation,” 501. On the official status of Sowa Rigpa in Tibet and shifts in the tradition due to official policy, see Janes, “The Transformations,” 6–39.

⁴²⁵ Ministry of AYUSH, “Introduction of Sowa Rigpa” (<https://main.ayush.gov.in/about-the-systems/sowa-rigpa/introduction-sowa-rigpa>).

use its syllabus and exams (i.e. Chagpori Medical Institute in Darjeeling and the Central Institute of Buddhist Studies in Ladakh).⁴²⁶

5.2. A Translocal Struggle for Power: Sowa Rigpa Association Nepal (SRAN) and Himalayan Amchi Association (HAA)

To combat the submission of Sowa Rigpa as a form of Āyurveda or “alternative medicine,” and to push its agenda of seeking government recognition of Sowa Rigpa as an independent medical system, Kathmandu based Sowa Rigpa stakeholders, including SRIC Director Tenjing Dharke and Principal Amchi Nyima, established the Sowa Rigpa Association Nepal (SRAN, *sovā rigpā eśosiesan nepāl*) in 2017. According to Amchi Nyima, there are currently some 200 registered SRAN members. SRAN’s member eligibility criteria allows membership for a) *amchi* working in Nepal who are graduates from well-known degree granting institutions of Sowa Rigpa in Tibet and in India (diploma required); b) *amchi* trained in a traditional lineage model who can obtain a statement from their local municipality office indicating that they have practiced Sowa Rigpa successfully for at least ten years. SRAN members receive a “Letter of Honour” as a certificate of their registration as Sowa Rigpa practitioners, which attests to their “continuous contribution in enhancing Sowa Rigpa Medicine to serve the humanity [sic].”⁴²⁷

⁴²⁶ In practice, graduates from the Sowa Rigpa program in the Central Institute of Higher Tibetan Studies in Sarnath will also qualify for these positions. Smanla and Millard, “The Preservation,” 502.

⁴²⁷ The certificate is issued with signatures by SRIC Director Dr. Tenjing Dharke Gurung (SRAN Chairman), Dr. Naresh M. Bajracharya (Vice Chancellor, Lumbini Buddhist University), Khenpo Karma Lekchey Lama (SRAN Chairman, Government of Nepal, Ministry of Federal Affairs and Local Development), Dr. Ghana S. Gurung (WWF Nepal Country Representative), Mr. Giriraj Mani Pokharel (Member of Parliament, Former Minister of Health).



Figure 5.4. Sowa Rigpa Association Nepal “Letter of Honour.” Photo: J. Takkinen

SRIC Principal Amchi Nyima, who is also SRAN Secretary, describes the purpose of SRAN as twofold: the association functions as a platform to boost the efforts to establish a Council of Sowa Rigpa in Nepal, and therefore attain official status for the tradition, and secondly to help and protect (Tibetan) *amchi* who are practicing in Nepal from being harassed and extorted by officials due to the liminal and unofficial status of their livelihood. Additionally, SRAN aims to limit the number of “quack *amchi*” who may claim to be practicing Sowa Rigpa without any proper training. Another important impetus for establishing SRAN was the need to obtain official licenses for SRIC students once they graduate, and therefore SRIC is set to play a central role in this process of lobbying for official government recognition and financial support for Sowa Rigpa in Nepal.

However, SRAN is not the first professional association of *amchi* in Nepal that is striving for official recognition of Sowa Rigpa. The Nepali non-governmental organization Himalayan Amchi Association (HAA) was founded in 1998 to “gain recognition and support for *amchi* from the government of Nepal, institutes of Tibetan medicine in India and China, and international non-governmental organizations.”⁴²⁸ However, HAA has not been very successful in its attempts to attract and secure recognition from the authorities for their medical practice and tradition. Sowa Rigpa has long been a distant tradition to Kathmandu officials, both literally and figuratively: many members of HAA hail from the high-mountain regions of Nepal, bordering Tibet Autonomous Region (TAR) of China, and government officials have had little idea what *amchi* medicine entails in practice. A former Chairman of the HAA, Amchi Namgyal Rinpoche—a lineage-trained *amchi* and lay ritual specialist (*sngags pa*) from Dolpo (whose daughter is currently enrolled at SRIC)—acknowledges that HAA’s efforts towards gaining official recognition have not yielded fruit due to insufficient funding and a lack of sustained efforts by Himalayan *amchi*, although WWF, among other organizations, have previously supported HAA. It has been suggested that HAA *amchi* are also considering shifting their national organizational identity away from HAA toward the creation of Sowa Rigpa Council in order to be able to lobby for Sowa Rigpa more effectively.⁴²⁹ However, a Council of Sowa Rigpa is precisely what SRIC Director and SRAN Chairman Amchi Tenjing Dharke is also working towards, in order to ensure that once SRIC students complete their course of study at the college they could get an official license to practice professionally in Nepal.

⁴²⁸ For more on HAA’s mission, see Craig, “Place and Professionalization,” 62–90.

⁴²⁹ Craig and Gerke, “Naming and Forgetting,” 104.

HAA *amchi* have also collaborated with Western anthropologists, who have engaged with the *amchi* through (politically engaged) collaborative event ethnography (CEE). The aim of the collaboration was to use anthropology “in ways that would benefit those whose positions are compromised by politics and whose voices are silenced by geographic or social marginalization.”⁴³⁰ The collaborative workshop held in Kathmandu brought together Tibetan medical practitioners from India, Nepal, and TAR, with the goal of sharing information on compounding medicine in an era when such skill is quickly disappearing due to the commoditization of Tibetan pharmaceuticals (no representatives from the Men-Tsee-Khang were invited). Along with the anthropologists, the leadership of HAA were co-organizers of the event, and they are reported to have used the event to push their agenda for gaining government recognition for Sowa Rigpa in Nepal.⁴³¹ The anthropologists hoped the workshop would lead to “more refined articulations of the social, ecological, political, and economic transformations facing Sowa Rigpa in contemporary Asia, and a greater sense of shared endeavor among practitioners.”⁴³² All ethnographic work inevitably leaves traces in its wake, and this CEE exemplifies how Western scholars—albeit with good intentions—also actively influence and shape contemporary Tibetan medicine through their research projects, and effectively make decisions about the kind of Sowa Rigpa that gets a platform among local and transnational organizations, such as HAA or SRAN. Although engaged anthropology emerges from postcolonial contexts that emphasize political inequality,

⁴³⁰ Blaikie et al., “Coproducting Efficacious Medicines.”

⁴³¹ *Ibid.*, 192–92, 202.

⁴³² *Ibid.*, 180.

socioeconomic marginalization, and indigenous knowledge, pushing a historically and empirically heterogeneous tradition towards unification can prove to be problematic.⁴³³

Amchi Namgyal also mentioned that lobbying for Sowa Rigpa in Nepal is especially challenging due to personal tensions, the challenges in navigating cultural and religious values, and significant political transitions in the country that have effectively rendered it impossible to establish consistent dialogue with a constantly changing government.⁴³⁴

Similar sentiments were expressed by SRIC Principal Amchi Nyima as he discussed the obstacles to achieving government recognition of Sowa Rigpa. Amchi Namgyal estimates that HAA has currently some 200 registered members (membership requirements include Nepali citizenship, and a document from local district office attesting to the active practice of the *amchi*). Amchi Namgyal suggests that HAA is like the mother among the associations of Sowa Rigpa in Nepal, and those that come later, such as SRAN, are like a child.

In short, the two associations, SRAN and HAA, do not speak with a united voice, and it seems as if the cleft between the organizations is only widening. Another *amchi* from the remote Himalayan region of Dolpo, Amchi Ugyen Bhuti Yangton, a former Executive Member of HAA who now runs a private clinic in Boudha, suggests that it is problematic to have two associations that seemingly have the same agenda:

Why are we having this problem? I think we should have only one association, and that should be very powerful, everyone should be together. Now, we have like a competition, HAA and SRAN. I haven't registered with SRAN because I don't know what that really means. HAA is very old, the mother [of Sowa Rigpa associations in Nepal] is HAA. In HAA there are more senior doctors, in SRAN many young ones. So they became like these opposite sides. But they don't say

⁴³³ In response to the Blaikie et al. article, Renchen Dhondup expresses criticism of the approach, and suggests that “the CEE extracted *amchis* from their local context and political, socioeconomic realities of medicine production and placed them in a performative demonstration of their traditional ideal of quality control.” Renchen Dhondup, “Comments” to Blaikie et al., “Coproducting Efficacious Medicines,” 196–97. See also Laurent Pordié’s response in *ibid.*, 198–99.

⁴³⁴ Amchi Namgyal interview, February 28, 2019.

that... uh.. that [the other association] is not good, they pretend to appreciate each other, you know? [But] inside they are not happy. Sometimes I feel that's why *amchi* are so narrow minded, you know? Actually there shouldn't be two [associations]; only one is enough. Why are these two things happening? So many doctors register with both, and have two ID cards.⁴³⁵

While there appears to be an obvious center/periphery and urban/rural disparity between the two associations, Amchi Ugyen Bhuti's comments signal a generational discrepancy as well. Moreover, it seems that SRAN's significance and agenda for Sowa Rigpa in Nepal raises some questions for HAA *amchi*. Despite HAA's organizational seniority to SRAN, SRAN seems to be the more dynamic in gaining Sowa Rigpa an official status. SRIC Director Tenjing Dharke, former HAA Secretary who hails from the Himalayan region of Mustang, left HAA in favor of taking up a Chairman position with SRAN and to work more intimately with Sorig Khang International. This transition was perceived as opportunistic and was not well received by the current leaders of HAA, illustrating how personal conflicts play a significant role in the heterogeneous professional community of Sowa Rigpa practitioners in Nepal, and have ramifications for the cause of Sowa Rigpa.⁴³⁶ Amchi Tenjing Dharke is an omnipresent figure and spokesman for Sowa Rigpa in Nepal, and he demonstrates resourcefulness in familiarizing dignitaries with SRAN, Sowa Rigpa, as well as SRIC, as this Facebook post from May 2020 demonstrates:

⁴³⁵ Amchi Ugyen Bhuti interview, February 25, 2019. Amchi Ugyen Bhuti, who comes from a Bönpo family, also used to teach at SRIC when the college was inaugurated in 2016. Her clinic near Tinchuli in Boudha is called Snow Region Welfare Clinic (gangs ljongs phan bde khang).

⁴³⁶ According to Tsewang Smanla and Colin Millard, there does not appear to be similar conflicts of interest among different Ladakhi *amchi* associations, for instance. Ladakhi associations, such as the Ladakh Amchi Sabha (Ladakhi Amchi Association) have sought to represent the interests of *amchi* at a local government level in order to increase the possibility of obtaining government funding. Smanla and Millard, "The Preservation," 500. For more on Ladakhi *amchi* associations and the political use of religion, see also Laurent Pordié, *The Expression of Religion in Tibetan Medicine: Ideal Conceptions, Contemporary Practices and Political Use*, Pondy Papers in Social Sciences (Pondicherry: French Institute of Pondicherry, 2003), 59–65.



Figure 5.5. SRIC Director and SRAN Chairman Tenjing Dharke presents Bhanu Bhakta Dhakal, Nepal’s Minister of Health, an image of the Medicine Buddha and a 300,000 NPR (ca. 2,500 USD) contribution towards COVID-19 relief efforts in the country. Screen caption from Tenjing Dharke’s Facebook page (Amchi Tendhar Guge), accessed May 5, 2020.

Although the seemingly ever-changing political conditions in Nepal make the efforts to lobby for Sowa Rigpa difficult, SRAN actively leverages its connections to the political elite to further their cause. Unquestionably, economic incentives also play a role in efforts to seek

Sowa Rigpa official status in Nepal: if sale numbers from China and India are any indication, Sowa Rigpa shows strong economic promise in Nepal.⁴³⁷

5.3. Transnational Entanglements: The Founding of Sowa Rigpa International College

There is more to the efforts of seeking official status for Sowa Rigpa in Nepal than forming professional organizations and forging local political ties—transnational connections run deeper than the singular efforts of HAA or SRAN. Establishing and funding an international college of Sowa Rigpa in Nepal can be traced back to the global organizational network associated with Sorig Khang International. Initially, the Ngak Mang Institute (Sngags mang zhib ‘jug khang) was co-founded by Nida Chenagtsang in Xining (Qinghai province) in 1999 to promote and support the spiritual tradition of the lay tantric *ngakpa* tradition in Rebkong (Reb gong), Amdo, Eastern Tibet. The organization garnered international attention and support steadily, and in 2009 Ngak Mang International (Verein Ngak Mang International e.V.) was founded in Germany as a charitable organization upon the request of Chenagtsang, who is a lineage holder of the Rebkong *ngakpa* tradition, a prominent proponent of the global dissemination of the *Yutok Nyingtig* teachings, and a Tibetan medical doctor.⁴³⁸ Subsequently, Ngak Mang International has only expanded its global scope with the emergence of a sister organization, the Ngak Mang Foundation (Sngags mang thebs rtsa tshogs pa), headquartered in California. The mission of the Ngak

⁴³⁷ See Kloos et al., “The Transnational Sowa Rigpa Industry,” 112617.

⁴³⁸ “Organization,” Ngak-Mang-International – Hilfe für Einwohnern Tibets (Amdo/Rebkong), accessed April 25, 2021, <http://www.ngak-mang-international.org/index.php/en/organization.html>.

Mang Foundation is to “preserve the spiritual, medical, and cultural traditions of the Himalayan and Tibetan region.”⁴³⁹

Sowa Rigpa International College in Kathmandu features prominently on the Ngak Mang Foundation’s sophisticated website—the landing page is devoted solely to information about SRIC, and visitors are invited to sponsor the college’s students with their donations.⁴⁴⁰ The Ngak Mang Foundation is closely partnered with Sorig Khang International—a global organization promoting Sowa Rigpa and the *Yutok Nyingtig* tradition—and SRIC is arguably the most ambitious project within the expansive SKI portfolio.⁴⁴¹ SKI’s Board of Directors plays a decisive role in funding and managing SRIC and its future, and therefore also influences (at least indirectly) the processes pertaining to the legal status of Sowa Rigpa in Nepal.

In order to further contextualize why SRIC is so uniquely positioned in the efforts to seek government recognition for Sowa Rigpa in Nepal, we now turn to the Third International Congress on Sowa Rigpa, organized in 2014 by Sorig Khang International in Kathmandu. While the former HAA Chairman Amchi Namgyal Rinpoche mentioned that HAA had been encouraged to establish training institutions and more formal clinics in order to improve the profile of Sowa Rigpa in Nepal and facilitate official recognition with the

⁴³⁹ “Our Mission,” Ngakmang Foundation, accessed April 25, 2021, <https://ngakmang.org/about-us/>.

⁴⁴⁰ The website includes a five-and-a-half-minute introduction video about SRIC. “Home,” Ngakmang Foundation, accessed April 25, 2021, <https://ngakmang.org/>. See also “Sowa Rigpa International College,” Ngakmang Foundation, accessed April 25, 2021, <https://ngakmang.org/nepal/>; and “Sowa Rigpa International College,” Sowa Rigpa International College, accessed April 25, 2021, <https://sorigcollege.org/>.

⁴⁴¹ The mission and scope of SKI’s global activities of disseminating the *Yutok Nyingtig* teachings in conjunction with Sowa Rigpa are discussed in detail in Chapter 4.

government, it was eventually an international effort that led to the emergence of SRIC.⁴⁴² As recounted by Amchi Nyima, SRIC's origins can be traced back to Sorig Khang International's aim to establish a local branch office in Nepal (Sorig Khang International Nepal, SKIN), and the subsequent international congress organized in Kathmandu in 2014. Jens Tönnemann, an Austrian medical doctor, a student of Nida Chenagtsang and SKI's principal congress organizer, discussed the possibility of establishing an SKI branch in Nepal with his Nepalese friend Raj Kumar Shrestha (SKIN Chairman, Vice-Director of SRIC founding board), who was receptive to the idea despite not knowing much about Sowa Rigpa initially. Dr. Tönnemann and R. K. Shrestha got in touch with Punya Prasad Parajuli, who had previously taught Tibetan and Sanskrit at Tribhuvan University and Ka-Nying Shedrub Ling monastery in Kathmandu, and was well-connected with the local community. P. P. Parajuli then in turn introduced Dr. Tönnemann to Amchi Sherab Tenzin, a high profile and cosmopolitan Sowa Rigpa practitioner from Bhutan, who runs his Pure Vision Sorig healing and research centers in Boudha and Pharping, and coordinates wellness projects in Bhutan. Amchi Sherab thought that the organization should have more *amchi* involved, and he invited Amchi Tenjing Dharke (previously with HAA) to also work for the SKI Nepal branch. This marked the beginning of Sorig Khang International Nepal (SKIN)—R. K. Shrestha was appointed as the Director, Amchi Tenjing Dharke as the Vice Director, and Amchi Sherab's wife Pema Bhuti Sherpa was brought in as the secretary, with Fidel Devkota and Amchi Ngawang Namgyal (Nepali citizen currently in France) also involved in forming the group.

⁴⁴² Prominent HAA members Amchi Tenjing Bista and Amchi Gyatso Bista (former Chairman of the HAA) established small-scale Sowa Rigpa training institutions called Lo Kunphen Traditional Herbal Medicine Clinic and School in Upper Mustang (Lomanthang) and Pokhara in 2000. See Craig, *Healing Elements*, 29–47.

According to their website, “S.K.I.N.’s principal work has been to establish the Sowa Rigpa International College, to work with Lumbini Buddhist University and the Nepal Government to develop policies that will allow for greater recognition and spread of the [Tibetan medical] system.” Moreover, SKIN’s vision is to “work in cooperation with local and international supporters to assist and fortify a sustainable future for Sowa Rigpa in Nepal,” to ensure that “this traditional science will not be lost, and remain relevant to share with a changing world.”⁴⁴³

SKIN’s commitments that range from the local to the global appears to communicate an inclusive vision for its efforts to ensure relevancy for Sowa Rigpa in Nepal. However, this transnational approach effectively excludes HAA *amchi* from its ambitions, and demonstrates the kind of “friction” that emerges when local, global, and national discourses and practices of conservation, development, and social change intersect. Anthropologist Anna Tsing suggests that cultures (and elements of culture) are continually co-produced in the awkward, unequal, unstable, and creative qualities of interaction and interconnection across difference that she calls “friction.”⁴⁴⁴ Her theory on friction and concurrent entanglement extends her earlier work in which she explored how even seemingly isolated cultures, such as rainforest dwellers in Indonesia, are shaped in national and transnational dialogues.⁴⁴⁵ In essence, Tsing argues that encounters and interactions across difference create a kind of a transient zone of “cultural friction,” and it appears that the founding of

⁴⁴³ “Sorig Khang International Nepal,” Sowa Rigpa International College, accessed October 21, 2020, <https://sorigcollege.org/skin/>.

⁴⁴⁴ Tsing, *Friction*, 4.

⁴⁴⁵ Anna Tsing, *In the Realm of the Diamond Queen: Marginality in an Out-of-the-Way Place* (Princeton, NJ: Princeton University Press, 1993).

SRIC and the efforts to gain Sowa Rigpa official recognition in Nepal is precisely such an arena for “cultural friction” that makes its appearance with changing events.⁴⁴⁶

I also interviewed the Bhutanese SRIC Advisory Board Member Amchi Sherab about the origins of SRIC, and his account offered some intriguing details. Amchi Sherab graduated in 1996 as the first batch of students trained by Trogawa Rinpoche at the prestigious Chagpori Medical Institute in Darjeeling, and has since settled in Nepal and become well-known for his Sowa Rigpa practice and research, as well as his work with WWF and National Geographic.⁴⁴⁷ Before any discussions about a SKI Nepal branch office, Amchi Sherab seems to have been thinking about establishing a Sowa Rigpa training institution in Nepal. This interest was inspired by Chögyel Namkhai Norbu Rinpoche (chos rgyal nam mkha'i nor bu, 1938–2018), a famous Tibetan Dzogchen master and polymath who resided in Italy; Namkhai Norbu was known for his interest in Sowa Rigpa, and he hosted the first International Convention on Tibetan Medicine held in Venice in 1983. Amchi Sherab had served as an assistant doctor to Namkhai Norbu on his trip to Bhutan, and some of his students discussed the possibility of working towards founding a new Sowa Rigpa college. Later, Amchi Sherab and his friend Palden Taksham, who is now in charge of International Affairs at PADMA (Swiss manufacturer of Tibetan herbal medicines and dietary supplements), had discussions with R. K. Shrestha and Dr. Jens Tönnemann, and eventually Amchi Sherab and the newly established SKIN were in charge of organizing the

⁴⁴⁶ Tsing, *Friction*, xi.

⁴⁴⁷ For instance, Amchi Sherab appeared in the first episode (“The Science of the Mind”) of the 2012 National Geographic documentary show *Light at the Edge of the World*, which explores the loss of indigenous cultures and languages.

Third International Congress on Sowa Rigpa in 2014 in Kathmandu.⁴⁴⁸ During the congress, Amchi Sherab relayed to Nida Chenagtsang Namkhai Norbu’s vision and the support for establishing a medical college that his students would be willing to extend. “Then Dr. Nida [Chenagtsang], immediately—cause and effect—you know, reacts. And then I just asked Tenjing Dharke to be our Board Member, because I’m a foreigner from Bhutan.”⁴⁴⁹ After passing on the idea of a Sowa Rigpa college in Nepal, Amchi Sherab seems to have handed the reigns to Tenjing Dharke, acknowledging that due to the Nepalese government regulations, it is essential for the project to be driven by Nepali citizens. Therefore, the beginnings of SRIC were transnational from the start, involving individuals from Austria, Bhutan, Nepal, and Tibet.

However, Amchi Sherab’s vision of a degree-granting school of Sowa Rigpa was not the first such idea in Nepal: HAA *amchi* leaders have long recognized that the certificates that they provide to their heterogeneous group of members are not perceived as particularly prestigious compared to those issued by major institutions of Sowa Rigpa in India or Tibet, and that in fact its significance even in Nepal is limited due to lack of knowledge about *amchi* medicine among the authorities as well as issues related to language and ethnicity.⁴⁵⁰

⁴⁴⁸ The two previous IATTM (now Sorig Khang International) congresses were organized by Dr. Tönnemann in Innsbruck, Austria. Following congresses have taken place in Estonia (2016), Kathmandu (2017), Italy (2018), Singapore (2019); the 2020 congress set to take place in Poland was postponed due to the COVID-19 pandemic. For details on the 2014 congress, see ATTMM – Akademie Für Traditionelle Tibetische Medizin, “3rd International Congress on Sowa Rigpa – Traditional Tibetan Medicine,” accessed April 25, 2021, <http://www.attm-austria.at/congress-2014.html>.

⁴⁴⁹ Amchi Sherab Interview March 8, 2019.

⁴⁵⁰ Sowa Rigpa practitioners from Nepal remain “borderland” populations to major institutions of Tibetan Medicine in exile, such as Men-Tsee-Khang and Chagpori in India. At the same time, *amchi* in Nepal struggle to not appear “too Tibetan” to Nepali officials. Craig, “Place and Professionalization,” 78–79. Sienna Craig has served as a long-time advisor to HAA.

Therefore, Nepalese *amchi* would agree that having a truly Nepali training program in Sowa Rigpa would help immensely the professional recognition and status of Sowa Rigpa practitioners in Nepal. However, it is likely that certification of Sowa Rigpa training programs such as offered by SRIC creates further challenges for lineage-based medical practitioners. In Tibet, for instance, official certification and increasing standardization of medical learning and practice within the established medical institutions has marginalized local medical practices that are purely based upon lineage, and young *amchi* trained privately (or in monastic colleges) find it difficult to make a living outside of government-regulated health care services.⁴⁵¹

This tendency for traditionally trained practitioners to be marginalized has also been observed in other contexts of traditional healing. In their discussion of legitimation of traditional medicine in Senegal, Didier Fassin and Eric Fassin have argued that those healers who are the most inclined to search for official recognition are also those who have the weakest traditional legitimacy; simultaneously, actors who claim for official recognition of healers reinforce at the same time their own legitimacy. Without diving too deep into the three types of legitimacy in Weberian theory here (i.e. traditional, charismatic, and rational-legal), the analysis of Fassin and Fassin suggests that the stronger the traditional legitimacy for healers, the less need there is for rational-legal legitimation, e.g. seeking legitimacy for a traditional healing system by emphasizing its compatibility with biomedicine.⁴⁵² Since Sowa Rigpa does not enjoy widely accepted traditional legitimacy in Nepal except for pockets in the Himalayas, new criteria for certifying *amchi* are emerging, such as the importance of

⁴⁵¹ Hofer, *The Inheritance of Change*.

⁴⁵² Didier Fassin and Eric Fassin, "Traditional Medicine and the Stakes of Legitimation in Senegal," *Social Science & Medicine* 27, no. 4 (1988): 353–57.

belonging to an association or graduating from an accredited degree-granting institution that affords the imitation of the outward appearance of “modernity” or “science.” In Ladakh, in contrast, lineage-based *amchi* are subjected to a public examination, which marks the social sanction of the *amchi*’s role within the community; no certificate is awarded.⁴⁵³

Drawing from the work of Margaret Lock, Nancy Scheper-Hughes, and Michael Taussig, Craig Janes argues that there is ample evidence to suggest that when “ethnomedicines” (such as Sowa Rigpa) are sanctioned and supported by the state, “the resulting pluralism is orchestrated by institutions and structures built out of the culture of biomedicine and, therefore, entails a transformation of medical care and training so that it is consistent with the epistemological, symbolic, and sociologic attributes of biomedicine.” Consequently, modernizing medical traditions with an increased emphasis on acquiring qualifications and institutionalized training, for instance, has been argued to transform the social relations of healing that put emphasis on professionalism, contribute to symmetries of power in healing encounters, and decontextualize understandings of disease.⁴⁵⁴ The processes involved in the struggle for official recognition of Sowa Rigpa in Nepal contributes to the decontentualization of the tradition, while the training program offered by SRIC is effectively attempting to simultaneously recontextualize Sowa Rigpa in order to meet the expectations of what is considered a legitimate medical system in Nepal.

As it became evident that this new institution was expected to have university affiliation in order to be well-positioned to support the cause of official recognition of Sowa Rigpa in Nepal, Amchi Nyima told me that Punya Prasad Parajuli, Professor at Lumbini Buddhist

⁴⁵³ Smanla and Millard, “The Preservation,” 490–91.

⁴⁵⁴ Janes, “The Transformations,” 24–5.

University and SRIC Academic Director, first approached Kathmandu University (KU), a private institution, because the internationally-oriented Rangjung Yeshe Institute was thriving in partnership with KU Center for Buddhist Studies, and KU was perceived as easier to work with than Tribhuvan University.⁴⁵⁵ However, the donation requested by KU Vice Chancellor to obtain university affiliation for a college of Sowa Rigpa was considered unreasonable, and partnership was eventually sought with Lumbini Buddhist University (LBU). LBU's Vice Chancellor, Dr. Naresh Man Bajracharya, who Amchi Nyima describes as “very practical and down to earth” Newari Buddhist (he belongs to a family of well-known tantric vajrayānā practitioners and teachers), agreed to work with SRIC to obtain official affiliation as a department of LBU.

Sowa Rigpa International College was officially inaugurated on February 25, 2016, by LBU's Vice Chancellor, Naresh Man Bajracharya. Local *amchi* were invited to the opening ceremony that featured remarks by representatives of LBU, SRIC, SKI, and the Nepali government. While all speakers were there to celebrate the occasion of inaugurating a Sowa Rigpa college—the first of its kind in Nepal—their diverging observations about Sowa Rigpa and its future represented a microcosm of the issues related to nomenclature, official recognition, and transnational friction and personal tensions discussed in this chapter.

The government representative, Tilak Sharma Paudel (Secretary, Ministry of Health, Policy Planning and Foreign Aid Co-Operation), described Sowa Rigpa as a unique mix of Āyurveda and Buddhism, and therefore indigenous to Nepal in a sense. He offered the

⁴⁵⁵ Rangjung Yeshe Institute is “an institution of higher learning for those wishing to deepen their understanding of Buddhist philosophy and practice,” which has been very successful in attracting international students in their study programs. See “Study at RYI,” Rangjung Yeshe Institute, accessed April 25, 2021, <https://www.ryi.org/>.

government's support to the mission of the college, which he saw to eventually contribute to Nepal's healthcare needs. The Vice Chancellor of LBU, Naresh Man Bajracharya, framed the practice of Sowa Rigpa as the purview of an altruistic *bodhisattva*, but he was also quick to point out that SRIC's affiliation and cooperation with LBU does not mean direct financial assistance. However, he assured that he is available to support the efforts to seek funding from the state and emphasized the importance of knowing "in which pocket the government of Nepal has money."

Punya Prasad Parajuli, Professor at LBU and Academic Director for SRIC, noted the shortage of qualified *amchi* in Nepal, and expressed his wish for the college graduates to help bring Sowa Rigpa to all 22 districts of the country. He also introduced the SKI representative, Nida Chenagtsang, as "the main back bone of this college" who is known for his numerous international projects. Chenagtsang's brief remarks that followed emphasized the role of SKI and the founding of SKIN to enable SRIC's inception. While Chenagtsang noted that he also wished that the college would educate many Sowa Rigpa doctors to provide healthcare for the people of Nepal, he also gestured towards the global ambitions that SKI has for the college: "Of course Sorig is beyond culture and nationalities, and so in the future, highly qualified, thousands and thousands of Sorig doctors [trained at SRIC] will benefit all humans on this planet. That's my wish."⁴⁵⁶

These perspectives by the Ministry of Health Secretary, the Vice Chancellor of LBU, and SKI Director exemplify the various narratives and visions about the nature of Sowa Rigpa as a medical system, as well as its future trajectory in Nepal and in the world. On one hand, the government is willing to support the college because it represents a unique

⁴⁵⁶ Sowa Rigpa International College, *Opening Ceremony: Sowa Rigpa International College*, DVD, 2016.

conjunction of Ayurveda and (Nepalese) Buddhist principles, and the medical training offers an integrated approach to healthcare that can serve the country's healthcare needs; LBU's willingness to adopt SRIC as its affiliate college is framed in Buddhist terms (since LBU is a Buddhist university), while also acknowledging the practical challenges related to adequate funding for SRIC; and lastly, SKI casts itself as a major contributor to the development of Sowa Rigpa in Nepal by initiating the founding of the college, which is ultimately envisioned to serve the global community in the long run. These various views illustrate the political (and economic) stakes in "tradition" that are related to competing claims of the past and diverging views about the future.⁴⁵⁷

Needless to say, these diverse perspectives on Sowa Rigpa and the purpose of the college underscores the challenges that SRIC and the official recognition of Sowa Rigpa face in Nepal, where this medical tradition cannot appear too Tibetan, too Tibetan Buddhist, nor too secular in order to be seriously considered for support by the government. But to deny that Sowa Rigpa is (or is based on) Tibetan medicine, is to conceal its history, its canon, medium of instruction, and so forth. There are strategic reasons for downplaying the "Tibetanness" of Sowa Rigpa for the tradition to gain acceptance in Nepal, however, and it may be beneficial to portray the tradition as indigenous to Nepal, and therefore not (exclusively) Tibetan. However, as will be discussed in Chapter 6, vital international support may cease (as the flow of international students already has) if the college does not appear "modern" enough for its transnational sponsors. Therefore, there seems to be a certain kind of tug of war between local and global interests and funding with SRIC stuck in the middle, and it remains to be seen who the college is truly intended for, where SRIC graduates end up

⁴⁵⁷ Hancock, *The Politics of Heritage*.

working once they graduate, and how the college may contribute to obtaining Sowa Rigpa official status in Nepal. Time will also tell how the deeply context-specific qualities that Sienna Craig assigns to Sowa Rigpa and *amchi* in the epigraph to this chapter will transform as Sowa Rigpa training takes on an increasingly modern and transnational form.

5.4. Conclusion

This chapter has described various entanglements related to legitimation, authority, personal tensions, and politics revolving around naming and narratives around Sowa Rigpa in Nepal. The chapter has discussed the most prominent Tibetan medical associations in the country with wide-reaching translocal and transnational connections, and assessed their role in seeking state recognition for Sowa Rigpa. In particular, this chapter has demonstrated how Sowa Rigpa International College is slated to play a pivotal role in seeking official status for Sowa Rigpa in Nepal, and how the college is positioned to present the tradition in the best possible light for this purpose.

The question of official status of Sowa Rigpa in Nepal—and SRIC’s role in seeking state recognition—is not insignificant, since official government stances on Sowa Rigpa, as well as influential transnational organizations, actively shape the tradition and its educational institutions. However, as the various names of Tibetan medical clinics in Boudha demonstrate (along with the naming choices for Sowa Rigpa associations and institutions), the tradition is characterized by plurality and lacks a unified public image in Nepal for the moment. Perhaps the tendency to refer to Yutok Yönten Gönpo in local clinic names is an attempt to frame the tradition in reference to its founder in the absence of another, more prevalent common denominator, in a way akin to referring to “galenic” medicine.

As Tsing and Fassin and Fassin remind us, a certain kind of friction ensues as those who are most inclined to seek official recognition are also those who have the weakest traditional legitimacy. In addition, resorting to “modern” instances of authority and legitimacy (such as government recognition or university certificates) has particular cultural and socioeconomic consequences that reshape and transform Sowa Rigpa so that it better conforms to state political, economic, and cultural authority. In practice, SRIC appears to serve several purposes: it educates mostly Nepalese citizens to become medical practitioners with working knowledge of both Sowa Rigpa and biomedicine; it is positioned to play a key role in securing Sowa Rigpa official status as a medical system in Nepal (and thus attract more government sponsorship); and the college is also envisioned to function as a platform for a new wave of international Sowa Rigpa practitioners that will operate globally. Building on this discussion about the emergence of SRIC and its position in the realm of Sowa Rigpa in Nepal, the next chapter will provide a more detailed account of SRIC and the hybrid education in Sowa Rigpa that it offers.

Chapter 6. Tibetan Medical Knowledge in Translation: Sowa Rigpa International College

[We are] sort of more open-minded. So we thought that... of course this is Tibetan medicine, but this is a discipline which is relevant for all sentient beings. We can't really say that this only belongs to Tibet, or that only Tibetans can study this. So this narrow-minded [thinking] should be eliminated. Once we train international students, then they will become spokesperson for Sowa Rigpa or Tibetan Medicine. So there is no barrier of the background where they came from.

Amchi Nyima Tsering, Principal of Sowa Rigpa International College

The two-building compound of Sowa Rigpa International College (rgyal spyi'i gso ba rig pa'i gtsug lag mtho slob) is tucked away in the residential area of Aarubari in Kathmandu's Gokarneshwor municipality, about a 25-minute walk from the Boudha Stūpa. During my six-month stay in Kathmandu, I frequently climbed the gradual uphill towards the college on Mahankal Road, the main thoroughfare on the northern edge of Boudha, passing Tinchuli Chowk, a busy intersection marked by a big tree flanked by a small Buddhist shrine surrounded by a few prayer wheels and colorful prayer flags. Mahankal Road ascends steadily eastward from Tinchuli, passing oil-stained motorcycle shops and other small businesses; the owners of stationary stores and fruit vendor stalls are busy slapping their merchandise with a cloth to disperse the dust kicked up by traffic. Liquor stores are stocked with stacks of newspaper to wrap the customers' purchases, and meat shops display plucked chicken and lumps of water buffalo meat on their roadside tables that dogs nearby eye closely. As you approach the college, you enter the residential maze to the south of Mahankal Road and navigate through the narrow alleyways passing itinerant chickens, school kids in their navy blue uniforms and a steady flow of dogs and

motorcycles—woodwork and statue shops emanating a steady clinking and clunking in the morning hours. There are small rice paddies in between buildings painted bright green, pink and blue, some of which are under construction; household restaurants and a collection of small shops selling eggs, beer, and meat punctuate the unpaved road towards the college.



Figure 6.1. The gate of Sowa Rigpa International College in Kathmandu, Nepal. Photo: J. Takkinen

If it was not for the large sign above the college compound gate, it would be easy to miss SRIC from the outside. “No entry or photography without permission,” one of the signs warns. The friendly and somewhat absent-minded Nepalese warden wearing a beret and a navy blue uniform asks those who enter to record their visit in a large notebook registry. The

college compound consists of two main buildings, two and three stories high. In addition, there is a third residential building towards the back of the compound, occupied by a Sherpa family who owns the property. The two-story building closest to the gate houses the three male students that live on-site, as well as the senior instructor, monk Amchi Tenzin Jinpa; in addition to the office of the Principal, Amchi Tsering Nyima, there is also an administrative office shared by the college secretary and accountant. As you enter the building you are greeted by prominent photographs of the college Advisory Board⁴⁵⁸ and Founder Board⁴⁵⁹ overlooking the downstairs lobby, accompanied by pictures from the inauguration ceremony of the college that took place February 25, 2016—the images feature Nepal Ministry of Health Secretary, Tilak Sharma Paudel, as well as a photograph of SRIC Director Tenjing Dharke receiving the college’s affiliation certificate from Lumbini Buddhist University representatives.

The classrooms are located in the taller building towards the back of the compound, which also houses the girls’ dormitories, a classroom in each of the three floors, and a small library on the second floor. The third floor is a later addition to the building, built with funds provided by a Malaysian donor—it contains a large lecture hall, which is the only space at the college that can fit the whole student body. Adjacent to the lecture hall is a small prayer

⁴⁵⁸ Sowa Rigpa International College Advisors are Dr. Nida Chenagtsang (Director, IATTM, Italy), Dr. Ghana S. Gurung (Director of WWF Nepal), Dr. Sherab Tenzin (Bhutan), Dr. Jens Tönneman (Austria), Ms. Shally Chin (Singapore), Mr. Eric Rosenbush (USA). There are large images of the Medicine Buddha and Yutok Yönten Gönpo above the headshots of the Advisory Board members.

⁴⁵⁹ Sowa Rigpa International College Founder Board Members are Dr. Tenjing Dharke Gurung (Director), Mr. Raj K. Shrestha (Vice-Director), Dr. Nyima Tsering Nepali (Principal), Dr. Lobsang Lama (Vice-Principal), Dr. Ghana S. Gurung (Advisor/Member), Dr. Sonam Tsering Sherpa (Member), Dr. Yangdon Lama (Member), Mr. Sambhu B. Gole (Legal Adviser/Member), Mr. Tashi Phuntsok Rokaya (Member), Mr. Rajendra Tamang (Member), Ms. Pema Bhuti Sherpa (Member).

room, and the extra space in the back of the room has been filled with a table tennis table that the students put to good use in between classes. In fall 2018, 24 of the college's 41 students lived on the premises; they have their meals in a separate tin-roofed structure where the school canteen is run by a quiet but cheerful Tibetan woman and her Nepalese assistant.

The focus of this chapter is on the transmission of Tibetan medical knowledge at SRIC, and the significance of religious practice in daily life at the college. The chapter argues that SRIC represents a new breed of Tibetan medical education that is straddling the line between “traditional” and “modern” as it trains students for a translocal future by utilizing a curriculum that combines elements of traditional Sowa Rigpa education with English language instruction and supplementary courses in Western medicine. This chapter also suggests that this unconventional approach to Tibetan medical training can be productively viewed as “hybridization” of Sowa Rigpa training that conjoins classical study of the *Fourfold Treatise* with English language instruction and courses in biomedicine that are induced by dynamics of globalization, and connected to efforts of seeking Sowa Rigpa official status in Nepal (see Chapter 5).

Since SRIC is partnered with Sorig Khang International (formerly the International Academy for Traditional Tibetan Medicine)—a global organization that has profiled itself as a vocal proponent of “Sowa Rigpa spirituality” (see Chapter 4)—the chapter also considers how this prominent organizational emphasis with a focus on the *Yutok Nyintig* tradition is reflected in the daily life of arguably SKI's most ambitious project, Sowa Rigpa International College in Kathmandu. The chapter is anchored in ethnographic fieldwork data

collected at SRIC—where 41 students, mostly young women born in Nepal—are being trained in a 5.5 year degree-granting program in Sowa Rigpa.⁴⁶⁰

6.1. Hybridization as an Analytical Lens

While it is difficult to discern shifts in cultural phenomena as they are happening, it seems obvious that cultural transformations are never unidirectional, but rather always two-way processes. Studies on globalization have shown that the notions of “hybridity” and “hybridization” can be used as meaningful conceptual tools in understanding the complex and sometimes contradictory faces of cultural globalization, particularly as a critique of essentialism. Within this theoretical framework, globalization is interpreted as the intensification of worldwide social relations that produces new hybrid formations. Viewing globalization as hybridization—instead of interpreting it as a process of homogenization that is tied up with modernity (and geographically narrow and historically shallow westernization)—structural hybridization may be interpreted as the emergence of new, mixed forms of social cooperation, while cultural hybridization entails the development of translocal *mélange* cultures.⁴⁶¹ Structural hybridization is conducive to giving rise to a pluralization of forms of co-operation and competition as well as to novel mixed forms of co-operation, and in structural terms, then, globalization means the increase in available modes of organization, all of which are in operation simultaneously on various levels: transnational, international, macro-regional, local, etc.

⁴⁶⁰ Fieldwork at SRIC in Kathmandu was conducted between October 2018 and March 2019.

⁴⁶¹ Jan Nederveen Pieterse, *Globalization and Culture: Global Mélange*, (Lanham, MD: Rowman & Littlefield Publishers, 2009), 4.

In contrast to essentialistic understandings of Sowa Rigpa, cultural hybridization, or “entanglement,”⁴⁶² is helpful in describing how new kinds of translocal—but interdependent—cultural expressions are being produced at a recently established institution of Sowa Rigpa in Kathmandu. Hybridization of cultural forms can be defined as “the ways in which forms become separated from existing practices and recombine with new forms in new practices.”⁴⁶³ Hybridization, or cultural syncretism, is not merely the mixing, blending, and synthesizing of different cultural elements. In the course of hybridization, cultures often generate new forms and make new kinds of connections with one another.

It should be noted, however, that just like any other theoretical framework, thinking with hybridity does not come without its limitations. The complexity of the processes whereby cultural systems (such as Buddhism or Sowa Rigpa) intermix is hard to overestimate, and while hybridization and syncretism are helpful in thinking about cultural composites, the presupposition of the existence of distinct (and pure) entities that predate the hybrid amalgam is problematic. Of course, there is no such thing as “pure” or “unadulterated” Buddhism or Sowa Rigpa that could mix with other uncontaminated cultural elements. Consequently, many scholars have begun to speak about Buddhism as a collection of “strategies” that were continually and situationally negotiated by individual historical actors, instead of thinking of culture or religion as a “thing” or a collection of “things” that have the

⁴⁶² Nicholas Thomas, *Entangled Objects: Exchange, Material Culture, and Colonialism in the Pacific* (Harvard University Press, 1991); see also Stephen W. Silliman, “Disentangling the Archaeology of Colonialism and Indigeneity,” in *Archaeology of Entanglement*, eds. Lindsay Der and Francesca Fernandini (Walnut Creek, CA: Routledge, 2016).

⁴⁶³ William Rowe and Vivian Schelling, *Memory and Modernity: Popular Culture in Latin America* (Verso, 1991), 231; quoted in Pieterse, *Globalization and Culture*, 49.

ability to intermix.⁴⁶⁴ In addition, prominent scholars of Tibetan medicine have proposed the notion of “Sowa Rigpa sensibility” to describe and analyze the particular capacity of Tibetan medicine to be shaped and transformed. “Sowa Rigpa sensibility” seeks to demonstrate how Tibetan medicine shows qualities of flexibility and adaptiveness across a broad range of practitioners, geographic locales, and political, cultural and historical time frames.⁴⁶⁵ By taking Sowa Rigpa as its epistemological starting point (instead of biomedicine, for instance), “Sowa Rigpa sensibility” is a valuable perspective that allows us to account for the nuanced malleability of Sowa Rigpa in its diverse manifestations. However, the Sowa Rigpa centered perspective of “Sowa Rigpa sensibility” may not readily explain elements that are not directly driven by the moldable characteristics of Sowa Rigpa, but rather arise from broader streams of cultural syncretism. In any case, for the purposes of this research, the notions of entanglement, hybridization and syncretism remain valuable tools for thinking about cross-cultural exchange and the coming together of “traditional” Tibetan medical training and “modern” modes of education driven by transnational forces.

According to cultural theorist Stuart Hall, “cultures of hybridity are one of the distinctly novel types of identity produced in the era of late modernity.”⁴⁶⁶ It has been further suggested that the novelty of postmodern hybridization is that it occurs and proliferates quickly as it is carried by information and communication technologies and increasingly

⁴⁶⁴ Salguero, *Translating Buddhist Medicine*, 5.

⁴⁶⁵ Adams, Schrempf, and Craig, “Introduction: Medicine in Translation,” 7–8. See also Geoffrey Samuel, “Epilogue: Towards a Sowa Rigpa Sensibility,” in *Medicine Between Science and Religion: Explorations on Tibetan Grounds*, ed. Vincanne Adams, Mona Schrempf, and Sienna R. Craig, *Epistemologies of Healing*; Vol. 10 (New York: Berghahn Books, 2011), 319–31.

⁴⁶⁶ Stuart Hall, “The Question of Cultural Identity,” in *Modernity and Its Futures: Understanding Modern Societies, Book IV*, ed. Tony McGrew, Stuart Hall, and David Held (Cambridge: Polity, 1992), 310.

mobile people; it is often also simultaneous, multicultural, and in many cases virtual.⁴⁶⁷ In a similar vein, ethnographer and religious studies scholar Thomas A. Tweed reminds us that there are only hybrid religious traditions,⁴⁶⁸ and this assessment can be extended to other cultural forms and traditions in contrast to essentializing notions of purity, cultural absolutism, and stasis.⁴⁶⁹

Therefore, I employ the idea of hybridity in this chapter as an undercurrent in the multitude of factors at work in a contemporary institution of Tibetan medicine, Sowa Rigpa International College, such as the recourse to external and “modern” forms of legitimation (e.g. English language, biomedicine, science, or political realities) that is juxtaposed with “traditional” Tibetan orders of legitimacy (memorization of medical texts, lineage, religious empowerment and transmission). Acknowledging the *mélange* of diverse modes of organization and legitimization sheds light on the transnational/translocal diffusion of Tibetan medicine and the increasing deterritorialization of Sowa Rigpa practitioners and practices. Here, the “translocal” concept of culture is understood as “outward looking,” in contrast to “inward looking” territorial idea of culture, and these distinct concepts of culture produce divergent views about cultural relations and globalization.⁴⁷⁰ Moreover, translocality (or translocalism) proves to be a helpful conceptual tool for describing

⁴⁶⁷ Mira Niculescu, “Mind Full of God: ‘Jewish Mindfulness’ as an Offspring of Western Buddhism in America,” in *Buddhism beyond Borders: New Perspectives on Buddhism in the United States*, eds. Scott A. Mitchell and Natalie E. F. Quli (SUNY Press, 2016), 151–152.

⁴⁶⁸ Thomas A. Tweed, “Who Is a Buddhist? Night-Stand Buddhists and Other Creatures,” in *Westward Dharma: Buddhism beyond Asia*, eds. Charles S. Prebish and Martin Baumann, (Berkeley: University of California Press, 2002), 19

⁴⁶⁹ See James Clifford, *Routes: Travel and Translation in the Late Twentieth Century* (Cambridge, MA: Harvard University Press, 1997).

⁴⁷⁰ See Marwan M. Kraïdy, *Hybridity: The Cultural Logic of Globalization*, 1st edition (Philadelphia: Temple University Press, 2005); and Peter Burke, *Cultural Hybridity*, (Polity, 2013).

mobility, connectedness, circulation, knowledge transfer, socio-spatial dynamics and processes of simultaneity (including identity formation) that transcend boundaries beyond those of nation states.⁴⁷¹ The notion of translocality therefore provides a more open and less linear view of the manifold ways in which the global world is constituted: through the transgression of boundaries between spaces of very different scale and type as well as through the (re-) creation of “local” distinctions between those spaces. It also allows to situate social actors in translocal and transnational networks as well as in the different local contexts in which they operate.⁴⁷² Therefore, a translocal sensibility drawing from the notion of hybridization facilitates understanding of the role of mobility in connecting and transforming places, organizations, and the circulation and translation of knowledge in global networks.

6.2. Sowa Rigpa International College: The First Accredited Institution of Sowa Rigpa in Nepal

Sowa Rigpa International College accepted its inaugural cohort of 25 students in August 2016 to pursue a five-and-a-half-year program in Sowa Rigpa Medicine (Bachelor in Sowa Rigpa Medicine, BSM).⁴⁷³ The college is an affiliate department of Lumbini Buddhist

⁴⁷¹ See Arjun Appadurai, “Global Ethnoscapes: Notes and Queries for a Transnational Anthropology,” in *Modernity at Large: Cultural Dimensions of Globalization*, ed. Arjun Appadurai (Minneapolis, MN: University of Minnesota Press, 1996), 48–65; and Arjun Appadurai, “Discussion: Fieldwork in the Era of Globalization,” *Anthropology and Humanism* 22, no. 1 (1997), 115–18. See also Clemens Greiner and Patrick Sakdapolrak, “Translocality: Concepts, Applications and Emerging Research Perspectives,” *Geography Compass* 7, no. 5 (2013): 373–84.

⁴⁷² Ulrike Freitag and Achim Von Oppen, eds., *Translocality: The Study of Globalising Processes from a Southern Perspective* (Leiden: Brill, 2010), 5–6.

⁴⁷³ While SRIC is currently the latest and largest educational institution of Sowa Rigpa in Kathmandu, it was not the first one. Amchi Lobsang (current SRIC Vice Principal) started a school in 1998 that operated within his Shelkar Medical Institute. In fact, Amchi Lobsang’s 7-year program occupied the same buildings as SRIC currently does and can be seen as a kind of a precursor to

University (Lumbinī Bauddha Viśvavidyālaya; LBU) located in Lumbinī, a Buddhist pilgrimage site in the Terai plains associated with the birth of Gautama Buddha, some 160 miles to the southwest of Kathmandu by road. LBU’s reputation is somewhat dubious among the institutions of higher education in Nepal.⁴⁷⁴ Sowa Rigpa is listed among the programs that the university offers (“Bachelor in Sowa Rigpa Medicine, Tibetan Buddhist Medicine”), but there is no information available about what the training entails or where it takes place.⁴⁷⁵ The slightly suspect status of LBU is corroborated by the conversations that I had in Kathmandu with people who hold prominent positions in institutions of higher education in Nepal and are therefore familiar with the country’s educational landscape: there appears to be a consensus that LBU has not succeeded in attracting students to the extent they envisioned when the institution was established in 2004, and there is only limited academic activity going on at present.⁴⁷⁶

Regardless of the current situation at LBU, however, affiliation with a government supported public university is of crucial importance to SRIC and its students. For instance,

SRIC. Shelkar Medicine, “Shelkar Institut: Die Schule für Tibetische Medizin,” accessed April 22, 2021, <https://www.shelkar-medicine.org/schule.htm>. In addition, there is a Bönpo (i.e. non-Buddhist) Tibetan medical school near Swayambhu temple called School of the Four Sciences of the Early Tradition (Gso rig ‘bum bzhi) and Traditional Buddhist Sorig Institute (Sngar srol nang pa’i gso ba rig pa). The latter is discussed in detail in Chapter 7. See also Craig, “A Crisis of Confidence,” 132, n. 5.

⁴⁷⁴ LBU’s online presence offers little in terms of concrete information. See “Home,” Lumbini Buddhist University, accessed April 18, 2021, <https://lbu.edu.np/>.

⁴⁷⁵ “Bachelor in Sowa Rigpa Medicine,” Lumbini Buddhist University, accessed April 18, 2021, <https://lbu.edu.np/courses/bachelor-in-sowa-rigpa-medicine-tibetan-buddhist-medicine/>.

⁴⁷⁶ In addition, a 2017 study by University Grants Commission Nepal found irregularities in the way LBU granted affiliations to its colleges. Binod Ghimire, “Professional Irregularities Are Growing in Universities,” *The Kathmandu Post*, July 9, 2021, <https://kathmandupost.com/national/2021/07/09/professional-irregularities-are-growing-in-universities>.

SRIC Director Amchi Tenjing Dharke and Principal Amchi Nyima frequently communicate to the students that obtaining a degree from a government sanctioned institution puts SRIC graduates in an advantageous position, as they will receive a university diploma for their education in Sowa Rigpa. In addition to the practical benefit and prestige that receiving a government recognized diploma offers to the students, it also soon became evident to me that positioning the college as an affiliate department of LBU—a public, government supported university—will be beneficial in seeking official status for Sowa Rigpa as a medical system in Nepal. However, while SRIC is indeed the only educational institution in Nepal that offers a state accredited and university affiliated degree granting training program in the Tibetan medical tradition, Sowa Rigpa is not officially recognized as a medical system in the country at the time of writing.⁴⁷⁷

6.2.1. SRIC Student Body

The majority of SRIC's 41 students are female (70%; 28 female students and 13 male students), a marked departure from the male-dominant demographics of traditional Tibetan medical education. In fact, the larger dorm building on the college compound was initially reserved to house male students as the expectation was that mostly male students would be admitted, but the building was then reassigned to accommodate the unexpectedly large number of female students. Many of the students come from underprivileged backgrounds, some of them being orphaned.

Enrollment to SRIC is open to three categories of students: 1) Nepalese people or citizens of neighboring countries who have completed their high school education (i.e. the so

⁴⁷⁷ See Chapter 5 for a discussion of SRIC's role in efforts to seek Sowa Rigpa official status in Nepal.

called “10+2” in Nepal’s K–12 education system); 2) *amchi* who are traditionally trained but have not received any formal education (i.e. Sowa Rigpa practitioners who have been taught in a family lineage or traditional master-disciple apprenticeship); 3) international students. Almost without exception, the students at SRIC fall into the first category: most of them are Nepalese citizens, but there are also two male students from Bhutan, and a handful of students who reported to have been born in Tibet; some students with Tibetan backgrounds who were born in Nepal said that they only hold a Tibetan Green Book⁴⁷⁸ and have no Nepali identification documents. There are currently no traditionally trained *amchi* among the students at the college. The first batch of 25 admitted students in 2016 included two international students (a Nordic and a Spanish woman, each in her forties). Later on, two international male students, citizens of Costa Rica and the UK, and a female student from the Czech Republic joined the college, but Tibetan language materials and strict discipline at the college proved quickly to be barriers for those students. In 2020 only one Western student remains in the program, Northern European Ella.⁴⁷⁹

While the vision of SRIC’s founders was that the College would develop into a high-profile international institution of Sowa Rigpa that would play an important role in securing Sowa Rigpa official status in Nepal, progress has not been without obstacles.⁴⁸⁰ Craig and Gerke provide a statement by one Himalayan *amchi* which summarizes the sentiments of

⁴⁷⁸ The Green Book is an identification document issued to Tibetans living outside of Tibet by the Central Tibetan Administration in Dharamsala, India. Eligibility is limited to any person born in Tibet, or any person with one parent who was born in Tibet. The Green Book is not an official travel document.

⁴⁷⁹ SRIC students are assigned pseudonyms in this chapter to protect confidentiality and anonymity.

⁴⁸⁰ See Chapter 5 for a discussion of the tensions between the Himalayan Amchi Association and Sowa Rigpa Association Nepal.

many local *amchi* concerning SRIC's degree program: "Making a program for foreigners to learn about our medicine has limited benefit. It will not help convince the Ministry of Health to support *our* students or to make salaries for them to work in the government health system."⁴⁸¹ While many local *amchi* were (and still are) skeptical of the value of Sowa Rigpa training provided by an international college with global reach, it turns out that some of the concerns about international students from the Sorig Khang International network flooding the college turned out to be unfounded.⁴⁸² Instead of attracting students from across the world, many SRIC students ended up at the college due to the personal recruiting efforts of Director Tenjing Dharke and Principal Nyima Tsering.⁴⁸³ Eleven of the 22 SRIC students that I interviewed reported that they had some sort of family connection to either the Director or the Principal (e.g. they knew Amchi Tenjing Dharke or Amchi Nyima through relatives, or family members had seen them for medical treatment). Many of the students reported that an important part of the decision-making process whether to join the college was their parents' consultation of divination (*mo*) in order to determine if the school would be a good fit.⁴⁸⁴

⁴⁸¹ Craig and Gerke, "Naming and Forgetting," 113. Emphasis in the original.

⁴⁸² In fact, my presumption before arriving at Kathmandu was also that the SRIC student body would be much more international, and include more students affiliated with SKI (i.e. Nida Chenagtsang's students). Only three students reported that they had been inspired by Chenagtsang to join the college.

⁴⁸³ Some of the students also have close family ties to the college board members. For instance, among current students are Ghana S. Gurung's (Country Representative of WWF Nepal and SRIC founding member) nephew, and the sister of Tashi Phuntsok (SRIC Board Member). Director Tenjing Dharke's niece is also enrolled at the college.

⁴⁸⁴ Consulting *mo* when making important decisions about health, work or travel is an integral part of Tibetan culture.

There were three cohorts of enrolled students at SRIC during my time at the college (third year students started their studies in fall 2016, second year students in 2017, and first year students in 2018, respectively). I decided to oversample the third year students in my student interviews since they had had the opportunity to gain more experience and perspective throughout their stay at SRIC.⁴⁸⁵ Student ages range from 19 to 47, but most are in their twenties. Among the students that I interviewed, one student reported to have been born in Tibet; four other Tibetan students are from the Tibetan settlement in Pokhara (one of those students reported Nepali to be a stronger language than Tibetan); three are Tamang; three are from Mustang; two are Nepali students from Hindu families (Nepali first language); two from Bhutan (Bhutanese dialects first language); two from Rasuwa District (one student speaking Nepali and the other Tibetan as first language); one student from Dolpo and Humla, respectively; one Sherpa student (Nepali first language); and one Tibetan student whose refugee parents had settled in Kathmandu. This sample—about the half of the student body—is representative of the overall student demographics at SRIC, and reflects the ethnic, cultural, religious, and linguistic mosaic of Nepal to a greater extent than I anticipated.

6.2.2. SRIC Faculty

There are three core faculty members at SRIC who teach Sowa Rigpa. In addition, Principal Amchi Nyima also provides instruction in Tibetan medicine, but he has a lighter teaching load due to his administrative duties at the college and daily work at one of the

⁴⁸⁵ In total, I interviewed five first year students, six second year students, and eleven third year students. These 22 semi-structured interviews were typically 30–60 minutes in length, and focused on topics such as the role of memorization, religion, the presence of “modern” elements in Sowa Rigpa training at SRIC, as well as the future plans of the students.

oldest Sowa Rigpa clinics in Kathmandu, Kunphen Clinic (est. 1973). Amchi Nyima received his education in India; before pursuing a career in Sowa Rigpa, he studied Buddhist philosophy at the Institute of Buddhist Dialectics (Rigs lam slob gnyer khang; IBD) in Dharamsala, an institution which mostly trains Tibetan monastics; during his time there Amchi Nyima was one of three lay students. Studying and debating the “psychological aspects of Buddhism” at IBD aroused his interest in Sowa Rigpa, which he believes to address the same fundamental issues as Buddhist philosophy, but on a “grosser level.” Therefore he decided to apply last minute to study Sowa Rigpa at Men-Tsee-Khang in Dharamsala. Despite being accepted with high entrance exam scores, Amchi Nyima was initially indecisive about the trajectory of his professional career. During his time at IBD, he started reading more about the Tibetan understanding of the body-mind connection, and his scholarly acumen was recognized by leading Tibetan scholars in Dharamsala, many of whom mentored him during his studies. Notably, Narkyi Ngawang Dhondup (Snar skyid ngag dbang don grub, 1931–2017), Tibetan typesetting pioneer, former Secretary of the Department of Information and International Relations of Central Tibetan Administration, and official biographer of H.H. the Dalai Lama, was a decisive factor in nudging Amchi Nyima towards choosing a career in Sowa Rigpa:

Then he [Narkyi Ngawang Dhondup] said [to me], “you should really go study Tibetan medicine, because there are so many people who study Buddhist philosophy and there are so many scholars in the big monasteries, so you can’t really do much [in that field]. If you study medicine, then you can really preserve Tibetan culture.” And then he said that if you [would] get a chance to ask His Holiness [the Dalai Lama], his response would be to join the medical school. So then I just decided to, you know, to study medicine. Then he said, “you can be like Thupten Jinpa [scholar and principal translator for the Dalai Lama], you know, serve as a mediator. Then you can really contribute so many things.”⁴⁸⁶

⁴⁸⁶ Amchi Nyima interview, November 5, 2018.

The day before this recorded interview in Amchi Nyima’s office, he had shown me a video clip in which the Dalai Lama encourages Tibetans to study Sowa Rigpa in order to preserve the Tibetan medical tradition. The influence of the Dalai Lama is palpable in Amchi Nyima’s approach to life in general, and it is echoed in his leadership as the Principal of SRIC. While his more “traditionally” minded critics disapprove of using English as a medium to transmit Tibetan medical knowledge at SRIC, Amchi Nyima sees his work, and the purpose of the college, ultimately as a part of preserving and promoting Tibetan cultural heritage. The Dalai Lama has also acknowledged that it is indeed through a kind of hybridization with other streams of thought that Tibetan medicine should be developed today: at the 100th anniversary of the Lhasa Mentsikhang, the Dalai Lama recalled the eighth century “international medical conference” in Tibet, and emphasized the ability of Sowa Rigpa in the past to absorb various types of medical knowledge (see Chapter 1). He believes that this inclination should continue today: “We should meet with practitioners of these traditions, discuss and exchange what we know. We shouldn’t rely only on the *Four Tantras* [the fundamental work of Tibetan medicine], but should also take other findings into account.”⁴⁸⁷

Monk Amchi Tenzin Jinpa, the most senior faculty member, was born in Kalimpong, West Bengal, in 1958. He received his education in Tibetan schools across the Indian Himalayas—in Simla, Kalimpong, and Darjeeling. Amchi Jinpa became interested in the practice of Indian yoga and its health benefits, eventually joined the Men-Tsee-Khang in

⁴⁸⁷ Quoted in Barbara Gerke, “100th Anniversary Celebrations of the Men–Tsee–Khang - Dharamsala, India,” *HIMALAYA, the Journal of the Association for Nepal and Himalayan Studies* 37, no. 2 (2017): 124–25. This statement is connected to the Dalai Lama’s broader endeavors to facilitate scientific research on Buddhist meditation and Men-Tsee-Khang’s projects that engage with Western medical research.

1987, and became an ordained monk during his studies in Dharamsala. After his practical training with the Men-Tsee-Khang, Amchi Jinpa started teaching at Chagpori Tibetan Medical Institute in Darjeeling led by Sampel Norbu Trogawa Rinpoche (1931–2005), one of the most highly respected practitioners of Sowa Rigpa in the Chagpori lineage. Amchi Jinpa’s outlook on what constitutes proper Tibetan medical education is decidedly more “conservative” compared to Amchi Nyima’s outlook, and he expressed skepticism about using English as the medium of instruction in Tibetan medical training. According to Amchi Jinpa, memorizing the *Fourfold Treatise* in Tibetan constitutes the cornerstone of Tibetan medical learning, and this aspect of Sowa Rigpa education cannot be compromised.

Amchi Sangay Wangmo, 31, a junior lecturer at SRIC, shares an even closer connection to Chagpori and its founder Trogawa Rinpoche, who was her uncle. Amchi Sangay studied in Chagpori between 2008 and 2014, and interned at that institution’s pharmaceutical department after graduating. Due to its founding figure and institutional lineage that can be traced back to the original Chagpori established in 1696 in Lhasa, the training that *amchi* receive at Chagpori is much more religiously oriented compared to Dharamsala Men-Tsee-Khang, and this emphasis is obvious in Amchi Sangay’s demeanor and outlook. She joined SRIC in fall 2018.

The other junior instructor at the college, Amchi Tenzin Choezom, was born in Lhasa in 1987. She received her Tibetan medical training in the third major institute of Sowa Rigpa in India, the Department of Sowa Rigpa at the Central Institute of Higher Tibetan Studies (CIHTS) in Sarnath, Uttar Pradesh. Amchi Choezom, who typically wore a traditional Tibetan dress, or *chuba*, started teaching at SRIC in August 2017. Traditional Tibetan educational values are emphasized at CIHTS, and she felt as if everything was “upside

down” when she came to SRIC. This was immediately evident in the lack of a dresscode that she was used to: female students were not wearing *chubas*, and none of the male students were wearing button up shirts and slacks.

There had been a few other instructors at SRIC before the current faculty, but they were relieved from their duties early on in their tenures, and not always in amicable terms.⁴⁸⁸ Finding lecturers who could fulfill the college’s niche demand for instructors who have received rigorous training in Sowa Rigpa *and* are competent to teach in English has proven to be a difficult task. In addition to this core faculty who teach Sowa Rigpa courses at the college, four other Nepali instructors were invited to teach classes on Western medicine, Buddhism and astrology during my fieldwork in Kathmandu.

6.3. Daily Life at SRIC

The college warden rings the courtyard bell loudly to notify the students that class is about to begin at 10am on this Tuesday in late November, 2018. It was time for those third year students who are not native Tibetan speakers to give their end of the semester presentations in the large lecture hall. A handful of students were enjoying a game of table tennis before the presentations began, but the game came to a quick halt as faculty made their way up to the third floor lecture hall. Many of the students are slow to put on the white coats that they are required to wear in class, and a male student in his late twenties removes his coat as soon as the college secretary leaves the room once the presentations had started.

⁴⁸⁸ For an account of a SRIC teacher being fired due to disagreements about language of instruction and his disapproval of Nida Chenagtsang transmitting the *Yutok Nyingtig* to Western students, see Joffe, “White Robes, Matted Hair,” 431–32.

The presentation topics of the third year students range from “Moxibustion,” “Treatment of Chronic Wasting Disorder,” “Apothecaries and Home Remedies,” to “Clinical Approach to a Patient with Generalized Oedema.” The connection of these topics to Sowa Rigpa is not always immediately obvious, and many students resort to humor to ensure that their presentation is well-received. In contrast, Gita, a 27 year-old Tamang student from Sindhupalchok District, began her presentation with a homage to the Medicine Buddha, and sprinkled her English language presentation with Tibetan terms and memorized quotations from the *Fourfold Treatise*—noticeably pleasing the faculty who sat in the front row assessing the presentations. Gita stands out among her peers due to her optimistic and determined demeanor; although Tibetan is not her first language, she is working hard to improve her language skills. After the presentations, the students are ranked by the faculty and the three best students are awarded a small trophy and a *khata*.⁴⁸⁹

Since the college has been established as recently as 2016, the Sowa Rigpa education it provides is still in flux. For instance, to find a way to balance out the workload between those students who are native Tibetan speakers and those who only started learning Tibetan at SRIC, non-native speakers make up for less memorization of the root text, the *Fourfold Treatise*, by being assigned additional presentations on a topic of their choice. As the program takes shape, there are some palpable tensions present in the daily life at the college that arouse questions: What is (or should be) the language of instruction when Tibetan medical texts are taught at an international college? Are all students required or expected to learn how to speak, read, and write Tibetan? How much memorization of texts should be required compared to prestigious institutions of Sowa Rigpa in India? Should the students be

⁴⁸⁹ Publically ranking students is a long-standing Tibetan custom, which also took place at the Chagpori in Lhasa. Gerl and Aschoff, *Die Medizinhochschule Tschagpori*, 143–44.

taught to do research? What is the role of Western medical training at SRIC? What kind of audiences are the students expected to address as they practice delivering their presentations? What kind of clientele are SRIC students trained to eventually serve?

These questions and the direction of the program are complicated by SRIC's financial dependency on its parent organization Sorig Khang International and close affiliation with the Ngak Mang Foundation (see Chapter 4). Among other things, SKI seeks to modernize SRIC curriculum by removing the memorization requirement. When SKI representatives have visited the college, they have asked the students for improvement suggestions, which is not typical in a Tibetan educational context where the teacher is seen as the ultimate authority. Consequently, SRIC instructors think that any reforms to the educational model should be done slowly and gradually, and the faculty were willing to consider a two-track model that would entail a more "traditional" track focused on memorization, and a "modern" track that would emphasize mastering the main concepts of Sowa Rigpa and being able to communicate them effectively in English. An example of a concession made by SRIC administration was to allow the students to have access to their personal cell phones on campus, and enabling them to move outside the college compound more freely. However, SRIC leadership has little leverage in negotiations with SKI, since the college is dependent on SKI's financial contributions. Students pay tuition each semester, but many of them rely on support provided by international sponsors recruited by SKI.⁴⁹⁰ This entanglement of diverging perspectives of the direction of the college and dynamics of financial dependency illustrates the kind of translocality at play, which effectively produces a new kind of hybrid take on Tibetan medical education at SRIC.

⁴⁹⁰ See "Contribute," Sowa Rigpa International College, accessed April 22, 2021, <https://sorigcollege.org/contribute/>.

6.3.1. “Not Traditional Enough”—Considering the Language Question

Although the student body is not quite as international as the name of the college suggests, SRIC provides a distinctive vantage point into the training of a new generation of Sowa Rigpa practitioners that is taking place independent of the immediate influence of important institutions of Tibetan medicine outside of Tibet, the Dharamsala Men-Tsee-Khang in particular. In its unique position as the first program of Sowa Rigpa in Nepal that has received accreditation through a public university, SRIC’s polished website describes its mission as providing “authentic traditional education” that is tailored “for the 21st century.” What does it mean in practice, then, to bring together an “ancient science” and “contemporary teaching methods”?⁴⁹¹

One of the most obvious and palpable things involving straddling the line between “traditional” and “modern” at SRIC has to do with language. In all other major institutions of Sowa Rigpa outside of Tibet—such as the Men-Tsee-Khang, Chagpori, and CIHTS—the language of instruction is Tibetan. In addition, memorizing the *Fourfold Treatise* is what really sets training in Sowa Rigpa apart from other medical systems—a qualified Tibetan medical practitioner is expected to know large parts of the root text by heart. At SRIC, however, the situation is somewhat more complicated. The students are expected to memorize the *Fourfold Treatise* much like elsewhere, although those students whose first language is not Tibetan were given a concession to commit less text to memory in spring 2019, and give presentations in English to compensate for fewer pages memorized. This change in the curriculum was initiated by the Director of Sorig Khang International, Dr.

⁴⁹¹ “Academic Program,” Sowa Rigpa International College, accessed March 10, 2020, <https://www.sorigcollege.org/home>.

Tam Nguyen, who was alarmed by the fact that the few international students who started the program were not able to keep up with their studies because of language difficulties and dropped out. In addition, many of the Nepalese students whose native language is not Tibetan reported that they struggled with memorization and expressed relief when the program requirements were adjusted. Most of the college's funding comes from Sorig Khang International and individual sponsors recruited by SKI, which creates palpable tension between what the instructors see as proper Sowa Rigpa education (i.e. study of the *Fourfold Treatise* and its commentaries, with emphasis on memorization) and how SKI understands and envisions "modern" Sowa Rigpa education that is potentially also appealing to Western students and applicable elsewhere in the world.

The language of instruction at SRIC is officially English, due to the college's obligations as a department of Lumbini Buddhist University, a public educational institution, but also because of its ambitions to attract international students. In practice, however, the students are taught in a mix of Tibetan, Nepali, and English. The language(s) utilized in each class session appears to depend on class level (third year students are expected to be sufficiently fluent to follow instruction solely in Tibetan), the preferences and language competency of each instructor (some faculty members feel that knowledge about Sowa Rigpa cannot be satisfactorily transmitted in any other language besides Tibetan), preferred language orientation of the students (only a minority of the students speak standard Tibetan as their first language), as well as the subject matter at hand (classes on Western medicine are mostly taught in English by Nepali lecturers). The students themselves often resort to their strongest language in class discussions, most often Tibetan, and sometimes Nepali, although

the use of English is dominant in classroom situations where the whole student body and guests are present in the large lecture hall.

While the college actively aims to attract international students, only one international student remains of the five who have been enrolled since the college's inception. The only remaining international student (a Nordic woman in her late 40s, who was encouraged to join the college by Nida Chenagtsang) said that a lot of the teaching, especially in the first year, was in Tibetan. This, she reported, made it challenging to adapt to SRIC's pedagogical culture, which she experienced as overly rigid. Those international students who dropped out report that difficulties related to language, especially memorizing the Tibetan medical texts, proved too difficult to overcome.

The language question has been a topic of considerable debate since the inception of the college, both on the international governing board level as well as among the local board and community. Amchi Nyima Tsering, the Principle of the college, told me that "conservative people" in the Tibetan *amchi* community criticize the international approach of the college, particularly because the language of instruction is not (explicitly only) Tibetan, and therefore the education not sufficiently "traditional" or suitable for transmitting knowledge concerning Sowa Rigpa. Faculty members also expressed mixed feelings about the (theoretical) prominence of English in the curriculum, and in practice the university mandate to use English was circumvented as the instructors found it more convenient to teach the Tibetan language root texts in Tibetan. Amchi Ugyen Bhuti Yangton, a former SRIC lecturer and a graduate of CIHTS, felt that the college is not "traditional enough" to transmit Tibetan medical knowledge satisfactorily. She described her own challenges as a teacher by saying that it is possible to give general instruction in Sowa Rigpa in English, but

explaining the exact meaning of texts can prove to be impossible. Due to this barrier in communication, she worries that some important aspects may be neglected as the instructors are not able to convey exactly what they wish to say in English.

SRIC faculty tendency to steer towards traditional modes of Sowa Rigpa pedagogy that focuses on memorization of texts and careful study of commentaries is at least partly explained by their educational backgrounds. Despite operating outside the immediate sphere of influence of the Men-Tsee-Khang, as we have noted, all of the four core faculty members at SRIC have nonetheless received their medical training in prestigious institutions of Sowa Rigpa in India.

Among the faculty, the well-connected, cosmopolitan and pragmatic Amchi Nyima, who trained at the Men-Tsee-Khang, sees the most value in transitioning to a mostly English-medium curriculum that equips the students to eventually be able to dialogue about Sowa Rigpa with a broader range of colleagues and clientele, and opens up doors for further training in Western institutions of higher education. However, he also believes that some type of traditional structure is necessary because in his experience young Nepali students are not as independent in their learning habits as their Western counterparts, and therefore struggle with a more flexible way of studying. Amchi Nyima's perspective reflects his intermediary position between everyday life at SRIC and the ambitious aspirations of Sorig Khang International that provides funding to the college. According to Amchi Nyima, SKI insists that memorization is outdated and does not meet the requirements of the modern world—therefore it should be a voluntary component of the curriculum. Nida Chenagtsang, Medical Director of SKI and an active early proponent of the college, is said to have initially

envisioned the institution as a hatchery for teachers for his centers around the world, and therefore he downplayed the importance of memorization or knowing Tibetan language.

This approach did not sit well with the Director of the college, Amchi Tenjin Dharke, nor with the current faculty. In contrast to SKI's argument, members of the faculty fear that something essential will be lost if training in Tibetan medicine is reduced to English and the role of memorization is diminished. This underlying concern is embodied in classroom situations, where, as noted earlier, Amchi Jinpa, Amchi Sangay, and Amchi Choezom typically prefer to lecture in Tibetan. Although very little instruction in Tibetan language is provided at SRIC (two introductory courses in the first year), Amchi Choezom expects students to master Tibetan by the third year of their studies, and once they graduate, they must be able to converse on matters related to Sowa Rigpa in Tibetan. There is also some concern about how SRIC graduates will be received by other *amchi* if they are not able to recite the root texts from memory—the gold standard for Tibetan medical learning. Discussions with faculty also reveal an underlying “conservative” desire to preserve traditional modes of Tibetan medical education—including memorization, the vehicle for passing down Sowa Rigpa for generations—in the form that they themselves received instruction in the tradition.

The hybridized Sowa Rigpa education at SRIC is still in the process of taking shape, although already in its third year of operation. It is also clear that the program is being molded by considerable translocal pressures, such as the criticism of local *amchi* and the expectations of SRIC's parent organization SKI. This uncharted territory requires keen sensitivity to navigate, and Principal Amchi Nyima is very aware of the intertwined and competing cultural values, questions about language, heritage and tradition, and the realities

of economic leverage that running an international college in a transnational world entail. More will be said about the hybridization of Sowa Rigpa training at SRIC—and the novel results that this hybrid-style education may yield—as we next examine the college curriculum.

6.3.2. *SRIC Curriculum*

The BSM (Bachelor in Sowa Rigpa Medicine) degree program at SRIC consists of 4.5 years of academic studies, with an additional year of clinical internship, the first six months of which are to be served in a clinic in Nepal.⁴⁹² The college offers courses beyond Sowa Rigpa, however, and its curriculum can be divided into four main categories: “Sowa Rigpa Core Courses” (9 courses total), “Sowa Rigpa Disease Pathology” (15 courses), “Western Medical Science” (8 courses), and “Herbal Studies” (5 courses). These four categories of courses make up the majority of courses offered at SRIC.⁴⁹³ In addition, students are offered two courses in “Therapeutics,” two courses in Tibetan language, three “Additional Studies” courses, and three “Elective Courses.” According to the course catalog, SRIC courses of study were prepared by a committee of eight people, only one of whom is a Sowa Rigpa practitioner.

⁴⁹² This requirement may only apply to those students who receive sponsorship through the college.

⁴⁹³ The college curriculum is presented in a course catalog titled “Lumbini Buddhist University – Courses of Study: Bachelor in Sowa Rigpa Medicine (BSM).” Personal copy obtained from SRIC Principal Amchi Nyima Tsering. See also “Curriculum,” Sowa Rigpa International College, accessed April 19, 2021, <https://sorigcollege.org/curriculum/>. See Appendix I for contents of the college curriculum.

The academic year at SRIC consists of two semesters. Each course—consisting of 75 classroom hours—runs for the length of a semester.⁴⁹⁴ In academic year 2018–2019 there were three cohorts of students enrolled at the college, the most advanced of which, (the third year students), concluded their sixth semester of studies in June 2019. Each semester, the students are required to take five courses. For instance, the first semester of studies at SRIC consists of two “Sowa Rigpa Core Courses” (“Sowa Rigpa History” and “Basic Concepts and Ethics”), two “Additional Studies” courses (“Essentials of Buddhism” and “Astrology”), and a Tibetan language class. Just like in other major institutions of Tibetan medicine, the main text for all Sowa Rigpa courses is the *Fourfold Treatise*, which in more advanced courses is occasionally supplemented with commentarial literature.

⁴⁹⁴ In the academic year 2018–2019, the fall semester began August 1 and the last day of written exams was December 26; there was no instruction during the week-long Dashain holiday in October, the long weekend of Tihar in November, and exam preparation week in December. The spring semester started on February 10 after the Tibetan New Year, and the last day of exams was June 26.



Figure 6.2. SRIC students preparing for their oral exams on the *Fourfold Treatise*. Photo: J. Takkinen

The *Fourfold Treatise* is studied and memorized in Tibetan at SRIC, and students whose first language is not Tibetan also utilize translations of the text. The availability of English translations of the *Fourfold Treatise* has improved in recent years with the emergence of the Men-Tsee-Khang published volumes of the work—there are now complete translations of three of the four volumes (*Root Treatise*, *Explanatory Treatise*, and *Subsequent Treatise*), while the translation of the third and longest of the four volumes, the *Instructional Treatise*, remains yet to be published.⁴⁹⁵

⁴⁹⁵ See “Men-Tsee-Khang Publication Catalogue,” Men-Tsee-Khang Publication, accessed April 22, 2021, <https://www.publication.men-tsee-khang.org/>. For earlier English translations of the first

While access to reliable translations of the *Fourfold Treatise* remains an issue for some SRIC students, many also struggle with the memorization requirements and the college's emphasis on theoretical knowledge. In my discussions with the students, they often expressed their frustration regarding memorization of the *Fourfold Treatise*, which in their experience has little value if not accompanied with in-depth explanations and relevant practical training. This frustration is understandable since the root text is often terse and cryptical in style, and requires expert commentary to enable thorough understanding (much like tantric texts). In other words, the students often felt a disconnect with what they were studying (i.e. committing a text to memory that they did not fully comprehend), and their idea of becoming a Sowa Rigpa practitioner with practical medical skills. However, relying on rote learning is not an unusual pedagogical model in the Tibetan context: young monks who receive a monastic education do not initially understand the meaning of the Buddhist texts that they recite and commit to memory. In fact, this approach de-emphasizes the importance of initial comprehension, and assumes that true understanding of the text begins once it is thoroughly committed to memory and can be more readily analyzed.⁴⁹⁶

The relative lack of practical training during SRIC's training program was another source of dissatisfaction for the students. During my stay at the college, I saw students engage in hands-on training only once when they prepared a rejuvenating medicine compound (*bcud len*) under the supervision of Amchi Jinpa. SRIC's curriculum design supposes that most of the necessary practical skills needed in the work of a Sowa Rigpa practitioner are obtained during the year-long internship after the 4.5 year study program.

two volumes of the work (*Root Treatise* and *Explanatory Treatise*), see Barry Clark, trans., *The Quintessence Tantras of Tibetan Medicine* (Ithaca, NY: Snow Lion, 1995).

⁴⁹⁶ Sopa, *Like a Waking Dream*, 64.

Traditionally, however, becoming an *amchi* is a thoroughly embodied experience that assumes plenty of practical training and know-how. For instance, recognizing plants and knowing their properties are crucial skills for a competent *amchi* (taste is typically described as the most important indication of medical potency), not to mention mastering the intricacies of pulse diagnosis, arguably the primary diagnostic method available to Sowa Rigpa practitioners that requires a lot of practice to master.⁴⁹⁷ However, students at SRIC have relatively few opportunities to practice these practical skills during their training.⁴⁹⁸

One of the instructors teaching Western medicine at SRIC is Ram Thapa, MD, who received his medical training in Beijing. I sat in his class as he taught the third year students a course called “Basic Clinical Skills: Allopathic Examination.” However, despite the practice-oriented title of the class, there was no practical component to the course. The students were introduced to a flood of allopathic medical terms and diagrams via Powerpoint slides as they were flipping through the course textbook, *Macleod’s Clinical Examination*. Although the courses on biomedicine at SRIC may not provide students a thorough mastery of allopathic medicine, they are demonstrative of processes of modernization that the hybrid curriculum at SRIC entails. While the majority of courses at SRIC focus on Sowa Rigpa, there is a sense of the educational process being increasingly “orchestrated” according to the

⁴⁹⁷ Colin Millard’s brief description of pulse diagnosis gives an idea of the complexity involved in the process: “Each finger takes two pulses: the pulse on the upper section of the finger relates to one of the solid organs; the pulse on the lower section of the finger relates to one of the hollow organs.” Millard, “Learning Processes,” 188.

⁴⁹⁸ Similar trends have been observed elsewhere in the contents of contemporary Tibetan medical training, which in some instances discards modules involving the preparation of medicines, and incorporates elsewhere rudiments of biomedicine. See e.g. Vincanne Adams and Fei-Fei Li, “Integration or Erasure? Modernizing Medicine at Lhasa’s Mentsikhang,” in *Tibetan Medicine in the Contemporary World: Global Politics of Medical Knowledge and Practice*, ed. Laurent Pordié (New York: Routledge, 2008), 105–31.

standards and culture of biomedicine—it has been argued that this pattern may lead to the standardization of curricula and disease, increasing secularization, and the transformation of the social relations of Tibetan medicine.⁴⁹⁹



Figure 6.3. SRIC students preparing rejuvenating medicinal compounds (*bcud len*) under the supervision of Amchi Jinpa. Photo: J. Takkinen

⁴⁹⁹ Soktsang and Millard, “Diversity in Unity,” 469. See also Margaret Lock, “Rationalization of Japanese Herbal Medicine: The Hegemony of Orchestrated Pluralism,” *Human Organisation*, no. 49 (1990): 41–47.

It is important to emphasize that the Tibetan medical education offered at SRIC has to adapt to numerous external pressures. On one hand, the college needs to appear sufficiently “traditional” by providing Tibetan medical education that is based on memorization and mastery of Tibetan texts in order to be credible in the eyes of the broader *amchi* community. On the other hand, they are committed to following a curriculum that appears sufficiently “modern” for an accredited study program of a public English language university that also promises to provide students with basic knowledge of biomedicine. This balancing act is not entirely dissimilar from what Craig Janes has described to have happened in institutions of Sowa Rigpa in Tibet:

Once based on a didactic model of apprenticeship training, particularly in the context of learning diagnostic and treatment routines, training in Tibetan medicine has been standardized to conform to the model used for training biomedical and traditional Chinese medical specialists in China. Several years of classroom-based, lecture-oriented training are followed by an internship experience of one year, during which time a student rarely works closely with a senior physician but rotates through various clinics and is supervised by a number of teachers.⁵⁰⁰

Janes argues further that Tibetan medicine is becoming fully modern in its social structure and cultural content, suggesting that it is increasingly disembedded from local contexts of practice and “reconstituted as part of a centralized system of technical accomplishment and professional expertise, which in turn is expected to conform to the pervasive and powerful cultural standards of rational science and biomedicine.”⁵⁰¹ In a similar vein, Jean Lave has cautioned against disembedded education by stressing the

⁵⁰⁰ Janes, “The Transformations,” 25.

⁵⁰¹ *Ibid.*, 24.

importance of fully contextualizing patterns of learning—she argues that it is impossible to analyze education without considering its relations with the world it prepares people.⁵⁰²

So what kind of world is SRIC preparing its students? How does the SRIC curriculum prepare students for those diverse realities and relations that they need to navigate once they practice Sowa Rigpa on their own? Will SRIC students privilege biomedical discourses on anatomy, physiology and nosology, as Janes describes to have happened among Mentsikhang students in Lhasa?⁵⁰³ In my interviews with the students, the vast majority reported that they wish to return to their home village to provide healthcare for their community upon the completion of their studies, and only a few students mentioned that they would like to travel abroad to practice or to continue their studies. Therefore, it appears that the “internationality” of the college that was thought to attract students from across the world is in fact of limited significance to many of the enrolled students.

Principal Amchi Nyima mentioned several times how SRIC seeks to go beyond the traditional way of teaching Tibetan medicine, proposing that the demands of a modern educational environment are different, and by offering training that is merely based on memorization of texts is not sufficient since today there are many opportunities for students beyond Sowa Rigpa. In particular, Amchi Nyima suggests that one of the reasons for teaching SRIC students a more “scientific” way of looking at things is to enable dialogue between them and medical specialists who are not familiar with Tibetan texts or medical theory. It remains to be seen what kind of shape this dialogue begins to take. In any case, SRIC and its students face a true challenge navigating the mostly uncharted waters of

⁵⁰² Jean Lave, *Cognition in Practice: Mind, Mathematics and Culture in Everyday Life* (New York: Cambridge University Press, 1988), xiii.

⁵⁰³ Janes, “The Transformations,” 26.

hybridized, English language Tibetan medical training, which is supplemented with the basics of biomedicine. At least part of this hybrid strategy is to ensure that SRIC graduates arrive at some satisfactory means for explaining Tibetan medical theory in the context of the current pluralism of healing traditions, but there does not seem to be a clear framework in place how Tibetan medical knowledge should be positioned in comparison to biomedicine and its standards.

Overall, the college curriculum is an ambitious attempt to provide training in both Sowa Rigpa and Western medicine, all the while attempting to bridge the gap between the two. However, reaching this goal is not easy since the instructors who are invited to teach courses on Western medicine are not experts in Sowa Rigpa, and the core faculty members who teach Tibetan medicine are not trained in biomedicine. There also does not seem to be consistent dialogue among faculty on how to bring these two medical traditions together, nor do the students seem to have a clearly defined idea of the practical benefits of receiving this hybrid training. While the curriculum nods in the direction of the importance of both of its components for future Sowa Rigpa practitioners, it does not seem to provide depth in either.

6.4. Religion at SRIC

Since SRIC is a project mostly funded and managed by SKI—an organization that propagates the tantric Buddhist *Yutok Nyingtig* tradition globally through their programs—I anticipated religious practice to constitute a particularly important component of daily life at the college compared to other contemporary institutions of Sowa Rigpa (except for Chagpori). However, despite Chenagtsang’s vision to reinvigorate the *Yutok Nyingtig* tradition as an integral part of SKI’s programs, the daily life at SRIC remains distant from its

parent organization's broader agenda (see Chapter 4). Although the kind of intense *Yutok Nyingtig* practice that I was anticipating to find at SRIC was absent, that is not to say that religion is not present at the college at all.

Those students who live on-site at the college—27 in total during my stay in Kathmandu in academic year 2018–2019—are required to attend two daily prayers in the shrine room: a morning prayer at 6:15am, and an evening prayer at 7pm. The students displayed various degrees of enthusiasm about attending the prayer, especially in the morning. Many of the male students were in the habit of stumbling in just in time or a few minutes late, much to the amusement of other students who were already chanting their prayer in unison. Attendance was taken in a register near the altar. After the prayer, a few students would stay to meditate silently for a moment or do some prostrations before breakfast. Two fairly standard sets of prayers would be recited in the daily prayer assemblies; most prayers are found in a slim SRIC prayer booklet, which is adapted from a similar prayer book used in Chagpori Tibetan Medical Institute in West Bengal.⁵⁰⁴

The shrine room where the daily prayers take place houses a typical Tibetan style altar cabinet, with a statue of Yutok Yönten Gönpo wrapped in a golden colored ceremonial scarf or *khata* (*kha btags*) as its central piece. Yutok is accompanied by a statue of Shanglön (zhang blon rdo rje bdud 'dul), the medicine protector deity (*dharmapāla*, *chos skyong*) Mahākāla, along with the appropriate ritual offerings or deity *tormas* (*rten gtor*) associated with the *Yutok Nyingtig*. The *tormas* were permanent, i.e. made out of hard plastic instead of flour and butter. Gita, a diligent female student in her third year of studies, had taken it upon

⁵⁰⁴ *Rgyal spyi 'i gso ba rig pa 'i gtsug lag mtho slob kyi snga dgong zhal 'don phyogs bsgrigs*, 'Daily Prayer Book of Sowa Rigpa International College.' See Appendix II for more information on the daily prayers and the contents of the prayer booklet, which was soon to be replaced by a revised version.

herself to routinely attend to the altar. She would be the first in the prayer room before the prayers begin to light up some incense.



Figure 6.4. Gita studying in SRIC's shrine room next to the altar cabinet housing a statue of Yutok. Photo: J. Takkinen

Gita also often uses the prayer room as her study space between classes, and she was among the few students who would enter the shrine room outside the scheduled prayer times. Gita comes from a Tamang Buddhist family, and despite her demanding studies as a non-Tibetan speaking student, she finds time to volunteer every Saturday at a Buddhist monastery near Tinchuli called Namgyal Jyangchub Choeling (nam rgyal byang chub chos gling) to assist in teaching Dharma, meditation, and moral education to children aged 5–

17.⁵⁰⁵ During our discussions, Gita found meaningful ways to connect the daily religious activities at the college with her chosen field of study:

I mostly study in the prayer room. It's peaceful, and the only place that is empty. [...] In morning and evening we do prayer. Mainly the motivation matters a lot, motivation is the most important thing. Doing prayer motivates you to do more for other sentient beings, you know. The prayers we do, Heart Sutra and all that, it is not only for ourselves. The more recite you do [sic], the more prayer you do, the more it will be like good for your practice to do more good things for all sentient beings, and you are dedicating your motivation to all sentient beings through the prayers. So definitely it works also... when you do the mantras, and when you pray it definitely gives you certain kinds of feelings inside you, certain kind of peace and harmony inside your mind. And if you practice and practice, definitely you get familiar with these and you can heal the people with that sound and vibration, and motivation and your strong mind, and thoughts and prayers. So it's kind of practice to make you more familiar with the... with the.. you know, healing, the power of healing. I guess it's very very important in your daily life.

Other students described the benefits of prayer mainly in terms of an increased ability to concentrate in their studies and bringing a sense of calm, and did not explicitly link prayer with an enhanced capability to heal like Gita.

The evening prayer was typically led by Amchi Jinpa, the only ordained member of the faculty who also lives on the college compound. He lauded the benefits of prayer for students of Sowa Rigpa: it makes the students more peaceful, provides a sense of responsibility, and contributes to a positive mindset. "Prayer helps them to concentrate better," he often noted in our discussions of the significance of religion in Sowa Rigpa training. Among SRIC faculty, Amchi Jinpa noticeably emphasized religious elements in his teaching more than the other instructors, perhaps partly out of a sense of duty as a Buddhist

⁵⁰⁵ Gita used to go to the monastery as a student when she was at school, which inspired her to take up volunteer work there. Her volunteer work also entails assisting in organizing *pūjas*, providing relief after the devastating April 2015 earthquake, participating in Tulku Losang Namgyal Rinpoche's development projects in rural villages, cleaning the streets of Kathmandu, and other social work.

monk. When he teaches his classes, he recites the “*Fourfold Treatise* Lineage Prayer” with the third year students, “Yutok Supplication” with the second year students, and a prayer to the bodhisattva of wisdom, Mañjuśrī, with the first year students—other faculty members did not typically start their classes with prayer. Amchi Jinpa’s views on prayer closely resemble the role that prayer is assigned in monastic learning: it is considered essential to the formation of ethical subjects, who are of noble character (*btsun pa*) and morally upright (*bzang po*). In addition, because prayer is a merit-making activity, it is believed to clear away obstacles that students may encounter. The accumulation of merit and purification of sin through prayer (*gsag sbyang*) is said to enhance the ability to learn. In particular, reciting the mantra of Mañjuśrī—the bodhisattva of wisdom—and especially the deity’s seed syllable, *dhīh*, is believed to expand the intellect. SRIC students spend considerable time each morning repeating the seed syllable of Mañjuśrī in preparation for their studies that day.⁵⁰⁶

Not all students at the college identify as Buddhist, and some are rather indifferent about religious matters, but everyone still participates in these daily religious activities at the college; a Hindu student also performed private *pūjās* in her spare time and fasted each Monday as a religious observance. When asked about the role of religion at the college, or how the *Yutok Nyingtig* figures in the work of a Sowa Rigpa practitioner, the students most often resorted to broad descriptions about the necessity of a compassionate mindset and ethical behavior required of an *amchi*, much along the lines of the final chapter of the *Explanatory Treatise* (*bshad rgyud*), the second text in the *Fourfold Treatise*, which many of them had just studied in class. The college curriculum includes a few basic courses on

⁵⁰⁶ On the role of prayer in scholastic learning, see Cabezón and Dorjee, *Sera Monastery*, 259–61.

Buddhism (such as “Buddhist Approach to Health and Hygiene” taught by Surendra Kumar Shakya), but students receive little exposure to formal Buddhist thought.

According to the college curriculum, studies at SRIC culminate in *Yutok Nyingtig* empowerment and teachings. While Yutok Yönten Gönpö, the foremost figure of Tibetan medical history, is routinely invoked in the daily “Yutok Supplication” and “Yutok Nyingtig Guru *Sādhana*” prayers, many of the students did not have a very clear idea of what the religious teachings of the *Yutok Nyingtig* entail, although most of the students that I interviewed reported that they had heard about it. Some of the students were not aware of the fact that the study and practice of the *Yutok Nyingtig* is in fact the main subject of study during the last semester of the college curriculum. There was also no clear consensus about who would eventually guide the students in this spiritual component of their training, although Nida Chenagtsang’s name came up on a few occasions in my discussions with faculty and students.⁵⁰⁷ While most of the students had not given much thought to the curriculum as a whole, much less considered the contents of their last year of studies at the college, there were four enrolled students who had received the *Yutok Nyingtig* initiation individually from Chenagtsang.

According to Principal Amchi Nyima, SRIC is the only Tibetan medical college where *Yutok Nyingtig* is an integral part of the curriculum and where students are in fact required to do a three-month retreat at the conclusion of their studies. The final “Sowa Rigpa Core Course” that SRIC students take in their fifth year of studies (ninth semester) is called “Conclusion and Entrustment Chapters of the *Four Tantras, Yuthok Nyingthig* Teachings.”

⁵⁰⁷ Chenagtsang had given the first batch of students an introduction to the *Yutok Nyingtig* before they started their studies at SRIC.

The course catalog describes the objectives of these final stages of the SRIC curriculum as follows:

Sorig students are required to receive three kind of blessings before formally beginning their practice – Empowerment, Oral Transmission, and Practice Instructions. In Sorig medical studies, this is bestowed systematically. First, the student will initially receive Practice Instructions of the *Gyud Zhi* [*Fourfold Treatise*], followed by Oral Transmission from a lineage holder. In the final year, they will receive the Empowerment from a qualified Lama. Students will then understand what blessings they have received and what major steps they should take in practicing what they have learnt so far. Along with that, students then will do clinical practice with community health service, medical camps such as the Sorig First Aid program, and so forth. [...]

Finally, Secret Mantrayana teachings of the *Yuthok Nyingthig* cycle will be given, including the three necessary components of Empowerment, Oral Transmission, and Practice Instructions. After receiving transmission, students will learn about the generation and completion stage practices of the *Yuthok Nyingthig*, with a focus on the completion phase teachings entitled [sic] Kusum Rangshar – Self-Arising of the Three Kayas. These teachings include the Six Yogas and Four Mudras, with three fundamental phases – transforming ordinary body, speech, and mind into divine Deity, Prana, and Bindu. With this knowledge, the future Amchi will be empowered and ready to practice the medical and spiritual aspects of Sowa Rigpa.⁵⁰⁸

SRIC Principal Nyima Tsering explained that some of the college board members initially suggested that it would be better to give the *Yutok Nyingtig* empowerment and teachings at the beginning of the program, but it was eventually decided that it is preferable to implement the course at the end of the studies, since many of the students have just graduated from high school when they begin their studies at the college and are therefore not perceived to be adequately mature to receive esoteric religious teachings. Amchi Nyima also described how the *Fourfold Treatise* is understood to contain the exoteric teachings of Sowa Rigpa, while the *Yutok Nyingtig* represents the esoteric side of Tibetan medicine, so it makes sense to first study the exoteric facet of the tradition. In comparison, the Dharamsala Men-

⁵⁰⁸ Lumbini Buddhist University, “Bachelor in Sowa Rigpa Medicine,” 126.

Tsee-Khang does not offer *Yutok Nyingtig* training to its Sowa Rigpa students (although empowerments are available on occasion), nor does the Department of Sowa Rigpa at CIHTS.⁵⁰⁹ Due to the COVID-19 pandemic, Chenagtsang eventually gave the *Yutok Nyingtig* preliminary practice (*ngöndro*) initiation to SRIC students via Zoom in Spring 2021.⁵¹⁰

During our conversations about the religious dimensions of Sowa Rigpa, Amchi Nyima typically described the relationship between religious practice and the practice of Tibetan medicine in fairly general terms. Similarly to his students, Amchi Nyima referred to the 31st chapter of the second text in the *Fourfold Treatise* called *Explanatory Treatise (bshad rgyud)*, which delineates proper ethical behavior of a Sowa Rigpa practitioner. Despite the centrality of religious concepts to Sowa Rigpa, Amchi Nyima was slightly hesitant to articulate the “unscientific” elements present in Tibetan medicine:

These things are difficult to talk about from a modern medicine perspective, but there are so many things [related to religion in Sowa Rigpa], you know. Actually, this spiritual aspect of Tibetan medicine is very important, it basically pervades all. When you make the medicine, we have to do the *mendrup*,⁵¹¹ you know. So for that also we need the spiritual aspect. And [this is also the case] when you treat the patients. And when you really know about the teaching of Sowa Rigpa—in terms of the cause of the disease, the distant cause, *ma rig pa*, ignorance—so in order to not have ignorance we really have to know about

⁵⁰⁹ According to Geoffrey Samuel, the *Yutok Nyingtig* has not been completely dropped from medical practice at the Lhasa Mentsikhang, but it appears to be less important for many contemporary practitioners in Tibet. Samuel, “Introduction,” 341. The *Yutok Nyingtig* is still being transmitted to medical students at the Darjeeling Chagpori.

⁵¹⁰ However, no additional retreat practice was organized or expected of the students after the Zoom initiation. Moreover, some students had had the impression that the retreat is voluntary due to its religious nature.

⁵¹¹ *Mendrup (sman sgrub)*, or “accomplishing medicine,” has previously been often described and interpreted as a ritual practice that enhances the efficacy of compounded Tibetan medicine. However, as Frances Garrett has shown, the scope of *mendrup* extends beyond consecrating medicine, and its main aim is to improve the healing capabilities of Sowa Rigpa practitioners through spiritual means. Garrett, “The Alchemy,” 207–30.

Buddhist concepts, of mind and mental factors, and psychological... you know, aspects of Buddhist philosophy. So it's part and parcel.

Amchi Nyima's description of the pervasiveness of spiritual aspects in Sowa Rigpa and Buddhist understanding of fundamental ignorance as the ultimate cause for all suffering (and therefore the main cause of samsaric existence) are shared by his colleagues at SRIC and attested to in Tibetan medical literature (see Chapter 1). However, his comments also reflect his educational background and personal affinity for Buddhist philosophy, and an effort to preserve the credibility of Sowa Rigpa from a scientific perspective. And perhaps more tellingly, he does not go into any detail about the more esoteric tantric-alchemic elements associated with Sowa Rigpa, such as *Yutok Nyingtig* tradition. All in all, despite close affiliation with SKI, religion in general—and the *Yutok Nyingtig* in particular—plays a muted role at SRIC.

6.4. Conclusion

Learning the principles of Sowa Rigpa in Tibetan, while also being expected to learn the basics of Western medicine appears to be a real challenge, if not an obstacle, for many students at SRIC—especially for those whose native language is not Tibetan, and/or whose English is not very fluent. The language barrier has indeed been the main reason why SRIC has not been successful in attracting a significant number of international students, despite being an international institution of Tibetan medicine. It appears that simultaneously adhering to the requirement of rigorous memorization of the *Fourfold Treatise* in order to preserve the “traditional” integrity of the curriculum, while officially being an institution offering instruction in English, has proven a difficult hurdle to overcome for this hybrid model of Tibetan medical training that is still taking shape. It remains to be seen how

exactly Sowa Rigpa learning becomes hybridized with a pedagogy that does not rely solely on traditional authority and methods.

Despite being financially dependent on SKI and its desire to rapidly modernize SRIC's curriculum by removing or reducing the memorization requirement, the faculty seem critical of ushering in a new era of Sowa Rigpa education that would not be primarily based on the memorization of the *Fourfold Treatise* and study of its Tibetan commentaries. This clash of perspectives has resulted in a syncretic version of Sowa Rigpa training at SRIC, which has left the leadership of the college trying to find a balance amidst pressures from the local *amchi* community, transnational sponsors, and institutional integrity—all of which involves careful considerations with translocal and global implications. The theoretical lens of hybridity, or perhaps more precisely, entanglement, can be helpful in bringing to light the real consequences for students engaged in this novel way of Sowa Rigpa knowledge transmission. Nonetheless, this brief study of SRIC perhaps raises more questions than it can answer at the moment: How will the students be received by the *amchi* community in Nepal and in India once they graduate? Will they be able to secure internship positions at Men-Tsee-Khang branch clinics, which typically trains graduates from other institutions of Sowa Rigpa? Will the students be sought out by Sorig Khang International to occupy expert positions in their global network of branches? Will they return to their home villages and set up their own medical clinics to bring much needed healthcare to underserved populations?

What did become clear during my stay in Kathmandu, however, is the fact that SRIC does not represent the spiritually-driven vision set forth in the Sorig Khang International Charter that is propagated by SKI and Chenagtsang. Despite being an affiliate of Sorig Khang International, a global organization providing a multitude of programs related to

Tibetan medicine and the tantric Buddhist *Yutok Nyintig* tradition across the world and online, religion currently plays a muted role at SRIC, and the religiosity that the students and faculty exhibit at the college is limited to a standard set of prayers that are mostly thought to remove obstacles for study. Moreover, there is a perhaps deeper cleft between the relationship between the leadership of SKI and the faculty at SRIC due to a disconnect between what the instructors see as proper Tibetan medical education and what SKI's global vision for English language Sowa Rigpa education and spirituality might entail. Conjoining the dissemination of Tibetan medical knowledge with Western modalities of learning and the authority of biomedicine has proven to be a challenge, and it appears potentially confusing for the students since most of them plan to return to their villages to provide basic healthcare instead of pursuing international careers once they complete their studies. However, as we have seen in Chapter 5, SRIC's significance extends beyond the immediate task of training students, and the college may well emerge as a key component for securing Sowa Rigpa an officially recognized status in Nepal.

The next chapter, which discusses another Sowa Rigpa Training Institute in Kathmandu, Traditional Buddhist Sorig Institute, builds on the themes raised in this discussion on SRIC and its position in the field of Tibetan medical education Nepal, and provides a markedly different view into becoming an *amchi* in Kathmandu.

Chapter 7. Transmitting Dharma and Medicine: Traditional Buddhist

Sorig Institute

Among the shops and small businesses that dot Mahankal Road—the thoroughfare hugging the northern edge of Boudha—there is a sign board for a medical clinic, which is adorned by two sets of 20 colored photographs of medicinal plants. The Tibetan on the left side of the board reads: *o yan sman bla gso rig sman khang*⁵¹² (“Medicine Buddha Guru Rinpoche Sowa Rigpa Clinic”), with the terse English rendering to its right, Orgyan Menla Clinic Pvt. Ltd. This Sowa Rigpa clinic near Ramhiti Chowk is run by Amchi Urgian Kalzang, a long-haired tantric priest or *ngakpa* originally from Ladakh. Unlike many of the other Sowa Rigpa clinics in Boudha that evoke the name of Yutok Yönten Gönpo in their names, Amchi Urgian chose to allude to Guru Rinpoche or Padmasambhava in his manifestation as Medicine Buddha. (Padmasambhava is another Buddhist tantric figure that has ties to the Tibetan medical tradition, though his presence is not as pervasive as Yutok’s prevalence.) A standing sign board outside Amchi Urgian’s clinic states that all kinds of

⁵¹² *O yan* is an uncommon abbreviation of *o rgyan* or *u rgyan*, referring to Padmasambhava or Guru Rinpoche, the master from Oḍḍiyāna. The country of Oḍḍiyāna or Udyāna (also referred to as *o rgyan* in Tibetan) was a small kingdom of ancient India to the north of Gandhara, often thought to have been located in the region today known as Swat in northwestern Pakistan, where Padmasambhava is said to have been born on a lotus flower.

diseases are treated at the clinic “through the way of Buddhist herbal medicine.”⁵¹³



Figure 7.1. Amchi Urgian’s clinic near Ramhiti Chowk in Boudha, Kathmandu. Photo: J. Takkinen

On a Monday morning in February 2019, the seats in the clinic’s waiting area were occupied by patients who had come to consult Amchi Urgian, who is known for his medical expertise and spiritual acumen, but also for manufacturing himself the medicine and other medicinal products that he prescribes to his patients. One of the shelves at the clinic is stocked with various homemade products: incense, medicinal butter (*sman mar*), other salves and ointments, and herbal teas; the other shelf houses jars containing powdered herbal

⁵¹³ An alternative name for the clinic is provided in Amchi Urgian’s business card: Sngar srol nang pa’i gso rig sman khang, Traditional Buddhist Sorig Herbal Medicine Clinic.

medicine to be prescribed to patients. There is a small Medicine Buddha poster on the wall next to Amchi Urgian’s desk where he palpates the patients’ pulse to determine their ailments. Two well-dressed and polite young men, Tsewang Gyurmet and Tenzin Dasang (Amchi Urgian’s nephew from Ladakh), assist Amchi Urgian at the clinic—they are his students who rotate with other students to work at the clinic as a part of their practical training with their teacher.

The clinic functions as an extension of Amchi Urgian’s master-apprentice style training program in Sowa Rigpa. The school itself, called Sngar srol nang pa’i gso ba rig pa, or Traditional Buddhist Sorig Institute (TBSI), is tucked away behind the gates of a nearby small Kagyu monastery compound known as Riwoche (the inscription above the monastery gate reads *dpal bka’ brgyud bshad sgrub bkra shis dar rgyas phun tshogs gling dgon pa*).⁵¹⁴ It is only once you enter the gated area that there is any indication of a Sowa Rigpa training institution occupying the premises, with the school’s name and emblem painted on the wall of a small building to the right of the gate. The school emblem is a depiction of a lotus flower cradling a skull cup, *kapala*—an important tantric Buddhist ritual implement—which is filled with *arura* (*a ru rnam rgyal*, *Terminalia chebula* or Chebulic Myrobalan) the “king of medicine” in Sowa Rigpa pharmacology, a sort of panacea said to have extraordinary qualities. In addition to being a popular medical ingredient, *arura* is also an important cultural symbol of healing in the Tibetan medical system, and the Medicine Buddha is typically portrayed holding a myrobalan branch in his right hand.

Since the main purpose for my trip to Kathmandu had been to learn about Sowa Rigpa International College, it was only towards the end of my six-month stay in the city that I also

⁵¹⁴ See “Monastic Education Fund,” Chokgyur Lingpa Foundation, accessed August 4, 2020, <https://www.cglf.org/projects/education>.

began frequenting Amchi Urgan's school. Therefore, the observations presented in this chapter remain mostly descriptive. Despite the tentative nature of my remarks, this chapter aims to demonstrate how TBSI provides an important comparative counterpart to SRIC, and a natural closing portion to this research tracing the history, utilization, and transformation of the *Yutok Nyingtig* tradition. What I initially expected to encounter at SRIC—i.e. the conjoined transmission of the *Yutok Nyingtig* ritual tradition and Sowa Rigpa—I ended up finding in the TBSI curriculum, and personified in the school's only teacher, Amchi Urgan.



Figure 7.2. Traditional Buddhist Sorig Herbal Medicine Institute emblem depicting a lotus flower cradling a skull cup filled with *arura*, “the king of medicine.” Photo: J. Takkinen

7.1. *Amchi Urgian—Master of Medicine and Buddhist Tantra*

Amchi Urgian hails from a nomadic family from Koyul village, located in the small part of the Changtang (byang thang) area, the high altitude Tibetan Plateau, that extends to Ladakh in India, near the disputed Demchok sector between India and China; this region is on a historically important route connecting Ladakh and Lhasa in Tibet. Being raised in a nomadic family with eight siblings, Amchi Urgian had few institutional educational opportunities growing up. He received his medical training in Ladakh following a traditional lineage-based model (*sman rgyud* or *sman pa'i rgyud*), and has not received formal Sowa Rigpa education in an institutional setting.⁵¹⁵ His main teacher, Amchi Lobsang Tsering had fled to Hanle village in Ladakh from Gar County (sgar rdzong) in Ngari Prefecture (mnga' ris sa khul), Tibet, in 1962, and Amchi Urgian started his nine-year long *gurukula*-style⁵¹⁶ studies with Amchi Lobsang when he was nine years old.⁵¹⁷ As has been the case for many *amchi* trained in a lineage based model in Ladakh and elsewhere in the Himalayas and Tibet, learning practical skills and treatment methods was emphasized in Amchi Urgian's training: he recounted how his master taught him how to identify plants, apply external therapies and

⁵¹⁵ However, at 19 years old he started studies in Sanskrit, Hindi, and English at the Central Institute of Buddhist Studies in Ladakh's capital, Leh, and later also studied briefly at Panjab University in Chandigarh.

⁵¹⁶ The holistic and intensive *gurukula* educational model is based on the ancient Indian system of *guruśiṣya parampara* ("master-disciple tradition") or *gurukula sampradāya* ("residential training with the master"), where specialized knowledge (e.g. knowledge related to religion, medicine or the arts) was imparted through a close relationship between the teacher and his students. Students would typically live near or with their master, and perform necessary household chores and other tasks for their teacher in exchange for his teachings. See e.g. V. Kaladharan, "From Meditative Learning to Impersonal Pedagogy: Reflections on the Transformation of an Indian Gurukula," *Qui Parle* 20, no. 1 (2011), 207–218. On orality and memorization in the Indian context of Agamic religious schools, see C. J. Fuller, "Orality, Literacy and Memorization: Priestly Education in Contemporary South India," *Modern Asian Studies* 35, no. 1 (2001): 1–31.

⁵¹⁷ According to Amchi Urgian, his teacher Amchi Lobsang was very famous, and locally known as the "second best *amchi* in Ngari."

utilize the therapeutic effects of local hot springs to treat patients.⁵¹⁸ Amchi Urgian studied another three years with Amchi Pema Gyaltzen, a teacher famous for his blood letting and moxabustion expertise, and a devotee of the *Yutok Nyingtig* tradition. Additionally, Amchi Urgian received instruction from Gelong Rigzin.⁵¹⁹

Amchi Urgian's father, who had died when he was only a few years old, was a *ngakpa* and a follower of Kyabje Dudjom Rinpoche (bdud 'joms 'jigs bral ye shes rdo rje, 1904–1987), a famous Nyingma master who was considered to be the living representative of Padmasambhava. In addition to being linked to Dudjom Rinpoche's lineage, and having completed a three year retreat at Dudjom Rinpoche's Zangdok Palri center in Kalimpong, West Bengal, Amchi Urgian also has a special connection to Kyabje Chatral Rinpoche (bya bral sangs rgyas rdo rje, 1913–2015), whom he met in Pharping, Nepal, and treated successfully for a prolonged illness.

Amchi Orgian's views on Tibetan medical training stem from his own education in Sowa Rigpa. He draws a direct link from the way he trains his students to the times of Yutok Yönten Gönpo in 12th century Tibet, when the training of an *amchi* is said to have taken 12 years in total: five years of theoretical studies, three years of practical training, and four years of learning external therapy methods. Following this traditional model, a qualified *amchi* can be expected to master all aspects of medicine, and, importantly, be self-sufficient

⁵¹⁸ See e.g. Hofer, *The Inheritance of Change*, 237 ff.

⁵¹⁹ For more details on Gelong Rigzin, see Laurent Pordié, "Reformulating Ingredients: Outlines of a Contemporary Ritual for the Consecration of Medicines in Ladakh," in *Modern Ladakh: Anthropological Perspectives on Continuity and Change*, eds. Martijn van Beek and Fernanda Pirie (Leiden: Brill, 2008), 153–74.

in his⁵²⁰ practice—i.e., being skillful in diagnosis, knowing how to identify and collect medicinal plants at the proper time, able to compound his own medicine, resourceful in conducting external therapies and small-scale surgery, and proficient in performing necessary religious rituals in conjunction with medical practice.⁵²¹

You can only call someone an *amchi* if they are skilled in diagnosis, therapeutical methods, and Dharma. But if you copy allopathic [style of medicine], there will be damage to the tradition—ancient [way] is good.⁵²²

Amchi Urgian suggests that due to this comprehensive immersion in all dimensions of medicine with their accompanying spiritual practices, the treatment and medicinal preparations that a lineage *amchi* can offer is more effective. On the other hand, specializing in one field of medicine as is often done in Western medicine, or receiving training in Sowa Rigpa that is abbreviated in length or inadequate in scope, can taint and corrupt the Tibetan medical tradition in Amchi Urgian's view.

True to his own medical education and lineage, Amchi Urgian places notable emphasis on integrating practical medical training and religious expertise in the curriculum that he offers his students at TBSI. He underscores that merely studying Sowa Rigpa theory is not sufficient—practical training and spiritual cultivation are essential in order to be properly trained as an *amchi*. Amchi Urgian laments that increasingly dominant “modern” Sowa

⁵²⁰ Traditionally, the vast majority of *amchi* within the Tibetan cultural sphere have been male. For an overview of women and gender in Tibetan medicine, see Heidi Fjeld and Theresia Hofer, “Women and Gender in Tibetan Medicine: Introductory Essay,” *Asian Medicine: Tradition and Modernity* 6, no. 2 (2010): 175–216.

⁵²¹ Ingredients for Tibetan medical compounds should traditionally only be collected at auspicious times and in the proper season. Generally, fruits are gathered in autumn and leaves in summer; branches are cut in spring; and roots dug up in winter. See Elizabeth Finckh, *Studies in Tibetan Medicine* (Ithaca, NY: Snow Lion, 1988), 57. According to Amchi Urgian, “business-minded” *amchi* collect ingredients for medicine at any time, and prepare medicinal compounds (like Agar 35) without all necessary ingredients.

⁵²² Amchi Urgian interview, March 14, 2019.

Rigpa training programs do not allow sufficient time for practical training, and consequently produce *amchi* who have poor plant identification skills, little experience from preparing medicine, and insufficient competence in treating patients. Moreover, Amchi Urgian asserts that it is crucial to train future *amchi* in the Tibetan language in order to avoid “damaging” the tradition, maintaining that it is not possible to teach Sowa Rigpa concepts with sufficient specificity in any other language than Tibetan. Just as important, Amchi Urgian sees devotional religious practice and ritual expertise (such as exorcisms) as hallmarks of a well-rounded *amchi*, and emphasizes the importance of ritual expertise and knowledge about tantric Buddhist ceremonies, such as *mendrup (sman sgrub)*⁵²³ and *drupchen (sgrub chen)*.⁵²⁴

Although Amchi Urgian does not explicitly mention SRIC as a “modern” Sowa Rigpa training institution whose scope of curriculum leaves plenty to be desired, it is clear that his criticism of purely theory-based learning, teaching Sowa Rigpa in any other language than Tibetan, and disregarding the importance of ritual training of well rounded *amchi* is at least a veiled critique of the type of hybridization that is taking place in Sowa Rigpa education at SRIC. Indeed, Amchi Urgian’s views on proper Sowa Rigpa training differs notably from

⁵²³ Technically a type of *sādhana*, *sman sgrub* may be understood in the most general sense as a “medicine *sādhana*.” According to Frances Garrett, “[s]*man sgrub* refers to a series of procedures that serve to consecrate certain edible substances—to ‘empower medicine’—and also sometimes to those empowered substances themselves, but as a ritual activity it also accomplishes much more than this, bestowing on the practitioner long life, miraculous powers, or an understanding of the mind’s true nature, blessing a community of practitioners and lay people, alchemically transforming impurity into purity, attacking disease-causing demonic forces, and so forth.” Garrett, “The Alchemy,” 210. See also Craig, “From Empowerments,” 218–228.

⁵²⁴ *Drupchen* refers to a week-long intensive ritual practice typically done in a group. Garrett, “The Alchemy,” 209. According to Amchi Urgian, the Ladakh Society for Traditional Medicine performs *drupchen* regularly.

the vision of transnational expansion SKI envisions to accomplish with developing a new kind of standard for Sowa Rigpa education at SRIC (see Chapters 5 and 6).

7.2. Traditional Buddhist Sorig Institute: Small-scale, Lineage-based Sowa Rigpa Training Institution in Kathmandu

The seed for Traditional Buddhist Sorig Institute was planted by Kyabgön Phakchok Rinpoche (kyabs mgon ‘phags mchog rin po che, b. 1981). He is the grandson of Tulku Urgyen Rinpoche (sprul sku o rgyan rin po che, 1920–1996), a dzogchen and mahāmudrā master from Kham, who settled in Nepal at the Nagi Gompa hermitage in the hills near Kathmandu Valley. Tulku Urgyen Rinpoche and his sons Chökyi Nyima Rinpoche (chos kyi nyi ma rin po che, b. 1951) and Tsikey Chokling Rinpoche (rtsi khe mchog gling rin po che, b. 1953; Phakchok Rinpoche’s father) founded the Ka-Nying Shedrub Ling Monastery in Boudha (established in 1976).⁵²⁵ In addition to belonging to an eminent Tibetan Buddhist family, Phakchok Rinpoche is a lineage-holder of the Chokling Tersar (*mchog gling gter gsar*), the Treasures of Chokgyur Dechen Lingpa (mchog gyur bde chen zhig po gling pa, 1829–1870, known as a great “treasure revealer,” *tertön*), and a throne-holder of the Riwoche Taklung Kagyü (stag lung bka’ brgyud) lineage. He was recognized by the Kagyü regents as the seventh Phakchok Rinpoche and ordained by His Holiness the Dalai Lama, and currently serves as the ritual specialist or Vajra Master (*rdo rje slob dpon*) at Ka-Nying Shedrub Ling in Kathmandu. Moreover, Phakchok Rinpoche’s younger brother (o rgyan bstan ‘dzin ‘jigs med lhun grub, b. 1993) has been recognized as Khyentse Yangsi

⁵²⁵ The monastery is often locally referred to as the White Gompa. Ka-Nying Shedrub Ling also houses Rangjung Yeshe Institute, which offers courses for international students in Buddhist philosophy and in Tibetan, Sanskrit and Nepali languages in partnership with Kathmandu University Centre for Buddhist Studies. See “Study at RYI,” Rangjung Yeshe Institute.

Rinpoche, the reincarnation of Dilgo Khyentse Rinpoche (dil mgo mkhyen brtse rin po che, 1910–1991), often regarded as one of the greatest Nyingma masters of the twentieth century.

Phakchok Rinpoche’s scope of activities is vast: in addition to having an important role in many monasteries in Nepal, he assists monasteries in Tibet, directs Dharma centers in Asia and North America, and teaches an international audience across the globe. He also oversees a wide range of humanitarian projects in South Asia through his non-profit organization, the Chokgyur Lingpa Foundation (CLF), an NGO registered in Nepal and the United States. Phakchok Rinpoche has also demonstrated a special interest in healthcare: CLF has established the Vajra Varahi Healthcare Clinic in Chapagaon, south of the Kathmandu Valley, where the foundation provides low-cost healthcare services such as acupuncture, traditional Chinese medicine, massage and sacro-cranial therapies.⁵²⁶ In 2006 Phakchok Rinpoche initiated dental and medical camps in rural Nepal, where medical professionals from Singapore, Malaysia and Germany provide health services for underserved populations. Most importantly for our current purposes, however, Phakchok Rinpoche started a Tibetan medicine program in Kathmandu in 2012, the aim of which is to train *amchi* who will be able to serve their communities independently in a self-sustained manner, especially in remote areas of Nepal.⁵²⁷ This small-scale Tibetan medical training program, Traditional Buddhist Sorig Institute (TBSI), is currently led by Amchi Urgian, and it is largely due to Phakchok Rinpoche’s initiative that the school is run in a traditional *gurukula* fashion. The school receives some financial support from the office of Phakchok

⁵²⁶ See “Vajravahari Health Clinic Factsheet,” Chokgyur Lingpa Foundation, accessed September 12, 2020, https://www.cglf.org/wp-content/uploads/2013/06/Project_Factsheet_VVHC.pdf.

⁵²⁷ See “Healthcare,” Chokgyur Lingpa Foundation, accessed April 27, 2021, <https://cglf.org/projects/healthcare>.

Rinpoche, which also sponsors the students' annual plant identification and collection trip to the Himalayas.⁵²⁸ TBSI is also associated with the charitable humanitarian organization Basic Goodness Foundation established in 2012 in Hong Kong, which organizes international fund raising efforts to support the students.⁵²⁹ Therefore, although TBSI is deeply rooted in its local, small-scale, lineage-based approach to Tibetan medical training due to the educational background of Amchi Urgian and the founding vision of Phakchok Rinpoche, there is still an undeniably transnational dimension to the institution, most notably through Phakchok Rinpoche's global networks and international reach.⁵³⁰

Therefore, despite being ideologically and pedagogically "traditional" in every respect, TBSI cannot be perceived as separate from global forces—rather, it is shaped by national and transnational dialogues. Although TBSI may first appear as a hyperlocal institution of Tibetan medicine compared to SRIC, the institution has emerged due to the influence of global forces and transnational encounters. Therefore, it may be helpful to view TBSI as a

⁵²⁸ Plant collection trips have long been an integral part of Tibetan medical training. For details on the plant collection trips organized by Desi Sangyé Gyatso in the seventeenth century, see Van Vleet, "Medicine, Monasteries and Empire," 190.

⁵²⁹ Visitors to the Basic Goodness Foundation website may donate money in support of TBSI students; the website also contains brief profiles of most of current TBSI students. "Tibetan Medicine Programs," Basic Goodness Foundation, accessed August 4, 2020, <https://basic-goodness.org/tibetan-medicine-programs>. See also TBSI's on Facebook: "Traditional Buddhist Sowa Rigpa Medical & Research Center | Facebook," accessed April 28, 2021, <https://www.facebook.com/sowarigpa143>.

⁵³⁰ Anthropologist Colin Millard's dissertation provides a detailed description of a similarly "traditional" training context at a Bön medical school in Dhorpatan, West Nepal. See Millard, "Learning Processes." In addition, Millard's later work provides valuable insight into the wide-ranging transformations undergone by Tibetan medical education in recent years. See Millard, "Bon Medical Practitioners," 353–79; Soktsang and Millard, "Diversity in Unity," 467–86; and Smanla and Millard, "The Preservation," 487–504.

kind of “glocality,” a simultaneously local and global space.⁵³¹ Crucially, however, the purpose and mission of the school is self-determined to a much greater degree than SRIC’s, whose faith is more intimately tied to the preferences and decisions of its parent organization SKI.

7.2.1. Curriculum and Daily Life at TBSI

In true *gurukula* fashion, Sowa Rigpa training at TBSI takes place outdoors. The students sit on wooden benches and a few plastic chairs underneath a tin roof structure that is supported by bamboo poles; a yellow and blue Tibetan style cloth encircles the outer edge of the canopy that is situated nearby the gate. The lay students all wear formal attire to class: navy blue dress pants with a matching jacket, paired with a light blue dress short, and a lapel pin adorned with the school emblem; some of the students additionally wear a red striped tie, and the ordained students don their monastic garb.

⁵³¹ For a detailed discussion on glocalization and the features of a particularistic locality, see Robertson, “Glocalization,” 25–44.



Figure 7.3. Amchi Urgian pictured with his students at TBSI. Photo: J. Takkinen

The total length of the training program at TBSI is ten years. In March 2019, Amchi Urgian had 16 students, eight of whom had studied with him for seven years, three had studied for five years, another three students for four years, and two students were in their first year of studies. Many of the students had started their studies with Amchi Urgian at a young age, current ages of students ranging from 15 to 32 years of age. Six of the students are monastic: two monks and four nuns. Five of the students are from Gorkha District, two are from Rasuwa, and the rest of the students are from Dhading, Pharping, Mustang and Upper Mustang, Dolpo and Mugu (all in Nepal); one of the female students was born in Tibet.



Figure 7.4. Temple in the TBSI compound. Two students play table tennis in between classes. Photo: J. Takkinen

There is a solid concrete table tennis table near the canopy, which the students put to good use to relax in between classes. The temple building painted with red, black and white stripes dominates the small monastic compound, and vertical red prayer flags are erected to the left of the gate; the prayer flags had been recently replaced with new ones for the Tibetan new year in February 2019. While there is no indoors classroom space, there is an L-shaped structure behind the canopy that bears the name and logo of the school on its pale pink wall. The largest of the four rooms in the building is used to store raw materials and to prepare medicine—the walls are lined with shelves filled with clear plastic jars holding plant-based ingredients, and there are large stones on the table in the middle of the room for extracting mineral components for the medicine compounds that Amchi Urgian and his students prepare themselves. Amchi Urgian explains that he and his students mainly manufacture

powdered medicine instead of pills (*ril bu*), because powdered medicine is more efficacious and easier to absorb as a liquid concoction (*thung sman*) in his experience. One of the smaller rooms houses a small altar with a Medicine Buddha Guru Rinpoche (o rgyan sman bla) *thangka*, a poster illustrating venesection points in the human body, and a small shelf of books.⁵³² Another small room contained an industrially built machine intended for grinding up medicinal ingredients. A fresh herbal scent lingered in the air as Amchi Urgian explained jokingly that unlike him, students today need machines to help prepare medicine because they are so lazy!

Across the courtyard, on the other side of the temple, there is a larger two-story building that is partially embedded into the hillside. The top floor houses the few monks who still occupied the monastery.⁵³³ There are more small rooms down the stairs, a kitchen, as well as a rectangular shrine room that is just large enough to hold all of Amchi Urgian's students for their communal ritual practice. The walls are covered with *thangkas* that encircle the space on three sides, depicting the contents of the *Fourfold Treatise* (*rgyud bzhi*) in the shape of trees; the paintings are covered with clear plastic to protect them from dust and humidity. Amchi Urgian explains that it is rare to have a complete collection of such detailed tree-shaped *thangkas* illustrating all "roots and branches" presented in the chapters of the fundamental text of Sowa Rigpa.⁵³⁴ The *thangkas* serve as important pedagogical tools, as

⁵³² Most of the books were on medical works in Tibetan, but to my great amazement, there were multiple books published by a small Finnish publishing house Basam Books, for which I had previously worked. The titles included Finnish translations of Matthieu Ricard and Tulku Thondup's works (*Onnellisuus* and *Mielen parantava voima*).

⁵³³ The monks were to relocate soon, and the whole compound, including the temple building, would then be at the disposal of Amchi Urgian and TBSI.

⁵³⁴ Perhaps the most famous set of medical *thangkas* are the 79 paintings commissioned by Desi Sangyé Gyatso in the seventeenth century in Lhasa. For a thorough discussion regarding the broad

well as mnemonic devices and meditational aid for Sowa Rigpa students as they commit the contents of the text to memory.



Figure 7.5. Shrine room with altar and medical *thangkas*. Photo: J. Takkinen

The academic year at TBSI consists of three semesters, each roughly three months in duration; there is no instruction over the summer during the monsoon. Examinations are held after each of the three semesters. Amchi Urgian prepares all exam materials himself, and the students take their examinations sitting on a small patch of grass in the temple courtyard. This is another important distinction in comparison to SRIC, where Lumbini Buddhist University coordinates examinations. During their first five years of studies, the students focus mainly on Tibetan medical theory and memorization. They are expected to

cultural significance of Desi's medical *thangka* series representing the organization structure of the *Fourfold Treatise*, see Gyatso, *Being Human*, 23–80.

memorize the *Fourfold Treatise* in its entirety, with the help of the tree-shaped *thankgas* that serve as mnemonic devices; drawing these trees to support memorization is in fact incorporated as a separate field of study at TBSI.

True to Amchi Urgian's vision of ideal Tibetan medical training delineated above, the TBSI curriculum focuses on comprehensive mastery of Sowa Rigpa, but students are also taught Tibetan literature and grammar in order to facilitate competency with medical texts and their commentaries. Other subjects include poetics (*snyan ngag*) and spontaneous oral presentations with interactive debate among the students, which involves asking and answering specific questions about the *Fourfold Treatise*.⁵³⁵ There is no instruction in biomedicine at TBSI.

The emphasis during the next three years of study is on practice, i.e., identifying materia medica, preparing medicine, and assisting with patient care at Amchi Urgian's clinic. During the last two years of their training, the students devote themselves to spiritual practices related to the Medicine Buddha and the *Yutok Nyintig* tradition in particular; during this time the students are also expected to see patients independently. One of the ordained students from the nearby Ka-Nying monastery, Rinchen Dhudul, also mentioned that since their master Amchi Urgian did a three year retreat after his studies, the same is preferable, if not expected, of his students as well. Once the students have satisfactorily completed the 10-year training program, they will be awarded a *menrampa* (*sman rams pa*) title by Phakchok Rinpoche. Therefore, TBSI does not seek legitimation for its students training from any

⁵³⁵ To facilitate this exercise, each of the students would write down a topic pertaining to the particular sections in the *Fourfold Treatise* that they have recently studied—these presentation topics would be written down on a small piece of paper that is rolled up and placed in a jar. Then, the students would take turns drawing a piece of paper from the jar, and present on the topic that they randomly selected. These presentations are typically held on Fridays among the students after Amchi Urgian has already left the school for the week.

external authority, but rather relies on traditional signifiers of legitimacy, i.e. a lineage-based practically oriented curriculum that culminates in a title awarded by a well-respected local religious figure.

7.2.2. In the “Classroom”—Learning by Oral Commentary and Practice

TBSI students were getting ready for their morning class in early March 2019 by independently reciting sections of the *Fourfold Treatise* that they had previously studied and memorized. Monk Rinchen Dhudul showed me his notebook where he had fashioned his own version of a mnemonic tree illustrating the contents of the *Fourfold Treatise*—instead of drawing leaves to each of the branches depicting different sections of the text, he had written down numbers to indicate how many leaves there are to each branch, a strategy which he finds more conducive to his memorization of the text. As we discussed the traditional *gurukula* way of Sowa Rigpa education at TBSI, Rinchen mentioned that one of its benefits is that Amchi Urgian can provide individual guidance to each student, and teach everyone according to their particular predispositions, taking into account their strengths and weaknesses. Rinchen described Amchi Urgian’s teaching style as dynamic, and said that he often challenges his students to think outside the box; Rinchen recounts the puzzling first question that Amchi Urgian presented to his new students when he enrolled in the school: “What is the shape of the human body?” The students were not able to come up with the correct answer, which was “a square,” evoking the idea of ideal proportions of the body, somewhat similarly to the famous Vitruvian Man drawing by Leonardo da Vinci (although it appeared as if the question had been posed to evoke philosophical and rhetorical reflection).

The students were busy diving into their texts and discussing recently taught topics as Amchi Urgian rode his black Avenger motorcycle in the monastery courtyard. He took his

seat behind a small table with a well-worn copy of the *Fourfold Treatise*, was brought a glass of hot water, and started teaching; there was no invocation or prayer to start the day of studies. Today's class focused on anatomy, specifically on the position and size of the lungs, the heart, and other viscera in the human body. Amchi Urgian instructed a senior student, Gyurmet, to retrieve some thread and a pouch of purple colored powder, and asked Karma Tenzin, a junior male student, to remove his shirt and act as a live anatomical model. In effect, the lecture was an oral commentary on the section on lungs and heart in the *Oral Instruction Tantra (man ngag rgyud)*, the third text of the *Fourfold Treatise*. The students read relevant passages in the text line by line as Amchi Urgian proceeded to explain them and demonstrate in practice how to locate and measure the position and size of the lungs in a human body according to the tradition by using a thread colored with purple pigment. In addition, the students had illustrations that they consulted on their cell phones to supplement the *Oral Instruction Tantra* and Amchi Urgian's commentary; some of the students also used their phones to record the instruction for future reference. Amchi Urgian emphasized that when the text instructs to use a certain length of a finger for measuring (*phun*, technical term used in medicine for measuring with finger lengths), it is essential to use the length of

the patient's finger instead of the *amchi*'s own finger in order to arrive at proportionally accurate measurements.



Figure 7.6. TBSI students receiving instruction from Amchi Urgian in their outdoor classroom.



Figures 7.7., 7.8., and 7.9. Amchi Urgian instructing his students on the size and position of viscera according to the *Oral Instruction Tantra*.

After the hands-on lesson on visceral organs, Amchi Urgian transitioned to the next topic for the day by pulling a yellow pouch out of his bag—the pouch was filled with materials for preparing moxibustion cones. He ripped a small piece off of the finger of a disposable plastic glove, filled it with his ground herbal moxa preparation, and started to roll it between his fingers to form a moxibustion cone as an exemplar for the students. As he prepared these cones, the students also tried their hand in rolling a moxibustion cone of the right shape and size. He explained how today some commercially manufactured moxa cones are much too large for their intended purpose, and described a superior moxibustion technique where the herbal cone is placed on a golden needle that delivers the therapeutic effect to the skin—a method that is not discussed in the *Fourfold Treatise*.

While the *Fourfold Treatise* holds an unparalleled importance to the Sowa Rigpa training provided at TBSI—just as it does in any other Tibetan medical institution—Amchi Urgian supplements the quintessential text by imparting orally transmitted knowledge to his students, and makes it a priority to demonstrate this knowledge in practice while also expecting the students to engage with the material dimension of Sowa Rigpa. The students find this practice-oriented approach to learning as superior, and hold the orally transmitted knowledge in great value. It could be argued to be indispensable in Tibetan medical training—the *Fourfold Treatise* can be seen to function as a general framework that allows students to bring in mind various topics dealt with in the text, *along with* their associated explanations. For instance, the text does not contain all specifics of medicine preparation, which are to be learned from an experienced teacher, and syntax and clarity of meaning have been sacrificed in favor of preserving the verse form of the text. Therefore, the *Fourfold Treatise* serves as a support for the oral transmission of medical knowledge.

Colin Millard has documented a similar pedagogical approach at a Bön medical school in Dhorpatan, West Nepal, where he observed the situated nature of learning that embraces a sociocultural view of learning; situated learning theory sees knowledge as being defined and agreed upon by a society or community. According to Millard's instructive study, the learning process in a Tibetan medical school "involves non-discursive, tacit forms of knowledge, which are essential to the development of expertise; these forms of knowledge by their very nature can not be transmitted in a discursive form, but are acquired through practice."⁵³⁶ Similarly, students at TBSI are gradually inducted into medical (and ritual) practice under Amchi Urgian's supervision, and to a great extent, the training takes the form of an apprenticeship. Much like documented by Millard in Dhorpatan, learning Sowa Rigpa at TBSI involves three simultaneous processes: the students memorize the text; receive teaching on what they have memorized; and engage in medical practice (whether its preparing medicinal compounds or assisting Amchi Urgian at his clinic). Millard argues that as students progress through the various stages of increasing competency from novice to expert, the structural framework that they learn during their studies of the *Fourfold Treatise* is built upon with layers and layers of new explanations and experiences in the clinic and the pharmacy.⁵³⁷

7.3. Beyond the Fourfold Treatise: Integrating Dharma and Medicine

As already noted, the curriculum at TBSI is centered around the meticulous study and memorization of the *Fourfold Treatise*. However, small-scale, lineage-based Tibetan medical training such as provided by Amchi Urgian allows for some more flexibility, and

⁵³⁶ Millard, "Learning Processes," 3.

⁵³⁷ *Ibid.*, 177.

typically goes beyond this standard text of Sowa Rigpa and its exegetical literature. In fact, transmitting medical knowledge that is “secret” and not readily available to other medical practitioners—knowledge that is perhaps more intimately connected to esoteric tantric Buddhist practice and ritual expertise than medicine—can be perceived to amplify the reputation of a given lineage.⁵³⁸ And if these special teachings are taught too widely, they are believed to lose some of their therapeutic power, a rationale not dissimilar from that often used to justify the secrecy of tantric Buddhist teachings.

At times, Amchi Urgian’s lectures sound more like a Dharma teaching than imparting medical knowledge. His lessons are packed with religious nomenclature with references to the Buddha, Guru Rinpoche, Buddhist cosmology, Buddhist philosophical terminology (e.g. analyzing the difference between *blo* and *rig pa*, “intellect” and “awareness”), “meditative stabilization” (*ting nge ‘dzin*), ignorance (*ma rig pa*), karma, and so forth. Typically, however, Amchi Urgian would tie his discussion related to religious ideas to pertinent medical topics, which also demonstrates his appreciation for erudition beyond the immediate scope of medicine.

This approach was exemplified in the way he discussed the practice of cupping therapy and the materials used in cupping equipment (*me bum*). Amchi Urgian demonstrated cupping methods by using a cup made of copper, compared its qualities to modern cupping utensils commonly made of plastic, and explained the benefits of using cups made of traditional materials such as copper or animal horns because they consist of the five elements, just like the human body, according to Tibetan medical theory. Amchi Urgian’s practical instruction regarding appropriate materials and techniques used in cupping therapy

⁵³⁸ For a discussion of Desi Sangye Gyatso’s strategic encryption of medical materials to bolster the reputation of the Chagpori medical lineage, see Chui, “‘Secret Medicine’,” 85–110.

was punctuated with descriptions of how before providing cupping therapy to a patient, an *amchi* should visualize the Medicine Buddha, Medicine Buddha Guru Rinpoche, and Yutok in specific *cakras* in their own body, allowing the light emanating from these deities to illuminate the body of the medical practitioner in order to harness their qualities to enhance the efficacy of the treatment. As a cow's horn used as a cupping therapy cup was circulating among the students—who jokingly placed the horn on their heads—Amchi Urgian also alluded to the relevance of taking into account the role of personal meditation deities (*yidam*), *ḍākinīs*, and the necessity to consider the fundamental Buddhist principle of dependent origination (*rten 'brel*) and emptiness (*stong pa*) when treating patients. “Ha go ma go?” (“Do you understand or not?”), Amchi Urgian would often ask his students in his characteristically humorous way after his explanations to see if they followed what he was saying. Towards the end of the class on cupping therapy, the students gathered around their teacher to look at photographs of various kinds of copper cupping cups on Amchi Urgian's phone. “There is a special, secret, kind of copper (*byub/chub? zangs*) that is used for these cups, which you can only recognize by the peculiar scent it emits after rubbing it with cloth—it is worth its weight in gold,” Amchi Urgian shared with his students. After the lecture he explains further that just like other types of orally transmitted “secret” knowledge that is not included in texts and not meant to be distributed widely, the therapeutic potential of this special kind of copper is said to decrease if the knowledge pertaining to its utilization and properties is not kept within a small circle, again employing the logic typically associated with tantric Buddhist teachings.

After a lunch of rice, dal, and vegetables, the senior students would work on producing medicinal preparations in the building behind the teaching canopy, while the junior students

gathered outside for the afternoon class with Amchi Urgian. This time the ordained students were all gathered to the right of their teacher, and lay students to the left. The class began by everyone reciting the *Root Tantra (rtsa rgyud)*—the monastics in particular had little trouble reciting the first section of the text effortlessly by heart, perhaps because Tibetan monks start memorizing texts in their childhood and have already mastered the technique before beginning their medical training. Then Amchi Urgian continued teaching the *Oral Instruction Tantra*. Again, the discussion meandered to religious topics, meditation in particular—Amchi Urgian described and demonstrated proper bodily posture when meditating, how to utilize appropriate hand gestures or *mudrās*, while also alluding to the teachings and influence of Saraha (eighth century, one of the famous Indian *mahāsiddhas* or “great adepts,”), the significance of Ju Mipham’s (‘jam mgon mi pham rgya mtsho, 1846–1912) intellectual work on Buddhist philosophy, tantra and medicine, and quoted Kyabje Dudjom Rinpoche when elaborating on distractions to meditation practice. Despite delving on these religious topics and major figures of Tibetan Buddhist history for extended periods of time in between reading passages of the *Oral Instruction Tantra*, Amchi Urgian tied the discussion back to the medical topic at hand, at times mixing English and Tibetan, suggesting that meditation and being able to control one’s mind is beneficial to health:

“*Sems control, no disease—perfect byed gi red!*”

An older monk fingers his prayer beads as he slowly circumambulates the temple during class. The few monks that still resided at Riwoche monastery in spring 2019 were expected to soon move to a larger monastery elsewhere. This would leave the whole monastery compound to TBSI, and Amchi Urgian planned to use the more spacious temple building for their *Yutok Nyingtig* pūjas, and to perform *drupchen* and *mendrup* rituals. According to

Amchi Urgian, they would be the only ones in Nepal properly engaged in these ritual practices.

7.3.1. Religious Practice and Tantric Feasts at TBSI

The 2019 spring semester at TBSI started on March 3 with a *pūja* after the Tibetan New Year.⁵³⁹ As in all of their religious gatherings, the non-monastic students were dressed in their best *chubas*, and the male lay students were also wrapped in their red and white religious shawls to indicate their *ngakpa* practice lineage. Amchi Urgian, seated on an elevated seat near the altar, was wearing his usual attire: a thick down jacket and brown corduroy pants, with his long hair neatly tied up in a topknot. The small desk in front of Amchi Urgian was covered with a yellow *khata* (*kha btags*), on top of which he had his liturgical text or *pecha* (*dpe cha*), a vajra-scepter (*rdo rje*) and a bell (*dril bu*) as his ritual implements, a traditional ritual vase (*bum pa*) with a peacock feather, and a tea cup covered with a lid. The students were sitting on cushions behind low tables that encircled the three back walls of the room, underneath the tree-shaped *thangka* depictions of the *Fourfold Treatise*. Each of the students had their individual *pecha* and ritual implements, a vajra-scepter and a bell, placed in front of them. Many of the students were also assigned ritual instruments to play throughout the ceremony, a responsibility distributed equally between male and female, lay and monastic students. One of the students played a ritual drum (*chos rnga*), others played wind instruments such as the “Indian trumpet” (*rgya gling*), the “long

⁵³⁹ Pema, one of the students, described the *pūja* done at the beginning of the semester as an abbreviated version of the Medicine Buddha ritual belonging to the Yutok Nyingtig tradition done according to the system of Dudjom Rinpoché (*slob grwa dbu 'jug byed skabs kyi cho ga de ni/ sman bla bsdus pa'i cho ga yin (g.yu thog snying thig bsdus pa bdud 'joms lugs)*).

trumpet” (*dung chen*), and the “thighbone trumpet” (*rkang gling*). Students rotated responsibilities in practicing different instruments on different ritual occasions.

Nyima Gyaltzen, a 24-year old lay male student from Gorkha District who had started his studies with Amchi Urgian at sixteen years old, had jotted down notes about the timing of ritual instrumentation in his *pecha*, which he also used to prop up laminated photographs of his spiritual masters, Tsikey Chokling Rinpoche and Phakchok Rinpoche. The *pecha* that Nyima was flipping through as the ceremony progressed contained various prayers and ritual texts related to the interrelationship between Dharma and medicine. The first two pages of the text comprised of instructions for preparing *torma*, followed with an invocation of Yutok (*g.yu thog gsol ‘debs*), the *Yutok Nyingtig* lineage supplication prayer (*g.yu thog snying thig gi brgyud ‘debs smon lam dang bcas pa*), and an invocation of the *Fourfold Treatise* (*dpal ldan rgyud bzhi ‘i gsol ‘debs*), with additional “tantric feast” (*tshogs*) texts towards the end of his *pecha*. However, the text that Nyima followed through this particular *sādhana* liturgy is called *A Pond of Nectar* (*g.yu thog snying gi thig le ‘i phrin las kyi byang bu bltas chog tu bkod pa bdud rtsi ‘i rdzing bu*).⁵⁴⁰

Karchung Lhama, a lay female student from Mustang, was assigned special duties to assist Amchi Urgian during the *pūja*. She was in charge of attending to the altar and the ritual offerings, lighting incense, doing prostrations, and handling the *torma* cakes at

⁵⁴⁰ This text is included in the *Treasury of Precious Revelations* (*rin chen gter mdzod chen mo*) compiled by Jamgön Kongtrül Lodrö Taye (‘jam mgon kong sprul blo gros mtha’ yas, 1813–1899); see e.g. ‘Jam mgon kong sprul blo gros mtha’ yas, “G.yu thog snying gi thig le ‘i phrin las kyi byang bu bltas chog tu bkod pa bdud rtsi ‘i rdzing bu,” in *Rin chen gter mdzod chen mo* 45 (Paro: Ngodrup and Sherab Drimay, 1976–1980), 436–463. According to Nyima, TBSI students sometimes perform a shorter ritual instead, entitled *The Excellent Lapis Lazuli Vase: A New Treasure Ritual of the Medicine Buddha* (*gter gsar sman bla ‘i cho ga bai DU r+ya ‘i bum bzang*). See ‘Jigs bral ye shes rdo rje, “Gter gsar sman bla ‘i cho ga bai DU r+ya ‘i bum bzang,” in *Gsung ‘bum/ ‘Jigs bral ye shes rdo rje* 9 (Kalimpong: Dupjung lama, 1979–1985), 359–374.

appropriate times of the liturgy. Amchi Urgian directed Karchung throughout the ritual, and also stopped the recitation at times to explain the nuances of the instrumentation. Before lunch, in between the morning and afternoon sessions, he provided the students further instruction on the correct melody and rhythm in sections of the ritual that require melodic recitation akin to singing.

There is a large framed image of Padmasambhava in the most prominent, elevated, position on top of a large cabinet behind the altar. The windows in the five topmost cabinet doors contain images of the Medicine Buddha in the middle, Padmasambhava as an emanation of the Medicine Buddha (o rgyan sman bla)⁵⁴¹ to the right next to Yutok Yönten Gönpo the Elder, and to the left of the middle Shönnu Yeshe ('tsho byed gzhon nu ye shes, 12th cent.; an important figure in the transmission lineage of the *Fourfold Treatise*), and Yutok Yönten Gönpo the Younger. There are additional images of Yutok Yönten Gönpo the Younger on the altar, as well as a photograph of Phakchok Rinpoche. The offerings for the ceremonial feast (*tshogs*) that are shared with the participants after the ritual—fruit, juice, chicken pizza instant noodles, chocolate and other snacks—were placed on a table next to the altar. There were also a few plastic bags full of medicinal preparations that were brought in to be blessed by the ritual, illustrating Amchi Urgian's vision for the professional responsibilities of an *amchi*.

Amchi Urgian framed the purpose of the *pūja* broadly as intended to bring success for the students throughout the new semester, but it is obvious that by performing these rituals with his students he is effectively training them to be experts in all aspects of ritual practice

⁵⁴¹ Orgyen Menla (o rgyan sman bla), or Medicine Buddha Guru Rinpoche, is a form of Padmasambhava manifesting as a Buddha of medicine, an important deity in the Dudjom Tersar (*bdud 'joms gter gsar*) tradition followed by Amchi Urgian.

(e.g. recitation, ritual music, preparing and making offerings), just as he trains them to master all facets of Sowa Rigpa (rigorous memorization of texts, study of commentaries, identifying plants, making medicine, patient care, etc.). In fact, perhaps the most prominent theme that emerged during my visit to TBSI was Amchi Urgian’s emphasis of the importance of practice and practical knowledge, in the spheres of both medicine and religious expertise.

In addition to special occasions such as this opening ceremony for the new semester, Amchi Urgian’s students perform *pūjas* on three auspicious occasions throughout the lunar month: on Medicine Buddha day on the eighth day of the lunar calendar (performing Medicine Buddha and Yutok rituals: *sangs rgyas sman gyi bla’i tshogs pa* and *g.yu thog snying thig gi cho ga*), on Guru Rinpoche day on the tenth day (Guru Rinpoche *pūja*: *gu ru’i rin po che tshogs pa*, from *thugs sgrub bar chad kun sel gyi phrin las ‘bring po* prayer book), and on *ḍākinī* day on the 25th (*ḍākinī* feast day: *mkha’ ‘gro’i dus chen*, from *bdud ‘joms kyi khro ma*). Occasionally, the students perform their *pūjas* independently as a group, as Amchi Urgian typically does his own practice at home during the weekends. This is also due to the fact that Amchi Urgian primarily follows the Dudjom Tersar (*bdud ‘joms gter gsar*) lineage, whereas the students adhere to the Chokling Tersar (*mchog gling gter gsar*) tradition due to being disciples of Chökyi Nyima Rinpoche and Chokling Rinpoche (Phakchok Rinpoche’s father), and therefore perform rituals most closely connected to their lineage. At the end of each semester, the students travel to a particularly holy place to perform a *pūja*: in 2017 they visited Takmo lüjin, about two hours away from Kathmandu (*stag mo lus sbyin*, also known as Namo Buddha)—the site where the Buddha, in a past life, is said to have offered his body to a hungry tigress—and in 2018 they went to to “Ox-horn

Prophecy Mountain” (ri glang ru lung bstan, a stūpa on Nagarjuna Hill near Kathmandu Valley).



Figure 7.10. TBSI students practice playing ritual instruments in between *pūja* sessions. Photo: J. Takkinen

Two of Amchi Urgian’s students, Pema and Tenzin, had first studied Sowa Rigpa for about three years at a school of Tibetan medicine called Sngar srol gso rig ‘bum bzhi, the only Tibetan medical institute in Kathmandu that is aligned with the Bön tradition, rather than Tibetan Buddhism.⁵⁴² Pema hails from Rasuwa, where his father is a well-known

⁵⁴² Instead of the *Fourfold Treatise*, those who study Sowa Rigpa in a Bönpo context use the *Fourfold Collection* (‘bum bzhi) as their primary text. Some have suggested that the *Fourfold Collection* chronologically precedes the *Fourfold Treatise*. On notions of Tibetan medical identity

Buddhist *ngakpa* priest, and his grandfather was a practicing *amchi*; Pema is the only TBSI student who attended the Central Tibetan Administration affiliated Namgyal school (rnam rgyal ‘bring rim gtan ‘jags slob grwa) in Kathmandu. Pema described how he had become “sick” during his studies at the Bönpo school, and further elaborated that this sickness had to do with spiritual incompatibility with the Bön tradition that is taught and practiced at the school instead of Buddhism. Similarly, Tenzin explained that he left the Bönpo school for religious reasons, and that he was not comfortable studying in a non-Buddhist environment.⁵⁴³ Nonetheless, since leaving the Bönpo school, Pema and Tenzin have still participated in their annual plant collection trips to the Himalayas, having previously travelled to Dolpo and Solukhumbu to identify and collect medicinal plants.

It is notable that TBSI students are trained equally thoroughly in religious ritual and liturgy as they are in medicine. Medicine Buddha practice and the *Yutok Nyingtig* are at the core of their training, and according to Amchi Urgian all of his students have completed the *Yutok Nyingtig* preliminary practices (*sngon ‘gro*).⁵⁴⁴ However, a more intensive period devoted to *Yutok Nyingtig* teachings takes place at the end of the study program, similar to

revolving around the *Fourfold Treatise* and the *Fourfold Collection*, see Millard, “Bon Medical Practitioners,” 353–79.

⁵⁴³ One of the lecturers at SRIC noted that these kinds of religious incompatibilities are to be expected, and that they have primarily to do with Dharma protectors.

⁵⁴⁴ The so called “preliminary practices” (*sngon ‘gro*) are common to all schools of Tibetan Buddhism. They often consist of “outer” preliminaries, which include contemplating the fundamental topics of the freedoms and advantages of a human birth, the truth of impermanence and change, the workings of karma, and the suffering of living beings in cyclic existence; “inner” preliminaries that involve performing 100,000 prostrations, 100,000 recitations of Vajrasattva’s hundred-syllable mantra, 100,000 maṇḍala offerings, etc. It is typically only after completing these foundational practices that students of Tibetan Buddhism are imparted more advanced teachings, such as *sādhana* pertaining to *anuttarayogatantra*.

the lineage-based training that Amchi Urgian himself received, and as is also the case at Chagpori Tibetan Medical Institute in Darjeeling, West Bengal.

Although the immediate focus of studies at TBSI is Sowa Rigpa and related ritual mastery, Amchi Urgian's own education has primed him to train his students to become well-rounded individuals. His lectures demonstrate his vast knowledge, and he is equally comfortable discussing topics such as Thönmi Sambhota (thon mi sam+b+ho Ta, seventh century) devising the Tibetan writing system based on Indian models, the intricacies of Tibetan grammar, and the extent of the five classical fields of knowledge (*rig gnas*). While Amchi Urgian's pedagogical approach could be described as "traditional," he is keenly aware of the evolving and expanding landscape of Sowa Rigpa and Tibetan Buddhism: in his discussion of the importance of a solid foundation in any endeavor, he used the example of the necessity of preliminary practices (*sngon 'gro*) before taking on more advanced practices, such as *dzogchen* (*rdzogs chen*) or *atiyoga*, the highest practice of the Nyingma tradition, and suggested that there is a tendency among Western, Korean, and Chinese converts to Tibetan Buddhism to go directly to advanced practices like *dzogchen*. He teaches his students to value the fundamentals, and build their intellectual, professional and spiritual careers on continuous practice and confident faith (*dad pa*).

7.4. Situating TBSI as a Sowa Rigpa Training Institution

Although Amchi Urgian is an *amchi* from a remote region in the Himalayas, he is not a member of the Himalayan Amchi Association (HAA), which only accepts Nepali citizens as its members. In fact, he expressed some skepticism about the motivations and goals of Nepalese Sowa Rigpa associations, such as HAA and Sowa Rigpa Association Nepal (SRAN) which he perceives primarily as mechanisms to promote individual agendas instead

of providing platforms for genuine cooperation and collaboration (see Chapter 5). Nonetheless, Amchi Urgian is acutely aware of the prestige and practical benefits that being affiliated with the associations may bring. He regrets that a certificate from a *gurukula*-master is no longer as distinguished an accomplishment as it once used to be, and he acknowledges that an official government issued diploma carries certain weight and brings practical benefits for graduating students. Some parents of his students have been worried that their children will not receive an officially recognized diploma upon the completion of the program, a concern that Amchi Urgian takes seriously as he navigates a landscape where the right stamp or signature on a diploma—from a university affiliated institution, for instance—signals greater competence in Sowa Rigpa than the practical knowledge obtained more informally. TBSI students receive a certificate from Phakchok Rinpoche upon completion of the program, but Amchi Urgian is also pragmatic in seeking out other types of recognition for his students. Tsewang Gyurmet, a senior student from Gorkha District, is among those students further in their studies who have received a “Certificate of Sorig” issued by TBSI, a kind of Bachelor’s certificate (*kachupa, dka’ bcu pa*) given to students who have completed five years of studies with Amchi Urgian (see Figure 7.11.). In addition, due to Amchi Urgian’s good relationship with SRIC Director Amchi Tenjing Dharke, advanced TBSI students have also been able to obtain a “Letter of Honour” from Sowa Rigpa Association Nepal (SRAN), the same certificate granted to practicing *amchi* who are registered members of SRAN (see Figure 5.4.).⁵⁴⁵

⁵⁴⁵ However, according to SRIC Principal Amchi Nyima, Naresh Man Bajracharya, Vice Chancellor of Lumbini Buddhist University, who is one of the signatories of the SRAN certificate, was not initially pleased to confer the certificate to TBSI students, many of whom “seemed too young” despite having received substantial training in Sowa Rigpa.



Figure 7.11. TBSI “Certificate of Sorig” awarded by the office of Phakchok Rinpoche. Photo: J. Takkinen

Although perhaps somewhat begrudgingly, Amchi Urgian admits the value of a certificate signed by the former Nepali Minister of Health and Vice Chancellor of Lumbini Buddhist University. However, while acknowledging the practical benefits of official affiliations and strategically navigating the changing landscape of Sowa Rigpa in Nepal, Amchi Urgian ultimately holds on to his conviction that certificates and diplomas are secondary—that what truly matters is the proper education and practical expertise of an *amchi*. He also does not concern himself with efforts to seek official recognition for Sowa Rigpa in Nepal, or promoting the tradition for the consumption of a global audience—“but if an *amchi* heals an important European person, recognition comes automatically!”, he once

exclaimed wryly. Amchi Urgian perceives the international outreach efforts to increase awareness of Sowa Rigpa as something outside the purview of the work of an *amchi*:

“Helping other people is our work—’Sowa Rigpa’ is purely a business.”

Amchi Urgian received his first certificate for his professional expertise from the Ladakh Amchi Society, which bestows certificates even for lineage *amchi*. Amchi Urgian’s humor-laden discussion about the current emphasis and glorification of institutionalized Sowa Rigpa training that communicates its value through official certification reflects his broader concern about the virtual disappearance of lineage-based (*rgyud pa*) training opportunities for *amchi*: practically all traditional lineage transmission of Sowa Rigpa has withered under modern pressures to gain official recognition of one sort or another to those receiving training in Sowa Rigpa.⁵⁴⁶

According to Amchi Urgian, there are many proficient and highly accomplished *amchi* who live and work in remote areas across the Himalayas who do not receive any recognition, because they have neither received any formal education nor speak English, Nepali or Hindi. That excludes them from being invited to any events (such as the Sowa Rigpa conferences and meetings in Nepal organized by SKI and HAA), where Tibetan medical practitioners with official credentials and social and economic capital are privileged. This assessment seems to be connected to Amchi Urgian’s broader concern about the future of Sowa Rigpa, where due to increasingly transnational pressures the demand for obtaining and presenting diplomas and certificates—instead of gaining recognition through practice—is becoming the hallmark of legitimacy and professional acumen. Furthermore, Amchi Urgian is concerned that practicing Tibetan medicine without a solid understanding

⁵⁴⁶ See e.g. Hofer, *The Inheritance of Change*.

and practice of the Dharma in general and the *Yutok Nyingtig* in particular, leads to “damage” to the tradition. Without the religious aspect of Sowa Rigpa training, Amchi Urgian worries that the Tibetan medical tradition degenerates into mere “mechanical” medical treatment. Implicitly, he appears to be critical of emerging new approaches to Tibetan medical training, and suggests that students who will graduate from SRIC are not proper *amchi* in the traditional sense because they are not required to memorize the *Fourfold Treatise* as rigorously as elsewhere, they receive limited practical training during their study program, and religious practice is all but absent from their studies. Moreover, he is also critical of efforts to incorporate the study of some facets of Western medicine to Sowa Rigpa curricula, because it does not allow students to get a deep understanding of either medical system in his view. While Amchi Urgian is pleased that people in Europe and the United States are increasingly seeking out Sowa Rigpa to improve their health, he sees modernizing Tibetan medical training as a dangerous compromise that may threaten the future of the tradition. This view seems to imply that only Tibetan speaking people, who have extensive knowledge of medical texts and religious rituals, are ever able to become real *amchi*.

7.5. Conclusion

Today, at a time when many aspects of Tibetan medicine that are considered religious are being eliminated from the tradition, especially in Tibetan regions that are governed by China, the continued importance of practices like the *Yutok Nyingtig* reveals flourishing interconnection between medical and religious domains in Tibetan culture. This interrelatedness is embodied in Amchi Urgian’s training program at TBSI in Kathmandu. This small scale institution cultivates a holistic approach to Sowa Rigpa learning and concurrent religious expertise, and also provides a contrast to the increasingly dominant

trend of shifting towards Western educational models in Tibetan medical training. In some ways, Amchi Urgian is practicing active resistance towards the increasingly dominant tendency towards professionalization, certification, and globalization as many local *amchi* are seeking official status for Sowa Rigpa in Nepal. While Amchi Urgian is unquestionable cognizant of some of the practical benefits that come with official recognition of Sowa Rigpa and its practitioners, he is more concerned mapping the transmission of medical knowledge at TBSI onto a broader cosmological, philosophical, epistemological, ethical, and spiritual horizon.

Amchi Urgian was one of the few people that I encountered in Kathmandu who were willing to discuss the *Yutok Nyingtig* tradition in any detail, and it turned out that it was at his school—instead of SRIC as I anticipated—where Dharma is being cultivated in unison with Sowa Rigpa education. As a final chapter to my research on the interrelationship of Buddhism and Tibetan medical training, particularly in its contemporary transformations, this brief look into TBSI makes a full circle back to the dual transmission of medicine and religion that is said to have taken place between Yutok Yönten Gönpo and Sumtön Yeshe Zung, and which was later institutionalized by the Fifth Dalai Lama and Desi Sangyé Gyatso in seventeenth century Tibet.

Tibetan medical training is constantly adapting and taking new forms and directions, whether its providing instruction in English, minimizing the role of memorization, or providing Sowa Rigpa courses online. However, TBSI demonstrates that there is still space for a more “traditional” way of Sowa Rigpa education, and if you ask Amchi Urgian, this way of the past is also the model for the future in order to enable passing on the tradition as him and his teachers received it. At TBSI, transmitting a codified body of knowledge is

preserved through the prescribed pattern of the student-master relationship, and it underscores the general importance of lineage in Tibetan culture. Meaning—in medical training and religious practice—is coproduced in a context-dependent and situated manner, and decontextualizing education risks removing it from its social, cultural, and historical context.

Conclusion

The focus of this dissertation has been on the place of religion in Sowa Rigpa, and the kind of work religious affiliation does for Tibetan medical practitioners and institutions. This exploration necessitated examining the blurry categories of medicine and religion in the Tibetan context and taking a cautioned approach towards attempts to neatly categorize these domains. While it may not be constructive to describe Sowa Rigpa primarily as “Buddhist medicine,” it is undeniable that Buddhist thought and practice have played a constitutive part in shaping the Tibetan medical tradition. The domain of medicine (understood broadly) is, of course, not the only arena of discourse in Tibetan history where religious currents have played a decisive role: the union of “Dharma and governance” (*chos srid zung 'brel*), for instance, provides a notable example of how “worldly” pursuits have been incorporated as integral parts of the Buddhist path.

The arguments presented in this research suggest that the tendency for “secular” domains to align with the Buddhist doctrine and particular Buddhist practices can often be explained pragmatically: the need for recognition and legitimacy has remained a constant throughout the history of Sowa Rigpa. For instance, early on in Tibetan medical history when Sowa Rigpa had not yet been conceptualized as a Tibetan medical system, medical legitimacy was obtained by seeking out and combining the best possible (material) medical expertise from neighboring regions; during the time of the Fifth Dalai Lama and Desi Sangyé Gyatso in the seventeenth century Sowa Rigpa was framed as a vocation of the *bodhisattva*, and tantric Buddhist lineages (such as the *Yutok Nyingtig*) were actively incorporated into institutionalized medical training in order to control and harness the power that such lineages are endowed with in the Tibetan context; and in contemporary Sowa

Rigpa training institutions in Nepal may strategically dabble in religion in order to maintain the tradition's connection to Buddhism (as is the case at Sowa Rigpa International College), or rigorous ritual practice may be deeply integrated in the curriculum to actively resist the pressures of modernization of Tibetan medical training (Traditional Buddhist Sorig Institute). What has become abundantly clear, however, is that the world of Tibetan medicine is a domain of a plurality of interests and an array of external pressures that necessitate individual Tibetan medical practitioners and institutions to negotiate and articulate their position regarding the connection between Sowa Rigpa and Buddhism. Religion remains—as a socially constructed domain of legitimacy—an important reference point for Tibetan medical practice, and the tradition's history and present demonstrates agility in adapting and innovation in construing meaning in diverging circumstances.

It has also become evident that it is not only in relation to religion that contemporary practitioners and institutions of Sowa Rigpa need to position themselves in order to remain relevant, and new domains constructing significance and legitimacy have emerged accordingly. Textual competency and memorization of the *Fourfold Treatise* remains the standard at SRIC for now, just as in other major institutions of Sowa Rigpa, but recognition is simultaneously sought by adopting English as the medium of instruction, offering supplemental training in biomedicine, and importantly, seeking state approved certification for Sowa Rigpa as a medical system in Nepal. My intention in this research has not been to attempt to describe what is “authentic” or “original” Tibetan medicine, but to explore the ways in which Sowa Rigpa has been projected and framed for various purposes, and underscore how the role of religion is either dimmed or amplified strategically, depending on the context.

It has been argued that modernization has brought on progressive changes to Tibetan medical training: there has been a reduction of the emphasis on memorization of the *Fourfold Treatise*, increased influence from biomedicine, the diminished role of mastering pharmacology and medicine preparation as an essential part of the curriculum, etc.⁵⁴⁷ While it is certainly true that modernization has brought on increasing standardization and other changes to Tibetan medical training at large, the evidence presented in this dissertation shows that plurality remains a defining characteristic in the world of Sowa Rigpa. Moreover, this plurality is taking new forms, as observed in the hybridized version of medical training offered at SRIC, and in the ways in which SKI propagates training in the *Yutok Nyintig* tradition globally as a means of self-healing for busy modern people. As medical anthropologist Byron Good has argued, disease is given meaning within a cultural system relationally “by the position they occupy within complex symbolic codes,” which is why medical traditions, as cultural systems, should be understood to take shape according to a cultural logic of healing and medicine that draws upon “networks of associative meanings [that] link illness to fundamental cultural values of a civilization.”⁵⁴⁸ However, as the dissemination and transmission of Tibetan medical knowledge is increasingly impacted by forces of transnationalism and not bound by borders or limited to a particular culture, the networks of associative meanings take entirely new forms and are continuously reconstructed as they spread globally, and this trajectory has an increasingly transforming impact on Sowa Rigpa as it is being translated and construed for new audiences and purposes.

⁵⁴⁷ Samuel, “Introduction,” 344.

⁵⁴⁸ Good, *Medicine, Rationality, and Experience*, 99, 55.

Examining the utilization and significance of the *Yutok Nyingtig* tradition provides a through line for the interpretative analysis regarding the interplay of Sowa Rigpa and Buddhism in this research. While the *Yutok Nyingtig* was long regarded as an integral component of the training of Sowa Rigpa practitioners—whether through family-based transmission or as part of institutional curriculum like at the Chagpori medical college in Lhasa—the importance of the *Yutok Nyingtig* lineage has decreased in recent years. Geoffrey Samuel suggests that the relative absence of the *Yutok Nyingtig* from the contemporary Sowa Rigpa scene is the result of the progressive secularization of Tibetan medicine, both in and outside Tibet Autonomous Region.⁵⁴⁹ It has been noted elsewhere, that this secularization often takes place through the biomedicalization of Tibetan medicine.⁵⁵⁰ The most prominent examples of contemporary utilization of the *Yutok Nyingtig* cycle within the Tibetan cultural sphere are the “accomplishing medicine” rituals (*sman sgrub*, often problematically framed as medicine empowerment practices) found in the *Yutok Nyingtig* collection are still organized regularly both in Lhasa and outside of Tibet,⁵⁵¹ but “accomplishing medicine” forms only a part of the tradition and its practices as a whole. While there are some explicitly medical dimensions to the *Yutok Nyingtig* anthology, (such as the “accomplishing medicine” practices that are aimed, at least in part, at enhancing the healing capabilities of the medical practitioner and the efficacy of medicines), the *Yutok Nyingtig* is first and foremost a collection of religious rituals and practices.

⁵⁴⁹ Samuel, “The *g. Yu Thog sNying thig*,” 215.

⁵⁵⁰ For the dynamics involved in the ongoing biomedicalization and “modernization” of *sowa rigpa*, see e.g. Adams, “The Sacred in the Scientific,” 542–575; Craig R. Janes, “Buddhism, Science, and Market: The Globalisation of Tibetan medicine,” *Anthropology & Medicine*, Vol. 9, 3 (2002): 267–289; Kloos, “Tibetan Medicine in Exile”; Saxer, *Manufacturing Tibetan Medicine*.

⁵⁵¹ See Craig, “From Empowerments,” 215–43; Garrett, “The Alchemy,” 207.

However, since Yutok Yönten Gönpö is traditionally seen as the father of Sowa Rigpa, and the *Yutok Nyingtig* cycle is linked so intimately to his persona, drawing the line between the medical and the religious can be delicate. This is exemplified in Nida Chenagtsang’s commentarial writings on the *Yutok Nyingtig*, where the unbroken tradition passed down from Yutok to Sumtön is explicitly framed, at least rhetorically, as the “union of Dharma and medicine” (*chos sman zung ‘brel*). Despite SKI’s efforts to portray the practice of the *Yutok Nyingtig* as a “union of Dharma and medicine,” this research affirms the earlier analyses by Frances Garrett, which understands the tradition itself to belong primarily to the realm of Nyingma-oriented religious practice (as fuzzy and inadequate as the categories at our disposal are). However, the way in which TBSI and Chagpori incorporate *Yutok Nyingtig* ritual practice into their Sowa Rigpa training programs can be argued to exemplify the notion of conjoining the transmission of medical and spiritual knowledge; for this reason, the Chagpori lineage of Sowa Rigpa propagated by Trogawa Rinpoche is known as the “coalescence of Dharma and medicine” (*chos sman zung ‘jug*).⁵⁵²

Regardless of rhetorical nuances, the global propagation of the *Yutok Nyingtig* tradition via SKI training programs demonstrably presents a notable shift in the tradition’s prevalence and reach. Previously, this esoteric knowledge that was transmitted in small circles is now becoming more widespread and accessible than ever, largely due to the propagation of the *Yutok Nyingtig* tradition at the worldwide SKI centers and online. The mushrooming interest in “Sowa Rigpa spirituality” may perhaps signal the limits of biomedicine in the social interpretation of disease in wealthier nations, as well as a transformation of knowledge

⁵⁵² Amchi Sherab Tenzin interview, March 8, 2019. See also Chapter 3.

networks, relations of power, and legitimating modalities among practitioners and institutions of Sowa Rigpa.

The institutions discussed in this dissertation provide ample interpretative evidence for the multi-layered dynamics present in contemporary Tibetan medical training, and exemplify significant developments in this new, global age of Sowa Rigpa and Tibetan religiosity. What distinguishes the transnationalism and globalization of today from the cosmopolitan exchange of ideas centuries ago is the rapidity of exchange, the volume of things in circulation, and the circularity of the processes themselves. Joseph Alter has convincingly argued that today there is probably “both a degree of critical consciousness about the process [of globalizing Asian medicine] itself and a certain looseness or flexibility in interpretation and creative synthesis.” In addition, Alter suggests that there may be a more pervasive sense of anxiety about authenticity, coherence, and the control of knowledge that directs the currents of global dissemination of Asian medical knowledge.⁵⁵³ These general characterizations of the processes of transnationalism and globalization also apply to the specific case of globalizing Tibetan medical knowledge, which this dissertation has demonstrated to include diverging interests and conflicting visions of the essence and future of Sowa Rigpa. As such, the instances of Sowa Rigpa and religion examined in this research reveal competing claims to “official” or “authentic” Sowa Rigpa that adhere to diverging senses of “cultural memory,” a tendency that has elsewhere been shown to produce formations of transnational imaginaries in the context of the political economy of heritage.⁵⁵⁴ It appears that in a way, the increasingly transnational instances of Sowa Rigpa

⁵⁵³ Alter, “Introduction,” 14.

⁵⁵⁴ Hancock, *The Politics of Heritage*.

are often destabilized as a category, and consequently distinct elements (Buddhism, compatibility with biomedicine, universality, etc.) are selectively accentuated to allow for new interpretations and creative syntheses.

As Craig Janes has observed, the history of Tibetan medicine has been subject to considerable revision to serve the changing cultural and political agendas of the present. Some of the writings that have come out of Tibetan communities in India and Nepal emphasize, the Āyurvedic origins (or similarity) of Tibetan medicine; several European and American scholars have emphasized that Tibetan medicine is syncretic with Āyurveda, Galenic-Persian medicine, or Chinese medicine; and as an effort to resist Chinese attempts to appropriate Tibetan medicine as a “variant” of Chinese traditional medicine, scholars of Tibetan medicine in Lhasa have emphasized the tradition’s unique historical origins and suggest that the core of Tibetan medical practice stems from pre-Buddhist sources.⁵⁵⁵ Similarly, today, perhaps more than ever, Sowa Rigpa is subject to profound social and practical reconstructions that test the classical categorizations applied to it. The accelerating deterritorialization⁵⁵⁶ of its practitioners and institutions, evolving power dynamics, and processes of legitimization promises a rich field of future research in the decidedly pluralistic and contextually constructed emanations of Sowa Rigpa.

⁵⁵⁵ Janes, “The Transformations,” 33.

⁵⁵⁶ Appadurai, “Global Ethnoscapes.”

Bibliography

Adams, Vincanne. "Establishing Proof: Translating 'Science' and the State in Tibetan Medicine." In *New Horizons in Medical Anthropology: Essays in Honour of Charles Leslie*, edited by Margaret Lock and Mark Nichter, 200–220. London: Bergin & Garvey, 2002.

———. "Integrating Abstraction: Modernising Medicine at Lhasa's Mentsikhang." In *Soundings in Tibetan Medicine: Anthropological and Historical Perspectives*, edited by Mona Schrempf. Vol. PIATS 2003: Proceedings of the Tenth Seminar of the International Association for Tibetan Studies, Oxford, 2003: 29–43. Brill's Tibetan Studies Library, v. 10/10. Leiden: Brill, 2007.

———. "Particularizing Modernity: Tibetan Medical Theorizing of Women's Health in Lhasa, Tibet." In *Healing Powers and Modernity: Traditional Medicine, Shamanism, and Science in Asian Societies*, edited by Linda H. Connor and Geoffrey Samuel, 197–246. Westport, CT: Bergin & Garvey, 2001.

———. "The Sacred in the Scientific: Ambiguous Practices of Science in Tibetan Medicine." *Cultural Anthropology* 16, no. 4 (2001): 542–75.

Adams, Vincanne, Renchen Dhondup, and Phuoc V. Le. "A Tibetan Way of Science: Revisioning Biomedicine as Tibetan Practice." In *Medicine Between Science and Religion: Explorations on Tibetan Grounds*, edited by Vincanne Adams, Mona Schrempf, and Sienna R. Craig, 107–26. Epistemologies of Healing; Vol. 10. New York: Berghahn Books, 2011.

Adams, Vincanne, Renqing Dongzhu, and Phuoc V. Le. "Translating Science: The Arura Medical Group at the Frontiers of Medical Research." In *Studies of Medical Pluralism in Tibetan History and Society: PIATS 2006, Tibetan Studies – Proceedings of the Eleventh Seminar of the International Association for Tibetan Studies, Königswinter 2006*, edited by Sienna R. Craig, Mingji Cuomu, Frances Garrett, and Mona Schrempf, 111–36. Beiträge Zur Zentralasienforschung 18. Andiast: International Institute for Tibetan and Buddhist Studies, 2010.

Adams, Vincanne, and Fei-Fei Li. "Integration or Erasure? Modernizing Medicine at Lhasa's Mentsikhang." In *Tibetan Medicine in the Contemporary World: Global Politics of Medical Knowledge and Practice*, edited by Laurent Pordié, 105–31. New York: Routledge, 2008.

Adams, Vincanne, Mona Schrempf, and Sienna R. Craig. "Introduction: Medicine in Translation between Science and Religion." In *Medicine Between Science and Religion: Explorations on Tibetan Grounds*, edited by Vincanne Adams, Mona Schrempf, and Sienna R. Craig, 1–28. Epistemologies of Healing; Vol. 10. New York: Berghahn Books, 2011.

———, eds. *Medicine Between Science and Religion: Explorations on Tibetan Grounds. Epistemologies of Healing*; Vol. 10. New York: Berghahn Books, 2011.

Alphen, Jan Van, and Anthony Aris, eds. *Oriental Medicine: An Illustrated Guide to the Asian Arts of Healing*. Boston: Shambhala, 1995.

Alter, Joseph S., ed. *Asian Medicine and Globalization. Encounters with Asia*. Philadelphia: University of Pennsylvania Press, 2005.

———. “Āyurvedic Acupuncture—Transnational Nationalism: Ambivalence About the Origin and Authenticity of Medical Knowledge.” In *Asian Medicine and Globalization*, edited by Joseph S. Alter, 21–44. Encounters with Asia. Philadelphia: University of Pennsylvania Press, 2005.

———. “Introduction: The Politics of Culture and Medicine.” In *Asian Medicine and Globalization*, edited by Joseph S. Alter, 1–20. Encounters with Asia. Philadelphia: University of Pennsylvania Press, 2005.

Appadurai, Arjun. “Discussion: Fieldwork in the Era of Globalization.” *Anthropology and Humanism* 22, no. 1 (1997): 115–18.

———. “Global Ethnoscapes: Notes and Queries for a Transnational Anthropology.” In *Modernity at Large: Cultural Dimensions of Globalization*. Edited by Arjun Appadurai, 48–65. Minneapolis, MN: University of Minnesota Press, 1996.

———, ed. *Modernity At Large: Cultural Dimensions of Globalization*. Minneapolis, MN: University of Minnesota Press, 1996.

Arya, Pasang Yontan. “External Therapies in Tibetan Medicine: The Four Tantras, Contemporary Practice, and a Preliminary History of Surgery.” In *Bodies in Balance: The Art of Tibetan Medicine*, edited by Theresia Hofer, 64–89. New York: Rubin Museum of Art, 2014.

Asshauer, Egbert. “Can Tibetan Medicine Be Practiced in Germany? Possibilities, Obstacles and Legal Limitations.” In *Tibetan Medicine: “East Meets West – West Meets East,”* edited by Jürgen C. Aschoff and Ina Rösing, 101–10. Ulm: Fabri Verlag, 1997.

ATTM – Akademie Für Traditionelle Tibetische Medizin. “3rd International Congress on Sowa Rigpa – Traditional Tibetan Medicine.” Accessed April 25, 2021. <http://www.attm-austria.at/congress-2014.html>.

Barnett, Robert. “‘Violated Specialness’: Western Political Representations of Tibet.” In *Imagining Tibet: Perceptions, Projections, and Fantasies*, edited by Thierry Dodin and Heinz Rätter, 269–316. Boston: Wisdom Publications, 2001.

- Basham, A. L. "The Practice of Medicine in Ancient and Medieval India." In *Asian Medical Systems: A Comparative Study*, edited by Charles M. Leslie, 18–43. Berkeley: University of California Press, 1976.
- Basic Goodness Foundation. "Tibetan Medicine Programs." Accessed August 4, 2020. <https://basic-goodness.org/tibetan-medicine-programs>.
- Beckwith, Christopher I. "The Introduction of Greek Medicine into Tibet in the Seventh and Eighth Centuries." *Journal of the American Oriental Society* 99, no. 2 (1979): 297–313.
- Bhikkhu Nanamoli, and Bhikkhu Bodhi, trans. *The Middle Length Discourses of the Buddha: A Translation of the Majjhima Nikāya*. Boston: Wisdom Publications, 1995.
- Birnbaum, Raoul. *The Healing Buddha*. Boston: Shambhala, 1979.
- Bishop, Peter. *The Myth of Shangri-La: Tibet, Travel Writing and the Western Creation of Sacred Landscape*. Berkeley: University of California Press, 1989.
- Blaikie, Calum, and Sienna R. Craig. "Making Tibetan Medicine in Nepal: Industrial Aspirations, Cooperative Relations, and the Limits of Production." In *Asian Medical Industries: Contemporary Perspectives on Traditional Pharmaceuticals*, edited by Stephan Kloos and Calum Blaikie. Routledge, forthcoming.
- Blaikie, Calum, Sienna R. Craig, Barbara Gerke, and Theresia Hofer. "Coproducting Efficacious Medicines: Collaborative Event Ethnography with Himalayan and Tibetan Sowa Rigpa Practitioners." *Current Anthropology* 56, no. 2 (2015): 178–204.
- BuddhaFest LA. "BuddhaFest LA." Accessed February 1, 2021. <https://www.buddhafest.org>.
- Buddhist Digital Resource Center. "G1AG47 (g.yu thog dgon)." Accessed April 16, 2021. <https://www.tbrc.org/#!rid=G1AG47>.
- Burke, Peter. *Cultural Hybridity*. Polity, 2013.
- Buswell, Robert E., Jr., and Donald S. Lopez Jr. *The Princeton Dictionary of Buddhism*. Princeton University Press, 2013.
- Cabezón, José Ignacio. *Sexuality in Classical South Asian Buddhism*. Studies in Indian and Tibetan Buddhism. Somerville, MA: Wisdom Publications, 2017.
- . "The Regulations of a Monastery." In *Religions of Tibet in Practice*, edited by Donald S. Lopez Jr., 335–51. Princeton, NJ: Princeton University Press, 1997.

Cabezón, José Ignacio, and Penpa Dorjee. *Sera Monastery*. Somerville, MA: Wisdom Publications, 2019.

Cantwell, Cathy. “The Medicinal Accomplishment (*sman sgrub*) Practice in the Dudjom Meteoric Iron Razor (*gnam lcags spu gri*) Tradition: Reflections on the Ritual and Meditative Practice at a Monastery in Southern Bhutan.” *Journal of the Oxford Centre for Buddhist Studies* 8 (2015): 49–95.

Carrette, Jeremy, and Richard King. *Selling Spirituality: The Silent Takeover of Religion*. London: Routledge, 2004.

Central Council of Tibetan Medicine. “List of Registered Practitioners.” Accessed May 3, 2021. <https://tibmedcouncil.org/registered-medical-practitioner/>.

Chaoul, Alejandro. “Magical Movements (*'phrul 'khor*): Ancient Yogic Practices in the Bon Religion and Contemporary Medical Perspectives.” Rice University, 2006.

———. “Re-Integrating the Dharmic Perspective in Bio-Behavioural Research of a ‘Tibetan Yoga’ (Tsalung Trükhor): Intervention for People with Cancer.” In *Medicine Between Science and Religion: Explorations on Tibetan Grounds*, edited by Vincanne Adams, Mona Schrempf, and Sienna R. Craig, 297–318. Epistemologies of Healing; Vol. 10. New York: Berghahn Books, 2011.

Chenagtsang, Nida. “Dr. Nida Chenagtsang.” Accessed February 4, 2021. <https://www.drnida.com>.

———. *Karmamudra: The Yoga of Bliss*. SKY Press, 2018.

———. *Mirror of Light: A Commentary on Yuthok’s Ati Yoga, Volume One*. Translated by Ben Joffe. Portland, OR: SKY Press, 2016.

———. *The Tibetan Art of Good Karma: The Hidden Treasure of the Turquoise Way – The Preliminary Practice of Yuthok Nyingthig Ngöndro, a Spiritual Practice of Traditional Tibetan Medicine*. United Kingdom: Sorig Press Limited UK, 2013.

Chenagtsang, Nida, trans. *Yuthok Nyingthig Ngöndro: Preliminary Practices*. SKY Press, 2019.

Choelo Thar. *Gro phan sman rtsis khang gi gdan rabs dri med gyi me long*. Dharamsala: Bod gzhung sman rtsis khang, 2000.

Chokgyur Lingpa Foundation. “Healthcare.” Accessed April 27, 2021. <https://cglf.org/projects/healthcare>.

———. “Monastic Education Fund.” Accessed August 4, 2020. <https://www.cglf.org/projects/education>.

———. “Vajravahri Health Clinic Factsheet.” Accessed September 12, 2020. https://www.cglf.org/wp-content/uploads/2013/06/Project_Factsheet_VVHC.pdf.

Chui, Tony. “‘Secret Medicine’ in the Writings of Sanggyé Gyatso: The Encoded Esoteric Material of Therapeutics.” In *Knowledge and Context in Tibetan Medicine*, edited by William A. McGrath, 85–110. Brill’s Tibetan Studies Library, volume 43. Leiden: Brill, 2019.

Clark, Barry, trans. *The Quintessence Tantras of Tibetan Medicine*. Ithaca, NY: Snow Lion, 1995.

Clifford, James. *Routes: Travel and Translation in the Late Twentieth Century*. Cambridge, MA: Harvard University Press, 1997.

Comaroff, John L., and Jean Comaroff. *Ethnicity, Inc.* Chicago: The University of Chicago Press, 2009.

“Company – PADMA Manufacturing in Switzerland since 1969.” Accessed January 25, 2021. <https://padma.ch/en/about-us/company/>.

Connor, Linda H., and Geoffrey Samuel, eds. *Healing Powers and Modernity: Traditional Medicine, Shamanism, and Science in Asian Societies*. Westport, CT: Bergin & Garvey, 2001.

Cook, Lowell. “Lha Lama Yeshe Wo.” *The Treasury of Lives*. Accessed April 8, 2021. <http://treasuryoflives.org/biographies/view/Lha-Lama-Yeshe-O/11056>.

Craig, Sienna R. “A Crisis of Confidence: A Comparison between Shifts in Tibetan Medical Education in Nepal and Tibet.” In *Soundings in Tibetan Medicine: Anthropological and Historical Perspectives*, edited by Mona Schrempf, PIATS 2003: Tibetan studies: proceedings of the Tenth Seminar of the International Association for Tibetan Studies, Oxford, 2003:127–54. Brill’s Tibetan Studies Library, v. 10/10. Leiden: Brill, 2007.

———. “From Empowerments to Power Calculations: Notes on Efficacy, Value, and Method.” In *Medicine Between Science and Religion: Explorations on Tibetan Grounds*, edited by Vincanne Adams, Mona Schrempf, and Sienna R. Craig, 10:215–43. *Epistemologies of Healing*. New York: Berghahn Books, 2011.

———. *Healing Elements: Efficacy and the Social Ecologies of Tibetan Medicine*. Berkeley: University of California Press, 2012.

———. “Place and Professionalization: Navigating Amchi Identity in Nepal.” In *Tibetan Medicine in the Contemporary World: Global Politics of Medical Knowledge and Practice*, edited by Laurent Pordié, 62–90. London: Routledge, 2008.

Craig, Sienna R., Mingji Cuomu, Frances Garrett, and Mona Schrempf, eds. *Studies of Medical Pluralism in Tibetan History and Society: PIATS 2006, Tibetan Studies – Proceedings of the Eleventh Seminar of the International Association for Tibetan Studies, Königswinter 2006*. Beiträge Zur Zentralasienforschung; Bd. 18. Andiast: International Institute for Tibetan and Buddhist Studies, 2010.

Craig, Sienna R., and Barbara Gerke. “Naming and Forgetting: Sowa Rigpa and the Territory of Asian Medical Systems.” *Medicine Anthropology Theory | An Open-Access Journal in the Anthropology of Health, Illness, and Medicine* 3, no. 2 (2016): 87–122.

Cuomu, Mingji. “Tibetan Medicine: A Holistic Health Approach.” In *Tibetan Medicine Research: From Current Evidence to Future Strategies*, edited by Claudia Witt, Sienna R. Craig, and Mingji Cuomu, 1–13. Essen: KVC Verlag, 2012.

Cüppers, Christoph, ed. *The Relationship Between Religion and State (chos srid zung 'brel) in Traditional Tibet*. Lumbini: Lumbini International Research Institute, 2004.

Czaja, Olaf. “Zurkharwa Lodro Gyalpo (1509–1579) on the Controversy of the Indian Origin of the *rGyud bzhi*.” *The Tibet Journal* 30/31, no. 4/1 (2005): 131–52.

Dalai Lama. *Ancient Wisdom, Modern World: Ethics for the New Millennium*. London: Little Brown, 1999.

Dalai Lama. *Srid zhi 'i rnam 'dren gong sa skyabs mgon chen po mchog nas bod gzhung sman rtsis khang gi sman rtsis las slob yongs la stsal ba 'i bka' slob phyogs bsdebs*. Dharamsala: Bod gzhung sman rtsis khang, 2007.

Dbang rgyal. *Gso ba rig pa 'i rang sbyong rgyugs gzhi*. Xining: Mtsho sngon mi rigs dpe skrun khang, 2002.

Deane, Susannah. “Madness and the Spirits: Examining the Role of Spirits in Mental Illness in the Tibetan Communities of Darjeeling.” In *Knowledge and Context in the Tibetan Medical Tradition*, edited by William A. McGrath, 309–36. Leiden: Brill, 2019.

Dewey, William K. “A Union of Religion and Politics: Ngawang Tsültrim as Tibetan Regent and Imperial Preceptor.” PhD diss., University of California, Santa Barbara, 2017.

Dodin, Thierry, and Heinz Räther, eds. *Imagining Tibet: Perceptions, Projections, and Fantasies*. Boston: Wisdom Publications, 2001.

Dorje, Sonam. “Sumton Yeshe Zung.” *The Treasury of Lives*. Accessed July 23, 2018. <https://treasuryoflives.org/biographies/view/Sumton-Yeshe-Zung/5313>.

Dorje, Sonam, and Cathrine Tsuji. "Ziji Bar." *The Treasury of Lives*. Accessed March 9, 2021. <http://treasuryoflives.org/biographies/view/Ziji-Bar/6892>.

Dreyfus, Georges. *The Sound of Two Hands Clapping: The Education of a Tibetan Buddhist Monk*. Berkeley: University of California Press, 2003.

Ehrhard, Franz-Karl. "A Short History of the *g.Yu thog snying thig*." In *Indica et Tibetica: Festschrift Für Michael Hahn Zum 65. Geburtstag von Freunden Und Schülern Überreicht*, edited by Konrad Klaus and Jens-Uwe Hartmann: 151–70. Wien: Ludwig-Maximilians-Universität München, 2007.

———. "The Stupa of Bodhnath: A Preliminary Analysis of the Written Sources." *Ancient Nepal: Journal of the Department of Archaeology*, no. 120 (1990): 1–9.

Fassin, Didier, and Eric Fassin. "Traditional Medicine and the Stakes of Legitimation in Senegal." *Social Science & Medicine* 27, no. 4 (1988): 353–57.

Fenner, Todd. "The Origin of the *rGyud bzhi*: A Tibetan Medical Tantra." In *Tibetan Literature: Studies in Genre*, edited by José Ignacio Cabezón and Roger R. Jackson, 458–69. Ithaca, NY: Snow Lion, 1996.

Finckh, Elizabeth. *Studies in Tibetan Medicine*. Ithaca, NY: Snow Lion, 1988.

Fiordalis, David. "Medical Practice as Wrong Livelihood: Selections from the Pāli Discourses, Vinaya, and Commentaries." In *Buddhism and Medicine: An Anthology of Premodern Sources*, edited by C. Pierce Salguero, 105–12. Columbia University Press, 2017.

Fjeld, Heidi, and Theresia Hofer. "Women and Gender in Tibetan Medicine: Introductory Essay." *Asian Medicine: Tradition and Modernity* 6, no. 2 (2010): 175–216.

Freitag, Ulrike, and Achim Von Oppen, eds. *Translocality: The Study of Globalising Processes from a Southern Perspective*. Leiden: Brill, 2010.

Fuller, C. J. "Orality, Literacy and Memorization: Priestly Education in Contemporary South India." *Modern Asian Studies* 35, no. 1 (2001): 1–31.

Gardner, Alexander. "The Fifth Dalai Lama, Ngawang Lobzang Gyatso." *The Treasury of Lives*. Accessed February 23, 2021. <http://treasuryoflives.org/biographies/view/Ngawang-Lobzang-Gyatso/6065>.

Garfield, Jay. "The Authenticity Trap." *Tricycle: The Buddhist Review* 29, no. 4 (2020).

Garrett, Frances. "Buddhism and the Historicising of Medicine in Thirteenth-Century Tibet." *Asian Medicine* 2, no. 2 (2006): 204–24.

———. “Critical Methods in Tibetan Medical Histories.” *The Journal of Asian Studies* 66, no. 2 (2007): 363–87.

———. *Religion, Medicine and the Human Embryo in Tibet*. London; New York: Routledge, 2008.

———. “The Alchemy of Accomplishing Medicine (*sman sgrub*): Situating the ‘Yuthok Heart Essence’ (*G.yu thog snying thig*) in Literature and History.” *Journal of Indian Philosophy* 37, no. 3 (2009): 207–30.

———. “The Making of Medical History, Twelfth to Seventeenth Century.” In *Bodies in Balance: The Art of Tibetan Medicine*, edited by Theresia Hofer, 178–97. New York: Rubin Museum of Art, 2014.

Gerke, Barbara. “100th Anniversary Celebrations of the Men–Tsee–Khang - Dharamsala, India.” *HIMALAYA, the Journal of the Association for Nepal and Himalayan Studies* 37, no. 2 (2017): 124–26.

———. “Biographies and Knowledge Transmission of Mercury Processing in Twentieth Century Tibet.” *Asiatische Studien – Études Asiatiques* 69, no. 4 (2015): 867–99.

———. “The Art of Tibetan Medical Practice.” In *Bodies in Balance: The Art of Tibetan Medicine*, edited by Theresia Hofer, 16–31. New York: Rubin Museum of Art, 2014.

———. “The Buddhist–Medical Interface in Tibet: Black Pill Traditions in Transformation.” *Religions* 10, no. 4 (2019): 282.

Gerke, Barbara, Jan Van der Valk, Calum Blaikie, and Tawni Tidwell. “Potent Substances in Sowa Rigpa and Buddhist Rituals: A Three-Year FWF Research Project.” Accessed March 31, 2021. <https://www.univie.ac.at/potent-substances/>.

Gerl, Robert, and Jürgen C. Aschoff. *Die Medizinhoerschule Tschagpori (lCags-po-ri) Auf Dem Eisenberg in Lhasa: Medizinhoerschule Und Kloster*. Ulm: Fabri Verlag, 2005.

Germano, David. “Architecture and Absence in the Secret Tantric History of the Great Perfection (*rdzogs chen*).” *Journal of the International Association of Buddhist Studies*, December 31, 1994, 203–335.

Ghimire, Binod. “Professional Irregularities Are Growing in Universities.” *The Kathmandu Post*, July 9, 2021. <https://kathmandupost.com/national/2021/07/09/professional-irregularities-are-growing-in-universities>.

Goldstein, Melvyn C. *A History of Modern Tibet, 1913–1951: The Demise of the Lamaist State*. University of California Press, 1991.

Good, Byron J. *Medicine, Rationality, and Experience: An Anthropological Perspective*. Cambridge: Cambridge University Press, 1994.

Greiner, Clemens, and Patrick Sakdapolrak. “Translocality: Concepts, Applications and Emerging Research Perspectives.” *Geography Compass* 7, no. 5 (2013): 373–84.

Gu ru bkra shis. *Gu bkra'i chos 'byung*. Beijing: Krung go'i bod kyi shes rig dpe skrun khang, 1990.

Gyatso, Desi Sangyé. *Mirror of Beryl: A Historical Introduction to Tibetan Medicine*. Translated by Gavin Kilty. Boston: Wisdom Publications, 2010.

Gyatso, Janet. *Being Human in a Buddhist World: An Intellectual History of Medicine in Early Modern Tibet*. New York: Columbia University Press, 2015.

———. “Did the Buddha Really Author the Classic Tibetan Medical Text? A Critical Examination from The Lamp to Dispel Darkness.” In *Buddhism and Medicine: An Anthology of Premodern Sources*, 602–8. Columbia University Press, 2017.

———. “Drawn from the Tibetan Treasury: The *gTer ma* Literature.” In *Tibetan Literature: Studies in Genre*, edited by José Ignacio Cabezón and Roger R. Jackson. New York: Snow Lion Publications, 1996.

———. “The Authority of Empiricism and the Empiricism of Authority: Medicine and Buddhism in Tibet on the Eve of Modernity.” *Comparative Studies of South Asia, Africa and the Middle East* 24, no. 2 (2004): 83–96.

G.yu thog gsar ma yon tan mgon po sogs. *G.yu thog snying thig*. Bod kyi gso ba rig pa'i gna' dpe phyogs bsgrigs dpe tshogs 43. Beijing: Mi rigs dpe skrun khang, 2007.

[G.yu thog yon tan mgon po]. *Bdud rtsi snying po yan lag brgyad pa gsang ba man ngag gi rgyud*. Lhasa: Bod ljongs mi dmangs dpe skrun khang, 1992.

Hall, Stuart. “The Question of Cultural Identity.” In *Modernity and Its Futures: Understanding Modern Societies, Book IV*, edited by Tony McGrew, Stuart Hall, and David Held, 273–326. Cambridge: Polity, 1992.

Hancock, Mary E. *The Politics of Heritage from Madras to Chennai*. Bloomington: Indiana University Press, 2008.

Heelas, Paul. *The New Age Movement: The Celebration of the Self and the Sacralization of Modernity*. Oxford: Blackwell Publishers, 1996.

Hess, Julia Meredith. *Immigrant Ambassadors: Citizenship and Belonging in the Tibetan Diaspora*. *Immigrant Ambassadors*. Stanford University Press, 2009.

Hofer, Theresia, ed. *Bodies in Balance: The Art of Tibetan Medicine*. New York: Rubin Museum of Art, 2014.

———. *Medicine and Memory in Tibet: Amchi Physicians in an Age of Reform*. Seattle: University of Washington Press, 2018.

———. *The Inheritance of Change: Transmission and Practice of Tibetan Medicine in Ngamring*. Vol. Heft 76. Wiener Studien Zur Tibetologie Und Buddhismuskunde. Wien: Universität Wien, 2012.

Hsu, Elisabeth. "Afterword: On Naming and the Politics of Practice." *East Asian Science, Technology and Society* 7, no. 3 (2013): 505–11.

———, ed. "The Globalisation of Chinese Medicine and Meditation Practices." *East Asian Science, Technology and Society: An International Journal*, Special Issue, 2, no. 4 (2008).

Hsu, Elisabeth, and Gunnar Stollberg, eds. "Globalizing Chinese Medicine." *Medical Anthropology* 28, no. 2 (2009).

Huber, Toni. "Green Tibetans: A Brief Social History." In *Tibetan Culture in the Diaspora: Papers Presented at a Panel of the 7th Seminar of the International Association for Tibetan Studies, Graz 1995*, edited by Frank J. Korom, 103–19. Vol. 4, Philosophisch-Historische Klasse Denkschriften 258. Wien: Verlag der Österreichischen Akademie der Wissenschaften, 1997.

———. "Shangri-La in Exile: Representations of Tibetan Identity and Transnational Culture." In *Imagining Tibet: Perceptions, Projections, and Fantasies*, edited by Thierry Dodin and Heinz Räther, 357–72. Boston: Wisdom Publications, 2001.

———. *The Holy Land Reborn: Pilgrimage and the Tibetan Reinvention of Buddhist India*. Chicago: University of Chicago Press, 2008.

Iwamura, Jane Naomi. "The Oriental Monk in American Popular Culture." In *Religion and Popular Culture in America*, edited by Bruce David Forbes and Jeffrey H. Mahan, 25–43. University of California Press, 2000.

Jacobson, Eric E. "Situated Knowledge in Classical Tibetan Medicine: Psychiatric Aspects." Harvard University, 2000.

Jamgön Mipham. *The Just King: The Tibetan Buddhist Classic on Leading an Ethical Life*. Translated by José Ignacio Cabezón. Boulder, CO: Snow Lion, 2017.

‘Jam mgon kong sprul blo gros mtha’ yas. “G.yu thog snying gi thig le’i phrin las kyi byang bu bltas chog tu bkod pa bdud rtsi’i rdzing bu.” In *Rin chen gter mdzod chen mo* 45, 436–463. Paro: Ngodrup and Sherab Drimay, 1976–1980.

Jamspal, L., R. Clark, J. Wilson, L. Zwillling, M. Sweet, and R. Thurman, trans. *The Universal Vehicle Discourse Literature (Mahāyānasūtrālamkāra) by Maitreyanātha/Āryasaṅga – Together with Its Commentary (Bhāṣya) by Vasubandhu*. Treasury of the Buddhist Sciences. Columbia University, New York: American Institute of Buddhist Studies, 2004.

Janes, Craig R. “Buddhism, Science, and Market: The Globalisation of Tibetan medicine.” *Anthropology & Medicine*, Vol. 9, 3 (2002): 267–289.

———. “The Transformations of Tibetan Medicine.” *Medical Anthropology Quarterly, New Series* 9, no. 1 (1995): 6–39.

———. “Tibetan Medicine at the Crossroads: Radical Modernity and the Social Organization of Traditional Medicine in the Tibet Autonomous Region, China.” In *Healing Powers and Modernity: Traditional Medicine, Shamanism, and Science in Asian Societies*, edited by Linda H. Connor and Geoffrey Samuel, 197–221. Westport, CT: Bergin & Garvey, 2001.

‘Jigs bral ye shes rdo rje. “Gter gsar sman bla’i cho ga bai DU r+ya’i bum bzang.” In *Gsung ‘bum/ ‘Jigs bral ye shes rdo rje* 9, 359–374. Kalimpong: Dupjung lama, 1979–1985.

Jo bo lhun grub bkra shis, and Dar mo sman rams pa blo bzang chos grags. *G.yu thog gsar rnying rnam thar*. Beijing: Mi rigs dpe skrun khang, 2005.

Joffe, Ben. “White Robes, Matted Hair: Tibetan Tantric Household, Moral Sexuality, and the Ambiguities of Esoteric Buddhist Expertise in Exile.” PhD diss., University of Colorado, 2019.

Jork, Klaus. “The Situation of the Traditional Tibetan Medicine – A Comparison of Different Medical Schools in India and Tibet; Who Teaches Tibetan Medicine in the West?” In *Tibetan Medicine: “East Meets West – West Meets East,”* edited by Jürgen C. Aschoff and Ina Rösing, 87–100. Ulm: Fabri Verlag, 1997.

Kaladharan, V. “From Meditative Learning to Impersonal Pedagogy: Reflections on the Transformation of an Indian Gurukula.” *Qui Parle* 20, no. 1 (2011): 207–218.

Kapstein, Matthew T. *The Tibetans*. Oxford: Blackwell Publishing, 2006.

Karmay, Samten Gyaltzen. “The Four Tibetan Medical Treatises and Their Critics.” In *The Arrow and the Spindle: Studies in History, Myths, Rituals and Beliefs in Tibet*, 228–37. Kathmandu: Mandala Book Point, 1998.

Khams smyon dharma seng ge, *G.yu thog snying thig gi yig cha*. Leh: D. L. Tashigang, 1981.

Kitagawa, Joseph M. “Buddhist Medical History.” In *Healing and Restoring: Health and Medicine in the World’s Religious Traditions*. Edited by Lawrence E. Sullivan, 9–32. New York: Macmillan, 1989.

Kloos, Stephan. “Einleitung: Die Übersetzung und Entwicklung der Tibetischen Medizin im Exil.” In *Das Letzte Tantra, aus Die Vier Tantra der Tibetischen Medizin*, edited by Florian Ploberger, 19–27. Schiedlberg: BACOPA, 2015.

———. “History of Tibetan Medical Institute,” *Tibet Journal* 33, no. 3 (2008): 15–49.

———. “Humanitarianism from Below: Sowa Rigpa, the Traditional Pharmaceutical Industry, and Global Health.” *Medical Anthropology* 39, no. 2 (2020): 167–81.

———. “(Im-)Potent Knowledges: Preserving ‘Traditional’ Tibetan Medicine Through Modern Science.” In *Fugitive Knowledge: The Loss and Preservation of Knowledge in Cultural Contact Zones*, edited by Andreas Beer and Gesa Mackenthun, 123–42. Waxmann Verlag, 2015.

———. “Navigating ‘Modern Science’ and ‘Traditional Culture’: The Dharamsala Men-Tsee-Khang in India.” In *Medicine Between Science and Religion: Explorations on Tibetan Grounds*, edited by Vincanne Adams, Mona Schrempf, and Sienna R. Craig, 83–105. Epistemologies of Healing; Vol. 10. New York: Berghahn Books, 2011.

———. “The History and Development of Tibetan Medicine in Exile.” *Tibet Journal* 33, no. 3 (2008): 15–49.

———. “The Pharmaceutical Assemblage: Rethinking Sowa Rigpa and the Herbal Pharmaceutical Industry in Asia.” *Current Anthropology* 58, no. 6 (2017): 693–717.

———. “The Politics of Preservation and Loss: Tibetan Medical Knowledge in Exile.” *East Asian Science, Technology and Society* 11, no. 2 (2017): 135–59.

———. “The Recognition of Sowa Rigpa in India: How Tibetan Medicine Became an Indian Medical System.” *Medicine Anthropology Theory* 3, no. 2 (2016): 19–49.

———. “Tibetan Medicine in Exile: The Ethics, Politics and Science of Cultural Survival.” PhD diss., University of California, San Francisco, 2010.

Kloos, Stephan, Harilal Madhavan, Tawni Tidwell, Calum Blaikie, and Mingji Cuomu. “The Transnational Sowa Rigpa Industry in Asia: New Perspectives on an Emerging Economy.” *Social Science & Medicine* 245 (2020): 112617.

- Kodani, Mayumi. "Taktsang Lotsāwa Sherab Rinchen." *Treasury of Lives*. Accessed December 3, 2020. <https://treasuryoflives.org/biographies/view/Taktsang-Lotsawa-Sherab-Rinchen/10579>.
- Korom, Frank J. "The Role of Tibet in the New Age Movement." In *Imagining Tibet: Perceptions, Projections, and Fantasies*, edited by Thierry Dodin and Heinz Rāther, 167–82. Boston: Wisdom Publications, 2001.
- Korvin-Krasinski, Cyrill von. *Die Tibetische Medizinphilosophie: Der Mensch Als Mikrokosmos*. Zürich: Origo Verlag, 1953.
- Kraidy, Marwan M. *Hybridity: The Cultural Logic of Globalization*. 1st edition. Philadelphia: Temple University Press, 2005.
- Kucinkas, Jaime. *The Mindful Elite: Mobilizing from the Inside Out*. New York: Oxford University Press, 2018.
- Kunde Institute. "Kunchok Gyaltsen." Accessed January 20, 2021. <https://www.kundewellness.org/kunchok-gyaltsen.html>.
- Kunde Institute. "Yangdron Kalzang." Kunde Institute. Accessed January 27, 2021. <https://www.kundewellness.org/yangdron-kalzang.html>.
- Latus, Janine. "Tibetan Medicine Under the Microscope: UVA Medical Center Examines Efficacy and Possibilities of an Ancient Practice." *University of Virginia Magazine*. Accessed January 26, 2021. https://uvamagazine.org/articles/tibetan_medicine_under_the_microscope.
- Lave, Jean. *Cognition in Practice: Mind, Mathematics and Culture in Everyday Life*. New York: Cambridge University Press, 1988.
- Lobsang Dhonden Soktsang, and Colin Millard. "Diversity in Unity: The Changing Forms of Tibetan Medicine." *East Asian Science, Technology and Society* 7, no. 3 (2013): 467–86.
- Lobsang Rapgay. *The Tibetan Book of Healing*. Twin Lakes: Lotus Press, 1996.
- Lock, Margaret. "Rationalization of Japanese Herbal Medicine: The Hegemony of Orchestrated Pluralism." *Human Organisation*, no. 49 (1990): 41–47.
- Lock, Margaret, and Vinh-Kim Nguyen. *An Anthropology of Biomedicine*. Malden, MA: John Wiley & Sons, 2010.
- Lopez, Donald S., Jr. *Prisoners of Shangri-La: Tibetan Buddhism and the West*. Chicago: University of Chicago Press, 1998.

Lumbini Buddhist University. “Bachelor in Sowa Rigpa Medicine.” Accessed April 18, 2021. <https://lbu.edu.np/courses/bachelor-in-sowa-rigpa-medicine-tibetan-buddhist-medicine/>.

Lumbini Buddhist University. “Home.” Accessed April 18, 2021. <https://lbu.edu.np/>.

McAlister, Elizabeth. “The Madonna of 115th Street Revisited: Vodou and Haitian Catholicism in the Age of Transnationalism.” In *Gatherings in Diaspora: Religious Communities and the New Immigration*, edited by R. Stephen Warner and Judith G. Wittner, 123–60. Philadelphia: Temple University Press, 1998.

McGovern Medical School. “Alejandro Chaoul, PhD.” McGovern Center for Humanities and Ethics. Accessed January 27, 2021. <https://med.uth.edu/mcgovern/faculty/alejandroschaoul-phd/>.

McGrath, William A. “Buddhism and Medicine in Tibet: Origins, Ethics, and Tradition.” PhD diss., University of Virginia, 2017.

———. “Buddhist Medicine in Tibet: Reconciling Religion and Nation in the Tibetan Medical Tradition,” 15. Annual Meeting of the American Academy of Religion, Denver, CO, 2018.

———, ed. *Knowledge and Context in Tibetan Medicine*. Brill’s Tibetan Studies Library, volume 43. Leiden: Brill, 2019.

———. “Origin Narratives of the Tibetan Medical Tradition: History, Legend, and Myth.” *Asian Medicine* 12, no. 1–2 (2017): 295–316.

McKay, Alex. “Biomedicine in Tibet at the Edge of Modernity.” In *Medicine Between Science and Religion: Explorations on Tibetan Grounds*, edited by Vincanne Adams, Mona Schrempf, and Sienna R. Craig, 33–55. *Epistemologies of Healing*; v. 10. New York: Berghahn Books, 2011.

McLagan, Meg. “Mystical Visions in Manhattan: Deploying Culture in the Year of Tibet.” In *Tibetan Culture in the Diaspora: Papers Presented at a Panel of the 7th Seminar of the International Association for Tibetan Studies, Graz 1995*, edited by Frank J. Korom, 69–89. Vol. 4, *Philosophisch-Historische Klasse Denkschriften* 258. Wien: Verlag der Österreichischen Akademie der Wissenschaften, 1997.

McMahan, David L. *Westward Dharma – Buddhism beyond Asia*. Edited by Charles S. Prebish and Martin Baumann. Berkeley: University of California Press, 2002.

Mengele, Irmgard. “*Chilu* (‘*Chi bslu*): Rituals for ‘Deceiving Death.’” In *Tibetan Ritual*, edited by José Ignacio Cabezón, 103–130. Oxford: Oxford University Press, 2009.

Menla. “Menla Online: Tibetan Dream Yoga Retreat.” Accessed February 3, 2021. <https://menla.org/retreat/menla-online-tibetan-dream-yoga-retreat/>.

Men-Tsee-Khang. “Men-Tsee-Khang Branches.” Accessed December 15, 2020. <http://www.men-tsee-khang.org/branch>.

———. “Men-Tsee-Khang Projects.” Accessed December 17, 2020. <http://www.men-tsee-khang.org/project/main.htm>.

———. “Men-Tsee-Khang (Sowa Rigpa).” Accessed October 25, 2020. <https://www.men-tsee-khang.org/index2.htm>.

Men-Tsee-Khang Publication. “Men-Tsee-Khang Publication Catalogue.” Accessed April 22, 2021. <https://www.publication.men-tsee-khang.org/>.

Meyer, Fernand. “Theory and Practice of Tibetan Medicine.” In *Oriental Medicine: An Illustrated Guide to the Asian Arts of Healing*, edited by Jan Van Alphen and Anthony Aris, 109–41. Boston: Shambhala, 1995.

Millard, Colin. “Bon Medical Practitioners in Contemporary Tibet: The Continuity of a Tradition.” *East Asian Science, Technology and Society* 7, no. 3 (2013): 353–79.

———. “Learning Processes in a Tibetan Medical School.” PhD diss., University of Edinburgh, 2002.

———. “The Integration of Tibetan Medicine in the United Kingdom: The Clinics of the Tara Institute of Medicine.” In *Tibetan Medicine in the Contemporary World: Global Politics of Medical Knowledge and Practice*, edited by Laurent Pordié, 189–214. London: Routledge, 2008.

Mind & Life Institute. “Mind & Life Institute.” Accessed January 29, 2021. <https://www.mindandlife.org/>.

Ministry of AYUSH. “Introduction of Sowa Rigpa.” <https://main.ayush.gov.in/about-the-systems/sowa-rigpa/introduction-sowa-rigpa>.

Nebesky-Wojkowitz, René de. *Oracles and Demons of Tibet: The Cult and Iconography of the Tibetan Protective Deities*. The Hague: Mouton, 1956.

Ngag dbang blo bzang rgya mtsho. *Gsung 'bum: Ngag dbang blo bzang rgya mtsho*. 28 vols. Beijing: Krung go'i bod rig pa dpe skrun khang, 2009.

Ngakmang Foundation. “Our Mission.” Accessed April 25, 2021. <https://ngakmang.org/about-us/>.

———. “Sowa Rigpa International College.” Accessed April 25, 2021. <https://ngakmang.org/nepal/>.

Ngak-Mang-International – Hilfe für Einwohnern Tibets (Amdo/Rebkong). “Organization.” Accessed April 25, 2021. <http://www.ngak-mang-international.org/index.php/en/organization.html>.

Niculescu, Mira. “Mind Full of God: ‘Jewish Mindfulness’ as an Offspring of Western Buddhism in America.” In *Buddhism beyond Borders: New Perspectives on Buddhism in the United States*, edited by Scott A. Mitchell and Natalie E. F. Quli, Reprint edition., 143–60. State University of New York Press, 2016.

Nyi zla he ru ka. *Nyi zla'i gso rig ched rtsom gces btus*. Xining: Kan su'u mi rigs dpe skrun khang, 1999.

Nyi zla he ru ka, and ye shes sgrol ma. *Rten 'brel sngags bcos thabs kyi rig pa*. Vol. 3. G.yu thogs sman grong gi dpe tshogs. Beijing: mi rigs dpe skrun khang, 2015.

Obeyskere, Gananath. “The Impact of Ayurvedic Ideas on the Culture and the Individual in Sri Lanka.” In *Asian Medical Systems*, edited by Charles M. Leslie. Berkeley: University of California Press, 1976.

Ortner, Sherry B. *Sherpas Through Their Rituals*. Cambridge University Press, 1978.

Payne, Richard. “Religion, Self-Help, Science: Three Economies of Western/ized Buddhism.” *Journal of Global Buddhism* 20 (2019): 69–86.

Pieterse, Jan Nederveen. *Globalization and Culture: Global Mélange*. Lanham, MD: Rowman & Littlefield Publishers, 2009.

Pordié, Laurent. “Reformulating Ingredients: Outlines of a Contemporary Ritual for the Consecration of Medicines in Ladakh.” In *Modern Ladakh: Anthropological Perspectives on Continuity and Change*, edited by Martijn van Beek and Fernanda Pirie, 153–74. Leiden: Brill, 2008.

———. *The Expression of Religion in Tibetan Medicine: Ideal Conceptions, Contemporary Practices and Political Use*. Pondy Papers in Social Sciences. Pondicherry: French Institute of Pondicherry, 2003.

———. “Tibetan Medicine Today: Neo-Traditionalism as an Analytical Lens and a Political Tool.” In *Tibetan Medicine in the Contemporary World: Global Politics of Medical Knowledge and Practice*, edited by Laurent Pordié, 3–32. New York: Routledge, 2008.

———, ed. *Tibetan Medicine in the Contemporary World: Global Politics of Medical Knowledge and Practice*. New York: Routledge, 2008.

Powers, John. *A Bull of a Man: Images of Masculinity, Sex, and the Body in Indian Buddhism*. Cambridge, MA: Harvard University Press, 2009.

———. *Introduction to Tibetan Buddhism*. Ithaca, NY: Snow Lion, 2007.

Prebish, Charles S., and Martin Baumann, eds. *Westward Dharma: Buddhism beyond Asia*. First edition. Berkeley: University of California Press, 2002.

Prost, Audrey. *Precious Pills: Medicine and Social Change among Tibetan Refugees in India*. Epistemologies of Healing; Vol 2. New York: Berghahn Books, 2008.

Pure Land Bhutan. “Pure Land Bhutan.” Accessed January 31, 2021. <https://www.purelandbhutan.com>.

———. “Pure Lands International.” Accessed April 16, 2021. <https://www.purelandbhutan.com/pure-lands-international>.

———. “Wellness and Retreat Center.” Accessed February 3, 2021. <https://www.purelandbhutan.com/wellness-retreat-centre-paro-yuthok-khandro-ling-sowarigpacentre>.

Pure Land Farms. “Bhutan.” Accessed February 4, 2021. <https://purelandfarms.com/bhutan>.

———. “Herbs.” Accessed February 3, 2021. <https://purelandfarms.com/herbs>.

———. “Pure Land Farms.” Accessed February 2, 2021. <https://purelandfarms.com>.

———. “Tibetan Medicine School.” Accessed February 2, 2021. <https://purelandfarms.com/sorig-institute>.

———. “Yuthok Nyingthig Empowerments, Teachings, and Yuthok Ling Temple Consecration.” Accessed June 27, 2019. <https://www.purelandfarms.org/programs/yuthok-ling-temple-consecration>.

Rangjung Yeshe Institute. “Study at RYI.” Accessed April 25, 2021. <https://www.ryi.org/>.

Rechung Rinpoche. *Tibetan Medicine: Illustrated in Original Texts*. Berkeley: University of California Press, 1973.

Rhodes, Lorna A. “Studying Biomedicine as a Cultural System.” In *Handbook of Medical Anthropology: Contemporary Theory and Method*, edited by Carolyn F. Sargent and Thomas M. Johnson, 165–80. Westport, CT: Praeger, 1996.

- Robertson, Roland. "Glocalization: Time-Space and Homogeneity-Heterogeneity." In *Global Modernities*, edited by Mike Featherstone, Scott Lash, and Roland Robertson, 25–44. London: SAGE Publications, 1995.
- Rowe, William, and Vivian Schelling. *Memory and Modernity: Popular Culture in Latin America*. Verso, 1991.
- Salguero, C. Pierce. "Introduction." In *Buddhism and Medicine: An Anthology of Premodern Sources*, edited by C. Pierce Salguero, xxi–xxxiii. Columbia University Press, 2017.
- . "The Buddhist Medicine King in Literary Context: Reconsidering an Early Medieval Example of Indian Influence on Chinese Medicine and Surgery." *History of Religions* 48, no. 3 (2009): 183–210.
- . "Toward a Global History of Buddhism and Medicine." *Buddhist Studies Review* 32 (2015): 35–61.
- . *Translating Buddhist Medicine in Medieval China*. University of Pennsylvania Press, 2014.
- , ed. *Buddhism and Medicine: An Anthology of Premodern Sources*. Columbia University Press, 2017.
- Samuel, Geoffrey. "Amitāyus and the Development of Tantric Practices for Longevity and Health in Tibet." In *Transformations and Transfer of Tantra in Asia and Beyond*, edited by Istvan Keul, 263–86. Berlin: Walter De Gruyter, 2012.
- . *Civilized Shamans: Buddhism in Tibetan Societies*. Washington DC: Smithsonian Institution Press, 1993.
- . "Epilogue: Towards a Sowa Rigpa Sensibility." In *Medicine Between Science and Religion: Explorations on Tibetan Grounds*, edited by Vincanne Adams, Mona Schrempf, and Sienna R. Craig, 319–31. Epistemologies of Healing; Vol. 10. New York: Berghahn Books, 2011.
- . "Healing, Efficacy and the Spirits." *Journal of Ritual Studies* 24, no. 2 (2010): 7–20.
- . "Introduction: Medicine and Healing in Tibetan Societies." *East Asian Science, Technology and Society* 7, no. 3 (2013): 335–51.
- . "The *g.Yu Thog sNying thig* and the Spiritual Dimension of Tibetan Medicine." In *Sharro: Festschrift for Chögyal Namkhai Norbu*, edited by Donatella Rossi and Charles Jamyang Oliphant, 214–25. Rudolfstetten: Garuda Verlag, 2016.

———. “The Politics of Tibetan Medicine and the Constitution of an Object of Study: Some Comments.” In *Tibetan Medicine in the Contemporary World: Global Politics of Medical Knowledge and Practice*, edited by Laurent Pordié, 251–63. London: Routledge, 2008.

Saxer, Martin. *Journeys with Tibetan Medicine*, 2005. <https://vimeo.com/122821844>.

———. *Manufacturing Tibetan Medicine: The Creation of an Industry and the Moral Economy of Tibetanness*. Epistemologies of Healing 12. New York: Berghahn Books, 2013.

Schaeffer, Kurtis R. “Textual Scholarship, Medical Tradition, and Mahāyāna Buddhist Ideals in Tibet.” *Journal of Indian Philosophy* 31, no. 5/6 (2003): 621–41.

———. “New Scholarship in Tibet, 1650–1700.” In *Forms of Knowledge in Early Modern Asia: Explorations in the Intellectual History of India and Tibet, 1500–1800*, edited by Sheldon I. Pollock, 291–310. Durham, NC: Duke University Press, 2011.

Schopen, Gregory. *Buddhist Nuns, Monks, and Other Worldly Matters: Recent Papers on Monastic Buddhism in India*. Honolulu: University of Hawaii Press, 2014.

———. “The *Bhaiṣajyaguru-Sūtra* and the Buddhism of Gilgit.” PhD diss., Australian National University, 1978.

Schrempf, Mona. “From ‘Devil Dance’ to ‘World Healing’: Some Representations, Perceptions and Innovations of Contemporary Tibetan Ritual Dances.” In *Tibetan Culture in the Diaspora: Papers Presented at a Panel of the 7th Seminar of the International Association for Tibetan Studies, Graz 1995*, edited by Frank J. Korom, 91–102. Vol. 4, Philosophisch-Historische Klasse Denkschriften 258. Wien: Verlag der Österreichischen Akademie der Wissenschaften, 1997.

———. “Introduction: Refocusing on Tibetan Medicine.” In *Soundings in Tibetan Medicine: Anthropological and Historical Perspectives*, vol. PIATS 2003: Tibetan studies: proceedings of the Tenth Seminar of the International Association for Tibetan Studies, Oxford, 2003: 1–6. Brill’s Tibetan Studies Library, v. 10/10. Leiden: Brill, 2007.

———. “Lineage Doctors and the Transmission of Local Medical Knowledge and Practice in Nagchu.” In *Soundings in Tibetan Medicine: Anthropological and Historical Perspectives*, edited by Mona Schrempf, vol. PIATS 2003: Proceedings of the Tenth Seminar of the International Association for Tibetan Studies, Oxford, 2003: 91–126. Brill’s Tibetan Studies Library, v. 10/10. Leiden: Brill, 2007.

———, ed. *Soundings in Tibetan Medicine: Anthropological and Historical Perspectives*. Vol. PIATS 2003: Proceedings of the Tenth Seminar of the International

Association for Tibetan Studies, Oxford, 2003. Brill's Tibetan Studies Library, v. 10/10. Leiden: Brill, 2007.

Sde srid sangs rgyas rgya mtsho. *Gso ba rig pa'i bstan bcos sman bla'i dgongs rgyan rgyud bzhi'i gsal byed bai durya sngon po'i malli ka zhes bya ba bzhugs so*. Dharamsala: Tibetan Medical & Astro Institute, 1994.

Sde srid sangs rgyas rgya mtsho. *Gso ba rig pa'i khog 'bugs vaidūrya'i me long*. Vol. 28. Bod kyi gtsug lag gces btus. New Delhi: Institute of Tibetan Classics, 2008.

“Shang Shung Institute – School of Tibetan Medicine.” Shang Shung Institute. Accessed January 26, 2021. <https://mass.tibetanmedicineschool.org>.

Shelkar Medicine. “Shelkar Institut: Die Schule für Tibetische Medizin.” <https://www.shelkar-medicine.org/schule.htm>.

Shontell, Alyson. “A 69-Year-Old Monk Who Scientists Call the ‘world’s Happiest Man’ Says the Secret to Being Happy Takes Just 15 Minutes a Day.” *The Independent*, 2017. <https://www.independent.co.uk/life-style/69-year-old-monk-who-scientists-call-world-s-happiest-man-says-secret-being-happy-takes-just-15-minutes-day-a7869166.html>.

Silliman, Stephen W. “Disentangling the Archaeology of Colonialism and Indigeneity.” In *Archaeology of Entanglement*, edited by Lindsay Der and Francesca Fernandini, 1 edition., 31–48. Walnut Creek, CA: Routledge, 2016.

Skorupski, Tadeusz. “Health and Suffering in Buddhism: Doctrinal and Existential Considerations.” In *Religion, Health and Suffering*, edited by John R. Hinnell and Roy Porter, 139–65. Kegan Paul International, 1999.

Sky Press. “Nejang: Tibetan Self-Healing Yoga.” Accessed February 4, 2021. <https://www.skypressbooks.com/nejang>.

———. “Sky Press.” Accessed April 25, 2021. <https://www.skypressbooks.com/skypress>.

———. “Sorig Khang International.” Accessed January 31, 2021. <https://www.skypressbooks.com/sorig-khang-international>.

Sky Press Chronicles. “Dr Nida’s Essay on Yookchö or Tibetan ‘Stick Therapy’.” Accessed May 5, 2020. <https://skypressbooks.media/2020/05/09/dr-nidas-essay-on-yookcho-or-tibetan-stick-therapy/>.

Sngags mang zhib ‘jug khang, ed. *G.yu thog snying thig*. Sngags mang dpe tshogs 9. Beijing: Mi rigs dpe skrun khang, 2005.

Sopa, Geshé Lhundub. *Like a Waking Dream: The Autobiography of Geshé Lhundub Sopa*. Edited by Paul Donnelly. Boston: Wisdom Publications, 2012.

“Sorig Khang International | Facebook.” Accessed January 31, 2021.
<https://www.facebook.com/sorigkhanginternational/>.

Sorig Khang International. “Charter.” Accessed January 31, 2021.
<https://www.sorig.net/about/charter>.

———. “Nejang.” Accessed January 31, 2021. <https://www.sorig.net/programs/nejang>.

———. “Schedule.” Accessed June 18, 2019. <https://www.sorig.net/schedule>.

———. “SKI Centers.” Accessed January 31, 2021. <https://www.sorig.net/about/ský-centers>.

———. “We are the SKY Foundation.” Accessed October 15, 2020.
<https://www.sorig.net/about/sk%E1%BA%8F-foundation>.

———. “Yuthok Nyingthig & Spirituality.” Accessed February 1, 2021.
<https://www.sorig.net/programs/spirituality>.

———. “Sowa Rigpa.” Accessed April 13, 2021. <https://www.sorig.net/programs/sowa-rigpa>.

Sowa Rigpa Institute. “Sowa Rigpa Institute.” Accessed February 4, 2021.
<https://www.sowarigpainstitute.org>.

Sowa Rigpa International College. “Academic Program.” Accessed March 10, 2020.
<https://www.sorigcollege.org/home>.

———. “Contribute.” Accessed April 22, 2021. <https://sorigcollege.org/contribute/>.

———. “Curriculum.” Accessed April 19, 2021. <https://sorigcollege.org/curriculum/>.

———. *Opening Ceremony: Sowa Rigpa International College*. DVD, 2016.

———. “Sowa Rigpa International College.” Accessed April 25, 2021.
<https://sorigcollege.org/>.

Sowa Rigpa Online. “Yuthok’s Heart Teachings: Training in Medicine Buddha’s Anuttarayogatantra.” Accessed February 1, 2021.
<https://www.sowarigpaonline.org/courses/yuthoks-heart-teachings>.

“Sowa Rigpa Spirituality – Google Search.” Accessed April 13, 2021.
<https://www.google.com/search?q=sowa+rigpa+spirituality>.

Stoddard, Heather. “Gendun Chopel.” *The Treasury of Lives*. Accessed February 2, 2021. <http://treasuryoflives.org/biographies/view/Gendun-Chopel/3866>.

Sum ston ye shes gzungs. *Bshad rgyud kyi 'grel pa 'bum nag gsal sgron*. Beijing: Mi rigs dpe skrun khang, 1998.

———. “G.yu thog snying thig las byin rlabs bla ma sgrub pa'i chos skor sdug bsngal mun sel thugs rje'i nyi 'od ces pa'i thog mar lo rgyus dge ba'i lcags kyu.” In *G.yu thog snying thig gi yig cha: The Collected Basic Texts and Ritual Works of the Medical Teachings Orally Passed from G.yu-thog Yon-tan-mgon-po*, 5–41. Leh: D. L. Tashigang, 1981.

[———.] *G.yu thog snying thig las byin rlabs bla ma sgrub pa'i chos skor sdug bsngal mun sel thugs rje'i nyi 'od*. Gemur, H.P.: Topden Tsering, 1979.

Takkinen, Jaakko. “Yutok Yonten Gonpo.” *The Treasury of Lives – A Biographical Encyclopedia of Tibet, Inner Asia, and the Himalaya*. Accessed October 22, 2020. <http://treasuryoflives.org/biographies/view/Yutok-Yonten-Gonpo/5312>.

Tara Trust. “Tara Therapy / Tara Medicine.” Accessed January 26, 2021. <https://www.tararokpa.org/>.

Taube, Manfred. *Beiträge zur Geschichte der Medizinischen Literatur Tibets*. Monumenta Tibetica Historica 1. Sankt Augustin: VGH Wissenschaftsverlag, 1981.

The New Yuthok Center. “The New Yuthok Institute | For the Transmission of Tibetan Medicine.” The New Yuthok Institute. Accessed April 12, 2021. <https://newyuthok.it/en/>.

The UVW Tibet Center. “Dr. Kunchok Gyaltzen.” Accessed January 20, 2021. <https://www.uvatibetcenter.org/about/senior-research-fellows/dr-kunchok-gyaltzen/>.

Thomas, Nicholas. *Entangled Objects: Exchange, Material Culture, and Colonialism in the Pacific*. Harvard University Press, 1991.

Thub bstan tshe ring. “Gangs ljongs sman pa'i grong khyer lcags ri 'gro phan rig byed gling gi byung rabs brjod pa gsal ba'i sgron me.” In *Bod kyi sman rtsis ched rtsom phyogs bsdus*, edited by Bod rang skyong ljongs sman rtsis khang gis brtsams, 148–81. Lhasa: Bod ljongs mi dmangs dpe skrun khang, 1986.

Tibetan Medicine Education Center. “TME: A Tibetan Medicine Center Dedicated to the Transmission of Traditional Tibetan Medicine in the West.” Accessed April 12, 2021. <https://www.tibetanmedicine-edu.org/>.

Tokar, Eliot. “An Ancient Medicine in a New World.” In *Tibetan Medicine in the Contemporary World: Global Politics of Medical Knowledge and Practice*, edited by Laurent Pordié, 229–48. London: Routledge, 2008.

“Traditional Buddhist Sowa Rigpa Medical & Research Center | Facebook.” Accessed April 28, 2021. <https://www.facebook.com/sowarigpa143>.

Tsem Tulku Rinpoche. “Kechara Forest Retreat.” Accessed March 17, 2016. <http://www.tsemtulku.com/projects/gallery-projects-retreat-center/kechara-forest-retreat.html>.

Tsem Rinpoche. “Dr Dolma.” Accessed February 1, 2021. <http://www.tsemrinpoche.com/tsem-tulku-rinpoche/great-lamas-masters/dr-dolma.html>.

Tsering Namgyal. *Gro phan sman rtsis khang gi byung rabs brjod pa ka la ping ka'i gre 'gyur*. Dharamsala: Bod gzhung sman rtsis khang, 1996.

Tsewang Smanla, and Colin Millard. “The Preservation and Development of Amchi Medicine in Ladakh.” *East Asian Science, Technology and Society* 7, no. 3 (January 1, 2013): 487–504.

Tsing, Anna. *Friction: An Ethnography of Global Connection*. Princeton, NJ: Princeton University Press, 2004.

———. *In the Realm of the Diamond Queen: Marginality in an Out-of-the-Way Place*. Princeton, NJ: Princeton University Press, 1993.

———. “The Global Situation.” *Cultural Anthropology* 15, no. 3 (2000): 327–60.

Tsong-Kha-Pa. *The Great Treatise on the Stages of the Path to Enlightenment*. Edited by Joshua W. C. Cutler and Guy Newland. Translated by The Lamrim Chenmo Translation Committee. Vol. 1. Boston & London: Snow Lion, 2000.

Tuomainen, Raimo, Jyrki Elo, and Markku Myllykangas. “Paramedikalisaatio: Terveystyötä Lääketieteen Katveessa.” *Sosiaalilääketieteellinen Aikakauslehti*, no. 3 (1995): 217–23.

Tweed, Thomas A. *Crossing and Dwelling: A Theory of Religion*. Cambridge, MA: Harvard University Press, 2006.

———. “Who Is a Buddhist? Night-Stand Buddhists and Other Creatures.” In *Westward Dharma: Buddhism beyond Asia*, edited by Charles S. Prebish and Martin Baumann, First edition., 17–33. Berkeley: University of California Press, 2002.

VajraSecrets. “Medicine Buddha Puja Fund.” Accessed February 1, 2021. <https://www.vajrasecrets.com/medicine-buddha-puja-fund>.

Van Vleet, Stacey. "Medicine as Impartial Knowledge: The Fifth Dalai Lama, the Tsarong School, and Debates of Tibetan Medical Orthodoxy." In *The Tenth Karmapa & Tibet's Turbulent Seventeenth Century*, edited by Karl Debreczeny and Gray Tuttle, 263–91. Chicago: Serindia Publications, 2016.

———. "Medicine, Monasteries and Empire: Tibetan Buddhism and the Politics of Learning in Qing China." PhD diss., Columbia University, 2015.

Vargas, Ivette. "Tibetan Medicine Revisited in the West: Notes on the Integrative Efforts and Transformative Processes Occurring in Massachusetts, USA." In *Tibetan Medicine in the Contemporary World: Global Politics of Medical Knowledge and Practice*, edited by Laurent Pordié, 215–28. London: Routledge, 2008.

Wallace, Vesna A. "A Convergence of Medical and Astro-Sciences in Indian Tantric Buddhism: A Case of the *Kālacakratantra*." Edited by Anna Akasoy, Charles Burnett, and Ronit Yoeli-Tlalim, *Micrologus' Library, Astro-Medicine: Astrology and Medicine, East and West*, no. 25 (2008): 209–22.

———. "Buddhist Medicine in India." *Oxford Research Encyclopedia of Religion*, February 26, 2018. <https://doi.org/10.1093/acrefore/9780199340378.013.616>.

———. "Medicine and Astrology in the Healing Arts of the *Kālacakratantra*." In *As Long as Space Endures: Essays on the Kālacakra Tantra in Honor of H.H. the Dalai Lama*, edited by Edward A. Arnold, 277–300. Ithaca, NY: Snow Lion, 2009.

———. *The Kālacakratantra: The Chapter on the Individual Together with the Vimalaprabhā*. New York, NY: American Institute of Buddhist Studies, 2004.

White, David Gordon. *The Alchemical Body: Siddha Traditions in Medieval India*. Chicago: University of Chicago Press, 1998.

Wilson, Jeff. *Mindful America: The Mutual Transformation of Buddhist Meditation and American Culture*. New York: Oxford University Press, 2014.

Winder, Marianne. "Tibetan Medicine." *Bulletin of Tibetology* 25, no. 2 (1989): 5–16.

Wong, Edward, and Bhadra Sharma. "Tibetans Repressed in Nepal, Rights Group Finds." *The New York Times*, April 1, 2014, sec. World. <https://www.nytimes.com/2014/04/02/world/asia/rights-group-documents-repression-of-tibetans-in-nepal.html>.

Yangchenma Arts & Music. "Event Calendar." Accessed February 2, 2021. <https://www.yangchenma.org/calendar>.

Yang Ga. “A Preliminary Study on the Biography of Yutok Yönten Gönpo the Elder: Reflections on the Origins of Tibetan Medicine.” In *Knowledge and Context in Tibetan Medicine*, edited by William A. McGrath, 59–84. Brill’s Tibetan Studies Library, volume 43. Leiden: Brill, 2019.

———. “The Origins of the Four Tantras and an Account of Its Author, Yuthog Yonten Gonpo.” In *Bodies in Balance: The Art of Tibetan Medicine*, edited by Theresia Hofer, 154–77. New York: Rubin Museum of Art, 2014.

———. “The Sources for the Writing of the *Rgyud bzhi*, Tibetan Medical Classic.” PhD diss., Harvard University, 2010.

Yoeli-Tlalim, Ronit. “Tibetan ‘Wind’ and ‘Wind’ Illnesses: Towards a Multicultural Approach to Health and Illness.” *Studies in History and Philosophy of Biological and Biomedical Sciences* 41, no. 4–7 (2010): 318–24.

Yonten Gyatso. “Nyes pa: A Brief Review of Its English Translation.” *Tibet Journal* 4 (June 2005): 109–118.

Zur mkhar ba blo gros rgyal po. *Sman pa rnams kyis mi shes su mi rung ba’i shes bya spyi’i khog dbubs*. Edited by Khro ru klu sgrub rgya mtsho and Bu des tshe ring, vol. 1, Bod kyi gso rig dpe mnying phyogs sgrig gangs ri dkar po’i phreng ba. Chengdu: Si khron mi rigs dpe skrun khang, 2001.

Zysk, Kenneth G. *Asceticism & Healing in Ancient India: Medicine in the Buddhist Monastery*. New York: Oxford University Press, 1991.

APPENDIX I: Sowa Rigpa International College Curriculum

COURSE OUTLINE BY CATEGORY⁵⁵⁷

ADDITIONAL STUDIES (AD)

- AD01 Introduction to Buddhism I S1P4
- AD02 Astrology S1P5
- AD06 Introduction to Buddhism II S4P5

ELECTIVE COURSES (EL)

- EL01 Elective 1: Science of Meditation S9P5-1
- EL02 Elective 2: Advanced Topics in Astrology S9P5-2
- EL03 Elective 3: Sowa Rigpa Advanced Textual Study S9P5-3

HERBAL STUDIES COURSES (HE)

- HE01 Principles of Herbal Medicine and Pharmacology S2P3
- HE02 Materia Medica S3P4
- HE03 Compounding of Pacifying Medicine Part 1 S4P2
- HE04 Compounding of Pacifying Medicine Part 2 S5P1
- HE05 Plant Biology and Conservation S4P4

SOWA RIGPA DISEASE PATHOLOGY COURSES (PA)

- PA01 Diseases of the Three Humors & Internal Disorders S5P3
- PA02 Heat Disorders 1 S5P4
- PA03 Heat Disorders 2 S6P1
- PA04 Upper Body Disorders S6P2
- PA05 Vital Organ Disorders S6P3
- PA06 Hollow Organ Disorders S6P4
- PA07 Miscellaneous Disorders S7P1
- PA08 Miscellaneous Disorders 2 S7P2
- PA09 Traumatology S7P3
- PA10 Self-Manifested Lesions S7P4
- PA11 Pediatrics and Toxicology S8P1
- PA12 Genital and Gynecological Disorders S8P2
- PA13 Psychology and Spirit Provocations S8P3

⁵⁵⁷ The curriculum was designed by Dr. Tenzin Leksok Lama (Sowa Rigpa practitioner at Kunphen Clinic in Boudha, Kathmandu), Eric Rosenbush (LAc, Program Development Coordinator at SKI, Academic Director of Sorig Institute), Prof. Punya Prasad Parajuli (Professor at LBU), Dr. Tenzin Kunga (Sowa Rigpa practitioner at Tibetan Medical & Astrology Pvt. Ltd. clinic in Boudha), Dr. Ghana Shyam Gurung (Country Representative WWF Nepal), Dr. Kulesh Bahadur Thapa (Retired Deputy Inspector General of Nepal Police), Dr. Anastazja Holecko (MD, Eastern Europe coordinator for Sorig Institute, Editor for *Sowa Rigpa Journal*), and Ishwor Chandra V. S. Shrestha (Consultant at Axiom Nepal). Lumbini Buddhist University, “Bachelor in Sowa Rigpa Medicine,” 2. It is notable that SRIC Director, Principal, or current faculty are not listed as having participated in creating the curriculum. Contents derived from a copy of “Lumbini Buddhist University – Courses of Study: Bachelor in Sowa Rigpa Medicine (BSM).”

PA14 Pestilential Diseases I S9P2
PA15 Pestilential Diseases II S9P3

SOWA RIGPA CORE COURSES (SR)

SR01 Sowa Rigpa History S1P1
SR02 Basic Concepts and Ethics S1P2
SR03 Sorig Anatomy and Physiology S2P1
SR04 Diet and Lifestyle S2P2
SR05 Principles of Pathology S3P1
SR06 Diagnostic Skills and Methods S3P2
SR07 Treatment Methods S3P3
SR08 Health Preservation, Rejuvenation, and Virilification S4P1
SR09 Conclusion and Entrustment of Chapters of the Four Tantras,
Yuthok Nyingthig Teachings S9P1

THERAPEUTICS COURSES (TH)

TH01 Mild External Therapies S4P3
TH02 Harsh External and Evacuative Therapies S5P2

TIBETAN LANGUAGE COURSES (TI)

TI01 Tibetan Language I S1P3
TI02 Tibetan Language II S2P5

WESTERN MEDICAL SCIENCE COURSES (WM)

WM01 Modern Anatomy and Physiology S2P4
WM02 Basic Western Medical Pathology S3P5
WM03 Basic Clinical Skills - Allopathic Examination S5P5
WM04 Public Health & Epidemiology S6P5
WM05 Clinical Medicine S7P5
WM06 Health Counseling and Compassionate-Care S8P4
WM07 Clinical Medicine – Pediatrics, Gynecology, and Psychology S8P5
WM08 Research Methodology and Sowa Rigpa S9P4

For example, the slate of courses for second year students (third semester) consists of three “Sowa Rigpa Core Courses” (“Principles of Pathology,” “Diagnostic Skills and Methods,” and “Treatment Methods”), one course in “Herbal Studies” (“Pharmacology II: Materia Medica”), and a course titled “Basic Western Medical Pathology.” The third-year students (fifth semester) take two “Sowa Rigpa Pathology” courses (“Pathology I: Diseases of the Three Humors and Internal Disorders” and “Pathology II: Heat Disorders”), a course

in Western medicine called “Basic Clinical Skills: Allopathic Examination” and a “Therapeutics” course titled “Therapies II: Harsh External and Evacuative Therapies.”

The college course catalog outlines a summary for the utilization of the *Fourfold Treatise (rgyud bzhi)* throughout the program as follows: First year: History of Sowa Rigpa, Root Tantra Ch. 1–6, Explanatory Tantra Ch. 1–18, 31; Second year: Final Tantra Ch. 1–19, Explanatory Tantra Ch. 19–21 & 23–30, Oral Instruction Tantra Ch. 90–92; Third year: Explanatory Tantra Ch. 22, Final Tantra Ch. 20–25, Oral Instruction Tantra Ch. 2–41; Fourth year: Oral Instruction Tantra Ch. 42–89, Final Tantra Ch. 26 & 27; Fifth year: other Sowa Rigpa related studies.⁵⁵⁸

SRIC curriculum also mentions “Botanical Field Studies,” or summer excursions into the mountains to learn about and gather medicinal ingredients, which follows the “tradition established at the time of the Fifth Dalai Lama’s original Chakpori Institute in the seventeenth century.” However, these trips do not appear to be organized regularly.

⁵⁵⁸ Lumbini Buddhist University, “Bachelor in Sowa Rigpa Medicine,” 8.

APPENDIX II: Morning and Evening Prayers at SRIC

SRIC students recite two fairly standard sets of prayers from a slim prayer booklet in their prayer gatherings; the booklet is adapted from a similar book used in Chagpori Tibetan Medical Institute in West Bengal.⁵⁵⁹ The morning prayers (*snga dro 'i zhal 'don*) listed in the booklet include the “Verses of the Eight Noble Auspicious Ones” (*'phags pa bkra shis brgyad pa 'i tshigs su bcad pa*),⁵⁶⁰ “Mañjuḥoṣa Prayer” (*'jam dbyangs bstod pa gang blo ma*), “Yutok Nyingtig Guru Sādhana Prayer” (*g.yu thog snying thig bla sgrub rin chen them skas*), “Supplication of the Eight Medicine Buddhas” (*sman bla mched brgyad kyi gsol 'debs*) “Fourfold Treatise Lineage Prayer” (*rgyud bzhi 'i bla brgyud byin rlabs char rgyun*) and “Long-life Prayer for His Holiness the Fourteenth Dalai Lama” (*gong sa bdun skyabs mgon chen po 'i zhabs brtan gsol 'debs*). In practice, however, the 15 minute morning prayer entailed reciting “Taking Refuge and Generating Bodhicitta” (*skyabs 'gro sems bskyed*), “Heart Sūtra” (*shes rab kyi pha rol tu phyin pa 'i snying po*; not included in the booklet), “Verses of the Eight Noble Auspicious Ones,” “Mañjuḥoṣa Prayer” with repetitions of the Mañjuśrī mantra, “Yutok Nyingtig Guru Sādhana Prayer,” “Long-life Prayer for His Holiness the Fourteenth Dalai Lama” (*gong sa bdun skyabs mgon chen po 'i zhabs brtan gsol*

⁵⁵⁹ *Rgyal spyi 'i gso ba rig pa 'i gtsug lag mtho slob kyi snga dgong zhal 'don phyogs bsgrigs*, (*Daily Prayer Book of Sowa Rigpa International College*).

⁵⁶⁰ This particular version of the “Verses of the Eight Noble Auspicious Ones” or *Tashi gyepa* (*'Phags pa bkra shis brgyad pa 'i tshigs su bcad pa*) is a prayer penned by the famous Nyingma master Jamgön Mipham Gyatso (*'Jam mgon mi pham rgya mtsho*, also known as Jampel Gyepé Dorje, *'Jam dpal dgyes pa 'i rdo rje*, 1846–1912), and it is based on the *Sūtra on the Eightfold Auspiciousnesses* (*Bkra shis brgyad pa 'i mdo*). *Tashi gyepa* is widely recited in the Himalayan Buddhist world—especially in the Nyingma and Kagyü circles—at the outset of a project or religious practice. At SRIC, *Tashi gyepa* is also recited outside the designated morning and evening prayers, such as in the beginning of a day of student presentations, for instance.

'debs), “Yutok Supplication” (*g.yu thog gsol 'debs*, appended to the booklet), and “Dedication of Merit Prayer.”

The evening prayers (*phyi dro 'i zhal 'don*) as listed in the daily prayer book consist of “Taking Refuge and Generating Bodhicitta,” “Praises to Tārā” (*sgrol ma 'i bstod pa dang phan yon*), Tsongkhapa’s “Three Main Aspects of the Path” (*lam gtso rnam gsum*), “Praise for the [Medicine] Protectors” (*dam can sde dgu 'i bstod 'phrin*), “Aspiration Prayer for the Spread of Sowa Rigpa Teachings” (*smān rtsis bstan rgyas smon lam*), and “Dedication of Merit” (*bsngo ba dang smon lam*).⁵⁶¹ However, much like in the case of the morning prayer, the students follow a markedly different evening prayer routine than what is delineated in the booklet. Similar to the morning session, the prayer starts by “Taking Refuge and Generating Bodhicitta,” after which a brief praise of Medicine Buddha is offered, followed by repetition of the Medicine Buddha mantra.⁵⁶² Then the students recite “Praise of Avalokiteśvara” (*'phags pa spyān ras gzigs dbang phyug la bstod pa*, not included in the booklet) and spend a few minutes repeating his mantra (*oṃ maṇi padme hūṃ*) on their own, creating a steady hum accompanied by rhythmic staccato of individual bursts of mantra recitation among the students. Students then shift to the longest prayer in the session, three cycles of “Praises to Tārā,” which takes up nearly 10 minutes of the ca. 25-minute evening

⁵⁶¹ Evening prayers in Tibetan: *Skyabs 'gro sems bskyed, sgrol ma 'i bstod pa dang phan yon, lam gtso rnam gsum, dam can sde dgu 'i bstod 'phrin, gso rig bstan rgyas smon lam rgyas pa* (abbreviated version: *gso rig bstan rgyas smon lam bsdus pa*), *bsngo ba dang smon lam*.

⁵⁶² “*mtshan legs rin chen gser bzang mya ngan med / chos bsgrags mngon mkhyen smān rgyal shākya thub / rgya chen smon lam dgongs pa yongs rdzogs pa / bde bar gshegs pa brgyad la phyag 'tshal lo // oṃ na mo bhā ga wa te / bhāi ṣa dzye gu ru bai dūrya pra bhā rā dzā ya / ta thā ga tā ya arha te samyaksam buddha ya / tatyā [sic] thā / oṃ bhāi ṣa dzye bhāi ṣa dzye ma hā bhāi ṣa dzye / bhāi ṣa dzye rā dzā ya sa mudga te svāhā // tadyathā / oṃ bhāi ṣa dzyai bhāi ṣa dzyai / ma hā bhāi ṣa dzyai bhāi ṣa dzyai / rā dzā sa mudga te svāhā* / “*Rgyal spyi 'i gso ba rig pa 'i gtsug lag mtho slob kyi snga dgong zhal 'don phyogs bsgrigs*, 15.

prayer. Then, the students recite “Aspiration Prayer for the Spread of Medical and Astrological Teachings,” after which the session is concluded by a “Dedication of Merit” prayer and a few minutes of silent meditation.