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Buddhism in the Everyday Medical Practice of the Ladakhi *Amchi*

Laurent Pordié

Abstract

Almost the entire content of the medical texts, as well as the therapeutic practices carried out daily by the practitioners of the scholarly medicine of Ladakh, North-western India, are of a technical medical and a-religious nature. However, medical ethics and elements of medical epistemology are based on Buddhism, and all healers underscore the importance of the moral dimension in the practice of medicine, a dimension that refers expressly to religion. The ethnography presented in this article examines the role of religion for medical practice in both moral and practical points of view.

Keywords: Tibetan Medicine, *Amchi,* Buddhism, Ladakh

In the Ladakh region of the Indian Himalayas, the term *amchi* designates the practitioner of the "science of healing" (Sowa Rigpa, *gso ba rig pa*), otherwise known locally as "*amchi* medicine", or elsewhere as Tibetan medicine. This scholarly medical system has been established in Ladakh since around the tenth or eleventh century and share influences of the Indian and Chinese medical traditions, as well as from Buddhism. The *Mahāyāna* Buddhist tradition was a determining factor in the historical construction of Tibetan medicine and has become its cultural matrix. Medical epistemology is based in part on Buddhism, above all in the classification of diseases and their fundamental causes (Meyer, 1988). "Medical theory, concerned with an aspect of human misfortune, becomes a particular application of the Buddhist doctrine of liberation. The same psychological and moral processes that chain beings to the phenomenal world are thus at the origin of organic life and are at work in the appearance of disorders inherent to its nature" (Meyer, 1987:237). Buddhism also contributed to the formation of the moral foundations of the

[1] LAURENT PORDIÉ, Head of the Department of Social Sciences at the French Institute of Pondicherry.
E-mail: laurent.pordie@ifpindia.org

practice, in which the individual religious approach of the therapist is, at least in Ladakh, still greatly encouraged today. While nearly all the content of the medical texts, as well as the *therapeutic* actions carried out daily by *amchi*, are of an non-religious and technical medical nature, therapists today underscore the importance of the moral dimension in the act of healing, a dimension that is specifically a matter of religion.

The association between medicine and religion in the Tibetan world does not however signify the merging of the two entities, the practices of which are separate. The medical and religious domains are differentiated on several planes. On the other hand, medicine is not isolated from religion and religious thought. This article, based on an ethnographic study conducted in Ladakh between 1998 and 2003, aims to elucidate certain points where medical and religious practices meet. It underscores representative aspects of the religious life of the *amchi* as well as a number of their ideas on this subject.

Medicine and Buddhism

Buddhism, teaching that suffering is inherent to the nature of sentient beings, made the Buddha the perfect physician, competent to remove illnesses through devotion, meditation and the control of thought processes. A number of medical metaphors are to be found in the classic Buddhist texts. In addition to that just mentioned, which represents the Buddha as the "Supreme Physician", the *Mahāparinirvāna Sūtra*, for example, recognizes four fundamental principles for the practice of *dharma*[1]: viewing the teacher as a physician, considering oneself to be ill, considering the teaching as a medicine and the practice of the teaching as a treatment (Clifford, 1984).[2] The *Mahāyāna* Buddhist tradition also recognizes the existence of deities specifically concerned with healing and medicine. The reason for relating Buddhism and medicine probably stems from the fact that the Buddhist doctrine "does away with the cause of suffering and thus provides the remedy for illness" (Willemen, 1995: 261), it being understood that illness is a particular category of suffering.

The Buddhist tradition has formulated the place of medicine in the framework of the traditional scholastic sciences. The typology of erudite sciences (*rig gnas*, Skt. *vidya sthana*), is classically composed of five major fields of knowledge (*rig gnas che ba lnga*) and five minor fields (*rig gnas chung lnga*). Medicine (*gso ba rig pa*, the "science of healing") belongs to the major *rig gnas*, together with arts and techniques, linguistics/grammar, logic/epistemology and "Buddhist science" (*nang gi rig gnas*). Among these five fields, only "Buddhist science" is specific, "not common" (*thun mong ma yin pa'i rig gnas*), to Buddhism. The four others are fields of knowledge

common (*thun mong rig gnas*) to Buddhism and to other religious traditions (such as Brahmanism).

While they are in this sense differentiated from what is generally understood by "religion" – opposing for example the profane to the sacred –, these common fields of knowledge are nevertheless not isolated. In the classic Indo-Tibetan context they come under *chos*/dharma, the semantic field of which is broader than that of "religion". The "ordinary sciences" can thus be included in the framework of *chos*/dharma according to the purposes assigned to them as stages or levels that belong to one and the same path. This is the case when they are considered to be necessary to progress on the path. In the Tibetan world, medicine, which is itself not a domain of the religion, enters in this way into the Buddhist field of action when it is put in the service of a project of a religious nature. On the other hand, even when the intentions or finalities given to medicine are viewed as favourable to progress on the path of dharma, Indian and Tibetan scholars are fully aware that medicine belongs to planes of reality or truth that only have relevance up to a certain stage on this path. For this reason, the sources of reference of these "sciences" (in themselves profane) were integrated into the Buddhist canon, while distinguishing them, as "exterior" sciences, from teachings considered to be Buddhist properly speaking, that is, "interior" science. Monastic teaching can integrate the study of medical texts, the aim being the learning of one of the major sciences of the Buddhist canon and not necessarily the practice of medicine.

While medicine had been taught and practised much earlier,[3] the centralization of the Tibetan state in the seventeenth century was favourable to the creation of institutional structures. Monastic institutions that specifically taught medicine were founded in Tibet in 1643 and the following years by the Fifth Dalai Lama (Meyer, 1997). Located in monasteries, such medical colleges (*sman pa grva tshang*) led to the creation of autonomous educational institutions outside the premises of monasteries. However, the medical teachings mainly concerned monks until the eighteenth century. It nevertheless appears that a "medical mentality" distinct from Buddhism would have been formed in Tibet as early as the sixteenth century (Gyatso, 2004). The constitution of an episteme specific to medicine, at that time and during the next century, accounts in particular for a desire for autonomy felt by the physicians, for a certain appreciation of materiality and for a sense of empirical truth. The medical literature termed *nyams yig* ("writing from experience") indicates since that period the constitution of an epistemological tradition specific to medicine (*ibid*. 2004: 86). As pertains to the subject of empiricism in Buddhism and in medicine, Janet Gyatso shows that "in essence medicine provided a special spin to experience, even if it shared an

interest in it with mainstream Buddhist scholasticism. For both of the kinds of experience identified in this paper, the medical versions were distinctively all about the physical. The thick world of practice that informed *nyams-yig* writing, for example, had for the physician everything to do with the idiosyncrasy of the material world" (*ibid.*: 93).

In practice, Tibetan medicine is differentiated from religion, as is borne out by the constitution of the medical field as an entity largely independent of the religious. It is precisely this differentiation between sectors, together with a relative porosity of their borders, which makes it possible to employ or set aside religion according to wish and purpose, without imperilling the practice of medicine itself. Thus religion can be used as a distinguishing and ethnicizing element of Tibetan medicine, when the latter is destined for the international market and tourists (Samuel, 2001). Conversely, the religious heritage can be eliminated when it is a matter of verifying the therapeutic validity of the medicine according to universal biological standards. Religion can also be set aside by political environments, such as during the Cultural Revolution in China (Janes, 1995). Religion served the Chinese authorities as a reason for targeting pre-eminently Tibetan medicine and its practitioners. The practitioners and students of Tibetan medicine have therefore reconstructed their medicine in a political language in line with the expectations of the Chinese government. This political language can be that of science (Adams, 2001). Science, moreover, is involved in the national policies in China; it is considered to contribute to the progress of the country while being subject to systems of control and regulation (Chen, 2005). Still today, although Chinese socialist modernity (during the Reform Era and later) was subsequently more favourable to Tibetan medicine, all that is viewed as a religious heritage in the medical domain is carefully set aside or transformed. This situation is in strong contrast with the case in Ladakh, where religion is not subject to national oppression and where medicine is also not affected by a state-imposed biomedicalization. The religious practices traditionally surrounding Tibetan medicine have a greater presence there today, or at least they are expressed more freely. That does not however mean that religion would be imperative for medical practice. Buddhism is generally present beside medicine, but this presence is not deemed absolutely necessary for the practice of medicine. Such is the case for the *sman drup* (*sman sgrub*), a ritual for the consecration of medicine (cf. Pordié, forthcoming), which is one of the salient examples of the association between medicine and religion. Few Ladakhi *amchi* participate in it, whereas they practise medicine daily. While they underscore that the ritual enhances the power of the medicines, they observe that Tibetan medicines are effective without the performance of this complex ritual.

Religion can thus be understood as an ensemble of *supportive paradigms* for Tibetan medicine. This notion of "ensemble" does not aim to reduce a socio-cultural reality as diverse as Tibetan or Ladakhi Buddhism to a unique paradigm. This type of interpretation makes it possible, on the one hand, to note the compatibility and the proximity between medicine and religion and, on the other hand, to underline the differentiation between the one and the other – and to understand that medicine can theoretically function without religion: the supportive paradigm in not a constitutive paradigm, as, for example, medical theory is. The supportive paradigm can be modified in its content (by replacing, for example, one religion by another) without radically transforming medicine, whereas the constitutive paradigm does not tolerate significant change.[4]

Preliminary views on the *amchi* of Ladakh

The Ladakhi *amchi* are sometimes considered to be "secular religious specialists" (Dollfus, 1989: 36, 99 and 2003: 5, note 2), just as oracles (*lha mo*, *lha ba*) and onpo (*dpon po*, a category of ritualistic astrologers). The *amchi* can theoretically be invited to villages to conduct *chos sil* ceremonies (reading of religious texts) when there are no officiating monks or literate persons. The explanation generally given rests on the fact that *amchi* are able to read texts in classic Tibetan. In reality, however, although the learning of medicine requires in theory the knowledge of literary Tibetan, not all *amchi* are literate. A large proportion of rural practitioners, in any case, are not sufficiently trained in Tibetan to read religious texts. Learning through hereditary line (*rgyud-pa*) or from master to disciple represent in rural Ladakh the main means of transmission of medical knowledge. The learning involves above all practical aspects of the medicine and knowledge is orally transmitted.[5] The recitation of theoretical medical texts very often consists in the repetition of the master's words, which are learned by rote. The *amchi* recognize text passages by dint of repetition, but will not necessarily be able to read in detail an unknown text. Even if it would be the case, the *amchi* are anyway seen by their fellow villagers as specialists of nothing but medicine. The fact that literate lay village *amchi* can actually officiate in exceptional cases does not, in my understanding, allow one to today qualify all of their counterparts as "secular religious specialists". Their speciality is not religion. In short, it would appear that the religious functions that some researchers have ascribed to *amchi* in Ladakh are of an exceptional nature rather than being the rule. Let us also state in passing that in this region medical education was never incorporated into monastic studies, as was the case in Tibet. The *amchi*-cum-monks constitute around eleven per cent of the total *amchi* population. Their presence is due only to personal initiatives.

Smriti Srinivas also categorizes the *amchi* (*lha rje* in her text) in a rather inappropriate manner. This author includes them in the group of "ritual practitioners", with monks, oracles and astrologers (Srinivas, 1998: 132). Although medicine would contain certain elements of a religious nature, the medical practice of the *amchi* is nevertheless not founded on ritual principles. It is not a ritual therapeutic practice. As we shall see below, the *amchi* indeed employ certain rituals (during the collection and preparation of plants, the invocation of particular deities, etc.), but their practice generally does not rely on ritual when they endeavour to prevent, to alleviate or to heal the diseases of their patients.

The *amchi* are viewed by their fellow citizens as "erudite persons" (*mkhas pa*), but in respect of their specialized medical knowledge. They are also perceived as being persons with a strong moral dimension and are generally held to have a "high" *spar kha*. "In its popular Ladakhi meaning, *spar kha* symbolizes good fortune and the ability to remove obstacles (*bgegs*, *bar chad*) and harm (*gnod pa*) of all kinds" (Dollfus, 2003: 27). This term is often translated in the literature as "spiritual power".[6] Some *amchi*, for their part, have put forward the notion of "life force". The *amchi* have a "high" *spar kha*, just as members of the clergy, scholars versed in Buddhism and heroes. Among the *amchi*, this state is explained by the status of their reincarnation as therapist, as well as through the fact that the practice of medicine enables them to develop compassion (*snying rje*, skt. *karun□ā*) and to come to the aid of sentient beings. We find here the notion of altruism that has a fundamental character in *Mahāyāna* Buddhism. Altruism is a notion that involves oneself and others (*bdag gzhan*) and that has a twofold function of creation of social relation and of universal solidarity leading to the salvation of sentient beings. Thus, the status of *amchi*, although in decline, remains generally high on the social scale, notwithstanding the emergence of new powers issuing from Ladakhi modernity.[7]

Words of the *amchi*

The *amchi* of Ladakh are most often laymen and assiduous in their religious practice, especially in its ritual dimensions. They cite rare passages alluding to religion that are to be found in the fundamental text on medicine, the Four Medical Tantras or *Gyu-shi* (*Rgyud bzhi*), above all in the introduction and in the section describing the ideal therapist – chapter 31 of the explanatory treatise, *Bshad-pa'i rgyud*. In this text, the ideal physician "must fulfil the 'six basic requirements' (*rgyu*): to possess vast knowledge, to present a spirit of Being dedicated to Enlightenment (bodhisattva[8]) and devoted to the good of all creatures, to be sustained by bonds of consecration, to possess a certain adroitness of body, speech and mind, to be assiduous in one's task and to conform to the customs of this world (*mi chos*) while practising the Noble

Religious Law" (Meyer, 1981: 192). The *Gyu-shi* thus recommends endeavouring to respect doctrine. Following the translation by Clark (1995: 223-233), the ideal attitude of the therapist consists in abstaining from the ten negative actions (killing, stealing, sexual misconduct, speaking lies, involvement in idle gossip, speaking harsh words, speaking with the risk of sowing discord, covetousness, malicious thinking and wrong views). The *amchi* know this part of the text and recite it almost identically. They also hold that assistance and respect of others, generosity, an open smile and candid words are very important.

Notwithstanding the scant number of religious pronouncements in this text, it is interesting to note that the latter have a considerable impact on the practitioners. This concerns the representations the *amchi* have of their medical practice and, to a lesser extent, those relating to their daily religious practice. The Ladakhi *amchi* thus engage themselves in a number of ritual religious activities that are supposed to improve their medical practice – which is, as said, not ritualistic – and more broadly the fate of each of them. They cite in this regard the benefits of religious practice for medicine or the devotion they owe to the Buddha Master of Remedies.[9]

The Ladakhi *amchi* are of one accord in attributing the origin of their medicine to the teachings of the Buddha, whom they view as an emanation of the historical Buddha Śākyamuni.

> "It was Sangye Smanla who in the beginning handed down his knowledge, it came from his mouth. Since then, it is transmitted in this way by word of mouth," as Amchi Tsewang Dorje notes. He later says, "An *amchi* can know medicine but he must receive the teachings orally to be fully initiated. The initiation is given by a lama[10] or a rinpoche[11] who reads the medical texts aloud. The initiation enhances the powers of the *amchi*. As the initiation proceeds, one must listen attentively and keep Smanla in mind. Henceforth, the initiated *amchi* can conduct other ceremonies, as for example sman drup, during which plants are prepared."

The ceremony, called wang lung (*dbang lung*), the meaning of which covers the notions of the acquisition of power and transmission through reading, is occasionally conducted in Ladakh and represents an important phase in the medical life of the *amchi*. The folklorist Arnold van Gennep would have qualified it at the beginning of the twentieth century as a *rite de passage* (1981 [1909]), marking the entry into the group of initiated *amchi*, that is, of those who have received the original medical teachings coming from the Buddha Master of Remedies according to the principle of successive transmission. Religion thus intervenes in the medical life of the *amchi*.[12] This

initiation enables the *amchi* to conduct other religious rituals, such as the sman drup (*sman sgrub*), the aim of which is medical (cf. Pordié, forthcoming).

The *amchi* reveal an entire series of behavioural and moral codes that, ideally, they should follow so as to improve their medical practice. The "qualities" most often mentioned, based on a sample of more than ninety *amchi*, are compassion (*snying rje*, Skt. *karun□ā*), respect of living beings, honesty and generosity. The development of altruistic qualities also occupies a central place and conditions, perhaps more than the rest, the healing power of the therapist.[13] A more limited number of practitioners mention the obligation to follow the ideal of the bodhisattva (being oriented toward Enlightenment). Others, more humble, controvert this position:

> "It is difficult to walk in the steps of the bodhisattva because we have the three poisons (*dug gsum*). The only solution is to practise [religion] correctly. I believe one must have a good heart and help people. But this is difficult because we have our own problems", according to Amchi Karma Chodon.

An aside

In the preceding, Karma Chodon alludes to the Buddhist notion of the three fundamental obfuscations (*dug gsum*) of the mind: desire or attachment (*'dod chags*), aversion or animosity (*zhe sdang*) and mental obscuration (*gti mug*). From these "three poisons" come the three *nyes pa*, which are the fundamental physiological principles in Tibetan medicine. This is one of the rare parts of medical theory in which one observes very explicitly the influence of Buddhism. The *nyes pa*, generally translated as humours, literally means "faults", which is equivalent to the *dośa* of Ayurveda. These physiological principles are three in number, *rlung*, *mkhris-pa* and *bad-kan* (wind or pneuma, bile and phlegm, respectively), each *nyes pa* being subdivided into five types having their own functions. The relation between the *nyes pa* and the fundamental mind obfuscations is as follows: wind (*rlung*) ensues of desire or attachment, bile (*mkhris pa*) comes from aversion and phlegm (*bad kan*) from mental obscuration.

The three humours are also pathogenic agents that, in a dynamic disequilibrium, entail disease. From an aetiological point of view, the distant/fundamental cause of disease is ignorance (*ma rig pa*), understood as an erroneous perception of the phenomenal world, that is, as ignorance of the *non-reality* of the phenomenal world. And, ignorance gives rise to the three mental poisons. Ignorance is first the cause of biological existence because it produces the three humours

through the intermediary of the three mental poisons. It is only secondarily, and therefore in a manner that is inherent to biological existence, that it is also the distant origin of disease.

As the *amchi* said, while the presence of the three poisons makes the path of the bodhisattvas difficult for everyone, only religious practice can lessen them in order to support progress on the path. By the same token, if the three poisons, through the humours, play a theoretical role in the occurrence of disease, medicines are not at all effective against them. Only religious practice can overcome the distant or fundamental causes of the disease.

The medicines, on the other hand, act on the near or activating causes of the disease, that is, on the *nyes pa* and their modifications, expressed according to a tripartite accumulation, manifestation and sedation. The phase of manifestation is the pathological phase that is activated, subsequent to accumulation, by favourable factors linked with the lifestyle, diet, seasonal variations, consequences of earlier bad actions, an erroneous treatment, poisons and malefic spirits (*gdon*). For further details, see Meyer (1981) and Parfionovitch *et al*. (1992).

Amchi Karma Chodon then employs the Buddhist notion of merit, *dge-ba*[14] to explain the importance of having a "good heart", *sems bzang*[15].

She says that, "the *amchi* accumulates merit if the patient understands that the *amchi* relays the action of Sangye Smanla.[16] The patient must then make an offering and also obtain merit.[17] The *amchi* obtains merit if he has a good heart". She then adds, "an *amchi* with a good heart will gain merit while giving one or two pills; if it is bad, even with a thousand pills he will gain no merit. (…) It is then important to "share" the merit obtained, to allow the other to benefit from it."

In her last sentence, the *amchi* refers to the "dedication" (*bsngo-ba*) of merit to all sentient beings (cf. Samuel, 1993: 242); the sharing of merit calls to mind the central notion of altruism in the practice of virtue.

The *amchi* unanimously assert that the spiritual realization of a person influences his qualities as therapist. They recognize the major role of *dharma* in medical practice. On the individual level, the teachings of the Buddha would make it possible to surmount the daily obstacles that prevent the practice of medicine in the best conditions – in the moral sense of the term.

Dharma would also contribute to the "healing" of beings. Amchi Tashi Phunstog illustrates this point:

> "Diseases appear in the world because we behave in an egocentric manner without understanding the laws of nature. Were we to understand these laws, there would be no more diseases."

The speaker very probably subsumed this "law of nature" in the broader framework of the law of the Buddha, *dharma*. The understanding of this law, or more precisely the application of these teachings, makes it possible to overcome suffering, of which illness is a particular category. From the aetiological point of view, as we have seen, the fundamental cause of disease is Ignorance (*ma rig pa*). It is inherent to the nature of beings bound in the cycle of rebirth and gives rise to the three mental poisons mentioned earlier. This means in particular that an unawakened person suffers. "Healing", in the sense of Buddhism, resides thus in the total elimination of suffering. In short, Tashi Phunstog speaks of the "ultimate healing", of Enlightenment.[18] He shows that it is beyond the power of medicine, but is rather the prerogative of religion. Religion thus appears as a radical and perfect medicine, but it is not the medicine of the *amchi*.

Initiation ceremonies present an opportunity to administer religious teachings. The commitments that the *amchi* are exhorted to fulfil are thought to operate as privileged factors in their own spiritual development. At the time of the wang lung (*dbang lung*) ceremony, in October 1998, at the *jo khang* in Leh (main shrine of the regional capital), Dupwang Rinpoche reminded the fifty *amchi* in attendance of the individual and medical benefits of "morality" (*tshul khrims*), of which there are five fundamental precepts: do not speak falsely, do not kill, do not take what is not given to you, do not consume intoxicants and not to indulge in sexual misconduct.[19] The attentive attitude of the *amchi* and their nodding of heads seemed to indicate their approval. The rinpoche then asked the *amchi* to make a life-long commitment to no longer consume meat or drink alcohol. To this purpose, he circulated a sheet of paper, requesting that everyone sign his name in the columns of his choice.[20] The position of the *amchi* thus became clear. The great majority only accepted not to eat meat on holy days and a small minority committed themselves to no longer drinking alcohol.[21] The basic precepts of morality to which the rinpoche alluded are at odds with the daily life of the *amchi*. Their world is conditioned by a cultural context and a particular milieu that, according to them, prevents them from following the precepts to the letter.[22] This does not necessarily mean that every *amchi* would be alcoholic or even consume large quantities of meat. They simply filled out the sheet of paper in a very pragmatic manner, according to what they know about their habits and the food conditions in their villages, especially in the winter.

The *amchi* readily recognize that the qualities or principles they enounce do not concern all practitioners. They generally ascribe the more serious failings to their counterparts and attribute to themselves a few minor "imperfections". They take care to give an image of themselves that would be acceptable, but nevertheless admit to the discrepancy separating them from their ideal. They also say that there are perfect *amchi*. The most commonly cited name is that of the late Trogawa Rinpoche, then a religious representative of the exiled Tibetan community. This rinpoche was also *amchi* and director of the Chagpori (*lcags po ri*) Institute in Darjeeling until his death in 2005.[23] His "perfection" is mainly linked to his status as rinpoche. Reports have also been collected regarding the existence in the past of irreproachable Ladakhi *amchi*, but it is probable that their qualities have been magnified over the course of time.[24]

The discourse of the *amchi* can be interpreted as a set of representations of the theoretically ideal qualities of practitioners and of the related behaviour. The *amchi* of Ladakh have a religious and moral ideal of their practice that is expressed not only in their discourse but also in a number of their daily actions.

The practice

The ideal practice of the *amchi* can be conceptually broken down to two levels, although the border is in fact permeable. The technical practice of medicine would comprise the external level, while the development of all the qualities extolled by Buddhist doctrines would be the internal level. This distinction, although very schematic, is sometimes presented as such by the *amchi*, in Ladakh and elsewhere (cf. Trogawa 1992). This artificially serves the analyst to distinguish medicine from religion, although such a clear-cut separation limits the *chos*/dharma to "interior science" alone, which is obviously not the traditional position for reasons mentioned above and is certainly not that of a large part of the *amchi* today.

The *amchi* employ a number of techniques, such as prayer[25], the recitation of *mantra*[26] and meditation, particularly through the visualization of an image of Sangye Smanla. While these religious practices are mainly intended to develop individual qualities, they are also functions directly applicable to medicine. The *amchi* thus express their gratitude toward Sangye Smanla and ask for his support in various situations.

The *amchi* say that *mantra* can have a therapeutic action without being associated with any medicines. They are "speech acts" efficient as such. According to Amchi Dorje, from Sumdo, the *mantra* conveys "a 'wind' (*rlung*) that is invisible and imperceptible and comes from Sangye Smanla and heals the patient". The *amchi* specify however that none of them can use

the *mantra* in this way – they mention once again as example the name of Trogawa Rinpoche. On the other hand, their recitations indeed induce Sangye Smanla to take place at their side on numerous occasions. Extracts from notes in the field:

> *Tsering Dorje makes short sallies on the steep slopes of the Sisir-la, at an altitude of roughly 5,000 metres. He has put down his rucksack and gathers the plants he is carrying in a cloth bundle. He literally dashes from place to place, stops dead, sniffs at the plants and attentively inspects them. As for me, I can do nothing but observe, so continue straight along my way in the direction of Rangdum, the vicinity of which is known for the abundance and variety of medicinal flora. I will wait for him as long as needed on top of the hill, I tell myself, before continuing together our excursion. We should arrive safe and sound a few days from now. I have the impression that he is dancing about, left and right, up and down, his smile sparkling. It exhausts me to watch him, although we have only been walking for two days… Tsering Dorje appears to be as happy as a child and his lightness in a way increases the weight of the load on my shoulders. He joins me from time to time to show me specimens, and then goes off again just as quickly. I gather some rhubarb and other plants with menthol flowers (the name of which I did not note) that are growing directly on my path. They will garnish our evening meal.*
>
> *It is mid-August 1999, flowering time. The collecting appears to correspond to biological requirements (state of flowering or budding, periods advantageous for gathering roots, etc.) that, through empirical knowledge, make it possible to gather plants or parts of them at the physiological state optimal for their planned use. This conception common among the* amchi *recalls what Lévi-Strauss described in 1962 in* La pensée sauvage *as experiences repeated over and over again and then entering tradition. While thinking about that, automatically having stopped on the slope, the* amchi *shakes my arm to attract my attention.*
>
> *- Laurent, take this, it is also a medicine; it is a medicinal stone.*
>
> *I look at the stone, fearing that he will find many more and entrust me with carrying them.*
>
> *- Well, your* pūjā *was successful, I said to him.*

> *In fact, this morning after his ritual recitations, Tsering Dorje conducted a short ceremony in order to obtain the help of Sangye Smanla in the collection of medicinal raw materials. I only understood that it was a particular ceremony during the second part, intended for the collecting of stones. The* amchi *first recited* mantra*, as usual, telling his beads. This ritual, he told me, signified his intention to collect plants. It would, according to him, make it possible to increase their intrinsic power, "above all today, because it is the eighth day of the Tibetan calendar". The* amchi *informed me that the best collection days were the eighth (attributed to Sangye Smanla) and the fifteenth (full moon) days of each lunar month. The collection of plants appeared to me to be a ritualized operation that allowed the religious to emerge.*
>
> *Tsering Dorje continued his ritual. I understood that it was an act with a particular meaning because, while reciting* mantra*, the* amchi *placed* tsampa*, butter and cedar incense (*shukpa, Juniperus wallichiana*) on the ground. I never saw that before. He then set everything alight. Noticing my inquiring look, he immediately explained the meaning of his action. Ritual is not surrounded by a contemplative atmosphere in Ladakh, as the Western imagination would sometimes understand. The* amchi *can recite* mantra*, utter a sentence or two now and again or add a few pats of yak dung on the cooking fire. He senses that I am intrigued and tells me that a deity who is "Master/owner of the Ground"* [sa bdag][27] *appreciated the fragrance of the ceremonial mixture. Honoured by the offering, which attested notably to the title of "Master of the Ground"* [sai' bdag po]*, the deity accepted that stones would be collected, "if not, he would hide them". The* amchi *took care not to anger the deity. He also wished that Sangye Smanla guides his steps and helps him in his collection. I remained perplexed faced with these explanations.*
>
> *But, to observe later how he capered about so sprightly in this environment, I began to believe that his steps were indeed guided.*
>
> *We continued on our way to Rangdum.*

Sangye Smanla is also present to protect a patient or the *amchi* himself. He can intervene as a protective entity for the *amchi*, notably faced with pollution and the negative effects linked with childbirth. Amchi Nawang Tondup, from Lingshed, said in the winter of 2000: "We can go to see the women who give birth because we are protected by Smanla. We must recite *mantra* and enter the house with confidence. If our faith [*dad pa*] in Smanla is

great, we are protected." Sangye Smanla also intervenes in the potentiation of medicine, or again to enable or clarify a diagnosis. As the following paragraph indicates, the diagnosis constitutes a typical example in which medical technique can be matched with an explicit request made to Smanla.

Amchi Karma Chodon practises in a clinic in Leh. She receives a patient and begins her consultation by asking a series of questions about his problem and his food habits. She then takes the pulse on each of his arms, putting her index, middle and ring fingers on the radial artery. Each finger corresponds to two organs, for a total of twelve vital organs. She first "reads" the constitutional pulse, which gives information as to the dominant humour of the patient (according to his *nyes pa*). To that purpose, after having taken into consideration the seasonal influences on the pulse, she determines the state of the organs according to information she perceives through radial pulsations. This information normally enables her to judge the disturbance of the *nyes pa* in question and to give advice and treatment appropriate to the pathology. But today, she is not able to establish a diagnosis with certainty. It is then that she turns her head and looks at a thangka (*thang kha*)[28] portraying Sangye Smanla. In this way she hopes to benefit from his help to arrive at a correct identification of the disease. She gazes into space, closes her eyes and examines the arms of the patient several times. Still not finding anything, she again contemplates Smanla. She appears to "listen" to the pulsation with maximum attention. She finally decides on a diagnosis and prescribes the patient an appropriate treatment (of which the medicine *thang*). She asks him to return a few days later after the disease has evolved. Amchi Karma Chodon tells me that the disease is difficult to identify. So as to see more clearly, she referred to Smanla and prescribed *thang*. She thus combines the divine assistance of the Buddha Master of Remedies with the material assistance of decoctions (*thang*), making it possible to "mature" (*smin*) or to "concentrate" the morbid humour. She also thinks that the disease may be "hidden" by the consumption of biomedicines about which the patient would have omitted to tell her. Her interpretation indicates the interfering power of biomedicine. Her comments reveal in a sense the new elements of the practice. The interaction of medical systems is not only macrocosmic, as many works in anthropology have shown, bearing on the social, cultural or political fields, it is also microcosmic, because it is also situated on an individual level.

Amchi Sonam Dorje says he meditates every morning before receiving his patients:

> "I recite specific *mantra* and visualize the eight Buddhas of medicine.[29] I depict them mentally in the process of merging into each other above my head to transform themselves into Sangye Smanla. Then he [Smanla] descends into my body and takes its place.

> I think that Sangye Smanla is in me and I imagine my medicine bag to be filled with nectar. I then pray that all living beings would be happy and that their diseases are cured thanks to the powers of Sangye Smanla. I wish them to be blessed. Then I think of important things I have been taught, such as the obligation to treat my enemies as my children[30] or not to be repulsed by a horrible and dirty patient."

Discourses recorded concerning the *amchi*'s "change of body" vary in degree of complexity.[31] According to the *amchi*, the change of body, and be it only in thought, into that of the Buddha Master of Remedies, depends on faith (*dad pa*) and on the degree of spiritual realization of the *amchi*. Not all the *amchi* in Ladakh practise this type of tantric technique, but they unanimously recognize its importance. Some have not been trained therein, others confine themselves to prayers and recitations. Only Guelong (*dge-slon*) Rigzin, monk and *amchi* who lives in a sedentary zone in Changthang, has undertaken the complete lo sum cho sum (*lo gsum phyogs gsum*) retreat. The religious practice of the *amchi* in Ladakh is therefore not homogeneous, but it seems to be sustained. The *amchi* are of one mind in saying that Sangye Smanla retains a role in their daily practice. They also say that to be most beneficial, religious practice must be unremitting.

> "Before seeing a patient, I meditate on Sangye Smanla. I ask him to help me. He thus acts through me. I never give from my hands, but from the hands of Sangye Smanla. I try to think of Sangye Smanla at every moment, even in my sleep." (Amchi Dorje, Sumdo-pa)[32]

> "I have sympathy for the patient, above all in serious cases. When the patient comes, I put Sangye Smanla in my heart. [He indicates the lower part of his sternum] I make use of an image that I know." This he said while gazing into space, then added: "I believe he [Smanla] is above. Don't you? He must be superior; it is our nature [to be inferiour]. (…) When I give medicines, I think they are blessed by Sangye Smanla. Sometimes I tell myself that Sangye Smanla is in me because a grain of the Buddha exists in all of us. (…) When the disease is serious, Sangye Smanla is inside me." (Amchi Tsewang Norbu)

All the *amchi* I met have something to say about Smanla and about the way he intervenes in their religious and medical life. Not all *amchi* pray continuously when seeing patients, or even meditate. But it is interesting to observe that the religious approach of the practitioner is considered in all cases as an additional ingredient in the remedy provided.[33] There also seems to be a balance between the intensity of the spiritual approach and the intensity of the illness to be healed. Faced with difficult pathologies or with

death, the *amchi* relies more heavily on the divine to cure the patient or to assist him at the end of his life.

Some *amchi* assume a larger role extending beyond the framework of medicine by referring in their discourse to elements of Buddhist doctrine, but these are exceptional cases. An *amchi* will sometimes explain the underlying reasons to patients with a high *rlung*.[34] When the situation allows, he discusses desire or attachment with the patients. After having inquired about the problems affecting the patient, the *amchi* offers him the means that could enable him to overcome them. The means to which the *amchi* refers pertain to *dharma*, and the recommendations he gives are in fact Buddhist teachings.

However, an *amchi* who teaches *dharma* is not always well thought of. Amchi Karma Chodon observes in this regard:

> "Some *amchi* teach *dharma*. But I still have the three poisons and it is therefore difficult for me. It is possible for some lamas. It is very difficult for ordinary people. If one is not very well-versed in the *dharma* that one teaches, it is not good. One can obtain a result contrary to what one expects."

These comments remind us, if it was necessary, that the *amchi* are ordinary people. It does not fall to them to take the place of religious masters. Their practice is confined to medicine.

Apart from Buddhist teachings, the *amchi* sometimes advise their patients to perform certain rituals or religious practices in the case of particular disorders. They employ what their culture offers to lead their patients toward recovery. Their recommendations follow medical logic, but they borrow elements external to medicine strictly speaking. For example, if a patient suffers from an aggravation of *bad-kan* (phlegm), the practitioner may recommend that he makes circumambulations (skora, *skor ba*) around religious edifices and prostrations. Phlegm, of a cold nature, tends to make the patient rather immobile; the *amchi* thus advises him to "move". By the same token, in certain types of aggravation of the *rlung*, the practitioner will recommend the mental recitation of *mantra* corresponding to medical deities, or to others. He also counsels meditation if the patient knows the techniques. In this case, the patients are seen to be "agitated. They speak much. Their minds are confused. They feel depressed". The objective is to concentrate the mind of the patient on definite objects so as to "settle his mind". The approach of the practitioner is essentially pragmatic. His goal is the healing of the patient. However, I do not suggest that the *amchi* employ religion in an insignificant manner in some types of behavioural recommendations. In their view, religious practice is crucial. The adoption of the religious law

constitutes, for the patients, one of the ways of life (*spyod-lam*) to be permanently led. In a pragmatic manner, it favours their recovery.

Conclusion

The observation of a group of *amchi* in Ladakh has revealed a number of encounters between medicine and religion, although the practice of medicine itself is essentially non-religious, technical and based on a large pharmacopoeia. However, these therapists do not explicitly see their medical practice without regularly turning to religion. The religious behaviours that we have viewed in this article depict a number of inevitable stages on the way to liberation, not only for them but for all those who follow the same practices. What characterizes the *amchi* is that they are at the centre of a particular application – medicine – of the teachings of the Buddha.

As is the case with almost all Tibetan knowledge and practices, medicine extends over different registers, some of which are clearly predominant. In practice, the medical domain is little affected by religion when it is a matter of learning theory, preparing medicines, making a diagnosis or of treating patients. Medicine as a field of knowledge however belongs to the *chos*/dharma. Medicine nevertheless is differentiated, but not isolated from the religious domain. It is also because religion is not constitutive of medicine (like medical theory is), that it can be considered as an ensemble of supportive paradigms of medicine. It provides medicine with a framework, but medicine can also be expressed without this framework as, for example, clinical research in India or the political situation of the Tibetan Autonomous Region show.

Notes

[1] *Dharma* corresponds to the teachings of the Buddha. He teaches the painful essence of all things and the natural law that governs these things of painful essence. See Cornu (2001: 160-161) and Keown (2003: 74) for more details.

[2] See also Birnbaum (1989) for a study of the Chinese canon and, more generally, Schnetzler (2003) and Willemen (1995). The last author states moreover that *nirvān□a* – or extinction, which marks the end of the cyclic existence in the *saṃsāra* – is also interpreted in the texts as the absence of malady, *ārogya* (*ibid.*: 261). On the subject of the possible interpretation of Buddhism in terms of medical ethics in the case of the *Lotus Sūtra*, see Florida (1998). For an analytical review of the bibliography on the subject, see Hugues (1995).

[3] The fundamental work of Tibetan medicine is the *Gyu-shi* (*Rgyud-bzhi*), the present version of which seems to have been elaborated in Tibet around the twelfth and thirteen centuries, despite the very probable presence of scholarly medical practices in

this country since the second half of the seventh century (Meyer 1995). Although the history and origin of this text are obscure, we nevertheless know that it was later completed and developed, notably during a revision and re-writing that was carried out in the seventeenth century by Sangye Gyatso (*Sangs rgyas rgya mtsho*, 1653-1705), the Regent of the Fifth Dalai Lama.

[44] This argument will be developed in a coming paper that will deal with a Muslim practitioner of Tibetan medicine, for whom Ladakhi Shiite Islam constitutes the supportive paradigm of medicine. Supportive paradigms can also be replaced in the West among Western practitioners of Tibetan medicine by ideas that are substantially different from Ladakhi or Tibetan Buddhism.

[5] This is a reflection of practical teaching in the Tibetan world, which seems to have always been based on oral transmission rather than on texts (Meyer, 1995: 116).

[6] Day translates it in this way (1989: 313, quoted by Dollfus 2003: 28).

[7] Their place in the seating arrangement at village assemblies gives an idea of their status. The rows are usually headed by monks, followed by *amchi* and astrologers, and then villagers, who are generally arranged according to age and sex. Should they be present, aristocrats and visiting officials are placed in that order just behind the monks. Regarding the position in the row in the villages, see the works of Dollfus (1989) and Pirie (2002). Among the Limbus of Nepal, see Sagant (1976) and among the Sharwas in the Amdo region of Tibet, see Karmay and Sagant (1987).

[8] The Bodhisattva renounces *nirvān□a* (or extinction) until all other being have entered *nirvān□a* before him.

[9] It is, as pronounced in Ladakh, Sangye Smanla (*Sangs rgyas sman bla*, Skt. *Bhais□ajyaguru*), a Buddha generally named Smanla (*sman bla*) in this region. Tibetans pronounce it Sangye Menla. This deity common in the area of Tibetan culture is found under different names in China, Korea and Japan.

[10] Lama (*bla-ma*) is an honorary title that is used today in the Tibetan Buddhist milieu to qualify any monk. Lama is the equivalent of the Sanskrit term *guru*, master. The lama is compared to the bodhisattva who assists his fellow men along the path, but the notion of master can also correspond to that of spiritual friend and counsellor (*dge-ba'i bshes-gnyen*). Although present in the *Mahāyāna* Tibetan tradition, masters above all have a central role in the *Vajrayāna*.

[11] Rinpoche (*rin po che*) is a Tibetan title of respect usually reserved for tulku (*sprul sku*), which is a term descriptive for certain teachers who are thought to reincarnate deliberately and with perfect mastery for the benefit of other beings.

[12] These ceremonies directly involve the *amchi*, but are not exclusive to them. Initiations to the Buddha Master of Remedies are one of the many possible initiations for the lay population and the members of the Buddhist clergy.

[13] See on this subject the work of Silhé (1995), who was concerned with the actual social expressions of this notion in the case of an *amchi* in the Mustang region of Nepal.

[14] "In the strict sense: that which is physically honest and good, and more concretely that which one accumulates to ensure a better birth or obtain the help of the gods in the realization of a project" (Dollfus, 1989: 82).

[15] "Good spirit" is sometimes found as literal translation of *sems bzang*, but the term "good heart" seems to me to approach more closely the idea conveyed by *sems bzang*. It is also conceivable to propose "heart-spirit" as equivalent of *sems*.

[16] This type of comment is common among the *amchi* of Ladakh. The patients, on the other hand, do not seem to share this idea and it is seldom that they would really view the *amchi* as a relay of Sangye Smanla.

[17] I have observed during consultations at private clinics in Leh, the regional capital, that some patients give the *amchi* dried apricots or other gifts in kind, although they have already made a payment in rupees. The gratitude of the patient toward the *amchi* is thus noted and the reciprocal merit is upheld. Nevertheless, according to some urban *amchi*, the financial transaction also seems to allow of the acquisition of merit, on condition that the *amchi* and the patient give and receive with the appropriate mental attitudes.

[18] This idea is found in the Buddhist textual tradition, notably in the *Lotus Sūtra*, which puts forward that the most complete healing is spiritual healing (Birnbaum, 1979). *Mahāyāna* Buddhism distinguishes various degrees of Enlightenment. Those characterized by the *Hinayāna* (in the classification of the *Mahāyāna*), such as the state of Arhat, are surpassed by the "supreme and perfect" Enlightenment, which is the outcome of the path of the bodhisattva (Snellgrove, 1987).

[19] The rinpoche also invited the *amchi* to practise the first five "perfections" (*phar phyin*, Skt. *pāramitā*), which constitute the "means" of the path of the bodhisattva. Added to morality are the gift (generosity), patience, effort and meditation.

[20] The following rubrics appeared on the sheet of paper: not to eat meat, not to eat meat on holy days, not to drink *chang* (alcohol made of fermented barley).

[21] Aumeeruddy-Thomas and Lama report a similar fact in Dolpo, a region of Nepal where the consumption of alcohol is common at social events or ceremonies (forthcoming). According to these authors, the consumption of alcohol by *amchi* would be rebuked by their village community. I have never observed a comparable collective opprobrium in Ladakh.

[22] We could also conceive of explanatory modalities other than the recourse mentioned to the social (or cultural and environmental) reality of the *amchi*. The consumption of meat, for example, is sometimes recommended in the Tibetan diet. One of the personal physicians to the Fourteenth Dalai Lama is thus said to have counselled him to renounce vegetarianism for medical reasons. But this argument was not used by any of the Ladakhi *amchi* who were questioned as to the reasons for their refusal to desist from eating meat. The same pertains to alcoholic beverages (*chang*), which are also prescribed as medicines (*sman chang*). It is on the other hand probable that the very enunciation of the rinpoche (of Tibetan origin) would have been conditioned by his social context (as a refugee on Indian soil). Although there are elements in Tibetan Buddhism that favour vegetarianism, it seems that this dietary custom would have become more significant among the Tibetan exiles in India. According to Cathy Cantwell, vegetarianism would have developed in this community (particularly among the monks), on the one hand, because of the proximity between the Tibetans and the Hindu religious context (she notes that the monks from Rewalsar conceal the meat offerings under the altars during *tshogs* rituals

so as to not be criticized by the Hindus) and, on the other hand, because of the "purist" attitude of Westerners toward the *Mahāyāna* tradition of Buddhism (personal communication). In short, the Tibetan rinpoche could have represented a "modernist" religious tendency, largely alien to Ladakh.

[23] The Chagpori is the re-institution in India of the famous Iron Hill Medical College (*Lcags po ri*), founded in 1696 in Tibet at the initiative of Sangye Gyamtso (*sangs rgyas rgya mtsho*, 1653-1705), the Regent to the Fifth Dalai Lama. The Chagpori in Darjeeling is distinguished from the Men-Tsee-Khang in Dharamsala, according to those responsible for it, because they endeavour to reproduce there the type of medical and, to a certain extent, religious education that prevailed in Tibet in the medical colleges prior to the appearance of modern institutions. The original Chagpori was, in fact, for the greater part attended by monks who also wanted to become physicians (Dreyfus, 2003: 102, Meyer, 1992).

[24] This idea is relatively common in Ladakh. In a published text, two physicians from the central hospital in Leh wrote, for example, that the *amchi* "in ancient Ladakh (…) had to attain a certain degree of spiritual development to enable them to administer medicine accompanied by tantric rituals" (Tsering and Tsering 1997: 206). One wonders to what the authors refer with "tantric rituals" that would have accompanied the dispensing of medicines, for no ritual of this type is conducted when a physician provides his treatment to the patient. At best it would be an unfortunate reference to the sman drup tantric ritual, which does not involve the dispensing but rather the preparation of medicines.

[25] Prayer can be defined as a mental state introduced into a symbolic practice. It is, according to Bertrand, in essence therapeutic (1995).

[26] The *mantra* is an esoteric formula. It is a performative form of speech with a specific arrangement of letters, syllables or words that produces a sequence of spiritually meaningful sounds. Some *mantra*, with many variations, are directly linked to medical practice, *sman sngags* (moxibustion, preparation of medicines, invocation of the Buddha Master of Remedies, etc.). On *mantra* in general, see Alper (1989).

[27] There are categories of originally non-Buddhist deities described in the ancient Tibetan texts and finally integrated into Buddhism (cf. Samuel 1993). In Ladakh, the inhabitants maintain relations with three main categories: the *lha* (gods), the *klu* (aquatic and subterranean deities) and the *'dre* (demons). The Wheel of Existence is conceived of as a vertical cosmic space in which living beings are ordered. One finds, from bottom to top: the beings of the underworld, the starving spirits, animals, men, the titans and then the *lha*. The latter are, according to the same arrangement, the *lha* of the domain of form and, above, the *lha* of the domain of the absence of form (Riaboff, 1997). The *klu* are associated with the subterranean world ("lower world", *og' la*), the *lha* with the zenith ("upper world", *steng la*) and men are between the two ("median world", *bar la*). The *'dre* are without a specific topographic location (*ibid*.). In his research on Ladakh, Dollfus (1996) however observed that a specific class of demons, the *bstan*, are associated with the "median world". Also, despite the liturgical context in which the "Master of the Ground", *sa bdag*, are distinguished from the *klu* (aquatic and subterranean deities), the villagers seem to also classify the *klu* as specific categories of "Master of the Ground" (Dollfus, 1996). One finds in the

work of Kaplanian, the idea that the *klu* also greatly appreciate fumigation with cedar incense (1987: 146).

[28] Thangkas (*thang kha*) are painted fabrics, generally hung and framed with beautiful cloth, on which the deities are usually represented. There is a series of medical paintings, brought together in eighty *thang kha* and created in the seventeenth century. The interested reader can consult on this subject the fundamental work of Parfionovitch *et al*. (1992).

[29] In the Tibetan world, Sangye Smanla is often represented with seven other Buddhas, one of whom sometimes depicts Śākyamuni, the historical Buddha.

[30] Here one finds the notion of equanimity, central in the practice of Buddhism. For the adept, this image is based on the fact that in the course of innumerable past existences, all beings have already been his father or his mother. Contrary to the Hindu world in India, where the notions of reincarnation and karma seem to be reserved for the erudite élite (Deliège, 2001), these ideas are widespread in Ladakh.

[31] Some introduce canals (*rtsa*) in which fluids circulate, the visualization of colours (white, blue, orange) and of a *man□d□ala* (circle of deities) at the level of the solar plexus, the utterance of esoteric formulae (*mantra*), etc. Others simply visualize Sangye Smanla facing them while reciting an appropriate *mantra*.

[32] This *amchi* should be viewed however as a particular case. His religious and ritual practice is intense, particularly because of his other field of activity; he is also an *onpo* (*dbon po*), a category of ritualistic astrologer.

[33] *Amchi* differ in this respect from the vast majority of Ladakhi inhabitants. For the latter, religious life is mainly is oriented toward the individual and family, while for the *amchi* religious practice also involves medicine and the patients.

[34] We saw previously that *rlung* is one of the three humours (*nyes pa*). While an aggravation of the *rlung* can be caused by various factors considered to be imminent causes of the disease (excess intellectual, physical or sexual activity, diet, maleficent spirits, etc.), medical theory also indicates that its essential cause is desire or attachment (*'dod chags*). The aggravation of the *rlung* is manifested by stress, anxiety, pain in the lumbar region, especially upon awakening, sleep disorders, tinnitus, difficulties in making decisions, etc. In extreme cases it can lead to madness.

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