

Kloos, Stephan, *Tibetan Medicine Among the Buddhist Dards of Ladakh*

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This chiefly medico-sociological study is based on the author's M.A. thesis submitted to Vienna University in 2002. It makes use of material collected during four months of field-work in the Dha¹-Hanu area of Ladakh, Kashmir, in summer and autumn 2001. This high-mountain region was probably colonized some 1000 to 800 years ago by Dards immigrating from Gilgit and speaking a dialect of the Indo-Aryan *Shiṇā* language still traceable in the villages of Dha and Garkun, but the use of which is said to have been banned by a 16th-century royal edict² in favour of the Sino-Tibetan *Ladākhi* idiom. Buddhism was not introduced there until the early 19th century when a hermit named *dKon-cog dbaṅ-po* built a monastery of 'Bri-guñ-pa affiliation in Hanu in 1825.

Hanu proper is a northern side valley to the left of the Indus valley, in which three major villages are situated: Hanu Thang, Hanu Yogma, and Hanu Gongma (the last-mentioned one at about 10,500 feet or 3,200 metres). It had been for centuries the main route from Ladakh to Baltistan but is now blocked at the Chorbat Pass (16,730 feet or 5,100 metres³) by the cease-fire line between India and Pakistan. In the wake of the 1999 Kargil conflict, which also affected this solitary tract of land, it was declared strictly out of bounds to all non-residents, foreign and otherwise, except for

¹ Commonly written Da in secondary literature; the natives spell it mDa'.

² Kloos attributes this edict to King Tshe-dbañ nram-rgyal [p. 74], whose reign he assigns to 1532–55 without elaborating [p. 72 sq.]. He should have referred, en passant at least, to L. Petech's divergent if provisional chronology of the early rulers of the second dynasty: Kun-dga' nram-rgyal c. 1535–55, bKra-śis nram-rgyal c. 1555–75, and Tshe-dbañ nram-rgyal c. 1575–95 (The Kingdom of Ladakh c. 950–1842 A.D., Roma, 1977, pp. 27–32).

³ Cf. J. Rizvi, *Ladakh Crossroads of High Asia*, Oxford, 1998, p. 110.

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those having a special permit. It was under such aggravating circumstances that Kloos had to carry out his investigations: looked upon indulgently at first by the Indian army, but watched suspiciously and stopped abruptly in the end by the military intelligence service.

The central figure of the present treatise is a certain Tshe-riñ dpal-'byor alias bKraśis bu-lu ("Little Tashi") of the Gañs-chuñ-pa family, who lives in the village of Hanu Gongma and – like his late grandfather bsTan-'dzin – follows the traditional profession of an *am-chi* or *em-chi*, as the practitioners of Tibetan medicine are called in Ladakh.⁴ Born in 1940, he never went to school but learned the elements of reading and writing from his father. When he was 13 years old, he left for Teah – three and a half days' march away – to train as a healer under the guidance of one sKal-bzañ stobs-rgyas Kluñs-pa, starting to give medicine at 15 and passing his final examination (*dmar-khrid*⁵) at 21. In return for his teacher's endeavours and expenses, he tended cattle for him by day and simultaneously read the requisite textbooks, memorizing everything needful by night. As a final fee, he offered him the choice among a horse, a yak-and-cow hybrid (*mdzo*), and a donkey, the last of which was given preference at that time as the most valuable of these animals. After completion of his *am-chi* apprenticeship, using a sort of second chance to study, he took up classical Tibetan literature under the direction of one bSod-nams kun-dga', a visiting monk from the nearby village of Skyurbuchan, whom he saw for four to five years at irregular intervals.

The monograph in hand consists of three major parts: (1) an outline of the theoretical concept of the subject-matter, embracing a sketch of the historical development and the doctrinal foundations of Tibetan medicine [ch. 2–4]; (2) an account of the research process and its background, including a brief history of the Buddhist Dards in Ladakh and especially in Hanu [ch. 5–8]; and (3) an analysis of the social role of the traditional physicians in Hanu Gongma and particularly the protagonist, bKraśis bu-lu, who has the biggest stock of medicines, the greatest competence, and the most patients, being not only a salaried government *am-chi* and as such a member of the Ladakh Amchi Sabha, but also a very important local astrologer [ch. 9–10]. The upshot of it all [ch. 11] may be summarized as follows.

Until recently, *am-chi* practitioners enjoyed the highest status among laity, performing as they did vital services for the people. Since they controlled the supplies of *materia medica* and the diseased were dependent on them, they acquired vast social power over the villagers resulting in the privilege to extract alms from them by way of payment, thus maintaining a system of reciprocity legitimated both from a profane and a religious point of view. With the dawn of the modern age, that is, India's release from British rule and the partition of the subcontinent, the situation in Ladakh changed gradually but radically, being marked by such novelties as democratic patterns of government and administration, market economy, road construction, public

⁴The word is of Turkic origin, being cognate with Mongolian *emči* and probably going back to Old Turkish *ämči*, both of which mean "physician". Cf. G. Doerfer, *Türkische und mongolische Elemente im Neupersischen*, II, Wiesbaden, 1965, p. 215 sq. (I am grateful to my colleagues Jens Peter Laut, Freiburg, and Michael Weiers, Bonn, for this information.)

⁵Literally, "successful(ly completed) instruction"; see H.A. Jäschke, *A Tibetan-English Dictionary*, London, 1881, p. 422 b.

transport, medical care, tourism, and so on. This had far-reaching consequences for the life-style of the new *am-chi* generations also, who were forced to look for other sources of income than alms, and to manage their means more thriftily, after patients did not have to seek their help any longer and the old system of mutuality broke down once for all. Trapped in the dilemma between tradition and modernity, they may still take advantage of the great esteem owed to their former position in society, and enter into rivalry with one another (and with biomedical doctors as well), which again may lead to a knock-out strategy detrimental to health care and social peace in the communities. A perfect example illustrating the negative effects of such a development is the case of bKra-śis bu-lu, whose frequent visits to Leh and regular contacts with influential personalities not only brought him much material benefit, which he used to gain medical superiority to his local colleagues, but also earned him the reputation of being the mightiest man in Hanu Gongma, which generated an atmosphere of envy, mistrust, and insinuation; for the tactics he chose in getting hold of the money necessary to lay in a good stock of medicines were not generally tolerated, and upset what social balance there was in the place.

Ladākhī proper and geographical names as well as technical terms the writer has given in anglicized form (phonetic transcription) only, which renders it difficult sometimes to find out the actual spelling (transliteration); in this regard, the book would be more friendly to readers if he had followed the standard set by J. Crook and H. Osmaston in their monumental *Himalayan Buddhist Villages* (Bristol, 1994), who listed such names both ways on pp. 847–864. An instance of negligent editing are the wrong page-numbers given on p. 8 for the tables, which should be 87–88, 103, 104, and 116 respectively.

In spite of such minor criticism, the author deserves to be congratulated upon a fine piece of scholarship affording a deep insight into the problems experienced by the *am-chi* profession on the threshold of the 21st century.