Katherina Sabernig's book focuses on the doctor-patient relationship and clinical aspects of Tibetan medicine as practised at the monastery hospital of Kumbum (sku vbum bods man khang) in the Tibetan region of Amdo. Her aim is to generate awareness among Western readers about the contemporary situation of Tibetan medicine in Amdo, and to highlight its complexity and professionalism as a medical system in its own right. She argues that Tibetan medicine is in fact a 'scholarly medicine' ('Schulmedizin'), and is not only an important aspect of the revitalisation movement in Tibet but also an integral part of the local health system in Amdo (p. 129). With her book, she wishes to highlight the problems that could arise during the transfer of Tibetan medical knowledge, particularly possible misunderstandings of Tibetan pharmacology that might occur when looking at Tibetan medicine from a biomedical perspective. Sabernig also wants to draw attention to the depletion the medicinal plants of the Himalayan region, which is a danger with the increasing commercialisation of Tibetan medicine (p. 4).

The book begins with a summary of relevant literature (Chapter 1) and a brief introduction of the history and principles of Tibetan medicine (Chapters 2 and 3), followed by an outline of the research methods (Chapter 4). The main part of the book is descriptive in nature and presents the clinical practice of Tulku Tashi Rinpoche, a Buddhist teacher and Tibetan doctor and his team of thirty employees, including eight trained doctors, at the monastery hospital of Kumbum in Amdo (Chapter 5). Patient profiles and case studies on the main diseases that are treated at the hospital (Chapter 6) are followed by detailed descriptions of the manufacturing processes of medicines and the practice of other external treatment methods (medicinal baths and moxibustion, Chapter 7). The book ends with an overall discussion of the material (Chapter 8).

The literature review is brief, concise, and largely descriptive. With her background in medical anthropology one would expect Sabernig to mention and discuss existing anthropological literature on Tibetan medicine beyond four articles by Vincanne Adams and Craig Janes. Her description of the field site setting is very brief and stripped of any political contexts (pp. 48–9). This could be negligence or a conscious choice; the reader is not told the reason for the rather apolitical stance of her research in a place so embedded in larger political movements. Although she mentions the importance of Tibetan medicine for the revitalisation movement in Amdo, she does not describe the revitalisation movement in its political environment and how politics have influenced the practice of Tibetan medicine in Kumbum.

Sabernig’s research methods with regard to recording and photo documentation are sensitive and respectful towards the patients. She concludes from her six research visits to Amdo (lasting between ten days and three months between 1995 and 2004) that participant observation is an insufficient method to understand the enormous structure of a medical tradition, which requires many years of intensive study, but that fieldwork is nevertheless a suitable tool to demonstrate and bring to life the daily application of medical practice (p. 1).

Overall, the author's research is not anthropological in nature even though it is still called 'fieldwork,' which for her is not a 'method' but rather an 'art' or 'social competence' (p. 41). Ethnographically, the book is detailed in its descriptions, but does not make any use of direct speech, which would give space to people's voices. One wonders why she considers patients only as ‘passive informants’ (p. 62) and not as active agents in the creation of the therapeutic encounter, something that is considered important in medical anthropology today. It might have been due to the time limits of each consultation and language difficulties, since consultations took place in Tibetan, Chinese, and Mongolian. Sabernig used only translations of recorded patient consultations, during which she mostly focused on non-verbal and visual impressions (which
was the culturally appropriate method given the situation). There were no follow-up interviews with patients.

Sabernig herself is a medical practitioner (aside from ethno-medicine, she studied massage therapy, Shiatsu, and biomedicine) and is deeply interested in culturally different medical practices. Her outlook is nevertheless mostly biomedical and, while she deeply respects local medical epistemologies, in her discussions at the end of the book (Chapter 8) she frequently draws parallels with biomedical illness concepts and Western explanatory models. For example, she suggests that hormesis toxicological methods could be useful to measure the threshold value (‘Schwellenwert’) of Tibetan medicines where a toxic plant material, which is beneficial in small doses, reaches the level of toxicity at a certain point (p. 123); and she emphasises the neuropharmacological benefits of burning incense (p. 125). While drawing such parallels offers a few pragmatic solutions as to how the West could better understand Tibetan medicine, the author remains non-reflective of the culturally constructed nature of her own approach.

Sabernig observed and documented 355 patient consultations, which forms the main and most detailed bulk of her work (Chapters 5 and 6). Descriptions of illnesses using the local medical terminology are presented in detail with the help of illustrations and charts. The author admits that no questions were asked about the reasons why people chose Tibetan medicine or whether they combined Tibetan pills with other available medicines. She does not give any reasons for leaving out such important questions (pp. 62–3), and the reader gets only a few glimpses of the nature of medical pluralism in Amdo.

Despite her overall biomedical outlook, the author generally introduces local illness categories and is not limited to finding biomedical equivalents; she shows respect and sensitivity towards Tibetan illness epistemologies. Two aspects that she clarifies well and that are often neglected in publications on Tibetan medicine are a) the variations possible within one particular illness syndrome; and b) the possible side-effects of Tibetan medicines. As for the first point, various symptoms that are seen and diagnosed together under one particular illness syndrome develop differently and are treated differently according to the patient's individual constitution and the internal dynamics of the developing illness (pp. 73–9). For example, ‘wind in the heart’ (snying rlung), also called ‘nervousness in the heart’ is described as very common among all patients visiting the hospital, who belong to various ethnic groups (Tibetan, Han Chinese, Mongolian, Hui, and Tu). ‘Wind in the heart’ can have various causes and developments: it can result from ‘wind after a delivery’ as well as from a brain tumour, where the ‘heart-wind’ has ‘risen into the head’ (pp. 74–6). ‘Worries’ are mentioned as emotional factors that contribute to ‘heart wind,’ but there is no further investigation or analysis in terms of internal family issues or wider socio-political problems, which again will leave those readers familiar with the Tibetan situation wondering why the research left aside socio-political aspects of people's lives. ‘Wind in the heart’ is known as a somatic expression of political repression among Tibetans and various case studies of snying rlung among Tibetans have been published earlier (e.g. Janes 1999; Jacobson 2002). It would have been interesting for Sabernig to contrast or compare her findings with those from Janes or Jacobson, especially because she covered different ethnic groups of patients and did not find snying rlung only affecting Tibetan patients.

As for the second point, side effects, it is interesting to come to know how Tibetan medicines might cause side effects, not only when overdosed, but even when the correct prescriptions are given (p. 96). This is valuable information and rightly questions the general and widely published understanding that Tibetan medicine has no side-effects.

The chapter on therapeutic practices and Tibetan pharmacology offers many photographs of medicinal ingredients and their careful identification (the author prepared several herbaria with Amchi Tamba Hiampe in the Koce region). Her discussions of certain plants, their substitutions, availability, and the economic circumstances of the hospital pharmacy are a useful contribution.
An impressive part of the book is Sabernig's description of the attitude of the doctors towards their patients and how they integrate ethical values of compassion and altruism into their daily medical practice. The author herself was inspired by these aspects of Tibetan medical practice. The empathy as shown by Tulku Tashi and his doctors towards their patients is something we often miss in biomedical practice. Sabernig concludes that Western medical practitioners could learn and adopt such practices and attitudes from Tibetan medical traditions.

The setting and layout of the book is structuralist in nature and could have been designed with more fluidity using less numbered headings and subheadings. However, the numerous black-and-white photographs add a visual element to the reading experience, which makes Tibetan medicine in Kumbum seem more tangible. Some typing errors have crept into the bibliography. Overall, the work shows the author's personal passion and dedication to the topic of Tibetan medicine in Amdo. Her intensive and careful attention to Tulku Tashi Rinpoche, his team, and his patients bring their medical practice to life for the reader and, despite its analytical and methodological shortcomings, make this book a valuable contribution to the study of Tibetan medicine.

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References