A CRISIS OF CONFIDENCE:  
A COMPARISON BETWEEN SHIFTS IN TIBETAN MEDICAL EDUCATION IN NEPAL AND TIBET

SIENNA CRAIG

When my father taught my brother and me, we learned at home, not in a school. We learned what medicine is by coming to know the plants in our area, cleaning and drying and grinding these plants into powders. We studied and memorised dpe cha, but did not know this thing called ‘textbook’. Someday we hope to have a program like those in Lhasa or Dharamsala here in Nepal. This is still a dream. But when we think about such goals, or even the future of our small schools, it is important to think about curriculum. This concept is new for most of us.
—Chairman of the Himalayan Amchi Association, Kathmandu, and Co-Founder of the Lo Kunphen School and Mentsikhang, Mustang, Nepal

In most colleges, students don’t get much clinical experience—at least not enough to be considered a skilled doctor. Some get this after, in a variety of clinical settings, but many more get channelled into other tracks, like marketing or producing medicines. But those who produce medicines also might not have more than a basic sense of the plants and other ingredients, or at least not much experience collecting. They don’t learn these skills in detail anymore. They become more like pharmacists and marketing specialists, rather than healers. The same is true for teaching. You go through training only to arrive at the other side to be weighed down with teaching responsibilities and not a lot of time to test your own practice.
—Professor, Tibetan Medical College, Lhasa, TAR

INTRODUCTION

The forms and content of gso ba rig pa education bear directly on the health and well being of culturally Tibetan communities throughout the

---

1 This paper is based on ethnographic fieldwork I have been conducting in Nepal since 1995, and the TAR since 2002. I would like to thank the Social Science Research Council, the Wenner-Gren Foundation for Anthropological Research, the National Science Foundation and the Department of Anthropology at Cornell University for their support of this work.
Himalaya and Tibetan Plateau now and in the future. Indeed, how one comes to know the mind and body, and to alleviate suffering, can cut to the core of personal and cultural identity. Within the framework of the modern nation-state, the relationships between body, disease, and the social status of doctors often mirror the body politic and call forth nationalist imaginings (Foucault 1975; Haraway 1991; Martin 1997; Adams 1998). In general terms, education—medical or otherwise—is a vehicle by which culture changes and endures. It is also a realm that is often state regulated, and thereby implied in the production of national sentiment and citizenship, within both colonial and postcolonial contexts (Anderson 1991; Comaroff and Comaroff 1992; Chakrabarty 2000). This study of the changes occurring within Tibetan medical education in Nepal and the Tibet Autonomous Region (TAR) of the PRC reveals some of the ways that both Tibetan medicine and a more diffuse sense of Tibetan identity are constructed and experienced within different national contexts. In this sense, my work speaks to other studies of the relationship between nationalism and so-called ‘ethnomedicine’ or ‘traditional healing systems’, with a particular focus on Asian healing systems (Farquhar 1994; Hsu 1999; Langford 2002; Scheid 2002). In examining the specific changes affecting Tibetan medical education today, I also draw inspiration from literatures that explore the power of ‘science’ in shaping national, medical, and individual consciousness (Latour 1993; Prakash 1999; Adams 2002).

This paper illustrates how and why Tibetan medical education is undergoing a number of changes in Nepal and in the TAR. These changes include, but are not limited to: shifts from private, informal instruction, often tied to a particular medical or religious lineage (rgyud), toward institutionalisation and standardisation of curriculums; increasing specialisation of Tibetan medical knowledge, precipitating a separation of those who produce Tibetan medicines from those who prescribe them; pressure by governments, non-governmental organisations, and patients, as well as from students and practitioners of Tibetan medicine themselves, to integrate Tibetan medicine and biomedicine, both within medical education and clinical practice; shifts in the sources of funding for Tibetan medical education, including issues surrounding government recognition of, and support for, gso ba rig pa;

2 This theme is also linked to the growing national and international Tibetan pharmaceutical industries (TIN 2004).