MAKING A MEDICAL LIVING: ON THE MONETISATION OF TIBETAN MEDICINE IN SPITI

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Most current research on modernisation of Tibetan medicine has been carried out at major centres of Tibetan culture, concentrating on Tibetan medical institutions in Leh, Dharamsala, Kathmandu and Lhasa, as well as in the larger Tibetan settlements in India (e.g. Adams 2001, 2002; Janes 1995, 1999, 2001; Pordié 2002; Samuel 2001). In contrast, this paper is concerned with a highly localised, village-based focus on ‘amchi medicine’—as Tibetan medicine is locally called—as it is practised in the western Himalayan valley of Spiti. One aspect of ‘professionalisation’ of Tibetan medicine will be investigated here by looking at profound socio-economic changes in medical practitioners’ works and lives. Villagers now draw a firm line between accepting to pay a certain amount of money for a prescribed medicine and refusing to pay fixed prices for a medical consultation. In other words, while they have come to tolerate a general commodification of Tibetan medicine (and medicine in general), villagers keep resisting the commercialisation of ‘traditional’ medical services that previously were based upon reciprocal and complex social healer-patient relationships, where an exchange of medical service for labour was the established norm. Consequently, although Spiti villagers as individuals were quick to use the rising money economy for their own purposes, the amchi themselves seem to be unable to participate in it, and now face difficulties making a living. Their predicament is grounded in a combination of state-administered biomedical hegemony, the newly introduced monetary system, and the breakdown of the ‘traditional’ socio-economic system of reciprocal exchange between amchi and villagers.

This paper, therefore, sheds light on the contradictions and problems of making a living as a rural medical practitioner in present-day Spiti,

1 Exploring a field that is strongly characterised by a process of change requires that ‘tradition’ and ‘modernity’ be viewed not as a fixed binary opposition in which it is the goal for a society to reach a state of ‘modernity’ in the future. Rather, as is the case in this study, people—here, the Spiti amchi—by using so-called ‘traditional’ and ‘modern’ elements alike deliberately try to create a beneficial present, which is consequently very dynamic.
in contrast to amchi in other well-established centres of Tibetan medi-
cine. The complex social rootedness in the exchange of gifts between
amchi and their patients will be examined by following Marcel Mauss’
analysis of gift and counter-gift, as expounded in his famous work *The
Gift* (1954). I will discuss the altruism and the ethical, social and med-
ical obligations of the amchi grounded in their tradition, and their con-
tinued socio-medical relevance up to the present day. This chapter is
based upon my field research in Spiti from January to June 2003, and
on observations dating back to 1999.2

**SPITI—A REMOTE PLACE**

Spiti is not only a remote place geographically and historically speak-
ing, it is also remote in terms of Tibetan medicine.3 Situated in the high
desert landscape of the Himalayas in Northwest India, in a valley with
high passes at either end, Spiti has remained largely cut off from trade
routes, as well as from social, cultural and religious exchange with its
neighbours. Because of its geo-political importance as a buffer zone
between India and China since the late 1960s, and also due to its status
as a ‘tribal area’, Spiti has attracted a strong financial engagement by
Indian central and state governments aimed at the ‘development’ of the
region. Road building resulted in the connection of nearly all villages
with the main Spiti valley (even up to 4,200 m) and brought modernity
into most houses, not only in the form of technical equipment, but also
as altered dietary habits, patterns of dress, and so on. However, it is
only since the 1980s that state interventions have intensified, and only
since this time has Spiti undergone dramatic economic and socio-cul-
tural changes. Among many government institutions, primary and sec-

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2 I am grateful to the Heinrich-Böll Foundation who generously supported my research which is the basis of this chapter. Further, I would like to thank especially Laurent Pordié, Isabelle Guérin, William Sax and Mona Schrempf for their useful comments on the initial versions of this paper. Because my fieldwork is ongoing, the following statements have to be seen as preliminary. Furthermore, the analysis given here is provisional since developments will certainly continue to alter rapidly, given the contemporary course of change in Spiti.

3 Spiti valley is located south of the Ladakhi Changthang area and the Indo-Chinese border in the Indian state of Himachal Pradesh. The main valley stretches about 130 km from west to east along the Spiti river. Due to harsh weather conditions, the passes to the Indian mainland are closed for about six months of the year. Even within Spiti several villages and some areas are cut off from the main valley from December to May.