Vincanne Adams, Mona Schrempf, and Sienna R. Craig (eds)


This book aims to contribute to the burgeoning literature that focuses on the ways in which modern science and biomedicine are being shaped through interactions occurring on non-Western grounds. It does this by addressing a range of issues related to the translation of scientific epistemologies in Tibetan medicine. Each of the contributions to the volume provides an exploration on Tibetan grounds of an encounter between Tibetan medicine and biomedicine. These range from historical papers focusing on the introduction of biomedicine in Tibet and attempts to standardise and modernise Tibetan medicine in Russia in the early twentieth century, to problems translating and implementing biomedical knowledge, technologies, and research methods in contemporary Tibetan medical institutions in China and India. Further papers address the interface between forms of Tibetan healing and biomedicine in approaches to obstetrics in Ladakh, in Tibetan communities in Amdo, and in clinical trials on the benefits of the use of Tibetan yoga for people with cancer at the University of Texas M.D. Anderson Cancer Center. Many studies have been done on the effects of biomedicine on indigenous medical systems. The process is usually depicted negatively with hegemonic biomedicine dominating, transforming, or effacing indigenous medical knowledge and practice. The contributions to this volume take a different approach. Here the focus is on the bidirectional flow between biomedicine and Tibetan medicine. Rather than effacing Tibetan medicine, we are given numerous examples of the ways in which biomedicine is appropriated and Tibetanised leading to hybrid forms of medical knowledge and practice. For instance, Adams’s article considers the ways in which doctors of Tibetan medicine working in the hospital in Xining use biomedical diagnostic techniques such as ultrasound and x-ray alongside Tibetan methods. She denies that this amounts to a biomedical colonisation of Tibetan medicine; rather Tibetan doctors consider biomedical and Tibetan techniques to be equally valid methods that give different insights into the patient’s condition. Gerke’s article documents the same process in the Men-Tsee-Khang branch clinic in Kalimpong where Amchi Jamyang incorporated biomedical blood tests in his diagnoses of patients. Other examples of hybridity in the volume include: Chaoul’s article where the patients receive both biomedical treatment and treatment using Tibetan yoga; Gutschow’s article on obstetric practices in Ladakh, which shows how the
biomedical space of the clinic can accommodate the use of ritual blessings and Ladakhi notions of purity and pollution; and Craig's article, which focuses on a randomised controlled trial in Lhasa of a Tibetan medicine used for postpartum haemorrhage, that involved an elaborate ritual blessing of the medicine. These contributions clearly illustrate the way in which Tibetan medicine is situated between ‘science’ and ‘religion’.

We can see from these examples that the book takes an expansive view of Tibetan medicine that includes the full range of Tibetan healing practices. This is demonstrated in the editors discussion of their translation of the Tibetan phrase *sowa rigpa*, which is the term most often used by the practitioners discussed in the volume to apply to their medical practice. They translate it ‘the science of healing’, partly to ‘complicate the notion of science’, which identifies it as a distinctive approach to knowledge originating in European and American culture, and partly to encompass Tibetan healing forms beyond the standardised modernised form of Tibetan medicine found in the major contemporary institutions of Tibetan medicine in India and China.

The article by Schrempf provides a further example of the way that Tibetan medicine is situated between medicine and religion, which she represents by the twin symbolic poles of ‘the mantra’ and ‘the syringe’. In her account, patients in Amdo assume a pragmatic orientation to the plural healing context, moving fluidly between mantras, divination, ritual healing, and the syringe. In order to understand this, Schrempf identifies a cultural logic of healing in Amdo that she presents as an example of what Byron Good refers to as semantic illness networks. The editors identify the same issue when they say that the contributions represent various workings of a ‘morally charged cosmology’. *Sowa rigpa* is presented as a flexible set of healing practices deeply related to Tibetan cultural and social values, a ‘sensibility’ that is able to seamlessly encompass science and religion. A major contribution of the volume is the way in which all the articles address this issue.

A further quality of the *sowa rigpa* sensibility is the way that Tibetan medicine, in its encounters with biomedicine, is able to adapt and absorb biomedical forms whilst at the same time retaining an epistemological constancy. This is clearly shown in the contributions in the volume that focus on translation. Gerke’s article begins by noting the lack of a unified terminology that can be used for translating between Tibetan medicine and biomedicine and she identifies the need for ethnographic accounts of the translation process. The contributions by Adams and Craig give ethnographic accounts of this process in Tibet, whereas Czaja, Gerke, and Kloos document the process in India, and Chaoul did the same in the US. Czaja’s article also gives an example of how through the translation process Tibetan doctors can retain epistemological